

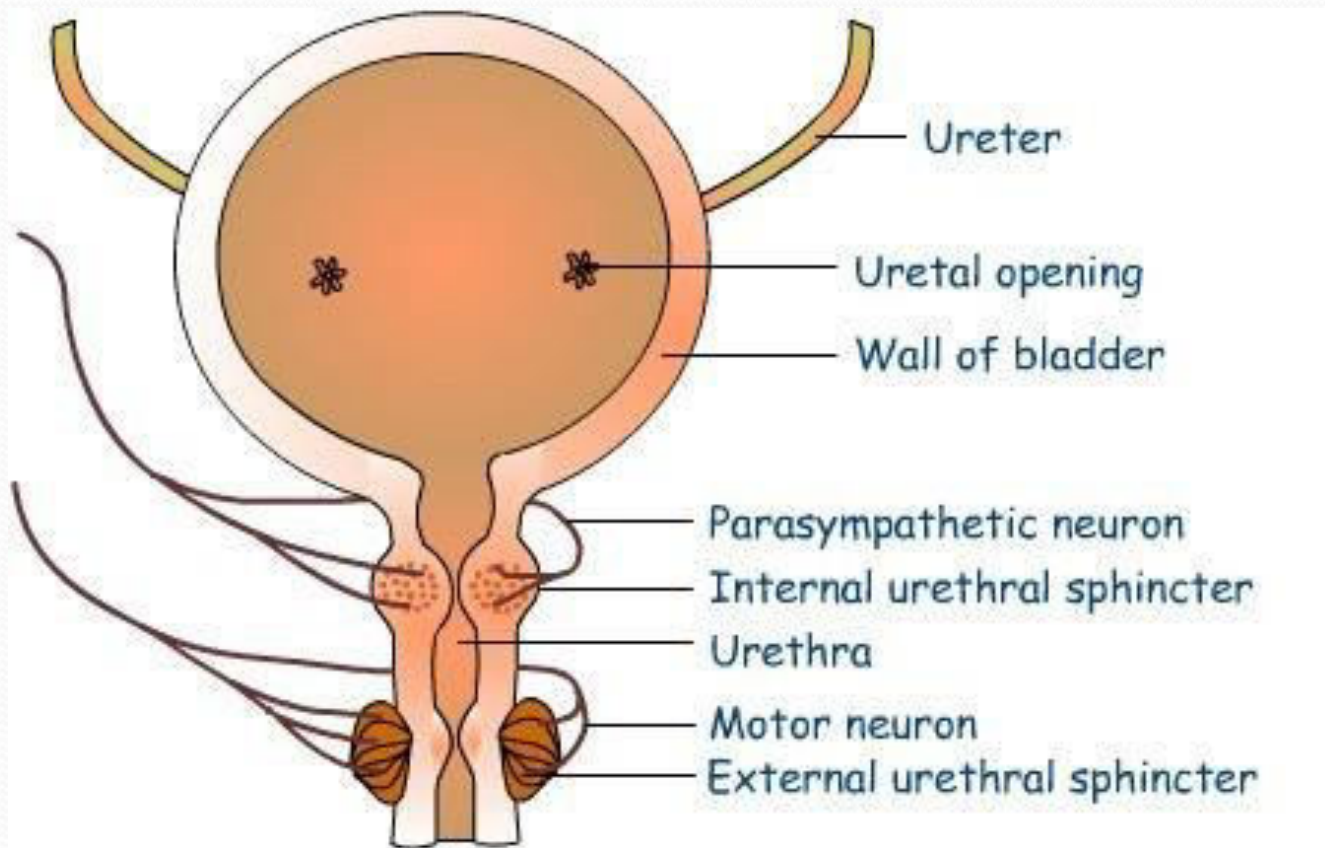
Counter current mechanism (Cc4, unit5)

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Countercurrent Mechanism

□ **countercurrent multipliers – The loop of henle produce high osmotic medullary gradient -1200 mosm / lit at the bottom.**

maintained by the operation of the vasa recta act as a countercurrent exchangers as the flow of fluid & solute is in the opposite direction



Renal Mechanisms for Excreting a Dilute Urine

- excrete as much as 20 L/day of dilute urine,
- continue reabsorbing solutes from the distal segments of the tubular system while failing to reabsorb water.
- further diluted in the late distal tubule and collecting ducts,
- large volume of dilute urine is excreted.

The Kidneys Conserve Water by Excreting a Concentrated Urine

- by continuing to excrete solutes while increasing water reabsorption
- can produce a maximal urine concentration of 1200 to 1400 mOsm/L,
- **Obligatory Urine Volume** the *minimal volume of urine that must be excreted* – 500 ml
- a high level of ADH
- a high osmolarity of the renal medullary interstitial fluid
- The renal medullary interstitium surrounding the collecting ducts normally is very hyperosmotic,

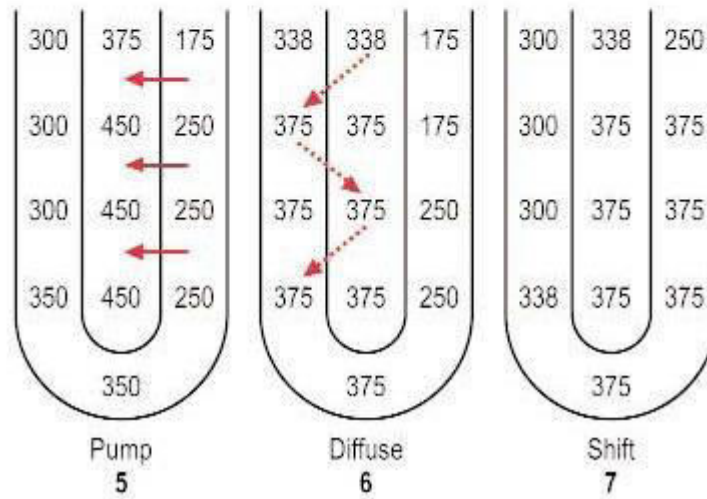
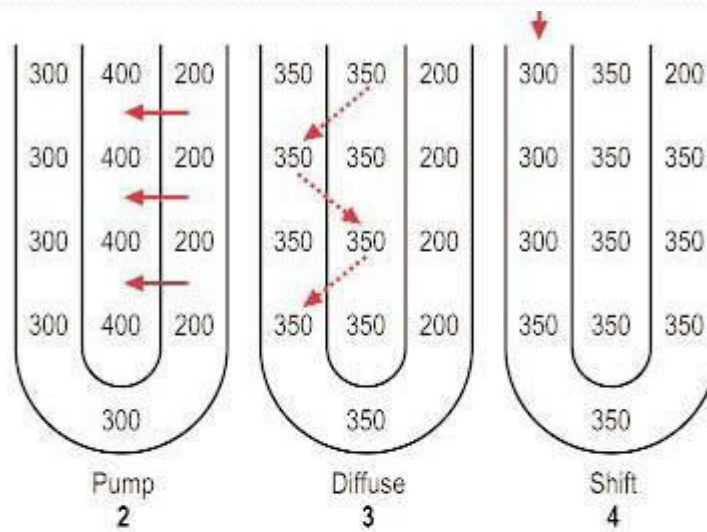
Countercurrent Mechanism

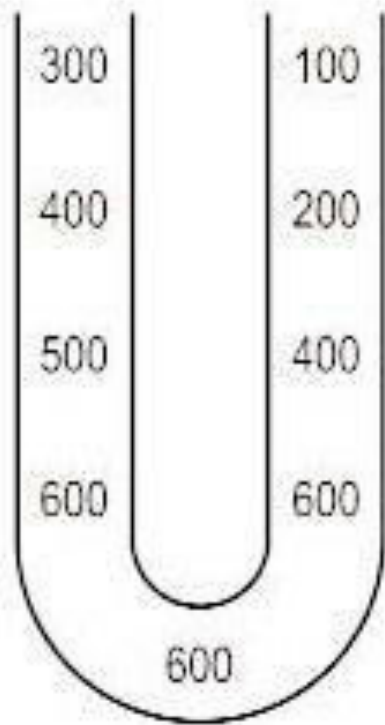
Produces a Hyperosmotic Renal Medullary Interstitium

- Active transport of sodium ions and co-transport of potassium, chloride, and other ions
- Active transport of ions from the collecting ducts into the medullary interstitium
- Facilitated diffusion of large amounts of urea from the inner medullary collecting ducts into the medullary interstitium
- Diffusion of only small amounts of water from the medullary tubules into the medullary interstitium

Countercurrent Mechanism

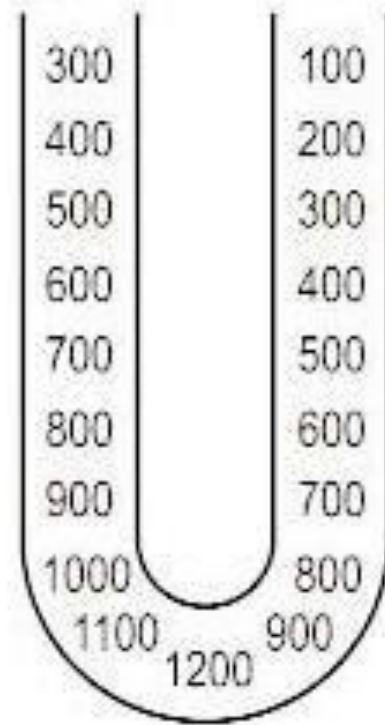
the repetitive reabsorption of sodium chloride by the thick ascending loop of Henle and continued inflow of new sodium chloride from the proximal tubule into the loop of Henle is called the *countercurrent multiplier*.



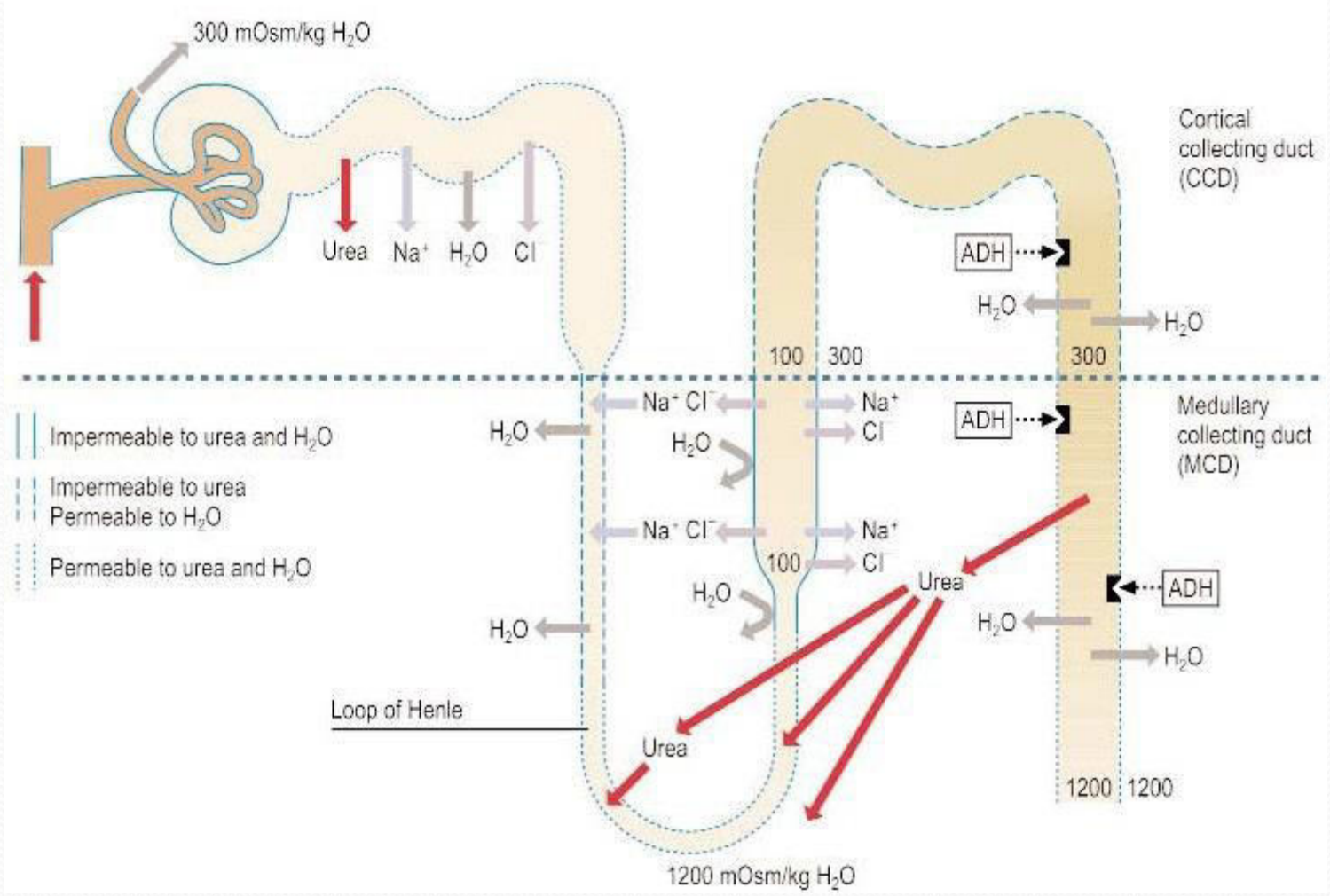


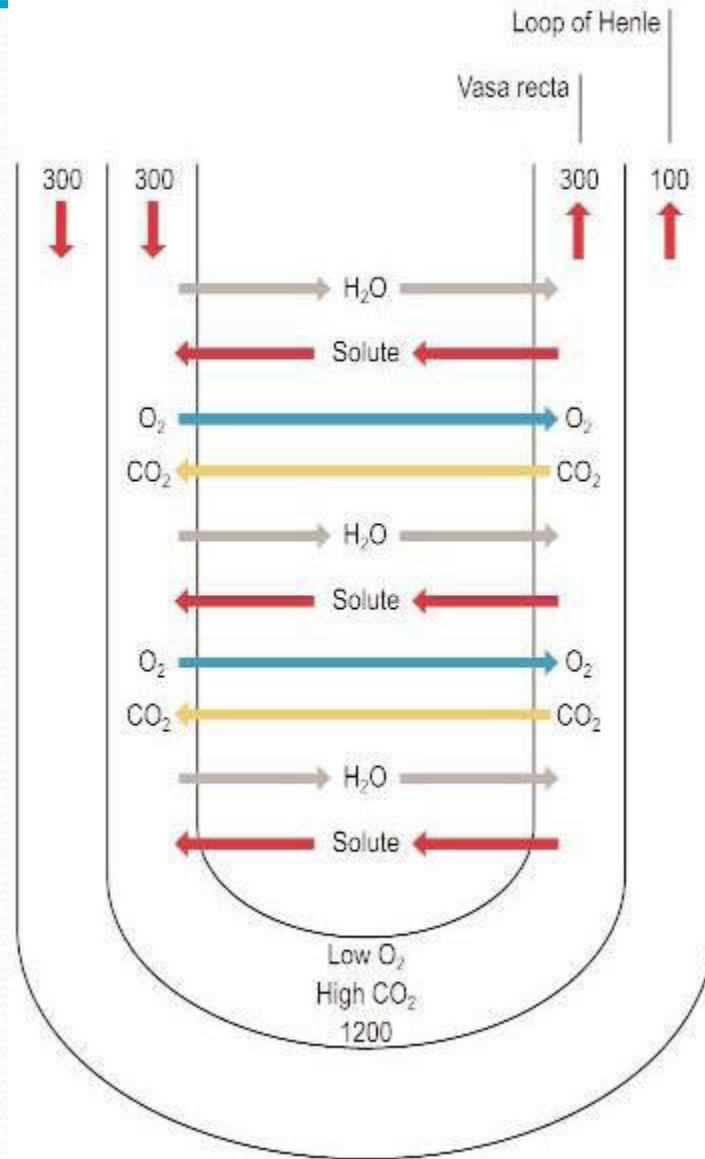
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+ urea effect
establishes final
gradient



9



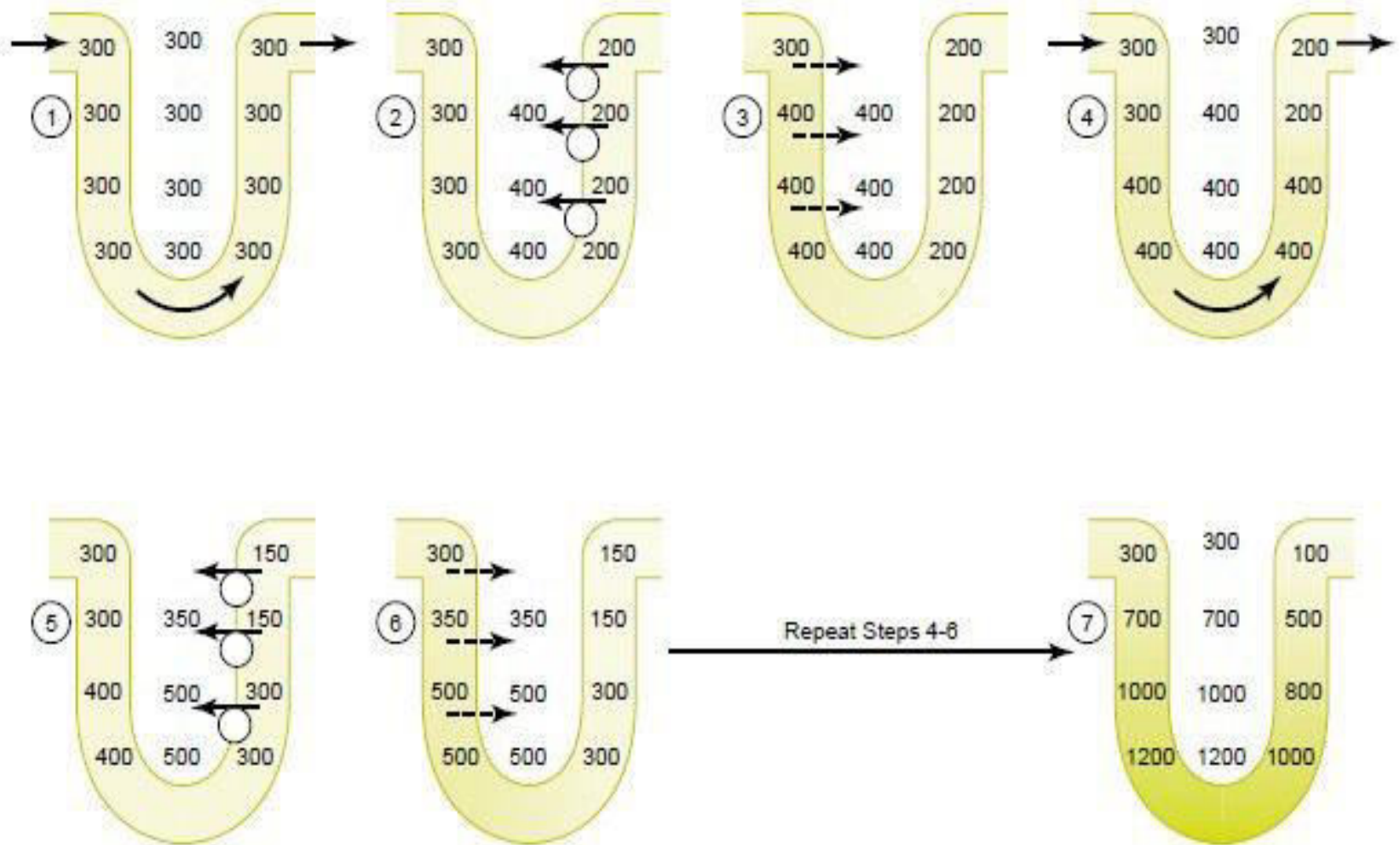


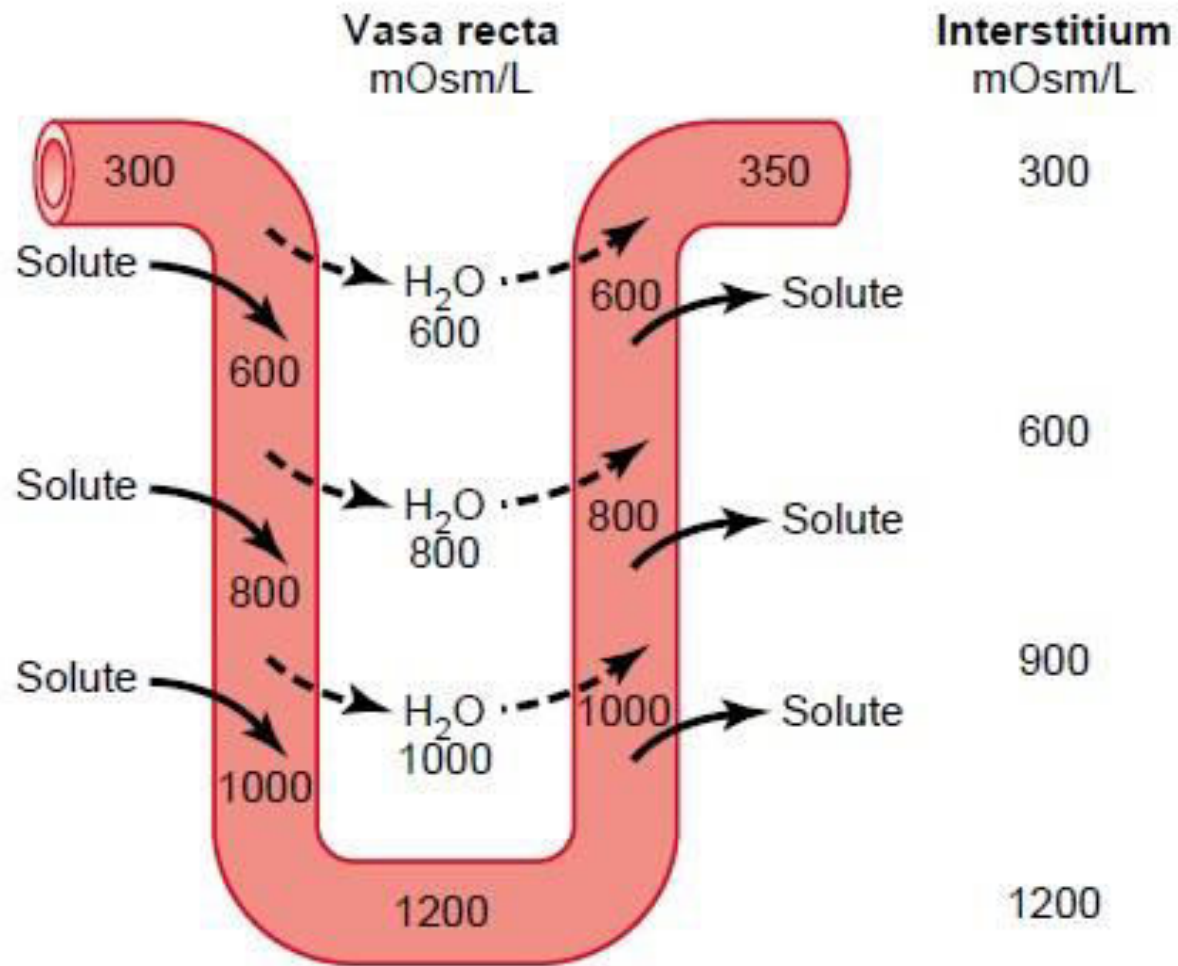
Important features of the concentrating process

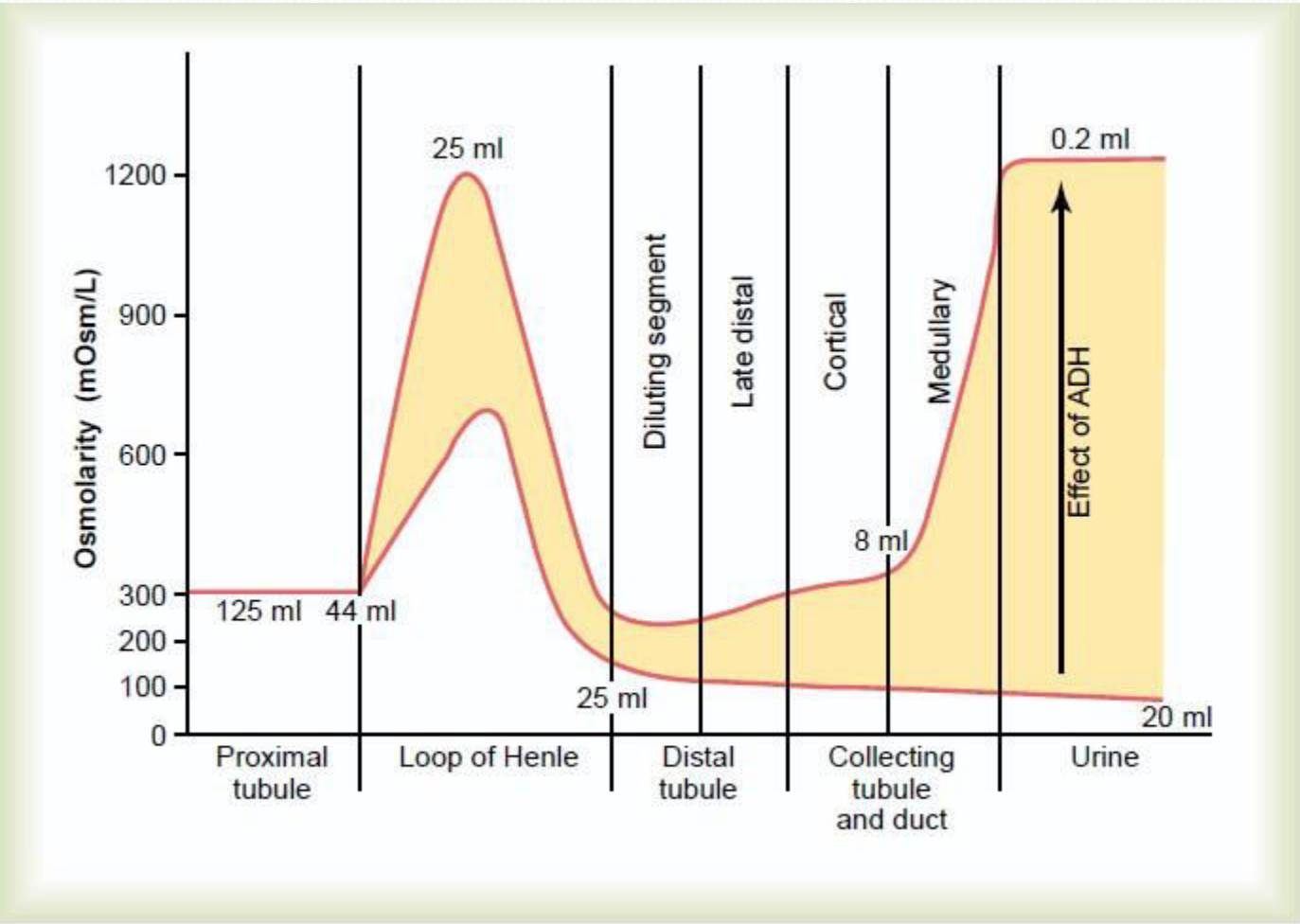
- The descending limb of the loop of Henle has a high permeability to water and a low permeability to solutes.
- The ascending limb of the loop of Henle has a low permeability to water, but actively reabsorbs Na^+ .
- The distal tubule and collecting duct also actively reabsorb Na^+ . In the presence of ADH they are permeable to water.
- The descending and thin ascending limbs of the loop of Henle are permeable to urea.
- The thick ascending limb and cortical part of the collecting duct have low permeability to urea
- . The medullary part of the collecting duct has a high permeability to urea that can be increased by ADH.

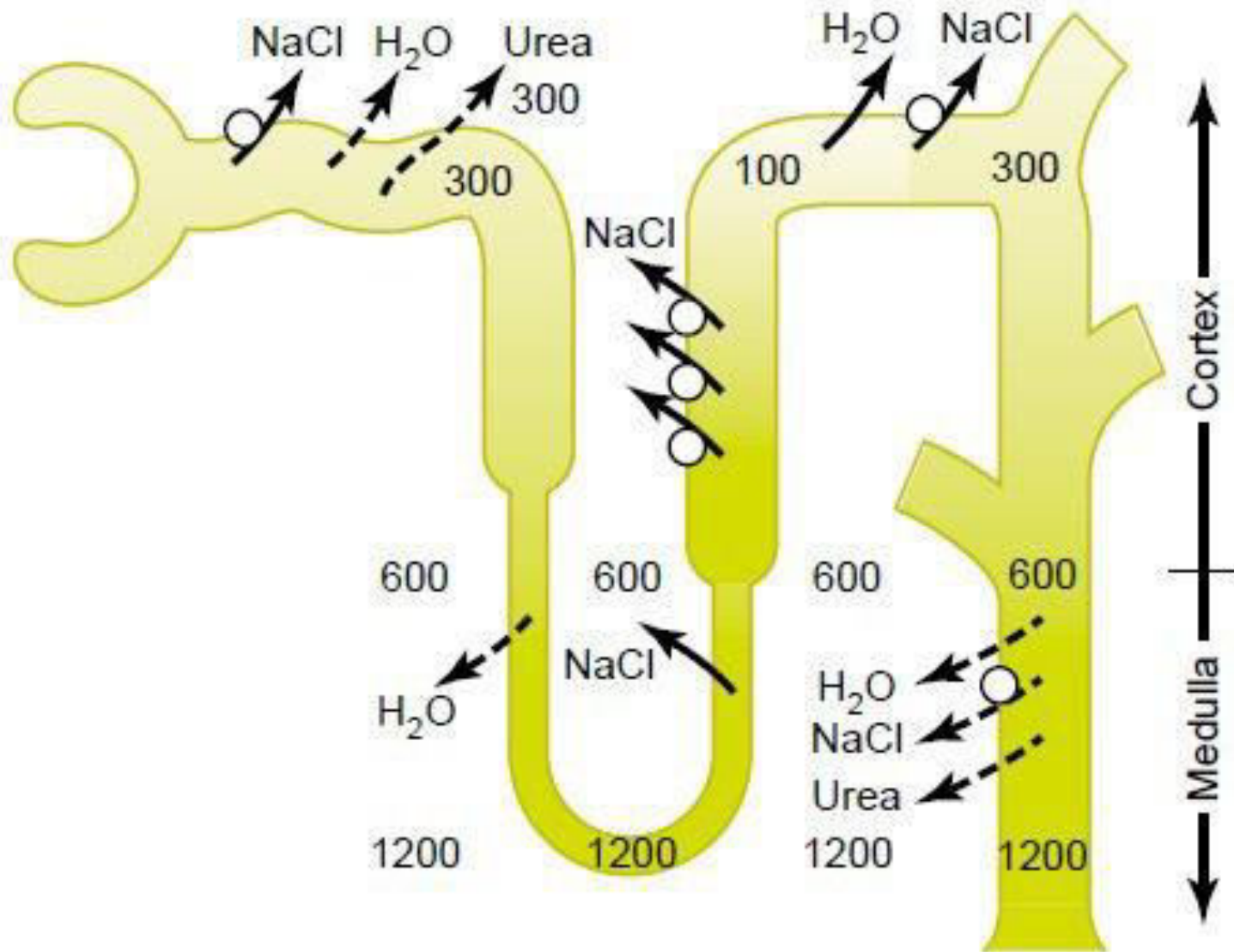
The vasa recta

- The anatomical arrangement of these blood vessels means that they do not dissipate the interstitial osmotic gradient created by the loop of Henle.
- Large changes in blood flow in the vasa recta can reduce or increase the medullar interstitial osmolality beyond its normal value.



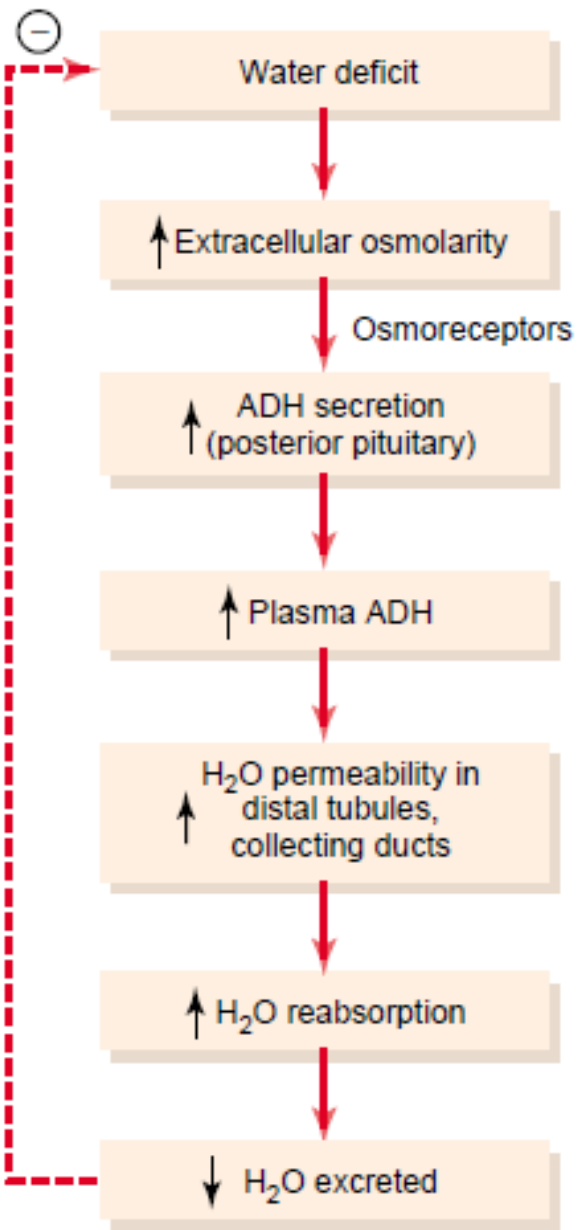






Summary of Tubule Characteristics—Urine Concentration

	Active NaCl Transport	Permeability		
		<i>H₂O</i>	<i>NaCl</i>	<i>Urea</i>
Proximal tubule	++	++	+	+
Thin descending limb	0	++	+	+
Thin ascending limb	0	0	+	+
Thick ascending limb	++	0	0	0
Distal tubule	+	+ADH	0	0
Cortical collecting tubule	+	+ADH	0	0
Inner medullary collecting duct	+	+ADH	0	++ADH



Regulation of ADH Secretion

Increase ADH

- ↑ Plasma osmolarity
- ↓ Blood volume
- ↓ Blood pressure

Nausea

Hypoxia

Drugs:

Morphine

Nicotine

Cyclophosphamide

Decrease ADH

- ↓ Plasma osmolarity
- ↑ Blood volume
- ↑ Blood pressure

Drugs:

Alcohol

Clonidine (antihypertensive drug)

Haloperidol (dopamine blocker)

Stimuli for ADH Secretion

Control of Thirst

Increase Thirst

↑ Osmolarity
↓ Blood volume
↓ Blood pressure
↑ Angiotensin
Dryness of mouth

Decrease Thirst

↓ Osmolarity
↑ Blood volume
↑ Blood pressure
↓ Angiotensin II
Gastric distention

Regulation of ADH Secretion

Increase ADH

Plasma osmolarity

Blood volume

Blood pressure

Nausea

Hypoxia

Drugs: Drugs:

Morphine Alcohol

Nicotine Clonidine (antihypertensive drug)

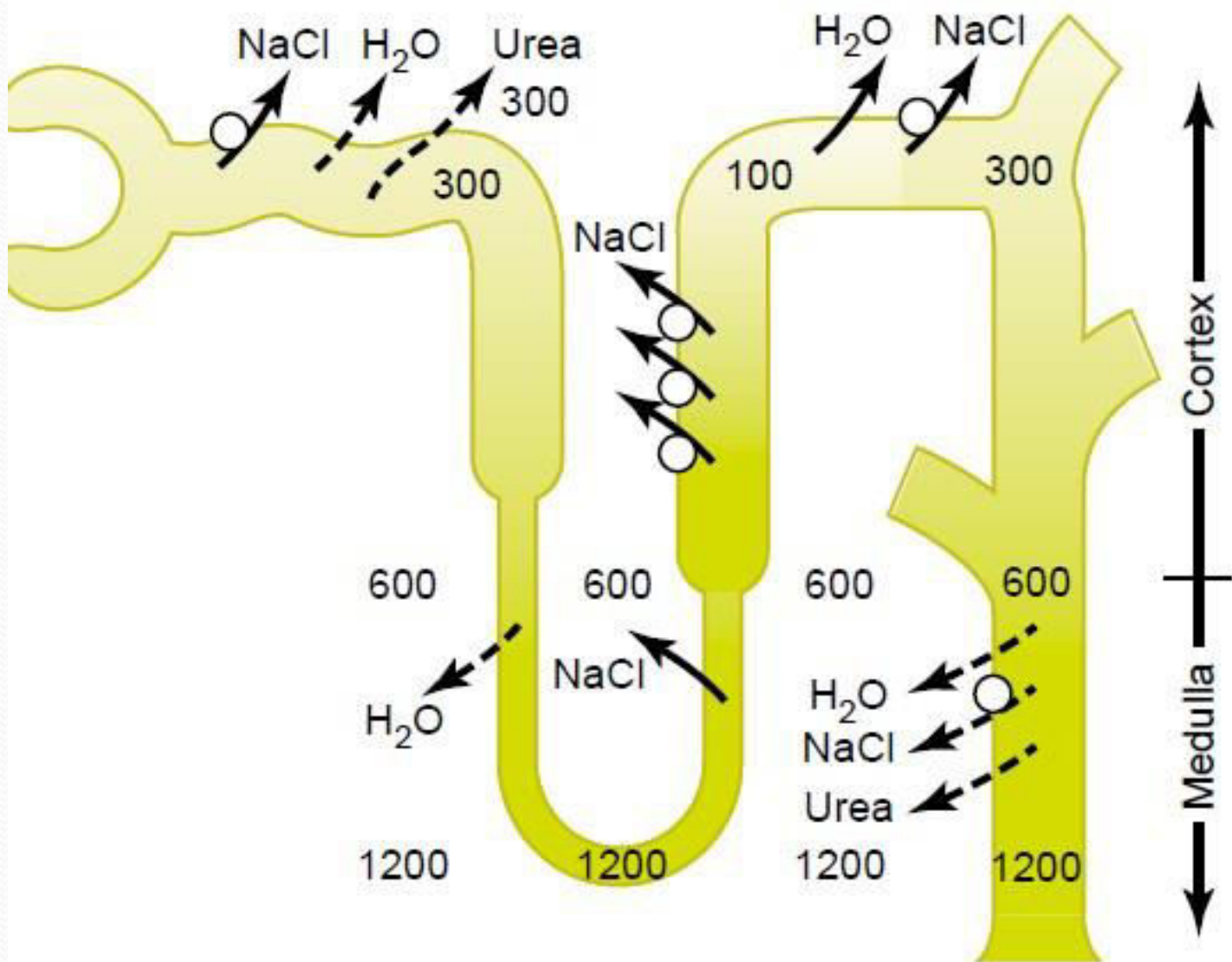
Cyclophosphamide Haloperidol (dopamine blocker)

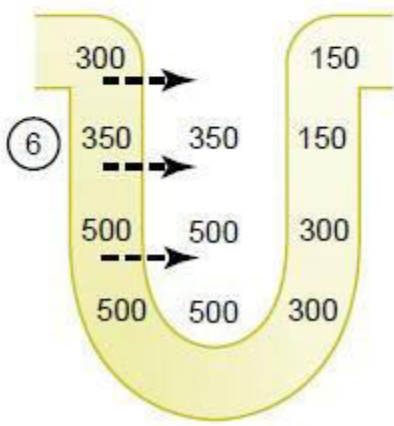
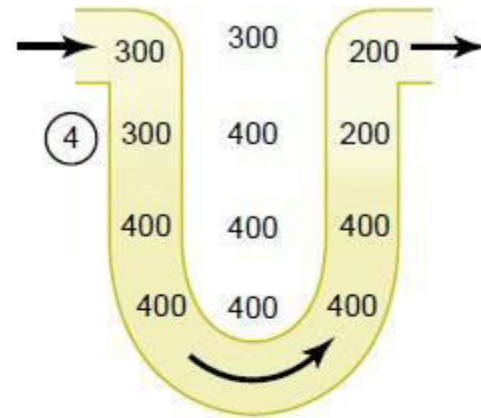
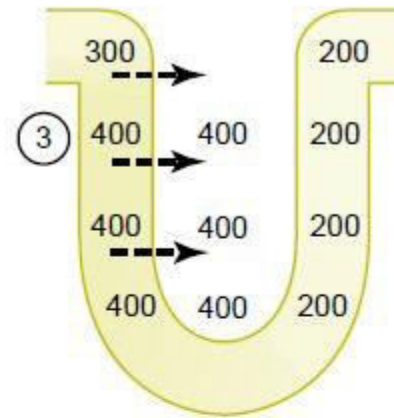
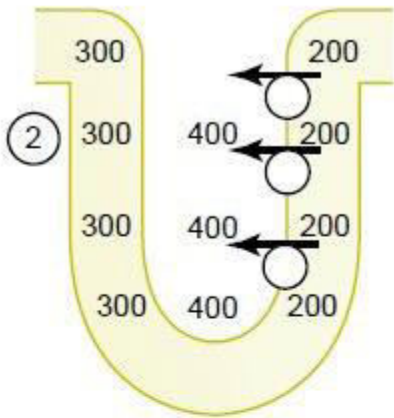
Decrease ADH

Plasma osmolarity

Blood volume

Blood pressure





Repeat Steps 4-6

