1. Main punchlines and Figures that show them
   1. Decreasing J\_ATP can cause slow wave oscillations (make sure not repeating Pervouchine) (propofol)
   2. Decreasing I\_app alone can cause slow wave oscillations (propofol)
   3. Slow waves caused by decrease in I\_app need m-current
   4. Slow waves present without GABA\_A potentiation (both types?)
2. More simulations
   1. Decrease I\_app but with gaba A with tau of 20
      1. Propofol main effect increases gaba A current
      2. Want to show not dependent on GABA\_A manipulations
      3. Confirm that this can be a model for propofol
3. Intro- slow oscillations and what we know about them (anesthesia, sleep, propofol)

Look into Dr. Brown’s reviews of reduced brainstem input. Similar in sleep. Can say sub-cortical inputs- most likely brainstem. Could be thalamus in coma. Can explain this more in intro.

Send email to