

## Introduction to Physiology V - Coupling and Propagation

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## Spatially Extended Excitable Media



Neurons and axons



## Spatially Extended Excitable Media



#### Mechanically stimulated Calcium waves



## Conduction system of the heart





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• Electrical signal originates in the SA node.



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- 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

Coupling and Propagation - p.5/33



## **Spatial Coupling**

#### Conservation Law:

becomes

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





Question: Can anything interesting happen with coupled cells that does not happen with a 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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- These potentials drive currents,  $i_e = -\sigma_e \nabla \phi_e$ ,  $i_i = -\sigma_i \nabla \phi_i$ , where  $\sigma_e$  and  $\sigma_i$  are conductivity tensors.



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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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surface to volume ratio, capacitive current, ionic current,



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- Transmembrane current is balanced:

$$\chi(C_{m}\frac{\partial\phi}{\partial\tau} + I_{ion}) = \nabla \cdot (\sigma_{i}\nabla\phi_{i})$$
Extracellular Space
$$C_{m} = \Phi_{i} \Phi_{e}$$
Intracellular Space

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

φ<sub>i</sub>



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$$\chi(C_m\frac{\partial\phi}{\partial\tau} + I_{ion}) = \nabla \cdot (\sigma_i \nabla \phi_i) \xrightarrow{\text{Extracellular Space}} C_m \xrightarrow{\phi_e} I_{ion} \phi = \phi_i - \phi_e$$

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

Boundary conditions:

$$\mathbf{n} \cdot \sigma_i \nabla \phi_i = 0, \quad \mathbf{n} \cdot \sigma_e \nabla \phi_e = I(t, x)$$
  
and  $\int_{\partial \Omega} I(t, x) dx = 0$  on  $\partial \Omega$ .



φ<sub>i</sub>

Imagine the Possibilities Mathematical Biology University of Utah

# Consequences of the Bidomain Model-I:

With current applied at the boundary of the domain, there is depolarization and hyperpolarization at the boundaries. For a 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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Imagine the



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

Response to a 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  $c = c_0 \sqrt{D}$ ,
- 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

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



#### 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







#### Fire-Diffuse-Fire-III

Suppose known firing times are  $t_j$  at position  $x_j = jh$ ,  $j = -\infty, \dots, n-1$ . 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



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 a Ring

Unstable Pulse on a Ring

Collapse of Unstable Pulse



## The APD Instability in 1D

Stable Pulse on a Ring

Unstable Pulse on a Ring

Collapse of Unstable Pulse





## **Dimension 2: Spirals**



**Atrial Flutter** 



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**Atrial Flutter** 

#### Spiral instability - Meander:

Torsade de Pointe



## **Dimension 2: Spirals**



**Atrial Flutter** 

#### Spiral instability - Meander:

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 a single scroll wave



## Ventricular Fibrillation

MMMMmmmmmmmmm

#### Ventricular Fibrillation







#### Surface View Movie 3D View Movie

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



How is a dynamical system moved from one state (the normal heartbeat) to another (reentry)? Remark: This is a spatio-temporal system; Single cell explanations are not sufficient.



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- Vulnerable Period Winfree (S1-S2) mechanism (<u>1D</u>) (<u>2D</u>)
- Early After Depolarizations during Vulnerable Period.
- Dispersion (i.e. spatial/temporal inhomogeneity) of refractoriness.



• Why is calcium overload arrhythmogenic?



- Why is calcium overload arrhythmogenic?
- 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?