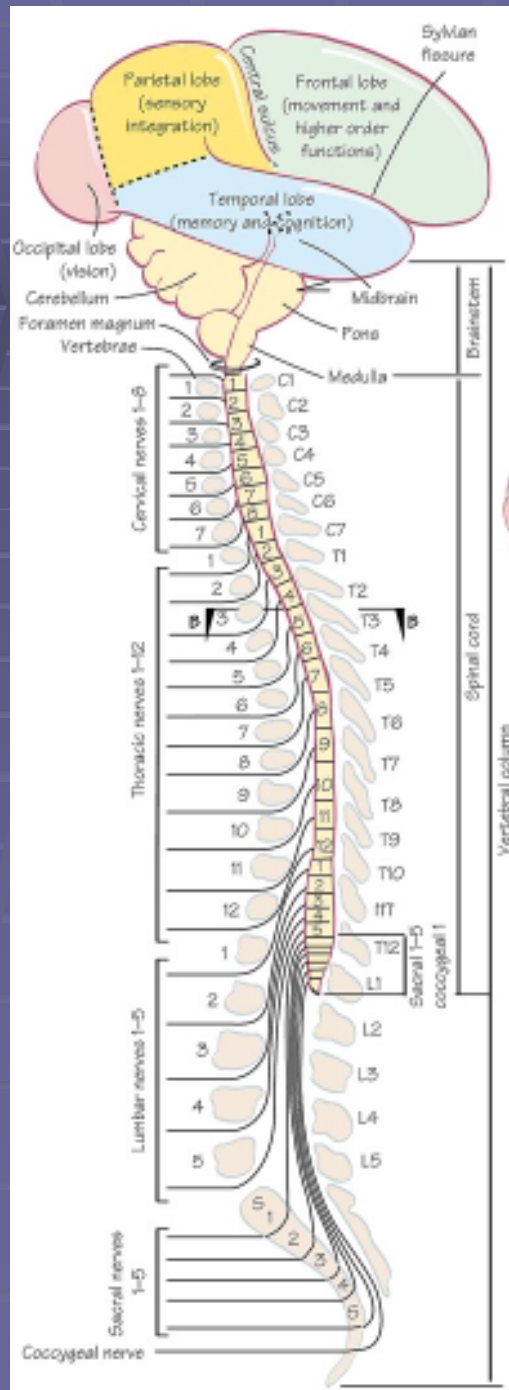


# Neurophysiology of The Nervous System

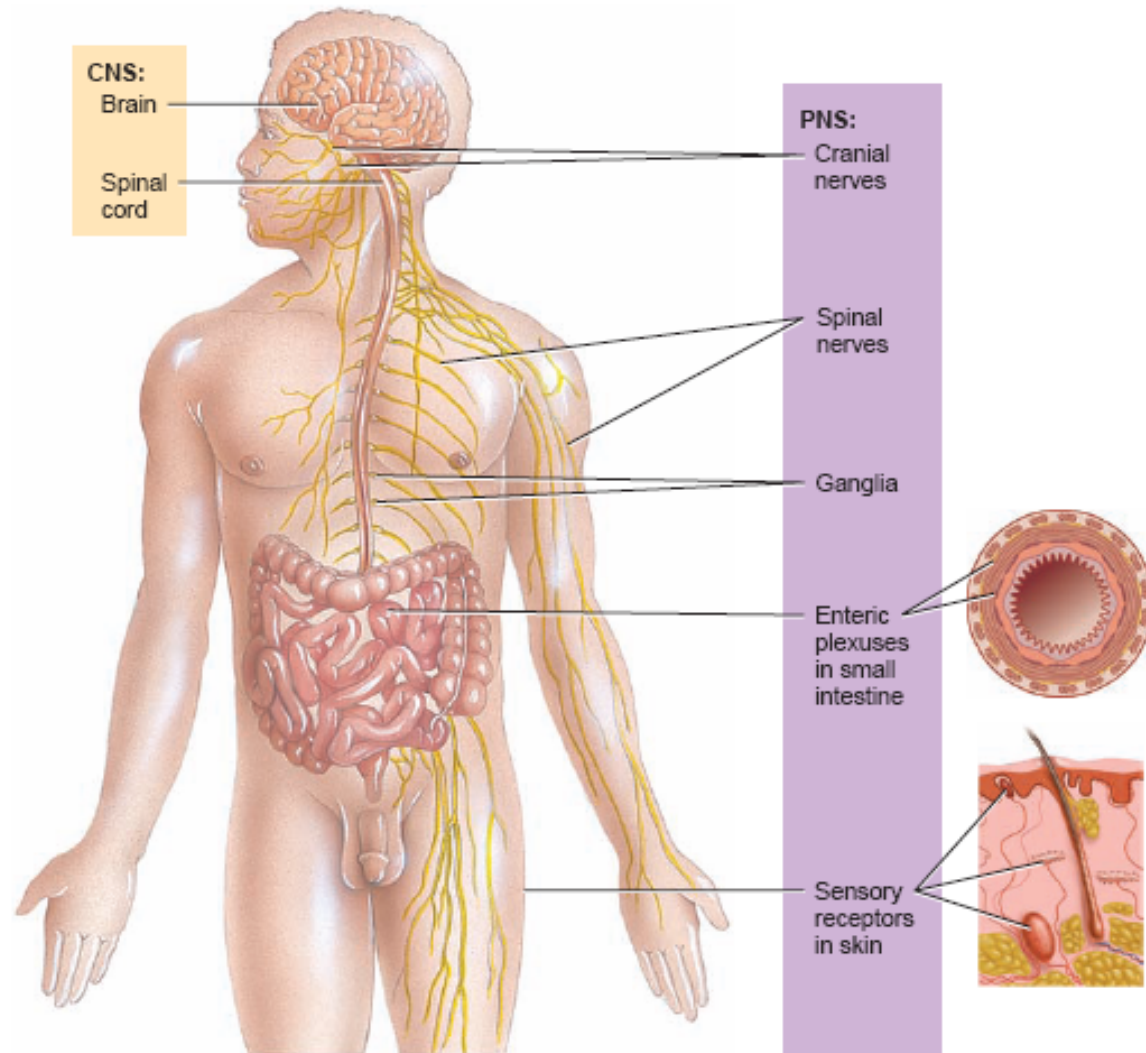
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Dr. Loai Alzghoul

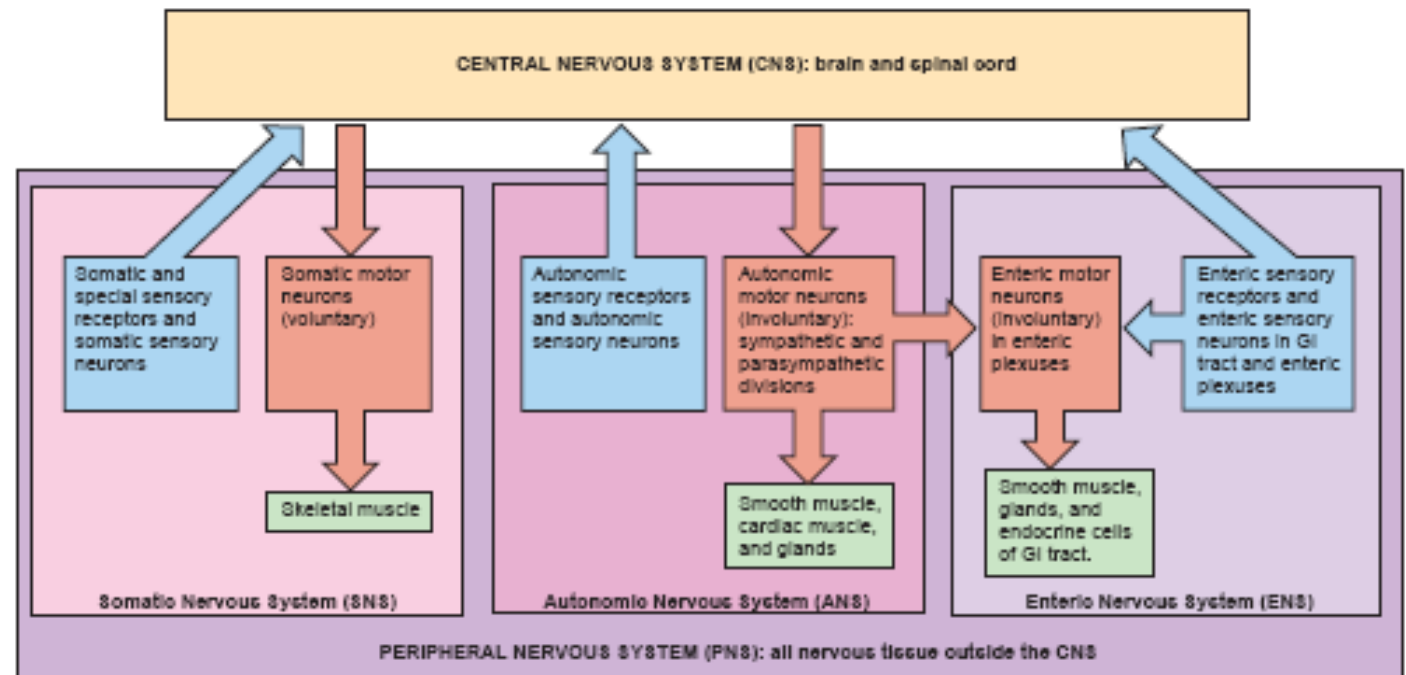
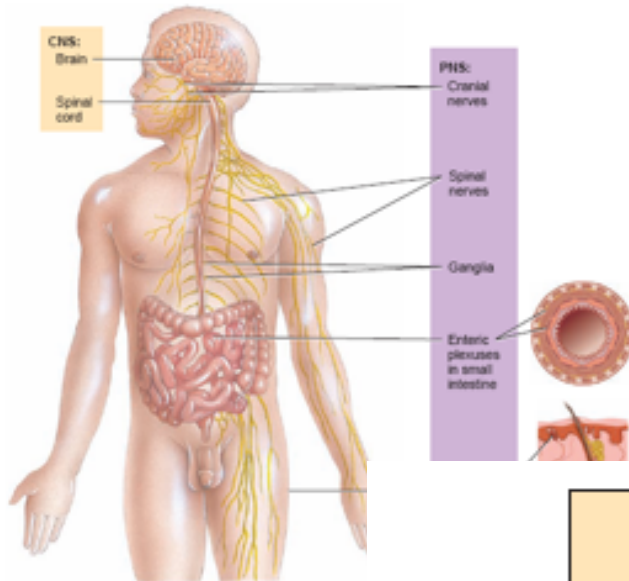
[Loai.physiology@yahoo.com](mailto:Loai.physiology@yahoo.com)



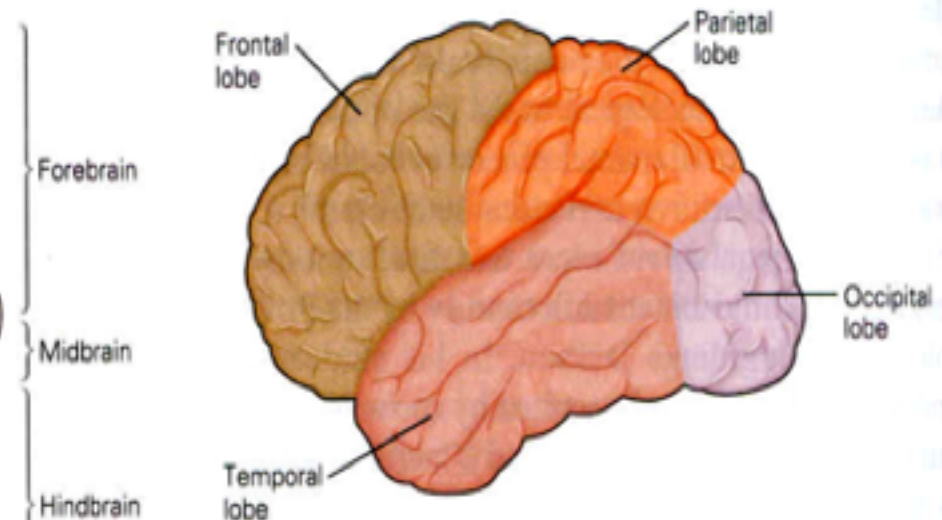
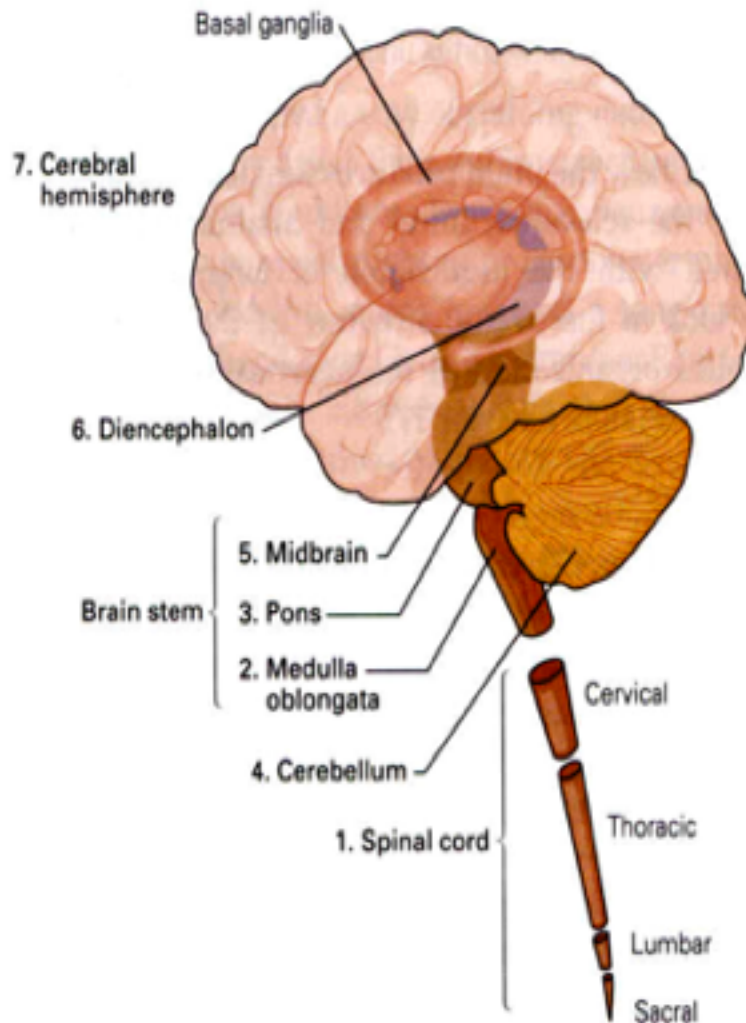
# Organization of the nervous system



# Organization of the nervous system



# Levels of the CNS



**Figure 1-2B** The four lobes of the cerebral cortex.

- 1) Spinal cord
- 2) Brain stem and sub cortical
- 3) Cerebral cortex

# 3 Major Levels of CNS Function

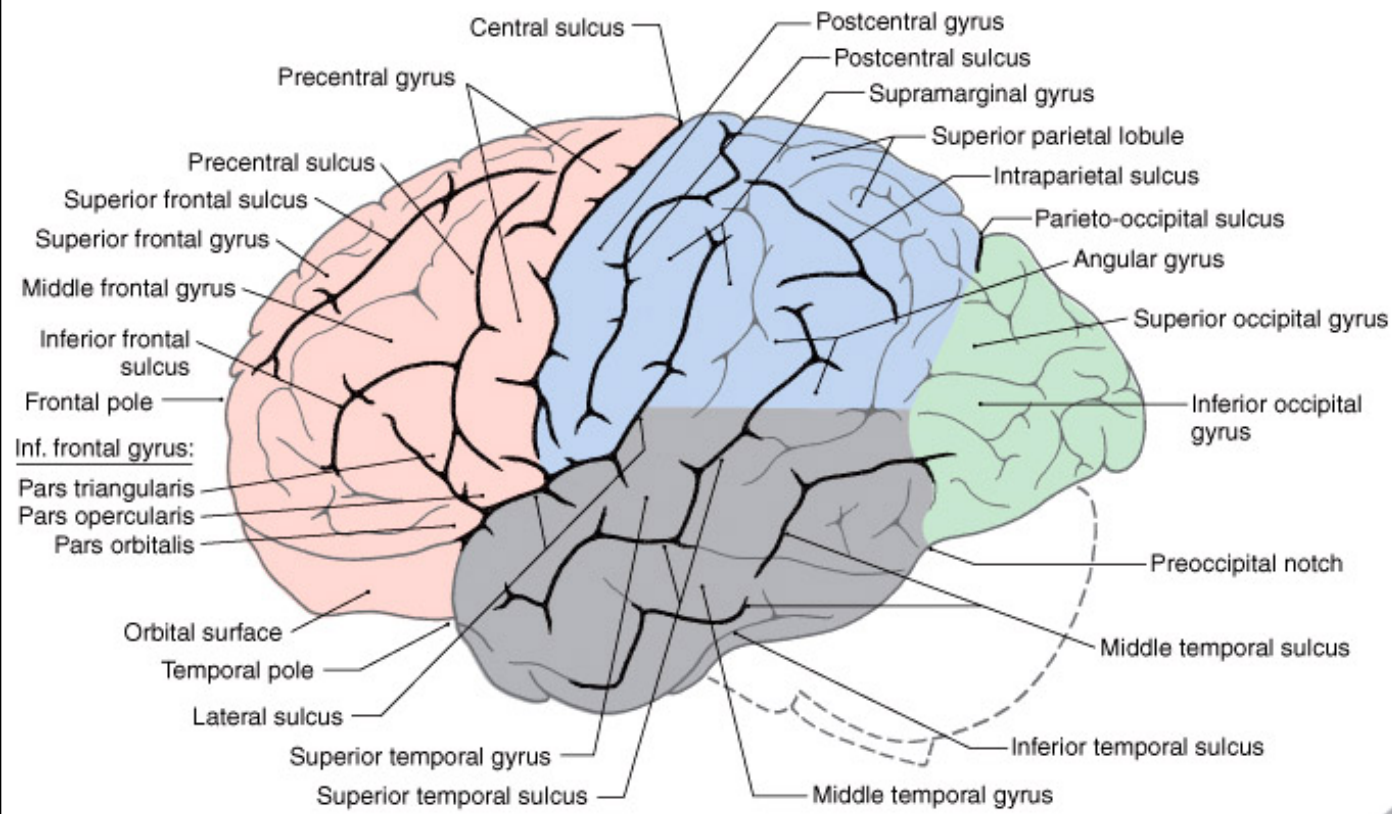
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- The spinal cord level.
  - more than just a conduit for signals from periphery of body to brain and vice versa.
  - cord contains:
    - walking circuits.
    - reflexes circuits.

# The brain stem and subcortical

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- Contains:
  - medulla, pons, mesencephalon, hypothalamus, thalamus, cerebellum and basal ganglia.
- Controls subconscious body activities:
  - arterial pressure, respiration, equilibrium, feeding reflexes, emotional patterns.



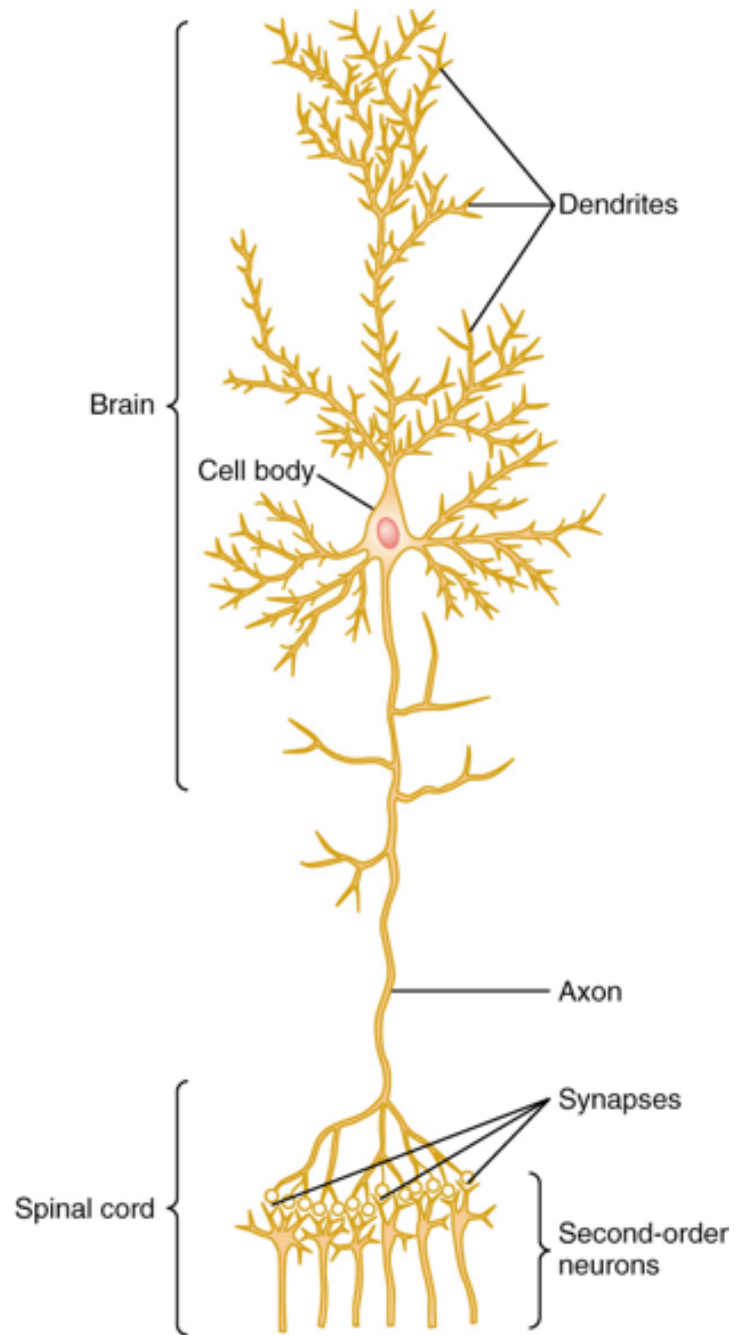


# The Higher Brain or Cortical Level

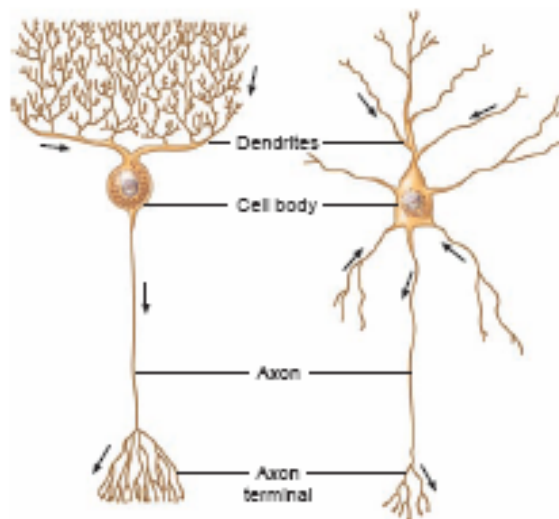
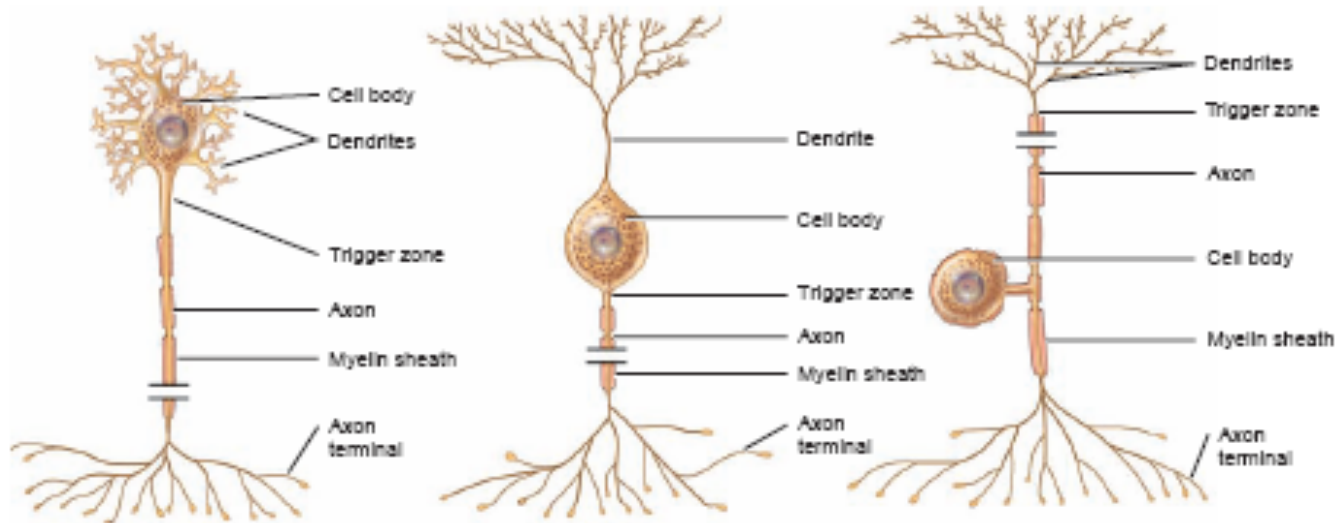
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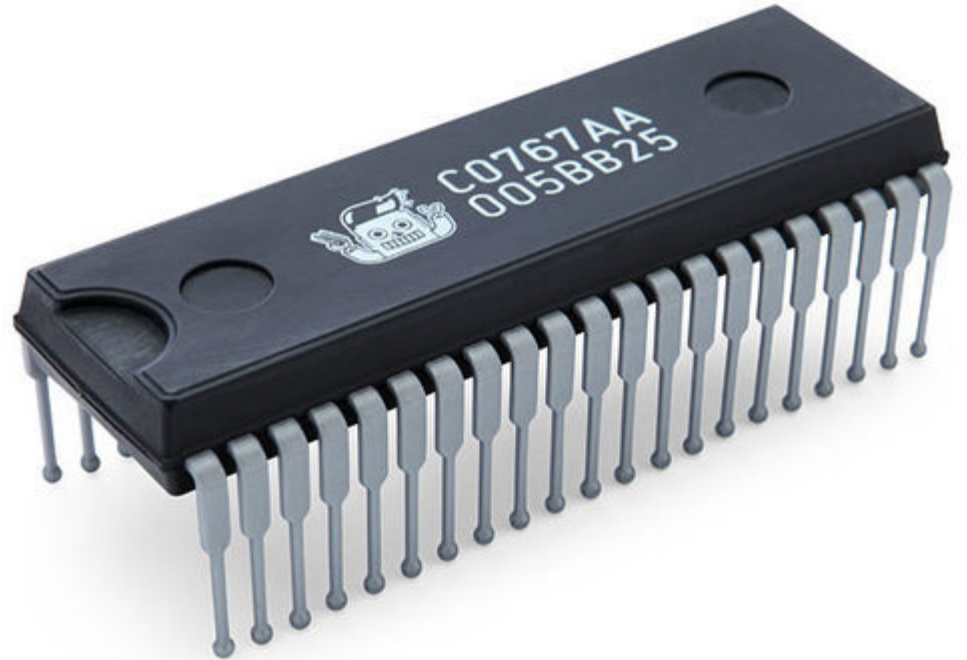
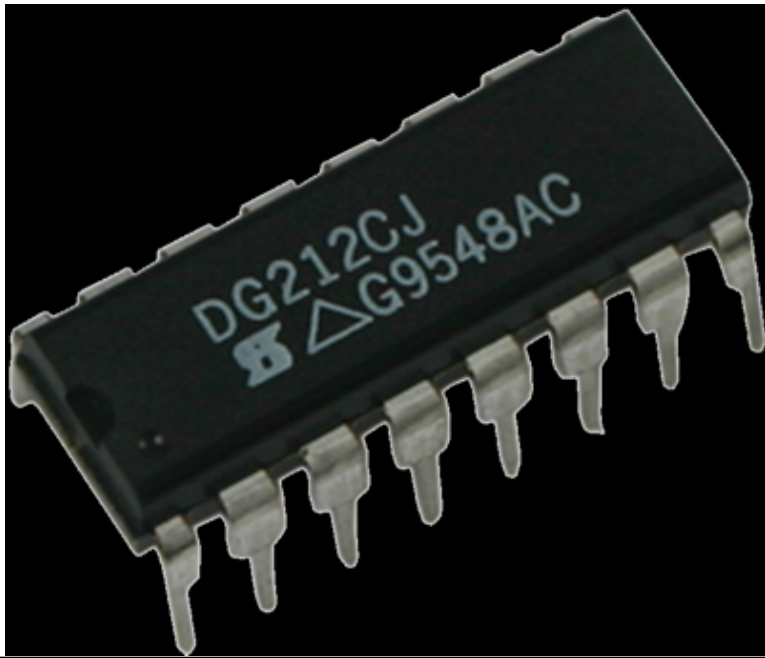
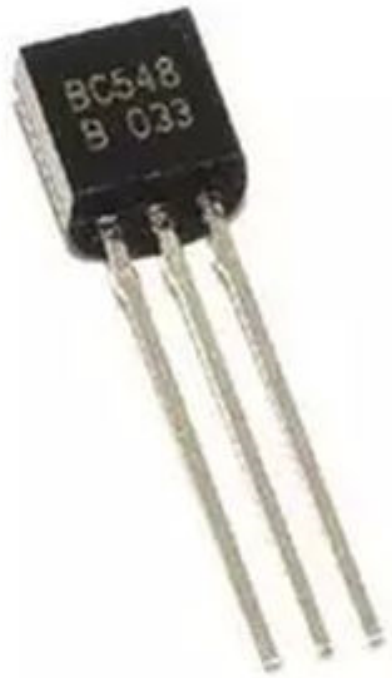
- Higher order functions : language, thoughts and personality
- Large memory storehouse.
- Each portion of the nervous system performs specific functions, but it is the cortex that opens the world up for one's mind.

# Neuron Structure

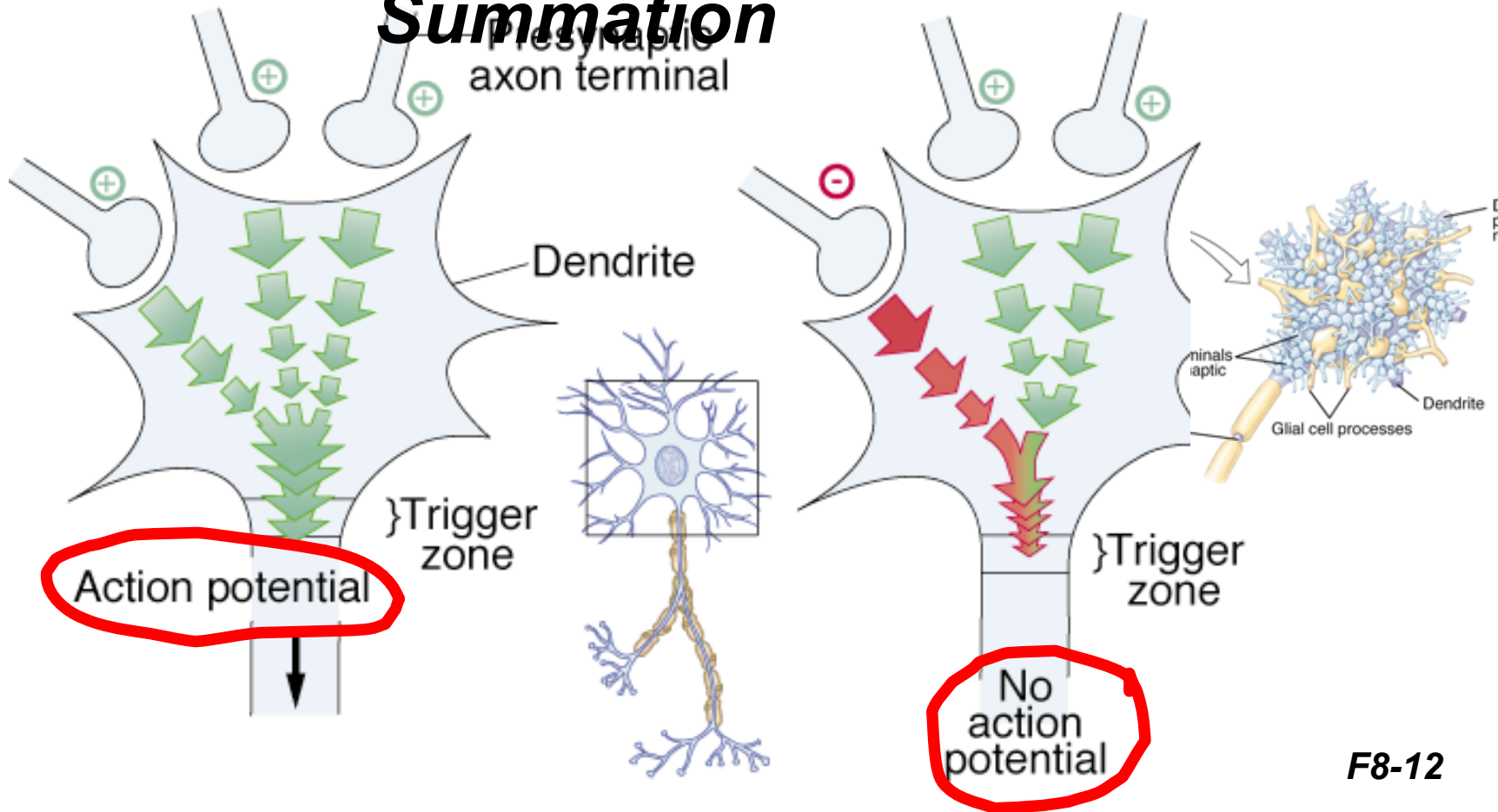


# Types of neurons



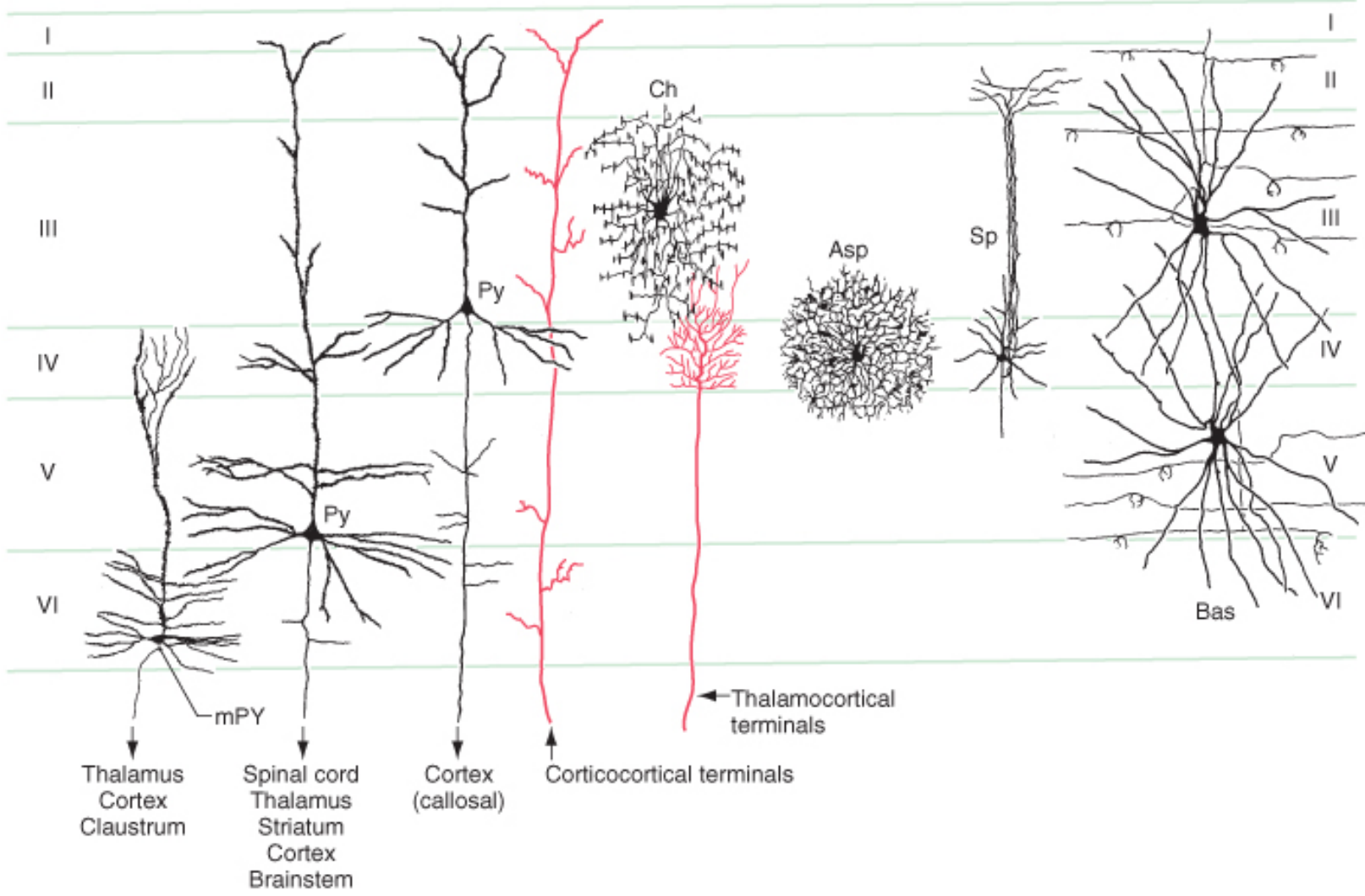


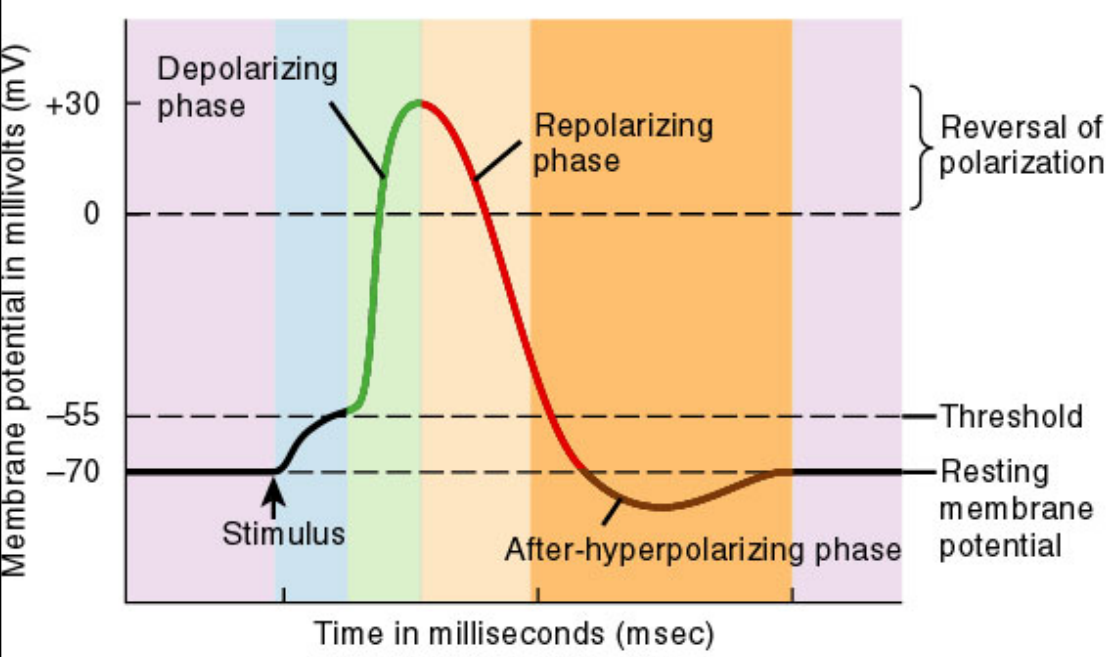
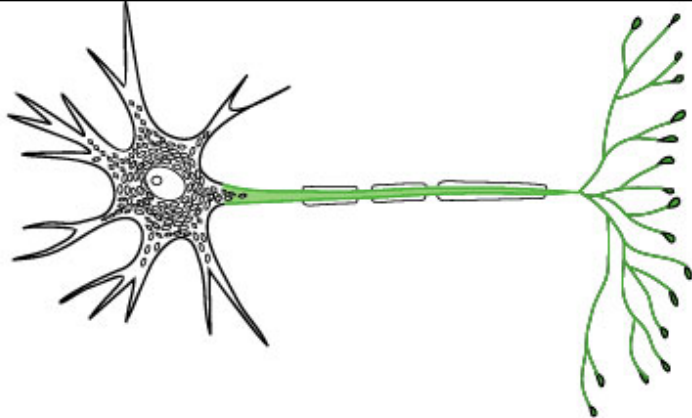
# Spatial Summation



F8-12

- A neuron may receive greater than 10, 000 inputs from presynaptic neurons.
- The initiation of an action potential from several simultaneous subthreshold graded potentials, originating from different locations, is known as spatial summation.

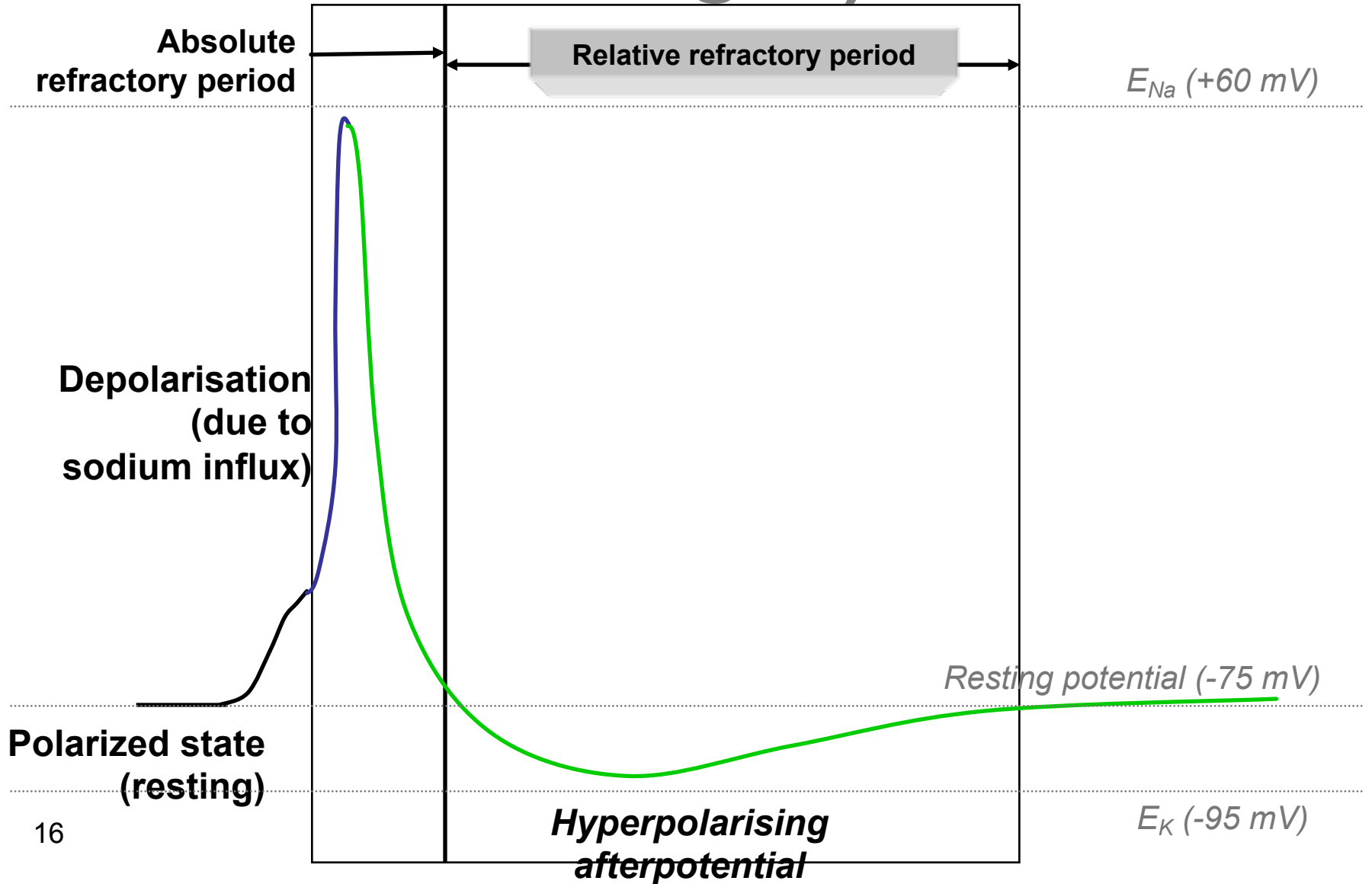




**Key:**

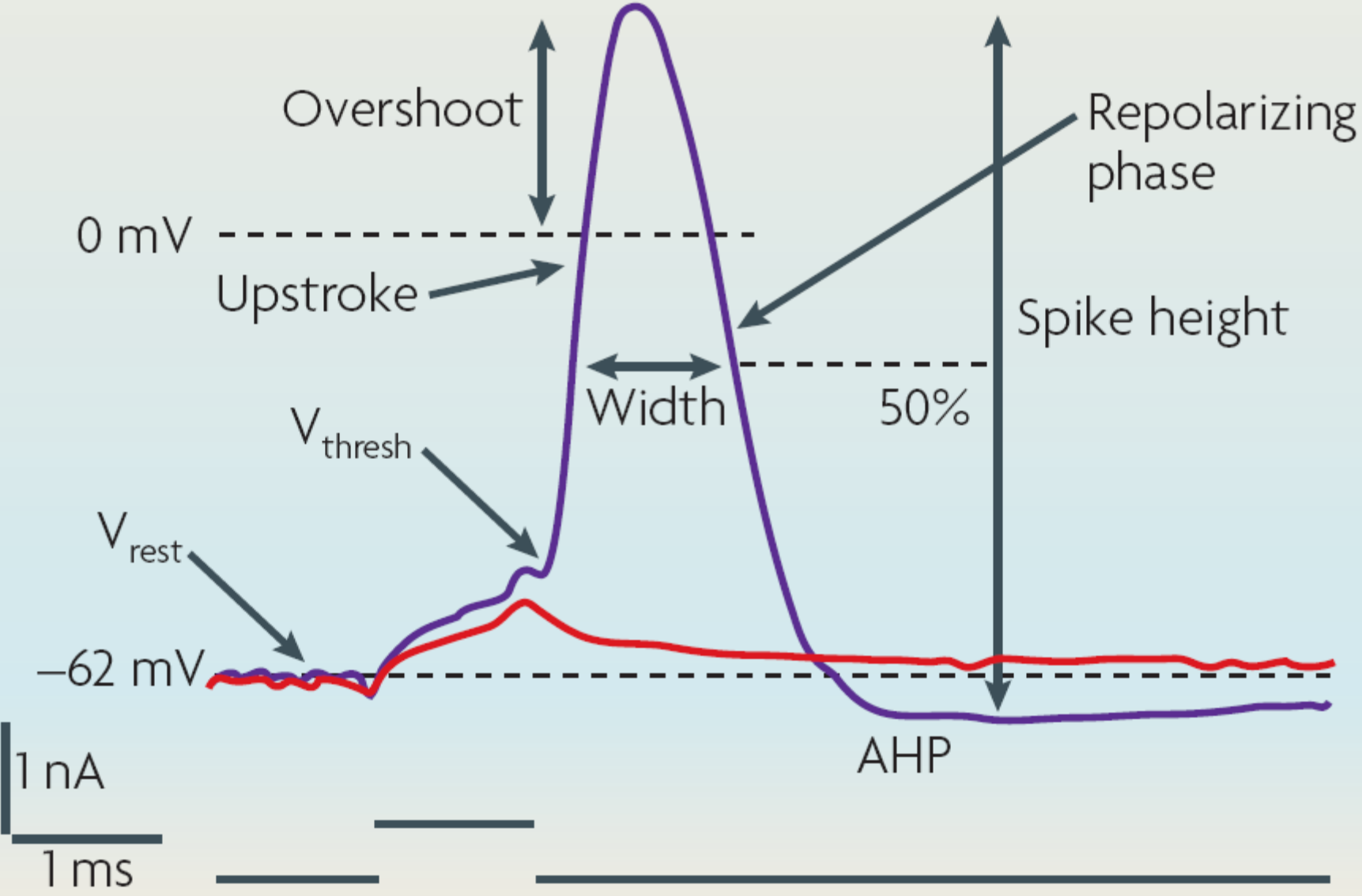
- Resting membrane potential: Voltage-gated  $\text{Na}^+$  channels are in the resting state and voltage-gated  $\text{K}^+$  channels are closed
  - Stimulus causes depolarization to threshold
  - Voltage-gated  $\text{Na}^+$  channel activation gates are open
  - Voltage-gated  $\text{K}^+$  channels are open;  $\text{Na}^+$  channels are inactivating
  - Voltage-gated  $\text{K}^+$  channels are still open;  $\text{Na}^+$  channels are in the resting state
- } Absolute refractory period
- } Relative refractory period

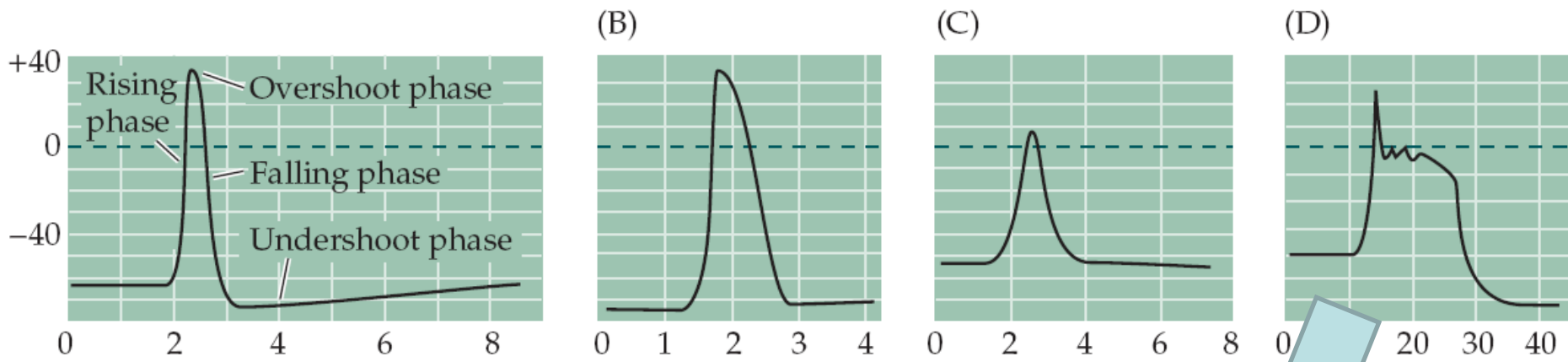
# The Action Potential (excitability changes)





— Subthreshold current injection      — Suprathreshold depolarizing current

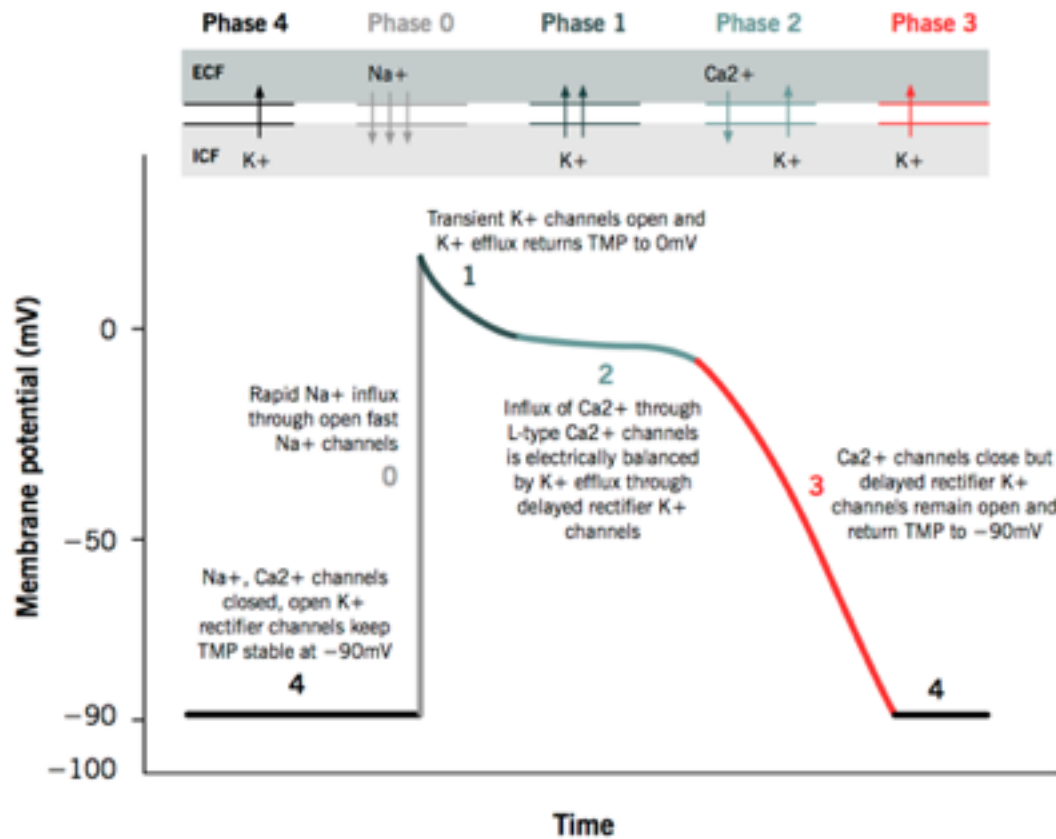




### Action potential of cardiac muscles

Grigoriy Ikonnikov and Eric Wong

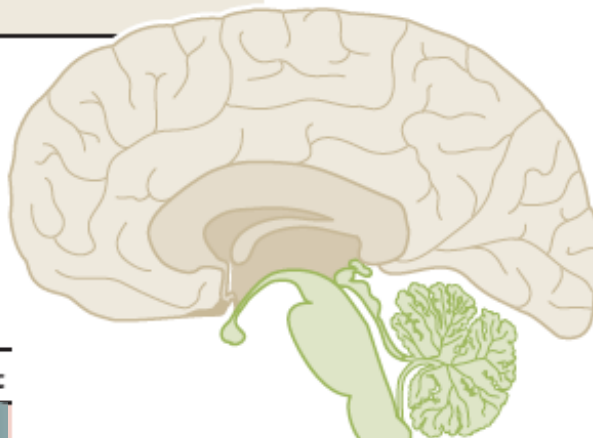
neuron from the inferior olive



# ***Channelopathies***

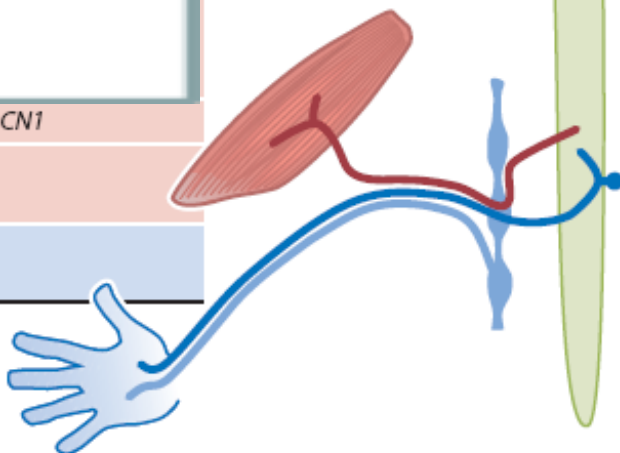
### Epilepsy and migraine

	Na <sup>+</sup>	K <sup>+</sup>	Ca <sup>2+</sup>	
<b>Epilepsy</b>	<i>SCN1A</i>	<i>KCNQ2</i>	<i>CACNA1H</i>	
	<i>SCN1B</i>	<i>KCNQ3</i>		
	<i>SCN2A</i>	<i>KCNMA1</i>		
<b>Migraine</b>	<i>SCN1A</i>		<i>CACNA1A</i>	



### Neuromuscular disorders

	Na <sup>+</sup>	K <sup>+</sup>	Ca <sup>2+</sup>	Cl <sup>-</sup>	Nicotinic
<b>Myotonia</b>	<i>SCN4A</i>			<i>CLCN1</i>	
<b>Periodic paralysis</b>	<i>SCN4A</i>	<i>KCNJ2</i>	<i>CACNA1S</i>		
<b>Pain Erythema</b>	<i>SCN9A</i>				



### Cerebellar ataxia and excessive startle

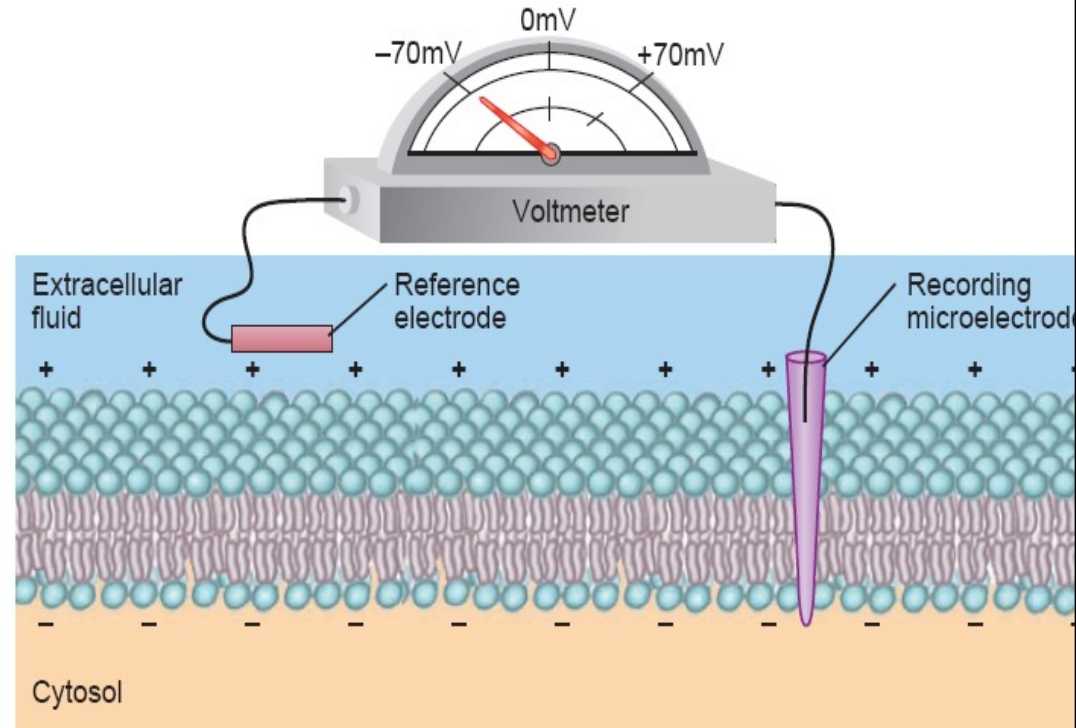
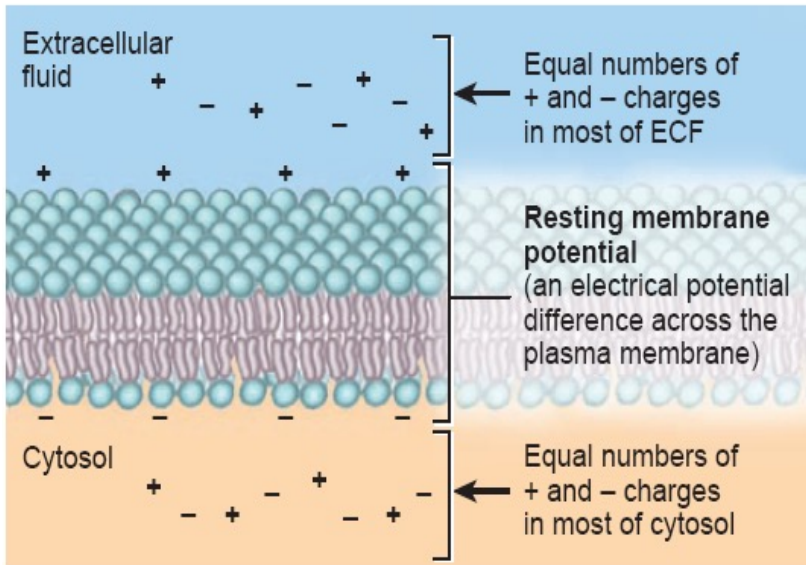
	K <sup>+</sup>	Ca <sup>2+</sup>	
<b>Ataxia</b>	<i>KCNA1</i> <i>KCNC3</i>	<i>CACNA1A</i>	
<b>Hyperreflexia</b>			

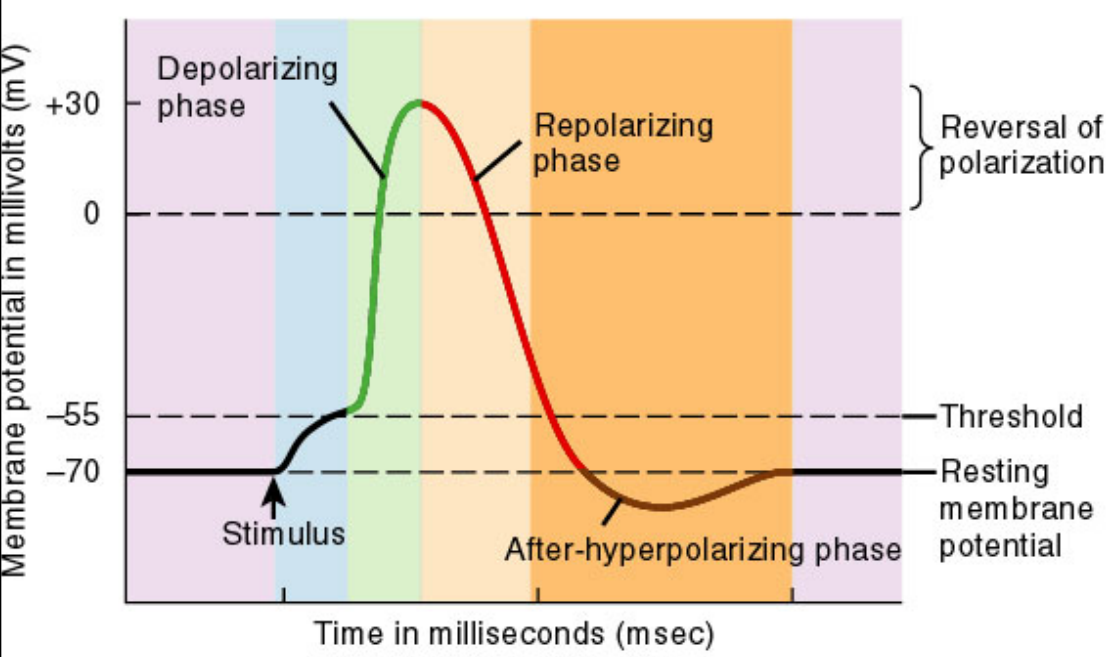
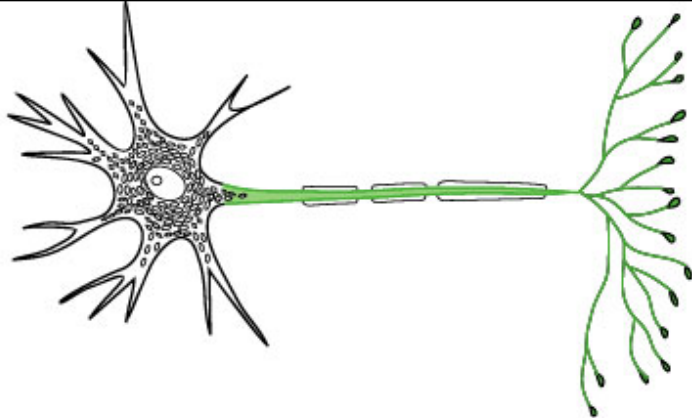
Ataxia is typically defined as the presence of abnormal, uncoordinated movements

- Pages 84 & 85 in  
Neuroscience 3<sup>rd</sup> edition by  
Dale *Purves*

# Ion Channel Neurotoxins

# Resting Membrane Potential





**Key:**

- Resting membrane potential: Voltage-gated  $\text{Na}^+$  channels are in the resting state and voltage-gated  $\text{K}^+$  channels are closed
  - Stimulus causes depolarization to threshold
  - Voltage-gated  $\text{Na}^+$  channel activation gates are open
  - Voltage-gated  $\text{K}^+$  channels are open;  $\text{Na}^+$  channels are inactivating
  - Voltage-gated  $\text{K}^+$  channels are still open;  $\text{Na}^+$  channels are in the resting state
- } Absolute refractory period
- } Relative refractory period



# Resting Membrane Potential & Goldman Equation

$$V_m = \frac{RT}{F} \log \frac{P_K [K^+]_o + P_{Na} [Na^+]_o + P_{Cl} [Cl^-]_o}{P_K [K^+]_i + P_{Na} [Na^+]_i + P_{Cl} [Cl^-]_i}$$

- $P$  = permeability
- at rest:  $P_K : P_{Na} : P_{Cl} = 1.0 : 0.04 : 0.45$  –
- Net potential movement for all ions
- known  $V_m$ : Can predict direction of movement of any ion ~

# ***Effect of K ions on the RMP***

# *Effect of K ions on the RMP*

- hyperkalemia :
- weakness, ascending paralysis,
- If untreated cardiac arrhythmias
- Hypokalemia : serum  $K^+$   $<3.5$  mEq/L

Myopathies (**Myotonia**)

weakness, fatigue, paralysis

# *Effect of K Ions on the RMP*

- hyperkalemia : serum  $K^+$   $>5$  mEq/L, moderate (6 to 7 mEq/L) and severe ( $>7$  mEq/L)
- Hypokalemia :  
Weakness , fatigue, motor paralysis  
Myopathies (**Myotonia**)

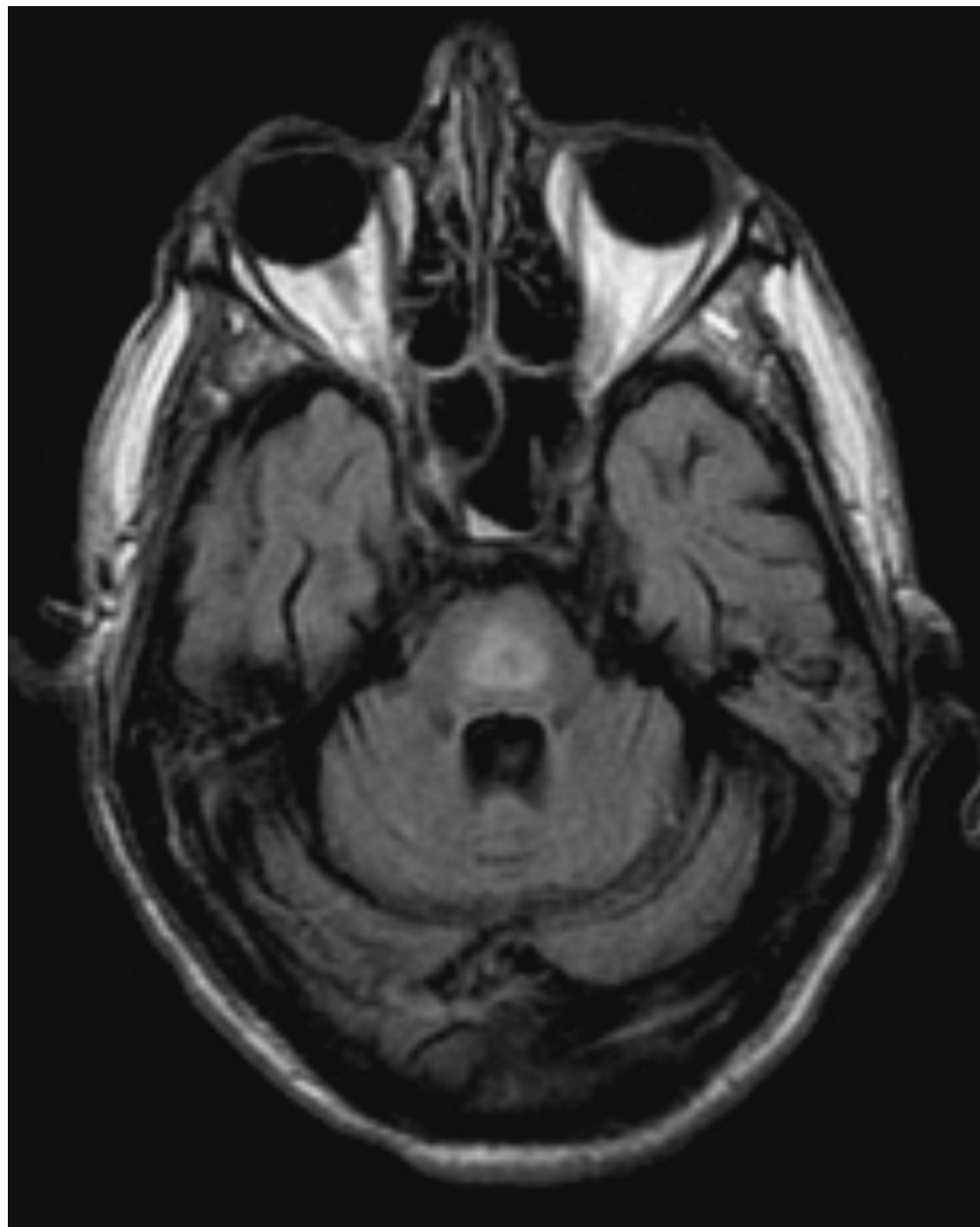
# **Effect of Na ions on the RMP**

# **Effect of Na ions on the RMP**

- **Hyponatremia**
- lethargy, confusion, weakness and muscle cramps, nausea and vomiting >>>> coma >>>>seizures
- Tt
- only 1 mmol/L/hour
- Osmotic demyelination syndrome (central pontine myelinolysis)

# **Effect of Na ions on the RMP**

- **Hyponatremia**
- lethargy, confusion, weakness and muscle cramps, nausea and vomiting >>>> coma >>>>seizures
- Tt
- only 1 mmol/L/hour or (8 mmol/L of Na/day)
- Osmotic demyelination syndrome (central pontine myelinolysis)





# **Effect of Na ions on the RMP**

# **Effect of Na Ions on the RMP**

- **Hypernatremia**
- nausea, and vomiting, altered mental status, confusion, neuromuscular excitability and hyperreflexia, irritability, seizures, and even coma or death.
- Tt
- 0.45% sodium chloride
- brain edema or hemorrhage, potentially seizures, permanent brain damage, or death

# **Effect of Na Ions on the RMP**

- **Hypernatremia**
- nausea, and vomiting, altered mental status, confusion, neuromuscular excitability and hyperreflexia, irritability, seizures, and even coma or death.
- Tt
- 0.45% sodium chloride
- brain edema or hemorrhage, potentially seizures, permanent brain damage, or death

# ***Effect of Ca ions on the RMP***

- **Hypercalcemia**

# **Effect of Ca ions on the RMP**

- **Hypercalcemia**

Headache, and lethargy. anxiety, depression, and cognitive dysfunction, insomnia, coma

# ***Effect of Ca ions on the RMP***

- **Hypocalcemia**

# ***Effect of Ca ions on the RMP***

- **Hypocalcemia**
- The hallmark is neuromuscular irritability and tetany  
(Trousseau's sign & Chvostek's sign )

- Irritability , hyperreflexia, Seizures, psychosis and hallucination

Trousseau's Sign



# *Effect of Ca ions on the RMP*

- **Hypocalcemia**

- The hallmark is neuromuscular irritability and tetany

(Trousseau's sign & Chvostek's sign )

- Irritability , hyperreflexia, Seizures, psychosis and hallucination

**Trousseau's Sign**

