

EFFICACY OF INDIVIDUALISED HOMOEOPATHIC REMEDY IN TREATING IRON DEFICIENCY ANAEMIA IN WOMEN AGED 15-49 YEARS-CASE SERIES

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Abstract

Background: Iron deficiency anaemia (IDA) is a major public health concern affecting women of reproductive age globally. If left untreated, it can cause various health issues including fatigue, shortness of breath, abnormal heart rhythms, chest pain, and complications during pregnancy.

Objectives: To evaluate the efficacy of individualised homoeopathic remedy in treating iron deficiency anaemia in women aged 15-49 years.

Results: Of 25 screened patients, 10 were included after their consent and intervened. There have been significant increase in Hb%, MCV, MCH and SF values.

Conclusion: In this research, 10 reproductive aged women suffering from iron deficiency anaemia showed significant improvements with increase in HB%, MCV, MCH and SF were seen.

INTRODUCTION

Anaemia is a public health concern that affects over 1.76 billion people worldwide.¹ It is a disorder where the red blood cell count is diminished and the body's capacity to fulfil the oxygen demands of tissues is hampered. Prevalence is estimated at 9% in countries with high development, in countries with low development the prevalence is 43%.² In India, according to National Family Health Survey- IV (2015-16), the prevalence of anaemia among women aged 15-49 years (reproductive age) was 53%,³ and which has been increased by 4% in the next National Family Health Survey – V (2019-21).⁴ Approximately 50% of cases are

considered to be anaemia due to iron deficiency.⁵ Iron deficiency anaemia is defined as a haemoglobin concentration in blood below the lower limit of the normal range in individual age and sex. The threshold for diagnosing anaemia is 120g/L for non-pregnant and 110g/L for pregnant women of reproductive age (15-49 years).⁵ In adults, serum ferritin level below 15µg/L is diagnostic of Iron deficiency anaemia.⁶ It is more common in women of reproductive age owing to inadequate intake of dietary iron or decreased absorption, increased requirement of it, and loss of blood. Untreated anaemia leads to several issues, including difficulties during

pregnancy, fatigue, breathlessness, arrhythmia, chest pain etc.⁷⁻⁹

MATERIALS AND METHODS

Study setting: This study was conducted in the outpatient department of Bhagawan Buddha Homoeopathic Medical College and Hospital, Mallathahalli, Bangalore.

PARTICIPANTS

On preliminary screening, individuals with primary signs and symptoms of anaemia (i.e., pallor, fatigue, weakness, irregular heartbeat) were further evaluated. A total of 10 diagnosed anaemic females (haemoglobin level ≤ 11.9 mg/dl and ≥ 7.1 mg/dl; serum ferritin level $< 15\mu\text{g/L}$),^{5,6} aged between 15-49 years were enrolled in the study. Informed consent form was signed before participating in this study to confirm voluntary participation.

INCLUSION CRITERIA

1. Women in reproductive age (15–49 years old).
2. Women diagnosed on ICD-10 classification D50.9;¹⁰ presented with primarily sign and symptoms of iron deficiency anaemia (i.e., pallor, fatigue, weakness, loss of appetite, irregular heartbeat) or already clinically diagnosed anaemic women (haemoglobin level ≤ 11.9 mg/dl to ≥ 7.1 mg/dl), and serum ferritin level $< 15\mu\text{g/L}$,⁶ and MCV and MCH were assessed as outcome indicators.
3. Literate patients willing to provide consent for treatment.

EXCLUSION CRITERIA

1. Women with severe anaemia (Hb < 7 mg/dl).

2. Pregnant or puerperal women, lactating mothers.

3. All others type of anaemia.

4. Self-declared chronic illnesses like Thalassemia, Leukaemia and other haematological disorders.

5. Self-declared and/or diagnosed immuno-compromised state and/or any acute and chronic inflammatory disorder, with any other complication.

6. Early menopausal, hysterectomised patients.

7. Patients who were unwilling to provide consent for treatment.

8. Already undergone homoeopathic treatment for any others for six-months or more

INTERVENTION AND DURATION

Individualised Homoeopathic Medicines (according to the patients' signs and symptoms) were administered mainly in centesimal potencies (6C, 30C, 200C or 1M; according to patients' susceptibility and by following the literature of homoeopathic posology),¹² one to seven doses, once or twice daily as required. Each dose comprised four to six globules (no. 30) of cane sugar or distilled water, medicated with the indicated medicine (pre served in 90% v/v ethanol), taken orally on a clean tongue; repetition of dosage was dependent upon the requirement of each case. After taking medicine, patients were advised not to eat, drink, or brush their teeth for 30 min, and in cases of globules, they were advised to suck the globules instead of swallowing. Homoeopathic medicines used in this trial

were procured from a Good Manufacturing Practice (GMP)-certified company, SBL Pvt Ltd., India, and dispensed from hospital dispensaries. Identical-looking glass bottles were used to dispense the medicines and placebos were labelled properly. Based on symptom totality, history, and constitutional features for every occasion, a single medicine was prescribed. Repertorisation was performed using appropriate repertories whenever required and Materia Medica was consulted. Follow-ups were conducted at intervals of 14 days. Regarding advice on adherence, participants communicated weekly via phone calls and text messages. A register log-book was maintained for recording data of prescribed medicines, potencies etc.

OUTCOME MEASUREMENTS

Primary - Haemoglobin was measured as primary outcome at baseline and after 3 months

Secondary - Other haematological parameters MCV, MCH, SF was measured at baseline and after 3 months.

Haematological parameters were measured using automated haematology analyser calibrated according to standard laboratory quality control procedures.

RESULTS

A total of 25 patients were screened, 15 (denied consent – 4, not diagnosed with anaemia – 5, already under homoeopathic treatment – 6) were excluded, and 10 were enrolled by fulfilling pre-specified eligibility criteria. Total study was run from July 3rd 2025 to December 24th 2025.

SCREENING AS PER ELIGIBILITY CRITERIA (Fig. 1)

Meeting eligibility criteria and
Enrolled for study (n=10)

Excluded (n=15)

Reason:

- Denied consent to participate- 4
- Not diagnosed with Anaemia- 5
- Already under Homoeopathic treatment- 6

OUTCOMES

Hb (BEFORE AND AFTER) (Fig. 2) Mean difference improvement – 3.68

Sl No.	Before	After
1	9.1	12.8
2	9.7	11.2
3	8.1	11.8
4	8.2	12.8
5	9.3	11.2

6	8.8	13.8
7	8.4	12.9
8	7.3	14.2
9	10.9	12.0
10	10.8	14.7

MCV (BEFORE AND AFTER) (Fig. 3) Mean difference – 14.08

Sl no.	Before	After
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1	70.2	85.4
2	68.6	73.2
3	57.5	86.0
4	71.0	87.4
5	70.2	94.7
6	76.5	82.1
7	72.8	90.8
8	72.3	80.1
9	73.7	82.9
10	74.1	85.1

MCH (BEFORE AND AFTER) (Fig. 4)
 Mean difference – 6.447

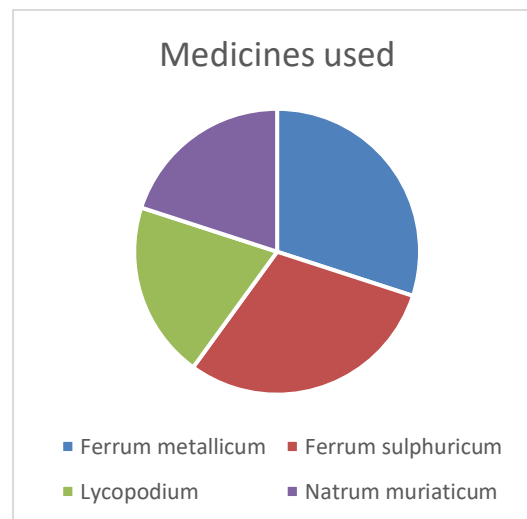
Sl no.	Before	After
1	21.8	28.9
2	22.6	23.6
3	17.8	28.6
4	19.6	28.0
5	21.13	30.4
6	21.3	28.6
7	20.3	29.0
8	18.3	27.0
9	26.2	27.6
10	26.5	28.3

Serum ferritin (BEFORE AND AFTER)
 (Fig. 5) Mean difference – 36.33

Sl no.	Before	After
1	8.2	30.1
2	10.4	28.2
3	9.8	44.3
4	11.4	55.4
5	12.2	49.7
6	7.8	50.1
7	9.2	42.9
8	13.1	65.0
9	8.7	38.6
10	12.5	62.3

MEDICINES USED

Overall in this study, 4 different medicines were prescribed with different potencies. The most frequently prescribed medicines were *Ferrum metallicum* (n=3, 30%), *Ferrum sulphuricum* (n=3, 30%), *Lycopodium* (n=2, 20%) and *Natrum muriaticum* (n=2, 20%) (Fig.6)



DISCUSSION

Anaemia, particularly IDA, continues to be a global health burden, especially in low- and middle-income countries where nutritional deficiencies are prevalent. IDA is characterised by reduced haemoglobin concentration, often accompanied by microcytosis and hypochromia, due to insufficient iron stores. Its clinical presentation includes pallor, fatigue, dizziness, breathlessness, and cognitive impairment, all of which can significantly impact the quality of life. Among women of reproductive age, the prevalence of IDA is alarmingly high due to menstrual blood loss, inadequate dietary intake, and frequent pregnancies, making this demographic particularly vulnerable.

Female patients of reproductive age (typically between 18–45 years) diagnosed with iron deficiency anaemia, with laboratory confirmation of low

haemoglobin (Hb < 12 g/dL), and decreased serum ferritin levels were included into this study. The selection of this age group was guided by earlier research highlights of studies like Balarajan et al.,⁷ Owais et al.,⁸ Bansal et al.¹¹ Participants who were severe anaemic (Hb < 7 mg/dl), pregnant, suffering from chronic diseases, or receiving ongoing conventional anaemia treatments were excluded to reduce confounding variables.

The research evaluated the efficacy of individualised homoeopathic remedy in treating Iron deficiency Anaemia in 10 reproductive aged women. There was significant improvement in Hb%, MCV, MCH and SF. Different homoeopathic medicines were used, repertorisation was done and medicines were prescribed depending on the individualisation of the case. Ferrum metallicum, Ferrum sulphuricum, Lycopodium and Natrum muriaticum were prescribed.

CONCLUSION

In this research, 10 reproductive aged women suffering from iron deficiency anaemia showed significant improvements with increase in HB%, MCV, MCH and SF were seen.

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