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## SCOPE OF HOMOEOPATHY IN THALASSEMIA

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### **Abstract:-**

Six children belong to  $\hat{a}$ -Thalassemia major, eight children belong to  $\hat{a}$ -Thalassemia minor and seven cases are of intermediate type are taken up for clinical evaluation of effect of Homoeopathy on Thalassemia. Thalassemia minor cases who are on prophylactic Folic acid have given constitutional treatment and maintain their normal health after with drawing the Folic acid. Intermediate types who need transfusion when exposed to precipitating factors did not require further transfusion since last 5 years. Out of 6 Thalassemia major cases, 2 sisters who belong to a Muslim family are now under Homoeopathic treatment with marked improvement which is assessed on the basis of Hb level maintained in 9-10 gms/dl without transfusion since 5 years. In 3 other Thalassemia cases who are under constitutional treatment, transfusion required but frequency of transfusion is reduced, 1 case did not show any improvement.

**Keywords:**  $\hat{a}$ -Thalassemia major, Homoeopathy, Blood transfusion parameters.

### **Material & Methods**

#### ***Patient group:-***

21 Thalassemic patients of age group 3 - 9, who present at the O.P.D. of Dr. A.C. Homoeopathic Medical College & Hospital, Bhubaneswar, were included in the study.

Patient had the following inclusion criteria:-

*For Thalassemia major:*

- Evidence of both parents has thalassemia minor.
- Profound hypochromic anaemia (not due to Iron deficiency anaemia).
- Evidence of severe red cell dysplasia.
- Gross reduction of HbA.
- Raised level of HbF.
- Hepato splenomegaly.

*For Thalassemia minor:*

- Mild anaemia.
- Microcytic hypochromic erythrocytes
- Some target cells.
- Raised HbA<sub>2</sub> foetal haemoglobin.
- Evidence of one parent has Thalassemia minor.

Some patient does not fit easily into those two clear cut clinical categories. Those patients are included in the group Thalassemia Intermedia.

The exclusion criteria were:

- Hb level is usually normal or mildly reduces but rarely reduced 10gm/dl.
- R.B.C. normal.
- No family history.

Following these inclusion and exclusion criteria 6 cases fall to the category of Thalassamia major, 7 & 8 cases are fitting to Thalassemia intermedia & Thalassemia minor respectively.

Assessment criteria :

Improvement was assessed on the basis of following criteria:

1. Reduction in frequency of transfusion.
2. Hb% should not be less than 8-10 gm% without transfusion.
3. Hepatosplenomagaly should not further increase.
4. No other complications such as

- Profound growth retardation.
- Hepatosplenomagaly.
- Susceptibility to infections.
- "Chipmunk" facies due to maxillary marrow hyperplasia and frontal bossing.
- Thinning and pathologic fracture of long bones.
- Endocrine dysfunction.

#### Homoeopathic treatment:-

In all the cases constitutional drugs selected on the basis of totality of symptoms were prescribed.

#### Potency: -

Fifty millesimal scales in ascending potency are given.

#### Repetition: -

The millesimal potency repeated in suitable interval in ascending order.

All the patients come from Allopathic physician and are taking Folic acid.

Folic acid was stopped in Thalassemia minor patients and Thalassemia intermedia patients, but allowed to be taken by Thalassemia major patients.

#### Results:-

8 Thalassemic minor cases who were asymptomatic before treatment are continued to maintain the same state of health with constitutional medicine without Folic acid. 4 out of 7 Thalassemic intermedic patients who were intermittently requiring transfusion of blood because of reduction of Hb during infection or exposed to precipitating factors did not receive further transfusion after taking constitutional medicine. The most interesting factor is, two Thalassemia major cases who were sister & from a Muslim family and require transfusion once in every month or 2 months showed marked improvement. They do not receive transfusion since 5 years after the beginning of Homoeopathic treatment, who were in need of transfusion once in a month or

2 months other wise Hb% falls below 5 – 6gm% with other complication before coming Homoeopathic treatment. One of them improved with “*Tuberculinum*” where the other is with “*Silicea*”.

One case from the 6 Thalassemia major patient group require less frequent transfusion and continue treatment for 2 years but left treatment after 4 years.

Three other cases of Thalassemia major did not show any improvement and dropped out. Medicines often indicated according to their symptom similarity are Tub., Calc.carb., Sil., Nat. mur., Iodium, China, Phos., Thyroidinum, Mang. aceticum., Ferrum ars. At times intercurrent drugs are found beneficial which are Ceanothus, Carcinosis, Syphilinum, Iridium metal, Lecithin, Vanadium.

#### Discussion:

To draw a conclusion for research study is not possible because of the following limitations in the study.

1. No. of cases are 21 only.
2. Highly sophisticated investigations like Hb Electrophoresis, Alkali denaturation test, Gene analysis are not available in this Homoeopathic Institute.

The purpose of writing this article is to indicate Homoeopathy has effect even on Thalassemia major cases.

The two patients who are diagnoses Thalassemia major are sisters and belonging to a Muslim family. In both the cases the blood picture and the clinical feature are same and as follows:-

1. Severe anaemic varying between 4-7gm%.
2. Hepatosplenomegaly.
3. Microcytosis.
4. Elevated level of HbF, HbA<sub>2</sub> on both.
5. Erythrocyte shows marked anisocytosis and poikilocytosis.
6. Tear drop cells are often seen.

After case taking and on the basis of totality of symptoms younger sister indicated Tuberculinum and elder sister indicated Silicea. After giving the indicated drugs both showed marked improvement which are as follows:-

1. Hb% maintains above 8 – 9gm%.
2. There is no further increase in hepatosplenomagaly.
3. Anisocytosis moderate.
4. HbF reduced.
5. But AF-E band persists.

No transfusion is required for both the sister after Homoeopathic treatment, Hb% maintains at 9 – 10gm%.

#### Inference & Conclusion:

In Thalassemic disorder there is genetically determined reduction in the rate of synthesis of one or more types of normal Hb polypeptide chain. The  $\alpha$  and  $\beta$  chains of Hb are synthesized independently under separate genetic control and in the normal state, the synthesis of 2 chains are in balanced state. In  $\alpha$ -Thalassemia the inadequate production of  $\alpha$  chains leads to reduction in the amount of HbA in the red cells and a microcytic hypochromic anaemia results. The total Hb is maintained in part by the production of  $\alpha$  and  $\beta$  chains and thus increased HbF or HbA<sub>2</sub> is usually found. Recent gene analysis studies have established that  $\alpha$ -Thalassemia may arise from any of between 40 and 50 different mutations of the globin gene. Since the disease is a genetic mutation of  $\alpha$  chain it is difficult to opine how Tuberculinum and Silicea help to maintain the Hb level without transfusion since 5 years. It can be only be contemplated that there is compensatory mechanism by the body to improve the production of viable red cells.