

Essentials of zinc: Focus on sickle cell disease

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RESUMEN

El cinc es un micronutriente que juega un papel importante en la salud, crecimiento y desarrollo del hombre. Es un antioxidante que mejora la inmunidad. La deficiencia de cinc se relaciona con múltiples enfermedades, por ejemplo: diarrea en niños, retraso en el crecimiento y exposición a varias enfermedades. También tiene una participación decisiva en la enfermedad de células falciformes y en las talasemias. Las carnes rojas tienen alto contenido de cinc, y las verduras carecen de éste. En el mundo se han realizado varios estudios donde se demuestra la correlación de este metal con diversas enfermedades. El propósito de esta revisión es tomar en cuenta los estudios internacionales y sus descubrimientos en el papel del cinc.

Palabras clave: cinc, enfermedades por deficiencia de cinc, antioxidante.

Zinc is an essential micronutrient and an important nutrient for growth and development, which plays an extensive role in immune functions and resistance to infections in children. It is the most abundant trace mineral in the body after iron.¹ It is stored primarily in muscle, and also found in high concentrations in red and white blood cells, retina of the eye, bones, skin, kidneys,

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ABSTRACT

Zinc is an important micronutrient, which plays a key role in human health, growth and development. It is a potent antioxidant that improves immunity. Deficiency of zinc is related to various disease i.e. diarrhea in children, slow growth and exposure to various infections. It also plays an important role in sickle cell disease and thalassemia. Red meat is a rich source of zinc, where as vegetables are a poor source of zinc. There are extensive studies carried out across the world and correlation is established with various diseases. The aim of this review is to account the various international and national studies and their findings in the role of zinc.

Key words: Zinc, Zinc deficiency diseases, Antioxidant.

liver, and pancreas. It has also been reported that the prostate gland stores high amounts of zinc.²

It is essential for reproduction in both males and females.³ Zinc has antioxidant properties, which help protect cells in the body from potential damage caused by free radicals. Free radicals found naturally in body, as well as ultraviolet light, radiation and air pollution that increase the initial damage.⁴ Free radicals contribute to the aging process, development of heart disease and cancer. Zinc as an antioxidant can neutralize free radicals and reduce or help prevent some of the damage they cause.⁵ Zinc is essential for more than 300 enzymes, structural proteins and hormones. Deficiency of zinc is associated with atrophy of the thymus, reduction in delayed type hypersensitivity and immune responses mediated by T cells.⁶ Mild to moderate Zinc deficiency is common in the low-income countries and increased risk of illness and death from infectious diseases.⁷ Zinc is essential for the activity of a large number of enzymes and recently its role in fibroplastic proliferation and collagen synthesis has been recognized.^{8,9} Few reports indicate that zinc is required for deoxyribonucleic acid synthesis and DNA-dependent RNA polymerase.¹⁰⁻¹²

Prasad et al first reported zinc deficiency in adult patients with sickle cell disease.¹³ Deficiency of zinc in sickle cell patients' result in growth retardation (dwarfism), hypogonadism in males, rough skin, poor appetite, mental lethargy and recurrent infections.¹⁴

Symptoms of zinc deficiency

Loss of appetite, poor growth, weight loss, impaired taste or smell, poor wound healing, skin abnormalities, hair loss, night blindness, hypogonadism, delayed sexual maturation, white spots on the fingernails and feelings of depression.¹⁵

Importance of zinc in child health

Studies showed the strong association of diarrhea and zinc deficiency in children. A study from India found that children with acute diarrhea were cured sooner, when they received a zinc supplement, compared to children that did not. Similar results have been found in studies of children with persistent diarrhea, including a study undertaken in Lima.^{16,17} Studies in Vietnam, Mexico, Guatemala, India, Jamaica, Papua New Guinea and Peru concluded the impact of daily oral zinc supplements benefits in diarrhea fewer episodes of respiratory illness and less visits to the health center for malaria attacks.^{6,18-25} A recent study in northern India indicated significantly reduced mortality by 67%.¹⁶ There are studies that report severe zinc deficiency resulting in dwarfism and delayed sexual maturation in Iranian and Egyptian youths. These studies suggested that zinc supplementation might have a significant role to play in improved child growth. Zinc deficiency as early as intrauterine may influence the dynamics of physical and intellectual development in humans.²⁶⁻²⁸ A studies from Latin American showed increased weight gain in low birth weight infants receiving daily supplement of 5 mg zinc. Responses in linear growth have been less consistent; increased growth was noted in the study in Chile but not in Brazil.^{29,30} A studies carried out in Jamaica showed that zinc supplementation increased weight gain in children recovering from severe malnutrition.³¹ Another trial in Bangladesh reported similar findings.³² However, excessive zinc supplementation may increase the risk of severe complication in malnourished children.³³ A meta-analysis of 33 randomized intervention trials showed that zinc supplementation produced highly significant positive response in weight gain as well as linear growth.³⁴ A con-

trolled trial in zinc deficiency children resulted in increased dietary intake of energy after zinc supplementation.³⁵

Research analysis in India

A study conducted in NIN Hyderabad reported formula-fed full term infants had significantly lower leukocyte zinc levels.³⁶ Another study reported an altered state of zinc nutrition in children with ICC.³⁷ A Study conducted in KG Medical College, Lucknow showed statistically significantly higher plasma zinc levels in male babies as compared to females. Zinc levels were similar amongst those with and those without breast-feeding.³⁸ A study conducted in Pune reported; RBCMZn is a more sensitive indicator of long-term zinc status than plasma zinc and SOD.³⁹ A study of Himachal Pradesh reported statistically significant low zinc levels in SFD babies and their mothers.⁴⁰ Study of PGIMER suggest that hypozincemia with low iron levels may be the possible cause of pica and contradict the contention that low levels of plasma Zn and Fe could be secondary to pica.⁴¹ Study conducted in human nutrition unit AIIMS showed; deficiency of zinc during pregnancy affects the outcome of pregnancy. A high prevalence of zinc deficiency (55.5%) has been reported among pregnant women.⁴² Another study conducted in the Pediatric Department of AIIMS showed; supplementation of zinc results in clinically important reductions in the duration and severity of diarrhea.¹⁶ Another study of AIIMS showed the zinc supplementation substantially reduced the incidence of severe and prolonged diarrhea.⁴³ A study of Pediatric Surgery AIIMS; found association between NTD and decreased hair zinc levels.⁴⁴ Another study of Pharmacology, AIIMS; reported a significant decrease in zinc levels in newborn babies when the time interval between the previous delivery and the present delivery was less than 3.4 years.⁴⁵ A study of hematology, AIIMS; reported the significant lower levels of zinc and an association of clinical complexity in sickle patients.⁴⁶

Dietary Sources of Zinc

Animal foods contain adequate amounts of zinc while vegetables are poor source of zinc. Oysters are greater sources of zinc. Meats (beef, lamb, and pork) and liver is the rich ource of zinc. Egg yolks and milk products are good source of zinc. Fish and poultry also contain fair zinc levels. Whole grains such as whole wheat, rye, and oats are rich in zinc and are good sources for vegetarians.

Table 1. Recommended Dietary Allowances of Zinc for infants, children, adults and Upper Levels for infants, children and adults.

Age	RDA					Upper Levels				
	Infants	Male	female	Pregnancy	Lactation	Infants	Male	Female	Pregnancy	Lactation
7 months - 3 years	3 mg	-	-	-	-	4-7 mg	-	-	-	-
4 - 8 years	5 mg	-	-	-	-	12 mg	-	-	-	-
9 - 13 years	8 mg	-	-	-	-	23 mg	-	-	-	-
14 - 18 years		11 mg	9 mg	13 mg	14 mg	34 mg	-	-	34 mg	34 mg
19+ years		11 mg	8 mg	11 mg	12 mg	-	40 mg	40 mg	40 mg	40 mg

(Adapted from National Academy Press. Washington, DC, 2001 and Lewis MR et.al.1998)

Pecans and Brazil nuts the highest in zinc. Pumpkin seeds and ginger root is a good zinc source. However fruits and vegetables are not good zinc sources, although peas, carrots, beets, and cabbage contain some zinc.⁴⁷

Inhibitory substances of zinc

Bioavailability of zinc is reduced by the coexistence of inhibitory substances such as fiber and phytates in food of vegetable origin. These substances inhibit the absorption of zinc.⁴⁸

Recommended Dietary Allowance for zinc (RDA)

The 2001 RDAs of zinc for infants, children and adults in mg per day and result of excessive intake of Zinc^{49,50}

CONCLUSIONS

Extensive studies are needed to understand the role zinc plays as an antioxidant. There is a lack of data on the deficiency of zinc amongst inherited disorders and their prevalence. The importance of zinc deficiency to the risk of SCD has not better understood. There is a paucity of data on the prevalence of zinc deficiency in SCD patient of the country. Infectious disease in children and the role of zinc can be exploring new therapeutic approaches to manage the disease. Status of zinc is required at the national level.

REFERENCES

1. Abul HT, Abul AT, Al-Althary EA, Behbehani AE, Khadadah ME, Dashti HM. Interleukin-1 alpha (IL-1 alpha) production by alveolar macrophages in patients with acute lung diseases: the influence of zinc supplementation. *Mol Cell Biochem* 1995;146:139-145.
2. Altaf W, Perveen S, Rehman KU. Zinc supplementation in oral rehydration solutions: experimental assessment and mechanisms of action. *J Am Coll Nutr* 2002;21:26-32.
3. Fortes C, Forastiere F, Agabiti N. The effect of zinc and vitamin A supplementation on immune response in an older population. *J Am Geriatr Soc* 1998;46:19-26.
4. Anderson RA, Roussel AM, Zouari N, Mahjoub S, Matheau JM, Kerkeni A. Potential antioxidant effects of zinc and chromium supplementation in people with type 2 diabetes mellitus. *J Am Coll Nutr* 2001;20:212-8.
5. Lih-Brody L, Powell Sr, Collier KP. Increased oxidative stress and decreased antioxidant defenses in mucosa of inflammatory bowel disease. *Dig Dis Sci* 1996;41:2078-2086.
6. Sazawal S, Black RE, Jalla S, Mazumdar S, Sinha A, Bhan MK. Zinc supplementation reduces the incidence of acute lower respiratory infections in infants and preschool children: A double-blind controlled trial. *Pediatrics* 1998;102:1-5.
7. Shah D, Sachdev HP. Effect of gestational zinc deficiency on pregnancy outcomes: summary of observation studies and zinc supplementation trials. *Br J Nutr* 2001; 85: S101-8.
8. Vallee B. L. Biochemistry, physiology and pathology of zinc. *Physiol Rev* 1959; 39: 443.
9. Fernandez-Madrid F, Prasad AS, Oherleas D. Effect of zinc deficiency on nucleic acids, collagen and noncollagenous protein of the connective tissue. *J Lab Clin Med* 1973;82:951-961.
10. Sandstead HH, Rinaldi RA. Impairment of deoxyribonucleic acid synthesis by dietary zinc deficiency in the rat. *J Cell Physiol* 1969; 73: 81-3.
11. Grey PC, Dreosti IE. Deoxyribonucleic acid and protein metabolism in zinc deficient rats. *J Comp Pathol* 1972; 82:223-8.
12. Terhune MW, Sandstead HH. Decreased RNA polymerase activity in mammalian zinc deficiency. *Science* 1972;177:68-9.
13. Prasad AS, Schoemaker EB, Ortega J, Brewer GJ. Zinc deficiency in sickle cell disease. *Clinicalchem* 1975; 21:582-587.
14. Zemel BS, Kawchak DA, Fung EB. Effect of zinc supplementation on growth and body composition in children with sickle cell disease. *Am J Clin Nutr* 2002;75:300-307.
15. Humphries L, Vivian B, Stuart M, McClain CJ. Zinc deficiency and eating disorders. *J Clin Psychiatry* 1989;50:456-459.
16. Sazawal S, Black RE, Bhan MK, Bhandari N, Sinha A, Jalla S. Zinc supplementation in young children with Acute diarrhea in India. *N Engl J Med* 1995;333:839-44.
17. Penny ME, Brown KH, Lanata CF, Peerson JM, Marin RM, Duran A. Community-based trial of the effect of zinc supple-

- ments with or without other micronutrients on the duration of persistent diarrhea and the prevention of subsequent morbidity. *FASEB Journal* 1997;A665 (abstract 3778).
18. Nihn NX, Thissen JP, Collette L, Gerard GG, Khoi HH, Ketslegers JM. Zinc supplementation increases growth and circulating insulin-like growth factor I (IGF-I) in growth-retarded Vietnamese children. *Am J Clin Nutr* 1996;63:514-9.
 19. Rosado JL, Lopez P, Munoz E, Martinez H, Allen LH. Zinc supplementation reduced morbidity, but neither zinc nor iron supplementation affected growth or body composition of Mexican preschoolers. *Am J Clin Nutr* 1997;65:13-9.
 20. Ruel MT, Rivera JA, Santizo MC, Lonnerdal B, Brown KH. Impact of zinc supplementation on morbidity from diarrhea and respiratory infections among rural Guatemalan children. *Pediatrics* 1997;99:808-13.
 21. Sazawal S, Black RE, Bhan MK, Jalla S, Sinha A, Bhandari N. Efficacy of zinc supplementation in reducing the incidence and prevalence of acute diarrhea- a community-based, double-blind, controlled trial. *Am J Clin Nutr* 1997;66:413-8.
 22. Sazawal S, Black RE, Bhan MK. Zinc supplementation reduces the incidence of persistent diarrhea and dysentery among low socioeconomic children in India. *J Nutr* 1996;126:443-50.
 23. Meeks Gardener JM, Witter MM, Ramdath DD. Zinc supplementation: Effects on the growth and morbidity of undernourished Jamaican children. *Eur J Clin Nutr* 1998;52:34-9.
 24. Hidayat A, Achadi A, Sunoto, Soedarmo SP. The effect of zinc supplementation in children under three years of age with acute diarrhea in Indonesia. *Asian Conference on Diarrhoeal Diseases 1997* (abstract).
 25. Shankar AH, Genton B, Tamja S. Zinc supplementation can reduce malaria-related morbidity in preschool children. *Am J Trop Med Hyg* 1997;57:A434 (abstract).
 26. Hambidge M. Human zinc deficiency. *J Nutr* 2000; 130: 1344S-1349S.
 27. Prasad AS. Recognition of zinc-deficiency syndrome. *Nutrition* 2001; 17(1): 67-9.
 28. Bhatnagar S, Natchu UC. *Indian J Pediatr* 2004;71(11):991-5
 29. Castillo-Durán C, Rodríguez A, Venegas G, Alvarez P, Icaza G. Zinc supplementation and growth of infants born small for gestational age. *J Pediatr* 1995; 127: 206-11.
 30. Lira PI, Ashworth A, Morris SS. Effect of zinc supplementation on the morbidity, immune function and growth of low birth weight, full term infants in northeast Brazil. *Am J Clin Nutr* 1998; 68: 418 S.
 31. Golden MH, Golden BE. Effect of zinc supplementation on the dietary intake, rate of weight gain and energy cost of tissues in children recovering from severe malnutrition. *Am J Clin Nutr* 1981;34: 900-8
 32. Khanum S, Alam AN, Anwar I, Akbar Ali M, Mujibur Rahaman M. Effect of zinc supplementation on the dietary intake and weight gain of Bangladeshi children recovering from protein energy malnutrition. *Eur J Clin Nutr* 1988; 42: 709-14.
 33. Doherty CP, Sarkar MA, Shakur MS, Ling SC, Elton RA, Cutting WA. Zinc and rehabilitation from severe protein energy malnutrition: higher-dose regimens are associated with increased mortality. *Am J Clin Nutr* 1998; 68: 742-8.
 34. Brown KH, Peerson JM, Rivera J, Allen LH. Effect of supplemental zinc on the growth and serum zinc concentrations of pre-pubertal children: a meta-analysis of randomized, controlled trials. *Am J Clin Nutr* 2002; 75: 1062-71.
 35. Krebs NF, Hambidge KM, Walravens PA. Increased food intake of young children receiving a zinc supplement. *Am J Dis Child* 1984; 138: 270-3.
 36. Hemalatha P, Bhaskaram P, Kumar PA, Khan MM, Islam MA. Zinc Status of Breastfed and Formula-fed Infants of Different Gestational Ages. *J Trop Pediatr*. 1997;43:52-4.
 37. Misra PK, Srivastava KL, Chawla AC. Serum and hair zinc in Indian childhood cirrhosis. *Indian Pediatr* 1989; 26: 22-5.
 38. Srinivas, Awasthi S, Kumar S, Srivastav RC. Plasma zinc levels in early infancy in north India. *Indian Pediatr* 2003; 40: 235-8.
 39. Agte VV, Chiplonkar SA, Tarwadi KV. Factors influencing zinc status of apparently healthy Indians. *J Am Coll Nutr* 2005; 24: 334-41.
 40. Bahl L, Chaudhuri LS, Pathak RM. Study of serum zinc in neonates and their mothers in Shimla hills (Himachal Pradesh). *Indian J Pediatr* 1994; 61: 571-5.
 41. Singhi S, Ravishanker R, Singhi P, Nath R. Low plasma zinc and iron in pica. *Indian J Pediatr* 2003; 70: 139-43.
 42. Pathak P, Kapil U, Kapoor SK, Dwivedi SN, Singh R. Magnitude of zinc deficiency among nulliparous nonpregnant women in a rural community of Haryana State, India. *Food Nutr Bull*. 2003; 24: 368-71.
 43. Bhandari N, Bahl R, Taneja S, Strand T, Mølbak K, Ulvik RJ, Sommerfelt H, Bhan MK. Substantial reduction in severe diarrheal morbidity by daily zinc supplementation in young north Indian children. *Pediatrics* 2002;109: e86.
 44. Srinivas M, Gupta DK, Rathi SS, Grover JK, Vats V, Sharma JD, Mitra DK. Association between lower hair zinc levels and neural tube defects. *Indian J Pediatr* 2001; 68: 519-22.
 45. Rathi SS, Srinivas M, Grover JK, Mitra D, Vats V, Sharma JD. Zinc levels in women and newborns. *Indian J Pediatr* 1999; 66: 681-4.
 46. Pandey S, Ranjan R, Toteja GS, Rao S, Mishra RM, Pandey Sw, Saxena R. Micronutrients status along with hematological and biochemical parameters in sickle subtypes: preliminary report from India. *Rev Hematol Mex* 2011;12:131-137.
 47. Elson M, Haas M.D. Excerpted from *Staying Healthy with Nutrition: The Complete Guide to Diet and Nutritional Medicine*, Celestial Arts 2006;944.
 48. Gibson RS. Zinc nutrition in developing countries. *Nutr Res Rev* 1994;7:151-73.
 49. Institute of Medicine. Food and Nutrition Board. *Dietary Reference Intakes for Vitamin A, Vitamin K, Arsenic, Boron, Chromium, Copper, Iodine, Iron, Manganese, Molybdenum, Nickel, Silicon, Vanadium, and Zinc*. National Academy Press. Washington, DC, 2001.
 50. Lewis MR and Kokan L. Zinc gluconate: Acute ingestion. *J Toxicol Clin Toxicol* 1998;36:99-101.