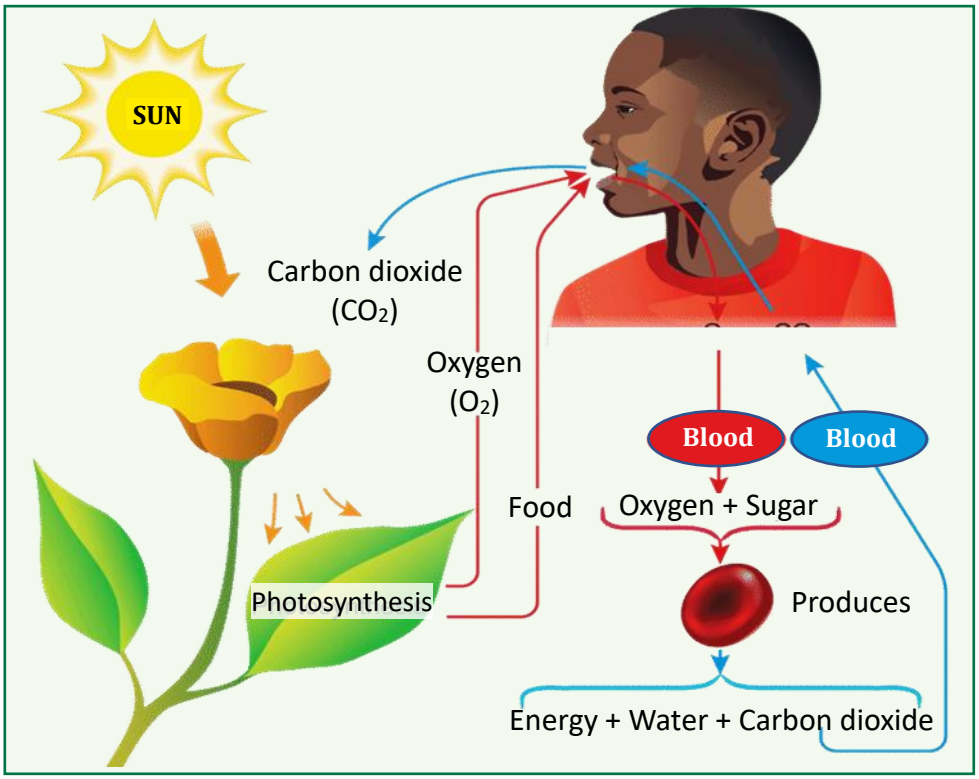
01 Breathing and Exchange of Gases

01. INTRODUCTION

- As you have read earlier, oxygen (O_2) is utilised by the organisms to indirectly break down simple molecules like glucose, amino acids, fatty acids, etc., to derive energy to perform various activities.



- Carbon dioxide (CO_2) which is harmful is also released during the above catabolic reactions. It is, therefore, evident that O_2 has to be continuously provided to the cells and CO_2 produced by the cells have to be released out. This process of exchange of O_2 from the **atmosphere** with CO_2 produced by the cells is called breathing, commonly known as respiration.
- Place your hands on your chest; you can feel the chest moving up and down. You know that it is due to breathing. How do we breathe? The respiratory organs and the mechanism of breathing are described in the following sections of this chapter.

Respiration :

It is defined as a metabolic process where in, the living cells of an organism obtains energy (in the form of ATP) by taking in oxygen and liberating carbon dioxide from the oxidation of complex organic substances.

Breathing :

A physical process by which oxygen is taken in and carbon dioxide is given out is called breathing.

02. RESPIRATORY ORGANS IN DIFFERENT ANIMALS

- Mechanisms of breathing vary among different groups of animals depending mainly on their habitats and levels of organisation.
- Lower invertebrates like sponges, coelenterates, flatworms, etc., exchange O_2 with CO_2 by simple diffusion over their entire body surface.
- Earthworms use their moist cuticle to transport atmospheric air within the body.
- Some annelids use their gills for respiration.

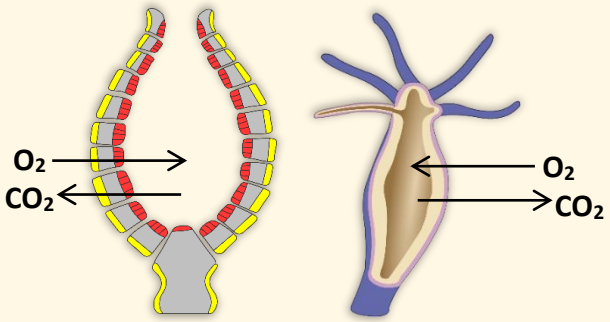


Fig. Respiration

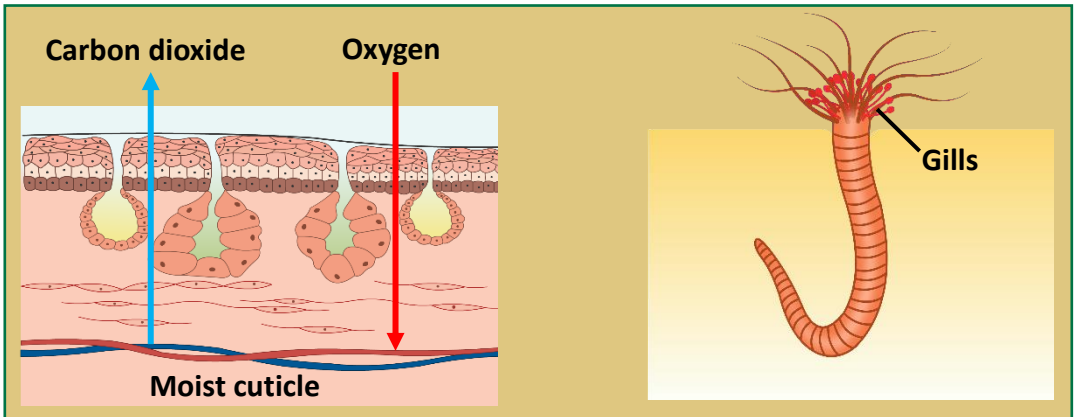


Fig. Respiration by (a) Cuticle (b) gills

- Insects have a network of tubes (tracheal tubes) to transport atmospheric air within the body.
- Arthropods have different types of respiratory organs.


Gills in Crustacean *e.g.* Prawn | Book gills *e.g.* King crab | Book lungs in Arachnids *e.g.* Scorpion, Spider | Tracheal system (Insecta *e.g.* Cockroach)

Fig. Respiration in Arthropods

- Special vascularised structures called **gills (branchial respiration)** are used by most of the aquatic arthropods and molluscs whereas vascularised bags called **lungs (pulmonary respiration)** are used by the terrestrial forms for the exchange of gases.
- Among vertebrates, fishes use gills whereas amphibians, reptiles, birds and mammals respire through lungs. Amphibians like frogs can respire through their **moist skin (cutaneous respiration)** also.

What is the site of gaseous exchange in an insect?

In insects, gaseous exchange occurs through a network of tubes collectively known as the **tracheal system**. The small openings on the sides of an insect's body are known as **spiracles**. [Oxygen-rich air enters through the spiracles. The spiracles are connected to the network of tubes. From the spiracles, oxygen enters the **tracheae**. From here, oxygen diffuses into the cells of the body. The movement of carbon dioxide follows the reverse path. The CO_2 from the cells of the body first enters the tracheae and then leaves the body through the spiracles.]

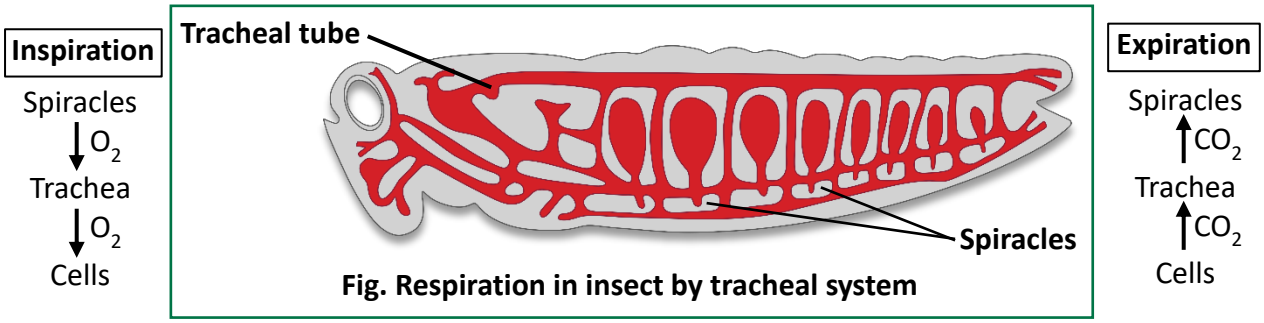


Fig. Respiration in insect by tracheal system

	Name of the Phylum/Organism/Class	Respiratory organ/organs
1	Porifera (Sponges)	Respiratory organs are absent, but respiration takes place by general body surface
2	Coelenterata	
3	Ctenophora	
4	Platyhelminthes	
5	Aschelminthes	
6	Annelida	Moist cuticle
7	Insects (e.g. Cockroach)	Trachea
8	Arachnida (e.g. Spider)	Book lungs
9	Mollusca	Gills called Ctenidia
10	Echinodermata	Body surface called dermal branchiae in most echinoderms
11	Hemichordata	Gills
12	Fishes	Gills
13	Tadpole	Gills
14	Frog	Skin, Lungs, Buccopharyngeal cavity
15	Reptiles	Lungs
16	Aves	Lungs
17	Mammals	Lungs

BEGINNER'S BOX-1 INTRODUCTION AND RESPIRATORY ORGAN

1. Site of gaseous exchange in tadpole larva is
(1) Skin (2) Gills
(3) Lungs (4) Buccopharyngeal cavity
BBG162

2. Respiratory organ of insect is -
(1) Lungs (2) Gills (3) Trachea (4) Pulmonary sac
BBG163

3. Respiratory organs in frog (adult) are :-
(a) Lungs (b) Gills (c) Moist skin (d) Buccal cavity
(1) a, b only (2) b, c only (3) a, c & d (4) only a & d
BBG164

4. Given below is list of animals -
Cockroach, Prawn, Spiders, Fishes, Frog, Earthworm, Tadpole larva, Snakes
How many of the above respire through gills ?
(1) Two (2) Three (3) Four (4) Five **BBG165**

5. Respiration through skin is known as -
(1) Branchial respiration (2) Cutaneous respiration
(3) Pulmonary respiration (4) Tracheal respiration
BBG166

6. A process by which we intake O_2 rich air and expel out the CO_2 rich air is known as -
(1) Respiration (2) Inspiration (3) Breathing (4) Expiration
BBG167

7. Match the column-I and II and select the correct answer ?

Column-I (Name of animal)		Column-II (Respiratory organ)	
(i)	Earthworm	(a)	Trachea
(ii)	Cockroach	(b)	General body surface
(iii)	Lizards	(c)	Moist cuticle
(iv)	Sponges	(d)	Gills
(v)	Dog fish	(e)	Lungs

(1) i–c, ii–a, iii–e, iv–b, v–d (2) i–d, ii–a, iii–b, iv–c, v–e
(3) i–c, ii–a, iii–b, iv–d, v–e (4) i–b, ii–c, iii–d, iv–e, v–a **BBG168**

8. Oxygen is utilised by an organism to :
(1) directly breakdown the nutrient molecules
(2) indirectly breakdown the nutrient molecules
(3) obtain nourishment from the food
(4) burn the organic compounds indirectly **BBG169**

9. O_2 exchange with CO_2 by simple diffusion over the entire body surface takes place in :
I. Sponges II. Coelenterates III. Flatworms
Select the correct option to complete the given statement.
(1) I and II only (2) II and III only (3) I and III only (4) All of the above
BBG170

03. HUMAN RESPIRATORY SYSTEM

(A) NOSE AND NASAL CHAMBER :

- We have a pair of external nostrils opening out above the upper lips. Since external nostrils are one pair (two) in number. This condition is called **dirhynous condition**.
- It leads to a nasal chamber through the nasal passage.
- The nasal chamber opens into the **pharynx**, a portion of which is the common passage for food and air.
- The pharynx opens through the larynx region into the **trachea**.

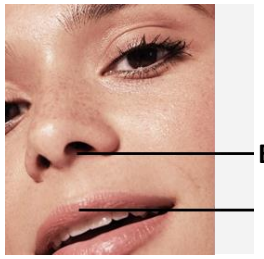


Fig. External nostrils

(B) LARYNX :

- It is a cartilaginous box which **helps in sound production** and hence called the **sound box**.
- During swallowing glottis can be covered by a thin elastic cartilaginous flap called **epiglottis** to prevent the entry of food into the larynx.

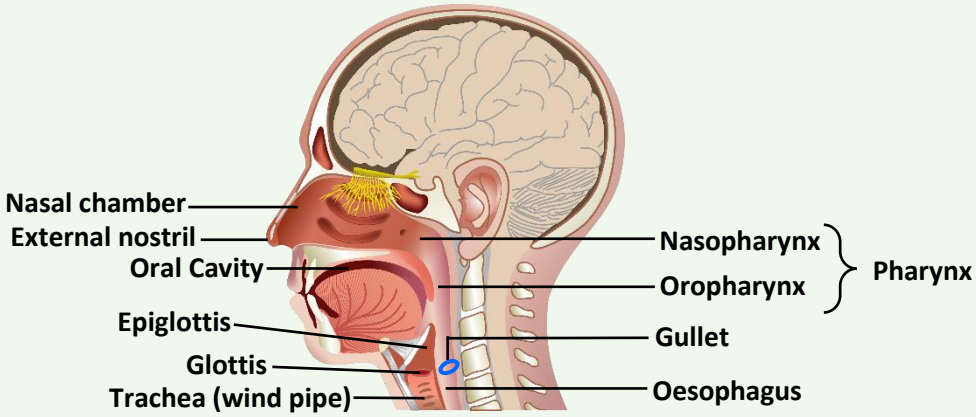


Fig. Respiratory tract (Upper part)

Two types of vocal cords are present in larynx region.

(i) **False vocal cords** provide moisture to the true vocal cords.

(ii) **True vocal cords** are helpful in phonation (Sound production).

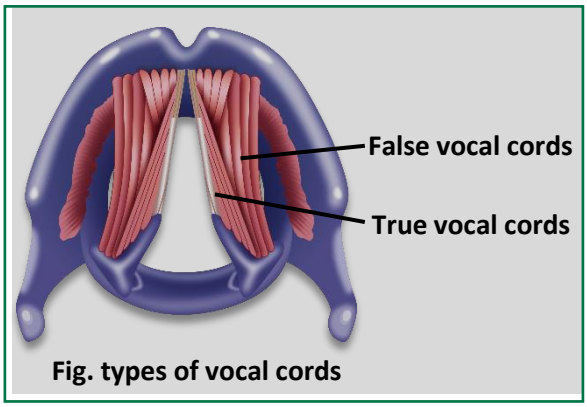


Fig. types of vocal cords

(C) TRACHEA :

- Trachea is a straight tube (diameter 2.5 cm) (length 12 cm) extending up to the mid-thoracic cavity, which **divides at the level of 5th thoracic vertebra** into a right and left primary bronchi.
- Each bronchi undergoes repeated divisions to form the secondary and tertiary bronchi and bronchioles ending up in very thin terminal bronchioles.
- The trachea, primary, secondary and tertiary bronchi, and initial bronchioles are supported by **incomplete C-shaped cartilaginous rings**. [They support the trachea and prevent it from collapsing].

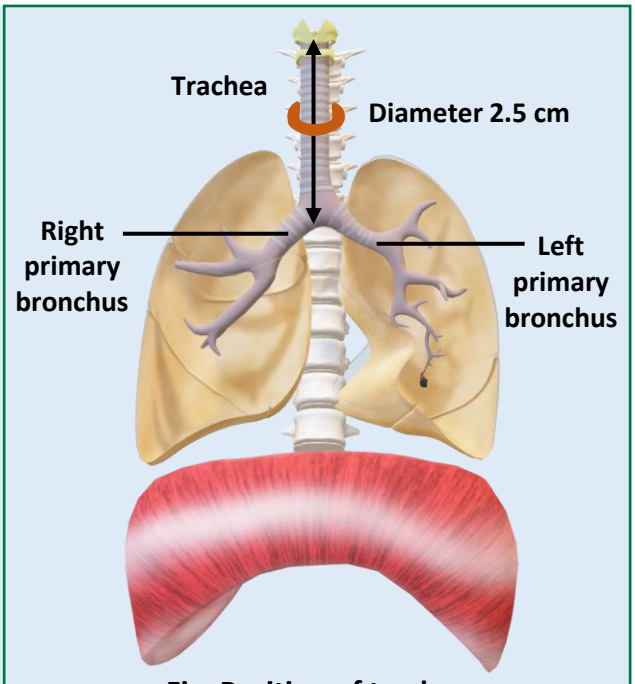


Fig. Position of trachea

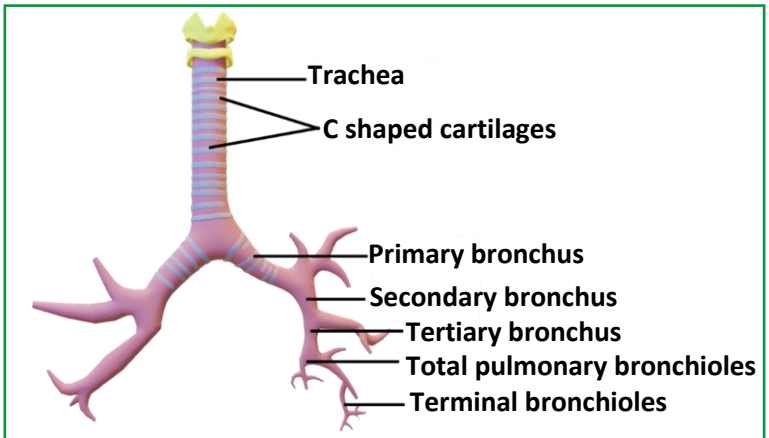


Fig. Lower respiratory tract

- On the dorsal side of rings, **"trachealis muscles"** are present. These are involuntary muscles which dilate the trachea and are helpful in forcible breathing.
- Each terminal bronchiole gives rise to a number of very **thin, irregular-walled** and **vascularised bag-like** structures called **alveoli**.

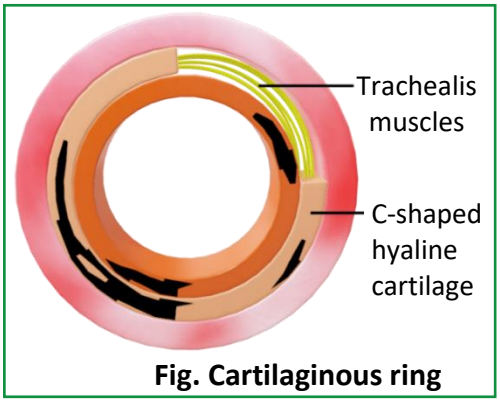


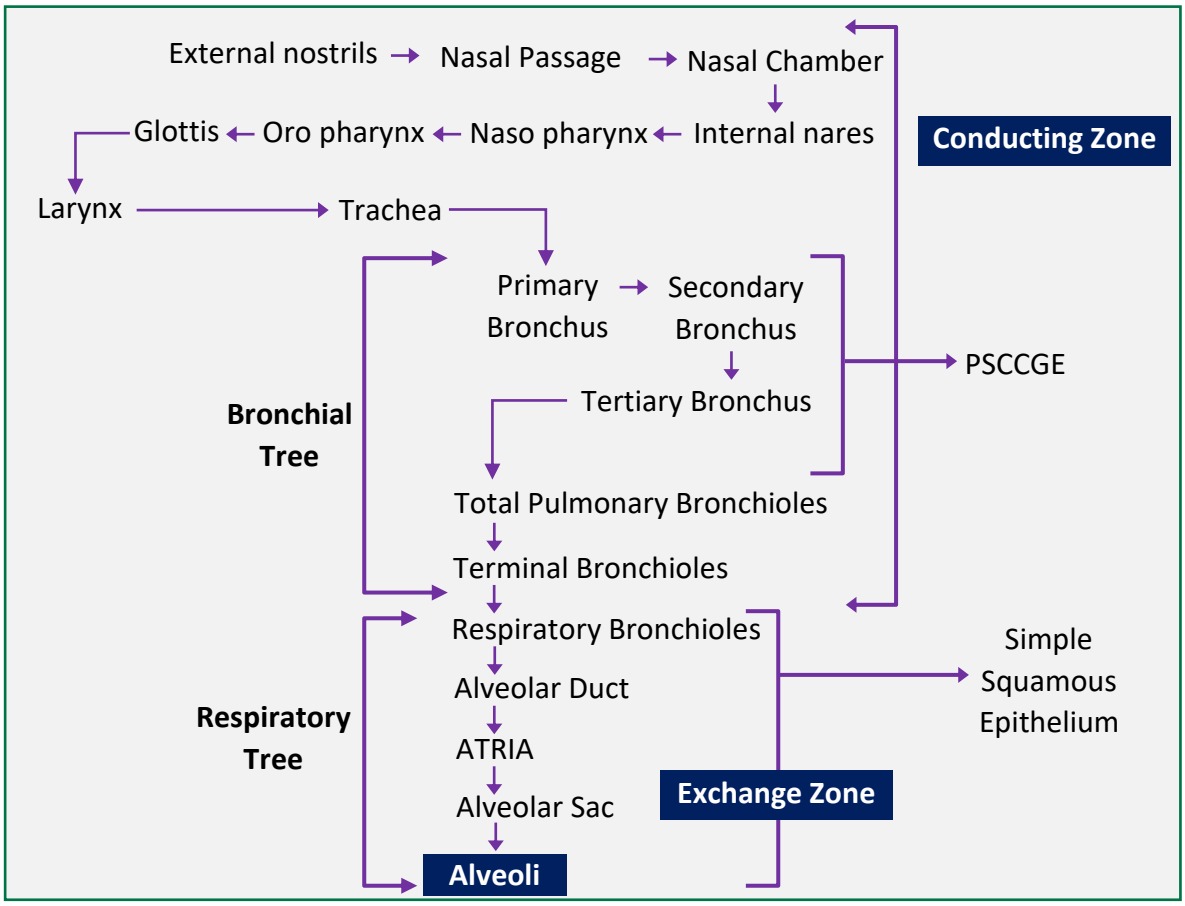
Fig. Cartilaginous ring

- The **branching network of bronchi, bronchioles and alveoli comprise the lungs.**

Bronchial Tree (B.T.) and Respiratory Tree (R.T.) :

There are two zones–

- The part starting with the external nostrils up to the terminal bronchioles constitute the **conducting part** whereas the alveoli and their ducts form the **respiratory** or **exchange part** of the respiratory system.
- The conducting part transports the atmospheric air to the alveoli, clears it from foreign particles, humidifies and also brings the air to body temperature.
- Exchange part is the site of actual diffusion of O_2 and CO_2 between blood and atmospheric air.



(D) LUNGS :

- **Endodermal in origin.**
- We have two lungs (right lung is three lobed whereas left lung is two lobed) which are covered by a double layered **pleura**, with **pleural fluid** between them.
- The outer pleural membrane is in close contact with the thoracic lining whereas the inner pleural membrane is in contact with the lung surface.
- Pleural fluid reduces friction on the lung surface and act as a shock absorber.
- The lungs are situated in the **thoracic chamber** which is anatomically an **air-tight chamber**.
- The thoracic chamber is formed dorsally by the vertebral column, ventrally by the sternum, laterally by the ribs and on the lower side by the dome-shaped diaphragm.

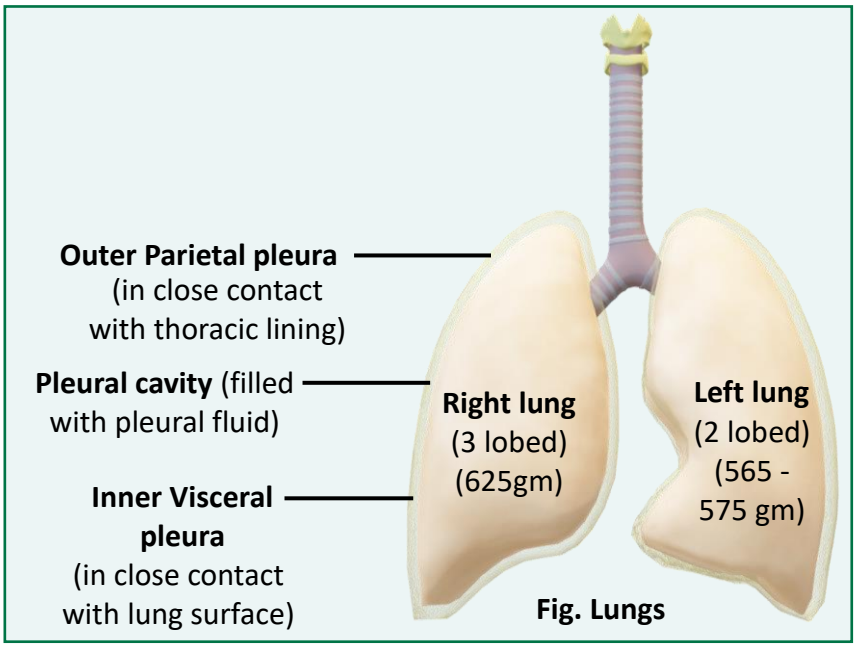


Fig. Lungs

- The anatomical setup of lungs in thorax is such that any change in the volume of the thoracic cavity will be reflected in the lung (pulmonary) cavity. Such an arrangement is essential for breathing, as we cannot directly alter the pulmonary volume.
- Mammalian lungs are solid and spongy without muscles, so power of self-contraction and self-relaxation is not present in mammalian lungs.

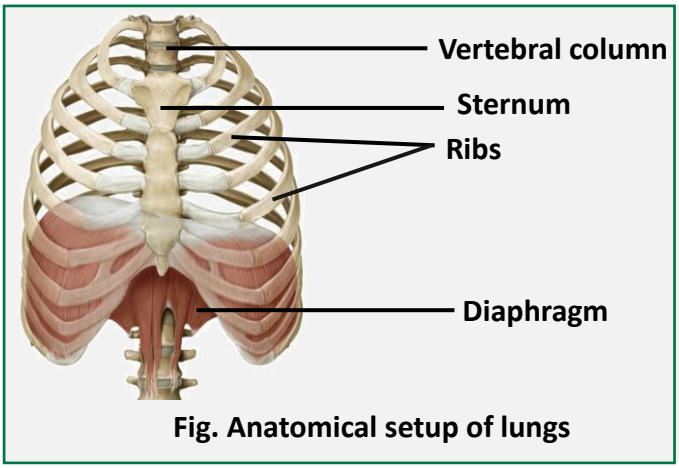


Fig. Anatomical setup of lungs

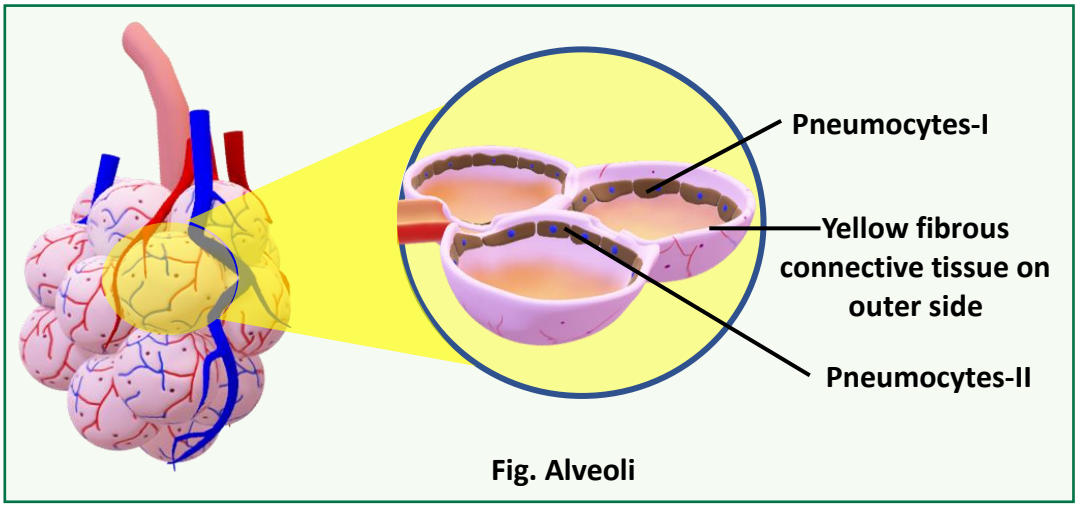


Fig. Alveoli

(E) ALVEOLI :

- Alveoli are **structural and functional units of lungs**.
- Alveoli consist of two types of cells called **pneumocytes.**
- **Pneumocytes-I** are larger cells and helps in gaseous exchange whereas **pneumocytes-II** are smaller cells which secrete a **phospholipid LECITHIN**. Lecithin act as a surfactant, reduces the surface tension of alveoli and keeps alveoli always open for efficient gaseous exchange. On the outer side of alveoli, yellow fibrous connective tissue is present.
- The total number of alveoli present in the lungs of man is **300 million**.
- Respiration involves the following steps:
  - **(i)** **Breathing** or **pulmonary ventilation** by which atmospheric air is drawn in and CO_2 rich alveolar air is released out.
  - **(ii)** **Diffusion of gases** (O_2 and CO_2) across alveolar membrane.
  - **(iii)** **Transport of gases** by the blood.
  - **(iv)** **Diffusion of O_2 and CO_2 between blood and tissues**.
  - **(v)** **Utilisation of O_2** by the cells for catabolic reactions and resultant **release of CO_2**.

(F) DIAPHRAGM :

- It is the **muscular structure** which separate thoracic cavity from abdominal cavity.
- It is made up of muscles called radial muscles.

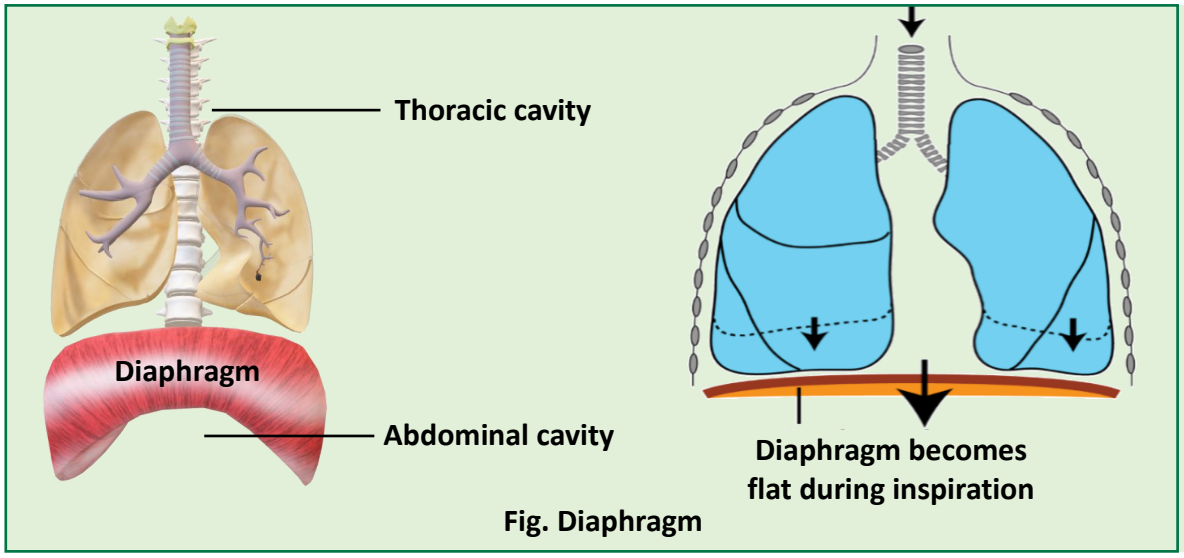


Fig. Diaphragm

- Word related with diaphragm is **phrenic**.
- Diaphragm is the **principal muscle of breathing** and aids in ventilation.
- Diaphragm is also involved in **parturition** (childbirth), **micturition** (passing out of urine) and **defaecation** (egestion).
- During **inspiration**, diaphragm **contracts** and **becomes flattened** so volume of thoracic chamber increases in the **antero-posterior axis**.

Intercostal Muscles :

- **Spaces between** two pair of **ribs** are called **intercostal spaces** whereas muscles in these spaces are called **intercostal muscles**.

- There are two types of intercostal muscles –
  (1) External intercostal muscles (EICM)
  (2) Internal intercostal muscles (IICM)
- Muscles which connect dorsal face of upper rib with ventral face of lower rib are called **external intercostal muscles** or **inspiratory muscles**.
- Muscles which connect ventral face of upper rib with dorsal face of lower rib are called internal **intercostal muscles** or **expiratory muscles**.
- During inspiration, EICM contracts so that sternum moves outwards, and ribs moves upwards thus increasing the volume of thoracic cavity in **dorso-ventral axis**.

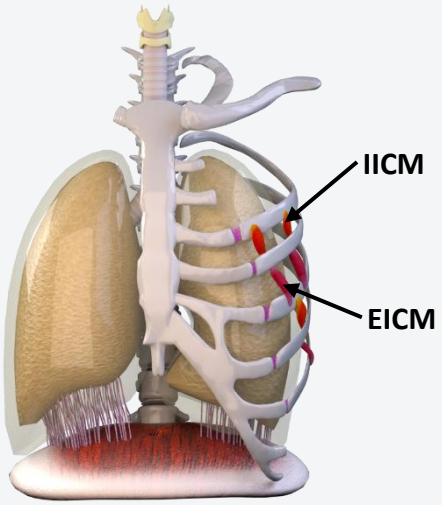


Fig. Types of intercostal muscles

BEGINNER'S BOX-2 ANATOMY OF HUMAN RESPIRATORY SYSTEM

1. Larynx is a modified portion of:
(1) Pharynx (2) Trachea (3) Bronchus (4) Lungs **BBG171**

2. Cartilaginous rings in trachea are incomplete at which surface?
(1) Dorsal (2) Ventral
(3) Lateral (4) Ventrolateral **BBG172**

3. Wall of alveoli is composed of:
(1) Simple squamous epithelium (2) Simple cuboidal epithelium
(3) Pseudostratified epithelium (4) Simple columnar epithelium **BBG173**

4. The structure which prevents the entry of food into respiratory tract is :
(1) Pharynx (2) Larynx (3) Glottis (4) Epiglottis **BBG174**

5. Exchange of gases in man takes place in :
(1) Trachea (2) Bronchus (3) Alveoli (4) Larynx **BBG175**

6. Respiratory organ of human is :
(1) General Body surface (2) Book lungs
(3) Lungs (4) Tracheal tubes **BBG176**

7. In human lungs are divided into lobes :
(1) 3 right & 2 left lobes (2) 2 right & 3 left lobes
(3) 2 right & 2 left lobes (4) 3 right & 3 left lobes **BBG177**

8. The most important muscular structure in respiratory system of human is:
(1) External intercostal muscles (2) Internal intercostal muscles
(3) Diaphragm (4) Abdominal muscle **BBG178**

9. Each lung is enclosed in double membranes called as pleura. The membrane which closely covers the lung is:
(1) Lung pleura (2) Visceral pleura
(3) Peritoneal pleura (4) Parietal pleura **BBG179**

10. The most important function of diaphragm of mammals is:
(1) To divide the body cavity into compartments
(2) To protect lungs
(3) Provide space for heart
(4) To aid in ventilation **BBG180**

11. Mammalian lungs are:
(1) Hollow (2) Solid & spongy
(3) Covered by pericardium (4) Hollow and solid **BBG181**

12. Which organs are found in thoracic cavity of man?
(1) Lungs only (2) Lungs + Heart
(3) Lungs + heart + Stomach (4) Heart only **BBG182**

13. Which of the following is a common passage for food and air?
(1) Pharynx (2) Trachea (3) Bronchus (4) Larynx **BBG183**

14. In humans, sound is produced by:
(1) Syrinx (2) Larynx (3) Bronchus (4) Trachea **BBG184**

15. Match the columns:

Column-I	**Column-II**
(a) Larynx	(p) Lid of larynx
(b) Trachea	(q) Air sacs
(c) Alveoli	(r) Voice box
(d) Epiglottis	(s) Wind pipe
	(t) Common passage

(1) a-r, b-s, c-q, d-p (2) a-t, b-s, c-p, d-q
(3) a-r, b-s, c-q, d-t (4) a-r, b-t, c-q, d-p **BBG185**

16. Air is breathed through:
(1) Trachea $\rightarrow$ lungs $\rightarrow$ larynx $\rightarrow$ pharynx $\rightarrow$ alveoli
(2) Nose $\rightarrow$ larynx $\rightarrow$ pharynx $\rightarrow$ bronchus $\rightarrow$ alveoli $\rightarrow$ bronchioles
(3) Nostrils $\rightarrow$ pharynx $\rightarrow$ larynx $\rightarrow$ trachea $\rightarrow$ bronchi $\rightarrow$ bronchioles $\rightarrow$ alveoli
(4) Nose $\rightarrow$ mouth $\rightarrow$ lungs **BBG186**

17. Epiglottis is made up of :
(1) hyaline cartilage (2) elastic cartilage
(3) white fibrous cartilage (4) calcified cartilage **BBG187**

18. Trachea divides at the level of:
(1) 5^{th} thoracic vertebra (2) 6^{th} thoracic vertebra
(3) 5^{th} cervical vertebra (4) 7^{th} thoracic vertebra **BBG188**

19. The part starting with the external nostrils upto the terminal bronchioles is called:
(1) Lungs (2) Conducting zone
(3) Exchange zone (4) All of the above **BBG189**

04. MECHANISM OF BREATHING

- Breathing involves two stages: **Inspiration** during which atmospheric air is drawn in and **Expiration** by which the alveolar air is released out.
- The movement of air into and out of the lungs is carried out by creating a pressure gradient between the lungs and the atmosphere.
- **Inspiration** occurs if the pressure within the lungs (intra-pulmonary pressure) is less than the atmospheric pressure, i.e., there is a negative pressure in the lungs with respect to atmospheric pressure.
- Similarly, **expiration** takes place when the intra-pulmonary pressure is higher than the atmospheric pressure.
- The diaphragm and a specialised set of muscles - external and internal intercostals between the ribs, help in generation of such gradients.

Inspiration :

- Inspiration is initiated by the contraction of diaphragm which increases the volume of thoracic chamber in the antero-posterior axis.
- The contraction of external inter-costal muscles lifts the ribs and the sternum causing an increase in the volume of the thoracic chamber in the dorso-ventral axis.
- The overall increase in the thoracic volume causes a similar increase in pulmonary volume.

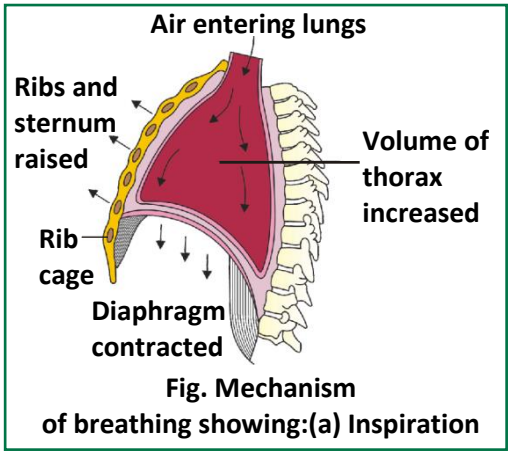


Fig. Mechanism of breathing showing:(a) Inspiration

- An increase in pulmonary volume decreases the intra-pulmonary pressure to less than the atmospheric pressure which forces the air from outside to move into the lungs, i.e., inspiration.

Expiration :

- Relaxation of the diaphragm and the inter-costal muscles returns the diaphragm and sternum to their normal positions and reduce the thoracic volume and thereby reducing the pulmonary volume. This leads to an increase in intra-pulmonary pressure to slightly above the atmospheric pressure causing the expulsion of air from the lungs, i.e., expiration.
- We have the ability to increase the strength of inspiration and expiration with the help of additional muscles in the abdomen.

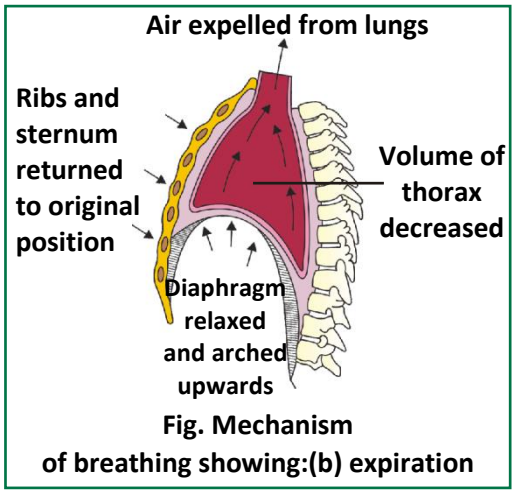


Fig. Mechanism of breathing showing:(b) expiration

- On an average, a healthy human breathes 12-16 times/minute.
- In fever, breathing rate increases.
- When CO_2 concentration increases in blood, breathing rate becomes faster.
- Breathing rate in infants is greater than adults.

MECHANISM OF BREATHING

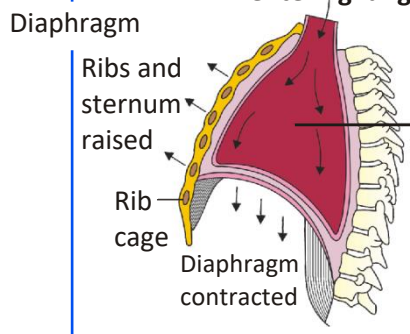
Inspiration
2 sec. (atmospheric air is drawn in)
Active process

Intra-pulmonary pressure	<	Atmospheric pressure

Contraction

Air entering lungs

Diaphragm
EICM
Ribs and sternum raised
Volume of thorax increased
Rib cage
Diaphragm contracted



(a)

Increase in Antero-posterior axis
Increase in Dorso-ventral axis

Pulmonary volume increases
↓
Intrapulmonary pressure decreases
↓
Forces air from outside to move into the lungs (inspiration)

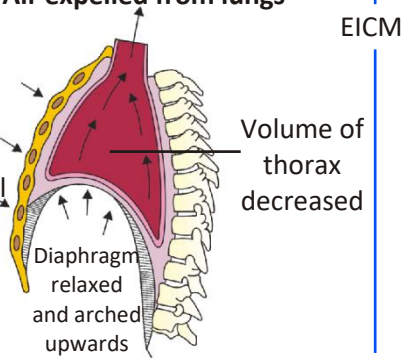
Expiration
3 sec. (alveolar air is released out)
Passive process

Intra-pulmonary pressure	>	Atmospheric pressure

Relaxation

Air expelled from lungs

Diaphragm
EICM
Ribs and sternum returned to original position
Volume of thorax decreased
Diaphragm relaxed and arched upwards



(b)

Decrease in Antero-posterior axis
Decrease in Dorso-ventral axis

Pulmonary volume decreases
↓
Intrapulmonary pressure increases
↓
Causing expulsion of alveolar air from the lungs (expiration)

Note :- We have ability to increase the strength of inspiration and expiration with the help of additional muscles in abdomen.

Mechanism of Breathing showing : (a) Inspiration (b) Expiration)

Comparison between Inspiration and Expiration

S.NO.		INSPIRATION	EXPIRATION
1.	**Diaphragm**	Contraction	Relaxation
2.	**EICM**	Contraction	Relaxation
3.	**Movement of ribs**	Outward	Inward
4.	**Movement of sternum**	Forward	Backward
5.	**Movement of diaphragm**	Towards abdominal cavity	Towards thoracic cavity
6.	**Shape of diaphragm**	Flat	Dome shaped
7.	**Intrapleural pressure over lungs**	Decreases	Increases
8.	**Size of thoracic cavity**	Increases	Decreases

9.	**Lungs**	Decompression	Compression
10.	**Interalveolar pressure as compared to atmospheric pressure**	Decreases	Increases
11.	**Movement of air**	Atmosphere to lungs	Lungs to atmosphere
12.	**Time for completion**	2 seconds	3 seconds
13.	**Process**	Active	Passive

NCERT Question :
Explain the process of inspiration under normal conditions.

- **Hypoxia** - Low O_2 supply to tissues.
- **Asphyxia** - It is the state of suffocation due to high CO_2 concentration or low O_2 concentration.
- One molecule of haemoglobin combine with four molecules of **carbon monoxide gas** to form **carboxyhaemoglobin.** Affinity of CO to Hb is 200-300 times more than the O_2. Its colour is cherry red. Due to this, oxygen affinity is reduced. It is referred as carbon monoxide poisoning.
- **Eupnoea** :- It is the state of normal breathing. In man rate of normal breathing is **12-16** per minute. In infants rate of breathing is 44 per minute. Rate of breathing is slowest while sleeping.
- **Bradypnoea or Hyponoea** :- It is the state of slow breathing.
- **Rapid breath or hypernoea** :- It is the state of fast breathing.
- **Apnoea** - It is the state of stoppage of breathing temporarily.
- **Dyspnoea** - It is the state of painful breathing due to pleurisy.

BEGINNER'S BOX-3 MECHANISM OF BREATHING

1. Thoracic cavity expands, due to contraction of :
(1) Internal intercostal muscle (2) Diaphragm
(3) Lungs (4) All of these **BBG190**

2. Normal breathing rate in human is :
(1) 12 to 16 per minute (2) 100 per minute
(3) 36 – 40 per minute (4) 60 per minute **BBG191**

3. At the time of inspiration, muscles of diaphragm are :
(1) relaxed (2) remain unaffected
(3) contracted (4) becomes coiled **BBG192**

4. During expiration :
(1) there is relaxation of diaphragm and ICM
(2) there is contraction in diaphragm and ICM
(3) there is contraction in diaphragm only
(4) there is relaxation in ICM only **BBG193**

5. When does expiratory muscles contract ?
(1) Deep inspiration (2) Normal inspiration & expiration
(3) Forceful expiration (4) Only normal expiration **BBG194**

6. At the time of fever, respiratory rate :
(1) Increases (2) Decreases (3) Stops (4) Unaffected **BBG195**

7. Expiratory muscles are :
(1) Diaphragm + IICM + EICM (2) Diaphragm + EICM
(3) Abdominal muscles + IICM (4) Abdominal muscles + EICM **BBG196**

8. Abdominal breathing refers to :
(1) Normal breathing (2) Slow breathing
(3) Fast breathing (4) Forceful breathing **BBG197**

05. RESPIRATORY VOLUMES AND CAPACITIES

- The volume of air involved in breathing movements can be estimated by using a **spirometer** which helps in clinical assessment of pulmonary functions.

1. **Tidal volume [T.V.] :** It is amount of air inspired or expired during normal breathing. Its value for man is 500 ml.

Whole inspired air does not reach up to lungs.
The portion of air which remains in the respiratory tract is called Anatomical dead space volume. Its value for man is 150 ml.

A healthy man can inspire or expire approximately 6000 to 8000 ml of air per minute.

2. **Inspiratory Reserve Volume [I.R.V.] :** Volume of air a person can inspire by forcible inspiration over tidal volume. It's value is 2500 to 3000 ml.

3. **Expiratory reserve volume [E.R.V.] :** It is the amount of air expired over tidal volume by most forceful expiration. Its value is 1000-1100 ml.

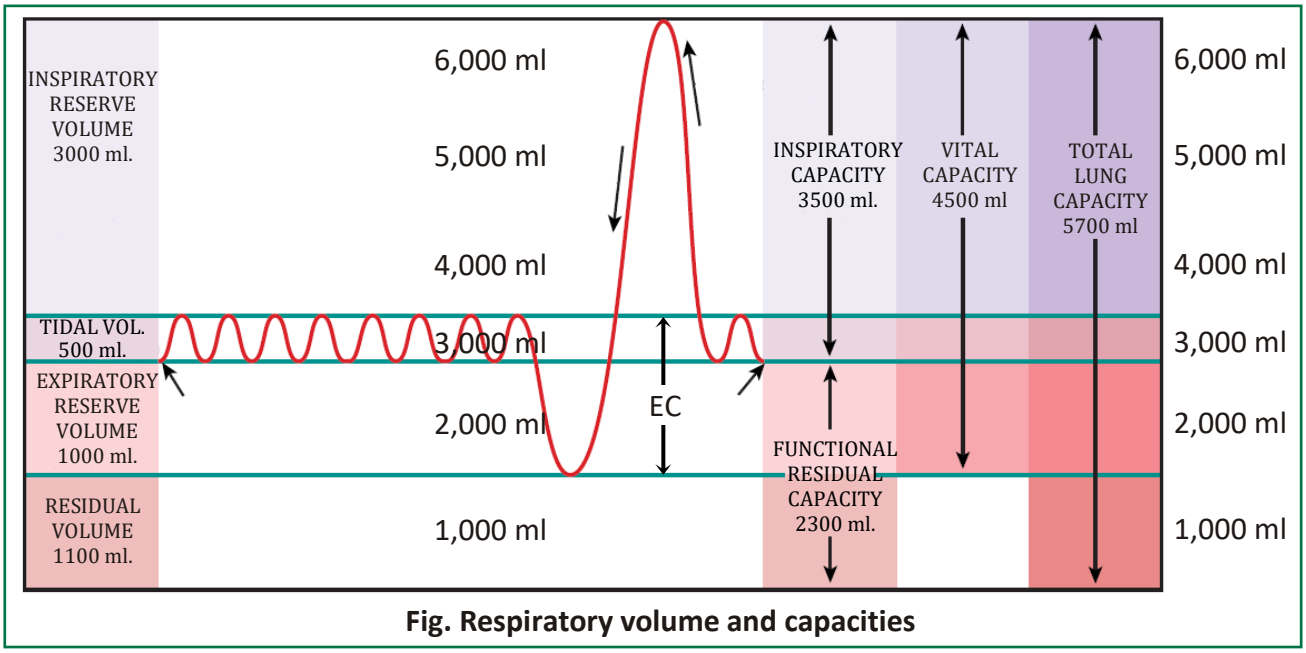


Fig. Respiratory volume and capacities

4. **Residual volume [R.V.] :** It is the amount of air that remains inside lungs after forceful expiration. Residual volume cannot be given out of lungs. Its value is 1100-1200 ml.

5. **Inspiratory capacity [I.C.] :**

Total volume of air a person can inspire after a normal expiration.

I.C. = I.R.V. + T.V. = 3000 ml + 500 ml = 3500 ml

6. **Expiratory capacity (EC) :**

Total volume of air a person can expire after a normal inspiration.

E.C. = TV + ERV = 500 + (1000-1100) = 1500-1600 ml

7. **Functional Residual capacity [FRC] :**

It is the amount of air that normally remains inside lungs after normal expiration. In it expiratory reserve volume and residual volume are included

FRC = ERV + RV = 1000 ml + 1200 ml = 2200 to 2500 ml

8. **Vital capacity - [V.C.] :**

It is the amount of air that can be expired by most forceful expiration after a deepest inspiration. Inspiratory reserve volume, expiratory reserve volume and tidal volume are included in it.

V.C. = IRV + ERV + TV = 3000 ml + 1000 ml + 500 ml

V.C. = 4500 ml (4300 to 4800 ml)

9. **Total lung capacity:** Total volume of air that can accommodated in the lungs at the end of forced inspiration.

TLC = IRV + TV + ERV + RV = 3000 + 500 + 1000 + 1200

TLC = 6000 ml (approx) (5700 to 6000 ml)

NCERT Question :

Define vital capacity. What is its significance?

Ans. Vital capacity is the maximum volume of air that can be exhaled after a maximum inspiration. It is about 3.5 – 4.5 liters in the human body. It allows the intake of the maximum amount of fresh air along with getting rid of the foul air in a single stroke of respiration.

NCERT Question :

State the volume of air remaining in the lungs after a normal breathing.

Ans. About 500ml of air goes in and out in each normal breath. Thus, the volume of air remaining in the lungs after a normal breathing will be 4.5 to 5.5 litres.

NCERT Question :

What is Tidal volume? Find out the Tidal volume (approximate value) for a healthy human in an hour.

Ans. For a healthy person, the tidal volume is roughly 500ml. A healthy person may exhale or inhale approximately 6000-8000 ml of air in one minute, or 12-16 times/minute. As a result, a healthy man's tidal volume can range between 3,60,000 ml and 4,80,000 ml/hour.

BEGINNER'S BOX-4 RESPIRATORY VOLUME AND CAPACITIES

1. If expiratory reserve volume is 1100 ml, residual volume is 1200 ml and tidal volume is 500 ml, what shall be the functional residual capacity?
(1) 1600 ml (2) 2800 ml (3) 2300 ml (4) 1200 ml **BBG198**

2. Air filled in dead space is :
(1) 150 cc (2) 350 cc (3) 500 cc (4) 1500 cc **BBG199**

3. Residual volume is :
(1) lesser than tidal volume (2) greater than inspiratory volume
(3) greater than vital capacity (4) greater than tidal volume **BBG200**

4. Vital capacity of lungs is :
(1) TV + IRV + ERV (2) TV + IRV + RV (3) TV + ERV (4) IRV + ERV **BBG201**

5. Total lung capacity is:
(1) One lit (2) 3 lit (3) 6 lit (4) 8 lit **BBG202**

6. After a deep inspiration and maximum expiration, the capacity of lungs is known as :
(1) Vital capacity (2) Tidal volume (3) I.R.V. (4) E.R.V. **BBG203**

7. Air that remains in lung after most powerful expiration is:
(1) Inspiratory air (2) Dead space air
(3) Tidal air (4) Residual air **BBG204**

8. Match the items in column I with column II and choose the correct option:

Column I	Column II
(A) Tidal volume	(i) 2500 to 3000 mL of air
(B) Inspiratory reserve volume	(ii) 1000 mL of air
(C) Expiratory reserve volume	(iii) 500 mL of air
(D) Residual volume	(iv) 3400 to 4800 mL air
(E) Vital capacity	(v) 1200 mL of air

(1) A–(iii), B–(iv), C–(ii), D–(i), E–(v) (2) A–(iii), B–(i), C–(ii), D–(v), E–(iv)
(3) A–(iii), B–(i), C–(iv), D–(v), E–(iv) (4) A–(iv), B–(iii), C–(ii), D–(i), E–(v) **BBG205**

9. Residual air mostly occurs in:
(1) Alveoli (2) Bronchus (3) Nostrils (4) Trachea **BBG206**

10. During normal respiration without any effort the volume of air inspired or expired is called :
(1) Tidal volume (2) Reserve volume
(3) Residual volume (4) Expiratory reserve volume **BBG207**

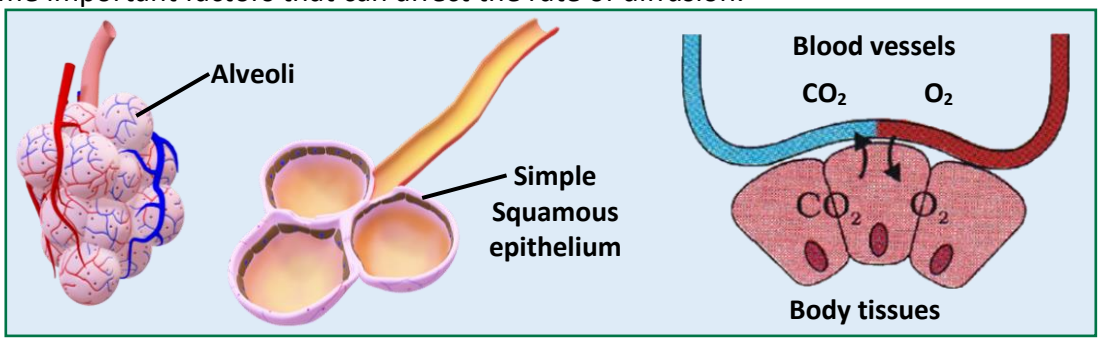
11. Arrange the following in an ascending order of volume :
a. Expiratory capacity b. Inspiratory capacity
c. Tidal volume d. Residual volume
(1) c < d < a < b (2) d < a < c < b (3) d < b < a < c (4) c < d < b < a **BBG208**

12. About 1200 ml of air left in lungs is called:
(1) Tidal volume (2) Inspiratory reserve volume
(3) Residual volume (4) Vital capacity **BBG209**

13. Tidal volume for a healthy human in an hour is :
(1) 500 ml (2) 3600 ml to 4800 ml
(3) 360000 ml to 480000 ml (4) 10000 ml **BBG210**

06. EXCHANGE OF GASES

- Alveoli are the primary sites of exchange of gases.
- Exchange of gases also occur between blood and tissues.
- O_2 and CO_2 are exchanged in these sites by simple diffusion mainly based on pressure/ concentration gradient.
- Solubility of the gases as well as the thickness of the membranes involved in diffusion are also some important factors that can affect the rate of diffusion.



- Pressure contributed by an individual gas in a mixture of gases is called partial pressure and is represented as pO_2 for oxygen and pCO_2 for carbon dioxide.
- Partial pressures of these two gases in the atmospheric air and the two sites of diffusion are given in Table.

Respiratory gas	Atmospheric air	Alveoli	Deoxygenated blood	Oxygenated blood	Tissue
pO_2 (in mmHg)	159	104	40	95	40
pCO_2 (in mmHg)	0.3	40	45	40	45

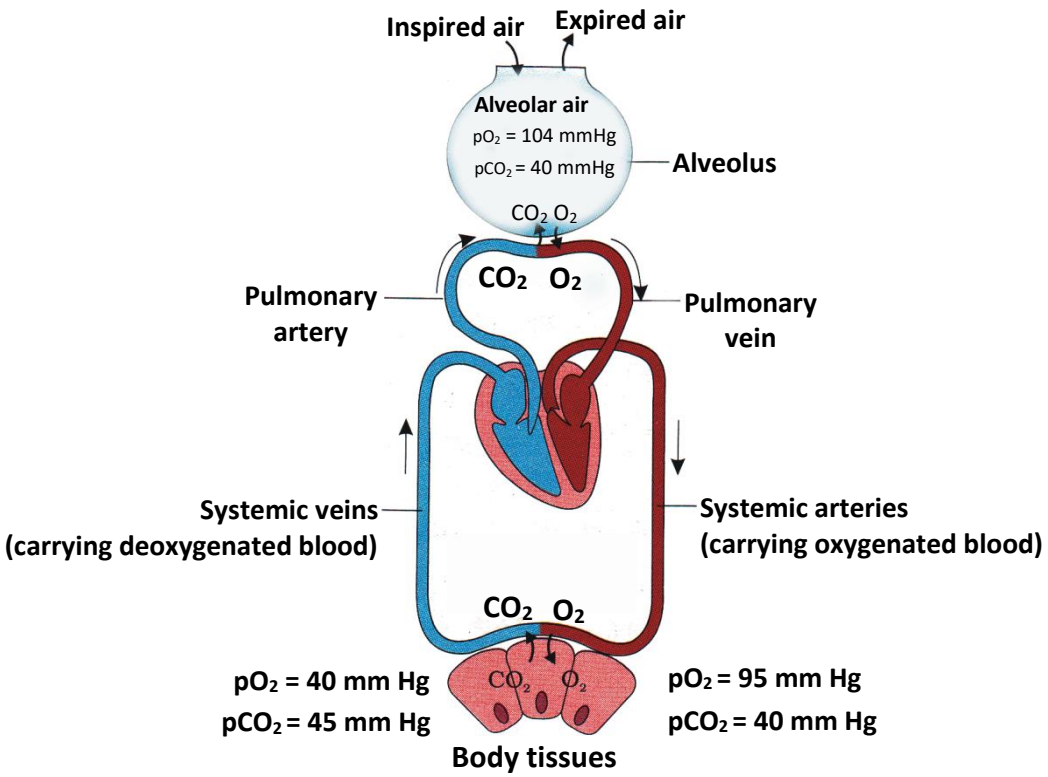


Fig. Diagrammatic representation of exchange of gases at the alveolus and the body tissues with blood and transport of oxygen and carbon dioxide

- The data given in the table clearly indicates a concentration gradient for oxygen from alveoli to blood and blood to tissues. Similarly, a gradient is present for CO_2 in the opposite direction, i.e., from tissues to blood and blood to alveoli.
- As the solubility of CO_2 is 20-25 times higher than that of O_2, the amount of CO_2 that can diffuse through the diffusion membrane per unit difference in partial pressure is much higher compared to that of O_2.
- The diffusion membrane is made up of three major layers namely-
  (i) The thin squamous epithelium of alveoli,
  (ii) The endothelium of alveolar capillaries
  (iii) The basement substance in between them.
- However, its total thickness is much less than a millimetre. Therefore, all the factors in our body are favourable for diffusion of O_2 from alveoli to tissues and that of CO_2 from tissues to alveoli.

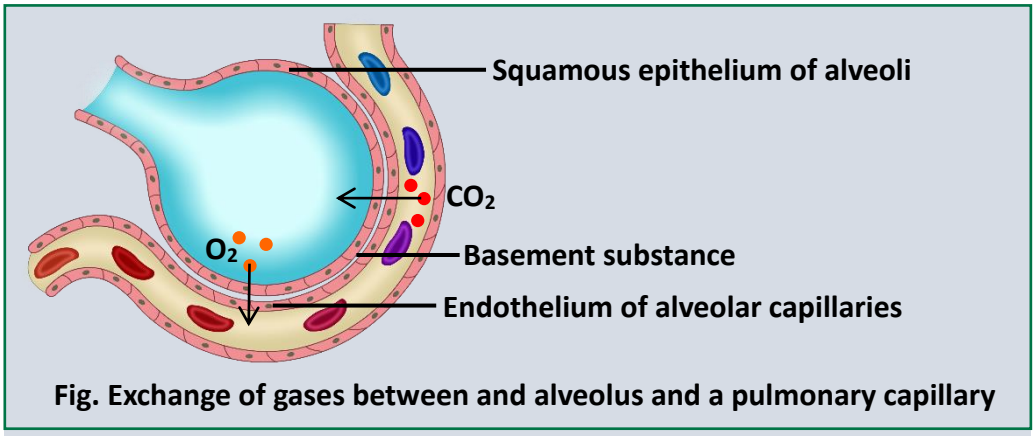


Fig. Exchange of gases between and alveolus and a pulmonary capillary

NCERT Question :
Diffusion of gases occurs in the alveolar region only and not in the other parts of respiratory system. Why?

Gaseous exchange takes place only at alveoli on respiratory surface because
(i) of rich supply of capillaries at alveoli
(ii) of large surface area of alveoli
(iii) of very thin respiratory membrane [approx. less than 1 mm]

BEGINNER'S BOX-5 EXCHANGE OF GASES

1. Very high number of alveoli present in a lung is meant for
(1) More space for increasing volume of inspired air
(2) More area for diffusion
(3) Making the organ spongy
(4) Increasing nerve supply **BBG211**

2. What is the value of pO_2 and pCO_2 in pulmonary vein?
(1) pCO_2 = 95 mmHg; pO_2 = 45 mmHg
(2) pO_2 = 95 mmHg; pCO_2 = 40 mmHg
(3) pCO_2 = 40 mmHg; pO_2 = 45 mmHg
(4) pCO_2 = 45 mmHg; pO_2 = 45 mmHg **BBG212**

3. Exchange of gases is not affected by -
(1) Solubility of gases (2) Partial pressure gradient of gases
(3) Thickness of respiratory surface (4) Amount of gases in alveoli **BBG213**

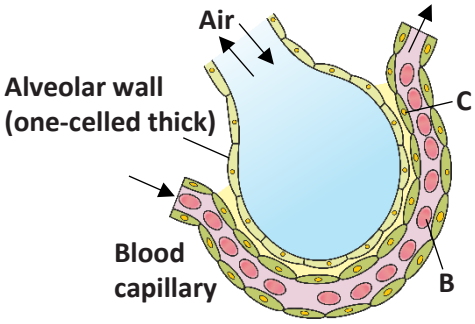
4. Which vein contains the oxygenated blood in humans ?
(1) Cardiac vein (2) Hepato pancreatic vein
(3) Portal vein (4) Pulmonary vein **BBG214**

5.

Partial pressure of Gases	Blood (Deoxygenated)	Blood (Oxygenated)	Tissues
O_2	40	B	40
CO_2	A	40	C

Choose the correct option for A, B and C to complete the given data.
(1) A-40,B-95,C-40 (2) A-45,B-95,C-45
(3) A-35,B-95,C-45 (4) A-35,B-95,C-95 **BBG215**

6. Identify A, B and C in the given diagram and choose the correct option accordingly -
(1) A-Alveolar cavity, B-WBC, C-Capillary wall
(2) A-Alveolar cavity, B-RBC, C-Systemic wall
(3) A-Alveolar cavity, B-RBC, C-Capillary wall
(4) A-Alveolar cavity, B-WBC, C-Systemic wail **BBG216**



7. The total thickness of the diffusion membrane of alveolus capillary is -
(1) less than 1 cm (2) less than 2 cm (3) less than 1 mm (4) more than 1 mm
BBG217

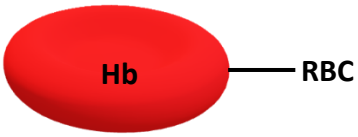
8. Gaseous exchange takes place only at alveoli on respiratory surface because –
(1) of rich supply of capillaries at alveoli
(2) of large surface area of alveoli
(3) of very thin respiratory membrane
(4) all of the above **BBG218**

07. TRANSPORT OF GASES

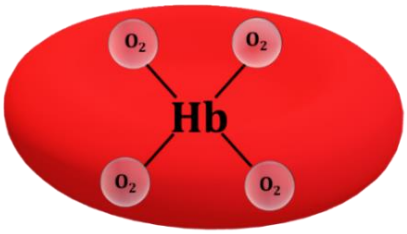
- Blood is the medium of transport for O_2 and CO_2. About 97 per cent of O_2 is transported by RBCs in the blood.
- The remaining 3 per cent of O_2 is carried in a dissolved state through the plasma.
- Nearly 20-25 per cent of CO_2 is transported by RBCs whereas 70 per cent of it is carried as bicarbonate (maximum).
- About 7 per cent of CO_2 is carried in a dissolved state through plasma (minimum).

(A) TRANSPORT OF OXYGEN :

$$Hb + O_2 \underset{\text{in Tissues}}{\overset{\text{in Alveoli}}{\rightleftharpoons}} \underset{\text{Oxyhaemoglobin}}{HbO_2}$$



- As oxygen enters the blood from air, approximately 3% dissolves in the blood plasma.
- Remaining 97% oxygen combines with haemoglobin to form oxyhaemoglobin.
- O_2 can bind with Hb in a reversible manner to form oxyhaemoglobin.
- Haemoglobin is a red coloured, iron containing pigment present in the RBC.
- Haemoglobin is made up of 4 units. Each unit has 1 Fe in +2 state. Each haemoglobin molecule can carry a maximum of four molecules of O_2.



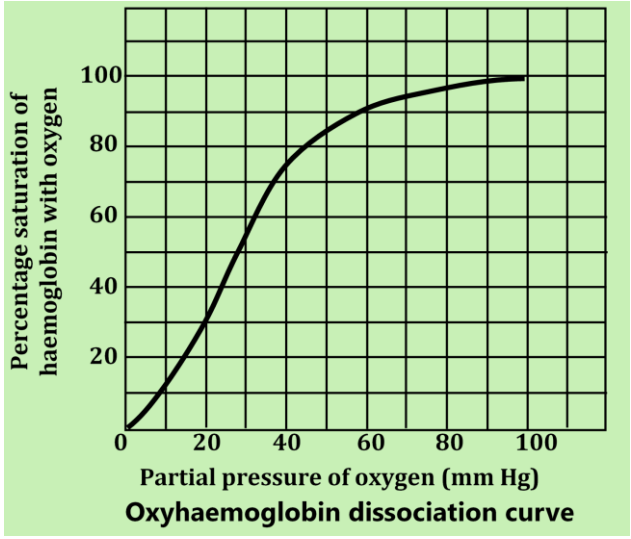
- 1 gm of haemoglobin transports 1.34 ml of oxygen. 100 ml (1 dL) of blood contains normally 15 gm of haemoglobin, so 100 ml blood transports approximately 20 ml of oxygen.
- In a conducting cycle, blood gives its 25% O_2 to tissues. So, every 100 ml of oxygenated blood can deliver around 5ml of O_2 to tissue under normal physiological condition.
- Binding of oxygen with haemoglobin is primarily related to partial pressure of O_2. But pCO_2, hydrogen ion concentration and temperature are the other factors which can interfere with this binding.
- Formation of oxyhaemoglobin is a process of oxygenation. Oxygen does not oxidise haemoglobin. Some gases (e.g. Ozone) oxidise haemoglobin.
- This oxidised haemoglobin is called Methaemoglobin. These type of gases are environmental pollutants.
- As oxyhaemoglobin reaches the tissues, it dissociates. O_2 enters the tissue fluid from blood and CO_2 from tissue fluid enters into the blood.
- The decrease in Hb's affinity for O_2 when pCO_2 increases at tissues is called Bohr's effect. This helps in delivering O_2 to tissues to meet the body's O_2 demand.
- Gaseous exchange between blood and tissues is called internal respiration or tissue respiration. It is also done by simple diffusion.

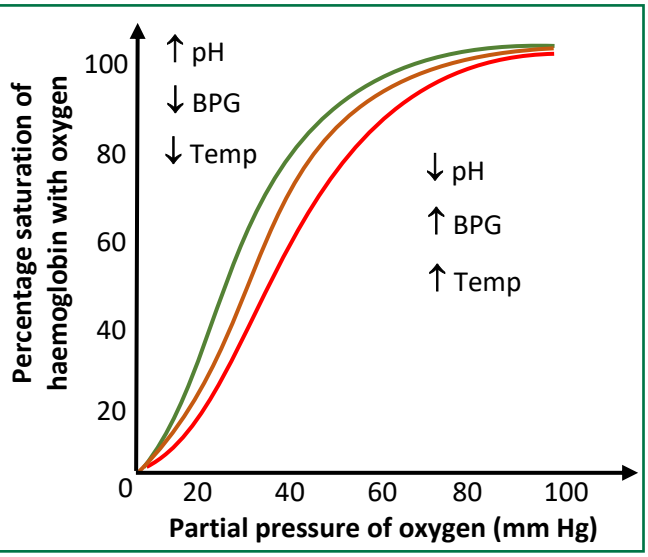
Oxyhaemoglobin Dissociation Curve:

(1) A graph is plotted between O_2 concentration and percentage saturation of haemoglobin with this curve is called Dissociation curve [which is sigmoid shape].

(2) This curve is highly useful in studying the effect of factors like pCO_2, H^+ concentration, temperature on binding of O_2 with haemoglobin.

- Shift to **Left** means that increase in affinity between O_2 and Hb [formation of HbO_2].
- Shift to **Right** means that decrease in affinity between O_2 and Hb and dissociation of oxyhaemoglobin.





- At the level of alveoli factors like, high pO_2, low pCO_2, lesser H^+ concentration and lower temperature are favourable for the formation of oxyhaemoglobin.
- In tissues following conditions are favourable for dissociation of oxygen from oxyhaemoglobin-

(i) Low pO_2 (ii) High pCO_2
(iii) High H^+ concentration (iv) Low pH
(v) Higher temperature (vi) 2, 3 bisphosphoglycreate

NCERT Question :
Define oxygen dissociation curve. Can you suggest any reason for its sigmoidal pattern?

- The sigmoid shape of dissociation curve is because of the binding of O_2 to haemoglobin. As the first O_2 molecule binds to haemoglobin, it increases the affinity for the second molecule of oxygen to bind and attract more oxygen.

NCERT Question :
What is the effect of pCO_2 on oxygen transport?
Ans. At the tissues, the high pCO_2 and low pO_2 favours the dissociation of oxygen from oxyhaemoglobin. Hence, the affinity of haemoglobin for oxygen is enhanced by the decrease of pCO_2 in blood. Therefore, oxygen is transported in blood as oxyhaemoglobin and oxygen dissociates from it at the tissues.

BEGINNER'S BOX-6 TRANSPORT OF O_2 AND HbO_2 DISSOCIATION CURVE

1. "Methemoglobin" refers to :-
(1) A colourless respiratory pigment (2) Oxidized haemoglobin
(3) Oxygenated haemoglobin (4) Deoxygenated haemoglobin
BBG219

2. How much oxygen, blood supplies to tissues in one circulation :-
(1) 75% (2) 1.34% (3) 25% (4) 7% **BBG220**

3. How oxygen enters in blood from alveoli of lungs?
(1) Pressure of CO_2 (2) Simple diffusion (3) By Hb (4) None of these **BBG221**

4. Oxygen dissociation curve of haemoglobin is :-
(1) Sigmoid (2) Hyperbolic (3) Linear (4) Hypobolic **BBG222**

5. A molecule of haemoglobin can carry oxygen molecule :-
(1) 2 (2) 4 (3) 6 (4) 8 **BBG223**

6. Oxygen in lungs ultimately reaches :-
(1) Alveoli (2) Trachea (3) Bronchus (4) Bronchioles **BBG224**

7. In vertebrate blood, the carrier of oxygen to the tissues or respiratory pigment is
(1) Plasma (2) Lymphocytes (3) Leucocytes (4) Haemoglobin **BBG225**

8. Haemoglobin is :-
(1) Vitamin (2) Skin pigment (3) Blood carrier (4) Respiratory pigment **BBG226**

9. Amount of oxygen present in one gram of haemoglobin is :-
(1) 20 ml (2) 1.34 ml (3) 13.4 ml (4) None of these **BBG227**

10. Which one is correct factor for right shifting of oxyhaemoglobin dissociation curve ?
(1) Low pCO_2 (2) High temp. (3) High pH (4) High pO_2 **BBG228**

11. Oxygen haemoglobin dissociation curve will shift to right on decrease of :-
(1) Acidity (2) Carbon dioxide concentration
(3) Temperature (4) pH **BBG229**

12. Body tissues obtain O_2 from oxyhaemoglobin because of its dissociation in tissues caused by :-
(1) Low O_2 concentration and high CO_2 concentration.
(2) High O_2 concentration and high CO_2 concentration.
(3) Low CO_2 concentration and low O_2 concentration.
(4) Low CO_2 concentration and high O_2 concentration. **BBG230**

13. Under normal conditions, what amount of O_2 is delivered by 100 mL of the oxygenated blood:
(1) 5 mL (2) 4 mL (3) 3 mL (4) 2 mL **BBG231**

(B) TRANSPORT OF CARBON DIOXIDE :

- The blood transports carbon dioxide comparatively easily because of its higher solubility.
- There are three ways of transport of carbon dioxide.
  - **(a) In dissolved state:** Approximately 5-7 per cent of carbon dioxide is transported, being dissolved in the plasma of blood.
  - **(b)** As **Carbamino haemoglobin:** About 20-25% CO_2 react with the amine group of Haemoglobin and form carbamino-haemoglobin. This binding is related to the partial pressure of CO_2. pO_2 is a major factor which could affect this binding.
  - **(c) In the form of bicarbonate:** Bulk of CO_2 is transported by plasma as bicarbonate.

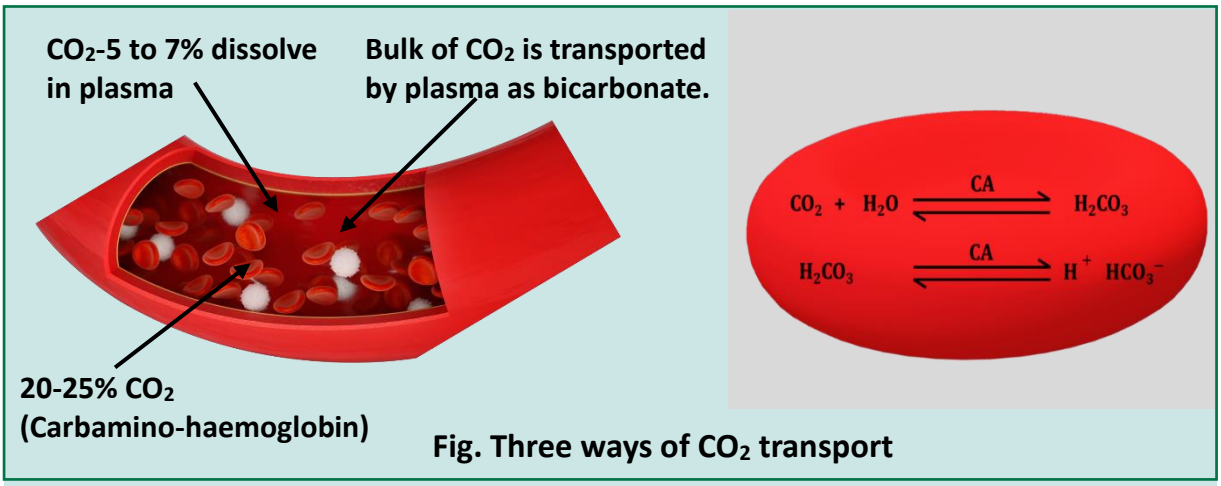
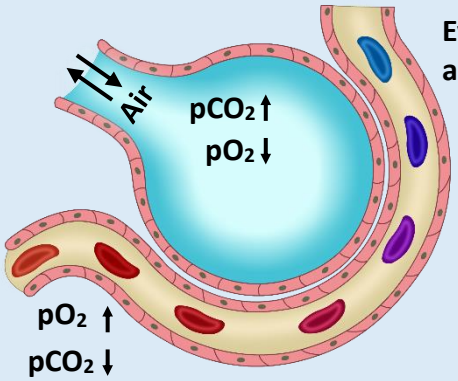


Fig. Three ways of CO_2 transport

$$CO_2 + H_2O \xrightleftharpoons{\text{Carbonic anhydrase}} H_2CO_3 \xrightleftharpoons{\text{Carbonic anhydrase}} HCO_3^- + H^+$$

- **At Tissues :** Carbon dioxide produced by the tissues, diffuses into the RBCs, where it reacts with water to form carbonic acid (H_2CO_3). This reaction is catalysed by the enzyme, **Carbonic anhydrase**. RBCs contain a very high concentration of this enzyme & minute quantity is present in plasma too.
- Now carbonic acid dissociates into Hydrogen (H^+) and bicarbonate (HCO_3^-) ions.
- When HCO_3^- comes out from RBC into plasma at tissue level then, Cl^- moves into RBC in order to maintain an ionic equilibrium. This, shifting is called **Chloride shift** or **Hamburger phenomenon**.
- **At Alveoli :** When the pCO_2 is low and pO_2 is high, dissociation of CO_2 from carbamino-haemoglobin takes place, i.e., CO_2 which is bound to haemoglobin from the tissues is delivered at the alveoli.
- The reaction proceeds in the opposite direction leading to the formation of CO_2 and H_2O. Thus, CO_2 trapped as bicarbonate at the tissue level and transported to the alveoli is released out as CO_2. This dissociation is stimulated by oxyhaemoglobin.



Every 100 ml of deoxygenated blood delivers approximately 4 ml of CO_2 to the alveoli.

NCERT Question :
What are the major transport mechanisms for CO_2? Explain.
Ans. There are three means by which carbon dioxide is transported in the bloodstream from peripheral tissues and back to the lungs: (1) dissolved gas, (2) bicarbonate, and (3) carbaminohemoglobin.

BEGINNER'S BOX-7 CO_2 TRANSPORT

1. What percentage of CO_2 flows in blood in form of bicarbonates?
(1) 7% (2) 23% (3) 50% (4) 70%
BBG232

2. Most of the carbon dioxide is carried in the blood as:
(1) Bicarbonates (2) Carbon monoxide
(3) Carbonic acid (4) Carbonates
BBG233

3. Carbon dioxide is transported from tissue to respiratory surface by only:
(1) Plasma and erythrocytes (2) Plasma
(3) Erythrocytes (4) Erythrocytes and leucocytes
BBG234

4. Carbon dioxide entering erythrocytes reacts with water to form carbonic acid. The enzyme is:
(1) Carbonic anhydrase (2) Carboxypeptidase
(3) Hydrolase (4) Oxidoreductase
BBG235

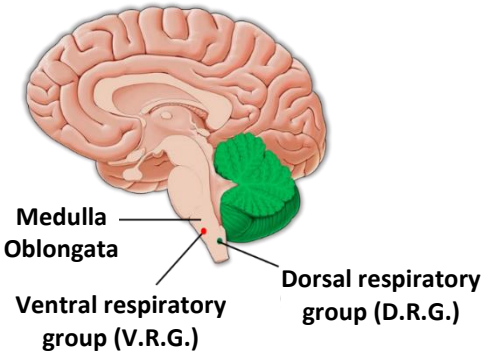
5. Partial pressure of carbon dioxide in alveoli, atmospheric air and tissues will be :
(1) (0.3, 40, 45) mmHg (2) (40, 0.3, 45) mmHg
(3) (0.3, 104, 28) mmHg (4) (104, 159, 40) mmHg
BBG236

6. Every 100 ml deoxygenated blood delivers around _____ CO_2 to alveoli :-
(1) 20 ml (2) 4 ml (3) 5 ml (4) 25 ml
BBG237

NCERT Question :
How is respiration regulated?

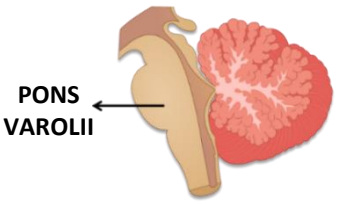
08. REGULATION OF RESPIRATION

- Human beings have a significant ability to maintain and moderate the respiratory rhythm to suit the demand of the body tissues. This is done by neural system.
- The respiratory rhythm centre in the Medulla is primarily responsible for this regulation.



- Following respiratory groups regulate respiration :
  (i) **The dorsal respiratory group (DRG)** is present in the dorsal portion of medulla oblongata. The signals from these neurons generate the basic respiratory rhythm. The nervous signal released from this group is transmitted to the diaphragm & EICM.

(ii) **The ventral respiratory group (VRG)** of neurons are located anterolateral to the dorsal respiratory group. During normal respiration, this remains inactive.
During forceful breathing, it sends signals to diaphragm, EICM, IICM and Abdominal muscles.



(iii) **The pneumotaxic centre** is located on pons. It is called switch off point of inspiration. Neural signal from this centre can reduce the duration of inspiration and thereby alter the respiratory rate. When this centre send strong signal then lungs are filled partially.

Hering Breuer Reflex Arch :

- In the walls of terminal bronchioles and atria stretch receptors are present, which are normally inactive but they become active when alveoli are filled with maximum air.
- The Hering Breuer reflex arch now becomes activated and sends inhibitory signals to the inspiratory centre to switch off inspiration. This prevents the alveoli from over stretching and bursting.
- Thus, Hering Breuer reflex arch is a protective reflex which works only when normal mechanism of switch off of inspiration does not work timely due to any reason.
- A chemo sensitive area is situated adjacent to the rhythm centre which is highly sensitive to CO_2 and hydrogen ions. Increase in these substances can activate this centre which in turn can signal the rhythm centre and increase breathing rate.
- Aortic body and carotid body are chemoreceptors associated with aortic arch and carotid artery. They also can recognise changes in CO_2 and H^+-concentration in oxygenated blood.
- The role of oxygen in the regulation of respiratory rhythm is quite insignificant.
- The activity of respiratory centre is also affected by body temperature and blood pressure. whenever body temperature is increased or blood pressure goes high, respiratory centre becomes more activated and this increases the respiration rate.

09. RESPIRATORY DISORDERS

1. **Asthma** is a difficulty in breathing causing wheezing due to inflammation of bronchi and bronchioles.
2. **Bronchitis** is a disorder of bronchi in which there is regular swelling and itching of bronchi and is characterised by regular coughing.
3. **Emphysema** is a chronic disorder in which alveolar walls are damaged due to which respiratory surface is decreased. One of the major causes of this is cigarette smoking.
4. **Occupational Respiratory Disorders:** In certain industries, especially those involving grinding or stone-breaking, so much dust is produced that the defence mechanism of the body cannot fully cope with the situation. Long exposure can give rise to inflammation leading to fibrosis (proliferation of fibrous tissues) and thus causing serious lung damage. Workers in such industries should wear protective masks.
5. **Rhinitis :** Inflammation of nasal tract.

BEGINNER'S BOX-8 REGULATION OF RESPIRATION AND DISORDERS OF RESPIRATORY SYSTEM

1. Respiratory centre of brain is stimulated by:
(1) Carbon dioxide content in venous blood
(2) Carbon dioxide content in arterial blood
(3) Oxygen content in venous blood
(4) Oxygen content in arterial blood **BBG238**

2. Respiratory rhythm centre is present in :
(1) Cerebellum (2) Cerebrum
(3) Medulla oblongata (4) Pons **BBG239**

3. Pneumotaxic centre is present on:
(1) Pons (2) Medulla (3) Cerebrum (4) Cerebellum **BBG240**

4. Asthma is a respiratory disease caused due to:
(1) Infection of trachea (2) Infection of lungs
(3) Bleeding into pleural cavity (4) Spasm in bronchial muscles **BBG241**

5. When CO_2 concentration in blood increases, breathing becomes :
(1) There is no effect on breathing (2) Slow and deep
(3) Faster (4) Shallower and slow **BBG242**

6. Haemoglobin shows maximum affinity with:
(1) Carbon monoxide (2) Carbon dioxide
(3) Oxygen (4) Ammonia **BBG243**

7. Rate of respiration is directly affected by:
(1) CO_2 concentration (2) O_2 in trachea
(3) Concentration of O_2 (4) Diaphragm expansion **BBG244**

8. Chemoreceptors which recognise the change in concentration of CO_2 and H^+ are found in :
(1) Aortic arch (2) Carotid artery (3) Medulla (4) All of these **BBG245**

9. 'Emphysema' is a condition in which :
(1) Respiratory centre inhibited (2) Lot of fluid in the lungs
(3) The walls separating the alveoli break (4) Lungs have more O_2 **BBG246**

10. An abnormal distension of bronchioles or alveolar sacs is encountered in :
(1) Bronchitis (2) Bronchial asthma (3) Emphysema (4) Pneumonia **BBG247**

11. Match the disorders given in column I with symptoms under column II. Choose the answer which gives the correct combination of alphabets with numbers :

	Column-I		**Column-II**
(a)	Asthma	(i)	Inflammation of nasal tract
(b)	Bronchitis	(ii)	Spasm of bronchial muscle
(c)	Rhinitis	(iii)	Fully blown out alveoli
(d)	Emphysema	(iv)	Inflammation of bronchi

(1) a – iv, b – ii, c – v, d – i (2) a – v, b – i, c – ii, d – iii
(3) a – iii, b – iv, c – i, d – iii (4) a – ii, b – iv, c – i, d – iii **BBG248**

BEGINNER'S BOX — ANSWERS KEY

BEGINNER'S BOX-1	Que.	1	2	3	4	5	6	7	8	9	
	Ans.	2	3	3	2	2	3	1	2	4	

BEGINNER'S BOX-2	Que.	1	2	3	4	5	6	7	8	9	10
	Ans.	2	1	1	4	3	3	1	3	2	4
	Que.	11	12	13	14	15	16	17	18	19	
	Ans.	2	2	1	2	1	3	2	1	2	

BEGINNER'S BOX-3	Que.	1	2	3	4	5	6	7	8	
	Ans.	2	1	3	1	3	1	3	1	

BEGINNER'S BOX-4	Que.	1	2	3	4	5	6	7	8	9	10
	Ans.	3	1	4	1	3	1	4	2	1	1
	Que.	11	12	13							
	Ans.	1	3	3							

BEGINNER'S BOX-5	Que.	1	2	3	4	5	6	7	8	
	Ans.	2	2	4	4	2	3	3	4	

BEGINNER'S BOX-6	Que.	1	2	3	4	5	6	7	8	9	10
	Ans.	2	3	2	1	2	1	4	4	2	2
	Que.	11	12	13							
	Ans.	4	1	1							

BEGINNER'S BOX-7	Que.	1	2	3	4	5	6	
	Ans.	4	1	1	1	2	2	

BEGINNER'S BOX-8	Que.	1	2	3	4	5	6	7	8	9	10
	Ans.	2	3	1	4	3	1	1	4	3	3
	Que.	11									
	Ans.	4									

ESSENCE

(1) Respiratory organs :

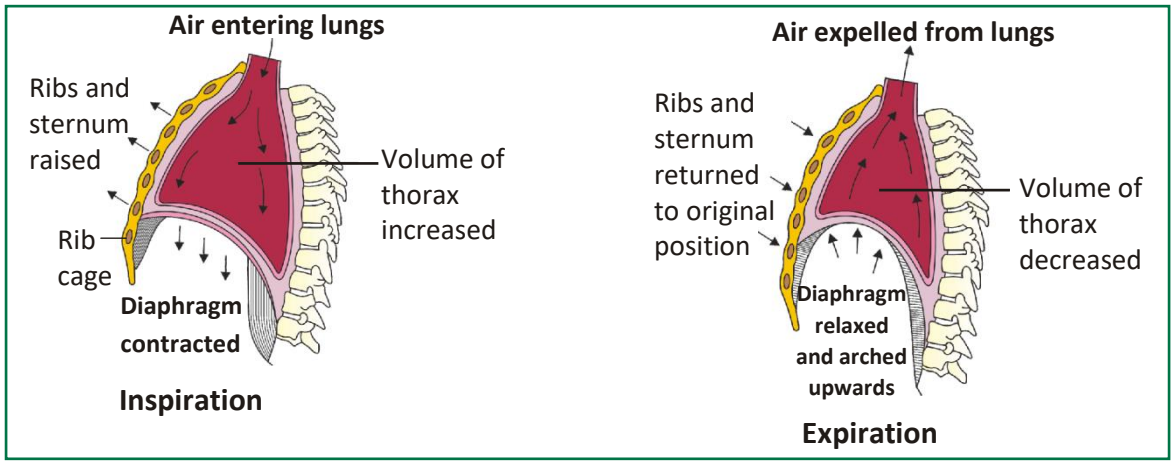
- Sponge, coelenterates, flat worms → Simple diffusion by body surface.
- Earthworm → Moist cuticle.
- Insects → Trachea
- Aquatic arthropods & molluscs → Gills
- Terrestrial forms - Lungs
- Fishes - Gills
- Reptiles, Bird, mammals-Lungs

(2) Path of air :

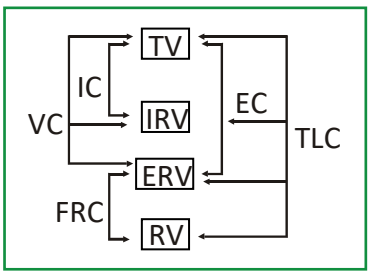
External nostrils → Vestibule/Passage → Nasal Chamber → Internal nares → Pharynx ↓ Larynx ← Trachea ← Primary Bronchus ← Secondary Bronchus ← Tertiary Bronchus ↓ Terminal Bronchiole → Respiratory Bronchiole → Alveoli

Exchange Zone

(3) Mechanism of breathing :



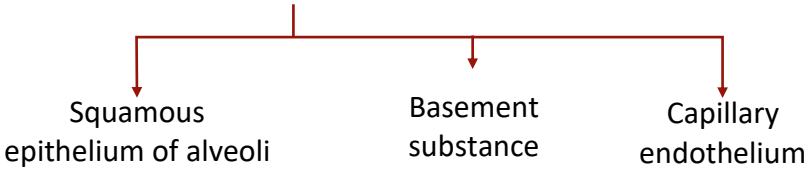
(4) RV & RC



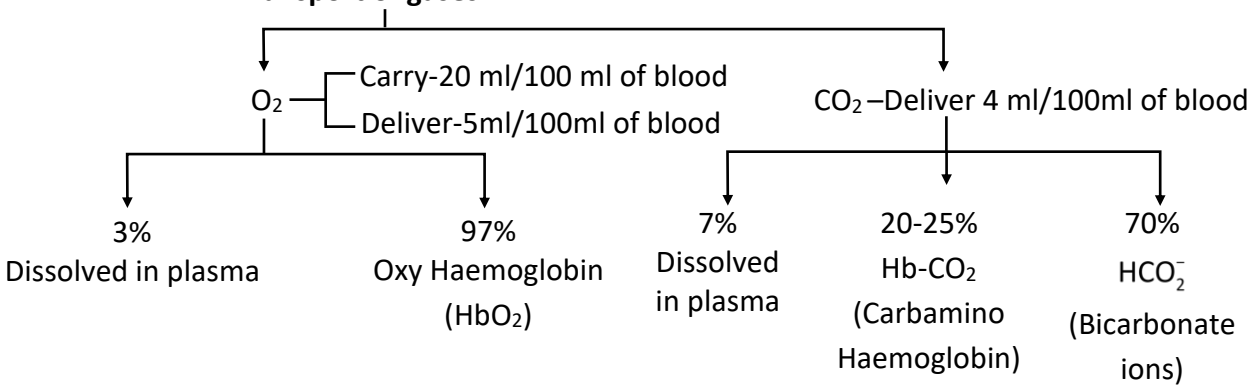
(5) Partial Pressure Gradient

Respiratory gas	Atmospheric air	Alveoli	Deoxygenated blood	Oxygenated blood	Tissue
pO_2 (in mmHg)	159	104	40	95	40
pCO_2 (in mmHg)	0.3	40	45	40	45

- Solubility of CO_2 in water is 20 – 25 times more than O_2.
- Respiratory membrane has three layers (thickness < 1 mm).

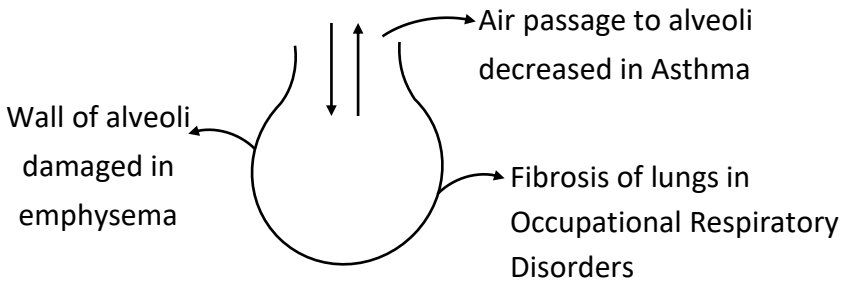


(6) Transport of gases



(7) Regulation : Respiratory rhythm centre in medulla. Pneumotaxic centre in pons. Chemo sensitive area is highly sensitive to CO_2 & H^+ ions.

(8) Disorders :



NCERT SUMMARY

Cells utilise oxygen for metabolism and produce energy along with substances like carbon dioxide which is harmful. Animals have evolved different mechanisms for the transport of oxygen to the cells and for the removal of carbon dioxide from there. We have a well developed respiratory system comprising two lungs and associated air passages to perform this function.

The first step in respiration is breathing by which atmospheric air is taken in (inspiration) and the alveolar air is released out (expiration). Exchange of O_2 and CO_2 between deoxygenated blood and alveoli, transport of these gases throughout the body by blood, exchange of O_2 and CO_2 between the oxygenated blood and tissues and utilisation of O_2 by the cells (cellular respiration) are the other steps involved.

Inspiration and expiration are carried out by creating pressure gradients between the atmosphere and the alveoli with the help of specialised muscles – intercostals and diaphragm. Volumes of air involved in these activities can be estimated with the help of spirometer and are of clinical significance.

Exchange of O_2 and CO_2 at the alveoli and tissues occur by diffusion. Rate of diffusion is dependent on the partial pressure gradients of O_2 (pO_2) and CO_2 (pCO_2), their solubility as well as the thickness of the diffusion surface. These factors in our body facilitate diffusion of O_2 from the alveoli to the deoxygenated blood as well as from the oxygenated blood to the tissues. The factors are favourable for the diffusion of CO_2 in the opposite direction, i.e., from tissues to alveoli.

Oxygen is transported mainly as oxyhaemoglobin. In the alveoli where pO_2 is higher, O_2 gets bound to haemoglobin which is easily dissociated at the tissues where pO_2 is low and pCO_2 and H^+ concentration are high. Nearly 70 per cent of carbon dioxide is transported as bicarbonate (HCO_3^-) with the help of the enzyme carbonic anhydrase. 20-25 per cent of carbon dioxide is carried by haemoglobin as carbamino-haemoglobin. In the tissues where pCO_2 is high, it gets bound to blood whereas in the alveoli where pCO_2 is low and pO_2 is high, it gets removed from the blood.

Respiratory rhythm is maintained by the respiratory centre in the medulla region of brain. A pneumotaxic centre in the pons region of the brain and a chemosensitive area in the medulla can alter respiratory mechanism.