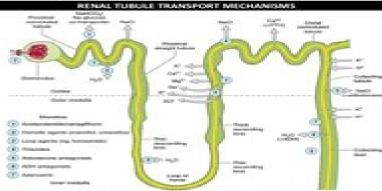
### INTRIODUCTION

- Diunetic agent that increases urine volume
- Natriuretic agent that increases urinary sodium excretion
- Aquaretic agent that increases excretion of solute free water

### PRINCIPLES OF DIURITIC DEFECTS

- Interference with Na\* reabsorption at one nephron site interferes with other renal functions linked to it
- Increased flow and Na" delivery to distal nephron stimulates K" (and H") secretion
- Disretics act only if Na' reaches their site of action. The magnitude of the disnetic effect depends on the amount of Na' reaching that site
- Diuretic actions at different nephron sites can produce synergism

All, EXCEPT spironolactone, act from the luminal side of the tubular cellular membrane



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### Proximal Convoluted Tubule

- Reabsorbs Na\* (66%), NaHCD<sub>1</sub> (85%), K. (65%), glucose, amino acid & water (65%).
- Potassium reabsorbed via paracellular pathway
- Water reabsorbed passively maintaining osmolality in nearly constant level
- Na\*/N\* exchanger (NHE3) it initiates the reabsorption of NaHCO<sub>3</sub>
- Sodium-glucose cotransporter, isoform 2 (SGLT2) is responsible for reabsorbing much of the glucose that is filtered by the glomeruli Inhibitors of SGLT2 have been approved to treat diabetes mellitus.
- Carbonic anhydrase inhibitors blocks NaHCOs reabsorption.
- Adenosine receptor antagonist blocks NaCl reabsorption

### Loop of Heale

- Pumps Na", K" & Cl out of the lumen into the interstitium.
- Provides the concentration gradient for the countercurrent concentrating mechanism
- Thick ascending limb (TAL) it is the diluting segment

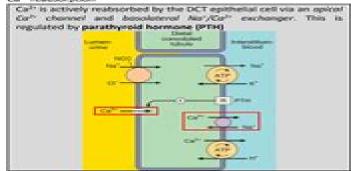
It follows the thin limb of Henle's loop, actively reabsorbs NaCl from the lumen (about 25% of the filtered sodium), but unlike the proximal tubule and the shin descending limb of Henle's loop, it is nearly impermeable to water

Salt reabsorption in the TAL therefore DILUTES the tubular fluid. Medullory portions of the TAL contribute to medullary hypertonicity and thereby also play an important role in concentration of urine by the collecting duct.

- Nur / K / 2CT cotramsporter (called NXCC2 or NKECL) is the NuCl transport system in the luminal membrane of the TAL.
- Secondary reabsorption of Ca<sup>th</sup> and Mg<sup>th</sup> also happens here

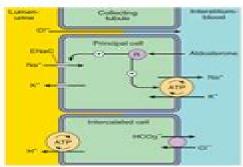
### Distal Convoluted Tubule

- Actively pumps Na" & CI out of the lumen nephron.
- 10% Na realbsorbed
- Impermeable to water
- NaCl reabsorption further dilutes the tubular fluid
- Na /Cl cotransporter (NCC) is the NaCl transport in the DCT
- Call coatsocration



### Collecting Tubule

- 2-5% NaCl reabsorption.
- Final site of NaCl reabsorption
- Determines the final Na\* concentration of the urine
- Tight regulator of body fluid volume
- Influenced by mineralocorticoids
- Important site of K' secretion.



### Principal Cells

- Major sites of Na\*, K\*, and water transport system.
- Do not contain apical cotransport system for Na\* and other ions.
- Exhibits separate ion channels for Na\* and K\*

#### interculated Cells (a & 6)

Primary sites of H" (a cells) or HCD, (6 cells) secretion





# **Renal Pharmacology**

National Institutes of Health (U.S.).

Division of Research Grants

## **Renal Pharmacology:**

Insights in Renal Pharmacology: 2021 Giuseppe Remuzzi, Matthew Griffin, Norberto Perico, 2022-10-18 Renal Pharmacology James William Fisher, 1971 Papers presented at a renal pharmacology conference in the Dept of Pharmacology Tulane University School of Medicine in New Orleans La Jan 13 1970 held in connection with the joint meetings of the U S Public Health Service Pharmacology A and Medicine B Study Sections Renal Pharmacology Manuel Martinez-Maldonado, 2013-06-29 Frequently attempts to design experiments utilizing the methodology de scribed in articles in trade journals can be frustrating Description of procedures because of space constraints are not always complete The present volume attempts to bring together in one reference source many of the techniques which are utilized in the study of the kidney It provides a thorough compendium of research tools framed by the critical analysis of the theoretical background of renal physiology biochemistry and pharmacology discussed in Volume 4A Some areas previously dealt with are not covered from a methodological point of view since adequate information does exist elsewhere e g methods of whole kidney ATPase isolation Since drugs acting on the kidney may alter not only functional but anatomical integrity a chapter on the preparation of tissue for morphological studies has been included The important developments in analysis of minute ultramicro quantities of tissue and biological fluids as well as methodological advances in studies of the isolated kidney are thoroughly covered It is my hope that investigators research fellows and graduate students will benefit from the information contained in this volume and that together with its companion tome it will be a ready reference for the renal physiologist the renal pharmacologist and the nephrologist The contributors have provided painstaking descriptions and when re guired mathematical analyses of the techniques described herein I wish to thank all of them for their enthusiasm and the excellence of their contributions Cardio-renal and Cell Pharmacology Hiroshi Yoshida, 1982 **Kidney Disease and** Nephrology Index ,1977 *New Insights Into Renal Fibrosis and Therapeutic Effects of Natural Products* Dan-Qian Chen, Zhiyong Guo, 2022-05-30 **Library of Congress Subject Headings** Library of Congress, 2010 Library of Congress Subject Headings Library of Congress. Cataloging Policy and Support Office, 2003 Library of Congress Subject Headings Library of Congress. Office for Subject Cataloging Policy, 1992 Research Awards Index ,1980 Research Grants Index National Institutes of Health (U.S.). Division of Research Grants, 1975 **Pediatric Critical Care E-Book** Jerry J. Zimmerman, 2016-11-29 Still the 1 resource for today s pediatric ICU teams Pediatric Critical Care 5th Edition covers the entire field from basic science to cutting edge clinical applications Drs Bradley P Fuhrman and Jerry J Zimmerman accompanied by an expert team of editors and contributors from around the world bring you today s best information on the current and future landscape of pediatric critical care so you can consistently deliver optimum care to your young patients Boasts highly readable concise chapters with hundreds of useful photos diagrams algorithms and clinical pearls Clear logical organ system approach allows you to focus on the development function and treatment of a wide range of disease entities

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