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## A STUDY TO EVALUATE EFFECT OF FERRUM PHOSPHORICUM 30 C IN CENTESIMAL SCALE ON CHANGING HEAMATOLOGICAL PARAMETER IN THE CASES OF ANEMIA IN PEDIATRIC AGE GROUP : A CASE SERIES

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### ABSTRACT:

Anemia in pediatric age group imposes the major burden on public health status and has significant adverse health, social and economical consequences. Considering all the factors as well as adverse effects and cost of other forms of medications study of Homoeopathic treatment and management in cases of Anemia in pediatric age group is the need of the hour.

**Case summary:** Hereby, we present 7 case series of anemia in pediatric age group with low haemoglobin values, treated with Ferrum phosphoricum 30 in centesimal scale showing significant changes in haemoglobin value after administration with the help of baseline assessment and re-assessment. There is further scientific exploration needed on larger population to understand complete role of Ferrum phosphoricum 30 in centesimal scale in management of cases of anemia in pediatric age group.

**KEYWORDS:** Homoeopathy, Ferrum phosphoricum, Anemia

11

DR. RUCHIRA SHARMA AND DR. DAISY BHARDWAJ

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## Introduction:

Anemia is a common health problem in developing countries among patient belonging to pediatric age group. Anemia affects an estimated 2.36 billion individuals globally, especially women and children. South Asia accounts for the largest number of Anemia cases, with poor progress. <sup>(1)</sup> Available studies on prevalence of nutritional Anemia in India show that 65% infant and toddlers, 60% 1-6 years of age, 88% adolescent girls (3.3% had hemoglobin < 7.0 g/dl; severe Anemia) and 85% pregnant women (9.9% having severe Anemia) were anemic.<sup>(2)</sup>

In conventional arrangement of medicine, fundamental reason is dealt with and oral iron therapy started to recuperate the iron stores and who can't endure or assimilate oral iron therapy for that parenteral therapy might be utilized. Iron supplements causes unfavourable impacts on health like nausea, vomiting, constipation, headache, discoloration of teeth and lips, itching, developing rashes on all over the body etc.<sup>(3)</sup> There are multiple factors contributing to rise of anemic population such as nutritional, physiological, pathological, parasitic infestation etc. This puts burden on national economy. Homoeopathy is a field of medical science which can provide a better, less harmful and efficient solution of the problem. Homoeopathic medicine **Ferrum phosphoricum** consists of a mixture of hydrated ferrous phosphate, ferric phosphate and some hydrated oxides of iron. A greyish-blue amorphous powder; odour less and tasteless. It is insoluble in water and alcohol; readily soluble in hydrochloric acid Its colour darkens on exposure to air. Dr. Schussler introduced it and Dr. John Moffat proved this drug Allen's Encyclopedia Materia Medica Volume X, 525.<sup>(4)</sup> Ferrum phosphoricum is used for treatment of anemia since the beginning of homoeopathic science. Ferrum phosphoricum is useful more especially in anaemic patients. <sup>(5)</sup> Ferrum phosphoricum is of service for the Anemia or chlorosis, which not unfrequently precedes this disease. <sup>(6)</sup> Iron is the great allopathic remedy for anemia from almost any cause. It is also a great Homoeopathic remedy, but it will not cure every case of anemia; careful individualization is necessary. When the patient has an appearance of full bloodedness or plethora, which is followed by a paleness or earthiness of the face and puffiness of the extremities, the Ferrum will benefit.

When Ferrum is indicated the mucous membranes are pale, more so than with Cinchona, and there is apt to be an anemic murmur in the veins of the neck. The patient is easily exhausted. Vomiting of food after eating may occur. The patient is constantly chilly and perhaps has an afternoon or evening fever simulating hectic fever. In very stubborn cases sometimes Ferrum phosphoricum may serve better than Ferrum metallicum.<sup>(7)</sup> Ferrum phosphoricum, an excellent remedy for anemia and especially when accompanied by nose-bleeds.<sup>(8)</sup>

It is useful in debility of children with failing appetite, becoming dull and listless, loss of weight & strength.<sup>(9)</sup>

Ferrum phosphoricum also retains the leading features of the other Iron preparations: Anemia, hemorrhages and disorders of the veins. The right-sidedness of Ferrum phosphoricum; is as, marked as that of the other Ferrum preparations.<sup>(10)</sup>

### **CASE SERIES:**

Seven cases selected as per the inclusion criteria of clinically established cases of anemia of pediatric age group belonging to both sexes and all socio-economic backgrounds, were treated with Ferrum phosphoricum 30 in centesimal scale and result was analyzed by baseline hematological value and reassessment after administration.

#### **Case 1:**

A 12 years old female belonging to rural background and low economic status reported in Swasthya Kalyan Homoeopathic Medical College and research center on 19 Jan 2021 presented with generalized weakness, fatigue, since 1 year, increased since 2 months. There is shortness of breath with mild chest pain since 1 month. Complaints aggravated on movement, exertion, climbing staircase. No ameliorating modality was reported. Continuous coldness of both hand and feet since childhood. Headache, whole head feels heavy occurs frequently. Patient took allopathic medication for pain, slight relief in pain but not complete cure was reported. Pain relieved by drinking tea. Decreased appetite with eructation's frequently, aggravation after dinner, drinking milk, at night. Eructation taste like ingesta. No ameliorating modality, relieves spontaneously. Nutritional intake status was moderate.

On physical examination pallor was present on face and palm. Patient had a previous haematological report depicting serum hemoglobin 09 gm/dl.

The family background of child is good. She lives in a joint family including grandfather, father, mother and elder brother and family of uncle. Family life is good. She is studying in class 7, bright student who loves to study. Her mother complaint that she cannot recall the lessons quickly, have weak memory and requires extra effort to learn and retain the information. She scores average marks in her class. Extrovert personality, who likes to talk with everyone. She, always helps family members in their work. She has few friends and has cordial relationship with all. No significant trauma or history affecting mental sphere is reported.

Prescription: Ferrum phosphoricum 30c x 1 dose Phytum 200c x TDS X 15 days

Case was closely followed for following months, patient visit every 14 days with proper follow ups. All the changes were closely monitored and record of each visit was maintained. Patient stated condition of well being. After treatment reassessment of hemoglobin level was done showing improvement in hemoglobin level from 09 g/dl (12/01/2021) to 12.2 g/dl (4/14/2021).


Fig 1

<p>OPD/IPD No: 7227</p> <p>Age- 12 yrs Sex- F</p> <p>Lab no. : 345</p>	
<p>Date: 12-01-2021</p>	
<b>CBC</b>	<b>PATHOLOGY &amp; MICROBIOLOGY</b>
Total:	Haematocrit (P.C.V.): 27.0 %
WBC: 6,660 /Cu. mm.	E.S.R.
Differential :	Haemoglobin: 9 gm/dl
Neutrophils: 61 %	Platelets: 2.26 Lakh/cu
Lymphocytes: 30%	Total R.B.C. 4.48 million/Cu.mm
Eosinophils: 04 %	Reticulocytes %
Monocytes : 05 %	Bleeding Time Min. Sec.
Basophils: 00%	(Duke)
T.E.C. /Cu.mm.	Clotting time Min. Sec.
V.E.C. /Cu.mm.	(Capillary Method)
MCHC %	ABO & Rh. Grouping
	(Normal Range 45-64%)
	Prothrombin Time
	Control Value sec.)
	MCV Micron
	MCH Microgram


  

M.P.					
P.B.F.					
	VIRAL TEST				
DIL.	1:20	1:40	1:80	1:160	1:320
Ta	---	---	---	---	---
Tb	---	---	---	---	---
Tc	---	---	---	---	---
Td	---	---	---	---	---



Technologist



Pathologist

**Note:** - Reports are not valid for Medico legal cases.

<div style="background-color: #cccccc; width: 150px; height: 20px; margin: 0 auto;"></div>		OPD/IPD- 35320 Age/Sex: 12/Female Lab No.: 9576	
Date: 04-04-2021			
<b>CBC</b>	<b>PATHOLOGY &amp; MICROBIOLOGY</b>		
Total:	Haematocrit	E.S.R.: mm/hr	
WBC: /Cu. mm.	(P.C.V.): %		
Differential:	Haemoglobin: 12.2 gm/dl	Platelets: /Cu. mm.	
Neutrophils: %	Total R.B.C. million/Cu. mm.	Reticulocytes %	
Lymphocytes: %	Bleeding Time Min. Sec.	Foetal Haemoglobin %	
Eosinophils: %	(Duke)		
Monocytes: %	Clotting time Min. Sec.	ABO & Rh. Grouping	
Basophils: %	(Capillary Method)		
T.E.C. /Cu.mm.	CRT	(Normal Range 45-64%)	
V.E.C. /Cu.mm.	Prothrombin Time	Control Value sec.)	
MCHC %	MCV Micron	MCH Microgram	
<div style="text-align: center;"> </div>			
TECHNOLOGIST		PATHOLOGIST	
Note: - Reports are not valid for Medico legal cases.			

**CASE 2:**

A 10years old female belonging to urban background and high economic status reported in Swasthya Kalyan Homoeopathic Medical College and research center on 22 Feburary 2021 presented with easy fatigue and tiredness, since 1year, There is pain in thighs,calf muscle along

with some time breathlessness. Complaints aggravated on movement, exertion, climbing staircase. No ameliorating modality was reported. Frontal headache with mild sensation of heaviness aggravated after continuous study since 3 years. Pain in lower abdomen with white discharge, watery, offensive, itching and burning of genitals since 5 months. She suffered with dust allergy, sneezing and lachrymation since 3 years. She had good nutritional intake status.

On physical examination pallor was present on face and palm. Patient had a haematological report depicting serum hemoglobin 10gm/dl.

The family background of child is good. She lives in a joint family including grandfather, father, mother and elder brother and family of uncle. Family life is good. Patient was dull child. She avoided eye contact throughout case taking and always looked at her father for the answer. She had weak memory, average student in school. She was shy and reserved. She has few friends and has cordial relationship with all. She inferiority complex regarding her dark skin colour. No significant trauma or history affecting mental sphere is reported.

Prescription: Ferrum phosphoricum 30c x X BD X 3 Days

Phytum 200c x TDS X 15 days

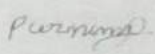
Case was closely followed for following months, patient visit every 14 days with proper follow ups. All the changes were closely monitored and record of each visit was maintained. Patient stated condition of well being. After treatment reassessment of hemoglobin level was done showing improvement in hemoglobin level from 10 g/dl (22/2/2021) to 12.2 g/dl (6/5/2021).


Fig 2

OPD/IPD- 45650  
Age/Sex: 10/FEMALE  
Lab No. :1265

Date: 22-02-21

CBC		PATHOLOGY & MICROBIOLOGY	
Total:		Haematocrit	E.S, R ; mm/1hr
WBC: /Cu. mm.		(P.C.V.): %	
Differential :		Haemoglobin: 10.0 gm/dl	Platelets: /Cu. mm.
Neutrophils: %		Total R.B.C. million/Cu. mm.	Reticulocytes %
Lymphocytes: %		Bleeding Time Min. Sec.	Foetal Haemoglobin %
Eosinophils: %		(Duke)	
Monocytes: %		Clotting time Min. Sec.	ABO & Rh. Grouping
Basophils: %		(Capillary Method)	
T.E.C. /Cu.mm.		CRT	(Normal Range 48-64%)
V.E.C. /Cu.mm.		Prothrombin Time	Control Value sec.)
M.C. %		MCV	MCH Microgram
		Micron	

  
 PATHOLOGIST

  
 TECHNOLOGIST

Note: - Reports are not valid for Medico legal cases.

CBC		PATHOLOGY & MICROBIOLOGY	
Total:		Haematocrit	E.S. R ; mm/1hr
WBC: /Cu. mm.		(P.C.V.): %	
Differential :		Haemoglobin: 12.2 gm/dl	Platelets: /Cu. mm.
Neutrophils: %		Total R.B.C. million/Cu. mm.	Reticulocytes %
Lymphocytes: %		Bleeding Time Min. Sec.	Foetal Haemoglobin %
Eosinophils: %		(Duke)	
Monocytes: %		Clotting time Min. Sec.	ABO & Rh. Grouping
Basophils: %		(Capillary Method)	
T.E.C. /Cu.mm.		CRT	(Normal Range 48-64%)
V.E.C. /Cu.mm.		Prothrombin Time	Control Value sec.)
M.C. %		MCV	MCH Microgram
		Micron	

TECHNOLOGIST

PATHOLOGIST

**Note:** - Reports are not valid for Medico legal cases.

**CASE 3:**

A 10 years old male belonging to rural background and low economic status reported in Swasthya Kalyan Homoeopathic Medical College and research center on 18 February 2021 presented with Pain in lower extremities, calf muscles bilaterally since 7-8 months Aching type

18

DR. RUCHIRA SHARMA AND DR. DAISY BHARDWAJ

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IN PEDIATRIC AGE GROUP : A CASE SERIES



of pain localized in leg aggravated after playing, going outside and climbing stairs and ameliorated by rest. He suffered with generalized weakness, fatigue, since 6 months. Muscular pain whole body since 5-6 months. Aching type of pain gets better after pressure and massage. He suffered with frequent cold and cough with every climatic change since childhood. Nutritional intake status was moderate.

On physical examination pallor was present on face and palm. Patient had a previous haematological report depicting serum hemoglobin 11 gm/dl.

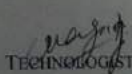
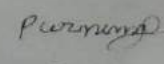
The family background of child is poor. Family life is good. He had lack of interest in studying, lack of concentration, easily forgets and suffered with weak memory. He got annoyed very easily and stated nobody understood him. Anger expressive, gets into fight with everyone at school or home. Dullness and does not like company. He enjoyed playing video games. No significant trauma or history affecting mental sphere is reported.

Prescription: Ferrum phosphoricum 30c x BD X 4 Days, Phytum 200c x TDS X 15 days

Case was closely followed for following months, patient visit every 14 days with proper follow ups. All the changes were closely monitored and record of each visit was maintained. Patient stated condition of well being. After treatment easement of hemoglobin level was done showing improvement in hemoglobin level from 11 g/dl (18/2/2021) to 12.4 g/dl (28/5/2021).

Fig 3:

CBC		PATHOLOGY & MICROBIOLOGY	
Total:		Haematocrit	E.S. R ; mm/1hr
WBC: /Cu. mm.		(P.C.V.): %	
Differential :		Haemoglobin: 11.0 gm/dl	Platelets: /Cu. mm.
Neutrophils: %		Total R.B.C. millioun/Cu. mm.	Reticulocytes %
Lymphocytes: %		Bleeding Time Min. Sec.	Foetal Haemoglobin %
Eosinophils: %		(Duke)	
Monocytes: %		Clotting time Min. Sec.	ABO & Rh. Grouping
Basophils: %		(Capillary Method)	
T.E.C. /Cu.mm.		CRT	(Normal Range 48-64%)
V.E.C. /Cu.mm.		Prothrombin Time	Control Value sec.)
M.C.V. %		MCV	MCH Microgram
		Micron	

TECHNICIAN  
 PATHOLOGIST

**Note:** - Reports are not valid for Medico legal cases.

**Central Clinical Laboratory**

6.  OPD/IPD- 44786

Date: 28-05-21 Age/Sex: 10/MALE

Lab No. :89

CBC	PATHOLOGY & MICROBIOLOGY	
Total:	Haematocrit	E.S. R ; mm/hr
WBC: /Cu. mm.	(P.C.V.): %	
Differential :	Haemoglobin: 12.4 gm/dl	Platelets: /Cu. mm.
Neutrophils: %	Total R.B.C. millioun/Cu. mm.	Reticulocytes %
Lymphocytes : %	Bleeding Time Min. Sec.	Foetal Haemoglobin %
Eosinophils: %	(Duke)	
Monocytes : %	Clotting time Min. Sec.	ABO & Rh. Grouping
Basophils: %	(Capillary Method)	
T.E.C. /Cu.mm.	CRT	(Normal Range 48-64%)
V.E.C. /Cu.mm.	Prothrombin Time	Control Value sec.)
M.C.V %	MCV	MCH Microgram
	Micron	

TECHNOLOGIST
 

  
 PATHOLOGIST

**Note:** - Reports are not valid for Medico legal cases.

#### **Case 4:**

A 12 years old female belonging to urban background and middle economic status reported in Swasthya Kalyan Homoeopathic Medical College and research center on 18 march 2021 presented with generalized weakness with dullness since 10-12 months. Muscular pain which was localized, aching type of pain. Aggravation in summer after playing, amelioration after rest and massage. Pain in epigastrium region, mild aching type of pain aggravation after eating ameliorating modality not specific. He suffered with frequent diarrhea episode since childhood. Nutritional intake status was moderate.

On physical examination pallor was present on face and palm. Patient had a previous haematological report depicting serum hemoglobin 10.2 gm/dl.

The family background of child is good. Family life is good. He was extrovert child who liked to make friends. Easily adjust with new people at new places. Visited many places with family enjoy all trips. Forgetfulness, easily forgets places, name and keeps things at different spots. He suffered with weak memory and lack of concentration in studies. No significant trauma or history affecting mental sphere is reported.

Prescription: Ferrum phosphoricum 30c X BD X 2 days, Phytum 200c x TDS X 15 days

Case was closely followed for following months, patient visit every 14 days with proper follow ups. All the changes were closely monitored and record of each visit was maintained. Patient stated condition of well being. After treatment reassessment of hemoglobin level was done showing improvement in hemoglobin level from 10.2 g/dl (18/3/2021) to 12 g/dl (5/6/2021).

Fig 4

CBC		PATHOLOGY & MICROBIOLOGY	
Total:		Haematocrit	E.S. R ; mm/hr
RBC: /Cu. mm.		(P.C.V.): %	
Differential :		Haemoglobin: 10.2 gm/dl	Platelets: /Cu. mm.
Neutrophils: %		Total R.B.C. milliou/Cu. mm.	Reticulocytes %
Lymphocytes : %		Bleeding Time Min. Sec.	Foetal Haemoglobin %
Eosinophils: %		(Duke)	
Monocytes : %		Clotting time Min. Sec.	ABO & Rh. Grouping
Basophils: %		(Capillary Method)	
T.E.C. /Cu.mm.		CRT	(Normal Range 48-64%)
M.E.C. /Cu.mm.		Prothrombin Time	Control Value sec.)
MCHC %		MCV	MCH Microgram
		Micron	

TECHNOLOGIST

PATHOLOGIST

Note: - Reports are not valid for Medico legal cases.

OPD/IPD- 51278  
Age/Sex: 12YRS/MALE  
Lab No. :247

Date:05-06-2021

CBC		PATHOLOGY & MICROBIOLOGY	
Total:		Haematocrit	E.S. R ; mm/1hr
WBC: /Cu. mm.		(P.C.V.): %	
Differential :		Haemoglobin: 12.0 gm/dl	Platelets: /Cu. mm.
Neutrophils: %		Total R.B.C. millioun/Cu. mm.	Reticulocytes %
Lymphocytes: %		Bleeding Time Min. Sec.	Foetal Haemoglobin %
Eosinophils: %		(Duke)	
Monocytes: %		Clotting time Min. Sec.	ABO & Rh. Grouping
Basophils: %		(Capillary Method)	
T.E.C. /Cu.mm.		CRT	(Normal Range 48-64%)
V.E.C. /Cu.mm.		Prothrombin Time	Control Value sec.)
MCHC %		MCV	MCH Microgram
		Micron	

TECHNOLOGIST

PATHOLOGIST

**Note:** - Reports are not valid for Medico legal cases.

### Case 5:

A 14 years old female belonging to rural background and low economic status reported in Swasthya Kalyan Homoeopathic Medical College and research center on 16 March 2021 presented with white discharge per vaginum since 2-3 years. Watery, sticky, acrid discharge, stain undergarments white. Aggravated before menses at night. She suffered with weakness with paleness since 6 months, increased before menses. Mild bodyache, pain in lower extremities since 1 week. Aggravated in climbing stairs and pained better after rest. Decreased appetite with no desire to eat. Nutritional intake status was poor.

On physical examination pallor was present on face and palm. Patient had a previous haematological report depicting serum hemoglobin 10.2 gm/dl.

The family background of child is good. Family life is good. She was very sensitive child cries easily on small things, scolding or emotional situation at home and public. Timid, speak less and answer confusingly. Always sought advice from parents especially mother. Indecisive cannot decide what she wanted to eat, or have while shopping, always wanted other people's opinion. Patient suffered with weak memory and forgot the lesson learned. No significant trauma or history affecting mental sphere is reported.

Prescription: Ferrum phosphoricum 30c x BD X 5 days, Phytum 200c x TDS X 15 days

Case was closely followed for following months, patient visit every 14 days with proper follow ups. All the changes were closely monitored and record of each visit was maintained. Patient stated condition of well being. After treatment reassessment of hemoglobin level was done showing improvement in hemoglobin level from 10.2 g/dl (16/3/2021) to 12.2 g/dl (2/6/2021).



Fig 5

**Central Clinical Laboratory**

[Redacted Box]

Date: 16-03-2021

OPD/IPD- 56805  
Age/Sex: 14YRS/FEMALE  
Lab No. :196

CBC	PATHOLOGY & MICROBIOLOGY	
Total: /Cu. mm.	Haematocrit (P.C.V.): %	E.S. R; mm/hr
Differential :	Haemoglobin: 10.2 gm/dl	Platelets: /Cu. mm.
Neutrophils: %	Total R.B.C. million/Cu. mm.	Reticulocytes %
Lymphocytes: %	Bleeding Time Min. Sec. (Duke)	Foetal Haemoglobin %
Eosinophils: %	Clotting time Min. Sec. (Capillary Method)	ABO & Rh. Grouping
Monocytes: %		(Normal Range 48-64%)
Basophils: %		Control Value sec.)
T.E.C. /Cu. mm.	CRT	
X.E.C. /Cu. mm.	Prothrombin Time	
MCHC %	MCV Micron	MCH Microgram

[Signature]  
PATHOLOGIST

[Signature]  
TECHNICIAN

Note: - Reports are not valid for Medico legal cases.



**Central Clinical Laboratory**

OPD/IPD- 56805  
Age/Sex: 14YRS/FEMALE  
Lab No. :16

Date: 02-06-2021

CBC		PATHOLOGY & MICROBIOLOGY	
Total:	Haematocrit	E.S. R : mm/hr	
WBC: /Cu. mm.	(P.C.V.): %		
Differential :	Haemoglobin: 11.6 gm/dl	Platelets: /Cu. mm.	
Neutrophils: %	Total R.B.C. million/Cu. mm.	Reticulocytes %	
Lymphocytes: %	Bleeding Time Min. Sec.	Fetal Haemoglobin %	
Eosinophils: %	(Duke)	ABO & Rh. Grouping	
Monocytes: %	Clotting time Min. Sec.	(Normal Range 48-64%)	
Basophils: %	(Capillary Method)	Control Value sec.)	
T.E.C. /Cu.mm.	CRT	MCH Microgram	
M.E.C. /Cu.mm.	Prothrombin Time		
MCHC %	MCV		
	Micron		

P. Sharma  
PATHOLOGIST

TECHNOLOGIST

**Note:** - Reports are not valid for Medico legal cases.

### **Case 6:**

A 11 years old male belonging to rural background and low economic status reported in Swasthya Kalyan Homoeopathic Medical College and research center on 15 Feburay 2021 presented with generalized weakness with shortness of breath with mild chest pain since 1-2 years. Aggravated after playing, working and climbing stairs and better after sleep and massage. He frequently falls sick and cold and cough every 6-7 month on change of weather. Nutritional intake status was poor.

On physical examination pallor was present on face and palm. Patient had a previous haematological report depicting serum hemoglobin 10.6 gm/dl.

The family background of child is poor. He had extrovert personality and likes to talk to everyone. He made friends easily and shared everything with them. Responsible child, take care of his younger sister when parents go out for working. Memory good takes interest in learning maths. No significant trauma or history affecting mental sphere is reported.

Prescription: Ferrum phosphoricum 30c x BD X 5 days, Phytum 200c x TDS X 15 days

Case was closely followed for following months, patient visit every 14 days with proper follow ups. All the changes were closely monitored and record of each visit was maintained. Patient stated condition of well being. After treatment reassessment of heamoglobin level was done showing improvement in heamoglobin level from 10.6 g/dl (15/2/2021) to 11.8 g/dl (2/5/2021).

Fig 6

Central Clinical Laboratory

Date: 15-02-2021

OPD/IPD- 4414  
Age/Sex: 11YRS /Male  
Lab No. :502


CBC		PATHOLOGY & MICROBIOLOGY	
Total:		Haematocrit	E.S. R ; mm/1hr
WBC: /Cu. mm.		(P.C.V.): %	
Differential :		Haemoglobin: 10.6 gm/dl	Platelets: /Cu. mm.
Neutrophils: %		Total R.B.C. millioun/Cu. mm.	Reticulocytes %
Lymphocytes : %		Bleeding Time Min. Sec.	Foetal Haemoglobin %
Eosinophils: %		(Duke)	
Monocytes : %		Clotting time Min. Sec.	ABO & Rh. Grouping
Basophils: %		(Capillary Method)	
T.E.C. /Cu.mm.		CRT	(Normal Range 48-64%)
V.E.C. /Cu.mm.		Prothrombin Time	Control Value sec.)
MCHC %		MCV	MCH Microgram
		Micron	

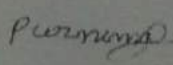
TECHNOLOGIST

PATHOLOGIST

Note: - Reports are not valid for Medico legal cases.

Central Clinical Laboratory			
<div style="border: 1px solid black; width: 150px; height: 20px; margin: 0 auto;"></div>		OPD/IPD- 4414 Age/Sex: 11YRS /Male Lab No. :42	
Date: 02-05-2021			
CBC		PATHOLOGY & MICROBIOLOGY	
Total:		Haematocrit	E.S. R ; mm/1hr
WBC: /Cu. mm.		(P.C.V.): %	
Differential :		Haemoglobin: 11.8 gm/dl	Platelets: /Cu. mm.
Neutrophils: %		Total R.B.C. millioun/Cu. mm.	Reticulocytes %
Lymphocytes : %		Bleeding Time Min. Sec.	Foetal Haemoglobin %
Eosinophils: %		(Duke)	
Monocytes : %		Clotting time Min. Sec.	ABO & Rh. Grouping
Basophils: %		(Capillary Method)	
T.E.C. /Cu.mm.		CRT	(Normal Range 48-64%)
V.E.C. /Cu.mm.		Prothrombin Time	Control Value sec.)
MCHC %		MCV	MCH Microgram
		Micron	

  
 TECHNOLOGIST

  
 PATHOLOGIST

**Note:** - Reports are not valid for Medico legal cases.

### Case 7:

A 14 years old female belonging to urban background and low economic status reported in Swasthya Kalyan Homoeopathic Medical College and research center on 31 March 2021 presented with generalized weakness since 2-3 month increased after working, increased since 2 months. Mild pain in abdomen hypogastric region since 3-4 months aching type of pain extending towards pelvic region aggravated before menses. White discharge per vaginum, offensive, watery no stains or itching since year increased since 2 months. Weakness with vertigo since 1 year. Nutritional intake status was poor.

On physical examination pallor was present on face. Patient had a previous haematological report depicting serum hemoglobin 9.2 gm/dl.

The family background of child is good. Family life is good. She was extrovert child who liked to make friends. Easily adjust with new people at new places. Travelled many places with family enjoy all trips. Forgetfulness, easily forgets places, name and keeps things at different spots. She suffered with weak memory and lack of concentration in studies. She was very sensitive child cries easily on small things, scolding or emotional situation. No significant trauma or history affecting mental sphere is reported.

Prescription: Ferrum phosphoricum 30c x BD X 5 days, Phytum 200c x TDS X 15 days

Case was closely followed for following months, patient visit every 14 days with proper follow ups. All the changes were closely monitored and record of each visit was maintained. Patient stated condition of well being. After treatment reassessment of hemoglobin level was done showing improvement in hemoglobin level from 9.2 g/dl (31/3/2021) to 11.4 g/dl (16/6/2021).

Fig 7

OPD/IPD- 53968  
Age/Sex: 14YRS/FEMALE  
Lab No. :156

CBC		PATHOLOGY & MICROBIOLOGY	
Total:		Haematocrit	E.S.R : mm/hr
WBC: /Cu. mm.		(P.C.V.): %	
Differential :		Haemoglobin: 9.2 gm/dl	Platelets: /Cu. mm.
Neutrophils: %		Total R.B.C. million/Cu. mm.	Reticulocytes %
Lymphocytes: %		Bleeding Time Min. Sec.	Foetal Haemoglobin %
Eosinophils: %		(Duke)	
Monocytes: %		Clotting time Min. Sec.	ABO & Rh. Grouping
Basophils: %		(Capillary Method)	
T.E.C. /Cu.mm.		CRT	(Normal Range 48-64%)
V.E.C. /Cu.mm.		Prothrombin Time	Control Value sec.)
MCHC %		MCV	MCH Microgram
		Micron	

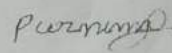
P. Sharma  
PATHOLOGIST

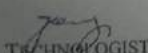
TECHNOLOGIST

Note: - Reports are not valid for Medico legal cases.



CBC		PATHOLOGY & MICROBIOLOGY	
Tot:		Haematocrit	E.S. R ; mm/1hr
WBC:	/Cu. mm.	(P.C.V.): %	
Differential :		Haemoglobin: 11.4 gm/dl	Platelets: /Cu. mm.
Neutrophils: %		Total R.B.C. milliou/Cu. mm.	Reticulocytes %
Lymphocytes: %		Bleeding Time Min. Sec.	Foetal Haemoglobin %
Eosinophils: %		(Duke)	
Monocytes: %		Clotting time Min. Sec.	ABO & Rh. Grouping
Basophils: %		(Capillary Method)	
T.E.C. /Cu.mm.		CRT	(Normal Range 48-64%)
V.E.C. /Cu.mm.		Prothrombin Time	Control Value sec.)
MCHC %		MCV	MCH Microgram
		Micron	

  
 PATHOLOGIST

  
 TECHNOLOGIST

Note: - Reports are not valid for Medico legal cases.

## DISCUSSION

In the above discussed cases, there were few similarities such as all these cases were anemic belonging to pediatric age group. All have baseline haemoglobin values below as described by WHO haemoglobin concentration for particular age and sex for diagnosis of anemia.<sup>(11)</sup> In all the above cases, patient was not taking any other medicine at the time of study. The careful observations were made by closely following the cases after prescribing Ferrum phosphoricum 30 C in variable dosage as per the susceptibility.

In the presented case series, demonstrate the efficacy of homoeopathic medicine Ferrum phosphoricum 30 c in centesimal scale in bringing the change in haemoglobin value in g/dl after intake of medicine in variable dose as per the susceptibility of the patient of pediatric age group. This case series in undisputed manner reconfirms the homoeopathic literature, that ferrum phosphoricum plays a significant role in treatment of Anemia. This case series raises awareness in scientific community about the role of homoeopathy in treatment of anemia in pediatric age group.

## Conclusion:

This seven cases presented here, clearly depicts the effect of Ferrum phosphoricum 30 c in changing the haematological parameter haemoglobin level in g/dl after administration by comparing baseline assessment and re assessment investigation reports. This case series shows encouraging result, which require further randomised controlled studies at larger level to generalize the result on larger population and to generate powerful evidence based medicine study data for future references.

## DECLARATION OF PATIENT CONSENT:

The authors certify that they have obtained appropriate patient consent forms; the patient has given consent for his images and other clinical information to be reported in the journal.



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Nil

## **CONFLICT OF INTEREST:**

There is no conflict of interest.

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