

## Hematological variables and electrolytes experience toxicological changes on combined exposure to Aluminum and Beryllium

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### ABSTRACT

Aluminum (Al) and Beryllium (Be) are light metals, widely used across various sectors. The present study was conducted to investigate toxic effects of Al and Be alone and their combination on hematology and electrolytes in female albino rats. Rats were administered with aluminum nitrate 6.5 mg/kg, *i.p.* and beryllium nitrate 1 mg/kg, *i.p.* for continuous 28 days followed by rest for 07 days. On 36<sup>th</sup> day, animals were euthanized; blood was collected through retro-orbital venous sinus for hematology and electrolytes. The findings revealed alterations in RBCs, WBCs, Hb, PLT, MCV, HCT, PLCR, MCH, MCHC, PCT and MPV. Significant variations in Na<sup>+</sup>, K<sup>+</sup>, Cl<sup>-</sup> and iCa<sup>2+</sup> ions were noted in electrolytes in serum. Thus, it can be concluded that individual and combined exposure to Al and Be exert toxic effects by remarkable alterations in hematology and electrolytes; however, combined exposure imposes more pronounced toxic effects.

Figures : 03

References : 34

Table : 00

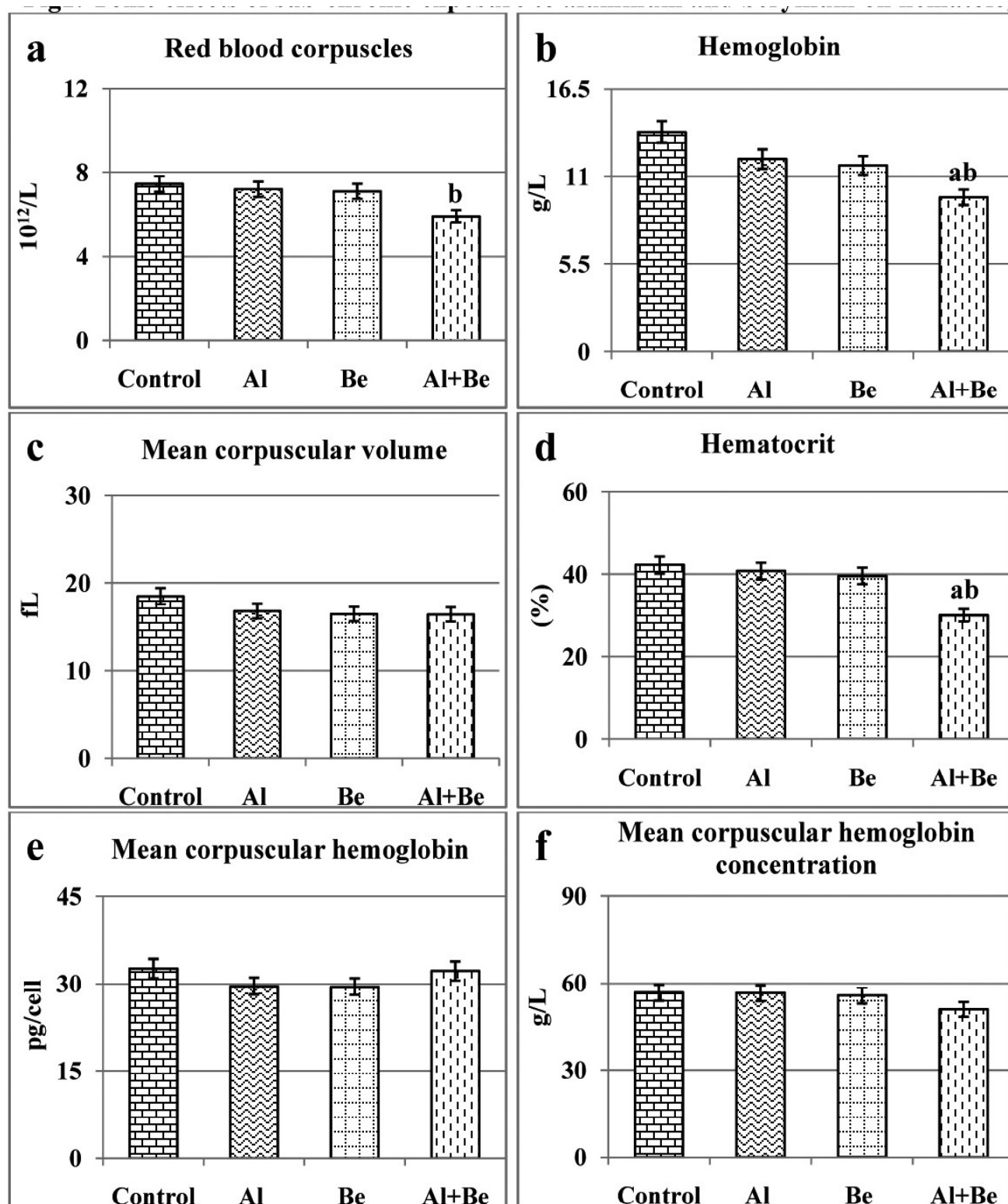
KEY WORDS : Aluminum, Beryllium, Electrolyte, Hematology

### Introduction

Metal pollution is the introduction of toxic elements into the environment through natural and anthropogenic activities that lead adverse effects on living organisms<sup>12</sup>. This poses health problems to humans by disrupting normal physiological functions. Occupational sources of metal exposure include coal mining activities, metallurgy, nuclear power plants, pesticides, smelting and fertilizers industries, which impose significant health risks to the workers and population surviving near these industrial areas<sup>13</sup>. At one side, Pb, Hg, Cd, and As *etc.*, are among the most commonly released heavy metals due to anthropogenic activities and induce severe toxicity among humans. These metals enter the body *via* inhalation, ingestion and dermal contact and generate reactive oxygen species (ROS), suppress antioxidant enzymatic functions, disturb protein functioning, impair enzymatic activities, and alter DNA molecules and their

effects<sup>16</sup>. On the other hand, Aluminum (Al) and Beryllium (Be) are light metals, widely used in aerospace, spacecrafts, electronics, nuclear industry and metallurgy from where these are released into the environment<sup>29,30</sup>. Aluminum generally accumulates in vital organs, inhibits enzymatic activities, disturb cellular metabolism by passing through blood-brain barrier<sup>2</sup>, leads to neurotoxicity, hemo-toxicity and immune dysfunctions<sup>22</sup>. Beryllium produces toxicity, particularly by affecting lungs to cause chronic beryllium disease (CBD)<sup>14</sup>, strongly immuno-toxic<sup>5</sup>, alters blood profile<sup>5</sup>, suppresses antioxidant enzymes and accumulates in liver, kidney and brain to cause organ toxicity<sup>18,19,20</sup>.

Use of Al and Be in various technological purposes and combustion of coal during many industrial activities poses risk of exposure to Al and Be to human and animals both. Thus, it seems essential to study toxic consequences after combined exposure to Al and Be



Data are presented as mean  $\pm$  SE (n=6); <sup>a</sup>Control vs Al, Be, Al+Be at  $P \leq 0.01$ ; <sup>b</sup>Control vs Al, Be, Al+Be at  $P \leq 0.05$ ; <sup>@</sup>significant for ANOVA

Parameters	RBC	Hb	MCV	HCT	MCH	MCHC
F Variance	3.836 <sup>@</sup>	7.844 <sup>@</sup>	1.308	8.049 <sup>@</sup>	1.117	0.983

Fig. 1 : Toxic effects of sub-chronic exposure to aluminum and beryllium on hematology

and establish a multisystem toxicity model for combination of Al and Be. Workers are prone to be co-exposed to both Al and Be, making the study of their combined toxicity environmentally and occupationally relevant.

Thus, this investigation aimed to evaluate sub-chronic toxicity, induced after individual and co-exposure to Al and Be in rats considering hematology and serum electrolytes.

## Materials and Methods

### Ethical approval and animal maintenance

Animal experiments were conducted in accordance with the guidelines of CPCSEA and experimental design was approved by the institutional animal ethics committee (CPCSEA/GO/Re/S/06). Healthy female Wistar rats (10-12 weeks old having  $160 \pm 10$ g body weight) were housed under standard husbandry conditions in cleaned and disinfected polypropylene cages. They were provided standard pelleted rat feed obtained from Akhoorath Ventures Pvt. Ltd., Dehradun, Uttarakhand, India and free access to drinking water.

### Experimental design

Aluminum nitrate [ $\text{Al}(\text{NO}_3)_3$ ] was dissolved in distilled water making up doses of 6.5 mg/5 ml/kg and administered through *i.p.* route<sup>1</sup>. Beryllium nitrate [ $\text{Be}(\text{NO}_3)_2$ ] was dissolved in distilled water making up doses of 1 mg/5 ml/kg and administered intraperitoneally (*i.p.*)<sup>33</sup>. Experimental design was as following:

Group 1: Received vehicle 5 ml/ kg, *i.p.* for continuous 28 days and considered as control.

Group 2: Received  $\text{Al}(\text{NO}_3)_3$  6.5 mg/kg, *i.p.* for continuous 28 days.

Group 3: Received  $\text{Be}(\text{NO}_3)_2$  1 mg/kg, *i.p.* for continuous 28 days.

Group 4: Received combination of  $\text{Al}(\text{NO}_3)_3$  (6.5mg/kg, *i.p.*) and  $\text{Be}(\text{NO}_3)_2$  (1mg/kg, *i.p.*) for continuous 28 days.

Animals from all the groups were administered vehicle orally for next 07 days. On 36<sup>th</sup> day, animals were subjected to mild ether anesthesia. Blood samples from all the animals were collected in EDTA coated tubes for hematology and in another set of regular glass vials to isolate serum for electrolyte analysis.

### Hematology and electrolyte analysis

Hematology included RBCs, WBCs, platelet (PLT), hemoglobin (Hb), hematocrit (HCT), mean corpuscular volume (MCV), mean corpuscular hemoglobin (MCH), mean corpuscular hemoglobin

concentration (MCHC), platelet large cell ratio (PLCR), platelet large size ratio (PLSR), mean platelet volume (MPV) and prolactin (PCT) was carried out using biogeny fully automatic bonavera count hematology analyzer. Serum electrolytes, including Sodium ions ( $\text{Na}^+$ ), potassium ions ( $\text{K}^+$ ), chloride ions ( $\text{Cl}^-$ ), and ionized calcium ( $\text{Ca}^{2+}$ ) were analyzed using sens-e-lyte ARK diagnosis ISE electrolyte fully automatic analyzer as per manufacturer's instructions.

### Statistical analysis

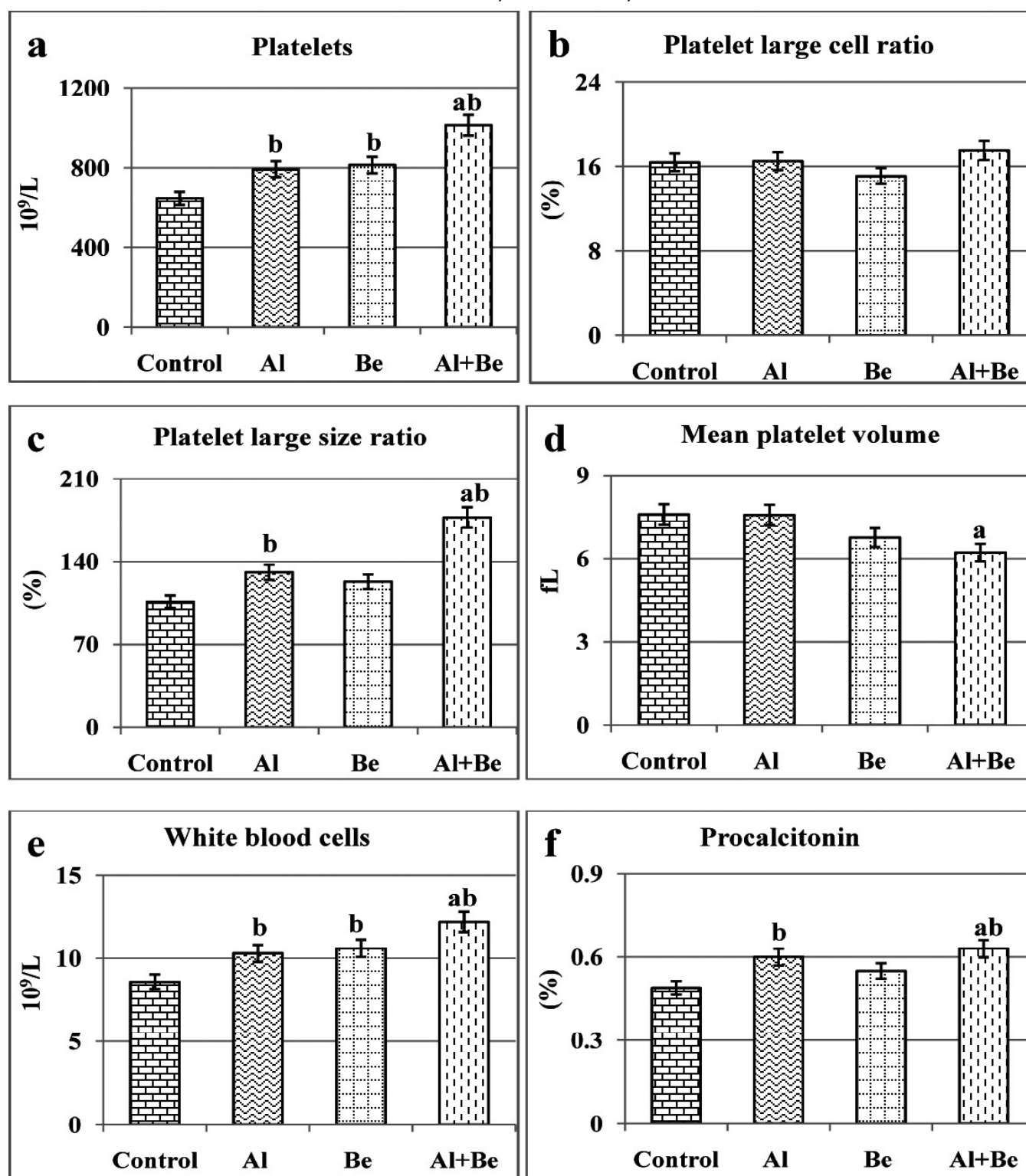
Results were expressed as mean  $\pm$  SE ( $n = 6$ ) and statistically analyzed through one-way analysis of variance (ANOVA) followed by student's t-test to determine the significant differences between two groups at  $P \leq 0.01$  and  $P \leq 0.05$ <sup>31</sup>.

## Results and Discussion

### Hematology

Fig. 1 (a-f) illustrates toxic consequences after exposure to Al, Be and its combination on RBCs, Hb, MCV, HCT, MCH and MCHC. Combined exposure to Al and Be elicited significant decrease in RBCs, Hb and HCT as compared to individual exposure to Al and Be ( $P \leq 0.01$ ;  $P \leq 0.05$ ). These effects could be due to Al induced ROS, which initiated peroxidation of RBC membrane lipids, resulting in increased membrane fragility and hemolysis<sup>28</sup>. Exposure to Al disturbed iron metabolism and activity of erythropoietin, thereby declined the production of RBCs in bone marrow<sup>7,8</sup>. The  $\text{Al}^{3+}$  competes with  $\text{Fe}^{3+}$  at transferrin binding sites, decreasing its availability for hemoglobin synthesis and ultimately lowering HCT levels<sup>24</sup>. On the other hand,  $\text{Be}^{2+}$  forms complexes with proteins, triggered autoimmune hemolysis, and suppressed bone marrow formation leading to declination in RBCs, hemoglobin and hematocrit levels<sup>21</sup>. Thus, dual interference of Al and Be in iron metabolism and heme synthesis enzymes markedly reduced RBCs, hemoglobin, and hematocrit. No statistical difference was found in MCV, MCH and MCHC levels.

Fig. 2 (a-f) demonstrates levels of PLT, PLCR, PLSR, MPV, WBCs, and PCT. The PLT and WBCs showed significantly increased level after exposure to Al and Be individually as well as in combination of Al and Be when compared to control at  $P \leq 0.01$  and  $P \leq 0.05$ . The PLSR and PCT revealed significantly increased level in Al and combination of Al and Be group at  $P \leq 0.05$ , whereas combination of Al and Be showed significant difference at  $P \leq 0.01$ . Significant fall was noticed in MPV in combination of Al and Be group at  $P \leq 0.01$ . No significant alteration was noticed in any group in case of PLCR. Accumulation of Al could suppress



Data are presented as mean  $\pm$  SE (n=6); <sup>a</sup>Control vs Al, Be, Al+Be at  $P \leq 0.01$ ; <sup>b</sup>Control vs Al, Be, Al+Be at  $P \leq 0.05$ ; <sup>@</sup>significant for ANOVA

Parameters	PLT	PLCR	PLSR	MPV	WBCs	PCT
F variance	19.464 <sup>@</sup>	1.415	19.464 <sup>@</sup>	3.470 <sup>@</sup>	7.745 <sup>@</sup>	4.543 <sup>@</sup>

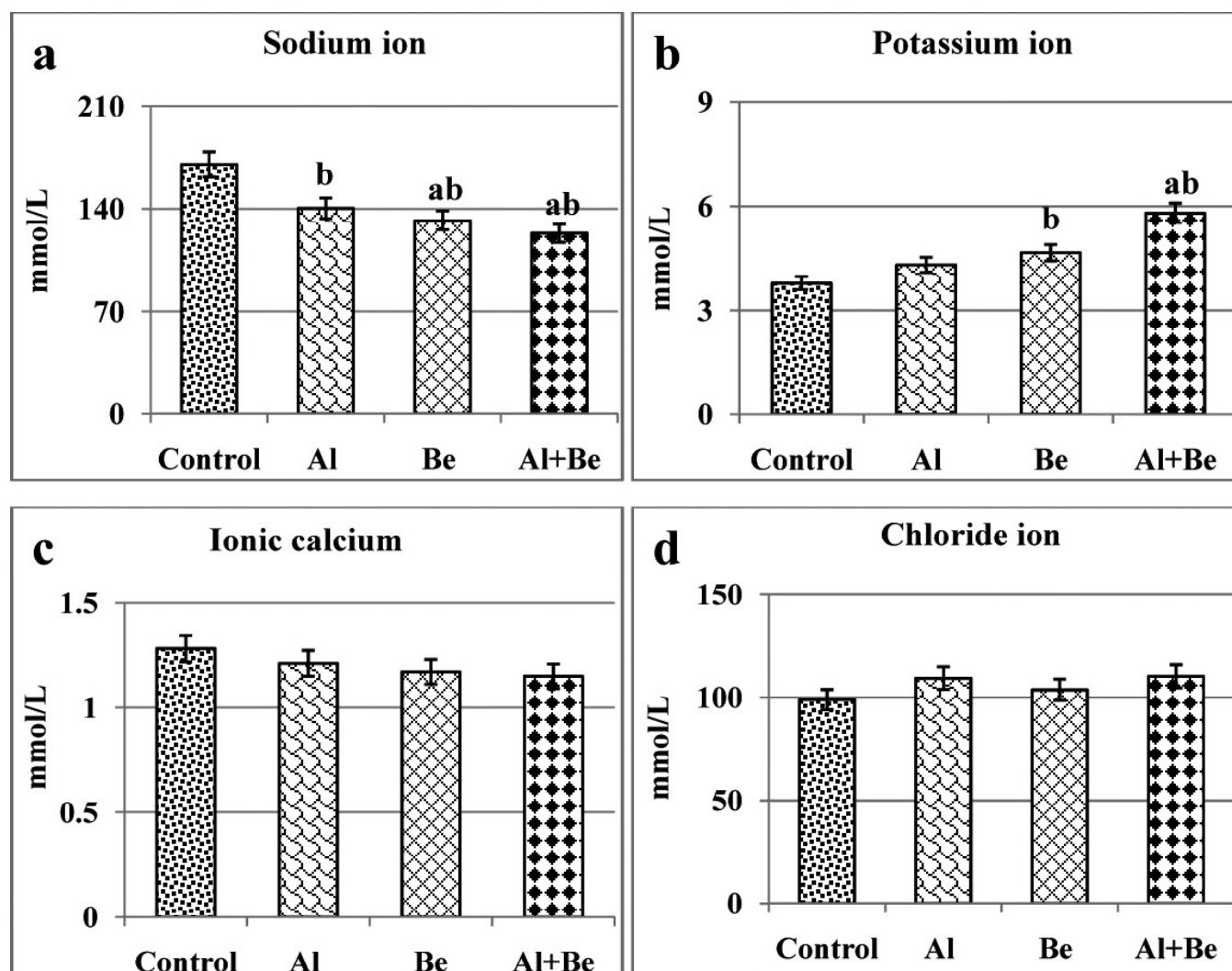
Fig. 2 : Toxic effects of sub-chronic exposure to aluminum and beryllium on hematology and procaltitonin.

megakaryocyte function, resulting in decreased production and maturation of platelets<sup>6,4</sup>. Oxidative damage due to combination of Al and Be could induce fragmentation of large platelets that decreased MPV levels<sup>15</sup>. Decreased MPV level reflects an immune-mediated inflammatory response<sup>27</sup>. The combination of Al and Be could enhance oxidative stress<sup>26,34</sup>, thus, excessive lipid peroxidation in RBCs and bone marrow remarkably increased oxidative stress, which stimulated bone marrow to produce more WBCs<sup>10,23</sup>. The Al and Be bind to proteins and are recognized as antigens, which further stimulates immune response. Increased platelet counts suggested an elevated rate of

megakaryopoiesis and thrombopoietin activity. Under toxic conditions, large, immature, and hyperactive platelets are released from the bone marrow, indicating platelet activation during inflammatory responses, which collectively raised PLSR<sup>3</sup>. Bacterial infections, tissue damage and sepsis are typical conditions associated with elevated procalcitonin levels<sup>11,25</sup>.

### Serum electrolyte analysis

Electrolytes play a vital role in nerve signaling, muscular coordination, enzymatic activity, fluid, pH balance and cellular homeostasis<sup>17</sup>. Fig. 3 indicates toxic consequences on serum electrolytes after exposure to



Data are presented as mean  $\pm$  SE (n=6); <sup>a</sup>Control vs Al, Be, Al+Be at  $P \leq 0.01$ ; <sup>b</sup>Control vs Al, Be, Al+Be at  $P \leq 0.05$ ; <sup>@</sup>significant for ANOVA

Parameters	Na <sup>+</sup>	K <sup>+</sup>	Ca <sup>2+</sup>	Cl <sup>-</sup>
F variance	8.06 <sup>@</sup>	10.08 <sup>@</sup>	0.89	0.977

Fig. 3: Status of serum electrolytes after aluminum and beryllium induced toxicity

Al<sup>3+</sup>, Be<sup>2+</sup> and their combination. Exposure to Al alone significantly decreased Na<sup>+</sup> level in serum at P≤0.05, whereas Be and combination of Al and Be significantly decreased Na<sup>+</sup> level in serum both at P≤0.01 and P≤0.05 (fig. 3 a). Reduced Na<sup>+</sup> level in serum was due to disrupted cell membranes and interference of Al and Be in sodium-potassium pump, which allowed more Na<sup>+</sup> ions to leak into the cells, decreasing its level in the blood<sup>9</sup>. Significantly elevated K<sup>+</sup> level was observed after exposure to Be alone at P≤0.05, whereas combination of Al and Be both at P≤0.01 and P≤0.05 (fig. 3 b). Exposure to Al and Be could lead to metabolic acidosis, where the blood becomes highly acidic. In response to

acidosis, K<sup>+</sup> ions shift from inside cells into the bloodstream, raising K<sup>+</sup> in serum<sup>32</sup>. No significant alteration was noticed Ca<sup>2+</sup> and Cl<sup>-</sup> level in serum (fig. 3 c-d).

### Conclusion

Sub-chronic exposure to Al and Be and their combination induced significant alterations in some of the hematological parameters and serum electrolyte levels that reflected early sign of systematic toxicity. Thus, exposure to combination of Al and Be exerted more toxic effects as compared to their individual exposure even at low doses.

### References

1. Bhadauria M. Combined treatment of HEDTA and propolis prevents aluminum induced toxicity in rats. *Food and Chemical Toxicology*. 2012 Jul 1; **50**(7) : 2487-95.
2. Blaylock RL. Additive aluminum as a cause of induced immunotoxicity resulting in neurodevelopmental and neurodegenerative disorders: A biochemical, pathophysiological, and pharmacological analysis. *Surgical Neurology International*. 2024 May 24; **15** : 171.
3. Chen Y, Zhong H, Zhao Y, Luo X, Gao W. Role of platelet biomarkers in inflammatory response. *Biomarker Research*. 2020 Aug 2; **8**(1) : 28.
4. Couldwell G, Machlus KR. Modulation of megakaryopoiesis and platelet production during inflammation. *Thrombosis Research*. 2019 Jul 1; **179** : 114-20.
5. Dai J, Bi X, Yuan H, Meng Q, Yang Y, Wang X, Ma X, Ding C, Wang F. Impact of chronic beryllium exposure on liver and lung function and hematologic parameters. *Atmosphere*. 2024 Sep 7; **15**(9) : 1086.
6. Du C, Chen J, Wang J. New insights into the generation and function of megakaryocytes in health and disease. *Haematologica*. 2025 Mar 27; **110**(7) : 1500.
7. Farina M, Lara FS, Brandao R, Jacques R, Rocha JB. Effects of aluminum sulfate on erythropoiesis in rats. *Toxicology Letters*. 2002 Jun 14; **132**(2) : 131-9.
8. Farina M, Rotta LN, Soares FA, Jardim F, Jacques R, Souza DO, Rocha JB. Hematological changes in rats chronically exposed to oral aluminum. *Toxicology*. 2005 Apr 1; **209**(1) : 29-37.
9. Fedosova NU, Habeck M, Nissen P. Structure and function of Na, K ATPase—The sodium potassium pump. *Comprehensive Physiology*. 2022 Jan 17; **12**(1) : 2659-79.
10. Fibach E. The redox balance and membrane shedding in RBC production, maturation, and senescence. *Frontiers in Physiology*. 2021 Feb 16; **12** : 604738.
11. Gregoriano C, Heilmann E, Molitor A, Schuetz P. Role of procalcitonin use in the management of sepsis. *Journal of Thoracic Disease*. 2020 Feb; **12**(1) : S5.
12. Jadaa W, Mohammed H. Heavy metals—definition, natural and anthropogenic sources of releasing into ecosystems, toxicity, and removal methods—an overview study. *Journal of Ecological Engineering*. 2023; **24**(6) : 249-71.
13. Jomova K, Alomar SY, Nepovimova E, Kuca K, Valko M. Heavy metals: toxicity and human health effects. *Archives of Toxicology*. 2025 Jan; **99**(1) : 153-209.
14. Jouanjan L, Terschluse C, Zissel G, Agarwal P, Wachenfeld E, Quartucci C, Soriano D, Muller-Quernheim J, Stolz D, Frye BC. Beryllium lymphocyte proliferation test: differential diagnosis of sarcoidosis and chronic beryllium disease. *Chest*. 2025 Jul 1.
15. Korniluk A, Koper-Lenkiewicz OM, Kaminska J, Kemonia H, Dymicka-Piekarska V. Mean platelet volume (MPV):

- new perspectives for an old marker in the course and prognosis of inflammatory conditions. *Mediators of Inflammation*. 2019; (1) : 9213074.
16. Koyama H, Kamogashira T, Yamasoba T. Heavy metal exposure: molecular pathways, clinical implications, and protective strategies. *Antioxidants*. 2024 Jan 5; **13**(1) : 76.
  17. Mahendra A. An overview on electrolytes: Its importance, function, and imbalances. *Clin Nutr Hosp Diet*. 2023 Mar 23; **43**(1) : 01-2.
  18. Nirala SK, Bhadauria M, Shukla S, Agrawal OP, Mathur A, Li PQ, Mathur R. Pharmacological intervention of tiferon and propolis to alleviate beryllium induced hepatorenal toxicity. *Fundamental & Clinical Pharmacology*. 2008 Aug; **22**(4) : 403-15.
  19. Nirala SK, Bhadauria M, Upadhyay AK, Mathur R, Mathur A. Reversal of effects of intra peritoneally administered beryllium nitrate by tiron and CaNa3DTPA alone or in combination with á-tocopherol. *Indian Journal of Experimental Biology*. 2009 Dec 1; **47**(12) : 955.
  20. Nirala SK, Li P, Bhadauria M, Guo G. Combined effects of gallic acid and propolis on beryllium induced hepatorenal toxicity. *Integrative Zoology*. 2008 Sep; **3**(3) : 194-207.
  21. Obeagu EI, Igwe MC, Obeagu GU. Oxidative stress's impact on red blood cells: Unveiling implications for health and disease. *Medicine*. 2024 Mar 1; **103**(9) : e37360.
  22. Omran GA. Hematological and immunological impairment following in-utero and postnatal exposure to aluminum sulfate in female offspring of albino rats. *Immunopharmacology and Immunotoxicology*. 2019 Jan 2; **41**(1) : 40-7.
  23. Orrico F, Laurance S, Lopez AC, Lefevre SD, Thomson L, Möller MN, Ostuni MA. Oxidative stress in healthy and pathological red blood cells. *Biomolecules*. 2023 Aug 18; **13**(8) : 1262.
  24. Ott DB, Hartwig A, Stillman MJ. Competition between Al<sup>3+</sup> and Fe<sup>3+</sup> binding to human transferrin and toxicological implications: Structural investigations using ultra-high-resolution ESI MS and CD spectroscopy. *Metallomics*. 2019 May; **11**(5) : 968-81.
  25. Pieralli F. Procalcitonin in clinical practice: from diagnosis of sepsis to antibiotic therapy. *Italian Journal of Medicine*. 2024 May 9.
  26. Rezk MM. Tannic acid ameliorates the hazards effect of beryllium induced neuro-alterations and oxidative stress in adult male rats. *Toxicology Research*. 2024 Apr 1; **13**(2) : tfae032.
  27. Schmoeller D, Picarelli MM, Paz Munhoz T, Poli de Figueiredo CE, Staub HL. Mean platelet volume and immature platelet fraction in autoimmune disorders. *Frontiers in Medicine*. 2017 Sep 6; **4** : 146.
  28. Shahabuddin F, Naseem S, Khan F. Subacute exposure to aluminium chloride induces cytotoxicity and oxidative stress in rat erythrocytes: A dose-dependent study. *Biochemistry and Cell Biology*. 2025 May 30(ja).
  29. Skaugset NP, Ellingsen DG, Dahl K, Martinsen I, Jordbekken L, Drablos PA, Thomassen Y. Occupational exposure to beryllium in primary aluminium production. *Journal of Environmental Monitoring*. 2012; **14**(2) : 353-9.
  30. Smith C, Ingerman L, Amata R. Toxicological Profile for Beryllium. 2002.
  31. Snedecor GW, Cochran WG. Statistical methods, 8th edn. IOWA. State University Press, Ames. 1994.
  32. Toda G, Hashimoto T, Asakura T, Minakami S. The inhibition of (Na<sup>+</sup>-K<sup>+</sup>)-activated ATPase by beryllium. *Biochimica et Biophysica Acta (BBA)-Biomembranes*. 1967 Jul 3; **135**(3) : 570-2.
  33. Zhao JQ, Du GZ, Xiong YC, Wen YF, Bhadauria M, Nirala SK. Attenuation of beryllium induced hepatorenal dysfunction and oxidative stress in rodents by combined effect of gallic acid and piperine. *Archives of Pharmacal Research*. 2007 Dec; **30**(12) : 1575-83.
  34. Zhao S, Guo J, Wei Y, Meng J, Chu X, Zhao S, Liu Y, Sun W, Wang J, Xie X, Jiang P. Leveraging metabolomics and ionomics to illuminate aluminum-induced toxicity in mouse organs. *Environmental Technology & Innovation*. 2025 Feb 1; **37** : 103927.