

Consumption of Brown Rice: a Potential Pathway for Arsenic Exposure in Rural Bengal

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1 Consumption of Brown Rice: a Potential Pathway for Arsenic Exposure in 2 Rural Bengal

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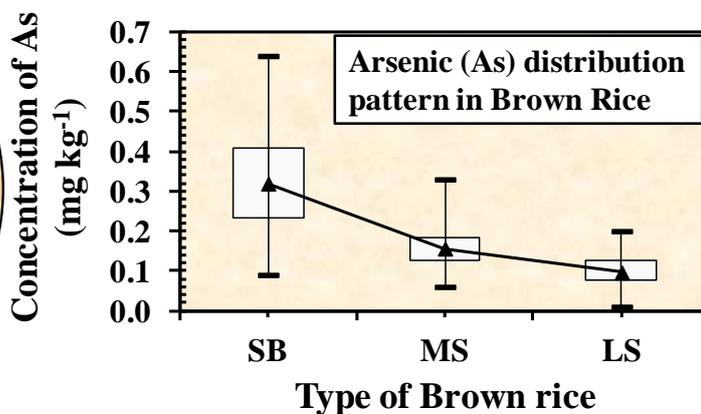
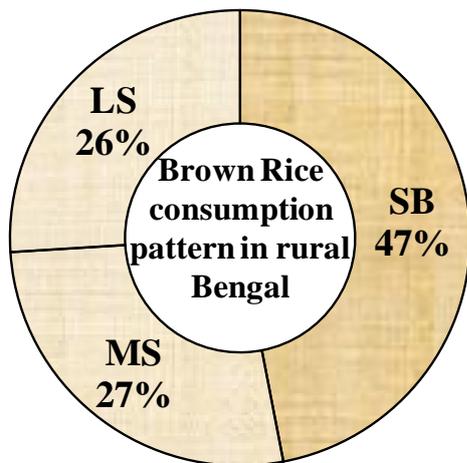
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21 **TOC Art**



Brown Rice Classification



SB: Short Bold

MS: Medium Slender

LS: Long Slender

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ABSTRACT

This study assesses the arsenic (As) accumulation in different varieties of rice grain, that people in rural Bengal mostly prefer for daily consumption, to estimate the potential risk of dietary As exposure through rice intake. The rice samples have been classified according to their average length (L) and L to breadth (B) ratio into four categories, such as short-bold (SB), medium-slender (MS), long-slender (LS) and extra-long slender (ELS). The brown colored rice samples fall into the SB, MS or LS categories; while all Indian Basmati (white colored) are classified as ELS. The study indicates that average accumulation of As in rice grain increases with decrease of grain size (ELS: 0.04; LS: 0.10; MS: 0.16 and SB: 0.33 mg kg⁻¹), however people living in the rural villages mostly prefer brown colored SB type of rice because of its lower cost. For the participant consuming SB type of brown rice, the total daily intake of inorganic As (TDI-iAs) in 29% of the cases exceeds the previous WHO recommended provisional tolerable daily intake (PTDI) value (2.1 µg day⁻¹ kg⁻¹ BW), and in more than 90% cases the As content in the drinking water equivalent to the inorganic As intake from rice consumption ($C_{W, eqv}$) exceeds the WHO drinking water guideline of 10 µg L⁻¹. This study further demonstrates that participants in age groups 18-30 and 51-65 yrs are the most vulnerable to potential health threat of dietary As exposure compared to participants of age group 31-50 yrs, because of higher amount of brown rice consumption pattern and lower BMI.

Key Words: Arsenic exposure; brown rice grain; Provisional Tolerable Daily Intake (PTDI); Body Mass Index (BMI)

48 INTRODUCTION

49 Globally, arsenic (As) in drinking water has been identified as a serious public health issue
50 due to its potential risk to human health.¹ The identifiable health problem is most acute in
51 Southeast Asia, notably in West Bengal (Eastern-India) and adjoining area of Bangladesh
52 where people are heavily dependent on groundwater for domestic purposes like drinking,
53 cooking, bathing and washing.^{2,3} Since the first reporting of elevated level of dissolved As in
54 drinking water of West Bengal,⁴ extensive research has been undertaken regarding well
55 screening, source characterization and mobilization along with possible mitigation
56 processes.⁵⁻¹² The initiatives have also led to development of strategies to reduce As exposure
57 from drinking water. Both national and international agencies are now working to provide
58 safe drinking water to the affected rural population, by remediation of the As contaminated
59 groundwater, changing the sources of drinking water by targeting deeper safe aquifer, or
60 supplying treated surface water.¹³ However not much attention has been given to crop
61 irrigation as a pathway of As exposure. People are still irrigating their lands with groundwater
62 that contains elevated level of As.¹⁴ Consequently, average As concentration in the soils of the
63 irrigated land continues to increase, which can lead to significant bioaccumulation of As in
64 the crops.¹⁵

65 The general practice of rice (*Oryza sativa L.*) cultivation involves continuous flooding of the
66 irrigated land.¹⁶ This often leads to soils becoming reduced with time during cultivation which
67 increases the bioavailability of As in the soils and consequently the accumulation of As in rice
68 grains.¹⁷ The accumulation of As in rice grains is highest during dry season rice (Boro)
69 cultivation, which solely relies on groundwater irrigation.¹⁸ Meharg and Rahman,¹⁵ reported
70 that for boro rice cultivation, about 1000 mm irrigation water is required per hectare and they
71 estimated that if irrigation water contains $100 \mu\text{g L}^{-1}$ of As, the annual accumulation of As in
72 the paddy soil would be as high as 100 mg m^{-2} . In Bangladesh, the concentration of As in rice
73 grains positively correlates with As concentration in irrigation water.¹⁹

74 Rice is considered as one of the major staple food, particularly in the Asian countries, where
75 per person daily rice intake may be up to 0.5 kg (dry weight).^{19,20} In West Bengal and
76 Bangladesh, rice consumption provides an average 72.8% of the daily caloric intake per
77 capita.^{21,22} In rice, As is mostly present in inorganic and methylated forms,^{23,24} but their
78 distribution varies genetically.²⁵⁻²⁷ Therefore rice is considered as one of the potential route of
79 dietary As exposure in many parts of the world.^{22,28} Several studies done in last few years
80 indicate that despite of higher average dissolved As content in irrigation water of Asia, the
81 average As content in Asian rice (0.16 mg kg^{-1}) is comparatively lower than global mean

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3 82 value of As content in rice (0.20 mg kg^{-1}) as well as those of American (0.20 mg kg^{-1}) and
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5 83 European rice (0.22 mg kg^{-1}) (see Supporting Information, SI Table 1).¹⁹ The higher As
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7 84 content in American rice has been attributed to the legacy of previous extensive use of
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9 85 arsenical pesticides in the country.²⁹ It has been shown that in American rice, As is present
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11 86 mostly in organic form (DMA), which is less toxic compared to its inorganic As species
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13 87 found in Asian and European rice.²⁴ Zavala and Duxbury,¹⁹ have calculated the global normal
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15 88 distribution range of As in rice grain ($0.08\text{-}0.20 \text{ mg kg}^{-1}$) and Williams et al.³⁰ have estimated
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17 89 that consumption of rice with As concentration of 0.08 mg kg^{-1} is equivalent to WHO
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19 90 guideline value of $10 \mu\text{g L}^{-1}$ in drinking water. However, most of these studies are based on
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21 91 market-basket survey. So far negligible attempt has been made to systematically estimate the
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23 92 attendant health risk of dietary As exposure by quantifying As content in households rice that
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25 93 are consumed by the at-risk inhabitants in rural villages of India or Bangladesh.

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27 94 The goal of this study is to combine a questionnaire based survey with collection and
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29 95 analysis of rice samples consumed in rural areas of West Bengal, India. Although the local
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31 96 inhabitants have been provided with safe drinking water during the last 3-4 yrs, skin lesions
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33 97 remain quite common in the study area. We hypothesize that consumption of As-enriched rice
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35 98 is an important contributor to the high incidence of skin lesions that still exist in the region. A
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37 99 risk quotient approach is used to assess the potential health risks of As exposure due to
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39 100 consumption of rice.

101 MATERIALS AND METHODS

102 **Field Site Description.** The field survey was conducted in three neighboring villages,
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104 namely Chhoto-Itna, Debogram and Tehatta of Nadia District, West Bengal, India (Figure 1).
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106 The study areas are surrounded by agricultural lands. The major agricultural practices are the
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108 cultivation of jute (May-September) and boro rice (December-April). Farming is the common
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110 occupation of the habitants. The educational and socio-economic statuses of the villages are
111
112 very poor.

113 **Sampling and Classification of Rice Grain.** A total of 157 rice samples were collected
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115 from randomly selected households. The sample collection was followed by a detailed
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117 questionnaire survey which includes information about the rice color, cost, source of rice
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119 (buys from market or cultivated in their own field). Further, number of consumers of each rice
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121 sample, amount of rice consumption by the participants and con-founding factors like age,
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123 height and body weight of each participant was also collected during survey. After collection,
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125 rice samples were stored in airtight polyethylene zipper bags at room temperature. During

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3 115 survey, few varieties of Indian Basmati rice (Kohinoor[®], India Gate[®]) (n = 7) were also
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5 116 collected from local market to use as control. Five rice grains were picked randomly from
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7 117 each sample packet to measure length (L) and breadth (B) by micrometer screw gauge. The
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9 118 rice samples (n = 164) were classified according to grain size and shape by taking their
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11 119 average L and L to B ratio into four categories viz short-bold (SB, L <5.50 mm, L/B <1.1-2),
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13 120 medium-slender (MS, L= 5.51-6.60 mm, L/B >3), long-slender (LS, L= 6.61-7.50 mm, L/B
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15 121 >3) and extra-long slender (ELS, L >7.50, L/B >3).³¹ Thirty rice samples (18%) were chosen
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17 122 randomly to further measure L and B by image analysis (for details see Supporting
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19 123 Information) for testing the accuracy of rice grain classification (SB, MS, LS and ELS).
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21 124 However none of the rice samples changed its classification after measurement by image
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23 125 analysis (see Supporting Information, SI Table 2).

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25 126 **Analysis of As in Rice Samples.** Rice grains were carefully washed with Millipore water
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27 127 (18MΩ) and then dried in a hot air oven (65° C for 48 h). Dried rice grains were grounded
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29 128 using mechanical grinder. The grounded rice samples were acid digested following the
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31 129 procedure reported by Meharg and Rahman,¹⁵ (see Supporting Information for detail digestion
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33 130 procedure). The acid digested samples were then analyzed for total As using hydride
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35 131 generation atomic absorption spectrometer (HG-AAS, Varian AA240) at the Department of
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37 132 Chemistry, University of Kalyani. The HG-mode was preferred because of its lower detection
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39 133 limit (<1μg L⁻¹) for As. Two reagent blank and one standard reference materials (SRM
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41 134 1568a), prepared by National Institute of Standards and Technology (NIST) were included in
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43 135 every batch of 30 samples to ensure accuracy of the analysis. In each batch the recovery of the
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45 136 SRM sample was within 96-104%. Thirty five rice samples (21%) were selected randomly to
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47 137 reanalyze to check the precision of the analysis (for details quality assurance, see the
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49 138 Supporting Information).

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51 139 **Estimation of Dietary As Exposure.** Total Daily Intake of inorganic As (TDI-iAs) due to
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53 140 consumption of rice was calculated for each participant using the equation:

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$$TDI-iAs (mg day^{-1} kg^{-1} BW) = (C_R \times X \times W) / BW \quad (1)$$

56
57 142 where C_R, X, W and BW represent the total As concentration in rice sample (mg kg⁻¹),
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59 143 percentage of inorganic As content in rice sample, the daily consumption of rice (kg day⁻¹)
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144 and body weight of the participant (kg) respectively. Previous study by Williams et al.²⁴
145 reported that in Indian rice As is mostly (81 ± 4%) present in inorganic form [both as As(III)
146 and As(V)], which was further supported by Mondal et al.²². Thus in this study, to
147 approximate the inorganic As content in rice, C_R for each sample was multiplied by X of 0.81.
148 It should be mentioned here that as $TDI-iAs = f(X)$ (from equation 1), a change in X would

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3 149 affect the value of TDI-iAs in similar fashion with same extent. Though, currently there is no
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5 150 WHO recommended Provisional Tolerable Daily Intake (PTDI) value for inorganic As,³² the
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7 151 potential risk of dietary As exposure was evaluated by comparing TDI-iAs values with
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9 152 previous WHO recommended PTDI value of 2.1 $\mu\text{g day}^{-1} \text{kg}^{-1} \text{BW}$. Furthermore, assuming
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11 153 percentage of inorganic As in drinking water to be 100%, the As content in the drinking water
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13 154 equivalent to inorganic As intake from rice consumption ($C_{W, \text{eqv}}$) was also predicted for each
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15 155 participant using the equation:

$$16 \quad 156 \quad (C_{W, \text{eqv}} \times V) / BW = (C_R \times X \times W) / BW \quad (2)$$

$$17 \quad 157 \quad \text{or } C_{W, \text{eqv}} (\mu\text{g L}^{-1}) = (C_R \times X \times W) / V \quad (3)$$

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19 158 where V represents the amount of daily water consumption (L day^{-1}) of the participant,
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21 159 collected during questioner survey. The Body Mass Index [$BMI = BW/H^2$ (4), where H
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23 160 represents height of the participant in m] value of the participants was also calculated to
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25 161 evaluate the effect of confounding factors on dietary exposure of As due to rice consumption.

27 162 **RESULT AND DISCUSSION**

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29 163 **Variability and Distribution of As in Different Types of Brown Rice Grain.** In this
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31 164 study, one important observation is that all the surveyed household rice samples ($n = 157$)
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33 165 were of brown color, whereas Indian Basmati rice samples ($n = 7$) were of white color. The
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35 166 subsequent grain size and shape determination indicates that out of these total household
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37 167 samples, 73 samples (47%) were SB, whereas 43 (27%) and 41 (26%) samples were MS and
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39 168 LS respectively and all the Basmati rice samples were ELS. People in rural Bengal prefer
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41 169 brown colored rice (particularly SB brown rice) because of its lower cost and they think it
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43 170 takes more time to digest, thus they do not feel hungry for long time after taking a meal.
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45 171 Variability and distribution of total As in the classified brown rice grain and Indian Basmati
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47 172 has shown by Box and Whisker plot (Figure 2). The figure represents that the concentration of
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49 173 As in rice grain varies largely according to grain size. Both the variation and median As
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51 174 concentration is highest (range: 0.09-0.64 mg kg^{-1} , median: 0.32 mg kg^{-1}) in SB type of rice,
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53 175 compared to MS (range: 0.06-0.33 mg kg^{-1} , median: 0.16 mg kg^{-1}) and LS (range: 0.01-0.24
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55 176 mg kg^{-1} , median: 0.10 mg kg^{-1}) type of rice, which means that As concentration decreases
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57 177 with increasing grain size. The As levels in SB and MS types of rice are clustered in middle
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59 178 position, but for LS type of rice, the values have some positive skewness. This indicates that
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179 for SB and MS types of rice, the middle 50% (from 25th percentile to 75th percentile) of the
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181 180 observed values are spread around the median value, while for LS type of rice, the upper part
of the box has wider spread of As levels. Furthermore the 100th percentile As concentration

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3 182 values of MS and LS rice are nearly equal to 50th and 25th percentile value of SB rice
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5 183 respectively. This point out that 50% and 75% samples of SB rice have As concentrations
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7 184 above highest value observed for MS and LS type of rice respectively. Considering the global
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9 185 normal range of As concentration in rice, about 90% of SB and 20% of MS type of rice
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11 186 samples exceed this range, whereas for LS type of rice, 100% samples are within this global
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13 187 range. The previous studies made by Meharg et al.³³ and Smith et al.³⁴ have reported the
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15 188 higher accumulation of As in the outer bran layer of rice grain. Thus higher As concentration
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17 189 in SB brown rice compared to MS and LS brown rice, might be due to the development of
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19 190 thicker outer bran layer by complex interaction between environmental and genetic
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21 191 controls.^{26,27} From this discussion it is clear that more As will be ingested into the human
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23 192 body by consuming equal amount of SB type of rice than MS and LS types of rice.

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25 193 It is worthwhile to note the remarkably narrow whisker band along with low level of As
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27 194 concentration for Indian Long Basmati samples (ELS) (Figure 2). The maximum As
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29 195 concentration observed for ELS rice samples (0.07 mg kg⁻¹) is lower than the observed
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31 196 minimum As concentration for SB (0.09 mg kg⁻¹), 10th percentile for MS (0.09 mg kg⁻¹) and
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33 197 25th percentile value for LS (0.08 mg kg⁻¹) type of rice grain. The mean As concentration in
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35 198 ELS rice (0.04 mg kg⁻¹) is nearly 8.5 times lower than the mean As value for SB brown rice
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37 199 (0.33 mg kg⁻¹) and 5.6 times lower than the mean value of all types of brown rice grains (0.23
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39 200 mg kg⁻¹) collected from the study area. The lower As concentration in white rice compared to
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41 201 brown rice is possibly due to the removal of outer bran layer of rice grain during polishing to
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43 202 make the grain color white.^{26,27} It is interesting that the mean As concentration in American
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45 203 white Basmati rice from Texas (0.26 ± 0.08 mg kg⁻¹),¹⁹ is nearly six times higher than Indian
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47 204 Basmati rice samples (0.04 ± 0.02 mg kg⁻¹), collected from our study area.

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49 205 **Human Exposure to Dietary As through Consumption of Brown Rice.** According to the
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51 206 type of brown rice consumption, the TDI-iAs values of individual participants were grouped
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53 207 into three categories to estimate the effect of different type of brown rice grain to dietary As
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55 208 exposure. The range of TDI-iAs values for SB, MS and LS rice consumers was 0.48-4.34,
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57 209 0.20-1.56 and 0.05-1.22 µg day⁻¹ kg⁻¹ BW respectively with median value of 1.59, 0.71 and
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59 210 0.53 µg day⁻¹ kg⁻¹ BW (Figure 3). The comparison of these three groups of TDI-iAs values
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211 with the previous WHO recommended PTDI value (2.1 µg day⁻¹ kg⁻¹ BW) indicates that for
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213 212 29% of the participants consuming SB type of rice, TDI-iAs values exceed the threshold
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215 213 value, while for none of the participants consuming MS and LS type of rice, the TDI-iAs
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215 214 values exceed this threshold value (Figure 3). It should be mentioned here that JECFA (Joint
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215 215 FAO/WHO Expert Committee on Food Additives) withdrawn the previous PTDI value

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3 216 because it was in the lower range of confidence interval of the $BMDL_{0.5}$ (benchmark dose
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5 217 limit for 0.5% response), calculated from epidemiological studies.³² Consequently, in near
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7 218 future if WHO decreases the threshold value of PTDI, the number of participants, potentially
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9 219 exposed to dietary As due to consumption of brown rice will likely increase significantly.
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11 220 Furthermore the calculation of $C_{W, eqv}$ indicates that for more than 90% SB type of rice
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13 221 consumers, the ingestion rate exceeds the WHO recommended drinking water guideline value
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15 222 of $10 \mu\text{g L}^{-1}$ (range: $4.1\text{-}83.1 \mu\text{g L}^{-1}$, median: $22.2 \mu\text{g L}^{-1}$). For MS and LS type of rice
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17 223 consumers, in 50% (range: $2.34\text{-}25.2 \mu\text{g L}^{-1}$, median: $11.1 \mu\text{g L}^{-1}$) and 25% (range: $0.64\text{-}33.5$
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19 224 $\mu\text{g L}^{-1}$, median: $8.43 \mu\text{g L}^{-1}$) cases, the ingestion rate exceeds the threshold value (Figure 4).
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21 225 This study suggests that in rural Bengal, consumption of SB type of brown rice is a significant
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23 226 risk factor in terms of dietary exposure to As, whereas people consuming MS and LS types of
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25 227 brown rice are comparatively at lower risk.

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27 228 To find out the vulnerable age group, participants who consumed SB type of brown rice
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29 229 were classified into three categories (younger: 18-30, middle aged: 31-50 and older: 51-
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31 230 65 yrs) according to their age. The distribution of TDI-iAs values among these age groups
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33 231 indicates that for almost 50% participants of younger and older age groups, the intake rate
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35 232 exceeds the WHO recommended threshold value, while 80% participants of middle age group
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37 233 are at much lower risk from dietary As exposure due to SB type of rice consumption (Figure
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39 234 5). Nevertheless, for none of participant consuming MS and LS type of rice the TDI-iAs value
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41 235 exceed the WHO recommended PTDI value, it would be of great interest from the point of
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43 236 view of future lowering of threshold value, to investigate the distribution of TDI-iAs among
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45 237 different age groups of the participants. However, because of uneven distribution of number
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47 238 of participants consuming MS and LS rice in different age groups (for e.g. number of younger
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49 239 consumers for MS and LS rice are 2 and 4 out of total number of participants 43 and 41
50
51 240 respectively), the comparison was only limited to the SB type of rice consumers in this study.

52
53 241 The rice consumption pattern and BMI of the participants consuming SB type of rice are
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55 242 compared according to the age groups in Table 1, to shed light on possible reason why
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57 243 younger and older age groups are more vulnerable. The table shows that the amount of rice
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59 244 consumption by the participants of younger and older age groups (median: 350 g and 400 g
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245 respectively) are considerably higher than that of the middle aged participant (median: 250 g).
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247 However, the BMI's of the participants of younger (median: 17.4 kg m^{-2}) and older age
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249 groups (median: 18.4 kg m^{-2}) are lower than that of middle aged participants (median: 18.8 kg m^{-2}). This signifies that despite higher amount of rice consumption, the participants of
younger and older age groups seem to be underweight (normal BMI range: $18.5\text{-}24.9 \text{ kg m}^{-2}$).

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3 250 High amount of rice consumption together with lower BMI are considered to be the
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5 251 predisposing factors for adverse effects of higher TDI-iAs values among participants in the
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7 252 younger and older age groups. This study indicates that dietary As exposure does not only
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9 253 depend upon concentration of As in brown rice but also depends on the amount of rice
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11 254 consumption and nutritional status (related to the BMI) of the rice consumer.

12 255 **Implications.** This study shows that consumption of brown rice, particularly of SB type, in
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14 256 rural Bengal may be a potential alternative pathway of As exposure. Consequently, the
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16 257 remediation of As from drinking water only may not be enough to mitigate the As risk to the
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18 258 local population. Increased attention needs to be paid to this exposure pathway which should
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20 259 be linked to any policies on sustainable use of irrigation water. Otherwise, the number of
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22 260 health outcomes and geographical area coverage of As exposure and poisoning will be
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24 261 compounded more in near future. The economical constraint in the rural villages is also an
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26 262 important burden that is closely linked to the As exposure. The reduction of poverty may also
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28 263 help to mitigate this problem by increasing the living standard (consumption of long grain
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30 264 rice, proper nutrition etc.) of the rural populations. Thus As mitigation in West Bengal and
31
32 265 Bangladesh demands an integration of both scientific and social policies.

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59
60 280 manuscript.

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3 281 **SUPPORTING INFORMATIONS AVAILABLE**

4
5 282 Inter and intra-regional comparison of As content in rice grains, details about image analysis
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7 283 and reclassification of rice grains, digestion procedure for quantification of total As and
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9 284 quality assurance for As measurement in rice grains have given in the Supporting
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11 285 Information. This information is available free of charge via the internet at <http://pubs.acs.org>.

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4 388 **TABLE CAPTIONS.**

5 389 Table 1. Age group wise distribution of body weight (BW), amount of rice consumption and
6 390 body mass index (BMI) of the participant, consuming SB type of rice.
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391 Table 1. Age group wise distribution of body weight (BW), amount of rice consumption and body mass index (BMI) of the participant,
 392 consuming SB type of rice.

| Calculation | 18 -30 yr | | | 31- 50 yr | | | 51 - 65 yr | | |
|--------------------|------------|-------------------------|------------------------------|------------|-------------------------|------------------------------|------------|-------------------------|------------------------------|
| | BW (kg) | Rice consumption (g) | BMI (kg m ⁻²) | BW (kg) | Rice consumption (g) | BMI (kg m ⁻²) | BW (kg) | Rice consumption (g) | BMI (kg m ⁻²) |
| Min | 35.5 | 250 | 15.0 | 30.0 | 150 | 13.9 | 30.0 | 150 | 11.8 |
| 25th percentile | 37.5 | 250 | 16.7 | 41.0 | 175 | 18.0 | 39.8 | 250 | 16.8 |
| 50th percentile | 40.5 | 350 | 17.4 | 47.0 | 250 | 18.8 | 46.0 | 400 | 18.4 |
| 75th percentile | 47.5 | 400 | 20.1 | 51.3 | 250 | 21.2 | 52.3 | 400 | 21.1 |
| Max | 61.5 | 400 | 23.4 | 65.5 | 400 | 28.1 | 58.5 | 450 | 25.0 |

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4 393 **FIGURE CAPTIONS.**

5 394 Figure 1. Map of the study area: a, India; b, West Bengal, marked with red circle indicates the
6 395 block of the study area in Nadia District (modified from Public Health Engineering
7 396 Department, PHED, Govt. of West Bengal, web site <http://www.wbphed.gov.in/>); c, d and e
8 397 represent three villages Chhoto Itna, Debogram and Tehatta with sampling locations. Satellite
9 398 images of the three villages acquired from Google Earth 6.0.2.

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12 399 Figure 2. Variation of As Concentration in different type of brown rice. The length of the box
13 400 represents 25th to 75th percentile. The median value is represented by middle triangle inside
14 401 the box. The lower and upper solid squares indicate the 10th and 90th percentile and lower
15 402 and upper whiskers represent the minimum and maximum value respectively. The red lines
16 403 represent the global normal range of As in rice ($0.08-2.0 \text{ mg kg}^{-1}$).

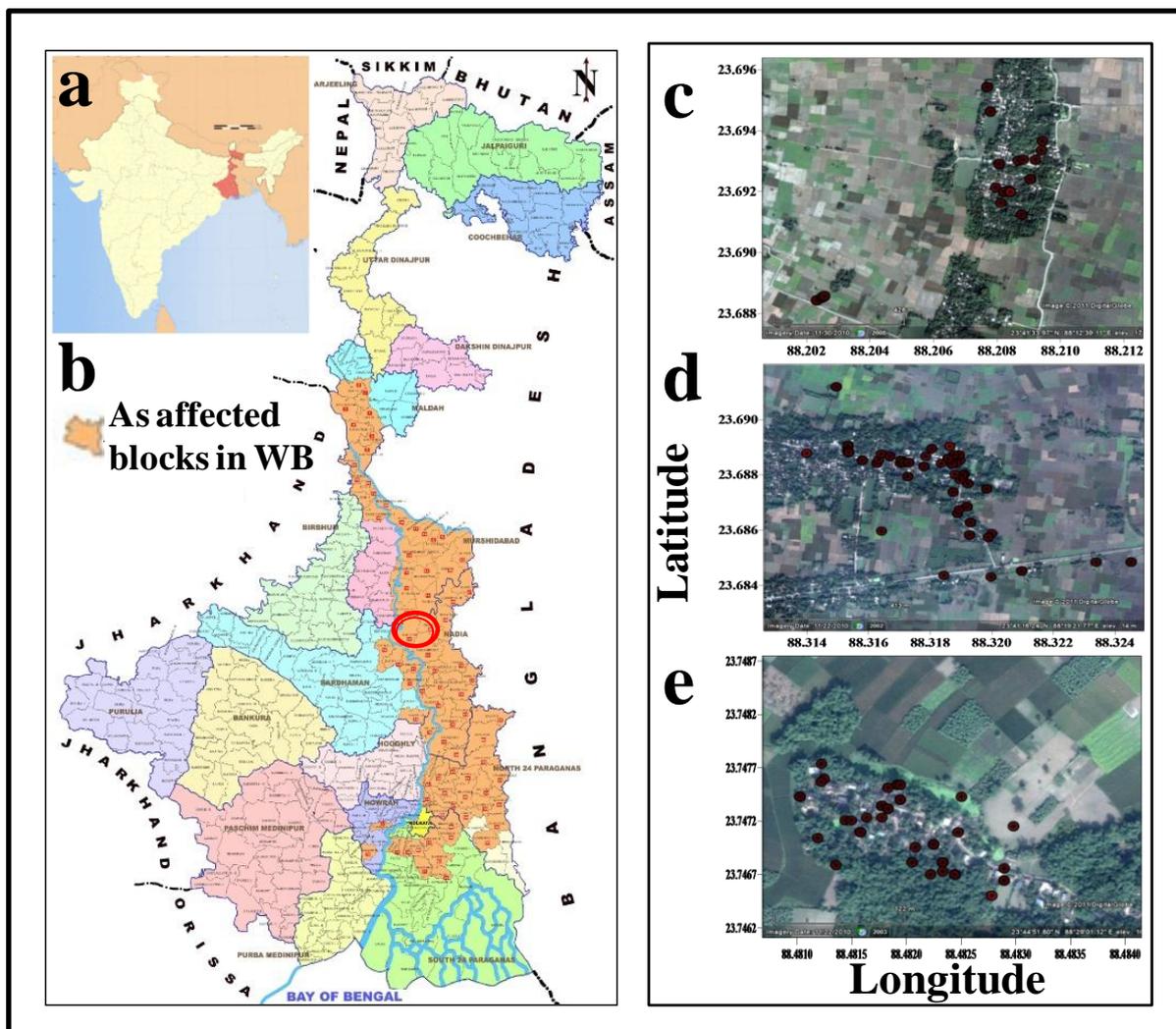
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20 404 Figure 3. Variation of TDI-iAs for the participants consuming different type of brown rice.
21 405 The red line represents the previous WHO recommended PTDI value of $2.1 \mu\text{g day}^{-1} \text{ kg}^{-1}$
22 406 BW.

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25 407 Figure 4. Distribution of $C_{W, \text{eqv}}$ for the participants consuming different type brown rice. The
26 408 red line indicates WHO drinking water guideline of $10 \mu\text{g L}^{-1}$.

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29 409 Figure 5. Distribution of TDI-iAs for the participants consuming SB brown rice, according to
30 410 different age groups. The red line represents the previous WHO recommended PTDI value of
31 411 $2.1 \mu\text{g day}^{-1} \text{ kg}^{-1}$ BW.

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415 Figure 1. Map of the study area: a, India; b, West Bengal, marked with red circle indicates the
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 417 Department, PHED, Govt. of West Bengal, web site <http://www.wbphed.gov.in/>); c, d and e
 418 represent three villages Chhoto Itna, Debogram and Tehatta with sampling locations. Satellite
 419 images of the three villages acquired from Google Earth 6.0.2.

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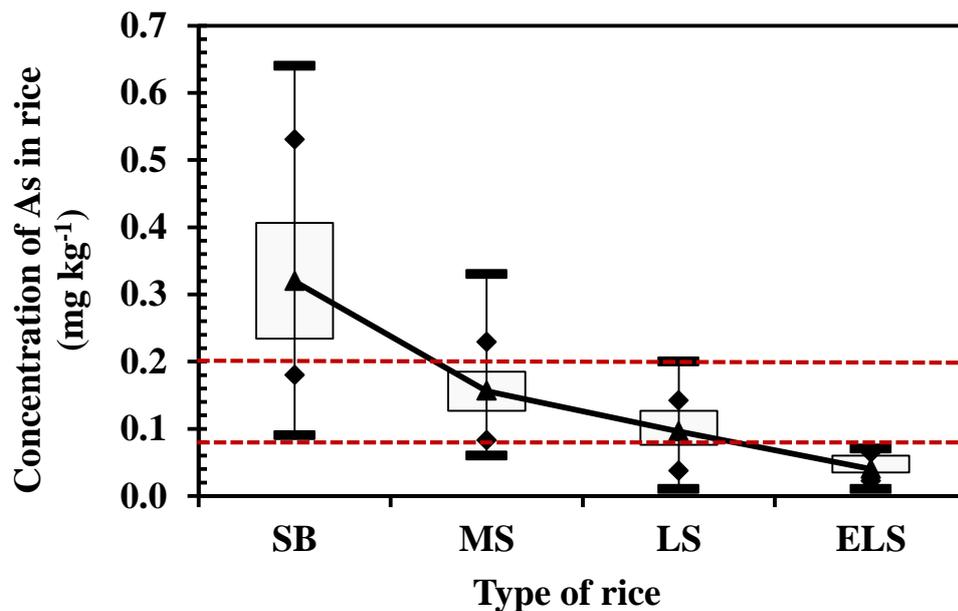
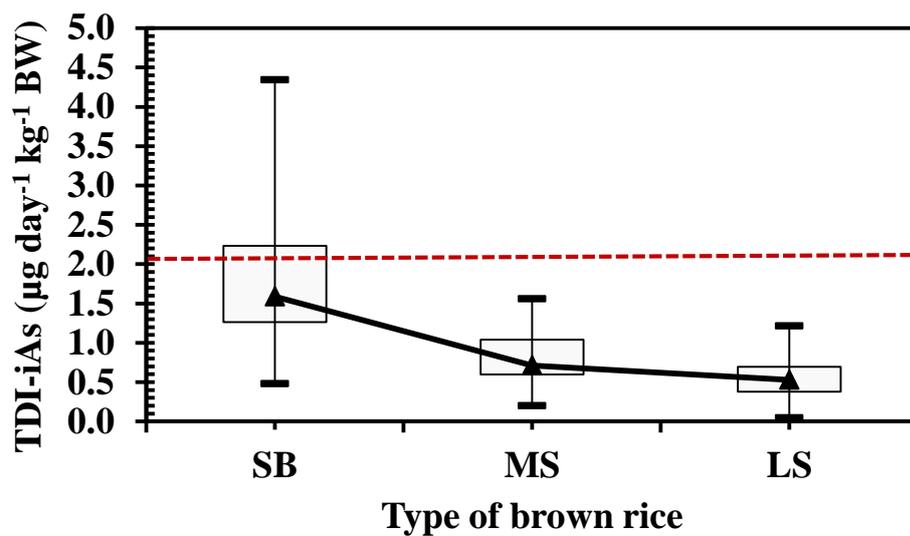


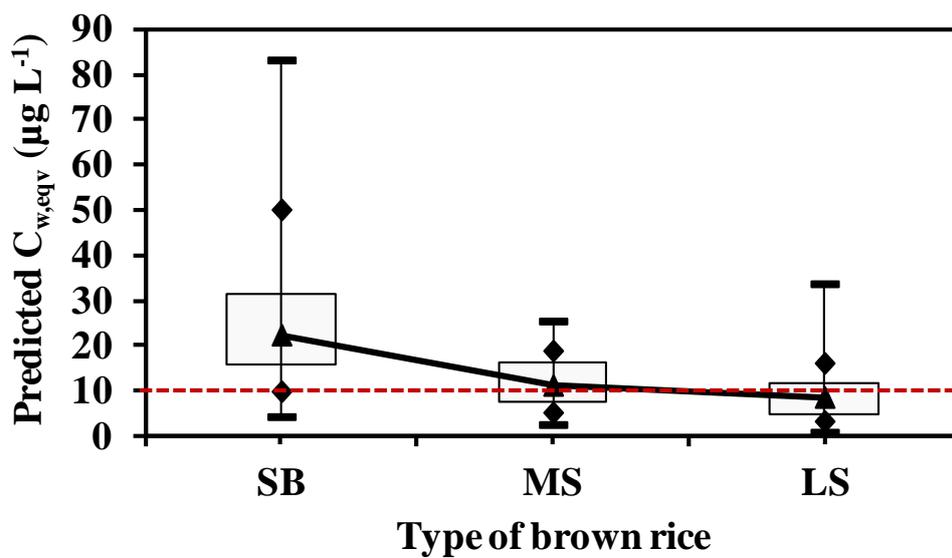
Figure 2. Variation of As concentration in different type of brown rice. The length of the box represents 25th to 75th percentile. The median value is represented by middle triangle inside the box. The lower and upper solid squares indicate the 10th and 90th percentile and lower and upper whiskers represent the minimum and maximum value respectively. The red lines represent the global normal range of As in rice (0.08-2.0 mg kg⁻¹).



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429 Figure 3. Variation of TDI-iAs for the participants consuming different type of brown rice.
430 The red line represents the previous WHO recommended PTDI value of $2.1 \mu\text{g day}^{-1} \text{kg}^{-1}$
431 BW .

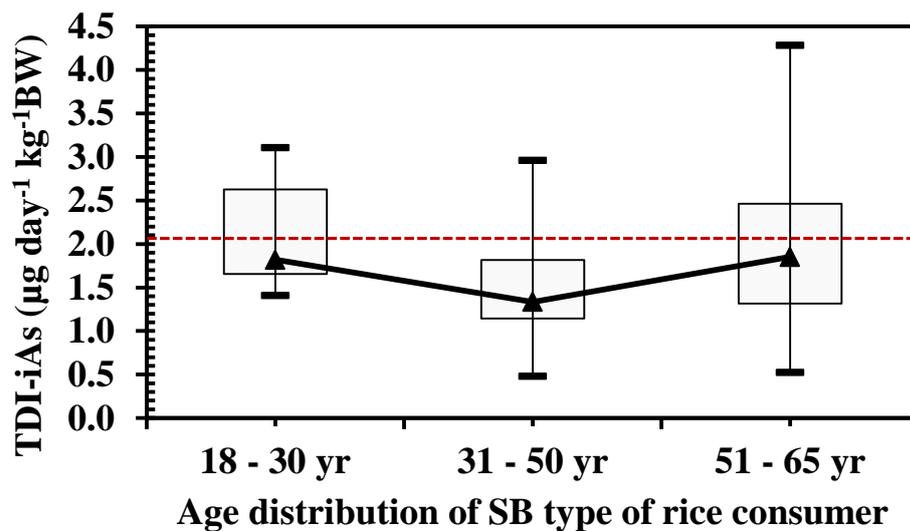
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434 Figure 4. Distribution of $C_{w,eqv}$ for the participants consuming different type brown rice. The
435 red line indicates WHO drinking water guideline of 10 $\mu\text{g L}^{-1}$.

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438 Figure 5. Distribution of TDI-iAs for the participants consuming SB brown rice, according to
439 different age groups. The red line represents the previous WHO recommended PTDI value of
440 2.1 $\mu\text{g day}^{-1} \text{kg}^{-1} \text{BW}$.

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