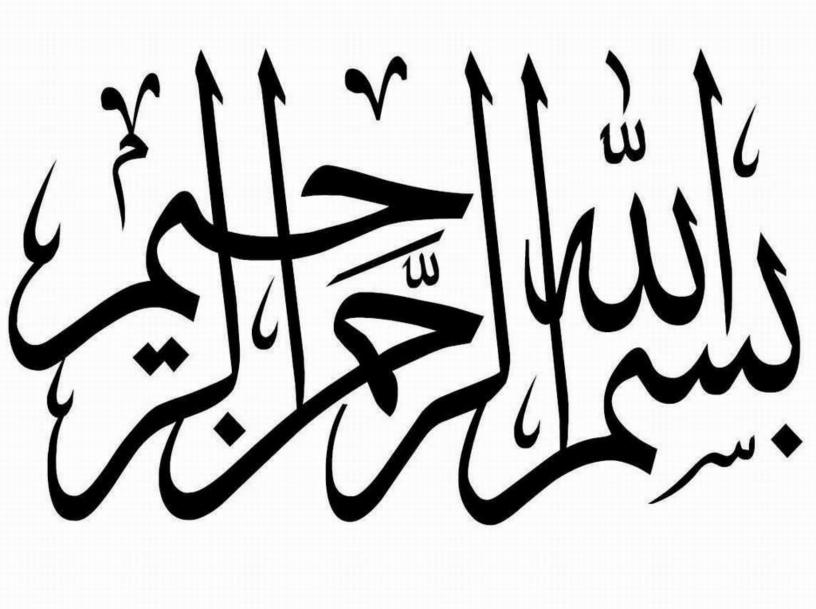
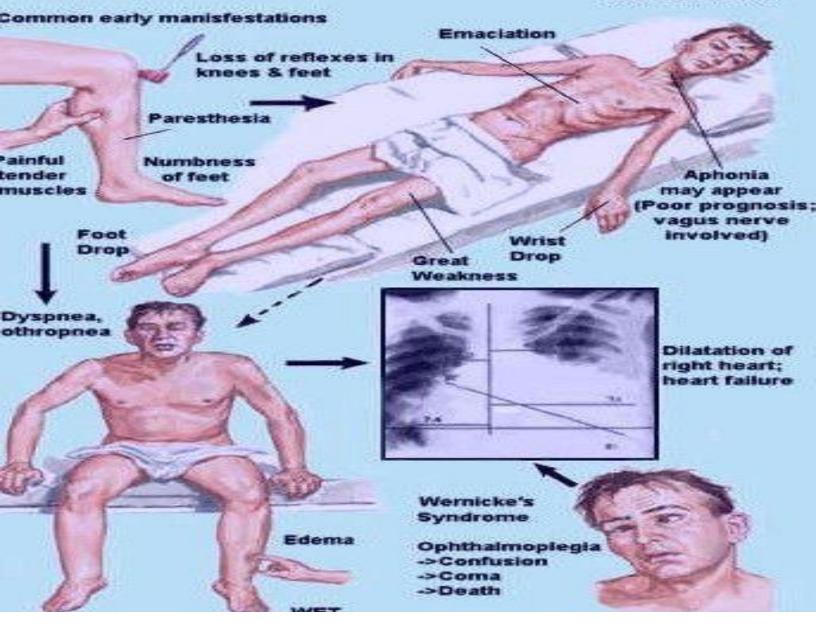
Thiamin

CVS module First year MBBS

Lec by DR. GULNAZ Biochemistry department







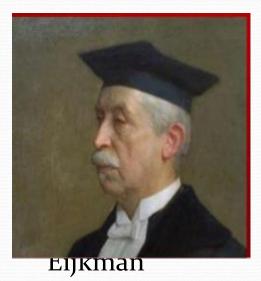


Objectives

- How discovered ?
- Chemical structure
- Dietary sources and RDA
- Biochemical functions
- Deficiency manifestation
- Hyper vitaminosis

How discovered?

- In 1900-Eijkman produced beri-beri in chicken by feeding them polished rice.
- In 1910 a Japanese scientist Umetaro Suzuki first isolated this vitamin and named as thiamine
- Adolf Winduas elucidated the structure

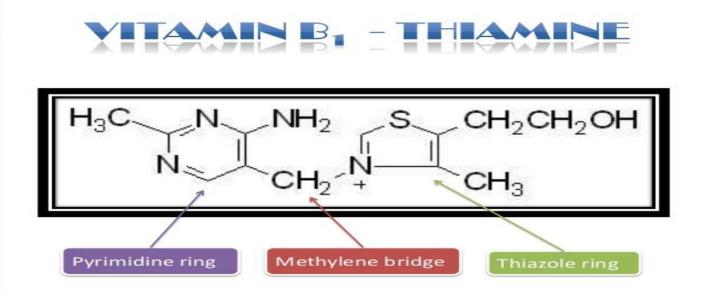




Vitamin B₁ (Thiamine)

Composed of pyrimidine ring and a thiazole ring held by a methylene bridge.

Thiamine (vitamin B_1) was the first of the water-soluble B-vitamin family to be discovered.



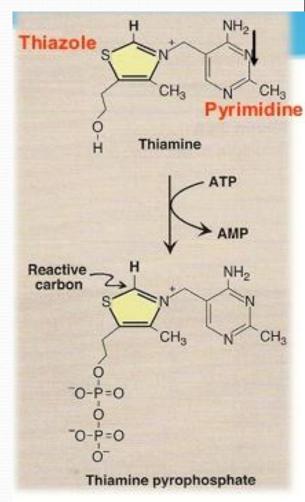
The Active form

Active form:

Thiamin pyrophosphate

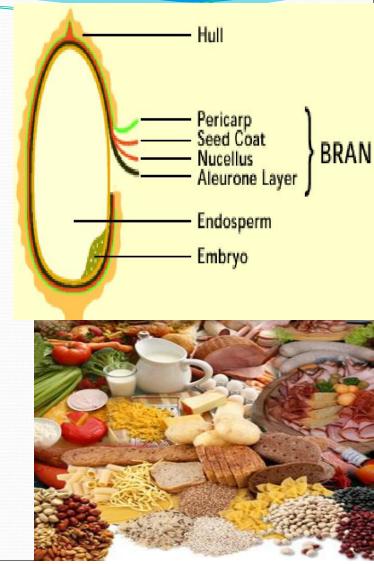
- Active co-enzyme form is formed by addition of two phosphate groups, with the help of ATP.
- Reaction is catalyzed by enzyme
- Thiamin pyrophosphate transferase

Activation occurs mainly in liver



Thiamine sources

- Cereals
- Potato
- Oil seeds
- Nuts
- Yeasts
- Meat
- Fish
- Egg
- Milk
- RDA—1.2—1.5mg/day



Required Daily Amount

 The daily requirements are based on the number of calories in diet.

> It is about 0.5 mg/1000 calories. Average 1.5 mg/ day for 3000 calories.

 Daily requirement increase with high carbohydrate intake and for hard worker or athletes.

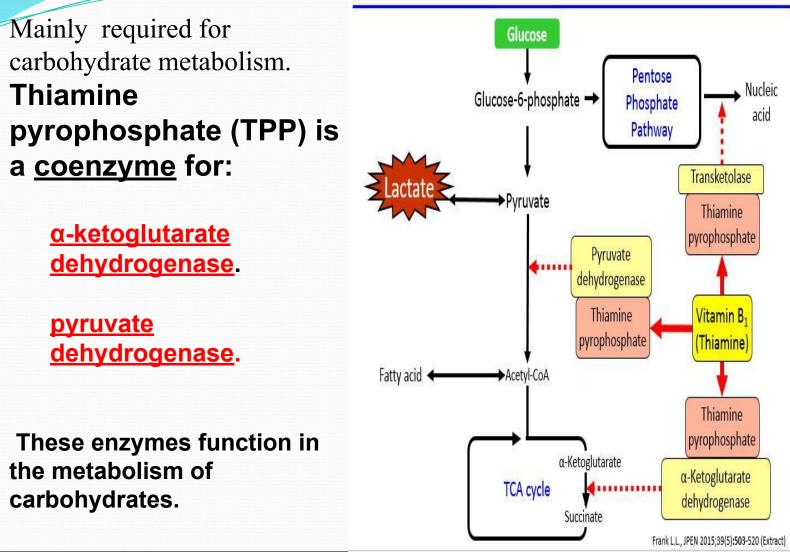
Stability

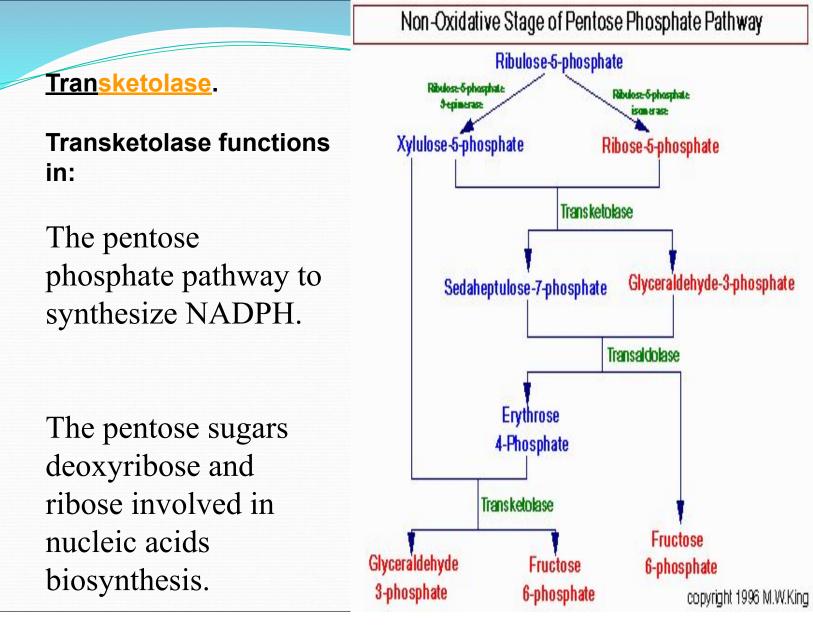
- Thiamine is destroyed by prolonged heat.
- Avoid sulfite preservatives as it breaks Vitamin B₁.
- Vitamin B₁ is stable in acid, unstable in aqueous solutions of PH more than 5.
- It is readily oxidized by exposure to the atmospheric oxygen or by oxidizing agents to thiochrome (blue fluorescence), used for the quantitative fluoremetric assay.

Absorption and transport

- Absorbed from both large and small intestine.
- The capacity of human intestine to absorb vitamin is limited to 5mg per day.
- Transported bound to albumin.
- Phosphorylation occur in tissues.
- Stored in liver, kidney, heart.
- Excess is excreted in urine.

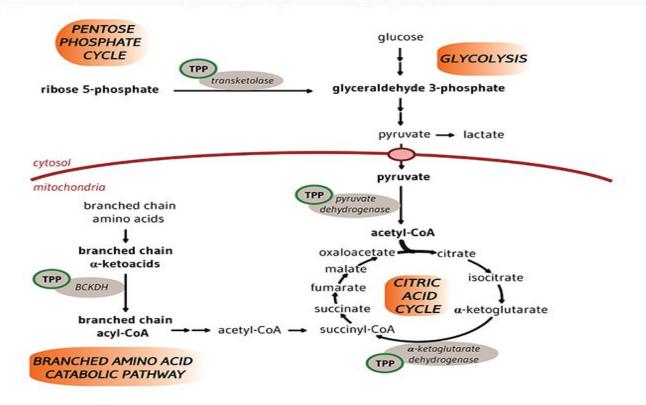
Enzymes in which thiamine serves as a cofactor in carbohydrate metabolism





The branched chain alpha-keto acid dehydrogenase,

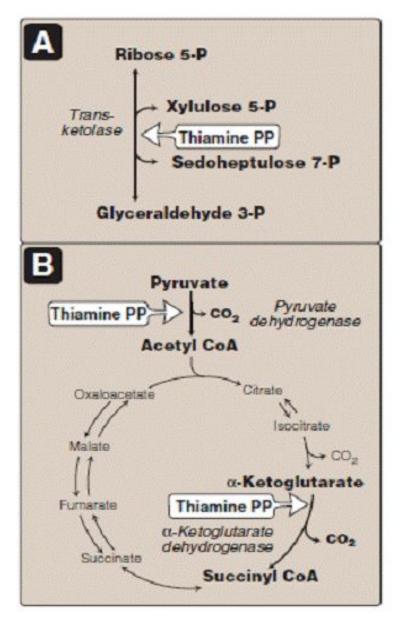
Catalysis the oxidative decarboxylation of branched chain amino acids to the respective keto acids.



Thamin is precursor for synthesis of acetylcholine (neurotransmitters) and lipids including myelin,

therefore necessary for normal functioning of nervous system.

 Plays an important role in nerve impulse transmission.



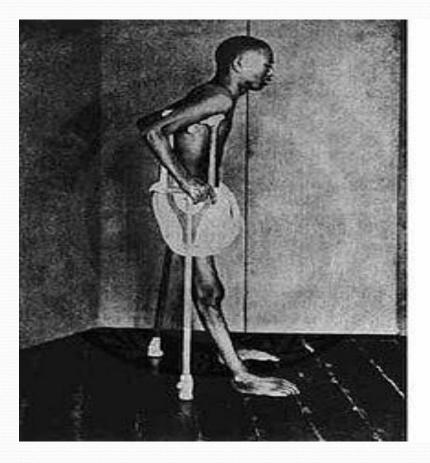
Risk Factors for Deficiency

- The leading risk factor for thiamine deficiency is alcoholism. Alcohol acts directly to destroy thiamine and increases it's excretion.
- Liver cirrhosis, malabsorption syndromes, diabetes, kidney disease, or hyper metabolic conditions also have increased susceptibility to B_1 deficiency.
- The elderly peoples with poor nutritional status and difficulties with absorption.
- \Box Others with nutritionally inadequate diets, or an increased need as a result of stress, illness, or surgery may benefit from additional vitamin B₁ intake.
- □Use of tobacco, or products like carbonate and citrate food additives can impair thiamine absorption.

Deficiency disease Beri -beri

Early symptoms

- Weakness
- Constipation
- Mental depression
- Peripheral neuropathy



Types of Beri-beri

Dry beri-beri

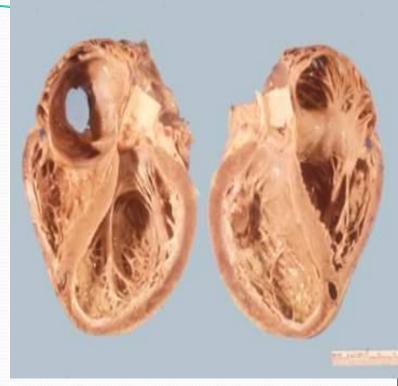
- Neurological manifestation result in peripheral neuritis.
- Muscles become progressively wasted.
- Degeneration and demyelination of both motor and sensory nerves leads to complete paralysis.





Wet beri-beri

- Associated with peripheral vasodilatation, leading to more rapid arteriovenous shunting of blood, cardiac failure, peripheral edema.
- Cardiac failure due to weakness of heart muscle.
- As a result of decreased release of metabolic energy in tissues local vasodilatation may occur.



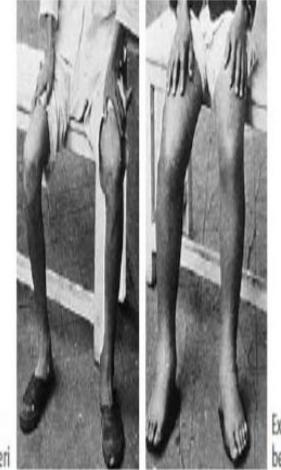
Dilated cardiomyopathy Due to peripheral dilation of arterioles

Wet beri-beri

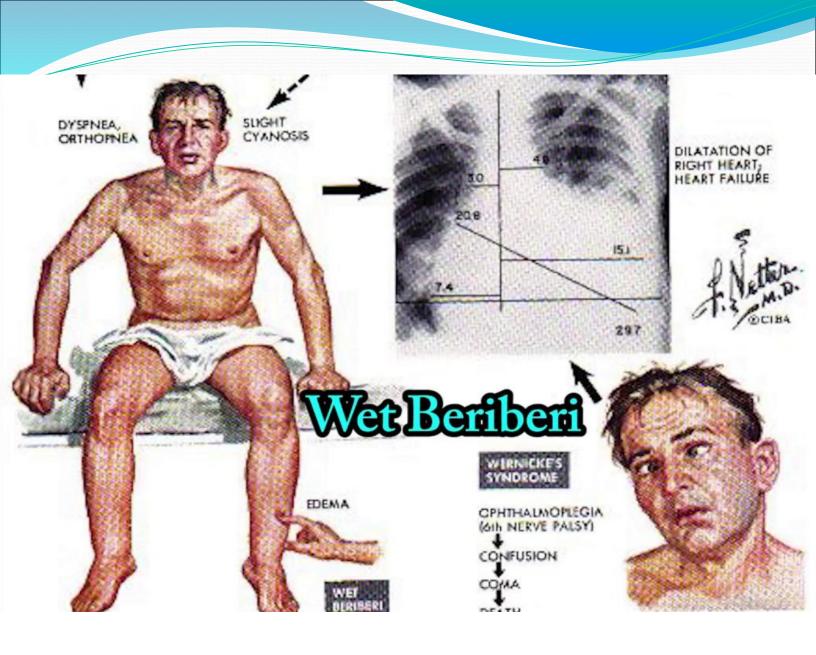
Cardiac involvement with edema of face, legs trunk and serous cavities.



Atrophic (dry) beriberi

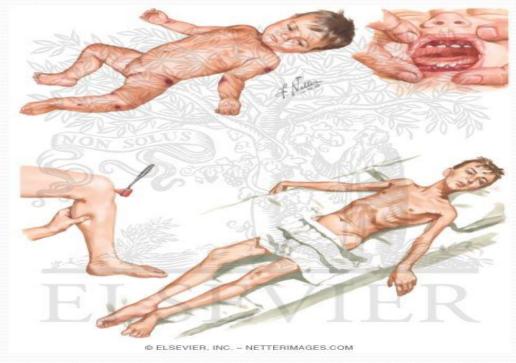


Exudative (moist) beriberi



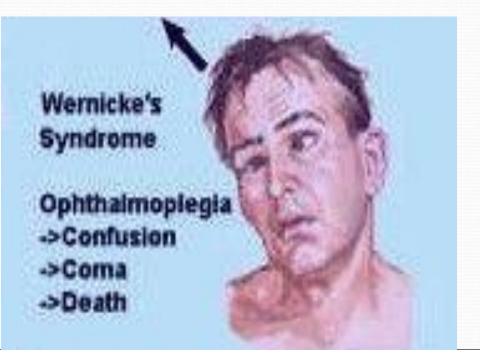
Infantile beri-beri

Occur in babies born to thiamin deficient mothers.
Restlessness, sleeplessness and bouts of screaming due to cardiac failure.



Wernicke –Korsakoff syndrome

- Mostly seen in chronic alcoholics.
- Body demand of thiamine increases in alcoholics.
- Characterized by
- Confusion
- Dementia
- Apathy
- Nystagmus
- Cerebellar ataxia



Nervous disorders

- Common because nervous system is entirely depend on glucose for its energy requirements and there is mental depression.
- Pyruvate accumulate in tissues, excreted in urine.
- Cross blood brain barrier ,accumulate in brain, cause polyneuritis.
- Nerve impulse transmission decrease.
- Activity of transketolase decreases in RBCs.

Diagnostic tests for Thiamin

Erytherocyte transketolase activity test.

Meaurement of Pyruvate, lactate and alpha ketogluterate levels in blood.

Therapeutic uses

- Neuritis of pregnancy
- Alcoholic neuritis
- Wernicke's encephalopathy
- Inborn errors of metabolism

References

- Chatterjea
- Jaypee
- Satyanaryn

