1- The influence of refined carbohydrate on urine saturation with calcium oxalate, calcium phosphate, uric acid and sodium urate.

This study was performed, for testing the influence of varying amounts of refined carbohydrate on the state of urine saturation in rats. Single intake of 20 g/kg oral glucose increased significantly the renal excretion of calcium & oxalate, while the excretion of sodium & phosphate and the pH of urine were significantly decreased. The degree of urine saturation with calcium oxalate and uric acid was significantly increased, while saturation with calcium phosphate and sodium urate were not changed. High carbohydrate diet CHCD→ ≥30 g/kg oral glucose daily for one week induced similar results although low carbohydrate diet CLCDD ≤10 g/kg oral glucose daily for one week was associated with normal electrolyte excretion and normal urine saturation. Allopurinol decreased urine saturation of uric acid after carbohydrate intake to normal state of saturation without affecting other electrolyte saturations.

2- Assessment of interleukin 1beta and its modulating agents IL-1 receptor antagonist and IL-1 soluble type II in malignant lymphoma and their role in pathogenesis of B-symptoms

Assessment of interleukin 1beta and its modulating agents IL-1 receptor antagonist and IL-1 soluble type II in malignant lymphoma and their role in pathogenesis of B-symptoms

3- THE INFLUENCE OF REFINED CARBOHYDRATE ON URINE SATURATION WITH CALCIUM OXALATE; CALCIUM PHOSPHATE; URIC ACID AND SODIUM URATE

Abstract:
This study was performed, for testing the influence of varying amounts of refined carbohydrate on the state of urine saturation in rats. Single intake of 20 g/kg oral glucose increased significantly the renal excretion of calcium & oxalate, while the excretion of sodium & phosphate and the pH of urine were significantly decreased. The degree of urine saturation with calcium oxalate and uric acid was significantly increased, while saturation with calcium phosphate and sodium urate were not changed. High carbohydrate diet CHCD→ ≥30 g/kg oral glucose daily for one week induced similar results although low carbohydrate diet CLCDD ≤10 g/kg oral glucose daily for one week was associated with normal electrolyte excretion and normal urine saturation. Allopurinol decreased urine saturation of uric acid after carbohydrate intake to normal state of saturation without affecting other electrolyte saturations.