

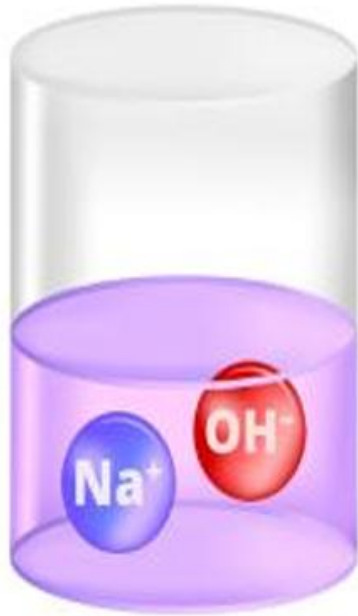
ACID-BASE BALANCE & Electrolytes

DR. HADEEL LUAY

Acid
HCl

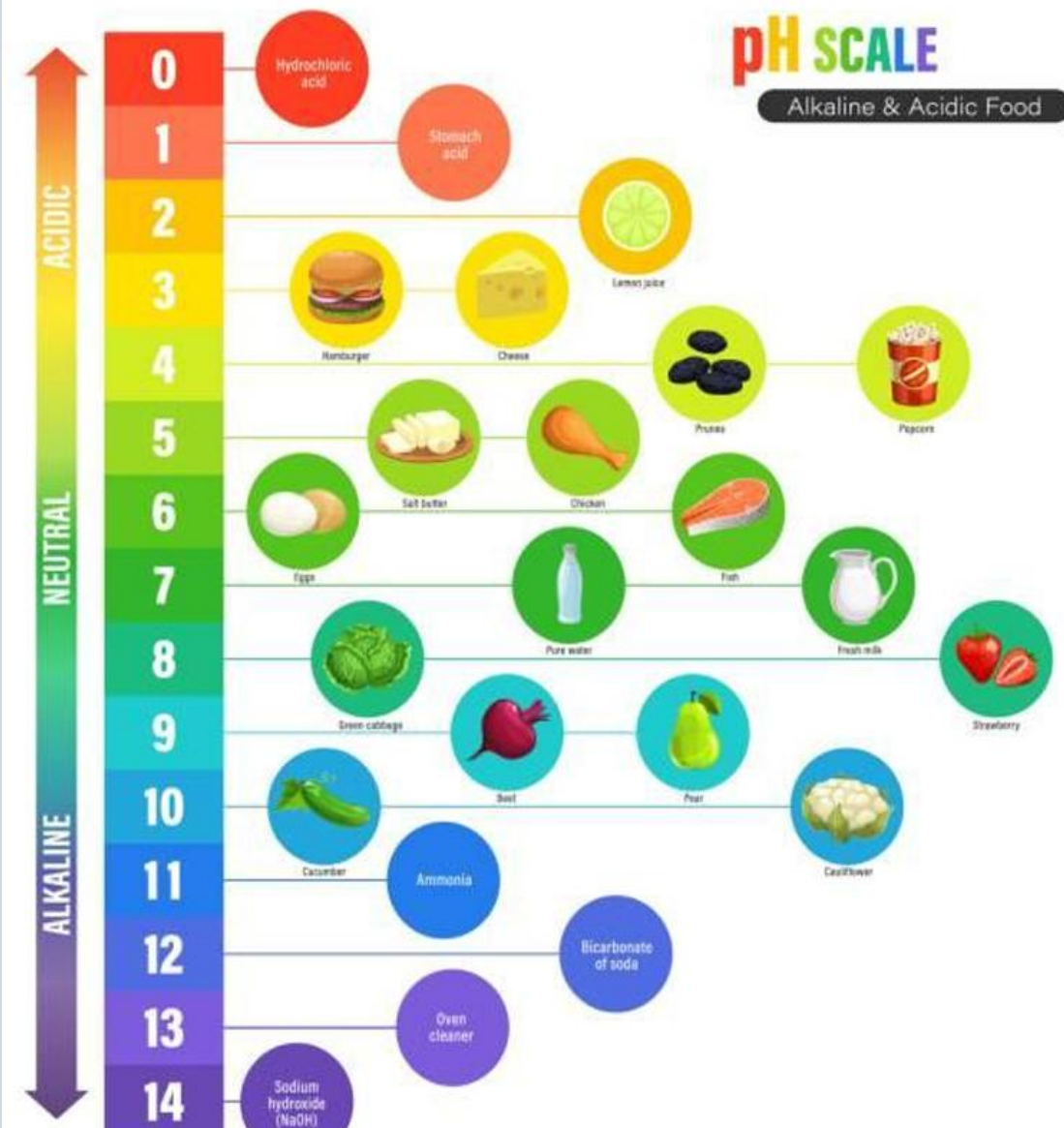


Base
NaOH



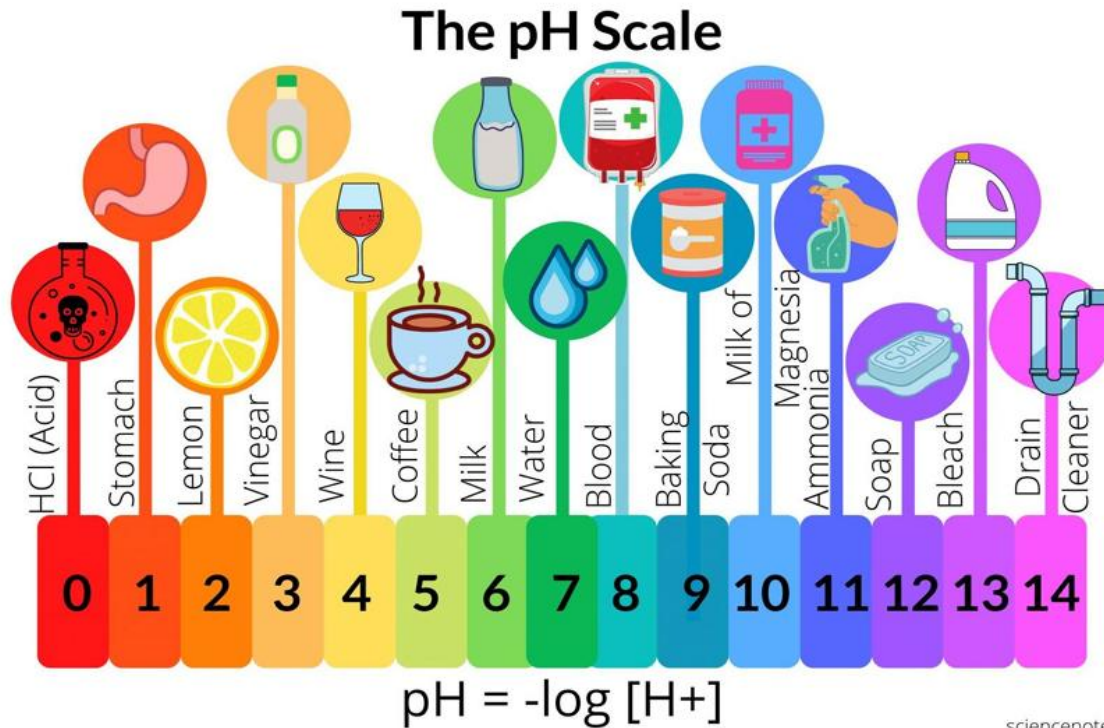
Introduction

- An acid is any hydrogen-containing substance that is capable of donating a proton (hydrogen ion) to another substance.
- A base is a molecule or ion able to accept a hydrogen ion from an acid.



Acid-base balance

- Acid-base balance is the physiological process by which the body **maintains a stable pH** essential for **normal cellular function**.
- Blood needs the right balance of **acidic and basic compounds** to function properly.
- **Kidneys and lungs** work to maintain the acid-base balance.



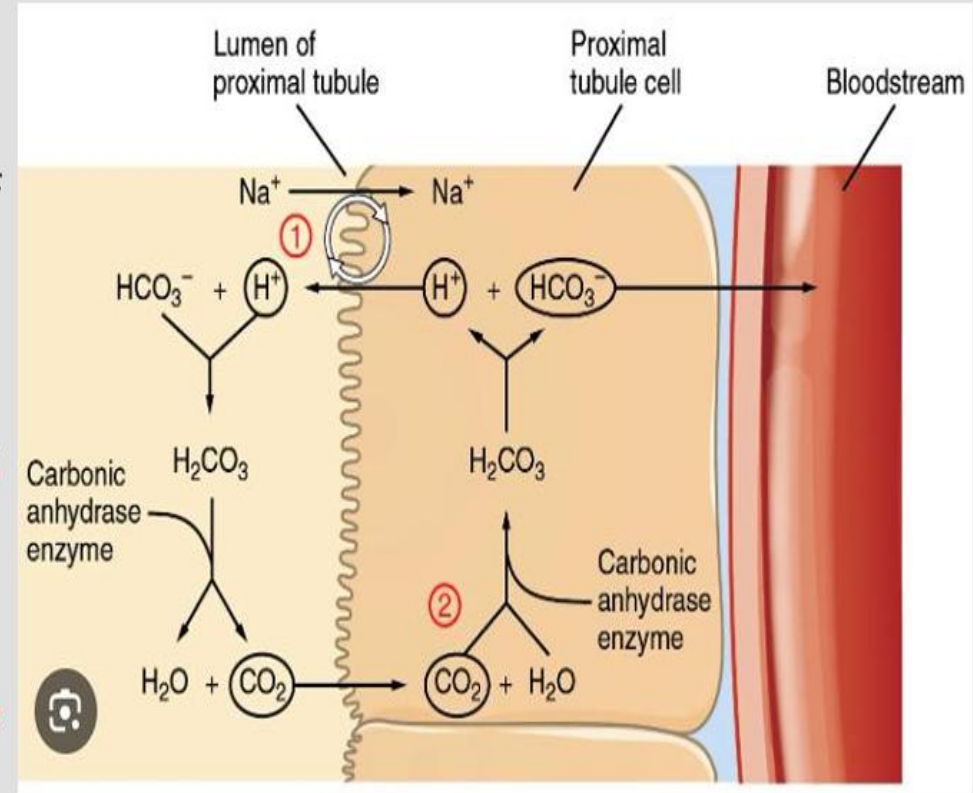
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pH scale and important values

- Blood in the human body is typically slightly more alkaline than acidic.
- Normal body pH: 7.35 - 7.45
- Acidemia: the actual condition of the blood having a pH below the normal range (less than 7.35).
- Alkalemia: the actual condition of the blood having a pH above the normal range (greater than 7.45).

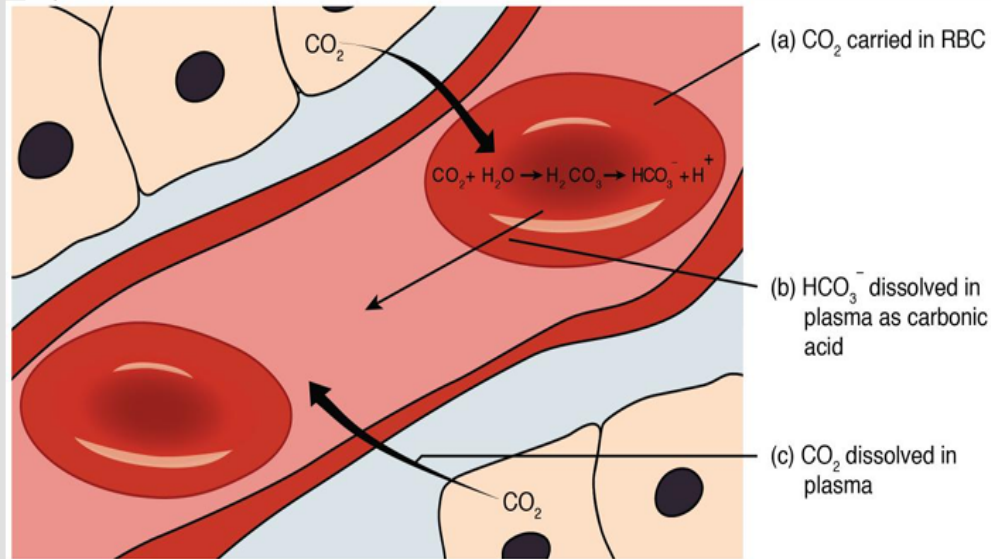
Maintenance of Acid-Base Balance by the Body

- Adequate level of acid and base in blood must be maintained in apparently healthy individuals.
- For the body to be in acid-base balance, the level of hydrogen ions must reach equilibrium.
- The kidneys maintain acid-base homeostasis by excreting hydrogen ions and generating bicarbonate.
- This phenomenon maintains blood plasma pH within the normal range.

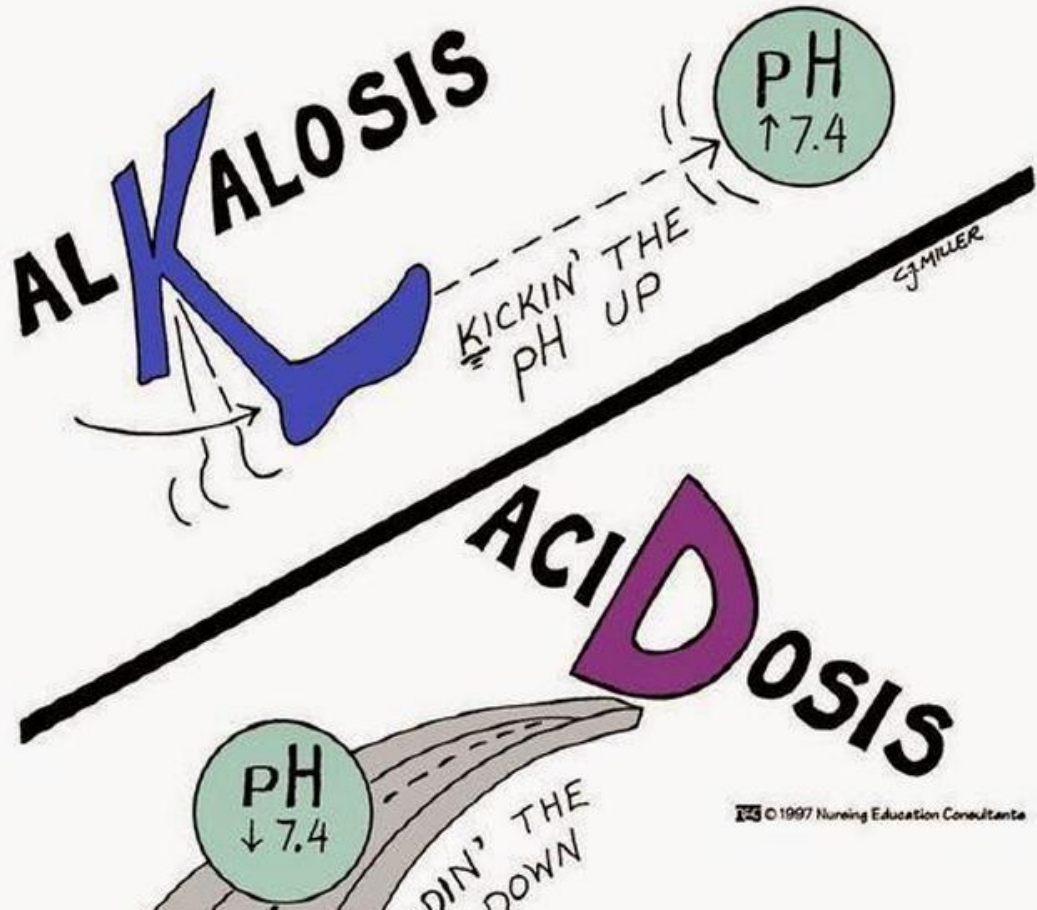


Buffering system in human body

- When any acidic substance enters the bloodstream, the bicarbonate ions neutralize the hydronium ions forming carbonic acid and water.
- Carbonic acid is already a component of the buffering system of blood.
- Thus, hydronium ions are removed, preventing the pH of blood from becoming acidic and vice versa.



ACIDOSIS – ALKALOSIS



Acid-base Disturbances

- There are two types of abnormalities I respect to acid-base balance maintenance:
- **Acidosis**
- **Alkalosis**
- **Acidosis** is referred to as a physiological or biochemical disorder that leads to a **decrease in blood pH.**
- **Alkalosis** is referred to as a physiological or biochemical disorder that leads to an **increase in blood pH**

Acid-Base Disturbances

- **Respiratory acidosis or alkalosis** occurs when the lungs are removing **too little** CO₂ (acidic condition) or removing **too much** CO₂ (basic condition) due to a clinical situation of the lungs.
- **Metabolic acidosis or alkalosis** occurs when there is slow removal of **acidic specie (H⁺)** or high production of **basic specie (HCO₃⁻)** that results from kidney malfunction.

Four Acid-Base Disorders:



Respiratory

↑ CO_2

Acidosis

↓ CO_2

Alkalosis

↑ HCO_3^-

Alkalosis

↓ HCO_3^-

Acidosis

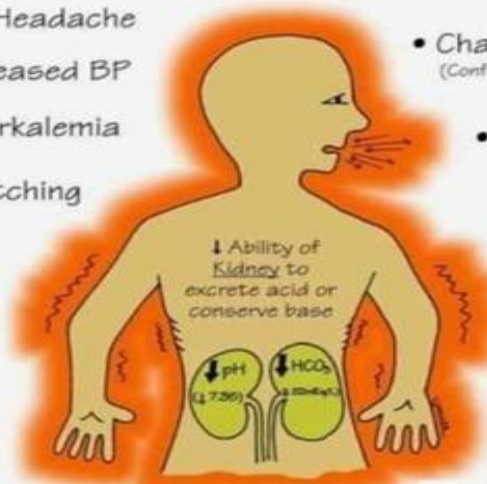


Metabolic

METABOLIC ACIDOSIS

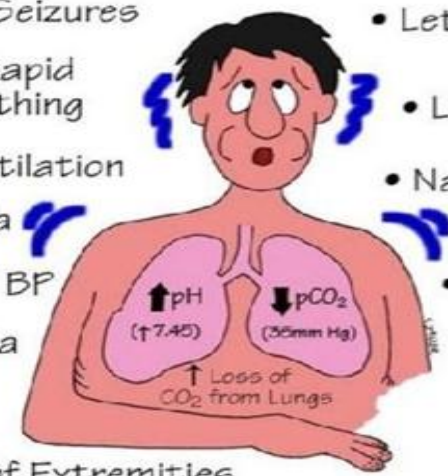


- Headache
- Decreased BP
- Hyperkalemia
- Muscle Twitching
- Warm, Flushed Skin (Vasodilation)
- Nausea, Vomiting, Diarrhea
- Changes in LOC (Confusion, Lethargy)
- Kussmaul Respirations (Compensatory Hyperventilation)
- Causes: DKA, Severe Diarrhea, Renal Failure, Shock



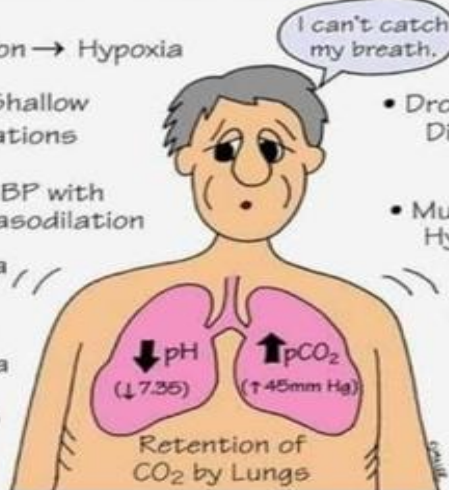
RESPIRATORY ALKALOSIS

- Seizures
- Deep, Rapid Breathing
- Hyperventilation
- Tachycardia
- ↓ or Normal BP
- Hypokalemia
- Numbness & Tingling of Extremities
- Lethargy & Confusion
- Light Headedness
- Nausea, Vomiting
- Causes: Hyperventilation (Anxiety, PE, Fear), Mechanical Ventilation



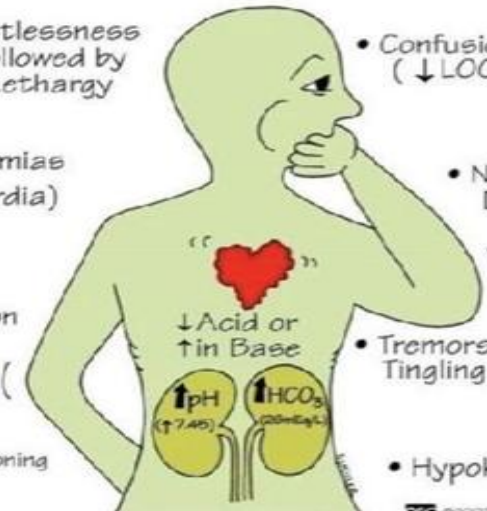
RESPIRATORY ACIDOSIS

- Hypoventilation → Hypoxia
- Rapid, Shallow Respirations
- ↓ BP with Vasodilation
- Dyspnea
- Headache
- Hyperkalemia
- Dysrhythmias (↑K)
- Drowsiness, Dizziness, Disorientation
- Muscle Weakness, Hyperreflexia
- Causes: ↓ Respiratory Stimul (Anesthesia, Drug Overdose), COPD, Pneumonia, Atelectasis



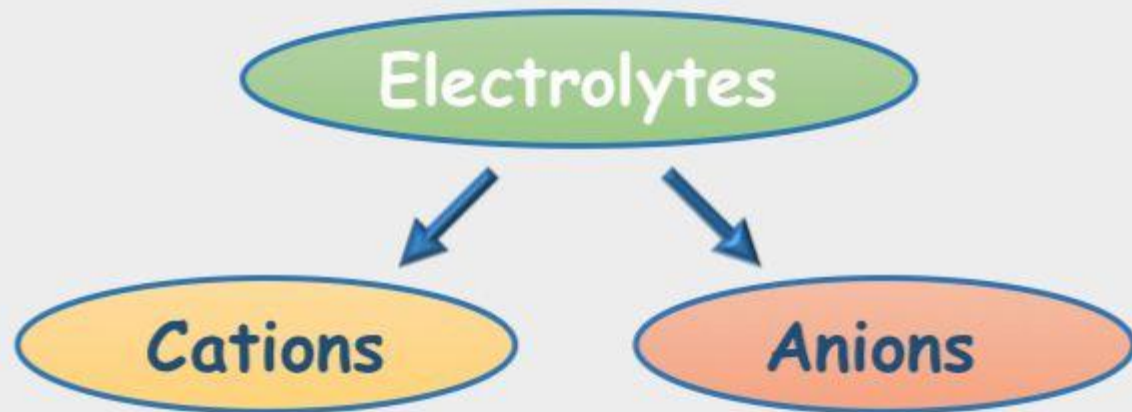
METABOLIC ALKALOSIS

- Restlessness Followed by Lethargy
- Dyrhythmias (Tachycardia)
- Compensatory Hypoventilation
- Causes: Severe Vomiting, Excessive GI Suctioning, Diuretics, Excessive NaHCO₃
- Confusion (↓ LOC, Dizzy, Irritable)
- Nausea, Vomiting, Diarrhea
- Tremors, Muscle Cramps, Tingling of Fingers & Toes
- Hypokalemia

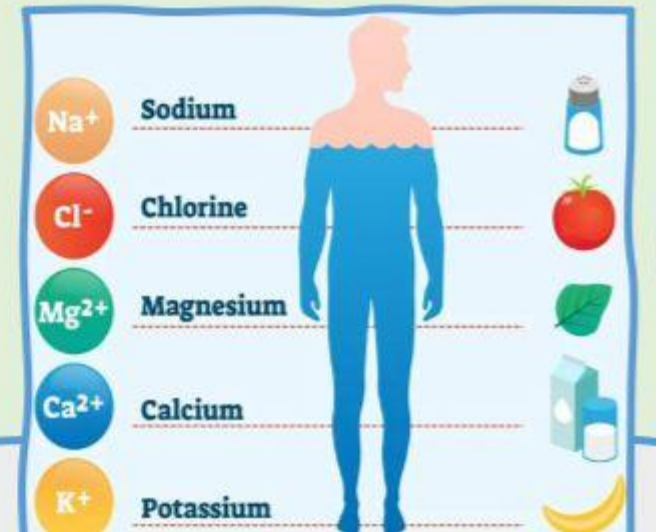


Electrolytes

- ❑ **Electrolyte** is an electrically charged mineral content that is in the human body.
- ❑ This substance is found in **cells**, **tissues**, and **body fluids** with different types and different functions.
- ❑ As electrolytes carry an Electric Charge, therefore, classified as:

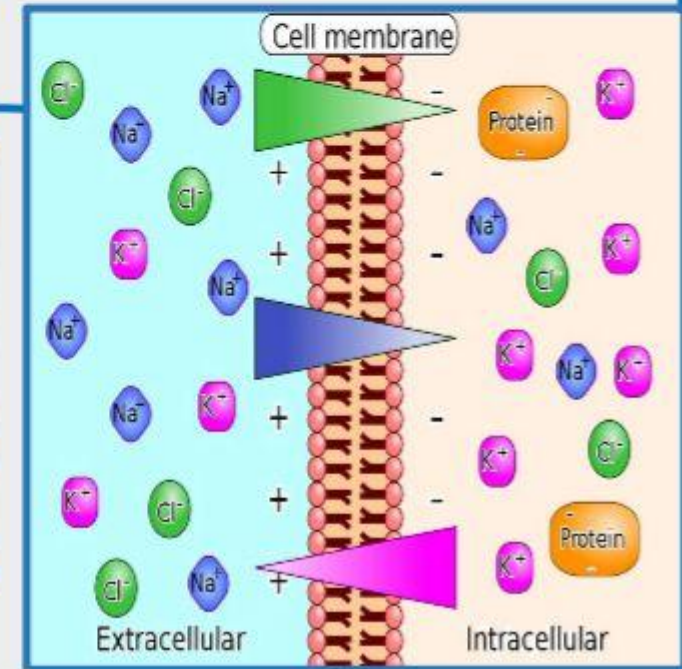


- ❑ Electrolytes are essential component of all living matter.
- ❑ There are various types of electrolytes, including:
 - major Electrolytes such as **Cations**:
 - ✓ Sodium Na
 - ✓ Potassium K
 - ✓ Calcium Ca
 - ✓ Magnesium Mg
 - **Anions**:
 - ✓ Chlorine Cl
 - ✓ Bicarbonate HCO_3
 - ✓ Phosphate HPO_4



Functions of Electrolytes

- ❑ The general benefits of electrolytes:
 - ❑ Regulation of the most **Metabolic Pathways** in the Body.
 - ❑ Maintain of **Osmotic Pressure** and **Hydration** of the various **Body Fluid** compartment.
 - ❑ Maintain of the **Proper Body PH**.
-
- ❑ Regulation of the Proper Function of **Heart** and **Muscles**.
 - ❑ Involvement in **Oxidation - Reduction** reaction.
 - ❑ Participation as Essential part of **Co-factor** of **Enzyme**.



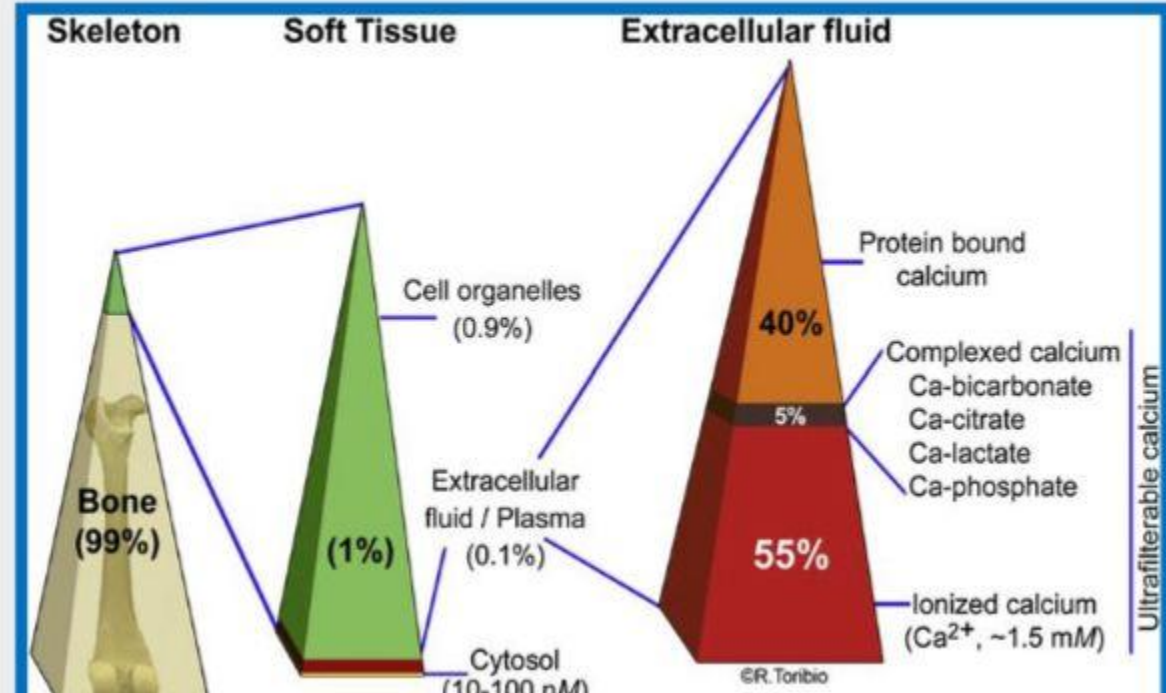
Calcium



- ❑ Calcium is the **most abundant mineral** found in the body and play many vital roles.
- ❑ Calcium **average** in **adult body** is approximately **1 Kg**.
- ❑ Calcium is an important **nutrient** for body health. The **daily intake** is approximately **1000 mg/day**. **Absorption** - duodenum and proximal jejunum.
- ❑ About **99%** of **calcium** in the body are found in **bones** and **teeth** as **Hydroxyapatite** $\text{Ca}_{10}(\text{PO}_4)_3(\text{OH})_2$. The remaining **1%** is mostly found in the **blood** and other **ECF**.

Distribution of Calcium

- ❑ Ca^{2+} in **Blood** is distributed among **Several Forms**: About **50%** as **free Ca^{2+}** ions (referred to as **ionized Ca^{2+}**). **40%** is bound to **Protein**, mostly **Albumin**. **10%** is bound to **Anions**, such as **HCO_3** , **citrate**, **PO_4** and **lactate**. This **distribution** can change in **disease**.



Normal Value of Calcium

- **In children:** 8.8 - 10.8 mg/dl
- **Adult:** 8.6 - 10.0 mg/dl

Regulation of Calcium

- ☐ Three hormones are known to regulate **serum Ca^{2+}** by altering their **secretion rate** in response to changes in **ionized Ca^{2+}** :

**PTH Hormone - Vitamin D -
Calcitonin**



Functions of Calcium

- It is important for **blood coagulation**.
- Maintenance of normal **muscle contractility**.
- It also plays a role in **hormone secretion**.
- Is important in the **transmission of nerve impulses**.
- It is important for **developing and maintaining bone structure and function**.
- Acts as a **cofactor** for many **enzyme** in metabolic processes in the body.

Deficiency of Calcium

Hypocalcemia

- ❑ Tetany, increased neuromuscular excitability, neurological disorders.
- ❑ Result of vit. D deficiency, hypoparathyroidism, renal insufficiency.
- ❑ Symptoms are: **rickets** (children), **osteomalacia** (adults).



Hypercalcemia

- ❑ Toxicity - hypercalcemia (**normally does not to occur**)
- ❑ Hyperparathyroidism, vitamin D intoxication, cancer.



Sodium Na

- ❑ Sodium is a **very important nutrient** required by all humans and is **one of the body's electrolytes**. It is the major **extracellular cation**.
- ❑ The body **obtains** sodium through **food** and **drink** and **loses** it primarily in **sweat** and **urine**.
- ❑ **Healthy kidneys** maintain a consistent level of **sodium** in the body by adjusting the amount **excreted** in the **urine**.
- ❑ Around **800 mg/day** is filtered by **glomerulus** in that **99%** is **reabsorbed** by **tubules**. **Reabsorption** is controlled by **Aldosterone**.
- ❑ The **recommended daily intake** of **sodium** for **healthy adults** is **2,300 mg/day**.
- ❑ Adults with **high blood pressure** should further limit salt quantities to **less than 1,500 mg/day**.
- ❑ Sodium is readily **absorbed** in **GIT**.



Normal value of Sodium

- Plasma concentration: **135 - 145 mmol/L.**

Functions of Sodium

- **BIOCHEMICAL FUNCTIONS:**
- ✓ Sodium **regulates Osmotic pressure** and **fluid balance.**
- ✓ **Regulates Acid-base balance** in association with chloride and bicarbonate.
- ✓ It helps in cell **permeability.**
- ✓ It is involved in **absorption** of **Glucose, Galactose & Amino acids.**
- ✓ It also **plays a key** role in normal **nerve** and **muscle function.**

Deficiency of Sodium

Hyponatremia

- ❑ Hyponatremia usually develops when the body retains too much fluid, as in the case of heart failure or liver disease.
- ❑ It is very commonly observed in people who drink too many fluids regularly, as well as those on diuretic medicines.
- ❑ Diarrhea, Vomiting, Chronic renal failure, Addison disease (adreno cortical Insufficiency), Moderate & severe - Low Blood pressure.
- Decrease in blood pressure and decreases in sodium concentration result in the production of renin → aldosterone production → decreases the excretion of sodium in the urine.

Hypernatremia

- ❑ Hypernatremia is associated with water depletion (dehydration).
- ❑ Cushing's syndrome.
- ❑ Prolonged administration of steroid hormones (Cortisone, ACTH, sex hormones).
- ❑ Severe dehydration (only water), as in case of Diabetes Insipidus:
increased blood volume:
hypertension.

Potassium K

- ❑ Like sodium, potassium is a cation: K^+ . This positively charged ion is most abundant cation in the fluid inside the cell.
- ❑ Plasma concentration - 3.5-5 meq/L.
- ❑ K^+ level is controlled by aldosterone as aldosterone increases K^+ excretion.
- ❑ Absorption is efficient (90%).
- ❑ Excretion is through urine, during absorption of Na^+ there is obligatory loss of K^+ .
- ❑ Adults, both male and female, need 4.7 g or 4,700 mg/day from potassium.
- ❑ The adequate intake level for potassium is based on intake levels that have been found to lower blood pressure, reduce salt sensitivity, and minimize the risk of kidney stones.



Functions of Potassium

- ❑ **BIOCHEMICAL FUNCTIONS:**
- ✓ It maintains **Intracellular Osmotic pressure, acid base balance.**
- ✓ Involves in **cardiac & skeletal muscle activities**, Mainly **K⁺** required in **depolarization & contraction of Heart.**
- ✓ Involved proper **transmission of Nerve Impulses.**
- ✓ **Pyruvate kinase** (of glycolysis) **needs K⁺.**
- ✓ Involved **Biosynthesis of proteins.**

Hypokalemia

- ❑ **Hypokalemia: Serum K⁺ less than 3.5 meq/L**
- ✓ **Cushing syndrome**
- ✓ **Some forms of kidney disease**
- ✓ **Metabolic alkalosis, Diarrhea & vomiting.**
- ✓ **Diabetic coma** treatment with **Insulin & Glucose Diuretics.**
- ✓ **Overuse of laxatives, anorexia nervosa or bulimia, alcoholism.**
- ✓ **Muscle weakness, tachycardia, and cardiac arrest.**

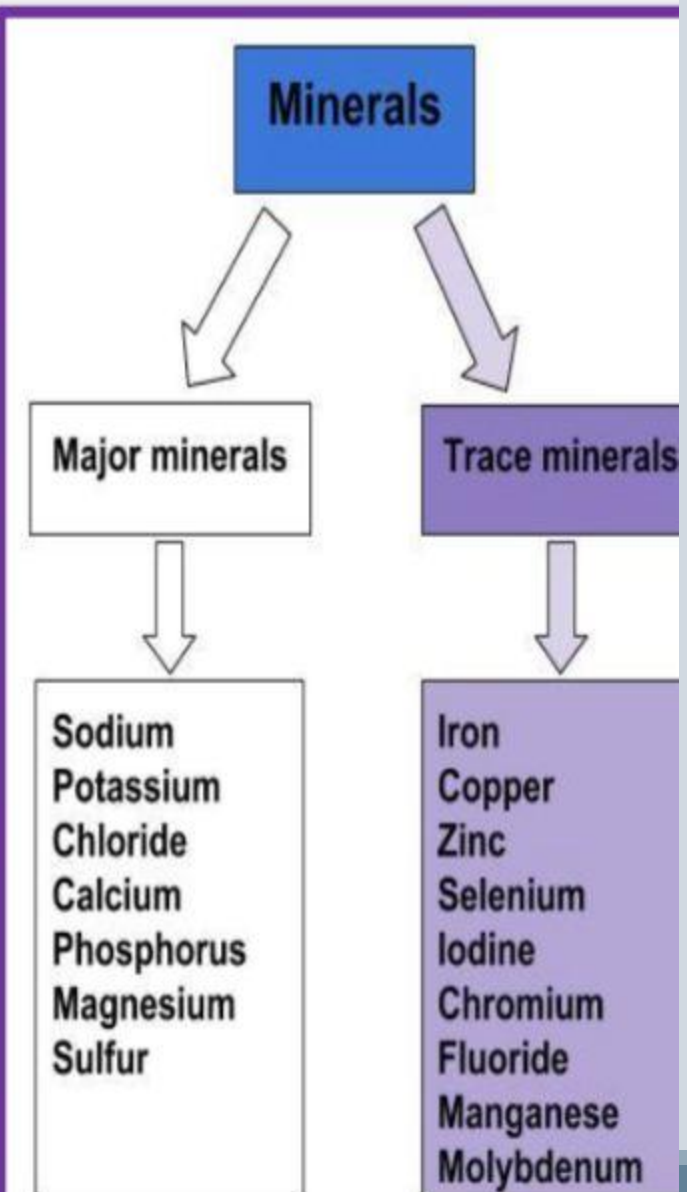
Hyperkalemia

- ❑ Hyperkalemia $K^+ > 5 \text{ meq/l}$
- ✓ Impaired excretion: Renal failure, mineralocorticoid deficiency, drugs; e.g. potassium sparing diuretics).
- ✓ Shifts of K^+ out of cells: Tissue breakdown, acidosis, insulin deficiency.
- ✓ Addison's disease
- ✓ Severe dehydration.
- ✓ Intravenous administration of fluids with excessive potassium salts.
- ✓ Depression of CNS,
- ✓ Bradycardia.

Trace Elements

- ❑ **Trace elements** (or **trace metals**) are minerals present in living tissues in **small amounts**.
- ❑ They are called **trace elements** because of their body concentration, which is few **milligrams per kg** or less.
- ❑ They are required in amounts less than **100 mg/day**.
- ❑ They are also known as micronutrients.

- ❑ Trace elements are vital for human body to **maintain normal yet complex physiological functions** related to body's **growth & development**. They also **balance toxicity** levels.
- ❑ Trace elements function primarily as **catalysts** in enzyme systems; some metallic ions, such as **iron** and **copper**, participate in **oxidation-reduction reactions** in energy metabolism.



- ❑ Trace elements are categorized as: **essential**, and **non-essential**.
- ❑ **Essential Trace Elements:**
 - ✓ **iron, zinc, copper**, cobalt, chromium, fluoride, iodine, manganese, molybdenum and selenium

❑ **Essential Trace Elements are divided into two sub-groups:**

❑ **Trace Elements:**

❑ **Iron, Zinc and Copper.**

❑ **Ultra Trace-Elements:**

❑ **Manganese, Selenium, Cobalt, Chromium, Fluorine, Iodine and Molybdenum.**



- ❑ The **classification** of these elements to essential and non-essential is based upon **their biological effect**, diseases that occur due to their **deficiency** and **toxicity** due to **overdose**.

Iron (Fe)

- ❑ Ferrous (Fe^{2+}) Reduced
- ❑ Ferric (Fe^{3+}) Oxidized

Functions of Iron

- ❑ Iron from **animal** products is **heme iron**.
- ❑ Iron from **plant** products is **nonheme iron**.
- ❑ **Heme** iron is more **efficiently** absorbed than **nonheme** iron.
- ❑ Iron from the diet is **absorbed** into the **intestinal mucosal cells**.
- ❑ **Ferritin** is the **major iron storage protein**.
- ❑ **Transferrin** is an **iron transport protein** in the **blood**.

- ❑ Chief functions in the body:
 - ✓ Part of the **protein hemoglobin**, which carries **oxygen in the blood**.
 - ✓ Part of the protein **myoglobin** in **muscles**, which makes **oxygen available** for **muscle contraction**
 - ✓ Necessary for the **utilization** of **energy** as part of the cells' metabolic machinery

- ❑ Recommended Dietary Allowance (RDA):
 - ✓ **Male: 8 mg/day**
 - ✓ **Female (19-50 years): 18 mg/day**
 - ✓ **Female (51+ years): 8 mg/day**



Iron Deficiency



- ❑ Iron deficiency is the most common nutrient deficiency worldwide
- ❑ Can occur if **inadequate intake** or **blood loss**.
- ❑ When iron is **deficient**, **hemoglobin cannot be produced**.
- ❑ When there is **insufficient hemoglobin**, red blood cells are microcytic and hypochromic and **unable** to deliver sufficient **oxygen** to the **tissues**. This is known as iron deficiency **anemia**.
- ❑ It is **estimated** that as much as **80%** of the world's population may be **iron deficient** and **30%** suffer from iron deficiency **anemia**.
- ❑ **Deficiency symptoms:** Microcytic, hypochromic anemia: weakness, fatigue, headaches, impaired immunity, Pale skin, Concave nails, Inability to regulate body temperature

Iron Toxicity and Overload



- Iron is essential for cellular metabolism, but **too much** can be **toxic**.
- Iron poisoning can be life-threatening. It can **damage the intestinal lining** and cause **abnormalities in body pH**, and **liver failure**.
- Iron overload can happen over time and accumulates in tissues such as the **heart** and the **liver**.
- The most common form of iron overload is **hemochromatosis**.
- Iron poisoning - **acute toxicity from overdose** of iron supplements; can be **deadly** in small children
- Toxicity symptoms**
- Iron overload: infections, fatigue, joint pain, skin pigmentation, organ damage

Zinc (Zn)



Functions of Zinc

- ❑ Zinc is the **most abundant intracellular** trace element.
- ❑ Zinc is **essential** in the diet for **growth and development**.
- ❑ Zinc from **animal** sources is **better** absorbed than zinc from **plant** sources.
- ❑ Absorption: In order to pass from mucosal cells into the blood, zinc must bind to **metallothionein**.

❑ Recommended Dietary Allowance (RDA):

- ✓ **Male: 11 mg/day**
- ✓ **Female: 8 mg/day**

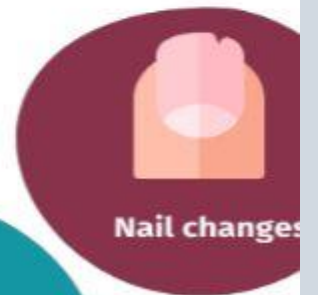


- ❑ Major functions in the body:
 - ✓ Part of **many enzymes** for example: **superoxide dismutase**, **carbonic anhydrase**, **lactate dehydrogenase**, **alkaline phosphatase**.
 - ✓ Associated with the **hormone insulin**.
 - ✓ Involved in making **genetic material** and **proteins**.
 - ✓ Important to wound healing, taste perception, reproduction, vision (transports and activates Vit. A) & immune function.

Deficiency symptoms

- ✓ Failure of metabolism of **nucleic acids** (cell division, growth, and differentiation).
- ✓ In children, growth **retardation** and delayed **sexual maturation**.
- ✓ Impaired **immune** function.
- ✓ Eye and skin lesions.
- ✓ Loss of **appetite** and abnormal taste.
- ✓ Depressed immune function and **poor wound healing**.

❑ **Note:** toxicity - not likely,
unless supplement abuse





Thank
You!