

medicolegal implications are hardly available and time consuming. The treating physician will have to rely mainly on clinical features to plan the treatment modality. Commercially available kits used for toxicological analysis in a few labs screen mainly for recreational abuse substances and are very expensive.

CONCLUSION:

Colorimetric method of analyzing the compounds will help to identify the unknown compound along with the toxidromes in a short period of time. This will help in reducing the time taken to evaluate the poisoned patients. By this, we can reduce the percentage of mortality in the hospital due to the consumption of different types of poisoning. Also, steps need to be taken for reducing the availability, accessibility, reachability of compounds

LIMITATION:

Limitations of this study are short duration of history of ingestion to obtain gastric aspirate for analysis and only colorimetric method is used. Other body fluids and different other toxicological analytical methods like TLC and spectrophotometry would go a long way in managing these poisoned patients. Triaging and disposition of the poisoned patients in the ED would also be much easier.

CONFLICT OF INTEREST: None

First Author: Dr. N C Srinivasa Prabhu, MBBS, MD, Professor, Department of Emergency Medicine, KIMS Hospital and Research Centre, Bangalore.
Email address: ncsprabhu@yahoo.co.in

Second Author: Dr. B Brinda, MBBS, MD, Professor, Department of Emergency Medicine, KIMS Hospital and Research Centre, Bangalore
Email address: brindapaddu13@gmail.com

Third Author: Dr. Kiran Nagaraju, M.Pharmacy, Ph.D. , Professor, Department of Pharmacy Practice, KIMS Hospital and Research Centre, Bangalore
Email address: kiran2119@rediffmail.com

Corresponding author: Dr. N C Srinivasa Prabhu
Email id: ncsprabhu@yahoo.co.in

FUNDING:

Rajiv Gandhi University of Health Sciences, Bangalore

ACKNOWLEDGEMENT:

We are grateful to the scientific research committee of RGUHS for their encouragement and supporting this study by funding. We thank the staff of Emergency Department for helping us in logistics of getting the specimen samples.

REFERENCE:

1. World Health Organization (2008). Global Burden of Disease: 2004 update. Geneva: WHO 2008.
2. WHO Suicide. Fact sheet. September 2019. From URL: <https://www.who.int/en/news-room/fact-sheets/detail/suicide>. Accessed 15 Feb 2021.
3. Policy Department for External Relations, Directorate General for External Policies of the Union: The use of pesticides in developing countries and their impact on health and the right to food. January 2021.
4. Pillay V. Modern Medical Toxicology. 4th ed. Jaypee Brothers Medical Publisher (P) Ltd.; 2013.
5. Flanagan R, Braithwaite R et al. Basic analytical toxicology. Geneva: World Health Organization; 1995.
6. The WHO recommended classification of pesticides by hazard and guidelines to classification 2009. Geneva: WHO; 2010.
7. Flanagan RJ. Developing Analytical Toxicology Services: Principles and Guidance. Geneva: World Health Organization; 2005.