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## Management of individualized homoeopathic medicine in the treatment of Anemia: A case report

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### Abstract

Anemia is a widespread and significant health condition in India. It occurs when the blood lacks sufficient healthy red blood cells, leading to reduced oxygen delivery throughout the body. Anemia can range from being a temporary issue to a potentially life-threatening condition. Common symptoms include fatigue, weakness, headaches, and shortness of breath.

**Keywords:** Homoeopathy, Anemia, Natrum Phosphoricum, Holistic approach

### Introduction

Anemia is characterized by a reduction in the quantity or quality of circulating red blood cells below normal levels. It is most commonly diagnosed by measuring the hemoglobin concentration in the blood, which is regulated by a homeostatic mechanism and can vary slightly among healthy individuals<sup>[1]</sup>. The severity of the issue is significant in developing countries, particularly among women and young children, though developed countries are also impacted<sup>[2]</sup>. The symptoms and severity of anemia vary based on several factors, such as its severity, the speed of onset, and the patient's age and physiological condition. While the human body employs various mechanisms to compensate for anemia, nearly every organ system is ultimately impacted<sup>[3]</sup>. The Modified Naranjo Criteria for Homeopathy was initially adapted from the Naranjo Algorithm by Rutten. Over time, it was further refined by the clinical data working group of the Homeopathic Pharmacopoeia Convention of the United States (HPCUS). This tool is used to evaluate the likelihood of causal relationships in clinical outcomes of homeopathic cases and case reports. Based on the final outcome of a case, a score is assigned to each domain of the Modified Naranjo Criteria for Homeopathy.<sup>[4]</sup>

### Case Report

The patient named Miss ABC, aged 26 years, pursuing engineering course in Bangalore. The patient gradually developed weakness and reduced appetite since 1 ½ year, associated with on and off headache with heaviness of head which got aggravated when exposed to sun and the patient also complained off difficulty in breathing with sensation of heaviness in chest during expiration. Almost all the symptoms are aggravated during slight exertion and better by lying down and taking rest.

### Past history

- Vaccinated in the childhood & no major illness in the past.

### Medical/Treatment History

- On 2-1-22 Hb% was 4.3 gm/dl, she was admitted in the hospital for blood transfusion (2 packets of PCV) and was on allopathy treatment for 6 months.
- HB% on 13/9/22 was 9.1 gm/dl (left allopathic treatment and started on taking natural foods to increase blood).

✓ **Surgical History:** Nothing specific.

✓ **Allergic History:** Allergic to dust. Not allergic to diet & drugs.

## Family History

**Table 1:** Family History

Paternal grandparents	No contact with them
Maternal grandfather	Died due to IHD
Maternal grandmother	Alive (67 years) K/C/O DM, HTN
Father	Expired when the patient was 2 years old & cause of death – RTA
Mother	Expired 2 years back on 27/6/21 due to CRF (Chronic Renal Failure)
Sibling	None

### Personal history

- Diet-mixed
- Appetite-reduced, doesn't feel hunger at all.
- Thirst-thirsty (drinks 3-3.5 litres/day)
- Desire-Chocolates, sweets, ice-cream
- Aversion-Nothing specific
- Micturition-D/N 4-5 times/0-1times
- Bowel-normal, once a day satisfactory
- Perspiration-only on exertion
- Sleep-(11PM to 7AM) not refreshing in the morning
- Dreams-Nothing specific
- Habits-nothing significant
- Thermals-Chilly patient
- Sensitivity-Sensitive to Sun exposure, not sensitive to sound, light, odour & tight clothing

### Menstrual history

- Menarche-When she was 13 years old
- LMP – 15/6/23
- Cycles-regular
- Duration of menstrual flow-3 days
- Flow-scanty (1 normal pad/day) & on 3rd day just spotting
- Color of the flow-bright red
- Smell-not present
- Clots-big clots present
- Pain-lower abdomen pain on 1st and 2nd day (squeezing type of pain) and associated with weakness++ on all 3 days (can't do any work, must lie down)
- IMD-present, 10 days before menses

### Life space investigation

Born and brought up in Challakere, Chitradurga, and Karnataka. The patient hails from a middle Socio-economic status family. Childhood was uneventful, patient lost her father when she was 2 years old and mother had hardships to raise the patient. Patient was good at her studies. She perceived her education in her hometown till 2nd PUC. Now studying Engineering (EEE branch) in Ramaiah college, Bangalore & she stays with her maternal uncle family in Yelahanka.

As patient was very good at studies and got BE govt seat in a reputed college, Bangalore. Patient mother sent her to study in Bangalore. Her mother was diagnosed as CKF 3 years back & Patient mother recently passed away 2 years back due to Chronic Kidney Failure, though proper treatment and dialysis was done. Doctors couldn't save the patient's mother.

The patient has strong guilt feeling and feels sad for her mother's death. The patient feels "if I would have taken a BE seat in Chitradurga itself, I would have looked after my

mother well during her illness". Now, the patient misses her mom so much & she is feeling lonely and feels no one is there to look after her. Now, all her expenses are looked after her maternal uncle. The patient is feeling very uncomfortable to ask money from her uncle. The patient says, she is generally foody and likes to eat ice-creams, chocolates and loves to travel with friends. But now feels so helpless and feels alone and there is no one to look after me. The patient wants to go back to her hometown, leaving education and she wants to spend time in their house, where her mother lived. But her uncle is not permitting for her decision and she is getting frustrated daily. All the decisions are taken by him and nowadays he has become very strict and patient is very much irritated, that hometown house is given for rent, and tenants will damage her home, so she wants to go home and wants to live there.

She told "I am feed-up and wants to end my life. Why to leave? When no one cares for me.", feels like committing suicide or I wish God to take of my life, how my father died in accident.

### Her Basic Nature

She is talkative, needs people around her and jovial person. She has fear of darkness, ghost, and blood. Earlier she was helping the needy. Now, she feels helpless for herself. Whenever she was very angry, she would express her angry by shouting at her mother. Now, suppresses her angry and cries and she gets trembling of the whole body.

### General physical examination

- **Built & nourishment:** Poorly built and nourished
- **Head:** Scalp Healthy
- **Hair:** Brittle Hair
- **Eyes:** Conjunctiva-pale

### Sclera-clear

- **Nose:** NAD
- **Ears:** NAD.
- **Oral cavity:** Tongue-clear

### Teeth-hygienic

- **Buccal mucosa:** Pale
- **Lips:** Pale
- **Throat:** NAD
- **Neck:** No lymphadenopathy
- **Nails:** Pale
- **Extremities:** No oedema, no icterus, no clubbing, no cyanosis, no deformity seen

### Vital signs

- Temperature-Afebrile at the time of examination
- Pulse-99 bpm
- Respiratory rate-14 breaths/m

- SPO2-99%
- Blood pressure-110/70 mm Hg
- Weight: 49 kgs
- Height: 167 cm
- BMI: 17.6 kg/m2

**Systemic examination**

- Respiratory system-AEBE, no added sounds
- Cardiovascular system-S1, S2 heard; no murmur
- GIT-Bowel sounds heard, per abdomen soft and tender
- Skin & Locomotor-nothing abnormalities detected

**Analysis of the symptoms**

**Table 2:** Analysis of the symptoms

Common symptoms	Uncommon symptoms
Generalized weakness	M/G: Deep regret/ guilty
Headache on and off	Helpless feeling
Difficulty in breathing	Homesickness
Appetite reduced	Forsaken feeling
Unrefreshed sleep	Wants to die
	Fear of darkness, ghost, blood
	P/G: Thirsty
	Desire chocolates, ice cream, sweets
	Chilly patient
	Sensitive to Sun exposure
	C/P:

**School of Philosophy:** Kentian school of Philosophy

**Evaluation of the symptoms**

**Table 3:** Evaluation of the symptoms

Mental generals	Physical generals	Characteristic Particular
Deep regret/guilt++	Appetite reduced++	
Helpless feeling+	Thirsty	
Homesickness	Desire Chocolates, ice-cream, sweets+	
Forsaken feeling	Chilly patient	
Wants to die+	Unrefreshed sleep in the morning	
Fear of darkness, ghost, blood	Sensitive to Sun exposure++	
Talkative		

**Investigations advised**

- CBC with ESR
- RBS
- Vitamin B12 & D3

**Totality of symptoms**

- Deep regret/guilt
- Helpless feeling
- Homesickness
- Forsaken feeling
- Wants to die
- Fear of darkness, ghost, blood
- Appetite reduced
- Thirsty
- Desire Chocolates, ice-cream, sweets
- Chilly patient
- Headache

- Generalized weakness
- Difficulty in Breathing

**Repertorial totality**

- Mind-death desires
- Mind-remorse
- Mind-homesickness-nostalgia
- Mind-forsaken feeling
- Mind-helplessness, feeling of
- Mind-fear-dark of
- Mind-fear-ghosts of
- Mind-fear-blood of
- Generalities-food and drinks-sweets-desire
- Generalities-Anemia

**Repertory Used:** Hompath-Software

**Reportorial Sheet 5:** Image-2

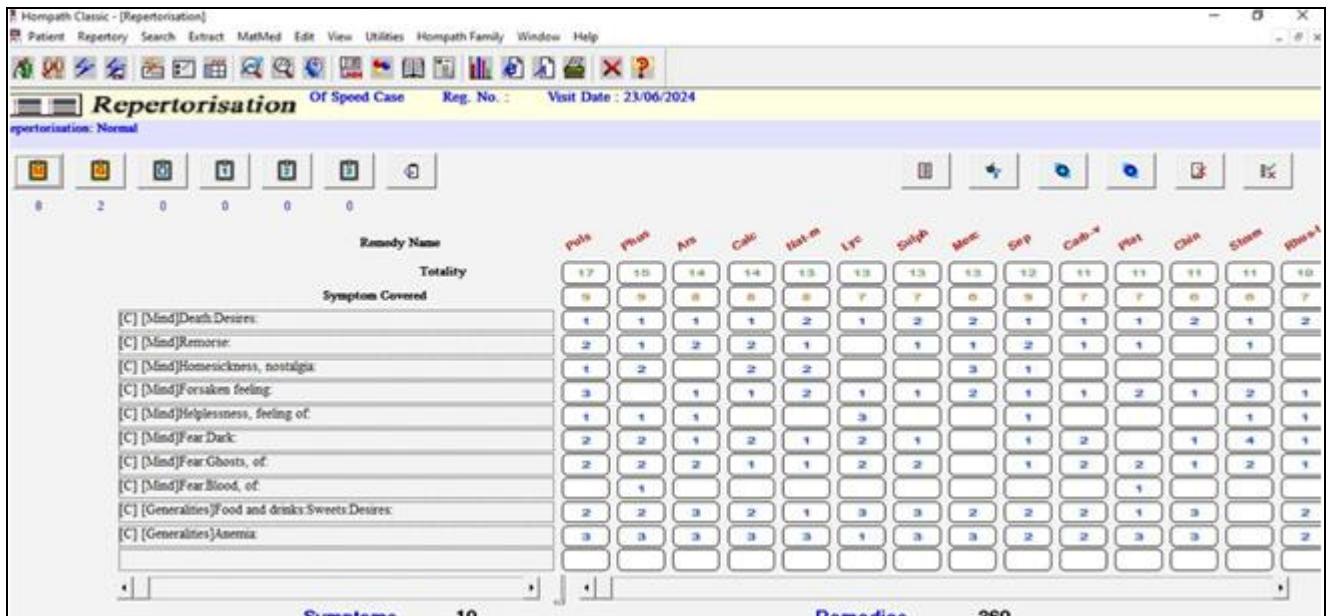


Fig 1: Repertorial Sheet

**Prescription: (On 27/6/23)**

- Rx
1. Natrum Phosphoricum 200 1 dose
  2. PL 5-5-5 x 1 month

**Auxiliary measures advised**

- Eat healthy diet with variety of foods.
- Include fruits, vegetables, nuts, eggs, fish and meat in diet.

**Follow Up**

Table 4: Follow-up

18/8/23	Patient is feeling 60% better Weakness reduced, no difficulty in breathing. Headache (2 episodes – tolerable, can manage daily activity) Appetite increased Sleep improved Gained 1kg weight also Feels energetic whole day	R	x Pl TID x 30 days
2/10/23	Patient is feeling 90% better No Weakness at all, Can perform my day to day activities. No difficulty in breathing. No Headache, No trembling Appetite good, can feel the hunger Sleep good Feels energetic whole day. I have even joined Yoga class. Not on any medications, other than Homoeopathy. Reports: Normal. Hb-12.4gms%	R	x Pl TID x 30 days

**Discussion**

Anemia is a significant health concern, particularly among females. It occurs when the body lacks an adequate supply of healthy red blood cells. Since all organs and systems in the body require sufficient oxygen to function optimally, anemia can disrupt their performance. Common symptoms of anemia include fatigue, shortness of breath, and low

energy levels.

Also, the possible causal attribution of the changes in this case were assessed by using the Modified Naranjo Criteria (Table 4). The total score for the case (+9), as per these criteria, is relatively close to the maximum of +13 and suggests positive causal attribution of the individualized homoeopathic treatment to the case.

Table 5: Assessment by modified naranjo criteria scale

SL. No	Modified Naranjo Criteria	Yes	No	Not Sure	Case
1.	Was there an improvement in the main symptom or condition for which the homoeopathic medicine was prescribed?	+2	-1	0	+2
2.	Did the clinical improvement occur within a plausible timeframe relative to the drug intake	+1	-1	0	+1
3.	Was there any initial aggravation of symptoms?	0	0	0	0
4.	Did the effect encompass more than the main symptom or condition (i.e., were other symptoms ultimately improved or changed)?	+1	0	0	+1
5.	Did overall well-being improve? (suggest using validated scale)	+1	0	0	+1
6.	Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?	0	0	0	0
	Direction of cure: did at least two of the following aspects apply to the order of improvement of symptoms from organs of more importance to those of less importance from deeper to more superficial aspects of the individual from the top downward.	+1	0	0	+1
7.	Did old symptoms (defined as nonseasonal and non-cyclical that were previously thought to have resolved) reappear temporarily during the course of improvements?	0	0	0	0
8.	Are there alternate causes (other than the medicine) that with a high probability could have caused the improvement? (Consider the known course of the disease, other forms of treatment, and other clinically relevant interventions).	-3	+1	0	+1
9.	Was the health improvement confirmed by any objective evidence? (e.g., lab test, clinical observation, etc.)	+2	0	0	+2
10.	Did repeat dosing, if conducted, create similar clinical improvement?	0	0	0	0
	Total score (Maximum score= +13; Minimum score = -3)				9



# AMRUTH DIAGNOSTIC CENTRE

NAME : Miss. ANUSHA	REG/LAB NO. : 24040042 / 22104
AGE/SEX : 26 Yrs / Female	DATE OF COLLECTION : 26-06-2023 at 11:27 AM
REFERRED BY : Dr. VIJAYASHREE S N	DATE OF REPORT : 26-06-2023 at 02:58 PM



TEST PARAMETER	RESULT	REFERENCE RANGE
<b>HAEMATOLOGY</b>		
<b>COMPLETE BLOOD COUNT (CBC)</b>		
HAEMOGLOBIN	7.1 gm/dl	12.5 - 17.5 gm/dl
TOTAL W.B.C	5300 cells/cumm	4000 - 11000 cells/cumm
<b>DIFFERENTIAL COUNT</b>		
NEUTROPHILS	58 %	45 - 75 %
LYMPHOCYTES	41 %	20 - 45 %
EOSINOPHILS	01 %	1 - 6 %
MONOCYTES	00 %	1 - 10 %
BASOPHILS	00 %	0 - 2 %
R.B.C COUNT	3.2 mill/cumm	4.2 - 6.5 mill/cumm
PLATELET COUNT	1.98 Lakhs/cumm	1.4 - 4 Lakhs/cumm
ESR	25 mm/hr	0 - 9 mm/hr
P.C.V	31 %	40 - 54 %
M.C.V	69.0 fl	76 - 96 fl
M.C.H	21.2 pg	27 - 32 pg
M.C.H.C	24.7 %	30 - 35 %

Dispatched by: Ramesh Nayak

\*\*\*\* End of Report \*\*\*\*

Printed by: Ramesh Nayak on 26-06-2023 at 02:59 PM

LAB TECHNICIAN

**Dr. VANITHA R SWAMY**

MBBS, MD  
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**Timing : Mon - Sat : 7.00 a.m. to 9.00 p.m., Sunday : 7.00 a.m. to 1.00 p.m**

Fig 2: Before treatment



# AMRUTH DIAGNOSTIC CENTRE

NAME : Miss. ANUSHA	REG/LAB NO. : 24040042 / 54312
AGE/SEX : 26 Yrs / Female	DATE OF COLLECTION : 18-08-2023 at 09:20 AM
REFERRED BY : Dr. VIJAYASHREE	DATE OF REPORT : 18-08-2023 at 03:30 PM



TEST PARAMETER	RESULT	REFERENCE RANGE
<b>HAEMATOLOGY</b>		
<b>COMPLETE BLOOD COUNT (CBC)</b>		
HAEMOGLOBIN	9.2 gm/dl	12.5 - 17.5 gm/dl
TOTAL W.B.C	6400 cells/cumm	4000 - 11000 cells/cumm
<b>DIFFERENTIAL COUNT</b>		
NEUTROPHILS	71 %	45 - 75 %
LYMPHOCYTES	43 %	20 - 45 %
EOSINOPHILS	01 %	1 - 6 %
MONOCYTES	00 %	1 - 10 %
BASOPHILS	01 %	0 - 2 %
R.B.C COUNT	3.9 mill/cumm	4.2 - 6.5 mill/cumm
PLATELET COUNT	3.3 Lakhs/cumm	1.4 - 4 Lakhs/cumm
ESR	15 mm/hr	0 - 9 mm/hr
P.C.V	39 %	40 - 54 %
M.C.V	71.0 fl	76 - 96 fl
M.C.H	24.4 pg	27 - 32 pg
M.C.H.C	28.4 %	30 - 35 %

Dispatched by: Ramesh Nayak

\*\*\*\* End of Report \*\*\*\*

Printed by: Ramesh Nayak on 18-08-2023 at 05:59 PM

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Fig 3: During treatment



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41210312  
Telefax : 41210313  
CIN : U85195KA2011PTC057836




<b>Name</b> : MISS. ANUSHA	<b>OP / IP No</b> :
<b>Ref. by</b> : DR VIJAYASHREE (DASARAHALLI)	<b>Age / Sex</b> : 26 Year(s) / Female
<b>Reg. No.</b> : 284438	<b>Lab Ref No.</b> : Y10016
<b>Reg. Date</b> : 02/10/2023 09:02	<b>Reported Date:</b> 02/10/2023 12:24

**HAEMATOLOGY**

Test Parameter	Result(s)	Reference Range
<b>COMPLETE BLOOD COUNT WITH ESR</b>		
HAEMOGLOBIN(By automated 5 part cell counter)	12.4 gms%	Birth :14.5 - 22.5, 1 week: 13.5 - 19.5, 2 week: 12.5 - 20.5, 1 month: 10.0 - 18.0, 2 months: 9.0 - 14.0, 3 - 6 months: 9.5 - 13.5, 7months - 2 years: 10.5 - 13.5, 2.1 - 12 years: 11.5 - 15.5, 12.1 - 18 years (Male): 13 - 16, 12.1 - 18 years (Female): 12 - 16, >18 years (Male): 13.5 - 17.5, >18 years (Female): 12 - 16 gms%
TOTAL WBC COUNT (By automated 5 part cell counter)	4580 c/cu mm	0 - 3 days: 9,000 - 35,000 4 days - 1 week: 5,000 - 21,000 1 week -2 weeks: 5,000 -20,000 2 - 4 weeks: 5,000 - 19,500 1 - 6 months: 6,000 - 17,500 7 months - 2 years: 6,000 - 17,000 2.1 - 5 years: 5,500 - 15,500 5.1 - 8 years: 5,000 - 14,500 9 - 12 years: 4,500 - 13,500 13 - 18 years: 4,500 - 13,000 Adults: 4,000 - 11,000 c/cu mm
<b>DIFFERENTIAL COUNT (By automated 5 part cell counter)</b>		
NEUTROPHILS	54.1 %	0 - 3 days: 32 - 80%, 4 days - 1 week: 19 - 64%, 1 week -2 weeks: 14 -48%, 2 - 4 weeks: 15 - 47%, 1 - 6 months: 13 - 44%, 7 months - 2 years: 15 - 47%, 2.1 - 5 years: 23 - 56%, 5.1 - 8 years: 32 - 65%, 9 - 12 years: 33 - 72%, 13 - 18 years: 34 - 75%, Adults: 45 - 75%.

**Fig 4:** After treatment







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Telefax : 41210313  
CIN : U85195KA2011PTC057836

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<b>Ref. by</b> : DR VIJAYASHREE (DASARAHALLI)	<b>Age / Sex</b> : 26 Year(s) / Female
<b>Reg. No.</b> : 284438	<b>Lab Ref No.</b> : Y10016
<b>Reg. Date</b> : 02/10/2023 09:02	<b>Reported Date:</b> 02/10/2023 12:24

**DIFFERENTIAL COUNT (By automated 5 part cell counter)**

LYMPHOCYTES	36.6 %	0 - 3 days: 19 - 29%, 4 days - 1 week: 26 - 36%, 1 week - 2 weeks: 36 - 45%, 2 - 4 weeks: 43 - 53%, 1 - 6 months: 41 - 71%, 7 months - 2 years: 45 - 76%, 2.1 - 5 years: 35 - 65%, 5.1 - 8 years: 28 - 48%, 9 - 12 years: 28 - 48%, 13 - 18 years: 25 - 45%, Adults: 24 - 45%.
EOSINOPHILS	1.5 %	1 - 6 %
MONOCYTES	7.3 %	1 - 10 %
BASOPHILS	0.5 %	0 - 1%

**COMPLETE BLOOD COUNT WITH ESR**

ESR (AUTOMATED)	10 mm/ hour	Male :00-15 mm/ hour Female :00-20 mm/ hour
PCV (By automated 5 part cell counter)	36.3 %	39 - 54 % (Male) 34 - 48 % (Female)
R.B.C. COUNT	4.10 mill/cmm	Birth : 6.0±1.0 Day 3: 5.3±1.3 1 month: 4.2±1.2 2 months :3.7±0.6 2-6 years: 4.6±0.6 6-12 years 4.6±0.6 Male:4.2-6.5 mill/cmm Female : 3.7-5.6 mill/cmm
PLATELET COUNT (By automated 5 part cell counter)	2.09 lakh/cmm	1.4 - 4.4 lakh/cumm
MCV (By automated 5 part cell counter)	88.5 fl	Adults : 76-96 Birth: 110±10 Day3: 105±13 1 month : 104±12 2 months : 95 ± 8 3-6 months :76±8 1 year : 78 ± 6 2-6 years : 81 ± 6 6-12 years: 86 ± 9. fl
MCH (By automated 5 part cell counter)	30.5 pg	Adults:26 - 32 Upto 1 month : 34±3 2 months : 30±3 3 months - 6 years :27±3 pg/-3 6-12 years :29±4 pg/-3

**Fig 5:** After treatment



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<b>Ref. by</b> : DR VIJAYASHREE (DASARAHALLI)	<b>Lab Ref No.</b> : Y10016	<b>Reported Date:</b> 02/10/2023 12:24	
<b>Reg. No.</b> : 284438			
<b>Reg. Date</b> : 02/10/2023 09:02			
<b>COMPLETE BLOOD COUNT WITH ESR</b>			
MCHC (By automated 5 part cell counter)	34.5 gms%	Adults : 32.5±2.5 gms%	
		Birth to 12 years 33±4 gms%	
RDW (By automated 5 part cell counter)	12.70	11.6 - 14.6 %	
<b>End Of Report</b>			
VINITHA		 <b>DR. PREETHI MS</b> <b>PATHOLOGIST</b>	

Fig 6: After treatment

**Conclusion**

This case report demonstrates the effectiveness of individualized homeopathic treatment in managing anemia. A blood transfusion involves transferring blood products directly into a person's bloodstream through an intravenous line and this procedure is essential when the body does not have an adequate amount of blood to function effectively. Even, administering the appropriate remedy to the patient at the right time can potentially eliminate the need for blood transfusion. The study highlights significant improvements in hemoglobin levels and other blood parameters without requiring additional transfusions. However, as this is a single case report, further research is necessary to validate these findings and enhance their applicability.

**Declaration of Patient Consent**

In the form, the patient has given her consent.

**Conflict of Interest:** None declared.

**Financial Support & Scholarship:** Nil

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