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**EFFECT OF THYROXINE ADMINISTRATION
 ON THE LEVELS OF CALCIUM, PHOSPHORUS
 AND MAGNESIUM IN SERUM AND BONE IN RATS**
 (With One Table)

By

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 (Received 12/11/1991)

تأثير تعاطي هرمون الثيروكسين علي مستوي الكالسيوم ،
 الفوسفور غير العضوي ، الماغنسيوم في المصل والعظام في الفئران

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أجريت هذه الدراسة لإيضاح تأثير إعطاء هرمون الثيروكسين علي كل من الكالسيوم
 والفوسفور غير العضوي والماغنسيوم في الدم والعظام . وأجريت الدراسة علي ٢٠ فأر أبيض
 ناضج ، قسمت إلي مجموعتين : الأولى أعطيت الهرمون لمدة شهر كامل ، والثانية استخدمت
 كمجموعة ضابطة . وقد أوضحت النتائج إرتفاع مسوي الكالسيوم في دم المجموعة الأولى
 وأظهرت النتائج أيضا إرتفاع محتوى رماد العظام من العناصر الثلاثة في المجموعة الأولى
 وأستنتج أن إعطاء هرمون الثيروكسين له دور في عملية تنظيم مستوي الكالسيوم في الدم
 وترسيب عناصر الكالسيوم والفوسفور غير عضوي والماغنسيوم في العظام .

SUMMARY

The current work was planed out to clarify the effect of thyroxine
 adminstration on regulation of calcium, inorganic phosphorus and magnesium
 levels in blood and bone. A total of 20 mature rats were utilized and
 divided into two groups; treated and control groups. Thyroxine was given
 to rats of treated group for one month. The results showed a higher
 calcium level in blood of treated group. Moreover, the levels of the
 three tested elements were significantly higher in bone ash of treated
 group. It can be concluded that thyroxine has a role in the regulation
 of calcium level in blood and deposition of calcium, phosphorus and mag-
 nesium in bone.

INTRODUCTION

It was too early since the important role of thyroid gland has been recognized.
 The gland secretes thyroxine (T_4) and triiodothyronine (T_3), which have profound
 effect on the body metabolic rate, as well as calcitonin which is considered one of
 the main hormones influencing calcium metabolism (McDONALD, 1980 and GUYTON,
 1986). It is known that T_4 and T_3 play the fundamental role in carbohydrate, protein

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and fat metabolism (PETKOV & GEORGIEV, 1983 and SERIES *et al.*, 1987). Moreover, it is recently found that these two hormones may affect calcium level (TAYLOR *et al.*, 1987). It is also recorded that T_3 and T_4 regulate O_2 consumption and energy production (BARKER, 1964; ISMAIL-BEIGI & EDELMAN, 1971 and ABOUL-ELA *et al.*, 1988).

Calcium, phosphorus and magnesium are the most important mineral elements, required for bone formation (ARTHUR, 1964; DUKES, 1967; SYMONDS & TREACHER, 1967; BLOOD & HANDERSON, 1974 and COLES, 1977). The majority of these elements; calcium (99%), phosphorus (80%) and magnesium (70%) are found in the complex salts of bones (HARPER *et al.*, 1977).

It has long been known that thyroid hormone is essential for normal skeletal growth and bone formation. In case of hypothyroidism the skeletal growth is greatly retarded, whereas, in case of hyperthyroidism excessive skeletal growth often occurs (GUYTON, 1986). There is no available literature about the exact role of thyroxine in the metabolism and regulation of calcium, phosphorus and magnesium levels. Therefore, the present study was planned out to clarify the effect of thyroxine administration on the levels of these minerals in serum and bone.

MATERIAL and METHODS

Twenty mature albino rats were utilized in this study. Rats were divided into two comparable groups. Animals of the first group were kept as control. Whereas, rats of the second group were given thyroxine sodium (El-Troxin, Glaxo, England) in drinking water in a daily dose of 2 ug/rat for one month. At the end of the experimental period blood samples were collected separately from all rats for serum separation. Then after, rats were sacrificed and long bones of each rat were separated, cleaned and kept for ash preparation as outlined by A.O.A.C. (1984). The levels of calcium, inorganic phosphorus and magnesium were determined in serum and bone ash according to RAGSARKER and CHAWKAN (1967); GOMORRI (1942) and GINDLER & HEATH (1971) respectively. Data were statistically analysed according to SNEDECOR (1971).

RESULTS

Table 1: Calcium, inorganic phosphorus and magnesium levels (mg%) in serum and bone ash in control rats and those administered thyroxine. (Mean \pm S.E).

	Calcium mg%		phosphorus mg%		Magnesium mg%	
	control	treated	control	treated	control	treated
Serum	5.711 \pm 0.57	8.94 \pm 0.71**	3.604 \pm 0.30	3.27 \pm 0.25	4.48 \pm 0.40	3.80 \pm 0.35
Bone ash mg/100 mg ash	21.69 \pm 1.18	47.5 \pm 2.29**	10.78 \pm 1.17	20.06 \pm 1.54**	4.24 \pm 0.35	8.5 \pm 0.59**

** : Significant at (P/0.01).

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The levels of calcium inorganic phosphorus and magnesium (mg%) in serum and bone ash of rats of control group and those administered (T_4) and presented in Table (1). It is obvious that calcium level in the serum of treated group was significantly ($P/ 0.01$) higher than its level in control group. Meanwhile, the levels of the three tested elements in bone ash were significantly ($P/ 0.01$) higher than the corresponding values of control group.

DISCUSSION

The present results showed clearly that administration of T_4 for one month resulted in marked hypercalcaemia. It is known that one of the main functions of T_4 is increasing the activity of gastrointestinal tract and the ability of absorption of T_4 different elements (EDWARD, 1977 and GUYTON, 1986). Therefore, the estimated higher calcium level in serum following T_4 administration can be attributed partially to increased calcium absorption from the T_4 gastro intestinal tract. It is reported that hormones, other than parathormone and calcitonin, including thyroxine may regulate calcium haemostasis (CAPEN & MARTIN, 1982 and CAPEN, 1983). Moreover, it is recorded that thyroxine plays a role in the regulation of calcium level in blood (TAYLOR *et al.*, 1987). These previous studies indicate that T_4 can be incorporated between hormones regulating calcium level. Recently, it is mentioned that hyperthyroidism is considered one of the causes of hypercalcaemia (KANEKO, 1989). Bearing in mind that calcitonin is hypocalcaemia factor, hypercalcaemia recorded in cases of hyperthyroidism might be due to an increase in thyroxine secretion. Therefore the hypercalcaemia resulted from thyroxine administration in the present study, seems to be logic. However, further studies are required to clarify the exact role of T_4 causing hypercalcaemia.

The results of the present study showed also that the levels of calcium, inorganic phosphorus and magnesium in bone ash of rats receiving thyroxine were significantly higher compared to control group. Thyroxine is necessary for growth and it is thought that its action is permissive as it permits somatotropin and other factors to manifest their action (McDONALD, 1982). Thyroxine stimulates protein anabolism in osteoblasts and thus increasing their activities (HARPER *et al.*, 1977). Therefore, it was anticipated that the rate of deposition of calcium, phosphorus and magnesium, the main minerals necessary for bone formation, might be increased following thyroxine administration for a relatively long period. Consequently, the apparently higher levels of these elements in bone ash of treated group is acceptable.

It could be concluded that thyroxine can be considered one of the hormones regulating calcium level in blood, besides, thyroxine promotes deposition of calcium, phosphorus and magnesium in bone.

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