

9.7.2025

# YAKEEN NEET 2.0

**2026**

**BREATHING AND EXCHANGE OF GASES**

**ZOOLOGY**

**Lecture – 6**

**By- SAMAPTI MAM**





## Topics to be covered

1

✓ Regulation of respiration, ✓ disorders, ✓ TAPASYA

$-P\gamma Q_s + Q'$

2

3

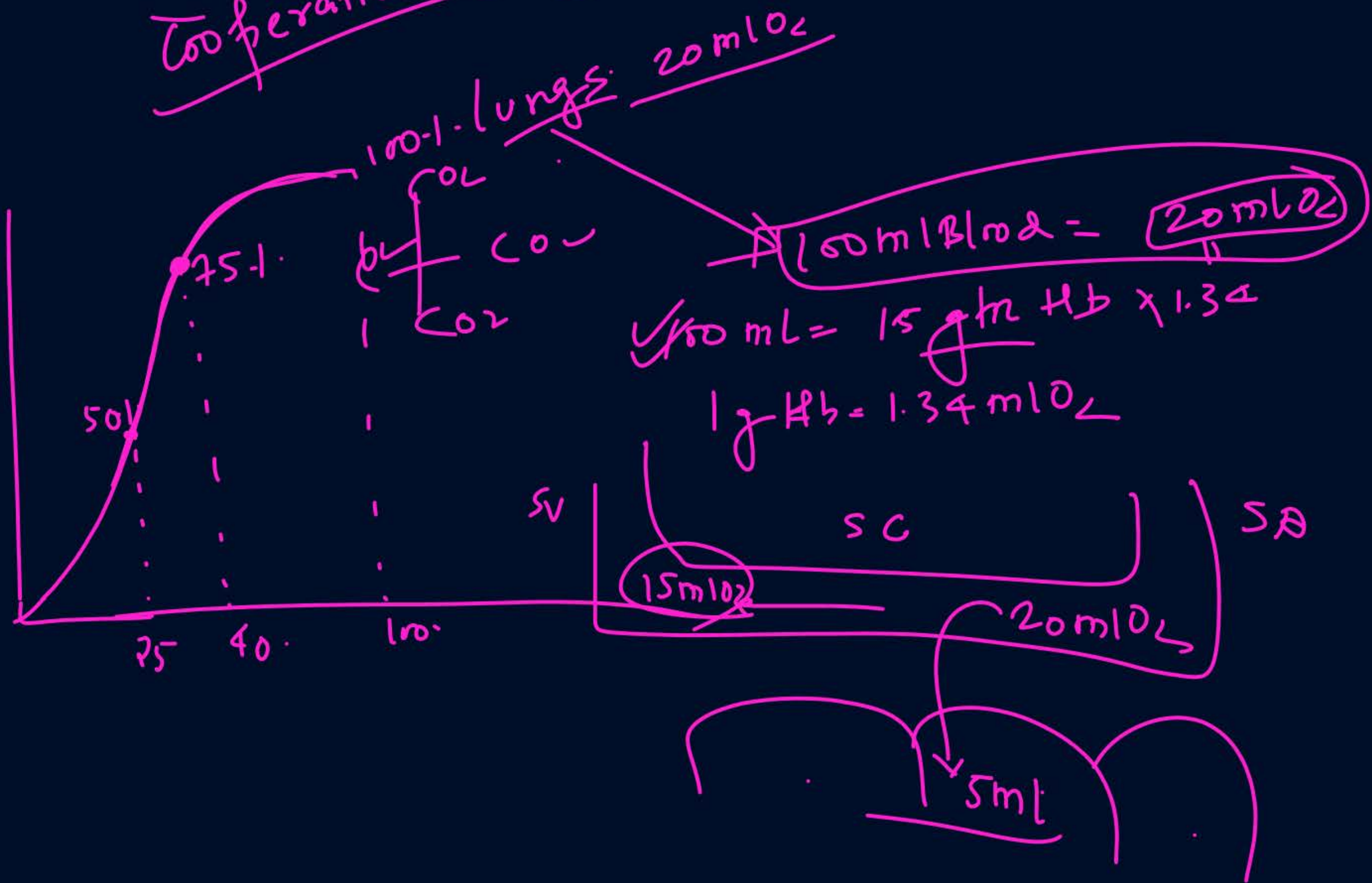
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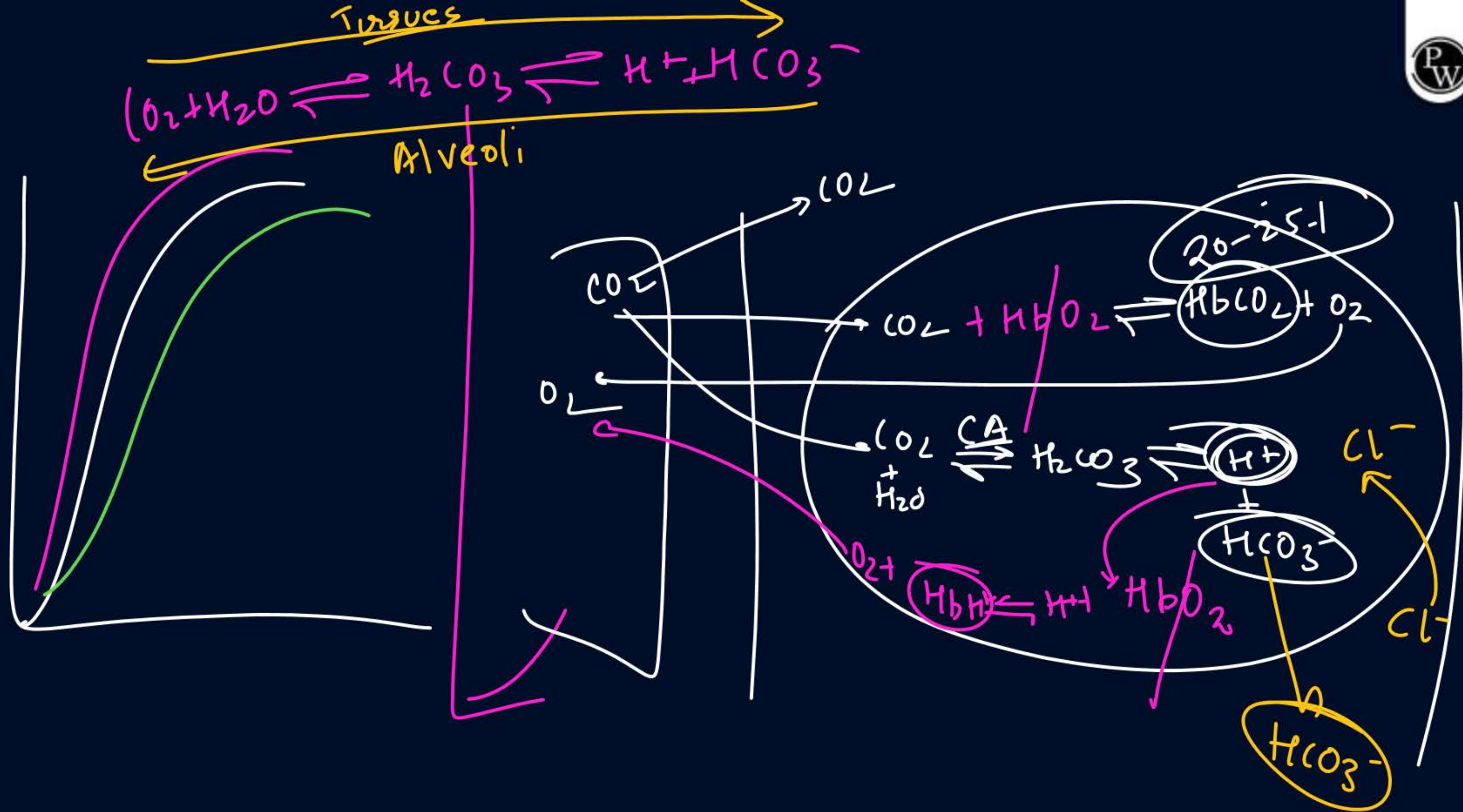




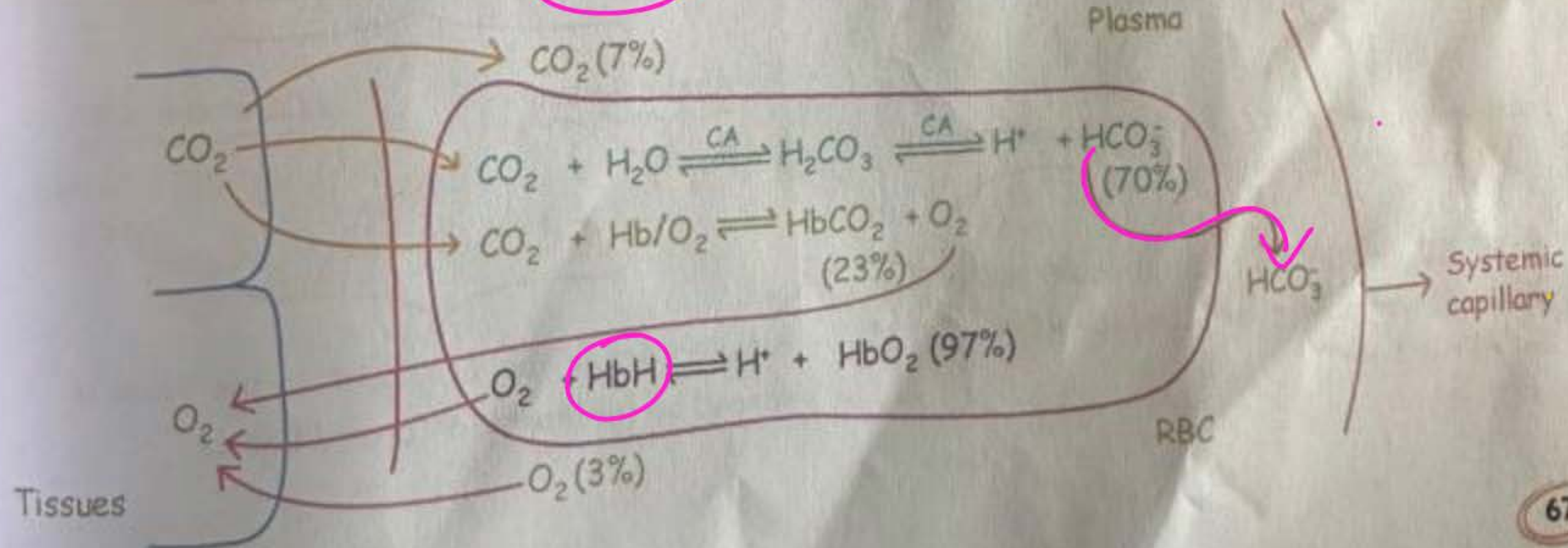
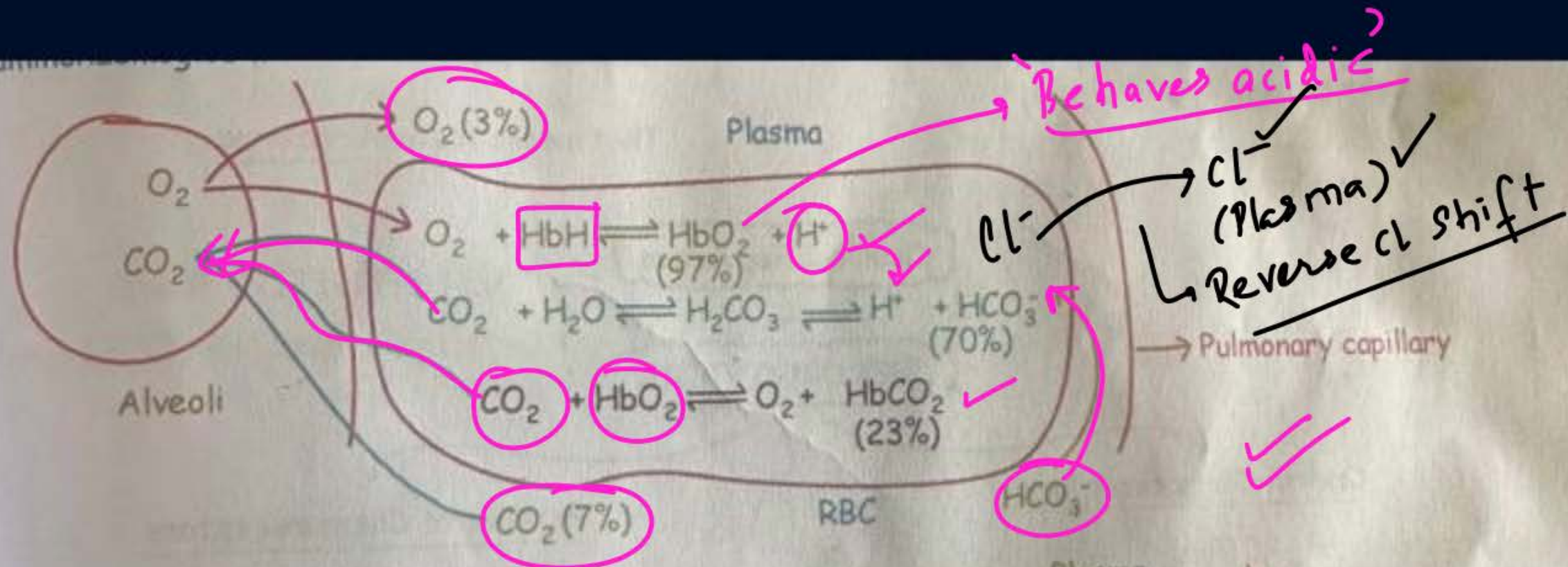
#2 amphipress

# Cooperative Binding











# Regulation of Respiration:



## ① Nervous Regulation

① By RRC  
Respiratory  
Rhythm  
Centre

② By PC  
• Pneumotaxic  
Centre

## ② Chemical Regulation

① By Central  
Chemoreceptors

② By Peripheral  
Chemoreceptor

\* CHEMORECEPTORS  
'Chemical'

↳ Sensitive towards change in  
Concentration of certain  
Chemicals.



# Nervous Regulation

## i) By RRC

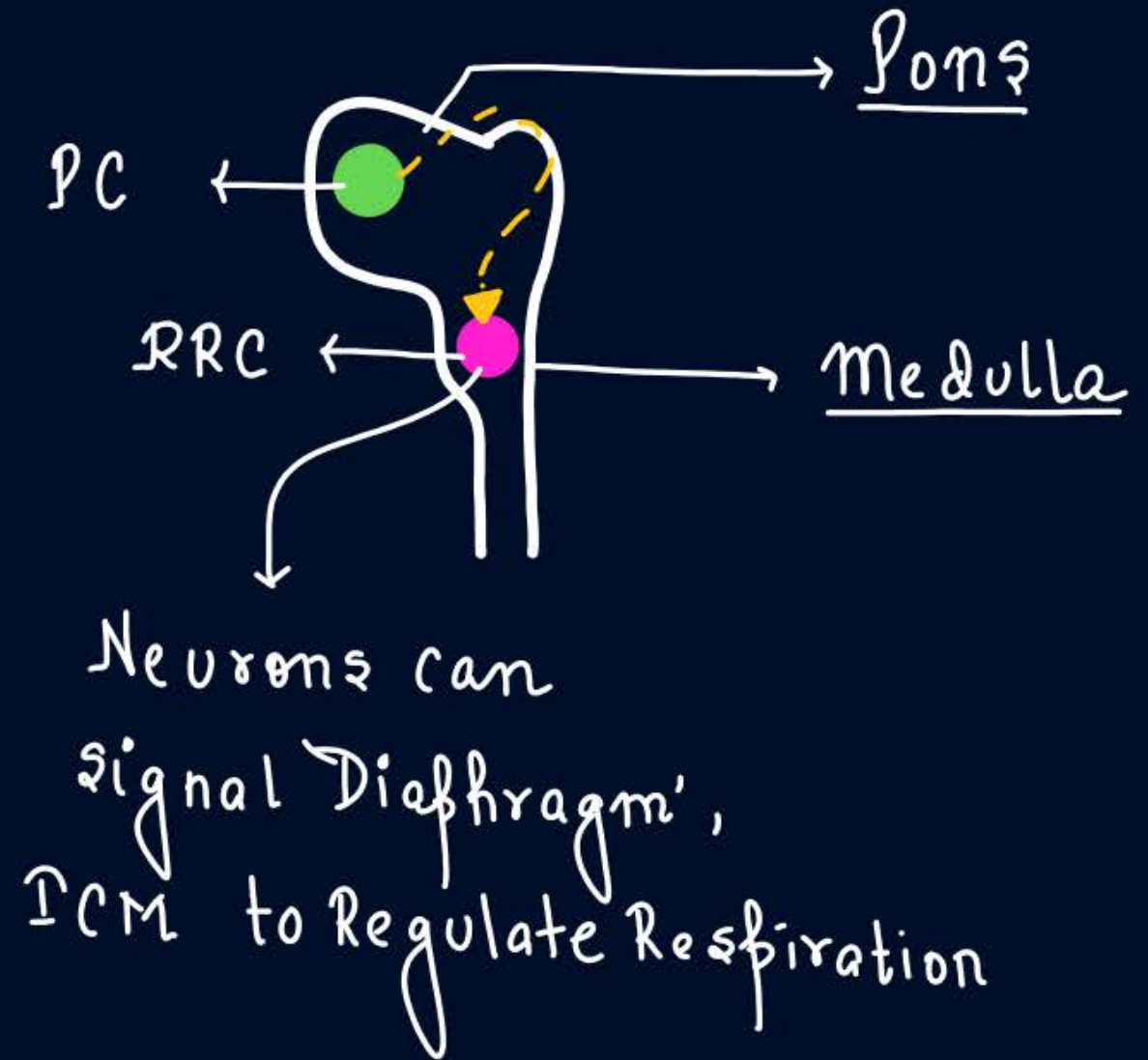
- Location: Medulla of Hindbrain
- Controls Normal, forceful Breathing: maintains Rhythm of Breathing

$$* \begin{matrix} I = 2s \\ E = 3s \end{matrix} \Bigg] 5s$$

## (ii) By PC

- Location: Pons of Hind Brain.
- \* Can moderate the functions RRC by signalling it
- Also k/a 'SWITCH' OFF Centre.
- Signals from PC can Reduce the duration of inhalation

↓  
↓  
'BREATHING RATE FASTER'





# Chemical Regulation



## ① Central Chemoreceptors

- Location: MEDULLA
- A Chemosensitive area located adjacent to RRC is sensitive to change in conc. of  $\text{CO}_2$  &  $\text{H}^+$  in CSF: Cerebro-spinal fluid



↑ in  $\text{CO}_2$  &  $\text{H}^+$  can cause these to send signal to RRC

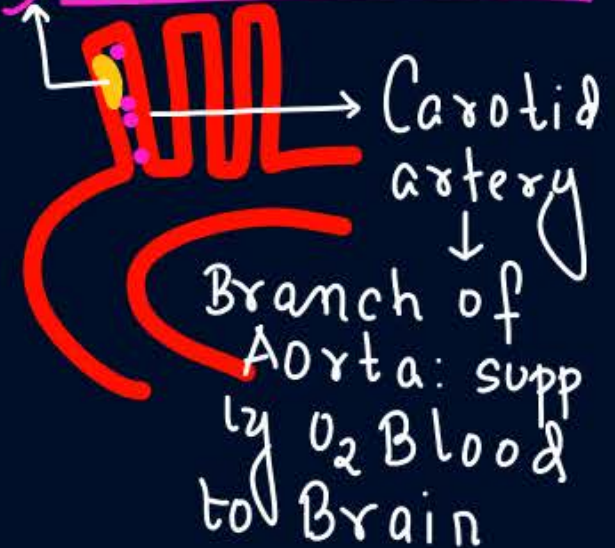
**NOTE** The role of  $\text{O}_2$  in regulation of respiration is quite insignificant.

## ② Peripheral Chemoreceptor

### i) Aortic Bodies



### ii) Carotid Bodies



- ↑ in conc. of  $\text{CO}_2$  &  $\text{H}^+$  in Blood causes these receptors to send signal to RRC

Breathing  
RATE ↑



## 14.5 REGULATION OF RESPIRATION

Human beings have a significant ability to maintain and moderate the respiratory rhythm to suit the demands of the body tissues. This is done by the neural system. A specialised centre present in the medulla region of the brain called respiratory rhythm centre is primarily responsible for this regulation. Another centre present in the pons region of the brain called pneumotaxic centre can moderate the functions of the respiratory rhythm centre. Neural signal from this centre can reduce the duration of inspiration and thereby alter the respiratory rate. A chemosensitive area is situated adjacent to the rhythm centre which is highly sensitive to  $\text{CO}_2$  and hydrogen ions. Increase in these substances can activate this centre, which in turn can signal the rhythm centre to make necessary adjustments in the respiratory process by which these substances can be eliminated. Receptors associated with aortic arch and carotid artery also can recognise changes in  $\text{CO}_2$  and  $\text{H}^+$  concentration and send necessary signals to the rhythm centre for remedial actions. The role of oxygen in the regulation of respiratory rhythm is quite insignificant.

BR ↑

ER

↑  $\text{CO}_2$ ,  $\text{H}^+$  (C.S.F)  
↳ BR ↑



## Disorders:

1) Asthma: It is an 'Allergic disorder' in which there is an 'inflammation' in the wall of 'Bronchi & Bronchioles'

• Inflammation: Redness, swelling, Warm.

• Here excessive mucus secreted, spasm (prolonged contraction in the wall of Bronchi & Bronchiole)

↓  
Narrow air passage: 'Breathing'  
DIFFICULTY

• 'WHEEZING' SOUND produced.



(cross section)

a) Normal Bronchi / Bronchiole



(Air passage narrow)

Fig: 'Asthma'

② EMPHYSEMA: means: 'FULL of Air'

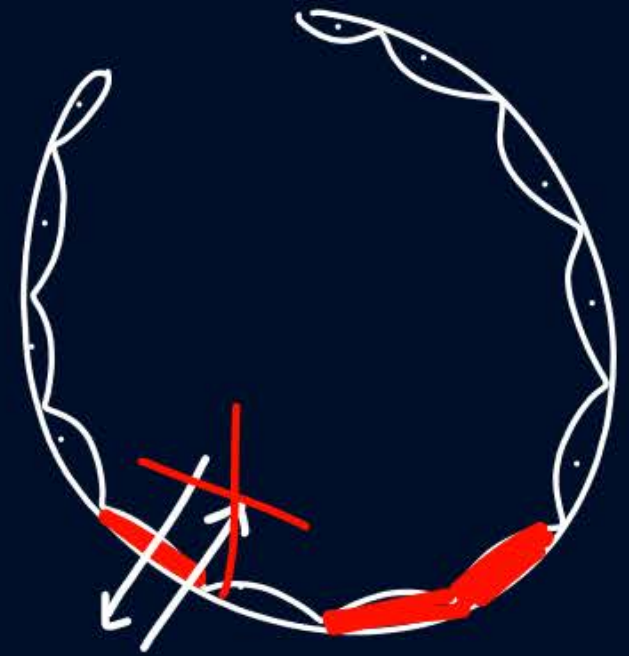
• It's a CHRONIC DISORDER (suffers for a long time), whose one of the major reason is EXCESSIVE CIGARETTE SMOKING.

• ALVEOLAR wall damaged

→ Elasticity is lost (Elastin Protein damage)

→ reduced surface area for exchange of gases

↓  
feels like lungs still filled with air.





③ Occupational Respiratory Disorder: for people working in Coal/Mine/Cement/Stone Breaking industries & come in contact with pollutants in everyday life

↓  
SERIOUS LUNG DAMAGE (fibrosis in upper part of LUNGS)

↓  
Should wear protective mask.

- ORD also k/a PNEUMOCONIOSIS
- Silicon (Pollutant): Silicosis
- Asbestos ( " ) : Asbestosis.

## 14.6 DISORDERS OF RESPIRATORY SYSTEM

**Asthma** is a difficulty in breathing causing wheezing due to inflammation of bronchi and bronchioles.

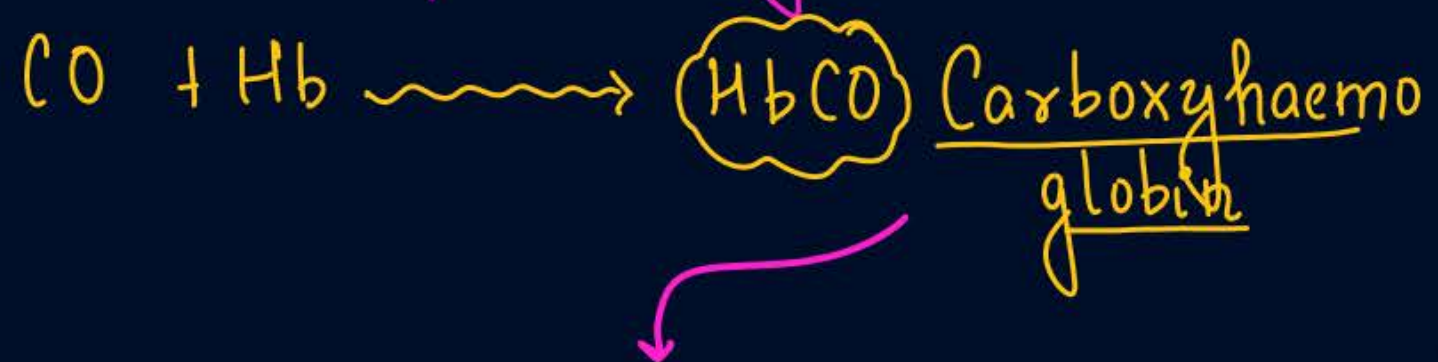
**Emphysema** is a chronic disorder in which alveolar walls are damaged due to which respiratory surface is decreased. One of the major causes of this is cigarette smoking.



**Occupational Respiratory Disorders:** In certain industries, especially those involving grinding or stone-breaking, so much dust is produced that the defense mechanism of the body cannot fully cope with the situation. Long exposure can give rise to inflammation leading to fibrosis (proliferation of fibrous tissues) and thus causing serious lung damage. Workers in such industries should wear protective masks.

## NOTE

### 1) 'CO' poisoning:



'CO' has 200-250 times more affinity towards 'Hb' than  $\text{O}_2$

- CLOSED ROOM: Burning lamp: Incomplete combustion: 'CO' formed: Bind to 'Hb'

↓  
Bind to Hb,  $\text{O}_2$  can't Bind; eventually  $\text{O}_2$  not given to tissue: DEATH may occur.

2) Hypoxia: Less  $\text{O}_2$  in tissue.

### 3) Altitude Sickness:

High Altitude:  $p\text{O}_2$  Low

↓  
Enough  $\text{O}_2$  not diffused into Blood

↓  
'Hb' not completely saturated

↓  
'Hypoxia' seen

(Altitude sickness)

- To compensate: Body produces more RBC

↓  
So that whatever  $\text{O}_2$  is available can be utilised maximally to Bind to 'Hb'.



H.W Catalyst

## QUESTION

Assertion (A): At the tissue site, partial pressure of CO<sub>2</sub> is high

Reason (R): Catabolism causes increase in partial pressure of CO<sub>2</sub> at tissues

1

Both Assertion (A) and Reason (R) are true, and Reason (R) is a correct explanation of Assertion (A).

2

Both Assertion (A) and Reason (R) are true, but Reason (R) is not a correct explanation of Assertion (A).

3

Assertion (A) is true, and Reason (R) is false.

4

Assertion (A) is false, and Reason (R) is true.

Q-1-1



## QUESTION

Statement-I: O<sub>2</sub> gets bound to haemoglobin in the lung surface due to high pCO<sub>2</sub> (F)  
Statement-II: Every 1000 ml of oxygenated blood can deliver around 5 ml of O<sub>2</sub> to the tissues under normal physiological conditions. X (F)

$pO_2 \uparrow$

$$100 = 5 \text{ ml } O_2$$
$$\frac{1000}{100} = \frac{50}{1}$$

- 1 Statement I and Statement II both are correct.
- 2 Statement I is correct, but Statement II is incorrect.
- 3 Statement I is incorrect, but Statement II is correct.
- 4 ✓ Statement I and Statement II both are incorrect.

4

A large proportion of oxygen remains unused in the human blood even after its uptake by the body tissue. This  $O_2$  :

- A. helps in releasing more  $O_2$  to the epithelial tissues
- B. is enough to keep oxyhemoglobin saturation at 96%
- C. raises the  $pCO_2$  of blood to 75mm of Hg
- D. acts as a reserve during muscular exercise

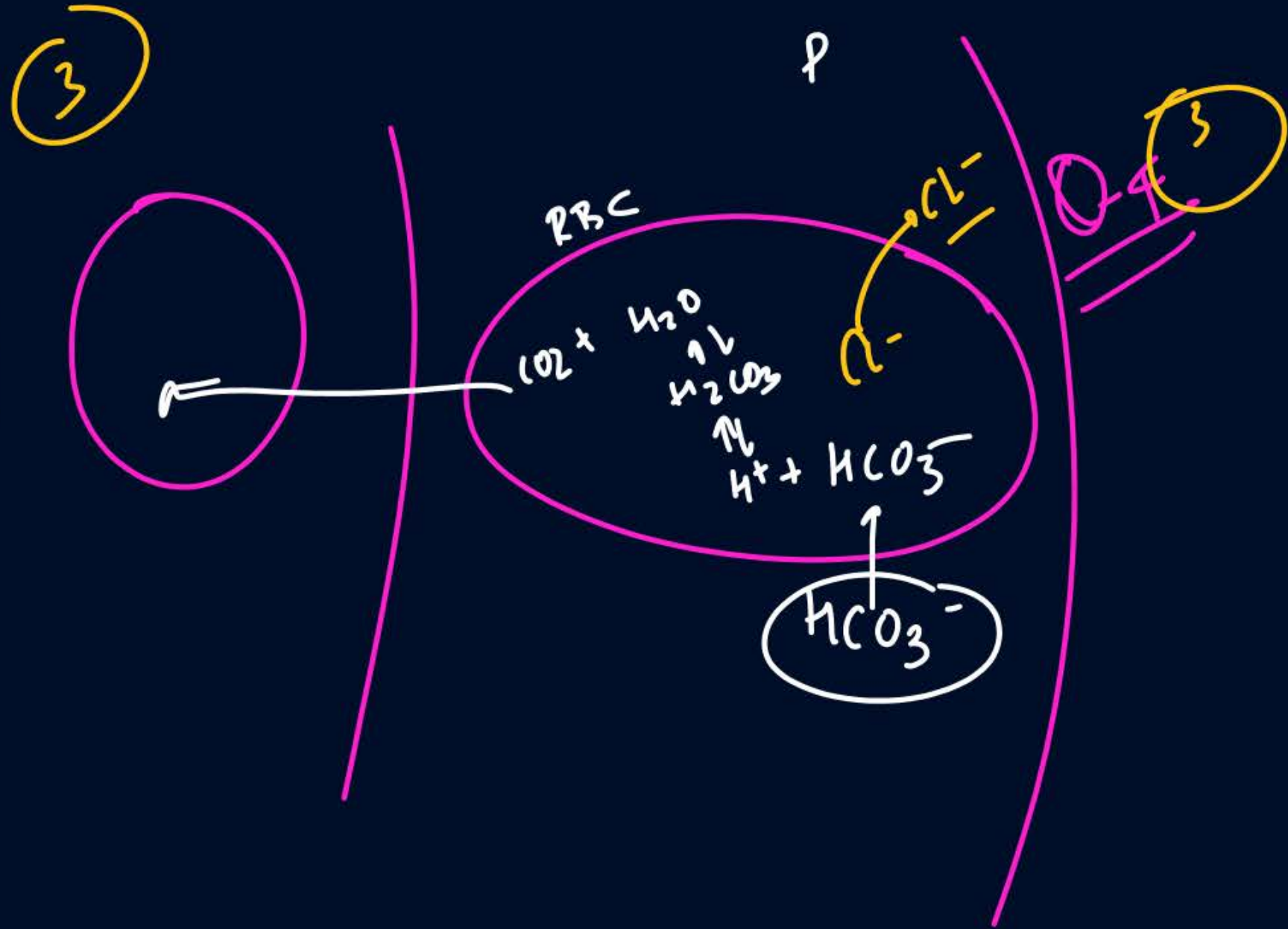
Q-3

4



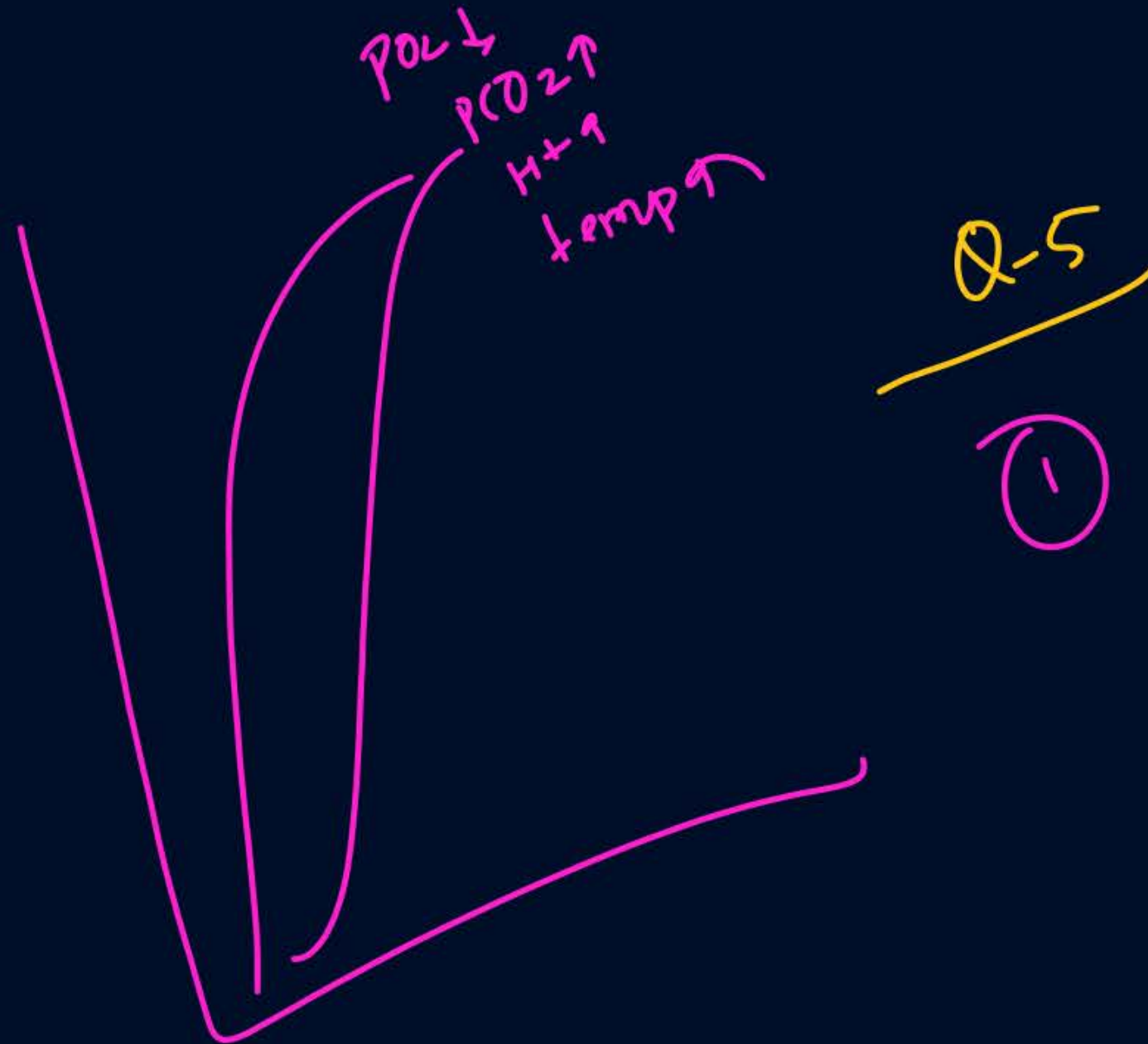
In lungs there is definite exchange of ions between RBC and plasma. Removal of  $\text{CO}_2$  from blood involves

- (1) Influx of  $\text{Cl}^-$  into RBC ~~X~~
- (2) Efflux of  $\text{Cl}^-$  from plasma ~~X~~
- (3) Influx of  $\text{HCO}_3^-$  ions in RBC
- (4) Efflux of  $\text{HCO}_3^-$  ions from RBC ~~X~~



The oxygen - haemoglobin dissociation curve will show a right shift in case of

- (A) High  $P_{CO_2}$
- (B) High  $pO_2$  X
- (C) Low  $pCO_2$  X
- (D) Less  $H^+$  concentration X





Which statements are true/false"

- (i) Blood transports CO<sub>2</sub> comparatively easily because of its high solubility T
- (ii) Approximately 8.9% of CO<sub>2</sub> is transported dissolved in plasma XF
- (iii) CO<sub>2</sub> diffuses into blood, passes into RBCs and reacts with water to form H<sub>2</sub>CO<sub>3</sub>
- (iv) Oxyhaemoglobin of erythrocytes is basic acidic T
- (v) Chloride ions diffuse from plasma into erythrocytes to maintain ionic balance

- (1) (i), (iii) and (v) are true, (ii) and (iv) are false
- (2) (i), (iii) and (v) are ~~false~~, (ii) and (iv) are true
- (3) (i), (ii) and (iv) are true, (iii) and (v) are false
- (4) (i), (ii) and (iv) are ~~false~~, (iii) and (v) are true



Q-6 (1)

## QUESTION

What is the approximate partial pressure of oxygen ( $pO_2$ ) in systemic arteries?

- 1 40 mmHg
- 2 45 mmHg
- 3 80 mmHg
- 4 95 mmHg

Q.7  
4



## QUESTION

In the alveoli, which of the following factors is/are favourable for the formation of oxyhaemoglobin?

- |                                   |                         |
|-----------------------------------|-------------------------|
| I. High $pO_2$ ✓                  | II. Low $pCO_2$ ✓       |
| III. Lesser $H^+$ concentration ✓ | IV. Lower temperature ✓ |
| V. Low pH ✗                       |                         |

Choose the correct option.

- 1 Only (I)
- 2 (I), (II), (III) and (IV) ✓
- 3 (I), (II) and (III)
- 4 All of these

Q-8

2

Tapasya (P x Q + other)

(a) Recorded + (b) LIVE





## Homework

**- REVISE CLAASNOTES / ZOOLOGY MED EASY**

MODULE HW

Module -1

Prarambh exercise 1- 7-26

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**THANK**  
**YOU**