



IRON DEFICIENCY ANAEMIA AND IT'S HOMOEOPATHIC MANAGEMENT: A CASE REPORT

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Abstract:

Anaemia is a serious public health problem, which affects the mental and physical development, as well as health maintenance and work performance. Iron deficiency is by far the most common cause of anaemia worldwide. About 2 billion people are suffering from varying degrees of anaemia in developing countries. The cases of iron deficiency anemia are commonly found in day to day (routine) practice. A case of 34 years old female suffering from iron deficiency anaemia reported in the clinic was treated successfully within 5 months by individualised homoeopathic medicine Sepia 200 with repetition as per requirement. The evidence of improvement was regularity of menstrual cycle and increased serum haemoglobin level.

Keywords: Amenorrhoea, Individualised homoeopathic medicine, ferrum phosphoricum, iron deficiency anemia

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Introduction

Anaemia is defined as a reduction in the oxygen-carrying capacity of the blood.

Iron deficiency occurs when insufficient iron is absorbed to meet the body's needs. This may be due to inadequate iron intake, poor iron absorption, increased iron need in the body or chronic blood loss. Prolonged iron deficiency leads to iron deficiency anaemia (IDA).

Iron deficiency ranges from depleted iron stores without functional or health impairment to iron deficiency with anaemia, which affects the functioning of several organ systems.

Anaemia can be caused by excessive destruction of red blood cells, blood loss, and inadequate production of red blood cells. The most common forms of microcytic anaemia is iron deficiency anaemia caused by reduced dietary intake. Early intervention may prevent later loss of cognitive function.

Average values:

- Males: 14-18 gm/dL
- Female: 12-16 gm/dL
- Infants: 14-20gm/dL

Anaemia causes fatigue, stress on bodily organs, generalised muscular weakness, lethargy and headache, decreased appetite (especially in children), brittle nails, irritability, blood in stool, pale skin color (pallor), shortness of breath, sore tongue, unusual food craving (called pica) etc. sometimes infants or children may have a

gastrointestinal disease such as a chronic infection, chronic diarrhoea, celiac disease.

DIAGNOSIS

- Physical examination
- Paleness in the skin, nail beds and gums.
- Rapid or irregular bleeding
- Bleeding: any blood loss
- Family and Medical history
- Complete blood count
- Serum Hb level
- Haematocrit level

Few Homoeopathic medicines for Iron Deficiency Anemia

Argentum nitricum, Natrum muriaticum, Pulsatilla, Ferrum metallicum, Kali carbonicum, Sepia

CASE REPORT:

A 34-year-old female presented with scanty menses, headache, generalised weakness, fatigue since 6 months which was aggravated by sour food and ameliorated by cold drinks. The patient did not take any prior treatment before reporting for homoeopathic medication. On physical examination pallor was present. After investigation her serum haemoglobin level was 8.0 gm/dl. The patient was vegetarian and of pale, tall, lean built. She is work oriented and has a lot of anxiety. She was thermally chilly and also has a tendency to catch cold easily. Report as on 10 Feb 2023.

TEST NAME **AVG** **UNIT** **REF. RANGE**

HEMOGLOBIN	8.0	g/dL	12.0-16.0
HEMOCRIT	23.2	%	37.0-47.0
HEMOGLOBIN A1C	5.3	%	4.0-5.6
WBC	10.1	10 ³ /mm ³	4.0-11.0
PLATELET	134	10 ³ /mm ³	150-450
RDW	13.4	%	11.6-14.8
MCV	23.2	fL	80-100
MCH	34.5	pg	27-34
MCHC	14.8	g/dL	32-36
RDW-CV	13.4	%	11.6-14.8
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Past History: She had no major illnesses in the past and was apparently healthy.

Family History : Mother - Hypertension
 Father – Diabetes mellitus

The following symptoms were considered for repertorization:

- Anxiety
- Workaholic

- Anaemia
- Headache
- Weakness
- Headache aggravated by sour food
- Headache ameliorated by cold drinks
- Increased appetite
- Desires for sweets

The reportorial result that followed using stimulare software :

The screenshot shows the 'Symptom Analysis Report' window. The top part lists 10 symptoms with their corresponding book references and generalities. The bottom part is a table of remedies with columns for each symptom and a 'Total (Marks/Rub)' column.

Remedy(277)	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	Total (Marks/Rub)
SEP	2	3	3	3	3	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	24/10
ARS		3	3	3	1	2	2	-	1	3	1												19/9
PHOS		3	3	2	3	1	3	-	-	3	1												19/8
SULPH		3	3	2	-	2	3	-	3	3	-												19/7
CALC		3	3	2	1	-	1	-	2	3	1												16/8
NAT-C		2	2	2	-	1	2	-	2	3	1												15/8
KALI-C		3	2	1	1	-	3	-	2	3	-												15/7
MERC		3	3	2	-	-	2	-	1	2	-												15/7
CHIN		3	3	-	-	1	-	-	3	3	1												14/6
NUX-V		2	3	2	-	1	2	-	1	2	-												13/7
CARB-V		2	2	2	-	-	2	-	2	3	-												13/6
CAUST		2	2	-	3	1	2	-	-	3	-												13/6
STAPH		3	2	2	-	2	2	-	-	2	-												13/6
NIT-AC		3	3	2	-	-	2	-	-	3	-												13/5

Details of the treatment is given below:

First prescription (11 February 2023)-

Sepia 200/3 doses – OD for 3 days
 Placebo 200 TID/ 15days

Basis of prescription:

In terms of reportorial analysis, Sepia covered 10/10 symptoms and Arsenicum album covered 9/10 symptoms. In this case Sepia was selected based on reportorial analysis and the constitution of the patient was similar to that of Sepia.

Follow up:

1. 20/02/2023 – Patient is feeling better No fresh complaints, no weakness and headache reduced
 Advice – Placebo 200 TID/!5 days

2. 5/03/2023 – Paleness reduced No complaints of headache noted in the past month Advice – Rx Placebo 200 TID/15days
3. 20/03/2023 – Patient is feeling better No complaints of weakness and headache Anxiety reduced
 Advice- Sepia 200 OD for 3 days Placebo- 15 days
4. 18/04/2023 – Patient is feeling better No paleness noted Advice- Rx Placebo 200 TID/ 30 days
5. 05/05/2023 – Hb- 10.4gm/dl No fresh complaints noted Menstrual flow improved
 Advice - Rx Sepia 200 OD/3days Placebo 200 TID/30days

PROCESSED AT:

Thyrocare
 SCA-711, 3rd Floor,
 HRBR 2nd Block,
 Hennur, Bengaluru-560043



Thyrocare Technologies Limited, D-37/3, TTC MIDC, Turbhe, Navi Mumbai - 400703 | 98706 66333 | wellness@thyrocare.com

9 out of 10 Doctors Trust that Thyrocare Reports are Accurate & Reliable

NAME : SAVITHRI (34Y/F)
REF. BY : DR M PRAKASH KUMAR
TEST ASKED : HEMOGRAM
PATIENTID : TT21216797
HOME COLLECTION:
 3RD BLOCK RAJAJINAGAR BANGALORE - 560010

TEST NAME	VALUE	UNITS	Bio. Ref. Interval.
TOTAL LEUCOCYTES COUNT (WBC)	9.33	X 10 ³ / µL	4.0 - 10.0
NEUTROPHILS	55.6	%	40-80
LYMPHOCYTE	31.5	%	20-40
MONOCYTES	3.6	%	2-10
EOSINOPHILS	5.1	%	1-6
BASOPHILS	0.9	%	0-2
IMMATURE GRANULOCYTE PERCENTAGE(IG%)	0.3	%	0.0-0.5
NEUTROPHILS - ABSOLUTE COUNT	5.19	X 10 ³ / µL	2.0-7.0
LYMPHOCYTES - ABSOLUTE COUNT	2.94	X 10 ³ / µL	1.0-3.0
MONOCYTES - ABSOLUTE COUNT	0.34	X 10 ³ / µL	0.2 - 1.0
BASOPHILS - ABSOLUTE COUNT	0.08	X 10 ³ / µL	0.02 - 0.1
EOSINOPHILS - ABSOLUTE COUNT	0.4	X 10 ³ / µL	0.02 - 0.5
IMMATURE GRANULOCYTES(IG)	0.03	X 10 ³ / µL	0.0-0.03
TOTAL RBC	5.2	X 10 ⁶ /µL	4.5-5.5
NUCLEATED RED BLOOD CELLS	0.01	X 10 ³ / µL	0.0-0.5
NUCLEATED RED BLOOD CELLS %	0.01	%	0.0-5.0
HEMOGLOBIN	10.4	g/dL	13.0-17.0
HEMATOCRIT(PCV)	43.9	%	40.0-60.0
MEAN CORPUSCULAR VOLUME(MCV)	92	fL	83.0-101.0
MEAN CORPUSCULAR HEMOGLOBIN(MCH)	27	pg	27.0-32.0
MEAN CORPUSCULAR HEMOGLOBIN CONC(MCHC)	32.3	g/dL	31.5-34.5
RED CELL DISTRIBUTION WIDTH - SD(RDW-SD)	41.1	fL	39-46
RED CELL DISTRIBUTION WIDTH (RDW-CV)	12.4	%	11.6-14.0
PLATELET DISTRIBUTION WIDTH(PDW)	10.1	fL	9.6-15.2
MEAN PLATELET VOLUME(MPV)	8.1	fL	7.5-8.3
PLATELET COUNT	289	X 10 ³ / µL	150-410
PLATELET TO LARGE CELL RATIO(PLCR)	21	%	19.7-42.4
PLATELETCRIT(PCT)	0.28	%	0.19-0.39

Remarks: Alert!!! **SRBCs-Mild** anisopoikilocytosis. Predominantly normocytic normochromic with ovalocytes. **Platelets-Sparse** adequate in smear.

Please Correlate with clinical conditions.

Method: Fully automated bidirectional **analyser** (6 Part Differential SYSMEX XN-1000)

(This device performs hematology analyses according to the Hydrodynamic **Focusing** (DC method), Flow Cytometry Method (using a semiconductor laser), and SLS- hemoglobin method)

-- End of report --

Sample Collected on (SCT) : 05 May 2023 10:00
Sample Received on (SRT) : 05 May 2023 14:06
Report Released on (RRT) : 05 May 2023 15:27
Sample Type : EDTA
Labcode : 1810074741/BAN03

Dr Syeda Sumaiya MD(Path)

Dr Ashwin Mathew MD(Path)

- 6. 16/06/2023 – no fresh complaints Advice – Rx Sepia 1 M 1dose Placebo 200 TID/30 days
- 7. 10/07/2023 – Hb – 12.8gm/dl Patient is feeling better Placebo 200 TID/30 days

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EOSINOPHILS - ABSOLUTE COUNT	0.4	X 10 ³ / μL	0.02 - 0.5
IMMATURE GRANULOCYTES(IG)	0.03	X 10 ³ / μL	0.0-0.03
TOTAL RBC	4.86	X 10 ⁶ /μL	4.5-5.5
NUCLEATED RED BLOOD CELLS	0.01	X 10 ³ / μL	0.0-0.5
NUCLEATED RED BLOOD CELLS %	0.01	%	0.0-5.0
HEMOGLOBIN	12.0	g/dL	13.0-17.0
HEMATOCRIT(PCV)	43.9	%	40.0-50.0
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RED CELL DISTRIBUTION WIDTH - SD(RDW-SD)	42.1	fL	39-46
RED CELL DISTRIBUTION WIDTH (RDW-CV)	13.4	%	11.6-14.0
PLATELET DISTRIBUTION WIDTH(PDW)	10.1	fL	9.6-15.2
MEAN PLATELET VOLUME(MPV)	7.8	fL	7.5-8.3
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Remarks: Alert!!! **Microcytic** anisopoikilocytosis. Predominantly normocytic normochromic with ovalocytes. **Platelets** adequate in smear.

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-- End of report --

Sample Collected on (SCT) : 10 July 2023 09:30
Sample Received on (SRT) : 10 July 2023 12:10
Report Released on (RRT) : 10 July 2023 13:35
Sample Type : EDTA
Labcode : 1B10074741/BAN03

Dr Syeda Sumaiya MD(Path)

Dr. Ashwin Mathew MD(Path)

Results:

After prescription of Sepia in various potencies, menstrual cycle became regular, no weakness, reduced anxiety and headache reduced. After treatment, serum haemoglobin level increased from 8.0 mg/dl to 12.4 mg/dl.

Discussion:

Iron deficiency anaemia occurs in body due to low dietary intake, poor iron absorption, increased iron need in body or chronic blood loss. Iron deficiency

anaemia affects the functioning of organs. Most common form of iron deficiency anaemia is microcytic anaemia. It mainly affects females of puberty and child bearing age. It causes fatigue, muscular weakness, decreased appetite, irritability and blood in stool.

Because of reduction in red blood cells, decreases the ability to absorb oxygen from the lungs. Serious problems can occur in prolonged and severe anaemia that is not treated. Anaemia can lead to secondary organ dysfunction or damage,

including heart arrhythmia and heart failure. Homoeopathy literatures mention several medicines for the conditions in which a similimum can help a patient to cure iron deficiency anaemia. Homoeopathic remedies can offer gentle and safe cure with highest satisfaction of patient after treatment.

In this case, there was scanty menses, weakness, fatigue, anxiety and headache. Severe Pallor was present. Her appetite was decreased. Her serum Hb level was 8.0 mg/dL. She was tall, pale and lean. Proper case taking and repertorization was done. Sepia 200 was prescribed to this patient after referring homoeopathic materia medica. After treatment her menses became regular and other symptoms improved. In this case, Sepia was prescribed in various potencies like 200, 1M, Although the case was successfully treated, patient visited regularly for follow ups which also helped in quick recovery of patient.

Conclusion:

In this case study Homoeopathic treatment has shown positive results in the treatment of iron deficiency anaemia. It reconfirms the importance of Individualised Homoeopathic treatment based on holistic basis rather than particular pathological diagnosis.

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