Hormones

A. Introduction

- 1. Hormones are defined as the chemical messengers sent by one part of the body to another via blood stream.
- Hormones aid in control and coordination of organism, phenotype and homeostasis.
- 3. Endocrine glands are hormone glands that do not have a duct or passageway; secretions go directly into blood.
- 4. Target organ the specific organ for which a hormone was produced.
- 5. Types of hormones
 - a. Petides large amino acid proteins that cannot go through membrane.
 - b. Steroids small, can go through membrane.

Pituitary Gland

A. General

- 1. There are two parts anterior and posterior;
- 2. Hypothalmus a part of the brain connected to the <u>posterior</u> pituitary by a stalk.
 - a. Anterior is not connected structurally but by a network of blood vessels called a portal system.

3. The Hypothalmus is the Controller

- a. Produces hormones secreted by the posterior pituitary. Substances are stored in nerve endings in posterior pituitary.
- b. Produces releasing factors to control the anterior pituitary; releasing factors transported by portal system;

- c. Posterior pituitary
 - 1) Hormones released: ADH or oxytocin
 - a) ADH antidiuretic hormone or vasopression; this hormone increases the permeability of distal convoluted tubule and collecting duct; results: more H₂O is absorbed.

<u>Blood volume</u>	<u>Urine</u>
More ADH = blood is diluted (more H_2O)	Less
Less ADH = blood is	More
concentrated (less H ₂ O)	

b) Oxytocin - causes uterine contraction; also stimulates release of milk from breast.

4. Example:

- > Cells denote concentrated blood:
- > ADH is released by the hypothalamus nerves for secretion by the posterior pituitary;
- > ADH enters blood stream and meets the target organ, the kidney. The kidney reabsorbs H_2O .
- When sensory cells of the hypothalamus sense dilute blood the nerves in the posterior pituitary cease ADH's release.

Diabetes insipidus - watery urine, lack of necessary ADH production.

d. Anterior pituitary

- 1) Hormones causing general effect on the body: GH Growth Hormone (somatropin and lactogenic hormone).
 - a) Somatropin growth causes all tissues to grow. GH produced during growth years determines size: too little = midget; too much = giant.
 - b) Lactogenic hormone prolaction produced after child birth; causes milk production.
- e. Anterior pituitary master gland
 - 1) Anterior is so called because it controls the secretions of other endocrine glands;
 - 2) It controls: thyroid, adrenal cortex, gonads.
- 5. Thyroid gland located in neck, attached to trachea below larynx
 - a. Control anterior pituitary
 - 1) Procedure
 - a) Hypothalmus produces a releasing factor into the portal system → anterior pituitary;
 - b) Anterior pituitary secretes TSH (thyroid stimulatin hormone) called thyrotropin;
 - c) TSH enters blood → target organ thyroid;
 - d) Thyroid secretes thyroxin;
 - e) Thyroxin doesn't have a target organ but stimulates the metabolic rate of most body cells;

f) When the increased thyroxin level is denoted by the hypothalamus, it ceases releasing factors and anterior pituitary stops producing TSH. Iodine is needed for the thyroxin concentration.

b. Diseases

- 1) Hypothyroidism low thyroxin in blood
 - a) Simple goiter thyroxin is low, anterior pituitary stimulates thyroid with TSH → thyroid enlarges to produce enough;
 - b) Cretin Thyroid doesn't develop properly; retardation;
 - Myxedema thyroid slows down in older adults: metabolic rate decreases;
- 2) Hyperthyroidism too much thyroxin, thyroid is oversized.
- 6. Adrenal glands (outer and inner cortex)
 - a. Adrenal medulla (middle)
 - 1) Secretes adrenalin and noradrenalin; hormones act in stressful situations:
 - 2) Effect extreme alert look, respiratory and heart rates increased.
 - b. Adrenal cortex
 - 1) Secretes glucocorticoids and mineralocorticoids (not under pituitary);
 - 2) Glucocorticoids;

Procedure for production:

- a. Stress triggers hypothalamus to secrete a releasing factor through portal system to the anterior pituitary;
- b. Anterior pituitary secretes ACTH (adrenocorticotropic hormone) which reaches the target organ the adrenal cortex;
- c. Cortex produces blucocorticoids which makes glucose from amino acids, also aids in adjustment to stress.
 - 3) Mineralocorticoids aldosterone (not under control of pituitary)
 - a) Controls level of sodium and potassium in blood; the target organ is the kidney where sodium is absorbed and potassium excretion occurs.

7. Sodium affects H₂O reabsorption in kidneys

	Sodium Level	Water Level	Water Absorption	Blood Volume
Hypertension	High	High	Increased	Increased
Hypotension	Low	Low	Decreased	Decreased

1. Disorders

- A. Addison's Disease lack of glucocorticoids, low glucose level:
- B. Cushings Syndrome high secretions, enlarged trunk, fat, etc.
- 2. Parathyroids located in thyroid two pairs.
 - A General

- 1. Controls calcium and phosphate levels;
- 2. Located in the thyroid;
- 3. Methods of increasing calcium, parathormone

caused:

- a. Absorption from gut;
- b. Reabsorption of calcium by kidney tubules;
- c. Demineralization of bone hormone stimulates the bone cell that breaks bone down (osteocasts).

B. Malfunctions

- 1. Too much parathormone causes weak bones;
- 2. Too little causes tetany, shakes, muscular contraction

C Feedback

1. Calcium level in blood regulates parathyroid's production of parathormone, target organs: kidney, gut, and bones.

8. Pancreas

A. General

- Located between spleen and duodenum of small intestine;
- 2. Produces two types of tissues;
 - a. One type produces pancreatic juice (digestive system);
 - b. The other type produces hormones insulin and glucagons which affect glucose level in blood.

- 3. Insulin causes cells to remove more glucose from blood (lowers glucose level);
- 4. Glucagon is produced only when starvation occurs; causes cells to secrete glucose into blood.

B. Diabetes mellitus

- 1. Symptoms
 - a. High blood sugar level; also a lot in urine;
 - b. H_2O loss to try and dilute the filtrate