# Mineral deficiencies and their impact on health: Understanding the risks and consequences.

# **Tong Zhang\***

Department of Epidemiology and Health Statistics, School of Public Health, Beijing Municipal Key Laboratory of Clinical Epidemiology, Capital Medical University, Beijing, China

# Introduction

Minerals are inorganic elements that are essential for numerous physiological functions in the body, including enzyme activation, hormone regulation, energy production, and immune function. However, despite their importance, mineral deficiencies are significant public health problem worldwide, particularly in low-income countries and vulnerable populations such as pregnant women and children [1].

**Consequences of mineral deficiencies:** Mineral deficiencies can have a significant impact on physical and mental health, immune function, and overall well-being. For example, iron deficiency can lead to anemia, fatigue, and impaired cognitive function, while zinc deficiency can result in growth retardation, immune dysfunction, and impaired wound healing. Calcium deficiency can lead to osteoporosis and increased risk of fractures, while iodine deficiency can cause goiter and cognitive impairment. Other mineral deficiencies, such as selenium, magnesium, and copper, have also been linked to a range of health problems, including increased risk of chronic diseases such as cancer and cardiovascular disease [2].

**Preventing and treating mineral deficiencies:** The most effective way to prevent and treat mineral deficiencies is through a balanced and varied diet that includes a wide range of nutrient-dense foods. Foods that are rich in minerals include leafy green vegetables, whole grains, nuts and seeds, dairy products, and lean meats. In some cases, mineral supplements may be necessary to address deficiencies, particularly in vulnerable populations such as pregnant women and children. However, it is important to note that excessive mineral supplementation can also be harmful and may lead to toxicities [3].

Diagnosis of mineral deficiencies typically involves a combination of medical history, physical examination, laboratory testing, and imaging studies. The following are some of the common methods used for diagnosing mineral deficiencies:

**Medical history**: The healthcare provider will ask about the patient's diet, medical history, and any symptoms they may be experiencing. This information can help identify potential mineral deficiencies.

**Physical examination**: The healthcare provider may perform a physical examination to look for signs of mineral deficiencies, such as pale skin or brittle nails.

Laboratory testing: Blood tests can be used to measure the levels of various minerals in the body. For example, a complete blood count (CBC) can be used to diagnose anemia, which may be caused by iron deficiency. Other tests that may be used to diagnose mineral deficiencies include serum calcium, vitamin D, and magnesium tests.

**Imaging studies**: In some cases, imaging studies such as X-rays or bone densitometry may be used to diagnose mineral deficiencies, such as calcium deficiency or osteoporosis [4].

It is important to note that laboratory tests for mineral deficiencies are not always accurate and may vary depending on the individual's overall health status, medications, and other factors. Therefore, healthcare providers may also consider other factors such as the patient's symptoms, medical history, and physical examination findings when diagnosing mineral deficiencies [5].

### Conclusion

Mineral deficiencies are a significant public health problem that can have a profound impact on physical and mental health, immune function, and overall well-being. By understanding the risks and consequences of mineral deficiencies, individuals can take proactive steps to prevent and treat these conditions, including consuming a balanced and varied diet and, if necessary, using mineral supplements under the guidance of a healthcare professional. By addressing mineral deficiencies, we can optimize health outcomes and reduce the risk of chronic diseases and other health problems.

### References

- 1. Weaver CM. Potassium and health. Adv Nutr. 2013;4(3):368S-77S..
- 2. Zimmermann MB, Hurrell RF. Nutritional iron deficiency. Lancet. 2007;370(9586):511-20.
- 3. Zhang H, Yan C, Yang Z, et al. Alterations of serum trace elements in patients with type 2 diabetes. J Trace Elem Med. 2017;40:91-6.

Received: 02-Mar-2023, Manuscript No. AAJNHH-23-99254; Editor assigned: 06-Mar-2023, Pre QC No. AAJNHH-23-99254(PQ); Reviewed: 20-Mar-2023, QC No. AAJNHH-23-99254; Revised: 22-Mar-2023, Manuscript No. AAJNHH-23-99254(R); Published: 29-Mar-2023, DOI: 10.35841/aajnhh-7.2.138

Citation: Zhang T. Mineral deficiencies and their impact on health: Understanding the risks and consequences. J Nutr Hum Health. 2023;7(2):138

<sup>\*</sup>Correspondence to: Tong Zhang, Department of Epidemiology and Health Statistics, School of Public Health, Beijing Municipal Key Laboratory of Clinical Epidemiology, Capital Medical University, Beijing, China, E-mail: tongzhang@edu.en

- Dean MN, Ekstrom L, Monsonego-Ornan E, et al. Mineral homeostasis and regulation of mineralization processes in the skeletons of sharks, rays and relatives (Elasmobranchii). Semin Cell Dev. 2015; 46:51-67.
- 5. Murshed M, Harmey D, Millán JL, et al. Unique coexpression in osteoblasts of broadly expressed genes accounts for the spatial restriction of ECM mineralization to bone. Genes Dev. 2005;19(9):1093-104.

Citation: Zhang T. Mineral deficiencies and their impact on health: Understanding the risks and consequences. J Nutr Hum Health. 2023;7(2):138