CONTENTS

HomeoBuzz

CONTINUING MEDICAL INFORMATION

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Dear Readers,

"To keep the body in good health is a duty... otherwise we shall not be able to keep our mind strong and clear."- Gautama Buddha. Gandhi once opined that, "It is health that is real wealth, and not pieces of gold and silver." Counseled by such wise words highlighting the importance of health, one should scrutinize their cerebrum that what is more important for their survival.

In the present era everyone is chasing the doors of money and fame which seems to be worthless if succeeded at the cost of health. Health is the state of being free from physical as well as mental illness. First of all, understand that unhealthy habits like smoking, eating junk food cost you much.

For maintaining health, body requires many different vitamins and minerals that are crucial for development and putting an end to diseases. A nutritional deficiency occurs when the body doesn't absorb the necessary amount of nutrient. Deficiency accelerates to many health problems. These include problems of digestion, skin diseases, anaemia, bone diseases etc. They are not produced naturally in the body, so have to be taken through the diet. So, a slight dietary change will help, like in anaemia sufferer should include more meat, eggs, poultry, vegetables and cereals.

Government of India has also initiated many programs to control, prevent and combat various nutritional deficiencies like for goiter, anaemia, mid day meal scheme in schools etc. One of the program is National nutritional anaemia prophylaxis program which aims at significantly decreasing the prevalence and incidence of anaemia in women in reproductive age group, especially pregnant and lactating women, and preschool children.

Some doesn't have sufficient resources to masticate a nutrient rich diet while those who have, don't give importance to health. Very few sole take the time to care for themselves with busy lifestyles and schedules. However, taking care of you is the best way of ensuring a long healthy life, not only physically, but also mentally. So protect your health by carefully attuning your diet, work and play.

Kuldeep Jain
Chief Editor

Dear Doctors,

Developing healthy eating habit is not as laborious as most of the individual conceptualize. Lifestyle offers many choices. Among them choosing a balanced diet is one of the most paramount factors that lead to a healthy and nuisance free life.

Anaemia is one of the most prevalent nutritional deficiency disorders in the world. It is not a disease in itself instead it's a sign (like fever) that the body has a problem with its red blood cells. It is a symptom of serious socio-economic illness. Pre-school age children, pregnant women, non-pregnant women of child bearing age are the most vulnerable to develop anaemia. Other than the pregnant and lactating mother, the scenario is not good. Adolescent girls who constitute a sizeable segment of the country also come under the vulnerable group due to having heavy menstrual periods.

If anaemia is not treated it becomes a cause of underlying chronic ill health such as impaired fetal development during pregnancy, delayed cognitive development, increased risk of infections in young children and reduced physical capacity in all people. The results of anaemia are tragic what most of the citizenry don't realize.

There is weighty need for improving the nutritional status of the population by regular blood test to check haemoglobin levels, suggesting nutritious dietary management with therapeutics to the patient. Superficially anaemia appears to be simply a physical ailment result of poor dietary intake with low iron. Priority of the treatment is to improve the oxygen supply to the tissues, if the complaint is not treated properly with in time, it will flourish. Homeopathy holds the most optimum therapeutic solution. The aim of homeopathy is not only to treat anaemia but to identify the under lying cause and individual susceptibility.

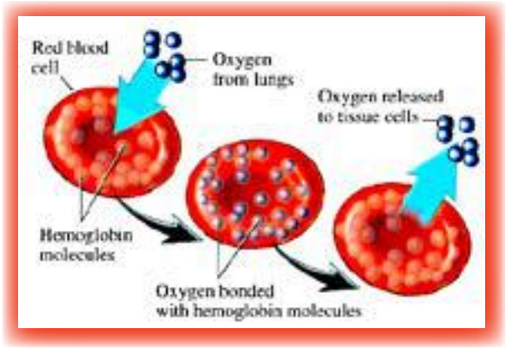
So, here I'm going to discuss about the anaemia "the silent killer". Here we go…

Dr. Sana Parveen
Editor

Anaemia

Anaemia is a condition in which the number of red blood cells or their oxygen-carrying capacity is insufficient to meet physiologic needs, which vary by age, sex, altitude, smoking, and pregnancy status.[1]

In adults, the lower extreme of the normal haemoglobin is taken as 13.0 g/dl for males and 11.5 g/dl for females. Newborn infants have higher haemoglobin level and, therefore, 15 g/dl is taken as the lower limit at birth, whereas at 3 months the normal lower level is 9.5 g/dl.



Clinical features of anaemia reflect diminished oxygen supply to the tissue. A rapid onset of anaemia (e.g. due to blood loss) causes more profound symptoms than a gradually developing anaemia. Individuals with cardio respiratory disease are more susceptible to symptoms of anaemia.

Clinical Assessment

- Iron deficiency anaemia is the most common type of anaemia worldwide. A thorough gastrointestinal history is important, looking in particular for symptoms of blood loss. Menorrhagia is the common cause of anaemia in pre-menopausal females.
- A dietary history should assess the intake of iron and folate, which may be deficient in comparison to needs.
- Past medical history may reveal a disease which is known to be associated with anaemia, such as rheumatoid arthritis
- Family history and ethnic background may raise suspicion of hemolytic anaemia.
- A drug history may reveal the ingestion of drugs which cause blood loss, hemolysis or aplasia.

IRON DEFICIENCY ANAEMIA

Iron deficiency is the most common and widespread nutritional disorder in the world.[2]

A few salient facts[2]

- In developing countries every second pregnant woman and about 40% of preschool children are estimated to be anaemic.
- In many developing countries, iron deficiency anaemia is aggravated by worm infections, malaria and other infectious diseases such as HIV and tuberculosis.
- The major health consequences include poor pregnancy outcome, impaired physical and cognitive development, and increased risk of morbidity in children and reduced work productivity in adults. Anaemia contributes to 20% of all maternal deaths.

As well as affecting a large number of children and women in developing countries, it is the only nutrient deficiency which is also significantly prevalent in Industrialized Countries. The numbers are staggering: 2 billion people-over 30% of the world's population – are anaemic, many due to iron deficiency, and in

resource-poor areas, this is frequently exacerbated by infectious diseases Malaria, HIV/AIDS, hookworm infestation, schistosomiasis, and other infections such as tuberculosis are particularly important factors contributing to the high prevalence of anaemia in some areas.[2]

Iron deficiency affects more people than any other condition, constituting a public health condition of epidemic proportions. More subtle in its ma nifestations than, for example, protein-energy malnutrition, iron deficiency exacts its heaviest overall toll in terms of ill-health, premature death and lost earnings.[2]

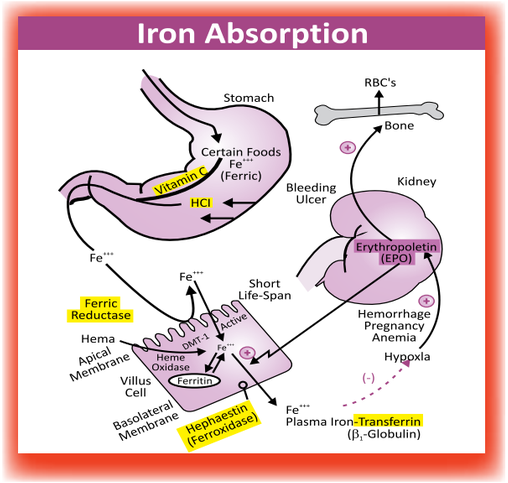
Iron deficiency and anaemia reduce the work capacity of individuals and entire populations, bringing serious economic consequences and obstacles to national development. Overall, it is the most vulnerable, the poorest and the least educated that are disproportionately affected by iron deficiency, and it is they who stand to gain the most by its reduction.[2]

Iron metabolism

The amount of iron obtained from the diet should replace the losses from the skin, bowel and genitourinary tract. These losses together are about 1 mg daily in an adult male or in a non-menstruating female, while in a menstruating woman there is an additional iron loss of 0.5-1 mg daily. The iron required for haemoglobin synthesis is derived from 2 primary sources—ingestion of foods containing iron (e.g. leafy vegetables, beans, meats, liver etc) and recycling of iron from senescent red cells.

Absorption of iron

Iron is absorbed mainly in the duodenum and proximal jejunum. Iron absorption is impaired by factors like medicinal antacids, milk, pancreatic secretions, phytates, phosphates, ethylene diamine tetra-acetic acid (EDTA) and tannates contained in tea.



Causes

1) Increased blood loss

i. Uterine e.g. excessive menstruation in the reproductive years, repeated miscarriages, at the onset of menarche, post menopausal uterine bleeding.

ii. Gastrointestinal e.g. peptic ulcer, hookworm infestation, hemorrhoids, cancer of stomach and large bowel, chronic aspirin ingestion.

iii. Renal tract e.g. haematuria (presence of blood in urine), haemoglobinuria (presence of haemoglobin in urine).

iv. Nose e.g. repeated epistaxis.

v. Lungs e.g. haemoptysis (coughing up of blood).

2) Increased requirements

i. Spurts of growth in childhood, infancy and adolescence.

ii. Prematurity.

iii. Pregnancy and lactation.

3) Inadequate dietary intake

i. Poor economic status.

ii. Anorexia (lack/loss of appetite) e.g. in pregnancy.

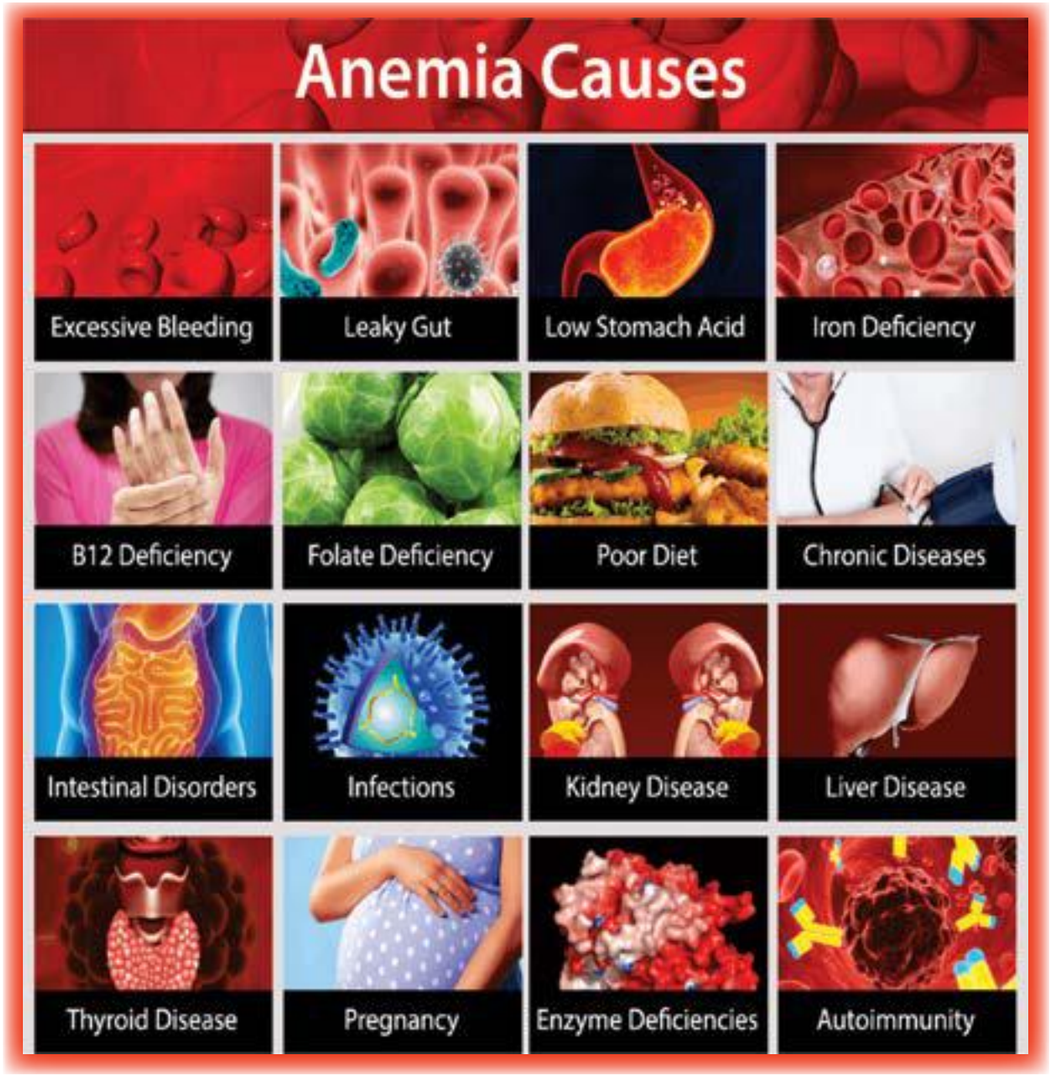
iii. Elderly individuals due to poor dentition, apathy and financial constraints.

4) Decreased absorption

i. Partial and total gastrectomy (all or part of the stomach is surgically removed).

ii. Achlorhydria (absence of hydrochloric acid in gastric secretion).

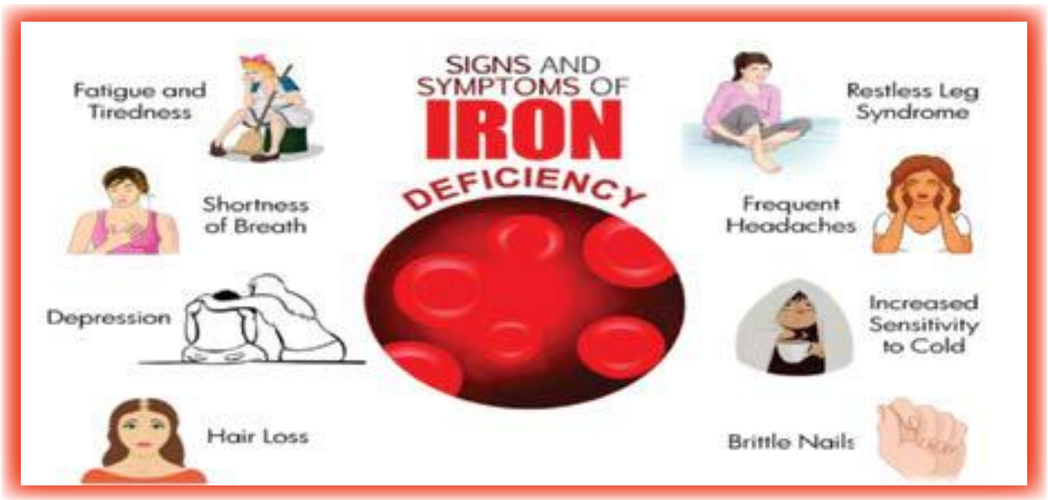
iii. Intestinal malabsorption.



Symptoms

In symptomatic cases of anaemia, the presenting features are:

- Tiredness,
- Easy fatigability,
- Generalized muscular weakness,
- Lethargy
- Headache.
- In older patients, there may be symptoms of cardiac failure, angina pectoris, intermittent claudication, confusion and visual disturbances.



Signs

A few general signs common to all types of anaemia

1. Pallor- Pallor is the most common and characteristic sign which may be seen in the mucous membranes, conjunctivae and skin.
2. Cardiovascular system- A hyper dynamic circulation may be present with tachycardia, collapsing pulse, cardiomegaly, midsystolic flow murmur, dyspnoea on exertion, and in the case of elderly, congestive heart failure.
3. Central nervous system- The older patients may develop symptoms referable to the CNS such as attacks of faintness, giddiness, headache, tinnitus, drowsiness, numbness and tingling sensations of the hands and feet.
4. Ocular manifestations- Retinal haemorrhages may occur if there is associated vascular disease or bleeding diathesis.
5. Reproductive system- Menstrual disturbances such as amenorrhea and menorrhagia and loss of libido are some of the manifestations involving the reproductive system in anaemic subjects.

6. Renal system- Mild proteinuria and impaired concentrating capacity of the kidney may occur in severe anaemia.
7. Gastrointestinal system- Anorexia, flatulence, nausea, constipation and weight loss may occur.

Investigations

After obtaining the full medical history pertaining to different general and specific signs and symptoms, the patient is examined for evidence of anaemia.

Special emphasis is placed on color of the skin, conjunctivae, sclera and nails. Changes in the retina, atrophy of the papillae of the tongue, rectal examination for evidence of bleeding, and presence of hepatomegaly, splenomegaly, lymphadenopathy and bony tenderness are looked for. In order to confirm or deny the presence of anaemia, its type and its cause, the following plan of investigations is generally followed, of which complete blood counts (CBC) with reticulocyte count is the basic test.

1. Blood picture and red cell indices: The degree of anaemia varies. It is usually mild to moderate but occasionally it may be marked (haemoglobin less than 6 g/dl) due to persistent and severe blood loss. The salient hematological findings in these cases are as under.

i. Haemoglobin: The first and foremost investigation in any suspected case of anaemia is to carry out haemoglobin estimation. The essential feature is a fall in haemoglobin concentration up to a variable degree. In pregnancy, there is haemodilution and, therefore, the lower limit in normal pregnant women is less (10.5 g/dl) than in the non-pregnant state.

ii. Red cells: The red cells in the blood film are hypochromic and microcytic, and there is anisocytosis (variation in size of RBCs) and poikilocytosis (variation in shape of RBCs).

iii. Reticulocyte count: The reticulocyte count is normal or reduced but may be slightly raised (2-5%) in cases after haemorrhage.

iv. Absolute values: The red cell indices reveal a diminished MCV (below 50 fl), diminished MCH (below 15 pg), and diminished MCHC (below 20 g/dl).

v. Leucocytes: The total and differential white cell counts are usually normal.

vi. Platelets: Platelet count is usually normal but may be slightly to moderately raised in patients who have had recent bleeding.

2. Biochemical findings: In addition to blood and bone marrow examination, the following biochemical tests are of value:

i. The **serum iron** level is low (normal 40-140µg/dl); it is often under 50µg/dl. When serum iron falls below 15µg/dl, marrow iron stores are absent.

ii. **Total iron binding capacity (TIBC)** is high (normal 250-450µg/dl) and rises to give less than 10% saturation (normal 33%). In anaemia of chronic disorders, however, serum iron as well as TIBC is reduced.

iii. **Serum ferritin** is very low (normal 30-250ng/ml) indicating poor tissue iron stores. The serum ferritin is raised in iron overload and is normal in anaemia of chronic disorders.

iv. **Red cell protoporphyrin** is very low (normal 20-40µg/dl) as a result of insufficient iron supply to form haem.

v. **Serum transferrin receptor protein** which is normally present on developing erythroid cells and reflects total red cell mass is raised in iron deficiency due to its release in circulation (normal level 4-9 µg/L as determined by immunoassay).

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Diet plan

Good sources of iron include:

- Liver and other meat.
- Seafood.
- Dried fruits like apricots, prunes and raisins.
- Nuts.
- Beans, especially lima beans.
- Green leafy vegetables, such as spinach and broccoli.
- Blackstrap molasses.
- Whole grains.
- Iron-fortified breads and cereals (check the label).

1. Eating iron rich foods with vegetables or vitamin C pills or foods rich in vitamin C will aid iron absorption.
2. Some foods block the absorption of iron. These include coffee, tea, egg whites, milk, fiber, and soy protein. Try to avoid these when you're eating food high in iron.

MEGALOBLASTIC ANAEMIA

This result from deficiency of vitamin B12 or folic acid, or from disturbances in folic acid metabolism.

Etiological classification of megaloblastic anaemia

1. Vitamin B12 deficiency

i. Inadequate dietary intake. (Strict vegetarians, breast-fed infants)

ii. Malabsorption. (congenital lack of intrinsic factor, Crohn's disease, tropical sprue, fish-tapeworm infestation etc)

2. Folate deficiency

i. Inadequate dietary intake. (alcoholics, teenagers, infants, old age, poverty)

ii. Malabsorption. (celiac disease, tropical sprue, Crohn's disease etc)

iii. Excess demand. (pregnancy, lactation, tuberculosis, malignancy etc)

iv. Excess urinary folate loss. (e.g. acute liver disease, congestive heart failure)

Clinical features

- **Anaemia-** Macrocytic megaloblastic anaemia.
- **Glossitis-** Patient has smooth, beefy, red tongue.
- **Neurological manifestation-** Sub acute combined, degeneration of the spinal cord and peripheral neuropathy, while folate deficiency may occasionally develop neuropathy only. Signs and symptoms include numbness, paraesthesia, weakness, ataxia, poor finger coordination and diminished reflexes.

Investigations

1. Blood picture and red cell indices:

i. **Haemoglobin-** Haemoglobin estimation reveals values below the normal range.

ii. **Red cells-** Red blood cell morphology in a blood film shows the characteristic macrocytosis.

iii. **Reticulocyte count-** The reticulocyte count is generally low to normal in untreated cases.

iv. **Absolute values-** The red cell indices reveal an elevated MCV (above 120 fl) proportionate to the severity of macrocytosis, elevated MCH (above 50pg) and normal or reduced MCHC.

v. **Leucocytes-** The total white blood cell count may be reduced.

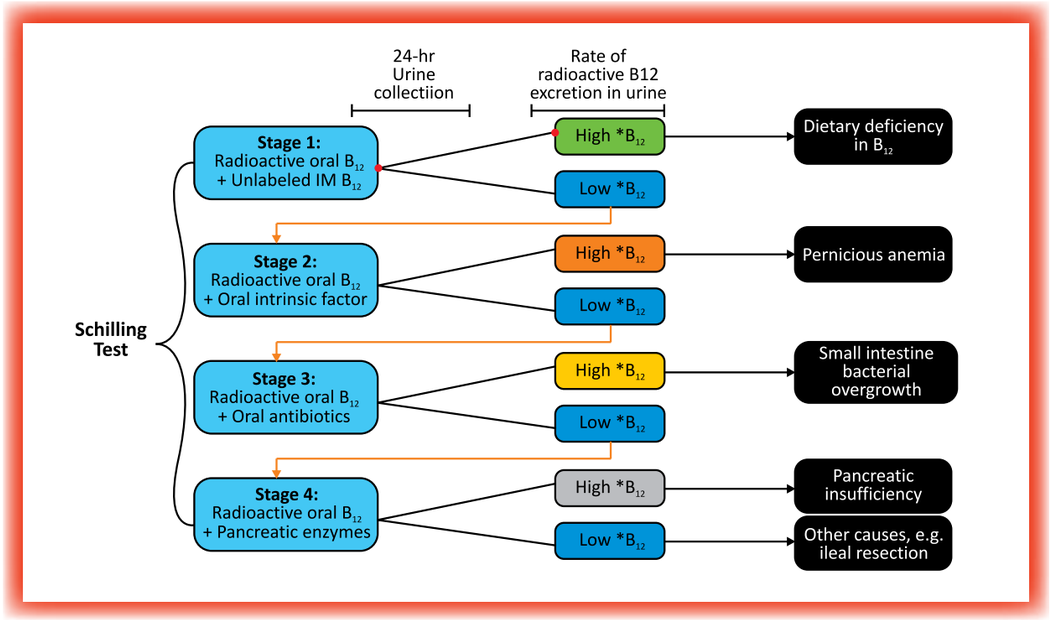
vi. **Platelets-** Platelet count may be moderately reduced in severely anaemic patients.

2. Biochemical findings:

i. Tests for vitamin B12 deficiency

a) Serum vitamin B12 assay

b) Schilling test



c) Serum enzyme level- serum determination of methylmalonic acid and homocysteine by sophisticated enzymatic assays. Both are elevated in cobalamine deficiency, while in folate deficiency there is only elevation of homocysteine and not of methylmalonic acid.

ii. Tests for folate deficiency

a) Urinary excretion of FIGLU

b) Serum folate assay

c) Red cell folate assay

HOMEOPATHIC APPROACH:

It is important to find out the exact cause of anaemia and correct the dietary deficiency. In many cases it is digestive and assimilative potential of the patient that is the culprit. Homeopathic medicines are good at correcting such states of the body. anaemia can be treated with homeopathic system along with proper dietary management. There is no specific homeopathic remedy for anaemia. Medicines are selected in the basis of individual symptoms.

1. Ferrum Phosphoricum

- In pale, anaemic subjects with violent local congestions. Ferr-p. increases haemoglobin. Haemorrhages, bright from any orifice. Anaemia. Emaciation. Takes cold easily.[5]
- It is generally indicated in the pale and anaemic subjects, who, in spite of want of blood and exhaustion, are subject to sudden gushes of bleeding.[6]
- The general weakness is like the low vitality of the phthisical inheritance.[7]

2. Ferrum Metallicum

- Extreme paleness of the face, lips and mucous membranes which become red and flushed on the least pain, emotion or exertion. Blushing (Amyl., Coca).[9]
- Women who are weak, delicate, chlorotic, yet have a fiery red face.[9]
- The patient is ameliorated by moving gently about, but any exertion tires and causes faintness.[7]

3. China Officinalis

- Debility from exhausting discharges, from loss of vital fluids, together with a nervous erythrism, calls for this remedy.[8]
- Face pale, Hippocratic; eyes sunken and surrounded by blue margins; pale, sickly expression as after excesses; toothache while nursing the child.[9]
- Hahnemann has taught us that Cinchona is useful only when debility or anaemia comes from loss of fluids.[10]

4. Phosphoricum Acidum

- Adapted to persons of originally strong constitutions, who have become debilitated by loss of animal fluids; sexual excesses (cinch.); violent acute diseases; chagrin; a long succession of moral emotions, as grief, care, disappointed affections.[9]
- Vertigo toward evening, when standing or walking.[8]

5. Glycerinum

- It disturbs nutrition in its primary action, and, secondarily, seems to improve the general state of nutrition. (Dr. Wm.B. Griggs).[8]

- Glycerin has proved itself to be a tissue builder and is of undoubted value in marasmus. It seems to affect most of the organs and tissues of the body. General sense of exhaustion.[5]
- Glycerin seems to have a remarkable effect on balancing the general metabolism. Headache with a sense of fullness in the head and throbbing, aggravated by motion.[5]

6. Natrium Phosphoricum

- Spinal anaemia, paralytic weakness of the lower extremities, with general prostration, heaviness and sensation of fatigue, especially after a short walk or ascending steps; legs give way, so as to be unable to progress farther. (Arndt.)[11]

7. Natrium Muriaticum

- For the anaemic and cachectic; whether from loss of vital fluids profuse menses, seminal losses or mental affections.[9]
- In anaemic conditions, where the blood is thin and watery; in chlorotic conditions, with an almost habitual feeling of coldness in the back; chlorosis in young girls, with dead, dirty skin, frequent palpitation, oppression and anxiety in the chest, morning cough, easily fatigued and prostrated, with the characteristic tongue, etc.; malarious cachexia, from ague and Quinine, sallow complexion or very pale, pressure and distension of the stomach, constipation with contraction of the anus, terrible sadness.[11]
- Great emaciation; losing flesh while living well (Abrot., Iod.); throat and neck of children emaciate rapidly during summer complaint (Sanic.).8 Emaciation takes place from above downward.[7]

8. Phosphorus

- Young people who grow too rapidly are inclined to stoop (to walk stooped, Sulph.); who are chlorotic or anaemic; old people, with morning diarrhoea.[9]
- Over sensitiveness of all the senses to external impressions, light, noise, odors, touch.[9]
- Nervous, weak; desires to be magnetized (Sil.).[9]

9. Pulsatilla Pratensis

- Patients, anaemic or chlorotic, who have taken much iron, quinine and tonics, even years before.[9]
- When first serious impairment of health is referred to age of puberty.[8]

10. Aletris Farinosa

- An anaemic, relaxed condition, especially of the female organism, is portrayed by this remedy.[8]
- The patient is tired all the time, and suffers from prolapsus, leucorrhoea, rectal distress, etc. Marked anaemia. Chlorotic girls and pregnant women.[8]

11. Arsenicum Album

- Great exhaustion after the slightest exertion.[8]
- Anaemia and chlorosis.[8]
- Great anguish and restlessness. Changes place continually. Fears, of death, of being left alone.[8]

12. Kalium Phosphoricum

- Conditions arising from want of nerve power, neurasthenia, mental and physical depression, are wonderfully improved this remedy.[8]

- The causes are usually excitement, overwork and worry.[8]
- In cases from rapid decomposition of the blood corpuscles and muscle juice, such as haemorrhages of a septic nature, scorbutus, stomatitis, gangrenous angina, phagedaenic chancre, offensive, carrion-like diarrhea, adynamic or typhoid conditions, etc.[11]

13. Helonias Dioica

- Tired, back achy females.[8]
- The weakness shows itself also in a tendency to prolapse and other malposition of the womb.[8]
- For the anaemia and albuminuria which appear as sequelae of diphtheria, this is frequently the remedy.[12]

14. Calcarea Phosphorica

- For persons anaemic and dark complexioned, dark hair and eyes; thin spare subjects, instead of fat.[9]
- It has a special affinity where bones form sutures or symphyses, and all its symptoms are worse from any change of weather.[8]
- This remedy acts by supplying new blood-cells. Pains and cramps dependent on anaemic conditions.[11]

15. Ferrum Arsenicosum

- This is an important remedy in cases of simple and pernicious anaemia and chlorosis, when there are indications for both of these important remedies.[12]
- It should be remembered in the case of patients with enlarged liver and spleen, due to chronic malarial infection, when the patient is pale, emaciated, jaundiced, constipated and has taken much quinine.[12]

16. Picricum Acidum

- It is indicated in progressive pernicious anaemia, people who complain of a heavy tired feeling over the body, especially the limbs.[12]
- It should be studied in haemoglobinuria and leucocythaemia.[12]
- Uraemia with complete anuria.[8]

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