

Respiratory Protein Or pigments:-

These are the substance which are/is found in blood & serve to carry the respiratory gases, particularly the oxygen. R.P. ^{bind} ~~combine~~ with O_2 by forming a temporary compound with O_2 at its higher conc. (i.e. lung etc) & release the O_2 where it is in less conc. (i.e. tissue)

R.P. are found to be different in different groups of animals. R.P. are circulating pigments which mediate the transfer of O_2 at the extracellular & intracellular levels. All pigments contains a metallic atom in their constitution like iron in Hemoglobin.

Table: Different types of respiratory pigments

R.P.	Metallic atom	Site	Animal	Colour of oxygenated	Colour of deoxygenated
① Hemoglobin M.Wt of Mammals 7×10^4	Fe^{+2} $Fe:O_2$ 1:1 $Hb:O_2$ 1:4	R.B.Cs Plasma	Mammals Birds Reptiles Amphibians Fishes Annelids Mollusca	orange red	purple red
② Myoglobin	Fe^{+2} $Fe:O_2$ 1:1 $Me:O_2$ 1:1	Muscles Plasma	Vertebrates & some invertebrates Annelids & Snails	"	"
③ Haemerythrin	Fe^{+2} $Fe:O_2$ 2:1	R.B.Cs or Plasma Coelomocytes & Plasma	Some annelids sipunculids Branchiopods (Ligulata, Clotida)	Brown	colourless
④ Chlorocerythrin erythrin	Fe^{+2}	Plasma	Annelids (Polychaeta) <u>Serpula</u> <u>Potamella</u>	Pinkish	Green
⑤ Haemerythrin	Cu^{+2} $Cu:O_2$ 1:2	Plasma	Molluscs (Gastropoda Cephalopoda Gastropod <u>Limulus</u> , <u>Scorpion</u>)	Blue	colourless
⑥ Vanadium	Mg^{+2}		Protochordates		

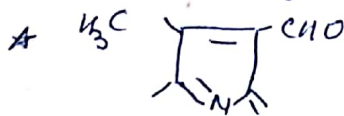
① Hemoerythrin:-

- * It is concentrated in the coelomocytes that are circulated with the coelomic fluid.
- * Binding ratio $Fe:O_2$ is 2000:1.
- * Rise in temp shift O.D.C to right side, at the same time there is no influence of change in pH.
- * CO can not affect it, so there is no poisoning effect of CO on Hb.
- * Ex - Sipunculids, Polychaeta (Magelona), Priapulids (Priapulids & Halicryptus) Brachiopods (Lingula, Glottidia)
- * Its O_2 transport capacity is very low, probably it is a storage pigment.

② Chlorocruorin:-

- * It occurs in plasma.
- * Chlorocruorin is a O_2 carrying pigment functioning normally at high O_2 tension.
- It is interesting that within the same family of worms (Sabellidae, Serpulidae & Amphartritidae) some species have Ch. while other have Hb.
- * In Serpula genus both (Hb & Ch.) are present, however their amount varies with age, younger have more Hb.

- * O_2 combining capacity is equal to Hb.



- Porphyrin which differs from Heme in that one pyrrole ring a vinyl chain is replaced by -CHO.
- * It resembles Hb functionally else than it is much larger in size.

- * The O_2 equilibrium curve is Sigmoid & like Hb shifts to right on increasing CO_2 conc. & acidity.
- * O_2 carrying capacity is 9.1 ml O_2 / 100 ml.
- * It has a much higher affinity with CO than Hb & combine with CO at any conc. of O_2 .
- * It function normally at high O_2 pressure.

Ex - 4 Family of polychaeta (Annelida) Sabellidae, Serpulidae, Amphartritidae.

Hemocyanin:-

* It is always found in plasma, never in R.B.Cs.

* Shows normal Bohr's effect like Hb.

* The Hcy of Limulus & Scorpion, Heterometrus shows a reverse Bohr's effect i.e. one increase in PH it shifts

? towards ~~left~~ right

(lower Acidity
low CO₂)

* The affinity of Hcy for O₂ is greatly influenced by ecological relationships. Thus in case of animals inhabiting deep waters the Hcy have high affinity for O₂ as the medium is O₂ poor. So it is extract Max^m O₂ for O₂ poor environment.

* Hcy also play some other role other than respiratory function.

Ex - Pure Hcy is able to act as pseudophenolase & Pseudocatalase. The enzymatic activities are due to the presence of Cu in protein molecule & it is inhibited by cyanide & copper reagent.

* Binding ratio Cu:O₂ 2:2.

* Ex - Most Molluscs & arthropods.

* O₂ carrying capacity 3.44/100ml but in Scorpion (Heterometrus) it is 1.82/100ml.

* Oxygenated Hcy shows a very broad absorption band (5600 Å to 5800 Å) & it is much stronger near UV region (3550 Å).

* ~~Hem~~ Cu is not readily detached from Hcy. but Hem can easily separate with Hb.

* The Hcy of mollusks have mol. wt about 3×10^6 to 7×10^6 & hence are among the largest protein molecule.

In general those protein which occur in cells have mol. wt below 10^6 while those which occur in blood plasma may have mol. wt above 10^6 .

* Hcy is also combine with CO but its affinity for CO is less, as compared to O₂. The CO not combine with Hcy permanently. Hcy ~~lose~~ separate from CO at high

Myoglobin:-

It is also a iron porphyrin compound. It is found in muscles of vertebrates & some invertebrates. It is also present in blood plasma of various annelids & planorbid snails. It's O_2 affinity is very high, so it can combine with O_2 at any low conc.

* Globin protein have 150 A.A. → Single chain

* Fe conten → 0.318%

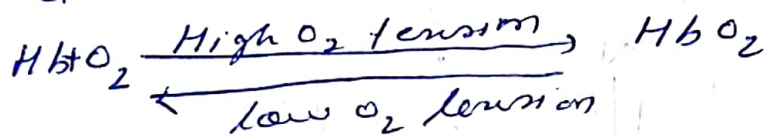
* Seals & other diving mammals have high levels of myoglobin in their muscles. Myoglobin acts as an O_2 store, releasing O_2 only during periods when O_2 levels in the muscle decreased as they do during ~~more~~ active.

* In some diseased states, the iron of Hb is oxidized & converted into ferric (Fe^{+3}), The condition is called methemoglobinemia. and O_2 can not release itself from methemoglobin easily in tissue. Normally the enzyme Methemoglobin reductase keeps the iron in ferrous (Fe^{+2}) state.

Haemoglobin

* It is main R.P. pigment found in blood of vertebrates & invertebrates. It is found in R.B.Cs of vertebrates & in the plasma of annelids & molluscs.

* It combines with O_2 at high O_2 tension & release O_2 at low O_2 tension



* This is oxygenation & not oxidation because it is a non-enzymatic reaction & totally depends upon physical factors of O_2 tension, partial pressure of CO_2 , pH etc.

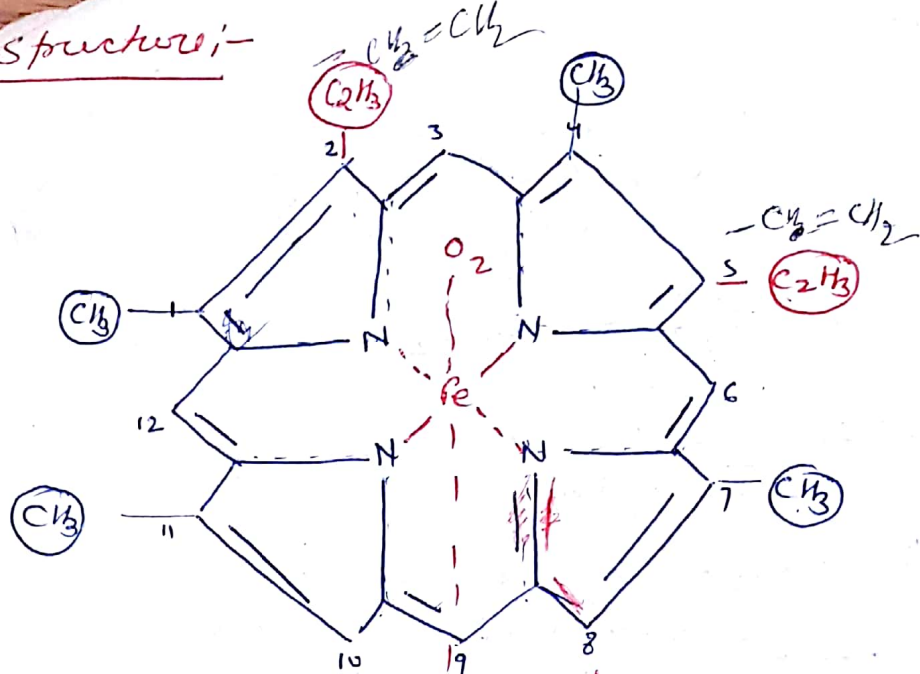
* Function of Hb in invertebrates —

Hb functions in invertebrates are interesting. In some it transfer O_2 at atm. pressure while in some at low pressure. In some invertebrates in hypoxia condition Hb store O_2 .

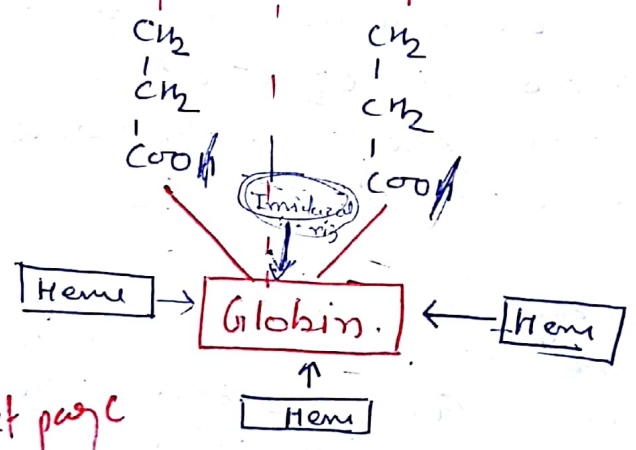
* The haemo is an iron containing compound belonging to the class compounds called protoporphyrins. Globin belongs to the class protein called globulins. Thus Hb is a conjugated protein.

* Formula of adult Hb $\rightarrow \alpha_2\beta_2$

Structure:-

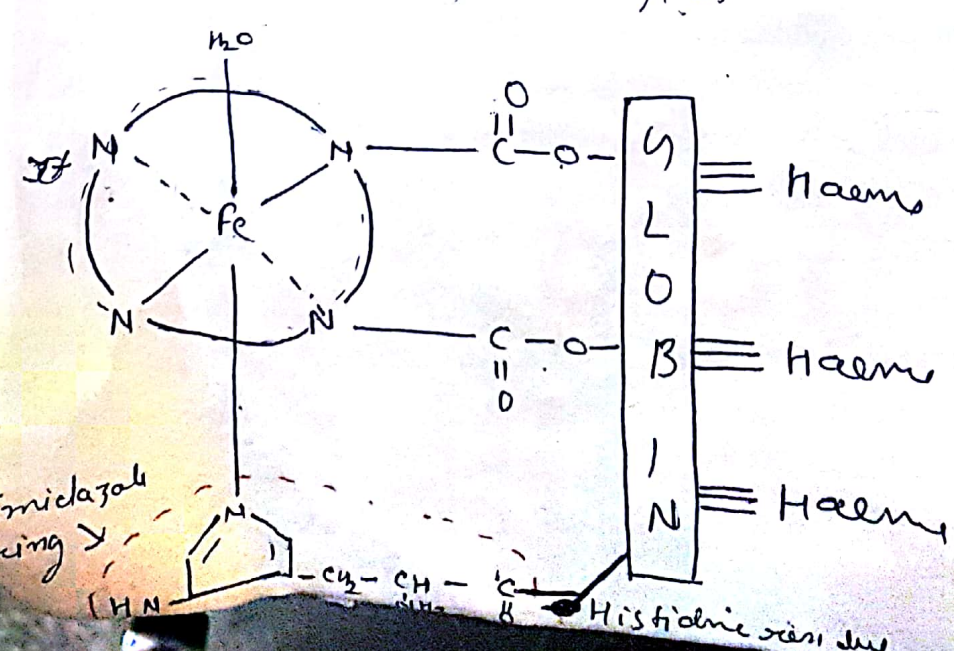
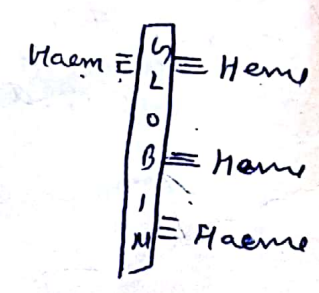


1, 4, 7, 11 → CH₃
 2, 5 → vinyl (C₂H₅ or CH=CH₂)



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Acetic acid + Glycine = Porphyrin
 4 Porphyrin + iron = Heme
 4 Heme + 1 Globin = Protein (hemoglobin)



Imidazole ring

* It consists a non protein part haem & protein part globin.

* The haem part is made up of ^{by the} combination of porphyrin (4) & iron. 4 Haem combines with 1 globin to form Hb.

* The molecule of globin is made up of two symmetrical halves, each half contains two different polypeptide chains an α -chain (141 A.A) & a β -chain (146 A.A). (Total 4 chains $\text{2}\alpha, \text{2}\beta$ in a globin).

* The chemical str of Hb resembles with cytochrome oxidase (cytochrome $\text{C}^{9\beta}$), cytochrome oxidase is universally present in all animal cells.

Foetal Hb:

In humans (e other) ~~foetal~~ foetal Hb differs from adult Hb in the str of β chains.

Hb foetus	—	α	γ	Genes for β & δ
Hb adult	—	α	β	are of same chr ^r but differ only at <u>6-7</u> place in a.a. residues.

* Later on the foetal Hb completely replaced by adult Hb.

* The change from foetal to adult Hb is genetically determined not environmentally. It is possible that hormonal factors initiate the change. There are however quantitative changes in Hb content in response to environmental influences. Ex - men who move from low to high altitudes develop an increased Hb content in the blood after a period of exposure to the lower O_2 pressure at altitude.

Ch^r of Hb.

* Mammalian Hb is "4 unit Hb molecule" (2 unit in polychaetes). Each haem molecule combine with a mol of O_2 so whole mol. can carry 4 O_2 mol.

* The oxygenation of each haem unit is independent if the units are separate, but when first O_2 combine with Hb it accelerates the combination of other 3 O_2 to haem thus is called haeme-haeme effect.

* CO combination ;

CO & Hb

* The affinity of Hb is about 200 times a great for CO as for O₂. As a result, CO will displace O₂ & saturate Hb, even at very low partial pressure of CO, causing a marked reduction in O₂ transport to tissues.

Hb saturated with CO is called ~~carboxy~~ carboxyhemoglobin. The effect of such saturation on oxidative metabolism is similar to that of O₂ deprivation; which is why the CO produced by cars, coal or wood stoves is so extremely toxic.

* Deoxygenated (Reduced) Hb has +ve magnetic movement (i.e. paramagnetic). Combination with O₂ or CO results in loss of magnetic movement (i.e. it becomes diamagnetic) which indicates an absence of unpaired electron.

Deoxygenated Hb → Paramagnetic
Oxygenated Hb → Diamagnetic.

* It is concluded that on oxygenation there is a partial transfer of an electron from Fe²⁺ to O₂; the iron becomes Fe³⁺ & the O₂ becomes a super oxide.

$$\text{Hb (Hem d}_2^6) + \text{O}_2 \rightleftharpoons \text{Hb (Hem d}_2^5) \cdot \text{O}_2^-$$

Thus Fe²⁺ goes to formal Fe³⁺ & O₂ to O₂⁻.

* 15 gm Hb/100 ml blood ← ♂ Human → 12-17 gm/100 ml

* The iron content of mammalian Hb is 0.336% & heme content is 4% (Myoglobin → Fe - 0.318%)

* ~~The anemia~~

* The Hb of amphibians & reptiles tend to be slightly larger than that of mammal, bird & fishes.

* The mol. wt of Hb \rightarrow 64,500 D (man 67,000 D)
Myoglobin \rightarrow 17,450 D

D = Dalton

Amino acid st^r of chains -

* Genetic analysis shows that the α & β genes are on different chromosomes, but β & λ are on the same chromosome.

* The β chain is more subject to mutation than α -chain

* Tertiary structure of α & β chains is similar in oxyhemoglobin & deoxyhemoglobin, but quaternary st. may be different.

* In human α & β differ in respect to 85 a.a. out of 141 a.a. sequences. β & λ chains differ only by 7-8 a.a.

The λ chain (Hb foetal) has higher glutamic acid & methionine content & lower valine & proline content than β -chain (adult Hb)

Hb estimation -

* Hb is common only estimated by converting it into acid hematin by adding $N/10$ HCl & diluting with water (Salkin's method) & matching with the standard. In clinical laboratories,

Cyanmethemoglobin is popular method. In this Hb is converted into cyanmethemoglobin & colour developed is compared against a standard in a suitable colorimeter

* The affinity with O_2 :-

* Hot or acid or high CO_2 decrease the O_2 -affinity with Hb

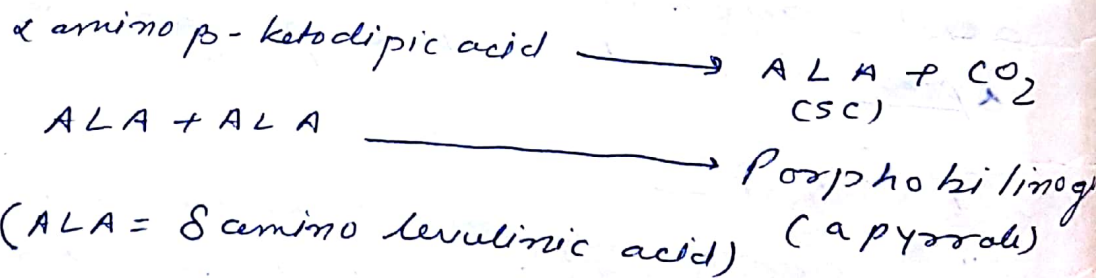
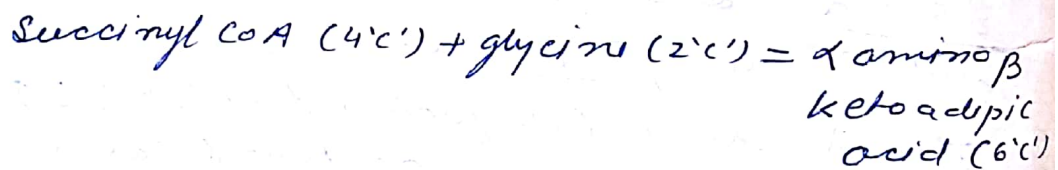
* The working muscles are hot as well as their pH is low; in these conditions the affinity for O_2 is low & the O_2 is released vigorously

* Another compound 2,3 BPG (2,3 diphosphoglycerate), which accumulates during metabolism, also causes loss of affinity. This results in rapid & easy release of O_2 in exercising muscles.

* Synthesis of Hb -

* The Hb is synthesized by the cells of erythroid series in the red bone marrow. Hb first seen at the stage of intermediate normoblast

* The essential steps -



* 4 molecules of Porphobilinogen combine after some further change to form Protoporphyrin

* Protoporphyrin now incorporates an iron atom to become haem

* For haem molecules are now joined with one globin molecule to form one molecule of haemoglobin

Factors affecting iron absorption →

① Globin a.a } → Raw material are available
 Cysteine } from metabolic intermediates.
 Succinyl CoA }

Iron → has to be supplied in the food

② Cu & Co^{B₁₂} } necessary for Hb synthesis, because
 Pyridoxine } their absence leading to failure
 of Hb synthesis.
 B₆

IRON Metabolism →

* milk → Fe deficient → "milk injury" → in these persons who depends upon milk.

* food iron $\left\{ \begin{array}{l} \text{Animal Source} \\ \text{Vegetable} \end{array} \right.$

* Iron on absorption basis $\left\{ \begin{array}{l} \text{Haem iron} \rightarrow \text{Not depend upon} \\ \text{Phytic acid} \\ \text{Non-haem iron} \\ \rightarrow \text{absorption facilitated by} \\ \text{phytic acid (plant source)} \\ \text{\& Phosphate} \end{array} \right.$

* Fe not generally absorbed in stomach, but HCl facilitated the Fe absorption.

* Fe⁺³ (most food iron) $\xrightarrow[\text{in gut lumen}]{\text{vit 'c' reducn.}}$ Fe⁺² (absorption occurs)

* 10-20 mg Fe consumed per day (24H) by average individual.

* A vegetarian consumed enough iron but most of the Fe may not be absorbed.

* Fe absorbed from the upper part of small intestine including duodenum.

* The Fe absorbed according to the needs of the body & regulation of this done by intestinal mucosal epithelium (Mucosal block)

The person who has Fe deficiency will absorb greater quantity of Fe than a person who has no Fe-deficiency.

A Recycling of Fe: After destruction of the erythrocytes the Hb is liberated and the Fe is released from the Hb. This Fe is not thrown out of the body but utilized again by the body for Hb synthesis.

*** Iron requirement** → ♂ → 1 mg/day, ♀ → more

*** 14-18 mg/d**

*** Women of reproductive age (15-50y)** require more Fe, because they either carry fetus, menstruate or lactate.

• During m.c. some blood is lost

• During pregnancy, although there is no m.c., Fe has to be supplied for development of the fetus; further total RBC mass also increases in pregnancy.

• Lactating mothers lose Fe through their breast milk, amount of which is around 0.5 mg/day.

*** Blood loss by any mean (disease etc.) increases the Fe requirement.**

Transport & distribution of Iron —

Absorbed in upper part of intestine

→ Plasma

Fe combined with 'transferrin' in plasma

(only 20-35% → transferrin is saturated by Fe, rest 70% is unsaturated)

So only 30% of the 'total Fe binding capacity' of blood is utilized)

↓

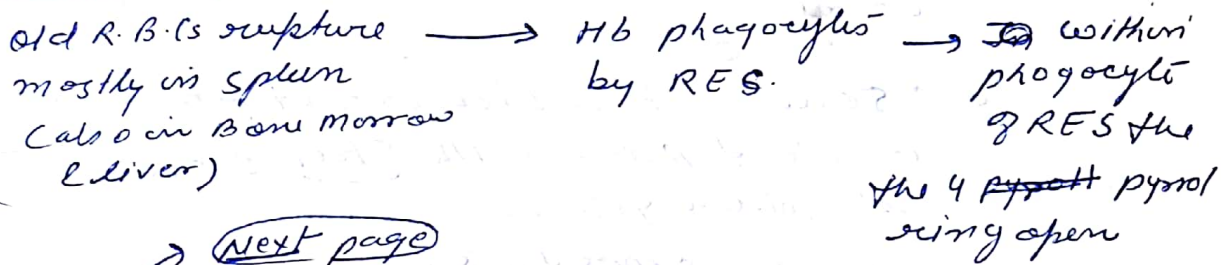
- Most Fe reach to Bone marrow → for Hb synthesis
- Rest Fe reach to other tissue for synthesis of other compounds such as — Myoglobin oxidase, Peroxidase etc, Cytochrome oxidase, Cytochrome etc

- * After @ 120 days (lifespan) the R.B.C. dies & releases Hb (which has been phagocytosed by the phagocyte of reticulo endothelial system).
- * From Hb the Fe is released, this Fe is retained in body as "ferritin"
 - ← Bone marrow → Hb
 - ← other tissue → ...

* Body of human → 4 gm Fe

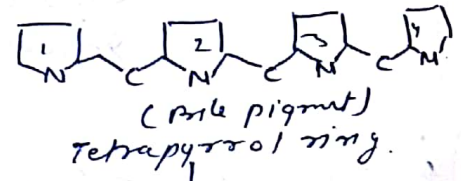
- 70% → Hb
- 20% → As ferritin
- 10% → myoglobin, peroxidase, cytochrome oxidase, cytochrome etc.

fate of Hb ✓



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conjugated bilirubin discharged into biliary canal & mixed with bile → & colour the bile



- Small amount of bilirubin conjugate with S to form bilirubin sulphate
- Albumin is removed & bilirubin conjugate with ^{glucuronic acid (derivatives of glucose)} to form bilirubin glucuronides (soluble)

Fe & globin separate from this tetrapyrrole ring ↓

Free bilirubin enters in liver (conjugated bilirubin)

Tetrapyrrole change into Biliverdin

Formed bilirubin - albumin (or "free bilirubin") complex

↓ oxidised
Bilirubin

combine with albumin in plasma
Bilirubin comes out ← from phagocyte in plasma

All the above change occur within phagocyte of RES.

Bile with conjugated bilirubin enters to duodenum

↓
come in contact with intestinal bacteria

↓
Bilirubin glucuronide $\xrightarrow[\text{hydrolyzed}]{\text{Bacterial enzyme}}$ Free bilirubin

↓
Free bilirubin $\xrightarrow{\text{Reduced}}$ Urobilinogens
Sterobilinogens

↓
• Both Urobilinogens & Sterobilinogens are absorbed by blood & excreted by Urine

• Some part which is not absorbed in blood pass with Stool & give it golden yellow colour.

Stool yellow $\xrightarrow[\text{Oxidation of pigment}]{\text{Exposed to sun}}$ Black colour

* Conjugation of bilirubin in liver catalyzed by glucuronyl transferase. Unless bilirubin conjugates with glucuronic acid it cannot be excreted via bile.

Jundice is due to accumulation of "free bile" → caused by drugs steroids virus or bacteria. → because they harm the glucuronyl transferase

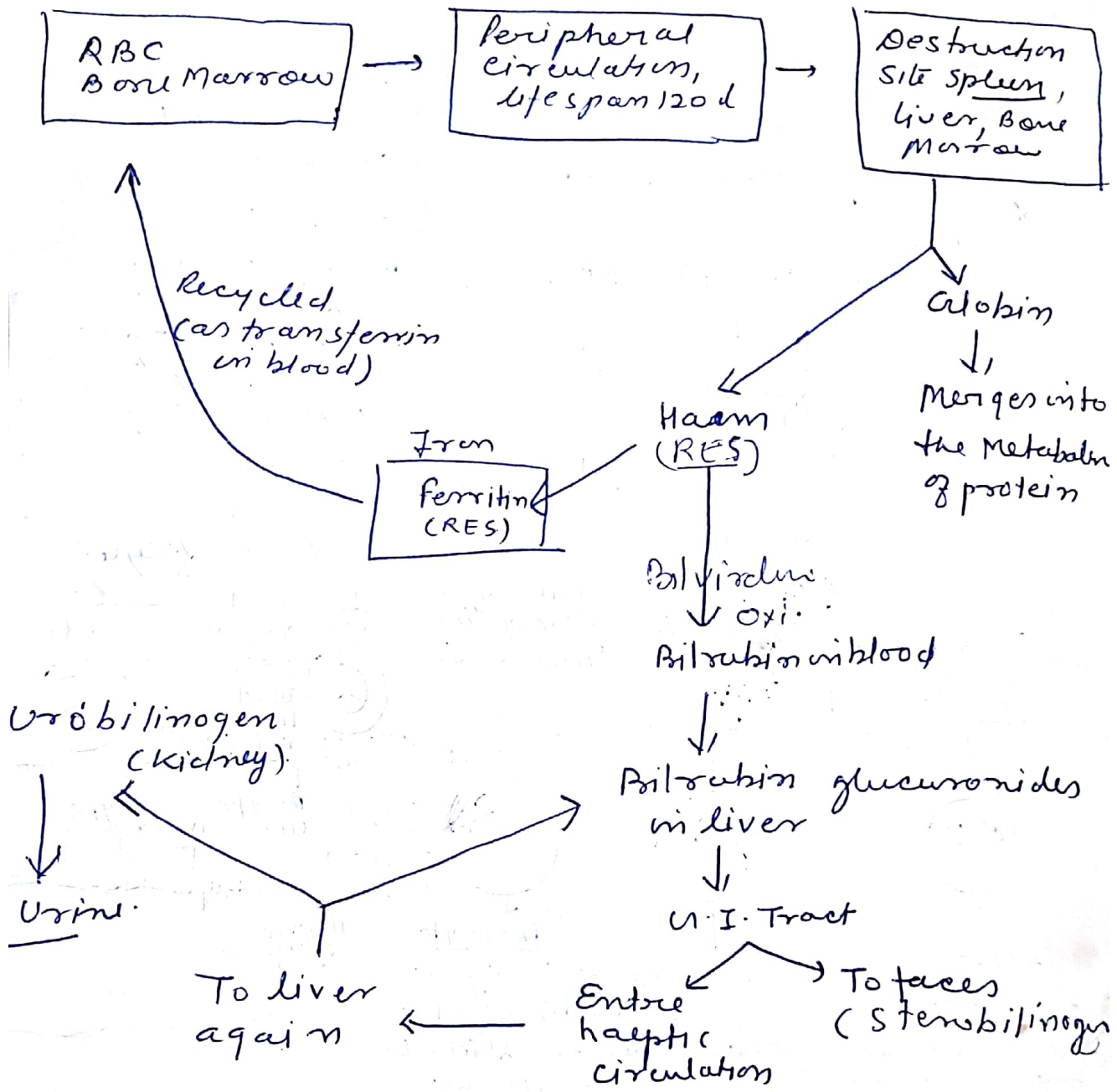


Fig:- The RBC Story.