

# A Case of Gilbert Syndrome and Uncontrolled Diabetes Mellitus with Elevated HbA1C Improved with Individualized Homeopathic Medicine

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## ABSTRACT

Diabetes mellitus is one of the most common metabolic disorders in the present era from altered lifestyle. Glycosylated hemoglobin (HbA1C) is the most reliable blood parameter for diagnosis and prognosis of diabetes mellitus. Gilbert syndrome in diabetic patients lowers the prevalence of microvascular complications of diabetes mellitus. Even though Gilbert syndrome is a fortunate factor in this patient, progressive weight loss is the raising concern. From proteolysis and diuresis, kidneys can get damaged in course of time. Uncontrolled HbA1C again can increase the risk of complications of diabetes mellitus. In this case, HbA1C and weight loss with diabetes mellitus improved with an individualized homeopathic approach. Natrum Muriaticum was selected on a constitutional basis, and it was administered on an LM scale which helped the patient in bringing down blood parameters and managing weight loss of Diabetes.

**Keywords:** Gilbert Syndrome, Diabetes Mellitus, HbA1C, Individualized Homeopathy, Natrum Muriaticum

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## INTRODUCTION

Gilbert syndrome is a genetic disorder where bilirubin metabolism is deranged due to decreased glucuronidation of bilirubin and there will be increased excretion of bilirubin. Patients are usually asymptomatic.<sup>[1]</sup> Glycated hemoglobin indicates the average amount of glucose attached to hemoglobin in the past 3 months. It is otherwise called as glycosylated hemoglobin (HbA1C), HbA1C, glycohemoglobin, and A1C.<sup>[2]</sup> Normal individuals will have HbA1C below 5.7%. Those who have HbA1C between 5.7% and 6.5% are prediabetics and above 6.5% are diabetics. The goal must be to keep HbA1C under 7% for adults, since it may vary according to person's age, and other factors.<sup>[3]</sup> A false increase in glycated hemoglobin is seen in conditions such as chronic kidney disease, functional asplenia, iron deficiency anemia, vitamin B12 deficiency, and folic acid deficiency anemia's. Glycated hemoglobin may be falsely decreased in conditions such as pregnancy, splenomegaly, anemia due to blood loss, and hemolytic anemia's.<sup>[4]</sup> Since HbA1C is a reliable investigation of diabetes mellitus, it can be used for prognostic purpose.

## CASE REPORT

A 46-year aged male came with the complaints of increased blood sugar level with progressive weight loss for 2 months. The patient noticed sudden and progressive weight loss of 10 kg (now 83 kg) in 2 months; hence, he himself went for routine blood investigation. On July 10, 2021 his fasting blood sugar was 254 mg/dl [Figure 1]. He was instructed to do HbA1C level in the next follow-up to check for severity of diabetes, since it was an undiagnosed case.

## Past History

He is a known case of Gilbert syndrome since childhood. He had renal calculi and urinary tract infections.

## Family History

Mother – Type 2 diabetes mellitus.

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He had a good appetite and thirst, and bowel and bladder habits were normal. He had disturbed sleep. Usually, he desires fatty food, sweets, oily food, and fried items. He does not like milk in any form. Thermally, he was a hot patient.

By nature, he mingles slowly and usually does not share his feelings with his family members. On observation, he was answering questions rudely. He likes travelling and he spends lavishly. In his younger age, his father expired, for his college studies his maternal uncle helped him. He has generally helped nature. Even in tough times, he helps his friends although he has limited friends. He had financial stress for 1 year. Due to COVID lock down, his business did not undergo smoothly. If someone makes mistakes knowingly, he will not forgive them and won't forget it also. He won't take revenge on them, but he avoids them.

On examination, his vitals were stable and within normal limits. Since it was a constitutional problem, it was planned to treat him with individualized homeopathic medicine. After

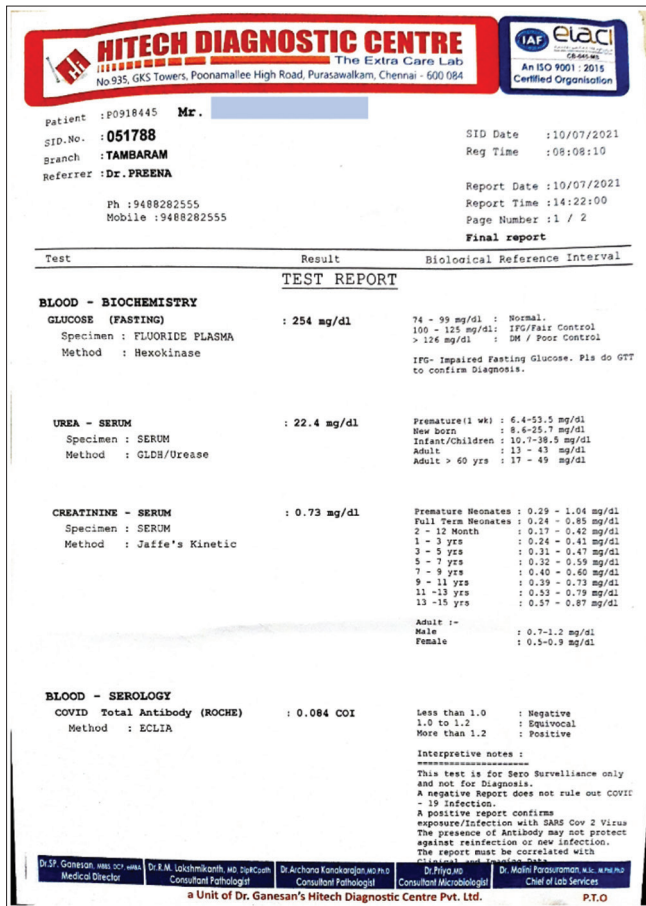


Figure 1: FBS before treatment

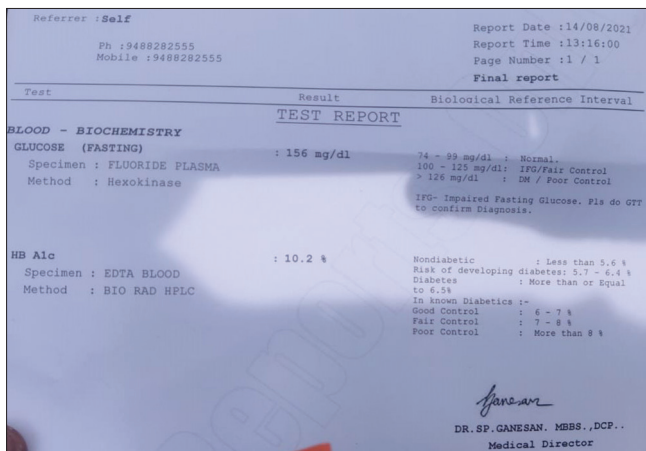


Figure 2: FBS and HbA1c first follow up

reperitization using synthesis repertory, *Natrum Muriaticum* was selected [Supplementary File].

**First Prescription on July 10, 2021:**

1. Natrum Muriaticum 0/6 – thrice daily before food
2. Placebos – thrice after food for 1 month.

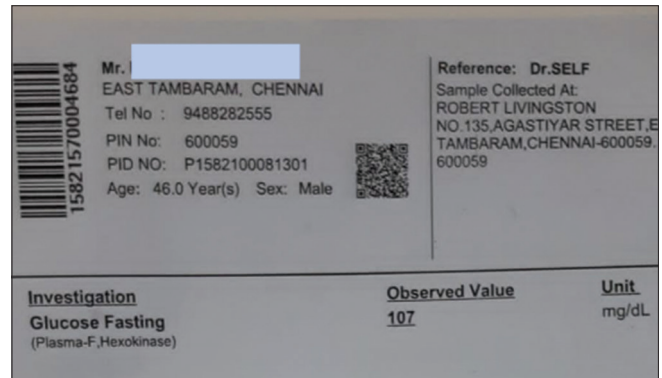


Figure 3: FBS after treatment

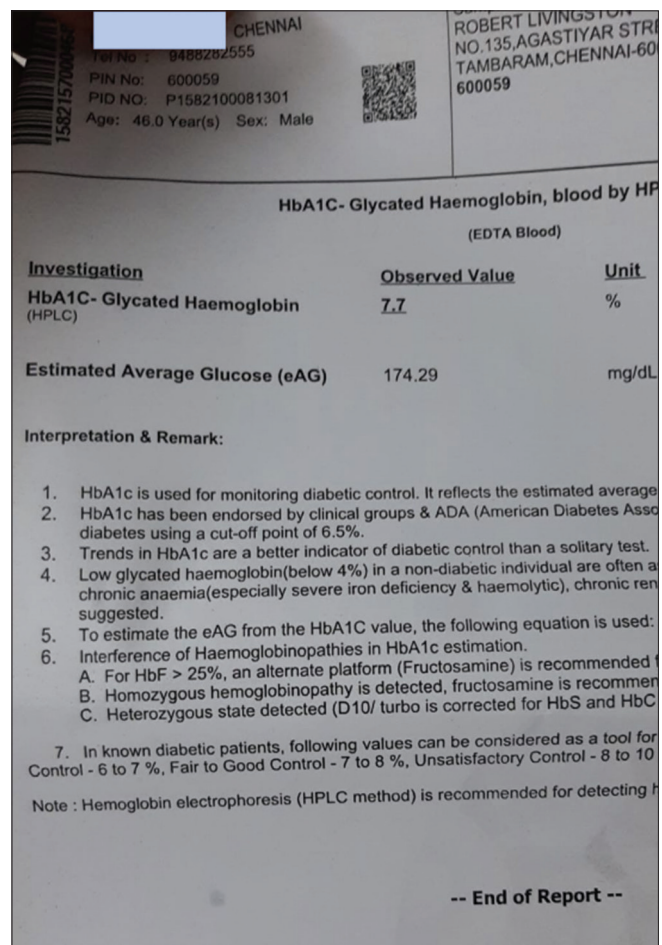


Figure 4: HbA1c after treatment

**Follow-Ups**

On August 16, 2021 – the patient came with blood investigations, his fasting blood sugar reduced to 156 mg/dl, and his HbA1c was 10.2% [Figure 2]. The patient felt generally better, his sleep improved, and his weight was 86 kg (Gained 3 more kg). He was prescribed *Natrum Muriaticum* 0/7 with placebos to continue thrice daily for a month.

On September 19, 2021 – the patient was generally better. His weight was 89 kg (Gained 3 more kg). He was prescribed *Natrum*

Muriaticum 0/8 with placebos to continue thrice daily for a month.

On October 07, 2021 – the patient came with blood investigations, his fasting blood sugar reduced to 107 mg/dl [Figure 3], and his HbA1C was 7.7% [Figure 4]. The patient felt generally better and he was 90 kg. (Gained 1 kg). He was prescribed Natrum Muriaticum 0/9 with placebos to continue thrice daily for a month.

## DISCUSSION

During adolescence, the bilirubin metabolism in Gilbert syndrome patients is altered from change in sex steroid concentration. Hence, there will be increase in bilirubin levels. Even though Gilbert syndrome patients will have increased unconjugated bilirubin levels, they usually do not exceed 3 mg/dL. Jaundice may get triggered from factors such as fasting, dehydration, illnesses, overexertion, stress, and hemolysis. There is no specific treatment required because they are asymptomatic.<sup>[1]</sup> Uncontrolled diabetes can lead to complications such as heart diseases, stroke, diabetic nephropathy, diabetic retinopathy, diabetic neuropathy, gastroparesis, erectile dysfunction, skin problems, infections in bladder, kidney, vagina, and feet, and dental problems such as gingivitis, periodontitis, and tooth loss.<sup>[5]</sup> The prevalence of microvascular complications is fortunately lesser in diabetic patients with Gilbert syndrome.<sup>[6]</sup>

In this case, although it is fortunate to have Gilbert syndrome, the raising concern is rapid weight loss. Unexplained weight loss in diabetics can be seen due to excessive muscle breakdown (proteolysis) from increased insulin resistance and osmotic diuresis, leading to profuse urination. Kidneys have to compensate by working more in eliminating excess sugar which, in turn, can get damaged.<sup>[7]</sup>

A cross-sectional study concluded that risk of developing complications such as diabetic nephropathy and retinopathy is high in weight loss patients who are undiagnosed to be diabetic when compared to diagnosed diabetic patients.<sup>[8]</sup>

In this case after repertorization using synthesis repertory,<sup>[9]</sup> final selection of the medicine was made after referring to Clarke's *Materia Medica*. Natrum Muriaticum was selected finally and prescribed to the patient. In spite of eating well, losing flesh is a peculiar symptom of Natrum Muriaticum which is seen in this patient.<sup>[10]</sup> Since LM potency being the latest invention by our master Dr. Samuel Hahnemann, it was selected. Indications about LM potencies are explained in Hahnemann's sixth edition of *Organon of Medicine*.<sup>[11]</sup> Moreover, it has its own merits such as lesser aggravation, inexpensive, can repeat frequently and safely, and efficacious even in suppressions. When Natrum Muriaticum was administered in LM potency by an individualized Homeopathic approach, it helped the patient in bringing down diabetic parameters such as fasting blood sugar and HbA1C. The patient gradually gained weight, and the patient felt better symptomatically and generally.

## CONCLUSION

This case is documentary evidence to support individualized homeopathic approach in management of diabetic cases.

## DECLARATION OF PATIENT CONSENT

The patient has given his written consent for reports and other clinical information to be reported in the journal.

## CONFLICTS OF INTEREST

None.

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**SUPPLEMENTARY FILE**

Clipboard 1		7 GENERALS - FOOD and DRINKS			
MIND		aversion			
1 MIND - BENEVOLENCE		8 GENERALS - FOOD and DRINKS			
2 MIND - DECEITFUL		desire			
3 MIND - EXTRAVAGANCE		Remedies	ΣSym	ΣDeg	Symptoms
4 MIND - RUDENESS		nat-m.	8	13	1, 2, 3, 4, 5, 6, 7, 8
GENERALS		nux-v.	7	11	1, 2, 4, 5, 6, 7, 8
5 GENERALS - DIABETES MELLITUS		sulph.	7	11	1, 2, 4, 5, 6, 7, 8
6 GENERALS - EMACIATION - appetite with emaciation; raveno		chin.	7	10	2, 3, 4, 5, 6, 7, 8
		lach.	7	9	1, 2, 3, 4, 5, 7, 8
		lyc.	6	11	2, 4, 5, 6, 7, 8
		calc.	6	10	1, 2, 5, 6, 7, 8
		phos.	6	9	1, 4, 5, 6, 7, 8
		bell.	6	8	1, 2, 3, 4, 7, 8

**Supplementary Figure 1: Repertorization Result**