Homeostatic Control of Plasma Calcium Concentration

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ABSTRACT: Due to the importance of Ca²⁺ in the regulation of vital cellular and tissue functions, the concentration of Ca²⁺ in body fluids is closely guarded by an efficient feedback control system. This system includes Ca²⁺-transporting subsystems (bone, intestine, and kidney), Ca2+ sensing, possibly by a calcium-sensing receptor, and calciumregulating hormones (parathyroid hormone [PTH], calcitonin [CT], and 1,25dihydroxyvitamin D₃ [1,25(OH)₂D₃]). In humans and birds, acute Ca²⁺ perturbations are handled mainly by modulation of kidney Ca²⁺ reabsorption and by bone Ca²⁺ flow under PTH and possibly CT regulation, respectively. Chronic perturbations are also handled by the more sluggish but economic regulatory action of 1,25(OH)₂D₃ on intestinal calcium absorption. Peptide hormone secretion is modulated by Ca2+ and several secretagogues. The hormones' signal is produced by interaction with their respective receptors, which evokes the cAMP and phospholipase C-IP₃-Ca²⁺ signal transduction pathways. 1,25(OH)₃D₃ operates through a cytoplasmic receptor in controlling transcription and through a membrane receptor that activates the Ca²⁺ and phospholipase C messenger system. The calciotropic hormones also influence processes not directly associated with Ca²⁺ regulation, such as cell differentiation, and may thus affect the calcium-regulating subsystems also indirectly.

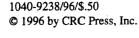
KEY WORDS: parathyroid, calcitonin, vitamin D, bone, kidney, absorption.

I. INTRODUCTION

The role of Ca²⁺ in controlling a variety of metabolic functions in the body, ranging from muscle contraction to blood coagulation, has been well established. Ca²⁺ also participates in the modulation of hormone secretion and action as a part of the cellular signal transduction pathway (Downes and Mitchell, 1985), and in regulation of the cell cycle (Lu and Means, 1993). Due to the importance of calcium in normal function,

maintenance of a steady concentration of Ca²⁺ in cells and in the extracellular space is a main concern of the organism. In effect, Ca²⁺ concentration is one of the most guarded qualities in land vertebrates. A long-term interest of the organism is also to maintain proper bone calcification in order to establish structural support and its Ca²⁺ reservoir.

Regulation of the Ca²⁺ concentration in body fluids is achieved through the action of a complex feedback-control system that includes several subsystems and regulating hormones. A perturbation in plasma cal-





cium or in any of the control subsystems usually results in a cascade of events with an often obscure temporal hierarchy. Therefore, it is difficult to obtain detailed information on the behavior of subsystems of the Ca control system by in vivo experimentation. In the last 3 decades, in vitro techniques have been used widely to isolate single components of the calcium-regulating system. Initially, isolated organs such as everted gut sacs (Wilson and Wiseman, 1954), isolated bone (Raisz, 1963), and kidney slices (Chase and Aurbach, 1967) have been used. Isolated organs in situ such as intestinal loops (Wasserman, 1963) or perfused endocrine glands (Copp et al., 1972) were also studied. With the development of culture techniques, cellular and subcellular preparations have been used to study components of the calcium control system. These include bone cells (Rodan and Rodan, 1974), cartilage cells (Pines and Hurwitz, 1988), parathyroid cells (Brown et al., 1976), kidney cells (Bar et al., 1980), and intestinal cells or brush border vesicles (Rasmussen et al., 1979). Some information acquired by in vitro techniques, especially that related to diagnosis of pathological states, can be implemented as such. However, for full physiological comprehension of the mode of operation of the control system, the mosaic of information obtained by in vitro experimentation ought to be assembled and treated in the context of the entire organism. Simulation algorithms are useful tools for such integration, as is discussed further.

II. THE CONTROLLED SIGNAL — PLASMA CA2+ CONCENTRATION

A. State of Plasma Calcium

The plasma calcium concentration of land vertebrates (except for female birds

and reptiles during reproduction) is maintained at approximately 2.5 mM (10 mg/dl). In mammalian species, ionic Ca²⁺ is close to one half of the total plasma calcium. Although most of the remainder is protein bound, some Ca2+ forms complexes with small molecules (Table 1). Most of the protein-bound calcium is associated with plasma albumin, which binds approximately 0.84 mg of Ca2+ per gram according to Rawson and Sunderman (1948), but only 0.34 mg/g according to Müller-Plathe and Lindemann (1983). As suggested in a pioneering study of McLean and Hastings (1935), ionization of Ca²⁺ can be described, at least as a first approximation, by the mass law,

$$\frac{\left[\operatorname{Ca}^{2+}\right]\left[\operatorname{Prot}^{2-}\right]}{\left[\operatorname{Ca}^{2}\operatorname{Prot}\right]} = K$$

This simple relationship is affected by factors such as plasma pH and bicarbonate concentrations.

In female birds during reproduction or in male estrogenized birds, the total plasma calcium concentration may exceed 7.5 mM due to the appearance in the circulation of Ca²⁺ complexed to vitelogenin — a ≈500-kd lipophosphoprotein (Tata and Smith, 1979) that is the precursor of the main protein fractions of the egg yolk; it is not related to the formation of the calcified egg shell.

TABLE 1 State of Plasma Calcium in Mammals

Fraction	m <i>M</i>
Free ions	1.18
Protein bound	1.14
Calcium phosphate	0.04
Calcium citrate	0.04
Unidentified complexes	0.08

From Walser, M. 1961. J. Clin. Invest. 40: 723-730. With permission.



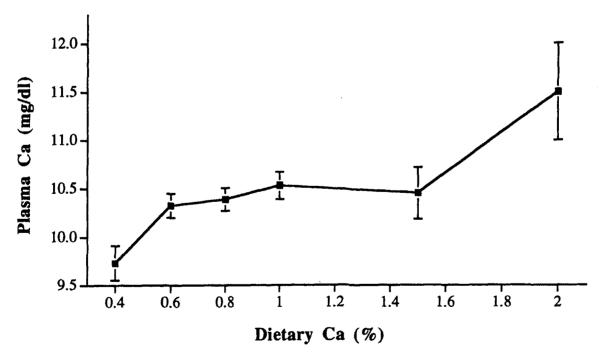
B. Efficacy of Plasma Calcium Regulation

The efficacy of regulation of plasma calcium in normal individuals can be evaluated by introduction of either an acute or a steady-state perturbation. After an increase by a bolus intravenous injection of Ca²⁺, the plasma calcium concentration in the growing bird falls exponentially and returns to normal after approximately 40 min (Hurwitz et al., 1983). Also in growing chicks, the steady-state concentration of calcium as a function of dietary calcium intake is reminiscent of buffer titration (Figure 1) within a wide range of dietary calcium intake. The regulatory capacity is overwhelmed at the very low or very high levels of dietary intake. The ability to maintain plasma calcium in the face of acute or steady-state perturbations is lost when essential parts of the regulatory machinery are compromised, for example by parathyroidectomy, vitamin D deficiency, or when the vitamin D control

system is bypassed (Hurwitz et al., 1984). Malfunctions of parts of the calcium control mechanisms are at the basis of various metabolic disorders in which hyper- or hypocalcemia are the main pathological manifestations.

C. Oscillatory Behavior of Plasma Calcium

Deviations from the "normal" value of plasma calcium of around 10 mg/100 ml have been considered as errors of the controlling system. However, temporal oscillations corresponding to circadian rhythms have been observed for plasma calcium and some of its controlling systems in growing rats (Staub et al., 1988), dogs (Wong and Klein, 1984), humans (Carruthers et al., 1964; Halloran et al., 1985; Jubitz et al., 1972; Markowitz et al., 1981), and chickens (Hurwitz et al., 1994; Miller and Norman, 1979).



Plasma Ca²⁺ concentration as a function of dietary Ca intake in chicks. (From Hurwitz, S., Plavnik, I., Shapiro, A., Wax, E., Talpaz, H., and Bar, A. 1995. J. Nutr. In Press. With permission.)



In many regulated biological systems, a spontaneous periodic behavior, rather than maintenance of constant values, is considered the normal mode of operation, conferring a functional advantage for the organism because it may be a part of the anticipatory (predictive) regulation mechanisms (Rapp, 1987; Moore-Ede, 1986). An advantage to calcium homeostasis provided by the circadian rhythm in the two major controlling systems, bone to blood calcium flow and the activity of 25-hydroxyvitamin D₃-1-hydroxylase, has been suggested (Hurwitz et al., 1994). Although opinions on the mechanism responsible for the generation of these oscillations differ, it is generally agreed that the oscillations are the consequence of the activity, rather than being errors of the calcium-regulating system. According to Staub et al. (1988), oscillations in plasma calcium are the manifestation of the selforganizing properties of the process of bone calcification. Hurwitz et al. (1987a), based on computer simulation, suggested that spontaneous oscillations in the Caregulating system were induced by the process of growth, and that the action of the major calcium-regulating hormone (i.e., parathyroid hormone, PTH) on several of the controlling systems was the determinant of their evolvement. The importance of intact parathyroid glands for inducing plasma calcium oscillations has been demonstrated experimentally in dogs (Wong and Klein, 1984).

Oscillations of a different nature in the Ca-regulating system in reproducing female birds result from rhythmic perturbations associated with the schedule of the egg shell. This type of oscillatory behavior is reflected by plasma calcium (Taylor and Hertelendy, 1961), calcium absorption (Hurwitz and Bar, 1965; Hurwitz et al., 1973), and uterine (shell gland) calcium transport and calbindin-D_{28k} gene expression (Bar et al., 1992).

III. REGULATION OF PLASMA CALCIUM

A. The Ca Control System

Regulation of plasma Ca2+ is schematically represented in Figure 2. The control system consists of three main subsystems: intestine, bone, and kidney. The net transport of Ca2+ through the intestinal epithelium (F_i) is the only route of entry of Ca²⁺ from the exterior. The net transport of Ca²⁺ by the kidney (F_k) is the means of Ca²⁺ removal to the exterior. Bone may remove Ca²⁺ from the central plasma pool by the process loosely defined as bone formation, and return Ca2+ to the system by resorption. F_b defines the net Ca²⁺ flow of bone. The change in total plasma Ca2+ (M) is then given by the sum of the flows

$$dM/dt = F_i - F_k - F_b - k\Delta Ca \qquad (1)$$

which, after integration and division by the blood volume (V_b), results in the plasma Ca²⁺ concentration [Ca]. In addition, plasma Ca²⁺ equilibrates rapidly (k) with extracellular Ca²⁺ (M_a). The rate of equilibration is driven by the difference in Ca²⁺ concentration between plasma and the extracellular fluid (Δ Ca). When integrated and divided by the volume of extracellular fluid (V_a), the concentration of Ca²⁺ in the extracellular fluid (C_a) is obtained.

The plasma Ca²⁺ concentration is sensed by Ca²⁺ receptors (CaR) probably. [The kidney responds directly to Ca²⁺ by modulating its Ca²⁺ excretion (F_k) (1) by the C-cells (ultimobranchial), which in response may vary calcitonin (CT) secretion, (2) by bone, which modifies its Ca^{2+} flow (F_b) , (3) by the parathyroid gland (PT) with the secretion of parathyroid hormone (PTH), (4) and by the kidney hydroxylase enzyme system (OH-ase), which is responsible for the pro-



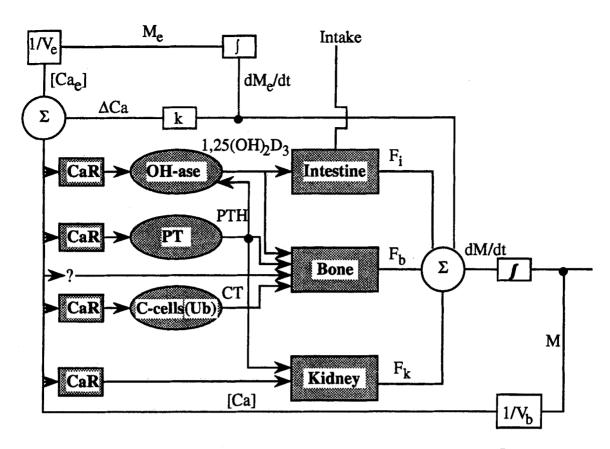


FIGURE 2. Schematic representation of regulation of plasma Ca^{2+} . The sum (Σ) of the net Caflows from intestine (F_i), bone (F_i), and kidney (F_i) is the change in total plasma Ca, (dM/dt), which when added to existing plasma Ca and divided by the blood volume (V_b), yields the plasma Ca concentration (Ca). Plasma Ca exchanges rapidly with extracellular Ca (Ma); when divided by the volume (V_a), the extracellular Ca concentration (Ca_a) is obtained. Plasma Ca, after reacting with the Ca-sensing receptor (CaR), determines Ca excretion (Fk), bone Ca flow (Fb), calcitonin (CT) secretion by the ultimobranchial gland (UB), parathyroid hormone (PTH) secretion from the parathyroid gland (PT), and production of 1,25(OH)₂D₃ by the kidney 25-hydroxyvitamin D₃-1-hydroxylase (OH-ase). Bone flow and 1,25(OH), D₃ production are mainly controlled by PTH. (Modified from Hurwitz, S., Fishman, S., and Talpaz, H. 1987a. Am. J. Physiol. 252: R1173-R1181. With permission.)

duction of 1,25-dihydroxyvitamin D₃ $[1,25(OH)_2D_3]$ (5). PTH regulates bone Ca²⁺ flow (F_b) , the production of $1,25(OH)_2D_3$, and the urinary Ca²⁺ excretion. Bone Ca²⁺ flow may also be influenced by calcitonin (CT). Intestinal Ca²⁺ absorption is regulated by $1,25(OH)_2D_3$.

B. Calcium Sensing

The sensing of extracellular Ca2+ concentration is the first step in its feedback regulation. The relationship between the

sensor output and the Ca2+ concentration and the intensity of its produced signal are the main determinants of the so-called reference value or setpoint.

Initially it was theorized that modulation of the intracellular Ca2+ concentration as a result of changes in extracellular Ca²⁺ was the means of Ca²⁺ sensing. However, the existence of a specialized Ca²⁺-sensing molecule at the cell surface was predicted on the basis of a large volume of evidence (Brown, 1991). The Ca sensing receptor has been identified in bovine parathyroid cells



and has been cloned (Brown et al., 1993). The receptor is made of a large extracellular domain with several acidic amino acid residues that are probably involved in Ca2+ binding. This domain is coupled to a sevenspanning membrane domain similar to other receptors of the G-protein-coupled receptor superfamily. The association of Ca²⁺ with its receptor stimulates phosphoinoside-specific phospholipase C, resulting in the accumulation of inositol 1,4,5-triphosphate (IP₃) and diacylglycerol (DAG) (Kifor et al., 1992; Shoback et al., 1988). It also stimulates the release of Ca2+ from intracellular stores and entry of Ca2+ from the extracellular space (Brown et al., 1991), possibly by stimulating the activity of voltage-sensitive Ca²⁺ channels (Muff et al., 1988).

Molecular techniques have been used to localize the receptor in kidney and brain (Brown et al., 1993). It has also been recently identified in the C cells of the thyroid gland (Garret et al., 1996). Indirect evidence also points to its presence in bone cells such as osteoclasts (Shankar et al., 1993), osteoblasts (Leis et al., 1994), and osteocytes (Kamioka et al., 1994), and in the human placenta (Lundgren et al., 1994).

Study of the regulation of the Ca²⁺-sensing receptors has only begun. In a first study, Rogers et al. (1995) was unable to detect any relationship between the Ca2+-sensing receptor level in parathyroid cells of vitamin D-deficient rats and the plasma Ca or 1,25(OH)₂D₃ concentrations.

It is tempting to attribute the regulatory responses to Ca²⁺, including PTH secretion, to the activity of the Ca²⁺-sensing receptor. However, the steps linking between the receptor and the regulatory function remain to be elucidated.

C. The Regulating Hormones

In the context of a feedback system, a quantitative relationship ought to exist between the rate of secretion of the regulating hormone and the controlled entity on the one hand, and between the response of the control system and the concentration of the regulating hormone on the other. The cellular response may also be modified by up- or downregulation of receptor number or affinity. Calcium metabolism is regulated by peptide and steroid hormones. Peptide hormone secretions (PTH and CT) respond to the plasma Ca²⁺ concentration within minutes. This and the short half-life of the peptide hormones qualify them to deal with acute perturbations by transient actions (in the time range of minutes to hours), although they also may have long-term effects through activating other regulating hormones with slower response times. Bone is the immediate target for the rapid action of either PTH or CT. PTH stimulates bone resorption, thereby increasing Ca²⁺ flow from bone to circulation. CT acts in the opposite direction by inhibiting bone resorption. The action of PTH may be considered noneconomical from a nutritional viewpoint because it involves a loss of calcium from bone. The reduction in bone resorption by CT also is not desirable because it can result in a decrease in bone turnover and a diminution of its calcium regulatory capacity, and in the decrease in the concentration of plasma phosphate, which in turn may impede bone formation. Under conditions of a sustained perturbation, production of the steroid hormone 1,25(OH)₂D₃ is modulated by PTH, resulting in changes in intestinal calcium absorption and in bone balance. The physiological action of 1,25(OH)₂D₃ becomes evident only after several hours, and its halflife is also in the range of hours (Hurwitz et al., 1983). Because $1,25(OH)_2D_3$ causes a change in the flow of Ca2+ into circulation from the environment by controlling intestinal absorption, its action may be considered beneficial to the overall calcium economy of the organism.



1. Parathyroid Hormone (PTH)

a. Source of PTH — The Parathyroid Glands

PTH is secreted from the chief cells of the parathyroid glands. It has been accepted that these glands develop from the third, fourth, and fifth embryonic pharyngeal pouches and migrate to a posterior position during embryonic development. Recent work, however, suggests that the glands in humans and chickens are actually of ectodermal placoidal origin (Mérida-Velasco, 1991). The anatomical location of the gland may vary among species and even within a single species. For example, in the human and rat, the glands are usually located on the thyroid gland. However, two pairs of parathyroid glands are found in the human, whereas only two single glands are found in the rat. In birds, two pairs of glands are found at the border of the thoracic cavity, just caudal to the thyroid gland. In humans, the location of the parathyroid glands may vary from the angle of the jaw to the heart and posterior mediastinum. In many cases, parathyroid gland localization requires highly specialized techniques (Eisenberg et al., 1989).

b. Structure of PTH

The first active PTH preparation was obtained by Collip (1925) using HCl extraction. Full-length PTH has been isolated, and its amino acid sequence has been determined in the bovine (Brewer and Ronan, 1970), human (Keutman et al., 1978), and pig (Sauer et al., 1974). The amino acid sequence of the rat (Heinrich et al., 1984) and chicken preproPTH sequence was deduced from the nucleotide sequence (Khosla et al., 1988; Russell and Sherwood, 1988). The chain of the mammalian peptide is 84 amino acids long, whereas the avian hormone sequence includes 88 amino acids (Figure 3). A high degree of homology exists for the full-length amino acid sequence in the mammalian hormone. About 60% homology between the human and avian hormone can be found in the 1 to 34 amino terminal sequence, within which the 1 to 14 sequence contains only two substitutions.

An analog of PTH, parathyroid hormone-related protein (PTHrP), has been characterized recently as a cause of the hypercalcemia of malignancy (reviewed by Strewler and Nissenson, 1994). This protein was found in three isoforms of 139, 141, and 173 amino acids. The sequence homology of PTHrP with PTH is high at the amino terminus (1 to 13). Beyond this range, little homology exists even at the region of amino acids 18 to 34 that is considered to be important for receptor binding. Nevertheless, both peptides bind to the PTH receptor with a similar affinity (Orloff et al., 1989). The ability of PTHrP and also avian PTH to bind to PTH receptors, despite the limited homology of the primary sequence, hints at similarities among the peptides in their secondary structures. Indeed, computer algorithms predicted similar α-helices and β-turns for both PTH and PTHrP (Chorev and Rosenblatt, 1994). Due to the low circulating levels and the lack of relationship between its circulating level and plasma Ca2+, PTHrP is not considered to be a calciotropic hormone, and therefore is not reviewed in the present context.

The sequence of 1 to 34 is believed to contain most of biological activity of PTH, although some effects of the midhormone and C-terminal regions have been reported (Somjen et al., 1990). However, full-length avian PTH was more effective in stimulating aldosterone secretion than the 1 to 34



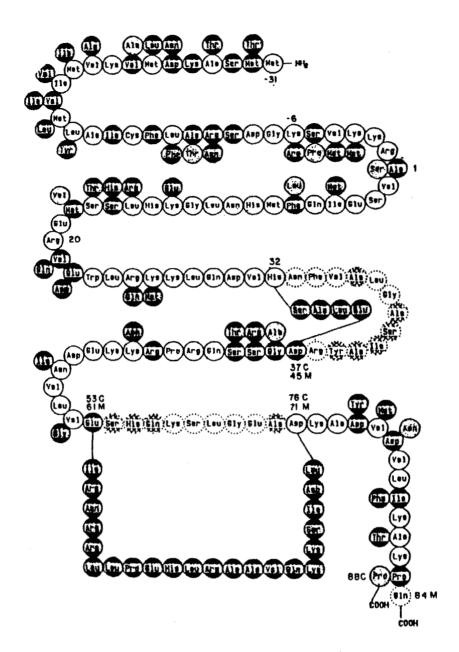


FIGURE 3. Comparative sequence of parathyroid hormone. The sequence of bovine parathyroid hormone is given in circles. A barred or hatched circle indicates a position at which the amino acid varies among the mammalian hormones (human, bovine, porcine, and rat); open circles indicate invariant mammalian residues. Stippled circles indicate sites where the sequence of chicken preproPTH is different from bovine but identical to one of the other mammalian hormones. Barred stippled circles indicate an amino acid unique to chicken preproPTH. Dotted circles represent amino acids that apparently have been deleted in the chicken sequence and replaced by unique peptides that are joined to the rest of the sequence by lines. 1, the first residue of mature PTH. M and C after numbers refer to mammalian and chicken sequences, respectively. (From Khosla, S., Demay, M., Pines, M., Hurwitz, S., Potts, J. T., Jr., and Kronenberg, H. M. 1988. J. Bone Miner. Res. 3: 689-698. With permission.)

peptide (Rosenberg et al., 1987). Three regions have been identified on the 1 to 34 peptide: the sequence of 1 to 6 is considered

to be the activation domain, and the 7 to 34 is the inhibitory domain that contains the principal binding sequence of 25 to 34 (Mahaffey et al., 1979; Nussbaum et al., 1980). The sequence beyond amino acid 34 was found to be essential for proper intracellular processing of the hormone in the parathyroid cell (Lim et al., 1992).

c. Control of PTH Secretion

Overall hormone secretion is the sum of secretion of all glandular cells. Thus, secretion may be regulated by modulating the rate of secretion of the individual cell, or by changing cell number.

According to Parfitt (1994), regulation of the size of the parathyroid gland has been poorly investigated despite its utmost importance in calcium homeostasis. In vitro, a low Ca²⁺ concentration causes an increase in parathyroid tissue growth (Raisz, 1963). In normal animals, a chronic calcium stress or growth and reproduction may lead to gland hypertrophy and hyperplasia. Conversely, a chronic excess of calcium in the system results in glandular involution, probably through apoptosis (Parfitt et al., 1994). In the rat (Luce, 1923) and chicken, either calcium (Hurwitz and Griminger, 1961) or vitamin D (Bar et al., 1972) deficiencies lead, within a few days, to large increases in parathyroid size. It is, however, not clear if the increase in size is due to hypertrophy or hyperplasia. Lee and Roth (1975) observed increased mitosis and DNA synthesis in response to low ambient Ca²⁺. Other studies (Kremer et al., 1989; LeBoff et al., 1983) found no change in cell proliferation in parathyroid cells in response to ambient Ca²⁺. Repletion with the deficient agent (vitamin D and/or calcium) leads to a rapid regression of gland size (Russell et al., 1993). In vitro, 1,25(OH)₂D₃ treatment also resulted in the depression of induced parathyroid cell proliferation, by a mechanism apparently independent of ambient Ca²⁺ (Kremer et al., 1989).

Only a fraction of parathyroid cells respond to stimulation at any time. The greater the drain of hormone, the more cells are recruited to release the hormone (Sun et al., 1993). This could also serve in the regulation of hormone release from the gland together with the response of the individual cell and the total number of cells.

The preproPTH is the complete translation product of the specific mRNA. As reviewed by Habener et al. (1984), Kemper (1986), and Hurwitz (1989), synthesis of the message is followed by transcriptional and posttranscriptional processing. The MET-MET residue of the N terminal of the preproPTH is cleaved off soon after the emergence on the ribosome. The leader sequence of 23 amino acids is cleaved, probably during insertion into the membrane of the endoplasmic reticulum, and the pro sequence of six amino acids is cleaved off after transport to the Golgi apparatus. The hormone is then enclosed within secretory granules and released into the cytoplasm, ready for exocytosis. According to Cohn and Elting (1983), proPTH appears in the endoplasmic reticulum within 1 min after initiation of synthesis, its arrival at the Golgi apparatus occurs after about 15 min, and secretion can commence within 30 min.

Exocytosis is initiated by the fusion of the secretory granule to the plasma membrane (DeLisle and Williams, 1986). The membrane is then disrupted by changes in the cellular microskeleton, possibly with the aid of changes in membrane potential (Bruce and Anderson, 1979) or by osmotic forces (Brown et al., 1978).

Ambient Ca²⁺ is the classic modulator of PTH secretion, possibly operating through the calcium-sensing receptors discussed above. In isolated bovine parathyroid cells in vitro (Brown et al., 1976) and in vivo (Mayer et al., 1979), a sigmoidal relationship between PTH secretion and ambient Ca²⁺ was observed. This relationship can be



represented by a four-compartment model (Brown, 1983),

$$V_s = D + \frac{A - D}{\left(1 + \frac{Ca}{C}\right)^B}$$

where Ca is the ambient Ca concentration, A is the minimal secretion rate not suppressible by ambient Ca, C is the midpoint of the Ca-suppressed component, and the exponent B determines the slope of the function. With the newly gained information on the interaction of Ca²⁺ with its sensing receptor, and considering the shape of the function, this model can be replaced with another based on Ca2+-binding kinetics. Because the plasma ionic Ca2+ concentration is 1.2 to 1.5 mM, higher than the calculated midpoint of response of 0.95 mM of Ca²⁺, the system does not operate symmetrically. A shift in the curve to the right was observed in parathyroid adenomas (Brown, 1983), in association with the exhibited hypercalcemia. In normal neonatal calves, the curve is shifted to the left with age, in association with a decrease in the normal plasma calcium concentration (Keaton et al., 1978).

Extracellular Ca2+ affects several of the cellular messengers — Ca2+ itself, diacylglycerol and phosphokinase C (Kobayashi et al., 1988), IP₃, and also cAMP (Brown 1991, 1994), probably as a result of its interaction with the calcium-sensing receptor. However, Miki et al. (1995) attributed regulatory responses also to promotion of the activity of Ca2+ channels, leading to oscillations in intracellular Ca2+. Because several responses of parathyroid cells to extracellular Ca²⁺ are known, any of several of the cellular messengers may effect a different regulatory response.

Ca²⁺ may inhibit PTH secretion using several mechanisms: (1) by interfering with PTH transcription (Russell et al., 1983,

1993), probably through a negative calciumresponse element (nCaRE-PTH) that is located at the upstream flanking region of the PTH gene (Okazaki et al., 1992), (2) by inhibiting exocytosis via modulating membrane polarization by the K+ channel activation (Kanazirska et al., 1995), or (3) modulation of intracellular degradation of the hormone (Hanley et al., 1978, 1986).

Several hormones such as catecholamines (Brown et al., 1977), dopamine (Attie et al., 1980), and secretin (Windeck et al., 1978) were found to stimulate PTH secretion, apparently through cAMP mediation. Cholera toxin, an activator of the ademylate cyclase enzyme system, stimulated cAMP production in bovine (Brown et al., 1979) and avian (Pines and Hurwitz, 1981) parathyroid cells, and augmented PTH secretion. This interaction of the PTH system with other membrane-active hormones may be part of a predictive control system that would protect the organism against anticipated hypo- or hypercalcemia. For example, Fischer et al. (1982) theorized that the response of the parathyroids to catecholamines may be related to elevated circulating PTH under some stress conditions, such as exercise (Vohra et al., 1983). However, the physiological significance of the interaction of these hormones has not been elucidated.

In view of the vitamin D-parathyroid interactions, a direct action of the 1,25(OH)₂D₃ in the parathyroid gland could be expected. During vitamin D deficiency, the parathyroid glands of chicks become grossly hypertrophied (Bar et al., 1972). The hormone is present in the parathyroid gland (Henry and Norman, 1975), where a 3.3S receptor for 1,25(OH)₂D₃ was identified (Pike et al., 1980); this suggests that the gland is a target organ for the hormone. In parathyroid cells treated with 1,25(OH)₂D₃, PTH secretion decreases as a consequence of the reduction in specific mRNA synthesis (Cantly et al., 1985; Russell et al., 1986).



Suppression of preproPTH gene expression by 1,25(OH)₂D₃ was demonstrated also in intact rats by Naveh-Many et al. (1990) and in the intact chick by Russell et al. (1993). A direct suppression of preproPTH gene expression by 1,25(OH)₂D₃ could be a consequence of activation of sequences upstream of the PTH gene that bind to the vitamin D receptor (Demay et al., 1992). However, a significant portion of the effects attributed to 1,25(OH)₂D₃ may in fact be secondary to the effects of the hormone on the cellular transport of Ca²⁺, as suggested by Russell et al. (1993) and Brown et al. (1995), and as discussed in Section III.C.3.g.

Similarly to other peptide hormones, PTH is degraded and its fragments are excreted in the urine (reviewed by Arnaud and Pun, 1992). Some of the hormone degradation within the parathyroid cells is affected by ambient Ca2+ (Habener et al., 1975; Mayer et al., 1979). Furthermore, secretion of the inactive C terminal is increased and that of the active hormone decreases in proportion to ambient Ca²⁺ (Hanley and Ayer, 1986; D'Amour et al., 1992). Once secreted, the hormone is taken up by the liver, where it is broken down into C-terminal and Nterminal fragments, similar to those that are present in the circulation (Canterbury et al., 1975). The fragments are ultimately degraded by the renal tubular cells (Hesch et al., 1978) and cleared by filtration (Daugaard et al., 1994). Degradation of PTH fragments, and especially of the intact hormone by the liver and kidney, was greater at a high than at a low concentration of Ca²⁺ (Daugaard et al., 1990). The half-life of the intact hormone is 10 min, and that of the 1 to 34 PTH is 2 min (Neuman et al., 1979; Schneider et al., 1980). The C-terminal fragments have longer half-lives than the intact hormone (Silverman and Yalow, 1973); this may explain differences in the relative distribution of the fragments under various physiological and pathological states.

d. The PTH Receptor

Similarly to other peptide hormones, the action of PTH is initiated by its binding to specific membrane receptors (Kolakowski et al., 1991). Complementary DNA encoding the receptor for PTH and PTHrP from rat osteoblast-like cells, opossum kidney cells, and human osteoblast-like cells has been cloned (Abou-Samra et al., 1992; Jüppner et al., 1991; Schipani et al., 1993). The sequences of the receptor in kidney and bone of humans appeared identical (Schipani et al., 1989), although some binding characteristics were different in rat bone and kidney receptors (Muff et al., 1994). On the basis of nucleotide homology, Segre and Goldring (1993) have shown that the PTH receptor belongs to the category of seven membrane-spanning receptors within the G-protein-linked receptor superfamily, which includes secretin, calcitonin, vasoactive intestinal peptide (VIP), glucagon-like peptide 1, growth hormone-releasing hormone, and glucagon. The structure and functions of these receptors have been reviewed recently (Strader et al., 1994). PTH receptor was found in the classical target organs such as kidney and bone, but also in other tissues such as aorta, adrenal gland, bladder, brain, intestine, skeletal muscle, etc., where it is probably a component of the paracrine/ autocrine system with PTHrP. Physiological responses to PTH in the vascular bed have been demonstrated in mammals (McCarron et al., 1984), birds, reptiles, amphibians, and lungfish (Pang et al., 1980).

The PTH receptor and receptor binding are downregulated in kidney cells (Abou-Samra et al., 1994) and osteoblast-like cells (Okano et al., 1994) by exposure to PTH. Because a profound hyperparathyroidism develops during vitamin D-deficiency hypocalcemia, the downregulation of PTH receptors (Carnes et al., 1980) by PTH may be the reason for the refractoriness to PTH



with regard to its calcemic (Harrison and Harrison, 1963; Gonnerman et al., 1975) or 25-hydroxyvitamin D₃-1-hydroxylase responses (Booth et al., 1985). However, according to Liang et al. (1984), the decrease in the number of receptors cannot explain the entire refractoriness of phosphate excretion to PTH during vitamin D deficiency. The upregulation of PTH receptors observed in the kidney of chickens during reproduction was attributed by Forte et al. (1983) to the action of estrogen. Changes in receptor abundance also occur in response to other physiological factors such as cell age and state of differentiation (Rouleau et al., 1988).

e. PTH Binding and Signal Transduction

Nissenson and Arnaud (1979) and McKee and Murray (1985) have described a high-affinity PTH receptor coupled to adenylate cyclase. A low-affinity binding site has also been described (Muff et al., 1992; Murray et al., 1994). Early evidence (Aurbach and Heath, 1974; Aurbach, 1982; Chase and Aurbach, 1970) suggested that cAMP was the messenger of PTH action in target cells. The stimulation by PTH of cAMP production by the kidney tubular cells (Chase and Aurbach, 1967) results in excretion of this cyclic nucleotide in the urine of mammals (Brodaus, 1981) and chickens (Pines et al., 1983). Several actions of PTH on kidney can be mimicked by cAMP derivatives or promoters; this includes the stimulation of Ca²⁺ reabsorption by the distal tubule (Boutiauy et al., 1991) and the downregulation of the PTH receptor (Abou-Samra et al., 1991). The sites along the nephron of cAMP production in response to PTH were found to be correlated well with sites of PTH action (Jand and Robert, 1974; Kawashima and Kurokawa, 1983). However, the K_d for PTH inhibition of Na⁺/phosphate cotransport in OK cells was considerably lower than for adenylate cyclase activation (Quamm et al., 1989), and PTHinduced inhibition of Na+-K+-ATPase activity was dissociated from cAMP generation (Ribiero and Mandel, 1992). Thus, it has been shown that in addition to cAMP, both inositol phosphate (Rappoport and Stern, 1986) and Ca2+ (Filburn and Harrison, 1990), following activation of phospholipase C, are involved in PTH signal transduction in kidney and in bone cells (Civitelli et al., 1988; Dunlay and Hruska, 1990; Abou-Samra et al., 1992). It is of importance that the N-terminal sequence was found to be unique in receptor activation (Pines et al., 1994); the activation of the two signal transduction systems by PTH could be the result of coupling to two types of G proteins. The relative importance of either receptor-G protein complex in eliciting any of the physiological responses to PTH has not been determined. As shown by Kurokawa et al. (1992), the dose response curves for the various signals may be orders of magnitude apart. The DAG and the IP3 signals show 50% response at picomolar concentrations of PTH, whereas 50% of the cAMP and Ca2+ responses occurs at nanomolar concentrations. Although 50% inhibition of phosphate uptake is similar to the IP3 signal, the PTH effect can be mimicked by cAMP analogs. PTH receptor downregulation cannot be produced by phorbol esters (Okano et al., 1994), although it can be modified by the action of phosphokinase C (Kitten et al., 1994). The effect of the hormone on tubular Ca²⁺ reabsorption appears to require both signal transduction pathways (Friedman and Gesek, 1993). Thus, considerably more information on the molecular events that occur along the signal transduction pathways and the physiological responses should be gathered before the mechanism of the PTH signal transduction is understood.



f. Physiological Actions of PTH

PTH is an essential component of the system of regulation of plasma calcium. On the one hand, PTH secretion responds rapidly in the reciprocal direction to changes in plasma calcium. On the other, the hormone causes a proportional increase in plasma calcium. Parathyroidectomy results in a rapid decline in plasma calcium in humans as well as other mammalian and avian species. Growing chicks can hardly survive parathyroidectomy due to the diminution of plasma calcium to levels lower than 4 mg/100 ml (Bar et al., 1972). The main actions of PTH within the context of extracellular calcium homeostasis are (1) stimulation of Ca2+ flow from bone to blood, including osteoclastic bone resorption, and at low levels also stimulation of bone formation; (2) stimulation of 1,25(OH)₂D₃ production, leading to the increase in intestinal absorption of Ca2+; and (3) augmentation of the renal tubular Ca²⁺ reabsorption. These are discussed in detail in the sections describing those systems.

Indirectly important in calcium homeostasis is the phosphaturia induced by PTH. PTH inhibits phosphate transport at the brush border of tubular cells, leading to a reduced renal tubular phosphate reabsorption (Kinoshita et al., 1986). A possible association between the handling of Na+ and phosphate in the kidney has been inferred by the suppression by PTH of Na⁺ and water reabsorption (Aurbach and Heath, 1974; Wideman and Youtz, 1985). Kumegawa et al. (1985) found inhibition of the Na+/H+ exchange, and Pollock et al. (1986) reported reduced Na+-H+ antiporter activity. PTH affected the Na⁺/phosphate cotransport system at an apical site of cells of the proximal tubule (Muff and Fisher, 1992). The hormone also induces smooth muscle relaxation and consequently a reduction in blood pressure (Pang et al., 1980). In adrenocortical cells, PTH stimulates corticosterone and

aldosterone secretion (Rosenberg et al., 1987, 1989). These actions are not reviewed in detail.

2. Calcitonin

The existence of "calcitonin", a peptide hormone that lowers plasma calcium, was first deduced by Copp et al. (1961), who later isolated the hormone from fish and chicken glands (Copp et al., 1967). Hirsch et al. (1964) established the thyroid origin of the hormone in the rat and termed the hormone "thyrocalcitonin".

a. Source of Calcitonin

Pearse et al. (1966) discovered the C-cell origin of CT and showed that the C cells residing in the mammalian thyroid were of ultimobranchial origin (Pearse et al., 1967). Tauber (1967) identified the ultimobranchial origin of this substance in birds. The ultimobranchial glands are derived from the fifth endodermal pharyngeal pouch (Mérida-Velasco et al., 1989). The glands contain granular cells that produce CT (Isler, 1973). The cells respond by hypertrophy and hyperplasia to hypercalcemia and by a decrease in secretory activity during prolonged hypocalcemia (Bélanger, 1971). During hypocalcemia induced by vitamin D deficiency, the number of secretory cells decreased, but the remaining cells maintained CT biosynthetic activity, as indicated by CT gene expression (Eliam-Cisse et al., 1993).

b. Structure and Biosynthesis

The hormone has been isolated and characterized in several mammalian species (Brewer et al., 1969; Potts et al., 1968; Sauer et al., 1974), in salmon (Niall et al., 1969), and in chicken (Nieto et al., 1973). The lat-



ter was sequenced by Homma et al. (1986) and by Lasmoles et al. (1985). As reviewed by Potts and Aurbach (1976) and Potts (1992), the peptide consists of a 32-amino acid sequence with proline amide at the carboxy terminus and a cystein at positions one and seven linked by a disulfide bond. The avian and salmon hormones show a high sequence homology (Lasmoles et al., 1985) and are more potent than mammalian CTs due to greater resistance to degradation and to greater affinity for the receptor.

The CT gene appears to express two mRNAs by tissue-specific alternate splicing, encoding CT and CT gene-related peptide (CGRP) in the ultimobranchial gland and central nervous system, respectively (Amra et al., 1982). CGRP appears to be a potent vasodilator (Brain et al., 1985).

c. Calcitonin Secretion

CT secretion was found to be proportional to ambient Ca2+ in both mammals (Care et al., 1968) and birds (Care and Bates, 1972; Ziegler et al., 1969). The importance of the ambient Ca2+ concentration in the regulation of CT secretion was further demonstrated through the use of ionophores (Pento, 1986) and Ca²⁺ channel agonists (Cooper et al., 1986). Ca-sensing receptors in thyroid C-cells (Garret et al., 1996) may be involved in the modulation of Ca2+ sensitivity, possibly by association with calcium channels (Pento, 1986).

Similarly to PTH, CT secretion is also controlled by cAMP through activation of the adenylate cyclase system by β -agonists and glucagon (Care et al., 1970) and by various digestive hormones (Care et al., 1971b). CT may thus be secreted in anticipation of hypercalcemia associated with the ingestion of food (Swaminathan et al., 1973).

d. Calcitonin Receptor and Signal Transduction

CT receptors have been cloned for the pig (Lin et al., 1991), human (Gorn et al., 1992), and rat (Sexton et al., 1993). Like other peptide hormone receptors, the CT receptor is a glycoprotein that belongs to the seven membrane-spanning G-proteinlinked receptor superfamily (Housama et al., 1994).

Binding of CT to the receptor and its activation were first demonstrated in the kidney (Marx et al., 1973) and in the osteoclasts (Nicholson et al., 1986). cAMP was implicated in both kidney and bone as the second messenger (Heersche et al., 1974). More recent work, however, has shown that CT also promotes an increase in Ca²⁺ in the target cell (Murphy et al., 1986; Zaidi et al., 1990), and activates the inositol phosphate signaling pathway (Chabre et al., 1992). Possibly, therefore, the CT receptor is coupled to either of two G proteins (Chakraborty et al., 1991; Zaidi et al., 1990). A single recombinant CT receptor expressed in HEK-293 cells has been shown to activate both signal transduction pathways (Chabre et al., 1992). Furthermore, different isoforms of the CT receptors produced by alternative splicing showed differences in ligand recognition and binding characteristics (Nussenzveig et al., 1994, 1995), but were equally effective in activating the two signal transduction systems.

As with PTH and other peptide hormone receptors, continuous exposure to the hormone leads to downregulation of receptor binding (Obie and Cooper, 1979). Internalization of the bound receptor (Raue et al., 1990) and suppression of the CT receptor gene expression (Wada et al., 1995) have been suggested as mechanisms for such downregulation. The downregulation of the



receptor may be responsible for the "escape" phenomenon (Tashijan et al., 1978) that characterizes a sustained exposure to CT. Another mechanism may involve suppression of the CT receptor by 1,25(OH)₂D₃ (Minkin and Yu, 1991).

e. Physiological Actions of Calcitonin

CT (thyrocalcitonin) lowers plasma calcium (and plasma phosphate) by inhibition of bone resorption (Raisz and Niemann, 1967). In the kidney, the hormone stimulates 25-hydroxyvitamin D₃-1-hydroxylase in locations that correspond to those of stimulated cAMP production (Kawashima and Kurakawa, 1983). These responses to CT are discussed further in other sections. CT inhibits tubular phosphate reabsorption and participates in the maintenance of a normal tubular reabsorption of Ca²⁺.

The importance of CT in calcium homeostasis has not been established (Munson and Hirsch, 1992). Thyroidectomy results in a transient and small hypercalcemic response (Kalu et al., 1975), but Sammon et al. (1969) found no significant difference in steady-state plasma calcium and 45Ca kinetics between normal and thyroidectomized rats fed diets with different calcium concentrations. Thyroidectomized rats, however, appeared to be less efficient than nonablated ones in handling a calcium bolus injection (Bronner et al. 1967). Munson and Hirsch (1992) concluded that "calcitonin could protect against hypercalcemia under extreme conditions, but under ordinary conditions this protection may not be called for". In birds, the importance of CT is even more obscure than in mammals. CT secretion in birds was found to be proportional to the plasma calcium level (Copp et al., 1972; Ziegler et al., 1969) or to ambient Ca²⁺ in

vitro (Feinblatt et al., 1974). In laying hens, CT secretion has been found to vary in the course of the daily reproductive cycle (Baimbridge and Taylor, 1981). On the other hand, ultimobranchiectomy and exogenous CT failed to affect plasma calcium (Kraintz and Intcher, 1969) or bone composition and turnover (Brown et al., 1970). With regard to its action on avian osteoclasts, reports are conflicting. Cao and Gay (1985) and de Vernejoul et al. (1988) observed inhibition of bone resorption by CT and the expected morphological changes in the osteoclast. In contrast, Nicholson et al. (1987) and Dempster et al. (1987) found that CT could neither bind to nor elicit a cAMP response in avian osteoclasts. Receptors to CT appear to be absent also in the chicken kidney, where the hormone failed to induce cAMP formation (Dousa, 1974) or to influence calcium or phosphorus excretion (Clark and Wideman, 1980). These findings are also in accord with the absence of any significant effect of ultimobranchiectomy in chickens on plasma calcium and bone calcification. Thus, although circulating levels of CT are even higher in birds than in mammals and respond to plasma calcium (Copp et al., 1972), CT does not appear to modulate calcium metabolism in birds.

3. 1,25-Dihydroxyvitamin D₃

Vitamin D has been regarded for many years as a fat-soluble nutritional factor that prevents or cures rickets. Following the discovery of the metabolic conversion of the vitamin to 1,25(OH)₂D₃ (Figure 4), and the feedback relationships between calcium metabolism and $1,25(OH)_2D_3$, the metabolite has been classified as a seco-steroid hormone (Norman, 1994; Bouillon et al., 1995). In addition to its well-documented effect on intestinal calcium absorption and



Structure of vitamin D₃ and of 1,25 dihydroxyvitamin D₃ [1,25(OH)₂D₃].

thus on the supply of the mineral to bone, 1,25(OH)₂D₃ affects bone development directly by controlling differentiation of its cellular elements. More recently, this secosteroid has also been found to control differentiation and proliferation in other cells (Pols et al., 1990), notably the immune system, skin, cancer cells, and also the pancreatic β -cell (Lee et al., 1994). 1,25(OH)₂D₃ has also been implicated in control of the cell cycle (Godyn et al., 1994).

a. Natural Occurrence and Supply of Vitamin D

Vitamin D₃ (cholecalciferol) is unique to the animal kingdom and not found in plants. The occurrence of the intact or glycosylated 1,25(OH)₂D₃ in some plants such as Solanum or Cestrum species (reviewed by Boland, 1986) is the exception. Several other forms of the vitamin have been identified. Of these, vitamin D₂ (ergocalciferol) is produced in yeast by ultraviolet irradiation and is an important supplement in human diets. Vitamin D₂ undergoes the same metabolic changes and functions equally well as vitamin D₃ in most mammalian species but is active neither in birds (Massengale and Nusmeier, 1930; Steenbock et al., 1923) nor in some New World primates.

Previtamin D₃ is synthesized from 7-dehydrocholesterol (provitamin D) in skin exposed to ultraviolet irradiation (Webb and Holick, 1988) and is then converted to vitamin D₃ by a temperature-dependent isomerization (Holick, 1989). Due to its limited water solubility, transport of vitamin D in circulation requires a specific α₁-globulinbinding protein. Vitamin D may undergo metabolism in the liver, as is discussed later, or stored in adipose tissue from where it can be released only slowly. Vitamin D₃ in feed is absorbed in birds with an efficiency of about 60 to 70% (Bar et al., 1980).

b. Metabolism of Vitamin D

The solubility of vitamin D in water is enhanced by hydroxylation at position 25, in the liver. 25-Hydroxyvitamin D₃ [25(OH)D₃] was first discovered by Blunt et al. (1968). Synthesis of 25(OH)D₃ is regulated by product inhibition (Omdahl and DeLuca, 1973) rather than by factors associated with calcium metabolism. Relative to other vitamin D metabolites, high concentrations of 25(OH)D₃ are found in the circulation, most of it bound to specific transport proteins (DeLuca et al., 1988). The compound is distributed in many tissues, most importantly in muscle, and therefore is considerably more available for further pro-



cessing than vitamin D₃ itself. 25(OH)D₃ is further hydroxylated in the kidney to either $1,25(OH)_2D_3$ or $24,25(OH)_2D_3$ and other metabolites.

1,25(OH)₂D₃ was discovered in the early 1970s (Fraser and Kodicek, 1970; Norman et al., 1971; Holick et al., 1971), and, according to Brommage and DeLuca (1985), fulfills all body functions of vitamin D, including intestinal calcium absorption and bone development. Of the other metabolites produced in the kidney, $24,25(OH)_2D_3$ is the most important quantitatively, but a controversy exists with regard to its biological importance. 24,25(OH)₂D₃ can elicit responses of the calcium-mobilizing system such as calcium absorption, but its affinity to intestinal receptors and its potency are considerably lower than those of 1,25(OH)₂D₃ (Proscal et al., 1975). The metabolite has been found to be essential for the proper structural development of bone (Ornoy et al., 1978) and normal embryonic development in chickens (Henry and Norman, 1978). Brommage and DeLuca (1985), however, discount its biological importance. The importance of the other dihydroxy and trihydroxy metabolites has not been established, even though some appear to be biologically active.

c. Regulation of 1,25(OH)₂D₃ Synthesis

The regulatory step in the calcium control system is the synthesis of $1,25(OH)_2D_3$ from 25(OH)D₃ in the proximal renal tubular cells (Akiba et al., 1980). The hydroxylation, carried out by the 25-hydroxyvitamin D₃-1-hydroxylase (1-hydroxylase) enzyme system, involves cytochrome P-450. As depicted in Figure 1, the synthesis and secretion of 1,25(OH)₂D₃ is regulated by PTH (Fraser and Kodicek, 1973). A direct stimulation by PTH of 1-hydroxylase was observed in isolated renal tubular cells in vitro

(Bar et al., 1980; Henry, 1981). Plasma calcium and plasma phosphate (reviewed by Omdahl and DeLuca, 1973) and the level of $1,25(OH)_2D_3$ (Omdahl et al., 1980) have also been implicated in the regulation of the enzyme activity. The separation between the direct control of 1-hydroxylase by Ca²⁺ from that of PTH is rather difficult. However, Fox (1992) observed a different temporal pattern between hypocalcemia and PTH-stimulated flows of 1,25(OH)₂D₃ from kidney to circulation.

Hormones such as growth hormone (Spanos et al., 1978), prolactin (Spanos et al., 1981), IGF-I (Nesbit and Drezner, 1993), or estrogen in birds (Tanaka et al., 1976) have been implicated as 1,25(OH)₂D₃ secretagogues. However, as suggested by Bar and Hurwitz (1979), at least part of the response to those hormones could be secondary to an imposition of a calcium stress and the consequent increase in parathyroid activity.

d. Kinetics of 1,25(OH)₂D₃

Following a single intravenous administration of 1,25(OH)₂D₃ in chicks, peak concentrations of the hormone in the intestinal mucosa are reached 1 to 2 h later (Hurwitz et al., 1983). At that time, the concentration of the hormone in the intestinal mucosa is about three times as high as that in blood plasma. After entry into the cell, the hormone becomes associated with the nuclear receptor (Wecksler and Norman, 1980; Fishman et al., 1986). Catabolism of $1,25(OH)_2D_3$ probably occurs through 24-hydroxylation, with ultimate elimination by biliary excretion. The half-life of 1,25(OH)₂D₃ in the chick is 14 h (Hurwitz et al., 1983).

e. The Vitamin D Receptor (VDR) and Signal Transduction

Receptors for $1,25(OH)_2D_3(VDR)$ have been found in several cellular constituents



of the calcium control system such as the epithelial cells of intestine and kidney (Haussler, 1986). VDR is also found in cartilage cells (Iwamoto et al., 1989), osteocytes and osteoblasts (Boivin et al., 1987), the shell gland of birds, parathyroid cells (Coty, 1980), and several tissues not associated with the calcium control system such as skin, skeletal muscle, testes, ovary, pituitary gland, pancreas, lymphocytes, and thymocytes (Haussler, 1986; Reichel et al., 1989).

VDR has been cloned in the case of the chicken (McDonnell et al., 1987), human (Baker et al., 1988), and rat (Burmester et al., 1988). On the basis of its structure, the receptor belongs to the superfamily of steroid hormone receptors (Evans, 1988; Moudgil, 1994). Functionally, the steroid receptors contain a short, strongly conserved cysteinrich DNA-binding domain and a well-conserved C-terminal ligand-binding domain (Evans, 1988). The cystein residues in the DNA-binding domain are bound to Zn²⁺, forming two DNA-binding "Zinc Fingers" (Freedman and Towers, 1991). VDR appears to act as a homodimer or as a heterodimer with retinoic acid (Schräder et al., 1993; Whitfield et al., 1995). The manner of the interaction with retinoic acid has not been clearly elucidated, although functional interactions between vitamin D and retinoic acids have been documented in osteoblasts (Chentoufi and Marie, 1994) and osteoclasts (O'Niel et al., 1992). Similarly to other steroid receptors, VDR can undergo phosphorylation (Jones et al., 1991), but the functional significance of this step remains to be elucidated.

Receptor affinity for various vitamin D metabolites has been found to correlate well with their biological potency, 1,25(OH)₂D₃ being the most potent (Proscal et al., 1975). The appearance of the intestinal receptor in the developing embryo also coincides with temporal changes in its Ca2+ transport capacity (Seino et al., 1982).

f. Genomic Action of Vitamin D

The dependence of the physiological action of vitamin D on protein synthesis was suggested by early studies that had showed a lag period of several hours in the response to vitamin D, and by the suppression of its action by inhibitors of protein synthesis such as actinomycin D (Zull et al., 1956). Direct evidence of the genomic action of the hormone was provided by the identification of response elements for VDR at the 5' region of some genes affected by 1,25(OH)₂D₃. Such response elements have been found on the preproPTH and VDR genes (Demay et al., 1992), 25-hydroxyvitamin D₃-24-hydroxylase gene (Ohyama et al., 1994), calbindin-D_{9K} gene (Darwish and DeLuca, 1992), osteocalcin gene (Ozono et al., 1990), and several others. Of the additional proteins apparently induced by 1,25(OH)₂D₃ such as alkaline phosphatase (Haussler et al., 1970), actin (Wilson et al., 1977), and tubulin (Nemere et al., 1987), Calbindin-D_{28k} (calcium-binding protein, CaBP) (Christakos et al., 1992) has been studied most extensively. The protein can be induced by 1,25(OH)₂D₃ in vivo (Wasserman and Taylor, 1966) in embryonic intestinal organ (Corradino and Fullmer, 1991) and in cell cultures (Ferrari et al., 1992). The protein has a molecular weight of 28,000 Da (Wasserman and Fullmer, 1983) and contains four calciumbinding domains with an apparent K_a of 2×10^6 M. Its amino acid sequence was established from the cDNA sequence and chemical mapping (Hunziker, 1986; Wilson et al., 1985, 1988). The protein occurs in tissues concerned with Ca²⁺ transport



such as the intestine (Wasserman and Taylor, 1966), kidney, chicken egg shell gland (Bar et al., 1984), rat incisor (Berdall et al., 1993), embryonic chicken yolk sac (Ono and Tuan, 1991), and also in tissues, the function of which is largely dependent on Ca²⁺ movement such as pancreatic β -cells (Lee et al., 1994) and brain (Christakos et al., 1992). In general, the protein exists in the cytoplasm in a soluble form. However, some association was found between the protein and cellular organelles such as microtubules (Nemere and Norman, 1990; Nemere et al., 1992). In mammalian intestine, calbindin-D_{9k}, a 9000-Da cytosolic protein, has been identified (Desplan et al., 1983). This protein appears to play a role in the transcellular intestinal transport of Ca²⁺ in mammalian species (Bronner et al., 1986). Recently, calbindin- D_{9K} also has been detected in several avian tissues (Zanello et al., 1995).

Early after their discovery, calbindins were considered as the Ca2+ carrier molecules participating in active transport of the cation or in its facilitated diffusion. It became clear, however, that calbindin-D_{28k} was localized in the intestinal cytoplasm rather than in the brush border and could therefore not act as a membrane carrier. Bronner et al. (1986) hypothesized that calbindin acted to ferry Ca2+ across the cell because, according to their calculation, the mobility of Ca²⁺ was too slow to explain its flux across the entire length of the epithelial cell. This hypothesis has been supported by Feher (1983) and Feher et al. (1992), who were able to augment Ca2+ diffusion through two membranes by adding calbindin-D_{28k} to the central compartment. On the basis of considerations of the temporal, locational, and physiological responses to $1,25(OH)_2D_3$, several investigators such as Wasserman and Fullmer (1983) and Bikle (1990) favor the theory that calbindin sequesters Ca²⁺ in the

epithelial cell in order to avoid toxic intracellular Ca²⁺ concentration and uptake of Ca²⁺ by cellular organelles. This hypothesis is supported by the results of Chard et al. (1993), who found that calbindin D_{28k} could buffer excess calcium in kidney and neurons, and in bodies of the avian intestinal nerves (Cai et al., 1994).

 $1,25(OH)_2D_3$, when bound to VDR, participates in control of the cell cycle and of differentiation in several cells. The mechanism of 1,25(OH)₂D₃ action on differentiation and other genomic actions is not unlike that of other steroid hormones (Moudgil, 1994; Schuchard et al., 1989). As mentioned, VDR binds to VDRE sequences on the respective gene. As discussed by Ozono et al. (1991), unbound VDR exhibits at least in vitro some binding affinity to VDRE. However, this affinity is markedly enhanced by binding to 1,25(OH)₂D₃. According to Lian and Stein (1992), the VDR-VDRE complex functions primarily as a transcription enhancer. The enhancing activity is controlled by diverse and integrated cellular signaling pathways, acting synergistically and/or antagonistically with a series of basal regulatory elements and other hormoneregulated sequences (Stein and Lian, 1993). The vitamin D receptor complex may affect DNA stability, probably by association with heat-shock proteins (Moore et al., 1992). Other nuclear mechanisms of response to 1,25(OH)₂D₃ may involve expression of various (proto)oncogenes such as c-myc, c-myb, c-fms, and c-fos in both cancer (Reitsma et al., 1983; Simpson et al., 1989) and normal (Matsumoto et al., 1990; Minghetti and Norman, 1988) cells; it may also involve differential stimulation of fos and jun family members (Candeliere et al., 1991) and of raf in osteoblasts (Lissoos et al., 1993). The specific action of vitamin D on the differentiation of bone cells is discussed in a later section.



g. Nongenomic Actions of 1,25(OH),D3

It is commonly stated that $1,25(OH)_2D_3$ exerts its biological actions in target tissues via interaction with a specific, high-affinity intracellular receptor molecule (Lowe et al., 1992; Haussler, 1986; Walters, 1992; Ozono et al., 1991) and promotion of specific protein synthesis. This concept was questioned by Bikle et al. (1978), who found that cycloheximide or actinomycin D treatment did not block the early responses of calcium absorption in chicks to vitamin D, while synthesis of calbindin-D_{28k} and alkaline phosphatase were significantly inhibited. Early responses of calcium absorption to 1,25(OH)₂D₃ preceded those on protein synthesis (Wasserman and Fullmer, 1983), and the 1,25(OH)₂D₃-induced increase in Ca²⁺ transport was maintained in membranes of brush border vesicles isolated from intestinal mucosa (Rasmussen et al., 1979), possibly by changes in their lipid moiety. A nongenomic rapid stimulation by 1,25(OH)₂D₃ of Ca²⁺ transport was observed in the intestine (Nemere and Norman, 1990) and in other tissues (Walters, 1992; Selles and Boland, 1991). In the bone cell, cytoplasmatic and nuclear Ca2+ concentrations (Khouri et al., 1995; Sorensen et al., 1993) were stimulated by 1,25(OH)₂D₃, apparently together with the activation of voltage-dependent calcium channels (Farach-Carson et al., 1991). 1,25(OH)₂D₃ also caused a rapid increase in intracellular Ca²⁺ in the parathyroid cell (Sugimoto et al., 1988) and even induced oscillations in the intracellular Ca²⁺ in pancreatic β-cells (Sergeev and Rhoten, 1995). The nongenomic suppression of 25-hydroxyvitamin D₃-24-hydroxylase by the hormone (Dick et al., 1990) also argued against the exclusive genomic thesis. The existence of an interaction of 1,25(OH)₂D₃ with the cell membrane, rather than only with an intracellular receptor, has been inferred from activation by the hormone of the phospholipase C and the Ca²⁺/PKC signal transduction system (Gross et al., 1993). It is, therefore, not surprising that a receptor for the hormone has been discovered on the basolateral membrane of the chicken intestinal epithelium (Baran et al., 1994; Nemere, 1995; Nemere et al., 1994). The receptor with a high binding affinity for 1,25(OH)₂D₃ $(k_d = 0.72 \text{ nM})$ was downregulated by exposure to high levels of the hormone, and its affinity to various analogs of 1,25(OH)₂D₃ correlated well with the rapid Ca²⁺ absorption response of the intestine (Norman et al., 1993). In an analogous system, aldosterone had been considered to produce most of its effect through genomic mechanisms (Rossier and Palmer, 1992). The thesis that these mechanisms were not compatible with the observed rapid nongenomic responses to aldosterone of Na+ transport in leukocytes and kidney cells led to the discovery of a membrane receptor for aldosterone (Wehling et al., 1992) with a K_d of 0.1 nM, similar to that reported for 1,25(OH)₂D₃ (Nemere et al., 1994). The existence of the membrane receptors, even by itself, would suggest the possibility of responses that do not involve interaction of the hormone with chromatin material. Interaction of the hormone with a membrane receptor could provide the initial stimulus for the increase in the transport of Ca²⁺ into the cell.

The stimulation of Ca²⁺ entry into the cell by 1,25(OH)₂D₃ may also modify or effect some of the genomic actions attributed to the hormone. Calbindin-D_{28k} is believed to be induced and regulated by $1,25(OH)_2D_3$ mainly on the basis of results in the intestine, where a positive correlation exists between the two and with Ca2+ absorption (Feher and Wasserman, 1979). However, in other tissues such as the chicken



shell gland (Bar et al., 1984, 1992) or kidney in vivo (Bar et al., 1975; Rosenberg et al., 1986) and in vitro (Cravisio et al., 1987; Enomoto et al., 1992), synthesis of the protein appears to be associated with Ca²⁺ influx rather than with 1,25(OH)₂D₃ concentration. In embryonic intestine, verapamil, a Ca2+ channel antagonist, suppressed the induction of calbindin-D_{28k} by 1,25(OH)₂D₃ (Corradino, 1985). Following a single dose of 1,25(OH)₂D₃, an increase in intestinal calcium absorption preceded the appearance of calbindin-D_{28k} and even calbindin-D_{28k} mRNA by several hours (Spencer et al., 1978). It is thus not unlikely that at least part of the genomic actions attributed to 1,25(OH)₂D₃ are secondary to those of Ca²⁺, which has been implicated in the control of gene expression and other functions at the DNA level (Jones et al., 1989; Morgan and Curran, 1986), and most importantly in the secretion of several peptide hormones (Morgan and Curran, 1986; Preston et al., 1990; Vandenplas et al., 1990).

Due to a direct genomic effect of $1,25(OH)_2D_3$, on the one hand, and its indirect effects through stimulation of Ca²⁺ flux on the other, interactions between the hormone and Ca²⁺ could be expected in the stimulation/suppression of synthesis of various proteins. Such interactions were observed with regard to suppression of PTH and stimulation of VDR gene expression in the avian parathyroid glands (Russell et al., 1993) and osteoblast-like cells (van Leeuwen et al., 1990).

As mentioned, some of the nongenomic responses to 1,25(OH)₂D₃ could be mediated by the phospholipase C system. In the parathyroid cell, Bourdeau et al. (1990) observed a rapid effect of 1,25(OH)₂D₃ on the phospholipase C signal transduction pathway. In the kidney, Koyama et al. (1994) found that increased expres-

sion of the 25(OH)D₃-24-hydroxylase gene by 1,25(OH)₂D₃ could be prevented by blocking phosphokinase C, and be stimulated by PKC activators. Phosphokinase C was also found to be activated by $1,25(OH)_2D_3$ (Slater et al., 1995; Wali et al., 1992). Furthermore, a synergism exists between 1,25(OH)₂D₃ and phorbol esters in regulating VDR gene expression in osteoblastic cells (Reinhardt and Horst, 1994). Such a mechanism was also suggested for the stimulation of keratinocyte differentiation (Su et al., 1994) and upregulation of VDR in osteoblast-like cells (van Leeuwen et al., 1990) by $1,25(OH)_2D_3$.

h. Vitamin D and Calcium Homeostasis

The capacity of the control system of chicks to maintain normal plasma calcium concentration is overcome in the absence of the vitamin, resulting in a decline in plasma calcium from 10 to about 5 mg/dl within 18 d of consumption of a diet free of the vitamin or 3 to 4 d after the disappearance of 25(OH)D₃ from circulation (Bar and Hurwitz, unpublished). $1,25(OH)_2D_3$ is also the active agent in the process of adaptation to low dietary calcium intakes toward a more economic utilization of dietary calcium (Edelstein et al., 1975) and prevention of steady-state hypocalcemia.

When the feedback response of 1,25 (OH)₂D₃ synthesis is bypassed by feeding $1\alpha(OH)D_3$ (a synthetic precursor of 1,25 (OH)₂D₃), the normal homeostatic decrease in calcium absorption during challenge with a high calcium intake is impeded (Hurwitz et al., 1984). The plasma calcium concentration then sharply increases. Thus, vitamin D is essential in avoiding both hypo- or hypercalcemia, and effects the adaptation



of intestinal calcium absorption to variations in calcium intake.

Some pathological states are associated with point mutations in genetic components of the vitamin D system. For example, some forms of vitamin D-resistant rickets in humans are due to molecular defects in the kidney 1-hydroxylase enzyme system. Defects in the 1,25(OH)₂D₃ receptor in humans lead to various forms of vitamin D-resistant rickets (Feldman and Malloy, 1990).

The main actions of $1,25(OH)_2D_3$ within the calcium regulatory system, which is described further below, are (1) control of intestinal calcium absorption and (2) control of bone resorption and formation. Some evidence exists as to its importance in tubular reabsorption of calcium.

D. The Controlling Systems

1. Bone

a. Morphological Organization

In macroscopic terms, the skeleton contains elements of cartilage located mostly in the growth plate, trabecular or spongy material found in the epiphyses of the long bones, and compact or cortical bone that populates the shafts. Bones of female birds during reproduction also include a gonadal hormone-dependent medullary bone with a distinct morphology. Calcium turnover rate, as measured with the aid of 45Ca, varies widely among the various bone types, with half-lives ranging from several months in cortical bone through several weeks in trabecular bone, to 1 to 2 d in medullary bone (Hurwitz, 1965).

b. Cellular Populations

Bone contains five important cell populations (not including bone marrow): (1) cartilage cells, (2) bone-forming cells (osteoblasts), (3) bone-resorbing cells (osteoclasts), (4) mature bone cells (osteocytes), and (5) bone-lining cells.

As reviewed by Howell (1992) and Leach and Gay (1987), chondrocytes are the main cellular component of the growth plate. Longitudinal bone growth is determined by chondrocyte proliferation and hypertrophy. The rate of proliferation of chondrocytes is enhanced by somatomedins and other growth factors (Isaksson et al., 1987; Centrella and Canalis, 1985), and cAMP activators such as PTH, and suppressed by cGMP (Pines and Hurwitz, 1988). During bone growth, endochondral calcification and cell atrophy precede the invasion of cartilage by bone cells and formation of osseous tissues (Leach and Gay, 1987) within the volume occupied by cartilage.

Osteoblasts originate from mesenchymal stem cells (Grigoriades et al., 1988) and are found in the growth plate, and on periosteal and endosteal surfaces. During the various stages of development and differentiation, the cells vary with regard to the expression of cell growth and bonespecific genes (Stein and Lian, 1993). Osteoblasts are equipped with receptors for both PTH and 1,25(OH)₂D₃ (Rodan and Rodan, 1983), which modulate the activities of several enzyme systems such as alkaline phosphatase and probably also modify some Ca2+ transport characteristics. Osteoblasts differentiate into osteocytes once embedded in osteoid, where they occupy lacunar spaces that are interconnected to each other, to cells on the bone surface and to blood vessels.

Bone resorption results from the action of the multinucleated osteoclasts, which exhibit tartarate-resistant phosphatase, bear calcitonin receptors, and resorb bone in culture (Rodan, 1992). These cells probably originate from monocyte precursors of the reticuloendothelial system (Hattersley et al., 1991; Scheven et al., 1986; Suda et al.,



1993). Cells such as macrophages may differentiate into osteoclasts under the influence of 1,25(OH)₂D₃, losing their 1,25 (OH)₂D₃ receptors at the end of differentiation (Miyaura et al., 1986; Haussler, 1986). Osteoclast differentiation involves the interaction with osteoblasts, PGE₁ and PGE₂, and several growth factors and cytokines, acting during the different stages of osteoclast differentiation (Suda et al., 1992).

Osteoclast may migrate over bone surface using their podosomes. In the process of resorption, osteoclasts attach to the surface of bone, following the fusion of their podosomes by rearrangement of the cytoskeleton (Lakkaorpi and Väänänen, 1991) to form a broad ring termed the "sealing zone". Within the sealing zone, the osteoclast cell membrane is convoluted to form the "ruffled border". The enclosed space adjacent to the ruffled border contains lysosomal enzymes, and its pH is 4 (Baron et al., 1985). The low pH and the enzymes dissolve and remove the entire osseous mass, including both organic matrix and mineral (Hall and Kenny, 1987; Sundqvist et al., 1990; Teti et al., 1989). Ca²⁺ released by dissolution is taken up by the osteoclast. This results in an increase in cellular Ca²⁺ concentration, which in turn inhibits osteoclast function (Miyauchi et al., 1990).

Flat, elongated bone-lining cells cover the nonremodeling endosteal surfaces of bone. These cells, however, were implicated in the control of bone ionic fluxes (Bowman and Miller, 1986), including those involved in calcium homeostasis (Parfitt, 1987). Lining cells may also serve as progenitors to osteoblasts or limit bone resorption geographically (Rodan and Martin, 1981; Marks and Popoff, 1988).

c. Bone Mineralized Matrix

Extracellular space in bone contains a calcified organic matrix that is made up of

highly organized cross-linked fibers of triple helix collagen type I, proteoglycans, and several other proteins such as osteopontin, osteocalcin, and osteonectin. Details of the structure and molecular biology of these proteins can be found in Gehron-Robey et al. (1992). Bone mineral is made primarily of calcium and phosphate. The association between these two main ionic species may produce a variety of different salts with variable solubilities and stability, along a complex phase diagram, depending on the conditions prevailing during precipitation such as Ca2+ and phosphate concentrations, and that of other cations and anions, pH, pCO₂, temperature, etc. Hydroxyapatite $[Ca_{10}(PO_4)_6(OH)_2]$ is the major bone salt, but other less-stable calcium phosphates may precipitate during early calcification. These calcium phosphates may be stabilized under some conditions (Parfitt, 1987). As reviewed by Glimcher (1992), bone mineral is highly organized and is laid down in association with the collagen fibers, apparently via bridges of acidic proteins. Weiner and Addadi (1991) found a common structural motif on the surfaces of several biological crystals, including both calcium phosphate and calcium carbonate; this motif allows the association of the crystal with the acidic protein. Nucleation may be initiated at such a binding site, leading to growth and the development of plate-shaped crystals (Bagambisa and Schilli, 1993; Weiner, 1986). Gorsky (1992) has suggested that the acidic phosphoproteins osteopontin, bone sialoprotein, and bone acidic glycoprotein may function as the binding molecules. As reviewed by Williams and Frolik (1991), an alternative theory for the initiation of calcification by nucleation postulates that the osteoblast, as well as the hypertrophied chondrocyte, secrete matrix vesicles (Anderson et al., 1969, 1989). These vesicles are made of a plasma mem-



brane enveloping specific enzymes, proteins, calcium, and phosphate.

d. Action of PTH on Bone

Osteoclastic bone resorption is controlled by PTH both in vivo and in vitro (Raisz, 1976). Mammalian osteoclasts apparently lack PTH receptors as well as PTHsensitive adenylate cyclase (Vaes, 1988). Furthermore, PTH does not act directly on osteoclast motility or bone resorption in culture (Chambers et al., 1985). The presence of other cells such as osteoblasts that bear PTH receptors (Rodan and Rodan, 1983; Hermann-Erlee et al., 1983) is required for activation of the osteoclasts (McSheehy and Chambers, 1986a, b). The action of interleukin-1 (IL-1) on bone resorption also appears to require mediation by osteoblasts. This may explain the synergism between PTH and IL-1 in bone resorption (Dewhirst et al., 1987). The identity of the factor(s) responsible for this mode of communication between the osteoblast and the osteoclast has not been clarified. Raisz (1976) identified prostaglandins as a paracrine activator of bone resorption. Perry et al. (1989) characterized two proteins as possible candidates, and Fuller et al. (1991) showed that stimulation of osteoclast resorption is associated with a membrane or matrix-bound factor.

PTH elicits in birds an in vivo calcium response within minutes (Candlish and Taylor, 1970). This rapid in vivo response of birds may be related to the more rapid resorption response of the avian compared with the mammalian osteoclast (Jones et al., 1986; Miller et al., 1984) resulting from the presence of PTH receptors (Agarwala and Gay, 1992) and PTH-dependent adenylate cyclase (Wong, 1984). The rapid Ca²⁺ response to PTH in either mammals or birds may also involve mechanisms other than

osteoclast activation, and that osteoblasts and osteocytes must be capable of Ca²⁺ transport (Talmage et al., 1975). This suggestion is supported by Marcus and Orner (1980), who observed a stimulation of Ca²⁺ uptake by PTH in bone cells, apparently by activating calcium channels (Hruska et al., 1991).

Receptors for PTH are also found in chondrocytes or chondoroprogenitor cells (Pines and Hurwitz, 1988), where PTH activates adenylate cyclase (Kawashima et al., 1980) and stimulates cell proliferation (Chin et al., 1986; Pines and Hurwitz, 1988). The presence of PTH receptors on the boneforming cells (osteoblasts and chondrocytes) rater than on the bone-resorbing cells is paradoxical in view of the classic role of PTH as a stimulant of bone resorption. However, their presence in osteoblasts can explain the stimulation of bone formation (Tam et al., 1982) and the increase in bone mass by PTH (Guiness-Hey and Hock, 1984), as suggested by early studies of Albright and co-workers (reviewed by Dempster et al., 1993). Furthermore, these studies provide the basis for the concept of "coupling" between bone formation and bone resorption (Howard et al., 1981; Jarowski, 1984).

Stimulation of proliferation by PTH was observed in osteoblasts by MacDonald et al. (1986) and in chondrocytes by Pines and Hurwitz (1988). As reviewed by Dempster et al. (1993), PTH interacts with growth factors such as IGF-I and TGFβ in both chondrocytes and osteoblasts; it also interacts with EGF (Halevy et al., 1991; Ohta et al., 1989) in controlling bone cell proliferation, differentiation, and synthetic activity. The apparent antidifferentiating effect (Bellows et al., 1990) of PTH may involve early genes of the c-fos and c-jun family (Clohisy et al., 1992). The contradictory responses of bone cells to PTH may be related to different dose responses or to the activation of the two systems of signal trans-



duction, and further interaction with the Ca²⁺-sensing system. The precise mechanism, however, remains to be elucidated.

e. Action of Calcitonin in Bone

CT is known to be a potent inhibitor of osteoclastic bone resorption in mammalian bone (Friedman and Raisz, 1965). Activation of adenylate cyclase appears to be the mode of signal transduction for CT. In vitro, calcitonin causes the disappearance of the ruffled border of the osteoclasts and inhibits their motility, thereby inhibiting their boneresorbing activity (Arnett and Dempster, 1987). The inhibitory effect of CT on bone resorption appears to be transient (Werner et al., 1972), possibly due to downregulation of CT receptors (Tashijan et al., 1978).

In addition to the well-documented effects on bone resorption, CT also appears to stimulate bone formation directly (Farley et al., 1988), apparently through stimulation of the proliferation and synthetic activity of osteoblasts (Farley et al., 1991).

f. Actions of Vitamin D in Bone

Vitamin D affects both bone formation and bone resorption by controlling differentiation, in addition to its utmost importance in regulating the calcium (and phosphate) supply from the intestine. Both $1,25(OH)_2D_3$ and $24,25(OH)_2D_3$ have been found to be essential for normal growth-plate chondrocyte differentiation (Ornoy et al., 1978) and expression of alkaline phosphatase (Schwartz et al., 1988). According to Gerstenfeld et al. (1990), the dihydroxyvitamin D₃ metabolites act on chondrocyte maturation through specific genes that promote chondrocyte differentiation toward the morphologically hypertrophic phenotype.

Although some authors have suggested that 1,25(OH)₂D₃ also promotes DNA synthesis (Binderman and Somjen, 1984) and stimulates growth (Burch et al., 1988), others have shown that 1,25(OH)₂D₃ inhibits DNA synthesis (Silbermann et al., 1987) and reduces cartilage cell proliferation (Grigoriadis et al., 1988). 1,25(OH)₂D₃ specifically stimulates the transcription of collagen type II and increases morphological chondrogenesis in limb bud mesenchymal cells (Tsonis, 1991).

Similarly to its action on cartilage cells, 1,25(OH)₂D₃ enhances differentiation of bone cells (Pols et al., 1986, 1990), inhibits bone cell proliferation (Beresford et al., 1986), and enhances the synthetic activity of several typical protein markers such as alkaline phosphatase (Beresford et al., 1986; Kyeyune-Nyombi et al., 1989; Majeska and Rodan, 1982), collagen type-I (Beresford et al., 1986; Harrison and Clark, 1986), osteocalcin (Yoon et al., 1988), and osteopontin (Stein and Lian, 1993). The response of bone cells to the hormone is dependent on their state of differentiation (Owen et al., 1991).

1,25(OH)₂D₃ stimulates bone resorption in vivo (Tanaka and DeLuca, 1971) and in vitro (Raisz et al., 1972). Because osteoclasts are devoid of vitamin D receptors, the stimulatory effects of the hormone on resorption must be mediated by other bone cells similarly to PTH, through a secretion of a cytokine (McSheehy and Chambers, 1986), possibly IL-6 (Lowik et al., 1989).

On a long-term basis, 1,25(OH)₂D₃ promotes osteoclast recruitment (MacDonald et al., 1987) and resorption in vivo (Holtrop et al., 1981). It does so also in bone culture (Roodman et al., 1985) by acting on progenitor cell differentiation, stimulating the differentiation of mononuclear phagocytes (Suda et al., 1992). $24,25(OH)_2D_3$, on the other hand, appears to depress PTH-stimulated bone resorption (Matumoto et al., 1992; Yamato et al., 1993).



g. Function of Bone in Ca Homeostasis

The skeleton may be considered as a large internal reservoir from which Ca2+ can be extracted and deposited according to need. In the rat, bone was considered to be the most important calcium-control system because the kidney handled only a minor fraction of a calcium load (Bronner and Aubert, 1965). The existence of Ca²⁺-binding sites in bone has been postulated by Bronner and Stein (1992) to explain the rapid disappearance of a Ca2+ bolus in rats. In the chicken and human, the kidney handles a significant part of any calcium load, and the relative importance of bone in controlling hypercalcemia is not as great as in the rat. Bone, however, remains of utmost importance in supplying calcium during periods of deficiency.

Bone undergoes constant turnover due to formation and resorption, which constitute the remodeling process. Because bone flows are modulated by plasma calcium and phosphate and regulated by hormones, the normal turnover may be part of the calcium control system. Parfitt (1987), however, considered the system participating in calcium homeostasis to be independent of bone formation and resorption and carried out by different bone cell populations.

Similar to other steady-state systems in the body, the estimation of bone turnover is difficult. The in vivo kinetic approach considers inflow and outflow of Ca2+ from bone as governed by physicochemical transport among different pools that can be studied with the aid of calcium isotopes. This approach uses compartmental analysis, which describes Ca²⁺ movements among the compartments as either linear (Aubert et al., 1963) or nonlinear (Staub et al., 1988) processes. Furthermore, Ca2+ was considered to move to bone mineral directly from the extracellular space, which is an "extension" of the central calcium pool. In contrast to the physicochemical approach, some have described bone extracellular space as separated from the circulation by bone cells (Talmage et al., 1975). Ca2+ movement in and out of the mineral phase of the bone is then governed by the metabolism of bone cells, which in turn is affected by the calcium-regulating hormones. This process may be sufficiently rapid to account for the uptake of Ca²⁺ by bone after a bolus Ca injection.

Morphological labels such as tetracycline (Frost et al., 1969) have also been used to estimate bone formation. Urinary excretion of hydroxyproline, an amino acid specific to collagen, has been used to estimate bone resorption. More recently, the excretion of specific cross-linkers has been used to estimate bone resorption (Rosen et al., 1994). Histological techniques and various markers of bone cellular activities have also been used to estimate bone formation and bone resorption activities (Nijweide et al., 1986).

One of the consequences of bone remodeling is the formation of the Haversian system in mammalian systems. Resorptive processes in bone result in formation of elongated cavities parallel to the long axis of the primary lamellar bone deposited during growth. These are refilled with secondary bone, made of units of Haversian osteons, formed around central blood capillaries. The remodeling process occurs throughout bone, is important in maintaining the mechanical integrity of bone and provides the means for effecting a finely tuned calcium homeostasis system.

2. Intestinal Absorption

Early disagreements concerning the mechanism of calcium absorption and its



control by vitamin D have still not been resolved. On the basis of in vitro experiments with the rat duodenum, Schachter and Rosen (1959) suggested that vitamin D promoted active calcium transport. Harrison and Harrison (1960, 1963) suggested that vitamin D increased the "diffusibility" of Ca2+ across the intestinal mucosa. Wasserman (1963) concluded that vitamin D promoted passive diffusion of Ca²⁺ in the chick intestine in situ, at the higher range of Ca²⁺ concentrations. This hypothesis was supported by the analysis of in vivo calcium absorption in chicks (Hurwitz and Bar, 1972). Bronner (1987) concluded on the basis of experimentation with intestinal loops in situ and in vitro that in the rat, 1,25(OH)₂D₃ regulated the saturable Ca²⁺ translocation, consistent with the active transport hypothesis.

The disadvantage of the in vitro techniques is that they utilize artificially defined media, do not include functional circulation, and ignore other processes that may be important in vivo determinants of calcium absorption such as concentration of ionic Ca²⁺ in the intestinal contents and differences in sites of absorption and transit time along the intestine. Although a significant active in vitro transport of Ca2+ was observed in the duodenum of the rat, the rapid transit of digesta results in a small contribution of this intestinal segment to the overall absorption of calcium (reviewed by Nellans, 1990), casting doubt as to the relevance of many in vitro observations to the in vivo process.

Dietary calcium is typically in the form of poorly soluble salts such as calcium carbonate and calcium phosphates. These are solubilized in the stomach and made available for absorption. However, after entry of the digesta into the duodenum and titration of the acidity by digestive juice bicarbonate, Ca²⁺ reprecipitates, leaving in solution only a fraction of the amount that had en-

tered. The activity of Ca2+ in the duodenum depends on the dietary calcium concentration and accompanying anion (Hurwitz and Bar, 1968). However, within a wide range of calcium intake, the activity of ionic calcium in the intestinal contents is sufficiently high to maintain a positive electrochemical potential gradient of Ca2+ and to allow transmembrane diffusion. A need for active calcium transport arises only under extreme conditions of calcium deficiency (Hurwitz and Bar, 1968).

Calcium absorption may occur through paracellular or cellular routes (Warner and Colemen, 1976). Paracellular transport proceeds through the intercellular junctions, apparently by diffusion. Because paracellular transport is technically defined as the transfer of Ca²⁺ without mixing with intracellular calcium, it may also include vesicular transport (Nellans, 1990; Nemere, 1991). On the basis of results with rat intestine, Nellans (1990), in agreement with Bronner (1990), concluded that paracellular transport is concentration dependent and can account for the entire serosal mucosal transfer of Ca2+, and that under normal conditions, can also account for most of the mucosal-serosal movement. Karbach (1992) showed that 60 to 70% of the mucosalserosal flux across the short-circuited rat duodenum, jejunum, or ileum was paracellular and that the paracellular Ca2+ flux in both directions was stimulated by $1,25(OH)_2D_3$. The importance of the paracellular route in nutrient absorption, in general, has been discussed by Pappenheimer and Reiss (1986) and Madra and Pappenheimer (1987).

Ca²⁺ transfer through the brush border membrane may be common to both transcellular and paracellular routes, if vesicular transport is included in the latter. Anatomically, the paracellular space extends beyond the basal membrane down to the tight junction, and Ca²⁺ may be transported to this



space in close proximity to its transport across the brush border, without any need to move across the length of the cell, and be extruded from the space by hydrostatic pressure. The importance of osmotic water movement to Ca²⁺ transport was pointed out by Karbach (1992) and may explain the early observations of Hurwitz et al. (1967) on the relationship of Ca²⁺ transport to the concentration of monovalent ions.

Although Ca2+ entry into the mucosal cell occurs down an electrochemical gradient apparently by a passive process, it may also involve regulation by vitamin D (Fullmer, 1992). Experiments with intestinal brushborder vesicles (Bikle, 1990), which isolate the Ca²⁺ entry process, have shown that 1,25(OH)₂D₃ stimulates calcium uptake (Rasmussen et al., 1979; Bikle et al., 1983; Kaune et al., 1992). Some evidence, reviewed by Bikle (1990), suggested that such an increase in Ca2+ uptake preceded stimulation of calbindin-D_{28k} synthesis and can be linked to changes in lipid composition, membrane fluidity, and a calmodulin-binding protein responsible for linking the cytoskeleton of the microvillus to the membrane. An association between membrane fluidity and Ca2+ uptake by brush border vesicles was observed by Schedl et al. (1995). Bikle (1990) also suggested that the calmodulin-binding protein might act as the calcium channel protein, the importance of which in brush-border Ca²⁺ transport was demonstrated later by Kune et al. (1992). Changes in microtubular proteins due to 1,25(OH)₂D₃, with a temporal relationship similar to the stimulation of Ca²⁺ transport, have been reported by Nemere et al. (1987, 1991).

Through the use of calcium imaging techniques, Chandra et al. (1990) showed that transport away from the brush border region is augmented by vitamin D. According to Bronner et al. (1986), this process may be facilitated by calbindin-D_{9k} in mammals or calbindin-D_{28k} in birds, which may

act to ferry Ca2+, and hence is also controlled by 1,25(OH)₂D₃. Finally, Ca²⁺ is transported uphill across the basolateral membrane. The basolateral transport is mediated by an ATP-activated calcium pump that is probably identical to the high-affinity, Ca-dependent ATP-ase (as reviewed by Wasserman and Fullmer, 1983). Wasserman et al. (1992) found that 1,25(OH)₂D₃ stimulated a saturable ATP-dependent Ca2+ uptake by intestinal basolateral membrane vesicles by increasing V_{max} without affecting K_m. The presence of a Ca²⁺ pump epitope, stimulated by 1,25(OH)₂D₃, was also demonstrated by immunological techniques. The basolateral membrane also exhibits Na⁺/Ca²⁺ exchange characteristics and calcium channels. However, the participation of these mechanisms in the regulation of intestinal calcium transport has not been elucidated.

The effect of vitamin D on intestinal absorption of phosphate has been studied less intensively than that on calcium absorption. Harrison and Harrison (1963) observed that vitamin D augmented phosphorus permeability in rat intestine in vitro. Vitamin D increased the permeability to phosphate in chick intestine in vivo independently of its effect on calcium absorption (Hurwitz and Bar, 1972; Wasserman and Taylor, 1973).

Some results suggest that $1,25(OH)_2D_3$ also affects intestinal cell differentiation. In vitamin D-deficient animals, the intestinal villus is considerably shorter than normal. Through promoting proliferation by activating polyamine synthesis, (OH)₂D₃ restores the normal length of the villus (reviewed by Suda et al., 1990).

a. Regulation of Intestinal Absorption and Calcium Homeostasis

Intestinal absorption is the means for the entry of calcium into the body from the



environment, and is determined by the supply of calcium in the diet. Bronner and Aubert (1965) considered intestinal absorption as a "disturbing signal" in the context of calcium homeostasis. However, Nicolaysen et al. (1954) had previously observed an adaptational increase in calcium absorption of rats, to satisfy the increased demands during low calcium intakes. The adaptation of animals to the low calcium intakes was later linked to an increased synthesis of 1,25(OH)₂D₃ (Edelstein et al., 1975; Ribovich and DeLuca, 1976), providing the feedback link between intestinal calcium absorption and calcium homeostasis. A large diurnal increase in calcium absorption was observed in laying hens during hours of egg shell formation and a subsequent return to low levels once calcification of the egg shell had been completed (Hurwitz and Bar, 1965; Hurwitz et al., 1973). Thus, the intestine is not only a simple gateway for calcium entry but also an important control system in calcium homeostasis.

In the normal young chicken, about 70% of calcium absorption is vitamin D dependent. The proportion is similar in the human. As mentioned above, interference with the vitamin D-intestinal axis results in loss of the ability to regulate plasma Ca2+ concentration within the normal range (Hurwitz et al., 1984). Furthermore, in the human, hypercalcemia resulting from hyperabsorption of calcium is well recognized. In comparison, the vitamin D dependence of calcium absorption in the rat under normal feeding conditions is less than 10% of the total calcium absorbed (Hurwitz et al., 1969). In agreement, Lee et al. (1990) concluded that in contrast to the consensus that 1,25(OH)₂D₃ is an important regulator of Ca and P absorption, the intestine is insensitive to vitamin D in the rapidly growing neonatal rat. Similarly, changes in Ca and P absorption due to pregnancy and lactation

are also independent of vitamin D. The limited participation of the vitamin D-intestinal axis in calcium homeostasis of the rat is common and even more extreme in other nocturnal-vegetarian rodents such as the Damra mole-rat, which appears to possess the vitamin D "machinery", but its effect, if evoked, may be disadvantageous (Skinner et al., 1991).

3. The Renal Ca2+ Flow

Following glomerular filtration, 96 to 99% of the filtered calcium load is reabsorbed by the renal tubule. Although responsible for only about 10% of Ca²⁺ reabsorption, the distal tubule is the main site of its hormonal regulation, as reviewed by Friedman and Gesek (1993).

In general, the pattern of Ca²⁺ reabsorption in the kidney is similar to that in the intestine (Kumar, 1995). Ca²⁺ appears to be reabsorbed in the proximal tubule by transcellular and paracellular passive pathways, because the Ca²⁺ concentration in the blood ultrafiltrate passing through this segment remains similar to that of blood (Yanagawa and Lee, 1992). However, in the distal tubule, the Ca²⁺ concentration may fall to 0.1 mM, indicating uphill Ca²⁺ transport, especially when the electrical potential gradient is brought into account. In the loop of Henle, which is responsible for about 20% of the total reabsorption of calcium, it has been estimated (Friedman and Gesek, 1993) that calcium transport is divided equally between transcellular and paracellular pathways. Paracellular absorption of Ca²⁺ is dependent on that of Na⁺ and Cl⁻ (Bomsztyk et al., 1984) and responds to apical membrane hyperpolarization.

At the distal convoluted tubule, where hormonal control of calcium reabsorption occurs, transcellular absorption appears to be the more common mechanism of Ca²⁺



transport. According to present concepts (Friedman and Gesek, 1993), the transport of Ca²⁺ through either the apical or basolateral membrane is accomplished primarily through Ca²⁺ channels. By analogy to the intestine and on the basis of the similarity of the distribution of calbindin and the active Ca2+ reabsorption, Bronner (1989) hypothesized that the transport of Ca2+ across the cell was facilitated by calbindin-D_{28k}. This protein may act only to sequester Ca²⁺ and thus aid in the transcellular movement of Ca²⁺ (Boutiauy et al., 1994). If calbindin does facilitate tubular transport, its concentration should increase when the reabsorption of calcium increased. However, in the chicken, the calbindin concentration increased when urinary excretion increased, in the opposite direction to calcium reabsorption and with an inverse relationship to 1,25(OH)₂D₃ production and concentration (Edelstein et al., 1975; Rosenberg et al., 1986).

The extrusion of Ca²⁺ from the intracellular to the extracellular space occurs against an electrochemical difference and must be, by definition, active; it may involve Ca-ATPase pump (Carafoli, 1991) or Na⁺/Ca²⁺ exchange mechanisms.

a. Hormonal Regulation of Tubular Reabsorption

PTH improves Ca reabsorption at the distal tubule by activating Ca²⁺ channels (Bacskai and Friedman, 1990; Wideman and Youtz, 1985). At physiological concentrations, calcitonin action appears to act similarly to PTH in that it reduces Ca²⁺ excretion by promoting its tubular reabsorption (Quam, 1980), membrane hyperpolarization, and activation of Ca2+ entry through dihydropyridine-sensitive calcium channels (Gesek and Friedman,

1993). There may be however, some differences in the site of action on Ca2+ transport and in the mode of signal transduction between the two hormones (Kurokawa et al., 1992).

Receptors for 1,25(OH)₂D₃ have been found along the entire nephron (IIda et al., 1993). Direct action of the hormone on net Ca²⁺ absorption in the collecting ducts has been observed by Bindles et al. (1991). Suzuki et al. (1990) found that $1,25(OH)_2D_3$ induced an increase in Ca2+ concentration in rabbit renal proximal straight tubular cells. However, as reviewed by Friedman and Gesek (1993), most of the evidence suggests that 1,25(OH)₂D₃ acts on kidney Ca²⁺ transport through interaction with PTH.

b. Renal Ca2+ Excretion and Calcium Homeostasis

The degree of participation of renal calcium transport in calcium homeostasis varies widely among animals. In the growing rat, only a small amount of the absorbed calcium is normally excreted in the urine (Hurwitz et al., 1969). In nongrowing adult animals with a reduced net bone formation, the fraction of urinary calcium may increase considerably. In the human, urinary Ca excretion varies parabolically as a function of plasma calcium (Nordin et al., 1972). The entire curve is shifted to the right in hyperparathyroidism and to the left in hypoparathyroidism. Also in the human and in the growing chicken, a large fraction of the absorbed calcium is excreted in the urine, and calcium excretion is proportional to calcium intake (Fussell, 1960). Computer simulation (Hurwitz et al., 1983) has shown a rapid response of urinary calcium excretion in the growing chick to a bolus injection of calcium or EDTA.



IV. PERTURBATIONS AND **RESPONSES OF THE CA-**REGULATING SYSTEM

Perturbations of the calcium-regulating system are commonly associated in medical literature with pathological situations. However, the calcium regulatory system evolved for the protection of the organism against the day to day perturbations that characterize life, such as those related to growth, reproduction, dietary intake of calcium and probably other minerals such as phosphate.

A. Growth

Growth leads to two major perturbations in the system of calcium homeostasis.

First, it causes volume expansion, which may result in a reduction in the plasma calcium concentration. Second, bone growth driven by genetic factors involves a significant drain of calcium from the central pool. It is therefore not surprising that the calcium requirements along with the activity of the calcium-regulating systems such as intestinal absorption and kidney 1-hydroxylase increase with the growth rate (Bar and Hurwitz, 1981; Hurwitz et al., 1995). Furthermore, computer simulation has shown that the periodicity of oscillations in the Caregulating systems (Figure 5) gradually increased and the magnitude of the oscillations was diminished as growth was reduced; oscillations virtually disappeared when growth was made equal to zero (Hurwitz et al., 1987a). The average plasma calcium concentration increased as growth was reduced, in agreement with experimental results (Bar and Hurwitz, 1981).

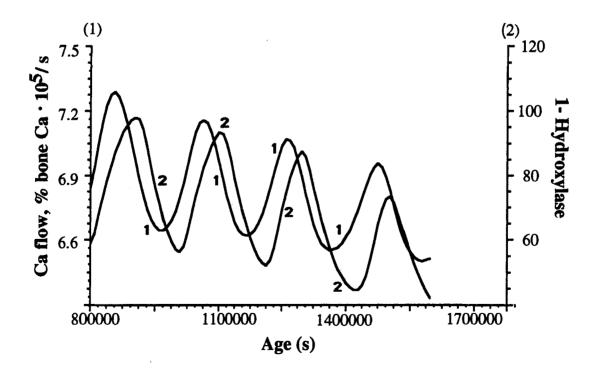


FIGURE 5. Simulated oscillations in the Ca²⁺ flow from bone and 1-hydroxylase activity in chicken. (From Hurwitz, S., Miller, B., and Norman, A. W. 1994. J. Cell. Biochem. 56: 236-244. With permission.)



B. Reproduction

Pregnancy and lactation in mammalian species is associated with increased needs for calcium to satisfy the calcium needs of the developing embryo and for milk production. In birds, the calcium needs associated with the formation of a calcified egg shell are huge. In the chicken (Gallus domesticus), a single egg shell may contain as much as 10% of the total body calcium. As reviewed by Garel (1987), the increased calcium needs during pregnancy and lactation are met by increases in calcium absorption (Thomas, 1991), mediated by an increase in the circulating 1,25(OH)₂D₃ (Lobaugh et al., 1990, 1992), which in turn are initiated by changes in circulating PTH (Verhaeghe and Bouillon, 1992). The increase in activity of the calcium-regulating systems, however, is not sufficient to cover calcium losses to the product, so that some skeletal calcium is lost during pregnancy and lactation (Garel, 1987; Kohlmeier and Marcus, 1995). Furthermore, the homeostatic mechanisms may not adjust sufficiently rapidly to the increased demands during parturition and the onset of lactation, resulting in a temporary hypocalcemia in mammalian females. In some highly producing cows, the hypocalcemia during parturition may be so severe that partial paralysis occurs — a syndrome termed parturient paresis or "Milk Fever". The etiology of this syndrome is not entirely understood. According to Horst et al. (1994), the plasma levels of calciotropic hormones (PTH and $1,25(OH)_2D_3$) appear normal in the afflicted cows during parturition. However, the VDR number on target cells decreases dramatically, as does the target tissue response to $1,25(OH)_2D_3$. This defect in the response of bone and intestine to the hormone may lead to a severe calcium deficiency and the observed hypocalcemia.

In female birds at the onset of reproduction, synthesis of 1,25(OH)₂D₃ and calcium absorption increase (Bar et al., 1978, 1992; Castillo et al., 1979) to accommodate the increased calcium needs for egg shell deposition. In addition, birds are faced with another challenge — the noncontinuous nature of the Ca²⁺ needs. Within the diurnal reproductive cycle of the laying chicken, calcium flow into the shell occurs only during 15 h. To prevent a calcium catastrophe, the systems that supply the needed Ca²⁺ must be switched on and off to accommodate these oscillating needs. Two special homeostatic systems have developed in birds to accommodate the discontinuity in the calcium needs. First, the calcium absorption rate increases considerably during shell formation and drops rapidly after oviposition (Hurwitz et al., 1973), independently of 1,25(OH)₂D₃ production and its plasma levels (Bar et al., 1976, 1992). Second, medullary bone appears in the marrow cavity of the long bones. This osseous material is rich in blood supply and in cellular components, especially osteoclasts; its calcium is turned over extremely rapidly, with a half-life of less than 2 d compared with a half-life of months characteristic of cortical bone (Hurwitz, 1965). Medullary bone can thus operate as a "buffer" to supply or remove Ca²⁺ rapidly and thus correct for acute errors in plasma Ca²⁺.

V. ALGORITHM OF CALCIUM **HOMEOSTASIS**

Simulation algorithms provide a means for integration of the detailed information collected by both in vivo and in vitro experimentation. Such models can be constructed at different levels of detail, ranging from the molecular through the subcellular and



cellular, up to the level of the entire organism. The selection of the appropriate level of detail depends on the available information and on the required answers, which in turn are functions of the expected inputs and outputs. The scope of a metabolic model depends on its level of detail and the number of factors included. The efficacy of the model is tested by its ability to predict measurable responses in tests that are independent of the experiments involved in parameter estimation during modeling. After testing, the algorithm can be used to predict the responses of the control subsystems to various perturbations.

Early attempts to formulate models that simulate calcium metabolism were made by Bonnier and Cabanac (1970) for the analog computer and by Jaros et al. (1979). The calcium metabolism of growing birds has been described within the framework of a more recent simulation model (Hurwitz et al., 1983, 1987a, b). The model as formulated included most of the interactions given in Figure 1. The concentration of a hormone (H) and other biochemicals that participate in regulating calcium movement is assumed to be governed by first-order kinetics: the synthesis of each [f(S)] is a function of the activity of the stimulant, while its transfer, including its disappearance, is determined by its own concentration and the decay rate (β) :

$$\frac{dH}{dt} = f(S) - \beta \cdot H$$

The equation becomes more complex when the body contains specific hormone pools. This is true, for example, with $1,25(OH)_2D_3$, which is found in organs such as the intestine at concentrations higher than in blood plasma. A transfer term can then be added to the equations to account for transfer into and out of this pool. The simulation algorithm (Hurwitz et al., 1983, 1987a) utilizes numerical procedures for the simultaneous integration of the several differential constituent equations.

The parameters for the respective equations of the model have been estimated using results obtained by in vivo and in vitro experimentation or obtained by fitting the entire model to experimental observations (Hurwitz et al., 1983). Several known processes and regulating agents are still not included in the model due to insufficient quantitative information. Regulation at the level of the receptor falls into this category. Thus, the model is at present still limited in scope and hence in predictive capacity and practical use. Additional information can be included when made available.

The simulated responses of some of the important controlling systems to changes in calcium intake are shown in Figure 6 in order to demonstrate the predictive capacity of the model. When dietary calcium intake is changed, shifts can be noted in the activity of the major components of the regulatory system. The model demonstrates a rapid approach toward maximal or minimal levels in urinary Ca excretion and in bone resorption due to the rapid decay of components that control these rates, notably PTH. A very slow approach toward maximal values is predicted for the plasma 1,25(OH)₂D₃ level and calcium absorption machinery due to the slow decay rate of kidney 1-hydroxylase activity, plasma 1,25(OH)₂D₃, and the Ca absorption machinery. It is also of interest to note the generation, by the algorithm of the long (approximately 10 h) lag time of calcium absorption following the change in calcium intake, brought about by the long chain of events starting with plasma Ca²⁺ and continuing through the PTH level, production and destruction of the 1-hydroxylase complex in the kidney and release of $1,25(OH)_2D_3$ into the circulation, uptake of



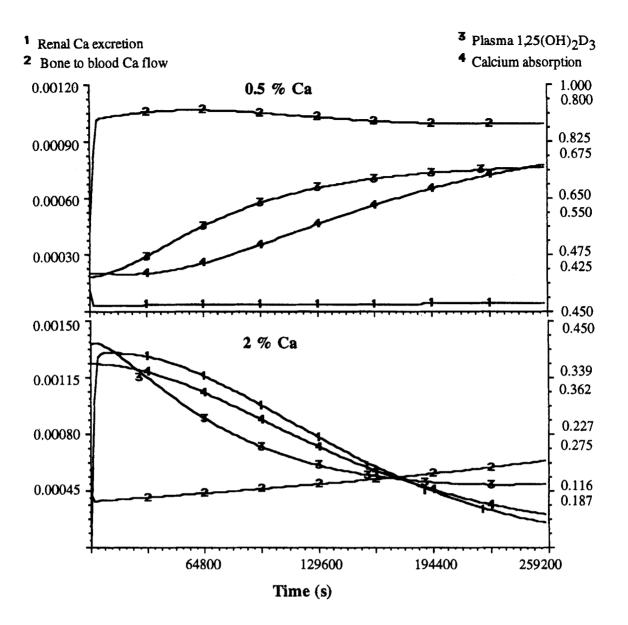


FIGURE 6. (1) Simulated responses of renal Ca²⁺ excretion rate in moles per second, (2) bone to blood Ca²⁺ flow in moles per second, (3) plasma 1,25(OH)₂D₃ in picomoles per milliliter, and (4) fractional intestinal Ca2+ absorption to intake of a low calcium diet (upper graph) on a high calcium diet (lower graph).

the hormone by the intestinal mucosa, and the building and destruction of the calcium absorption machinery. Results of simulation also demonstrate the change in the hierarchy of the activity of two main controlling system — bone and kidney. The increase in kidney flow exceeds the decrease in bone flow during the initial phase of exposure to a high calcium intake, decreasing later to a level similar to that of bone flow, as calcium absorption decreases due to the reduction in 1,25(OH)₂D₃. During the exposure to a very low calcium intake, the change in bone flow of calcium exceeds the decrease in urinary exertion.

The algorithm also predicted the existence in chickens of growth- and calcium intake-dependent oscillatory behavior of



plasma calcium (amplitude of about 0.5 mg/ 100 ml) as well as of other components of the calcium-regulating system such as bone Ca flow and activity of the 1-hydroxylase enzyme (Figure 5). The existence of such oscillations and the length of the phase between the two variables have recently been verified experimentally (Hurwitz et al., 1994).

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