

EDITORIAL

THE "ANEMIA" OF NEURASTHENIA

"Tallqvist" Anemia

MANY PEOPLE believe that hematology is concerned solely with purely material things which can be looked at and measured. It seems strange, therefore, that one of its most important problems is that of the neurasthenic woman under treatment for "anemia." Recognition of the problem and its intelligent handling is often more important than making the diagnosis of an obscure case of leukemia.

Be he general practitioner or highly restricted specialist, a significant bulk of the doctor's practice is made up of the neurasthenic woman. She complains of lack of energy and easy fatigue. If she entertains a few friends at dinner she is exhausted for a week. She is particularly "low" in the morning and a night's sleep leaves her anything but refreshed. She is beset by headaches, vague dizziness, ill-defined pains, palpitations, and menstrual disorders, so much so that she is often incapable of carrying on the simple activities of the household. Visits to successive doctors' offices result in such diagnoses as sinus disease, hypothyroidism, ovarian dysfunction, arthritis, low blood pressure, and anemia. Treatment includes nasal sprays, thyroid extract, estrogens, pelvic operations, and various and sundry antianemia preparations, including liver extract, iron, vitamin B complex, folic acid, and numerous combinations of these.

Inquiry reveals that the "anemia" has been under vigorous treatment, particularly with liver extract, for from six months to fifteen years. The diagnosis of anemia has usually been made by the Tallqvist hemoglobin scale, which almost always seems to give readings of 60-65 per cent. Often without further ado, the patient is placed on a series of injections of liver extract which are given daily, three times weekly, or weekly. Characteristically, each injection is followed by a quick upsurge in vitality, which wears off in a few days. Surprising responses take place in the hemoglobin and red cell values, but characteristically the patient states that she can tell when the hemoglobin level drops off a few points by a well defined reduction in vitality which develops. The improvement which follows a series of injections is usually short lived, and sooner or later the patient develops reactions to the liver extract or may even become skeptical of the necessity for continued injections.

Fatigue dominates the clinical picture and is out of all proportion to the general appearance of good health. The patient is almost always of the charming, highly feminine type with soft skin and smooth, rounded arms. Beneath the rouge, there is a sallow complexion, but the palms and mucous membranes have an excellent color. The tongue is completely normal. There is no loss in vibratory sensation. A few ecchymoses are often present on the thighs and arms. The blood pressure reading is usually between 90 and 100 systolic and a careless reading of the blood pressure often gives values of less than 90—and thus a diagnosis of low blood pressure.

As determined by a well calibrated photoelectric colorimeter, the hemoglobin values give readings of 10.9 to 15.0 Gm. (75-90 per cent). The red cell counts correspond, giving a color index of one, with a mean corpuscular volume of between 85-100 cubic microns. The leukocyte count is often at the low side of normality, between 5,000-6,000 per cu. mm. and the granulocyte level varies between 60-70 per cent. Should the basal metabolic rate be determined, it is often found to be between -15 and -25 per cent.

That the normal hemoglobin value for women may be at levels of 10.9 Gm. or even less, corresponding to red cell counts of 3.5 to 3.8 M, is not generally known. This is particularly true, it would seem, in the neurasthenic type, in which the constitutional make-up of sluggishness, lack of drive, and low energy is associated with a low metabolic function of the entire body, i.e., low blood pressure, low basal metabolic rate, etc. The disability that these women (and some men) complain of can hardly be a function of their somewhat lowered hemoglobin concentration and is indeed out of all proportion to that of a true case of anemia, in which there may be unusual vigor even at a level of 40 per cent hemoglobin.

The various physical and laboratory studies give no hint as to the cause of the weakness, which is almost certainly "nervous" and constitutional in type. This is usually hereditary, but may be the result of continued environmental difficulties. Although nonorganic, one would hardly classify the symptoms as imaginary, since there is a real lack of energy and at times complete disability. Most patients have come to rely on their frequent injection treatments for "anemia" as veritable props. To take away the diagnosis of an organic disease such as pernicious anemia, and substitute for it that of a nervous disorder or a constitutional nervous weakness may leave the patient completely disappointed or even shocked. The patient's physician may also be skeptical. Suppose the patient really has pernicious anemia, wouldn't it be dangerous to discontinue liver extract? And besides, what harm can there be in continuing the injections?

The harm is in the development of a prop, in the treatment of one symptom, or piece of laboratory data (oftentimes in error) rather than in the treatment of the whole patient. The intelligent physician wishes neither to delude himself nor his patient and is therefore always on the alert for the true state of affairs. The diagnosis of anemia must first be ruled out, and here, after the blood counts, a gastric analysis is perhaps first in order. Almost always, free HCl is found either with or without the use of histamine. Should HCl be present, the patient can be told categorically that there is no need whatever for further liver extract injections. In the occasional case, HCl is completely lacking, and here one must choose between one's clinical judgment as to the character of the case and an isolated laboratory test. Once the positive diagnosis of neurasthenia has been made, it has been my practice to discontinue all antianemic preparations and to observe the patient at intervals of approximately three months. At these times, careful inspection of the tongue, tests of the vibratory sensation and of the knee jerks are performed, and blood counts are carried out.

Almost always, the blood remains either at the same levels as on the first occasion or even shows improvement!

Some sort of treatment is, of course, required. The first and most important, and one which the patients appreciate, is frankness. An extended discussion is made of the nature of neurasthenia, its hereditary and constitutional character, its lack of relation to organic disease and its tendency to remit and relapse. The importance to the patient of removing as many "props" as possible and of walking on one's own hind legs is stressed. Adjuvant therapy which is often helpful is the use of small doses of dexedrine or benzedrine, which, when administered in the morning, give the patient a "lift" and a new sense of energy. Small doses of phenobarbital at night may be helpful if the patient is unusually fearful.

The problem of the neurasthenic woman and her "anemia" is a large one, deserving of much more attention than it has been given. Were these women diagnosed and treated for what they really are, the sales of liver extract might be reduced (conservatively) some 75 per cent. The problem is one which really lies in the realm of the art rather than of the science of medicine—the art of treating a sick woman, not with needles, but with carefully chosen words and a reassuring frankness!

WILLIAM DAMESHEK, M.D.