An Exploratory Study on Iron Deficiency Anaemia in Adolescent Girls and Its Homoeopathic Management

Dr. Tejasvi Sharma

B. H. M. S., M. D., Organon of Medicine & Homoeopathic Philosophy tezzsharma29[at]gmail.com

Abstract: <u>Aim of the study</u>: To study the efficacy and the scope of Homoeopathy in managing iron deficiency anaemia. <u>Result</u>: Out of 50 cases 35 cases showed improvement, 11 cases recovered and 4 cases not improved of the study. 86% of cases showed improvement. pusatilla was prescribed in 17 cases and various other remedies like ferrum phos, Ars, Calc Carb, nat mur etc were also prescribed on the basis of totality of symptoms. <u>Conclusion</u>: The findings of the above study concluded that 86% cases responded well to the indicated homoeopathic similimum. This study proved the efficacy of homoeopathic treatment in iron deficiency anaemia.

Keywords: Adolescent girls; Iron deficiency anaemia; Homoeopathic medicines

1.Introduction

India has the world's highest prevalence of iron deficiency anaemia with 60-70% of the adolescent girls being anaemic. Adolescence is considered as a nutritionally critical period of life.

In anaemia, there is qualitative and quantitative reduction of haemoglobin in blood below normal limits which is supposed to be 12-14g/dl of blood in females. Iron deficiency anaemia is the most common type of anaemia. It is characterized by decreased or absent iron stores, low serum iron concentration, low transferrin saturation and low blood haemoglobin concentration. The common causes of iron deficiency anaemia are deficient diet, decreased absorption, multiple pregnancies, lactation, worm infestation etc. The clinical features include fatigability, tachycardia, palpitation and tachypnoea on exertion and progressive skin and mucosal changes. This includes smooth tongue, brittle nails and cheliosis in advance stage of dysphagia, oesophageal webs etc. Conventional system has management for this condition where iron and folic acid tablets are given but it has many side effects such as constipation, nausea, heartburn diarrhoea etc.

It has been observed that patient continues to be anaemic due to less absorption of inorganic iron. Iron is just a supplement but it cannot help proper absorption of inorganic iron affective assimilation.

And as homoeopathy deals with holistic approach we treat the underlying cause of anaemia. Homoeopathic medicines help to enhance the immune system. In homoeopathy, treatment is tailored according to the individual person because each person expresses his or her disease in their own way.

Therefore the treatment of one person with apparently the same problem as another may be totally different.

2.Literature Survey

• Anaemia as Represented in Various Repertories Kent's Repertory:

Grading:

BOLD (3), Italics (2), Ordinary (1)

Generalities, Anaemia:

Ars., bell., Calc., Calc-p., Chin., Ferr., ferr-p., Graph., Hell., Kali-c., Kali-p., lyc., Merc., Nat-m., Nit-ac., nuxv., ph-ac., Phos., Puls., rhus-t., sep., sil., Sulph.

Haemorrhage, after: Calc., China., Ferr., lach., nat-m., nux-v., ph-ac., phos., sulph.

Generalities, Chlorosis:

Ant-c., Ars., Bell., Calc., Calc-p., chin., Ferr., Ferr-m., ferr-p., Graph., Lyc., Nat-m., nux-v., Phos., ph-ac., Puls., Sep., Sulph.4¹

Boericke Repertory:

Grading:

Italics: frequently verified clinical remedy.

Generalities, Anemia-Chlorosis:

Alet., Ars., Calc., Calc. p., Cinch., Ferr. p., Ferr. m, . Graph., Kali c., Kali p., Lyc., Nat. m., Nit. ac., Nux v., Phos., Puls., Sep., Sil., Sul.

From Grief - Nat. m., Phos. ac.

From malaria - Ars., Nat. m.

From menstrual derangements - Ars., *Calc. c.*, Calc. p., *Ferr., Graph., Kali. c., Nat. m., Puls.,* Sep.

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From nutritional disturbances - Alet., Alum., Calc. p., Ferr., Nux. v.

From vital drains, exhausting disease - *Calc. p., Cinch., Ferr.,* Kali. c., *Nat. m., Phos. ac.,* Phos.

Complaints, Abuse of iron-Cinch., *Hep.*, *Puls.*4²

Boenninghausen Therapeutic Pocket Book:

Grading:

CAPITAL (5), **bold face** (4), *italics* (3), roman (2), (roman in parenthesis) (1)

• Circulation-Blood, Anaemia -

Arg., ARS., Bell., BRY., CALC., CHIN., Ferr., Ign., LYC., Nat. m., Nit-ac., *Nux-v., Phos.*, Phos-ac., PULS., Sep., sil., Sul.

Chlorosis (Anaemia):

Ars., BELL., CAL. C., Chin., FER., Graph., K. carb., LYC., Nat. m., Nux. v., Phos., Phos ac., PULS., Sep., SUL.4³

Boger Boeninghausen's Characteristics and Repertory:

Grading: CAPITAL (5), **bold face** (4), *italics* (3), roman (2), (roman in parenthesis) (1)

• Blood-Circulation / congestion / anaemia:

Aco., alu., Ant-t., *arn.*, ARS., bell., BRY., CALC-C., Calc-p., Chin., Cocl., Con., Cup., FER., Graph., Kali-c., Lyco., MOS., NAT-M., Nit-ac., NUX-V., Pho., PLAT., PULS., Rhus-t., sabi., SEP., STAPH., SUL., zin.4⁴

3.Materials and Methods

Study setting: The study has been conducted on the patients attending OPD and peripheral dispensaries of Sri Guru Nanak Dev Homoeopathic College & Hospital, Ludhiana. Patients of all age groups and both sexes were included.

Intervention: Patients fulfilling the eligibility criteria were enrolled to receive the homoeopathic intervention. Medicines were given in 30C, 200C or 1 M as per the totality of symptoms. Medicines were repeated depending upon the potency and complaints of the patient in accordance with the principles of homoeopathy.

Pharmacy: Dr. Reckweg & Co, SBL Pvt. Ltd., Dr. Willimar Schwabe India Pvt. Ltd, B Jain Pharmaceutical Pvt. Ltd.

Inclusion criteria: Patients who had given written inform consent.

Exclusion Criteria: Patients with serious underlying medical condition. Patients of iron deficiency anaemia on systemic disease with active treatment

Investigation: Diagnostic criteria is based mainly on clinical presentation, local examination and necessary investigations if needed-CBC, looking for fecal occult blood test, GI related diseases, testing for blood in urine.

Type of study: Exploratory study

Sample: I will study 50 cases.

Sample calculator: Sample size will be calculated either with the help of textbooks of statistics or sample calculator software's like IBM SPSS whichever will be needed.

Statistical analysis: Will be done in due course with the help of textbook on statistics, appropriate statistics trials (e. g. SPSS) will be used if needed. Collecting sample will be statistically studied and analysed based on paired t test.

Research Technique: After proper case taking individualization of each case will be done and medicine will be selected on the basis of similarity of symptoms.

Treatment Method: A) Repetition and Change of Potency: According to the instructions given by Dr. Hahnemann in Organon of Medicine

B) **Diet and Regimen**: According to instruction given by Dr Hahnemann in Organon of Medicine

C) Duration of Study: 18 months (2021-2022)

D) Assessment and Follow Up: The assessment of the cases will b done on basis of subjective and Objective symptoms Follow up will be taken after 30days.

4.Discussion

This study was performed to know the efficacy of Homoeopathic treatment in iron deficiency anaemia.

The subjects were taken from Out Patient Department and peripheral dispensaries of Sri Guru Nanak Dev Homoeopathic Medical College and Hospital, Ludhiana, as per the inclusion and exclusion criteria.

The sample size was 50 and subjects of either sex were included and followed up at regular intervals. The diagnosis was made on the basis of strong clinical presentation. The medicines were selected on the basis of totality of symptoms.

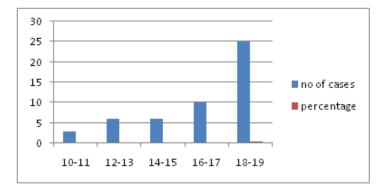
Age incidence: During the study it was observed that highest incidence of IDA was noticed in the age group of 18-19 years total 25 subjects (50%), 10 cases in age group of 16-17 years (20%), 6 cases in age group of 14-15 years (12%), 6 cases in age group of 12-13 years (12%), 3 case (6%) was observed in the age group of 10-11 years which is the minimum incidence.

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During the study it was observed that lower socio economic has the highest incidence of 25 cases (50%) and next is the middle socio-economic status of 23 cases (43.33%) and2 cases (6.67%) of upper socio-economic status.

In this study, Pulsatilla are indicated in 17 cases each (34%); Nat Mur indicated in 9 cases (18%): Sulphur and Calcarea carb were indicated in 6 cases each (12%); Graphitis, Ars alb and lycopodium were indicated in 1 case each (2%). The most used potency was 30. Out of 50 cases, 46cases showed improvement, 2 had no change, 2 got worse so 4 patients not improved of the treatment.

Finally a statistical analysis was made comparing the scores before and after the treatment as per the scoring criteria and the null hypothesis was rejected. The statistical analysis was done using paired t-test, to assess the effectiveness of homoeopathic treatment in iron deficiency anaemia. The calculated t value was compared with the tabulated value of t statistic at 95% confidence for degree of freedom= 49. After comparing this value the null hypothesis was rejected, hence proving that homoeopathic treatment is effective in the treatment of iron deficiency anaemia.

5.Conclusion

In the study conducted on 50 cases of IDA with Homeopathic remedies, it was found that 11 cases (22%) were recovered, 35 cases (70%) were improved and 4 cases (8%) were not improved.

The results of treatment on the patients, who were followed up for at least six months were interpreted basis upon the criteria fixed for it.

From above all results & discussion it is clear that the rate of curing disease can be improved very well to a considerable extent if strict homeopathic principles & correct nutritious diet and regular follow up are done.

To prove that homoeopathic medicine are effective the data analyzed by using paired t test as the same group is considered before and after treatment.

Also, after studying the efficacy of homoeopathy in cases of iron deficiency anaemia, I found the result to be positive and promising. This study was a very modest effort on my part to contribute in medical community towards finding the efficacy of homoeopathy in iron deficiency anaemia cases. The study opens a window for further researches on role of homoeopathy in iron deficiency anaemia.

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