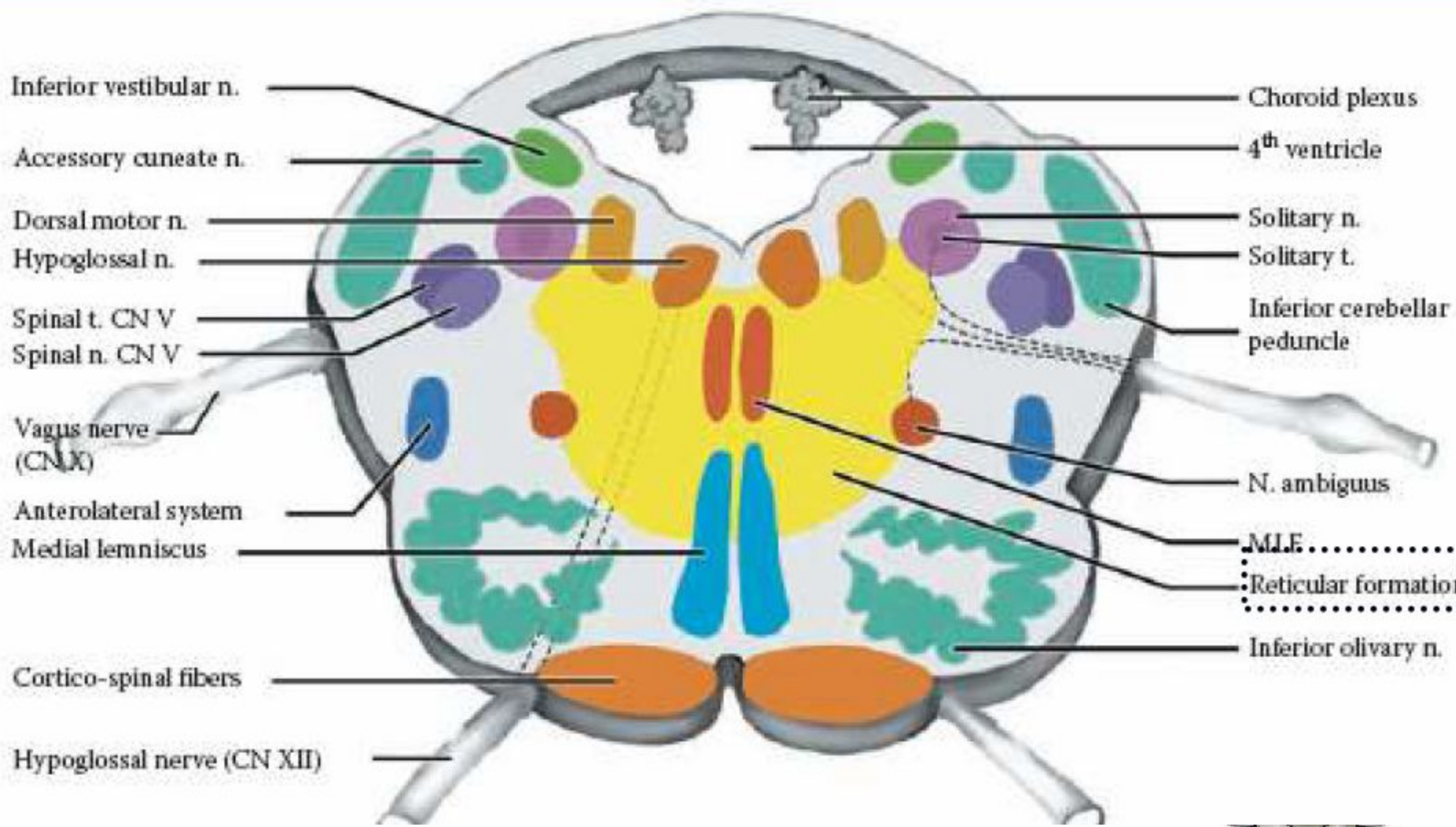
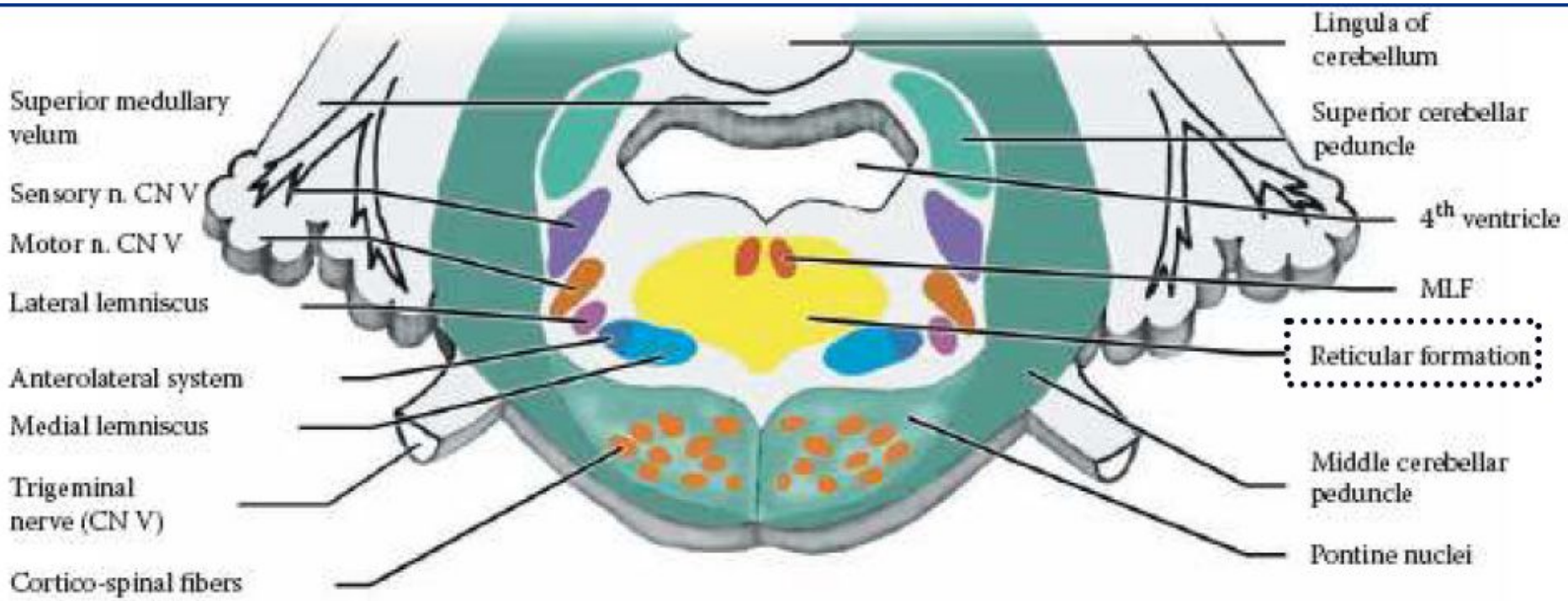
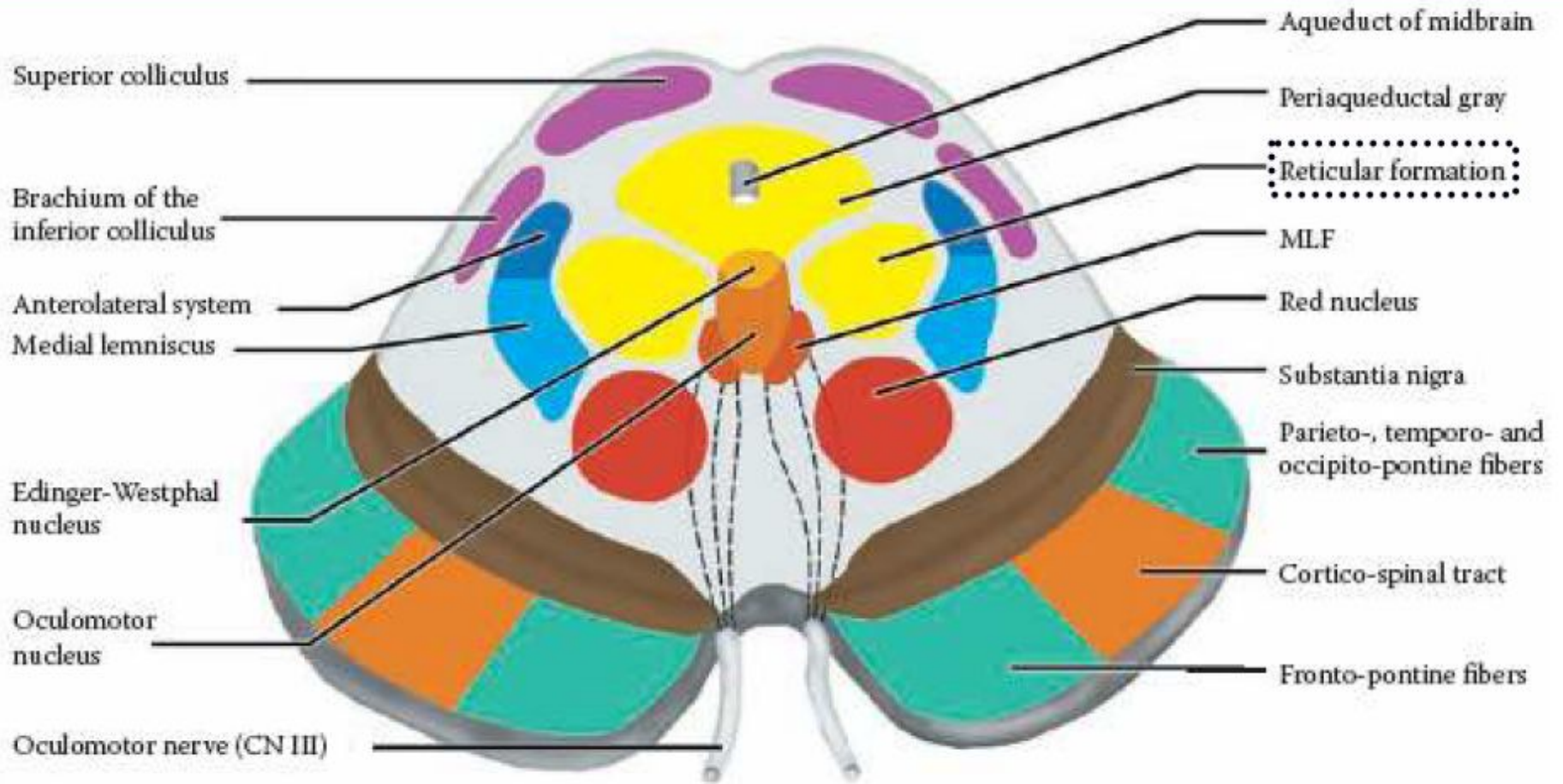
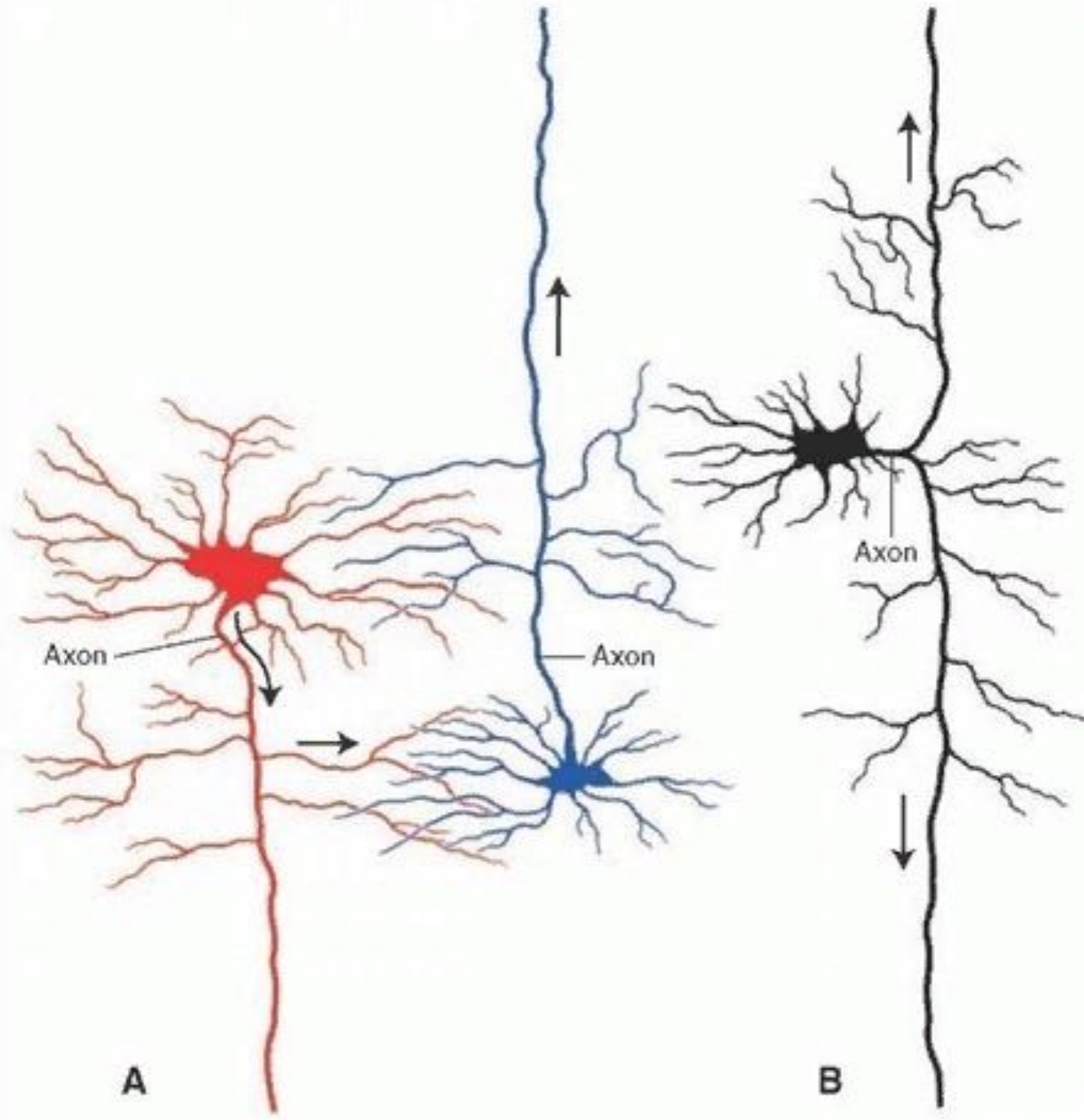


Физиология ретикулярной формации. Мозжечок, базальные ядра

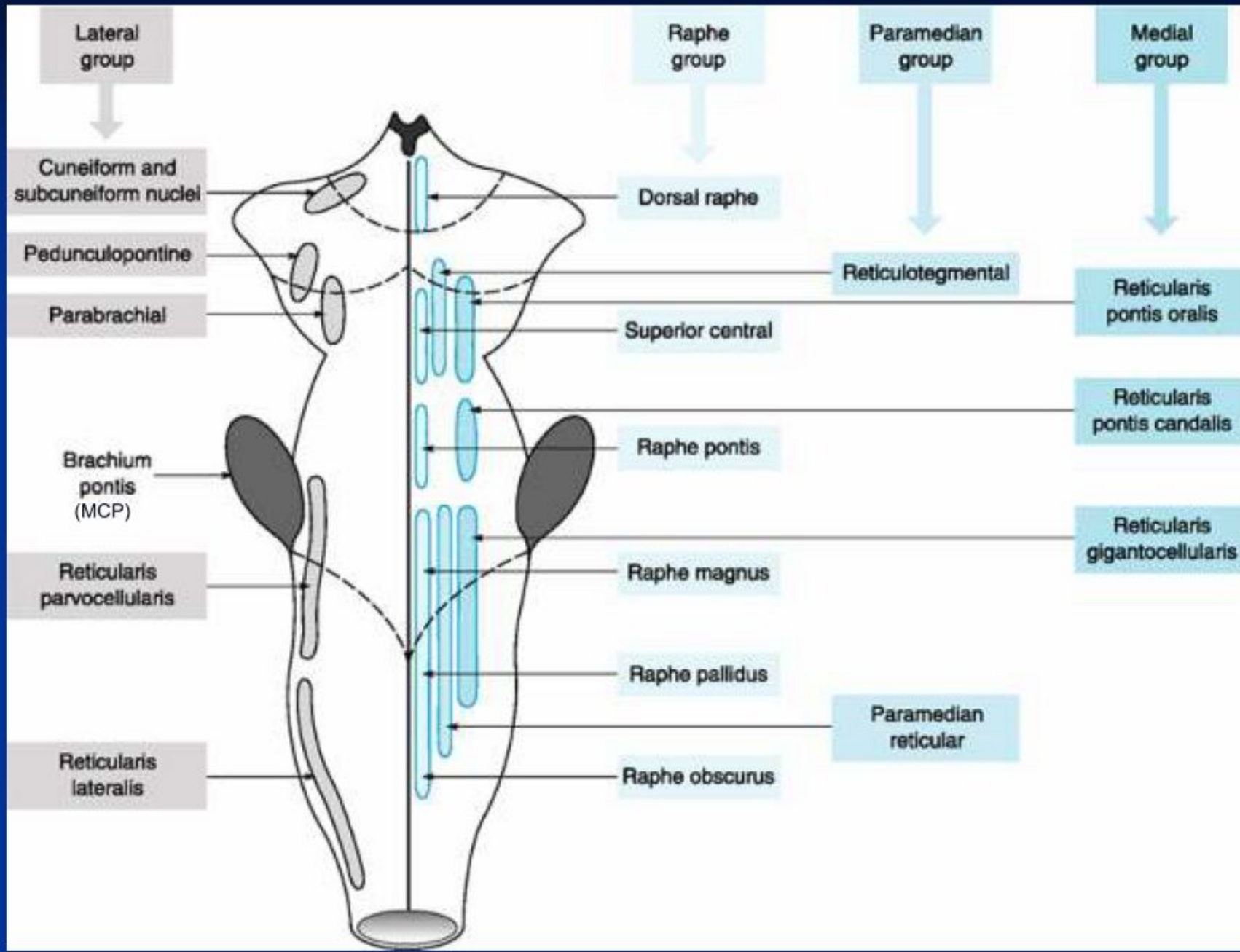




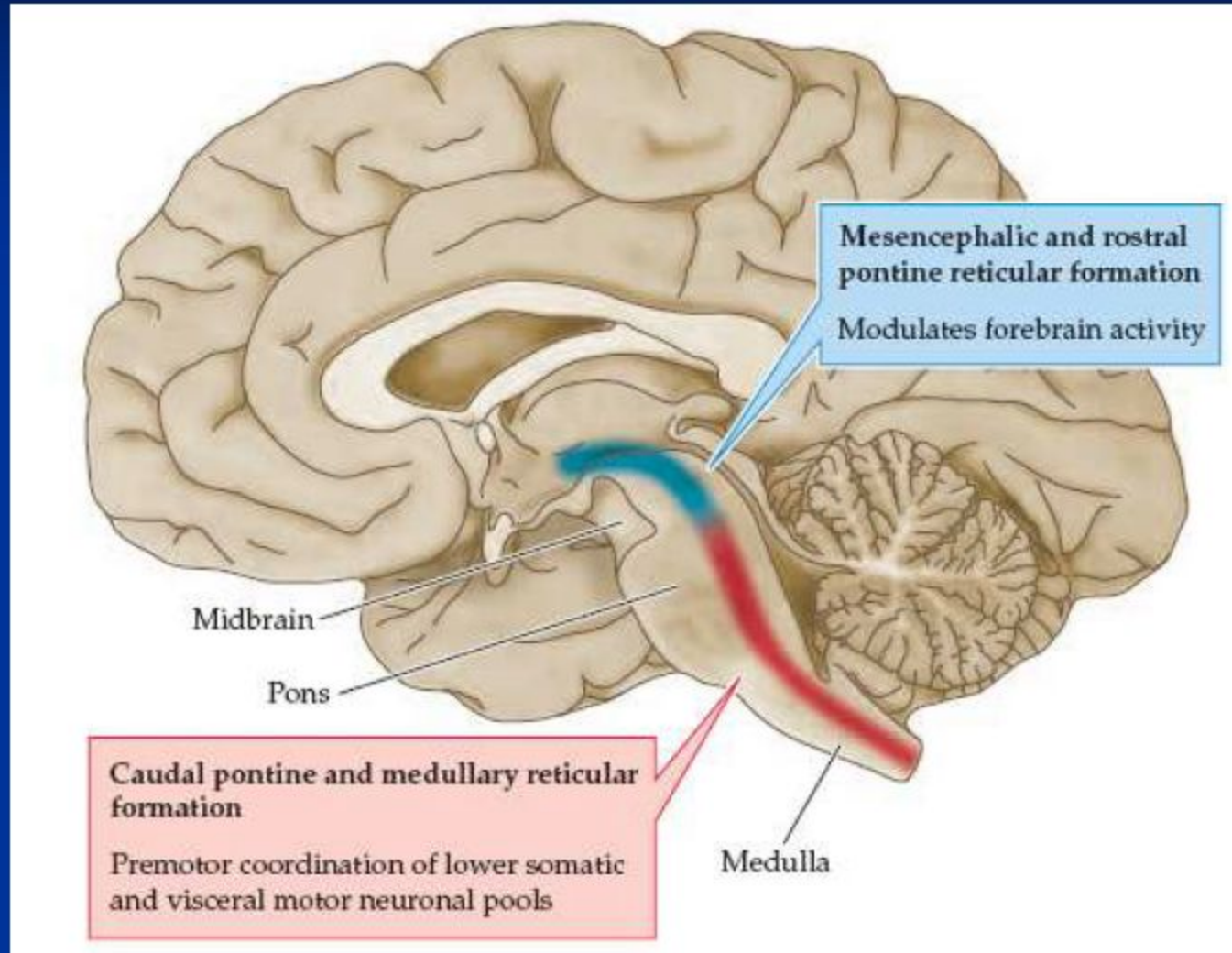




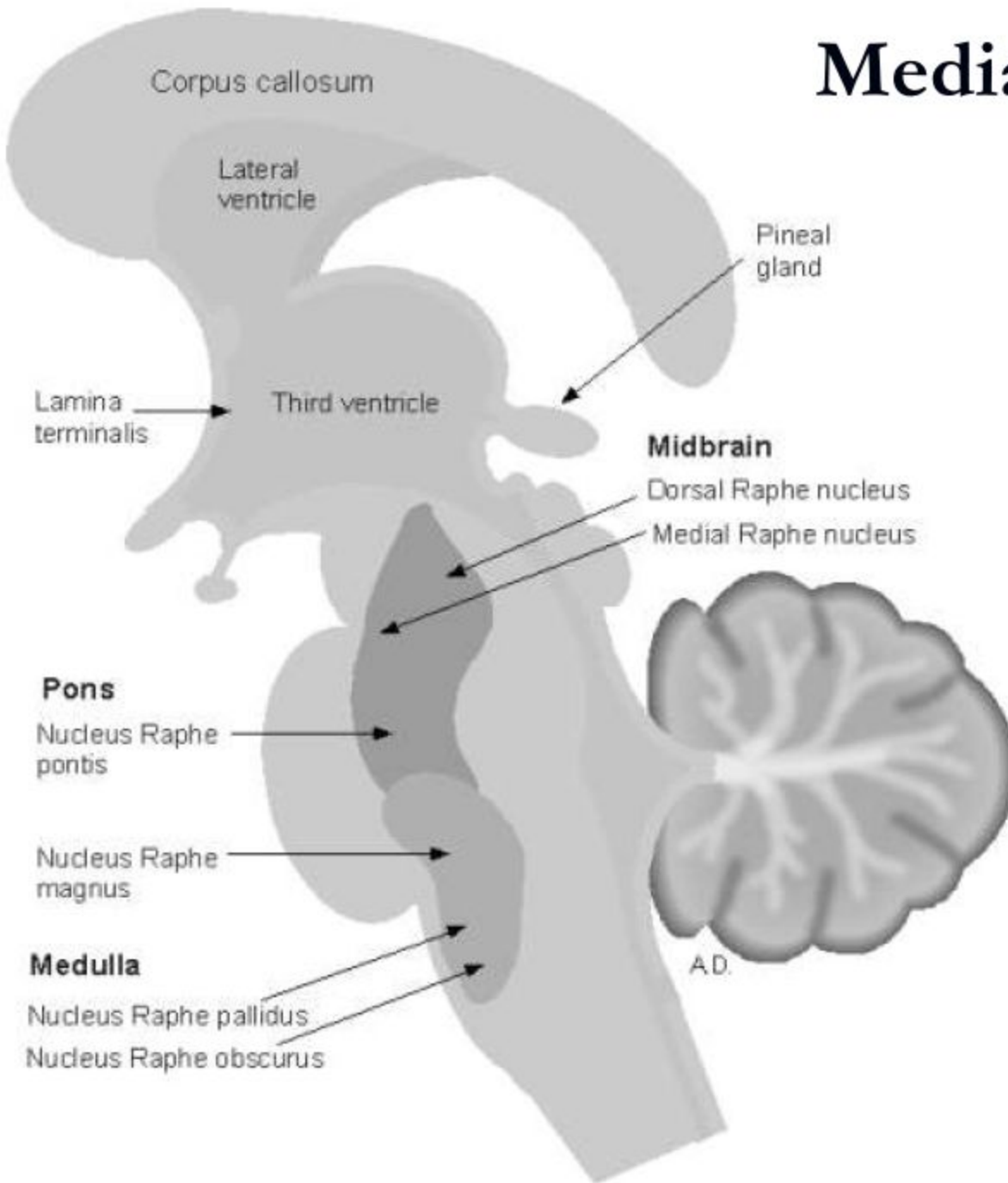
Reticular nuclei



Reticular formation – summary of functions



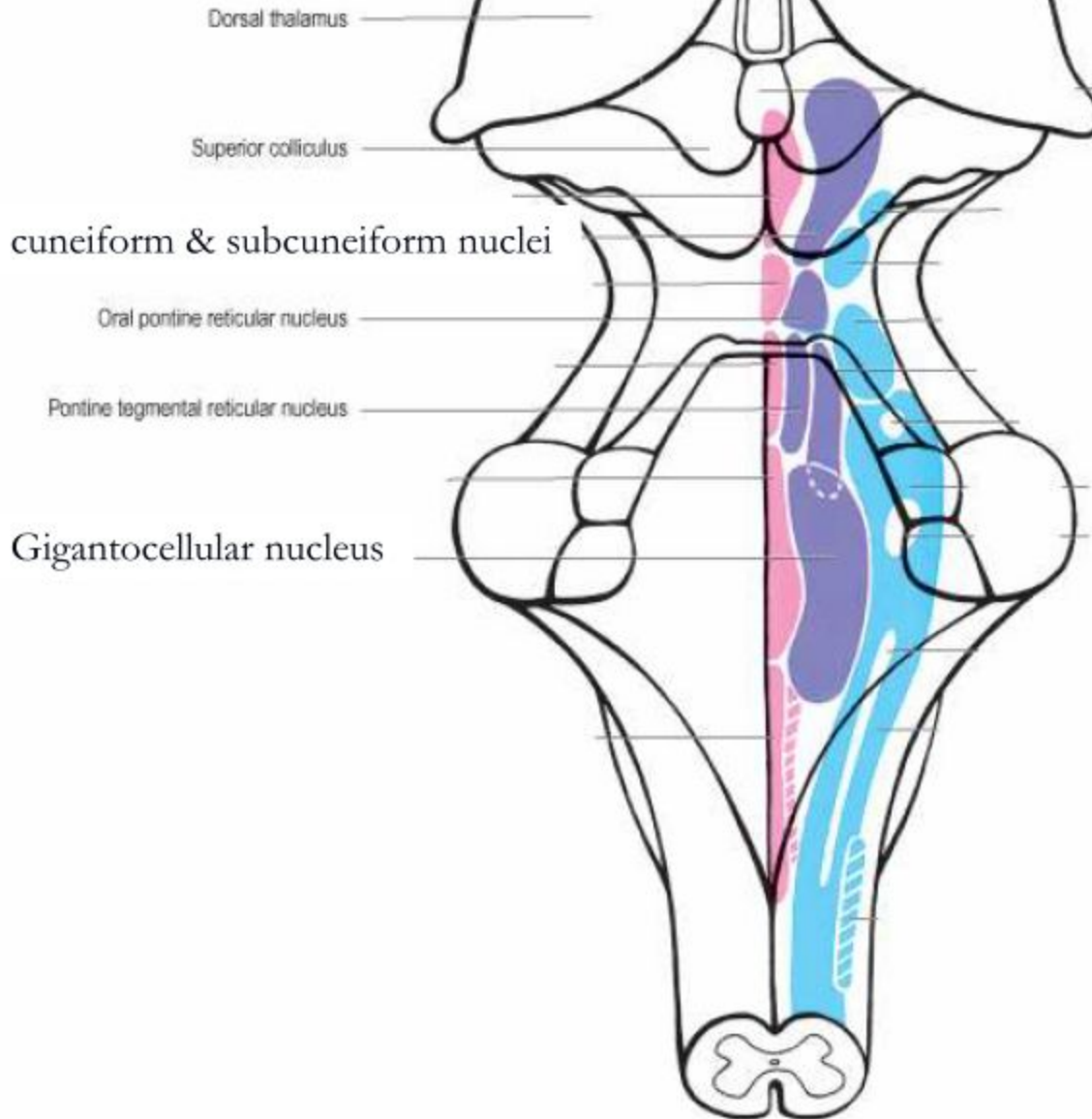
Median raphe nuclei



rostral raphe nuclei →
reticular activating
system (wakefulness,
alertness, and sleep)

caudal raphe nuclei →
pain mechanisms

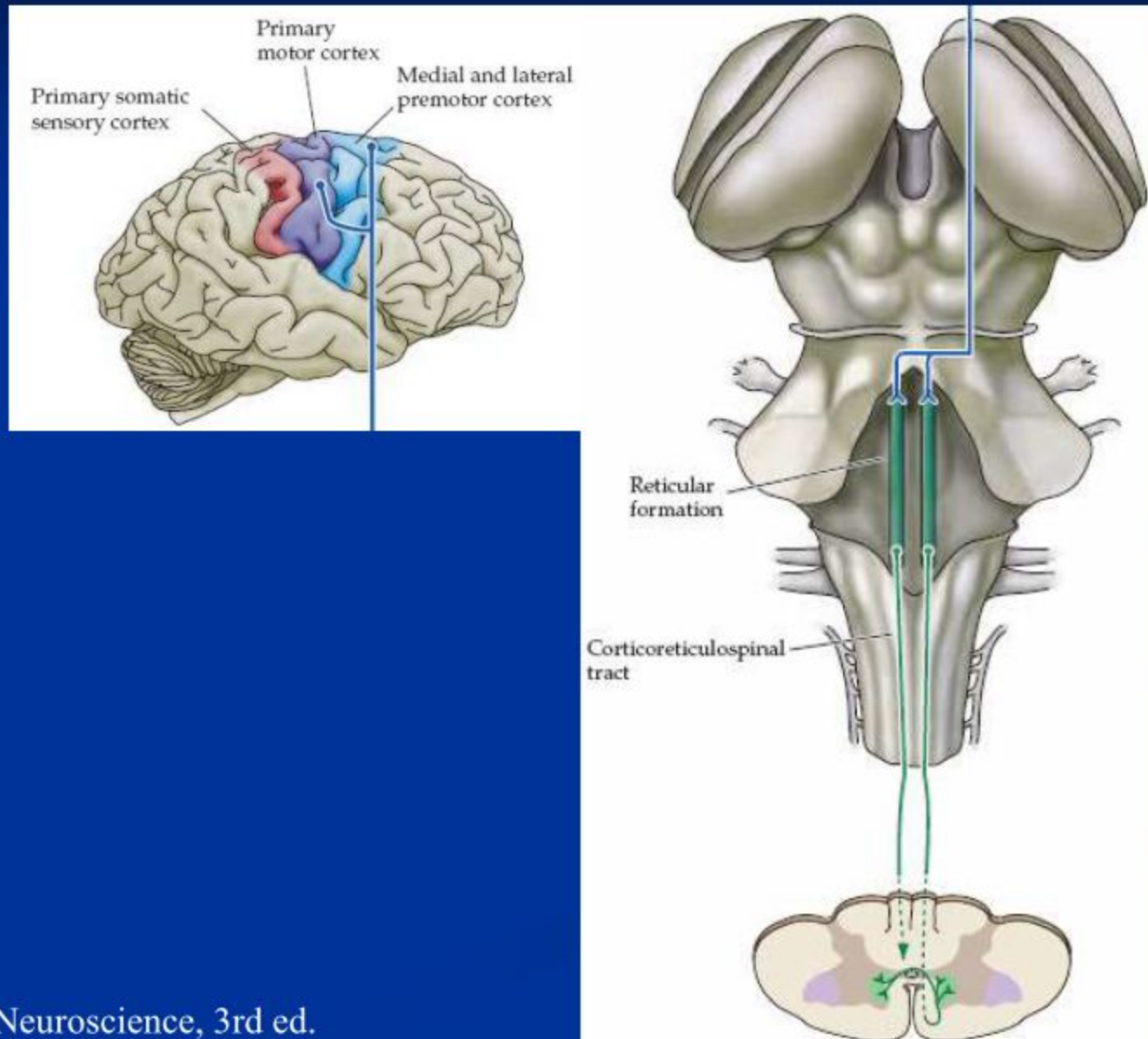
Medial reticular nuclei



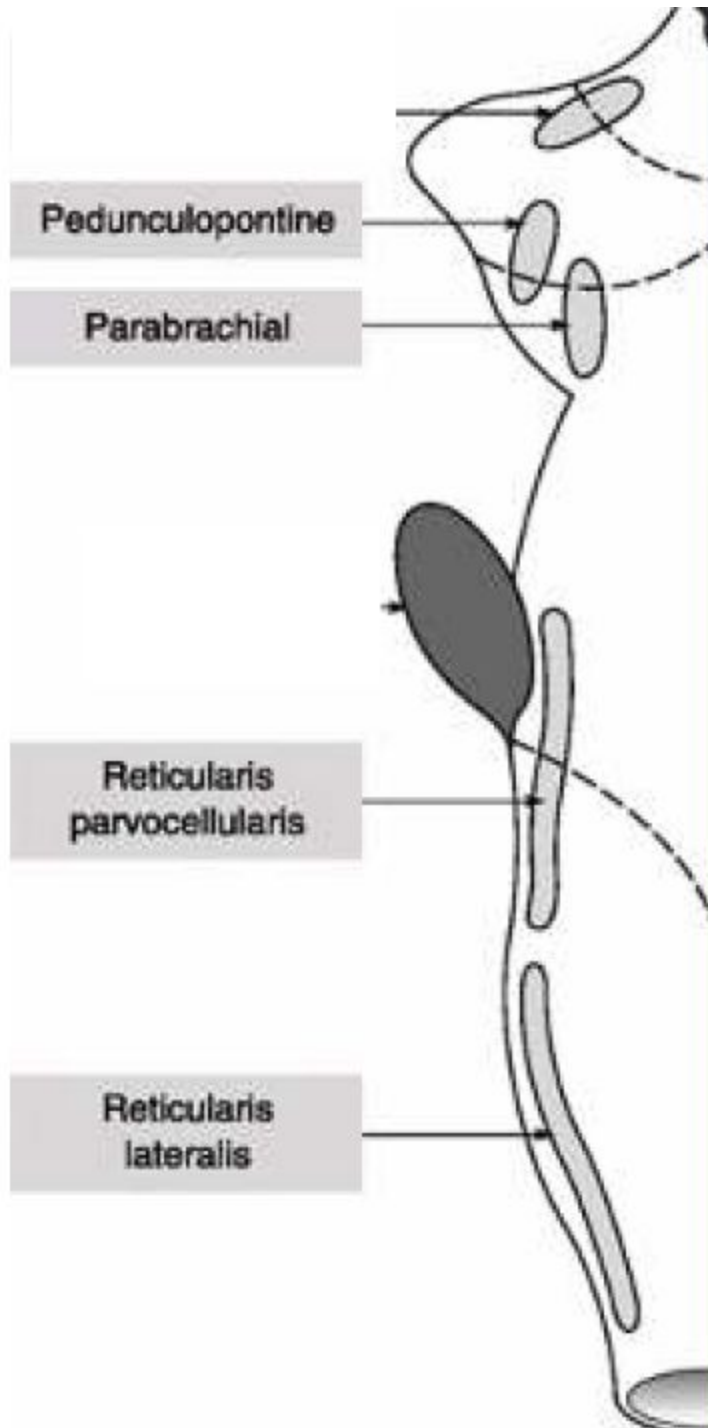
ascending projections
→ consciousness and alertness

descending projections →
motor control

Premotor cortex regulates posture via the reticular formation



Lateral reticular nuclei



- Pedunculopontine – connections with cortex & substantia nigra → locomotor center
- Parabrachial nucleus – connections with amygdala, nucleus solitarius, hypothalamus → autonomic function
- N. parvocellularis and lateralis constitute the receptive component of reticular nuclei – receive from ascending sensory systems, project to cortex & medial reticular group

Chemically specified systems of the reticular formation

■ Cholinergic system (groups Ch1-Ch6) - Ach

➤ Locations

- ✓ pontomesencephalic junction – e.g. pedunculo-pontine nucleus
- ✓ basal forebrain - nucleus basalis of Meynert

➤ Function - cortical arousal - wakefulness and REM sleep

■ Monoaminergic System – NE, E, Ser, Dop

➤ Serotonergic neurons (groups B1 to B9) – most median raphe nuclei → destruction of these neurons leads to insomnia; mood regulation

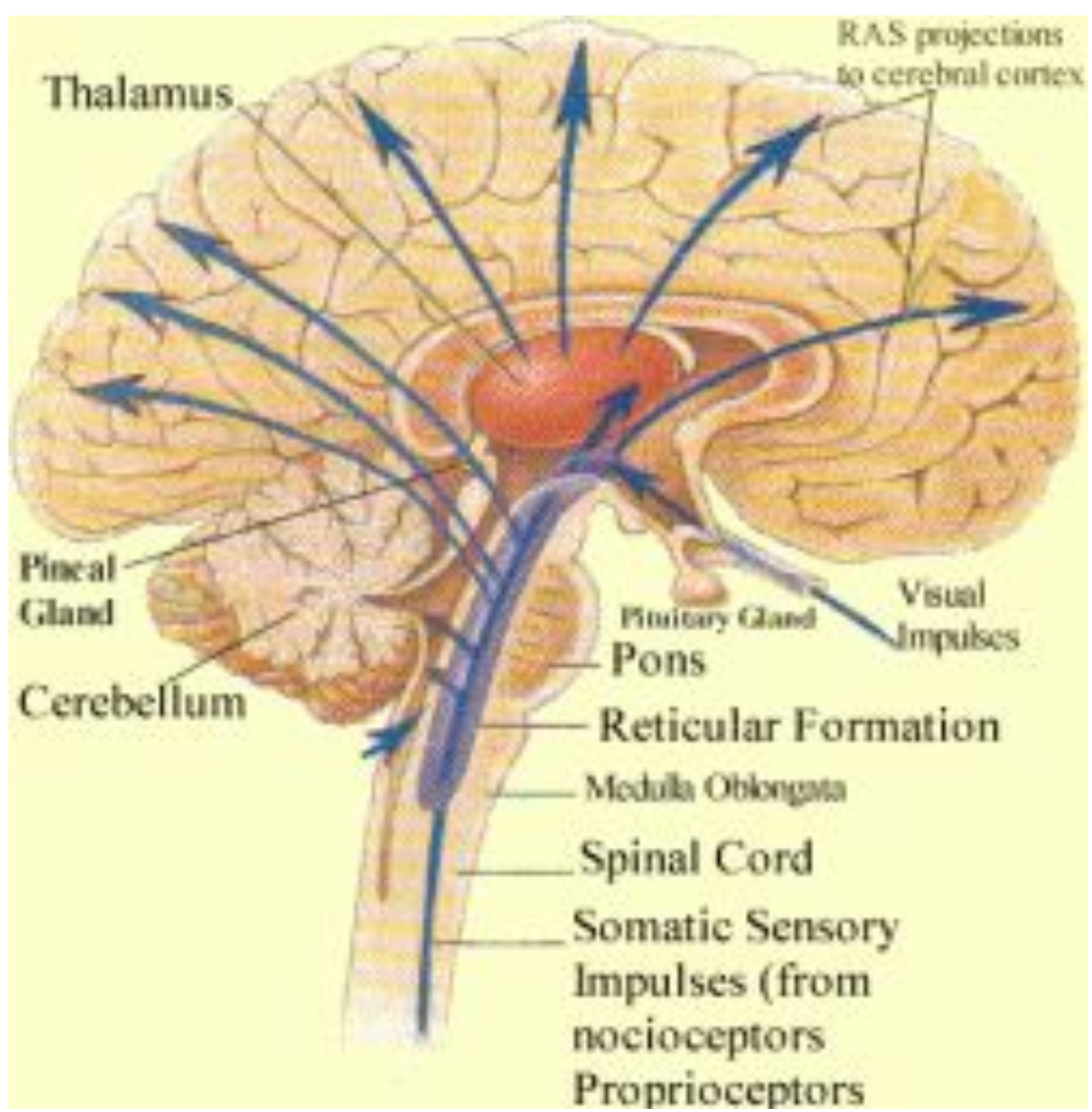
➤ Noradrenergic neurons - attention, sleep-wake state and mood

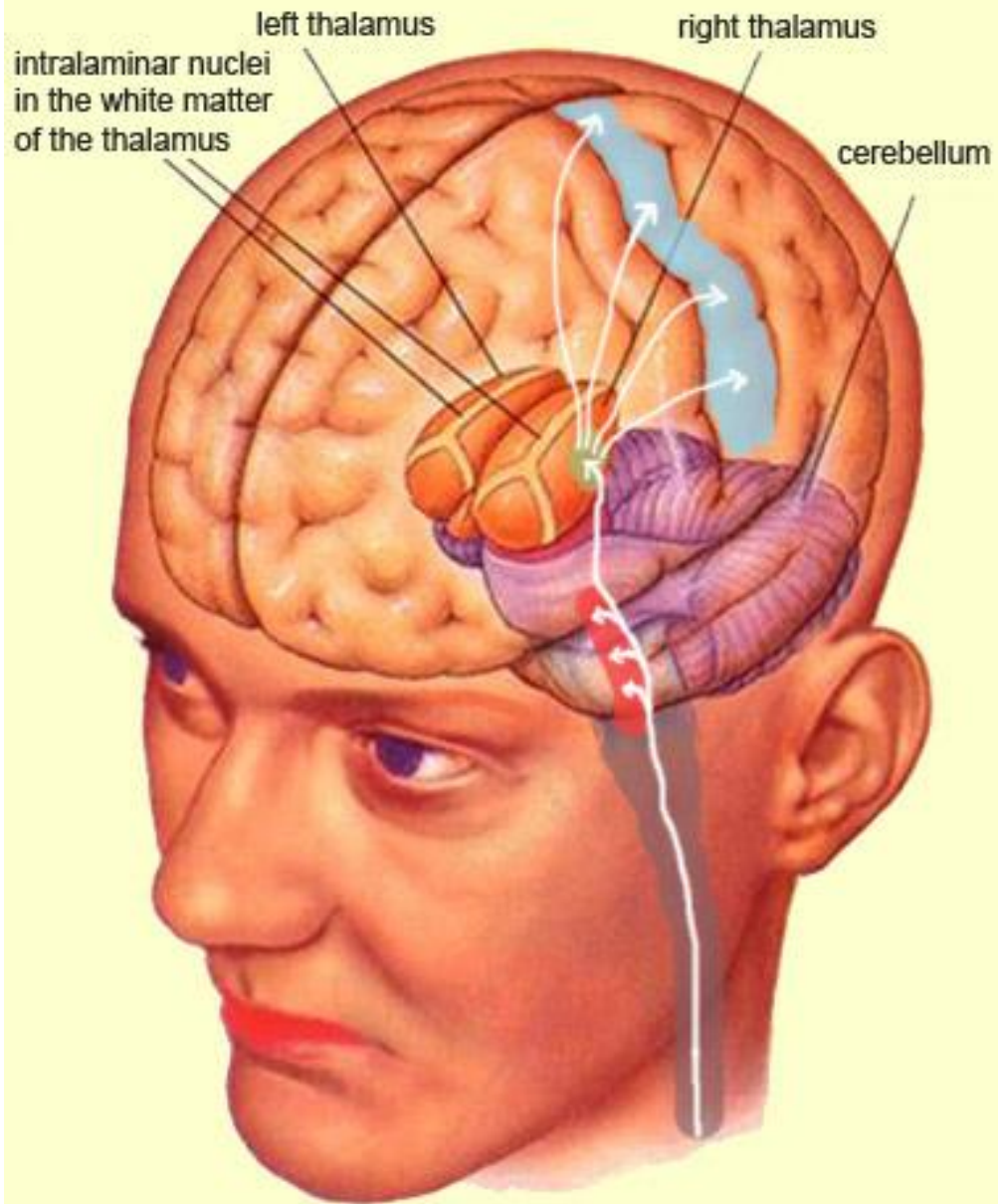
- ✓ locus ceruleus (group A6); (Latin, “dark blue place”)
- ✓ lateral tegmental norepinephrine system (groups A1 to A7)

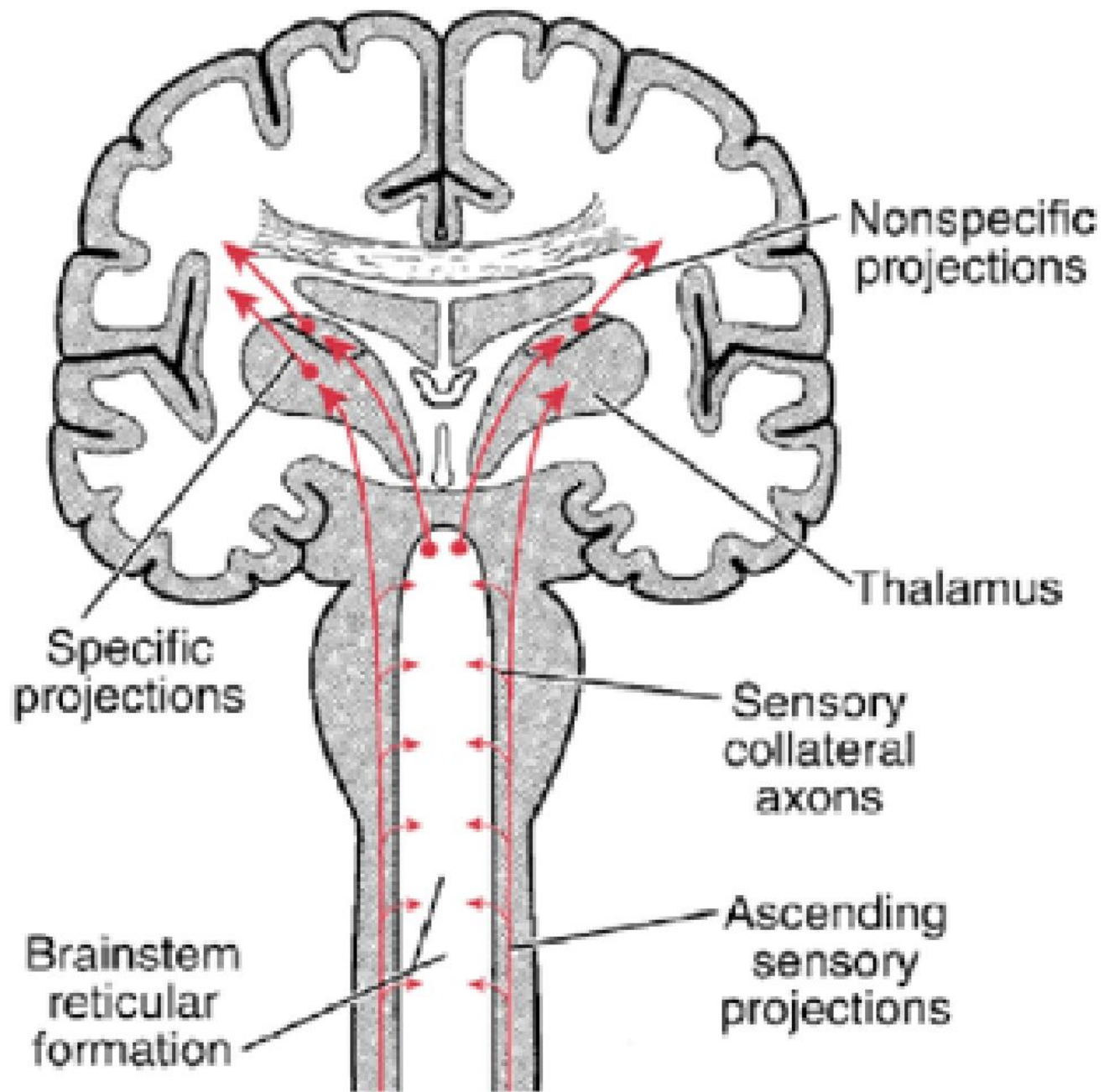
➤ Adrenergic neurons (groups C1-C2)- a minor component of the monoaminergic system

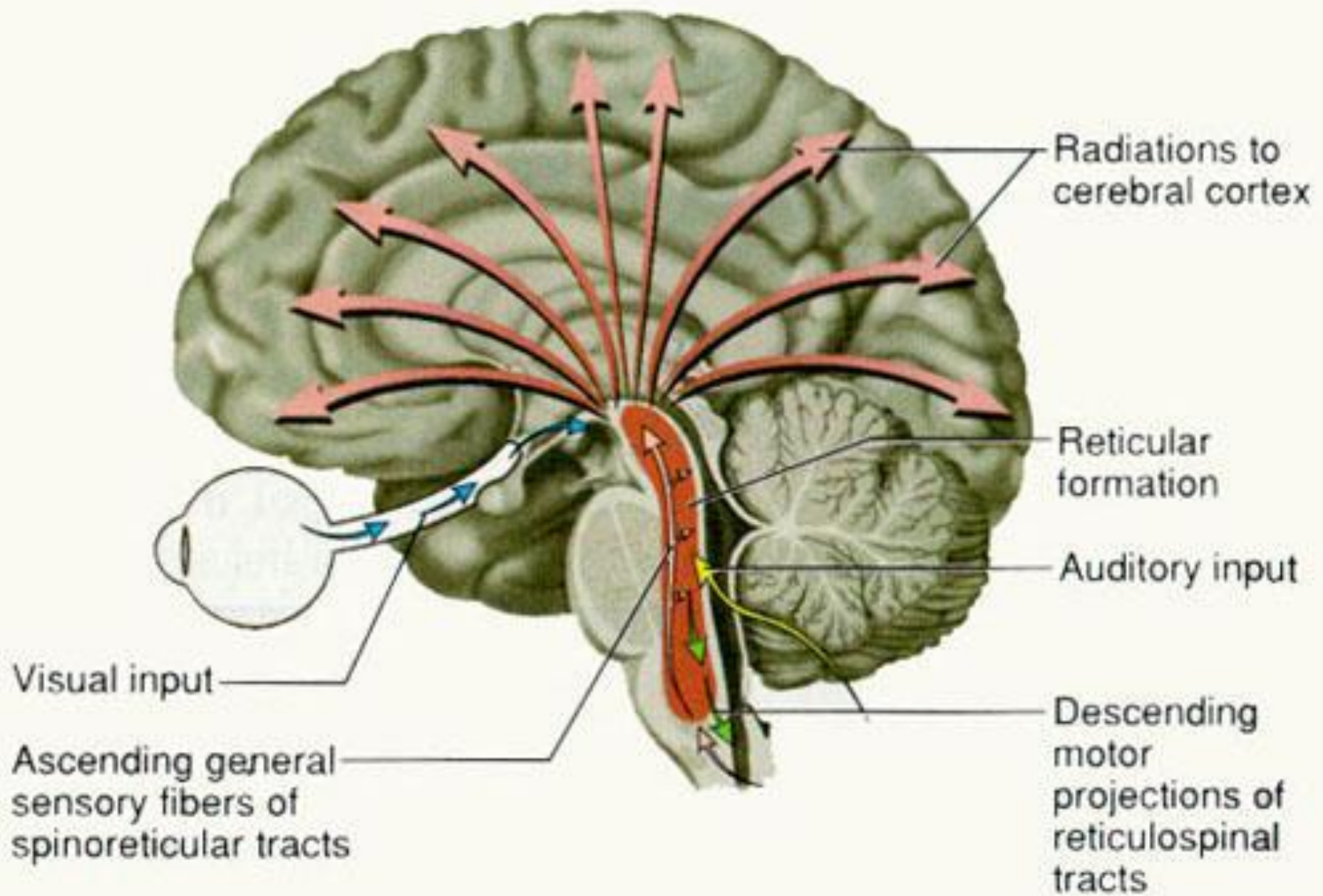
➤ Dopaminergic neurons – most are in the midbrain (ventral tegmental area)

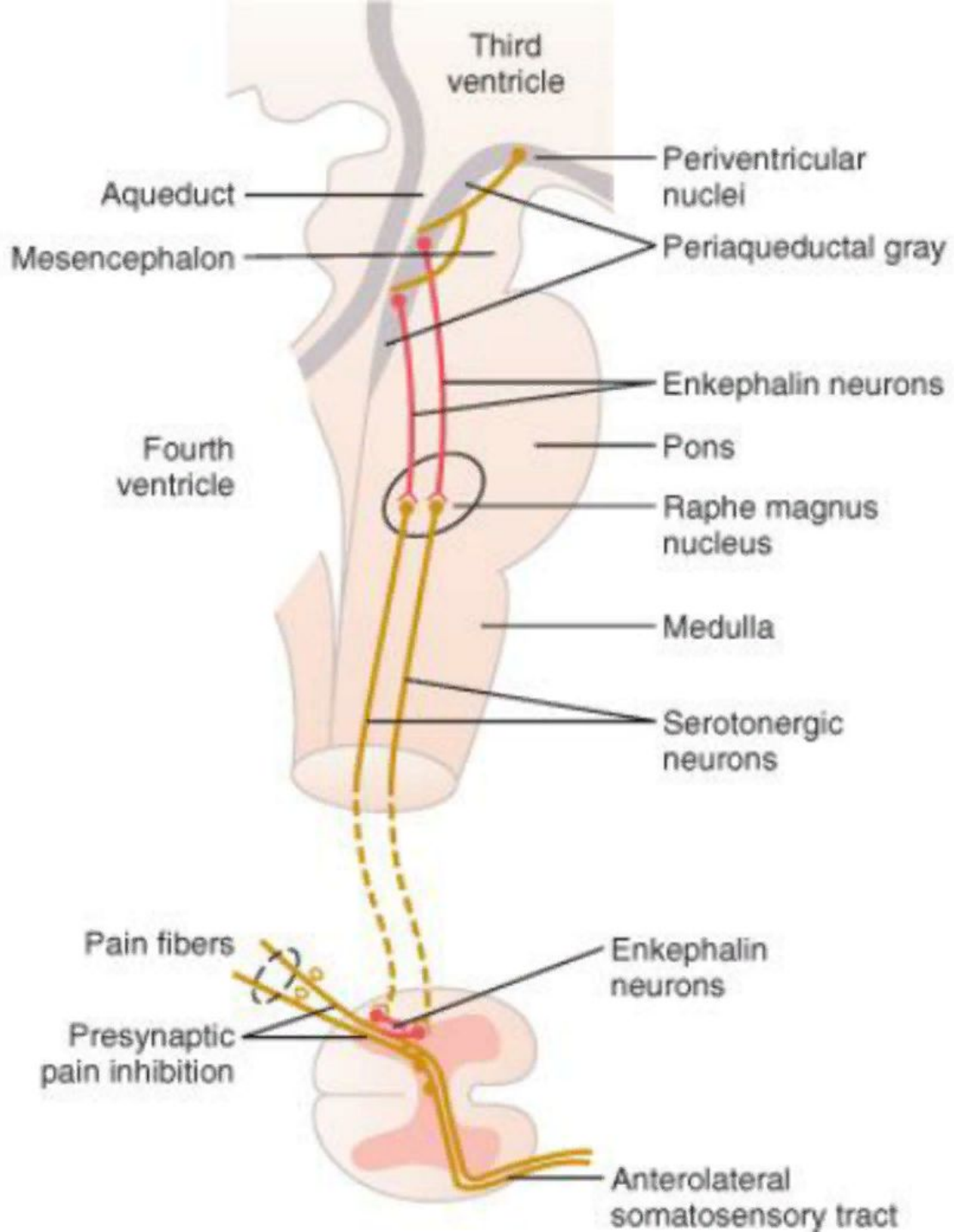
- ✓ mesostriatal (= nigrostriatal) pathway – to substantia nigra → PD!!!
- ✓ mesolimbic pathway – to the limbic system → overactivity in schizophrenia
- ✓ mesocortical – to prefrontal cortex → cognitive deficits in PD

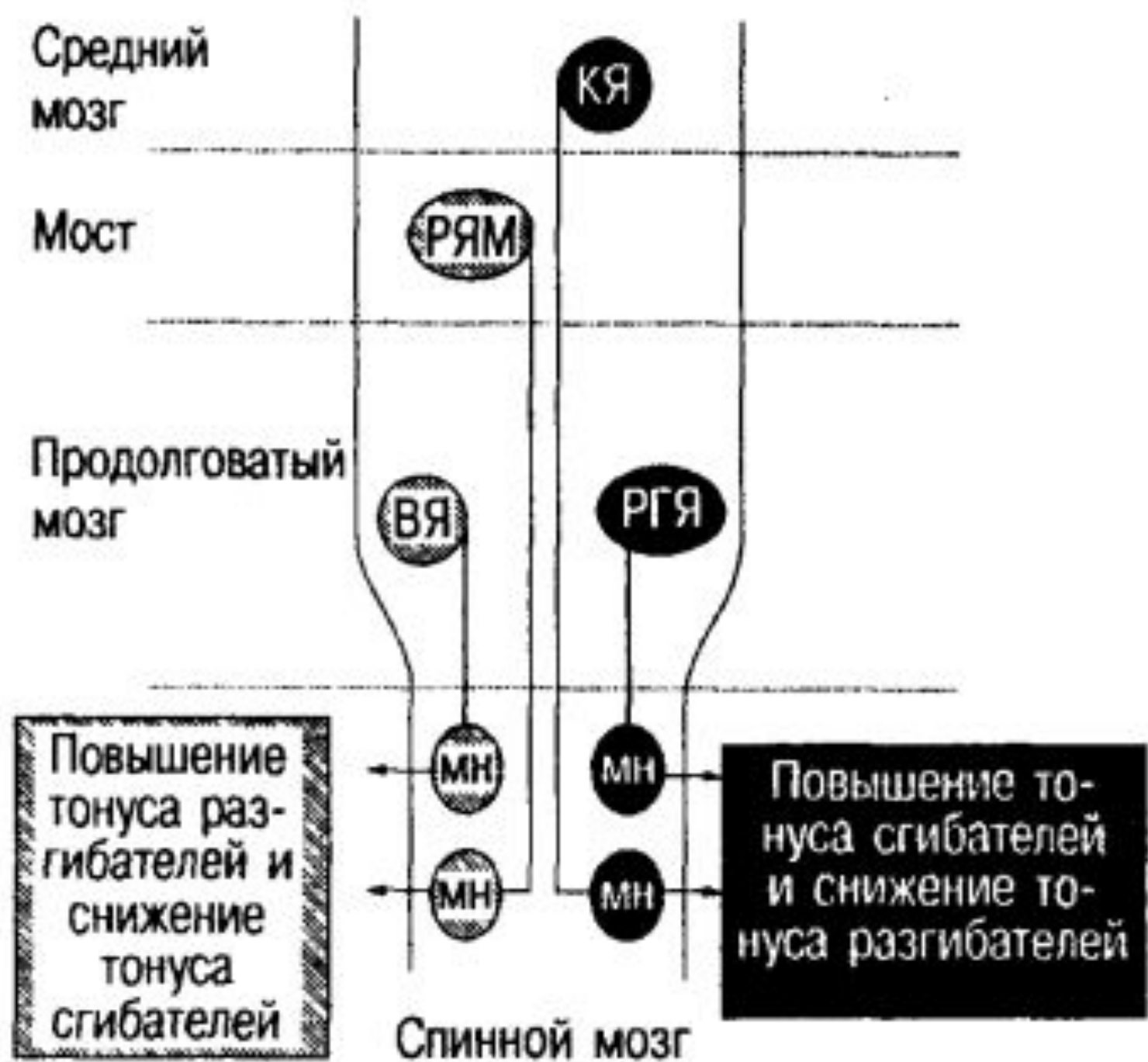


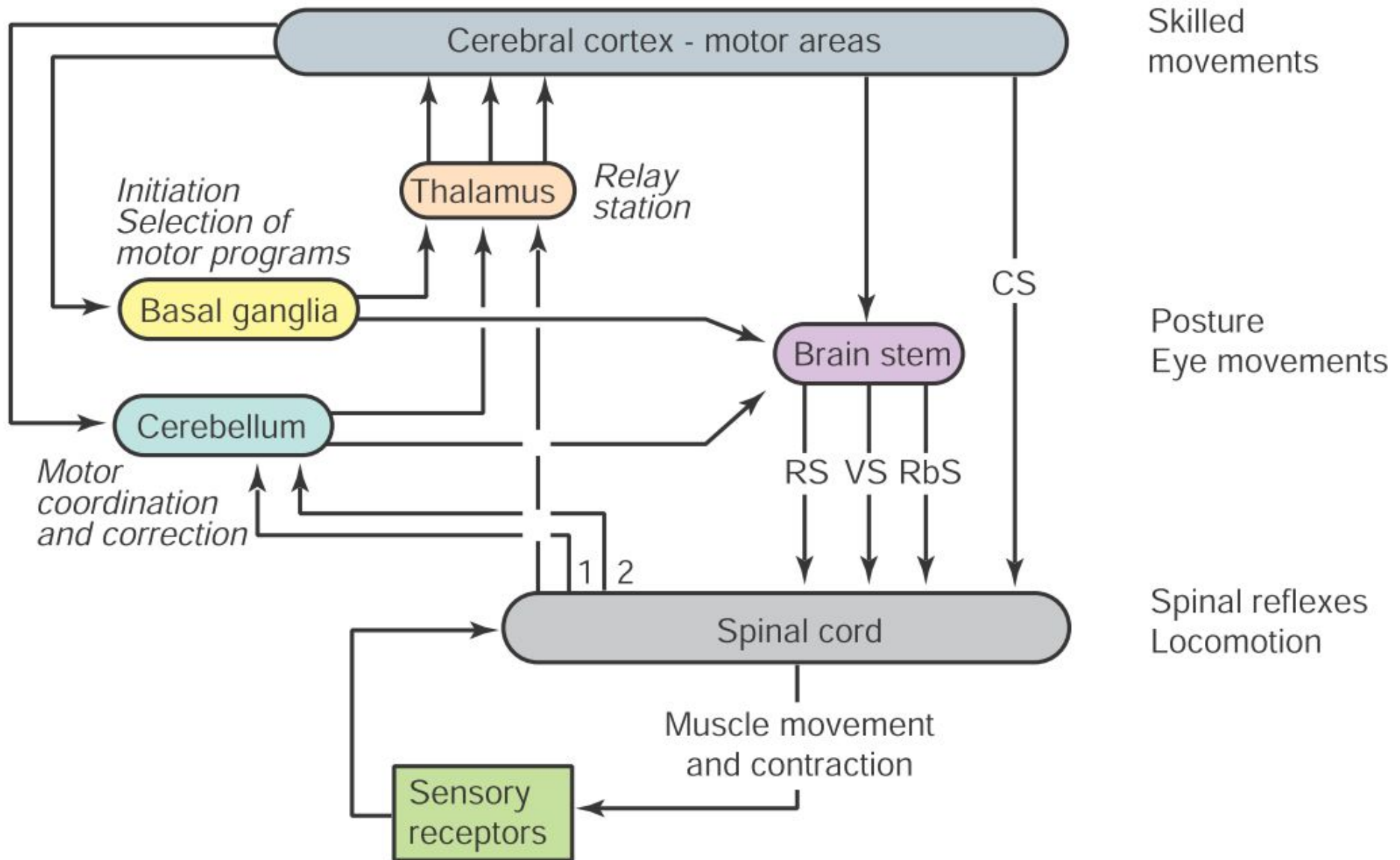


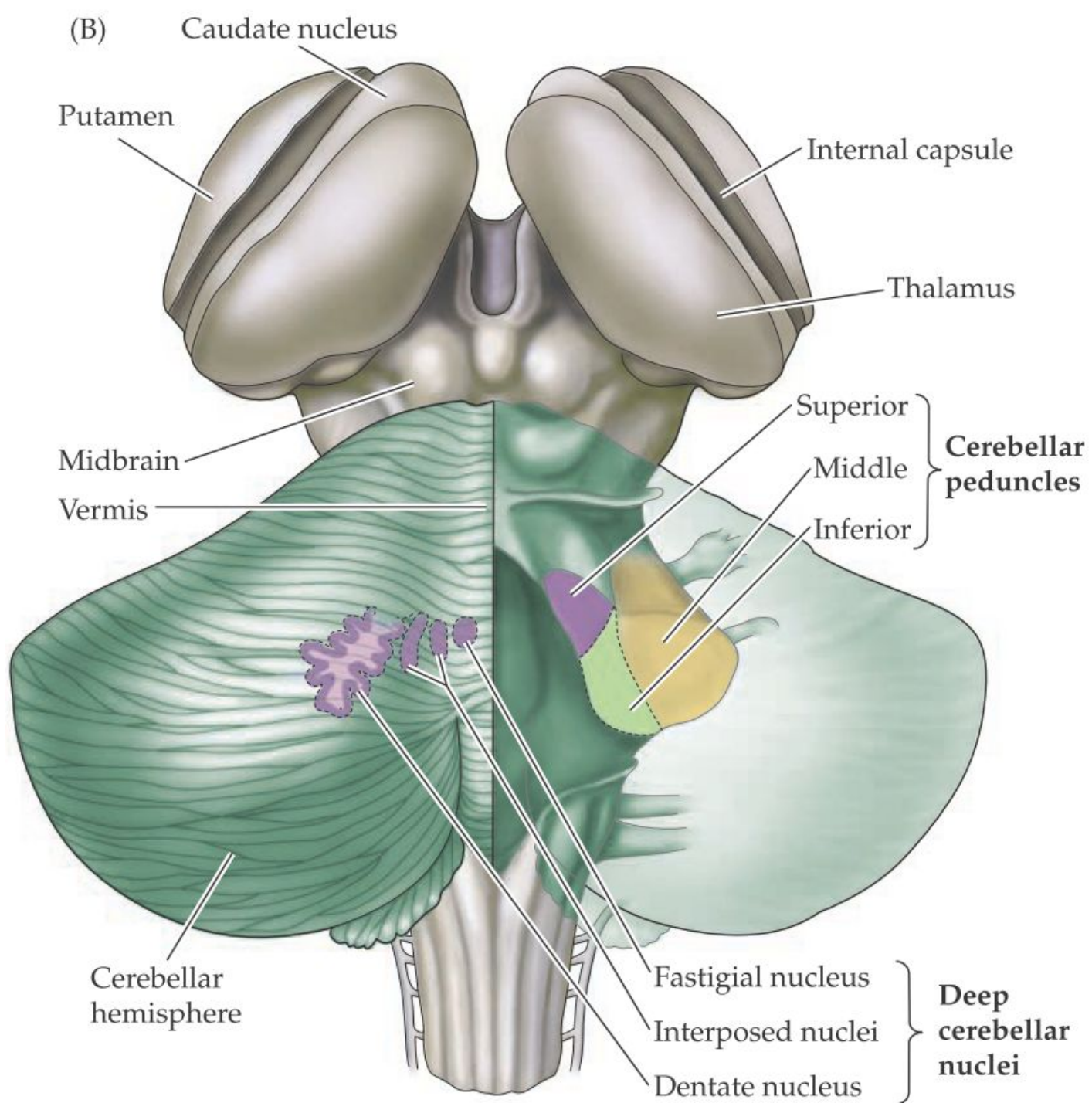


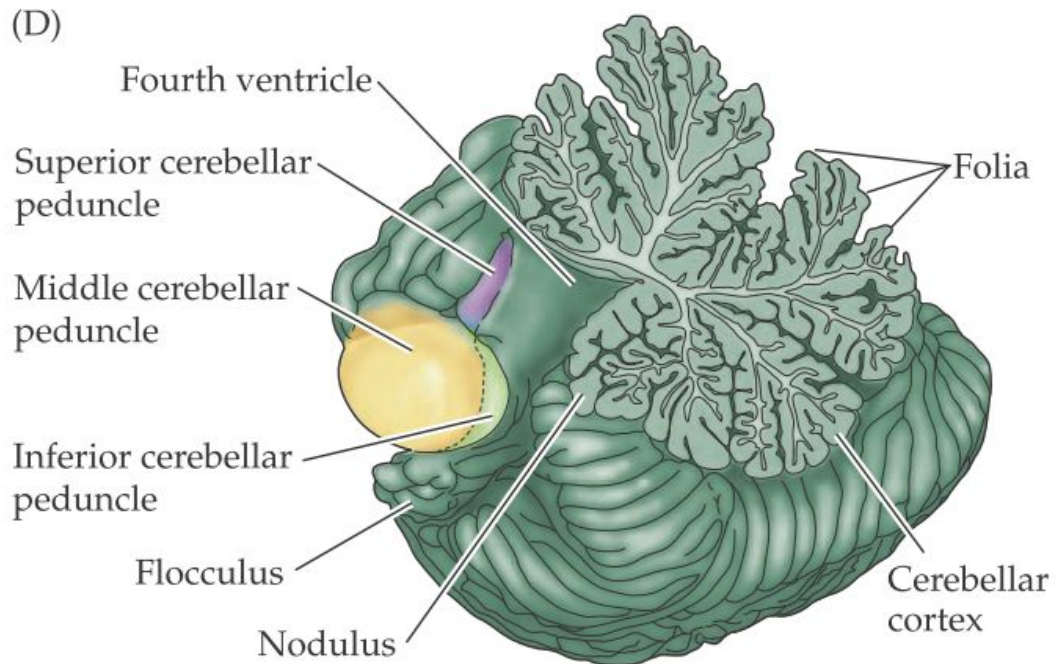
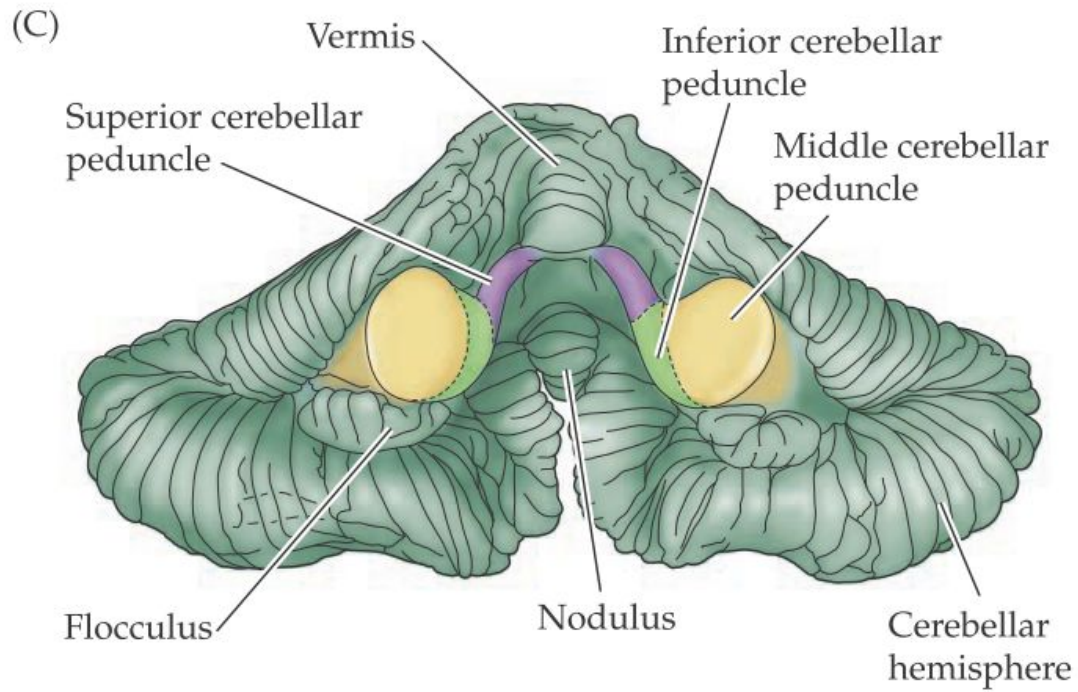


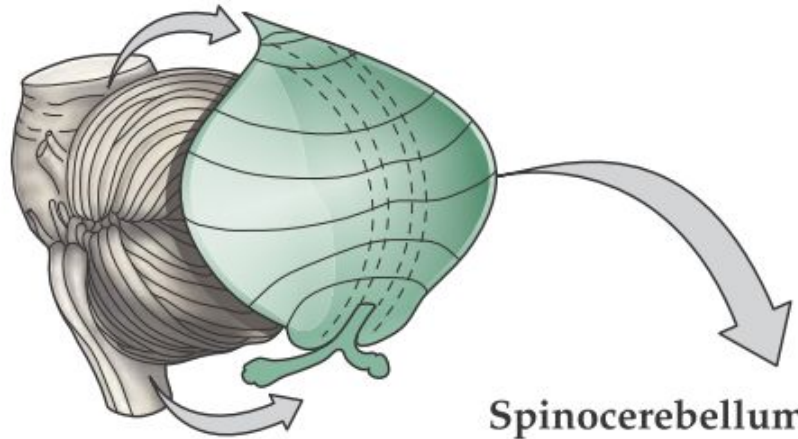












Spinocerebellum

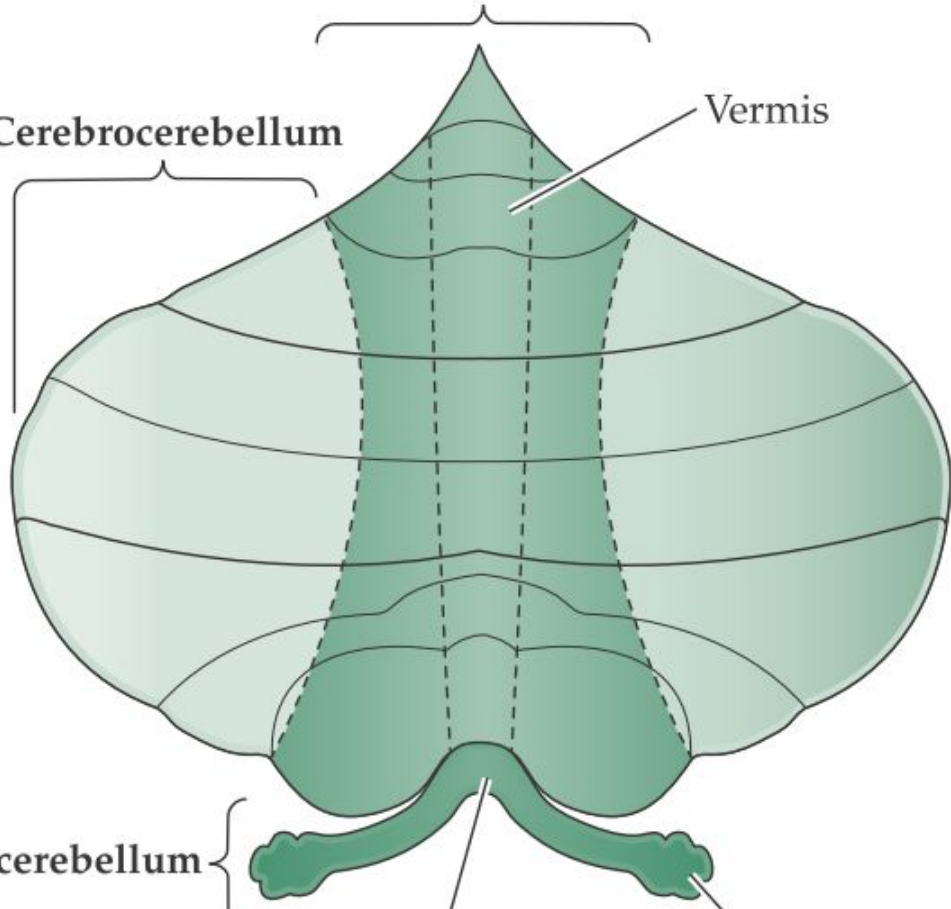
Cerebrocerebellum

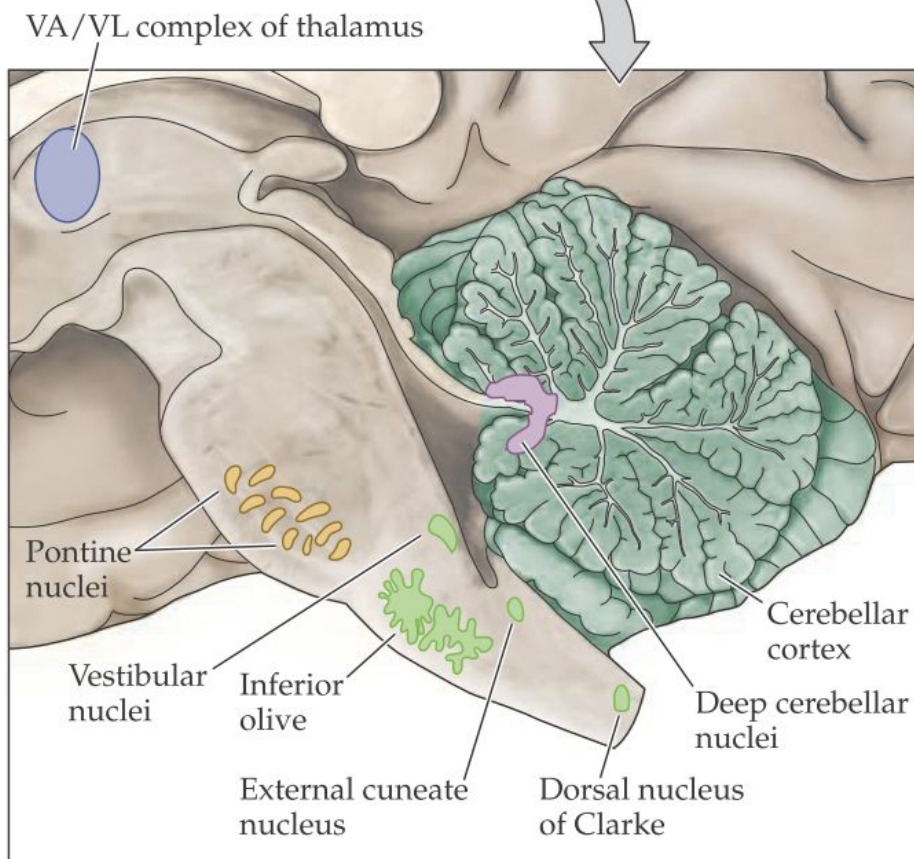
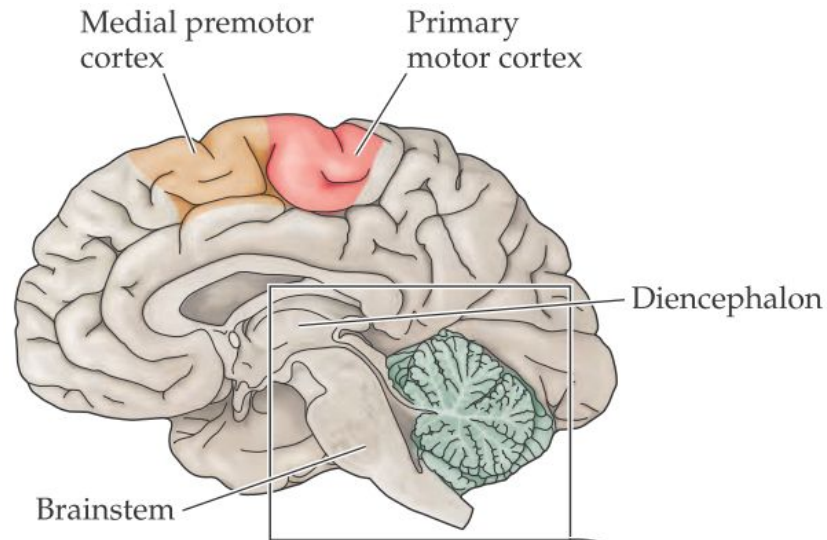
Vermis

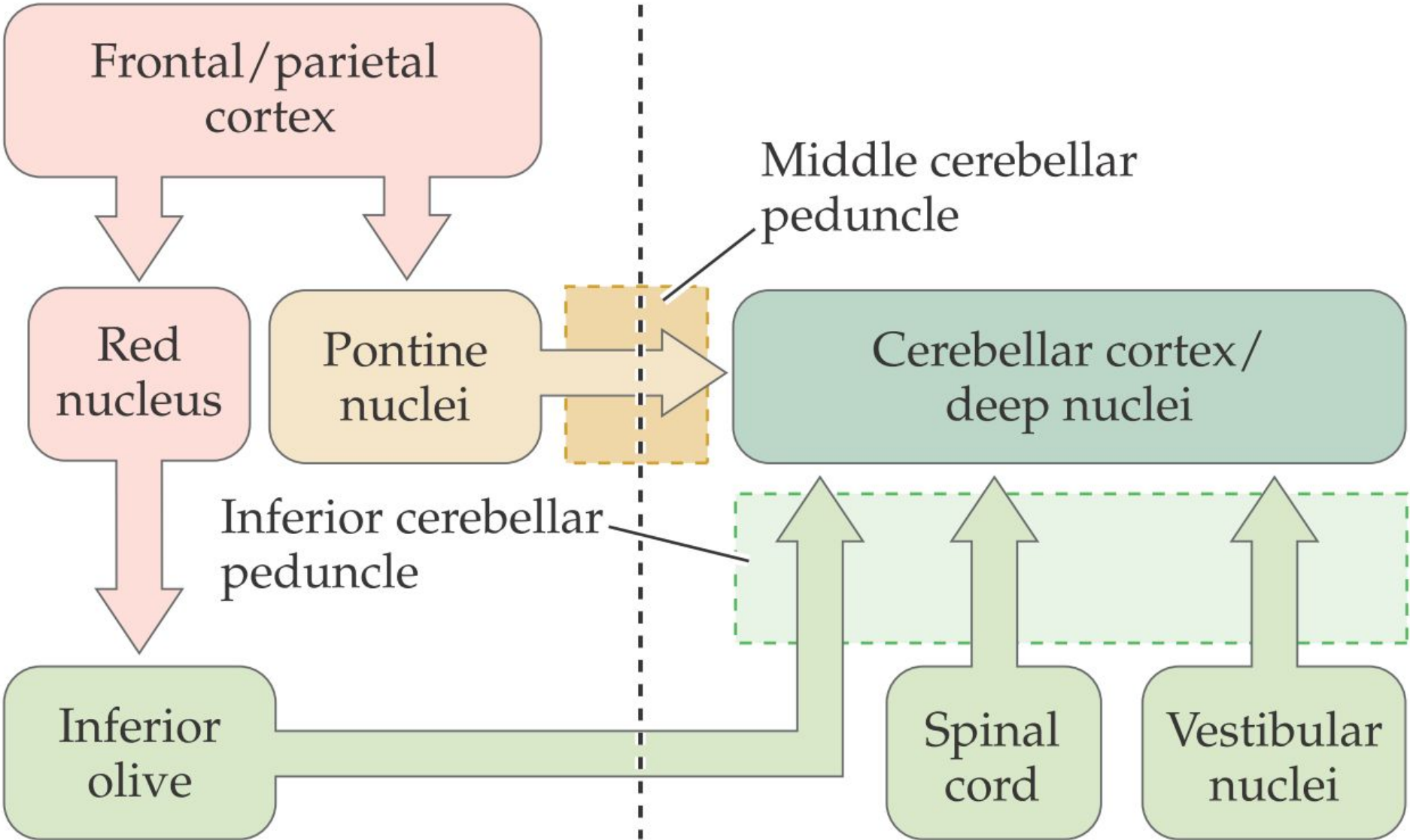
Vestibulocerebellum

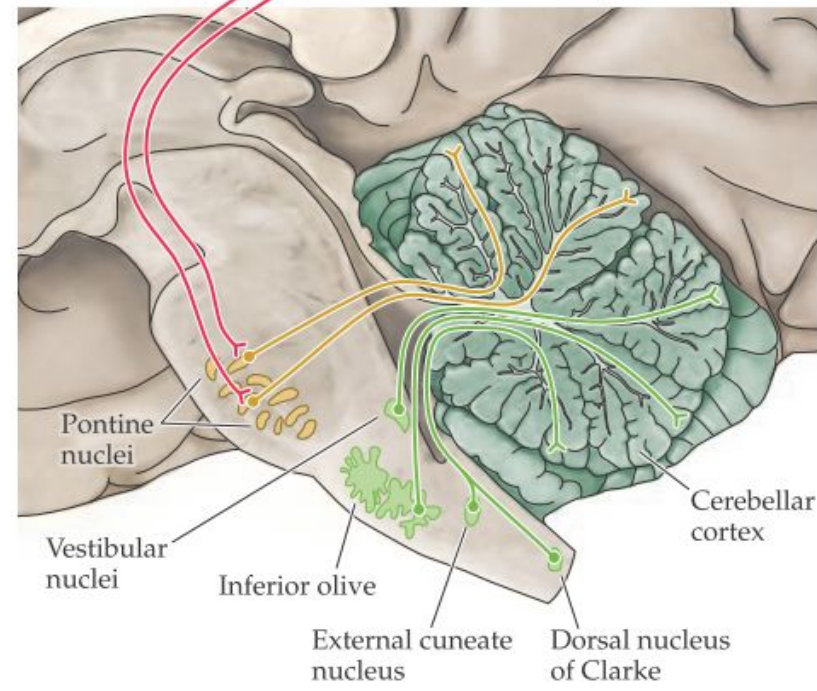
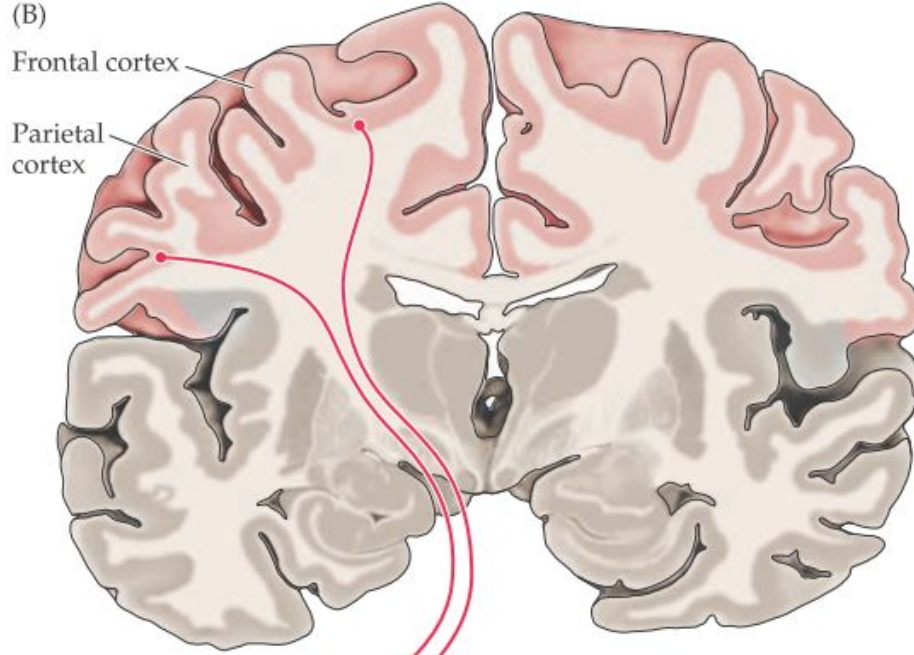
Nodulus

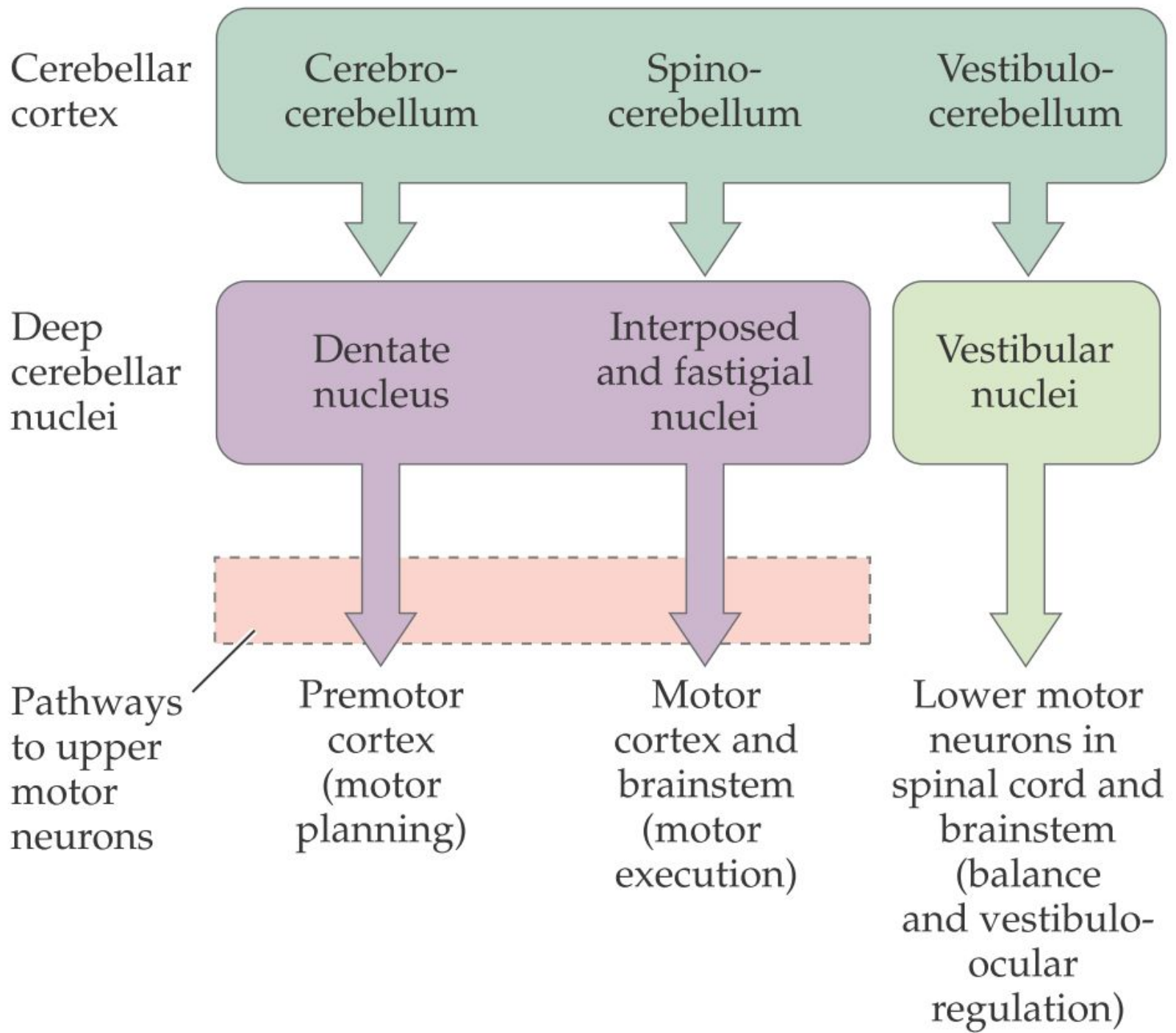
Flocculus











(B)

Primary motor
and premotor cortex

Ventral lateral
complex (thalamus)

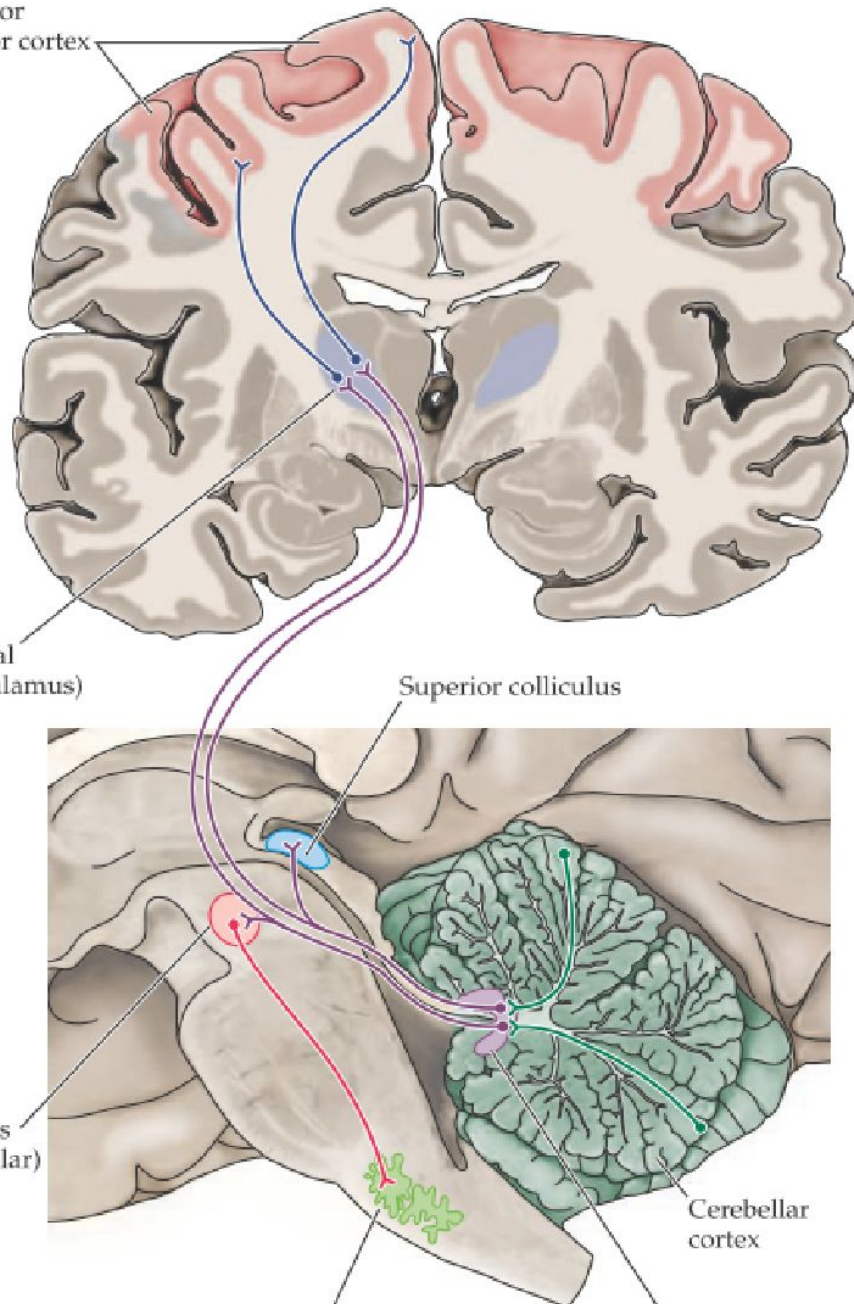
Superior colliculus

Red nucleus
(parvocellular)

Cerebellar
cortex

Inferior olive

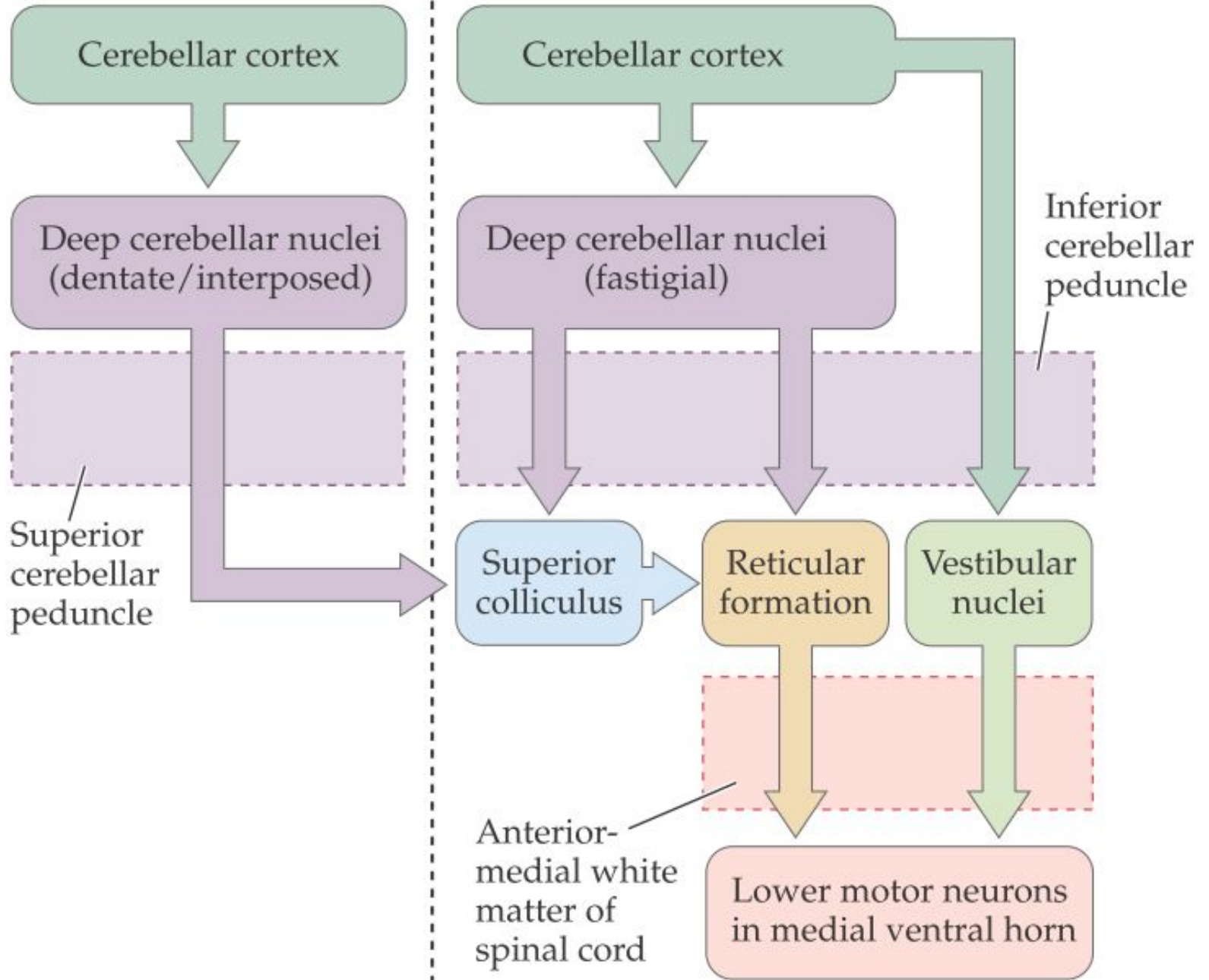
Deep cerebellar nuclei



(A)

Midline

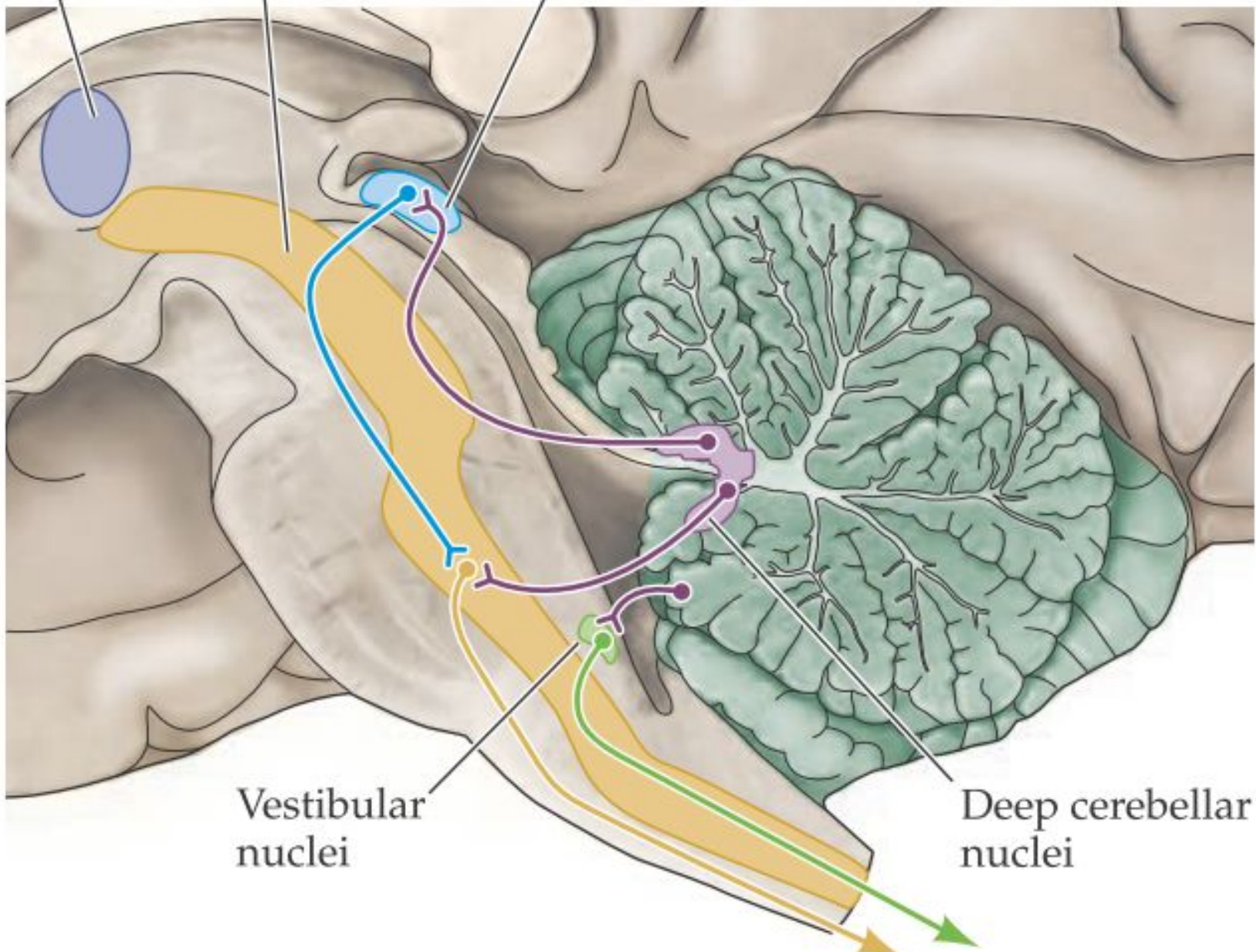
(B)



VA/VL complex

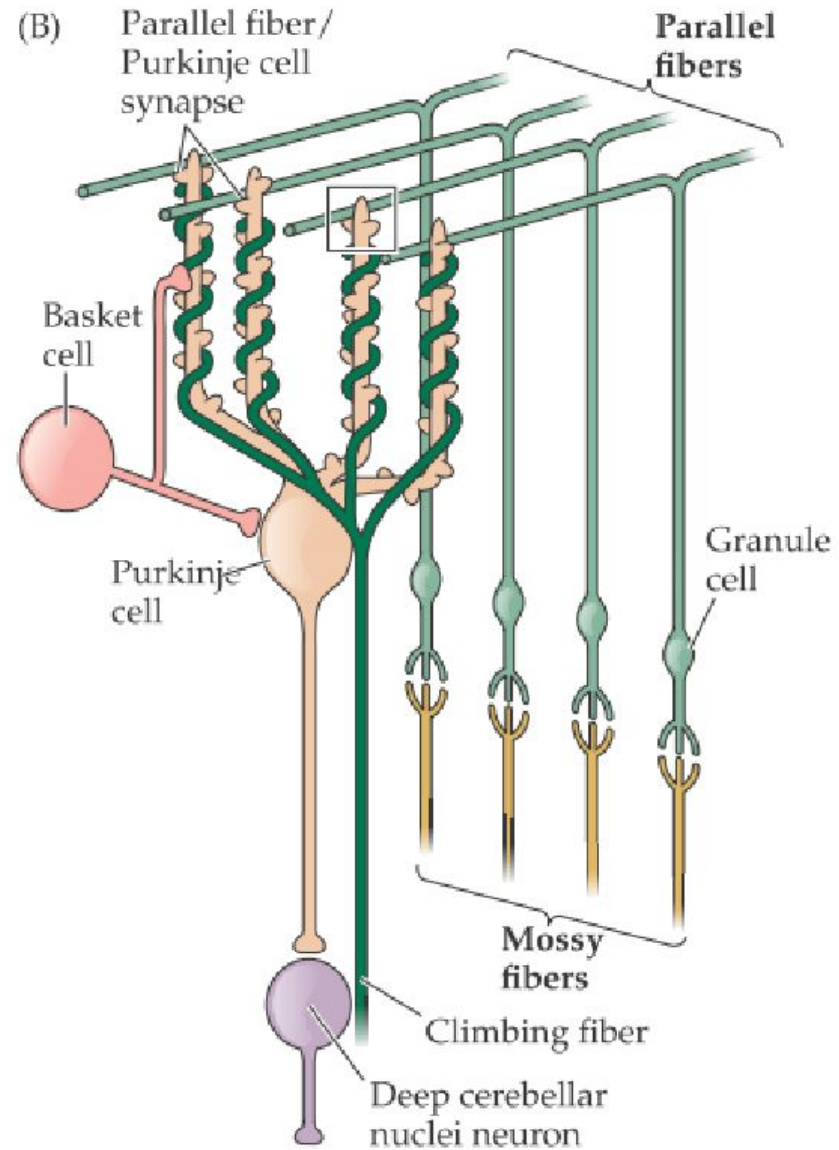
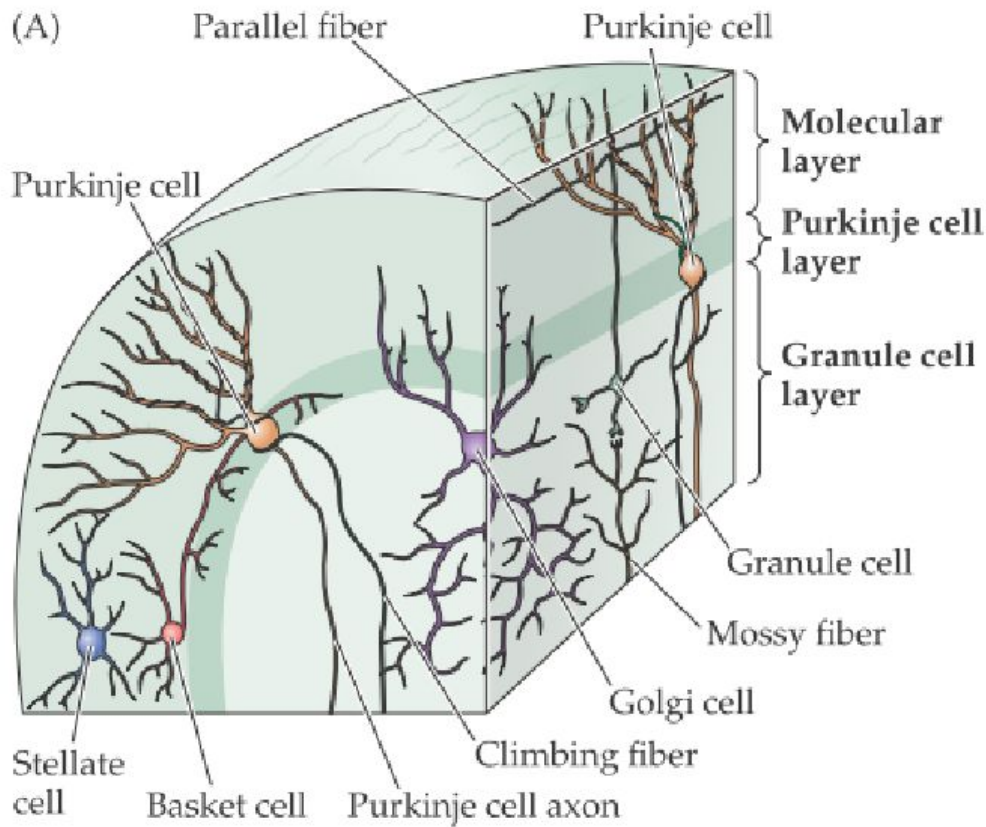
Reticular formation

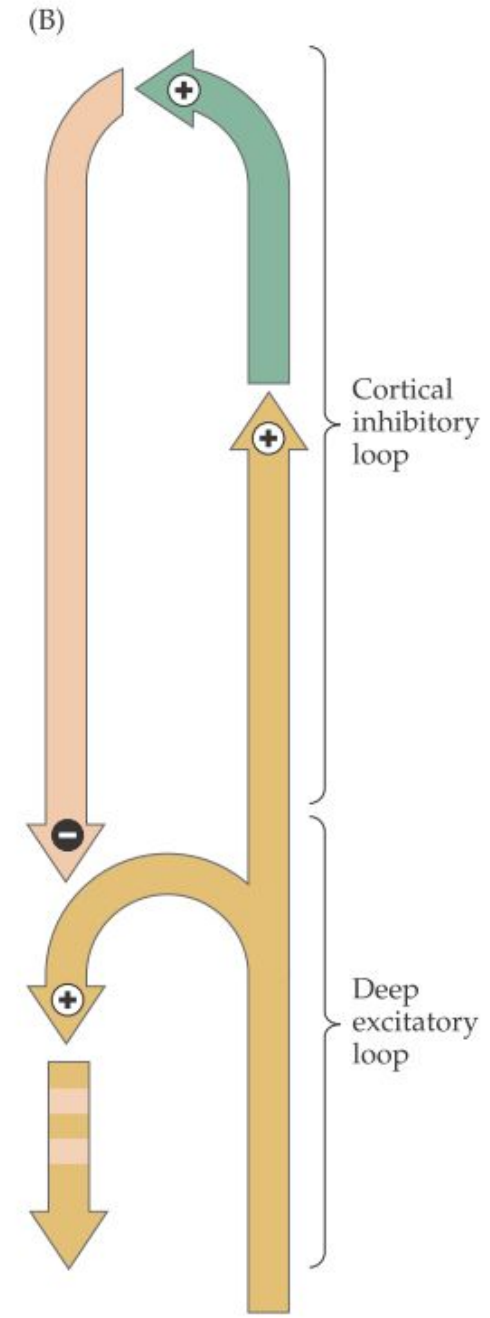
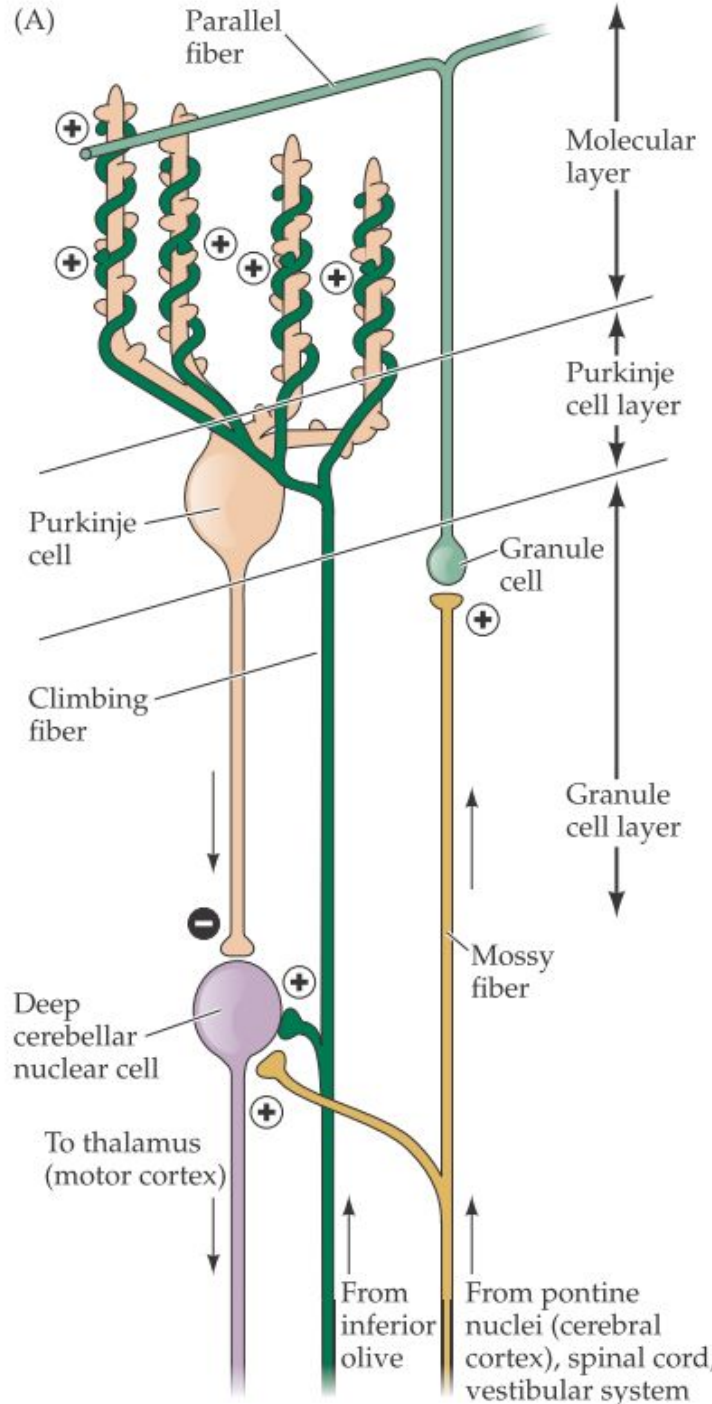
Superior colliculus

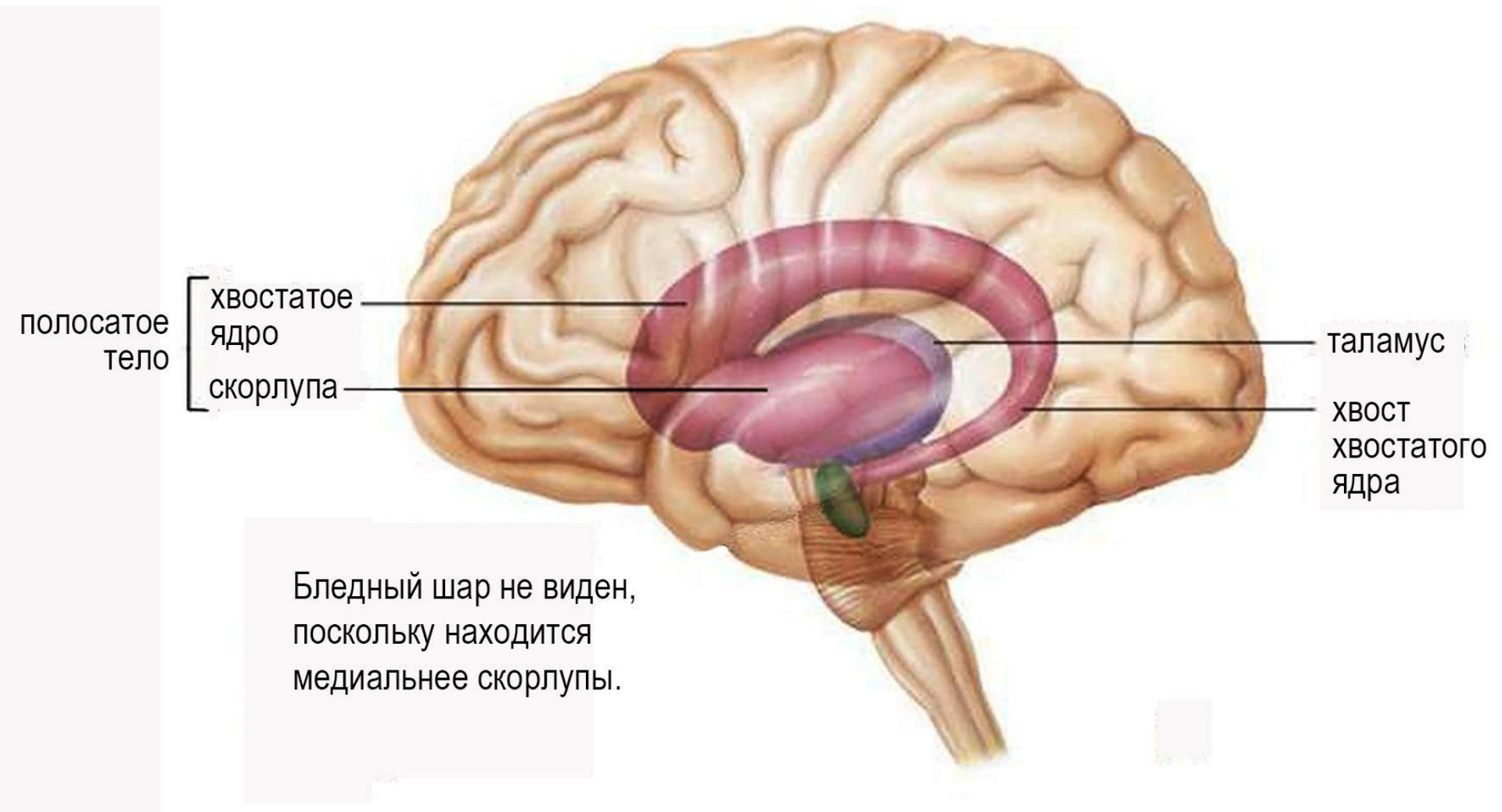


Vestibular nuclei

Deep cerebellar nuclei







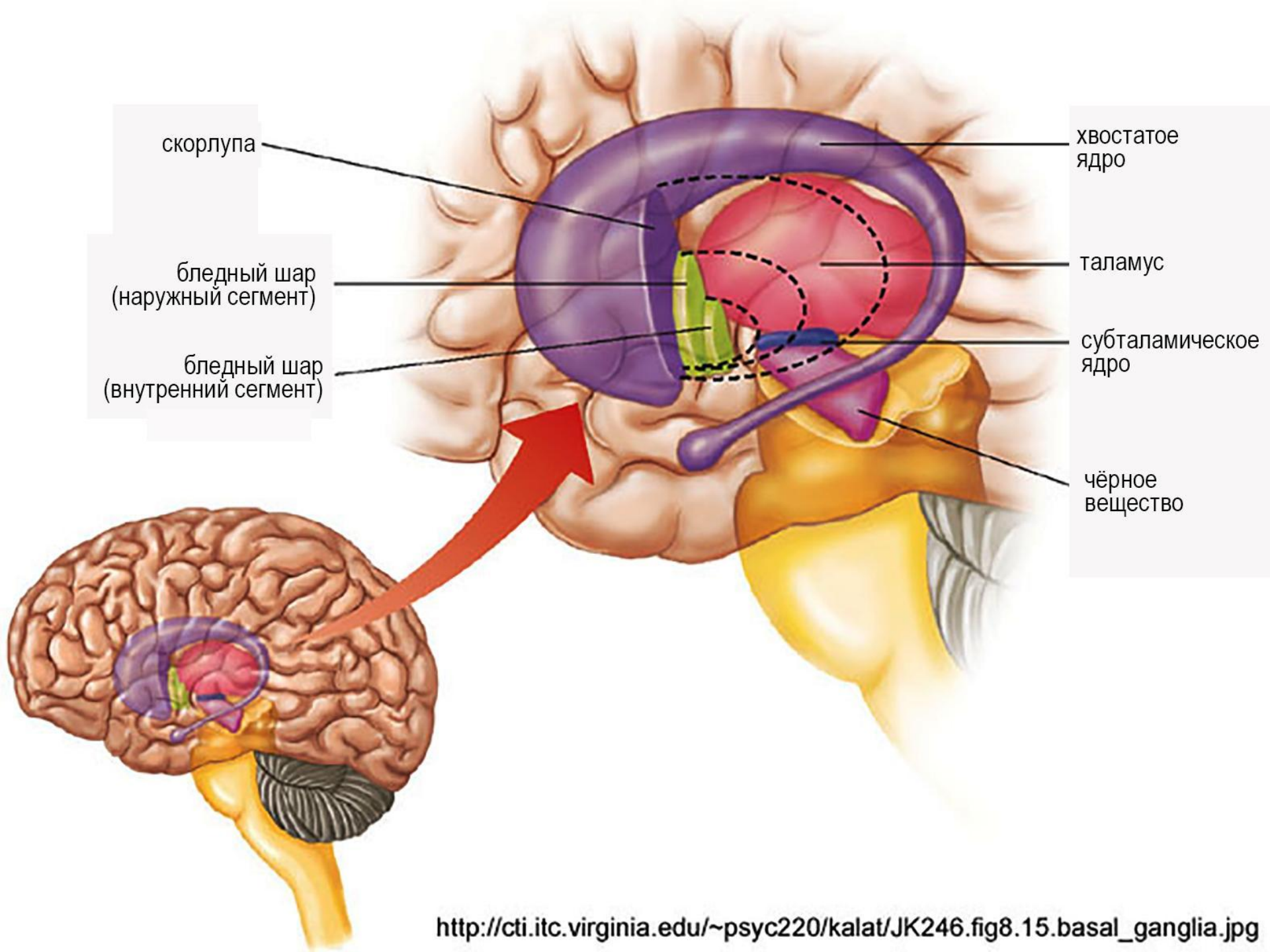
полосатое
тело

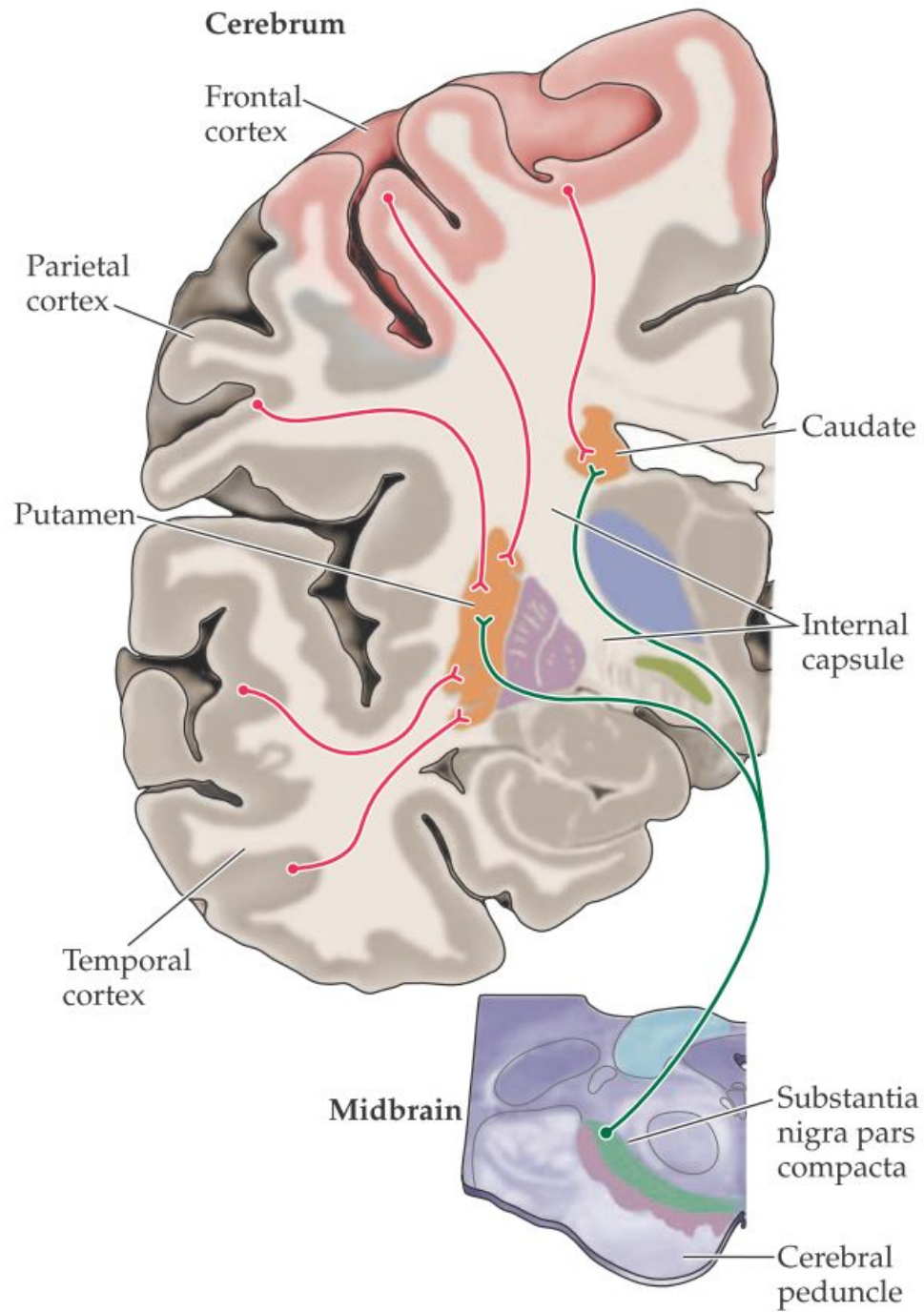
хвостатое
ядро
скорлупа

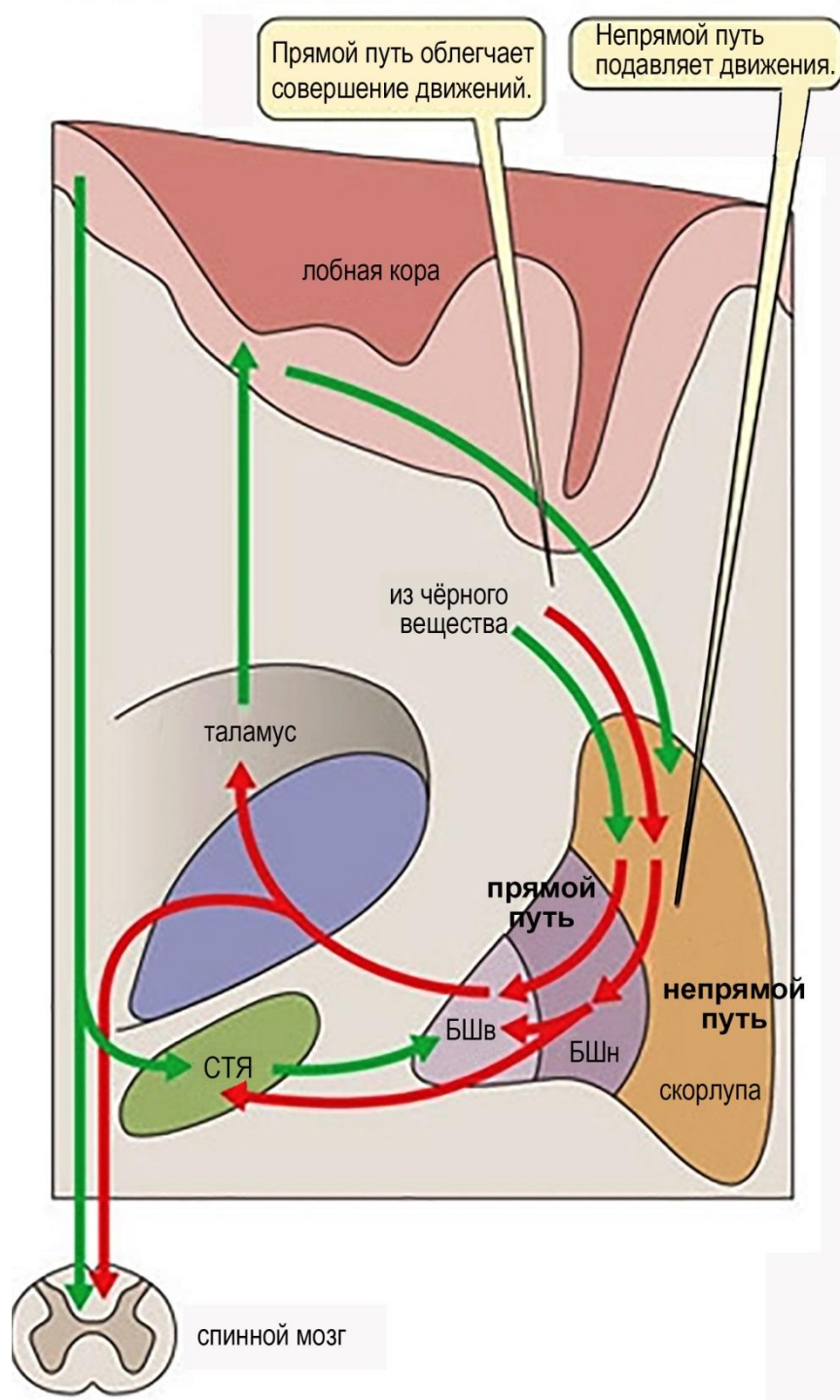
таламус

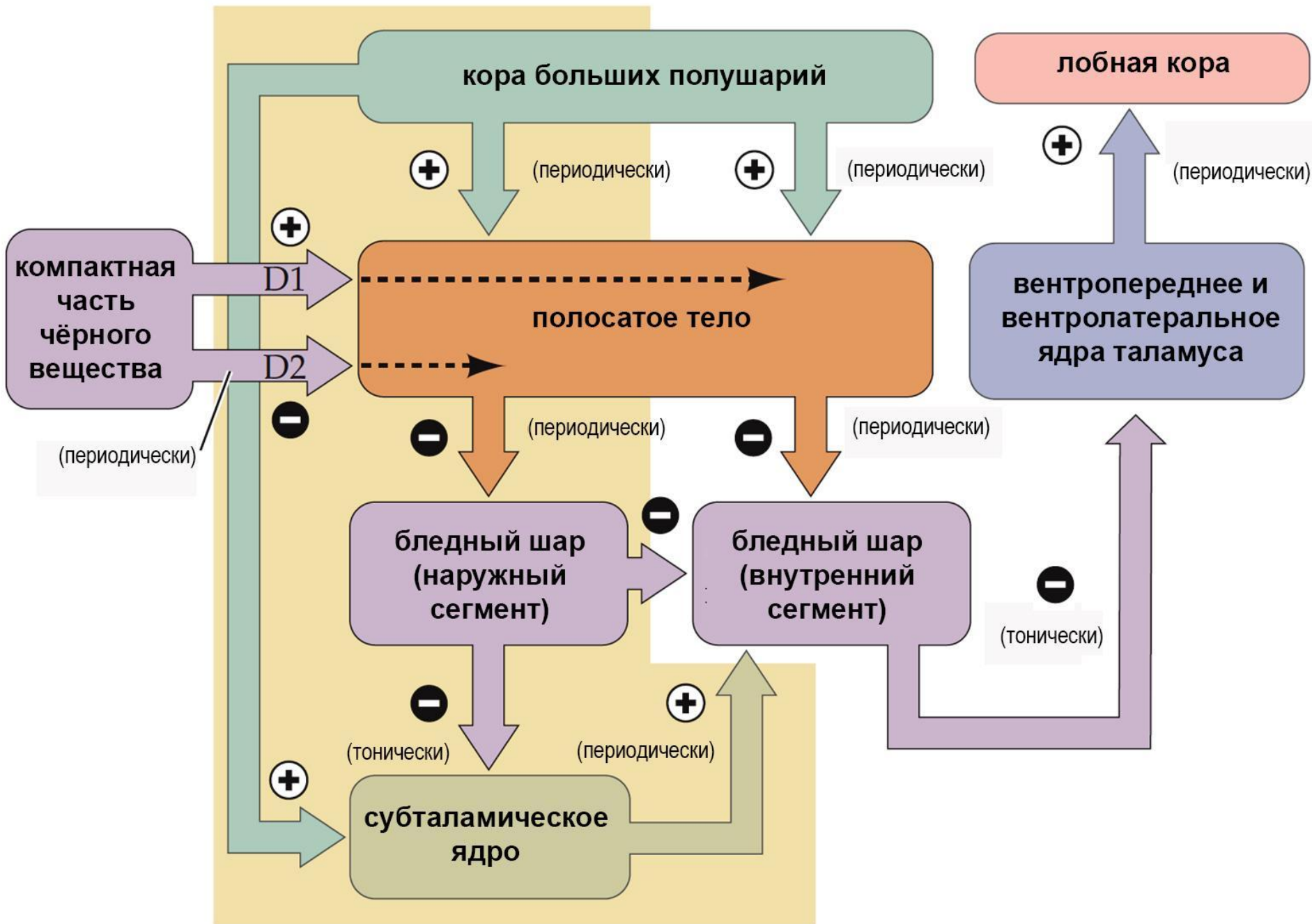
хвост
хвостатого
ядра

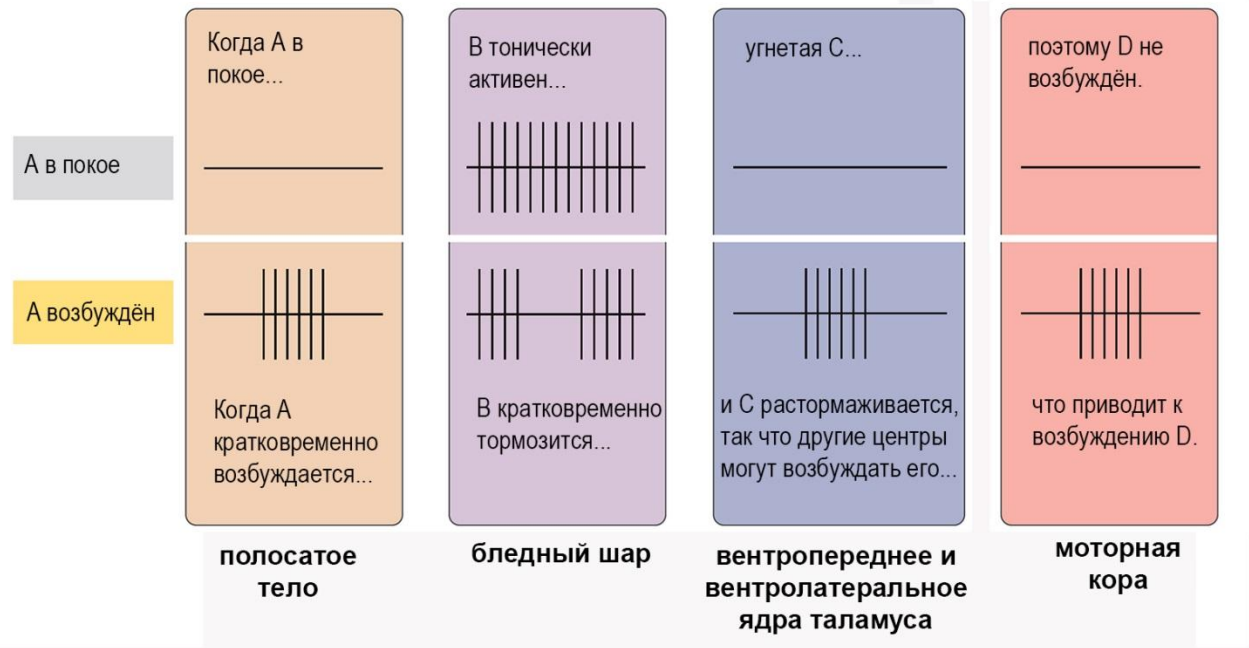
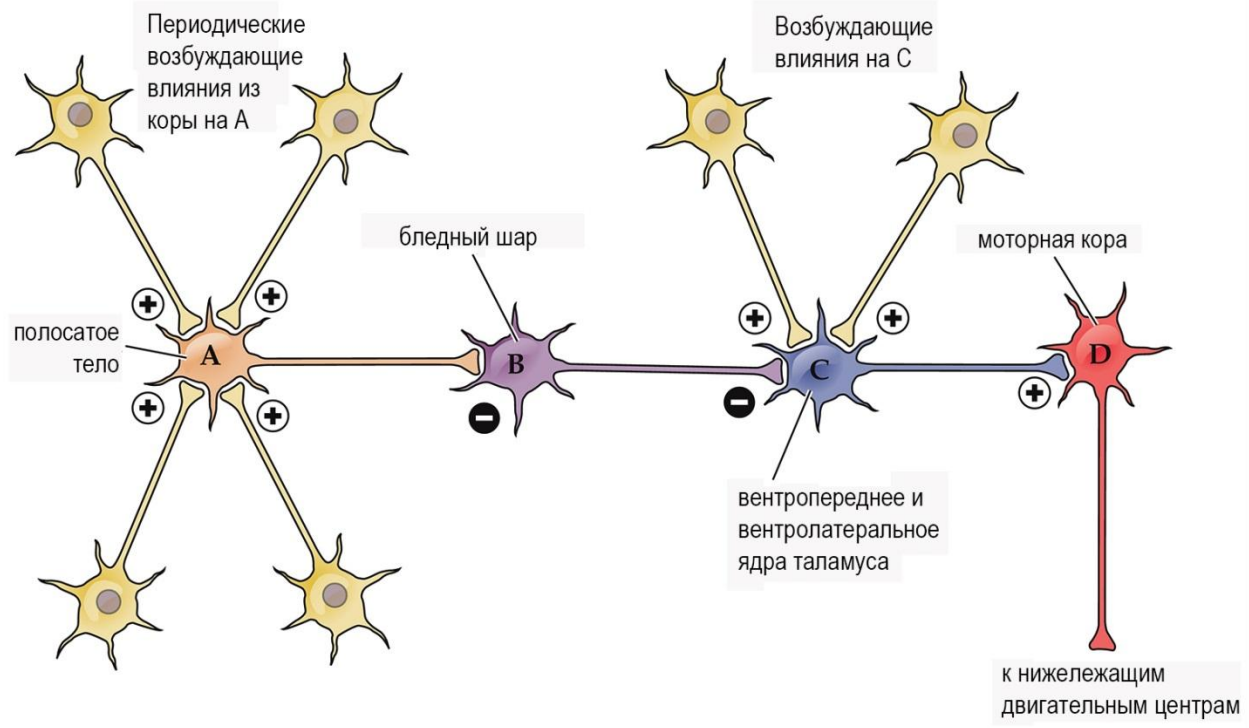
Бледный шар не виден,
поскольку находится
медиальнее скорлупы.







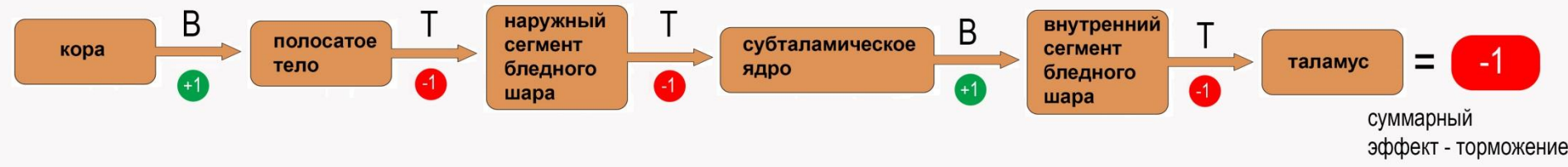


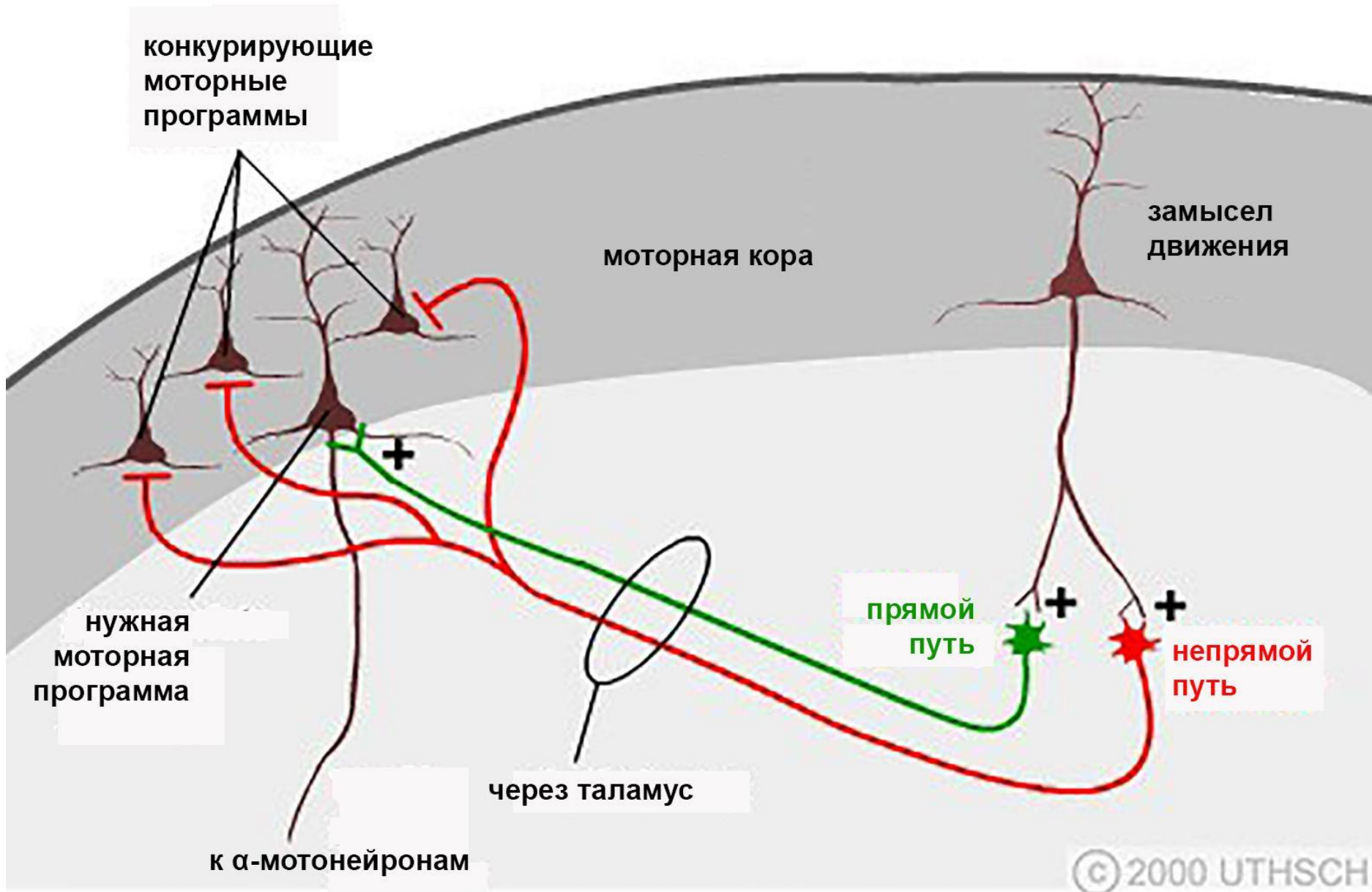


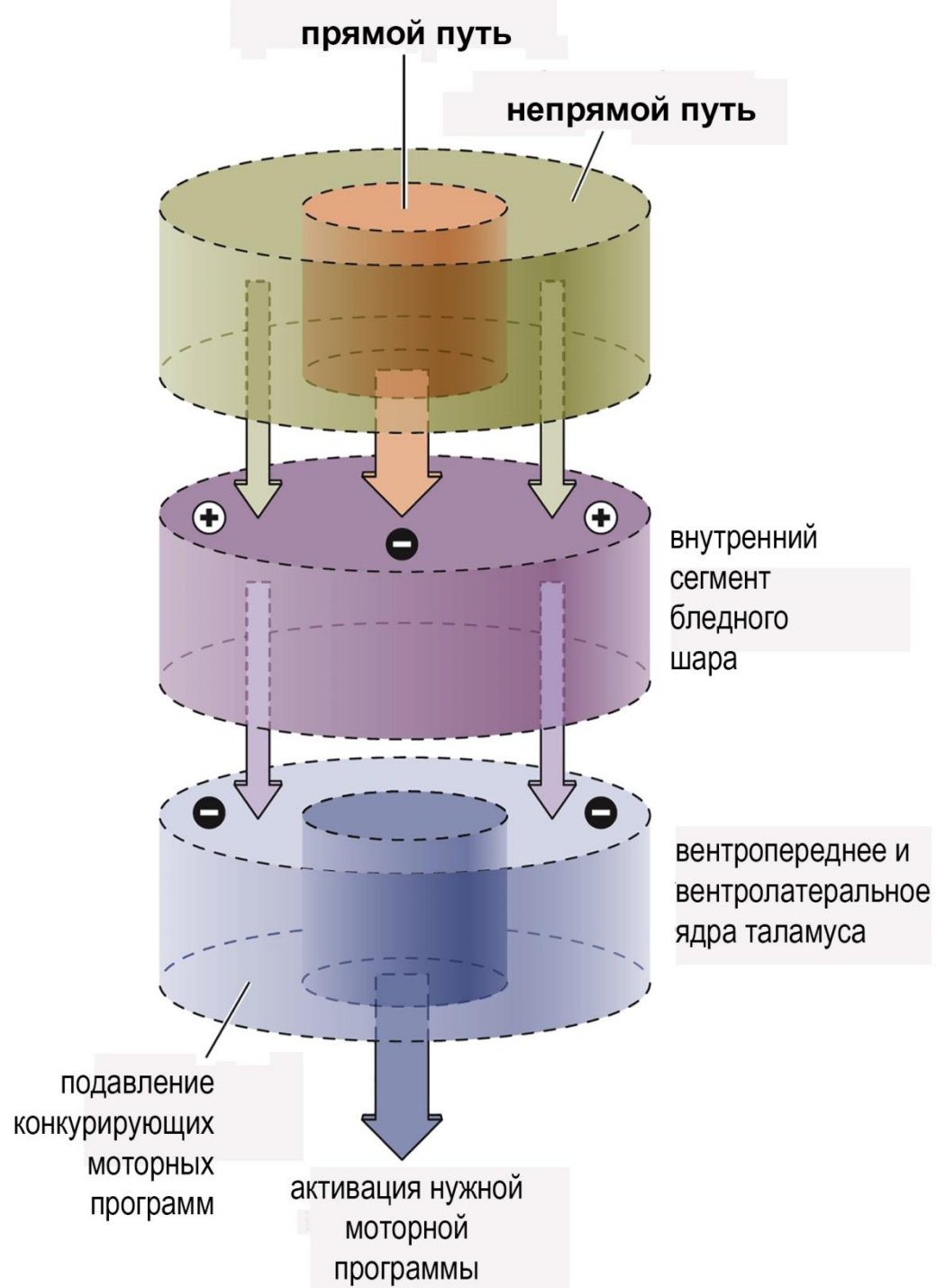
ПРЯМОЙ ПУТЬ



НЕПРЯМОЙ ПУТЬ

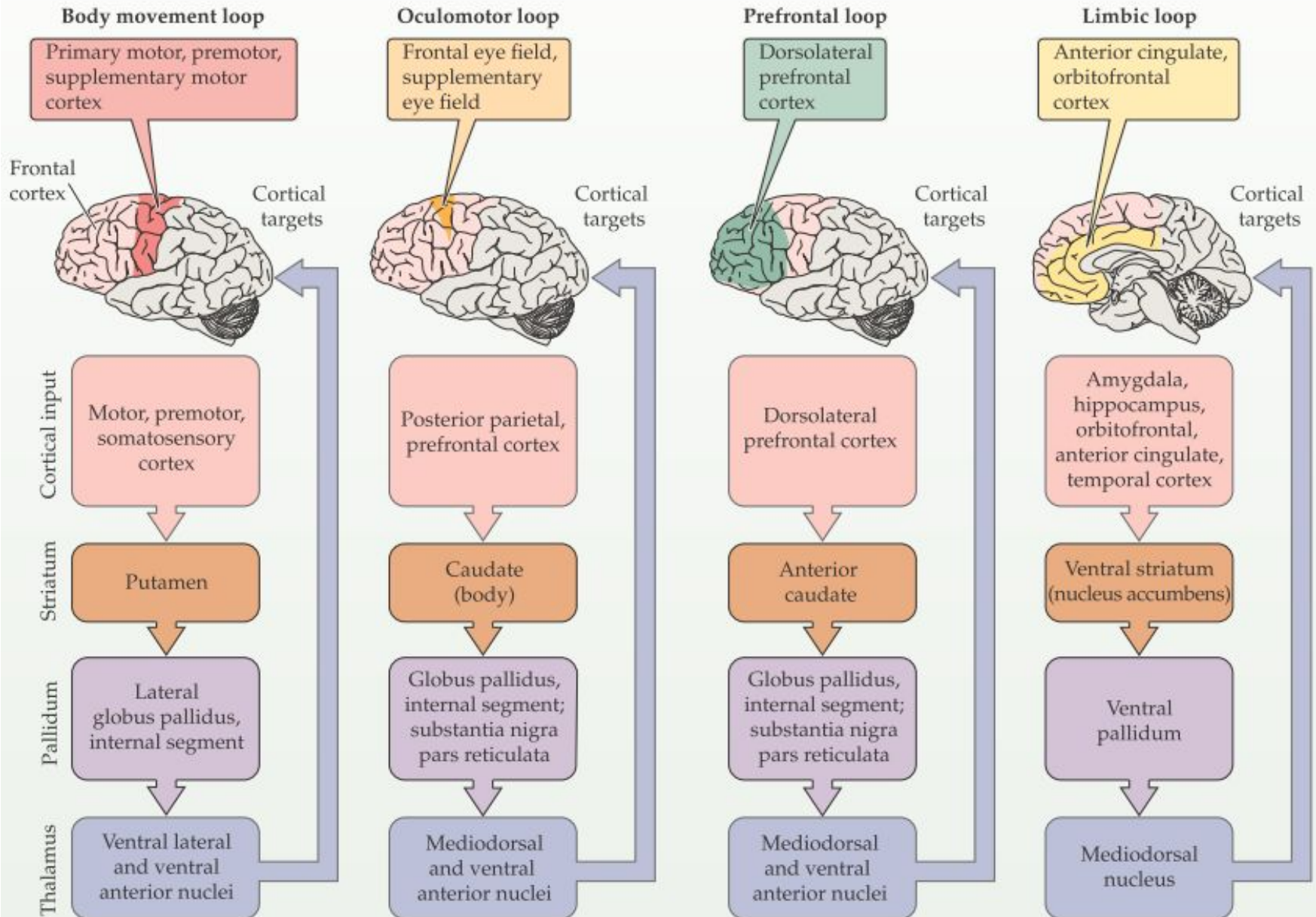






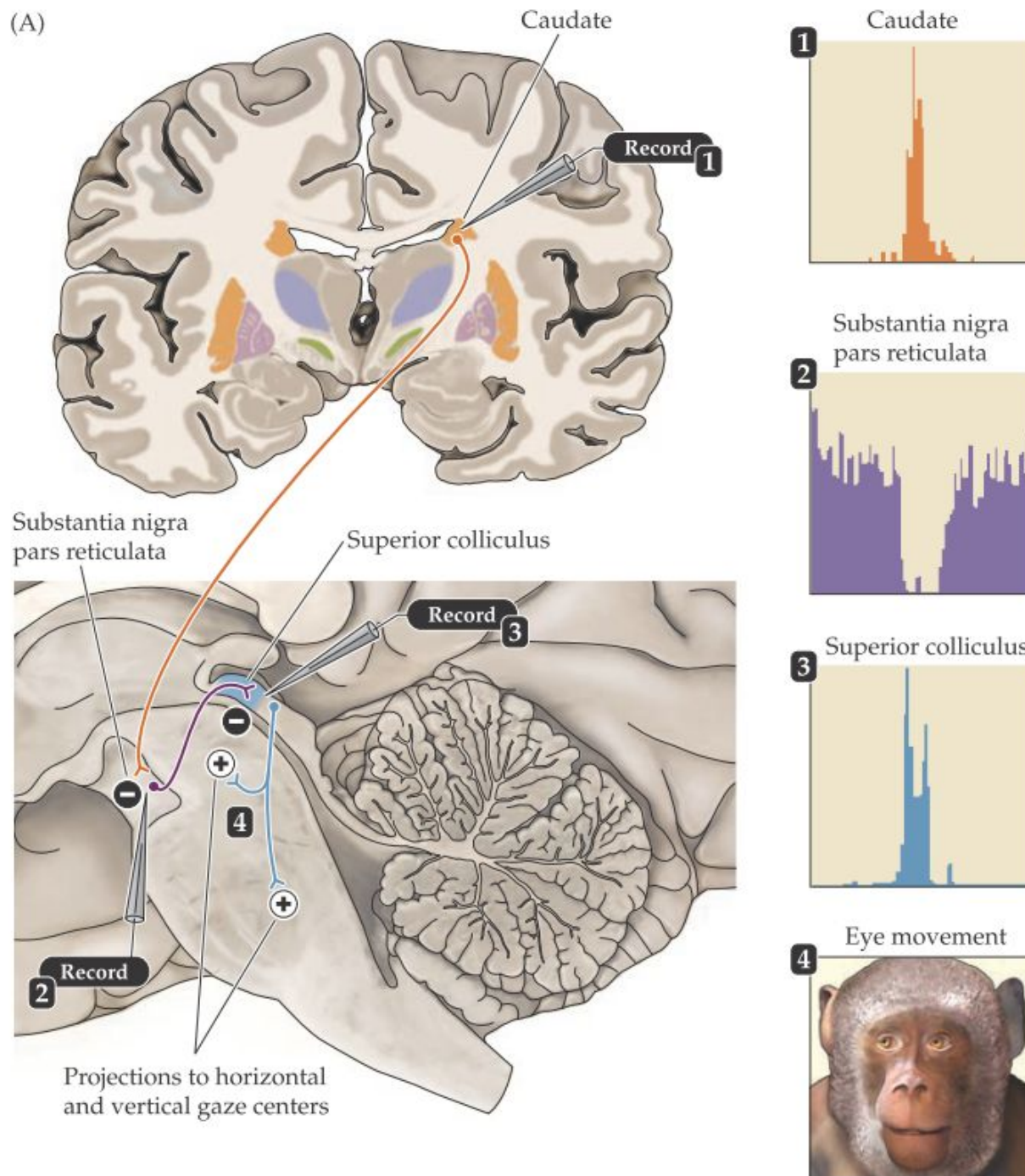
MOTOR LOOPS

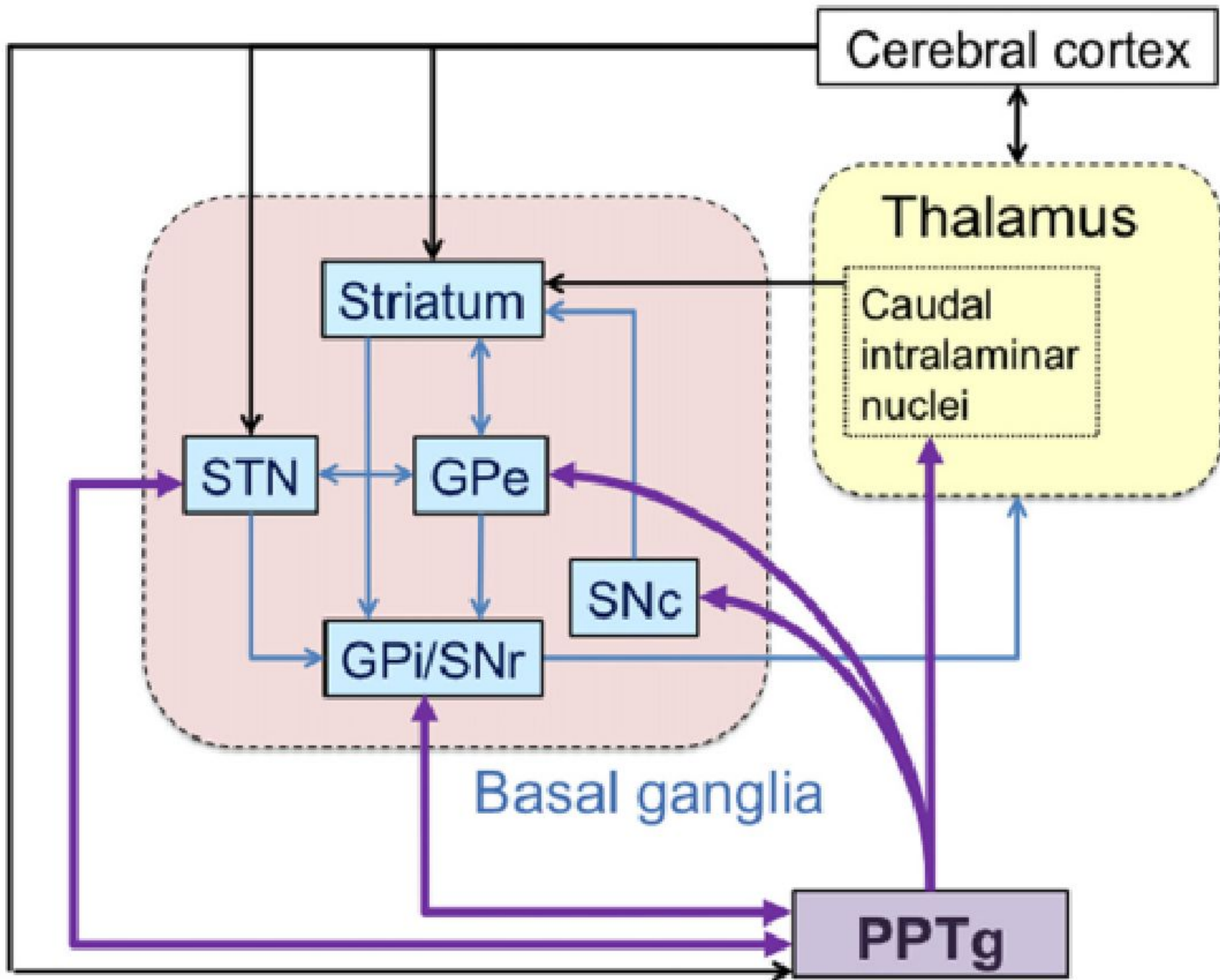
NON-MOTOR LOOPS

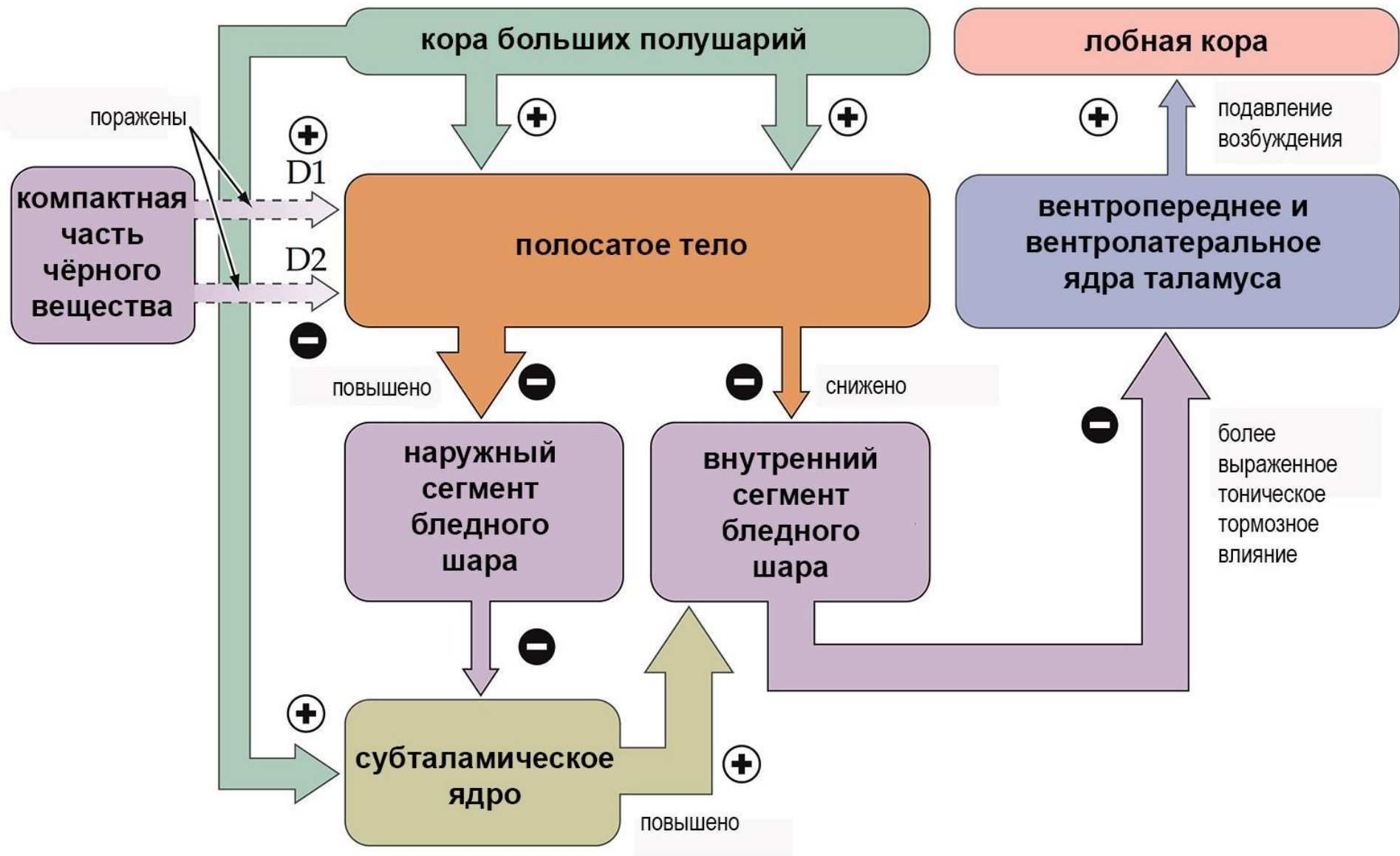


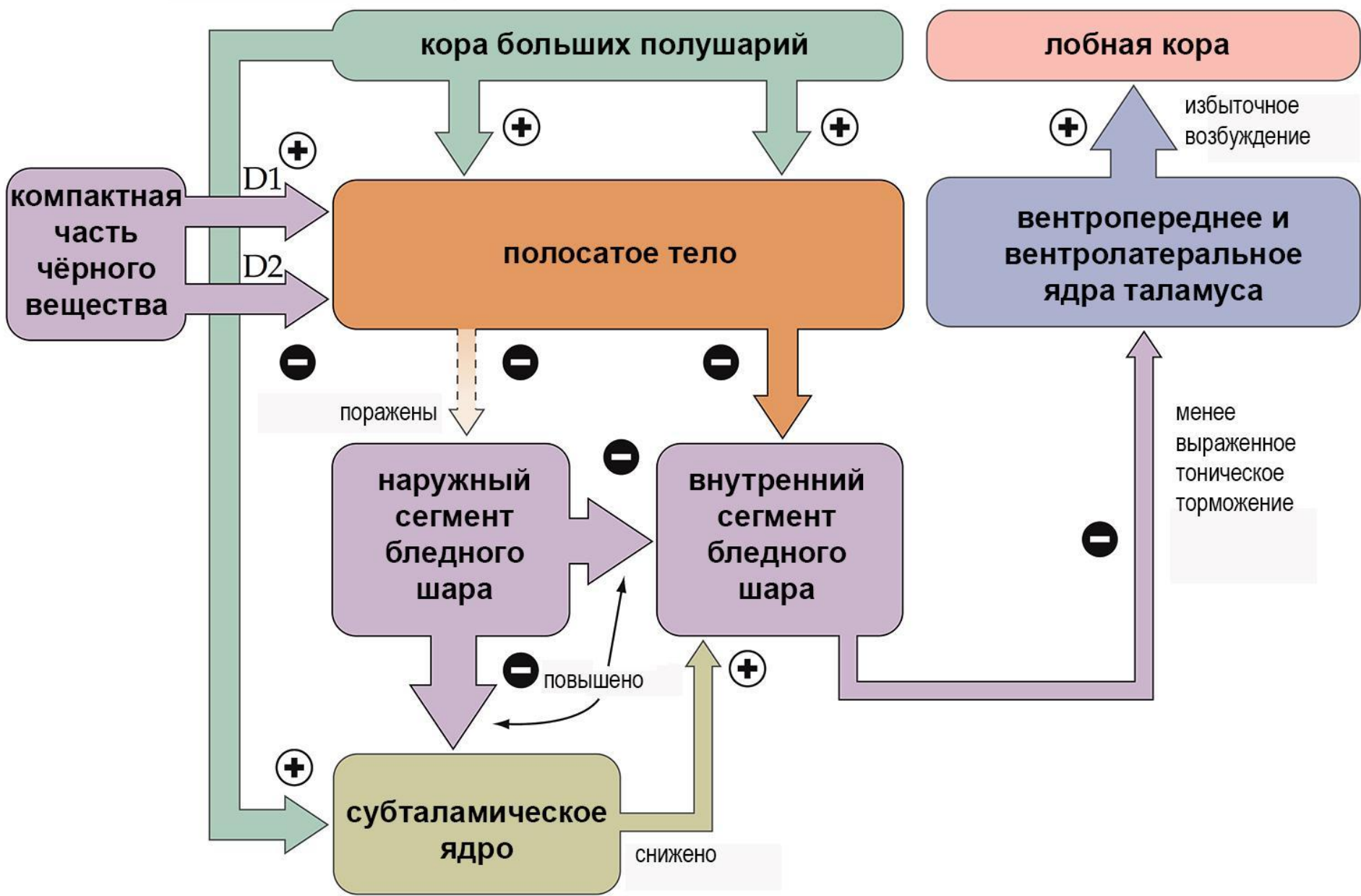
Comparison of motor and non-motor basal ganglia loops.

(A)









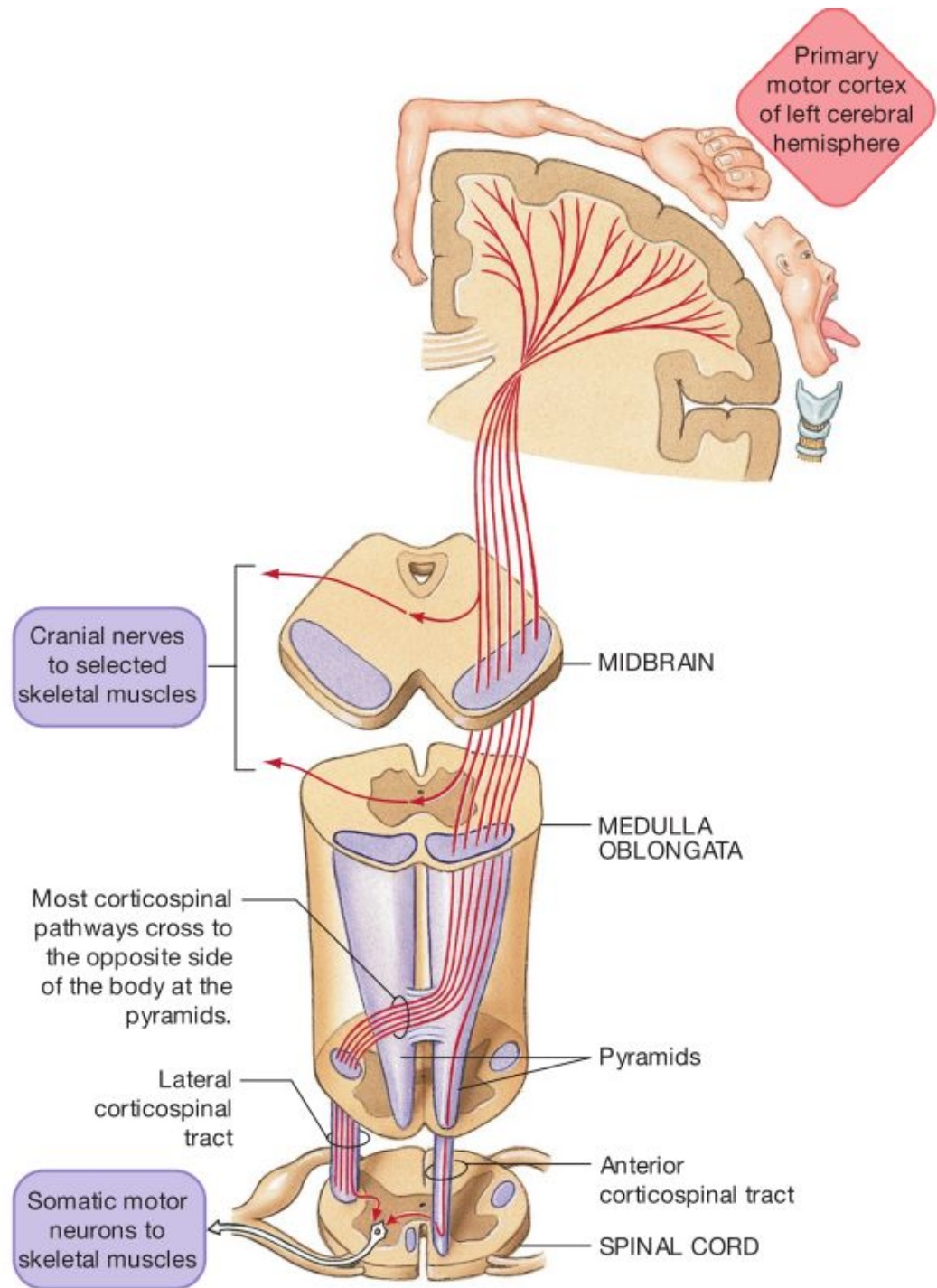


TABLE 17.1 ■ Signs and Symptoms of Lower and Upper Motor Neuron Lesions

	Lower motor neuron syndrome	Upper motor neuron syndrome
Strength	Weakness or paralysis	Weakness
Muscle bulk	Severe atrophy develops	Mild or no atrophy develops
Reflexes	Hypoactive superficial and deep reflexes	Hyperactive deep reflexes after initial period of spinal shock
Special signs and symptoms	<p>Initial signs and symptoms persist</p> <p>Fasciculations and fibrillations</p> <p>Geographic distribution of impairment (reflecting distribution of affected spinal segments, cranial nuclei, or spinal/cranial nerves)</p> <p>Impairments of reflexive and gross and/or fine voluntary movements</p>	<p>Initial period of spinal shock, then spasticity ensues</p> <p>Babinski's sign and clonus</p> <p>More widespread (nongeographic) distribution of impairment in body regions</p> <p>Impairment of fine voluntary movements; gross movements relatively unimpaired</p>