## The Influence of Magnesium Ions and other Bivalent Metal Ions on the Aconitase Equilibrium and its Bearing on the Binding of Magnesium Ions by Citrate in Rat Heart

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The equilibrium citrate/isocitrate concentration ratio for the aconitase reaction (aconitate hydratase, EC  $4.1.2.3$ ) is reported to be between  $13.5.1$  and 15:1 (Eggleston & Krebs, 1949; Krebs, 1953). When hearts from normal rats are perfused with medium containing glucose (5-5mM) and insulin  $(0.05i.u./ml.)$  the citrate/isocitrate concentration ratio is reported to be between  $7.8:1$  and  $11:1$ . The ratio is increased in hearts from alloxan-diabetic rats or in hearts from normal rats perfused with ketone bodies or fatty acids to <sup>15</sup> :1 (Garland & Randle, 1964; Bowman, 1966; Randle, Denton & England, 1967). Thus there is a discrepancy between the published equilibrium citrate/isocitrate concentration ratio for aconitase and for hearts from normal rats perfused with glucose and insulin in that the ratio measured in the heart under these conditions is lower. This low ratio is unlikely to be due to displacement of the aconitase reaction from equilibrium because it represents an apparent excess of isocitrate. Moreover the low ratio is unlikely to be due to 'compartmentation' of isocitrate because aconitase has been detected in both mitochondrial and cytoplasmic fractions (P. J. England, R. M. Denton & P. J. Randle, unpublished work). Citrate and isocitrate are known to show different affinities for bivalent metal ions (Sillen & Martell, 1964) and this has led us to investigate the effect of  $Mg^{2+}$ ,  $Ca^{2+}$  and  $Fe^{2+}$  on the aconitase equilibrium.

A crude aconitase fraction was prepared from rat heart as follows, all operations being conducted at 0-4°. Rat ventricular muscle (approx. 1g.) was homogenized for 1 min. in 10ml. of 0.1 M-triethanolamine-chloride buffer, pH7-3, in a Sorvall Omnimixer. The homogenate was centrifuged for  $20$ min. at  $40000g$  and the supernatant containing approx. 2 units of aconitase/ml. used to determine equilibrium citrate/isocitrate concentration ratios as follows. Incubation mixtures were made in a volume of  $2ml$ . at  $37^{\circ}$  with shaking in 15ml. conical centrifuge tubes with 0.1M-triethanolaminechloride buffer, pH7-3 (unless otherwise stated), and concentrations of sodium citrate, MgSO<sub>4</sub>, CaCl<sub>2</sub> and  $FeSO<sub>4</sub>$  given in Fig. 1 or the text. The reaction was initiated by addition of aconitase (0.4unit in 0.2ml.) and continued until the concentrations of

citrate and isocitrate were constant. For assay of citrate and isocitrate deproteinization was achieved with 0.1ml. of 70% (w/v) HClO<sub>4</sub> and perchlorate was removed by neutralization with saturated  $KHCO<sub>3</sub>$  at  $0^{\circ}$ . Citrate was assayed spectrophotometrically with citrate lyase, malate dehydrogenase and NADH (Moellring & Gruber, 1966); isocitrate was assayed with isocitrate dehydrogenase and NADP+ (Siebert, 1963). Enzymes and coenzymeswere obtained from BoehringerCorporation (London) Ltd., London, W. 5. Under the conditions described the sum of citrate + isocitrate at the end of incubation was the same as the initial citrate. Equilibrium was reached within 10min. of incubation with initial citrate concentrations below 1-5mM and within 15min. with initial citrate concentrations between 1-5 and 3mM. Control experiments showed that aconitase was still active when apparent equilibrium was attained. The crude aconitase fraction was unstable, all activity being lost after 18hr. at  $0^\circ$ ; the preparations were therefore used within 2hr.

The effects of  $Mg^{2+}$  and  $Ca^{2+}$  on the equilibrium citrate/isocitrate concentration ratio for aconitase at pH7\*3 are shown in Fig. 1. In the absence of added bivalent metal ion the concentration ratio was 7.8: 1, both in the presence and in the absence of mM-EDTA. The concentration ratio measured with an initial citrate concentration of 1mm increased with the addition of  $Mg^{2+}$  to a maximum of  $33:1$  at  $2 \text{mm-Mg}^{2+}$ . Further increases in  $\text{Mg}^{2+}$ concentration between <sup>2</sup> and 50mM led to some diminution in the ratio. Qualitatively similar effects were seen with  $Ca^{2+}$  (see Fig. 1) and with  $Fe<sup>2+</sup>$  (up to 1mm; not shown). The effects of  $Mg<sup>2+</sup>$ were also investigated at  $pH8.0$  and  $pH6.5$  (0.1 Mtriethanolamine-chloride buffer). At pH 8-0 the concentration ratio in the absence of  $Mg^{2+}$  and the effects of  $Mg^{2+}$  on the ratio were similar to those seen at pH7.3. At pH6.5 the concentration ratio in the absence of Mg2+ was unchanged but the effects of Mg2+ were less pronounced. Thus the ratio increased to  $19:1$  with  $2mm \text{-} Mg^{2+}$  at pH6.5 compared with  $33:1$  at pH7.3. The effects of  $Mg^{2+}$ at concentrations below 5mM were to some extent dependent on the initial citrate concentration. For example, with  $\text{mm-Mg}^{2+}$  the citrate/isocitrate con-



Fig. 1. Effect of  $Mg^{2+}$  and  $Ca^{2+}$  on the equilibrium citrate/ isocitrate concentration ratio with rat heart aconitase. Incubations were made at  $37^\circ$  in 0.1 M-triethanolaminechloride buffer, pH7-3, with an initial sodium citrate concentration of <sup>1</sup> mm. The concentrations of MgSO4 or CaCI2 were as shown. Citrate and isocitrate were assayed spectrophotometrically after attainment of equilibrium. For further details see the text. The values in the absence of Mg2+ were means of five determinations; the remainder were single or duplicate determinations.  $\bullet$ , Mg<sup>2+</sup>;  $\circ$ , Ca<sup>2+</sup>.

centration ratio varied linearly with the initial citrate concentration being 18.6:1 at 0.5mmcitrate and 16 :1 at 2 8mM-citrate.

In hearts from normal rats perfused with glucose and insulin the citrate/isocitrate concentration ratio in the heart was  $7.6 \pm 0.7$  (means  $\pm$  s.p.). The mean value suggests that the free Mg2+ in the heart under these conditions may be near zero and that little  $Mg^{2+}$  is available to citrate from complexes formed between Mg2+ and other anions (the total magnesium in rat heart is approx.  $10 \mu \text{moles/g. wet}$ wt.; Watchorn & McCance, 1937). When hearts from normal rats are perfused with substrates such as acetate in addition to glucose and insulin the concentration ratio increases to 15 :1 and the concentration of citrate increases from approx. 05mM to 3mM. If citrate and isocitrate are in equilibrium through the aconitase reaction during perfusion with substrates such as acetate, then the increased ratio may indicate that  $Mg^{2+}$  is bound by citrate under these conditions. Calculations based on the apparent stability constant of magnesium citrate and the influence of Mg2+ concentration on the aconitase equilibrium with 3mM-citrate indicate that approx.  $0.\overline{7}$  µmole of Mg<sup>2+</sup> would be bound to citrate/ml. of intracellular water. It seems probable that there is an equilibrium in rat heart between complexes of  $Mg^{2+}$  with various anions, and the rise in citrate concentration with substrates such as acetate may be one factor leading to the formation of magnesium citrate. Other bivalent ions such as Ca2+ could have similar effects though their concentration in rat heart is apparently low in relation to that of Mg2+ (Watchorn & McCance, 1937).

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