



## Effect of Chronic Consumption of Calabash Chalk Diet (Nzu) On Locomotor Activities in Swiss White Mice.

<sup>1</sup>Owhorji, B.I; <sup>2</sup>Osim, E.E; <sup>1</sup>Nwankwo, A.A; <sup>1</sup>Theukwumere, C.B; <sup>1</sup>Akunneh-Wariso C; <sup>1</sup>Uket J.M

1. Department of Physiology, College of Medicine and Health Sciences, Abia State, Uturu.
  2. Department of Physiology, College of Medical Sciences, University of Calabar, Nigeria.
- Corresponding author: Owhorji, B.I

**ABSTRACT:** There are safety concerns as regards the consumption of Calabash chalk which is common practice in some localities in Africa and Asia. The effect of chronic Consumption of calabash chalk on locomotive activities in the Swiss White Mice was carried out using the Open Field Maze Test (OFM). The OFM provided simultaneous assessment of locomotion, exploration and anxiety using parameters such as recording of number of line crossing, frequency of walling, frequency of rearing and frequency of center square entry. A total of forty-five (45) healthy Swiss White Mice (SWM) randomly divided into groups A, B and C; were used for this work. Group A, which served as a control, was fed the normal rodent chow and water *ad libitum* while group B and C were fed with low dose (LD) and had high dose (HD) of the Calabash Chalk extracts mixed with rodent chow respectively. The result of the OFM showed a general reduction in locomotor activities among animals in the test groups following chronic consumption of calabash chalk diet. This may be linked to the possible neurotoxic or arthropathic effect following long chronic exposure to lead found which is a component of calabash chalk. It is imperative that caution be exercised in the human consumption of calabash chalk.

**KEY WORDS:** Locomotion, Calabash chalk, Swiss White Mice.

Received 23 April, 2018; Accepted 09 March, 2018 © The author(s) 2018. Published with open access at [www.questjournals.org](http://www.questjournals.org)

### I. INTRODUCTION

Calabash Chalk is identified by different names such as Calabar Stone in English, La Craie or Argile by the French, Mabele Lingala in Congo, Nzu by the Igbo tribe of Nigeria, Ndom by the Efik/Ibibio of Nigeria. It is also known as Ebumba, Poto and Ulo in other places<sup>1</sup>.

Geophagia is the practice of eating the earth, including soil and chalk<sup>1</sup>. This practice is associated with religious beliefs, medication or as part of a regular diet<sup>2</sup>. A review of literature clearly indicates that geophagia is not limited to age group, race, sex, geophagic region or period, though today the practice is most obviously common amongst the world's poorer or more tribally oriented people and is, therefore, particularly extensive in the tropics<sup>3</sup>. Calabash chalk is a geophagic material popularly consumed in Nigeria and other West African countries for pleasure, and by pregnant women as a cure for nausea<sup>1</sup>. Though native to Africa, Calabash chalk is now available in the United Kingdom (UK) in ethnic stores and markets<sup>4</sup>. In the UK, it is known to be associated with immigrants from south Asia and West Africa<sup>3</sup> with the latter consuming calabash chalk that has been imported from Nigeria and sold in ethnic shops. The migration of people from societies where geophagia is especially prevalent results in a cultural transfer of the practice to countries that many would consider to be not typically associated with this deliberate consumption<sup>1</sup>. In some developed countries, concern has been expressed about this consumption- not only in the UK<sup>1&5</sup>, but also in Canada<sup>6&1</sup> and USA<sup>1</sup> because of the lead content.

The UK Food Standard Agency had reported presumably a total lead concentration in Calabash chalk to range from 8.2 mg/kg to 16.1 mg/kg, Kaolin being the underlying mineral and organic pollutants in it<sup>7</sup>. Authorities such as the American Academy of Pediatrics defined lead poisoning as blood levels higher than 10µg/dl for children<sup>8</sup> while the Center for Disease Control has set the standard elevated blood lead level for adults to be 25 micrograms per deciliter of the whole blood<sup>9</sup>.

Lead poisoning causes a variety of symptoms and signs which vary depending on the individual and the duration of lead exposure<sup>10</sup>. Lead poisoning may be acute (from intense exposure of short duration) or

chronic (from repeat low-level exposure over a prolonged period) but the latter is much more common<sup>11</sup>. The symptoms predominantly affect the central nervous system include insomnia, delirium, cognitive deficits, tremor, hallucinations and convulsions<sup>12</sup>. Lead accumulates and substitute's calcium in bone tissues and the resultant effect is that of disruption of mineralization, alteration of compositional properties and bone formation mechanisms, as well as the gradual depletion of bone minerals<sup>13-15</sup>. Lead exposure is a potential aggravating factor for the development of hypertension and a risk factor for the development of heart disease<sup>16</sup>. Lead (Pb) induces adverse effects when it chronically accumulates in the body, including effects on the nervous and cardiovascular systems<sup>17</sup>. The study by Simoes et al demonstrated for the first time in an animal model of a controlled, low dose chronic lead exposure that cardiovascular changes, such as arterial hypertension, are accompanied by impaired autonomic control of the cardiovascular system, as characterized by reduced baroreflex sensitivity and a sympathovagal imbalance<sup>17</sup>. Lead has no essential role in the body, and lead poisoning accounts for about 0.6% of the global burden of the disease<sup>18</sup>. Since Calabash chalk consumption is a common practice in Nigeria, with the reports that lead, one of its constituents lowers intelligent quotient in children and damages brain cells in mice<sup>19</sup>, it becomes necessary to find out possible effects on locomotion using white Swiss mice as experimental models.

## II. MATERIALS AND METHODS

**Subjects:** A total of forty five Swiss white mice were procured from the Animal House of the Physiology Department of College of Medicine and Health sciences, Abia State University, Uturu, Nigeria. Proper animal acclimatization and home caging management was maintained with well-designed feeding cages. Rat chow and calabash chalk were procured and adequate clean water made available for drinking and swimming. Also provided was the Morris water maze and liquid milk to make the water opaque. Activities of the animals were monitored with a digital video recording device.

**Methods:** The animals were randomly divided into three groups of 15 and identified as group A, group B and group C respectively. In preparing the rodent chow and Calabash chalk mixture, 10% Calabash chalk diet was gotten by mixing a portion of ground calabash chalk with 9 portions of rodent chow and 20% Calabash chalk diet was constituted in same manner by adding 2 portions of ground calabash chalk to 8 portions of rodent chow. The 10% Calabash chalk diet was termed low dose (LD) while 20% Calabash chalk diet was termed high dose (HD). Group A, used as the control, was fed with only rodent chow, water *ad libitum*. Group B was fed LD Calabash chalk diet while Group C received HD Calabash chalk diet. Equal feeding portions of the different diet compositions were presented to the corresponding three groups as already described and the animals allowed to feed freely for thirty days with liberal water intake.

**Test for Locomotion:** The open field (OF) apparatus was constructed from white plywood with 72 x 72 cm floor and 36 cm walls. One of the walls is made up of clear Plexiglas floor. The lines divide the floor into sixteen 18 x 18 cm squares from which a central square is marked at the middle of the open field<sup>20</sup>. Each mouse was scooped up in a small plastic container from its home cage and placed at the center square of the OF, then allowed to explore the apparatus for about 5 minutes while observing the behaviors (frequency of line crossing, frequency of walling, frequency of rearing, frequency of center square entry and grooming frequency) after which it is returned to its home cage. The OF was cleaned with 70% ethyl alcohol and permitted to dry between trials.

**Statistical analysis:** Data entry and analysis were done using SPSS viewer (13.0). Descriptive statistics such as mean, standard deviation (SD) and range were used for data analysis. Data are reported as mean  $\pm$  SD. Multiple regression analysis was used for analysis. P value of 0.001 was used as a criterion for reporting statistical significance.

## III. RESULTS

The frequency of line crossing for groups A,B and C were 139.1 $\pm$ 3.95, 80.24 $\pm$ 44.34 and 27.4 $\pm$ 2.74 for every 5 minutes respectively thus showing a significantly ( $p < 0.001$ ) lowest frequency in group C compared to that of group A and B. The frequency of line crossing in Group C was also significantly ( $p < 0.001$ ) lower than that seen in group B. The mean frequencies of walling in the OF apparatus for groups A, B and C were 20.1 $\pm$ 3.21, 24 $\pm$ 1.79 and 14 $\pm$ 1.06 for every 5 minutes respectively. The frequency of walling of group C was significantly ( $p < 0.001$ ) lower than both groups A and B. The mean frequency of rearing for groups A, B and C were 10.7 $\pm$ 3.06, 5.88 $\pm$ 1.01 and 1.3 $\pm$ 0.57 per 5 minutes respectively with both groups B and C significantly ( $p < 0.001$ ) lower than group A. The frequency of center square entry for groups A, B and C were 3.4 $\pm$ 0.72, 1 $\pm$ 0.32 and 0.2 $\pm$ 0.13 per 5 minutes thus indicating a significantly ( $p < 0.001$ ) lower frequency in both groups B and C compared to the control group A, however, group B was significantly ( $p < 0.001$ ) higher than in group C which is the high dose group.

#### IV. DISCUSSION

Behaviours such as number of line crossing and the frequency of rearing are measures of locomotor activity and exploratory behavior. A high frequency of these behaviours indicates increased locomotor and exploratory activity and a low level of anxiety. The frequency of line crossing measures horizontal locomotor activity. The frequency of the 20% calabash chalk fed group ( group C) was significantly lower than the 10% calabash chalk fed group ( group B) and control group ( group A) thus, showing possible impaired neuromuscular activity. Another possible reason for the reduced locomotor activity may be linked to its demineralizing effect on bone as concluded in a study by.<sup>19</sup> Such adverse effect on bone may lead to degenerative changes around the joints leading to arthropathies which pose discomfort especially during movement of joints associated with locomotion. The reduction in bone mineralization can lead to an increase in bone fragility and osteoporosis .<sup>13</sup> Lead has also been implicated in reduction of bone strength.<sup>13&21</sup> A high frequency of rearing shows increased exploratory behavior. The result shows that the 20% group had a significantly lower frequency than the control. There was however no significant difference between the 10% and the control. This shows that calabash chalk at 20% reduced exploratory locomotor activity as well as horizontal locomotor activity.

Exploratory behavior refers to the tendency to investigate a novel environment. It is considered a motivational behavior however, not clearly distinguishable from curiosity. The results of the center square activities in the open field maze showed that the center square activities for the high dose group were significantly lower than the low dose group and the control thus depicting a reduced exploratory locomotor activity.

#### V. CONCLUSION

The decrease in the locomotor activity and exploratory behavior in the test groups shows that calabash chalk consumption reduces locomotive activities in mice which could either be as a result of an impairment at the neuromuscular level or possible bone arthropathy due to the demineralizing effects of lead. Caution, therefore need to be exercised in the consumption of calabash chalk among pregnant women and Children who are usually in the habit of consuming it.

#### REFERENCE

- [1]. Abrahams PW, Davies TC, Solomon AO, Trow AI, Wragg J. Human geophagia, calabar chalk and Undongo: Mineral element and nutritional implication. *PLoS One*. 2013; 8 (1): e53304.
- [2]. Dean JR, Ma R. Approaches to assess the oral bioaccessibility of persistent organic pollutants: a critical review. *Chemosphere*. 2007; 68:1399-1407.
- [3]. Abrahams PW, Persons JA. Geophagy in the tropics: a literature review. *Geogr J*. 1996; 162: 63-72.
- [4]. Ekong MB, Emma EJ, Mbadugha CC, Enobong B, Ekanem BT. Effect of calabash chalk on the histomorphology of the gastroesophageal tract of growing wister rats. *Malays J med sci*. 2012; 19(1):30-35.
- [5]. Food standards Agency; calabash chalk warning. 2003.
- [6]. Health Canada. Calabash chalk may pose health risk for pregnant and breastfeeding women. 2007.
- [7]. Dean JR, Deary ME, Gbafa BK, Scott WC. Characterization and analysis of persistent organic pollutants and major, minor and trace elements in calabash chalk. *Chem*. 2004; 57:21-25.
- [8]. Barbosa F, Tanussantos JE, Gerlach RF, Parsons PJ. A critical Review of Biomarkers used for Monitoring Human Exposure to Lead: Advantages, Limitations, and Future Needs. *Environmental health perspectives*. 2005; 113 (12): 1669-74.
- [9]. Advisory committee On Childhood Lead Poisoning Prevention (ACCLPP).CDC. May 2012. Retrieved 18 May 2012.
- [10]. Karri SK, Saper RB, Kales SN. "Lead Encephalopathy Due To Traditional Medicines". *Current drug safety*. 2008; 3 (1): 54-59.
- [11]. Pearson HA, and Schonfeld, D.J. Lead. In Rudolph, C.D. *Rudolph's Pediatrics*, 21st edition. 2003 McGraw-Hill Professional.
- [12]. Grant LD, Lippman M. "Lead and compounds". *Environmental Toxins: Human exposures and Their Health effects* (3<sup>rd</sup> ed.). Wiley Interscience. 2009 ISBN 0-471-79335-3.
- [13]. Ekong MB, Ekarien TB, Akpanabiah MI, Aqalsna AN, Sunday AO. Evaluation of calabash chalk effect on femur bone morphometry and mineralization in young wister rats: A pilot study. *Int. J Appl Basic Med Res*, 2012 Jul-Dec;2(2):107-110 doi: 10.4103/2229-516x.106352
- [14]. Hamiltan JD, O' Flaherty EJ. Influence of lead in mineralization during bone growth. *Fundam APPL Toxicol*. 1995;26:265-71 [pubrrmed] [Ret hst]
- [15]. Gangoso L, Alvarez-Liovet P, Rodriguez Mavaro AA, Rafael M, Hiraldo F, Doriazar JA. Long term effect of lead poisoning on bone mineralization sources. *Environ pollution*. 2009;157:569-74
- [16]. Fiorelli M, Simoes MR, furieri LB, Broseghini-Filho GB, Vescovi MVA, stefanon I, et al. (2014) chronic lead Exposure increases Blood pressure and Myocardial contractility in Rats. *PLoS ONE* 2014; 9(5):e96900.doi:10. 1371/journal.pone.0096900
- [17]. Simoes MR, Preti SC, Azevedo BF, et al. Low-level chronic lead Exposure impairs Neural control of blood pressure and heart rate in rats. *Cardiovasc Toxicol*. 2017; 17:190:https://doi.org/10.1007/s12012-016-9374-y
- [18]. World Health Organization. *Childhood lead poisoning 2010* ISBN 9789241500333
- [19]. Ekong, M.B Peter AL, Ekanem TB, Eluwa MA, Mbadugha CC, Osim EE. Calabash chalk's geophagy affects gestating rats' behavior and the histomorphology of the cerebral cortex. *International Journal for Brain Science*. 2014.http://dx.doi.org/10.1155/2014/394847.
- [20]. Brown RE, Corey SC, Moore AK. Differences in measures of exploration and fear in MHC – congenic C57BL/6J and B6-H-2K mice. *Behavior Genetics* 1999; 29:263-271.
- [21]. Ronis MJ, Aronson J, Gao GG, Hoghe W, skinner RA, Badger TM, et al. skeletal effect of developmental lead exposure in rats, *Toxicol sci*. 2001; 62:321-9[Pub med]