



International Journal of Homoeopathic Sciences

E-ISSN: 2616-4493

P-ISSN: 2616-4485

www.homoeopathicjournal.com

IJHS 2021; 5(3): 79-82

Received: 16-05-2021

Accepted: 18-06-2021

Dr. AT Senthil Kumar

B.H.M.S, M.D (HOM),
Professor, PG Guide, Head of
Department, Department of
Materia Medica, Vinayaka
Mission's Homoeopathic
Medical College & Hospital, A
Constituent college of VMRF-
Deemed to be University,
Salem, Tamil Nadu, India

Dr. G Geetha Sudha Reddy

Post Graduate Student,
Department of Materia
Medica, Vinayaka Mission's
Homoeopathic Medical College
& Hospital, A Constituent
college of VMRF-Deemed to be
University, Salem,
Tamil Nadu, India

Corresponding Author:

Dr. AT Senthil Kumar
B.H.M.S, M.D (HOM),
Professor, PG Guide, Head of
Department, Department of
Materia Medica, Vinayaka
Mission's Homoeopathic
Medical College & Hospital, A
Constituent college of VMRF-
Deemed to be University,
Salem, Tamil Nadu, India

Anemia and its homoeopathic management

Dr. AT Senthil Kumar and Dr. G Geetha Sudha Reddy

DOI: <https://doi.org/10.33545/26164485.2021.v5.i3b.409>

Abstract

In India Anemia is more prevalent and case rate is very high compared to world average. More than half of India's children and women are anemic according to national family health survey 2019-20. There is a dire need to look into causes and prevention of anemia. With regular care and proper diet, we can reduce anemic cases easily. In this paper we are going to discuss causes of anemia, signs and symptoms, homeopathic management, treatment and simple prevention measures.

Keywords: anemia, nutritional anemia, iron deficiency anemia, fatigue etc.

Introduction

The word Anemia is derived from ancient Greek which means "without blood" [1]. It is defined as a qualitative or quantitative deficiency of hemoglobin inside red blood cells. According to world health organization it defined as hemoglobin (Hb) levels <12.0g/dl in women and <13.0g/dl in men [2]. However, normal Hb distribution varies with sex along with ethnicity and physiological status. Anemia is the most common blood disorder. There are several kinds of anemia, produced by a variety of underlying causes. In one third of patients, anemia is due to nutritional deficiency, including iron, folate, vitamin B12 deficiency; anemia in chronic disease accounts for about another one third of cases. In one third of patient's anemia cannot be explained by an underlying disease or by specific pathological process.

Classification

Anemia is classified according to mean corpuscular volume (MCV) & reticulocyte count⁹. An accurate reticulocyte count is key to the initial classification of anemia. Reticulocytes are red cells that recently released from bone marrow. Reticulocyte count ranges from 1-2% and reflects the daily replacement of 0.8-1.0% of circulating red cell population. A reticulocyte provides a reliable measure of red cell production [2]. In the classification of anemia, the patient's reticulocyte count is compared with expected reticulocyte response.

The functional classification anemia is having three major categories [3].

1. Hyperproliferative anemia (marrow production defect)
2. Maturation disorder (ineffective erythropoiesis)
3. Blood loss / hemolytic anemia (decreased red cell survival)

Hyperproliferative anemia: 75% of cases of anemia are hyperproliferative in nature. most of the hyperproliferative anemia cases are due to mild to moderate iron deficiency or inflammation [10]. This type of anemia can result from marrow damage, iron deficiency. It is more prevalent in renal failure patients.

Maturation disorder: Low reticulocyte production index, macro- microcytosis on smear, and abnormal red cell indices suggests a maturation disorder [11]. Nuclear maturation defects from results from vitamin B12 or folic acid deficiency, drug damage, or myelodysplasia. Alcohol is capable of producing macrocytosis and variable degree of anemia.

Hemolytic anemia: It is a disorder in which red blood cells are destroyed faster than they can be made [4]. Hemolytic anemia can occur in two conditions, they are inherited & acquired. Two common causes of inherited type of anemia are sickle cell anemia & thalassemia. Acquired anemia can caused due to bacterial or viral infections, blood cancers,

auto immune disorders, an overactive spleen ^[12] (hypersplenism).

Signs and Symptoms

Anemia symptoms vary from mild to severe ^[13]. Patients who are having mild anemia may not experience any symptoms and those who have intense anemia include ^[5]:

- Cheilosis sign-fissures in the corners of mouth
- Koilonychia-thin & soft nails with concavity
- Due to lack of adequate blood supply to the brain and other tissues of the body patient may have poor concentration along with the restlessness of legs

- Shortness of breath
- General malaise
- Palpitations & profuse sweating
- Pica
- Fatigue
- Pallor
- Conjunctival pallor
- Hepatosplenomegaly
- Chronic anemia may result in behavioral disturbances in children as a direct result of impaired neurological development in infants.

Table 1: Symptoms of Anemia

Body Part	Symptoms	Severe Symptoms
Eyes	Yellowing	--
Skin	Paleness, Coldness, Yellowing	--
Respiratory	Shortness of breath	--
Muscular	Weakness	--
Intestinal	Changed stool color ^[14]	--
Central nervous system	Fatigue, Dizziness	Fainting
Blood Vessels	Low blood pressure ^[15]	--
Heart	Palpitations, Rapid heart rate	Chest pain, Angina, Heart attack
Spleen	Enlargement	--

Diagnosis ^[5]

Initially anemia can be diagnosed through physical examination by the physician as well as blood tests to identify the specific type of anemia.

- Blood test to know the levels of iron, vitamin B12, folic acid and vitamins and minerals ^[16].
- Complete blood count which includes Red Blood Cell count (to determine the total number of RBCs & size of the RBCs), Red blood cells indices, White blood cell count

Platelet count and Cell morphology ^[17].

- Investigations that include:
- Bone marrow aspiration and biopsy
- Liver function test, kidney function test may be performed.

Treatment

Treatment is always depending on the cause ^[5], type and severity of anemia.

- Iron, folic acid and vitamin B12 supplements.
- Dietary change
- Blood transfusion ^[18]
- Bone marrow transplant

DIET

In case of nutritional deficiency anemia certain foods can be added in daily diet ^[6] such as

- Pulses and beans
- Leafy green vegetables
- White or red meat
- Seeds and nuts
- Eggs
- Fish and Tofu
- Dried Fruits

Homoeopathic Management

If anemia is caused by loss of blood or other fluids ^[7]: calcariacarbonica, carbo vegetabilis, hydrangea, Ferrum

metallicum, phosphoric acid, Sulphur, Staphysagria, Nux vomica,

If anemia is caused by violent acute disease⁷: calcariacarbonica, carbo vegetabilis, Natrum Muraticum, veratrum alb.

Alumina: Best suited remedy for anemia caused due to nutritional disturbances. chlorosis in young girls at puberty, scanty menses and pale. Craving for indigestible things ^[7].

Argentum nitricum: shortness of breath, heart burn, irritative gastralgia, violent and irregular palpitations, irregular menses, rapid and excessive albuminuria, desire for sugar or candy.

Kali carbonicum: blood lacks red blood corpuscles. Young ladies at time of puberty have menstrual trouble on account of great weakness. Dropsy, lower backache, vertigo when turning head rapidly, frequent chilliness, every time patient goes out of doors ^[8].

Pulsatilla nigricans: chloro-anemia women, always complains of feeling chilly, and still better fresh air, feels exhausted, all tissues relaxed, peevish, slow, phlegmatic temperament, after failure of iron and China. Agg -in heat, Amel -open air ^[8].

Natrum Muraticum ^[7]: blood impoverished, anemia from loss of fluids, emaciation, skin rash, dry, yellow, great exhaustion from any little exertion of mind or body, palpitation with sensation as if a bird’s wing were fluttering in left chest, pressure & distension of stomach ^[19].

Natrum carbonium: pallid anemia with great debility, milky-white skin, emaciation, skin rash, nervousness and anxiety ^[20].

Natrum Sulphuricum: Hydrogenoid constitution, depending upon dampness of weather or dwelling in damp

houses; sycosis and hydraemia [21].

Hydrastis: Atony, weakness, faintness and prostration from dyscrasic disorders injuring normal blood-formation; carcinoma etc., marasmus; expression dull; skin sallow, yellowish-white; bad effects from Merc [22].

China officinalis: Complaints from loss of animal fluids, be it blood, semen, diarrhea, leucorrhea or over lactation; great debility, trembling, aversion to exercise; palpitations with rush of blood to head, and redness of face with cold hands; heaviness of head, with loss of sight, fainting and ringing in ears; sleeplessness; intolerance of fruits [23].

Ferrum metallicum: Pure anemia with appearance of false plethora; face ashy Pale or greenish, becomes bright red in flushes; great paleness of mucous membranes; bellow's sound of the heart and anemic murmurs of the arteries and veins; vomiting as soon as food is taken, with relief of gastralgic pains, prostration with lethargic dullness; animal food not desired [24].

Prevention

Healthy life style and well-balanced diet, regular exercise along with regular health checkups [25].

Conclusion

Anemia can affect any age group, both the sex, predominately seen in children and women, malnourished persons, pregnant women and the people who are having chronic illness. If untreated it causes many complications [26]. By finding out the cause of the anemia and considering the medical history, lifestyle, peculiar particular symptoms of the patient can be treated by homoeopathic system of medicine and prevent further prognosis of the condition [27].

References

1. Dr. Manisha Bhatia, "Anemia Homeopathy treatment guide" available at <https://www.doctorbhatia.com/treatment/anemia-homeopathy-treatment-and-homeopathic-remedies/>
2. Cappellini MD, Motta I. Anemia in Clinical Practice-Definition and Classification: Does Hemoglobin Change with Aging? *Semin Hematol* 2015;52(4):261-9. doi: 10.1053/j.seminhematol.2015.07.006. Epub 2015 Jul 17. PMID: 26404438.
3. Fauci, Braunwald *et al.*, "Harrison's Principles of Internal Medicine", McGraw Hill medical, 17th edition, 2008, 1,
4. Hemolytic Anemia available at <https://www.hopkinsmedicine.org/health/conditions-and-diseases/hemolytic-anemia>
5. Blood disorders: Anemia, Pacific Heart, Lung & Blood Institute available at <https://www.phlbi.org/divisions/blood-disorders/anemia>
6. Meredith Goodwin, Peter Lam, "What to know about anemia", *Medical news Today*, 2020 available at <https://www.medicalnewstoday.com/articles/158800#Summary>
7. Lilienthal Samuel, "Homoeopathic Therapeutics", B. Jain Publishers Pvt. Ltd.
8. Dr. Gopi KS, "Homoeopathy for Anemia", October 2016 available at <https://www.linkedin.com/pulse/homoeopathy-anemia-dr-ks-gopi>
9. Janus J, Moerschel SK. Evaluation of anemia in children. *Am Fam Physician*. 2010;81(12):1462-71. PMID: 20540485.
10. Wallerstein RO Jr. Laboratory evaluation of anemia. *West J Med* 1987;146(4):443-51. PMID: 3577135; PMID: PMC1307333.
11. Prof. (Dr.) Niranjan Mohanty, "All in one Homoeopathic Materia Medica", B. Jain Publication pvt. Ltd 2018.
12. Cappellini MD, Motta I. Anemia in Clinical Practice-Definition and Classification: Does Hemoglobin Change with Aging? *Semin Hematol* 2015;52(4):261-9. doi: 10.1053/j.seminhematol.2015.07.006. Epub 2015 Jul 17. PMID: 26404438.
13. Williams MD, Wheby MS. Anemia in pregnancy. *Med Clin North Am* 1992;76(3):631-47. doi: 10.1016/s0025-7125(16)30344-3. PMID: 1578961.
14. Dr. Joseph E Makaroon, Dr. Ali T Tahir *et al.*, "Anemia workup" available at <https://emedicine.medscape.com/article/198475-workup#c11>
15. Merlo CM, Wullemin WA. Diagnostik und Therapie der Anämie in der Praxis [Diagnosis and therapy of anemia in general practice]. *Praxis (Bern)* 1994;209;98(4):191-9. German. doi: 10.1024/1661-8157.98.4.191. PMID: 19224487.
16. Micronutrient deficiencies, (n.d) World Health Organisation available at <https://www.who.int/health-topics/anaemia>
17. Ewelina Rogozinska, Marios Nicolaides *et al.*, "Iron preparations for women of reproductive age with iron deficiency anemia in Pregnancy (FRIDA): a systemic review and network meta-analysis", *The Lancet Haematology*, 2021, 7
18. Miller JL. Iron deficiency anemia: a common and curable disease. *Cold Spring Harb Perspect Med*. 2013;3(7):a011866. Published 2013 Jul 1. doi:10.1101/cshperspect.a011866
19. Doshi J, Shah P, Patel G. Role of Homoeopathy in Anemia: Role of Homoeopathy in Anemia. *National Journal of Integrated Research in Medicine* 2019;10(1):43-46.
20. Dr. Dwivedi AK. Iron Deficiency Anemia & Homeopathy medicines, *Indian Journal of Applied Research* 2019;9(12):13-18.
21. Jadhav SS, Tiwari P, Lata K *et al.* Iron deficiency anaemia & *Ferrum phosphoricum*: A systematic review. *International Journal of Research and Review* 2019;6(2):83-91.
22. Shikha Yadav, Singh CB, Brijesh Singh, Anil Kumar, Singh NK, Effect of homeopathic drugs on growth and haemato-biochemical parameters of piglet anaemia, *International Journal of* 2017;15(3):161-164.
23. Ghulam Yaseen, Dr. A Cured Case of Aplastic Anemia by Homeopathy 2021. 10.13140/RG.2.2.33596.05762.
24. Khurana A, Mittal R, Rath P, Moorthy K, Taneja D, Singh U *et al.* *Ferrum phosphoricum* 3X and *Ferrum metallicum* 3X in the treatment of iron deficiency anaemia in children: Randomized parallel arm study. *Indian J Res Homoeopathy* 2020;14:171-8
25. Smith DL. Anemia in the elderly. *Am Fam Physician*. 2000;62(7):1565-72. PMID: 11037074.
26. Cases A, Egocheaga MI, Tranche S, Pallarés V, Ojeda

- R, Górriz JL *et al.* Anemia en la enfermedad renal crónica: protocolo de estudio, manejo y derivación a Nefrología [Anemia of chronic kidney disease: Protocol of study, management and referral to Nephrology]. *Aten Primaria* 2018;50(1):60-64. Spanish. doi: 10.1016/j.aprim.2017.09.007. Epub 2017 Dec 7. PMID: 29224999; PMCID: PMC6837054.
27. Broadway-Duren JB, Klaassen H. Anemias. *Crit Care Nurs Clin North Am* 2013;25(4):411-26 v. doi: 10.1016/j.ccell.2013.09.004. PMID: 24267278