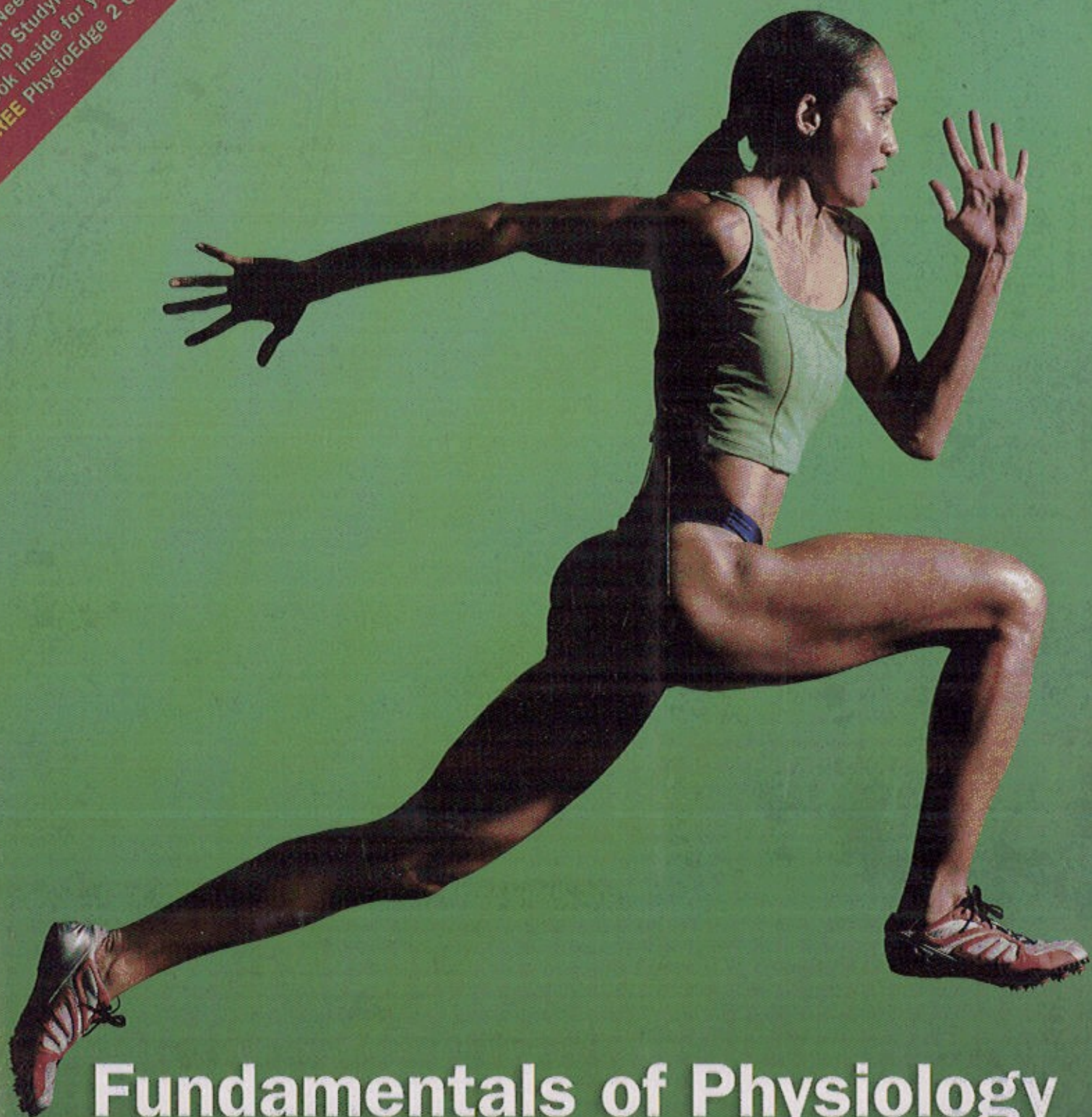


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Fundamentals of Physiology

A HUMAN PERSPECTIVE

THIRD EDITION

Lauralee Sherwood

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Tubular reabsorption is tremendous, highly selective, and variable. **414**
Tubular reabsorption involves transepithelial transport. **415**
An active Na⁺–K⁺ ATPase pump in the basolateral membrane is essential for Na⁺ reabsorption. **415**
Aldosterone stimulates Na⁺ reabsorption in the distal and collecting tubules. **416**
Atrial natriuretic peptide inhibits Na⁺ reabsorption. **418**
Glucose and amino acids are reabsorbed by Na⁺-dependent secondary active transport. **419**
In general, actively reabsorbed substances exhibit a tubular maximum. **419**
Glucose is an example of an actively reabsorbed substance that is not regulated by the kidneys. **419**
Phosphate is an example of an actively reabsorbed substance that is regulated by the kidneys. **420**
Active Na⁺ reabsorption is responsible for the passive reabsorption of Cl⁻, H₂O, and urea. **421**
In general, unwanted waste products are not reabsorbed. **422**

Tubular Secretion **422**

Hydrogen ion secretion is important in acid–base balance. **422**
Potassium secretion is controlled by aldosterone. **422**
Organic anion and cation secretion helps efficiently eliminate foreign compounds from the body. **423**

Urine Excretion and Plasma Clearance **424**

Plasma clearance is the volume of plasma cleared of a particular substance per minute. **424**
If a substance is filtered but not reabsorbed or secreted, its plasma clearance rate equals the GFR. **425**
If a substance is filtered and reabsorbed but not secreted, its plasma clearance rate is always less than the GFR. **425**
If a substance is filtered and secreted but not reabsorbed, its plasma clearance rate is always greater than the GFR. **425**
The kidneys can excrete urine of varying concentrations depending on the body’s state of hydration. **427**

The medullary vertical osmotic gradient is established by countercurrent multiplication. **427**
Vasopressin-controlled, variable H₂O reabsorption occurs in the final tubular segments. **429**



Beyond the Basics: Dialysis: Cellophane Tubing or Abdominal Lining as an Artificial Kidney 435

Renal failure has wide-ranging consequences. **435**
Urine is temporarily stored in the bladder, from which it is emptied by micturition. **436**



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Chapter 14 **Fluid and Acid–Base Balance 442**

Balance Concept 443

The internal pool of a substance is the amount of that substance in the ECF. **443**

To maintain stable balance of an ECF constituent, its input must equal its output. **444**

Fluid Balance 444

Body water is distributed between the ICF and ECF compartments. **444**

The plasma and interstitial fluid are similar in composition, but the ECF and ICF differ markedly. **445**

Fluid balance is maintained by regulating ECF volume and osmolarity. **445**

Controlling ECF volume is important in the long-term regulation of blood pressure. **446**

Controlling salt balance is primarily important in regulating ECF volume. **447**

Controlling ECF osmolarity prevents changes in ICF volume. **448**



Beyond the Basics: A Potentially Fatal Clash: When Exercising Muscles and Cooling Mechanisms Compete for an Inadequate Plasma Volume 449

During ECF hypertonicity, the cells shrink as H₂O leaves them. **449**

During ECF hypotonicity, the cells swell as H₂O enters them. **450**

Controlling water balance by means of vasopressin is important in regulating ECF osmolarity. **450**

Vasopressin secretion and thirst are largely triggered simultaneously. **452**

Acid–Base Balance 453

Acids liberate free hydrogen ions, whereas bases accept them. **453**

The pH designation is used to express [H⁺]. **454**

Fluctuations in [H⁺] alter nerve, enzyme, and K⁺ activity. **455**

Hydrogen ions are continually added to the body fluids as a result of metabolic activities. **455**

Chemical buffer systems minimize changes in pH by binding with or yielding free H⁺. **456**

The H₂CO₃:HCO₃⁻ buffer pair is the primary ECF buffer for noncarbonic acids. **457**

The protein buffer system is primarily important intracellularly. **457**

The hemoglobin buffer system buffers H⁺ generated from carbonic acid. **457**

The phosphate buffer system is an important urinary buffer. **457**

Chemical buffer systems act as the first line of defense against changes in [H⁺]. **457**

The respiratory system regulates [H⁺] by controlling the rate of CO₂ removal. **458**

The respiratory system serves as the second line of defense against changes in [H⁺]. **458**

The kidneys help maintain acid–base balance by adjusting their rate of H⁺ excretion, HCO₃⁻ excretion, and NH₃ secretion. **458**

The kidneys are a powerful third line of defense against changes in [H⁺]. **460**

Acid–base imbalances can arise from either respiratory dysfunction or metabolic disturbances. **460**



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Chapter 15 **The Digestive System 464**

Introduction 465

The digestive system performs four basic digestive processes. **465**

The digestive tract and accessory digestive organs make up the digestive system. **467**

The digestive tract wall has four layers. **467**

Regulation of digestive function is complex and synergistic. **469**

Receptor activation alters digestive activity through neural reflexes and hormonal pathways. **471**

Mouth 471

The oral cavity is the entrance to the digestive tract. **471**

The teeth do the chewing. **472**

Saliva begins carbohydrate digestion, is important in oral hygiene, and facilitates speech. **472**

Salivary secretion is continuous and can be reflexly increased. **472**

Digestion in the mouth is minimal; no absorption of nutrients occurs. **473**

Pharynx and Esophagus 473

Swallowing is a sequentially programmed all-or-none reflex. **473**

During the oropharyngeal stage of swallowing, food is prevented from entering the wrong passageways. **474**

The pharyngoesophageal sphincter prevents air from entering the digestive tract during breathing. **474**

Peristaltic waves push food through the esophagus. **475**

The gastroesophageal sphincter prevents reflux of gastric contents. **475**

Esophageal secretion is entirely protective. **475**

Stomach 475

The stomach stores food and begins protein digestion. **476**

Gastric filling involves receptive relaxation. **476**

Gastric storage takes place in the body of the stomach. **476**

Gastric mixing takes place in the antrum of the stomach. **476**

Gastric emptying is largely controlled by factors in the duodenum. **477**

Emotions can influence gastric motility. **479**

The stomach does not actively participate in vomiting. **479**

Gastric digestive juice is secreted by glands located at the base of gastric pits. **481**

Hydrochloric acid activates pepsinogen. **481**

Pepsinogen, once activated, begins protein digestion. **481**

Mucus is protective. **481**

Intrinsic factor is essential for absorption of vitamin B₁₂. **482**

Multiple regulatory pathways influence the parietal and chief cells. **482**

Control of gastric secretion involves three phases. **482**

Gastric secretion gradually decreases as food empties from the stomach into the intestine. **483**

The gastric mucosal barrier protects the stomach lining from gastric secretions. **484**



Beyond the Basics: Ulcers: When Bugs Break the Barrier 485

Carbohydrate digestion continues in the body of the stomach; protein digestion begins in the antrum. **486**

The stomach absorbs alcohol and aspirin but no food. **486**

Pancreatic and Biliary Secretions 486

The pancreas is a mixture of exocrine and endocrine tissue. **486**

The exocrine pancreas secretes digestive enzymes and an aqueous alkaline fluid. **486**

Pancreatic exocrine secretion is regulated by secretin and CCK. **488**

The liver performs various important functions including bile production. **488**

The liver lobules are delineated by vascular and bile channels. **489**

Bile is continuously secreted by the liver and is diverted to the gallbladder between meals. **489**

Bile salts are recycled through the enterohepatic circulation. **490**

Bile salts aid fat digestion and absorption. **491**

Bilirubin is a waste product excreted in the bile. **492**

Bile salts are the most potent stimulus for increased bile secretion. **492**

The gallbladder stores and concentrates bile between meals and empties during meals. **493**

Small Intestine 493

Segmentation contractions mix and slowly propel the chyme. **493**

The migrating motility complex sweeps the intestine clean between meals. **494**

The ileocecal juncture prevents contamination of the small intestine by colonic bacteria. **494**

Small-intestine secretions do not contain any digestive enzymes. **494**

The small-intestine enzymes complete digestion intracellularly. **495**

The small intestine is remarkably well adapted for its primary role in absorption. **495**

The mucosal lining experiences rapid turnover. **498**

Special mechanisms facilitate absorption of most nutrients. **498**

Most absorbed nutrients immediately pass through the liver for processing. **501**

Extensive absorption by the small intestine keeps pace with secretion. **501**

Diarrhea results in loss of fluid and electrolytes. **501**

Large Intestine 502

The large intestine is primarily a drying and storage organ. **502**

Haustral contractions slowly shuffle the colonic contents back and forth. **502**

Mass movements propel colonic contents long distances. **502**

Feces are eliminated by the defecation reflex. **503**

Constipation occurs when the feces become too dry. **503**

Large-intestine secretion is entirely protective. **503**

The colon contains myriads of beneficial bacteria. **503**

The large intestine absorbs salt and water, converting the luminal contents into feces. **503**

Intestinal gases are absorbed or expelled. **504**

Overview of the Gastrointestinal Hormones 504



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Energy Balance and Temperature Regulation 510

Energy Balance 511

- Most food energy is ultimately converted into heat in the body. 511
- The metabolic rate is the rate of energy use. 512
- Energy input must equal energy output to maintain a neutral energy balance. 513
- Food intake is controlled primarily by the hypothalamus. 514
- Obesity occurs when more kilocalories are consumed than are burned up. 516



Beyond the Basics: What the Scales Don't Tell You 517

People suffering from anorexia nervosa have a pathologic fear of gaining weight. 517

Temperature Regulation 518

- Internal core temperature is homeostatically maintained at 100°F. 518
- Heat input must balance heat output to maintain a stable core temperature. 518
- Heat exchange takes place by radiation, conduction, convection, and evaporation. 519
- The hypothalamus integrates a multitude of thermosensory inputs. 520
- Shivering is the primary involuntary means of increasing heat production. 520
- The magnitude of heat loss can be adjusted by varying the flow of blood through the skin. 521



Beyond the Basics: The Extremes of Heat and Cold Can Be Fatal 522

The hypothalamus simultaneously coordinates heat production and heat loss mechanisms. 522

During a fever, the hypothalamic thermostat is “reset” at an elevated temperature. 523



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The Endocrine System 528

General Principles of Endocrinology 529

- Hormones exert a variety of regulatory effects throughout the body. 530
- The plasma concentration of a hormone is normally regulated by changes in its rate of secretion. 530
- The plasma concentration of a hormone is influenced by its rate of excretion. 532
- Endocrine disorders result from hormone excess or deficiency or decreased target-cell responsiveness. 532
- The responsiveness of a target cell can be varied by regulating the number of hormone-specific receptors. 532

Pineal Gland and Circadian Rhythms 536

- The suprachiasmatic nucleus is the master biological clock. 536
- Melatonin helps keep the body's circadian rhythms in time with the light–dark cycle. 536

Hypothalamus and Pituitary 537

- The pituitary gland consists of anterior and posterior lobes. 537
- The hypothalamus and posterior pituitary act as a unit to secrete vasopressin and oxytocin. 537
- Most anterior pituitary hormones are tropic. 538
- Hypothalamic releasing and inhibiting hormones help regulate anterior pituitary hormone secretion. 540
- Target gland hormones inhibit hypothalamic and anterior pituitary hormone secretion via negative feedback. 542

Endocrine Control of Growth 542

- Growth depends on growth hormone but is influenced by other factors as well. 542
- Growth hormone is essential for growth, but it also exerts metabolic effects not related to growth. 543
- Bone grows in thickness and in length by different mechanisms, both stimulated by growth hormone. 543
- Growth hormone exerts its growth-promoting effects indirectly by stimulating somatomedins. 544
- Growth hormone secretion is regulated by two hypophysiotropic hormones. 544
- Abnormal growth-hormone secretion results in aberrant growth patterns. 545



Beyond the Basics: Growth and Youth in a Bottle? 547

Thyroid Gland 547

- The major cells that secrete thyroid hormone are organized into colloid-filled follicles. 547
- Thyroid hormone is synthesized and stored on the thyroglobulin molecule. 548
- To secrete thyroid hormone, the follicular cells phagocytize thyroglobulin-laden colloid. 549
- Most of the secreted T_4 is converted into T_3 outside the thyroid. 550
- Thyroid hormone is the main determinant of the basal metabolic rate and exerts other effects as well. 550

Thyroid hormone is regulated by the hypothalamus-pituitary-thyroid axis. **550**

Abnormalities of thyroid function include both hypothyroidism and hyperthyroidism. **551**

A goiter develops when the thyroid gland is overstimulated. **552**

Adrenal Glands 552

Each adrenal gland consists of a steroid-secreting cortex and a catecholamine-secreting medulla. **552**

The adrenal cortex secretes mineralocorticoids, glucocorticoids, and sex hormones. **553**

Mineralocorticoids' major effects are on Na^+ and K^+ balance and blood pressure homeostasis. **553**

Glucocorticoids exert metabolic effects and play a key role in adaptation to stress. **554**

Cortisol secretion is regulated by the hypothalamus-pituitary-adrenal cortex axis. **555**

The adrenal cortex secretes both male and female sex hormones in both sexes. **556**

The adrenal cortex may secrete too much or too little of any of its hormones. **557**

The adrenal medulla is a modified sympathetic postganglionic neuron. **558**

Epinephrine reinforces the sympathetic nervous system and exerts additional metabolic effects. **558**

The stress response is a generalized pattern of reactions to any situation that threatens homeostasis. **558**

The multifaceted stress response is coordinated by the hypothalamus. **560**

Endocrine Control of Fuel Metabolism 560

Fuel metabolism includes anabolism, catabolism, and interconversions among energy-rich organic molecules. **561**

Because food intake is intermittent, nutrients must be stored for use between meals. **562**

The brain must be continuously supplied with glucose. **563**

Metabolic fuels are stored during the absorptive state and mobilized during the postabsorptive state. **563**

The pancreatic hormones, insulin and glucagon, are most important in regulating fuel metabolism. **564**

Insulin lowers blood glucose, fatty acid, and amino acid levels and promotes their storage. **565**

The primary stimulus for increased insulin secretion is an increase in blood glucose concentration. **566**

The symptoms of diabetes mellitus are characteristic of an exaggerated postabsorptive state. **567**



Beyond the Basics: Diabetics and Insulin: Some Have It and Some Don't 568

Insulin excess causes brain-starving hypoglycemia. **570**

Glucagon in general opposes the actions of insulin. **571**

Glucagon secretion is increased during the postabsorptive state. **571**

Insulin and glucagon work as a team to maintain blood glucose and fatty acid levels. **571**

Epinephrine, cortisol, and growth hormone also exert direct metabolic effects. **572**

Endocrine Control of Calcium Metabolism 573

Plasma Ca^{2+} must be closely regulated to prevent changes in neuromuscular excitability. **573**

Parathyroid hormone raises free plasma Ca^{2+} levels by its effects on bone, kidneys, and intestine. **573**

Bone continuously undergoes remodeling. **574**

Mechanical stress favors bone deposition. **574**

PTH promotes the transfer of Ca^{2+} from bone to plasma. **574**

PTH acts on the kidneys to conserve Ca^{2+} and eliminate PO_4^{3-} . **575**

PTH indirectly promotes absorption of Ca^{2+} and PO_4^{3-} by the intestine. **575**

The primary regulator of PTH secretion is the plasma concentration of free Ca^{2+} . **575**

Calcitonin lowers the plasma Ca^{2+} concentration but is not important in the normal control of Ca^{2+} metabolism. **575**

Vitamin D is actually a hormone that increases calcium absorption in the intestine. **576**

Disorders in Ca^{2+} metabolism may arise from abnormal levels of PTH or vitamin D. **576**



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The Reproductive System 582

Introduction 583

The reproductive system includes the gonads, reproductive tract, and accessory sex glands. **583**

Reproductive cells each contain a half set of chromosomes. **584**

Gametogenesis is accomplished by meiosis. **585**

The sex of an individual is determined by the combination of sex chromosomes. **587**

Sexual differentiation along male or female lines depends on the presence or absence of masculinizing determinants. **587**

Male Reproductive Physiology 588

The scrotal location of the testes provides a cooler environment essential for spermatogenesis. **588**

The testicular Leydig cells secrete masculinizing testosterone. **589**

Spermatogenesis yields an abundance of highly specialized, mobile sperm. **591**

Throughout their development, sperm remain intimately associated with Sertoli cells. **592**

LH and FSH from the anterior pituitary control testosterone secretion and spermatogenesis. **593**

Gonadotropin-releasing hormone activity increases at puberty. **594**
The reproductive tract stores and concentrates sperm and increases their fertility. **594**
The accessory sex glands contribute the bulk of the semen. **594**
Prostaglandins are ubiquitous, locally acting chemical messengers. **595**

Sexual Intercourse Between Males and Females 596

The male sex act is characterized by erection and ejaculation. **596**
Erection is accomplished by penis vasocongestion. **597**
Ejaculation includes emission and expulsion. **599**
The female sexual cycle is very similar to the male cycle. **599**



Beyond the Basics: Environmental “Estrogens”: Bad News for the Reproductive System 600

Female Reproductive Physiology 601

Complex cycling characterizes female reproductive physiology. **601**
The steps of gametogenesis are the same in both sexes but the timing and outcome differ sharply. **601**
The ovarian cycle consists of alternating follicular and luteal phases. **602**
The follicular phase is characterized by the development of maturing follicles. **603**
The luteal phase is characterized by the presence of a corpus luteum. **605**
The ovarian cycle is regulated by complex hormonal interactions. **606**
Cyclic uterine changes are caused by hormonal changes during the ovarian cycle. **609**
Pubertal changes in females are similar to those in males. **610**
Menopause is unique to females. **610**
The oviduct is the site of fertilization. **611**
The blastocyst implants in the endometrium through the action of its trophoblastic enzymes. **613**
The placenta is the organ of exchange between maternal and fetal blood. **615**



Beyond the Basics: The Ways and Means of Contraception 616

Hormones secreted by the placenta play a critical role in the maintenance of pregnancy. **616**
Maternal body systems respond to the increased demands of gestation. **619**
Changes during late gestation prepare for parturition. **619**
Scientists are closing in on the factors that trigger the onset of parturition. **620**

Parturition is accomplished by a positive-feedback cycle. **622**
Lactation requires multiple hormonal inputs. **623**
Breast-feeding is advantageous to both the infant and the mother. **625**
The end is a new beginning. **626**



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