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CODEN [USA]: IAJPBB

ISSN: 2349-7750

INDO AMERICAN JOURNAL OF PHARMACEUTICAL SCIENCES

http://doi.org/10.5281/zenodo.3473973

Available online at: <u>http://www.iajps.com</u>

Research Article

DETERMINATION OF TOTAL ANTIOXIDANT STATUS AND ITS ASSOCIATION TO THE BLOOD LEAD

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Article Received: August 2019Accepted: September 2019Published: October 2019

Abstract:

Objective: The aim of this research work is to determine the TAS (Total Anti-Oxidant Status) and its association with the blood lead in normal healthy young population of Dera Ghazi Khan, Pakistan.

Methodology: This is a transverse research work in which the selection of one hundred young people (55 with levels of blood lead less than seven $\mu g/dl$ and 45 with levels of blood lead greater than eleven $\mu g/dl$) carried out from eight hundred and seventy-two adults having eighteen to sixty year of age choose from population of low salary from Dera Ghazi Khan. Kit of spectrophotometric assay was in use for the analysis of level of TAS in the serum whereas the determination of the levels of blood lead performed with the utilization of the Atomic-Absorption Spectrometric procedure.

Results: The average levels of TAS in the serum were low in the persons with high concentration of the lead in the blood in comparison with those having less concentration of the lead in the blood $(1.048 \pm 0.168 \text{ mmol/l} \text{ versus } 1.158 \pm 0.138 \text{ mmol/l})$. In a relationship analysis attuned for sex & age, the levels of TAS were available to have link with lead of blood.

Conclusion: There were low levels of TAS in the normal healthy population with high concentration of lead in blood. The exposure to the lead pollution could be conceding with the anti-oxidant ability of the persons in this selected population.

Keywords: Lead, Cardiovascular Disease, Anti-Oxidant Epidemic, Disrupt, Spectrometric.

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Please cite this article in press Farial Javed et al., **Determination Of Total Antioxidant Status And Its Association To The Blood Lead,** Indo Am. J. P. Sci, 2019; 06(10).

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INTRODUCTION:

Lead has the ability to interact with the super-oxide radical to formulate free radicals which are highly reactive like ROS (Reactive Oxygen Species) which has the ability to compromise the status of antioxidants of the individual resulting to different diseases related to oxidative stress like the CVDs (Cardiovascular Disease) & cancer. Our country Pakistan, like majority of the countries which are under development, is suffering from epidemic of CVDs and oxidative stress is one of the main reason for the rise of the danger of cardiovascular diseases in our population. There is very less amount of the research works on the impacts of lead pollution on the oxidative stress in normal healthy population.

In a work conducted in past, we stated that 57.0% population from low income in the city of Dera Ghazi Khan was available with levels of blood lead higher than ten μ g/dl. Lead has the ability to disrupt the balance of the anti-oxidant in the body of human being, it is very important that TAS of the patients and its association to lead level of blood in the people of the countries which are under development like Pakistan where the pollution due to lead is very important health issue in the environment.

METHODOLOGY:

Total one hundred apparently healthy young populations (55 present with level of blood lead less than 7 μ g/dl and 45 present with concentration of blood lead greater than eleven μ g/dl) carried out from

eight hundred and seventy-two persons having the age from eighteen to sixty years from low income population of Dera Ghazi Khan. The description of the selection in the research works on larger scales & analysis of the lead in blood is present in the communications of the past. The determination of the serum TAS carried out with the utilization of the kit of spectrophotometric assay in accordance with the guidelines of the manufacturer.

Briefly, 20 µl sample of serum incubated with the 1 milliliter of chromogen at the temperature of 37°C in the spectrophotometer. The determination of the concentration of total anti-oxidant status in mmol/l carried out in accordance with the formula: A2-A1= Δ A of sample / standard / blank standard concentration (Δ A blank- Δ A standard) total anti-oxidant status in mmol/l = Factor-x (Δ A blank- Δ A sample). The ethical committee of the DHQ/Teaching Hospital D.G Khan gave the approval to conduct this research work. SPSS V.13 was in use for the statistical analysis of the collected information. We expressed the total anti-oxidant status in averages and SD. T test was in use for the comparison of the values of two groups.

RESULTS:

Whereas male gender was present with greater levels of blood lead in comparison with the female gender, average concentrations of the total anti-oxidant status were not much different between both genders (Table-1).

Status	Total n=100	Males n=65	Females n=35	P-value
	Mean ±SD	Mean ±SD	Mean ±SD	r-value
Blood Pb(gg/ dl)	11.148 ±6.738	15.588 ± 7.068	8.458 ± 5.708	0.001
TAS (mmol/l)	1.108 ±0.158	1.128 ± 0.108	1.088 ± 0.178	0.200

Table-I: Mean Blood Pb And Serum Total Antioxidant Status (TAS) in Study Population

Table-2 describes the association between lead in blood & total anti-oxidant status vs profession. Persons who are working in an open environment like laborers, vendors, workers in the field of construction, divers of various vehicles, conductors of vehicles have very high level of the average concentration of the blood lead in comparison with the persons working in a close environment like housewives, office workers & workers of a factory, perhaps due to the direct exposure to the pollution of the environment.

Occupation	Pb(ug/dl)		TAS (mmol/l)	P-value		
	Mean ±SD	P-value	Mean ±SD	r-value		
Housewives	8.388 ± 5.508		1.98 ± 0.168			
Closed Environment	8.748 ± 5.168	< 0.001	1.98 ±0.118	0.500		
Open Environment	17.488 ± 7.300		1.98 ± 0.188			

Table-ii: Mean Blood Pb Concentration and Serum TAS vs Occupations

The average total anti-oxidant status in these groups of the persons were not much different. The average level of TAS in the serum were available to be highly reduced in the group of the persons present with levels of blood lead greater than eleven $\mu g/dl$ (Table-3) in comparison to those present with low concentration of lead in blood as lower than seven $\mu g/dl$.

In the associated analysis attuned for sex and age, levels of TAS in the serum were present having association with the lead of blood. But, we observed no important relationship for the TAS with the age of the person, habit of cigarette smoking & homocysteine.

Blood Pb / TAS	Group with low blood Pb(n=65)	Group with high blood Pb(n=35)	P-value
	Mean ±SD	Mean ±SD	
Blood Pb (pg/ dl)	3.158 ± 1.008	19.448 ± 3.058	< 0.001
TAS (mmol/l)	1.158 ± 0.138	1.048 ± 0.168	0.008

Table-III: Concentrations of Serum TAS with Low and High Blood P	b
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DISCUSSION:

There is very vital role of the oxidative stress in development of the disease of atherosclerosis. Initial research works stressed on the amounts of the antioxidant enzymes or the determinants of this stress in different complications. But there is inconsistency among results due to the no consideration to all parts of the anti-oxidant system of defense. In the current research work, we emphasized on the TAS to examine the part of lead pollution on it present in the normal healthy population of Dera Ghazi Khan. Our finding that an important reduction in the total anti-oxidant status of persons with higher amounts of blood lead supports the concept that lead is very vital factor in the rise of the oxidative stress. Bijoor reported the same results from India. The average values of total antioxidant status in the population of the research were not much different from the values reported previously in the healthy people of the country. There is an important impact of diet on the TAS and vegetarians & those persons using greater amount of the juice of fruits are available with increased levels of total antioxidant status.

Other than the pollution of the environment, the habit of cigarette smoking & homocysteine of plasma are the confounding features for the high levels of the lead in blood. The habit of cigarette smoking has the ability to rise not only the lead in blood & oxidative stress but it also causes the reduction in the capacity of the total anti-oxidant. One single puff of smoke has minimum 1014 not restricted radicals which can reduce the antioxidant's level but also excite inflammatory procedures resulting o high oxidative stress. In current research work, we were unable to discover an important disparity in the average levels of antioxidant status among smokers as well as non-smokers. Risal reported the same results on adults from Nepal. Distant from the impacts of diet and environment on the levels of anti-oxidant status, genetic donations to variations in total anti-oxidant status of plasma must be into consideration.

In a research work conducted on the Americans, total levels of anti-oxidant status were present as very low in females in comparison with the male (1.578 \pm 0.0038 verses 1.708 ± 0.0048 mmol/l), and there was very significant reduction in the TAS levels with age of the males. In the current research work, we were not able to find any important disparity between men and women regarding their average levels of TAS & age did not appear to present with remarkable impact on the level of TAS. Examination of the amounts of oxidized lipoprotein of low density would have been effective in evaluating the effect of oxidative stress on population of the research regarding the oxidation of LDL, which is very vital step in the disease development of the atherosclerosis. The findings of this research work show that pollution of lead which is very high in the city of Dera Ghazi Khan seems to be compromising with the TAS of the young population of the city.

CONCLSION:

The average levels of TAS were very low in the healthy young population with high levels of lead in blood in comparison with those present with low level of lead in blood showing that exposure to the pollution due to lead emerges to compromise anti-oxidant ability of the persons in the population of Pakistan.

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