

Iron Deficiency Anaemia In Indian Females And Its Homoeopathic Approach

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Abstract

Iron deficiency anaemia [IDA] among women in India is a problem of major public health significance. Women in India are particularly vulnerable to Iron Deficiency Anaemia for several reasons. Poor nutrition, including a lack of Iron rich foods in their diets, is major factor. Irregular or heavy menstruation can also cause significant iron loss. Additionally, the increased iron demands during pregnancy and childbirth further contribute to the risk of IDA. If anaemia is not corrected it leads to reduced work capacity and increased susceptibility to infections. The prevalence of IDA varies by age and geographic location in India.

Keywords: Anaemia, Iron Deficiency, Females, Haemoglobin, Homoeopathy.

INTRODUCTION

Anaemia is one of important health problem throughout the world with the highest prevalence rate being seen in developing countries. Anaemia is major health problem in India, among which Iron deficiency anaemia [IDA] is a common health problem. According to WHO, India has one of the highest rates of anaemia in the world, with more than half of all Indian women, children and women of child bearing age are suffering from some form of anaemia.^[1]

There are many reasons why women in India are particularly vulnerable to IDA. The major reasons are poor nutrition, including a lack of iron-rich foods in the diet. And irregular and heavy menstruation cycle can cause women to lose significant amount of iron each month. Some of other factors which can cause iron deficiency anemia are child birth and pregnancy in which body demand of iron increase. There are several conditions like gastrointestinal bleeding or chronic kidney disease in which body lose iron and cause IDA.^[1]

Anaemia is defined as a significant reduction in red cell mass and a corresponding decrease in the oxygen carrying capacity of the blood. At high altitudes, higher blood values are found, roughly in proportion to the elevation above sea level. Anaemia is the blood disorder characterized by the reduction in Red blood cell (RBC) count, haemoglobin content, packed cell volume (PCV). Generally, reduction in RBC count, haemoglobin content and PCV occurs because of decreased production of RBC, increased destruction of RBC and excess loss of blood from the body.^[2]

EPIDEMIOLOGY

The prevalence of IDA varies by age and geographic location in India. The highest prevalence of IDA is seen in adolescent girls [56.5%] and pregnant women [50.3%] followed by non-pregnant adult women [49.9%]. The prevalence of IDA is higher in rural areas [57.5%] compared to urban area [47.7%]^[1]

Despite a sharp decline in the prevalence of anaemia during the past several decades owing to better nutrition & iron-fortified foods, anaemia continues to remain the most common disorder in the world. According to the statistical records of WHO prevalence of anaemia is 48% in pre-school age children (less than 5 years of age), 25% in school age children (5-14 years of age), 13% in males (15-49 years of age), and 42% in females of reproductive age group.^[1]

In India, recent nationally represented data from the National Family Health Survey (NFHS-4) conducted in 2015-16, present the statistics that mark a growth in cases pertaining to anaemia. Around 53% of women are anaemic, with 23% men in the age group of 15 to 49 yrs being anaemic; more than 1/3rd of Indian women have body mass index (BMI) >

18.5 kg/m, reflecting chronic energy & micronutrient deficit. About 40% women are mildly anaemic, 12% of these women are classified as moderately anaemic & 1% severely anaemic.^[1]

WHO defines anaemia as Hb concentration <12g/dl in women & < 13 g/dl in men, it is mostly used as a parameter for judging anaemia. In order to make a generalized approach to the diagnosis of anaemia the WHO has established a reference range for normal blood Hb level depending upon age & sex. The WHO criterion is accepted widely for diagnosis & publication but its universal application has been questioned mainly because of racial differences.^[1,2]

The requirement of Iron in the females in the entire reproductive age period is higher than in their male counterparts and hence the incidence of iron deficiency anaemia which is prevalent in girls can be treated at low cost under the existing health care set-up, so as to provide a better storage of iron in the adolescent girls which will have a long term impact in the form of decrease in low birth weight babies. However anaemia due to iron deficiency continues to remain the commonest cause of the anaemia. Anaemia is a global public health problem affecting both developing and developed countries with major consequences for human health as well as social and economic development.^[3]

Anaemia is the most common nutritional deficiency disorder in world. Most of the anaemia are due to inadequate supply of nutrients like iron, folic acid, vitamin B12, proteins, amino acids, vitamin A, C and other vitamins B-complex group i.e. niacin and pantothenic acid are also involved in the maintenance of haemoglobin level. Anaemia is not a disease: it is a manifestation of various disease and pathological conditions.^[1]

The clinical features include fatigability, tachycardia, palpitation and tachypnea on exertion and progressive skin and mucosal changes. This includes smooth tongue, brittle nails and cheilosis in advance stage of dysphasia, oesophageal webs etc.^[2]

HISTORY OF ANEMIA

When and in what manner blood was first examined is unknown, but before the days of microscope only the gross appearance of the blood could be studied. The word “anaemia” (also spelled anemia) is composed of two Greek roots that together mean “**without blood**”, An (without) + Haima (blood)^[4]

Prehistorical human skeletal showed small holes in the skull, an indication of iron deficiency. **Ancient Egyptians** believed that bathing in blood resulted in rejuvenation and recuperation. **2000 B.C.** from the **Holy Bible** (Leviticus 17:11) a universal truth is “the life of flesh is in the blood”^[5].

Acharaya Sushruta (800BC): Described anaemia as a “**Panduroga**” or “**Jaundice**”.

Hippocrates (450-380BC): Greek father of modern medicine and philosopher.

Hippocrates already knew that the blood moves and performs a periodic or circular movement. Hippocrates also believed that blood is produced in the liver and spleen and travels to the heart and gets warmed or cooled in the lungs in addition to the knowledge that the human body has four types of fluid (blood, phlegm, black and yellow bile). He said “**Let thy food be the medicine and thy medicine be thy food.**”^[4,5]

ICD-10-CM DIAGNOSIS CODE D50.9

Iron deficiency anemia is caused by insufficient iron intake, poor iron absorption in the gastrointestinal tract, or chronic blood loss. It is characterized by low or depleted iron stores, decreased serum iron levels, reduced transferrin saturation, and lower hemoglobin or hematocrit levels. Red blood cells appear smaller (microcytic) and paler (hypochromic), with an increase in Iron Binding Capacity.^[6]

This type of anemia develops when there is an imbalance between iron intake, iron storage, and the body's loss of iron needed for red blood cell production. Anemia severity is classified as mild (hemoglobin 11g/dl to normal), moderate (8g/dl to 11g/dl), or severe (less than 8g/dl). Severe anemia can lead to inadequate oxygen supply, causing coronary insufficiency and myocardial ischemia, which may worsen underlying heart and lung conditions.^[7]

STAGES OF IRON DEFICIENCY

Stage I (PreLatent): Decreased stores of iron without any other detectable abnormality (serum ferritin and bone marrow iron reduced).

Stage II (Latent): Iron stores are exhausted but anaemia has not occurred yet (serum ferritin, and transferrin saturation reduced, bone marrow iron (absent).

Stage III (Iron deficiency anaemia): Decrease in the concentrating Haemoglobin (Hb), and MCV reduced, TIBC increased, serum ferritin and transferrin saturation reduced, bone marrow iron (absent).^[7]

GRADING OF ANAEMIA

Anaemia is often graded arbitrarily as “mild” “moderate” “severe” based on Hb value. World Health Organization grades anaemia according to haemoglobin level.^[2]

Table: Grading of anaemia

Hb levels	Grade
Between 10g/dl to 12g/dl	Mild
Hb between 7g/dl to 10 g/dl	Moderate
Hb under 7 g/dl	Severe
Hb under 5 g/dl	Very severe

Table: Clinical grading of anaemia

Clinical observation	Grades
Pallor restricting itself to only conjunctiva and/or mucus membrane	Mild
Obvious skin pallor	Moderate
Palmar creases too are affect	Severe

HOMOEOPATHIC AND MIASMATIC VIEW

Homoeopathy is the science and art of medicine based on the immutable law “**Similia Similibus Curanture**” i.e. “**Let likes be treated by likes**”. Homoeopathy is a holistic system of treatment that originated in the late eighteenth century that activates the body’s healing process in order to cure disease naturally, gently, and permanently.^[34]

The word “**Homoeopathy**” is derived from the Greek words “**Homoeos**” meaning similar and “**Pathos**” meaning suffering. The German physician and chemist **Dr. Samuel Hahnemann** founded the science of Homoeopathy.

According to Dr. W.E. Boyd, M.D.: “Homoeopathy is a therapeutic method which assumes that a deviation from the fundamental mean within reversible limits can be restored to normal by means of stimuli, usually applied in the form of drugs, only sub physiological doses of which are necessary because of hypersensitivity in disease and whose action is always directed toward normal by virtue of altered receptivity of tissue to stimuli in disease”.

Homoeopathic treatment can ease some of the symptoms of anaemia and stimulate the body to use certain nutrients from food more efficiently.

The immune system of body needs minerals, trace elements, vitamins, carbohydrates, proteins, and fats for proper response, synthesis and degradation, especially to fight mineral disorders like pernicious anaemia.

Hahnemann recognized the importance of nutrition and the need to restore proper balance to rectify deficiency as a precursor or concomitant to homoeopathic treatment.

Nutrition may be defined as the “**science of food**” and relationship to health. It is concerned primarily with relationship to health. It is concerned primarily with part played by nutrients in body growth development and maintenance. The essential elements lost from the body must be replaced constantly.

Nutritional deficiency diseases generally can be classified into a primary nutritional deficiency diseases & secondary nutritional deficiency diseases.

Primary nutritional deficiency diseases is defined as inadequate intake of nutrients, for the normal body requirement, which may result from, poor socio-economic status coupled with shortage of food, faulty selection of food, ignorance and indifference to good nutrition, mental status like stress, loneliness and other psychological factors, lack of nutritional knowledge.

Secondary nutritional deficiency diseases have a predisposing illness when this is prominent; the resulting malnutrition is spoken of as conditioned or secondary. Mostly these diseases result from interference with the ingestion, absorption or utilization of essential nutrients or from stress factor that increases the requirements, destruction or excretion.^[8]

Dr. Hahnemann in his book “*The Lesser Writing of Samuel Hahnemann*”(pg.133) says the following:

If it be necessary make considerable changes in diet and regimen the ingenious physician will do well to mark what effect such changes will have on disease, before prescribing even the mildest medicine. A deeply rooted scurvy can often be cured by the united action of warm clothing, dry country air, moderate exercise, and change of the old salted meat for that freshly killed, alone with sauerkraut, cresses and such like vegetable and brisk beer for drink. What would be the use of medicine in such cases he says?^[9]

Anaemia is the basic manifestation of psora in which, the physiological capacity of the blood to combine with oxygen is reduced.

As per Dr. Hahnemann’s Clinical Classification

Nutritional deficiency anaemia occurs due to the inadequate intake of food. These disorders can be treated by supplementing only, no medical treatment is necessary. If it is allowed to run for some time it may load to true chronic disease.

The secondary nutritional deficiency disorders are not due to deficiency of nutritional factor. The organism cannot utilize the nutrient properly grouped under true dynamic diseases.^[8]

Dr. Herbert A. Roberts in *The Principles & Art of Cure by Homoeopathy*, In Disease Classification Chapter XXII says – nutritional disturbances, functional disturbances come under the psoric manifestations. And the pernicious anemia of the scrofulous patient resembles very closely the syphilitic parent, and shows its kinship to the tubercular diathesis. ^[10]

Dr. J. H. Clarke in *Dictionary of the Materia Medica* cites: Its ability to produce inflammation and fatty degeneration of the liver. We have seen it. Association with iron in the blood, and homeopathically, it has its place in anaemic condition when indicated. ^[11]

The suppressed gonorrheal infection is very apt to first show itself in attacking the blood and producing an anaemic condition and a general catarrhal condition is set up.

Sycotic manifestation may show a very anaemic state of the blood, and when this anaemic condition arises it affects every part of her organism, coming on gradually, slowly, until her whole system is permeated. She becomes pallid, drawn, and puffy; there is no stamina in the muscles. The anaemic condition arises from this stigma because sycosis destroys the red blood cells through imperfect oxidation of food. ^[11]

HOMOEOPATHIC THERAPEUTICS

1. Alumina: (Pure Clay)

Constant chilliness, craving for chalk and indigestible things; Anemia and chlorosis in young girls at puberty, menses pale and scanty, profuse aluminous leucorrhoea. Disposition to colds in the head and eructation in spare, dry, thin subjects. Frequent dizziness. After menses exhausted physically and mentally. ^[11,12]

2. Arsenicum album:(White Oxide of Arsenic)

This being a direct poison to the red blood corpuscles takes first rank in cases of pernicious. It produces the destructive inflammation of every part of body where mucous membrane is found. The changes produced in the blood are most marked. Arsenic disintegrates the blood corpuscles. According to Schmitt, it retards the waste of RBC. Gradual loss of weight due to impaired nutrition. Burning pain coupled with rapid progress toward gangrene. Gradual decrease of appetite. Paleness which is seen due to destruction of RBC. Impaired muscular power. Face swollen, pale, cachectic, with sunken eye and cold sweat. Great exhaustion after slight exertion. Sleep disturbed. ^[12,13]

3. Calcareacarbonicum: (Calcium carbonate)

They often look surprisingly fit but, nevertheless, do not possess much energy either mental or physical. In early life they are often very overweight, and although they appear very healthy when examined one finds soft fat rather than muscle.

Breathlessness on exertion is more marked with carbon. There is inability to prolong mental operation. Patient gets tired easily from mental as well as physical work. ^[11,13]

4. Calcareaphosphorica: (Phosphate of Lime)

Calc phos supplies new blood cells, becoming the first remedy in anemia and Chlorosis. Lack of Calc Phos would cause a deficiency of red blood cells, as it enters largely into the formation of bone, in the marrow of which the blood cells are created. ^[12,13]

5. Cinchona: (Peruvian Bark)

Great debility, from loss of vital fluids. Very chilly patient. Cinchona best suited to person with broken down constitution due to loss of vital fluid. Patient is pale, sunken, very thin. ^[11,13]

6. Ferrummetallicum: (Iron)

It is great homoeopathic remedy for aneamia and chlorosis. Aneamia due to loss of vital fluids, especially from haemorrhage. First the patient has an appearance of plethora which is followed by paleness or earthiness of the face and puffiness of the extremities. ^[11,15]

7. Ferrumphosphoricum: (Phosphate of Iron)

It is best adapted to anemia, nervous people who lack vital heat and are sensitive to open air. It is present in the form of haemoglobin in red blood corpuscles. Its deficiency causes a decrease in the oxygen carrying capacity of blood that is, anemia resulting in exertional dyspnoea or cyanosis. Acts mainly on the blood, producing more rapid oxidation with rise of temperature. ^[11,12,13]

8. Natrum muriaticum: (Common Salt)

Anemia is due to loss of vital fluids and alteration in blood. There is paleness and in spite of the fact that the patient eats well. General emaciation most marked about the neck, which is thin and shrunken. ^[13]

9. Phosphorus:(Yellow phosphorus)

It brings about important change in the blood cells esp. RBC. Cells become smaller, and even change their shapes. It causes dissolution of RBC's. It separates the hematine and globulin.^[12,15]

10. Kali carb:(Potassium carbonate)

The patient is dark skinned and haired but lax fiber with an inclination to obesity. Loss of Vital fluids, particularly in case of anemia. Backache with sweating. Cannot bear to be touched.

11. Sulphur: (Flowers of sulphur)

Acts upon the venous circulation, producing a sort of plethora; it is the result of irregularities in the distribution of blood by which certain parts of the body are congested.^[13,15]

12. Sepia: (Cuttle Fish)

Weak person with yellow, earthy complexion. Patient feel cold even in warm room. Mild tearful temperament but Irritable. Dyspnoea aggravates after sleep and is better by rapid motion. Violent intermittent palpitation.^[12,15]

ANAEMIA IN DIFFERENT REPERTORIES

Anaemia as Represented in Various Repertories

Kent's Repertory: Grading: BOLD (3), Italics (2), Ordinary (1) Generalities, Anaemia: Ars., bell., Calc., Calc-p., Chin., Ferr., ferr-p., Graph., Hell., Kali-c., Kali-p., lyc., Merc., Nat-m., Nit-ac., nuxv., ph-ac., Phos., Puls., rhus-t., sep., sil., Sulph. Haemorrhage, after: Calc., China., Ferr., lach., nat-m., nux-v., ph-ac., phos., sulph. Generalities, Chlorosis: Ant-c., Ars., Bell., Calc., Calc-p., chin., Ferr., Ferr-m., ferr-p., Graph., Lyc., Nat-m., nux-v., Phos., ph-ac., Puls., Sep., Sulph.	Boericke Repertory:¹ Grading: Italics: frequently verified clinical remedy. Generalities, Anemia-Chlorosis: Alet., Ars., Calc., Calc. p., Cinch., Ferr. p., Ferr. m., . Graph., Kali c., Kali p., Lyc., Nat. m., Nit. ac., Nux v., Phos., Puls., Sep., Sil., Sul. From Grief - Nat. m., Phos. ac. From malaria - Ars., Nat. m. From menstrual derangements - Ars., Calc. c., Calc. p., Ferr., Graph., Kali. c., Nat. m., Puls., Sep. From nutritional disturbances - Alet., Alum., Calc. p., Ferr., Nux. v. From vital drains, exhausting disease - Calc. p., Cinch., Ferr., Kali. c., Nat. m., Phos. ac., Phos. Complaints, Abuse of iron-Cinch., Hep., Puls.
Murphy Blood-Anemia- Clinical - anemia, general abel.abies-c.abrot.absin.Acetac.acetan.acon.agar.agn.Alet.aloealst-s.alum.alum-p.alum-sil.alumn.am-c.ambr.anil.ant-c.Antt.Apisapoc.aq-mar.Arg-met.Arg-n.Arg-o.Arn.Ars.ars-h.Ars-i.Ars-s-f.aur-ar.bac.bar-c.Bell.ben-d.ben-n.berb.beryl.bism.bolla.Borx.bov.Bry.cadm-met.Calc.calc-ar.calc-i.calc-lac.Calc-p.calc-sil.calen.calo.camph-br.cann-i.carb-an.Carb-v.Carbns.carc.casc.Caust.cean.cedr.cham.Chin.chinin-ar.Chinin-s.chlol.chlor.chloram.chlorpr.cic.cinacobn.Cocc.coch.coff.colch.coloc.C on.cortico.cortiso.crat.Crot-h.Cupr.cupr-ar.cupr-s.Cycl.dig.eucal.Ferr.ferr-act.Ferr-ar.ferrbr.ferr-c.ferr-cit.Ferr-i.Ferr-m.Ferr-p.ferr-pic.ferr-prox.ferrs.franz.galeg.Galeo.goss.Graph.Ham.Hell.Helon.hep.Hydr.Ign.i od.ip.Irid-met.Kali-ar.Kali-bi.Kali-br.Kali-c.kali-chl.kalifcy.kali-hp.kali-m.kali-n.Kali-p.kali-perm.kali-s.kalm.kres.lac-ac.lac-c.lac-d.Lach.lec.lyc.lyss.mag-c.magm.Mang.Med.Merc.Merc-c.mez.mill.Mosch.nat-ar.nat-br.Nat-c.nat-cac.nat-hchls.Nat-m.nat-n.Nat-p.Nat-s.nat-taur.Nit-ac.nuxm.Nux-v.ol-j.Olnd.ost.oxyg.paull.peti.petr.Ph-ac.Phos.Phyt.Pic-ac.pitu-a.Plat.Plb.Plb-act.psor.Puls.puls-n.rad-br.rhod.Rhust.ric.rob.rub-	Boger Boenninghausen Characteristics and Repertory: Grading: CAPITAL (5), bold face (4), italics (3), roman (2), (roman in parenthesis) (1) Vertigo-Aggravation-anemia in- Alet, carb-v, chin,crot-h, cycl,eucal, ferr, kali-c, led, phos, seneg. Head-Internal-aggravation-anaemia, from-ars, calc., calc-p, chin, cycl, ferr, kali-c, lac-d, nat-m,ph-ac, senec. Nose-Bleeding-anemia, of- Bry, chin, ferr, hydr, kali-c, puls. Genitalia-Female organs-abortion-anaemia, with- Carb-v, ferr, Sep,sulph.

t.rutasabin.sacch-a.sacch-l.sal-ac.sarr.Sec.Senec.Sep.sil.sin-n.sol-ni.spig.Squil.Stann.Staph.stroph-h.stry-af-cit.Sulac.sulfa.sulfonam.Sulph.syc.tab.ther.thuj.Thyr.trif-r.trinit.tub.tub-sp.urt-u.ust.valer.vanad.verat.X-rayxan.zinc.zinc-ar.zincm.zinc-p.zinc-s.met.arg-n.Ars.ars-i.ars-s Clinical - anemia, general - iron, deficiency, anemia abies-c.Abrot.Absin.Acet-ac.acetan.Alet.Alum.alum-p.alumn.Am-c.Ambr.Ant-c.Ant-t.aq-mar.Arg-met.arg-n.Ars.ars-i.ars-sf.aur-ar.bar-c.Bell.bry.cadm-met.Calc.calc-ar.Calc-p.carb-an.Carb-v.Carbn-s.caust.Chin.Chinin-ar.chlor.cinacobn.Cocc.coch.Con.Cupr.Cycl.dig.Ferr.Ferr-ar.Ferr-i.Ferr-m.Ferr-p.Ferr-s.franz.Graph.Hell.Helon.Hep.ign.Ip.Kali-ar.kali-bi.Kalic.Kali-fcy.Kali-p.kali-perm.kali-s.lac-c.lach.lec.Lyc.lyss.Mang.Med.merc.Mill.Nat-c.nat-hchls.Nat-m.nat-p.Nit-ac.Nuxv.olnd.Paull.peti.Petr.ph-ac.Phos.phyt.pic-ac.Plat.Plb.Puls.rub-t.sabin.sacch-a.sacch-l.Senec.Sep.Sin-n.Spig.staph.Stry-afcit.sul-ac.Sulph.thuj.ust.valer.vanad.Xan.zinc.zinc-m. Clinical - anemia, general - iron, deficiency, anemia - alternate days, symptoms, agg. - alum. Clinical - anemia, general - iron, deficiency, anemia - anger, from - ferr.Nux-v. Clinical - anemia, general - iron, deficiency, anemia - emotions, from - ign.nat-m. Clinical - anemia, general - iron, deficiency, anemia - splenic - cean.rub-t. Clinical - anemia, general - iron, deficiency, anemia - winter, in - Ferr. Clinical - anemia, general - malaria, from -alst.Ars.Nat-m.ost.rob. Clinical - anemia, general - menopause period, in - Chin. Clinical - anemia, general - menorrhagia, from - arg-o.ars.Calc.calc-p.Cann-i.chin.crat.Cycl.Ferr.Ferr-p.Graph.Hydr.Kalic.mang.Nat-m.Puls.sep. Clinical - anemia, general - menstrual, derangements, from-ant-c.arg-o.ars.Bac.calc.calc-p.Cann-i.chin.crat.crot-h.Cycl.ferr.ferract.Ferr-p.goss.Graph.ham.helon.Hydr.kali-c.lac-ac.mang.nat-m.Puls.senec.sep.trif-r.xan. Clinical - anemia, general - murmur, in pulmonary artery, with a-ben-d. Clinical - anemia, general - nosebleed, from - am-c.bry.chin.ferr.ferr-act.Ferr-p.hydr.kali-c.Lach.nat-n.Phos.puls. Clinical - anemia, general - nursing, mothers, in- acet-ac.alf.calc-p.Ferr-p.lec. Clinical - anemia, general - nutritional, imbalance, from- acet-ac.alet.alf.alum.Calc-p.chin.Ferr.Ferr-p.helon.nux-v.Thyr. Clinical - anemia, general - pernicious, anemia- Ars.calc.Carc.Crot-h.mang.nat-m.Phos.pic-ac.Thyr.trinit. Clinical - anemia, general - skin, problems, with- kali-m. Clinical - anemia, general - syphilis, from- ars.aur-ar.Calo.crot-h.ferr.mang.med.merc. Clinical - anemia, general - tuberculosis, in- bac. Clinical - anemia, general - young, girls- stroph-h. Clinical - anemia, general - blood loss, anemia, after- ant-c.Arg-o.Ars.Bac.Calc.calc-p.Cann-i.Carb-v.Chin.crat.croth.Cycl.Ferr.ferr-act.ferr-p.goss.Graph.ham.Helon.Hydr.ign.kali-c.lac-ac.Lach.mang.nat-br.Nat-m.Nux-v.Phac.Phos.Puls.sabin.senec.sep.staph.Sulph.trif-r.xan. Clinical - anemia, general - menstrual, derangements, from- ant-c.arg-o.ars.Bac.calc.calc-p.Cann-i.chin.crat.croth.Cycl.ferr.ferr-act.Ferr-	Sensation and Complains in General-Weakness -anemia of – Ferr. Circulation-Palpitation-anemia in-Cycl, dig, eucal, <i>ferr</i>, hydr, hyer, <i>kali-c</i>, <i>nat-m</i>, ph-ac, <i>puls</i>. Blood-Circulation / congestion / anaemia:• Aco., alu., Ant-t., arn., ARS., <i>bell.</i>, BRY., CALC-C., Calc-p.,<i>carb-v</i>,<i>cham.</i>, Chin., <i>cina.</i>,Cocl.,cof., <i>colo.</i>, Con., Cup.,cycl., <i>dig.</i>, FER., Graph., <i>hell.</i>, hep., <i>ign.</i>,iod., Kali-c,<i>Lac-d</i>,Lyc., mag-c., mag-m., <i>merc.</i>,mez., MOS.,<i>nat-c.</i>, NAT-M., Nit-ac., NUX-V., Pho., <i>ph-ac</i>,PLAT., plu., PULS., Rhus-t., rut,<i>sabi</i>,SCIL., SEP.,<i>sil.</i>, STAPH., SUL., <i>val.</i>, ver-a., zin.
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p.goss.Graph.ham.helon.Hydr.kali-c.lac-ac.mang.nat-m.Puls.senec.sep.trif-r.xan	
Synthesis Repertory: Nose-Epistaxis-anaemia with: bry., chin., ferr., hydr., kali-c., nat-m.,puls. Face-Eruptions-acne-girls,in anemic: as-br., aster., bar-c., calc-p., graph., hep., kali-c., nat-c., nat-m., sabin., sel., suph., thuj. Female Genitalia-Leukorrhea-anemia with: calc-c., cycl., Ferr., graph., helon., hep., ph-ac., phos., senec., <i>sil</i>. Chest-Palpitation of Heart-anemia accompanied by: ars-i., stroph-h. Generals- Anemia:abel, abies-c, Acet-ac, acon, agar, agn, Alet, aloe.,alst-s., alum., alum-p., alum-sil., am-c., ambr., anil., ant-c., Ant-t., Apis., apoc., aq-mar., Arg-met., Arg-n., Arg-0., Arn., Ars.,ars-h., Ars-i., Ars-s-f., aur-ar., Belli., ben-d., berb., beryl., bism., bit-ar.,bol-la., Borx., both., both-ax.,bov., Bry.,cadm-met.,Calc., calc-ar.,calc-i., calc-lac., Calc-p., calc- sil., calen., calo., carb-an., Carb-v., Carbn-s., carc., casc., Caust., cedr., cham., Chin., chinin-ar., chinin-fcit., Chinin-s., chlol., chloram., chlorpr.,cic., cina., cob-n., cocc., coff., colch., coloc., Con., cordyc., cortico.,cortiso., crat., Crot-h.,cund., cupr., cupr-ar., cupr-s., Cycl., dig.,dys.,eucal., Ferr.,ferr-act., Ferr-ar.,ferr-c., Ferr -i., Ferr-m., ferr-ox., Ferr-p., ferr-pic., ferr-prox., Ferr-r., ferr-val., Germ-met., goss.,Graph., Ham., Hell., Helon., hep., Hydr., Ign., iod., ip., Irid-met., Kali-ar., Kali-bi., Kali-br., Kali-c., kali-chl., Kali-fcy., kali-n., Kali-p.,kalm.,kres., lac-ac., lac-d., Lac., lec., loxo-lae., loxo-recl., lyc., lyss., m-ambo., m-aust., mag-c., mag-m., malar., Mang., Mang-act., Med., Merc., Merc-c., merc-k-i., mez.,Mosch., Mucor., nat- ar., Nat-c.,Nat-m.,nat-n., Nat-p., Nat-s., Nit-ac., nux-m., Nux-v., ol-j., Olnd., osteo-mye-scl.,oxyg., petr., Ph-ac., Phos.,phyt , Pic-ac., Plat., Plb., Plb-act., plb-xyz.,psor., Puls.,rhod., Rhus-t., ric., rub-t., ruta., sabin., sacch., sal-ac., sang., Sec., Senec., Sep., sil., spig., Squil., Stann.,Staph., Strept-ent., stroph-h., Stry-af-cit., succ-ac., Sul-ac., sulfa., sulfag., sulphonam., Sulph.,syc., tab., ter., tetrac., ther., Thyr., trinity., tub., tub-sp., urt-u., Ust.,valer., vanad., Verat., X-ray.,Yohim., Zinc., zinc-ar., zinc-m.,zinc-s. Generals-Weakness-anemia in: acet-ac., chin.,ferr.,ferr-p., kali-c., nat-c., nat-m., phos., zinc.	Boenninghausen Therapeutic Pocket Book: Grading: CAPITAL (5), bold face (4), italics (3), roman (2), (roman in parenthesis)(1) Circulation-Blood, Anaemia -• Arg., ARS., Bell., BRY., CALC., CHIN., Ferr., Ign., LYC., Nat. m., Nit-ac., Nux-v., Phos., Phos-ac., PULS., Sep., sil., Sul. Chlorosis (Anaemia): Ars., BELL., CAL. C., Chin., FER., Graph., K. carb., LYC., Nat. m., Nux. v., Phos., Phos ac., PULS., Sep., SUL.

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