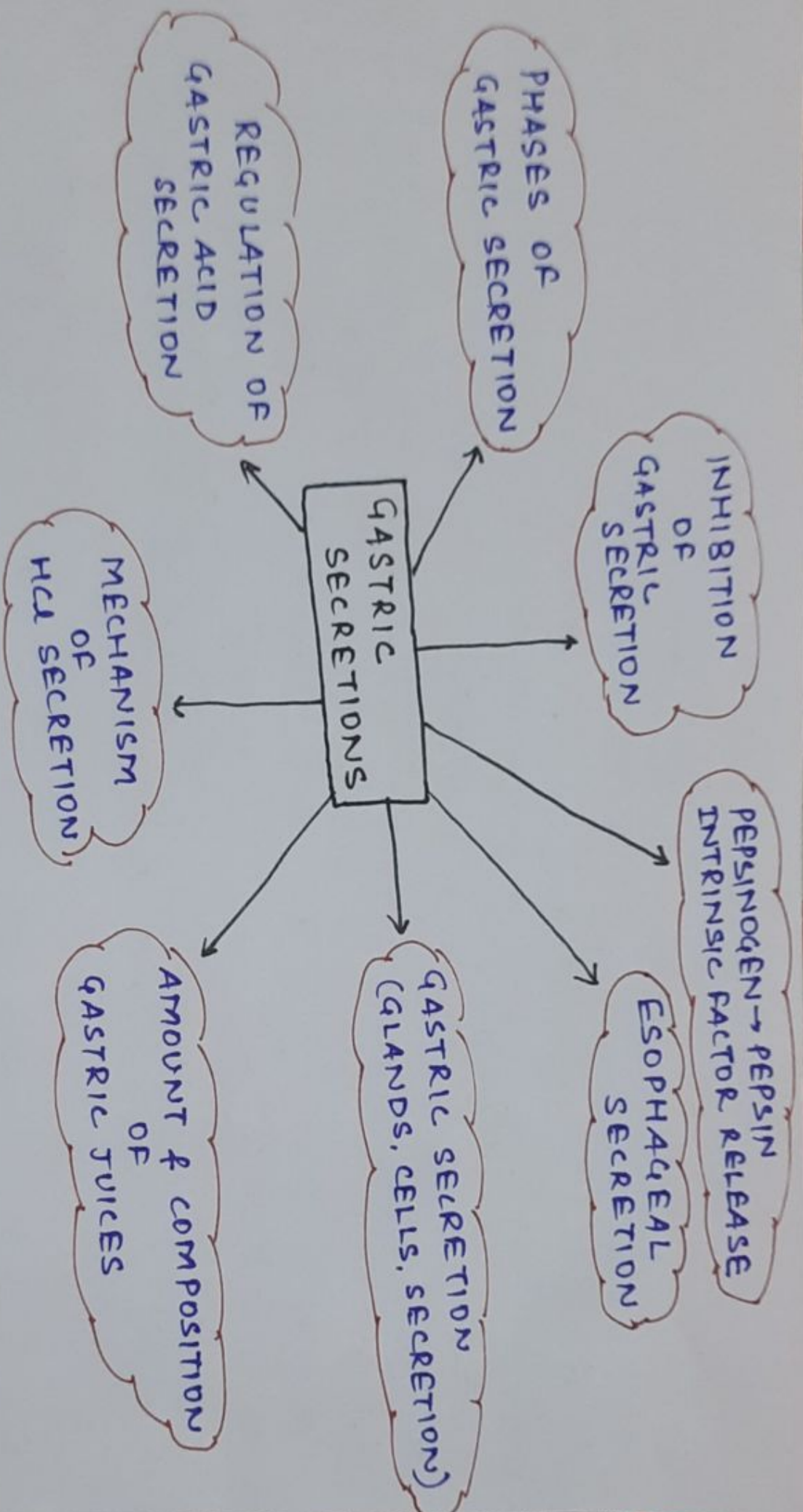
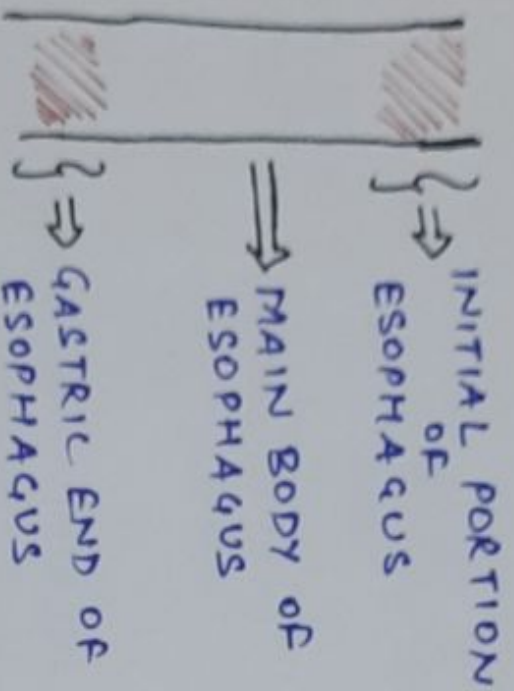




ESOPHAGEAL SECRETION

⇒ ENTIRELY MUCOUS SECRETION



PREVENTS EXCORIATION
FROM NEWLY ENTERED
FOOD.



⇒ COMPOUND MUCOUS
GLANDS

⇒ SIMPLE MUCOUS
GLANDS

⇒ COMPOUND MUCOUS
GLANDS



PREVENTS DIGESTION OF
ESOPHAGUS FROM GASTRIC
ACID REFLUX.

GASTRIC SECRETION (GLANDS, CELLS, SECRETION)

STOMACH MUCOSA HAVE TWO IMPORTANT TYPES OF TUBULAR GLANDS:-

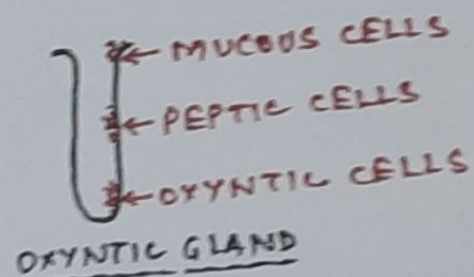
- 1) OXYNTIC / GASTRIC GLANDS
- 2) PYLORIC GLANDS
- 3) SURFACE MUCOUS CELLS

OXYNTIC GLANDS

⇒ LOCATED ON INSIDE SURFACES OF BODY AND FUNDUS OF STOMACH
(PROXIMAL 80% OF STOMACH)

⇒ 3 TYPES OF CELLS:-

- (i) MUCOUS NECK CELLS → MUCUS
- (ii) PEPTIC / CHIEF CELL → PEPSINOGEN
- (iii) OXYNTIC / Parietal cell → HCl, INTRINSIC FACTOR

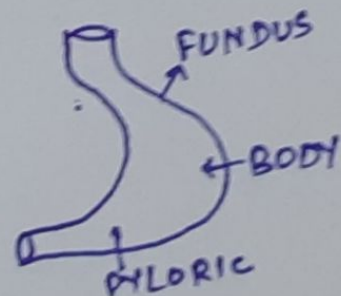


PYLORIC GLANDS

⇒ LOCATED IN ANTRAL PORTION OF STOMACH (DISTAL 20% OF STOMACH)

⇒ 3 TYPES OF CELLS:-

- (i) MUCOUS NECK CELLS → MUCUS
- (ii) PEPTIC / CHIEF CELL → PEPSINOGEN
- (iii) G CELL → GASTRIN



AMOUNT AND COMPOSITION OF GASTRIC JUICES

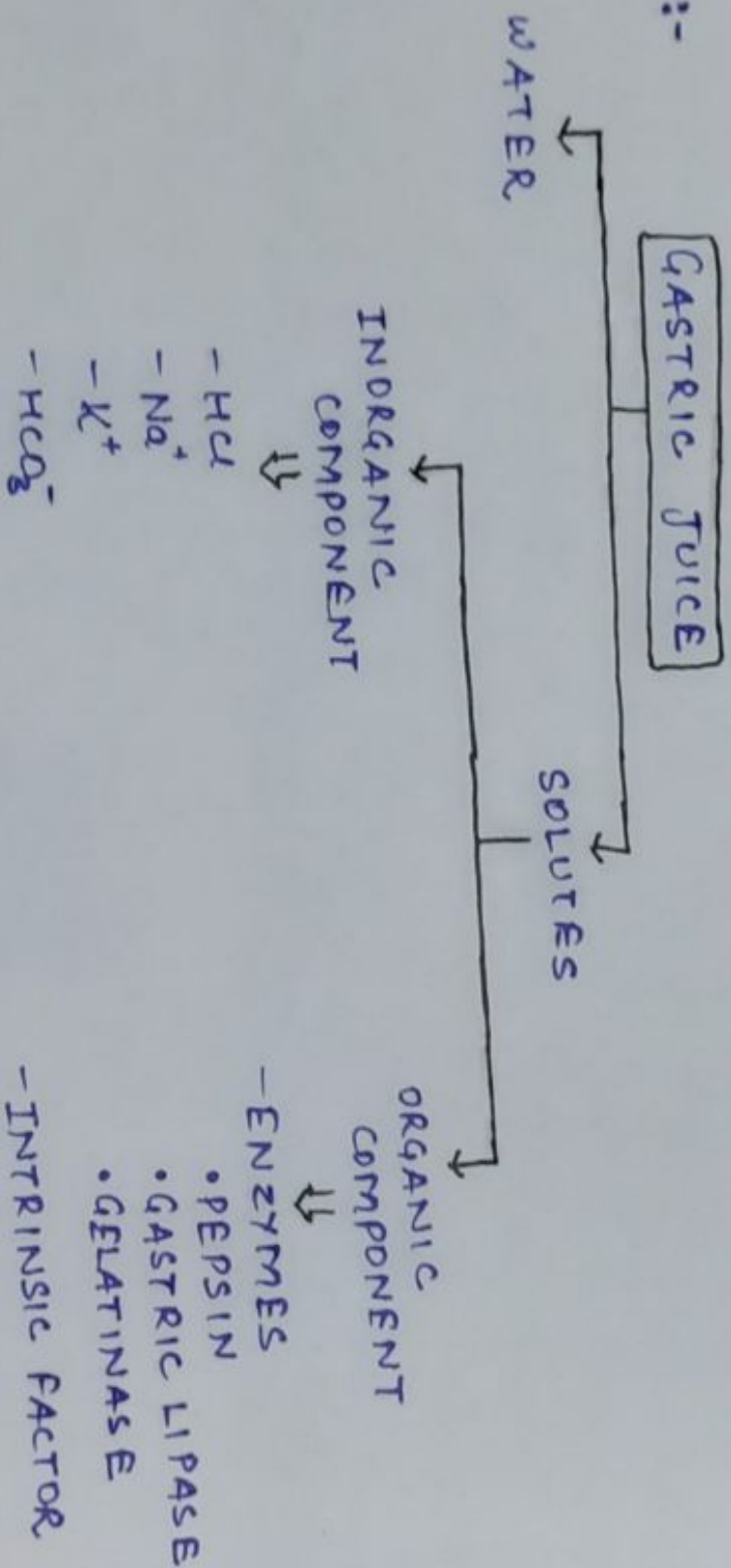
⇒ AMOUNT :- 1.5L TO 2L

⇒ pH :- 1.0 TO 3.5

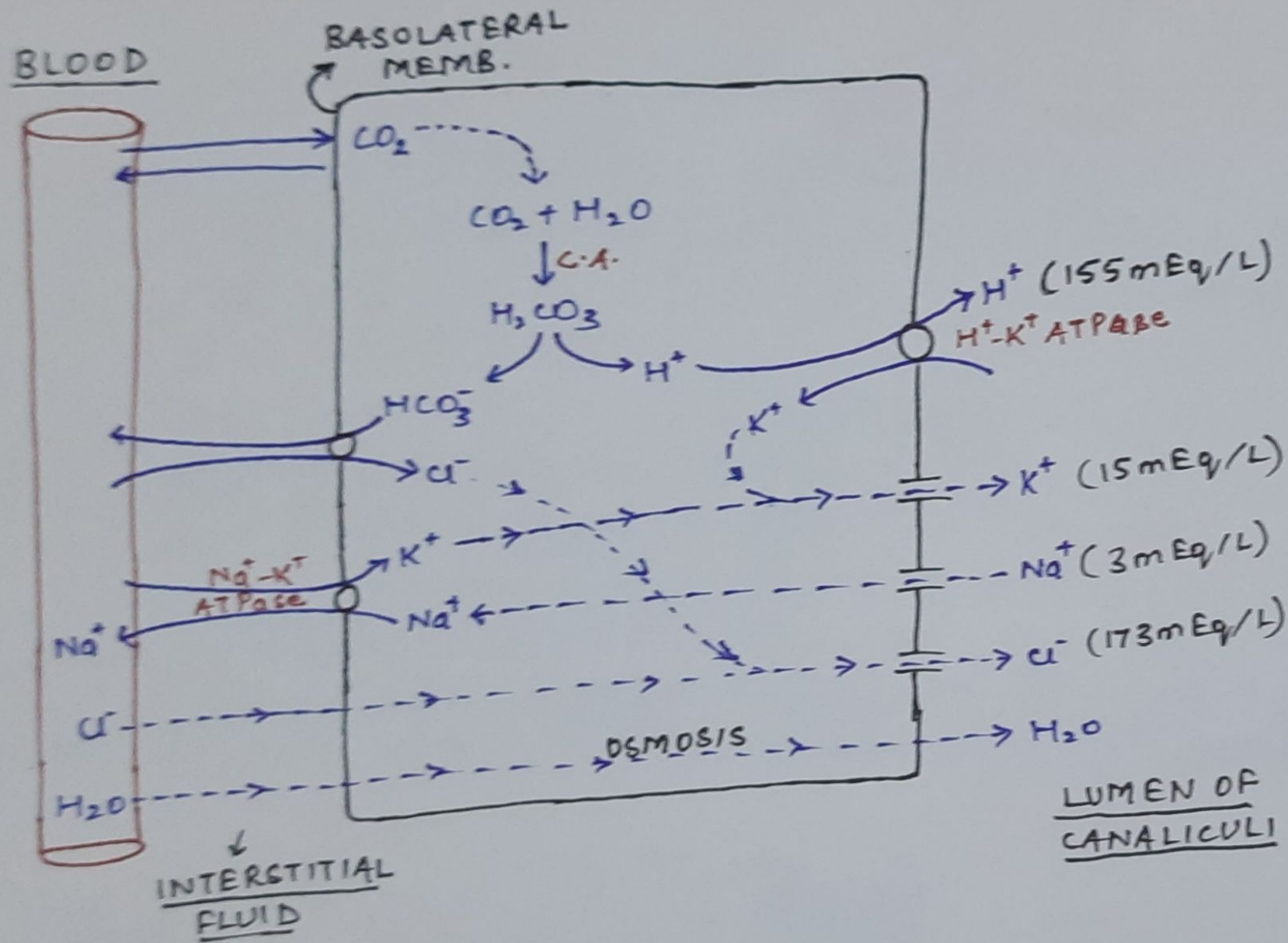
⇒ RELEASED FROM :-

- GASTRIC GLAND
- PYLORIC GLAND
- SURFACE MUCOUS CELLS

⇒ COMPOSITION :-



MECHANISM OF HCl SECRETION



NOTE:- AT SAME TIME, THE H^+ ARE SECRETED, HCO_3^- IONS DIFFUSE INTO BLOOD SO THAT GASTRIC VENOUS BLOOD HAS A HIGHER pH THAN ARTERIAL BLOOD WHEN STOMACH IS SECRETING ACID.

FINAL SECRETION IN CANALICULUS:-

- WATER
- HCl (150-160 mEq/L)
- KCl (15 mEq/L)
- $NaCl$ (small amount)

GASTRIC BARRIER:-

⇒ ALKALINE MUCUS + TIGHT JUNCTION BETWEEN EPITHELIAL CELLS

⇒ PREVENTS BACKLEAK OF ACIDS.

⇒ DAMAGE OF GASTRIC BARRIER (D/T EXCESSIVE USE OF ALCOHOL/ASPIRIN)

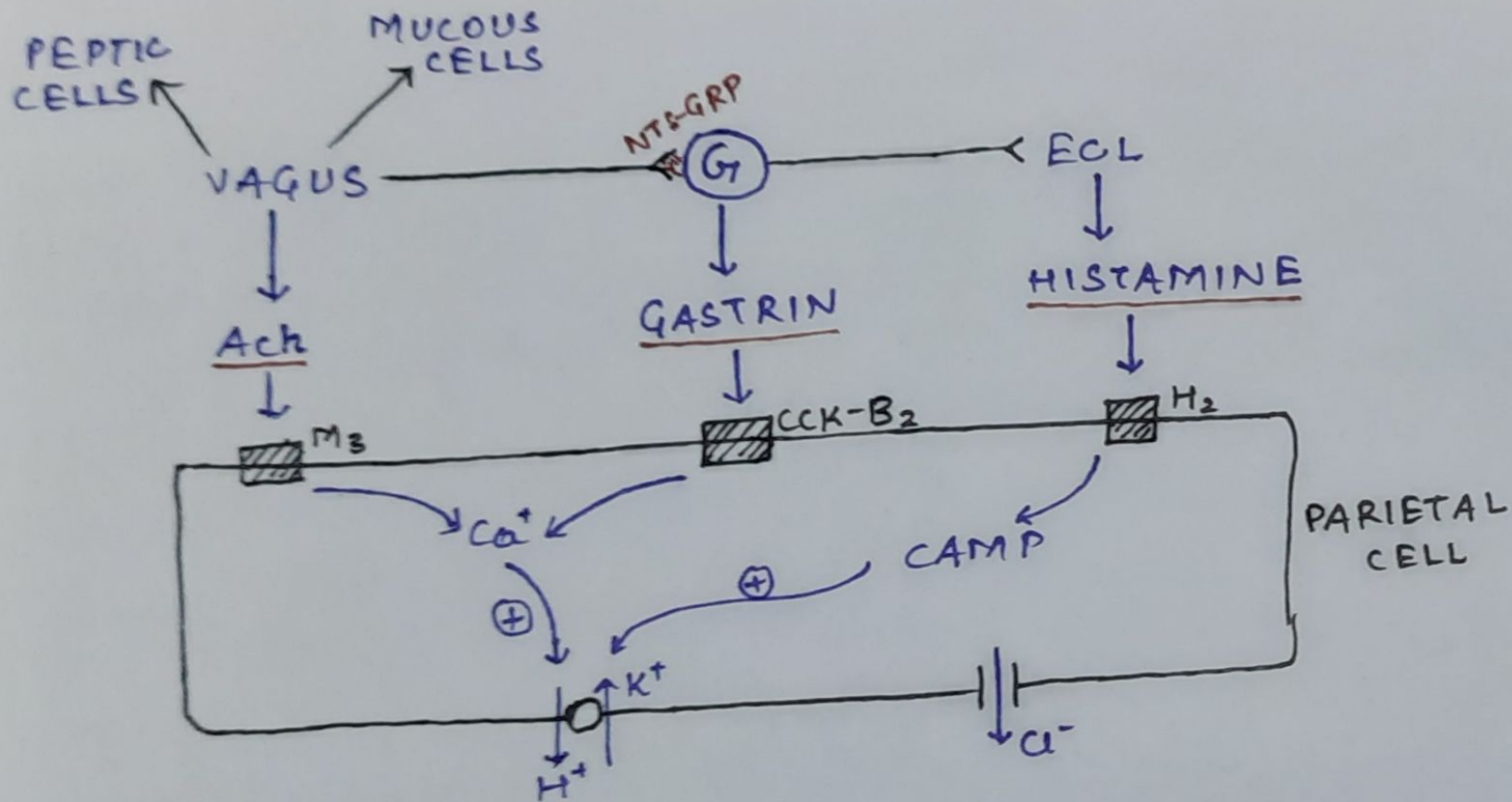


LEAKAGE OF ACID INTO MUCOSA



STOMACH MUCOSAL DAMAGE

REGULATION OF GASTRIC ACID SECRETION



* ATROPINE :- **M₃ BLOCKER**

⇓
BLOCKS ACID SECRETION STIMULATED BY
Ach AND NOT BY OTHERS.

GASTRIN-HISTAMINE REFLEX

FOOD CONTAINING PROTEIN, REACHES ANTRUM



SOME PROTEINS STIMULATES G-CELLS IN PYLORIC GLANDS



RELEASE OF GASTRIN INTO BLOOD



ECL CELL



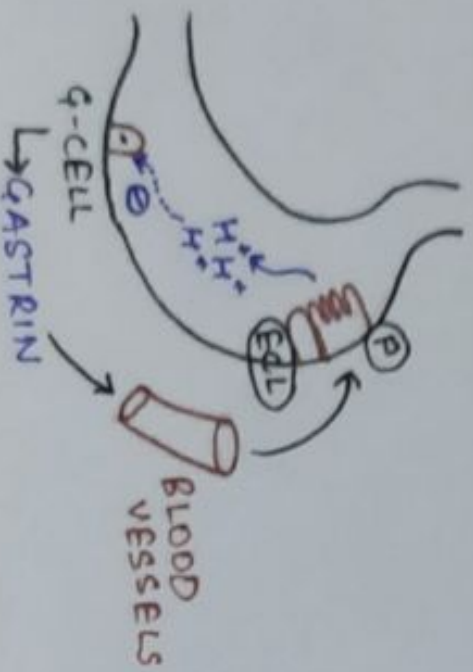
RELEASE OF HISTAMINE INTO BLOOD



STIMULATES PARIENTAL CELLS



ACID SECRETION ↑



PHASES OF GASTRIC SECRETION

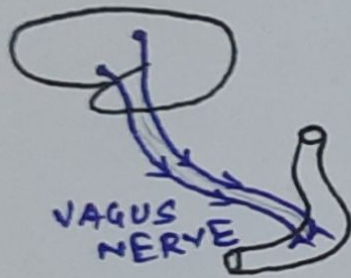
CEPHALIC PHASE:-

⇒ BEFORE FOOD ENTERS STOMACH, WHILE IT IS BEING EATEN
(STIMULUS:- SIGHT, SMELL, TASTE, THOUGHT)

⇒ 30% OF GASTRIC SECRETION

⇒ NEUROGENIC SIGNALS ORIGINATE IN

- CEREBRAL CORTEX
- APETITE CENTRES OF AMYGDALA & HYPOTHALAMUS



↓
THROUGH VAGUS NERVE
↓
TO STOMACH

GASTRIC PHASE:-

⇒ DURING FOOD REMAINS IN STOMACH

⇒ 60% OF GASTRIC SECRETION

⇒ REGULATION

- (i) LONG VAGOVAGAL REFLEXES
(STOMACH → BRAIN → STOMACH)
- (ii) LOCAL ENTERIC REFLEXES
- (iii) GASTRIN - HISTAMINE MECHANISM

INTESTINAL PHASE

⇒ FOOD ENTERING IN UPPER PORTION OF SMALL INTESTINE
(PARTICULARLY DUODENUM)

⇒ 10% OF GASTRIC SECRETION

⇒ REGULATION

1) NERVOUS MECHANISM

2) HORMONAL MECHANISM
(PARTLY BECAUSE OF SMALL AMOUNT OF GASTRIN
RELEASED BY INTESTINAL MUCOSA).

INHIBITION OF GASTRIC SECRETION

(I) ENTEROGASTRIC REFLEX (WILL BE DISCUSSED)

(II) INHIBITORY EFFECT OF EXCESS H^+ ON G-CELL

(III) INTESTINAL HORMONES:-

ACID, FAT, PROTEIN BREAKDOWN PRODUCTS,
HYPEROSMOTIC/HYPOOSMOTIC FLUIDS/IRRITANTS IN UPPER
S. INTESTINE



SECRETIN, GIP, VIP, SOMATOSTATIN



INHIBITS GASTRIC SECRETION

CONVERSION OF PEPSINOGEN $\rightarrow$ PEPSIN

PEPSINOGEN
(INACTIVE)
(NO DIGESTIVE ACTIVITY)

$\xrightarrow{\text{HCl}}$

PEPSIN
(ACTIVE IN ACIDIC MEDIUM)
(1.8-3.5)
(PROTEIN DIGESTION)

INTRINSIC FACTOR RELEASE

