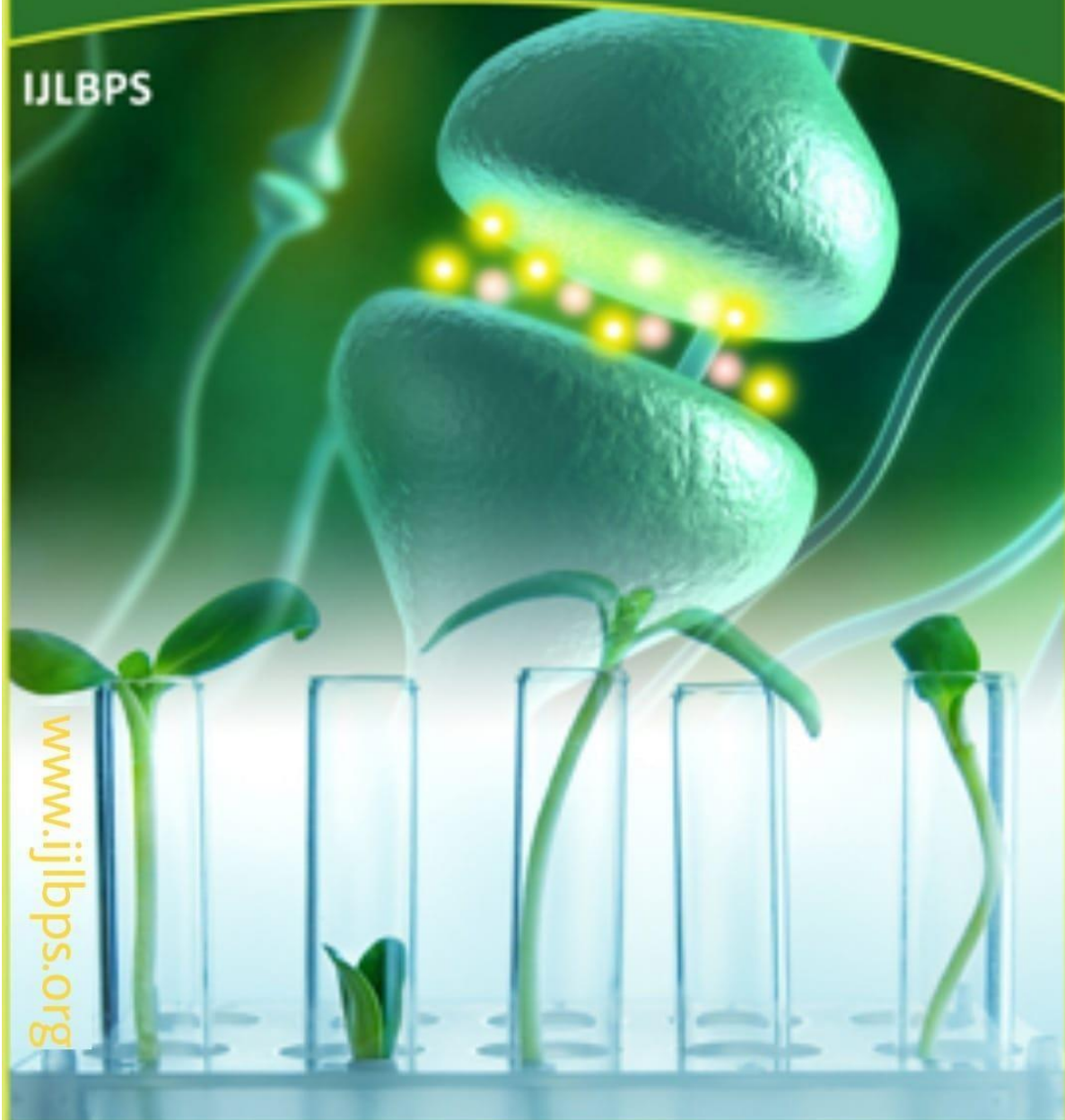




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## To Advance Our Knowledge of Ferrum Phosphoricum's Function in the Homoeopathic Treatment of Iron Deficiency Anemia in Females

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### ABSTRACT

Iron-deficiency anemia (IDA) is a serious issue in women's health in India. This demographic includes people of all ages and both sexes. However, it disproportionately affects women. Issues including an overabundance of iron, excessive bleeding during periods, infections, worm infestations, and so on might be to blame. Worldwide, 42% of pregnant women, 30% of non-pregnant women (aged 15–50), 47% of preschoolers (aged 0–5), and 12.7% of males over the age of 15 are anemic, according to the World Health Organization (WHO).

**Objective:** in alleviating human suffering, the cure of ferrum phosphate plays a role in treating anemia. ii) Determine the signs and symptoms of Ferrum Phosphoricum iron deficiency anemia. iii) Improvements in hemoglobin (Hb), packed cell volume (PCV), and red blood cell count were used to evaluate the patients. (RBCs).

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

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### INTRODUCTION

Everyone has an inherent right to health care, and being well is key to living a fulfilling life. The adolescent years are the most populous in India, making up more than 20% of the population. The onset of secondary sex characteristics marks the beginning of adolescence, which concludes when the person reaches psychological maturity and is ready to make a positive contribution to society, after physical development has ended.

People between the ages of 12 and 18 are considered adolescents. At this age, most girls start having periods. The ideal measurements for the girl are a height of 155–169 cm and a weight of 42–64 kg. During adolescence, there is a time of rapid growth and development, which means that total nutritional needs are higher. Iron deficiency diseases and other nutritional deficits may be prevented by eating the proper foods at the right times.

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There are many factors that impact adolescent girls' health, including a growth spurt, the start of menstruation, a lack of iron in the diet, and gender prejudice. More than 60% of teenage females in India suffer from iron deficiency anemia. The consequences of teenage females suffering from anemia are extensive. Physical and mental development are stunted in the adult females who were anemic as adolescents.

Low birth weight kids are born to mothers who were already underweight before becoming pregnant, and these women have an increased risk of dying during delivery. One of the micronutrients is iron. Haemoglobin production, oxygen transfer, brain development, temperature control, and muscular contractions all rely on it. A lack of iron in the body is known as an iron deficit. One of the most prevalent causes of anemia is an iron shortage. Iron deficiency anemia is characterized by a low hemoglobin level.

Serious mental and physical development, health maintenance, and job performance are all negatively impacted by anemia, making it a major public health concern. Worldwide, iron deficiency is the leading cause of anemia. Anemia affects almost 2 billion individuals in underdeveloped nations. Signs And Symptoms:

#### General Symptoms

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

#### Sign

#### Pallor

Spoon shaped Deformity of nails  
(Koilonychia)

Cracked lips

Tingling sensation hands and feet

Bilateral ankle oedema Lack of concentration

Loss of memory

#### Reproductive system

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

#### Aim

#### 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

h) 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 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. The case required emergency treatment during the study.
- II. 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.

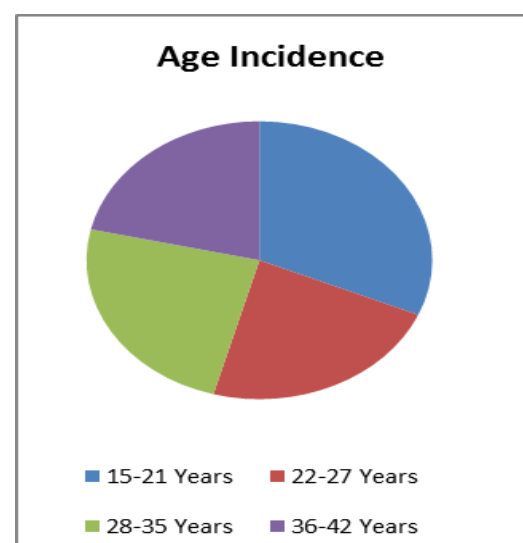
**Research Hypothesis:**

**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**

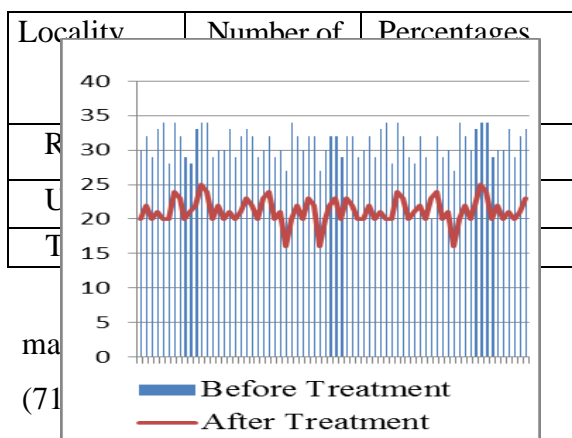
The data obtained was sorted out as follows:



**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**

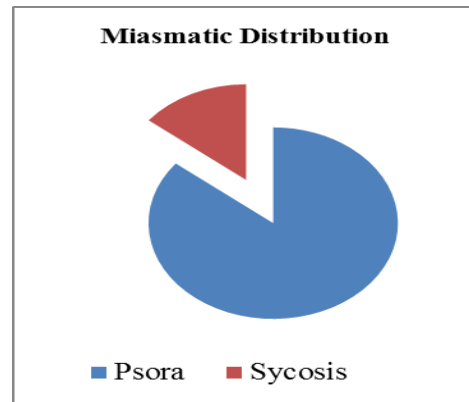


where as minimum number of cases i.e. 20 cases (28.57%) were from urban areas.

**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 %

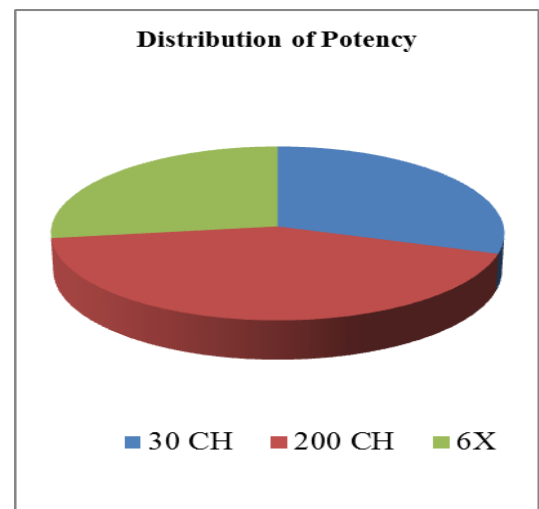
As shown in above table, maximum no. of cases i.e. 36 cases (51.43 %) were observed of unmarried, where as minimum no. of cases i.e. 34 cases (48.57 %) were observed married.



**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**

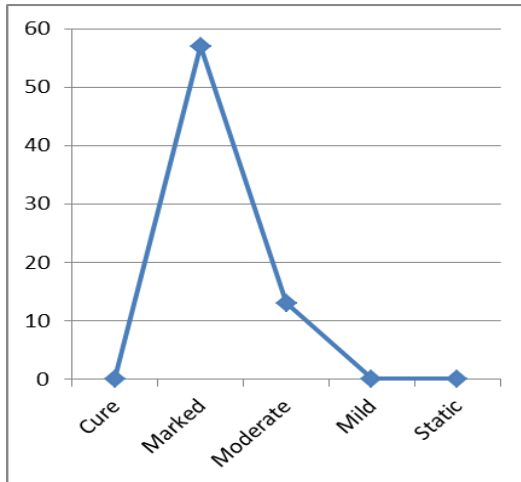


**Fig 4: Graphical distribution of given potency of Ferrum Phosphoricum in 70 cases of Iron Deficiency Anemia.**

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 ( $\alpha$ ) 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 ( $\alpha$ ). 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

1. Seventy cases were chosen for this investigation according to the criteria for inclusion and exclusion. Because all of the patients' symptoms were so identical, Ferrum Phosphoricum was recommended to them all. The potency was chosen based on the circumstance and might range from 30CH to 6X. A minimum gap of 7–14 days was required to see the effects of Ferrum Phosphoricum. When looking at the instances that were part of this research, it became clear that all of the patients' problems improved, albeit to varying degrees. Therefore, Ferrum Phosphoricum, a homeopathic remedy, is effective in treating iron deficiency anemia. Additional experiments with big enough samples are required to confirm these findings. Accessed from: 4838/24 Ansari Road, Dariyaganj, New Delhi (110002), 2019, Page Number: 309-311 in Mohan, H.'s Textbook of Pathology, 8th edition, edited by Jaypee Brothers Medical Publisher (P) Ltd.

New Central Book Agency (P) Ltd., 8/1, Chintamani Das Line, Calcutta, (700009), Page Number: 27.1-27.39, Dey N. C., and Dey T. K.'s A

Textbook of Pathology, 15th Revised Reprint, 1996.

The Curtis Center, 170 S Independence Mall W 300E, is home to the 7th edition of Pathologic Basis of Disease, written by Kumar Vinay, Abbas AbdulK, and Fausto Nelson and published by Elsevier.

On pages 622-649 of the 2005 edition published in Philadelphia, Pennsylvania (19106),

Page numbers 85-89 from the 5th edition of Essentials of Medical Physiology by K. Sembulingam and Prema Sembulingam published by Jaypee Brothers Medical Publishers (P) Ltd. in 2010 at 4838/24 Ansari Road, Daryaganj, New Delhi (110002), India.

5. P.C. Das and P.K. Das's Fifth Reprint Edition of the Medical Textbook was published in 2009 by Current Books International at 60

Lenin Saranee, Kolkata (700013), and contains pages 255-263.

Chapter 6: Clinical Medicine by Kumar Parveen and Clark Michael, 5th edition, London: W. B. Saunders, 2003, pages 410-439.

The 12 Tissue Remedies of Schussler, by Dewey and Boericke, 6th edition, B. Jain Publishers (P) Ltd., B. Jain House, D-157, Sector-63, Noida (201307), U.P., pages 61-72. This is the third revised and expanded edition of Boericke's New Manual of Homoeopathic Materia Medica with repertory, based on the ninth edition. It

was published in 2011 by B. Jain Publishers (P) Ltd. and was located at 1921/10 Chuna Mandi, Paharganj, New Delhi, 110055, India. Pages 286-288.

9. B. Jain Publishers (P) Ltd., 1921/10, Chuna Mandi, Paharganj, New Delhi, 110055, India; Page Number: 1894; Dr. Schroyens Frederik; Synthesis Repertorium Homeopathicum Syntheticum; Reprint Edition: 9.1;

10. This is an excerpt from Kent's Repertory of the Homoeopathic Materia Medica, 49th Edition, published in 2009 by B. Jain Publishers (P) Ltd. at Chuna Mandi, Paharganj, New Delhi, 110055, India. The pages numbered 37-142 may be found in this edition.

11. Burt WM. H. [edited by B. Jain Publishers (P) Ltd.]; Physiological Materia Medica; Third Reprint Edition; 2006; Pages 409-417; B. Jain Mandi, Paharganj, New Delhi, 110055, India.

Page numbers 42 and 90 from Indications of Miasm, written by Dr. Choudhury Harimohan and published in 2006 by B. Jain Publishers (P) Ltd., 1921/10, Chuna Mandi, Paharganj, New Delhi, 110055, India.

13. Hering C. The Guiding Symptoms of Our Materia Medica, 5th Edition, B. Jain Publishers (P) Ltd., 1921/10, Chuna Mandi, Paharganj, New Delhi, 110055, India, 2000, pages 312-322.

Text found on pages 531-537 of the



2009 edition of Lectures On Homoeopathic Materia Medica by Kent James Tyler, published by B. Jain Publishers (P) Ltd., 1921/10, Chuna Mandi, Paharganj, New Delhi, 110055, India.

Page numbers 606–618 of the Materia Medica Pura, Third Reprint Edition, by Hahnemann Samuel, published by B. Jain Publishers (P) Ltd. in 1921/10 at Chuna Mandi in Paharganj, New Delhi, 110055, India in 2002. Page numbers 422-423 from Choudhuri N.M.'s A Study On Materia Medica, Revised and Augmented Edition, B. Jain Publishers (P) Ltd., 1921/10, Chuna Mandi, Paharganj, New Delhi, 110055, India, 2001. Page numbers 753–758, from Clarke's A Dictionary of Practical Materia Medica, Volume I, Reprint Edition, B. Jain Publishers (P) Ltd., 1921/10, Chuna Mandi, Paharganj, New Delhi, 110055, India, 2000.

Page numbers 303–324 from Allen T. F.'s The Encyclopedia Of Pure Materia Medica, Fourth Edition, B. Jain Publishers (P) Ltd., 1921/10, Chuna Mandi, Paharganj, New Delhi, 110055, India, 2000.

Samuel Lilienthal's Homoeopathic Therapeutics, reprinted 2006 by B. Jain Publishers (P) Ltd., Chuna Mandi, Paharganj, New Delhi, 110055, India, pages 27–28. Page numbers 387–394 from Patil J.D.'s Group Study in Homoeopathic Materia Medica, 2nd edition, B. Jain Publishers (P) Ltd., D–

157, Sector 63, Noida, 201307, U.P. (India), 2018.

20. In a pilot study published by Devangini publication, Tamboli Prashant, Goda Chandraskhar, and Sayyad Mohammed evaluated the effectiveness of F. P. 6X in treating iron deficiency anemia in pregnant women living in rural areas of Vikramgragh Taluka in a randomized, controlled trial. The results were published in the International Journal of Education and Research in Health Science in December 2015. 21. The authors of the review article "Iron Deficiency Anemia and Ferrum Phosphoricum: A Systematic Review" are Jadhav Shevanta S., Dr. Tiwari Prerna, Dr. Lata Kusum, Dr. Tyagi Esha, Dr. Shete Priya, Dr. Rekh Jayshree A., Dr. Pandey Rishabh, and Dr. Jadhav Arun B. The article was published in the International Journal of Research and Review (IJRR) in February 2019, with the following information: online (ISSN: 2349-9788), print (ISSN: 2454-2237), and pages (83-92). The history of anemia and the bare iron deficiency may be found at <https://cureanemia.org/>.

2. [www.en.n.wikipedia.org/wiki/unani-medicine](http://www.en.n.wikipedia.org/wiki/unani-medicine) (23 references)

24. A guide to iron deficiency anemia: <https://www.everydayhealth.com/resources/guide>

25. Online Medical Dictionary: "Iron Deficiency Anemia" (26).

<https://www.mayoclinic.org/diseases-conditions/irondeficiency-anemia/diagnosis-treatment/drc-20351930>  
27, “Iron deficiency anemia”  
(<https://www.healthline.com/health/>).  
<https://emedicine.medscape.com/articl>

[e e/overview](#) (October 28, 2018).  
<http://www.researchgate.net/publication/319112348> (September 29, 2018).  
"The End of Myasmation of Miasms"  
(Part III of Predictive Homoeopathy),  
by Vijayakar, first published in 2005 in  
Mumbai, pages 182-232.