Thrombocytopenia is a general term for blood disorders that cause low levels of platelets in the blood. A platelet is a type of blood cell that helps the blood clot. These cells clump together at the site of a blood vessel injury in order to prevent blood loss. Therefore, thrombocytopenia is often associated with abnormal bleeding.

Healthy individuals have anywhere from 150,000 to 450,000 platelets per microliter of circulating blood in the body. The bone marrow continually produces new platelets because they only live about 10 days. Thrombocytopenia occurs when the platelet count falls below 20,000 per microliter of blood. The risk of bleeding increases as the number of platelets decreases. When there are less than 10,000 platelets per microliter of circulating blood, the condition is considered severe, and internal bleeding may occur.

Thrombocytopenia can occur by itself, or it can develop as a complication of another disease, such as cancer or a viral infection. Drug-induced thrombocytopenia may occur in response to medication (such as heparin). In some cases, thrombocytopenia is a chronic (long-lasting) condition that persists for years. However, it may develop suddenly and dramatically in some individuals.

Thrombocytopenia usually improves after treating the underlying cause. In some cases, medications or surgery can help treat chronic thrombocytopenia. If bleeding is severe, some patients may require a blood transfusion.
Sesame seeds add a nutty taste and a delicate, almost invisible, crunch to many Asian dishes. They are also the main ingredients in tahini (sesame seed paste) and the wonderful Middle Eastern sweet call halvah. They are available throughout the year.
Sesame seeds may be the oldest condiment known to man. They are highly valued for their oil which is exceptionally resistant to rancidity. "Open sesame"—the famous phrase from the Arabian Nights—reflects the distinguishing feature of the sesame seed pod, which bursts open when it reaches maturity. The scientific name for sesame seeds is *Sesamum indicum*.
This chart graphically details the %DV that a serving of Sesame seeds provides for each of the nutrients of which it is a good, very good, or excellent source according to our Food Rating System. Additional information about the amount of these nutrients provided by Sesame seeds can be found in the Food Rating System Chart. A link that takes you to the In-Depth Nutritional Profile for Sesame seeds, featuring
information over 80 nutrients, can be found under the Food Rating System Chart.

**Chinese Herbs**

Traditional Chinese Medicine (TCM) divides ITP into different categories: heat (inflammation-related), Qi deficiency (production-related), and blood stagnation (circulation-related). In the TCM system of healing people with different disease characteristics would be treated slightly differently, separating or combining the approaches, perhaps adding herbs to help stop bleeding. The clinical trials listed below do not reflect the individual's condition and personalized solution frequently used in Chinese medicine because it is necessary to standardize treatments in clinical trial design.

**Decoction of Nourishing Blood and Eliminating Purpura (DNBEP)**

In this study, 55 patients in the treatment group were compared to 22 patients in the control group. The treated group had a significant improvement in platelet count and symptoms compared to the controls. (Yang 1999)

**Dihuang Zhixue Capsule**

Forty-one children with chronic ITP were randomized into two groups. One of the groups was given Dihuang Zhixue and the control group was given cyclosporin A. The children in the treatment group showed more improvement than the control group and had no apparent adverse reactions compared with 39 adverse reactions in the control group. (Liu 2008)

**Kami-kihi-to**

In a 1993 Japanese study, kami-kihi-to (jia-wei-gui-pi-tang), a traditional herbal preparation used in both Japan and China, was given to ten patients with ITP. Seven of them had an increased platelet count, decreased anti-platelet antibodies, and no side-effects from the treatment. (Yamaguchi 1993)

**Minor Decoction of Bupleurum**

In the ten people with ITP given this herbal mixture, the treatment for six was considered markedly effective and one was considered fairly effective. Three were lost to follow-up. (Duan 1995)

**Replenishing Qi and Tonifying Kidney**

Of the 41 children given this herbal preparation, 24 were cured, 6 recovered, 10 improved and 1 failed the treatment. Twenty-two of those in the cured category were followed for 10 months with no recurrence. (Shi 1991)

**Roasted Licorice Decoction (RRLD)**

Forty-three people were randomized to a low-dose corticosteroid dose plus RRLD or low-dose steroids alone. The treated group had a more pronounced response with fewer adverse effects. (Luo 2001)

**Sairei-to**

In a published case, a 51 year-old male diagnosed with Evan’s syndrome was treated with prednisone with no improvement. After Sairei-to was added, his platelet count and hemoglobin improved and he was able to reduce the prednisone. He had no side effects. (Horikoshi 1995)

**Shengxueling (SXL)**

Shengxueling (SXL), a traditional Chinese medicine, was compared to prednisone in a group of 86 ITP patients. It was more effective than prednisone and lessened bleeding side-effects. In another study 73% of 37 people given SXL responded to the treatment. (Zhou 2005, Shao 2007)

**Zhinu-I.-II**
In a study of 61 patients with ITP divided between a prednisone group and one treated with Zhinu (ZN) I-II, those in the prednisone group had a better initial response. However, in a 12-month follow-up, those in the ZN I-II group had a better platelet response, a lower relapse rate, and no obvious side effects. (Zeng 1996)

**Other Chinese Herbs**
Many studies have been published in Chinese journals showing the effectiveness of Chinese herbal medicine in treating ITP. In his report, "Treatment of ITP with Chinese Medicine" Subhuti Dharmananda, Ph.D., Director, Institute for Traditional Medicine, Portland, Oregon, describes the rationale for the use of various Chinese herbs and summarizes the results of 17 studies published in China.

**Ayurvedic Herbs (India)**

Amrit Kalash and MA631
Herbal mixtures Amrit Kalash tablets and nectar (MA4, MA5) modulate the immune system (Inaba 1995, 2005), exhibit strong antioxidant properties (Scartezzini P, Speroni E 2000, Dwivedi 2005, Sharma 1992, Cullen 1997), and help protect against neuro-degenerative diseases such as dementia and Alzheimer’s (Vohra 2002). MA631 also has anti-oxidant properties (Sharma book). These are all features that can improve platelets and the difficulties of living with ITP.

Gayathri Institute
The Gayathri Institute of Ayurvedic Medical Science in Kerala, India, is conducting a clinical trial using a combination of four different herbal products. They conclude that their herbal combination has been successful in treating ITP.

**Others**

Papaya Leaf (Malaysia)
Researchers at the Asian Institute of Science and Technology in Malaysia found that papaya leaves and pegaga (Centella asiatica) juice can increase the platelet count of people diagnosed with dengue fever, a mosquito-transmitted viral disease affecting many millions and characterized by persistent thrombocytopenia (reported in the Malaysian press.) The initial study, done in mice, comparing papaya leaf to a placebo, demonstrated that the papaya leaf suspension was responsible for raising the platelet count (Kathiresan 2009). More research on Papaya Leaf for low platelets is underway.

Blood Well/Restore Immune
In the PDSA Survey of Non-traditional Treatments of ITP more than 60% of those surveyed felt the Blood Well/Restore Immune products helped their platelet count and bleeding symptoms while 22% felt the products had a sustained effect.

**Risks**
Since herbs, like other plants, can vary depending on their growing conditions, handling, and processing, they may contain contaminants (Gershwin 2010) and toxins (Saper 2008.) They can also interact with conventional medications in ways that may not be obvious. Since there are very few studies that show the effects of mixing herbal preparations with conventional medications, if there are problems, it is difficult to determine the cause (Lai 2010). Some herbs can also have side effects that could cause problems for people with ITP, such as harming the bone marrow (Pyatt, 2000). Other herbs can cause thrombocytopenia (Royer 2010).

As with all treatments for ITP, it is important to work with an herbalist who has knowledge and experience with the disease and the herbs prescribed.
Our experiences

'I sent away for the Ambrosia nectar, Ambrosia pill and MA 631. I take E 400, sesame and I was taking 1500mg of vitamin C but I was told to stop taking the vitamin C when I started the Amrit. I started taking the Amrit about four weeks ago when my platelet count was 27,000 and now it is 58,000. Needless to say my doctor is both shocked and excited. He said this week 'your count is 58,000 keep taking your herbal concoction'. " -- Cherie
My father (a medical doctor) was diagnosed with ITP approximately 4 years ago. He has been through numerous types of treatments from oral medication to a splenectomy. I just wanted to drop a quick message that he has been on an herbal tea type of medicine for 6 months and his platelet count has been stable (in the 140,000 range). 

David

My daughter was suffering from ITP the past two years and her platelet count was 2,000. For the past six months her Ayurvedic treatment was started under the observation of Dr. Sachin Sarpotadr and good results began coming in. Her platelet count started increasing. When her hemogram (blood test) was checked, her platelet count increased from 2,000 to 60,000. Also her total hemoglobin increased from 7 to 10. 

Umesh

Now I can't say what exact combination of Tai Chi, herbal medicine, stress management, has given me a drug free (prednisone) life. But it has amazed my hematologist and internal medicine specialist. 

Peter
MIRACULOUS RESCUE OF ITP PATIENT without SPLEENECTOMY

My wife was hospitalized with dangerously low platelet count of 1K and diagnosed to be suffering from ITP. The treatment started with very high dose of prednisone, followed by IVIg followed by an even heavier dose of prednisone followed by a chemo drug retuxon with no improvement. She also went through painful bone marrow biopsy. She was then scheduled for a high risk surgery to remove her spleen with no guarantee that it will cure the problem. That was a very desperate situation. And we were all praying to Almighty for a miracle to cure my wife.

In the meantime I had my wife checked on the SCIO.
H. Pylori was found by the SCIO and unless that bacteria is eradicated through antibiotics followed by IVlg treatment, nothing will work. This diagnosis, more or less, was rejected by our doctor but he went along with us because nothing was working anyway. After ten days of probiotics and SCIO autozap she started to improve. Her platelet count started the move upward. For the first time in four weeks when we were told that her platelet count is 18K, my wife wept and we both prostrated to our Creator in humility. Next day it was 36K and she was released from the hospital just two days before her scheduled surgery…….It was indeed a miracle.

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**The two processes involved in ITP**

**INCREASED PLATELET DESTRUCTION**
Antibodies mark platelets, which causes the cells in the immune system to attack and destroy them.

**INADEQUATE PLATELET PRODUCTION**
The body doesn’t have enough of a protein called thrombopoietin (TPO) to produce an adequate number of platelets to make up for the ones being destroyed.

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**CONQUER Low Platelets**
*Increase Low Platelets Using Proven, All Natural Alternatives*
Introduction
Immune thrombocytopenic purpura is an autoimmune disorder characterized by a low platelet count and mucus-cutaneous bleeding.

It was long suspected that immune thrombocytopenic purpura is mediated by auto-antibodies, since transient thrombocytopenia occurs in neonates born to affected women, and this suspicion was confirmed on the basis of the development of transient thrombocytopenia in healthy recipients after the passive transfer of plasma, including IgG-rich fractions, from patients with immune thrombocytopenic purpura. Platelets coated with IgG auto-antibodies undergo accelerated clearance through Fc receptors that are expressed by tissue macrophages, predominantly in the spleen and liver. A compensatory increase in platelet production occurs in most patients. In others, platelet production appears to be impaired, as a result of either intramedullary destruction of antibody-coated platelets by macrophages or the inhibition of megakaryocytogenesis. The level of thrombopoeitin is not increased, reflecting the presence of the normal megakaryocyte mass.

The destruction of platelets within antigen-presenting cells – presumably, although not necessarily, initiated by antibody – may generate a succession of neo-antigens, resulting in sufficient antibody production to cause thrombocytopenia (Figure 1).

Figure 1: Pathogenesis of Epitope Spread in Immune Thrombocytopenic Purpura.
The factors that initiate auto-antibody production are unknown. Most patients have antibodies against several platelet-surface glycoproteins at the time the disease becomes clinically evident. Here, glycoprotein Ib/IIa is recognized by auto-antibody (orange, inset), whereas antibodies that recognize the glycoprotein Ib/IX complex have not been generated at this stage (1). Antibody-coated platelets bind to antigen-presenting cells (macrophages or dendritic cells) through Fc receptors and are then internalized and degraded (2). Antigen-presenting cells not only degrade glycoprotein Ib/IIa (light blue oval), thereby amplifying the initial immune response, but also may generate cryptic epitopes from other platelet glycoproteins (light blue cylinder) (3). Activated antigen-presenting cells (4) express these novel peptides on the cell surface along with co-stimulatory help (represented in part by the interaction between CD154 and CD40) and the relevant cytokines that facilitate the proliferation of the initiating CD4-positive T-cell clones (T-cell clone 1) and those with additional specificities (T-cell clone 2) (5). B-cell immunoglobulin receptors that recognize additional platelet antigens (B-cell clone 2) are thereby also induced to proliferate and synthesize anti-glycoprotein Ib/IX antibodies (green) in addition to amplifying the production of anti-glycoprotein Ib/IIa antibodies (orange) by B-cell clone 1 (6).
Resources


Kathiresan S et al. "Thrombocyte counts in mice after the administration of papaya leaf suspension." *Wiener Klinische Wochenschrift. Volume 121, Supplement 3, 19-22, 2009.* [http://www.springerlink.com/content/u324w41p1mx1245x/](http://www.springerlink.com/content/u324w41p1mx1245x/)


The Tillotson Institute of Natural Health. [http://www.tillotsoninstitute.com/diseases/itp-idopathic-thrombocytopenic-purpur.html]


