

Anaemia and its Homoeopathic Management

Anemia management has to be planned considering the cause into picture. Finding the cause of anemia and treating that is the most crucial aspect in case of anemia.

In case of deficiency it should be treated with supplements and adequate dietary advise. In cases where a bleeding site is identified, that cause shall be treated and supplemented by a rightly chosen homeopathic medicine.

Anaemia refers to a state in which the level of haemoglobin in the blood is below the normal range appropriate for age and sex.

Around 30% of the total world population is anaemic and around 600 million people, have iron deficiency.

Clinical Assessment

- Dietary history to assess intake of iron and folate- they may be deficient in comparison to the requirements.
- History of sore tongue, dysphagia, dyspepsia, bleeding from any site & any symptoms of malabsorption are important.
- Past medical history- to know any chronic illness or disease that may cause anaemia or history of previous surgery.
- Family history – helps to find out haemoglobinopathies, hereditary spherocytosis and other causes for hereditary anaemias.
- Drug history- some drugs causes blood loss and haemolysis.
- Menstrual history- to know any history of menorrhagia.
- Gastrointestinal causes- it helps us to rule out any iron deficiency

due to malabsorption or blood loss.

- Smoking can produce polycythaemia & alcohol a variable degree of anaemia.

Iron Deficiency Anaemia

Iron deficiency anaemia occurs when iron losses or physiological requirements exceed absorption.

Serum ferritin, serum iron levels, transferrin saturation are low with increased TIBC. Hb, MCV, MCH & MCHC fall.

Causes

- Malabsorption is one of the important reasons for iron deficiency anaemia. Iron is absorbed from the upper part of small intestine, diseases like coeliac disease, gastric surgery, drugs, hypochlorhydria etc. can cause malabsorption of iron.
- Increased demand of iron during infancy, puberty, pregnancy, lactation can cause anaemia.
- Blood loss from gut due to colorectal malignancy, gastritis, peptic ulceration, inflammatory

bowel disease, bleeding piles, diverticulitis, polyps, hookworm etc. can cause iron deficiency. Bleeding from genito urinary tract can also cause IDA esp. in females.

- Women of child bearing age have depleted iron stores due to menstrual flow, pregnancy & breast feeding.

Clinical features of iron deficiency anaemia

- Weakness, effort intolerance & easy fatigability
- Dyspnoea
- Amenorrhoea or menorrhagia
- Hair loss
- Nail changes- thin, brittle, longitudinal ridges, flattening or concavity of nails
- Tongue – glossitis, angular stomatitis, smooth & pale tongue
- Pica- geophagia, pagophagia

Management

Ferrous sulphate or ferrous gluconate to be given for 3-6 months to replete iron stores. Intravenous iron dextran or sucrose may also be

needed occasionally for patients with malabsorption or chronic gut disease.

Oral iron supplements do not improve anaemia of chronic diseases.

Prevention

Fortification of food items such as common salt with iron.

Improvement in personal hygiene and treatment of worm infestation.

Iron supplements made essential during first 3 years of life & during pregnancy.

Anaemia of chronic disease

Anaemia occurs in chronic infection, chronic inflammation or neoplasia.

It is a normocytic normochromic anaemia (normal MCV). Serum iron is low but iron stores are normal or increased.

Pathogenesis:

A protein-HEPCIDIN produced by the liver due to high levels of inflammatory cytokines in chronic diseases binds to ferroportin on the membrane of iron exporting cells, internalizing the ferroportin and thereby inhibiting the export of iron from these cells into the blood. The iron remains trapped inside the cells in form of ferritin, levels of which are therefore normal or high.

Megaloblastic Anaemia

Deficiency of either vitamin B12 or folate or abnormality in metabolism of these vitamins results in this anaemia due to high plasma levels of homocysteine & impaired DNA synthesis.

This results in arrested nuclear maturation but normal cytoplasmic development. The mature red cells

are large & oval and contain nuclear remnants.

This anaemia is accompanied by leucopenia and thrombocytopenia.

In **Pernicious anaemia**-autoimmune destruction of chief and parietal cells of the body of stomach results in failure of secretion of IF, leading to malabsorption of vitamin B12.

Clinical features of Megaloblastic anaemia

- Malaise
- Breathlessness
- Parasthesiae
- Sore mouth
- Impotence
- Poor memory
- Depression
- Hallucinations
- Visual disturbance
- Altered skin pigmentation
- Grey hair
- Weight loss

Signs

- Smooth tongue
- Angular cheilosis
- Vitiligo
- Skin pigmentation
- Heart failure
- Pyrexia

Haemolytic Anaemia

When the rate of destruction of RBC'S exceeds its increased production rate, then haemolytic anaemia develops.

Haemolysis can be intra vascular or extravascular in reticulo endothelial cells in liver or spleen.

Causes of haemolytic anaemia

This can be classified as congenital

or acquired :

INHERITED red cell abnormalities resulting in chronic haemolytic anaemia may arise from

- Pathologies of the red cell membrane (hereditary spherocytosis, elliptocytosis),
- Pathology of haemoglobin (haemoglobinopathies-sickle cell anaemia, abnormal haemoglobinthalassaemia syndrome) or
- of protective enzymes which prevent cellular oxidative damage, such as G6PD, pyruvate kinase.

ACQUIRED causes include:

- Autoimmune haemolytic anaemia
- Alloimmune haemolytic anaemia
- Haemolytic disease of newborn
- Incompatible blood transfusion
- Mechanical haemolytic anaemias
- Microangiopathic haemolytic anaemia
- Paroxysmal nocturnal haemoglobinuria
- Chemicals, infections, burns

Clinical features

- Pallor
- Icterus
- Splenomegaly
- Haemolytic facies
- Ankle ulcers
- Pigment gallstones

Laboratory features of haemolysis:

- Increased bilirubin
- Increased LDH
- Increased reticulocytes
- Decreased haptoglobins
- Increased urinary urobilinogen
- Positive urine haemosiderin
- Blood smear- spherocytes, fragmented RBC'S
- Direct antiglobulin test- positive in auto immune haemolysis.

Investigation

- Peripheral smear
- Haemoglobin, haematocrit & red cell indices
- MCV-Investigations are based on the size of the red cells.
- RBC, leucocyte, platelet count
- Reticulocyte count
- ESR
- Iron profile- serum ferritin, serum iron and total iron binding capacity, transferrin,
- Bone marrow examination
- Hb electrophoresis
- Vitamin B12, shilling test
- Folate deficiency
- Plasma lactate dehydrogenase
- Endoscopy & barium studies to investigate upper & lower GI tract bleeding.
- Serum endomysial antibodies to detect coeliac disease.
- Stool and urine examination for parasites.

Management

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A totality based remedy can be helpful to correct the absorption of iron as well in treating the cause of blood loss.

Few common remedies for anemia are following:

Alumina

Anaemia and chlorosis in young girls at puberty; menses pale and scanty,

with abnormal cravings for indigestible things; profuse albuminous leucorrhoea.

Argentum nitricum

Shortness of breath, without lungs or heart being affected; sallow complexion from defective oxydation of the blood; heart-burn, dyspepsia; irritative flatulent gastralgia; round ulcer of stomach (local failure of nutrition); menses irregular, scanty or copious; spinal irritation, albuminuria, tendency to diarrhoea; constant desire for candy or sugar

Arsenicum album

Disintegration of the blood-corpuscles; rapid, excessive prostration, with sinking of the vital forces; oedema; violent and irregular palpitations, with marked appetite for acids or brandy, emaciation, wants to be in a warm room; debility from overtaxing muscular tissues by prolonged exertion; extreme restlessness and fear of death; gastro-ataxia; pernicious anaemia

China officinalis

Complaints from loss of animal fluids, be it blood, semen, diarrhoea, leucorrhoea or overlactation; great debility, trembling, aversion to exercise; palpitations with rush of blood to head, and redness of face with cold hands; heaviness of head, with loss of sight, fainting and ringing in ears; sleeplessness; intolerance of fruits.

Ferrum metallicum

Pure anaemia with appearance of false plethora; face ashy pale or greenish, becomes bright red in flushes; great paleness of mucous membranes; bellows sound of the heart and anaemic murmurs of the arteries and veins; vomiting as soon

as food is taken, with relief of gastralgic pains, prostration with lethargic dulness; animal food not desired, nor is it well borne by the stomach if taken into it; anaemia of chlorotic girls and women.

Helonias dioica

Debility and languor from affections of the genito-urinary organs; atony of all the organs from indolence and luxury; feels better when attention is engaged by outside matters; anaemia and atony from prolonged haemorrhage, especially from uterine atony.

Hydrastis canadensis

Atony, weakness, faintness and prostration from dyscrasic disorders injuring normal blood-formation; carcinoma, etc.; marasmus; expression dull; skin sallow, yellowish-white; bad effects from Merc.

Kalium carbonicum

Frequent chilliness, every time patient goes out of doors; he becomes chilly from deficiency of red blood-corpuscles in the blood; vertigo when turning head rapidly or from riding in a carriage, with humming in ears; weakness of sight from sexual indulgence.

Natrium carbonicum

Pallid anaemia, with great debility, milky-white skin; vitality below par; emaciation; nervousness and anxiety, aggr. during a thunderstorm; playing on piano or hearing music makes her nervous; inertia in psoric, phlegmatic persons.

Natrium muriaticum

Blood impoverished; anaemia from loss of fluids; malarious cachexia; emaciation; skin harsh, dry, yellow; great exhaustion from any little exertion of mind or body; palpitation, with sensation as if a

bird's wing were fluttering in left chest; pressure and distension of stomach; constipation, with contraction of anus; terrible sadness.

Nux vomica

Anaemia from gastro-intestinal derangement, especially in persons of sedentary habits or given to high living or debauchery.

Pulsatilla pratensis

Chloro-anaemic women, always complaining of feeling chilly, and still feeling better in the fresh air; feels worn out, all tissues relaxed; peevish, but not irascible; slow, phlegmatic temperament; after failure of iron and China.

Sepia officinalis

Chloro-anaemia, with irritability and even vehemence and complete aversion to her usual household duties; pelvic congestion.

Diet

Diet has a very important role in management of anemia and a dietary advise shall always be included in treatment plan. Foods

to be avoided in case of anemia are Chocolates, Excessive tea and caffeine, Fizz drink, Refined flour(maida), Processed food and Alcohol

Foods that can be advised to be increased are broccoli ,Spinach, Cauliflower

Cabbage, Ginger, Walnuts ,Berries – all kinds – strawberries, blueberries – add to your everyday salads and desserts ,Beetroot ,Egg ,Black gram ,Chick peas ,All kinds of nuts, Flax seeds, Beans and Green leafy vegetables

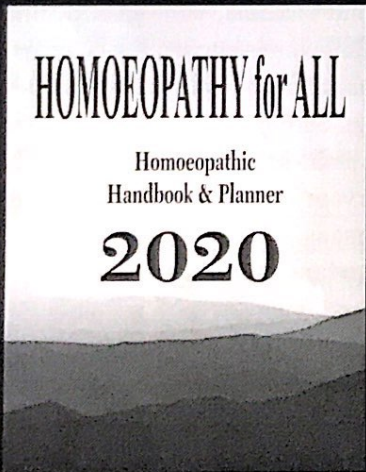
A case example

A female 22 years old came to our clinic with severe dysmennorhoea and acne. On routine investigation her haemoglobin was found out to be 9.5 gm%, serum iron was 22 ug/dl, s. transferrin saturation was 6 %, s. ferritin 4.9 ng/mL, all were below normal range. Considering that haemoglobin chromatography, HPLC was a done which was within normal limits. After taking

complete case with all her generals & characteristic symptoms, constitutional remedy Ignatia Amara 200 was prescribed. Regular follow ups were done and her dysmennorhoea went away and acne improved. Gradually acne before menses stopped to appear. She was advised iron supplements but it caused severe constipation and patient refused to take the supplements. With that reason she was given she was prescribed ferrum met 6x/bd along with Ignatia Amara 200. Repeated haemograms show iron profile and haemoglobin improved to 11.5 gm.%.

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