Trends in Pharmaceutical Sciences 2021: 7(4): 243-248. Mineralogical characterization of the traditional geopharmaceutical *ithmid* by XRF and XRD

Marzieh Rashedinia<sup>1</sup>, Zahra Gholipour<sup>2</sup>, Parmis Badr<sup>3,4\*</sup>

<sup>1</sup>Department of Pharmacology and Toxicology, School of Pharmacy, Shiraz University of Medical Sciences, Shiraz Iran.

<sup>2</sup>Department of Phytopharmaceuticals (Traditional Pharmacy), School of Pharmacy, Shiraz University of Medical Sciences, Shiraz, Iran.

<sup>3</sup>Pharmaceutical Sciences Research Center, Shiraz University of Medical Sciences, Shiraz, Iran.

<sup>4</sup>Phytopharmaceutical Technology and Traditional Medicine Incubator, Shiraz University of Medical Sciences, Shiraz, Iran.

Abstract

Geopharmaceuticals, specifically minerals were used to treat various diseases from antiquity. *Ithmid* or kohl stone is one of the most-applied geopharmaceuticals in the Middle East, Africa, and South Asia. The usage of *ithmid* for eye make-up caused many concerns about the possible toxicity and lead poisoning, because the concentration of lead content is usually higher than the international standard limit. The goal of this study was mineralogical investigation of *ithmid* stones (three samples) from Iran using XRD and XRF. Also, traditional applications of *ithmid* were extracted and reported. X-ray diffractometer and X-ray fluorescence analysis was used to determine the composition of three samples of *ithmid* stone from Tehran, Shiraz, and Kerman. The indications suggested for *ithmid* in Traditional Iranian Medicine were extracted from *Makhzan al advieh*, *Qarabadin Salehi*, and *Qarabadin Kabir*. Major phase of *ithmid* samples were galena (PbS), and the main element was lead with a high concentration in all three samples. Based on traditional books, *ithmid* was used for ocular injuries, infectious wounds, and visual disorders. It was proved that *ithmid* has antimicrobial effects against pathogens involved in ocular infections, but regular application of such products is a potential threat for costumer health. Therefore, regular check-out of kohl products by authorities is necessary to avoid the risk of lead toxicity and resultant health issues.

Keywords: Geopharmaceutical, Ithmid, Kohl, Galena, XRD, XRF.

Please cite this article as: Rashedinia M, Gholipour Z, Badr P. Mineralogical characterization of the traditional geopharmaceutical *ithmid* by XRF and XRD. Trends in Pharmaceutical Sciences. 2021;7(4):243-248. doi:10.30476/TIPS.2021.91744.1105

# 

## 1. Introduction

Medical geology, the study of the effect of geopharmaceuticals like minerals, gemstones, metalloids, and soils has a long background in health issues. Geological materials were wellknown by Chinese, Indian, Arabic, Roman, and

*Corresponding Author*: Parmis Badr, Pharmaceutical Sciences Research Center, Shiraz University of Medical Sciences, Shiraz, Iran. Email: badrp@sums.ac.ir other ancient cultures (1). *Ithmid* (kohl stone or surma) is one of the famous geopharmaceuticals that is widely applied in the Middle East, Africa, and South Asia. Besides its cosmetic applications, specifically for eye make-up, *ithmid* has numerous therapeutic effects (2).

The elemental composition of *ithmid* samples available in local markets were investigated in various countries, such as Egypt, Tunisia, United

Marzieh Rashedinia et al.

Arab Emirates, Saudi Arabia, Iran and Oman. The content was analyzed basically by techniques such as X-ray diffraction (XRD) and atomic absorption spectrophotometery. The main components of *ithmid* was identified to be galena (PbS), amorphous carbon, zincite (ZnO), calcite (CaCO<sub>3</sub>), elemental silicon, talc (Mg<sub>3</sub>Si<sub>4</sub>O<sub>10</sub>(OH), cuprite (Cu<sub>20</sub>), goethite (FeO(OH)), magnetite (Fe<sub>3</sub>O<sub>4</sub> and barite (BaSO<sub>4</sub>), cadmium, nickel, and chrome (3-7)

Application of *ithmid* is a matter of a great health concern, because the concentration of lead content in all samples is higher than the limit of the international standards (8). Lead enters the body through respiratory, gastrointestinal, perinatal (mother-to-fetus) and skin routes, but the most important and common route of lead contact is gastrointestinal and inhalation. Blood lead level is the important indicator for its toxic effects. Halflife of lead in adult men is 30 to 40 days, while it can be longer in children and pregnant women (9). Lead spreads into the soft tissues like liver, kidneys, brain, and bone marrow and it can remain for several months. Lead toxicity is the result of binding to sulfhydryl group of proteins, interfering with multiple enzyme systems such as cytochrome P<sub>450</sub> enzymes, vitamin D synthesis and heme production. Moreover, lead causes some defects in calcium-dependent cellular functions. Lead is normally deposited in bone for more than 20 years (10).

Lead-containing traditional remedies can result in increasing blood lead levels, and lead poisoning. Following the application of such medicines by infants and children, lead encephalopathy may happen. Compared with adults, children are more susceptible to lead intoxication. Due to the rapid growth of the brain and high demand for nutrients, nervous system is more vulnerable for children under the age of six. Lead impairs learning, growth and development of nervous system in children, also it reduces memory and intelligence quotient (11).

Majority of researches in this field was focused on evaluation of *ithmid*-containing products, so, limited works are conducted on the stone. The aim of this study was mineralogical investigation of *ithmid* stones from Iran using XRD and XRF. An overview on traditional applications of *ithmid* was also provided.

# 2. Materail and Methods

# 2.1. XRD and XRF analysis

Three samples of *ithmid* (Figure 1) were purchased from the local market of Tehran (S<sub>T</sub>), Kerman (S<sub>K</sub>), and Shiraz (S<sub>SH</sub>). They were deposited with the Voucher Nr. PM1300, PM1302, and PM1298 in Traditional Pharmacy department, Faculty of Pharmacy, Shiraz University of Medical Sciences. The samples were kept in a plastic bag in a cool and dry place away from sunlight and fumes before analysis procedures that were conducted in Mashhad analytical Geology Lab East Amethyst. The stones were ground to fine powders and then they were mounted in sample cups. To identify the composition of *ithmid*, each sample was subjected to X-ray studies employing Philips PW 1480 XRF spectrometer (UniQuant-software) linked to X40 software and minerals database. In XRF spectrometer, X-rays were generated in an



Figure 1. A sample of *ithmid* stone purchased from Shiraz, Iran.



Figure 2. X-ray diffractometer analysis of  $S_T$  (left) and  $S_K$  (right) to determine the mineralogical composition.

X-ray tube under high vacuum conditions. X-ray diffractometer (XRD) analysis was used to determine the mineralogical composition, both qualitative and quantitative analysis of multiphase mixtures through comparing with minerals database. Two samples,  $S_T$  and  $S_K$ , were subjected to XRD studies employing Philips X- ray diffractometer (Model PW 1840). Scanning parameters for analyses were Range: 4° -70° 2 $\Theta$ , Rate: 0.02° 2 $\Theta$ /sec, Voltage: 40 kV and 30 mA, Radiation: Cu-K $\alpha$ : 1.54 Angstrom, Scan: fast/continuous.

# 2.2. Traditional applications of ithmid and recent studies

The indications of ithmid in Traditional

Trends in Pharmaceutical Sciences 2021: 7(4): 243-248.

Iranian Medicine (TIM) were searched in three main manuscripts including *Makhzan al advieh*, *Qarabadin Salehi*, and *Qarabadin Kabir*, applying the keywords of *ithmid*, *kohl*, and *surma* (11-13). Moreover, some studies about anti-microbial activity and mineralogical assays of *ithmid* stone and kohl-based products were pointed out.

#### 3. Results

Major and minor phases of *ithmid* stones, determined by XRD are illustrated in Table 1 and Figure 2. Major component of two samples was galena (PbS). The amount of elements and oxides in three samples of *ithmid* stone determined by XRF are shown in Table 2. SO<sub>3</sub> (9.68 %, 10.60 Marzieh Rashedinia et al.

Table 1. Major and minor phases of two *ithmid* stones, determined by XRD.

Sample	XRD major phase	XRD minor phases
S <sub>T</sub>	Galena (PbS)	(Cerussite (PbCO <sub>3</sub> )) (Anglesite (PbSO <sub>4</sub> ))
S <sub>K</sub>	Galena (PbS)	(Quartz (SiO <sub>2</sub> ))(Celestine (Sr 0.75 SO <sub>4</sub> , Ba 0.25)

%, and 11.85 %) and SiO<sub>2</sub> (2.95%, 13.12 %, and 20.50%) had the highest amounts in three *ithmid* samples. The stones also contained MgO, Al<sub>2</sub>O<sub>3</sub>, Fe<sub>2</sub>O<sub>3</sub>, CaO, Na<sub>2</sub>O, P<sub>2</sub>O<sub>5</sub>, MnO, K<sub>2</sub>O in smaller amounts around 1% or less. The results from XRF proved Pb as the main element of all three samples with high concentrations (625900, 689589, and

766500 ppm). Ba, Sr, Zn, Cl, Cu, Ni, Nb, V, Cd, and Hg were detected in concentrations around 100 to 1000 ppm in *ithmid* samples.

*Ithmid* had been traditionally presented via ocular, topical, and vaginal routes of administration. Traditional indications for *ithmid* are summarized in Table 3.

Table 2. The amount of elements and	oxides in three same	ples of <i>ithmid</i> stone,	determined by XRF
		, , , , , , , , , , , , , , , , , , , ,	2

oxides (%)	SO3	SiO <sub>2</sub>	MgO	Al <sub>2</sub> O <sub>3</sub>	Fe <sub>2</sub> O <sub>3</sub>	CaO	Na <sub>2</sub> O	TiO <sub>2</sub>	$P_2O_5$	MnO	K <sub>2</sub> O
S <sub>T</sub>	11.85	2.95	0.39	0.31	0.28	0.11	0.07	0.03	0.03	0.01	0.01
SK	9.68	20.50	1.89	1.01	1.16	0.02	2.30	0.13	0.09	0.04	0.02
S <sub>SH</sub>	10.60	13.12	1.55	1.97	1.69	0.14	0.28	0.28	0.42	0.00	0.14
elements (ppm)	Pb	Ba	Sr	Zn	Cl	Cu	Ni	Nb	V	Cd	Hg
S <sub>T</sub>	766500	1286	872	398	316	267	187	31	28	10.6	7
S <sub>K</sub>	625900	1458	1035	638	332	281	213	-	33	6.8	5.8
S <sub>SH</sub>	689589	4073	827	379	272	107	132	6	-	NC*	NC
+ > T ~ 1'		•••••	•••••	•••••	•••••	••••••	••••••	••••••	••••••	•••••	••••••

\* NC: not studied

## 4. Discussion

This study demonstrated that the major phase of *ithmid* samples was galena (PbS), and the main element was Pb with a very high concentration (625900, 689589, and 766500 ppm).

Main indications of *ithmid* based on TIM manuscripts were ocular injuries, infectious wounds, and visual disorders. There are numerous reports that *ithmid* was applied against eye infections by ancient cultures. In recent studies (table 4), kohl-based products have shown antimicrobial effects against pathogens involved in ocular infections (19). The mechanisms involved are reported to be protein dysfunction, production of reactive oxygen species (ROS), depletion of antioxidants, impairment of membrane function, and interference with nutrient assimilation (20).

Lead sulfide nanopowder has shown antibacterial activity against gram-negative bacteria (*E. coli*), gram-positive (*B. cereus*, *S. aureus*), and fungi (*A.terreus*, *A. niger*). The mechanism of action is release of constituent ions and generation of reactive oxygen species (ROS) (21). Wound healing activity of *ithmid* is associated with its broad antimicrobial property.

Kohl-based products are used as a cosmetic in the Far and Middle East. They are sold in the form of stone, powder, finger rods, or pencils. The general belief is that the black, shiny powder of *ithmid* reflects more light rays leading to less visual damage. Solar protective activity of galena (PbS), the major ingredient of *ithmid*, has been ap-

Table 3	. Traditional	indications	and	dosage	forms o	f
ithmid (	(11-13).					

Dosage form	Indication
ocular	vision loss in elderly
	injuries and infections
	types of headache
	madarosis of eye
	tonic for optic nerves
topical	anal wounds
	burn wounds
	genital wounds
	infectious wounds
	pediculosis
vaginal	hypermenorrhea

Sample [Number]-	Microorganism	Study output	Sample composition	Ref
source	strain(s)	5	[Analysis method]	
kajal formulations [7]	S. aureus	antimicrobial activity of all formulations	-	(14)
from India	P. aeruginosa			
	E. coli			
traditional kohl-based	K. pneumonia	good antibacterial activity (3/4 of samples)	As (in 90% of samples)	(15)
products	P. aeruginosa	the highest activity against <i>P. mirabilis</i> and	Cd (in 65% of samples)	
[20] from Karachi	P. mirabilis	S. epidermidis	Pb (in 40% of samples)	
	S. aureus S. enidermidis	gens (1/3 of samples)	tion	
	C. albicans	the highest activity against <i>Candida</i> and	Spectrophotometerv]	
	C. tropicalis	Mucor sp.	-11	
	A. flavus,			
	F. oxysporum			
kohl-based products [5]	S. pyogenes	strong antibacterial effect on three microor-	Pb (0 - 88%)	(16)
from Saudi Arabia	P. vulgaris	ganisms by lead-containing (88%) product	Sb (0 - 9.97%)	
	S. aureus		[Electrothermal atomic	
			absorption spectropho-	
			tometry]	
kohl stone [1]	-	-	Pb (85%)	(17)
& Surma [1]			S (11)	
from Madina			Sb (2%)	
			C (0.6%)	
V-h1 h d d d d d d d d d d d d d d d			$\begin{bmatrix} XKD - XKF \end{bmatrix}$	(10)
Koni-based products	-	-	Pb $(2 - 411000 \text{ ppm})$	(18)
[12] from Spain and Ger-			$\Delta s (0 - 48 \text{ ppm})$	
many			As(0 - 12.5  ppm)	
innig			[Coupled Plasma Opti-	
			cal Emission Spectro-	
			photometer]	

Table 4. A summary of the studies about antimicrobial activity and mineralogical assays of kohl-based formulations or *ithmid* stone.

proved. Galena has high absorption and low transmission in the UV light band, so it can be used against harmful effects of sun light to protect the eyes (22). Blood analyses of children, women and men who use kohl products regularly revealed a high lead concentration and low hemoglobin levels (9, 10). Long application of *ithmid* for infants and children can result in lead toxicity. Prenatal exposure due to the maternal exposure with lead sources is linked to neurodevelopmental delays after birth. Therefore, high concentration of lead in maternal blood indicates possible risks for fetus (23). Regular inspection of kohl-based products should be conducted by authorities to detect hazardous products. Continuous application of *ithmid*, the main source of lead exposure, is considered as a potential threat to consumers, specifically for pregnant women and younger children. So, routine quality controls are recommended in order to enforce acceptable limits of potential contaminants in kohl-based products.

#### Acknowledgements

This study was a part of the Pharm. D thesis by Zahra Gholipour, supported by Shiraz University of Medical Sciences under grant No. 18168.

#### **Conflict of Interest**

The authors declare no conflict of interest.

Marzieh Rashedinia et al.

# References

1. Yeshi K, Wangdi T, Qusar N, Nettles J, Craig SR, Schrempf M, et al. Geopharmaceuticals of Himalayan Sowa Rigpa medicine: Ethnopharmacological uses, mineral diversity, chemical identification and current utilization in Bhutan. *J Ethnopharmacol.* 2018 Sep 15;223:99-112. doi: 10.1016/j.jep.2018.05.007. Epub 2018 May 8. PMID: 29751124.

2. Ikegami A, Takagi M, Fatmi Z, Kobayashi Y, Ohtsu M, Cui X, et al. External lead contamination of women's nails by surma in Pakistan: Is the biomarker reliable? *Environ Pollut.* 2016 Nov;218:723-727. doi: 10.1016/j.envpol.2016.07.068. Epub 2016 Aug 21. PMID: 27554978.

3. Nouioui MA, Mahjoubi S, Ghorbel A, Ben Haj Yahia M, Amira D, Ghorbel H, et al. Health risk assessment of heavy metals in traditional cosmetics sold in Tunisian local markets. *Int Sch Res Notices*. 2016;2016:1-12.

4. Asgari Rad H, Saeedi M, AzadBakht N. Heavy metals (cadmium, zinc, nickel, chrome, Lead, and copper) contamination in kohl available in Iran's market. *J Maz Univ Med Sci.* 2016;25(133):295-304.

5. Hardy A, Walton R, Vaishnay R, Myers K, Power M, Pirrie D. Egyptian eye cosmetics ("Kohls"): Past and present. Physical techniques in the study of art, archaeology and cultural heritage. Vol. 1: Elsevier; 2006. 173-203.

6. Hardy AD, Sutherland HH, Vaishnav R. A study of the composition of some eye cosmetics (kohls) used in the United Arab Emirates. *J Ethnopharmacol.* 2002;80(2):137-45.

7. Hardy AD, Vaishnav R, Al-Kharusi SSZ, Sutherland HH, Worthing MA. Composition of eye cosmetics (kohls) used in Oman. J *Ethnopharmacol.* 1998;60(3):223-34.

8. Mohta A. Kajal (Kohl) - A dangerous cosmetic. *Oman J Ophthalmol.* 2010 May;3(2):100-1. doi: 10.4103/0974-620X.64242. PMID: 21217909; PMCID: PMC3003848.

9. Al-Ashban RM, Aslam M, Shah AH. Kohl (surma). A toxic traditional eye cosmetic study in Saudi Arabia. *Public Health*. 2004;118(4):292-8.

10. Goswami K. Eye cosmetic 'surma': hidden

threats of lead poisoning. *Indian J clin biochem : IJCB*. 2013;28(1):71-3.

11. Aqili Alavi Shirazi MH. Makhzan al-adviyah. Tehran: Tehran University of Medical Sciences; 2008.

12. Ghaeni Heravi SM. Qarabadin Salehi. 1st ed. Chogan Press. 2013.

13. Aghili Shirazi MH. Qarabadin Kabir, 1772 AD, Edition Litograph. 1855.

14. Randive DS, Bhinge SD, Jadhav NR, Bhutkar MA, Shirsat MK. Assessment of antimicrobial efficacy of kohl/kajal prepared by different Indian methods against selected microbial strains. *Int J Curr Pharm Res.* 2020:37-44.

15. Buksh E, Naz SA, Zubair A, Yasmeen K, Shafique M, Jabeen N, et al. Kohl: a widely used eye cosmetic with hazardous biochemical composition. *Biosci Biotechnol Res Asia.* 2020;17(03):621-8.

16. Al-Kaff A, Tabbara Kh, El-Yazigi A. kohl-The traditional eyeliner use and analysis. *Ann Saudi Med.* 1993;13(1).

17. Ullah PH, Mahmood ZA, Sualeh M, Zoha SM. Studies on the chemical composition of kohl stone by X-ray diffractometer. *Pak J Pharm Sci.* 2010;23(1):48-52.

18. Navarro-Tapia E, Serra-Delgado M, Fernández-López L, Meseguer-Gilabert M, Falcón M, Sebastiani G, et al. Toxic elements in traditional kohl-based eye cosmetics in Spanish and German markets. *Int J environ res public health.* 2021;18(11):6109.

19. Mahmood Z. Kohl use in antiquity effects on the eye. 2015. p. 11.

20. Lemire JA, Harrison JJ, Turner RJ. Antimicrobial activity of metals: mechanisms, molecular targets and applications. *Nat Rev Microbiol*. 2013;11(6):371-84.

21. Suganya M, Balu A. PbS nanopowder – synthesis, characterization and antimicrobial activity. *Mater Sci-Poland*. 2017;35(2): 322-28.

22. Mahmood ZA, Azhar I, Ahmed SW. Kohl use in antiquity, effects on the eye. *Hist Toxicol Environ Health*. 2014; 18(2):68-78.

23. Dapul H, Laraque D. Lead poisoning in children. *Adv Pediatr*. 2014;61(1):313-33.