



To Study The Utility of Homoeopathic Medicine Ferrum Phosphoricum In The Treatment of Iron Deficiency Anemia In Females

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Abstract

Background of Study: Iron-deficiency anemia (IDA) among women in India is a problem of major public health significance. It involves population of all age group and sex. But females are more vulnerable to it. The reasons may be increased iron demand, menstrual blood loss, infection, worm infestation etc. The World Health Organization (WHO) estimates that worldwide, 42% of pregnant women, 30% of non pregnant women (aged 15 to 50 years), 47% of preschool children (aged 0 to 5 years), and 12.7% of men older than 15 years are anemic. **Objective:** i. Role of Ferrum Phosphoricum remedy in treatment of anemia in order to relieve the suffering humanity. ii. To identify the clinical symptoms of iron deficiency anemia of Ferrum Phosphoricum. iii. The patients had been assessed on the basis of improvement in haemoglobin (Hb) level, packed cell volume (PCV), red blood corpuscles (RBCs). **Methods:** 70 patients were taken up for this study after diagnosed with anemia and complete history taking, clinical examination of patients, investigation and managed with Ferrum Phosphoricum remedy. **Results:** It was observed that 13 cases (18.57%) has shown moderate improvement in their condition, 57 cases (81.43%) has shown marked response to the treatment, the accuracy of the result has been analyzed by using t-test, the calculated value is greater than the value of 't' in the table, hence it rejects the null hypothesis and accepts the alternate hypothesis i.e. Ferrum Phosphoricum remedy has a role in the treatment of Iron Deficiency anemia as it helps in reducing the suffering of patients. **Conclusion:** Ferrum Phosphoricum remedy has been found effective in cases of Iron Deficiency Anemia.

Key Word- Iron-deficiency anemia, Hemoglobin, R.B.C., PCV, Ferrum Phos. etc

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INTRODUCTION

HEALTH is a fundamental human right and health is central to the concept of quality of life. Adolescent is a period of second decade of life and constitute over one fifth of India's population. Adolescence begins when the secondary sex characteristics appear and ends when somatic growth is completed and the individual is psychologically mature, capable of becoming a contributing member of society. Adolescents are in the age group of 12 to 18 years. Girls begin to menstruate at this age. The girl should have weight approximately 42-64 kg and height approximately 155-169 cm. Total nutrient requirements are increased during adolescence age to support a period of dramatic growth and development. Eating right food at right time will prevent the nutritional deficiencies especially Iron deficiency disorders.

Adolescence is a critical stage in the life cycle, when the health of females is affected due to growth spurt, beginning of menstruation, poor intake of iron due to poor dietary habits and gender bias. Iron deficiency anemia affects over 60% of the adolescent girls in India. Anemia in adolescent girls has far-reaching implications. The anemic adolescent girls grow into adult women with compromised growth, both physical and mental. These

women have low pre-pregnancy weight, and are more likely to die during childbirth and deliver low birth weight babies.

Iron is one of the micronutrient. It is used for formation of haemoglobin, oxygen transportation, brain development, regulation of body temperature and muscle activity. When the iron is decreased in human body, it is called as iron deficiency. Iron deficiency is the most common etiological factor in anemia. The decreased haemoglobin level is called as iron deficiency anemia.

Anemia is a serious public health problem, which affects the mental and physical development, as well as health maintenance and work performance. Iron deficiency is by far the most common cause of anemia worldwide. About 2 billion people suffer from varying degrees of anemia in developing countries.

Signs And Symptoms:

General Symptoms

- a) Weakness
- b) Fatigue
- c) Lassitude
- d) Swelling
- e) Dry skin

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Signs

- a) Pallor
- b) Spoon shaped Deformity of nails (Koilonychia)
- c) Cracked lips
- d) Tingling sensation hands and feet
- e) Bilateral ankle oedema
- h) Lack of concentration
- i) Loss of memory

IV. Reproductive system

- a) Amenorrhoea
- b) Menorrhagia
- c) Abortion
- d) Infertility

Systemic Symptoms-

I. Cardiovascular

- a) Palpitation
- b) Breathlessness
- c) Angina pain
- d) Tachycardia
- e) Collapsing pulse
- f) Dancing carotids
- g) Full neck vein
- h) Congestive heart failure

II. Gastro intestinal tract

- a) Anorexia
- b) Acidity
- c) Heart burn
- d) Palpable spleen and liver
- e) Clay, ice cube or starch pica

III. Neurological

- a) Dizziness
- b) Giddiness
- c) Tingling
- d) Numbness
- e) Insomnia
- f) Dimness of vision
- g) Forgetfulness

Aim

To study and assess the effectiveness of Ferrum Phosphoricum remedy in treating iron deficiency anemia in females.

Objectives

- I. To identify the clinical symptoms of iron deficiency anemia of Ferrum Phosphoricum.
- II. The patients had been assessed on the basis of improvement in haemoglobin (Hb) level, packed cell volume (PCV), red blood corpuscles (RBCs).
- III. To ascertain curability of iron deficiency anemia in females using Ferrum Phosphoricum remedy.
- IV. To study the clinical aspect of iron deficiency anemia in females.

MATERIALS AND METHODS

Study Design & Setting: This is a Prospective Observational, Single blind Non-randomized. Study was conducted at Sri Ganganagar Homoeopathic Medical College Hospital And Research Institute, Sri Ganganagar, Rajasthan. The period of

interventional treatment was of one year duration.

Inclusion Criteria:

- I. 70 patients of iron deficiency anemia included after receiving informed consent with proper case taking as per the case taking Performa considered for the study.
- II. Haemoglobin (Hb) level 8 gram% or below.
- III. Patients of age group between 15 to 40 years and only females considered for study.
- IV. Patients from Sri Ganganagar and villages near by Sri Ganganagar were taken for the study.
- V. The patient who can fairly articulate.

Exclusion Criteria

- I. Patients not associated with heart or any other organ disorder.
- II. Patients suffering from any other systemic disorder and from any chronic disorders are excluded.
- III. Patients suffering from any life threatening condition are excluded.
- IV. Patients who were mentally retarded were excluded.

Withdrawal Criteria

- I. The case without proper follow-up.

- II. The case required emergency treatment during the study.
- III. Other reasons, e.g. in patients hospitalization, change of residence that may prevent the collection of follow-up data.

Sample Size: 70 diagnosed cases of iron deficiency anemia were selected for this study on random basis, from OPD of Sri Ganganagar Homoeopathic Medical College Hospital And Research Institute, Sri Ganganagar, Rajasthan.

Age And Sex: Only Female of 15-40 years age group.

Intervention: All patients were given Ferrum Phosphoricum 30 CH, 200 CH & 6x potency based on the totality of symptoms. Kent repertory was used for the selection of similimum.

Assessment Scale:

Cases were assessed on the basis of Fundamental assessment of chronic illness therapy (FACIT). FACIT fatigue scale is a short, 13, item, easy to administer too that measures an individual's level of fatigue during their usual daily activities over the past week. Follow-ups were taken for 3 months. Statistical tool pair t-test was applied on total score before treatment and after treatment.

Ethical Outcome: This study was approved by institutional Ethics Committee of Sri Ganganagar

Homoeopathic Medical College Hospital And Research Institute, Sri Ganganagar for ethical guidance.

Remedy Selection: Remedy Ferrum Phosphoricum was selected after repertorisation and confirmation by different Materia Medica.

Placebo: Placebo was prescribed as indicated in Organon of Medicine.

Source of Remedy: Pharmacy of Sri Ganganagar Homoeopathic Medical College Hospital And Research Institute, Sri Ganganagar.

Potency: Potencies 30 CH, 200 CH & 6x, application and repetition of medicines were done according to the case.

Investigation: All necessary investigations were done at this institute. If special investigations were needed, patients were referred to higher laboratories at the cost of the patient without any reimbursement.

Research Hypothesis:

Null Hypothesis: Ferrum Phosphoricum medicine was not effective in treatment of Iron Deficiency Anemia (Ho). Ho: $\mu d=0$

Alternative Hypothesis (H1): Ferrum Phosphoricum medicine was effective in treatment of Iron Deficiency Anemia (H1). H1: $\mu d \neq 0$

OBSERVATIONS & RESULTS

The data obtained was sorted out as follows:

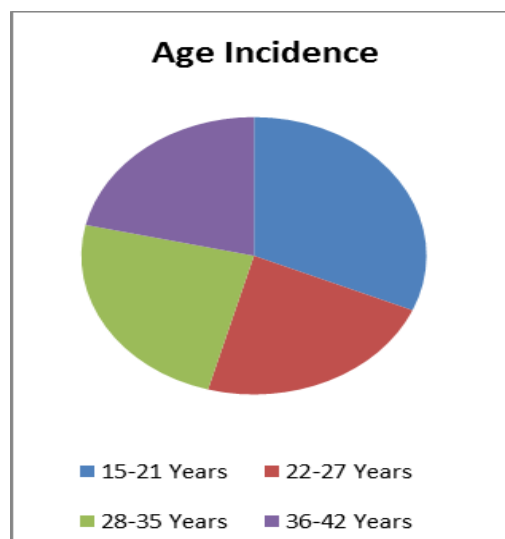


Fig 1: Age Distribution

As shown in above graph, maximum incidence of Iron Deficiency Anemia were observed in the age group 15-21 i.e. 22 cases (31.43 %), where as minimum incidence of Iron Deficiency Anemia were in the age group 36-42 years i.e. 15 cases (21.43 %).

Table 1: Distribution of Locality in 70 cases of Iron Deficiency Anemia

Locality	Number of cases	Percentages
Rural	50	71.43 %
Urban	20	28.57 %
Total	70	100 %

As shown in above table, maximum number of cases i.e. 50 cases (71.43%) were observed from rural, where as minimum number of cases i.e. 20 cases (28.57%) were from urban areas.

Table 2: Marital status of patients in 70 cases of Iron Deficiency Anemia

S. No.	Marital Status	No. of Patients	Percentages (%)
1.	Married	34	48.57 %
2.	Unmarried	36	51.43 %
	Total	70	100 %

As shown in above table, maximum no. of cases i.e. 36 cases (51.43 %) were observed of unmarried, where as minimum no. of cases i.e. 34 cases (48.57 %) were observed married.

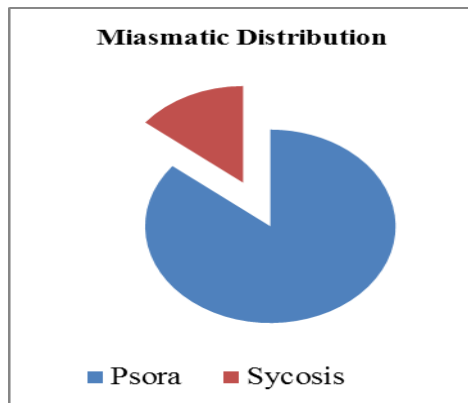


Fig 2: Graphical distribution of miasm in 70 cases of Iron Deficiency Anemia

As shown in above graph, the maximum no. of cases i.e. 60 cases (85.72 %) of psora miasm and the minimum no. of cases i.e. 10 (14.28 %) of sycosis miasm.

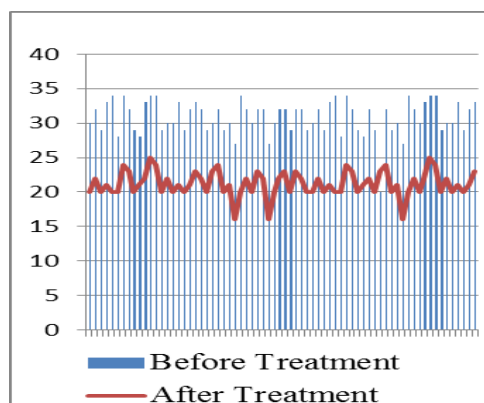


Fig 3: Graphical distribution of FACIT Fatigue scale score before and after treatment in 70 cases of Iron Deficiency Anemia

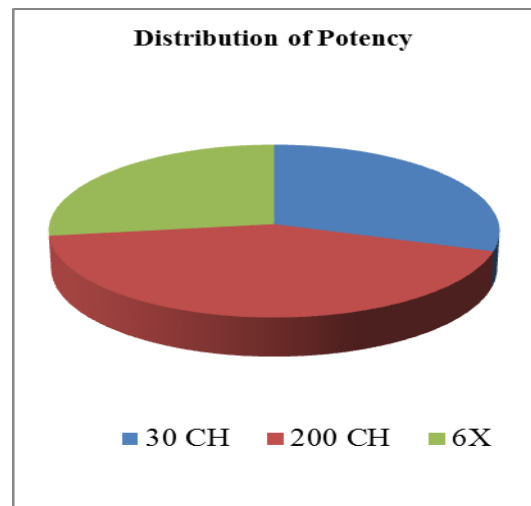


Fig 4: Graphical distribution of given potency of Ferrum Phosphoricum in 70 cases of Iron Deficiency Anemia.

As shown in above graph, in maximum cases 200CH potency was prescribed in 30 patients i.e. 42.86 %, followed by 30 CH potency prescribed in 21 patients i.e. 30 % and 6X potency prescribed in 19 cases i.e. 27.14 %.

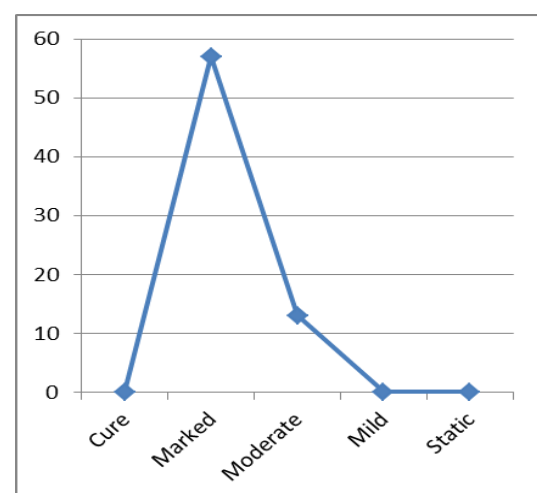


Fig 5 Graphical distribution of result

obtained after administration of Ferrum Phosphoricum 30CH, 200CH, 6X potency in 70 patients of Iron Deficiency Anemia

As shown in above graph, Out of 70 Cases, patient show marked improvement in 57 patients (81.43 %) and moderate improvement in 13 patients (18.57 %).

Statistical Analysis

The data analysis was done on the basis of symptom score before treatment and after treatment using the Functional Assessment of Chronic Illness Therapy (FACIT): Fatigue scale. The important statistical tool paired t- test has been applied. In this study sample size (n) of 70 was taken, degree of freedom (n-1) is 69 and Significant level (α) is = 0.05. The calculated value of t-test statistics with the tabulated value of t at 69 degree of freedom (df) and 0.05% significance level (α). We see that a calculated value of t in the test statistics i.e. 46.08 is greater than value of t in the table and p value is < 0.001. So we reject the null hypothesis and accept the alternative hypothesis. In table standard error is 0.238948. Mean value is 11.06.

CONCLUSION

In this study 70 cases that were selected based on the inclusion and exclusion criteria. All the cases were prescribed Ferrum Phosphoricum on the basis of symptom similarity of totality of

symptoms. Selection of the potency was 30CH, 200CH and 6X according to the case. The effect of Ferrum Phosphoricum was observed for a period of minimum interval of 7-14 days. On considering the cases included in this study, it was revealed that all the cases show marked and moderate improvement in the symptoms of the patients. Hence the usefulness of the Homoeopathic medicine Ferrum Phosphoricum is established in the treatment of Iron deficiency anemia. These results need further validation by conducting trials with sufficiently large sample size.

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