BI 121 Lecture 8

... Welcome back – let's get to work!!

I. ***Announcements*** Tomorrow HR & BP Lab 4 + **Required Notebook Check**. **Turn in today?** Thurs Blood Chemistry Lab 5. Please read Lab 5 twice prior to Thursday. Thanks!

II. ***Cardiovascular System*** LS 2012 ch 9, Torstar Books 1984, DC 2013 Module 4, Guyton & Hall (G&H) 2011 +...

A. Circulatory vs Cardiovascular (CV)? cf + parts
   LS pp 229, CV vs Lymphatic, DC pp 23, 31

B. CV Pulmonary & Systemic circuits
   DC fig 4-1 p 24, LS fig 9-2b p 231

C. Arteries,capillaries,veins G&H +Torstar

D. Varicose veins? Phlebitis? DC

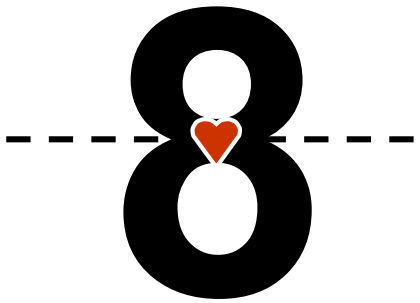
E. ♥ layers, box, chambers, valves, inlets, outlets
   LS fig 9-4 p 233, fig 9-2a p 231; DC pp 23-6

F. Normal vs abnormal blood flow thru ♥ & CV system
   Billy has a hole in his ♥ SI Fox 2009 fig 13.16, 13.17

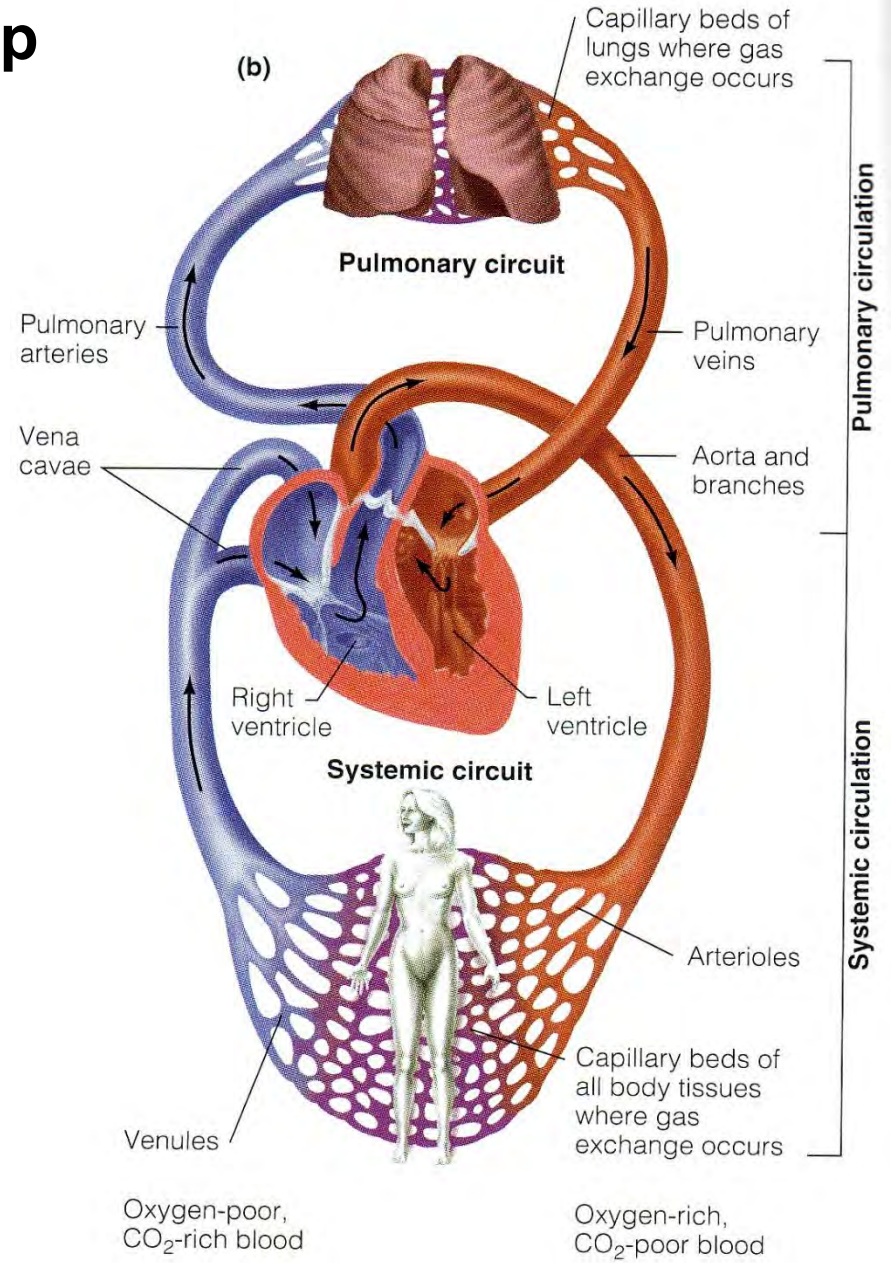
III. ***Comments on Midterm & Tests Returned***

NB: Figure-8 loop

Pulmonary

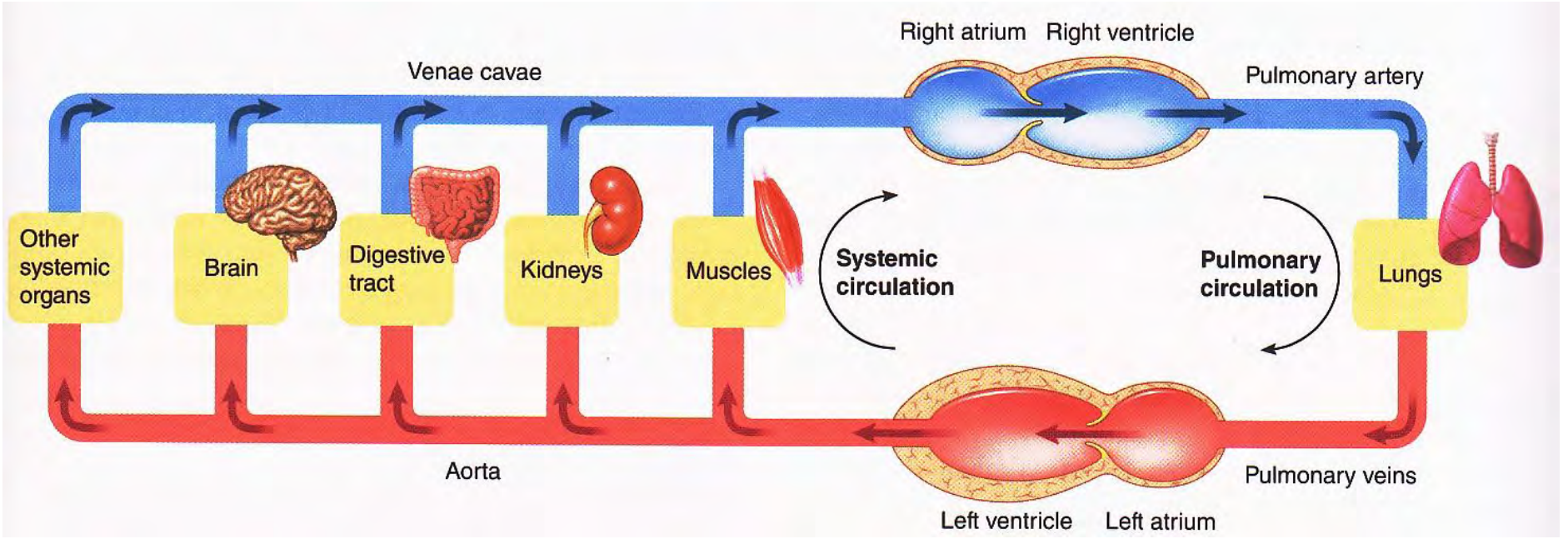


Systemic



DC 2003

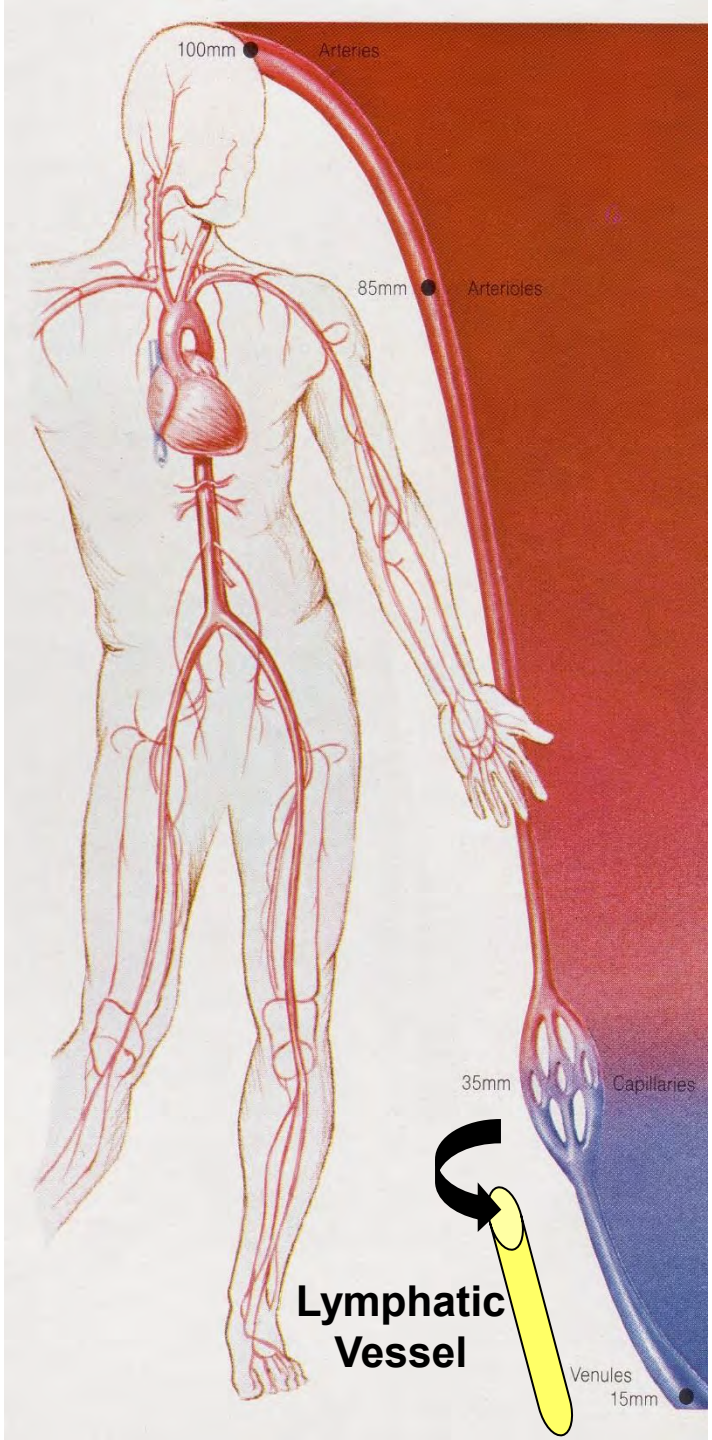
Dual Pump Action & Parallel Circulation



LS 2012 fig 9-2b p 231

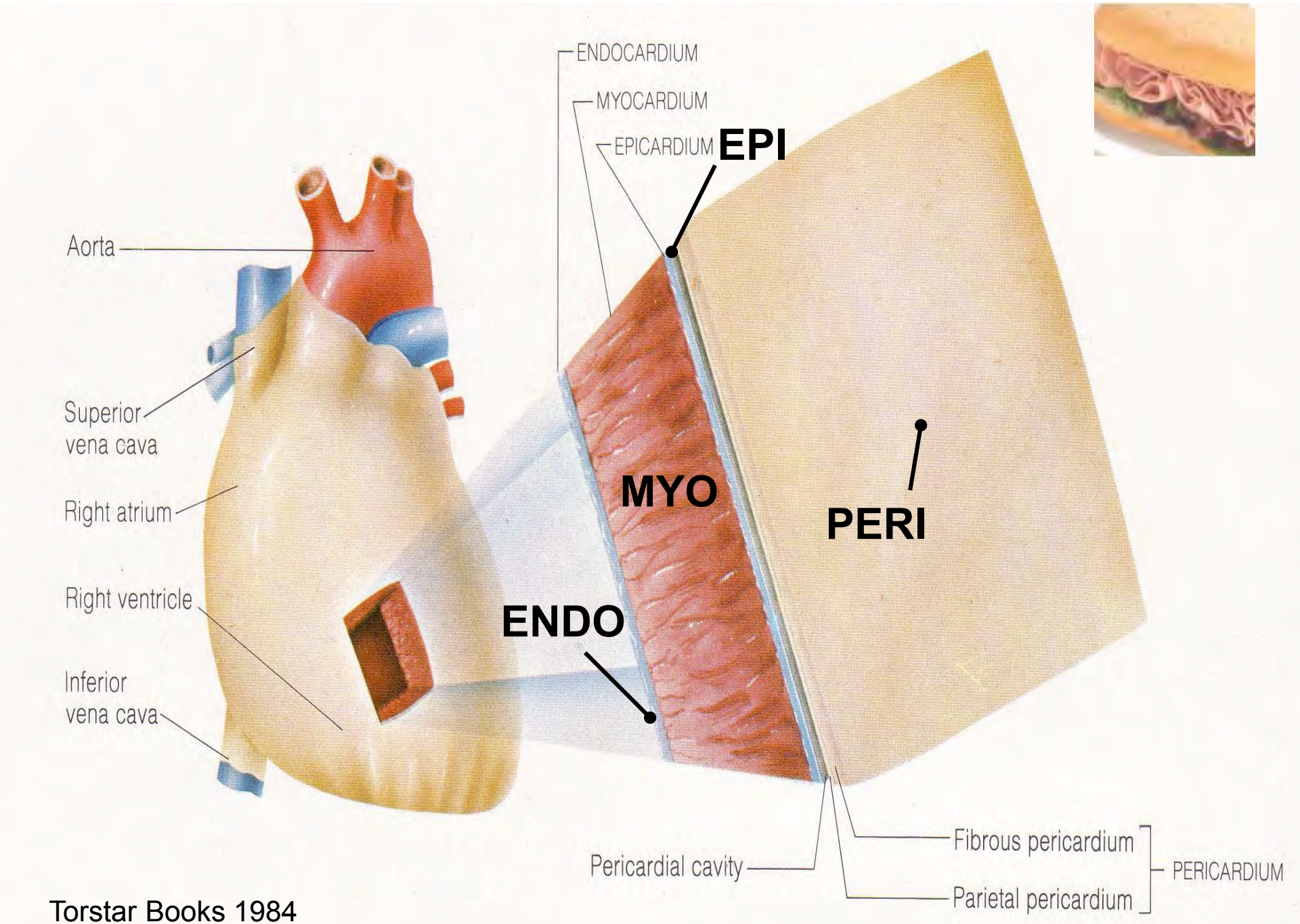
Lymphatic System Blockage in Elephantiasis from Mosquito-borne Parasitic Filaria Worm

LS 2012 fig 10-21 p 283



Lymphatics collect run-off & are parallel to venules/small veins!

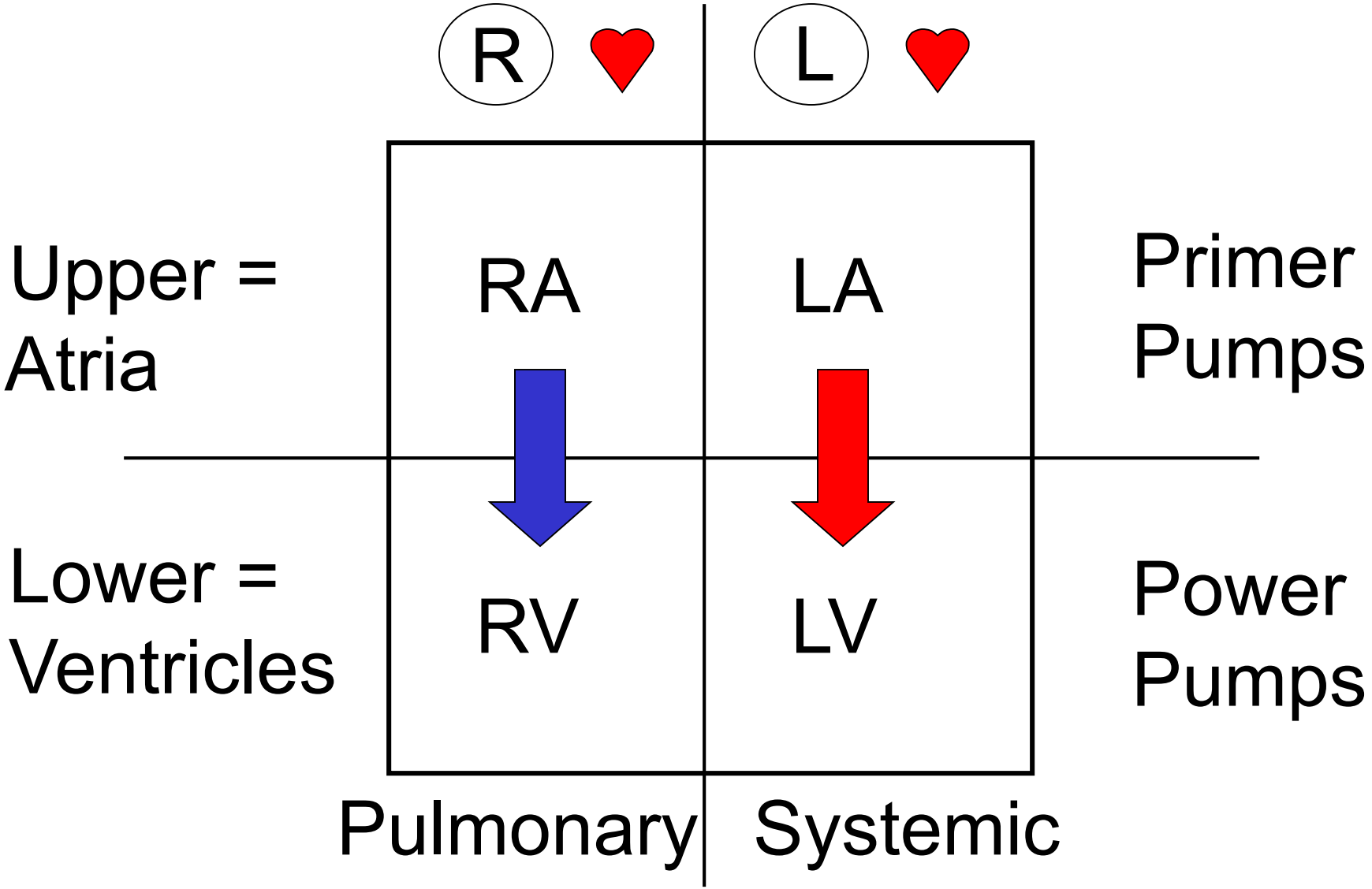
Torstar Books 1984



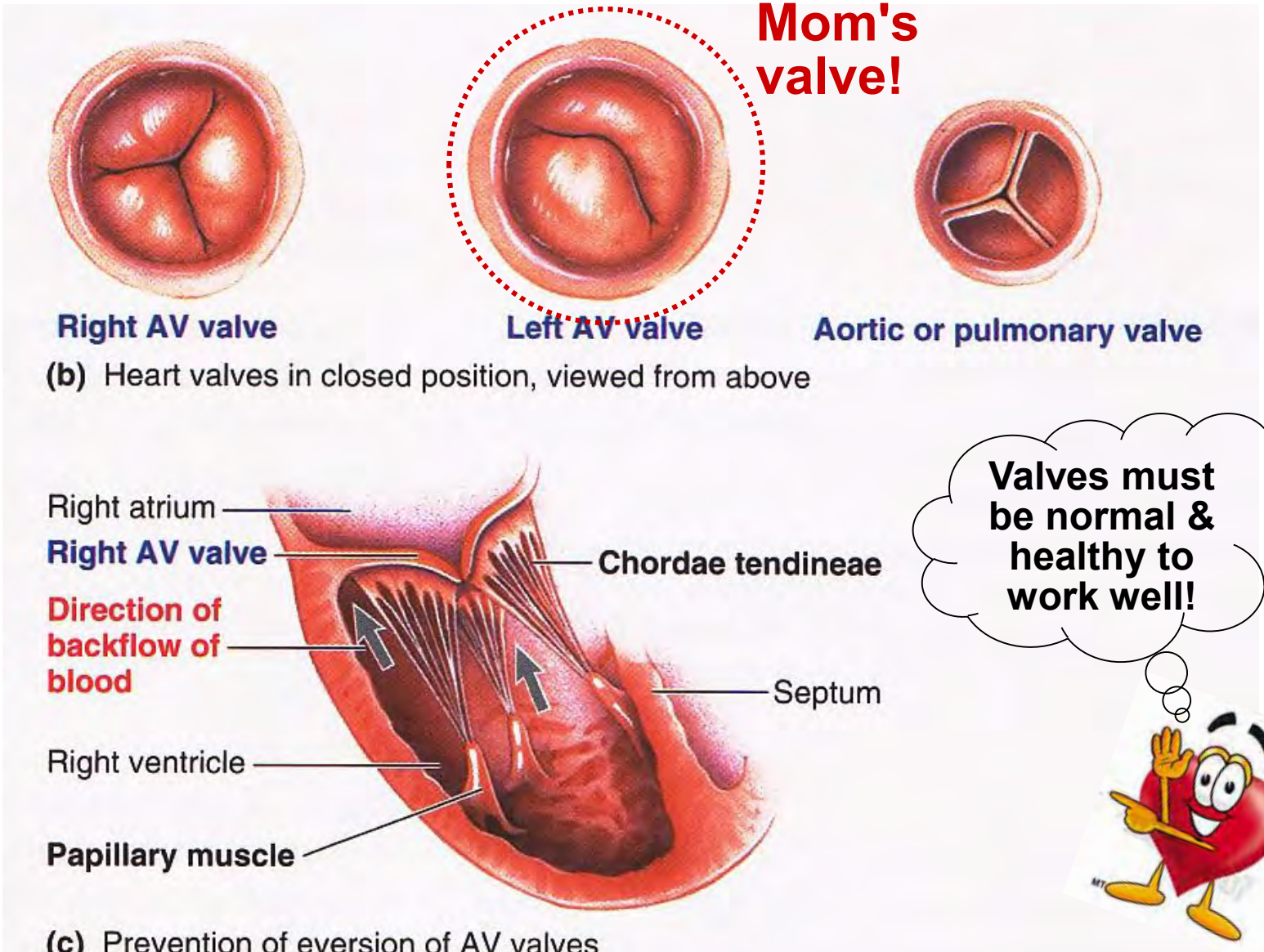
Torstar Books 1984

Human ♥ = 4-chambered box?

2 separate pumps?



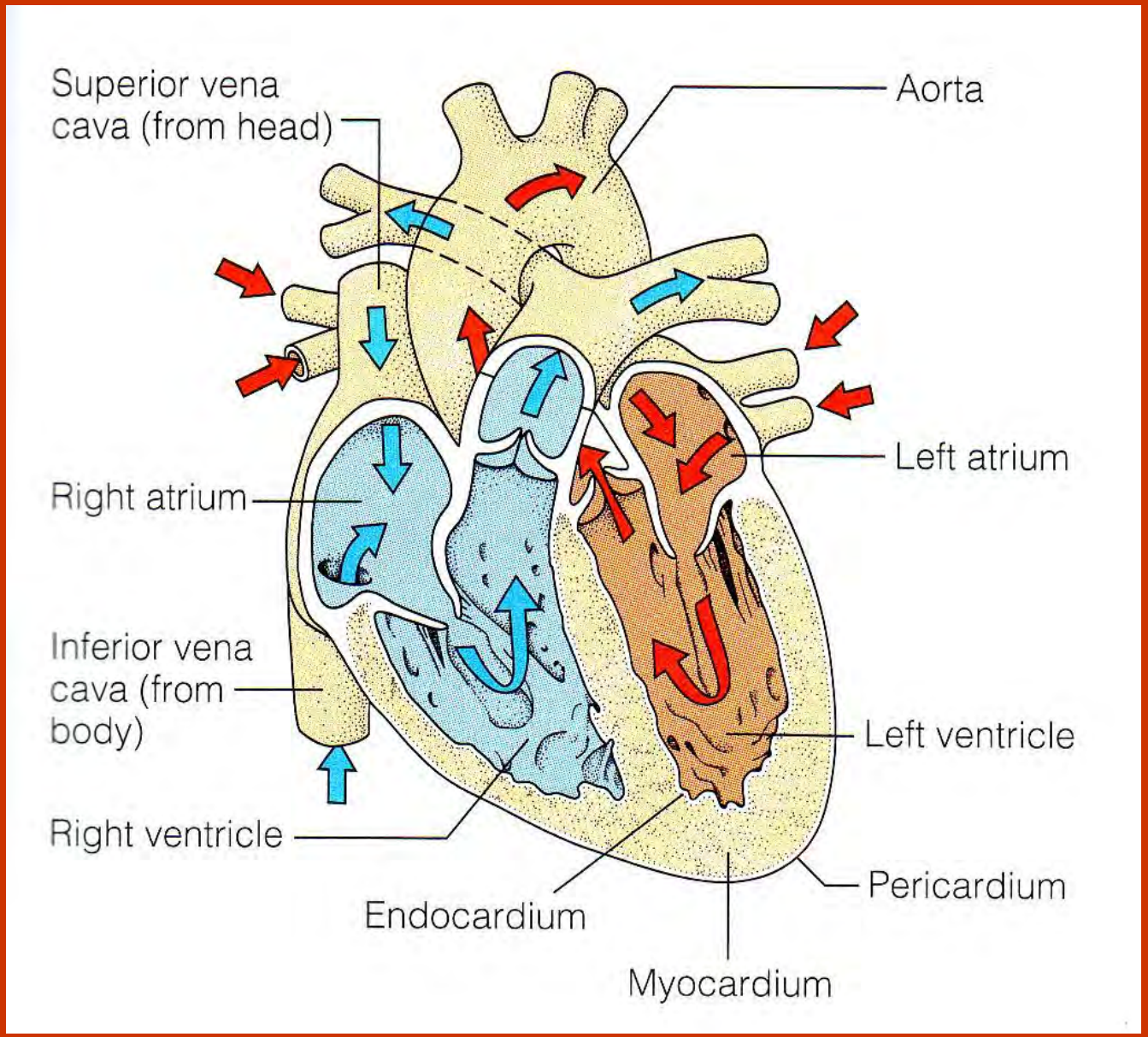
Heart Valves Ensure Unidirectional Blood Flow!



● FIGURE 9-4 Heart valves.

LS 2012 p 233

Veins → Atria → Ventricles → Arteries



BI 121 Lecture 9

I. *Announcements* Lab notebook due today! Lab 4 HR & BP. Thursday, Lab 5 Blood Chemistry. Read pp 5-1 thru 5-6 x2. Q?

II. *Overview of Labs* HR & BP. Blood chem lab review

III. *Cardiovascular Connections* LS 2012 ch 9

- A. Cardiac cyle? Contract-relax!
- B. ♥'s electrical highway + Pacemaker activity
  LS fig 9-7 p 235, tab 9-1 p 236, fig 9-8 p 237
- C. NHLBI & AHA websites

IV. *CV Physiology in the News* NHLBI & AHA websites
Exercise & Nic? Exercise guidelines: ACSM, AHA, CDC

V. *CV Pathophysiology & Risk Reduction* LS ch 9, 10 +…

- A. AMI, CVA, CVD, PVD, TIA, HTN? + surgical treatments
- B. Atherosclerosis? LS fig 9-27, 9-25, 9-26 pp 266-8
- C. How to minimize risk of CVDs? Treatment triad: Exercise, Diet, Drugs + Surgery
- D. Food choices make a difference? What's HAPOC?

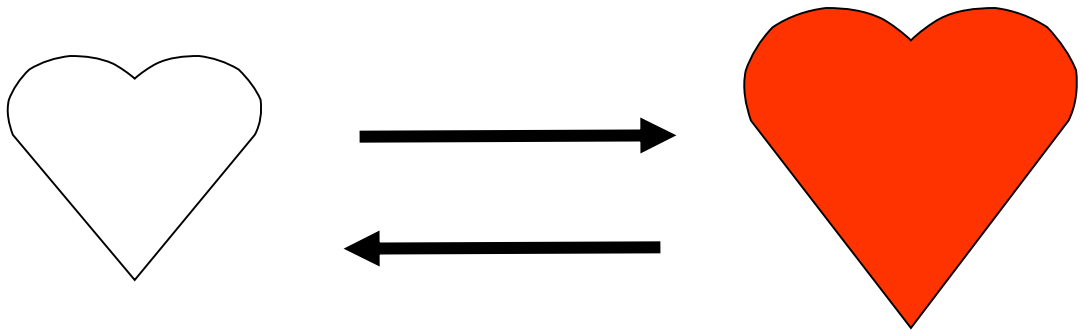
Cardiac Cycle

Systole

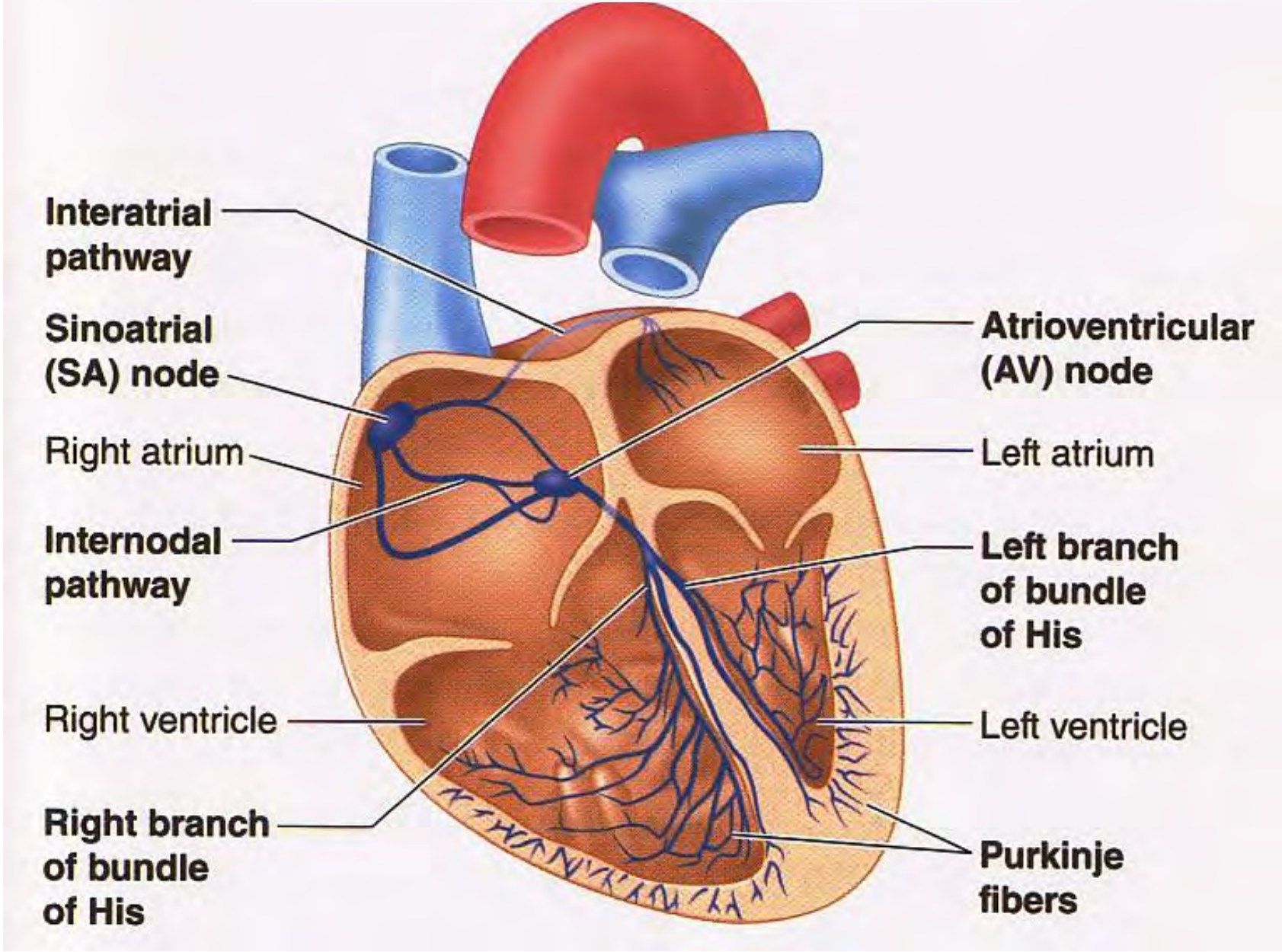
Contract
& Empty

Diastole

Relax
& Fill

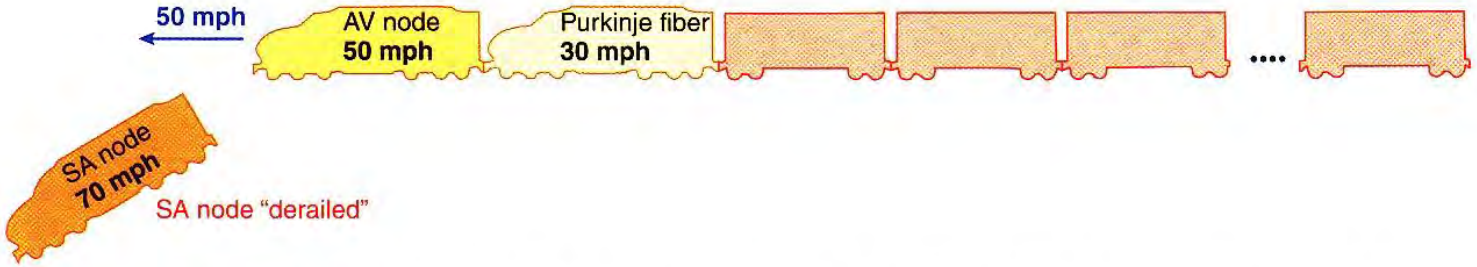


Heart's Electrical Highway!

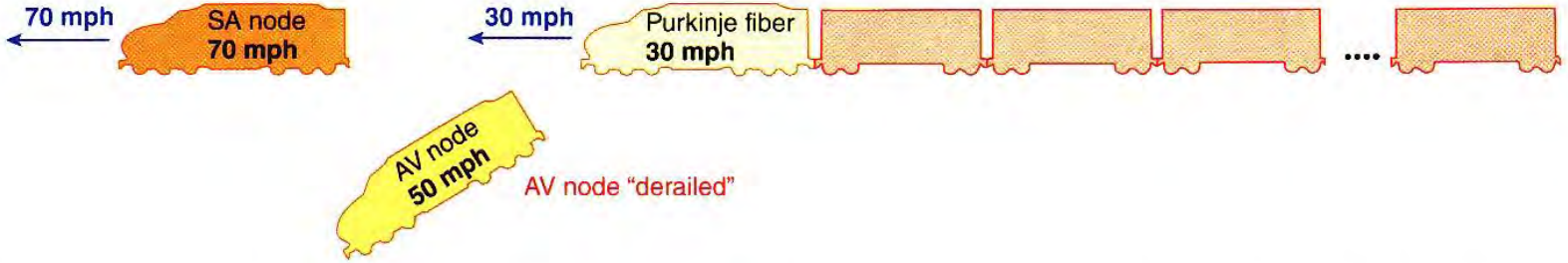


LS 2012 fig 9-7a p 235

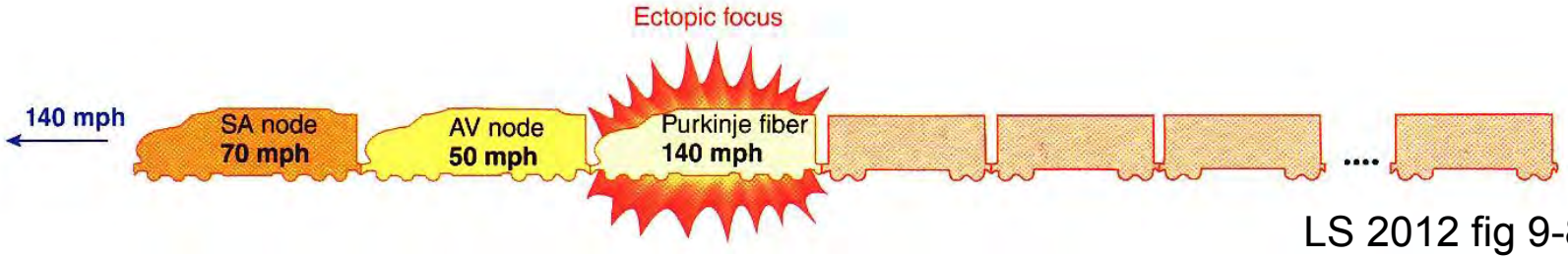
(a) Normal pacemaker activity: Whole train will go **70 mph** (heart rate set by SA node, the fastest autorhythmic tissue).



(b) Takeover of pacemaker activity by AV node when the SA node is nonfunctional: Train will go **50 mph** (the next fastest autorhythmic tissue, the AV node, will set the heart rate).



(c) Takeover of ventricular rate by the slower ventricular autorhythmic tissue in complete heart block: First part of train will go **70 mph**; last part will go **30 mph** (atria will be driven by SA node; ventricles will assume own, much slower rhythm).



LS 2012 fig 9-8 p 237

American Heart Association (AHA) & National Heart, Lung & Blood Institute

http://www.my.americanheart.org

American Heart Association®
Learn and Live℠

http://www.nhlbi.nih.gov/

Department of Health and Human Services · National Institutes of Health

National **Heart Lung and Blood** Institute

People Science Health

AMERICAN COLLEGE of SPORTS MEDICINE

Guidelines: Healthy Adults < 65 yr

American Heart Association®
Learn and Live℠

Do moderately intense aerobic exercise
30 min/d, 5 d/wk

OR

Do vigorously intense aerobic exercise
20 min/d, 3 d/wk

AND

Do 8-10 strength-training exercises
8-12 repetitions/each exercise, 2 d/wk

CVDs

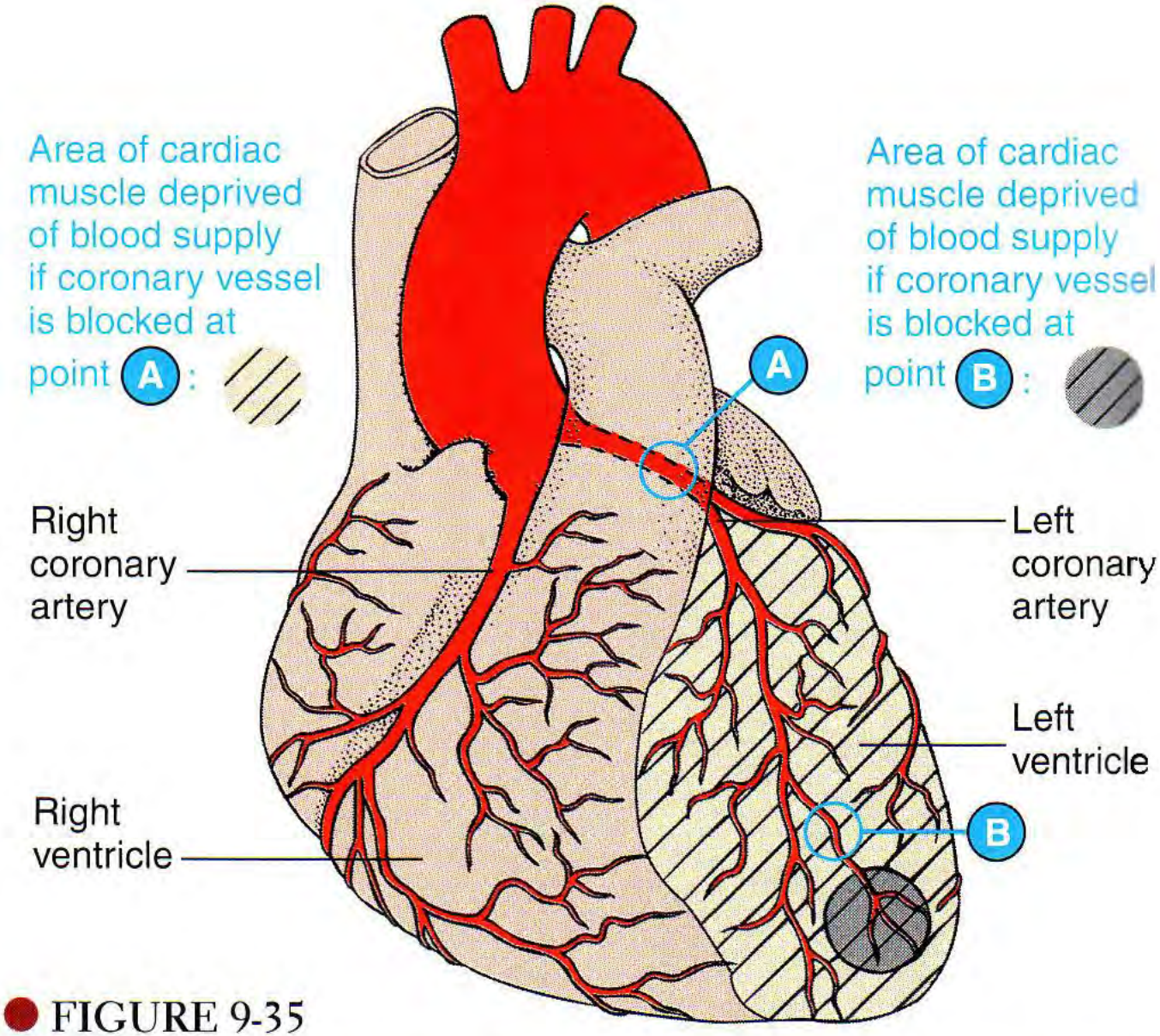
AMI

CVA

TIA

HTN

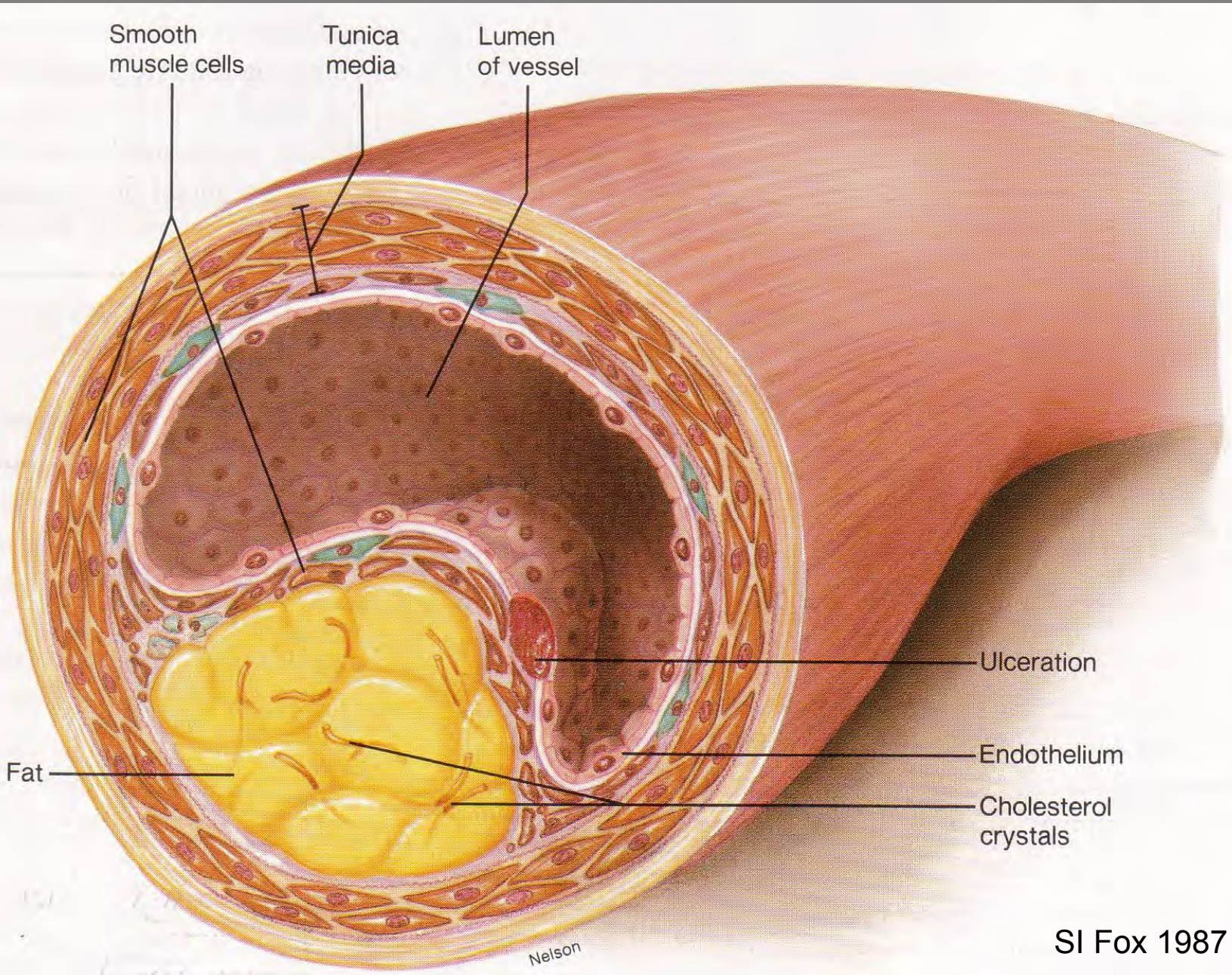
PVD



● FIGURE 9-35

Extent of myocardial damage as a function of the size of the occluded vessel

L Sherwood 2004 p 336

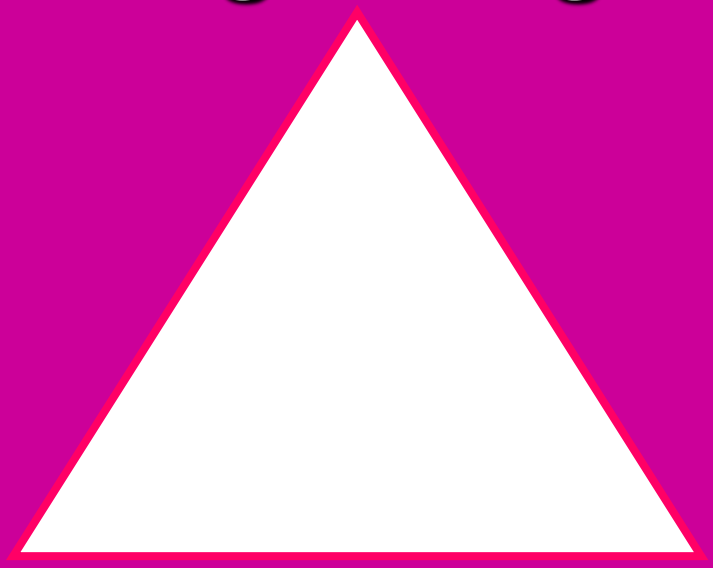


SI Fox 1987 p 370

Treatment Triad

***NB*: Last blasted resort!!**

Drugs/Surgery



Exercise

Dietary Modification

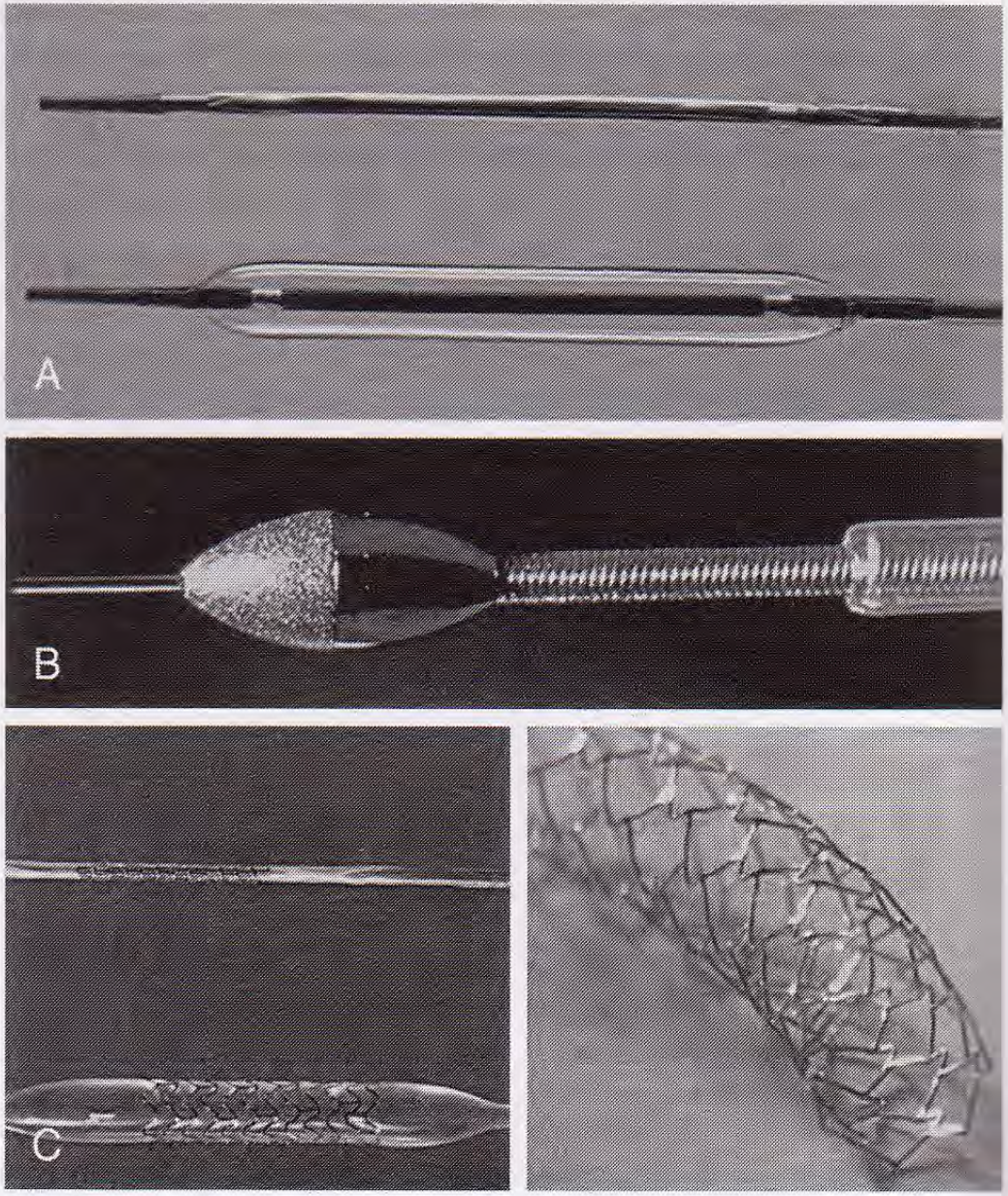
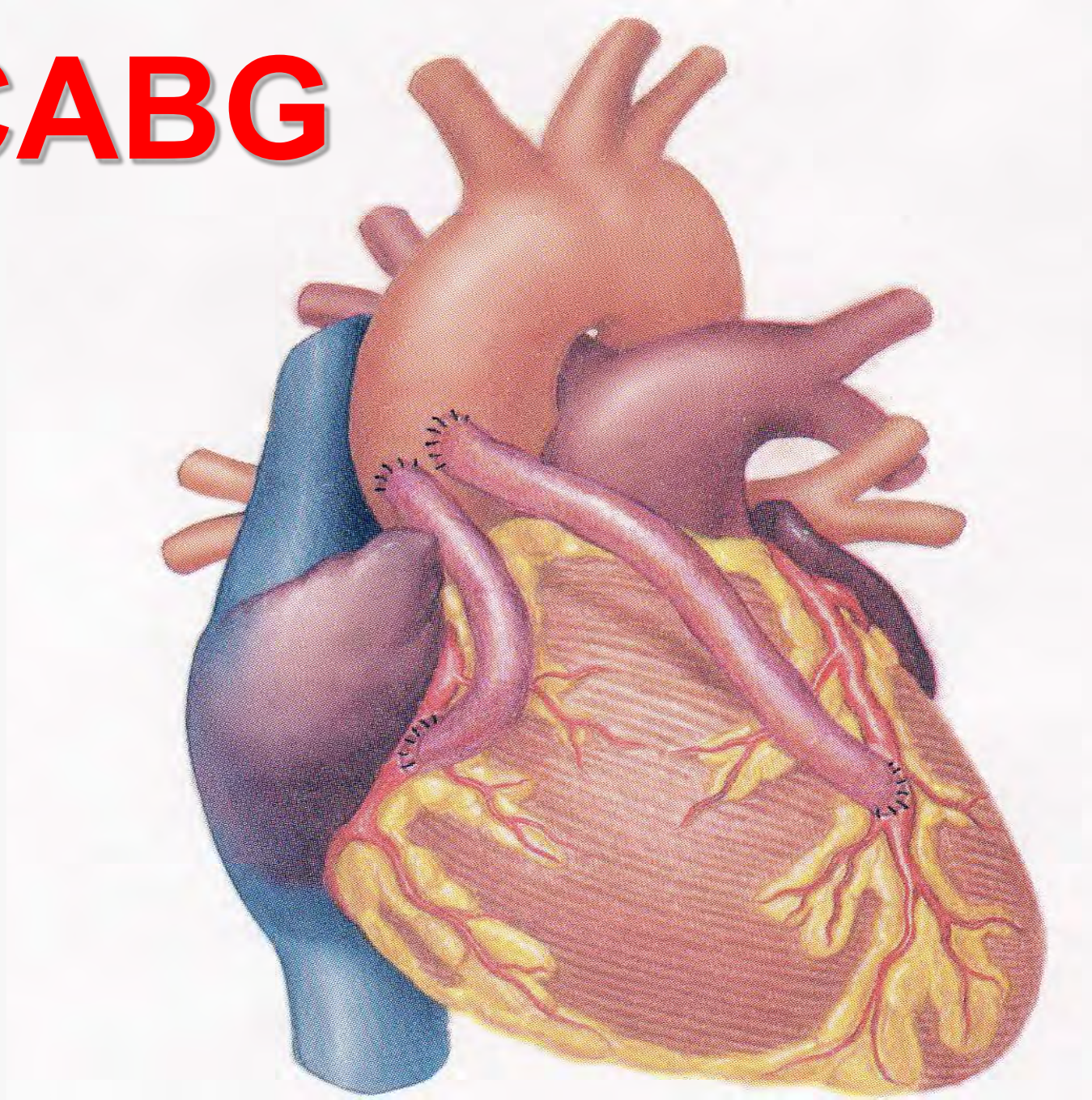
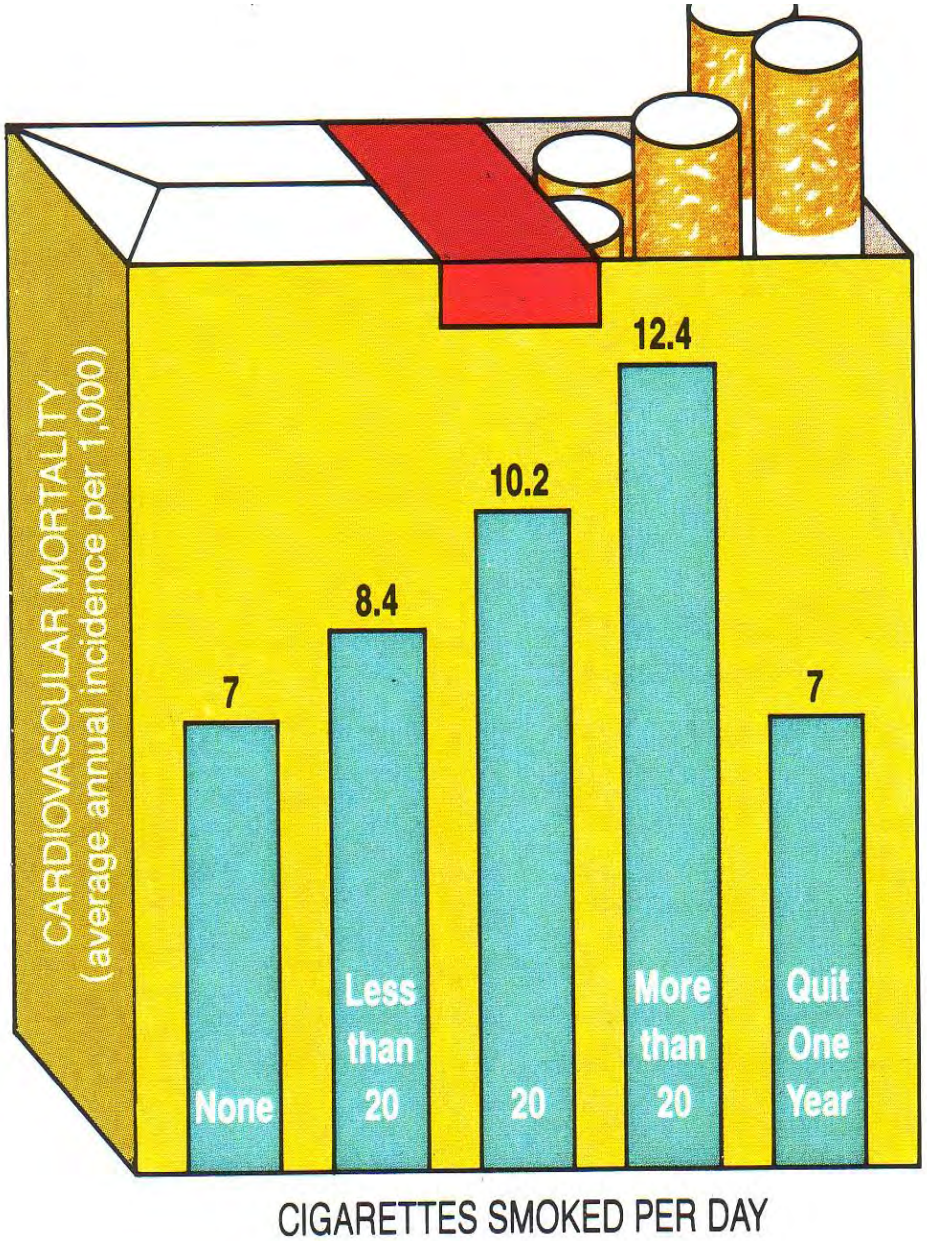
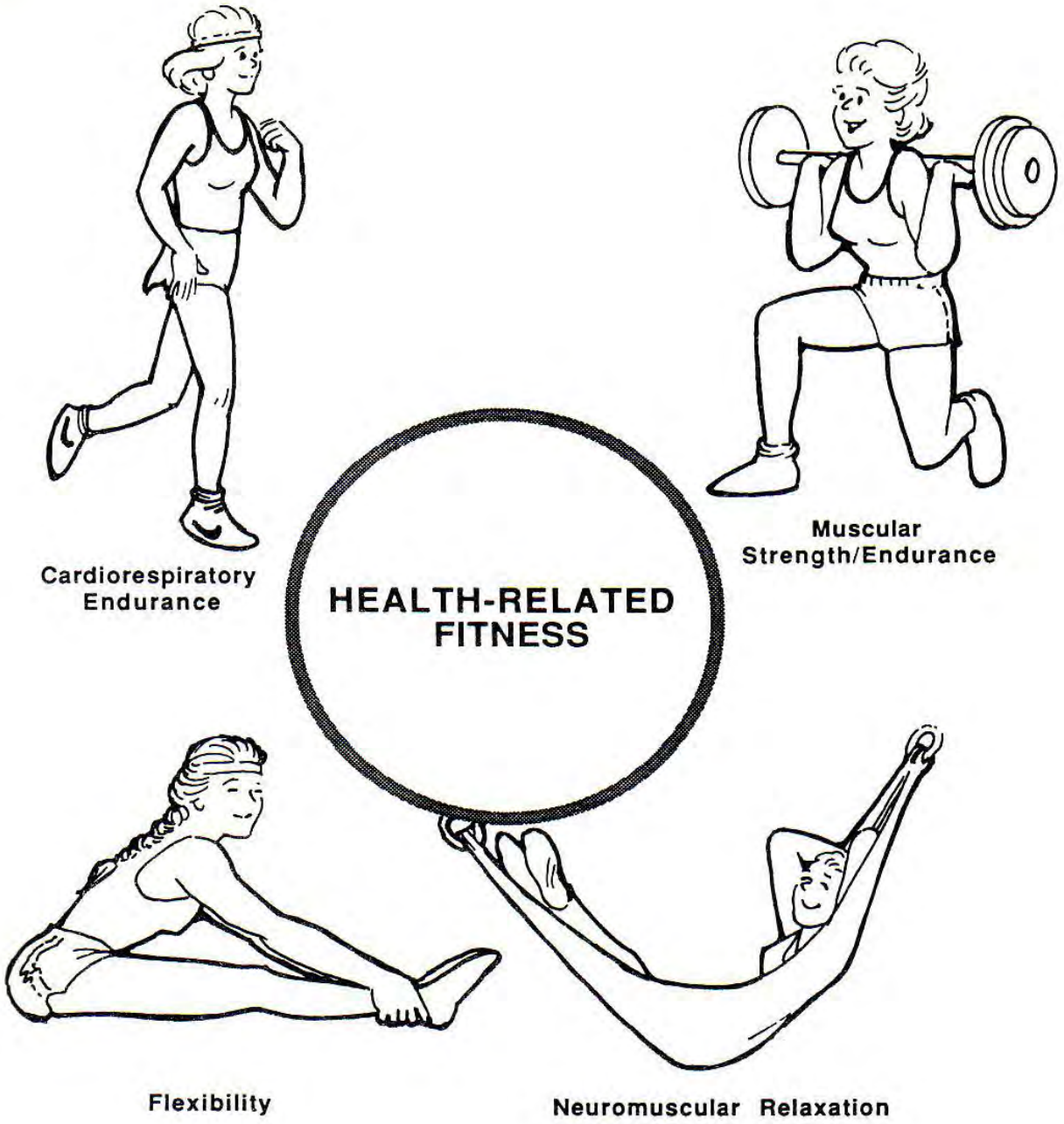


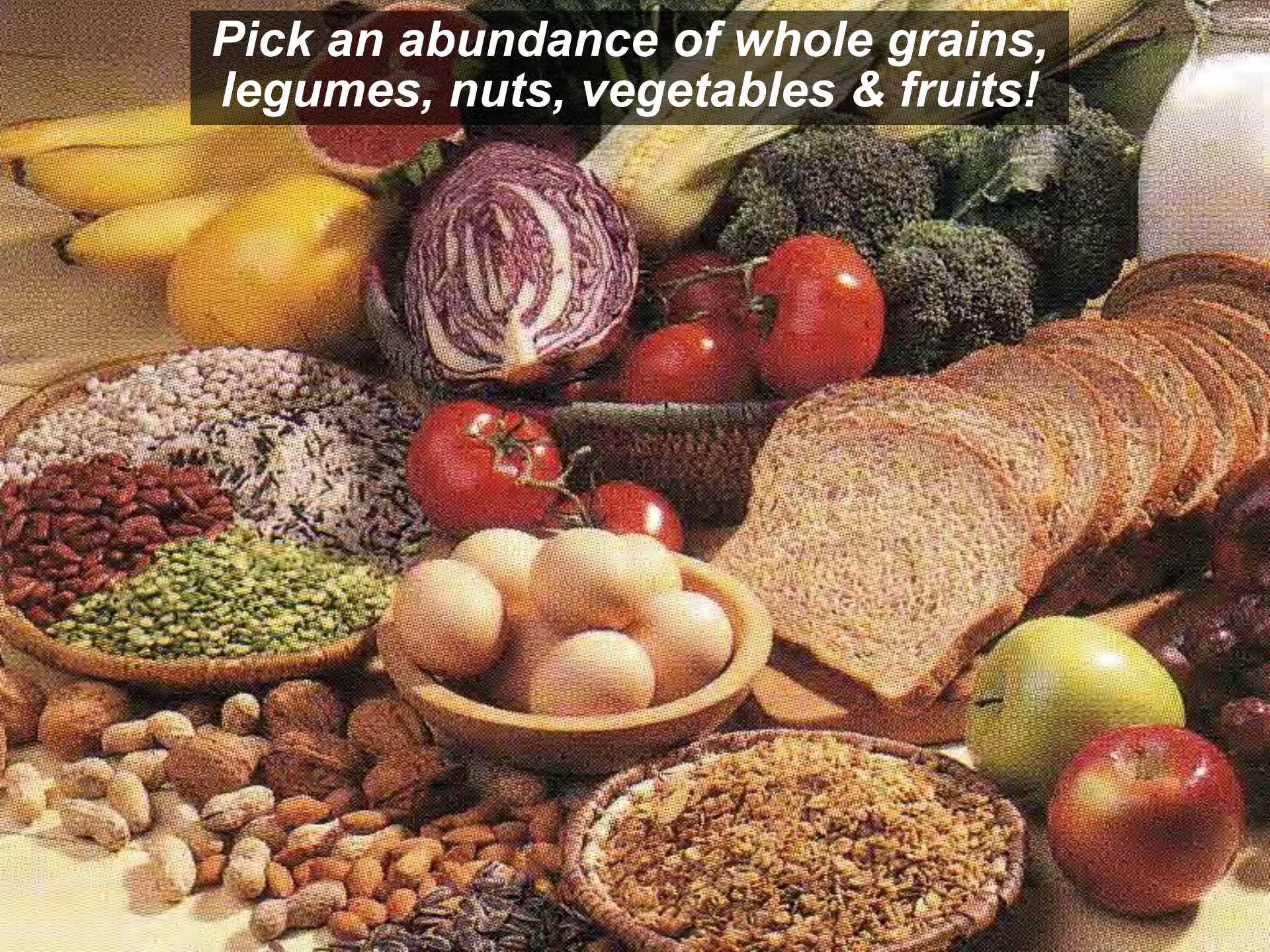
FIGURE 37–1 Devices for percutaneous transluminal coronary interventions. **A,** Coronary balloon. **B,** Rotational atherectomy burr (Rotablator). **C,** Coronary stent.

CABG



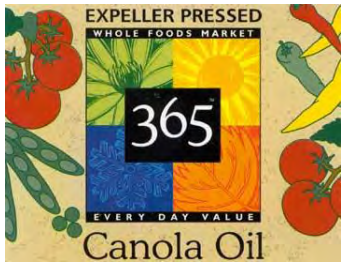

CARDIOVASCULAR MORTALITY
(average annual incidence per 1,000)
7
8.4
10.2
12.4
7
None
Less than 20
20
More than 20
Quit One Year
CIGARETTES SMOKED PER DAY


HEALTH-RELATED FITNESS
Cardiorespiratory Endurance
Muscular Strength/Endurance
Flexibility
Neuromuscular Relaxation


Pick an abundance of whole grains,
legumes, nuts, vegetables & fruits!

Healthy Oils to Minimize Atherosclerosis

HAPOC?



...Fun lab week with much personal data!

BI 121 Lecture 10

I. ***Announcements*** Remember to read Lab 5 before Thursday. Thanks for helping us be well-prepared. Q from last time? Calculating grade from estimated final. Keys to success? Q?

II. ***CVD & Oil Connections*** Anti-inflammatory vs. inflammatory? S&W ch 5

III. ***Blood Form & Function*** LS ch 11 pp 296-304, 309-12 DC Module 5 + SI Fox + *National Geographic* Lennart Nilsson

A. Formed vs. nonformed/cells vs. plasma fig+tab 11-1

B. Red blood cells/erythrocytes: O_2-carrying sickle cells, ABO blood typing, Rh factor pp 299-304.

C. White blood cells/leukocytes: Defense/immunity differential + general functions pp 309-12

D. Platelets/thrombocytes: Initial clotting p 304

IV. ***Blood Glucose & Diabetes Mellitus*** LS ch 17, DC Module 13

Essential Fatty Acids: Ω-6 Linoleic & Ω-3 Linolenic Acids

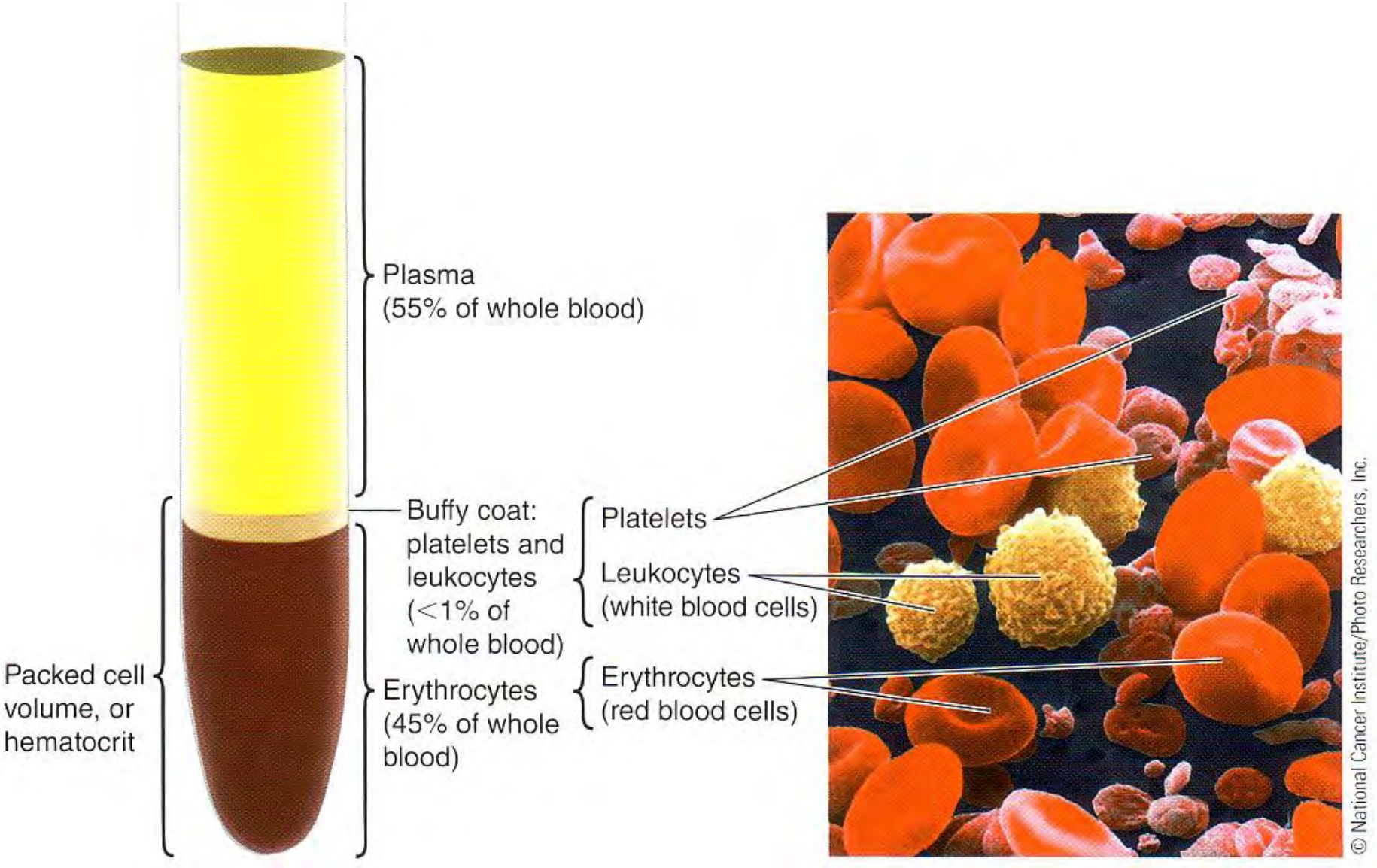
Linoleic → Arachadonic Acid → Inflammatory Cascade

Linolenic → EPA, DHA → Anti-inflammatory

Deep cold water fish are fabulous sources of Ω-3 fatty acids!

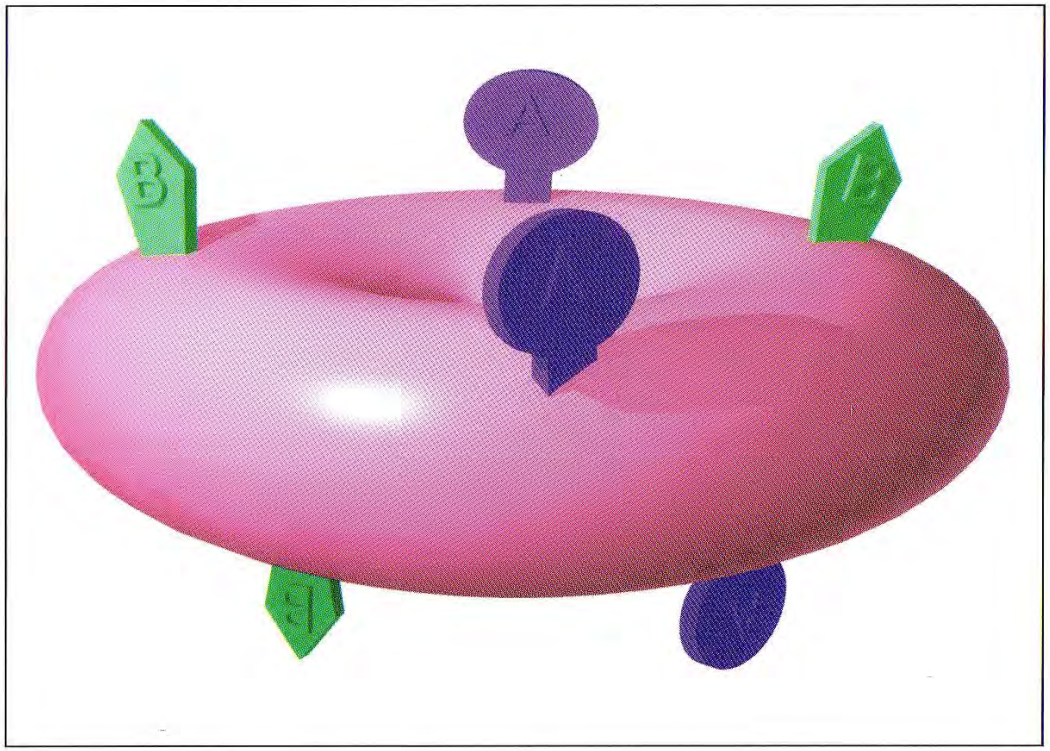
S&W p 167

What's in Blood? Plasma & Blood Cells



LS 2012 fig 11-1

AB



A & B Antigens

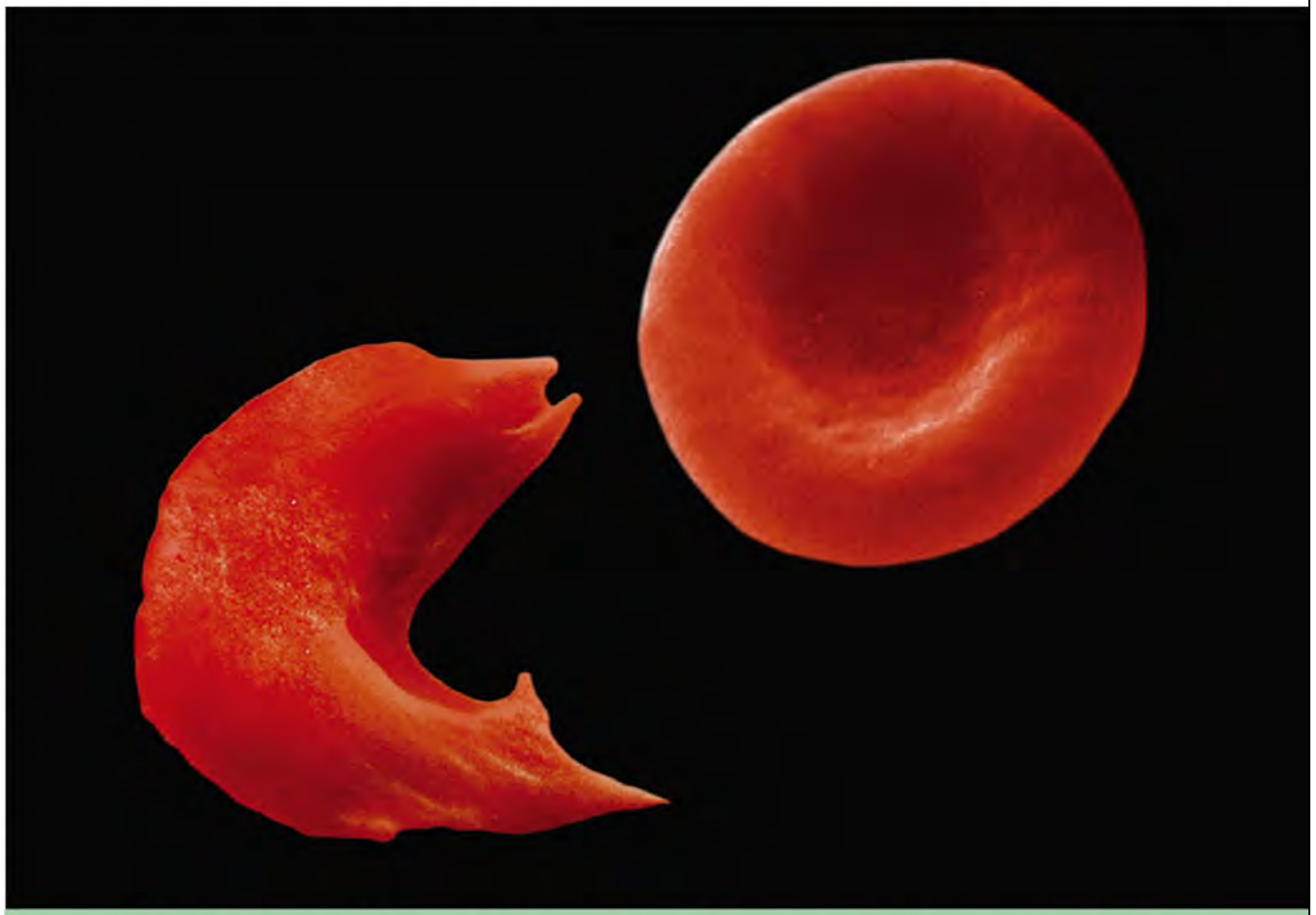
(Agglutinogens)

Erythroblastosis Fetalis?

eg, Rh- mom
Rh+ baby

http://www.nlm.nih.gov/MEDLINEPLUS/ency/article/001298.htm#Alternative%20Names

Sickle-shaped blood cells | Normal red blood cells



What a difference one amino acid can make!

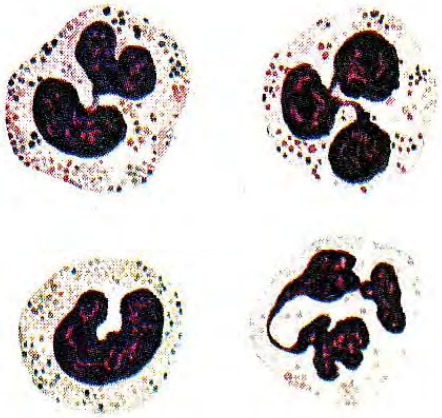
Amino acid sequence of normal hemoglobin:

Val–His–Leu–Thr–Pro–Glu–Glu

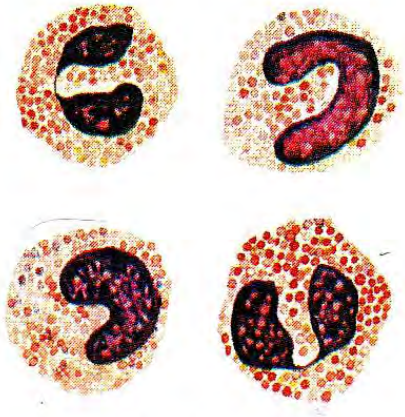
Amino acid sequence of sickle-cell hemoglobin:

Val–His–Leu–Thr–Pro–Val–Glu

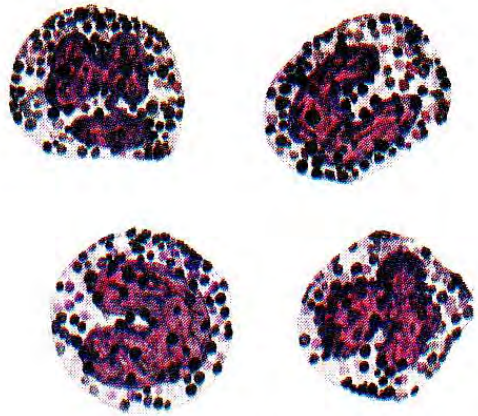
S&W 2011 fig 6-5 p 194



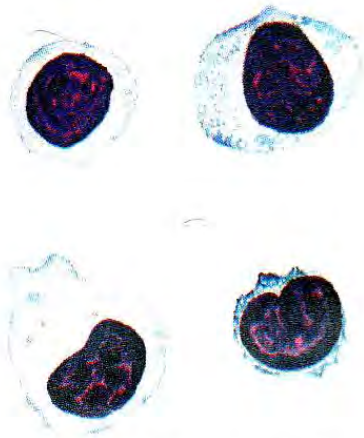
NEUTROPHILS



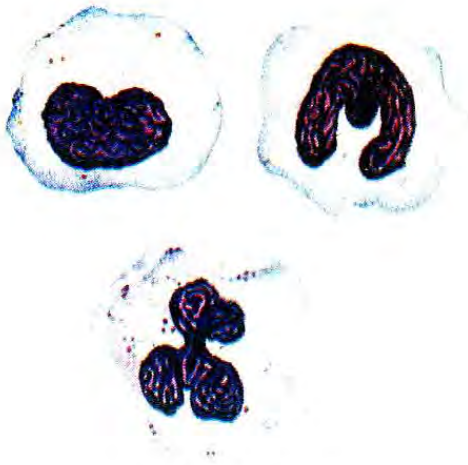
EOSINOPHILS



BASOPHILS

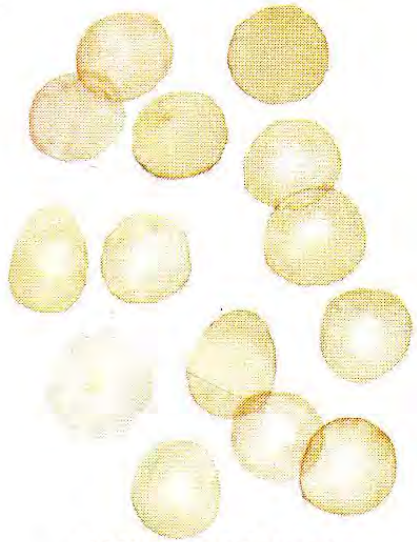


LYMPHOCYTES



MONOCYTES

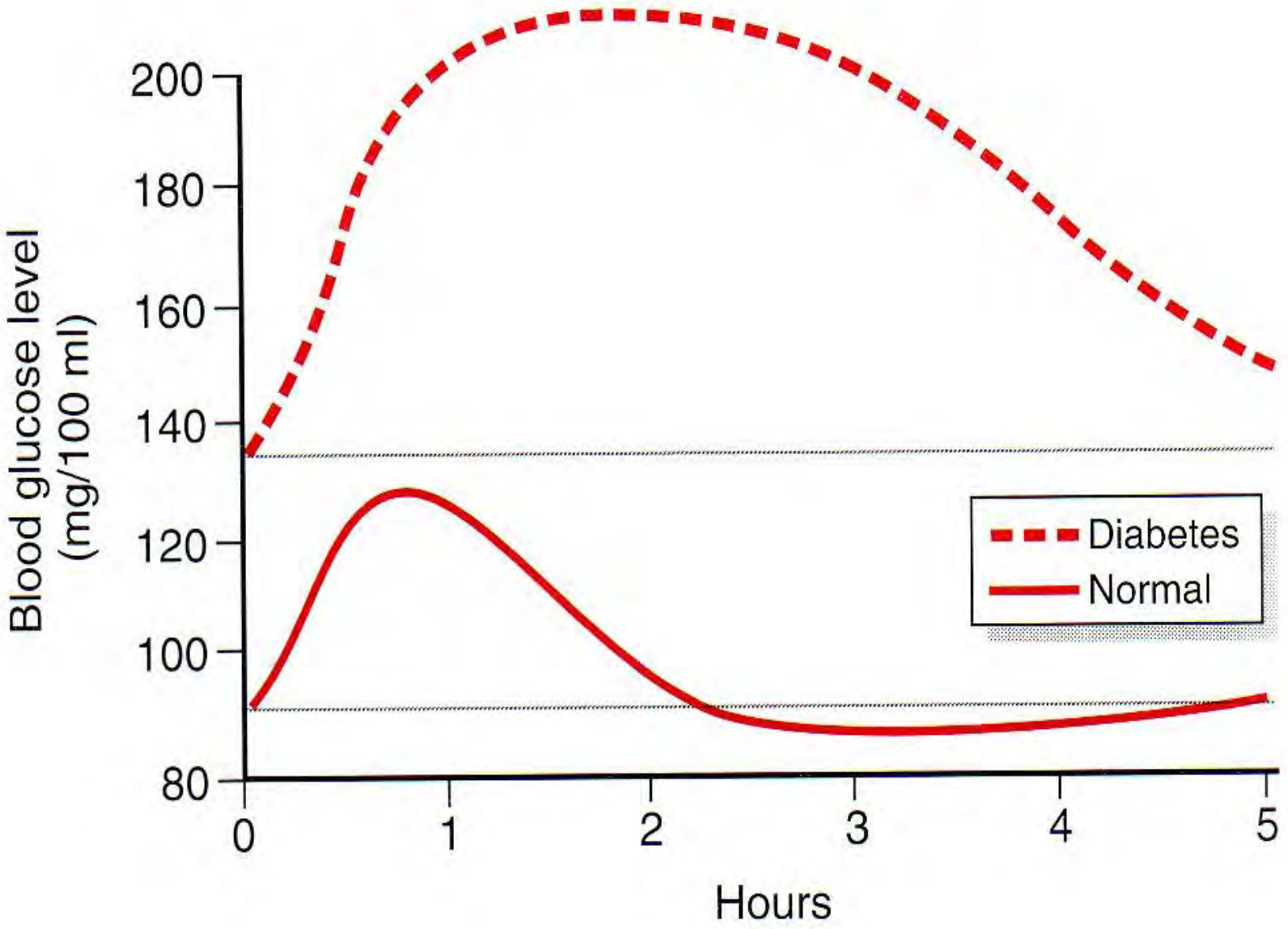
PLATELETS



ERYTHROCYTES

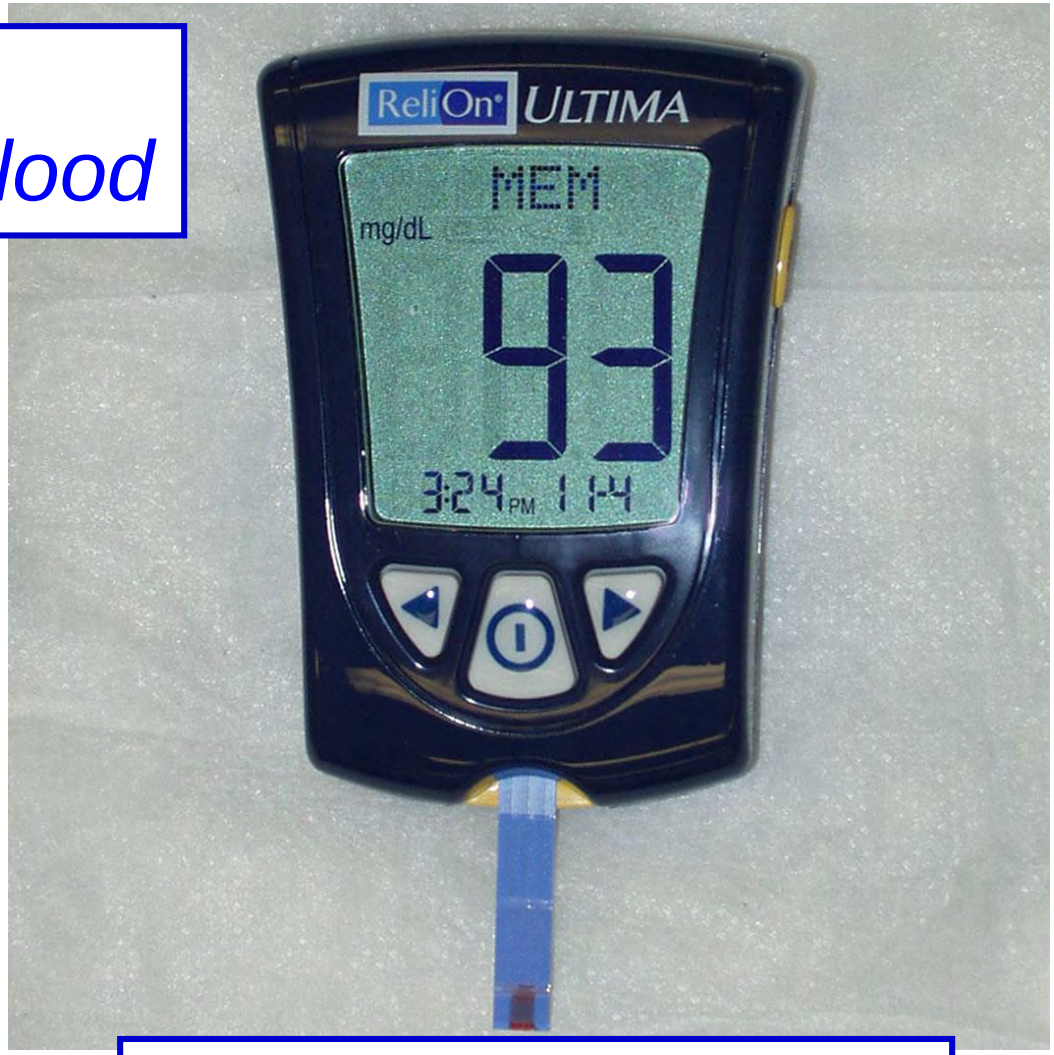
SI Fox 2009 fig 10-2

Diabetic & Normal Response to Glucose Load



Guyton & Hall 2000

Glucose:
Sugar in Blood



Normal: 70-99
Pre-Diabetes: 100-125
Diabetes: ≥ 126 mg/dL

TABLE 4-7

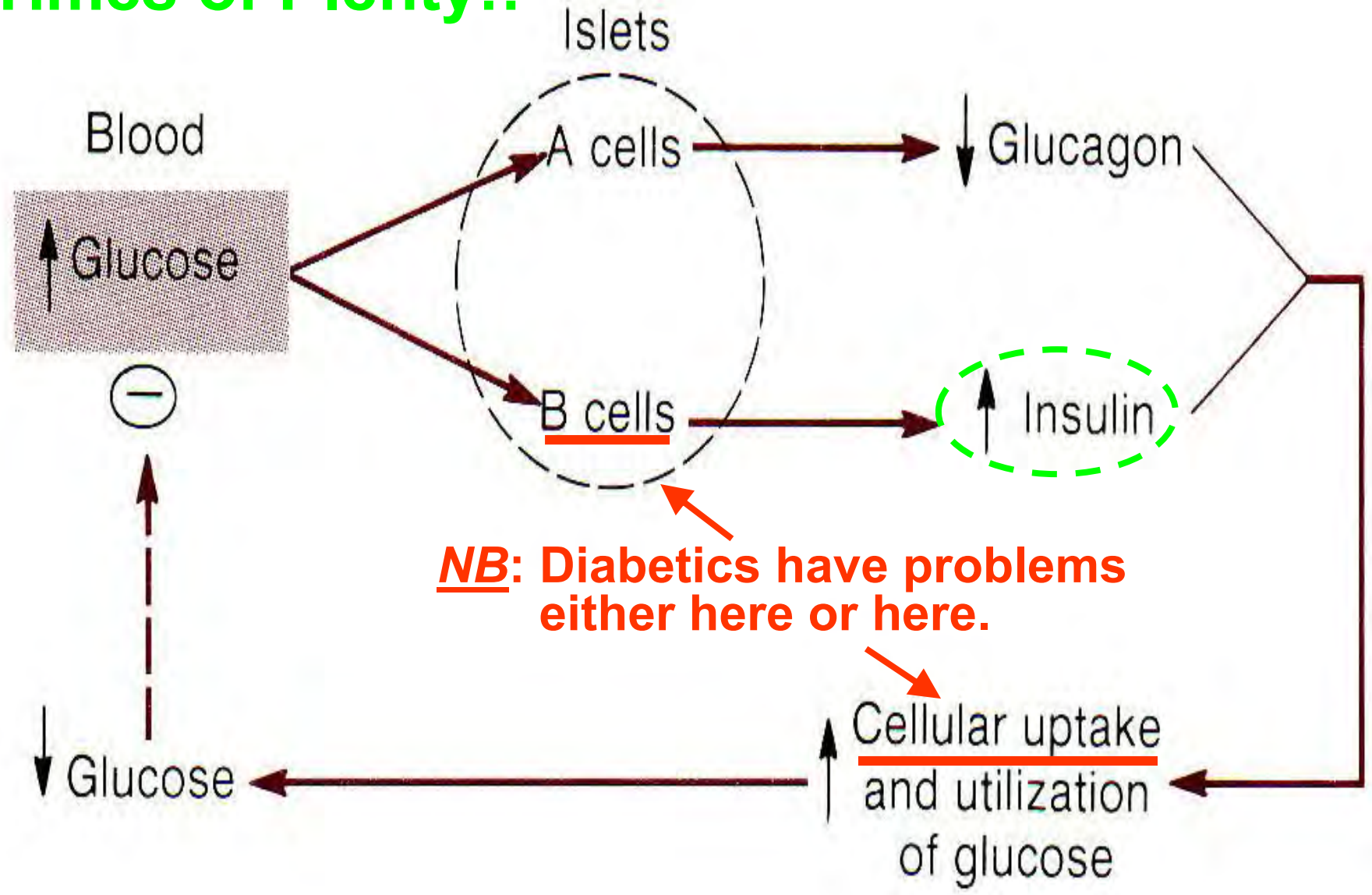
Warning Signs of Diabetes

These signs appear reliably in type 1 diabetes and, often, in the later stages of type 2 diabetes.

- Excessive urination and thirst
- Glucose in the urine
- Weight loss with nausea, easy tiring, weakness, or irritability
- Cravings for food, especially for sweets
- Frequent infections of the skin, gums, vagina, or urinary tract
- Vision disturbances; blurred vision
- Pain in the legs, feet, or fingers
- Slow healing of cuts and bruises
- Itching
- Drowsiness
- Abnormally high glucose in the blood

S&W 2011 tab 4-7 p 131

Times of Plenty!!



Fox 1987

Store!

Diabetics must constantly juggle diet, exercise & medication to control blood glucose!

Like others, diabetics benefit from whole grains, vegetables, fruits, legumes & non-/low-fat milk products!

S&W p 133

BI 121 Lecture 11

Fun lab today! Data for a lifetime!
Thanks for being prepared!

I. ***Lab 5 Review: Safety & Techniques*** **Q?**

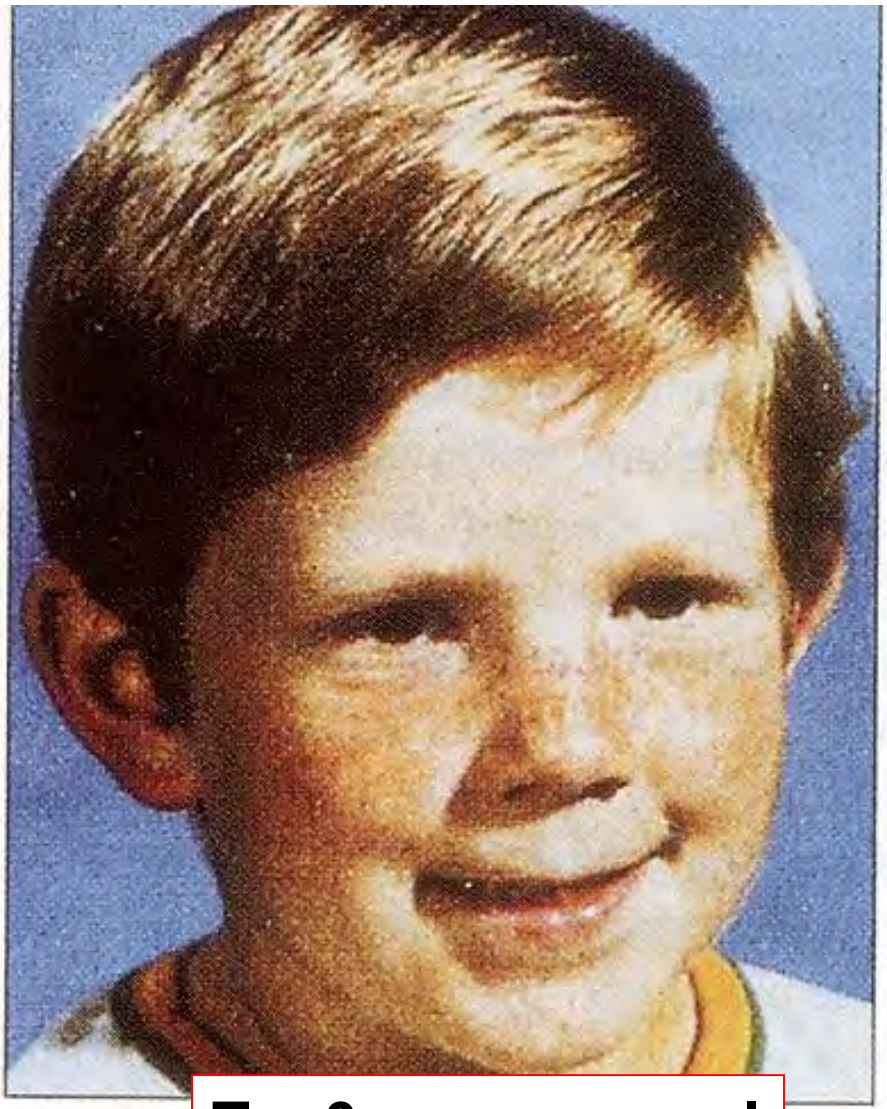
II. ***Introduction to Endocrinology*** **LS ch 17, DC Module 13, Sl Fox+**

- **A. Endocrine vignette: Cushing's syndrome LS fig17-20 p 521-2**
- **B. Endocrine system DC p 103 fig 13-1, LS fig 17-1, tab 17-1**
- **C. What's an endocrine? + classes ~ LS pp 495 - 6**
- **D. Hypothalamus (Master) – Pituitary (subcontroller) DC pp 104-6 + LS pp 499-506**
- **E. Posterior pituitary + hormones DC p 108, LS fig 17-4 p 502**
- **F. Anterior pituitary + hormones DC pp 105-7, LS pp 502-6**
- **G. GH: Body builder's dream? Fountain of youth? LS pp 506-11**
- **H. Peripheral endocrine organs DC pp 109-13, LS pp 513-36**
  - **1. Pancreas (insulin, glucagon, diabetes) 2. Thyroid 3. Adrenals**

III. ***Nervous System & Excitable Cell Connections*** **LS ch 5, 4, 7**

- **A. How is the nervous system organized? fig 5-1 p 108**
- **B. Neurons? What kind? fig 5-2 p 109**
- **C. Brain structure & function fig 5-7, 5-8 pp 116 - 7**
- **D. Protect your head with a helmet! Bicycle head injury statistics, *NHTSA* & *BHSI***

Cushing's Syndrome = Hypersecretion of Cortisol: Hypothalamic (CRH), Pituitary (ACTH), or Adrenal (Cortisol)



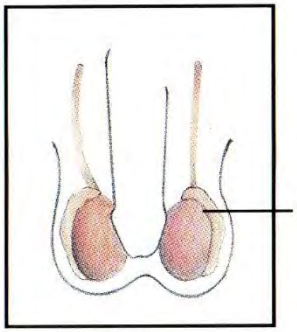
T = 0, near normal

T = 4 months later

Endocrine System

ANP = Atrial Natriuretic Polypeptide

- Solely endocrine function
- Mixed function
- Complete function uncertain



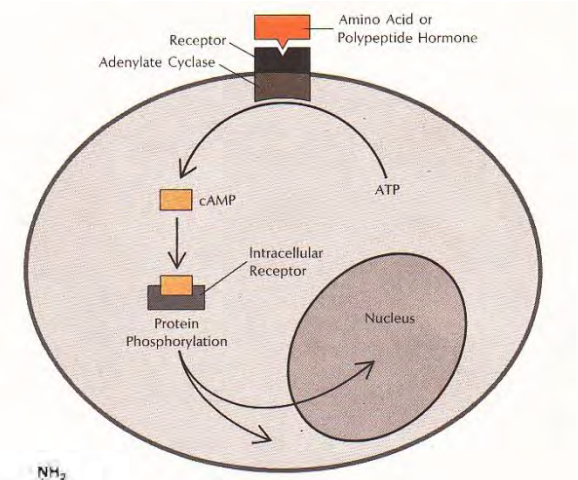
Testes in male

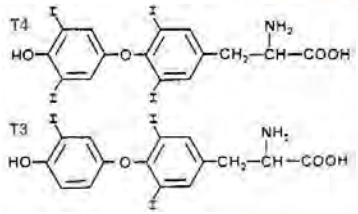
Pineal
Hypothalamus
Pituitary
Parathyroid
Thyroid
Thymus
Heart
Stomach
Adrenal gland
Pancreas
Duodenum
Kidney
Skin
Ovaries in female
Placenta in pregnant female

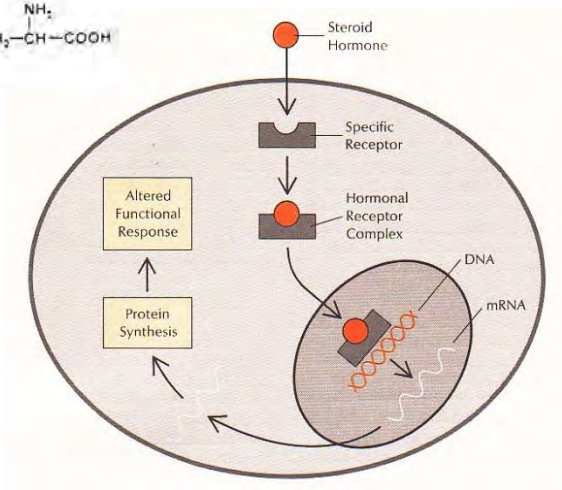
Hormone/Endocrine Classifications

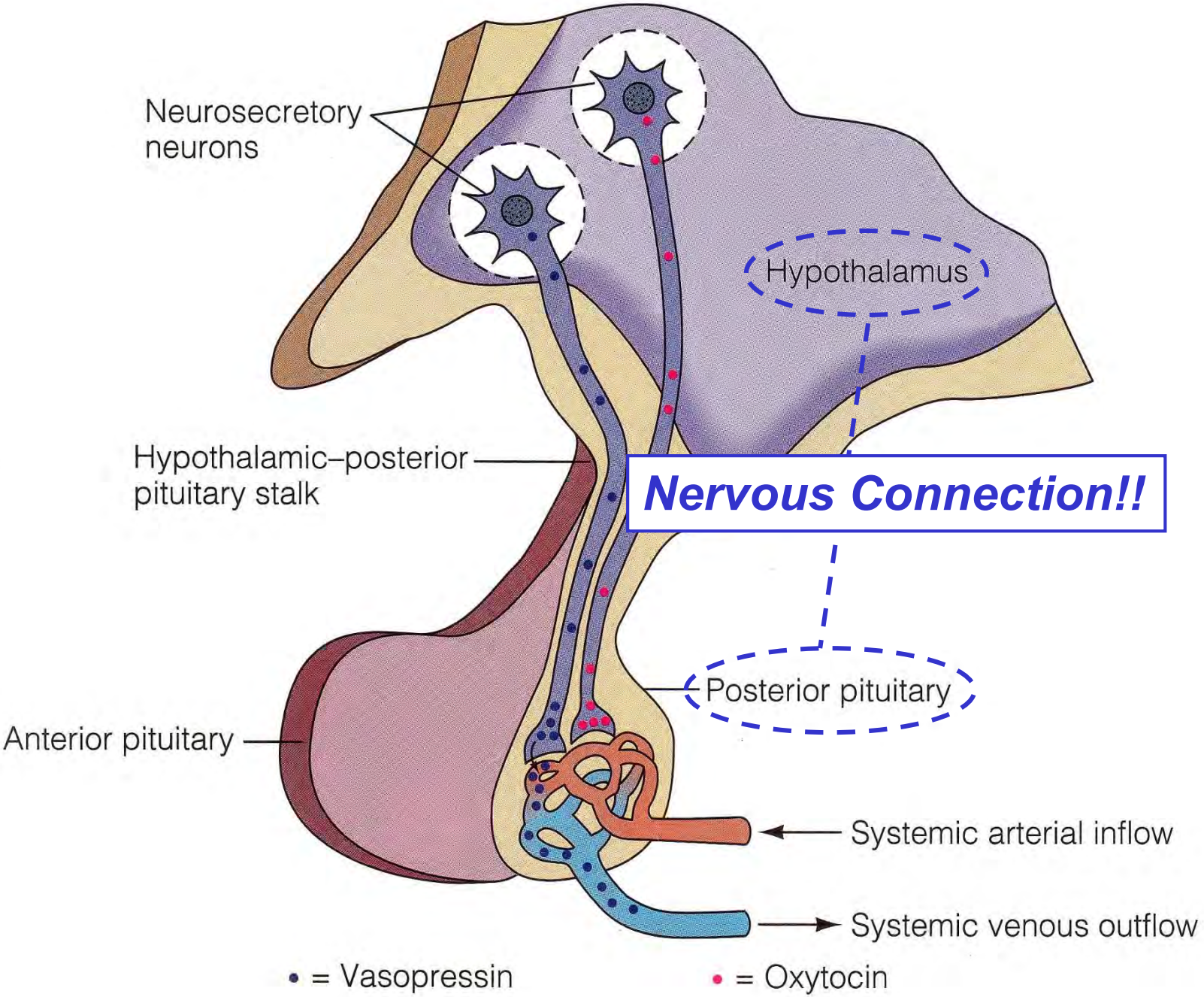
Exogenous

Endogenous



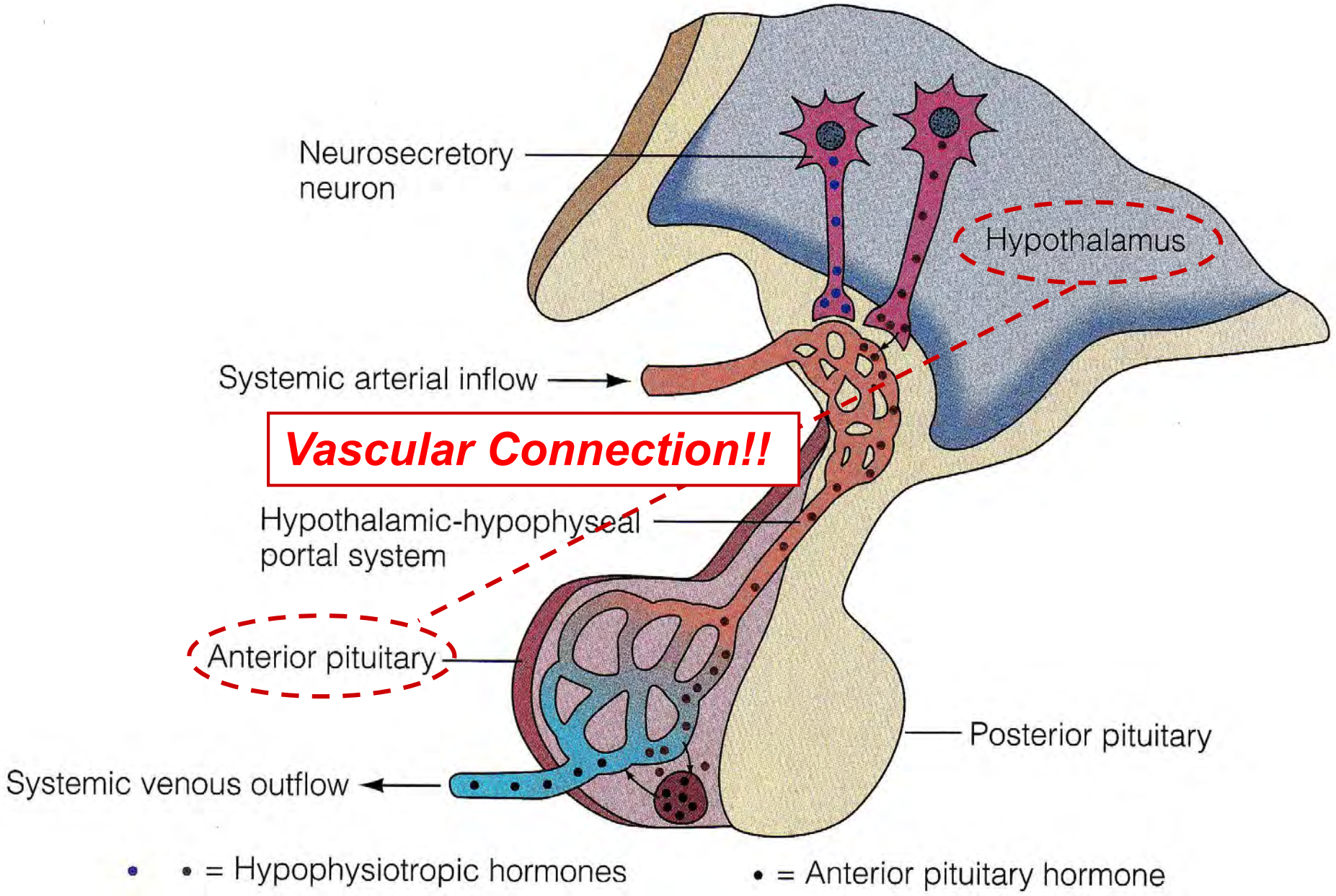




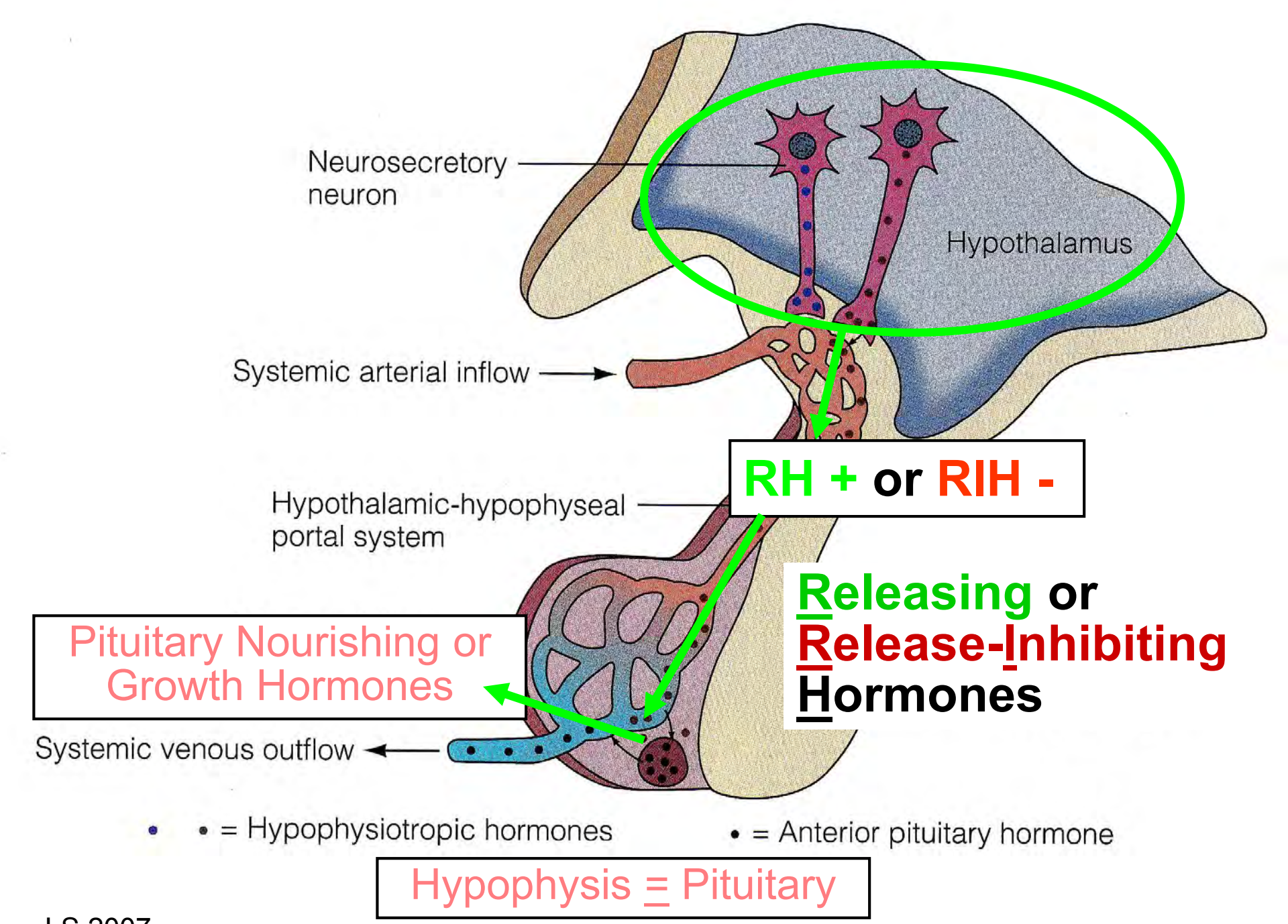

Neurosecretory neurons
Hypothalamus
Hypothalamic–posterior pituitary stalk
Nervous Connection!!
Posterior pituitary
Anterior pituitary
Systemic arterial inflow
Systemic venous outflow
• = Vasopressin
• = Oxytocin

LS 2007

Hypothalamus-Anterior Pituitary Vascular Connection!

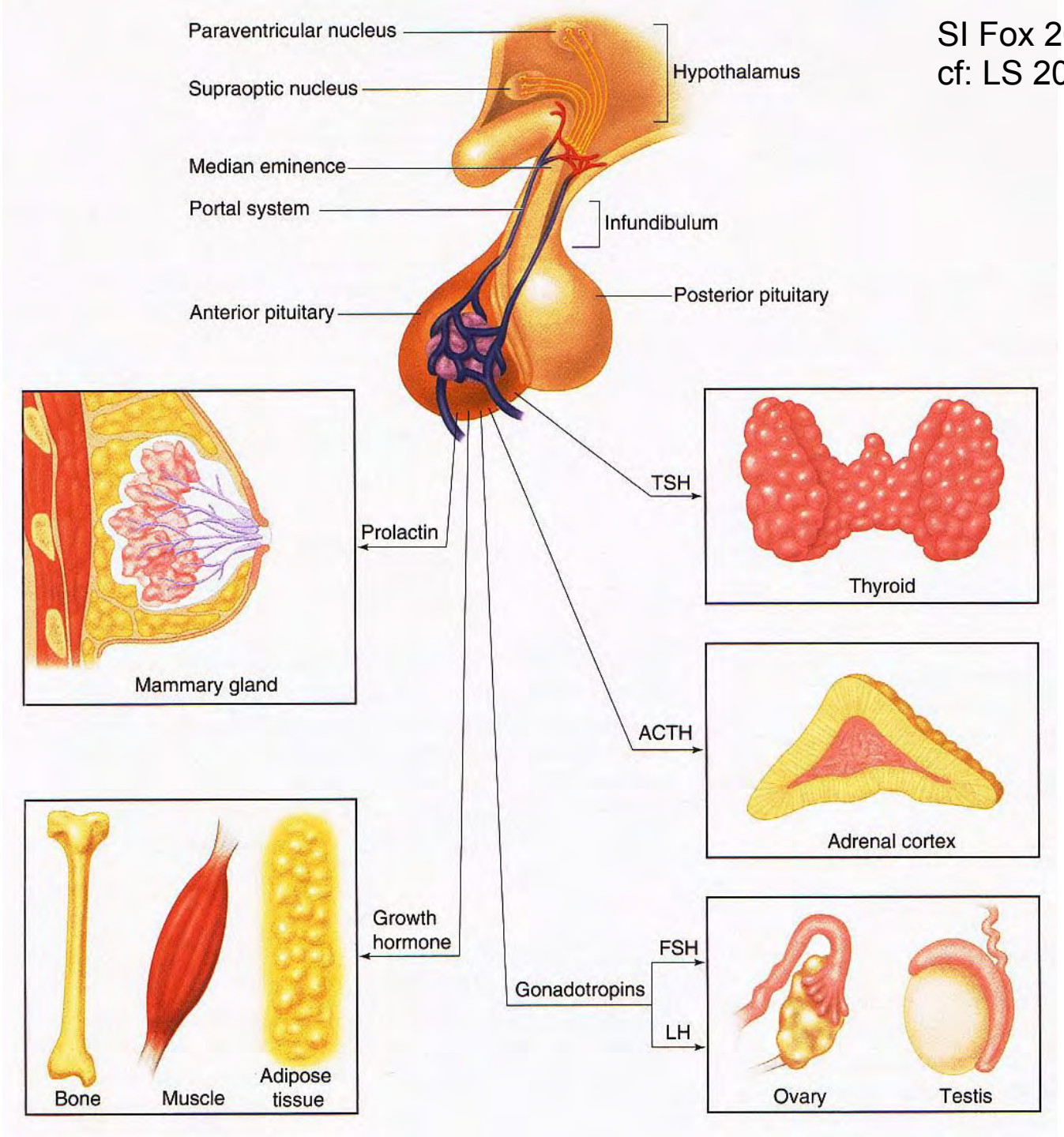


LS 2007


Neurosecretory neuron
Hypothalamus
Systemic arterial inflow
RH + or RIH -
Hypothalamic-hypophyseal portal system
Releasing or Release-Inhibiting Hormones
Pituitary Nourishing or Growth Hormones
Systemic venous outflow
• = Hypophysiotropic hormones
• = Anterior pituitary hormone
Hypophysis = Pituitary

LS 2007

SI Fox 2008
cf: LS 2012 fig 17-5



GH/STH Effects: Insulin Resistance/Type II Diabetes?

↑ Amino Acid uptake & Protein synthesis

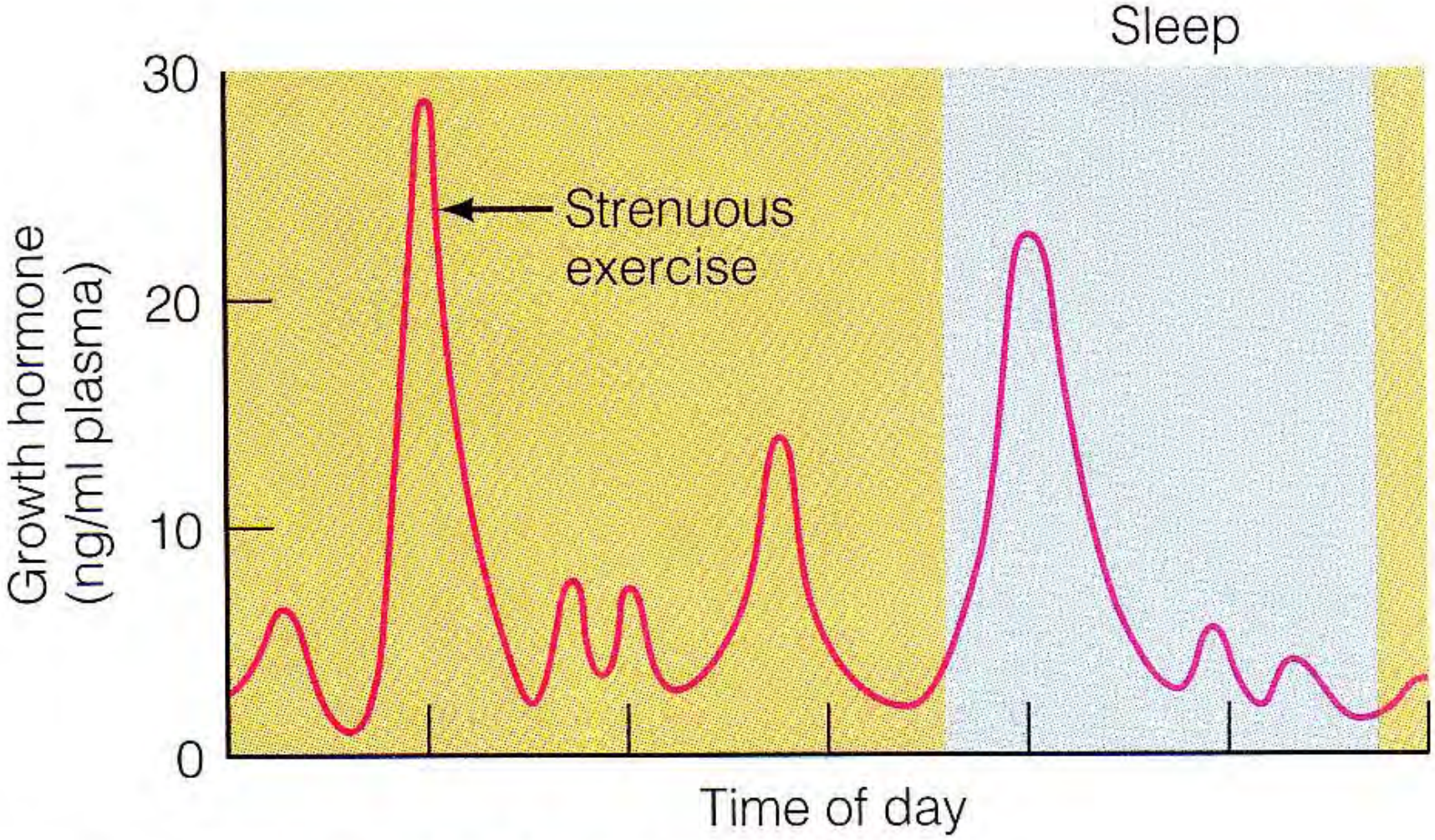
↑ Lipolysis & Fatty Acid mobilization

↓ Glucose uptake
(skeletal muscle & adipocytes)

↑ Glucose production
(liver glycogenolysis)

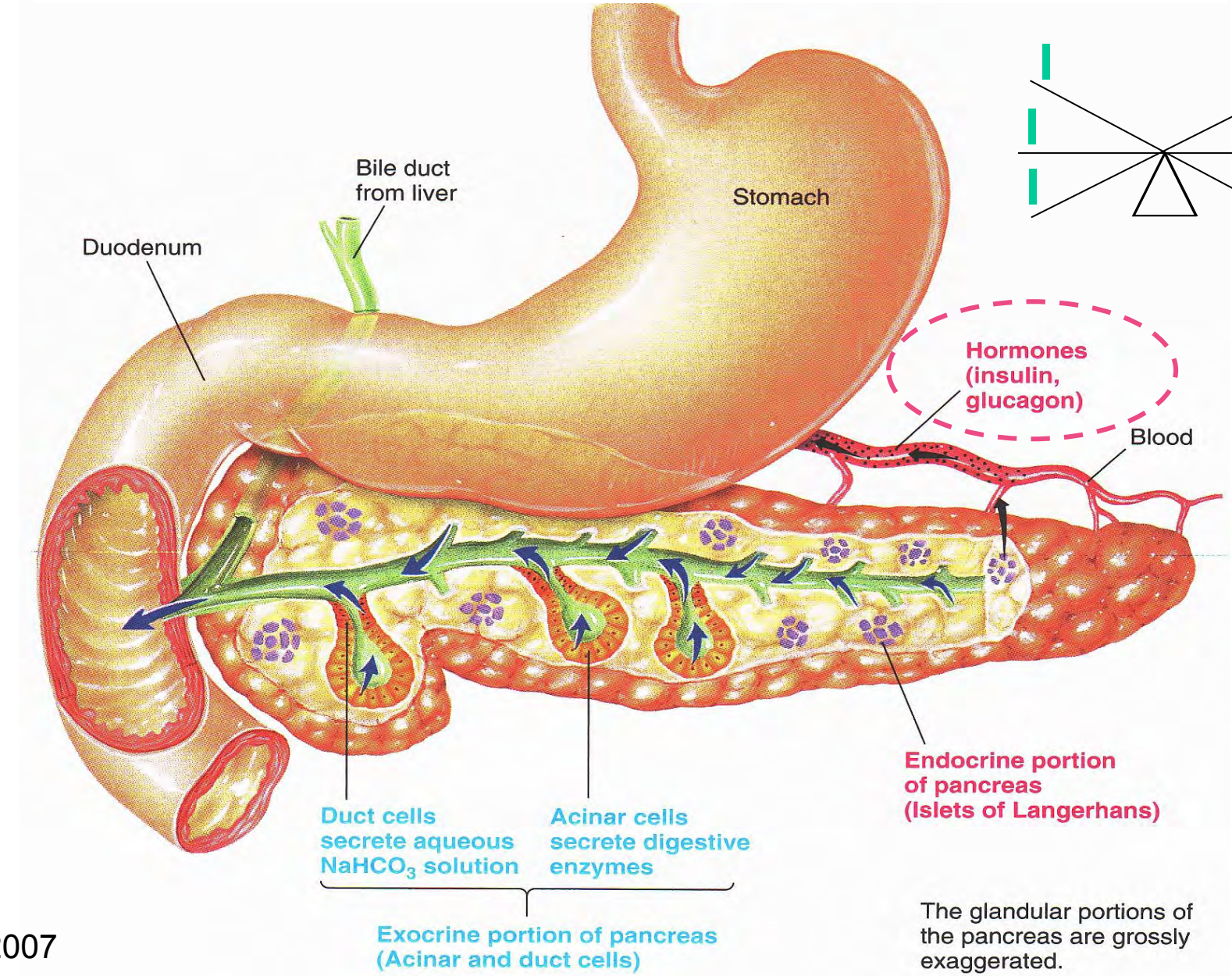
↑ Insulin secretion

Increase GH naturally with exercise & sleep!!

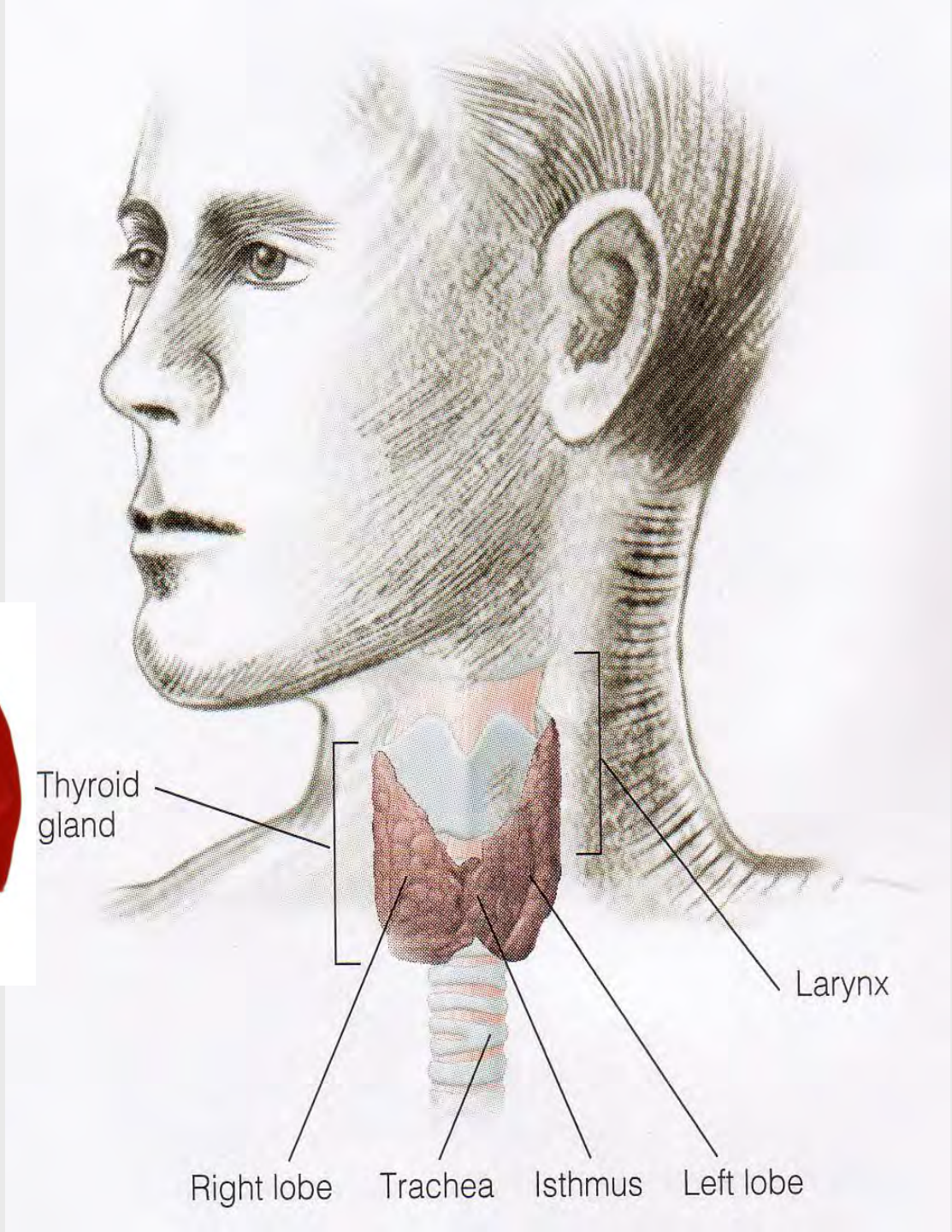


ng/ml = nanograms per milliliter

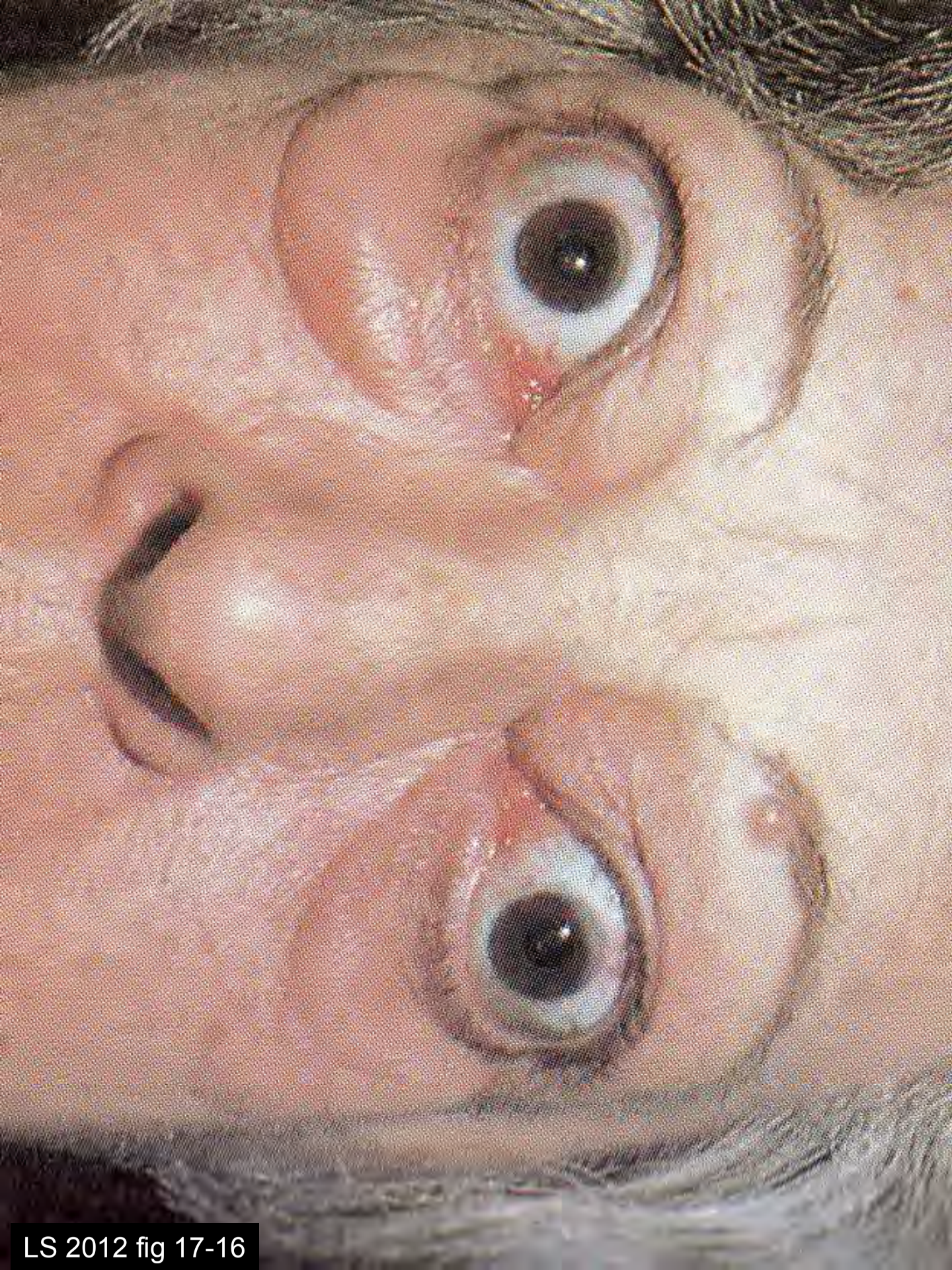
Endocrine Pancreas: Insulin (I) & Glucagon (G) See-Saw Hormones in Regulating Blood Glucose



LS 2007

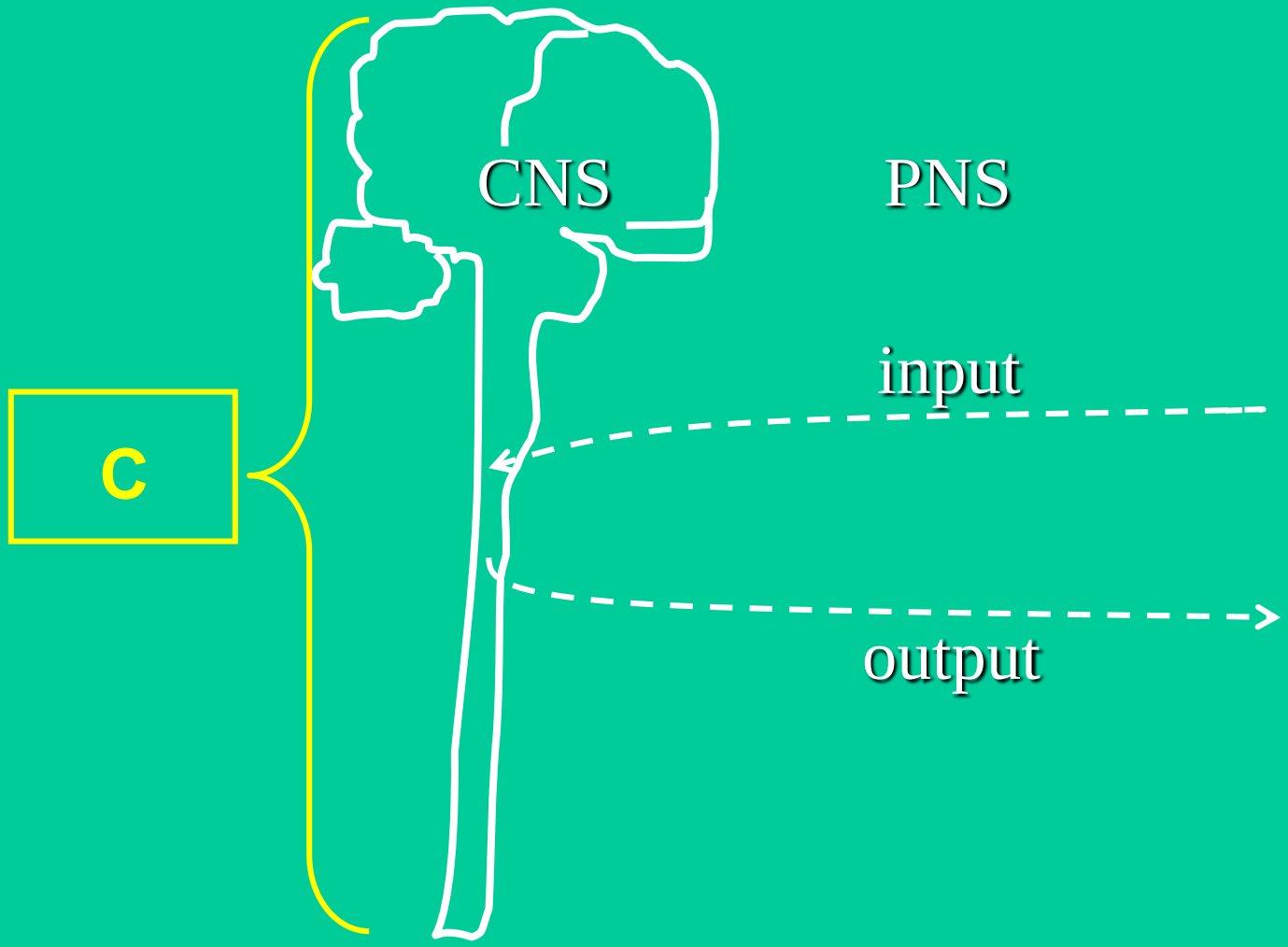


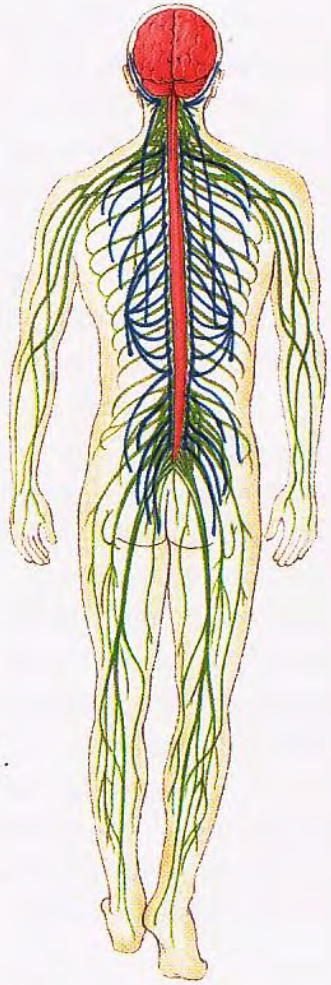
DC 2003



LS 2012 fig 17-16

Nervous System





Central nervous system (CNS)

Brain and spinal cord

Input to CNS from periphery

Output from CNS to periphery

Peripheral nervous system (PNS)

Afferent division

Efferent division

Sensory stimuli

Visceral stimuli

Somatic nervous system

Autonomic nervous system

Stimuli in digestive tract

Motor neurons

Sympathetic nervous system

Parasympathetic nervous system

Enteric nervous system

Skeletal muscles

Smooth muscle
Cardiac muscle
Exocrine glands
Some endocrine glands

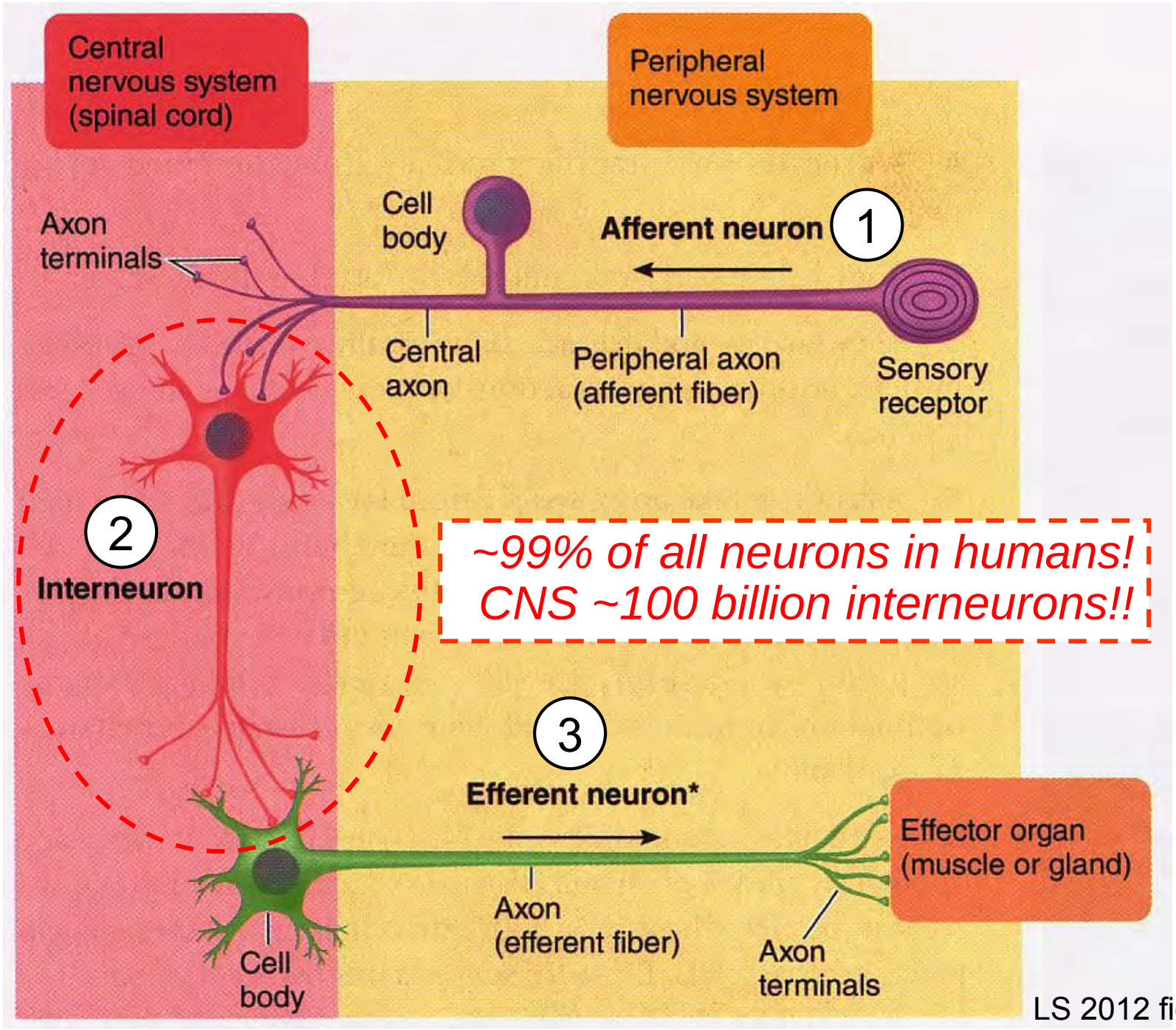
Digestive organs only

Effector organs
(made up of muscle and gland tissue)

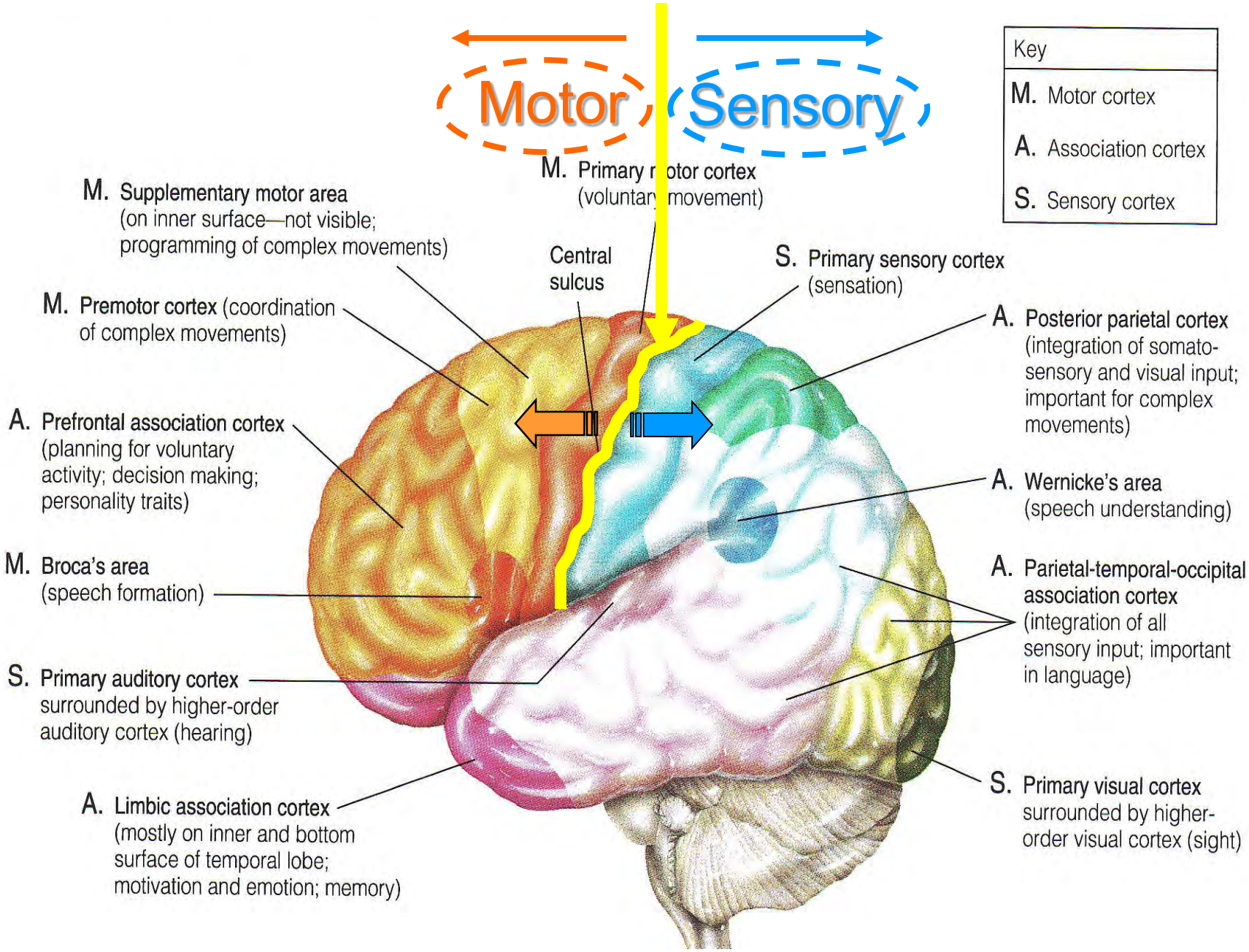
KEY

- Central nervous system
- Peripheral nervous system
  - Afferent division of PNS*
  - Efferent division of PNS
    - Somatic nervous system
    - Autonomic nervous system
- Enteric nervous system*

LS 2012 fig 5-1



LS 2012 fig 5-2



LS 2006, cf: LS 2012 fig 5-8a

Helmets Cheap, Brains Expensive!!
Use Your Head, Get a Helmet!!

http://www-nrd.nhtsa.dot.gov/pubs/811156.pdf

http://www.bhsi.org/stats.htm

~540,000 bicyclists/yr visit emergency rooms

67,000 head injuries, 1 in 8 brain injuries

716 cyclists died in 2008 ≡ 2% of all traffic fatalities

½ of deaths children < 15 yr

53,000 cyclists have died since 1932

that's more than the population of

Springfield, OR	52,864
Bend, OR	52,029
Corvallis, OR	49,322

Bicycle crashes & injuries are under reported,
since majority not serious enough for ER visits.

Helmets may prevent 45-88% of brain injuries!

~$81 million/yr = direct injury costs from not using helmets!

BI 121 Lecture 12

Thanks for your help with the blood chemistry lab!...

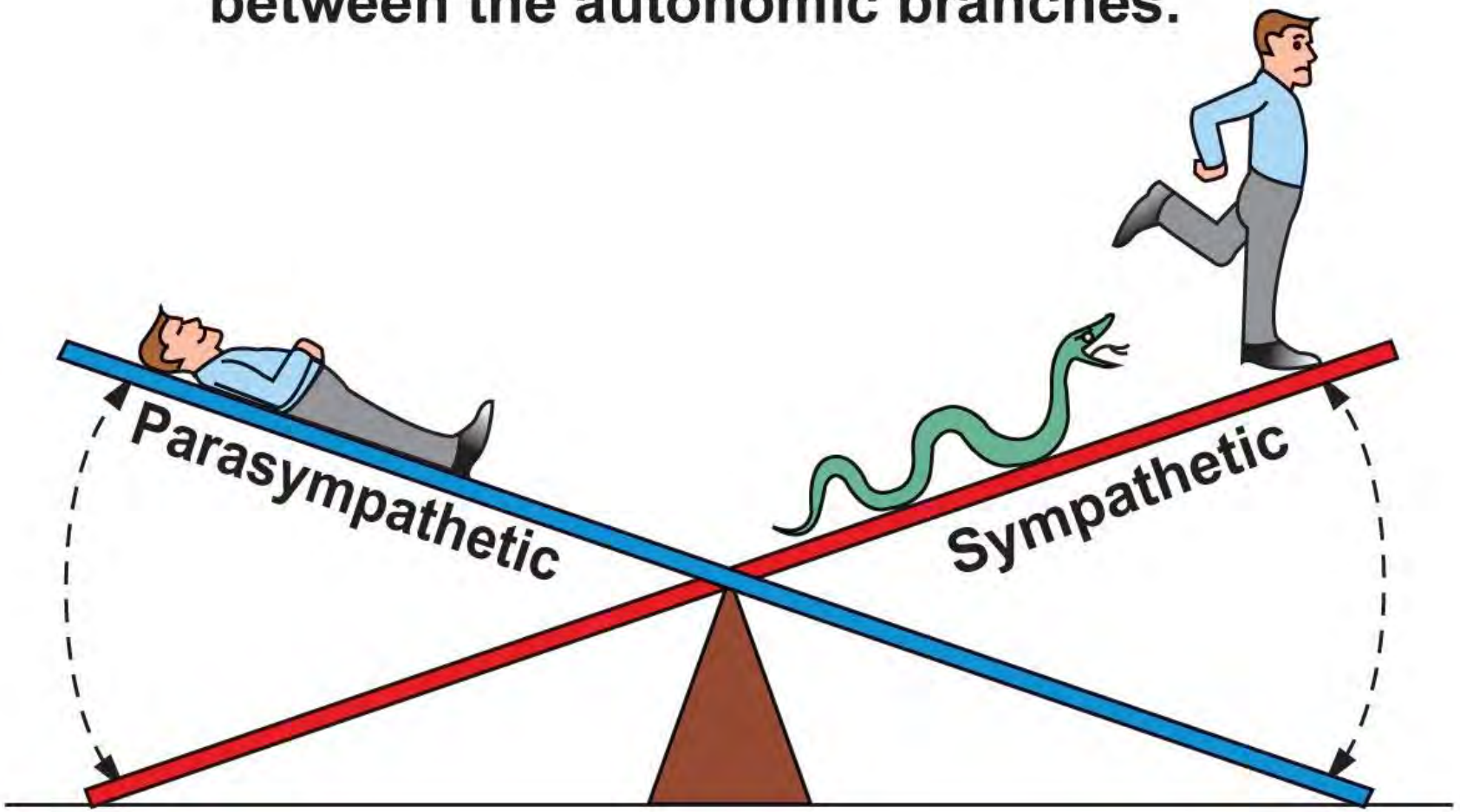
I. ***Announcements*** Optional notebook check + Lab 6 tomorrow. Pulmonary Function Testing. Final exam > your Q on Wed. Q?

II. ***Autonomic Nervous System Overview*** LS pp 178 – 85
LS Table 7-1 p 183 + stories to remember *fight-or-flight!*

III. ***Neuromuscular Connections*** LS ch 7 pp 186-92, DC pp 69-71
How does the signal cross the nerve-muscle gap? LS fig 7-5
- A. Normal function? Ca2+ for bones!…but what else? LS p 190
- B. What do black widow spider venom, botulism, curare & nerve gas have in common? Botox? LS p 189-91

IV. ***Muscle Structure, Function & Adaptation*** LS ch 8, DC Module 12
- A. Muscle types: cardiac, smooth, skeletal LS fig 8-1 p 194-6
- B. How is skeletal muscle organized? LS fig 8-2, DC fig 12-2
- C. What do thick filaments look like? LS fig 8-4, DC fig 12-4
- D. How about thin filaments? LS fig 8-5
- E. Banding pattern? LS fig 8-3, fig 8-7
- F. How do muscles contract? LS fig 8-6, 8-10
- G. What's a cross-bridge cycle? LS fig 8-11 +…
- H. Summary of skeletal muscle contraction
- I. Exercise adaptation variables: *mode*, *intensity*, *duration*, *frequency*, *distribution*, *individual* & environmental char...?
- J. Endurance *vs.* strength training continuum? fiber types...

Homeostasis is a dynamic balance between the autonomic branches.



Rest-and-digest: Parasympathetic activity dominates.

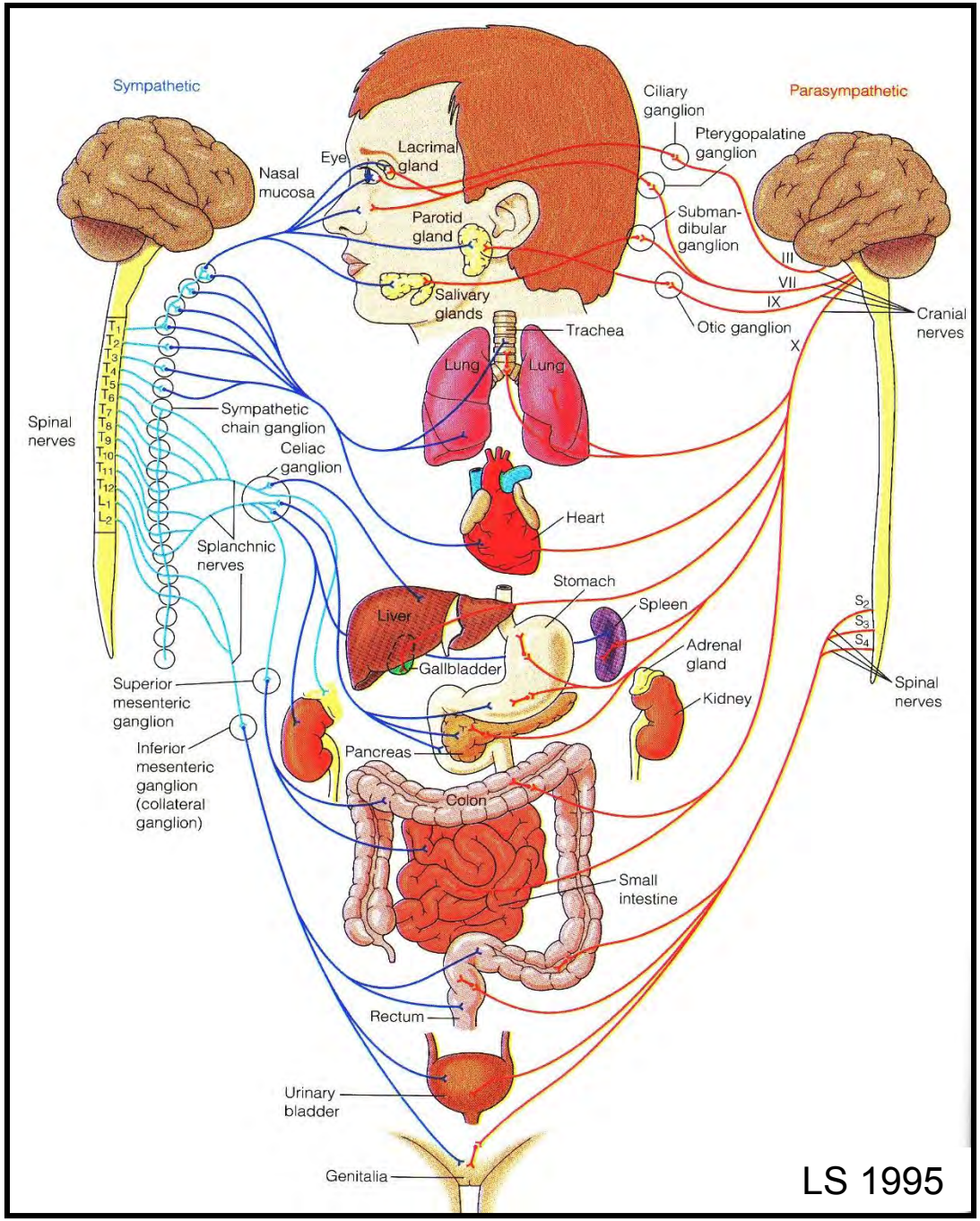
Fight-or-flight: Sympathetic activity dominates.

D Silverthorn 2010

Autonomic Nervous System

Why overlap or dual innervation?

Fine-tune control & safety!



cf: LS 2012 fig 7-3

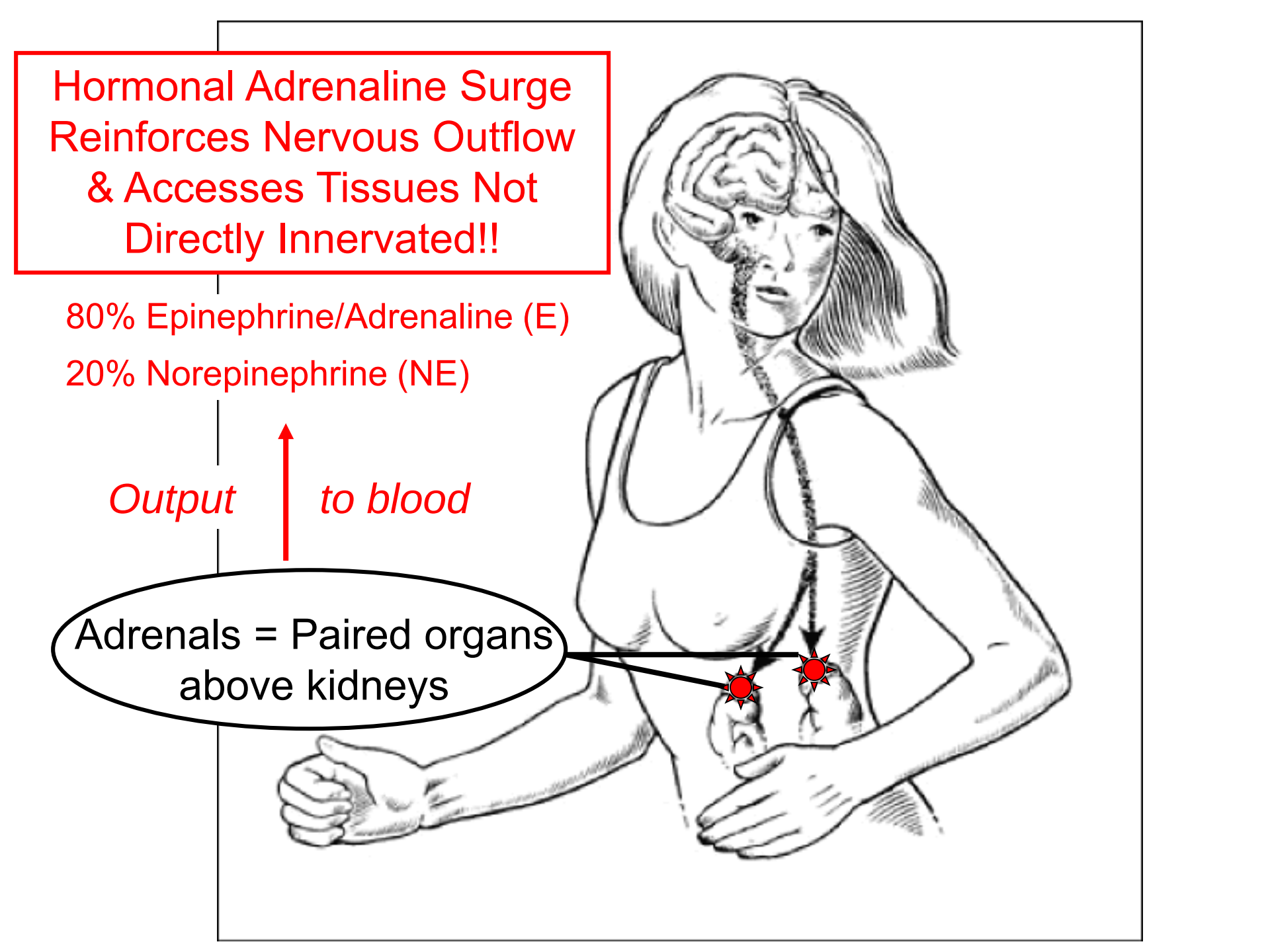
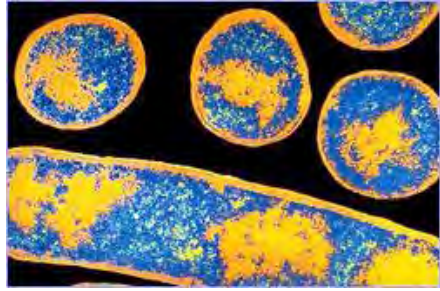

Hormonal Adrenaline Surge
Reinforces Nervous Outflow
& Accesses Tissues Not
Directly Innervated!!
80% Epinephrine/Adrenaline (E)
20% Norepinephrine (NE)
Output
to blood
Adrenals = Paired organs
above kidneys

Table 7-1 Effects of Autonomic Nervous System on Various Organs

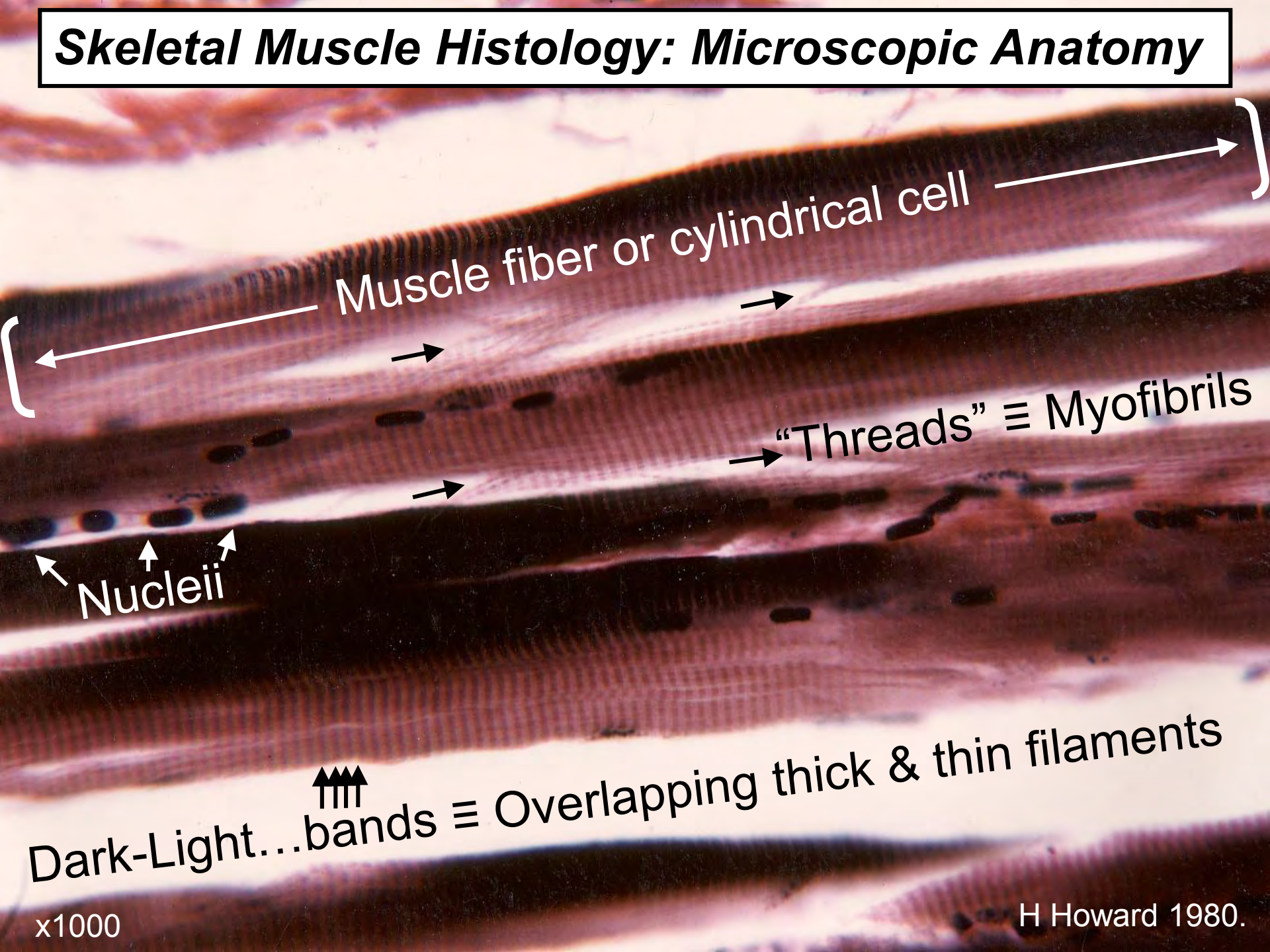
Organ	Effect of Sympathetic Stimulation	Effect of Parasympathetic Stimulation
Heart	Increases heart rate and increases force of contraction of the whole heart	Decreases heart rate and decreases force of contraction of the atria only
Blood Vessels	Constricts	Dilates vessels supplying the penis and the clitoris only
Lungs	Dilates the bronchioles (airways)	Constricts the bronchioles
Digestive Tract	Decreases motility (movement)	Increases motility
	Contracts sphincters (to prevent forward movement of tract contents)	Relaxes sphincters (to permit forward movement of tract contents)
	Inhibits digestive secretions	Stimulates digestive secretions
Urinary Bladder	Relaxes	Contracts (emptying)
Eye	Dilates the pupil	Constricts the pupil
	Adjusts the eye for far vision	Adjusts the eye for near vision
Liver (glycogen stores)	Glycogenolysis (glucose is released)	None
Adipose Cells (fat stores)	Lipolysis (fatty acids are released)	None
Exocrine Glands		
Exocrine pancreas	Inhibits pancreatic exocrine secretion	Stimulates pancreatic exocrine secretion (important for digestion)
Sweat glands	Stimulates secretion by sweat glands important in cooling the body	Stimulates secretion by specialized sweat glands in the armpits and genital area
Salivary glands	Stimulates a small volume of thick saliva rich in mucus	Stimulates a large volume of watery saliva rich in enzymes
Endocrine Glands		
Adrenal medulla	Stimulates epinephrine and norepinephrine secretion	None
Endocrine pancreas	Inhibits insulin secretion	Stimulates insulin secretion
Genitals	Controls ejaculation (males) and orgasm contractions (both sexes)	Controls erection (penis in males and clitoris in females)
Brain Activity	Increases alertness	None



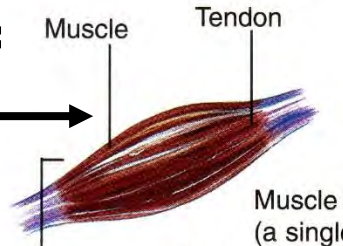

Campbell's
CLASSICS
BEAN
BACON

Axon of motor neuron
Myelin sheath
Action potential propagation in motor neuron
1
Axon terminal
Terminal button
Vesicle of acetylcholine
Ca2+
Calcium channel
2
Action potential propagation in muscle fiber
6
3
Muscle fiber
Plasma membrane of muscle fiber
4
K+
Acetylcholine receptor site
5
Na+
7
Cation channel
Acetylcholinesterase
Local current flow between depolarized end plate and adjacent membrane
Motor end plate
Contractile elements within muscle fiber

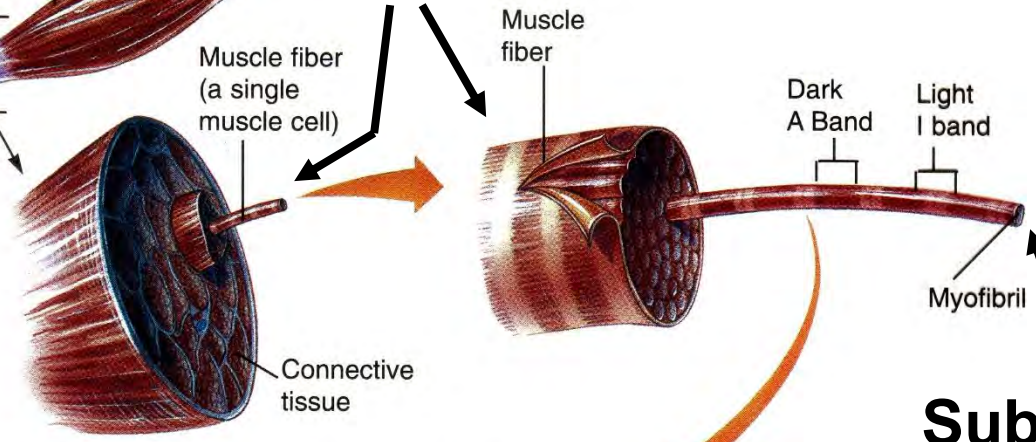
Skeletal Muscle Histology: Microscopic Anatomy



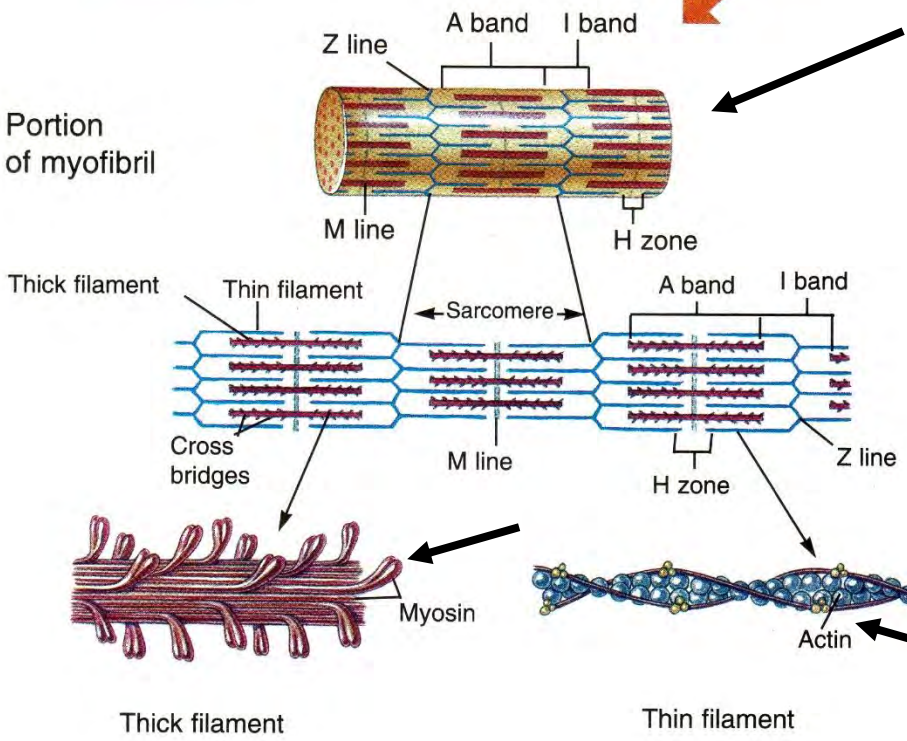
Organ = Muscle



Cell = Myocyte = Fiber

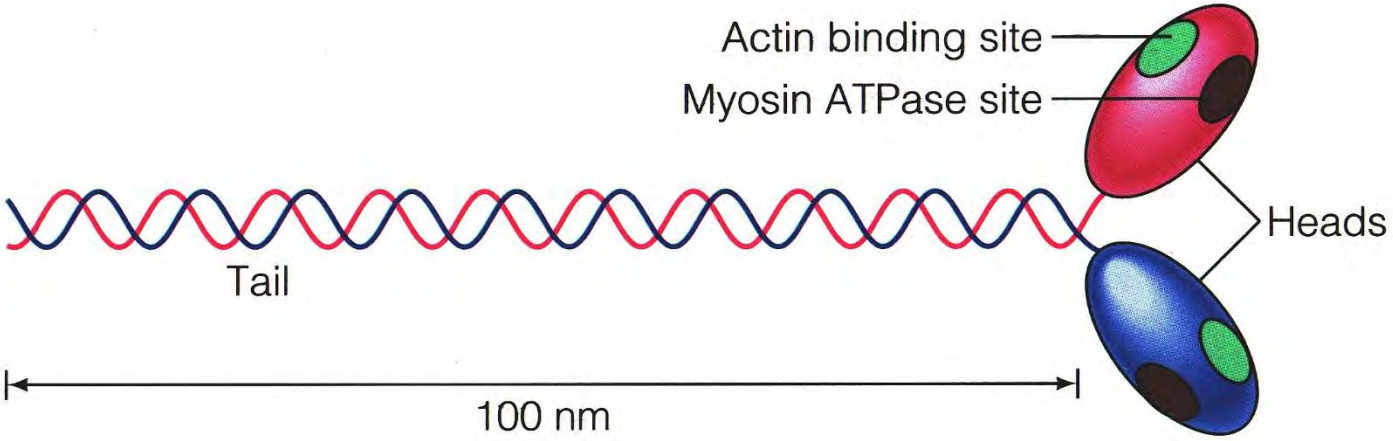


Subcellular = Cytoskeleton



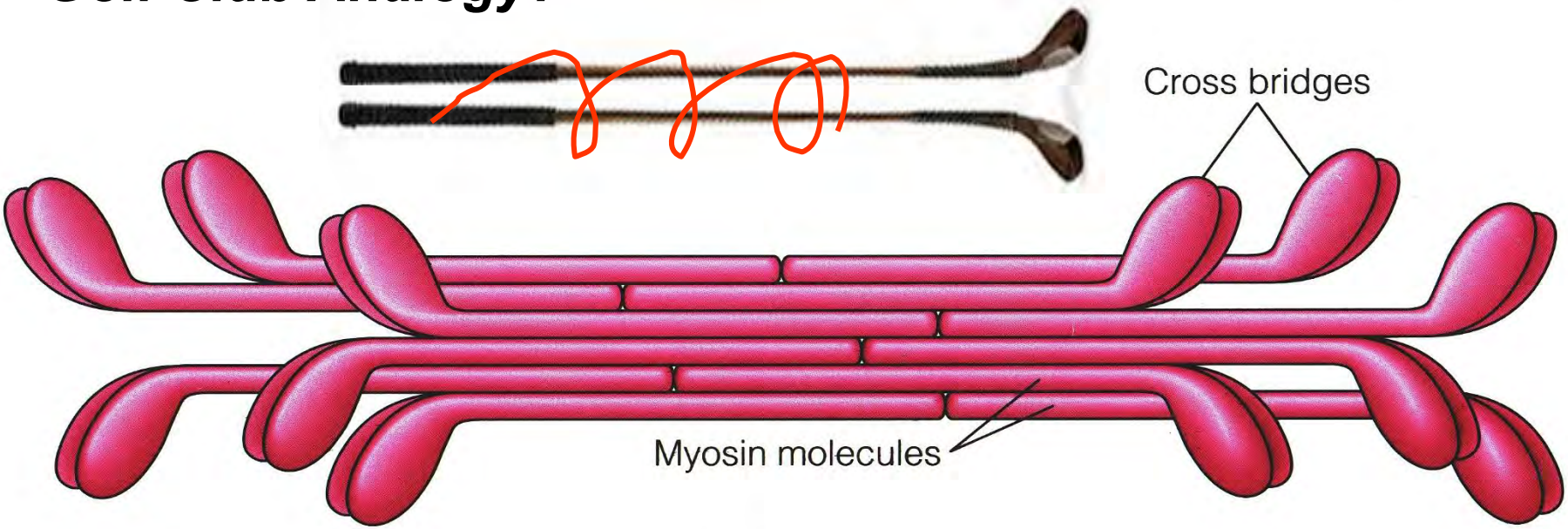
Molecules = Actin & Myosin

LS 2006, cf:
LS 2012 fig 8-2



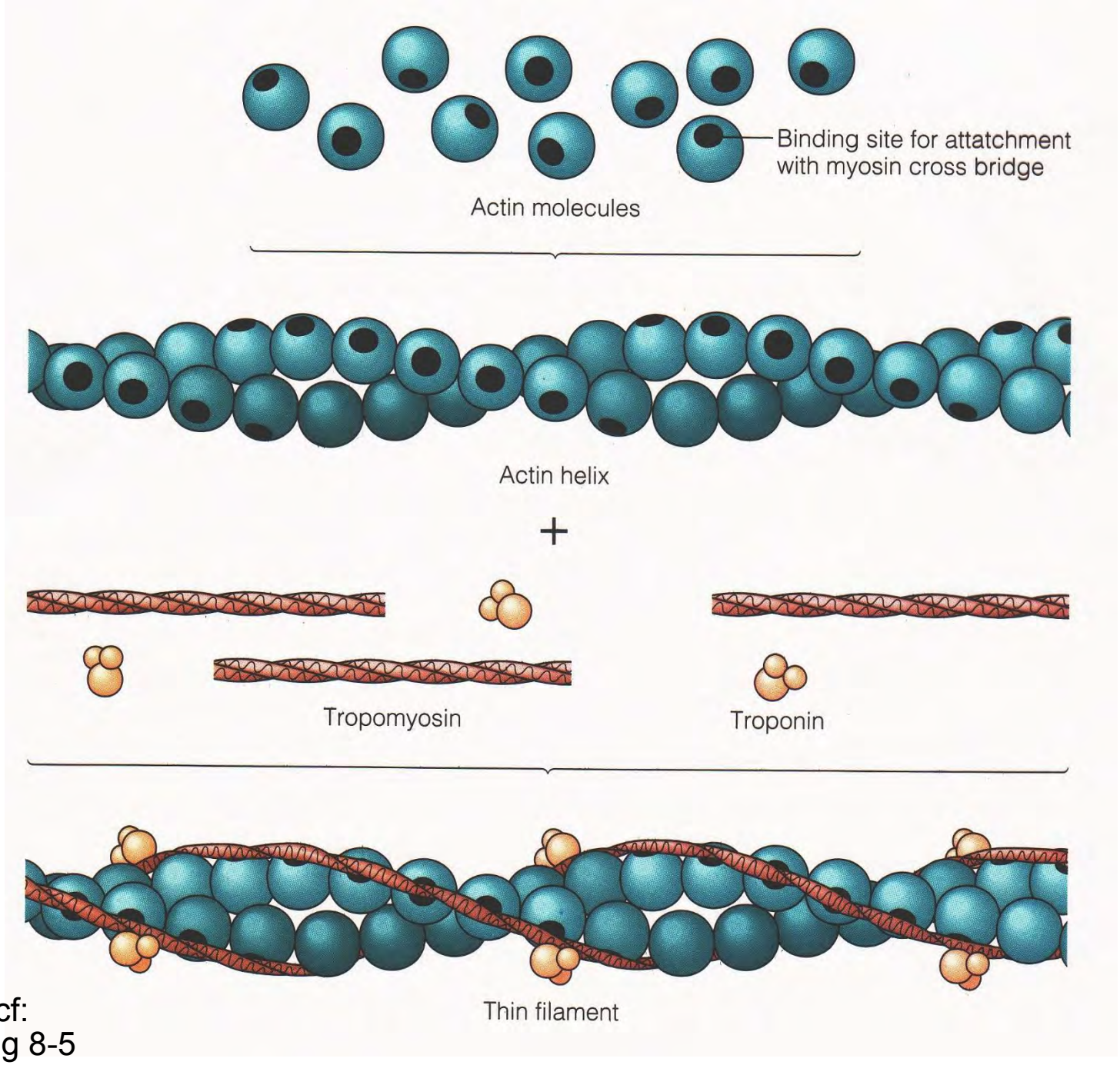
(a)

Golf Club Analogy?

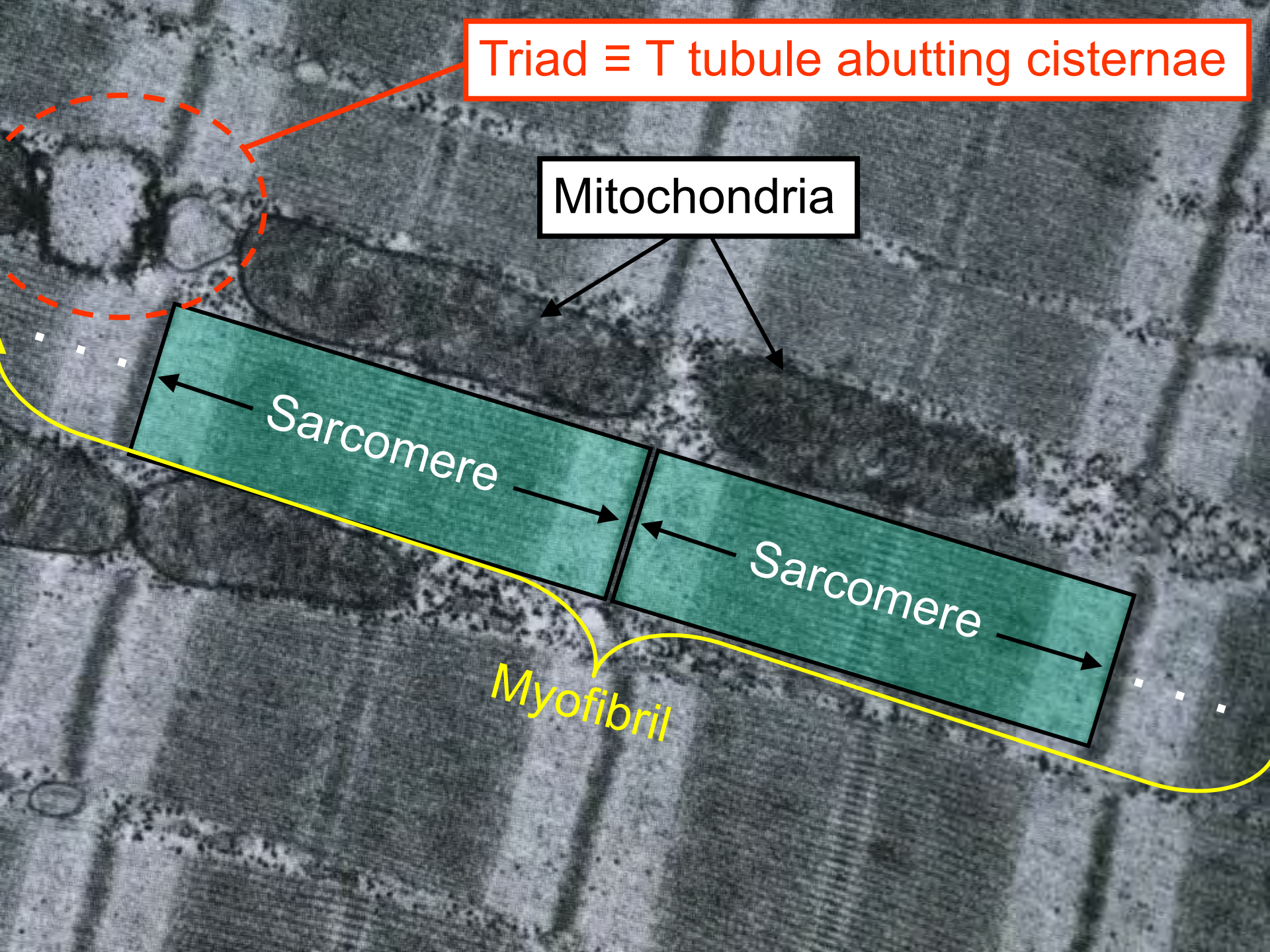


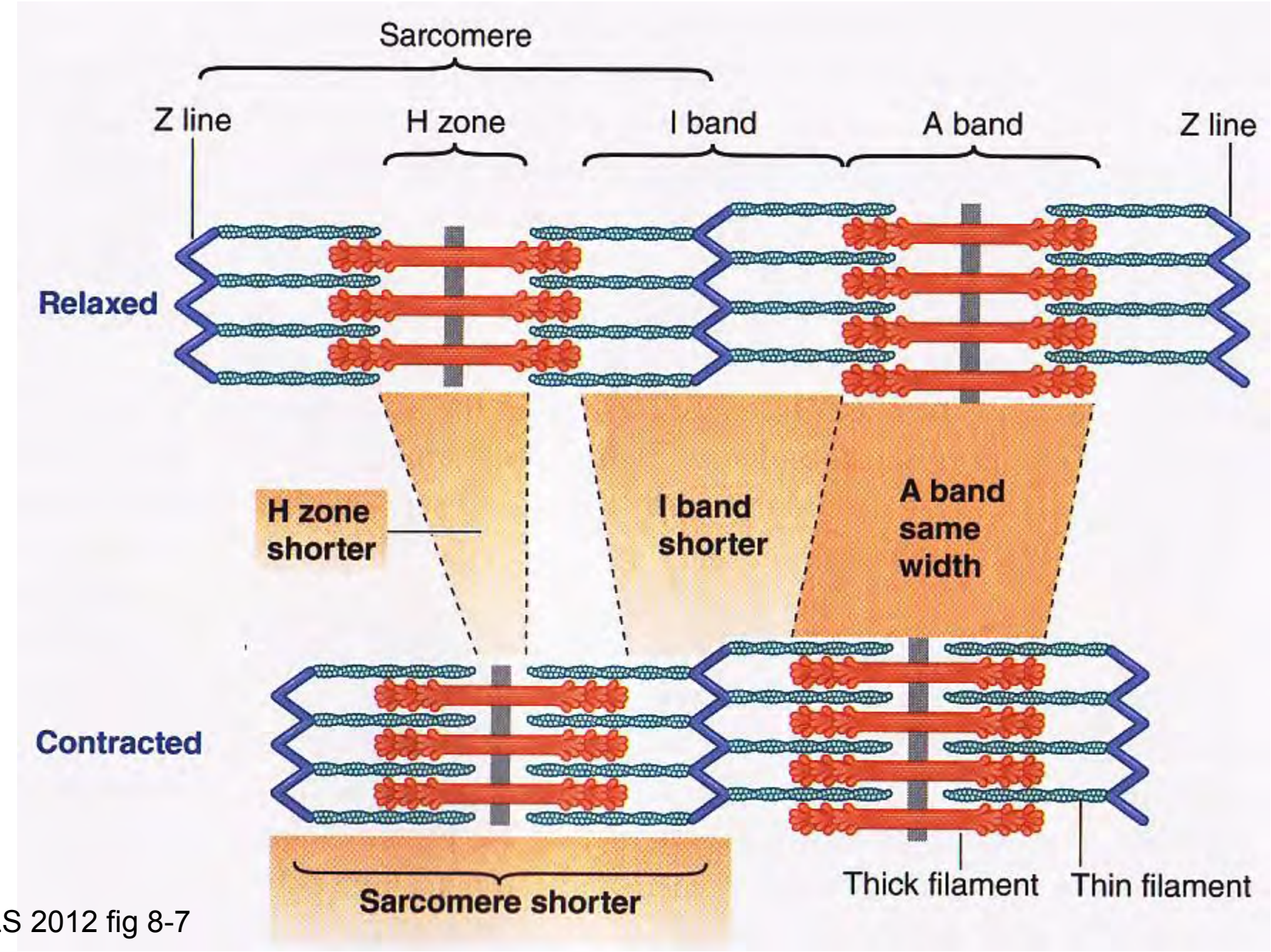
(b)

LS 2006, cf:
LS 2012 fig 8-4

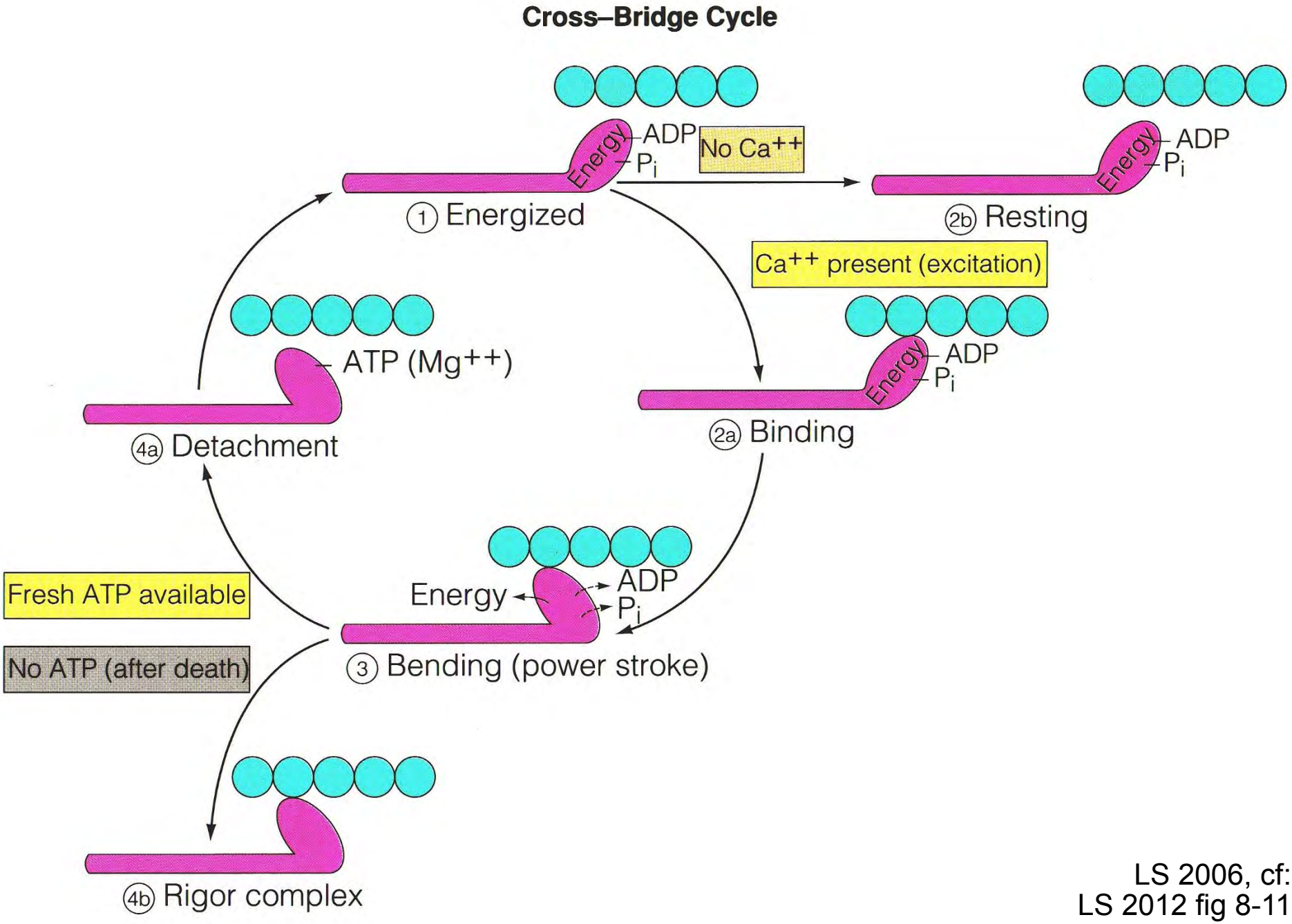


LS 2006, cf:
LS 2012 fig 8-5

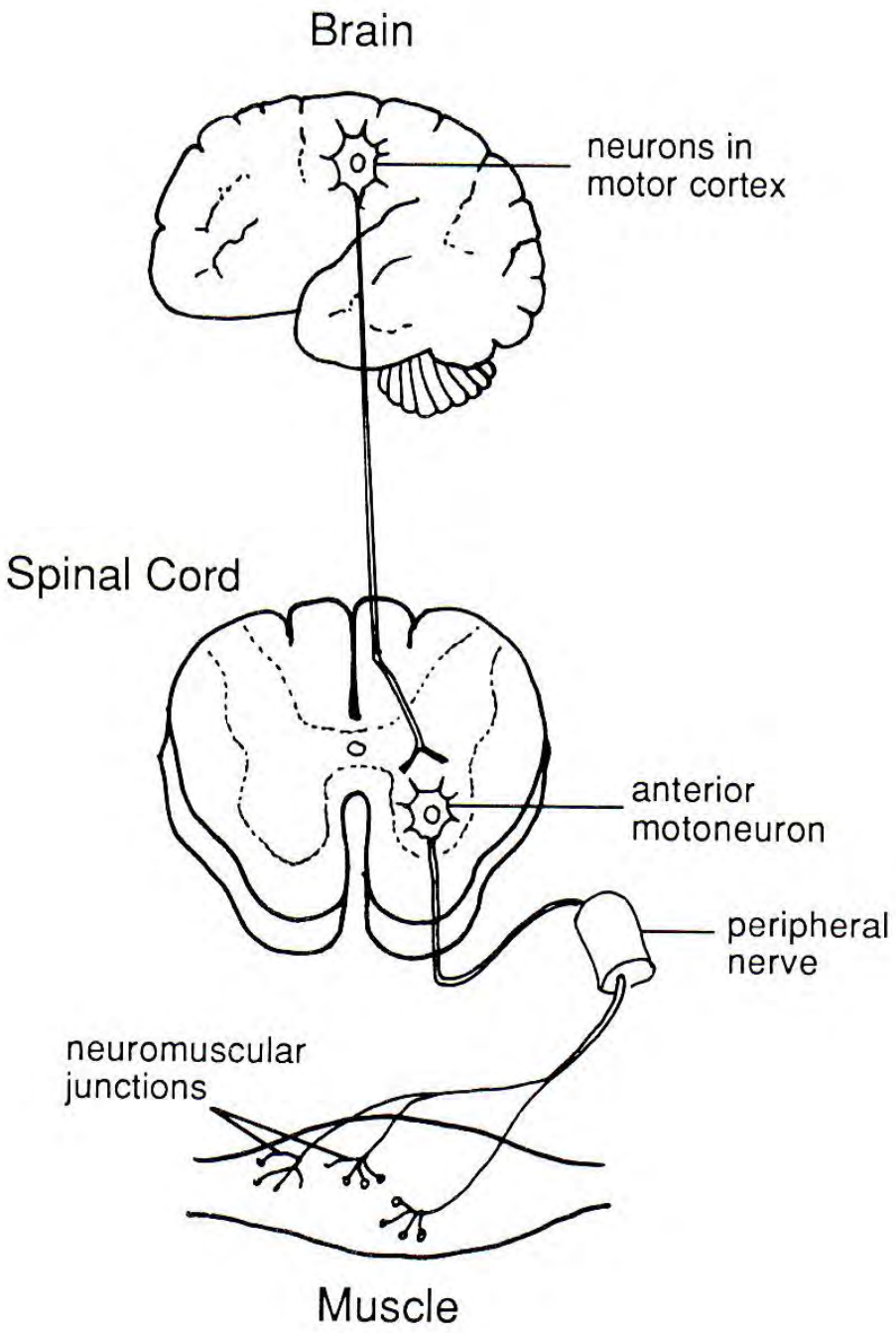

Triad ≡ T tubule abutting cisternae
Mitochondria
Sarcomere
Sarcomere
Myofibril



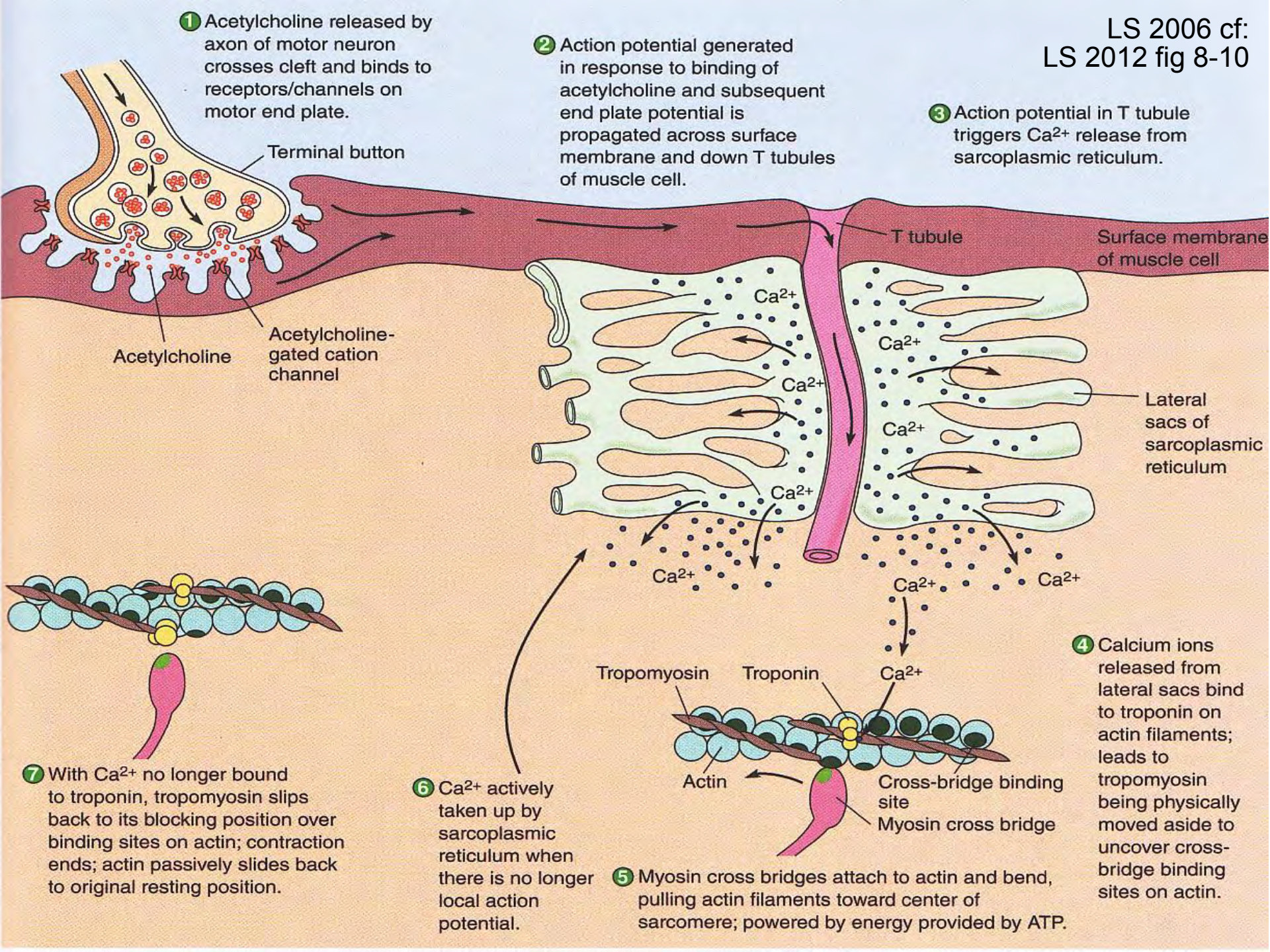
LS 2012 fig 8-7



LS 2006, cf:
LS 2012 fig 8-11


Brain
neurons in
motor cortex
Spinal Cord
anterior
motoneuron
peripheral
nerve
neuromuscular
junctions
Muscle

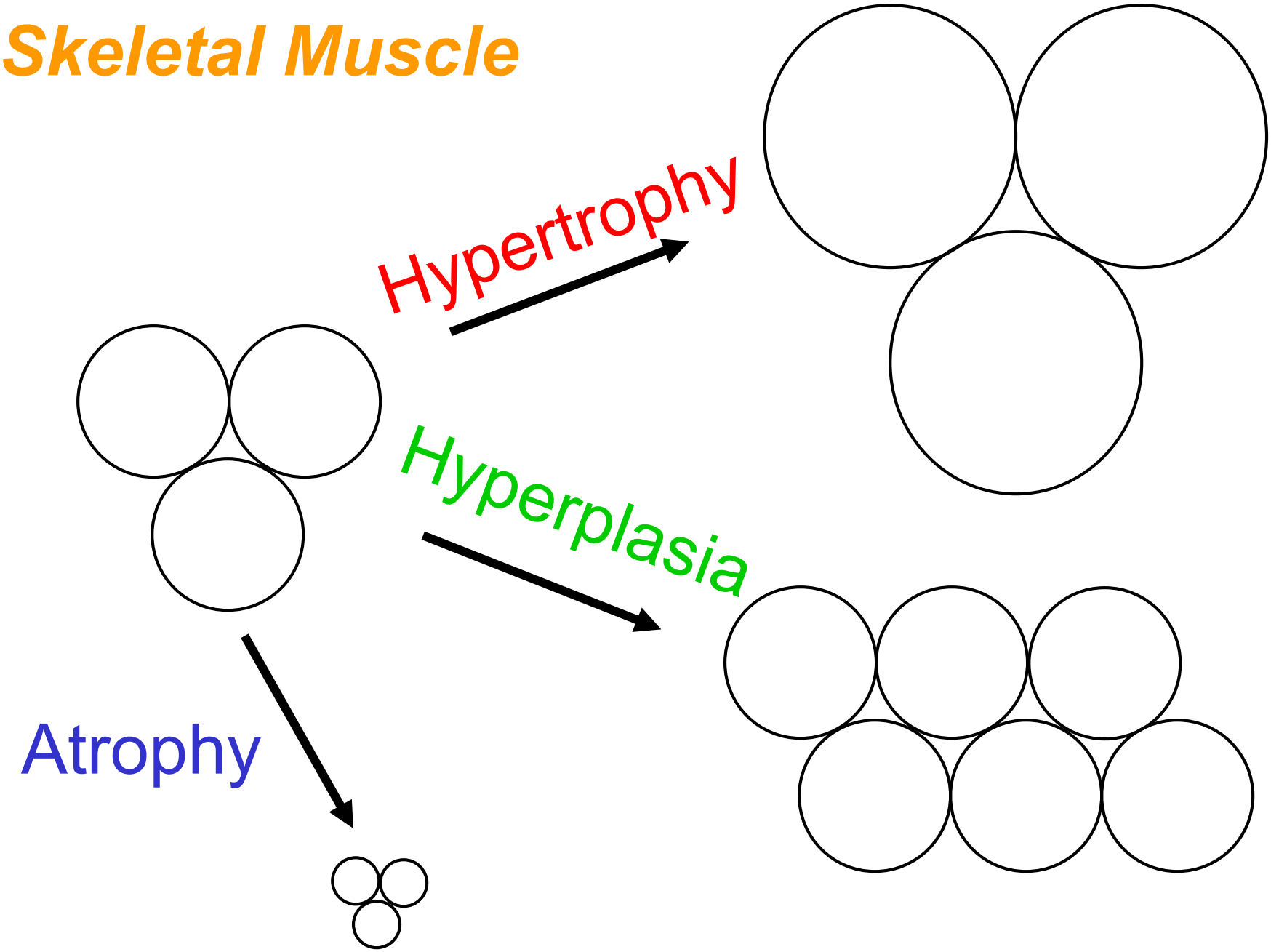
LS 2006 cf:
LS 2012 fig 8-10



Adaptations to Exercise?

Mode, Intensity, Duration, Frequency,
Distribution of Training Sessions?
Conditions of Environment? Individual?

Skeletal Muscle



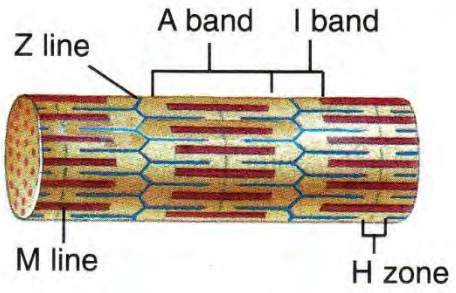
Myofibril

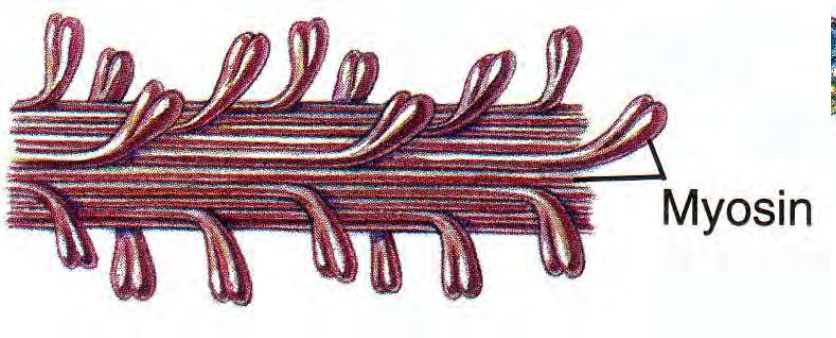
Hypertrophy: *Increased*

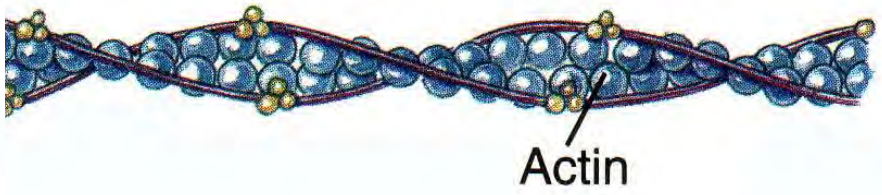
Number of Myofibrils

Thick & Thin Filaments

Myosin & Actin Molecules





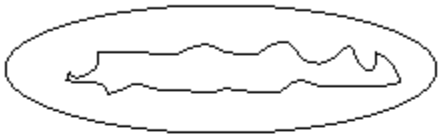


Characteristics of Skeletal Muscle Fibers

Characteristic	TYPE OF FIBER		
	Slow Oxidative (Type I)	Fast Oxidative (Type IIa)	Fast Glycolytic (Type IIb)
Myosin-ATPase Activity	Low	High	High
Speed of Contraction	Slow	Fast	Fast
Resistance to Fatigue	High	Intermediate	Low
Aerobic Capacity	High	High	Low
Anaerobic Capacity	Low	Intermediate	High
Mitochondria	Many	Many	Few
Capillaries	Many	Many	Few
Myoglobin Content	High	High	Low
Color of Fibers	Red	Red	White
Glycogen Content	Low	Intermediate	High

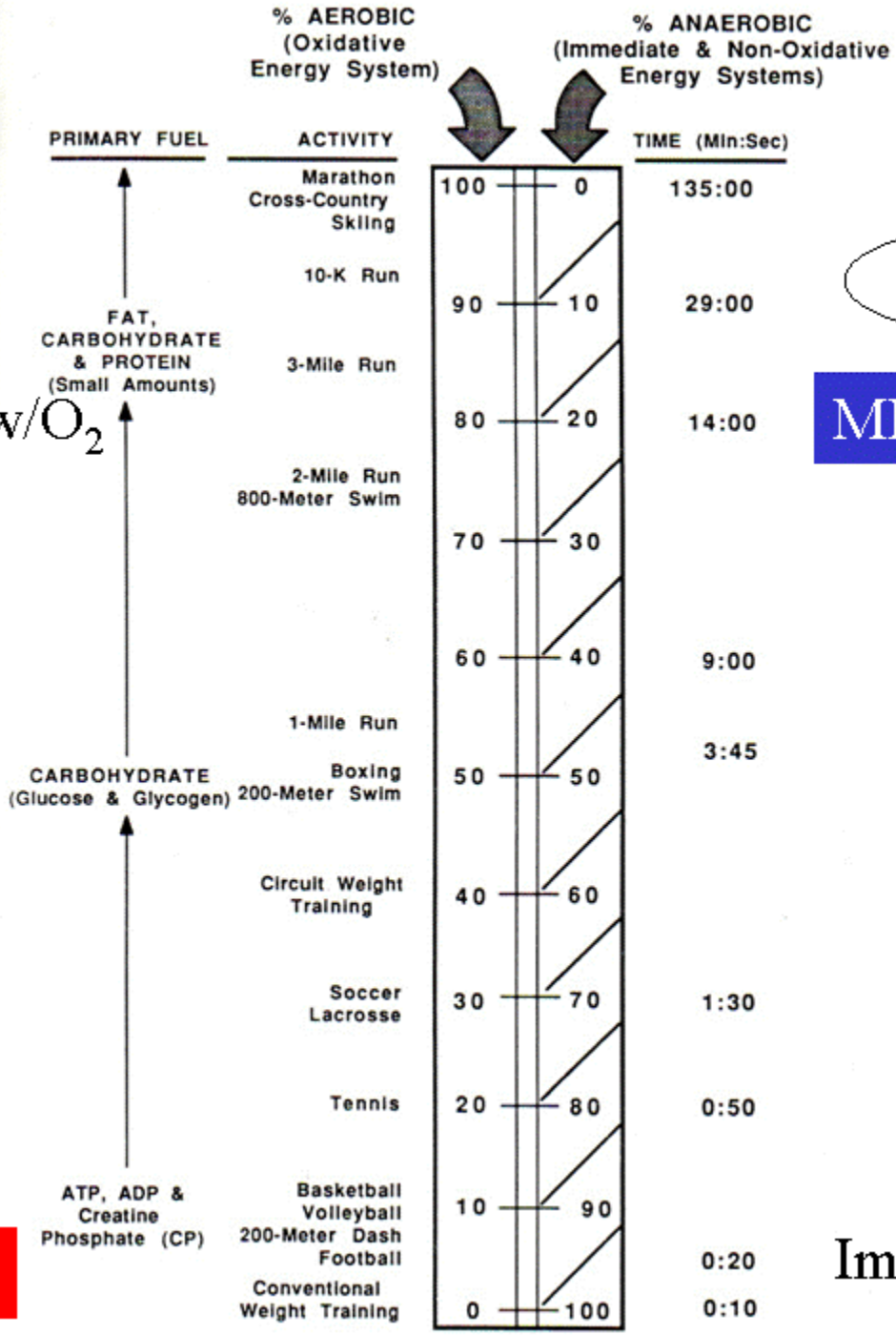
LS 2012 tab 8-1 modified
> VP Lombardi 1989

AEROBIC w/O_2



MITOCHONDRIA

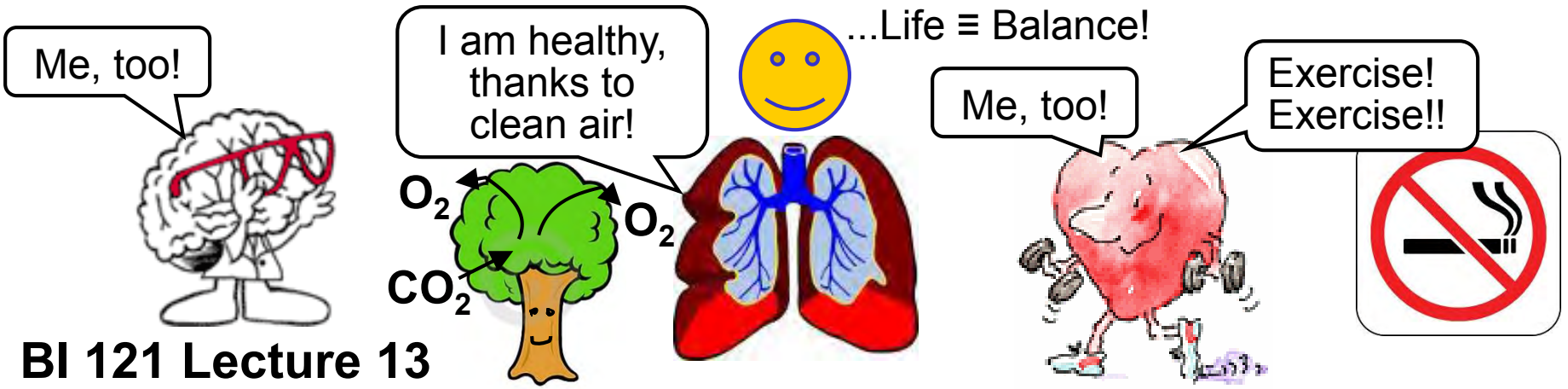
ANAEROBIC



CYTOSOL

Glycolysis

Immediate/ATP-PC



BI 121 Lecture 13

I. ***Announcements*** **Optional notebook check today. Discussion-Review followed by final exam tomorrow. Q?**

II. ***Introduction to PFT Lab 6*** **Pulmonary Function Testing**

III. ***Respiratory System*** **LS ch 12, DC Module 7, SI Fox +...**

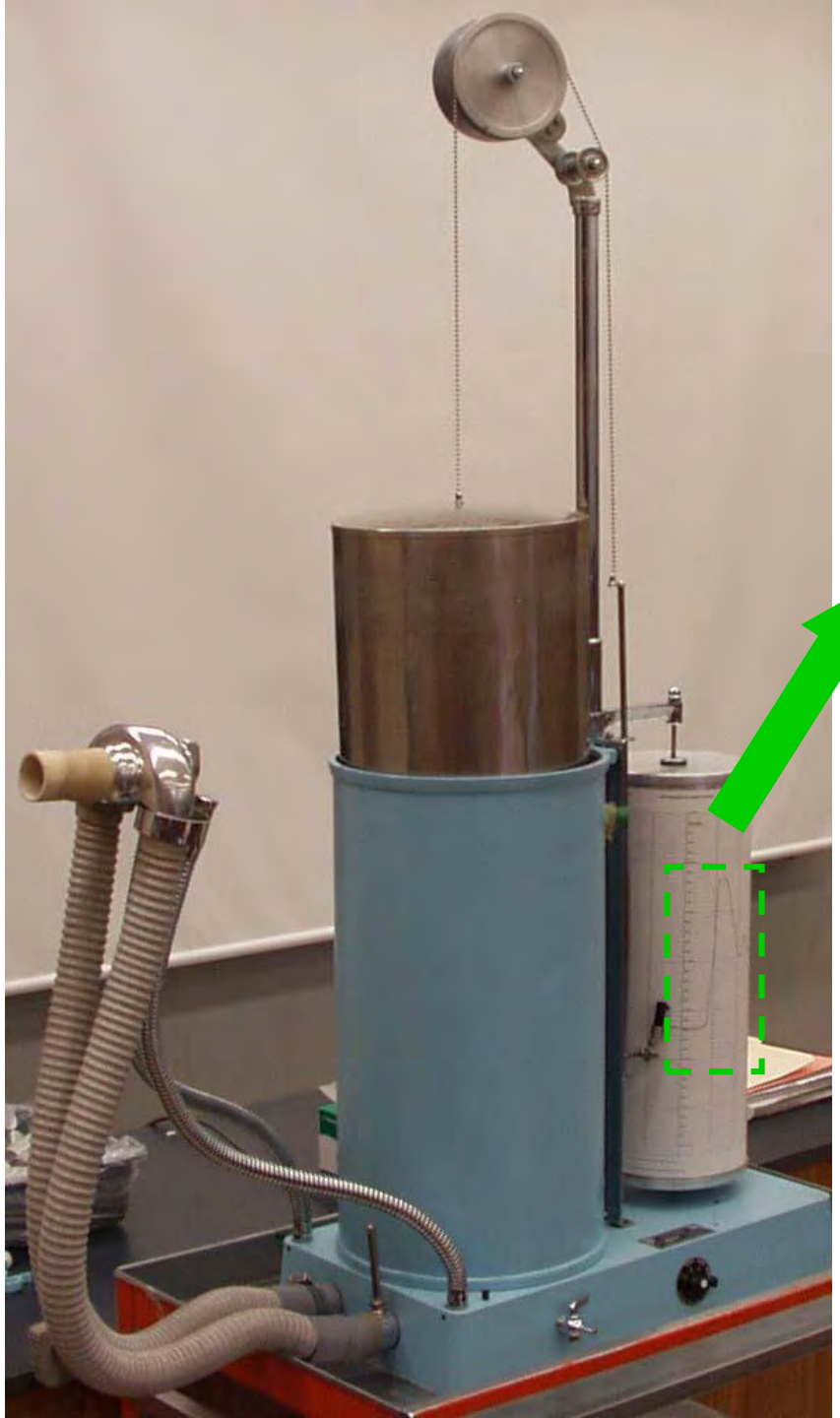
- **A. Steps of respiration? External *vs.* cellular/internal? LS fig 12-1 pp 345-7**
- **B. Respiratory system anatomy LS fig 12-2 p347, DC, SI Fox +...**
- **C. Histology LS fig 12-4 pp 347-9, DC**
- **D. How do we breathe? LS fig12-12, fig12-25 pp 349-56, 373-8**
- **E. Gas exchange LS fig 12-19 pp 362-5**
- **F. Gas transport LS tab 12-3 pp 365-70**

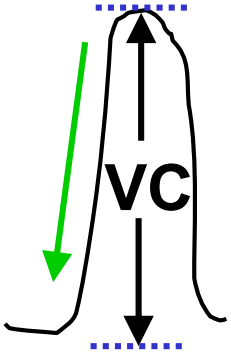
IV. ***Physiology of Cigarette Smoking***

- **A. ANS, autonomic nerves & nicotine? Route of chemicals,...**
- **B. Emphysema? 2nd-hand smoke?... p 356, 365**
- **C. UO Smoke-Free since Fall 2012! Help is available!**

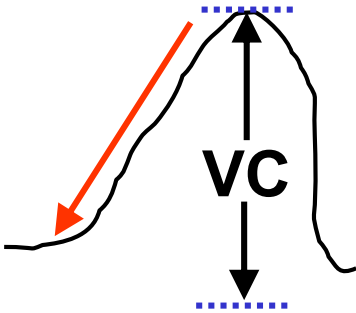
Respirometer → measures ***complete*** ***Pulmonary Function Test or PFT***!

NB: Should be able to blow out ≥ 75 - 85% of VC/FVC in 1 second! That's $FEV_{1.0}$/FVC ≥ 0.75 – 0.85. If less, may indicate asthma or other lung disease.

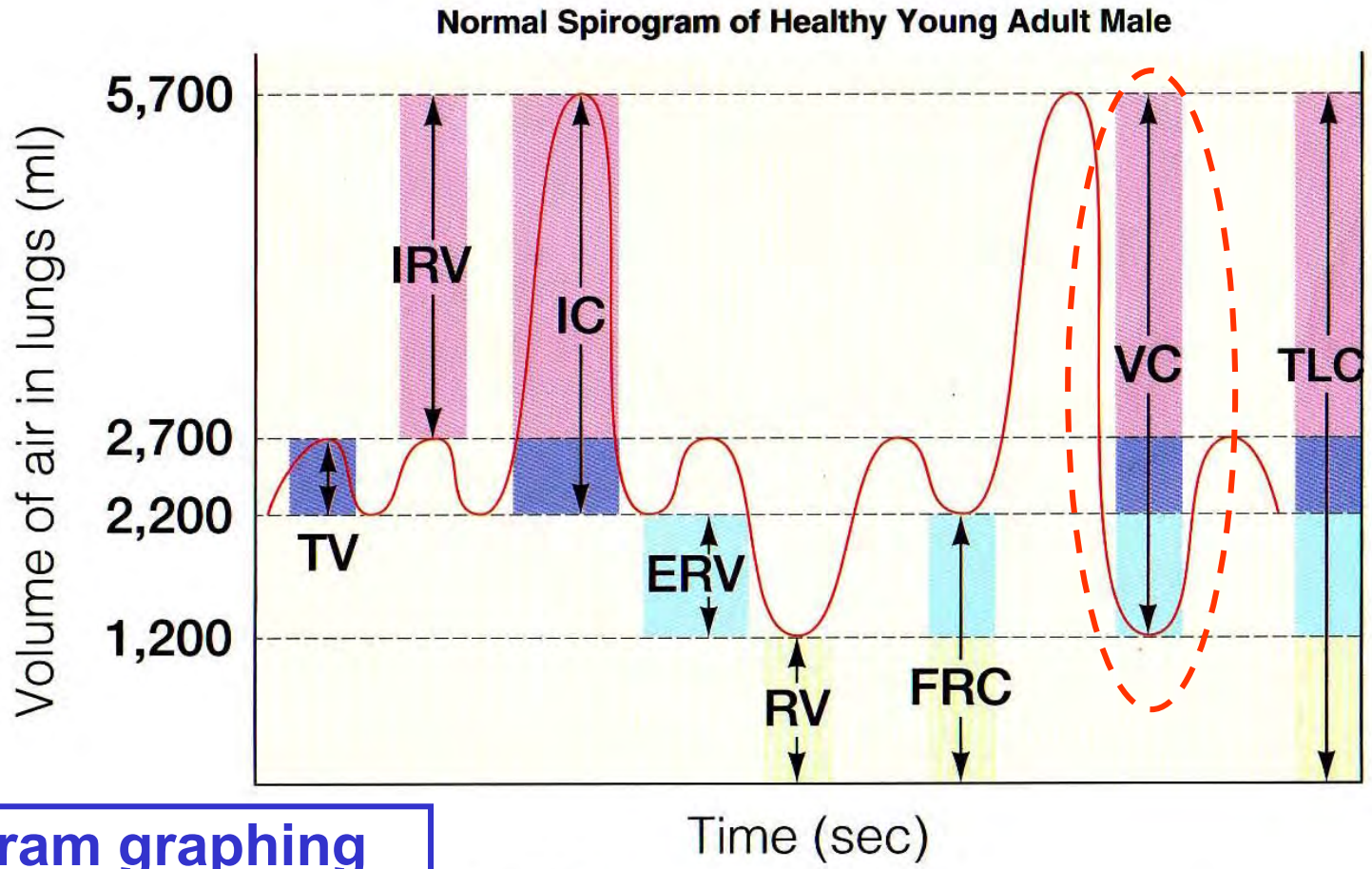




Normal = Steep



Abnormal = Flatter Downslope (eg, Asthma)



Spirogram graphing complete *PFT* from computer simulation.

TV = Tidal volume (500 ml)
IRV = Inspiratory reserve volume (3,000 ml)
IC = Inspiratory capacity (3,500 ml)
ERV = Expiratory reserve volume (1,000 ml)
RV = Residual volume (1,200 ml)
FRC = Functional residual capacity (2,200 ml)
VC = Vital capacity (4,500 ml)
TLC = Total lung capacity (5,700 ml)

Lombo's simplified steps!

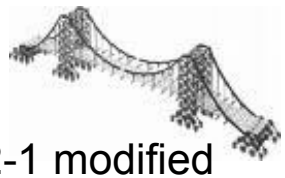
1 Breathe in & out!

2 Cross membranes!

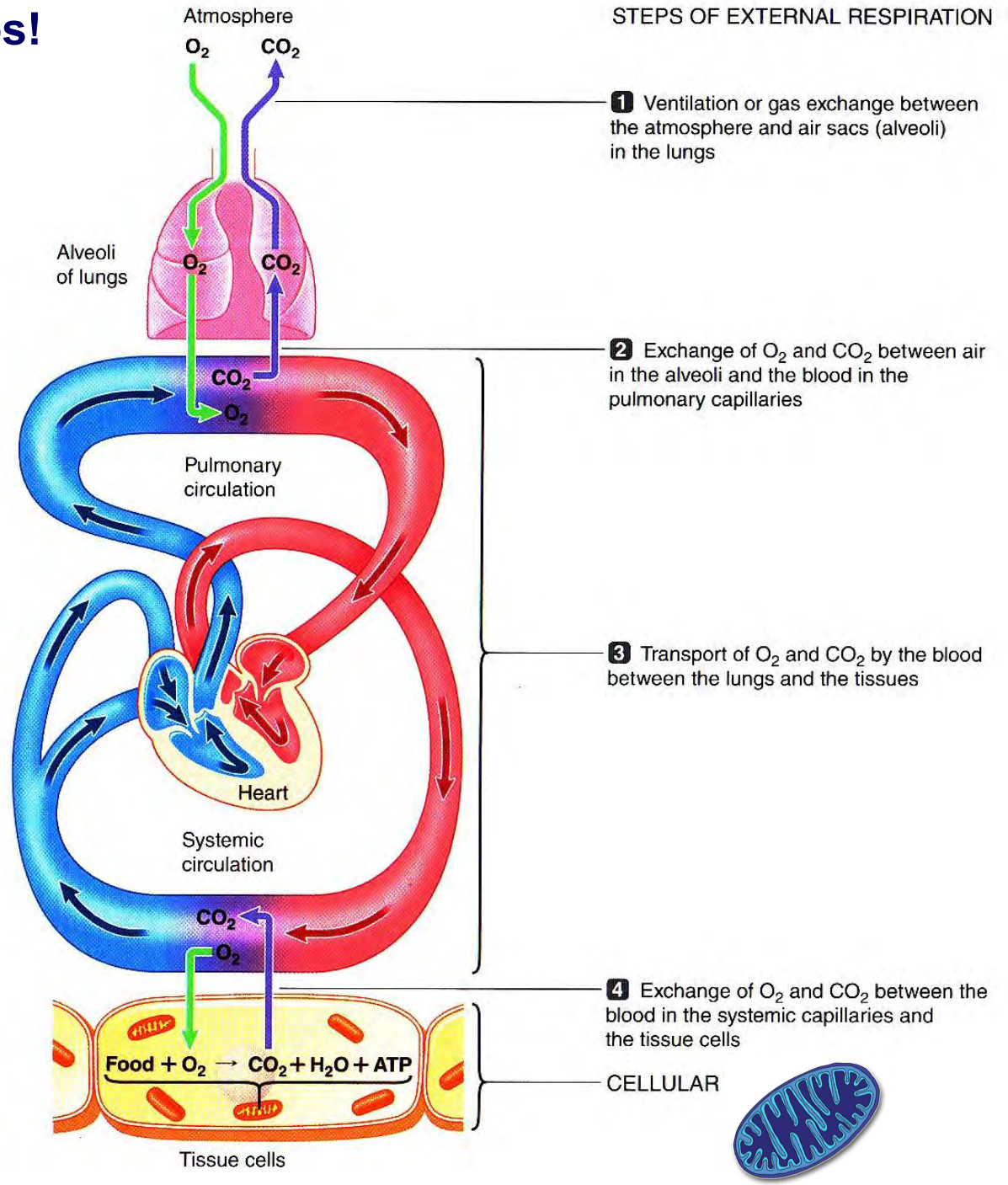
3 Move with blood!

Go with the flow!

4 Cross membranes!

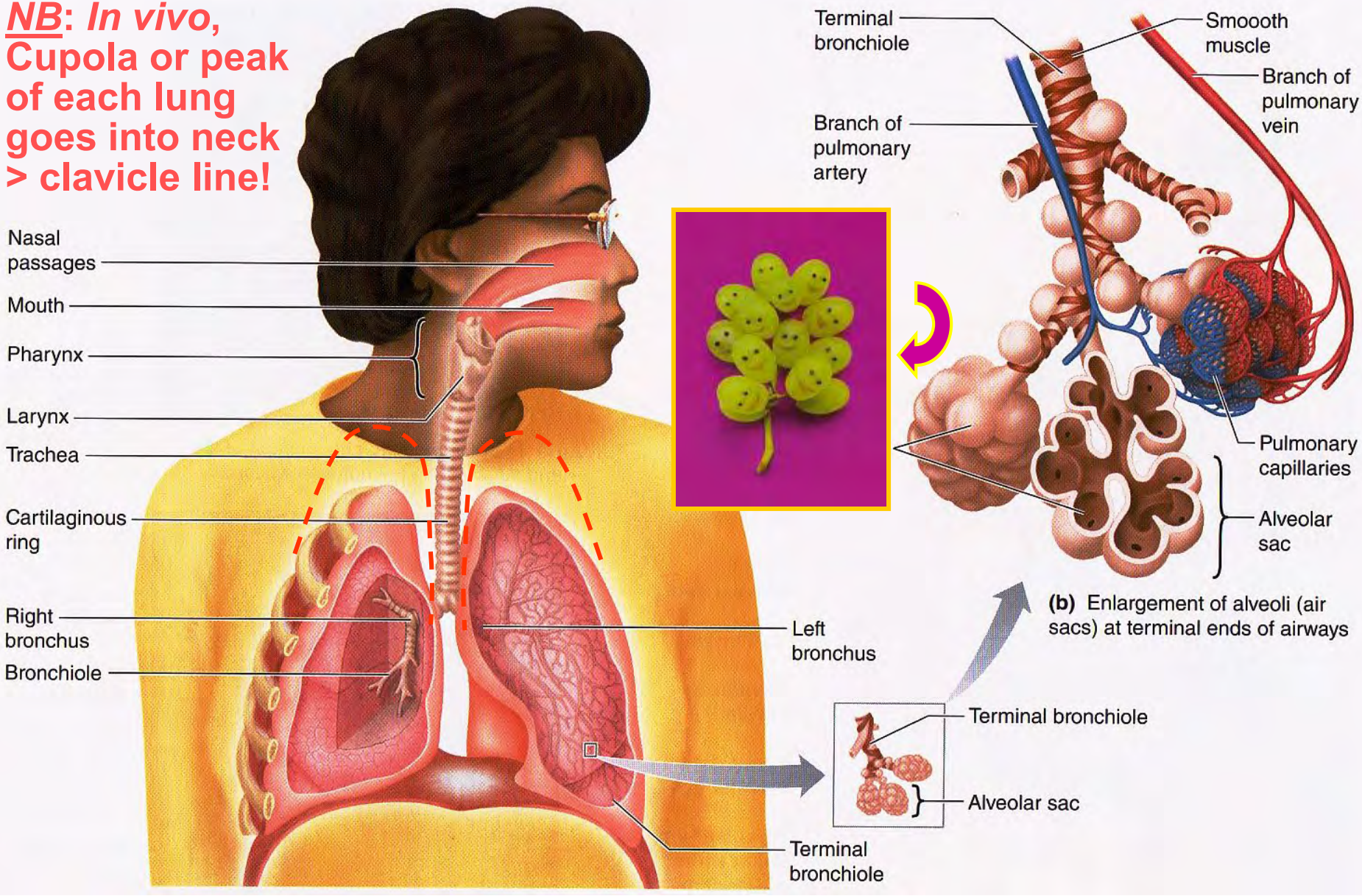


LS 2012 fig 12-1 modified

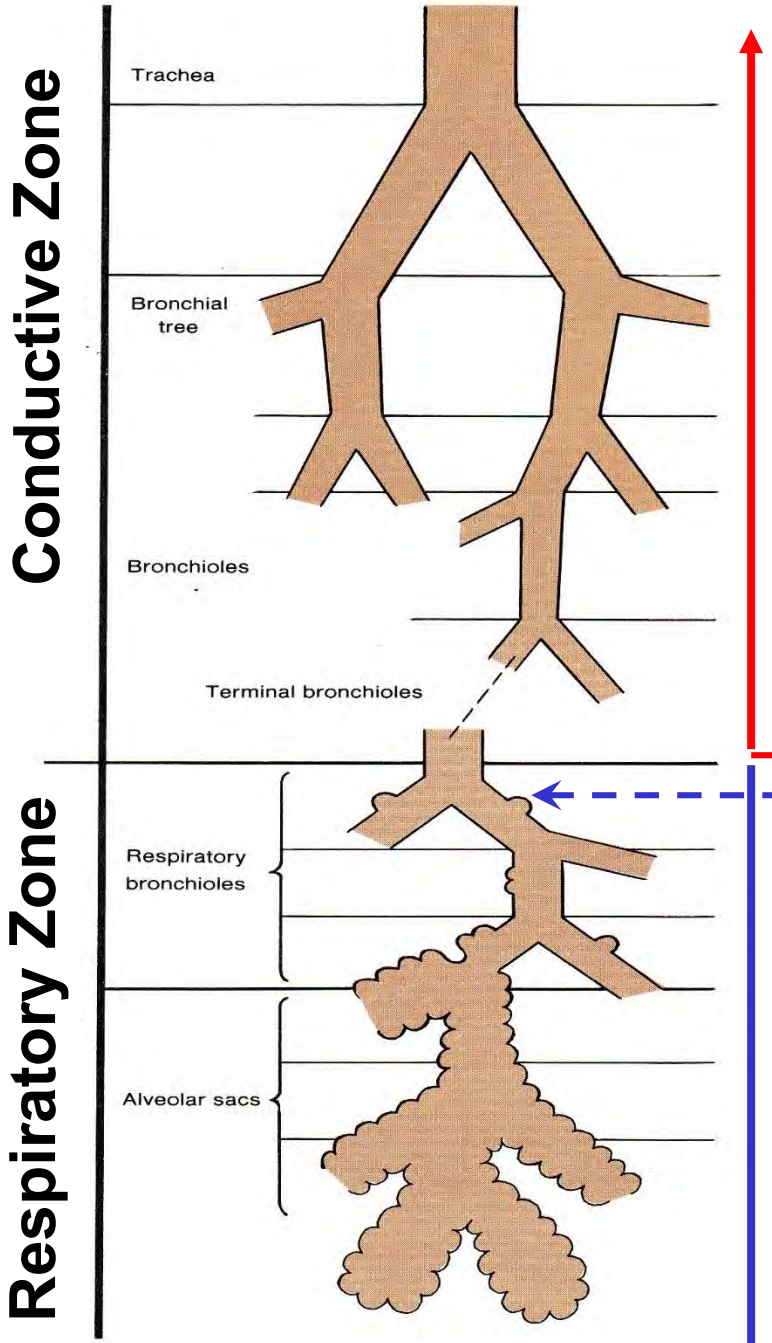


Respiratory System Anatomy

NB: *In vivo*, Cupola or peak of each lung goes into neck > clavicle line!



LS 2012 fig 12-2

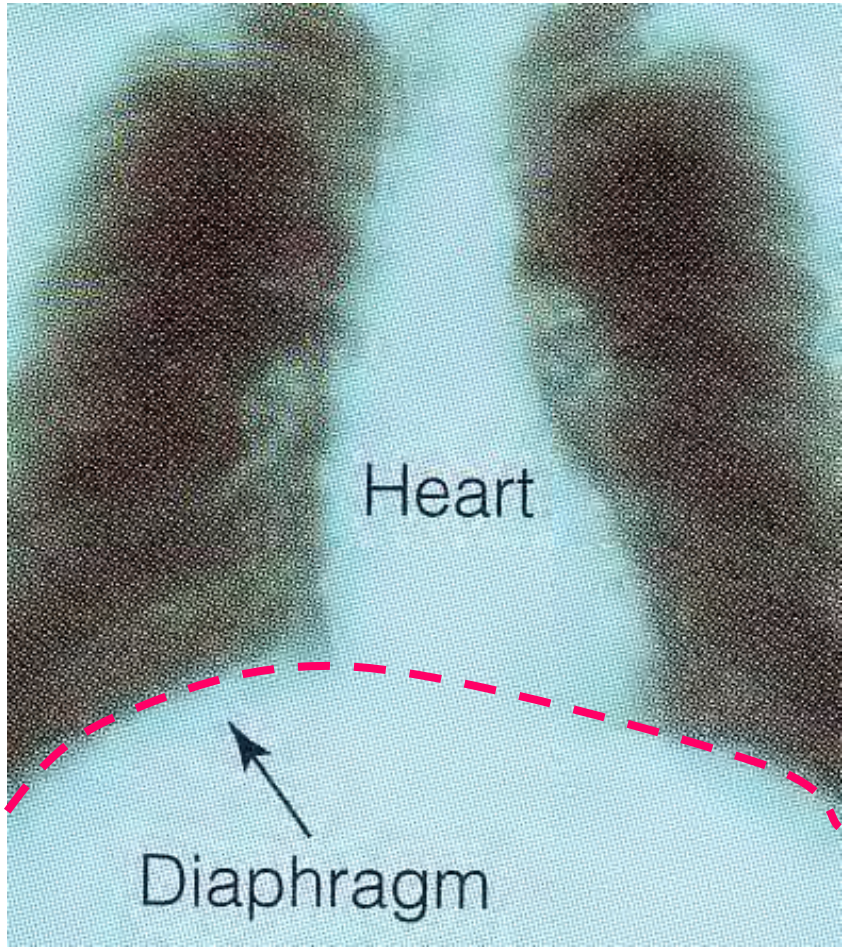


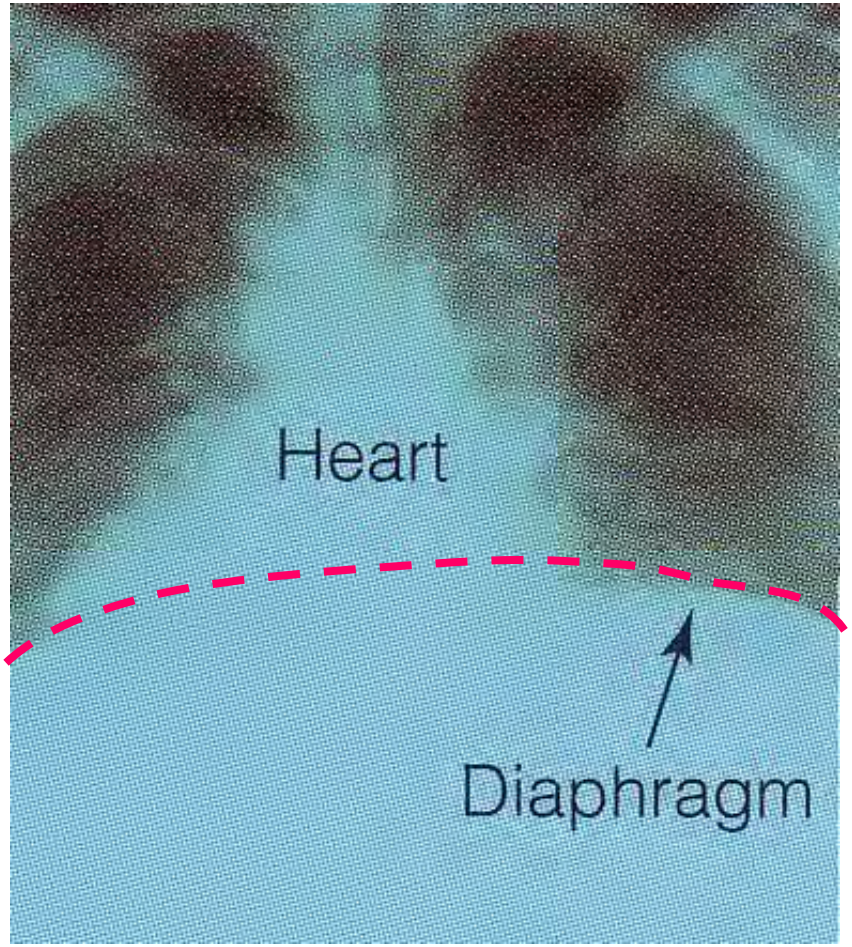
No Gas Exchange

1st alveolar outpouching!

Gas Exchange

SI Fox





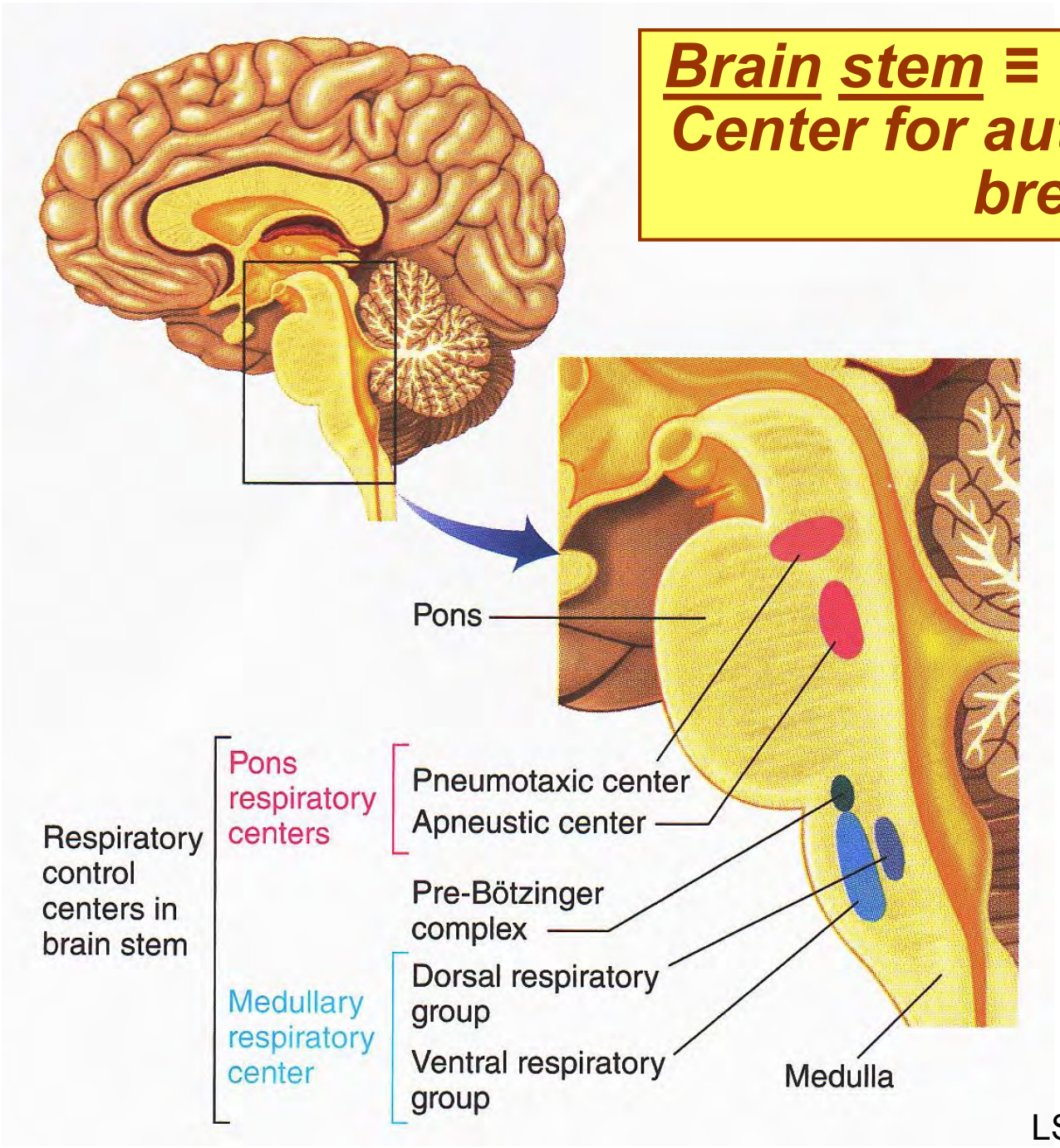
<u>Inhale</u> (active)

<u>Exhale</u> (passive @ rest)

<u>Contract</u> & flatten diaphragm

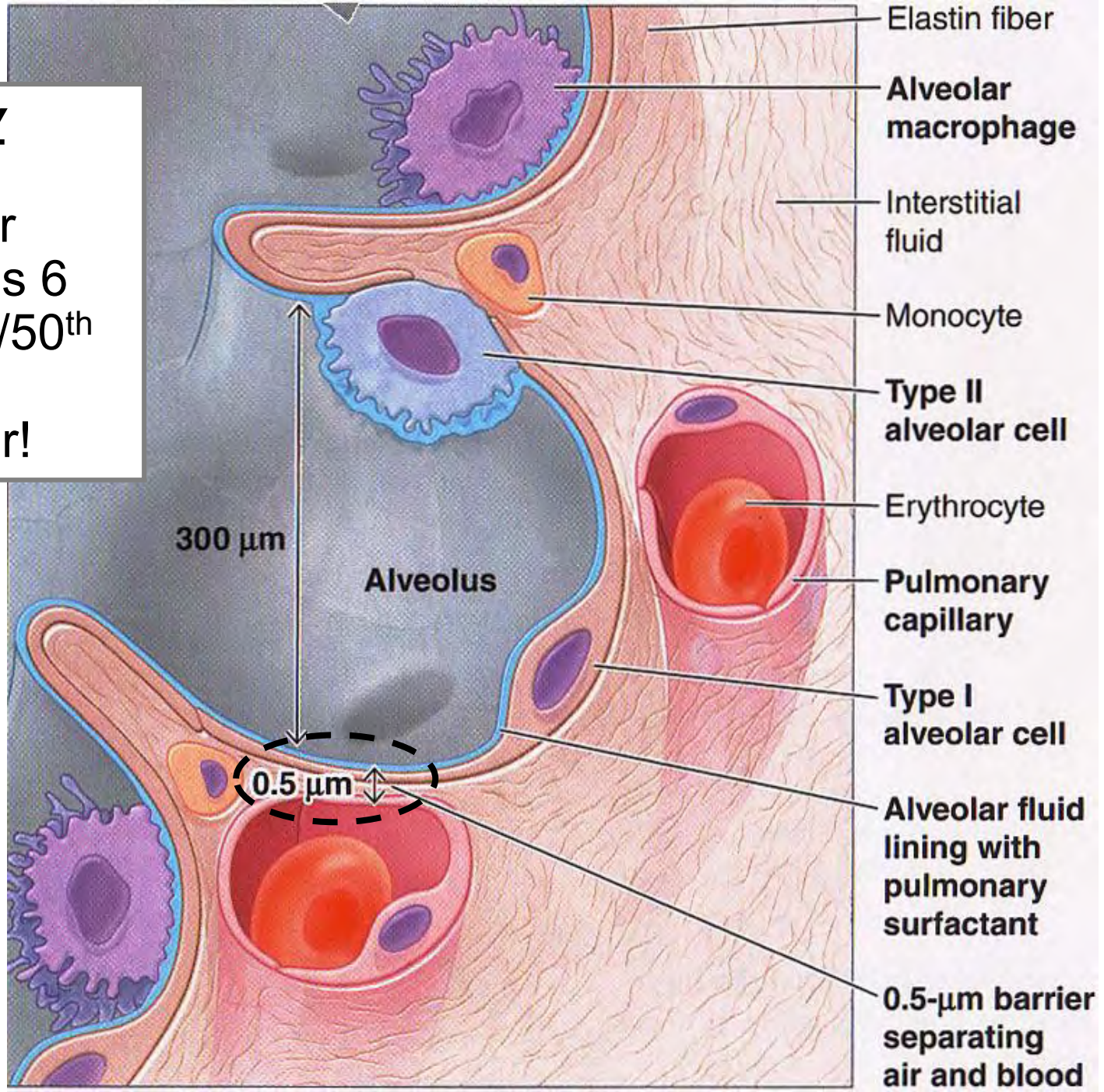
<u>Relax</u> & pouch up diaphragm!

Brain stem ≡ Control Center for automatic breathing!



LS 2012 fig 12-25

Respiratory membrane separates air from blood, is 6 layers, yet 1/50th thickness of tracing paper!

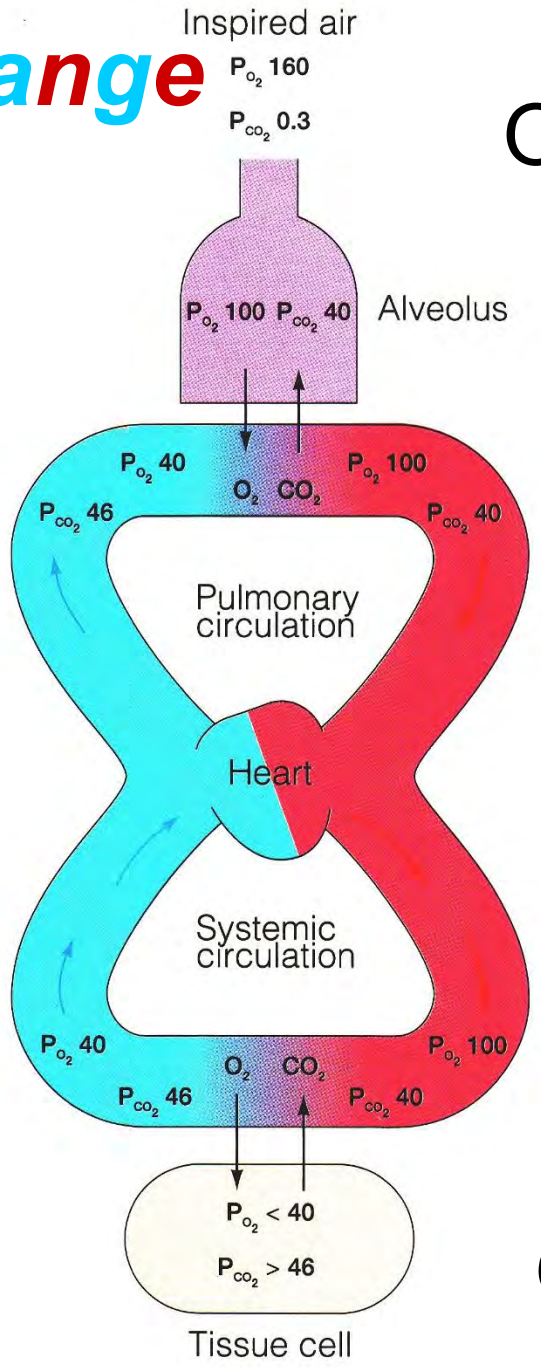


LS 2012 fig 12-4a

Gas Exchange

CO_2 LOW

O_2 HIGH



Across pulmonary capillaries:
O_2 partial pressure gradient from alveoli to blood = 60 mm Hg (100 → 40)

CO_2 partial pressure gradient from blood to alveoli = 6 mm Hg (46 → 40)

Across systemic capillaries:
O_2 partial pressure gradient from blood to tissue cell = 60 mm Hg (100 → 40)

CO_2 partial pressure gradient from tissue cell to blood = 6 mm Hg (46 → 40)

Numbers are mm Hg pressure.

CO_2 HIGH

O_2 LOW

cf: LS 2012 fig 12-19

TABLE 12-3

Methods of Gas Transport in the Blood

GAS	METHOD OF TRANSPORT IN BLOOD	PERCENTAGE CARRIED IN THIS FORM
O_2	Physically dissolved	1.5
	Bound to hemoglobin	98.5
CO_2	Physically dissolved	10
	Bound to hemoglobin	30
	As bicarbonate (HCO_3^-)	60

LS 2006, cf: LS 2012 tab 12-3

Not only the Lungs, but the Heart, Brain & 100s of Other Tissues & Organs Adversely Affected!

Tobacco smoke = Deadly mix of > 7000 chemicals!

http://www.cdc.gov/tobacco/data_statistics/sgr/50th-anniversary/index.htm#fact-sheets

http://www.cdc.gov/tobacco/data_statistics/sgr/2010/consumer_booklet/chemicals_smoke/

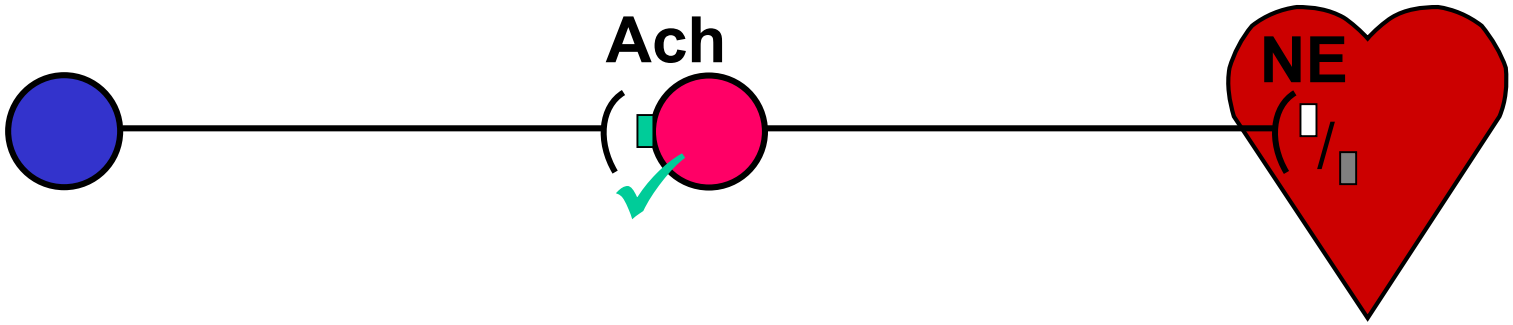
Parasympathetic

Ach = Acetylcholine

= Nicotinic Receptor

= Muscarinic Receptor

Sympathetic



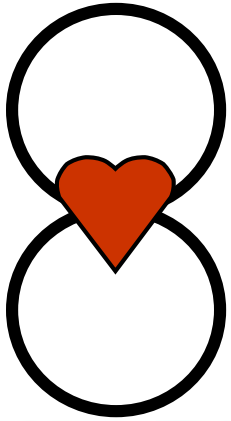
NE = Norepinephrine

= α Receptor (α_1 , α_2)

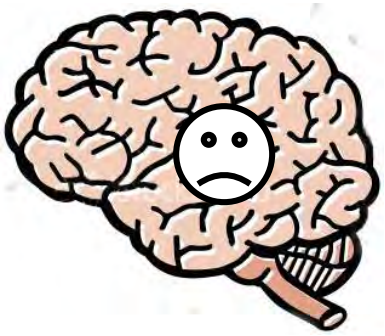
= β Receptor (β_1 , β_2)

Cigarettes ≡ Patient-Assisted Drug-Delivery System
Inhaling Bypasses the Systemic Circulation
& Is Powerfully Reinforcing!

Pulmonary



Systemic



Tracing the Route of Cigarette Smoke
Puff to Brain Time 5 to 8 seconds!!

Mouth

↓

Pharynx

↓

Larynx

↓

Trachea

↓

Bronchi

↓

Bronchioles

↓

Alveoli

Blood

Pulmonary Veins

↓

Left Atrium

↓

Left Ventricle

↓

Aorta

↓

Heart

Brain

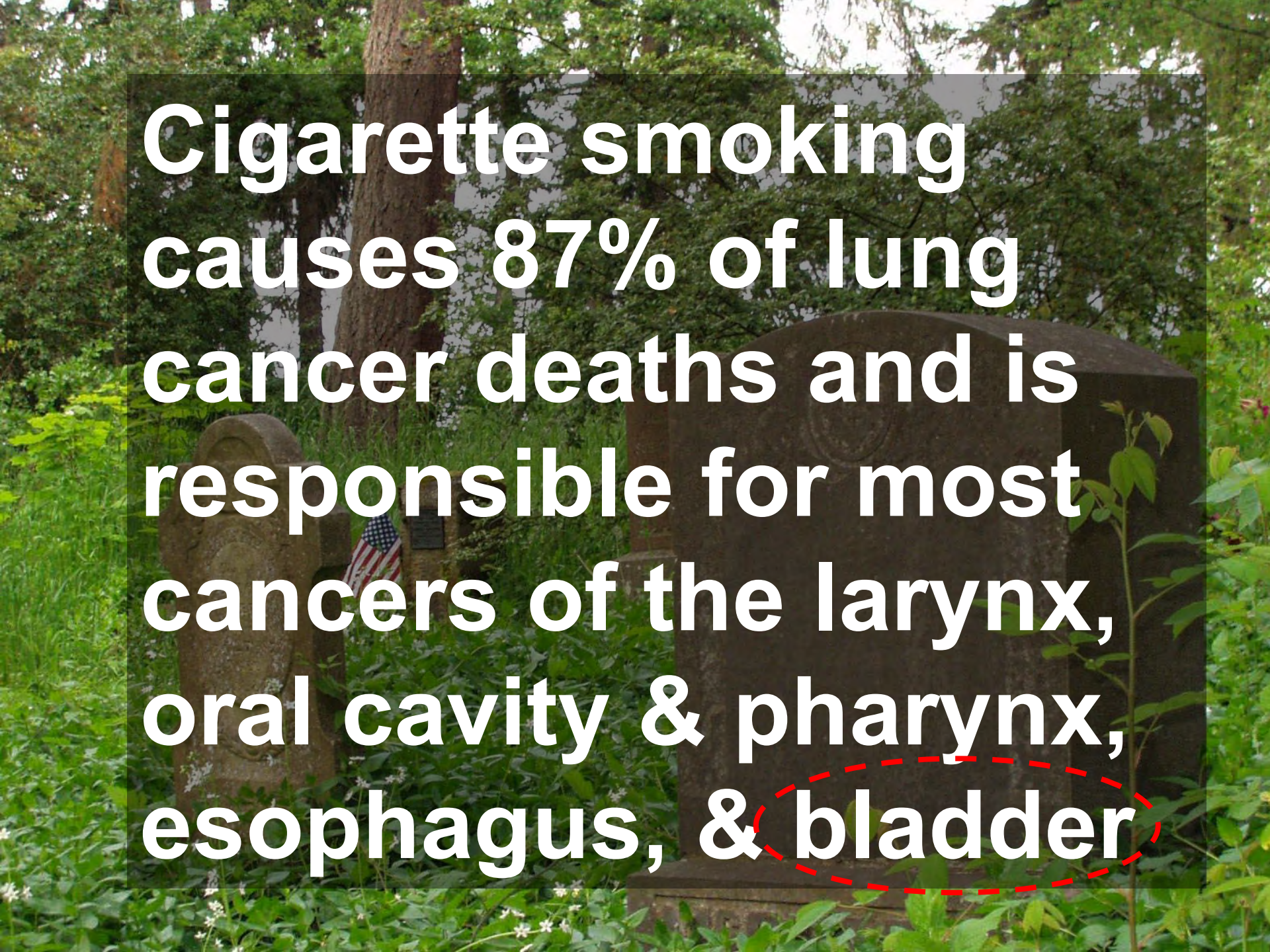
Systemic Circulation

Respiratory Membrane

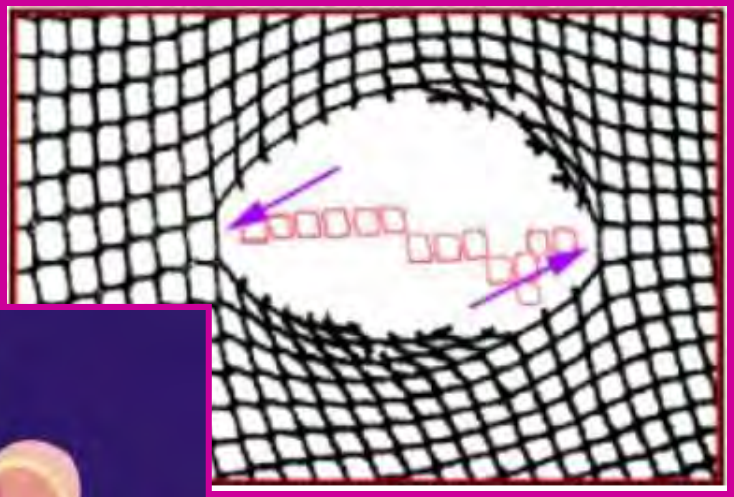
Keep it Basic?

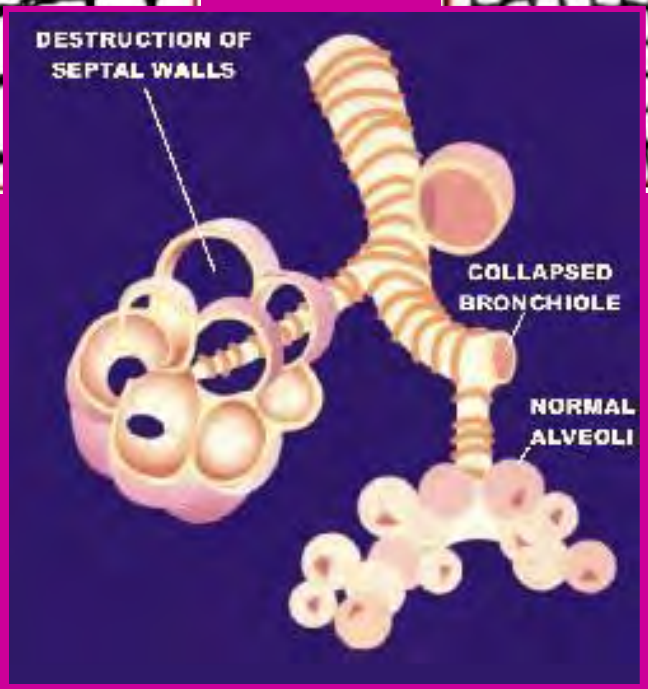
Cigarette smoking is the most important preventable cause of premature death in the U.S. accounting for 443,000 annual deaths.

http://www.cdc.gov/tobacco/data_statistics/fact_sheets/health_effects/tobacco_related_mortality/#cigs


Cigarette smoking causes 87% of lung cancer deaths and is responsible for most cancers of the larynx, oral cavity & pharynx, esophagus, & bladder

Emphysema ≡ Corrosion of Alveolar Walls with ↓ SA & Labored Breathing





Internet Journal of Pathology
Mayo Clinic Health

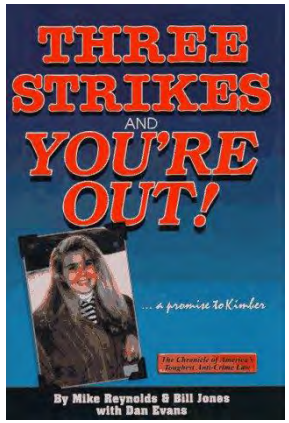
On the Pill & Smoke?

Increased Risk of:

1. Blood Clots

2. Heart Attack

3. Strokes!



2nd-hand smoke is the 3rd leading preventable cause of death in the US!

Each year ~45,000 Americans die due to 2nd-hand smoke exposure!

ScienceNews
MAGAZINE OF THE SOCIETY FOR SCIENCE & THE PUBLIC

News: Health, Toxicology, Pollution

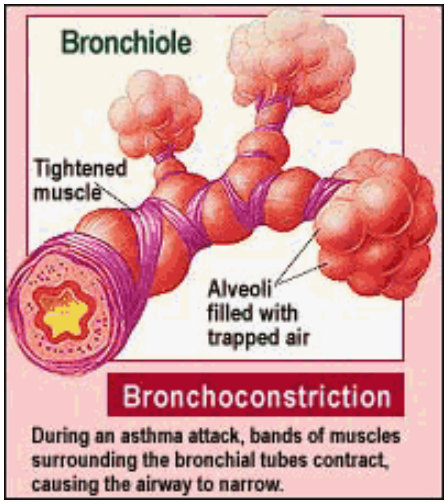
Health risks of e-cigarettes emerge

Vaping pollutes lungs with toxic chemicals and may even make antibiotic-resistant bacteria harder to kill

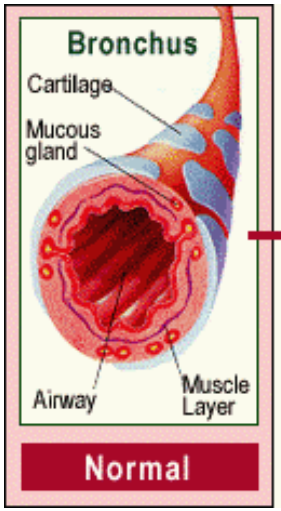
By JANET RALOFF 4:31PM, JUNE 3, 2014

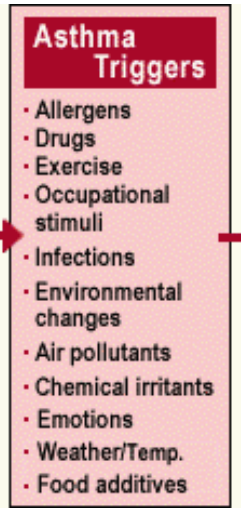
https://www.sciencenews.org/article/health-risks-e-cigarettes-emerge

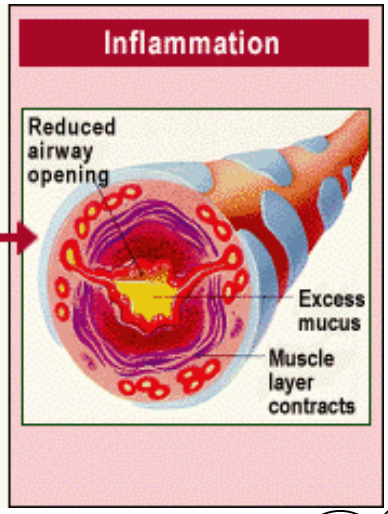
SMOKING ≡ ASTHMA?



+







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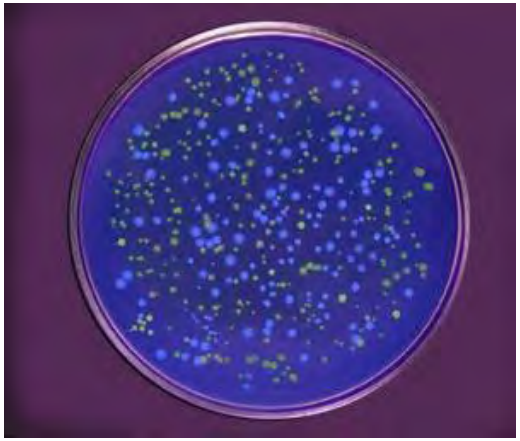
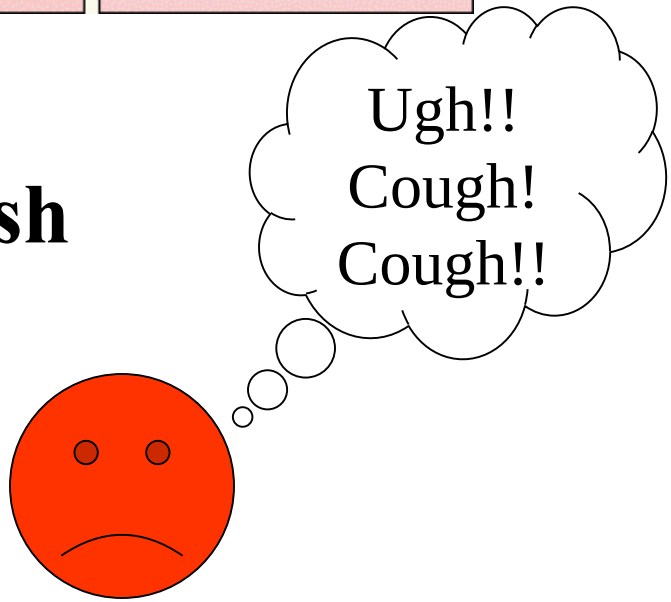


Petri-dish Effect



freebase nicotine!!

Ammonia converts nicotine, the addictive agent in tobacco, into a more volatile form, Pankow said. "Ammonia is the thing that helps tobacco companies hook the smoker by providing a means of delivering the nicotine."

Last October a former tobacco industry employee revealed that secret industry documents indicated that ammonia was added to tobacco to double the impact of nicotine. The Oregon Graduate Institute study confirms the contention that

Nicotine Addiction & Help Quitting Smoking

http://www.cancer.org/healthy/stayawayfromtobacco/guidetoquittingsmoking/guide-to-quitting-smoking-help-phys-nrt

2nd-Hand Smoke or ETS & 3rd-Hand Smoke?

http://www.cancer.org/cancer/cancercauses/tobaccocancer/secondhand-smoke

2nd-Hand Smoke Addictive?

http://www.ncbi.nlm.nih.gov/pubmed?term=2nd%20hand%20smoke%20addictive

http://www.ncbi.nlm.nih.gov/pubmed/20211642
http://www.ncbi.nlm.nih.gov/pubmed/19936715
http://www.ncbi.nlm.nih.gov/pubmed/21840504