Influence of Sodium Chloride Intake on Some Micro and Macro Elements of Male Albino Rats.

By

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ABSTRACT

This paper examines the effect of different sodium chloride dietary intakes on micro and macro elements of rats. Thirty male albino rats were housed individually in plastic cages and were subdivided into four groups. The first served as normal control. The second received 1 fold sodium chloride(twice the normal) fed diet, the third received 2 folds sodium chloride fed diet and the forth received 3 folds sodium chloride fed diet. The fifth group received 4 folds sodium chloride fed diet. Experiment lasted for 3 weeks of feeding. The results showed that water consumption increase associated with increased salt intake. Changes in relative growth rate were associated with daily food consumption. 1 fold salt feeding enhanced more weight gain. Relative organs weights were approximately not affected except for 3 folds sodium chloride intake. Serum calcium, magnesium and albumin concentrations and hepatic iron content were not affected with different levels of salt feeding. However sera iron, phosphorus, zinc and total protein were increased significantly, especially with high doses of sodium chloride intake. Calcium in bone was decreased significantly with high salt feeding. Iron content of spleen was increased significantly with salt consumption. In conclusion, 1 fold sodium chloride intake enhanced food consumption and weight gain of rats than other high salt levels diets. High salt intake enhanced depletion of bone calcium with elevation of spleen and serum iron and increased serum phosphorus, zinc and total protein content which may increase the risk of red blood cells lyses and osteoporosis.

<u>Key words</u>: Sodium chloride, rats, minerals, diet, growth rate, bone, spleen, calcium, iron, phosphorus, zinc, albumin, total protein, salt, serum.

INTRODUCTION:

Different nutrients have been reported to play a role in bone development, and mineral distribution inside the body (Ilich and Kersteitter, 2000). Among them, dietary high salt intake was found to decrease femoral calcium concentration in rats (Chan *et al.*, 1993). High dietary

chloride intake sodium was reported (Greedon and Cashman. 2000; Ho et al., 2001 and Carbone et al., 2003) to decrease renal calcium reabsorption that results urinary greater calcium in excretion. In an important study (Breslau et al., 1982), young adults responded to increased sodium intake with increases in urinary calcium, serum parathormone. calcitriol and intestinal calcium absorption. In contrast, the increased urinary calcium excretion following an increase in sodium intake in postmenopausal women was not accompanied by increases in serum parathormone or calcitriol or in intestinal calcium absorption (Breslau et al., 1985).

It has been argued (Antonios and MacGregor, 1995: MacGregor, 1996) that a high salt intake is a major risk factor for osteoporosis, based on the following reported observations: Dietary salt claimed to be the main determinant of urinary calcium excretion (McCarron et al., 1981) and negative correlation between urinary sodium excretion bone density and in postmenopausal women (Devine et al., 1995). On the other hand, reference was made to the absence of direct evidence that sodium intake high is an important risk factor for osteoporosis (Lau and Woo, 1994) and also to the low incidence of osteoporosis in south-east Asia, where high salt intake is common, indicating that sodium is not a major risk factor (Draper, 1994). Although recognizing that young adults may adapt to a high sodium intake by a mechanism avoiding bone resorption (Evans and Eastell, 1995). Effect of dietary salt on micro and macro elements has taken little attention. Thus this paper was investigated examine the influence of to different regimen of sodium

chloride on some of these elements in male albino rats.

<u>MATERIAL AND METHODS:</u> Animals:

Thirty male albino rats (sprgue dawley strain) 6 weeks old, purchased form the Egyptian Organization for emmunity and Vaccine giza , ARE were housed individually in plastic cages. Rats were housed in a controlled- $(25\pm 2^{\circ}C)$ temperature and humidity ((25±2 %) environment, with a 12 hour light / dark cycle and free access to food and tap water. Body weight, food and water intake were determined at week intervals.

Diets preparation:

Basal Balanced diet:

Basal diet prepared form ingredients fine 100g per according to AIN (1993). The diet composed of 14% protein (derived from neutral casein): sunflower oil 10%; salt mixture 4% (camphel 1961); vitamin mixture 1% (Hegested et al., **Dl-methionin** 1941): 0.3%: choline chloride 0.2% and corn starch up to 100g.

Experimental design:

1- Normal controls: They received basal balanced diet and water *ad libitum*.

2- 1 fold sodium chloride from standered for feeding second group:

3- 2 folds sodium chloride from standered for feeding thrid group: 4- 3 folds sodium chloride from standered for feeding fourth grooup:

5- 4 folds sodium chloride from standered for feeding fifth group:

Animals of different groups were anaesthetized with diethyl ether and rapidly dissected after 3 weeks of feeding.

Sample collection and biochemical analyses:

Blood samples were collected from the inferior vena cava in glass centrifuge tubes, and then centrifuged). Sera were separated in plastic viels and stored at – 20°C in deep freez till further biochemical measurements.

All serum mineral concentrations were determined colorimetrically using Biocon Diagnostic kits, Germany the method of Doumas et al., (1971) for albumin; Gosling (1986) for calcium; Josephson and Gyllensward (1957) for total protein; Mann and Yoe, (1956) magnesium; for Fiske and Subbarow, (1925) for phosphorus and Siedel et al., (1984) for iron.

Serum zinc, bone calcium, liver iron and spleen iron were measured as the method of Rice (1972) using Unicam 929 Analytical Atomic Absorption Spectrometer in Nutrition Institute, Cairo, Egypt.

Statistical analysis:

Data were statistically analyzed by one–way analysis of variance (Anova-Tukey test) using SPSS 10.1 software package. The P values < 0.05 were considered significant.

<u>RESULTS:</u>

Body weight, growth rate and weight gain:

Body weights were approximately not affected with salt level in diet (Table 3). Relative growth rate (RGR) of 1 fold dietary salt was significantly increased by 23.68, 31.11 and 35.75% compared with normal controls after 1, 2 and 3 weeks of feeding. On the other hand RGR of 2 and 3 folds salt fed rats was decreased significantly at 1st week of feeding and remain unchanged by 3rd week of feeding compared with normal controls. RGR of 4 folds salt fed rats was not affected at 1st and 2nd week of feeding and 3rd increased significantly by week of feeding by 29.54% compared with normal controls (Table 4).

The weight gain was increased significantly and gradually with time interval in 1 fold salt fed rats and only at 3 weeks of feeding for 4 folds rats compared with normal controls (Table, 7).

Organs weights and relative organs weights:

liver and spleen relative weights were not affected with salt feeding except for 3 fold salt group (Table 5). A significant were found decrease in relative liver and spleen weights by 20.21 compared 17.95% with and normal controls respectively after of feeding 3 weeks fold 3 NaCl(Table, 6).

Kidney relative weight was increased significantly by 21.6% in 1 fold salt group compared with normal controls after 3 weeks of feeding. Femur weight was increased significantly in both 2 and 3 fold salt fed rats by 19.08% and 21.71% after 3 weeks of feeding compared with normal controls respectively.

Serum micro and macro elements:

Figs. (1-10) shows the effect of sodium chloride of diet on some serum and tissues nutrients. Salt intake did not affect serum calcium, magnesium and albumin concentrations. On the other hand iron was increased significantly in both 2 fold and 4 fold salts feeding with magnitudes of 41.88% and 20.78% respectively compared with normal controls after 3 weeks of feeding. **Phosphorus** increased concentration was significantly by 23.75% only in 2 fold group compared with normal controls. With respect to zinc, it was increased significantly by 132.84%, 65.67%, 72.72% and 26.53% in 1, 2, 3 and 4 fold salt feeding groups compared with normal control respectively. Total elevated protein content was significantly by 17.89% and 20.39% in 2 and 3 fold salt group compared with normal controls.

Bone calcium was decreased significantly after 3 weeks of 1, 2, 3, and 4 fold salt groups by 40.75%, 44.64%, 45.82% and 39.52% compared with normal control respectively. Liver iron was not affected with salt in diet, however spleen iron increased significantly by 27.31%, 29.34%, 55.8 % and 34.98% after 3 weeks of 1, 2, 3 and 4 fold salts in diet compared with normal controls.

Food and water intake:

Food intake was decreased significantly in both 2 and 3 fold salt fed rats with magnitudes of 20.63 and 17.46% compared with normal control respectively after 1 week of feeding. After 2 and 3 weeks of feeding food consumption was not significantly affected (Fig. 1).

Water intake was increased significantly in all salt fed groups parallel to the increase in salt of diet (Fig. 2).

DISCUSSION:

The influence of nutrients on body minerals is still poorly understood and uncertain (Cohen and Roe, 2000). The results of the study indicated present that changes in growth rate were associated with that of food intake in different salt fed groups. Coelho et al., (2006) showed that food intake was higher in high salt diet rats. Saric et al., (2005) showed that salt exposed animals had greater water consumption during 2 months period and significantly lowered body weight from week 5 of experiment.

It was reported that the daily water intake of laboratory rats is elevated proportionally as dietary NaCl content is increased up to 25%, without compromising food intake (Camble et al., 1929 and Richter and Mosier, 1954), since dietary NaCl adds to the load osmotic of food. and increased plasma osmolality being stimulate thirst known to

(Gilman, 1937 and Ramsay and 1990). Thrasher. These observations were in line with our results maintained on figures11 and 12. It always seemes likely intake that increased water results form the recurrent stimulation of osmoregulatory thirst. The renal retention of Na⁺ ingested in food is believed to stimulate water intake (Ragan el al., 1940).

The present work results found that the lowest weight gain was reported in 2 fold salt group. This may be attributed to the lowest food intake. Many investigators have repeatedly observed that increased dietary salt ingestion by healthy adults resulted by increased urinary calcium loss, which potentially increases the risk of developing osteoporosis (Massev and Whiting, 1996) and kidney stones (Massey and Whiting, 1995).

The salt-induced an increase in urinary calcium is hypothesized to cause a subtle drop in plasma ionized calcium, stimulates which parathyroid hormone release (Goulding et al., 1986; Shortt and Flynn, 1990 and Evans and Eastell, 1995). These can explain observations the slight decrease in serum calcium of 2 and 3 folds of salt intake and the corresponding increase in serum phosphorus which may be as a result of phosphate retention (Ganong, 1997). In line with our of decreasing results bone calcium content significantly in response to salt feeding, studies of the effects of high dietary salt supplementation on bone health

in rats have provided evidence of reduced bone calcium content over days of the growing period (Goulding and Gold, 1984) and bone loss due to increased bone resorption rather than decreased bone formation using a radiolabelling technique (Goulding and Gold, 1988). It could be assumed that increased serum calcium occurred on expense of bone calcium content.

Massay (2005) reported that high salt feeding did not affect urinary magnesium. In line with these results, of present work showed that diet salt did not affect serum magnesium.

the results indicated that increased serum and spleen iron content compared with normal control especially in both 2 and 4 folds salt groups.

Results on table 6 showed increased serum zinc content in all salt fed groups. It was reported that increased urinary excretion of zinc occurs in hypertension individuals with (Latner, 1975) which is the case with exposing to high salt feeding (Coelho et al., 2006). The results showed increased serum total protein content especially in 2 and 3 folds salt fed rats. Protein is an important for intact formation of cell membranes and hemoglobin.

The results of present study showed that relative liver, spleen and heart weights were decreased significantly in 3 folds salt fed rats. It could be noticed that although decreased food intake occurs in 2 folds salt fed rats, body weights were increased, this increase in body weights may be attributed to the increase in water retention which approached 50% control. Studies over normal suggested that visceral osmoreceptors or Na⁺- receptors (Morita et al., 1997) in rats detect the osmolality (or Na^+ concentration) of hepatic portal blood and send an afferent signal to the caudal brain stem that contributes to the stimulation of thirst and neurohyophysed hormone secretion (Stricker et al., 2002). Thus rats fed on high slat diet may drink water rapidly after salt feeding, and in amounts for osmoregulation. Coelho et al., (2006) attributed decreased body weights of high salt fed rats, intake though their food increased, to an increase in brown adipose tissue uncoupling protein expression and the consequence higher energy expenditure. High salt feeding elevated plasma T4 (Coelho et al., 2006) which stimulates brown adipose tissue function and energy expenditure (Riberio et al., 2000), leading to a decrease in body weight despite a higher energy intake.

In conclusion, It could be noticed that gradual increase in salt concentration in diet resulted in obvious loss in bone calcium. and increased risk of osteoporosis. It enhanced food consumption and water and weight gain. Salt intake enhanced spleen and serum iron and elevated serum phosphorus, zinc and total protein. It seems that body adapted for high salt intake. **REFERENCES:**

AIN (1993): American Institute of Nutrition. Purified diet for laboratory rodent, final report, J. Nutrition, 123:1939.

- Antonios, T. F. T. and MacGregor, G. A. (1995): Deleterious effects of salt intake other than effects on blood pressure. Clinical and Experimental Pharmacology and Physiology, 22:180-184.
- Breslau, N. A.; McGuire, J. L.; Zerwekh, J. E. and Pak, C. Y. C. (1982): The role of dietary sodium on renal excretion and intestinal absorption of calcium and on vitamin D metabolism. Journal of Clinical and Endocrinological Metabolism, 55:369-373.
- Breslau, N. A.; Sakhaee, K. and Y. Pak. C. С. (1985): Impaired adaptation to saltinduced urinary calciumlosses in postmenopausal osteoporosis. Transactional Association of American Physicians, 98:107-115.
- Camphell I.B 1961): methedolog evaluation nutrition . DOCR Add FOW,WHO.
- Carbone, L.D.; Bush, A.J.; Barrow, K.D. and Kang, (2003): A.H. The relationship of sodium calcium intake to and sodium excretion and bone mineral density of the hip in postmenopausal African-American and Caucasian women. J. Bone Miner. Metab., 21: 415-420.
- Chan, A.Y.S.; Poon, P.; Chan, E.L.P.; Fung, S.L.M. and Swaminathan, R. (1993):

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The effect of high sodium intake on bone mineral content in rats fed a normal or a low calcium diet. Osteoporous Int., 3: 341-344.

- Coelho, M.S.; Passadore, M.D.; Gasparetti, A.L.; Bibancos, T.; Prada, P.O.; Furukawa, L.L.; Furukawa, L.N.S.; Fukui, R.T.; Casarini, D.E.; Saad, **M.J.A.**; Luz, J.: Chiaregatto, S.; Dolnikooff, and Heimann, M.S. J.C. (2006): High-or low-salt diet ****from weight, food intake and energy balance in rats. Nutrition, Metabolism and Cardiovascular diseases, 16: 148-155.
- **Department of Health (1998):** Nutrition and Bone Health. With Particular Reference to Calcium and Vitamin D. Report of the Subgroup on Bone Health, Working Group on the Nutritional Status of the Population of he Committee on Medical Aspects of Food and Nutrition Policy. Report on Health and Social Subjects No. 49. HMSO, London. PP. xvii+124.
- Devine, A.; Criddle, A. R.; Dick, I. M.; Kerr, D. A. and Prince, R. L. (1995): A longitudinal study of the effect of sodium and calcium intakes on regional bone density in postmenopausal women. American Journal of Clinical Nutrition, 62:740-745.
- Doumas, B.T.; Watson, W.A. and Biggs, H.G. (1971): Albumin standards and the

measurements of serum albumin with bromcres of green. Clin. Chem. Acta., 31: 87-96.

- Draper H. H. (1994): Nutrition and Osteoporosis. Advances in Nutritional Research, Vol. 9, PP. ix±xiv. Plenum Press, New York.
- Evans C. and Eastell R. (1995): Adaptation to high dietary sodium intake. In Nutritional Aspects of **Osteoporosis.Challenges** of Modern Medicine, ed. Ρ. **Burckhardt** andR. P. Heaney, Vol. 7, PP. 413-418. Ares-Serono **Symposia** Publications, Rome.
- Fiske, C.H. and Subbarow, Y. (1925): The colorimetric determination of phosphorus. J. Biol. Chem., 66: 375-400.
- Gamble, J.L.; Putnam, M.C. and Mckhann, C.F. (1929): The optimal water requirement in renal function: 1. Measurements of water drinking by rats according to increments of urea and of several salts in the food. Am. J. Physiol., 88: 571-580.
- Ganong, W.F. (1997): Hormonal control of calcium metabolism the and physiology of bone. In: **Review** of medical physiology, chapter, 21, PP. 359-371, Appleton and Lang medical publications, USA.
- Gilman, A. (1937): The relation between blood osmotic pressure, fluid distribution and voluntary water intake.

Am. J. Physiol., 120: 323-328.

- Gosling, P. (1986): Analytical reviews in clinical biochemistry: Calcium measurements. Ann. Clin. Biochem., 23: 146.
- Goulding, A. and Campbell, D.R. (1984): Effects of oral loads of sodium chloride on bone composition in growing rats consuming ample dietary calcium. Mineral and Electrolyte Metabolism, 10: 58-62.
- Goulding, A. and Gold, E. (1988): Effects of dietary NaCl supplementation on bone synthesis of hydroxyproline, urinary hydroxyproline excretion and bone ⁴⁵Ca uptake in the rat. Hormone Metabolism /research, 20: 743-754.
- Goulding, A.; Everitt, H.E. and Cooney, J.M. (1986): Sodium and osteoporosis. In: Recent advances in clinical nutrition. London: John Libbey, London, P. 99-108.
- Greedon, A. and Cashman, K.D. (2000): The effect of high salt and high protein intake on calcium metabolism, bone composition and bone resorption in the rat. Br. J. Nutr., 84: 49-56.
- Heaney R. P. (1993): Nutritional factors in osteoporosis. Annual Reviews of Nutrition 13:287-316.
- Hegested, D.; Mills, R.; Elvehjen, C. and Hart, E. (1941): Salt mixture. J. Biochem., 138: 438-459.

- Ho, S.C.; Chen, Y.M. and Woo, J.L.F. (2001): Sodium is the leading dietary factor associated with urinary calcium excretion in Hong Kong Chinese adults. Osteoporos Int., 12: 723-731.
- Ilich, J.Z. and Kerstetteir, J.E. (2000): Nutrition in bone health revisited: A story beyong calcium. J. Am. Coll. Nutr., 19: 715-737.
- Josephson, B. and Gyllensward, C. (1957): The development of the protein fractions and of cholesterol concentration in the serum of normal infants and children. Scandinav. J. Clin. Lab. Investigation, 9: 29.
- Lau, E. M. C. and Woo, J. (1994): Osteoporosis in Asia. In: Advances in Nutritional Research, Ed. H. H. Draper, Vol. 9, PP. 101±118. Plenum Press, New York.
- Lee, G.R.; Roerster, J.; Lukens, Paraskevas, J.J.: G.M.; Greer, J.P. and Rodgers, (1998): G.M. Hemolvtic Anemia. In: Wintrobe's Clinical Hematology. Williams Lippincott and Wilkins Inc., Philadelphia, USA.
- MacGregor, G. A. (1996): Salt and Osteoporosis. In Newsletter Produced by Low Salt, Scotland. Issue no. 6 of Nutrition Issues.
- Mann, C.K. and Yoe, J.H. (1956): Spectrophotometric determination of magnesium with sodium 1-azo-2-hydroxy-3(2,4-dimethyl-carboxanilido)-naphthalene-1-(2-

hydroxy-benzene-5-

sulfonate).Anal. Chem., 28: 202-205.

- Massey, L.K. (2005): Effect of dietary salt intake on circadian calcium metabolism, bone turnover, and calcium oxalate kidney stone risk in postmenopausal women. Nutrition Research, 25: 891-903.
- Massey, L.K. and Whiting, S.J. (1995): Dietary salt, urinary calcium and kidney stone risk. Nutr. Rev., 53: 131-139.
- Massey, L.K. and Whiting, S.J. (1996): Dietary salt, urinary calcium and bone. J. Bone Miner. Res., 11: 731-736.
- McCarron, D. A.; Rankin, L. I.; Bennett, W. M.; Krutzik, S.; McClung, M. R. and Luft, F. C. (1981): Urinary calcium excretion at extremes of sodium intake in normal man. American Journal of Nephrology 1:84-90.
- Morita, **H.**; Yamasbita, Y.; Nishida, Y.; Tokuda, **M.**; Hatase, O. and Hosomi, H. (1997): Fat induction in rat brain neurons after stimulation the of hepatoportal Na-sensitive mechanism. Am. J. Physiol., 272: R913-923.
- Ragan, C.; Ferrebee, J.W.; Phyfe, P.; Atcbley, D.W. and Lpeb, R.F. (1940): A syndrome of polydipsia and polyuria induced in normal animals by desoxycorticosterone acetate. Am. J. Physiol., 131: 73-78.
- Ramsay, C.J. and Thrasher, T.N. (1990): Thirst and Water

Balance. Neurobiology of Food and Fluid Intake. In: Stricker, E.M. editor. Handbook of Behavioral Neurobiology, Vol. 10, New York: Plenum; PP. 353-386.

- Riberio, M.O.; Lebrun, F.L.A.S.; Christofflete, M.A.; Branco, Creseenzi, A. **M.**; and Carvalho, (2000): S.D. Evidence of UCP1independent regulation of norepinephrin-induced thermogenesis in brown fat. Am. J. Physiol. Endocrinol. Metab., 279: E314-E322.
- Rice, W.J. (1972). Analytical Atomic Absorption Spectrometry. Heyden Son., London, U.K.
- Richter, C.P. and Mosier, Jr H.D. (1954): Maximum sodium chloride intake and thirst in domesticated and wild Norway rats. Am. J. Physiol., 176: 213-222.
- Saric, M.; Piasek, M.; Blanusa, M.; Kostial, K. and Ilich, J.Z. (2005): Basic nutritional investigation: Sodium and calcium intakes and bone mass in rats revisited. Nutrition, 21: 609-614.
- Shortt, C. and Flynn, A. (1990): Sodium-calcium interrelatinships with specific reference to osteoporosis. Nutr. Res. Rev., 3: 101-115.
- Siedel, J.; Wahlefeld, A.W. and Ziegenhorn, J.A. (1984): A new iron ferro- zinc reagent without deproteinization. Clin. Chem., 30: 975. (AACC Meeting- Abstract).
- Stricker, E.M.; Huang, W. and Sved, A.F.(2002):

Early osmoregulatory signals in the control of water intake and neurohypophyseal hormone secretion. Physiol. Behav., 76: 415-421.

Zarkadas, M.; Gougeon-Reyburn, R.; Marliss, E. B.; Block, E. and Alton-Mackey, M. (1989): Sodium chloride supplementation and urinary calcium excretion in postmenopausal women. American Journal of Clinical Nutrition, 50: 1088-1094.

Compounds	Amounts
CaCO3	300g
KH2PO4	322g
CaPO4 2H2O	75g
MgSO4 7H2O	102g
NaCl	167g
FeC6H6O7 6H2O	27.5g
KCl	0.9g
Mn SO4 H2O	7.678g
Zn Cl2	0.25g
Cu SO4 5H2O	0.35g
Total	1000g

Table (2): Vitamin mixture composition.

Compounds	Amounts
Vitamin A	400.000(IU)
Vitamin D3	100.000(IU)
Vitamin E	5000(IU)
Vitamin K3	2.5g
Vitamin B1 HCl	1g
Vitamin B2	1g
Vitamin B6 HCl	1g
Calcium pantothenate	<u>3g</u>
Nicotinic acid	4.5g
Folic acid	0.09g
Inisotol	5g
P-amino – Benzoic acid	5g
Vitamin B12	0.00135g
Biotin	0.029g
Dextrose	977.115g

Table(3): Body weights of rats fed varying levels of sodium chloride.

Time	Control	1 fold	2 folds	3 folds	4 folds
interval					
0 time	151.5	152	172.3	176 ^e	148.3
	± 8.8	± 15.21	± 28.61	± 16.89	±21.6
1 week	178.5	185.5	195.8	201.3	175.6
	± 18.89	± 11.79	± 26.93	± 24.44	± 9.89
2 weeks	202.3	218.8	216.8	225.6	201.3
	± 23.30	± 10.42	± 26.93	± 30.91	± 9.20
3 weeks	215.5	239.1	235.8	246.3	229.5
	± 26.07	± 9.06	± 29.92	± 33.57	± 21.41

leeding on relative growth rate of rats.						
Time	Control	1 fold	2 folds	3 folds	4 folds	
interval						
		a,c,d	a,b,e	a,b,e	b,c,d	
1 week	17.82	22.04	13.64	14.39	18.42	
	± 1.71	± 2.13	± 1.45	± 1.53	± 2.01	
		a,c,d,e	a,b,e	b,e	b,d	
2 weeks	33.53	43.96	32.81	28.22	35.73	
	± 3.43	± 4.11	± 3.14	± 2.97	± 3.62	
		a,c,đ	b,e	b,e	a,c,d	
3 weeks	42.24.	57.34	48.39	39.96	54.72	
	± 4.16	± 5.63	± 5.12	± 3.87	± 5.66	

Table (4): Effect of feeding with varying levels of dietary sodium chloridefeeding on relative growth rate of rats.

Table (5): Effect of feeding with varying levels of dietary sodium chloride feeding for 3 weeks on liver, kidney, spleen, femur and heart weights of rats.

weights of rats.						
	Control	1 fold	2 folds	3 folds	4 folds	
		đ		b		
Liver	5.97	6.73	6.28	5.45	5.74	
	± 0.69	± 1.23	± 0.77	± 0.37	±0.68	
		а		b	b	
Kidney	1.25	1.52	1.40	1.27	1.27	
	± 0.16	± 0.20	± 0.21	± 0.12	± 0.09	
Spleen	0.83	0.81	0.88	0.80	0.79	
	± 0.18	± 0.07	± 0.11	± 0.10	± 0.11	
			а	а		
Femur	1.52	1.64	1.81	1.85	1.61	
	± 0.20	± 0.15	± 0.24	± 0.21	± 0.23	
		d	d	a,b,c,e		
Heart	0.65	0.73	0.71	0.52	0.63	
	± 0.06	± 0.08	± 0.11	± 0.08	± 0.08	

for 5 weeks on relative organs weights of rats.					
	Control	1 fold	2 folds	3 folds	4 folds
		d		a,b,c	
Liver	2.77	2.81	2.66	2.21	2.50
	± 0.28	± 0.30	± 0.25	± 0.24	±0.26
		d		b	
Kidney	0.58	0.64	0.59	0.52	0.55
	± 0.06	± 0.06	± 0.06	± 0.05	± 0.06
				а	
Spleen	0.39	0.34	0.37	0.32	0.34
	± 0.04	± 0.03	± 0.04	± 0.03	± 0.04
Femur	0.71	0.69	0.77	0.75	0.70
	± 0.08	± 0.07	± 0.04	± 0.08	± 0.08
		đ	đ	a,b,,c,e	đ
Heart	0.30	0.31	0.30	0.21	0.27
	± 0.03	± 0.03	± 0.03	± 0.02	± 0.03

 Table (6):Effect of feeding with varying levels of sodium chloride feeding for 3 weeks on relative organs weights of rats.

Table (7): Effect of feeding with varying levels of sodium chloride onweightgain (g) of rats.

Worght guin (g) of russ						
Time	Control	1 fold	2 folds	3 folds	4 folds	
interval						
		a,c,d,e	b	b	b	
1 week	27	33	23	25	27	
	± 2.62	± 3.33	± 2.12	± 2.21	±3.12	
		a,c,d,e	b,e	b	b	
2 weeks	51	66	44	49	53	
	± 5.26	± 7.14	± 4.46	± 5.18	± 5.14	
		a,c,d	b,e	b	a,c	
3 weeks	64	87	63	70	81	
	± 6.62	± 8.97	± 6.53	± 8.96	± 9.11	

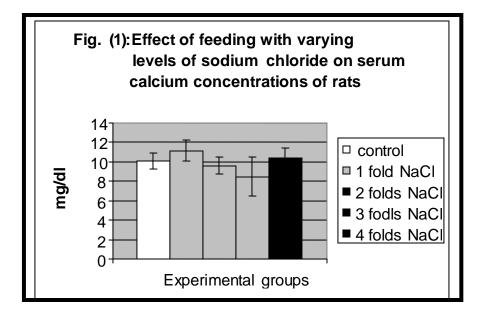
a = Significant difference compared to controls.

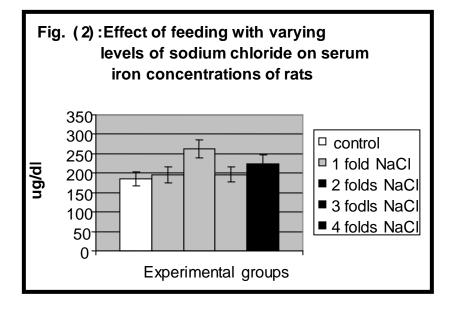
b = Significant difference compared to 1 fold salt feeding.

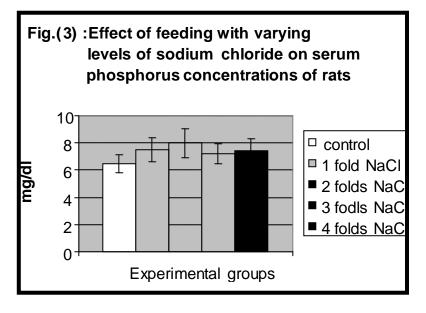
c = Significant difference compared to 2 folds salt feeding.

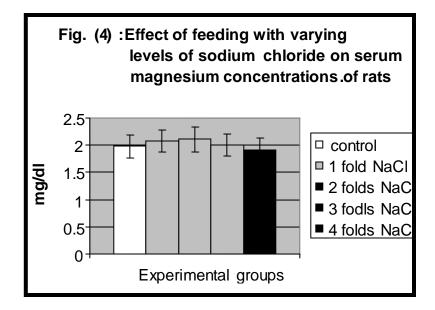
d = Significant difference compared to 3 folds salt feeding.

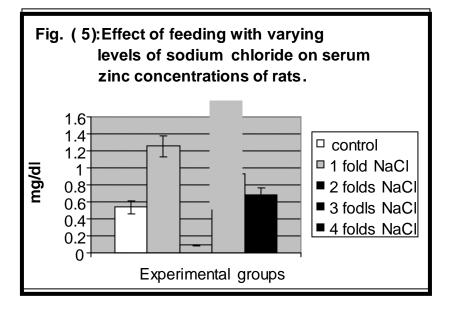
e = Significant difference compared to 4 folds salt feeding.

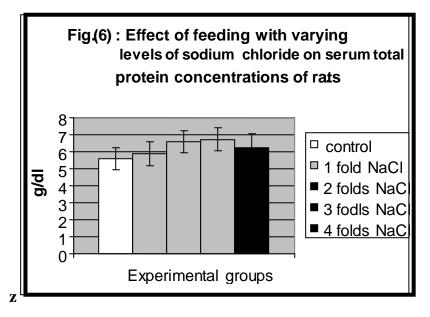


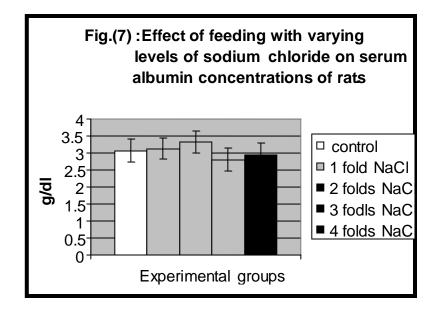


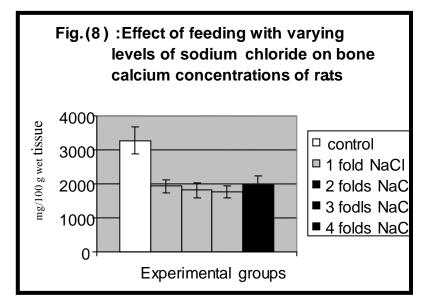


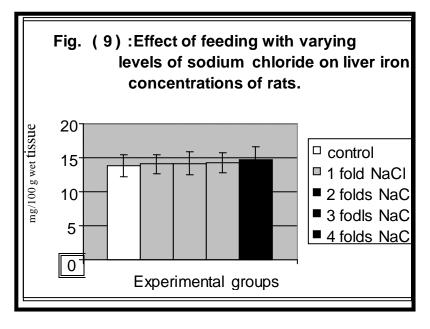


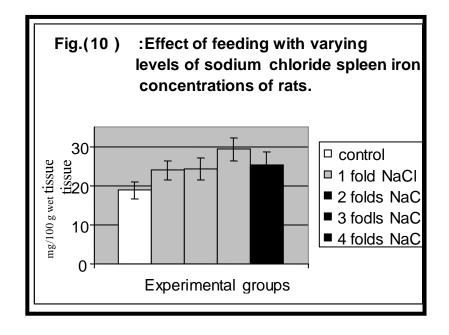


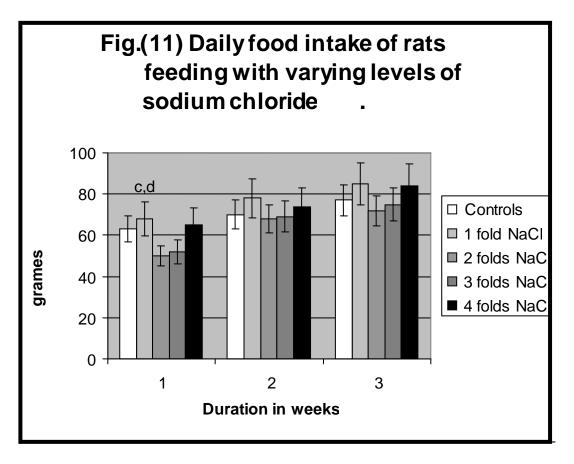


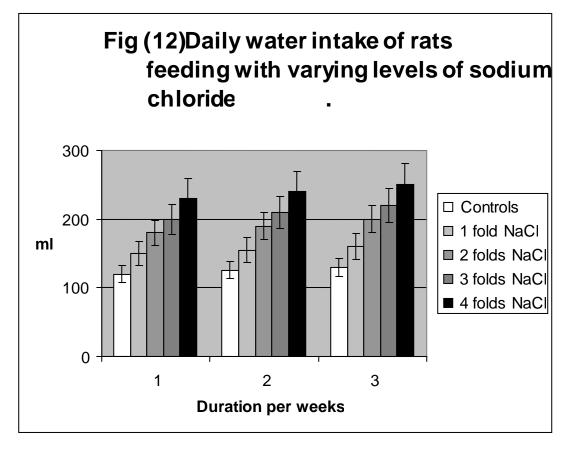












تأثير تناول كلوريد الصوديوم على بعض العناصر في ذكور الجرذان البيضاء.

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الملخص العربى

المختلفة. هذا بينما أرتفع تركيز الحديد، الفوسفور، والزنك والبروتينات الكلية معنويا فى مصل الدم ، وخاصة مع تناول الجرعات العالية من كلوريد الصوديوم. انخفض تركيز كالسيوم العظام معنويا مع تناول الأغذية عالية الملح. هذا وقد ارتفع تركيز الحديد داخل الطحال معنويا مع استهلاك الملح. تخلص هذه الدراسة إلى أن تناول جرعة مضاعفة من كلوريد الصوديوم يحفز من المستهلك الغذائى والوزن المكتسب للجرذان عن باقي الأغذية عالية الملح وان تناول الغذاء عالى الملح يحفز انخفاض كالسيوم العظام، مصحوباً بارتفاع تركيز الحديد في كل من الطحال، مصل الدم وكذلك تركيز الفوسفور والزنك والبروتين الكلى في مصل الدم والذي يمكن أن يرفع من مخاطر الإصابة بهشاشة العظام وتحلل الخلايا الحمراء. يختبر هذا البحث تأثير تناول جرعات غذائية مختلفة من كلوريد الصوديوم (ملح الطعام) على بعص العناصر الدقيقة والكبيرة فى الجرذان. تم تسكين ثلاثين من ذكور الجرذان البيضاء فرادي داخل أقفاص بلاستيكية، وتم تقسيمهم إلى أربعة مجموعات تجريبية. المجموعة الأولى الضابطة تم تغذيتها بغذاء عيارى متزن، تم إعطاء المجموعة الثانية وجبة غذائية تحتوى على ضعف تركيز كلوريد الصوديوم. تم أعطاء المجموعة الثالثة وجبة غذائية تحتوي على أربعة اضعاف من تركيز كلوريد الصوديوم في المجموعة القياسية. هذا وقد أعطيت المجموعة الرابعة غذاء يحتوى على ستة اضعاف تركيز كلوريد الصوديوم. أما المجموعة الخامسة فقد تغذت على غذاء يحتوي على ثمانية اضعاف تركيز كلوريد الصوديوم. ارتبطت التغيرات الحادثة في معدل النمو النسبى بالمتناول اليومى من الغذاء. هذا وقد لوحظ أن التغذية على غذاء مضاعف الملح قد حفز من المكتسب الوزني عن المجموعات التجريبية الأخرى. لم يتأثر وزن الأعضاء النسبى تقريباً فيما عدا عند تناول جرعة مضاعفة ستة مرات من كلوريد الصوديوم. لم يتأثر تركيز الكالسيوم، الماغنسيوم، والألبيومين في مصل الدم والحديد داخل الكبد مع التغذيبة بجرعات الملح

