



Evaluation of Heavy Metals Profile in Different Brands of Infant Food Nutrition

Ogochukwu Augustina Onuorah^{1*}, Rufus Sha'ato¹, Fina Okeke², Adekola Omololu Atanda², Agbele Idowu Elijah³, Adegoke Abiodun Adebimpe⁴ and Adeniyi Adebayo Kunle⁵

¹*Department of Chemistry, Federal University of Agriculture, Makurdi, Nigeria.*

²*Department of Animal Science, Ahmadu Bello University, Nigeria.*

³*Department of Chemistry, Nigerian Institute of Leather and Science Technology Samaru, Ahmadu Bello University, Zaria, Nigeria.*

⁴*Department of Medical Microbiology and Parasitology, College of Health Sciences, Ladoke Akintola University of Technology, Osogbo, Osun State, Nigeria.*

⁵*Department of Animal Production, University of Jos, Nigeria.*

Authors' contributions

This work was carried out in collaboration among all authors. Author OAO designed the study. Author RS supervised the study. Author FO was in charge of the data entry and analysis. Author AOA proofread the manuscript. Author AIE managed the literature searches while author AAA was in charge of the laboratory analysis while author AAK is in charge of data cleaning.

Article Information

DOI: 10.9734/CSJI/2019/v27i330116

Editor(s):

(1) Dr. Francisco Marquez-Linares, Department of Chemistry, Nanomaterials Research Group, School of Science and Technology, University of Turabo, USA.

Reviewers:

(1) Francesca Gorini, National Research Council, Italy.

(2) Byron Baron, University of Malta, Malta.

(3) Adepoju (Ogunkunle) Francis Adebola, University of Ibadan, Nigeria.

Complete Peer review History: <http://www.sdiarticle3.com/review-history/49038>

Received 15 March 2019

Accepted 21 May 2019

Published 07 August 2019

Original Research Article

ABSTRACT

The concentrations of five essential metals in six selected (NAN, Cowbell, MY BOY, CERELAC, FRISO GOLD and NUTREND) infant formulae sold in Makurdi metropolis, were determined using Atomic Absorption Spectrophotometer. Data collected were subjected to Analysis of Variance using SPSS 24 statistical software package. Significant differences in means were separated using Duncan Multiple Range Test. There was significant difference in the levels of the trace metals in the different brands of infant formula milk. The results of the toxic trace metals show that Cr has

*Corresponding author: E-mail: dayoakinsola@gmail.com;

the highest concentration of 6.175 ± 0.001 mg/kg (Cowbell), when compared to other toxic trace metals analyzed. Milk based infant formula showed copper concentration ranged from 2.55 ± 0.001 – 6.357 ± 0.001 mg/kg, which was higher than the provisional tolerable daily intake of copper that is 3 mg/kg. Chromium, Copper, Manganese and lead were detected in the six brands of infant formula milk but they were below the limits set by World Health Organization (WHO). However, the intake levels of Cd in this study from these concentrations were below the WHO limits. These results validate and in some cases counter earlier reports on the composition of infant formula found in our local markets. Therefore, the concentrations of the studied elements were within the safe limits recommended by National Industrial Standard and the Institute of Medicine for foods but higher concentrations of trace metals in some brands of infant formulae above the recommended limit pose a risk of bioaccumulation.

Keywords: Heavy metals; food nutrition; essential metals; bioaccumulation.

1. INTRODUCTION

Infant formulae as food supplements has a part to play in the diets of infants that is very important, in the sense that it provides the body with minerals and vitamins that are required in a larger quantity. Since infant milk is primarily derived from animals or plants, it is therefore mostly milk, soya or cereal-based. Infant formula almost has the whole nutrient requirements that are in breast milk, although it is difficult to produce a formula equal in all respects to breast milk [1]. Studies have reported contamination of infant formula milk by various substances such as nitrates, nitrites, aluminium, cadmium, mercury, nickel, lead and melamine [2]. Water that is used to reconstitute the infant formula milk can also be a source of contaminants such as lead and nitrate ion [1]. In 2008 melamine contamination of infant formula milk in China led to deaths and illness to several infants. Other cases of recall of infant formula milk in developed world as a result of deficiency in necessary nutrients and contamination have also been reported [3]. In 2006 Mead Johnson and Company recalled a batch of its infant formula milk due to contamination with metal particles [4]. A study to determine the concentration of selected trace and toxic elements in breast milk and infant formula milk reported the concentrations in infant formula milk to be tenfold higher than in breast milk, thus confirming infant formula milk as an exposure route of toxic elements to infants [5]. Infants are at a critical point of their brain development and exposure to elements such as lead and cadmium poses severe health risks to the child and can lead to speech delay, hyperactivity, learning disabilities, attention deficit disorder and neurological deficits [6]. The effect of metal poisoning on infants is compounded by the fact that even at low levels of exposure metals bioaccumulation in vital

organs such as the kidney, an effect that persists in adulthood [7]. The relationship between nitrate, nitrite ions and infant methemoglobinemia, nausea and diarrhea has been well reviewed and appreciated, nitrates and nitrites may also cause endogenous formation of carcinogenic N-nitroso compounds [8]. Chemical composition of infant formula milk also depends on the duration of its storage and therefore should be used as early as possible from the date of manufacture [8]. The WHO / FAO have set in place provisional tolerable weekly intake limits for these ions and metals by infants [4]. The study is aimed to assess the contamination level by heavy metals in six different brands of infant formula samples. This evaluation is extremely important, because the long- term exposure, even at low levels, of toxic elements, especially cadmium and lead, can lead to adverse effects to health.

2. MATERIALS AND METHODS

2.1 Study Area

The experiment was conducted in Makurdi the capital of Benue State with an estimated population of over 500,000 as at 2007 and still growing. An average annual temperature 31°C relative humidity of 66% annually. The climate of Makurdi town is the tropical wet and dry with double maxima (Ayoade, 1983).

2.2 Sample Collection

Six (6) different brands of infant formula samples were purchased from the major markets, in Makurdi Benue State, North Central Nigeria using a simple random technique in the two markets. The six different brands comprise of three (3) infant milk formulae and three (3) infant cereal formulae.

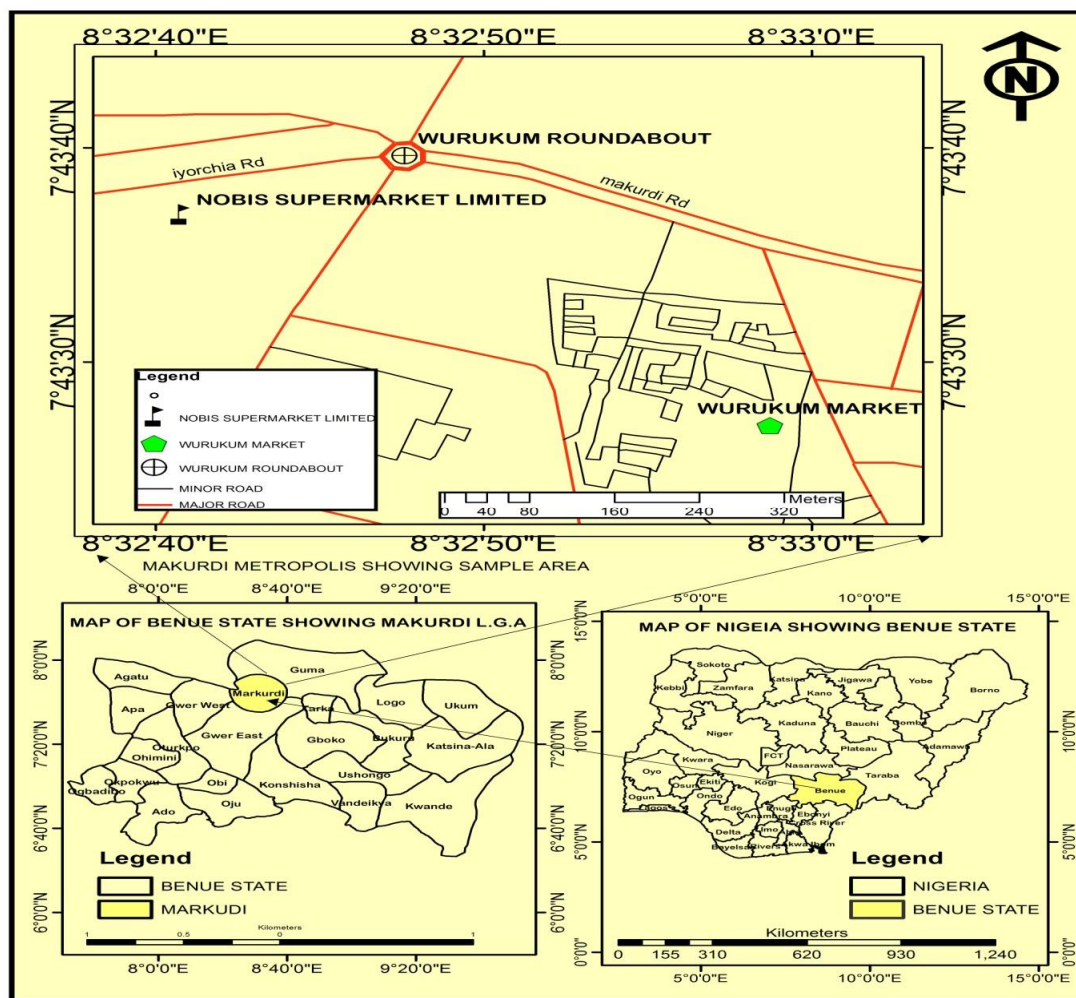


Figure. 1. Map of showing the sampling points

2.3 Chemicals / Reagents

In the preparation of reagents, chemicals of analytical grade purity and distilled water were used. Petroleum ether (40 - 60), Nitric acid, Sulphuric acid, Hydrogen peroxide and distilled water. Standard solutions of Cu, Mn, Co, Pb and Cd having concentrations were prepared and working standards / control were prepared from standards of each metal.

2.4 Apparatus

All glass wares were cleaned by immersion in 10% nitric acid in 24 hours, and then washed with detergent solution. They were rinsed with tap and deionized / distilled water before drying in the oven. Desiccators, porcelain crucible, filter

paper, kjeldahl flask, kjeldahl distillation apparatus, conical flask, muffle furnace, soxhlet extractor, round bottom flasks, weighing balance, heating mantle, beakers, measuring cylinder, funnels, volumetric flask and Flame Atomic Absorption Spectrophotometer were clean with Devo-Clean® solution.

2.5 Digestion of Sample / Sample Preparation

The samples were digested following the procedure described by Salah and Ahmed [7]. Exactly 2.0 g of each sample was weighed in a beaker and 15cm³ HNO₃ was added. It was allowed to stand for 15min. The mixture was heated until the liquid reduced to 5cm³. Then after cooling, 5 cm³ HNO₃ and 5 cm³ H₂O₂ were

added and the content was evaporated to 5cm³. After cooling, the residual acid was eliminated by adding 10 cm³ distilled water and the mixture was boiled for 10 minutes. After cooling, the digested sample was poured into 25cm³ volumetric flasks and was made up to the mark with distilled water.

2.6 Preparation of Reagents

- I. 1000 mg/ dm³ chromium (Cr) solution Anhydrous potassium dichromate (K₂Cr₂O₇) of 5.653 g was weighed and dissolved in distilled water in a beaker containing 10 cm³ of 10% nitric acid. The resulting solution was transferred into a 1000 cm³ volumetric flask and was made up to 1000 cm³ with distilled water in a volumetric flask giving 1000 ppm chromium standard solution.
- II. 1000 mg/ dm³ Copper (Cu) solution Copper nitrate (Cu(NO₃)₂·3H₂O) of 3.804 g was weighed and dissolved in distilled water in a beaker containing 10 cm³ of 10% nitric acid. The resulting solution was transferred into a 1000 cm³ volumetric flask and was made up to 1000 cm³ with distilled water in a volumetric flask giving 1000 ppm copper standard solution.
- III. 1000 mg/ dm³ Lead (Pb) solution Lead nitrate (Pb(NO₃)₂) of 1.598 g was weighed and dissolved in distilled water in a beaker containing 10cm³ of 10% nitric acid. The resulting solution was transferred into a 1000 cm³ volumetric flask and was made up to 1000cm³ with distilled water in a volumetric flask giving 1000 ppm Lead standard solution.
- IV. 1000 mg/ dm³ Manganese (Mn) solution Manganese sulphate monohydrate (MnSO₄·H₂O) of 3.076g was weighed and dissolved in distilled water in a beaker containing 10 cm³ of 10% nitric acid. The resulting solution was transferred into a 1000 cm³ volumetric flask and was made up to 1000 cm³ with distilled water in a volumetric flask giving 1000 ppm Manganese standard solution.
- V. 1000 mg/dm³ Cadmium solution Cd(NO₃)₂·4H₂O (2.744 g) was weighed and dissolved in 5.00cm³ concentration HNO₃. The solution was made up to 1000 cm³ with distilled water in a volumetric flask

giving 1000ppm cadmium standard solution.

2.7 Preparation of Standard Solutions

Ten centimeters (10 cm³) of 1000 mg/dm³ were pipetted and were made up to the mark with distilled water in a 100 cm³ volumetric flask. This gives rise to 100 mg/dm³ of each metal (Cu, Mn, Co, Pb and Cd). From the resultant solution, 2, 4, 6, 8, and 10cm³ was pipetted and made up to 100 cm³ mark with distilled water, each with new concentration of 2, 4, 6, 8 and 10 mg/dm³ respectively. The experiment was repeated using all the stock standard solutions.

2.8 Instrumentation

The digested samples were analyzed for the presence of Cu, Mn, Co, Pb and Cd using spectrometer. From each tin 2.5 g of infant formula milk was accurately weighed into a Kjeldahl flask, 15 ml of concentrated nitric acid and 5 ml of 10% hydrogen peroxide were added and the resulting solution heated until no more brown fumes were produced. The resulting matrix was filtered through Whatman paper no 1 into 50 ml volumetric flask and its volume topped up with deionized water to the mark. The measurements for Cu, Mn, Co, Pb and Cd were done in triplicates using computerized Varian Atomic absorption Spectrometer (Model: AA-10). Blank samples were digested following the same procedures as the samples and run in the instrument.

2.9 Data Analysis

The results obtained in this study were subjected to analysis of variance (ANOVA) using Statistical Package for Social Science. For multiple comparisons of means across different infant formulae brand, ANOVA was used. In all the case p-values less than 95% confidence level ($\alpha = 0.05$) were considered significantly different using Tukey test.

3. RESULTS AND DISCUSSION

The effect of trace metals concentrations in the various infant formulae are shown in Figure 2 - 7. There were significant differences ($P < 0.05$) across the selected infant formulae samples for chromium, copper, manganese, cobalt, cadmium, and lead respectively. The concentration of chromium (Figure. 7) was significantly ($P < 0.05$) higher in COWBELL (6.175

mg/kg) and lowest in FRISOGOLD (0.70mg/kg). Copper had significantly ($P<0.05$) higher concentration in NAN (6.357mg/kg) while the least concentration was recorded in MYBOY (2.55 mg/kg), though not detected in CERELAC, FRISOGOLD and NUTREND (Figure. 2). Manganese had significantly ($P<0.05$) higher concentration in COWBELL (5.10 mg/kg) while the least concentrations (Figure. 3) were observed in CERELAC, FRISOGOLD and NUTREND (1.275mg/kg). Cobalt had significantly ($P<0.05$) higher concentration in COWBELL (0.150 mg/kg) while the least

concentration was recorded in NAN (0.10 mg/kg), though not detected in CERELAC, FRISOGOLD and NUTREND (Figure. 4). Lead had significantly ($P<0.05$) higher concentration in COWBELL (37.263 mg/kg) while the least concentration was recorded in NAN (0.38 mg/kg; Figure. 5), though the trace metals were not detected in MY BOY, CERELAC and FRISOGOLD. Cadmium (Figure. 6) was detected in NAN (0.013 mg/kg) while it was not detected in MYBOY, Cowbell, CERELAC, FRISOGOLD and NUTREND.

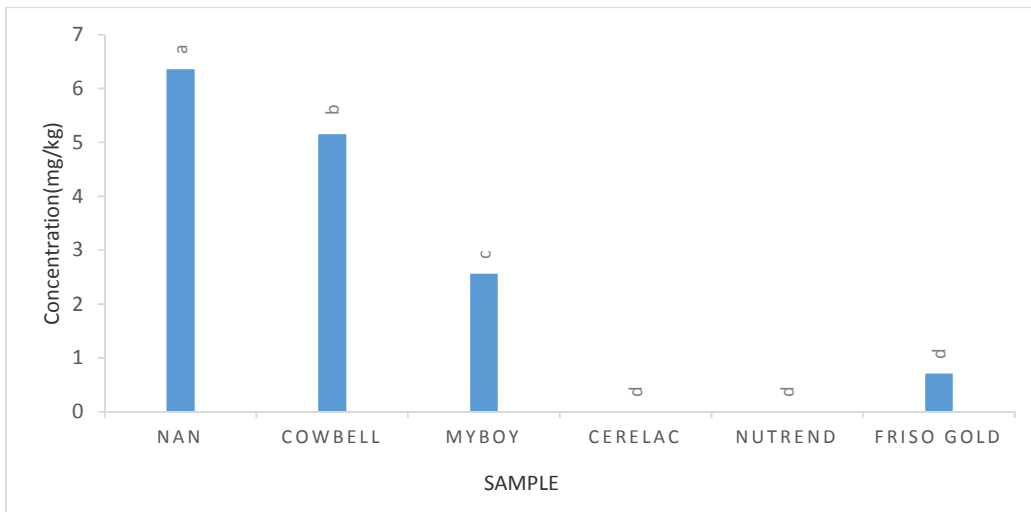


Figure. 2. Concentration of Cu in NAN, MYBOY, Cowbell, CERELAC, FRISOGOLD and NUTREND infant formulae

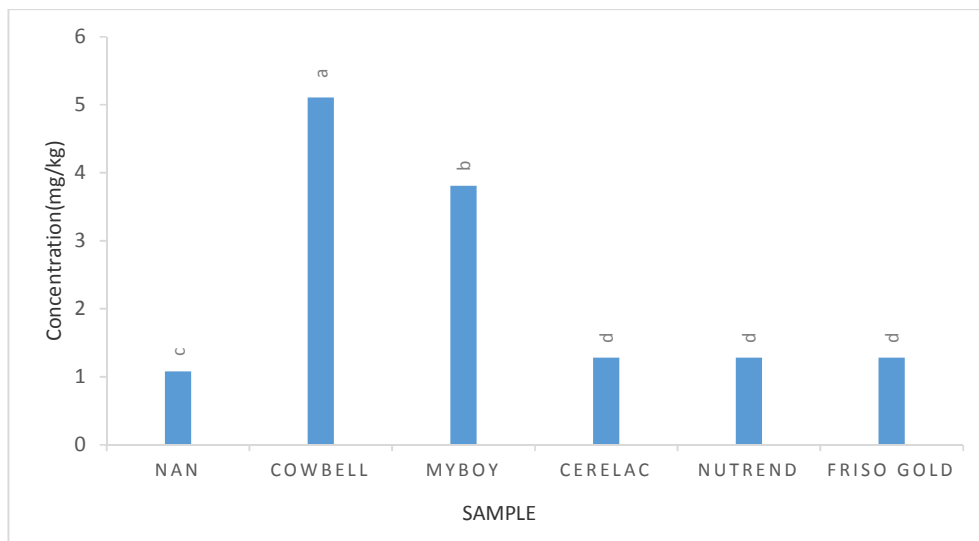


Figure. 3. Concentration of Mn in NAN, MYBOY, Cowbell, CERELAC, FRISOGOLD and NUTREND infant formulae

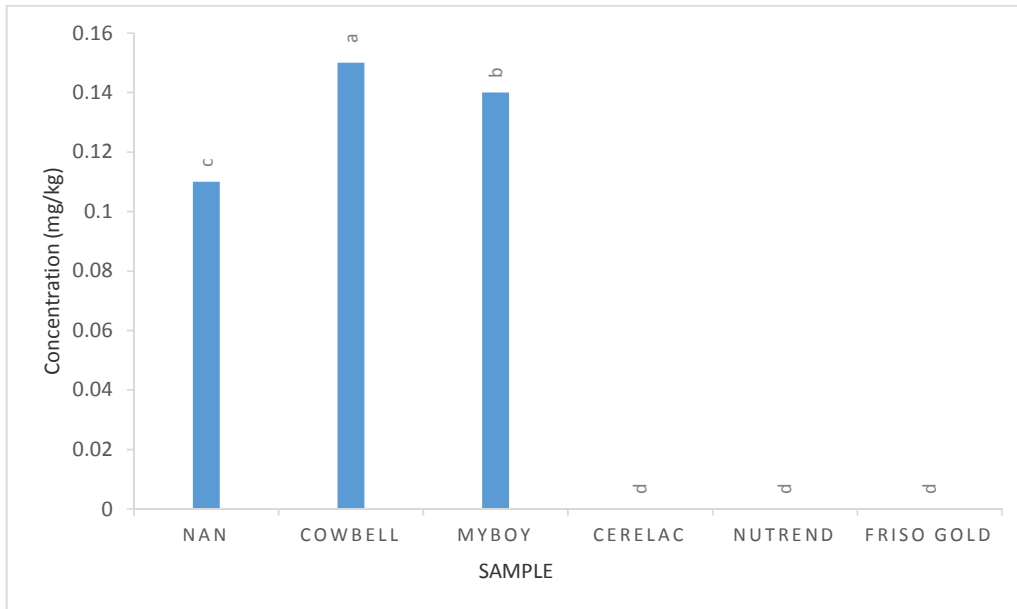


Figure. 4. Concentration of Co in NAN, MYBOY, Cowbell, CERELAC, FRISOGOLD and NUTREND infant formulae

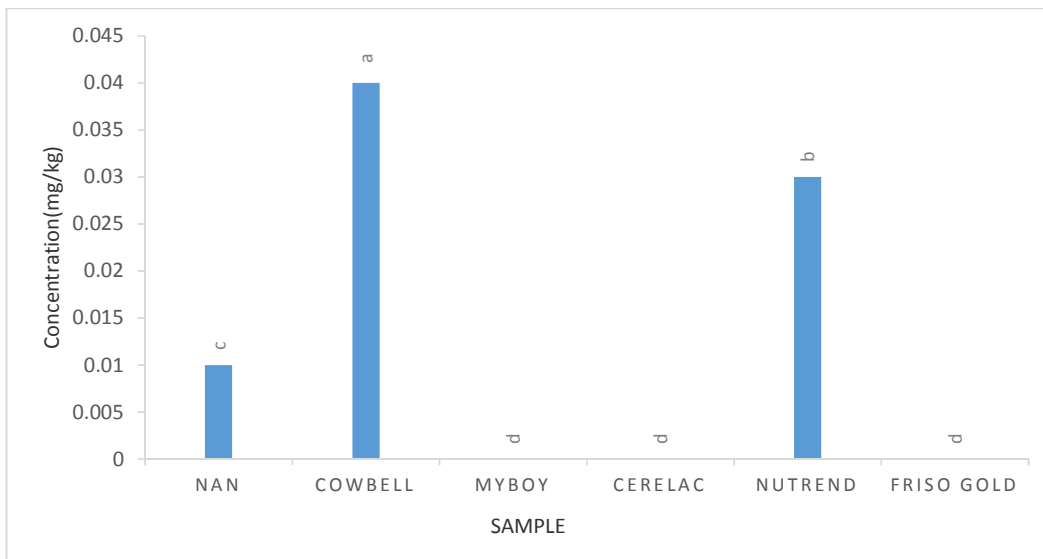


Figure. 5. Concentration of Pb in NAN, MYBOY, Cowbell, CERELAC, FRISOGOLD and NUTREND selected infant formulae

Differences observed across the brands of infant formulae for the trace metals agree with the reports of several authors [6]. Sullivan [9] investigated trace elements levels of some commercial baby cereals/formulas sold in several markets in Ghana. Variation observed in this study as compared to the work of [1] could be

linked to different methods for analysis of trace metals. Copper, manganese, cobalt, cadmium, and lead were present in minor concentrations in most of the samples analyzed. The results of this study clearly depict that the imported commercial baby cereals in the Nigerian market contained some trace metals which were within specified

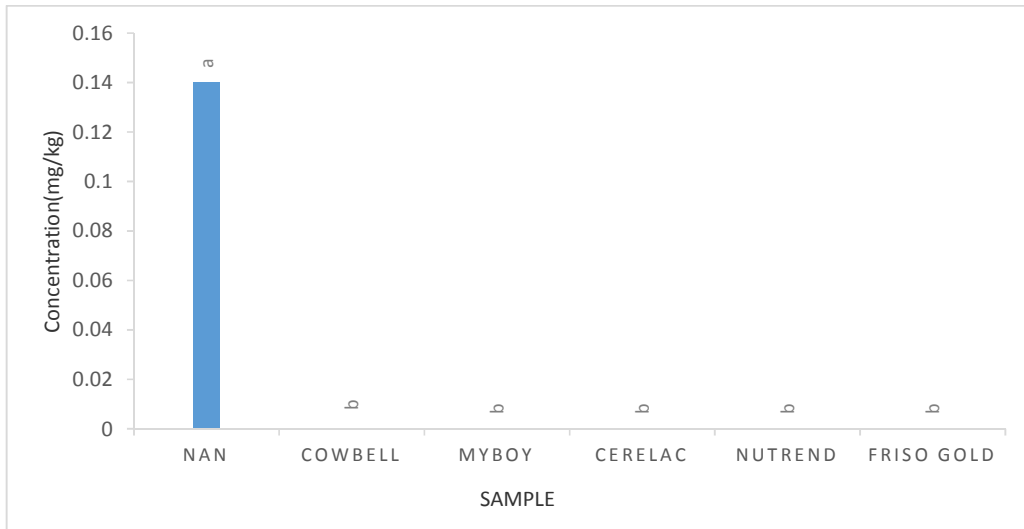


Figure. 6. Concentration of Cd in NAN, MYBOY, Cowbell, CERELAC, FRISOGOLD and NUTREND infant formulae

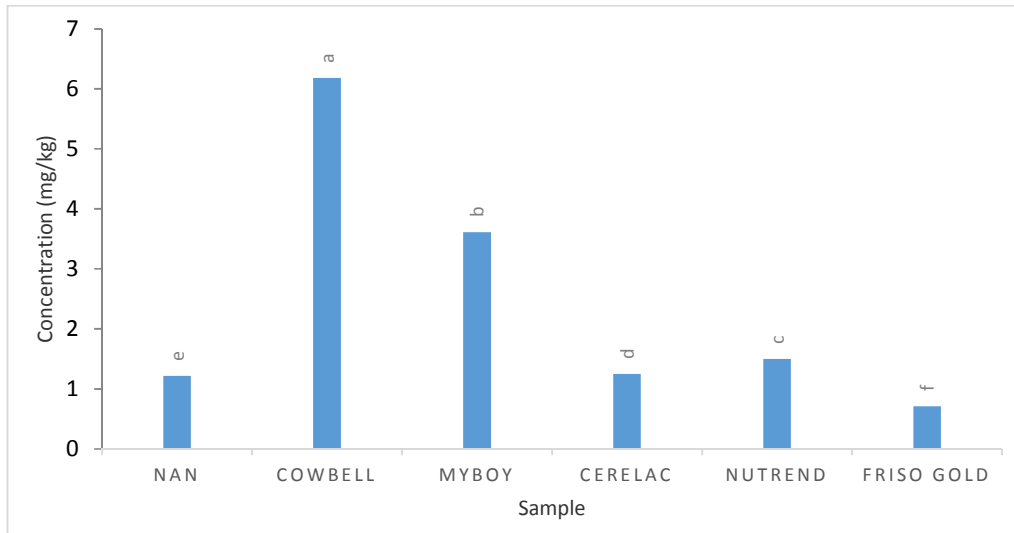


Figure. 7. Concentration of Cr in NAN, MYBOY, Cowbell, CERELAC, FRISOGOLD and NUTREND infant Formulae

limits in international guidelines. Among various baby foods, milk formulae, along with certain bottled water and beverages have been identified as significant sources of ingested fluoride [10]. During manufacturing, infant dry cereals are processed in slurry and placed in a revolving drying drum. The water from the slurry evaporates and the fluoride from the water remains in the cereal. Some of the milk based baby foods were found within the limit and not exceeding the required upper limit set by [5,11]. Their findings showed that all six types of baby

foods were commercially prepared to fulfill the babies' need of nutrients as required by Ayoade [1]. It was also observed that there was the presence of some nonessential elements (Cr, Cu, Mn, Co, Cd and Pb) though in small quantities but of concern to the researchers due to health reasons. It was concluded that the reasons for the variations in these trace metals could be attributed to the different manufacturing practices, quality of raw materials and packaging containers used by infant food manufacturers, especially cereal based food products for babies.

Copper concentration was within the range reported by some authors Ojo and Olabode [12] as depicted in. Milk based infant formula showed Copper concentration ranged from 2.56 ± 0.07 – 6.36 ± 0.07 mg/kg and was not detected in the analyzed Cereal based infant formula. Copper deficiency causes low white blood cell count and poor growth whereas an excessive intake can cause vomiting, nervous system disorder, Wilson's disease, liver and kidney damage, brain damage, intestinal discomfort, dizziness and headache [9]. Akan et al. [2] reported that excessive accumulation of Cu in the liver may result in hepatitis. The concentration of manganese was detected among the six infant formulas analyzed. Manganese is a cofactor for a number of enzymatic reactions. Cowbell milk has the highest concentration followed by My Boy milk. The Cereal based infant formula (Cerelac, Friso Gold and Nutrend) has concentration of 1.28 ± 0.01 mg/kg and NAN (1.08 ± 0.07) has the lowest concentration. These results are consistent with those of a previous study [6,4] who observed a similar trend with the pattern reported in this study. The concentration of manganese in this study was close to the manufacturer recommendation. Cobalt was detected in milk based infant formula (0.11 ± 0.07 mg/kg in NAN, 0.15 ± 0.01 mg/kg in Cowbell and 0.14 ± 0.07 mg/kg in My Boy) as shown in Figure. 4. It was not detected in Cereal based infant formula (Cerelac, Friso Gold and Nutrend). Cobalt levels in our milk-based samples were significantly different than those in the cereal based samples. This may be due to the various sources of the formulas and the manufacturing processes. The concentration of Pb was low since it ranged from 0.01 ± 0.00 - 0.03 ± 0.01 ppm. The difference in the concentration of Pb among the brands can be attributed to the different manufacturing practices and quality of raw materials used (Khalifa and Ahmad, 2010). Lead was detected in three samples, NAN, Cowbell and Nutrend, and Figure. 5 gives the scenario of the metal in the studied infant formulas. Although it is below WHO maximum value of $25 \mu\text{g}/\text{kg}$ and was also detected by Iyaka [3], Ojo and Olabode [12] lead is considered to be a toxic element mainly due to some neurological problems, renal dysfunctions, gastrointestinal tract problems, hypertension, and cancer for which there is evidence for animals and human (WHO/UNICEF, 1998). The most important group of species is the organolead compounds which are quite toxic. The more substituted the organic chain, the higher the the toxicity. Cadmium was not detected in all the

brands of infant formula milk with the exception of NAN which had low concentrations. However, infant formula milk is a possible source of exposure of cadmium to infants since the water used to prepare the infant formula milk may be contaminated with cadmium [8,13].

4. CONCLUSIONS

The findings indicated that trace metals are present in adequate concentrations in all the selected commercial baby food samples which suggest that they have no adverse effect on the health status of the infants. These results validate and in some cases counter earlier reports on the composition of infant formula found in our local markets. Therefore, the concentrations of the studied elements were within the safe limits recommended by National Industrial Standard and the Institute of Medicine, for foods but higher concentrations of trace metals in some brands of infant formulae above the recommended limit poses a risk of bioaccumulation.

COMPETING INTERESTS

Authors have declared that no competing interests exist. The products used for this research are commonly and predominantly use products in our area of research and country. There is absolutely no conflict of interest between the authors and producers of the products because we do not intend to use these products as an avenue for any litigation but for the advancement of knowledge. Also, the research was not funded by the producing company rather it was funded by personal efforts of the authors.

REFERENCES

1. Ayoade JO. Introduction to climatology for the tropics. Ibadan: Spectrum Books. 1983;179-184.
2. Akan JC, Abdulrahman F, Sodipo OA, Chiroma YA. Distribution of heavy metals in the liver, kidney and meat of Beef, mutton caprine and chicken from Kasuwan Shanu market in Maiduguri metropolis, Brono State. Nigeria Research Journal of Applied Sciences, Engineering and Technology. 2010;743-748.
3. Iyaka YA. Concentration of Cu and Zn in some fruits and vegetables commonly

- available in North-Central Zone of EJEAFICHE. 2007;6(6):2150-2154.
4. Ayivor JE, Debrah SK, Nuviadenu C, Forson A. Evaluation of elemental contents of wild mango (*Irvingia gabonensis*) fruit in Ghana. *Advance Journal of Food Science and Technology*. 2011; 3(5):381-384.
 5. Institute of Medicine (IOM). Report of the dietary guidelines advisory committee intakes for Protein, Washington DC, National Academy Press; 2010.
 6. AlKhalifa AS, Dilshad A. Determination of key elements by ICP-OES in Commercially available infant formulae and baby foods in Saudi Arabia. *African Journal of Food Science*. 2010;4(7):464-468.
 7. Salah F, Ahmed Abd-El Aal. Assessment of heavy metals in some dairy products and the effect of storage on its distribution. *Journal of American Science*. 2012;8:8.
 8. Joseph E, Nasiru R, Ahmed YA. Trace elements pattern in some Nigerian commercial infant milk and infant cereal formulas. *Annals of Biological Research*. 2011;2(2):351-360.
 9. Sullivan JI. Cognitive development: Breast milk benefit Vs infant formula hazard. *Archives of General Psychiatry*. 2008;65(12):1458-1459.
 10. Buzallaf MAR, Damante CA, Trevizani LM, Granjiero JM. Risk of dental fluorosis associated with infant formula, prepared with bottled water. *Journal of Dentistry for Children*. 2004;71:110-113.
 11. WHO/UNICEF. Complementary Feeding of Young Children in Developing Countries. 1998;79-108.
 12. Ojo Rotimi J, Olabode Oluwatosin S. Analysis of heavy metals and hydrocyanic acid in selected infant formula in Abuja, Federal Capital Territory of Nigeria. *Scholars Academic Journal of Biosciences*. 2013;1(6):318-325.
 13. Khalifa A, Ahmad D. Determination of key elements by ICP-OES in commercially available infant formulae and baby foods in Saudi Arabia. *African Journal of Food Science*, 2010;4:464-468.

© 2019 Onuorah et al.; This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Peer-review history:

The peer review history for this paper can be accessed here:
<http://www.sdiarticle3.com/review-history/49038>