Lectures Topics and Subjects

| TOPIC (SUBJECTS& NUMBER OF LECTURES/ SUBJECT) | SUBJECT | CONTENTS |
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| T1: Introduction 5 lectures: Anatomy 1 Physiology 1 Biochemistry 1 Pharmacology 1 Pathology 1 | *Anatomy: -An introduction to the nervous System. | Review the structure of the central, peripheral & autonomic nervous systems. |
| | *Physiology: Synaptic transmission and neuronal pools | -Communication within neurons -types of synaptic receptors - Types of postsynaptic potentials and summationsProcessing of signals within neuronal pools (divergence, convergence, prolongation and sharpening of signals). |
| | *Biochemistry: - Biochemistry of CNS neurotransmitters | -Catecholamines Synthesis and Catabolism -Histamine Synthesis and Catabolism -Serotonin -Glutamate. The Glutamate-Glutamine Cycle in the Brain, GABA (γ-Aminobutyric acid). |
| | *Pharmacology: -Drugs and synaptic transmission | Revision of action potential, synapse, neurotransmitters and neurotransmitter's cycle Revision of Excitatory Postsynaptic Potentials (EPSP) and Inhibitory Postsynaptic Potentials (IPSP) Revision of CNS receptors implicated in the actions of most commonly used drugs Overview on the principal drug targets in the treatment of CNS disorders |
| | *Pathology: Introduction | -Describe the Patterns Of Injury & Responses (Markers) To Injury In The Nervous SystemDescribe the Underlying Mechanisms, Causes, Gross Features Of Cerebral Edema -Define the Subfalcine (Cingulate), Transtentorial (Uncinate), & The Tonsillar Hernias & Describe The Effects Of Each One. |

| T2: Spinal cord & somatic | *Anatomy: | -Describe the gross and internal features of the spinal cord. |
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| sensations | -The spinal cord: Gross features & Internal structure | -Describe the arrangements of nerve fiber tracts in the spinal cord. |
| 11 Lectures: | - Ascending tracts of the spinal cord | - Describe the anterolateral ascending tracts. |
| Anatomy 4 | - Descending tracts of the spinal cord | -Describe the dorsal column tracts. |
| Physiology 4 | - Descending tracts of the spinar coru | - Describe the muscle-joint pathway to the cerebellum |
| Pharmacology 2 | | - Describe the inuscre-joint pathway to the ecrebendin - Describe the spinotectal, spinoreticular, spino- Olivary and visceral |
| Community 1 | | sensory tracts. |
| Community 1 | | - Identify the different direct and indirect ascending tracts in the spinal |
| | | cord. |
| | | - Describe the pyramidal and extra-pyramidal tracts and their functions. |
| | | - Describe the intersegmental tracts and their significance. |
| | *Physiology: | - Sensory receptors (generator potential, specificity, adaptation) |
| | - Sensory nervous system & Dorsal column sensations | -Sensory unit and receptive field |
| | - Spinothalamic sensations & Pain control | -Coding of sensory information (modality, locality, intensity). |
| | - Spinothalanne sensations & Fam control - Spinal Reflexes | -Coding of sensory information (modality, locality, intensity). -Modalities of sensations transmitted by dorsal column pathway and |
| | - Spillar Keriexes | Spinothalmic pathways. |
| | | -Protopathic versus epicritic sensations |
| | | -Pain (classifications, central perception, referred pain, Headache, pain |
| | | modulation by CNS: Gate theory& descending analgesia system, stress |
| | | analgesia). |
| | | |
| | | -Monosynaptic (stretch reflex) and polysynaptic spinal reflexesStatic and dynamic stretch reflex (Muscle tone and Tendon Jerk) |
| | | -State and dynamic stretch reflex (Muscle tone and Tendon Jerk) -Supraspinal control of stretch reflex, alpha gamma cooactivation. |
| | | -Supraspinal control of stretch reflex, applia gamma coolactivation. -Inverse stretch reflex (muscle tension versus muscle length homeostasis) |
| | *Dl. auma a a la arri | |
| | *Pharmacology: | - Opioid Receptors |
| | - Opioids and opioid antagonists | - Opioid Agonists |
| | | - Partial Agonists/Mixed Agonist-Antagonist |
| | MC to | - Opioid Antagonists |
| | *Community: | incidence and prevalence, gender & other demographics |
| | | risk of 2nd complications attribute to migraines |
| | Epidemiology of Migraine and cluster Headache 1 | lifestyle factors that can reduce migraines |
| TO D. I. G. | | and new studies on effectiveness of TMS |
| T3: Brain Stem | *Anatomy: | -Describe the structure, functions and components of |
| <u>5 Lecture:</u> | -The Brainstem: Medulla oblongata, | the brainstem. |
| Anatomy 4 | pons, and midbrain | - Describe the external and internal features of the |
| Physiology 1 | -Cranial nerves | upper, middle and lower level of the medulla oblongata. |
| | | -Describe the external & internal features of the pons. |
| | | - Describe the external & internal features of the midbrain |
| | | -Describe the red nucleus & its connections. |
| | | -Describe the different lemnisci. |
| | | List the cranial nerves I – XII |
| | | -List the functional components of cranial nerves |

| | | -Describe the motor, sensory and parasympathetic nuclei of the cranial nerves I-XII and their connections |
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| | *Physiology: Reticular Formation | -Sensory Part of the reticular formation -Motor Part of the reticular Formation -Ascending Reticular Activating System {ARAS} (Function, factors affecting the activity of ARAS |
| T4: Limbic system and Basal Ganglia and Diencephalon 12 Lectures: Anatomy 2 Physiology 3 Pharmacology 5 Pathology 2 | *Anatomy: The Limbic system and Basal Ganglia Thalamus, epithalamus, subthalamus, hypothalamus | -Describe the limbic system, the structures forming it, its functions and connections. - Describe the components of basal nuclei, their functions, afferent and efferent connections and disorders - Describe the thalamus, the thalamic nuclei, their functions and connections. - Describe the epithalamus, its parts, connections and functions. - Describe the subthalamus. - Describe the hypothalamus, hypothalamic nuclei, and hypothalamic lines of communications, afferent and different connections. - Review the functions of the hypothalamus. |
| | *Physiology: -Basal Ganglia circuits and Papez circuit, Diencephalon -Memory and learning | -Connections of the basal ganglia (cortical, brain stem, interconnections within the basal ganglia)Functions of the basal Ganglia -Diseases of the basal ganglia (PD, chorea, athetosis, hemiballismus)Release Phenomena in CNS, rigidityConnections of the limbic system (between its different parts, Papez circuit), functions of the limbic systemSynaptic Plasticity (Potentiation, depression, sensitization) -Memory: types, mechanism, consolidation, encodingLearning: Non associative, associativeThalamus (functions, thalamic syndrome) -Hypothalamus (Functions, fear and rage) |
| | *Pharmacology: -CNS stimulants & drugs of abuse -Pharmacology: Antidepressants -Drug therapy for PD and AD -Antipsychotic Drugs | -Addiction/Dependence - Psychomotor Stimulants - Hallucinogens |

| | | -Treatment of Mania and Bipolar Disease |
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| | | -Drugs Used in Parkinson's Disease -Drugs Used in Alzheimer's Disease |
| | | -Schizophrenia - Antipsychotic Drugs |
| | *Pathology: Parkinsonism Alzheimer's disease Huntington Disease | -Enumerate the Major Causes of Dementia -Describe the Incidence, Causes, Pathogenesis, Clinical Features, Gross & -Microscopic Features (Neuritic Plaques & Neurofibrillary Tangles) of Alzheimer Disease |
| | AML | -Define Frontotemporal Dementia -Define Parkinsonism & Enumerate its CausesDescribe the Gross & Microscopic Features Of Idiopathic Parkinson disease. |
| | | -Describe the Pathogenesis, Gross & Microscopic, & Clinical Features of Huntington DiseaseDefine Friedreich ataxia |
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| T75 G 1 1 | | -Define: (1) Bulbospinal Atrophy (Kennedy Disease), & (2) Spinal Muscular Atrophy |
| T5: Cerebellum 3 Lectures: Anatomy 1 Physiology 2 | *Anatomy: -The Cerebellum | -Describe the cerebellum; its external and internal features, including the intracerebellar nuclei. -Describe the functional areas of the cerebellar cortex and its white matter. |
| | | - Describe the afferent & efferent connections of the Cerebellum Review the signs and symptoms of cerebellar diseases as related to its anatomy. |
| | *Physiology: -Cerebellum& Neocerebellar syndrome | -Cerebellar neuronal circuits (mossy and climbing fibers) -Functions of the cerebellum -Neocerebellar syndrome -Nervous control of voluntary movement (planning, execution). |
| | | -Differences between upper and Lower Neuron Lesions (distribution, muscle tone, atrophy, reflexes, response to electrical stimulation) |

| T6: Cerebral Cortex and Electrical activity of the brain 9 Lectures: Anatomy 2 Physiology 3 Pharmacology 4 | *Anatomy: cortical areas + functional significance | -Describe the different lobes, sulci & gyri of cerebral hemispheresDescribe the functional localization of cerebral cortex and their clinical significance. |
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| | *Physiology: -Electrical activity of the brain, EEG & Sleep -Upper Motor Neuron Lesion versus lower Motor Neuron Lesion. | Electrical activity of the Brain(Evoked Potentials, spontaneous potentials) EEG waves Physiological changes during sleep types of sleep. mechanisms of sleep, sleep disturbances Main Differences between UMNL and LMNL, Spinal cord transection |
| | *Pharmacology: - Pharmacology of sedative-hypnotics - General anesthetics -Drug used in epilepsy | -Benzodiazepines -Benzodiazepine Antagonist -Barbiturates -Other Anxiolytics/Hypnotics |
| | | -Etiology of Seizures -Types of Seizures -Anti-seizure medications |
| | | -Adjuncts to Anesthesia -Levels of General Anesthesia -Inhalational Anesthetics -Intravenous Anesthetics -Local Anesthetics |
| T7: Traumatic Brain Injury <u>I lecture</u> Pathology 1 | *Pathology: - CNS trauma | -Describe the Sites, Gross & Microscopic Features of Recent & Old; Closed & Opened Traumatic Head Injury. -Describe the Cause, Pathologic Features, & Effects of Diffuse Axonal Injury. -Describe the Causes, Sites & Effects of Traumatic: (1) Epidural Hemorrhages (2) Subdural Hemorrhages (Acute & Chronic) |
| T8: Vascular disorders 4 Lectures: Anatomy 1 | *Anatomy: Blood supply of the brain and spinal cord | -Describe the arterial blood supply of the brainDescribe the circle of WillisDescribe the veins of the brain. |
| Pathology 3 | *Pathology: | -Define the Term Cerebrovascular Disease (Thrombotic & Embolic Occlusion of Vessels, & Vascular Rupture. -Describe the Causes, Gross & Microscopic (Early, Subacute, & Repair) Changes, & Outcomes of Global Cerebral Ischemia +++++++++++++++++++++++++++++++++++ |

| T9: Ventricles of the Brain | *Anatomy: | -Describe the Cause (S), Sites, Effects, Gross & Microscopic Features of Recent & Old: Primary Brain Parenchymal Hemorrhage. Subarachnoid Hemorrhage -Describe the Pathologic Features of Berry saccular aneurysms & Vascular Malformations. ++++++++++++++++++++++++++++++++++++ |
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| Anatomy 2 Pathology 2 | -Ventricles of the Brain, Dural folds, CSF *Pathology: | - Describe the dural folds. - Describe the dural venous sinuses. - Describe the lateral ventricles, third ventricle, Cerebral aqueduct, fourth ventricle - Describe the white matter of the brain, the commissural, association and projection fibers. - Describe the Causes, Pathogenesis, Types, Effects & Complications of Hydrocephalus in Infants & Adults Define the Subfalcine (Cingulate), Transtentorial (Uncinate), & The Tonsillar Hernias & Describe the Effects of Each One |