

Original Article

Open Access

Effect of PPD on Human Health

Dhakate Leena¹ Paikrao Hariprasad^{2*} Patil Anita³

¹Department. of Biotechnology, Sant Gadge Baba Amravati University, Amravati, MS, India ^{*2}Government Institute of Forensic Science, Nagpur, MS, India ³Department of Biotechnology, Sant Gadge Baba Amravati University, Amravati, MS, India Email: <u>harish.paikrao13@gmail.com</u>

Manuscript details:

Available online on <u>http://www.ijlsci.in</u> ISSN: 2320-964X (Online) ISSN: 2320-7817 (Print)

Cite this article as:

Dhakate Leena, Paikrao Hariprasad, Patil Anita (2021) Effect of PPD on Human Health, *Int. J. of. Life Sciences*, Special Issue, A15: 37-40.

Article published in Special issue of International e-Conference on "Forensic Biology" (ICFB-2021) organized by Department of Forensic Biology & IQAC, Government Institute of Forensic Science, Nagpur, Maharashtra, India date, January 28th and 29th 2021.



Open Access This article is licensed under a Creative Commons Attribution 4.0

International License, which permits use, sharing, adaptation, distribution and reproduction in any medium or format, as long as you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons license, and indicate if changes were made. The images or other thirdparty material in this article are included in the article's Creative Commons license, unless indicated otherwise in a credit line to the material. If material is not included in the article's Creative Commons license and your intended use is not permitted by statutory regulation or exceeds the permitted use, you will need to obtain permission directly from the copyright holder. To view a copy of this license. visit http://creativecommons.org/ licenses/by/4.0

ABSTRACT

Hair dye poisoning is one of the most emerging and active issue in India as well as in other countries of the world. The primary cause of hair dye poisoning occurs due to chemical PPD (para-phenylenediamine) which is used along with Heena in the commercially marketed hair dye. The end product BB (Bandrowski's base) formed on oxidation of PPD which is mutagenic and allergic in nature. In ancient times, PPD has been used for decorating palm and soles. The effets are devastating as it affects all body systems. PPD is said to be hazardous and toxic to human health.

Keywords: PPD, poisoning, toxic, Bandrowski's base, symptoms

INTRODUCTION

PPD (para-Phenylenediamine or 1,4-Diaminobenzene), first described by Hoffmann in 1863 (Mukunna et al. 2017, Imran et al. 2016). It is a chemical compound having formula $C_6H_8(N_2)_2$ appear in white to light brown color in solid form. This chemical is considered to be active ingredient present in various synthetic or permanent hair dyes (Suvarna P et al. 2013, Shalaby et al. 2010). PPD has a molecular weight of 108 Dalton, along with boiling point 267°C melting point of 140°C (Senthilkumaran of and and Thirumalaikolundusubramanian, 2018). Chemically, PPD is a derivative of aniline (also known as coal-tar derivative) which becomes darker in color when it undergoes oxidation (Ahmed and Alturki, 2018, Sampathkumar and Yesudas, 2009). In ancient times, it was used along with Heena (Lawsonia alba) for decoration of palms and soles during wedding ceremonies, synthesizing various dyes, manufacturing azo dyes, dying furs, photographic development and lithography plates, photochemical measurements, accelerating vulcanization process and many more (Singla et al. 2005, Abdelraheem et al. 2010). PPD is used as color enhancer agent in hair dyes which shows rapid coloring of hair as compared to naturally occurring hair dyes along with reduction in the application time.

PPD is commonly used as raw material for the purpose of cosmetics mostly in India and African countries (Abdelraheem *et al.*, 2010). PPD has auto-oxidative property, as it acts as pre or pro haptens which convert into various haptens. The amines and their derivatives might undergo photolytic or photo-oxidative degradation when exposed to direct sunlight. In the last decades, PTD (para-toulenediamine) has similar profile as PPD and also it was replaced now by PPD (Meyer and Fischer, 2015).

The absorption of PPD occurs in blood through mucuous membrane of the digestive tract after oral ingestion. Following the oral ingestion, respiratory syndrome produces severe breathing problem as a result of direct trauma which causes dysnopia and asphyxia. PPD toxicity is due to altered vascular permeability and involvement of PNS(para-sympathethic nerve system). It was either believed that PPD toxicity is due to conversion of PPD on its oxidative products (Senthilkumaran and Thirumalaikolundusubramanian, 2018) There are many cases of PPD toxicity reported in various countries such as Egypt, East Africa (Sudan), Israel, India, Saudi Arabia, Morocco and Tunisia.(Ahmed et al., 2013). 3 gram of PPD can cause systemic poisoning. The lethal dose is about 7-10 grams (Abdelraheem et al., 2010). PPD can cause many allergic and hypersensitivity reactions to human health such as acute renal failure, rabhdomyolysis, contact dermatitis, loss of vision, swelling on neck and face region myocarditis, myocardial rabhdomyolysis, acute renal failure, acute liver injury, necrosis, cervicofacial edema, hemoglobinuria (Ahmed and Alkturi. 2018). Rabhdomyolysis occurs due to the calcium ions leakage in prolonged muscular contraction. Focal glomerulosclerosis with skin exposure to PPD have been investigated as chronic effect to human health (Chrispal et al., 2010).

DISCUSSION

PPD is non toxic in nature but when it undergoes air oxidation, it forms the end product in the reaction which is considered to be highly toxic and mutagenic metabolite called BB (Bandrowski's Base)(Ahmed and Alkturi, 2018, Altman and Reiger, 1968). BB, a trimer which acts as main allergen in patients reacting to PPD (White *et al.* 2006, Kruger *et al*, 2011). Under chemical reaction, PPD reacts with hydrogen peroxide undergoes oxidation which forms

the intermediate called benzoquinone (BQ) diamine. This BQ diamine undergoes further oxidation and forms the end product called Bandrowski's base (BB) which causes mutation and allergen (Prabhakaran, 2012).

PPD has been banned in almost all countries but its presence in various marketed commercial products creates a threatening condition to the most vulnerable population of the country. PPD, a potent allergen, is approximately present in 70% of all hair dyes worldwide (White et al, 2006). The first reported case of PPD poisoning occurs in 1924 described by Nott (Singla et al. 2005, Senthilkumaran and Thirumalaikolundusubramanian, 2018). Specifically, India has documented with almost 23.92% of mortality rate due to PPD poisoning cases (Umair et al. 2018) In India, Telangana is the most affected states due to PPD poisoning and related health issues (Alugonda et al. 2013). Also, poisoning cases has been occurred mostly in female population as compared to male population. There have been many poisoning cases of PPD emerging from India as well as other developing countries of the world that took the lives of many peoples. This current and active issue all over the world creates an alarming sign.

PPD can be detected in various biological specimens such as blood, urine, saliva, gastric contents etc and it has been helpful for forensic purposes. The forensic field demands qualitative and quantitative analysis of the chemicals in the poisoning death cases which is essential for revealing the nature of the suspected metabolite. There must be proper toxicity warnings, awareness and its effect regarding PPD. The early symptoms and manifestations of PPD might reduce the chances of mortality rate. There is no specific antidote for reducing the effect of PPD on human body systems (Chrispal *et al.* 2010).

PPD ingestion can cause systemic toxicity include hepatitis, dysphagia with mucosal irritation followed by myocarditis, angio-neurotic edema, tachycardia (Umair *et al.* 2018). The severity of occurring symptoms may vary from mild pruritus to prominent eyelid and facial edema, and formation of blisters. The earliest symptoms of contact dermatitis can develop within 1-3 days in most vulnerable and sensitized people while it takes 4-14 days in non-vulnerable people. The beginning symptoms show rapid development of oedema on face, neck, tongue, larynx

with respiratory distress. In the later stage, acute tubular necrosis, vomiting, convulsions, gastritis can develop (Singla et al, 2005). Hypersensitivity delayed type-IV reactions seen in most of the cases by exposure to hair dve. In some reported cases, the manifestation occurs such as erythma multiforme, severe inflammatory, keloidal allergic reaction, content urticaria and anaphylaxis. PPD has multiple organ effect in human body as it affects heart, liver and muscles. Majorly, PPD affects kidney, as it received large amount of blood and due to aromatic it easy for reabsorption structure makes and concentration in tubule leads to Acute renal failure. (Abdelraheem *et al.* 2011, Senthilkumaran and Thirumalaikolundusubramian, 2018)

CONCLUSION:

PPD on oxidation converts into primary intermediate (BQ) which further on oxidation leads to BB results in change in darker color. PPD exposure leads to various harmful human health effects and even death also. The use of PPD must be restricted as the poisoning cases increases day by day and issue related to them. There must be rules and legislation for the prevention of use of PPD in different hair dye production and looking for the alternative agent, restriction for the sale of PPD. Also, it is important to create awareness regarding its use, advantage and negative effect to the human health, because it is freely available in market, reach easily to common person and used extensively in commercial marketed hair dye products.

Acknowledgement

I am very much thankful to Department of Forensic Biology and Internal quality assurance cell, Government Institute of Forensic Science, Nagpur for giving the opportunity for publication of research paper, article and review papers. I am also thankful to Dr. Hariprasad Paikrao, Assistant Professor for guiding me to write the review paper.

REFERENCES:

Abdelraheem M, Ali ET, Hussein R, Zijlstra E (2011). Paraphenylene diamine hair dye poisoning in an adolescent, Toxicology and Industrial Health, 27(10):911-913.

- Abdelraheem M, Hamdouk M, Zijlstra EE (2010). Paraphenylene Diamine (Hair dye) Poisoning in Children, Arab Journal of Nephrology and Transplantation, 3(1): 39-43.
- Ahmed AKL, Alturki RM (2018). Paraphenylenediamine hair dyeing nephropathy: a case report and review of literature, Urol Nephrol Open Access J., 6(5):147-149x.
- Ahmed HAM, Maaboud RMA, Latif FFA, El-Dean AMK, EL-Shaieb KM, Vilanova E, Estevan Carmen (2013). Different analytical methods of Para-Phenylenediamine Based Hair Dye, Journal of Cosmetics, Dermatological Sciences and Applications, 3, 17-25.
- Altman M, Reiger MM (1968). The Function of Bandrowski's Base in Hair Dyeing, J. Soc. Cosmetics Chemists, 19, 141-148.
- Alugonda Y, Maddileti B, Lingam J Naga, Rangaiah YKC (2013). A medico-legal study of Hair dye Poisoning, J Indian Acad Forensic Med. 35(3).
- Chrispal A, Begum A, Zachariah A (2010). Hair dye poisoning- an emerging problem in the tropics: an experience from a tertiary care hospital in South India, 40:100-103.
- Imran M, Usman HF, Shafi H, Sarwar M, Tahir MA (2016). Developments of rapid and economical colorimetric screening method for p- Phenylenediamine in Variety of Biological Matrices and its application to Eleven Fatal Cases of p-Phenylenediamine Poisoning, J Forensic Sci, 1-5.
- Kruger CT, Lachenmeier DW, Kratz E, Mildau G (2011). Rapid Colorimetric Analysis of para-Phenylenediamine in Heenabased, Non-permanent Tatto Color Mixtures. Cosmetics and Toiletries, 126(7): 496-501.
- Meyer A and Fischer K (2015). Oxidative transformation processes and products of para-Phenylenediamine (PPD) and para-toulenediamine (PTD)-review, Environmental Science Europe, 27:11.
- Mukunna KS, Stone NM, Ingram JR (2017). Paraphenylenediamine allergy: current perspectives on diagnosis and management, Journal of Asthma and allergy, 10: 9-15.
- Prabhakaran AC.J, (2012). Para-Phenylene diamine poisoning, Indian Journal of Pharmacology, 44(3): 423-424.
- Sampathkumar K, Yesudas S (2009). Hair dye poisoning and the developing world. Journal of Emergencies, Trauma, and Shock, 12:21; 129-131.
- Senthilkumaran S, Thirumalaikolundusubramian P, (2018). Acute hair dye poisoning: Lurking dangers, Journal of Mahatma Gandhi Institute of Medical Sciences, 20(1): 33-37.
- Shalaby SA, Elmasry MK, Abd-Elhrman AE, Abd-Elkarim MA, Abd-Elhaleem ZA (2010).Clinical profile of acute paraphenylenediamine intoxication in Egypt, Toxicology and Industrial Health, 26(2): 81-87.
- Singla S, Miglani S, Lal AK, Gupta P, Agrawal AK (2005). Para-Phenylenediamine (PPD) poisoning, JIACM; 6(3):236-8.
- Suvarna PP, Tanuja NN, Deepak P, Pingle RP, Gadge MS (2013) Comparative study of dyeing efficiency and retention

capacity of Herbal Hair Dyes, Int. J. Res Ayurveda Pharm. 4(2): 198-202.

- Umair SF, Amin I, Rehman AU (2018). Hair Dye poisoning: "An early intervention. Pak J Med Sci; 34(1): 230-232.
- White JML, Kullavanijaya P, Duangdeeden I, Zazzeroni R, Gilmour NJ, Basketter DA, McFadden JP (2006). p- Phenylenediamine allergy: the role of Bandrowski's base, Clinical and Experimental Allergy, 36, 1289-1293.

© 2021 | Published by IJLSCI

