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A CLINICAL STUDY TO ASSESS THE EFFECTIVENESS OF ALETRIS FARINOSA Q IN ANAEMIA AMONG ADOLESCENT GIRLS

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ABSTRACT:

Anaemia is a condition of having a lower-than-normal number of red blood cells or quantity of hemoglobin. Anaemia diminishes the capacity of the blood to carry oxygen. Patients with anaemia may feel tired, fatigue easily, appear pale, develop palpitations, and become short of breath.

Aletris farinosa mother tincture is a homeopathic mother tincture that is indicated for the treatment of anaemia with female associated symptoms. Aletris farinosa mother tincture has been found to be effective in treating anaemia, Dysmenorrhoea, Menorrhagia, Leucorrhoea, Dyspepsia, Abortions.

This project, help to know the efficacy of Aletris farinosa mother tincture in treating anaemia.

KEYWORDS:- Anaemia Aletris farinosa Q, Placebo, hemoglobin level.

INTRODUCTION

Globally Anaemia affects 1.62 billion people; it's a major health problem (1). According to WHO expert group, a hemoglobin level of 10-11g/dl has been defined as early anaemia, a level below 10g/dl as marked anaemia (2). "Severe anaemia" was generally defined as Hb < 7g/dl. Anaemia is the widest spread micro-nutrient deficiency affecting all age group irrespective of gender, caste or religion. In India, this silent emergency is rampant among women belonging to reproductive age group (15-49 years) (3). A girl during and after her puberty, will have rapid growth and development with a significantly increased need for macro and micronutrients, otherwise anemic girls become the next generation of anemic mothers. Hence, the health of adolescent girls and college going females demands special attention.

Homoeopathic mode of treatment, with the use of medicines made of natural substances, is very effective in treating anaemia. Homoeopathic medicines will provide capacity to the body that assimilates the iron in the food we take, so it is a natural process that will increase hemoglobin percentage (4).

Aletris is a plant. The mother tincture is prepared from root of Star grass plant (13). Aletris farinosa is indicated for marked anaemia with tiredness (5). It's also suitable for anaemia due to Dysmenorrhea, Conditions in relation to female organism.

Common Name: Star Grass.

Botanical Name: Aletris Farinosa (7)

Part used: Root

AIMS AND OBJECTIVES

- To verify the efficacy of Aletris Farinosa Q in anaemia
- To establish the improvement by follow up analysis.

NEED OF THE STUDY

The prevalence of anaemia is disproportionately high in the developing countries, due to poverty, inadequate diet, worm infestations, pregnancy/lactation and poor access to the health services (8). The world's adolescent population and young females of child bearing period is facing a series of serious nutritional challenges which are not only affecting their growth and development but also their livelihood as adults (9). Inadequate nutrition during adolescence an early adult can have serious consequences throughout their productive years of life and beyond (10). Very often, in India, girls get married and pregnant even before the growth period is over, thus doubling the risk for anaemia (11).

According to the WHO, the highest number of individuals affected by anaemia is observed in non-pregnant women aged 15– 49 years (12). Anaemia is a leading public challenge in India so we want to bring out the action of at least one rare remedy for anaemia, the present study may help in future to treat anaemia.

SCOPE / ACCOMPANYING MERITS OF THE RESEARCH

Aletris Farinosa which belongs to the family, Nartheciaceae .It is having action on Marked anaemia (19) and Tiredness, Dysmenorrhea, Conditions in relation to female organism.

Aletris farinosa is taken into account for the study. As there are no previous studies for the same on considering the potential action of the remedy, Aletris farinosa showing non-toxic effect, can be a landmark in the history of homeopathy in treating anaemia. There by the remedy can be a used for the welfare of public.

MATERIALS & METHODS:

Written Consent is taken from each and every patient who had participated in the study, the treatment plan had explained to each patient in their own language.

STUDY SETTING:

A Sample of thirty cases taken from the patients who is having decreased hemoglobin count visiting our MNRHMC collegiate OPDs/IPD, will be randomly assigned in the study. Thorough Case taking is done and recorded in MNRHMC standardized case record format, Case taking along with hemoglobin percentage were done. Consent form is taken from each and every patient who had participated in this study and the treatment plan had explained to each patient in their own language.

STUDY DESIGN:

1. Single group, experimental, before and after study without control.
2. Study carried out at MNR Homoeopathic Medical College and hospital.
3. Data were collected according to pre-structural MNRHMC Acute case sheet format.
4. Pre and post treatment analysis were done by Haemoglobin estimation and symptoms scoring before and after the study.
5. Case taking along with physical examination and required investigation were done.
6. Results were subjected to statistical analysis and hypothesis were tested using paired 't'-test.

SELECTION OF SAMPLE

Sample size: 30 cases

Sample technique: Purposive sampling

QUALITY CONTROL AND QUALITY ASSURANCE

All medicines is procured from GMP certified pharmaceutical companies approved by the institutional ethical committee. Drug is acquired from standard homoeopathic pharmacy and drugs are stored as per the rules of Indian homoeopathic pharmacopoeia.

ETHICAL ISSUES

Ethical clearance has been obtained from college ethical committee before starting the study.

INCLUSION CRITERIA:

☑ Age between 10-19

☑ Only females

EXCLUSION CRITERIA:

☑ Males.

☑ Hemoglobin concentration below 7 gm %.

☑ Age below 18 and above 24.

☑ Anaemia with complication.

☑ Pregnant and lactating women.

☑ Thalassemia, sickle cell anaemia, haemolytic anaemia.

☑ Anaemia due to hemorrhoids, worm infestation.

☑ Abortions

☑ Anaemia due to severe bleeding

STEPS FOR ADMINISTRATION:

After case taking of patients who is presenting with symptoms of anaemia, we had sent them for preliminary laboratory investigations and if their hemoglobin percentage is less than 12, we had given Aletris farinosa Q, dietary management is advised. Patient is also advised to visit OPD of collegiate hospital once in a week. Hemoglobin percentage is checked once in a month for 6 months. Improvement is assessed by changes in symptoms and hemoglobin percentage before and after the study.

OBSERVATION AND RESULT:

Outcome is assessed by comparing the symptoms and hemoglobin concentration before and after treatment. 60 Patients with anaemia are included in this study. All these cases are divided into 2 groups.

Group 1- Aletris farinosa Tincture, patient is advised to take 10 drops in 1-ounce water three times daily (administered for 30 patients) i.e. 30 ml is given per week.

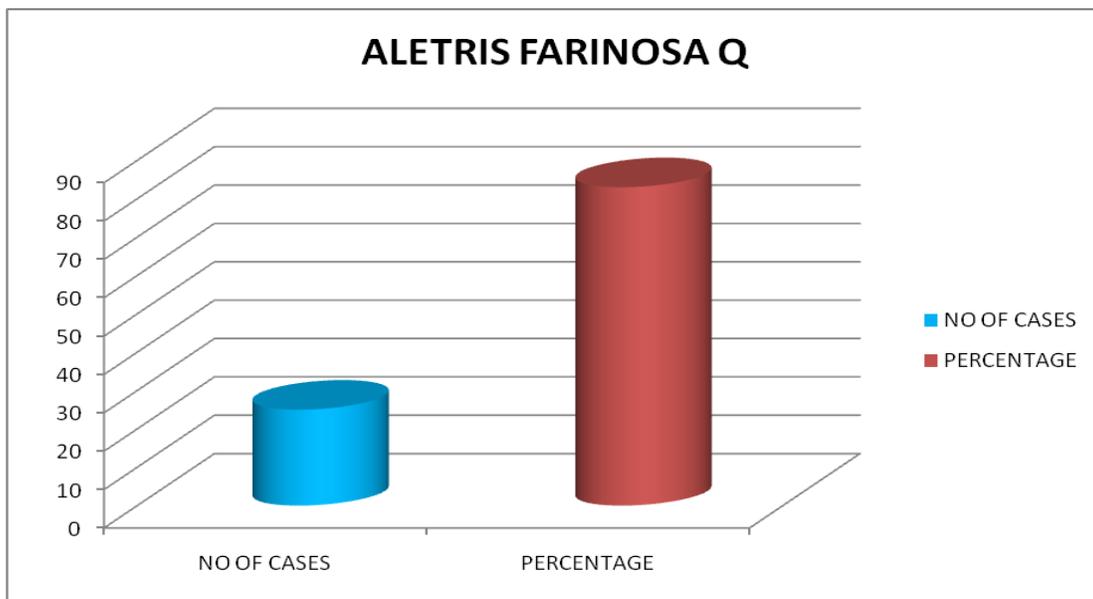
Dietary management is advised.

Cases are followed up for 6 months. The statistical analysis and corresponding observations are made based on the data so obtained.

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TABLE 1: DISTRIBUTION OF CASES ACCORDING TO IMPROVEMENT IN ALETRIS FARINOSA Q

IMPROVEMENT	NO OF CASES	PERCENTAGE
ALETRIS FARINOSA Q	25	83



STATISTICAL ANALYSIS**Comparison of mean value of ADD scores before and after study:**

t-Test: Paired Two Sample for Means		
	<i>Before Treatment</i>	<i>After Treatment</i>
Mean	6.800	5.300
Variance	3.269	5.666
Observations	30	30
t Stat	3.643	
P(T<=t) two-tail	0.001	
t Critical two-tail	2.045	

The before and after score were compared for interpretation of results, the t-test value obtained is 3.643, which is greater than critical value(2.045) and $p < 0.001$, therefore, the study is found significant at 99.99%

Comparison of mean value of Hyperactive / impulsivity scores before and after study:

t-Test: Paired Two Sample for Means		
	<i>Before Treatment</i>	<i>After Treatment</i>
Mean	5.4333	3.933333333
Variance	6.1161	4.96091954
Observations	30	30
t Stat	3.1482	
P(T<=t) two-tail	0.0030	
t Critical two-tail	2.0452	

The before and after score were compared for interpretation of results, the t-test value is 3.148, which is greater than critical value(2.0452) and $p < 0.0018$ therefore, the study is found significant at 99.99%

Comparison of mean value before and after study:

t-Test: Paired Two Sample for Means		
	<i>Anaemi a- Before</i>	<i>Anaemia- After</i>
Mean	12.2 33	9.167
Variance	9.42 6	13.661
Observations	30	30
t Stat	4.501	
P(T<=t) two-tail	0.0001	
t Critical two-tail	2.045	

On conducting two tailed t-test p value is 0.0001, t-test value is obtained as 4.501 which is greater than critical value (2.045). Therefore study is found significance at 99.99%

1. H₀ Hypothesis:

Since p-value < α , H₀ Is rejected.

P-value:

On conducting two tailed t-test p value is 0.0001, t-test value is obtained as 4.501 which is greater than critical value (2.045). Therefore study is found significance at 99.99%. p value supports H₁. H₀ is rejected and H₁ is accepted so, by this study we can know that Aletris farinosa Q is effective in treating anaemia.

DISCUSSION:

Life is the noblest gift of god, and health is one of its greatest accompanying blessings. To recover health when lost and to preserve it in its integrity is the principle aim of the physician. Anaemia is the most condition of young college going female students.

In this research 30 cases of anaemia are taken among Adolescent females. To All patients Aletris farinosa Q is given. All the cases are taken between the age group of 10 – 19 years and only females are included. Males and anemic females with other medical illnesses and pregnant and lactating women are excluded in this research.

This study included patients with age group between 10 – 19 years. According to this study, The most common associated symptoms with anaemia is pallor, fatigue, muscular weakness and out of 30 cases , 25 cases were improved, 4 cases persist as same and 2 cases were aggravated. And out of 30 cases of placebo, 6 cases were improved, 16 cases persist as same and 8 cases were aggravated. It was known that Aletris farinosa Q is effective in treating anaemia.

CONCLUSION:

In Aletris farinosa Q group out of 30 cases, 25 cases were improved ,4 cases Persist as same before and after treatment and 1 cases got aggravated than before treatment

So more number of cases were improved in Aletris farinosa Q group so it is known that that Aletris farinosa Q is effective in treating anaemia.

5. REFERENCE:

1. International journal of research in medical sciences page no: 3320, www.msjonline.org.
2. K. Park, Parks textbook of preventive and social medicine, 24th Edition, Premnager Jabalpur, India, 2017, Page no: 661.
3. Harsh Mohan, Textbook of pathology, 4th edition, Indian books and periodicals publishers, New Delhi, India, 679.
4. <http://www.drhomeo.com>. 26th August 2021.
5. Dr. Balbir Singh, Dr. Satwant Singh, rare collections with are remedies, First print edition September 2009, Indian books and periodicals publishers, New Delhi, India, 134.

6. William Boericke. New Manual of Homoeopathic Material Medical and Repertory. 4th printedition. New Delhi: M. Jain Indian books and periodicals Publishers Pvt Ltd; 2015, 1683.
7. <https://thehomeopathystore.com>, 27th october 2021, 9pm.
8. Kaur S, Deshmukh PR, Garg BS. Epidemiological correlates of nutritional anaemia in adolescent girl so frugal Wardha. Indian Community Med 2006; 31:255-58.
9. Chatterjee R, Nutritional needs of adolescents. Paediatrics Today 2008; 3:110-14.
10. Nayar PD, Mehta R. Child Health. In: Gupta P, Ghai OP, Editors. Textbook of Preventive and Social Medicine. 2nd Edition. New Delhi: CBS Publishers and Distributors; 2007; 428-37.
11. Shobha S, Sharada D. Efficacy of twice weekly on supplementation in anemic adolescent girls. Indian Pediatric 2003; 40:1186-90.
12. WHO Report World Prevalence of Anemia 1993–2005. WHO Global Data base on Anemia. Geneva, Switzerland: World Health Organization; 2008 <http://www.WHO.Int/hinari/en/>[Google Scholar], (July 2019.11.10AM.).
13. J.H. Clark, A dictionary of practical material medical, volume- III, Reprint Edition. B Jain Publishers Pvt. Ltd.
14. Mandal and Mandal, A Textbook of Homoeopathic Pharmacy, New Central Book Agency(p)Ltd, 146.b
15. IIPS: National Family Health Survey (NFHS -3), 2005 -06. 2007, Mumbai: international institute for population sciences (IIPS) and macro international,
16. Gulati GL, Hyland Nj, Kocher W, Schwarting R: Changes in Automated Complete Blood Cell Count and Differential Leukocyte count Results Induced by storage of Blood at Room Temperature. Arch pathol Lab Med. 2004, 126(3): 336-342.

17. Buttarello M: Quality specification in hematology: the automated blood cell count. *Clinicachimica Act.* 2004 ,346: 45 – 54. 10.10116/j.cccn.2004.02.038. CAS Article Google Scholar.
18. Kubasik Np, Ricotta M, Hunter T, Sine HE: Effect of Duration and Temperature of Storage on Serum Analyze Stability: Examination of 14 Selected Radioimmunoassay procedures. *clin chem* .1982,28(1):164 165. CAS pubmed Google scholar.
19. J.H. Clark, A Dictionary of practical materia medica, Volume 3, Reprint Edition. B Jain publishers Pvt. Ltd.
20. B. Brabin, Hematological profiles of the people of rural southern Malawi: an overview, *annals of Tropical Medicine and Parasitology*, vol.98. pp. 71-83 ,200.
21. World Health Organization. Programming for adolescent health and development. WHO Tech Rep Ser No. 1996:2.
22. ICMR Bulletin. A reappraisal of the iron status indicators. 1997; Vol 27:1.
23. M.Y. Yakoob and Z.A. Bhutan, Effect of routine iron supplementation with or without folicacid on anaemia during pregnancy, *BMC Public Health*, vol.11, no.3, article S21, 2011.
24. N. J. Kassebaum, R. Jasrasaria, M. Naghavi et al., “A systematic analysis of global anemiaburden from 1990 to 2010,” *Blood*, vol. 123, no. 5, pp. 615–624, 2014.
25. A. C. Michalos, *Encyclopedia of Quality of Life and Well-Being Research*, Springer Netherlands, Dordrecht, 2014.
26. A. Rammohan, N. Awofeso, and M.-C. Robitaille, “Addressing female iron-deficiency anaemia in India: is vegetarianism the major obstacle?” *ISRN Public Health*, vol. 2012, 8 pages, 2012.
27. S. Seshadri, A. Shah, and S. Bhade, “Hematologic response of anaemic preschool childrento ascorbic acid supplementation,” *Human Nutrition: Applied Nutrition*,

vol. 39, no. 2, pp.151–154, 1985.

28. k. Madhavan Nair and V. Vasuprada Iyengar, “Iron content, bioavailability & factors affecting iron status of indians,” *Indian Journal of Medical Research*, vol. 130, no. 5, pp. 634–645, 2009
29. Food and Agricultural Organization, “Iron,” in *Human vitamin and mineral requirements*, Chapter 3, 2013.
<http://www.fao.org/docrep/004/Y2809E/y2809e0j.htm>
30. T.anand.M.Rah.P.sharma, and G.K.Ingle ,issues in prevention of iron deficiency anaemia in India,” *Nutrition Journal* , vol. 30, no. 7-8, pp. 764–770, 2014.
Chaudhary and V. Dhage, “A study of anemia among adolescent females in the urban area of Nagpur,” *Indian Journal of Community Medicine*, vol. 33, no. 4, p. 243, 2008.
31. M. Verma, J. Chhatwal, and G. Kaur, “Prevalence of anemia among urban school children of Punjab,” *Indian Pediatrics*, vol. 35, no. 12, pp. 1181–1186, 1998.
32. G. S. Toteja, P. Singh, B. S. Dhillon et al., “Prevalence of anemia among pregnant women and adolescent girls in 16 districts of India,” *Food and Nutrition Bulletin*, vol. 27, no. 4, pp.311–315, 2006
33. Sundaresan, W. William, A. Prema, and B. Sudhagandhi, “Prevalence of anemia in the school children of Kattankulathur, Tamil Nadu, India international Journal of Nutrition, pharmacology, Neurological Diseases, vol. 1, no.2, p.184, 2011.
34. S. Challa, “Surveillance of Anaemia: Mapping and Grading the High-Risk Territories and Populations,” *Journal of Clinical and Diagnostic Research*, 2016.
35. B. Harris-White, “Nutrition and Its Politics in Tamil Nadu,” *South Asia Research*, vol. 24, no. 1, pp. 51–71, 2004.
36. W.G. Murphy, “The sex difference in hemoglobin levels in adults - Mechanisms,

- causes, and consequences," *Blood Reviews*, vol. 28, no. 2, pp. 41–47, 2014
37. G. Naher, Dictionary of pharmaceutical Medicine, Springer Vienna, Vienna, 2009.
38. P. H. M. Chaves, "Functional Outcomes of Anemia in Older Adults," *Seminars in Hematology*, vol. 45, no. 4, pp. 255–260, 2008.
39. A. Kusumayati and R. Gross, "Ecological and geographic characteristics predict nutritional status of communities: Rapid assessment for poor villages," *Health Policy and Planning*, vol. 13, no. 4, pp. 408–416, 1998.
40. A. L. Adamu, A. Crampin, N. Kayuni et al., "Prevalence and risk factors for anemia severity and type in Malawian men and women: Urban and rural differences," *Population Health Metrics*, vol. 15, no. 1, 2017.
41. Journal of clinical and diagnostic research, year 2012 |month may |volume 6|issue: 3 |page no.372 to 377