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## Clinical verification of individualized Homoeopathic Medicine *Lycopodium* in Diabetes mellitus: A case study

Dr. Bhupendra Arya, Dr. Priyanka Nagar, Dr. Sonu Mahiya, Dr. Garima Choudhary and Dr. Dharmendra Kumar

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### Abstract

Diabetes mellitus is a syndrome characterized by chronic hyperglycemia with disturbances of metabolism of carbohydrates, fats and proteins and relative insulin deficiency, resistance or both. This case represents a case of Diabetes mellitus treated with homoeopathic remedy *Lycopodium*. A 48 year old male patient visited OPD on 15/02/2019. He was complaining of polyuria, polyphagia and polydipsia along with weight loss and generalized weakness. There was burning and dryness in the whole body along with itching. This patient improved with *Lycopodium* 1M, single dose.

**Keywords:** Homoeopathic Medicine, *Lycopodium*, Case study, Diabetes, polyphagias

### Introduction

Diabetes mellitus is a syndrome characterized by chronic hyperglycemia with disturbances of metabolism of carbohydrates, fats and proteins and relative insulin deficiency, resistance or both. The long term effects of diabetes include damage, dysfunction and failure of various organs. These include macro vascular disease, leading to increased prevalence of coronary artery disease and stroke, and micro vascular damage causing diabetic retinopathy and nephropathy, and contributing to diabetic nephropathy [1-3].

### Epidemiology

- **Type 1 Diabetes:** Type 1 diabetes is a disease which occurs due to an absolute insulin deficiency. In western countries almost all patients have the immune-mediated form of the disease (type 1A). Type 1 diabetes is prominent as a disease of childhood, reaching a peak incidence around the time of puberty, but can occur at any age. In Europe, the annual increase is of the 3-4%, and is most marked in children under the age of 5 years [1-3].
- **Type 2 Diabetes:** The global burden due to diabetes is mostly contributed by type 2 diabetes which constitutes 80% to 95% of the total diabetic population. The explosive increase in the prevalence of diabetes seen in the last three decades poses huge clinical and economic burden in many countries [2-4].

### Classification of diabetes mellitus [3-5]

#### Type 1 Diabetes

- $\beta$ -cell destruction which leads to absolute insulin deficiency
- Usually mediated by immune mechanisms
- LADA (latent autoimmune diabetes in adults) is classified as type 1 diabetes

#### Type 2 Diabetes

- Can range from predominant insulin resistance with relative insulin deficiency to prevailing defective secretion with insulin resistance.
- Is frequently associated with other problems of the so-called metabolic syndrome

#### Other Specific Diabetes Types

- Diseases of the exocrine pancreas (e. g. pancreatitis, cystic fibrosis, hemochromatosis)

- Endocrinopathies (e. g. Cushing syndrome, acromegaly, pheochromocytoma)
- Drug induced (e. g. glucocorticoids, neuroleptics, alpha-interferon, pentamidine)
- Genetic defects of the  $\beta$ -cell function (e. g. MODY forms)
- Genetic defects of insulin action
- Other genetic syndromes which can be associated with diabetes
- Infections
- Rare forms of auto-immune mediated diabetes

### Gestational Diabetes

Glucose tolerance impairments that first appear or are first diagnosed during pregnancy.

### Etiology<sup>[2-4]</sup>

1. **Genetic factors:** The genetic susceptibility for type 1 is associated with certain human leucocyte antigen (HLA) combinations (DR3+DR4). Type 2 has a more complex aetiopathology.
2. **Environmental factors:** The environmental factors showing strong association with diabetes are increasing age, family history of diabetes, obesity, unhealthy diet including nitrites and nitrates, exposure to cow milk early in life, physical inactivity, insulin resistance, adverse intrauterine environment, stress factors and viral infections such as mumps virus, coxsackievirus B, rubella, cytomegalovirus, EB virus etc.
3. **Autoimmune destruction:** Type 1 DM is a T cell mediated disease. Humoral response does not cause type 1 DM but is considered to be a result of insulinitis. In the process of insulinitis, islet cell antigens leak out of the beta-antigen and initiate a humoral immune response.

### Clinical features<sup>[2-4]</sup>

#### Acute presentation

Young people often present with a 2 to 6 week history and report with the following symptoms:

- **Polyuria:** This is due to the osmotic diuresis that results when blood glucose levels exceed the renal threshold.
- **Thirst:** This is due to loss of excessive fluid and electrolytes.
- **Loss of weight:** This is due to fluid depletion of the increased breakdown of fat and muscle secondary to insulin deficiency.

#### Sub-acute presentation

The clinical onset may be over several months or years, particularly in older patients. Some may present with the characteristic symptoms of polyuria, polydipsia and polyphagia with weakness and weight loss, many type 2 diabetics are asymptomatic to remain silent for many years and at diagnosis present with features of long term complications like neuropathy, retinopathy or nephropathy.

### Diagnosis

#### Criteria for diagnosis of diabetes<sup>[2-5]</sup>

- HbA1c  $\geq 6.5\%$  ( $\geq 48$  mmol/mol)
- Random plasma glucose  $\geq 200$  mg/dl ( $\geq 11.1$  mmol/l)
- Fasting plasma glucose  $\geq 126$  mg/dl ( $\geq 7.0$  mmol/dl)
- OGTT 2- hour glucose in venous plasma  $\geq 200$  mg/dl

( $\geq 11.1$  mmol/l)

### Impaired Fasting Glucose

IFG for fasting glucose levels from 100-125 mg/dl (5.6 mmol-6.9 mmol/l) in venous plasma.

### Impaired Glucose Tolerance

IGT for 2 hour plasma glucose in the OGTT in the range of 140-199 mg/dl (7.8-11.0 mmol/l) with fasting glucose  $< 126$  mg/dl ( $< 7.0$  mmol/l).

### Screening for and diagnosis of GDM<sup>[4]</sup>

Perform a 75-g OGTT, with plasma glucose measurement fasting and at 1 and 2 h, at 24-28 of weeks gestation in women not previously diagnosed with overt diabetes.

The OGTT should be performed in the morning after an overnight fast of at least 8 h.

The diagnosis of GDM is made when any of the following plasma glucose values are exceeded

Fasting:  $\geq 92$  mg/dl (5.1 mmol/l)

1 h:  $\geq 180$  mg/dl (10.0 mmol/l)

2 h:  $\geq 153$  mg/dl (8.5 mmol/l)

### Complications of diabetes<sup>[1-4]</sup>

Diabetes is justly recognized as an emerging global epidemic, representing one of the leading causes of morbidity and mortality worldwide. Generally, injurious effects of hyperglycemia are divided into following categories

#### 1. Macro vascular complications

- Stroke is twice as likely
- Myocardial infarction is 3-5 times as likely and women with diabetes lose their premenopausal protection from coronary artery disease
- Amputation of a foot for gangrene or non-healing ulcer is 50 times as likely

#### 2. Micro vascular complications

- **Diabetic retinopathy:** This consists of venous engorgement, micro aneurysm of the retina and hard exudates. Most serious complication is retinitis proliferous with new vascular proliferation into the vitreous with subsequent hemorrhage.
- **Diabetic nephropathy:** The earliest functional abnormality in the diabetic kidney is renal hypertrophy associated with a raised glomerular filtration rate. Renal arteriosclerosis, pyelonephritis and micro albuminuria are other manifestations.
- **Diabetic neuropathy:** It involves delayed nerve conduction, sensory polyneuropathy (distal), acute painful neuropathy, cranial nerve lesions, diabetic amyotrophy (wasting and weakness of pelvic girdle muscles and thigh muscles).

### Case profile

A 48 years old male came in our OPD on 15/02/2019 with the complaints of polyuria, polyphagia and polydipsia along with weight loss and generalized weakness. There was burning and dryness in the whole body along with itching.

### History of present complaints & treatment history

Patient was apparently well 4 years back then he started feeling weakness in the whole body with tiredness. Thereafter thirst and appetite was increased along with

increase frequency of urine after 3 months. Then burning and dryness started in whole body along with itching. Patient took allopathic treatment for last 3 years but got no permanent relief whenever he stopped medication then all symptoms was reappear, so he visited our OPD.

**Associated symptoms:** Patient also suffered from flatulence in abdomen and burning in stomach which increase after eating.

**Past history:** Swine flu 10 year back and no other history of past illness.

**Family history:** All members healthy and alive with no significant medical history.

**Physical generals:** The patient has increased appetite has

meals four times daily with sweet desire and flatulence and burning in stomach after meal, Thermal Reaction was Hot. Perspiration profuse in whole body, offensive, non staining. Drink 3.5 - 4 liters of water per day. Increase frequency of urine (D<sub>6-7</sub>N<sub>2-3</sub>).

**Mental generals:** The patient was restless. He use to get irritated and angry very often. Desires company always. he wants to someone near him always.

**Clinical findings:** Appearance was ectomorph, Height- 5'8", Weight - 75kgs. Other general and systematic examination findings were normal.

**Provisional Diagnosis:** Type - 2 Diabetes mellitus

## Analysis & Evaluation of Symptoms

**Table 1:** Analysis & Evaluation of Symptoms

Mental General	Physical General	Particular
Irrascibility	Increase frequency of urine	Flatulence in abdomen < after eating
Desire company	Increase appetite	Burning in stomach < after eating
Restless	Thirst increased	
	Burning in whole body	
	Itching in whole body	
	Dryness in whole body	
	Profuse perspiration	
	Thermal - hot	

## Miasmatic analysis of symptoms

**Table 2:** Miasmatic analysis of symptoms<sup>[7-11]</sup>

Symptoms	Psora	Sycosis	Syphilis
Irrascibility	✓		
Desire company	✓		
Restless	✓		
Increase frequency of urine	✓	✓	
Increase appetite	✓		
Thirst increased	✓		
Burning in whole body	✓		
Itching in whole body	✓		
Dryness in whole body	✓	✓	✓
Profuse perspiration	✓		
Thermal - hot	✓	✓	
Flatulence in abdomen < after eating	✓	✓	
Burning in stomach < after eating	✓	✓	

**Dominant miasm:** PSORA

**Fundamental miasm:** PSORA

## Reportorial totality

The following rubrics were selected from Radar 10.0:<sup>[12]</sup>

- Mind - Irritability, general
- Mind - Company, general - desire for
- Mind - Restlessness
- Bladder - Urination, general - frequent, urination
- Food - Appetite, general - increased, hunger
- Food - Thirst, general - extreme

- Skin - Burning - sensation
- Skin - Itching
- Skin - Dry, skin
- Perspiration - Profuse
- General - Heat, sensation
- Intestines - Flatus, intestinal - eating, after
- Stomach - Burning, pain - eating, after

## Justification of selection of remedy and potency:

*Lycopodium* 200/1dose/stat followed by *Phytum* for 15 days was first prescription because it covered maximum rubrics with maximum marks after Repertorisation. *Lycopodium* covered 12 symptoms out of 13, those are irritability, desire company, restlessness, increase frequency of urine, increase appetite, thirst increased, burning in whole body, itching in whole body, dryness in whole body, profuse perspiration, thermal – hot, flatulence in abdomen < after eating. After comparison of symptoms from various books of material medical, *Lycopodium* appears similimum to the totality of symptoms of the patient. Higher susceptibility (According to his work and habit) and the medicine covered maximum symptoms hence 1M potency was selected<sup>[13]</sup>.

## Prescription

**Rx** – *Lycopodium* 1M /1dose

*Phytum* 30/TDS 15 days

		1/c	calc	puls	nux-v	kali-c	lach	sulph	phos	ars	merc	carb-v	graph	caust	nat-c	ph-ac	mez	con	nat-m	sil	sep	arg-m	rhus-t	staph	br	iod	canph	hyos	mag-c	nit-ac	sec	venat	ant-t
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32
		12	12	12	12	12	12	11	11	11	11	11	11	11	11	11	11	11	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10
		35	30	29	27	26	24	30	29	27	25	23	22	21	20	19	15	15	27	25	24	22	22	21	20	19	18	18	18	18	18	18	17
Clipboard 1																																	
1. Mind - IRRITABILITY, general (353)		3	3	3	3	2	3	3	3	2	3	3	3	3	2	2	3	3	3	3	2	3	3	3	2	1	2	3	3	1	-	2	
2. Mind - COMPANY, general - desire for (80)		3	2	3	2	3	1	1	3	3	1	1	-	1	2	1	2	2	-	1	2	3	-	-	1	-	2	3	-	1	-	1	1
3. Mind - RESTLESSNESS (409)		3	3	3	2	2	2	3	2	3	3	2	2	2	2	2	1	2	3	3	3	3	3	3	1	2	3	3	1	2	3	1	2
4. Bladder - URINATION, general - frequent, urination (187)		3	3	3	3	2	3	3	3	1	3	2	3	3	2	2	1	2	1	2	3	2	3	2	2	2	2	2	1	2	1	2	2
5. Food - APPETITE, general - increased, hunger (175)		3	3	3	3	1	2	3	3	3	2	1	3	2	2	2	1	2	3	2	2	-	1	2	1	3	1	1	1	2	1	3	1
6. Food - THIRST, general - extreme (190)		2	3	1	2	2	1	3	3	3	2	2	3	2	2	1	1	3	3	2	3	2	1	3	2	2	1	2	2	1	3	2	2
7. Skin - BURNING, sensation (105)		3	-	2	2	2	3	3	3	-	2	-	1	-	1	1	2	1	2	3	2	-	3	2	-	1	-	2	1	1	1	1	-
8. Skin - ITCHING (201)		3	2	3	2	2	2	3	2	3	3	3	3	2	1	3	2	3	3	3	-	3	3	2	1	1	1	1	3	2	1	1	1
9. Skin - DRY, skin (144)		3	3	2	1	3	2	3	3	3	1	2	3	1	2	2	1	1	3	3	2	1	2	2	3	2	2	2	2	2	3	2	2
10. Perspiration - PROFUSE (149)		3	3	2	2	3	2	2	2	3	3	1	2	2	3	2	1	3	3	3	1	2	1	3	1	2	1	2	2	2	3	3	3
11. Generals - HEAT, sensation (90)		3	2	3	2	1	2	3	2	1	2	-	1	1	1	1	-	-	3	-	-	2	1	1	1	3	2	-	1	-	3	2	1
12. Intestines - FLATUS, intestinal - eating, after (24)		3	1	1	3	-	-	-	-	-	2	-	1	-	-	-	1	-	-	-	3	-	-	-	-	-	-	-	-	-	-	-	-
13. Stomach - BURNING, pain - eating, after (19)		-	2	-	-	2	2	-	-	1	-	2	1	-	-	-	1	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-

Fig 1: Repertorisation of case from Murphy’s Repertory using Radar software [12]

Table 3: Follow-ups with prescription and justification

Date	Follow up interpretation	Prescription	Justification
15/02/2019 (1 <sup>st</sup> visit, case taking done)	Anger & restless. Polyuria, polyphagia and polydipsia along with weight loss and generalized weakness. There was burning and dryness in the whole body along with itching, flatulence in abdomen and burning in stomach which increase after eating	<i>Lycopodium</i> 1M/1dose <i>Phytum</i> 30/TDS/15 days	After Repertorisation and comparison of symptoms from various books of material medical, <i>Lycopodium</i> is similimum
02/03/2019	Marked relief in flatulence in abdomen and burning stomach. Slight relief in other complaints	<i>Phytum</i> 30/TDS/30 days	Improvement in patient’s symptoms
05/04/2019	No flatulence in abdomen and burning stomach. Marked relief in burning, itching and dryness in whole body, Slight relief in polyuria, polyphagia and polydipsia	<i>Phytum</i> 30/TDS/45days	Improvement in patient’s symptoms
20/05/2019	Relief in almost all symptoms. Investigation report also show improvement	<i>Phytum</i> 30/TDS/45days.	Improvement in patient’s symptoms
08/07/2019	Relief in almost all symptoms	<i>Phytum</i> 30/TDS/45days	Improvement in patient’s symptoms
22/08/2019	Relief in almost all symptoms. Investigation report also show improvement	<i>Phytum</i> 30/TDS/60days	Improvement in patient’s symptoms
25/10/2019	Flatulence in abdomen and burning in stomach since last 6 days and relief in all complaints	<i>Lycopodium</i> 1M/1dose <i>Phytum</i> 30/TDS/15 days	Improvement in patient’s symptoms
12/11/2019	No flatulence in abdomen and burning stomach, Relief in almost all symptoms. Investigation report also show improvement and it is in the normal limit	<i>Phytum</i> 30/TDS/45days	Improvement in patient’s symptoms
24/12/2019	No complaints	<i>Phytum</i> 30/TDS/45days	Improvement in patient’s symptoms
30/01/2020	No complaints and Investigation report is in the normal limit	<i>Phytum</i> 30/TDS/30days	Improvement in patient’s symptoms

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**REPORT**

**NAME :** █████ (48 Y/M)  
**REF. BY :** Dr. AMAR SINGH  
**TEST ASKED :** HEMOGRAM - 6 PART (DIFF), HBA

**SAMPLE COLLECTED AT :**  
 (3020391489), LABCARE DIAGNOSTIC, G-19, SARASWATI  
 TOWER SEC 7 NEAR MAHARAJA AGRIEN HOSPITAL  
 VIDHYADHAR NAGAR, 302039

TEST NAME	TECHNOLOGY	VALUE	UNITS
HbA1c - (HPLC - NGSP Certified)	H.P.L.C	8.9	%

**Reference Range :**

Reference Range: As per ADA Guidelines	Guidance For Known Diabetics
Below 5.7% : Normal	Below 6.5% : Good Control
5.7% - 6.4% : Prediabetic	6.5% - 7% : Fair Control
>=6.5% : Diabetic	7.0% - 8% : Unsatisfactory Control
	>8% : Poor Control

**Method :** Fully Automated H.P.L.C. using Biorad Variant II Turbo, NGSP Certified.

**Reference Range :**

90 - 120 mg/dl : Good Control
121 - 150 mg/dl : Fair Control
151 - 180 mg/dl : Unsatisfactory Control
> 180 mg/dl : Poor Control

**Method :** Derived from HBA1c values

**Please correlate with clinical conditions.**

**Sample Collected on (SCT)** : 13 Feb 2019 09:00  
**Sample Received on (SRT)** : 14 Feb 2019 02:30  
**Report Released on (RRT)** : 14 Feb 2019 04:39  
**Sample Type** : EDTA

Dr. Prachi Sinkar MD(Path)

Dr. Caesar Sengupta MD(Micro)



(1<sup>st</sup> Digital SILENT 3Tesla MRI with In-Bore Experience in India)

**TEST REPORT**

Reg. No : 2104111580	Reg. On : 18-May-2019 18:37
Name : [REDACTED]	Collected On : 18-May-2019 18:37
Age / Sex : 48 Years / Male	Report Date : 19-May-2019 10:39
Ref. By : Dr. BHUPENDRA ARYA	Dispatch At :
Location :	Tele No : [REDACTED]

PARAMETER	OBSERVED VALUE	UNIT	BIOLOGICAL REFERENCE RANGE
<b>MOLECULAR</b>			

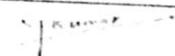
HbA1c - (HPLC - NGSP Certified)	TECHNOLOGY	VALUE	UNITS
Reference Range :	H.P.L.C	7.3	%

Reference Range: As per ADA Guidelines
Below 5.7% : Normal
5.7% - 6.4% : Prediabetic
>= 6.5% : Diabetic

Guidance For Known Diabetics
Below 6.5% : Good Control
6.5% - 7% : Fair Control
7.0% - 8% : Unsatisfactory Control
> 8% : Poor Control

.....End Of Report.....

This is an electronically authenticated report. Test Done From Collected Sample  
 \*Note: (LL= Very low, L=Low, H=High, HH=Very High)

Approved By:  Dr. Y. KUMAR

Generated On : 19-May-2019 11:12

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**REPORT**

**NAME :** █████ (49 Y/M)  
**REF. BY :** Dr. BHUPENDRA ARYA  
**TEST ASKED :** HEMOGRAM - 6 PART (DIFF), HBA

**SAMPLE COLLECTED AT :**  
 (3020391489), LABCARE DIAGNOSTIC, G-19, SARASWATI  
 TOWER SEC 7 NEAR MAHARAJA AGRSEN HOSPITAL  
 VIDHYADHAR NAGAR, 302039

TEST NAME	TECHNOLOGY	VALUE	UNITS
HbA1c - (HPLC - NGSP Certified)	H.P.L.C	6.5	%

**Reference Range :**

Reference Range: As per ADA Guidelines	Guidance For Known Diabetics
Below 5.7% : Normal	Below 6.5% : Good Control
5.7% - 6.4% : Prediabetic	6.5% - 7% : Fair Control
>=6.5% : Diabetic	7.0% - 8% : Unsatisfactory Control
	>8% : Poor Control

**Method :** Fully Automated H.P.L.C. using Biorad Variant II Turbo, NGSP Certified.

**Reference Range :**

90 - 120 mg/dl : Good Control
121 - 150 mg/dl : Fair Control
151 - 180 mg/dl : Unsatisfactory Control
> 180 mg/dl : Poor Control

**Method :** Derived from HBA1c values

**Please correlate with clinical conditions.**

**Sample Collected on (SCT)** : 18 Aug 2019 11:10  
**Sample Received on (SRT)** : 18 Aug 2019 02:45  
**Report Released on (RRT)** : 18 Aug 2019 10:12  
**Sample Type** : EDTA

Dr. Prachi Sinkar MD(Path)

Dr. Caesar Sengupta MD(Micro)

# C | CARDIS LABS

<b>Patient Name</b>	: [REDACTED]	<b>Sex / Age</b>	: Male /49 Y /0 M /0 D
<b>Sample ID</b>	: 200016146002	<b>Received</b>	: 10/11/19 10:25 AM
<b>Doctor</b>	: Dr. BHUPENDRA ARYA	<b>Reported</b>	: 10/11/19 04:19 PM
<b>Hospital Name</b>	: BAGREE DIAGNOSTIC ,JAIPUR		

Test Name	Remark	Flag	Reference Range	Unit
FASTING : NO				
<b>HEMOGLOBIN A1c</b>				
HEMOGLOBIN A1c	5.2	N	< 5.7 % of total Hgb	%

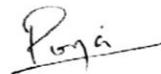
**REMARK:**

According to ADA guideline, hemoglobin A1c < 7.0% represent optimal control in non- pregnant diabetic patients. Different metrics may apply to specific patient populations. Standards of Medical Care in Dia.betes-2013. Diabetes Care. 2013;36:s11-s66.

**REFERENCE RANGE:**

< 5.7%	Consistent with the absence of diabetes
5.7-6.4%	Consistent with increased risk of diabetes (prediabetes)
>or=6.5%	Consistent with diabetes

-----End of Report-----



Dr. Pooja Shanker  
Clinical Microbiologist

This is an electronically generated report, validated by Clinical Microbiologist. In case results do not correlate clinically or a repeat sample needs to be sent for the above mentioned patient; kindly contact CARDIS Labs.

Page 1 of 1

# C | CARDIS LABS

<b>Patient Name</b> :	██████	<b>Sex / Age</b> :	Male /49 Y /0 M /0 D
<b>Sample ID</b> :	200016214320	<b>Received</b> :	27/01/20 09:10 AM
<b>Doctor</b> :	Dr. BHUPENDRA ARYA	<b>Reported</b> :	27/01/20 03:55 PM
<b>Hospital Name</b> :	BAGREE DIAGNOSTIC ,JAIPUR		

Test Name	Remark	Flag	Reference Range	Unit
FASTING : NO				
<b>HEMOGLOBIN A1c</b>				
HEMOGLOBIN A1c	5.1	N	< 5.7 % of total Hgb	%

**REMARK:**

According to ADA guideline, hemoglobin A1c < 7.0% represent optimal control in non- pregnant diabetic patients. Different metrics may apply to specific patient populations. Standards of Medical Care in Diabetes-2013. Diabetes Care. 2013;36:s11-s66.

**REFERENCE RANGE:**

< 5.7%	Consistent with the absence of diabetes
5.7-6.4%	Consistent with increased risk of diabetes (prediabetes)
>or=6.5%	Consistent with diabetes

-----End of Report-----



Dr. Pooja Shanker

Clinical Microbiologist

This is an electronically generated report, validated by Clinical Microbiologist. In case results do not correlate clinically or a repeat sample needs to be sent for the above mentioned patient; kindly contact CARDIS Labs.

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**Discussion and conclusion**

Physical appearance related issues have become almost important for young individuals in this modern era and competitive world. Homoeopathic medicines have a positive effect on various disorders. This case confirms significance of single dose and reportorial approach on the basis of totality of symptoms.

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