

A review on chronic kidney disease at affected areas of coastal Andhra Pradesh

Swapan Samaddar^{1*}, A. Rama Swamy Reddy²

¹ Department of CSE, VFSTR University, Vadlamudi, Guntur 522213, India

² IT Services, VFSTR University, Vadlamudi, Guntur 522213, India

Corresponding Author Email: swapansamaddar@gmail.com

https://doi.org/10.18280/mmc_c.790203

ABSTRACT

Received: 12 June 2018

Accepted: 30 June 2018

Keywords:

CKD, hydrochemistry, nephropathy, uddanam, chemical, GHP, GMP (good hygienic and good manufacturing process), HFB (Histamine Forming Bacteria)

In the present generation, majority of the people are highly affected by kidney ailments. Amid them, chronic kidney is the most common life threatening disease which can be prevented by early detection. Prolonged kidney ailment (CKD) is recounted within a short span of coastline areas of Srikakulam region and Chimakurthy Mandal in the Prakasham region of Andhra Pradesh, India. The many of them who are living in that belt eat Dry salted fish, less water intake, hardworking people, these people approach quacks, using illicit drugs etc. In this paper we have reviewed the work till now related to CKD in this area.

1. INTRODUCTION

CKD recognized as Chronic Renal Disease, primes to slow impairment of renal operational inside an interval of months or years in persons. Kidneys remove a waste product of metabolism from blood through Creatinine. Standard intensities of creatinine within life plasma are roughly 0.5–1.1 mg/dl within full-grown women and 0.6–1.2 mg/dl within fully-grown men. Whenever kidneys' functioning is slow then level of Creatinine in life blood increases. CKD normally is triggered by contaminations, ailments like hypertension, diabetes, etc., and occasionally intake of poisonous compounds [9]. Chronic Kidney Disease due to unknown etiology (CKDu) is a deadly disease of which the prevalence has been identified in several countries in North Central America, India and Sri Lanka. The results showed that some of the risk factors in Sri Lanka are similar to other country cases, and mainly the excess fluoride and hardness levels seems to have a direct impact on the prevalence of CKDu in Sri Lanka [10]. High incidence of chronic kidney disease of unknown etiology (CKDU) prevalent in many countries (e.g., Sri Lanka, equatorial America) is reviewed in the context of recent experimental work and using our understanding of the hydration of ions and proteins [11]. In present study aluminum (Al) and cadmium (Cd) were determined in ground water samples and assesses human health risks associated with elevated concentrations of toxic metals in dissolved form, using a novel solid phase microextraction (SP μ E) [12]. Experiments done on animals and humans evident that the following substances are accompanied to show hostile effect on kidneys [6].

Inorganic: Lead, silver, mercury, Cadmium, thallium, chromium, ordinary and exhausted uranium, vanadium and its compounds.

Organic: 1,4-Dioxane, 1,1-Dichloroethene, 2,3-Benzofuran, 1,2-Dibromoethane, 1,2-Dichloroethane, bromodichloromethane, chlordecone, bromoform and dibromochloromethane, chlorobenzene, chloroform, ethylene

glycol, dichlorobenzene, ethylene oxide, airplane oils JP-8 and JP-5, hexachlorobutadiene, propylene glycol, methyl tert-butyl ether hexachlorocyclopentadiene, phosphate ester flame retardants, n-nitrosodiphenylamine, perfluoroalkyls, xylene, whole petroleum hydrocarbons.

Generally, kidneys are unprotected of advanced concentration of Fluoride (F) of the intake water, in many methods, then any additional human fleshy tissue [7]. Exact occurrences of CKD in India aren't depicted due to lack of archives of consistent data [8]. Uddanam area, coastal belt), Srilakulam region and Chimakurthy Mandal, Prakasam region, Andhra Pradesh, India have been highly reported with the occurrence of CKD. Although, rare research works show that drinking water isn't the main cause for CKD, some local theories at a guess that it's the sole reason for CKD. This research is the primary of its thoughtful in this arena and also the initial technical statistics from these expanses. Histamine and Parasites increase and Halophilic Pathogenic bacteria risk in human health consuming Traditionally processed Fish Products (TFPs). Seafood fitness threats have been bounded in numerous rules in the survey [1] and can be categorized as

i. **Genetic vulnerabilities:** Viruses, Allergens, bio toxins, parasites and pathogenic bacteria.

ii. **Chemical hazards:** Polycyclic Aromatic Hydrocarbons (PAHs), Fish processing chemicals like nitrosamines, dioxins, Heavy metal contaminated fish, chemically farmed fish and Chloramphenicol and

iii. **Physical hazards:** Metals, glass, plastic and bones and sea foods like shellfish, for example Paralytic Shellfish Poisoning).

It's difficult to control limited categories of vulnerabilities as instance parasites, roughly pathogenic bacteria and histamine at inbound substantial phase or during Good Hygiene Practice (GHP) and Good Manufacturing Practice (GMP) uses. Initially from incoming material step to consumption, need to take cautious monitoring and protective measure.

2. INVOLVEMENT OF PRODUCTS AND FORMATION OF BIOGENIC AMINES

Through transamination of ketones and aldehyde and microbial decarboxylation of amino acids within foods designed Biogenic amines (BAs). Chemical pointer of decomposition of fish and hazard of food intemperance are caused by few biogenic amines like cadaverine, tyramine, histamine and putrescine [3]. Major concern of fisheries goods is Histamine which is produced by microbial decarboxylation of histidine which is due to time/temperature misuse in few fish types. Intake of rotten scombroid fish like mackerel, bonito and tuna causes recurrent link of illness is referred to as scombrototoxin poisoning otherwise Histamine poisoning [4]. Still outbreak involves anchovies, herring and non-scombroid fish such as mahi-mahi. [2] Proposed the succeeding recommendation stages of histamine gratified of fish as respects to fitness threat as;

- (i) <5 mg/100 g (non-hazardous),
- (ii) 5-20 mg/100 g (feasibly lethal),
- (iii) 20-100 mg/100 g (undoubtedly poisonous),
- (iv) >100 mg/100 g (poisonous and hazardous for humanoid consumption).

3. HAZARD OF HISTAMINE POISONING FOR OUTDATED FISH PRODUCTS

Few Histamine developing bacteria remain conveyed to be halophilic (salt-loving) otherwise halotolerant (salt-tolerant). That one origins smoked fish and some salted foods formed by histamine developing types to stay to be suspected in lieu of histamine progress. Additionally, lot of Histamine forming bacteria stay facultative anaerobes which may nurture within condensed oxygen atmospheres. Through examinations as well verified that those germs can quiet be sequestered commencing salted fish foods that comprise unexpected salt level and extended loading period. Psychrotolerant bacteria (*Photobacterium phosphoreum* and *Morganella psychrotolerans*) is also affecting histamine foodstuff poisoning due to their capability of generating lethal absorptions of histamine at heats as small as 2°C. [4] Figure way that together bacteria could generate histamine in lethal stages at 0-5°C.

1. Hence, histamine development throughout prolonged loading of fish at little temperature essential not be overlooked.

a. Both the bacteria and enzyme can be deactivated by culinary.

2. "Nephropathy of Salvadoran agricultural communities" El Salvador, end-stage renal disease is the foremost reason of hospital demises in grown person, the second reason of demise in men and the fifth prominent reason of demise in grown person of both sexes in the common people.

3. Balkans Nephropathy; It is tremendously predominant in SE. Etiologic features intricate in earlier CKD outbursts or harming owed to nephrotoxics.

This one has been informed subsequent extreme acquaintance towards lead, cadmium, and aristolochic acid.

Lead: The ancient epidemic that is utmost alike to CKDu with positions for death happened at Queensland, Australia, inhabitants those persisted lead exterminating of kids then again left on to expire of ESRD by way of grown person. Lead dye remained utilized at Queensland since 1890 till that one remained interrelated to lead exterminating in kids and pull out,

beginning by way of a prohibition at 1922. While playing on coated balconies and fences of elevated households; a kind of accommodation exceptional at Queensland, Kids were unprotected through. An epidemiological research on death due to chronic nephritis visible an intense spear at demises early at 1905 and topping with initial 1930s. With post-mortem statistics, the amount of lead within brain bone had advanced who are staying native at Queensland and expired within third to fifth years from ESRD due to unidentified reason through granular tapered kidneys matched to whom expired of ESRD with identified reasons, as example chronic glomerulonephritis, and who expired due to non-renal reasons. Moreover, intensities of cheatable lead within urine remained greater in patients through CKD steady with lead nephropathy. Nevertheless, within surveys of grownups with lead infected as children with additional topographical extents, augmented death beginning ESRD and/or infection austere enough to necessitate dialysis was unusual. Limited cases of kidney disease and determined restricted Fanconi syndrome continual with lead nephropathy have been informed. For instance, the Queensland kids did not treat with chelation therapy, so variances in the magnitude of contact may be convoluted. Due to the hot weather, surplus effect of concentrated urine in children has implicated in Queensland outbreak as apiece Researchers. Greater ESRD death or occurrence proportions have also been conveyed in lead staffs, maximum of whom were possible very extremely unprotected. Nevertheless, the figure of labors with a nonmalignant renal cause of demise was quite lesser matched to citizens in Queensland and within zones with CKDu. Additionally, blood lead is informal with quantity and raised amount is identified in Central America or Sri Lanka. Therefore, lead disclosure is not a probable clarification in lieu of CKDu.

Cadmium: Life-threatening cadmium revelation has arisen in several parts in Japan though it is finest recognized of origin of Itai-itai illness at Jinzu River basin. High level disclosure to cadmium is caused by Absorption of rice dampened with industrially contaminated water. One survey conveyed of 25.6 and 36.7 µg/g creatinine in 38 females and 34 males, compatibly. In other study, High levels were also observed. In a survey of US, the geometric mean urine cadmium was 0.25 µg/g creatinine during 2007–2008 study. In osteomalacia and osteoporosis patient suffered with secondary fractures and severe pain due to the hostile health consequence from Japanese coverage. Utmost exaggerated were older women; it is due to their deprived nourishing grade, specifically subsequent World War II, then iron lack intensifications cadmium concentration. Within the Jinzu river basin and additional cadmium contaminated zones in Japan, the conjoint feature of the disease is proximal tubule damage and declined creatinine clearance. Nevertheless, uniform with extraordinary intensities of disclosure built with cadmium quantity in urine and rice, kidney ailment undecorated ample to outcome with premature death did not normally conveyed. In the survey, four clinically acknowledged demises with uremia for Itai-itai patients is designated. Witnessed augmented mortality with nephritis and nephrosis in minor figures amid residents staying at the cadmium contaminated zone of the Kakehashi river basin. With mean urine cadmium levels of 5 µg/g creatinine from Mae Sot district of Thailand, there is an indication of proximal tubular damage, however, no epidemic of ESRD necessitating dialysis or consequential in demise. An overall inhabitants survey in Belgium stated an association between reduced creatinine clearance and advanced blood lead; no

relations of these conclusion had witnessed in urine or blood cadmium. An akin condition was detected in industrial experience. Straight in experience conditions measured enormously high by present principles, tubular damage and CKD happened nevertheless stayed barely severe enough to advancement to ESRD. The newly described standards of 1.04 and 0.65 $\mu\text{g/g}$ creatinine within contributors with CKDu and within Sri Lanka widespread zone, correspondingly, stayed more inferior than in some of the survey labelled overhead. Therefore, this is doubtful that cadmium is the only reason of CKDu at Sri Lanka.

Aristolochic acid: Aristolochic acid is obviously happening nephrotoxic composite originate within vegetation of species Aristolochiaceae, is associated by way of the reason of interstitial nephritis with consumption of Chinese herbal medications utilized on behalf of bodyweight reduction which had polluted with these composite. Aristolochic acid is associated in Balkan endemic nephropathy via plants developing nearby wheat grounds in exaggerated extents. Within 2–3 years of herb consumption, CKD generated from aristolochic acid absorption ensures advancement to ESRD. However, both Balkan endemic nephropathy and aristolochic acid nephropathy are linked with augmented threat for urothelial carcinoma that is not been conveyed in CKDu till now. Additional, till now, though partial, did not specify greater disclosure for these chemical at exaggerated zones associated with non-endemic adjacent parts.

Arsenic: Prominent consistent death proportions for kidney disease is transferred in ecologic lessons of societies with modest to extraordinary intensities of arsenic in their water sources. Drop with death afterward interruption of exposure with formerly widespread part at Taiwan have been witnessed. The latest longitudinal survey stated an augmented threat due to occurrence of CKD in standard urine arsenic absorptions. Nevertheless, alike to the condition through cadmium, described arsenic intensities in water were considerably inferior in Sri Lanka compare to the populations in which augmented threat had informed at the ecologic revisions. Additionally, mortality in CKD stands too extraordinary which is not required a mortality survey towards identify.

Uddanam zone, Srikakulam region, Andhra Pradesh: Uddanam (Udyanavanam) is lying within 5 MANDAL of (Kaviti, Kanchili, Sompeta, Mandasa and Vajrapukotturu) coming under Srikakulam coastal belt. Uddanam area is enclosed with lateritic muds designed due to high rainwater. The lateritic limit motivates the weather-beaten gneisses and kondalites. The wideness of those laterites fluctuates within limited meters to limited tens of meters. “Bela lands” is formed by the wetlands of about 1–1.5 km width within the beach and east of lateritic shield, containing of coastal alluvium/ coastal sand dunes. In Bela area, ground water table is nearly at ground level. This zone enclosed by the lateritic territory is rich, holds a high humidity contented, and is accountable due to the old time favorite and pleasurable presence. This extent consists of large territories of mango, jackfruit, coconut, and other trees, conveying a lavish green existence. Due to the high occurrence of the CKD, people of Uddanam region consider that they are cursed. The adjacent MANDAL villagers even fear to stay CKD occurring mandals. The most horrible affected mandals in this area is Kaviti. Though the primary reasons are not known till now, however, several medical team and newspaper conveyed and established the brutality of the chronic renal failure within these areas. It was deliberated valuable to examine the groundwater bases

and their excellence due to thinking that drinking water supposed to the reason of occurrence of CKD at the area and the source of drinking water is ground water. There is no struggle of water capacity in this area due to the local ground water movement is in the direction of the sea based on coastal area. Bore wells in the lateritic zone and dug wells/filter plugs at the Bela section is fixed with bore wells/hand pumps which composed ground water. Underneath different arrangements, piped water is delivered to maximum village. Before delivering to the villages, ground water stored from filter points is purified. In few places, bore wells also treated as drinking water. Groundwater is collected through hand pumps is used for domestic commitments. Table 1 described particulars of few drinking water structures at the Uddanam zone, their sources and count of villages enclosed by individually arrangement. Uddanam water supply venture is a key assignment situated at T.Sasanam village, neighboring to Mahendratanaaya river. Beneath these assignment, drinking water remains supplied to 120 villages in 4 MANDALs of Uddanam region afterward purify which is gathered from infiltration wells situated at the river basin. 38 samples were stored which includes ground water from dissimilar villages where CKD is conveyed is used for trace element and hydro chemical analysis specified in table.

Table 1. Drinking water resource structures in Uddanam area and their foundation waters whose hydro chemical investigation stayed prepared

Drinking water Scheme	Basis of drinking water	Villages Enclosed
T.Sasanam Uddanam Headworks	Intrusion bores in the river bed	120
G. B. Puttuga	Intrusion bores in Bela	27
Idivanipalem	Intrusion bores s in Bela	15
Borivanka	Intrusion bores in Bela and bore well	32
Kaviti	Intrusion bores in Bela	7
Chapala Kapasakudi	Intrusion bores in Bela	10

Chimakurthy MANDAL, Prakasham Region, A.P: Distance between seashore and Chimakurthy city is 40KM and it is based out of Prakasham district. These survey regions is about 600 KM SW of Uddanam zone. Granitic pillars of Achaean age are enclosed by the region. Groundwater arises under phreatic condition in the weather-beaten ruptured regions. Over-all of 22 groundwater trials (dug wells and Bore wells) gathered starting five villages (P.Naiyudupalem, Yerragudipale, Pulikonda (Mailavaram) Chemalamarry and Reddynagar villages) in Chimakurthy city due to trace components and major ion chemistry. Gathered two sample from two villages where drinking water provided through tanker. Shallow water trial had tried from non-natural tank from where drinking water provided to numerous rural communities afterward treatment. Currently, maximum people in nearly every village are consuming water bottle, traded by nearby after purifying with RO Plants. One groundwater trial starting the RO plant contribution and one sample from its production (retailed at the market) were also gathered for hydro chemical analysis.

4. DEBATE: EVALUATION BETWEEN CHIMAKURTHY AREAS AND UDDANAM

Chimakurthy and Uddanam is completely dissimilar on socially, geologically, hydro chemically and hydrologically though both zones have a high occurrence of CKD. Due to the high rain water situation and neighboring to Sea beach, Uddanam area has a less ground water residence and narrow water table. Therefore, ground water has less mineral and it is pure, however it might have further problem due to water recorded situation. These water logged areas contain very high extents of fertilizer and chemicals due to paddy agriculture. Here noted point to be reflected that lot of villages delivered drinking water from identical source, however CKD occurrence is limited to lone definite sacks or villages. The groundwater situation nearby Chimakurthy is totally dissimilar from the Uddanam region. Distance from coast to Chimakurthy area is nearby 40 km has less raindrops and dry environments. Here water level is very deep (5-10m), due to which more soil is penetrating within rain water as a reason of higher topographic altitude. So, the mineral substances of groundwater are augmented. A medical team beneath the guidance of Dr T. Gangadhar, (NIMS), Hyderabad, scrutinized about one thousand and five hundred people from thirteen villages in the Prakasham region and establish that about 27 % of the patients had serum creatinine levels of [1.5 mg/dl] which is quite high. He had sensed that these both components might be one of the causes for CKD in that zone, based on the Sr and Si quantities in groundwater. Though, the human body captivates Sr like Ca and its steady methods may not posture slightly substantial health warning—in fact, the accepted levels of Sr are essentially constructive to human physique. High level of silica in water reduce the hazard of dementia is established by a survey on human body for 15 years. Si (SiO₂) is not injurious when taken through orally, but it might be dangerous if breathe in. But radioactive 90Sr can lead to bone disorders including bone cancer. Numerous academics establish that kidney problem is more virulent in endemic regions and also informed that inorganic F may have nephrotoxic effect in humans associated the people from the widespread F areas to areas where F is not outstretched. One researcher has done through investigations in famous F-affected areas (Nalgonda district, Andhra Pradesh, India) [9] and found that dental and skeletal fluorosis is high. Occurrence of high Cd and high F levels in ground water might be the cause for CKD in highly flooded area of north central region of Sri Lanka. Kidney is the leading affected body part due to Cd poisonousness. The IARC categorized cadmium and its composites in Group 2A (possibly carcinogenic to humans) and with proof that Cd is carcinogenic by inhalation. Though it is not proved of its carcinogenic property taken by oral route. In this two survey area, F and Cd levels are much less than the tolerable levels of 1.5 mg/l and 10 lg/l, correspondingly. Due to the meteorological, hydrological and geological situation, ground water feature in Uddanam and Chimakurthy regions was fairly dissimilar from each other as per the survey done based on hydro chemical data. Due to local geology, trace component absorptions like Sr (0.56–18.2 mg/l) and Si (12 – 56 mg/l) were much higher in Chimakurthy area than Uddanam area (Sr 0.1–0.9 mg/l, Si 0.070 mg/l). So, there is uncertain that whether drinking water feature has any posture on CKD.

5. CONCLUSION

In this survey, double areas have been considered who have shared issue of CKD, however both are socially, geologically, hydro chemically and hydrologically dissimilar. In this survey, we have homework trace element and major ions within drinking water with permissible value which are not estimated to prime to somewhat lethal effect proceeding human body as well as kidney. It is essential to explore other inorganic and organic chemicals identified to be interrelated with kidney disease due to the ongoing doubt that the kidney impairment in persons staying within the survey ranges is for the reason of chemicals in drinking water. All the factors found during study to those hamlets and interact with people and observation of the surroundings would suggest, thorough evaluation of the TFP microbiologically, Parasitic, Bacteriological, and chemical analysis and quantity, quality testing of the toxins like, Histamine and teach the people to learn the GHP and GMP of the fish products, people must be educated regarding usage of illicit drugs given by quacks it's one of the causes of CKD. If the dry salted fish are the prime cause for this type of Nephropathy and CKD, we have to screen all the villages in coastal areas where the people eat dry salted sea fish.

REFERENCES

- [1] Huss HH, Ababouch L, Gram L. (2003). Assessment and management of seafood safety and quality. FAO Fisheries Technical Paper 444, Rome, p. 230.
- [2] Shalaby AR. (1996). Significance of biogenic amines to food safety and human health. *Food Research International* 29(7): 675-690. [https://doi.org/10.1016/S0963-9969\(96\)00066-X](https://doi.org/10.1016/S0963-9969(96)00066-X)
- [3] Tsai YH, Kung HF, Lin QL, Hwang JH, Cheng SH, Wei CI. (2005). Occurrence of histamine and histamine-forming bacteria in kimchi products in Taiwan. *Food Chemistry* 22(5): 635–641. <https://doi.org/10.1016/j.foodchem.2004.04.024>
- [4] Emborg J, Laursen BG, Dalgaard P. (2005). Significant histamine formation in tuna (*Thunnus albacares*) at 2°C - effect of vacuum- and modified atmosphere-packaging on psychrotolerant bacteria. *International J. of Food Microbiology* 101: 263-279.
- [5] Dalgaard P, Emborg J, Kjølby A, Sørensen ND, Ballin NZ. (2008). Histamine and biogenic amines formation and importance in seafood. T. Børresen (Ed.), *Improving seafood products for the consumer*, Woodhead Publishing Ltd., Cambridge 292–324.
- [6] Jouvin MH, De Vernejoul MC, Druet P. (1987). Fluoride—induced chronic renal failure. *American Journal of Kidney Disorders* 10(2): 136–139. [https://doi.org/10.1016/S0272-6386\(87\)80046-X](https://doi.org/10.1016/S0272-6386(87)80046-X)
- [7] Das SC, Agarwal SK. (2006). Incidences of chronic kidney disease in India. *Nephrology, Dialysis, Transplantation* 21: 232–233. <https://doi.org/10.1093/ndt/gfi094>
- [8] Reddy DV, Nagabhushanam P, Sukhija BS, Reddy AGS, Smedley PL. (2010). Fluoride dynamics in the granitic aquifer of the Wailapally watershed, Nalgonda District, India. *Chemical Geology* 269: 278–289. <https://doi.org/10.1016/j.chemgeo.2009.10.003>
- [9] Wijerathne C, Weragoda SK, Kawakami T. (2014). A review of chronic kidney disease due to unknown

- etiology and groundwater quality in dry zone, Sri Lanka. *International Journal of Environmental Research* 1(4): 53-57. <https://doi.org/10.1186/1471-2369-12-32>
- [10] Dharma-Wardana MWC. (2017). Chronic kidney disease of unknown etiology and the effect of multiple-ion interactions. *Environmental Geochemistry and Health*. 40(1): 1-15. <https://doi.org/10.1007/s10653-017-0017-4>
- [11] Panhwar AH, Kazi TG, Naeemullah, Afridi HI, Arain SA. (2016). Evaluated the adverse effects of cadmium and Aluminum via drinking water to kidney disease patients: Application of a novel solid phase microextraction method. *Environmental Toxicology and Pharmacology*. 43: 242-247. <https://doi.org/10.1016/j.etap.2016.03.017>