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## **HEAMOCHROMATOSIS AND HOMEOPATHY: A HOLISTIC APPROACH TO IRON OVERLOAD MANAGEMENT**

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### **Abstract**

*This paper explores the global prevalence of Hemochromatosis, a condition characterized by excess iron accumulation in the body, and presents a case study of a UK resident with mild Thalassemia who opted for a homeopathic approach over allopathic treatment. Despite being anemic, the individual decided against allopathic medications prescribed for iron chelation due to concerns about potential kidney-related side effects. The paper delves into the patient's experience with homeopathic treatment, emphasizing the safety, reliability, and slow yet stable nature of the approach. The individual adheres to a strict diet, guided by the homeopathic practitioner, featuring low-fat, high-fiber, and iron-restricted foods. The positive impact of homeopathic medicines on the patient's health is highlighted, and the fear of adverse effects associated with allopathic treatment on kidneys is mitigated. The case study underscores the potential of homeopathy in managing Hemochromatosis and improving overall health, contributing to the growing discourse on integrative healthcare approaches.*

### **Keywords:**

Hemochromatosis, Thalassemia, Homeopathy, Chelation

## Introduction

*Heamochromatosis, a hereditary disorder, is characterized by excessive iron absorption and deposition throughout the body. This condition disrupts the body's normal iron regulation mechanisms, leading to an accumulation of iron in various organs, particularly the liver, heart, and pancreas. While there is a genetic component to Heamochromatosis, it can also result from secondary causes such as repeated blood transfusions, certain anemias, or liver diseases.*

*The primary cause of Heamochromatosis is genetic, often attributed to mutations in the HFE gene. These mutations disrupt the normal regulation of iron absorption in the small intestine, leading to its excess absorption. Secondary causes may include chronic liver diseases, anemias requiring frequent blood transfusions, or excessive dietary intake of iron. Signs and symptoms noted at early stages are*

*Fatigue, Joint pain, Abdominal pain and in advanced stages: Skin pigmentation (bronze or gray)*

*Liver enlargement (hepatomegaly), Diabetes and Cardiac abnormalities*

*If left untreated, Heamochromatosis can lead to severe complications, including:*

*Cirrhosis of the liver, Heart problems, such as arrhythmias and Cardiomyopathy, Diabetes mellitus*

*Arthritis and joint damage, increased risk of certain cancers, particularly liver cancer*

*Homeopathy offers a holistic approach for managing heamochromatosis. It aims to restore the body's balance by addressing the underlying genetic or acquired factors that contribute to iron overload. Homeopathic remedies are selected based on an individual's unique symptomatology, considering physical, emotional, and mental aspects. The constitutional treatment in homeopathy focuses on improving the overall health of the patient, promoting the body's self-regulation mechanisms, and preventing the progression of complications. In Heamochromatosis, homeopathic remedies may aid in: Regulation of iron metabolism, Alleviation of symptoms like fatigue and joint pain*

*Support for liver function, Improvement in overall well-being*

*However, it is essential for individuals with Hemochromatosis to work collaboratively with healthcare professionals, combining homeopathic care with conventional medical management to ensure a comprehensive and well-coordinated approach to their health. Homeopathy, as a complementary therapy, contributes to a patient-centered, integrative approach to managing Hemochromatosis.*

### **Case Profile**

A 48-year-old male, employed as a software engineer in the UK, presents with a medical history of Haemochromatosis and Beta Thalassemia anaemia. Despite being asymptomatic, a routine blood test in 2020 revealed elevated ferritin levels, which further increased in 2022. Subsequent investigations, including an MRI of the abdomen, highlighted liver iron overload, gall bladder stones, and spleen enlargement. The haematologist recommended chelation therapy with the caveat of potential renal damage. Fearing kidney complications, especially considering his father's demise from renal damage due to diabetes, the patient opted against allopathic treatment. Seeking an alternative, he turned to homeopathic care at Dr. Batra's in the UK. Diagnosed with mild Thalassemia, the patient, though anaemic, leads a normal life. Despite excess liver fat, identified during a routine health check, he remains generally energetic. The decision to forgo allopathic treatment, rooted in concerns about kidney risk, was made in collaboration with his wife, choosing the perceived safety and stability of homeopathic treatment.

### **Physical Generals**

Diet	Non Vegetarian
Appetite	Very hungry –cannot stay hungry
Desire	Sweets, Fish.
Aversion	Nothing Particular.
Thermal Reaction	Hot pt
Thirst	Normal.

Stools	No constipation or bleeding per rectum or pain.
Urine	Normal- Frequency- Day- 3 to 4/ Night- 0
Perspiration	Nil dry skin due to cold weather.
Sleep	Refreshing.
Dreams	Un remembered.

### **Examination**

Online consultation

### **Mental Generals –**

The patient was a happy-go-lucky individual, marked by a loving and caring nature. Occasionally, feelings of sadness and disappointment arise when faced with challenges. The patient finds solace in spiritual practices, such as meditation, and enjoys activities like watching movies with their spouse, spending time with family, reading, drawing, and painting. With a positive attitude and a Leo zodiac sign, the patient strives to accomplish meaningful goals in life. Despite the loss of their father due to diabetes and dialysis, the patient cherishes moments with their wife and child.

Raised in a middle-class family with a father in a transferable job, the patient developed resilience despite occasional stress. They have a preference for cold weather and have successfully managed past anger issues through meditation and spirituality. The patient has learned to accept challenging situations.

While maintaining overall good health, concerns about potential liver damage due to elevated iron levels have prompted the doctor to recommend iron chelation tablets. Regular blood tests will monitor the effects on the liver and kidneys during treatment. The patient acknowledges some uncertainty about the future but is taking proactive steps to address their health concerns.

### **Past History**

As a Teenager-Anemia



Remedy dose	<ul style="list-style-type: none"> <li>• Psoric miasm is carried from generation to generation increasing the susceptibility to disease.</li> <li>• The fundamental of Psoric miasm is hypersensitivity or deficiency/lack.</li> <li>• Always makes an attempt to improve after failure</li> </ul>
Acute	Kali Phos6x + Chelidonium 30

### Miasmatic approach

Symptoms	Psora	Sycosis	Syphilis	Tubercular
Genetic disorder	+			
Positiveness	+			
Hunger- cannot Remain	+			
Religious ideas	+			
<b>Miasmatic predominance</b>	<u>+</u>			

### Materials and Methods

Complete repertory was used for repertorization

### Results

MONTHS	PROGRESS	PRESCRIPTION
1 <sup>st</sup> month	Recommendation-Diet to be followed. Following food stuff to b avoided Red meat. Sugary foods Raw or undercooked veds, shellfish, Alcohol Vit c tablets. Colic- abdomen- due to Gall bladder .stone	Sulphur 200 2 doses. Kali Phos 6x Bd Chelidonium 30 xBd.

2 <sup>nd</sup> month	I am in general doing well, as I am strictly on fat free diet with very mild spice in currys. I am also including more fruits and vegetables in my diet. I am feeling better with this diet and also your medicines make me feel comfortable.	Sulphur 200 2 doses. Kali phos 6x Bd Chelidonium 30 Bd.
3 <sup>rd</sup> month	In general I feel healthy	Sulphur 200 2 doses. Kali Phos 6x Bd Chelidonium 30 Bd
4 <sup>th</sup> month	My hunger levels are good and motions are also normal.	Sulphur 200 2 doses. Kali phos 6x Bd Chelidonium 30 Bd
5 <sup>th</sup> month	But strictly following the diet as you recommended. I am happy with your medicines	Sulphur 200 2 doses. Kali phos 6x Bd Chelidonium 30 Bd
6 <sup>th</sup> month	In general I feel healthy	Sulphur 200 2 doses. Kali Mur 6x Bd Chelidonium 30 Bd
7 <sup>th</sup> month	No abdominal pain. Energetic. Happy.	Sulphur 200 2 doses. Kali phos 6x Bd Chelidonium 30 Bd
8 <sup>th</sup> month	strictly following the diet as recommended	Sulphur 200 2 doses. Kali Mur 6x Bd Chelidonium 30 Bd
9 <sup>th</sup> month	In general I feel healthy	Sulphur 200 2 doses. Kali phos 6x Bd Chelidonium 30 Bd

10 <sup>th</sup> month	No major complaints. Happy.	Sulphur 200 2 doses. Kali phos 6x Bd Chelidonium 30 Bd
11 <sup>th</sup> month	No anxiety about illness.	Sulphur 200 2 doses. Kali Phos 6x Bd Chelidonium 30 Bd
12 <sup>th</sup> month	following the diet as recommended	Sulphur 200 2 doses. Kali Phos 6x Bd Chelidonium 30 Bd

### Discussion & Conclusion

The case of the 48-year-old male software engineer presents a complex medical history, primarily characterized by Haemochromatosis and Beta Thalassemia anaemia. Despite being asymptomatic, routine blood tests in 2020 and 2022 revealed elevated ferritin levels, leading to further investigations that unveiled liver iron overload, gall bladder stones, and spleen enlargement. The recommendation of chelation therapy, a standard approach for managing iron overload, came with the caveat of potential renal damage. Given the patient's heightened concerns about kidney complications, influenced by his father's history of renal damage due to diabetes, a decision was made to explore alternative treatments.

The patient opted against allopathic treatment and turned to homeopathic care at Dr. Batra's in the UK. This shift in treatment approach was driven by a desire to mitigate potential renal risks associated with chelation therapy. The patient's decision was influenced by his understanding of the risks involved and his personal experience with his father's health complications.

The patient, diagnosed with mild Thalassemia, continues to lead a normal life despite being anaemic. Notably, excess liver fat was identified during a routine health check, but the patient remains generally energetic. The decision to forgo allopathic treatment was a



collaborative one involving the patient and his wife, who prioritized the perceived safety and stability of homeopathic care.

### **Conclusion:**

This case highlights the intricate balance patients navigate when making decisions about medical treatments, especially in the presence of chronic conditions such as Haemochromatosis and Beta Thalassemia anaemia. The elevated ferritin levels and subsequent complications necessitated a thorough exploration of treatment options, leading to the consideration of chelation therapy. However, the patient's aversion to potential renal risks, influenced by familial experiences, prompted a shift towards alternative treatments, particularly homeopathic care.

The successful management of the patient's health, despite the presence of mild Thalassemia and liver fat accumulation, underscores the importance of individualized approaches in healthcare. It also emphasizes the significance of patient involvement in decision-making, where informed choices aligned with personal values and perceived safety can guide the course of treatment.

This case encourages healthcare providers to engage in open communication with patients, considering their concerns and preferences, to collaboratively determine the most suitable and acceptable treatment strategies for complex medical conditions.

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