

# Extracellular $Mg^{2+}$ regulates the intracellular $Na^+$ concentration in rat sublingual acini

Guo H. Zhang, James E. Melvin\*

Department of Dental Research, Box 611, University of Rochester Medical Center, 601 Elmwood Avenue, Rochester, NY 14642 USA

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**Abstract** The intracellular free  $Na^+$  concentration ( $[Na^+]_i$ ) increases during muscarinic stimulation in salivary acinar cells. The present study examined in rat sublingual acini the role of extracellular  $Mg^{2+}$  in the regulation of the stimulated  $[Na^+]_i$  increase using the fluorescent sodium indicator benzofuran isophthalate (SBFI). The muscarinic induced rise in  $[Na^+]_i$  was approximately 4-fold greater in the absence of extracellular  $Mg^{2+}$ . When  $Na^+$  efflux was blocked by the  $Na^+,K^+$ -ATPase inhibitor ouabain, the stimulated  $[Na^+]_i$  increase was comparable to that seen in an  $Mg^{2+}$ -free medium. Moreover, ouabain did not add further to the stimulated  $[Na^+]_i$  increase in an  $Mg^{2+}$ -free medium suggesting that removal of extracellular  $Mg^{2+}$  may inhibit the  $Na^+$  pump. In agreement with this assumption, ouabain-sensitive  $Na^+$  efflux and rubidium uptake were reduced by extracellular  $Mg^{2+}$  depletion. Our results suggest that extracellular  $Mg^{2+}$  may regulate  $[Na^+]_i$  in sublingual salivary acinar cells by modulating  $Na^+$  pump activity.

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**Key words:** Salivary gland; Intracellular free  $Na^+$  concentration;  $Na^+,K^+$ -ATPase; Magnesium

## 1. Introduction

The current fluid secretion model states that transepithelial  $Cl^-$  movement acts as the driving force for fluid secretion. Secondary active uptake of  $Cl^-$  across the basolateral membrane requires an inwardly directed  $Na^+$  chemical gradient [1,2]. This  $Na^+$  gradient is generated by the  $Na^+,K^+$ -ATPase which maintains the  $[Na^+]_i$  at approximately 15 mM in resting sublingual acinar cells [3]. During muscarinic stimulation,  $[Na^+]_i$  increases in salivary acinar cells as a consequence of increased activity of  $Na^+/K^+/2Cl^-$  cotransport and  $Na^+/H^+$  exchange [3–6]. This increase in  $[Na^+]_i$  activates the  $Na^+,K^+$ -ATPase in order to maintain the inward  $Na^+$  gradient during stimulation. The magnitude of the agonist-induced  $[Na^+]_i$  increase is an important element in the modulation of fluid and electrolyte secretion in these cells. The  $Na^+,K^+$ -ATPase inhibitor ouabain blocks saliva formation by collapsing the  $Na^+$  gradient necessary for  $Cl^-$  uptake [7]. Thus the inwardly directed  $Na^+$  chemical gradient created by the  $Na^+$  pump plays a central role in driving the fluid secretion process.

It is well known that  $Na^+,K^+$ -ATPase activity requires  $Mg^{2+}$  [8–10]. Apart from forming an essential substrate for the  $Na^+$  pump,  $MgATP$ ,  $Mg$  ions are also required for the transport of  $K^+$  and  $Na^+$  [10]. It has been demonstrated that  $Mg$  ions act at intracellular site(s). In human lymphocytes and atrial cells extracellular  $Mg^{2+}$  is required to maintain pump

activity [11,12]. However, it is not clear whether  $Mg^{2+}$  acted in these studies at an external site of the  $Na^+$  pump or if extracellular  $Mg^{2+}$  removal depleted the cells of internal  $Mg^{2+}$  and so reduced pump activity.

Preliminary studies indicate that the extracellular  $Mg^{2+}$  concentration regulates the  $[Na^+]_i$  in sublingual acinar cells,  $Mg^{2+}$  removal dramatically increasing the  $[Na^+]_i$  during muscarinic stimulation [13]. The intracellular  $[Mg^{2+}]_i$  is unchanged by removal of extracellular  $Mg^{2+}$  during stimulation [14], suggesting that  $Mg^{2+}$  may act extracellularly to enhance the stimulated  $[Na^+]_i$  response. In the present study we examined the mechanisms by which extracellular  $Mg^{2+}$  may influence  $[Na^+]_i$  regulation. Our results confirm that extracellular  $Mg^{2+}$  regulates  $[Na^+]_i$ ; the intracellular  $[Na^+]_i$  increased with decreased external  $[Mg^{2+}]_o$  during muscarinic stimulation. This increase in  $[Na^+]_i$  was apparently the result of decreased  $Na^+$  efflux, suggesting that external  $Mg^{2+}$  controls  $[Na^+]_i$  by modulating the activity of  $Na^+,K^+$ -ATPase.

## 2. Materials and methods

### 2.1. Chemicals and solutions

Collagenase (type CLSPA) was from Worthington Biomedical (Malvern, PA, USA). Hyaluronidase (type V), carbamyl choline (carbachol), ouabain, monensin, gramicidin D, nigericin, bovine serum albumin (BSA, type V) and *N*-methyl-D-glucamine were purchased from Sigma (St. Louis, MO, USA). Earle's minimal essential medium (MEM) was from Biofluids (Rockville, MD, USA). SBFI/AM and Pluronic F-127 were purchased from Molecular Probes (Eugene, OR, USA). The physiological salt solution (PSS) consisted of 110 mM NaCl, 5.4 mM KCl, 1.2 mM  $CaCl_2$ , 0.8 mM  $MgSO_4$ , 0.33 mM  $NaH_2PO_4$ , 0.4 mM  $KH_2PO_4$ , 25 mM  $NaHCO_3$ , 10 mM glucose, 20 mM HEPES and pH was adjusted to 7.4 with NaOH after gassing with 5%  $CO_2/95\% O_2$ . For the  $Na^+$ -free solution, all  $Na^+$  was replaced with *N*-methyl-D-glucamine, the pH was adjusted with Tris base, and an equimolar concentration of  $Cl^-$  was added using concentrated HCl.

### 2.2. Isolation of rat sublingual acini

Male, Wistar strain rats (Charles River, Kingston Facility, NY, USA, 150–250 g) were used for isolation of sublingual acini as described by Melvin et al. [5]. Rats were killed by exsanguination following exposure to  $CO_2$  and the sublingual glands removed and minced in ice-cold digestion medium (Earle's MEM, 1% BSA, 50 U/ml of collagenase and 0.02 mg/ml of hyaluronidase). The minced glands in 10 ml of the digestion medium were incubated at 37°C in a Dubnoff shaker with continuous gassing (95%  $O_2/5\% CO_2$ , humidified) and agitation (80 cycles/min). The sublingual mince was dispersed by gently pipetting 10 times with a 10 ml plastic pipette at 15 min intervals. After 45 min digestion, the suspension was centrifuged for 30 s at  $50\times g$  and the cells resuspended in 8 ml of fresh digestion medium for an additional 45 min. After a total of 1.5 h of digestion, the preparation was washed 3 times with PSS containing 0.01% BSA, and the acini resuspended in 1 ml PSS solution/gland. For the measurement of intracellular  $[Na^+]_i$ , dye-loaded acini were resuspended in PSS without BSA to promote attachment to a coverslip mounted in a perfusion chamber.

\*Corresponding author. Fax: (1) (716) 473-2679.  
e-mail: melvin@medinfo.rochester.edu

### 2.3. Determination of $[Na^+]_i$

Acinar cells were loaded with SBFI and  $[Na^+]_i$  determined as previously described [3]. Briefly, solutions of SBFI/AM (2 mM) and the non-ionic detergent Pluronic F-127 (25%, w/v) were prepared in dimethyl sulfoxide, mixed in equal volumes, and added to the sublingual acinar suspension (final concentration 1  $\mu$ M SBFI/AM). The acini were incubated with SBFI/AM for 1 h at room temperature. A pin-hole turret was used to isolate five to eight acinar cells on the stage of a Nikon inverted microscope with a 40 $\times$ , NA 1.3 oil immersion lens, and the fluorescence monitored with a microfluorometer (AR-CM, SPEX Industries, Edison, NJ, USA) at excitation wavelengths of 340 nm and 380 nm and an emission wavelength of 500 nm. Calibration of the SBFI fluorescence ratio was performed *in situ* as reported [5,15] using 2  $\mu$ M gramicidin D, 5  $\mu$ M monensin and 5  $\mu$ M nigericin. The calibration solution for  $R_{max}$  contained 80 mM Na gluconate, 60 mM NaCl, 20 mM HEPES, 1.2 mM  $CaCl_2$ , 0.8 mM  $MgSO_4$ , pH 7.4. The  $R_{min}$  calibration solution replaced all  $Na^+$  salts with  $K^+$ . The fluorescence ratio of the unbound dye versus the  $Na^+$ -bound dye ( $\beta$  factor) was determined by monitoring the fluorescence at 380 nm and  $[Na^+]_i$  calculated as previously described by Grynkiewicz et al. [16] and Harootunian et al. [15]. The  $K_d$  of SBFI for  $Na^+$  used in these studies was 18 mM [17].

### 2.4. Determination of stimulated rubidium uptake

Rubidium content was estimated using a rubidium lamp on an atomic absorption spectrophotometer (Perkin-Elmer PE 3030). Isolated sublingual acini were pre-incubated for 2 min at 23°C in rubidium-containing medium in which 5.4 mM KCl was substituted with equimolar RbCl. All data for stimulated rubidium uptake were corrected by subtracting the ouabain-insensitive, non-specific "binding" that occurred during this 2 min pre-incubation period ( $3.46 \pm 2.18$   $\mu$ g rubidium/mg protein,  $n=4$ ). Stimulated rubidium uptake was monitored following the addition of 10  $\mu$ M carbachol. Uptake was terminated after 15 min of stimulation by layering a 0.5 ml aliquot of the acinar suspension on 0.25 ml of oil (F-50; General Electric Company, Waterford, NY, USA) and centrifuging at 13000 rpm for 5 s in an Eppendorf 5415C microcentrifuge. After centrifugation of the acinar pellet through oil, the medium and oil were removed by suction. The cell pellet was then homogenized with a Teflon minihomogenizer in 100  $\mu$ l of 0.2% KCl. The homogenized pellet was centrifuged at 12000 rpm for 5 min and the supernatant used for rubidium determination. The pellet was resuspended in 0.5 ml of 1% SDS for 24 h and protein content determined as described by Smith et al. [18] using bovine serum albumin as standard. Preliminary experiments determined the time course for rubidium uptake during muscarinic stimulation. The  $t_{1/2}$  was  $10.8 \pm 1.9$  min with maximum uptake of  $49.8 \pm 4.5$   $\mu$ g rubidium/mg protein ( $n=5$ ).

### 2.5. Statistical analysis and data presentation

All data shown are representative of at least 4 independent experiments using different cell preparations. All of the values are expressed as the mean  $\pm$  S.E.M. Statistical differences were analyzed by Student's *t*-test for unpaired samples. A value of  $P < 0.05$  was considered significant.

## 3. Results

### 3.1. Extracellular $Mg^{2+}$ removal increases the $[Na^+]_i$ response to muscarinic stimulation

In the present study, resting  $[Na^+]_i$  was 15 mM in SBFI-loaded acini ( $n=22$ ), similar to our previous results [3]. Fig. 1 shows that muscarinic stimulation (10  $\mu$ M carbachol), on average, increased  $[Na^+]_i$  at an initial rate of  $14.8 \pm 1.6$  mM/min to a new intracellular equilibrium of  $39.7 \pm 4.0$  mM after 5 min in a 0.8 mM  $Mg^{2+}$ -containing physiological salt solution ( $n=5$ ). Conversely, in a nominally  $Mg^{2+}$ -free solution the initial rate was almost 3-fold greater ( $42.6 \pm 6.1$  mM  $Na^+$ /min) and  $[Na^+]_i$  increased after 5 min to  $114.1 \pm 16.6$  mM ( $n=5$ ), an approximately 4-fold greater stimulated increase in the  $[Na^+]_i$ . The stimulated  $[Na^+]_i$  was expressed as the  $[Na^+]_i$  after 5 min stimulation minus the initial, resting  $[Na^+]_i$ .

Non-linear regression analysis of the increase in  $[Na^+]_i$  after 5 min stimulation at different external  $[Mg^{2+}]$  indicates that the half-maximal effect for extracellular  $[Mg^{2+}]$  was  $0.33 \pm 0.03$  mM  $Mg^{2+}$ .

### 3.2. Extracellular $Mg^{2+}$ removal inhibits $Na^+$ efflux

**3.2.1.  $Na^+$  efflux is inhibited by extracellular  $Mg^{2+}$  removal.** To determine whether  $Na^+$  efflux was inhibited by removal of extracellular  $Mg^{2+}$ , the intracellular  $[Na^+]_i$  was increased by stimulating acini with carbachol in a physiological  $Mg^{2+}$ -containing medium (0.8 mM). After 2 min stimulation, muscarinic receptors were antagonized with atropine to initiate recovery of  $[Na^+]_i$  in either the presence or absence of extracellular  $Mg^{2+}$ . Fig. 2 shows that in the presence of extracellular  $Mg^{2+}$  atropine induced net  $Na^+$  efflux,  $[Na^+]_i$  nearly recovering to the resting level in 7 min. Conversely, removal of extracellular  $Mg^{2+}$  prevented the antagonist-induced recovery of  $[Na^+]_i$ .

**3.2.2. Regulation of  $Na^+$ ,  $K^+$ -ATPase activity by removal of extracellular  $Mg^{2+}$ .** Fig. 2 indicates that extracellular  $Mg^{2+}$  controls  $[Na^+]_i$  by regulating  $Na^+$  efflux. In salivary acinar cells the principal if not the only  $Na^+$  efflux pathway under physiological conditions is the  $Na^+$ ,  $K^+$ -ATPase. Consistent with extracellular  $Mg^{2+}$  modulation of  $Na^+$  pump activity, Fig. 3 demonstrates that the  $[Na^+]_i$  increase in ouabain-treated acini was comparable in the presence or absence of extracellular  $Mg^{2+}$ . In 5 such experiments in the presence of extracellular  $Mg^{2+}$ , the initial rates and the magnitudes of the  $[Na^+]_i$  increases were  $29.7 \pm 5.5$  mM  $Na^+$ /min and  $114.0 \pm 8.7$  mM  $Na^+$ , respectively. Similarly, in the absence of extracellular  $Mg^{2+}$  the initial rates and the magnitudes were  $27.3 \pm 3.8$  mM  $Na^+$ /min and  $116.2 \pm 21.8$  mM  $Na^+$ , respectively. Because the effect of  $Mg^{2+}$ -containing medium+ouabain on the stimulated  $[Na^+]_i$  response was similar to that seen in  $Mg^{2+}$ -free medium+ouabain, extracellular  $Mg^{2+}$  removal most likely acted on the  $Na^+$  pump. Extracellular  $Mg^{2+}$  apparently regulates  $Na^+$  pump activity in resting cells as well. In the absence of stimulation,  $[Na^+]_i$  increased about 25% in 5 min

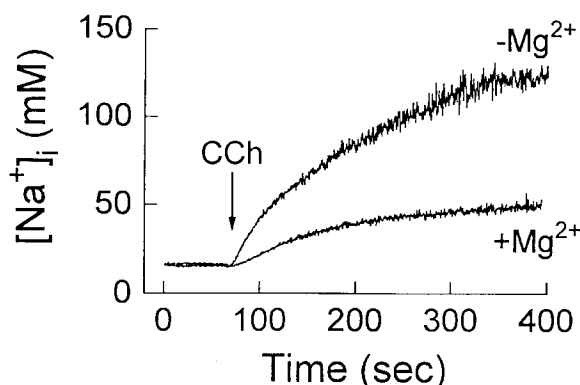


Fig. 1. Extracellular  $Mg^{2+}$  removal increases the  $[Na^+]_i$  in rat sublingual mucous acini during muscarinic stimulation. Isolated rat sublingual mucous acini were loaded with SBFI and  $[Na^+]_i$  monitored as described in Section 2. An  $[Na^+]_i$  increase was stimulated in varying concentrations of external  $Mg^{2+}$  (0, 0.05, 0.1, 0.2, 0.4, 0.8 and 10 mM). Shown is the stimulation-induced  $[Na^+]_i$  increase in zero ( $-Mg^{2+}$ ) and 0.8 mM external  $Mg^{2+}$  ( $+Mg^{2+}$ ). Carbachol (10  $\mu$ M CCh) was added at the time indicated by the arrow. Approximately 2 min prior to stimulation acini were switched from 0.8 mM external  $Mg^{2+}$  to the final  $Mg^{2+}$  concentration. Traces are representative of 5 separate experiments. The half maximal effect of external  $Mg^{2+}$  on the magnitude of the  $[Na^+]_i$  increase was  $0.33 \pm 0.03$  mM  $Mg^{2+}$ .

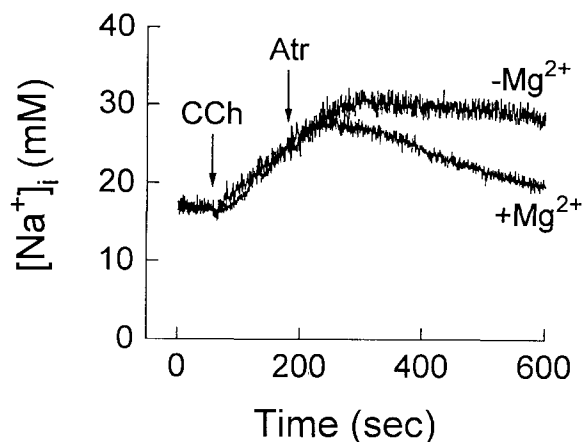


Fig. 2. Extracellular  $Mg^{2+}$  removal inhibits  $Na^+$  efflux following muscarinic stimulation.  $[Na^+]_i$  was monitored in sublingual acini as described in Fig. 1. At the time indicated by the first arrow  $10 \mu M$  carbachol (CCh) was introduced. After 2 min stimulation in an  $Mg^{2+}$ -containing solution the superfusate was switched to a solution containing  $10 \mu M$  atropine (Atr, second arrow) in the presence ( $+Mg^{2+}$ ) or absence ( $-Mg^{2+}$ ) of external  $Mg^{2+}$ . Seven min after atropine addition the  $[Na^+]_i$  was  $17.8 \pm 1.2$  mM in  $Mg^{2+}$ -containing medium ( $n=6$ ) and  $27.5 \pm 3.9$  in  $Mg^{2+}$ -free medium ( $n=5$ ;  $P < 0.05$ ).

after the removal of extracellular  $Mg^{2+}$  from  $16.0 \pm 1.8$  to  $20.0 \pm 2.6$  mM  $[Na^+]_i$  ( $n=4$ ), equivalent to the effect of ouabain on  $[Na^+]_i$  over the same time period (from  $16.9 \pm 1.1$  to  $22.3 \pm 2.0$  mM  $[Na^+]_i$ ,  $n=4$ ).

**3.2.3. Extracellular  $Mg^{2+}$  removal inhibits ouabain-sensitive rubidium influx.** To more directly test the hypothesis that  $Na^+$  pump activity is modulated by extracellular  $Mg^{2+}$  we monitored rubidium uptake. Rubidium acts as a  $K^+$  surrogate on many  $K^+$  transport pathways including the  $Na^+, K^+$ -ATPase. Fig. 4 shows that extracellular  $Mg^{2+}$  removal significantly inhibited the ouabain-sensitive component of rubidium uptake. The  $Na^+$  pump inhibitor ouabain blocked rubidium uptake during muscarinic stimulation by nearly 80%. Removal of extracellular  $Mg^{2+}$  reduced the uptake of rubidium approximately 55%. Addition of ouabain to the  $Mg^{2+}$ -free medium further decreased rubidium uptake to levels comparable

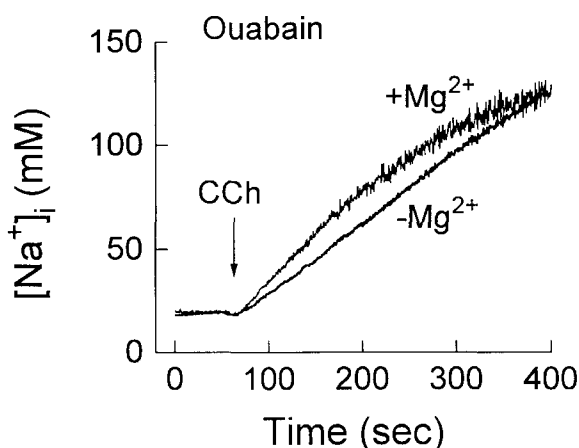


Fig. 3. Effects of extracellular  $Mg^{2+}$  and ouabain on the  $[Na^+]_i$  response to stimulation.  $[Na^+]_i$  was monitored in SBFI-loaded sublingual acini as described in Fig. 1. At the time indicated by the arrow,  $10 \mu M$  carbachol (CCh) plus  $1$  mM ouabain was introduced. Acini were superfused with either  $Mg^{2+}$ -containing medium ( $+Mg^{2+}$ ) or  $Mg^{2+}$ -free medium ( $-Mg^{2+}$ ). Traces are representative of 4 separate experiments.

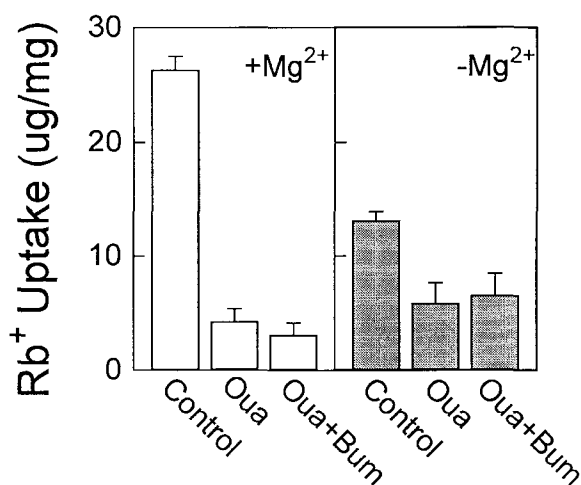


Fig. 4. Extracellular  $Mg^{2+}$  removal and ouabain inhibit muscarinic induced rubidium uptake. Rubidium uptake was monitored as described in Section 2. Acinar rubidium content was determined after 15 min of stimulation with  $10 \mu M$  carbachol (CCh) in  $Mg^{2+}$ -containing ( $+Mg^{2+}$ ) or  $Mg^{2+}$ -free ( $-Mg^{2+}$ ) medium in the presence or absence of  $1$  mM ouabain (Oua)  $\pm 0.02$  mM bumetanide (Bum). The number of individual experiments for each condition is  $\geq 8$ . All manipulations are significantly different from the control  $Mg^{2+}$ -containing medium,  $P < 0.05$ .

to those seen in the presence of ouabain in an  $Mg^{2+}$ -containing solution. In contrast, the  $Na^+/K^+/2Cl^-$  cotransport inhibitor bumetanide failed to produce a significant additional decrease in rubidium uptake (Fig. 4). The apparent insensitivity of rubidium uptake to bumetanide suggests that the ouabain-sensitive  $Na^+, K^+$ -ATPase is the primary rubidium uptake mechanism during stimulation, and secondly, that extracellular  $Mg^{2+}$  removal did not enhance cotransporter activity.

#### 4. Discussion

A large inward-directed  $Na^+$  chemical gradient is required to drive fluid and electrolyte secretion by salivary acinar cells [1,2]. In a preliminary report we found that removal of external  $Mg^{2+}$  during muscarinic stimulation increases the magnitude of the  $[Na^+]_i$  response and thus collapses the  $Na^+$  gradient in sublingual acini [13]. In the present study we further investigated this phenomenon in an attempt to identify the mechanism by which extracellular  $Mg^{2+}$  governs the intracellular  $[Na^+]_i$  response to stimulation. Our results indicate that extracellular  $Mg^{2+}$  may regulate  $[Na^+]_i$  by modulating  $Na^+, K^+$ -ATPase activity, pump activity increasing as the extracellular  $Mg^{2+}$  concentration increases. Consequently, the increase in  $[Na^+]_i$  induced by extracellular  $Mg^{2+}$  removal is at least partially due to decreased  $Na^+$  efflux.

It is unclear whether removal of extracellular  $Mg^{2+}$  may have augmented  $Na^+$  uptake via  $Na^+/Mg^{2+}$  exchange as well. We have previously characterized an  $Na^+/Mg^{2+}$  exchanger located in the plasma membrane of rat sublingual acini, although it apparently contributes little to  $Na^+$  uptake under physiological conditions. This exchanger is activated by elevated  $[Mg^{2+}]_i$  and essentially shuts down when physiological  $[Mg^{2+}]_i$  is regained [19]. When sublingual acini were loaded with  $Mg^{2+}$  to concentrations comparable to those observed during stimulation [14],  $Na^+$ -dependent  $Mg^{2+}$  efflux was enhanced (data not shown). Nevertheless, the predicted initial rate of  $Na^+$  influx was only about 0.2% of the rate observed during stimulation in a  $Mg^{2+}$ -free solution (Fig. 1), assuming

that a stoichiometry of 3 Na<sup>+</sup>:1 Mg<sup>2+</sup> is operative in sublingual acini [20,21]. Consistent with Na<sup>+</sup>/Mg<sup>2+</sup> exchange contributing little to the [Na<sup>+</sup>]<sub>i</sub> increase, we have previously shown that muscarinic stimulation does not increase exchanger activity, indeed, stimulation appears to down-regulate the Na<sup>+</sup>/Mg<sup>2+</sup> exchanger in sublingual acini [19]. Clearly, increased Na<sup>+</sup>/Mg<sup>2+</sup> exchanger activity cannot account for the response of [Na<sup>+</sup>]<sub>i</sub> to extracellular Mg<sup>2+</sup> removal seen in this study.

Few studies have examined the dependence of Na<sup>+</sup> pump activity on the extracellular Mg<sup>2+</sup> concentration. In rat skeletal muscle and red blood cells, removal of Mg<sup>2+</sup> did not inhibit transport mediated by the Na<sup>+</sup> pump. Conversely, extracellular Mg<sup>2+</sup> appears to regulate Na<sup>+</sup> pump activity in a human atrial cell line [11] and human lymphocytes [12], although neither of these studies measured the [Mg<sup>2+</sup>]<sub>i</sub>. Campos and Beaugé [22] have shown that Mg-ATP acts as a substrate for the Na<sup>+</sup> pump whereas Mg<sup>2+</sup> is an essential activator that binds to the enzyme independent of, but close to, the ATP binding site. Mg<sup>2+</sup> binding and release at this site may be necessary for modulating the transport cycle by shifting the distribution of enzyme between transport conformations [23]. Direct interaction of Mg<sup>2+</sup> is thus essential for the activation of Na<sup>+</sup>,K<sup>+</sup>-ATPases, although this requirement is associated with an intracellular site(s). In our previous studies the intracellular [Mg<sup>2+</sup>]<sub>i</sub> increased during stimulation, even in the absence of extracellular Mg<sup>2+</sup> [14], indicating that decreased [Mg<sup>2+</sup>]<sub>i</sub> is not likely to be involved in the inhibition of the Na<sup>+</sup> pump. However, we cannot exclude the possibility that [Mg<sup>2+</sup>]<sub>i</sub> decreased in a subcellular compartment close to the pump's intracellular Mg<sup>2+</sup> binding site.

Alternatively, extracellular Mg<sup>2+</sup> removal may acutely regulate Na<sup>+</sup>,K<sup>+</sup>-ATPase activity by modulating the intracellular concentration of a "messenger" such as calcium ions or protons. The Na<sup>+</sup>,K<sup>+</sup>-ATPase is known to be pH sensitive, the activity decreasing as the pH decreases. Extracellular Mg<sup>2+</sup> removal enhanced the intracellular acidification induced by muscarinic stimulation (data not shown). However, proton concentrations in the physiological pH range have no direct effect on Na<sup>+</sup> pump rate [24]. Therefore, it seems improbable that the pH drop produced by Mg<sup>2+</sup> depletion (about 0.1 pH unit) was sufficient to inhibit pump activity and produce a greater than 3-fold increase in [Na<sup>+</sup>]<sub>i</sub> during stimulation.

Extracellular Mg<sup>2+</sup> removal also increased the magnitude of the initial transient of the stimulated [Ca<sup>2+</sup>]<sub>i</sub> increase by about 30% (approximately 220 nM in an Mg<sup>2+</sup>-containing solution versus nearly 290 nM in an Mg<sup>2+</sup>-free solution). This initial increase in [Ca<sup>2+</sup>]<sub>i</sub> lasts about 30 s and is followed by a lower sustained increase in [Ca<sup>2+</sup>]<sub>i</sub>; that lasts as long as the agonist is present. Extracellular Mg<sup>2+</sup> removal did not change the level of the sustained [Ca<sup>2+</sup>]<sub>i</sub> increase (data not shown). Most studies suggest that elevated Ca<sup>2+</sup> inhibits pump activity. However, [Ca<sup>2+</sup>]<sub>i</sub> in the physiological range may produce either stimulation or inhibition, apparently depending on the isoform of the enzyme expressed [25]. Evidently Ca<sup>2+</sup> does not directly regulate Na<sup>+</sup>,K<sup>+</sup>-ATPase activity but modulates the pump by activating Ca<sup>2+</sup>-dependent pathways [26]. Therefore, the Mg<sup>2+</sup>-dependent increase in [Ca<sup>2+</sup>]<sub>i</sub> may transiently inhibit Na<sup>+</sup>,K<sup>+</sup>-ATPase activity in sublingual acinar cells.

#### 4.1. Physiological significance

Magnesium deficiency has been previously linked to impaired K<sup>+</sup> and Na<sup>+</sup> regulation [27]. Although severe dietary Mg<sup>2+</sup> deficiency is rare in affluent societies, hypomagnesemia

is a common electrolyte imbalance during pregnancy, in critically ill hospitalized patients, and is frequently seen in the elderly and in alcoholics. It may not be necessary to dramatically reduce the extracellular [Mg<sup>2+</sup>] to alter gland function. Decreasing the extracellular Mg<sup>2+</sup> concentration to 0.4 mM increased the magnitude of the stimulated [Na<sup>+</sup>]<sub>i</sub> increase in the present study more than 30% above that seen at 0.8 mM, a value approximately equal to the normal blood plasma levels. Because the rate of transepithelial Cl<sup>-</sup> movement (fluid secretion) is tightly coupled to the magnitude of the inward-directed Na<sup>+</sup> chemical gradient, a markedly reduced fluid production may occur with only a moderate Mg<sup>2+</sup> deficiency.

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