

# **PHYSIOLOGY**

## Content Of Dr. Murali Bharadwaz's E-Learning Material

<b>Physiology Mock Test</b>			
<b>Topic</b>	<b>Lecture</b>	<b>Duration</b>	<b>Size (MB)</b>
<b>AIIMS Physiology</b>	Lec-01	0:48:41	166
	Lec-02	0:41:21	141
	Lec-03	0:41:28	142
	Lec-04	0:38:44	132
	Lec-05	0:50:57	174
	Lec-06	0:42:19	144
	Lec-07	0:43:58	150
	Lec-08	0:20:06	69.2
<b>Physiology Test 490</b>	Lec-01	0:40:36	138
	Lec-02	0:39:55	136
	Lec-03	0:39:56	136
	Lec-04	0:39:06	133
	Lec-05	0:39:05	136
	Lec-06	0:32:12	110

<b>Physiology Notes</b>	
<b>Physiology Notes</b>	<b>No. of Pages = 188</b>

Subject Name	Lecture Number	Lecture Content	Lecture Duration	File Size
<b>PHYSIOLOGY</b> Cardio Physiology	<b>Lec 01</b>	<ul style="list-style-type: none"> <li>♦ Circuitry of the Cardiovascular System</li> <li>♦ Direction of blood flow</li> <li>♦ Components of the vasculature</li> <li>♦ Arteries</li> <li>♦ Arterioles</li> <li>♦ Capillaries</li> <li>♦ Venules</li> <li>♦ Veins</li> <li>♦ Velocity of blood flow</li> <li>♦ Poiseuille's equation</li> <li>♦ Reynold's Number</li> <li>♦ Compliance</li> <li>♦ Mean Pressure in the systemic circulation</li> </ul>	0:36:43	125
	<b>Lec 02</b>	<ul style="list-style-type: none"> <li>♦ Systolic pressure</li> <li>♦ Diastolic pressure</li> <li>♦ Pulse pressure</li> <li>♦ Mean arterial pressure</li> <li>♦ Venous pressure</li> <li>♦ PR interval</li> <li>♦ QRS complex</li> <li>♦ QT complex</li> <li>♦ ST segment</li> <li>♦ T wave</li> <li>♦ Cardiac action potentials</li> <li>♦ Phase 0</li> <li>♦ Phase 1</li> <li>♦ Phase 2</li> <li>♦ Phase 3</li> <li>♦ Phase 4</li> <li>♦ Sinoatrial (SA) node</li> <li>♦ AV node</li> <li>♦ Conduction velocity</li> <li>♦ Absolute refractory period (ARP)</li> <li>♦ Relative Refractory Period (RRP)</li> </ul>	0:42:50	146
	<b>Lec 03</b>	<ul style="list-style-type: none"> <li>♦ Chronotropic effects</li> <li>♦ Dromotropic effects</li> <li>♦ Parasympathetic effects on heart rate and conduction</li> <li>♦ Negative chronotropic effect</li> <li>♦ Positive dromotropic effect</li> <li>♦ Myocardial cells structure Sarcomere</li> <li>♦ Intercalated disks</li> <li>♦ Gap junctions</li> <li>♦ T tubules</li> <li>♦ Sarcoplasmic reticulum (SR)</li> <li>♦ Steps in excitation-contraction coupling</li> <li>♦ Factors that increase contractility</li> <li>♦ Factors that decrease contractility</li> </ul>	0:39:00	133

Subject Name	Lecture Number	Lecture Content	Lecture Duration	File Size
PHYSIOLOGY	<b>Lec 04</b>	<ul style="list-style-type: none"> <li>◆ Length-tension relationship in the ventricles</li> <li>◆ Sarcomere Length</li> <li>◆ Frank-Starling relationship</li> <li>◆ Ventricular pressure-volume loops</li> <li>◆ isovolumetric contraction</li> <li>◆ Ventricular ejection</li> <li>◆ isovolumetric relaxation</li> <li>◆ Ventricular filling</li> <li>◆ Venous return, or vascular function, curve</li> </ul>	0:42:30	145
	<b>Lec 05</b>	<ul style="list-style-type: none"> <li>◆ Cardiac output</li> <li>◆ Ejection fraction</li> <li>◆ Stroke work</li> <li>◆ Cardiac oxygen (O<sub>2</sub>) consumption</li> <li>◆ Measurement of cardiac output by the Fick principle</li> <li>◆ Cardiac Cycle</li> <li>◆ 7 Phases</li> <li>◆ Atrial systole</li> <li>◆ Isovolumetric ventricular contraction</li> <li>◆ Rapid Ventricular ejection</li> </ul>	0:37:31	128
	<b>Lec 06</b>	<ul style="list-style-type: none"> <li>◆ Reduced Ventricular ejection</li> <li>◆ Isovolumetric ventricular relaxation</li> <li>◆ Rapid Ventricular Filling</li> <li>◆ Reduced Ventricular filling (diastasis)</li> <li>◆ Mitral stenosis</li> <li>◆ Aortic valve stenosis</li> </ul>	0:47:31	142
	<b>Lec 07</b>	<ul style="list-style-type: none"> <li>◆ Regulation of Arterial pressure</li> <li>◆ Baroreceptor reflex</li> <li>◆ Responses of the vasomotor centre</li> <li>◆ Renin-angiotensin-aldosterone system</li> <li>◆ Angiotensin-converting enzyme</li> <li>◆ Cerebral ischemia</li> <li>◆ Cushing reaction</li> <li>◆ Chemoreceptors in the carotid and aortic bodies</li> <li>◆ Vasopressin [antidiuretic hormone(ADH)]</li> <li>◆ Atrial natriuretic peptide (ANP)</li> <li>◆ Microcirculation and Lymph Structure of Capillary beds</li> <li>◆ Fluid exchange across capillaries</li> <li>◆ Sample calculations using the Starling equation</li> <li>◆ Lymph, Edema</li> <li>◆ Endothelium-derived relaxing factor (EDRF)</li> </ul>	0:39:48	136
	<b>Lec 08</b>	<ul style="list-style-type: none"> <li>◆ Local (intrinsic ) control of blood flow</li> <li>◆ Examples of active hyperemia</li> <li>◆ Histamine, Bradykinin</li> <li>◆ Serotonin (5-hydroxytryptamine)</li> <li>◆ Prostaglandins</li> <li>◆ Coronary Circulation</li> <li>◆ Carotid sinus baroreceptors</li> <li>◆ Orthostatic hypotension</li> <li>◆ Summary of Effects of Exercise</li> <li>◆ Chemoreceptors in the carotid and aortic bodies, Reynold's Number</li> <li>◆ ADH, Summary of Responses of Hemorrhage</li> </ul>	0:40:35	138

Subject Name	Lecture Number	Lecture Content	Lecture Duration	File Size
<b>PHYSIOLOGY</b> Endocrine Physiology	<b>Lec 01</b>	<ul style="list-style-type: none"> <li>◆ Endocrine Physiology</li> <li>◆ Overview of Hormones Radioimmunoassay</li> <li>◆ Regulation of hormone secretion</li> <li>◆ Negative feedback</li> <li>◆ Positive feedback</li> <li>◆ Regulation of receptors</li> <li>◆ Down-regulation of receptors</li> <li>◆ Up-regulation of receptors</li> <li>◆ Cell Mechanisms and Second Messengers</li> <li>◆ G protein</li> <li>◆ Adenylate cyclase mechanism</li> </ul>	0:40:13	137
	<b>Lec 02</b>	<ul style="list-style-type: none"> <li>◆ Phospholipase C</li> <li>◆ Ca<sup>2+</sup> Calmodulin mechanism</li> <li>◆ Steroid hormone and thyroid hormone mechanism</li> <li>◆ Pituitary Gland (Hypophysis) Hypothalamic-Pituitary relationships</li> <li>◆ Posterior pituitary hormones</li> <li>◆ Hormones of the anterior lobe of the pituitary</li> <li>◆ Growth hormone (somatotropin)</li> <li>◆ Somatomedins</li> <li>◆ Actions of growth hormone</li> <li>◆ Direct actions of growth hormone</li> <li>◆ Actions of growth hormone via IGF</li> <li>◆ Pathophysiology of growth hormone</li> <li>◆ Prolactin</li> <li>◆ Regulation of prolactin secretion</li> <li>◆ Actions of prolactin</li> <li>◆ Pathophysiology of prolactin</li> <li>◆ Regulation of prolactin secretion</li> <li>◆ ADH</li> <li>◆ Regulation of ADH secretion</li> <li>◆ Oxytocin</li> <li>◆ Synthesis of thyroid hormones</li> <li>◆ Regulation of thyroid hormone secretion</li> <li>◆ Thyroid-stimulating immunoglobulins</li> <li>◆ Actions of thyroid hormone</li> </ul>	0:44:28	152
	<b>Lec 03</b>	<ul style="list-style-type: none"> <li>◆ Adrenal Cortex and Adrenal Medulla</li> <li>◆ 21-Carbon steroids</li> <li>◆ 19-Carbon steroid-Testosterone</li> <li>◆ 18-Carbon steroids</li> <li>◆ Regulation of secretion of adrenocortical hormones</li> <li>◆ Hypothalamic control - corticotropin-releasing hormone (CRH)</li> </ul>	0:38:12	130

Subject Name	Lecture Number	Lecture Content	Lecture Duration	File Size
PHYSIOLOGY	Lec 04	<ul style="list-style-type: none"> <li>♦ Renin-angiotensin-aldosterone system Decreases in blood volume</li> <li>♦ Renin</li> <li>♦ Angiotensin-I</li> <li>♦ Angiotensin-II</li> <li>♦ Aldosterone</li> <li>♦ Mechanism of aldosterone action on sodium reabsorption at</li> <li>♦ Model of a putative amiloride-sensitive sodium channel</li> <li>♦ Actions of glucocorticoids (cortisol)</li> <li>♦ Stimulation of gluconeogenesis</li> <li>♦ Actions of mineralocorticoids (aldosterone)</li> <li>♦ Pathophysiology of the adrenal cortex</li> <li>♦ Adrenocortical insufficiency</li> <li>♦ Cushing's syndrome</li> </ul>	0:39:40	135
	Lec 05	<ul style="list-style-type: none"> <li>♦ 21b-Hydroxylase deficiency</li> <li>♦ Virilization in Women</li> <li>♦ Endocrine pancreas Glucagon and Insulin Organization of the endocrine pancreas</li> <li>♦ Cell Types of the Islets of Langerhans</li> <li>♦ Glucagon</li> <li>♦ Actions of glucagon</li> <li>♦ Regulation of Glucagon Secretion</li> <li>♦ Insulin</li> <li>♦ Regulation of Insulin secretion</li> <li>♦ Mechanism of insulin secretion</li> <li>♦ Insulin receptor</li> <li>♦ Actions of insulin</li> <li>♦ Insulin decreases blood glucose concentration</li> <li>♦ Insulin decreases blood fatty acid and ketoacid concentrations</li> <li>♦ Insulin decreases blood amino acid concentration</li> <li>♦ Insulin decrease blood K<sup>+</sup> concentration</li> <li>♦ Insulin pathophysiology - diabetes mellitus</li> <li>♦ Somatostatin</li> </ul>	0:40:32	138
	Lec 06	<ul style="list-style-type: none"> <li>♦ Diagnosis of GDM with a 100 g glucose load</li> <li>♦ ADA criteria for the diagnosis of diabetes mellitus, impaired glucose tolerance (IGT), and impaired fasting glucose (IFG)</li> <li>♦ Classification of glucose transport and HK activity according to their tissue distribution and functional regulation</li> <li>♦ Parathormone</li> <li>♦ Positive Ca<sup>2+</sup> balance</li> <li>♦ Negative Ca<sup>2+</sup> balance</li> <li>♦ Parathyroid hormones (PTH)</li> <li>♦ Distribution of Calcium, Phosphorus, and Magnesium</li> <li>♦ RANKL -- receptor activator of nuclear factor kappa B ligand</li> <li>♦ Pathophysiology of hypercalcemia</li> </ul>	0:38:33	132

Subject Name	Lecture Number	Lecture Content	Lecture Duration	File Size
PHYSIOLOGY	Lec 07	<ul style="list-style-type: none"> <li>♦ Actions of PTH</li> <li>♦ Regulation of PTH Biosynthesis and Secretion</li> <li>♦ Pathophysiology of PTH</li> <li>♦ MENI Syndrome</li> <li>♦ MENII Syndrome</li> <li>♦ Humoral hypercalcemia of malignancy</li> <li>♦ Disordered calcium homeostasis in granulomatous disease</li> <li>♦ Management of Acute Hypercalcemia</li> <li>♦ Pattern of bone loss in primary hyperparathyroidism</li> <li>♦ Hypoparathyroidism</li> <li>♦ Pseudohypoparathyroidism type Ia-Albright's hereditary Osteodystrophy</li> <li>♦ Pathophysiological basis for X-linked hypophosphatemia</li> <li>♦ Pathophysiology of PTH</li> <li>♦ Metabolic Activation of Vitamin D</li> </ul>	0:39:26	134
	Lec 08	<ul style="list-style-type: none"> <li>♦ Actions of 1,25-dihydroxycholecalciferol</li> <li>♦ Calcitonin</li> <li>♦ Sexual Differentiation</li> <li>♦ Gonadal sex</li> <li>♦ Phenotypic sex</li> <li>♦ Male phenotype</li> <li>♦ Female phenotype</li> <li>♦ Male Reproduction Synthesis of testosterone</li> <li>♦ Leydig cells</li> <li>♦ 5a-reductase inhibitors (finasteride)</li> <li>♦ Regulation of tests</li> <li>♦ Hypothalamic control-GnRH</li> <li>♦ Anterior pituitary-FSH and LH FSH acts on the Sertoli cells</li> <li>♦ Negative feedback control-testosterone and inhibin</li> <li>♦ Factors that influence the level of SHBG in plasma</li> <li>♦ Action of testosterone or dihydrotestosterone</li> <li>♦ Puberty</li> <li>♦ Female Reproduction Theca cells</li> <li>♦ A human primordial follicle (PF)</li> <li>♦ Secondary follicle</li> <li>♦ four subtypes of granulosa cells</li> </ul>	0:39:28	134
	Lec 09	<ul style="list-style-type: none"> <li>♦ Theca interna</li> <li>♦ Theca interstitial cells</li> <li>♦ Regulation of the ovary Hypothalamic control - GnRH</li> <li>♦ Anterior lobe of the pituitary - FSH and LH</li> <li>♦ Negative and positive feedback control - estrogen and progesterone</li> <li>♦ Actions of estrogen, Actions of progesterone</li> <li>♦ Menstrual cycle- Follicular phase</li> <li>♦ Ovulation (day 15)</li> <li>♦ Luteal phase (days 15-28)</li> <li>♦ Secondary FSH rise in women</li> <li>♦ Two Gonadotropin-Two Cell Concept" of follicle estrogen production</li> <li>♦ Effects of the LH/FSH surge on egg cumulus expansion in situ</li> </ul>	0:41:20	141

Subject Name	Lecture Number	Lecture Content	Lecture Duration	File Size
<b>PHYSIOLOGY</b>	<b>Lec 10</b>	<ul style="list-style-type: none"> <li>♦ Two-cell, two-gonadotropin hypothesis</li> <li>♦ Menses (day 1-4)</li> <li>♦ Pregnancy</li> <li>♦ Fertilization</li> <li>♦ Parturition</li> <li>♦ Lactation</li> <li>♦ Syncytiotrophoblasts</li> <li>♦ Decidua</li> </ul>	0:47:18	161
Respiratory Physiology	<b>Lec 01</b>	<ul style="list-style-type: none"> <li>♦ Transpulmonary pressure recoil pressure of the lung</li> <li>♦ Pleural pressure</li> <li>♦ Alveolar pressure</li> <li>♦ Functional residual capacity</li> <li>♦ Total lung capacity</li> </ul>	0:42:17	144
	<b>Lec 02</b>	<ul style="list-style-type: none"> <li>♦ Question: If someone inhales to 50% TLC</li> <li>♦ During Inspiration</li> <li>♦ End Inspiration</li> </ul>	0:17:05	59
	<b>Lec 03</b>	<ul style="list-style-type: none"> <li>♦ Forced expiratory volume (FEV1)</li> <li>♦ Surfactant</li> <li>♦ Neonatal respiratory distress syndrome</li> <li>♦ Resistance of the airways</li> <li>♦ Lung Volume</li> <li>♦ Breathing cycle - description of pressures and airflow</li> <li>♦ During Inspiration</li> <li>♦ End Inspiration</li> <li>♦ During Expiration</li> <li>♦ Compliance of Lung</li> <li>♦ Laplace's Law</li> <li>♦ Lung Volume and Capacities</li> <li>♦ Tidal Volume</li> <li>♦ Inspiratory reserve volume</li> <li>♦ Expiratory reserve volume</li> <li>♦ Residue Volume</li> <li>♦ Dead Space</li> <li>♦ Physiologic dead space</li> <li>♦ Ventilation rate: Minute ventilation and Alveolar ventilation</li> <li>♦ Lung Capacities</li> <li>♦ Functional Residual Capacity</li> <li>♦ Total Lung Capacity (TLC)</li> <li>♦ Forced expiratory volume (FEV1)</li> </ul>	0:41:00	140
	<b>Lec 04</b>	<ul style="list-style-type: none"> <li>♦ Relationships between pressure airflow and resistance</li> <li>♦ Contraction or Relaxation of branchial smooth muscle</li> <li>♦ Lung Volume</li> <li>♦ Viscosity or density of inspired gas</li> <li>♦ Case Study</li> <li>♦ FEV1/FVC</li> <li>♦ Lung Disease</li> <li>♦ Restrictive Lung Disease</li> </ul>	0:39:34	135



Subject Name	Lecture Number	Lecture Content	Lecture Duration	File Size
PHYSIOLOGY	<b>Lec 05</b>	<ul style="list-style-type: none"> <li>♦ COPD</li> <li>♦ Fibrosis</li> <li>♦ Gas Exchange Dalton's law of partial pressures</li> <li>♦ Partial pressure of O<sub>2</sub> and CO<sub>2</sub></li> <li>♦ Diffusion of gases such as O<sub>2</sub> and CO<sub>2</sub></li> <li>♦ Perfusion-limited and diffusion-limited gas exchange</li> <li>♦ Oxygen Transport</li> <li>♦ Hemoglobin Characteristic - globular protein of four subunits</li>   <li>♦ O<sub>2</sub> capacity</li> <li>♦ O<sub>2</sub> content</li> <li>♦ AaDO<sub>2</sub> or AaDO<sub>2</sub></li> <li>♦ Causes of High AaDO<sub>2</sub></li> <li>♦ Hemoglobin - O<sub>2</sub> dissociation curve</li> <li>♦ Why -- Sigmoid shape of the curve</li> </ul>	0:39:18	134
	<b>Lec 06</b>	<ul style="list-style-type: none"> <li>♦ Oxygen Cascade</li> <li>♦ CO<sub>2</sub> Transport</li> <li>♦ Forms of CO<sub>2</sub></li> <li>♦ Distribution of CO<sub>2</sub> in blood</li> <li>♦ CO<sub>2</sub> Dissociation curve</li> <li>♦ Causes of Hypoxia</li> <li>♦ Pulmonary Circulation</li> <li>♦ Pulmonary Vascular Resistance</li> </ul>	0:39:35	135
	<b>Lec 07</b>	<ul style="list-style-type: none"> <li>♦ Distribution of Pulmonary blood flow</li> <li>♦ Zone 1-blood flow is lowest</li> <li>♦ Zone 2-blood flow is medium</li> <li>♦ Zone 3-blood flow is highest</li> <li>♦ Regulation of pulmonary blood flow hypoxic vasoconstriction</li>   <li>♦ Fetal pulmonary vascular resistance</li> <li>♦ Capillary fluid exchange</li> <li>♦ Shunts Right to left shunts</li> <li>♦ Left to right shunts</li> <li>♦ Ventilation/Perfusion Defects V/Q ratio</li> <li>♦ V/Q ratios in different parts of the lung</li> <li>♦ V/Q ratio in airway obstruction</li> <li>♦ Control of Breathing</li> <li>♦ Central control of breathing (brain stem and cerebral cortex)</li>   <li>♦ Ventral respiratory group</li> <li>♦ Dorsal Respiratory Group</li> <li>♦ Apneustic centre</li> <li>♦ Pneumotaxic center</li> <li>♦ Cerebral cortex</li> </ul>	0:40:04	136
	<b>Lec 08</b>	<ul style="list-style-type: none"> <li>♦ Chemoreceptors for CO<sub>2</sub>, H<sup>+</sup>, and O<sub>2</sub> Central chemoreceptors in the medulla</li> <li>♦ Peripheral Chemoreceptors in the carotid and aortic bodies</li> </ul>	0:20:02	69

Subject Name	Lecture Number	Lecture Content	Lecture Duration	File Size
<b>PHYSIOLOGY</b>	<b>Lec 09</b>	<ul style="list-style-type: none"> <li>♦ Comparison of Central and Peripheral Chemoreceptors</li> <li>♦ Lung Stretch receptors</li> <li>♦ Hering-Breuer reflex</li> <li>♦ Juxtacapillary receptors</li> <li>♦ Integrated Responses of the Respiratory System Exercise</li> <li>♦ Summary of Respiratory Responses to Exercise</li> <li>♦ Adaptation to high altitude</li> <li>♦ Summary of Adaptation to High altitude</li> </ul>	0:13:13	46
Renal and Acid and Base Physiology	<b>Lec 01</b>	<ul style="list-style-type: none"> <li>♦ Renal and Acid and Base Physiology</li> <li>♦ Body Fluids</li> <li>♦ Total body water</li> <li>♦ Distribution of water Intracellular fluid (ICF)</li> <li>♦ Extracellular fluid</li> <li>♦ Body Fluid Fraction of Markers Used to Major</li> </ul>	0:39:45	135
	<b>Lec 02</b>	<ul style="list-style-type: none"> <li>♦ Measuring the volumes of the fluid compartments</li> <li>♦ Mannitol</li> <li>♦ Evans blue</li> <li>♦ Shifts of water between compartments Basic principles</li> </ul>	0:37:22	128
	<b>Lec 03</b>	<ul style="list-style-type: none"> <li>♦ Changes in volume and Osmolarity of Body Fluids</li> <li>♦ Renal Clearance, Renal Blood Flow (RBF), and Glomerular Filtration Rate (GFR)</li> <li>♦ Angiotensin converting enzyme (ACE) inhibitors</li> <li>♦ Mechanisms fro autoregulation includes</li> <li>♦ Tubuloglomerular feedback</li> <li>♦ Measurement of renal plasma flow (RPF) clearance of paraaminohippuric acid (PAH)</li> <li>♦ Measurement of RBF</li> <li>♦ Measurement of RBF Measurement of GFR clearance of</li> </ul>	0:43:23	148
	<b>Lec 04</b>	<ul style="list-style-type: none"> <li>♦ Examples of Calculation of GFR</li> <li>♦ Estimates of GFR with blood urea nitrogen (BUN) and serum</li> <li>♦ Filtration fraction</li> <li>♦ Determining GFR-Starling forces</li> <li>♦ PGC is glomerular capillary hydrostatic pressure</li> <li>♦ PBS is Bowman's space hydrostatic pressure</li> <li>♦ Sample calculation of ultrafiltration pressure with the Starling equation.</li> <li>♦ III. Reabsorption and Secretion Calculation of reabsorption and secretion rates</li> </ul>	0:40:44	139

Subject Name	Lecture Number	Lecture Content	Lecture Duration	File Size
<b>PHYSIOLOGY</b>	<b>Lec 05</b>	<ul style="list-style-type: none"> <li>◆ Reabsorption of glucose in the proximal tubulae</li> <li>◆ Na<sup>+</sup> - glucose cotransport</li> <li>◆ Excretion of glucose</li> <li>◆ Threshold</li> <li>◆ Splay</li> <li>◆ Tm curve for PAH - a secreted substance</li> <li>◆ Secretion of PAH</li> <li>◆ Substances with the highest clearances</li> <li>◆ Substances with the lowest clearances</li> <li>◆ Substances with clearances equal to GFR</li> <li>◆ Extracellular fluid volume (ECV)</li> <li>◆ Reabsorption of glucose family</li> <li>◆ The secretion or PAH family comprises</li> </ul>	0:38:58	130
	<b>Lec 06</b>	<ul style="list-style-type: none"> <li>◆ NaCl Regulation</li> <li>◆ Filtration slits</li> <li>◆ Juxtaglomerular Cells</li> <li>◆ Macula Densa Cells</li> <li>◆ Mesangial Cells</li> <li>◆ Cells of the Collecting Duct</li> <li>◆ Intercalated Cells</li> <li>◆ Principal Cells</li> <li>◆ Na<sup>+</sup> reabsorption along the nephron Proximal tubule</li> <li>◆ Isosmotic reabsorption water and salt permeable</li> <li>◆ Renal Active Transport Primary Active Transport</li> <li>◆ Secondary Active (Facilitated Transport)</li> <li>◆ Proximal tubule</li> <li>◆ Middle and late proximal tubules special features</li> <li>◆ Glomerulotubular balance in the proximal tubule</li> <li>◆ Mechanism of glomerulotubular balance</li> </ul>	0:39:36	135
	<b>Lec 07</b>	<ul style="list-style-type: none"> <li>◆ Mechanism of glomerulotubular balance</li> <li>◆ Starling forces in the peritubular capillary blood</li> <li>◆ Effects of ECF volume on proximal tubular reabsorption</li> <li>◆ Bicarbonate handling in the early proximal tubule</li> <li>◆ Middle Proximal Tubule</li> <li>◆ Late Proximal Tubule</li> <li>◆ Summary of Proximal Tubule Reabsorption</li> </ul>	0:25:46	84
	<b>Lec 08</b>	<ul style="list-style-type: none"> <li>◆ Without considering the amount of water reabsorption</li> <li>◆ K<sup>+</sup> Reabsorption</li> <li>◆ Renal Regulation of Urea, Phosphate, Calcium and Magnesium</li> <li>◆ Parathyroid hormone (PTH)</li> <li>◆ Loop diuretics (e.g., furosemide)</li> <li>◆ Magnesium (Mg<sup>+</sup>)</li> <li>◆ Concentration and Dilution of Urine Regulation of plasma</li> <li>◆ Production of concentrated urine</li> <li>◆ Corticopillary osmotic gradient high ADH</li> <li>◆ Courtercurrent multiplication in the loop of Henle</li> <li>◆ Aquaporins</li> </ul>	0:36:57	126

Subject Name	Lecture Number	Lecture Content	Lecture Duration	File Size
<b>PHYSIOLOGY</b>	<b>Lec 09</b>	<ul style="list-style-type: none"> <li>◆ Proximal Tubular Reabsorption Summary of Proximal Tubule Reabsorption Amino Acids, glucose, and Cl-</li> <li>◆ Thick ascending limb of the loop of Henle</li> <li>◆ Thin Descending and Ascending Limbs</li> <li>◆ Late Distal Tubule</li> <li>◆ Aldosterone</li> <li>◆ Distal Tubule</li> <li>◆ Antidiuretic hormone (ADH) increases H<sub>2</sub>O permeability</li> <li>◆ Aquaporin</li> <li>◆ Summary of tubular solute transport</li> <li>◆ ECF volume is regulated by the interactions of the renin-angio- tensin-aldosterone system</li> </ul>	0:40:52	139
	<b>Lec 10</b>	<ul style="list-style-type: none"> <li>◆ K<sup>+</sup> Regulation</li> <li>◆ Shifts of K<sup>+</sup> between the ICF and ECF</li> <li>◆ Renal Regulation of K<sup>+</sup> balance</li> <li>◆ Glomerular capillaries</li> <li>◆ Proximal tubule</li> <li>◆ Distal tubule and collecting duct</li> <li>◆ Secretion of K<sup>+</sup></li> <li>◆ Mechanism of distal K<sup>+</sup> secretion</li> <li>◆ Aldosterone</li> <li>◆ Thiazide and loop diuretics increase K<sup>+</sup> secretion</li> <li>◆ K<sup>+</sup> - sparing diuretics</li> <li>◆ Changes in Distal K<sup>+</sup> Secretion</li> </ul>	0:36:55	126
	<b>Lec 11</b>	<ul style="list-style-type: none"> <li>◆ Corticopapillary osmotic gradient high ADH</li> <li>◆ Countercurrent multiplication in the loop of Henle</li> <li>◆ Aquarins</li> <li>◆ Vasa recta</li> <li>◆ Thich ascending limb of the loop of Henle - high ADH</li> <li>◆ Effects of ADH on the Na<sup>+</sup>/K<sup>+</sup>/2Cl<sup>-</sup></li> <li>◆ Effects of furosemide on Na<sup>+</sup>/K<sup>+</sup>/2Cl<sup>-</sup></li> <li>◆ Early distaltubule - high ADH</li> <li>◆ Late distal tubule - high ADH</li> <li>◆ Collecting ducts - high ADH</li> <li>◆ Production of dilute urine</li> <li>◆ Proximal tubule - no ADH</li> <li>◆ Late distal tubule and collecting ducts - no ADH</li> <li>◆ Free-water clearance (CH<sub>2</sub>O)</li> <li>◆ (CH<sub>2</sub>O) (Free-water clearance) is negative</li> <li>◆ Calculation of CH<sub>2</sub>O</li> <li>◆ Urine that is isosmotic to plasma (isosthenuric)</li> <li>◆ Urine that is hyposmotic to plasma (low ADH)</li> <li>◆ Urine that is hyperosmotic to plasma (high ADH)</li> <li>◆ Summary of ADH Pathophysiology</li> </ul>	0:47:17	161

Subject Name	Lecture Number	Lecture Content	Lecture Duration	File Size
<b>PHYSIOLOGY</b>	<b>Lec 12</b>	<ul style="list-style-type: none"> <li>♦ Step 1:- Na<sup>+</sup> is transported out (Na<sup>+</sup>/K<sup>+</sup>/2Cl<sup>-</sup> pump)</li> <li>♦ Acid-Base Balance Acid production</li> <li>♦ Buffers</li> <li>♦ Extracellular buffers</li> <li>♦ Intracellular buffers</li> <li>♦ Using the Henderson-Hasselbalch equation to calculate pH</li> </ul>	0:40:53	140
	<b>Lec 13</b>	<ul style="list-style-type: none"> <li>♦ Titration curves</li> <li>♦ Reabsorption of filtered HCO<sub>3</sub><sup>-</sup></li> <li>♦ Regulation of reabsorption of filtered HCO<sub>3</sub><sup>-</sup></li> <li>♦ Physiologic basis for the renal compensation for respiratory acidosis</li> <li>♦ Excretion of fixed H<sup>+</sup></li> <li>♦ Excretion of H<sup>+</sup> as titratable acid (H<sub>2</sub>PO<sub>4</sub><sup>-</sup>)</li> <li>♦ Excretion of H<sup>+</sup> as NH<sub>4</sub><sup>+</sup></li> <li>♦ What is Renal Tubular Acidosis?</li> <li>♦ General Principles</li> </ul>	0:32:51	112
	<b>Lec 14</b>	<ul style="list-style-type: none"> <li>♦ Renal Tubular Acidosis</li> <li>♦ General Principles</li> <li>♦ Proximal Tubular Physiology</li> <li>♦ Schematic Representation of Ammonia</li> <li>♦ Recycling within the renal medulla</li> <li>♦ Collecting Tubule Physiology</li> </ul>	0:31:19	107
	<b>Lec 15</b>	<ul style="list-style-type: none"> <li>♦ Collecting Tubule Physiology</li> <li>♦ Types of RTA</li> <li>♦ Proximal RTA</li> <li>♦ Differential Diagnosis of pRTA Conducted</li> <li>♦ Distal RTA</li> <li>♦ Differential Diagnosis of dRTA</li> </ul>	0:28:18	97
	<b>Lec 16</b>	<ul style="list-style-type: none"> <li>♦ Differential Diagnosis of dRTA Secretory dRTA</li> <li>♦ Distal RTA</li> <li>♦ Type IV RTA</li> <li>♦ Metabolic acidosis Normal Anion GAP</li> <li>♦ Urinary Anion Gap=(UA-UC)=[Na<sup>+</sup>]+[K<sup>+</sup>]-[Cl<sup>-</sup>]</li> <li>♦ Osmolar Gap</li> <li>♦ Calculated Osmolarity</li> </ul>	0:43:21	148
	<b>Lec 17</b>	<ul style="list-style-type: none"> <li>♦ Calculated Osmolarity</li> <li>♦ Metabolic acidosis</li> <li>♦ Lactic acidosis</li> <li>♦ Type A (Tissue hypoxia apparent or probable)</li> <li>♦ Type B (Tissue hypoxia not apparent or unlikely)</li> <li>♦ Calculation : AG (mEq/L)</li> </ul>	0:38:01	130
	<b>Lec 18</b>	<ul style="list-style-type: none"> <li>♦ Metabolic Acidosis increased Anion GAP</li> <li>♦ Respiratory alkalosis</li> <li>♦ Chronic respiratory alkalosis</li> <li>♦ Calculating Compensatory Responses to Simple Disorders</li> </ul>	0:36:34	125

Subject Name	Lecture Number	Lecture Content	Lecture Duration	File Size
<b>PHYSIOLOGY</b>	<b>Lec 19</b>	<ul style="list-style-type: none"> <li>♦ Metabolic alkalosis</li> <li>♦ Renal correction of metabolic alkalosis</li> <li>♦ Respiratory acidosis</li> <li>♦ Adult respiratory distress syndrome COPD</li> <li>♦ In Chronic respiratory acidosis</li> <li>♦ Diuretics</li> </ul>	0:31:15	107
Gastrointestinal Physiology	<b>Lec 01</b>	<ul style="list-style-type: none"> <li>♦ Structure of the gastrointestinal (GI) tract</li> <li>♦ Epithelial cells</li> <li>♦ Muscularis mucosa</li> <li>♦ Circular muscle</li> <li>♦ Longitudinal muscle</li> <li>♦ Submucosal plexus (Meissner's plexus) and myenteric plexus</li> <li>♦ Innervation of the GI tract</li> <li>♦ Innervation of the GI tract by intrinsic and extrinsic sensory neurons</li> <li>♦ Overall effects of PS stimulation</li> <li>♦ SOURCES Sympathetic nervous system</li> <li>♦ Regulatory Substances in the Gastrointestinal Tract</li> </ul>	0:40:33	138
	<b>Lec 02</b>	<ul style="list-style-type: none"> <li>♦ Gastrin</li> <li>♦ Actions of gastrin</li> <li>♦ Stimuli for secretion of gastrin</li> <li>♦ Inhibition of gastrin secretion</li> <li>♦ Zollinger-Ellison syndrome (gastrinoma)</li> <li>♦ CCK</li> <li>♦ Actions of CCK</li> <li>♦ Stimuli for the release of CCK</li> <li>♦ Secretin</li> <li>♦ GIP</li> <li>♦ Somatostatin</li> <li>♦ Histamine</li> <li>♦ Neurocrines</li> </ul>	0:40:37	139
	<b>Lec 03</b>	<ul style="list-style-type: none"> <li>♦ VIP</li> <li>♦ GRP (bombesin)</li> <li>♦ Enkephalins (met -enkephalin and leu-enkephalin)</li> <li>♦ Gastrointestinal Motility</li> <li>♦ Segmentation Phasic Contractions</li> <li>♦ Peristalsis</li> <li>♦ Mechanism of slow wave production</li> <li>♦ Frequency of slow waves</li> <li>♦ Chewing, swallowing, and esophageal peristalsis</li> <li>♦ Esophageal motility</li> <li>♦ Upper one third</li> <li>♦ Sequence of events occurs as food moves into and down the esophagus</li> <li>♦ A Secondary peristaltic contraction</li> </ul>	0:39:29	134

Subject Name	Lecture Number	Lecture Content	Lecture Duration	File Size
PHYSIOLOGY	<b>Lec 04</b>	<ul style="list-style-type: none"> <li>◆ Esophageal Motility: Hormonal Influences</li> <li>◆ Clinical correlations of esophageal motility Gastric reflux (heartburn)</li> <li>◆ Gastric motility</li> <li>◆ Gastric emptying</li> <li>◆ Small intestinal motility</li> <li>◆ Enteric Reflex</li> <li>◆ Secretory Reflex</li> <li>◆ Gastro-enteric reflex</li> <li>◆ Gastric-ileal reflex</li> <li>◆ Gastro and duodeno colic reflexes</li> <li>◆ Ileo-gastric reflex</li> <li>◆ Intestino-interstitial reflex</li> <li>◆ Haustra</li> <li>◆ Cecum and proximal colon</li> <li>◆ Rectum, anal canal, and defecation</li> <li>◆ Disorder of large intestinal motility</li> <li>◆ Megacolon (Hirschprung's disease)</li> <li>◆ Vomiting</li> </ul>	0:31:12	106
	<b>Lec 05</b>	<ul style="list-style-type: none"> <li>◆ Gastrointestinal Secretion Salivary secretion</li> <li>◆ Composition of Saliva</li> <li>◆ The Composition of saliva varies with the salivary flow rate</li> <li>◆ Formation of saliva</li> <li>◆ Sjogren-Xerostomia Reduced salivary flow rate</li> <li>◆ Saliva production, Gastric secretion</li> <li>◆ Mechanism of gastric H<sup>+</sup> secretion</li> <li>◆ Gastric Cells Types and their Secretions</li> <li>◆ Vagotomy</li> <li>◆ Gastrin</li> <li>◆ Potentiating effects of Ach, histamine, and gastrin on H<sup>+</sup> secretion</li> <li>◆ Histamine</li> <li>◆ Inhibition of gastric H<sup>+</sup> secretion Negative feedback</li> <li>◆ Duodenal ulcers</li> <li>◆ Zollinger - Ellison syndrome</li> </ul>	0:45:00	154
	<b>Lec 06</b>	<ul style="list-style-type: none"> <li>◆ Cimetidine, Pancreatic secretion</li> <li>◆ Composition of pancreatic secretion</li> <li>◆ Ductal cells</li> <li>◆ Stimulation of pancreatic secretion</li> <li>◆ CCK</li> <li>◆ Ach (via vagovagal reflexes)</li> <li>◆ Summary of Gastrointestinal (GI)</li> <li>◆ Bile secretion and gallbladder function Composition and function of bile</li> <li>◆ Formation of bile, Cholertic agents, Primary bile acids</li> <li>◆ Contraction of the gallbladder CCK</li> <li>◆ Digestion and Absorption, Maltase</li> <li>◆ Absorption of carbohydrates Glucose and galactose, Lactose intolerance</li> <li>◆ Clinical disorders of carbohydrate absorption</li> <li>◆ Digestion of proteins, c. Pepsin</li> </ul>	0:43:10	147
	<b>Lec 07</b>		0:19:21	66

Subject Name	Lecture Number	Lecture Content	Lecture Duration	File Size
<b>PHYSIOLOGY</b> Cell Physiology	<b>Lec 01</b>	<ul style="list-style-type: none"> <li>◆ Cell membranes</li> <li>◆ Lipid-soluble substances</li> <li>◆ Water-soluble substances</li> <li>◆ Proteins</li> <li>◆ Integral proteins</li> <li>◆ Peripheral proteins</li> <li>◆ Intercellular connections Tight junctions (zonula occludens)</li>   <li>◆ Gap junction</li> <li>◆ Transport Across Cell Membranes</li> <li>◆ Sample calculation for diffusion</li> <li>◆ Permeability</li> <li>◆ Factors that increase permeability</li> <li>◆ Characteristics of Different Types of Transport</li> <li>◆ Carrier-mediated transport</li> <li>◆ Stereospecificity</li> <li>◆ Saturation</li> <li>◆ Transport maximum (T<sub>max</sub>)</li> <li>◆ Facilitated diffusion Characteristics of facilitated diffusion</li> <li>◆ Example of facilitated diffusion</li> </ul>	0:38:33	132
	<b>Lec 02</b>	<ul style="list-style-type: none"> <li>◆ Example of facilitated diffusion</li> <li>◆ ATP-binding cassette (ABC) system of transport</li> <li>◆ Primary active transport *characteristics of primary active transport</li> <li>◆ Examples of primary active transport</li> <li>◆ Ca<sup>2+</sup>-ATPase (or Ca<sup>2+</sup> pump)</li> <li>◆ H<sup>+</sup>, K<sup>+</sup>, - ATPase (or proton pump)</li> <li>◆ Secondary active transport *characteristics of secondary active transport</li> <li>◆ Na<sup>+</sup> --glucose cotransport</li> <li>◆ Na<sup>+</sup> -K<sup>+</sup> --2Cl<sup>-</sup> -cotransport</li> <li>◆ Example of Na<sup>+</sup> - glucose cotransport</li> <li>◆ Example of Na<sup>+</sup> - Ca<sup>2+</sup> cotransport or exchange</li> <li>◆ Isotonic solution</li> <li>◆ Hypertonic solution</li> <li>◆ Hypotonic solution</li> <li>◆ Osmosis</li> <li>◆ Osmolarity</li> <li>◆ Calculating osmotic pressure (van't Hoff's law)</li> <li>◆ Reflection coefficient</li> <li>◆ Diffusion Potential</li> <li>◆ Ion channels</li> <li>◆ Ion channels are selective</li> <li>◆ Ion channels may be open or closed</li> <li>◆ Voltage-gated channels</li> <li>◆ Ligand-gated channels</li> </ul>	0:44:21	151



Subject Name	Lecture Number	Lecture Content	Lecture Duration	File Size
PHYSIOLOGY	<b>Lec 03</b>	<ul style="list-style-type: none"> <li>♦ Diffusion and equilibrium potentials</li> <li>♦ Examples of a Na<sup>+</sup> diffusion potential</li> <li>♦ Na<sup>+</sup> equilibrium potential</li> <li>♦ Example of a Cl<sup>-</sup> diffusion potential</li> <li>♦ Cl<sup>-</sup> equilibrium potential</li> <li>♦ Using the Nernst equation to calculate equilibrium potentials</li>   <li>♦ Sample calculation with the Nernst equation</li> <li>♦ Resting membrane potential</li> <li>♦ Action potentials Depolarization</li> <li>♦ Action potential (Threshold)</li> </ul>	0:27:00	93
	<b>Lec 04</b>	<ul style="list-style-type: none"> <li>♦ Ionic basis of the nerve action potential</li> <li>♦ Repolarization of the action potential</li> <li>♦ Refractory periods Absolute refractory period</li> <li>♦ Relative refractory period</li> <li>♦ Accommodation</li> <li>♦ Propagation of action potentials</li> <li>♦ Neuromuscular and Synaptic Transmission General</li> <li>♦ Neuromuscular junction</li> <li>♦ Depolarization of the presynaptic terminal and Ca<sup>2+</sup> uptake</li> <li>♦ Agents Affecting Neuromuscular Transmission</li> <li>♦ Disease-myasthenia gravis</li> </ul>	0:41:42	142
	<b>Lec 05</b>	<ul style="list-style-type: none"> <li>♦ Disease-myasthenia gravis</li> <li>♦ Synaptic transmission One-to-one synapses</li> <li>♦ Many-to-one synapses</li> <li>♦ Excitatory neurotransmitters</li> <li>♦ Summation at synapses</li> <li>♦ Facilitation, augmentation, and post-tetanic potentiation</li> <li>♦ Glutamate Receptor types</li> <li>♦ NMDA receptor properties</li> <li>♦ Ionotropic synapse:</li> <li>♦ Metabotropic synapse</li> <li>♦ Neurotransmitters: Ach, Norepinephrine, epinephrine</li> <li>♦ dopamine</li> </ul>	0:34:28	118
	<b>Lec 06</b>	<ul style="list-style-type: none"> <li>♦ Metabolites</li> <li>♦ Histamine, GABA, Glycine, Skeletal Muscle</li> <li>♦ Thick filaments, Thin filaments, Troponin</li> <li>♦ Summary of Events in Muscle Contraction and Relaxation, Titin, T tubules</li> </ul>	0:43:26	148
	<b>Lec 07</b>	<ul style="list-style-type: none"> <li>♦ SR internal tubular structure</li> <li>♦ Junctophilins (JP)</li> <li>♦ Calsequestrin (CSQ)</li> <li>♦ Mechanism of tetanus</li> <li>♦ Length-tension relationship</li> <li>♦ Force-velocity curve</li> <li>♦ Isometric Contractions</li> <li>♦ Active tension, Depolarisation</li> <li>♦ Force-velocity relationship</li> <li>♦ Types of smooth muscle</li> </ul>	0:36:06	123