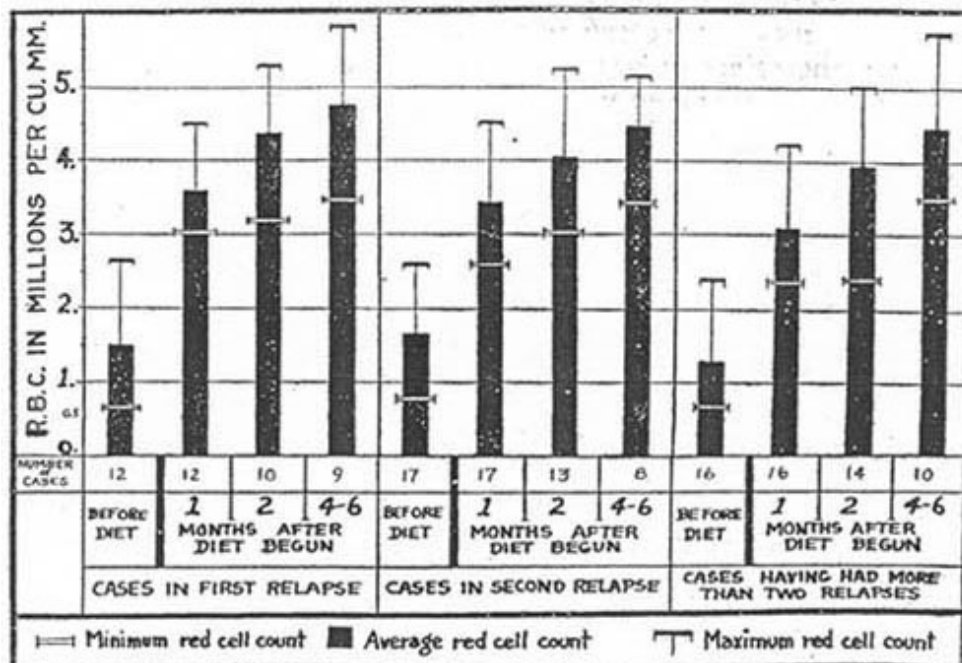
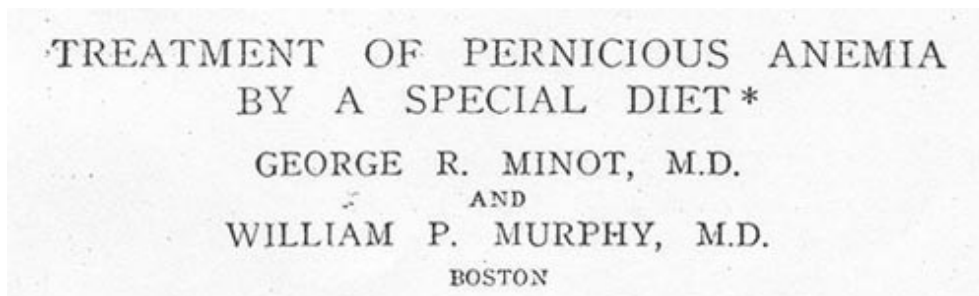


Records

Key Passage(s) Whole Article/Book JLL Article(s) Context

[Download key passages/title pages as a PDF](#)[Download article as a PDF](#)**Minot GR, Murphy WP (1926).** Treatment of pernicious anaemia by a special diet. JAMA 87:470-476.

Key passages



Red blood cell counts in forty-five cases of pernicious anemia before and after beginning special diet. Cases grouped according to the number of relapses the patients had had. One and two months after diet began indicates an approximate amount of time and for any given case is not less and often somewhat more than four or eight weeks. The differences in the total number of cases after about one month are caused by the fact that some patients have had the diet for less than two, and others for less than four, months.

SUMMARY

The dietetic treatment of pernicious anemia is of more importance than hitherto generally recognized.

Forty-five patients with pernicious anemia observed essentially in sequence are continuing to take a special diet that they have now been living on for from about six weeks to two years but which was temporarily omitted by three. This diet is composed especially of foods rich in complete proteins and iron—particularly liver—and containing an abundance of fruits and fresh vegetables and relatively low in fat.

Following the diet, all the patients showed a prompt, rapid and distinct remission of their anemia, coincident with at least rather marked symptomatic improvement, except for pronounced disorders due to spinal cord degeneration. Improvement was often striking, so that where the red blood cell count averaged for all before starting the diet 1,470,000 per cubic millimeter, one month afterward it averaged 3,400,000; and for the twenty-seven cases observed from four to six months after the diet was begun, the average count was 4,500,000 per cubic millimeter.

Patients having had two or more relapses showed on the average slightly lower red blood corpuscle counts about one and two months after commencing the diet than did those who had started it in their first or second relapse.

Change in the frequency of bowel movements, temporary increase of reticulocytes in the peripheral blood, and decrease of the icterus index of the blood serum were among the earliest signs that heralded the patient's better health.

All the patients have remained to date in a good state of health except three, who discontinued the diet; two rapidly improved on resuming it and the other has just commenced it again. As the diet was advised for most of the patients less than eight months ago, enough time has not yet elapsed to determine whether or not the remissions will last any longer than in other cases.