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Homoeopathy in the management of type II diabetes mellitus complicated with erectile dysfunction: A case report

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Abstract

Introduction: Diabetes mellitus has emerged as a severe epidemic in recent years. The patients with Diabetes mellitus not only face challenges in managing their illness but also develop several complications related to it. One of these complications is erectile dysfunction (ED).

Case summary: A case of type-2 diabetes mellitus (T2DM) was reported in a 56-year-old male suffering from ED whose symptoms were successfully managed with individualised homoeopathic medicine. The patient's blood glucose level along with glycosylated haemoglobin (HbA1c) level reduced significantly after treatment. His other symptoms including erectile dysfunction were also relieved.

Keywords: Blood sugar, diabetes mellitus, erectile dysfunction, glycosylated haemoglobin, homoeopathy.

Introduction

Diabetes mellitus is a chronic metabolic condition marked by high blood glucose levels that, over time, seriously damages many organs. The most prevalent type is type-2 Diabetes Mellitus (T2DM), which is brought on by an insufficient or resistant response to insulin in the body^[1].

India is known for being the world's centre for diabetes, with one in six of its citizens having the disease. According to the International Diabetic Federation, India has an estimated 77 million cases of diabetes mellitus with a prevalence rate of 8.3%. The number is projected to grow by 2045 to become 134 million^[2]. A consistently high blood glucose level can lead to long-term complications like retinopathy, neuropathy, sexual dysfunctions etc. For males with diabetes, erectile dysfunction (ED) is thought to be the most significant sexual dysfunction. The prevalence of ED is approximately 3.5-fold higher in men with diabetes than in those without it^[3].

Homoeopathy can play a vital role in managing diabetes mellitus by eliminating its symptoms and preventing complications. The Central Council for Research in Homeopathy (CCRH) has conducted several studies on the management of diabetes and its complications with homeopathic medicines. Two such studies titled as "Efficacy of homoeopathic treatment for diabetic distal symmetric polyneuropathy" and "A prospective multi-centric open clinical trial of homoeopathy in diabetic distal symmetric polyneuropathy" have shown significant improvement in several parameters along with marked reduction in pathological findings such as fasting blood sugar (FBS) and post prandial blood sugar (PPBS)^[4, 5].

Here, a case of a male patient with T2DM is presented which was complicated with sexual dysfunction. The case report has been written as per the HOM-CASE CARE extension guidelines^[6].

Case report

A 56 year old male of height 5feet 10inches and 72 kg weight came to the O.P.D. on 12th July 2022 with recently diagnosed T2DM. The patient presented with complaints of frequent urination, increased thirst and appetite with erectile dysfunction. Reduced tolerance of manual labour, weakness and tingling in the extremities at night was also reported. There were frequent attacks of allergic rhinitis and a tendency to catch cold easily.

The patient was an office employee and had a sitting job but still managed to invest time in active exercises and also followed a strict diet plan. The patient was afraid that he might get diabetes because his father had diabetes mellitus too. Despite these precautions he suffered from uncontrollable hyperglycemia.

The patient's thermal was chilly. The patient had a desire for fruits, onion and indigestible things. The patient had aversion to warm food and thirst for large quantities of water. Urine was slightly offensive with passing urine 10-11 times a day. The perspiration was non-offensive and non-staining but perspired profusely on the face while eating.

The patient was depressed for 2 years after his son died in a car accident. During explanation he was taking deep breaths involuntarily. The patient had aversion to work wanted to be alone with weakness of memory and was restless. Sleep was disturbed, he used to wake up in the middle of the night with no significant dream symptoms. The patient had a family history of tuberculosis on maternal side and diabetes mellitus on paternal side. The HbA1c level were 10.2. FBS and PPBS level were 170 mg/dl and 358 mg/dl respectively. The findings from investigations at the baseline and follow up of the patient have been mentioned in the table (Table 1).

Table 1: Blood Glucose levels at beginning and end of treatment

Serum markers	Baseline value (28 th June 2022)	Follow up 1 (15 th November 2022)	Follow up 2 (4 th March 2023)
HbA1c	10.2%	8.64%	-
FBS	170 mg/dl	128.4 mg/dl	132.6 mg/dl
PPBS	358 mg/dl	160.5 mg/d	150.4 mg/dl

Clinical findings

Body Mass Index (BMI) was calculated to be 22.72kg/m². Respiratory rate and pulse rate were 19/min and 98/min respectively. The blood pressure of the patient was 126/78 mm Hg in lying position. Chest was normal on inspection and palpation with no abnormal sounds on auscultation. S1

and S2 were audible. The patient was conscious and oriented. No retinopathy observed during examination. All the reflexes were normal.

Diagnostic assessment

Type 2 diabetes mellitus

Diagnostic Method-Laboratory testing of fasting blood sugar (FBS) level, post-prandial blood sugar (PPBS) level and glycosylated haemoglobin (HbA1c).

Therapeutic intervention

Detailed case taking was performed in accordance with Hahnemannian criteria for case taking as outlined in the Organon of Medicine [7], followed by analysis and evaluation of the symptoms. The Kentian approach was used to evaluate symptoms taking into account only the most striking mental generals, physical generals and uncommon particulars. Totality of symptoms was erected, and repertorisation was done using Synthesis Repertory in RADAR 10 [8] software. Following symptoms were considered for repertorisation.

- Ailments from grief
- Involuntary sighing
- Weakness of memory
- Tendency to catch cold
- Thermal Reaction: chilly
- Desire for fruit, onion, indigestible things

Calcarea phosphorica, *Phosphoricum acidum*, *Alumina*, *Ignatia*, *Kali phosphoricum*, were the leading drugs in this case (Figure 1). *Phosphoricum acidum 200CH* was prescribed once daily for 3 days followed by placebo for 15 days on 12th July 2022 on the first visit. The timeline including the follow up details of the patient are given in (Table 2). Causal attribution was assessed by Modified Naranjo Criteria for Homoeopathy (MONARCH) [9] (Table 3).

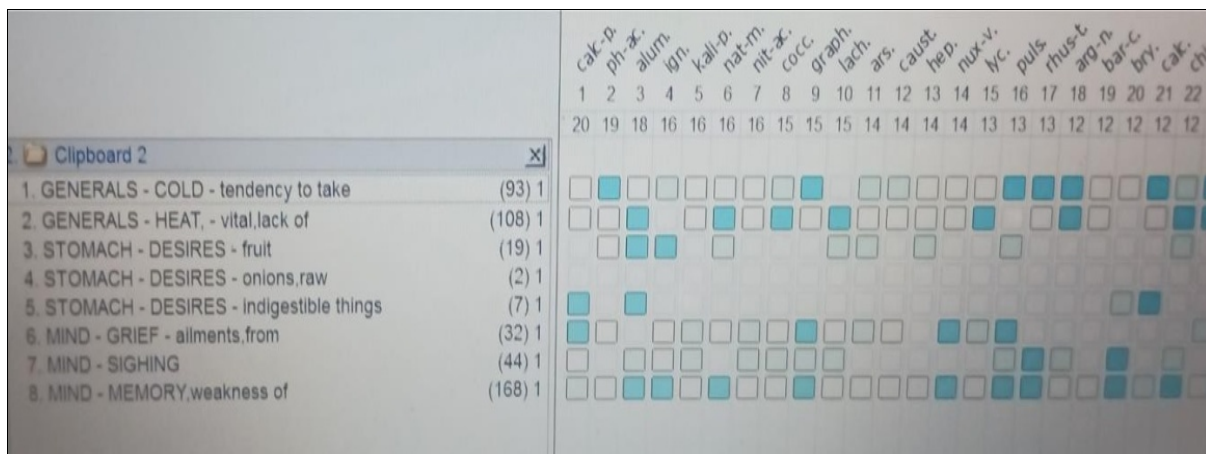


Fig 1: Repertorisation chart of the patient

Basis of prescription

In the repertorisation chart (Figure 1), *Calcarea phosphorica*, ranked higher than *Phosphoricum acidum* but some important keynote symptoms of *Phosphoricum acidum* were more prominent [10, 11]. The symptoms of tubercular miasm were evidently present in the patient like

tendency to catch cold, frequent allergies, family history of tuberculosis. *Phosphoricum acidum* is one of the leading tubercular drugs [12]. *Phosphoricum acidum* is mentioned in 1st grade and *Calcarea phosphorica* in 2nd grade under the rubric Urine Sugar which is the rubric for diabetes mellitus in Kent's repertory [13].

Table 2: Timeline including follow up of the case

Date	Diet and exercise	Follow up	Medicine
27 th July 2022	Followed	General improvement, better sleep, decreased weakness and decreased frequency of urination, no improvement in erectile dysfunction.	Placebo for 15 days
11 th August 2022	Followed	No significant improvement, no new complaint.	<i>Phosphoricum acidum 200CH</i> once daily for 3 days. Placebo for 15 days.
29 th August 2022	Followed	General improvement, patient feels energetic, started to like his work. Improvement in erectile dysfunction, sleep better, urine frequency reduced.	Placebo for 15 days.
21 st September 2022	Followed	No further improvement, no new complaint.	<i>Phosphoricum acidum 1M</i> once daily for 3 days. Placebo for 15 days.
18 th October 2022	Followed	General improvement, no new complaint. Relief in erectile dysfunction.	Placebo for 15 days.
15 th November 2022	Followed	General improvement, no new complaint, blood sugar level almost within normal limit.	Placebo for 15 days.
1 st March 2023	Followed	General improvement, Complaints of injury in knee, Blood sugar significantly reduced	<i>Arnica montana 30CH</i> once daily for 3 days

Table 3: Monarch inventory

Domains	Yes	No	Not sure or N/A
1. Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	+2	-1	0
2. Did the clinical improvement occur within a plausible timeframe relative to the drug intake?	+1	-2	0
3. Was there an initial aggravation of symptoms?	+1	0	0
4. Did the effect encompass more than the main symptom or condition (i.e., were other symptoms ultimately improved or changed)?	+1	0	0
5. Did overall well-being improve?	+1	0	0
6. A) Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?	+1	0	0
B) Direction of cure: did at least two of the following aspects apply to the order of improvement of symptoms: -from organs of more importance to those of less importance? -from deeper to more superficial aspects of the individual? -from the top downwards?	+1	0	0
7. Did "old symptoms" (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?	+1	0	0
8. Are there alternate causes (other than the medicine) that with a high probability could have caused the improvement? (Consider known course of disease, other forms of treatment, and other clinically relevant interventions)	-3	+1	0
9. Was the health improvement confirmed by any objective evidence? (e.g., laboratory test, clinical observation, etc.)	+2	0	0
10. Did repeat dosing, if conducted, create similar clinical improvement?	+1	0	0

Total Score: +9

*the numbers in bold font represent the option selected

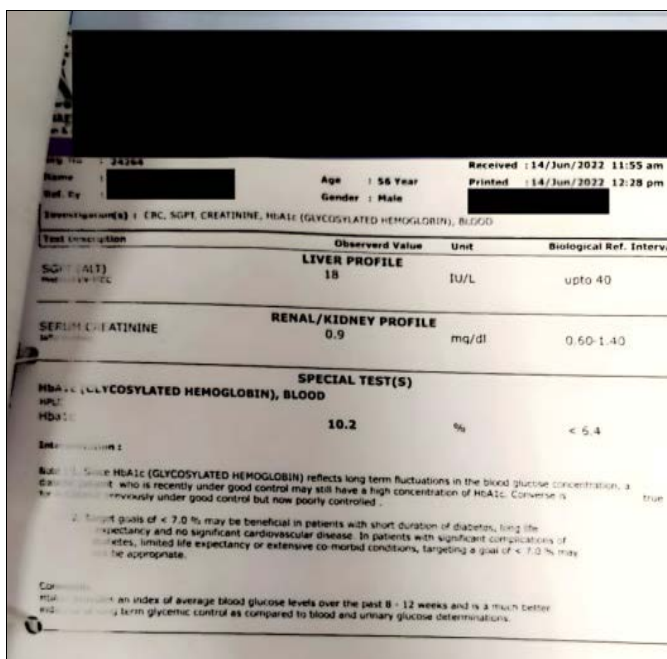


Fig 2: 14th June 2022

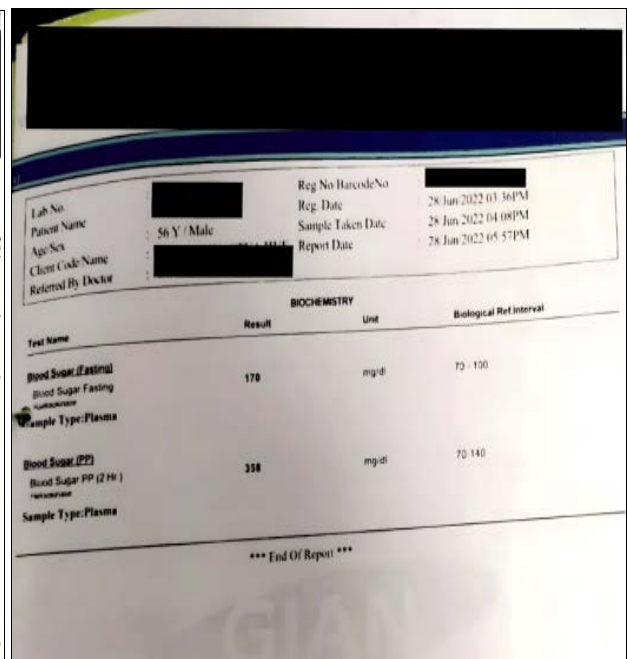


Fig 3: 28th June 2022

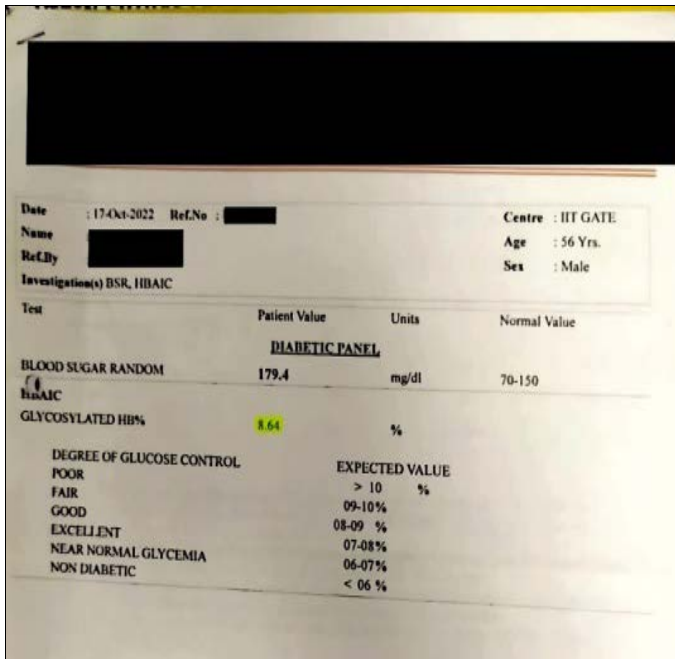


Fig 4: 17th Oct. 2022

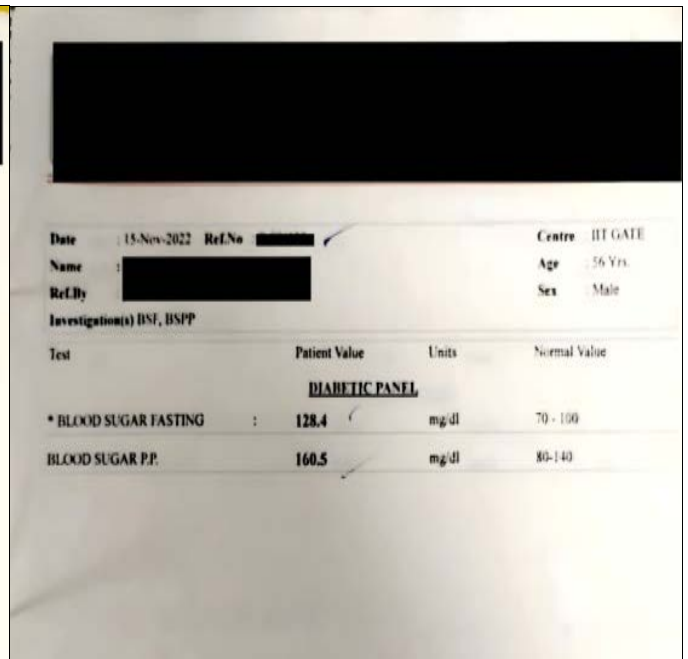


Fig 5: 15th Nov. 2022

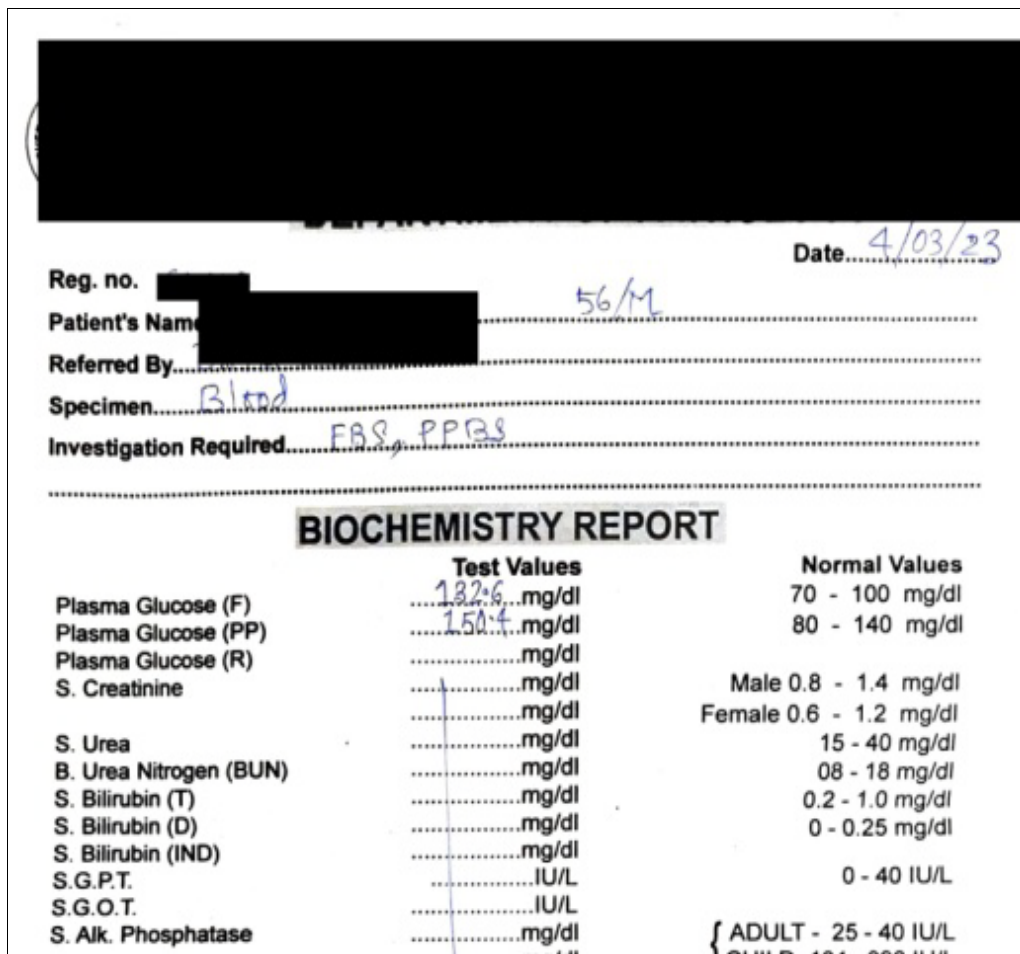


Fig 6: 4th March 2022

Results

This case report shows an improvement in blood glucose levels under only homoeopathic treatment with proper dietary intervention. On the first visit, he came with his reports which showed elevated HbA1c (Figure 2), FBS and PPBS (Figure 3). On 18th November, his HbA1c level was reduced (Figure 4) followed by reduced FBS and PPBS on

15th November (Figure 5). On last visit, his FBS and PPBS levels were reduced (Figure 6). The patient's symptoms of erectile dysfunction significantly improved. Even after discontinuing the medicines for several months the blood glucose level of the patient was almost normal and no other complications were reported. The causal attribution determined by MONARCH, could be established as the total

score was +9 (Table 3).

Discussion

In the present case the selection of medicine was primarily based on ailments after the death of loved ones. Homoeopathy recognizes the importance of psychological trauma and how it might show out physically. According to Hahnemann, the psychosomatic diseases listed in §225 in the Organon of Medicine, are physical diseases caused by psychological factors such as persistent anxiety, worry, vexation, stress, depression, and prolonged, extreme terror and fright. These mental illnesses may have a significant physical impact [7].

Phosphoricum acidum is one of the highest-grade remedies for ailments from death of loved ones in the synthesis repertory [8]. This selection proved to be very effective for the case. Other symptoms such as involuntary sighing, tendency to take cold and chilly patient are also indicated in this remedy and *Phosphoricum acidum* is one of the top-grade remedies for diabetes mellitus too. The patient strictly followed his diet and regimen which also proved to be helpful in his quick recovery.

In the presented case centesimal potencies were used, here 50 millesimal potencies may have been more helpful as stated in the study conducted [14]. This case although followed up for nine months in such disorder this would have been more evident if the case had similar result after a longer period of follow up.

Phosphoricum acidum prescribed in this case has proven effects on diabetic conditions. A study titled as “To study and compare the efficacy of LM potency and centesimal potency of homoeopathic medicine *Acid Phosphoricum* in management of type 2 diabetes mellitus” found significant reduction in blood sugar and HbA1c levels. The study also concluded that LM potencies of *Acid Phosphoricum* seemed to produce slightly better result than centesimal potency [14].

Use of mother tinctures is quite common in cases of diabetes mellitus and can be chosen for management of patients already taking conventional antidiabetic drugs. One study on “Role of *Cephalandra indica* Q in the management of Diabetes Mellitus as an add-on medicine along with conventional antidiabetics” showed usefulness of the Indian drug *Cephalandra indica* in treating patients suffering from diabetes mellitus on the grounds of pathologic similarity [15]. The main takeaway of the case is that individualizing examination is required in each case. A prescription should not only be based upon the disease symptoms but a thorough enquiry about the aetiology, family history, physical and mental symptoms is necessary.

Unlike conventional medicine, homoeopathic medical system is cost-effective and has no adverse side effects. The public's interest in homoeopathic treatment is growing as a result of its effectiveness in managing diabetes mellitus and its complications [16, 17]. However, long-term efficacy of homoeopathy in treating instances of diabetes and its complications cannot be determined by a single case. Well-designed trials are required for establishing its efficacy in treating the condition.

Conclusion

This case demonstrates that, despite being a chronic illness, diabetes may be managed with individualized homoeopathy. In cases of diabetes, a long-term follow-up is necessary to guarantee improved outcomes. To determine the potential therapeutic effects of homeopathic treatment of diabetes,

well-planned, methodologically sound researches are required.

Declaration of patient consent

Proper written consent from the patient has been taken by the authors prior to writing this article. The patient has given consent for his images and clinical information to be reported in the journal.

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Conflicts of interest: None

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