



Respiratory System

Ramanand Kumar¹, Dr. Himani Tiwari², Dr. Gaurav Kumar Sharma³, Dr. Kaushal K Chandraul⁴, Dr. Hariom Sharma⁵

¹UG Student, ²Supervisor, ³Hod, ⁴Principal, ⁵Professor, Pharmacy Department, Mewar University, India

Introduction

The respiration device is the organic device of any organisms that engages in fuel oline alternate. Even tree have respiration structures, taking in carbon dioxide and emitting oxygen at some stage in the day, eating carbon dioxide and generating oxygen constantly. The respiration works with the circulatory device to supply oxygen from the lungs to the cells and take away the carbon dioxide go back it to the lungs to be exhaled. The alternate of oxygen and carbon dioxide among the airs: blood and frame tissue is called respiration. Healthy lungs soak up approximately 1 pint of air approximately 12-15 instances every minutes. All of the blood withinside the frame is exceeded via the lungs each minute.

Function of Respiratory System

- The capabilities of the nostril is to start the system through which the air is warmed, moistened and filtered.
- The nostril is the organ of feel. The nerve endings that discover odor are positioned withinside the roof of the nostril.
- **Passage manner for meals and air-** The pharynx is an organ concerned in each the respiration and digestive structures air passes via.
- The capabilities of the nostril are to start the system through which the air, moistened and filtered.
- The nostril is the organ of feel the nerve endings that discover odor are positioned in the roof of the nostril.
- **Passage manner for meals and air-** The pharynx is an organ concerned in each the respiration and digestive structures: air passes via the nasal and oral sections, and meals via the oral and laryngeal section.
- Warming and humidifying- The air is in addition warmed and moistened because it passes via the pharynx.
- Taste- There are olfactory nerve endings of the experience of flavor withinside the epithelium of the oral pharyngeal parts.
- Hearing- The auditory tube permits air to input the center ear. Satisfactory listening to relies upon at the presence of air at atmospheric strain on every facet of the tympanic membrane.
- Protection- The lymphatic tissue of the pharyngeal and laryngeal tonsils produces antibodies in reaction to antigens, e.g. microbes. 1,3,4,5,9

Anatomy of Respiratory System

The organs of the respiration gadget are -

- Nose
- Pharynx
- Larynx
- Trachea
- Two bronchi (one bronchus to every lung)
- Bronchioles and smaller air passages
- Two lungs and their coverings, the pleura
- Muscles of breathing-the intercostals

muscle groups and the diaphragm

Anatomy of Respiratory System

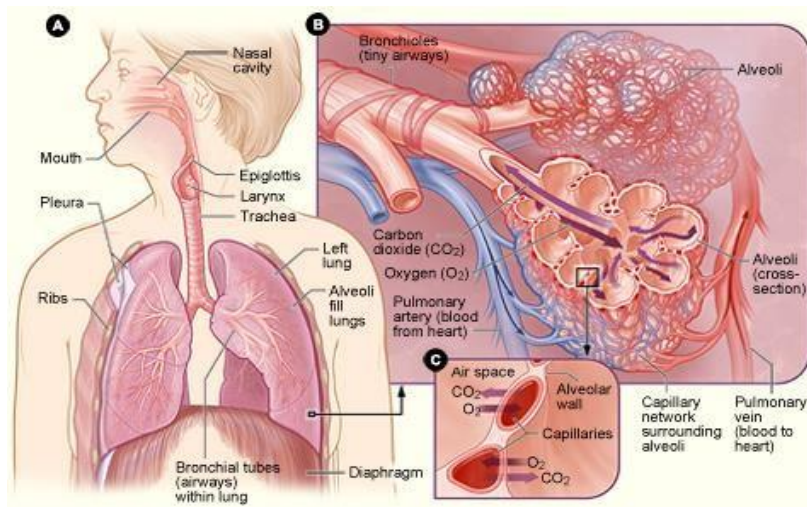


Fig- Anatomy of respiratory system

Figure A shows the location of the respiratory structures in the body. Figure B is an enlarged view of the airways, alveoli (air sacs), and capillaries (tiny blood vessels). Figure C is a closeup view of gas exchange between the capillaries and alveoli. CO₂ is carbon dioxide, and O₂ is oxygen.

Nose Cavity and Nasal Cavity

- **Location and Structure**

The nasal cavity is the main route of for air to enter and consists of large irregular cavities divided by the septum into two equal passages. The vertical plate of the ethmoid and vomer forms the posterior bone portion of the septum. The inside of is composed of hyaline cartilage. The nose is lined with a vascularized ciliated epithelium containing mucoid goblet cells.

Function

1. The function of the nose is to initiate the process of warming, humidifying and filtering of the air.
2. The nose is a sensory organ. The nerve endings that detect the sense of smell are located on the roof of the nose.

Pharynx

- **Position and Structure** The pharynx is a tube 12 to 14cm lengthy that amplify from the bottom of cranium to the extent of the 6th cervical vertebra. It lies at the back of the nose, mouth and larynx and it's wider at its higher end. The pharynx is split into 3 parts: nasopharynx, oropharynx and laryngopharynx.

The pharynx consists of 3 layers of tissue:

Mucous membrane lining, fibrous tissue and clean muscle tissue.

- **Function**

1. **Passage manner for meals and air-** The pharynx is an organ concerned in each the respiration and digestive systems: air passes via the nasal and oral sections, and meals via the oral and laryngeal section.
2. **Warming and humidifying-** The air is in addition warmed and moistened as it passes via the pharynx.
3. **Taste-** There are olfactory nerve endings of the experience of flavor withinside the epithelium of the oral pharyngeal parts.
4. **Hearing-** The auditory tube permits air to go into the center ear. Satisfactory listening to relies upon at the presence of air at atmospheric strain on every aspect of the tympanic membrane.
5. **Protection-** The lymphatic tissue of the pharyngeal and laryngeal tonsils produces antibodies in reaction to antigens, e.g. microbes.
6. **Speech-** The pharynx capabilities in speech; through appearing as a resonating chamber for sound.

Larynx

Position And Structure

The larynx or voice field extends from the basis of the tongue and the hyoid bone to the trachea. It lies in the front of the laryngopharynx at the level of the third, fourth, fifth and sixth cervical vertebrae. The larynx consists of numerous irregularly fashioned cartilages connected to every different through ligaments and membranes.

The major cartilages are

1. Thyroid cartilage
2. Cricoid cartilage
3. Arytenoid cartilages
4. Epiglottis

Function

1. Production of sound- Sound has the qualities of pitch, extent and resonance.
2. Pitch of the voice relies upon upon the period and tightness of the cords.
3. Volume of the voice relies upon upon the pressure with which the cords vibrate.
4. Resonance, or tone, based upon the form of the mouth, the location of the tongue and the lips, the facial muscle tissue and the air within the paranasal sinuses.
5. Speech- this happens for the duration of the expiration while the tongue, cheeks and lips manage the sounds produced through the vocal cords.
6. Protection of the respiratory tract- During swallowing the larynx actions upwards, occluding the outlet into it from the pharynx and the hinged epiglottis closes over the larynx.
7. **Passageway for air-** This is among the pharynx tracheas.
8. Humidifying, filtering and warming- These strategies maintain as stimulated air travels via the larynx.

Trachea

Position And Structure

The trachea is a continuation of the larynx and extends downwards to approximately the level of the fifth thoracic vertebra wherein it divides into the right and left primary bronchi, one bronchus going to every lung. It is about 10 to 11 cm lengthy and lies especially within the median plane in the front of the esophagus. The trachea is composed of the three layers of tissue and held open via way of means of among sixteen and twenty incomplete rings of hyaline cartilage one above the other. The rings are incomplete posteriorly. Three layers of tissue dress cartilage of trachea.

1. The outer layer consists of the fibrous and elastic tissue and encloses the cartilages.
2. The center layer includes the cartilages and bands of clean muscular tissues that surround the trachea in a helical association.
3. The internal lining includes ciliated columnar epithelium, containing mucus-secreting goblet cells.

Functions

1. Support and potency- The association of cartilage and elastic tissue save you kinking and obstruction of the airway as the top and the neck moves. The cartilages save you the disintegration of trachea whilst the inner stress is much less than intrathoracic stress.
2. Mucociliary escalator- This is the synchronous and normal beating of the cilia of the mucous membrane lining that wafts mucus with adherent debris upwards toward the larynx wherein it's either swallowed or coughed up.
3. Cough reflex- Nerve finishing within the larynx, trachea and bronchi are touchy to irritation, which generates nerve impulses carried out via way of means of the vagus nerve to the respiratory middle within the brain stem.
4. Warming, humidifying and filtering- These maintain as within the nose, even though air is usually saturated and frame temperature whilst it reaches the trachea. 1,5,8

Lungs

- **Position And Structure**

In an elastic connective tissue matrix, every lobe is made of a big wide variety of lobules.

Bronchi and Bronchioles

The primary bronchi are shaped whilst the trachea divide, i.e. approximately the level of the fifth thoracic vertebra. There are lungs, one on every aspect of the midline within the thoracic cavity. They are cone-shaped and medial floor. The apex is rounded and rises into the basis of the neck, approximately 2.5 cm above the level of the center 1/3 of the clavicle. It lies near the primary rib and the blood vessel and nerve within the

root of neck. The base is concave and semi lunar in shape, and lies at the thoracic floor of the diaphragm. The costal floor convex lies in opposition to the cortical cartilage, the ribs and the intercostals muscular tissues. The medial floor is concave has a more or less fashioned location the proper lung is split into 3 wonderful lobes: superior, center and inferior. The left lung is smaller due to the fact the coronary heart occupies area left of the midline. It is split into simplest lobes: advanced and inferior.

Pleura and Pleural Cavity

The pleura encompass serous membrane, which incorporates a small quantity of serous fluid. The lung is invaginated into this sac in order that it bureaucracy layers: one adheres to the lung and different to the wall of the thoracic hollow space. The pleural hollow space is simplest a ability area. The skinny movie of serous fluid separates the 2 layers of the pleura, which permit them go with the flow over every different, stopping friction among them at some stage in respiration. The epithelial mobileular of the membrane

secretes the serous fluid. If both layer of pleura is punctured, the underlying lung collapses owing to its inherent residences of elastic recoil. The lungs are composed of the bronchi and smaller air passages, alveoli, connective tissue, blood vessel, lymph vessel and nerves, all embedded.

The proper bronchus- This is wider, shorter and greater vertical then the left bronchus and is consequently much more likely to turn out to be obstructed with the aid of using an inhaled overseas body. It is about 2.5 cm lengthy.

The left bronchus- This is ready five cm lengthy and is narrower than the proper. After coming into the lung on the hilum it divide into branches, one to every lobe. Each department then subdivides into steadily smaller tubes inside into lung substance. The bronchi are composed of the identical tissues because the trachea, and are the covered with ciliated columnar epithelium. The bronchi steadily subdivide into bronchioles, terminal bronchioles, respiration bronchioles, alveolar ducts and subsequently alveoli.

Function

1. Control of air access
2. Warming and humidifying
3. Support and potency
4. Removal of particulate rely
5. Cough reflux
6. Defense in opposition to microbes

Muscles of Breathing

The primary muscle utilized in ordinary quiet respiration is the intercostals muscle groups and the diaphragm.

Intercostals muscle groups

There are eleven pairs of intercostals muscle groups that occupy the areas among the 12 pairs of ribs. They are organized in layers, the outside and inner intercostals muscle. The outside intercostals muscle fibers: those make bigger downwards and forwards from the decrease border of the rib above to the top border of the rib below. The inner intercostals muscle fiber: those make bigger downwards and backwards from the decrease border of the rib above to the top

border of the rib below, crossing the outside intercostals muscle fibers on the proper angle. The first rib is fixed. Therefore, while the intercostals muscle settlement they pull all of the different ribs toward the primary rib. Because of the form and sizes of the ribs, they pass outwards while pulled upwards, enlarging the thoracic hollow space. The intercostals muscle groups are inspired to settlement with the aid of using the intercostals nerves. 1,6,10

Diaphragm

The diaphragm is a dome formed muscular shape setting apart thoracic and belly cavities. It bureaucracy the ground of the thoracic hollow space and the roof of the belly hollow space. And consist of a significant tendon from which muscle fibers radiate to be connected to the decrease ribs and sternum and to the vertebral column with the aid of using Crura. When the muscle of the diaphragm is relaxed, the relevant tendon is at the extent of the 8th thoracic Vertebra. When it contracts, its muscle fiber shorten and the relevant tendon is pulled downwards to the extent of the 9th thoracic vertebra, enlarging the thoracic hollow space in length. This decreases stress withinside the thoracic hollow space and will increase it withinside the stomach and pelvic hollow space. The phrenic nerves deliver the diaphragm. The intercostals muscle tissues and the diaphragm contracts simultaneously, enlarging the thoracic hollow space in all directions, i.e. from returned to front, aspect to aspect and pinnacle to bottom.2

Physiology Of Respiratory System

Exchange Of Gases

- External respiration
- Exchange of O₂ & CO₂ among outside environment & the cells of the body.
- Efficient due to the fact alveoli and capillaries have very skinny partitions & are very ample your lungs have approximately three hundred million alveoli with a complete floor place of approximately seventy five rectangular meters).
- Internal respiration - intracellular use of O₂ to make ATP.
- Occurs via way of means of easy diffusion alongside partial stress gradients.

Partial Pressure

- It's the man or woman stress exerted independently via way of means of a selected fueloline inside a aggregate of gasses. The air we breathe is a aggregate of gasses: in the main nitrogen, oxygen, & carbon dioxide. So, the air you blow right into a balloon creates stress that reasons the balloon to expand (& this stress is generated as all of the molecules of nitrogen, oxygen, & carbon dioxide flow approximately & collide with the partitions of the balloon). However, the entire stress generated via way of means of the air is due in element to nitrogen, in element to oxygen, & in element to carbon dioxide.
- That a part of the entire stress generated via way of means of oxygen is the 'partial stress' of oxygen, even as that generated via way of means of carbon dioxide is the 'partial stress' of carbon dioxide. A fueloline's partial stress, therefore, is a degree of the way a great deal of that fueloline is present (e.g., withinside the blood or alveoli).
- The partial stress exerted via way of means of every fueloline in a aggregate equals the entire stress instances the fractional composition of the fueloline withinside the aggregate. So, for the reason that overall atmospheric stress (at sea level) is approximately 760 mm Hg and, further, that air is approximately 21% oxygen, then the partial stress of oxygen withinside the air is 0.21 instances 760 mm Hg or one hundred sixty mm Hg.

Partial pressures of o₂ and co₂ withinside the body

(normal, resting conditions)

- Alveoli
- PO₂ = a hundred mm Hg
- PCO₂ = forty mm Hg
- Alveolar capillaries
- Entering the alveolar capillaries
- ✓ PO₂ = forty mm Hg (incredibly low due to the fact this blood has simply back from the systemic flow & has misplaced a great deal of its oxygen)
- ✓ PCO₂ = forty five mm Hg (incredibly excessive due to the fact the blood returning from the systemic flow has While with in side the alveolar capillaries, the diffusion of gasses happens: oxygen diffuses from the alveoli into the blood & carbon dioxide from the blood into the alveoli.
- Leaving the alveolar capillaries
- PO₂ = one hundred mm Hg
- ✓ PCO₂ = forty mm Hg

Blood leaving the alveolar capillaries returns to the left atrium & is pumped with the aid of using the left ventricle into the systemic circulation. This blood travels thru arteries & arterioles and into the systemic, or frame, capillaries. As blood travels thru arteries & arterioles, no fueloline change happens.

- Entering the systemic capillaries
- PO₂=100mm Hg
- POC₂=40mm Hg
- PO₂ = 40 mm Hg
- PCO₂ = 45 mm Hg

Because of the variations in partial pressures of oxygen & carbon dioxide withinside the systemic capillaries & the frame cells, oxygen diffuses from the blood & into the cells, even as carbon dioxide diffuses from the cells into the blood.

- Leaving the systemic capillaries
- ✓ PO₂ = 40 mm Hg
- ✓ PCO₂ = 45 mm Hg

Blood leaving the systemic capillaries returns to the heart (proper atrium) through venules & veins (and no fueloline change happens even as blood is in venues & veins). This blood is then pumped to the lungs (and the alveolar capillaries) with the aid of using the proper ventricle.

How are oxygen & carbon dioxide transported withinside the blood?

- Oxygen is carried in blood:

1 - Bound to hemoglobin (98.5% of all oxygen within the blood)

2 - Dissolved within the plasma (1.5%) Because nearly all oxygen within the blood is transported with the aid of using hemoglobin, the connection among the concentration (partial stress) of oxygen and hemoglobin saturation (the % of hemoglobin molecules wearing oxygen) is an crucial one. 5

Hemoglobin Saturation

Extent to which the hemoglobin in blood is mixed with O₂ relies upon on PO₂ of the blood. The courting among oxygen stages and hemoglobin saturation is indicated with the aid of using the oxygen-hemoglobin dissociation (saturation) curve (within the graph above). You can see that at excessive partial pressures of O₂ (above approximately forty mm Hg), hemoglobin saturation stays instead excessive (generally approximately 75 - 80%). This instead flat segment of the oxygen-hemoglobin dissociation curve is referred to as the 'plateau.' Recall that forty mm Hg is the traditional partial stress of oxygen within the cells of the frame. Examination of the oxygen-hemoglobin dissociation curve famous that, beneathneath resting conditions, simplest approximately 20 - 25% of hemoglobin molecules surrender oxygen within the systemic capillaries. This is significant (in different words, the 'plateau' is significant) as it approach which you have a significant reserve of oxygen. In different picked up carbon dioxide words, in case you grow to be greater energetic, & your cells want greater oxygen, the blood (hemoglobin molecules) has plenty of oxygen to provide. When you do grow to be greater energetic, partial pressures of oxygen in your (energetic) cells may also drop properly beneathneath forty mm Hg. A study the oxygen-hemoglobin dissociation curve well-known shows that as oxygen stages decline, hemoglobin saturation additionally declines - and declines precipitously. This method that the blood (hemoglobin) 'unloads' plenty of oxygen to energetic cells - cells that, of course, want greater oxygen. 7,8

Factors that have an effect on the Oxygen-Hemoglobin

Dissociation Curve

The oxygen-hemoglobin dissociation curve 'shifts' below positive conditions. These elements can reason this kind of shift:

- Lower pH
- Increased temperature
- More 2,3-diphosphoglycerate
- Increased stages of CO₂

Classification of Drug

Medications for Lower Respiratory Conditions

Table- 4 Medications for Lower Respiratory Conditions

Bronchoconstriction Mediators	Bronchodilation Mediators	Asthma
Cytokines, Chemokines	Prostaglandin's	Methylxanthines (Theophylline, aminophylline, choline theophyllinate)
Leukotrienes		Anticholinergics (Ipratropium, tiotropium, oxitropium)
Histamine	Nor epinephrine (SNS-beta)	Beta2-agonists <ul style="list-style-type: none"> • Non-selective (epinephrine) • Relatively selective (albuterol, metaproteronol)

Medications for Upper Respiratory Conditions
Table- 5 Medications for Upper Respiratory Conditions 11

Medications for Upper Respiratory Conditions
Table- 5 Medications for Upper Respiratory Conditions ¹¹

Decongestants	Antihistamines	Intra nasal steroids & cromolyn	Anti-tussive	Expectorant
1. Pseudo- ephedrine (Sudafed) 2. Phenyl- propanolamine (Contac)	Sedating 1.diphen-hydramine (Benadryl) 2.chlor-pheniramine (Chlor-Trimeton) Low sedating 1.cetirizine (Zyrtec) Non sedating 2.fexofenadine (Allegra)		Central Acting 1. codeine 2. dextro-methorphan Local 1.Benzonatate	1.Guaifenesin 2.Bromhexine 3.Domasealfa 4.Amonium-chloride

Diseases & Treatment

Common breathing illnesses dealt with with the aid of using breathing care physicians and different professionals encompass

- Asthma - constriction of hypersensitive airways.
- Chronic Obstructive Pulmonary Disease (COPD) - lung sickness inflicting shortness of breath
- Chronic Bronchitis - infection and everlasting scarring of the bronchial tube.
- Emphysema - harm to air sacs partitions inflicting lack of elasticity.
- Pleurisy - infection of the pleural membrane lining lungs and the chest cavity.
- Lung Cancer - malignant tumors that expand in lung tissue.
- Acute Bronchitis-infection of the bronchial tubes.
- Influenza - severe contamination purpose with the aid of using the influenza virus.
- Pneumonia - contamination of the lungs because of a plague or bacteria.
- Sinusitis - infection of the sinus cavities.
- Common Cold - contamination because of a plague. However, breathing sickness may also contain greater than lung sickness, and might encompass a malfunction of the mind stem controlling the respiration mechanism, or sickness and malfunction of the diaphragm and surrounding muscles.

Conclusion

Respiratory gadget is the important frame a part of residing beings. Disturbance of it or its organ in appreciate of anatomy, body structure can purpose extreme sickness or can be death. Care in regular circumstance in addition to sickness kingdom is necessary. Now day the diverse remedy gadgets are to be had which guard it from any malfunctioning or sickness circumstance. It covered the diverse drug systems, devises and lots of greater.

Referance

1. Waugh, A.; Grant, A.; "The breathing system, In "Anatomy & Physiology in Health and Science", Ross and Willson; 9th Edition, 240-248.
2. Chaurasia, B.D.; The Diaphragm; In "Human Anatomy"; third Edition; Volume-II, 267-269.
3. Lachman, L.; Liberman, A.; Kanji, L.; Pharmaceutical Aerosols, In "The Theory Practice of Industrial Pharmacy", third Edition; 589,590,597-610.
4. Bansal, R.; Gupta, A.; Bansal, M.; "Pathophysiology of Respiratory Disorder; 1st Edition-2008-2009; Volume-I
5. Chatterjee, C.C.; Respiratory System, In "The Human Physiology"; 11th Edition Reprint 1992; 365,366,425,426.
6. Chaurasia's, B.D.; The Lung, In "Human Anatomy", 4th Edition; Volume II; 267-269.
7. Chandramoulli, R.; Respiratory Physiology, In "Text Book of Physiology"; 214,235-237.
8. Glenister, T.A.; Ross, R.W.; Respiratory System. In "Anatomy and Physiology for Nurses" third Edition, Page No.- 321-323,338-339,342-345.
9. Rang, H.P.; Dale, M. M.; Respiratory System, In "Pharmacology"; fifth Edition-2000; 340-341.
10. Barar, F. S. K.; Drug Acting on Respiratory System, In "Essentials of Pharmacotherapeutics"; third Edition 2000; 530-543.
11. Geoffrey J. Laurent, Steven D. Shapiro new.; "Encyclopedia for Respiratory Medicine".
12. Banker, G. S.; Rhodes, C. T.; Delivery of Drugs with the aid of using The Pulmonary Route, In "Modern Pharmaceutics, 4th Edition, 479-490.
13. Sharma, V. N.; Drugs Affecting on Respiratory System, In "Essentials of Pharmacology"; 1st Edition-1999; 210.
14. Mishra, A. N.; Jain, N. K.; Advances in Pulmonary Drug Delivery, In "Advances in Controlled And Novel Drug Delivery", 1st Edition-2001; 120-127.
15. Allan R. Cook and Peter D. Dresser.; "Respiratory Disease And Disorders".