

[1] haben gezeigt, dass bei einer länger anhaltenden hohen Säurebelastung Knochenmineralien über den Urin ausgeschieden werden und die Knochenmasse kontinuierlich abnimmt. Für die hohe Säurebelastung in den westlichen Industrieländern [2, 3, 4] sind Proteine bzw. die darin enthaltenen schwefelhaltigen Aminosäuren Methionin und Cystein verantwortlich [5, 6].

Literatur

- [1] L. Frassetto, J. RC Morris, D. Sellmeyer, K. Todd, and A. Sebastian, “Diet, evolution and aging – the pathophysiologic effects of the post-agricultural inversion of the potassium-to-sodium and base-to-chloride ratios in the human diet,” *Eur J Nutr*, vol. 40, pp. 200–213, 2001.
- [2] T. Remer and F. Manz, “Estimation of the renal net acid excretion by adults consuming diets containing variable amounts of protein,” *Am J Clin Nutr*, vol. 59, pp. 1356–1361, 1994.
- [3] J. Robertson and R. Manghan, “Acid-base status of pre-menopausal vegetarian and omnivorous women,” *Proc Nutr Soc*, vol. 51, pp. 32, Abstract, 1992.
- [4] M. Peacock and W. Robertson, *Urolithiasis: etiology, diagnosis*, ch. Pathogenesis of Urolithiasis, pp. 255–258. Berlin: Springer, 1985.
- [5] T. Remer, “Influence of diet on acid-base balance,” *Semin Dial*, vol. 13, no. 4, pp. 221–226, 2000.
- [6] L. Frassetto, K. Todd, J. RC Morris, and A. Sebastian, “Estimation of net endogenous noncarbonic acid production in humans from diet potassium and protein contents,” *Am J Clin Nutr*, vol. 68, pp. 576–583, 1998.