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FLUORIDE CONTAMINATION IN DRINKING WATER: A HEALTH RISK

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Abstract: - Today fluoride contamination is endemic in many parts of the world. Fluoride is essential for building teeth & bones up to a small level. Long term exposure of high fluoride content in drinking water has serious health effects viz. dental, skeletal and non-skeletal fluorosis. Defluoridation of drinking water has an environmental application as it is the most feasible method. This review paper describes occurrence and sources of fluoride, its clinical manifestations and its mitigation strategies. The paper also reviews more than 80 references covering the wide scale of defluoridation techniques and provides precise information regarding different fluoride removal techniques investigated by various researches. Recent developments in the field of water defluoridation have also been discussed.

Keywords: Adsorption, Defluoridation, Electro dialysis, Fluorosis, Membrane Process, Reverse Osmosis



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INTRODUCTION

Water is referred to as free gift of nature which is essential for sustaining life on earth. It is well known that about 70% of the earth's surface is covered with water. About 2.5% of it is fresh water. Fresh water occurs as surface water, groundwater and 2/3rd of it is frozen in ice caps and glaciers. Moreover only 0.01% of the total water on earth is accessible for consumption. Our needs are met preferably by groundwater. It contains variety of substances in different concentrations,^[1,2] as it has ability to dissolve almost all substances. Fluoride is one of them. People using groundwater with high content of fluoride is affected by fluorosis and become crippled. This has become an alarming situation in India. So we need to have an idea of fluoridated sources, its manifestations and mitigating strategies. This paper comprises a review on fluoride, its effect -fluorosis and its removal techniques.

FLUORIDE AND ITS STANDARDS

Fluorine is the 13th most abundant element in the earth's crust with atomic weight 18.998 and atomic no. 9.^[3] It has high affinity to combine with other elements as it is most electronegative and highly reactive.^[4,5] Fluoride can be determined qualitatively by SPANDNS (sodium-2-parasulphophenylazo-1,8-dihydroxy-3,6-naphthalenedisulphonate) method and quantitatively by ion meter using F⁻ ion selective electrode.

Presentation of water quality standards was first made by USPHS in 1914. In 1964 USPHS suggested 0.7- 1.2 mg/L as permissible limit of F⁻ ion.^[6] According to ICMR the highest desirable limit of F⁻ in drinking water is 1.0 mg/L.^[7] However, WHO has fixed the maximum permissible F⁻ ion concentration in drinking water to 1.5 mg/L.^[8,9] The same was suggested by Bureau of Indian Standards (BIS) in 1997.^[10] But this doesn't mean that it is safe. Whether F⁻ level in drinking water is hazardous depends on many other factors also viz. nutrition, temperature etc. Fluoride is an essential microelement which is considered beneficial for human health,^[11] however its higher concentration is harmful. Thus water having F⁻ beyond desirable range (below or above) causes detrimental effects.

OCCURRENCE

Fluorosis is wide spread in the world. Algeria,^[12] Morocco, Argentina, Thailand, Kenya,^[13] Turkey,^[14,15] China, Senegal, USA, Japan, Iran,^[16] Iraq, Tanzania,^[17] Australia, Egypt, Saudi Arabia,^[18] Syria, Jordan, South Africa, New Zealand, Persian Gulf, India etc. are the nations where fluorosis is prevalent. Fluorosis is one of the serious health problems that are endemic in India. Andhra Pradesh, Bihar, Gujarat, Karnataka, Madhya Pradesh, Maharashtra, Punjab &

Haryana, Rajasthan, Tamil Nadu, Uttar Pradesh etc. are the different parts of the country which have been reported having fluoride contaminated water.

As per WHO report, 20% of the fluoride affected villages in the whole world are in India. Out of 33,211 fluoride affected villages in the country Rajasthan has 16560 villages, which is more than 51%. That means nearly 10% of the F⁻ affected habitations in the world is in the Rajasthan alone.^[19] Fluorosis is wide spread in these villages.^[20,21] According to state profile, groundwater scenario of Rajasthan given by groundwater department Ajmer, Alwar, Banswara, Barmer, Bharatpur, Bhilwara, Bikaner, Bundi, Chittorgarh, Churu, Dausa, Dhaulpur, Dungarpur, Ganganagar, Hanumangarh, Jaipur, Jaisalmer, Jalore, Jhunjhunu, Jodhpur, Karauli, Kota, Nagaur, Pali, Rajasamand, Sirohi, Sikar, Sawaimadhopur, Tonk and Udaipur are the districts having f⁻ > 1.5mg/L in the groundwater. In the state 90% of the drinking water supply source is groundwater.^[22] Ajmer – Mewar was first reported as endemic region by Shourie.^[23] Gopal et al studied physicochemical characteristics of 1300 ground water samples collected from four arid districts Barmer, Jaisalmer, Bikaner and Jodhpur. Fluoride range of the samples is shown in the table 2.^[24,25]

District	Barmer	Jaisalmer	Bikaner	Jodhpur
F ⁻ (mg/L)	0.2 - 10.9	Traces - 8.0	Traces - 20.0	Traces - 11.2

Hussain et al examined 44 groundwater samples from Nawa block of Nagaur district. About 56% samples were having F⁻ more than 1.0 mg/L.^[26] All districts of Rajasthan are known to be endemic for fluoride and having fluoride concentration range from 0.2 to 37.0 mg/L.^[27] Geologically there is a belt underneath Aravali range that is rich in fluorspar, cryolite and fluoroapatite.^[23] Many other workers stated that groundwater is contaminated with high fluoride content in Rajasthan.^[28-31] In a survey conducted in 18 districts of the state highest no. of non-skeletal cases were found in Jodhpur (2262), Churu (1325) and Jaipur (1068). Out of 2,76 lac people on which the tests were conducted by the health department, 90122, 17,160 and 4850 people were found as suspected cases of dental fluorosis, skeletal fluorosis and non-skeletal fluorosis respectively.

SOURCES OF FLUORIDE:

The safe limit of F⁻ in drinking water is 1.0 mg/L. Drinking water having high F⁻ content is the major source of fluoride which causes deleterious health effects. We need to have an alternate

source of water if our water supply is having fluoride concentration beyond desirable limit. Although drinking water is the major source of fluoride intake but it is not the only one. There are other sources too viz. cosmetics, drugs, food etc. through which fluoride is ingested into the body. Some such food materials are summarized in the table below.

Table: Fluoride concentration in some food materials^[32]

Food item	fluoride concentration (mg/kg)	Food item	fluoride concentration (mg/kg)
Wheat	4.6	Mango	3.7
Rice	5.9	Apple	5.7
Pulses legumes	5.6	Guava	5.1
Green gram dal	2.5	Almond	4.0
Red gram dal	3.7	Coconut	4.4
Soya bean	4.0	Mustard seeds	5.7
Cabbage	3.3	Groundnut	5.1
Tomato	3.4	Tea	60-112
Cucumber	4.1	Coriander	2.3
Lady finger	4.0	Garlic	5.0
Spinach	2.0	Turmeric	3.3
Lettuce	5.7	Rock salts	200-250
Mint	4.8	Areca but (supari)	3.8-12
Potato	2.8	Beetle leaf (pan)	7.8-12
Carrot	4.1	Tobacco	3.2-38

Drugs which are used in the treatment of rheumatoid arthritis, osteoporosis cause adverse effects on patients due to presence of fluoride in them. Use of phosphate containing fertilizers increases fluoride content in soil and thereby in crops also.^[33] It also increases fluoride content in groundwater and surface water indirectly through agricultural runoff.

IMPACTS ON HEALTH: FLUOROSIS

The clinical manifestations of excess fluoride intake are known as Fluorosis in consolidated form. It may be of three kinds – Dental, skeletal and non- skeletal. The incidence of mottled enamel was first reported in 1930 by Anderson and Stevenson in China.^[34] Vishwanathan reported similar disease in India very first in 1933.^[35] However the disease was identified as fluorosis by Schortt.^[36] Fluoride reacts with hydroxyapatite which is major constituent of tooth enamel,^[37] displaces OH^- ion and forms fluoroapatite thereby increasing tooth strength and resistance.^[38,39] Moreover on prolonged consumption of fluoride contaminated water it leads to dental fluorosis.^[40] It starts as shine loss, yellow discoloration and turns into brown horizontal streaks to black tooth.^[41] Eventually tooth becomes brittle. This is endemic among children in developing tooth stage.



Fig. various stages dental fluorosis



Fig: skeletal fluorosis

Fluoride also gets deposited in joints of bones leading to skeletal fluorosis. Pain and stiffness in joints are the most common and primary symptoms of the disease. Later calcification occurs which gradually reduces movement. The spine vertebrae stick together and patient is left crippled. Unfortunately it is not easy to recognize it in early stage. Besides teeth and bones excessive fluoride intake may also badly affect other body parts and systems. Non skeletal effects may be gastrointestinal, neurological, may be related to respiratory system, blood circulation system etc. Swollen joints, systematic rigidity, muscular tenderness etc are some symptoms of non-skeletal fluorosis. Chauhan et.al reported that even semen quality is reduced due to over exposure to fluoride.^[42] It doesn't affect human only, animal may also be a victim of this non skeletal fluorosis.^[43,44]

MITIGATION:

We have to have an alternate source of water with low fluoride concentration. Rain water harvesting is the best option for this. Nutritious food is another preventive measure to the problem, as it is observed that mal nutrition is a factor that makes people susceptible to fluorosis. Calcium and Vitamin C rich food is useful in preventing form fluorosis. Besides this, creating awareness among people regarding this disease thereby avoiding use of fluoride rich food, cosmetics, beverages etc. is an essential step. The most feasible mitigating measure to solve the problem is defluoridation of drinking water. Several methods are there which have been reported for fluoride removal viz. precipitation, ion exchange, adsorption, reverse osmosis, electrodialysis etc.

Adsorption is the most common and widely used method. Numerous adsorbents have been derived for fluoride adsorption. Alumina was studied as an adsorbent by many researchers.^[45] Maximum fluoride removal was found between pH 5-6 at 25°C.^[46] Ghorai and Pant investigated activated alumina column performance and found that on regeneration fluoride removal efficiency is increased upto 85%.^[47] Modified alumina was also used by some researchers for defluoridation of water.^[48,49] Calcium salts, iron and other metal based adsorbents have also been studied for fluoride removal. Researchers have also been explored various carbon based materials.^[50-52] Modifications with activated charcoal have been done to make it a better adsorbent for fluoride removal. It was found that ZIAC (Zirconium impregnated activated charcoal) is better than Activated charcoal for the same purpose.

Various types of clay,^[53-55] rice husk^[56] and zeolites^[57] have also been used for removal of fluoride. Many researchers examined chitosan beads for fluoride removal.^[58-60] It was observed that 20% La incorporated chitosan was more efficient in fluoride removal than simple chitosan

and chitin. Fluoride removal was found to be observed 98% with 10% La incorporation.^[61] Alagumuthu et al derived activated carbon from *Cynodon dactylon* and examined it for defluoridation. 83.77% fluoride was found to be removed at neutral pH.^[62] Polyaniline/Chitosan was found less efficient for defluoridation when it was compared to Polypyrrole/Chitosan composite.^[63] Numerous nanosorbents have been investigated as fluoride removing agent.^[64-66] They are found evidently good for this purpose.

In Ion Exchange process, a column containing ion exchange resin (having quaternary ammonium functional groups) is used for fluoride removal. Fluoride ion in water replaces Cl^- ion from the resin on passing water through the column. To regenerate column, it is backwashed with sodium chloride rich water. Many researchers studied fluoride removal using ion exchange resins.^[67-70] Resins are expensive and disposal of backwash is also a problem.

Coagulation-precipitation is another method which has been studied for defluoridation. In this method coagulant such as lime is used to coagulate fluoride as fluorite. Alum is also used in this process. Nalgonda technique which is developed in NEERI Nagpur (India) is based on this principle. Aluminium toxicity is a serious drawback of this technique.

Membrane process is an advanced technique which has drawn attention of researchers in recent years. Defluoridation using membrane techniques has been investigated by many workers.^[71-75] It comprises reverse osmosis (RO), nano filtration (NF), donnan dialysis (DD) and electrodialysis (ED). Reverse osmosis is reverse of natural osmosis in which pressure is applied to the concentrated side of the membrane and water is purified through a semipermeable membrane. The difference between RO and NF is that in NF the membrane has slight larger pore size than in RO membranes. Consequently in NF less pressure, less energy, less effort is required for removal of solutes thereby decreasing cost of the treatment. A review was compiled in 1999 on use of nanofiltration membranes.^[76] Tahai et al performed fluoride reduction experiments using NF pilot plant and compared the performances of two commercial membranes NF400 and NF90.^[77] It was found that water with satisfactory quality was produced from NF400, while mineralization was required for the water produced from NF90. Performances of NF and LPRO (low pressure reverse osmosis) for fluoride and salinity removal from brackish water using a pilot plant were also studied by Diawara et al.^[78] For water with fluoride and salinity far beyond the recommended limits LPRO was found to be effective than NF.

In dialysis process separation occurs via transportation of solute through a membrane while in RO and NF water (solvent) passes through it. Dialysis can be done either by donnan effect or by

applying an electric field. Durmatz et al studied fluoride removal using Neosepta AHA anion exchange membrane and effect of various parameters was observed. On comparison it was found that AFN has better transport efficiency than AHA membrane.^[79] Tor reported that ACM has less transport efficiency than that of AFN and AHA membranes.^[80] Recently Boubakri et al studied fluoride removal by DD using 2⁴ full factorial design.^[81] In Electrodialysis direct potential is applied to purify water. Tahaikt et al studied fluoride removal from ground water using electrodialysis with pilot plant having capacity of 1m³/h.^[82] Several other researchers have also studied electrodialysis for defluoridation.^[83-86] Recently Elazhar et al studied comparison of performance and investment & operating costs between NF and ED using two different adopted models.^[87] Their performances were found to be comparable while operating & capital costs were much higher for NF than for ED. Membrane processes are costly in comparison with conventional methods. Secondly RO removes all the ions though some ions are essential ions. Despite of all these drawbacks membrane process is highly efficient in fluoride removal. Researchers are trying to make it cost effective by doing modifications and improving its materials.

CONCLUSION:

Fluoride contamination in groundwater has become a worldwide issue now. Rajasthan is known as the most affected state in India where fluorosis is endemic. Small amount intake of fluoride is known to be beneficial but long term consumption mitigates itself in dental, skeletal and other disorders. Hence some cost effective technique is required to reduce fluoride content in drinking water. Researchers are making efforts in this field to innovate a method which can be assumed as the best one. Government should also undertake programs for creating people awareness and developing fluoride removal technologies.

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