

Overview of autonomic nervous system (function of parasympathetic system)

BY

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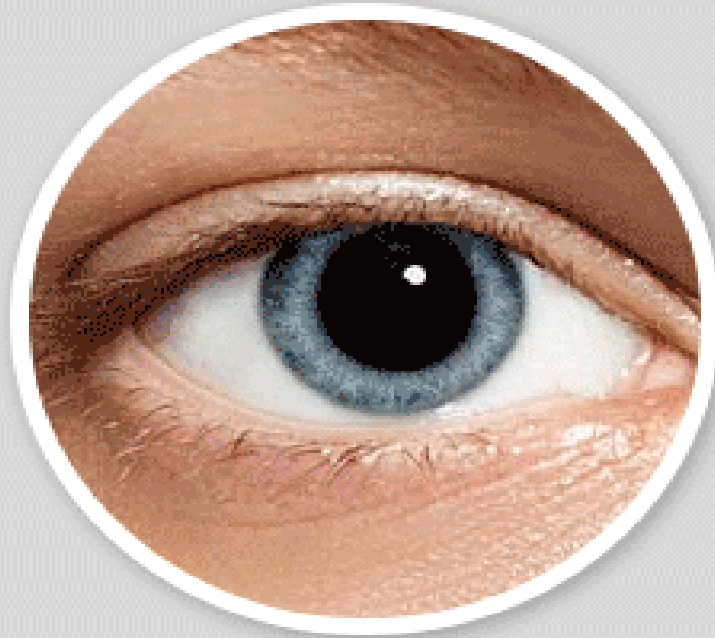
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The parasympathetic cranial outflow

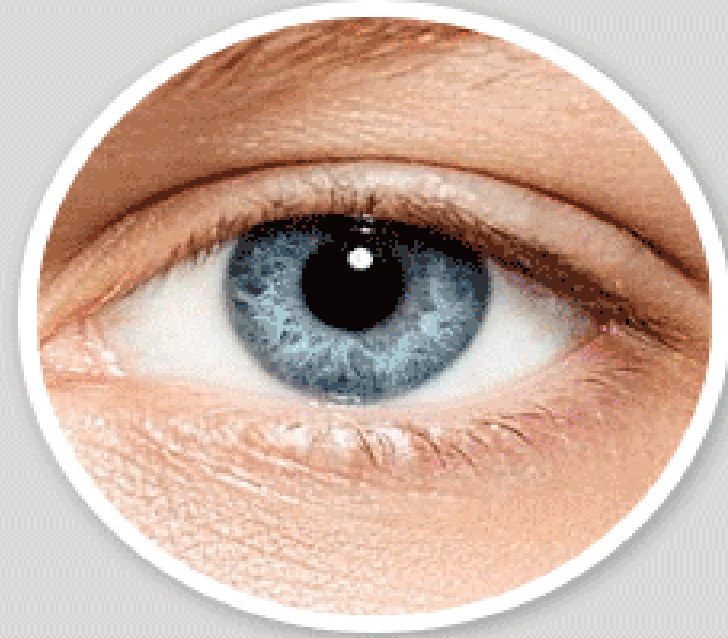
1-The Oculomotor nerve (3rd cranial nerve)

- Motor to the constrictor pupillae muscle \Rightarrow miosis.
- Motor to the ciliary muscle \Rightarrow accommodation for near vision.
- Contraction of ciliary muscle \Rightarrow relaxation of suspensory ligament \Rightarrow \uparrow convexity of the eye lens \Rightarrow \uparrow its dioptric power \Rightarrow falling the image of near object on retina)



SYMPATHETIC

THE SYMPATHETIC NERVOUS SYSTEM (SNS) IS ONE OF THE TWO MAIN DIVISIONS OF THE AUTONOMIC NERVOUS SYSTEM. THE SYMPATHETIC NERVOUS SYSTEM'S PRIMARY PROCESS IS TO STIMULATE THE BODY'S FIGHT-OR-FLIGHT RESPONSE.



PARASYMPATHETIC

THE PARASYMPATHETIC NERVOUS SYSTEM (PSNS) IS ONE OF THE TWO DIVISIONS OF THE AUTONOMIC NERVOUS SYSTEM. THE PARASYMPATHETIC SYSTEM IS RESPONSIBLE FOR STIMULATION OF "REST-AND-DIGEST" OR "FEED AND BREED" ACTIVITIES.

[II] facial (7th cranial) nerve

Functions:

(I) Chorda tympani:

- Secretory & V.D. to the submandibular & sublingual salivary glands ⇒ large amount of watery saliva (profuse secretion).
- V.D. to blood vessels of the anterior 2/3 of tongue.

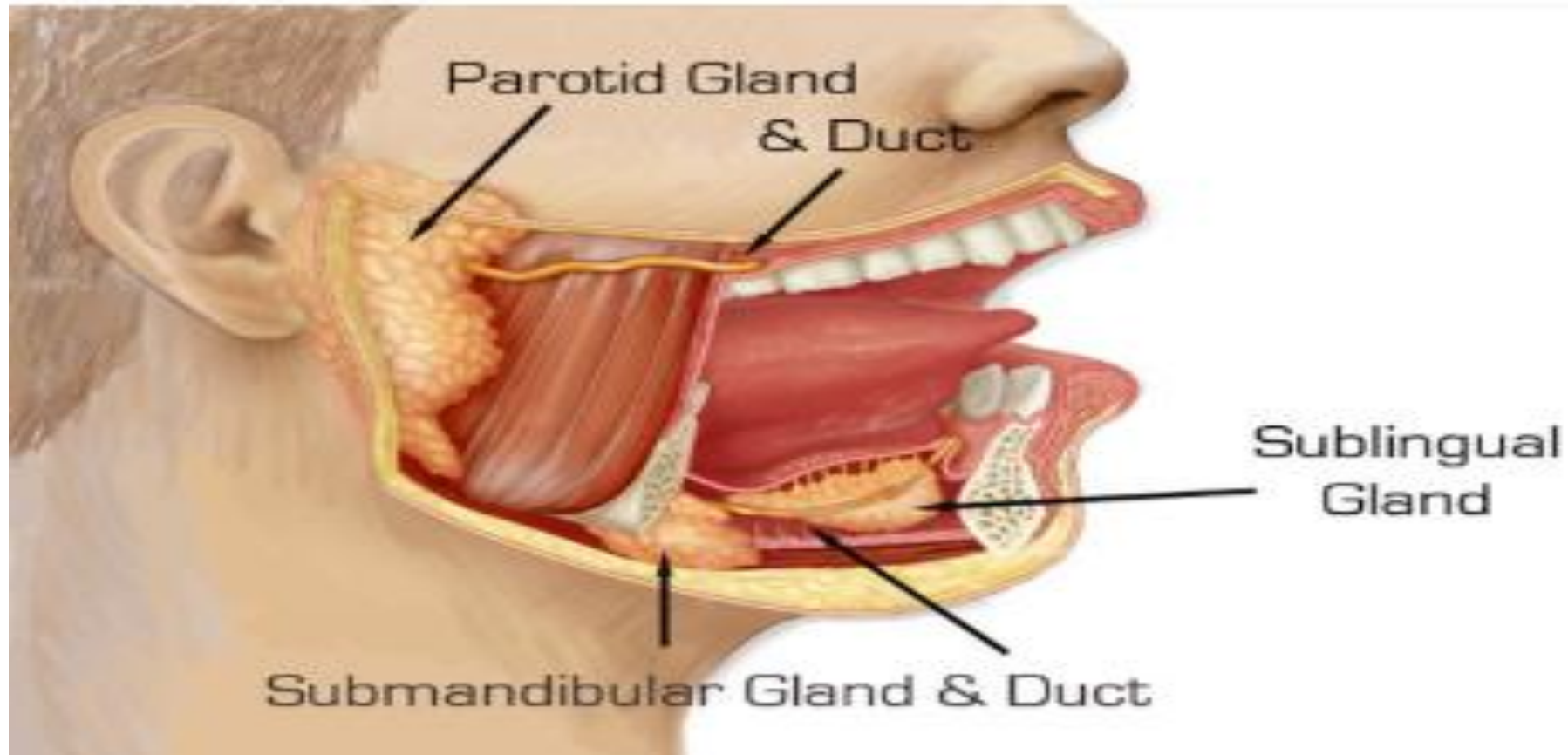
(II) Greater superficial petrosal nerve:

- Secretory & V.D. to Lacrimal glands, soft palate & nasopharynx.

[III] The glossopharyngeal (9th cranial) nerve

Functions:

- Secretory & V.D. to parotid salivary gland.
- V.D. to blood vessels of the posterior 1/3 of the tongue.



[IV] The vagus (10th cranial) nerve

Functions:

(1) Heart: acts only on atria

- Inhibition all cardiac properties; ↓ contractility, ↓ excitability, ↓ rhythmicity, ↓ conductivity.
- V.C. of coronary B.Vs due to ↓ O₂ consumption of heart and ↓ cardiac metabolism → ↓metabolites → ↓ coronary blood flow. .

(2) Lungs:

- Bronchoconstriction → ↓ air entry.
- V.D. of pulmonary B.Vs.
- ↑ mucus secretion.

(3) G.I.T.:

- Motor to smooth muscles in wall of esophagus, stomach, small intestine & proximal large intestine but inhibitory to their sphincters \Rightarrow \uparrow evacuation of food from G.I.T and so accelerates empty of GIT.

Secretory to glands of stomach, intestine, pancreas, liver and Brunner's glands of the duodenum \Rightarrow \uparrow their secretions.

- Vasodilatation of GIT BVs.

(4) Gall bladder (G.B.):

- Motor to G.B. wall & inhibitory to sphincter of oddi \Rightarrow evacuation of G.B and so \uparrow bile flow .

[V] The sacral autonomic = pelvic nerve

Functions:

(1) Defecation:

- Contraction of smooth muscle of the wall of the distal part of large intestine & rectum & relaxation of internal anal sphincter.

(2) Micturition:

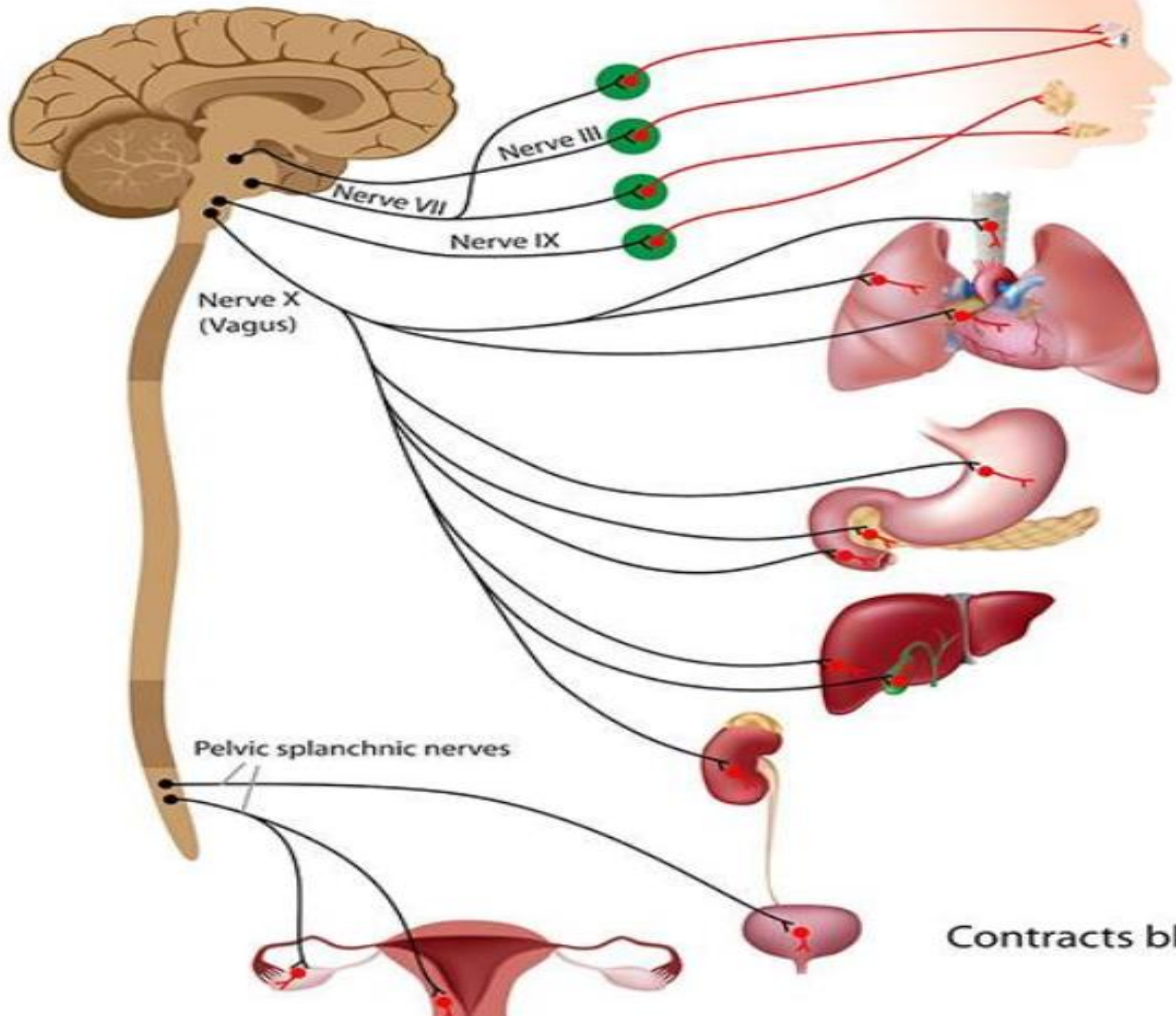
- Contraction of smooth muscle of the wall of the urinary bladder & relaxation of internal urethral sphincter.

(3) Erection:

- V.D. of the blood vessels of the pelvic viscera & the external genitalia ⇒ erection of penis & clitoris.

(4) Secretion:

- Of seminal vesicles & prostate.



Constricts pupils

Stimulates flow of saliva

Constricts bronchi

Slows heartbeat

Stimulates peristalsis and secretion

Stimulates bile release

Contracts bladder

Mode of autonomic action

1- Reciprocal action:

- When one system is stimulated \Rightarrow the other system is inhibited.

2- Antagonistic action:

- Both systems are usually antagonistic in function.
- Symp. stimulation \Rightarrow pupillary dilatation (Mydriasis).
- Parasympathetic stimulation \Rightarrow pupillary constriction (Miosis).

3- Complementary action:

- Weeping: lacrimation (parasympathetic) & emotion (sympathetic).
- During sexual intercourse (coitus): erection (parasympathetic) while ejaculation (Symp.).

4- Similar action:

- The sympathetic & parasympathetic produce the same action in some organs as in salivary secretion.
- The parasympathetic produce profuse excessive watery salivary secretion poor in enzyme while the sympathetic produce salivary secretion of small amount and rich in enzymes.

5- Single innervation:

a) Structures supplied by Sympathetic only:

- Blood vessels of skeletal muscle & skin.
- Muscle of ventricles of heart.
- Dilator pupillae muscle.
- Erector pillae muscle of the hair.
- Sweat glands.
- Suprarenal medulla.

b) structures supplied by Parasympathetic only:

- Sphincter (constrictor) pupillae muscle.
- Ciliary muscle.

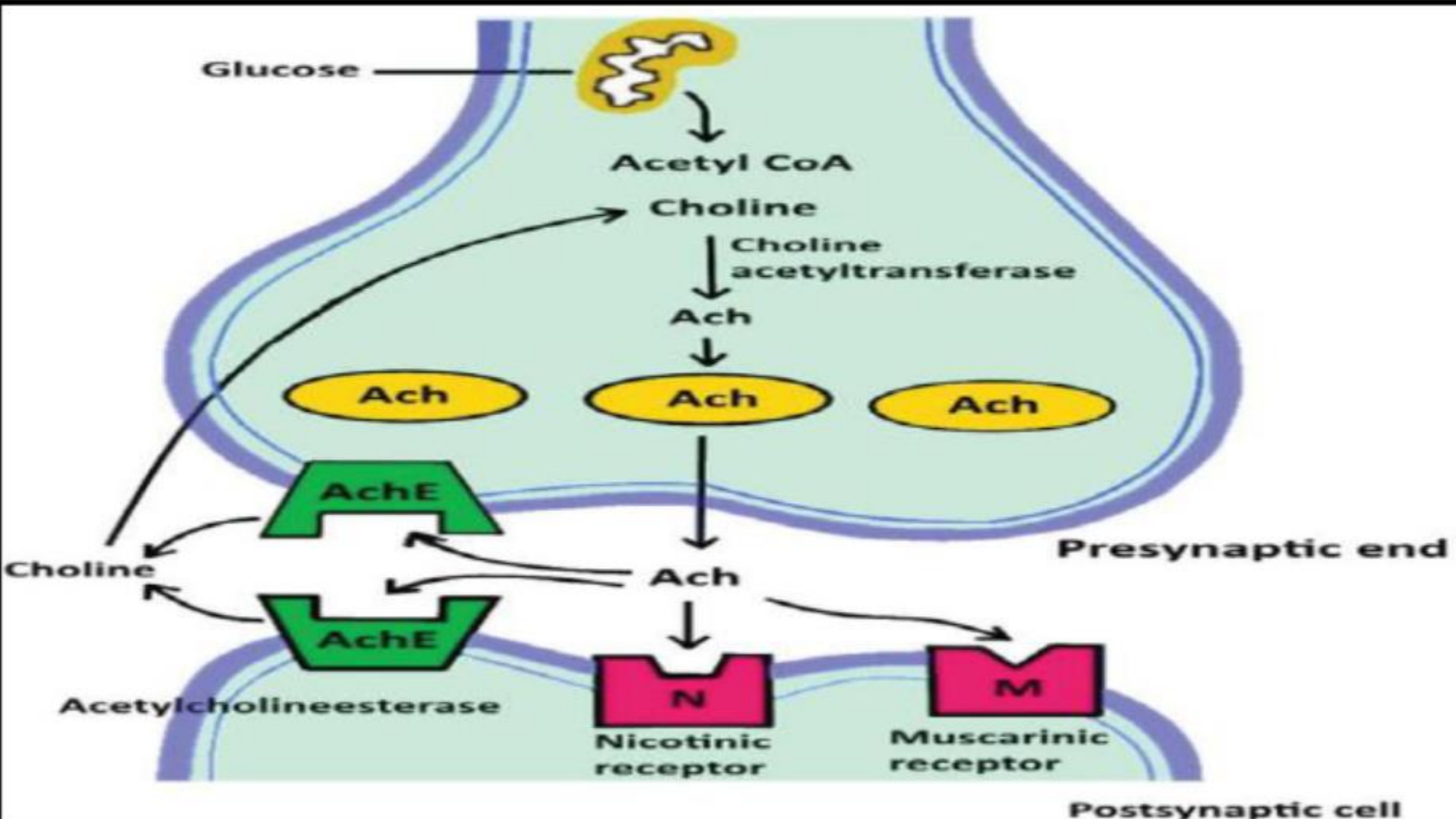
Chemical transmission

Mechanism of chemical transmitter secretion:

- When the nerve impulse spreads along the nerve fiber \Rightarrow the activity is transmitted from the nerve ending to the cell of another nerve fiber (neuro-neuronal junction) or to cell of effector organ (neuro-effector junction).
- This transmission of nerve impulse is done by a chemical substance = (chemical transmitter) released from vesicles at the nerve endings as a result of arrival of the nerve impulse to the nerve endings
- This chemical substance combines with specific receptors present on the effector cell or nerve cell to stimulate it & produce its action.
- The chemical transmitters in the A.N.S. are:
 - Acetyl choline (A.Ch.) \Rightarrow Which is the parasympathetic transmitter.
 - Noradrenaline (N.A.) \Rightarrow Which is the sympathetic transmitter.

Acetyl choline

- **Biosynthesis:** It is synthesized in the cytoplasm of cholinergic neurons by conjugation of active acetate with choline by the enzyme **choline acetyl transferase**.
- **Storage:** Acetylcholine is then stored inside **clear vesicles** in the nerve terminals until released by a nerve impulse.
- **Release:** The nerve impulse \rightarrow \uparrow Calcium entry into cholinergic nerve terminals \rightarrow rupture of vesicles \rightarrow exocytosis.



Sites of formation of A.Ch.:

- At all preganglionic nerve endings whether sympathetic or parasympathetic (all autonomic ganglia).
- At all parasympathetic postganglionic nerve endings.
- At the sympathetic postganglionic nerve endings in sweat glands & skeletal muscle blood vessels = sympathetic cholinergic fibers.
- At the sympathetic preganglionic nerve endings in the adrenal medulla.
- At the motor end plate of skeletal muscle.
- At certain places in C.N.S.

Cholinergic receptor

- **Definition**: These are receptors respond to acetyl choline.

- **Types**:

1) **Central cholinergic receptors**: (Nicotinic receptors)

a-Autonomic ganglia. (N_N)

b-Suprarenal medulla.(N_N)

c-Motor end plate.(NM)

- **Mechanism of stimulation**: Opens ligand gated Na^+ channels $\rightarrow \uparrow Na^+$ entry \rightarrow depolarization \rightarrow nerve impulse \rightarrow effects.

2) Peripheral cholinergic receptors: (muscarinic receptors)

a- Organs receiving **All postganglionic parasympathetic fibers.**

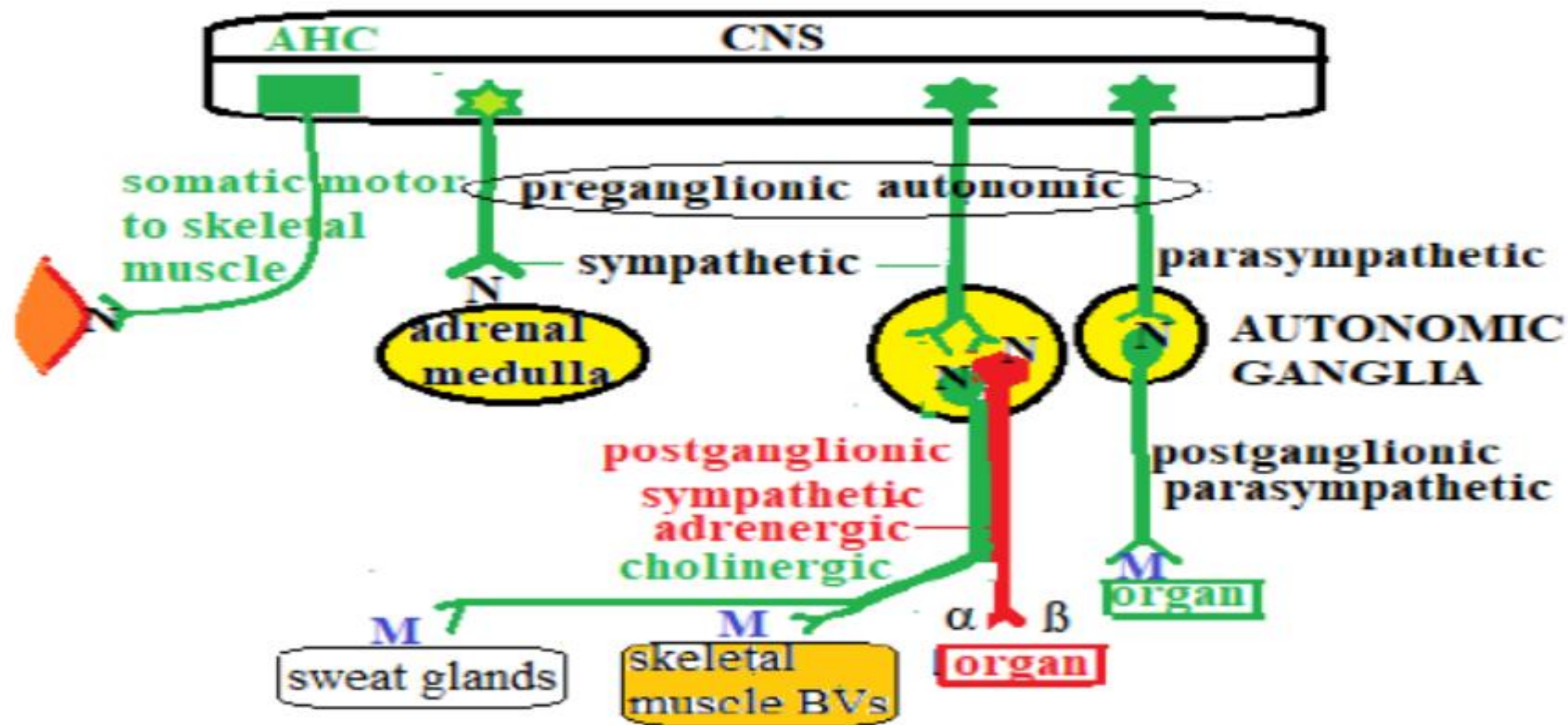
b- Organs receiving exceptional **postganglionic cholinergic**

sympathetic fibers: - sweat glands and skeletal muscle blood vessels

N.B.: There are 3 subtypes of muscarinic receptors:

- M₁ ⇒ present in brain & gastric parietal cells.
- M₂ ⇒ present in heart.
- M₃ ⇒ present in smooth muscle & glands.

• **Mechanism of stimulation:** Change activity of membrane enzymes → ↑ or ↓ cAMP or ↑ or ↓ cellular Ca²⁺



— cholinergic fiber — adrenergic fiber
 N= nicotinic R, M= muscarinic R, α β = adrenergic R

Destruction (inactivation) of A.Ch.:

- The secreted A.Ch. is hydrolyzed rapidly by an enzyme called cholinesterase (Ch.E.) into Choline + acetic acid.

• Types of cholinesterase:

True cholinesterase:

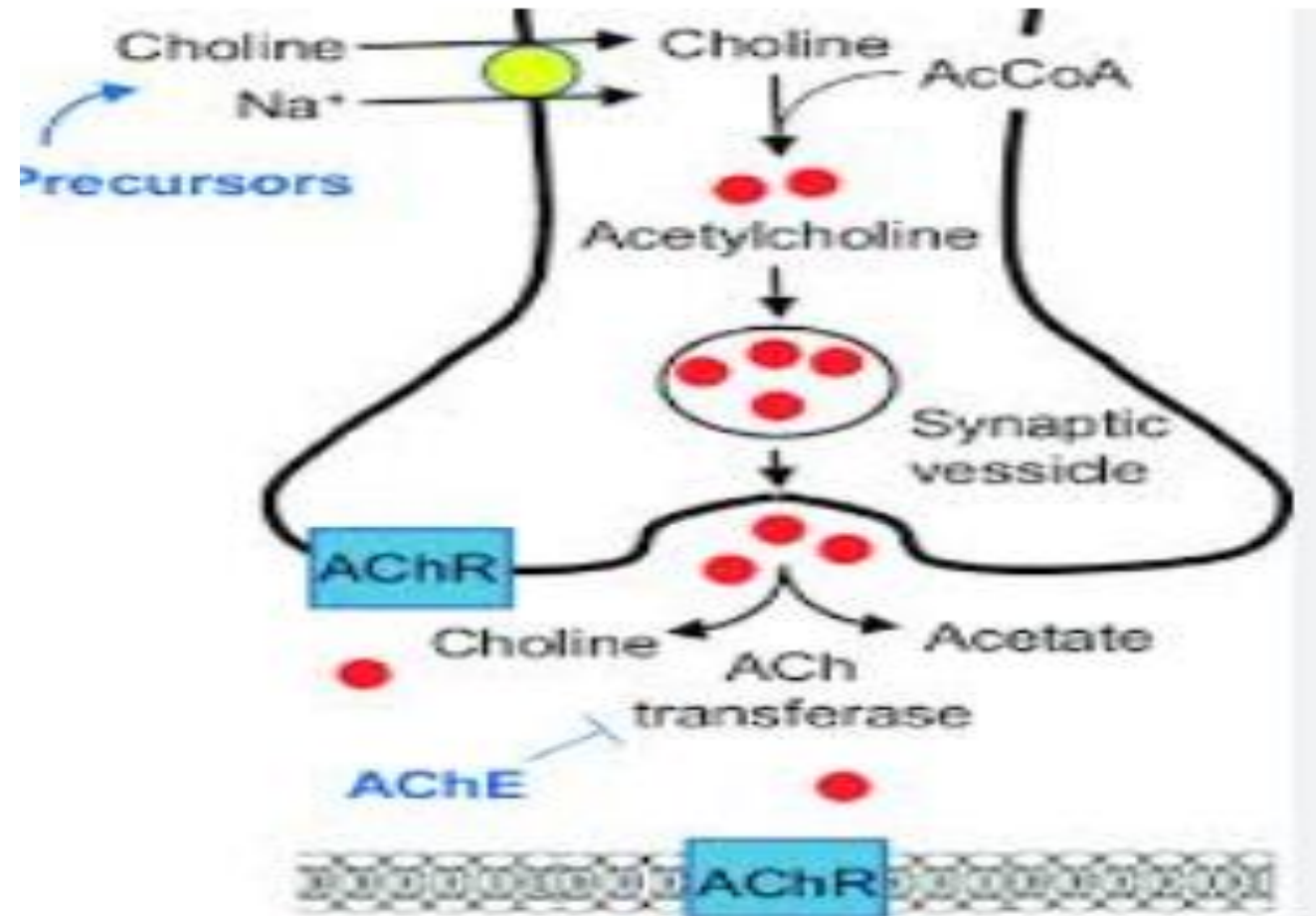
- Present in:

- a) cholinergic nerve endings.
- b) R.B.Cs.

Pseudo cholinesterase:

- Present in:

- a) Liver.
- b) Plasma.



- **Value of cholinesterase:**

- Is to keep the action of A.Ch. localized in the place of liberation, otherwise it may accumulate & pass to blood & produce generalized parasympathetic effects which produce undesirable effects as excessive salivation, erection & micturition and also dangerous effects due to bradycardia & hypotension.

Catecholamines

➤ These are

Adrenaline (Epinephrine).

Noradrenaline (Norepinephrine).

➤ *Storage and Release:*

- Noradrenaline or adrenaline are then stored inside **granular vesicles** in the nerve terminals of adrenergic neurons or cells of adrenal medulla till released by a nerve impulse.

- The nerve impulse $\rightarrow \uparrow \text{Ca}^{2+}$ entry into adrenergic nerve terminals \rightarrow rupture of vesicles \rightarrow exocytosis.

➤ **Sites of release of catecholamines:**

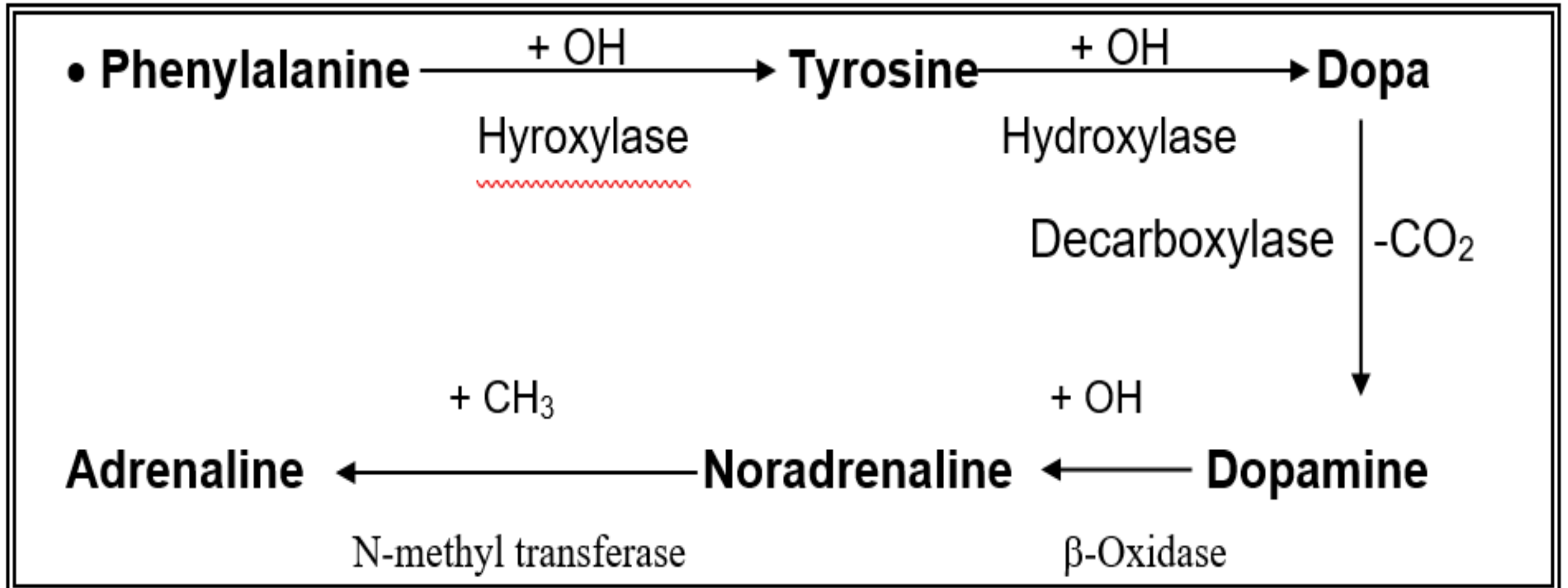
- * Most postganglionic sympathetic nerve fibers (only **Noradrenaline**).

- * The suprarenal medulla.

- * Adrenergic fibers in the CNS secrete catecholamines.

- **Biosynthesis of adrenaline and noradrenaline**

Postganglionic sympathetic adrenergic fibers lack N- methyl transferase (NMT) so, cannot synthesize adrenaline and secrete noradrenaline only.



- **Fate or inactivation of adrenaline & Noradrenaline:**

- After secretion of norepinephrine by the terminal nerve endings, it is removed from the secretory site in three ways:

- (1) **Reuptake** into the adrenergic nerve endings themselves by an active transport process— accounting for removal of 50 to 80% of the secreted norepinephrine.

- (2) **Diffusion** away from the nerve endings into the surrounding body fluids and then into the blood—accounting for removal of most of the remaining norepinephrine.

- (3) **Destruction** of small amounts by tissue enzymes

- a. **Oxidation by Monoamine oxidase (MAO)** present in the brain, adrenergic nerves, liver, and kidney → Vanillyl mandelic acid (VMA) excreted in urine.

- b- **Inactivation by the enzyme catecholamine Orth methyl transferase (COMT) in the liver,** and kidney → metanephrine and normetanephrine (inactive) → excreted in urine.

Adrenergic receptor

Definition: These are receptors present on the effector cells facing all postganglionic sympathetic fibers (except those of sweat glands).

- **Types & actions:**

- [I] α -receptors**

- 1- α_1 -receptors:**

- postsynaptic excitatory receptors wall of blood vessels, dilator pupillae muscles, spleen, sphincters of GIT and urinary bladder.

Mechanism of action: Change activity of membrane enzymes $\rightarrow \alpha_1: \uparrow$ intracellular Ca^{2+}

- **Actions:**

- V.C. of skin & mucous membrane blood vessels.

- Contraction of dilator pupillae muscles.

- Contraction of spleen.

- Contraction of sphincters of GIT & urinary bladder (U.B).

II- α_2 -receptors:

a- Inhibitory presynaptic receptors:

- Action: ↓ release of N.A.
- Mechanism of action: α_2 : inhibit adenylyl cyclase → ↓ cAMP.

β -receptors

- β_1 -receptors: increases adenylyl cyclase activity \rightarrow \uparrow cAMP.
 - Postsynaptic excitatory receptors in heart and juxtaglomerular cell of kidney.
 - Actions: \uparrow cardiac properties and \uparrow renin release from kidney.

β_2 -receptors: decreases adenylyl cyclase activity \rightarrow \downarrow cAMP

- Postsynaptic inhibitory receptors
 1. Smooth muscles of bronchi,
 2. Smooth muscles of blood vessels,
 3. Smooth muscles in the wall of GIT and urinary bladder.
 - Actions:
 - Bronchodilatation.
 - V.D. of blood vessels.
 - Glycogenolysis.
 - Relaxation of wall of GIT & U.B.

β_3 -receptors:

- Present in adipose tissue \Rightarrow lipolysis(Increases fat breakdown).



Thank You

Feeling gratitude and not expressing it is like
wrapping a present and not giving it.

