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

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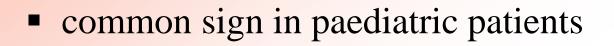




# **INTRODUCTION**



#### Fever



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

 $105.9^{\circ}F \longrightarrow$  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*

dysfunction of Vāyo, Āpo, Prithvi and Ākāsa

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)

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 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 ) 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).

- TMF-16 with betel leaf decoction has effectiveness for
   fever no scientific research
- 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**

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 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
- 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**



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#### Study Design

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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 ~ <  $104^{\circ}$ F



#### **Exclusion** criteria

- 1. Patients presenting with temperature  $> 104^{\circ}F$
- 2. Clinically severe ill patients such as fever with convulsion, fever with breathlessness

Sample size - 30

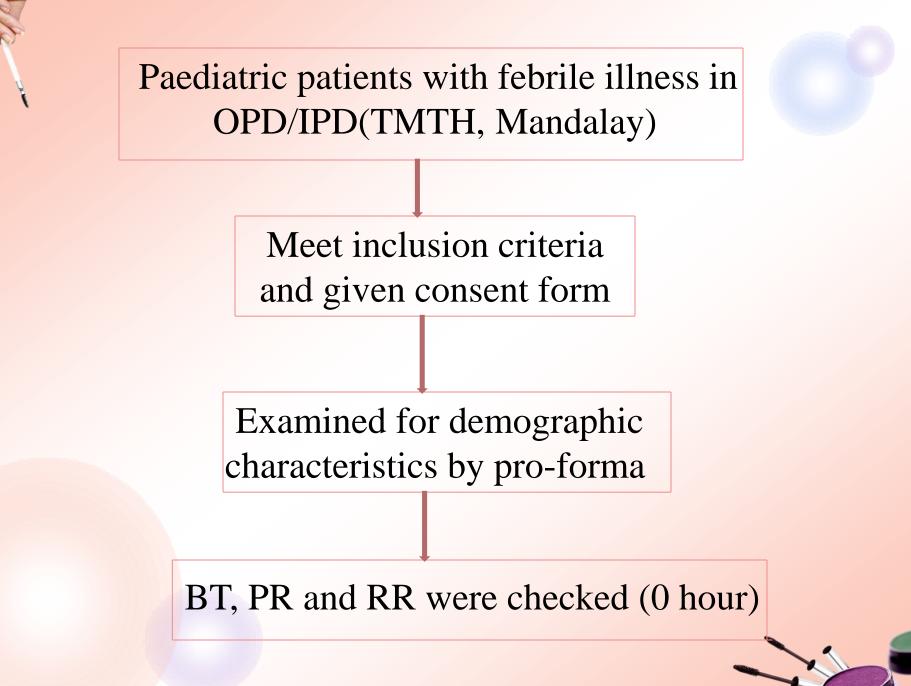


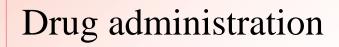
### **Materials**

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







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.

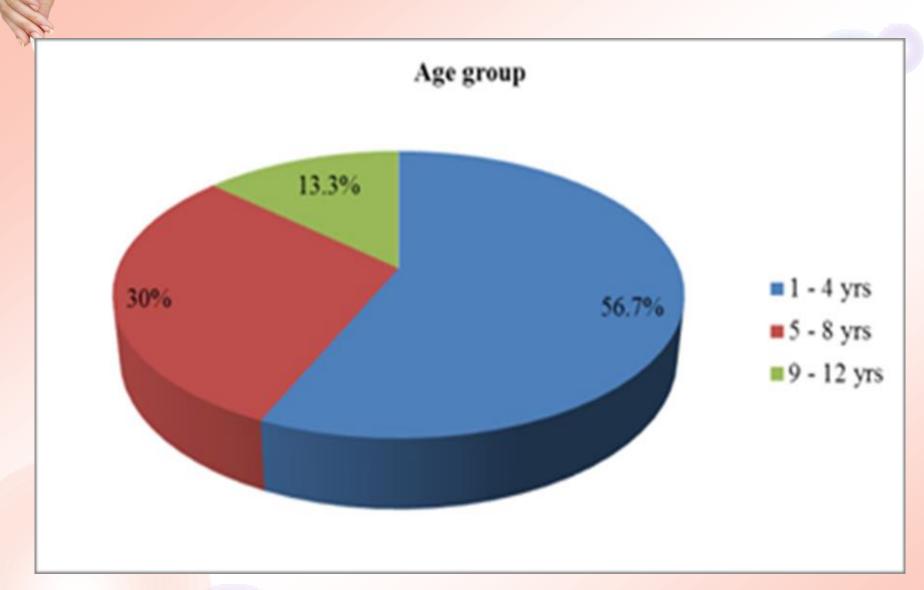






# **FINDINGS AND DISCUSSIONS**





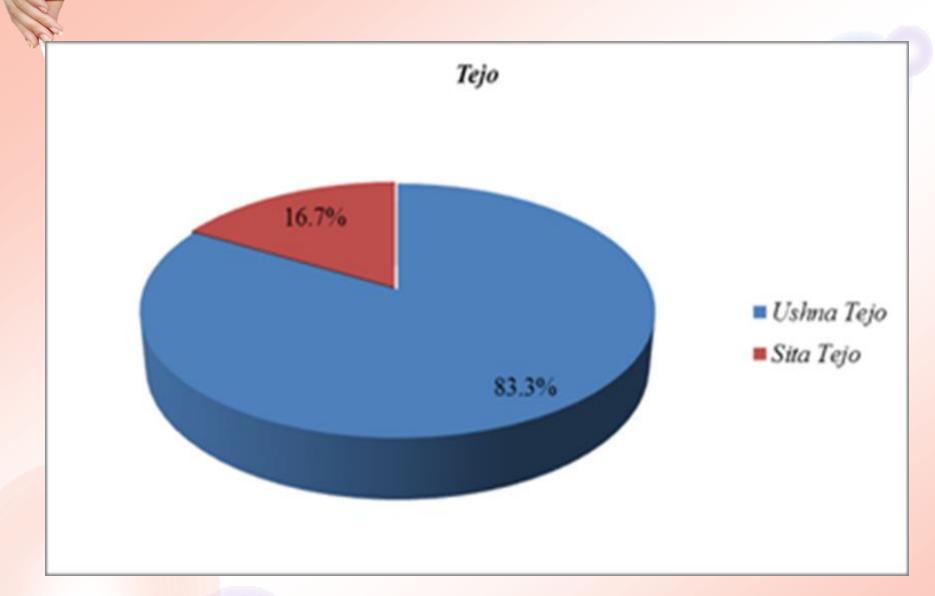
#### Age distribution of patients





- 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
   (ωξ∞ξi: οee)
- This theory is supported by the present study.





#### Tejo distribution of patient







- Most of patients were found in Ushna Tejo.
- Nowadays

Diseases in children  $\longrightarrow Ushna Tejo$ (သန်း၊ ၁၉၇၄)

This theory is supported by the present study.



#### Table1. 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	pvalue
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
3 hours	99.78	1.2554	0.229	99.311	100.249	



- In the first 1 hour  $\longrightarrow 0.5 \,^{\circ}F$
- In the second 1 hour  $\longrightarrow$  0.73 °F
- In the third 1 hour  $\longrightarrow 0.49^{\circ}F$
- In this study, above data showed that TMF-16 with decoction of betel leaf has decreased the action gradually.



# Table2. Change in mean values of pulse rateat 0 hour, 1 hour, 2 hours and3 hours

Pulse rate	ulse 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	40.001
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 rateat 0 hour, 1 hour, 2 hours and3 hours

Respiratory rate	Mean	Std. Deviation	Std. Error	95% Confidence Interval		p value
				Lower	Upper	p value
0 hour	32.17	4.728	0.863	30.401	33.932	< 0.001
1 hour	30.87	4.946	0.903	29.020	32.714	
2 hours	29.80	4.708	0.860	28.042	31.558	
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.</li>
- 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





- small sample
   large sample size
- Fever clearance time
- A repeated dose should be administered 3 hours after the first dose









- Director General, Department of Traditional Medicine
- Rector, University of Traditional Medicine, Mandalay and all members of the Protocol Board of Studies
- senior and junior colleagues from Pediatric department and Child Ward
- all the persons who helped us directly or indirectly throughout our carrier







# REFERENCES





ရန်ကုန်။

- ဟန်ထွန်း(ဦး)(၁၉၉၃)၊လက်တွေ့အသုံးချ မြန်မာ့ကုထုံးဆေးပညာကျမ်း၊ ပထမအကြိမ်၊ စိုးမိုးမိတ်ဆက် ပုံနှိပ်တိုက်၊ အမှတ်-၁၄၆၊ ၃၃လမ်း၊
- <mark>တိုက်၊ အမှတ်-၁၃၉၊ လမ်း</mark>-၅၀၊ ရန်ကုန်။ နှ၁-၂၂၃
- သန်း(ဆရာ၊သဘာဝဓမ္မ)၊ (၁၉၇၄)၊ ရောဂါဗေဒကုထုံးကျမ်း၊ ဂနမာပုံနှိပ်





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# THANKS FOR KIND

# ATTENTION

