

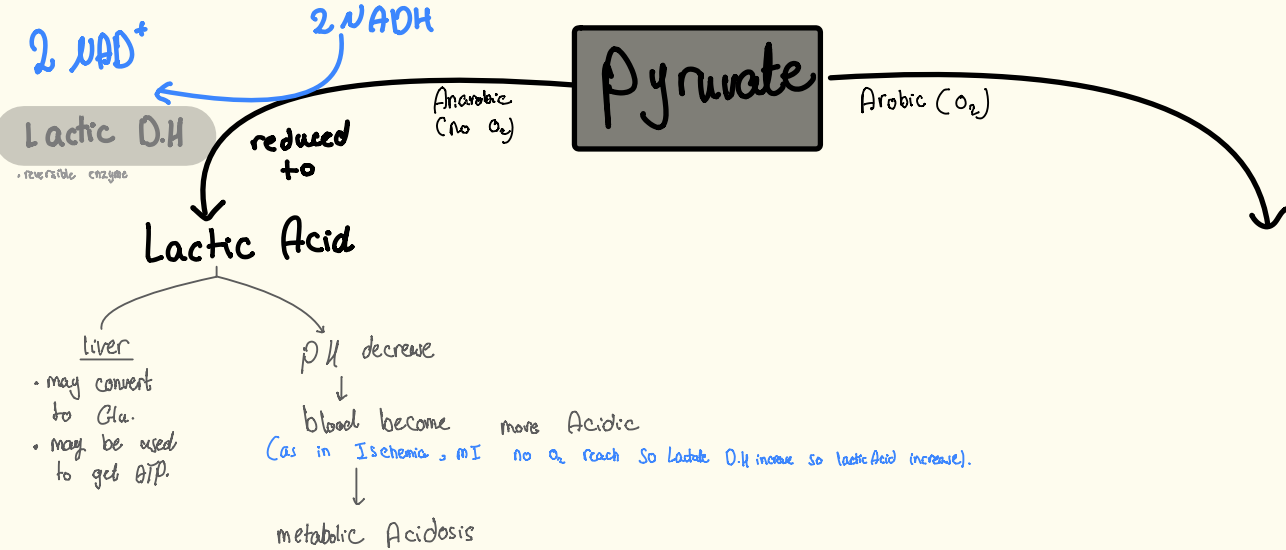
Glycolysis

* GLUT receptor for Glucose entry, working in bidirectional.

- GLUT 1 → BBB $\begin{cases} \text{Red blood cell.} \\ \text{Fetus.} \\ \text{barrier.} \end{cases}$
 - GLUT 2 → kidney / Liver / pancreas.
 - GLUT 3 → neuron / kidney.
 - GLUT 4 → muscle / Adipose tissue.
-] Insulin independent.
-] insulin dependent.

- Kinase → adding (P)
- mutase → changing (P) position.





* occur in **Cytoplasm.**
 * end product: **2 Pyruvate, 2 NADH, 2 ATP (4 but we use 2)**

Regulation of Glycolysis

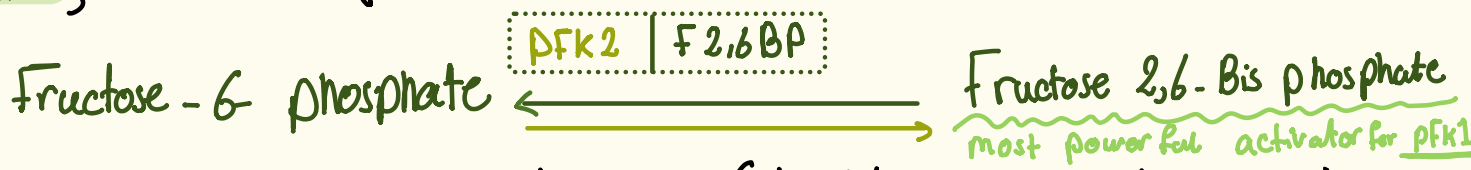
Allosteric
 molecules binding to active site and make conformational change.

Hormonal
 Could do: de/p phosphorylation.

- Glucokinase** present in nucleus → **Glucose** activate it. → **Fru-6-phosphate**, return it into nucleus (allosteric)
- Insulin** stimulate more Glycolysis to happen so it stimulate Glucokinase.
- Glucagon** released when Glucose is gone, I don't need Glycolysis, so inhibit enzyme. (I need Gluconeogenesis).

Phosphofructo kinase 1

Fructose 2,6-B-phosphate, ↑ ADP, ↓ ATP → Show low level of ATP. (stimulate enzyme).
↑ Citrate → inhibit enzyme (show high ATP level).



insulin stimulate more glycolysis to happen (stimulate PFK2, inhibit F2,6-BP)

Glucagon inhibit Glycolysis to happen (inhibit PFK2, inhibit F2,6BP).

Glucagon → phosphorylation. when PFK-2 get phosphorylated become inhibited. when F2,6BP get phosphorylated become activated.

• Insulin $\xrightarrow{\text{cis-act}}$ dephosphorylation. when PFK-2 get de-P become activated.
when F2,6BP get de-P become inhibited.

● Pyruvate Kinase (adding P to ADP) generating Pyruvate when I need ATP.

↳ by phosphorylation

Glucagon, ↑ ATP, ↑ Acetyl-CoA (result from fatty acid oxidation) inhibitor for this enzyme. } Allosteric
hormonal
more Acetyl-CoA → lead to more Krebs

Insulin, Fru-1,6 Bisphosphate activator for enzyme.
↳ by dephosphorylation

* Arsenate work as Glycolysis inhibitor by inhibit $\begin{cases} \text{Pyruvate kinase} \\ \text{GA3P DH.} \end{cases}$