

17 Breathing & Exchange of Gases

→ Exchange of O_2 & CO_2 b/w atm & cells → ^{community} Breathing / O_2 Respiration.

* Respiratory Organs

* Mech. of breathing \propto Habitats & L.O.O.

1. Lower Invertebrates → Sponges, Coelenterates & flatworms → Simple diffusion

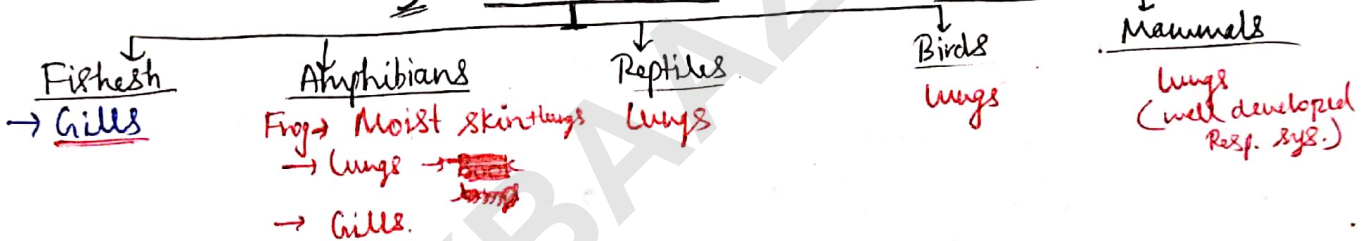
2. Cutaneous → Earthworms → Moist cuticle [Cutaneous respⁿ]

3. Insect → Tracheal system ^{+ Hemichordata}

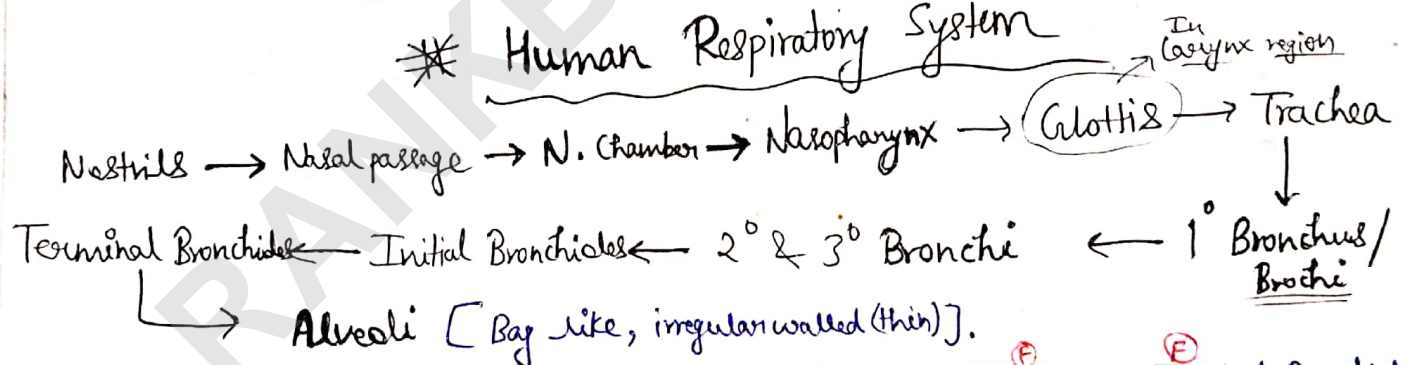
4. Aquatic arthropods + Molluscs → Gills ^{Branchial respⁿ (vascularized str.)}

5. Terrestrial arthropods + " → Lungs [~~Branchial~~ respⁿ] ^{pulmonary}

5. Vertebrates



* Human Respiratory System



* Cartilaginous Incomplete C-shaped rings → Trachea → Initial Bronchioles
↳ supporting

* Voice Box → Larynx → Cartilaginous.

Division of Trachea → 1° Bronchus → 5th Thoracic vertebrae.

Pleural Membrane → Double layered → pleural fluid in b/w.

↳ Reduce frictⁿ on lung surface.
Outer → touch thoracic lining.
Inner → lung surface touch

Epiglottis → Elastic cartilage ^{**} [prevent food → trachea]

Uvula → soft palate [1111] → Nasopharynx

* Respiratory System

Conducting part

- * Nostrils → terminal Bronchioles
- Transport atm. air to alveoli
- Humidify it, bring to body temp.
- Clarify foreign particles.

Respiratory / Exchange part.

- * Alveoli & their ducts.
- Site of diffusion of O_2 & CO_2 b/w blood & atm. air.

Lungs → hrt in Thoracic chamber → anatomically air tight.

Dorsally
→ Vertebral column

Ventrally
→ Sternum

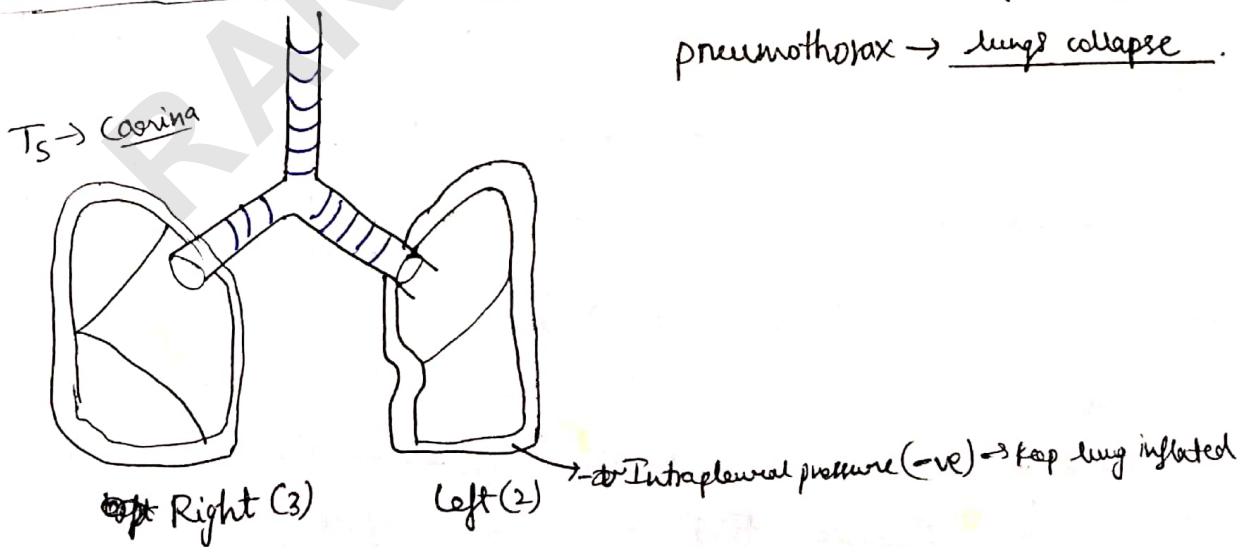
laterally
→ Ribs

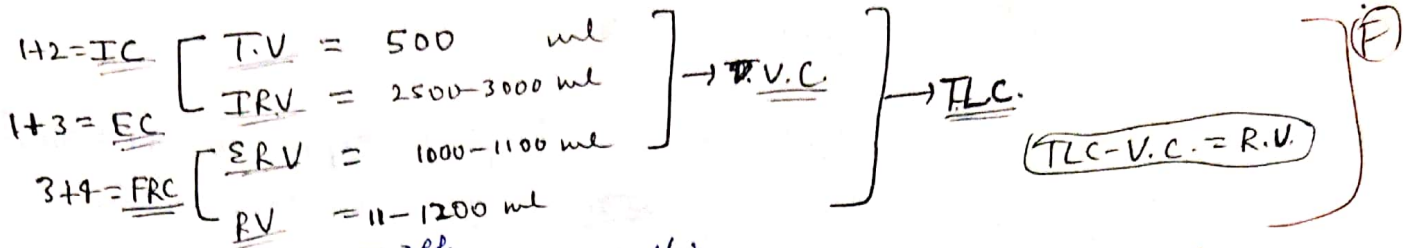
on lower side
→ Diaphragm (resp. muscle)

Anatomical setup ⇒ ΔVol^m of T.C. → Δ in (Vol^m of Pulmonary Cavity (lung))
 can't be altered directly.

* Steps of Respiration

- (1) Breathing / pulmonary ventilatⁿ → atm air in, CO_2 rich air out.
- (2) Diffusion of gases (O_2 & CO_2) across alveolar membrane.
- (3) Transport of gases by blood.
- (4) Diffusion of O_2 & CO_2 b/w blood & tissues.
- (5) Utilisatⁿ of O_2 [catabolic rxn] & release of CO_2 .





$T.V. = 500 \times (12-16) = 6000 - 8000 \text{ ml/min}$
 $(T.V. - D.S.A.) \times RR = 4200 \text{ ml/min}$
 (alveolar ventilation)

* Mechanism of Breathing

- * Insp. & Expiratⁿ → By creating press. gradient b/w atm & lungs.
1. Inspiratⁿ → Intra-pulmonary pressure ⇒ -ve w.r.t. atm pressure
 2. Expiratⁿ → Intra-pulmonary pressure ⇒ +ve w.r.t. " " "
- * Gradients → Generated by
- Diaphragm → Muscular
 - (Ext. & Internal Intercostals) → Specialized set of muscles b/w ribs.

	Inspirat ⁿ	Expirat ⁿ
Diaphragm	Contract → Initiat ⁿ of inspirat ⁿ . Thoracic Vol ^m (pulmonary) ↑ in antero-posterior axis (almost all at rest)	Relax. → Normal posit ⁿ ↓ T.V., ↑ pressure → air expelled out.
Internal Intercos.	Relax.	Contract
External Intercos.	Contract → ↑ vol ^m of T.C. in dorso-ventral axis. → Lifts up ribs & sternum → pressure ↓es → air comes in	Relax.

* Our ability to ↑ Strength of Expi./Inspiratⁿ due to Help of additional muscles in abdomen Rectus abdominus.

Healthy Human → Breathes 12-16 times/min.

Spirometer → For measuring vol^m of air involved in breathing movements.
→ clinical assessments.

Respiratory Vol^m & capacities :->

1. Tidal Vol^m (TV) :-> Vol^m of air inspired/expired during Normal respiratⁿ.
 $TV = 500 \text{ ml}$ per breathe
 $TV = 6000 - 8000 / \text{min}$

2. ERV :-> Addⁿ vol^m expired ~~after~~ ^{by} forcible expiratⁿ.
 $ERV \rightarrow 1000 - 1100 \text{ ml}$

3. IRV :-> Add vol^m inspired ~~after~~ ^{by} forcible inspiratⁿ.
 $IRV \rightarrow 2500 - 3000 \text{ ml}$

4. R.V :-> Vol^m of air remained in lungs after forcible expiratⁿ.
 $RV = 1100 - 1200 \text{ ml} \rightarrow$ No Spirometer measure.

5. I.C :-> $T.V. + IRV.$ (after normal expiratⁿ).

6. E.C :-> $T.V. + E.R.V.$ (after normal inspiratⁿ).

7. Functional Residual Capacity :-> Remain in lung after normal expiratⁿ. \rightarrow No spirom.
 $(FRC) = R.V. + ERV.$

8. Vital Capacity (V.C) :-> Max. vol^m breathed after forcible exp.
 $V.C = IRV + T.V. + ERV.$

9. Total lung capacity :-> No spirometer \rightarrow Vol^m that after forcible inspiratⁿ.
 $T.L.C. = IRV + T.V. + ERV + R.V.$

Exchange of gases

* Exchange of gases \rightarrow By pressure/conc.ⁿ gradient \rightarrow Simple diffusion
 \hookrightarrow Solubility of gas + thickness of memb. \rightarrow Imp. Factors for Rate of Diffusion.

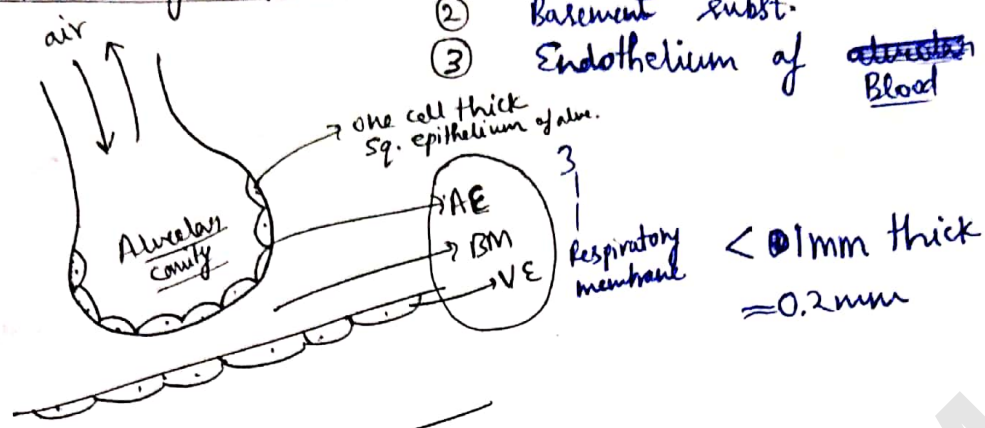
Solubility: $CO_2 > O_2$ 20-25 times.

Gas	Atm air	Alveoli	Deoxyg. Blood	Oxygen. Blood	Tissue
O_2	159	104	40	95	40
CO_2	0.3	40	45	40	45

↓ PO_2 (mmHg) 75

* Membranes of Respiratⁿ :-

- ① Squamous epithelium of alveoli
- ② Basement subst.
- ③ Endothelium of ~~alveolar~~ capillary.

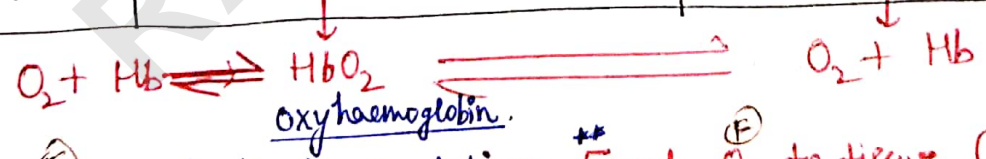


a) OF oxygen :- Transport OF GASES

O_2 → 97% HbO_2 (Oxygenated Hb) Hb → Red coloured pigment having iron.
 → 3% Dissolved (plasma).

* 1 Hb → 4 molecules of O_2 (max.) [cooperativity. → sigmoid curve]

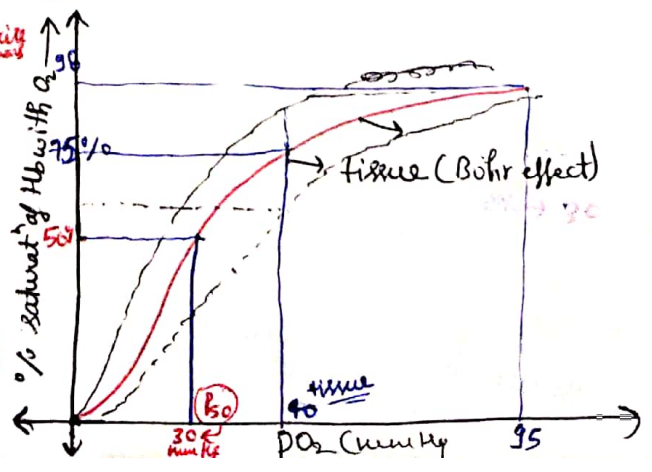
#	Alveoli	Tissue
PO_2	High	Low
PCO_2	Low	High
temp.	Low	High
H^+ conc	Low	High
pH	More	Less

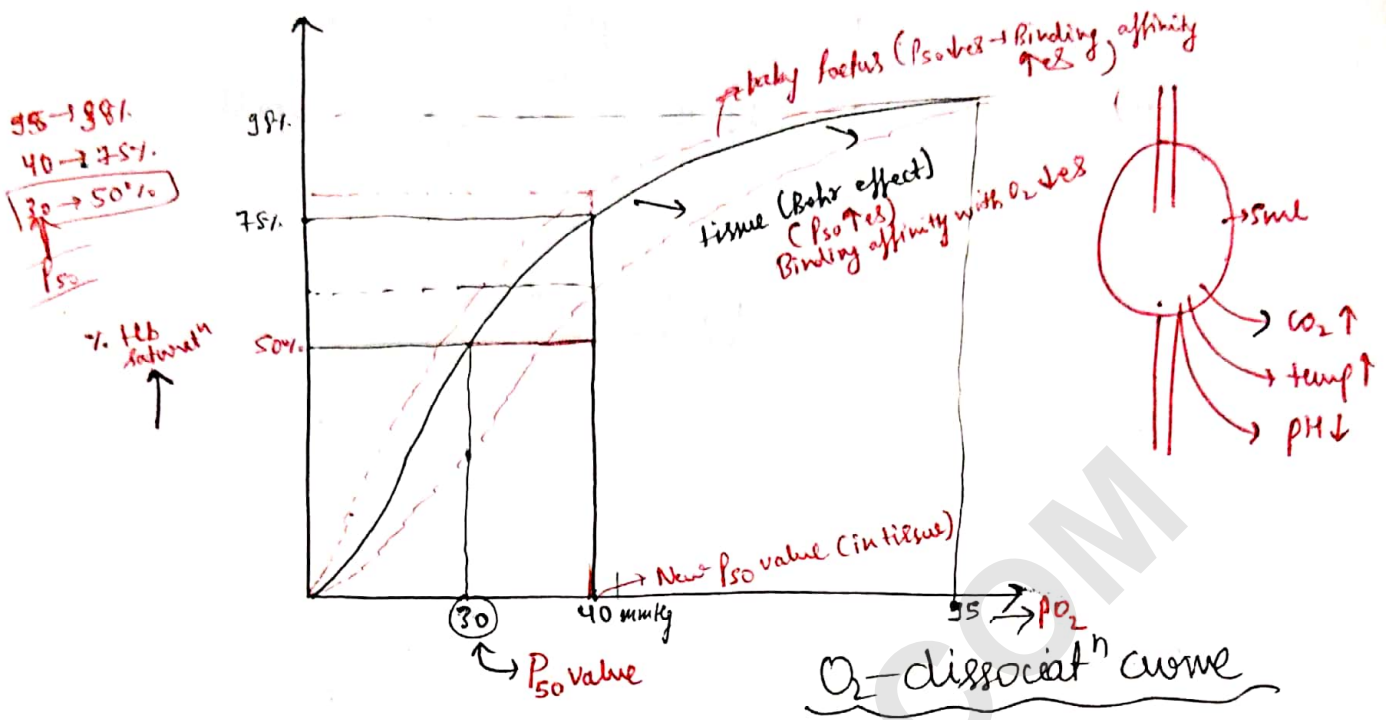


① 100ml blood → deliver 5 ml O_2 to tissue (Normal condⁿ).
 ↳ 12-16 gm Hb → deliver 15ml O_2 during exercise & heat

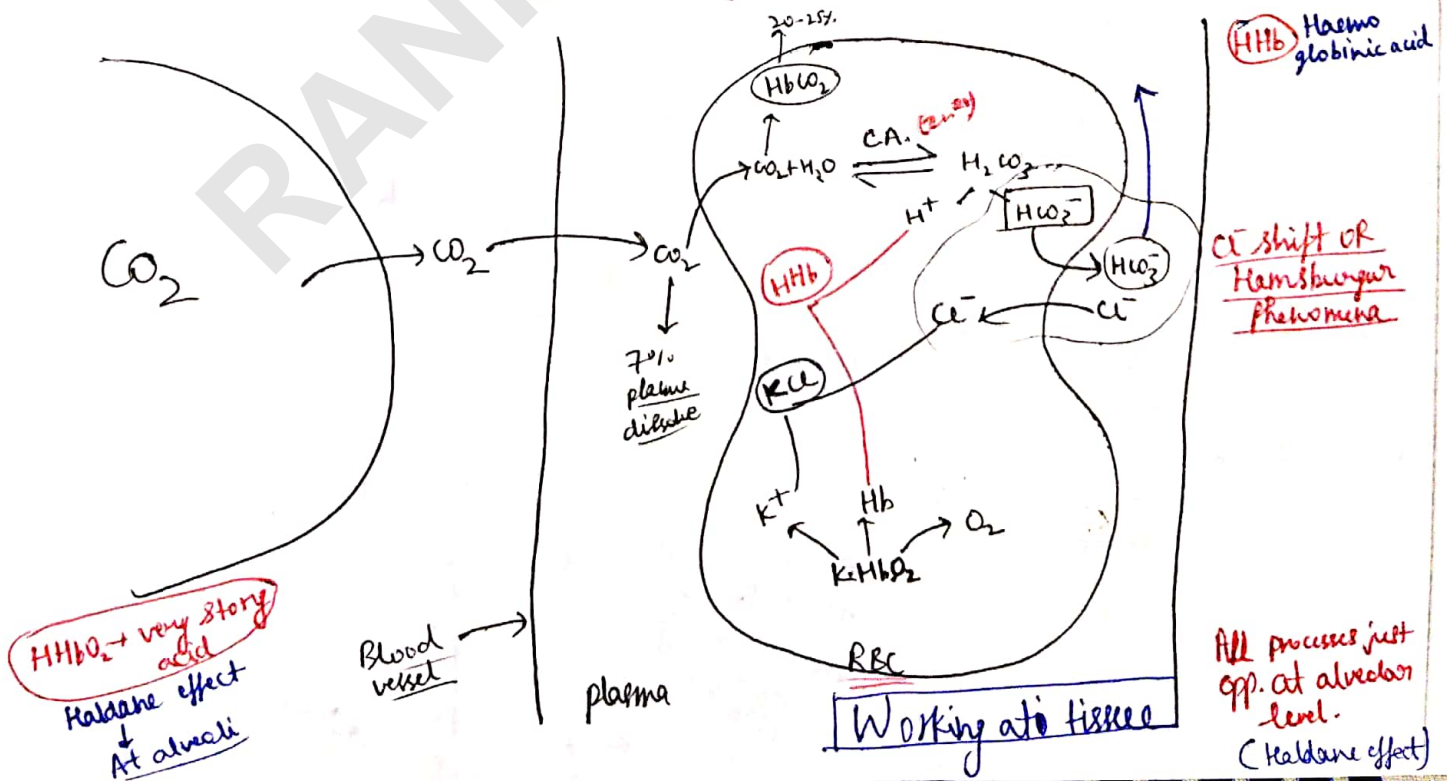
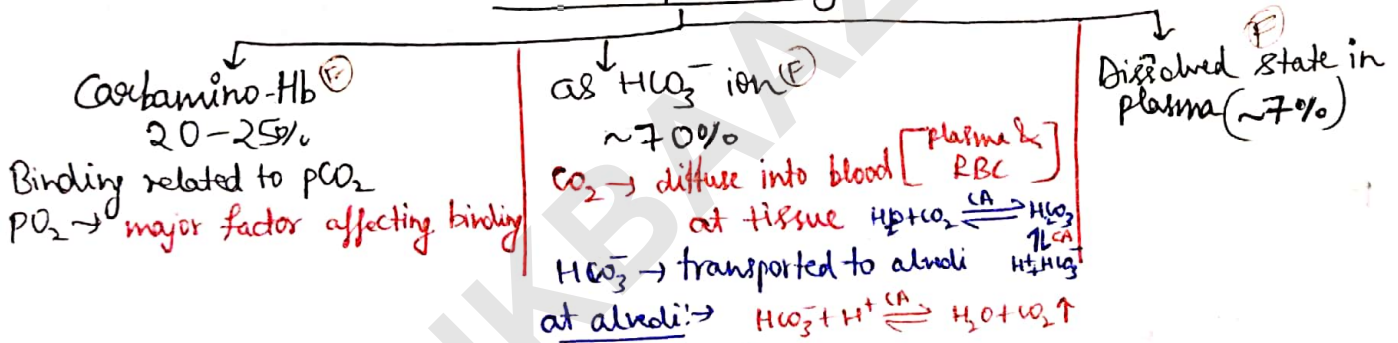
Graph % saturatⁿ of Hb with O_2 v/s PO_2 → Sigmoid.

95-98% → 40 mmHg
 75% → 30 mmHg
 50% → 30 mmHg
 P_{50} value

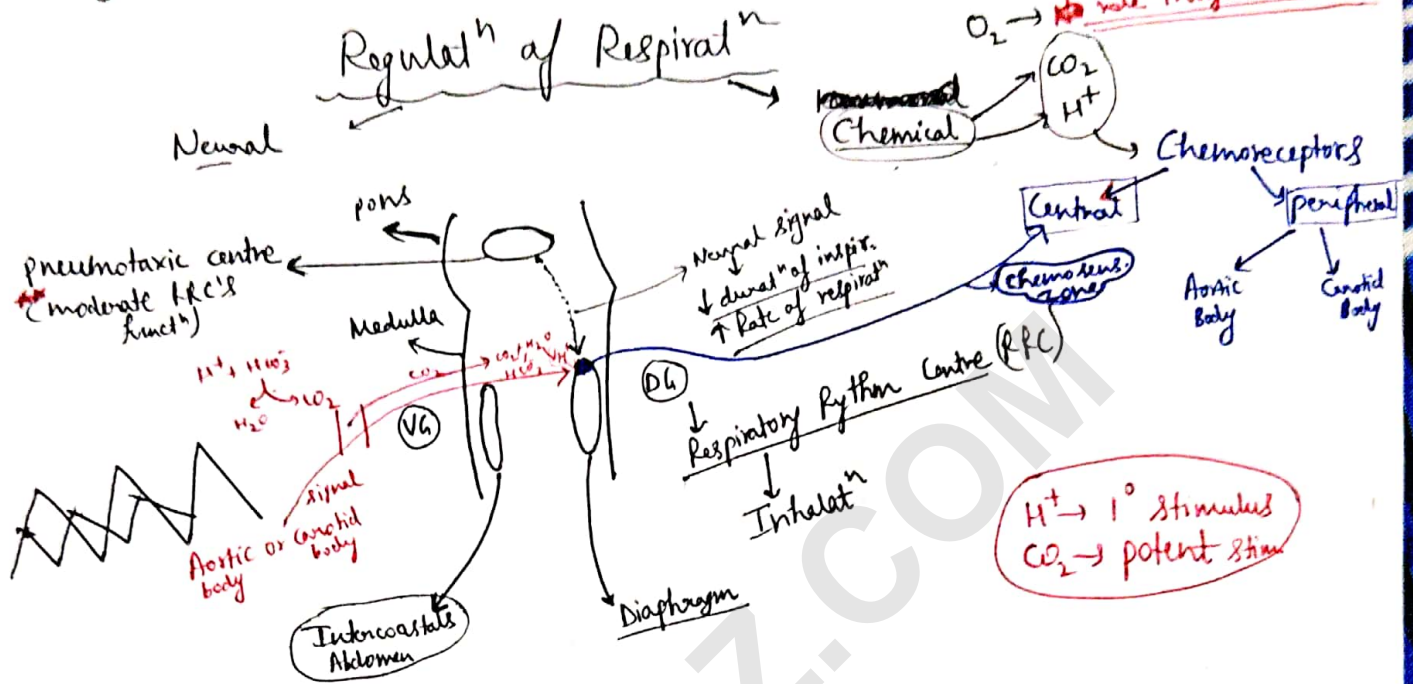




Transport of CO₂



every 100ml blood \rightarrow Delivers (4ml) \rightarrow at alveoli.



Disorders of Respiratory System \Rightarrow

- Asthma \Rightarrow Difficulty in breathing causing wheezing
Cause \rightarrow Inflammatⁿ of Bronchi & Bronchioles.
- Emphysema \Rightarrow Chronic disease \rightarrow Alveolar walls are damaged \rightarrow respi. surface \downarrow
 \rightarrow Cigarette smoking. \rightarrow treatment α -1-antitrypsin

3. Occupational Respiratory Disorder \Rightarrow Defense system can't cope with dust of stone breaking industry.

pneumoconiosis

- Fibrosis \rightarrow proliferatⁿ of fibrous tissue (due to inflammatⁿ)
- Silicosis (A.T.B.)
- Asbestosis (lung cancer)

Injury in lung tissue \rightarrow heal by Fibrosis