Recurrent hypoglycemic attack (Starvation Ketoacidosis) with puberophonia: A case study

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Abstract
In type 1 DM there are destruction of pancreatic islet B cells by autoimmune process in 95% of cases and rest of 5% case by idiopathic cause. Due to complete fail to synthesis of insulin; difficult to manage glucose level and simultaneously increase glucagon level in plasma that results in severe complication in body. Insulin therapy, diet management and regular exercise is the part of management of this disease. According to Hahnemann’s 2nd aphorism and homoeopathic antimiasmatic treatment it is easy to reduce insulin therapeutic dose and to prevent complication.

A case of 29-year-old male, came to us for recurrent hypoglycemic attack with high pitched voice. The present case study is focused on how antimiasmatic medicine will help in preventing complications reducing insulin dose and better prognosis with scientific evidences.

Keywords: Homoeopathy, juvenile diabetes, recurrent hypoglycemia, antimiasmatic, phosphorus

Introduction
Diabetes mellitus type 1 tends to be an autoimmune and hereditary property in which destruction of pancreatic islet B cells. It has been classified into DM 1A in which cell mediated immune attack on beta cell by CD4+ (T Helper cells), CD8+ (Cytotoxic T cells), autoantibody produced by B cell (Active innate immune system), HLA system and DM 1B in which the mechanism is less clear. Genetically risk for child about 5% if father affecting DM 1, 3% if mother has it or 8% if a sibling has it. More than 50 genes are associated with developing DM 1. Surrounding environmental factor affect 50% chance to develop if one identical twin is affected. CMV, Rotavirus, varicella, Rubella, Mumps, EBV, Coxsackievirus etc. triggering autoimmune responds in which the immune system attacks virus infected cells along with beta cell in pancreas also. Such chemical materials like Streptozotocin, Antineoplastic agent and autoimmune disease like Addison’s disease, Celiac disease, Pernicious anemia, Graves’ disease etc. affect simultaneously DM 1 [2, 3].

Here in this case we did control blood sugar level, decrease insulin dose and to prevent complication as well.

Case Record
Mr. X, 29 years old male, came to us for recurrent hypoglycemic attack with high pitched voice.

Present history
Speech – Voice break, < speak loudly, approx. 15-20 years. Juvenile diabetes mellitus at the age of 3 years, he illuminated about his problems that Unconscious while sugar become low, <changing weather, <summer, <fasting, Convulsive movement of extremities, then spread to whole body and right-side headache.

Table 1: Drug history

<table>
<thead>
<tr>
<th>Long action insulin</th>
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</thead>
<tbody>
<tr>
<td>Morning</td>
</tr>
<tr>
<td>Evening</td>
</tr>
</tbody>
</table>

Past history
- Chicken pox in childhood
- Fracture - right tibia and fibula 10 years back
- Renal stone (Right side) 3 years back.
Family history
Father: Alive and having Asthma since last 34 years
Mother: Healthy and alive
Maternal grandfather: Alive and having Hypertensive approx. 50 years

Constitution
Tall height with brown hair and eyes, moderate build up, fair skin tone.

Physical general
Appetite: 6 chapatti/day but when fasting sugar become low
Meal: 2 meal / day
Thirst: Less (Average 1 liter per day)
Desire: Spicy ++ (extra chilly powder/sauce/chatni use), Milk +, Lemon juice +
Aversion: Sweet ++, Sour +
Urine/stool: Satisfactory
Sweat: Scanty
Thermal: Hot ++
Sleep: Normal 6-8 hours per day and Right position mostly

Mind
- Aggressive nature / gets angry over little things++
- Punctual +
- Desire for work
- Fastidious ++
- Helpful nature
- Sensitive and gets offended easily+

Analysis of case
Mental generals
- Anger
- Punctual
- Desire for work
- Offended
- Fastidious

Physical general
- Desire- Spicy food
- Aversion - Sweets
- Hot patient
- Side affected - right

Particulars
- Convulsive movement of extremities, then spread to whole body
- Right sided headache

Evaluation of symptoms:
- Anger
- Punctual
- Desire for work
- Offended
- Fastidious
- Spicy desire
- Sweet aversion
- Convulsive movement (extremities)
- Headache
- Emaciation (weakness)
- Right side prominent

Table 2: Reportorial totality

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Reportorial totality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anger</td>
<td>MIND - ANGER - Easily</td>
</tr>
<tr>
<td>Punctual</td>
<td>Mind - Benevolence</td>
</tr>
<tr>
<td>Fastidious</td>
<td>Mind - Fastidious</td>
</tr>
<tr>
<td>Desire for work</td>
<td>Mind - Industrious</td>
</tr>
<tr>
<td>Offended</td>
<td>MIND - OFFENDED, Easily</td>
</tr>
<tr>
<td>Headache</td>
<td>Head - Pain</td>
</tr>
<tr>
<td>Convulsive movement</td>
<td>Generals - Convulsive Movement</td>
</tr>
<tr>
<td>Emaciation (weakness)</td>
<td>Generals - Emaciation - Accompanied By - Weakness</td>
</tr>
<tr>
<td>Spicy desire</td>
<td>Generals - Food and Drink - Spices - Desire</td>
</tr>
<tr>
<td>Sweet aversion</td>
<td>Generals - Food and Drink - Sweets - Aversion</td>
</tr>
<tr>
<td>Right side prominent</td>
<td>Generals - Side - Right</td>
</tr>
</tbody>
</table>

Reportorial Sheet:\[4\]:

![Table and image]
Reportorial Analysis
1. Nux Vomica 10 [21]
2. Phosphorus 10 [16]
3. Arsenicum Album 9 [18]
4. Lycopodium 9 [18]

5. Sulphur 9 [16]

**Prescription**: (02/12/2019) Phosphorus 1M for 15 days is selected on the basis of symptoms similarity, constitution and susceptibility of patient.

<table>
<thead>
<tr>
<th>Table 3: Follow up</th>
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<tbody>
<tr>
<td>Date</td>
</tr>
<tr>
<td>16/12/2019</td>
</tr>
<tr>
<td>30/12/2019</td>
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<tr>
<td>25/02/2020</td>
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<tr>
<td>09/03/2020</td>
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<tr>
<td>20/03/2020</td>
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<tr>
<td>07/04/2020</td>
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</tbody>
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**Conclusion**
Here presenting this case we can conclude that homoeopathic medicine control blood sugar level, decrease insulin dose and to prevent complication as well with the help of homoeopathic basic principles and laws.

**Reference**