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RESEARCH ARTICLE

IDIOPATHIC THROMBOCYTOPENIC PURPURA(ITP) AND ROLE OF A UNANI DRUG IN ITS MANAGEMENT. A SINGLE CASE STUDY

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Abstract

Idiopathic Thrombocytopenic Purpura (ITP) is immune- mediated with involvement of autoantibodies, most often directed against the platelet membrane glycoprotein IIb/IIIa, which sensitise the platlet, resulting in premature removal from the circulation by cells of the reticulo-endothelial system.ITP is a blood disorder that causes a decrease in the number of platelets in the blood. Platelets help stop bleeding. So, a decrease in platelets can result in easy bruising, bleeding gums, and bleeding inside the body. The lower the platelet count, the greater the risk of bleeding. ITP may be acute or chronic. Eventhough, most cases of ITP are self-limiting, but treatment include steroids, other drugs and in resistant cases, splenectomy is the treatment option. Even though classical Unani texts has no mention of any such disease, but this disease can be discussed under the title of bleeding disorders.A single Unani drug was selected in a dosage of 500 mgs twice daily in a patient who was otherwise advised splenectomy for the disease.

Introduction:-

ITP is a blood disorder that causes a decrease in the number of platelets in the blood. Platelets help stop bleeding. So, a decrease in platelets can result in easy bruising, bleeding gums, and bleeding inside the body. The lower the platelet count, the greater the risk of bleeding.

ITP may be acute or chronic:

1. **Acute thrombocytopenic purpura.** This is most common in young children (2 to 6 years old). The symptoms may follow a viral illness, such as chickenpox. Acute ITP usually starts very suddenly. Symptoms usually go away in less than 6 months (often within a few weeks). Treatment is not usually needed. The disorder usually does not recur. Acute ITP is the most common form of the disorder.
2. **Chronic thrombocytopenic purpura.** This disorder can start at any age. The symptoms last at least 12 months. Adults have this form more often than children, but it does affect teens. Females have it 2 times to 3 times more often than males. Chronic ITP can recur often..In most cases, the cause of ITP in children is unknown.
Known causes of chronic thrombocytopenic purpura include:
Immune system problems
Viral infections like chicken pox

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Some medicines or vaccines

Clinical features of ITP

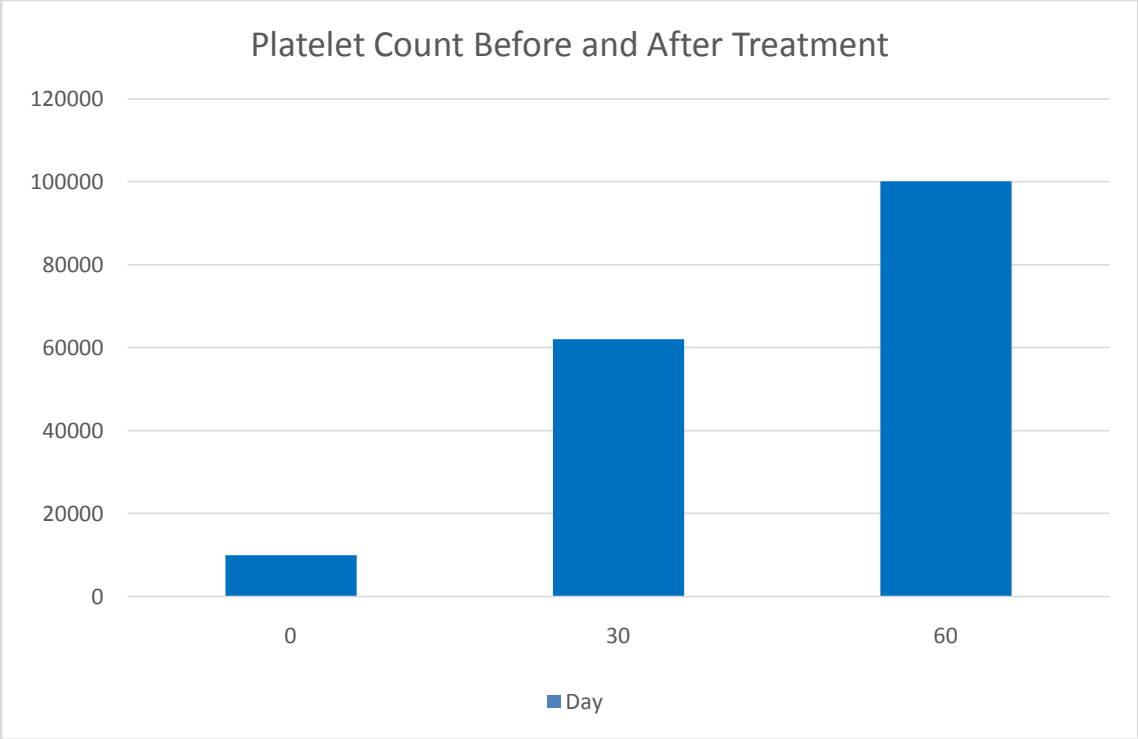
The symptoms of ITP are related to increased bleeding. Some children have very mild symptoms or none at all. Symptoms may include:

1. **Purpura.** This is the purple color of the skin after blood has "leaked" under it.
2. **Bruising.** A bruise is blood under the skin. Children with ITP may have large bruises from no known injury. Bruises can appear on the elbows and knees just from movement.
3. **Petechia.** Tiny red dots under the skin that are a result of very small bleeds.
4. Nosebleeds
5. Bleeding in the mouth and/or in and around the gums
6. Blood in urine or stool
7. Vomiting with blood
8. Bleeding with a head injury. This may be life-threatening in a child with ITP.

Investigations:

1. **Complete blood count or CBC.** A complete blood count checks the red and white blood cells, blood clotting cells (platelets), and sometimes, young red blood cells (reticulocytes). It includes hemoglobin and hematocrit and more details about the red blood cells.
    - Normal platelet count is between 150,000 to 450,000. With ITP, the platelet count is less than 100,000. By the time significant bleeding occurs, the child may have a platelet count of less than 10,000.
2. **Peripheral smear.** A small sample of blood is examined under a microscope. Blood cells are checked to see if they look normal or not.
3. **Bone marrow aspiration.** To look at the production of platelets and to rule out any abnormal cells the marrow may be producing that could lower platelet counts.
4. **Case summary and Result: -**
   A six-year-old female who was diagnosed with ITP at a premier tertiary care hospital having multiple purpuras, petechial heamorhages, bruising over the body and was on steroids for several months without any improvement in her condition, was finally advised splenectomy as a last option approached the OPD at RRIUM Srinagar. CBC revealed a plateletcount as low as 10000/uL.A single unani drug Colchicum autumnele (Suranjan) in a dose of 500 mgs in powdered form was prescribed to the patient twice in a day with luke warm water orally for 30 days.There was drastic improvement in her clinical features like purpuras,petechial heammorhages,bruising etc.CBC was done on day 30, which showed a marked improvement in her platelet count from 10000/um at day 0 to 62000/uL at day 30. The drug was continued for two months. CBC was done on day $60^{th}$of treatment, which showed a platelet count of 100000/uL
5. From the above discussion, we came to the conclusion that the Unani drug Colichicumautumnale(Suranjan) showed improvement in the clinical features as well as platelet count in a patient who was otherwise advised splenectomy for ITP.

The drug was tested just in a single patient, which needs testing on a large sample size on patients of ITP,so that the drug can be used in the patients of ITP who are otherwise advised splenectomy.



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