

## Ch. 2, part 2: Cells & Their Environment

*This PowerPoint has been updated 1/15/25*

### OBJECTIVES:

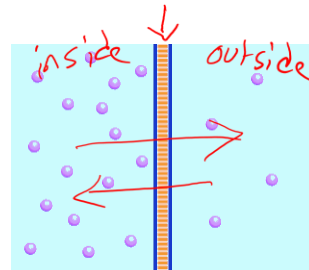
1. Understand cell membrane permeability
2. To recognize different types of cellular transport (passive vs active)
3. To understand membrane potential and action potentials

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### 1. Types of Cell Membranes

- **Freely Permeable Membrane** = substances move across cell membrane using no channels, no protein carriers (eg. For gases like O<sub>2</sub>, CO<sub>2</sub>)  
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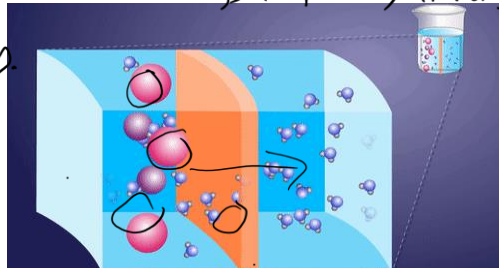


- **Selectively Permeable Membrane** = most of our cell membranes are like this. Some substances (especially small things) pass through, but other things (especially if large) don't pass easily.  
Click [HERE](#) for GIF



don't pass easily

Click [HERE](#) for GIF

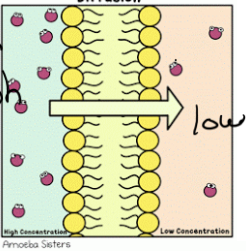


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## 2. Types of Cellular Transport (how substances get across cell membrane)

**1. Passive transport =** substances move across cell membrane from high concentration to low concentration. No Energy (ATP) needed

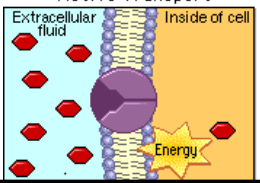
*moving with concentration gradient high*



Click [HERE](#) for GIF

**2. Active transport =** substances move across cell membrane from low to high concentration (against concentration gradient)

*Active Transport*

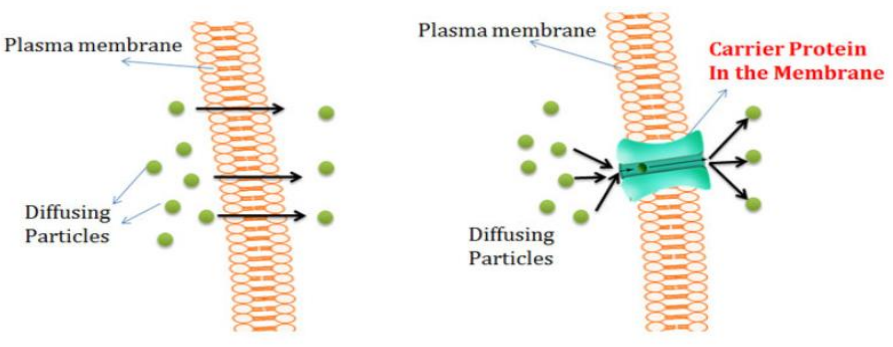


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## 4 types of Passive Transport (Pg 16 Wiki Text)

- 1) Simple Diffusion (no protein carrier on cell)
- 2) Facilitated Diffusion (has protein carrier on cell)



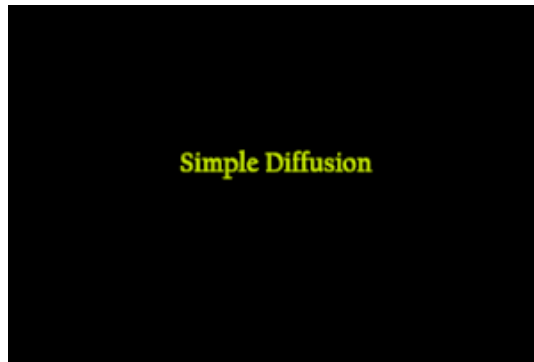
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## 4 types of Passive Transport (Pg 16 Wiki Text)

1) **Simple Diffusion** - movement of particles <sup>across a membrane</sup> from high to low concentration without cell channels or protein carriers.

Click [HERE](#) for online GIF



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## Passive Transport (4 types):

### 1) Simple Diffusion

= movement of particles freely across membrane high to low concentration (with concentration gradient)  
Ex. O<sub>2</sub>, CO<sub>2</sub>

### 2) Facilitated Diffusion (2 types!) \*\*\*

#### 2a. facilitated diffusion with ion channels

= ion channel opens to allow ions into or out of cell.

Ex: charged ions (Na+, Cl-, K+, Ca<sup>2+</sup>)

Often involve a neurotransmitter binding to open the ion channel!

Ex. when a neurotransmitter binds to Na<sup>+</sup> ion channel it opens the channel.

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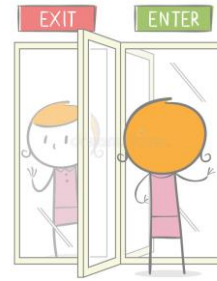
Facilitated Diffusion w/ion channels

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## Passive Transport (4 types):

### 1) Simple Diffusion

= movement of particles freely across membrane from high to low concentration (with concentration gradient)  
Ex. O<sub>2</sub>, CO<sub>2</sub>

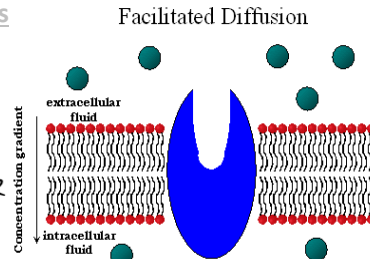


### 2) Facilitated Diffusion (2 types!)

2a. facilitated diffusion with ion channels

### 2b) Facilitated Diffusion with Carriers

= particles cross membrane using cell protein carriers.



Facilitated Diffusion

Facilitated Diffusion

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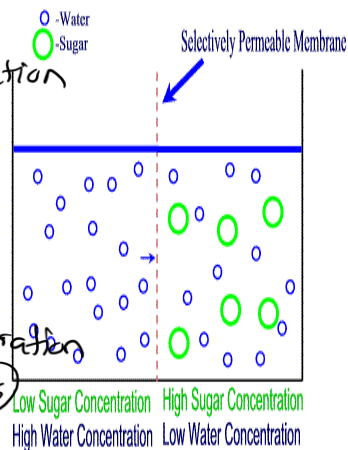
H<sub>2</sub>O  
3) Osmosis = movement of water across a membrane from high to low concentration of water.

or  
≡

Water "wants" to cross the membrane to side with higher ~~solute~~ solute concentration (where ions, salts, sugars)

Click [HERE](#) for online GIF


### Osmosis




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**Osmosis depends on "Tonicity"** *concentration of salts, sugars, proteins*

**Normal (isotonic) saline** 

**Hypertonic solution =** Cell is in a solution with a higher solute concentration compared to inside the cell. Cell shrinks.

**Hypotonic solution =** Cell is solution with lower solute concentration than inside cell. cells swell & rupture. 

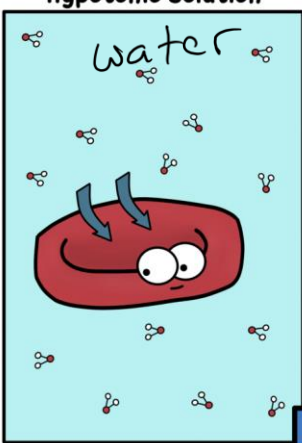
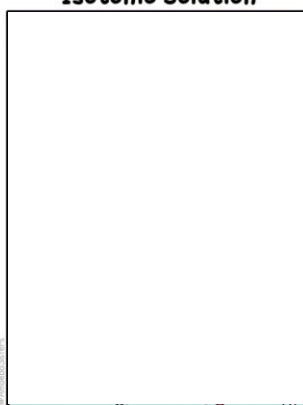

**Isotonic solution =** Cell in solution with same solute concentration as inside cell. Water doesn't move. Cell remains same (ex. Normal or physiologic saline)

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### Passive Transport: Osmosis

Hypotonic Solution	Isotonic Solution	Hypertonic Solution
		

Water moves to hypertonic areas.

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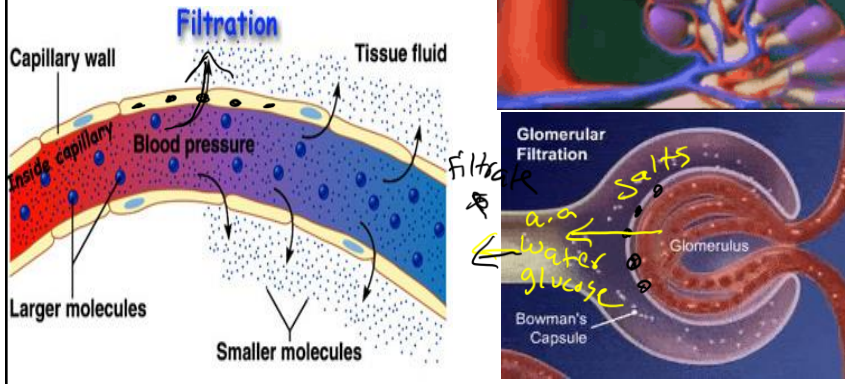
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#### 4) Filtration (or "dialysis")

= movement of fluids (~~Solvents~~ <sup>Solvents</sup>) & particles (solute) across membrane with fluid pressure.

Ex. **Filtration** of solutes through glomerulus of kidney nephron based on arterial blood pressure entering nephron.

Click [HERE](#) for online GIF



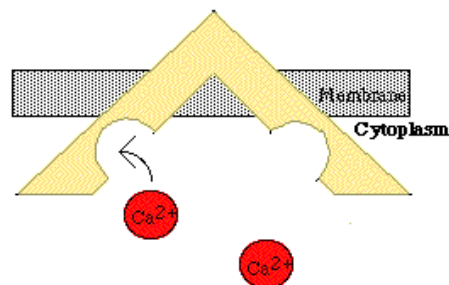
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## 2. Active Transport Pg 17 Wiki text

a) **Primary Active Transport** = movement of ions with a pump fueled by ATP. More substances against concentration gradient

### i) Calcium ( $\text{Ca}^{2+}$ ) Pump

important in regulation contraction of heart muscle and intestinal smooth muscle.



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## 2. Active Transport Pg 17 Wiki text

a) **Primary Active Transport** = movement of ions with a pump fueled by ATP.

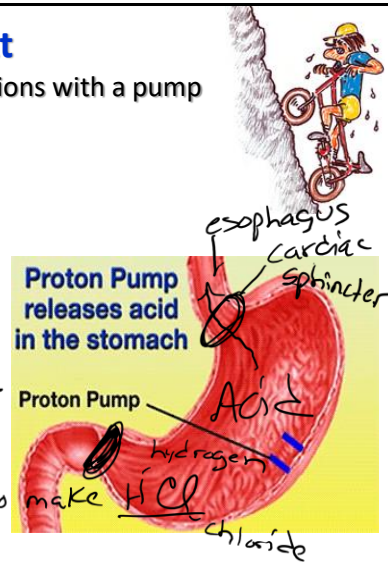
### i) Calcium ( $\text{Ca}^{2+}$ ) Pump

### ii) Hydrogen ( $\text{H}^+$ ) Pump

provide acidity  
important for stomach acid.

Ex. Parietal cells of stomach have  $\text{H}^+$  pumps. to make  $\text{HCl}$   
*Nexium*<sup>®</sup> (esomeprazole) or *Prilosec* (Omeprazole) targets these cells for those with GERD. gastro-esophageal reflux disease

Slide updated 1/15/25



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## 2. Active Transport Pg 17 Wiki text

a) **Primary Active Transport** = movement of ions with a pump fueled by ATP.

### i) Calcium ( $\text{Ca}^{2+}$ ) Pump

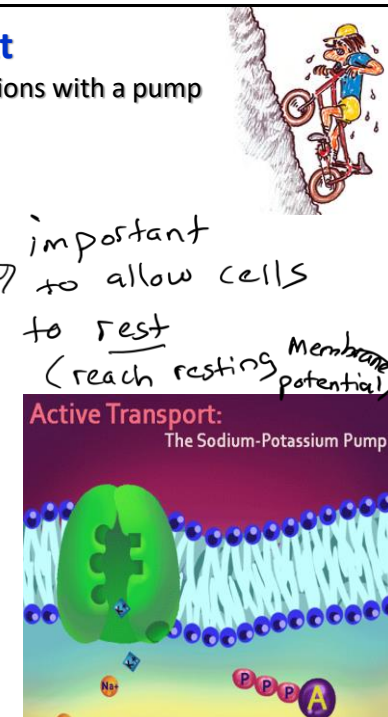
### ii) Hydrogen ( $\text{H}^+$ ) Pump

Ex. Parietal cells of stomach have  $\text{H}^+$  pumps. *Nexium*<sup>®</sup> targets these cells for those with GERD.

### iii) Sodium - Potassium ( $\text{Na}^+/\text{K}^+$ ) Pump

pumps 3  $\text{Na}^+$  out of a cell to every 2  $\text{K}^+$  inside cell.

Click [HERE](#) for online GIF. Click [HERE](#) for video showing the  $\text{Na}^+/\text{K}^+$  pump.



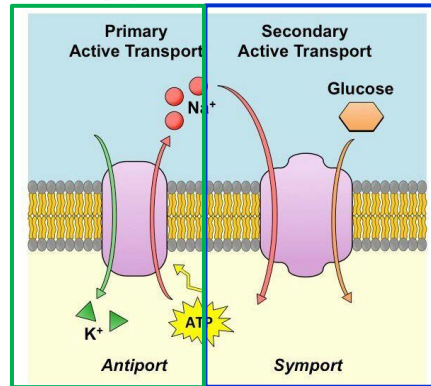
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## b) Secondary Active Transport: Coupled transport *slide updated 1/15/25*

i) **Co-transport ("symport")** = Energy gained from passive transport of one ion fuels the active transport of another ion **in the same direction**.

Ex. Passive transport of  $\text{Na}^+$  with its concentration gradient helps fuel the active transport of glucose against its concentration gradient.



Click [HERE](#) for YouTube video of cotransport of  $\text{Na}^+$  and glucose, AND explanation of difference between primary and secondary active transport.

ii) **Counter-transport ("antiport")** = Energy gained from passive transport of one ion fuels the active transport of another ion **in the opposite direction**.

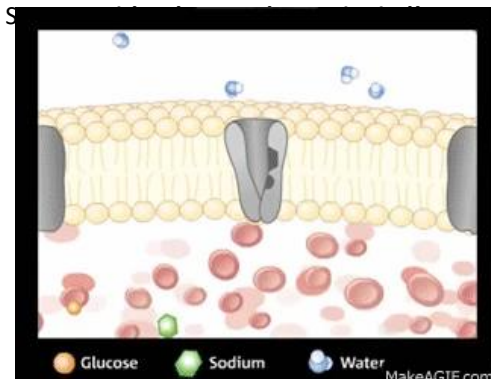
Ex.  $\text{Na}^+ / \text{H}^+$  pump – regulates cell pH by transporting  $\text{Na}^+$  into cell and **pumping  $\text{H}^+$  out**

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## The importance of co-transport of $\text{Na}^+$ and glucose in Oral Rehydration Therapy (ORT):

Chronic diarrhea (from acute gastroenteritis, cholera, etc...) limits ability of intestines to reabsorb salt & water, leading to risk of dehydration (life-threatening in children).

**BUT** diarrhea doesn't interfere with co-transport of  $\text{Na}^+$  & glucose in intestines. Water follows  $\text{Na}^+$  and glucose, by osmosis, across intestinal membrane, and into bloodstream. Patient gets hydrated.



Click [HERE](#) For GIF



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**Bulk Transport** = form of active transport to move large substances across membrane.

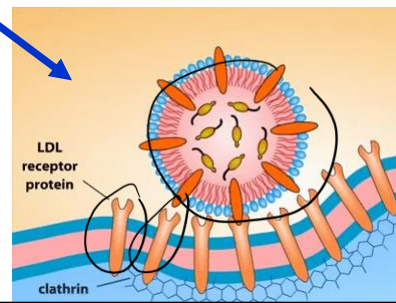
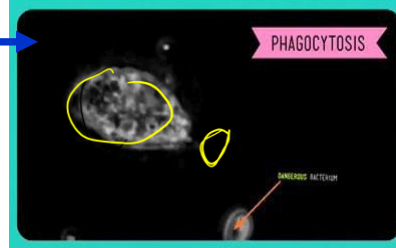
*within cell*  
A) **Endocytosis** - taking in large particles

i) **phagocytosis** = movement of large particles into cell.

ii) **Pinocytosis** = movement of fluid into cell.

iii) **Receptor-mediated endocytosis** = substances bind to cell receptor to enter cell.

*exit cell*  
B) **Exocytosis** = exit of large substances from cell.



Click [HERE](#) for GIF

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## 4. Membrane Potential

**Resting cell membrane potential (MP) = -70 mV**

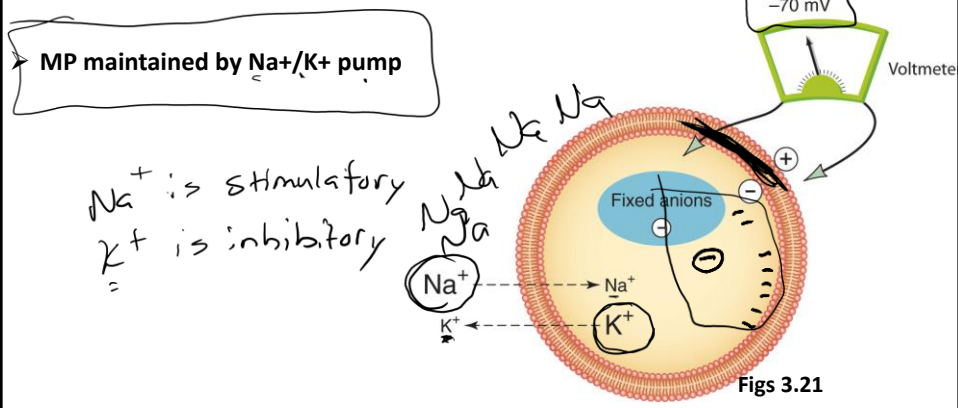
➤ inside of cell has "fixed number of anions" (neg charged particles)

> number of K<sup>+</sup> ions entering /leaving cell changes intracellular negativity

- The more K<sup>+</sup> exits, the more neg inside becomes

- The more K<sup>+</sup> enters, the less neg inside becomes

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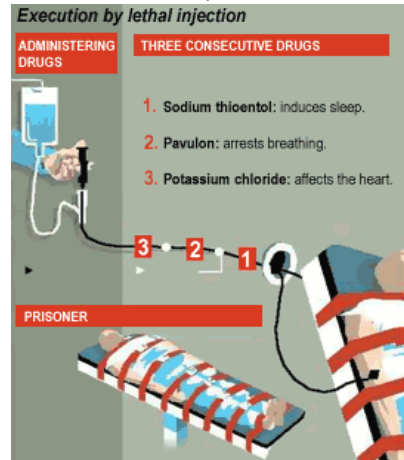


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Click [HERE](#) on the PDF of this powerpoint to see Clinical App reading on hyperkalemia & Lethal Injections

Lethal injection is potassium chloride.

Hyperkalemia = <sup>high</sup> <sup>in blood</sup> high blood potassium (K<sup>+</sup>)



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**Action Potential - Changes In Membrane Potential**

↳ stimulate cell

**4 AP steps:**

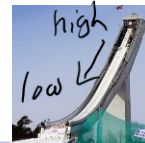
1. - Stimulus above MP thresh hold opens intital Na<sup>+</sup> channels.



2. Opens more Na<sup>+</sup> voltage gated channels (Na<sup>+</sup> floods inward)

- drives MP from -70 to +30 mV = "depolarization" causes AP stimulates

- Na<sup>+</sup> channels close

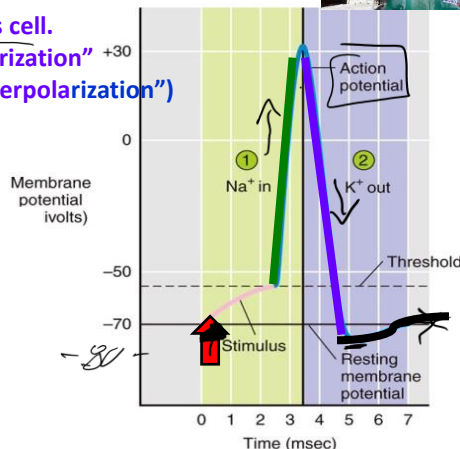


3. - K<sup>+</sup> voltage gated channels open, K<sup>+</sup> exits cell.

- drives MP back toward -70 mV = "repolarization"

- may overshoot MP & go to -80 mV ("hyperpolarization")

4. Na<sup>+</sup>/K<sup>+</sup> pump restores normal Resting MP (-70mV) by pumping Na<sup>+</sup> out and K<sup>+</sup> back in.



Click [HERE](#) for GIF

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## Cell Transport - Review

**"Permeability" of membranes**

**Passive transport = no energy, with concentration gradient ("downhill")**

- Simple diffusion
- Facilitated diffusion
- Osmosis
- Filtration

**Active transport = ATP required, against concentration gradient ("uphill")**

- Primary active transport (calcium, hydrogen, & Na<sup>+</sup>/K<sup>+</sup> pumps)
- Coupled transport (co-transport & counter-transport)
- Bulk transport

**Cell membrane potential (MP)**

- Resting potential
- Action potential

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