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Anaemia and its homoeopathic management: Review article

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Abstract
Anaemia is a global problem, that has a significant impact on an individual's overall health and quality of life, leading to symptoms such as fatigue, weakness, shortness of breath, dizziness, and pale skin. It can also have implications for specific populations and the most suffering prevalence to reproductive-age women, adolescent girls, infants, young adults, and lactating women. Based on this, we have studied review papers and research journals, and survey reports to gather more knowledge. And homoeopathic medicine had a great impact on that anaemic condition. Depending upon the symptoms of the patient we have to choose medicine. There are different homoeopathic medicines like Ferrum phophoricum, Ferrum metallicum, arsenic album, pulsatilla nigricans, natrum muriaticum etc. which show great efficacy on anaemia. After proper case taking the totality of symptoms in every individual of both sexes & different ages are done. Then observed the results. In this paper the different causes of iron deficiency anaemia, megaloblastic anaemia, hemolytic anaemia, thalassemia, sickle cell anaemia, and aplastic anaemia, their laboratory diagnosis, pathological diagnosis, and homoeopathic management to treat the patients with all details have discussed.

Keywords: Anaemia, survey reports, homoeopathic medicines, iron deficiency anaemia, megaloblastic anaemia, hemolytic anaemia

Introduction
Anaemia is a pathophysiological condition in which the reduction of packed cell volumes, (measured by hematocrit), erythrocyte or haemoglobin concentration, or both in circulating blood is below the normal range [1, 2]. Anaemia is the commonest blood disorder that affects individuals of different ages and sex, the most vulnerable persons are young women of childbearing age, adolescent girls, and infants [3-5]. The word anaemia derives from the ancient Greek anaimia, which means lack of blood [6, 7]. According to the World Health Organization (WHO), anaemia is defined declination of haemoglobin (Hb) levels <12.0 g/dL in women and <13.0 g/dL in men [7]. The prevalence of anaemia among six groups as per the National Family Health Survey 5 (2019-21), is 25.0 per cent in men (15-49 years) and 57.0 per cent in women (15-49 years). 31.1 per cent in adolescent boys (15-19 yrs), 59.1 per cent in adolescent girls,52.2 per cent in pregnant women (15-49 years), and 67.1 per cent in children (6-59 months) [8-9]. Many factors result in the higher occurrence of anaemia in developing countries, those are following person who is devoid of or avoids good nutritious foods, Females who are undergoing the period of puberty menstruation, pregnancy, breastfeeding, suffering from anaemia in that period make female more vulnerable than men, Infants premature infants or babies those who get less nutritional food [10, 11, 12]. Persons who are suffering from chronic infectious disease conditions like septicemia, cancer, or stomach ulcer. Persons who are under prolonged treatment with antibiotics, non-steroidal anti-inflammatory drugs, anticoagulants, immune-suppressants, corticosteroids, etc. [13-14].

Aims and Objectives
The primary aim is to screen the published articles from 2000 to 2023 and also analysis these articles are peer-reviewed or not, evaluating and appreciating whether homoeopathic treatment is valuable or not. We also compiled various kinds of curative indications from various textbooks of homoeopathic materia medica under this review.

Methodology

We have gone through research papers, research journals, homoeopathic books, review papers, survey reports, and Internet search engines to collect reliable pieces of information for our review literature preparation.

Books: Essentials of Medical Physiology Book by K. Sembulingam and Prema Sembulingam, Textbook of Pathology by Harsh Mohan, Wintrobe's clinical haematology book.

Internet search engines: Google Scholar, Pubmed, Research Gate, Wikipedia, Johns Hopkins Medicine.

We studied some research journals like the International Journal of Research and Review, The International Journal of homoeopathic science, The American Journal of medical science and pharmaceutical research, the Journal of Medical and pharmaceutical innovation, Tantia University Journal of Homoeopathy and medical science, International Journal of advance research in biological science, Open science journal of Clinical Medicine, International journal of science and research, International journal of research publication and reviews.

To know the homoeopathic impact we studied some case reports and recent survey reports. The articles that we reviewed and took for reference are the most relevant and were published from 2000 to 2023.

Classification of anaemia: Based on morphological & pathophysiological condition [15-18].

Morphological classification: On the basis of the morphology of red blood cells sizes, colour, haemoglobin content, and red cell indices, anaemia can be classified into 3 types:

1. Normochromic-normocytic (changes that take place in this condition are MCV, MCH, and MCHC all remain normal and also colour and sizes intact.) i.) Acute haemorrhage, ii) Hemolytic anaemia, iii) Bone marrow abnormality: aplastic anaemia, myeloplastic anaemia, leukaemia. iv) Anaemia due to chronic diseases: -Renal failure (due to decreased synthesis of erythropoietin). v) Liver diseases (due to decreased blood clotting factors), vi) Endocrine disorders [15-18].
2. Microcytic-hypochromic (Changes that take place in this condition are MCV, MCH, and MCHC all get reduced and also colour and size of RBC diminished.) i.) Iron deficiency anaemia. ii) Thalassemia. iii) Hookworm infection. iv) Chronic disorder [15, 16, 19, 20, 21, 22].
3. Macrocytic normochromic (Changes take place in this condition are, only MCV gets raised and the size of RBC enlarges and colour remains normal). i) Megaloblastic anaemia results from a deficiency of Vit B^{12} and folic acid. ii) Myelodysplastic syndrome. iii) Alcohol use disorder. iv). Hypothyroidism [15, 16, 23, 24].

Pathophysiological Classification

1. Anaemia due to blood loss (Hemorrhagic anaemia): - i) Acute blood loss - (Accident /trauma) normocytic normochromic. ii) Chronic blood loss - (gastrointestinal bleeding, menstrual bleeding, hookworms) microcytic hypochromic [15, 16, 25, 26, 27].
2. Anaemia due to defective RBC synthesis: -i) Cytoplasmic maturation defect leads to defective globin synthesis - thalassemic syndrome. ii) Nutritional deficiency:-Improper DNA synthesis due to deficiency of Vit B^{12} and folate. (Megaloblastic anaemia), Deficient haem synthesis leads to iron deficiency anaemia. iii) Erythropoietin deficiency: - Anaemia in chronic renal failure, Anaemia in chronic disease. iv) Deficient stem cell proliferation and differentiation - aplastic anaemia (immune-mediated injury of progenitor cell). v) Space occupying bone marrow lesion - metastatic neoplasm & granulomatous disease. vi) Primary hemopoietic neoplasm - acute leukaemia, myeloid dysplasia, myeloproliferative disorder. vii) Infection of RBC progenitor by parvovirus. viii) Hepatocellular disease. ix) Endocrine disorder [15, 16, 25, 26, 27].
3. Increase RBC destruction (hemolytic anaemia): - Anaemia due to blood loss may be acute or chronic mild to severe, hereditary, or acquired [15, 28-30].

a) Acquired hemolytic anaemia by an extensive environmental factor.
b) Hereditary hemolytic anaemia by intrinsic RBC defects.
c) Acquired hemolytic anaemia: - i) Red cell membrane abnormalities:-paroxysmal nocturnal hemoglobinuria. ii) Infection of red blood cell malaria, a bacterial infection. iii) Toxic or chemical injury: - clostridium sepsis snake venom lead poison. iv) Antibody-mediated red blood cell destruction: - a hemolytic disease of newborn babies, blood transfusion reaction, drug induce destruction, autoimmune disorder.
d) Hereditary (Genetic defects) hemolytic anaemia: - Hereditary spherocytosis, Hereditary elliptocytosis, Hereditary stomatocytosis. 1. Deficient Hemoglobin synthesis: thalassemia syndrome. 2. Structural Abnormalities: -sickle cell anaemia. 3. Enzyme deficiency: i) Hexose monophosphate shunt:- G6PD deficiency. ii) Pyruvate kinase deficiency.

Types of anaemia

Iron deficiency anaemia

Iron deficiency anaemia is the commonest nutritional deficiency disorder present throughout the world. Iron deficiency is markedly noted in about 20% of women in the childbearing age group whereas in adult males it is only about 2% [31-33].

Causes of Iron deficiency anaemia are a) Increasing blood loss – i) menorrhagia in reproduction females. ii) At the onset of menarche iii) bleeding due to an ulcer in the alimentary tract iv) Ulcerative colitis v) Hematuria vi) Hemoptysis vii) Repeated epistaxis viii) hemoglobinuria. b) insufficient dietary intake:-i) poor economic conditions ii) inadequate intake during pregnancy c) Absorption of Iron Decreased -i) gastrectomy ii) imperfect absorption of Iron iii) Increased requirement in infancy, childhood, adolescence, pregnancy, and lactation [31-32].

Clinical features

The features of iron deficiency anaemia appear slowly. It is much more common in women of childbearing age groups. The symptoms found in persons suffering from iron deficiency anaemia are as follows. i) General Weakness. ii) Fatigue. iii) Pallor of skin and mucous membranes, nail bed, and sclerae. iv) Dyspnea. v) Palpitations. vi) Menorrhagia. vii) loss of appetite. viii) lack of concentration. ix)

Koilonychia or spoon-shaped nail. x) Angular stomatitis xi) Dizziness. xii) Irritable [15, 16, 31, 33].

Laboratory investigation in iron deficiency anaemia

Blood smear findings:- Hematological finding in iron deficiency varies according to the severity of blood loss and decreased production of blood. i) Haemoglobin:- i) Lowering the concentration of Haemoglobin.ii) RBC: Microcytic and hypochromic red cells are found.iii) Reticulocyte: normal or slightly reduced Reticulocyte counts iv) Red cell indices: MCV, MCH, and MCHC get diminished. v) Leucocytes and platelets are usually normal [15, 16, 20, 21, 34].

Bone marrow examination: i) Myeloid-erythroid ratio diminished ii) erythropoiesis- micro normoblasts may be found. iii) Myeloid, lymphoid, and megakaryocytes are found to be normal. iv) Reticuloendothelial iron storage diminished [15, 16, 20, 21, 34].

Pathological Diagnosis

i) Serum iron level: it may be found to be low (Normal range 40-140 ug/dl) ii) Total iron binding capacity is raised (normal range 250-450ug/dl). iii) serum ferritin is very low. (30-250ng/ml) iv) red cell protoporphyrin count is very low (normal range 20-40ug/dl) v) serum transferrin receptor protein raised [15, 16, 20, 21].

Megaloblastic Anaemia

Megaloblastic anaemia results from the production of abnormally large-sized RBCs from bone marrow. Due to insufficient DNA synthesis. In this condition, the large-sized RBCs are produced from the megaloblast of bone marrow. Due to this abnormal cell size, the carrying capacity of oxygen by RBCs gets reduced. Megaloblastic anaemia & pernicious anaemia are some forms of macrocytic anaemia [15, 16, 35, 36, 37, 38].

Causes of megaloblastic anaemia are:- a)Due to vitB12 deficiency:-i) insufficient dietary intake. ii) imperfect absorption:-congenital lack of intrinsic factor gastrectomy, b)Due to folate deficiency:-i) insufficient dietary intake. ii) imperfect absorption of folate:- Coeliac disease, gastrectomy, Crohn's disease. iii) excess demand during pregnancy and lactation periods, tuberculosis. iv) excess lost from urine [15, 16, 35, 36, 37, 38].

Clinical features

The following features of megaloblastic anaemia are present in solitude or combination [15, 16, 36, 37, 38, 39]

1. General weakness.
2. Brittle nails.
3. Glossitis.
4. Numbness of limbs.
5. Ataxia.
6. Paresthesia
7. Purpura.
8. Anorexia with weight loss.
9. Melanin pigmentation. x) Mild jaundice [15, 16, 36, 37, 38, 39].

Laboratory investigation in Megaloblastic anaemia

a) Blood smear finding:-i) Haemoglobin decrease in concentration. ii) RBC: macrocytosis, anisocytosis, poikilocytosis, macro ovalocytes present. iii) low reticulocyte count. iv) red cell indices:-MCV, MCH elevated and MCHC may be normal or reduced. v) Leukocytes may be reduced and also platelet is reduced [15, 16, 36, 37, 38, 39, 40].

b) Bone marrow examination:-i) Myeloid and erythroid ratios get diminished. ii) Erythropoiesis: megaloblast with abnormal mitosis may be seen. iii) Nuclear cytoplasmic asynchrony. iv) Giant form of metamyelocytes may be seen. v) chromosomal abnormality in bone marrow cells [15, 16, 36, 37, 38, 39, 40].

Pathological Diagnosis

1. Serum iron may be normal or elevated.
2. Serum unconjugated bilirubin and LDH increased.
3. Serum Vitamin B^{12} assay.
4. Schilling test
5. Serum folate assay
6. Urinary excretion of FIGLU [15, 16, 37, 38, 40, 41].

Hemolytic anaemia

Haem means red cells and lysis means destruction, the anaemia resulting from an increase in the destruction of red cells is the team as hemolytic anaemia [15, 16, 41, 42].

Causes of hemolytic anaemia:-i) Intravascular hemolysis - red cell fragmentation, ABO mismatch transfusion, Drugs, snake bite. ii) extravascular hemolysis:- Membrane defects, liver disease, autoimmune hemolysis, Drugs [15, 16, 41, 42].

Clinical features of hemolytic anaemia

1. Splenomegaly.
2. Pallor of mucus membrane.
3. Congenital anaemia in family history.
4. Unconjugated hyperbilirubinemia.
5. Hemoglobinuria.
6. Dark colour urine.
7. Weakness.
8. Mild fever.
9. Confusion. x) Heart murmur [15, 16, 41, 42].

Pathological Diagnosis

1. Osmotic fragility test
2. Auto hemolysis test.
3. Estimation of HBA^2.
4. Estimation of HBF.
5. Test for sickling.
6. Heinz bodies test [15, 16, 41, 42].

Thalassemia

It's a hereditary disorder due to a reduction in the synthesis of globin polypeptide chains. It is also known as the quantitative abnormalities of polypeptide globin chain synthesis [15, 16, 44, 45].

Cause of thalassemia: It's caused by a mutation in DNA. Thalassemia is classified as Alpha thalassemia and beta thalassemia depending on whether the genetic defects result in the deletion of the Alpha or beta globin chain respectively [15, 16, 44, 45].

Clinical features of thalassemia

1. Alpha thalassemia
2. Size of red blood cells decreased.
3. Hemolytic anaemia.
4. Paleness of skin and mucous membrane.
5. Fatigue.
6. Jaundice.

7. Splenomegaly.

Beta thalassemia
1. Hemolytic anaemia.
2. Hepatosplenomegaly.
3. Jaundice.
4. Gall stones.
5. Dark skin complexion.
6. Bone deformity [15, 16, 44, 5].

Pathological Diagnosis
1. Complete blood count test.
2. Estimation of HBA.
3. Estimation of HBA2.
4. Estimation of HBF level.
5. HPLC test.
6. HB electrophoresis.
7. Sickling tests [15, 16, 46].

Sickle cell anaemia
Sickle cell anaemia is an inherited disorder in which an abnormal homozygous state of HbS in red cells is found. The abnormal genes are inherited from each parent [15, 16, 47, 48, 49].

Causes of sickle cell anaemia: In HbS single point mutation in one amino acid occurs i.e. the substitution of valine in place of glutamic acid at the 6th position of beta-globin takes place [47-49].

Clinical features of sickle cell anaemia
1. Painful swelling of hands and feet.
2. Legs ulcer.
3. Increased susceptibility to infectious diseases like bacterial sepsis, and malaria, a respiratory infection.
4. Extreme tiredness
5. Sometimes the yellow colour of skin [47-49].

Pathological Diagnosis
1. Blood smear test.
2. Sickling tests.
3. Haemoglobin electrophoresis.
4. Newborn screening.
5. Prenatal screening [15, 16, 50].

Aplastic anaemia: Aplastic anaemia is resulting from aplasia of bone marrow, and causes hemopoietic pluripotent stem cell reduction; in this type, anaemia, leukopenia, and thrombocytopenia are together termed pancytopenia [51-53].

Causes of aplastic anaemia
Immune-mediated disorder.
Radiation and chemotherapy treatment.
Exposure to toxic chemicals, and insecticides.
Drugs.

Viral infection: HIV, hepatitis, parvovirus B19, Epstein Barr virus infection [51-53].

Clinical features of aplastic anaemia
1. Mild progressive weakness.
2. Fatigue.
3. Haemorrhage from various sites due to thrombocytopenia.
4. Frequent or prolonged infection.
5. Nosebleeds and bleeding gums
6. Easy bruising
7. Skin rash.
8. Headache [51, 54].

Pathological Diagnosis
1. Complete blood count test.
2. Reticulocyte count test.
3. Peripheral blood smear.
4. Renal function test.
5. Thyroid function test.
6. Bone marrow aspiration and biopsy [15].

Survey reports
Widespread anaemia survey reports at different levels; Anemia is considered a global burden, it affects about 2.36 billion individuals globally, especially females of childbearing age groups, infants, adolescent girls, and pregnant women. Anaemia is a big issue in maternal death. According to the National Family Health Survey 4 (NFHS-4), 58.4% of children aged 6–59 months, 53.1% of nonpregnant women aged 15–49 years, 50.3% of pregnant women aged 15–49 years, 53% of all women aged 15–49 years, 23% of men aged 15–49 years, 54% of adolescent girls and 29% of adolescent boys were anaemic in India [55]. The estimation of anaemia in adolescents was 28.5% overall, corresponding to more than 72 million adolescents. Anaemia was higher in girls (39.6%, 48.7 million) than in boys (17.6%, 23.7 million). In terms of severity, 17.6% of adolescents had mild anaemia, 10.0% had moderate anaemia and 0.9% had severe anaemia. Anaemia was highest among girls aged 15-19 (47.5%) and lowest among boys aged 10–14 (17.1%). Anaemia prevalence varied widely across regions, ranging from 29.0% in the South to 45.8% in the East for girls; and from 10.8% in the South to 28.4% in the Northeast for boys. Among girls, 13 states had ≥40% prevalence of anaemia, with the highest prevalence in West Bengal (62.0%). Assam had the highest prevalence of anaemia in boys (32.0%), while Kerala had the lowest (4.1%). Uttar Pradesh carried the largest burden of anaemia with 10.6 million girls and 4.6 million boys suffering from anaemia [56].

Homoeopathic management
In homoeopathic treatment, the remedy is selected based on the totality of symptoms. To find out the totality of symptoms, the physical and mental status of the patients are investigated thoroughly. On the principle of similia, the best remedy is selected. Homoeopathic remedies help in improving the overall status of the body and mind, as a result, they get improved and cure anaemia. There are some homoeopathic remedies mentioned below which the study has done previously.

1. **Ferrum Phosphoricum:** It is the most frequently used homoeopathic remedy for the treatment of anaemic patients. As it helps in increasing haemoglobin levels, reduces the paleness of skin, treats hematemesis, epistasis, and haemorrhages, and also improves general health status. It decreases the risk of iron deficiency during pregnancy and retains the haemoglobin level throughout the pregnancy [5, 57-61].
2. Ferrum Metallicum is also a great remedy for treating anaemia. It helps in conditions like haemorrhage, vital

fluid loss, weakness, menorrhagia, fatigue, and Pallor of the skin, mucous membranes, and face [3, 59-63].

3. **Cinchona Officinalis:** This remedy helps when there are symptoms of loss of vital fluids, excessive menstrual bleeding, quality and quantity of blood alternation, weakness, and dizziness comes [3, 27, 60-63].
4. **Calcarea Phosphorica:** This remedy is useful when the anaemic condition occurs after acute or chronic wasting disease. The patients may show weakness, lack of concentration, fatigue, and paleness [60, 61, 64].
5. **Natrum Muriaticum:** This remedy is selected when there is great debility, weakness, emaciation, throbbing headache, muscle weakness, stiffness loss of appetite [3, 27, 60, 61].
6. **Phosphorus:** this remedy is recommended when there are symptoms like sudden prostration, sweat, polycythemia, blood extravasation, haemorrhage, ataxia, and adynamia [60, 61, 65].
7. **Pulsatilla Nigricans:** This medicine is used when there are menstrual problems, menorrhagia, tired feeling, and headache from overwork. Anaemic patients suffer from gastric derangement [3, 27, 60, 61, 66].
8. **Apis Mellifica:** weakness of limbs, inflammation with oedema, pulse fast elevated, Dyspnea, drowsiness [60, 61, 67].
9. **Carica Papaya:** This remedy is recommended as it helps in iron absorption, reduces the inhibition factor on iron absorption, and increases ferritin level [60, 61, 68].
10. **Vanadium:** This remedy helps in the improvement of appetite and body, strength, it has positive effects on nutritional anaemia it acts as an oxygen carrier and catalyzer, it's increasing haemoglobin levels [60, 61, 69, 70].
11. **Gelsemium sempervirens:** This remedy helps in anaemia if the symptoms are present, lack of muscular coordination, muscular weakness, great prostration, sometimes feeling tired, slow pulse, excessive trembling, weakness of all limbs, cramps in muscles, feeling overtired, with low energy and a strong desire to sleep that interferes with normal daily activities. General depression from the heat of the sun, cold, and dampness brings on many complaints [60-61].
12. **Cocculus indicus:** Lameness, trembling, hands are numb & unsteady, lower limbs are very weak, constant drowsiness, painful contracture of limbs and trunk, vertigo, nausea, especially when riding or sitting up. feels too weak to talk loud, great lassitude of the whole body. Dysmenorrhea, so weak during menstruation, she is scarcely able to stand from the weakness of her lower limbs [60-61].
13. **Graphites:** Anemic patients with redness of the face. Headache in the morning on waking with an inclination to vomit. Pain in the small back with great weakness. Stiffness & contraction of toes, toes nails crippled. Menses too late with constipation; pale, scanty. Morning sickness during menstruation very weak and prostrated [60-61].
14. **Ferrum Arsenicum:** Ferrum Arsenicum giving 2x potency in anaemic school girls are better curative results. Disinclination to work, even to leave his bed. Enlarge liver and spleen, Emaciated body [71].
15. **Arnica Montana:** It acts well in anaemia tendency to haemorrhage, capillary stasis, ecchymosis, and defective nutrition. Arnica causes and cures haemorrhage of any kind, haemorrhage into the tissue of internal organs or the skin [60-61].
16. **Arsenicum Album:** Anemia and chlorosis, Gradual loss of weight from impaired nutrition, reduced refractive index of blood serum, Malarial cachexia. Great exertion, weakness, restlessness mainly at night, unquenchable thirst, and burning sensation relieved by heat [60+61].
17. **Alumina:** Is an effective remedy for anaemia due to nutritional disturbances, along with constipation, caving for starch, chalk, charcoal, cloves or tea grounds, acid, and indigestible things. The person also has a sensitivity to cold air, is fatigued, tired must sit down [3, 60, 61].
18. **Argentum Nitricum:** Diminished haemoglobin setting in defective oxidation and anaemia, the blood becomes fluid and darker. The great weakness of lower extremities with trembling. Headaches from mental exertion [60-61].
19. **Arum Metallicum:** It is an effective remedy for anaemia if the patient has symptoms like dropsy of lower limb, sleeplessness weak knees, vertigo, great desire to commit suicide, great depression, hopelessness, great fear of death [60-61].
20. **Chininum Arsenicosum:** This remedy acts well in anaemic conditions, due to Malarial affection, neuralgia, general weariness and prostration, vertigo worse looking upward, anorexia, sleeplessness, weak limbs, cold hands, and feet [60-61].
21. **Nitricum Acidum:** This remedy is prescribed for a person have a chronic disease and takes colds easily and dispose to diarrhoea, and cachexia due to intermittent fever with liver involvement and anaemia. Haemorrhage from bowels, and longing from indigestible things [60-61].
22. **Hygrophilia Sphinosa:** It is an effective medicine for anaemia, in cases of anasarca and dropsy, insomnia, hepatic obstruction, and malaria associated with urticaria [60-61].
23. **Sepia Officinalis:** Lower extremities lame and stiff, coldness of legs and feet, weakness in general vertigo, face pale and sallow, all limbs twitching and jerking at night and day [60-61].
24. **Picric Acid:** Great weakness, tiredness, heavy feeling all over the body, especially limbs, feet cold, vertigo, sallow complexion, progressive pernicious anaemia, muscle debility [60-61].
25. **Silicea Terra:** This remedy is prescribed for anaemia due to deficient nutrition from imperfect assimilation, Loss of power in legs, cramps in legs and soles, hands tremulous, affection of fingers and nails especially if white spots on nails, icy cold, and sweaty feet, little injury suppurates [60-61].
26. **Zincum Metallicum:** Weakness, trembling, and twitching of various muscles, convulsions with a pale face, sweaty, marked anaemia with profound prostration [60-61].
27. **Sulphur:** Complaints that relapse, aversion to being washed, oversensitive sick headache, profuse offensive perspiration, trembling of hands, sweaty, heavy paretic feeling, dry unhealthy skin [60-61].
28. Dietary deficiency plays a major role, and the digestive and assimilative capability also act as a factor in anaemia. So it is needed to have the proper diet such as iron-rich foods like green leafy vegetables, sprouts,

spinach, beans, seeds, meat, and fish, and vitamin-rich foods such citrus fruits, strawberries, guava, papaya, tomato, chilli, lemon, and kiwi should be included in daily diets. medicine along with proper diets gives better results [3].

Results

From our studies, we found that anaemia has become a major health issue. All previous study reports showed that the person who suffered from anaemia may have irregular insufficient improper diet, with the following other conditions; Gastrointestinal bleeding such as peptic ulcer, gastritis, chronic blood loss, menstrual bleeding, and severe injury. The proper case taking done homeopathically. We can evaluate the symptoms, conduct reliable tests, and suitable management for specific types of anaemia chosen. We have to find a homoeopathic remedy based on the homoeopathic law of similia. Then after treatment, it is resulting in the gradually increasing patient's serum and haemoglobin levels.

Discussion

Anaemia is prevailing globally. In our review, we have demonstrated different types of anaemia, their clinical features, and laboratory and pathological diagnosis. From the National family health survey report and other various survey reports, we analyzed the prevalence of anaemia in different age groups and sexes. We have evaluated different homoeopathic articles, journals, and homoeopathic materia medica books and came to know the great curative actions and effectiveness of homoeopathic medicines on that ground.

Conclusion

Anaemia is a serious problem that is faced worldwide in any age group of both sexes. Majorly it is observed in children, teenagers, reproductive females, and pregnant and lactating women. The government has implemented many Awareness programs to eradicate the situation. Although there still remains a lack of communication, for which sometimes it becomes tough to treat them in crucial conditions, we must have to focus on that situations. We have to observe tentative causes, particular symptoms, lifestyles, and past & family history of the patients. Then the patient can be treated according to the homoeopathic system.

Different studies have been done successfully on homoeopathic medicine for anaemic conditions. These wonderful studies have to implement in Clinical Practice in the proper way to treat anaemic conditions.

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