

Disease Pattern in India

Ayurvedic Pills in a Patient having Iron Deficiency Anaemia

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I have always taught that in a male patient with no history of gastrointestinal blood loss (with stool occult blood negative and upper GI and lower GI endoscopy normal), if the patient has no other complaints like fever (of TB/malaria), in an otherwise healthy male, the only cause of iron deficiency anaemia is thalassaemia minor. In the last few years, I have seen more than half a dozen patients, where on the CBC reported by a good morphologist, Basophil stippling of RBC was noticed, and therefore I suspected lead poisoning. The blood levels of lead were high in these patients and all of them had history

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of taking Ayurvedic pills. Two of them also had undiagnosed abdominal colic off and on.

Although a bone marrow examination of all such patients has to be done, only in patients having absence of Basophil stippling of the RBCs, will you find a rare diagnosis of sideroblastic anaemia or a myelo-proliferative disorder or myelo-dysplasia.

Thus the GP should note that all the reports of Histogram are dependant on the machine which cannot detect Basophil stippling of RBCs in an iron deficiency anaemia patient. Hence they should send their blood samples to a laboratory with a good morphologist, who will not miss the Basophil stippling of RBCs in an iron deficiency anaemia patient of lead poisoning.

WHEN SHOULD VITAMIN K BE GIVEN TO CORRECT INR?

A total of 724 patients with treated with warfarin, with INR values of 4.5 to 10 but no bleeding, were studied in a multicentre trial in anticoagulant clinics in Canada, the US and Italy. The patients were randomised to oral vitamin K, 1.25 mg, or placebo. The primary endpoint was all forms of bleeding events occurring during the first 90 days.

This study would support the notion that stopping warfarin should be sufficient in patients with a high INR and that vitamin K although improving the time to INR recovery makes no difference to the risk of bleeding.

Peteter Savill, Ann Intern Med, 2009; 150 : 293-300.