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ORIGINAL ARTICLE

A CASE OF TYPE II DIABETES MELLITUS

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Abstract

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Key Word- D.M., Type II, Insuline, Lifestyle disorder, hyperglycemia, FBS, PPBS.

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Diabetes Mellitus, as it is clinically termed, is a chronic disorder characterized by hyperglycemia with or without glycosuria, resulting from an absolute or relative deficiency of insulin. Clinically, diabetes is characterized by a wide spectrum of disorders, ranging from asymptomatic hyperglycemia to abnormalities in various vital organs like heart, brain, retina and peripheral vessels. Once regarded as a single disease entity, diabetes is now seen as a heterogeneous group of diseases, resulting from a diversity of aetiologies, environmental and genetic, acting jointly. It is typically gradual in onset and occurs mainly in the middle-aged and the elderly. Its main causative factors are the much-acclaimed longevity of life, obesity, indiscreet diet, sedentary lifestyle and increasing urbanization. Here I discussed a case of type II Diabetes mellitus 58 years of male suffering from Type II DM since 2 years, Gymnema Sylvester prescribed in this case and patient respond very well.

INTRODUCTION

Diabetes is a major public health problem all over the world. Its prevalence varies among different populations. By the year 2025, the number of people suffering from diabetes in the world is estimated to be 350 million, of which 70 million will be in India. Type 2 Diabetes is the most common type in India. Recent studies have

shown that the prevalence is increasing at the rates of 10 to 13 per cent in urban and 2.4 per cent in rural areas. Current world economic statistics reveal that a whopping 11.6 percentage of the total world healthcare expenditure goes for diabetes alone.

Around 50 per cent of the cases exhibit the classical symptoms of polyuria, polyphagia, and polydipsia and weight loss. Once diabetes is established, it tends to be lifelong. The goal of the treatment is to attain normal blood sugar levels throughout day and night, to bring down the intensity of the pathological symptoms and to prevent complications. The four pillars of Diabetic management are diet, exercise, drugs and patient education.

Homoeopathy has a great role to play in the prevention or management and control of diabetes mellitus as well as in reducing morbidity and mortality resulting there from.

CASE PROFILE

Reg. No. – 18/11502

Name of Patient – Mrs G.K.

Age – 58 yrs

Sex – Female

Address-RICCO, Sriganganagar

Marital status- Married

Occupation- House Wife

Present /Chief Complaint –

- K/C/O of Type II Diabetes Mellitus since 2 years.
- Weakness since 3-4 months.
- Profuse urination 3-4 times in night.
- Sometimes tingling sensation in finger of hand.
- Always wants to lie down.

- Flatulence in abdomen.

H/O of Present Complaint & Drug

H/O– She was suffering from type II diabetes mellitus since 2 years. Since 2 years she taken tab. Metformin 500 BD.

Past Medical History-

H/O of Disease – Joint Pain
H/O of any Operation\ Injury – C/S
H/O of Vaccination – Present

Family History –

Father	OA
Mother	HTN
Sibling	HTN

Personal History –

Addiction– No	Diet - Mixed
Occupation – H.W.	Accommodation – Rural
Single\Married – Married	H/O of milestone & development -
Obstetrical h/o – G ₃ P ₃ A ₀ L ₃	Regular drug Habit – Metformin 500mg

Physical Generals –

Appetite – Increased	Thirst - Profuse
Desire – Sweet and Spicy things	Aversion – Not specific
Taste of mouth -	Tongue - Clean

Sour	
Stool – Constipation	Urine – 6-7/3-4 D/N
Perspiration- Normal	Dreams- Occasionally
Sleep – Unrefreshing	Thermal reaction – Chilly

Mental Generals –

Irritable easily

Anxiety about future

Physical Examination –**Vital Sign –**

Pulse– 78/Minute	Blood Pressure – 130/80mmHg
R\ R – 22/Minute	Temp. - 98 degree F
Height- 152 CM	Weight- 70 KG

General Examination –

Pallor – Prasant	Oedema - Absent
Lymphadenopathy – Absent	Icterus - Absent
Cyanosis – Absent	Emaciation - Absent
Build – Average	Clubbing - Absent

Systemic examination –

G.I.T – a. Inspection of abdomen- Normal in shape
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b. Palpation- NAD
c. Percussion-
d. Auscultation- Peristalsis Movement heard
R.S. - Bilateral Lung Clear, No additional sound
C.N.S. – Consciousness and well oriented
C.V.S.- S1 , S2 present

Investigation – FBS, PPBS, HbA1C etc

	FBS (mg/dl)	PPBS (mg/dl)	HbA1C
At beginning	167	251	8.6
After 6 Month	89	137	7.9

Diagnosis – Type II Diabetes Mellitus**Miasmatic Diagnosis** – Psoro-Syphilitic miasm**Totality of prescribing –**

- Weakness
- Urine Sugar
- Apetite incresed
- Thirsty
- Irritable
- Constipation

Remedy given –

1. Gymnema Sylvester Q/15
drop/TDS in 30 ml of water
2. PL 30/ 4 Pills TDS for 15 days

Advice-

- Take green leafy vegetables
- Walk at list 30 minute daily
- Avoid rice, potato etc

Follow up –

S. no.	Date	Observation and progress	Remedy prescribed
1	14/12/2018	General condition improved, energy level better	Gymnema Sylvester Q/15 drop TDS PL 30/ 4 Pills TDS for 15 days
2	18/01/2019	Weakness better Flatulence better Sleep improved	Gymnema Sylvester Q/15 drop TDS PL 30/ 4 Pills TDS for 15 days
3	23/02/2019	No flatulence Stool soft and 2 times in a day. Sleep – refreshing	Gymnema Sylvester Q/15 drop TDS PL 30/ 4 Pills TDS for 15 days
4	20/04/2019	Frequency of urination-decreased Weakness- decreased B.P- 120/80 mmHg	Gymnema Sylvester Q/15 drop TDS PL 30/ 4 Pills TDS for 15 days
5	09/06/2019	FBS- 89 mg/dl PPBS-137 mg/dl HbA1c-7.9 General condition improved, Blood sugar becomes normal without taking Metformin.	Gymnema Sylvester Q/15 drop TDS PL 30/ 4 Pills TDS for 15 days

Case Discussion– Mr. G.K suffering from type II diabetes mellitus since 2 years and taking tab metformin 500 mg BD since 1 years, after taking homoeopathic medicine Gymnema sylvester Q, genral condtion along with Blood sugar level improved, and tab metformin now stop after 4 month of treatment and patient feels better.

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