

# Calcium Homeostasis

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# Physiological Importance of Calcium

- Calcium salts in bone provide structural integrity of the skeleton.
- Calcium ions in **extracellular & cellular fluids** is essential to normal function of biochemical processes:
  - Neuromuscular excitability.
  - Blood coagulation.
  - Hormonal secretion.
  - Enzymatic regulation.
- ↑ carbonated beverages is associated with increased loss of calcium from the body.
- Because normal bone function requires weight-bearing exercise, ↑ immobility & total bed-rest cause bones to lose calcium.

# Calcium in blood

- total  $\text{Ca}^{++}$  concentration in blood is  $\approx 10$  mg/dl (range 8.5-10 mg/dl)
- Present in two forms:
  - The free ionized  $\text{Ca}^{++}$  is about 50% of the total blood  $\text{Ca}^{++} = 5$ mg/dl .
  - It is the only form of  $\text{Ca}^{++}$  which is biologically active.

## non-free , unionized calcium →

- (i) Protein-bound calcium → around 40% of total ECF calcium .

Most of this calcium is bound to albumin , & much smaller fraction is bound to globulin.

- (ii) present as complexed salt (mainly bound to serum citrate & phosphate), around 10% of blood calcium .

- Binding of calcium to albumin is pH-dependent.
- Acute respiratory alkalosis increases calcium binding to protein → thereby decreases ionized calcium level.
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- When ionized calcium falls below normal, permeability of neuronal cell-membranes to sodium increases → depolarization → hyperexcitability of the nervous system → patients become prone to develop tetanic muscle contractions & seizures .

# Phosphate

- Phosphorous is an essential mineral necessary for ATP, cAMP second messenger systems, and other roles.
- $PO_4$  plasma concentration is  $\approx 4$  mg/dL.
- Ionized (diffusible)  $\rightarrow$  around 50% of total.
- The remainder ( 50%) is un-ionized (non-diffusible ) and protein- bound.
- Calcium is tightly regulated with Phosphorous in the body.

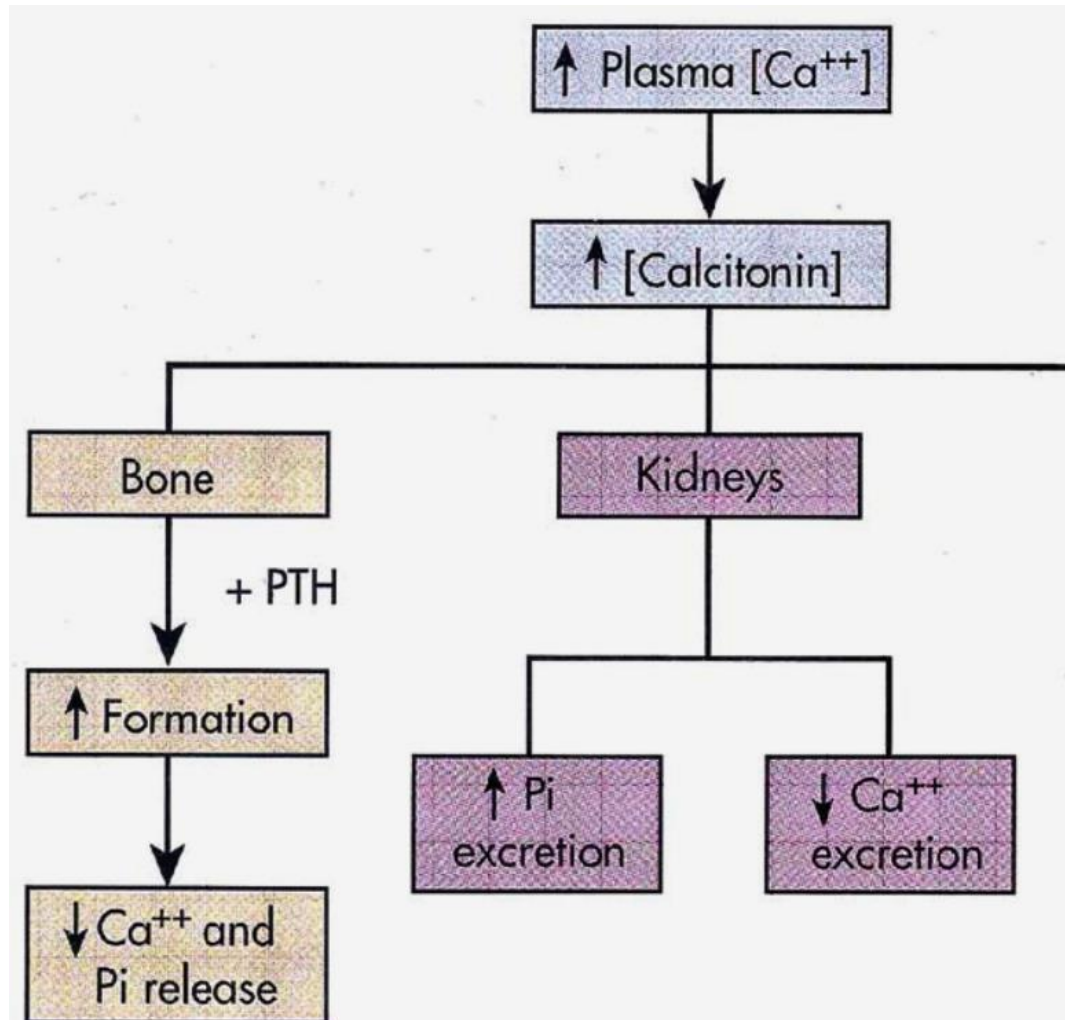
# Hormonal Regulation of Calcium

- 3 principal hormones regulate serum  $\text{Ca}^{++}$  level .
- 2 of them increase it :
  - (1) Vitamin D3 (1,25-dihydroxy ) ( taken in food & synthesized in the skin )
  - (2) Parathyroid hormone (PTH): polypeptide hormone secreted by Parathyroid Glands .
- And the third one decreases it :
  - (3) Calcitonin: polypeptide hormone secreted by Parafollicular (C ) cells of Thyroid Gland

NB : While PTH and vitamin D act to increase plasma  $\text{Ca}^{++}$  → only calcitonin causes a decrease in plasma  $\text{Ca}^{++}$ .

- High plasma  $\text{Ca}^{++}$  leads to  $\rightarrow$  increased Calcitonin secretion
- The main action of this calcitonin is to inhibits osteoclasts  $\rightarrow$  inhibition of bone resorption  $\rightarrow$  (1) increases bone formation (2) decreases blood  $\text{Ca}^{++}$  level .
- Thus calcitonin plays a central role in bone re-modelling .

## Calcitonin



# Calcitonin

## Actions:

### On bone

[1] ↑ Ca deposition of bone by:

↓ osteolysis.

↑ osteoblastic activity

[2] ↓↓ Bone resorption:

inhibition of osteoclasts.

↓ formation of osteoclasts

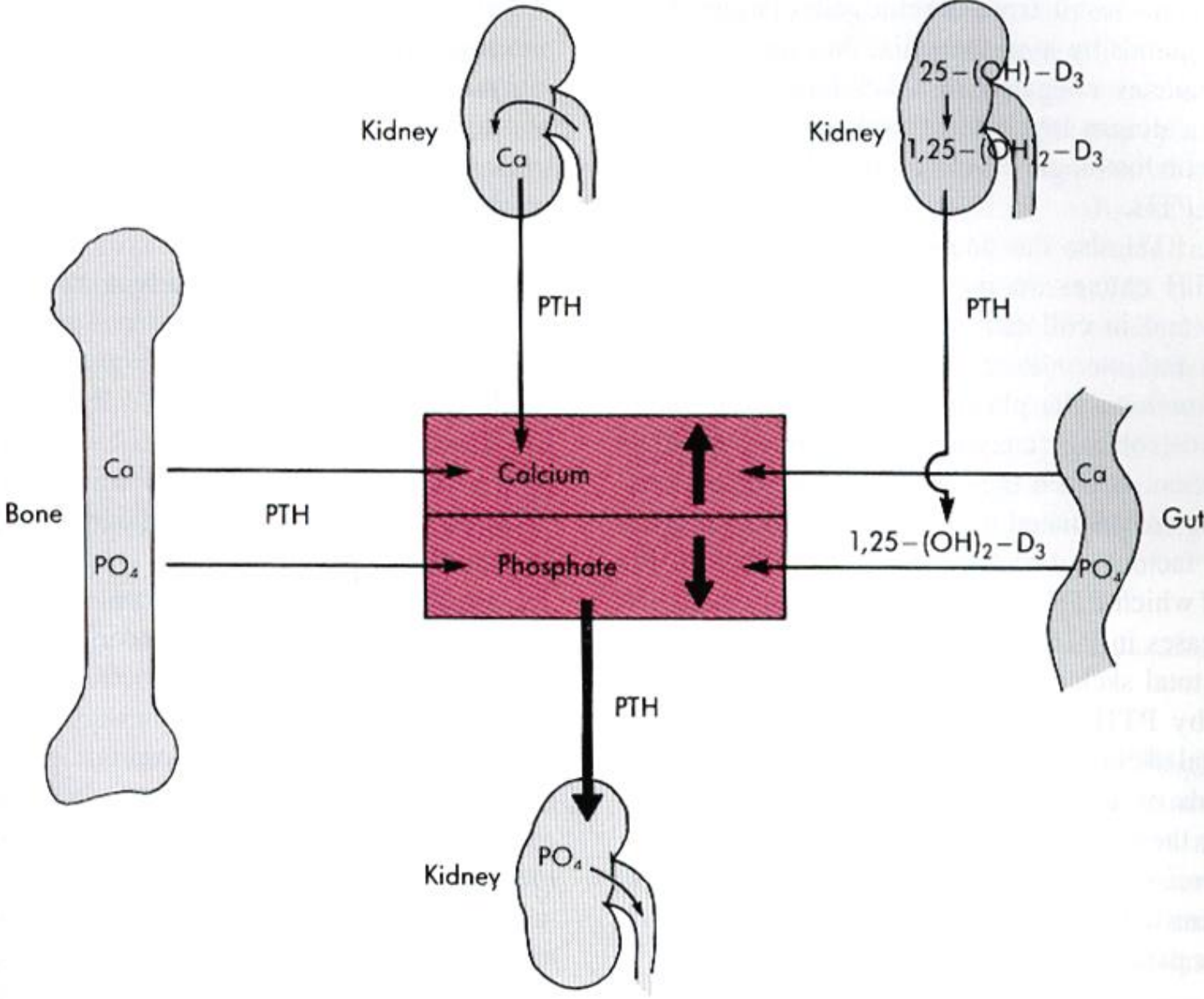
### On kidney

↓↓ Ca reabsorption

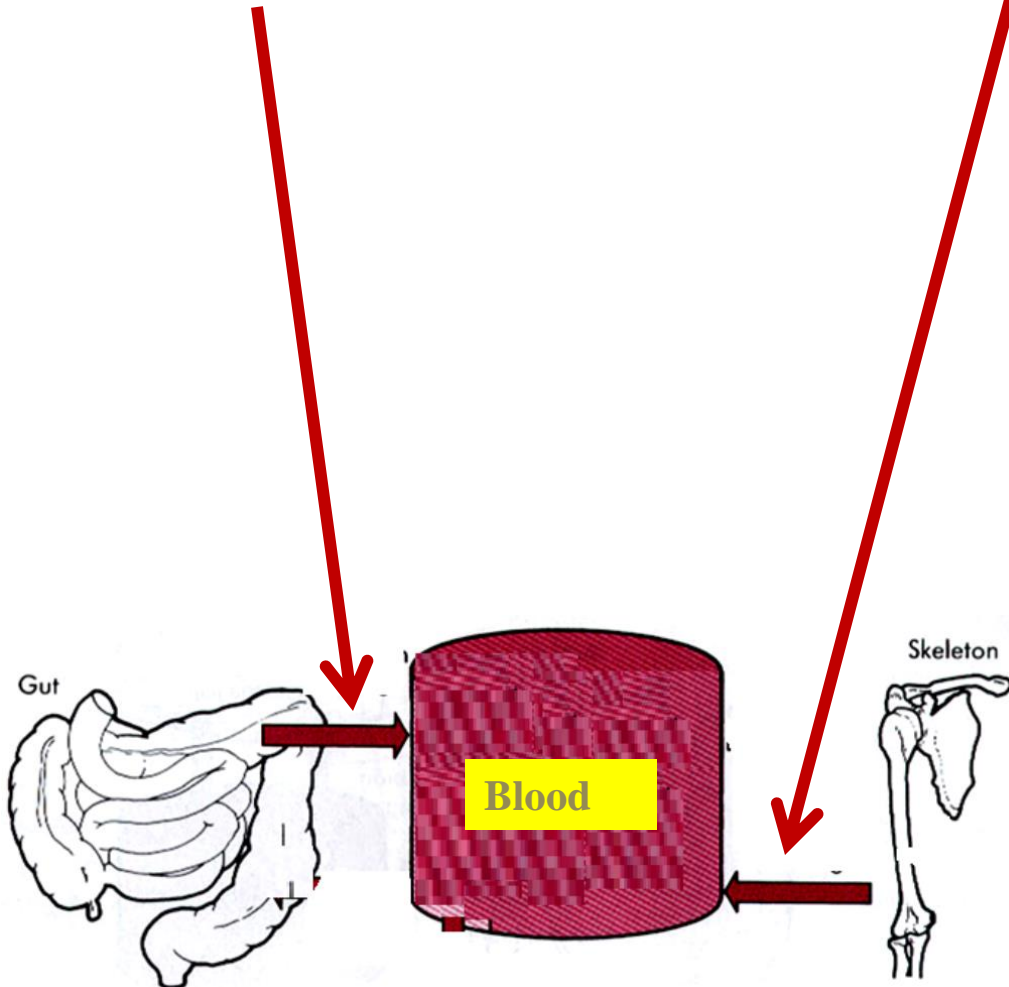
↑↑ Ca excretion (in addition to phosphate)



# Calcium & Phosphorus

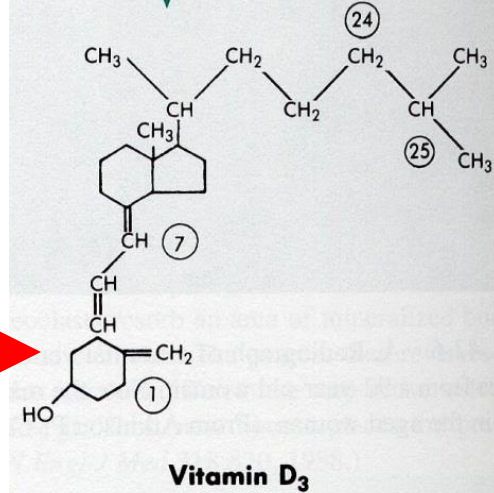
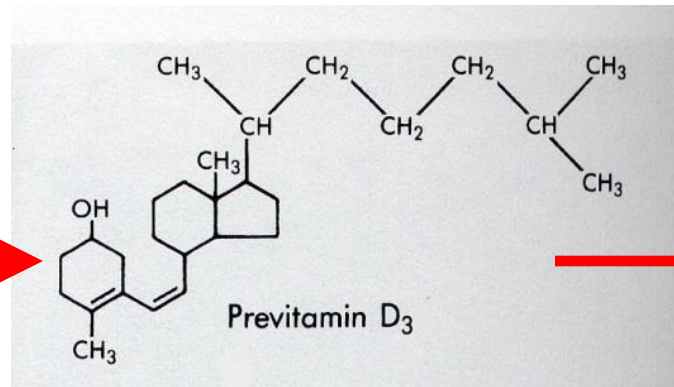
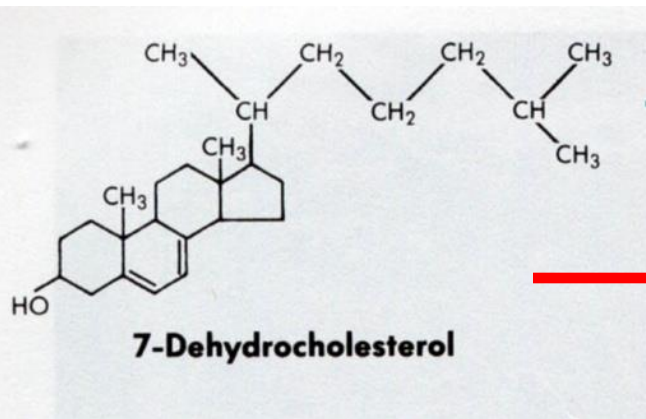


- Vitamin D3 increases  $\text{Ca}^{++}$  level by :
- (1)  $\text{Ca}^{++}$  absorption from the intestine , &
- (2)  $\text{Ca}^{++}$  resorption from the bone ( by increasing osteoclastic number & activity)



(3) Some believe that it also increases  $\text{Ca}^{++}$  reabsorption by the kidney

Humans acquire vitamin D from two sources →  
(1) Ingestion in diet (food)  
(2) Skin : Vitamin D is produced in the skin by ultraviolet light .



- Keratinocytes in the skin synthesize 7-dehydrocholesterol .
- 7-dehydrocholesterol is photoconverted ( by UV light in skin) to Cholecalciferol (previtamin D<sub>3</sub> ).
- This form of Vitamin D is inactive, it requires modification to the active metabolite, 1,25-dihydroxy-D → by two hydroxylation reactions → the 1<sup>st</sup> occurs in liver and the 2<sup>nd</sup> in kidney
- Limited exposure to the sun , dietary vitamin D is essential . If there is no sufficient exposure to the sun , or if there is dietary deficiency in vitamin D → Rickets ( in children ) or Osteomalacia ( in adults ) occur .
- PTH stimulates Vit D synthesis.

7-Dehydrocholesterol

UV light (skin)

Cholecalciferol

Diet

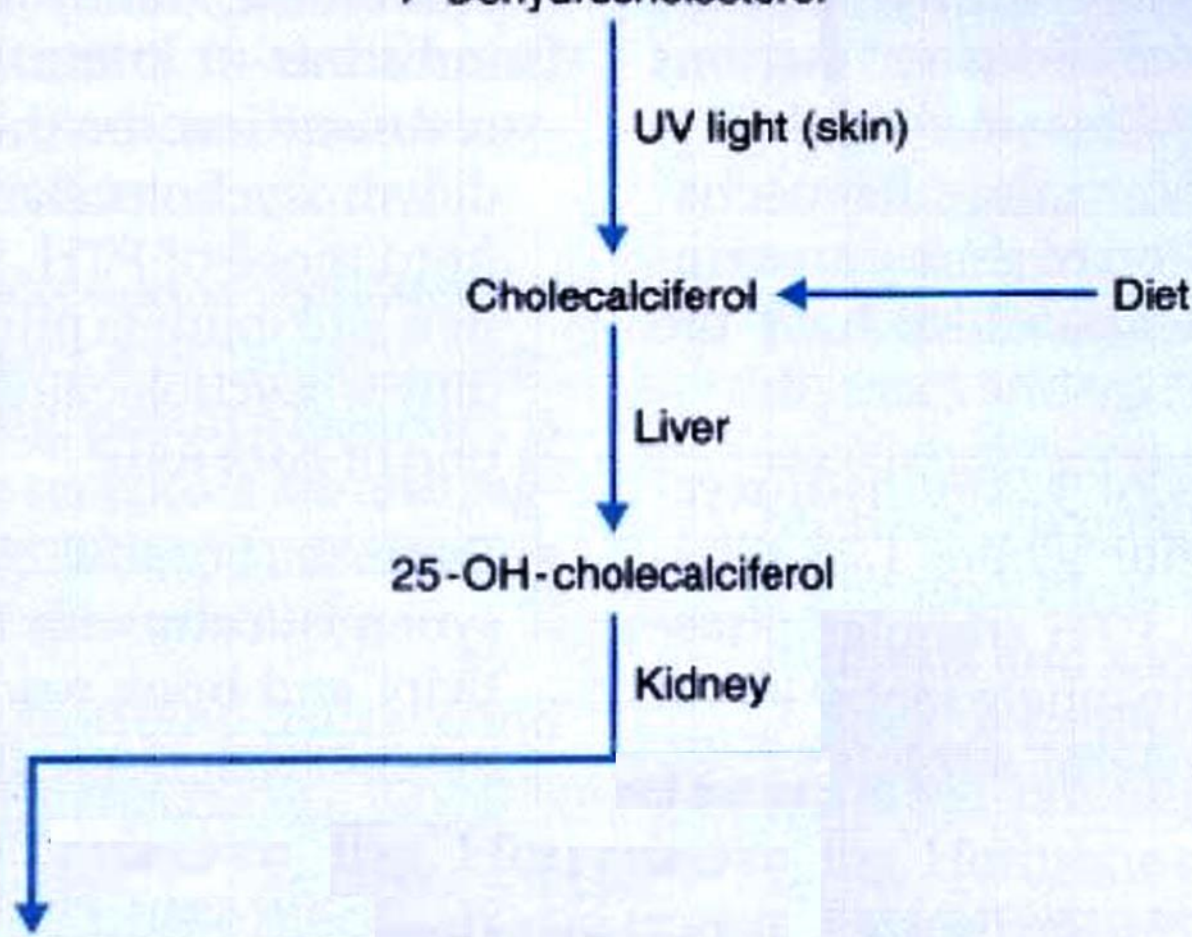
Liver

25-OH-cholecalciferol

Kidney

**1,25-(OH)<sub>2</sub>-cholecalciferol  
(active)**

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- Vitamin D deficiency leads to a disease characterized by softening of bone
- If it occurs in children → it is called Rickets
- If it occurs in adults → it is called Osteomalacia
- Most affected areas :
- Metaphyses of long bones subjected to stress →
- Wrists
- Knees
- Ankles

- Clinical Features

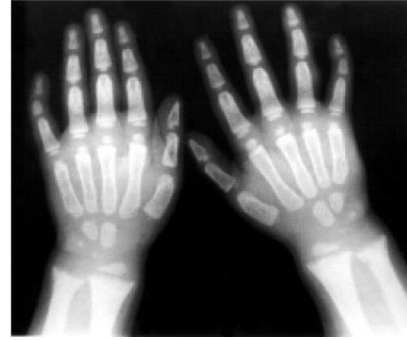
- Delayed dentition ( delayed teething )

- Bowed legs

- (Due to the effect of weight bearing on the legs)

- Swelling of wrists and ankles

- Short stature



**Metaphyseal widening in wrists & knees + signs of bone rarefaction**

**Bowed legs ( Bowing of legs )**

**Osteomalacia** : an adult disease characterized by a gradual softening and bending of the bones