18.34 Endocrine system

Calcitonin		
Source: ligh Secretion: re	nt (C, parafollicular) cells of the thyroid egulated by plasma [Ca ²⁺]; increase in [Ca ²⁺] stimulates release	
Actions	Receptors present in kidneys, bones, etc. Promotes calcification of osseous tissue by inhibiting osteoclasts Inhibits gastric motility and gastrin secretion Inhibits intestinal absorption of Ca and phosphate Inhibits renal 1α-hydroxylase activity (cholecalciferol) food, (ii) synthesised in skin from 7-dehydrocholesterol	٠
Vitamin D ₃ ((cholecalciferol) Pix Cattge Apan Al	ر کاک
Sources: (i)	food, (ii) synthesised in skin from 7-dehydrocholesterol	04.
Chemistry	Vitamin D and its derivatives are steroids Vitamin D hydroxylated at C_{25} in the liver (calcidiol): $t\frac{1}{2} = 15 \text{ h}$ $= 25\text{-OHD}_3$ hydroxylated at C_1 in kidney \rightarrow 1,25-(OH) ₂ D ₃ (calcitriol): $t\frac{1}{2} = 15 \text{ d}$ $= 1\alpha\text{-hydroxylase}$ activated by parathormone	
Actions	Stimulates Ca ²⁺ and phospate absorption from intestine Promotes reabsorption of Ca ²⁺ and phosphate from renal tubules Normal concentrations of the vitamin promotes calcification High doses of the vitamin stimulates bone resorption	'Au
Clinical conditions	Avitaminosis D rickets in children, osteomalacia in adults plasma calcium and phosphate levels are newly-formed osteoid tissue fails to calcify skeletal malformation, pain, muscle weakness cause: therapeutic and biosynthetic excesses characterised by hypercalcaemia, hyperphosphataemia, anorexia, calcification of soft tissues, etc.	
Bone physio	logy	
Definition of t	bone: living, calcified osteoid tissue	
Functions of bones	Support the body and act as levers for muscles Protect vital organs: brain, heart, etc. Involved in maintaining acid-base balance Help to maintain calcium homeostasis	
Embryology	Bone formation: intramembranous and endochondral mechanisms Linear growth of long bones occurs at epiphysial cartilage	
Structure	Organic material Organic material Organic material Organic material Organic material Osteoblasts synthesise collagen, matrix, etc. Osteoblasts) cause osteolysis Osteoclasts degrade bone; activated by PTH hydroxyapatite (98 %) and CaHPO ₄ (2 %) CaHPO ₄ readily exchangeable other minerals: Na, Mg, K, etc.	
Bone formatio	n: promoted by GH, vitamin D, calcitonin, PTH, T ₃ and T ₄ , insulin, etc.	
Osteoporosis !	Definition: loss of bone while mineral to matrix ratio is maintained Causes idiopathic type: most common, e.g. post menopausal type secondary type: caused by excess corticoid hormones, etc. Plasma Ca, Pi, and alkaline phosphatase levels normal Clinical history: spontaneous fractures and morbidity Prevention: physical activity, oestrogen, and adequate Ca-intake delay onset	
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