

## A Case of Life-Threatening Diabetic Ketoacidosis Completely Healed Of Diabetes Mellitus with Intent Healing (™)

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Rec Date: August 01, 2015; Acc Date: August 10, 2015; Pub Date: August 15, 2015

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### Commentary

India, in recent times has earned the dubious distinction of being the World's Diabetes Capital. With the number of newly diagnosed diabetics rising at an alarming rate and the patients being diagnosed with diabetes at younger and younger ages, the necessity to address this issue with urgency and prevent this situation from spiralling out of control is the need of the hour.

In this context I would like to share my experience and views about a case of life-threatening diabetic ketoacidosis that was completely reversed with an alternate method of healing called Intent Healing (™), within a span of one month. In this commentary I present the details of the case, the course in the hospitals and the subsequent complete recovery of the patient without any medications or external administration of Insulin with Intent Healing (™) alone.

This could pave way for non-invasive healing methods such as Intent Healing (™) to be integrated in addressing the issue of diabetes both at the level of the health care delivery system and at the individual level with immense long-term benefits in reducing the incidence, prevalence, morbidity and mortality in Diabetes Mellitus.

### History and Course in Hospitals

A 42 year old male, NOT a previously known diabetic or hypertensive, was brought unconscious to casualty to a hospital in mysore, with complaints of generalized weakness since 3 days and altered sensorium since that morning. On examination he was afebrile, pupils bilateral 3mm, unconscious, with heart rate 131/min, B.P 130/80 mmHg, Respiratory rate 38/min, Saturation 97%. CBG revealed sugar levels to be 600 mg/dl. He was resuscitated and stabilized with I.V Fluids, Inj Wosulin (Bolus plus Infusion), Inj KCL supplementation and Inj Pan 40 IV o.d. [1-3].

He was discharged (at request) from the hospital after 4 days with a diagnosis of uncontrolled Diabetes Mellitus? Type 1 with DKA (Diabetic Ketoacidosis) and on the medications - Inj Wosulin R-20-20-20 U s/c, Inj Lantus 0-0-20 U s/c at bedtime, diabetic diet and adequate oral fluids and with the advise to follow up with a physician in Chennai. At discharge his blood sugar levels were in the range of 200-250 mg/dl.

At Chennai, the patient was admitted to a private hospital (medical college and hospital) with complaints of fever, vomiting and loose stools of two days duration. Other than highly elevated HbA1c, which was 17.7, RBS - 279 mg%, Total Count - 11000 and Urine Ketones 1+, all other blood and urine investigations were normal. USG Abdomen showed bilateral cortical echoes mildly elevated, ECG was normal and Echo Heart revealed mild tricuspid regurgitation and mitral regurgitation with normal PA pressure. Ophthalmology examination did not reveal and diabetic retinopathy. Blood and Urine culture were

negative. A diagnosis of Urinary tract infection and dental caries was made.

**Course in hospital:** The patient was treated with Inj Taxim, Multivitamins, Tab. Pantocid, T. Bifilac, T. Metrogyl, T. Glimulin, Inj. Lantus and Tab. Ecosprin. The loose stools and vomiting stopped the blood sugar levels were brought down to the range of 220-230 mg%. His condition improved and he was hemodynamically stable. He was discharged after 3 days with the advice to continue the Inj. Insulin as prescribed along with Tab. Glimulin for the diabetes. He was advised to follow up as outpatient, after two weeks.

After getting discharged from the hospital, the patient made a choice to stop taking Inj. Insulin, Tab Glimulin and all other medications prescribed. He was started on alternative healing with Intent Healing (™) three times a day with regular monitoring of the blood sugar levels using a glucometer at home. Intent Healing (™) is a form of Remote Healing involving channeling of healing energies to a person without touching the person. The healing sessions were done by the sister of the patient who happened to be a trained medical doctor herself and who is the pioneer of this method of healing. She initiated the patient, who was her brother, into this form of healing as well and the patient practised the Intent Healing (™) self-healing method on himself with the guidance from his sister. On the first day the blood sugars (PPBS) hovered in the range of 275-230 mg%. Over a period of five days, with the combination of daily Intent Healing sessions (thrice a day after food intake) and physical exercise which was walking after breakfast and lunch and modifying the quantity of food intake based on the daily physical activity, the blood sugars in the patient was maintained in the range of 220-175 mg% without any medications, including Insulin.

By the second week the patient had resumed his normal daily routine which involved driving to work, climbing three flights of stairs at his workplace and eating out at lunch. The daily healing sessions were brought down to one healing session every morning before breakfast and self-healing by the patient at night after dinner. By the beginning of the third week the patient's blood sugar levels (both Fasting and PPBS) were consistently maintained in the range of 130-150 mg% and the FBS was 110 mg% and PPBS was 125 mg% at the time of submitting this commentary for publication. The patient continues to be healed with one remote healing session a day by his sister and self-healing by the patient himself when he feels inspired to so. With the daily remote healing sessions with Intent Healing (™) the blood sugars continue to be maintained within the normal healthy range for the patient [4-6].

Another important factor that was addressed was reducing the stress levels in the patient's life greatly by addressing both the psychological and the physical stresses concerning his work that the

patient had undergone over a period of 3-6 months prior to the incident of the DKA.

With the Intent Healing approach, along with reduction in stress levels and maintaining regular physical activity of walking and climbing stairs and maintaining the quality of food intake but modifying the quantity, the patient continues to do very well without taking any medications or insulin.

## Discussion

Just a few decades ago, diabetes mellitus was not as rampant as it is now in India. This was largely due to the balanced lifestyle of the people in India where the diet was traditionally complete in all the required nutrients specific to the culture and the region the person lived in and more importantly the average person's lifestyle included periods of rest, family support system and bonding, spiritual pursuits and engagement with yoga, walking and traditional games. This was literally taken for granted as a smooth functioning (W) Holistic way of leading one's life.

The latter half of the present century, with globalization, ambitions skewed more towards stress-filled jobs and ventures with less and less room for physical activities and increasing conflicts and tension in interpersonal relationships has largely contributed to the increase in the incidence and prevalence of diabetes across the country. Therefore, Stress and Psychosomatic factors need to be addressed FIRST in the management of diabetes. Here are a few points that I would like to discuss especially in the context of the example of the case shared here [7-10]:

Importance of taking proper history with greater emphasis on recent stress factors, especially psychological stress. In this case the patient had decided to reduce weight and had gone on a diet without supervision that included drastic reduction in amount of food intake and had been simultaneously exposed to extreme physical stress and psychological stress relating to work and relationships. He had been exposed to extremes of heat (weather condition) as a result of having to travel more than his usual routine and had become severely dehydrated.

Steps need to be taken to include interventions that would ensure the underlying cause(s) for stress is addressed while in the hospital itself and followed through after discharge from hospital. This crucial parameter is largely ignored in the management of diabetes mellitus presenting especially as emergency or is generally last in the list of priorities.

Integration of Alternative or Holistic approaches for healing and stress reduction while in the hospital itself and teaching the patient effective self-healing methods such as Intent Healing (™) which they can then practice on their own daily at home even after discharge from the hospital.

Diet changes - In the case presented here calculations were not made based on weight and calorie specifications etc. In terms of quality of food intake the patient ate whatever he preferred to eat and enjoyed eating, without a contradictory "fear" or "doubt" if the food was "good" or "bad" for him. But adjustments were made in the quantity of food intake based on the amount of physical activity the patient engaged in on a day to day basis. For example, the patient engaged in more physical activity after breakfast and after lunch. And no physical activity after dinner. Accordingly, after checking the blood sugars a few times 2 hrs post breakfast, lunch and dinner the quantity

of food intake was customized maintaining the blood sugars within the normal range/preferred range. The point here is that instead of forcing the patient to follow diet specifications against the willingness or interest of the patient, educating the patient to "listen" to their own body, learning about their cravings and the underlying causes for the same and customizing their diet according to their UNIQUE needs and physiology of their body is likely to be more effectively followed by the patient. Using useful innovative tools such as Intent Healing (™) energy assessment, the energy compatibility of the food stuffs that are being ingested by the patient with his/her health can be assessed. This is highly specific and customized to each patient according to their tastes and unique body physiology.

Instead of starting the patient on insulin and training them to become dependent on externally administered Insulin for the rest of their lives, thus making them "customers" of diabetes for life, the paradigm shift that needs to be adopted right away is to teach the patient how to wean themselves OFF insulin while ALLOWING their own body to start producing adequate amounts of insulin on its own and re-programming their own body to become more and more responsive to the endogenously produced insulin using alternative self-healing methods like Intent Healing (™). This can be done while the patient is in the hospital itself, and under the care of a Holistic Medical Practitioner who is preferably a qualified medical doctor too.

Physical activity need not necessarily be restricted to exercising in a structured manner such as working out in a Gym. In the above case the patient's physical activity was seamlessly integrated with his work and lifestyle such as incorporating climbing up the stairs to reach his office located on the third floor, walking to the restaurant for lunch and back and the like.

## Conclusion

Educating the doctors, caregivers and para medical staff about Energy Medicine and Alternative healing methods in the management of diabetes mellitus is the need of the hour to prevent this condition from spiralling out of control and reaching unmanageable proportions. In any case, more than 70% of patients these days in India are exploring alternative medical options on their own to be "cured" of DM. There is urgent need to teach Energy Medicine techniques such as Intent Healing (™), in medical colleges and including the same in the medical curriculum. Along the same lines, it is absolutely essential to make Integrated Medicine a subject in medical colleges and to start practically applying the same right away in hospitals especially in the management of diabetes mellitus. The other approach towards self-empowerment of the patient diagnosed with diabetes mellitus is to teach the patient noninvasive and safe self-healing methods such as Intent Healing, in the hospital itself.

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