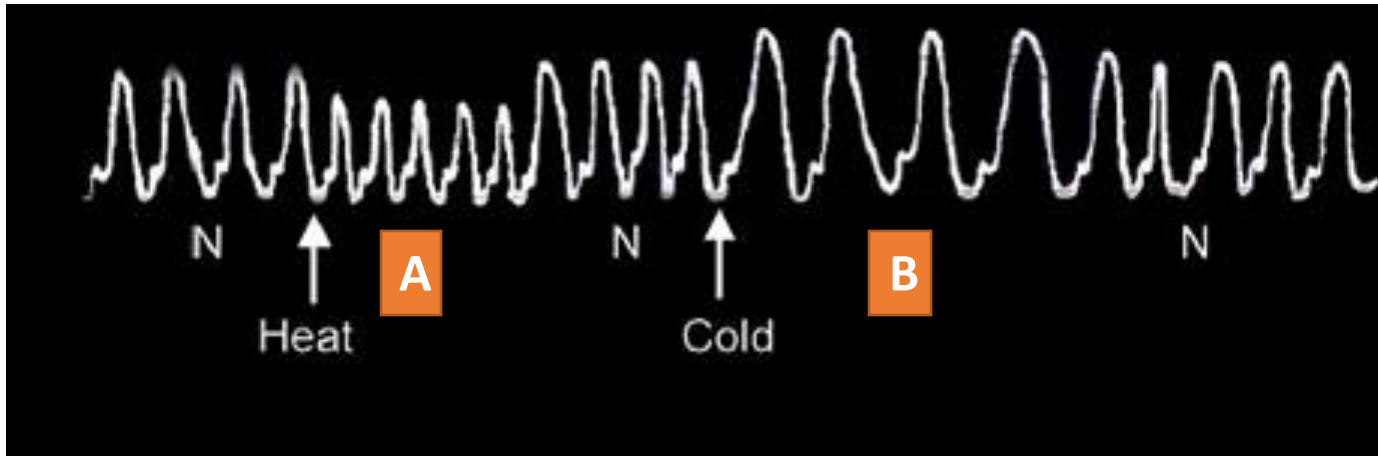


# AMPHIBIAN GRAPHS OSPE 2



1

### • Effect of warmth

When warmth is applied on SV (pacemaker), the metabolic rate  $\uparrow \Rightarrow \uparrow$  impulse production

So HR  $\uparrow$  (1<sup>o</sup> effect)

As HR  $\uparrow$  markedly, filling time  $\downarrow$  and EDV  $\downarrow$

So initial length of muscle fibre  $\downarrow \Rightarrow$  amplitude  $\downarrow$  (2<sup>o</sup> effect)

in accordance with Starling's Law as force of contraction  $\downarrow$

### • Effect of cold

Cold  $\downarrow$  metabolism  $\Rightarrow \downarrow$  impulse production  $\Rightarrow \downarrow$  HR (1<sup>o</sup> effect)

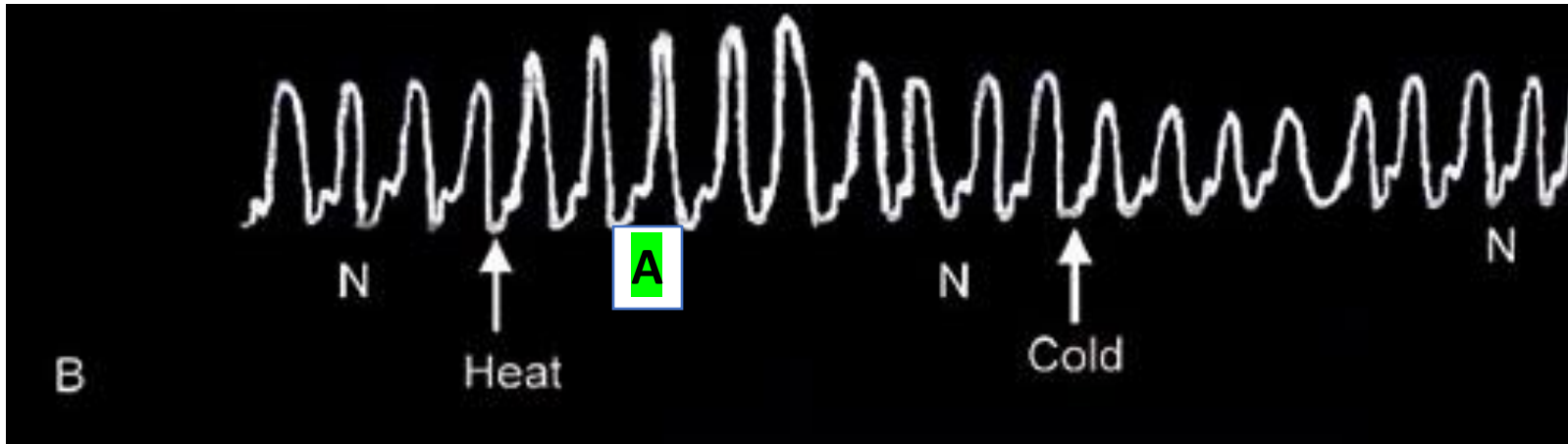
So filling time  $\uparrow$  & EDV  $\uparrow \Rightarrow$  force of contraction  $\uparrow$  (Starling's Law)

$\Rightarrow$  amplitude  $\uparrow$  (2<sup>o</sup> effect)

Effects of warmth/heat & cold on  
Sinus venosus.

a. Identify the graph(1)

b. Explain the effects 'A' and 'B' (4)



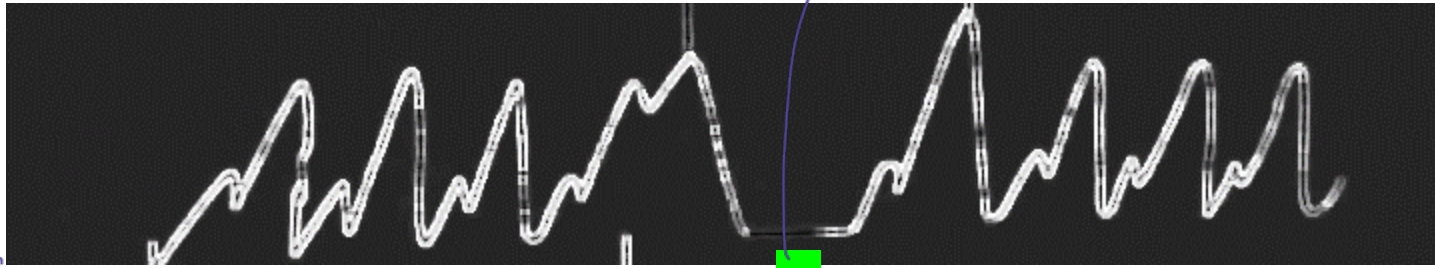
*Effect of warmth/heat on ventricles*

- b. When warmth is applied to ventricles, force of contraction  $\uparrow$  and  $\Rightarrow$  amplitude  $\uparrow$  as metabolism of ventricles  $\uparrow$  on application of heat
- c. Body temperature, age, emotions, body positions.
- a. Identify the graph (1)  
 b. Explain the effect 'A' (2)  
 c. Mention factors affecting heart rate (2)

2. In cardiac muscle, refractory period is long. ARP extends throughout systole and early  $\frac{1}{3}$ rd of diastole.  $\Rightarrow$  No response of stimulus applied during this period. Stimulus applied during latter part of diastole produces extra systole.

3

It is followed by the compensatory pause. Following the extra systole



next normal impulse from SV reach the ventricle during ARP of extrasystole  $\Rightarrow$  impulse fails to produce a heart beat and the ventricle has to wait for next normal impulse from SV to contract.

Demonstration of extrasystole in normal

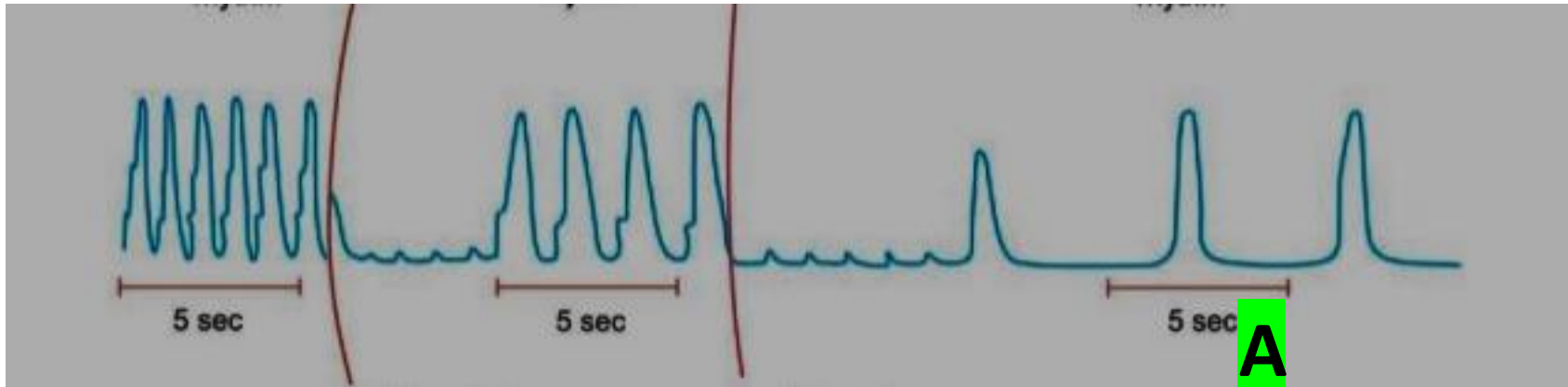
1. Identify the graph (1) *cardiogram of frog*

2. What is the reason for the part marked 'A' (3)

3. Which is the pace maker of

frog's heart? (1) *Sinus Venosus*

During the Comp. pause, the ventricle gets enough time to get filled so next beat is of  $\uparrow$  amplitude.



*Stannius Ligature*

3. *Coronary flow will get obstructed leading to myocardial death*

*Chambers of heart are clearly separated.*

*1st Ligature cannot be applied due to SA node pos<sup>n</sup> - posterior wall of RA.*

*2nd Ligature cannot be applied at the AV junction as it occludes coronary circulation*

1. Identify the graph (1)

2. What does the part marked 'A' denote? (2)

3. Can this experiment be done in mammalian heart. (due to override suppression)

Why? (2)



A

B

Vagal Inhibition

Vagal Escape

→ Causes of Vagal Inhibition

◦ With weak stimulus, the heart may beat faster more forcefully due to excitation of symp fibres in vagal trunk. When strength ↑, HR ↓ and is weaker & finally heart stops in diastole.

◦ With continued stimulation (do not ↑ I) the heart begins to beat in spite of the stimulation because it escapes from the inhibition and begins to beat again at a slower rate - idioventricular rhythm.

→ Causes of Vagal Escape

- Idioventricular rhythm: due to inhb. of pacemaker, ventricles contract at their own rhythm
- Stimulation of symp. ns in vagus trunk.

Effect of Vagal Stimulation of frog's heart

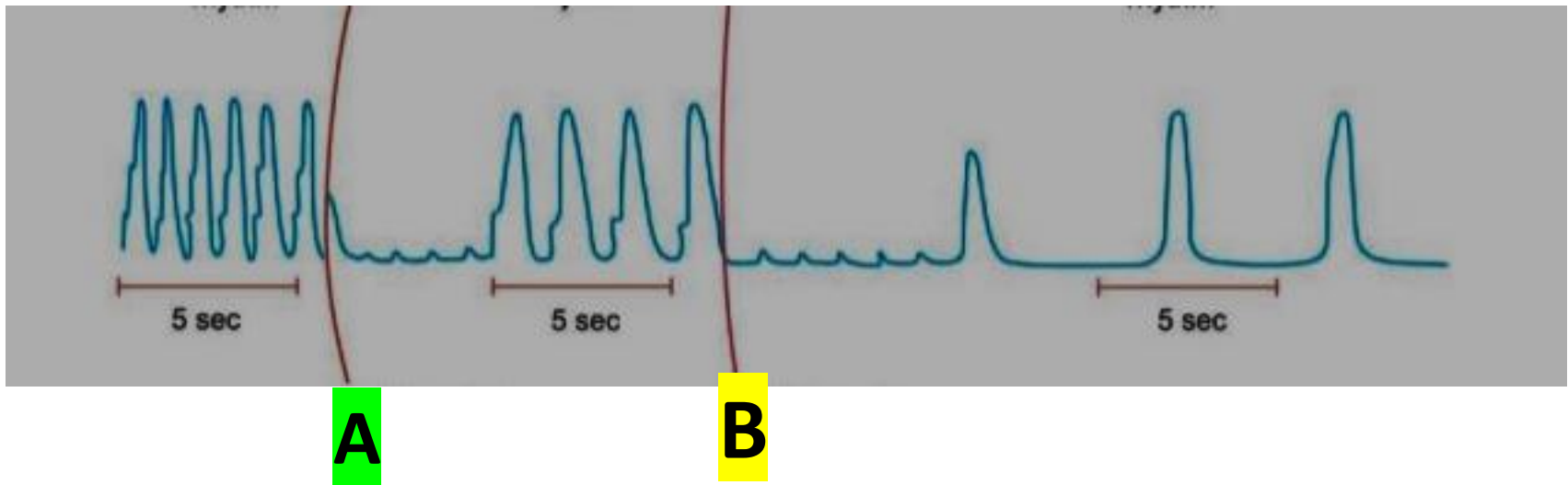
1. Identify the graph (1)

2. Explain the parts marked A and B

giving reasons (4)

- Exhaustion of stored Ach in nerve & destr. of Ach in heart tissue.
- Theory of tachyphylaxis: ↓ response of tissue to repeated stim. → Ach not produce same response after some time.

◦ Accum. of blood & stretch of vent. muscle



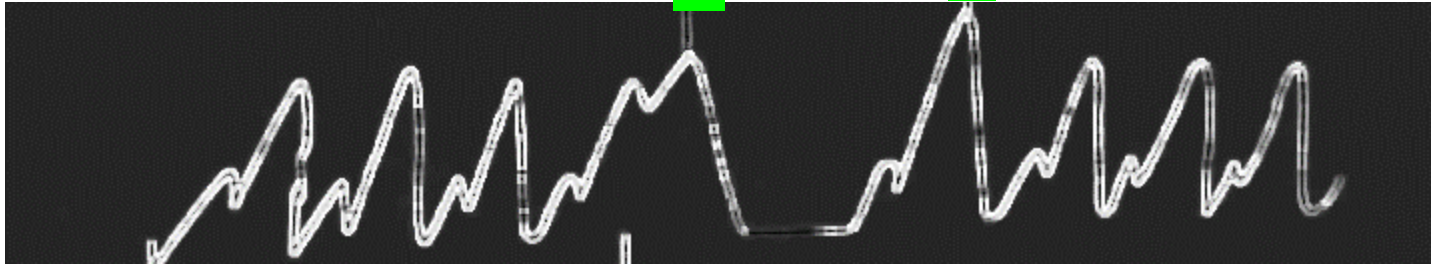
*Stannius Ligature*

1. Identify the graph (1)
2. What does the points marked 'A' and 'B' denote?  
(2) *1<sup>st</sup> & 2<sup>nd</sup> Stannius Ligature resp.*
3. What does this experiment prove?  
(2) *To prove Sinus Venosus is pace-maker of frog's heart and different parts of the heart have different rates of impulse production*

*Extrasystole*

*Post extrasystolic  
potentiation*

7



1. Identify the part marked "A" (1)
2. Can this *Under pathological conditions* occur in human heart?(1)
3. What is the reason for the higher amplitude of 'B'? (3)

*Similar to answer 2 of Q3.  
(Last part)*