

# **Introduction to Physiology V - Coupling and Propagation**

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### **Spatially Extended Excitable Media**



Neurons and axons



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#### Mechanically stimulated Calcium waves



### **Conduction system of the heart**





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## **Conduction system of the heart**



- •Electrical signal originates in the SA node.
- • The signal propagates across the atria (2D sheet), through the AV node, along Purkinje fibers (1D cables), and throughout the ventricles (3D tissue).



### **Spatially Extended Excitable Media**



The forest fire analogy  $\sum_{\text{Coupling and Propagation - p.5/33}}$ 



## **Spatial Coupling**

#### Conservation Law:

becomes

 $\frac{d}{dt}(\text{stuff in }\Omega) = \text{rate of transport} + \text{rate of production}$ 

$$
\frac{d}{dt} \int_{\Omega} u dV = \int_{\partial \Omega} J \cdot n ds + \int_{\Omega} f dv
$$
\n
$$
\frac{\partial u}{\partial t} = \nabla \cdot (D \nabla u) + f(u)
$$
\nproduction  
\n $f(u)$ 





Question: Can anything interesting happen with coupled cells that does not happen with <sup>a</sup> single cell?



#### Normal cell and cell with slightly elevated potassium - uncoupled





#### Normal cell and cell with slightly elevated potassium - coupled





#### Normal cell and cell with moderately elevated potassium uncoupled





#### Normal cell and cell with moderately elevated potassium coupled



Who could have guessed? – p.8/33



#### Normal cell and cell with greatly elevated potassium - uncoupled





#### Normal cell and cell with greatly elevated potassium - coupled





#### **Axons and Fibers**



#### From Ohm's law

 $V_i(x+dx) - V_i(x) = -I_i(x)r_i dx$ ,  $V_e(x+dx) - V_e(x) = -I_e(x)r_e dx$ ,

In the limit as  $dx\rightarrow 0,$ 

$$
I_i = -\frac{1}{r_i} \frac{dV_i}{dx}, \qquad I_e = -\frac{1}{r_e} \frac{dV_e}{dx}.
$$

Coupling and Propagation – p.9/33



#### **The Cable Equation**



From Kirchhoff's laws

$$
I_i(x) - I_i(x + dx) = I_t dx = I_e(x + dx) - I_e(x)
$$

In the limit as  $dx \rightarrow 0,$  this becomes

$$
I_t = -\frac{\partial I_i}{\partial x} = \frac{\partial I_e}{\partial x}.
$$



#### **The Cable Equation**

Combining these

$$
I_t = \frac{\partial}{\partial x} \left( \frac{1}{r_i + r_e} \frac{\partial V}{\partial x} \right),
$$

and, thus,

$$
C_m \frac{\partial V}{\partial t} + I_{ion} = I_t = \frac{\partial}{\partial x} \left( \frac{1}{r_i + r_e} \frac{\partial V}{\partial x} \right).
$$

This equation is referred to as the cable equation.



### **Modelling Cardiac Tissue**

Cardiac Tissue - The Bidomain Model:



• At each point of the cardiac domain there are two comingled regions, the extracellular and the intracellular domains with potentials  $\phi_e$  and  $\phi_i$ , and transmembrane potential  $\phi = \phi_i - \phi_e.$ 



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- •Total current is

$$
i_T = i_e + i_i = -\sigma_e \nabla \phi_e - \sigma_i \nabla \phi_i.
$$



#### **Kirchhoff's laws:**

• Total current is conserved:  $\nabla\cdot(\sigma_i\nabla\phi_i+\sigma_e\nabla\phi_e)=0$ 



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φ



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surface to volume ratio, capacitive current, ionic current,



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- •• Transmembrane current is balanced:

<sup>χ</sup> ( <sup>C</sup><sup>m</sup> ∂φ∂τ <sup>+</sup> <sup>I</sup>ion ) <sup>=</sup> <sup>∇</sup> · (<sup>σ</sup>i∇φi) <sup>e</sup> Extracellular Space Intracellular Space φ ioneCm<sup>i</sup> φ = φ − φ

surface to volume ratio, capacitive current, ionic current, and current from intracellular space.

 $\phi_i$ 



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surface to volume ratio, capacitive current, ionic current, and current from intracellular space.

•Boundary conditions:

$$
\begin{array}{ll}\n\mathbf{n} \cdot \sigma_i \nabla \phi_i = 0, & \mathbf{n} \cdot \sigma_e \nabla \phi_e = I(t, x) \\
\text{and } \int_{\partial \Omega} I(t, x) dx = 0 \text{ on } \partial \Omega.\n\end{array}
$$



 $\phi_i$ 

## **Consequences of the Bidomain Model-I:**

With current applied at the boundary of the domain, there is depolarization and hyperpolarization at the boundaries. For <sup>a</sup> homogeneous medium, in the interior (several space constants from the boundary), the transmembrane potential is unaffected.



## **Consequences of the Bidomain Model-II:**

Resistive inhomogeneities lead to sources and sinks of transmembrane current (virtual electrodes) in the interior of the tissue domain:

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## **Consequences of the Bidomain Model-III:**

Response to <sup>a</sup> point stimulus in tissue with unequal anisotropy



Virtual Electrodes



$$
\frac{\partial u}{\partial t} = D \frac{\partial^2 u}{\partial x^2} + f(u)
$$

with  $f(0) = f(a) = f(1) = 0, \, 0 < a < 1.$ 

- There is a unique traveling wave solution  $u = U(x ct)$ ,
- The solution is stable up to phase shifts,
- The speed scales as  $c=c_0\sqrt{D},$
- $\bullet\;\; U$  is a homoclinic trajectory of  $DU''+cU'+f(U)=0$







#### **Discreteness**







Calcium Release through CICR Receptors



#### **Discrete Effects**

Discrete Cells

$$
\frac{dv_n}{dt} = f(v_n) + d(v_{n-1} - 2v_n + v_{n-1})
$$

Discrete Calcium Release Discrete Release Sites

$$
\frac{\partial u}{\partial t} = D \frac{\partial^2 u}{\partial x^2} + g(x) f(u)
$$



#### **Fire-Diffuse-Fire Model**



Suppose a diffusible chemical  $u$  is released from

- •• a long line of evenly spaced release sites;
- •• Release of full contents  $C$  occurs when concentration  $u$ reaches threshold  $\theta.$

$$
\frac{\partial u}{\partial t} = D \frac{\partial^2 u}{\partial x^2} + \sum_n Source(x - nh)\delta(t - t_n)
$$



#### **Fire-Diffuse-Fire-II**

Recall that the solution of the heat equation with  $\delta$ -function initial data at  $x=x_0$  and at  $t=t_0$  is

$$
u(x,t) = \frac{1}{\sqrt{4\pi(t - t_0)}} \exp(-\frac{(x - x_0)^2}{4D(t - t_0)})
$$





#### **Fire-Diffuse-Fire-III**

Suppose known firing times are  $t_j$  at position  $x_j = jh$ ,  $j = -\infty, \cdots, n-1$ . Find  $t_n$ . At  $x = x_n = nh$ ,

$$
u(nh, t) = \sum_{j=-\infty}^{n-1} \frac{C}{\sqrt{4\pi(t-t_j)}} \exp(-\frac{(nh-jh)^2}{4D(t-t_j)})
$$
  

$$
\approx \frac{C}{\sqrt{4\pi(t-t_{n-1})}} \exp(-\frac{h^2}{4D(t-t_{n-1})}) = \frac{C}{h} f(\frac{D\Delta t}{h^2})
$$





#### **Fire-Diffuse-Fire-IV**

θ *h/C*

Solve the equation  $\theta h$  $C \$ = $f(\frac{D\Delta t}{h^2})$ This is easy to do graphically: 1 2 3 4 5 6 7 8 9 10 0.060.080.10.120.140.16 0.18  *F(D*∆ *t/h <sup>2</sup>)* 0.20.22 0.240.260.06 0.08 0.1 0.12 0.14 0.16 0.18 0.2 0.22 0.24 0.26 2345678910 *vh/D*

*<sup>D</sup>*∆ *t/h<sup>2</sup>*

Conclusion: Propagation fails for  $\frac{\theta h}{C} > \theta^* \approx 0.25$  (i.e. if  $h$  is too large,  $\theta$  is too large, or C is too small.)



#### **With Recovery**

#### Including recovery variables

$$
\frac{\partial v}{\partial t} = D \frac{\partial^2 v}{\partial x^2} + f(v, w), \qquad \frac{\partial w}{\partial t} = g(v, w)
$$

Solitary Pulse Periodic Waves Skipped Beats

### **Periodic Ring**





## **The APD Instability in 1D**

Stable Pulse on <sup>a</sup> Ring

Unstable Pulse on <sup>a</sup> Ring

Collapse of Unstable Pulse



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## **Dimension 2: Spirals**



**Atrial Flutter** 



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#### Spiral instability - Meander:

montan month rammunimummy mannement  $\sqrt[12]{10}$ mmmmmmmmmin menummentus France Mille  $\frac{AVF}{k^2}$ 

Torsade de Pointe



## **Dimension 2: Spirals**



**Atrial Flutter** 

#### Spiral instability - Meander:

montan month nommune mannement  $\sqrt[12]{10}$ mmmmmmmmmin menummentus Francumulallysigning

Torsahd duh Pwahn



## **The APD Instability in 2D**

Spiral Breakup

Imagine the



## **Dimension 3: Ventricular Reentrant Activity**



#### Ventricular Monomorphic Tachycardia





#### **Dimension 3: Cardiac Scroll Wave**



3 D structure of <sup>a</sup> single scroll wave



### **Ventricular Fibrillation**



#### Ventricular Fibrillation





#### Surface View Movie 3D View Movie

Still unresolved: What is the mechanism for maintenance of fibrillation? (APD instability? Mother rotor hypothesis?)



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- Vulnerable Period Winfree (S1-S2) mechanism (1D) (2D)
- •Early After Depolarizations during Vulnerable Period.
- $\bullet$  Dispersion (i.e. spatial/temporal inhomogeneity) of refractoriness.



• Why is calcium overload arrhythmogenic?



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- •Why is long QT syndrome arrhythmogenic?



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- •Why are most anti-arrhythmic drugs actually proarrhythmic?



- •Why is calcium overload arrhythmogenic?
- •Why is long QT syndrome arrhythmogenic?
- •Why are most anti-arrhythmic drugs actually proarrhythmic?
- • What is the mechanism of EAD's and are they truly proarrhythmic?