

Review Article

Iron Deficiency Anaemia and Homoeopathy

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ABSTRACT

Iron-deficiency anaemia is common anaemia caused by insufficient dietary intake and absorption of iron or iron loss from bleeding which can originate from a range of sources such as intestinal, uterine or urinary tract. This contribution aims to provide a simple and pragmatic approach based on general introduction, causes, why to study, effectiveness and regulations of homoeopathic medicine.

Keywords: Homoeopathy, iron deficiency anaemia, treatment

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INTRODUCTION:

Anemia

It is a condition defined as a state in which bloodhaemoglobin level is below the normal range for the patient's age and sex.

Iron deficiency anaemia

Iron-deficiency anaemia is common anaemia caused by insufficient dietary intake and absorption of iron or iron loss from bleeding which can originate from a range of sources such as intestinal, uterine or urinary tract.

Aetiology

1. Increased demand for iron and/or haematopoiesis - Rapid growth in infancy or adolescence, Pregnancy, Erythropoietin therapy
2. Increase iron loss - Chronic blood loss, menses, acute blood loss, blood donation, phlebotomy as a treatment for polycythemia vera
3. Decreased iron intake or absorption
Inadequate diet, malabsorption from disease, malabsorption from surgery, acute or chronic inflammations

Clinical feature

Mild iron deficiency anemia may not cause noticeable symptoms. If anemia is severe, symptoms may include:

1. Weakness, fatigue, or lack of stamina.
2. Shortness of breath during exercise.
3. Headache.
4. Difficulty concentrating.
5. Irritability.
6. Dizziness.
7. Tinnitus.

8. Pallor of skin.

9. Insomnia.

10. Craving substances that are not food (pica). In particular, a craving for ice can be a sign of iron deficiency anemia.

Other signs may include:

- Rapid heartbeat.
- Brittle fingernails and toenails.
- Cracked lips.
- Smooth, sore tongue.

Investigation

FBC mainly MCV

Need for the study

Iron deficiency is one of the most prevalent forms of malnutrition. Globally, 50% of anaemia is attributable to iron deficiency and accounts for around 841,000 deaths annually worldwide. Africa and parts of Asia bear 71% of the global mortality burden; North America represents only 1.4% of the total morbidity and mortality associated with iron deficiency.

Iron deficiency Anemia is one of the most common nutritional disorders world-wide, especially in India and other developing countries. Young children and women in their reproductive age group are the most vulnerable to iron deficiency Anemia. Iron deficiency Anemia is the most common form of Anemia. Approximately 20% of women, 50% of pregnant women, and 3% of men are iron deficient.

It is most common deficiency disorder in developing countries like India. The basic causes

behind that are poverty and malnutrition; due to dense population people don't get proper nutrition and balance diet. So they are more prone to develop iron deficiency anemia. Iron deficiency may cause failure to thrive, impair mental development.

Homoeopathic management in iron deficiency anemia:

One can treat iron deficiency anemia by giving constitutional remedy, some of the remedies are
China officinalis: this remedy has debility from exhausting discharges and loss of vital fluids. The individual has sallow complexion of face especially after hemorrhage, loss of vital fluids or sexual excess. There will be heaviness of head with loss of sight, aversion to exercise, sensitive to touch, ringing sensation in ears, intolerance to fruits. Great congestion in chest violent palpitation of heart. Trembling with numb sensation.

Ferrum metallicum: this remedy is best suited for young weakly persons, who are anemic with pseudo plethora, who flush easily, have cold extremities, oversensitive to slight noise and whose become worse after any active effort. There is weakness mere speaking or walking. Red parts become white bloodless and puffy. There will be breathing difficulty due to surging of blood to chest and anemic murmur can be heard.

Sepia: In sepia women will have a weak yellow complexion. They feel cold even in a warm room. They are irritable. there will be asthenic inflammation of eye with urinary trouble. There is a craving for venigor, acids and pickles. Dyspnoea aggravates after sleep and better by rapid motion violent intermittent palpitation.

Phosphorus: this remedy adopted to tall, slender persons, narrow chested, thin and transparent skin, weakened by loss of animal fluids. There will be great debility with emaciation. There will be hemorrhagic tendency. Chronic congestion of head, thirst for cold water. violent palpitation with anxiety while lying on the left side and weakness and trembling from every exertion.

Lecithinum: The remedy has on blood and usually given for anemic individuals to increase number of RBCs and amount of Hb. There will be mental exhaustion. The individual will be weak with shortness of breath, loss of flesh, will be forgetful, dull and confused. The headache in occiput will be pulsating type and will crave for wine and coffee.

Review of Literature

In Delhi (2003) conducted a study on Prevalence & aetiology of nutritional anaemia among school

children of urban slums how that the Prevalence of anaemia as judged by WHO recommended cut-off values of haemoglobin among these children was 41.8 per cent. Pure or mixed iron deficiency anaemia was the commonest type of anaemia noted in 68.42 per cent (65 of 95) children followed by pure or mixed B12 deficiency noticed in 28.42 per cent (27 of 95) anaemic children. Of the pure variety, iron deficiency was the commonest Cause occurring in 41.05 per cent (39 of 95) children.

Worldwide prevalence of anaemia 1993–2005 WHO Global Database, (2008) Geneva by world health organization. Almost the entire population was covered by survey data or regression-based estimates, since all countries except for one had an estimate. The proportion of the population covered by survey data was high for preschool-age children (76.1%) and pregnant (69.0%) and non-pregnant women (73.5%), but lower for school-age children (33.0%), men (40.2%), and the elderly (39.1%) By WHO region, the coverage was highest in the Western Pacific and lowest in Europe. Based on this population coverage, it was decided that there were insufficient data in school-age children, men, and the elderly to generate regional estimates.

Anaemia may be caused due to defective intake, defective absorption, excessive demand or excessive loss and accordingly treatment of the underlying causes is essential. Disease conditions such as poor digestion, hyperacidity with frequent consumption of antacids which further hampers absorption of iron, long-term illness, heavy menstrual cycles, blood loss through hemorrhoids or gastrointestinal bleeding, parasitic infestations like hook worms and other disease conditions leading to Anemia can be effectively treated by homoeopathic medicines and hence scope of homoeopathy is promising in this condition.

The predisposition to nutritional disturbances is caused by variety of nutritional factors and underlying illnesses but fundamental cause being the miasms. The aim of the homoeopathic treatment is to treat the fundamental causes and the maintaining causes with suitable homoeopathic remedies and to restore the sick to health.

Homoeopathy is a suitable system of medicine to combat the recurrence of infectious diseases by raising the health status and further preventing mal digestive and mal absorptive states leading to iron deficiency Anemia.

Anemia can be effectively treated by homoeopathic medicines and hence scope of homoeopathy is promising in this condition. Homoeopathy being a holistic system of medicine treats the individual as a whole considering both psychological and pathophysiological causes. So it is my sincere attempt to study the scope of Homoeopathy in the treatment of Iron Deficiency Anemia by internal medication.

hence the management of iron deficiency anemia this study has been undertaken for the benefit of suffering human being.

Literature from standard books of Medicine and Homoeopathic Books by various stalwarts as well as Medical Journals, Internet and Research work previously done will be reviewed.

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