

Trial of ferrous glycine sulphate in the fortification of common salt with iron

S. Ranganathan,* K. Vasantha Lakshmi & Vinodini Reddy

National Institute of Nutrition, Indian Council of Medical Research, Hyderabad 500 007, India

(Received 21 April 1995; revised version received 1 December 1995; accepted 1 December 1995)

Ferrous glycine sulphate, an organic complex of glycine and ferrous sulphate, was tested as a source of iron to produce iron fortified salt. The dry mixing was found superior to the spray mixing technique. The fortified salt retained the colour of common salt. The iron distribution was uniform, approximately 1000 ± 50 ppm. The iron stability of the fortified salt during long storage (1 year) was satisfactory and the iron was available in the ferrous form. The available iron from the fortified salt, measured by the *in vitro* method, was 70% which was 3 times higher than ferrous sulphate fortified salt. The acceptability of the fortified salt were indistinguishable from those containing unfortified salt in colour, taste, flavour or texture. Factory production was smooth. The chemical cost, of iron fortification was the same as that of the earlier formulations of iron fortified salt. Copyright © 1996 Elsevier Science Ltd

INTRODUCTION

Iron deficiency anaemia (IDA) is a major nutritional problem in the developing world and affects all segments of the population. It is particularly severe in infants and child bearing women (WHO, 1990; Baynes & Bothwell, 1990). The prevalence of IDA in the Indian population is high and ranges from 40 to 70% depending upon age and sex. Food fortification is generally considered the best long- term approach for combating IDA (WHO, 1975; INACG, 1977; Cook & Russer, 1983; DeMaeyer, 1989; MacPhail & Bothwell, 1989; Hurrell & Cook, 1991). Common salt fulfils all the requirements of an ideal vehicle for iron fortification in India. The usefulness of iron fortified salt (IFS) in controlling IDA has been demonstrated by population studies in the country (Report, 1982). Several formulae have been reported for the production of IFS using stabilisers and absorption promoters for iron (Narasinga Rao & Vijayasarathy, 1975, 1978; Ranganathan, 1992). However, the formula using ferrous sulphate and sodium hexametaphosphate was shown to exhibit better iron absorption (Ranganathan, 1992) and also was free from any discolouration and other problems in the factory (Ranganathan et al., 1993). Nevertheless, no IFS formula has been reported using only the iron compound. This is mainly because of the fact that the ferrous sulphate is easily oxidised to the less utilisable ferric sulphate (The Merck Index, 1989). Fortification of common salt with an iron compound alone will have several advantages.

Ferrous glycine sulphate (FGS), an organic complex of ferrous sulphate and glycine, has been shown to be an effective oral haemmatinic in controlling IDA in children (Todd, 1958), adults (Pomeranze & Gadek, 1957; Coplin et al., 1991; Barnes, 1960; Krantz & Carr, 1969) and pregnant women (Jennison, 1958; Cameron, 1974; Piccinini, 1961; Rummel & Candon, 1956; Rummel, 1960). The presence of glycine maintains the ferrous iron in a soluble form throughout the entire pH ranage of the gastro-intestinal tract. For this reason it is reliably absorbed (Cameron, 1974). Direct toxicity to the gastric mucosa by ferric iron is minimised by two factors: 1) the very low ferric iron content and 2) the fact that ferric iron present will be maintained in a soluble and non-irritant form by glycine. The low incidence of side-effects and complaints from patients underline the excellent tolerance and acceptability of the FGS (Cameron, 1974; Coplin et al., 1991). The FGS complex passes through the intestinal walls both rapidly and in high concentration (Jacobi et al., 1956; Hegsted et al., 1949). When exposed to the atmosphere for three months (Jennison, 1958) FGS showed no oxidation to ferric iron; nor was it precipitated in alkaline solution even at a pH much higher than the pH found in the human intestinal region, whereas ferrous sulphate produced heavy precipitate (Arden, 1950).

Therefore, attempts were made to fortify common salt only with FGS without adding any stabiliser and/or absorption promoter for iron.

^{*}To whom correspondence should be addressed.

MATERIALS AND METHODS

Materials

Salt

Edible grade solar crystal salt was obtained from Tuticorin (India).

Chemicals

FGS powder (I.P. Grade) was supplied by M/s. Medcell Laboratories Pvt. Ltd, Madras (India). Ferrous sulphate heptahydrate (I.P. Grade) was supplied by M/s. Abhyudaya Chemical and Scientific Corporation, Hyderabad (India).

Methods

Fortification process

Common salt was crushed to a coarse powder (mesh size # 10). FGS at different levels to give iron levels of 125, 250, 500, 750 and 1000 ppm was added to 1 kg of crushed salt. In the 'spray mixing' process the FGS was dissolved in water and sprayed over the salt and mixed thoroughly. In the 'dry mixing' process, FGS powder was mixed with 0.1 kg of the salt and the 'pre-mix' was added to the remaining 0.9 kg of salt and mixed well to achieve uniform distribution of iron.

Storage and stability

FGS stored in plastic bags was tested every month for its ferrous and ferric content for 1 year.

The IFS samples packed in 1 kg LDPE bags were stored at normal room conditions and also at high humidity (RH 78%) in a humidity chamber. All the samples were tested for ferric iron and total iron by the thiocyanate method (Wong, 1965); the ferrous iron was measured by the AOAC method (AOAC, 1990) every month for one year. At each time point samples were drawn randomly according to the standard ISI procedure (ISI Hand Book, 1978).

Availability of iron

Iron available from the IFS was tested by the *in vitro* method (Narasinga Rao & Prabhavathi, 1978). Ionisable iron was determined in the pH7.5 filtrate by the AOAC method (AOAC, 1990). In the same fashion, common salt fortified with ferrous sulphate alone was also tested for available iron every month by the *in vitro* method.

 Table 1. Ferric content of ferrous glycine sulphate

Batch no.	Ferric content (%)					
	Initial	1 year	Difference			
FG—110	2.0	4.2	2.2			
FG—211	2.2	3.9	1.7			
FG-288	2.4	3.4	1.0			
FG—366	1.6	3.1	1.5			

Acceptability trial

The IFS and the unfortified common salt were distributed to 40 families drawn from different socio-economic backgrounds. The families did not know which salt was fortified. The participants were asked to rate different quality attributes by assigning scores specified ranging from 1 to 5, namely 5= very good, 4= good, 3= fair, 2= poor and 1= very poor. Statistical analysis was done using one way analysis of variance to test the difference between mean scores allotted.

Factory trials

Large scale production of IFS was tested in a local salt factory. A stainless steel ribbon blender with a capaciy to hold 100 kg salt was used. FGS was added at 0.5% level to give an iron concentration of 1000 ppm. In the dry mixing process, 500 g FGS powder was mixed with 10 kg crushed salt and mixed well. The 'pre-mix' was added to 90 kg crushed salt taken in the ribbon blender which was rotating. The mixing was continued for 10 min. In the 'spray mixing' process, 500 g FGS powder was dissolved in minimum quantity of water (750 ml) and the resulting solution was sprayed over 100 kg crushed salt taken in the ribbon blender. The mixing was done for 10 min. After the fortification, samples of IFS produced by the above two methods were tested for the uniform distribution of iron.

RESULTS

Stability of FGS

On analysing different batches of FGS, it was found that the oxidation of ferrous iron to ferric iron after 1 year of storage was less than 2%. The initial ferric content observed at the time of manufacture did not influence the oxidation process (Table 1). The iron content of FGS was 17.2%.

Stability of IFS

The effect of storage on the stability of iron in the IFS was satisfactory. The iron (ferrous) remained almost at the initial level until one year. Iron stability was satisfactory at high humidity also (Table 2).

Table 2. Iron content	t of f	ferrous	glycine	sulphate	fortified salt
-----------------------	--------	---------	---------	----------	----------------

Group	• FGS (%)	Iron (ppm)							
		Initial		6 months		l year			
	RT	нн	RT	НН	RT	нн			
1	0.06	125	125	120	119	123	124		
2	0.13	250	250	254	249	251	250		
3	0.25	500	500	510	515	500	505		
4	0.38	750	750	745	740	745	740		
5	0.50	1000	1000	1010	1008	1002	1000		

FGS = Ferrous glycine sulphate.

RT = Room temperature.

HH = High humidity (78% RH).

313

Table 3. Available iron of ferrous glycine sulphate fortifie	d salt
at different iron levels	

Iron (ppm)	A)	
	Initial	6 months	l year
125	91	90	90
250	90	92	89
500	80	79	81
750	75	76	74
1000	70	67	69

Discolouration of IFS

The IFS produced by the 'spray mixing' process turned light brown at 125–250 ppm of iron; brown at 500– 750 ppm and dark brown at 1000 ppm. No such discolouration was observed in the IFS produced by the 'dry mixing' process; the IFS retained the same colour of the unfortified salt.

Iron distribution

Analysis of several batches of IFS produced by the 'dry mixing' process showed uniform distribution of iron and the variation was 2-4%.

Availability of iron

The IFS showed satisfactory levels of iron available when tested by the *in vitro* method. It was 90% at 125–250 ppm iron; 80% at 500 ppm; 75% at 750 ppm and 70% at 1000 ppm iron. There were no changes in these values even after 1 year of storage (Table 3).

The available iron from ferrous sulphate fortified salt was 24%, but it decreased rapidly within 2 months. When compared to ferrous sulphate, the FGS showed higher available iron (Table 4).

Acceptability trial

The IFS was acceptable to the families who participated in the study. Their breakfast consisted of idli, dosa, upma, pongal, vada and puri. They had rice or wheat lunch along with vegetarian or non-vegetarian dishes. Mango and lemon pickles were used. Vegetables such as beans, ladies finger, potato, brinjal, tomato, cucumber and fruits (apple, guava and pineapple) were also used.

The results did not show any change in the organoleptaic properties of foods prepared with IFS as ascer-

 Table 4. Comparison of available iron of ferrous glycine sulphate fortified salt with ferrous sulphate fortified salt

Iron source ^a	Available iron (%)					
	Initial	3 months	6 months	1 year		
Ferrous sulphate	24	4	3	2		
Ferrous glycine- sulphate	70	70	67	69		

^aIron = 1000 ppm.

tained by the scores given by the participants (Table 5). The IFS was well accepted in the daily cooking. There was no complaint of the foods prepared with IFS.

Factory trials

The 'spray mixing' process was problematic and found unsuitable for the production of IFS since the IFS turned brown soon after fortification and the colour persisted even after several months. There was no discolouration of the IFS produced by the 'dry mixing' process and there was no production problem in the factory. The IFS was free-flowing and retained the colour of the unfortified salt. Uniform iron distribution was observed (1000 ± 50 ppm). The pH of a 5% aqueous solution of the IFS was 3.4 when several samples were tested in the factory.

DISCUSSION

Food fortification is a suitable approach to overcome IDA in India. Common salt is considered to be the most ideal vehicle for the iron fortification in the country as it satisfies all the criteria of an ideal vehicle. Therefore, salt fortification with iron is advocated being a simplest, cheapest and most effective method (Pichmani Subramanian, 1989). The earlier formulae of IFS developed in the country using ferric orthophosphate and sodium acid sulphate (Narasinga Rao & Vijayasarathy, 1975) or ferrous sulphate, orthophosphoric acid and sodium acid sulphate (Narasinga Rao & Vijayasarathy, 1978) were not successful in the factories due to the yellow colouration of the IFS and the corrosion of the plant from the acidic nature of the sodium acid sulphate and orthophosphoric acid. These problems were solved in the formula using ferrous sulphate and sodium hexametaphosphate as stabiliser-cum-absorption promoter (Ranganathan, 1992). However, until now no IFS was produced using only the iron compound and without adding any stabiliser or absorption promoter.

FGS is a greyish brown free flowing powder, which is odourless. It has a sweet, mild astringent taste and excellent acceptability. Unlike ferrous sulphate, there is no lingering metallic taste on the tongue.

Table 5. Acceptability of iron fortified salt in foods: mean scores assigned to foods prepared with iron fortified salt and common salt

Food	Colour and appearance		Flavour		Taste		Overall quality	
	IFS	CS	IFS	CS	IFS	CS	IFS	CS
Breakfast	4.9	4.9	4.6	4.6	4.8	4.7	4.9	4.9
Lunch/dinner	4.9	4.8	4.8	4.7	4.9	4.8	4.8	4.7
Snacks	4.8	4.8	4.9	4.9	4.8	4.6	5.0	4.9
Vegetables (cooked)	4.7	4.7	4.8	4.7	4.9	4.9	5.0	4.8

IFS = Iron fortified salt.

CS = Common salt.

A great number of iron compounds are used in the treatment of iron deficiency. It is very difficult to compare the absorbability of iron compounds. It is also difficult to get an objective measurement of the therapeutic value of different iron compounds. A study by Brise & Hallberg (1962) is often quoted in this regard. Although several iron compounds were compared for absorbability of iron in this study (Brise & Hallberg, 1962), the basic flaw in this study was that 10 mg of ascorbic acid was used with every 30 mg of ferrous sulphate in order to prevent the oxidation of the ferrous iron. Hence the results showed that no iron compound was better absorbed than ferrous sulphate. Perhaps, when that paper was published the potential role of ascorbic acid as a strong absorption promoter of iron was not understood.

FGS is stable and resists oxidation. It is extensively used as an oral haematinic. Studies in children, adults and pregnant women showed better iron absorption and remarkable freedom from side effects. In 54 patients with an average haemoglobin of 9 g/100 ml, after 28 days of medication with FGS tablet (2 tablets, 3 times daily between meals, 40 mg ferrous iron per tablet), the average haemoglobin had increased to 14.5 g/100 ml (Pomeranze & Gadek, 1957). When given to 32 children aged 4 weeks-11.5 years, FGS preparation was readily accepted, well tolerated and produced an average daily rise of 1% haemoglobin (Todd, 1958). Several studies have been reported proving the efficacy of FGS in treating IDA by oral route (Jennison, 1958; Barnes, 1960; Karantz & Carr, 1969; Cameron, 1974; Coplin *et al.*, 1991).

The FGS showed satisfactory results in the present study for its excellent use in salt fortification. There was no discolouration of IFS produced by dry mixing; iron was available in an utilisable form even after 1 year. The percent available iron determined by the *in vitro* method was 70%. It was 24% in ferrous sulphate fortified salt; 40% in the IFS produced from ferrous sulphate and sodium hexametaphosphate (Ranganathan, 1992); 38% in the iron and iodine fortified salt made from ferrous sulphate, sodium hexametaphosphate and potassium iodide (Narasinga Rao, 1994). Hence the FGS–IFS has 2–3 times higher available iron when compared to the earlier IFS formulations. Furthermore, no change was observed in the available iron after one year also.

The per cent available iron as determined by the *in vitro* method in a number of diets have been shown to correlate highly with the per cent iron absorption from the same diets in adults. Several studies have shown that the *in vitro* available iron is a good measure of bio-available iron (Narasinga Rao & Prabhavathi, 1978; Schricker *et al.*, 1981; Forbes *et al.*, 1989). In the ferrous sulphate fortified salt, the *in vitro* available iron was 24% and the corresponding *in vivo* iron absorption was 4.6% (Narasinga Rao & Vijayasarathy, 1975); in the ferrous sulphate, sodium hexametaphosphate fortified salt, the *in vitro* and *in vivo* iron values were 40% and 7% respectively (Ranganathan, 1992); the two values were 38% and 6.3% in the iron and iodine fortified salt (Narasinga Rao, 1994). In all the cases, the *in vivo* iron

absorption was approximately 18% of the available iron as determined by the *in vitro* method. Therefore, the FGS-IFS with an *in vitro* available iron of 70% is likely to give higher iron absorption.

The acceptaility trial and the factory trial were satisfactory. The factory trial showed that the manufacture of IFS was cost effective since the fortification involved the addition of only FGS and no other additional chemical. The cost of FGS is roughly three times higher than ferrous sulphate, but the chemical cost of fortification remained the same as that of the earlier formulations of IFS since the addition of stabilisers and absorption promoters are not involved.

Thus, FGS is found to be a suitable source of iron, without the need for stabiliser or absorption promoter, for the production of IFS.

ACKNOWLEDGEMENTS

The generous supply of ferrous glycine sulphate for this study by M/s. Medcell Laboratories, Madras (India) is gratefully acknowledged.

REFERENCES

- AOAC (1990). Official Methods of the Association of Official Analytical Chemists, 15th edn, ed. K. Helrich, Association of Offical Analytical Chemists Inc., Virginia, USA, pp. 506, 708.
- Arden, T. V. (1950). Solubility product of ferrous and ferrosic hydroxides. J. Chem. Soc., Part I, 882–885.
- Barnes, R. D. S. (1960). The low incidence of gastrointestinal symptoms encountered in the clinical use of a chelated oral iron compound. *Practitioner*, 184, 789–792.
- Baynes, R. D. & Bothwell, T. H. (1990). Iron deficiency. Ann. Rev. Nutr., 10, 133.
- Brise, H. & Hallberg, L. (1962). Absorbability of different iron compounds. Act. Med. Scand., 171(Suppl. 376), 23–37.
- Cameron, P. F. (1974). An assessment of a rapid release, once daily, iron and folic acid supplement in pregnancy. *Curr. Med. Res. Opin.*, 2, 13-16.
- Coplin, M., Schuette, S., Leichtmann, B. & Lashner, B. (1991). Tolerability of iron: a comparison of bis-glycine iron II and ferrous sulphate. *Clin. Ther. (United States)*, **13**(5), 606-612.
- Cook, J. D. & Russer, M. E. (1983). Iron fortification: an update. Am. J. Clin. Nutr., 38, 648–659.
- DeMaeyer, E. M. (1989). Preventing and controlling iron deficiency anaemia through primary health care. World Health Organisation, Geneva, pp. 40–42.
- Forbes, A. L., Adams, C. E., Arnad, M. J., Chichester, C. O.,Cook., J. D., Morrison, B. N., Hurrel, R. F., Khan, S. G., Morris, E. R., Tanner, J. J. & Whittaker, P. (1989). Comparison of *in vitro* animal and clinical determination of iron bioavailability: International Nutritional Anaemia Consultative Group Task Force Report on Iron Bioavailability. Am. J. Clin. Nutr., 49, 225–238.
- Hegsted, D. M., Finch, C. A. & Kinney, T. D. (1949). Influence of diet on iron absorption: interaction of iron and phosphorus. J. Exper. Med., 90, 147–156.
- Hurrell, R. F. & Cook, J. D. (1991). Strategies for iron fortification of foods. *Trends Food Sci. Technol.*, 1, 56-61.
- INACG (International Nutritional Anemia Consultative Group) (1977). Guidelines for the Eradication of Iron Deficiency Anaemia, Nutrition Foundation, New York.

- ISI Hand Book (1978). Methods for determination of sample size to estimate the average quality of a lot of process. IS 5002, 1969. Indian Standard Institute, New Delhi, India.
- Jacobi, H., Pfleger, K. & Rummel, W. (1956). Komplexibildner and aktiver Eisentransport durch die Darmward. *Arch.Exper. Path. Pharmakol.*, **229**, 198–206.
- Jennison, R. F. (1958). Trial of an iron chelate in the treatment of the anaemia of pregnancy. *Practitioner*, 181, 731-735.
- Krantz, Jr. J. C. & Carr, J. C. (1969). Hematopoitic system. In *The Pharmacologic Principles of Medical Practice*, 2nd edn/ 7th edn. The Williams and Wilkins Company, Baltimore, Scientific Book Agency, Calcutta, pp. 540–541.
- MacPhail, A. P. & Bothwell, T. H. (1989). Fortification of the diet as a strategy for preventing iron deficiency. Acta. Paediatr. Scand. Suppl., 361, 114–124.
- Narasinga Rao, B. S. & Vijayasarathy, C. (1975). Fortification of common salt with iron: effects of chemical additives on stability and bioavailability. Am. J. Clin. Nutr., 28, 1395–1401.
- Narasinga Rao, B. S. & Prabhavathi, T. (1978). An *in vitro* method for predicting the bioavailability of iron from foods. *Am. J. Clin. Nutr.*, **31**, 169–175.
- Narasinga Rao, B. S. & Vijayasarathy, C. (1978). An alternate formula for the fortification of common salt with iron. Am. J. Clin. Nutr., 31, 1112–1114.
- Narasinga Rao, B. S. (1994). Fortification of salt with iron and iodine to control anaemia and gotire: Development of a new formula with good stability and bioavailability of iron and iodine. *Food Nutr. Bull.*, **15**(1), 32–39.
- Piccinini, F. (1961). Arch. Ital. Sci. Pharmacol., 11, 92-96.
- Pichmani Subramanian (1989). Fortification of common salt. In Trends in Food Science and Technology, ed. M. R. Raghavendra Rao et al. IFCON-88. 18-23 February, 1988, Mysore, India.

- Pomeranze, J. & Gadek, R. J. (1957). Clinical apppraisal of drugs with special reference to a new chelate hematinic. New Eng. J. Med., 257, 73-75.
- Ranganathan, S. (1992). Fortification of common salt with iron: Use of polyphosphate stabilisers. *Food Chem.*, 45, 263– 267.
- Ranganathan, S., Dillikumar, P. K., Ramamoorhy, P. & Reddy, V. (1993). Large scale production of iron fortified salt. J. Food Sci. Technol., 30(3), 166–168.
- Rummel, W. & Candon, B. (1956). Int. Record. Med. Gen. Pract. Clin., 169, 783-784.
- Report of the Working Group on Fortification of Salt with Iron (1982). Use of common salt, fortified with iron in the control and prevention of anaemia—a collaborative study. *Am. J. Clin. Nutr.* **35**, 1442–1451.
- Rummel, W. (1958). Brit. Pat. 802565, Oct. 8.
- Rummel, W. (1960). U.S. Pat. 2957806, Oct. 25.
- Schricker, B. R., Miller, D. D., Rasmussen, R. R. & VanCampen, D. (1981). A comparison of *in vitro* and *in vivo* methods for determining availability of iron from meals. *Am. J. Clin. Nutr.*, 34, 2257-2263.
- The Merck Index (1989). 11th edn. Merck and Co. Inc., U.S.A. 635 pp.
- Todd, R. M. (1958). Trial of an iron chelate in paediatrics. *Practitioner*, **181**, 736–738.
- WHO (1975). Technical Report Series 580. Control of nutritional anaemia with special reference to iron deficiency. World Health Organization, Geneva.
- WHO (1990). Technical Report Series 797. Diet, nutrition and the prevention of chronic diseases. World Health Organization, Geneva, pp. 23–24.
- Wong, S. Y. (1965). Hawk's Physiological Chemistry. 14th edn. McGraw-Hill, New York, 1965, 1094 pp.