

Walter Bradford Cannon M.D., Sc.D.

1871-1945



1896..... First year medical student at Harvard

1906-1942..... Succeeded W. Bowditch as Higginson Professor and Chairman of Physiology at Harvard

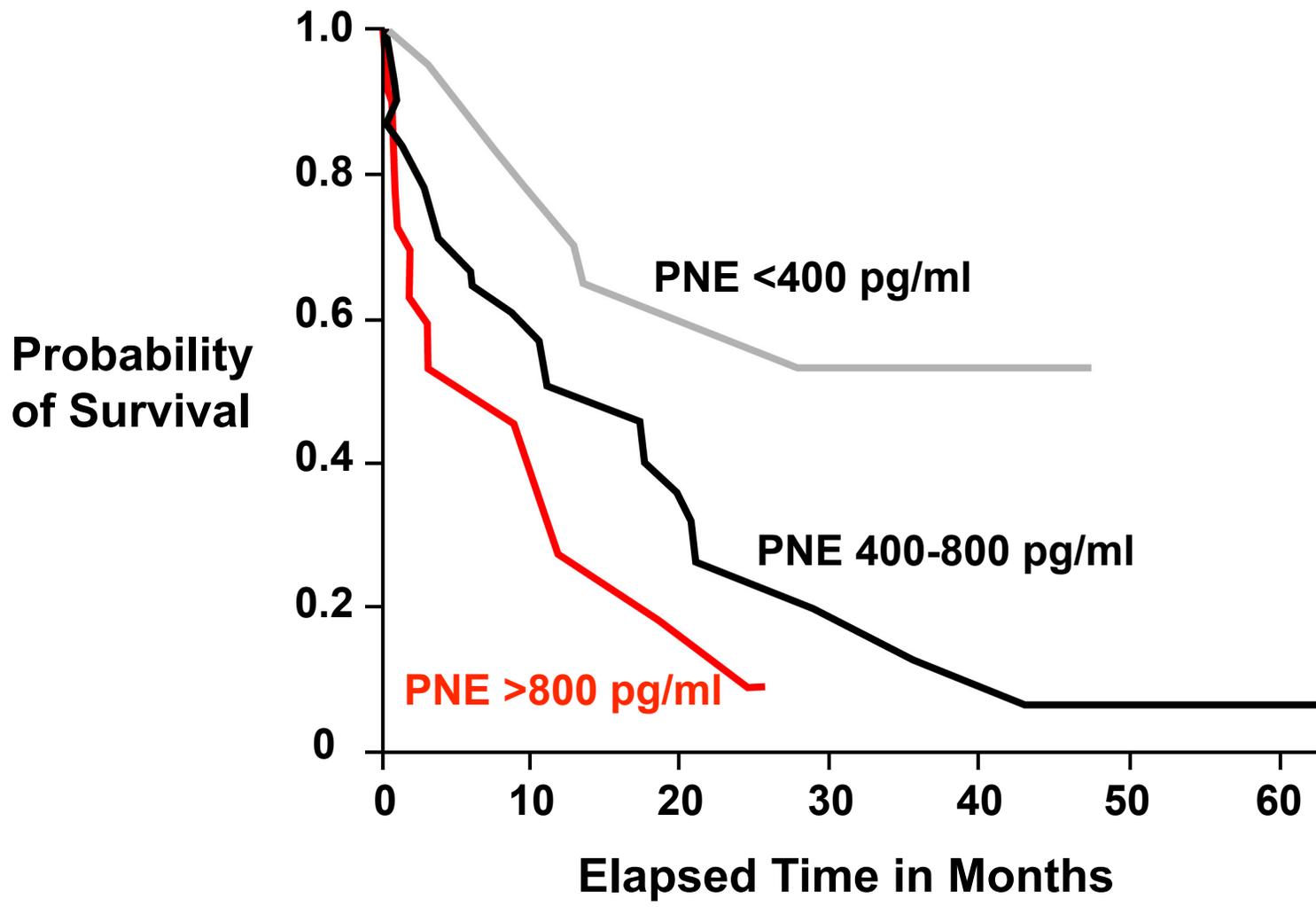
1914-1916..... 6th President of the American Physiological Society

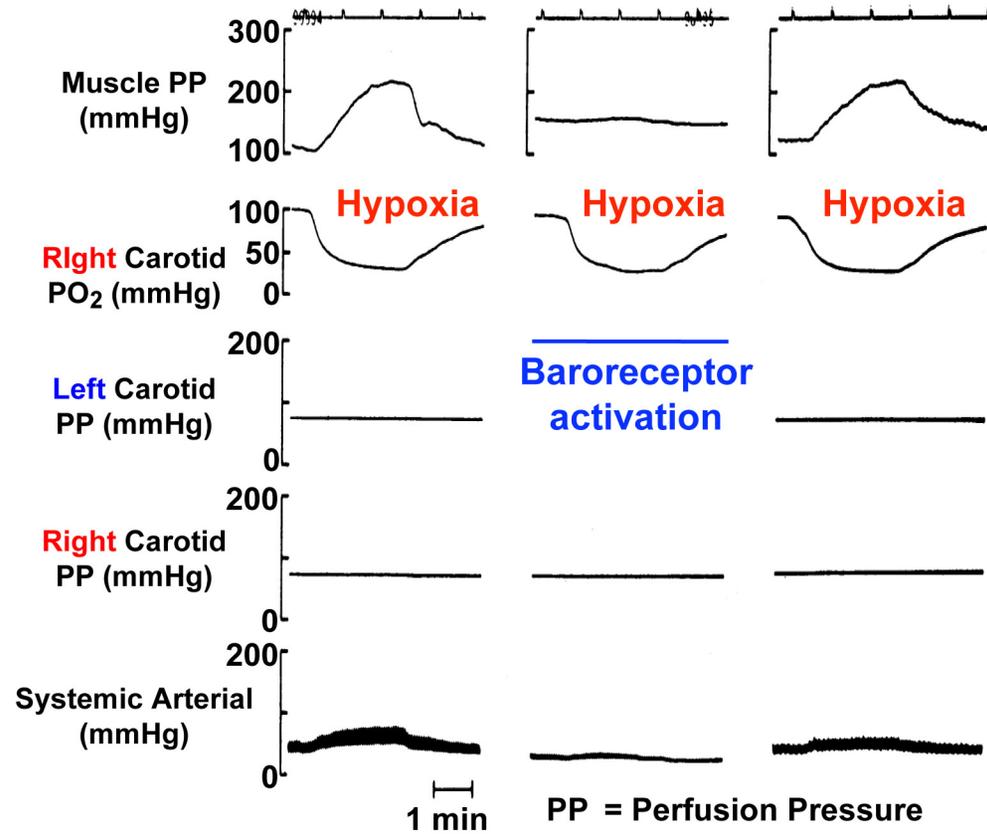
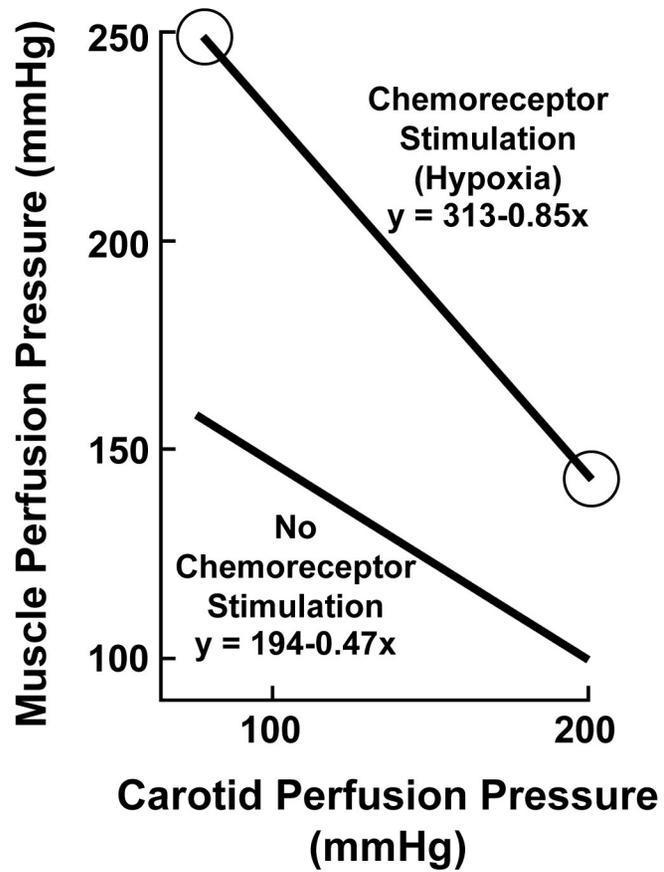
In Search of Autonomic Balance

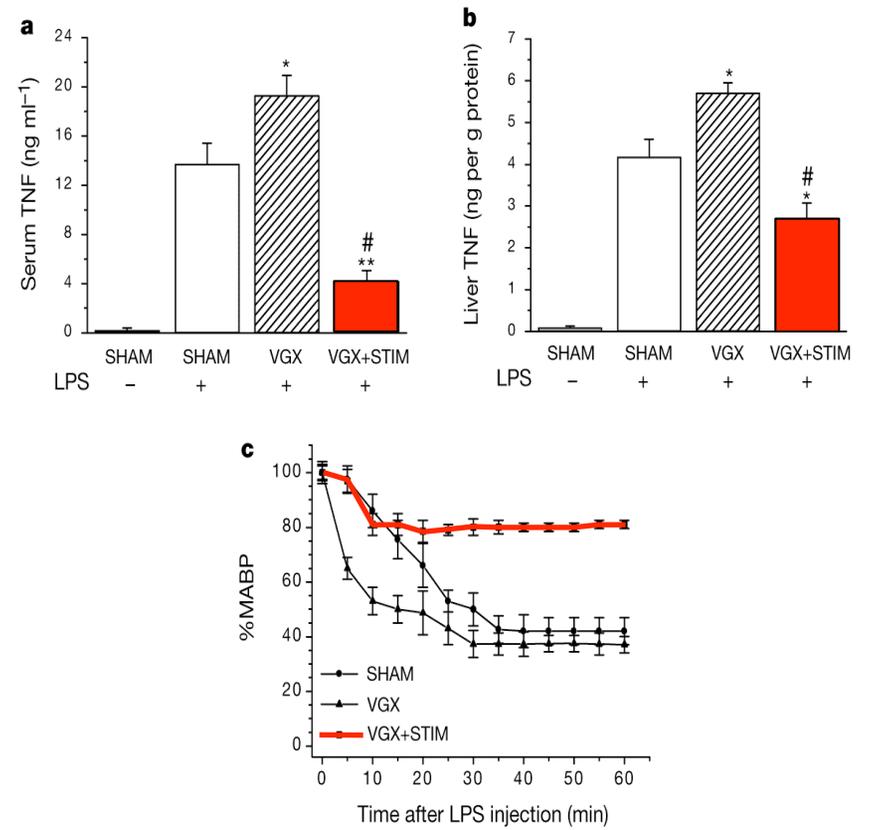
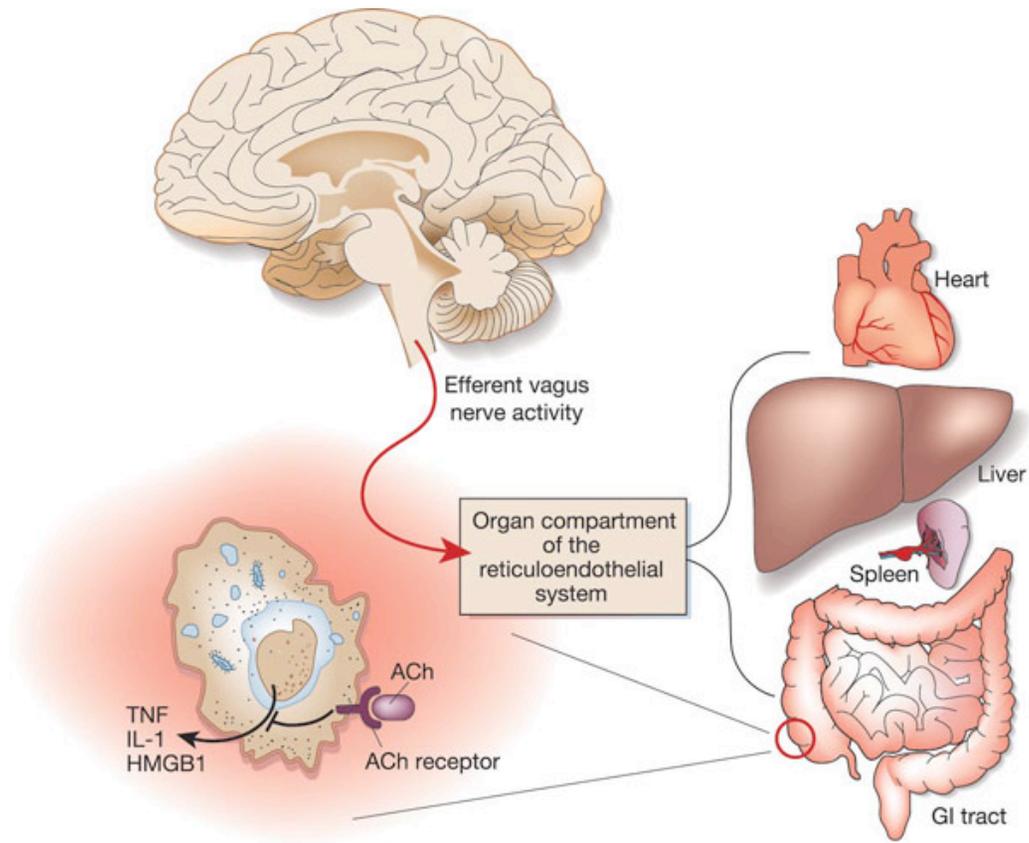


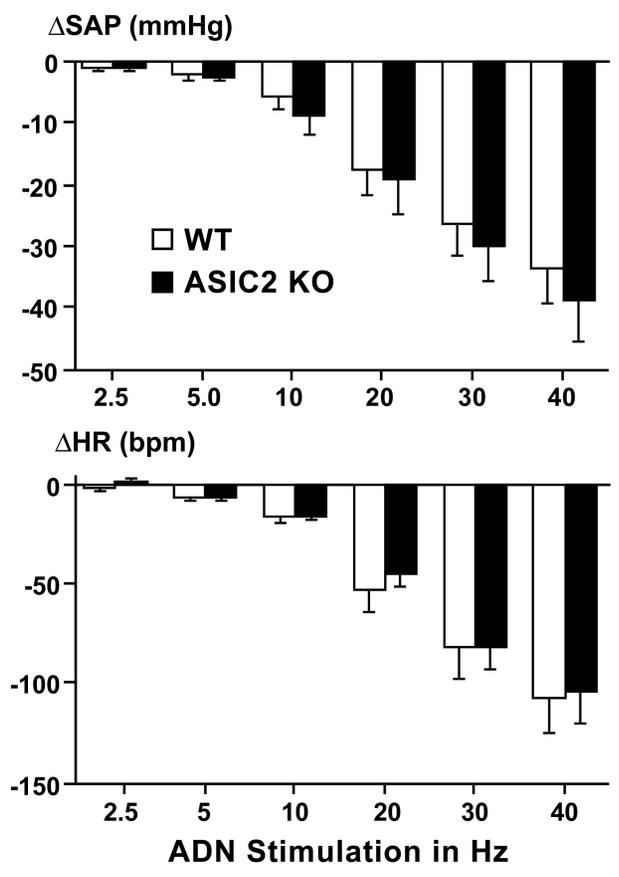
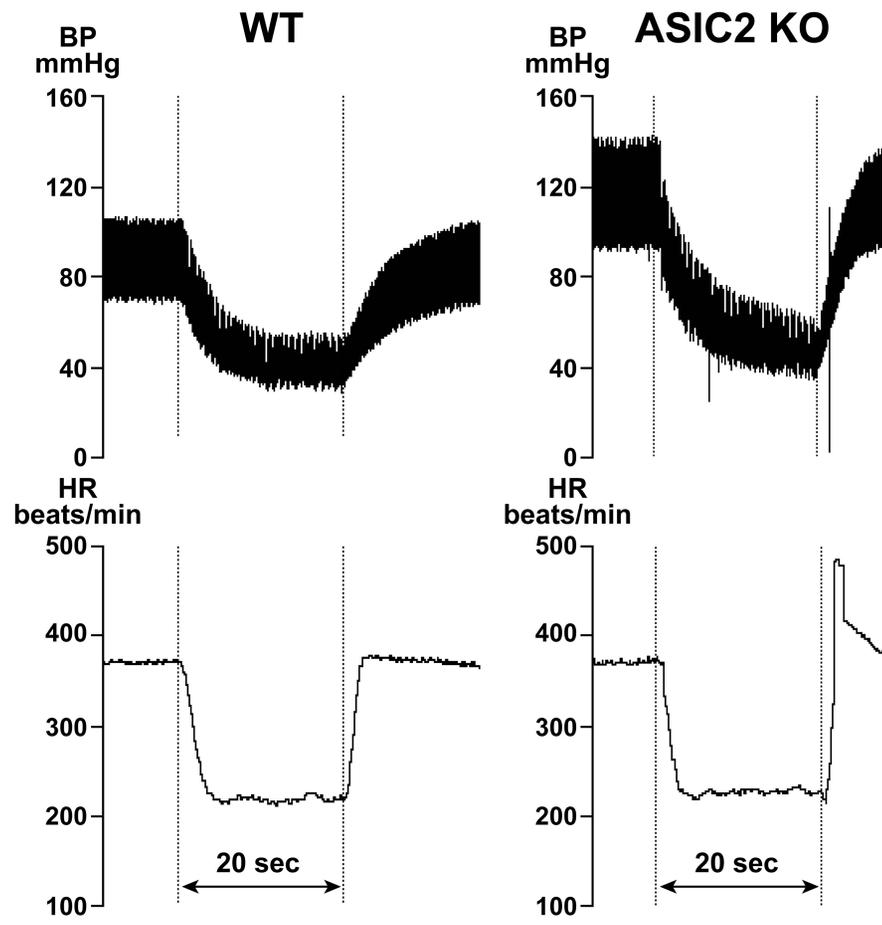
The Good, The Bad, and the Ugly

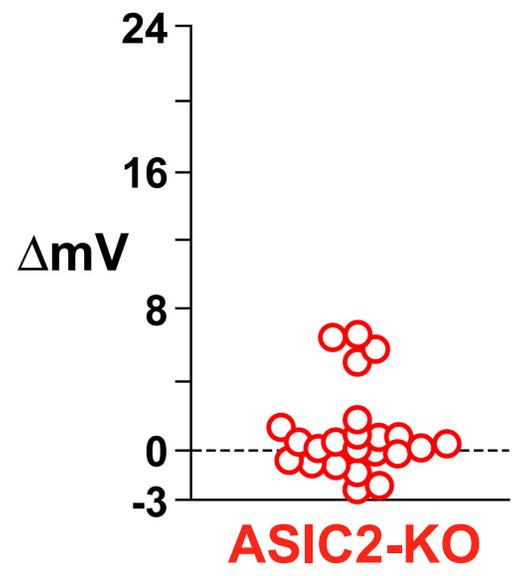
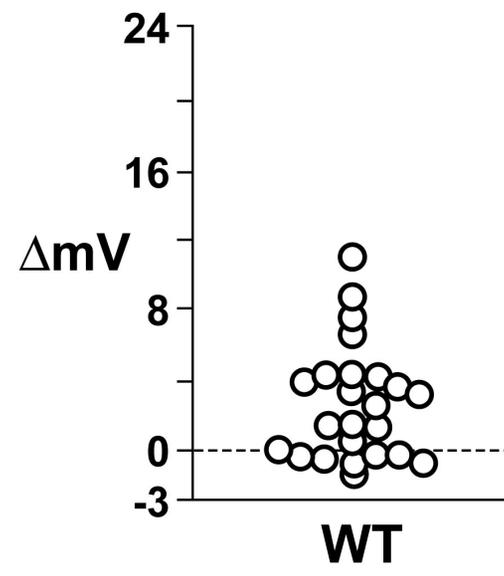
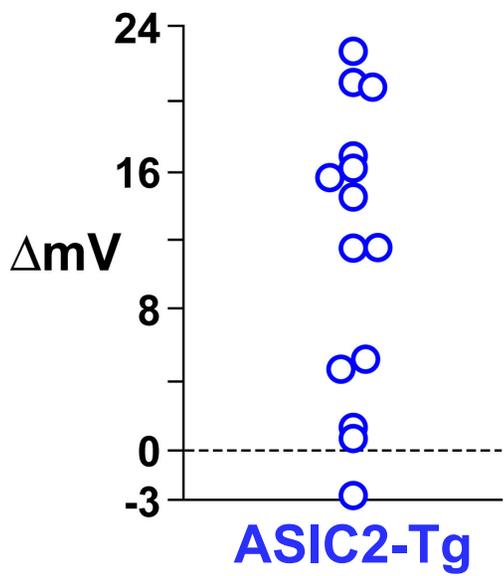
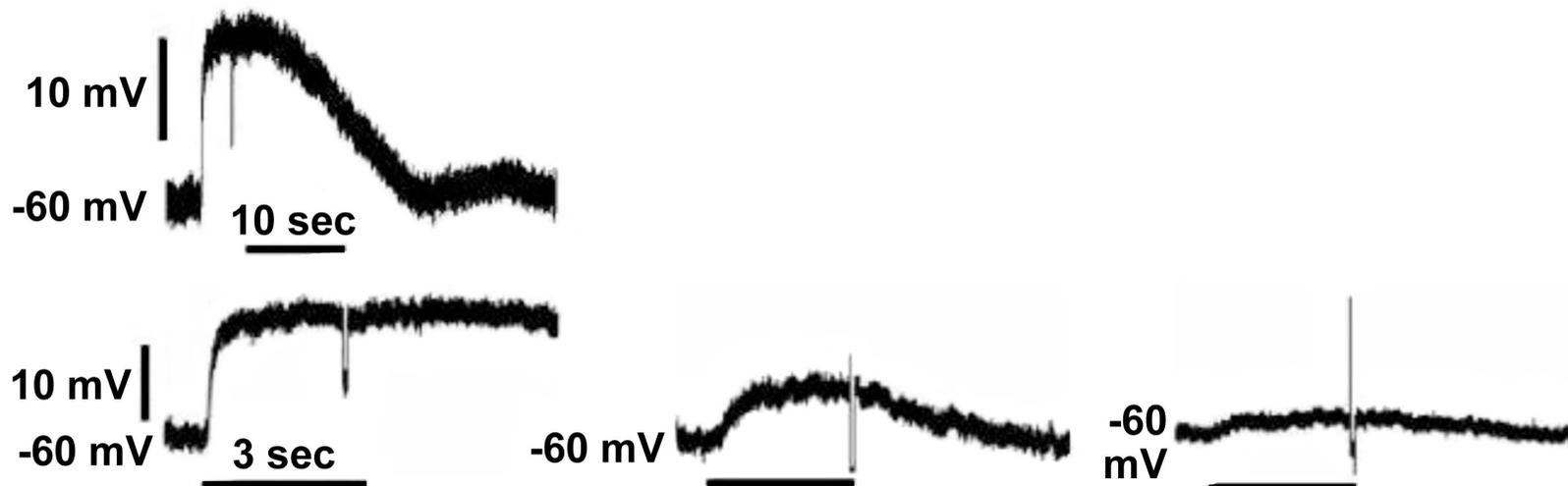
- I. The **Vagal** – **Sympathetic** Imbalance and Reciprocal Dysautonomia in Heart Failure
- II. Molecular Components of Sensory Signals (ASICs as Mechano and Chemosensors)
- III. The **ROS** as the Insidious Instigator of Sympathoexcitation



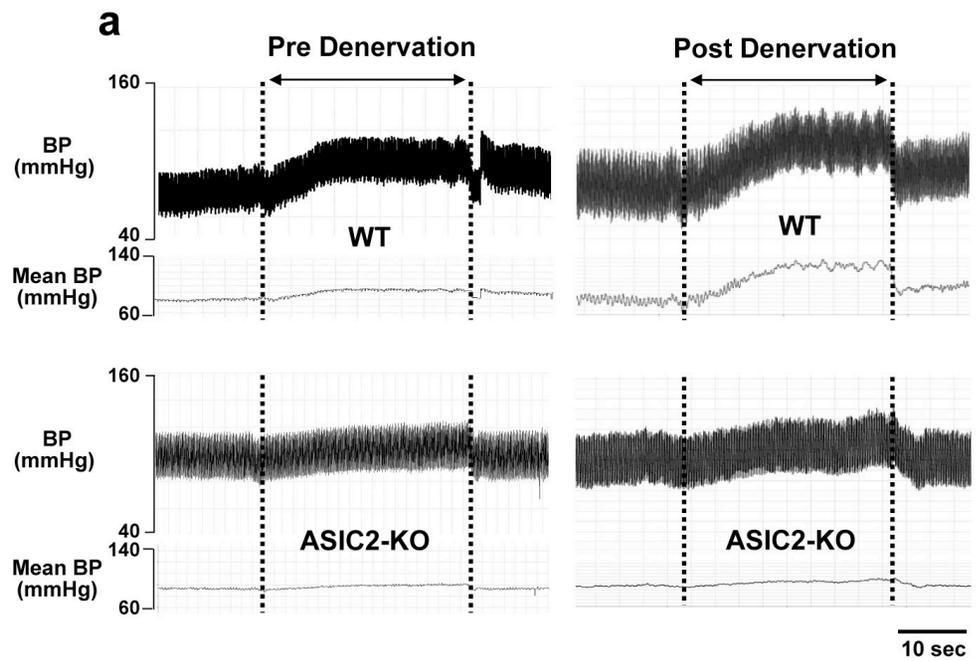




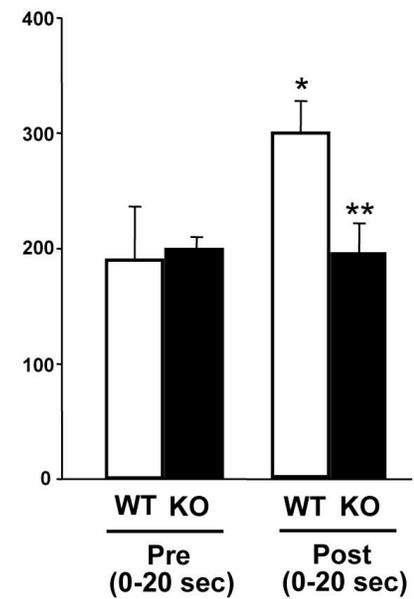




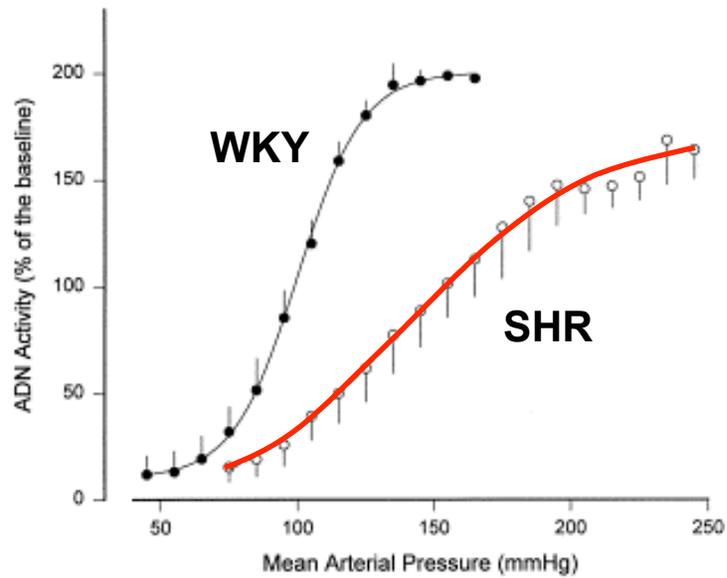
Bilateral Carotid Occlusion



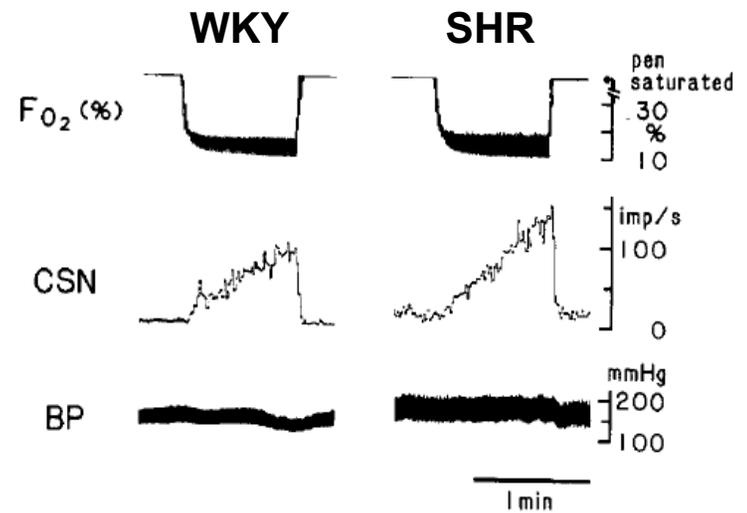
Integrated Pressure b (Δ mmHg \cdot sec)



Aortic Depressor Nerve Activity



Carotid Sinus Nerve (CSN) Activity



Supplementary Figure Legends

Supplementary Figure 1: Walter B. Cannon

Supplementary Figure 2: Outline of the lecture: The Good, The Bad, and The Ugly

Supplementary Figure 3: Survival of patients in heart failure. Life-Table Analysis of Survival, according to tercile based on level of plasma norepinephrine (PNE). Survival is less than 2 years in 90% of patients with PNE>800pg/ml whereas 60% of patients with PNE<400pg/ml survive 4 years [From Cohn et al. (10)].

Supplementary Figure 4: In dogs, the vasoconstrictor responses of the gracilis muscle perfused at constant flow, during stimulation of chemoreceptors by hypoxic blood, were suppressed during activation of the contralateral baroreceptors. Perfusion pressure (PP) was maintained at 75 mmHg in the right carotid artery where the chemoreceptors were stimulated by hypoxic blood. Simultaneously, the left carotid artery was perfused with normoxic blood and the baroreceptors were activated by raising perfusion pressure from 75 to 200 mmHg which inhibited the chemoreceptor reflex response to contralateral hypoxia [From Heistad et al. (30)].

Supplementary Figure 5: The sketches portray the vagal outflow to the reticulo-endothelial system and an inset of a macrophage with a cholinergic receptor that is activated by acetyl choline (ACh) to inhibit the release of TNF and IL-1. The graphs portray the effects of LPS on TNF levels and on arterial blood pressure (MAP) [From Borovikova et al. (4) and Tracey (79)].

Supplementary Figure 6: Electrical stimulation of aortic depressor nerves (ADN) caused equivalent decreases in BP and HR in WT and ASIC2-KO mice indicating that deletion of ASIC2 did not alter the central mediation of the baroreceptor reflex [From Lu et al. (48)].

Supplementary Figure 7: Mechanically-induced depolarizations are greater in isolated nodose neurons from Tg ASIC2 mice and lesser in ASIC2 KO mice when compared to WT. Fewer neurons depolarized in ASIC2 KO compared to WT and the depolarizations of Tg neurons were greater and more prolonged than WT neurons [From Lu et al. (48)].

Supplementary Figure 8: (a) Bilateral carotid occlusion causes significantly greater increases in systemic arterial pressure (BP) in WT compared to ASIC2-KO following section of the aortic depressor nerves (post-denervation). (b) The bar graph shows the integrated increase in mech arterial pressure over a 20 sec. period of occlusion in WT (white bars) and KO (black bars) before (Pre) and after (Post) section of the aortic depressor nerves (ADNs) The ADN activity restrains the pressor response in WT but not in ASIC2 KO [From Lu et al. (48)].

Supplementary Figure 9: In spontaneously hypertensive rats (SHR) aortic depressor nerve activity (baroreceptors) is decreased in response to increases in arterial pressure, and

chemoreceptor nerve activity is enhanced in response to hypoxia when compared to WKY [From Fazan et al. (20) and Fukuda et al. (23)].