

Role of Homoeopathy in Treating Iron Deficiency Anaemia in Females

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Abstract: *Background:* Iron deficiency Anaemia is a common disease affecting 5-6% of general population suffers from this disease. It is prevalent in 3% among men and 10-14% among women. About 10% of attendance in the general hospitals is accounted for by anemias. In specific groups like slum dwellers, plantation labourers, and pregnant women the prevalence rate is 30-50% or even more. Iron deficiency is prevalent in 30-50% of the adolescent and young adult women due to their unsatisfactory food habits and moderate or heavy blood loss during menstruation. Even though iron deficiency is mainly caused by inadequate iron intake in food, IDA is not exclusively a disease of the poor. Food fadism and other diseases which cause blood loss account for the majority of anemia cases occurring in the rich.

Keywords: Anaemia, Iron Deficiency Anaemia, Iron Deficiency, Homoeopathy

1. Introduction

Anemia is defined as a reduction in the oxygen-carrying capacity of the blood. Iron deficiency occurs when insufficient iron is absorbed to meet the body's needs. This may be due to inadequate iron intake, poor iron absorption, increased iron need in the body or chronic blood loss. Prolonged iron deficiency leads to iron deficiency anaemia (IDA).

Iron deficiency ranges from depleted iron stores without functional or health impairment to iron deficiency with anaemia, which affects the functioning of several organ systems.

Anaemia can be caused by excessive destruction of red blood cells, blood loss, and inadequate production of red blood cells. The most common forms of microcytic anaemia is iron deficiency anemia caused by reduced dietary intake. Early intervention may prevent later loss of cognitive function.

2. Material and Methods

Population-The subjects for the study had been selected from the patients attending OPD, IPD, and Peripheral dispensaries of Sri Guru Nanak Dev Homoeopathic Medical College & Hospital.

Age-Females of all ages.

Medicines-Medicines were given according to symptom similarity, repertorization and confirmation through Homoeopathic Materia Medica.

Inclusion Criteria-included well diagnosed cases confirming Iron Deficiency Anaemia in females of all ages, who are not thalassemia minor.

Exclusion Criteria-included well diagnosed cases confirming Iron Deficiency Anaemia in females who are pregnant or lactating, females with advanced pathology, females whose Hb% is below 5gm.

Investigation-Investigation was done through Complete Blood Count, serum ferritin.

Type of study-This was an exploratory study.

Statistical Analysis-To obtain 95% confidence limit 50 cases were taken for study, T-test was applicable, as the comparison between pre and post treatment is done in the same study on the basis of iron deficiency anaemia score card.

Parameter Scale-The scoring of the cases of iron deficiency anaemia was done according to the IDA score card, which was designed in a way that each symptom associated with iron deficiency anaemia was given a weightage according to its severity. This scale includes both activity and symptoms analysis of IDA patient. Though there were already published parameter scales to evaluate the activity and symptoms of iron deficiency anaemia by registered and genuine authorities. Patients marked in the box whatever represents their perception of their current state.

Table of score calculator of IDA:

A total of 7 analytical points of iron deficiency anaemia were taken into consideration, making their severity from a total of 21 marks as follows:

Severe – 3 marks Moderate-2 marks

Mild – 1 mark Absent – 0 mark

Iron Deficiency Anaemia	Severity of symptoms & scores accordingly			
	3	2	1	0
Hb% (in gm)	Less than 6	6-8	8-10	More than 10
Breathlessness	All the time	Most of the time	Some of the time	None
Vertigo	Almost daily	2/3 times a week	1 time a week	Absent
Fatigue	Constantly	Moderate	Mild	Not at all
Weakness	All the time	Moderate	Mild	None
Palpitation	Severe	2/4 times a week	Once a week	Normal
Numbness of extremities	Constantly	2/4 times a week	Mild	Absent

Duration of study was 18 months and assessment was done on the basis of subjective, symptomatic and objective symptoms, laboratory examination of blood and IDA score card. Follow up will be taken at interval of 15 days.

3. Results

In the study of "Role of Homoeopathy in treating Iron Deficiency Anaemia in females" 50 cases were taken into consideration, and were analyzed. Most of the patients involved in the study were found to be the age group of 0-20 years which is 86%, followed by age groups of 21-40 years which is 10%, 41-60 years of age which is 2% respectively. Out of these 50 cases, 22% cases are severe cases with Hb% ranging between 5.0 to 7.0gm/dl, 34% cases are moderate cases with Hb% 7.0-8.0gm/dl & 44% are mild cases with Hb% above 8.0 gm/dl. Also, out of these 50 cases, 48% patients are from lower middle class 36% patients are from upper middle class, 8% patients are from high economic class & 10% patients are from low class. On analyzing 50 cases of iron deficiency anaemia, it was seen that Puls was prescribed in 19 cases, Nat. mur in 11, cases, Cal carb in 4, Bell. in 3, ferrum phos., sulph., Rub met., graph. & ars alb., in 2 cases each. While phos., cal phos. & lyco. were prescribed in 1 case each. Out of 50 cases, marked improvement was seen in the Hb% in 40 patients. 5 patients showed mild improvements, while 5 patients remained unimproved.

4. Conclusion

Paired t-test was conducted to assess the efficacy of homoeopathic medicines in cases of Iron Deficiency Anaemia. The result showed that the value of critical t (15.4) is greater than the tabulated value in t-table at df=49 at confidence level 95% at 0.05 i. e. 2.021, which is statistically significant. Thus, the null hypothesis (H_0) is being rejected and the alternate hypothesis (H_a) that Homoeopathy is effective in treating Iron deficiency Anaemia in females is being accepted.

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