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Diploma in Pharmacy 2nd Year
Pharmacotherapeutics
Chapter 2 (f) : Haematological Disorders

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Haematological Disorders

- Blood is an extremely complex fluid, composed of both formed elements (red cells, white cells, platelets) and plasma. RBCs (erythrocytes) are the most common formed elements, carrying Oxygen and haemoglobin.
- White blood cells are function as mediators of immune responses to infection or other stimuli of inflammation.
- Platelets are the formed elements that participate in coagulation. Plasma is largely water, electrolytes, and plasma proteins. The plasma proteins most important in blood clotting are the coagulation factors.
- A group of haematological disorders characterized by the any disturbance in the physiological and morphological changes in the blood cell is called haematological disorder.

Clinical consideration

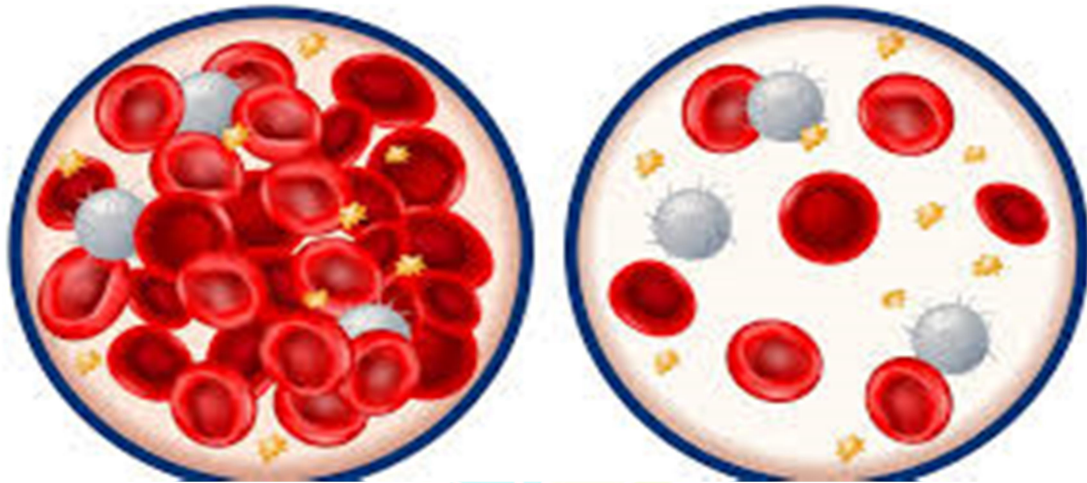
- Most common haematological disorder is Anaemia.

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Iron Deficiency Anaemia (Microcytic Anaemia)

M.A

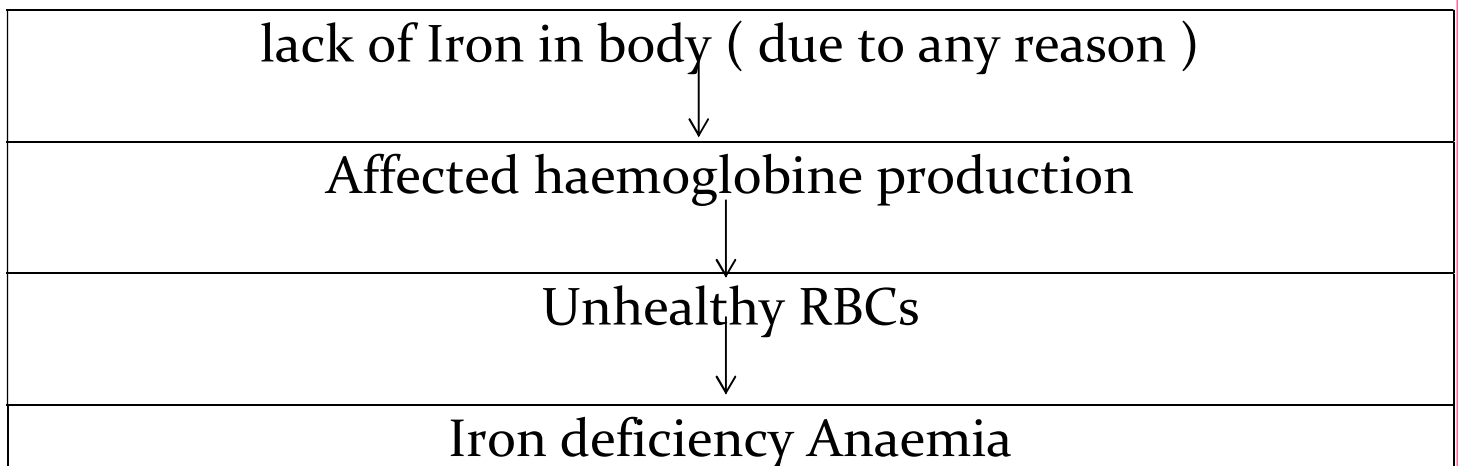
→ A condition in which blood doesn't have enough healthy RBCs is called Anaemia , and if it is due to lack of iron it is called Iron deficiency Anaemia or M.A



Etiology

- Lack of Iron
- lack of iron in diet
- Inability to absorb iron
- Pregnancy (in this condition iron demand increased)
- Genetics
- Heavy blood loss due to any reason

Pathogenesis



Clinical Manifestations

- ✦ Weakness
- ✦ Extreme Fatigue
- ✦ Pale Skin
- ✦ Chest pain
- ✦ Shortness of Breath
- ✦ Increased heart rate
- ✦ Headache
- ✦ Dizziness
- ✦ Brittle nails
- ✦ Inflammation in tongue

Non Pharmacological Management

- ❖ Increase in diet :
 - Vitamin C
 - Red meat
 - Dark Green leafy vegetables
 - Nuts
 - Dry Fruits
 - Iron fortified Cereals.

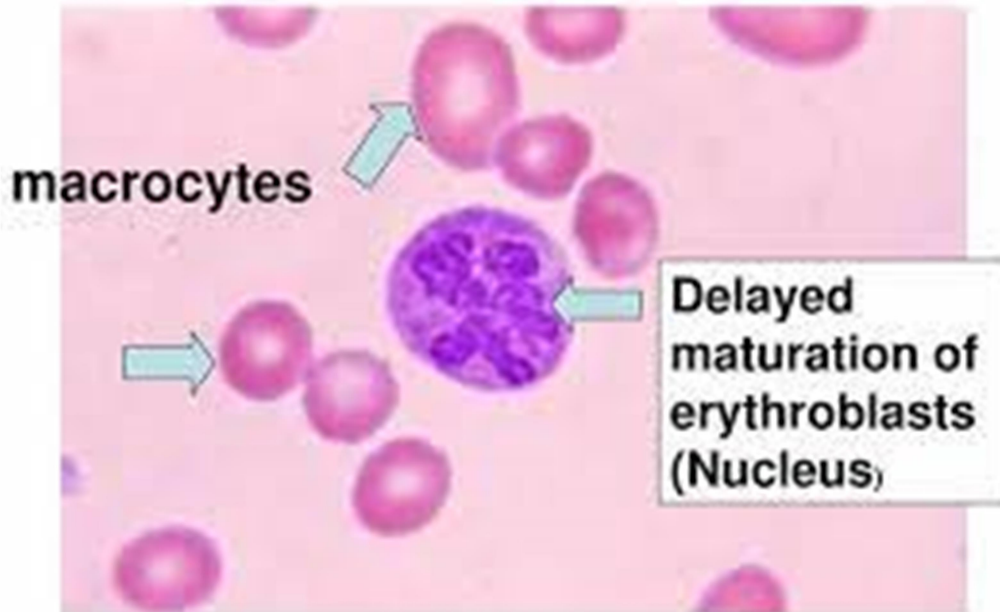
Pharmacological Managements

- ❖ **Oral iron** : Ferrous sulphate, ferrous aminoate, ferrous gluconate, ferrous succinate, carbonyl iron, iron calcium complex.
- ❖ **Parenteral iron** : Iron sucrose, iron dextran, iron isomaltoside, ferric carboxy maltose, ferric pyrophosphate citrate.

Megaloblastic Anaemia

→ Megaloblastic Anaemia is a condition in which Bone marrow makes large structurally abnormal and immature RBCs , Due to lack of Vitamin B₁₂ and B₉.

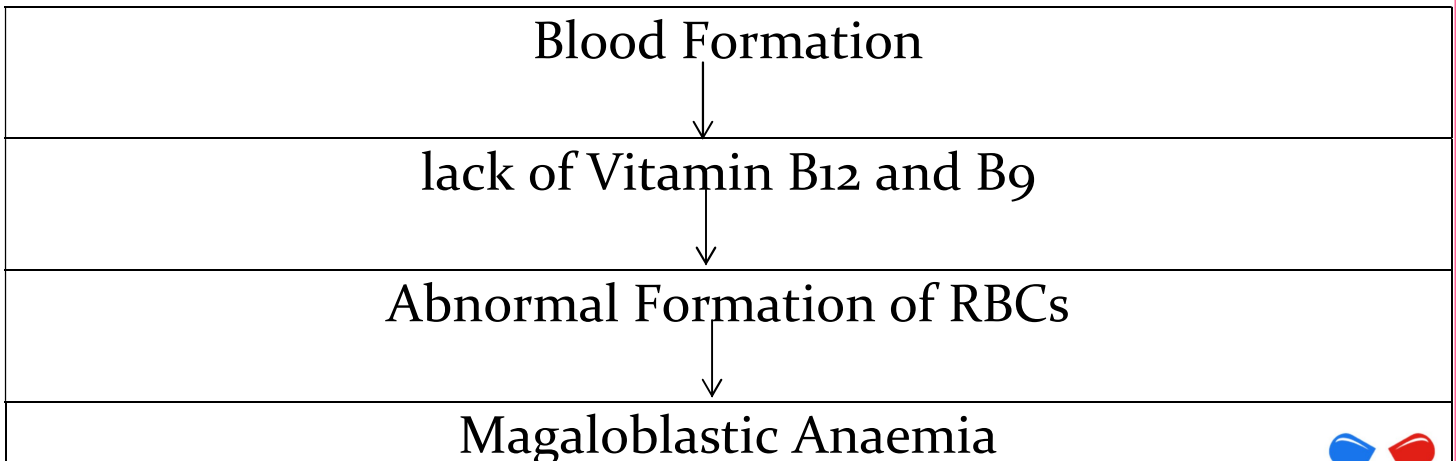
Megaloblastic Anemia



Etiology

- Lack of Folic Acid
- Lack of Cobalamin

Pathogenesis



Clinical Manifestations

- ✦ Weakness
- ✦ Extreme Fatigue
- ✦ Pale Skin
- ✦ Chest pain
- ✦ Shortness of Breath
- ✦ Increased heart rate
- ✦ headache
- ✦ Dizziness
- ✦ Diarrhoea
- ✦ Loss of appetite

Non Pharmacological Management

- ❖ For Vitamin B₁₂ Eggs , red meat , bran , Milk , liver . for Vitamin B₉ liver , kidney , eggs , Dark green Veg.

Pharmacological Management

- ❖ **Oral iron** : Ferrous sulphate, ferrous aminoate, ferrous gluconate, ferrous succinate, carbonyl iron, iron calcium complex.
- ❖ **Parenteral iron** : Iron sucrose, iron dextran, iron isomaltoside, ferric carboxy maltose, ferric pyrophosphate citrate.
- ❖ **Maturation factors** : Hydroxocobalamin, methyl cobalamin, cyanocobalamin, folic acid/leucovorin.

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Amir Khan

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