Somniferous poisons

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- Narcosis means : to induce sleep.
- Somniferous poisons refer to : agent capable of inducing sleep.
- Narcotic drugs were the term employed to categorize these agents:
- **Examples**:
- 1. Opium
- 2. Morphine
- 3. Heroin
- 4. Codeine

OPIUM

Common name: Afim

Opium (afim) is dried extract of the poppy plant (Papaver

somniferum).



Unripe poppy capsule



khaskhas

Features:

- Opium plant grows up to :0.3 1.5 meter in height.
- ■Plant bears whitish color flower with 5-8 capsules.
- Unripe opium capsules are incised to obtain the extract : which is milky fluid.
- The milky fluid on drying yields opium.
- Crude opium: is irregular mass of brownish in color with a characteristic smell & bitter taste.
- Poppy seed (khaskhas): white seeds
- Opium plants are cultivated under license in India in state of Rajasthan, UP& MP.

Active principles: Opium contains

alkaloids, which are divided into 2 groups:

Phenanthrene group :have narcotic properties.

- **→** Morphine
- **■**Codeine
- Thebaine (non-analgesic)

Benzoisoquinoline group: mild analgesic but no narcotic properties:

- **■**Papaverine
- Noscapine (narcotine)

Classification:

1. Natural: Morphine, Codeine

2. Semi synthetic: Heroin, Hydro morphine, Oxy morphine.

3. Synthetic: Meperidine, methadone, fentanyl etc.

Mechanism of action:

- Opioids acts by acting on specific opioid receptors.
- Opioid receptors: mu, delta or kappa, located at spinal & supraspinal sites in CNS.
- Dioid receptors are part of G-protien coupled receptors & act to open potassium channels & prevent the opening of voltage gated calcium channels: which reduces neuronal excitability & inhibits the release of pain neurotransmitters.
- Mu 1 receptors: analgesia, euphoria & dependence.
- Mu 2 receptors: respiratory depression & inhibition of gut motility.
- **Kappa receptors**: analgesia @ level of spinal cord.
- Delta receptors: in humans role is not clear.

Clinical features:

Stage of excitement	Stage of stupor	Stage of narcosis
 Stage is short Person feel better with increased sense of wellbeing. Talkativeness Restless or hallucination Flushing of face . 	 Headache Nausea Vomiting Giddiness Drowsiness Miosis Stupor 	 Patient passes into deep coma Muscles: flaccid Reflexes: diminished or absent Hypothermia Hypotension Bradycardia Bradypnea Non cardiogenic pulmonary edema Convulsions Respiratory depression Death

- Classical triad for opioid poisoning: miosis, coma & respiratory depression.
- There may be abdominal distension
- Retention of urine
- **►** Fatal dose:
- 1. Crude opium: 500mg
- 2. Morphine:200mg
- 3. Heroin:50mg
- 4. Pethidine:1 gm

► Fatal period : 6-12 hours.

■ Blood tests for opium detection :

- 1. Marquis test (M)
- 2. Deninges test (D)
- 3. Husemann test (H)
- Antidote : naloxone :2mg'

Comatose: coma cocktail.

- **■** In opium intoxication all secretions decrease except sweat .
- **←** Under withdrawal:
- Insomnia
- Increase respiratory rate
- Increase heart rate
- Dysphoric mood
- Increase BP
- Mydriacic

Management:

- **■**Oxygen / assisted ventilation.
- Fluid & vasopressors
- **■**Gastric lavage
- Lidocaine: for ventricular tachyarrhythmia
- Naloxone: potent antagonist.
- Recently introduced antidote: Nalmefene.
- Nalmefene >>> Naloxone

Differential diagnosis:

- Alcohol intoxication
- Barbiturate poisoning
- Carbolic acid poisoning
- Carbon monoxide poisoning
- Uremic coma
- Diabetic coma
- **■** Hysteria
- Cerebral hemorrhage
- Head injury
- Cerebral malaria
- Meningitis
- Heat hyperpyrexia

Autopsy findings:

- ► Signs of asphyxia
- Froth at mouth & nostrils
- Face & nails cyanosed
- Smell opiate may present
- Injection marks / skin abscess / scarring in addicts.
- Blood: dark & fluid
- **■** Pulmonary edema
- **■** Cerebral edema.
- Opium disapperars rapidly from cadaver.

Medicolegal importance:

- **■** Drug abuse
- Accidental death due to drug overdose
- Suicide may be attempted for painless & peaceful death.
- **■** Cattle poison.
- **■** Doping for horse race.
- **■** Homicide rare
- Infanticide.
- Used in euthanasia.

Heroin(brown sugar)

- There are three types of heroin: white, brown & black tar.
- Street heroin is known as" **smack junk or dope**", & is diluted with quinine, lactose, mannitol.
- **►** Heroin + cocaine = speedballs.
- ► It is not taken orally because it is rapidly hydrolysed in the stomach.
- **■** Most dangerous among all drugs of addiction .
- Solid heroin: diacetyl morphine: dissolved in a liquid & injected or it can be heated & smoke or vapor inhaled (chasing the dragon) or used as snuff.
- **►** Fatal dose: 50mg.

- It is metabolised to monoacetyl morphine or acetylmorphine.
- Monoacetyl morphine hydrolysed to: morphine: in 30-60 minutes.
- Chemical analysis will detect morphine but not heroin.

- If adulterated & mix some drug with heroin :k/a **Cutting in**
- Fructose
- Mannitol
- Quinine
- Talc
- Chalk powder



Treatment:

- Methadone 40mg: daily will usually prevent withdrawal symptoms.
- ■In chronic addict :80mg
- The dose is gradually reduced by 20%
- **■** Detoxification.
- Narcotic antagonists: naltrexone, naloxone, haloperidol, clonidine & cyclazocine.

Autopsy

- Lungs: heavy & congested
- Severe pulmonary edema.
- Microscopically: lungs show foreign body granulomas.
- Liver: chronic triaditis with mononuclear cell infiltrates.

Methadone

- **■**Long acting opioid.
- ► Halflife :15 hours.
- All physiological properties of heroin.
- Analgesic more powerful than morphine.
- ■Can be given orally or parenterally.

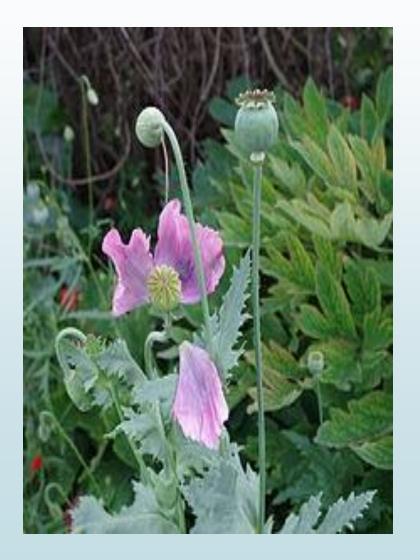


Meperidine (pethidine)

- Meperidine hydrochloride is :
- Colorless
- **■** Crystalline powder with bitter taste
- ▲ Administered :IM or IV route for its analgesic , antispasmodic & sedative properties.
- ► Action: It acts on cerebrum & produce analgesia & sedation.
- ► Fatal dose: about 2gm
- **►** Fatal period: 24 hrs
- It is drug of addiction.

Q1: Regarding the plant shown in the image, the toxic prnciple is derived from which of the following?

- a) Seeds
- b) Unripe fruit capsule
- c) Flowers & leaves
- d) Roots



Q2: In case of opioid intoxication, the most important treatment step is?

- a) Airway protection and ventilatory maintenance.
- b) Gastric lavage & activated charcoal administration
- c) Intravenous naloxone administration.
- d) Administration of intravenous dextrose & thiamine.

Q3: Speed ball refers to a combination of heroin with which drug?

- a) Alcohol
- b) Cocaine
- c) Cannabis
- d) LSD

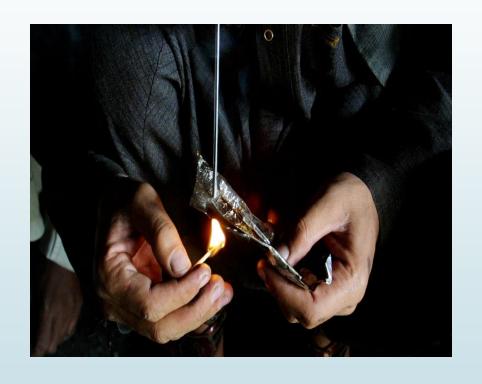
Q4: All are adulterants of heroin, excepts

a) Chalk powder

- b) Quinine
- c) Charcol
- d) Fructose

Q5: The method shown in the image below is used for takin heroin. What is it called?

- a) Mainlining
- b) Insufflation
- c) Chasing the dragon
- d) Skin popping.



Answers:

- 1. B
- 2. A
- 3. B
- 4. C
- 5. c

Thankyou