Autopsy Based Prospective Study of Synthetic Cow Dung Poisoning (Yellow Sani Powder Poisoning)

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Abstract

Traditionally it is believed that cow dung has germicidal and insect repellent properties in the Indian Sub Continent. South Indian people have been using the natural cow dung for cleaning, lining and painting the courtyard and house premises. In this modern era, owing to the unavailability of natural cow dung, the people have resorted to using synthetic dye (synthetic cow dung) which is called colloquially as “Manjal Sani Powder” in Tamil. Synthetic cow dung powder (Auramine) - a dye compound, even though legally banned, is till date easily available locally with small shops and vendors. Aim of the present study is to explore the postmortem findings of Synthetic cow dung powder (sani powder) poisoning in Western Tamil Nadu i.e, Coimbatore, the Nilgiris, Tiruppur, Erode and Karur districts, the study being conducted in the Department of Forensic Medicine, Coimbatore Medical College. The following parameters were collected and analyzed: the deceased’s sex and age, Post mortem findings, histopathological and chemical analysis reports. A total number of 224 cases were analyzed. Most of the deceased persons are of age between 31 to 40 years in females (38.8%) and between 41 to 50 years in males (36.6%). Most of the deceased persons were males (78.1%). Postmortem findings of yellow cow dung poisoning were yellowish discoloration of skin. Internal findings noted were tongue yellow coated. All the internal organs were stained yellow. Intense Vigil and Strict Enforcement of regulations for manufacturing and selling of synthetic dyes can significantly reduce the incidence of Synthetic Yellow Cow Dung (Saani) powder poisoning.

Key words: Yellow cow dung, Auromine, Synthetic dye, Saani powder.

Introduction

Cow dung and Urine (Gomuthra) have been held with reverence and have been mentioned in many places in Ancient Indian History and South Indian Culture in general and more particularly when chronicling regarding the personal hygiene and community welfare. People in history have cleaned the living premises by using natural cow dung. But nowadays due to non-availability of natural cow dung people have resorted to using synthetic cow dung (Auromine) which is called colloquially as “Manjal Saani Powder” in Tamil. In the region of

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Western Tamil Nadu theyellow Saani powder is more frequently used for suicidal purpose\textsuperscript{2,4}. Though sale of the synthetic cow dung powder is legally banned, it can be purchased from local small shops for as cheap as just 2 or 5 rupees per pocket. The unfortunate part regarding this poison is that there is no specific antidote against it\textsuperscript{1,3}. The aim of the present study is to explore the postmortem findings of Synthetic cow dung powder (sani powder) poisoning in western Tamil nadui.e, Coimbatore, the Nilgiris, Tiruppur, Erode and Karur districts.

Materials and Method

It is a prospective study conducted in the Department of Forensic medicine, Coimbatore Medical College, Coimbatore from January 2018 to December 2018. The following parameters were collected and analysed: the deceased’s sex and age, Post mortem findings, histopathological and chemical analysis reports.

Result

Among a total number of 4055 autopsies performed, 593 cases were cases of poisoning. In these cases of poisoning, 224 cases were cases of yellow cow dung powder (Manjalsani powder) poisoning. Among these 175 cases(78.1%) were males, 49 cases (21.9%) were females.

Sex Distribution

Most of the deceased were aged between 31 to 40 years in females (38.8%) and between 41 to 50 years in males (36.6%).

Postmortem Findings:

Postmortem findings of yellow cow dung poisoning were yellowish discoloration of skin. Internal findings are tongue yellow coated.

Yellow stains – External appearance

All the internal organs were yellow stained.

Interior of Stomach

Liver
On Histopathological examination Centrilobular necrosis was noted in the liver. Acute glomerular injury was noted in the kidneys.

**Intestines**

**Brain**

**Centri-lobular Necrosis of Liver:** Showing Viable(1) and Non-Viable Areas(2)

**Acute Glomerular Injury:** Showing Acute Tubular Necrosis(1) and Interstitial Acute Glomerulonephritis(2)
Discussion

The present prospective study was conducted between January 2018 and December 2018. Among total 593 poison cases, 224 cases were yellow cow dung (Yellow Saani) powder poisoning. Commonly affected sex was male (78.1%). Most of the deceased are age between 31 to 40 years in females (38.8%) and between 41 to 50 years in males (36.6%). There are two type of synthetic cow dung powder.

1. Auromine - yellow saani powder chemically known as Diaryl methane and molecular formula of $C_{17}H_{21}N_3.HCl$

Acute exposure to Auromine is neurotoxic poison which causes Convulsions, Spasm, Focal deficit and CNS depression. Severe hepatic toxicity due to centrilobular necrosis also occurs. Kidney failure also occur due to acute glomerular injury. It also cause gastro-intestinal tract irritation. In gastro intestinal tract it causes mucosal damage. Yellow stains due to deposition of auramine pigments in liver function test SGPT and SGOT were elevated with normal bilirubin level. Other studies confirm DNA damage induced by auramine in liver, kidneys and bone marrow of rats and mice. Chronic exposure causes bladder cancer, lymphpatic cancer and also causes reproductive damage in humans.

2. Melachite green- Greensaani powder chemically known as Diphenyl methane and molecular formula of $C_{25}H_{23}CN_2.HCl$

Melachite green causes hepatic damage, Hepatic tumor and Lung adenoma

Differential diagnosis for Auramine poisoning are

1. **Paraquat poisoning**: Yellow stains noted over scalp and internal organs but not in the around the mouth and palms. The yellow stains due to acute hepatic failure. It causes lung damage by pulmonary edema, pulmonary hemorrhage and fibrosis.

2. **Infectious hepatitis**: There is history of fever, itching and jaundice. In liver function test elevated level of all markers mainly elevated level of bilirubin.

Conclusion

Illegal sale and most importantly suicidal ingestion of yellow cow dung powder is prevalent not only in rural areas but also in urban areas. Steps have to be taken to telecast and publish promotions in mass media and increase the public awareness. A standard treatment protocol has to be developed and should be implemented to reduce the mortality and morbidity associated with yellow cow dung poison. Intense Vigil and Strict Enforcement of regulations for manufacturing and selling of synthetic dyes can significantly reduce the incidence of Synthetic Yellow Cow Dung (Saani) powder poisoning.

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References