

CHAPTER 18

BODY FLUIDS AND CIRCULATION

- 18.1 Blood
- 18.2 Lymph (Tissue Fluid)
- 18.3 Circulatory Pathways
- 18.4 Double Circulation
- 18.5 Regulation of Cardiac Activity
- 18.6 Disorders of Circulatory System

You have learnt that all living cells have to be provided with nutrients, O₂ and other essential substances. Also, the waste or harmful substances produced, have to be removed continuously for healthy functioning of tissues. It is therefore, essential to have efficient mechanisms for the movement of these substances to the cells and from the cells. Different groups of animals have evolved different methods for this transport. Simple organisms like sponges and coelenterates circulate water from their surroundings through their body cavities to facilitate the cells to exchange these substances. More complex organisms use special fluids within their bodies to transport such materials. **Blood** is the most commonly used body fluid by most of the higher organisms including humans for this purpose. Another body fluid, **lymph**, also helps in the transport of certain substances. In this chapter, you will learn about the composition and properties of blood and lymph (tissue fluid) and the mechanism of circulation of blood is also explained herein.

18.1 BLOOD

Blood is a special connective tissue consisting of a fluid matrix, plasma, and formed elements.

18.1.1 Plasma

Plasma is a straw coloured, viscous fluid constituting nearly 55 per cent of the blood. 90-92 per cent of plasma is water and proteins contribute 6-8 per cent of it. Fibrinogen, globulins and albumins are the major proteins.

Fibrinogens are needed for clotting or coagulation of blood. Globulins primarily are involved in defense mechanisms of the body and the albumins help in osmotic balance. Plasma also contains small amounts of minerals like Na^+ , Ca^{++} , Mg^{++} , HCO_3^- , Cl^- , etc. Glucose, amino acids, lipids, etc., are also present in the plasma as they are always in transit in the body. Factors for coagulation or clotting of blood are also present in the plasma in an inactive form. Plasma without the clotting factors is called serum.

18.1.2 Formed Elements

Erythrocytes, leucocytes and platelets are collectively called formed elements (Figure 18.1) and they constitute nearly 45 per cent of the blood.

Erythrocytes or red blood cells (RBC) are the most abundant of all the cells in blood. A healthy adult man has, on an average, 5 millions to 5.5 millions of RBCs mm^{-3} of blood. RBCs are formed in the red bone marrow in the adults. RBCs are devoid of nucleus in most of the mammals and are biconcave in shape. They have a red coloured, iron containing complex protein called haemoglobin, hence the colour and name of these cells. A healthy individual has 12-16 gms of haemoglobin in every 100 ml of blood. These molecules play a significant role in transport of respiratory gases. RBCs have an average life span of 120 days after which they are destroyed in the spleen (graveyard of RBCs).

Leucocytes are also known as white blood cells (WBC) as they are colourless due to the lack of haemoglobin. They are nucleated and are relatively lesser in number which averages $6000\text{-}8000 \text{ mm}^{-3}$ of blood. Leucocytes are generally short lived. We have two main categories of WBCs – granulocytes and agranulocytes. Neutrophils, eosinophils and basophils are different types of granulocytes, while lymphocytes and monocytes are the agranulocytes. Neutrophils are the most abundant cells (60-65 per cent) of the total WBCs and basophils are the least (0.5-1 per cent) among them. Neutrophils and monocytes (6-8 per cent) are phagocytic cells which destroy foreign organisms entering the body. Basophils secrete histamine, serotonin, heparin, etc., and are involved in inflammatory reactions. Eosinophils (2-3 per cent) resist infections and are also

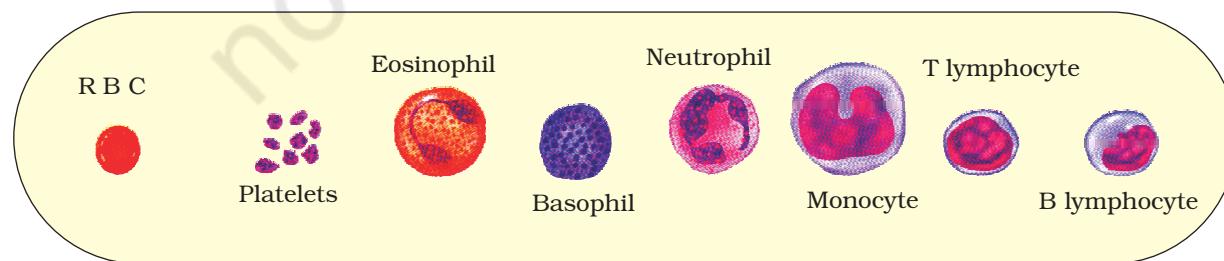


Figure 18.1 Diagrammatic representation of formed elements in blood

associated with allergic reactions. Lymphocytes (20-25 per cent) are of two major types – ‘B’ and ‘T’ forms. Both B and T lymphocytes are responsible for immune responses of the body.

Platelets also called **thrombocytes**, are cell fragments produced from megakaryocytes (special cells in the bone marrow). Blood normally contains 1,500,00-3,500,00 platelets mm⁻³. Platelets can release a variety of substances most of which are involved in the coagulation or clotting of blood. A reduction in their number can lead to clotting disorders which will lead to excessive loss of blood from the body.

18.1.3 Blood Groups

As you know, blood of human beings differ in certain aspects though it appears to be similar. Various types of grouping of blood has been done. Two such groupings – the ABO and Rh – are widely used all over the world.

18.1.3.1 ABO grouping

ABO grouping is based on the presence or absence of two surface antigens (chemicals that can induce immune response) on the RBCs namely A and B. Similarly, the plasma of different individuals contain two natural antibodies (proteins produced in response to antigens). The distribution of antigens and antibodies in the four groups of blood, **A**, **B**, **AB** and **O** are given in Table 18.1. You probably know that during blood transfusion, any blood cannot be used; the blood of a donor has to be carefully matched with the blood of a recipient before any blood transfusion to avoid severe problems of clumping (destruction of RBC). The donor’s compatibility is also shown in the Table 18.1.

TABLE 18.1 Blood Groups and Donor Compatibility

Blood Group	Antigens on RBCs	Antibodies in Plasma	Donor's Group
A	A	anti-B	A, O
B	B	anti-A	B, O
AB	A, B	nil	AB, A, B, O
O	nil	anti-A, B	O

From the above mentioned table it is evident that group ‘O’ blood can be donated to persons with any other blood group and hence ‘O’ group individuals are called ‘universal donors’. Persons with ‘AB’ group can accept blood from persons with AB as well as the other groups of blood. Therefore, such persons are called ‘universal recipients’.

18.1.3.2 Rh grouping

Another antigen, the Rh antigen similar to one present in Rhesus monkeys (hence Rh), is also observed on the surface of RBCs of majority (nearly 80 per cent) of humans. Such individuals are called **Rh positive** (Rh+ve) and those in whom this antigen is absent are called **Rh negative** (Rh-ve). An Rh-ve person, if exposed to Rh+ve blood, will form specific antibodies against the Rh antigens. Therefore, Rh group should also be matched before transfusions. A special case of Rh incompatibility (mismatching) has been observed between the Rh-ve blood of a pregnant mother with Rh+ve blood of the foetus. Rh antigens of the foetus do not get exposed to the Rh-ve blood of the mother in the first pregnancy as the two bloods are well separated by the placenta. However, during the delivery of the first child, there is a possibility of exposure of the maternal blood to small amounts of the Rh+ve blood from the foetus. In such cases, the mother starts preparing antibodies against Rh antigen in her blood. In case of her subsequent pregnancies, the Rh antibodies from the mother (Rh-ve) can leak into the blood of the foetus (Rh+ve) and destroy the foetal RBCs. This could be fatal to the foetus or could cause severe anaemia and jaundice to the baby. This condition is called *erythroblastosis foetalis*. This can be avoided by administering anti-Rh antibodies to the mother immediately after the delivery of the first child.

18.1.4 Coagulation of Blood

You know that when you cut your finger or hurt yourself, your wound does not continue to bleed for a long time; usually the blood stops flowing after sometime. *Do you know why?* Blood exhibits coagulation or clotting in response to an injury or trauma. This is a mechanism to prevent excessive loss of blood from the body. You would have observed a dark reddish brown scum formed at the site of a cut or an injury over a period of time. It is a clot or coagulum formed mainly of a network of threads called fibrins in which dead and damaged formed elements of blood are trapped. Fibrins are formed by the conversion of inactive fibrinogens in the plasma by the enzyme thrombin. Thrombins, in turn are formed from another inactive substance present in the plasma called prothrombin. An enzyme complex, thrombokinase, is required for the above reaction. This complex is formed by a series of linked enzymic reactions (cascade process) involving a number of factors present in the plasma in an inactive state. An injury or a trauma stimulates the platelets in the blood to release certain factors which activate the mechanism of coagulation. Certain factors released by the tissues at the site of injury also can initiate coagulation. Calcium ions play a very important role in clotting.

18.2 LYMPH (TISSUE FLUID)

As the blood passes through the capillaries in tissues, some water along with many small water soluble substances move out into the spaces between the cells of tissues leaving the larger proteins and most of the formed elements in the blood vessels. This fluid released out is called the interstitial fluid or tissue fluid. It has the same mineral distribution as that in plasma. Exchange of nutrients, gases, etc., between the blood and the cells always occur through this fluid. An elaborate network of vessels called the lymphatic system collects this fluid and drains it back to the major veins. The fluid present in the lymphatic system is called the lymph. Lymph is a colourless fluid containing specialised lymphocytes which are responsible for the immune responses of the body. Lymph is also an important carrier for nutrients, hormones, etc. Fats are absorbed through lymph in the lacteals present in the intestinal villi.

18.3 CIRCULATORY PATHWAYS

The circulatory patterns are of two types – open or closed. **Open circulatory system** is present in arthropods and molluscs in which blood pumped by the heart passes through large vessels into open spaces or body cavities called sinuses. Annelids and chordates have a **closed circulatory system** in which the blood pumped by the heart is always circulated through a closed network of blood vessels. This pattern is considered to be more advantageous as the flow of fluid can be more precisely regulated.

All vertebrates possess a muscular chambered heart. Fishes have a 2-chambered heart with an atrium and a ventricle. Amphibians and the reptiles (except crocodiles) have a 3-chambered heart with two atria and a single ventricle, whereas crocodiles, birds and mammals possess a 4-chambered heart with two atria and two ventricles. In fishes the heart pumps out deoxygenated blood which is oxygenated by the gills and supplied to the body parts from where deoxygenated blood is returned to the heart (single circulation). In amphibians and reptiles, the left atrium receives oxygenated blood from the gills/lungs/skin and the right atrium gets the deoxygenated blood from other body parts. However, they get mixed up in the single ventricle which pumps out mixed blood (incomplete double circulation). In birds and mammals, oxygenated and deoxygenated blood received by the left and right atria respectively passes on to the ventricles of the same sides. The ventricles pump it out without any mixing up, i.e., two separate circulatory pathways are present in these organisms, hence, these animals have double circulation. Let us study the human circulatory system.

18.3.1 Human Circulatory System

Human circulatory system, also called the blood vascular system consists of a muscular chambered heart, a network of closed branching blood vessels and blood, the fluid which is circulated.

Heart, the mesodermally derived organ, is situated in the thoracic cavity, in between the two lungs, slightly tilted to the left. It has the size of a clenched fist. It is protected by a double walled membranous bag, **pericardium**, enclosing the pericardial fluid. Our heart has four chambers, two relatively small upper chambers called **atria** and two larger lower chambers called **ventricles**. A thin, muscular wall called the inter-atrial septum separates the right and the left atria, whereas a thick-walled, the inter-ventricular septum, separates the left and the right ventricles (Figure 18.2). The atrium and the ventricle of the same side are also separated by a thick fibrous tissue called the atrio-ventricular septum. However, each of these septa are provided with an opening through which the two chambers of the same side are connected. The opening between the right atrium and the right ventricle is guarded by a valve formed of three muscular flaps or cusps, the tricuspid valve, whereas a bicuspid or mitral valve guards the opening between the left atrium and the left ventricle. The openings of the right and the left ventricles into the

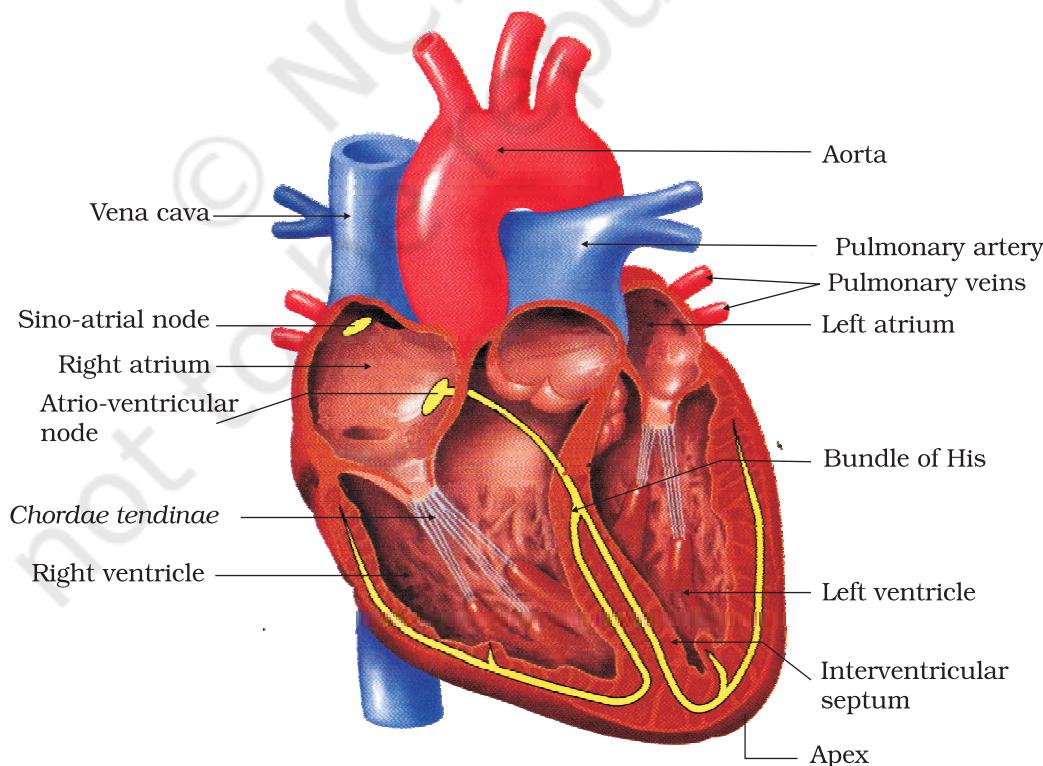


Figure 18.2 Section of a human heart

pulmonary artery and the aorta respectively are provided with the semilunar valves. The valves in the heart allows the flow of blood only in one direction, i.e., from the atria to the ventricles and from the ventricles to the pulmonary artery or aorta. These valves prevent any backward flow.

The entire heart is made of cardiac muscles. The walls of ventricles are much thicker than that of the atria. A specialised cardiac musculature called the nodal tissue is also distributed in the heart (Figure 18.2). A patch of this tissue is present in the right upper corner of the right atrium called the **sino-atrial node** (SAN). Another mass of this tissue is seen in the lower left corner of the right atrium close to the atrio-ventricular septum called the **atrio-ventricular node** (AVN). A bundle of nodal fibres, atrio-ventricular bundle (AV bundle) continues from the AVN which passes through the atrio-ventricular septa to emerge on the top of the inter-ventricular septum and immediately divides into a right and left bundle. These branches give rise to minute fibres throughout the ventricular musculature of the respective sides and are called purkinje fibres. These fibres alongwith right and left bundles are known as bundle of His. The nodal musculature has the ability to generate action potentials without any external stimuli, i.e., it is autoexcitable. However, the number of action potentials that could be generated in a minute vary at different parts of the nodal system. The SAN can generate the maximum number of action potentials, i.e., $70\text{-}75 \text{ min}^{-1}$, and is responsible for initiating and maintaining the rhythmic contractile activity of the heart. Therefore, it is called the pacemaker. Our heart normally beats 70-75 times in a minute (average 72 beats min^{-1}).

18.3.2 Cardiac Cycle

How does the heart function? Let us take a look. To begin with, all the four chambers of heart are in a relaxed state, i.e., they are in joint diastole. As the tricuspid and bicuspid valves are open, blood from the pulmonary veins and vena cava flows into the left and the right ventricle respectively through the left and right atria. The semilunar valves are closed at this stage. The SAN now generates an action potential which stimulates both the atria to undergo a simultaneous contraction – the atrial systole. This increases the flow of blood into the ventricles by about 30 per cent. The action potential is conducted to the ventricular side by the AVN and AV bundle from where the bundle of His transmits it through the entire ventricular musculature. This causes the ventricular muscles to contract, (ventricular systole), the atria undergoes relaxation (diastole), coinciding with the ventricular systole. Ventricular systole increases the ventricular

pressure causing the closure of tricuspid and bicuspid valves due to attempted backflow of blood into the atria. As the ventricular pressure increases further, the semilunar valves guarding the pulmonary artery (right side) and the aorta (left side) are forced open, allowing the blood in the ventricles to flow through these vessels into the circulatory pathways. The ventricles now relax (ventricular diastole) and the ventricular pressure falls causing the closure of semilunar valves which prevents the backflow of blood into the ventricles. As the ventricular pressure declines further, the tricuspid and bicuspid valves are pushed open by the pressure in the atria exerted by the blood which was being emptied into them by the veins. The blood now once again moves freely to the ventricles. The ventricles and atria are now again in a relaxed (joint diastole) state, as earlier. Soon the SAN generates a new action potential and the events described above are repeated in that sequence and the process continues.

This sequential event in the heart which is cyclically repeated is called the cardiac cycle and it consists of systole and diastole of both the atria and ventricles. As mentioned earlier, the heart beats 72 times per minute, i.e., that many cardiac cycles are performed per minute. From this it could be deduced that the duration of a cardiac cycle is 0.8 seconds. During a cardiac cycle, each ventricle pumps out approximately 70 mL of blood which is called the stroke volume. The stroke volume multiplied by the heart rate (no. of beats per min.) gives the cardiac output. Therefore, the cardiac output can be defined as the volume of blood pumped out by each ventricle per minute and averages 5000 mL or 5 litres in a healthy individual. The body has the ability to alter the stroke volume as well as the heart rate and thereby the cardiac output. For example, the cardiac output of an athlete will be much higher than that of an ordinary man.

During each cardiac cycle two prominent sounds are produced which can be easily heard through a stethoscope. The first heart sound (lub) is associated with the closure of the tricuspid and bicuspid valves whereas the second heart sound (dub) is associated with the closure of the semilunar valves. These sounds are of clinical diagnostic significance.

18.3.3 Electrocardiograph (ECG)

You are probably familiar with this scene from a typical hospital television show: A patient is hooked up to a monitoring machine that shows voltage traces on a screen and makes the sound "... pip... pip... pip..... peeeeeeeeeeeeeeeeeeee" as the patient goes into cardiac arrest. This type of machine (electro-cardiograph) is used to obtain an electrocardiogram (ECG). ECG is a graphical representation of the electrical activity of the heart during a cardiac cycle. To obtain a standard ECG (as shown in the

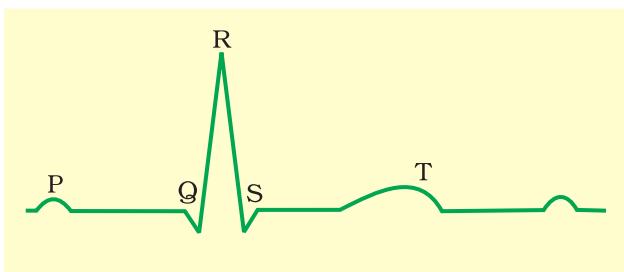


Figure 18.3 Diagrammatic presentation of a standard ECG

Figure 18.3), a patient is connected to the machine with three electrical leads (one to each wrist and to the left ankle) that continuously monitor the heart activity. For a detailed evaluation of the heart's function, multiple leads are attached to the chest region. Here, we will talk only about a standard ECG.

Each peak in the ECG is identified with a letter from P to T that corresponds to a specific electrical activity of the heart.

The P-wave represents the electrical **excitation (or depolarisation) of the atria**, which leads to the contraction of both the atria.

The QRS complex represents the **depolarisation of the ventricles**, which initiates the ventricular contraction. The contraction starts shortly after Q and marks the beginning of the systole.

The T-wave represents the return of the ventricles from excited to normal state (**repolarisation**). The end of the T-wave marks the end of systole.

Obviously, by counting the number of QRS complexes that occur in a given time period, one can determine the heart beat rate of an individual. Since the ECGs obtained from different individuals have roughly the same shape for a given lead configuration, any deviation from this shape indicates a possible abnormality or disease. Hence, it is of a great clinical significance.

18.4 DOUBLE CIRCULATION

As mentioned earlier, the blood pumped by the right ventricle enters the pulmonary artery, whereas the left ventricle pumps blood into the aorta. The deoxygenated blood pumped into the pulmonary artery is passed on to the lungs from where the oxygenated blood is carried by the pulmonary veins into the left atrium. This pathway constitutes the pulmonary circulation. The oxygenated blood entering the aorta is carried by a network of arteries, arterioles and capillaries to the tissues from where the deoxygenated blood is collected by a system of venules, veins and vena cava and emptied into the right atrium. This is the systemic circulation (Figure 18.4). The systemic circulation provides nutrients, O_2 and other essential substances to the tissues and takes CO_2 and other harmful substances away for elimination. A unique vascular connection exists between the digestive tract and liver called hepatic portal system. The hepatic portal vein carries blood from intestine to the liver before it is delivered to the systemic circulation. A special coronary system of blood vessels is present in our body exclusively for the circulation of blood to and from the cardiac musculature.

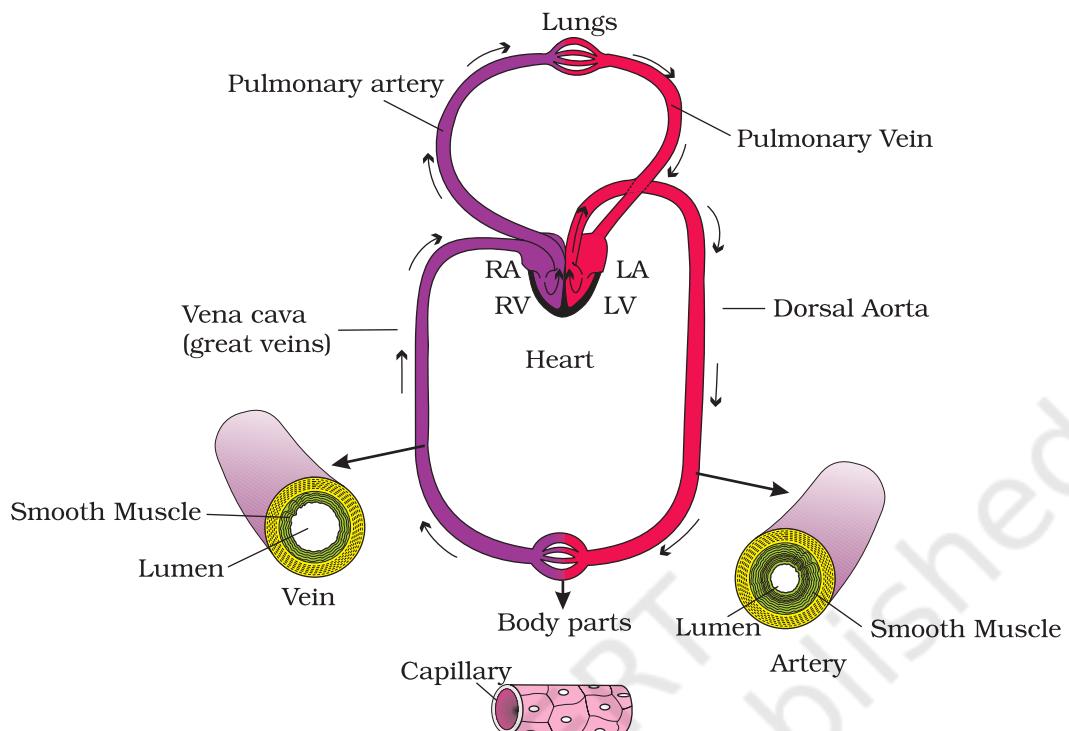


Figure 18.4 Schematic plan of blood circulation in human

18.5 REGULATION OF CARDIAC ACTIVITY

Normal activities of the heart are regulated intrinsically, i.e., auto regulated by specialised muscles (nodal tissue), hence the heart is called myogenic. A special neural centre in the medulla oblongata can moderate the cardiac function through autonomic nervous system (ANS). Neural signals through the sympathetic nerves (part of ANS) can increase the rate of heart beat, the strength of ventricular contraction and thereby the cardiac output. On the other hand, parasympathetic neural signals (another component of ANS) decrease the rate of heart beat, speed of conduction of action potential and thereby the cardiac output. Adrenal medullary hormones can also increase the cardiac output.

18.6 DISORDERS OF CIRCULATORY SYSTEM

High Blood Pressure (Hypertension): Hypertension is the term for blood pressure that is higher than normal (120/80). In this measurement 120 mm Hg (millimetres of mercury pressure) is the systolic, or pumping, pressure and 80 mm Hg is the diastolic, or resting, pressure. If repeated checks of blood pressure of an individual is 140/90 (140 over 90) or higher, it shows hypertension. High blood pressure leads to heart diseases and also affects vital organs like brain and kidney.

Coronary Artery Disease (CAD): Coronary Artery Disease, often referred to as **atherosclerosis**, affects the vessels that supply blood to the heart muscle. It is caused by deposits of calcium, fat, cholesterol and fibrous tissues, which makes the lumen of arteries narrower.

Angina: It is also called 'angina pectoris'. A symptom of acute chest pain appears when no enough oxygen is reaching the heart muscle. Angina can occur in men and women of any age but it is more common among the middle-aged and elderly. It occurs due to conditions that affect the blood flow.

Heart Failure: Heart failure means the state of heart when it is not pumping blood effectively enough to meet the needs of the body. It is sometimes called congestive heart failure because congestion of the lungs is one of the main symptoms of this disease. Heart failure is not the same as cardiac arrest (when the heart stops beating) or a heart attack (when the heart muscle is suddenly damaged by an inadequate blood supply).

SUMMARY

Vertebrates circulate blood, a fluid connective tissue, in their body, to transport essential substances to the cells and to carry waste substances from there. Another fluid, lymph (tissue fluid) is also used for the transport of certain substances.

Blood comprises of a fluid matrix, plasma and formed elements. Red blood cells (RBCs, erythrocytes), white blood cells (WBCs, leucocytes) and platelets (thrombocytes) constitute the formed elements. Blood of humans are grouped into A, B, AB and O systems based on the presence or absence of two surface antigens, A, B on the RBCs. Another blood grouping is also done based on the presence or absence of another antigen called Rhesus factor (Rh) on the surface of RBCs. The spaces between cells in the tissues contain a fluid derived from blood called tissue fluid. This fluid called lymph is almost similar to blood except for the protein content and the formed elements.

All vertebrates and a few invertebrates have a closed circulatory system. Our circulatory system consists of a muscular pumping organ, heart, a network of vessels and a fluid, blood. Heart has two atria and two ventricles. Cardiac musculature is auto-excitatory. Sino-atrial node (SAN) generates the maximum number of action potentials per minute (70-75/min) and therefore, it sets the pace of the activities of the heart. Hence it is called the Pacemaker. The action potential causes the atria and then the ventricles to undergo contraction (systole) followed by their relaxation (diastole). The systole forces the blood to move from the atria to the ventricles and to the pulmonary artery and the aorta. The cardiac cycle is formed by sequential events in the heart which is cyclically repeated and is called the cardiac cycle. A healthy person shows 72 such cycles per minute. About 70 mL of blood is pumped out by each ventricle during a cardiac cycle and it is called the stroke or beat volume. Volume of blood pumped out by each ventricle of

heart per minute is called the cardiac output and it is equal to the product of stroke volume and heart rate (approx 5 litres). The electrical activity of the heart can be recorded from the body surface by using electrocardiograph and the recording is called electrocardiogram (ECG) which is of clinical importance.

We have a complete double circulation, i.e., two circulatory pathways, namely, pulmonary and systemic are present. The pulmonary circulation starts by the pumping of deoxygenated blood by the right ventricle which is carried to the lungs where it is oxygenated and returned to the left atrium. The systemic circulation starts with the pumping of oxygenated blood by the left ventricle to the aorta which is carried to all the body tissues and the deoxygenated blood from there is collected by the veins and returned to the right atrium. Though the heart is autoexcitable, its functions can be moderated by neural and hormonal mechanisms.

EXERCISES

1. Name the components of the formed elements in the blood and mention one major function of each of them.
2. What is the importance of plasma proteins?
3. Match Column I with Column II :

Column I	Column II
(a) Eosinophils	(i) Coagulation
(b) RBC	(ii) Universal Recipient
(c) AB Group	(iii) Resist Infections
(d) Platelets	(iv) Contraction of Heart
(e) Systole	(v) Gas transport
4. Why do we consider blood as a connective tissue?
5. What is the difference between lymph and blood?
6. What is meant by double circulation? What is its significance?
7. Write the differences between :
 - (a) Blood and Lymph
 - (b) Open and Closed system of circulation
 - (c) Systole and Diastole
 - (d) P-wave and T-wave
8. Describe the evolutionary change in the pattern of heart among the vertebrates.
9. Why do we call our heart myogenic?
10. Sino-atrial node is called the pacemaker of our heart. Why?
11. What is the significance of atrio-ventricular node and atrio-ventricular bundle in the functioning of heart?
12. Define a cardiac cycle and the cardiac output.
13. Explain heart sounds.
14. Draw a standard ECG and explain the different segments in it.

CHAPTER 19

EXCRETORY PRODUCTS AND THEIR ELIMINATION

19.1 Human Excretory System

19.2 Urine Formation

19.3 Function of the Tubules

19.4 Mechanism of Concentration of the Filtrate

19.5 Regulation of Kidney Function

19.6 Micturition

19.7 Role of other Organs in Excretion

19.8 Disorders of the Excretory System

Animals accumulate ammonia, urea, uric acid, carbon dioxide, water and ions like Na^+ , K^+ , Cl^- , phosphate, sulphate, etc., either by metabolic activities or by other means like excess ingestion. These substances have to be removed totally or partially. In this chapter, you will learn the mechanisms of elimination of these substances with special emphasis on common nitrogenous wastes. Ammonia, urea and uric acid are the major forms of nitrogenous wastes excreted by the animals. Ammonia is the most toxic form and requires large amount of water for its elimination, whereas uric acid, being the least toxic, can be removed with a minimum loss of water.

The process of excreting ammonia is *Ammonotelism*. Many bony fishes, aquatic amphibians and aquatic insects are **ammonotelic** in nature. Ammonia, as it is readily soluble, is generally excreted by diffusion across body surfaces or through gill surfaces (in fish) as ammonium ions. Kidneys do not play any significant role in its removal. Terrestrial adaptation necessitated the production of lesser toxic nitrogenous wastes like urea and uric acid for conservation of water. Mammals, many terrestrial amphibians and marine fishes mainly excrete urea and are called **ureotelic** animals. Ammonia produced by metabolism is converted into urea in the liver of these animals and released into the blood which is filtered and excreted out by the kidneys. Some amount of urea may be retained in the kidney matrix of some of these animals to maintain a desired osmolarity. Reptiles, birds, land snails and insects excrete nitrogenous wastes as uric acid in the form of pellet or paste with a minimum loss of water and are called **uricotelic** animals.

A survey of animal kingdom presents a variety of excretory structures. In most of the invertebrates, these structures are simple tubular forms whereas vertebrates have complex tubular organs called kidneys. Some of these structures are mentioned here. Protonephridia or flame cells are the excretory structures in Platyhelminthes (Flatworms, e.g., *Planaria*), rotifers, some annelids and the cephalochordate – *Amphioxus*. Protonephridia are primarily concerned with ionic and fluid volume regulation, i.e., osmoregulation. Nephridia are the tubular excretory structures of earthworms and other annelids. Nephridia help to remove nitrogenous wastes and maintain a fluid and ionic balance. Malpighian tubules are the excretory structures of most of the insects including cockroaches. Malpighian tubules help in the removal of nitrogenous wastes and osmoregulation. Antennal glands or green glands perform the excretory function in crustaceans like prawns.

19.1 HUMAN EXCRETORY SYSTEM

In humans, the excretory system consists of a pair of kidneys, one pair of ureters, a urinary bladder and a urethra (Figure 19.1). Kidneys are reddish brown, bean shaped structures situated between the levels of last thoracic and third lumbar vertebra close to the dorsal inner wall of the abdominal cavity. Each kidney of an adult human measures 10-12 cm in length, 5-7 cm in width, 2-3 cm in thickness with an average weight of 120-170 g. Towards the centre of the inner concave surface of the kidney is a notch called hilum through which ureter, blood vessels and nerves enter. Inner to the hilum is a broad funnel shaped space called the renal pelvis with projections called calyces. The outer layer of kidney is a tough capsule. Inside the kidney, there are two zones, an outer *cortex* and an inner *medulla*. The medulla is divided into a few conical masses (medullary pyramids) projecting into the calyces (sing.: calyx). The cortex extends in between the

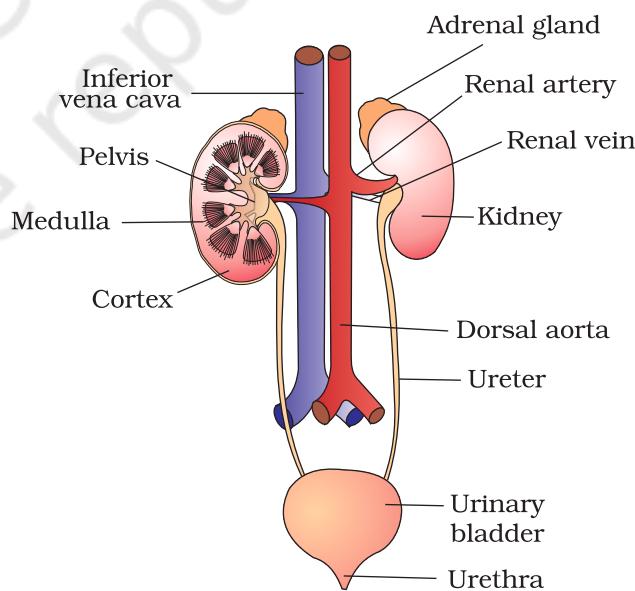


Figure 19.1 Human Urinary system

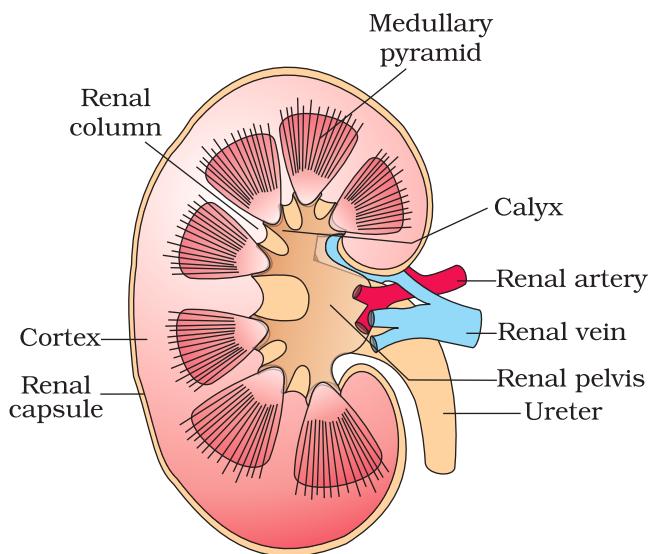


Figure 19.2 Longitudinal section (Diagrammatic) of Kidney

medullary pyramids as renal columns called **Columns of Bertini** (Figure 19.2).

Each kidney has nearly one million complex tubular structures called **nephrons** (Figure 19.3), which are the functional units. Each nephron has two parts – the glomerulus and the renal tubule. Glomerulus is a tuft of capillaries formed by the afferent arteriole – a fine branch of renal artery. Blood from the glomerulus is carried away by an efferent arteriole.

The renal tubule begins with a double walled cup-like structure called **Bowman's capsule**, which encloses the glomerulus. Glomerulus alongwith Bowman's capsule, is called the malpighian body or renal corpuscle (Figure 19.4). The tubule continues further to form a highly coiled network – **proximal convoluted tubule**

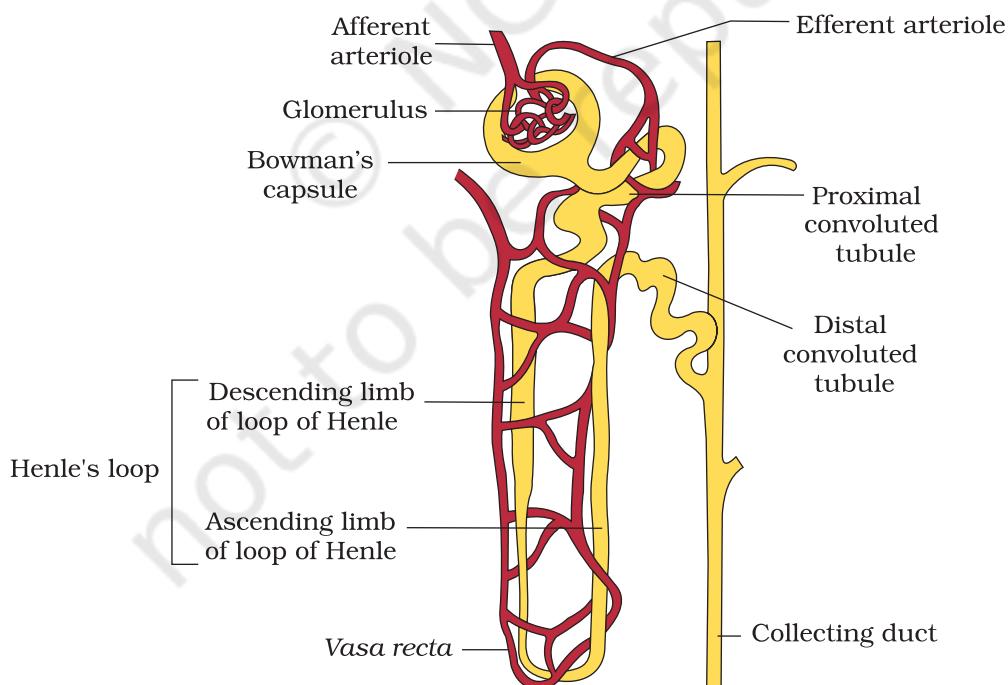


Figure 19.3 A diagrammatic representation of a nephron showing blood vessels, duct and tubule

(PCT). A hairpin shaped **Henle's loop** is the next part of the tubule which has a descending and an ascending limb. The ascending limb continues as another highly coiled tubular region called **distal convoluted tubule** (DCT). The DCTs of many nephrons open into a straight tube called **collecting duct**, many of which converge and open into the renal pelvis through medullary pyramids in the calyces.

The Malpighian corpuscle, PCT and DCT of the nephron are situated in the cortical region of the kidney whereas the loop of Henle dips into the medulla. In majority of nephrons, the loop of Henle is too short and extends only very little into the medulla. Such nephrons are called cortical nephrons. In some of the nephrons, the loop of Henle is very long and runs deep into the medulla. These nephrons are called juxta medullary nephrons.

The efferent arteriole emerging from the glomerulus forms a fine capillary network around the renal tubule called the peritubular capillaries. A minute vessel of this network runs parallel to the Henle's loop forming a 'U' shaped *vasa recta*. *Vasa recta* is absent or highly reduced in cortical nephrons.

19.2 URINE FORMATION

Urine formation involves three main processes namely, glomerular filtration, reabsorption and secretion, that takes place in different parts of the nephron.

The first step in urine formation is the filtration of blood, which is carried out by the glomerulus and is called **glomerular filtration**. On an average, 1100-1200 ml of blood is filtered by the kidneys per minute which constitute roughly $1/5^{\text{th}}$ of the blood pumped out by each ventricle of the heart in a minute. The glomerular capillary blood pressure causes filtration of blood through 3 layers, i.e., the endothelium of glomerular blood vessels, the epithelium of Bowman's capsule and a basement membrane between these two layers. The epithelial cells of Bowman's capsule called podocytes are arranged in an intricate manner so as to leave some minute spaces called filtration slits or slit pores. Blood is filtered so finely through these membranes, that almost all the constituents of the plasma except the proteins pass onto the lumen of the Bowman's capsule. Therefore, it is considered as a process of **ultra filtration**.

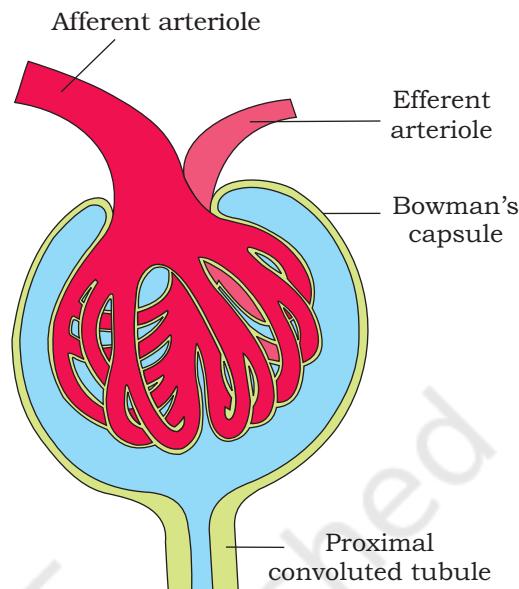


Figure 19.4 Malpighian body (renal corpuscle)

The amount of the filtrate formed by the kidneys per minute is called **glomerular filtration rate** (GFR). GFR in a healthy individual is approximately 125 ml/minute, i.e., 180 litres per day !

The kidneys have built-in mechanisms for the regulation of glomerular filtration rate. One such efficient mechanism is carried out by juxta glomerular apparatus (JGA). JGA is a special sensitive region formed by cellular modifications in the distal convoluted tubule and the afferent arteriole at the location of their contact. A fall in GFR can activate the JG cells to release renin which can stimulate the glomerular blood flow and thereby the GFR back to normal.

A comparison of the volume of the filtrate formed per day (180 litres per day) with that of the urine released (1.5 litres), suggest that nearly 99 per cent of the filtrate has to be reabsorbed by the renal tubules. This process is called **reabsorption**. The tubular epithelial cells in different segments of nephron perform this either by active or passive mechanisms. For example, substances like glucose, amino acids, Na^+ , etc., in the filtrate are reabsorbed actively whereas the nitrogenous wastes are absorbed by passive transport. Reabsorption of water also occurs passively in the initial segments of the nephron (Figure 19.5).

During urine formation, the tubular cells secrete substances like H^+ , K^+ and ammonia into the filtrate. Tubular secretion is also an important step in urine formation as it helps in the maintenance of ionic and acid base balance of body fluids.

19.3 FUNCTION OF THE TUBULES

Proximal Convolute Tubule (PCT): PCT is lined by simple cuboidal brush border epithelium which increases the surface area for reabsorption. Nearly all of the essential nutrients, and 70-80 per cent of electrolytes and water are reabsorbed by this segment. PCT also helps to maintain the pH and ionic balance of the body fluids by selective secretion of hydrogen ions, ammonia and potassium ions into the filtrate and by absorption of HCO_3^- from it.

Henle's Loop: Reabsorption is minimum in its ascending limb. However, this region plays a significant role in the maintenance of high osmolarity of medullary interstitial fluid. The descending limb of loop of Henle is permeable to water but almost impermeable to electrolytes. This concentrates the filtrate as it moves down. The ascending limb is impermeable to water but allows transport of electrolytes actively or passively. Therefore, as the concentrated filtrate pass upward, it gets diluted due to the passage of electrolytes to the medullary fluid.

Distal Convolute Tubule (DCT): Conditional reabsorption of Na^+ and water takes place in this segment. DCT is also capable of reabsorption of HCO_3^- and selective secretion of hydrogen and potassium ions and NH_3 to maintain the pH and sodium-potassium balance in blood.

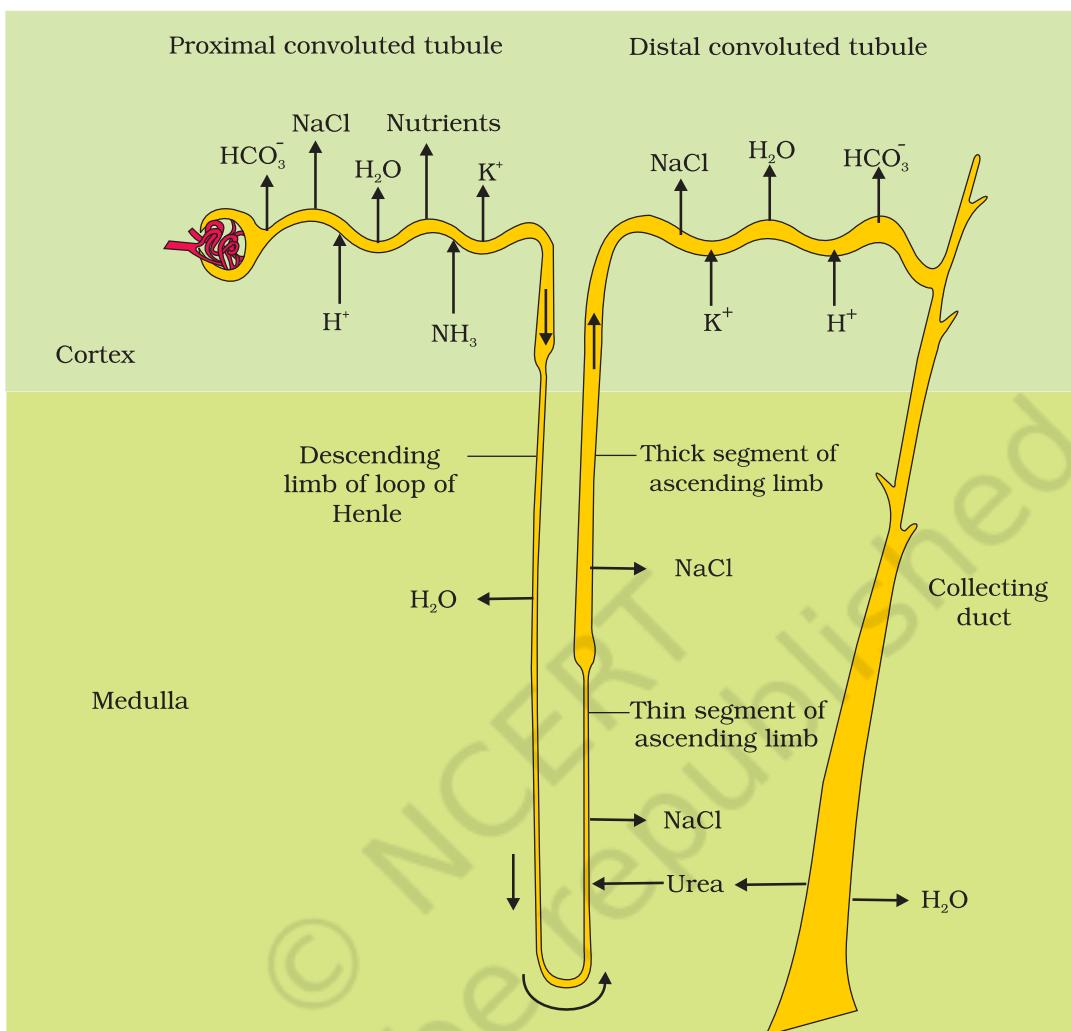


Figure 19.5 Reabsorption and secretion of major substances at different parts of the nephron (Arrows indicate direction of movement of materials.)

Collecting Duct: This long duct extends from the cortex of the kidney to the inner parts of the medulla. Large amounts of water could be reabsorbed from this region to produce a concentrated urine. This segment allows passage of small amounts of urea into the medullary interstitium to keep up the osmolarity. It also plays a role in the maintenance of pH and ionic balance of blood by the selective secretion of H^+ and K^+ ions (Figure 19.5).

19.4 MECHANISM OF CONCENTRATION OF THE FILTRATE

Mammals have the ability to produce a concentrated urine. The Henle's loop and *vasa recta* play a significant role in this. The flow of filtrate in the two limbs of Henle's loop is in opposite directions and thus forms a counter current. The flow of blood through the two limbs of *vasa recta* is

also in a counter current pattern. The proximity between the Henle's loop and *vasa recta*, as well as the counter current in them help in maintaining an increasing osmolarity towards the inner medullary interstitium, i.e., from 300 mOsmolL^{-1} in the cortex to about $1200 \text{ mOsmolL}^{-1}$ in the inner medulla. This gradient is mainly caused by NaCl and urea. NaCl is transported by the ascending limb of Henle's loop which is exchanged with the descending limb of *vasa recta*. NaCl is returned to the interstitium by the ascending portion of *vasa recta*. Similarly, small amounts of urea enter the thin segment of the ascending limb of Henle's loop which is transported back to the interstitium by the collecting tubule. The above described transport of substances facilitated by the special arrangement of Henle's loop and *vasa recta* is called the **counter current mechanism** (Figure. 19.6). This mechanism helps to maintain a concentration gradient

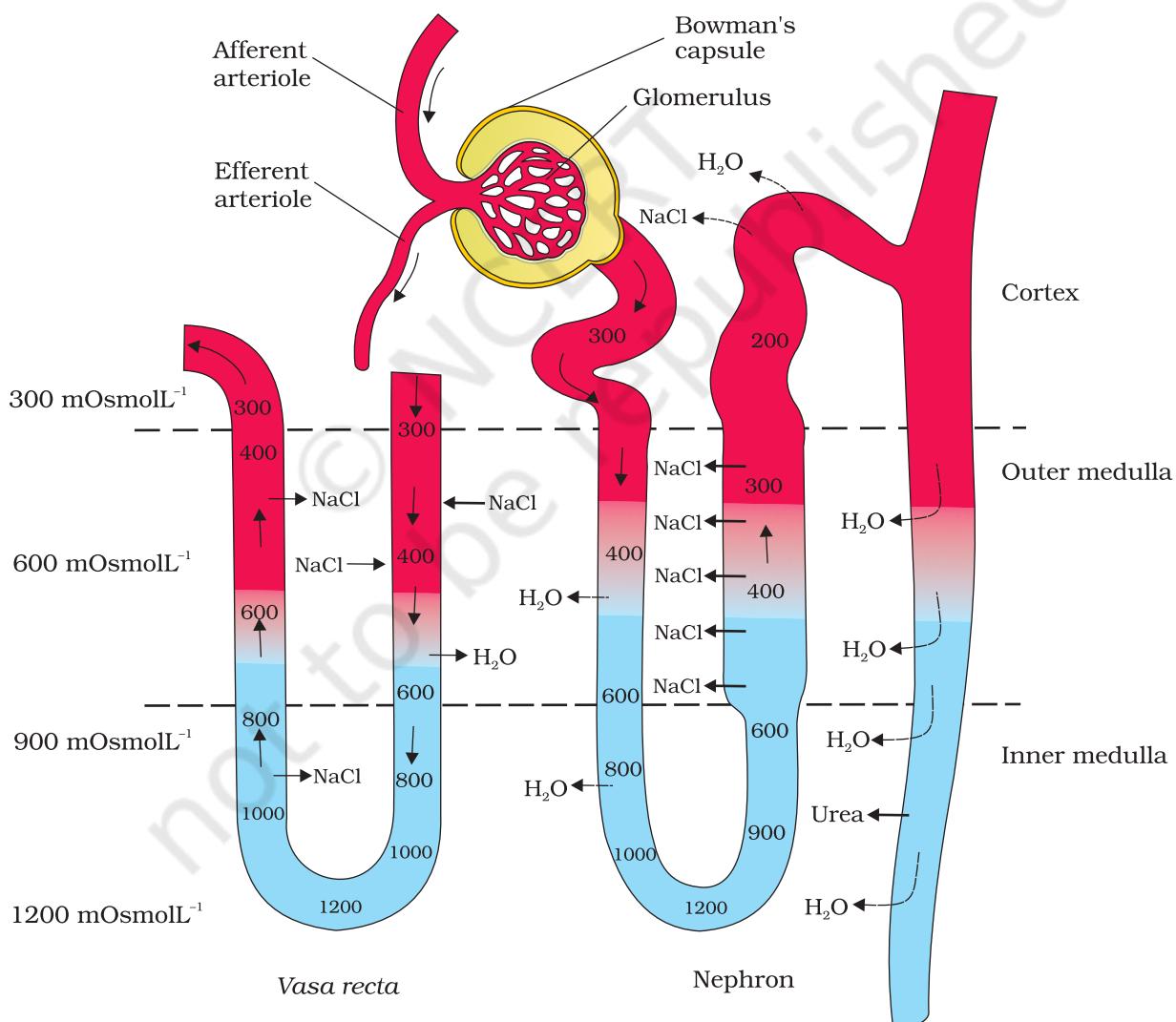


Figure 19.6 Diagrammatic representation of a nephron and *vasa recta* showing counter current mechanisms

in the medullary interstitium. Presence of such interstitial gradient helps in an easy passage of water from the collecting tubule thereby concentrating the filtrate (urine). Human kidneys can produce urine nearly four times concentrated than the initial filtrate formed.

19.5 REGULATION OF KIDNEY FUNCTION

The functioning of the kidneys is efficiently monitored and regulated by hormonal feedback mechanisms involving the hypothalamus, JGA and to a certain extent, the heart.

Osmoreceptors in the body are activated by changes in blood volume, body fluid volume and ionic concentration. An excessive loss of fluid from the body can activate these receptors which stimulate the hypothalamus to release antidiuretic hormone (ADH) or vasopressin from the neurohypophysis. ADH facilitates water reabsorption from latter parts of the tubule, thereby preventing diuresis. An increase in body fluid volume can switch off the osmoreceptors and suppress the ADH release to complete the feedback. ADH can also affect the kidney function by its constrictory effects on blood vessels. This causes an increase in blood pressure. An increase in blood pressure can increase the glomerular blood flow and thereby the GFR.

The JGA plays a complex regulatory role. A fall in glomerular blood flow/glomerular blood pressure/GFR can activate the JG cells to release **renin** which converts angiotensinogen in blood to angiotensin I and further to angiotensin II. Angiotensin II, being a powerful vasoconstrictor, increases the glomerular blood pressure and thereby GFR. Angiotensin II also activates the adrenal cortex to release Aldosterone. Aldosterone causes reabsorption of Na^+ and water from the distal parts of the tubule. This also leads to an increase in blood pressure and GFR. This complex mechanism is generally known as the **Renin-Angiotensin** mechanism.

An increase in blood flow to the atria of the heart can cause the release of **Atrial Natriuretic Factor** (ANF). ANF can cause vasodilation (dilation of blood vessels) and thereby decrease the blood pressure. ANF mechanism, therefore, acts as a check on the renin-angiotensin mechanism.

19.6 MICTURITION

Urine formed by the nephrons is ultimately carried to the urinary bladder where it is stored till a voluntary signal is given by the central nervous system (CNS). This signal is initiated by the stretching of the urinary bladder as it gets filled with urine. In response, the stretch receptors on the walls of the bladder send signals to the CNS. The CNS passes on motor messages

to initiate the contraction of smooth muscles of the bladder and simultaneous relaxation of the urethral sphincter causing the release of urine. The process of release of urine is called micturition and the neural mechanisms causing it is called the micturition reflex. An adult human excretes, on an average, 1 to 1.5 litres of urine per day. The urine formed is a light yellow coloured watery fluid which is slightly acidic (pH-6.0) and has a characteristic odour. On an average, 25-30 gm of urea is excreted out per day. Various conditions can affect the characteristics of urine. Analysis of urine helps in clinical diagnosis of many metabolic disorders as well as malfunctioning of the kidney. For example, presence of glucose (Glycosuria) and ketone bodies (Ketonuria) in urine are indicative of diabetes mellitus.

19.7 ROLE OF OTHER ORGANS IN EXCRETION

Other than the kidneys, lungs, liver and skin also help in the elimination of excretory wastes.

Our lungs remove large amounts of CO₂ (approximately 200mL/minute) and also significant quantities of water every day. Liver, the largest gland in our body, secretes bile-containing substances like bilirubin, biliverdin, cholesterol, degraded steroid hormones, vitamins and drugs. Most of these substances ultimately pass out alongwith digestive wastes.

The sweat and sebaceous glands in the skin can eliminate certain substances through their secretions. Sweat produced by the sweat glands is a watery fluid containing NaCl, small amounts of urea, lactic acid, etc. Though the primary function of sweat is to facilitate a cooling effect on the body surface, it also helps in the removal of some of the wastes mentioned above. Sebaceous glands eliminate certain substances like sterols, hydrocarbons and waxes through sebum. This secretion provides a protective oily covering for the skin. Do you know that small amounts of nitrogenous wastes could be eliminated through saliva too?

19.8 DISORDERS OF THE EXCRETORY SYSTEM

Malfunctioning of kidneys can lead to accumulation of urea in blood, a condition called **uremia**, which is highly harmful and may lead to kidney failure. In such patients, urea can be removed by a process called **hemodialysis**. Blood drained from a convenient artery is pumped into a dialysing unit after adding an anticoagulant like heparin. The unit contains a coiled cellophane tube surrounded by a fluid (dialysing fluid) having the same composition as that of plasma except the nitrogenous wastes. The porous cellophane membrane of the tube

allows the passage of molecules based on concentration gradient. As nitrogenous wastes are absent in the dialysing fluid, these substances freely move out, thereby clearing the blood. The cleared blood is pumped back to the body through a vein after adding anti-heparin to it. This method is a boon for thousands of uremic patients all over the world.

Kidney transplantation is the ultimate method in the correction of acute **renal failures** (kidney failure). A functioning kidney is used in transplantation from a donor, preferably a close relative, to minimise its chances of rejection by the immune system of the host. Modern clinical procedures have increased the success rate of such a complicated technique.

Renal calculi: Stone or insoluble mass of crystallised salts (oxalates, etc.) formed within the kidney.

Glomerulonephritis: Inflammation of glomeruli of kidney.

SUMMARY

Many nitrogen containing substances, ions, CO_2 , water, etc., that accumulate in the body have to be eliminated. Nature of nitrogenous wastes formed and their excretion vary among animals, mainly depending on the habitat (availability of water). Ammonia, urea and uric acid are the major nitrogenous wastes excreted.

Protonephridia, nephridia, malpighian tubules, green glands and the kidneys are the common excretory organs in animals. They not only eliminate nitrogenous wastes but also help in the maintenance of ionic and acid-base balance of body fluids.

In humans, the excretory system consists of one pair of kidneys, a pair of ureters, a urinary bladder and a urethra. Each kidney has over a million tubular structures called nephrons. Nephron is the functional unit of kidney and has two portions – glomerulus and renal tubule. Glomerulus is a tuft of capillaries formed from afferent arterioles, fine branches of renal artery. The renal tubule starts with a double walled Bowman's capsule and is further differentiated into a proximal convoluted tubule (PCT), Henle's loop (HL) and distal convoluted tubule (DCT). The DCTs of many nephrons join to a common collecting duct many of which ultimately open into the renal pelvis through the medullary pyramids. The Bowman's capsule encloses the glomerulus to form Malpighian or renal corpuscle.

Urine formation involves three main processes, i.e., filtration, reabsorption and secretion. Filtration is a non-selective process performed by the glomerulus using the glomerular capillary blood pressure. About 1200 ml of blood is filtered by the

glomerulus per minute to form 125 ml of filtrate in the Bowman's capsule per minute (GFR). JGA, a specialised portion of the nephrons, plays a significant role in the regulation of GFR. Nearly 99 per cent reabsorption of the filtrate takes place through different parts of the nephrons. PCT is the major site of reabsorption and selective secretion. HL primarily helps to maintain osmolar gradient (300 mOsmL^{-1} - 1200 mOsmL^{-1}) within the kidney interstitium. DCT and collecting duct allow extensive reabsorption of water and certain electrolytes, which help in osmoregulation: H^+ , K^+ and NH_3 could be secreted into the filtrate by the tubules to maintain the ionic balance and pH of body fluids.

A counter current mechanism operates between the two limbs of the loop of Henle and those of *vasa recta* (capillary parallel to Henle's loop). The filtrate gets concentrated as it moves down the descending limb but is diluted by the ascending limb. Electrolytes and urea are retained in the interstitium by this arrangement. DCT and collecting duct concentrate the filtrate about four times, i.e., from 300 mOsmL^{-1} to 1200 mOsmL^{-1} , an excellent mechanism of conservation of water. Urine is stored in the urinary bladder till a voluntary signal from CNS carries out its release through urethra, i.e., micturition. Skin, lungs and liver also assist in excretion.

EXERCISES

1. Define Glomerular Filtration Rate (GFR)
2. Explain the autoregulatory mechanism of GFR.
3. Indicate whether the following statements are true or false :
 - (a) Micturition is carried out by a reflex.
 - (b) ADH helps in water elimination, making the urine hypotonic.
 - (c) Protein-free fluid is filtered from blood plasma into the Bowman's capsule.
 - (d) Henle's loop plays an important role in concentrating the urine.
 - (e) Glucose is actively reabsorbed in the proximal convoluted tubule.
4. Give a brief account of the counter current mechanism.
5. Describe the role of liver, lungs and skin in excretion.
6. Explain micturition.
7. Match the items of column I with those of column II :

Column I	Column II
(a) Ammonotelism	(i) Birds
(b) Bowman's capsule	(ii) Water reabsorption
(c) Micturition	(iii) Bony fish
(d) Uricotelism	(iv) Urinary bladder
(d) ADH	(v) Renal tubule

8. What is meant by the term osmoregulation?
9. Terrestrial animals are generally either ureotelic or uricotelic, not ammonotelic, why ?
10. What is the significance of juxta glomerular apparatus (JGA) in kidney function?
11. Name the following:
 - (a) A chordate animal having flame cells as excretory structures
 - (b) Cortical portions projecting between the medullary pyramids in the human kidney
 - (c) A loop of capillary running parallel to the Henle's loop.
12. Fill in the gaps :
 - (a) Ascending limb of Henle's loop is _____ to water whereas the descending limb is _____ to it.
 - (b) Reabsorption of water from distal parts of the tubules is facilitated by hormone _____.
 - (c) Dialysis fluid contain all the constituents as in plasma except _____.
 - (d) A healthy adult human excretes (on an average) _____ gm of urea/day.

CHAPTER 20

LOCOMOTION AND MOVEMENT

20.1 Types of Movement

20.2 Muscle

20.3 Skeletal System

20.4 Joints

20.5 Disorders of Muscular and Skeletal System

Movement is one of the significant features of living beings. Animals and plants exhibit a wide range of movements. Streaming of protoplasm in the unicellular organisms like *Amoeba* is a simple form of movement. Movement of cilia, flagella and tentacles are shown by many organisms. Human beings can move limbs, jaws, eyelids, tongue, etc. Some of the movements result in a change of place or location. Such voluntary movements are called **locomotion**. Walking, running, climbing, flying, swimming are all some forms of locomotory movements. Locomotory structures need not be different from those affecting other types of movements. For example, in *Paramoecium*, cilia helps in the movement of food through cytopharynx and in locomotion as well. *Hydra* can use its tentacles for capturing its prey and also use them for locomotion. We use limbs for changes in body postures and locomotion as well. The above observations suggest that movements and locomotion cannot be studied separately. The two may be linked by stating that all locomotions are movements but all movements are not locomotions.

Methods of locomotion performed by animals vary with their habitats and the demand of the situation. However, locomotion is generally for search of food, shelter, mate, suitable breeding grounds, favourable climatic conditions or to escape from enemies/predators.

20.1 TYPES OF MOVEMENT

Cells of the human body exhibit three main types of movements, namely, amoeboid, ciliary and muscular.

Some specialised cells in our body like macrophages and leucocytes in blood exhibit amoeboid movement. It is effected by pseudopodia formed by the streaming of protoplasm (as in *Amoeba*). Cytoskeletal elements like microfilaments are also involved in amoeboid movement.

Ciliary movement occurs in most of our internal tubular organs which are lined by ciliated epithelium. The coordinated movements of cilia in the trachea help us in removing dust particles and some of the foreign substances inhaled alongwith the atmospheric air. Passage of ova through the female reproductive tract is also facilitated by the ciliary movement.

Movement of our limbs, jaws, tongue, etc, require muscular movement. The contractile property of muscles are effectively used for locomotion and other movements by human beings and majority of multicellular organisms. Locomotion requires a perfect coordinated activity of muscular, skeletal and neural systems. In this chapter, you will learn about the types of muscles, their structure, mechanism of their contraction and important aspects of the skeletal system.

20.2 MUSCLE

Muscle is a specialised tissue of mesodermal origin. About 40-50 per cent of the body weight of a human adult is contributed by muscles. They have special properties like excitability, contractility, extensibility and elasticity. Muscles have been classified using different criteria, namely location, appearance and nature of regulation of their activities. Based on their location, three types of muscles are identified : (i) Skeletal (ii) Visceral and (iii) Cardiac.

Skeletal muscles are closely associated with the skeletal components of the body. They have a striped appearance under the microscope and hence are called **striated muscles**. As their activities are under the voluntary control of the nervous system, they are known as voluntary muscles too. They are primarily involved in locomotory actions and changes of body postures.

Visceral muscles are located in the inner walls of hollow visceral organs of the body like the alimentary canal, reproductive tract, etc. They do not exhibit any striation and are smooth in appearance. Hence, they are called **smooth muscles (nonstriated muscle)**. Their activities are not under the voluntary control of the nervous system and are therefore known as involuntary muscles. They assist, for example, in the transportation of food through the digestive tract and gametes through the genital tract.

As the name suggests, **Cardiac muscles** are the muscles of heart. Many cardiac muscle cells assemble in a branching pattern to form a

cardiac muscle. Based on appearance, cardiac muscles are striated. They are involuntary in nature as the nervous system does not control their activities directly.

Let us examine a skeletal muscle in detail to understand the structure and mechanism of contraction. Each organised skeletal muscle in our body is made of a number of **muscle bundles** or **fascicles** held together by a common collagenous connective tissue layer called **fascia**. Each muscle bundle contains a number of muscle fibres (Figure 20.1). Each

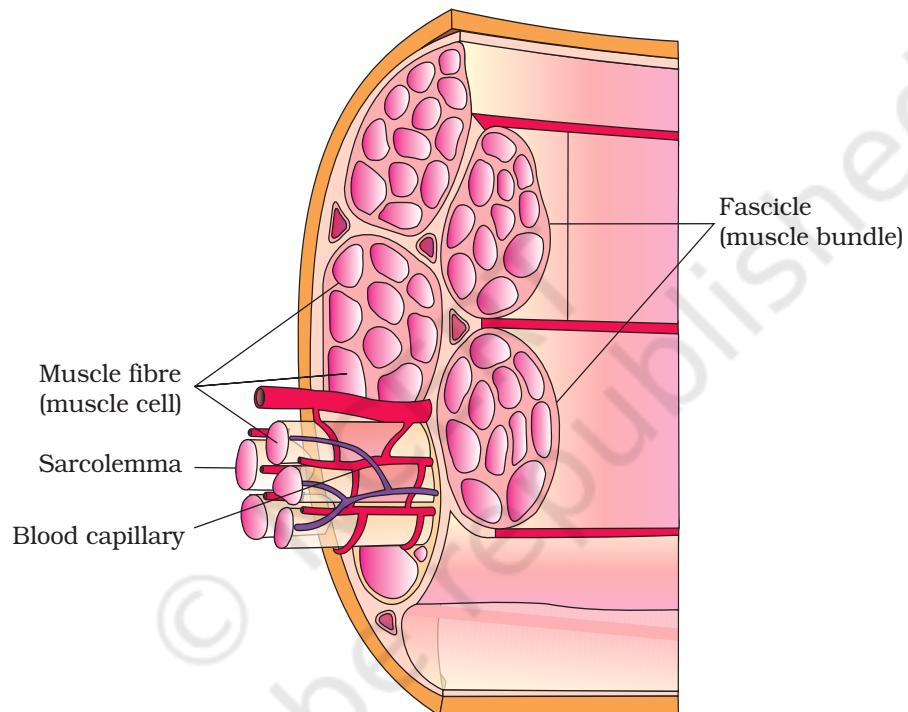


Figure 20.1 Diagrammatic cross sectional view of a muscle showing muscle bundles and muscle fibres

muscle fibre is lined by the plasma membrane called sarcolemma enclosing the sarcoplasm. Muscle fibre is a syncitium as the sarcoplasm contains many nuclei. The endoplasmic reticulum, i.e., sarcoplasmic reticulum of the muscle fibres is the store house of calcium ions. A characteristic feature of the muscle fibre is the presence of a large number of parallelly arranged filaments in the sarcoplasm called myofilaments or **myofibrils**. Each myofibril has alternate dark and light bands on it. A detailed study of the myofibril has established that the striated appearance is due to the distribution pattern of two important proteins – **Actin** and **Myosin**. The light bands contain actin and is called I-band or Isotropic band, whereas the dark band called 'A' or Anisotropic band contains

myosin. Both the proteins are arranged as rod-like structures, parallel to each other and also to the longitudinal axis of the myofibrils. Actin filaments are thinner as compared to the myosin filaments, hence are commonly called thin and thick filaments respectively. In the centre of each 'I' band is an elastic fibre called 'Z' line which bisects it. The thin filaments are firmly attached to the 'Z' line. The thick filaments in the 'A' band are also held together in the middle of this band by a thin fibrous membrane called 'M' line. The 'A' and 'I' bands are arranged alternately throughout the length of the myofibrils. The portion of the myofibril between two successive 'Z' lines is considered as the functional unit of contraction and is called a sarcomere (Figure 20.2). In a resting state, the edges of thin filaments on either side of the thick filaments partially overlap the free ends of the thick filaments leaving the central part of the thick filaments. This central part of thick filament, not overlapped by thin filaments is called the 'H' zone.

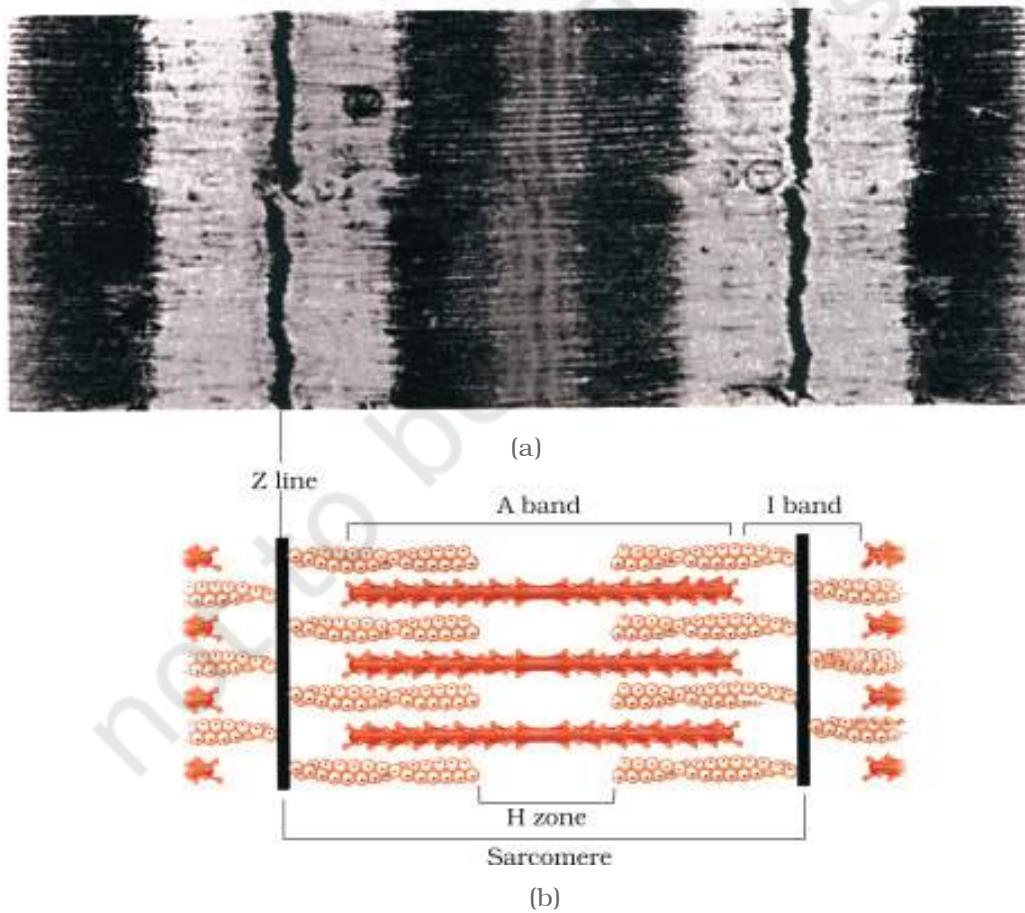


Figure 20.2 Diagrammatic representation of (a) anatomy of a muscle fibre showing a sarcomere (b) a sarcomere

20.2.1 Structure of Contractile Proteins

Each actin (thin) filament is made of two 'F' (filamentous) actins helically wound to each other. Each 'F' actin is a polymer of monomeric 'G' (Globular) actins. Two filaments of another protein, tropomyosin also run close to the 'F' actins throughout its length. A complex protein Troponin is distributed at regular intervals on the tropomyosin. In the resting state a subunit of troponin masks the active binding sites for myosin on the actin filaments (Figure 20.3a).

Each myosin (thick) filament is also a polymerised protein. Many monomeric proteins called Meromyosins (Figure 20.3b) constitute one thick filament. Each meromyosin has two important parts, a globular head with a short arm and a tail, the former being called the heavy meromyosin (HMM) and the latter, the light meromyosin (LMM). The HMM component, i.e., the head and short arm projects outwards at regular distance and angle from each other from the surface of a polymerised myosin filament and is known as cross arm. The globular head is an active ATPase enzyme and has binding sites for ATP and active sites for actin.

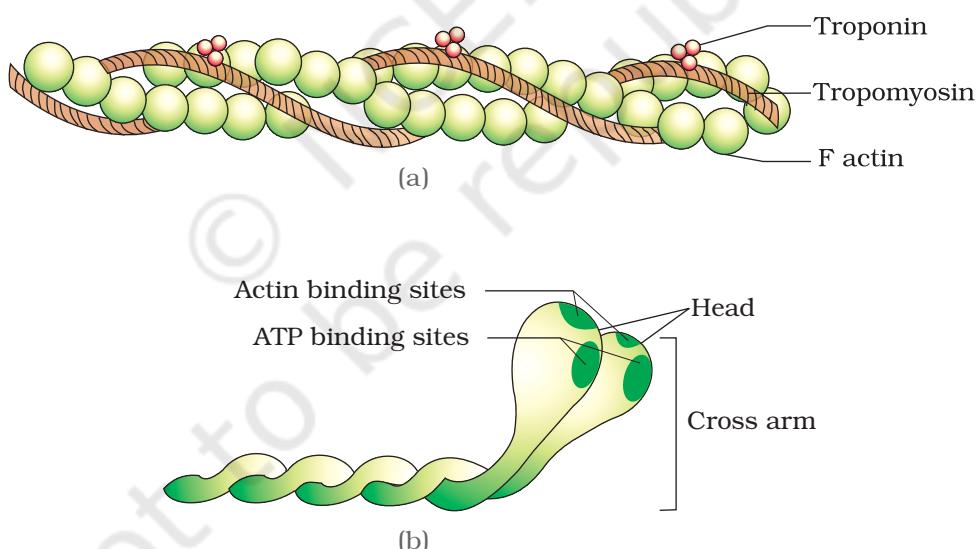


Figure 20.3 (a) An actin (thin) filament (b) Myosin monomer (Meromyosin)

20.2.2 Mechanism of Muscle Contraction

Mechanism of muscle contraction is best explained by the sliding filament theory which states that contraction of a muscle fibre takes place by the sliding of the thin filaments over the thick filaments.

Muscle contraction is initiated by a signal sent by the central nervous system (CNS) via a motor neuron. A motor neuron alongwith the muscle fibres connected to it constitute a motor unit. The junction between a motor neuron and the sarcolemma of the muscle fibre is called the neuromuscular junction or motor-end plate. A neural signal reaching this junction releases a neurotransmitter (Acetyl choline) which generates an action potential in the sarcolemma. This spreads through the muscle fibre and causes the release of calcium ions into the sarcoplasm. Increase in Ca^{++} level leads to the binding of calcium with a subunit of troponin on actin filaments and thereby remove the masking of active sites for myosin. Utilising the energy from ATP hydrolysis, the myosin head now binds to the exposed active sites on actin to form a cross bridge (Figure 20.4). This

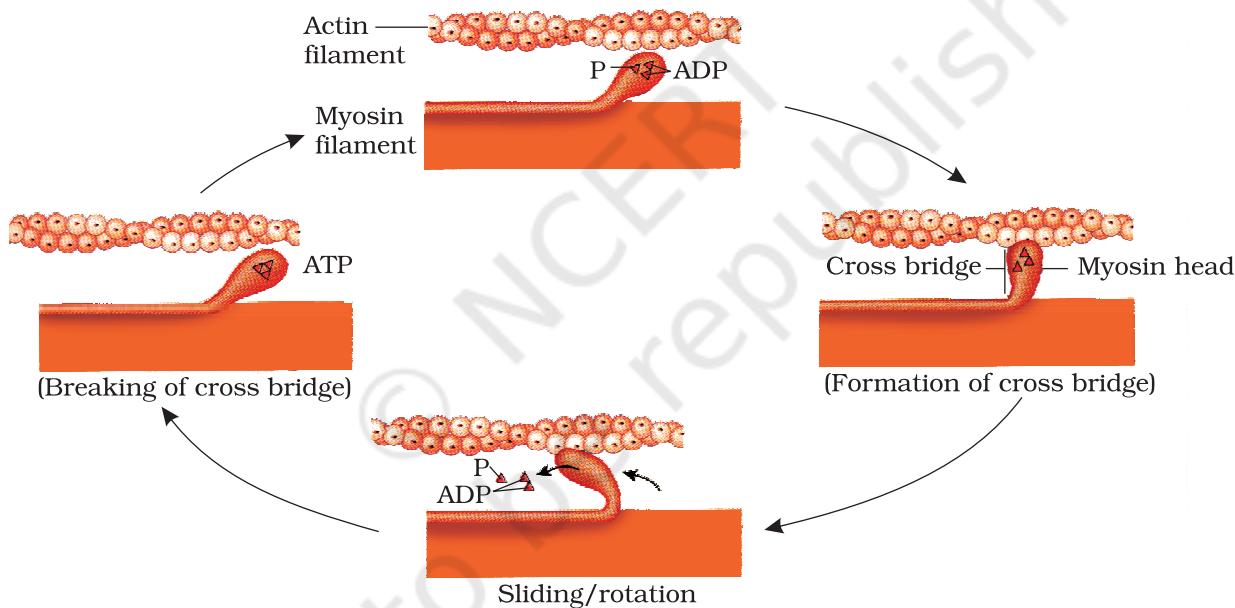


Figure 20.4 Stages in cross bridge formation, rotation of head and breaking of cross bridge

pulls the attached actin filaments towards the centre of 'A' band. The 'Z' line attached to these actins are also pulled inwards thereby causing a shortening of the sarcomere, i.e., contraction. It is clear from the above steps, that during shortening of the muscle, i.e., contraction, the 'T' bands get reduced, whereas the 'A' bands retain the length (Figure 20.5). The myosin, releasing the ADP and P_i goes back to its relaxed state. A new ATP binds and the cross-bridge is broken (Figure 20.4). The ATP is again hydrolysed by the myosin head and the cycle of cross bridge formation

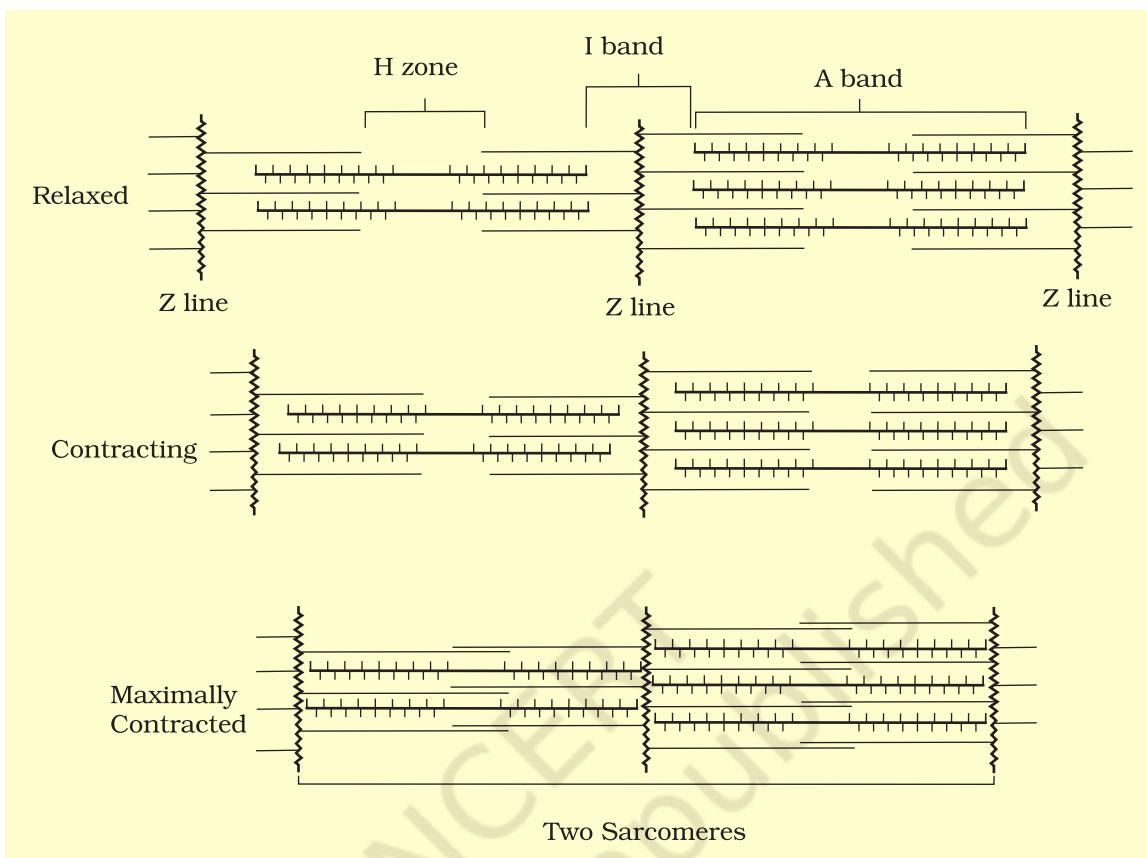


Figure 20.5 Sliding-filament theory of muscle contraction (movement of the thin filaments and the relative size of the I band and H zones)

and breakage is repeated causing further sliding. The process continues till the Ca^{++} ions are pumped back to the sarcoplasmic cisternae resulting in the masking of actin filaments. This causes the return of 'Z' lines back to their original position, i.e., relaxation. The reaction time of the fibres can vary in different muscles. Repeated activation of the muscles can lead to the accumulation of lactic acid due to anaerobic breakdown of glycogen in them, causing fatigue. Muscle contains a red coloured oxygen storing pigment called myoglobin. Myoglobin content is high in some of the muscles which gives a reddish appearance. Such muscles are called the Red fibres. These muscles also contain plenty of mitochondria which can utilise the large amount of oxygen stored in them for ATP production. These muscles, therefore, can also be called aerobic muscles. On the other hand, some of the muscles possess very less quantity of myoglobin and therefore, appear pale or whitish. These are the White fibres. Number of mitochondria are also few in them, but the amount of sarcoplasmic reticulum is high. They depend on anaerobic process for energy.

20.3 SKELETAL SYSTEM

Skeletal system consists of a framework of bones and a few cartilages. This system has a significant role in movement shown by the body. Imagine chewing food without jaw bones and walking around without the limb bones. Bone and cartilage are specialised connective tissues. The former has a very hard matrix due to calcium salts in it and the latter has slightly pliable matrix due to chondroitin salts. In human beings, this system is made up of 206 bones and a few cartilages. It is grouped into two principal divisions – the axial and the appendicular skeleton.

Axial skeleton comprises 80 bones distributed along the main axis of the body. The skull, vertebral column, sternum and ribs constitute axial skeleton. The **skull** (Figure 20.6) is composed of two sets of bones –

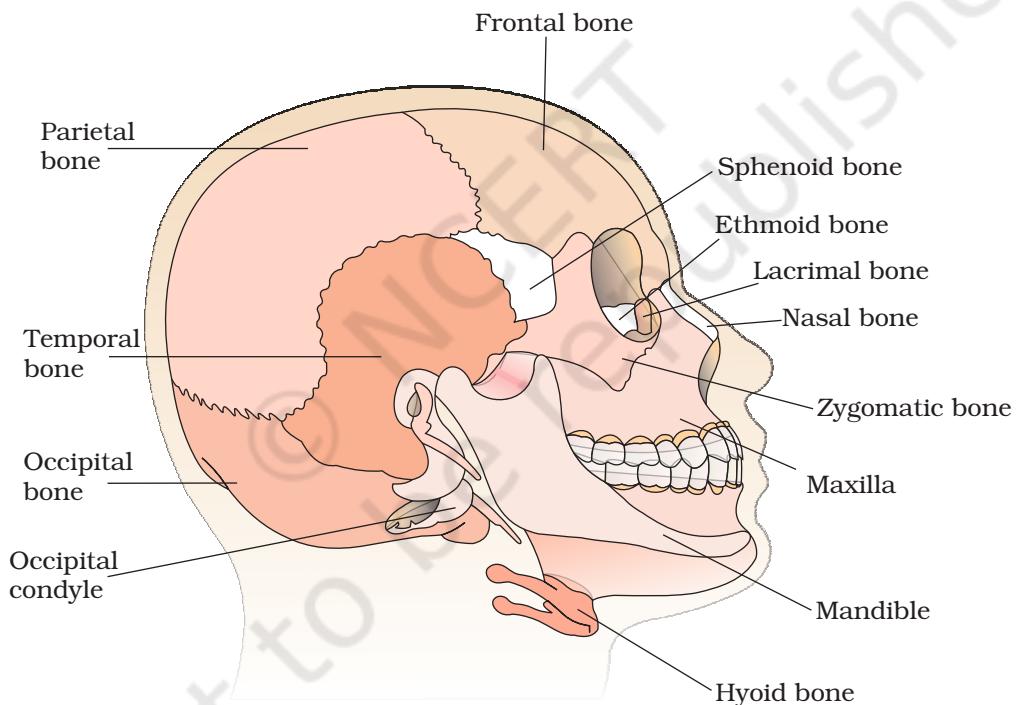


Figure 20.6 Diagrammatic view of human skull

cranial and facial, that totals to 22 bones. Cranial bones are 8 in number. They form the hard protective outer covering, cranium for the brain. The facial region is made up of 14 skeletal elements which form the front part of the skull. A single U-shaped bone called hyoid is present at the base of the buccal cavity and it is also included in the skull. Each middle ear contains three tiny bones – Malleus, Incus and Stapes, collectively called **Ear Ossicles**. The skull region articulates with the superior region of the

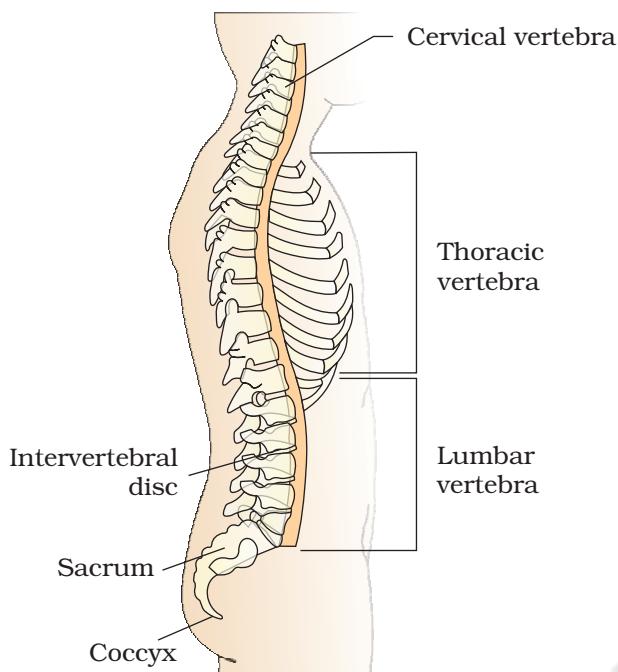


Figure 20.7 Vertebral column (right lateral view)

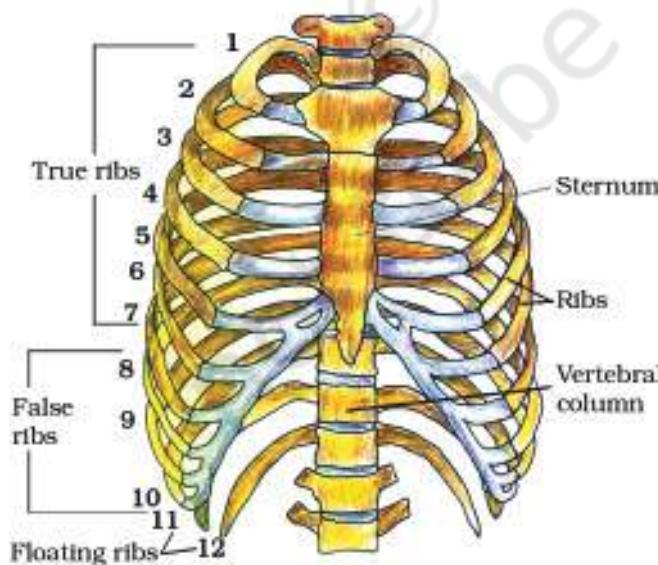


Figure 20.8 Ribs and rib cage

vertebral column with the help of two occipital condyles (dicondylic skull).

Our **vertebral column** (Figure 20.7) is formed by 26 serially arranged units called vertebrae and is dorsally placed. It extends from the base of the skull and constitutes the main framework of the trunk. Each vertebra has a central hollow portion (neural canal) through which the spinal cord passes. First vertebra is the atlas and it articulates with the occipital condyles. The vertebral column is differentiated into cervical (7), thoracic (12), lumbar (5), sacral (1-fused) and coccygeal (1-fused) regions starting from the skull. The number of cervical vertebrae are seven in almost all mammals including human beings. The vertebral column protects the spinal cord, supports the head and serves as the point of attachment for the ribs and musculature of the back. **Sternum** is a flat bone on the ventral midline of thorax.

There are 12 pairs of **ribs**. Each rib is a thin flat bone connected dorsally to the vertebral column and ventrally to the sternum. It has two articulation surfaces on its dorsal end and is hence called bicephalic. First seven pairs of ribs are called true ribs. Dorsally, they are attached to the thoracic vertebrae and ventrally connected to the sternum with the help of hyaline cartilage. The 8th, 9th and 10th pairs of ribs do not articulate directly with the sternum but join the seventh rib with the help of hyaline cartilage. These are called vertebrochondral (false) ribs. Last 2 pairs (11th and 12th) of ribs are not connected ventrally and are therefore, called floating ribs. Thoracic vertebrae, ribs and sternum together form the rib cage (Figure 20.8).

The bones of the limbs alongwith their girdles constitute the **appendicular skeleton**. Each **limb** is made of 30 bones. The bones of the hand (fore limb) are humerus, radius and

ulna, carpals (wrist bones – 8 in number), metacarpals (palm bones – 5 in number) and phalanges (digits – 14 in number) (Figure 20.9). Femur (thigh bone – the longest bone), tibia and fibula, tarsals (ankle bones – 7 in number), metatarsals (5 in number) and phalanges (digits – 14 in number) are the bones of the legs (hind limb) (Figure 20.10). A cup shaped bone called patella cover the knee ventrally (knee cap).

Pectoral and Pelvic girdle bones help in the articulation of the upper and the lower limbs respectively with the axial skeleton. Each girdle is formed of two halves. Each half of pectoral girdle consists of a clavicle and a scapula (Figure 20.9). Scapula is a large triangular flat bone situated in the dorsal part of the thorax between the second and the seventh ribs. The dorsal, flat, triangular body of scapula has a slightly elevated ridge called the spine which projects as a flat, expanded process called the acromion. The clavicle articulates with this. Below the acromion is a depression called the glenoid cavity which articulates with the head of the humerus to form the shoulder joint. Each clavicle is a long slender bone with two curvatures. This bone is commonly called the collar bone.

Pelvic girdle consists of two coxal bones (Figure 20.10). Each coxal bone is formed by the fusion of three bones – ilium, ischium and pubis. At the point of fusion of the above bones is a cavity called acetabulum to which the thigh bone articulates. The two halves of the pelvic girdle meet ventrally to form the pubic symphysis containing fibrous cartilage.

20.4 JOINTS

Joints are essential for all types of movements involving the bony parts of the body. Locomotory movements are no exception to

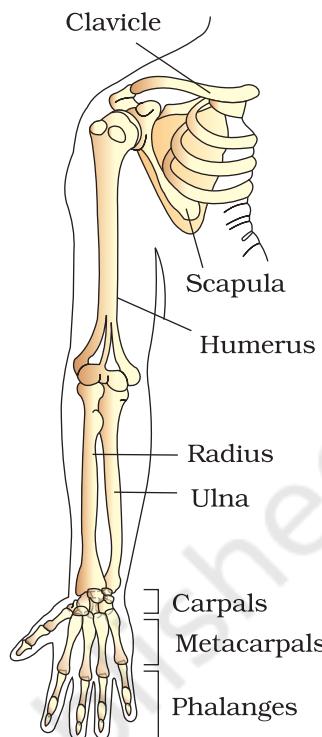


Figure 20.9 Right pectoral girdle and upper arm. (frontal view)

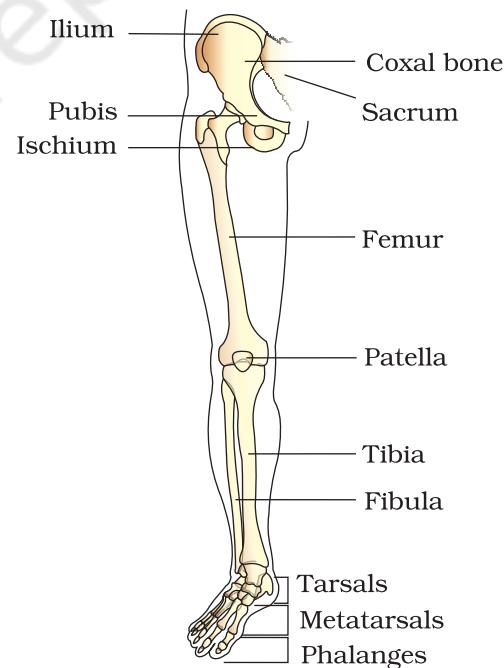


Figure 20.10 Right pelvic girdle and lower limb bones (frontal view)

this. Joints are points of contact between bones, or between bones and cartilages. Force generated by the muscles is used to carry out movement through joints, where the joint acts as a fulcrum. The movability at these joints vary depending on different factors. Joints have been classified into three major structural forms, namely, fibrous, cartilaginous and synovial.

Fibrous joints do not allow any movement. This type of joint is shown by the flat skull bones which fuse end-to-end with the help of dense fibrous connective tissues in the form of sutures, to form the cranium.

In **cartilaginous joints**, the bones involved are joined together with the help of cartilages. The joint between the adjacent vertebrae in the vertebral column is of this pattern and it permits limited movements.

Synovial joints are characterised by the presence of a fluid filled synovial cavity between the articulating surfaces of the two bones. Such an arrangement allows considerable movement. These joints help in locomotion and many other movements. Ball and socket joint (between humerus and pectoral girdle), hinge joint (knee joint), pivot joint (between atlas and axis), gliding joint (between the carpal) and saddle joint (between carpal and metacarpal of thumb) are some examples.

20.5 DISORDERS OF MUSCULAR AND SKELETAL SYSTEM

Myasthenia gravis: Auto immune disorder affecting neuromuscular junction leading to fatigue, weakening and paralysis of skeletal muscle.

Muscular dystrophy: Progressive degeneration of skeletal muscle mostly due to genetic disorder.

Tetany: Rapid spasms (wild contractions) in muscle due to low Ca^{++} in body fluid.

Arthritis: Inflammation of joints.

Osteoporosis: Age-related disorder characterised by decreased bone mass and increased chances of fractures. Decreased levels of estrogen is a common cause.

Gout: Inflammation of joints due to accumulation of uric acid crystals.

SUMMARY

Movement is an essential feature of all living beings. Protoplasmic streaming, ciliary movements, movements of fins, limbs, wings, etc., are some forms exhibited by animals. A voluntary movement which causes the animal to change its place, is

called locomotion. Animals move generally in search of food, shelter, mate, breeding ground, better climate or to protect themselves.

The cells of the human body exhibit amoeboid, ciliary and muscular movements. Locomotion and many other movements require coordinated muscular activities. Three types of muscles are present in our body. Skeletal muscles are attached to skeletal elements. They appear striated and are voluntary in nature. Visceral muscles, present in the inner walls of visceral organs are nonstriated and involuntary. Cardiac muscles are the muscles of the heart. They are striated, branched and involuntary. Muscles possess excitability, contractility, extensibility and elasticity.

Muscle fibre is the anatomical unit of muscle. Each muscle fibre has many parallelly arranged myofibrils. Each myofibril contains many serially arranged units called sarcomere which are the functional units. Each sarcomere has a central 'A' band made of thick myosin filaments, and two half 'T' bands made of thin actin filaments on either side of it marked by 'Z' lines. Actin and myosin are polymerised proteins with contractility. The active sites for myosin on resting actin filament are masked by a protein-troponin. Myosin head contains ATPase and has ATP binding sites and active sites for actin. A motor neuron carries signal to the muscle fibre which generates an action potential in it. This causes the release of Ca^{++} from sarcoplasmic reticulum. Ca^{++} activates actin which binds to the myosin head to form a cross bridge. These cross bridges pull the actin filaments causing them to slide over the myosin filaments and thereby causing contraction. Ca^{++} are then returned to sarcoplasmic reticulum which inactivate the actin. Cross bridges are broken and the muscles relax.

Repeated stimulation of muscles leads to fatigue. Muscles are classified as Red and White fibres based primarily on the amount of red coloured myoglobin pigment in them.

Bones and cartilages constitute our skeletal system. The skeletal system is divisible into axial and appendicular. Skull, vertebral column, ribs and sternum constitute the axial skeleton. Limb bones and girdles form the appendicular skeleton. Three types of joints are formed between bones or between bone and cartilage – fibrous, cartilaginous and synovial. Synovial joints allow considerable movements and therefore, play a significant role in locomotion.

EXERCISES

1. Draw the diagram of a sarcomere of skeletal muscle showing different regions.
2. Define sliding filament theory of muscle contraction.
3. Describe the important steps in muscle contraction.