



# Topics to be covered



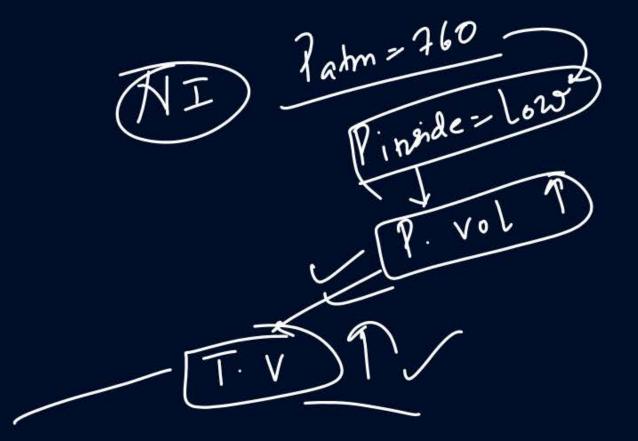
- RESPIRATOERY VOLYUMES, CAPACITIES, EXCHANGE OF GASES
- 2
- 3
- 4

# MY TELEGRAM

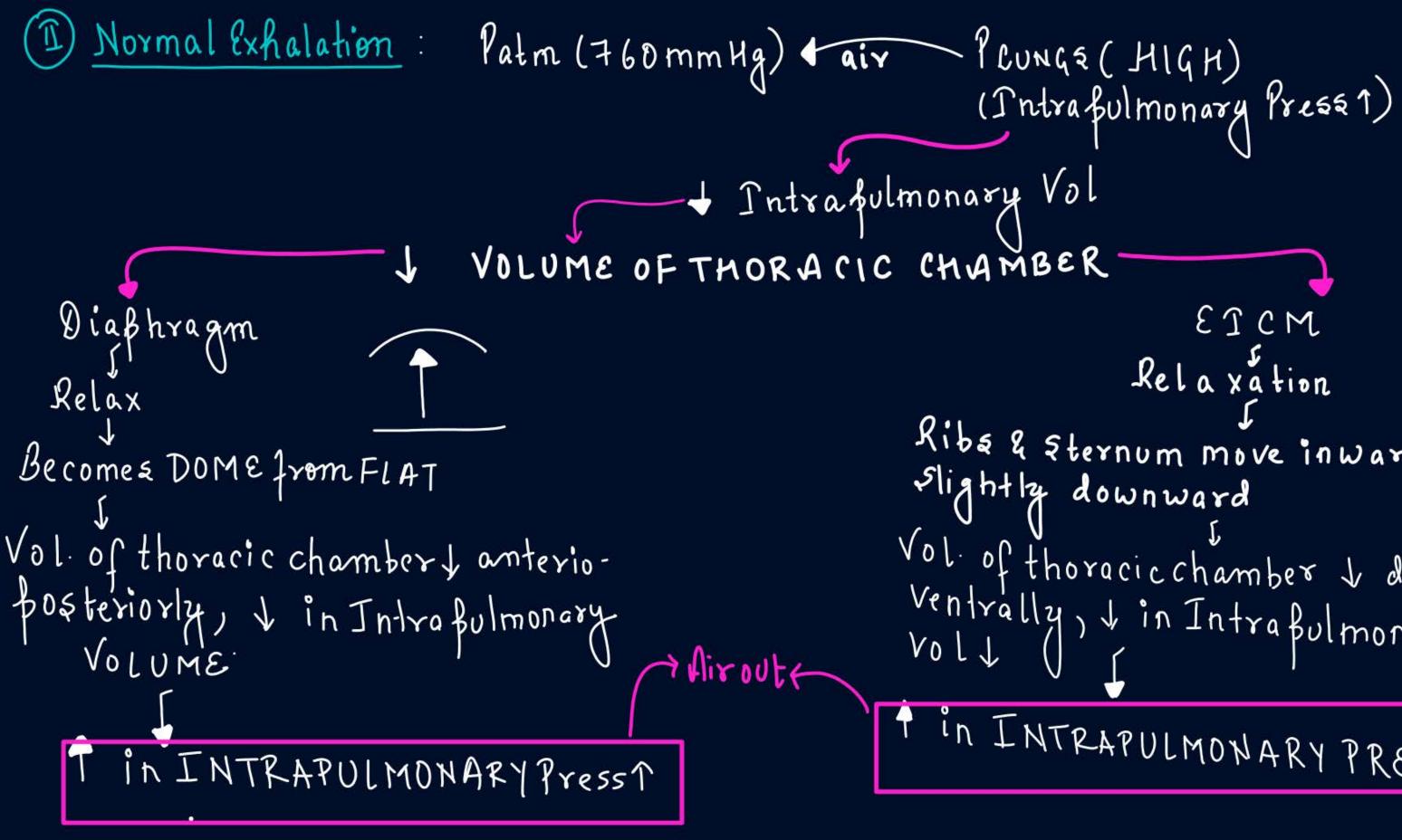




# Samophergress







EICM Relaxation Riba & Sternum move inward & Slightly downward Vol. of thoracic chamber I dorso-Ventrally, I in Intrabulmonary in INTRAPULMONARY PRESSI

®



## Normal inhalation: ACTIVE PROCESS

Forceful Exhalation



Exhalation: PASSIVE

Patm (760) (air

- Intrabulmonary Press  $\Lambda \Lambda \Lambda$ 

. One can 1 the strength of

Breathing & do forceful

Breathing by using addi-

-timal set of musiles:

Abdominal muscles & IICM is Abdominal muscle

Intrafulmonary vol JJJ

Air out

Volume of Thoracic chamber III

CONTRACTS, PUSH Diap-- hragin upward

Vol of T. chamber I anteri

orposteriorly, Vol of Lungs

Intrabulmonary PressT

(ii) TICM

CONTRACTS

Ribar sternum move i'n ward & downward.

Vol. of T. chamber J dorso ventrally, Intrapulm

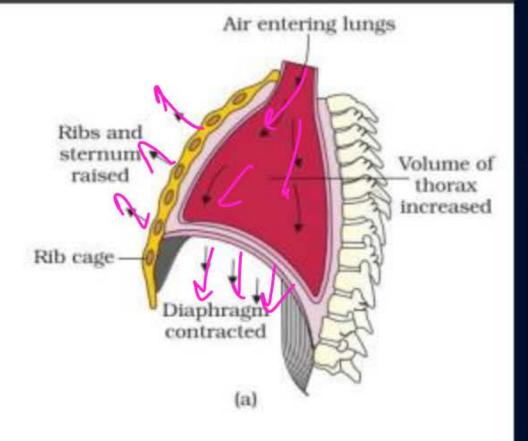
- onary Vol V

Introbulmonary Press T

#### 14.2 MECHANISM OF BREATHING

Breathing involves two stages: **inspiration** during which atmospheric air is drawn in and **expiration** by which the alveolar air is released out. The movement of air into and out of the lungs is carried out by creating a pressure gradient between the lungs and the atmosphere. Inspiration can occur if the pressure within the lungs (intra-pulmonary pressure) is less than the atmospheric pressure, i.e., there is a negative pressure in the lungs with respect to atmospheric pressure. Similarly, expiration takes place when the intra-pulmonary pressure is higher than the atmospheric pressure. The diaphragm and a specialised set of muscles – external and internal intercostals between the ribs, help in generation of such gradients. Inspiration is initiated by the contraction of diaphragm which increases the volume of thoracic chamber in the antero-posterior axis. The contraction of external inter-costal muscles lifts up the ribs and the

760 (km)
258 (Lungs)



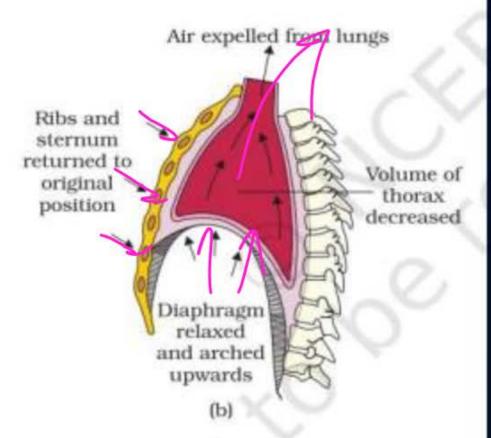


Figure 14.2 Mechanism of breathing showing :
(a) inspiration (b) expiration

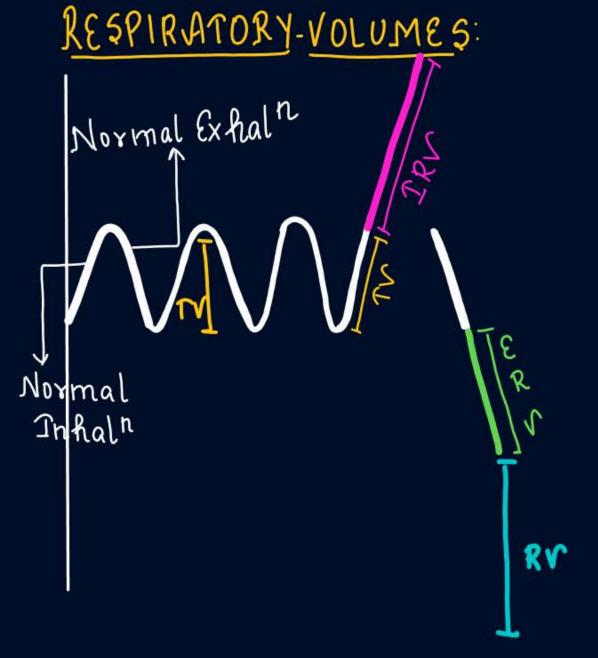
sternum causing an increase in the volume of the thoracic chamber in the dorso-ventral axis.) The overall increase in the thoracic volume causes a similar increase in pulmonary volume. An increase in pulmonary volume decreases the intrapulmonary pressure to less than the atmospheric pressure which forces the air from outside to move into the lungs, i.e., inspiration (Figure 14.2a). Relaxation of the diaphragm and the inter-costal muscles returns the diaphragm and sternum to their normal positions and reduce the thoracic volume and thereby the pulmonary volume. This leads to an increase in intra-pulmonary pressure to slightly above the atmospheric pressure causing the expulsion of air from the lungs, i.e., expiration (Figure 14.2b). We have the ability to increase the strength of inspiration and expiration with the help of additional muscles in the abdomen. On an average, a healthy human breathes 12-16 times/minute. The volume of air involved in breathing movements can be estimated by using a spirometer which helps in clinical assessment of pulmonary functions.

· Humans have NEGATIVE PRESSURE BREATHING, Frogs: Positive Pressure Breathing (31978)

# Respiratory solumes & Capacities:

The different volume of air a person inhales/ exhales at different condition. Are formed by Combination of respiratory vol. Adults Breathing rate: 12-16 time /min

SPIROMETER: A device used to measure various respiratory volumes & cabacities except Resi dual volume.



1 Tidal volume (TV): The volume of air, a person normally inhales/exhales.



TV=500ml MRV=TV XBR

Minute Respiratory Volume = 500 x (12-16)=6000-8000 ml) (1) Inspiratory Reserve volume (IRV):

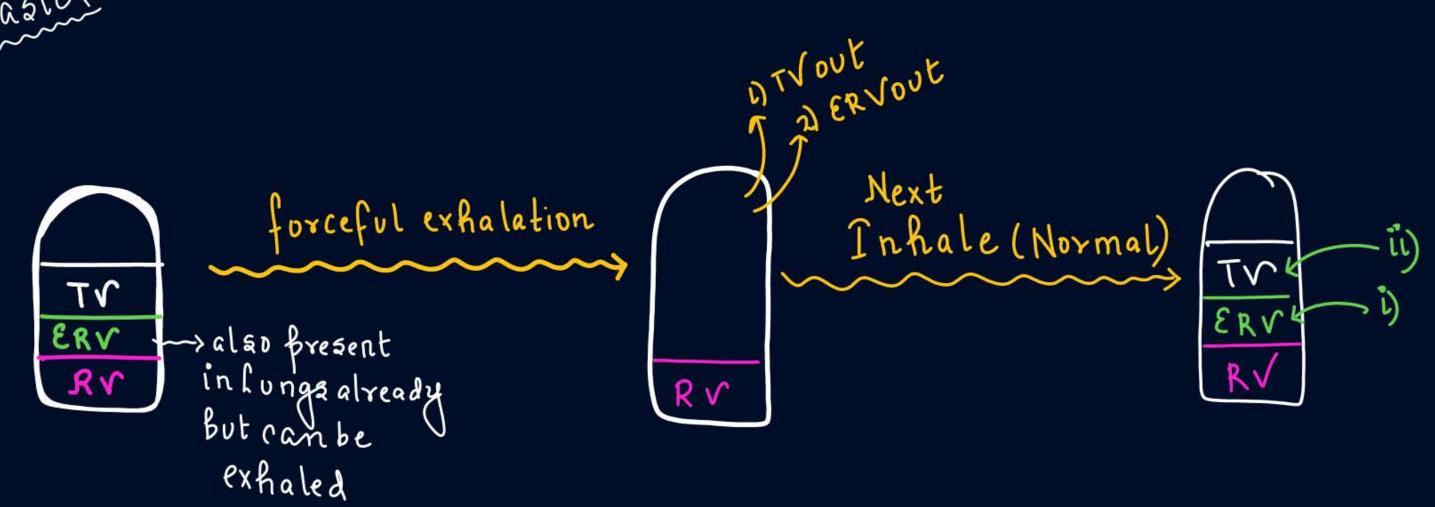
The additional vol of air a person can inhale by forceful infiglat after normal in halation. IRV = 2500 - 3000ml

(3) Expiratory Reserve Volume (ERV): The additional vol of air a Berson can exhale by forceful exhalation after Novmal exhalation: ERV= 1000-1100 mL

4) Residual vol. (RV): Even after force ful exhalation some amt-of air fresentit Lungs (freventsits (Ollapae). RV= 1100-1200ml

# Basics





## RESPIRATORY CAPACITIES:

i) Inspiratory Capacity (IC): Total vol. of aix a berson can inhale after normal exhalation. exhalation.



ii) Expiratory capacity: Total vol. of air a person can exhale after normalinhaln (EC=TVIERV)

Functional Residual Capacity. (FRC). The amount of air brezent in lungs after Normal Exhabition

FRC = ERV+RV

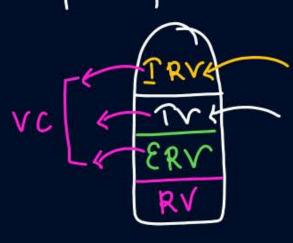
ir) <u>Vital Capacity</u> (VC): Total volume of air a ferson can exhale after forceful

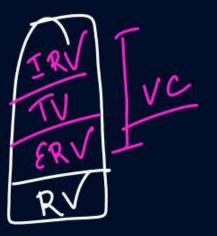


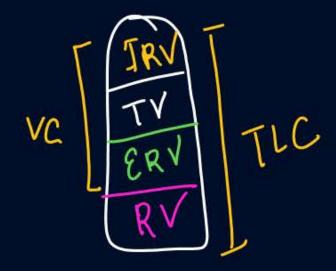
'OR'

Potal volume of air a person can inhale after forceful exhalation.

of air brezent in lunge after forceful inhalation.







# 14.2.1 Respiratory Volumes and Capacities

Tidal Volume (TV): Volume of air inspired or expired during a normal respiration. It is approx. 500 mL., i.e., a healthy man can inspire or expire approximately 6000 to 8000 mL of air per minute.

#### Inspiratory Reserve Volume (IRV):

A person can inspire by a forcible inspiration.

This averages 2500 mL to 3000 mL.

#### Expiratory Reserve Volume (ERV):

A person can expire by a forcible expiration.

This averages 1000 mL to 1100 mL.

IMRV= TV XBP

11/201

**Residual Volume (RV):** Volume of air remaining in the lungs even after a forcible expiration. This averages (1100 mL to 1200 mL).

By adding up a few respiratory volumes described above, one can derive various pulmonary capacities, which can be used in clinical diagnosis.

**Inspiratory Capacity (IC):** Total volume of air a person can inspire after a normal expiration. This includes tidal volume and inspiratory reserve volume (TV+IRV).

Expiratory Capacity (EC): Total volume of air a person can expire after a normal inspiration. This includes tidal volume and expiratory reserve volume (TV+ERV).

Functional Residual Capacity (FRC): Volume of air that will remain in the lungs after a normal expiration. This includes ERV+RV.

**Vital Capacity (VC):** The maximum volume of air a person can breathe in after a forced expiration. This includes ERV, TV and IRV or the maximum volume of air a person can breathe out after a forced inspiration.

**Total Lung Capacity (TLC):** Total volume of air accommodated in the lungs at the end of a forced inspiration. This includes RV, ERV, TV and IRV or vital capacity + residual volume.



MCERT CATALYST

Given below are two statements.

Statement I: The lungs are situated in the thoracic chamber

Statement II: The thoracic chamber is formed dorsally by the vertebral column, ventrally

by the sternum, laterally by the ribs.

In the light of the above statements, choose the most appropriate answer from the

options given below.

1) Statement I is correct but Statement II is incorrect.

Statement I is incorrect but Statement II is correct.

Both Statement I and Statement II are correct.

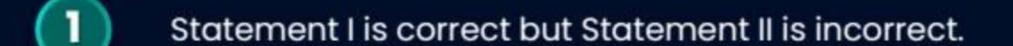
Both Statement I and Statement II are incorrect.

Given below are two statements.



Statement I: The part starting with the external nostrils up to the terminal bronchioles constitute the conducting part

**Statement II:** The conducting part transports the atmospheric air to the alveoli, clears it from foreign particles, humidifies and also brings the air to body temperature.





Both Statement I and Statement II are correct.

Both Statement I and Statement II are incorrect.



Statement-I: The first step in respiration is breathing.

Statement-II: Inspiration and expiration are carried out by creating pressure gradients between the atmosphere and the lungs.

- Statement I and Statement II both are correct.
- 2 Statement I is correct, but Statement II is incorrect.
- Statement I is incorrect, but Statement II is correct.
- Statement I and Statement II both are incorrect.

Statement-I: Lungs are covered by a double layered pleura. Statement-II: Alveoli are thin, irregular-walked, and vascularised, bag-like structures.

- Statement I and Statement II both are correct.
- 2 Statement I is correct, but Statement II is incorrect.
- Statement I is incorrect, but Statement II is correct.
- Statement I and Statement II both are incorrect.

# TVOL

Statement-I: An increase in pulmonary volume increases the intra-pulmonary pressure more than the atmospheric pressure.

Statement-II: Relaxation of the diaphragm and the external inter-costal muscles reduces the thoracic volume.

- Statement I and Statement II both are correct.
- Statement I is correct, but Statement II is incorrect.
- 3 Statement I is incorrect, but Statement II is correct.
- Statement I and Statement II both are incorrect.

Statement-I: During normal exhalation diaphragm and EICM relaxes

Statement-II: Relaxation of diaphragm and EICM decreases the volume of thoracic chamber dorsoventrally and anterio posteriorly espectively

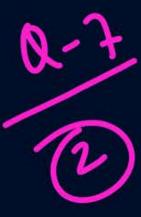
1 Statement I and Statement II both are correct.

ante

- Statement I is correct, but Statement II is incorrect.
- 3 Statement I is incorrect, but Statement II is correct.
- Statement I and Statement II both are incorrect.

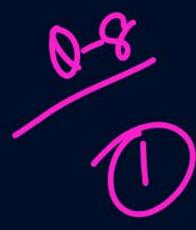
### Respiration through skin is called as;

- 1 branchial respiration.
- 2 cutaneous respiration.
- 3 pulmonary respiration.
- 4 tracheal respiration.



Which of the following is the site of actual diffusion of O<sub>2</sub> and CO<sub>2</sub> between blood and atmospheric air?

- 1 Exchange part
- 2 Conducting part
- 3 External nostrils
- 4 Terminal bronchioles



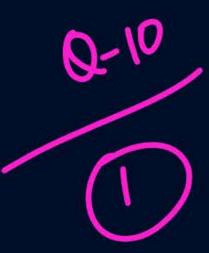
### Epiglottis helps to;

- produce sound.
- 2 reduces friction on the lung-surface.
- prevent the entry of food into the larynx.
- 4 All of these



Read the following statements and identify 'X'.

- I. 'X' humidifies the air to body temperature.
- II. 'X' clears it from foreign particles.
- 1 Conducting part
- 2 Alveoli
- 3 Alveolar ducts
- 4 Exchange part



Complete the analogy.

Outer pleural membrane: Thoracic lining:: Inner pleural membrane:

- Lung surface
- 2 Sternum
- 3 Diaphragm
- 4 Vertebral column



Statement-I: The anatomical setup of lungs in thorax is such that any change in the volume of the thoracic cavity will be reflected in the lung cavity (T) Statement-II: Such an arrangement is essential for breathing, as

- 1 200 (pan directly) alter the p. vol. castatement tand statement though are correct volume.
- Statement I is correct, but Statement II is incorrect.
- Statement I is incorrect, but Statement II is correct.
- Statement I and Statement II both are incorrect.



Arrange the following in the order of increasing volume.

- (A) Tidal volume
- (B) Residual volume
- (C) Inspiratory reserve volume
- (D) Vital capacity
- 1 A < B < C < D
- 2 A < C < B < D
- 3 A < D < C < B
- 4 A < D < B < C

The volume of air remaining in the lungs even after a normal expiration is called;

- 1 tidal volume (TV).
- residual volume (RV).
- 3 functional residual capacity (FRC).
- vital capacity (VC).

Statement-I: Measurement of various respiratory volumes using spirometer is of no clinical assessment in pulmonary function
Statement-II: All the respiratory volumes can be measured using a spirometer

- Statement I and Statement II both are correct.
- Statement I is correct, but Statement II is incorrect.
- 3 Statement I is incorrect, but Statement II is correct.
- Statement I and Statement II both are incorrect.

What is the pulmonary volume of air inhaled by a person under normal condition after he forcefully exhales out?





3 TV+ERV

4 TV+IRV

Statement-I: The partial pressure of gases, solubility, and the thickness of diffusion membrane are essential factors for exchange of gases

Statement-II: All the factors in our body are favourable for diffusion of O2 from tissue to alveoli and that of CO2 from alveoli to tissue.

- Statement I and Statement II both are correct.
- Statement I is correct, but Statement II is incorrect.
- 3 Statement I is incorrect, but Statement II is correct.
- Statement I and Statement II both are incorrect.



### - REVISE CLAASNOTES / ZOOLOGY MED EASY

MODULE HW
Module -1
Prarambh exercise 1- 7-26

#### Samapti Sinha Mahapatra

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