- $pH = -\log [H^+]$ .
- Strong Acid .
- Strong base .
- Weak Acid.
- Weak Base.
- <sup>(Conjugate Acid Base Pair"→ a proton donor & its corresponding proton acceptor.

  </sup>
- $\diamond$  Stronger acid  $\rightarrow$  lower pH.
- Stronger Base  $\rightarrow$  higher pH.
- PKa can be determined experimentally ; it is the midpoint of the titration curve for the acid or base.

## **Titration of acetic acid**



# **Comparison of the Titration curves of Three weak acids.**



# Buffering Against pH Changes on Biological Systems

$$[H^{\dagger}] = \frac{k_{A}[HA]}{[A^{-}]}$$

which is the same as:

 $[H^{\dagger}] = (k_{A})(\frac{1}{[A]})([HA])$ 

Handerson-Hasselbach Equation

**Calculate the pKd** of lactic acid, given that when [Lactic acid] = 0.010 M& [Lactate] = 0.087 M, pH =4.80 ?

Calculate pH mixture of 0.1 M lactic acid & 0.20 M Sodium acetate. The pka of Acetic acid = 4.76 ? Calculate the ratio of conc. of acetate & acetic acid required in a buffer system of pH = 5.30?



Ruffer : is a tendency of solution to resist effectively any changes in pH in the body following the addition of strong acid or strong base .

Most important buffers are :

- Phosphate buffer.
- Bicarbonate buffer .

# **Comparison of the Titration curves of Three weak acids.**



#### Buffers in Action--A Simple Example



Prepare 0.4 M phosphate buffer, pH 6.8, by making the solution 0.2 M  $H_2PO_4^{-1}$  and 0.2 M  $HPO_4^{-2-1}$ 



### Blood Buffering: the Carbonate System

<sup>cor</sup>The pH of human blood is about 7.4 <u>cell pH falls</u> outside range 6.8 to 7.8, you are dead. The main blood buffer is carbonate system (but phosphate and protein systems help) The pKa for carbonic acid is 6.1  $\alpha$ H2CO3  $\Leftrightarrow$  HCO3- + H+ At physiologic pH, find ratio of carbonate to carbonic acid  $\alpha pH = pKa + \log [A-]/[HA]$  $\alpha$ 7.4 = 6.1 + log [A-]/[HA]  $\alpha 1.3 = \log [A_-]/[HA]$  Therefore:  $[A_-]/[HA] = 20$ . This seems like a poor buffer BUT infinite CO2 reservoir gives huge buffering capacity and MOST assaults on system are metabolic acid production.

### $\bigcirc$ CO2 (gas) ⇒ CO2(aqueous) + H2O ⇒ H2CO3 ⇒ + H+ + HCO3-

In clinic, conditions that effect MAINLY [HCO3-] are "metabolic", and conditions that effect MAINLY [H2CO3] are "respiratory"
Metabolic acidosis means excess H+: often seen with diabetic conditions
Metabolic alkalosis is loss of H+: may indicate vomiting or poisoning with base

- Respiratory acidosis: High CO2 yields high [H2CO3]. May indicate poor CO2 clearance from lungs.
- Respiratory alkalosis arises from very rapid removal of CO2, which is indicative of hyperventilation.
- **Reference in Comparison Representation** Representation of the second state of the se
- $\exp H = 6.1 + \log 50/1.4 = 7.67.$

metabolic alkalosis, maybe ingested too much bicarbonate (a Tums addict!)

### **Bicarbonate buffering system of blood**



- Weak acids or base buffer cells & tissues against pH changes :-
- The organism 1<sup>st</sup> line of defense against changes in internal pH is provided by buffer system.
- The cytoplasm of most cells contains high [Protein], which contain many amino acids with functional groups that are weak acids or weak bases:-
- Side chain of histidine → has pka = 6.0.
   So, protein containing histidine residues buffer effectively near neutral pH.





- ii. Nucleotides such as ATP & metabolites with low Mwt have ionizable groups contribute buffering power to cytoplasm.
- 3. Extracellular buffers have high conc. of :
- Organic acids buffer the vaccules of plant cells.
- Ammonia buffers urine.

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