

IMPORTANCE OF HOMOEOPATHY IN IRON DEFICIENCY ANEMIA

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ABSTRACT ^[1]

The World Health Organization identifies iron deficiency anemia (IDA) as the globe's most prevalent nutritional disorder, impacting 30% of all people. While heavy menstrual cycles and gastrointestinal haemorrhage are the primary drivers of this condition, it can also stem from insufficient dietary intake or impaired iron absorption. The clinical objective for those with IDA is to restore depleted iron reserves and normalise haemoglobin concentrations. Achieving these targets is associated with enhanced quality of life, reduced morbidity, better long-term management of chronic illnesses, and improved pregnancy outcomes. Furthermore, iron deficiency is a frequent complication in chronic inflammatory states, such as heart failure, chronic kidney disease, and inflammatory bowel disease.

This article is an attempt to embark the importance of different homoeopathic medicines for homoeopathic management of iron deficiency anemia

KEYWORDS

Homoeopathy, Iron deficiency anemia, Individual treatment.

INTRODUCTION [2]

Iron deficiency anemia is most commonest nutritional deficiency disorder throughout the world but its prevalence is higher in the developing countries. In india, Iron deficiency anemia more seen in female in compare to male. It most seen in poor ecomonic status, pregnant woman, elderly individual due to financial condition, increased requiredment and poor absorbtion.

Iron deficiency anemia occur when your body lack enough iron to make hemoglobin. Hemoglobin is important part of red blood cells, that carries oxygen to all over your body tissues. Without this, your body can't carry oxygen properly. This may causes extreme tiredness, weakness, pale skin , gliddiness etc. This article exhibit a review pathogenesis, clinical feature ,diagnosis and homoeopathic treatment.

EPIDEMIOLOGY [3]

Globally, the estimated prevalence of anaemia is 24.8% (95% CI: 22.9%–26.7%), affecting approximately 1.62 billion people worldwide. In this specific study conducted in India, the overall prevalence among beneficiaries was 53.2%, comprising 45.1% males and 54.9% females. Furthermore, in the 1 to 4-year age group, iron deficiency was recorded at 44.4%, with Rajasthan ranking 21st out of 30 states.

ETIOLOGY [4]

I. INCREASED BLOOD LOSS

Uterine: e.g., heavy menstrual bleeding during reproductive years, recurrent miscarriages, onset of menarche, or post-menopausal uterine bleeding.

Gastrointestinal: e.g., peptic ulcers, hemorrhoids, hookworm infection, stomach or large bowel cancer, esophageal varices, hiatus hernia, long-term aspirin use, ulcerative colitis, or diverticulosis.

Urinary/Renal Tract: e.g., hematuria or hemoglobinuria (blood in urine). Nasal: e.g., frequent nosebleeds (epistaxis).

Respiratory/Lungs: e.g., coughing up blood (hemoptysis). Acute blood loss: Trauma.

II. INCREASED IRON DEMAND

Rapid growth phases during infancy, childhood, and adolescence. Premature birth.

High demands during pregnancy and lactation (breastfeeding).

III. INSUFFICIENT DIETARY INTAKE

Low socioeconomic status leading to poor nutrition. Anorexia (poor appetite), for example, during pregnancy.

Nutritional gaps in elderly individuals due to poor dentition (teeth issues), apathy, or financial limitations.

IV. REDUCED ABSORPTION

Partial or total gastrectomy (surgical stomach removal). Achlorhydria (lack of stomach acid).

Intestinal malabsorption disorders, such as celiac disease.

PATHOGENESIS [5]

Iron deficiency anaemia occurs when the body's iron supply fails to meet the demands required for proper haemoglobin synthesis. In the early stages, a negative iron balance is temporarily compensated for by mobilizing iron from existing tissue stores, which helps sustain haemoglobin production. However,

once these tissue reserves are completely depleted, the supply of iron reaching the bone marrow becomes inadequate for haemoglobin formation, leading to the development of iron deficiency anaemia.

The onset of this condition typically stems from one or more of the following underlying factors:

1. Increased blood loss
2. Elevated iron requirements
3. Inadequate dietary intake
4. Decreased intestinal absorption

CLINICAL FEATURE [6]

Anaemia often serves as a red flag for underlying nutritional deficiencies or other health concerns.

While symptoms can vary, common, non-specific indicators often include:

- Fatigue or general exhaustion
- Light-headedness or dizziness

- Sensitivity to cold, particularly in the extremities
- Frequent headaches
- Labored breathing, especially during physical activity In more severe cases, symptoms may escalate to include:
 - Noticeable pallor in the skin, nail beds, or mucous membranes (such as inside the mouth or nose)
 - Elevated heart rate or rapid breathing
 - Orthostatic dizziness (feeling faint when rising to a standing position)
 - Increased tendency to bruise

DIFFERENTIAL DIAGNOSIS [7]

Iron Deficiency Anaemia (IDA): Characterized by depleted iron stores.

1. **Thalassemia Trait/Minor:** A genetic disorder affecting globin chain synthesis (often confused with IDA).
2. **Anaemia of Chronic Disease (ACD):** Seen in chronic infections, autoimmune diseases, or malignancies.
3. **Sideroblastic Anaemia:** A disorder where the body has iron but cannot incorporate it into haemoglobin.
4. **Lead Poisoning:** Heavy metal toxicity that interferes with heme synthesis.

INVESTIGATION [8]

1. **Haemoglobin (Hb) Estimation:** The haemoglobin level is variably reduced depending on the severity of the condition.
2. **Mean Cell Volume (MCV):** The MCV (an absolute value) is reduced, indicating microcytic red blood cells (abnormally small cells).
3. **Erythrocyte (RBC) Count:** The red blood cell count remains normal or is reduced to a lesser degree than what the haemoglobin level would

suggest.

4. **Peripheral Blood Smear (Blood Film):** Examination of the blood film reveals hypochromia (pale cells), microcytosis (small cells), and the presence of oval and elliptical cells, along with poikilocytes (abnormally shaped cells) and anisocytosis (cells of unequal sizes) in more severe cases.
5. **Leucocyte Count & Differential (DLC):** The white blood cell count and its differential leucocyte count (DLC) remain entirely normal.
6. **Platelet Count:** The platelet count is typically normal but may sometimes be raised (reactive thrombocytosis).
7. **Bone Marrow Iron Stores:** Assessment using the Prussian blue staining technique reveals completely empty bone marrow iron stores.
8. **Plasma Transferrin:** Levels of plasma transferrin are raised, reflecting the body's increased capacity to bind iron.
9. **Plasma Iron:** The concentration of circulating iron in the plasma is significantly reduced.
10. **Serum Ferritin:** Levels of serum ferritin (which reflect total body iron stores) are reduced, serving as one of the most reliable diagnostic markers

TREATMENT AND MANAGEMENT [9]

1. Treatment of the Cause

The primary step is to identify and treat the underlying root cause (e.g., hookworm infestation, heavy periods, or internal bleeding).

2. Dietary Management

Plant-based: Green leafy vegetables (spinach), nuts, dates, and custard apple , etc.

Animal-based: Meat and liver.

3. Iron Therapy

A) Oral Iron Therapy (Tablets) Ferrous Sulphate

Ferrous Gluconate Ferrous Fumarate

Absorption Modifiers: Vitamin C and stomach acid increase absorption, while calcium and phytates decrease it.

Dosage & Duration: Requires 200–300 mg of elemental iron daily. Must be continued for 6 months after hemoglobin normalizes to fully replenish body stores.

B) Parenteral Iron Therapy (Injections)

Indications: Used when oral tablets cause severe side effects, rapid replenishment is needed, bleeding is ongoing, or the gut cannot absorb iron.

Intramuscular (I.M.): Given deep into the muscle using the Z-track technique to prevent permanent skin discoloration.

Intravenous (I.V.): Diluted in normal saline or 5% dextrose and given directly into the vein.

4. Blood Transfusion

Indications: Reserved for severe cases with extreme blood loss, heart failure risk, or life-threatening low hemoglobin.

Supportive Meds: Diuretics (to prevent fluid overload) and antihistamines (to prevent allergic reactions) are given concurrently.

Response: Hemoglobin levels typically begin to rise within 3 days.

HOMOEOPATHIC MEDICINES FOR IRON DEFICIENCY ANEMIA. [10,11,12,13,14]

1. Ferrum Metallicum: The premier remedy for classic iron-deficiency anemia; specifically indicated when extreme paleness is accompanied by a sudden flushing or reddening of the face from minor physical exertion or emotional excitement.

2. Cinchona Officinalis (China): The leading choice for profound exhaustion and anemia triggered by an acute or chronic loss of vital body fluids, such as hemorrhages or heavy menstrual bleeding (menorrhagia).

3. Lecithin: Acts as an excellent metabolic stimulant that supports the rapid synthesis of red blood cells (RBCs) and elevates hemoglobin levels while helping correct underlying malnutrition.

4. Ferrum Phosphoricum: A vital biochemic tissue salt highly effective in the early stages of anemia; it aids blood oxygenation and assists the body in building healthy red blood cells.

5. Calcarea Phosphorica: A fundamental cell salt indicated for poor nutrient assimilation; it is frequently recommended for growing children, adolescents, or pregnant individuals

struggling with anemia due to impaired absorption.

6. Natrum Muriaticum: Indicated for anemic individuals presenting with a characteristically waxy or pale complexion, chronic tension headaches, rapid weight loss, and strong cravings for salty foods.

7. Arsenicum Album: Best suited for severe, debilitating cases of anemia marked by profound weakness, high anxiety, physical restlessness, and a pale, almost translucent appearance of the skin.

8. Alumina: Prescribed for deep-seated, chronic anemia closely linked with a severely sluggish digestive system, intense dryness of the skin and mucous membranes, and abnormal cravings (pica) for things like chalk, charcoal, or raw rice.

9. Phosphorus: Indicated for individuals of a tall, slender build who experience recurrent bleeding tendencies (such as frequent nosebleeds) alongside dizziness, heart palpitations, and a strong desire for ice-cold drinks.

10. Pulsatilla: Frequently selected for chlorosis (anemic paleness) in young women, especially when accompanied by delayed or highly irregular periods, a completely thirstless state, and a gentle, emotional temperament.

11. Calcarea Carbonica: Indicated for individuals who tire easily from slight exertion, experience profuse head-sweating during sleep, feel chronically chilly, and tend to put on weight easily despite poor nutrient assimilation.

12. Picric Acid: Indicated specifically when anemia is accompanied by intense muscular fatigue, profound mental burnout, and a heavy, worn-out sensation throughout the body after minimal activity.

13. Cyclamen Europaeum: Well-regarded for chlorotic anemic conditions presenting with severe dizziness, blurred vision or seeing spots before the eyes, and highly irregular menstrual cycles.

14. Helonias Dioica: Highly effective for anemia rooted in chronic pelvic congestion or uterine exhaustion, leaving the individual feeling excessively tired, sluggish, and emotionally weighed down.

15. Aletris Farinosa: Recognized historically as a potent uterine and digestive tonic; it targets profound exhaustion and anemia resulting from nutritional failure, weak digestion, and chronic heavy menstrual flow.

DISCUSSION AND CONCLUSION

Iron Deficiency Anemia (IDA) is a major global health challenge typically treated with oral iron supplements. While effective, conventional iron therapy frequently triggers

gastrointestinal side effects (nausea, vomiting) . A Classical homeopathy offers a systemic alternative. Rather than overloading the body with crude iron, remedies like Ferrum Metallicum and Calcarea Phosphorica target underlying gastrointestinal sluggishness. Homeopathy treats the individual holistically by addressing the specific origin of the anemia . Cinchona Officinalis (China) directly resolves the profound exhaustion caused by chronic blood loss (e.g., heavy periods or hemorrhages). Remedies like Natrum Muriaticum and Calcarea Carbonica address the patient's overall profile, treating concurrent symptoms like chronic headaches, emotional stress, and metabolic fatigue. By individualizing treatment, homeopathy provides a side-effect-free, complementary pathway to restoring optimal hemoglobin levels.

DECLARATION BY AUTHORS

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