

SNS COLLEGE OF ALLIED HEALTH SCIENCE
Affiliated to The Tamil Nadu Dr MGR Medical University, Chennai



DEPARTMENT OF CARDIAC TECHNOLOGY

COURSE NAME : Applied Physiology

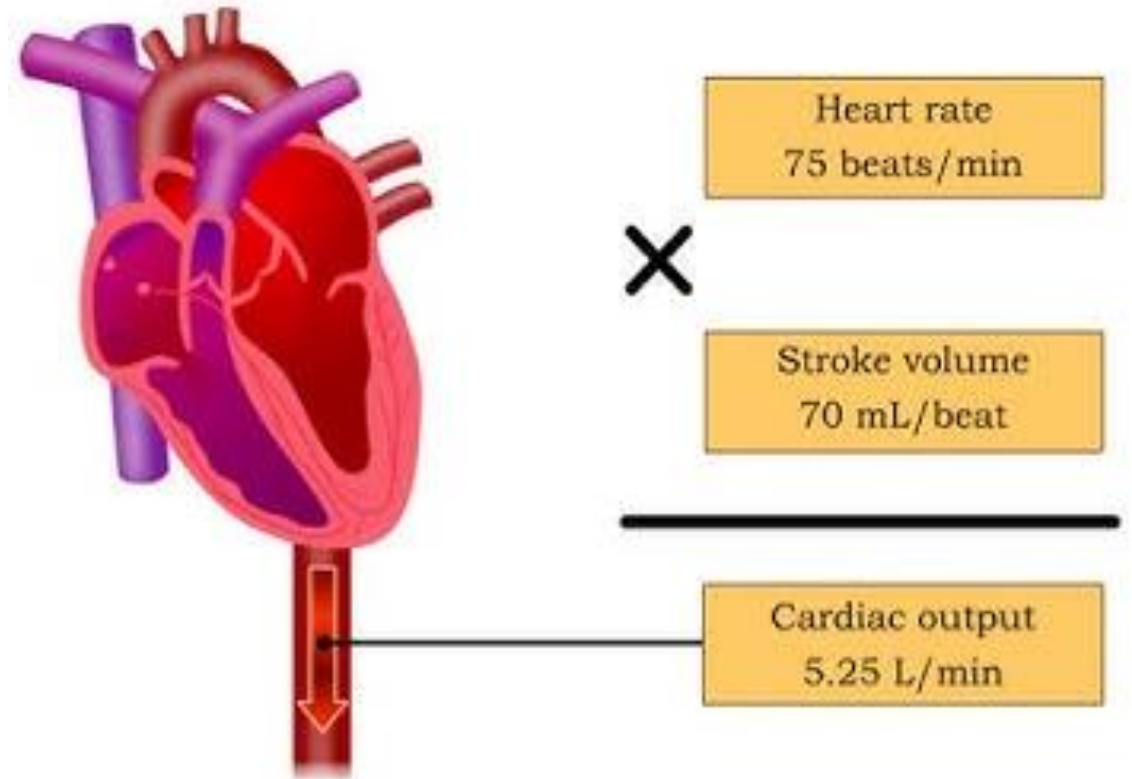
UNIT : Cardiac Cycle and Electrical Activity of Heart

TOPIC :Autonomic Regulation of Heart Rate

FACULTY NAME: Kavipriya S

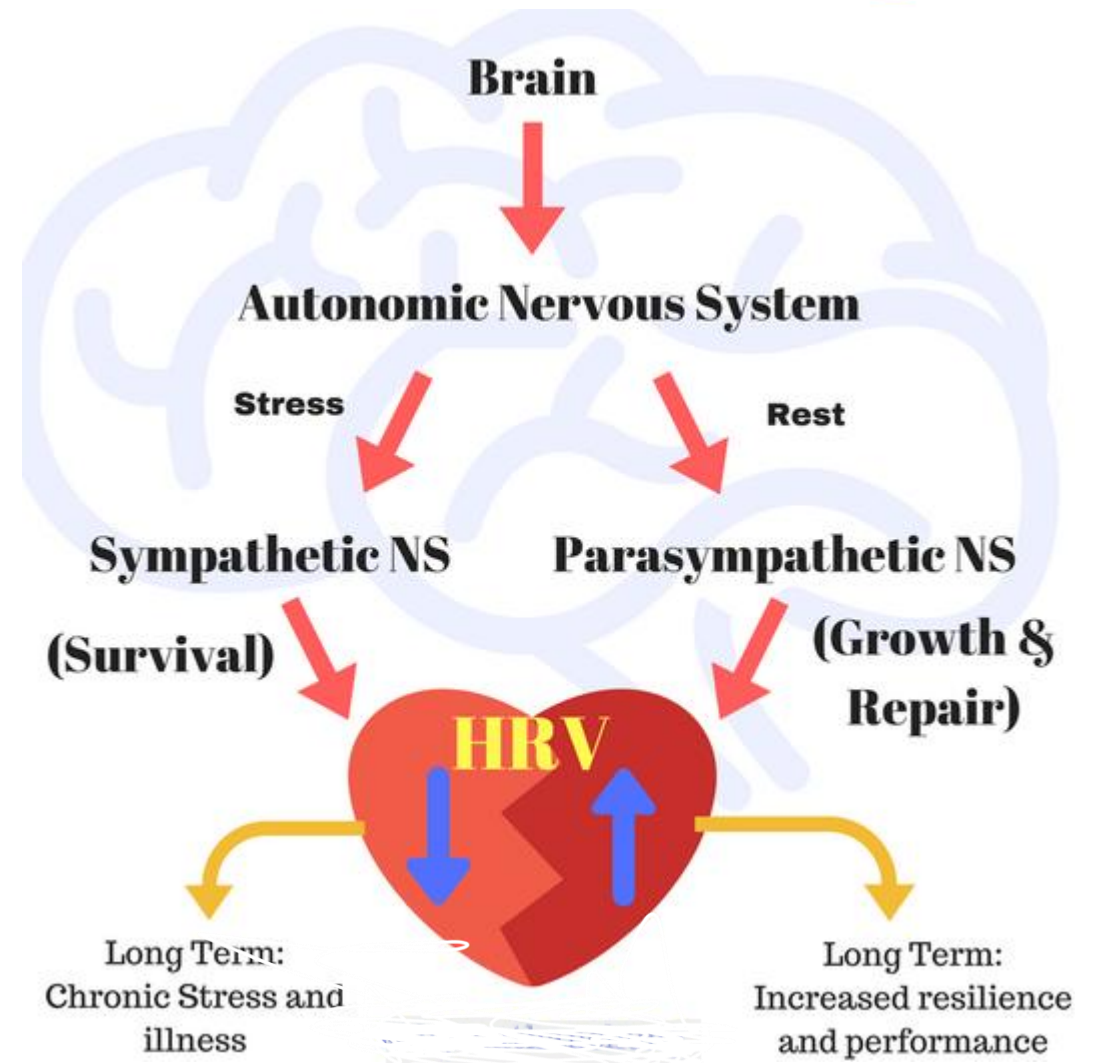
♥ EMPATHIZE — Why Heart Rate Regulation Matters

- Heart rate (HR) determines **cardiac output (CO = HR × Stroke Volume)**.
- The body must **adjust HR** according to oxygen demand:
- ↑ During exercise, fever, stress.
- ↓ During sleep, rest, meditation.



Regulation occurs through the **Autonomic Nervous System (ANS)**:

- **Sympathetic system** → accelerates HR.
- **Parasympathetic system (vagal)** → slows HR.

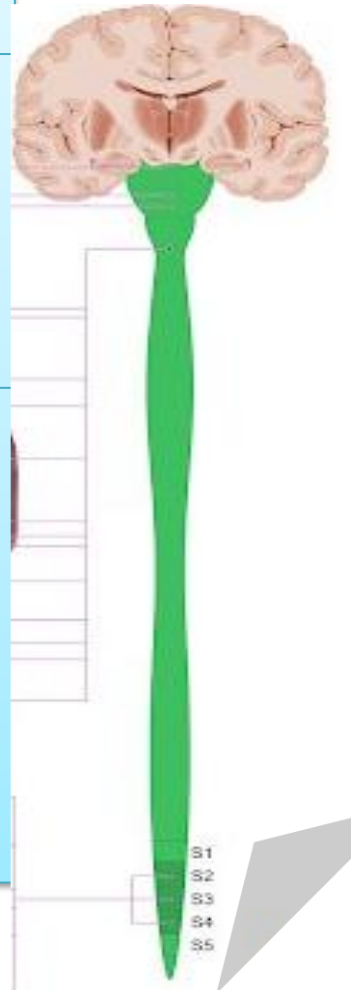
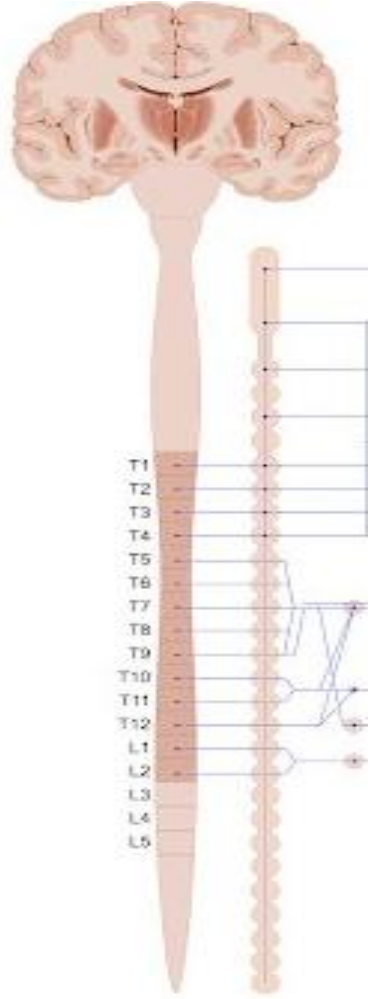


💡 2. DEFINE — Identifying the Core Concept

Sympathetic

Parasympathetic

Component	Origin	Nerves	Neurotransmitter	Receptors	Effect
Sympathetic	Medulla → T1-T5 spinal cord	Cardiac nerves	Norepinephrine (NE)	β_1 receptors	↑ HR (positive chronotropy)
Parasympathetic	Medulla (Dorsal vagal & nucleus ambiguus)	Vagus nerve (CN X)	Acetylcholine (ACh)	Muscarinic M_2 receptors	↓ HR (negative chronotropy)



⚡ IDEATE — Mechanism of Autonomic Control

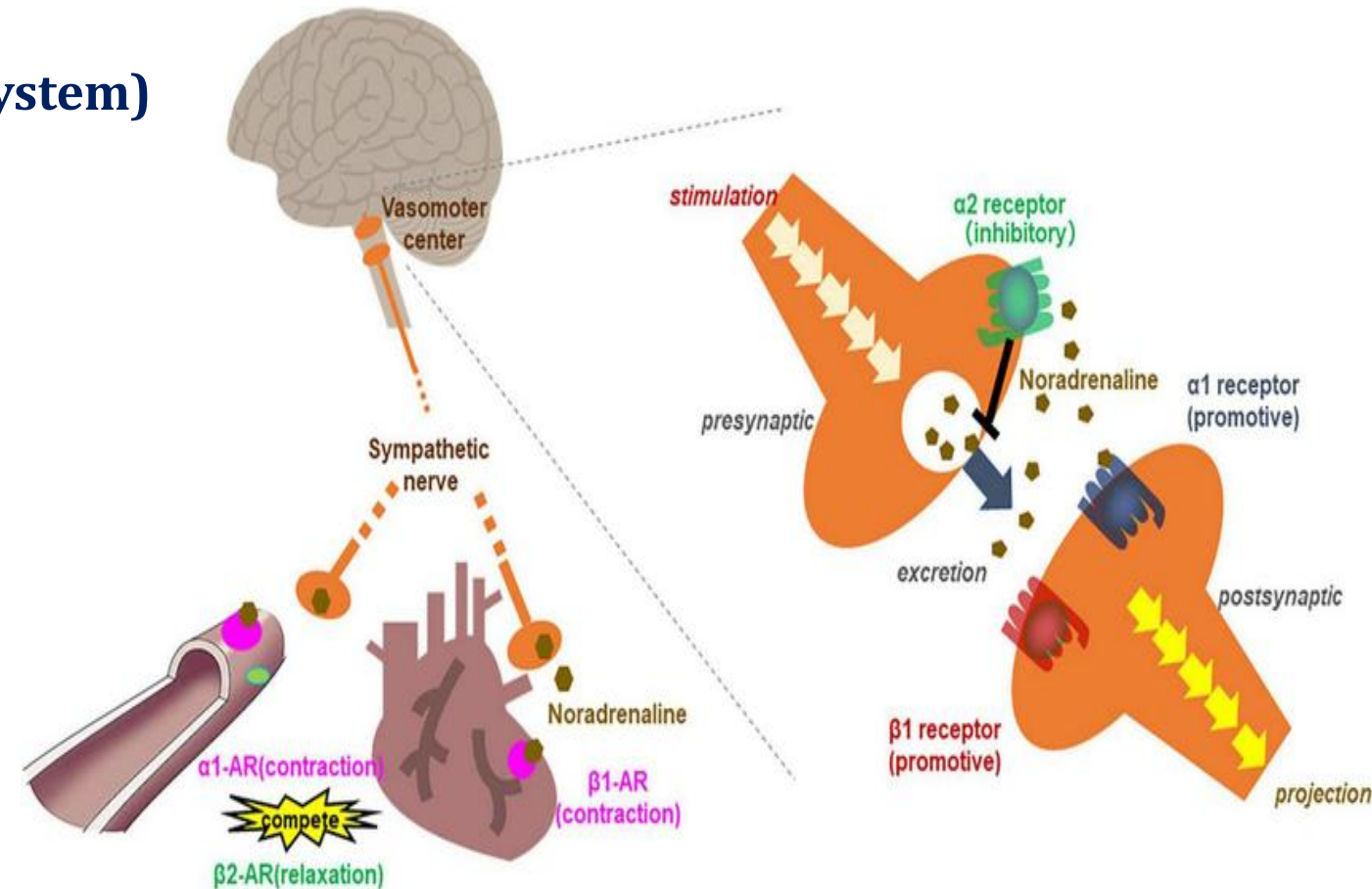
A. Sympathetic Control (Cardioacceleratory System)

Pathway:

Medulla → T1–T5 spinal segments → Cardiac sympathetic nerves → SA & AV nodes, atrial & ventricular muscle.

Neurotransmitter: Norepinephrine (NE).

Receptor: β_1 adrenergic.



Mechanism:

- ↑ Na^+ and Ca^{2+} channel opening in SA node.
- ↑ rate of spontaneous depolarization (Phase 4).
- ↓ threshold potential → faster impulse generation.

Effect:

- ↑ SA node firing → ↑ HR.
- ↓ AV nodal delay → faster conduction.
- ↑ Contractility (positive inotropy).

Clinical example: Exercise, fear, stress, adrenaline infusion.



B. Parasympathetic Control (Cardioinhibitory System)

Pathway:

Medulla → Vagus nerve → SA & AV nodes.

Neurotransmitter: Acetylcholine (ACh).

Receptor: Muscarinic M₂.

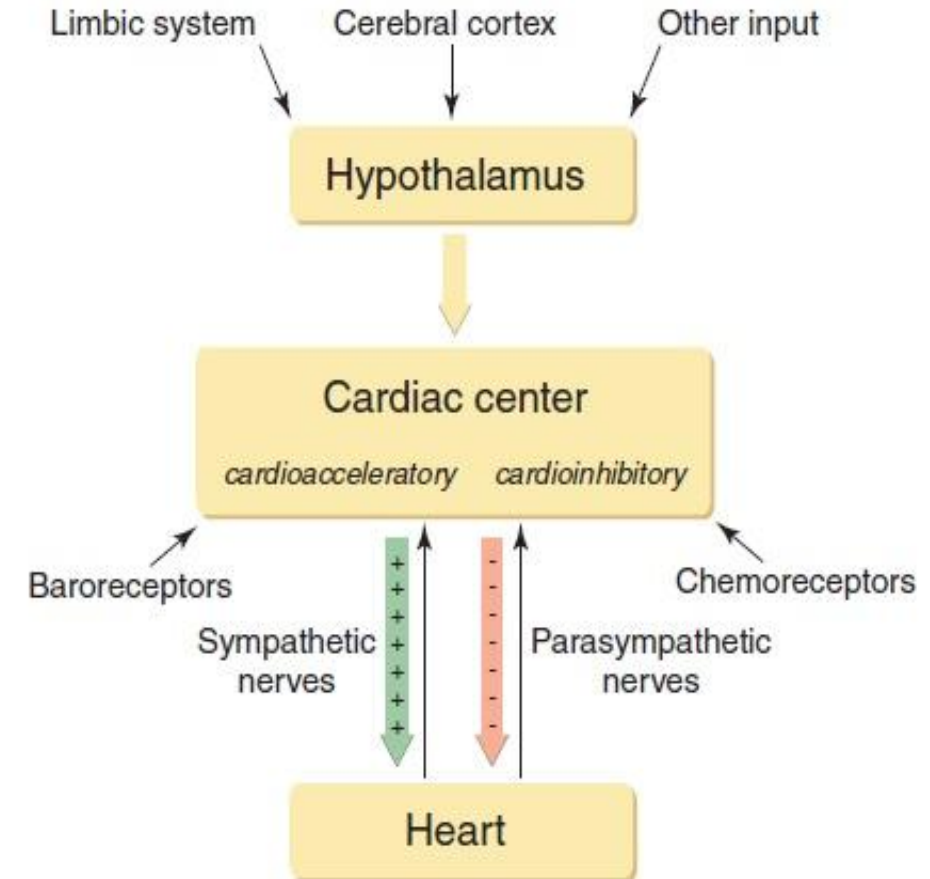


FIGURE 8.13. A Schematic Representation of the Innervation of the Heart, Cardiac Centers, and its Communications

Central Regulation (Higher Control Centers)

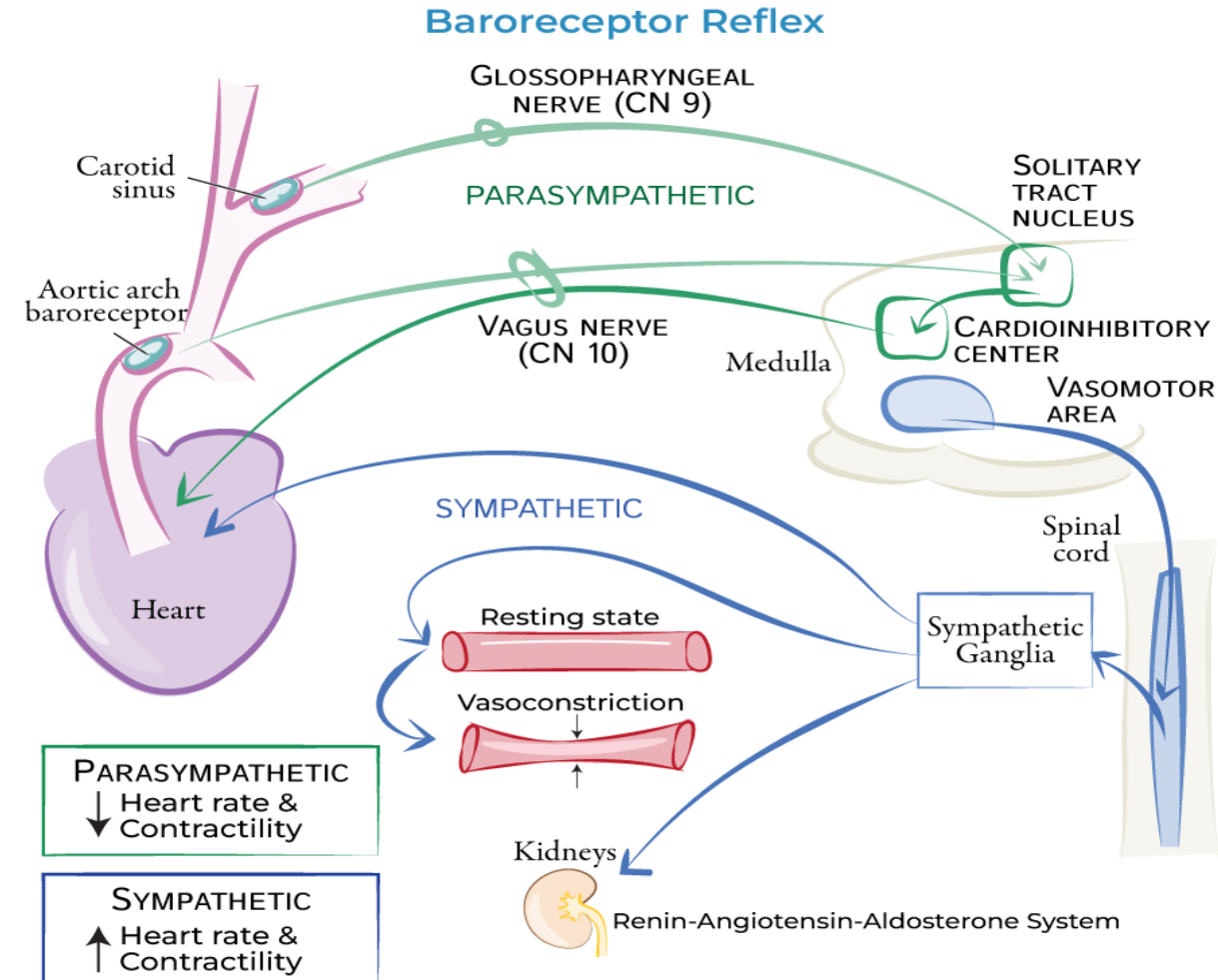
Brain Region	Function
Medullary Cardiovascular Centre	Main autonomic control hub
– Cardioacceleratory center	Stimulates sympathetic nerves
– Cardioinhibitory center	Stimulates vagus nerve
Hypothalamus	Integrates emotional & thermal influences
Cerebral Cortex	Affects HR via emotions, stress, anticipation



Reflex Mechanisms

1. Baroreceptor Reflex

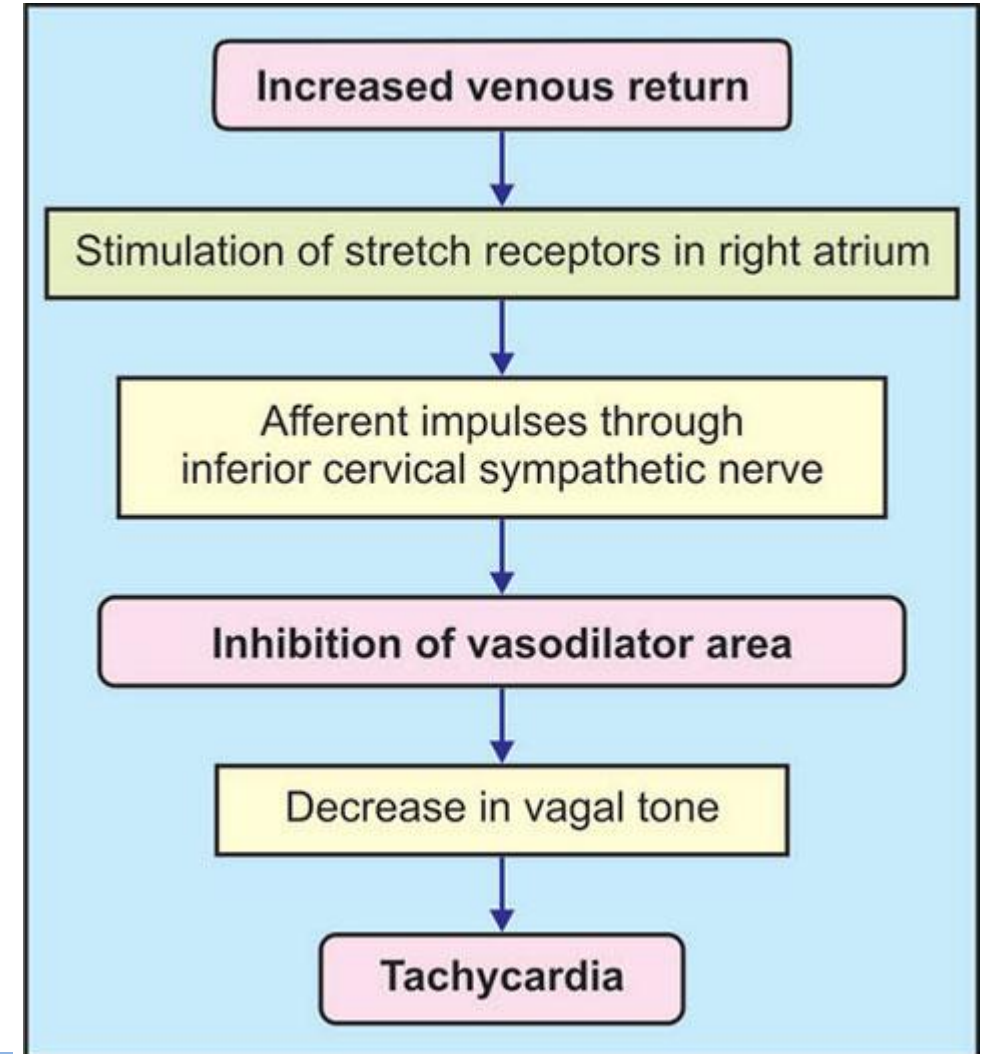
1. Location: Carotid sinus & aortic arch.
2. $\uparrow$ BP $\rightarrow$ $\uparrow$ baroreceptor firing $\rightarrow$ activates **vagal** (parasymp) $\rightarrow$ $\downarrow$ HR.
3. $\downarrow$ BP $\rightarrow$ $\downarrow$ firing $\rightarrow$ activates **sympathetic** $\rightarrow$ $\uparrow$ HR.
4. **Clinical use:** Carotid massage slows tachycardia.





Bainbridge Reflex

- Triggered by $\uparrow$ venous return $\rightarrow$ atrial stretch $\rightarrow$ $\uparrow$ HR.
- Helps prevent venous congestion.



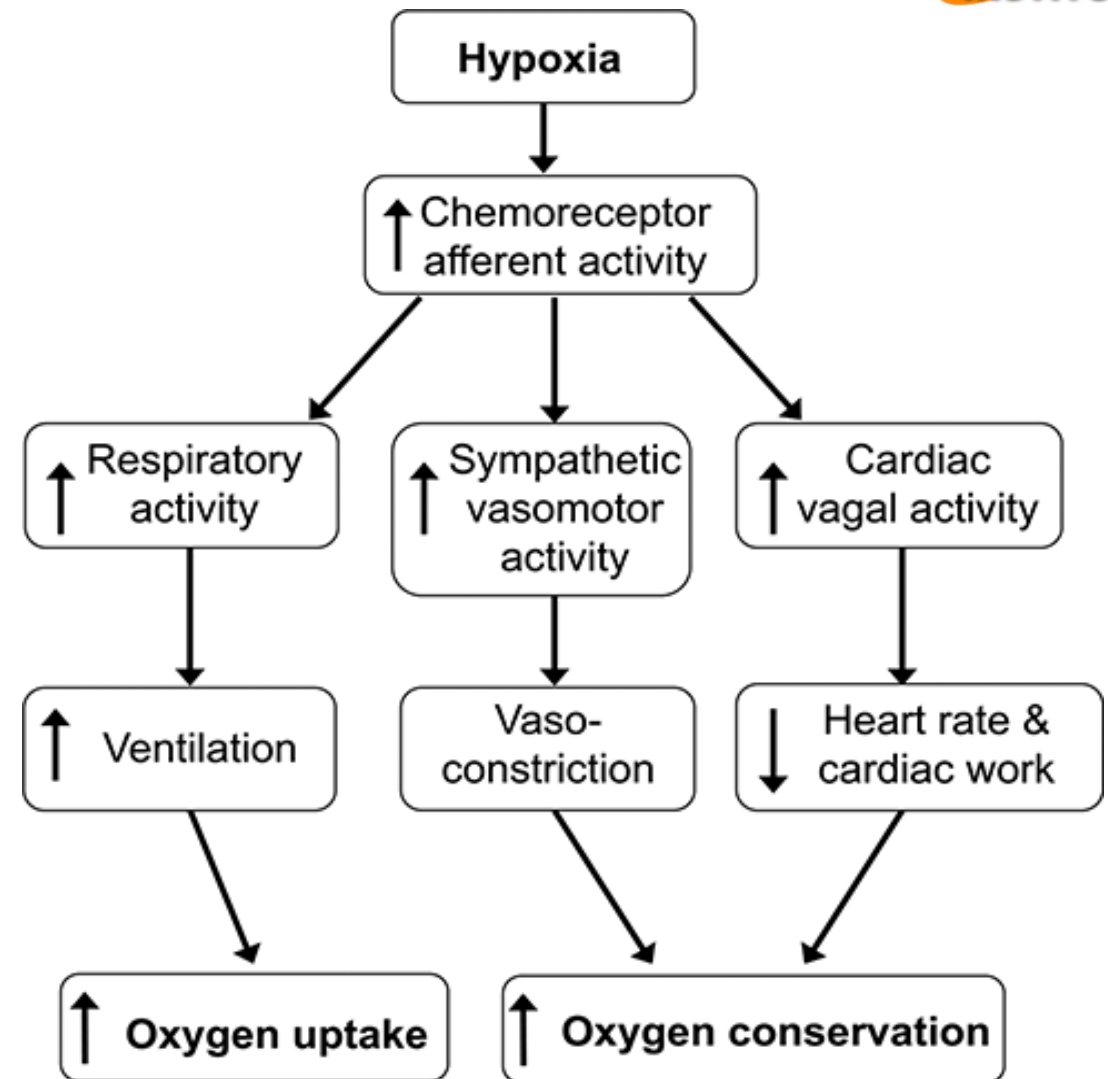


Chemoreceptor Reflex

- Triggered by $\downarrow O_2$, $\uparrow CO_2$, $\uparrow H^+$ $\rightarrow$ initially bradycardia, then tachycardia.

Respiratory Sinus Arrhythmia

- Inspiration $\rightarrow \downarrow$ vagal tone $\rightarrow \uparrow$ HR.
- Expiration $\rightarrow \uparrow$ vagal tone $\rightarrow \downarrow$ HR.



Hormonal Influence

- **Epinephrine & Norepinephrine (from adrenal medulla)** → act on β_1 receptors → $\uparrow$ HR.
- **Thyroid hormones (T_3 , T_4)** → $\uparrow$ HR by increasing metabolic activity.
- **Temperature:**
 - Fever → $\uparrow$ HR (~ 10 bpm per 1°C rise).
 - Hypothermia → $\downarrow$ HR.

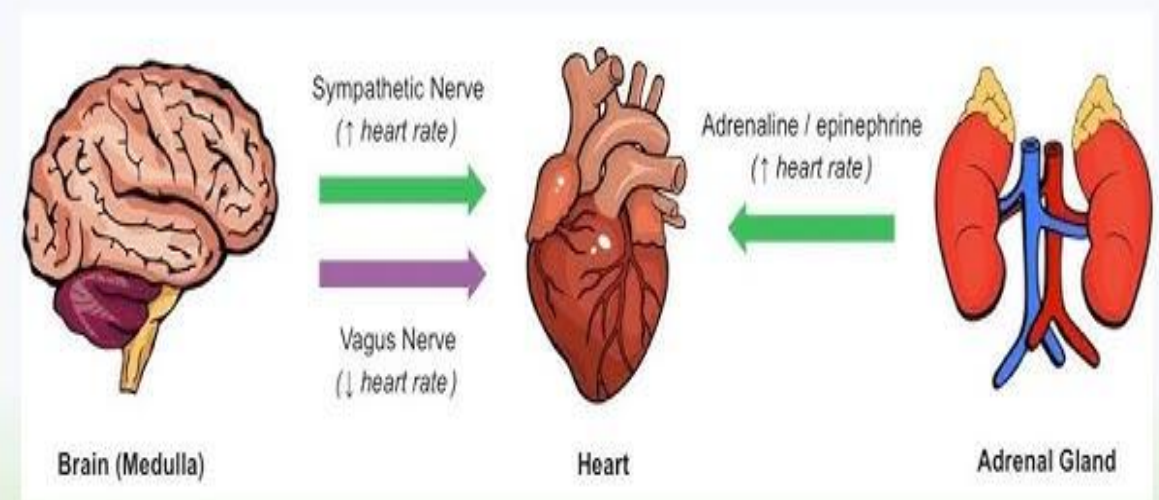
Adrenaline control of Heart Rate

Hormonal Control:

Adrenaline / Epinephrine increases heart rate.

Signals are sent via nerves to adrenal glands to secrete adrenaline.

Adrenaline can override normal feedback control in times of danger.



TEST — Clinical and Diagnostic Applications

Condition	ANS Role	Clinical Feature
Sinus tachycardia	↑ Sympathetic	HR > 100 bpm
Sinus bradycardia	↑ Parasympathetic	HR < 60 bpm
Heart block	Excess vagal activity	Prolonged PR or dropped beats
Autonomic failure	Loss of reflex HR control	Orthostatic hypotension
β-blockers	Inhibit sympathetic β_1	↓ HR, ↓ contractility
Atropine	Blocks vagal tone	↑ HR (used in bradycardia)

SUMMARY TABLE

Comparison of Autonomic Nervous System Effects

Characteristic	Sympathetic	Parasympathetic	Baroreceptor Reflex	Bainbridge Reflex
Neurotransmitter	Norepinephrine	Acetylcholine	—	—
Receptor	β_1	M_2	—	—
Site of Action	SA & AV nodes, myocardium	SA & AV nodes	Carotid & aortic receptors	Atrial stretch receptors
Effect on HR	↑ HR, ↑ conduction	↓ HR, ↑ AV delay	Maintains BP–HR balance	↑ HR with ↑ venous return
Example	Exercise, stress	Sleep, rest	Carotid massage	Fluid overload

REFERENCE BOOKS

1. *Guyton & Hall Textbook of Medical Physiology* – Elsevier
2. *Cardiovascular Physiology* – Pappano & Wier
3. *Ganong's Review of Medical Physiology*
4. *Textbook of Physiology* – A.K. Jain / Sembulingam