Diabetes melitus lábil. Efeito benéfico da difenilhidantoína

Labile Diabetes
Fabrykant and Pacella, *Annals of Internal Medicine* (1948), 92 detailed the use of PHT in the treatment of three cases of lable diabetes. In each case, PHT stabilized insulin requirements and reduced negative reactions. In addition, the patients showed remarkable improvement in mood. As a control, when PHT was discontinued for periods of from five to thirty-three days, the patients reverted to frequent reactions and nervousness.


Wilson, *Canadian Medical Association Journal* (1951), 382 described three cases of labile diabetes whose control was unsatisfactory and not compatible with life outside the hospital. In all instances abnormal electroencephalograms were found. Prior to PHT treatment, these patients presented extremely labile diabetes, characterized by frequent reactions, uncontrollable glycosuria, and personality changes. The institution of PHT therapy resulted in a marked improvement in diabetic control and enabled these individuals to lead a relatively normal life, not necessitating a return to the hospital.


Fabrykant, *Annals of Internal Medicine* (1953), 91 again reported the effectiveness of PHT therapy in the management of labile diabetes associated with electrocerebral dysfunction. In this study of seven patients, five showed an appreciable diminution in the frequency and severity of insulin reactions along with a decrease in insulin requirement. This resulted in better control of diabetes and psychologic improvement. The other two patients did not adhere to therapy, but the author noted that in one case there was a marked improvement while on PHT. (See also Ref. 430.)


Roberts, *Journal of the American Geriatrics Society* (1964), 429 reported an extensive study entitled, "The Syndrome of Narcolepsy and Diabetogenic ("Functional") Hyperinsulinism." Although the use of PHT was not the major focus of his work, the author stated that with regard to the symptoms of labile diabetes his experiences with PHT confirm those of others who have observed clinical and electroencephalographic improvement following its administration.


Av Ruskin, Tio and Juan, *Clinical Research* (1979), 2149 demonstrated that PHT has a modulating effect on basal glucagon in eight type-1 juvenile diabetes mellitus patients. PHT lowered arginine-induced blood glucose and glucagon responses. The authors suggest that PHT be considered as adjunctive therapy in diabetes mellitus when hyperglucagonemia is present.

See also Basic Mechanisms-Metabolic and Endocrine Regulatory Effects.