



**POISON ACTS & POISONING RELATED LAWS FOR MEDICAL PRACTITIONERS—A  
REVIEW ARTICLE**

**Dr. Sameeroddin Gayasoddin Shaikh<sup>1\*</sup>, Dr. Qutbuddin Shaikh Bhaiyya<sup>2</sup>, Dr. Sharique Zohaib<sup>3</sup>, Dr. Amjad Kha Saleem Kha Pathan<sup>4</sup> and Dr. Salim Yunus Khan<sup>5</sup>**

<sup>1</sup>Associate Professor, Dept. of Tahaffuzi wa Samaji Tib, Ahmad Garib Unani Medical College, Akkalkuwa.

<sup>2</sup>Professor, Dept. of Tahaffuzi Wa Samaji Tib, Ahmed Garib Unani Medical College Akkalkuwa.

<sup>3</sup>Associate professor, Dept. of Saidla, Mohammadia Tibbia College, Mansoor, Malegaon.

<sup>4</sup>Assistant Professor, Dept. of Ilaj-Bit-Tadbeer, Yunus Fazlani Unani Medical College, Kunjkheda, Kannad.

<sup>5</sup>Associate Professor, Dept. of Kulliyat, Ahmad Garib Unani Medical College, Akkalkuwa.



**\*Corresponding Author: Dr. Sameeroddin Gayasoddin Shaikh**

Associate Professor, Dept. of Tahaffuzi wa Samaji Tib, Ahmad Garib Unani Medical College, Akkalkuwa.

Article Received on 20/09/2023

Article Revised on 10/10/2023

Article Accepted on 31/10/2023

**ABSTRACT**

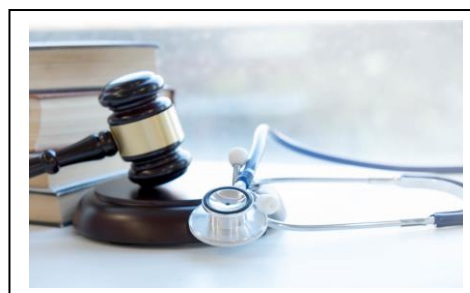
The doctor attending the patient of poisoning has to fulfill his duties, first as medical professional then as a medico legal professional. While treating the patient of suspected poisoning, the role of doctor is not only to treat the patient but also to handle the legal formalities. In such cases, it is must to keep documentation record accurate and clear. In government hospitals, doctors have to inform all the cases of suspected poisoning to nearest police officer or magistrate while in private hospitals, doctors are bound to inform homicidal cases only. If case of suspected poisoning proves fatal, medical practitioner should never grant a death certificate but must communicate the facts of death to the nearest police officer for necessary investigations. The doctors are required to treat and manage the poisoning cases coming in the emergency. It forms a significant part of the emergency cases. The doctors may perform the medical part of the management but neglect the legal duties due to ignorance or lake of time in emergency. In this article we have tried to put forward the medical as well as legal aspect of management in poisoning case which will help the doctor to do justice to the medico-legal management of poisoning case. This article highlights the legal aspects in poisoning cases which will help the doctor to do justice to the legal management of poisoning cases.

**KEYWORDS:** Poison and Poisoning Law, Medico legal duties, Suspected poisoning, Medical Practitioner, IPC.

**I. INTRODUCTION OF POISON AND POISONING**

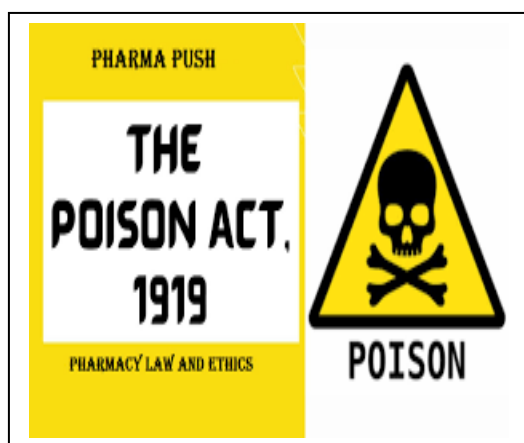
Poison is a substance (solid, liquid or gaseous) which if introduced in the living body or brought into contact with any part thereof, will produce ill-health or death, by its constitutional or local effects or both.<sup>[1]</sup> A case of poisoning is defined as the overdose of drugs, medicaments and biological substances and/ or a wrong substance given or taken in error.<sup>[2]</sup> World health organization (WHO) estimates more than 3 million cases of acute poisoning and 3 lakh death globally per year. The incidence of acute poisoning is rising in India as well as globally. Poisoning is a major unnatural death in developing countries, though the type of poison and the associated morbidity and mortality varies from one place to another. The epidemiology of poisoning usually changes in an area over a prolonged period of time.<sup>[3]</sup> Poisoning may be suicidal, homicidal or accidental. All the types of cases of poisoning are comparatively more common in India than in advanced countries because of

ease with which poisons are available and the carelessness with which they are stored.<sup>[4]</sup> A medical practitioner must be very cautious in giving his opinion about poisoning. It is advisable to maintain a proper written record of his findings and treatment administered; this is useful to the doctor in the court as well.<sup>[5]</sup> The patient whether be an innocent person or be a criminal, liable to punishment under the laws of the society.



It is the obligation of doctor to preserve life so that innocent may be protected and guilty may be punished. In cases of suspected poisoning, if such a person is brought for medical treatment, he should instantaneously be given medical aid to preserve life and thereafter the procedural criminal law should be allowed to operate in order to avoid negligent death. It is unethical to refuse a patient in emergency.<sup>[6]</sup> In suspicious cases of acute poisoning, the medical practitioner must try to find out the nature of suspected poison, so that he can at once administer the appropriate treatment and save the patient's life. It is advisable to maintain a proper written record of his findings and the treatment administered; this is useful to physician in court as well.<sup>[7]</sup> This article is meant to bring medico legal awareness among the doctor irrespective of system of medicine (Allopath, AYUSH etc.) treating the poisoning cases and there by assist the legal investigations.

In India several legal acts have been passed to regulate and control the manufacture, sale, distribution, and possession of drugs and poisons. The WHO (1996) definition, drug<sup>[7]</sup> is any substance or product that is used or intended to be used to modify or explore physiological systems or pathological states for the benefit of the recipient. As per the drug and cosmetic act, drug includes all medicines for internal or external use of human beings or animals and all substances intended to be used for or in the diagnosis, treatment, mitigation or prevention of any disease or disorder in human beings or animals including preparation applied on human body for the purpose of repelling insects like mosquitoes. Poison is defined as any substance which when introduced into the living body or brought into contact with any part thereof will produce ill effect or death by its local or systemic action or both.



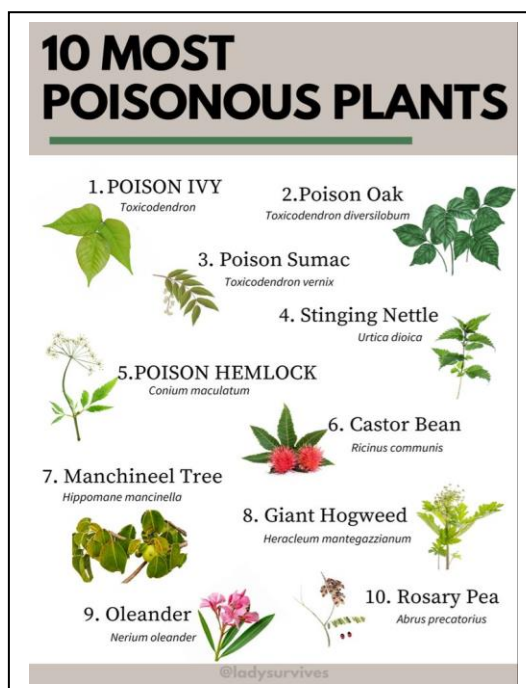
## II. Indian laws in relation to drugs and poison

### A. The Poison Act (1919)

This was amended in the year 1958 and repealed in 1960. It regulates the grant of licenses and sale of poisons whether wholesale or retail. It also regulates import of any specified poisons. It extends to whole of all of India.

### B. The Narcotic Drugs and Psychotropic Substance (NDPS)<sup>[2]</sup> Act, 1985

This Act consolidates and amends the law relating to narcotic drugs (The Opium Act, 1857 and 1878; and The Dangerous Drug Act, 1930, both are repealed by this Act), drugs of abuse, penalties for the drug trafficking offenses and control over psychotropic substances. Narcotic drugs under this act include opiates, cannabis and cocaine. The psychotropic drugs under this Act refers to mind alerting drugs such as LSD, phencyclidine, amphetamines, barbiturates, methaqualone, benzodiazepines, mescaline, psilocybin and designer drugs (MDMA, DMT, etc.). It was again amended in 1988 and 2001. It prevents trafficking in narcotic drugs and psychotropic substances. It is applicable to all citizens of India even though they may be outside the territory of India and to all persons on ships and aircrafts registered in India, wherever they may be. The NDPS act imposes complete prohibition on the cultivation of coca, poppy, and cannabis plants and the manufacture, sale, purchase, use or transport of any narcotics drugs or psychotropic substance except for medical or scientific purposes.

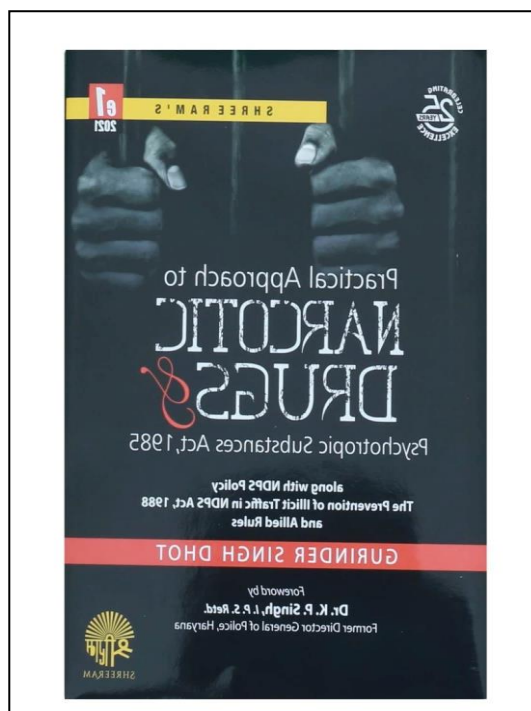


The minimum punishment for any offence committed under the act is 10 years rigorous imprisonment and fine of Rs. 1 lakh, while the maximum punishment is 20 years rigorous imprisonment and fine of Rs. 20 lakhs. To constitute an offence the first time around, the minimum quantity seized should be equal to or over 250 mg for heroin, 5 gm. for hashish or Charas, 5gm for opium, 125 mg for cocaine, and 500 gm. for Ganja. The central Government of India constituted a Narcotic control Bureau in 1986 with its head quarter at New Delhi, and Zonal offices at Mumbai, Kolkata, Chennai and Varanasi. In 1988, the central government constitute the Narcotic Drugs and psychotropic substance consultative

committee, consisting of a chairman and 18 members from various fields who would among other functions, conduct periodic review of the NDPS act. The NDPS act prohibits cultivation of poppy, cannabis, and coca plant. But it allows restricted cultivation of these plants under strict control for scientific and medical use.

### C. The Indian Penal Code (IPC), 1860<sup>[1,3]</sup>

- Section 176: Doctors must report all cases of homicidal poisoning to police, if not they are punishable.
- Section 177: For furnishing false information.
- Section 193: Doctor is punishable for giving false information about poisoning case.
- Section 201: Causing disappearance of evidence of offence.
- Section 202: Doctor is punishable for intentional concealing of facts about poisoning case treated by him.
- Section 272: Adulteration of food or drink intended for sale.
- Section 273: Sale of noxious food or drink.
- Section 274: Adulteration of drugs.
- Section 275: Sale of adulterated drugs.



- Section 276: Sale of drugs as a different drug or preparations.
- Section 284: Lays down penalty for any person causing harm by rash and negligent handling of a poisonous substance so as to endanger human life or to be likely to cause hurt injury to any person.
- Section 299: Culpable homicide including that caused through administration of some poisonous substance.
- Section 300, 302, 306, 307, 309: Murder including that caused through administration of poisonous

substances with the intention of causing death. T. Millo *et. al.* / The Indian Laws Relating to Drugs and Poisons.

- Section 304A: Rash and negligent act including that caused through poisoning.
- Section 320: Causing grievous hurt.
- Section 324: Causing hurt by dangerous weapons or means (including Poison or any corrosive substance).
- Section 326: Causing grievous hurt by dangerous weapons or means (including poison).
- Section 326 A: Voluntarily causing grievous hurt by use of acid (vitriolage).
- Section 326 B: Voluntarily throwing or attempting to throw acid.
- Section 328: Causing hurt by means of poison or stupefying intoxicating or unwholesome drug or other thing with the intent to commit an offence.

### D. The Code of Criminal Procedure (Cr PC), 1973

Section 39: Every person aware of the commission of, or of the intention of any other person to commit any offence punishable under IPC shall forthwith give information to the nearest magistrate or police officer of such commission or intention. Section 40: Every employed officer aware of the commission of, or of the intention of any other person to commit any offence punishable under IPC shall forthwith give information to the nearest magistrate or police officer of such commission or intention. Section 175: Power to summon persons by police officer proceeding under section 174.

#### a. The Indian Evidence Act (IEA), 1872

Section 32, Clause 1, under the Indian Evidence Act (IEA) allows a doctor to record dying declaration when the death of the patient is imminent and arrival of magistrate is delayed.

#### b. Recent Amendments of IPC Dealing with Acid Attack Case, 2013<sup>[4,5]</sup>

IPC 326 A (Voluntarily Causing Grievous Hurt by Use of Acid, etc.)

Whoever causes permanent or partial damage or deformity to, or burns or maims or disfigures or disables, any part or parts of the body of a person or causes grievous hurt by throwing acid on or by administering acid to that person, or by using any other means with the intention of causing or with the knowledge that he is likely to cause such injury or hurt, shall be punished with imprisonment of either description for a term which shall not be less than ten years but which may extend to imprisonment for life, and with fine: provided that such fine shall be just and reasonable to meet the medical expenses of the treatment of the victim: provided further that any fine imposed under this section shall be paid to the victim. The section was introduced on the basis of the recommendation of justice J.S Verma committee.

### c. IPC 326 B (Voluntarily Throwing or Attempting to Throw Acid)

Whoever throws or attempts to administer acid on any person, or attempts to use any other means, with the intention of causing permanent or partial damage or deformity or burns or maiming or disfiguring or disability or grievous hurt to that person, shall be punished with imprisonment of either description for a term which shall not be less than five years but which may extend to seven years, and shall also be liable to fine. For the purposes of section 326 A and this section, acid includes any substance which has acidic or corrosive character or burning nature, that is capable of causing bodily injury leading to scars or disfigurement or temporary or permanent disability. For the purposes of section 326 A and this section, permanent or partial damage or deformity shall not be required to be irreversible. Supreme court in *Laxmi Vs Union of India* directed the state to consider (1) Enactment of appropriate provisions for effective regulation of sale of acid in the states/Union territories (2) Measures for proper treatment, after care and rehabilitation of the victims of acid attack and needs of acid attack victims (3) Compensation payable to acid victims by the state / or creation of some separate fund for payment of compensation to acid attack victims. In a subsequent order in the same case the Supreme Court issued many directions to curb the menace of acid attacks.

### d. Supreme Court Guidelines to Prevent Acid Attacks

- Over the counter, sale of acid is completely prohibited unless the seller maintains a log/ register recording the sale of acid which will contain the details of the person(s) to whom acid(s) is/are sold and the quantity sold. The log/register shall contain the address of the person to whom it is sold.
- All sellers shall acid only after the buyer has shown.
  - a) A photo ID issued by the government which also has the address of the person.
  - b) Specifies the reason/purpose for procuring acid.
- All stocks of acid must be declared by the seller with the concerned Sub Divisional Magistrate (SDM) within 15 days
- No acid shall be sold to any person who is below 18 years of age.
- In case of undeclared stock of acid, it will be open to the concerned SDM to confiscate the stock and suitably impose fine on such seller upto 50,000-
- The concerned SDM may impose fine upto 50,000/- on any person who commits breach of any of the above directions.

### III. Medico legal Duties of Doctor in case of Suspected Poisoning

Medico legal duties of doctor in case of suspected poisoning areas follows.

### A. Records of preliminary data, history and examination

- All the preliminary data should be recorded, including name, age, sex, address, brought by, brought from, brought at (time), date, place and time of examination, consent of the patient or guardian (if minor or unconscious), marks of identification etc.
- The details of nature of the poison, time of consumption, time of onset of manifestations, nature of vomits, any typical smell, and any treatment received history of drug hypersensitivity and motive of poisoning should be recorded.

In general examination level of consciousness, behavior of the patient, temperature, pulse, blood pressure, respiration, condition of skin-whether sweating, color- if cyanosis present, condition of pupil, breath smell, vomit's stains on clothes. And in systemic examination details of all systems should be noted.<sup>[9]</sup>

### IV. General Approach to Management of Poisoning Cases<sup>[4]</sup>

#### A. Clinical Assessment and Diagnosis

As soon as the patient arrives in the emergency, a quick assessment should be carried out to detect the life threatening problems and to correct it.

#### B. Emergency Stabilization

The airway, breathing, circulation and CNS depression (ABCD of resuscitation) should be Corrected immediately to save life.

#### C. Active Removal of Toxic Substance

This involves decontamination of exposed parts like skin/ eye by washing with copious water. The gut decontamination of GIT is done by gastric lavage and administration of activated charcoal. The routine use of gastric lavage in all poisonings by ingestion is discouraged. The indications for gastric lavage and oral activated charcoal should be restricted to the cases in which the toxicologist feels that a toxicologically significant amount of the substance has been ingested and the patient has come within an hour of ingestion.<sup>[11]</sup> The elimination of absorbed poison can be done by procedures like diuresis, peritoneal dialysis, hemo dialysis, haemo perfusion, hyperbaric oxygen, plasma exchange/ exchange transfusion. The benefits and the right procedure for each poison should be weighed upon.

#### D. Antidotes Therapy

Administration of life saving antidotes if available is a blessing to the patient. But unfortunately antidotes are not available for all poisons and only for few poisons. It is very unfortunate that we don't have antidote for aluminium phosphide poisoning (common insecticide) which is the commonest cause of suicidal poisoning in north India. It is the need of the hour to have antidote banks in various parts of the country with sufficient stocks of all lifesaving antidotes. The doctor can consult National poison information centre (NPIC) regarding

management and antidote therapy. In India it was first started in the Department of pharmacology, AIIMS, New Delhi, in 1995. It provides 24x7 hours service on call. Later many other centres were started.

#### E. Nursing and Psychiatric Care

Good nursing care is the backbone of good patient care, especially for comatose and incapacitated patient. There is a need for psychiatric care in case of suicidal poisoning case to avoid further attempts. Prognostic assessment should be done and patient should be informed and counselled.

#### V. Diagnosis and treatment in case of Poisoning

In suspicious case of acute poisoning, the medical practitioner must try to find out the nature of suspected poison, so that he can at once administer the appropriate treatment and save the patient's life. In case where he suspects slow poisoning by the administration of small doses at varying interval, he should make a very careful note of all symptoms exhibited by the patient.<sup>[10]</sup>

#### VI. Collection of materials for chemical analysis

In every case of suspected poisoning a medical practitioner where in private practice or in government service, must preserve all the evidences such as vomited matter, stomach wash, blood, samples of urine and feces passed in his presence likely to contain poison. Also suspected articles of food drink or medicine must be preserved. All these preserved evidences should be kept in separate wide mouthed glass bottles or jars with tightly fitting glass stoppers. These bottles or jars should be properly labeled and sealed with name of the patient, the material preserved and the date of examination and should be kept under strict lock and key in his own custody until required for transmission to the chemical examiner for chemical analysis.

A medical practitioner must also preserve any other circumstantial evidence of the suspected poisoning, like a bottle, cup or tumbler in which the poison is suspected to have been mixed before administration, a mortar and pestle with which the poison might have been powdered or a piece of paper used for dispensing and wrapping the poison. If he fails in his duty in this connection, he may render himself liable to be charged with the disappearance of evidence under section 201 of the Indian Penal Code. It must however be proved that a medical practitioner did it with the intention of screening the accused otherwise; it is merely an error of judgment for which he cannot be held responsible.<sup>[11]</sup>

#### VII. Removal of the patient to hospital

It is always advisable to call in one or two colleagues in consultation to have the patient removed to a hospital, where the doctor in charge should be informed of the suspicion so that he would not allow anyone except the hospital nurses to administer medicine and nourishment. If patient cannot be removed to a hospital and if he can afford the expenses, two trained and trustworthy nurses

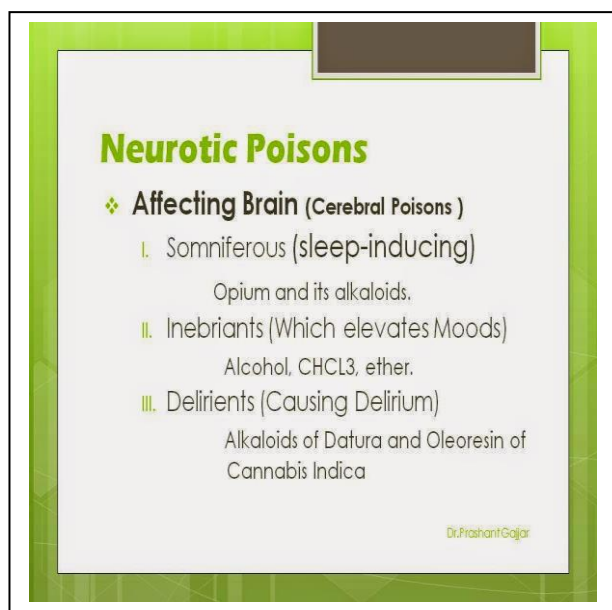
must be employed to take charge of the patient in his house and also the preparation and administration of food and medicine for the day and the night will be a safeguard against further administration of poison. If that arrangement is not possible, the only alternative left for the medical practitioner is to take some close relatives or friends in his confidence and inform them of his suspicion. The patient may also be warned against the danger, if he happens to be an adult and in full possession of his senses.<sup>[12]</sup>

#### VIII. Information to authority

- A medical officer in charge of government (public) hospital is required to report to police, all cases of suspected poisoning admitted into hospital, whether accidental, suicidal or homicidal. If a medical practitioner in private practice is convinced that the patient upon whom he is attending is suffering from homicidal poisoning, he is bound under Sec. 39 of the Code of Criminal Procedure, to communicate the fact to the nearest police officer or magistrate. Non-compliance is punishable under sec 176 of Indian Penal Code. He is not liable for giving notice, if the case has already been reported to the police by the village headman, village watchman or any other officer required under the law to give such information under section 40 of the Code of Criminal Procedure.
- A private medical practitioner is not bound to supply information of his own accord to the police or the magistrate, if he is sure that his patient is suffering from suicidal poisoning, since sec 309 of Indian Penal Code which refers to the offence of an attempt to commit suicide, is not included in the section of Indian Penal Code for which information has to be given under sec 39 of the Code of Criminal Procedure.
- A medical practitioner is however bound to divulge all the information regarding the case that has come to his notice, if he is summoned by investigating police officer to give such information under sec 175 of the Code of Criminal Procedure. If medical practitioner conceals any information, he is liable to be prosecuted under sec 202 of the Indian Penal Code. If he gives false information, then he is liable to be charged with the offence of giving false information under sec 193 of the Indian Penal Code.
- If there is any indication of danger to the general public, as for example, for food poisoning, public eating house or contamination of public drinking water, the doctor must notify the public health authorities at once.
- If the doctor is convinced that homicidal poisoning has occurred, he has a duty to protect society; he must inform the nearest police officer or magistrate (Sec. 44 of Criminal Procedure Code). He should take every precaution to prevent the possibility of further administration of the poison to the patient.<sup>[13,14]</sup>

### IX. Laws related with poisons and poisoning

A doctor unlike general public is in a unique position with access to evidentiary material related to a crime. A crime is committed in all manners of poisoning suicidal (sec 309 IPC), homicidal (sec302 IPC) and accidental (sec284 IPC). The doctor has evidentiary material proving or disproving the commission of these crimes (clinical history, examination, vomit stained clothes, feces, pieces of left-over tablets, half empty bottle of poison, gastric lavage fluid etc.).



If the doctor does not inform the police in any of these cases he may be sued under sec 176 IPC (Omission to give notice or information to public servant by person legally bound to give it – punishment 6 months and / or Rs.1000 fine), under sec 201 IPC (causing disappearance of evidence of offence- punishment variable according to type of offence shielded) and under sec 202 IPC (intentional omission to give information of offence by person bound to inform- punishment 6 months and / or fine).<sup>[15]</sup> Sections, 176, 193, 201, 202, 284, 299, 300, 304A, 309, 320, 324, 326, and 328 Indian Penal Code and section 39, 40 and 175, Cr PC deal with offences relating to administration of poisonous substances. Section 272 to 276, Indian Penal Code deal with adulterated food and drugs.<sup>[16]</sup>

### X. Regarding dying declaration and death certificate

If poisoned patient is conscious but on the verge of death, record a dying declaration relating to the circumstances. It is preferable to call a magistrate for this purpose, but if death appears imminent or if there is likelihood of delay in the arrival of the magistrate, the attending doctor must himself record the declaration as per section 32, clause 1, of the Indian Evidence Act (IEA). Even when a declaration taken down by the magistrate, the presence of doctor is desirable to clarify that the dying victim is in possession of his senses and there is no clouding of judgment or coherence which is sometimes

encounter in the final moments before death. If a patient dies before the exact diagnosis could be made out or he was brought dead to the hospital, the duty doctor must notify the police who will in all probability order an autopsy to be done. In such cases, death certificate must not be issued.<sup>[17]</sup>

### DISCUSSION

In day-to-day life, doctor routinely comes across the suspected cases of poisoning, whether he is a private practitioner or a government medical officer. The foremost duty of the doctor is to treat the patient and also to perform legal duties. The treatment should be given on specific lines when the nature of the poison is known, and it should be given on general line in case of unknown poison. As the legal duty is concerned, the doctor must have the detail records of the case, collect the poison sample, inform police, magistrate or public health authority where necessary, conduct dying declaration and autopsy according to the situation and produce himself or herself as expert witness whenever asked or summoned by the police or court. Any opinion about the nature of poison can be given only after report from the forensic science laboratory.

### CONCLUSION

Prime duty of doctor is to save the life of patient. But while performing his clinical duties doctor must not forget his medico legal duties. By knowing his/her medico legal duties doctor become legally safe. Also, he/she plays a major role in the society by helping judicial system for giving justice in suspected poisoning cases which may be homicidal, suicidal or accidental. In India we have various acts and laws to regulate drugs and poisons. It is important to know its legal aspects when we prescribe and dispense these drugs in hospital or pharmacy. Its awareness can help us to avoid negligence due to our ignorance of these rules and also provide prudent medico-legal opinion related to drug and poison.

### REFERENCES

1. Dr. K.S. Narayan Reddy. The Essentials of Forensic Medicine and Toxicology. General Consideration. 26<sup>th</sup> ed. Published by K. Suguna Devi, 2007; p. 432.
2. Dr. Vijay H. Mate, Dr. Priti P Dhande. A Prospective Observational Study on Pattern, Severity and Outcome of Different Poisoning Cases in A Tertiary Care Hospital. India J Basic Clin Pharma, 2017; 8: 154-157.
3. Gupta R, Baghel P. K. Changing Epidemiology of Poisoning in Central India: Shifting Poles from Male Farmers to Young House Wives. Int J Med Res Rev, 2016; 4(4): 575-581.
4. Dr. C.K. Parikh. Parikh's Textbook of Medical Jurisprudence and Toxicology. Introduction and Law Relating to Poison. 5<sup>th</sup> ed. Published by Medico legal Center; Reprinted, 1992; 670.
5. Jaising P. Modi, Editors K Mathihran, Amrit K Patnaik. Modi's Medical Jurisprudence and

- Toxicology. Poisons and There Medico legal Aspect. 23<sup>rd</sup> ed. Lexis, Nexis; Second Reprint, 2008; 30.
6. Prof. Dr. S.G. Huparikar, Prof. Dr. Vishnu Joglekar. Textbook of Agad tantra, Duties of Medical Practitioner. 1<sup>st</sup> ed. Published by Rashtriya Shikshan Mandal, Pune, June 2008; 656.
  7. Jaising P. Modi, Editors K. Mathiharan, Amrit K. Patnaik. Modi's Medical Jurisprudence and Toxicology. Poisons and There Medico legal Aspect. 23<sup>rd</sup> ed. Lexis, Nexis; second reprint, 2008; 30.
  8. Jaising P. Modi, Editors K. Mathiharan, Amrit K. Patnaik. Modi's Medical Jurisprudence and Toxicology. Poisons and There Medico legal Aspect. 23<sup>rd</sup> ed. Lexis, Nexis; Second Reprint, 2008; 13-14.
  9. S. K. Singhal. Singhal's Toxicology. General Toxicology. 9<sup>th</sup>ed. Published by The National Book Depot, Mumbai, 2016; 15.
  10. Jaising P. Modi, Editors K. Mathiharan, Amrit K. Patnaik. Modi's Medical Jurisprudence and Toxicology. Poisons and There Medico legal Aspect. 23<sup>rd</sup> ed. Lexis, Nexis; Second Reprint, 2008; 30.
  11. Jaising P. Modi, Editors K. Mathiharan, Amrit K. Patnaik. Modi's Medical Jurisprudence and Toxicology. Poisons and There Medico legal Aspect. 23<sup>rd</sup> ed. Lexis, Nexis; Second Reprint, 2008; 30-31.
  12. Jaising P. Modi, Editors K. Mathiharan, Amrit K. Patnaik. Modi's Medical Jurisprudence and Toxicology. Poisons and There Medico legal Aspect. 23<sup>rd</sup> ed. Lexis, Nexis; Second Reprint, 2008; 30.
  13. Jaising P. Modi, Editors K. Mathiharan, Amrit K. Patnaik. Modi's Medical Jurisprudence and Toxicology. Poisons and There Medico legal Aspect. 23<sup>rd</sup> ed. Lexis, Nexis; Second Reprint, 2008; 30.
  14. Dr. C.K. Parikh. Parikh's Textbook of Medical Jurisprudence and Toxicology. Introduction and Law Relating to Poison. 8<sup>th</sup> ed. CBS Publishers and Distributors Pvt Ltd, New Delhi, 2019. p. 534.
  15. Anil Agrawal. Textbook of Forensic Medicine and Toxicology. Introduction Classification of Poisons, Law Relating to Poisons and General Consideration. 1<sup>st</sup> ed. Published by Avichal Publishing Company; 2014; reprint 2016; p. 567.
  16. Dr. K. S. Narayan Reddy. The Essentials of Forensic Medicine and Toxicology. General Consideration. 26<sup>th</sup> ed. Published by K. Suguna Devi, 2007; 433.
  17. V.V. Pillay. Textbook of forensic Medicine and Toxicology. General Aspect of Toxicology. 18<sup>th</sup> ed. Published by Paras Medical Publisher, Hyderabad, 2017; 521.
  18. Prabhas C Sarkar. Criminal major acts, 6th Edn, 1999, Orient law house, New Delhi.
  19. The Narcotics and Psychotropic substance act, 1985.
  20. KT Thomas, MA Rashid. The Indian penal code, 34<sup>th</sup> Edn, 2014, Lexis Nexis, Gurugram, Haryana.
  21. The criminal law (Amendment) Act, 2013; (13 of 2013), S.5(w.e.f 3.2.2013).
  22. Supreme Court judgment in Case, Laxmi Vs Union of India, 2013; 9 SCALE 291.
  23. Neerja Gandhi, Harvinder popli. Pharmaceutical Jurisprudence. 1st Edn, 1997, CBS Publisher & Disibuters, Daryaganj, Delhi.
  24. Tripathi. Essentials of pharmacology. 6th Edn, Jaypee Brothers Medical Publishers (P) Ltd, Daryaganj, New Delhi.