



GIT - Mastication & Salivation

Good Morning


DR.CHARUSHILA RUKADIKAR

Mastication/chewing

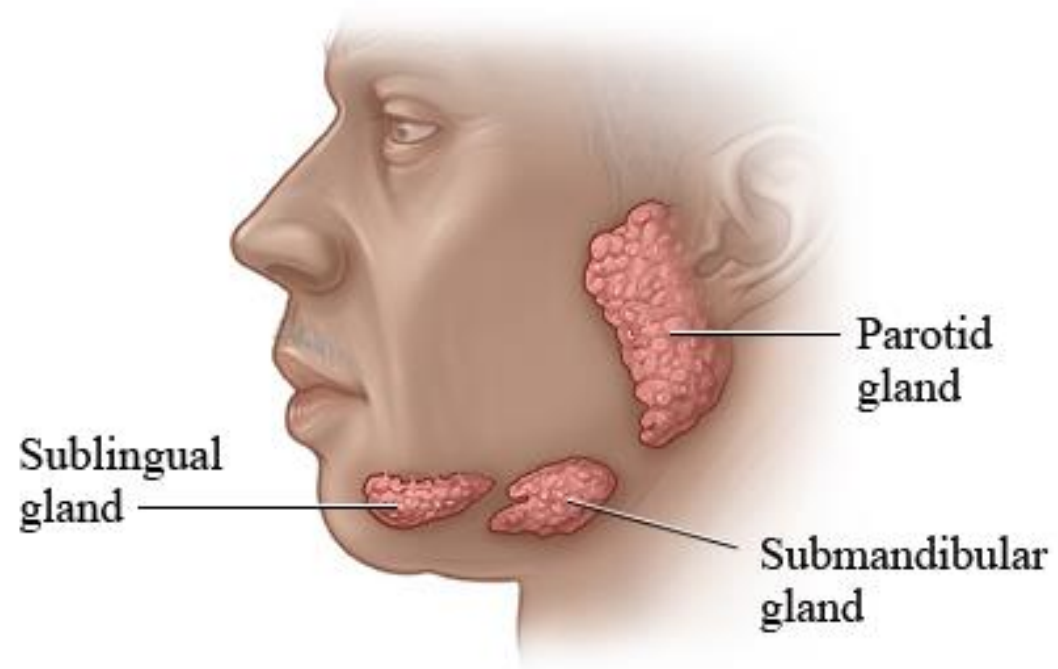
- Process by which the food placed in mouth is cut and grounded and smaller pieces.
 - Involves –
 - Movement of jaws
 - Action of teeth
 - Co-ordinated movements of tongue and muscles of oral cavity
 - Masseter, temporalis, buccinators, pterygoids
- 

- Voluntary act
 - **Chewing reflex-**
 - **Mouth opened to place food –**
stretching of jaw muscles – contraction- closes the mouth
 - **Food stimulates buccal receptors –**
reflex inhibition of muscles of mastication
stimulation of digastric & lateral pterygoid causing mouth to open
- 

Functions of mastication –

1. Breaking of food - increased surface area for enzymes to act
 2. Undigestive Cellulose in fruits & veg broken
 3. Mixing with saliva - digestion by salivary amylase & lipase
 4. Swallowing becomes easier
 5. Stimulation of taste buds & olfactory receptors.
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Saliva - Salivary glands



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Saliva

- 1500 ml/day amount & pH 6 - 7.4
- Composition - 99% water and 1% solids

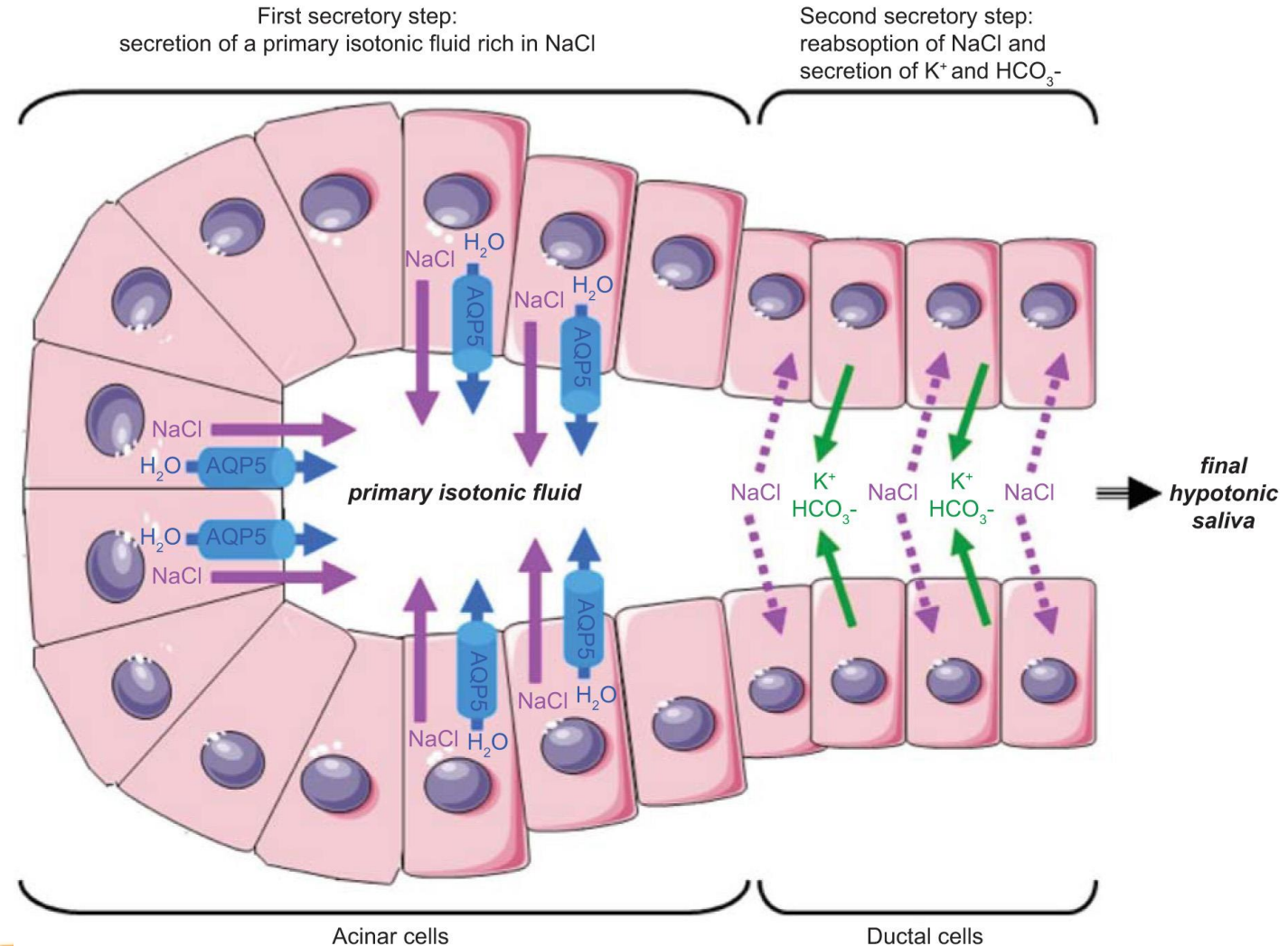
Organic substances	Inorganic substances
salivary α -amylase(ptyalin) lingual lipase kallikrein lysozyme, lactoferrin urea, uric acid, cholesterol and mucin (small amounts) IgA Proline rich proteins	Na^+ Cl^- K^+ HCO_3^- $\text{Ca}^{++}, \text{PO}_4^{3-}, \text{Br}^-$ (in traces)

Saliva -Mechanism of formation

Aldosterone increases reabsorption of Na⁺ and Cl⁻

**Addison,s disease -
Aldosterone deficiency -
High Na⁺/Cl⁻ in saliva**

**Hyperaldosteronism -
Almost zero Na⁺/Cl⁻
and excess K⁺ in saliva**




Saliva - Phases of salivary secretion

1. Cephalic phase - due to sight/smell of food



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2. **Buccal phase** - due to stimulation of buccal receptors
 3. **Oesophageal phase** - stimulation of salivary glands due to passage of food in oesophagus
 4. **Gastric phase** - Presence of food (specially irritant food) in stomach e.g. vomiting
 5. **Intestinal phase** - Caused by irritant food in intestine.
- 

Saliva - Control of salivary secretion

Sensory Receptors

1. Mechanoreceptors

2. Chemoreceptors/ Taste buds -

Ant. 2/3 of tongue -
VII

Post 1/3 of tongue -
IX

Afferent signals from sensory receptors in mouth

Trigeminal, facial, glossopharyngeal
nerves

Salivary nuclei in the medulla oblongata of brain

Parasympathetic nerve bundle

sympathetic nerve bundle

salivary glands



- Entirely controlled by ANS
- Unique Feature- increased by both **sympathetic** and parasympathetic system

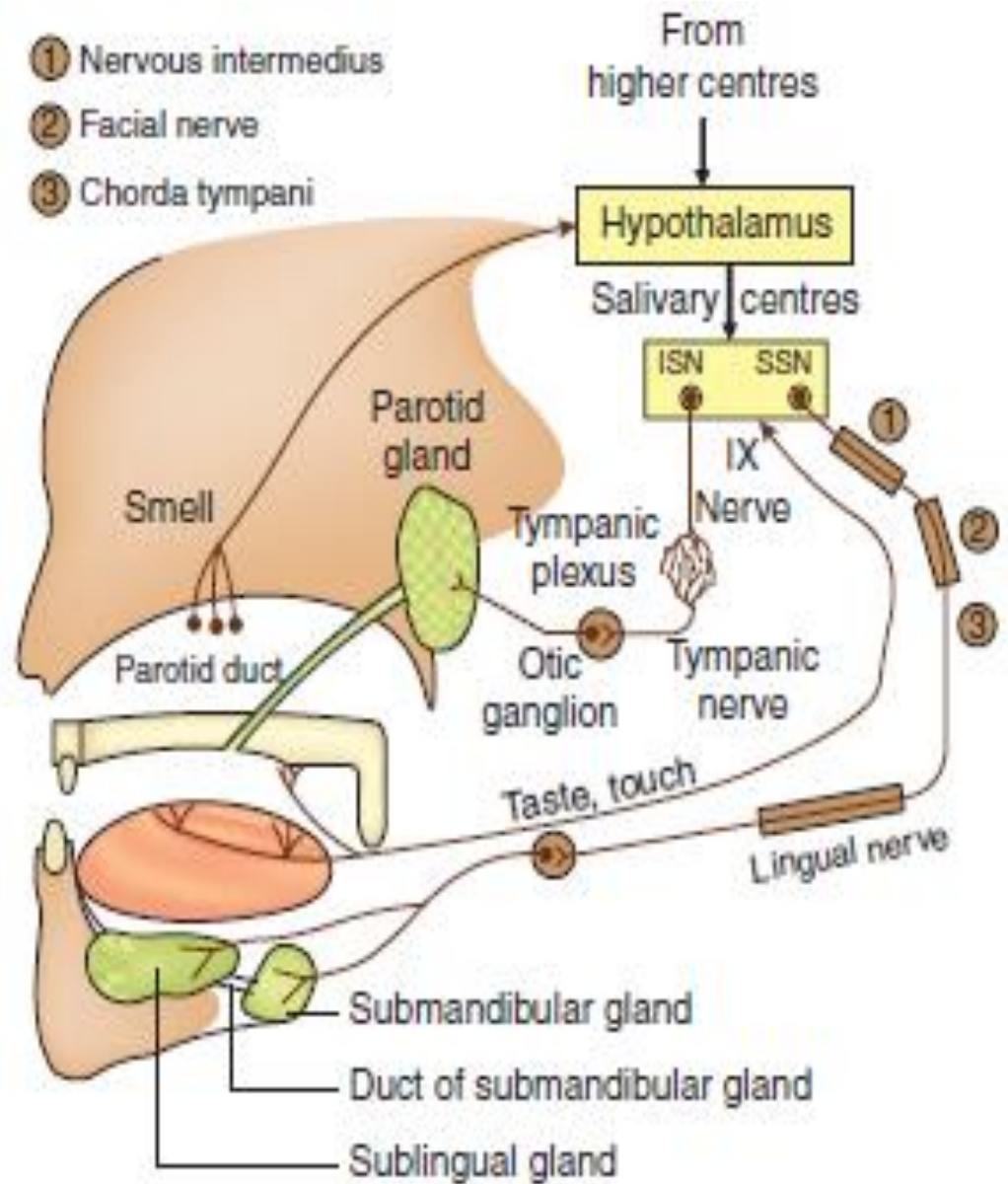


Fig. 7.2-4 Parasympathetic nerve supply to salivary glands.

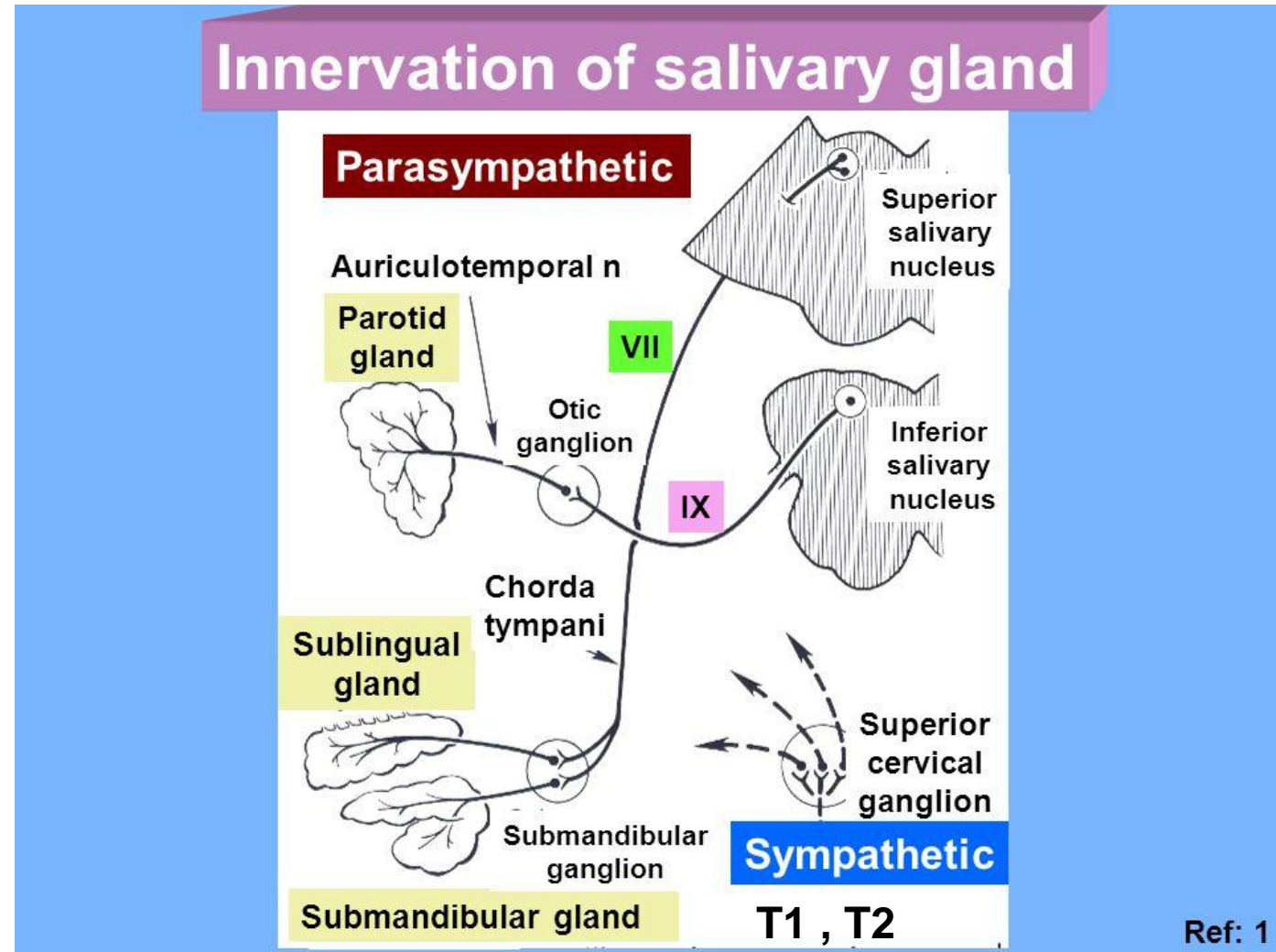
Saliva - Control of salivary secretion

Effect of Parasympathetic-

Cause secretion of large volume of **watery fluid** high in **electrolytes** & low in **proteins**.


Effect of sympathetic –

Vasoconstriction in salivary glands and secretion of very small amount of **viscid saliva** rich in **mucus** and **organic constituents**



Ref: 1

Paralytic secretion

- Claude Bernard performed an experiment on dog
 - After cutting chorda tympani nerve –
 - scanty secretion of thin turbid saliva which increased to peak on 7th day and diminished in 3 weeks.
 - He called it paralytic secretion
 - Later on it was seen - increased secretion due to increased sensitivity of gland (denervation hypersensitivity)
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Functions of saliva

- **Protective function-**

- Dilutes hot & irritant food
- Washes away food particles after end of meal - cleans oral cavity (Xerostomia - frequent dental caries)
- Destroys harmful bacteria - Lysozymes (bactericidal), Lactoferrin (bacteriostatic)
- Dilutes any HCl/bile that regurgitates into oesophagus and mouth

- **Role in mastication and deglutition**

- Lubricates food and buccal mucosa - helps in mastication and swallowing
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Functions of saliva

➤ Helps in bolus formation - acts as glue

- **Digestive function**

➤ Starch $\xrightarrow[\text{acts on 1-4 linkage}]{\text{salivary } \alpha\text{-amylase(ptyalin)}}$ Maltose

Initial starch digestion, short time of action as this action stopped by acidic pH of stomach when bolus reaches stomach.

➤ Initial triglyceride digestion - lingual lipase




Functions of saliva

- **Role in taste sensation- dissolved substance**
- **Role in speech** - lubricates oral cavity so facilitates movements of lip & tongue
- **Excretory function** - certain heavy metals, thiocyanate ions, alcohol and morphine.
- **Role in temperature regulation**
 - During dehydration - salivary secretion reduced
 - Panting mechanism-
In dogs saliva is evaporated to cause evaporative heat loss

- WRITE FUNCTIONS OF SALIVA
- WRITE PHASES OF SALIVARY SECRETION



Deglutition (Swallowing)

- Refers to passage of food from the **oral cavity** into the **stomach**
 - Consists of 3 phases -
 - **Oral phase (Voluntary)**
 - **Pharyngeal phase (Reflex/Involuntary)**
 - **Oesophageal phase (Reflex/Involuntary)**
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Deglutition (Swallowing) contd.-

1. Oral phase

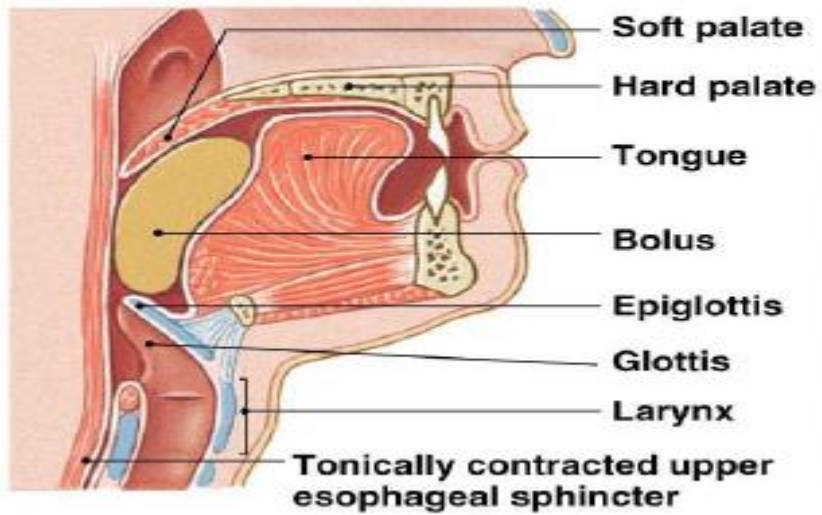
- Voluntary phase
- Bolus of food put over dorsum of tongue - tongue forces the bolus into oropharynx by pushing up against hard palate.

- Involuntary phase - swallowing reflex
- Components of swallowing reflex-
 - *Receptors* - around opening of pharynx. Bolus moves from mouth to pharynx.
 - *Afferent arc* – Receptor to deglutination center. Trigeminal(V), glossopharyngeal(IX), & vagus (X).
 - *Deglutition centre* - Medulla - nucleus tractus solitarius (NTS)
Lower Pons - nucleus ambiguus
 - *Efferent arc* - V, IX, X, XII cranial nerves - pharyngeal musculature contraction

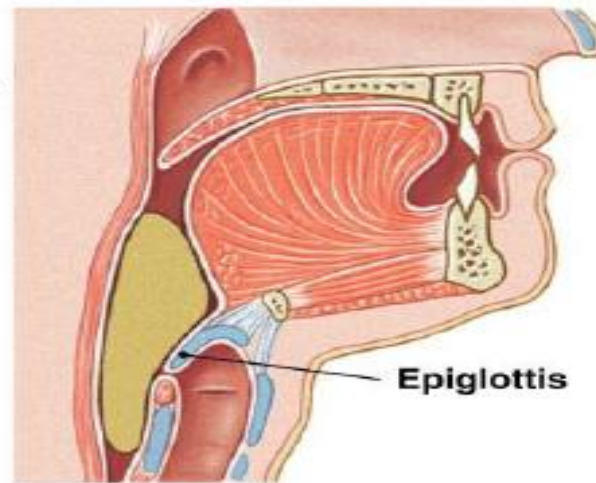
Events during pharyngeal phase –

- Oral cavity shut off by approximation of posterior pillar of the fauces
 - Nasopharynx closed by upward movement of soft palate
 - Palatopharyngeal folds pulled medially to make slit like opening
 - Vocal cords approximated, larynx pulled upwards and anteriorly and epiglottis swings backwards to close larynx (*deglutition apnoea*)
 - Upper oesophageal sphincter (UES) opens up and allows food to pass on to upper oesophagus by peristalsis.
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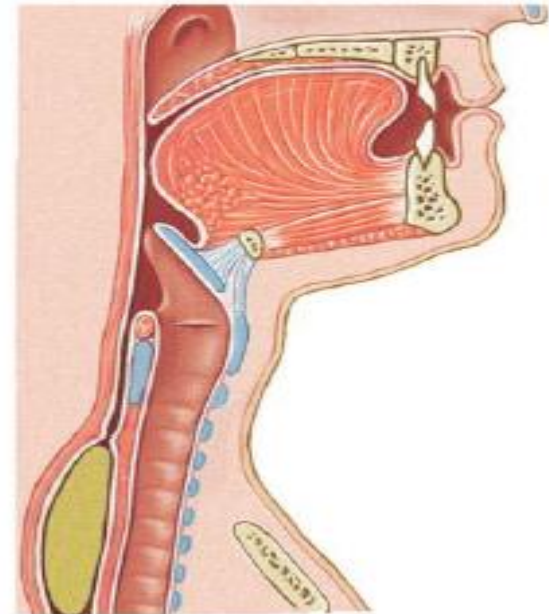
- 1** Tongue pushes bolus against soft palate and back of mouth, triggering swallowing reflex.



- 2** Upper esophageal sphincter relaxes while epiglottis closes to keep swallowed material out of the airways.

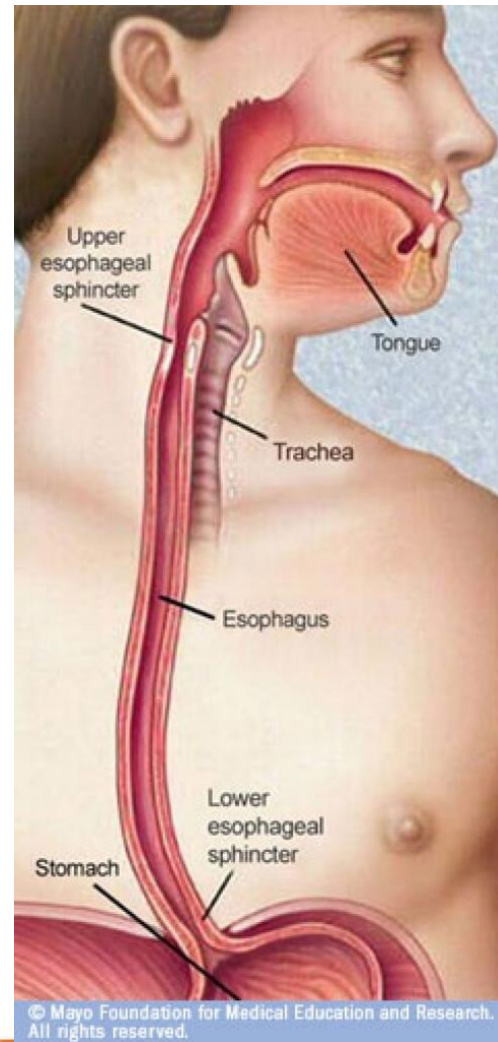



- 3** Food moves downward into the esophagus, propelled by peristaltic waves and aided by gravity.



3. Oesophageal phase

- Food propelled from upper part of oesophagus to the stomach by oesophageal peristalsis (primary and secondary) aided by gravity
- *Upper oesophageal sphincter (UES)*-
 - True sphincter formed by cricopharyngeal muscle
 - Normally tonically contracted
 - Prevents aerophagia
 - Ach
 - Opens during swallowing when a rapid peristaltic wave pass to oesophagus
- *Lower oesophageal / Cardiac sphincter (LES)*
 - Called physiological sphincter, contractile
 - Prevents regurgitation of gastric contents




- **Oesophageal peristalsis**
 - **Primary oesophageal peristalsis**
 - Primary oesophageal peristalsis is initiated by swallowing,
 - Co-ordinated by vagal fibres emerging from swallowing centre.
 - As soon as food bolus enters oesophagus from pharynx, **UES contracts to prevent regurgitation of food into mouth, 8SEC**
 - primary oesophageal peristalsis begins which propel food downwards.
 - **The LES (which normally remains tonically contracted) relaxes** as the peristaltic wave approaches sphincter and allows bolus of food to enter stomach without causing any resistance.
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- Secondary oesophageal peristalsis

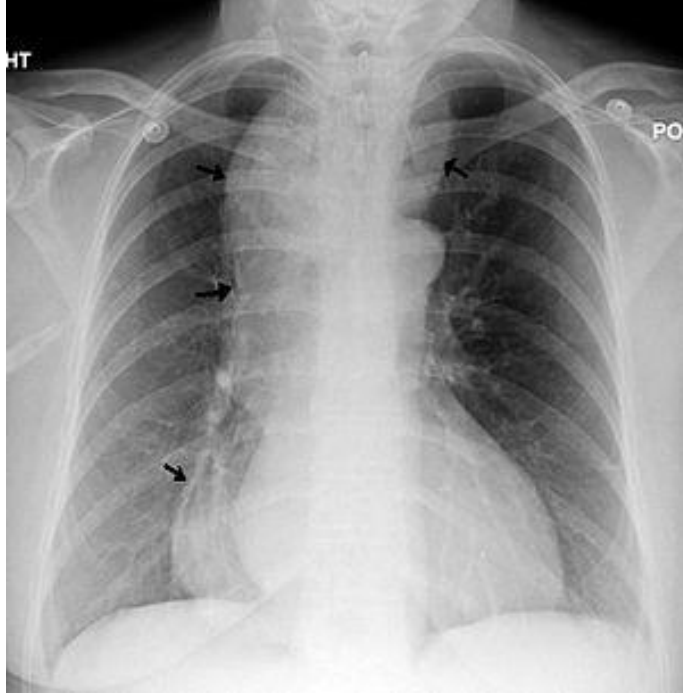
When primary oesophageal peristalsis is not able to push a bolus of solid food all the way down oesophagus, **food remaining in oesophagus stretches mechanical receptors** **Initiates another peristaltic wave called the secondary oesophageal peristalsis.**

Secondary oesophageal peristalsis is coordinated by the *intrinsic nervous system* of the oesophagus. This wave continue until all the swallowed food removed from oesophagus

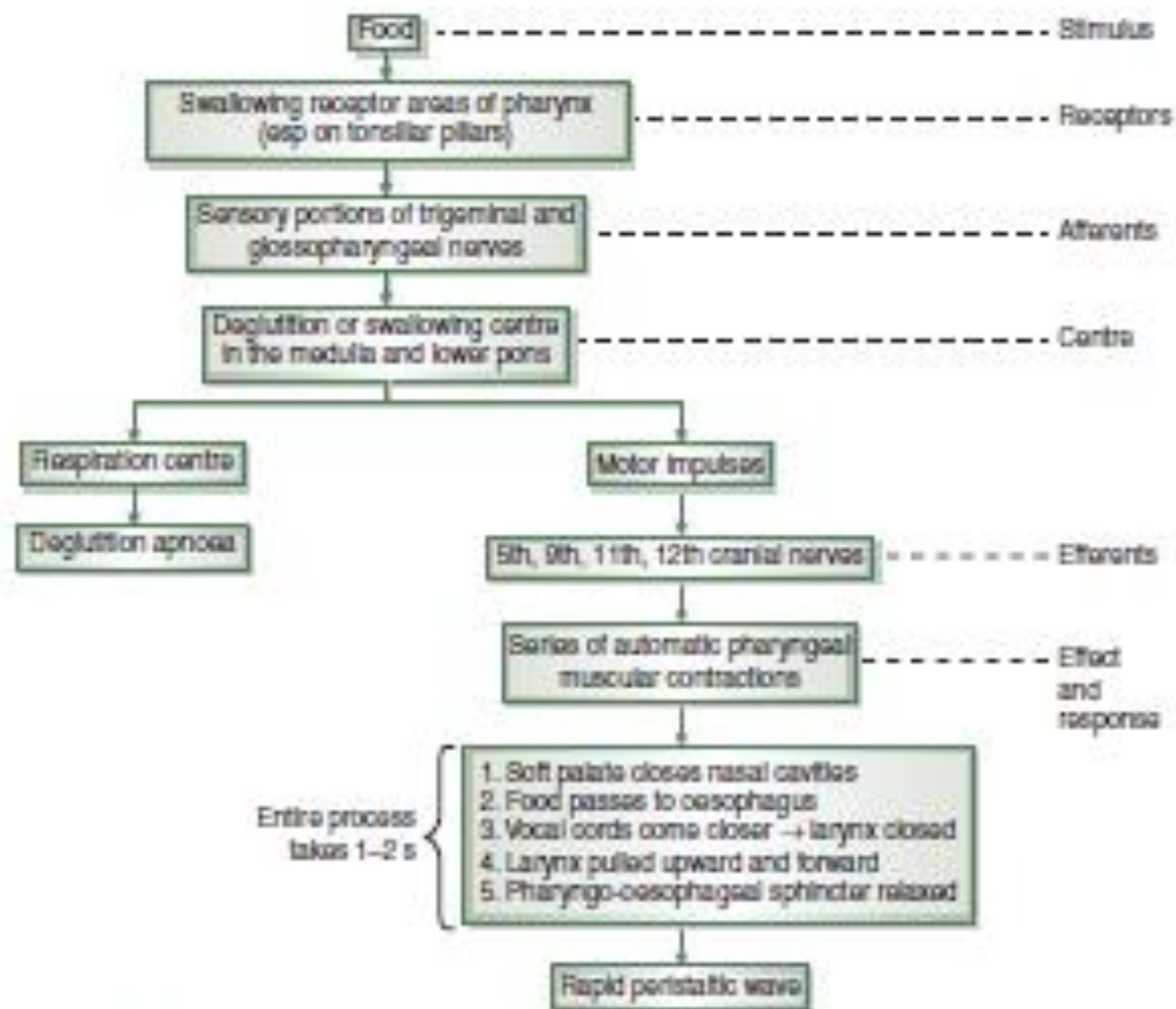
Disorders of swallowing –

- **Abolition of deglutition reflex** - IX or X nerve palsy, lesions in medulla (poliomyelitis, encephalitis)
 - **Aerophagia** - low tone of UES
 - **Dysphagia** - difficulty in swallowing - stroke, myasthenia gravis
 - **Achalasia cardia**- neuromuscular disorder - LES fails to relax- no oesophageal peristalsis
 - **Gastro-oesophageal reflux disease (GORD)** - LES incompetence – reflux gastric content into oesophagus.
Heartburn
- 

Achalasia cardia




**Bird beak/ Rat tail appearance
on barium swallow**



7.2-6 Summary of swallowing reflex.

Summary

- Mastication
 - Chewing reflex
 - Function of mastication
 - Saliva
 - Formation of saliva
 - Phases of salivary secretion
 - Control of salivary secretion
 - Function of saliva
 - Phases of swallowing
 - Disorders of swallowing
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- WRITE MECHANISAM OF SOLLOWING. WRITE STAGES OF SOLLOWING.





*Thank
you*



DR.CHARUSHILA