

Central (systemic) regulation

↓
Neuronal regulatory mechanisms

↳ Vasoconstrictor fibers (VC).

↳ Sympathetic (VC) → They discharge continuously leading to VC → called sympathetic VC tone.

↳ parasympathetic VC fibers. no VC parasympathetic directly.
↳ coronary vasoconstriction. after bradycardia. (indirectly)

↳ Vasodilator Fibers (VD)

↳ Sympathetic (VD): all sympathetic innervation to blood vessels is VC, except:

① Coronary vessels: - THR → ↓ O₂ tension → accumulation of metabolites → VD

② Skeletal muscles: - VD → cholinergic → Ach - they start operate even before the start of the exercise.

↳ activated by sudden strong emotions → ↓ VD "marked" → ↓ BP → Syncope.

③ Splanchnic areas: Stimulate β receptor to VD

④ Sympathetic to sweat gland: VD → It controlled by heat loss center.

↳ Parasympathetic VD Fibers: the only parasympathetic which are definitely VD → genital organ (sacral out-flow)

↳ VD to salivary gland by facial and glossopharyngeal nerve by increasing metabolic activity.

↳ Antidromic vasodilator impulses: - when pain receptors are stimulated by pain → produces dilatation of adjacent blood vessels. (reflex) -

↳ don't involve CNS

* impulse of pain travel toward CNS, until they reach brain, they travel along it (antidromically), when they reach arterioles, they release Substance P → VD → so inflammation area becomes red.

↓
Hormonal regulatory mechanisms

↳ Circulating VC substances:-

① Catecholamines → noradrenaline → α → VC

→ Adrenaline → β_2 → VD

the goal

② Renin - angiotension - system "↑BP, ↑aldosterone"

↳ strong arteriolar VC so ↑ peripheral resistance.

↳ Aldosterone release → from suprarenal gland

↳ ↑ ADH (vasopressin) → from pituitary gland

↳ Stimulate NA release from postganglionic sympathetic fibers.

↳ ↑ Thirst sensation

↳ Salt and water retention

↳ Some angiotension II → angiotension III

③ ADH → (vasopressin / Antidiuretic hormone) → goal → ↑ blood volume

↳ act on V_1 receptor in vascular SM → ↑ BP

↳ act on V_2 receptor in nephron → ↑ permeability to water, urea, some solute → ↑ BP

↳ Circulating VD substances:-

① Kinins: → plasma Kinins (bradykinin) } ← Kininogen.
L-tissue Kinin (Kallidin)

Action :- ① Positive chemotaxis

② ↑ permeability

③ ↑ pain receptor

④ VD in active salivary gland.

⑤ Contraction of smooth muscle in respiratory system.

② Atrial Natriuretic Peptide - From atria
↳ secreted when (goal ↓BP) → ① NaCl intake increased
② Blood volume increased

③ Immersion in water up to neck ↑ VR
④ ↑ central venous pressure
⑤ ↑ intra ventricular pressure.

↳ Action
natriuresis
VD
↓ aldosterone, ↓ renin, ↓ ADH

regulation of diameter of arterioles

local regulation mechanisms

↓
O₂ tension
- ↓ O₂ VD
- in pulmonary:
↓ O₂ VC

• O₂ lack most potent VD in heart.

• CO₂ lack most potent VD in CNS.

↓
Metabolites "CO₂, acidosis, bPH, adenosine, K⁺, osmolarity"
↳ Active hyperemia
- accumulation metabolites
↳ due to active tissue → ↑BF (VD)

↳ Reactive hyperemia (passive)
↳ ↑BF → accumulation metabolites due to temporary occlusion
↳ congestion blood / cyanosis"

Intrinsic (Autoregulation)

- w/ tissue needs

- ① Myogenic → VD → ↑BF → stimulate stretch receptor
↳ depolarization → VC → ↓BF
↳ releasing endothelins.
- ② Metabolic → ↓BF → DV due to accumulation of waste products → ↑BF to remove their effect. (example → sympathetic VD to coronary vessels indirectly)

↓
local vasoconstrictor substances
- Serotonin
"which released from platelets"

↓
local temperature.
- ↓ temperature → VC
- ↑ temperature → VD

→ Substances released by the endothelium

Characteristics of arterioles
 → ↑SM layer
 → great resistance
 → sensitive to chemicals like hormone, gases
 → has sympathetic and parasympathetic fibers
 → its endothelium synthesizes chemical mediator
 → only site at which arterioles can be seen in retina.

Function of arterioles
 → peripheral resistance

→ control blood flow by changing their diameter.

→ Thromboxane A₂ and prostacyclin.

↳ prostacyclin → endothelium → VD + inhibit platelet aggregation.

↳ Thromboxane A₂ → platelets → VC + increase platelet aggregation.

* Aspirin (acetylsalicylic acid) → irreversible inhibition of cyclooxygenase enzyme.

↳ So stop forming platelet and that is lead to ↓ formation of thromboxane A₂ → VD

→ Endothelins
↳ by stretching vessels.
↳ potent VC

→ Actions
↳ the inotropic effect on cardiac muscle (VC)

→ coronaries (VC)

→ decrease renal blood flow and ↑ renal vascular resistance. (VC of renal vessels)

→ contraction to vascular smooth muscle especially veins (VC)

→ Stimulate aldosterone and catecholamine release. → aldosterone (↑BF)

→ Endothelium-derived-relaxing factor (EDRF)

↳ NO "nitric oxide" → ↑ cGMP (VD)

↳ released by endothelium under effect of bradykinin, substance P, VIP

↳ its deficiency as in cases of endothelium injury → ↑ Thromboxane A₂ (VC) → causing VC, atherosclerosis, hypertension, impotence (failure of erection by VD in male genital organs)