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**ABSTRACT**

<b>Title: SIMULTANEITY AND RECOVERY PATTERNS, OF CO<sub>2</sub> AND O<sub>2</sub> PULMONARY GAS EXCHANGE MODELS, FOR EXTREME ENVIRONMENTAL PREDICTIONS; DERIVED FROM A HISTORICAL PERSPECTIVE.</b>	
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<p><b>Introduction:</b> The much vulnerability in the study of the respiratory system gas exchange and its holistic implications has arisen from the use of discrete experimental clinical, and physiologically applicable data. These are reflected in physics and mathematical reasoning of non-linear variable periodicities, temporal patterns and various magnitudes from Sneddon's times (1940 onwards) and in the early 19th Century. Subsequent kinetic and compartmentalized models use sophisticated newer clinical methodologies, hoping to include both intake and recovery conditions. Such bi-directional experimental errors of CO<sub>2</sub> output and O<sub>2</sub> extractions leading to spurious negative delta PCO<sub>2</sub> (b-G) are best eliminated in avian parabronchial lungs with cross-current arrangement of gas and blood flow.</p> <p><b>Re-Breathing Methodologies</b> The first order CO<sub>2</sub> exponential in the backdrop of the Bohr, Haldane and Kelman effects were used effectively by Defares ('56), DuBois('52), and many others since then, to derive the, '<i>rate of change</i>', in partial pressures. In spite of the lack of pressure-content relationship some models have been able to reproduce the characteristics of several arterial blood contents. High Frequency Ventilation as found in extreme maneuvers and environments, retain values of CO<sub>2</sub> elimination close to the estimated metabolic CO<sub>2</sub> production. These exemplary chemoreflex adaptations, with both, breath holding and re-breathing, can reach a functional symmetry, as reflected in Bohr's dead space/tidal volume (VD,Bohr/VT)) during tidal breathing. When hyperoxic hypercapnia can occur, it should be measured best with microstream capnometer akin to a pitot of an aerospace vehicle.</p> <p><b>Conclusions</b> Re-breathing studies suggest that Eupnoea can be achieved by voluntary, self-assesable-training /Yog of respiratory modifications in non-natural aerospace environments.</p> <p>Ref----</p> <p>Sneddon I N, Defares JG. The Mathematics of Medicine and Biology. 1952 DuBois, A. B., BRITT, A. G. &amp; FENN, W. O. (1952). Alveolar CO<sub>2</sub> during the respiratory cycle. J. apple. Phy8iol. 4, 535-548. <a href="#">Koulouris NG</a>, <a href="#">Latsi P</a>, <a href="#">Dimitroulis J</a>, <a href="#">Jordanoglou B</a>, <a href="#">Gaga M</a>, <a href="#">Jordanoglou J</a>. Noninvasive measurement of mean alveolar carbon dioxide tension and Bohrs dead space during tidal breathing. <a href="#">Eur Respir J</a>. 2001 Jun;17(6):1167-74.</p>	
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