

Biochemic Approach in Anaemia of Pregnancy

Anaemia is the commonest medical disorder found in pregnant women. Anaemia in pregnancy is usually due to defective erthropoesis, most often from iron or folate deficiency or both.

Anaemia is defined as a reduction in the concentration of haemoglobin in the peripheral blood below the normal for age and sex of the patient. It varies in males and females (i.e. males below 13.0 gm/dl and females below 11.5 gm/dl).

According to the biochemic concept, anemia results from the deficiency of the inorganic salts, calcium phosphate and iron phosphate. Red cells are formed in the bone marrow. So calcium phosphate has a direct role to play in the production of RBC. If the body is deficient in calcium phosphate, it obviously results in anemia. A deficiency of iron also has a direct impact on the haemoglobin levels resulting in anaemia.

CAUSES OF ANAEMIA

Inadequate diet

Iron deficiency

Folic acid and Vita B₁₂ deficiency

Malabsorption

Increased demand during pregnancy

Excessive bleeding – menorrhagia, DUB, metrorrhagia

Infections – bacterial, viral and parasitic.

Anaemia may affect any of the systems – CVS, CNS, renal and reproductive systems. The signs and symptoms may be seen in the system so affected and the complaints are usually

-Weakness and lassitude

-Breathlessness on exertion

-Palpitation

-Fatigue

-Dizziness

-Dimness of vision

-Insomnia

-Diminished sensation of fingers and toes

-Pallor of skin

-Oedema, slight proteinuria

-Murmurs (systolic)

-Amenorrhoea, infertility etc.

MANAGEMENT

General

-Adequate diet, rich green vegetables, beetroot, fenugreek, soya bean, spinach etc.

-Milk and milk products

-Fruits – apple, apricot, mango etc.

Since anaemia results from the deficiencies of various inorganic salts especially Calcium Phosphate and Ferum Phosphate by introducing these salts from outside will definitely treat the condition of anaemia. Biocombination *Cal phos 3x, Ferrum phos 3x, Nat mur 6x, and Kali phos 3x* daily will improve the condition of anaemia.

I would like to highlight a case of anaemia in pregnancy.

CASE:

Mrs X, 27 years, Hindu House wife, got married on 7.2.1994. She has no children, has 1 younger brother. The case was taken on 18.8.99.

PAST HISTORY

History of recurrent abortion 4 times

1st abortion 4 years back at 3rd month

2nd abortion 4 years back at 2½ month

3rd abortion 3 years back at 2½ month

4th abortion 2 ½ months back at 2nd month

MENSTRUAL HISTORY

Menarche: 15 years age

LMP: 20.6.1999



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Location	Sensation & pathology	Modalities	Concomitants
1. FGT Since 2 months LMP 20.6.1999	Absence of menses Dull aching pain White discharge ++ Itching+	< Exertion ² > Rest < Night ²	Weakness ² Giddiness ² Back pain ² Nausea
2. GUT since 1 month	Burning pain Pricking pain in the Urethra	< while passing urine > Pressure/applying warm water	Constipation ²

Menses: Irregular once in 40-45 days always

Duration: 9-10 days, profuse

Character of blood: Dark, Stringy

Before menses: Leucorrhoea++, acrid,
soreness of external genitals

During menses: Itching of the external genital.
Pain³ very severe, spasmodic,
cutting, colicky type.

After menses: Leucorrhoea

Leucorrhoea is acrid, soreness of external genitals

Sexual function: Pain during coition

FAMILY HISTORY

No major illness in the family

PERSONAL HISTORY

Appetite: Decreased

Desires: Oily food, sweets

Aversions: Non vegetarian food

Thirst: Increased 7-8 glasses/day

Perspiration: Increased, no odor, no staining

Stool: Usually constipated – hard stool

Urine: 3-4 times/day. Now since 1 month
burning++

THERMAL REACTION

Likes winter season. Likes fan always. Covers thin till
neck. Bath-warm water. C²H²-C²H³

EMOTIONAL STATE

Weepy: weeps for trifles or if anybody says any
thing about her.

While narrating her complaints

Anxious: about not having children

Fear: about her complaints

Company: Likes

Behavior: Shy

Memory: Weak

GENERAL PHYSICAL EXAMINATION

Per abdomen: Tenderness+ lower abdomen
(hypogastrium)

Surface smooth

Percussion: Firm in consistency

Auscultation: Normal bowel sounds heard

CVS: S1S2 heard.

No murmurs

RS: Normal vesicular breath sounds heard

Weight: 42 kgs

PROVISIONAL DIAGNOSIS? PREGNANCY

ANAEMIA?

INVESTIGATION ADVISED

-Hb; Blood group

-Pregnancy test – urine

REPORT SHOWS

Hb: 5.1 gm/dl

Blood group: O+

Pregnancy: Positive

MANAGEMENT

Advised for admission – complete bed rest

Advised antenatal diet

Blood transfusion

REPERTORIAL TOTALITY (Kent's repertorial method)

Mind:

(12) Company desire for

(7) Anxiety – health about

(88) Shy (timidity)

(92) Weeping

PHYSICALS

C2H2 – C2H3

(486) Stomach-desires-sweets

(1299) Perspiration – profuse

CHARACTERISTIC PARTICULARS

Genitalia: (714) Abortion

(721) Itching – pregnancy during

(720) Leucorrhoea – (721) burning

(722) Acrid excoriating – menses before

(726) Menses delayed

(727) Painful dysmenorrhora

(509) Stomach – nausea – during pregnancy

(608) Rectum constipation–pregnancy

Patient used to visit once every month and blood examination was done once in 12 months. Her Hb was 11.8 gm/dl in January (7th month). There was no complaint throughout her antenatal period. The constitutional remedy was selected based on her constitutional totality and was prescribed once in a month with *Sac Lac*, *Ferrum phos 3x* and *Cal phos 6x* tablets. She delivered a healthy female child weighing 3.1 kg by vertex presentation on 12.3.2000 at 6.30 pm. The mother and the child were healthy. Prescribed 2 doses of *Arnica 1M* soon after the delivery. There was no complication to the mother as well as the child during puerperium.

<p>19.8.99 Admitted</p>	<p>Rx 1. Blood transfusion 2 pints 2. <i>Ferrum phos 3x</i> QDS 3. SL powder 1-1-1 x1 week 4. <i>Cal phos 6x</i> 2-2-2x1</p>
<p>Based on reportorial totality <i>Sepia</i> selected as the constitutional remedy.</p>	
<p>24.8.1999 Weakness>+; Appetite decreased Nausea+; No vomiting Giddiness+ < morning; BP 130/78mm of Hg Urine frequency increased Pricking pain in the urethra++ Urethral region – very sensitive White discharge>+ Weight 43 ½ Kgs Hb 9.8 gm/dl Advised to take – good diet rich in iron and calcium Discharged</p>	<p>Rx 1) <i>Sepia 200</i> HS (1P) 2) SL Powder 1-1-1 x 2 weeks 3) <i>Ferrum phos 3x</i> TDS x 2 weeks 4) <i>Cal phos 3x</i> TDS x 2 weeks</p>
<p>14.9.1999 Pain>+ giddiness>+ Sleep good, no white discharge No burning urination Nausea + no vomiting Occasional headache. Motion 1/day</p>	<p>Rx 1) SL Powder 1-1-1 x 2 weeks 2) <i>Cal phos 6x</i> TDS x 2 weeks 3) <i>Ferrum phos 2x</i> TDS x 2 weeks</p>
<p>LMP 20.6.1999</p>	
<p>Discharged date 27.3.2000</p>	

