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# Nature's remedy: Homoeopathic intervention in non-insulin-dependent diabetes mellitus: A case unveiling therapeutic success

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**Abstract**
Diabetes mellitus is one of the most common metabolic disorders in today's world. There are many etiological factors (genetic, dietary, drugs) which are responsible for the causation of diabetes mellitus. Regardless of the cause, the disease is associated with the common normal defect, namely insulin deficiency, which may be total, partial or relative when viewed in context of co-existing insulin resistance. Diabetes mellitus is the fourth most common reason for patient contact with a physician, and is a major cause of premature disability and mortality.

**Keywords:** Non-insulin dependent diabetes mellitus type 2, non-ulcerative acid peptic disorder (NUAPD), hypertension, homoeopathy, deep acting constitutional medicine

## Introduction

**Case Report:** A 49 years men came in morning OPD with complaints of accidentally detected Diabetes since 6 months. It is a known case of Hypertension since 2009 & burning epigastrium in last 2 years.

## Present history

**Table 1:** Chief complaints

| No. | Location | Sensation & Pathology | Modalities, A.F, < , > | Accompaniments |
|---|---|---|---|---|
| 1. | Endocrine System<br>Pancreas<br>O: 6-month<br>Upper limb | Accidentally detect - Diabetes<br>No polyphagia<br>No polyuria<br>No dyspepsia<br>Numbness and tingling in fingers both wrist | General checkup was advice by physician that time Diabetes was detected.<br>< +Morning<br>< +Pressure<br>> +Busy in work | |
| 2. | GIT<br>O: 2 years<br>D: 30-40 min<br>F: On/Off | Burning+2 in epigastrium<br>Occ. Sour eructation | No aggravation or amelioration by spicy food<br>< +after stopped antacid (Tab rabeprazole) | |

**Table 2:** Associated complaints

| No. | Location | Sensation& Pathology | Modalities, A.F, < , > | Accompaniments |
|---|---|---|---|---|
| 1. | Cardio vascular System<br>Heart<br>O: since 2009 | K/C/O - HTN<br>Occ. Occipital throbbing headache+2<br>No vertigo<br>No Suffocative feelings | Tab. Tenochek 1-0-0<br>Tab. Ecosprin 0-0-1<br>Tab. Envas 0-0-1 | |

## Physical Generals

**Appearance:** Fair complexion, medium built, good looking and charming personality.
**Weight:** Since 6-month, 1 kg lost.
**Perspiration:** Scanty, on Face+, Back+.

**Digestion:** Normal.
**Appetite:** Normal.
**Thirst:** Normal.
**Craving:** Ice cream+2, Dairy products+2, Tomatoes+2, sweets+2.

**Aversion**
**Eliminations**
**Stool:** Normal, (once/day - satisfactory).
**Urine:** Normal (7-8 times/day).

**Sleep**
**Duration:** 7 hours.
**Position:** Changeable.
**Disturbed:** Nil.

**Dreams**
Routine work (if any work was not completed.

**Diet and Daily routine**
**5:30 am** = Wake up, then 40 mins walking + 20 mins exercise.
**8:00 am** = Breakfast - Tea (1 cup with sugar) + Bhakhri (2) or Poha or Namkeen (1/2 bowl).
**8:30 am** = Going to job 9 to 6 supervision.
**12:00 pm** = Lunch - sabji + roti (4-5) + dal +rice (1 bowl).
**4:30 pm**= Snacks - Tea (1 cup) + biscuits (8).
**6:00 pm** = Return home from job.
**7:30 pm** = Dinner - sabji + roti (4-5) + rice (1 bowl).
**9:00 pm** = Go for walking.
**9:30 pm** = Extra activity.
**10:30 pm** = Sleep.

**Past history:** Nil.

**Family history**
**Brother:** Migraine
**Father:** COPD
**Mother:** Thyroid + Diabetes + Hypertension

**Sexual history:** Nil

**Life space Investigation**
**Childhood:** Patient was born in Vesu village, Surat. At that time patient's family consists of Grandmother, two uncles, two aunties, parents and one brother. Patient lived in joint family. Father was farmer & his nature was cool & calm. Never became angry on patient. Mother was house wife & her nature was cheerful & calm. Patient's Grandmother was strict by nature but she never got angry on patient. Patient's IPR with all family members were good.
No any financial difficulty during childhood. Patient had 52 vingha land. All demands were fulfilled by parents.

**School Life:** Patient studied up to 11$^{th}$ std. Patient was good in study (achieved around 70% in every exam). Patient always participated in cricket, running and another sports game. Patient had too much interest in study, he got 65% in commerce field. He had 4 friends during his school time & good relations with all of them. Patient wanted to go Germany after 12$^{th}$ for job and for personal development, then he got visa of Germany. But one incidence happened with him. When Patient went for Germany through Bombay, he was cheated by agent & visa for Germany was cancelled. After those incidences, Pt became tensed and sad for 1 and half months. After a time, Patient gradually became a normal, and back to his routine life and concentrate on his work. After that Patient joined I.T.I course than after job for 2- 3 years.

**College Life**
Good relation with all friends & teachers.

**Marriage Life**
Patient did marry at the age of 26 years. Patient's wife was cool and calm. It was an arrange marriage. Patient occasionally became angry on his wife for some matters. Patient had one elder daughter and one younger son. Patient had one elder brother and good IPR with him. Patient's Sister-in-law (Bhabhi) quite irritable by nature, so always patient solved problem between them. Patient's mother and wife had good IPR with all of them. Patient always became anxious about mother's health. Patient's father was expired in 2010. Sometimes patient memorized event with father and cried in front of mother. Patient became very much sensitive on that matter, then all responsibilities came on his head. Then Patient gradually improved, but still missed his father. When patient saw poor people, he felt sad & always tried to help them.

**Work Life**
Patient got angry on colleges because of work issue when they are not did properly anything. After some time, Patient felt guilty about that. Patient took all decision perfectly in job and with full confidence. Patient wants all works in perfect manner & clean.

**Reactions - Physical factors**
**Motion & Position:** No travelling sickness.
**Thermal:** C3H2 **-** Chilly patient.

**General Examination**
**Pulse:** 82/min.
**BP:** 130/70 mmhg.
**SPO2:** 98%.
**RR:** 16/min.
**TEMP:** AF.
**Weight:** 65 kg.
**Nails:** Pink.
**Conjunctiva:** Pink.
**Tongue:** Pink & moist.

**Systemic Examination**
**RS:** AE = BLE, BS - Vesicular
**CVS:** S1S2 - N
**CNS:** NAD
**P/AN:** Soft, non-tender

**Investigation**

**Table 3:** Investigations before treatment

| Date | FBS | PP2BS | HBA1C |
|---|---|---|---|
| 30/04/21 | 150 mg/dl | 212 mg/dl | 6.6 |
| 19/06/21 | 128 g/dl | 215 mg/dl | |

**Final Diagnosis**
Non-insulin Dépendent Diabètes mellites type 2.
Non-ulcerative acid peptic disorder (NUAPD).
Hypertension.

**Totality of symptoms**

1. Anger +2 about work - spoken out.
2. Anxiety+3 about his mother's health.
3. Fear of running water+2.
4. Decisive+2.
5. Fastidious about his work+.
6. Perfectionist+2 about his own work.
7. Sympathetic+2.
8. Helpful+2.
9. Perspiration - scanty on face and on back.
10. Cr - sweet+2, icecream+2, milk product+2, tomatoes+2.
11. Dreams - daily events.
12. Chilly patient.

**Repertorial Totality**

**Kent approach - Qualified mental, Physical generals (Hompath Zomeo app used)**

1. Mind - Anger - Spoken out.
2. Mind - Anxiety - Health about relatives of.
3. Mind - Fear - Water of running water of.
4. Mind - Decisive.
5. Mind - Fastidious - Work on his.
6. Mind- Helping others - desire to help others.
7. Mind - Perfectionist.
8. Mind - Sympathetic.
9. Face - Perspiration.
10. Back - Perspiration.
11. Dreams - Events - daily.
12. Perspiration - Scanty - sweat.
13. General - F & D - Dairy products - desire.
14. General - F & D - Ice cream - desire.
15. General - F & D - Sweets - desire.
16. General - F & D - Tomatoes - desire.

**Repertorial Result**

Lycopodium - 11/6.
Nux vomica - 10/6.
Phosphorus - 15/7.
Nux moschata - 8/6.
Calc carb - 10/5.
Pulsatilla - 9/5.

**Planning and Programing**

**Table 4:** Selection of scale & Potency

| | Define with reasons the states | Potency Choice | Repetition |
|---|---|---|---|
| 1. | Susceptibility (tissue) | Low - moderate | |
| | Age - 49<br>Sex - M<br>POD - Gradual<br>SOD - Slow | 30 - 200 | Infrequent |
| 2. | Sensitivity (Mind & Nerves) | Low | |
| | Mind++, Nerves++ | 30 | Infrequent |
| 3. | Correspondence (degree & level) | Const. Rx | |
| | Physical++, mental++ | Phosphorus 30 | Infrequent |
| 4. | Functional changes | Low - moderate | |
| | Functional reversible | 30 - 200 | Infrequent |
| 5. | Structural changes | Low | |
| | reversible | 30 | Infrequent |
| 6. | General vitality | 1 M | Infrequent |
| | Good | | |
| 7. | Presentation<br>A. Fundamental Miasm | | |
| | Sycotic | Low | Infrequent |
| | B. Dominant Miasm | | |
| | Sycotic | Low | Infrequent |

**Final prescription**

24/10/21.
Phosphorus 30 3P HS weekly.
SL pills TDS*1 Week.

**Criteria**

1. Numbness in finger both hand with modalities.
2. Acidity.
3. Sour eructation.
4. Recent reports.
5. O/E - BP, WT.
6. New c/o.
7. Allopathic Rx for DM – doses.

**Follow ups**

**Table 5:** Follow-ups

| Date | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Prescription |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 31/10/21 | | | | | | | | | | Acidity>+ 25%, sour eructation - once/2 days, O/E BP - 110/70 mmhg, Weight - 65 kg, app-thirst-stool-urine is normal.<br>Ix - FBS - 124 mg/dl, PP2BS - 195 mg/dl, HBA1C - 6.3 | Phosphorus 30 3P HS II 3*3 for 2 weeks |
| 14/11/21 | | | | | | | | | | Acidity > ++ 50%, sour eructation - 0, numbness > + 60% in morning only left hand, O/E BP-120/80 mmhg, Weight - 65 kg, app-thirst-stool-urine is normal | Phosphorus 30 3P HS II 3*3 for 4 weeks |
| 19/12/21 | | | | | | | | | | Acidity > + 80%, no eructation, numbness > +50%, O/E BP- 130/90 mmhg, Weight - 66 kg, app, thirst, stool, urine is normal.<br>Ix - FBS - 110 mg/dl, PP2BS - 145 mg/dl. | Phosphorus 30 3P HS II 3*3 for 4 weeks |

| | | |
|---|---|---|
| 23/1/22 | Acidity occ. (1-2 times/week) < +night, no sour eructation, numbness in finger > ++ 70-80% O/E BP- 128/88 mmhg, Weight - 66 kg, app, thirst, stool, urine is normal. | Phosphorus 200 4P HS II 3*3 for 4 weeks |
| 6/3/22 | Acidity - 0, sour eructation - 0, occ. Feels tingling in both hands, only <+pressure, D- 1 min, O/E BP- 124/84 mmhg, Weight - 65 kg, app, thirst, stool, urine is normal. Ix - FBS - 90 mg/dl, PP2BS - 130mg/dl, HBA1C - 5.7. | Phosphorus 200 4P HS II 3*3 for 4 weeks |
| 1/5/22 | Acidity - 0, numbness > +2 (occ while pressure), D - 30-40 sec, sour eructation- 0, O/E - weight - 65 kg, O/E BP - 110/80 mmhg | Phosphorus 200 4P HS II 3*3 for 4 weeks |
| 5/6/22 | Acidity - 0, numbness > +2 (occ while pressure), D-10-15 sec, sour eructation, O/E BP- 112/70 mmhg, weight - 65 kg. Ix - FBS - 80mg/dl, PP2BS - 125 mg/dl | Phosphorus 200 4P HS II 3*3 for 4 weeks |
| 3/7/22 | Acidity - 0, numbness > +3 (occ while pressure), D-5-7 sec, sour eructation- 0, O/E BP- 122/78 mmhg, O/E - weight - 65.5 kg. Ix - HBA1C - 5.3. | Phosphorus 200 4P HS II 3*3 for 4 weeks |
| 31/7/22 | Acidity - 0, numbness - 0, sour eructation- 0, O/E BP- 110/80 mmhg, O/E - weight - 66 kg. Ix- FBS - 85mg/dl, PP2BS - 115 mg/dl. | SL 1P HS Daily II 3*3 for 4 weeks |
| 28/8/22 | Acidity - 0, numbness - 0, sour eructation- 0, O/E BP- 116/78 mmhg, O/E - weight - 66 kg. | SL 1P HS Daily II 3*3 for 4 weeks |
| 25/9/22 | Acidity - 0, numbness - 0, sour eructation- 0, O/E BP- 110/76 mmhg, O/E - weight - 66 kg. Ix- FBS - 87 mg/dl, PP2BS - 119 mg/dl. | SL 1P HS Daily II 3*3 for 4 weeks |
| 18/12/22 | Acidity - 0, numbness - 0, sour eructation- 0, O/E BP- 110/76 mmhg, O/E - weight - 66 kg. Ix- FBS - 90 mg/dl, PP2BS - 125 mg/dl, HBA1C - 5.2. | Not given medicines |

## Investigations after treatment

**Table 6:** Investigations after treatment

| Date | FBS | PP2BS | HBA1C |
|---|---|---|---|
| 31/10/21 | 124 | 195 | 6.5 |
| 19/12/21 | 110 | 145 | |
| 6/3/21 | 96 | 130 | 5.7 |
| 5/6/21 | 92 | 125 | |
| 31/7/22 | | | 5.3 |
| 25/9/22 | 87 | 119 | |
| 18/12/22 | 95 | 125 | 5.2 |

HBA1C normal = below-5.7%, Prediabetic-5.7-6.4%, Diabetic-6.5 or higher.

## Discussion

This complex case of Non-insulin dependent Diabetes mellitus, Non-ulcerative acid peptic disorder and Hypertension was treated with constitutional homoeopathic medicine which showed an extra-ordinarily awesome result in objective, subjective as well as in pathological symptoms of patient. Last 3 investigation were normal without diet restriction.

An individualized homoeopathic medicine which was obtained out of in-depth interview with patient. Medicine prescribed was PHOSPHORUS 30. According to clinical condition of the patient confirmed Miasm is Sycotic. Symptoms of this Diabetes, Hypertension and GIT disturbance & mental makeup of patient covers the Sycotic Miasm. The constitutional therapy is continuously improving the patient.

## Conclusion

Homeopathy tailors its treatments to individuals, adjusting remedies based on both the patient and the specific ailment, addressing not just symptoms but the entire person. The presented case demonstrates significant improvement in non-insulin-dependent diabetes mellitus symptoms through personalized homeopathic treatment. Given the chronic nature of these cases, ongoing follow-up, analysis, and objective validation of subjective symptoms are essential for scientific confirmation of the results.

**Conflict of Interest:**
Not available

**Financial Support:**
Not available

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