

KEYWORDS Poisoning, Para Phenylene Di Amine, Attempted Suicide, Hair Dye and Toxicity

1. INTRODUCTION

IN RECENT TIMES, THE INCIDENCE OF DELIBERATE SELF-HARM AND SUICIDE HAS WITNESSED A STEEP RISE OF EPIDEMIC PROPORTIONS ACROSS THE WORLD. DATA FROM THE WORLD HEALTH ORGANIZATION (WHO) REVEALED THAT OVER 0.87 MILLION SUICIDES TOOK PLACE GLOBALLY, WITH MANY MORE CASES OF DELIBERATE SELF-HARM BEING REPORTED: ADDING TO THE ALREADY HIGH RATES OF PREMATURE MORTALITY. [1] AMONG THE MANY METHODS EMPLOYED TO INFLICT DELIBERATE SELF-HARM OR COMMITTING SUICIDE, POISONING REMAINS THE COMMONEST, ESPECIALLY IN THE ASIAN COUNTRIES. [1] THE REGION FACES MARKED SOCIOECONOMIC, DISPARITY AND LOW STANDARDS OF LIVING, [2, 3] SERVING AS A CATALYST FOR POOR MENTAL HEALTH AND EXPLAINING THE REPORTS CLAIMING AN INCIDENCE OF OVER 0.5 MILLION SUICIDAL CASES PER YEAR. IT IS INTERESTING TO NOTE THAT DELIBERATE INGESTION OF POISONS AND TOXIC AGENTS READILY AVAILABLE AT HOME (PESTICIDES AND HAIR DYES) SERVE AS THE MEANS FOR 0.3 MILLION OF THE CASES. [4, 5] MOREOVER, RECENT REPORTS SUGGEST THAT POISONOUS AGENTS READILY AVAILABLE AT HOME SUCH AS PESTICIDES AND HAIR DYES ARE AT PRESENT, THE COMMONEST MEANS OF COMMITTING SUICIDE GLOBALLY. [6] NONETHELESS, A MAJOR PROPORTION OF THE USAGE STEMS FROM THE DEVELOPING WORLD, AND IN COMPARISON, THE AGENTS OF CHOICE IN THE DEVELOPED WORLD USE OTHER PHARMACOLOGICAL AGENTS SUCH AS INSULIN AND PARACETAMOL. [7] THE CUMULATIVE CASE FATALITY (ATTRIBUTED TO POISONING) IS RECORDED TO BE AS HIGH AS 20%, [8] AND THUS, ARE RESPONSIBLE FOR STEEP RISE IN THE PREMATURE MORTALITY RATES WORLDWIDE AND MOST NOTABLY THE RURAL AREAS OF THE DEVELOPING WORLD. [9] PARA PHENYLENE DIAMINE (PPD) OR BLACK STONE, A COMMON HAIR-DYE INGREDIENT IN SOUTH ASIA, HAS RECENTLY EMERGED AS A NEW MEANS OF SUICIDAL ATTEMPTS IN DEVELOPING COUNTRIES ESPECIALLY IN ASIA AND AFRICA. [10, 11] FEMALES DOMINATE THE DEMOGRAPHY OF CULPRITS COMMITTING THE MISUSE OF PPD, PARTICULARLY THE YOUNG-AGED GROUP (15-35 YEARS). [4] MANY VULNERABLE GROUPS ARE IDENTIFIED, TO BE RESPONSIBLE FOR THE STEP RISE IN THE DELIBERATE SELF-HARM AND POISONING CASES IN THE DEVELOPING WORLD; CHIEF AMONG WHICH ARE YOUNG-AGE, FEMALE GENDER, MARRIED INDIVIDUALS, LOW SOCIOECONOMIC CLASS, UNEMPLOYED INDIVIDUALS, AND MENTALLY DISTRESSED INDIVIDUALS. THIS COUPLED WITH THE EASE OF ACCESS TO THE DELETERIOUS AGENTS IS A DEADLY PROBLEM.

[12, 13]

THE RATES OF SELF-HARM RATES PEAK IN THE POPULATION OF 15–24-YEAR-OLDS AND ARE GENERALLY HIGHEST AMONG WOMEN DUE TO THE TENDENCY OF YOUNG PEOPLE, PARTICULARLY FEMALES, TO ENGAGE IN IMPULSIVE ACTS OF SELF-HARM. [4] IT HAS BEEN REPORTED THAT DELIBERATE POISON INGESTION IS A COMMON METHOD OF SELF-POISONING AND SUICIDE AND RESEARCH FROM PAKISTAN HAS NOTED THE USAGE OF PARA PHENYLENE DIAMINE AMONG OTHER AGENTS. [14, 15].

2. MATERIAL AND METHODS.

AFTER DUE APPROVAL FROM THE INSTITUTIONAL ETHICAL COMMITTEE, THIS DESCRIPTIVE ANALYSIS WAS CONDUCTED UPON A SAMPLE OF 400, YOUNG WOMEN (AGED 18 TO 35 YEARS) PRESENTING TO THE EMERGENCY DEPARTMENT FROM JUNE 2019 TO DECEMBER 2021, WITH DELIBERATE PARA PHENYLENE DI-AMINE INGESTION. AFTER TAKING WRITTEN INFORMED CONSENT, THE DATA WAS RECORDED ONTO A STRUCTURED QUESTIONNAIRE CONTAINING INQUIRIES PERTAINING TO BASIC BIODATA, SOCIOECONOMIC DETAILS, TIME ELAPSED SINCE

73 INGESTION, CLINICAL SIGNS AND SYMPTOMS AND THE OUTCOME (WITHIN 24 HOURS). THESE
 74 PATIENTS WERE INITIALLY ADMITTED TO THE EMERGENCY DEPARTMENT AND WERE THEN, SHIFTED
 75 TO THE DEPARTMENT OF MEDICINE FOR MANAGEMENT.

76 **RESULTS**

77 THE MEAN AGE OF THE SAMPLE STOOD AT 23 (SD ± 2) YEARS. Table 1

AGE GROUP	FREQUENCY	PERCENTAGE
UP TO 20	28	7%
21-25	292	73%
26-30	47	11.75%
31-35	33	8.25%

79
 80 OUT OF THE TOTAL 400 CASES OF DELIBERATE INGESTION REPORTING TO THE STUDY SETTING, 19
 81 WERE ASYMPTOMATIC AND WERE DISCHARGED AFTER INITIAL CARE. AMONG THE SYMPTOMATIC
 82 PATIENTS, 212 (53%) RECOVERED WITHIN 12 HOURS WITHOUT NEED FOR INTENSIVE CARE, WHILE
 83 139 (34.75%) NEEDED ADMISSION TO INTENSIVE CARE UNIT, FOLLOWING WHICH A FULL RECOVERY
 84 WAS ACHIEVED WITHIN 24 HOURS (98 PATIENTS) OR MORE (31 PATIENTS), WHILE THE REMAINING
 85 10 PATIENTS SUCCUMBED TO THE POISONING. 30 PATIENTS REACHED THE HOSPITAL IN CRITICAL
 86 STATE AND DIED IN THE EMERGENCY DEPARTMENT.

87

CURED		EXPIRED	
WITHOUT NEED FOR ICU	WITH NEED FOR ICU	DESPITE ICU ADMISSION	EXPIRED BEFORE INTERVENTION
231	129	32	08

88
 89

VARIABLE		CURED	EXPIRED	P VALUE
AGE	UP TO 20	26	02	0.032
	21-25	256	36	0.177
	26-30	46	01	0.112
	31-35	32	01	0.129
	LESS THAN 4 HOURS	208	07(3.4%)	0.127
	MORE THAN 4 HOURS	152	33(21.7%)	0.046
TIME ELAPSED SINCE INGESTION	UP TO 24 HOURS	236	30	0.110
HOSPITAL STAY	MORE THAN 24 HOURS	124	10	0.0493

90
 91 **DISCUSSION**

92 ACCESS TO POISONS IS EFFECTIVELY BEING LIMITED WORLDWIDE. GOVERNMENTAL LAWS AND
 93 REGULATIONS BY DRUG AGENCIES HAVE MADE MOST PHARMACOLOGIC AGENTS (WITH POSSIBLE
 94 LETHAL AFFECTS ASSOCIATED WITH OVERDOSE) IN-ACCESSIBLE. INDIVIDUALS LOOKING TO
 95 AFFLICT SELF-HARM HAVE THUS RESORTED TO NEWER MORE ACCESSIBLE AGENTS; ONE AMONG
 96 WHICH IS PARA PHENYLENE DIAMINE. [4, 15] PARA PHENYLENE DIAMINE (PPD) IS A COMMON
 97 INGREDIENT IN MANY HAIR-DYES USED IN THE INDIAN SUBCONTINENT AND PARTS OF AFRICA. [10,
 98 11] SINCE FEMALES DOMINATE THE DEMOGRAPHY OF CULPRITS COMMITTING THE
 99 MISUSE OF PPD (IN THE RANGE OF 56% TO 85% SPECIFICALLY IN YOUNG POPULATION),
 100 PARTICULARLY THE YOUNG-AGED GROUP (15-35 YEARS). [16 - 19] MANY VULNERABLE GROUPS ARE
 101 IDENTIFIED, TO BE RESPONSIBLE FOR THE STEP RISE IN THE DELIBERATE SELF-HARM AND
 102 POISONING CASES IN THE DEVELOPING WORLD; CHIEF AMONG WHICH ARE YOUNG-AGE, FEMALE
 103 GENDER, MARRIED INDIVIDUALS, LOW SOCIOECONOMIC CLASS, UNEMPLOYED INDIVIDUALS, AND
 104

105 MENTALLY DISTRESSED INDIVIDUALS. [12, 13] IN THIS RESEARCH, THE MEAN AGE OF THE STUDY
106 SAMPLE WAS 23 YEARS AND FALLS WELL-WITHIN THE AGE BRACKETS REPORTED TO BE COMMON
107 VICTIMS BY PUBLISHED EVIDENCE (IN THE RANGE OF 24.7 TO 27.7 YEARS). [20, 21] STUDIES REPORT
108 THAT PPD MISUSE AND INCUMBENT POISONING IS SPECIFICALLY OBSERVED IN THE YOUNGER AGE
109 (15 TO 24 YEARS). [4, 15] THIS PREPONDERANCE OF YOUNG FEMALES INCLINED TO SELF-POISONING
110 WARRANTS AN IMMEDIATE PUBLIC HEALTH ATTENTION FOR THE STAKEHOLDERS AND POLICY
111 MAKERS. ALTHOUGH THE PRESENT STUDY EXTENDS THE PREVIOUS WORK ON POISONING CASES
112 IN PAKISTAN, THERE ARE SOME LIMITATIONS THAT SHOULD BE ADDRESSED; NAMELY THE FACT
113 THIS WAS A SINGLE CENTER STUDY AND IN FUTURE MORE CENTERS MAY BE INVOLVED, AND A
114 WIDER SAMPLE SIZE BE RESEARCHED.

115 **CONCLUSIONS**

116 THE CUMULATIVE MORTALITY RATE RECORDED IN THE RESEARCH WAS 10%. FACTORS SUCH AS
117 TIME BETWEEN INGESTION AND PRESENTATION TO THE HOSPITAL, THE QUANTITY OF INGESTION
118 AND THE GENERAL HEALTH STATUS, AFFECTED THE OUTCOME OF THE PATIENT.
119

126 **CONSENT**

127 AS PER INTERNATIONAL STANDARDS OR UNIVERSITY STANDARDS, PATIENTS WRITTEN CONSENT HAS BEEN
128 COLLECTED AND PERSERVED BY THE AUTHOR(
129 S).

130 **ETHICAL APPROVAL:**

131 AS PER INTERNATIONAL STANDARDS OR UNIVERSITY STANDARDS,WRITTEN ETHICAL APPROVAL HAS BEEN
132 COLLECTED AND PRESERVED BY THE AUTHOR(S).
133

135

136 **REFERENCES**

- 137 1. KHUHRO BA, KHASKHELI MS, SHAIKH AA. PARAPHENYLENE DIAMINE POISONING: OUR
138 EXPERIENCE AT PMC HOSPITAL NAWABSHAH. ANAESTH PAIN INTENSIVE CARE. 2012; 16:243-6.
- 139 2. CHEN Y-Y, CHIEN-CHANG WU K, YOUSUF S, YIP PS. SUICIDE IN ASIA: OPPORTUNITIES AND
140 CHALLENGES. EPIDEMIOLOGIC REVIEWS. 2012;34(1):129-44.
- 141 3. WU KC-C, CHEN Y-Y, YIP PS. SUICIDE METHODS IN ASIA: IMPLICATIONS IN SUICIDE PREVENTION.
142 INTERNATIONAL JOURNAL OF ENVIRONMENTAL RESEARCH AND PUBLIC HEALTH. 2012;9(4):1135-58.
- 143 4. SOLANGI AR, KHASKHELI MS, TABASSUM R, MEMON AR. PARAPHENYLENE DIAMINE POISONING &
144 ITS LABORATORY PROFILE: IN NAWABSHAH, PAKISTAN. A DESCRIPTIVE STUDY. JOURNAL OF
145 PEOPLES UNIVERSITY OF MEDICAL & HEALTH SCIENCES. 2015;5(1):11-7.
- 146 5. LOHANO AK, YOUSFANI AH, MALIK AA, ARAIN KH. HAIR DYE CRUCIAL THREAT TO
147 PARAPHENYLENEDIAMINE POISONING AND ITS MORTALITY RATE ASSOCIATED WITH LARYNGEAL
148 EDEMA; A CROSS SECTIONAL STUDY. RAWAL MEDICAL JOURNAL. 2017;42(1):60-3.
- 149 6. MEW EJ, PADMANATHAN P, KONRADSEN F, EDDLESTON M, CHANG SS, PHILLIPS MR, GUNNELL D.
150 THE GLOBAL BURDEN OF FATAL SELF-POISONING WITH PESTICIDES 2006-15: SYSTEMATIC REVIEW.
151 JOURNAL OF AFFECTIVE DISORDERS. 2017;219:93.
- 152 7. KHAN H, KHAN N, KHAN N, AHMAD I, SHAH F, RAHMAN AU, MAHSUD I. CLINICAL PRESENTATION
153 AND OUTCOME OF PATIENTS WITH PARAPHENYLENEDIAMINE (KALA-PATHAR) POISONING. GOMAL
154 JOURNAL OF MEDICAL SCIENCES. 2016 DEC 31;14(1).
- 155 8. MANZOOR M, TARIQ A, AHMAD M. COMPLICATIONS OF KALA PATHAR (PARAPHENYLENE DIAMINE)
156 POISONING. PROCEEDING SZPGMI VOL. 2017;31(1):1-4.
- 157 9. RAHIM F, ULLAH F, HAROON M, SHFAQ M, AFRIDI AK. ACUTE POISONING TREATED IN MEDICAL
158 INTENSIVE CARE UNIT. GOMAL J MED SCI 2016; 14(3):129-32.
- 159 10. AHMED A, ALI L, SHEHBAZ L, NASIR S, RIZVI SRH, ZAEGHUM M, ET AL. PREVALENCE AND
160 CHARACTERISTICS OF ORGANOPHOSPHATE POISONING AT A TERTIARY CARE CENTRE IN KARACHI,
161 PAKISTAN. PAK J SURG. 2016;32(4):269-73.
- 162 11. SHAFIQ M, MAQBOOL F, IQBAL A, BAQAI HZ. "KALA PATHAR" POISONING. JOURNAL OF
163 RAWALPINDI MEDICAL COLLEGE (JRMCI). 2015;19(1):98-9.
- 164 12. IRSHAD R, TAHIR N, IQBAL S, HUSSAIN T, SHAFI S. PARAPHENYLENE DIAMINE POISONING.
165 PLATELETS.;127(199):187.
- 166 13. PESHIN SS, SRIVASTAVA A, HALDER N, GUPTA YK. PESTICIDE POISONING TREND ANALYSIS OF
167 13 YEARS: A RETROSPECTIVE STUDY BASED ON TELEPHONE CALLS AT THE NATIONAL POISONS
168 INFORMATION CENTRE, ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI. JOURNAL OF
169 FORENSIC AND LEGAL MEDICINE. 2014;22:57-61.
- 170 14. IMRAN S, AWAN EA, MEMON MIS, MEMON A. FREQUENCY AND OUTCOMES OF
171 ORGANOPHOSPHATE POISONING AT TERTIARY CARE HOSPITAL IN NAWABSHAH. J LIAQUAT UNI MED
172 HEALTH SCI. 2017;16(02):118-20.
- 173 15. AWAN EA, SAHITO AA, SHAIKH AA. PARAPHENYLENE DIAMINE POISONING AMONG FEMALES IN
174 NAWABSHAH: A RETROSPECTIVE STUDY FROM 2013 TO 2015. JOURNAL OF PEOPLES UNIVERSITY
175 OF MEDICAL & HEALTH SCIENCES. 2016; 6(1): 29-32.
- 176 16. MARY NS, GANESH R. HAIR DYE-AN EMERGING SUICIDAL AGENT: OUR EXPERIENCE. ONLINE
177 JOURNAL OF OTOLARYNGOLOGY. 2012;2(2):3. 17. JAIN P, AGARWAL N, KUMAR P, SENGAR N,
178 AGARWAL N, AKHTAR A. HAIR DYE POISONING IN BUNDELKHAND REGION (PROSPECTIVE ANALYSIS

- 179 OF HAIR DYE POISONING CASES PRESENTED IN DEPARTMENT OF MEDICINE, MLB MEDICAL
180 COLLEGE, JHANSI). J ASSOC PHYSICIANS INDIA. 2011;59(7):415-9.
- 181 18. AHMED SN, JAYASUNDARAM E, REDDY SV, SINGANAMALA CB. AIRWAY MANAGEMENT IN HAIR
182 DYE POISONING: OUR EXPERIENCES. IN THE INDIAN ANAESTHETISTS' FORUM 2012 OCT 13.
- 183 19. JAVED A, WAQAR F, AHMED S, RAHMAN AS, JAMAL Q, HUSSAIN T. DIFFERENT PATTERNS OF ECG
184 IN ORGANOPHOSPHATE POISONING AND EFFECT ON MORTALITY. PAK HEART J. 2016;49(3):121-5.
- 185 20. PATRA AP, SHAHA KK, RAYAMANE AP, DASH SK, MOHANTY MK, MOHANTY S.
186 PARAPHENYLENEDIAMINE CONTAINING HAIR DYE: AN EMERGING HOUSEHOLD POISONING. THE
187 AMERICAN JOURNAL OF FORENSIC MEDICINE AND PATHOLOGY. 2015 SEP 1;36(3):167-71.
- 188 21. SHAIKH MA. MORTALITY IN PATIENTS PRESENTING WITH ORGANOPHOSPHORUS POISONING AT
189 LIAQUAT UNIVERSITY OF MEDICAL AND HEALTH SCIENCES. PAK J MED SCI. 2011;27(5):1022-4.
- 190 22. H REBGUI, H HAMI, L OUAMMI, SOULAYMANI A, R SOULAYMANI-BENCHEIKH, A M.
191 EPIDEMIOLOGICAL PROFILE OF ACUTE INTOXICATION WITH PARA-PHENYLENEDIAMINE
192 (OCCIDENTAL TAKAWT) IN THE ORIENTAL REGION IN MOROCCO: 1996-2007. IOSR J ENVIRON SCI
193 TOXICOL FOOD TECHNOL. 2013; 4(6):67-72.
- 194
- 195