

Homoeopathic approach in anaemia- a case report

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Abstract- Anaemia is a medical condition in which the red blood cell counts or the haemoglobin (Hb) is below the normal range (Hb in an adult male: 14-18 gm/dl and in adult female: 12-16 gm/dl) for the patient's age and sex. In conventional treatment, large material doses of crude inorganic iron are used. In homoeopathy, it can be improved by potentised homoeopathic simillimum. A case of iron deficiency anaemia of 20 years old female is presented in this article, responded commendatory with single individualised medicine *Natrum muriaticum*. A good result of iron assimilation in the body was observed over a period of 7 months.

Keywords- anaemia, homoeopathy, haemoglobin, *Natrum muraticum*, iron deficiency.

Abbreviations- haemoglobin (Hb), gram per decilitre (gm/dl), outpatient department (OPD), thrice a day (TDS)

Introduction- Iron deficiency is the most common nutritional deficiency which causes anaemia since iron is a major component of haemoglobin and essential for its proper function. It develops when body does not get enough quantity of iron from food for a long time and unable to fulfill the need or when iron losses exceed iron intake¹. The reported case is 20 years old, hindu, vegetarian, female (student) , belonging to a middle socio-economic family, residing in rural area who came to our OPD (12564) of Dr. M.P.K. Homoeopathic Medical College, Hospital and Research Centre (A constituent college of Homoeopathy University) on 18/01/2019 with the complaints as follows –

1-Generalised weakness and pain all over body since 7-8 months

Location- whole body, severe pain in bilateral calf muscle

Sensation- weakness, patient feels so tired to do any work/household work, gets tired easily and wants to lie down always.

<slight exertion++, night++,>rest++, lying down++, pressure

2- Difficulty in breathing since 4 -5 months

Sensation- heaviness in chest during expiration

<ascending stairs, slight exertion, >rest, lying down.

3- Headache since 6 months

Location- whole head

Sensation-weakness, heaviness, restless during headache

<whenever she gets exposed to sun heat++ (both in summer and winter), >pressure, rest

History of presenting complaints-After suffering from typhoid 12 months back, she gradually developed pain all over the body along with other complaints.

Past treatment history- Took allopathic treatment for typhoid.

Patient as a whole-

- Appetite- diminished since 9 months after typhoid fever. Did not feel hunger. Although she took 2 meals/day, and half to one chapatti/meal.

- Thirst- thirsty++, drink water frequently, 1/2 – 1 glass of water at small interval.
- Desire- Pickles++ (mango), sour food++, adds extra raw salt++
- Perspiration- Profuse, more on the face, offensive, but non-staining.
- Menstrual history-Menarche-14 years,LMP-15/1/19, M/H- 5-6 D/22-30D since menarche
 Onset- Sometimes early (1 week before or after last LMP), sometimes delayed
 Quantity- Sometimes scanty, sometimes profuse
 Duration - 5-6 days. After 4 days there is only intermittent spotting for the whole day (when profuse), 2-3days (when scanty)
 Colour of blood- red

Consistency- liquid. No clots.

Felt so weak during menses.

- Thermal reaction- hot (keeps all the windows open when the rest of the family feels cold)

Mentals – Did not like to share her personal affairs/problems easily. She had 1-2 friend, but she hardly shared. Her dominating father did not allow her to study further. Her father wanted her marriage but she did not want to get married now. She was angry, but unable to express, always controlled. After this, she did not like sharing her problems even with family members, said “there is no use, no one will help”. Irritable, easily over small matters. She used to think a lot over small things/matter. Felt good when someone consoled her. She answered in limited words. She felt better when no one was around her. Cried easily but not in front of others, alone in a room.

General examination-

Height- 5’2”

Weight- 42kg

Built - Lean, thin, weak

Skin- Dry and lustreless

Nails- Brittle

Tongue- Dry

Pallor- Present in conjunctiva and palm

Eyes- Marked darkness under eyes

Oedema- Slight puffiness in hands, legs

Provisional diagnosis- Iron deficiency anaemia on the basis of clinical history, physical examination and confirmed by blood investigation ^{2,3}(Figure-1, 2)

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 Collegiate Hospital of Dr. M.P Khunteta Homoeopathic Medical College, (A Constituent College of Homoeopathy University)
 Plot No. 10,11,12 Hahnemann Marg, Diggi Malpura Road, Saipura, Sangner, Jaipur-302029

S. No. 78 Date: 18-1-19
 Patient Name: [Redacted] Age: 20 Sex: F
 Ref. by Dr. Neeta Sharma OPD No. 12564 IPD No. 724

HAEMATOLOGICAL EXAMINATION REPORT

Haemoglobin 4.4 gm%	Haematocrit (PCV) 18.1 %
TRBC 3.3 Millions/cu.mm	MCV 53.7 Cu. micrograms
TLC 6000 cu.mm	MCH 13.1 Micro-micrograms
DLC:	MCHC 24.3 %
Polymorphs 66 %	Reticulocytes Count %
Lymphocytes 28 %	PBF
Eosinophils 03 %	
Monocytes 03 %	
Basophile 03 %	
E.S.R. mm/First Hour(Westergren's)	
Total Platelets Count 5.20 Lacs/cu.mm	
TEC Cu.mm	
VEC %	

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TECHNOLOGIST PATHOLOGIST

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REPORT

NAME : [Redacted] SAMPLE COLLECTED AT :
 REF. BY : DR. NEETA SHARMA SATELLITE HOSPITAL
 TEST ASKED : FERRITIN JAIPUR - 302004

PATIENTID :	TEST NAME	TECHNOLOGY	VALUE	UNITS
	FERRITIN	C.L.I.A	10	ng/ml

Reference Range :
 Men: 22-322 ng/ml
 Women: 10-291 ng/ml
 Method : Fully Automated Bidirectionally Interfaced Chemi Luminescent Immuno Assay

Please correlate with clinical conditions.

-- End of report --

Figure-1(done on 18/01/2019)
 Figure2(done on 17/01/2019)

Case processing:

1. Mentals			
	Evaluation	Common/uncommon	Miasmatic analysis⁴
Introverted	3+	Uncommon	Psora-sycosis
Suppressed anger	3+	Uncommon	Psora
Wants to be alone	3+	Uncommon	Syphilis
Irritable	3+	Common	Psora
Overthinker	3+	Common	Psora
Cries early but alone	3+	Uncommon	Psora
Depressed	3+	Uncommon	Psora-syphilis
Wants to be consoled	3+	Uncommon	Psora
2. Physical generals			
Appetite- diminished	1+	Common	Psora
Thirst-thirsty	2+	Common	Psora
Desire- sour food, pickles, raw salt	2+	Uncommon	Psora-syphilis
Stool-loose but unsatisfactory	1+	Uncommon	Psora
Perspiration- profuse, offensive	1+	Common	Psora
Irregular menses	2+	Common	Psora
Thermal reaction- hot		Uncommon	Sycosis-

			syphilis
3. Particulars			
Pain all over body since 7-8 months < slight exertion++, > rest++, lying down++	3+	Common	Psora
Severe pain in bilateral calf muscle <night++> pressure.	3+	Common	Psora
Difficulty in breathing since 4 -5 months <ascending stairs, < slight exertion ++ > rest, lying down.	3+	Common	Psora
Pain in whole head <heat++, > lying down	2+	Common	Psora

Predominant miasm- Psora (where there is deficiency, it primarily covers psora miasm)^{4,5}

Repertorisation-As the generals were marked, this case was repertorised with the help of the *Synthesis Repertory* from RADAR 10.0 version. (Figure-3)

	nat-m.	sulph.	calc.	ign.	Phos.	staph.	sep.	lach.	verat.	lyc.	cocc.	plb.	ruta	bell.	bry.	nux-v.	puls.	arg.
1. MIND - RESERVED (123) 1	3	1	2	2	3	2	1	1	1	1	1	1	1	1	1	1	2	1
2. MIND - AILMENTS FROM - anger - suppressed (47) 1	2	-	-	2	1	3	1	-	-	3	1	-	1	-	-	-	1	-
3. MIND - COMPANY - aversion to (252) 1	4	2	1	3	1	3	3	2	1	2	-	2	1	2	2	3	2	2
4. MIND - SADNESS (634) 1	3	3	3	2	2	3	3	3	3	2	2	2	2	2	2	2	3	2
5. GENERALS - FOOD and DRINKS - salt - desire (115) 1	4	1	2	-	4	1	1	-	4	-	1	2	1	-	-	-	-	3
6. GENERALS - FOOD and DRINKS - pickles - desire (39) 1	1	2	-	1	-	1	2	2	1	-	-	-	1	-	-	-	-	-
7. GENERALS - FOOD and DRINKS - sour food, acids -... (153) 1	2	2	2	2	1	2	2	3	1	2	1	-	1	2	-	2	1	-
8. HEAD - PAIN - sun - exposure to sun; from (69) 1	2	2	2	1	1	-	-	3	-	-	2	1	-	3	3	2	3	-
9. FEMALE GENITALIA/SEX - MENSES - irregular (110) 1	1	2	2	1	2	2	2	1	2	2	1	1	2	1	2	1	3	-
10. EXTREMITIES - PAIN - Legs - Calves - night (14) 1	-	1	1	-	-	-	-	-	-	1	-	-	-	-	-	-	1	-
11. GENERALS - EXERTION; physical - agg. - slight exertion (5) 1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
12. GENERALS - REST - amel. (178) 1	2	1	2	1	2	2	1	1	1	1	2	2	1	3	3	3	-	-

Figure-3- Repertorisation sheet from RADAR 10.0 version

Selection of remedy- *Natrum muriaticum* was selected on the basis of repertorisation (Figure-3) and after the consultation of materia medica, considering the symptom similarity^{6,7}.

Selection of potency and dose - 1 dose of *Natrum muriaticum* 200 was prescribed.

18/1/19: *Natrum muriaticum* 200/1 dose, *Rubrum* 30/TDS for 7 days

General management- Iron rich diet.

Follow-ups-

Date	Changes in signs and symptoms	Prescription	Justification
1/02/2019	Status quo	<i>Natrum muriaticum</i> 200/1 dose <i>Rubrum</i> 30/TDS for 14 days	No changes observed initially. Medicine was repeated.
15/02/2019	Weakness, bodyache and breathing difficulty persistent. Slight relief in pain of bilateral calf muscles <Night	<i>Phytum</i> 200/1 dose <i>Rubrum</i> 30/ TDS for 14 days.	Changes observed and placebo was given.

1/03/2019	Patient absent due to her marriage. Complaints persistent. Relief ++ in pain of calf muscles- told by the attendant.	<i>Natrum muriaticum</i> 200/1 dose <i>Rubrum</i> 30/TDS for 14 days.	Changes observed slightly, therefore <i>Natrum muriaticum</i> was repeated again.
16/03/2019	Pt absent. Her father told -Relief in calf muscles pain, but not much as it was before. Bodyache ++ and breathing difficulty persistent.	<i>Natrum muriaticum</i> 200/1 dose <i>Rubrum</i> 30/TDS for 14 days.	In view of no further improvement, same potency of the medicine was prescribed.
29/03/2019	Intensity of bodyache reduced. Difficulty in breathing, persistent Relief in headache.	<i>Phytum</i> 200/1 dose <i>Rubrum</i> 30/TDS for 14 days	Changes observed and placebo was given.
12/04/2019	Intensity of pain reduced. Relief in breathing difficulty	<i>Natrum muriaticum</i> 200/1 dose <i>Rubrum</i> 30/TDS for 14 days	Marked improvement observed and placebo was given.
26/04/2019	Hb-5.7gm% (Figure-4) Intensity of bodyache and difficulty in breathing reduced. Appetite slight increased. Oedema after exertion.	<i>Placebo</i> 200 /1 dose <i>Rubrum</i> 30/TDS for 14 days	Considering the changes in blood report, medicine was repeated.
10/05/2019	Relief in bodyache++ and difficulty in breathing	<i>Natrum muriaticum</i> 200/1 dose <i>Rubrum</i> 30/TDS for 14 days	Marked improvement observed and placebo was given.
24/05/2019	Relief in bodyache++.oedema absent. Patient having proper diet. Dark circles reduced.	<i>Phytum</i> 200/1 dose <i>Rubrum</i> 30/TDS for 14 days	Marked improvement observed and placebo was given.
07/06/2019	Hb-8.9% (Figure-5) bodyache reduced. .Relief++ in difficulty in breathing Pallor reduced .Weight-45 kg	<i>Natrum muriaticum</i> 200/1 dose <i>Rubrum</i> 30/TDS for 14 days.	Slight changes observed and placebo was given.
21/06/19	Relief in bodyache+++ Slight difficulty in breathing.	<i>Phytum</i> 200/1 dose <i>Rubrum</i> 30/TDS for 14 days	Marked improvement observed and placebo was given.
05/07/19	Felt well. Relief++ in difficulty in breathing.	<i>Phytum</i> 200/1 dose <i>Rubrum</i> 30/TDS for 14 days	Marked improvement observed and placebo was given.
19/07/19	No complaints. Dark circles and pallor reduced, weight- 46 kg Ferritin- 150 ng/ml (figure-6)	<i>Natrum muriaticum</i> 200/1 dose <i>Rubrum</i> 30/TDS for 14 days	As there was marked improvement and medicine was repeated.
05/08/19	Hb-11.6 (Ffigure-7)	<i>Phytum</i> 200/1 dose <i>Rubrum</i> 30/TDS for 14 days	Marked improvement observed and placebo was given.
18/08/19	No complaints, patient was stable. Dark circles around eyes and pallor reduced, No swelling present. Weight-47 kg	<i>Natrum muriaticum</i> 1M/1 dose <i>Rubrum</i> 30/TDS for 14 days	High potency of medicine was given lastly due to long duration of action.

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 Plot No. 10,11,12 Hahnemann Marg, Diggi Malpura Road, Saipura, Sanganeer, Jaipur-302029

S. No. 733 Date 26.04.19
 Patient Name [REDACTED] Age 20 Sex F
 Ref. by Dr. [REDACTED] OPD No. 12564 IPD No. [REDACTED]

HAEMATOLOGICAL EXAMINATION REPORT

Haemoglobin <u>5.7</u> gm% TRBC <u>[REDACTED]</u> Millions/cu.mm TLC <u>[REDACTED]</u> cu.mm DLC: Polymorphs <u>[REDACTED]</u> % Lymphocytes <u>[REDACTED]</u> % Eosinophils <u>[REDACTED]</u> % Monocytes <u>[REDACTED]</u> % Basophile <u>[REDACTED]</u> % E.S.R. <u>[REDACTED]</u> mm/First Hour(Westergran's) Total Platelets Count <u>[REDACTED]</u> Lacs/cu.mm TEC <u>[REDACTED]</u> /Cu.mm VEC <u>[REDACTED]</u> %	Haematocrit (PCV) <u>[REDACTED]</u> % MCV <u>[REDACTED]</u> Cu. micrograms MCH <u>[REDACTED]</u> Micro-micrograms MCHC <u>[REDACTED]</u> % Reticulocytes Count <u>[REDACTED]</u> % PBF <u>[REDACTED]</u> %
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TECHNOLOGIST [REDACTED] PATHOLOGIST [REDACTED]

Figure-4 (done on 26.04.2019)

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S. No. 905 Date 7/6/19
 Patient Name [REDACTED] Age 20 Sex F
 Ref. by Dr. Neeti Sharma OPD No. 1254110 IPD No. 12004

HAEMATOLOGICAL EXAMINATION REPORT

Haemoglobin <u>8.9</u> gm% TRBC <u>[REDACTED]</u> Millions/cu.mm TLC <u>[REDACTED]</u> cu.mm DLC: Polymorphs <u>[REDACTED]</u> % Lymphocytes <u>[REDACTED]</u> % Eosinophils <u>[REDACTED]</u> % Monocytes <u>[REDACTED]</u> % Basophile <u>[REDACTED]</u> % E.S.R. <u>[REDACTED]</u> mm/First Hour(Westergran's) Total Platelets Count <u>[REDACTED]</u> Lacs/cu.mm TEC <u>[REDACTED]</u> /Cu.mm VEC <u>[REDACTED]</u> %	Haematocrit (PCV) <u>[REDACTED]</u> % MCV <u>[REDACTED]</u> Cu. micrograms MCH <u>[REDACTED]</u> Micro-micrograms MCHC <u>[REDACTED]</u> % Reticulocytes Count <u>[REDACTED]</u> % PBF <u>[REDACTED]</u> %
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TECHNOLOGIST [REDACTED] PATHOLOGIST [REDACTED]

Figure-5 (done on 07.06.2019)

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REPORT

NAME : [REDACTED] SAMPLE COLLECTED AT : Shiv hospital, JAIPUR - 302004
 REF. BY : DR. NEETA SHARMA
 TEST ASKED : FERRITIN

PATIENT ID	TECHNOLOGY	VALUE	UNITS
FERRITIN	C.L.I.A	150	ng/ml

Reference Range :
 Men: 23-322 ng/ml
 Women: 10-291 ng/ml
 Method : Fully Automated Bidirectional Interfacial Chemi Luminescent Immune Assay
 Please correlate with clinical conditions.

-- End of report --

Figure 6 (done on 18.07.2019)

DR. GIRENDRA PAL HOMOEOPATHIC HOSPITAL & RESEARCH CENTRE
 Collegiate Hospital of Dr. M.P. Khunteta Homoeopathic Medical College, Hospital & Research Centre (A constituent college of Homoeopathy University)
 Plot No. 10,11,12 Hahnemann Marg, Diggi Malpura Road, Saipura, Jaipur - 302029

S. No. 4024 Date 5/8/19
 Patient Name [REDACTED] Age 20 Sex F
 Ref. by Dr. Neeti OPD No. 12564 IPD No. 1486

HAEMATOLOGICAL EXAMINATION REPORT

Haemoglobin <u>11.6</u> gm% TRBC <u>5.1</u> Millions/cu.mm TLC <u>8700</u> cu.mm DLC: Polymorphs <u>60</u> % Lymphocytes <u>34</u> % Eosinophils <u>04</u> % Monocytes <u>02</u> % Basophils <u>[REDACTED]</u> % E.S.R. <u>[REDACTED]</u> mm/First Hour(Westergran's) Total Platelets Count <u>4.9</u> Lacs/cu.mm TEC <u>[REDACTED]</u> /Cu.mm VEC <u>[REDACTED]</u> %	Haematocrit (PCV) <u>40.3</u> % MCV <u>66.0</u> Cu. micrograms MCH <u>88.8</u> Micro-micrograms MCHC <u>28.4</u> % Reticulocytes Count <u>[REDACTED]</u> % PBF <u>[REDACTED]</u> % RBC <u>[REDACTED]</u> % WBC <u>[REDACTED]</u> % Platelet <u>[REDACTED]</u> %
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TECHNOLOGIST [REDACTED] PATHOLOGIST [REDACTED]

Figure-7 (done on 5/8/2019)

Discussion and conclusion- Considering the law of similar and action of *Natrum muriaticum* on blood, made it the best suitable medicine in such case to cure. There are many medicines are given in homoeopathic literature and clinically proved for treatment of anaemia^{6,7} but for better results, homoeopathic medicine can be selected on the individualisation of the case. In case of anaemia, there is a lack of iron in the blood, which cannot be fully rectified with the addition of extra iron in the shape of food or medicine. Thus, we see the scope of homoeopathy lies in enhancing the nutritional absorption, cell production, controlling the destruction and thereby maintaining stable levels.

References-

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