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THE ROOTS OF WOE

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Introduction

The intake of traditional medicine postnatally is a common practice among Malaysians.

Today we are discussing a case of aconitine toxicity after taking herbal packs supplied by a confinement centre.

Case description

We have a healthy 34-year-old female, postnatal 22 days. She was supplied with different packages of herbal packs daily from her confinement centre. She was well with the initial supplies of herbal packs. On the day of presentation she developed diarrhoea, numbness of perioral area and all four limbs, after taking a newly-cooked herbal pack. The ingested herbal pack contained aconitum. Upon arrival at the hospital, she was conscious, but hypotensive, bradycardic and experiencing chest discomfort. ECG showed bradycardia with bigeminy. A dose of IV Atropine and 50g of oral activated charcoal were given. Total 1.5L of normal saline was also infused. Her vital signs subsequently improved, and symptoms subsided. She was admitted to ICU for one day before being transferred to the general ward and discharged after three days of hospitalization.

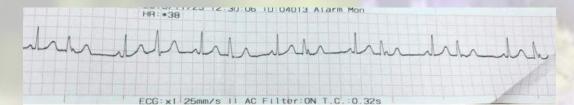


Figure 1 - Initial lead II ECG strip upon arrival showing bradycardia and bigeminy

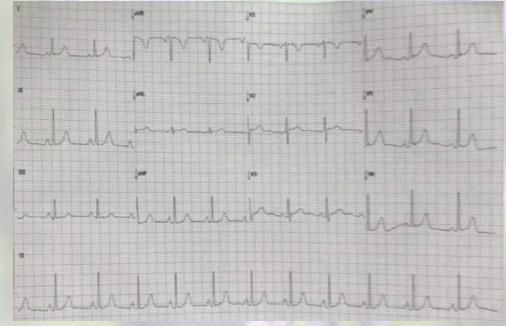


Figure 2 - ECG after IV Atropine 0.5mg shows a normal sinus rhythm



Figure 3 - Contents of the supplied herbal pack



Figure 4 - Aconite roots found in the prepared herbal pack

Discussion and Conclusion

Aconitine is a main alkaloid contained in plant Aconitum, which is also known as Aconite. It has neurotoxicity and cardiotoxicity properties and results in numbness of perioral area, tongue, face andbody, muscle weakness, gastrointestinal upset, hypotension and dyspnoea^[1]. These features are due to its actions of voltage-sensitive sodium channels. Life-threatening ventricular tachycardia may occur in severe toxicity^[2]. As little as 0.2mg of aconitine is sufficient to cause severe poisoning, with no specific antidote available^[3]. Aconite and its alkaloids are controlled as a scheduled poison under the Poison Act 1952 and its usage in traditional medicine in Malaysia is prohibited^[4]. Traditional medicine usage is common but unfortunately some of its potential lethal side effects are still not well known to the general public. A strict control of traditional medicine distribution and usage should further be enforced by the authorities.

Acknowledgement

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Declaration of conflict for all authors

There are no conflict of interests from all authors.

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