

Journal of Biomedical and Pharmaceutical Research 2 (2) 2013, 05-09

RESEARCH ARTICLE

Standardization of the Standards: A Novel Idea in Clinical Biochemistry Review with Special **Reference to Developing Countries**

*Prof (Dr) Biswajit Majumdar¹, Dr. Tapan K Debnath²

¹Professor and, Department of Biochemistry Gandaki Medical College, Tribhuvan University, Nepal ²Assistant Professor of Biochemistry, Tripura Medical College and Dr. BRAM Hospital, Tripura University, Nepal

ABSTRACT

Objective: The principle of Physical Chemistry applies equally to the metabolic reactions or activities. The proportionality of the law of mass action of reactants and products indicates a linear decrease in the values, if low doses of reactants are used, as in developing countries. The main aim of the present study is to evaluate and redefine the standard normal values of biochemical parameters in context of developing countries.

Methods: Standard evaluation procedures were used for detection of common biochemical parameters in normal healthy individuals. The results are compared with the standard normal values of existing/established biochemical normal values.

Results: The results showed marked variation in normal values and after evaluation and comparison of the ranges it was found to be different in the study.

Conclusion: Normal biochemical values are markedly different in cases of samples from developing countries and the comparison and detection and diagnosis will have to be evaluated based on the newly developed normal values for better and appropriate diagnosis, in developing countries.

INTRODUCTION:

standard values visibly Glucose (PP), Glucose (F), Urea, regimented Creatinine, Uric Acid, SGPT, SGOT, Alkaline Phosphatase, spectrophotometric /Semi auto analyser or auto analyser that are estimated for the determination of diseases and method is still the procedure of choice. Normal acceleration and confirmation of treatment, should be biochemical processes are the basis of health-The world reviewed grossly, specially developing countries. The standard values that are complete physical, mental and social wellbeing and not generally / normally used, are mainly derivatives of merely the absence of disease and infirmity. developed countries characterized by high body mass index, higher input of protein and /or calorie and lower health may be considered that situation in which all the stress and psychological strain.

follow direct physical chemistry, linear laws of mass action with the organization's maximum points, to the basic rule of A [Reactant] α B [Product] The law of mass action authenticates the proportionality of view and it should be apparent that caring for the health of the biochemical parameters, specially those following patients requires not only a wide knowledge of biological uncomplicated catabolic processes. So, in presence of low principles but also of physiological and social principles. intake of protein diet, comparatively lower BMI, studies Standardization of the standards are important in the were conducted mainly on Hemoglobin, Urea, Creatinine aspect of policy making for health and and the biochemical and Uric Acid, their reactions in metabolic scenario are parameter's normal /standard relatively uncomplicated and follow linear law of mass reevaluated based on the scenario and standards of action of direct proportionality of concentration of developing countries reactants and products.

The principal methods and preparations used in MATERIALS AND METHODS: for separating and purifying biochemical laboratories biomolecules and methods for determining bimolecular from the eastern and southestern parts from other parts structures include uv, visible and infrared and NMR were screened and divided into the following age groups of spectroscopy and mass spectroscopy. For routine 0-8 years, 9-15 years, 16-30 years, 30 – 40 years, 40-55

biochemical investigations, specially to cater the huge The different biochemical parameters and their population of underdeveloped countries in a regular, and cost effective method manner, with reference to the health organization (WHO) defines health as a state of

From a strictly biochemical standpoint/viewpoint, many thousands of intra and extracellular reactions that The biochemical parameters, specially those which occur in the body are proceedings at rates commensurate survival in the physiologic state. However, this is extremely reductionist values should be

Experimentally, normal persons mainly from Nepal,



Prof (Dr.) Biswajit Majumdar et al. Journal of Biomedical and Pharmaceutical Research 2 (2) 2013, 05-09

persons were screened and those with no disease or with were estimated. mild disease or diseases in which the above biochemical estimated and the average or mean value± SEM were below.

Years, 56-65 years, 66-80 years, Above 80 years. The calculated for each group. Separate Male / Female Values

The numbers of persons of different age groups parameters will not be effected were taken and blood who are normal and healthy, with the above parameters as samples collected and their biological parameters were mentioned above are estimated according to the table

Table I: Total number of healthy individuals used in the experimental screening divided according to the age and sex. The division sre based keeping in view of the hormonal level's actual non fluctuating scenario

	Number of Male	Number of Female	Any Specified Diseases	Remarks
0-8 years	217	234	No	-
9-15 years	312	286	-do-	-
16-30 years	159	162	-do-	-
31-40 years	226	195	-do-	-
41-55 years	415	337	-do-	-
55-80 years	216	286	-do-	-
81 years and above	109	127	-do-	-
Total	1734	1627	-do-	-

EVALUATED AS UNDER:

ESTIMATION OF HAEMOGLOBIN:

Hemoglobin in blood is first converted to methemoglobin potassium ferricvanide bv methemoglobin formed converted is then cyanomethemoglobin by by potassium cyanide by Dralkins Reagent.The intensity of the brown colour cyanomethemoglobin is a measure of the amont of Hb done by alkaline picrate method by Bonses RW and present in blood.

THE DIFFERENT BIOCHEMICAL PARAMETERS WERE ESTIMATION OF UREA: Urea is estimated by diacetyl monoxime [DAM] method .Urea reacts with hot acidic diacetylmonoxime in the presence of thiosemicarbazide and produces a rose coloured complex.

> .The ESTIMATION OF URIC ACID: Uric acid is estimated by to Modified Phosphotungstate End Point Analysis.

of ESTIMATION OF CREATININE: Estimation of creatinine was Taussky HH.

RESULTS:

Table 2: Values of Haemoglobin, Total Protein, Albumin and Globulin in Normally Healthy Individuals in Underdeveloped countries with variations and distributions according to age group

Age Group	Haemoglobin (Hb) [g/dl]		Total Protein [g/dl]	
	Male	Female	Male	Female
0-8 years	13.12 ±0.36	12.26 ±0.12	6.20 ± 0.16	6.08 ±0.18
9-15 years	13.22 ± 0.12.	10.28 ±0.16	5.72 ± 0.22	5.94 ± 0.42
16-30 years	12.32 ±1.72	11.02 ±0.46	6.70 ±1.24	6.02 ±0.62
31-40 years	12.42 ±0.56.	10.72 ±1.22	6.12 ±1.62	6.12 ±0.12
41-55 years	12.02 ±1.81	12.12 ±0.12	6.08 ±1.22	6.04 ±0.28
55-80 years	12.08 ±0.12	10.39 ±0.64	6.02 ±0.16	5.82 ±1.96
8 1 years and above	12.02 ±0.28	11.12 ± 1.26	5.92 ± 0.18	5.60 ±1.22

Note: All the values indicate mean value ± SEM for the individual age groups. Average is done by adding all the values and dividing by the number of specimens.

Prof (Dr.) Biswajit Majumdar et al. Journal of Biomedical and Pharmaceutical Research 2 (2) 2013, 05-09

Age Group	Urea [mg/dl]		Uric Acid [mg/dl]		Creatinine[mg/dl]	
	Male	Female	Male	Female	Male	Female
0-8 years	16.21 ± 2.32	15.72 ±2.84	4.12 ± 0.86	4.04 ±0.66	0.51 ±0.02	0.50 ± 0.06
9-15 years	18.72 ±1.56	15.32 ± 2.12	4.22 ±0.68	4.68 ±0.28	0.52 ±0.02	0.52 ±0.07
16-30 years	18.12 ± 2.56	16.42 ± 1.62	4.88 ±0.32	4.82 ± 0.26	0.64 ±0.06	0.58 ±0.82
31-40 years	16.22 ±2.56	14.22 ±2.54	4.56 ±0.28	4.62 ± 0.18	0.75 ±0.08	0.64 ±0. 72
41-55 years	16.24 ±1.72	16.24 ± 2.56	4.12 ±0.12	4.88 ± 0.18	0.72±0.06	0.66 ±0.84
55-80 years	15.86 ±1.74	15.26 ± 2.14	4.28 ±0.18	4.82 ± 0.96	0.76 ±0.08	0.64 ± 0.86
8 1 years and above	15.68 ± 2.58	15.74 ± 1.82	4.26 ± 0.62	4.58 ± 0.64	0.62 ±0.06	0.64 ±0.08

Table 3: Values of Urea, Uric acid and creatinine in Normally Healthy Individuals in Underdeveloped countries with variations and distributions according to age group

Note: All the values indicate mean value ± SEM for the individual age groups. Average is done by adding all the values and dividing by the number of specimens.

Table 4: Values of albumin and globulin in Normally Healthy Individuals in Underdeveloped countries with variations and distributions according to age group

Age Group	Albumin		Globulin	
	Male	Female	Male	Female
0-8 years	3.60 ± 0.04	3.50±0.12	2.72 ±0.08	2.82 ±0.08
9-15 years	3.8 0±0.08	3.60 ± 0.16	2.68 ±0.12	2.86 ± 0.12
16-30 years	3.42 ±0.05	3.70 ± 0.12	2.56 ± 0.12	2.72 ±0.10
31-40 years	3.46 ± 0.06	3.82 ± 0.12	2.62 ±0.14	2.65 ±0.12
41-55 years	3.68 ± 0.08	3.71 ±0.14	2.72 ±0.18	2.72 ±0.10
55-80 years	3.82 ± 0.04	3.17 ± 0.12	2.61 ±0.10	2.14 ±0.14
8 1 years and above	3.12± 0.10	3.16 ±0.11	2.32 ±0.56	2.12 ±0.12

DISCUSSION:

The results show a marked shift from the misinterpretation conventional ideas of standard values. A new set of underdeveloped countries. Normally, and approximately standard values, which are different from the standard the following values are grossly used for estimation, values of developed countries have been created and references and diagnosis of diseases based on biochemical recommended for reference to prevent misreading and

diagnosis diseases for of of parameters

Page ,

	Male	Female	Remarks
Haemoglobin	14-16 g/dl	13-15 g/dl	-
Urea	15-40 mg/dl	15-40mg/dl	-
Uric Acid	4-8mg/dl	3.5-6mg/dl	-
Total Protein	6-8g/dl	6-8 g/dl	-
Albumin	3.5-5g/dl	3.5-5g/dl	-
Globulin	2.5-3.5g/dl	2.5-3.5 g/dl	-
Creatinine	0.5-1.5mg/dl	0.5-1.5 mg/dl	-

Table: 5

normal value of Haemoglobin (Hb) is found to be 12.45 g/dl 3.52g/dl, and the range for male comes to be 2.8g/dl and the same for the female population is 11.13. On On the basis of the results we redefine the standards of the standardizing the normal range as by the same way as different parameters based on the calculation as average conventional normal the ranges are 11.50 through 13.50 of the parameters ±1. This is grossly different from that of for males and 10.13 through 13.13 for females. [All values the standard values already redefined and used standardly. of Hb has the unit g/dl]For urea the range for males is The parameters follow standard normal linear pathways of 11.72 through 21.72 mg/dl and for females it ranges from law of mass action of physical chemistry and theend 10.56 through 20.56 mg/dl. For creatinine the normal value products are directly proportional to the amount of ranges from 0.15 through 1.05 for males and 0.10-1.00 for reactants, visibly here the reactants of the females. The normal range of uric acid in the specified parameters. This obviously points to the fact that for normal healthy population is 4.00 -15, and the average for development of health in developing countries, nutritional males is 4.35mg/dl and for females is 4.63mg/dl.

The difference in the male and female population may be developmental index, so that the people of developing explained from the different food habits, the hormonal countries do not suffer from overall lower body mass index balance and other associated biological equilibriating and fatigue. metabolic factors.

The following are the interpretations .The average population the mean value is 3.56g/dl and for females is

above and other factors have to be improved as per the human

The rectification measures are related to different For total protein, the average value for males is 6.10g/dl government policies, economic and social reforms and and for females is 5.95 g/dl. For albumin, for male other political factors that need to be addressed in a more serious way.

	Male	Female	Remarks
Haemoglobin	11.50-13.50 g/dl	10 -13 g/dl	-
Urea	12-22mg/dl	11-21 mg/dl	-
Uric Acid	4-15 mg/dl	4-15 mg/dl	-
Total Protein	5-7g/dl	5-7 g/dl	-
Albumin	2.8-4.3 mg/dl	2.8-4.3 g/dl	-
Globulin	2.1-3.1mg/dl	2.1-3.1 g/dl	-
Creatinine	0.2-1.1 mg/dl	0.1-1.0 mg/dl	-

Prof (Dr.) Biswajit Majumdar et al. Journal of Biomedical and Pharmaceutical Research 2 (2) 2013, 05-09

REFERENCES:

- 1. Zaneta J. Bulaj, M.D., Linda M. Griffen, B.A., Lynn B. 8. Henry R , Amer J Clin Path 28, pp152(1957) Kushner, M.D.N Clinical and Biochemical Abnormalities Med 1996; 335:1799-1805December 12, 1996
- 2. Mitruka, B. M.; Rawnsley, H. M.Clinical biochemical 11. Segel IM; Biochemical Calculations; Wiley 1968 experimental animals. 1977 pp. xiv + 272pp.
- 11,624.
- Technical Bulletin No 9 "Association of Clinical Biochemists .Evans RP J Clin Pathol (1968) 21, 527. (1969) 31.678
- 5. Caraway W,Amer . Practical Clinical Chemistry, Little Brown &Co., Boston p 154. J Clin Path 26, pp840(1955)
- 6. Schultz AL., (1975Analysis & Co-relation; LA Kaplan & AJ Pesce, Nonprotein compounds .In : Clinical Chemistry Theory . Eds CV Mosby, Toronto 1994 pp 1230-1268.

- 7. Brown H Nonprotein compounds II.In: Clinical Chemistry Theory...J Biol Chem 158 pg 601 (1945)
- Jorde, Ph.D., Corwin Q. Edwards, M.D., and James P. 9. Martinch R; Nonprotein compounds III. J Clin Path 18, pp777(1965)
- in People Heterozygous for Hemochromatosis .Engl J 10. Ramnik Sood ;Textbook of Medical Technology ;.Jaypee Brothers Medical Publishers(P) Ltd.2006
- and hematological reference values in normal 12. Frayn KN; Metabolic Regulation; A Human perspective ; 2nd edition ; Blackwell Science ;2003.
- 3. Coulambe GG and Favrean L A. Clin Chem (1965) 13. Fell D ; Understanding the control of metabolism ; Portland Press;1997
- 4. Haslam, Ruth M (1966)"Martineck RGJ Am Tech 14. Frayn KN; Integration of Substrate flow in vivo /Some insights into metabolic control; Clinical Nutrition 1997; 16: 277-282.
 - 15. Brosnan JT; Comments on the metabolic needs for glucose & the role of gluconeogenesis. European Journal of Clinical Nutrition 1999/53/Suppl 1S 107 -SIII.
 - Bonses RW & Ackermann PG 16. Alder NN, Johnson AE /Cotranslational membrane protein biogenesis at the endoplasmic reticulum/J Biol Chem. 2004; 279; 22787.
 - 17. Lodish H et al. Molecular Cell Biology 5th Edition WH Freeman and Co 2004.