

Block Physiology Team

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Physiology of Consciousness

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Objectives

- Levels of consciousness/ definition
- Functional divisions of RF.
- Overview of functions of RF.
- Anatomical components of RAS.
- Connections of RAS.
- Neurotransmitters of RAS.
- Functions of RAS.







What is Consciousness ?

- Is the brain state in which a person is being aware of the self and surroundings .
- It is a product of electrical activity of the brain
- (a person with a flat EEG can not be conscious !)

Team Notes :

EEG is electrical reading of brain activity if EEG reading is flat; it indicates that the brain is no longer functioning.





What are the levels of consciousness?

- (1) Normal Consciousness
- (state of normal arousal , being fully awake and aware of the self and surroundings)
- (2) Clouded consciousness : person conscious but mentally confused (e.g., in cases of drug or alcohol intoxication, high fever associated with malaria or septicemia, dementia, etc).
- (3) Sleep : person unconscious (in relation to the external world & surroundings), but is arousable (can be aroused).
- (4) Coma : person unconscious and not arousable

Team Notes :

Some sources add (normal consciousness) \rightarrow "and being able to respond to stimuli

Clouded consciousness= drowsiness

Deep sleep has higher arousal threshold than light sleep

(But, still arousable)

Stimuli: can be, sound, light, temperature, pain

(They alarm the CNS)





What are brain Structures involved in the conscious state?

Consciousness depends upon interactions between :

- (1) Reticular Formation (RF).
- (2) Thalamus
- (3) Cortical Association areas .

Team Notes :

Reticular Activating System=

Bulboreticular Facilitatory Area + Thalamus

Excitatory signal originates from large numbers of small neurons spread throughout the brain stem reticular excitatory area, most of these pass to the thalamus, through small, slowly conducting fibers that synapse mainly in the intralaminar nuclei of the thalamus and in the reticular nuclei over the surface of the thalamus. From here, additional small fibers are distributed everywhere in the cerebral cortex. The excitatory effect caused by this system of fibers can build up progressively for many seconds to a minute or more, which suggests that its signals are especially important for controlling longer-term background





Reticular formation

• This regulates many vital functions including the sleep/awake cycle. It is a polysynaptic network located in the pons, midbrain and upper medulla and is poorly differentiated. It consists of 3 parts:

• Lateral Reticular Formation

- Has small neurones
- Receives information from ascending tracts for touch and pain.
- Receives vestibular information from median vestibular nerve.
- Receives auditory information from superior olivary nucleus.
- Visual information from superior colliculus.
- Olfactory information via medial forebrain bundle

Team Notes :

Vestibular information: about balance

Olfactory information: smelling







Reticular Formation, cont.,,

Paramedian Reticular Formation

- Has large cells.
- Receives signals from lateral reticular formation.
- Projects onto cerebral hemispheres.
- Nucleus coeruleus contains noradrenergic neurones and projects onto the cerebral cortex.
- Ventral tegmental nucleus contains dopaminergic neurones that project directly onto the cortex.
- Cholinergic neurones project onto the thalamus

Team Notes :

PRF: receives impulses from lateral reticular formation and sends them to cerebral hemispheres

Thalamus is the intermediate stage between PRF and cortex





Reticular formation, cont.,,

• Raphe nuclei (Median RF)

- In the midline of the reticular formation
- Contain serotonergic projections to the brain and spinal cord.



Team Notes :

MRF sends upward and downward pathways to spinal cord

MRF is responsible for pain control





What are the Functions of reticular formation?

- 1. Somatic motor control (Reticulospinal tracts)
- 2. Cardiovascular control The reticular formation includes the cardiac and vasomotor centers of the medulla oblongata.
- 3. Pain modulation The reticular formation is one means by which pain signals from the lower body reach the cerebral cortex. It is also the origin of the descending analgesic pathways. The nerve fibers in these pathways act in the spinal cord to block the transmission of some pain signals to the brain.





Functions of RF, continued,....

•4. Sleep and consciousness - The reticular formation has projections to the thalamus and cerebral cortex . It plays a central role in states of consciousness like alertness and sleep. Injury to the reticular formation can result in irreversible coma.

•5. Habituation - This is a process in which the brain learns to ignore repetitive, meaningless stimuli while remaining sensitive to others. A good example of this is when a person can sleep through loud traffic in a large city, but is awakened promptly due to the sound of an alarm .

Team Notes :

Habituation: not all stimuli reach brain after a period of time

E.g., when you are sitting & listening to a lecture and there are other noises, at first you will be disturbed but after a while then you ignore them.





Thalamus:

The thalamus is contained in the mid-part of the diencephalon and is split up into a number of different nuclei which perform <u>3 main tasks</u>:

- Cholinergic projections excite the individual thalamic relay nuclei which lead to activation of the cerebral cortex.
- Cholinergic projections to the **intralaminar nuclei**, which in turn project to all areas of the cortex .
- Cholinergic projections to reticular nuclei to regulate flow of information through other thalamic nuclei to the cortex.
- Tuberomammillary nucleus in the hypothalamus projects to the cortex and is involved in maintaining the awake state. The cholinergic projections to the thalamus stimulates the cerebral
 - The cholinergic projections to the thalamus stimulates the cerebral cortex.

Team Notes :

Intralaminar thalamic nucleus is concerned with consciousness.

Cholinergic neurons in CNS are excitatory

These projections can modulate signals or send them directly to cortex

Cholinergic projections to reticular nuclei control and modulate all impulses from reticular formation (RF) going to the brain

Hypothalamus: is important in arousal







Anatomical components of RAS

- The RAS is composed of several neuronal circuits connecting the brainstem to the cortex . These pathways originate in the upper brainstem reticular core and project through synaptic relays in the rostral intralaminar and thalamic nuclei to the cerebral cortex. As a result, individuals with bilateral lesions of thalamic intralaminar nuclei are lethargic or somnolent.
- Several areas traditionally included in the RAS are:
- Midbrain Reticular Formation.
- Mesencephalic Nucleus (mesencephalon)
- Thalamic Intralaminar nucleus
- · Dorsal Hypothalamus.
- Tegmentum.



Ascending neural radiation is from hippocampus and thalamic pathways These pathways filter the impulses (differentiate the important impulses from the non-important) and send them to neural radiation then to cortex then a reaction happens.

- The awakening action of the RAS is mediated by fibers secreting Acetylcholine (Ach) and Norepinephe (NE)
- The RAS provides the main drive that maintains effective cortical excitability level, & interruption of this ascending pathway (e.g., by a tumor) causes the subject to go into unremitting coma lasting for the remainder of life.
- The level of consciousness is largely influenced by :
- (1) Peripheral sensory inputs
- (2) Thalamocortical sectors .





Functions of RAS:

Regulating sleep-wake transitions

- The main function of the RAS is to modify and potentiate thalamic and cortical functions resulting in (EEG) desynchronization.
- Low voltage fast burst brain waves (EEG desynchronization) are associated with wakefulness and REM sleep ,
- During non-REM sleep, neurons in the RAS will have a much lower firing rate large voltage slow waves .
- The physiological change from a state of deep sleep to wakefulness is reversible and mediated by the RAS.
- Stimulation of the RAS produces EEG desynchronization by suppressing slow cortical waves.
- In order that the brain may sleep, there must be a reduction in ascending afferent activity reaching the cortex by suppression of the RAS.

Team Notes :

Desynchronization = changing of sleep waves

RAS is responsible for wave changes during sleep, RAS activity decreases during REM sleep and increase while changing between waves (on & off)





Attention

 The reticular activating system also helps mediate transitions from relaxed wakefulness to periods of high attention. There is increased regional blood flow in the midbrain reticular formation (MRF) and thalamic intralaminar nuclei during tasks requiring increased alertness and attention.

Team Notes :

Attention= concentration





RAS and learning

- The RAS is the center of balance for the other systems involved in learning, self-control or inhibition, and motivation.
- When functioning normally, it provides the neural connections that are needed for the processing and learning of information, and the ability to pay attention to the correct task.

Team Notes :

Attention and learning are related, e.g. when studying an boring subject you will have difficulty in concentrating, because is restored in your memory that it is boring, and vice versa. So you have to be aroused in order to study

RAS receives information from hippocampus and from the limbic system





What happens if RAS is not working properly?

• If the RAS doesn't excite the neurons of the cortex as much as it ought to, then we see the results of :

* An under-aroused cortex, with difficulty learning, poor memory, little self-control, and so on.

- * If RAS failed to activate the cortex at all one would see a lack of consciousness or even coma.
- What would happen if the RAS was too excited, and aroused the cortex or other systems of the brain too much?

*Then we would see individuals with excessive startle responses, hyper-vigilance, touching everything, talking too much, restless, and hyperactive.

Team Notes :

If RAS is not active properly, it will lead to either:

Drowsiness so no concentration, or over excitation so also no concentration

Hyperactive= like in some children and they suffer from learning difficulties





Indices of Level of Consciousness

- <u>Appearance & Behavior</u>:
- posture (sitting , standing ?) , open eyes ? . Facial expression ? , responds to stimuli (including the examiner's questions about name , orientation in time & place ? & other general Qs like who is the president ?)
- <u>Vital signs</u>:
- Pulse , BP, respiration , pupils , reflexes , particularly brainstem reflexes , etc)
- <u>EEG</u> → Each of these states (wakefulness , sleep , coma and death) has specific EEG patterns .
- <u>Evoked potentials (</u> in cases of Brain Death).

Team Notes :

The level of consciousness is tested in emergencies especially after accidents

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If absent reflexes, (coma)

If only delta waves shown in EEG, (coma)





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Brain Death (Flat EEG ,at very high magnification)

- <u>Alpha Rhythm</u>:Observed in awake, relaxed adult humans with eyes closed,<u>Most prominent in the Parieto-Occipital region</u>, though it is sometimes observed in other locations When attention is focused on something the alpha rhythm becomes replaced by irregular low-voltage activity This phenomenon is known as Alpha Block
- <u>Beta Waves (a fast rhythm)</u>: lower amplitude than alpha In frontal regions(same as alpha but eyes are open),(noise)
- <u>Gamma Wave</u>s (a fast activity) : Effect of "Focused Attention or alert Wakefulness , even if eyes are closed : Often seen in a subject who is , on being aroused , focuses his attention on something (a particular object/person/ animal ,etc)..
- <u>Theta Waves:</u> in children but in (adults during sleep only), recorded from the Hippocampus in experimental animals.
- <u>Delta Waves</u>: In deep sleep and coma, In frontal regions Infants (because there's no myelination





Brain Death Confirmatory Testing with Somatosensory Evoked Potentials

Stimulation of a sense organ can evoke a cortical response that can be recorded by scalp electrode over the primary receiving cortical area for that particular sense.



Team Notes :

Evoked potential: if there is no response at all for stimuli then, brain death

The EEG shows special features in different age groups of normal subjects

Summary

- The areas in the upper pons and midbrain are essential for wakefulness, and called it the Bulboreticular Facilitory (Excitatory) Area of the reticular formation. (This Bulboreticular Facilitory Area is also called by some scientists The Brainstem Ascending Reticular Activating System)
- The level of activity of the Bulboreticular Facilitatory area and , consequently , the level of alertness and arousal is largely determined by the number and type of sensory (afferent) signals that enter the CNS from the periphery .Pain signals , in particular , increase activity in this excitatory area and therefore strongly excite the brain to attention.
- <u>Role of Thalamo-Cortical Sectors :</u> Not only do excitatory signals pass to the cerebral cortex from the RAS, but feedback signals also return from the cortex back to the Thalamus (which is part of the RAS).
- Almost every area of the cerebral cortex connects with its own highly specific area in the thalamus. These functional segments are called Thalamocortical Sectors They are made of → Thalamo-cortical (TC) fibers and feedback Cortico-thalamic (CT) fibers. These neural circuits between the thalamus & cortex are essential for determining the level of consciousness
- EEGs of early childhood, late childhood, adolescence, middle age and old age also have some differences.
- In cases of coma EEG may be dominated by delta waves
- In case brain death the EEG is flat, even at very high magnification