

Demystifying anemia: Causes, symptoms, and treatment strategies.

Ana Duarte*

Department of Pediatrics, Stanford University School of Medicine, USA

Correspondence to: Adam Gibbs, Department of Pediatrics, Stanford University School of Medicine, USA, E-mail: ana.dubgte@pubrs.br

Received: 02-Sep-2025, Manuscript No. aahbd-25-171231; **Editor assigned:** aahbd-25-171231, PreQC No. aahbd-25-171231 (PQ); **Reviewed:** 17-Sep-2025, QC No. aahbd-25-171231; **Revised:** 24-Sep-2025, Manuscript No. aahbd-25-171231 (R); **Published:** 30-Sep-2025, DOI: 10.35841/aahbd-8.3.234.

Introduction

Anemia is one of the most common blood disorders worldwide, affecting nearly two billion people. Despite its prevalence, anemia remains misunderstood and underdiagnosed, often dismissed as mere fatigue or weakness. In reality, anemia is a complex condition with diverse causes, wide-ranging symptoms, and significant health implications. Understanding its mechanisms and treatment options is essential for effective management and prevention [1].

Anemia occurs when the body lacks enough healthy red blood cells (RBCs) or hemoglobin to carry adequate oxygen to tissues. Hemoglobin is the iron-rich protein in RBCs responsible for oxygen transport. When levels drop, organs and muscles receive less oxygen, leading to fatigue and other symptoms. Anemia is not a single disease but a condition with multiple subtypes, each with distinct causes and treatments. The most common types include: Iron is essential for hemoglobin production. Deficiency may result from poor diet, blood loss (e.g., menstruation, ulcers), or malabsorption disorders like celiac disease [2].

These vitamins are crucial for RBC formation. Deficiency can stem from poor dietary intake, malabsorption (e.g., pernicious anemia), or increased demand during pregnancy. Conditions like kidney disease, cancer, and autoimmune disorders can suppress RBC production or shorten their lifespan. Diseases like aplastic anemia, leukemia, or myelodysplastic syndromes impair the bone marrow's ability to produce blood cells. Inherited conditions like sickle cell anemia and thalassemia affect the shape or production of hemoglobin, leading to chronic anemia [3].

Acute or chronic bleeding from trauma, surgery, gastrointestinal ulcers, or heavy menstruation can

deplete RBCs. In severe cases, anemia can lead to heart complications, pregnancy issues, and developmental delays in children. Symptoms vary depending on the severity and type of anemia but commonly include: Fatigue and weakness, Pale or yellowish skin [4].

Oral iron supplements (ferrous sulfate), Intravenous iron for severe cases or malabsorption, Dietary changes: red meat, leafy greens, legumes, fortified cereals, Vitamin B12 injections or oral supplements. Diet plays a pivotal role in preventing and managing anemia. Key nutrients include: Found in red meat, poultry, fish, beans, and spinach. Enhances iron absorption; found in citrus fruits, tomatoes, and bell peppers. Present in leafy greens, legumes, and fortified grains. Found in meat, dairy, and eggs. Avoiding excessive tea or coffee with meals can improve iron absorption. Regular exercise, hydration, and sleep also support overall blood health. Diagnosing anemia involves a combination of clinical evaluation and laboratory tests: Measures hemoglobin, hematocrit, and RBC count. Examines RBC shape and size. Includes serum ferritin, transferrin saturation, and total iron-binding capacity. Assesses bone marrow response. Used in complex or unexplained cases. Identifying the underlying cause is crucial for targeted treatment. Treatment depends on the type and cause of anemia [5].

Conclusion

Due to menstruation and pregnancy, women are at higher risk of iron-deficiency anemia. Prenatal vitamins and iron-rich diets are essential during pregnancy. Anemia in children can impair growth and cognitive development. Iron supplementation and fortified foods help prevent deficiency. Chronic diseases and poor nutrition increase anemia risk in seniors. Routine screening and

balanced diets are key. Anemia remains a major global health issue, especially in low- and middle-income countries.

References

1. Eppley BL, Woodell JE, Higgins J. Platelet quantification and growth factor analysis from platelet-rich plasma: implications for wound healing. *Plast Reconstr Surg*; 114(6):1502-1508.
2. Lowery GL, Kulkarni S, Pennisi AE. Use of autologous growth factors in lumbar spinal fusion. *Bone*; 25(2):47S-50S.
3. Kevy SV, Jacobson MS. Comparison of methods for point of care preparation of autologous platelet gel. *J Extra Corpor Technol*; 36(1):28-35.
4. Dennis JE, Haynesworth SE, Young RG. Osteogenesis in marrow-derived mesenchymal cell porous ceramic composites transplanted subcutaneously: effect of fibronectin and laminin on cell retention and rate of osteogenic expression. *Cell Transplant*; 1(1):23-32.
5. Blokhuis TJ, Termaat MF, den Boer FC, et al. Properties of calcium phosphate ceramics in relation to their in vivo behavior. *J Trauma*; 48(1):179.