An Evidence Based Clinical Case Study to Assess Effectiveness of Homoeopathy in Case of Anemia

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ABSTRACT

Anemia is defined as a low number of red blood cells. In a routine blood test, anemia is reported as a low hemoglobin or hematocrit. Hemoglobin is the main protein in your red blood cells. It carries oxygen, and delivers it throughout your body. In anemia, hemoglobin level will be low too. If it is low enough, tissues or organs may not get enough oxygen. Homeopathic remedies could be a ray of hope for such patients. While conventional treatment advocates the supplementation of deficient nutrients artificially, homeopathy recommends natural sources instead, namely eating fruits like apples, dates and amla, and vegetables like brinjal, beetroot, broccoli, and spinach. Homeopathic remedies work towards removing or reducing the tendency of anaemia and tackling causative factors, rather than temporarily treating the condition or offering symptomatic relief.

KEYWORDS: Anemia, Hematocrit, Homoeopathy, Individuality International Journal

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INTRODUCTION

Anemia is not in itself a disease, it just gives an indication towards various medical conditions associated with diseases. Anemia refers to a reduction of red blood cell count or decreased haemoglobin level. Since the red cell production is reduced or the red blood cells are destroyed at a high rate, the end result is weakness, fatigue and various other symptoms. Homeopathic remedies provides a complete cure for anemia. The natural Homeopathic medicines are free from any side effects and are very effective in the treatment of Anemia.

Various Causes And Types of Anemia

Haemorrhage: After accidental trauma, heavy bleeding during periods in women or bleeding during childbirth, bleeding in medical conditions like gastric ulcers, inflammatory bowel disease, cancer of gut, parasitic manifestation in gut-like hook worm, Schistosomiasis.

Iron deficiency: Iron Deficiency Anemia is common during pregnancy and lactation and from acute haemorrhage or chronic blood loss. The cause is either a decreased intake of iron rich diet or impaired absorption of iron in the gut.

Deficiency of Vitamin B12 or Folic Acid: It leads to Megaloblastic Anemia.

Pernicious Anemia: This type of Anemia arises from an autoimmune disorder where there is atrophy of gastric mucosa with the resultant decrease in parietal cells and intrinsic factor produced by these cells. Intrinsic factor is required to absorb Vitamin B12. So, in Pernicious Anemia, defective absorption of Vitamin B12 is the cause and not its nutritional deficiency.

Haemolytic Anemia: It is a result of destruction of red blood cells as in malaria, and abnormal red blood cells prone to breakage as in Sickle Cell Anemia.

Thallasemia: An inherited disorder in which the haemoglobin production is impaired.

Symptoms of Anemia

Pallor; weakness or fatigue; vertigo; mouth soreness; difficulty in breathing or shortness of breath; palpitation; jaundice in Haemolytic Anemia; Koilonychia (spoon-shaped nails) in Iron Deficiency Anemia; pica (desire to eat strange indigestible things including chalk, clay, lime, dry rice, etc) in Iron Deficiency Anemia; gastric symptoms (like diarrhoea, nausea and vomiting); tingling and numbness of limbs in Pernicious Anemia.

In men, anemia is typically defined as hemoglobin level of less than 13.5 gram/100 ml and in women as hemoglobin of less than 12.0 gram/100 ml. Anemia is caused by either a decrease in production of red blood cells (decreased erythropoiesis) or hemoglobin, or an increase in loss (usually due to bleeding) or destruction of red blood cells.

Scope of Homoeopathy in Anemia:-

Homeopathy treats the person as a whole. It means that homeopathic treatment focuses on the patient as a person, as well as his pathological condition. The homeopathic medicines are selected after a full

individualizing examination and case-analysis, which includes the medical history of the patient, physical and mental constitution, family history, presenting symptoms, underlying pathology, possible causative factors etc. A miasmatic tendency (predisposition/susceptibility) is also often taken into account for the treatment of chronic conditions.

Clinical Case Report Study:-

A 31-years-old lady, approached on 15/04/2021 for her complaints of weakness and easily getting fatigued after slightest exertion. She was suffering from the complaints since 3-5 months and was facing following symptoms, such as headache, dizziness, drowsiness, no willingness for doing any work as it caused very much tiredness and fatigue. She had taken allopathic medicine such as iron supplements, vitamin supplements, etc for all these complaints but no cure was perceptible, once the medication stopped the complaints reappear. On examination her skin, nails and conjunctiva appeared pale and tongue showed map like condition and pale. She felt very thirsty whole day and needed to drink water every now and then. Excessive perspiration especially on palms.

PRESENTING COMPLAINTS:-

LOCATION	SENSATION	MODALITIES	CONCOMITANTS
System, Location, Origin, Duration, Frequency, Progress	Pathology with Intensity	Should consider Reportorial rubrics	Can eliminate all other symptoms for prescription
CVS BLOOD ANEMIA	Weakness on slight exertion Fatigue Excessive perspiration on palms	>lying down	Violent aching Headache as if hammering which generally started in morning and aggravated as day progressed and relieved on sunset

PAST HISTORY:-

Diseasessufferedfrom	Age at	Duration	Medicines & treatment taken		
Hypertension	08 years	Till now	Allopathic medication		

FAMILY HISTORY:-

RELATION TO PATIENT	DISEASE SUFFERING FROM	ALIVE/ DEAD	CAUSE OF DEATH	
Father	HTN & IHD	Alive		
Sister	Diabetes mellitus	Alive	000000000000000000000000000000000000000	

PERSONAL HISTORY:-

- ACCOMODATION: Good
- **ECONOMIC STATUS:- Sound**
- DIET & FOOD HABITS:- desire for raw salt, but now doesn't take due to HTN
- **HOBBIES:-** Listening music
- Vaccination: done as per schedule
- ➤ LIFE SPACE INVESTIGATION:-
 - BIRTH & EARLY DEVELOPMENT:- All the milestones were achieved normally
 - BEHAVIOUR DURING CHILDHOOD:-Jolly natured
 - EDUCATION:- B.COM
 - OCCUPATIONAL HISTORY:- Housewife
 - MARITAL HISTORY :- Normal
 - CHILDREN:- One (Male)

GYNAECOLOGICAL HISTORY:-

Nothing specific was observed. She had normal cycle of 27+/- 2 days

OBSTETRIC HISTORY:-

> Full term normal delivery was done.

GENERAL SYMPTOMS:-

A. PHYSICAL GENERALS:-

- > APPEARANCE:- Lean, thin person
- TASTE:- not specific
- > THIRST:- thirst for large quantity of water
- > STOOL:- Constipated with hard stool
- ➤ URINE:- frequent urging for urination with Mapped tongue offensiveness of urine
- SWEAT:- Profuse, especially on palms
- SLEEP:- sound

B. MENTAL GENERALS:-

Patient complained that she has now become very absent minded. And cant concentrate while doing work mannier times got injury while cutting vegetables.

Headache starts immediately if she gets some work and she has to think a lot about its management and excessive exertion on thinking and mental work triggers headache. On questioning what she thinks when she is not able to concentrate or about absent mindedness, she said I continuously think about things for which I had to listen without my fault. I feel very angry but cant tell it to anyone. And that thing goes on in my mind and then I keep on crying when alone and cant get that thing out of my mind. I get panic attacks especially at night and when I get anxious I start biting my nails.

EXAMINATION:-

GENERAL EXAMINATION:-

- Face pale
- Skin, nails and conjunctiva showed pallor
- Tongue showed map like condition

> SYSTEMIC EXAMINATION:-

Nothing specific was observed in other systemic examinations.

DIAGNOSIS:-

All the features and the examinations are strongly suggestive of ANEMIA

CASE PROCESSING:-

- > Analysis of symptoms :-
- **Mental Generals:-**

Absent mindedness

A/F Mental exertion

A/F suppressed anger

Anxiety especially at night and biting nails during

Difficulty in concenteration

Brooding over past events

Physical generals:-

Thirst for large quantity of water

Profuse perspiration especially on palms

Urine offensive and frequent urging for urination Hard stool

Dizziness, weakness on slightest exertion and

Desire for raw salt in meals

Physical particulars:-

Headache as if hammering

Developme Pallor of skin, nails and conjunctiva

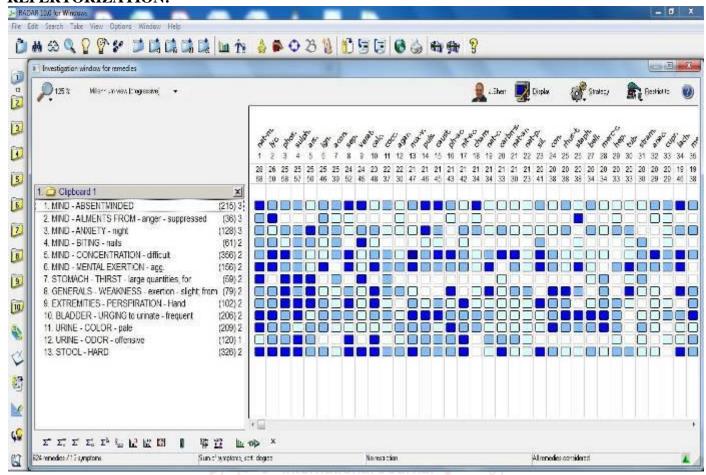
Evaluation of symptoms:-

- Absent mindedness
- A/F Mental exertion
- A/F suppressed anger
- Anxiety especially at night and biting nails during
- Difficulty in concenteration
- Headache as if hammering
- Mapped tongue
- Pallor of skin, nails and conjunctiva
- Thirst for large quantity of water
- Profuse perspiration especially on palms
- Urine offensive and frequent urging for urination
- Hard stool
- Dizziness, weakness on slightest exertion and fatigue

POTENTIAL DIFFERENTIATING FIELD:-

- Craving for excessive salt in meals
- > Brooding over past events
- ➤ Headache with sensation as if hammering
- ➤ Headache started in morning and aggravated as day progressed and relieved on sunset
- > Mapped tongue
- Pallor of skin, nails and conjunctiva

REPERTORIZATION:-



PRESCRIPTION:-

On 15/04/2021, according to the basis of reportorial result, intensity of mental symptoms, susceptibility and referring to potential differentiating field the remedy and potency selected was,

- NATRUM MURIATICUM 1M SINGLE DOSE STAT ORALLY
- SAC-LAC 4X3X7 DAYS

> FOLLOW UP:-

02/05/2021:-

- Patient was feeling much better in the general complaints,
- Better in complaints of weakness
- Complaint of frequent urging for urination and headache still present
- Constipation was also relieved with 60 % but hardness in stool still present
- Mental complaints better
- RX :- NATRUM MURIATICUM 1M SINGLE DOSE STAT ORALLY SAC-LAC 4X3X30 DAYS

13/06/2021:-

- Patient was able to do her routine household chores without feeling fatigue
- Could concentrate on her work
- Was very happy as her complaints of weakness, fatigue and mental exertion relieved upto 80%
- Anxiety decreased
- Constipation and complaints of urination relieved.
- RX :- NATRUM MURIATICUM 1M SINGLE DOSE STAT ORALLY SAC-LAC 4X3X60 DAYS

10/08/2020:-

- Improvement in All the complaints
- Perceptible increase in haemoglobin levels
- Relief in all the physical as well as mental complaints.
- RX :- SAC-LAC 4X3X15 DAYS

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		TEST REPORT	
Reg. No.	: 2028003696	Reg. Date: 15-Apr-2021 13:39	Collected On : 15-Apr-2021 13:39
Name			Reported Date : 15-Apr-2021 19:13
Age	: 31 Years	Gender : Female Ref. No. :	Dispatch At :
Ref. By	:		Tele No. :
Location	:		

Test	Results	Unit	Bio. Ref. In	terval
	Comple	ete Blood Count		
Hemoglobin	07.8	g/dL	12.0 - 15.0	
RBC Count	4.24	X 10^12/L	3.8 - 4.8	
Hematocrit	40.0	%	36 - 46	
MCV	94.4	f∟	83 - 101	
MCH	31.3	pg	27 - 32	
MCHC	33.2	g/dL	31.5 - 34.5	
RDW-CV	13.40	%	11.5 - 14.5	
RDW-SD(calculated)	42.80	fL	36 - 46	
Total WBC count	5340	/µL	4000 - 1000	00
DIFFERENTIAL WBC COUNT	[%]	EXPECTED VALUES	[Abs]	EXPECTED VALUES
Neutrophils	63	38 - 70	3364	/cmm 1800 - 7700
Lymphocytes	27	21 - 49	1442	/cmm 1000 - 3900
Eosinophils	2	0 - 7	107	/cmm 20 - 500
Monocytes	8	3 - 11	427	/cmm 200 - 800
Basophils	О	0 - 2	0	/cmm 0 - 100
NLR (Neutrophil: Lymphocyte Ratio)	2.33	Ratio	1.1 - 3.5	
Platelet Count	177000	/cmm	150000 - 41	10000
PCT	0.16	ng/mL	< 0.5	
MPV	9.20	f∟	6.5 - 12.0	
PDW(calculated)	H 14.3	f∟	9 - 14	
P-LCR	26.600			

Test done from collected sample.

Generated On: 15-Apr-2021 19:13

This is an electronically authenticated report.

Approved by: Dr. Mahesh Vidja
M.D. (Path)

Approved On: 15-Apr-2021 13:52

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THE REAL PROPERTY.	THINK THEFT		TEST REPORT		
Reg. No.	: 2028002796	Reg. Date	: 13-Jun-2021 11:09	Collected On	: 13-Jun-2021 11:00
Name	•			Reported Date	: 13-Jun-2021 17:15
Age	: 31 Years	Gender	: Female Ref. No. 1	Dispatch At	4
Ref. By	I Dr. Nirey Genetra			Tele No.	1
Location	. Si				

Test		Results	Unit	Bio. Ref. In	terval	
P-0"		Comple	ete Blood Count		-	7
Hemoglobin		10.84	g/dL	12.0 - 15.0	1	
RBC Count		4.20	X 10^12/L	3.8 - 4.8		
Hematocrit		41.0	96.	36 - 46		
MOV		92.4	rt.	83 - 101		
MCH		33.3	PG	27 - 32		
MCHC		32.2	g/dL	31.5 - 34.5		
RDW-CV		14.40	196	11.5 - 14.5		
RDW-SD(calculated)		41.80	FL.	36 - 46		
Total WBC count		5240	/µL	4000 - 1000	00	
DIFFERENTIAL WEC COUNT		[%]	EXPECTED VALUES	[Abs]	12	EXPECTED VALUES
Neutrophils		64	38 - 70	3364	/emm	1800 - 7700
Lymphocytes		28	21 - 49	1442	/amm	1000 - 3900
Eosinophils		1	0 - 7	107	/omm	20 - 500
Monocytes		9	3 - 11	427	/emm	200 - 800
Basophila		0	0 - 2	0	/cmm	0 - 100
NLR (Neutrophil: Lymphocyte Ratio)		2.43	Ratio	1.1 - 3.5		
Platelet Count		187000	/omm	150000 - 41	10000	
PCT		0.16	ng/mL	< 0.5		
MPV		9.20	rt.	6.5 - 12.0		
PDW(calculated)	H	13	TL.	9 - 14		
P-LCR		26.600				

Test dans from calected sample:

This is an electronically authenticated report

Approved by: Dr. Mahesh Vidja M.D. (Path) Approved On: 13-Jun-2021 17:15

Generated On: 13-Jun-2021 17:15

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			V	ST REPORT			
Reg. No. Name	: 2028002798	1981404.7004	200.000.000.000	2021 12:05	Collected	Date	: 10-Aug-2021 12:05 : 11-Aug-2021 16:21
Age	; 31 Years	Gender	: Female	Ref. No. :	Dispatch		
Ref. By Location	: Dr. Nrev Genetre :				Tele No.		Š.
Test			Results	Unit	Bio. Ref. Int	erval	
1272777			Comp	lete Blood Count	1000		
Hemoglo	bin		13.62	g/dL	12.0 - 15 0		
RBC Cou	int		4.16	X 10^12/L	3.8 - 4.8		
Hematoc	rit		41.5	9%	36 - 46		
MCV			92.2	ri_	83 - 101		
MCH			33.5	PS	27 - 32		
MCHC			33.2	g/dL	31.5 - 34.5		
RDW-CV			13.40	96	11.5 - 14.5		
RDW-SD	(calculated)		44.80	rL.	36 - 46		
Total WE	IC count		6130	Aut.	4000 - 1000	0	
DIFFEREN	TIAL WBC COUNT		[%]	EXPECTED VALUES	[Abs]		EXPECTED VALUES
Neutroph	ils		66	38 - 70	3364	/cmm	1800 - 7700
Lymphoc	ytes		24	21 - 49	1442	/cmm	1000 - 3900
Eosinoph	iits		3	0 - 7	107	/emm	20 - 500
Monocyte	95		8	3-11	427	/emm	200 - 800
Basophile			0	0-2	0	/cmm	0 - 100
NLR (Ne Ratio)	utrophil: Lymphocyt	e	2.43	Ratio	1.1 - 3.5		
Platelet 9	Count		184000	/cmm	150000 - 41	0000	
PCT			0.16	ng/mL	< 0.5		
MPV			9.20	fL.	6.5 - 12.0		
PDW(cal	culated)	H	13	fL.	9 - 14		
P-LCR			26.600				
Test done from	collected sample.		This is	an electronically authenticat	ed report.	0	2
				App	roved by: Dr.	Mahes	n Vidja
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Conclusion:

A homeopathy doctor tries to treat more than just the arch and Research in Drug & Pharmaceutical Science presenting symptoms. The focus is usually on what loomen (IJRDPS), [online] 1(1), p.4. Available at: caused the disease condition? Why 'this patient' is sick 'this way'. The disease diagnosis is important but in homeopathy, the cause of disease is not just probed to the level of bacteria and viruses. Other factors like mental, emotional and physical stress that could predispose a person to illness are also looked for. No a days, even modern medicine also considers a large number of diseases as psychosomatic. The correct homeopathy remedy tries to correct this disease predisposition. The focus is not on curing the disease but to cure the person who is sick, to restore the health. If a disease pathology is not very advanced, homeopathy remedies do give a hope for cure but even in incurable cases, the quality of life can be greatly improved with homeopathic medicines.

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