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DEPARTMENT: BIOMEDICAL ENGINEERING

COURSE: HUMAN PHYSIOLOGY II (PHS 212)

ASSIGNMENT TITLE: Briefly discuss the *CYCLIC CHANGES* in any two of the following:

a) CERVIX (b) VAGINA (c) BREASTS

Explicate any one of the following:

1) Menstrual cycle

2) Hormonal regulation of the menstrual cycle

Cyclic changes of the breast

During the menstrual cycle

Each month, women go through changes in the hormones that make up the normal menstrual cycle. The hormone estrogen is produced by the ovaries in the first half of the menstrual cycle. It stimulates the growth of milk ducts in the breasts. The increasing level of estrogen leads to ovulation halfway through the cycle. Next, the hormone progesterone takes over in the second half of the cycle. It stimulates the formation of the milk glands. These hormones are believed to be responsible for the cyclical changes that many women feel in their breasts just before menstruation. These include swelling, pain, and soreness.

During menstruation, many women also have changes in breast texture. Their breasts may feel very lumpy. This is because the glands in the breast are enlarging to get ready for a possible pregnancy. If pregnancy does not happen, the breasts go back to normal size. Once menstruation starts, the cycle begins again.

During pregnancy and milk production

Many healthcare providers believe the breasts are not fully mature until a woman has given birth and made milk. Breast changes are one of the earliest signs of pregnancy. This is a result of the hormone progesterone. In addition, the dark areas of skin around the nipples (the areolas) begin to swell. This is followed by the rapid swelling of the breasts themselves. Most pregnant women feel soreness down the sides of the breasts, and nipple tingling or soreness. This is because of the growth of the milk duct system and the formation of many more lobules.

By the fifth or sixth month of pregnancy, the breasts are fully capable of producing milk. As in puberty, estrogen controls the growth of the ducts, and progesterone controls the growth of the glandular buds. Many other hormones also play vital roles in milk production. These include follicle-stimulating hormone (FSH), luteinizing hormone (LH), prolactin, oxytocin, and human placental lactogen (HPL).

Other physical changes happen as well. These include the blood vessels in the breast becoming more visible and the areola getting larger and darker. All of these changes are in preparation for breastfeeding the baby after birth.

The breasts at menopause

By the time a woman reaches her late 40s and early 50s, perimenopause is starting or is well underway. At this time, the levels of estrogen and progesterone begin to change. Estrogen levels dramatically decrease. This leads to many of the symptoms commonly linked to menopause. Without estrogen, the breast's connective tissue becomes dehydrated and is no longer elastic. The breast tissue, which was prepared to make

milk, shrinks and loses shape. This leads to the "saggy" breasts associated with women of this age.

Women who are taking hormone therapy may have some of the premenstrual breast symptoms that they had while they were still menstruating, such as soreness and swelling. But if a woman's breasts were saggy before menopause, this will not change with hormone therapy.

CYCLIC CHANGES IN THE CERVIX

During the first half of the cycle (estrogen effect); the mucus is profuse and watery, contains Na, CL, and K, it is acellular, it has parallel arrangement of strands and has a positive thread and fern test. While during the second half cycle (progesterone), the mucus is scanty and viscid, doesn't contain Na, CL or K, it is cellular (contains leucocytes), it has cross linking of strands and has a negative thread and fern test.

Hormonal regulation of the menstrual cycle

The ovarian hormones circulate in the blood and are excreted in modified forms in the urine. Estimation of the urinary output by chemical methods gives an indication of the blood levels and of the total production of these substances. There are several natural estrogens, and numerous synthetic modifications of these and of progesterone have been devised; many are active when taken by mouth and are used for treatment of hormonal disorders and as oral contraceptives.

The cyclic events in the ovary that have already been mentioned depend on gonadotropic hormones secreted by the anterior lobe of the pituitary gland; this gland is situated in a small recess at the base of the skull. There are two, and possibly three, gonadotropic hormones: follicle-stimulating hormone (FSH), luteinizing hormone (LH), and, possibly, luteotropic hormone (LTH).

FSH is secreted in greatest amount in the first half of the menstrual cycle, and LH has its peak of secretion at mid-cycle. It is believed that the sequential action of FSH and LH causes ripening of the follicle and ovulation. In some animals LTH is necessary for maintenance of the corpus luteum, but in women under treatment for infertility ovulation has been successfully induced with FSH and LH alone. Multiple births, as the result of multiple ovulation, have occurred after excessive doses of FSH have been given.

The pituitary gland stimulates the ovary to produce estrogens and progesterone, but there is a "negative feedback" by which the estrogens inhibit the output of FSH from the pituitary gland (and probably stimulate the output of LH). In addition, progesterone is believed to inhibit the further output of LH. In this process, in which the pituitary first stimulates the ovary, and the ovary then inhibits the pituitary, the basic rhythm is under the control of the hypothalamus; nevertheless, ovulation can

be inhibited by oral contraceptives, which contain estrogens and progestogens—modifications of progesterone.

The anterior lobe of the pituitary gland is connected by its stalk to the hypothalamic region of the brain. The anterior lobe secretes many important hormones, including those that control the activity of the adrenal and thyroid glands, the growth hormone, and the gonadotropic hormones. From the hypothalamus substances are carried in the veins in the pituitary stalk that cause release of hormones from the pituitary, including FSH and LH, but also a factor that inhibits release of LTH. The higher brain centres no doubt affect the hypothalamic function; this explains the temporary disturbances of menstruation that may follow emotional stress.