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

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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**

- β-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 β-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
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 nitrates 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 insulites. In the process of insulites, islet cell antigens leak out of the beta-antigen and initiate a humoral immune response.

Clinical features
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
• HbA1c ≥ 6.5 % (≥ 48 mmol/mol)
• Random plasma glucose ≥ 200 ml (≥ 11.1 mmol/l)
• Fasting plasma glucose ≥ 126 mg/dl (≥ 7.0 mmol/dl)
• OGTT 2- hour glucose in venous plasma ≥ 200 mg/dl (≥ 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 OGIT 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
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: ≥92 mg/dl (5.1 mmol/l)
1 h: ≥180 mg/dl (10.0 mmol/l)
2 h: ≥153 mg/dl (8.5 mmol/l)

Complications of diabetes
• 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

• 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, pycnolephritis and micro albuminuria are other manifestations.
  ▪ Diabetic neuropathy: It involves delayed nerve conduction, sensory polyneuropathy (distal), acute painful neuropathy, cranial nerve lesions, diabetic amyl trophey (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 (D6-7N2-3).

**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**

| Mental General | Physical General | Particular |
|----------------|-----------------|------------|
| Irascibility   | 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[^7-11]

| Symptoms                  | Psora | Sycosis | Syphilis |
|---------------------------|-------|---------|----------|
| Irascibility              | ✔     |         |          |
| 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       | ✔     | ✔       | ✔        |
| 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:[^12]

- 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[^13].

**Prescription**

Rx – *Lycopodium* 1M /1dose

*Phytum* 30/TDS 15 days
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   | 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 | Lycopodium 1M/1dose  | After Repertorisation and comparison of symptoms from various books of material medical, Lycopodium is similimum |
| 02/03/2019   | Marked relief in flatulence in abdomen and burning stomach. Slight relief in other complaints | Phytum 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 | Phytum 30/TDS/45days | Improvement in patient’s symptoms                                              |
| 20/05/2019   | Relief in almost all symptoms. Investigation report also show improvement                | Phytum 30/TDS/45days | Improvement in patient’s symptoms                                              |
| 08/07/2019   | Relief in almost all symptoms                                                             | Phytum 30/TDS/45days | Improvement in patient’s symptoms                                              |
| 22/08/2019   | Relief in almost all symptoms. Investigation report also show improvement                | Phytum 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 | Lycopodium 1M/1dose  | 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 | Phytum 30/TDS/45days | Improvement in patient’s symptoms                                              |
| 24/12/2019   | No complaints                                                                            | Phytum 30/TDS/45days | Improvement in patient’s symptoms                                              |
| 30/01/2020   | No complaints and Investigation report is in the normal limit                              | Phytum 30/TDS/30days | Improvement in patient’s symptoms                                              |
| TEST NAME               | TECHNOLOGY | VALUE | UNITS |
|------------------------|------------|-------|-------|
| HbA1c - (HPLC - NGSP Certified) | H.P.L.C     | 8.9   | %     |

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

**Method**: Derived from HBA1c values

Please correlate with clinical conditions.
TEST REPORT

Reg. No.: 2104111580
Name: 
Age / Sex: 48 Years / Male
Ref. By: Dr. BHUPENDRA ARYA
Location: 

Reg. On: 18-May-2019 18:37
Collected On: 18-May-2019 18:37
Report Date: 18-May-2019 10:39
Dispatch At: 
Tele No: 

PARAMETER

| OBSERVED VALUE | UNIT | BIOLOGICAL REFERENCE RANGE |
|----------------|------|---------------------------|
| MOLECULAR      |      |                           |
| 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, H-H Very High)

Generated On: 19-May-2019 11:12

Approved By: Dr. Y. KUMAR

DIAGNOSIS Is Must For Cure, We Are Committed To Make It Sure

Ground Floor, Akshat Retreat, Opp. Gate No. 1 of SMS Hospital, Tonk Road, Jaipur
suryamdiagnostic@gmail.com • Ph. 0141-2369763/64/66, 9116132229
Name: (49 Y/M)  
Ref. By: Dr. BHUPENDRA ARYA  
Test Asked: HEMOGRAM - 6 PART (DIFF), HBA

Test Name: HbA1c - (HPLC - NGSP Certified)  
Technology: H.P.L.C  
Value: 6.5  
Units: %

Reference Range:

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

| Test Name | Remark | Flag | Reference Range | Unit |
|-----------|--------|------|-----------------|------|
| FASTING : NO |        |      | N               |      |
| 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 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---

[Signature]
Dr. Pooja Shanker
Clinical Microbiologist

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

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

| Test Name   | Remark | Flag | Reference Range                | Unit |
|-------------|--------|------|--------------------------------|------|
| Fasting   | NO     |      |                                |      |
| Hemoglobin A1c |       |      |                                |      |

**HEMOGLOBIN A1c**

| Test Name   | Remark | Flag | Reference Range                | Unit |
|-------------|--------|------|--------------------------------|------|
| 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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