The nervous system serves the regulation and adaptation of the organism to changing conditions of the environment and the internal body. It is a communicating and controlling organ which innervates all organs of the body. The nervous system can be subdivided into an anatomic (CNS and PNS) and a functional (SNS and VNS/ANS) part which, however, are intrinsically tied to each other. The following article will give you detailed insight into the structure, functionality and pathology of the vegetative/autonomic nervous system (VNS or ANS).
Sympathetic Innervation
Functional Organisation of the Vegetative/Autonomic Nervous System

The **vegetative or autonomic nervous system** (from Greek: autos = self; nomos = law) uses both sensory and efferent neurons, which especially control the function of the internal organs.

**Sensory neurons**

The main input of the ANS particularly comes from **autonomic sensory (viscerosensory) neurons**, which are usually associated with **interoceptors** and act as sensory receptors in blood vessels, visceral organs and muscles. These neurons, which have the task to transduce information to the CNS, are usually located in the stomach and the lung.

Unlike the signals that are triggered by a nice-smelling odour or a delicious looking meal, the inner sensory signals are normally not experienced consciously, although the activation of interoceptors can indeed advance into consciousness. Here, two typical examples would be the pain caused by damaged intestines or an angina pectoris (chest pain) caused by inadequate perfusion of the myocardium.

**Efferent neurons**

On the other hand, efferent neurons forward the nerve impulses from the CNS to the target tissue (smooth muscle, heart muscle or glands) and regulate visceral activities by
an increase (excitation) or decrease (inhibiting).

Nerves of the sympathetic and parasympathetic nervous system are responsible for these oppositional effects.

**Sympathetic neurons** accelerate i.e. the heartbeat and support the processes or effort of the body, and enable a ‘fight-or-flight’-reaction. This allows an improvement in performance and consequently, is stimulated in states of excitement, activity and stress.

**Parasympathetic neurons** in contrast decelerate the heartbeat and induce a ‘rest-and-digest’-reaction. These neurons are responsible for relaxation, recreation and inducing the regeneration of vital energy reserves.

Efferent responses are not controlled consciously, thus the activity of the autonomic nervous system (ANS) is unintentionally. So-called ‘lie detector-tests’ are based on several autonomous reactions, since the pulse cannot be manipulated intentionally to half of the standard value. However, some people can alter their autonomic activities by applying adequate relaxing techniques.

**Structure of the VNS**

The first of the two motor neurons in every motoric signalling pathway is called a **preganglionic neuron**. Its soma is located in the brain or spinal cord and its axon, on the other hand, leaves the CNS as a part of a cranial nerve or spinal nerve.

Generally, the preganglionic neuron connects with an **autonomic ganglion**, where it forms a synapse with the second neuron of the signalling pathway, the postganglionic neuron. Soma and dendrites of the postganglionic neuron are located in an autonomic ganglion, where they form synapses with one or more preganglionic neurons.

The autonomic nervous system transduces nerve impulses from preganglionic neurons to autonomic neurons, where the signals are forwarded to postganglionic neurons and then transmitted to the target tissue.

The following example is to be said:

**Spinal cord (CNS) → preganglionic neuron → autonomic ganglion → postganglionic neuron → heart (target tissue/effector)**

**Preganglionic neurons**

**Thoracolumbar part**
The sympathetic part of the ANS is also called a **thoracolumbar part** since the somas of the preganglionic neurons are located in the lateral horn of the twelve thoracic segments, as well as the first two or three lumbar segments of the spinal cord.

**Craniosacral part**
On the other hand, the parasympathetic part of the ANS is also referred to as a **craniosacral part** because the somas of the parasympathetic preganglionic neurons are located in the nuclei of four cranial nerves in the area of the brain stem, as well as in the lateral horns of the second to fourth sacral segment of the spinal cord.
Autonomic ganglia

Autonomic ganglia are divided into three groups:

- **Sympathetic chain ganglia**
- **Sympathetic prevertebral ganglia**
- **Parasympathetic ganglia**

Sympathetic ganglia are located where the synapses between preganglionic and postganglionic sympathetic neurons interact.

**Sympathetic chain ganglia**
Ganglia of the sympathetic trunk (**paravertebral ganglia**) are arranged in a vertical column on each side of the spine and reach from the base of the skull down to the coccygeal bone. For the most part, organs above the diaphragm are innervated by postganglionic axons of the ganglia of the sympathetic trunk.

**Sympathetic prevertebral ganglia**
Sympathetic prevertebral ganglia are located on the ventral side of the spine close to the large abdominal arteries. On the contrary, postganglionic axons of paravertebral ganglia innervate organs inferior to the diaphragm. The 3 largest **prevertebral ganglia** are:

- Coeliac ganglion (located right underneath the diaphragm)
- **Superior mesenteric ganglion** (located in the epigastric region)
- **Inferior mesenteric ganglion** (located in the umbilical region)

**Parasympathetic Ganglia**

Preganglionic axons of the parasympathetic nervous system form synapses with postganglionic neurons in **terminal** or **intramural ganglia**. For the most part, the ganglia are located near to or inside the wall of an organ.

Axons of **preganglionic parasympathetic neurons** are usually longer than most of the axons of preganglionic sympathetic neurons since they reach from the CNS all the way to an intramural ganglion of the innervated organ.
Postganglionic neurons

Axons of preganglionic sympathetic neurons can be connected to postganglionic neurons by the following three possibilities after they have headed to the ganglia of the sympathetic trunk:

1. An axon can form a synapse with a postganglionic neuron directly in the first reached ganglion.
2. An axon can ascend or descend to a higher or lower located ganglion before it is wired up with the postganglionic neuron, which runs vertically next to the sympathetic trunk.
3. An axon can run through the sympathetic ganglion without forming a synapse and end in a prevertebral ganglion to be switched over to the postganglionic neuron.

![Sympathetic Innervation](https://example.com/sympathetic-innervation.png)

**Sympathetic Innervation**

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A single preganglionic sympathetic fiber has many branches, which is the reason why it can be connected with more than 20 or more postganglionic neurons over synapses. The
postganglionic axons typically end in different target tissues.

In these ganglia, presynaptic neurons only transmit to four to five postsynaptic neurons. They all individually provide a visceral target tissue and, as a consequence, this target tissue can be controlled separately by parasympathetic fibers.

**Parasympathetic Innervation**

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**Autonomic plexuses**

Axons, sympathetic and parasympathetic neurons form networks that are called autonomic plexuses. They run along large arteries and can be found in thorax, abdomen and pelvis. The large cardiac plexus in the thorax is in charge of the innervation of the heart and the pulmonary plexus for the bronchial tree.

The largest autonomic plexus is the coeliac (solar) plexus, which passes on to the liver, gall bladder, stomach, pancreas, spleen, kidneys, adrenal cortex, testicles and ovaries.
Neurotransmitter and Receptors of the VNS

Neurotransmitters are assigned to receptors – integral membrane proteins that are located in the plasma membrane of the postsynaptic neuron or a cell of the target tissue.

We differentiate between **cholinergic** and **adrenergic neurons**.

### Cholinergic neurons and receptors

The ANS includes the following cholinergic neurons:

- All sympathetic and parasympathetic preganglionic neurons
- Sympathetic postganglionic neurons for most of the sweat glands
- All postganglionic parasympathetic neurons

**Cholinergic neurons** release the neurotransmitter *acetylcholine* (ACh) which is stored in synaptic vesicles and liberated by exocytosis. After that, it diffuses through the synaptic cleft and binds to specific **cholinergic receptors**.

Cholinergic receptors are further subdivided into **nicotinergic** and **muscarinergic receptors** that both bind ACh.

**Nicotinergic receptors** are embedded in sympathetic and parasympathetic postganglionic neurons, as well as in the neuromuscular junction. They bear this term because nicotine simulates the action of ACh after binding to the receptors. In non-smokers, this substance is not traceable since nicotine is not a physiologically present substance in the human organism.

However, in the plasma membrane of all target tissues (smooth muscle, myocardium and glands), the **muscarinergic receptors** are present, which are supplied by parasympathetic postganglionic axons. In several receptors, occurs an **inhibition**, whereas, in others, an **excitation**. Similarly, sweat glands have muscarinergic receptors which results in increased sweating.

**Note:** ACh is able to activate both types of cholinergic receptors, whereas nicotine is not able to activate muscarinergic receptors and muscarine is not able to activate nicotinergic receptors.

Acetylcholine is quickly deactivated by the enzyme acetylcholine esterase and thus the effects triggered by cholinergic neurons are short.

### Adrenergic neurons and receptors

**Noradrenaline (NAdr)** is released in the ANS by **adrenergic neurons**. A great number of postganglionic sympathetic neurons are adrenergic. The NAdr is stored, just like ACh, in synaptic vesicles, released by exocytosis, which diffuses through the synaptic cleft and binds to specific **adrenergic receptors** of the postsynaptic membrane. The consequence is an **excitation** or an **inhibition** of the effector cell.

**Noradrenaline**, as well as **adrenaline**, bind to adrenergic receptors. The NAdr can be released as a neurotransmitter by sympathetic postganglionic neurons or as a hormone by the adrenal medulla, into the blood. Adrenaline is solely released as a hormone.

Also, the **adrenergic receptors** can again be subdivided into two subtypes which are innervated by most of the postganglionic sympathetic neurons. They are called **alpha (α)-receptors** and **beta (β)-receptors**, which are further subdivided according to their
specific answers and the corresponding binding properties (α1, α2, β1, β2, etc.).

Broadly speaking, an activation of the α1- and β1-receptors induces an excitation, whereas α2- and β2-receptors yield an inhibition of the target tissue.

**Note:** NAdr stimulates α-receptors stronger than the β-receptors. There is no noticeable difference in the stimulation of α- and β-receptors with Adr. NAdr remains longer in the synaptic cleft than the ACh. Consequently, effects triggered by adrenergic neurons last longer than the actions caused by cholinergic neurons.

**Autonomic reflexes**

Answers that are triggered by nerve impulses in an autonomic reflex arc are called **autonomic reflexes**. The play a key role in the following processes:

- Blood pressure (i.e. by adjusting the heart rate)
- Digestion (adjustment of motility and muscle tone in the GI tract)
- Defecation
- Urination (regulating the opening and closing of the sphincter)

The main control and integration center of the ANS is the hypothalamus, which receives sensory information about visceral functions (smell, taste and temperature etc.). Signals of the limbic system, which cohere with emotions, influence this process as well. The signals coming from the hypothalamus affect autonomous centres in the brain stem (truncus cerebri), as well as in the spinal cord (medulla spinalis).

An autonomic reflex arc consists of the following components:

**Receptor**

- The distal end of a sensory neuron is the receptor of an autonomic reflex arc, which reacts to a **Stimulus** and triggers a nerve impulse. Usually, autonomic sensory receptors are associated with **interoceptors**.

**Sensory neurons**

- The sensory neuron forwards nerve impulses to the CNS.

**Integration centre**

- The main integration centres for autonomic reflexes are located in the hypothalamus and the brain stem. Some autonomic reflexes are situated in the integration centres of the spinal cord, which are mostly responsible for urination and defecation.
- Connectivity: **interneurons** of the CNS forward signals from the **sensory neurons** to **motor neurons**.

**Motor neurons**

- Signals triggered by integration centres leave the CNS, via motor neurons, towards the target tissue. Two **motor neurons** connect the CNS in an **autonomic reflex arc** with the **effector**. The impulse is transduced by the preganglionic neuron to an autonomic ganglion from where it is forwarded through the postganglionic neuron to the target tissue.

**Target tissue (effector)**

- The effectors of the autonomic reflex are the smooth muscles, the heart
In contrast to the somatic nervous system, the tissues that are innervated by the ANS also keep running while damaged. The heart, for example, keeps beating if it is isolated from its vegetative nerve fibers. Smooth muscle cells of the gastrointestinal tract contract independently and rhythmically, and glands produce several substances without being controlled via the ANS. For this reason, most autonomous responses cannot be deliberately changed or suppressed by a significant rate.

Contrary to the somatic nerve system, the tissues which are innervated by the ANS also work after a damage of the neural nourishment. The heart, for example, keeps beating if it is disrupted from its vegetative nerve fibers. Smooth muscle cells of the GI tract contract independently and rhythmically and also glands produce several substances without the control of the ANS. This is why most autonomic answers cannot be changed or suppressed intentionally to a greater extent.

However, the autonomic/vegetative nervous system can, as well, be affected by a pathological impairment

**Horner’s Syndrome**

Horner’s Syndrome describes the damaged sympathetic nerves of one side of the face, which affects the sympathetic output of the superior cervical ganglion. This can be caused by an injury, a disease or a hereditary mutation. Horner’s Syndrome is characterised by the following symptoms:

- **Ptosis** (dropping of the upper eyelid)
- **Miosis** (constricted pupil)
- **Enophthalmos** (posterior displacement of the eyeball)

**Further diseases of the autonomic nervous system**

- Raynaud’s phenomenon
- Autonomic dysreflexia
- Autonomic neuropathy
- Dysautonomia
- Hyperhidrosis
- Megacolon
- Sudeck’s disease
- Vagotomy

**Popular Exam Questions Regarding the Autonomic Nervous System**

The answers can be found below the list of references.

1. **What is the correct sequence of substantial components of the autonomic reflex arc?**
   
   1. Receptor, sensory neuron, integration centre, preganglionic neuron, autonomic neuron, autonomic ganglion, postganglionic neuron and effector
2. Which statement is wrong?

1. ACh is able to activate both types of cholinergic receptors.
2. Nicotine is able to activate muscarinergic receptors.
3. Muscarine is not able to activate nicotinergic receptors.
4. Acetylcholine is slowly deactivated by an acetylcholine esterase and thus, the effects that are trigged by cholinergic neurons, last long.
5. Cholinergic neurons release the neurotransmitter acetylcholine (ACh).

3. What is the largest autonomous plexus?

1. Renal plexus
2. Cardiac plexus
3. Pulmonary plexus
4. Celiac (solar) plexus
5. Hypogastric plexus

References

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Correct Answers: 1A, 2D, 3D

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