

# Theory of Designing Antidotes against Aluminum Phosphide Poisoning

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## Hypothesis

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## Abstract

ALP (Aluminum phosphide) tablet as a common rice pesticide has the public use in world. So nowadays accidentally and intentionally victims are seen through this poisoning. After absorbing and dissolving the phosphorus immediately releases and convert to phosphine and it makes dangerous acute heart failure. So deadly compound of this poisoning is phosphine (PH3). Because suitable antidotes and treatment aren't available, the poisoned persons death after several hours of their poisoning in emergency and hospitals. Annually mortality of Aluminum phosphide poisoning are reported in Iranian and other countries hospitals. Therefore this study show to trying and finding specific antidotes encounter to this disastrous poisoning.

**Keywords:** Aluminum phosphide; Poisoning; Theory of designing antidotes

## Introduction

Consumption of rice pills in olds and children may cause accidental poisoning and death. It may also be intentionally used between youth people for suicide purposes. Because of the lack of appropriate treatment for aluminum phosphide poisoning so most of poisonous patients die in the hospital. Also disastrous compound of this poisoning is phosphine (PH3). Therefore it seems that using proper antidotes will remove this harmful and dangerous factor from the poisonous body. There have been recently using many treatments in Tehran/Iran [1]. However estimate to finding of the new combination antidotes require for treatment [2].

## **Methods**

## **Mechanism of Action**

Toxicity mechanisms of ALP are not clearly understood now. But it might the main poisoning etiology be releasing of phosphine [3,4]. The stomach is pH=2 so The ALP pills immediately dissolved in stomach pH and absorbed through the gastrointestinal tract to the blood stream. The LD50 of ALP is equal 10 milligram per kilogram in human. Therefore just One sixth of tablet will dissolve and cause poisoning. After absorbing and dissolving the phosphorus immediately releases and convert to phosphine and it makes dangerous acute heart failure in all mammalian. So disastrous compound of this poisoning is phosphine (PH3) and its target is heart. However despite of every emergency efforts the phosphine make mortality as view point of heart failure.

## Sign and Symptom

The common symptoms include agitation ,hyperactivity ,lethargy, increase in oxidative stress, pulmonary oedema metabolic acidosis, hypotension ,cardiac failure commonly die with hepatic failure [5]. other Poisoning symptoms are dizziness, easy fatigability, nausea, vomiting, headache and diarrhea in mild exposure. Ataxia, numbness, paresthesia, muscle weakness, paralysis, abdominal pain and epigastria, dyspnea, progress to Type I or II respiratory failure,

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headache, pseudo shock syndrome, Increased SGOT or SGPT, indicate moderate to severe ingestional poisoning. Decreased magnesium while potassium may be increased or decreased .Measurement of plasma renin is significant as its level in blood, diplopia, jaundice, cellular hypoxia, inhibition of the enzyme cytochrome oxidase of the mitochondria, Lipid peroxidation cause damage to cellular membrane, disruption of ionic barrier, nucleic acid damage and cell death. Focal myocardial necrosis congestive cardiac failure, convulsion and coma [6].

#### **Results**

Potassium permanganate is the first antidote used in the early stages of Aluminum phosphide tablets swallowing. This prevents from the tablet opening and dissolving. Medications and supportive treatment such delete of free radicals and toxins residues should be considered under supervision of the specialist physician. The heavy metals have not only been known for their high density but most importantly for their side effects to living organisms. So the adverse effects of drugs including heavy metals must be considered too [4,7]. Despite of specialist physician trying in emergency randomized annual mortality reports at poisoning treatment centers of hospitals in Iran and Asia countries, especially in Sina Hospital of Tabriz/Iran. Also annually at least some poisoned people with ALP tablets were death in Loghman hospital of Tehran/Iran.

## **Discussion**

So it looks like that with using proper antidote the deadly dangerous factor will be neutralized and removed.PH3 molecule has electron pair so it has nucleophilic properties. So it seems phosphine molecule has affinity to linking to drugs with specificity of high electrophilic and low risk properties. Therefore estimated and selected drugs with this function are necessary as a view point of insilico toxicology methods [8-11]. Some of these antidotes are recommended with lower effective and nontoxic dose of aminoquinolines derivatives such combination of ortho- and para-hydroquinone and perimquine and amodiaquin compounds that are used malaria diseases and other drugs such Auranofin and Aurothioglucose, also known as gold anti rheumatism drugs and cisplatine as anticancer drug and boron compounds as many medications [1,11-16]. However it looks like that in the first step of poisoning combination of usage these drugs are neccsessary. These drugs have probably strong connect to PH3 molecules. Also medications of them as well as after dissolving and absorbing made dangerous free radicals in the body too. So in the next step to remove of free radicals and overload drugs application of hemoperfusion, hemofiltration, hemodialysis are recommended [17,18]. The lethal dose of ALP is equal 10mg/kg (LD50=10mg/Kg).

Phosphine poisoning causes metabolic acidosis. Therefore, it is useful to infusion compounds such as sodium bicarbonate that cause alkalosis .Then poisonous persons must use the specific antioxidant drugs with low risk such vitamin E and vitamin C and curcumin and other medication such as digoxin and phenobarbital in nontoxic doses to treatment purposes. Of course, other supportive therapy proceedings should also be applying under supervision of the specialist physicians [18-20].

## Conclusion

Attention to incidence and mortality of aluminum phosphide poisoning in the around of the world it should be considered to finding of proper antidotes. Because nowadays it is not found real antidote against to this poisoning, so this study recommends that giving hypothesize to designing antidotes to treatment of Aluminum phosphide poisoning according to state of insilico toxicology methods. The toxicity of the proposed antidotes and drugs should also be consider overview. All treatment and preservation of vital signs of poisoning should be monitored by specialist physicians.

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#### References

- 1. Mehrpour O, Farzaneh E, Abdollahi M (2011) Successful Treatment of Aluminum Phosphide Poisoning with Digoxin: A Case Report and Review of Literature. Int J Pharmacol 7: 761-764.
- 2. Rezaei Basiri M (2019) Hypothesize to Designing Antidotes to Treatment of Aluminum Phosphide Poisoning. J Med Toxicol Clin Forensic Med 5(1): 1-2.
- 3. Shakeri S, Mehrpour (2015) Aluminum Phosphide Poisoning in Animals, International. Journal of Medical Toxicology and Forensic Medicine 5(2): 81-97.
- 4. Engwa GA, Ferdinand PU, Nwalo FN, Unachukwu MN (2019) Mechanism and Health Effects of Heavy Metal Toxicity in Humans. IntechOpen.
- Nisa S Nath, Bhattacharya I, Andrew G Tuck, David I Schlipalius, Paul R Ebert (2011) Mechanisms of Phosphine Toxicity. Journal of Toxicology 2011: 494168.
- 6. Wahab A, Zaheer MS, Wahab S, Khan RA (2008) Acute

## **International Journal of Forensic Sciences**

3

aluminium phosphide poisoning, an update. Hong Kong Journal of Emergency Medicine 15(3): 152-155.

- 7. Morais S, Costa FG, Pereira ML (2014) Heavy Metals and Human Health, Environmental health emerging issue and practice. IntechOpen, pp: 227-246.
- 8. Raies AB, Bajic VB (2016) In silico toxicology: computational methods or the prediction of chemical toxicity. Comput Mol Sci 6(2): 147-172.
- 9. Vedani A, Smiesko M (2009) In silico toxicology in drug discovery concepts based on three-dimensional models. Altern Lab Anim 37(5): 477-496.
- 10. Raunio H (2011) In silico toxicology non-testing methods. Front Pharmacol 2: 33.
- 11. Nordlund JJ, Grimes PE, Ortonne JP (2006) The safety of hydroquinone. J Eur Acad Dermatol Venereol 20 (7): 781-787.
- Satoh T, McKercher SR, Lipton SA (2013) Nrf2/AREmediated antioxidant actions of pro-electrophilic drugs. Free Radic Biol Med 65: 645-657.
- 13. Felson DT, Anderson JJ, Meenan RF (1990) The comparative efficacy and toxicity of second-line drugs in rheumatoid arthritis results of two metaanalyses. Arthritis & Rheumatism. 33(10): 1449-1461.

- 14. Klinkhoff (2005) An editorial is a golden opportunity. The Journal of Rheumatology. 32(6): 978–9.
- 15. Soltaninejad K, Nelson LS, Khodakarim N, Dadvar Z, Shadnia S (2011) Unusual complication of aluminum phosphide poisoning: Development of hemolysis and methemoglobinemia and its successful treatment. Indian J Crit Care Med 15(2): 117-119.
- 16. Hu S, Wang D, Jiang H, Lei Q, Zhu X, (2013) Therapeutic Effectiveness of Sustained Low-Efficiency Hemodialysis Plus Hemoperfusion and Continuous Hemofiltration Plus Hemoperfusion for Acute Severe Organophosphate Poisoning. Artif Organs 38 (2): 121-124.
- 17. Friedrich JO, Wald R, Bagshaw SM, EA Burns K, KJ Adhikari N (2012) Hemofiltration compared to hemodialysis for acute kidney injury: systematic review and meta-analysis. Crit Care 16: R146.
- Schmidt HH, Stocker R, Vollbracht C, Paulsen G, Riley D, et al. (2015) Antioxidants in Translational Medicine. Antioxid Redox Signal 23(14): 1130-1143.
- 19. Irving S, Rossoff (2002) Encyclopedia of clinical Toxicology.
- Brunton I, Knollmann B, Dandan RH (2017) Goodman & gilman's the pharmacological basis of therapeutics. 13<sup>th</sup> (Edn.), McGraw-Hill Education.

