

Extracellular and Intracellular Magnesium-Calcium Interactions

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Zusammenfassung

Die physiologischen Wirkungen von Mg^{2+} und Ca^{2+} werden durch Interaktionen mit negativ geladenen Molekülen (ATP, ADP, Citrat, Isocitrat, DNA, RNA), Enzymen und anderen Proteinen (Ca^{2+} -bindende Proteine, Kanal-Proteine, Struktur-Proteine etc.) hervorgerufen. Mg^{2+} und Ca^{2+} sind harte Lewis-Säuren. In Komplexen von harten Säuren mit harten Basen wird die Bindungsenergie durch die elektrostatische Anziehungskraft zwischen Metallion und Ligand bestimmt. Mg^{2+} und Ca^{2+} unterscheiden sich nur in ihrem Radius und in ihrer Polarisierbarkeit. Diese Unterschiede ergeben unterschiedliche Affinitäten zu Liganden und verschiedene Substitutionsraten für den Ersatz von H_2O -Molekülen aus der inneren Hydratationshülle. Einige Mg^{2+} und Ca^{2+} Komplexe haben die räumliche Anordnung eines Oktaeders, allerdings ist die räumliche Struktur der meisten Komplexe nicht geklärt. Die verschiedenen Mg^{2+} - Ca^{2+} Interaktionen, die hauptsächlich quantitativer Natur sind, lassen sich wie folgt klassifizieren:

1. Mg^{2+} und Ca^{2+} haben gleiche Wirkung, mit nur geringfügigen quantitativen Unterschieden, z. B. werden bestimmte Enzyme gleichermaßen durch Mg^{2+} und Ca^{2+} aktiviert (synergistischer, unspezifischer Effekt).
2. Ca^{2+} und Mg^{2+} werden mit unterschiedlicher Affinität an Proteine gebunden, wobei der Effekt von Mg^{2+} weniger ausgeprägt ist als der von Ca^{2+} (teilweise synergistischer, teilweise antagonistischer Effekt).
3. Die Wirkung eines Kations wird durch das andere, das in diesem Prozeß keine Wirkung hat, gehemmt (antagonistischer Effekt).
4. Der Effekt ist spezifisch von Mg^{2+} oder Ca^{2+} abhängig und wird durch das jeweils andere Kation innerhalb eines vernünftigen Konzentrationsbereichs nicht beeinflusst (spezifischer Effekt).

Die Interaktionen von Mg^{2+} und Ca^{2+} werden sowohl hinsichtlich des Transportes an verschiedenen Membranen (Intestinum, Niere, Plazenta, Plexus Chorioidei, Plasmamembran) als auch hinsichtlich ihrer Interaktionen an Enzymen, Proteinen und Phospholipiden analysiert.

Summary

The physiological effects of Mg^{2+} and Ca^{2+} are related to interactions with or binding to negatively charged molecules (ATP, ADP, citrate, isocitrate, DNA, RNA), enzymes and other proteins (Ca^{2+} -binding proteins, channel proteins, structure proteins etc.). Mg^{2+} and Ca^{2+} are hard Lewis acids. In complexes of hard acids with hard bases bond energy is dominated by the electrostatic attraction of the metal ion and the ligand. Mg^{2+} and Ca^{2+} differ only in their radius and polarizability. These differences yield different affinities to ligands and different rates of substitution of H_2O molecules from the inner hydration shell. The spatial structure of some Mg^{2+} and Ca^{2+} chelates is octahedral. However, the structure of most complexes has not been defined. The various Mg^{2+} - Ca^{2+} interactions which are primarily of quantitative nature can be qualified as following:

1. Mg^{2+} and Ca^{2+} can have the same effect. There may be only a small quantitative difference, e. g. enzymes are activated to about the same degree by Mg^{2+} and Ca^{2+} (synergistic, unspecific effect).
2. Ca^{2+} and Mg^{2+} are bound to proteins with different affinity. However, the effect of Mg^{2+} is less expressed than that of Ca^{2+} (partially synergistic, partially antagonistic).
3. The effect of one cation is inhibited by the other, which does not function in this process (antagonistic effect).
4. An effect is specifically dependent on Mg^{2+} or Ca^{2+} and the effect of one cation is not significantly affected by the other within a feasible concentration range (specific effect).

The interactions of Mg^{2+} and Ca^{2+} are analysed with respect to transport at various membranes (intestine, kidney, placenta, choroid plexus, plasma membrane) as well as their interactions at enzymes, proteins and phospholipids.

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Résumé

Les effets physiologiques du Mg^{++} et du Ca^{++} sont liés à des interactions avec des molécules chargées négativement (ATP, ADP, citrate, isocitrate, ADN, ARN), des enzymes et d'autres protéines (protéines fixant le Ca^{++} , protéines canaux, protéines de structure etc.). Le Mg^{++} et le Ca^{++} sont des acides forts de Lewis. Dans les complexes d'acides forts et de bases fortes, l'énergie de fixation dépend de la force d'attraction électrostatique entre l'ion métallique et le ligand. Le Mg^{++} et le Ca^{++} ne diffèrent que par leur rayon et leur polarisabilité. Ces différences déterminent des affinités différentes pour les ligands et des taux de substitution différents pour le remplacement des molécules d'eau à partir de la couche interne d'hydratation. Quelques complexes de Mg^{++} et de Ca^{++} offrent une configuration spatiale d'octaèdre, mais la structure spatiale de la plupart des complexes n'est pas encore élucidée. Les diverses interactions entre le Mg^{++} et le Ca^{++} , qui sont essentiellement quantitatives, peuvent être classées de la façon suivante:

1. Le Mg^{++} et le Ca^{++} exercent le même effet, avec seulement de discrètes différences quantitatives; par exemple le Mg^{++} et le Ca^{++} activent de la même façon certaines enzymes (effet synergique, non spécifique).
2. Le Ca^{++} et le Mg^{++} se fixent aux protéines avec une affinité différente, l'effet du Mg^{++} étant moins marqué que celui du Ca^{++} (effet tantôt synergique, tantôt antagoniste).
3. L'effet d'un cation est inhibé par l'autre, qui n'agit pas dans ce processus (effet antagoniste).
4. L'effet dépend spécifiquement du Mg^{++} ou du Ca^{++} et n'est pas modifié par l'autre cation, dans une fourchette de concentration raisonnable (effet spécifique).

Nous analysons ici les interactions entre le Mg^{++} et le Ca^{++} aussi bien du point de vue du transport dans diverses membranes (intestin, reins, placenta, plexus choroïde, membrane plasmique) que du point de vue des interactions sur les enzymes, protéines et phospholipides.

Introduction

The physiological effects of Mg²⁺ and Ca²⁺ are related to interactions with or binding to negatively charged molecules (ATP, ADP, citrate, isocitrate, DNA, RNA), enzymes and other proteins (Ca²⁺-binding proteins, channel proteins, structure proteins etc.) (Günther, in press). Mg²⁺ and Ca²⁺ are hard lewis acids. Hard acids complex most strongly with donor atoms (O, N) which possess high electronegativity (hard bases). In complexes of hard acids with hard bases bond energy is dominated by the electrostatic attraction of the metal ion and ligand. Covalent binding, entropy and solvation effects are small.

Mg²⁺ and Ca²⁺ differ only in their radius and polarizability (Tab.1) (Pauling, 1964; Pearson, 1963). These differences yield different affinities to ligands (Martell and Calvin, 1956; Eigen and Hammes, 1963) and different rates of substitution of H₂O molecules from the inner hydration shell. According to the electrostatic relationship (e²/r), complex stability should be Mg²⁺ > Ca²⁺. However, the sequence of stability is often reversed to Mg²⁺ < Ca²⁺ (Martell and Calvin, 1956). The lower stability of the smaller cation Mg²⁺ can be explained by repulsion between negatively charged ligand groups due to their smaller distance, which leads to partial coordination with water molecules (Williams, 1959) and outer sphere complex binding. Complex and chelate formation with ligands representing various hard or soft bases may lead to different affinities and specificities. The spatial structure of some Mg²⁺ and Ca²⁺ chelates is octahedral. However, the structure of most com-

plexes has not been defined. Therefore, Mg²⁺-Ca²⁺ interactions can only be described from experimental results. So far, there is no exact systematic physico-chemical analysis of Mg²⁺-Ca²⁺ interactions at the various target substances, but only single measurements or qualitative observations.

The various Mg²⁺-Ca²⁺ interactions which are primarily of quantitative nature can be qualified as following:

1. Mg²⁺ and Ca²⁺ can have the same effect. There may be only a small quantitative difference, e.g. enzymes are activated to about the same degree by Mg²⁺ and Ca²⁺ (F₀F₁ ATPase [Ahlers and Günther, 1975]) (synergistic, un-specific effect).
2. Ca²⁺ and Mg²⁺ are bound to ligands with different affinity (in the range of their physiologic concentration). However, the effect of one ion is less expressed than that of the other (e.g. troponin C, actin, calmodulin etc.) (partially synergistic, partially antagonistic). The latter effects may have regulatory significance (Günther, in press).
3. The effect of one cation is inhibited by the other, which has no effect in this process (e.g. Mg²⁺ inhibition of Ca²⁺ channels, Na⁺Ca²⁺ exchange, therapeutic effect of Ca²⁺ injection in Mg²⁺ overdose (antagonistic effect).
4. An effect is specifically dependent on Mg²⁺ or Ca²⁺ and the effect of one cation is not significantly affected by the other within a feasible concentration range (e.g. absorption of Mg²⁺ and Ca²⁺ in intestine and kidney, Na⁺Mg²⁺ antiport, cellular Mg²⁺ uptake) (specific effect).

In the following chapters physiologic functions of Mg²⁺ and Ca²⁺ are analyzed with respect to Mg²⁺-Ca²⁺ interactions.

Mg²⁺-Ca²⁺ interactions in intact animals and humans

Hypermagnesemia

When Mg²⁺ was i.v. infused in animals or humans the following symptoms were observed, with increasing Mg²⁺ concentration in serum.

[Mg²⁺]₀ (mM) effect

- | | | |
|----|---------|--------------------------------------|
| 1. | 1.5-2.5 | hypotension |
| 2. | 2-4 | nausea, vomiting, cutaneous flushing |
| 3. | 2.5-5 | bradycardia, increased PR intervals |
| 4. | 5 | decrease of tendon reflexes |
| 5. | 7 | skeletal muscle paralysis |
| 6. | 7 | coma |
| 7. | 7.5-12 | respiratory arrest |
| 8. | 15-30 | diastolic heart arrest. |

Early stages of these symptoms can be reversed by i.v. injection of Ca²⁺ (Mordes and Wacker, 1978).

Parenteral Mg²⁺ is used in the treatment of preeclampsia and eclampsia. To achieve a therapeutic effect, [Mg²⁺]₀ must be increased above 2 mM. The mechanism of action is a Ca²⁺-antagonistic effect of Mg²⁺ and a Mg²⁺-induced increased production of prostacyclin (Watson et al., 1986). Also in myocardial infarction parenteral treatment with Mg²⁺ exerted a beneficial effect, as has been proved by an extensive study (Woods et al., 1992).

Hypomagnesemia

The reciprocal test of Mg²⁺-Ca²⁺ interactions in the intact animal may be hypomagnesemia due to Mg²⁺ deficiency. In Mg²⁺ deficiency, there is an increase of Ca²⁺ and a decrease of Mg²⁺ in some tissues (Günther, 1981). However, these experiments are long term experiments with complex interactions (leading to cell necroses, changed release of hormones, growth reduction) and can give no decision on the exact nature of Mg²⁺-Ca²⁺ interactions. Therefore, these interactions can only be defined by analysing isolated physiological functions.

Tab. 1: Physical properties of Mg²⁺ and Ca²⁺.

	Mg ²⁺	Ca ²⁺	Reference
atomic radius (Å)	1.36	1.74	Pauling, 1964
ionic radius (Å)	0.65	0.99	Pauling, 1964
hydrated radius (Å)	3.44	3.05	Kachmar and Boyer, 1953
	4.67	3.21	Padgham et al., 1993
	7.70	6.78	Nachod and Wood, 1945
polarizability (Å ³)	0.072	0.8	Jorgensen, 1973
rate of H ₂ O substitution (sec ⁻¹)	10 ⁵	10 ⁸	Eigen and Hammes, 1963

Mg²⁺-Ca²⁺ interactions in intestinal absorption

Mg²⁺ and Ca²⁺ absorption in intestine involves two pathways for transfer:

1. Transcellular movement which is performed by a saturable active transport. Its amount depends on luminal Mg²⁺ and Ca²⁺ concentration. There is no interaction of Mg²⁺ and Ca²⁺ at the transcellular pathway.
2. Paracellular diffusion (Karbach et al., 1991; Hardwick et al., 1991; Gilles-Baillien and Cogneau, 1992; Karbach and Rummel, 1990).

High concentrations of one ion depress the absorption of the other ion along the paracellular pathway. The inhibitory effect of hypermagnesemia on intestinal Ca²⁺ transport has been attributed to diminution of the paracellular component of Ca²⁺ absorption (Karbach, 1989).

Mg²⁺-Ca²⁺ interactions in renal reabsorption

The major part of ultrafiltrated Mg²⁺ (50–60%) is reabsorbed in the thick ascending limb of Henle's loop (TAL), whereas 20% is reabsorbed in the proximal tubulus. Mg²⁺ may move across the epithelium of the TAL through a transcellular and a paracellular pathway. The tight junctions of the paracellular pathway may alter Mg²⁺ transport by single file diffusion. Cation selectivity may be due to fixed negative charges on the tight junctions. The mechanism of transcellular pathway is not known as yet. It is possible that Mg²⁺ may be transported by Na⁺/Mg²⁺ antiport, Mg²⁺ anion cotransport or by electrogenic Mg²⁺ channels (Benyebach, 1986).

From ultrafiltrated Ca²⁺, 60% is reabsorbed in the proximale tubulus and only 30–35% in Henle's loop. Elevation of intraluminal Mg²⁺ did not influence Ca²⁺ absorption nor did intraluminal Ca²⁺ inhibit Mg²⁺ transport by TAL, indicating separate Mg²⁺ and Ca²⁺ pathways in the TAL. However, interactions of Mg²⁺ and Ca²⁺ occurs at the paracellular pathway by binding to tight junctions. Hypermagnesemia, hypercalcemia or luminal elevation of

each divalent cation increases the resistance specifically to divalent cations and decreases voltage-dependent absorption through the paracellular pathway (for detailed review see: Quamme and de Rouffignac, 1993).

Mg²⁺-Ca²⁺ interactions at the placenta

Mg²⁺ concentration in fetal serum is higher than in maternal serum, dependent on gestational age (Vormann and Günther, 1986). The enrichment of Mg²⁺ is due to placental active transport which is performed by transcellular active transport and probably by paracellular diffusion (Lourdes Cruz et al., 1992). Active transport of Mg²⁺ occurs via amilorid-sensitive Na⁺/Mg²⁺ antiport and probably furosemide-sensitive Mg²⁺/HCO₃⁻ cotransport (Günther et al., 1988). Whether Ca²⁺ affects Mg²⁺ transport has not been studied.

Ca²⁺ is similarly enriched in fetal serum (Garel and Barlet, 1976; Bradbury et al., 1972) as Mg²⁺. However, there seems to be no significant paracellular diffusion of Ca²⁺, since increasing maternal serum Ca²⁺ by Ca²⁺ infusion has no significant effect on fetal serum Ca²⁺ (Bawden and Wolkoff, 1967), although maternal-fetal ⁴⁵Ca²⁺ flux was increased (Derewlany and Radde, 1985). Probably, constancy of fetal serum Ca²⁺ at increased ⁴⁵Ca²⁺ flux is caused by increased ⁴⁵Ca²⁺-Ca²⁺ exchange. Ca²⁺ transport across the placenta was not affected when maternal serum Mg²⁺ was drastically reduced by Mg²⁺ deficiency (Lourdes Cruz et al., 1992).

Mg²⁺-Ca²⁺ interactions at the choroid plexus

Mg²⁺ concentration in cerebrospinal fluid (CSF) is 45% higher than in serum (1.22 mM vs 0.84 mM) although protein concentration and protein-bound Mg²⁺ in CSF is low, indicating active transport of Mg²⁺ across the choroid plexus. On the other hand Ca²⁺ concentration in CSF amounts only to 50% of serum Ca²⁺ (1.21 mM vs 2.46 mM) representing an ultrafiltrate of serum (Chutkow and Meyers, 1968).

In perfused choroid plexus reduction of Ca²⁺ concentration from 2.35 to 1.5 mM had no significant effect on Mg²⁺ transport either at 0.81 or 0.31 mM Mg²⁺, indicating no Ca²⁺-Mg²⁺ interaction at the membrane of the choroid plexus (Allsop, 1986).

Mg²⁺-Ca²⁺ interactions at phospholipid membranes

The interaction of phospholipids (PL) with Mg²⁺ or Ca²⁺ was studied using pure PL, that form membraneous structures in water, e.g. liposomes. The surface-fixed charges at these membranes produce a surface potential, depending on the charge density, described by Grahame's equation.

The surface potential leads to an enrichment of ions in the aqueous phase at the surface, depending on the valence and concentration of ions in the bulk aqueous phase, described by Boltzmann's equation.

Because of the local enrichment of Mg²⁺ and Ca²⁺ ions, both are bound to negatively charged groups, according to the Langmuir adsorption isotherm (Lau et al., 1981; Ohki and Sauve, 1978). The extent of Mg²⁺ binding depends on the local activity coefficient. Mg²⁺ is bound to negatively charged groups by outer sphere complexes. The rate constant of this binding reaction is very high, limited only by diffusion of the ions. Binding of Ca²⁺ or Mg²⁺ reduces the surface potential. Only a few ions are bound to PL, the rest behave like an ion cloud at the charged surface. Generally, Ca²⁺ has a higher affinity to PL than Mg²⁺.

In mixed liposomes, binding of Mg²⁺ and Ca²⁺ to phosphatidylethanolamine (PE), phosphatidylserine (PS) and cardiolipine (CL) was the same as in pure liposomes (McLaughlin et al., 1981; Macdonald and Seelig, 1987). Some authors reported Mg²⁺ and Ca²⁺ binding constants from 1.6 × 10³ M⁻¹ to 5.3 × 10⁴ M⁻¹ for PS (Portis et al., 1973; Hendrickson and Fullington, 1965) and 1 × 10⁵ M⁻¹ for the Ca²⁺ binding constant of CL (Sokolove et al., 1983). These high values represent "apparent binding constants". The surface potential of liposomes and ion enrichment at

the surface of the liposomes was not taken into account. The low Mg^{2+} and Ca^{2+} binding constants of PL agree with the low Mg^{2+} and Ca^{2+} binding constants when phosphate is bound to water-soluble residues that form no charged membranes.

The interaction of Ca^{2+} and Mg^{2+} with PS is more complicated. When the Ca^{2+} or Mg^{2+} concentration is increased to 1 or 3 mM, respectively, the PL vesicles aggregate because repulsing forces are reduced. With Ca^{2+} , the vesicles fuse because Ca^{2+} is bound to PS of neighbouring vesicles, Mg^{2+} is not bound to PS of neighbouring vesicles because of the stronger hydration of Mg^{2+} (Wilschut et al., 1981). In mixed PE-PS and PC-PS vesicles, Ca^{2+} , but not Mg^{2+} induces lateral diffusion of PS and phase separation (Tokutomi et al., 1981) or phase transition to hexagonal phase type II (Tilcock and Cullis, 1981). However, Mg^{2+} can induce hexagonal II phase in CL bilayers (Vail and Stollery, 1979) because CL is a more cone-shaped molecule. By hexagonal phase transition charged pores can be formed in PL membranes. Thus, divalent cations, particularly Ca^{2+} , are involved in membrane phenomena such as permeability, exocytosis, secretion, or membrane receptor clustering (Wilschut et al., 1981).

Binding of Ca^{2+} to cell membranes reduces the fluidity by two mechanisms (Storch and Schachter, 1985):

1. Unspecific binding of Ca^{2+} to the polar head groups, as it is also produced by Mg^{2+} , reduces the motional freedom of PL.
2. Ca^{2+} decreases the arachidonic acid (AA) content and fluidity of membranes by a specific effect. The possible mechanism is the activation of the Ca^{2+} -dependent phospholipase A_2 . Thus, AA is released and substituted by other fatty acids which results in a lower fluidity.

Mg^{2+} - Ca^{2+} interactions in hormone and neurotransmitter release

Release of some hormones e.g. catecholamines or insulin from their pro-

ducing cells is preceded by influx of Ca^{2+} . It was found that the release of catecholamines is increased at reduced $[Mg^{2+}]_o$ as in Mg^{2+} deficiency (Günther et al., 1978; Cadell et al., 1986), whereas hypermagnesemia had no significant effect on secretion of catecholamines in men (Zofkova et al., 1993). ^{45}Ca uptake in pancreatic β -cells and insulin secretion as well as secretion of other proehormones in vitro or in perfusion experiments was inhibited by high $[Mg^{2+}]_o$ (Zofkova et al., 1988). Hypomagnesemia increased secretion of insulin (for literature see: Durlach, 1992). These results indicate Mg^{2+} - Ca^{2+} interactions in insulin secretion. However, also other mechanisms involved in the regulation of glucose metabolism are affected by high $[Mg^{2+}]_o$ (Zofkova et al., 1987).

Acetylcholin (ACh) release from nerve endings is brought about by Ca^{2+} entry. Mg^{2+} in the extracellular fluid competes with Ca^{2+} for active sites and depresses ACh output from motor nerve terminal and sympathetic ganglia (Mantovani and Pepeu, 1981).

The effect of Ca^{2+} on ACh release is specific. Substitution of Ca^{2+} with Mg^{2+} strongly reduced ACh release.

Mg^{2+} - Ca^{2+} interactions in release and action of parathyroid hormone (PTH)

$[Mg^{2+}]_o$ affects PTH secretion in vitro and in vivo. Mg^{2+} acted similar to Ca^{2+} in inhibiting the secretion of PTH. In most experiments Mg^{2+} was half as effective as Ca^{2+} . Either ion worked more effectively in the presence of minimum concentration of the other. This interdependence of Ca^{2+} and Mg^{2+} on the secretion of PTH would be consonant with both ions operating at separate biochemical sites, both of which must be occupied for hormone secretion (Morrissey and Cohn, 1978). However, other experiments indicated that in the absence of extracellular Ca^{2+} extracellular Mg^{2+} did not effect PTH release, whereas in the absence of Mg^{2+} , Ca^{2+} was effective, although to a less degree (Brown et al., 1984).

The Ca^{2+} - Mg^{2+} interaction in PTH re-

lease is complex and not completely understood. It was reported that in hereditary hypomagnesemia, administration of Mg^{2+} led to an increase in PTH secretion (for literature see: Durlach, 1992).

The second messenger in the inhibition of PTH release is $[Ca^{2+}]_i$, which is increased at elevated $[Ca^{2+}]_o$ and $[Mg^{2+}]_o$ (Shoback et al., 1983). However, influx of Ca^{2+} was required for PTH secretion (Wallace et al., 1983).

The action of PTH in bone is dependent on $[Mg^{2+}]_o$. In Mg^{2+} -deficient rats as well as in tissue culture at low $[Mg^{2+}]_o$, the action of PTH was reduced (Heaton, 1971). Probably, the function of osteoclasts was reduced at low $[Mg^{2+}]_o$.

Mg^{2+} - Ca^{2+} interactions in bone

About half of body Mg^{2+} is adsorbed to the surface of hydroxyapatite crystals in bone and part of them, dependent on age, can be mobilized. Thus bone Mg^{2+} represents a Mg^{2+} store. Mg^{2+} is adsorbed in hydroxyapatite according to Langmuir's adsorption isotherm. Mg^{2+} can compete with Ca^{2+} for the same adsorption sites at the crystal surface and thus can inhibit precipitation and crystal growth of Ca apatites (Aoba et al., 1992). Since the ionic radius of Mg^{2+} is two thirds that of Ca^{2+} , Mg^{2+} cannot replace Ca^{2+} isomorphously in the crystal lattice (Messler et al., 1990). Moreover, high $[Mg^{2+}]_o$ produced similar changes in the epiphyseal growth plate as organic Ca^{2+} antagonists by impairing Ca^{2+} influx into the cells. However, organic Ca^{2+} antagonists have no effect on mineralization (Messler et al., 1990).

Mg^{2+} - Ca^{2+} interactions in kidney stone formation

In in vitro experiments Mg^{2+} inhibits crystal growth rate of calcium oxalate in artificial urine (Achilles and Ulschöfer, 1985). However, the effect of Mg^{2+} is relatively small compared to other urinary constituents e.g. Ca^{2+} , oxalate, citrate, H^+ .

Mg²⁺-Ca²⁺ interactions in membrane transport systems

1. Na⁺/Ca²⁺ antiport

Na⁺/Ca²⁺ exchange occurs across the plasma membrane (in a ratio of 3 Na⁺/1 Ca²⁺), across the mitochondrial membrane and across the membrane of the sarcoplasmic (endoplasmic) reticulum (2 Na⁺/1 Ca²⁺).

Mg²⁺ inhibits Na⁺/Ca²⁺ exchange competitively to Ca²⁺ without being transported by this exchanger at the plasma membrane (Lyu et al., 1991), sarcoplasmic reticulum (Trosper and Philipson, 1983) and mitochondria (Clark and Roman, 1980). At the plasma membrane extracellular Mg²⁺ inhibits Ca²⁺ uptake via Na⁺/Ca²⁺ exchange with a K_i of 80 to 100 μM (Lyu et al., 1991; Bingham Smith et al., 1987), whereas intracellular Mg²⁺ inhibits Ca²⁺ efflux via this system with a K_i of about 4 to 8 mM (Ledvora and Hegyvary, 1983; Trosper and Philipson, 1983). These different K_i are brought about by an additional influence of K⁺ ions on the affinity of Mg²⁺ to the Ca²⁺ binding site in the Na⁺/Ca²⁺ exchanger (Bingham Smith et al., 1987).

2. Na⁺/Mg²⁺ antiport

Na⁺/Mg²⁺ antiport is not affected by intra- or extracellular Ca²⁺ (Vormann and Günther, 1993).

3. Cellular Mg²⁺ uptake

Mg²⁺ uptake by isolated cardiomyocytes (Quamme and Rabkin, 1990), MDCK cells (Quamme and Dai, 1990) and hepatocytes (Günther and Höllriegel, 1993) was not significantly affected by [Ca²⁺]_o up to 5 mM.

4. Mitochondrial Ca²⁺ uptake

Ca²⁺ is taken up by mitochondria via an electrogenic uniport. This transport system is inhibited by Mg²⁺. K_i amounted to 10⁻³ M in kidney and heart mitochondriae and 1.8 × 10⁻³ M in liver mitochondriae (Favaron and Bernardi, 1985).

ward Ca²⁺ currents, T-type and L-type, that can be distinguished by their voltage dependence and differential sensitivity to various substances. Mg²⁺ decreased T and L current amplitudes. The I-V (current-voltage) relationships for T and L current were shifted to more positive voltages.

T current was inhibited to a greater extent than L current by Mg²⁺. The inhibition of T and L currents by Mg²⁺ was increased at reduced [Ca²⁺]_o (Wu and Lipsius, 1990) indicating competition between Ca²⁺ and Mg²⁺.

Ca²⁺ channels are permeable for Ba²⁺ and Sr²⁺ but not for Mg²⁺ (Wu and Lipsius, 1990). Therefore, the competitive inhibition of Ca²⁺ current by Mg²⁺ can be explained by interaction of Mg²⁺ with charged groups of the membrane. As reported above (Mg²⁺-Ca²⁺ interaction with PL) with increasing [Mg²⁺]_o, Mg²⁺ is screened and partially bound to negatively charged groups of the cell membrane, thus reducing the surface potential. Hence, 1. less Ca²⁺ is screened near the surface of the membrane and 2. the potential shift across the membrane, which is given by the difference of the membrane and surface potential, is reduced. Consequently, voltage-gating of Ca²⁺ channels is reduced.

Additionally, Ca²⁺ and Mg²⁺ may compete for binding sites within the Ca²⁺ channel.

Mg²⁺-Ca²⁺ interactions with vasoactive substances and organic Ca²⁺ antagonists

Increasing [Ca²⁺]_o in Krebs-Ringer bicarbonate incubation medium from 10⁻⁵ to 10⁻² M induced an increase in isometric tension of some – not all – blood vessels.

When [Mg²⁺]_o was simultaneously increased from 0 to 9.6 mM a higher [Ca²⁺]_o threshold was necessary to induce contraction and at the same time maximum isometric tension was reduced in sensitive blood vessels. When [Mg²⁺]_o was lowered, ⁴⁵Ca influx and intracellular Ca²⁺ content were increased. High [Mg²⁺]_o decreased exchangeable and membrane-bound Ca²⁺ indicating competition between Mg²⁺ and Ca²⁺ for

some functional sites (Altura and Altura, 1982).

These blood vessel preparations react to catecholamines, angiotensins, acetylcholine, serotonin, vasoactive peptides, prostaglandins, and others. The action of these substances was increased by lowering [Mg²⁺]_o and was reduced by increasing [Mg²⁺]_o. Since these substances exhibit their function via Ca²⁺ influx, the Mg²⁺ interaction is mainly due to Mg²⁺-Ca²⁺ competition. Besides this mechanism, Mg²⁺ can change the affinity of effectors to their membrane receptors (Günther, in press). The Mg²⁺-Ca²⁺ interacting sites (or channels) affected by blockers. High extracellular Mg²⁺ markedly potentiated the inhibitory effect of verapamil (10⁻⁶ M) on Ca²⁺-induced contraction of rat aorta and canine coronary arteries but not those of portal vein. The synergistic effect could be due to the effect of Mg²⁺ and verapamil at two different sites. The lack of synergism in the portal vein could indicate that Mg²⁺ and verapamil might inactivate the same membrane channels involved in Ca²⁺ influx (Altura and Altura, 1984).

Mg²⁺-Ca²⁺ interactions at smooth muscle cells

Ca²⁺ current through Ca²⁺ channels of smooth muscle cells from Taenia caeci can be fitted with a Langmuir curve with an apparent dissociation constant of 1.2 mM Ca²⁺. Mg²⁺ was not transported by these Ca²⁺ channels, but reduced Ca²⁺ current by competition. In the presence of 5 mM Mg²⁺ the apparent dissociation constant of Ca²⁺ was increased from 1.2 to 2.9 mM (Ganitskevich, 1988). The negatively charged groups of the cell membrane create a surface potential. Surface charges in the vicinity (1–2 nm) of Ca²⁺ channels are essential for gating. Increasing [Mg²⁺]_o (or other divalent cations) results in reduction of the surface potential by screening and binding, as reviewed above. Besides a direct Mg²⁺-Ca²⁺ competition at the smooth muscle cell membrane, Mg²⁺ exerts an indirect effect on vascular smooth muscle tone

Mg²⁺-Ca²⁺ interactions at cardiac Ca²⁺ channels

Cardiac cells contain two distinct in-

via competition with Ca^{2+} at the endothelial cells, thereby changing the synthesis of endothelium-derived nitric oxide (EDNO). Whereas the direct effect of reduced $[\text{Mg}^{2+}]_o$ at the smooth muscle cells results in increased contraction through enhanced Ca^{2+} influx, the indirect effect results in relaxation, via Ca^{2+} -dependent formation and release of EDNO (Gold et al., 1990).

Mg²⁺-Ca²⁺ interactions in cell adhesion

Cell-cell and cell-matrix adhesive interactions are essential to development, inflammation, hemostasis, and immune recognition. The integrins are a broadly distributed family of cell surface receptors, that contribute to these adhesive reactions by recognition of a multiplicity of extracellular matrix protein ligands including laminin, collagens, fibrinogen, fibronectin, intercellular adhesion molecules (ICAMs) and others (Hynes, 1992). Divalent cations are essential for receptor functions. Vitronectin binding to $\alpha_v\beta_3$ integrin was supported by Ca^{2+} and Mg^{2+} , whereas binding of fibronectin to $\alpha_5\beta_1$ was only supported by Mg^{2+} , addition of Ca^{2+} led to an inhibition of fibronectin binding (Kirchhofer et al., 1991). Binding of T-lymphoblasts to ICAM-1 required the presence of either Ca^{2+} or Mg^{2+} , Mg^{2+} being more effective. Addition of both ions acted more than additively to produce maximal binding, indicating a synergistic effect of Mg^{2+} and Ca^{2+} (Marlin and Springer, 1987). Because Ca^{2+} is held very constant in the extracellular fluids, physiologically occurring fluctuations of the extracellular Mg^{2+} concentration might be important for the process of cell adhesion.

Mg²⁺-Ca²⁺ interactions at intracellular organelles

Ca^{2+} is stored and released from compartments of sarcoplasmic and endoplasmic reticulum and mitochondria. Ca^{2+} -induced Ca^{2+} release from Ca^{2+} -loaded sarcoplasmic reticulum vesicles is almost completely inhibited by 0.3 mM Mg^{2+} . When the Mg^{2+} concentration in the medium was increased,

higher Ca^{2+} concentrations were needed for activation, indicating competition of Mg^{2+} with Ca^{2+} in releasing stored Ca^{2+} . However, Ca^{2+} acts in releasing stored Ca^{2+} by binding to two or more interacting sites and it is not known whether Mg^{2+} competes at both sites (Meissner et al., 1986). Similarly, IP_3 -induced Ca^{2+} release from mitochondria and microsomes was inhibited by Mg^{2+} . A 10-fold increase of free Mg^{2+} from 0.03 to 0.3 mM reduced the extent of Ca^{2+} release 2- to 3-fold and increased the apparent Michaelis-Menten constant of IP_3 from 0.5 to 0.8 μM . A further increase of Mg^{2+} had no additional significant effect on Ca^{2+} release (Volpe et al., 1990). On the other hand, Ca^{2+} uptake by rat liver microsomes was activated by Mg^{2+} , being maximal at a concentration of free Mg^{2+} of 1 mM (Zhang and Kraus-Friedmann, 1990).

Thus, $[\text{Mg}^{2+}]_i$ has a level at which Ca^{2+} release is almost maximally inhibited whereas Ca^{2+} storage is almost maximally activated. Consequently, together with the inhibition of Ca^{2+} influx by extracellular Mg^{2+} , $[\text{Mg}^{2+}]_i$ establishes a minimal $[\text{Ca}^{2+}]_i$, so that effectors can induce high changes in $[\text{Ca}^{2+}]_i$. Additionally, it was suggested that varying the extent of Mg^{2+} inhibition e.g. by reducing the Mg^{2+} affinity and thus Mg^{2+} binding to a regulatory site of Ca^{2+} channels may be a mechanism to regulate Ca^{2+} release from Ca^{2+} stores (Lamb and Stephenson, 1992; Zhang and Kraus-Friedmann, 1990; Jacquemond and Schneider, 1992).

The effect of increased $[\text{Mg}^{2+}]_i$ on Ca^{2+} induced Ca^{2+} influx and release was tested in rat thymocytes (in prep.). When $[\text{Mg}^{2+}]_i$ was increased by 0.3 mM, thapsigargin-induced increase of $[\text{Ca}^{2+}]_i$ was not influenced. On the other hand, increasing $[\text{Ca}^{2+}]_i$ from about 100 to about 400 nM (through incubation with thapsigargin) did not lead to significant changes in $[\text{Mg}^{2+}]_i$.

Mg²⁺-Ca²⁺ interactions at Ca²⁺-binding proteins

Ca^{2+} -binding proteins may be subdivided into two groups with distinct structural features:

1. The Ca^{2+} -modulated proteins include: calmodulin, troponin C, parvalbumin, oncomodulin, S-100 proteins, calbindins, myosin light chains, calpain, calcineurin etc. There are about 170 proteins, belonging to this family (Heizmann and Hunziker, 1991; Strynadka and James, 1989).
2. Annexins, also known as lipocortins, calcimedins, calpactins etc., interact with phospholipids and cellular membranes in a Ca^{2+} -dependent manner (Heizmann and Hunziker, 1991; Villereal and Palfrey, 1989).

Calmodulin, troponin C and the other members of this family exhibit a common structural motif, the EF-hand. The various Ca^{2+} -binding proteins of this family contain 2-8 of these domains. Each of these domains consists of a loop of 12 amino acids (a variant loop with 14 amino acids is present in the S-100 protein subfamily), 5 of which have a carboxyl (or a hydroxyl) group in their side chain and are precisely spaced to coordinate a Ca^{2+} ion or, with less affinity, a Mg^{2+} ion. The 6th ligand is a water molecule. Each loop is flanked by two α -helices.

No sequences homologous to the EF-hand sequence of Ca^{2+} -binding proteins can be found in the primary structure of the annexins, suggesting that they contain a different Ca^{2+} -binding structure. Calmodulin can bind 4 Ca^{2+} or with less affinity (K_d , 10^{-3} - 10^{-2} M) 4 Mg^{2+} . The four binding sites bind Ca^{2+} and Mg^{2+} competitively and show cooperativity when either Ca^{2+} or Mg^{2+} is bound (Iida and Potter, 1986).

Troponin C exhibits 6 divalent cation binding sites (Potter and Gergely, 1975; Levine et al., 1978): two high-affinity Ca^{2+} binding sites that also bind Mg^{2+} competitively, two sites with lower affinity for Ca^{2+} that do not bind Mg^{2+} , and two sites that bind Mg^{2+} but not Ca^{2+} .

Parvalbumins (α , β) contain 2 Ca^{2+} - Mg^{2+} loops. Ca^{2+} and Mg^{2+} compete for common binding sites (Haiech et al., 1979; Strynadka and James, 1989).

Oncomodulin is a parvalbumin-like protein in fetal placenta and tumor cells. Contrarily to parvalbumin, oncomodulin possesses a single high-aff-

finity $\text{Ca}^{2+}/\text{Mg}^{2+}$ site and a single low-affinity Ca^{2+} -specific site (Hapak et al., 1989). Mg^{2+} and Ca^{2+} compete for the high-affinity site (Cox et al., 1990). Calbindin contains several Ca^{2+} -binding sites which can also bind Mg^{2+} (Heizmann and Hunziker, 1991). The reviewed Ca^{2+} -binding proteins of this family have similar properties with respect to Ca^{2+} - and Mg^{2+} -binding. Therefore, also other members of this family expressing the EF-hand motif, which have not yet been investigated for Mg^{2+} -binding and Mg^{2+} - Ca^{2+} competition, may have similar binding properties.

After metal ion binding to these proteins, the structure is changed to a more hydrophobic surface and in consequence these proteins are bound to target proteins, thus regulating their biological activity.

Similar properties with respect to Ca^{2+} - Mg^{2+} interactions were reported for tubulin (Mejillano and Himes, 1991), actin (Estes et al., 1987), and gelsolin (Doi et al., 1990).

Mg^{2+} - Ca^{2+} interactions in enzymes

There are some hundreds of enzymes being activated by Mg^{2+} or Ca^{2+} . A systematic investigation of the Mg^{2+} - Ca^{2+} interactions in these reactions has only been done for a small number of enzymes. Therefore, only a few examples are given. In all reactions involving ATP, the true intracellular substrate is MgATP and, therefore, all ATPase- or kinase-catalysed reactions have an intrinsic need for Mg^{2+} . In the following only enzymes are considered, which are influenced by Mg^{2+} independently from the need of MgATP as a substrate. The enzymes were classified as defined in the introduction.

1. Rat heart SR (Mahey and Katz, 1990) and guinea pig pancreatic acinar plasma membrane (Mahey et al., 1991) Ca^{2+} -ATPase could be fully activated either by Ca^{2+} ($K_{d,\text{rat}}$, 50 μM and $K_{d,\text{guinea pig}}$, 1 μM) or Mg^{2+} ($K_{d,\text{rat}}$, 50 μM and $K_{d,\text{guinea pig}}$, 4 μM) in the complete absence of the other cation. 5 mM Ca^{2+} or Mg^{2+} activated ecto-ATPase-ADPase of rat

placental tissue to about the same degree (Pieber et al., 1991). Ceramid kinase in HL-60 cells was half-maximally activated by either 0.3 mM Ca^{2+} or Mg^{2+} (Kolesnick and Hemer, 1990). 0.25 mM Ca^{2+} stimulated rat brain synaptic membrane phospholipase D to the same extent as 1 mM Mg^{2+} (Chalifa et al., 1990).

These enzymes are activated to about the same degree at similar concentration of either Ca^{2+} or Mg^{2+} . Thus, in these enzymes Ca^{2+} and Mg^{2+} have identical functions.

However, there is another mode of Ca^{2+} - Mg^{2+} synergism, in which both ions are essentially working together by operating from different sites.

The sarcoplasmic reticulum Ca^{2+} -ATPase of skeletal muscle is half-maximally activated at 0.5 mM Mg^{2+} (Moutin and Dupont, 1991; Michelangeli, 1990). Ca^{2+} and Mg^{2+} are simultaneously needed in a complicated, not fully understood mechanism, leading to Ca^{2+} uptake into SR. Mg^{2+} binding to the enzyme allows a conformational change of the protein, subsequently Mg^{2+} is exchanged with Ca^{2+} , which then can be transported by the ATPase.

The phospholipase A_2 of liver macrophages could not be activated by physiological concentrations of Ca^{2+} or Mg^{2+} alone, both ions together, however, led to full activation of the enzyme (K_d Ca^{2+} = 0.3 μM , in the presence of 10 mM Mg^{2+} , K_d Mg^{2+} = 1 mM in the presence of 1 μM Ca^{2+}) (Krause et al., 1991). Phospholipase A_2 of human platelets required 1 mM Ca^{2+} and 5 mM Mg^{2+} for full activity (Silk et al., 1989). Also, nuclease of rat liver, thymus and spleen were fully activated by 1 mM Ca^{2+} and 5 mM Mg^{2+} but only to a small amount by Ca^{2+} or Mg^{2+} alone (Gianakis et al., 1991). In a complex mechanism, activation of rat brain protein kinase C requires four essential activators: Ca^{2+} , Mg^{2+} , phosphatidylserine and diacylglycerol (Hannun and Bell, 1990). The enzyme first associates with the membrane in the presence of Ca^{2+} and phosphatidylserine, in a second step the enzyme becomes activated upon diacylglycerol and Mg^{2+} (about 1 mM) binding.

2. There are no enzymes which can be classified in this category.

3. The phosphotyrosine protein phosphatase of bovine brain is a Mg^{2+} -dependent enzyme (K_d = 20 μM). Ca^{2+} inhibits the enzyme competitively to Mg^{2+} with an IC_{50} of 0.6 μM (Singh, 1990). RNA-dependent DNA polymerase activity of HIV reverse transcriptase is maximally activated at 1–2 mM Mg^{2+} (Tan et al., 1991). Ca^{2+} competes with Mg^{2+} for a metal-binding site on this enzyme, inhibiting the activity (IC_{50} = 20 μM). Also smooth muscle phosphatase-II is a Mg^{2+} -dependent enzyme (K_d = 0.3 mM) that is competitively inhibited by Ca^{2+} (IC_{50} at 1 mM Mg^{2+} = 0.2 mM) (Pato and Kerc, 1991). Growth hormone-releasing factor-sensitive adenylate cyclase of somatotrophs requires Mg^{2+} (K_d = 3.4 mM) for basal but less amounts of Mg^{2+} (K_d = 0.5 mM) for hormone stimulated activity. Basal and stimulated activity was inhibited by Ca^{2+} (IC_{50} , basal activity = 4.2 μM , stimulated = 2.9 μM) (Narayanan et al., 1989).

In these examples, only Mg^{2+} acts as an activator, whereas Ca^{2+} is not able to stimulate the enzymatic activity, but, on the contrary, leads to inhibition by displacing Mg^{2+} from its binding site.

4. The Ca^{2+} -dependent α 1,2-mannosidase of rabbit liver is dependent on Ca^{2+} . Mg^{2+} neither activates nor inhibits the enzyme (Schutzbach and Forsee, 1990). Inositol 1,4,5-trisphosphate 5-phosphomonoesterase from rabbit peritoneal neutrophils is half-maximally activated by 0.28 mM Mg^{2+} (Kennedy et al., 1990). Ca^{2+} in concentrations up to 0.5 mM cannot activate or inhibit the enzyme.

These examples show that the effect of one ion is specific and cannot be mimicked or influenced by the other.

Concluding Remarks

The actions of Mg^{2+} are produced by binding to negatively charged ligands of substrates (ATP^{4-} , ADP^{3-} , citrate^{3-}), by binding to polyvalent anions (RNA, DNA) or by binding to proteins (enzymes, ion channels). In enzyme reactions, Mg^{2+} or the Mg^{2+} substrate complex is bound to the active center.

In all binding reactions Mg^{2+} and Ca^{2+} form octahedral complexes or chelates with more or less H_2O , and Mg^{2+} and Ca^{2+} compete according to their binding constants.

So far, only in a few cases, the exact structure of the octahedral Mg^{2+} substrate enzyme complex is known (Günther, in press). The structural and spatial relationship by which Mg^{2+} - Ca^{2+} interactions can be differentiated to the four described categories is not defined. Since the rate of substitution of H_2O molecules from the inner hydration shell by other ligands is highly different (3000 times) between Ca^{2+} and Mg^{2+} , this mechanism seems to be most probable to cause specificity for Mg^{2+} or Ca^{2+} (category 4).

Outer sphere complex formation with H_2O molecules of the inner hydration shell may yield unspecificity between Mg^{2+} and Ca^{2+} (category 1).

Taking together, there is a wide variety of Ca^{2+} - Mg^{2+} interactions in the body. Physiologically, intracellular interactions are of minor importance for regulative purposes. Intracellular Mg^{2+} is kept constant even at pathophysiological conditions, and also pharmacologically, intracellular Mg^{2+} cannot be changed.

Interactions at extracellular sites, however, are important in respect to regulative or pathophysiological processes. Extracellular Ca^{2+} is regulated very well, whereas extracellular Mg^{2+} may fluctuate. A marked increase of the normal serum Mg^{2+} content cannot be achieved by high dietary Mg^{2+} intake but will occur during renal failure or during Mg^{2+} infusion. This Mg^{2+} increase produces Ca^{2+} antagonistic effects.

On the other hand, a reduced extracellular Mg^{2+} content occurs at insufficient dietary supply or increased renal loss of Mg^{2+} (for example during treatment with diuretics, aminoglycosides, amphotericin B, cyclosporin A, cisplatin) and will lead to symptoms that are characterized by a predominant action of Ca^{2+} .

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