CHEMICAL CO-ORDINATION AND INTEGRATION

Endocrine system includes **endocrine (ductless) glands** and their secretions **(hormones)**. Hormones are **non-nutrient** chemicals that act as **intercellular messengers** and are produced in trace amounts.

HUMAN ENDOCRINE GLANDS

They include Hypothalar Pineal 1. Hypothalamus 2. Pituitary Thyroid and Parathyroid 3. Pineal 4. Thyroid Thymus 5. Parathyroid 6. Thymus Pancreas 7. Adrenals Adrenal 8. Pancreas (Islets of Langerhans) 9. Gonads (Testis & Ovary _____ (in female) Test (in male) **Ovary**) **1. HYPOTHALAMUS** Hypothalamus Neurosecretory cells Hypothalamic (nuclei) of hypothalamus secrete the following types of hormones: • Releasing hormones: Stimulate secretion of pituitary hormones. E.g. gonadotropin Portal circulation releasing hormone stimulates (GnRH) pituitary to release Posterior pituitary gonadotropins (FSH & LH). Anterior pituitary Hypothalamus and Pituitary • Inhibiting hormones: Inhibit secretion of pituitary hormones. E.g. Somatostatin inhibits release of growth hormone from pituitary. • Oxytocin & vasopressin: These are transported axonally and stored in pituitary. (See pituitary gland). 2. PITUITARY GLAND - It is located in a bony cavity called sella tursica. - It is attached to **hypothalamus** by a stalk. - It is divided into anterior Adenohypophysis & posterior

- It is divided into anterior Adenohypophysis & posterior Neurohypophysis.

a. Adenohypophysis

It has 2 parts: **Pars distalis** and **Pars intermedia**. **Pars distalis (Anterior pituitary):** It produces

• Somatotropin (Growth hormone, GH): For body growth. Its over-secretion causes Gigantism (abnormal growth). Hyposecretion causes Dwarfism (stunted growth).

Over-secretion of **GH** in adults (mainly in middle age) causes **Acromegaly** (severe disfigurement especially of face). It leads to serious complications and premature death. Early diagnosis of the disease is difficult. It may be undetected for many years.

• **Prolactin (PRL):** Regulates growth of **mammary glands** and **milk production.**

- Thyroid stimulating hormone (TSH): Stimulates thyroid gland to secrete thyroid hormones.
- Adrenocorticotrophic hormone (ACTH): Stimulates adrenal cortex to synthesise & secrete steroid hormones (glucocorticoids).
- Follicle stimulating hormone (FSH): Stimulates gonadal activity. In males, FSH & androgens regulate sperm formation (spermatogenesis). In females, FSH stimulates growth and development of ovarian follicles.
- Luteinizing hormone (LH): Stimulates gonadal activity. In males, it stimulates synthesis and secretion of androgens from testis. In females, it induces ovulation and maintains the corpus luteum.
- Pars intermedia: In human, it is almost merged with pars distalis. It produces Melanocyte stimulating hormone (MSH). It acts on melanocytes to regulate skin pigmentation.

b. Neurohypophysis

It stores **Oxytocin & Vasopressin** from hypothalamus.

- **i. Oxytocin:** Contracts **smooth muscles.** In females, it stimulates contraction of uterus during child birth, and milk ejection from the mammary gland.
- ii. Vasopressin or Anti-diuretic hormone (ADH): Stimulates reabsorption of water & electrolytes by DCT of kidney and thereby reduces diuresis (loss of water through urine). Deficiency of ADH results in diminished ability of the kidney to conserve water. It leads to water loss and dehydration. This is called **Diabetes insipidus**.

3. PINEAL GLAND

Smallest endocrine gland.

It is located on dorsal side of forebrain. Secretes **melatonin**. **Functions of melatonin**:

- Regulates diurnal (24-hour) rhythm of body.
- E.g. sleep-wake cycle, body temperature etc.
- Influences metabolism, pigmentation & menstrual cycle.
- Influences defense capability.



- Largest endocrine gland.
- It includes 2 lobes on either side of the trachea. The lobes are interconnected with **isthmus** (a connective tissue).
- Thyroid gland is made of **follicles** & **stromal tissues**.
- Follicular cells secrete the following hormones:

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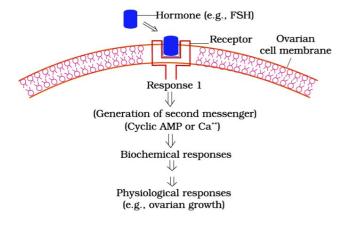
• Thyroxin (tetraiodothyronine, T ₄) & Triiodothyronine	It produces the following corticoid hormones:
(T ₃): Their functions are	• Glucocorticoids (mainly cortisol):
• Regulation of basal metabolic rate (BMR) .	- Involved in carbohydrate metabolism.
• Physical, mental and sexual development.	- Stimulate gluconeogenesis, lipolysis and proteolysis.
• Support RBC formation .	- Inhibit cellular uptake and utilization of amino acids .
• Control metabolism of carbohydrates, proteins & fats.	- Maintain cardiovascular system and kidney functions.
• Maintain water and electrolyte balance.	- Cortisol stimulates RBC production.
• Thyrocalcitonin (TCT): A protein hormone. It regulates	- Produces anti-inflammatory reactions and suppress
(lowers) blood calcium levels (Hypocalcaemic hormone).	immune response.
Iodine is essential for normal hormone synthesis in thyroid.	 Mineralocorticoids (mainly aldosterone):
Hypothyroidism (Goiter):	- Regulate the water (body fluid volume), electrolytic
- Enlargement of thyroid gland due to deficiency of iodine.	balance, osmotic pressure and blood pressure.
- In adult women, it causes irregular menstrual cycle.	- Aldosterone stimulates reabsorption of Na ⁺ & water
- Hypothyroidism during pregnancy affects the baby causing	from renal tubules and excretion of K ⁺ and PO ₄ ³⁻ ions.
stunted growth (cretinism), mental retardation, low	• Androgenic corticoids: For growth of axial hair, pubic
intelligence quotient, abnormal skin, deaf-mutism etc.	hair and facial hair during puberty.
Hyperthyroidism:	Deficiency of corticoid hormones affects carbohydrate
- Abnormal increase of thyroid hormones resulting in	metabolism. It causes acute weakness and fatigue. This
adverse effects on the physiological activities.	condition is called Addison's disease.
- It is caused due to development of the nodules or the cancer	b. Adrenal medulla
of thyroid gland.	- Produces catecholamine hormones such as Adrenaline
- Exophthalmic goiter (Grave's disease): It is a form of	(epinephrine) & Noradrenaline (norepinephrine).
Hyperthyroidism. Symptoms are enlargement of thyroid	- They are rapidly secreted in response to stress emergency
gland, protruded eyeballs, increased BMR & weight loss.	situations so called emergency hormones (hormones of
5. PARATHYROID GLAND	Fight or Flight).
4 parathyroid glands are present on back side of the thyroid	- These increase alertness, pupillary dilation, piloerection
gland, one pair each in the two lobes of thyroid gland. They	(rising of hairs), sweating, heartbeat, heart contraction and
secrete Parathyroid hormone (PTH) – a peptide hormone.	respiratory rate. Stimulate glycogenolysis to increase
Functions of parathyroid hormone:	glucose in blood. Also stimulate lipolysis and proteolysis.
• Increases Ca ²⁺ level in blood (hypercalcaemic hormone).	8. PANCREAS (ISLETS OF LANGERHANS)
• Stimulates the bone resorption (demineralization) .	- A composite (heterocrine) gland i.e. exocrine + endocrine.
• Stimulates the reabsorption of Ca ²⁺ by the renal tubules	- Islets of Langerhans are the endocrine part. There are
and increases Ca^{2+} absorption from the digested food.	about 1-2 million Islets (1-2% of pancreatic tissue).
• Along with TCT , it helps in calcium balance in the body.	- α cells and β cells in the islets secrete peptide hormones
6. THYMUS GLAND	such as Glucagon and Insulin respectively. They maintain
It is located between lungs behind sternum on the ventral side	Glucose homeostasis in blood.
of aorta. It secretes Thymosins (peptide hormones).	• Glucagon: Hyperglycemic factor. It
Functions of thymosins:	• Acts on hepatocytes and stimulates glycogenolysis
• Differentiation of T-lymphocytes. It provides cell-	resulting in an increased blood sugar (hyperglycemia).
mediated immunity.	• Stimulates gluconeogenesis.
 Promote antibody production for humoral immunity. 	• Reduces the cellular glucose uptake and utilization.
Thymus is degenerated in old individuals. So, production of	• Insulin: Hypoglycemic factor. It
thymosins decreases. As a result, immune responses of old	• Acts on hepatocytes and adipocytes to enhance cellular
	glucose uptake and utilization. So, glucose from blood
persons become weak.	rapidly moves to hepatocytes and adipocytes. Thus, blood
7. ADRENAL GLAND	glucose level decreases (hypoglycemia).
It has 2 parts: Adrenal cortex & Adrenal medulla.	• Stimulates glycogenesis (glucose converts to glycogen).
a. Adrenal cortex It Adrenal gland Adrenal cortex	Prolonged hyperglycemia leads to Diabetes mellitus (loss of glucose through urine and formation of harmful compounds
has 3 layers: inner zona	glucose through urine and formation of harmful compounds like katone badice). Treatment is insulin thereasy.
reticularis, middle	like ketone bodies). Treatment is insulin therapy.
zona fasciculata &	9. TESTIS (MALE GONAD)
outer zona	- It is the male primary sex organ and an endocrine gland.
glomerulosa.	- A pair of testis is present in the scrotal sac.
Kidney Adrenal medulla	- It is formed of seminiferous tubules and interstitial
	(stromal) tissues.
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 Leydig (interstitial) cells in the inter-tubular spaces produce hormones called androgens (mainly testosterone). Functions of androgens: Regulate development, maturation and functions of the accessory sex organs. Spermatogenesis (sperm production). Stimulate sexual behavior (libido), growth of muscles, hairs, aggressiveness, low pitch voice etc. Help in anabolism of protein and carbohydrate. 10. OVARY (FEMALE GONAD) It is the female primary sex organ. A pair of ovaries is located in the abdomen. It produces one ovum during each menstrual cycle. 	 Ovary is formed of ovarian follicles and stromal tissues. Ovarian follicles produce Estrogen (a steroid hormone). After ovulation, ruptured follicle forms a structure called Corpus luteum. It secretes progesterone (a steroid hormone). Functions of Estrogen: Growth and activities of female secondary sex organs. Development of ovarian follicles & mammary glands. Female secondary sex characters (e.g. high pitch voice) and sexual behavior. Functions of Progesterone: It supports pregnancy. It acts on mammary glands to stimulate formation of alveoli (sacs to store milk) and milk secretion. 	
HORMONES OF HEART, KIDNEY & GASTROINTESTINAL TRACT		

- 1. Atrial wall of heart: Produce a peptide hormone called Atrial natriuretic factor (ANF). When BP increases, ANF causes dilation of blood vessels to reduce the BP.
- **2. JGA of kidney:** Produces **Erythropoietin** (peptide hormone). Stimulates **erythropoiesis** (formation of RBC).
- 3. Gastro-intestinal tract: Produce peptide hormones. E.g.
 - Gastrin: Stimulates gastric glands to secrete HCl and pepsinogen.
 - Secretin: Stimulates exocrine pancreas to secrete water and bicarbonate ions.
 - Cholecystokinin (CCK): Stimulates secretion of bile from gall bladder and pancreatic enzymes from pancreas.
 - MECHANISM OF HORMONE ACTION
- Hormones produce their effects by binding to the specific proteins (hormone receptors) located in target tissues.
- A hormone binds to its specific receptor to form **hormone**receptor complex.
- It leads to biochemical changes in target tissue and thereby regulates metabolism and physiological functions.
- Hormone receptors are 2 types:
- Membrane-bound receptors: Some hormones (e.g. protein hormone, FSH) interact with membrane-bound receptors (do not enter the target cell). It generates second messengers (e.g. cyclic AMP, IP₃, Ca²⁺). It in turn regulates cellular metabolism and causes physiological effects.



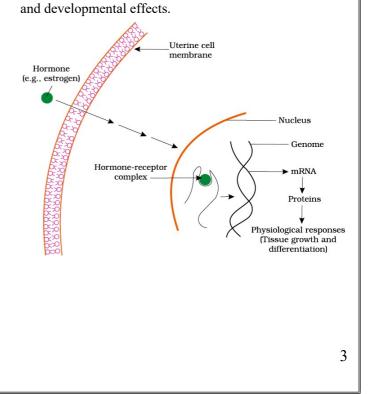
• Gastric inhibitory peptide (GIP): Inhibits gastric secretion.

Several other **non-endocrine tissues** secrete hormones called **growth factors.** These help for the normal growth of tissues and their repairing or regeneration.

Based on the chemical nature, hormones are various types:

- a. Peptide, polypeptide, protein hormones: Insulin, glucagon, pituitary hormones, hypothalamic hormones etc.
- **b.** Steroids: Cortisol, testosterone, estradiol & progesterone.
- c. Iodothyronines (thyroid hormones).
- d. Amino-acid derivatives: Adrenaline, nor-adrenaline etc.

• Intracellular receptors (mostly nuclear receptors): Some hormones (e.g. steroid hormones, iodothyronines) interact with intracellular receptors. They mostly regulate gene expression or chromosome function by the interaction of hormone-receptor complex with the genome. Cumulative biochemical actions result in physiological



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MODEL QUESTIONS

- 1. Note the relationship between first two words and suggest a suitable word for fourth place.
 - a) Alpha cell: Glucagon Beta cell:
 - b) Glucocorticoids: Cortisol Mineralocorticoids:
 - c) Follicular cells: Thyroid Neurosecretory cells:
 - d) Ovarian follicles: Estrogen Corpus luteum:
- 2. Odd one out. Justify your answer.
 - a) TSH, FSH, MSH, LH
 - b) Cortisol, adrenaline, aldosterone, androgenic corticoids
- 3. Match the following

A	В	С
Thyroid	Insulin	Addison's disease
Pituitary	Cortisol	Goiter
Pancreas	Thyroxine	Gigantism
Adrenal gland	Growth hormone	Diabetes mellitus

4. In a 5-year old boy, thymus gland is found to be non-functional. How will it affect his immune system?

- 5. On a hot day, would you expect ADH level in blood to be high or low? Explain.
- 6. Analyze the facts given in three columns, find their relationship and fill the blanks.

Thymus	a)	Differentiation of T-lymphocytes
b)	Adrenaline	Emergency hormone
Kidney	Erythropoietin	c)
Pancreas	d)	Decrease blood glucose level

7. Make pairs using following terms:

8.

Hypoglycemic factor, Glucagon, TCT, Hypercalcemic factor, Hyperglycemic factor, PTH, Hypocalcemic factor, Insulin Anitha saw a snake on her way to school. She was frightened and her heart rate and breathing rate increased.

a) Name the hormones which are dominant at that time in her blood.

b) Which endocrine gland produces the hormone? c) To which organ this endocrine gland is attached?

9. Prepare flowcharts showing the mechanism of action of a protein hormone and a steroid hormone on target tissues.

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