

**EFFECT OF ENVIRONMENTAL LEAD ON HUMAN HEALTH****Meena Iqbal\*<sup>1</sup>, Shahbano<sup>2</sup> and M. N. Khan<sup>3</sup>**

\*Asian Biotech. Research Centre, Bhopal - 462 001 (India)

<sup>2</sup>Bhoj Open University, Bhopal (India)<sup>3</sup>Saifia College of Science & Education, Bhopal - 462 001 (India)

(Received, November 12, 2003)

**ABSTRACT**

Lead is a abundant metal in nature, occuring in lead mineral. Lead intake is by diet, air and water each day in living beings. This Pb effect the heme synthesis of the blood which causes hematological disruption of respiratory pigments such as cytochromes, anaemia, kidney disfunctioning and brain damage. This can be cured by chelating agents

**KEYWORDS:** Lead(Pb), toxic, biochemical.**INTRODUCTION**

There are lots of chemicals in the environment. Many of these are toxic and the others are non-toxic. The toxic chemicals are discharge y industries into air, water and soil. They get into human food chain from the environment. As they enter in the biological system, they disturb the biochemical processes, leading to fatal results. Chemical toxicology is the science that deals with the study of toxic chemicals and their mode of action. Many metals as environmental hazards are essential dietary trace elements required for normal growth and development of animal and human beings. These metals are Al, Sb, As, Ba, Bi, Be, Cd, Co, Cu, Ce, In, Pb, Hg, Mo, Ag, Te, Tl, Sn, Ti, W, U and Zn.

The well known toxic elements As, Pb and Cd are required in the trace quantities for the growth of animals. The so-called biologically intret Al causes different types of diseases

**Toxic Chemicals in Air:**

As a matter of fact, thousand of chemicals pose the problems of health hazards so that it is necessary to exercise strict control on those which offer the most serious threats during manufacture and handling

**Toxic Chemicals in Water:**

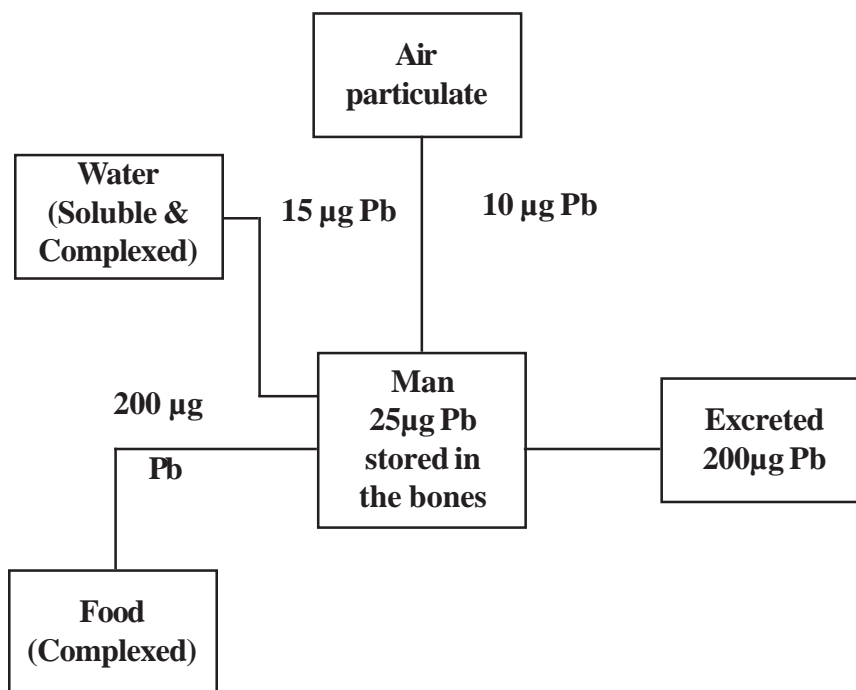
A list of toxic trace elements found in natural water and waste water given in Table 1.

Some of these are essential at low levels, serving as nutrients for animals and plants life, but are toxic at higher levels.

The major source of air borne Pb is the combustion of leaded petrol/gasoline. Pb is added in the form of tetra alkyl lead, primarily Pb (CH<sub>3</sub>)<sub>4</sub> and Pb(C<sub>2</sub>H<sub>5</sub>)<sub>4</sub>, together with the scavengers 1,2-dichloroethane and 1,2-dichloroethane. In common with other particulate pollutants, Pb is removed from the atmosphere by wet and dry

**Table 1 : Toxic trace elements in natural water and waste water**

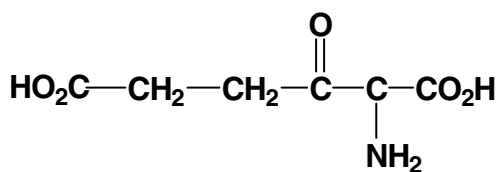
<b>Element</b>	<b>Sources</b>	<b>Effects and Significance</b>
Lead	Industry, mining, plumbing, coal, gasoline	Toxic (anaemia, kidney disease, nervous disorders, wild-life destroyed)



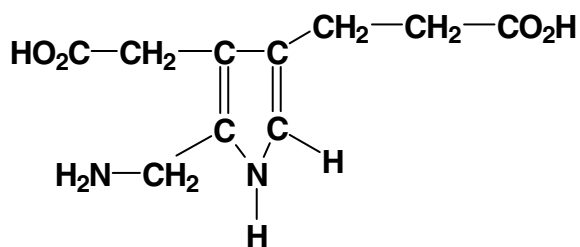
**Fig. : Daily lead balance for a city resident**

The major biochemical effect of Pb is its interference with heme synthesis, which leads to hematological damage. Pb inhibits several of the key enzymes involved in the overall process of heme synthesis whereby the metabolic

intermediates accumulate. One such intermediate is delta-amino levulinic acid. An important phase of heme synthesis is the conversion of delta-aminolevulinic acid to porphobilinogen.



**delta-aminolevulinic acid  
(ALA dehydrase: cytoplasm)**



**porphobilinogen**

deposition proces. As a result, street dusts and roadside soils becomes enriched with Pb, concentrations typically of the order 1000-4000mg kg-1 on busy streets.

It is noted that most of the Pb intake by a typical city dweller is from diet (about 200-300ug per day), air and water adding a futher 10-15 ug per day each .Of this total intake, 200 ug of Pb is excreted while 25 ug is stored in the bones each day.

### RESULTS AND DISCUSSION

The overall effect is the disruption of the synthesis of haemoglobin as well as other respiratory pigments, such as cytochromes, which require heme. Finally, Pb does not permit utilization of O<sub>2</sub> and glucose for life-sustaining energy production. This interference can be detected as a head level in the blood of about 0.3ppm. The detection of (I) provides a sensitive test for Pb in the body at higher levels of Pb in the blood (>0.8

ppm) there will be symptoms of anaemia due to the deficiency of haemoglobin. Elevated Pb levels (>0.5-0.8 ppm) in the blood cause kidney dysfunction and finally brain damage.

Due to the chemical analogy of Pb<sup>2+</sup> with Ca<sup>2+</sup>, bones actas repositories for Pb accumulated b the body. Subsequently, this Pb may be remobilized along with phosphates from the bones which exert a toxic effect when transported to soft tissues.

Lead poisoning can be cured by treatment with chelating agents which strongly bind Pb<sup>2+</sup>. Thus, calcium chelate in solution is fed to the victim of lead poisoning; Pb<sup>2+</sup> displaces Ca<sup>2+</sup> from the chelate and the resulting Pb<sup>2+</sup> chelate is rapidly excreted in the urine.

### ACKNOWLEDGEMENT

Authors are thankful to Principal, Saifia College of Science and Education for providing library and laboratory facilities.

### REFERENCES

1. Barry PSI. Concentrations of lead in the tissues of children. *Br J Ind Med* **38**: 61–71 (1981)
2. Btuman V, Maesaka JK, Haddad B, *et al.* The role of lead in gout nephropathy. *N Engl J Med* **304**:520–3 (1981)
3. Budd P, Montgomery J, Cox A, *et al.* The distribution of lead within ancient and modern human teeth: implications for long-term and historical exposure monitoring. *Sci Total Environ Sep* **18**, 220(2–3):121–36 (1998)
4. DeSilva PE. Determination of lead in plasma and studies on its relationship to lead in erythrocytes. *Br J Ind Med* **38**, 209–17 (1981)
5. Food and Drug Administration. Action levels for poisonous or deleterious substances in human food and animal feed. Washington: Department of Health and Human Services (1994)
6. Flegal AR, Smith DR. Measurements of environmental lead contamination and human exposure. *Rev Environ Contam Toxicol* **143**, 1–45 (1995)
7. Gennart PH, Buchet JP, Roels H, *et al.* Fertility of male workers exposed to cadmium, lead or manganese. *Am J Epidemiol* **135**, 1208–19 (1992)
8. James HM, Milburn ME, Blair JA. Effects of meals and meal times on uptake of lead from the gastrointestinal tract of humans. *Human Toxicol* **4**,401–7 (1985)
9. Rabin R. Warnings unheeded: a history of child lead poisoning. *Am J Public Health* **79**, 1668–74 (1989)