

# CHEM 181 LECTURE 5: "MINERALS"

## Mineral locations

- ocean: mineral content, mixture of salts (i.e. when water boiled) → 3.5% salt by weight
- **Galapagos Islands:** 3.8% salt - ↑ b/c higher temp = more water evap. + less fresh water source for dilution

[1 mol =  $6 \times 10^{23}$  molecules water]

- **Dead Sea:** 32% salt by weight = 10x normal ocean

## Salts

- ionic form usually → electrons removed from outer shell of atom →  $\text{Na}^+$
- Salts formed: balance between the cations (+) and anions (-) → both are paired together → forms neutral salts
- **Gypsum:**  $\text{CaSO}_4$
- **Epson salt:**  $\text{MgSO}_4$
- **Calcium bicarbonate:**  $\text{Ca}(\text{HCO}_3)_2$  → decomposes calcium carbonate instantly
- **Calcium carbonate:**  $\text{CaCO}_3$  limestone = most prevent in the world
- **NaCl:** sodium chloride = table salt

## Sea salt

- mixture of many salts → do not all come from the sea
- Mainly NaCl composes it

## Rose quartz:

- beautiful mineral = 'mystical energies' → scammed into buying the crystal/ product

## Pyridine Hydrogen Quantum Sound Generator

- strange product with minerals and supposed properties

## Dolomite

- mixed mineral:  $\text{CaCO}_3 + \text{MgCO}_3$
- Named after Dolomite Mountains: Northern Italy (i.e. Composition of most statues)
- Supplements to improve minerals in body BUT tablets may contain arsenic, mercury, aluminum
  - If contaminated, over consumption = complications → contents not always well controlled

## Vermillion

- co-crystallization of adjacent minerals
- Produced from  $\text{H}_2\text{S}$  → i.e. red for paintings

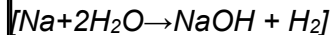
## Periodic table of Elements

- organized rep of all known elements
- Vertical column: similar characteristics
- **halogens:** F, Cl, Br, I → same column: -1 charge in ionic form (≠ neutral as an element)
- Mass diff. b/w elements and ions = less than microgram (~ electron mass)

## Elements

- defined by # of protons (nucleus) in atom: used to differentiate different atoms of elements
- Usually equal # protons and electrons to form neutral element

- **Sodium:** white, pasty, moldable (like butter)
  - In water = burns/ explodes



- $\text{H}_2$  element ignites and produces flame

## Ionic bonding

- ions lose/gain electrons: depends on chemical behavior involved



- KBr = potassium bromide crystalline solid ionic compound

- **Potassium bromide:**  $\text{K}^+ \text{Br}^-$

- K: very reactive → use hydrocarbon solutions instead of water: all hydrogens bonded to C; not reactive; high melting pt.

## Ionic species

- probs soluble in water (polar): can accommodate salts in solution

## Polar

- electron organization in molecule: imbalance in charge distribution

## Ionic solution

- salt water: conducts electricity better than non-ionic solution (distilled water i.e.)
  - I.e. 730mg NaCl: Campbell's tomato soup

## Uyuni Salt Flats: Bolivia

- white patch in the west of South America
- Bolivia = big exporter of salt b/c of these flats
- Large part of local culture

## Daily recommended intake

- 6g = small handful (twice daily recommended intake)
- 1.2g/day = recommended daily intake of salt CA
- 1 mg = a few grains
- $60\mu\text{g}$  = 1 salt crystal (60 millionths of a gram)

## Types of salt

Morton Iodized Salt: 75¢/ 26oz

Fleur de Sel: \$12/5.7oz

Kosher Salt: \$1.5-2/lb.

Hawaiian Sea Salt & Pink Himalaya Salt: \$\$

## Hypertension

- high blood pressure: related to excessive salt intake → increased water intake = harder for heart to pump
- Used to use blood letting as relief
- 120 (systolic)/ 180 (diastolic) → typical for b.p.
- In 20s: 110/70 (smaller numbers are better)
- 150/100 → high; 180//110 → very very high
- Alternatives to salt → other flavorings
  - i.e. Mrs. Dash i.e. Dill pickles: no salt

## Potassium

- salt substitute
- Similar chemical composition to Na
- Doesn't affect b.p like Na does
- KCl used to reduce NaCl intake: don't taste the same
  - Not proven if Na or K affect b.p.
  - KCl not clearly beneficial

- I.e. Bananas

## Potassium-sodium balance

- ratio important in body: different sizes → fit into ion channels in different ways
- K much larger than Na

## Macronutrients

- 400-500g/day
- I.e. Protein (100g), fat (150g), carbs (200g)

## Micronutrients

- 1-2g/ day
- I.e. Ca, Phosphorus, Vanadium, Molybdenum, Tin
- Needed by proteins for proper function

### Molybdenum (Mo<sup>+6</sup>)

- 2mg/day (2000µg/day): very little
- I.e. Nuts, canned veggies, bread, cereals etc.
- Essential enzyme component
  - **Xanthine enzymes**: removes uric acid to prevent gout disease

### Iron (Fe<sup>2+</sup>)

- 10-20mg/day
- 2-4 found in body, mostly blood
- Problems:
  - Deficiency: **anemia**
  - **Hemochromatosis**: genetic disorder → absorbs too much iron → stored in heart, liver, joints, pancreas → heart and liver disease + arthritis
- **Hemoglobin**: large, complicated molec with Fe in centre: the 'iron-carrying' molec in blood → Fe atom carries O to lungs and extremities in blood
- Iron nails dissolved in wine: acidity released iron form nails → absorbed by drinker
- I.e. Meat and broccoli
- VitC: same ingestion time
  - Assists absorption from gastrointestinal tract
- Additive: in bread
- **Geritol**: iron supplement product (~3mg/ml) 50 mg in spoonful
- **Slow FE**: 'slow release' iron supplement
  - 264% of daily requirement
  - Bad to take too much of any particular mineral
- **Porphyria**: genetic → produced too much porphyrin (ring-like molecule) sequesters ingested iron → hemoglobin lacks iron
  - Affecting nervous system and skin
  - Reddish skin/ excessive hair = Werewolf Syndrome

### Zinc (Zn)

- Need 50mg/day

- Micronutrient: healing, smell, taste, circulation
- Zn<sup>0</sup>: silvery Zn<sup>2+</sup>: white
- Zn<sup>2+</sup> = 0.003% of body weight (approx. 2g) → necessary for insulin function
- Hair samples (assay): measure of Zn level → zinc-sequestering enzymes in hair protein
  - Arsenic and mercury also tested in hair
- I.e. Meat & peanuts
- **Aspergillus niger**: black fungus causing respiratory problems needs Zn to grow
- **Anosmia**: condition can't smell/taste → zinc involved
- **Ranau's Disease**: circulation disease → fingers/toes turn blue → inadequate circulation
- **Schizophrenia** and **prostate gland**: involved with Zn
- Vegetarianism: high fibre diet interfere with Zn levels → fibre and protein sequester Zn
- Linked to 200 enzymes
  - **Alcohol Dehydrogenase** (alcohol processing)
  - **RNA Polymerase & tRNA Synthetase** (genetic replication)

### Iodine (I)

- 150µg/day
- halogen group of elements: diatomic molec I<sub>2</sub>
- Sublimes form crystal to purple vapor (no liquid transition)
- Ionic iodine deficiency: **goiters** → needed by thyroid gland for fat metabolism
  - By Theodore Kocher
  - Goiter = excessive growth of thyroid gland → growing to find more iodine
  - Reversible condition treated with **synthroid** → mimics functioning thyroid gland
- I.e. Seaweed → oceanic communities have reduced goiter cases
- 70% commercial salts have added iodine (KI)
  - 0.01% of KI added to ensure no iodine deficiencies in population
- Kazakhstan: major salt supplier

- Add KI to prevent goiters → reduced goiters in Kazakh people: heavily promoted by gov't
  - 30% (2billion) of world have iron deficiency
  - Costs 5¢/person/year to make iodized salt → prevent mental retardation, dwarfism and goiter
    - 70% US Morton Salt (around for 80 years)
    - 90% China (iodized)
  - India: 500 million India get too little, 54 million goiters, 2 million are cretins
- ### Selenium
- 50mg/day
  - selenite ion SeO<sub>3</sub><sup>2-</sup> → body exposed to → provides selenium
  - Similar sulphur properties
  - Pill forms: 100mg
  - Antioxidant working with VitE
    - Part of **Glutathione peroxidase** → protect cells against oxidative damage
  - I.e. Garlic, onion, brazil nuts, tuna
    - Garlic: contains sulfur and selenium → good health but also flatulence
  - China: 75% of global garlic → 12 million metric tons globally produced
- ### Calcium
- 1000-1500g/day
    - 800mg/day (0-10)
    - 1200mg/day (10-20)
    - 800mg/day (20+)
    - Most often fulfilled by men, but not enough by women
  - Ca<sup>2+</sup>: most consumed micronutrient → largest portion of the 1-2g of micronutrient intake
  - distribution:
    - 99% of consumed calcium → bones and teeth
    - 1% nerve transmission and blood clotting
    - Bones: 1kg of calcium and phosphate
  - Middle Ages: loss calcium → osteoporosis, other bone-related diseases
  - Athletes: males surpassed recc. daily reqs. (270%) ; females less calcium (118%)

- If consume 250mg/day → 85mg in urine + 265mg stool → net loss = 100mg (bad)
- If consume 820mg/day → net gain = 30mg/day (safe for adults)
  - Increased intake → more left over to use
- Low levels calcium:
  - Linked to mid-life hypertension and heart disease
  - Cause postmenopausal osteoporosis: women 50-75yrs old
  - Cause senile osteoporosis 75+ yrs old

### **Osteoporosis:**

- affects 10% of pop. (350,000 hip fractures in USA)
- Risk factors: Short stature, underweight, early menopause, physical inactivity, alcoholism, smoking, excess caffeine, protein, fibre
- Excessive curving of spine "Dowager's Hump"
- Problems dealing with resorption → 40-50yr old women 1-5%/yr. = loss of bone mass → 10-20yrs later for men
  - 5% loss/year = 1/2 bone mass gone after 14yrs

[70% concerned with = number of years to reduce by half/ double for bone mass]

- bones less dense: i.e. 10% ↓ hip mass = 170% ↑ fractures
  - 165,000 fractures → 17% die 3 months → 27% die 1 yr.
- Osteoblasts → cells fixing Ca onto bones
- Osteoclasts → remove Ca from bone and body
  - **FOSAMAX (Alendronate):** inhibit osteoclast-caused bone resorption (breakdown)
    - Improve bone mass 3%/ year
    - Causes GI abnormalities, nausea, cramps, gas, obstipation, jawbone (osteonecrosis of jaw = ONJ)
  - **Zometa:** prevents osteoporosis in menopausal women: many side effects but also convenient infrequent dosing
- Absorption (from blood):  $3Ca^{2+} + 2PO_4^{3-} + OH^- \rightarrow Ca_3(PO_4)_2OH$  calcium apatite (to bones)
- Resorption (dissolving) from bones to blood

- $Ca_3(PO_4)_2OH = \text{hydroxy apatite}$  (bone material)
- **Fluoridation:** treat molec with fluoride → replaces OH group (same size/charge) to strengthen apatite compound

### **Therapy:**

- Ca supps and food (\$20mill-\$300mill 1980-1989)
  - 2005: \$600mill 2009: \$1.2bill
- **Caltrate:** calcium carbonate supp → limestone
- **Tums:** acid to melt Ca (easier to consume)
- Calcium carbonate naturally abundant: acid-base test -- contact acid = release  $CO_2$  bubbling
- \*\*\* $[2HCl + CaCO_3 \rightarrow CaCl_2 + H_2O + CO_2]$
- some supps slow dissolution rates
  - **Os-Cal:** 100% in 30mins
  - **Oyster Shell:** 2.3% per 30mins

### **Milk**

- skim milk → no fat → same calcium as others
- Metastudy: Ca supp increase hip fractures 60%
  - Supps are calcium citrate/ calcium carbonate → interfere phosphate absorption
  - Too much Ca disturbs natural phosphate absorption → needed for building bones
- Phosphates: i.e.
  - Milk, yoghurt, cheese, meat, fish, chicken, turkey, coke
- Calcium: i.e.
  - Sardines, yogurt, milk, turnip greens, oysters, broccoli

### **Bone mass detection**

- blood analysis
- X-ray
- CT scan
- Single&double-photon absorptiometry (send photons into wrist → least invasive)

### **Proton-pump inhibitor therapy**

- long term use → hip fracture risk
- Taking Prilosec, Nexium, Prevacid → lowering acid levels in stomach

- interfere calcium absorption → stop HI production in stomach
- Cause problems with calcium breakdown in stomach
- Adjusted odds ratio: 1.44x short term 2.65x long term increase risk hip fracture

### **Calcium build-up**

- heart attacks in postmenopausal women
  - Older women (74yrs old average) taking calcium supps → 50% higher risk heart attack/stroke
- Calcium uptake better when VitD enhanced
- **Calcitonin:** 32aa peptide → calcium & phosphorus metabolism

### **Estrogen & calcium**

- Bone cells → **estrogen receptors**
  - Estrogen: bone production
- STUDY: 2 yr. D.b. 2000m Ca supps placebo/estrogen tablet
  - Increase in bone mass: calcium and estrogen
  - Calcium needed to see effects
  - **Premarin:** (estrogen) → was most prescribed drug in US (with Progestin)
  - **Raloxifene:** estrogen micic with fewer side effects
- Thought taking estrogen with Ca prevented osteoporosis → help prevent h.d.
  - BUT estrogen increase risk uterine cancer, may increase breast cancer
- Estrogen given with **Progestin (Prempro)** → reduce cancer risk: reason for Premarin popularity
  - BUT combined treatment increases breast cancer even more and not as effective in h.d. Reduction → assess absolute risk
  - BUT decrease of cancer freeness from 96.5% to 95%

### **Relative vs. Absolute risk**

- for women 50+
- uterine cancer: estrogen → x5-6 relative risk, 3% absolute risk
- Heart attack: absolute risk 31%

- Risk of heart attack relatively low during estrogen therapy

STUDY: 160,000 post-menopausal → estrogen + progestin → increase h.a., stroke, breast cancer and blood clot risks

- discontinued study due to ethical reasons
- Reduced risk colorectal cancer and hip fractures
- No absolute consensus

### **Fluoride ion therapy**

- used to treat osteoporosis
- Replaces OH group to form fluoride apatite
- Fluoride in toothpastes → stimulate osteoblast formation → build bone material
- Fluoride helps to build bones

### **Boron**

- helps bone formation
- **BORAX**: commercial cleanser
- **Sodium Borate**: from boron salt → promote bone formation
  - From **Mojave Desert** California
- VitD maintains calcium levels and increases absorption
  - Need 500IU/day, also needs UV-B

### *Osteoporosis summary*

- *many causes*
- *Proper Ca intake from young → reduces osteo risk → Ca supps help*
- *Estrogen supps postmenopause → reduce risk osteo → associated uterine cancer and breast cancer → calcium supp reduce estrogen dose*