International Journal of Reverse Pharmacology and Health Research (IJRPHR)

Research article



Qualitative Chemical analysis of a Siddha Polyherbal Formulation : Bringaraja Chooranam

Sudha V^{*1}, Sabarmathi S¹, Sasirekha R², Anbu N³

1* PG Scholars, ²Lecturer, ³Professor, Department of Pothu Maruthuvam (General Medicine), Government Siddha Medical College, Tamilnadu, India.

ABSTRACT

According to the WHO, Iron deficiency is the most common Micro Nutrient deficiencies (MND) in the world among children and leads to Microcytic anaemia, decreased capacity for work, as well as impaired immune and endocrine function. Anaemia affects approximately 2.36 billion of individual's globally. There are various intermixed factors may cause Anaemia but poor intake of nutrients and fibrous food in diet seem to be the ultimate reason behind it. Correcting anaemia requires an integrated holistic approach based on identifying and addressing the contributing factors. In Siddha system of medicine, *Paandu* was classified into five types and *Pitha Paandu* is one of the types among them.

The features of 'Pitha Paandu noi' can be correlated to Iron Deficiency Anaemia (IDA). Paandu noi is characterized by the pallor of the skin which occurs due to the quantitative and qualitative deficiency of rathathaathu (blood tissue) by vitiation of Pithathodam. There are so many medicines discussed in Siddha classical literatures. Among those, a poly - herbal preparation "Bhringaraja chooranam (BRC)" as referred in 'Anubava vaithiya deva ragasiyam part III has potent empirical clinical relevancy to the anaemic patients and studied. The qualitative chemical analysis of the drug indicates the presence of fluoride & oxalate, iron, starch and reducing sugar. It revealed that the enhancement of therapeutic actions of Pitha Paandu.

Keywords: Iron deficiency, Pitha Paandu, Bhringaraja Chooranam, Qualitative analysis

Address for correspondence:

Sudha V

PG Scholar, Department of *Pothu Maruthuvam* (General Medicine)

CODEN : IJRPHR

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-Non Commercial-ShareAlike 4.0 License, which allows others to remix, tweak, and build upon the work noncommercially, as long as appropriate credit s given and the new creations are licensed under the identical terms.

For reprints contact: publisher@ijrphr.com



How to cite this article:

Sudha V et al, Qualitative Chemical Analyis of a Siddha Polyherbal Formulation: Bringaraja Chooranam, International Journal of Reverse Pharmacology and Health Research, 2019, 2(3), 53-57.

Received: Aug. 2019.

Accepted: Sep, 2019.

Sudha et al, Qualitative analysis

INTRODUCTION

Anaemia is a condition in which the number of red blood cells (RBCs), and consequently their oxygen-carrying capacity, is insufficient to meet the body's physiological needs vary with a person's age, gender, residential elevation above sea level (altitude), smoking behavior and different stages of pregnancy¹.

According to the World Health Organization (WHO), Iron deficiency is the most common Micro Nutrient Deficiencies (MND) in the world and leads to microcytic anaemia, decreased capacity for work, as well as impaired immune and endocrine function ². Anaemia affects approximately 2.36 billion of individual's globally ³.

Adolescent girls and young women are still at high risk of developing iron deficiency because of increased iron demands during puberty, menstrual losses and limited dietary iron intake ⁴.Several programmes like National Nutritional Anaemia Control Programme (NNACP), National Iron Plus Initiative for Anaemia Control etc.,have been running out in order to provide equal nourishment to each and every individual in the society. Even though, over half of the women in the country suffer due to nutritional anaemia, the idea of "Health for all" seems to be an illusion ⁵.

Correcting anaemia requires an integrated holistic approach based on identifying and addressing the contributing factors ⁶. Being a woman, the author has the intention and social responsibilities to overcome these issues, taken the potent drug for research.

Our *Siddhars* explained the classification, clinical features and treatment of *Pitha Paandu* in their texts. According to *Yugimunivar*, *Paandu* was classified into five types and *Pitha Paandu* is one of the types among them. The features of '*Pitha Paandu noi*' can be correlated to Iron Deficiency Anaemia (IDA)⁷. *Paandu noi* is characterized by the pallor of the skin which occurs due to the quantitative and qualitative deficiency of *rathathaathu* (blood tissue) by vitiation of *Pitha thodam. Rathathaathu* is the responsible for blood components in our body ⁸. Due to nutritional defect *rathathaathu* deranged and leads to '*Pitha Paandu noi*'.

There are so many regiments administered along with adverse drug reactions. A scientific invention may bring many effective medicines from the vegetable kingdom; now a day's people are shifting over to herbal medicine to avoid side effects. So, considering all the above facts in mind, I had chosen a classic poly - herbal preparation *"Bhringaraja chooranam"* in the treatment of *'Pitha Paandu noi'* as referred in *'Anubava vaithiya deva ragasiyam* part III ⁹. The drug was analyzed for inorganic and organic chemical composition qualitatively.

MATERIALS AND METHODS

Required raw drugs:

Purified Karisaalisamoolam	: 3 part
Purified Kadukkaithoal	: 1 part
Purified Nellivtral	: 1 part
Purified Thaandrikaaithoal	: 1 part
Country sugar	: 6 part
Common of more dimension	

Source of raw drugs:

The whole plant of *Karisaalai* was bought from the *koyembedu* market and the required raw drugs were procured from a reputed indigenous raw drug shop. The raw drugs taken for study were authenticated by the concerned Botanist of Medicinal Botany Department, Government Siddha Medical College, Chennai.

Purification of raw drugs:

1. Whole plant of *Ecliptaalba* (*karisaalai*) – whole plant of *karisaalai* was cleaned in running water without any dirt and dried in shade.

2. Skin of *Terminaliachebula* (*Kadukkai*) - Whole fruit was soaked in rice water (*kazhuneer*) and yellow water was discarded. Then fruit was deseeded and dried in sunlight.

3. Skin of *Terminaliabellirica* (*Thandrikkai*) - It was purified by removal of seed and dried it in sunlight.

4. Dried fruit of *Emblicaofficinalis* (*Nellivatral*) - It was boiled in milk and then the fruit was deseeded and dried it in sunlight ¹⁰. **Preparation of drug:**

All the dried and purified ingredients were made into fine powder separately. Then mixed it well and sieved by using a cloth (*Vasthirakayam*). Then equal amount of sugar was added. And the obtained fine powder was stored in air-tight container.

Qualitative inorganic and organic chemical analysis for radicals:

This study was carried out in Department of Chemistry, Siddha Central Research Institute, Chennai – 600106, Tamilnadu, India.

Preparation of Sodium Carbonate extract:

2 gm of the sample drug is mixed 5 gm of Sodium carbonate and taken in a 100 ml beaker and 20 ml of distilled water is added. The solution is boiled for 10 minutes, cooled and then filtered. The filtrate is called sodium carbonate extract.

RESULTS AND DISCUSSION

The qualitative inorganic and organic chemical analysis for radicals of the drug *Bringaraja Chooranam* (BRC) was tabulated above in table 1.

The drug possesses, Iron, Fluorides & Oxalate, Reducing sugar and Starch.

The mechanisms of action of the drug BRC which stores the Iron (due to presence of iron), enhance the iron metabolism (due to presence of fluoride) ¹¹ and its bioavailability (due to presence of reducing sugars) ¹² for correcting iron deficiency.

Figure.1. Ingredients & Bhringaraja chooranam



Thandrikkaithol

Country sugar



Bhringaraja chooranam







EXPERIMENT	OBSERVATION	INFERENCE	
TEST FOR ACIDIC RADICALS (ANIONS)			
1. Test for Sulphate:			
2 ml of the above prepared extract is taken in a test tube. To this add 2ml of 4%	Absence of White Precipitate	Absent	
Ammonium oxalate solution.			
2ml of extract is added with 2ml of dilute hydrochloric acid (HCl) until the	Absence of White Precipitate	Absent	
effervescence ceases off. Then 2ml barium chloride solution is added.	Absence of white Freeiphate	Absent	
2. Test for Chloride:	No white precipitate is		
2ml of extract is added with dilute nitric acid till the effervescence ceases. Then	No white precipitate is obtained	Absent	
2ml of silver nitratesolution is added.	obtained		
3. Test for Phosphate:	No Yellow precipitate		
2ml of the extract is treated with 2 ml of Ammonium Molybdate solution and 2ml	obtained	Absent	
of Concentrated nitric acid (HNO ₃).			
4. Test for Carbonate:	Absence of white precipitate	Absent	
2ml of the extract is treated with 2ml of Magnesium Sulphate solution.	Absence of white precipitate	Ausent	
5. Test for Sulphide:	Absence of Rotten egg	Absent	
1 gm of the substance is treated with 2ml of concentrated HCl.	smelling	Absent	
6. Test for Nitrate:			
lgm of the substance is heated with copper turnings and concentrated Sulphuric	Absence of reddish brown gas.	Absent	
acid and viewed the test tube vertically down.			
7. Test for Fluoride and oxalate:			
2ml of the extract is added with 2ml of dilute acetic acid and 2ml of calcium	White precipitate is obtained	Present	
chloride solution and heated.			
5 drops of clear solution is added with 2ml of dilute sulphuric acid and slightly	12.010		
warmed to this, 1 ml of dilute potassium permanganate (KMNO4) solution is	KMNO ₄ solution	Descent	
added.	Discolourisation observed	Present	
8. Test for Nitrite:			
3 drops of the extract is placed on a filter paper. On that, 2 drops a Acetic Acid	Absence of yellowish red	Absent	
and 2 drops of Benzidine solution is placed.	colour		
9. Test for Borate:			
2 pinches of the substance is made into paste by using Sulphuric acid and	Absence of Green tinged	Absent	
Alcohol (95%) and introduced into theblue flame.	flame		

Sudha et al, Qualitative analysis

TEST FOR BASIC RADICALS	(CATIONS)	
10. Test for lead: 2 ml of the extract is added with 2 ml of Potassium iodide solution.	Absence of Yellow precipitate	Absent
11. Test for Copper:One pinch of substance is made into paste with concentrated Hydrochloric acid in a watch glass and introduced into the non-luminous part of the flame.	Absence of Bluish green colored flame.	Absent
2ml of the extract is added with excess of Ammonia solution	Absence of deep Blue	Absent
12. Test for Aluminium: To the 2 ml of extract. Sodium Hydroxide solution is added in drops to excess	Absence of White Precipitate.	Absent
13. Test for Iron (Ferrous): To the 2 ml of extract, 2 ml of Ammonium Thiocyanate solution is added.	Blood red colour is obtained	Present
To the 2 ml of extract, 2 ml of Ammonium Thiocyanate solution and 2 ml of concentrated HNO ₃ is added.	Blood red colour is obtained	Present
14. Test for Zinc: To the 2 ml of extract Sodium Hydroxide solution is added in drops to excess.	Absence of White precipitate.	Absent
15. Test for Calcium:2 ml of the extract is added with 2 ml of 4% Ammonium Oxalate solution.	Absence of White precipitate.	Absent
16. Test for Magnesium:2ml of extract, Sodium Hydroxide solution is added in drops to excess.	Absence of White precipitate.	Absent
17. Test for Ammonium:2 ml of extract few ml of Nessler's Reagent and excess of Sodium Hydroxide solutionare added.	Absence of Reddish brown precipitate	Absent
18. Test for Potassium: A pinch of substance is treated with 2 ml of Sodium Nitrite solution and then treated with 2 ml of Cobalt Nitrate in 30%glacial Acetic acid.	No Yellow precipitate is obtained	Absent
19. Test for Sodium:2 pinches of the substance is made into paste by using HCl and introduced into the blue flame	No Yellow colour flame is obtained	Absent
20. Test for Mercury: 2 ml of the extract is treated with 2 ml of Sodium Hydroxide solution.	Absence of yellow precipitate	Absent
21. Test for Arsenic:2 ml of extract is treated with 2 ml of silver Nitrate solution	Absence of Yellow precipitate	Absent
22. Test for Starch:2ml of extract is treated with weak iodine solution	Presence of Blue colour	Present
23. Test of reducing Sugar:5ml of Benedict's qualitative solution is taken in a test tube and allowed to boil for 2 minutes and added 10 drops of the extract and again boiled for 2 minutes. The colour changes are noted.	Presence of Green colour	Present
24. Test of the alkaloids:2ml of the extract is treated with 2ml of potassium iodide solution.	Absence of Red colour	Absent
25. Test of the proteins: 2ml of the extract is treated with 2ml of 5% Sodium Hydroxide (NaOH), mix well and add 2 drops of copper sulphate solution.	Absence of Violet colour	Absent

CONCLUSION

Bhringaraja chooranam is a classic poly herbal preparation referred as in Siddha literature used in the treatment of *Pitha paandu* (Iron Deficiency Anaemia). The drug was screened for qualitative inorganic and organic chemical analysis for its radical properties. The author chooses this drug because all the ingredients in this drug were from the Mother Nature, which doesn't have any complications. The drug was also very cost effective. By taking ferrous sulphate orally, there will be presence of metallic taste and odour which will be disliked by the patients. But *Bhringa-raja chooranam* is palatable because of its sweet taste. Further comprehensive pharmacological analyses are to be initiated to evaluate its potency.

ACKNOWLEDEGEMENT

I would like to express my cordial thank to The Research officer & head, Dr. Shakila, Department of Chemistry, Siddha Central Research Institute, Chennai for helping and assisting this work. The author conveys her thanks to The Tamilnadu Dr. M. G. R. Medical University for their guidance and supporting in completion of this work.

FINANCIAL SUPPORTS

Nil

CONFLICTS OF INTEREST

None declared.

REFERENCES

- Haemoglobin concentrations for the diagnosis of anaemia and assessment of severity, Vitamin and Mineral Nutrition Information System (VMNIS); Department of Nutrition for Health and Development (NHD); World Health Organization (WHO/ NMH/NHD/MNM/1.1) 2011.
- Regan L. Bailey et al., The Epidemiology of Global Micronutrient Deficiencies; National Institute of Health (NIH). Annals of nutrition and metabolism 2015; 66 (suppl 2); 22-33. <u>http://</u> doi.org/10.11599/000371618.
- Nguyen PH, Scott S, Avula R, et al., Trends and drivers of change in the prevalence of anaemia among 1 million women and children in india,2006 to 2016. BMJ Global health September 2018; 3: page 1-12.
- Dr. Ann B Bruner et al., Randomized study of cognitive effects of Iron supplementation in Non Anaemic Iron – deficient adolescent girls, THE LANCET; Vol 348, Issue 9033, October 12, 1996: pages 992 – 96.

- Himanisharma et al., Major Correlates of Anaemia among Women (age 15 – 49) in India and spatial variation, evidence from national family health survey – 4; journal of women's health care 2018, 7; 4; page 1 – 12.
- 6. The Global Prevalence of Anaemia in 2011, WHO Document production services, Geneva: Switzerland. World health organization 2015.
- S. P. Ramachandran, *Paandu roganithanam, Yugi vaithi-ya chinthamani (Moolamumuraium)*; Thamarainoolagam, 2nd edition, July 2013; page no: 201.
- Abhimanyukumar, Asishkumargarai, A clinical study on *Paandu roga*, Iron deficiency anemia with Trikatrayadilauha suspension in children; Journal of Ayurveda & integrative medicine. 2012 Oct – Dec; 3 (4): 215 – 222.
- 9. J. Seetharamprasath, *roganithanam, paandu, Anubava vaithiya deva ragasiyam* four parts, B. Rathinanaayakkar and sons; first edition 2014; part III, Page no: 436.
- C. Kannusaamypillai, *Sarakkusuthimuraigal*, Chikitcharathnadeepamennum vaithiya nool, B. Rathnanaayakkar and sons, first edition reprited 2014, page no: 30.
- M. E. Wegner, Leon Singer, et al., The Interrelation of fluoride and iron in Anemia, Proceedings of the society for Experimental Biology and Medicine; Vol: 153, Issue: 3, Dec 1, 1976; Pages 414 – 418. <u>https://</u> doi.org/10.3181/00379727-153-39559.
- Christides T, Sharp P (2013) Sugars Increase Non Heme Iron Bioavailability in Human Epithelial and Liver Cells, PLOS ONE 8(12): e83031. doi:10.1371/ journal.pone.0083031.