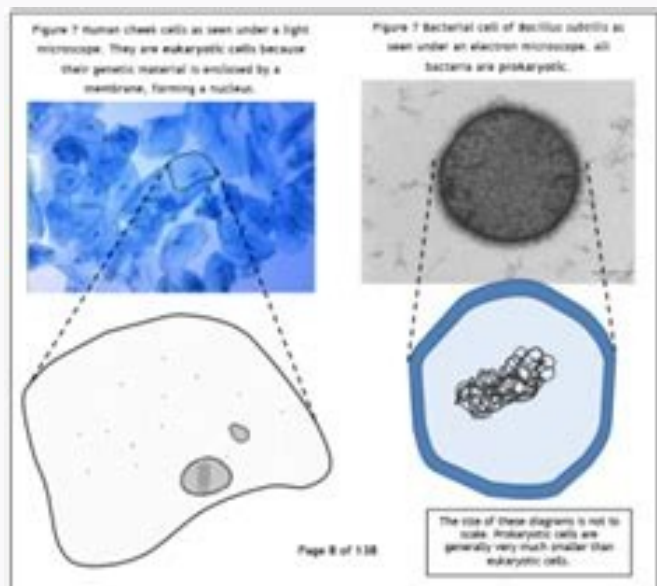
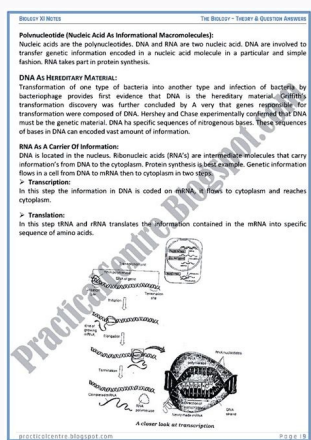
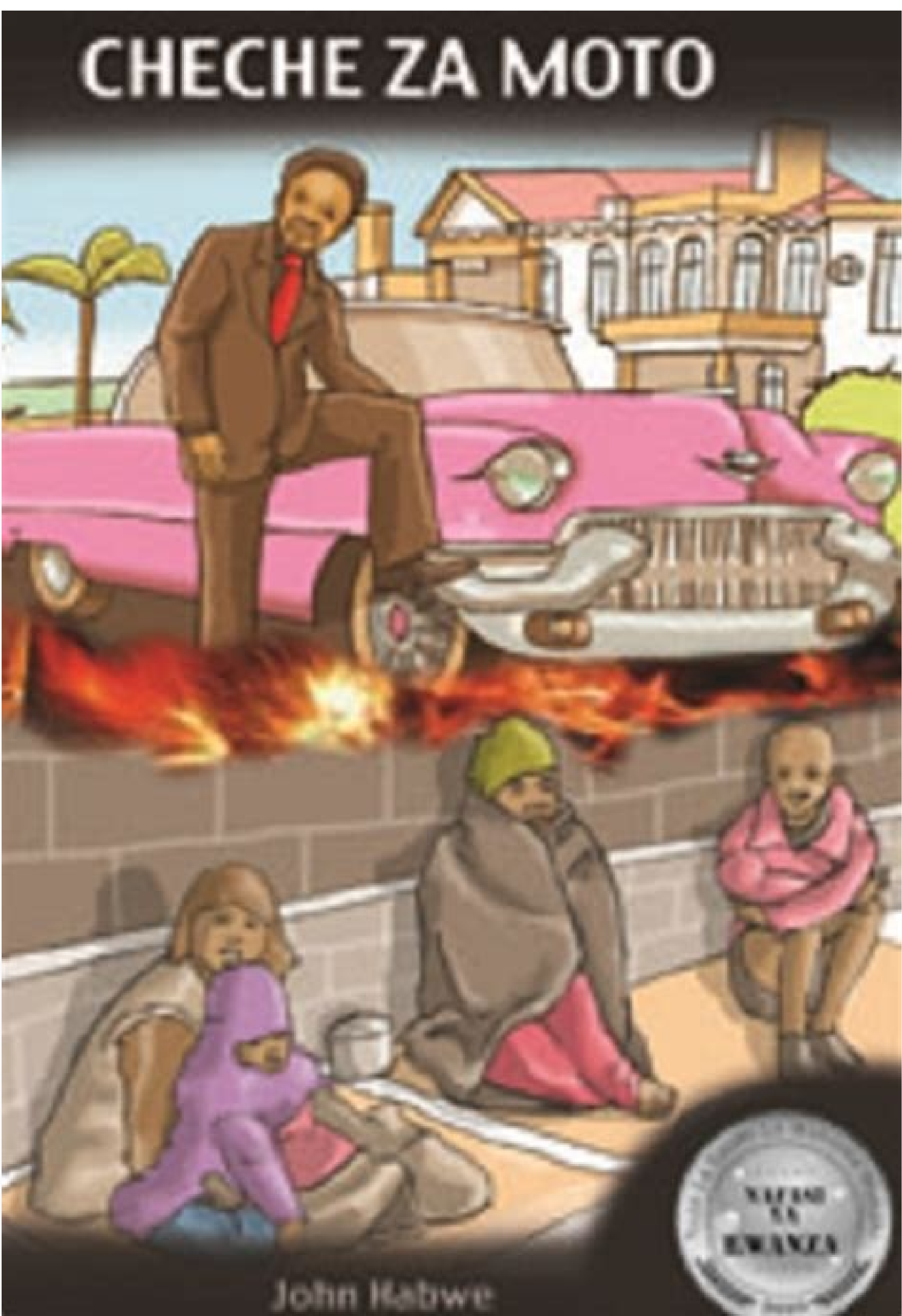


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protein	disaccharide	enzyme	RNA
DNA	valence electron	carbohydrate	amino acid
The structure of the sugar part of a nucleotide is the same in all nucleotides. The phosphate group is attached to the sugar part of the nucleotide. The sugar part of the nucleotide is attached to the phosphate group.	Disaccharides are made of two monosaccharides joined by a glycosidic bond. The monosaccharides are glucose and fructose. The glycosidic bond is formed by a dehydration reaction between the two monosaccharides.	A protein molecule is made of amino acids joined by peptide bonds. The amino acids are joined together in a chain. The chain is folded into a specific shape. The shape of the protein molecule determines its function.	A nucleotide is made of a phosphate group, a sugar, and a nitrogenous base. The phosphate group is attached to the sugar. The sugar is attached to the nitrogenous base. The nitrogenous base is attached to the phosphate group.

EUKARYOTES			
Eukaryotes are organisms whose cells have a nucleus: a nuclear membrane around their genetic material. The following kingdoms are eukaryotic and below is basic summary of their characteristics and comparisons or their cellular structure.			
Animal Kingdom	Plant Kingdom	Protist/Protoctist Kingdom	Fungi Kingdom
e.g. a human cheek cell	e.g. a leaf cell	e.g. amoeba	e.g. yeast
Animal cell have a cell membrane but no cell wall.	Plant cells have a cell membrane and a cellulose cell wall.	Some protists have only a cell membrane, others have a cell wall too.	Fungal cells have a cell membrane and a chitin cell wall.







into the mouth cavity through the mouth cavity. Adaptations of Buccal Cavity for Gaseous Exchange It has a thin epithelium lining the mouth cavity allowing fast diffusion of gases. It is kept moist by secretions from the epithelium for dissolving respiratory gases. It has a rich supply of blood vessels for efficient transport of respiratory gases. The concentration of oxygen in the air within the mouth cavity is higher than that of the blood inside the blood vessels. Oxygen, therefore dissolves in the moisture lining the mouth cavity and then diffuses into the blood through the thin epithelium. On the other hand, carbon (IV) oxide diffuses in the opposite direction along a concentration gradient. Lungs There is a pair of small lungs used for gaseous exchange. Adaptation of Lungs The lungs are thin walled for fast diffusion of gases. Have internal foldings to increase surface area for gaseous exchange. A rich supply of blood capillaries for efficient transport of gases. Moisture lining for gases to dissolve. Ventilation Inspiration During inspiration, the floor of the mouth is lowered and air is drawn in through the nostrils. When the nostrils are closed and the floor of the mouth is raised, air is forced into the lungs. Gaseous exchange occurs in the lungs, oxygen dissolves in the moisture lining of the lung and diffuses into the blood through the thin walls. Carbon (IV) oxide diffuses from blood into the lung lumen. Expiration When the nostrils are closed and the floor of mouth is lowered by contraction of its muscles, volume of mouth cavity increases. Abdominal organs press against the lungs and force air out of the lungs into buccal cavity. Nostrils open and floor of the mouth is raised as its muscles relax. Air is forced out through the nostrils. Gaseous Exchange in a Mammal -Human The breathing system of a mammal consists of a pair of lungs which are thin-walled elastic sacs lying in the thoracic cavity. The thoracic cavity consists of vertebrae, sternum, ribs and intercostal muscles. The thoracic cavity is separated from the abdominal cavity by the diaphragm. The lungs lie within the thoracic cavity. They are enclosed and protected by the ribs which are attached to the sternum and the thoracic vertebrae. There are twelve pairs of ribs, the last two pairs are called 'floating ribs' because they are only attached to the vertebral column. The ribs are attached to and covered by internal and external intercostals muscles. The diaphragm at the floor of thoracic cavity consists of a muscle sheet at the periphery and a central circular fibrous tissue. The muscles of the diaphragm are attached to the thorax wall. The lungs communicate with the outside atmosphere through the bronchi, trachea, mouth and nasal cavities. The trachea opens into the mouth cavity through the larynx. A flap of muscles, the epiglottis, covers the opening into the trachea during swallowing. This prevents entry of food into the trachea. Nasal cavities are connected to the atmosphere through the external nares(or nostrils)which are lined with hairs and mucus that trap dust particles and bacteria, preventing them from entering into the lungs. Nasal cavities are lined with cilia. The mucus traps dust particles. The cilia move the mucus up and out of the nasal cavities. The mucus moistens air as it enters the nostrils. Nasal cavities are winding and have many blood capillaries to increase surface area to ensure that the air is warmed as it passes along. Each lung is surrounded by a space called the pleural cavity. It allows for the changes in lung volume during breathing. An internal pleural membrane covers the outside of each lung while an external pleural membrane lines the thoracic wall. The pleural membranes secrete pleural fluid into the pleural cavity. This fluid prevents friction between the lungs and the thoracic wall during breathing. The trachea divides into two bronchi, each of which enters into each lung. Trachea and bronchi are lined with rings of cartilage that prevent them from collapsing when air pressure is low. Each bronchus divides into smaller tubes, the bronchioles. Each bronchiole subdivides repeatedly into smaller tubes ending with fine bronchioles. The fine bronchioles end in alveolar sacs, each of which gives rise to many alveoli. Epithelium lining the inside of the trachea, bronchi and bronchioles has cilia and secretes mucus. Adaptations of Alveolus to Gaseous Exchange Each alveolus is surrounded by very many blood capillaries for efficient transport of respiratory gases. There are very many alveoli that greatly increases the surface area for gaseous exchange. The alveolus is thin walled for faster diffusion of respiratory gases. The epithelium is moist for gases to dissolve. Gaseous Exchange Between the Alveoli and the Capillaries The walls of the alveoli and the capillaries are very thin and very close to each other. Blood from the tissues has a high concentration of carbon (IV) oxide and very little oxygen compared to alveolar air. The concentration gradient favours diffusion of carbon (IV) oxide into the alveolus and oxygen into the capillaries. No gaseous exchange takes place in the trachea and bronchi. These are referred to as dead space. Ventilation Exchange of air between the lungs and the outside is made possible by changes in the volumes of the thoracic cavity. This volume is altered by the movement of the intercostal muscles and the diaphragm. Inspiration The ribs are raised upwards and outwards by the contraction of the external intercostal muscles, accompanied by the relaxation of internal intercostal muscles. The diaphragm muscles contract and diaphragm moves downwards. The volume of thoracic cavity increases, thus reducing the pressure. Air rushes into the lungs from outside through the nostrils. Expiration The internal intercostal muscles contract while external ones relax and the ribs move downwards and inwards. The diaphragm muscles relaxes and it is pushed upwards by the abdominal organs. It thus assumes a dome shape. The volume of the thoracic cavity decreases, thus increasing the pressure. Air is forced out of the lungs. As a result of gaseous exchange in the alveolus, expired air has different volumes of atmospheric gases as compared to inspired air. Table 7.1: Comparison of Inspired and Expired Air (% by volume) Component Inspired % Expired % Oxygen 21 16 Carbon dioxide 0.03 4 Nitrogen 79 79 Moisture Variable Saturated Lung Capacity The amount of air that human lungs can hold is known as lung capacity. The lungs of an adult human are capable of holding 5,000 cm3 of air when fully inflated. However, during normal breathing only about 500 cm3 of air is exchanged. This is known as the tidal volume. A small amount of air always remains in the lungs even after a forced expiration. This is known as the residual volume. The volume of air inspired or expired during forced breathing is called vital capacity. Control of Rate Of Breathing The rate of breathing is controlled by the respiratory centre in the medulla of the brain. This centre sends impulses to the diaphragm through the phrenic nerve. Impulses are also sent to the intercostal muscles. The respiratory centre responds to the amount of carbon (IV) oxide in the blood. If the amount of carbon (IV) oxide rises, the respiratory centre sends impulses to the diaphragm and the intercostal muscles which respond by contracting in order to increase the ventilation rate. Carbon (IV) oxide is therefore removed at a faster rate. Factors Affecting Rate of Breathing in Humans Factors that cause a decrease or increase in energy demand directly affect rate of breathing. Exercise, any muscular activity like digging. Sickness Emotions like anger, flight Sleep. Effects of Exercise on Rate of Breathing Students to work in pairs. One student stands still while the other counts (his/her) the number of breaths per minute. The student whose breath has been taken runs on the sport vigorously for 10 minutes. At the end of 10 minutes the number of breaths per minute is immediately counted and recorded. It is noticed that the rate of breathing is much higher after exercise than at rest. Dissection of a Small Mammal (Rabbit) to Show Respiratory Organs The rabbit is placed in a bucket containing cotton wool which has been soaked in chloroform. The bucket is covered tightly with a lid. The dead rabbit is placed on the dissecting board ventral side upwards. Pin the rabbit to the dissecting board by the legs. Dissect the rabbit to expose the respiratory organs. Ensure that you note the following features. Ribs, intercostal muscles, diaphragm, lungs, bronchi, trachea, pleural membranes, thoracic cavity. Diseases of the Respiratory System Asthma Asthma is a chronic disease characterised by narrowing of air passages. Causes: Allergy Due to pollen, dust, fur, animal hair, spores among others. If these substances are inhaled, they trigger release of chemical substances and they may cause swelling of the bronchioles and bring about an asthma attack. Heredity Asthma is usually associated with certain disorders which tend to occur in more than one member of a given family, thus suggesting a hereditary tendency. Emotional or mental stress Strains the body immune system hence predisposes to asthma attack. Symptoms Asthma is characterized by wheezing and difficulty in breathing accompanied by feeling of tightness in the chest as a result of contraction of the smooth muscles lining the air passages. Treatment and Control There is no definite cure for asthma. The best way where applicable is to avoid whatever triggers an attack (allergen). Treatment is usually by administering drugs called bronchodilators. The drugs are inhaled, taken orally or injected intravenously depending on severity of attack to relief bronchial spasms. Bronchitis This is an inflammation of bronchial tubes. Causes This is due to an infection of bronchi and bronchioles by bacteria and viruses. Symptoms Difficulty in breathing. Cough that produces mucus. Antibiotics are administered. Pulmonary Tuberculosis Tuberculosis is a contagious disease that results in destruction of the lung tissue. Causes Tuberculosis is caused by the bacterium Mycobacterium tuberculosis. Human tuberculosis is spread through droplet infection i.e., in saliva and sputum. Tuberculosis can also spread from cattle to man through contaminated milk. From a mother suffering from the disease to a baby through breast feeding. The disease is currently on the rise due to the lowered immunity in persons with HIV and AIDS (Human Immuno Deficiency Syndrome). Tuberculosis is common in areas where there is dirt, overcrowding and malnourishment. Symptoms It is characterised by a dry cough, lack of breath and body wasting. Prevention Proper nutrition with a diet rich in proteins and vitamins to boost immunity. Isolation of sick persons reduces its spread. Utensils used by the sick should be sterilised by boiling. Avoidance of crowded places and living in well ventilated houses. Immunisation with B.C.G. vaccine gives protection against tuberculosis. This is done a few days after birth with subsequent boosters. Treatment Treatment is by use of antibiotics. Pneumonia Pneumonia is infection resulting in inflammation of lungs. The alveoli get filled with fluid and bacterial cells decreasing surface area for gaseous exchange. Pneumonia is caused by bacteria and virus. More infections occur during cold weather. The old and the weak in health are most vulnerable. Symptoms Pain in the chest accompanied by a fever, high body temperatures (39-40°C) and general body weakness. Prevention Maintain good health through proper feeding. Avoid extreme cold. Treatment If the condition is caused by pneumococcus bacteria, antibiotics are administered. If breathing is difficult, oxygen may be given using an oxygen mask. Whooping Cough Whooping cough is an acute infection of respiratory tract. The disease is more common in children under the age of five but adults may also be affected. Causes It is caused by Bordetella pertussis bacteria and is usually spread by droplets produced when a sick person coughs. Symptoms: Severe coughing and frequent vomiting. Thick sticky mucus is produced. Severe broncho-pneumonia. Convulsions in some cases. Prevention Children may be immunised against whooping cough by means of a vaccine which is usually combined with those against diphtheria and tetanus. It is called "Triple Vaccine" or Diphtheria, Pertussis and Tetanus (DPT). Treatment Antibiotics are administered. To reduce the coughing, the patient should be given drugs. END OF CHAPTER NOTES Practical Activities Observation of permanent slides of terrestrial and aquatic leaves and stems Leaves Observation of T.S. of bean and water lily are made under low and medium power objectives. Stomata and air space are seen. Labelled drawings of each are made. The number and distribution of stomata on the lower and upper leaf surface is noted. Also the size of air spaces and their distribution. Stem Prepared slides (TS) of stems of terrestrial and aquatic plants such as croton and reeds are obtained. Observations under low power and medium power of a microscope are made. Labelled drawings are made and the following are noted: Lenticels on terrestrial stems. Large air spaces (aerenchyma) in aquatic stems. END OF CHAPTER NOTES Excretion and Homeostasis Introduction Excretion is the process by which living organisms separate and eliminate waste products of metabolism from body cells. If these substances were left to accumulate, they would be toxic to the cells. Egestion is the removal of undigested materials from the alimentary canals of animals. Secretion is the production and release of certain useful substances such as hormones, sebum and mucus produced by glandular cells. Homeostasis is a self-adjusting mechanism to maintain a steady state in the internal environment Excretion in Plants Plants have little excretion of toxic waste especially nitrogenous wastes. This is because they synthesise proteins according to their requirements. In carbohydrate metabolism plants use carbon (IV) oxide released from respiration in photosynthesis while oxygen released from photosynthesis is used in respiration. Gases are removed from the plant by diffusion through stomata and lenticels. Certain organic products are stored in plant organs such as leaves, flowers, fruits and bark and are removed when these organs are shed. The products include tannins, resins, latex and oxalic acid crystals. Some of these substances are used illegally. Khat, cocaine and cannabis are used without a doctor's prescription and can be addictive. Use of these substances should be avoided. Plant Excretory Products their source and uses Plant Product Source Use Caffeine Tea and coffee Mild CNS stimulant. Quinine Cinchona tree Anti malaria-drug. Tannins Barks of Acacia, Wattle trees Tanning hides and skins. Colchicine Corms of crocus Prevents spindle formation in cell division. Cocaine Leaves of coca plant Local anaesthesia. Rubber Latex of rubber plant Used in shoe industry. Gum Exudate from acacia Used in food processing and printing industry. Cannabis Flowers, fruits and leaves of Used in manufacture of drugs. cannabis sativa Nicotine Leaves of tobacco plant Manufacture of insecticides. Heart and CNS stimulant. Papain Pawpaw (fruits) Meat tenderiser Treats indigestion. I Mild stimulant. Khat Khatha edulis (miraa) Morphine Opium Poppy plant Narcotic. Induces sleep / hallucinations. Strychnine Seeds of strychnos CNS stimulant. Excretory products in animals Substance Origin 1. Nitrogenous compounds: Excess amino acids (proteins). (i) Ammonia Deamination of amino acids. (ii) Urea Deamination of amino acids. (iii) Uric acid Ammonia (from deamination of amino acids). 2. Carbon dioxide Homeostasis and respiration. 3. Biliverdin and bilirubin Breakdown of haemoglobin. 4. Water Osmoregulation. 5. Cholesterol Excess intake of fats. → >-> → 6. Hormones Excess production Excretion and Homeostasis in Unicellular Organisms Protozoa such as amoeba depend on diffusion as a means of excretion. They have a large surface area to volume ratio for efficient diffusion. Nitrogenous waste and carbon (IV) oxide are highly concentrated in the organism hence they diffuse out. In amoeba excess water and chemicals accumulation in the contractile vacuole. When it reaches maximum size the contractile vacuole moves to the cell membrane, bursts open releasing its contents to the surroundings. Excretion in Human Beings Excretion in humans is carried out by an elaborate system of specialised organs. Their bodies are complex, so simple diffusion cannot suffice. Excretory products include nitrogenous wastes which originate from deamination of excess amino acids. The main excretory organs in mammals such as human beings include lungs, kidneys, skin and liver. Structure and function of the human skin Nerve Endings: These are nerve cells which detect changes from the external environment thus making the body to be sensitive to touch, cold, heat and pressure. Subcutaneous Fat: Is a layer beneath the dermis. It stores fat and acts as an insulator against heat loss. The skin helps in elimination of urea, lactic acid and sodium chloride which are released in sweat. The Lungs Carbon (IV) oxide formed during tissue respiration is removed from the body by the lungs. Mammalian lungs have many alveoli which are the sites of gaseous exchange. Alveoli are richly supplied with blood and have a thin epithelium. Blood capillaries around the alveoli have a high concentration of carbon (IV) oxide than the alveoli lumen. The concentration gradient created causes carbon (IV) oxide to diffuse into the alveoli lumen. The carbon (IV) oxide is eliminated through expiration. Structure and Functions of the Kidneys The kidneys are organs whose functions are excretion, osmoregulation and regulation of pH. Kidneys are located at the back of the abdominal cavity. Each kidney receives oxygenated blood from renal artery, while deoxygenated blood leaves through the renal vein. Urine is carried by the ureter from the kidney to the bladder, which temporarily stores it. From the bladder, the urine is released to the outside via the urethra. The opening from the urethra is controlled by a ring-like sphincter muscle. A longitudinal section of the kidney shows three distinct regions: a darker outer cortex, a lighter inner medulla and the pelvis. The pelvis is a collecting space leading to the ureter which takes the urine to the bladder from where it is eliminated through the urethra. The Bowman's capsule is a cup-shaped structure called the Bowman's capsule. The capsule encloses a bunch of capillaries called the glomerulus. The glomerulus receives blood from an afferent arteriole a branch of the renal artery. Blood is taken away from the glomerulus by efferent arteriole leading to the renal vein. The Bowman's capsule leads to the proximal convoluted tubule that is coiled and extends into a U-shaped part called loop of Henle. From the loop of Henle is the distal convoluted tubule that is also coiled. This leads to the collecting duct which receives contents of many nephrons. Collecting ducts lead to the pelvis of the kidney. Mechanism of Excretion Excretion takes place in three steps: Filtration, reabsorption and removal. Filtration The kidneys receive blood from renal artery a branch of the aorta. This blood is rich in nitrogenous waste e.g. urea. It contains dissolved food substances, plasma proteins,hormones and oxygen. Blood flow in capillaries is under pressure due to the narrowness of the capillaries. The afferent arteriole entering the glomerulus is wider than the efferent arteriole leaving it. This creates pressure in the glomerulus. Due to this pressure, dissolved substances such as urea, uric acid, glucose, mineral salts and amino acids are forced out of the glomerulus into the Bowman's capsule. Large sized molecules in the plasma such as proteins and red blood cells are not filtered out because they are too large. This process of filtration is called ultra-filtration or pressure filtration and the filtrate is called glomerular filtrate. Selective Reabsorption As the filtrate flows through the renal tubules the useful substances are selectively reabsorbed back into the blood. In the proximal convoluted tube all the glucose, all amino acids and some mineral salts are actively reabsorbed by active transport. The cells lining this tubule have numerous mitochondria which provide the energy needed. Cells of the tubule have microvilli which increases the surface area for re-absorption. The tubule is coiled, which reduces the speed of flow of the filtrate e.g. giving more time for efficient re-absorption. The tubule is well supplied with blood capillaries for transportation of reabsorbed substances. The ascending loop has thick wall and is impermeable to water. Sodium is actively pumped out of it towards the descending loop. As glomerular filtrate moves down the descending loop, water is reabsorbed into the blood by osmosis in the distal convoluted tubule and in the collecting duct. Permeability of the collecting duct and proximal convoluted tubule is increased by anti-diuretic hormone (ADH) whose secretion is influenced by the osmotic pressure of the blood. The remaining fluid consisting of water, urea, uric acid and some mineral salts is called urine. The urine is discharged into the collecting duct and carried to the pelvis. The loop of Henle is short in semi-aquatic mammals, and long in some mammals like the desert rat. Removal The urine is conveyed from the pelvis to the ureter. The ureter carries the urine to the bladder where it is stored temporarily and discharged to the outside through the urethra at intervals. Common Kidney Diseases Uræmia This is a condition in which concentration of urea in the blood. It may be due to formation of cysts in tubules or reduction in blood supply to the glomerulil as a result of contraction of renal artery. Symptoms Symptoms include yellow colouration of skin, smell of urine in breath, nausea and vomiting. Treatment includes dialysis to remove excess urea and a diet low in proteins and salts especially sodium and potassium. Kidney Stones Kidney stones are solid deposits of calcium and other salts. They are usually formed in the pelvis of the kidney where they may obstruct the flow of urine. Causes: the stones are formed due to crystallisation of salts around pus, blood or dead tissue. Symptoms: include blood in urine, frequent urination, pain, chills and fever. Severe pain when urinating. Treatment Use of laser beams to disintegrate the stones. Pain killing drugs like morphine. Stones can be removed by surgery. Taking hot baths and massage. Nephritis Nephritis is the inflation of glomerulus of the kidney. Causes: Bacterial infection, sore throat or tonsillitis, blockage of glomeruli by antibody-antigen complex. Signs and Symptoms: include headaches, fever, vomiting, oedema. Control includes dietary restrictions especially salt and proteins. Prompt treatment of bacterial infections. Role of Liver in Excretion The liver lies below the diaphragm and it receives blood from hepatic artery and hepatic portal vein. Blood flows out of the liver through hepatic vein. Excretion of Nitrogenous Wastes Excess amino acids cannot be stored in the body, they are deaminated in the liver. Hydrogen is added to amino group to form ammonia which combines with carbon (IV) oxide to form urea. The urea is carried in the blood stream to the kidneys. The remaining carboxyl group, after removal of amino group, is either oxidised to provide energy in respiration, or built up into carbohydrate reserve and stored as glycogen or converted into fat and stored. Breakdown and Elimination of Haemoglobin Haemoglobin is released from dead or old red blood cells which are broken down in the liver and spleen. Haemoglobin is broken down in the liver and a green pigment biliverdin results which is converted to yellow bilirubin. This is taken to the gall bladder and eliminated as bile. Elimination of Sex Hormones Once they have completed their functions, sex hormones are chemically altered by the liver and then taken to the kidney for excretion. Common Liver Diseases Cirrhosis Cirrhosis is a condition in which liver cells degenerate and are replaced by scar tissue. This causes the liver to shrink, harden, become fibrous and fail to carry out its functions. Causes Chronic alcohol abuse, schistosomiasis infection, obstruction of gall-bladder. Symptoms Headache, nausea, vomiting of blood and lack of appetite, weight loss, indigestion and jaundice. Control and Treatment Avoid alcohol consumption and fatty diet. Use drugs to kill the schistosomes if that is the cause. Jaundice This is a yellow colouration of the skin and eyes. Cause: Presence of excess bile pigments. This happens due to blockage of bile duct or destruction of liver. Symptoms: Yellow pigmentation of skin and eyes, nausea, vomiting and lack of appetite. Itching of skin. Treatment Removal of stones from the gall bladder by surgery. Give patient fat-free diet, reduced amount of proteins. Give antihistamines to reduce itching. Homeostasis Homeostasis is the maintenance of a constant internal environment. The internal environment consists of intercellular or tissue fluid. This fluid is the medium in the space surrounding cells. Tissue fluid is made by ultra-filtration in the capillaries. Dissolved substances in the blood are forced out of the capillaries and into intercellular spaces. Cells obtain their requirements from tissue fluid while waste products from cells diffuse out into the tissue fluid. Some of the fluid gets back into the blood capillaries while excess fluid is drained into the lymph vessels. Cells function efficiently if there is little or no fluctuation in the internal environment. The factors that need to be regulated include temperature, osmotic pressure and pH. The body works as a self-regulating system and can detect changes in its working conditions bringing about corrective responses. This requires a negative feedback mechanism e.g. when body temperature falls below normal, mechanisms are set in place that bring about increase in temperature. And when the increase is above normal, mechanisms that lower the temperature are set in place. This is called a negative feedback and it restores the conditions to normal. Neuro-Endocrine System and Homeostasis Homeostatic mechanisms are brought about by an interaction between nervous and endocrine systems. Nerve endings detect changes in the internal and external environment and relay the information to the brain. The hypothalamus and pituitary are endocrine glands situated in the brain. The hypothalamus detect changes in the blood. The pituitary secretes a number of hormones involved in homeostasis e.g. anti-duretic hormone (ADH). The discussion below shows the nature of these interactions. The Skin and Temperature Regulation The optimum human body temperature is 36.8°C. A constant body temperature favours efficient enzyme reaction. Temperatures above optimum denature enzymes, while temperature below the optimum range inactivate enzymes. The skin is involved in regulation of body temperature as follows: The skin has receptors that detect changes in the temperature of the external environment. When the body temperature is above optimum the following takes place: Sweat: Sweat glands secrete sweat onto the skin surface. As sweat evaporates it takes latent heat from the body, thus lowering the temperature. Vasodilation of Arterioles: The arterioles near the surface become wider in diameter. More blood flows near the surface and more heat is lost to the surrounding by convection and radiation. Relaxation of hair erector muscle: When hair erector muscles relax, the hair lies flat thus allowing heat to escape from the skin surface. When body temperature is below optimum the following takes place: Vasoconstriction of Arterioles: The arterioles near the surface of the skin become narrower. Blood supply to the skin is reduced and less heat is lost to the surroundings. Contraction of hair erector muscles. When hair erector muscles contract, the hair is raised. Air is trapped between the hairs forming an insulating layer. Animals in cold areas have a thick layer of subcutaneous fat, which helps to insulate the body. Besides the role of the skin in thermoregulation as discussed above, the rate of metabolism is lowered when temperature is below optimum and increased when temperature is above optimum. The latter increases the temperature to the optimum. When this fails, shivering occurs. Shivering is involuntary contraction of muscles which helps to generate heat thus raising the body temperature. Homeostatic Control of Body Temperature in Humans Body size and Heat Loss The amount of heat produced by metabolic reactions in an animal body is proportional to its mass. Large animals produce more heat but they lose less due to small surface area to volume ratio. Small animals produce less heat and lose a lot, due to large surface area to volume ratio. Small animals eat a lot of food in relation to their size in order to raise their metabolic rate. Behavioural and Physiological Responses to Temperature Changes Animals gain or lose heat to the environment by conduction, radiation and convection. Birds and mammals maintain a constant body temperature regardless of the changes in the environment. They do this mainly by internally installed physiological mechanisms hence they are endotherms, also known as homoiotherms. At the same time behavioural activities like moving to shaded areas when it is too hot assist in regulating their body temperature. Other animals do not maintain a constant body temperature e.g. lizards. They are poikilotherms (ectotherms) as their temperature varies according to that of surroundings. They only regulate body temperature through behavioural means. Lizards bask on the rocks to gain heat and hide under rocks when it is too hot. Some animals have adaptive features e.g. animals in extreme cold climates have fur and a thick layer of subcutaneous fat like polar bear. Those in extremely hot areas have tissue that tolerate high temperatures e.g. camels. Some animals avoid cold conditions by hibernating e.g. the frog while others avoid dry hot conditions by aestivation e.g. kangaroo rat. This involves decreasing their metabolic activities. Skin and Osmoregulation Osmoregulation is the control of salt and water balance in the body to maintain the appropriate osmotic pressure for proper cell functioning. Sweat glands produce sweat and thus eliminate water and salt from the body. The Kidney and Osmoregulation The kidney is the main organ that regulates the salt and water balance in the body. The amount of salt or water reabsorbed into the bloodstream is dependent on the osmotic pressure of the blood. When the osmotic pressure of the blood rises above normal due to dehydration or excessive consumption of salt, the osmo-receptors in the hypothalamus are stimulated. These cells relay impulses to the pituitary gland which produces a hormone called anti-diuretic hormone – ADH (vasopressin) which is taken by the blood to the kidneys. The hormone (ADH) makes the distal convoluted tubule and collecting duct more permeable to water hence more water is reabsorbed into the body by the kidney tubules lowering the osmotic pressure in the blood. When the osmotic pressure of the blood falls below normal due to intake of a large quantity of water, osmoreceptors in the hypothalamus are less stimulated. Less anti-diuretic hormone is produced, and the kidney tubules reabsorb less water hence large quantities of water is lost producing dilute urine (diuresis). The osmotic pressure of the blood is raised to normal. If little or no ADH is produced, the body may become dehydrated unless large quantities of water are consumed regularly. Diabetes insipidus is a disease that results from the failure of the pituitary gland to produce ADH and the body gets dehydrated. A hormone called Aldosterone produced by the adrenal cortex regulates the level of sodium ions. When the level of sodium ions in the blood is low, adrenal cortex releases aldosterone into the blood. This stimulates the loop of Henle to reabsorb sodium ions into the blood. Chloride ions flow to neutralise the charge on sodium ions. Aldosterone also stimulates the colon to absorb more sodium ions into the blood. If the sodium ion concentration rises above optimum level, adrenal cortex Notes missing The liver Formation of Red Blood Cells. In the embryo, red blood cells are formed in the liver. Breakdown and elimination of old and dead blood cells. Dead red blood cells are broken down in the liver and the pigments eliminated in bile. Manufacture of Plasma Proteins. Plasma proteins like albumen, fibrinogen and globulin are manufactured in the liver. Storage of blood, vitamins A, K, B12 and D and mineral salts such as iron and potassium ions. Toxic substances ingested e.g. drugs or produced from metabolic reactions in the body are converted to harmless substances in a process called detoxification.



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