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Reproductive Toxicity & Biomarker Response to a Daily Dose of Toothpaste in Male Albino Rats

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Authors' contributions

This work was carried out in collaboration between both authors. Author OEO designed the study, performed the statistical analysis, wrote the protocol and wrote the first draft of the manuscript. Author EAA managed the analyses of the study and the literature searches. Both authors read and approved the final manuscript.

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ABSTRACT

This study was carried out to evaluate the biomarker response of male albino wistar rats (*Rattus novergicus*) to a daily dose of toothpaste. Twenty four wistar rats were divided randomly into two groups and housed in wooden cages. The first group which is the test group was administered in varying doses (250 ul, 270 ul, 300 ul) according to their body weight (0.00167 mg/g body weight) per week for three weeks while on the fourth week no treatment was administered. This was done to observe the rate of recuperation from the effects of treatment. The second group which was the control group were given distilled water of equal measurement with the treatment given to the test rats. Selected biochemical and hematologic parameters were used to evaluate the effect of toothpaste. Parameters used for liver functions were; alkaline aminotransferase (ALT), aspartate

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aminotransferase (AST), and protein, for kidney: sodium (Na+), potassium (K+), chloride (Cl) and bicarbonate (HCO_3), while for hematology: white blood cells (WBC), red blood cells (RBC), platelets, lymphocytes, haemoglobin, packed cell volume (PCV). Sperm counts were also evaluated. The results showed significant differences ($P< 0.05$) in most parameters evaluated when compared with the control group. Our findings also demonstrates that toothpaste caused a detrimental effect on sperm count which could lead to infertility in males. There were also observed changes in liver, blood parameters and kidney which could lead to renal dysfunction when exposed to this substance for extended periods.

Keywords: Toothpaste; biomarker response; reproductive toxicity; rats; liver; kidney; hematology.

1. INTRODUCTION

Toothpaste is a personal care product used by millions across the world. Dentists recommend that individuals brush their teeth twice daily with a fluoride containing toothpaste to preserve oral hygiene and prevent dental caries. Patients undergoing orthodontic treatment, however are advised to brush their teeth much more frequently, usually after every meal. Children may sometimes ingest toothpaste due to the flavours which makes it “sweet”. This may put children undergoing orthodontic treatment at a higher risk of toothpaste ingestion due to their increased frequency of tooth brushing. There are numerous brands of toothpaste, but they all have some major active ingredients that are general to all of them and essential in making toothpaste. These ingredients are fluoride (sodium fluoride), abrasives (hydrated silica) and detergents (sodium lauryl sulphate, SLS). Other inactive ingredients present are flavor, sorbitol, etc. [1]. Sodium fluoride being a major component of toothpaste is an inorganic salt. It is a chemical compound and an odourless, colourless crystalline solid [2] that came into use to prevent tooth decay in the 1940s [3]. It has a molecular formula of NaF. It is white to greenish in colour depending on its level of purity [4,5]. It is non-combustible and corrosive to aluminium metal, it is known to be insoluble in alcohol, but highly soluble in water [6]. Sodium Fluoride is used not just as fluorinate in toothpaste, but also in the preservation of wood, as a corrosion inhibitor, insecticide, cleaning agent, chemical reagent and in glass and metallurgy industries [7]. Fluoride has been studied extensively for use in the medical industry [8]. Sodium fluoride is generally safe for dental health at low concentrations, but continuous ingestion of large amounts of sodium fluoride poses possible dangers to health, with short term exposures causing irritations to eyes, skin and nasal membranes [9]. Studies have shown that fluorides, especially when in solution forms (aqueous forms) are more extensively absorbed into the body and are classed as toxic by both inhalation and ingestion through oral routes [10]. The rate at which fluoride (as Sodium Fluoride) is absorbed is inversely related to the pH of the stomach contents [11]. Acute exposure and toxicity can result in nausea, abdominal pain, and diarrhoea. Other possible effects are muscle paralysis, extremity spasms [12]. A study has shown that continuous ingestion of fluoride causes deleterious effects on skeletal [13], dental [14], soft tissues (brain), thyroid [15] and testis [16]. In a study it was observed and documented by [17] that fluoride exposure can induce the loss of neuronal cell bodies and damage synaptic structures in different regions of the brain [18] as well as cause inhibition of enzyme activity and a decrease in expression of membrane proteins [19]. In the blood and liver of animals it was observed that various changes like abnormal behavioural patterns and metabolism occur after chronic administration of fluoride lesions [20,21].

Beyond Sodium Fluoride, Sodium lauryl Sulfate (SLS) is also another major constituent of toothpaste; Sodium lauryl sulfate (SLS), also known as sodium dodecyl sulfate, is an anionic surfactant commonly used as an emulsifying cleaning agent in household cleaning products (laundry detergents, spray cleaners, and dishwasher detergents) [22], it’s low cost and desirable action as a foaming agent has led to its use in the formulations of toothpaste [23]. Like all detergents, SLS has been shown to cause skin and eye irritation and cause more skin related damage especially with prolonged exposure [22]. A research carried out by [24] on the health and safety of the SLS chemical using rats as test subjects showed that SLS is harmful by the oral route, while using rabbits and guinea pigs as test subjects it was found to be harmful in the dermal route. SLS was also reported to irritate the respiratory tract and cause irritation in both skin and eye of rabbits. No gross lesions or microscopic abnormalities were found in a chronic oral feeding study in rats given 0.25%,

0.5% and 1.0% of SLS in their diet for two years [25] and the same result was observed in using a different test subject in a chronic oral one-year oral toxicity study using beagle pups with 0%, 0.67%, 1.0%, or 2.0% SLS. This study is aimed at evaluating the possible effects of toothpaste ingestion (accidentally or intentionally) on hepato-renal functions, hematological and sperm parameters in male albino rats.

2. MATERIALS AND METHODS

2.1 Experimental Setup

24 male albino wistar rats (*Rattus norvegicus)* weighing between 180-200 g were used. The animals were weighed and randomly allocated into two experimental groups.(CU) toothpaste, a popular brand of toothpaste used here in Nigeria was administered to the rats in mimicking concentrations commonly used daily. An average weight adult of 65kg uses about 1ml of toothpaste per toothwash, this body weight was used to estimate the concentration in grams administered to the rats based on their body weight. 1ml of the toothpaste was dissolved in 100ml distilled water to make a solution. The daily dose administered was based on the weekly body weights of the rats. A 1ml syringe was used for administration through the oral route. The experiment was carried out for four (4) weeks. The treatment was administered to the test group for three weeks while on the fourth week no treatment was given to the test group. This was done to observe how their body adapts and tries to recuperate and manage any effects from the treatment. Three (3) rats from the test group were sacrificed weekly and three (3) rats from the control group were sacrificed weekly. This was done to enable us to collect blood and sperm samples for analysis and to allow for careful observation of the specific organs of the rats. Before each sacrifice each rat was weighed and its final body weight was recorded after overnight starvation. The animals were sacrificed by jugular puncture while under anaesthesia. Blood samples collected were taken with both EDTA and Heparin bottles for laboratory analysis while the testes were collected for sperm analysis which was done using an electron microscope.

2.2 Biochemical Analysis

Standard procedures were followed during the collection of the blood, sperm and liver samples prior to biochemical analysis. The plasma activity of Alkaline Phosphatase (ALP) was determined using Radox kit (colorimetric method) of [26]. Biuret method was used to determine the level of total protein in the samples according to the method of Flack and Woollen [27]. The plasma activity of aspartate transaminase was determined using Reitman and Frankel method [28]. The serum electrolytes were determined using ISO 4000 Automated electrolyte analyser. SFRI, France. The plasma activity of alanine transaminase was determined using Reitman and Frankel method [28]. The epididymal sperm count was determined with the Neubauer haemocytometer (Deep 1/10 mm, LABART, Munich, Germany) and light microscope at 40× magnifications.

2.3 Data Analysis

Data were analyzed using the Tukey test at a level of 5% probability, using Assitat Software Version 7.7 en (2017).

3. RESULTS

The effects of oral administration of (CU) toothpaste on the Hepato-renal parameters in male albino rats are presented in Table 1. The result showed significant difference in the levels of electrolytes and hepatocyte parameters between the test and control across each week and between the test and average control (four week) in each week. Results from the first week revealed a higher value of sodium (Na) on test compared to the control with a significant difference ($P< 0.05$) but no significant difference ($P >0.05$) among the test of potassium (K), chlorine (Cl), ALT, AST and their respective control. On the second week, there was no significant difference ($P >0.05$) among the test and the respective controls of sodium (Na), potassium (K), bicarbonate, AST and ALT. While on the third week, the analyzed result showed non-significant difference ($P >0.05$) among sodium (Na), potassium (K), bicarbonate, AST and ALT and their respective control, except chlorine (Cl), which showed a significant difference ($P< 0.05$). Finally, on the fourth week, the result showed that there was a significant difference ($P< 0.05$) among sodium (Na), potassium (K), chlorine (Cl), bicarbonate, ALT, AST and their respective control. The results on Sodium showed no significant difference between week one, week two, week three against the average control, but showed

Table 1. Result showing the effect of toothpaste on sodium, potassium, chloride, bicarbonate, AST AND ALT

		Na (mmol/L)	K (mmol/L)	Cl (mmol/L)	HCO3 (mmol/L)	AST (UI/L)	ALT (UI/L)
	Control	133.67 ± 2.50^{a}	4.05 ± 0.25^{a}	100.67 ± 4.5^{a}	23.67 ± 0.5^{a}	17.67 ± 3.50^{a}	10.67 ± 1.50^{a}
WEEK 1	Test	143.00 ± 4.00^{b,A}	3.60 ± 0.20^{a,AB}	99 ± 1.00^{a,A}	23 ± 0.00^{a,AB}	27.33 ± 8.50^{a,B}	11.67 ± 0.50^{a,B}
	Control	157.67 ± 22.50^{a}	7.25 ± 2.55^{a}	109.67 ± 18.50^{a}	23.67 ± 1.50^{a}	34.67 ± 3.50^{a}	10.0 ± 2.00^{a}
WEEK 2	Test	138.67 ± 12.50^{a,A}	4.38 ± 0.05^{a,AB}	95 ± 7.00^{a,A}	25 ± 4.00^{a,A}	29.67 ± 1.50^{a,AB}	6.67 ± 0.50^{a,C}
	Control	136.67 ± 10.50^{a}	5.0 ± 0.60^{a}	86.67 ± 4.50^{a}	24.67 ± 3.50^{a}	23.67 ± 5.50^{a}	11.0 ± 4.0^{a}
WEEK 3	Test	129.0 ± 1.00^{a,AB}	3.9 ± 0.30^{b,AB}	85 ± 1.00^{a,ab}	19.67 ± 0.50^{a,B}	30.33 ± 3.51^{a,AB}	12.67 ± 0.5^{a,B}
	Control	149.67 ± 0.50^{a}	5.10 ± 0.10^{a}	106 ± 1.00^{a}	23.0 ± 1.00^{a}	23.0± 1.00^{b}	13.06 ± 1.0^{b}
WEEK 4	Test	111.67 ± 3.50^{b,B}	2.9 ± 0.20^{b,B}	76.66 ± 4.50$^{b.B}$	20.0 ± 1.00^{b,AB}	45.0 ± 4.00^{a,A}	24.67 ± 1.5^{a,A}
AVERAGE CONTROL	Control	142.50 ± 11.83^{A}	5.43 ± 1.13^{A}	98.83 ± 9.16^{A}	23.83 ± 1.83^{AB}	25.16 ± 4.16^{B}	10.50 ± 2.5^{B}

$^{a-b}$Different letters in the same column indicate significant difference (P<0.05) within each week
$^{A-B}$ Different letters in the same column indicate significance difference (P<0.05) across the weeks

Table 2. result of the effect of toothpaste on protein, packed cell volume, haemoglobin, red blood cells, white blood cells, platelets, lymphocytes

		PROTEIN (g/L)	PCV (%)	Hb (g/dl)	RBC (X^{12})	WBC (X^{9})	PLATELETS (X^{9})	LYMPHOCYTES (X^{9})
	Control	67.70 ± 12.19^{a}	26.50 ± 1.50^{b}	9.00 ± 0.30^{b}	4.35 ± 0.15^{b}	9.00 ± 2.50^{a}	270± 0.00^{a}	70 ± 5.00^{a}
WEEK 1	Test	59.01 ± 1.57^{a,A}	39.50 ± 0.50^{a,A}	13.13 ± 0.15^{a,A}	6.23 ± 0.25^{a,A}	10.73 ± 1.25^{a,A}	310 ± 40.0^{a,BC}	70 ± 0.00^{a,B}
	Control	72.31 ± 3.36^{a}	32.55 ± 2.95^{a}	9.90 ± 0.90^{a}	5.68 ± 0.89^{a}	9.85 ± 5.65^{a}	335 ± 105.0^{a}	84 ± 1.40^{a}
WEEK 2	Test	66.01 ± 8.84^{a,A}	35.15 ± 2.05^{a,AB}	10.85 ±0.75^{a,AB}	6.43 ± 0.67^{a,AB}	12.0 ± 3.20^{a,A}	333 ± 108.5^{a,B}	72 ± 1.55^{b,B}
	Control	69.23 ± 2.15^{a}	32.84 ± 3.95^{a}	10.36 ± 1.15^{a}	6.04 ± 0.64^{a}	7.4 ±2.85^{a}	423 ± 108.0^{a}	78 ± 1.40^{b}
WEEK 3	Test	63.75 ± 2.55^{b,A}	26.23 ± 3.85^{a,CD}	8.15 ± 1.35^{a,CD}	4.38 ± 1.01^{a,B}	4.36 ±2.50^{a,B}	127 ± 62.50^{a,C}	86 ± 0.65^{a,A}
	Control	73.27 ± 2.15^{a}	39.05 ± 2.35^{a}	13.83 ± 0.45^{a}	6.90 ± 1.60^{a}	6.25 ± 0.05^{a}	416 ± 3.50^{b}	84 ± 0.70^{a}
WEEK 4	Test	62.90 ± 3.84^{b,A}	22.50 ± 1.30^{b,D}	6.50 ± 0.90^{b,D}	4.36 ± 0.15^{a,B}	4.33 ± 0.11^{b,B}	615 ± 61.0^{a,A}	51 ± 2.55^{b,C}
AVERAGE CONTROL	Control	69.07 ± 5.9^{A}	30.63 ± 2.8BC	9.76 ± 0.78^{BC}	5.31 ± 0.5^{AB}	8.76 ± 3.67^{AB}	342.83 ± 71^{B}	77.53 ± 2.6^{AB}

$^{a-b}$Different letters in the same column indicate significant difference (P<0.05) within each week
$^{A-B}$ Different letters in the same column indicate significance difference (P<0.05) across the weeks

significant difference (P>0.05) in week four. The results on Potassium (K) showed no significant difference between week one, week two against the average control at (P>0.05) but shows significant difference (P< 0.05) between the tests of week 3 and week 4. Chlorine (Cl) level revealed there were no significant difference (P>0.05) between week one, week two, week three against the average control, but there were significant difference (P< 0.05) in the fourth week. The result on bicarbonate revealed there were no significant difference (P>0.05) between week one, week two, week three, week four and the average control. The result on ALT, showed significant difference between week one, week two, week three, week four and the average control at (P<0.05). There were significant difference in AST between week one, week two, week three, week four and the average control at (P<0.05).

For the haematological parameters Table 2, on the first week, there was a higher value on the test samples compared to the control in the Packed Cell Volume (PCV), haemoglobin (Hb) and red blood cell (RBC) with a significant difference (P< 0.05) between the test and control while for White blood cells (WBC), Platelets and Lymphocytes there were no significant differences (P> 0.05) between the test and average. The second and third week results both indicate no significant difference (P> 0.05) in Packed Cell Volume (PCV), Haemoglobin (Hb), Red blood cell (RBC), White blood cells (WBC) and Platelets while Lymphocytes count indicates a significant difference (P < 0.05) between the test and control. In the fourth week there were significant difference in all haematological parameters except the Red blood cells (RBC).

There were no significant difference (P> 0.05) in Packed cell volume (PCV) in week 1, week 2 and week 3 when compared with the average control, but there was a significant difference (P< 0.05) in the week 4. No significant difference (P> 0.05) was seen in the fourth week for Haemoglobin between the test and average control, but significant difference (P< 0.05) was noted all through the first three weeks. Comparing the test with the average control significant difference was seen in both Red Blood Cells (RBC) and White blood cells (WBC) through the four weeks. Comparing the test with the average control there were significant difference (P< 0.05) in Platelets across the four weeks. Lymphocytes showed no significant difference all through the four weeks when the test was compared to the average control. The result for sperm count analysis Table 3, revealed that results from week 1 to week 4 all had a lower value of sperm count on the test when compared to the control, with a significant difference (P<0.05) between the control and the treatment although the result showed no significant difference (P > 0.05) between the test and the average control across the four weeks.

Table 3. Result of the effect of toothpaste on sperm count

		SPERM COUNT ($X10^6$)
	Control	475 ± 125^{a}
WEEK 1	Test	$455 \pm 5^{b,A}$
	Control	575 ± 25^{a}
WEEK 2	Test	$225 \pm 225^{b,A}$
	Control	450 ± 150^{a}
WEEK 3	Test	$125 \pm 125^{a,A}$
	Control	650 ± 50^{a}
WEEK 4	Test	$250 \pm 250^{b,A}$
AVERAGE CONTROL	Control	500 ± 100^{A}

$^{a-b}$ Different letters in the same column indicate significant differences (P<0.05) within each week
$^{A-B}$ Different letters in the same column indicate significance differences (P<0.05) across the weeks

4. DISCUSSION

ALT and AST are general traditional biomarkers used widely for detecting drug induced liver injury [29]. In this study, increase or decrease in the levels of these biomarkers is defined by comparing the values obtained from the test animals with the control. The liver enzyme assay showed a gradual increase in the serum levels of AST and ALT with a significant difference in AST (P < 0.05) while there was also a significant difference in ALT (P < 0.05) the increase in the level of serum AST and ALT is an indicator of increased activity of the liver possibly due to the abnormal presence of sodium fluoride (NaF), Sodium lauryl sulphate (SLS) and other components of the toothpaste that are foreign to the body system. The results also showed that there was a significant difference (P< 0.05) in protein and there was a decrease in the protein levels of the test rats as compared to the control, this might be due to the possible negative effect on NaF on the Liver. This decrease although inconsistent with the work of [9] is consistent with the work of [21], [19] and [30]. A more recent study done by [31] indicated that sodium fluoride caused a significant decrease in serum protein

and albumin concentrations. There were generally low values of sodium (Na), potassium (K), bicarbonate in the test compared to the control respectively. This comparison revealed a significant difference ($P< 0.05$) in the last week when comparing the weeks treatment with the average control. This might be because of increased secretion of the electrolytes from the body during urine formation. The toothpaste components may cause an abnormal inhibition of the release of hormones (Anti-Diuretic Hormone) that regulates electrolyte balance. This is because fluoride has been shown to negatively affect the thyroid gland that plays a major role in controlling our body metabolism and internal homeostasis [15], and exposure to it according to [18] can induce the loss of neuronal cell bodies and damage synaptic structures in different regions of the brain. The low level of leukocytes (WBC) recorded on the third and fourth week when compared to the control might be linked to the inflammatory effects of Sodium Fluoride on the lymphatic organ, this is in agreement with [32]. The gradual decrease in PCV, Hb and RBC from week two to week four indicates that NaF has a negative effect on blood when introduced into the system over a long period of time, although the difference wasn't significant, [32] also reported a significant lower blood indices in their experiment. For the sperm count, Results from week 1 to week 4 all had a lower values of sperm count on the test when compared to the control, with a significant difference ($P<0.05$) between the control and the treatment, this significant negative effect of NaF is in agreement with the work of [16] who reported a deleterious effect of fluoride on the testis which is the site for sperm production, and also agreed with work done by [33] and [34] who observed in their experiment that there was a significant decrease in the epididymal sperm count when sodium fluoride which is a major component of toothpaste was administered to rats. Based on this study, efforts should be made to prevent the accidental or intentional ingestion of toothpaste especially by children and orthodontic patients.

5. CONCLUSION

The results from the study clearly points out that a prolonged ingestion of toothpaste generally adversely affects the functioning of the liver, kidney and also the sperm count negatively which may be associated with renal dysfunction and infertility.

ETHICAL APPROVAL

As per international standard or university standard written ethical approval has been collected and preserved by the authors.

COMPETING INTERESTS

Authors have declared that no competing interests exist. The products used for this research are commonly and predominantly use products in our area of research and country. There is absolutely no conflict of interest between the authors and producers of the products because we do not intend to use these products as an avenue for any litigation but for the advancement of knowledge. Also, the research was not funded by the producing company rather it was funded by personal efforts of the authors.

REFERENCES

1. American Dental Association . Toothpaste; 2017.
   Available:https://www.ada.org/en/member-center/oral-health-topics/toothpastes?_e_pi_=7%2CPAGE_ID10%2C2552561422
   (Retrieved on February 18, 2017)
2. Spellman FR. Handbook of water and Waste water Treatment Plant Operations. (2nd ed) CRC Press. 2008;131.
3. Murray JJ, Nunn JH, Steele JG. The prevention of oral disease. OUP Oxford. 2003;53.
4. Haynes WM. Handbook of chemistry and physics. (12th ed.) CRC Press. 2011; 194.
5. British National Formulary: BNF. (69th ed.) British Medical Association; 2015.
6. O'Neil MJ. The Merck Index- An Encyclopedia of Chemicals, Drugs and Biologicals. 13th ed. 2001;1540.
7. Aigueperse J, Chemla M, Guer JP, et al. Fluorine compounds inorganic in ullman. Encyclopedia of Industrioal Chemistry, Weinheim: Wiley- VCH; 2005.
8. Haguenauer D, Shea BH, Tugwell P, Welch V, Wells G. Fluoride for treating post-menopausal osteoporosis. The Cochrane database of systematic reviews; 2000.
9. Green S. Fluoride. Encyclopedia of Toxicology (2nd ed.). Elsevier. 2005;342-343.

10. Kapp R. Fluorine. Encyclopedia of Toxicology. (2nd ed.) Elsevier. 2005; 343-346.
11. World Health Organisation. Environmental Health Criteria 227 Fluorides; 2002. (Retrieved November, 2006)
12. Whitford GN. Acute Toxicity of ingested fluoride. Monogr. Oral. Sci. 2011;22:66-80.
13. Cheng Z, Nui R, Sun Z, Wang J, Wang J. Effects of fluoride and lead on locomotor behaviour and expression of Nissl body in brain of adult rats. Research Report Fluoride. 2008;41(4):276-282.
14. Flaitz CM, Hicks MJ. Enamel caries formation and lesion progression with a fluoride dentrifice and a calcium-phosphate containing fluoride dentrifice: A polarized light microscopy. ASDC J Dent Child. 2000;67(1):21-8.
15. Bhatnagar M, Mondal NK, Susheela AK. Excess fluoride ingestion and thyroid hormone derangements in children living in Delhi, India. Fluoride. 2005;28(2):98-102.
16. Wan S, Wang J, Zhang J. Fluoride induced changes in the expression of epidermal growth factor and its receptor in testicular tissues of young male rats. Fluoride. 2006;39:121-125.
17. Shashi A. Histopathogical investigation of fluoride-induced neurotoxicity in rabbits. fluoride. 2003;36(2):95-105, A., Jolly, S.S.. Chronic Toxic Effects on the Skeletal System in Fluorides and Human Health. Geneva, WHO. 1970;238-49.
18. Gopalakrishna B, Hanumanth RS, et al. Histological changes in the brain of young fluoride intoxicated rats. Fluoride. 2002; 35(1):12- 21.
19. Barbar S, Bhatnagar M, Bhatnagar R, Meena P, et al. Biochemical changes in brain and other tissues of young adult female mice from fluoride in their drinking water. Fluoride. 2006;39(4):280-284.
20. Ramakrishna Rao P, Saralakumari D. Red blood cell glucose metabolism in human chronic fluoride toxicity. Bull Environ Contam Toxicol. 1991;47:834-839
21. Debensten PK, Keman WJ, Mullenix PJ, Schunior A. Neurotoxicity of sodium fluoride in rats. Neurotoxicol Teratol. 1995; 17(2):169-77.
22. Cara AMB, Julia LM, Lauren BW, Heidi S R, Shannon RL, Kay EG. Human and environmental toxicity of sodium lauryl sulfate (SLS): Evidence for safe use in household cleaning products. Environ Health Insights. 2015;9:27–32.
23. Lippert F. An introduction to toothpaste – It's Purpose, History and Ingredients. In Van Loveren, Cor. Toothpaste. Monographs in Oral Science. 2013;23:1-14.
24. Cosmetic Ingredient Review. Final report on the safety Assessment of sodium lauryl sulfate and ammonium lauryl sulfate. Int. J. Toxicol. 2015;24(1):1-102.
25. Fitzhugh OG, Nelson AA. Chronic oral toxicities of surface active agents. J. Pharm. Sci. 1968;37:29-32.
26. Rec GSCC. Colorimetric method for serum alkaline phosphatase determination. Journal of Clinical Chemistry and Clinical Biochemistry. 1972;10(2):182.
27. Flack CP, Woollen JW. Prevention of interference by dextran with biuret-type assay of serum proteins. Clinical Chemistry. 1984;30(4):559-561.
28. Reitman S, Frankel S. A colorimetric method for determination of serum glutamate oxaloacetate and glutamic pyruvate transaminase. American Jounal of Clinical Pathology. 1957;28:56-58.
29. Yutaka T, Yuki K, Hiroyuki H, Yuji M, Kiego M, Takeki U, Motonobu U, Mikinori T. Diagnostic and predictive performance and standard threshold of traditional biomarkers for drug-induced liver injury in rats. Journal of Applied Toxicology. 2014; 35(2):165–172.
30. Anamika J, Komal S, Ramtej JV. Effects of sodium fluoride on DNA, RNA and Protein contents in Liver of Mice and it's Amelioration by *Camellia sinensis*. Acta Poloniae Pharmaceutica - Drug Research. 2012;69(3):551-555.
31. Imtithal AM, Baraa NA. Effect of sodium fluoride on liver functions of rats and amelioration by CoQ10. Journal of Entomology and Zoology Studies. 2017; 5(5):883-893.
32. Maryam A, Muhammad HS, Khushbukhat K, Kanwal Z, Arif-un-Nisa N. Haematological evaluation of sodium fluoride toxicity in oryctolagus cunniculus. Toxicology Reports. 2017;4:450-454.
33. Chinoy NJ, Sequeira E. Effects of fluoride on the histoarchitecture of reproductive organs of the male mouse. Reprod Toxicol. 1989;3:261-7.

34. Arora B, Beena, Kumar N, Singh M, Sood S. Effect of duration of fluoride exposure on the reproductive system in male rabbits. J Hum Reprod Sci. 2010;3(3):148-152.

35. Björndahl L, Söderlund I, Kvist U. Evaluation of the one-step eosin-nigrosin staining technique for human sperm vitality assessment. Hum Reprod. 2003; 18(4):813–6.

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