Reflexes

Department of Physiology

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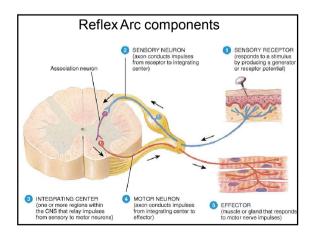
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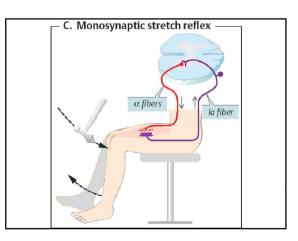
Introduction

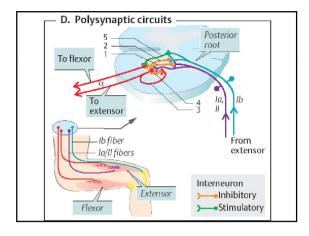
- Reflexes
- A reflex is an immediate sequence of actions in response to a particular stimulus.
- Spinal reflexes are integrated through the gray matter of the spinal cord. (patellar reflex)
- Cranial reflexes are integrated through the brain stem. (moving eyes to read)

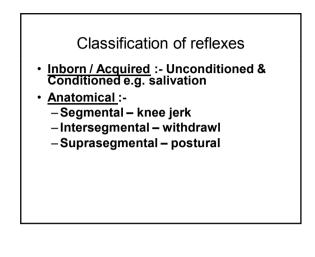
Reflex Arc

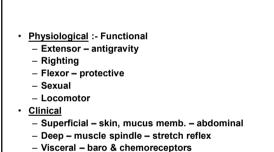
- A reflex arc is the simplest type of pathway specific neuronal circuits and include at least one synapse.
- Reflexes help to maintain homeostasis by rapid adjustments
- 5 components of reflex arc
 - receptor
 - sensory neuron
 - integrating center
 - motor neuron
 - effecter
- Law of Bell & Magendie :- In spinal cord dorsal root is always sensory & ventral root is always motor



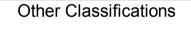








Pathological – Babinski's sign



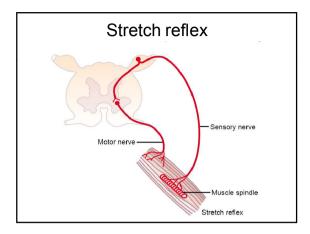
- <u>Receptors involved</u> (Sherrington's) – Exteroceptive, interoceptive, telereceptive
- <u>Effecter organ</u> –
 <u>Somatic, visceral</u>, somatovisceral
- <u>Parts of CNS involved</u> –
 Spinal, bulbar, mesencephalic, diencephalic, cortical.
- <u>Character of response</u> – Motor, secretory, vasomotor
- Modern
 - Asynaptic, monosynaptic, polysynaptic

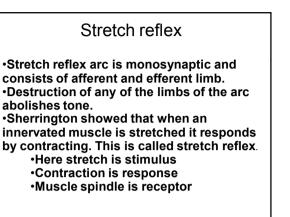
Important reflexes

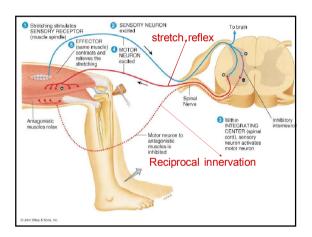
- Somatic spinal reflexes include
 - stretch reflex,
 - -flexor (withdrawal) reflex,
 - crossed extensor reflex all exhibit reciprocal innervation.
 - tendon reflex,

MUSCLE TONE

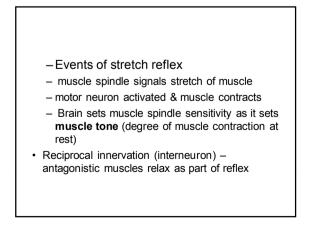
It is a state of partial tetanus of muscle maintained by asynchronous discharge of impulses in motor neurons supplying the muscle. It is reflexly engendered by impulse activity of afferent nerves whose nerve endings lie in muscle spindles.

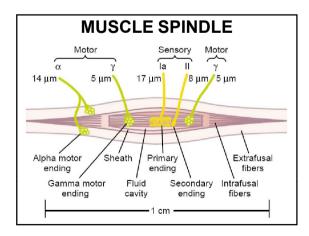












MUSCLE SPINDLE

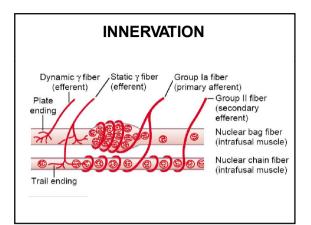
Macroscopic structure

- 4 mm long
- Spindle shaped
- Parallel to skeletal muscle fibres - Attached to endomysium of extrafusal fibres at both ends.

both ends.

- Intrafusal ms fibres – 2-12 muscle fibres enclosed in connective tissue capsule.They are more embryonal and have less striations.

•2 types of intrafusal fibers nuclear bag fibres Nuclear chain fibres.



INNERVATION

SENSORY SUPPLY -

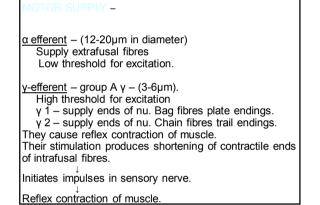
i) Primary (annulospiral) endings.

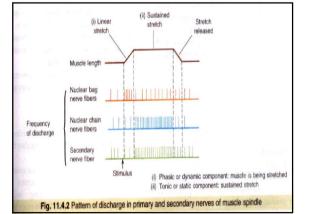
Ending of la or A α (12-20 μ m in diameter) Dynamic response – Nuclear Bag responds rapidly during initiation of stretch. Static response – Nuclear Chain discharge throughout sustained stretch.

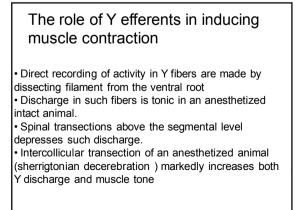
ii) Secondary (flower spray) ending

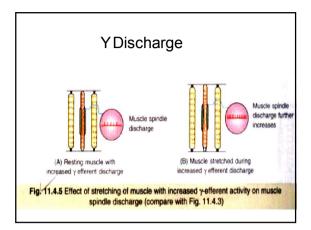
Termination of group II-A or A β afferent fibres (6-9 μ m)

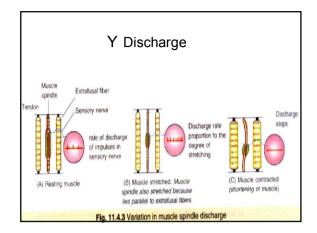
Near polar ends of nu. Chain fibres only. They respond to sustained stretch.

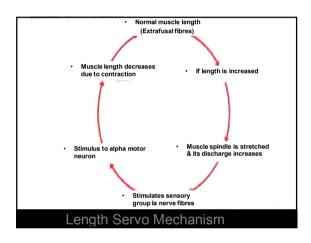


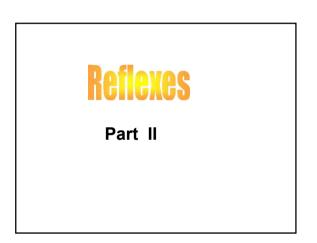




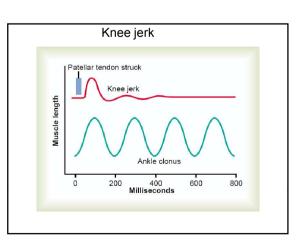


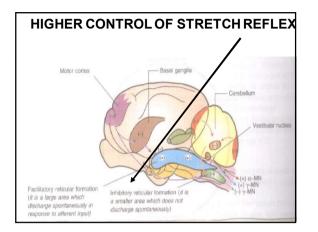


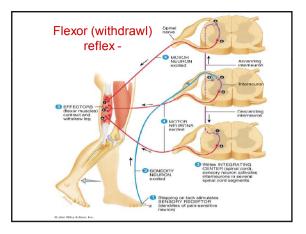




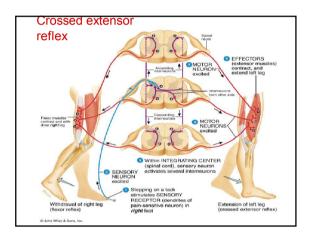






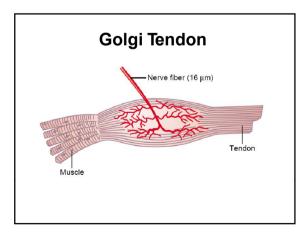


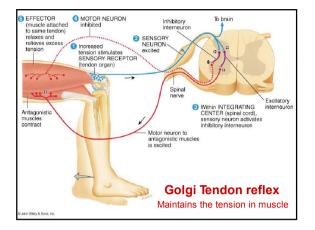
- The flexor (withdrawal) reflex is ipsilateral
- Is protective :- contraction of flexor muscles to move a limb to avoid injury or pain.
 - Step on painful object
 - pain fibers send signal to spinal cord
 - Interneuron branch to different spinal cord segments
 - Motor fibers in several segments are activated
 - More than one muscle group activated to lift foot off of tack



It is contralateral, helps to maintain balance during the flexor reflex. synchronized flexion of one limb and

- synchronized flexion of one limb al extension in the opposite limb.
- Pain signals cross to opposite side of spinal cord
- Contralateral extensor muscles are stimulated by interneurons
- To hold up the body's weight Reciprocal innervation – when extensors contract flexors relax





Golgi Tendon reflex

- Controls muscle tension by causing muscle relaxation when tension becomes too high
- Ipsilateral polysynaptic reflex
 - Golgi tendon organs are activated by stretching of tendon
 - Inhibitory interneuron neuron is stimulated
 - Motor neuron is hyperpolarized and muscle relaxes
- Both tendon & muscle are protected
- Reciprocal innervation causes contraction of ipsilateral opposite muscle group

Properties of reflex action

- · Delay
- · Reciprocal innervation Withdrawl reflex
- Facilitation Response gradually increases
- Habituation Benign & frequent stimuli \downarrow response
- Sensitization Noxious stimulus prolong facilitation
- Subliminal fringe
- Occlusion

Cntd...

Summation – Temporal, Spatial Irradiation – Spreads in neighboring areas After discharge – Reverberating circuits Fatigue – Exhaustion of NT Recruitment – \uparrow strength $\rightarrow \uparrow$ magnitude Inhibition - Presynaptic Susceptibility to hypoxia - \downarrow Response

Mass Reflex

 When central excitatory state is marked excitatory impulses irradiate to autonomic areas along with somatic areas of spinal cord e.g. in paraplegic person noxious stimulus may cause urination, defecation, sweating, BP fluctuations in addition to prolonged withdrawl extension patterns