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Dr. Jagdish Thebar
Professor & HoD, Department
of Practice of Medicine,
Swasthya Kalyan
Homoeopathic Medical College
& Research Centre, Jaipur,
Rajasthan, India

Dr. Sunil R Thumar
M.D. (PGR), Department of
Practice of Medicine, Swasthya
Kalyan Homoeopathic Medical
College & Research Centre,
Sitapura, Jaipur, Rajasthan,
India

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

Dr. Jagdish Thebar and Dr. Sunil R Thumar

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 sever 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 a 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

Long action insulin	
Morning	24 units
Evening	10 units

Past history

- Chicken pox in childhood
- Fracture - right tibia and fibula 10 years back
- Renal stone (Right side) 3 years back.

Corresponding Author:
Dr. Sunil R Thumar
M.D. (PGR), Department of
Practice of Medicine, Swasthya
Kalyan Homoeopathic Medical
College & Research Centre,
Sitapura, Jaipur, Rajasthan,
India

Family history

Father: Alive and having Asthma since last 34years

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

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

Reportorial Sheet [4]:

This analysis contains 701 remedies and 11 symptoms. Intensity is considered

	nux-v.	phos.	ars.	lyc.	sulph.	calc.	caust.	zinc.	carb.	iod.	nat-m.	arg-n.	bell.	aur.	puls.	ign.	tarant.	tub.	
01. MIND - ANGER - easily	1																		52
02. MIND - BENEVOLENCE																			29
03. MIND - FASTIDIOUS																			73
04. MIND - INDUSTRIOUS																			144
05. MIND - OFFENDED, easily																			119
06. HEAD - PAIN																			576
07. GENERALS - CONVULSIVE movements																			87
08. GENERALS - EMACIATION - accompanied by - weakness																			4
09. GENERALS - FOOD and DRINKS - spices - desire																			83
10. GENERALS - FOOD and DRINKS - sweets - aversion																			73
11. GENERALS - SIDE - right																			239
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	
	10	20	9	9	8	8	8	8	8	8	8	7	7	7	7	7	7	7	
	21	16	18	18	16	15	15	14	13	13	12	11	14	13	13	12	12	12	
01.	3	2	1	3	-	1	-	2	-	-	-	1	1	-	-	-	-	-	
02.	1	1	-	-	1	1	-	-	1	-	1	1	1	-	-	1	-	-	
03.	2	1	3	1	1	-	2	1	2	1	2	1	-	1	1	-	1	-	
04.	1	1	1	2	1	1	1	1	1	2	1	-	1	3	1	2	3	3	
05.	3	1	3	3	2	3	3	2	4	3	2	1	2	2	2	1	1	4	
06.	3	3	3	2	3	3	2	2	1	2	3	2	3	2	3	2	1	1	
07.	2	1	1	1	1	2	2	2	-	2	-	2	3	-	-	3	2	-	
08.	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	
09.	2	3	1	1	3	-	1	-	2	-	1	1	-	1	2	-	2	1	
10.	1	2	2	2	2	1	2	2	1	1	1	2	-	-	1	1	-	1	
11.	3	1	3	3	2	3	2	2	1	1	1	-	3	3	3	2	2	1	

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 3: Follow up

Date	Symptoms	Prescribed medicine
16/12/2019	Approx. 12-14 hypoglycemic attacks in last 15 days. Slight headache	Rubrum 30 TDS for 15 days. Insulin M-24-unit, E - 10 unit
30/12/2019	Decrease hypoglycemic attack (approx. 6-8 attacks in last 15 days). No headache after attack	Rubrum 30 TDS for 10 days. Insulin M-22-unit, E - 10 unit
09/01/2020	Decrease hypoglycemic attack (4 attacks in 10 days). Headache after every attack.	Rubrum 30 TDS for 15 days. Insulin M-20-unit, E - 10 unit
23/01/2020	Only 1 or 2 hypoglycemic attacks in last 15 days. Body weight slightly reduced (approx. 1.5 kg)	Rubrum 30 TDS for 20 days. Insulin M - 16-unit, E - 8 unit
11/02/2020	No hypoglycemic attacks in last 20 days. No complains of headache.	Rubrum 30 TDS for 15 days. Insulin M - 14-unit, E - 8 unit
25/02/2020	No hypoglycemic attacks since last 2 months. Slight weakness of body. Weight loss (3.2 kg). Occasionally nausea and Abdominal pain.	Rubrum 30 TDS for 20 days. Insulin M - 10-unit, E - 6 unit
09/03/2020	No hypoglycemic attacks, Weakness ++ Ketone body present in urine+++ Emaciation (weight loss ~5 kg) Appetite decrease	Phosphorus 1M, 1 dose Rubrum 30 TDS for 15 days. Insulin M-10-unit, E -8 unit
20/03/2020	No hypoglycemic attacks. Ketone body + mild to moderate improvement in weakness. No episode of nausea and Abdominal pain	Rubrum 30 TDS for 15 days. Insulin M - 10-unit, E - 8 unit
07/04/2020	No hypoglycemic attacks, No ketone body present in urine, Body weight increased (3 kg) Feeling better than before	Rubrum 30 TDS for 15 days. Insulin M-10-unit, E - 8 unit

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.

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