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## CASE-REPORT

### Title: Effectiveness of sarcode in type 2 diabetes mellitus: A case report

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## ABSTRACT

Diabetes Mellitus is a metabolic and endocrine disorder which is characterized by chronic hyperglycemia with disturbance in carbohydrates, proteins and fat metabolism resulting from defects in insulin secretion, action or both. Homoeopathy being a holistic mode of treatment treats the patient as a whole with the help of medicines from various sources, one of those sources are Sarcodes which are prepared from healthy animal tissues and secretions and are indicated in Diabetes Mellitus. This is a case study of a male aged 49 years having complaints of dryness and itching all over the body along with profuse urination since 1 and a half year. After detailed case taking individualized homoeopathic sarcode was selected on the basis of totality of symptoms, which improved the patient holistically and brought him from a diabetic state to a pre diabetic state within a period of 9 months and is still under treatment.

**Keywords:** *Type 2 diabetes Mellitus, Sarcode, Lac defloratum, Homoeopathy*

## ABBREVIATIONS

**T2DM-** Type 2 Diabetes Mellitus

**COVID- 19-** Corona virus disease of 2019

**Lac def-** Lac defloratum

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## INTRODUCTION

Diabetes Mellitus is an emerging endocrine and metabolic disorder which has affected millions of people globally. The word "Diabetes" is from the Greek word meaning "a siphon" because people with diabetes "passed water like a siphon."<sup>[1]</sup> Uncontrolled diabetes can lead to complications in many parts of the body and can increase the overall risk of premature death. The possible complications include heart attack, stroke, kidney failure, leg amputation, vision loss and nerve damage. In addition, poorly controlled diabetes in pregnancy increases the risk of fetal death, excessive birth weight, preterm delivery, birth defects, etc.<sup>[2]</sup> WHO data shows 422 million adults were living with diabetes worldwide in 2014 compared to 108 million in 1980. The number is expected to reach 629 million by 2045.<sup>[3]</sup>

## CLINICAL FEATURES<sup>[4]</sup>

Onset is usually gradual but rarely onset can be acute. There may be no symptom or sign and the disease may be diagnosed during routine investigation or examination, e.g, a pre-operative check-up. Common clinical features are polydipsia, polyphagia, polyuria, rapid emaciation, dryness of mouth and throat, intense itching etc.

## DIFFERENTIAL DIAGNOSIS<sup>[4]</sup>

**1. Type 1 Diabetes Mellitus-** The age of onset is usually early in life. Rapid onset. Environmental factors are autoimmunity, viral infections and toxins. Islet cell antibodies are present. Insulin level usually

absent or minimal. Nutritional status poor. Common symptoms are polyuria, polydipsia, polyphagia, fatigue. Ketosis develops usually. Control of glucose levels is very difficult. Diet is important, balancing with insulin. Insulin is essential. Oral agents are not effective.

**2. Type 2 Diabetes Mellitus-** Usually after 30 years of age but may be seen at any age. Onset is slow, at times silent, accidentally diagnosed. Usually family history and genetic background present. Environmental factors are obesity, inactivity, poor nutrition. Nutritional state is overweight or normal. Common symptoms are polydipsia, polyphagia, polyuria, dryness of mouth, rapid emaciation, acanthosis nigricans. Ketosis does not usually develop. Lactic acidosis is common. Control of glucose level is usually possible. Diet is important. Insulin is rarely required, oral agents are effective.

**3. Gestational Diabetes Mellitus-** Usually diagnosed at 24- 28 weeks of gestation. Onset is slow but rapid in 3rd terms. Some genetic and environmental factor play a part 40%-60% will develop type 2 DM within 5- 10 years. Environmental factors are obesity, poor nutrition, inactivity. Islet cell antibody absent. Insulin level is inadequate, insulin resistance increased by placental hormones. Nutritional state is obese, overweight or normal. Lactic acidosis is uncommon. Control of glucose level- usually possible even without insulin, diet control and physical activity are important. Insulin may be required.

**CASE RECORD**

A male aged 49 years presented with the complaint of dryness and itching all over the body along with frequent urination since 1 and a half year.

**PRESENT COMPLAINT**

Dryness and itching all over the body which aggravates during summers, loss of strength & weakness since 1 and a half year. Pain in both legs below knee with weakness which aggravates at night, walking, dryness of mouth and throat since 1 year and profuse urination throughout the day, urge for urination at small intervals since 6 months.

**HISTORY OF PRESENTING COMPLAINTS**

The Patient was supposedly well but 1 and a half year ago when he was in a lot of stress due to family issues and also got infected with COVID 19, he was hospitalized and was given steroids during the treatment, as his blood glucose level used to rise after the steroid injections then he was given injections of insulin. When he recovered from COVID, he started having symptoms of dryness of mouth, frequent urination and weakness with tiredness throughout the day.

**PAST HISTORY**

Typhoid in 2010. Leucoderma in 1995. Took Allopathic treatment for the above and got treated. Recurrent allergy attacks on every change of season since childhood.

**FAMILY HISTORY**

**Father-** Type 2 Diabetes Mellitus

**Mother-** Type 2 DM & Heart condition

**Sister-** Type 2 Diabetes Mellitus

**PHYSICAL GENERALS**

**Thermals-** Chilly

**Appetite-** Adequate, 3 meals/day

**Thirst-** Thirsty, takes in large quantities, around 4-5 L/day

**Desire-** Sweet

**Intolerance-** To milk and oily food, causes nausea

**Stool-** Constipated sometimes

**Urine-** Frequent at night, 4-5 times at night

**Sleep-** Good, wakes up refreshed

**Sensation** – sometimes numbness on right arm and right leg

**Sides of body affected-** Right side is majorly affected

**General Modalities-** Aggravation on walking and exertion.

**MENTAL GENERALS**

Desires solitude. Anger suppressive, does not express his emotions easily. Shares his emotions only with his wife and sometimes does not share with wife also. Suicidal thoughts sometimes, wants to jump in water. Feels emotionally detached even from family members and gets depressed often. Does not react to any situation immediately analyses the situation completely and then reacts.

**PROVISIONAL DIAGNOSIS**

Type 2 Diabetes Mellitus<sup>[5]</sup>

**Table 1: Analysis And Evaluation Of Symptoms**

S.NO	SYMPTOMS	INTENSITY	COMMON/ UNCOMMON	MIASM <sup>[6]</sup>
1.	Desires solitude	3+	Uncommon	Syphilis
2.	Wants to jump in water and die	2+	Uncommon	Syphilis
3.	Depressed, gloomy	3+	Uncommon	Syphilis
4.	Does not share his feelings, introvert	3+	Uncommon	Syphilis
5.	Dryness of mouth and intense thirst	3+	Common	Psora

6.	Weakness	3+	Common	Psora
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**TOTALITY OF SYMPTOMS**

- Suicidal thoughts of jumping in water
- Depressed, gloomy and desires solitude
- Does not share his feelings, introvert
- Dryness of mouth and intense thirst
- Weak and worn out, fatigue on walking

**SELECTION OF MEDICINE (NON-REPERTORIAL METHOD)**

- Desires solitude, depressed often
- Does not share his feelings
- Introvert
- Cannot tolerate milk, causes gastric troubles and vomiting
- Weak and worn out

- Fatigue on walking

**PRESCRIPTION**

**First prescription (06/01/23)** – LAC DEFLOMATUM 30 BD for 7days<sup>[7,8]</sup> followed by placebo for next 7 days Patient was advised to Do walk for 30 minutes in morning and evening. Practice yoga and breathing exercises. Avoid taking too much calories at a time, avoid binge eating and all sort of fast food and fried food. Avoid taking rice at night, avoid potatoes. Decrease calorie intake at dinner. Decrease the sugar intake. Do not use any artificial sweeteners.

Table 2: Follow Ups

DATE	PROGRESS	TREATMENT	MANAGEMENT
21/01/23	Relief in pain in legs, gastric complaint much better. Chilliness persists, feels even slight draft of air.	R <sub>x</sub> LAC DEF30/BD/15 DAYS.	Continue with the same management.
10/02/23	Pain in legs much better. Dryness in mouth getting better. Feels strength while walking. Relief in gastric troubles.	R <sub>x</sub> PLACEBO /BD/ 15 DAYS	Continue with the same management
11/03/23	General condition better. Chilliness persists. Slight pain on walking	R <sub>x</sub> LAC DEF200/BD/ 4 WEEKS	Continue with same management.
20/05/23	General condition better. Slight strain on walking over both knees. Relief in chilliness felt from air. Brain fag since last week. Slight dryness in eyes.	R <sub>x</sub> LAC DEF200/BD/ 4 WEEKS	Continue with the same management
01/07/23	General condition better. Feeling of mental calmness. Brain fag relieved. Relief in pain and straining on walking. Relief in dryness in eyes. Blurring in far vision.	R <sub>x</sub> LAC DEF200/BD/ 4 WEEKS EUPHRASIA 30/OD/2 WEEKS.	Continue with the same management. Also consult with an eye specialist.

**XXX** [Redacted]

**XXX** [Redacted]

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Name : Mr. [Redacted]  
 Lab No. : 435839771  
 Ref By : [Redacted]  
 Collected : 4/12/2022 7:48:00AM  
 A/c Status : P  
 Collected at : [Redacted]

Age : 49 Years  
 Gender : Male  
 Reported : 4/12/2022 2:12:08PM  
 Report Status : Final  
 Processed at : [Redacted]




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**Test Report**

Test Name	Results	Units	Bio. Ref. Interval
<b>HbA1c (GLYCOSYLATED HEMOGLOBIN), BLOOD</b> (HPLC, NGSP certified)			
HbA1c	7.3	%	4.00 - 5.60
Estimated average glucose (eAG)	163	mg/dL	

**Interpretation**  
 HbA1c result is suggestive of Diabetes/ Higher than glycemic goal in a known Diabetic patient.

**XXX** [Redacted]

**XXX** [Redacted]

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Name : Mr. [Redacted]  
 Lab No. : 435839771  
 Ref By : [Redacted]  
 Collected : 4/12/2022 7:48:00AM  
 A/c Status : P  
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Age : 49 Years  
 Gender : Male  
 Reported : 4/12/2022 2:12:08PM  
 Report Status : Final  
 Processed at : [Redacted]




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**Test Report**

Test Name	Results	Units	Bio. Ref. Interval
<b>GLUCOSE, FASTING (F), PLASMA</b> (Hexokinase)			
Glucose Fasting	112.00	mg/dL	70.00 - 100.00

**Figure1: Reports Before Treatment**

Laboratory Investigation Report			
Patient Name	: Mr. [REDACTED]	Centre	[REDACTED]
Age/Gender	: 49 Y 11 M 6 D/M	OP/IP No/UHID	: OP/NCCS202589/
Ref Doctor	: SELF	Collection Date/Time	: 20/Sep/2023 11:16AM
	092300451	Reporting Date/Time	: 20/Sep/2023 04:12PM
Clinical Biochemistry			
<b>HbA1c (Glycated/ Glycosylated Hemoglobin) Test*</b>			
HPLC			
<b>Date</b>	<b>20/Sep/2023</b>	<b>Unit</b>	<b>Bio Ref Interval</b>
	<b>11:16AM</b>		
Glycosylated Haemoglobin(Hb A1c)	6.4	%	4.27 - 6.07
Glycosylated Haemoglobin(Hb A1c) IFCC	46.44	mmol/mol	< 39.0
Average Glucose Value For the Last 3 Months	138.98	mg/dL	
Average Glucose Value For the Last 3 Months IFCC	7.59	mmol/L	
<b>Interpretation</b> The following HbA1c ranges recommended by the American Diabetes Association(ADA) may be used as an aid in the diagnosis of diabetes mellitus.			

Laboratory Investigation Report			
Patient Name	: M [REDACTED]	Centre	: [REDACTED]
Age/Gender	: 49 Y 11 M 6 D/M	OP/IP No/UHID	: OP/NCCS202589/
Ref Doctor	: SELF	Collection Date/Time	: 20/Sep/2023 11:16AM
	1237092300451	Reporting Date/Time	: 20/Sep/2023 05:08PM
Clinical Biochemistry			
<b>Fasting Blood Sugar (Glucose) , (FBS), Fluoride Plasma</b>			
<b>Date</b>	<b>20/Sep/2023</b>	<b>Unit</b>	<b>Bio Ref Interval</b>
	<b>11:16AM</b>		
Glucose (Fasting) Hexokinase	108	mg/dl	74 - 99

Figure 2: Reports After Treatment

## DISCUSSION

Homoeopathic medicines treats the patient as a whole. This case report shows the importance of complete case taking as well selection of individualized homoeopathic remedy rather than giving therapeutic treatment. A clinical study on effectiveness of individualized homoeopathic medicine in treatment of Type 2 DM by C Keerthana,

Rathi T, Satish KV<sup>[9]</sup>, can be correlated, among 30 patients 8 were given Lac defloratum (26.6%) and 1 patient was given Insulinum (3.3%) which showed marked and moderate improvement respectively. Another article published by Dr. Tenka Y explains that treatment of diseases with the use of

sarcodes derived from animal organs is known as organotherapy. Organotherapy balances organs, glands and tissue activity, slows down accelerated organs, glands or tissue activity, stimulates sluggish organs, glands or tissue activity. In cases where organs are damaged due to autoimmune issues, organo therapy substitutes for the organ and accepts the autoimmune antibodies, leaving the organ to stimulate its own restoration.<sup>[10]</sup> This also verifies the authenticity of *Materia Medica* used for the selection of *similimum*.

## CONCLUSION

Type 2 Diabetes Mellitus has become a burdensome disease in India for which the treatment in conventional system is harsh and results in many adverse effects. This case report validates the efficacy of Homoeopathic sarcode in T2DM. Furthermore it verifies the symptoms of *Lac defloratum* from *materia medica* in T2DM. This case report confirms that Homoeopathic medicines can treat a complex chronic disease like T2DM very efficiently and help in overall improvement of the patient if the appropriate management in lifestyle is followed along with the medication. For writing the manuscript consent of patient was obtained.

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