Antipyretic Effect of Traditional Medicine Formaulation-16 (Apu-Njein-Thwei:Hsei:) with Decoction of Betel Leaf in Children with Febrile Illness

Aye Thida¹, Zin Mar Lwin¹, Win Myint¹, Than Tun¹,

Thein Zaw Linn¹, Kyaw Oo², Thin Lae Win¹, Than Ohn¹

- 1. University of Traditional Medicine, Mandalay
- 2. Department of Human Resources for Health, Nay Pyi Taw

Outline

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INTRODUCTION



Fever

- common sign in paediatric patients
- elevated core body temperature more than 38°C (100.4°F)
- exceeded maximum of the normal febrile range 41°C/

105.9°F — heat stroke or brain injury

(Russell *et al.*, 2003)



Desana System of Medicine

- imbalance of *Dhatus* in the body
- resulting from the disorder of $Tejo\ dhatu$ \longrightarrow dysfunction of $V\bar{a}yo$, $\bar{A}po$, Prithvi and $\bar{A}k\bar{a}sa$
- consisted in the group of Kakkhala, 2nd Vitthambhita,
 Sangahita and 2nd Byuhana

(Department of Medicine, 2004)



- some children febrile convulsion
- apply the antipyretic drugs (W.M or T.M)
- clinical practice of Myanmar Traditional Medicine,
 there are many herbo-mineral preparations for the treatment of fever.



TMF-16

- one of the herbo-mineral preparations
- composed of 18 materials derived from plants and one from animal
- cold potency, sweet, bland sweet and astringent taste
- antipyretic activity (¾ efficacious as acetyl salicylate)
- fever \Longrightarrow given with *anupana* of betel leaf decoction (Myanmar Traditional Medicine Formulary, 1989)

- Betel leaf aromatic, stimulo-carminative,
 astringent and aphrodisiac.
- It has antipyretic activity(Sripradha, 2014).
- The present study is aimed to evaluate the effect of TMF-16 with warm decoction of betel leaf in children with febrile illness.

OBJECTIVES



General Objective

 To study the antipyretic effect of TMF-16 with warm decoction of betel leaf in children with febrile illness



Specific Objectives

- 1. To assess the body temperature, pulse rate and respiratory rate before drug administration
- 2. To assess the changes in body temperature, pulse rate and respiratory rate every 1 hour, 2 hours and 3 hours after drug administration
- 3. To determine the antipyretic effect of TMF -16 with warm decoction of betel leaf in children with febrile illness before and after administration

MATERIALS AND METHODS



Study Design

Hospital-based quasi experimental study

Study Site

OPD and IPD, 100 bedded TMTH, Mandalay.

Study Period

1st September 2015 to 31st August 2016



Selection Criteria

Inclusion criteria

- 1. Both sexes
- 2. The patients between the ages of $1 \le 12$ years
- 3. Patients presenting with temperature > 99.6°F ~ < 104°F



Exclusion criteria

- 1. Patients presenting with temperature > 104°F
- 2. Clinically severe ill patients such as fever with convulsion, fever with breathlessness

Sample size - 30



Materials

- TMF-16
- Betel Leaf Decoction
- Mercury Thermometer
- Beaker



Paediatric patients with febrile illness in OPD/IPD(TMTH, Mandalay)

Meet inclusion criteria and given consent form

Examined for demographic characteristics by pro-forma

BT, PR and RR were checked (0 hour)

Drug administration

1 hour assessment of BT, PR and RR after drug administration

2 hours assessment of BT, PR and RR after drug administration

3 hours assessment of BT, PR and RR after drug administration





Measurement of body temperature







The doses of TMF-16

Decoction of betel leaf



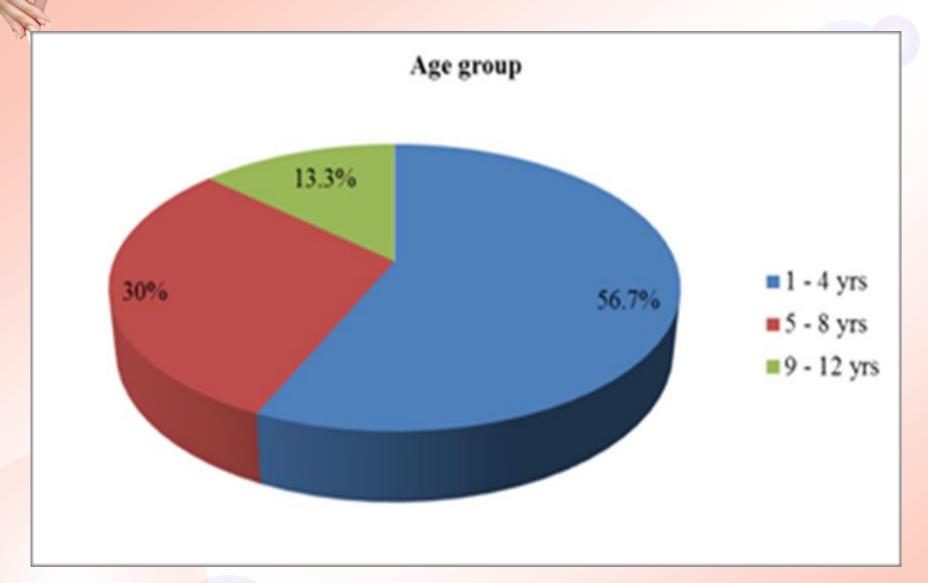
Data Collection and Data Analysis

- Data were collected by using pro-forma.
- SPSS (version 21)
- Data were analyzed by one-way ANOVA.



FINDINGS AND DISCUSSIONS





Age distribution of patients



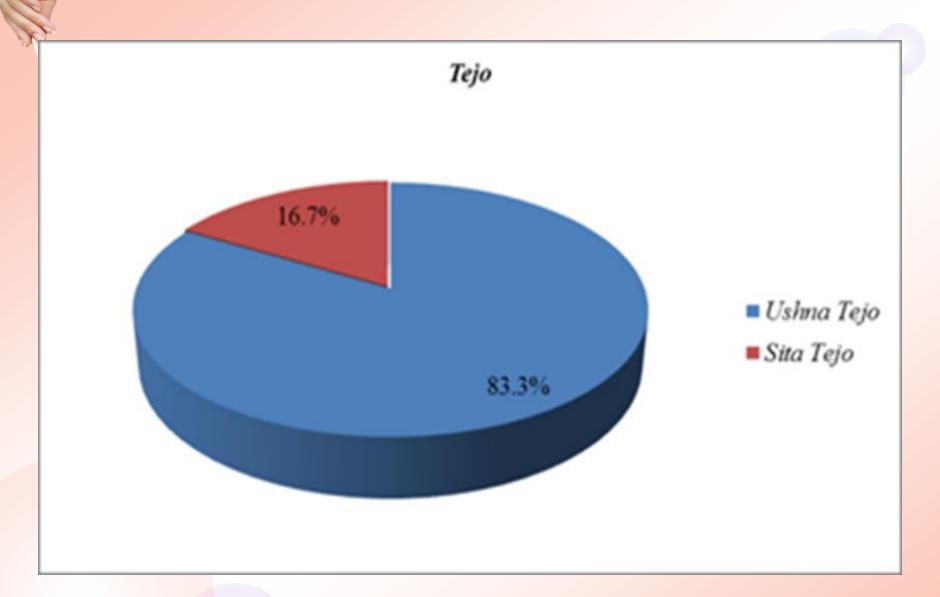
- Most of patients were found in the age group of 1 year to 4 years.
- According to the traditional medicine concept,

 fever → children who are not tolerant towards heat

 children or adults who have low immunity

 ([ek €]?1993)
- This theory is supported by the present study.





Tejo distribution of patient



- Most of patients were found in *Ushna Tejo*.
- Nowadays
 Diseases in children → Ushna Tejo
 (o ef?1974)
- This theory is supported by the present study.



Table 1. Change in mean values of body temperature									
at 0 hour, 1 hour, 2 hours and 3 hours									
Body temperature	Mean	Std. Deviation	Std. Error	95% Confidence Interval		p value			
				Lower	Upper	p value			
0 hour	101.50	0.9463	0.173	101.150	101.857				
1 hour	101.00	0.9190	0.168	100.654	101.340	< 0.001			
2 hours	100.27	0.9606	0.175	99.915	100.632	< 0.001			

1.2554

0.229

99.311

100.249

99.78

3 hours

- In the first 1 hour → 0.5 °F
- In the second 1 hour \longrightarrow 0.73 °F
- In this study, above data showed that TMF-16 with decoction of betel leaf has decreased the action gradually.



Table 2. Change in mean values of pulse rate at 0 hour, 1 hour, 2 hours and 3 hours

at o nour, 1 nour, 2 nours and 3 nours								
Pulse rate	Mean	Std. Deviation	Std. Error	95% Confidence Interval		p value		
				Lower	Upper			
0 hour	108.20	12.947	2.364	103.366	113.034			
1 hour	102.70	11.372	2.076	98.454	106.946	. 0.004		
2 hours	94.90	9.553	1.744	91.333	98.467	< 0.001		
3 hours	90.07	12.421	2.268	85.429	94.705			

Table3. Change in mean values of respiratory rate

at 0 hour, 1 hour, 2 hours and 3 hours								
Respiratory rate	Mean	Std.	Std.	95% Confidence Interval		p value		
respiratory rate	mean	Deviation	Error	Lower	Upper	p value		
0 hour	32.17	4.728	0.863	30.401	33.932			
1 hour	30.87	4.946	0.903	29.020	32.714	~ 0.001		
2 hours	29.80	4.708	0.860	28.042	31.558	< 0.001		
3 hours	29.20	4.498	0.821	27.520	30.880			

- The results of this study showed that highly significant decreased (*p* value < 0.001) of TMF-16 with decoction of betel leaf on febrile illness.
- Overall effect of the treatment, the obtained results
 can be proved statistically effective for the
 management of febrile illness in children by TMF-16
 with decoction of betel leaf in study population.



CONCLUSION AND SUGGESTIONS



Conclusion

- effectiveness in the management of fever in children
- effective and easily available in community
- can be used a rational prescription in treating children with febrile illness



Suggestions

- Fever clearance time
- A repeated dose should be administered 3 hours after the first dose



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