

## EXTRACELLULAR H<sup>+</sup> INACTIVATION OF Na<sup>+</sup>–H<sup>+</sup> EXCHANGE IN THE SHEEP CARDIAC PURKINJE FIBRE

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### SUMMARY

1. The inhibition of acid extrusion via Na<sup>+</sup>–H<sup>+</sup> exchange caused by reducing pH<sub>o</sub> (extracellular pH) was examined in the sheep cardiac Purkinje fibre. Intracellular pH (pH<sub>i</sub>) and intracellular Na<sup>+</sup> activity ( $a_{\text{Na}}^i$ ) were recorded using ion-selective microelectrodes. Acid extrusion via Na<sup>+</sup>–H<sup>+</sup> exchange was estimated from the pH<sub>i</sub> recovery rate (multiplied by intracellular buffering power,  $\beta$ ) in response to an internal acid load induced by 20 mM-NH<sub>4</sub>Cl removal (nominally CO<sub>2</sub>–HCO<sub>3</sub>–free media).

2. At a given pH<sub>i</sub>, acid extrusion decreased sigmoidally with decreases of pH<sub>o</sub> in the range 8.5 to 6.5 (50% inhibition of efflux occurred at a pH<sub>o</sub> between 7.0 and 7.5). This inhibition was associated with a parallel decrease in Na<sup>+</sup> influx as evidenced from a decrease in the rise of  $a_{\text{Na}}^i$  measured during acid extrusion, suggesting inhibition of Na<sup>+</sup>–H<sup>+</sup> exchange.

3. The background acid-loading rate (estimated by adding 1 mM-amiloride to inhibit Na<sup>+</sup>–H<sup>+</sup> exchange and recording the initial rate of fall of pH<sub>i</sub>) was found to be unaffected in the steady state by changes of pH<sub>o</sub>. We therefore conclude that the slowing of pH<sub>i</sub> recovery at low pH<sub>o</sub> is due to direct inhibition of Na<sup>+</sup>–H<sup>+</sup> exchange rather than to an increase of background acid loading.

4. Reducing pH<sub>o</sub> (constant pH<sub>i</sub>) inhibited acid efflux by producing a parallel shift of the efflux *versus* pH<sub>i</sub> relationship to lower values of pH<sub>i</sub>, consistent with a decrease in the apparent internal H<sup>+</sup> ion affinity (pK<sub>i</sub>) of the system.

5. Raising pH<sub>i</sub> (constant pH<sub>o</sub>) also inhibited acid efflux, but this was associated with a rise in the pH<sub>o</sub> required for 50% maximal inhibition of acid efflux (pK<sub>o</sub>), consistent with an increase in apparent affinity for *external* H ions. Thus reduction of pH<sub>o</sub> reduces pK<sub>i</sub> (point 4) while reduction of pH<sub>i</sub> reduces pK<sub>o</sub> (point 5).

6. Inhibition by elevated H<sub>o</sub><sup>+</sup> was not linearly related to the decrease in chemical driving force for Na<sup>+</sup>–H<sup>+</sup> exchange, nor was it related to a reversal of the transmembrane H<sup>+</sup> gradient. We found that efflux still occurred when pH<sub>o</sub> < pH<sub>i</sub>.

7. Efflux was not a unique function of the transmembrane H<sup>+</sup> ratio (i.e. pH<sub>o</sub> – pH<sub>i</sub>). At appropriate values of pH<sub>i</sub> and pH<sub>o</sub>, acid efflux could be kept constant despite a four-fold change in the transmembrane H<sup>+</sup> ratio.

8. Inhibition by low pH<sub>o</sub> was a saturating function of H<sub>o</sub><sup>+</sup> ions with a Hill coefficient of 1.2. This is in contrast to the much steeper activation of efflux by

elevated  $H_i^+$  ions, thus indicating asymmetry in  $H_i^+$  activation and  $H_o^+$  inhibition on either side of the membrane.

9. Possible models of  $H_o^+$  inactivation of  $Na^+-H^+$  exchange are discussed. It is also shown that the  $pH_i$  vs.  $pH_o$  relationship in the steady state will be a direct consequence of  $H_o^+$  inactivation. Since this  $H_o^+$  inactivation is  $\sim 50\%$  complete at  $pH_o$  7.4, changes of extracellular plasma pH will be important physiologically for modulating acid efflux from the heart.

## INTRODUCTION

One major mechanism controlling  $pH_i$  in the mammalian heart is sarcolemmal  $Na^+-H^+$  exchange (for review, see Vaughan-Jones, 1988*a*). A fall of  $pH_i$  activates acid extrusion via this system and a fall of  $pH_o$  inhibits it (Aronson, 1985). While intracellular activation by  $H^+$  ions has been well characterized in many tissues, extracellular inactivation by  $H^+$  ions has been examined less extensively. For cardiac muscle, only preliminary observations are available (Vanheel, de Hemptinne & Leusen, 1986; Weissberg, Little, Cragoe & Bobik, 1989). We have therefore characterized the inhibitory influence of extracellular acidosis upon  $Na^+-H^+$  exchange in the sheep cardiac Purkinje fibre. Our experiments were done using ion-selective microelectrodes to record  $pH_i$  and  $a_{Na}^+$  (intracellular  $Na^+$  activity) while experimentally manipulating the transmembrane  $H^+$  ion gradient. We find that, in the physiological range, the dependence of  $Na^+-H^+$  exchange upon  $pH_i$  and  $pH_o$  is asymmetric, the system being more sensitive to  $pH_i$  than  $pH_o$ . More importantly, we find that these pH sensitivities are not mutually exclusive. Alteration of  $pH_i$  affects the apparent affinity of the extracellular site for  $H^+$  ions while alteration of  $pH_o$  affects apparent  $H^+$  affinity at the intracellular site(s), a phenomenon reported previously for  $Na^+-H^+$  exchange in rat brain synaptosomes (Jean, Frelin, Vigne, Barbry & Lazdunski, 1985). We test various hypotheses for the inhibitory effect of external acidosis and conclude that (i) it is not related in a simple linear manner to the decrease in thermodynamic driving force, (ii) it is not related to variation in passive  $H^+$  influx via other (non- $Na^+-H^+$ ) pathways and (iii) it is not related to the size or direction of the transmembrane pH difference ( $pH_o - pH_i$ ). Candidates remaining for the inhibitory mechanism are discussed.

The influence of  $pH_o$  upon  $Na^+-H^+$  exchange will be important physiologically since  $H_o^+$  inactivation is steepest in the range of pH 7.5–6.5, a range within which changes of extracellular pH occur quite commonly in the heart.

Preliminary reports of this work have been published (Wu & Vaughan-Jones, 1988; Vaughan-Jones & Wu, 1989; Vaughan-Jones, Wu & Bountra, 1989).

## METHODS

### *General methods*

General methods are similar to those described previously, e.g. Vaughan-Jones & Wu (1990). Briefly, thin (core diameter 100–200  $\mu m$ ) free-running Purkinje fibres were dissected from a fresh sheep heart, shortened to about 2 mm (by crushing the cut ends with fine forceps) and mounted in the perfusion chamber (volume  $\sim 100 \mu l$ ; perfused at  $\sim 1.0 \text{ ml min}^{-1}$ ) at 37 °C.

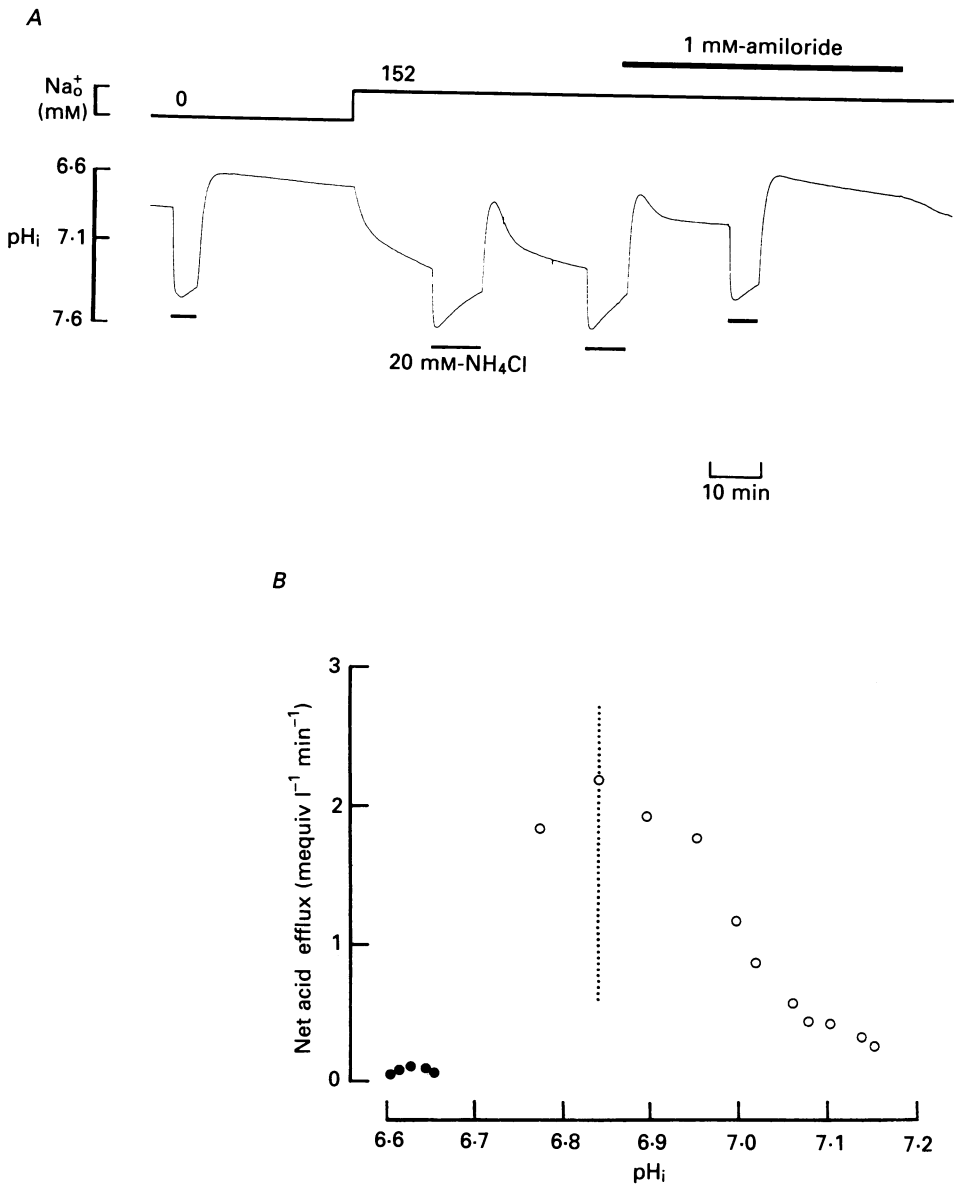


Fig. 1.  $pH_i$  recovery from an intracellular acid load is via  $Na^+-H^+$  exchange. *A*, trace shows  $pH_i$  (recorded with a pH-selective microelectrode). Bars at bottom of figure denote period of superfusion of  $NH_4Cl$  (20 mM) while period in  $Na^+$ -free solution (*N*-methyl-D-glucamine substituted) and period of addition of 1 mM-amiloride are indicated at top of figure. *B*, graph showing acid efflux (as  $\beta dpH_i/dt$ ;  $\beta$  estimated from eqn (1)), plotted versus  $pH_i$  under normal conditions (i.e. normal Tyrode solution with zero amiloride;  $\circ$ ) and in  $Na^+$ -free solution ( $\bullet$ ). Data from *A*. Point to left of dotted line in 'normal Tyrode' solution curve was measured < 2 min after  $NH_4Cl$  removal (see text for further details). Trace *A* has been modified from Fig. 2 of Vaughan-Jones & Wu (1990).

### Solutions

Basic modified Tyrode solution contained (mM): NaCl, 140; KCl, 4.5; CaCl<sub>2</sub>, 2.5; MgCl<sub>2</sub>, 1.0; glucose, 11.0; HEPES buffer, 30; pH adjusted, as specified, to 7.4, 7.5 or 8.0 at 37 °C with 4 M-NaOH. For solutions of pH 6.5, 30 mM-PIPES (piperazine-*N,N*-bis-2-ethanesulphonic acid; p*K*<sub>a</sub> 6.8) was substituted for HEPES in some experiments (e.g. Fig. 2), whereas in others, 30 mM-HEPES was adjusted to pH 6.5 (e.g. Fig. 6). There were no major differences in results analysed from either type of experiment. For solutions of pH 8.5, readjusted (NaOH) HEPES-buffered Tyrode solution was used or 30 mM-HEPPS (*N*-2-hydroxyethyl-piperazine-*N*-3-propane sulphonic acid; p*K*<sub>a</sub> 8.0) was substituted for HEPES. Again, these differences in solution buffering caused no notable differences in the results.

### Microelectrodes

Single-barrelled ion-selective microelectrodes were constructed and calibrated as described previously (Vaughan-Jones, 1988*b*; Vaughan-Jones & Wu, 1990) using liquid-sensor cocktails for H<sup>+</sup> ions (Fluka, code 95291) or Na<sup>+</sup> (Fluka cocktail code 227). Conventional microelectrodes used to record membrane potential were filled with 3 M-KCl and bevelled lightly before use (resistance 4–6 MΩ). Intracellular ion activity was recorded as the differential signal between an intracellular conventional microelectrode and an ion-selective microelectrode (ISM); electrode spacing 25–100 μm. For multiple intracellular ion recordings (e.g. Fig. 6) the ISM signals were referred to a common membrane potential microelectrode. For recordings of extracellular surface pH (pH<sub>s</sub>), the pH electrode signal was referred to a blunt 3 M-KCl-filled reference electrode placed in the bulk solution.

### pH<sub>i</sub> recovery represents Na<sup>+</sup>-H<sup>+</sup> exchange

In this paper, Na<sup>+</sup>-H<sup>+</sup> exchange is examined by recording the rate of pH<sub>i</sub> recovery following an intracellular acid load. The load was induced by external addition and subsequent removal of 10–20 mM of the weak base, NH<sub>4</sub>Cl (ammonium pre-pulse technique, see Roos & Boron, 1981). Figure 1*A* shows that, in HEPES-buffered Tyrode solution nominally free of CO<sub>2</sub>-HCO<sub>3</sub>, normal recovery of pH<sub>i</sub> from the acid load occurs within about 20 min and is mediated almost exclusively via Na<sup>+</sup>-H<sup>+</sup> exchange. In the absence of Na<sub>o</sub><sup>+</sup> (substituted by *N*-methyl-D-glucamine), pH<sub>i</sub> recovery is slowed greatly and this inhibition is similar to that observed in the presence of 152 mM-Na<sub>o</sub><sup>+</sup> plus 1 mM-amiloride (an inhibitor of Na<sup>+</sup>-H<sup>+</sup> exchange). Net acid efflux estimated from the pH<sub>i</sub> recovery rate in normal Tyrode solution is plotted *versus* pH<sub>i</sub> in Fig. 1*B* (○). Acid efflux (*J*<sub>e</sub>) has been estimated as β dpH<sub>i</sub>/dt where β = intrinsic non-CO<sub>2</sub> buffering power. dpH<sub>i</sub>/dt was determined from original pen recordings using measurements of the change in pH<sub>i</sub> during set time intervals (usually 70–120 s). Since β varies inversely with pH<sub>i</sub>, it was estimated using the empirical equation determined recently for the Purkinje fibre by Vaughan-Jones & Wu (1990):

$$\beta = -19.6 \text{ pH}_i + 160. \quad (1)$$

Apparent acid efflux has also been estimated for the slow pH<sub>i</sub> recovery observed in Na<sup>+</sup>-free solution (●). It is clear from Fig. 1*B* that virtually all acid efflux can be attributed to Na<sup>+</sup>-H<sup>+</sup> exchange.

### The problem of slow acid loading following an ammonium pre-pulse

Bountra, Powell & Vaughan-Jones (1990) have shown recently that in isolated guinea-pig papillary muscle, the intracellular acid loading produced by the ammonium pre-pulse technique takes several minutes. As a consequence, pH<sub>i</sub> recovery from the acidosis may be severely slowed because of continued slow acid loading. Figure 1*A* (modified from Fig. 2 of Vaughan-Jones & Wu, 1990) indicates that this is not a major problem in the Purkinje fibres selected for the present study. The true acid-loading time can be estimated from the loading time seen in Na<sup>+</sup>-free solution (i.e. in the near absence of acid extrusion). In Fig. 1*A*, this is about 2 min; measurements of normal acid extrusion made 2 min or more after NH<sub>4</sub>Cl removal are indicated to the right of the vertical dotted line in Fig. 1*B* (○). These measurements should therefore be uncontaminated by residual acid loading. The apparent saturation of efflux at low pH<sub>i</sub> seen to the left of the dotted line is likely to be artifactual since efflux measurements in this region are made < 2 min after NH<sub>4</sub>Cl removal so that residual acid loading will still be significant. In a total of seven fibres, acid loading (20 mM, ammonium pre-pulse) in Na<sup>+</sup>-free solution was 50% complete after 1.06 ± 0.12 min. For comparison,

in thirteen fibres.  $pH_i$  recovery in normal Tyrode solution was 50% complete within  $8.5 \pm 1.07$  min. When analysing  $pH_i$  recoveries in this paper (e.g. Fig. 8) we have therefore taken data > 4 min after  $NH_4Cl$  removal. As a rule of thumb, if measurements of acid efflux in the Purkinje fibre are made on the near-linear phase of the efflux *versus*  $pH_i$  curve (see Fig. 1*B*), then they should be uncontaminated.

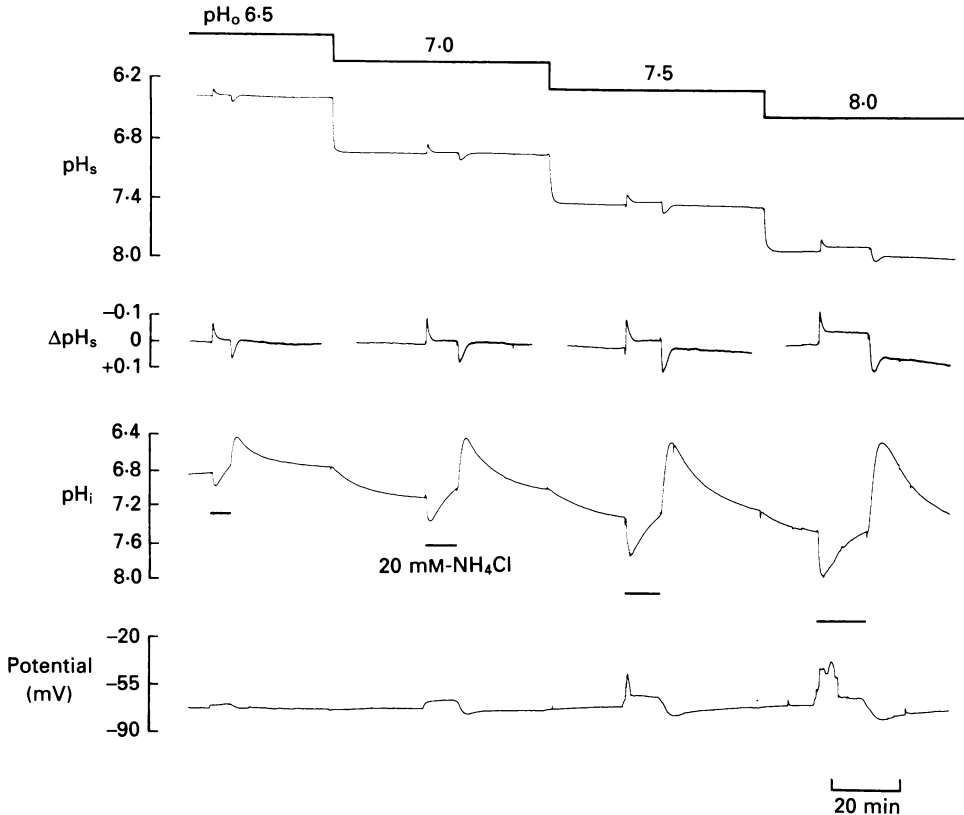


Fig. 2.  $pH_i$  recovery is influenced by  $pH_o$ . Traces show (top to bottom) (i) extracellular, surface pH ( $pH_s$ ) recorded by positioning a blunt pH electrode close to the Purkinje fibre surface; (ii) a higher gain recording of  $pH_s$ ; here, for convenience, the large DC changes of  $pH_s$  upon changing  $pH_o$  (indicated at top of figure) have been removed; (iii)  $pH_i$ ; (iv) membrane potential. An internal acid load was induced by adding and removing 20 mM- $NH_4Cl$  (indicated under  $pH_i$  trace). Solution contained 30 mM-PIPES ( $pH_o$  6.5); 30 mM-HEPPES ( $pH_o$  7.0, 7.5); 30 mM-HEPPES ( $pH_o$  8.0).

#### Changes of surface pH

One further source of error may be caused by changes in  $pH_s$  (surface pH; Vanheel *et al.* 1986). Addition and removal of  $NH_4Cl$  produces transient changes in  $pH_s$  as shown in Fig. 2. Note that during intracellular acid loading ( $NH_4Cl$  removal),  $pH_s$  becomes transiently alkaline. This is caused by  $NH_3$  efflux from the cell and subsequent hydration to form  $NH_4^+$  ions in the extracellular space: thus  $pH_s$  rises. Once all  $NH_3$  has departed,  $pH_s$  should return to normal or may even become acidic owing to acid efflux on  $Na^+-H^+$  exchange (Vanheel *et al.* 1986). The important point to note in Fig. 2 is that, after the initial  $pH_s$  transient following  $NH_4Cl$  removal,  $pH_s$  is reasonably constant throughout each  $pH_i$  recovery and  $pH_s$  is close to pH in the bulk solution. Thus the  $pH_o$  dependence of acid extrusion described in this paper will not be distorted by unwanted changes in  $pH_s$ .

#### Statistics

These are expressed as means  $\pm$  standard error of the mean (S.E.M.).

## RESULTS

*Effect of changing  $pH_o$  upon  $pH_i$  recovery*

Figure 2 shows an experiment where addition and removal of 20 mM-NH<sub>4</sub>Cl was performed at four values of  $pH_o$  ranging from 6.5 to 8.0. By varying the time of exposure to NH<sub>4</sub>Cl, the same peak intracellular acidosis of  $\sim 6.4$  was achieved in each case. The exposure time was judged by observing  $pH_i$ : the higher the  $pH_o$ , then the higher the  $pH_i$  value at which one had to remove external NH<sub>4</sub>Cl. Intracellular pH recovered from each acid load. Note, however, that with higher values of extracellular pH, the recovery proceeded to a more alkaline  $pH_i$ . Figure 3A shows that the time course of each  $pH_i$  recovery can be approximated to an exponential process whose half-time ( $t_{0.5}$ ) is essentially independent of  $pH_o$  (Fig. 3B). The same observation was made in four other fibres. Similar parallel  $pH_i$  recoveries with time have been observed recently upon varying  $pH_o$  in cultured superior cervical ganglion cells (Tolkovsky & Richards, 1987). Since the extent of  $pH_i$  recovery ( $\Delta pH_i$ ) is greater at more alkaline  $pH_o$  and since  $t_{0.5}$  is constant, we conclude that recovery rate increases with increasing  $pH_o$  ( $pH_i$  recovery rate =  $\Delta pH_i / t_{0.5} / 0.693$ ). This is consistent with previous observations on Na<sup>+</sup>-H<sup>+</sup> exchange in a variety of tissues (Aronson, 1985) including cardiac muscle (Vanheel *et al.* 1986; Weissberg *et al.* 1989). Before the phenomenon can be ascribed to a direct effect of  $pH_o$  on the exchanger, one must inquire if changing  $pH_o$  alters  $pH_i$  via mechanisms other than Na<sup>+</sup>-H<sup>+</sup> exchange. For example, reducing  $pH_o$  could conceivably increase a passive, acidifying leak into the cell which would slow  $pH_i$  recovery thus giving the illusion of inhibition.

*Influence of  $pH_o$  upon the background rate of acid loading*

Figure 4A shows that application of a high dose (1 mM) of amiloride results in a reversible acidification. Assuming that this is due to inhibition of Na<sup>+</sup>-H<sup>+</sup> exchange (e.g. Kaila & Vaughan-Jones, 1987), then the initial rate of acidification in amiloride must equal the background rate of acid loading normally balanced by acid efflux on the exchanger. Figure 4A shows that applying amiloride produces similar rates of loading when  $pH_o$  is 8.0, 7.4 and 6.5. Table 1 shows data averaged from several fibres. The mean initial acid-loading rate in amiloride is not significantly different at three values of  $pH_o$  indicating that, in the steady state, background loading is independent of  $pH_o$ . The slowing of  $pH_i$  recovery at low  $pH_o$  (Fig. 2) is therefore not due to an increased acid loading of the cell.

The background loading could be caused either by passive acid influx or by generation *de novo* of acid within the cell. Data shown in Fig. 4B suggest that acid generation is the explanation. Prolonged application (> 40 min) of 10 mM-2-deoxyglucose (DOG) (in glucose-free Tyrode solution) in order to inhibit glycolysis (Allen, Morris, Orchard & Pirolo, 1985; Bountra, Kaila & Vaughan-Jones, 1988) produced a transient alkalosis followed by a sustained acidosis of 0.25 pH units (cf. Bountra *et al.* 1988). The rate of acid loading produced by adding amiloride was then greatly reduced, e.g. in Fig. 4A, acid loading in amiloride was 0.014 pH units min<sup>-1</sup>, measured at a  $pH_i$  6.91 and  $pH_o$  6.5; in the presence of deoxyglucose (Fig. 4B) acid loading in amiloride was reduced by 75% to 0.003 pH units min<sup>-1</sup> (measured at 6.86  $pH_i$  and 6.5  $pH_o$ ). A similar result was obtained (not shown) when 0.5 mM-

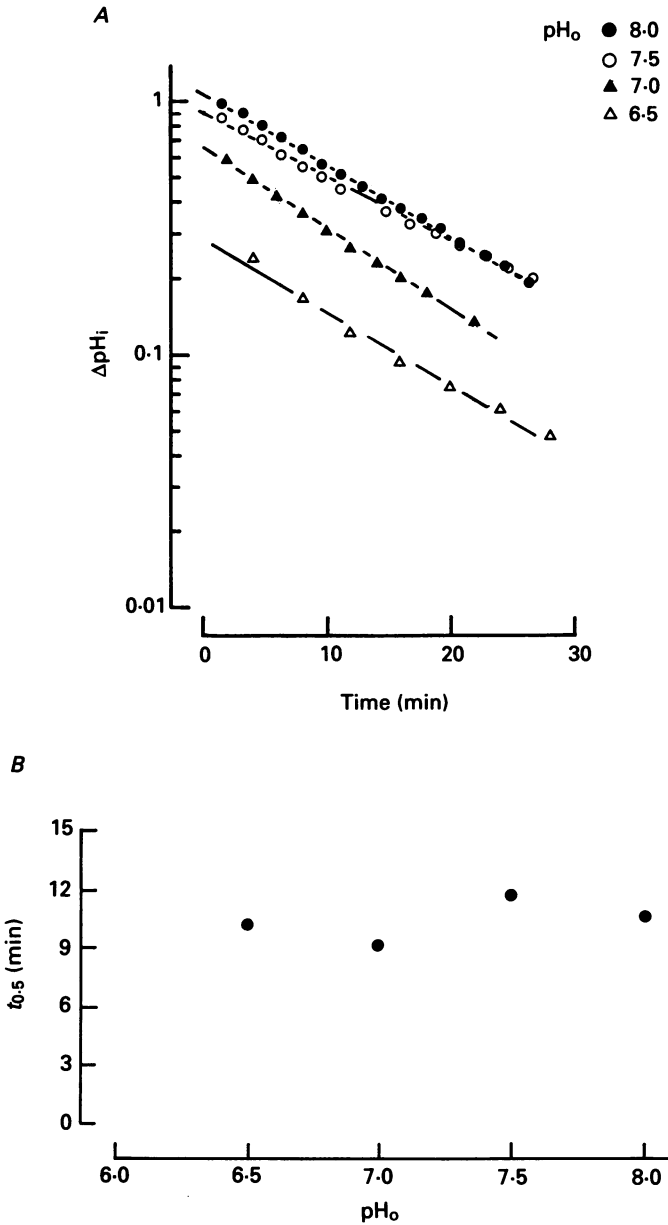


Fig. 3.  $pH_i$  recovery is roughly exponential with a half-time that is independent of  $pH_o$ . A, the time course of the four  $pH_i$  recoveries shown in Fig. 2 is replotted on semilogarithmic axes (ordinate shows  $\log \Delta pH_i$ , where  $\Delta pH_i$  is the difference between  $pH_i$  at a given time during the recovery and the final  $pH_i$  value at the end of the recovery). B, the half-time for  $pH_i$  recovery ( $t_{0.5}$ ) is plotted *versus*  $pH_o$ . Data from A.

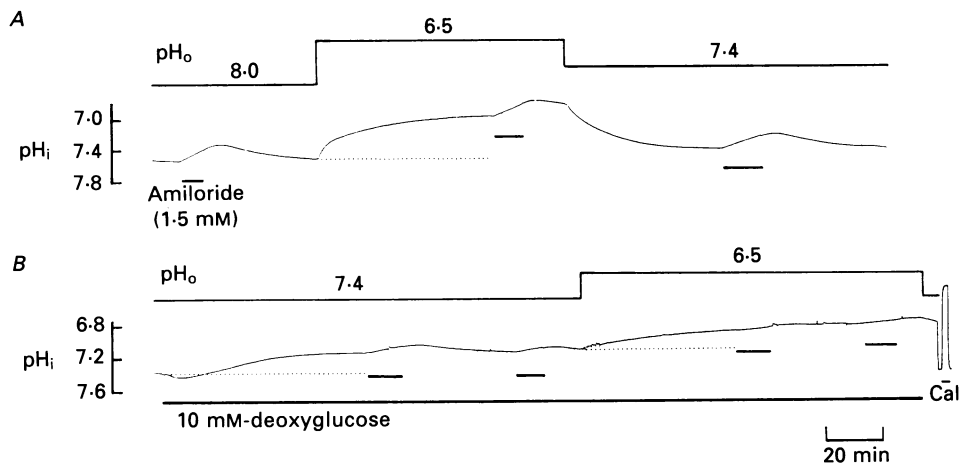


Fig. 4. Rate of background acid loading is independent of  $\text{pH}_o$ . *A*, experimental protocol. Background loading was estimated by adding amiloride (1.5 mM) to inhibit acid extrusion (bars under  $\text{pH}_i$  trace). Changes of  $\text{pH}_o$  are indicated at top of figure. Note that  $\text{pH}_i$  was allowed to stabilize in each new  $\text{pH}_o$  before amiloride was added. *B*, deoxyglucose (DOG, 10 mM in glucose-free solution) reduces steady-state background loading (revealed by adding 1.5 mM-amiloride). Extracellular calibration of pH electrode shown at end of figure (Cal). *B* is continuation of experiment shown in *A*.

TABLE 1. Steady-state background acid loading at various  $\text{pH}_o$ , determined by adding 1 mM-amiloride

$\text{pH}_o$	Mean $\text{pH}_i$	Background acid loading rate (mequiv $\text{l}^{-1} \text{min}^{-1}$ )
8.0	$7.38 \pm 0.01$	$0.10 \pm 0.01$ (n = 4)
7.4	$7.17 \pm 0.04$	$0.10 \pm 0.02$ (n = 5)
6.75	$6.95 \pm 0.04$	$0.09 \pm 0.01$ (n = 4)

Loading =  $-\beta \text{ dpH}/\text{dt}$ . Values represented as means  $\pm$  s.e.m.

iodoacetate rather than deoxyglucose was used to inhibit glycolysis. Most background acid loading therefore appears to be metabolic which may help explain its insensitivity to changes of  $\text{pH}_o$ .

Upon reducing  $\text{pH}_o$ ,  $\text{pH}_i$  falls relatively rapidly (Fig. 4*A*) and then stabilizes within 20–30 min. The nature of this initial fall of  $\text{pH}_i$  is unclear. It cannot be caused by thermodynamic reversal of  $\text{Na}^+-\text{H}^+$  exchange since  $\text{pH}_o$  is not sufficiently low (a  $\text{pH}_o < 6.30$  would be required, assuming  $a_{\text{Na}^+}^i = 7.5 \text{ mM}$ ). Chloride–bicarbonate exchange is unlikely to be involved since all solutions were nominally free of  $\text{CO}_2-\text{HCO}_3^-$ . The fall of  $\text{pH}_i$  with  $\text{pH}_o$  persists in the presence of DOG (although the rate of fall may possibly be reduced, Fig. 4*B*) and so cannot be attributed entirely to anaerobic metabolism. The initial rate of internal acid loading is also much more rapid than that measured by applying amiloride in the steady state (Fig. 4*A*). These observations would be consistent with an increased, background  $\text{H}^+$  influx at low  $\text{pH}_o$ . The increase, however, would have to be *transient* since, in the steady state, the background acid loading is unchanged, as judged from the constant loading rate in amiloride. Thus, although there is some evidence for a transient  $\text{pH}_o$ -sensitive acid loading in the Purkinje fibre, this will not affect our analysis of  $\text{pH}_i$  recovery since, upon changing  $\text{pH}_o$ , we always permitted  $\text{pH}_i$  to relax to a steady state before performing an ammonium rebound (see Figs 2 and 6).



In the experiment of Fig. 5A we investigate whether, at constant  $pH_o$ , background acid generation varies with *intracellular* pH. Removal of  $Na_o^+$  (thus inhibiting  $Na^+-H^+$  exchange) initially produced a small transient intracellular acidosis followed by a slower, continuous decline of  $pH_i$  comparable to that seen with amiloride. This

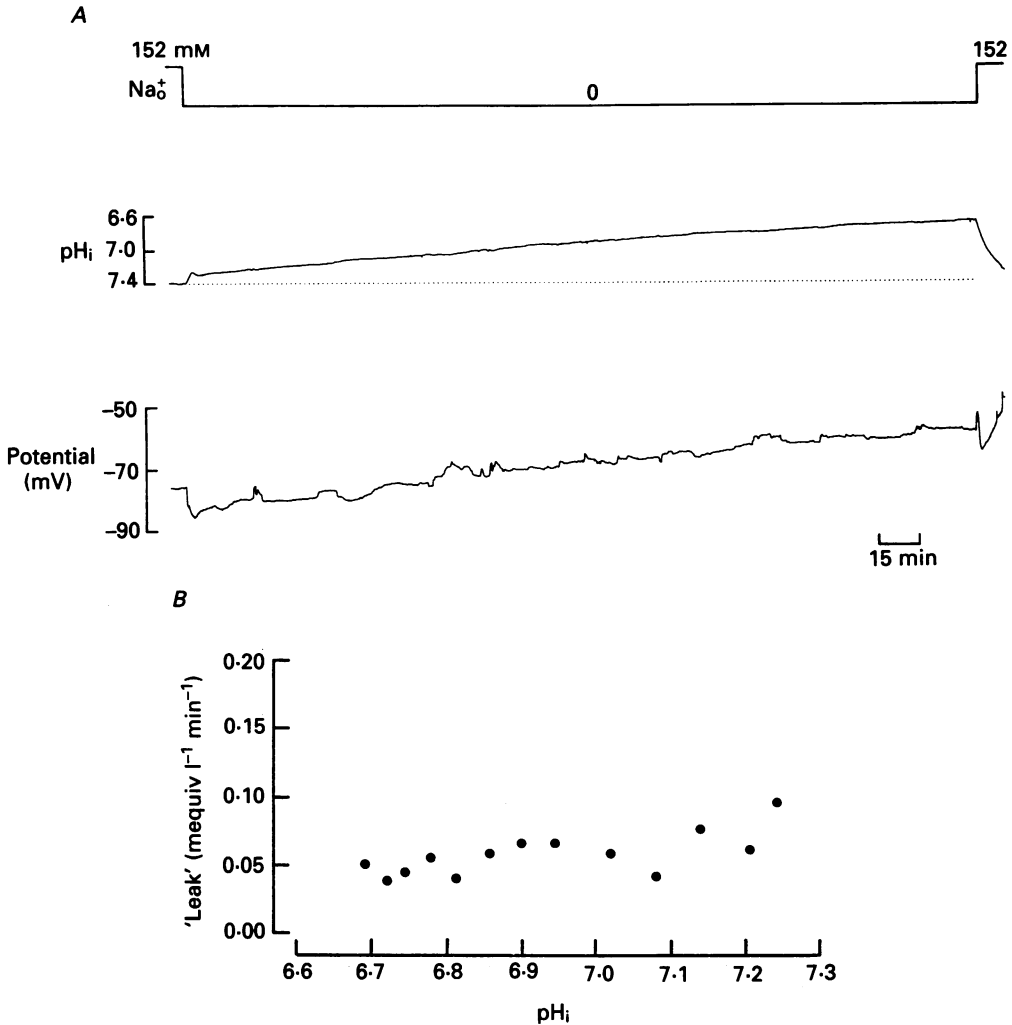


Fig. 5. Revealing the background acid-loading rate by inhibiting acid extrusion in  $Na^+$ -free solution. *A*, experimental protocol.  $Na_o^+$  replaced by N-methyl-D-glucamine (indicated at top). Traces show (upper)  $pH_i$  and (lower) membrane potential. *B*, acid loading in  $Na^+$ -free solution (labelled 'leak' and calculated as  $-\beta dpH_i/dt$ ) is plotted versus  $pH_i$ ; data from *A*.

is therefore likely to reflect background loading. Possible reversal of  $Na^+-H^+$  exchange (or  $Na^+-Ca^{2+}$  exchange) in  $Na^+$ -free solution will not be a contributing factor after 10 min since  $Na_i^+$  falls within a few minutes to  $< 0.5$  mM (Ellis, 1977). Figure 5B plots the rate of acid loading (calculated as  $-\beta dpH_i/dt$ ) as a function of  $pH_i$  during  $Na^+$ -free treatment. Despite some scatter, the background loading rate

appears to be reasonably constant ( $\sim 0.05 \text{ mM l}^{-1}$ , similar to the loading rates listed in Table 1) in the  $\text{pH}_i$  range from 6.7 to 7.2 (there may be a trend towards slightly lower loading rates at low  $\text{pH}_i$ ). Thus, during  $\text{pH}_i$  recovery from an acid load, a constant term ( $z$ ) should be added to estimates of acid efflux ( $J_e$ ),

$$J_e = \beta \text{d}\text{pH}_i/\text{d}t + z, \quad (2)$$

(where  $z$  is, on average,  $0.1 \text{ mM l}^{-1}$ ; see Table 1) in order to allow for efflux which balances background metabolic loading. This addition has been done in all subsequent measurements of  $J_e$  presented in this paper. In some cases  $z$  was determined directly by amiloride addition in the same experiment. In the cases where this was not done, a value for  $z$  of  $0.1 \text{ mM l}^{-1}$  was assumed. Note that this correction value is small compared with the total magnitude of  $J_e$  estimated during  $\text{pH}_i$ -recovery from an acid load (Figs 8, 9, 12 and 13).

#### *Raising $\text{pH}_o$ directly stimulates $\text{Na}^+\text{-H}^+$ exchange*

Figure 6 shows an experiment where  $a_{\text{Na}}^i$  was recorded as well as  $\text{pH}_i$ . This experiment provides firm evidence for stimulation of  $\text{Na}^+\text{-H}^+$  exchange since the acceleration in  $\text{pH}_i$  recovery from an internal acid load at high  $\text{pH}_o$  was accompanied by an increased overshoot of  $a_{\text{Na}}^i$ . The rise of  $a_{\text{Na}}^i$  is caused by  $\text{Na}^+$  influx on  $\text{Na}^+\text{-H}^+$  exchange (Deitmer & Ellis, 1980; Piwnica-Worms, Jacob, Horres & Lieberman, 1985; Kaila & Vaughan-Jones, 1987) and so the initial rate of rise of  $a_{\text{Na}}^i$  should provide an estimate of this influx. In Fig. 6, it is apparent that (for a constant internal acid load) the rise of  $a_{\text{Na}}^i$  accelerated when  $\text{pH}_o$  was made more alkaline. This effect has been plotted in Fig. 7 which shows that  $\text{Na}^+$  influx increases sigmoidally with  $\text{pH}_o$ , displaying evidence of saturation at  $\text{pH}_o$  8.5. Activation is 50% complete at  $\text{pH}_o$  7.05. These data, which are independent of  $\text{pH}_i$  measurement, provide final proof that  $\text{Na}^+\text{-H}^+$  exchange is stimulated by a rise of  $\text{pH}_o$ .

#### *Effect of $\text{pH}_o$ upon the $\text{pH}_i$ dependence of acid extrusion*

Figure 8 presents data obtained from an experiment similar to that shown in Figs 2 and 6. The data are plotted in the form of a series of activation curves for acid efflux as a function of  $\text{pH}_i$ , measured at various values of  $\text{pH}_o$ . Acid efflux was calculated using eqn (2); the appropriate value for  $\beta$  (intracellular buffering power) in this equation was calculated from eqn (1). The relationships are not linear since there is clear evidence of a 'foot' to the activations observed at the higher values of  $\text{pH}_i$ . Nevertheless, over much of the range of  $\text{pH}_i$ , the data form a series of roughly parallel lines. This is to be expected since Figs 2 and 3 have shown that  $\text{pH}_i$  recovery at various  $\text{pH}_o$  can be approximated to an exponential process possessing a common half-time. Figure 8 indicates that reduction of  $\text{pH}_o$  inhibits acid efflux by shifting the  $\text{pH}_i$  dependence of extrusion to the left along the abscissa (to lower values of  $\text{pH}_i$ ). For a fall of  $\text{pH}_o$  from 8.0 to 7.0 (1.0 pH units), there is a leftward shift of about 0.3 pH units with virtually no change in slope. A similar result was obtained in four other fibres. It is notable that, in all fibres tested, for successive 0.5 pH unit decreases in  $\text{pH}_o$  from 8.5 to 6.5 the leftward shift of the  $\text{pH}_i$  curve became successively larger. For example, in Fig. 8, the shift was greatest for the  $\text{pH}_o$  decrease from 7.5 to 7.0. We return to this observation in the next section.

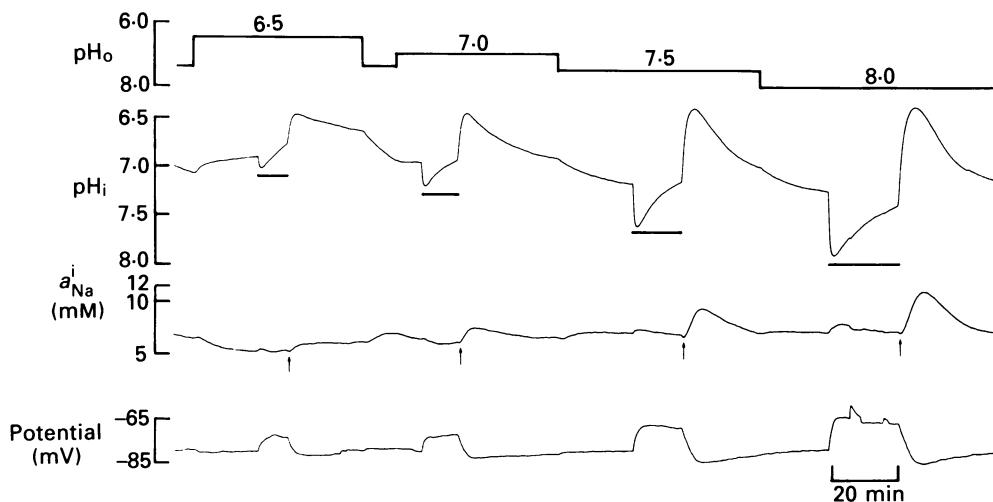


Fig. 6. Acceleration of  $pH_i$  recovery upon raising  $pH_o$  is accompanied by acceleration in the rise of  $a_{Na}^i$ . Changes of  $pH_o$  indicated at top of figure. Traces show  $pH_i$  (upper),  $a_{Na}^i$  (middle) and membrane potential (lower). Short bars under  $pH_i$  trace indicate periods of application of  $NH_4Cl$  (20 mM). Vertical arrows under  $a_{Na}^i$  trace indicate the rise of  $a_{Na}^i$  caused by reducing  $pH_i$  at various values of  $pH_o$ . Solutions buffered with 20 mM-HEPES.

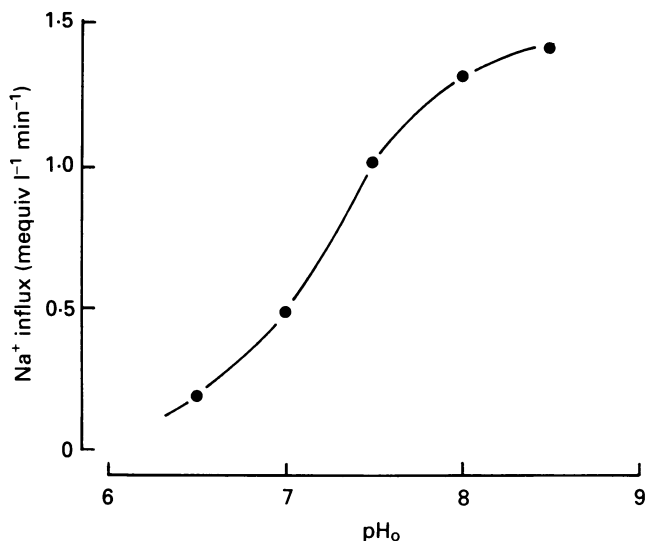


Fig. 7. At constant  $pH_i$ ,  $Na^+$  influx (via  $Na^+-H^+$  exchange) increases with  $pH_o$ . Data from Fig. 6,  $Na^+$  influx expressed as  $0.75^{-1} (da_{Na}^i/dt)$  where  $da_{Na}^i/dt$  was measured at a  $pH_i$  of 6.65 during the intracellular acid loads induced by removing  $NH_4Cl$  (20 mM). The data are converted from activity to concentration changes per unit time by dividing by 0.75 (assumed intracellular  $Na^+$  activity coefficient).

The leftward shift suggests a decrease in the apparent intracellular  $H^+$  ion affinity ( $pK_1$ ) of the exchanger in response to a decrease in  $pH_o$  (i.e. a decrease in the  $pH_i$  required for 50% activation of efflux.). Unfortunately, we cannot directly measure  $pK_1$  since we have no estimate of the maximum extrusion rate at low  $pH_i$  ( $V_{max,i}$ ). If

we assume that  $V_{\max,i}$  is unaffected by changes in  $\text{pH}_o$ , then the leftward shift (Fig. 8) suggests that  $\text{p}K_i$  decreases by about 0.3 pH units for a 1.0 decrease in  $\text{pH}_o$ . A similar result was obtained in four other fibres. Clearly, if  $V_{\max,i}$  is also reduced by lowering  $\text{pH}_o$ , then the above fall in  $\text{p}K_i$  will have been overestimated. We return to this point in the Discussion.

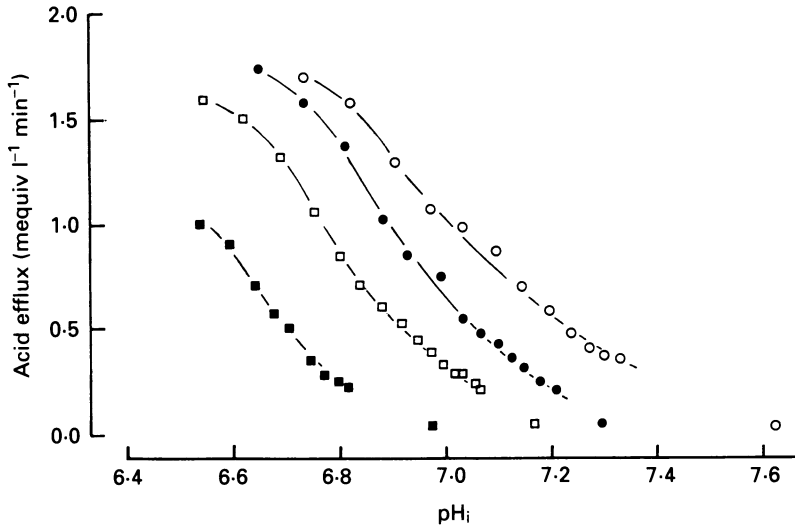


Fig. 8. Influence of  $\text{pH}_o$  upon  $\text{pH}_i$  dependence of acid extrusion. Acid efflux ( $\beta \text{ dpH}_i/\text{dt}$ ) during  $\text{pH}_i$  recovery from an ammonium pre-pulse is plotted *versus*  $\text{pH}_i$  under conditions where  $\text{pH}_o$  was 8.5 (○), 8.0 (●), 7.5 (□) and 7.0 (■). Data taken from an experiment similar to that shown in Figs 2 and 6. The four individual points shown at the base of the four curves denote  $\text{pH}_i$  achieved in the steady state (acid efflux in the steady state was assumed to equal the mean value of 0.1 mequiv  $\text{l}^{-1} \text{min}^{-1}$  quoted for background acid loading in Table 1).

#### *The effect of $\text{pH}_i$ upon the $\text{pH}_o$ dependence of acid extrusion*

The effect of varying  $\text{pH}_o$  upon acid extrusion (at constant  $\text{pH}_i$ ) has already been estimated (Fig. 7) from changes in the counter-influx of  $\text{Na}^+$ . A similar sigmoidal relationship is evident if one examines the  $\text{pH}_o$  sensitivity of  $\text{pH}_i$  recovery. Figure 9 shows a plot of acid efflux as a function of  $\text{pH}_o$ , data being taken from Fig. 6. We have estimated acid efflux at four different levels of  $\text{pH}_i$ . In all cases acid efflux increases with  $\text{pH}_o$  in the range from 6.5 to 8.5 with signs of saturation as  $\text{pH}_o$  approaches 8.5. This was also the case in four other fibres.

Saturation is consistent with the observation (see previous section) that the parallel shift in the  $\text{pH}_i$  curve with change of  $\text{pH}_o$  is smallest at high values of  $\text{pH}_o$ . Not also that the acid efflux curve measured at  $\text{pH}_i$  6.65 (Fig. 9) matches closely the  $\text{Na}^+$  influx curve estimated (Fig. 7) in the same experiment (at  $\text{pH}_i \sim 6.7$ ) thus demonstrating that the exchange fluxes derived from  $\text{pH}_i$  and  $a_{\text{Na}}^i$  measurements are in good stoichiometric agreement.

Figure 9 indicates that reducing  $\text{pH}_i$  influences the size and shape of the relationship between acid efflux and  $\text{pH}_o$ . Two important effects are evident: (i) there

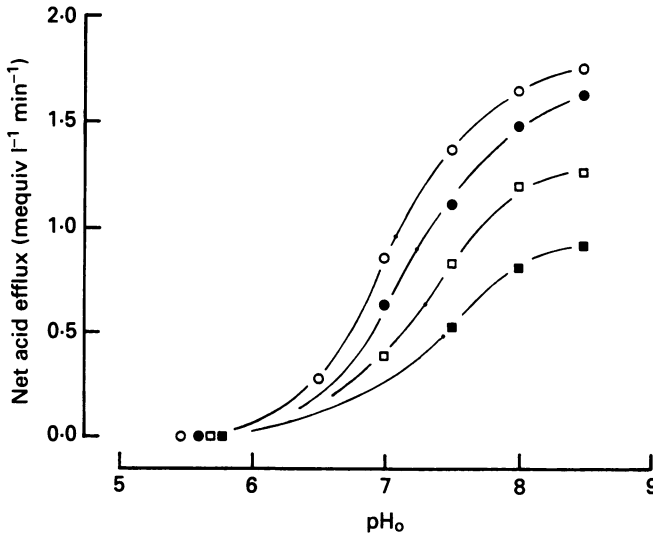


Fig. 9. Influence of  $pH_1$  upon the  $pH_0$  dependence of acid extrusion. Data taken from experiment shown in Fig. 6. For a constant value of  $pH_1$  (6.65,  $\circ$ ; 6.75,  $\bullet$ ; 6.85,  $\square$ ; 6.95,  $\blacksquare$ ) acid efflux has been estimated (eqn (2)) at various values of  $pH_0$ . Curves drawn by eye. The dots on each curve indicate  $pH_0$  at 50% maximal efflux (i.e.  $pK_0$ ). Note that, at lower values of  $pH_1$ ,  $pK_0$  is also lower. The points at the base of the four curves denote zero efflux. These indicate  $pH_0$  at which  $Na^+-H^+$  exchange is at thermodynamic equilibrium. These zero points were calculated using the equation:

$$pH_0(\text{equilibrium}) = pH_1 - \log_{10} \frac{Na_0^+}{Na_1^+},$$

where  $Na_0^+ = 148$ .

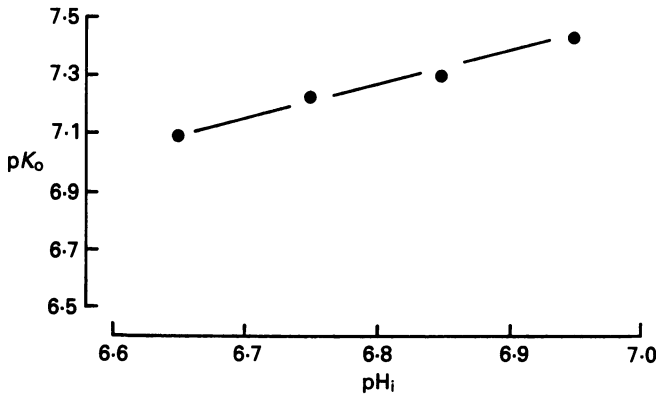


Fig. 10. Influence upon  $pK_0$  (apparent external  $H^+$  ion affinity) of a change in  $pH_1$ . Data taken from Fig. 9. Line fitted by least-squares linear regression.

is an increase in  $V_{max,o}$  (maximal rate at high  $pH_0$ ) and (ii) there is a reduction in  $pK_0$  ( $pK_0 = pH_0$  at 50% maximal acid efflux). The increase in  $V_{max,o}$  was expected since, even at alkaline levels of  $pH_0$  (8.0–8.5) the exchanger remained non-saturated with respect to  $pH_1$  (see Fig. 8). The decrease in  $pK_0$ , however, was not anticipated

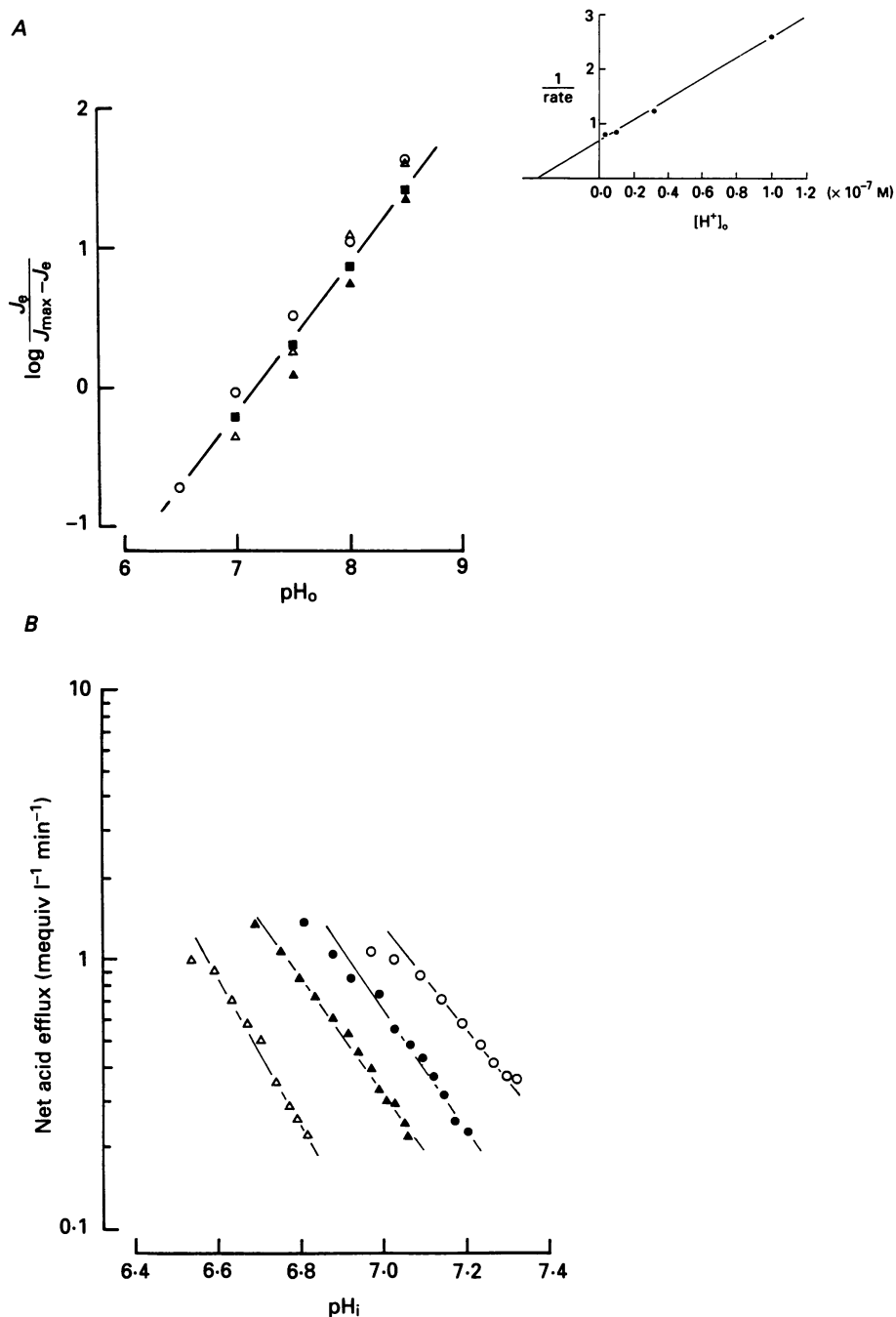


Fig. 11. Comparison of  $\text{pH}_1$  and  $\text{pH}_0$  dependence of acid extrusion ( $\text{H}^+$  sensitivity is asymmetric across membrane). *A*, external  $\text{H}^+$  sensitivity. Hill plots of acid efflux *versus*  $\text{pH}_0$  determined at various values of  $\text{pH}_1$  ( $\text{pH}_1$ : 6.65,  $\circ$ ; 6.75,  $\blacksquare$ ; 6.85,  $\triangle$ ; 6.95,  $\blacktriangle$ ). Data from Fig. 9.  $J_e$  and  $J_{\max}$  are the net acid efflux and the maximum acid efflux at a given  $\text{pH}_0$  and at various values of  $\text{pH}_1$ . Hill slopes (coefficients) are respectively 1.16, 1.10, 1.30 and 1.20 (least-squares linear regression). A single line (for convenience) is fitted (least squares) to all the points (slope = 1.14). Inset shows Dixon plot of  $\text{efflux}^{-1}$  ( $\text{mequiv l}^{-1} \text{ min}^{-1}$ ) $^{-1}$

intuitively. It indicates that the apparent affinity of Na<sup>+</sup>-H<sup>+</sup> exchange for *extracellular* H<sup>+</sup> ions is decreased in response to a fall of pH<sub>i</sub>. This complements the previous observation that a fall of pH<sub>o</sub> decreases the apparent affinity of Na<sup>+</sup>-H<sup>+</sup> exchange for *intracellular* H<sup>+</sup> ions (Fig. 8).

The influence of pH<sub>i</sub> upon pK<sub>o</sub> evident in Fig. 9 has been plotted in Fig. 10. Reducing pH<sub>i</sub> from 6.95 to 6.65 (0.3 pH units) decreases pK<sub>o</sub> by a similar amount (pK<sub>o</sub> decreases from 7.42 to 7.08; 0.34 pH units). In a total of five experiments, we found that the mean slope of the relationship (as shown in Fig. 10) was 1.46 ± 0.36. Thus the influence upon pK<sub>o</sub> of changing pH<sub>i</sub> is probably larger than the corresponding influence upon pK<sub>i</sub> of changing pH<sub>o</sub> (the leftward shift of the activation curves shown in Fig. 8 is suggestive of a much lower slope; at a maximum it would be 0.3-0.4).

In other cell types, elevating pH<sub>o</sub> in the range from 6.0 to 8.0 stimulates acid efflux, but raising pH<sub>o</sub> above 8.0 then *inhibits* it (e.g. Aronson, 1985). The reason for the decrease in efflux at high pH<sub>o</sub> in other tissues is unclear and is possibly unrelated to the more usual stimulatory effect of alkaline pH<sub>o</sub> (see Aronson, 1985). In our work such inhibition at high pH<sub>o</sub> (8.50) was not typically observed.

#### *Comparison between external and internal pH dependence*

Figure 11A shows Hill plots constructed for the pH<sub>o</sub> sensitivity of acid efflux recorded at the four values of pH<sub>i</sub> shown in Fig. 9. The plots are reasonably parallel with a slope (Hill coefficient) varying between 1.1 and 1.3, i.e. the slope appears to be independent of pH<sub>o</sub>. In five fibres, the mean Hill coefficient for [H<sup>+</sup>]<sub>o</sub> inhibition was 1.23 ± 0.04. This indicates that inhibition is proportional to [H<sup>+</sup>]<sub>o</sub><sup>n</sup>, where *n*, on average, equals 1.2, suggesting that one (but possibly > 1) H<sup>+</sup> ion binds to an external site in order to promote inhibition. Further evidence for H<sub>o</sub><sup>+</sup> interaction at a single site in the Purkinje fibre is the observation that a Dixon plot of reciprocal efflux rate *vs.* [H<sup>+</sup>]<sub>o</sub> is linear, as shown in the inset to Fig. 11A, indicating that inhibition of acid efflux appears to be a hyperbolic function of the extracellular H<sup>+</sup> ion concentration. This would be in agreement with the stoichiometry of [H<sup>+</sup>]<sub>o</sub> inhibition deduced for Na<sup>+</sup>-H<sup>+</sup> exchange in renal vesicles (Aronson, Suhm & Nee, 1983), lymphocytes (Grinstein, Cohen & Rothstein, 1984) and cultured osteoblasts (Green, Yamaguchi, Kleeman & Muallem, 1988).

In contrast, the pH<sub>i</sub> dependence for stimulation of acid extrusion appears to be a steeper function than the pH<sub>o</sub> dependence for inhibition. This is illustrated in Fig. 11B which shows a plot of log efflux *versus* log [H<sup>+</sup>]<sub>i</sub> at various values of pH<sub>o</sub> (data extracted from Fig. 8). It should be emphasized that these are *not* Hill plots. The maximum extrusion rate (*V*<sub>max,i</sub>) at low pH<sub>i</sub> was not available so that we were unable to plot the data according to the Hill convention. Instead we measured the maximum slope of the double-logarithmic plots in Fig. 11B since this should provide at least an empirical estimate of the steepness of dependence of acid extrusion upon [H<sup>+</sup>]<sub>i</sub>. The slope of the four plots is close to 2.0. In four fibres, the mean slope was 2.02 ± 0.15 (*n* = 17) indicating that in the pH<sub>i</sub> range from 7.2 to 6.8, acid extrusion is proportional to [H<sup>+</sup>]<sub>i</sub><sup>n</sup> where *n* = 2.0. This steep dependence of extrusion upon

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*versus* [H<sup>+</sup>]<sub>o</sub>, determined at constant pH<sub>i</sub> of 6.85. Data again from Fig. 9. *B*, internal H<sup>+</sup> sensitivity. Plots of log acid efflux *versus* pH<sub>i</sub> determined at various pH<sub>o</sub> (pH<sub>o</sub>; 8.5, ○; 8.0, ●; 7.5, ▲; 7.0, △; data from an experiment similar to those in Figs 2 and 6). Maximal slope of all four plots is similar. Mean slope = 2.1.

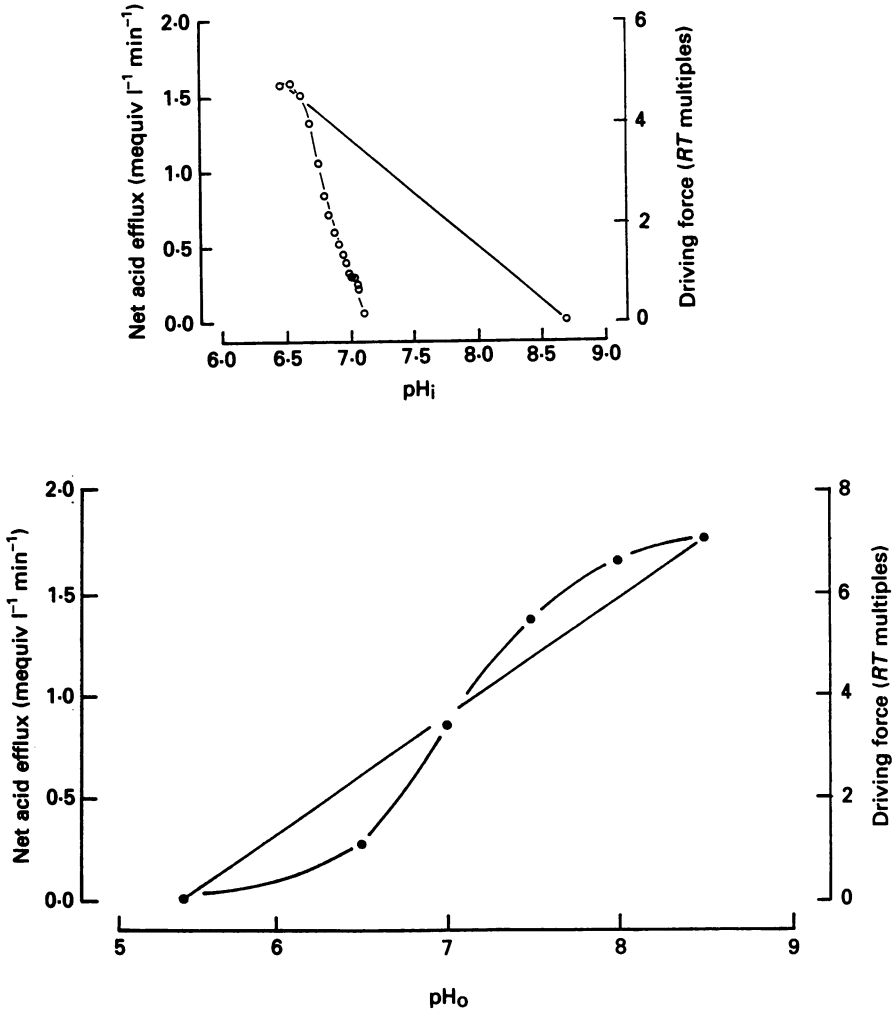


Fig. 12. Inhibition of acid efflux by reduced  $pH_o$  does not correlate linearly with the concomitant decline in chemical driving force. ● denotes experimental data taken from Fig. 9 (constant  $pH_i$  of 6.65), refer to left-hand ordinate. The straight line shows the calculated decline in driving force. Driving force is expressed (right-hand ordinate) as multiples of  $RT$  using the equation:

$$\text{SA3 driving force} = 2.3RT \left( \log_{10} \frac{Na_o^+}{Na_i^+} + pH_o - pH_i \right)$$

where  $Na_o^+ = 148$  mM,  $Na_i^+ = 9.6$  mM,  $pH_i = 6.65$  and  $R$  and  $T$  have their usual meanings. Inset shows acid efflux (left-hand ordinate, ○) and driving force (right-hand ordinate, straight line) plotted *versus* intracellular pH. Experimental data taken from Fig. 8 for the case where  $pH_o$  was 7.5. Driving force calculated using equation above.

intracellular  $[H^+]$  is similar to that derived for  $Na^+ - H^+$  exchange in skeletal muscle (Vigne, Frelin & Lazdunski, 1982) and cardiac myocytes (Frelin, Vigne & Lazdunski, 1985) and a little higher than that seen in renal vesicles and brain synaptosomes (Aronson, 1985; Jean *et al.* 1985;  $n \sim 1.4$ ). The important point is that an exponent



of 2.0 is significantly higher than the average exponent of 1.2 seen here for  $H^+$  inhibition at the external site. We conclude, therefore, that the pH sensitivity of  $Na^+-H^+$  exchange in the Purkinje fibre is asymmetric with respect to  $H^+$  ion binding at the internal and external face and that, over the non-saturating pH range (6.5–7.5), exchange activity is more sensitive to changes of  $pH_i$  than  $pH_o$ .

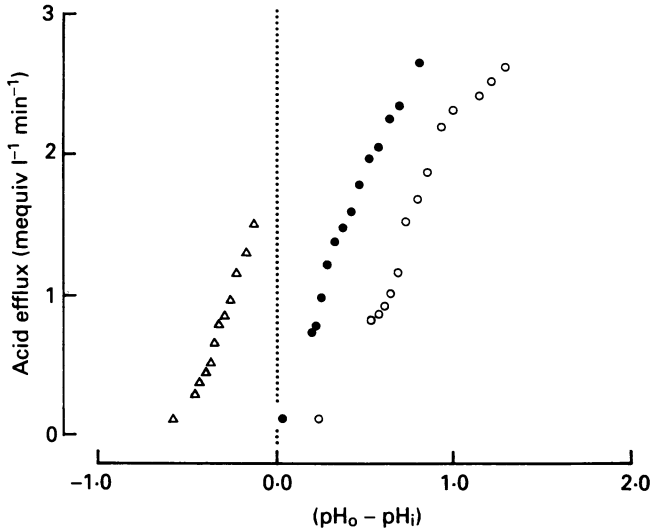


Fig. 13. Acid efflux can still occur when the chemical gradient for  $H^+$  ions is reversed from an outward to an inward gradient (in all cases *total* chemical driving force (cf. legend to Fig. 12) is outward). Acid efflux is plotted *versus*  $(pH_o - pH_i)$  for case where  $pH_o$  is 8.0,  $\circ$ ; 7.4,  $\bullet$ ; 6.5,  $\triangle$ . Vertical dotted line intersects abscissa at zero  $H^+$  gradient.

#### *Tests of hypotheses for $H_0^+$ inactivation of $Na^+-H^+$ exchange*

In this section, we investigate two possible mechanisms for  $H_0^+$  inactivation: (i) it is simply related to the decrease in chemical driving force for acid extrusion and (ii) it is due to the removal of the  $(pH_o - pH_i)$  difference (recall that, at rest,  $pH_i$  is usually less than  $pH_o$ ). Put another way, owing to its sensitivity to  $pH_o$  and  $pH_i$ , acid extrusion may be set principally by the magnitude of the transmembrane  $H^+$  ratio.

#### *$H_0^+$ inhibition does not increase linearly with decreased driving force*

Firstly, it is well documented that for  $Na^+-H^+$  exchange, the decrease in acid efflux as intracellular pH is raised is not linearly related to the decreased chemical driving force (Aronson, 1985), and cardiac cells are no exception here. The decrease in efflux with elevated  $pH_i$  is shown in the inset to Fig. 12; superimposed upon this is the corresponding linear decline in chemical driving force (see legend for details). As  $pH_i$  increases, acid efflux declines much more steeply than the driving force. The main part of Fig. 12 now shows that the same observation applies for  $H_0^+$  inhibition. Here the measured decrease in acid efflux with decreasing  $pH_o$  is compared with the driving force. Unlike driving force, which decreases linearly with  $pH_o$ , efflux declines sigmoidally and, over the  $pH_o$  range from 8.0 to 6.5, efflux declines 2–3 times more

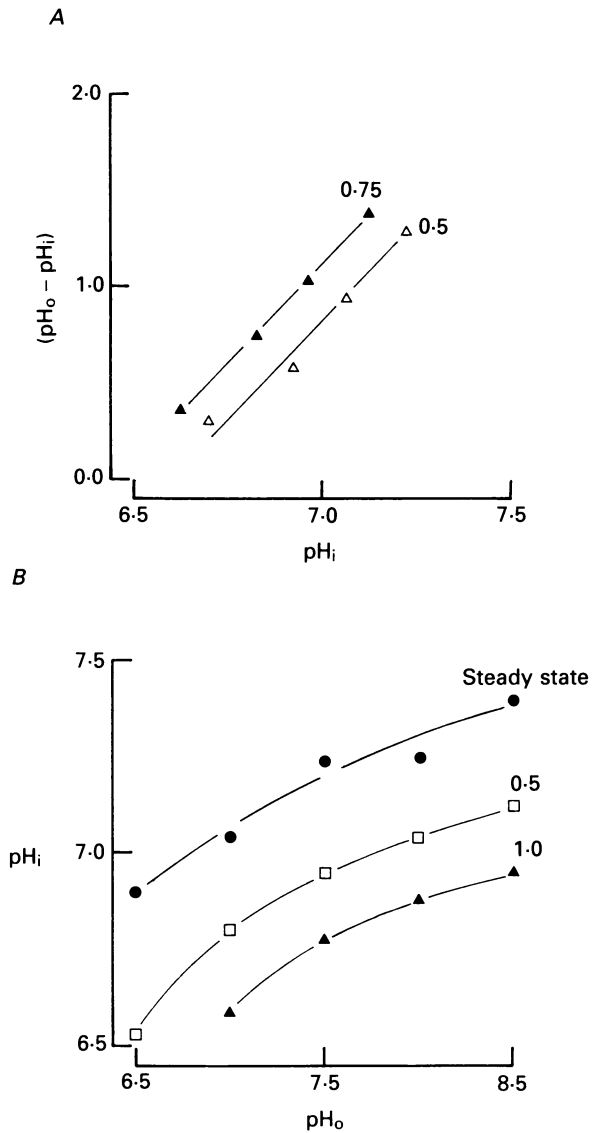


Fig. 14. *A*, acid efflux is not a unique function of  $H^+$  ion gradient ( $pH_o - pH_i$ ). Graph shows value of ( $pH_o - pH_i$ ) that must be imposed in order to maintain a *constant* acid efflux ( $0.75 \text{ mequiv l}^{-1} \text{ min}^{-1}$ ,  $\blacktriangle$ ;  $0.5 \text{ mequiv l}^{-1} \text{ min}^{-1}$ ,  $\triangle$ ) when  $pH_i$  is varied by  $\sim 0.75$  units. *B*, slope of  $pH_i$  versus  $pH_o$  relationship is the same for various constant values of acid efflux ( $1.0 \text{ mequiv l}^{-1} \text{ min}^{-1}$ ,  $\blacktriangle$ ;  $0.5 \text{ mequiv l}^{-1} \text{ min}^{-1}$ ,  $\square$ ;  $0.1 \text{ mequiv l}^{-1} \text{ min}^{-1}$ ,  $\bullet$ ; this last plot represents  $pH_i$  vs.  $pH_o$  in the steady state). See text for details.

steeply than driving force. Exchanger activity in response to changing  $pH_0$  is therefore not a simple, linear function of driving force. Other, kinetic constraints must be influencing the mechanism.

*Acid efflux can occur when  $pH_0$  is less than  $pH_1$*

One possible kinetic constraint is that an outwardly directed  $H^+$  gradient may be an absolute requirement for acid efflux i.e.  $[H^+]_i > [H^+]_o$  (Green *et al.* 1988). In Fig. 13, using data from an experiment similar to that shown in Figs 2 and 6, we have plotted acid efflux *versus* the transmembrane  $H^+$  gradient ( $pH_0 - pH_1$ ) for three  $pH_1$  recoveries recorded at  $pH_0$  6.5, 7.4 and 8.0. When ( $pH_0 - pH_1$ ) on the abscissa is a positive term, the  $H^+$  gradient is outwardly directed and when negative it is inward. In all three cases, *irrespective* of whether ( $pH_0 - pH_1$ ) is positive or negative, acid efflux increases steeply with the increasing ( $pH_0 - pH_1$ ) gradient and it increases with a similar slope. This shows that acid extrusion can proceed easily, even in the face of an inwardly directed  $H^+$  gradient.

*Constant ( $pH_0 - pH_1$ ) does not produce constant acid efflux*

Given a sufficiently large Na gradient, it is possible that the transmembrane  $H^+$  ratio determines acid extrusion (cf. Jean *et al.* 1985). If this were true, then efflux would be related uniquely to ( $pH_0 - pH_1$ ). This is not the case as shown in Fig. 14A. Here, using data from Fig. 8, we estimate the ( $pH_0 - pH_1$ ) difference that must be imposed in order to maintain a *constant* acid efflux when  $pH_1$  is raised from 6.6 to 7.2. It is clear that, at an appropriate  $pH_1$ , a constant acid efflux can be produced even though the ( $pH_0 - pH_1$ ) difference is varied fourfold. Thus the transmembrane  $H^+$  ratio *per se* cannot be setting exchange activity.

The two plots shown in Fig. 14A are reasonably parallel. This phenomenon is illustrated in a different way in Fig. 14B where values of  $pH_1$  required to maintain a constant acid efflux following changes of  $pH_0$  have been plotted. Two constant values of efflux have been selected (see legend). Also plotted are the values of  $pH_0$  and  $pH_1$  observed *in the steady state*. In all three plots, the relationships form shallow curves which are parallel. This suggests that, in the steady state, the  $pH_1$  *versus*  $pH_0$  relationship is determined directly by the  $pH_1$  and  $pH_0$ -dependent properties of  $Na^+-H^+$  exchange.

#### DISCUSSION

In cardiac tissue, as in other tissues, intracellular  $H^+$  ions stimulate  $Na^+-H^+$  exchange whereas extracellular  $H^+$  ions inhibit it. We are principally concerned here with the inhibitory effect. When considering its mechanism we shall, first of all, list the ways in which inhibition is *not* occurring. Although many mechanisms of  $H_0^+$  inhibition can be postulated some are clearly inconsistent with the present data. Four current possibilities for inhibition can now be dismissed.

(1) Inhibition of  $pH_1$  recovery at low  $pH_0$  is not due to an increase in passive  $H^+$  influx (through pathways other than  $Na^+-H^+$  exchange). In the steady state, background acid loading is independent of  $pH_0$  and is reduced by manoeuvres that inhibit glycolysis, indicating that it is primarily a *de novo* generation of metabolic

acid, such as lactic acid (cf. Bountra *et al.* 1988 and Allen *et al.* 1987 for other descriptions of background acid loading in heart caused by glycolysis). In  $\text{CO}_2\text{-HCO}_3^-$ -buffered media, however (which were deliberately avoided in the present work), background acid loading may not necessarily remain independent of  $\text{pH}_o$  since  $\text{Cl}^- \text{-HCO}_3^-$  exchange and a possible  $\text{HCO}_3^-$  ion conductance will offer appreciable pathways for a  $\text{pH}_o$ -sensitive  $\text{H}^+$ -equivalent influx. The  $\text{pH}_o$  independence of background acid loading in HEPES-buffered media has the interesting consequence that, in the steady state, acid extrusion via  $\text{Na}^+ \text{-H}^+$  exchange (which must balance acid loading) will also be independent of  $\text{pH}_o$ . We return to this point later.

(2) Inhibition of  $\text{Na}^+ \text{-H}^+$  exchange at low  $\text{pH}_o$  is not related simply to the reduction in the thermodynamic driving force. The present work shows that acid efflux depends upon  $\text{pH}_i$  and  $\text{pH}_o$  in a highly non-linear fashion. This, coupled with the asymmetry in pH dependence at the internal and external face, points to a complex kinetic behaviour of the exchanger with respect to  $\text{H}^+$  ions.

(3) Inhibition at low  $\text{pH}_o$  is not due to removal or even reversal of the transmembrane  $\text{H}^+$  gradient. In most cell types,  $\text{pH}_i$  at rest is less than  $\text{pH}_o$ , and so the chemical  $\text{H}^+$  gradient is outwardly directed. It is often suggested that this fact may be of physiological significance. Jean *et al.* (1985) propose that, in brain synaptosomes, the transmembrane  $\text{H}^+$  ratio (i.e.  $\text{pH}_o \text{-pH}_i$ ) is the important determinant of acid extrusion and Green *et al.* (1988) extend this proposal by suggesting that, in osteoblasts, the exchanger can extrude acid only if the  $\text{H}^+$  gradient is outwardly directed. Both of the above proposals do not apply to  $\text{Na}^+ \text{-H}^+$  exchange in the cardiac Purkinje fibre and given the general similarity of the exchanger in the three preparations, it seems likely that the proposals do *not* apply in the other cell types either. Quite obviously,  $\text{Na}^+ \text{-H}^+$  exchange must respond to both  $\text{pH}_i$  and  $\text{pH}_o$ . Nevertheless, it is the *absolute* value of these parameters that is important for setting extrusion rate and not simply their numerical difference. As an illustration, Fig. 14A shows that the transmembrane  $\text{H}^+$  ratio can, at appropriate values of  $\text{pH}_i$  and  $\text{pH}_o$ , be varied fourfold for no change in extrusion rate. Furthermore, we find that acid extrusion can proceed even when the chemical  $\text{H}^+$  gradient has been reversed, i.e.  $\text{pH}_i > \text{pH}_o$  (providing of course, that sufficient energy is available in the  $\text{Na}^+$  gradient to drive acid extrusion). Thus it would appear that, at least as far as  $\text{Na}^+ \text{-H}^+$  exchange is concerned, the normally outwardly directed  $\text{H}^+$  gradient in the steady state does not have any special physiological significance.

(4) Inhibition at low  $\text{pH}_o$  does not occur via a significant reduction in the slope of the efflux *versus*  $\text{pH}_i$  relationship as occurs, for example, for  $\text{H}_o^+$  inhibition of acid extrusion in the giant barnacle muscle fibre (Boron, McCormick & Roos, 1979). Our data (Fig. 11B) suggest that, at low  $\text{pH}_o$ , the number of intracellular  $\text{H}^+$  ions binding per exchanger unit remains the same, although the apparent intracellular  $\text{H}^+$  affinity is reduced.

*Exchange activity is set by both  $\text{pH}_i$  and  $\text{pH}_o$*

We find that, in cardiac tissue, the dependence of acid extrusion upon  $\text{pH}_i$  is modulated by  $\text{pH}_o$  and vice versa. These transmembrane effects of pH are manifested as changes in the apparent external and internal affinities for  $\text{H}^+$  ions ( $\text{p}K_o$  and  $\text{p}K_i$ ). Hence a reduction of  $\text{pH}_o$  reduces  $\text{p}K_i$  while a reduction of  $\text{pH}_i$  reduces  $\text{p}K_o$ . The

importance of this phenomenon is best appreciated by referring to Fig. 15. In Fig. 15A, the dependencies of  $Na^+-H^+$  exchange upon  $pH_i$  and  $pH_o$  have been superimposed graphically by using a common pH axis to define both internal and external pH. This format emphasizes that activation by  $[H^+]_i$  and inactivation by  $[H^+]_o$  occurs over a common pH range, with a significant region of cross-over between pH 6.5 and 8.0. At rest, the internal site is represented as being about 10% activated by  $H_i^+$  ions whereas the external site will be about 60% inactivated by  $H_o^+$  ions. In Fig. 15B, we see the effect of reducing  $pH_i$  (to 6.6) at constant  $pH_o$  (7.4). The steep  $pH_i$  curve ensures a high activation following intracellular acidosis but sensitivity to *extracellular* pH is also altered. There is an increase in  $V_{max,o}$  and decrease in  $pK_o$  of the  $pH_o$  curve. Consequently, even though  $pH_o$  has not changed, the exchanger will now be only about 20% inactivated by  $H_o^+$  ions, i.e. reducing  $pH_i$  appears to remove some of the external  $H^+$  inactivation thus reinforcing stimulation of the exchanger. Figure 15C shows that the opposite happens if  $pH_o$  is reduced (to 6.4) at constant  $pH_i$  (7.2). As expected, external  $H^+$  inactivation increases but there is also a leftward shift in the  $pH_i$  curve and consequently a decrease of activation by internal  $H^+$  ions.

*Is  $pK_i$  really reduced by low  $pH_o$ ?* Although we attribute the leftward shift of the  $pH_i$  curve (Fig. 15C) to a fall in  $pK_i$ , our data cannot provide conclusive proof of this without information regarding  $V_{max,i}$  (maximal rate at low  $pH_i$ ). If  $V_{max,i}$  were unaffected by  $pH_o$ , then the leftward shift seen in Fig. 8 upon moving from  $pH_o$  8.0 to 7.0 would indicate a fall in  $pK_i$  of 0.3–0.4 pH units. If  $V_{max,i}$  were also, reduced, the fall in  $pK_i$  would be < 0.3.

We would point out that the two previous reports of a decrease in  $pK_i$  with  $pH_o$  (Jean *et al.* 1985; Green *et al.* 1988) are also troubled by the same problem discussed here. In both papers the authors present no firm evidence concerning possible simultaneous changes in  $V_{max,i}$ . Thus the apparent shift in  $pK_i$  has not strictly been proven yet in *any* preparation, although the data are strongly suggestive of a shift occurring.

When considering the opposite effect (i.e. the decrease in apparent  $pK_o$  following a decrease of  $pH_i$ ) then our own data would seem to be conclusive, since we can measure changes in both  $pK_o$  and  $V_{max,o}$ . Thus the transmembrane effect of  $pH_i$  upon apparent  $H_o^+$  affinity seems clear whereas the effect of  $pH_o$  upon  $H_i^+$  affinity is strongly indicated by the data but not fully proven. What is clear, however, is that reducing  $pH_o$  shifts the visible portion of the  $pH_i$  curve to the left (Fig. 15C) thus inhibiting acid efflux.

The rather complex  $H_i^+$  and  $H_o^+$  sensitivity of the exchanger in the Purkinje fibre is similar to that reported in brain synaptosomes (Jean *et al.* 1985) and cultured osteoblasts (Green *et al.* 1988) although there is an important quantitative difference. In these other preparations the leftward shift of the  $pH_i$  curve (in pH units) during external acidosis (Fig. 15C) was roughly equal to the decrease in  $pH_o$  whereas, in the Purkinje fibre, the shift is only about one-third of the  $pH_o$  change. This has important consequences in cardiac tissue. If no other acid transport is operating, then  $pH_i$  in the steady state will be changed by one-third of the change in  $pH_o$ . This is precisely what is observed experimentally in cardiac tissue (Fig. 14B; also cf. Deitmer & Ellis, 1980; Weissberg *et al.* 1989), the relationship between  $pH_i$  and  $pH_o$  in the steady state is roughly linear, with a slope of  $\sim 0.3$ . This occurs because a decrease in  $pH_o$  of, say, 1.0 pH units does not change the steady-state background loading rate, whereas, because of the leftward shift in the  $pH_i$  curve ( $\sim 0.3$  pH units), it inhibits  $Na^+-H^+$  exchange. Hence  $pH_i$  will fall. A new steady state will be achieved when the control level of acid extrusion has been re-established, at the expense of

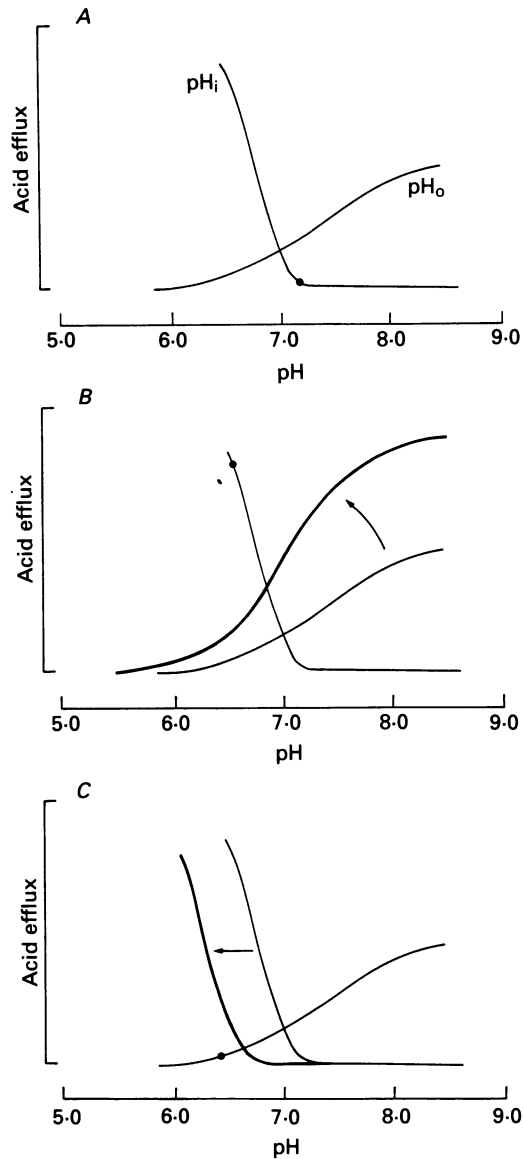


Fig. 15. Diagrammatic summary of response of  $\text{Na}^+\text{-H}^+$  exchange to a change in  $\text{pH}_i$  and  $\text{pH}_o$ . Abscissa refers to  $\text{pH}_i$  (the graph with negative slope) or  $\text{pH}_o$  (positive slope graph). *A*, resting condition.  $\text{pH}_i$  is 7.20 (● on  $\text{pH}_i$  graph) while  $\text{pH}_o$  is 7.40 (not indicated on graph). *B*, effect of intracellular acidosis.  $\text{pH}_i$  reduced to 6.70 (● on  $\text{pH}_i$  graph) while  $\text{pH}_o$  remains at 7.40. Acid efflux is strongly activated at the internal site as shown, but the  $\text{pH}_o$  curve has now changed (see thickened curve),  $V_{\text{max},o}$  is elevated and  $\text{p}K_o$  has decreased. Thus external  $\text{H}^+$  inactivation has been reduced in response to intracellular acidosis. *C*, effect of extracellular acidosis.  $\text{pH}_o$  reduced from 7.40 to 6.40 (● on  $\text{pH}_o$  graph) while  $\text{pH}_i$  remains at 7.20. Acid efflux is strongly inhibited at the external site as shown, but the  $\text{pH}_i$  curve has now changed (see thickened curve), shifting in parallel to the left. Thus internal  $\text{H}^+$  activation has been reduced in response to extracellular acidosis.

allowing  $pH_i$  to fall by 0.3 pH units. The influence of  $pH_o$  upon  $pH_i$  in the steady state is thus a reflection of the  $H_0^+$  inactivation of  $Na^+-H^+$  exchange.

The larger leftward shifts of the  $pH_i$  curves seen during external acidosis in brain synaptosomes and osteoblasts might imply a much steeper  $pH_i$  vs.  $pH_o$  relationship in the steady state, with a slope of  $\sim 1.0$ . No information is available regarding steady-state  $pH_i$  in these preparations but a slope of unity would be somewhat surprising since most other cell types display a slope similar to that of the cardiac Purkinje fibre (e.g. Thomas, 1974; Aickin & Thomas, 1977; Aickin, 1984; Tolkovsky & Richards, 1987; Weissberg *et al.* 1989). In future, it will be of interest to see if the  $H_0^+$  sensitivity of  $Na^+-H^+$  exchange in a variety of other tissues resembles that seen in the present work. For example, data presented recently by Tolkovsky & Richards (1987) for  $Na^+-H^+$  exchange in superior cervical ganglion cells suggest a similar  $H_0^+$  sensitivity. Reducing  $pH_o$  by 1.0 pH unit decreases  $pH_i$  by 0.2 pH units but does not affect the  $t_{0.5}$  for  $pH_i$  recovery, very similar to our observations in the Purkinje fibre. It seems possible, therefore, that the  $H_0^+$  sensitivity of  $Na^+-H^+$  exchange described here may be common to all cells where the exchanger exists, although there may be variations in the quantitative details.

#### *Candidates remaining for $H_0^+$ inhibition*

There is, as yet, no universal scheme for  $Na^+-H^+$  transport but simultaneous kinetic mechanisms (as opposed to ping-pong mechanisms) have been favoured (Aronson, 1985; Green *et al.* 1988; Montrose & Murer, 1988). In fact, it is not established firmly that  $H^+$  ions are counter-transported with  $Na^+$  rather than  $OH^-$  ions being co-transported with  $Na^+$ . Nevertheless  $H^+$  and not  $OH^-$  movement is usually assumed and, in line with this consensus, we attribute our low  $pH_o$  inhibition to  $H_0^+$  inactivation rather than  $OH_0^-$  activation. An obvious model would be one where raising  $[H^+]_o$  promotes  $H_0^+-Na_i^+$  exchange thus producing a unidirectional  $H^+$  influx which, with further reductions of  $pH_o$ , would increasingly short-circuit  $H^+$  efflux; at equilibrium unidirectional  $H^+$  influx and efflux would be identical. In this case, the  $pH_o$  inhibition of acid efflux would actually represent the  $pH_o$  activation of unidirectional acid influx through the exchanger, i.e.  $H^+$  influx would be maximal at low  $pH_o$  and 50% activated in the  $pH_o$  range 7.0–7.4 ( $pK_o$ ).  $H^+$ -dependent shifts in  $pK_i$  and  $pK_o$ , however, cannot be predicted intuitively from such a model without defining whether the kinetic scheme is simultaneous or ping-pong and whether the  $H_0^+$  inhibition is competitive or non/uncompetitive. A model where  $Na_0^+$  and  $H_0^+$  compete for attachment at the same external carrier site has been postulated previously (Aronson *et al.* 1983). The Hill coefficient for  $H_0^+$  inhibition reported in the present work (1.23) is fairly close to 1.0 so that  $H_0^+$  binding may be occurring at a single site. We have also found (Vaughan-Jones & Wu, 1989) that external  $H^+$  ions inhibit the ability of  $Na_0^+$  ions to activate the exchanger and that this effect is partly competitive. Nevertheless, competition with  $Na_0^+$  accounts for only a lesser fraction of the inhibition by  $H_0^+$  ions (about 20%; Vaughan-Jones & Wu, 1989). A simple reversible, competitive model therefore seems inadequate to explain  $H_0^+$  inhibition in the Purkinje fibre. Indeed we cannot say, at present, whether the externally bound  $H^+$  ion is transported into the cell or whether it merely occupies its receptor and inhibits the acid efflux mode. In this respect, the transmembrane effects of pH

reported here could be due to an allosteric modulation by  $H^+$  ions of the exchanger's transport sites rather than being a natural kinetic consequence of the transport scheme (cf. Montrose & Murer, 1988). Given the complexity, however, inherent in allosteric trans-modulation, we would incline to the latter explanation (i.e. a product of the kinetic scheme), although the kinetic mechanism itself must remain undefined.

#### *Physiological relevance of $H_o^+$ inactivation*

The pH dependence of  $Na^+-H^+$  exchange is important physiologically because changes in both  $pH_o$  and  $pH_i$  are common occurrences in the heart. Bountra & Vaughan-Jones (1989) have shown recently that intracellular acidosis can actually *increase* contractility because of stimulation of  $Na^+-H^+$  exchange which increases  $Na^+$  influx and thus secondarily elevates  $[Ca^{2+}]_i$  via  $Na^+-Ca^{2+}$  exchange. If extracellular pH is also reduced, the increase in contractility is abolished since low  $pH_o$  inhibits  $Na^+-H^+$  exchange. The sensitivity of the exchange to  $pH_o$  thus defines whether an intracellular acidosis will stimulate or depress contraction. It is notable that depression of contraction is most profound in myocardial ischaemia, a condition associated with a fall of both  $pH_i$  and  $pH_o$  and a condition now known to be associated with inactivation of  $Na^+-H^+$  exchange (cf. de Hemptinne & Vanheel, 1988). Part of this inactivation is likely to be caused by the fall in  $pH_o$ .

The sensitivity of steady-state  $pH_i$  to  $pH_o$  also seems to be an important consequence of  $Na^+-H^+$  exchange activity. The carrier's  $H_o^+$  dependence is such that any major extracellular pH change will be transmitted to the cytoplasm in an attenuated form (about 30% of the  $pH_o$  change). Thus the exchanger acts as an important membrane defence mechanism against extracellular pH changes. The present work was carried out in HEPES-buffered media and so the extent to which the above mechanism dominates  $pH_i-pH_o$  interactions in  $CO_2-HCO_3$ -buffered media remains to be assessed; however, it is notable that the slope relating  $pH_i$  to  $pH_o$  in  $CO_2$ -buffered  $HCO_3$  media retains a value of 0.3–0.4 (Ellis & Thomas, 1976).

Finally the  $pK_o$  for  $H_o^+$  inhibition of acid extrusion is 7.0–7.4 (depending upon  $pH_i$ ). Thus, under physiological conditions, the exchanger is up to 50% inactivated at its external site. It is thus ideally poised to respond to both a rise and fall of extracellular pH by respectively increasing and decreasing its rate. Extracellular pH will thus be an important modulator of acid extrusion in the heart.

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