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Present study was carried out on 70 patients of LB Type – 2 Diabetes mellitus (BMI < 18.5) in the Department of Medicine M.L.B. College Jhansi. These patients were attending either general medicine OPD, Diabetic clinic OPD, Gynaecology and Obstetrics OPD, Tuberculosis and chest OPD, and patients admitted in wards. Out of these 70 patients 48 (68.6 percent) were male and 22 (32.4 percent) were female. The mean BMI of patients were 16.23+1.67. The clinical anthropometric biochemical and hormonal value were consequent to evaluation at a point of time.

In the present study it was observed that about 71 percent of patients (Table 4) with LB Type 2 diabetes mellitus were from lower class (Rs. 5000 per year) and about 29 percent were from middle class(Rs. 5000-15000 per year) and about 37% percent were literate (Table 8).

In present study family history of Diabetes Mellitus was present in 18.6 percent (Table 10), Similar family history was also observed by A.K.Balir Sinha and S.Das in Cuttack 16.6 percent, Samar Banerjee and Uttam.K.Paul in Calcutta 20 percent, B.k.Sahy in Hyderabad 30 percent and Vijay Vishwanathan in Chennai 42 percent. Yet they testify that LB Type 2 Diabetes Mellitus runs in families and not a variant of Type 1 Diabetes Mellitus or MRDM.
In present study most of the patients at the time of diabetes were below age of 40 years (65.7%), about 31% patients were between 40 to 60 years and about 3% were above 60 years.

At the time of diagnosis nearly 54% patients with classical symptoms (polyurea, polydipsia and weight loss) and features of neuropathy in form of tingling, numbness, pain in limbs. Nearly 18% patients have only features of neuropathy and 10% patients with classical symptoms only. Nearly 6% presented with skin infections and about 6% with urinary tract infection. Pulmonary tuberculosis was present in about 19% patients. These presenting complain at diagnosis was similarly observed by Anant Nigam in Jaipur who observed classic presentation in 29 percent weakness and fatigue 23.9 percent, parasthisia 19.5 percent and visual disturbances in 13.1 percent.

In the present study the duration of illness in 54 percent patients was 2-5 years, in 30 percent <1 year, in nearly 15 percent cases 6-10 years and in nearly 2 percent cases more than 11 years. 10 percent cases were newly detected.

In present study hypertension was present in about 3 percent cases, out of these half of the patients also had coronary artery disease and half of the patient had peripheral vascular disease. In this study about 4 percent cases had coronary artery diseases, out of these about 67 percent also had nephropathy and about 67 percent had retinopathy. In other study hypertension and CAD was similar as A.K. Bariar Sinha and S.Das in Cuttack (Hypertension 4.4 percent
and CAD 16 percent), Anant Nigam in Jaipur (Hypertension 8.9 percent and CAD 10.2 percent), and K. Kanan in Madurai (Hypertension 18 percent and CAD 4 percent).

In present study peripheral vascular disease was present in about 8 percent cases out of these about 60 percent also had nephropathy.

In this study none of the patients had cerebro vascular disease. Similar findings were also noted in other studies.

In this study ketosis was not present in any patient. Similar findings were also noted in other studies.

In this study of LB Type 2 Diabetes Mellitus patients with peripheral neuropathy were 90 percent. It was contrast to other observations were noted by A.K. Balian Sinha and S. Das in Cuttack 49 percent, Anant Nigam in Jaipur 19.8 percent, Vijay Vishwanathan in Chennai 31.9 percent.

In this study retinopathy was present in about 23 percent cases. Cataract was present in about 16 percent cases and all were is related.

In present study about 11 percent cases had nephropathy, out of these about 63 percent also had retinopathy.

In the present study prevalence of Pulmonary Tuberculosis was about 46 percent and Skin infections about 7 percent. It was contrast to other observation. Similar observations were noted by A.K. Balian
Sinha and S. Das from Cuttack (Pulmonary Tuberculosis 7.7 percent and Skin infections 18.7 percent) and Anant Nigam in Jaipur (Pulmonary Tuberculosis 14.9 percent).

In present study micro albuminuria was present in about 12 percent cases. In this study of LB Type 2 Diabetes Mellitus has was similar to other studies.

This study also revealed that LB Type 2 Diabetes Mellitus have fasting Serum Insulin less than normal in 68.6 percent and was normal in rest of the patients. None had high insulin level.

In this study total Serum cholesterol in LB Type 2 Diabetes Mellitus was 191.74 mg % ± 29.54. Hypertriglyceridemia (defined as > 150 mg percent, Table 18 ) was in about 74 percent LB Type 2 Diabetes Mellitus (175.87 mg % ± 33.95).

Average value of HDL cholesterol was 41.1mg % ± 5.53 In LB Type 2 LDL cholesterol was 112.81 mg % ± 23.25 and VLDL cholesterol was 36.41 mg %± 8.74. Similar observations was noted by A.K.Balbar Sinha and S.Das in Cuttack, Samar Banerjee and Uttam.K.Paul in Calcutta and Anant Nigam in Jaipur.

In present study most of the patients of LB Type 2 Diabetes Mellitus have well controlled blood sugar by oral hypoglycemic agent + insulin in 80 percent and only 20 percent were on oral hypoglycemic agent. (Table 19). It was contrast to other studies as were noted by A.K. Balbar Sinha and S.Das in Cuttack (28 percent
patients on insulin), B.K.Sahy in Hyderabad (12 percent patients on insulin) and K. Kanan in Madurai.