

Keywords: Aflatoxins; Toxicity; Toxic genomics

Introduction

Aflatoxins are highly toxic and can cause severe health issues. The primary health concern associated with aflatoxins is their carcinogenicity; aflatoxin B1 is known to cause liver cancer, especially with chronic exposure. Acute aflatoxicosis can occur from high-level exposure, leading to symptoms such as liver damage, jaundice, and abdominal pain, and can result in acute liver failure if untreated. Additionally, aflatoxins can suppress the immune system, increasing susceptibility to infections and reducing vaccine efficacy. Nutritional deficiencies, particularly in children, can also result from chronic aflatoxin exposure, impacting growth and development. Exposure primarily occurs through the consumption of contaminated food products, including crops like corn and peanuts, as well as animal products such as milk and meat from animals fed contaminated feed [1-3].

Methodology

Sources of contamination and prevention

Aflatoxin contamination occurs at various stages of crop production and handling. The fungi that produce aflatoxins thrive in warm, humid conditions, making crops particularly vulnerable during pre-harvest, harvest, and storage phases. Contamination can begin in the field due to fungal infection and continue in storage if conditions are not managed properly. Effective prevention strategies include implementing good agricultural practices such as crop rotation, proper irrigation, and timely harvesting to minimize fungal growth. Additionally, drying crops thoroughly before storage and maintaining low humidity and cool temperatures can help prevent aflatoxin production. Regular monitoring and testing of crops, animal feed, and food products are essential for detecting aflatoxin contamination and ensuring that levels remain within safe limits [4,5].

Management and regulatory measures

Managing aflatoxin contamination involves several strategies to protect public health. In agriculture, adherence to preventive measures and proper storage techniques can significantly reduce the risk of contamination. Decontamination methods, including physical removal of contaminated portions, chemical treatments such as ammoniation, and biological methods using microorganisms, can help reduce aflatoxin levels in contaminated products. Regulatory agencies worldwide have established maximum allowable levels for aflatoxins in food and feed to safeguard consumer health. Compliance with these regulations, combined with effective monitoring and testing, is crucial

for managing the risks associated with aflatoxins. Ongoing research into new detection methods and decontamination technologies continues to enhance our ability to manage and mitigate aflatoxin contamination, contributing to safer food systems and better health outcomes globally.

Aflatoxins represent a serious threat to both human and animal health due to their potent carcinogenic and toxic properties. Produced by *Aspergillus* fungi, these mycotoxins commonly contaminate a range of agricultural products, including grains and nuts. The primary aflatoxin of concern, aflatoxin B1, is classified as a Group 1 carcinogen, underscoring the significant health risks associated with exposure. Chronic ingestion of aflatoxins can lead to severe liver damage, cancer, and immune suppression, while acute exposure can result in life-threatening conditions [6-8].

Effective management of aflatoxin contamination is essential

Ongoing research and technological advancements continue to enhance our ability to detect, manage, and mitigate aflatoxin contamination. New methods for detecting aflatoxins and innovative decontamination techniques contribute to improved safety in food systems. By integrating preventive measures, effective management strategies, and rigorous regulatory standards, we can address the challenges posed by aflatoxins and protect both public health and food security.

References

1. World Health Organization. Blindness and vision impairment prevention
2. Bourne RR, Stevens GA, White RA, Smith JL, Flaxman SR, et al. (2013) Vision Loss Expert Group. Causes of vision loss worldwide, 1990–2010: a systematic analysis. *Lancet Glob Health* 1: 339-349.
3. Resnikof S, Pascolini D, Etyaale D (2004) Global data on visual impairment in the year
4. 2002. *Bull World Health Organ* 82: 844–851
5. Thapa SS, Thapa R, Paudyal I (2013) Prevalence and pattern of vitreo-retinal disorders in
6. Nepal: the Bhaktapur Glaucoma Study. *BMC Ophthalmol* 13: 9.
7. Hatef E, Fotouhi A, Hadhemi H, Mohammad K, Jalali KH (2008) Prevalence of retinal diseases and their pattern in Tehran: The Tehran eye study. *Retina* 28: 755-762.
8. Nirmalan PK, Katz J, Robin A (2004) Prevalence of vitreoretinal disorders in a rural population of southern India. *Arch Ophthalmol* 122: 581–586.
9. Rai BB, Morley MG, Bernstein PS, Maddess T (2020) Pattern of vitreo-retinal diseases at the national referral hospital in Bhutan: a retrospective, hospital-based study. *BMC Ophthalmol* 20: 51.
10. Chauhan A, Chaudhary KP, Rajput GC (2014) Pattern of retinal diseases in hilly terrain of Himachal Pradesh, India. *Int Eye Sci* 14: 2114–2118.
11. Saunier V, Merle BMJ, Delyfer MN (2018) Incidence of and risk factors associated with age-related macular degeneration: four-year follow-up from the ALIENOR study. *JAMA Ophthalmol* 136: 473-481
12. Hallak JA, de Sisternes Lu3-iodo-103-ee424ITe-1A171 Td(.)t18.739 g Lu3-iodo-103D