Various investigations have been detected, parathyroid hormone (parathormone) has been implicated in regulating the renin–angiotensin–aldosterone system (1-3). The system of renin–angiotensin–aldosterone, in turn, has been involved in regulating the calcium-regulatory hormones such as vitamin D and parathormone. In fact, inappropriate action of both parathyroid hormone and the renin–angiotensin–aldosterone system may negatively influence skeletal health and cardiovascular (2-6).

The observational studies such as reduced bone mineral density and a higher rate of osteoporosis in patients with primary hyperaldosteronism and an elevated parathormone levels which are lowered after clinically indicated surgical or medical treatment in these patients, is a human evidence describing the positive association between renin–angiotensin–aldosterone system activity and parathormone (1-5). Likewise, Treatment with spironolactone therapy is associated with lower fracture risk in heart failure (3-7). More importantly, the administration of renin–angiotensin–aldosterone inhibitors is associated with lower parathormone levels in chronic renal failure patients (4-8).

It is possible that physiological interaction between the renin–angiotensin–aldosterone system and parathormone exists, however, this interaction requires further investigations for better treatment of chronic kidney disease (6-10).

Author’s contribution
HN was the single author of the manuscript.

Ethical considerations
Ethical issues (including plagiarism, informed consent, misconduct, double publication and redundancy) have been completely observed by author.

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The author declared no competing interests.

Implication for health policy/practice/research/medical education
It is possible that physiological interaction between the renin–angiotensin–aldosterone system and parathormone exists, however, this interaction requires further investigations for better treatment of chronic kidney disease.

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