Treatment for Sickle Cell Anemia in Homeopathy

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Abstract

Sickle cell disease is a rare genetic illness that affects around 1 in 50,000 people in the United States. Hepato-renal-pulmonary-cardiovascular injury are all possible outcomes of this illness. As of 2008, the United Nations voted to designate the 19th of June each year as World Sickle Cell Awareness Day by a resolution. More than 1,20,000 people worldwide have been diagnosed with Sickle Cell Disease, and more than 44,000 are born with sickle cell anaemia.

When it comes to treating illness, homoeopathy has always taken a holistic approach. When providing patients with long-term health benefits, there are no known adverse effects. To address the underlying cause and individual vulnerability, homoeopathy gradually minimises the progression and complications of the disease and its symptoms. When a patient receives homoeopathic treatment, their particular constitution is taken into consideration. As a result, homoeopathic treatments can be helpful in minimising the risk of infection.

For the most part, this condition is seen in the Indian states of Chattisgarh, Odisha and Maharashtra as well as the states of Madhya Pradesh, Andhra Pradesh, Kerala, and Gujarat. It is possible to cure and even eradicate this condition by early diagnosis, raising public awareness, counselling, and the use of homoeopathic remedies.

Key Word: Sickle Cell Anemia, Homeopathy, Treatment,Disease,Health
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Introduction

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SCA is caused by a gene mutation that causes the body to produce iron-rich compounds that make blood red and enable red blood cells to transmit oxygen from the lungs throughout the body (hemoglobin). Stiff, sticky and malformed blood cells are common symptoms of sickle cell anaemia.

Genetic cause of Sickle Cell Anemia (SCA)

Having both parents with the defective gene is necessary for a child to be affected.

If only one parent has the sickle cell gene, a kid will acquire the characteristic from that person. Because sickle cell trait sufferers have two normal haemoglobin genes and one defective gene, they can generate both normal and sickle cell haemoglobin.

Sickle cell anaemia is possible, however symptoms are rare in this population. However, because they are genetically predisposed, they can pass the disease on to their children.

Certain Facts About of Sickle Cell Anemia

(i) In 1910, there was a breakdown in control of sickle cell disease.
(ii) Because haemoglobin S causes the condition, it is also known as Hemoglobin S Disease.
(iii) Sickle cell anaemia (SCA) is characterised by aberrant protein in red blood cells (RBCs), resulting in sickle-shaped RBCs in those who have it.

Infections, slowed or stunted growth, and pain crises are just a few of the disease's symptoms.

Changes in Lifestyle Necessary to check SCA

- Stay hydrated and avoid extremes of temperature
- Prevent exposure to low oxygen levels or high elevations (for example, mountain climbing or exercising extremely hard, such as in military boot camp or when training for an athletic competition).
- To avoid food poisoning, wash your hands frequently and store food in a sanitary manner
- Avoiding all unpasteurized dairy products and fully cooking meats
- Avoiding alcohol and smoking
- Managing Stress

The Strengths of Homeopathic Treatment

Some of the tried and tested Homeopathic remedies for Sickle Cell Anaemia are:

(i) Nigricans Pulsatilla Nigricans
(ii) Silicea
(iii) Chininum Sulphuricum
(iv) Phosphorus
(v) Natrum Muriaticum
(vi) Chininum Arsenicum are some of the other ingredients
(vii) Metallic Iron

The prognosis and presentation of Sickle Cell Anemia

Sickle cell anaemia (SCA) is characterised by abnormalities in the red blood cells. Red blood cells, which are spherical and flexible, are normally able to flow through the veins of the body. Blood in sickle cell anaemia has a sickle or crescent moon-like shape because of the disease. Small blood veins can get clogged with these sticky, inflexible cells, reducing blood flow and oxygen delivery to various regions of the body.

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For the vast majority of persons with sickle cell disease, there is a cure. Treatments, on the other hand, have been shown to alleviate discomfort and assist prevent the disease's consequences.

The Symptoms

The symptoms of sickle cell anemia can usually be observed around five months of age. They can vary from individual to individual. They can also change over time. The symptoms can include:

(i) Anemia: It is common for people with sickle cell disease to suffer from anaemia. They don't leave much in the way of red blood cells behind. In most people, new red blood cells are required after 120 days of use. Sickle cells, on the other hand, normally die within 10 to 20 days, resulting in a dearth of erythrocytes (anemia). A lack of red blood cells causes the body to be unable to take in enough oxygen, resulting in a constant feeling of exhaustion.

(ii) Episodes of Pain**:** A significant symptom of sickle cell anaemia is pain crises, which are periodic episodes of severe agony. Sickle-shaped red blood cells obstruct the flow of blood to the chest, abdomen, and joints, resulting in pain. Bone pain is common, as well. The degree of the pain might range from a few hours to a few weeks, depending on the severity of the injury. Some people suffer a few pain crises a year, but others have as many as a dozen or more. A hospital stay is frequently required to treat a severe pain crisis because of the severity of the pain. Children and adults with sickle cell anaemia may experience chronic pain from bone and joint deterioration, ulcers, or a combination of these conditions, among other things.

(iii) Swelling of Hands and Feet**:** Because sickle-shaped red blood cells limit blood flow to the fingers and toes, there is swelling.

(iv) Frequent Infections: Sickle cells can damage your spleen, making you more susceptible to infection. (iv) Frequent Infections. Babies and toddlers with sickle cell anaemia are routinely immunised and treated with antibiotics to keep them healthy and free of potentially life-threatening illnesses like pneumonia.

(v) Delayed Growth or Puberty: Your body's oxygen and nutritional requirements are met by the red blood cells in your blood. Red blood cell deficiency in newborns and children can impede their development, and it can also delay puberty in teenagers.

(vi) Vision Problems**:** Small blood veins supplying your eyes may become blocked if you have sickle cell disease. If the retina, the part of the eye responsible for processing visual images, is harmed, it might cause vision problems.

Risk Factor Pertaining to Sickle Cell Anemia:

(i) Fever. Severe infection is more likely in sickle cell anaemia patients, and the first sign of infection is often a high temperature.

(ii) Severe pain in the stomach, chest, bones, or joints, with no apparent cause.

(iii) hand or foot swelling

(iv) Swelling of the abdomen, particularly if the affected area is sensitive to touch.

(v) Pale skin and/or nails

(vi) A yellowish tinge to the skin or eyes.

(vii) Stroke warning signs or symptoms. One-sided paralysis or weakening of the face, arms or legs; a numbness or sudden visual shifts; or a severe headache should be reported immediately to the emergency services by dialling 911 or your local emergency number.

Several complications, such as the following, can result from sickle cell anaemia:

(i) Stroke: Sickle cells can block blood flow to a part of the brain, resulting in a stroke. Symptoms of a stroke include seizures, numbness or paralysis in the arms or legs, speech difficulties, and unconsciousness. If you notice any of these symptoms in your child, don't wait to get them looked out. Strokes can be deadly.

(ii) Chronic Chest Syndrome**:** The chronic chest syndrome can be caused by a lung infection or sickle cells obstructing the blood channels in the lungs, and this potentially fatal complication can result in chest pain, fever, and difficulty breathing. It's possible that you'll need to see a doctor right away.

(iii) Respiratory Hypertension**:** It is possible for patients with sickle cell anaemia to develop pulmonary hypertension. It's more common among adults than children to suffer from it. Suffocation and fatigue are common symptoms of this potentially deadly disease.

(iv) Organ Injury: Sickle cell disease causes organs to be starved of both blood and oxygen. Sickle cell anaemia is also characterised by abnormally low amounts of blood oxygen. Any organ or nerve that is deprived of oxygen-rich blood may suffer damage or perhaps die from this condition.

(v) Blindness:It's possible for sickle cells to obstruct the small blood vessels that supply the eyes. This can lead to blindness if left unchecked.

(vi) Leg Sores**:** Sickle cell anaemia can cause open sores on the legs.

(vii) Gallstones**:** When red blood cells decompose, bilirubin becomes a byproduct. If you have a high bilirubin level in your body, you may develop gallstones.

(viii) Priapism**:** In this condition, men with sickle cell anaemia may have painful, long erections. The penile blood vessels might narrow or get blocked by sickle cells, resulting in impotence.

(ix) Pregnancy Complications**:** Complications of childbirth Sickle cell anaemia increases the risk of blood clots and hypertension during pregnancy. It also increases the risk of miscarriage, premature birth, and low-birth-weight children.

Homoeopathic Treatment of Sickle Cell Anemia

An anaemic 20-year-old black student from Grenada in the West Indies was discovered by Chicago cardiologist J. B. Herrick in 1910 to have elongated sickle-shaped red blood cells. It's clear from Conley's book that he has a deep understanding of sickle cell anaemia and the people who have helped shape its narrative. Since Herrick's work helped to uncover hundreds of haemoglobin production anomalies, numerous groundbreaking discoveries in genetics, physiology, protein chemistry and cell biology have been made.

Table 1: Historical Perspective on Sickle Cell Anemia

Sr. No.	Date	Scientist Name (Ref)	Break / Through in Sickle Cell Anemia
1	1911	Washburn, RE	A 25-year-old Islack woman was diagnosed with anaemia and a second sickle-shaped RBC was discovered in her blood that year at the university of Virginia hospital.
2	1922	Mason & Taliaferro	Mason & Taliaferro used the name "sickle cell anaemia" in 1922 to describe the hereditary nature of the condition and to suggest that a single defective gene

			acting as a Mandelin dominant is likely in charge of such inheritance. The next year, Syndenstricker defined the disease's active and latent phases and suggested that anaemia was caused by excessive blood loss as a result of sickling. In relation to sickle cell anaemia, he also coined the term "crisis."
3	1924	Grahm	Noticed recurring episodes of acute illness defined by fevers, prostration, discomfort in the joints and extremities, and signs of significant blood loss.
4	1927	Hahn and Gillespie	The sickle cell's anomalous behaviour was caused by anomalies in its haemoglobin in a deoxygenated state and stressed the complicated role that decreased oxygen tension, reduced pH, and other factors played in accelerating the sickling individual.
5	1928	Hahn	First used the term "sickle trait" in 1928 to describe a condition in which anaemia is absent but red blood cells are sensitive to sickling.
6	1934	Diggs & Ching Obendorf	Identified "Priapism" as one of the complications of sickle cell anaemia in 1934.
7	1940	Sherman	Sickling develops significantly more quickly in blood held at body temperature and that form changes in preparations kept at low temperature happen very slowly.
8	1945	Murphy and Shapiro	Discovered enhanced prothrombin activity in sickle cell anaemia in 1945, which further exacerbated the situation.
9	1946	Cooly	Showed how sickle cell anaemia patients who also had streptococcal infection could have hemolytic crises.
10	1949	Neel	First identified the connection between sickle cell trait and sickle cell anaemia in 1949. This connection was conclusively demonstrated by genetic research as heterozygote and homozygote, respectively.
11	1957	Gree-Burgh, et al.	Described the two main symptoms of sickle cell anaemia in 1957.
12	1964	Kilon F.M. et al.	Originally noted that "SS" disease in children causes large fluid intakes and urine volumes in 1964. Nell et al. noted the same in adults in 1967.
13	1969	Kwak	Nocturnal enuresis and other side enuresis were relatively common in children, affecting 71 percent of them, and in adults, 67 percent, as opposed to 33 percent in the control adult group.
14	1972	Seeler and Shwiaki	The clinical features of acute splenic sequestration were evaluated by Seeler and Shwiaki in 1972. They discovered that deep anaemia, splenomegaly, high reticulocyte count, leucocytosis, and thrombocytopenia are common manifestations, and the need for rapid

			blood transfusion increases.
15	1981	Pattison et al.	London initially identified parvovirus infections as the cause of the aplastic crisis of bone marrow in SS patients in 1981.
16	1982	Pattison et al.	Anderson et al. made the same claims as Pattison et al. in 1982.
17	1985	Samuels-Reid & Scott	There is no direct correlation between the onset of painful crises and the menstrual cycle. However, there is undeniable evidence that the likelihood of painful crises increases during pregnancy, particularly in the third trimester and the postpartum period, where it is roughly five times higher than in the non-pregnant state for the same person.
18	1990	Schumacher et al.	Claimed that muscle injury makes sickle crisis more difficult to treat in 1990.
19	1991	Marcet & Kerr	Myofibrosis is a common consequence of sickle cell anaemia, according to Valerian in 1991.

Source; Compiled by Researcher

Several studies have been conducted on the topic since then to help understand the subject better and also prevent prolonged distress among patients.

Recently, Dr AK Dwivedi presented a case of 22 years male with Sickle Cell disease suffering which was diagnosed in 2018, having lots of health problems with low body weight and poor growth 22-year-old boy from Burhanpur weighed only 33 kg, and he first consulted him on May 20, 2022, he is taken Homeopathic Medicines from Dr AK Dwivedi from Advanced Homoeo Health Center and Homeopathic Medical Research Pvt ltd Indore On his second visit to the clinic on June 17th, 2022, his weight had increased to 40 kg (from 33kg), and his haemoglobin increased to 12 (from 11) based on this example Dr Dwivedi stated that homoeopathic medicines could help to reduce the suffering of Sickle cell anaemia patients as per Dr Dwivedi if homoeopathic medicines can be given for longer time duration of blood transfusion can be prolonged and immunity can be a boosted.

Dr SK Mishra, the chief speaker at the national seminar, said, “The Sickle cell anaemia disease is witnessed in 90 per cent of the tribes such as Bega, Bahia, and Sahia. Both the Central and State Governments are making efforts for awareness, prevention, control and treatment of sickle cell among such tribes.” He was speaking at the National Seminar on Sickle Cell Anemia at Indore on 24th June 2022.

Treatment of Sickle Cell Anemia

The clinical picture with the pathophysiology, brought up the remedy Manganum aceticum. According to the Materia Medica Symptom for Manganum Aceticum:

(i) Arthritis vaga, which causes persistent discomfort and burning areas in the joints.
(ii) A dull or gnawing sensation in the humerus, painful periostitis, and inflammation of the bone's articulating extremities.
(iii) Unbearable pain in the joints and skin of the lower limbs.
(iv) Limbs are delicate, sensitive to pressure, and sensitive to touch. weak pelvis

Manganum aceticum 200 is prescribed 4 hourly for 2 days for severe crises. This enables patient

to sleep well. Manganum aceticum 200 TDS was continued for further 7 days. The symptoms returned with severe burning while passing urine, intense smarting with bearing down pain in pelvic region with erratic fever and chilly thermal state. Pus cells in the urine were also observed 100 per high-power field. The patient was given Sepia 200 TDS for 4 weeks with which recovery was observed from the episode of urinary tract infection. Such episodes had been recurrent in the past. Natrium muriaticum 200, single dose was prescribed, to be taken every 15 days for the entire year.

Such patients resent different symptoms at different times. Cellulities can also set in where the patients complains of tenderness of the skin, with inflammation and pains. On such days the patient feels extremely chilly. Hepar Sulph 200, 4 hourly brought down the temperature within a day. Cellulitis was totally resolved in 5 days. No allopathic medicines were given. The patient is prone to frequent attacks of loose stools, spurting diarrhoea which get aggravated by milk. There is flatulence which worsens by evening. The overall emotional state showed marked sensitivity and feeling of loss and depression. Pain in bones and joints worsens every month.

With sustained treatment, the patients experience sporadic episodes of acute pain due to sickling crisis which responded promptly to Manganum aceticum 10M. Severe cough, rusty sputum, sticky expectoration, chest pain. Patients are treated with Phosphorus 200, 4 hourly prescribed on the basis of acute presentation of tubercular miasm; acute and rapid haemolysis; pneumonia with desire for cold environment. There was partial relief with 200th potency so it was later raised to 1M. After 3 doses of Phosphorus 1M, the temperature came down and within 10 days the entire episode resolved.

The medicines were repeated every 15 days depending on pains, vitality and weakness and haemoglobin levels. Manganum aceticum gradually lost effectiveness during the first six years of therapy. 200 increased to 1M. Because the patient's condition was far more susceptible to the new medications than it was to the older ones, we might advise a greater dosage.

Virus activity was present. Very well-controlled so even after losing all of one's previous strength, everything continued as before. It was advised that the next would be more potent overall. Health of the patients stableized. Infrequent doses of Magnesium carbonicum were prescribed depending on pain. The patients response was positive to the extent that for 3- 4 years, no acute episode of sickling crisis was experienced.

Conclusion

Sickled cells are unable to cross narrow capillaries because they lack the pliability needed to do so. They have abnormally adherent membranes to the endothelial cells of tiny venules. Premature RBC destruction and unexpected microvascular vaso-occlusion are the result of these anomalies (haemolytic anaemia). The spleen kills the aberrant RBCs, resulting in hemolysis. Tissue ischemia, acute discomfort, and long-term endorgan damage are all the results of clogged capillaries and venules caused by the hard adherent cells. The veno-occlusive component of the clinical course is frequently the most prominent. Ischemia-related pain was a prominent symptom. (such as distressing crises) The pain is caused by short bursts of vasoocclusion. 5 Oxygen deprivation is symbolised by the shape of the mouth.

We were able to find the path to similimum from the genuine maze thanks to the classical Boger's approach. Pathogenesis is not a focus of Boger's approach to wholeness. Proper prescribing is the skill of matching pathogenetic to clinical symptoms, and it currently necessitates exceptional aptitude in comprehending the vital point of symptom

images, as well as extensive study of our extensive Materia Medica or the most skilful utilisation of numerous reference books. When it comes to dealing with such circumstances, it's all about the physician's abilities and capabilities. Sickle cell illness is an example of a haematological disorder that can benefit from Homeopathy.

It has been discovered recently in non-tribal and consanguineous communities throughout India, including Assam, Rajasthan, Uttar Pradesh, Bihar, West Bengal, Madhya Pradesh, Gujarat, Maharashtra, Tamil Nadu, and Andhra Pradesh. The majority of S-gene victims in Orissa are concentrated in the western zone (Lehman H,1952).

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