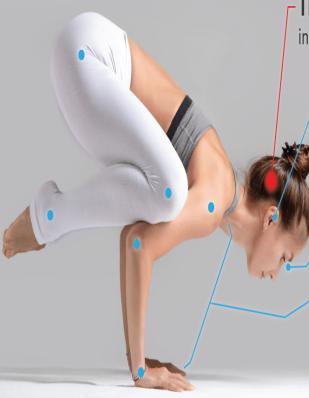
Inner ear in balance and equilibrium





Proprioception

The Brain receives and interprets information from multiple inputs:

- Vestibular organs in the inner ear send information about rotation, acceleration, and position.

Eyes send visual informtion.

Stretch receptors in skin, muscles & joints send information about the position of body parts. Equilibrium: Reflexes maintain body position at rest & movement Through: Receptors of postural reflexes

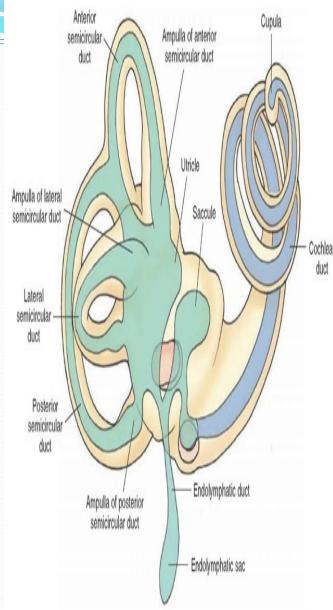
- 1-Proprioceptors
- 2-Visual(retinal) receptors
- 3-Non auditory membranous labyrinth

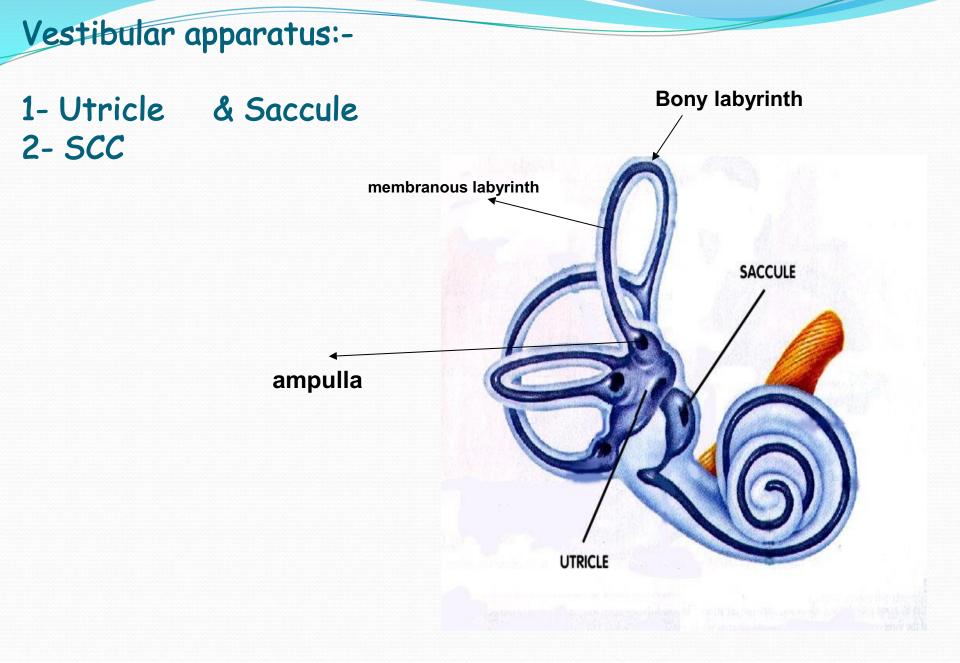
Labyrinth:-

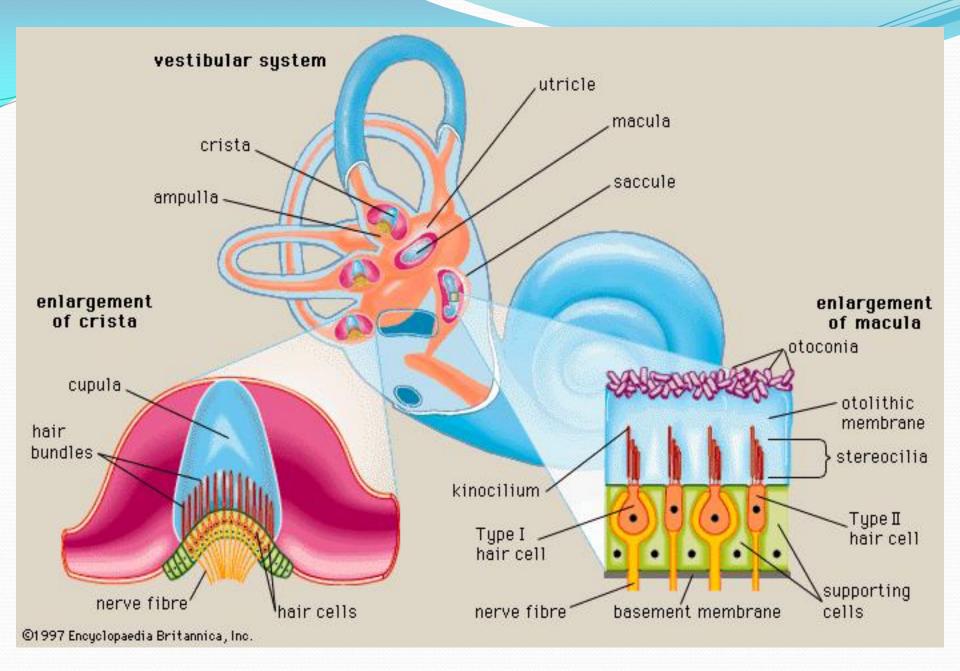
1- Membranous labyrinth :-

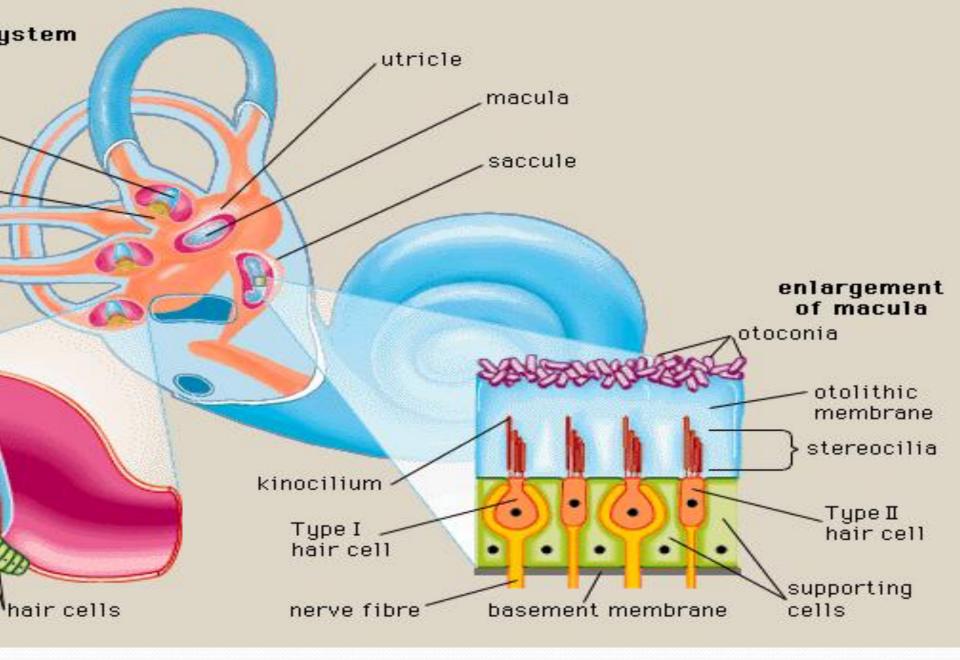
a- Auditory (cochlea for hearing)
b- Non- auditory for equilibrium
(Vestibular apparatus)

2- Bony labyrinyth (bony cochlea & 3 bony semicircular canals) Enclose the membranous labyrinth.



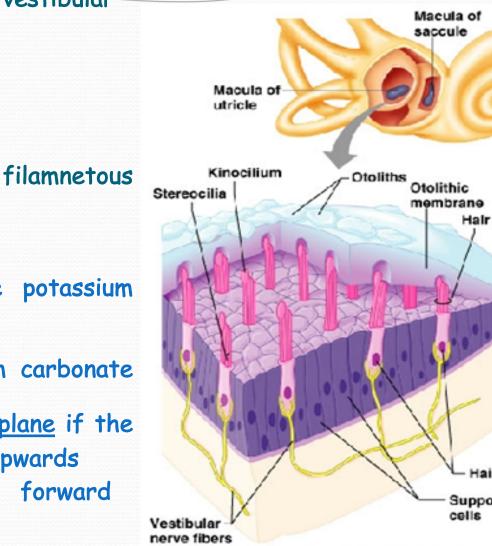






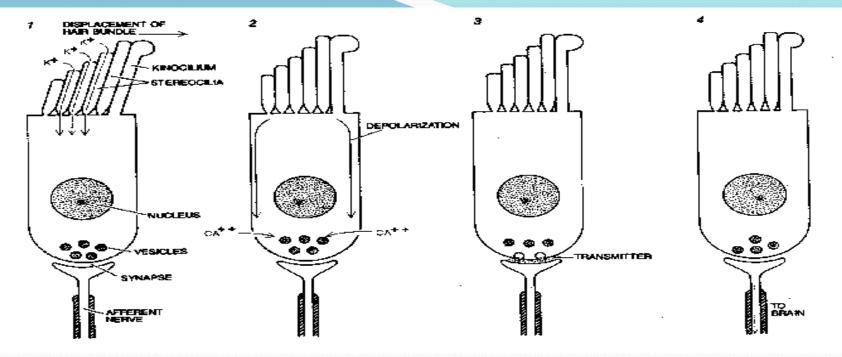
Macula (otolith organs) of utricle and saccule:-

- -hair cell synapse with endings of the vestibular nerve
- -Hair cell has 30-150 (stereocilia)
- one large cilium called (kinocilium)
 Both connectdd with thin
- Both connected with thin f attachments
- -All cilium membrane has positive potassium channels
- -Otolithes (statoconia) of calcium carbonate suspended in gelatinous material.
- - macula of <u>utricle</u> is IN <u>horizontal plane</u> if the head is vertical , so cilia point upwards
- stimulated when the head bends forward & backward & laterally



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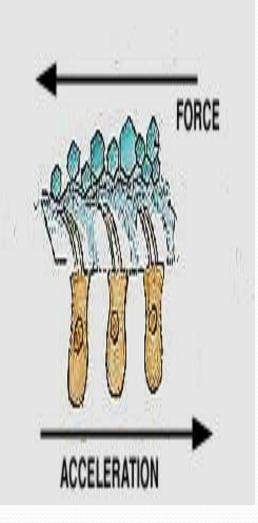
- Macula of:
- Utricles detect balance in horizontal direction
- Saccule detect balance in horizontal and vertical direction



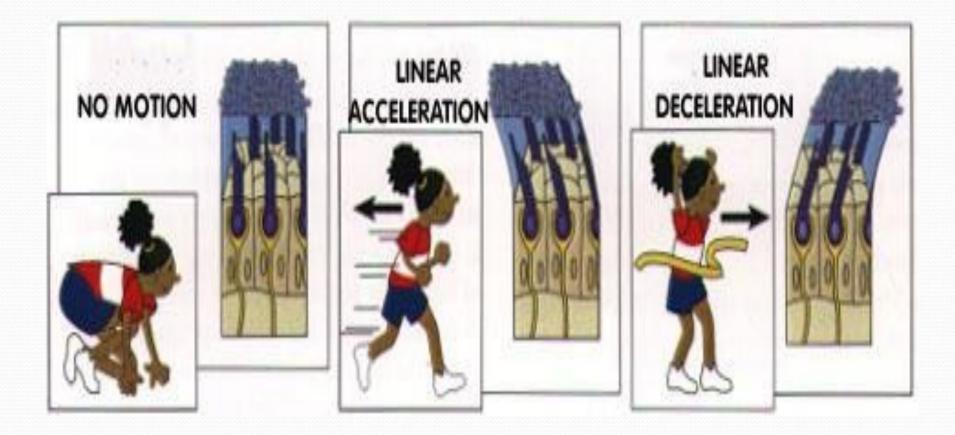
- Mechanism of action:-
- 1- bending of stereocilia towards kinocilium>>>>> depolarization & Ca entry & neurotransmitter release >>>>>increase rate of impulses to 8th nerve fibers
- 2- bending of stereocilia away from kinocilium
- >>>-- hyperpolarization>>>>decrease rate of impulses to 8th nerve fibers

2-Detection of linear acceleration :-

- linear acceleration:- as at running & standing in a bus.
- at beginning of movement statoconia lag behind movement by its inertia >>>> fall backwards
- >>>>cilia moves backward >>>>> person feels he is falling backwards
- >>>> try to correct this by leaning forwards to shift statoconia & cillia anteriorly



- at deceleration (runner try to stop) >>>>
- statoconia move forwards by its momentum
- >>> person feels falling anteriorly



Semicelrcular canals

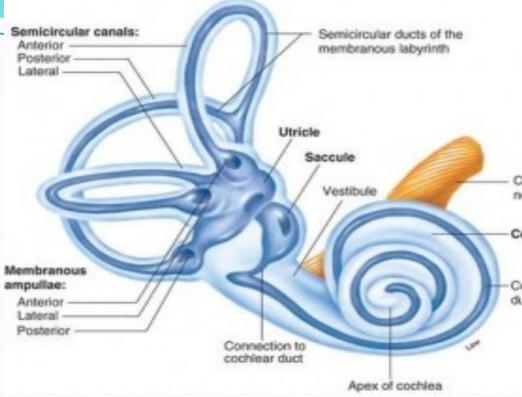
Horizontal

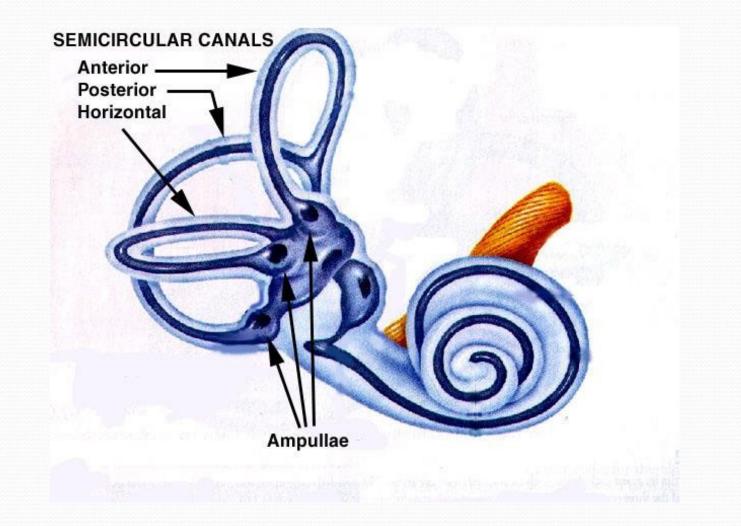
Anterior

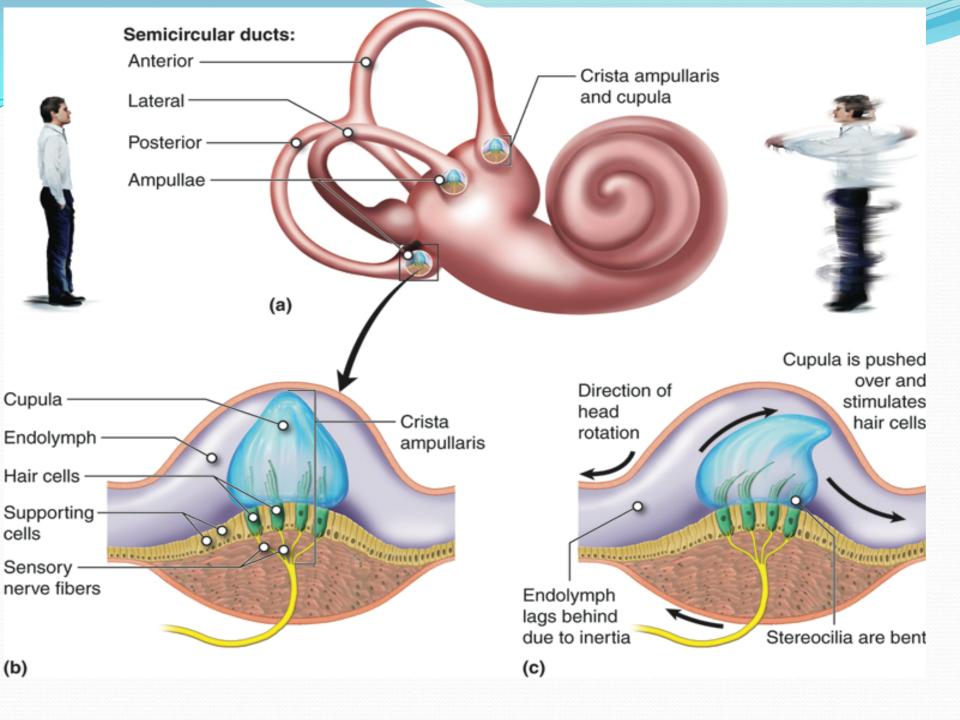
Posterior

Perpendicular to each other Filled with endolymph Dilated end called ampulla crista ampularis (as macula) cilia embedded in a gelatinous mass called cupula)

Detect angular changes

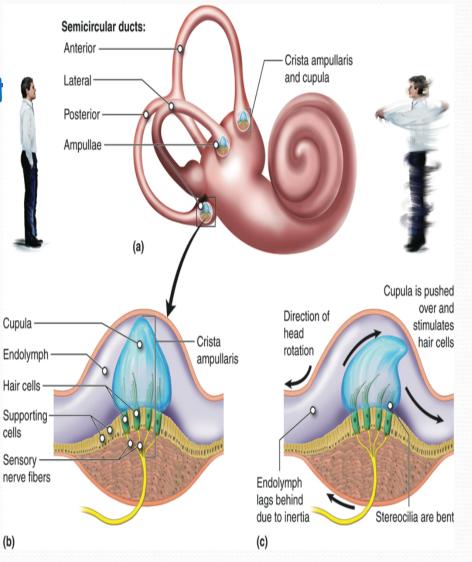






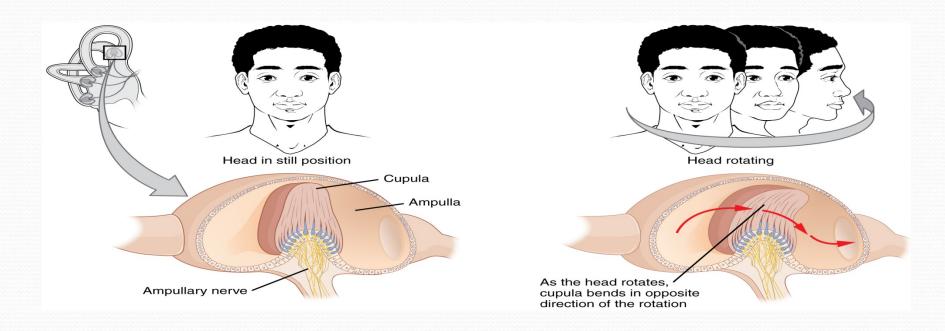
Mode of action & functions

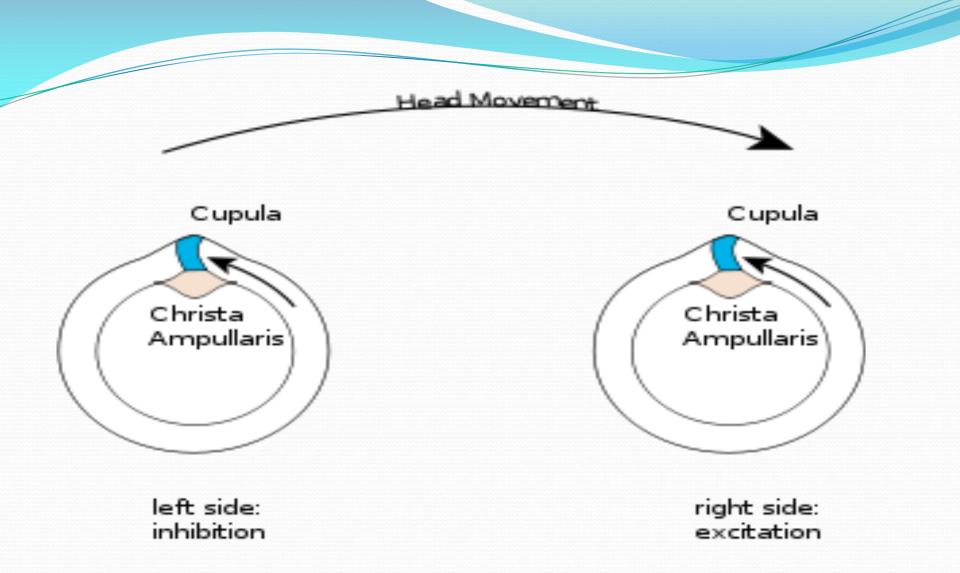
- 1- during rest : equal discharge from SCC on bot
- 2- Detect & maintain posture during head rotation in any direction
- (angular acceleration) rotation



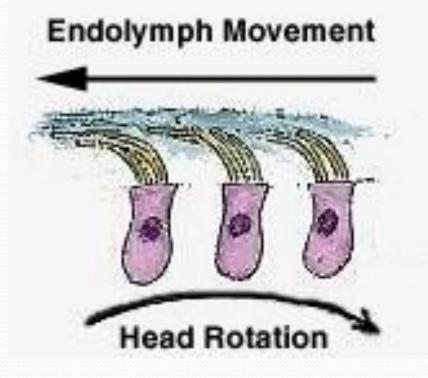
Rotation from left to right in horizontal plane:-

- Endolymph -->>>opposite direction by
- inertia --from right to left,
- -> the cilia of right side bent by endolymph towards the kinocilium >towards the utricle--
- depolarizationà--impulses from right side increase.
- --impulses fom left side decrease as cilia bent away from kinocilium.>>>>
- sensation of rotation to right.





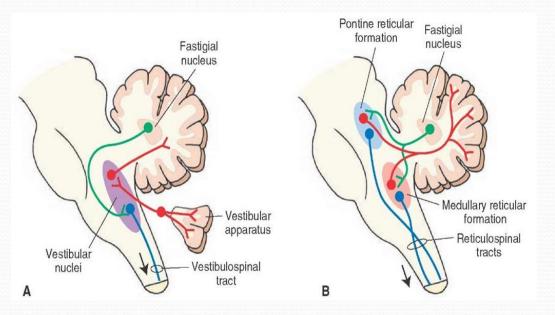
Copula in head rotation

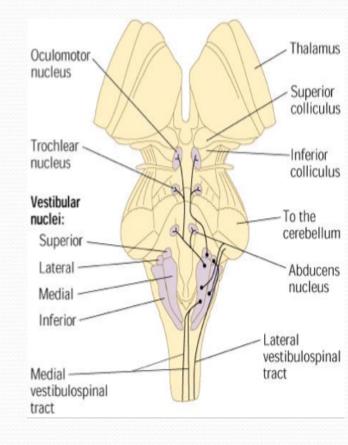


Nervous connections of vestibular apparatus:

Nerve fibers from maculae & cristae ampularis
>>Vestibular nerve>>epsilateral vestibular nucleus to :-

1- Cerebellum: floculonodular lobe
 2- Spinal cord (vestibulospinal tracts)
 3- Reticular formation





Effects of stimulation of S.C.C (rotation)

- Vertigo: this false sensation of counter- rotation at end of rotation
- Nystagmus
- Bradycardia & hypotension
- Increased muscle tone on same side of rotation to support the body & decreased muscle tone on the opposite side

