Acute renal failure secondary to ingestion of unknown mercury containing medicine-not due to Ayurvedic medicine

Sir,

Recently published case study in IJN^[1] seems to be an interesting one. The data has been presented in a very organized manner. But, the description of the case study clearly reveals the misconception of branding the drug as an Ayurvedic Medication just by the presence of mercury. Mercury has been an ingredient of not only Ayurvedic formulations but also of various other formulations of traditional systems of medicine such as Siddha, Unani, Tibetan and Chinese Medicine. Hence, presence of mercury alone cannot be attributed to Ayurveda.

The author has revealed that patient has a history of intake of medicine from a traditional healer since past 5 months. All traditional healers do not practice Ayurvedic system of medicine. The toxicity could be due to wrong dosage and prescription practices. The name of the medicine has not been provided in the case study. Presence of mercury alone is not the criteria for toxicity. The chemical form administered has a major role to play. Ancient Ayurveda scholars were well aware of the toxicity of mercury, heavy metals, etc., and took utmost care during manufacturing and administering of these medicines. Untoward effects are seen when they are ignored. Mercury is not present in elemental form in Ayurvedic formulations and is usually prescribed in sulfide form and the safety of these dosage forms is also well-established.^[2] Safety of patients during treatment is the major cause of concern for the physicians of Ayurveda. The safety and efficacy of Ayurvedic drugs is being documented in many validated publications.^[3]

The discussion part of this case study quotes about the harmful effects caused by the affinity of mercury with sulfur, but the fact is, when the drug itself is given in sulfide form possibility of toxicity is less. The method of preparation and administration is unique in Ayurveda and those should not be missed. Certain detoxifying and purificatory procedures like *Shodhana*, *Marana*, *etc.*, with various herbs are adopted during the preparation of these mercuric and metallic formulations. If these procedures are not followed properly or skipped then ill-effects are imminent. The poor pharmaceutical monitoring and licensing policies may be blamed, not the health care system. Recruitment of an Ayurvedic graduate is sufficient for the certification of Good Manufacturing Practices according to Drug and Cosmetic rules 1945,^[4] schedule T,; but specialized post graduates must be appointed for appropriate monitoring of drug manufacturing and the preparation of mercury containing formulations.

Presently Ayurvedic drugs come under the purview of Drugs and Cosmetic (D and C) Act 1940 and D and C rules 1945. In this Act, Chapter IV-A is especially devoted for ASU (Ayurveda, Siddha, and Unani) and they are presently addressed under AYUSH (Ayurveda, Yoga, Unani, Siddha, and Homeopathy) systems. The article lacks the description of the drug as the name is not known and whatever has been quoted by the authors in the article about "the drug" is not according to the set standards of D and C Act 1940. rather, it fulfills the criteria of misbranded (section 33-e), adulterated (section 33-ee), and spurious (section 33-EEA) drugs.^[4]

It is requested that the information on toxicity to Ayurvedic medicines, if any, should be passed onto the regional or national pharmacovigilance centers of AYUSH for proper registration.

We suggest the use of the term 'unknown drug' rather than "Ayurvedic drug" in such cases.

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