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Potassium: The normal level of potassium in the bloodstream is in the range of 3.5–5.0 mM, while levels of 6.3–8.0 mM (severe hyperkalemia) result in cardiac arrhythmias or even death due to cardiac arrest. Potassium is potentially quite toxic; however, potassium poisoning is usually prevented because of the vomiting reflex. The consumption of food results in mild increases in the concentration of potassium in the bloodstream, but these levels of potassium do not become toxic because of the uptake of potassium by various cells of the body as well as by the action of the kidneys transferring the potassium ions from the blood to the urine. The body's regulatory mechanisms can easily be overwhelmed, however, when potassium chloride is injected intravenously, as high doses of injected potassium can easily result in death

Calcium: Calcium toxicity is rare, but overconsumption of calcium supplements may lead to deposits of calcium phosphate in the soft tissues of the body. When you don’t get enough calcium, you increase your risk of developing disorders like:

* osteoporosis
* osteopenia
* calcium deficiency disease (hypocalcemia)

Children who don’t get enough calcium may not grow to their full potential height as adults.

Magnesium: While magnesium toxicity is rare in the general population, there is a subset of patients who are at risk of developing this pathology. Magnesium is excreted in the kidneys, and so those with chronic kidney disease are particularly at risk. Magnesiumdeficiency is an electrolyte disturbance in which there is a low level of magnesium in the body. It can result in multiple symptoms. Symptoms include tremor, poor coordination, muscle spasms, loss of appetite, personality changes, and nystagmus.  Complications may include seizures or cardiac arrest such as from torsade de pointes. Those with low magnesium often have low potassium.

Chloride: Chloridetoxicity has not been observed in humans except in the special case of impaired sodium chloride metabolism, e.g. in congestive heart failure. Healthy individuals can tolerate the intake of large quantities of chloride provided that there is a concomitant intake of fresh water. Hypochloremia occurs when there's a low level of chloride in your body. It can be caused by fluid loss through nausea or **vomiting** or by existing conditions, diseases, or medications. **Low** levels have several other possible causes, including common, temporary problems such as vomiting and dehydration.

 Iron: Iron toxicity is not unusual in small children due to the wide distribution of dietary supplements containing iron. A lethal dose of iron is in the range of 200—250 mg iron/kg body weight, meaning that a child who accidentally eats 20 or more iron tablets may die as a result of iron poisoning. Children are unfortunately likely to take large amounts of these pills because they look like candy. Within six hours of ingestion, iron toxicity can result in vomiting, diarrhea, abdominal pain, seizures, and possibly coma. In the second period of iron poisoning, the patient's symptoms appear to improve; however, this phase is followed by a terminal phase in which shock, low blood sugar levels, liver damage, convulsions, and death occur 12 to 48 hours after the fatal dose.