## **BDS 1<sup>31</sup> YEAR SYLLABUS**

### GENERAL HUMAN ANATOMY, EMBRYOLOGY, HISTOLOGY & MEDICAL GENETICS:

a) <u>GOAL</u>

The students, should gain the knowledge and insight into, the functional anatomy of the normal human head and neck, functional histology and appreciation of the genetic basis of inheritance and disease, and embryolgical .development of clinically important., structures. So that relevant anatomical & scientific c foundations, arc laid down for the clinical years of the BDS course. B) <u>OBJECTIVES</u>;

### a) KNOWLEDGE and UNDERSTANDING:

At the end of the first year BDS course in Anatomical Sciences the undergraduate students is

Expected to:

- 1. Know the normal disposition of the structures in the body while clinically

- Know the normal disposition of the structures in the body while childrany examining a patient and while conducting clinical procedures.
  Know the .anatomical basis of disease and injury.
  Know. the microscopic structure of the various tissues, a. pre-requisite for understanding of the disease processes.
  Know the nervous system to locate the site of lesions according to the sensory and or motor deficits encountered.
- 5. Have an idea about the basis of abnormal development, critical stages of development, effects of teratogens; genetic mutations and environmental hazards.
  6. Know the sectional anatomy of .head neck and brain. to read the features in radiographs and pictures taken by modern imaging techniques.
- - Know the anatomy of cardio-pulmonary resuscitation

b) SKILLS

- 1. To locate various structures of the body and to mark the topography of the living anatomy.
- 2. To identify various tissues under microscope.
- 3. To identify the features in radiographs and modem imaging techniques.
- 4. To detect various congenital abnormalities.

### **C) INTEGRATION**

By emphasising on the relevant information and avoiding unwanted details, the anatomy taught integrally with other basic sciences & clinical subjects not only keeps the curiosity alive in the learner but also lays down the scientific foundation for making a better doctor, a benefit to the society.

This insight is gained in a variety of ways:

1)Lectures & .small group teaching

2)Demonstrations

3)Dissection of the human cadaver

4) Study of dissected specimens

5)Osteology

6)Surface anatomy on living individual

7)Study of radiographs & other modern imaging techniques.

8)Study of Histology slides.

9)Study of embryology models

10) Audio-visual aids

Throughout the course, particular emphasis. is placed on the functional correlation, clinical application & on integration With teaching in other bio dental disciplines.

D) AN OUTLINE OF THE COURSE CONTENT:

- 1. General anatomy: Introduction of anatomical terms and brief outline of various systems of the body.
- Regional anatomy of head &. neck with osteology of bones of head & neck, with emphasis on topics of dental importance.
  General disposition of thoracic, abdominal & pelvic organs.
- The regional anatomy of the sites of intramuscular & intra vascular injections, 4: B., lumbar puncture.
- 5. General embryology & systemic embryology with respect to development of head & neck

6., Histology of basic tissues and of the organs of gastroinstenstinal, respiratory Endocrine, excretory systems &

gonads.

7.Medical genetics.

### E) <u>FURTHER DETAILS OF THE COURSE:</u>

I. INTRODUCTION TO:

- 1.Anatomical terms.
- 2. Skin, superficial fascia &. deep fascia
- 3. Cardiovascular system, portal system collateral circulation and arteries.
- 4. Lymphatic system. regional 1ymph nodes.
- 5. Osteology Including ossification & growth of bones
- 6. Myology Including types of muscle tissue & innervation.
- 7.Syndesmology -Including classification of Joints.
- 8. Nervous system
- II. <u>HEA</u>D & NECK:

01: Scalp, face & temple, lacrimal apparatus 02. Neck - .Deep fascia of neck, posterior triangle, suboccipital triangle, anterior triangle, anterior . median region. of the neck. deep structure in the neck 03. Cranial cavity - meninges<sub>I</sub> parts of brain, ventricles of . brain, dural venous sinuses, cranial nerves. attached to the brain, pituitary gland. 04. Cranial nerves - 111, IV, V, VI, VII, IX,XII in detail. 05. Orbital cavity - Muscles of the eye ball, supports of the eye ball, nerves and vessels in the orbit. 06. Parotid gland. 07, Tempore .mandibular joint, muscles-of mastication. infratemporal fossa, pterygo -palatine fossa. 08.Submandibular region 09. Walls of the nasal cavity, paranasal air sinuses 10. Palate 11. Oral 'cavity, Tongue 12. Pharynx [palatine tonsil "and the auditory tube) Larynx. OSTEOLOGY - Foetal skull, adult skull, individual bones of the skull, hyoid bone and cervical vertebrae

- III. THORAX: Demonstration on a dissected specimen of
  - 1. Thoracic wall
  - 2. Heart chambers
  - 3. Coronary arteries
  - 4. Pericardium.
  - 5. 'Lungs surfaces ; pleural cavity
  - 6. Diaphragm

### *IV*. ABDOMEN: Demonstration on a dissected specimen of

- 1. Peritoneal cavity
- 2. Organs in the abdominal & pelvic cavity.
- V. CLINICAL PROCEDURES: a) Intramuscular injections: Demonstration on a dissected specimen and on a living person of the following sites of injection,
  - L Deltoid muscle and its relation to the axillary nerve and radial nerve.
  - 2. Gluteal region and the relation of the sciatic nerve.
  - 3. Vastus lateralis muscle. '
  - b) Intravenous injections & venesection: Demonstration of veins in the dissected
  - 1. Median cubital vein 2. Cephalic vein 3. Basilic vein q. Long saphenous vein c} Arterial pulsations: Demonstration of arteries on a dissected specimen and féeling
    - of pulsation of the fallowing arteries on a living person.
  - 1. Superficial temporal 2. Facial 3. Carotid 4. Axillary 5. Brachial 6. Radial 7. Ulnar
  - 9. Popliteal 10. Dorsalispedis ' Femoral 8. d) Lumbar puncture: Demonstration on a dissected specimen of the spinal cord. cauda equina & epidural space and .the inter vertebral space between 14 & L5.
- VI. EMBRYOLOGY:

Oogenesis, Spermatogenesis, Fertilisation. Placenta, Primitive streak, Neural crest, Bilaminar and trilaminar embryonic disc, Intra embryonic mesoderm - formation and fate, notochord formation & fate, Pharyngeal arches, pouches & clefts, development, face, tongue, palate, thyroid gland, pituitary gland, salivary glands, and anornalies in their development, Tooth development in brief.

VII, HISTOLOGY: '

The Cell:

Basic tissues Epithelium, Connective tissue including cartilage and boric, Muscle Tissue , Nervous tissue: Peripheral nerve, optic nerve, sensory ganglion, motor ganglion, skin

**Classification of Glands** 

Salivary glands (serous, mucous and mixed gland), Blood vessels, Lymphoid tissue Tooth, Lip tongue, hard palate, Oesphagus, stomach, duodenum, ileum, colon, vermiform appendix Liver, Pancreas, Lung, Trachea, Epiglottis, Thyroid gland, Para thyroid gland, supra renal gland and pituitary gland, kidney, Ureter, Urinary, bladder, Ovary and testis.

VIII. MEDICAL GENETICS:

Mitosis, meiosis, Chromosomes, gene structure, Mendelism, modes of inheritance

### **R**FECOMMENDED BOOKS:

I SNELL (Richrd S.) Clinical Anatomy for Medical Students" ·Ed. 5·, Little Brown and

**Company Boston** 

2, RJ LAst's Anatomy McMinn, 9<sup>th</sup> edition.

3 Romanes (G.J.) Cunningham Manual of Practical Anatomy: Head & Neck & Brain Ed. 15 Vol. III Oxford Medical publication.

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4. WHEATER; BURKITT &'. DANIELS, Functional Histology, Ed. 2 Churchill Livingstone.

5.SADLER, LANGMAN's, Medical Embryology, Ed. 6,.

:6, JAMES E ANDERSON, Grants Atlas of Anatomy. Williams & Wilkins

7.' Williams Gray's Anatomy, Ed. 38, Churchill Livingstone.

8, Emery, Medical Genetics

# i. A] GOAL

ii. The broad goal of the teaching undergraduate students Human Physiology is to providing the student comprehensive knowledge of the normal functions of the organ systems of the body to facilitate an understanding of the physiological basis of health and disease.

## iii. OBJECTIVES

- a) KNOWLEDGE
- iv. At the end of the course, the student will be able to:
  - 1. Explain the normal functioning of all the organ systems and their interactions for well coordinated total body function.
  - 2. Assess the relative contribution of each organ system towards the maintenance of the milieu interior.
  - 3. List the physiological principles underlying the pathogenesis and treatment of disease.
  - b) SKILLS
- v. At the end of the course, the student shall be able to:
  - 1. Conduct experiments designed for the study of physiological phenomena .
  - 2. Interpret experimental and investigative data.
  - 3. Distinguish between normal and abnormal data derived as a result of tests which he /she has performed and observed in the laboratory.

## C) INTEGRATION

At the end of the integrated teaching the student shall acquire an integrated knowledge of organ structure and function and its regulatory mechanisms.

## **B) COURSE CONTENTS THEORY**

## 1. GENERAL PHYSIOLOGY

- a. Homeostasis; Basic concept, Feed back mechanisms
- b. Structure of cell membrane, Transport across cell membrane
- c. Membrane potentials.

### 2. BLOOD

Composition and functions of blood

Specific gravity, packed cell volume, factors affecting & methods of determination

Plasma proteins – Types, concentration, functions & variations.

Erythrocyte- morphology, functions & variations. Erythrocyte & factors affecting erythropoiesis.

## ESR-methods of estimation, factors affecting, variations & significance.

Hemoglobin – Normal concentration, method of determination and variation in concentration

Blood indices – MCV, MCH, MCHC-definition, normal values, variation.

Anaemia – definition, classification, life span of RBC's destruction of RBC's, formation & fate of bile pigments, jaundice – types.

<u>Leucocytes: classification,</u> number, percentage, distribution morphology, properties, functions and variation. Role of lymphocytes in immunity, leucopoiesis lifes span & fate of leucocytes.

Thromobocytes - Morphology, number, variations, function and thrombopoiesis, Haemostatsis - Role of vasoconstriction, platelet plug formation in haemostasis, coagulation factors, intrinsic & extrinsic pathways of coagulation, clot retraction, Tests of haemostatic function, platelet count, clotting time, bleeding time. prothrombin time - normal values, method & variations. Anticoagulants - mechanism of action.

Bleeding disorders.

Blood groups: ABO & Rh system, method of determination, importance indicatins and dangers of blood transfusion, blood substitutes,

Blood volume: Normal values, variations,

Body fluids: distribution of total body water, intracellular & extracellular compartments, major anions & cations & intra and extra cellular Fluid.

Tissue fluids & lymph: Formation of tissue fluid. composition, circulation & functions of lymph. Oedema - causes.

Functions of reticulo endotrelia] system,

## 3. MUSCLE AND NERVE

Classification of nerves, structure of skeletal muscle - Molecular .mechanism of muscle contraction, neuromuscular transmission. Properties . of skeletal muscle, structure and properties of cardiac muscle & smooth -muscle.

## 4. DIGESTIVE SYSTEM:

Introduction to digestion : General structure of G.I. tract, Innervation.

Salivary glands: Structure of salivary glands, composition, regulation of secretion & functions of saliva.

Stomach: Composition and' functions of gastric juice, mechanism and regulation of gastric · secretion.

Exocrine Pancreas - Structure, composition of pancreatic juice, functions of each component, regulation of pancreatic secretion.

Liver: structure, composition of bile, functions of bile, regulation of secretion Gall bladder: structure, functions.

Small intestine - Composition, functions .~ regulation of secretion of intestinal juice. Large intestine - Functions.

Motor functions of GIT: Mastication, deglutition. gastric filling & emptying, movements of small and large intestine, defecation .

## 5. EXCRETORY SYSTEM:

Structure & 'functions of kidney. functional unit or kidney & functions of different parts. Juxta glomerular apparatus, renal blood flow.

Formation of Urine: Glomerular filteration rate w definition, determination, normal values, factors influencing G.F.R. Tubular reabsorption - Reabsorption of sodium, glucose, water & other substances. Tubular secretion - secretion of urea, hydrogen and other substances. Mechanism of concentration & dilution of urine,

Role of kidney in the regulation of pH of the blood.

Micturition : anatomy & innervation of Urinary bladder, mechanism of miturition & abonrmalities,

## 6. BODY TEMPERATURE & FUNCTIONS OF SKIN

### 7. ENDOCRINOLOGY

Gener.al endocrinology .. Enumeration of endocrine glands & hormones  $\mathbf{v}\mathbf{v}$  General functions of endocrine system, chemistry, mechanism of secretion, transport, metabolism, regulation of secretion of hormones,  $\sim$   $\mathbf{I}$ 

Hormones of anterior pituitary & their actions, hypothamic regulation of anterior pituitory function. Disorders of secretion of anterior pituitary hormones.

Posterior pituitary: Functions, regulation & disorders of secretion.

Thyroid: Histology, synthesis, secretion & transport of hormones, actions of hormones, regulation of secretion & disorders, Thyroid function tests.

Adrenal cortex & Medulla -synthesis. secretion, action, metabolism, regulation of secretion hormones & disorders.

Other hormones - Angiotensin, A.N.F.

### 8. REPRODUCTION

Sex differentiation, Physiological anatomy of male and fcmale sex organs. Female- reproductive system : Menstrual cycle, functions of .Ovary, actions of oestrogen & Progesterone, control of secretion of ovarian hormones, tests for ovulation. Fertilization, implantation, maternal changes during pregnancy, pregnancy tests &.. parturition.

Lactation. composition of milk, factors controlling lactation, milk ejection, reflex, Male reproductive: system:

### Spermatogenesis, semen and contraception.

### 9. CARDIO VASCULAR SYSTEM

Functional **anatomy and** Innervation **of heart Properties of cardiac** rnuscle **Origin & propagation of cardiac** Irnpulse **and heart** block **.** 

. Electrocardiogram - Normal electrocardiogram. Two changes in ECG in myocardial infarction Cardiac cycle ~ Phases, Pressure changes in atria, ventricles & aorta.

Volume changes in ventricles: Jugular venous pulse, arterial pulse.

Heart sounds: Mention of murmurs.

Heart rate: Normal value, variation & regulation.

Cardiac output: Definition, normal values, one method of determination, variation, factors affecting heart rate and stroke volume.

Arterial blood pressure; Definition, normal values & variations, determinations, regulation & measurement of blood pressure.

### **Coronary circulation.**

Cardio vascular homeostasis - Exercise & posture.

### 10. RESPIRATORY SYSTEM

Physiology of Respiration : External & internal respiration.

Functional anatomy of respiratory passage & lungs.

**Respiratory movements: Muscles of** respiration, **Mechanism Of** inflation **& deflation of lungs.** Intra pleural **&** intra pulmonary pressures **&** their changes during the phases of respiration. Mechanics of breathing - surfactant, compliance **&** work of breathing.

Spirometry: Lung volumes &. capacities definition,. normal values, significance, factors affecting vital capacity, variations in vital capacity, FEV & Its variations.

Pulmonary ventilation - alveolar ventilation & dead space - ventilation.

Composition of inspired air, alveolar air and expired air,

Exchange of gases: Diffusing capacity. factors affecting it.

Transport of Oxygen & carbon dioxid. in the blood.

### Regulation of respiration - neural & chemical.

Hypoxia, cyanosis, dyspnoea, periodic breathing: Artificial respiration, pulmonary function tests.

- **11**. CENTRAL NERVOUS SYSTEM
- **1.** Organisation of central nervous system
- 2. Neuronal organisation at spinal cord level
- 3. Synapse receptors, reflexes. sensations and tracts
- 4. Physiology of pain.
- 5. Functions of cerebellum, thalamus, hypothalamus and cerebral cortex.
- 6. Formation and functions of CSF.
- 7. Autonomic nervous system.

## **12. SPECIAL SENSES**

Fundamental knowledge of Vision, hearing. taste and

## smell. PRACTICALS

The following list of practical is minimum and essential. All the practical have been categorised as procedures and demonstrations .. The procedures are to be performed by the students during practical classes to acquire skills. All the procedures are to be included In the University practical examination. Those .categorised as demonstrations are to be shown to the students during practical classes." However these demonstrations would not be included in the University examinations but question based on, this would be examined in the University and calculations but question based on, this would be given in the form of charts, graphs and calculations for interpretation by the students

### **PROCEDURES**

- I. Enumeration of Red Blood Cells
- 2. Enumeration of White Blood Cells
- 3. Differential leucocyte counts
- 4 Determination of Haemoglobin
- 5. Determination of blood group
- 6. Determination of bleeding time and clotting time 7. Examination of pulse
- 8. Recording of blood pres sure

## DEMONSTRATION:

Determination of packed cell volume and erythrocyte
 Determination of specific gravity of blood, · ¥
 Determination of erythrocyte fragility

sedimentation rate

- 4. Determination of vital capacity and timed vital capacity
- 5. Skeletal muscle experiments.

Study of laboratory appliances in experimental physiology. Frog's gastroenerminus sciatic preparation.

simple muscle curve, effects of two successive stimuli, effects of increasing strength of stimuli, effects of temperature, genesis of fatigue and tetanus. Effect of after load and free load on muscle concentration, calculation of work done.

6. Electrocardiography: Demonstartion of recording of normal

Electrocardiogram

7. Clinical examination of cardiovascular and respiratory system.

TEXT BOOKS:

Guyton; Text book of Physiology, 9" edition.

Ganong; Review of Medical Phystolcgy. 19" edition

Vander; Human physiology, 5<sup>th</sup> edition Choudhari; Concise Medical Physiology, 2<sup>nd</sup> edition Chaterjee; Human Physiology. 10<sup>th</sup> edition

A.K. Jain; Human Physiology for BDS student" 1<sup>st</sup> edition

- **BOOKS FOR REFERENCE:** 
  - 1
  - Berne & Levey; Physiology, 2<sup>nd</sup> edition West-Best & Taylor's, Physiological basis of Medical Practise, 11<sup>th</sup> edition ii)

**EXPERIMENTAL, PHYSIOLOGY:** 

- Rannade ; Practical Physiology,2<sup>nd</sup> edition i)
- Ghai; a text book of practical physiology ii)
- Hutchison's; Clinical Methods, 20<sup>th</sup> edition iii)

## DENTAL ANATOMY, EMBRYOLOGY AND ORAL HISTOLOGY

### **INTORDUCTION**

Dental anatomy including Embryology and Oral Histology –a composite of basic Dental Sciences & their clinical applications.

## <u>SKILLS</u>

The student should acquire basic skills in:

- 1. Carving of crowns of permanent teeth in wax.
- 2. Microscopic study of Oral teeth
- 3. Indentification of Deciduous and Permanent teeth.
- 4. Age estimation by patterns of teeth eruption from plaster casts of different age groups.

## **OBJECTIVES**

After a course on Dental Anatomy including Embryology and Oral Histology,

- 1. The student is expected to appreciate the normal development, morphology, structure and functions of oral tissues and variations in different pathological/ non- pathologic al states.
- 2. The student should understand the histological basis of various dental treatment procedures and physiologic ageing process in the dental tissues
- 3. The students must know the basic knowledge of various research methodologies.

## PART –A

### TOOTH MORPHOLOGY

1. Introduction to tooth morphology:

Human dentition, types of teeth and functions, Palmer 's and Binomial notation systems, tooth surfaces, their junctions - line angles and point angles, definition of terms used in dental morphology, geometric concepts in tooth morphology, contact areas and embrasures.

Clinical Significance.

2. Morphology of permanent teeth:

Description of individual teeth, along with their endodontic anatomy and including a note on their chronology of development, differences between similar class of teeth and identification of individual teeth.

variations and anomalies commonly seen in individual teeth.

3. Morphology of Deciduous teeth:

Generalized differences between Deciduous and Permanent teeth.

Endodontic anatomy, differences between similar class of teeth and identification of individual teeth.

4. Occlusion:

Definition, factors influencing occlusion- basal bone, arch individual teeth, external and internal forces and sequence of eruption

Inclination of individual teeth- compensatory curves.

Centric relation and centric occlusion – protrusive, retrusive and lateral occlusion.

Clinical significance of normal occlusion.

Introduction to & classification of Malocclusion.

# PART – A TIME : 25 HOURS MARKS = 15

# II. ORAL EMBRYOLOGY

- 1. Brief review of development of face, jaws, lip, palate and tongue ,with applied aspects.
- 2. Development of teeth:
- Epithelia mesenchymal interaction, detailed study of different stages of development

of

crown, root & supporting tissues of tooth & detailed study of formation of calcified tissues.

- Applied aspects of disorders in development of teeth.
- 3. Eruption of deciduous & Permanent teeth.
- Mechanisms in tooth eruption, different theories: & histology of eruption, formation of

dentogingival junction, Role of gubernacular cord in eruption of permanent

## teeth.

Clinical or applied aspects of disorders of eruption.

- 4. Shedding' of teeth :
- Factors  $\tilde{\&}$  mechanisms of shedding of deciduous teeth.
- Complications of shedding.

# PART –B

# III. ORAL HISTOLOGY

Detailed microscopic study of Enamel, ,Dentine. cementum & pulp tissue. Age changes &. Applied aspects (Clinical and forensic significance) of histological Consideration. -Fluoride applications, transparent dentine, dentine **hypersensitiyjty**, .reation of pulp tissue to varying insults to exposed dentine; Pulp 'calcifications and Hypercementosis.

- Detailed microscopic study . of .Periodontal .ligament & alveolar bone age changes histological changes in periodontal ligament & bone in normal & orthodontic tooth movement, applied aspects .of alveolar bone resorption.
  Detailed microscopic study of Oral Mucosa. Variation in structure in. relation to
- 3. Detailed microscopic study of Oral Mucosa. Variation in structure in. relation to functional requirements, mechanisms of keratinization, clinical parts: Qf gingiva, Dentogingival and Mucocutaneous junctions & lingual papillae. Age changes and clinical considerations\_
- 4. Salivary glands
- .• Detailed microscopic study of acini & ducta system,
- Age changes & clinical considerations.
- 5. T M Joint:
- Review of basic anatomica]. aspects & 'microscopiuc 'study and clinical

consideration.

- 6. Maxillary Sinus:
  - Microscopic study, anatomical variations, functions '& clinical relevance of maxillary sinus' in dental practice.
- 7. Processing of Hard & soft tissues for microscopic study :'
- Ground sections. decalcified sections & routine staining procedures.
- 8. .Basic histochemical staining patterns of oral tissues.'

PART –B TIME 15 HOURS MARKS : 10

- IV. ORAL PHYSIOLOGY
- 1. saliva:
- •. Composition of saliva variations, formation of saliva & mechanisms of secretion, salivary reflexes, brief review of secretomotor pathway, functions role of saliva in dental caries & applied aspects of hyper & hypo salivation.
- 2. Mastication:
- Masticatory force, '& .its measurement need for mastication, peculiarities of mas ticatory muscles,' masticatory cycle, masticatory reflexes; neural. Control of mastication..

'3. Deglutition:

• Review of the steps in deglutition, swallowing in infants, neural control of deglutition .and

. dysphagia.

- 4. Calcium phosphorous and fluoride metabolism :
- Source, requirements, absorption, distribution, functions '& excretion, clinical considerations, hypo. & hyper calcemia & hyper & hypo phosphatemia & fluorosis.
- 5. Theories of Mineralization ".
- Definition, mechanisms .theories and their drawbacks.
- Applied aspects of physiology of mineralization, pathological considerations \_ calculus formation.
- O. Physiology of Taste :
- Innervation of taste buds & taste pathway, physiological basis of taste sensation, changes & applied aspects taste disorders.
- 7. Physiology of Speech:
- Review of basic anatomy of larynx & vocal cords,
- Voice production, resonators, production of vowels '& different consonants Role –of palate,

teeth & tongue.

•Effects of dental prosthesis & appliances on speech & basic speech disorders.

<u>RECOMMENDED TEXT BookS</u>

- 1. Orban'S Oral Histology & Embryology S.N.Bhaskar
- 2. Oral Development .& Histology James & Avery
- 3. Wheeler's Dental Anatomy, Physiology &. Occlusion Major . M. Ash
- 4. Dental Anatomy its relevance to dentistry -' Woelfel & Scheid
- 5. Applied Physiology of the mouth Lavelle
- 6. Physiology & Biochemistry of the mouth Jenkins

PRACTICAL	DENTAL	ANATOMY
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TOTAL MARKS Distribution of	= = Marks	250 HOURS 100	
Internal Assess Viva Voce Total Carving	ment	10 20 40	175 hours
Dental Anatom Spotter & Slide	У s	30	75 Hours

## BIOCHEMISTRY

## AIMS AND SCOPE OF THE COURSE IN BIOCHEMISTRY

The major aim is to provide a sound but crisp knowledge on the biochemical basis of the life processes relevant to the human system and to dental/ medical practice. The contents should be organized to build on the already existing information available to the students in the pre-university stage and reorienting. A mere rehash should be avoided.

The chemistry portion should strive towards providing information on the functional groups, hydrophobic and hydrophilic moieties and weak valence forces that organize macromolecules. Detail on structure need not be emphasized.

Discussion on metabolic processes should put emphasis on the overall change, interdependence and molecular turnover. While details of the steps may be given, the student molecular biology is a must but details should be avoided. The exposer to antivitamins anti metabolites and enzyme inhibitors at this stage, will provide a basis for the future study of medical subjects. An overview of metabolic regulation is to be taught by covering hormonal action second messenger and regulation of enzyme activities. Medical aspects of biochemistry should avoid describing innumerable functional tests, most of which are not in vogue. Cateloguing genetic disorders under each head of metabolism is unnecessary. A few examples which correlate genotype change to functional changes should be adequate.

At the end of the course the student would be able to acquire a useful core of information which can be retained for a long tim. Typical acid tests can be used to determine what is to be taught or what is to be learnt. A few examples are given below:

- 1. Need to know the structure of cholesterol should know why it cannot be carried free in plasma
- 2. Mutaration should not be taught. Student should know why amylase will not hydrolyse cellulose.
- 3. Need to know the details of alpha- helix and beta – pleats in proteins. Should know why haemoglobin is globular and keratin is fibrous.
- 4 Need not know mechanism of oxidativePhosphorylation. Should know more than 90 % of ATP is formed by this ~ processr
- Need not know, details of the conversiicn of pepsinogen to 5. pepsin.
- Should kriow hydrochloric acid cannot break a peptide bond at room temperature. Need not remember tjie steps of glycogenesis. Should know that excess intake of carbohydrate wjll not ';increase glycogen .level in Liver 6. Or muscle. .•....
- 7. 'Need 'not know about urea or cretinine Clearance tests. Should knew the basis of increase 'of urea and creatinine in blood in rcna! insufficiency. Need not know the structure of insulin.
- .8.
- Should know why insulin level Incirculation is normal in most cases of maturity on set diabetes.
- Need not know th" structural details of ATP' 9. Should know Why about 10g; of ATP in the body at any given time meets all the energy needs, Need not know the mechanism of action of prolylhydrooxylase.
- 10.
- Should know why the .gum bleeds in scurvy'. Need-not know-the structure of Vitamin k. 11.
- Should know the basis Of internal bleeding arising due to its deficiency. 12. Need not remember the-structure of HMOGCOA.
- Should know why it does not lead to increased cholesrerol synthesis in starvatten.

# BIOCHEMISTRY AND NUTRITION

1. BIOCHEMISTRY OF BIOOROANIC MOLECULES.

Carhohydrates: Definition, biological importance and classification, Monosaccharid"s. Isomerism anomerismI. Sugar derivatives-, Disaccharides. Polysaccharides;. 'Structures "of

starch and glycogen, Lipids :. Definition, "bi.ological .importance and classification. Fats and fatty aCids. Introduction to compound lipids. hydropbobic and hydrophilic .groups. Cholesterol,. Bile salts, Micelle, Bimolecular leaflet.

Proteins: biological importance, Aminoacjds: Classification, Introduction to peptides;

Simple and cQnjugated; globular and fibrous, Charge properties. Buffer action . Introduction to protein conformation; Denaturation...

Nucleic acids: Building units, Nucleotides. outline structure of DNA and

RNA. High energy compounds: .ATP ;Phosphorylamidines, Thiolesters, Enol

#### phosphates,

#### 2.: MACRONUTER1ENTS AND DIGEST'ION ...

Energy needs Basal metabolic rate, Dietary carbohydrates ,fibres. Dietary lipids, essential fatty acids. Nitrogen ballance .Essential. amino acids. Protein quality and requirement (methods for evaluation of protein quality to be excluded],. Protein calorie malnutrition. Balanced diet.

enzymatic ·hydrolysis of dietary .carbohydrates. Mechanism of uptake. of monosaccharides. Digestion and absorption of triacylglycerols, .enzymatic hydrolysis ·of dietary proteins and uptake of amino acids.

#### 3. M1CRONUTRIENTS

Vitamins: Definition, classification, daily requirement, sourcesand deficiency symptoms. Brief account of water-soluble vitamins with biochemical functions.Vitamins A functions including visual process. Vitamin D and its role in cacium metabolism. Vitamin E Vitamin K and gama caboxylation. Introduction to antivitatmins and hypervitaminosis.

Minerals: Classlucation.daily requirement. Calcium and phosphate: Sources, uptake, excretion, function, Serum calcium regulation Iron: sources, 'uptake-and transport. Herne and nonheme . iron functions; deficiency. Iodine: Brief introduction to thyroxine synthesis. General functions of thyroxine. Fluoride: function, deficiency and .excess. Indications of role cf other minerals.

#### 4. ENERGY METABOLISM

Overview: Outlines of glycolysis, pyruvate oxidation and citric acid cycle. Beta oxidation of fatty acids. Electron, transport chain and oxidatiye phasphyorylation, Ketone body formation and Utilisalion. introduction to glycogenesis, glycogenolysls, fatty acid synthesis, ·lipogenesis and lipolysis,. Glucogenesis. Lacate metabolism Protein utilization for energy. Glucogenic and ketogenic amino acids, integration of metabolism.

Glucogenic and ketogenic a miuo acids.. Integoration of metabolism.

#### 5. SPECIAL ASPECTS OF METABOLISM

Importance of pentose phosphate pathway. Formation of glucuronic acid. Outlines; of cholesterol synthesis and breakdown. Ammonia metabolism. . Urea formation. Phosphocreatine formation , Transmethylation .Amines, Introduction to other functions of amino acids including one carbon transfer. Detoxication: Typical reactions. Examples of toxic compounds. Oxygen toxicity.

#### 6. BIOCHEMICAL GENETICS AND PROTEIN SYNTHESIS

Introduction to nucleotides : formation and degradation. DNA as genetic material introduction to replication and transcription. Forms and functions of RNA. Genetic code and mutation. Outline of translation process. Antimetabolites and arrtibiotics interfering: in replication, transcription and translation. Introduction to cancer, viruses and oncogenes. 7. ENZYME AND METABOLIC REGULATION

Enzymes: Definition, classification, specificity and active site. Cofactors. Effect or pH, temperature and substrate concentration. introduction to enzyme inhibitors, proerrzymes and isoenzymes. Introduction. to allosteric regulation, covalent modification and regulations by induction/repression.

Overview of hormones. Introduction to second messengers, cyclic AMP, calcium iron, insoitol triphosphate. Mechanism of action of steroid hormones, epinephrine, glucagon and insulin in brief. Acid base regulation. Electrolyte balance.

8. STRUCTURAL COMPONENTS AND BLOOD PROTEINS

Connective tissue: Collagen and elastin. Glycosaminoglycans. Bone structure. Structure of membranes. Membrane associated processes in brief. Exocytosis and endocytosis. Introduction to cytoskeleton. Myofibril and muscle contraction in brief.

Haemoglobin: functions. Introduction to heme synthesis and degradation. Plasma proteins; classification and separation. Functions of albumin. A brief account of irnmunoglobulins. Plasma lipoproteins: Formation, function and turnover.

### 9. MEDICAL BIOCHEMISTRY

Regulation of blood glucose. Diabetes mellitus and related disorders. Evaluation of glycemic status. Hyperthyroidism and hypothyroidism: Biochemical evaluation. Hyperlipoproteinemias and atherosclerosis, Approaches to treatment. Jaundice: Classification and evaluation. Liver function tests: Plasma protein pattern, serum enzymes levels. Brief introduction to kidney function tests and gastric function tests. Acid base Imbalance. Electrolyte imtasalurtce: evaluation. Gout. Examples of genetic disorders including lysosomal storage disorders. glycogen storage disorders, glucose 6. phosphate dehydrogenase deficiency, hemoglobinopathies inborn errors of amino acid metabolism and muscular dystropby (one or two examples with biochemical 'basis will be adequate). Serum enzymes in diagnosis.

PRACTICALS: Contact hours 50

I. Qualitative analysis of carbohydrates

2. Color reactions of proteins and amino acids

3. Identification of nonprotein nitrogen substance ·

4. Normal constituents of urine

5. Abnormal constituents of urine

- 6. Analysis of saliva including amylase
- 7. Analysis of milk Quantitative estimations

8. Titrable acidity and ammonia in urine

9. Free and total acidity in gastric juice

10.Blood glucose estimation

11.Serum total protein estimation

12.1Jric creatinine estimation Demonstration

13.Paper electrophoresis is charts/clinical date evaluation

14.Glucose tolerance test profiles

15.Serum lipid profiles

16. Profiles of hyprothyrodisim and hyperthyrodisim

17. Profiles of hyper and hypoparathyrodism

:20. ,Blood gas profile .in acidosis /alkalosis

18. Profiles of liver function

19. Urea, uric acid creatinine profile In kidney disorders Ι

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### **RECOMMEDED BOOKS.:**

- Concise text book 'of ;Biochemistry (3<sup>rd</sup> edition) 2001']. 'T.N. Pattabiraman
  Nutritional Biochemistry 1995., S. Ramakrishnan and 'S.V. Rao
  Iecture notes in Biochernistry 1984, J.K. Kandlish

### **Reference books:**

*I. Text* book of Biochemistry with. clinical correlation. 1997, T.N. Devlin 2. Harper's Biochemistry, 1996.., R.K. Murray et. al

3. Basic and applied Dental Biochernistry, 1979, R.A.D. Williams and JC.Elliot