

COMMUNITY GUIDE · NUTRITIONAL SUPPORT

Dioscovite: Daily Nutritional Support for the Sickle Cell Community

Daily energy and relief matter. Start with an informed conversation about your care.

Sickle cell anemia can bring fatigue and painful crises. When oxygen drops, abnormal hemoglobin S can cause red blood cells to sickle. These fragile cells break down early, contributing to low hemoglobin and reduced oxygen delivery.

A nutritional approach under discussion

Dioscovite combines thiocyanate salts with Vitamin B6. The supplied materials describe a formulation intended for adults and children to support normal, discoid red blood cell shape and oxygen delivery.

Buy Dioscovite

The author of African Holistic Health, Llaila Afrika stated, "Currently African Americans suffer due to the nutritional level set by caucasians. African American women and girls are the most nutritional deficient". The height of civilization will not rise higher than the minds of its women, so we know the value in the goal we are set to achieve. So let us build ourselves up on a cellular level and reestablish our ancestorial greatness. If food is the last plantation, then this product is the key to our FREEDOM. - Create Society

SCIENCE · BACKGROUND

Why sickle cell anemia is rarer in Africans

As a clinical entity, sickle cell anemia (SCA) is known to be relatively rarer in Africans than in the African-American population of the United States. Paradoxically, sickle cell trait (SCT), the non-anemic, heterozygous condition, is about three times more common among indigenous Africans than in African-Americans. The ratio of SCA to SCT is 1:50 for African-Americans, and less than 1:1,000 for tropical Africans.

This etiological disparity is attributed to an anti-sickling agent, thiocyanate, (SCN-) found abundantly in staple African foods, such as the African yam (Dioscorea sp) and cassava (Manihot utilissima). Staple American foods have negligible SCN- concentrations. Nonstaple foods in the American diet, such as carrots, cabbage, and radishes, have SCN- levels far below the African yam and cassava. This finding explains the high incidence of SCA among African-Americans and its rarity in Africans.

The author concludes that SCA is a congenital deficiency anemia, ameliorable by prophylactic diets of foods with high SCN- contents. Thus, "thiocyanate deficiency anemia" is nutritionally a more correct clinical status for those born with the homozygous sickle hemoglobin genome. Just as any iron undernourished person can suffer from iron deficiency anemia, sickle hemoglobin homozygotes suffer from "thiocyanate deficiency anemia" when they subsist on SCN-deficient foods.

This article reviews the role of dietary SCN- in SCA control.

Dr. Laila Afrika taught that sickle cell disease should not be viewed solely as a genetic condition, but also as a nutritional and environmental challenge influenced by the body's mineral, sulfur, and dietary balance. He emphasized research suggesting that thiocyanate, a compound derived from sulfur-containing foods such as cassava, yams, millet, and certain green vegetables, may help reduce the sickling of red blood cells and support healthier blood function.

From his perspective, traditional African diets contained protective nutritional factors that were diminished in modern Western eating patterns, and he believed that restoring these ancestral foods and lifestyle practices could help improve the quality of life of people living with sickle cell disease.

While mainstream medicine recognizes sickle cell disease primarily as a genetic disorder, Dr. Afrika advocated a holistic approach that integrated nutrition, cultural knowledge, detoxification, and preventive health as essential components of care. His views on thiocyanate were influenced by research proposing anti-sickling effects of dietary thiocyanate in populations consuming traditional African staple foods.