

Review Article

Fluoride in Groundwater of Chhattisgarh: A Comprehensive Review of Health Impacts, Mitigation Strategies, and Sustainable Solutions

Abstract

A slow-moving disease that affects our bodies, fluorosis deserves our utmost attention and proper treatment. Despite being reversible, fluoride toxicity is a long process with no treatment options for the side effects. Disparities in the availability of safe drinking water have contributed to the prevalence of dental fluorosis for quite some time. Dental fluorosis and water fluoride levels were the subjects of this investigation. Here we take a look at what fluoride has done to people's bodies. Google Scholar, Scopus, Web of Science, Elsevier, PubMed, and Google Scholar were among the many search engines consulted for the purpose of this paper search. The prevalence of skeletal fluorosis in recent years is the main focus of this review. Included are both the most recent findings and the most up-to-date strategies for fighting skeletal fluorosis. The results could encourage more study into effective treatments for the disease and lead to the creation of simple, inexpensive ways to remove fluoride from water. The world's water supply is under danger due to fluoride pollution. Although it is necessary at low quantities, humans become poisoned when they consume more than 1.5 mg L^{-1} in water that is mostly polluted from contamination caused by geochemical reactions and either natural or man-made causes. We evaluate the literature on fluoride's possible toxicity to diverse species to better understand its toxicity. Drinking fluoride-rich water causes skeletal fluorosis and long-term kidney, brain, thyroid, and liver damage.

Keywords- Groundwater, Tooth, hygiene, health, fluoride, water, toxicity, fluorosis

1. INTRODUCTION

Essential for human survival, crop production, and manufacturing, water is one of the most fundamental resources in the universe [1]. Nevertheless, both natural and human-made factors have been progressively lowering water quality, which poses a major threat to human

health [2]. Groundwater supplies around the world are increasingly under risk from fluoride and other toxins. Fluorosis of the teeth and bones can result from excessive fluoride exposure, despite the fact that small doses of fluoride are beneficial for dental health [3]. Millions of people around the world, particularly in poor nations, have been impacted by groundwater contamination due to fluoride, which is mostly caused by geological sources [4].

Fluoride contamination of groundwater is a major problem that affects public health and the environment in many regions of the world [5]. Fluorite, apatite, and mica are minerals that contain fluoride, and this phenomenon is often seen in rocks that include these minerals. When these minerals dissolve and weather, they release fluoride into the groundwater, which is especially problematic in hot, dry areas where evaporation rates are high [6].

The World Health Organisation recommends 1.5 mg/L fluoride in drinking water. Overall, fluoride concentrations have above the WHO limit range, including in India, both naturally and due to human activity [7]. More than 20 Indian states are at risk from groundwater fluoride poisoning. Rural regions depend on groundwater for drinking and irrigation, making this a big issue [8]. In India, Rajasthan, Gujarat, Chhattisgarh, and Andhra Pradesh are particularly at risk for fluoride concerns [9].

Groundwater supplies provide a particular risk of fluoride poisoning in regions where this mineral is widely used. Dental fluorosis, in which teeth become discolored, and skeletal fluorosis, in which bones and joints are severely injured, are both caused by prolonged exposure to high levels of fluoride [10]. Debilitating deformities brought on by such severe cases diminish the quality of life and productivity of those afflicted. Furthermore, there is evidence that links high fluoride intake to cognitive impairment, disturbance of thyroid function, and an increased risk of renal injury. Because their growing bodies are more prone to fluoride's harmful effects, children and pregnant women are at the greatest risk [11].

Fluoride contamination and related health impacts are a problem in some areas, like Chhattisgarh in India. Fluoridation is a major concern because groundwater supplies drinking water to over half of the state's population [12]. Bastar, Dantewada, and Balod districts have been identified as hotspots for fluoride contamination in groundwater studies conducted in Chhattisgarh. The health of the residents is at risk since the levels in such regions are significantly higher than the maximum allowable limits for fluoride. One of the most pressing

issues that needs immediate attention is the lack of access to safe drinking water in most locations, which is exacerbating the problem [13].

Though defluoridation technology has come a long way, it is still not widely used in areas with limited resources. In rural regions, there is a lack of information regarding their use, and they are also too expensive and require too much care [14]. Another environmental issue that needs sustainable and eco-friendly solutions is the disposal of fluoride-rich waste during treatment. Consequently, novel, inexpensive, and community-based approaches are required to deal with fluoride contamination and the health issues it causes [15].

The purpose of this research is to examine the groundwater contamination by fluoride in the Indian state of Chhattisgarh, the effects on human health, and potential solutions to this problem. In order to combat the fluoride threat, scientific research, in conjunction with field investigations and community interaction, is anticipated to yield ideas that may be put into action. As a result, the study's results will help discover long-term solutions that improve the health and quality of life of the impacted populations by giving them access to safe drinking water.

2. SOURCES OF FLUORIDE

The element fluorine, symbol F_2 , is part of the periodic table's halogen group. The gas is easily identifiable by its pale yellow-green hue and its corrosive properties. Impressive reactivity and electronegativity characterize it. Like other halides, fluoride is an ion with a charge of -1 , and it is formed as a reduced version of fluorine.

The main reasons why there is an excess of fluoride in the environment are natural resources and industrial pollution that are produced by humans. Naturally occurring fluoride-rich rocks and soil interact with water to contribute fluoride to both surface and groundwater. Percolation of water into the earth deteriorates or leaches fluoride-bearing rocks, making groundwater more polluted than surface water (Fig. 1). Evaporation, aquifer water retention, and irrigation frequency and duration affect groundwater fluoride levels. Fig.2 shows fluorine concentrations in mineral rocks. Diatomic fluorine (F_2), a greenish gas, is only produced in pure gaseous form in a few industrial operations due to its high reactivity [16]. The most fluoride-rich waste comes from chemicals, glass, ceramics, coal power stations, semiconductor manufacturing

units, electroplating, brick and iron sectors, aluminium smelting facilities, and beryllium extraction operations. Oral hygiene products, medications, cosmetics, gum, and toothpaste are some of the most common ways that fluoride enters the human body [17].

3. PATHS OF FLUORIDE UPTAKE

Medications, foods, water, air, and beauty items are susceptible to absorbing fluoride. Ingested fluoride is most commonly found in water and other foods.

(i) Water

The Earth's crust contains around 625 mg kg⁻¹ of fluoride, an ion found in water. The main cause of fluorosis is consuming fluoridated water. Natural water may contain fluoride in various amounts. Groundwater fluoride content depends on aquifers' physical, chemical, and geological properties, soil and rock acidity and porosity, local temperature, well depth, and other chemicals.

(ii) Drugs

Fluoride poisoning has been associated with the long-term use of some drugs, like aspirin. Some examples of its uses include curing osteoporosis with sodium fluoride, treating rheumatoid arthritis with niamic acid, and preventing cavities using a fluoride-based mouth rinse. Tooth decay can be prevented by taking fluoride supplements, which are inorganic fluoride found in drinking water, tablets, and other pharmaceuticals.

(iii) Humans

Watanabe et al. [18] found that people and animals absorb fluoride and hydrofluoric acid through their skin. Over 99% of circulatory fluoride ends up in teeth and bones [19]. After the stomach empties, fluoride is quickly absorbed from the small intestine [20]. Calcium carbonate and a calcium-rich diet reduce fluoride absorption. [21] Sea tissues may absorb hydrogen ions, but no fluoride builds up.

(iv) Foods and Beverages.

Slight concentrations of fluoride are present in nearly all foods. Soil, water, and fertilizers utilized in irrigation and farming constitutes the determining factors of fluoride levels in food. Food and drink absorbed fluoride has a lesser impact on the body than water and soil [22].

(v) Soil

Soil fluoride levels usually fall between 200 and 300 parts per million [23]. Because of its strong solubility in the soil and its interactions with its many constituents, fluoride is difficult to drain from soils [24]. Only 5–10% of soil fluoride is water-soluble [25]. The concentrations rise with depth. Chemical composition, rate of deposition, soil chemistry, and temperature affect inorganic fluorides discharged into the soil.

(vi) Air

Fluorides are dispersed by coal ash, volcanic activity, phosphate fertiliser production, aluminium production, and industrial activities. However, air exposure accounts for a modest portion of fluoride exposure [26]. Industries have higher air fluoride exposure than non-industries. The burning of coal with high fluoride content causes fluorosis, which affects ten million people in China.

(vii) Cosmetic

Common household items including toothpaste, mouthwash, and cosmetics contain fluorides. The manufacturing process of these goods uses raw materials such chalk, talc, and calcium carbonate, which raises the fluoride levels to 800 to 1000 ppm. Boride is added in concentrations ranging from 1000 to 4000 ppm to fluorinated brands. To reduce the likelihood of tooth decay in youngsters, a variety of fluoride-containing products are used.

4. HEALTH EFFECTS

The cumulative amount of fluoride that people take over time determines whether it is beneficial or detrimental to their health. Dental cavities and bone weakening are caused by a fluoride deficiency when the concentration is less than 0.5 mg L⁻¹, while fluorosis is caused by an intake of more than 1.5 mg L⁻¹. Babies, kids, and adults are all at risk for harmful health problems when fluoride levels rise above the acceptable range.

(i) Dental Fluorosis

Too much fluoride consumed when teeth are developing causes dental fluorosis [27]. As a result, the mineral concentration of the enamel decreases and its porosity increases. Too much fluoride in the diet can lead to fluorosis, a disease affecting the teeth. Worldwide, dental fluorosis

may impact as many as 70 million individuals, with an estimated 60 million people living in China and India alone, according to a World Health Organization (WHO) research [28].

When teeth and other tissues are still growing and mineralizing, as they are in children under the age of eight, dental fluorosis is common [29]. Because of this disease, tooth discolouration or mottling might occur because the enamel is more susceptible to attacks.

(ii) Skeletal Fluorosis

A pathologic disease known as skeletal fluorosis can develop when a person inhales or consumes excessive amounts of fluoride, which builds up in their bones and joints over time. Bone resorption and changes in bone tissue calcium levels due to high fluoride deposition disrupt bone mineral metabolism [30]. Figure 1 shows the severity of skeletal fluorosis: mild, moderate, and severe [31].

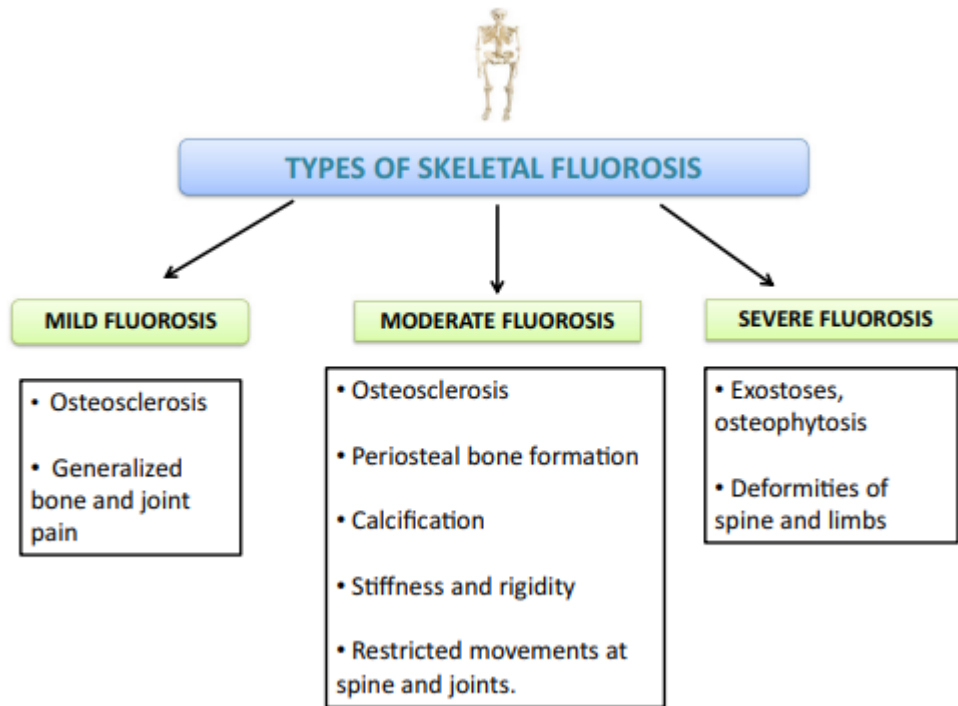


Fig. 1 Types of skeletal fluorosis on the basis of its severity

5. ROLE OF OXIDATIVE STRESS IN SKELETAL FLUOROSIS

Among the several pathways that might set in motion fluoride toxicity, oxidative stress stands out as a potential initiator. The body's antioxidant defense mechanism counteracts the increased ROS activity [32]. Fluoride generates strong hydrogen bonds with -NH and -OH

molecules because to its high electronegativity, which boosts its reactivity. Therefore, cancer, aging-related muscle atrophy, fluorosis, and cardiovascular disease are among the chronic disorders that can result from oxidation with different bio-molecules [33].

(i) Neural

At concentrations over 1 mg L⁻¹, fluoride heightens the risk of neurotoxicity, which could impair the ability to learn and remember. Toxicants can cause more damage, and perhaps permanent damage, to the growing brain than to an adult brain. Children residing in locations with high fluoride levels have comparatively inferior mental abilities compared to those residing in areas with low fluoride levels, according to recent research [34].

(ii) Liver and kidney

Histopathological and functional alterations are observed in the kidney, liver, and heart when they are exposed to high fluoride concentrations for an extended period of time. Chronic kidney disease (CKD) is accelerated by the constant consumption of fluoride through food, according to a study [80].

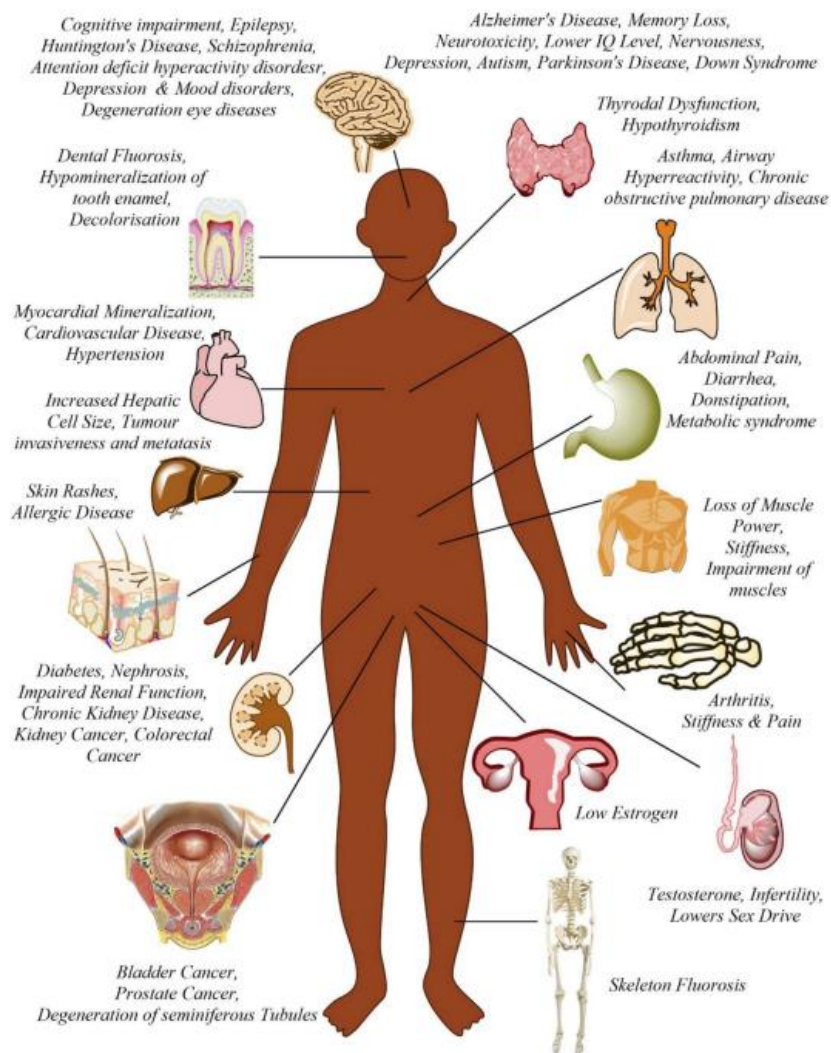


Fig. 2 Effect of fluoride on human body.

(iii) Immune system

Fluoride weakens immunity. The study found that NaF reduces silk worm cellular immunity [35]. Lower fluoride concentrations (5 mg L^{-1}) resulted in decreased IL-10 expression by mouse macrophages. Increased fluoride concentrations ($50\text{-}75 \text{ mg L}^{-1}$) led to increased ROS, Mip 2, and IL-6 levels. The number of macrophages decreased as a consequence of increased lipid peroxidation and redox imbalance [36].

(iv) Lung

Asthma and fluorosis are common among aluminium sector workers. The majority of fluoride pollution in plants comes from the aluminium and phosphate production processes.

(v) Reproductive

At present, infertility is becoming an increasingly pressing global concern, with fluoride being identified as a major contributing component. Increased fluoride exposure is linked to raised LH and FSH, attenuated TH, reduced EL, and an unbalanced ER/AR [37]. Rats with osteoporosis had a 33% decrease in fertility and changes in the shape, density, and metabolism of their spermatozoa. A lower concentration of testosterone in the blood was revealed in a male patient with skeletal osteoporosis.

(vi) Carcinogenic

An epidemiological survey on chronic fluoride disclosure's carcinogenicity had many issues. The biggest issue is cancer, which is detected annually or decades after people enter and exit the study zone and are exposed to pertinent elements. Researchers have considered the idea that fluoride causes bone cancer because it accumulates in the bones.

(vii) Renal

Since it excretes most fluoride, the renal system is more vulnerable to high fluoride concentrations [38]. Additionally, research shows that it is more fluoride-sensitive than other tissues. Only two investigations have shown that chronic fluoride consumption can cause kidney stones and non-carcinogenic consequences.

(viii) Hair and Fingernails

It is common practice to evaluate the body's total fluoride load by measuring fluoride in the hair and nails. Damaged fingernails indicate high fluoride levels, even if they only show signs of exposure during the past three to six months, which are known as short-term biomarkers. Current biomarkers, such as hair and nail thickness, are being discussed in various papers in the literature, along with their susceptibility to high fluoride concentrations. At first, pins were proposed as a biomarker [39].

(ix) Endocrine

Although it is hard to interpret, fluoride affected normal endocrine function and reactivity in animals and humans. Fluoride reduces thyroid function, increases calcitonin and parathyroid activity, causes secondary hyperparathyroidism, and lowers glucose tolerance in type II diabetes

[41]. These effects vary from person to person, and most are subclinical and do not harm human health.

(x) *Gastrointestinal*

The gastrointestinal symptoms of acute fluoride poisoning, including diarrhoea, vomiting, nausea, and stomach pain, have previously been documented. In animals, fluoride increases gastric acid production, lowers blood flow away from the stomach lining, and kills gastrointestinal tract lining cells [42].

6. CONTAMINATION IN GROUND WATER

The natural and inevitable pollution of groundwater with fluoride has become one of the most significant global challenges. According to reports, two primary factors—geogenic and anthropogenic—contribute to this contamination.

(a) *Geogenic source*

Average fluoride levels in Earth's crust, observed in various rocks, are 625 mg kg⁻¹. 64 Multiple geological mechanisms raise groundwater fluoride levels. Geological activities such as geothermal springs, volcanic eruptions, tectonic movements, weathering, and others can pollute fluoride [43]. Ions like chloride and phosphate increase water fluoride, but calcium decreases it. Using carbon (C), oxygen (O), and hydrogen (H) isotopes, researchers have studied how water is created from evaporation. Aquifer interconnections and climate's effect on fluoride content were also found [44]. According to extensive research, most people drink dirty groundwater, which contains fluoride.

(b) *Anthropogenic sources*

Human activities including phosphate fertilisers, rodenticides, fumigants, herbicides, and insecticides can raise groundwater fluoride [45]. Coal combustion, fly ash, and tile, steel, aluminium, and glass fluoride particle emissions are other sources of fluoride contamination. Fluoride is mostly produced by burning coal, using phosphate fertilisers in agriculture, and manufacturing cement. Semiconductors, coal power stations, and aluminium processors produce fluoride-rich wastewater. Fluoride concentrations in industrial effluents are 10–1000 times greater than in natural water [46].

7. DEFLUORIDATION THROUGH BIOLOGICAL MEDIATORS

(i) *Biosorption.*

Microbial treatment or biosorption of F^- has emerged as a practical, cost-effective, and environmentally friendly substitute for conventional dehumidification methods due to the limitations of these treatments. Agricultural commodities, bacteria, algae, and fungus are some of the many types of skeletal fluorosis adsorbents developed for use in groundwater defluoridation [47].

(ii) *Bioremediation.*

The bioremediation of F^- employing specific bacterial strains is still in its early stages [48]. Certain bacterial species can withstand larger F^- dosages through bioaccumulation and biotransformation processes.

(iii) *Phytoremediation.*

Phytoremediation cleans polluted soils cheaply. According to Agarwal and Chauhan [49], *Hordeum vulgare* diversity RD 2052 leaves exhibited the maximum bioaccumulation of F^- at 9.948 mg kg⁻¹, while the grains had the lowest at 6.302 mg kg⁻¹ after exposure to 18 mg kg⁻¹ NaF.

8. SUSTAINABLE TECHNOLOGIES FOR THE REMOVAL OF FLUORIDE

The lack of accessible, safe drinking water is a major problem in many parts of the world today. The objective was to ensure that everyone has access to clean drinking water and cut the "environmental sustainability" in half by the year's end 2015. The sixth UN Sustainable Development Goal (UNSDG) in this instance was to ensure that all 2.8 billion people have access to clean water by 2030. Due to their concern about its high impact, developing nations have identified a minimum viable option for fluoride removal [50]. To avoid dental decay, a topic of debate and concern, the World Health Organization has set a minimum fluoride concentration level in drinking water of 1 mg L⁻¹.

The qualities that are specific to fluoride treatment indicate that it is mostly reliant on incineration and landfill disposal. Nonetheless, such approaches ultimately necessitate additional research and development because they do not ensure complete containment and instead

reintroduce the pollutant in a different manner. Modern techniques are to blame for the reversal of the entry into the background speed. Research is a crucial and ongoing obstacle to sustainability due to the fact that fluoride recovery is currently technically and practically constrained. The fast increase in waste volume in emerging nations has made it clear that the disposal mechanism is not a sustainable component [51].

9. DISCUSSION

There is some evidence that fluoride can help reduce dental caries, but there are also serious risks associated with it, including cognitive impairment, hypothyroidism, fluorosis of the teeth and bones, imbalances in enzymes and electrolytes, and even uterine cancer. Ingesting or inhaling fluoride, in whatever form, poses an unacceptable danger with almost no demonstrated benefit since the majority of fluoride's hazardous effects occur when the mineral is consumed, whereas the majority of its positive effects occur when the mineral is applied topically. To lessen the likelihood of fluoride exposure in the workplace and the environment, health and safety regulations should be tightened and fluoride waste should be disposed of in a more secure manner. Water fluoridation, whether natural or artificial, poses a threat to public health because, although the effects are most pronounced at high fluoride levels, they are still discernible at lower concentrations in artificially fluoridated water. Furthermore, fluoride has significant negative consequences on human health, and drinking water is a particularly ineffective method of applying it to teeth because of its topical action. The major public health concern concerning fluoride should be reducing ingestion from tea, cereals, and sauces rather than adding it to water or food. Even though artificial fluoridation of water supplies has been a controversial public health strategy since its introduction, highly regarded academics and scientists have struggled to publish critical articles on community water fluoridation in scholarly dental and public health journals.

There would be an inherent bias in favor of fluoridating water supplies if one were to evaluate the literature on public health and dental health. Academics in the field of dental public health have actively worked to portray those who disagree with water fluoridation as being either insane or uninformed [52-53]. Portland, Oregon, USA, citizens rejected fluoridation of their water supply for the fourth time in 2013. Those in charge of public health had an intriguing

reaction, painting water fluoridation's detractors as ignorant and insensitive to the needs of low-income kids.

10. FUTURE PERSPECTIVES

Fluoride is nontoxic in tiny doses but harmful in big doses taken orally over time. Fluoride harm is a global public health issue. Research suggests fluoride disrupts neurotransmission, coagulation, glycolysis, and oxidative phosphorylation. Fluorosis impacts millions worldwide. Severe skeletal fluorosis causes pain and disabilities. Even though fluorosis has no cure, eliminating the source of fluoride can reverse its effects. A diet rich in antioxidant-rich protein, calcium, vitamins, and the like has certain benefits. The condition can be remedied with antioxidant antidotes with low side effects. Antioxidants have become essential to treatment strategies because fluoride is such an oxidiser. Lack of awareness and expensive treatment make large-scale skeletal fluorosis prevention difficult. Research should focus on easy, inexpensive techniques to heal skeletal fluorosis or remove it from water. Since its widespread adoption as a public health approach in the 1950s, fluoride has been evaluated more carefully as a caries prevention method. The review concludes that fluoride's known and unknown health risks exceed its tiny tooth decay prevention benefits. Given its widespread use, fluoride is found in numerous foods, drinks, and airborne particles. Epidemics by Hippocrates explains the ethical principle of disease control. *Primum non nocere*—"do good or do no harm,"—was emphasised. Given the known and possible hazards of fluoride, this notion is at best partially followed in fluoridation therapies to prevent dental cavities. Due to the health risks of fluoride-contaminated water, water management and environmental preservation must be highly efficient. Since humans put fluoride into the environment, eating and drinking fluoride-containing foods and water is the main health risk. The mandatory UNSDG guide for clean drinking water shows a practical, efficient, and cost-effective fluoride elimination method. This strategy avoids major issues. A process that is deemed appropriate in one place could not meet the requirements in another. As a result, natural water treatment should be used to assess all methods. Communities and local governments should so prioritize treatment strategies that are centred in the community. To help create suitable and affordable healing technologies, local populations should be educated and given notice. In order to effectively reduce fluorosis, it is essential to defluoridate water and reduce fluoride consumption.

11. CONCLUSION

Fluoride poisoning threatens human and environmental health in many countries since groundwater is the only source of drinking water. Fluoride is useful in small amounts but harmful in large doses. High doses can cause tooth and bone fluorosis, nervous system damage, and systemic disorders. Therefore, there needs to be collaboration across fields, creative thinking in science, community involvement, and policy backing from the government in order to reduce fluoride contamination. High prices, technical limitations, and a lack of knowledge in low-resource situations prevent the widespread application of defluoridation technologies such as adsorption, ion exchange, and reverse osmosis. Before implementing sustainable solutions on a large scale, these obstacles need be removed. As part of this process, it is important to identify potential sources of fluoride and eliminate or greatly reduce exposure to such sources. This can be done in conjunction with therapy efforts. There are many different aspects to the difficult subject of fluoride pollution of groundwater. The growing dependence on groundwater poses significant risks to public health, necessitating comprehensive approaches to addressing fluoride poisoning through the integration of new scientific knowledge, policy backing, and community involvement. Addressing these difficulties would pave the way for a healthier and more sustainable future, where everyone has access to safe drinking water.

12. DECLARATION

Authors does not have anything to disclose related with this paper.

REFERENCES

1. He C, Liu Z, Wu J, Pan X, Fang Z, Li J, et al. Future global urban water scarcity and potential solutions. *Nat Commun* . 2021;12 (1):4667.
2. Kayastha V, Patel J, Kathrani N, Varjani S, Bilal M, Show PL, et al. New Insights in factors affecting ground water quality with focus on health risk assessment and remediation techniques. *Environ Res*. 2022; 212:113171.
3. Ahmad S, Singh R, Arfin T, Neeti K. Fluoride contamination, consequences and removal techniques in water: a review. *Environ Sci Adv*. 2022; 1(5):620–61.

4. Solanki YS, Agarwal M, Gupta AB, Gupta S, Shukla P. Fluoride occurrences, health problems, detection, and remediation methods for drinking water: A comprehensive review. *Sci Total Environ.* 2022 Feb 10;807 (1):150601.
5. Shaji E, Sarath K V, Santosh M, Krishnaprasad PK, Arya BK, Babu MS. Fluoride contamination in groundwater: A global review of the status, processes, challenges, and remedial measures. *Geosci Front* [Internet]. 2024;15(2):101734.
6. Yang Y, Zhang R, Deji Y, Li Y. Hotspot mapping and risk prediction of fluoride in natural waters across the Tibetan Plateau. *J Hazard Mater* [Internet]. 2024;465:133510.
7. Podgorski J, Berg M. Global analysis and prediction of fluoride in groundwater. *Nat Commun* ,2022;13(1):4232.
8. Nizam S, Virk HS, Sen IS. High levels of fluoride in groundwater from Northern parts of Indo-Gangetic plains reveals detrimental fluorosis health risks. *Environ Adv* . 2022;8.
9. Yasaswini G, Kushala S, Santhosh GSV, Naik MTK, Mondal M, Dey U, Das K, Sarkar S, Kumar P. Occurrence and Distribution of Fluoride in Groundwater and Drinking Water Vulnerability of a Tropical Dry Region of Andhra Pradesh, India. *Water.* 2024; 16(4):577.
10. Beg MK, Kumar N, Srivastava SK, Carranza EJM. Interpretation of Fluoride Groundwater Contamination in Tamnar Area, Raigarh, Chhattisgarh, India. *Earth.* 2023; 4(3):626-654.
11. Yadav, A. , Sahu, Y. , Rajhans, K. , Sahu, P. , Chakradhari, S. , Sahu, B. , Ramteke, S. and Patel, K. (2016) Fluoride Contamination of Groundwater and Skeleton Fluorosis in Central India. *Journal of Environmental Protection*, 7, 784-792.
12. Khairnar MR, Dodamani AS, Jadhav HC, Naik RG, Deshmukh MA. Mitigation of Fluorosis - A Review. *J Clin Diagn Res.* 2015 Jun;9(6):ZE05-9.
13. Arab N, Derakhshani R, Sayadi MH. Approaches for the Efficient Removal of Fluoride from Groundwater: A Comprehensive Review. *Toxics.* 2024; 12(5):306.
14. Fadaei A. Comparison of Water Defluoridation Using Different Techniques. *Int J Chem Eng* [Internet]. 2021 Jan 1;2021 (1):2023895.

15. Quedi B.B.B, Ballesteros FC, Vilando AC, Lu MC. Recovery of fluoride from wastewater in the form of cryolite granules by fluidized-bed homogeneous crystallization process. *J Water Process Eng* [Internet]. 2024; 66:106063.
16. Waghmare S. S. and Arun T., *Int. J. Mod. Trends Eng. Res.*, 2015, 2, 355–361.
17. Jagtap S., Yenkie M. K., Labhsetwar N. and Rayalu S., *Chem. Rev.*, 2012, 112, 2454–2466.
18. Watanabe M., Yoshida Y., Shimada M. and Kurimoto K., *Br. J. Ind. Med.*, 1975, 32, 316–320.
19. Waghmare S., Arun T., Manwar N., Lataye D., Labhsetwar N. and Rayalu S., *Asian J. Adv. Basic Sci.*, 2015, 4, 12–24.
20. Arun T. and Tarranum A., in *Handbook of Nanomaterials for Industrial Application: An Overview*, ed. C.M. Hussain, Elsevier, Netherlands, 2018, ch.6, pp. 127–134.
21. Kaminsky L. S., Mahoney M. C., Leach J., Melius J. and Miller M. J., *Crit. Rev. Oral Biol. Med.*, 1990, 1, 261–281.
22. Messer H. H., Armstrong W. D. and Singer L., *J. Nutr.*, 1973, 103, 1319–1326.
23. Whitford G. M. and Pashley D. H., *Calcif. Tissue Int.*, 1984, 36, 302–307.
24. Mullane D. M. O, Baez R. J., Jones S., Lennon M. A., Petersen P. E., Rugg-Gunn A. J., Whelton H. and Whitford G. M., *Community Dent. Health*, 2016, 33, 69–99.
25. Caldera R., Chavinie J., Fermanian J., D. Tortrat and Laurent A. M., *Biol. Neonate*, 1988, 54, 263–269.
26. Ayoob S. and Gupta A. K., *Crit. Rev. Environ. Sci. Technol.*, 2006, 36, 433–487.
27. Fung K. F., Zhang Z. Q., Wong J. W. C. and Wong M. H., *Environ. Pollut.*, 1999, 104, 197–205.
28. Whyte M. P., Essmeyer K., Gannon F. H. and Reinus W. R., *Am. J. Med.*, 2005, 118, 76–81.
29. Haikel Y., P Cahen. M., J Turlot. C. and Franky R. M., *J. Dent. Res.*, 1989, 68, 1238–1241.
30. Elsherbini, M.S.; Alsughier, Z.; Elmoazen, R.A.; Habibullah, M.A. Prevalence and severity of dental fluorosis among primary school children in AlRass, Saudi Arabia. *Int. J. Med. Health Res.* 2018, 4, 45–49.

31. Fawell, J.; Bailey, K.; Chilton, J.; Dahi, E.; Magara, Y. Fluoride in Drinking-Water; IWA Publishing: London UK, 2006.
32. Wei, W.; Gao, Y.; Wang, C.; Zhao, L.; Sun, D. Excessive fluoride induces endoplasmic reticulum stress and interferes enamel proteinases secretion. *Environ. Toxicol.* 2013, 28, 332–341.
33. Srivastava, S.; Flora, S. Fluoride in drinking water and skeletal fluorosis: A review of the global impact. *Curr. Environ. Health Rep.* 2020, 7, 140–146.
34. Waldbott, G.L. Fluoride in Food. *Am. J. Clin. Nutr.* 1963, 12, 455–462.
35. Ando, M.; Tadano, M.; Yamamoto, S.; Tamura, K.; Asanuma, S.; Watanabe, T.; Kondo, T.; Sakurai, S.; Ji, R.; Liang, C. Health effects of fluoride pollution caused by coal burning. *Sci. Total Environ.* 2001, 271, 107–116.
36. Jha, S.; Singh, R.; Damodaran, T.; Mishra, V.; Sharma, D.; Rai, D. Fluoride in groundwater: Toxicological exposure and remedies. *J. Toxicol. Environ. Health Part. B* 2013, 16, 52–66.
37. Malin, A.J.; Lesseur, C.; Busgang, S.A.; Curtin, P.; Wright, R.O.; Sanders, A.P. Fluoride exposure and kidney and liver function among adolescents in the United States: NHANES, 2013–2016. *Environ. Int.* 2019, 132, 105012.
38. Clark, M.B.; Slayton, R.L.; Section on Oral Health; Segura, A.; Boulter, S.; Clark, M.B.; Gereige, R.; Krol, D.; Mouradian, W.; Quinonez, R.; Fluoride Use in Caries Prevention in the Primary Care Setting. *Pediatrics* 2014, 134, 626–633.
39. Mehta, D.N.; Shah, J. Reversal of dental fluorosis: A clinical study. *J. Nat. Sci. Biol. Med.* 2013, 4, 138–144.
40. Barbier O, Arreola-Mendoza L, Del Razo LM. Molecular mechanisms of fluoride toxicity. *Chem Biol Interact.* 2010;188 (2):319–33.
41. Flora SJ, Pachauri V, Mittal M, Kumar D. Interactive effect of arsenic and fluoride on cardio-respiratory disorders in male rats: possible role of reactive oxygen species. *Biometals.* 2011;24(4): 615–28.
42. Chouhan S, Lomash V, Flora SJ. Fluoride-induced changes in haem biosynthesis pathway, neurological variables and tissue histopathology of rats. *J Appl Toxicol.* 2010;30(1):63–73.

43. Zhang S., Zhang X., Liu H., W. Qu, Guan Z., Zeng Q., Jiang C., Gao H., Zhang C., R. Lei, Xia T., Wang Z., Yang L., Chen Y., Wu X., Cui Y., Yu L. and Wang A., *Toxicol. Sci.*, 2015, 144, 238–245.
44. Shivarajashankara Y. M., Shivashankara A. R., Bhat P. G. and Rao S. H., Fluoride,
45. Malin, A. J., Lesseur C., Busgang S. A., Curtin P., Wright R. O. and Sanders A. P., *Environ. Int.*, 2019, 132, 105012.
46. Juuti M. and Heinonen O. P., *Scand. J. Urol. Nephrol.*, 1980, 14, 181–187.
47. Singh P. P., Barjatiya M. K., Dhing S., Bhatnagar R., Kothari S. and Dhar V., *Urol. Res.*, 2001, 29, 238–244.
48. Levy S. M., Kohout F. J., Kiritsy M. C., Heilman J. R., and Wefel J. S., “Infants’ fluoride ingestion from water, supplements and dentifrice,” *Journal of the American Dental Association*, 1995, vol. 126, no. 12, pp. 1625–1632.
49. Agarwal R. and Chauhan S. S., *Int. J. Multidiscip. Res. Dev.*, 2015, 2, 16–21.
50. Fisher R. L., Medcalf T. W., and Henderson M. C., “Endemic fluorosis with spinal cord compression. A case report and review,” *Archives of Internal Medicine*, vol. 149, no. 3, 1989, pp. 697– 700.
51. Riggs B. L., Hodgson S. F., Fallon M. W. O, “Effect of fluoride treatment on the fracture rate in postmenopausal women with osteoporosis,” *The New England Journal of Medicine*, vol. 322, no. 12, 1990, pp. 802–809.
52. Mann J., Mahmoud W., Ernest M., Sgan-Cohen H., Shoshan N., and Gedalia I., “Fluorosis and dental caries in 6–8-year-old children in a 5 ppm fluoride area,” *Community Dentistry and Oral Epidemiology*, 1990, vol. 18, no. 2, pp. 77–79,.
53. Czajka M., “Systemic effects of fluoridation,” *Journal of Orthomolecular Medicine*, 2012, vol. 27, pp. 123–130,.