

v. Excretory and Endocrine Systems

v. Excretory and Endocrine Systems - Excretory products and their elimination from the body, acid-base regulation, Endocrine glands and Hormonal functions

Excretory System: Excretory Products, Elimination, and Acid-Base Regulation

Overview of Excretory Products

1. Nitrogenous Wastes

- **Urea:** Primary waste product of protein metabolism in most mammals. Synthesized in the liver via the urea cycle; relatively less toxic, water-soluble.
- **Uric Acid:** Produced from purine catabolism. In humans, moderately soluble; higher levels can precipitate (gout).
- **Ammonia:** Highly toxic, excreted directly by many aquatic organisms; in humans, converted primarily to urea.

2. Other Metabolic Byproducts

- **Creatinine:** Byproduct of muscle creatine phosphate breakdown, a measure of kidney filtration efficiency.
- **Bilirubin:** Heme breakdown product, processed by the liver and excreted into bile.

Anatomy of the Human Excretory System

1. Kidneys

- **Location:** Retroperitoneal organs in the abdomen, each containing ~1-1.5 million nephrons (functional units).
- **Gross Structure:** Cortex (outer region), medulla (inner region with renal pyramids), pelvis (collecting area leading to ureter).

2. Nephron

- **Glomerulus:** A tuft of capillaries in Bowman's capsule. **Filtration** driven by hydrostatic pressure.
- **Tubules:** Proximal convoluted tubule (PCT), loop of Henle (descending and ascending limbs), distal convoluted tubule (DCT), and collecting duct.
- **Selective Processes:**
 - **Filtration:** Blood → Renal tubule (filtrate).
 - **Reabsorption:** Valuable solutes (glucose, amino acids, ions, water) returned to the bloodstream.
 - **Secretion:** Additional waste/toxins actively transported from peritubular capillaries into the tubule.
 - **Excretion:** Remaining fluid (urine) flows to renal pelvis → ureter → bladder → urethra.

3. Associated Structures

- **Ureters:** Convey urine from kidneys to the urinary bladder.
- **Urinary Bladder:** Temporarily stores urine; lined with transitional epithelium.
- **Urethra:** Conducts urine out of the body (longer in males, shorter in females).

Regulation of Kidney Function

1. Glomerular Filtration Rate (GFR)

- Influenced by **renal blood flow, hydrostatic/osmotic pressures**, and structural integrity of glomerular capillaries.
- **Autoregulation** (myogenic and tubuloglomerular feedback in the juxtaglomerular apparatus) stabilizes GFR over a wide range of blood pressures.

2. Hormonal Control

- **Renin-Angiotensin-Aldosterone System (RAAS):**
 - Decreased blood volume/pressure → Renin release (juxtaglomerular cells) → Angiotensin II formation → Aldosterone release (adrenal cortex).
 - Effects: Increased Na⁺ and water reabsorption, vasoconstriction → raises blood pressure.
- **Antidiuretic Hormone (ADH, vasopressin):** Released from posterior pituitary when plasma osmolality is

high or blood volume is low. Promotes water reabsorption in the collecting ducts by increasing aquaporin channels → concentrated urine.

- **Atrial Natriuretic Peptide (ANP)**: Released by atria in response to stretch (high blood volume), reduces Na^+ reabsorption, lowers blood pressure and volume.

3. Neural Regulation

- **Sympathetic Nervous System**: Can constrict afferent arteriole (reducing GFR) under stress or shock, redirecting blood flow to vital organs.

Acid-Base Regulation

1. Importance of pH Homeostasis

- Normal arterial blood pH $\sim 7.35-7.45$. Deviations disrupt enzyme function, protein structure, and cellular metabolism.

2. Buffer Systems

- **Bicarbonate Buffer**: $\text{CO}_2 + \text{H}_2\text{O} \rightleftharpoons \text{H}_2\text{CO}_3 \rightleftharpoons \text{H}^+ + \text{HCO}_3^-$.
- Phosphate and protein buffers also contribute but bicarbonate is primary in blood plasma.

3. Respiratory Mechanisms

- Adjusting ventilation changes blood CO_2 (respiratory acid).
- Hyperventilation → Decreases CO_2 (alkalosis), Hypoventilation → Increases CO_2 (acidosis).

4. Renal Mechanisms

- **Bicarbonate Reabsorption and H^+ Excretion**: Proximal tubule cells reabsorb most filtered HCO_3^- , secrete H^+ .
- **Distal Nephron and Collecting Duct**: Fine-tuning of acid-base via intercalated cells secreting H^+ or HCO_3^- .
- Formation of **titratable acids** (e.g., phosphate) and **ammonium** (NH_4^+) aids in H^+ excretion.

5. Disorders

- **Metabolic Acidosis**: Excess acid or loss of bicarbonate (e.g., diabetic ketoacidosis).
- **Metabolic Alkalosis**: Excess base or loss of acid (e.g., vomiting).
- Compensatory responses involve both respiration and kidney adjustments.

Endocrine System: Endocrine Glands and Hormonal Functions

General Principles of Endocrine Signaling

1. Hormones

- Chemical messengers secreted by endocrine glands into the bloodstream, acting on distant target cells via specific receptors.
- Categories: **Peptide/Protein Hormones**, **Steroid Hormones**, **Amino Acid Derivatives** (e.g., catecholamines, thyroid hormones).

2. Feedback Regulation

- **Negative Feedback**: Most common; elevated hormone levels or end-product signals inhibit further hormone release (e.g., hypothalamic-pituitary axes).
- **Positive Feedback**: Rare; hormone action amplifies production (e.g., oxytocin during childbirth).

3. Receptor Mechanisms

- **Cell Surface Receptors**: Peptide/protein hormones and catecholamines (e.g., GPCRs, tyrosine kinase receptors). Trigger second messenger cascades (cAMP, IP_3/DAG).
- **Intracellular Receptors**: Steroid, thyroid hormones diffuse into cells, bind cytoplasmic or nuclear receptors, directly modulate gene transcription.

Major Endocrine Glands and Hormones

1. Hypothalamus and Pituitary Gland

- **Hypothalamus**: Secretes releasing/inhibiting hormones (TRH, CRH, GnRH, GHRH, somatostatin, etc.) that act on the anterior pituitary. Produces oxytocin and ADH (stored in posterior pituitary).
- **Anterior Pituitary**:
 - TSH (Thyroid-Stimulating Hormone) → Thyroid gland.



- ACTH (Adrenocorticotrophic Hormone) → Adrenal cortex.
- LH, FSH (Luteinizing Hormone, Follicle-Stimulating Hormone) → Gonads.
- GH (Growth Hormone) → Growth, metabolism.
- PRL (Prolactin) → Lactation.
- **Posterior Pituitary:** Stores and releases ADH (water reabsorption in kidneys) and Oxytocin (uterine contractions, milk ejection).
- 2. **Thyroid Gland**
 - Produces **Thyroxine (T₄)** and **Triiodothyronine (T₃)** under TSH control. Influence basal metabolic rate, growth, and development.
 - **Calcitonin:** Lowers blood calcium levels by inhibiting osteoclasts, increasing calcium deposition in bones.
- 3. **Parathyroid Glands**
 - **PTH (Parathyroid Hormone):** Raises blood calcium by stimulating osteoclast activity, enhancing renal reabsorption of calcium, and activating vitamin D (increasing intestinal calcium absorption).
- 4. **Adrenal Glands**
 - **Adrenal Cortex:**
 - **Glucocorticoids (Cortisol):** Stress response, gluconeogenesis, anti-inflammatory effects.
 - **Mineralocorticoids (Aldosterone):** Na⁺ retention, K⁺ excretion, blood pressure regulation.
 - **Androgens:** Minor source of sex steroids.
 - **Adrenal Medulla:** Secretes **Epinephrine** and **Norepinephrine** (catecholamines), augmenting sympathetic “fight or flight” responses.
- 5. **Pancreas (Endocrine Portion)**
 - **Islets of Langerhans:**
 - **β-cells** produce **Insulin** → lowers blood glucose by facilitating cellular uptake, glycogenesis, lipogenesis.
 - **α-cells** produce **Glucagon** → raises blood glucose (glycogenolysis, gluconeogenesis).
 - **δ-cells** produce **Somatostatin** → inhibits insulin and glucagon release, modulates digestion.
- 6. **Gonads (Testes and Ovaries)**
 - **Testes:** Produce **Testosterone** under LH stimulation; essential for spermatogenesis, male secondary sexual characteristics.
 - **Ovaries:** Produce **Estrogen** and **Progesterone**; regulate menstrual cycle, female secondary sexual characteristics, pregnancy maintenance.
- 7. **Pineal Gland**
 - Secretes **Melatonin**, regulating circadian rhythms and sleep-wake cycles. Influenced by light exposure.

Hormonal Functions and Integration

1. **Metabolic Regulation**
 - **Insulin** and **Glucagon** coordinate glucose homeostasis.
 - **Cortisol** modulates metabolism under stress, affecting protein and lipid catabolism.
2. **Calcium-Phosphate Homeostasis**
 - **PTH, Calcitonin, Vitamin D** interplay to maintain serum calcium levels, impacting bone density and neuromuscular excitability.
3. **Reproductive Function**
 - **FSH, LH, Estrogen, Testosterone, Progesterone** orchestrate gametogenesis, sexual development, and reproductive cycles.
4. **Growth and Development**
 - **GH, Thyroid Hormones, Insulin, IGFs (Insulin-like Growth Factors)** coordinate tissue growth, cellular differentiation.
5. **Stress Response**
 - Acute (adrenal medulla catecholamines) vs. chronic (cortisol) stress adaptations, impacting cardiovascular and metabolic states.

Concluding Remarks

The **excretory system**, centered on the **kidneys**, fulfills critical roles in **removing metabolic wastes** and **regulating acid-base balance**, fluid volume, and electrolyte composition. Intricate **hormonal** signals (e.g., RAAS, ADH, ANP)



integrate with **neural** inputs to modulate renal function in response to physiological demands.

Meanwhile, the **endocrine system**—via **ductless glands** releasing hormones into the bloodstream—maintains **systemic homeostasis**, orchestrating metabolism, growth, reproduction, and stress responses. Negative feedback loops, receptor specificity, and tightly regulated release mechanisms ensure a delicate balance across these networks. Dysregulation can lead to pathologies, ranging from **kidney failure** and **acid-base imbalances** to **diabetes mellitus**, **thyroid disorders**, and **adrenal insufficiencies**.

Understanding these **hormonal and renal regulatory axes** underpins therapeutic strategies for a myriad of conditions, highlighting the interconnectedness of excretory and endocrine systems in sustaining optimal human health.

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