

# Study of Uranium Toxicity due to Protracted Ingestion of Groundwater in Bathinda District of Punjab, India



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# **OUTLINE**

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**Introduction**

**Research objective and significance**

**Instrumentation**

**Methodology**

**Results**

**Conclusion**

# URANIUM IN GROUND WATER

Amount of  
Uranium in  
aquifer rocks

Water-Rock  
interactions

Interaction of  
Uranium with  
other compounds  
like bicarbonates

Ground water  
decline,  
Nitrate  
pollution

Anthropogenic  
activities,  
Nuclear waste

## Impacts of uranium on health

Low level of radioactivity of Natural Uranium

- Radiological toxicity due oral ingestion, inhalation

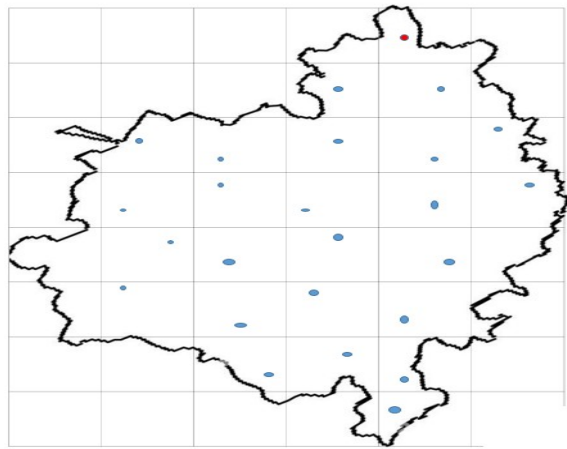
Uranyl compounds form stable complexes with proteins and nucleotides targeting skeleton, kidney and liver as primary sites

- Nephritis, bone cancer, respiratory diseases etc.

# RESEARCH OBJECTIVES

- To estimate the concentration of Uranium in groundwater samples collected from Bathinda district of Punjab.
- To calculate the health risks associated with uranium via drinking water pathway.
- To compute the dose received by different body organs/tissues in human body using Hair Compartment Model.

# SIGNIFICANCE OF STUDY



Bathinda District

**Baseline mapping  
and worldwide  
comparisons**

**Significance with  
respect to  
experimental  
techniques**

**Significance with  
respect to area  
and geology**

# INSTRUMENTATION

## LED-FLUORIMETER

**Analytical Technique** Fluorescence of uranium salt

**Element Analysed** Uranium in aqueous medium

**Excitation Source** Pulsed UV LED (Light Emitting Diodes)

**Detector** Photomultiplier tube

**Cuvette** Made from Ultra low fluorescence Fused Silica

**Minimum Detection Limit** 0.5 ppb.

**Dynamic range** 0.5 – 1000 ppb with deviation 10%

### **Modes of operation**

Standard Addition Mode (Spike Mode)

Calibrated Fluorescence Mode

Uncalibrated Fluorescence Mode (Count Mode)

### **Measurement time**

1 second (averages the fluorescence for 256 pulses)



# METHODOLOGY

## Radiological toxicity

*Uranium Activity = 0.025 × U concentration*

*Cancer risk =  $A_c \times R$*

*$A_c$  is activity concentration of Uranium*

*R is risk factor  $R = r \times I$*

*r is risk co-efficient*

*I is per capita intake*

*I = life expectancy × daily consumption of water*

Risk coefficients for various Uranium isotopes

Isotope	Mortality (Bq <sup>-1</sup> )	Morbidity(Bq <sup>-1</sup> )
<sup>92</sup> U <sub>234</sub>	6.2 × 10 <sup>-11</sup>	9.5 × 10 <sup>-11</sup>
<sup>92</sup> U <sub>235</sub>	6.32 × 10 <sup>-11</sup>	9.8 × 10 <sup>-11</sup>
<sup>92</sup> U <sub>238</sub>	7.5 × 10 <sup>-11</sup>	7.5 × 10 <sup>-10</sup>

## Chemical toxicity risk assessment

$$\text{Lifetime Average Daily Dose (LADD)} = \frac{EPC \times IR \times IF \times D}{AT \times W}$$

*EPC* = exposure point concentration of *U* in water ( $\mu\text{g L}^{-1}$ )

*IR* = ingestion rate

*IF* = ingestion frequency

*D* = duration

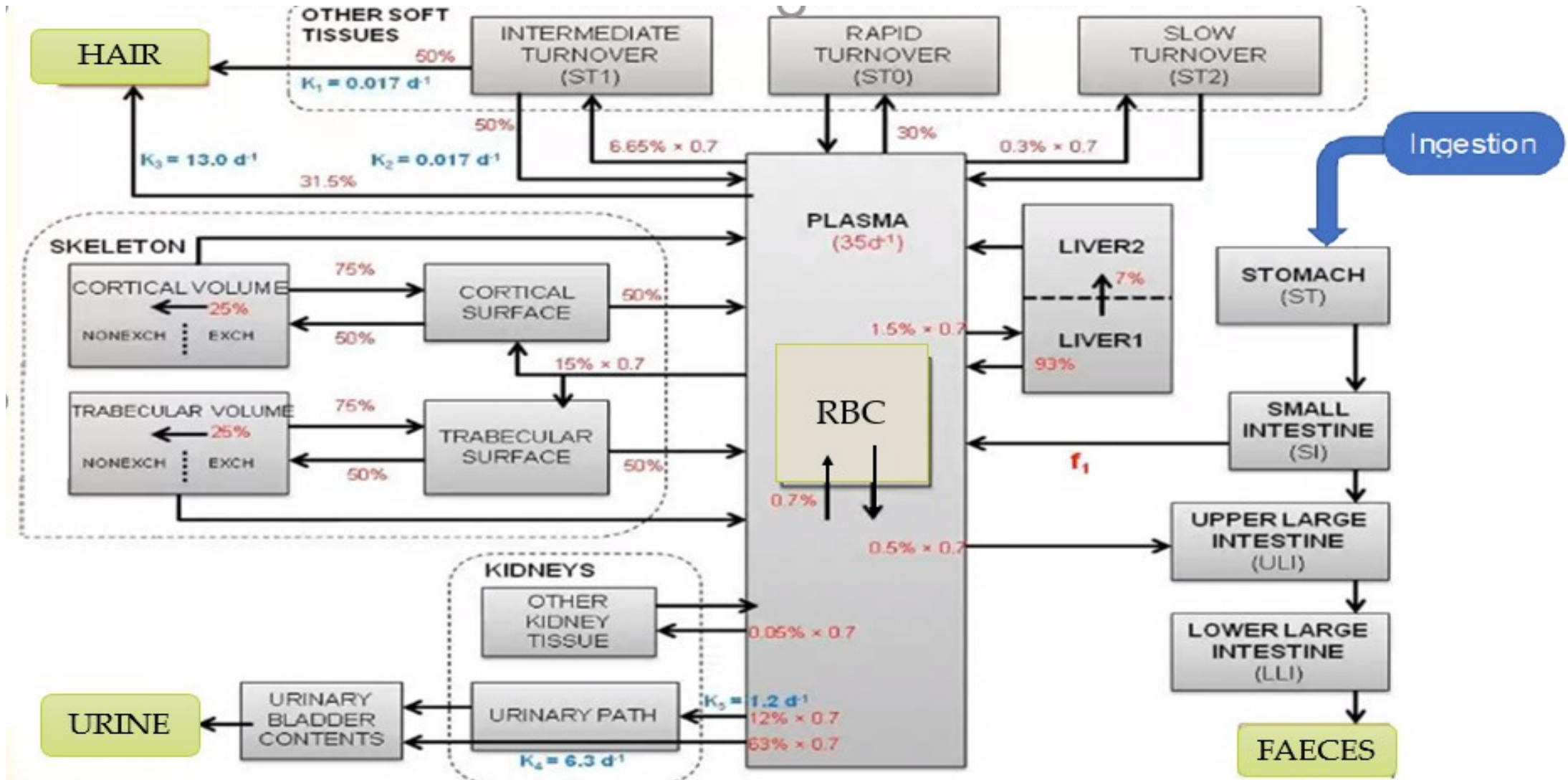
*AT* = average lifetime

*W* = ideal body weight

$$\text{Hazard Quotient} = \frac{\text{LADD}}{\text{reference dose}}$$

reference dose =  $1.2 \mu\text{g kg}^{-1} \text{ day}^{-1}$  WHO (2011)

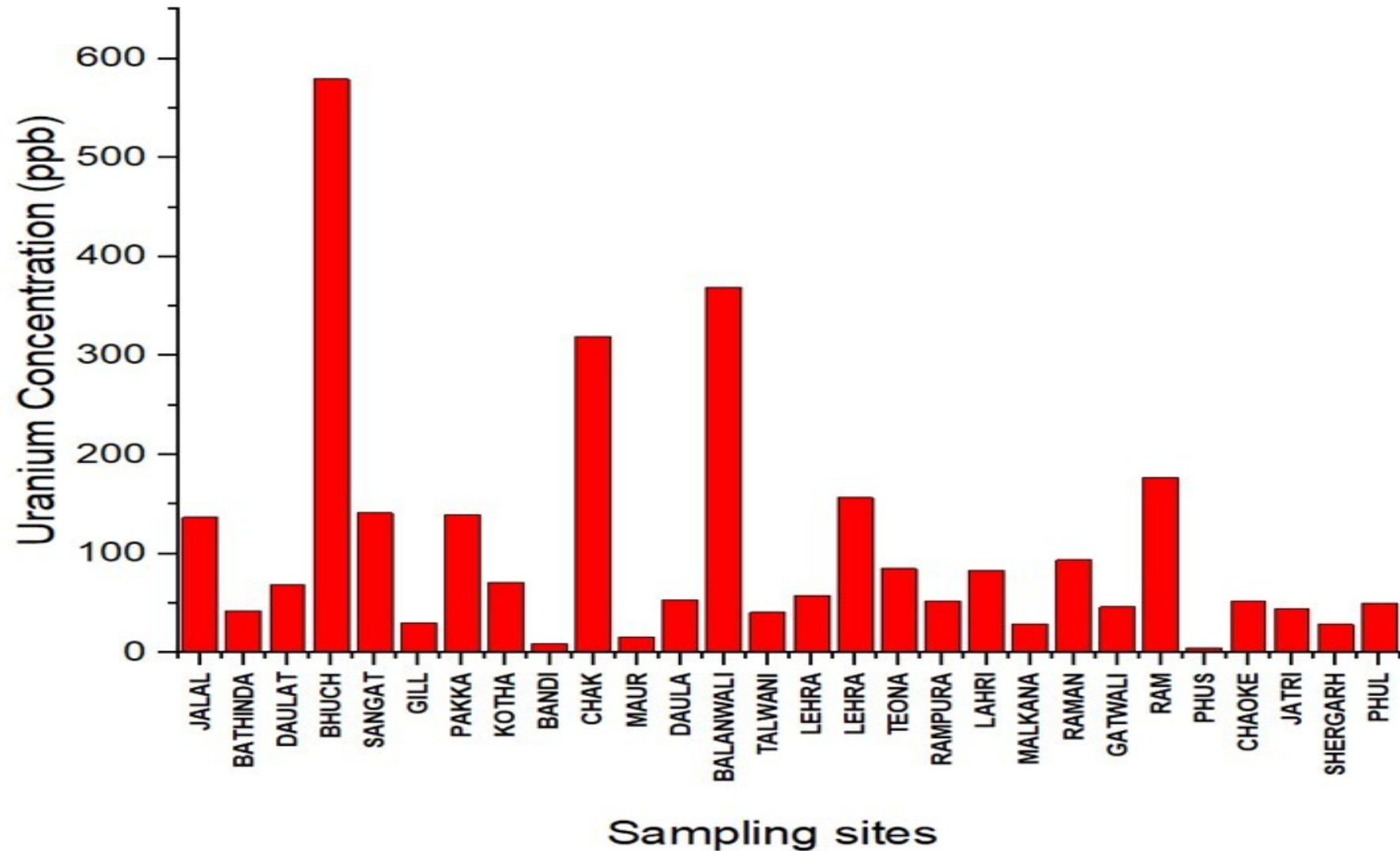
# HAIR COMPARTMENT MODEL





# RESULTS

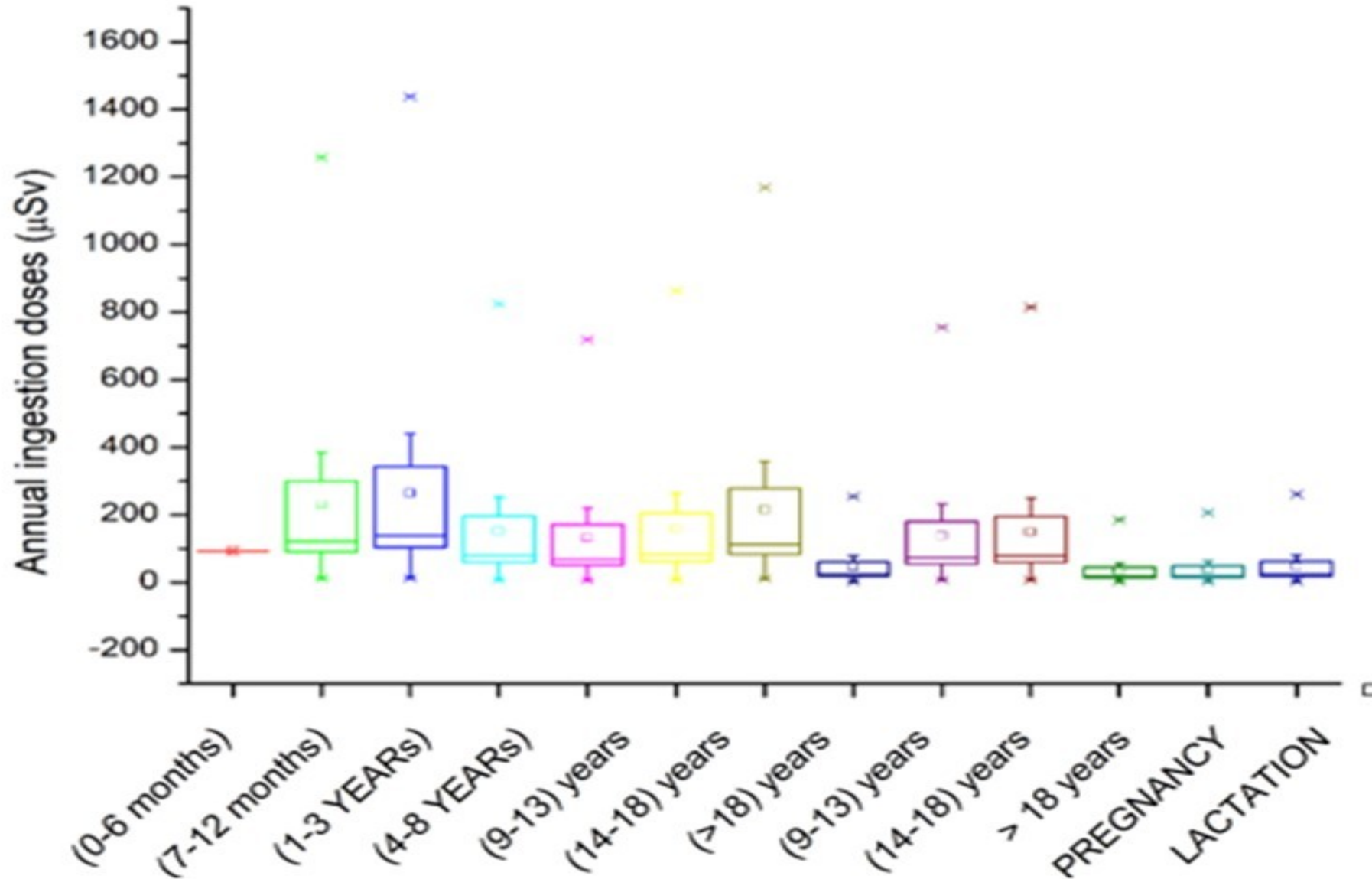
Graph showing concentration of Uranium



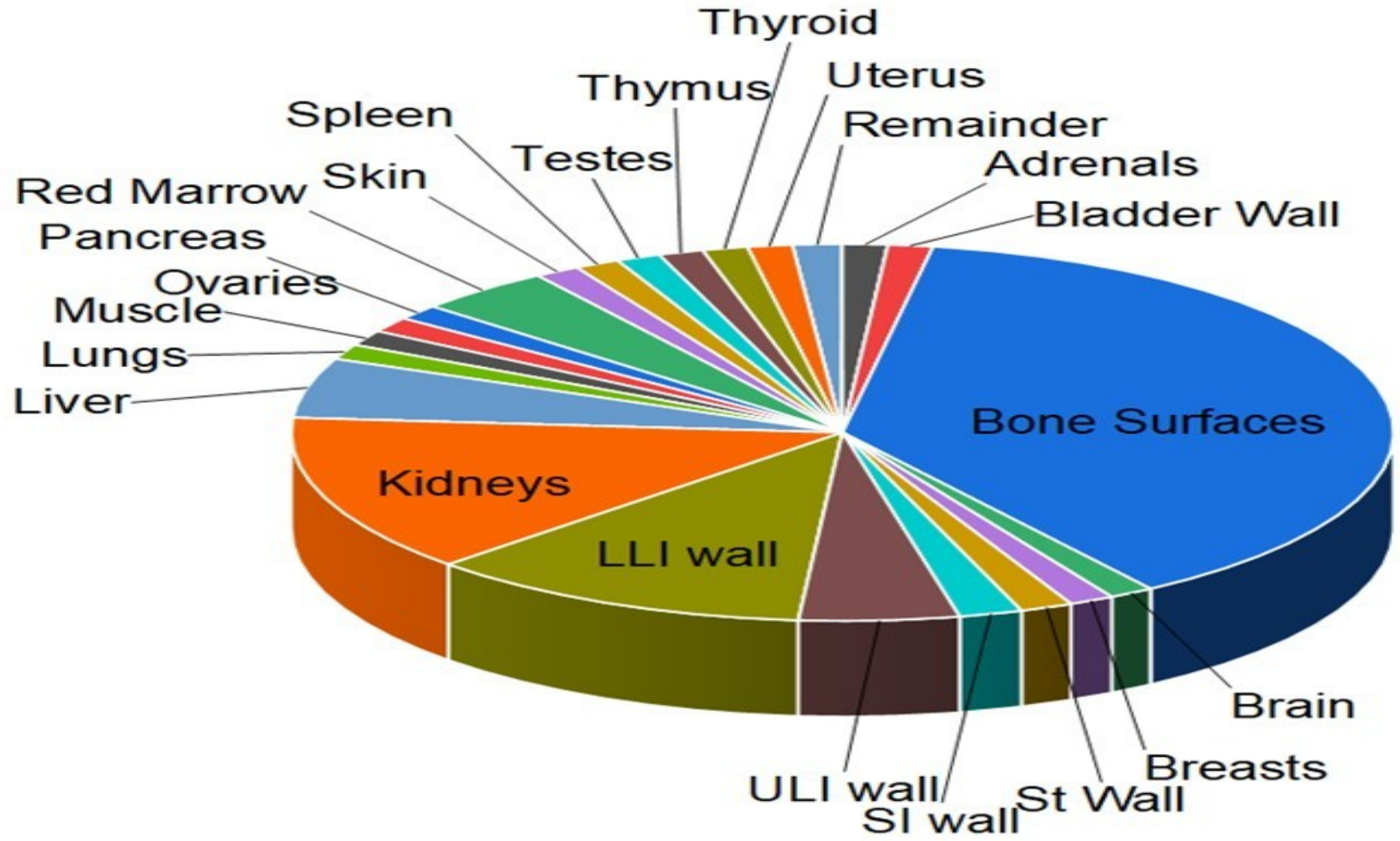
# **RADIOLOGICAL AND CHEMICAL TOXICITY**

		Minimum	Maximum	Mean
Uranium concentration ( $\mu\text{g L}^{-1}$ )		5.19	579.28	106.41
Uranium Activity ( $\text{Bq L}^{-1}$ )		0.13	14.48	2.66
Excess Cancer Risk (Mortality)	U-234	$1.39 \times 10^{-11}$	$1.55 \times 10^{-09}$	$2.86 \times 10^{-10}$
	U-235	$2.04 \times 10^{-09}$	$2.28 \times 10^{-07}$	$4.18 \times 10^{-08}$
	U-238	$3.40 \times 10^{-07}$	$3.80 \times 10^{-05}$	$6.97 \times 10^{-06}$
Excess cancer risk (Morbidity)	U-234	$2.17 \times 10^{-11}$	$2.42 \times 10^{-09}$	$4.45 \times 10^{-10}$
	U-235	$3.22 \times 10^{-09}$	$3.60 \times 10^{-07}$	$6.61 \times 10^{-08}$
	U-238	$3.40 \times 10^{-07}$	$3.80 \times 10^{-05}$	$6.97 \times 10^{-06}$
LADD ( $\mu\text{g kg}^{-1} \text{ day}^{-1}$ )		0.10	11.61	2.13
HQ		0.09	9.68	1.78

# **AGE DEPENDENT ANNUAL INGESTION DOSES ( $\mu\text{S}/\text{year}$ )**



# ORGAN SPECIFIC DOSES FOR DIFFERENT ORGANS



## Conclusions

- ✓ The high concentration of uranium in the study region may be due to geology of the region and presence of radioactive Tosham Hills nearby the study region, heavy use of fertilizers.
- ✓ In region of high concentration, ingestion of groundwater poses significant radiological and chemical toxicity risk.
- ✓ Study highlights that infants and children are more vulnerable towards exposure due to uranium ingestion.
- ✓ Bone surface is the most stable repository for uranium in human body followed by LLI wall and Kidney



# Thankyou

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