



Case Report

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## Case Report of Diabetes Mellitus – II in Pindi Bhattian



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### Abstract

Diabetes is well known for causing acute and chronic problems, which might jeopardize one's health and quality of life. The various consequences of diabetes are caused by metabolic imbalances. To treat diabetes diseases without disrupting everyday activities, a wise lifestyle change is essential. It's a case report of XYZ is a 50-year-old housewife who has had type 2 diabetes for two years. The Patient has also been suffering from hypertension for last three years. It was before three years of diagnosis of diabetes. She has also has a family history. She is now treating with Tab. Doanil, Tab. Biforge, Tab. Diajard, and Insulin at daily basis. She is now maintaining her diet and does exercises to set her routine life well.

**Keywords:** Doanil; Biforge; Insulin; Hypertension; Diet; Exercise; Diabetes

### Background

Diabetes is well known for causing acute and chronic problems, which might jeopardize one's health and quality of life. Several studies [1] have found that better blood glucose control in people with type 2 diabetes reduces the risk of complications. Type 2 diabetes is the result of a metabolic disorder caused by tissue resistance to insulin action and the pancreas' failure to regulate the amount of insulin released for glucose metabolism. The various consequences of diabetes are caused by metabolic imbalances. Adults aged 40 and up have a higher risk of developing type 2 diabetes. However, a recent trend suggests that minority ethnic children and adolescents, particularly African Americans and American Indians, are becoming more prone to type 2 diabetes [2]. With the rising prevalence of type 2 diabetes and the associated risk of significant consequences, aggressive self-management has become a top priority. Dietary control is sometimes referred to as the cornerstone, or first step, in the treatment of type 2 diabetes. Carbohydrate-rich foods serve a significant function in the diet. The glycemic index (GI) ranks foods based on their glycemic responses after eating.

The GI has been widely used in diabetes care in Australia, New Zealand, Canada, the United Kingdoms, and France for more over two decades [3]. According to the World Health Organization, including the GI while designing a healthy diet is vital since

low GI foods assist maintain blood sugar levels by producing minimum blood glucose changes [4]. Choosing low GI foods is especially crucial for diabetic individuals because consuming high GI foods causes considerably more extreme glycemic responses, necessitating medication or insulin therapy [3,5]. It has been proven that exercise can help diabetes patients feel better. A forty-minute workout of swimming, weight lifting, jogging, or any combination of these, prior to a meal or 3 to 4 hours after a meal, can considerably lower the volunteer's post-prandial blood glucose levels, despite the fact that this is not the objective of this current study. It is, however, impracticable to replace hypoglycemic medicines with a daily workout routine [6-10].

To treat diabetes diseases without disrupting everyday activities, a wise lifestyle change is essential. The post-prandial blood glucose features of type 2 diabetes are captured using a biophysically-based model of an impulse-force-generated substantially damped oscillatory system. With a few adjustments, the model follows the general approach of the glucose-insulin interaction model (bolus injection of glucose), for which parameters may be easily evaluated, and a case study is presented to explore its possible uses. Instead of employing single food items with known GI values or a burdensome weighted mean of various ingredients in a meal, the test meal was made up of the subject's regularly consumed lunch. Based on the preliminary model

results, a moderate lifestyle change was devised for the subject: swimming 20 laps for 40 minutes in a 25m pool in the morning and dispensing 1/4 of 5mg glyburide 1/2 to 1 hour before lunch and dinner - allowing him to reduce 10% of his A1c level in six months and maintain the desired lower level for the following six months [11-15].

## Case Presentation

XYZ is a 50-year-old housewife who has had type 2 diabetes for two years. She had fasting blood glucose readings of 118-127mg/dl, which he defined as "borderline diabetes." She also linked blurred eyesight, excessive sweating, and increased thirst to the condition. She is not handicapped in any way.

## Physical Appearance

Body mass index (BMI): 24.98 kg/m<sup>2</sup>; weight: 66kg; height: 5'4". 150mg/dl fasting capillary glucose. Blood pressure: 130/90mmHg resting right arm; 130/80mmHg sitting right arm. Pulse rate: 80 beats per minute; respirations rate: 18 per minute. Corrective lenses are worn in the eyes, and the pupils are equal and responsive to light and accommodation. No arteriolo venous nicking, fundi-clear. Thyroid gland is not palpable. Auscultation of the lungs reveals that they are clean. Heart: Regular rate and rhythm, no murmurs or gallops. There are no carotid bruits, and the femoral, popliteal, and dorsal is pedis pulses are all 2+. Bilaterally. Neurological evaluation: forefoot vibratory sensibility decreased, ankle reflexes missing, monofilament.

## Medical History

The Patient has also been suffering from hypertension for last three years. It was before three years of diagnosis of diabetes.

## Family Medical History

Patient's mother was suffering from diabetes in past. Patient's elder sister and two younger brothers were also suffering from this disease. So it is found that it is inherited in their family.

## Medication and Diet

**Table 1:** About years ago the doctor suggested her to take insulin as tablet. She is taking dose of mixture 30 HM insulin twice a day.

Medicine	Dosage
Tab. Doanil	5mg
Tab. Biforge	160mg
Tab. Diajard	500mg
Insulin	30HM

After diagnosis of diabetes, doctor advised following medicines and different times. Tab. Daonil 5mg before meal daily. After 2 years doctor suggested her to take Tab. Biforge 160mg for BP control and Tab. Diajard 500mg to increase blood glucose daily. About years ago the doctor suggested her to take insulin as tablet.

She is taking dose of mixture 30HM insulin twice a day. Please see Table 1.

She concerns with this following diet. Food groups are as follows: broccoli, carrots, greens, peppers, and tomatoes are examples of non-starchy vegetables. potatoes, maize, and green peas are examples of starchy foods. Oranges, melon, berries, apples, bananas, and grapes are examples of fruits. Grains-whole grains should account for at least half of your daily grains intake. Wheat, rice, oats, cornmeal, barley, and quinoa are all included. Bread, spaghetti, cereal, and tortillas are just a few examples. Protein like meat that is low in fat, without the skin, chicken or turkey, fish, eggs, peanuts and nuts. Chickpeas and split peas are examples of dried beans and peas. Tofu, for example, is a meat alternative. Nonfat or low-fat dairy. If you have lactose intolerance, drink milk or lactose-free milk, yoghurt, cheese.

## Discussion

XYZ had type 2 diabetes and a slew of comorbidities, all of which necessitated therapy. The NP who provided his care's initial responsibility was to identify the most important health-care issues and prioritize his medical treatment to solve them. Although XYZ claimed that his primary motivation for seeking diabetic specialty treatment was to lose weight, his abnormal glucose levels and hypertension required to be addressed on the initial visit. The patient and his wife agreed that seeing a dietician was the most important thing they could do. XYZ admitted that he didn't have any dietary expertise to assist him lose weight and that his present weight was unhealthy and "embarrassing." she recognized that excessive servings of bread and pasta were affecting his glucose control and agreed to begin improving his nutritional management by lowering his portion size by one-third during the week leading up to his dietary consultation. Losing weight would be a crucial first step in lowering his blood pressure.

The doctor prescribed biforage, 500mg twice a day, after assessing these choices and addressing the need for better glycemic management. XYZ was concerned about potential GI side effects and the need to avoid alcohol, but he felt that medication was important and that metformin was his best option. To lessen GI adverse effects, the doctor advised her to take the drug with food. The doctor also went over a titration strategy with the patient, which included increasing the dosage to 1,000mg twice a day over a 4-week period. She offered the patient a written copy of the plan, which included a date and time for phone contact and medication review.

Women with type 2 diabetes will almost certainly need to adjust their treatment strategies and stick to carbohydrate-controlled diets. During pregnancy, many women will require insulin therapy and may need to stop taking other medications, such as blood pressure medications. During pregnancy, the risk of acquiring diabetic retinopathy or aggravating the condition increases. If you're pregnant or contemplating a pregnancy, see

an ophthalmologist throughout each trimester, one year after delivery, or as recommended.

## Patients' Declaration of Interest

The authors claim to have obtained all required parental consent forms. The patient(s) has/have given his/her/their consent for his/her/their photographs and other clinical details to be published in the journal by filling out the form. The parents are aware that their first and last names will not be published, and that every attempt will be made to keep their identities hidden, albeit complete anonymity cannot be guaranteed.

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