

Management of Anaemia with Homoeopathy: A Short Review

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Abstract: Anaemia is a global health burden with a prevalence of 1.62 billion people, which corresponds to about 24.8% of the total world population. According to National Family Health Survey, Indian children suffer from weight loss, stunted growth and wasting, which is higher than any other country in the world, and 7 out of every 10 young children are anaemic. Homoeopathic management of anaemia along with dietary modifications have been discussed in this review. **Objective:** To review the literature of published studies relating to homeopathic management of anaemia. **Result:** Four research studies have been identified related to homoeopathy and anaemia. All of them are clinical trials. **Conclusion:** Homeopathic Medications are effective in the treatment of anaemia along with dietary modifications

Keywords: Anaemia, Homoeopathy

1. Introduction

Anaemia is a pathological condition where RBC or Haemoglobin is less than the normal adult range. It is a global public health problem and one of the most common nutritional disorders worldwide which has impacted not only human health but is also economic and social burden. It can affect anyone but is more prevalent in pregnant women and young children.¹ The most common type of anaemia globally is iron deficiency anaemia. Anaemia and IDA are terms that are often used synonymously. The main risk factors for IDA include a poor intake of iron, less absorption of iron due to presence of phytate or phenolic compounds in diet, and when iron requirements are especially high (i.e. growth and pregnancy), heavy blood loss, parasite infection, acute and chronic infection. The presence of other micronutrient deficiencies, including vitamins A and B12, folate, riboflavin, and copper can also increase the risk of anaemia.²

Globally, anaemia affects 1.62 billion people, which corresponds to 24.8% of the population.² According to World Health Organization (WHO), anaemia, has been defined by the as “a condition in which the number of red blood cells (RBCs) or their oxygen-carrying capacity is inadequate to meet physiologic demands of the body, which vary by sex, age, altitude, smoking, and pregnancy status”

Table 1: Haemoglobin Levels to diagnose anaemia at sea level (g/ml)³

	No anaemia	Mild	Moderate	Severe
Children 6 – 59 months of age	11 or higher	10-10.9	7-9.9	Lower than 7
Children 5 – 11 yrs	11.5 or higher	11-11.4	8-10.9	Lower than 8
Children 12 - 14 yrs	12 or higher	11-11.9	8-10.9	Lower than 8
Non-pregnant women	12 or higher	11-11.9	8-10.9	Lower than 8
Pregnant women	11 or higher	10-10.9	7-9.9	Lower than 7
Men	13 or higher	11-12.9	8-10.9	Lower than 8

According to National Family Health Survey, Indian children suffer from weight loss, stunted growth and wasting, which is higher than any other country in the world, and 7 out of every 10 young children are anaemic.⁴ More than half of women (55 percent) and almost one quarter of men (24 percent) are anaemic, out of these thirty-nine percent of women have mild anaemia, 15 percent have moderate anaemia, and 2 percent have severe anaemia.⁴ And in men, 13 percent have mild anaemia, 10 percent have moderate anaemia, and 1 percent have severe anaemia. In India, anaemia affects an estimated 50 percent of the population.⁴ Study in different parts of the country revealed highest prevalence of anaemia in women (more than 60 percent) from Jharkhand, Bihar and the Northeast states. Anaemia among children is widespread throughout India but prevalence of anaemia varies from 38 percent in Goa to 78 percent in Bihar.⁴

Diet management in Anaemia

Iron is found in two forms in the diet: haem or non-haem. Haem iron is present in meat, poultry, and fish whereas non haem iron is present in cereals, legumes, fruits, and vegetables. Rich source of non-haem iron are dried apricots, almonds, raisins, soyabean, tofu, spinach, wheat germ, kidney beans, baked beans, broccoli, lentils. There are several factors to improve iron absorption from diet. One of these methods is to include foods rich in vitamin C in the diet like citrus fruits and juices, amla, tomatoes, strawberries. Iron absorption can significantly decrease by drinking coffee and tea with meal due to presence of tannins. Tea can cause iron absorption to drop by 60 percent and coffee by 50 percent. Phytates in some legumes and grains, phosphates in cola drinks, some proteins in soybeans and excess calcium may interfere with iron absorption. These are important factors if the diet already is low in iron.⁵ Germination and fermentation can reduce phytate content in legumes and grain.

2. Material and Methods

Search strategy: A comprehensive search for all studies, beginning from preclinical, clinical to systematic reviews

and meta-analysis on anaemia and homoeopathy was carried out.

Databases searched: National Medical Library (PubMed), Google scholar, Elsevier, Science Direct, and Ayush portal. Studies were further identified through a manual search of obtained article references.

Search terms: The basic search terms for Homoeopathy included 'homoeopathy' or 'homoeopathic drugs or 'homeopathy'. The basic search terms for anaemia included 'anaemia'.

Selection of studies: Some of the studies that only had access to abstract and not the full text of the paper was considered only if there were enough research details available. Studies with other CAM therapies and/or additional medical therapy for patients with homoeopathic treatment were excluded.

3. Results

Four research studies have been identified related to homoeopathy and anaemia. All of them are clinical trials.

4. Discussion

One can treat iron deficiency anaemia by giving constitutional remedy, some of remedies are:

- 1) China officinalis: This remedy has debility from exhausting discharges and loss of vital fluids.
- 2) Ferrummetallicum: This is best suited for young weakly persons, who are anaemic with pseudo plethora, who flush easily.
- 3) Sepia: In sepia women will have a weak yellow complexion. They feel cold even in a warm room. They are irritable.
- 4) Phosphorus: This remedy adopted to tall, slender persons, narrow chested, thin, and transparent skin, weakened by loss of animal fluids. There will be great debility with emaciation. There will be haemorrhagic tendency.
- 5) Lecithinum: The remedy has a favourable influence upon blood and usually given for anaemic individuals to increase number of RBCs and amount of Hb. The above studies have also shown that FerrumPhos 6x and ferrum met 6x has improved the anaemia.⁶

5. Conclusion

Anaemia can be effectively treated by homoeopathic medicines and hence scope of homoeopathy is promising in this condition.

Table 2: Summary of studies

Author and year Pub	Study design	Aim/ objective	Sample size	Outcome parameter	Intervention	conclusion
Dr. H. Venkatesan ⁷ (Dec 2018)	Randomized clinical trial	To determine the efficacy of Homoeopathic medicine FerrumMetallicum 6X in increasing the Haemoglobin Concentration of 30 Paediatric Iron Deficiency Anaemia patients. Statistical assessment of the same using Paired 't' test.	30	The Haemoglobin Concentration of the patients before and after the prescription of Ferrummetallicum 6X for 3months are tested statistically by using Paired 't' Test.	Homoeopathic medicine Ferrummetallicum 6X was prescribed in the form of 1 Grain tablets. 2 tablets per oral route three times a day for three months were given to each patient. They were also advised to eat Iron Rich Food.	Statistically there exists a significant difference in the Hb concentration of Paediatric IDA patients before and after administration of the Homoeopathic medicine Ferrummetallicum 6X.
Anil Khurana ¹ , Renu Mittal ¹ , Padmalaya Rath ⁸ et al 2020	Single blind Randomized clinical trial	The objective of this study is to identify efficacy of <i>Ferrumphosphoricum</i> 3X (FP) and <i>Ferrummetallicum</i> 3X (FM) in changing haemoglobin (Hb) levels in school-going children, 12–14 years of age with Iron Deficiency Anaemia (IDA)	160	Children enrolled were divided into two groups, i.e., those having mild anaemia (Hb between 11 and 11.9 g%) and having moderate anaemia (Hb between 8 and 10.9 g%). Children in both the groups were allotted serial numbers separately and randomised into two groups, i.e., FP group and FM group by using computer-generated random numbers	Children are given ferrum met 3x and ferrumphos 6x by computer randomization.	Significant increase in Hb was seen in children with moderate anaemia in FP group (9.95 ± 0.749 – 10.97 ± 1.51). Increase in Hb in other groups was not significant.
Dr. Jignesh J Doshi, Dr. Pranav	Clinical study	A. To evaluate the efficacy of	30	1. Cure: Feeling of mental & physical	the medicines were prescribed based on	57% of the cases were cured, 23% of the

Shah, Dr. Girish Patel 2019 ⁹		Homoeopathic medicines in cases of Anaemia. B. To evaluate the miasmatic background in cases of Anemia.		wellbeing with disappearance of all sign & symptoms of anaemia with normalization of Hb without any relapse. 2. Improvement: Improvement in the sign & symptoms of anaemia with increase of Hb compared to previous one but not up to normal limit. No Improvement: No improvement in any sign & symptom.	the similarity between the totality of symptoms of a given case and symptoms of the remedy prescribed.	cases were improved and 20% of the cases were not improved
Dr AmrishSoni*, Dr.Girish Patel**,Dr.Pranav Shah ¹⁰	Clinical study	To clinically assess the efficacy of homeopathic drugs in iron deficiency anaemia in pregnant women. To evaluate the role of Hahnemann's chronic miasms in the management of Iron Deficiency anaemia in pregnant women.	30	1. Cure: Feeling of mental & physical wellbeing with disappearance of all sign & symptoms of anaemia with normalization of Hb without any relapse. 2. Improvement: Improvement in the sign & symptoms of anaemia with increase of Hb compared to previous one but not up to normal limit. No Improvement: No improvement in any sign & symptom.	the medicines were prescribed based on the similarity between the totality of symptoms of a given case and symptoms of the remedy prescribed	Out of 30 cases we get the improved result in 18 patient, moderate result in 8 patient and in 4 cases the response of treatment is not good. Out of 30 cases taken for most cases were found to be having predominant Psora miasmatic phase.

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