

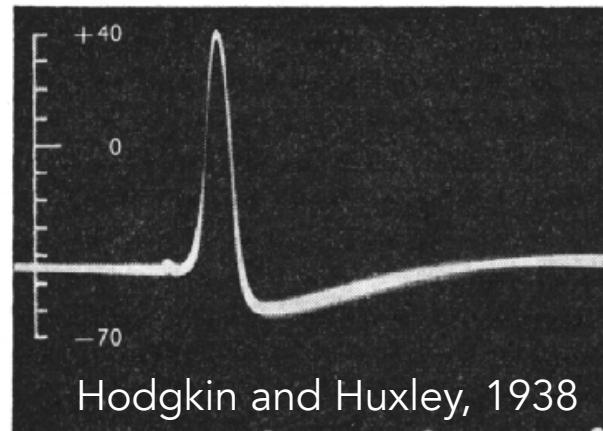
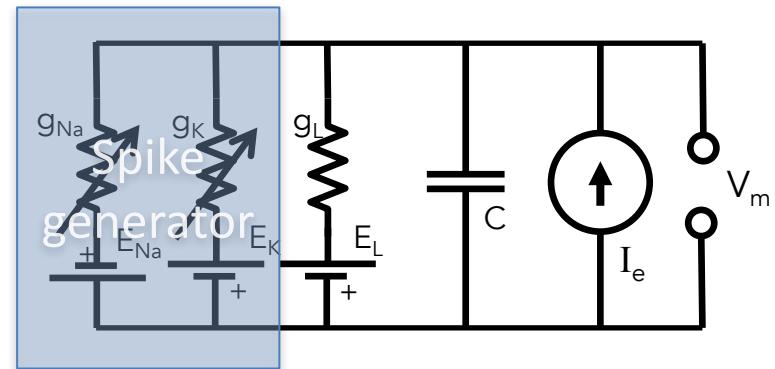
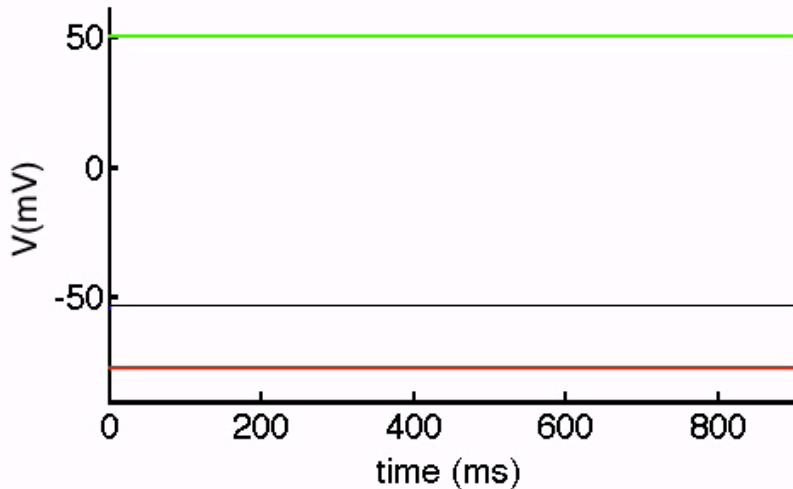
# Introduction to Neural Computation

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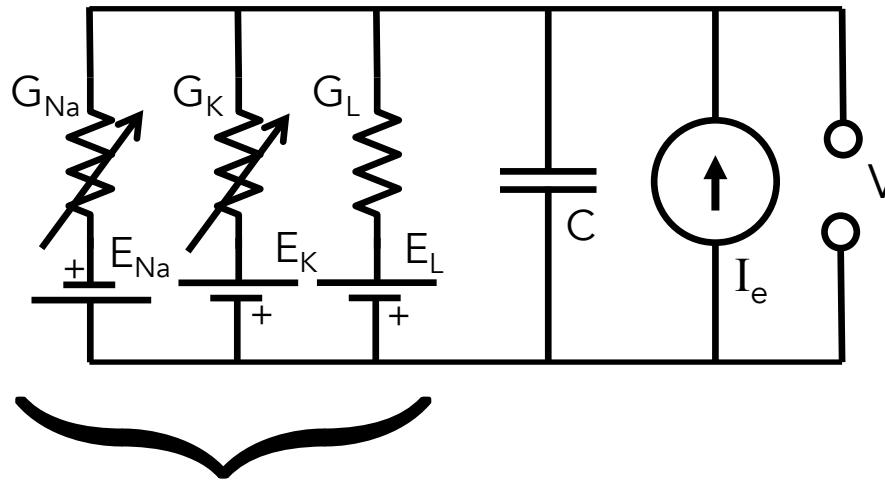
Prof. Michale Fee  
MIT BCS 9.40 — 2018  
Lecture 5

# Hodgkin-Huxley model of action potential generation

Voltage and time-dependent ion channels are the 'knobs' that control membrane potential.



# Hodgkin-Huxley model of action potential generation



$$I_m = I_{Na} + I_K + I_L$$

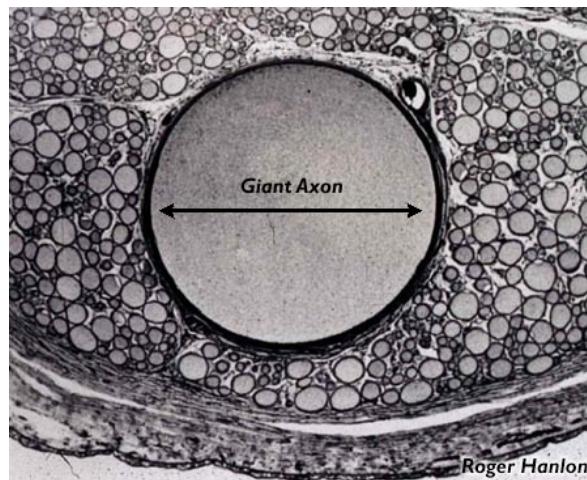
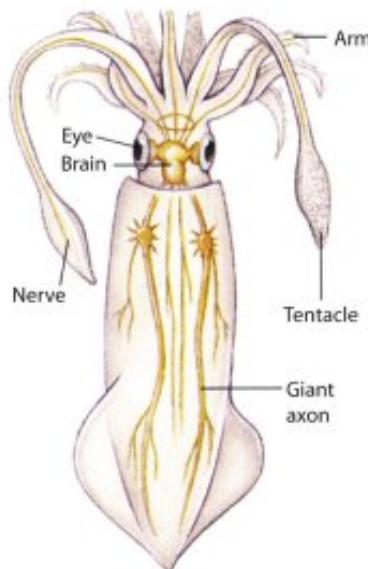
This is the total membrane ionic current, and it includes the contribution from —sodium channels, potassium channels and a 'leak' conductance.

The equation for our HH model neuron is

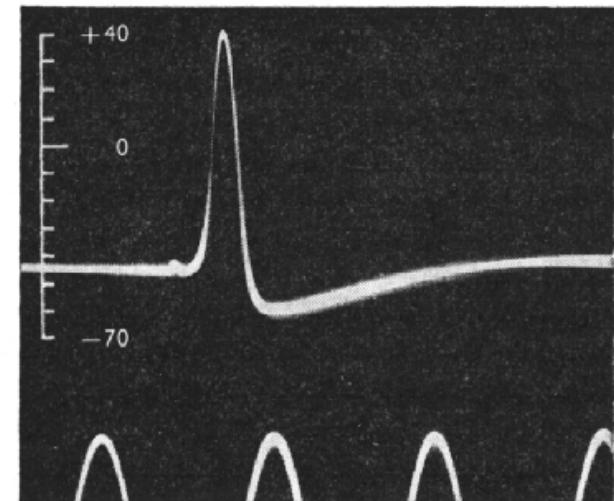
$$I_m(t) + C \frac{dV(t)}{dt} = I_e(t)$$

# Voltage and Time dependence

- Voltage and time-dependent ion channels are the 'knobs' that control membrane potential.
- H&H studied the properties of K and Na channels in the squid giant axon. In particular they wanted to study the voltage and time dependence of the K and Na channels.

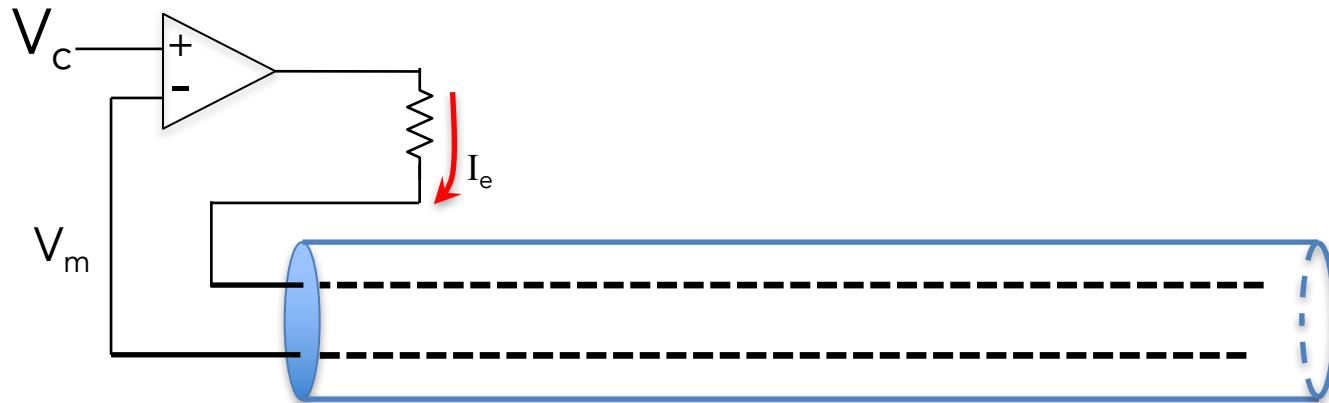


1mm diameter!

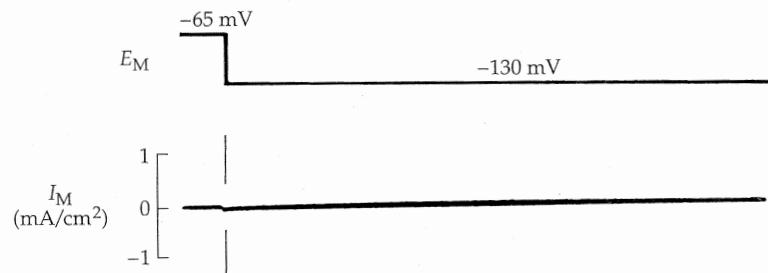


Hodgkin and Huxley, 1938

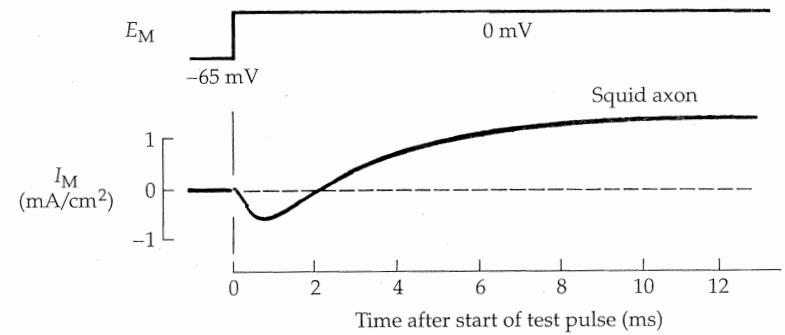
# Ionic currents



(A) HYPERPOLARIZATION



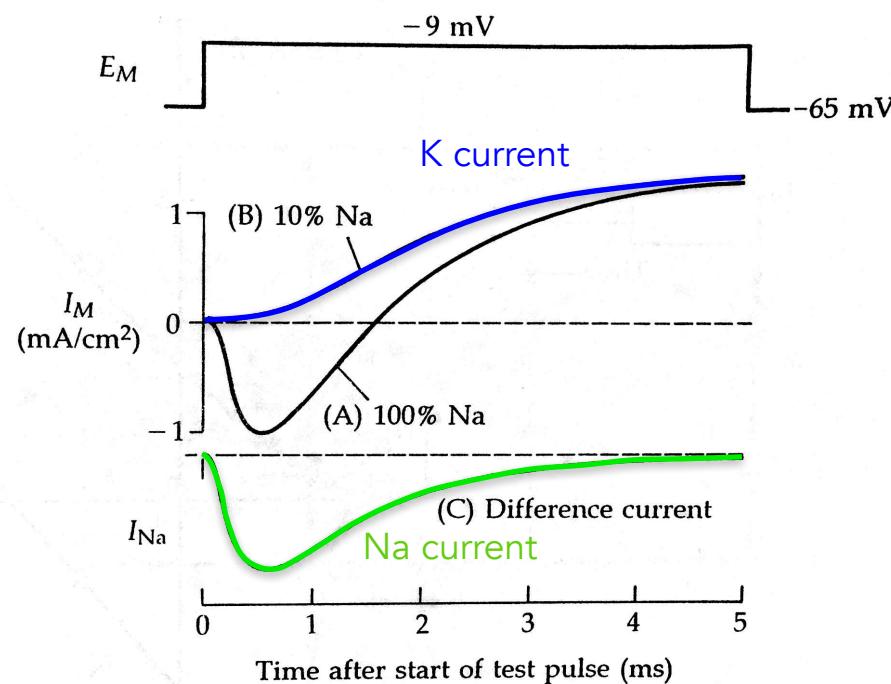
(B) DEPOLARIZATION



# Ionic currents

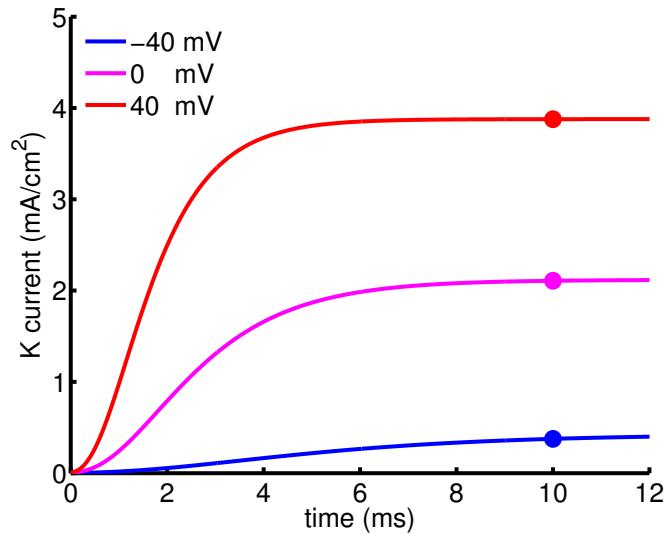
How do we figure out the contribution of Na and the contribution of K?

Ionic substitution (e.g. replace NaCl with choline chloride)

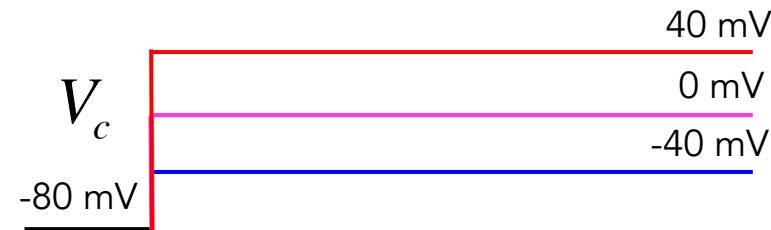
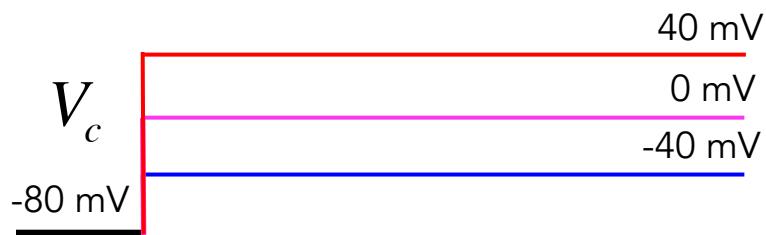
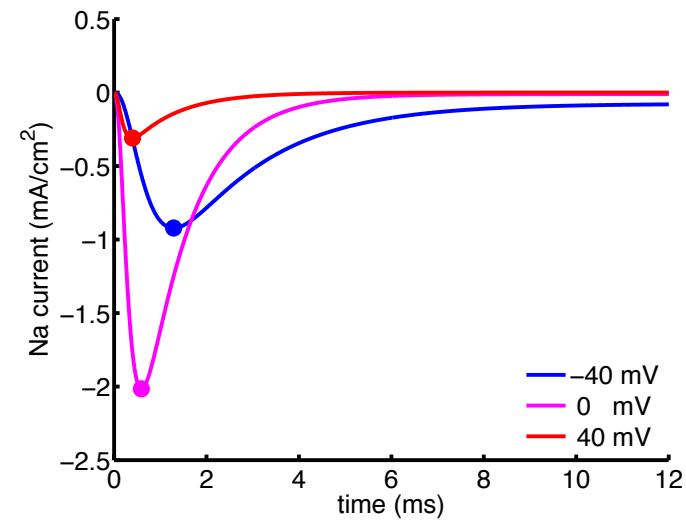


# Ionic currents

K current

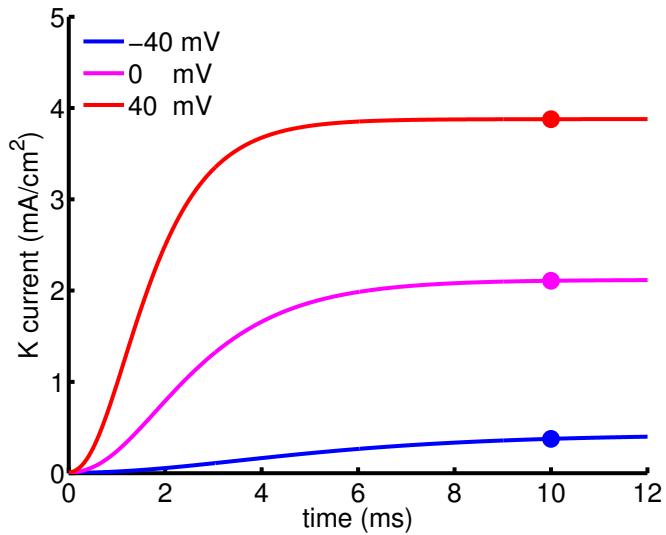


Na current

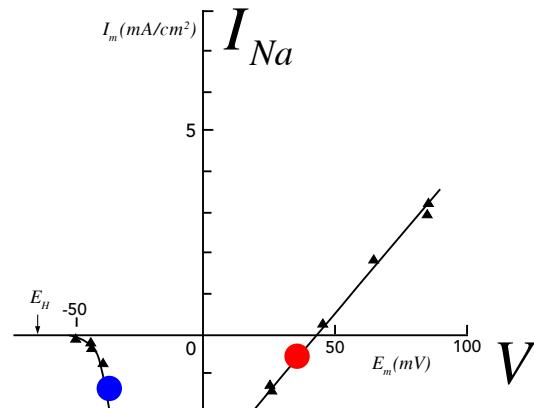
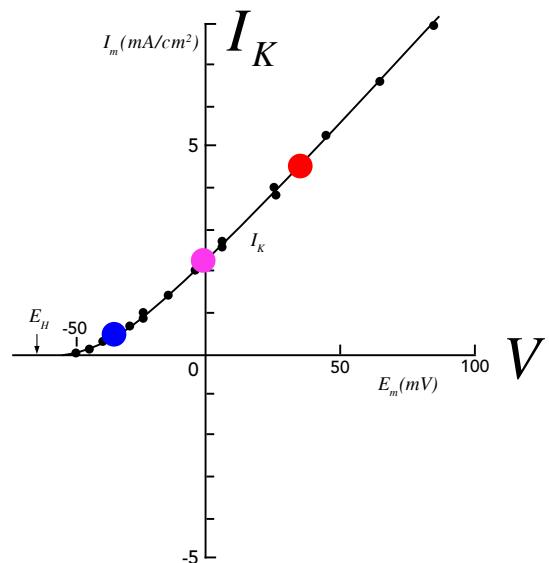
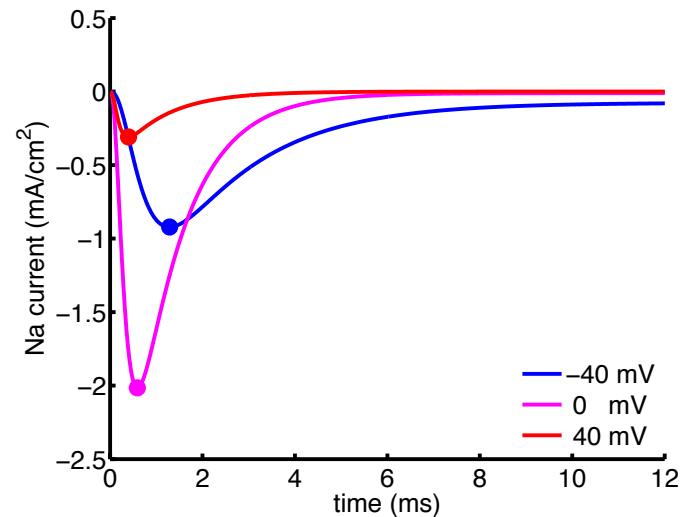


# Ionic currents

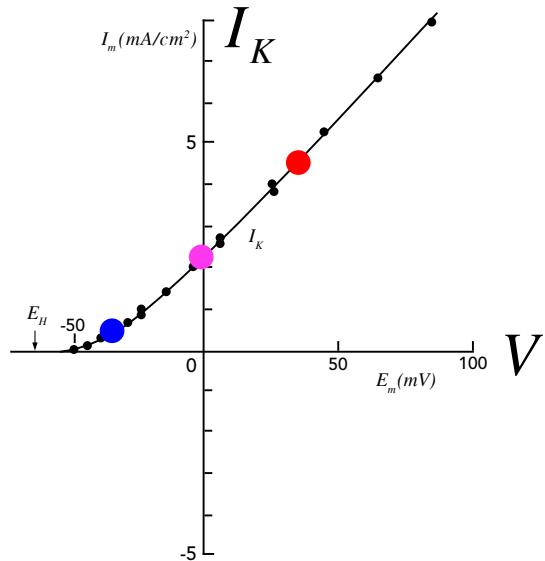
K current



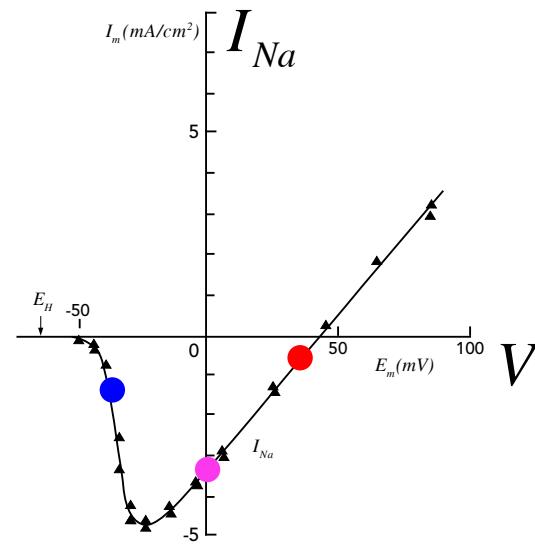
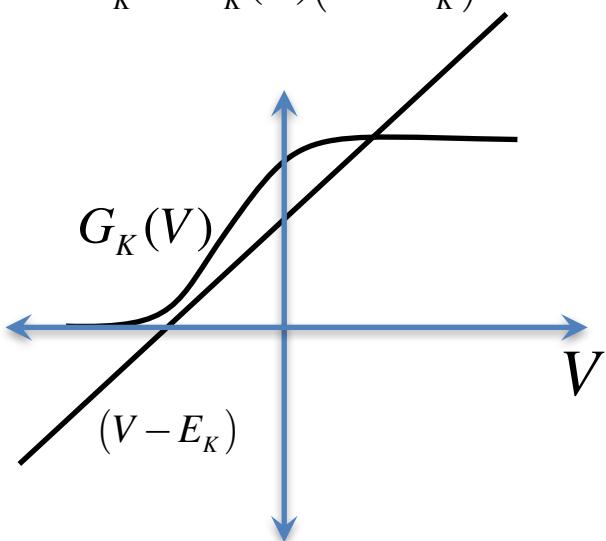
Na current



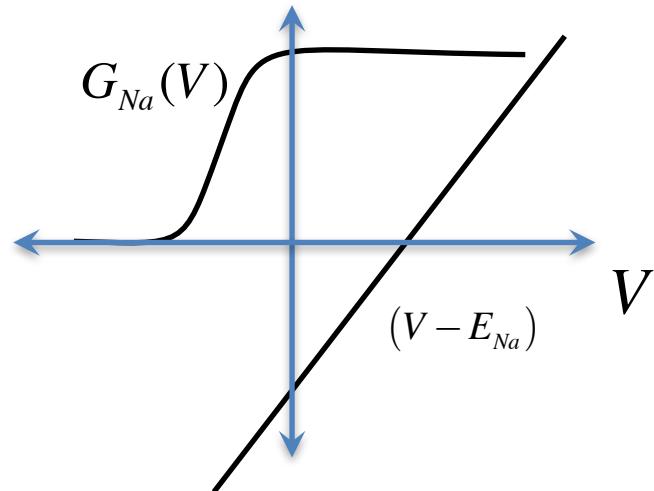
# Ionic currents (Voltage dependence)



$$I_K = G_K(V)(V - E_K)$$



$$I_{Na} = G_{Na}(V)(V - E_{Na})$$

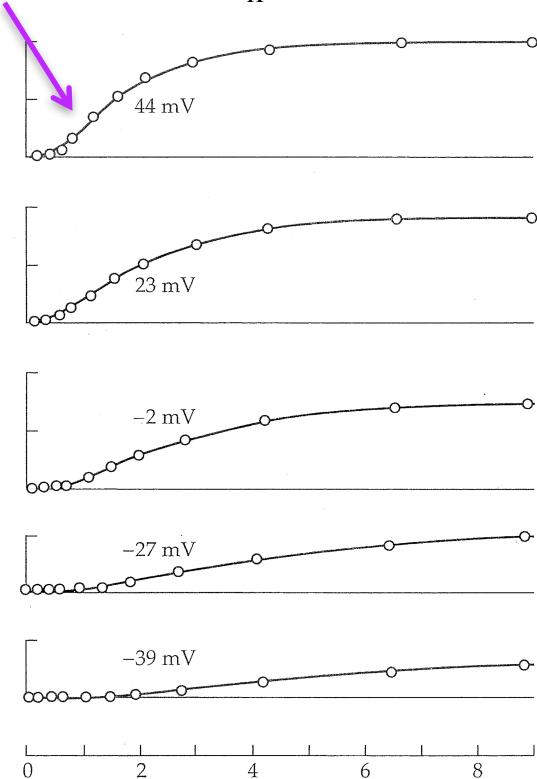


# Ionic currents (time and voltage dependence)

Delayed activation

$$G_K(V,t)$$

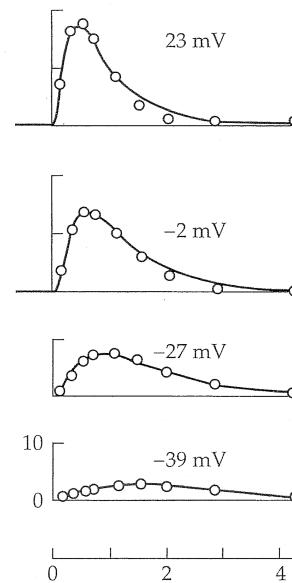
Specific conductance  
(full scale = 20 mS/cm<sup>2</sup>)



Fast activation

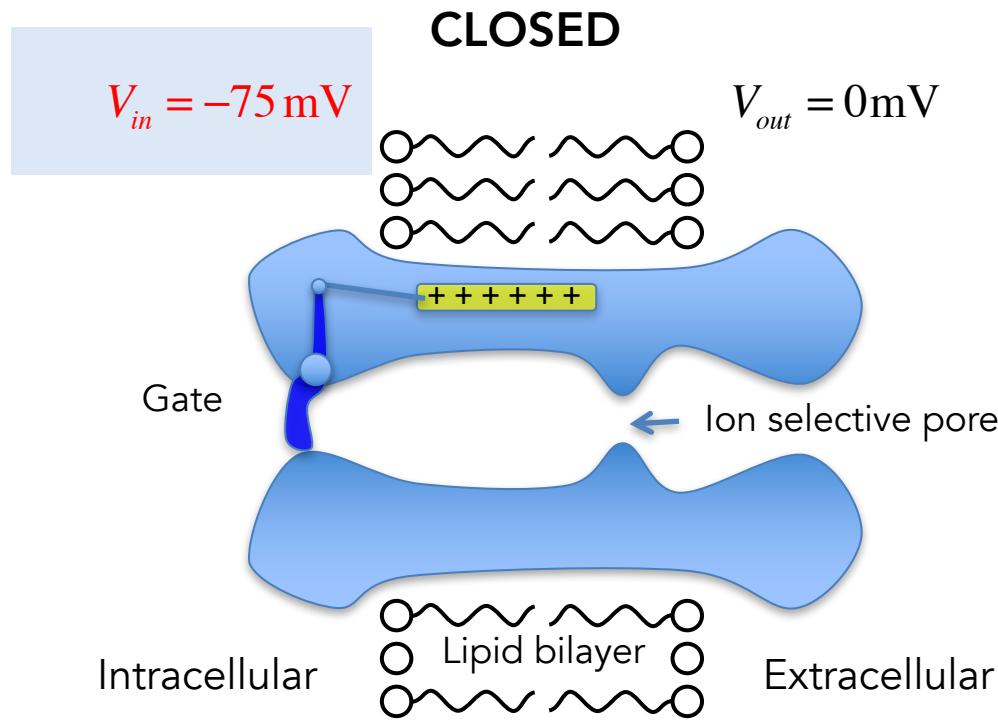
$$G_{Na}(V,t)$$

Specific conductance  
(full scale = 20 mS/cm<sup>2</sup>)

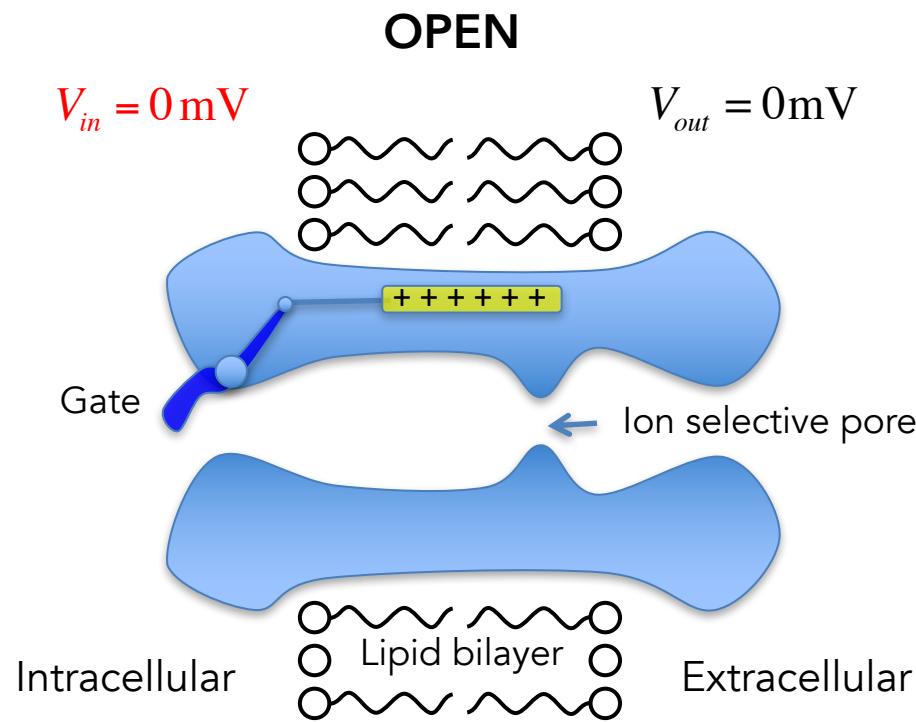


Time after start of pulse (ms)

# Voltage-dependent conductance use voltage sensors



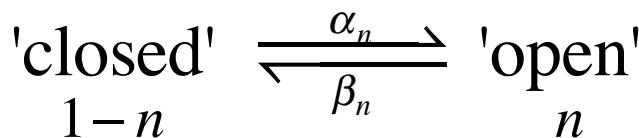
# Voltage-dependent conductance use voltage sensors



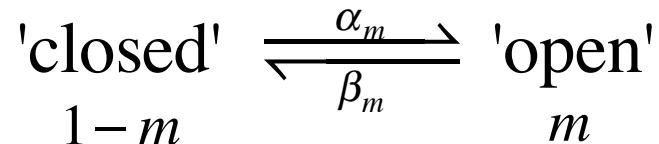
# K and Na conductances

We modeled changes in conductance as transitions between 'closed' and 'open' states of ion channels.

K-conductance

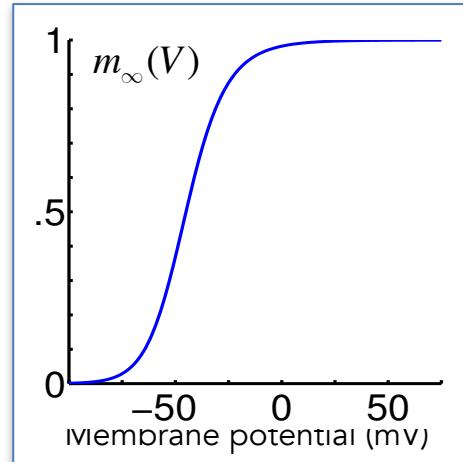
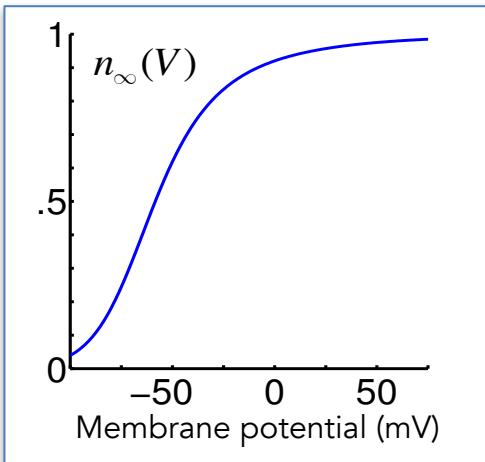


Na-conductance



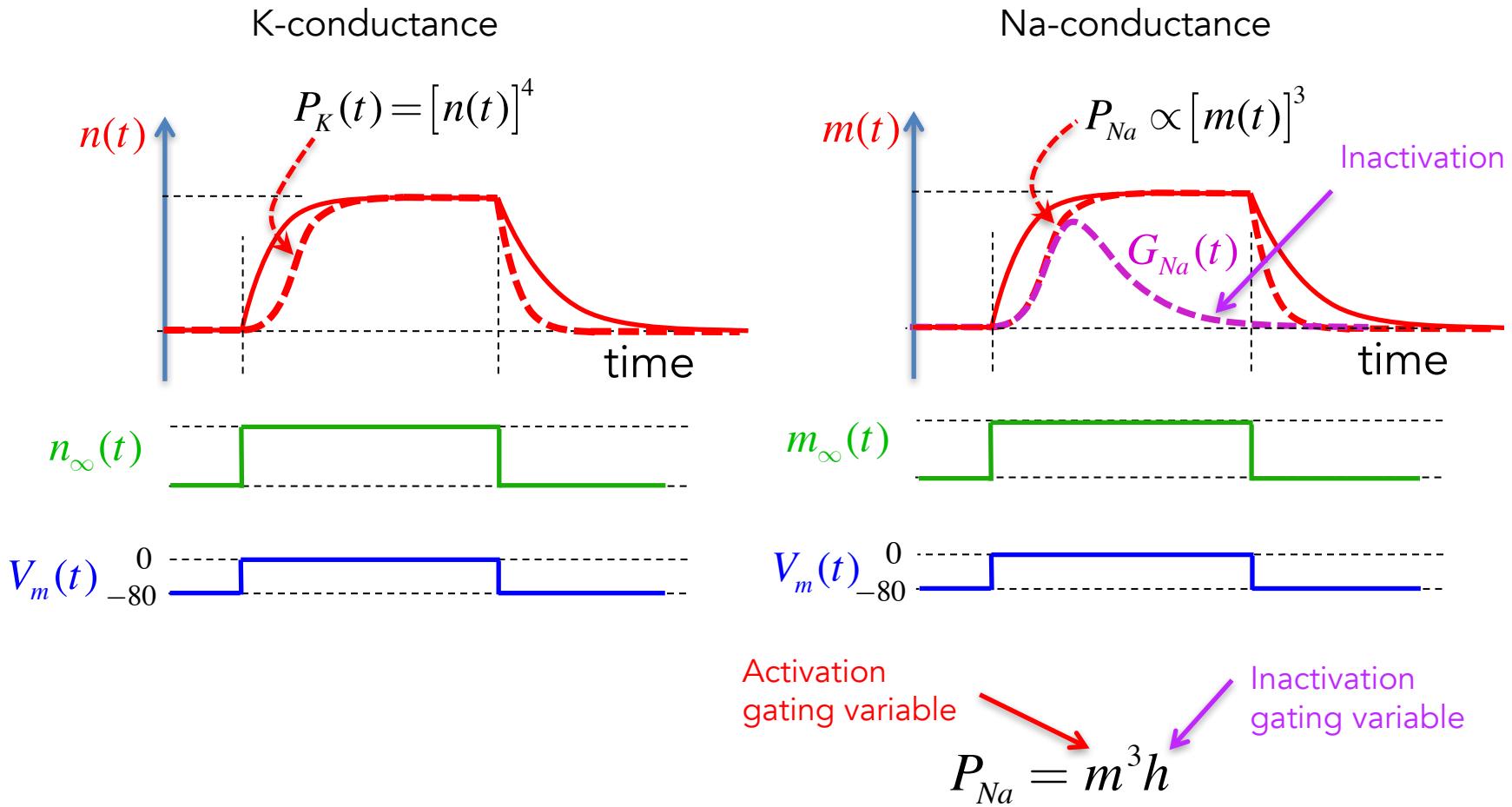
$$\tau_n \frac{dn}{dt} = n_\infty - n \quad n_\infty = \frac{\alpha_n}{(\alpha_n + \beta_n)}$$

$$\tau_m \frac{dm}{dt} = m_\infty - m \quad m_\infty = \frac{\alpha_m}{(\alpha_m + \beta_m)}$$



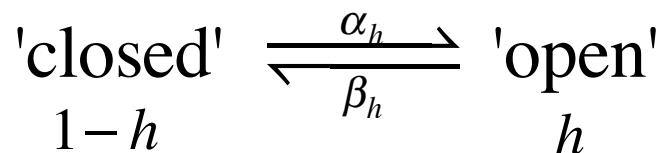
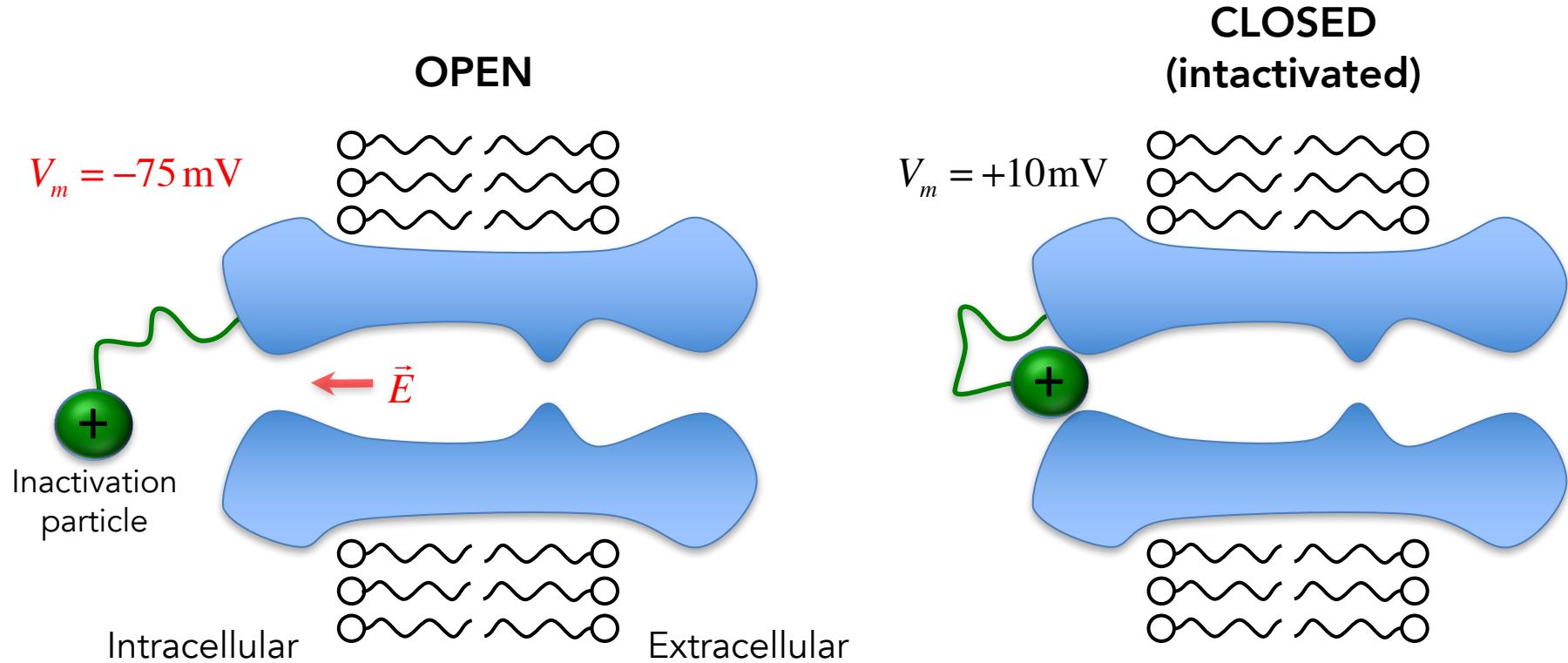
# Gating variables

The activation of both Na and K conductances is represented by 'gating variables' m and n



# Sodium channel inactivation

HH postulated an additional voltage-dependent inactivation gate.

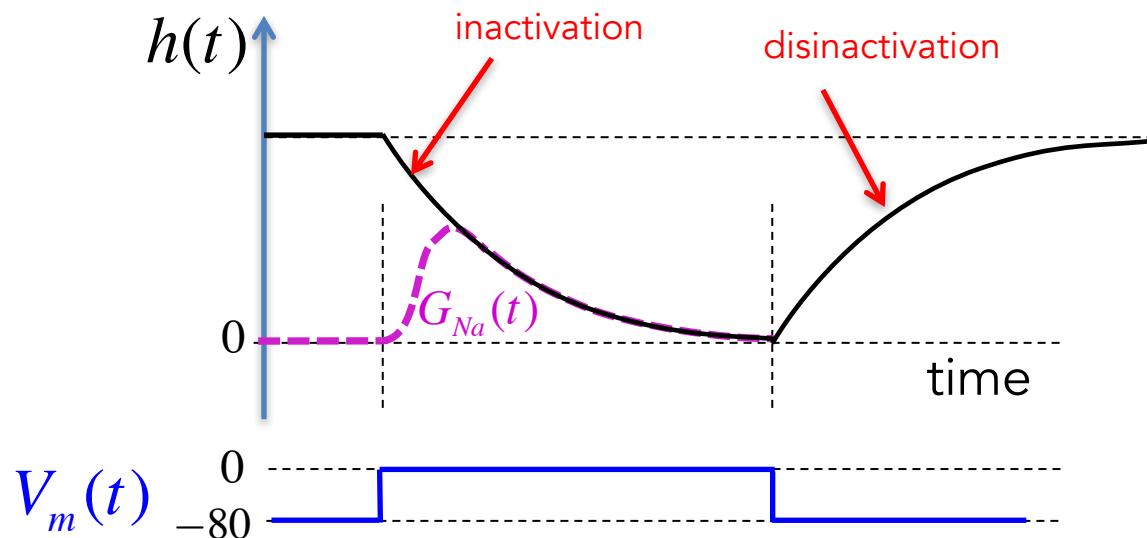


$$\tau_h \frac{dh}{dt} = h_\infty - h$$

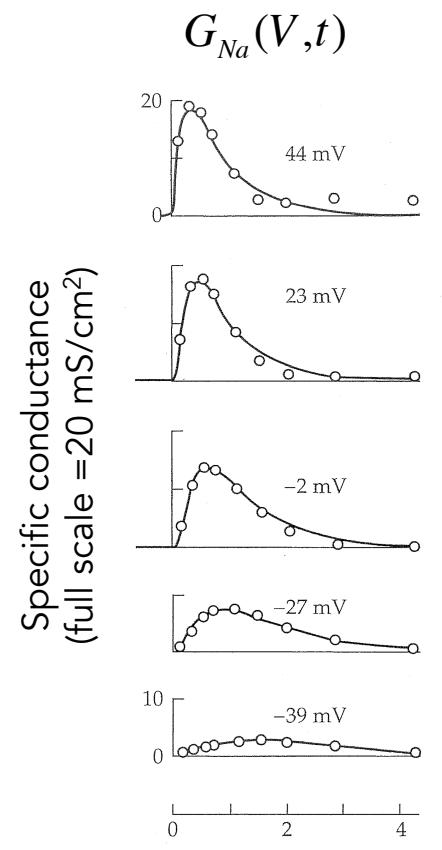
# Sodium channel inactivation

Dynamics of inactivation are captured by a new gating variable 'h'.

$$\tau_h \frac{dh}{dt} = h_\infty - h$$



$$P_{Na} = m^3 h$$

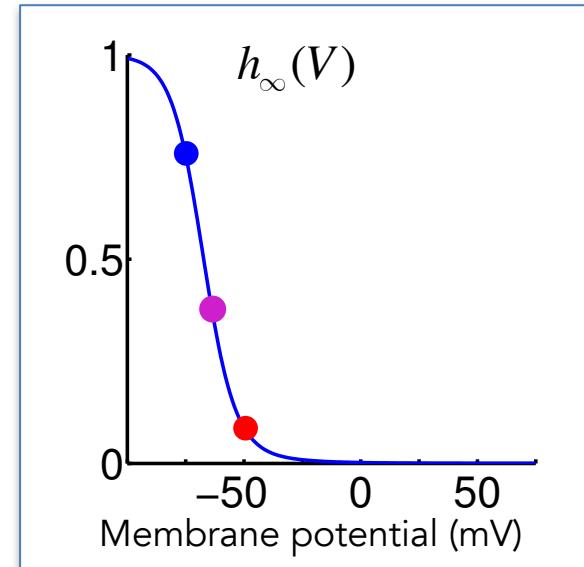
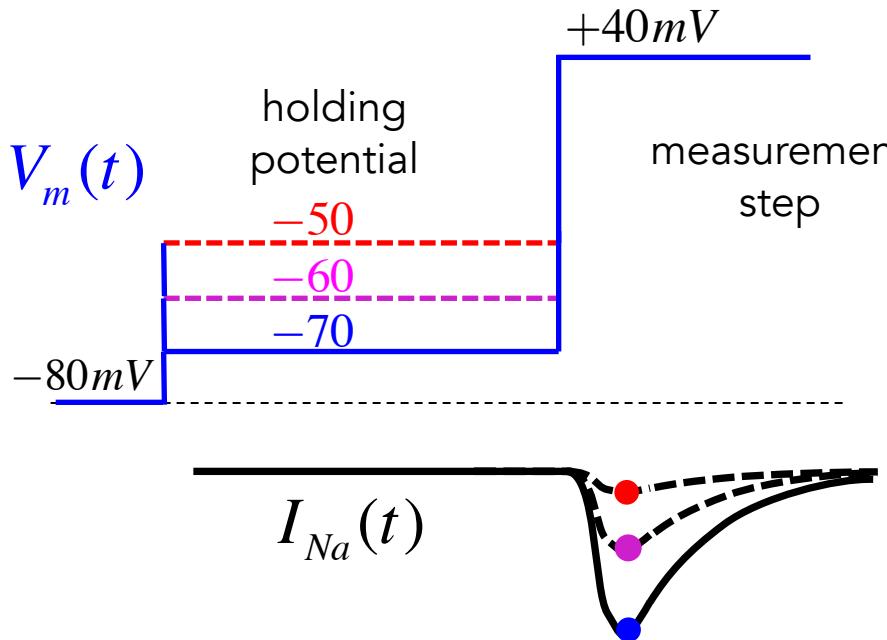


# Measuring the parameters

How do we measure inactivation and recovery from inactivation?

1. Hold  $V_m$  at different values
2. Let the Na channels inactivate
3. Then measure the Na current!

$$\tau_h \frac{dh}{dt} = h_\infty - h$$



# The sodium conductance

Putting our two Na-channel gating variables together, we get:

The probability of having a Na channel open is:

$$P_{Na} = m^3 h \quad \leftarrow \text{Note independence}$$

The sodium conductance is:

NOT !

But it's not so  
bad

And the sodium current is:

$$I_{Na} = \bar{G}_{Na} m^3 h (V - E_{Na})$$

# Putting it all together!

Start with initial condition  $V_m = V_0$  at time step  $t_0$

Compute:

$$n_\infty(V) \text{ and } \tau_n(V) \quad m_\infty(V) \text{ and } \tau_m(V) \quad h_\infty(V) \text{ and } \tau_h(V)$$

$$n(t) = n(t-1) + \frac{dn}{dt} \Delta t \quad m(t) = m(t-1) + \frac{dm}{dt} \Delta t \quad h(t) = h(t-1) + \frac{dh}{dt} \Delta t$$

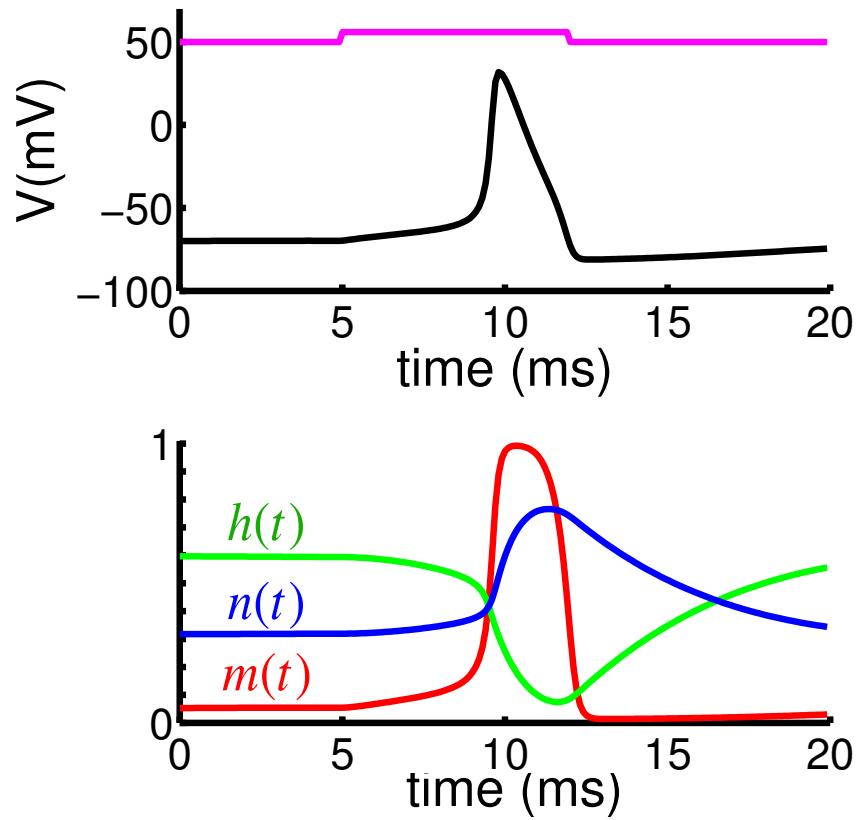
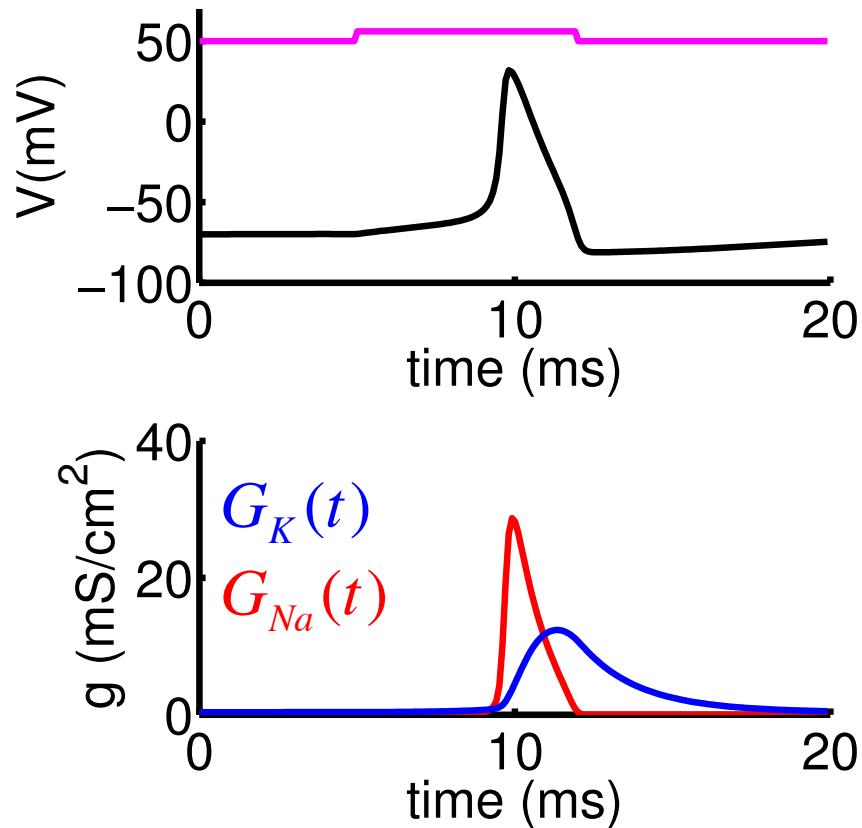
$$I_K = \bar{G}_K n^4 (V - E_K) \quad I_{Na} = \bar{G}_{Na} m^3 h (V - E_{Na}) \quad I_L = \bar{G}_L (V - E_L)$$

Total membrane current  $I_m = I_K + I_{Na} + I_L$

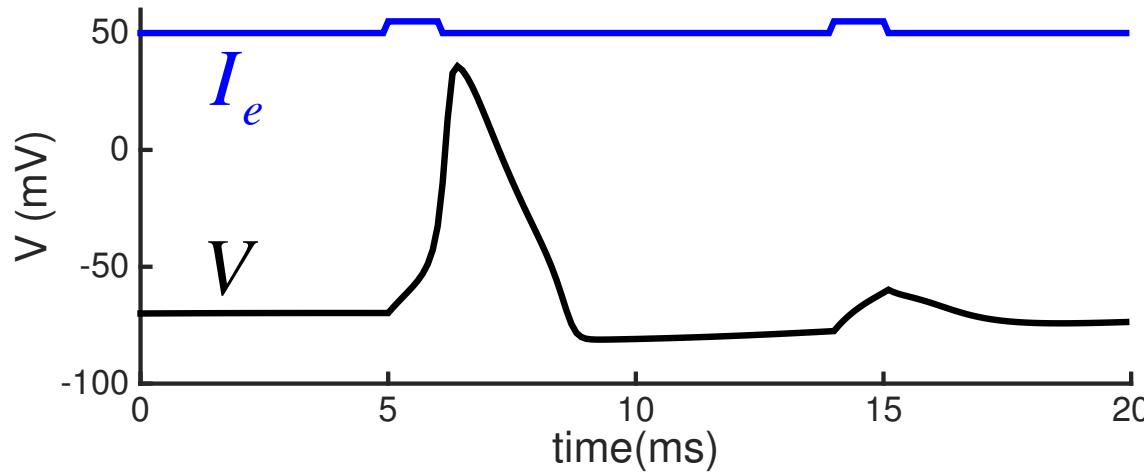
Compute  $\tau_{mem}$  and  $V_\infty$

$$V_m(t) = V_m(t-1) + \frac{dV_m}{dt} \Delta t$$

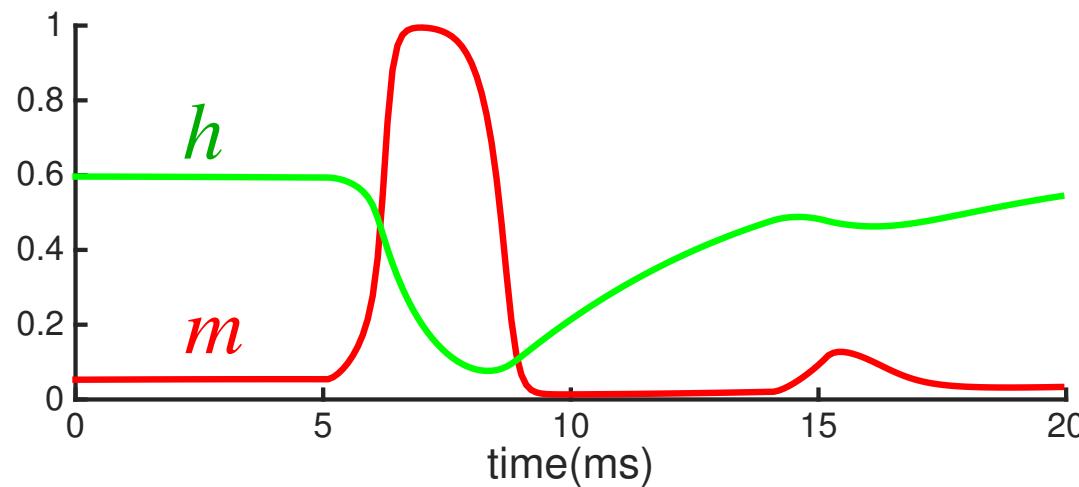
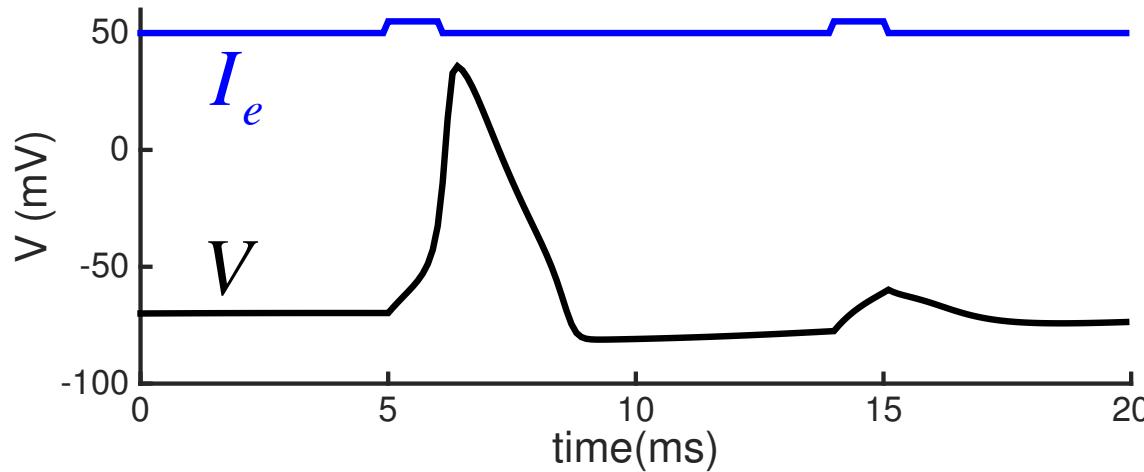
# Putting it all together!



# Spike refractory period



# Spike refractory period due to sodium channel inactivation

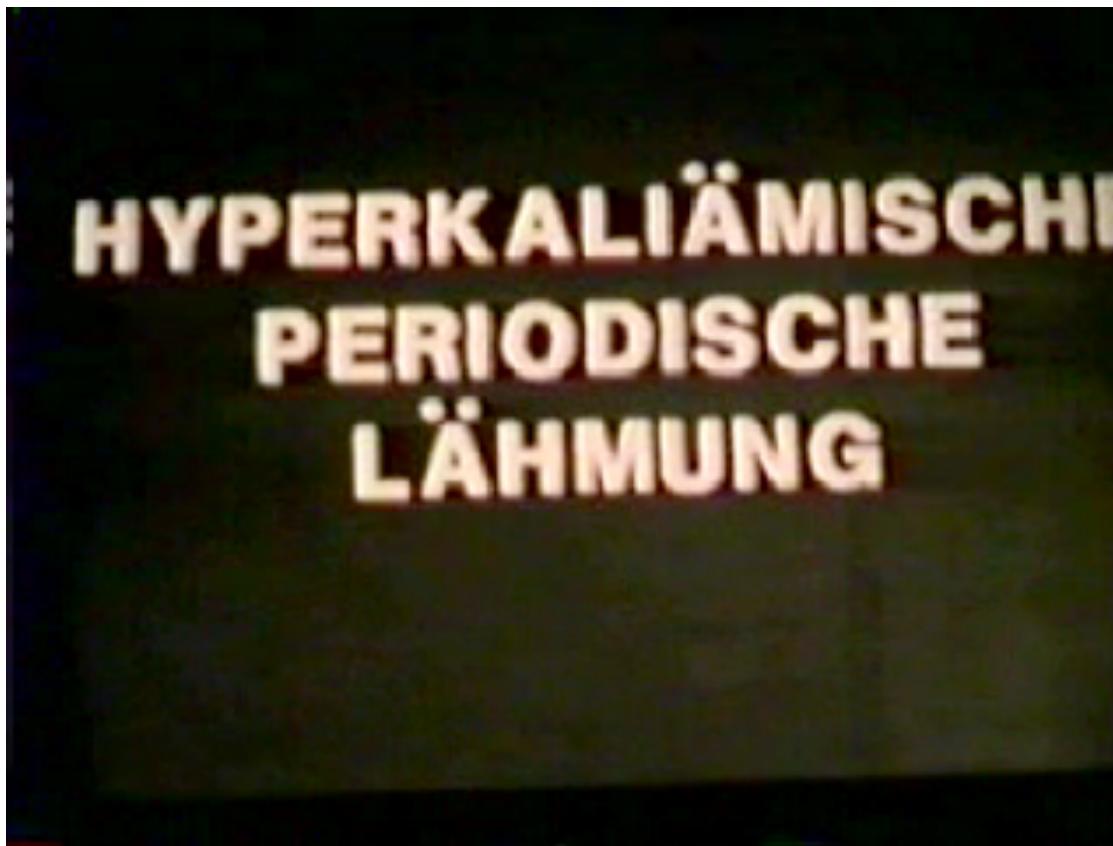


# Diseases related to defects in sodium channel inactivation

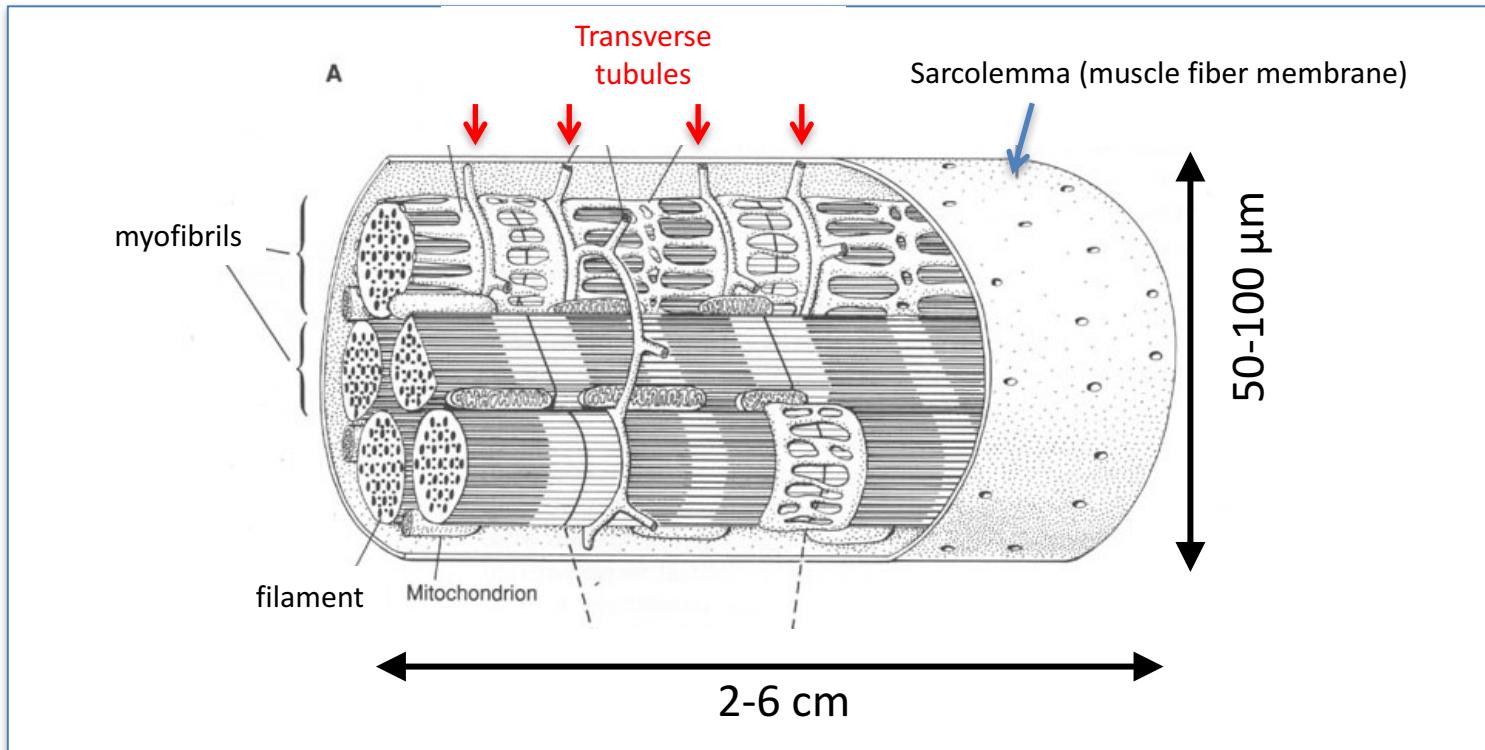
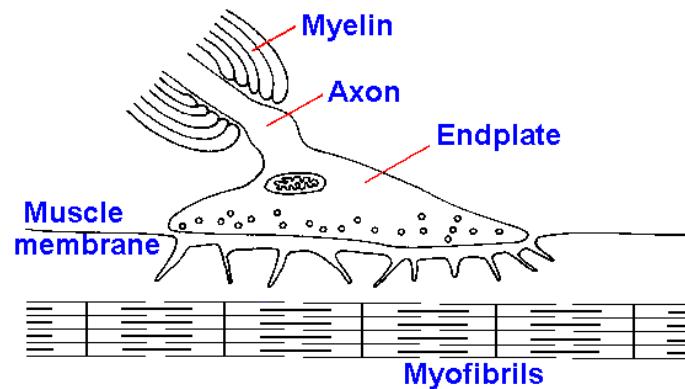


# Diseases related to defects in sodium channel inactivation

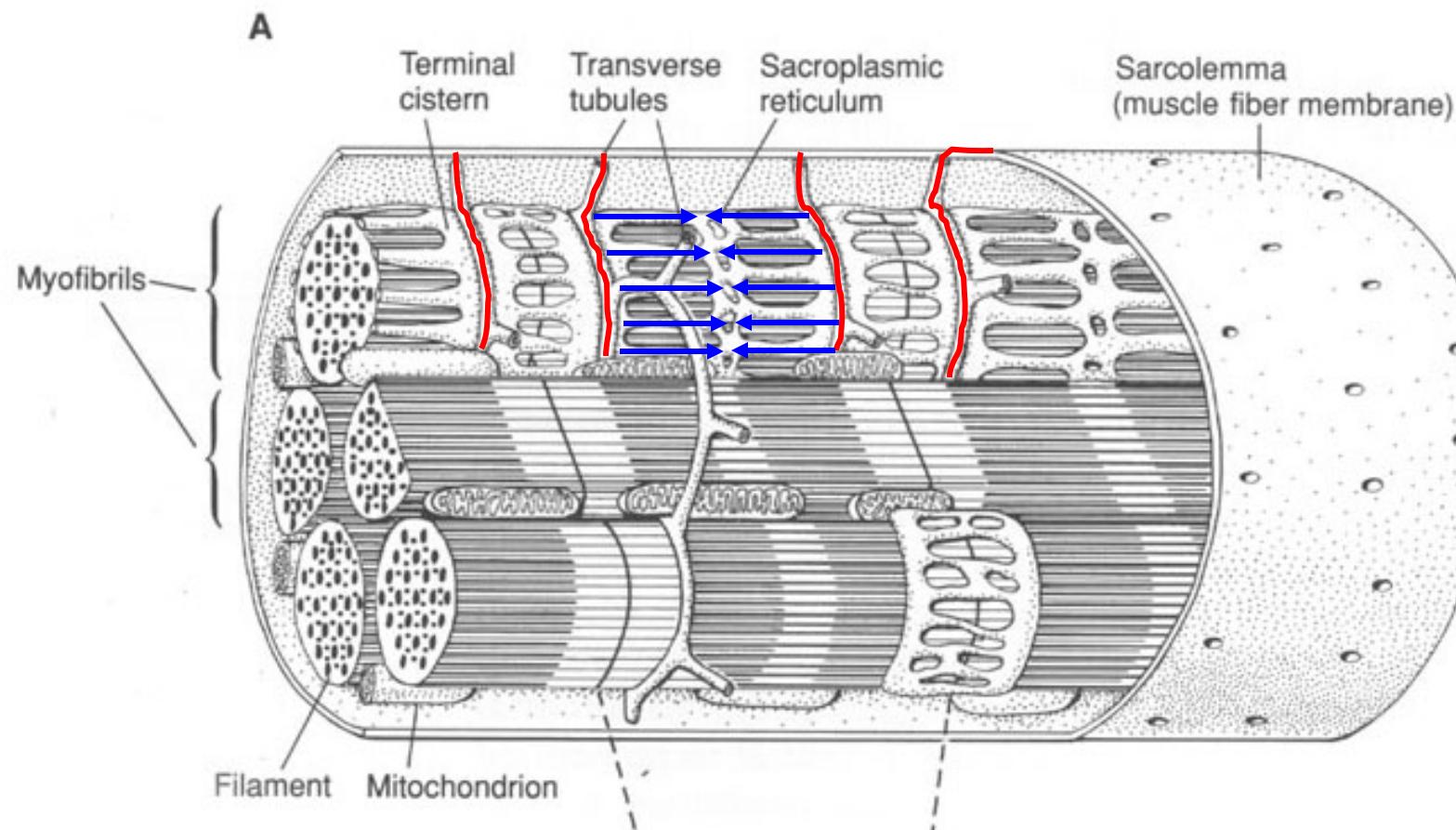
Hyperkalemic Periodic Paralysis – Hyper PP



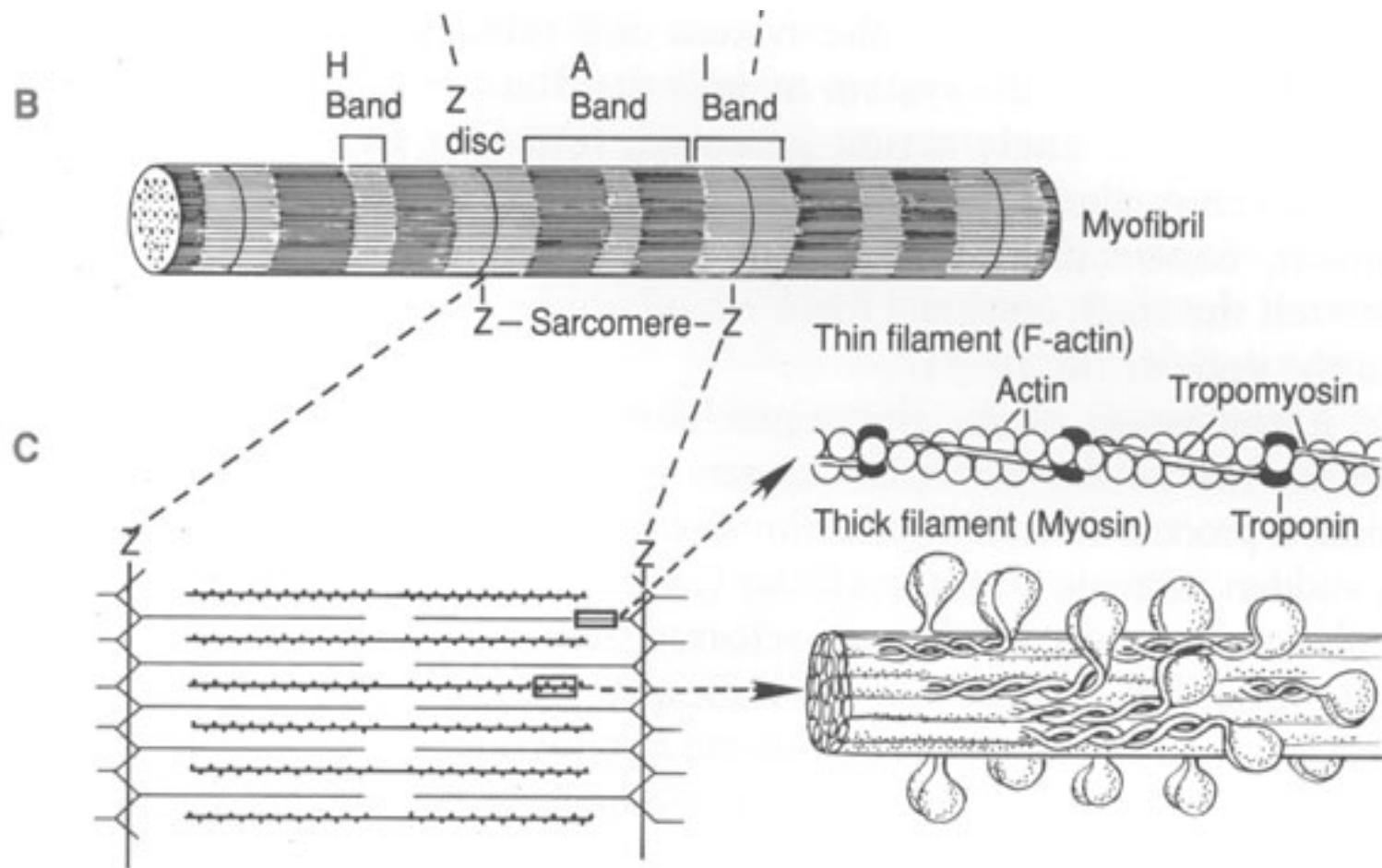
# Structure of Muscle Fiber



# Muscle Fiber AP Leads to Ca Release in Myofibrils



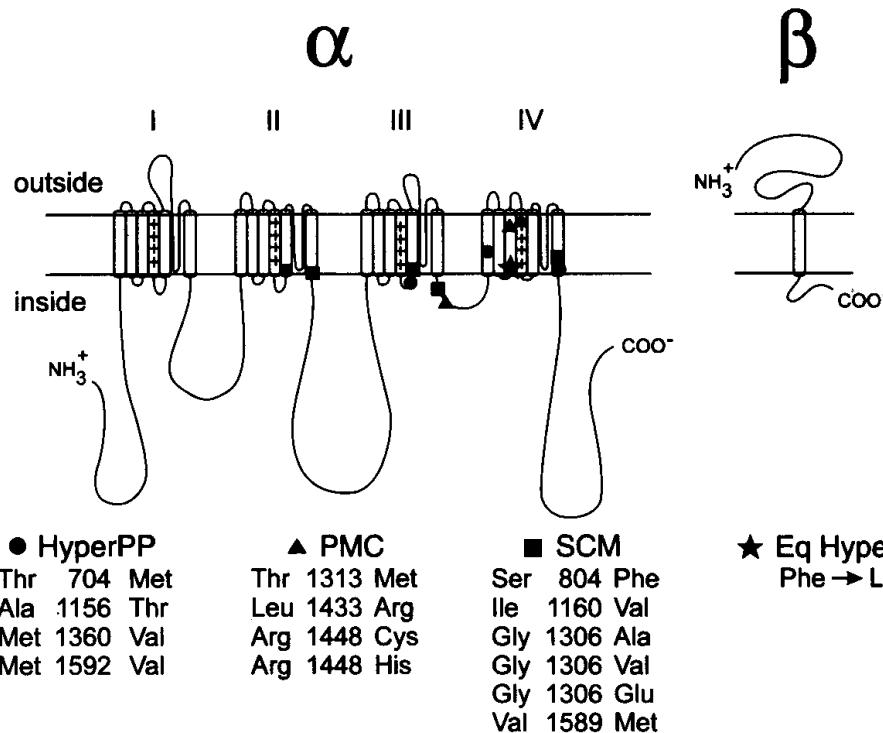
# Sliding Filament Model



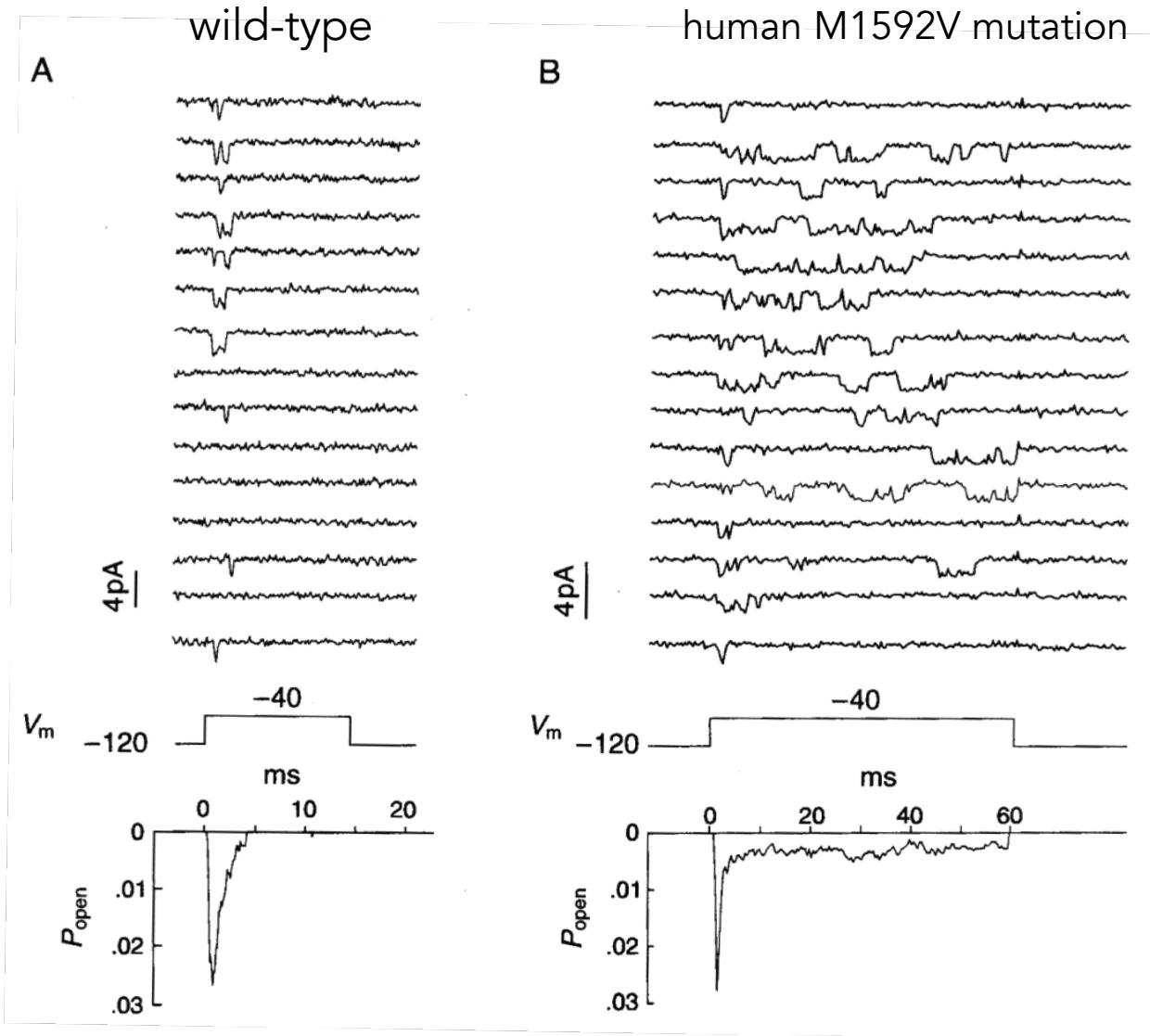
Andrew Huxley, Hugh Huxley, 1954

# Diseases related to defects in sodium channel inactivation

Myotonia and Periodic Paralysis are associated with mutations of the Na channel (skeletal isoform only)

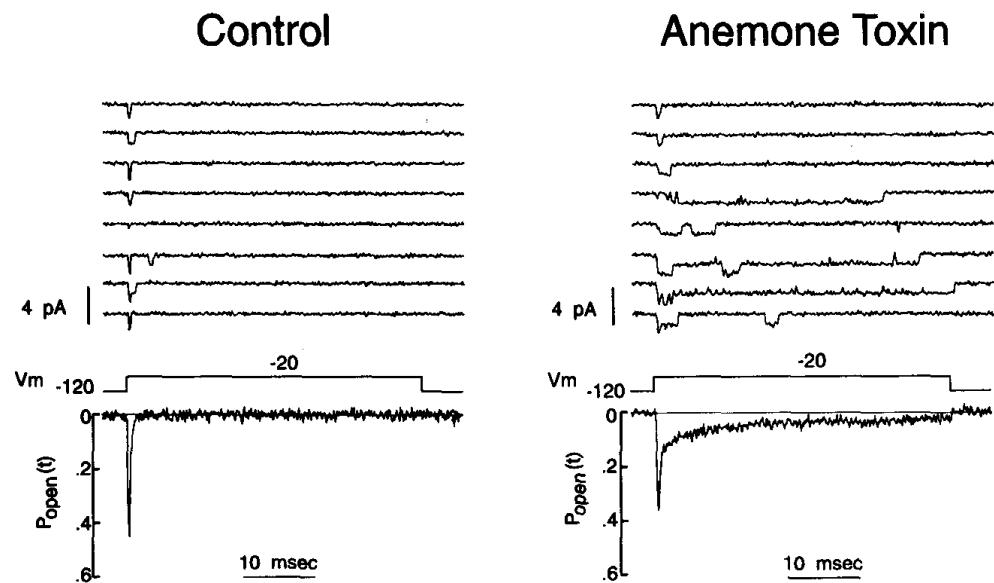


# Sodium channel mutations



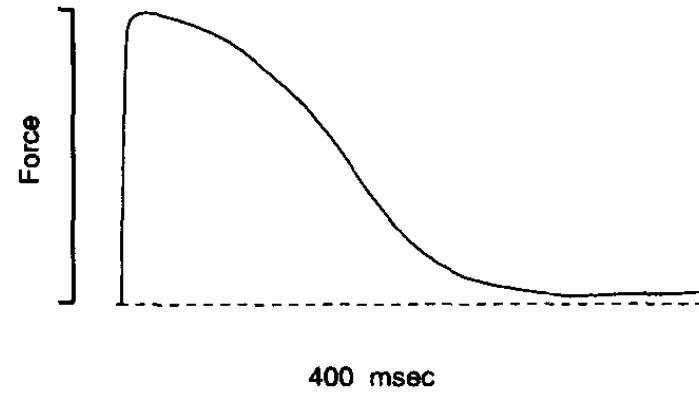
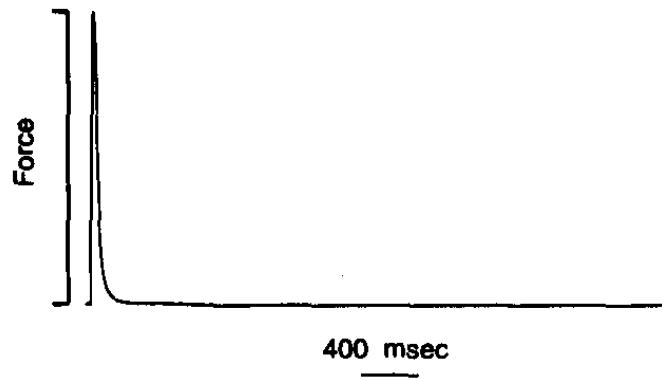
# Diseases related to defects in sodium channel inactivation

Sea anemone toxin (ATXII, 10uM) partially blocks sodium channel inactivation.



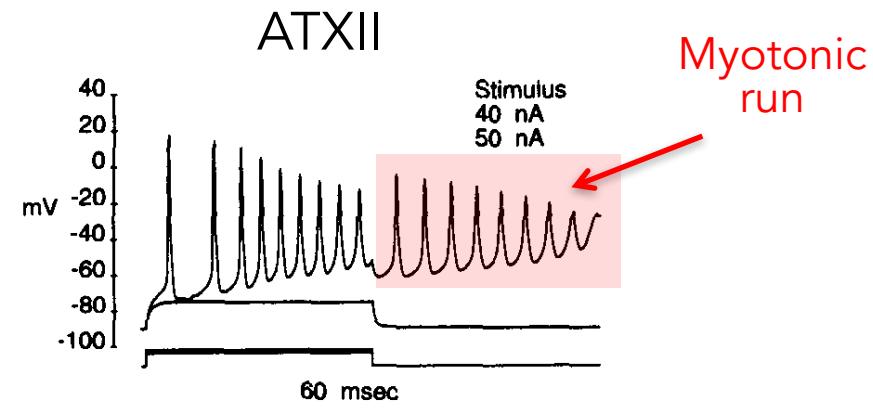
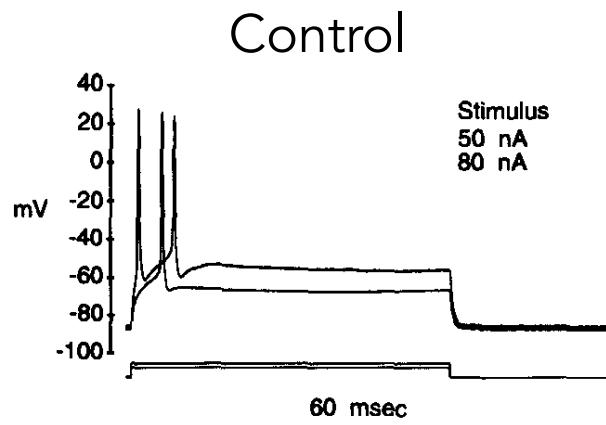
# Diseases related to defects in sodium channel inactivation

Sea anemone toxin (ATXII) also prolongs muscle fiber twitch duration.

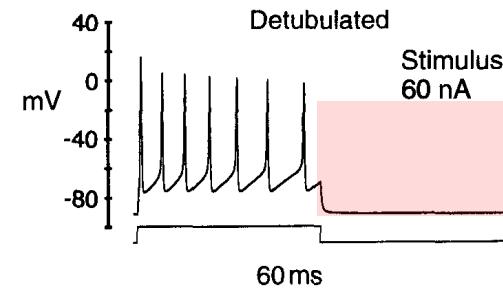


# Diseases related to defects in sodium channel inactivation

Sea anemone toxin (ATXII) prolongs spiking in muscle fiber.

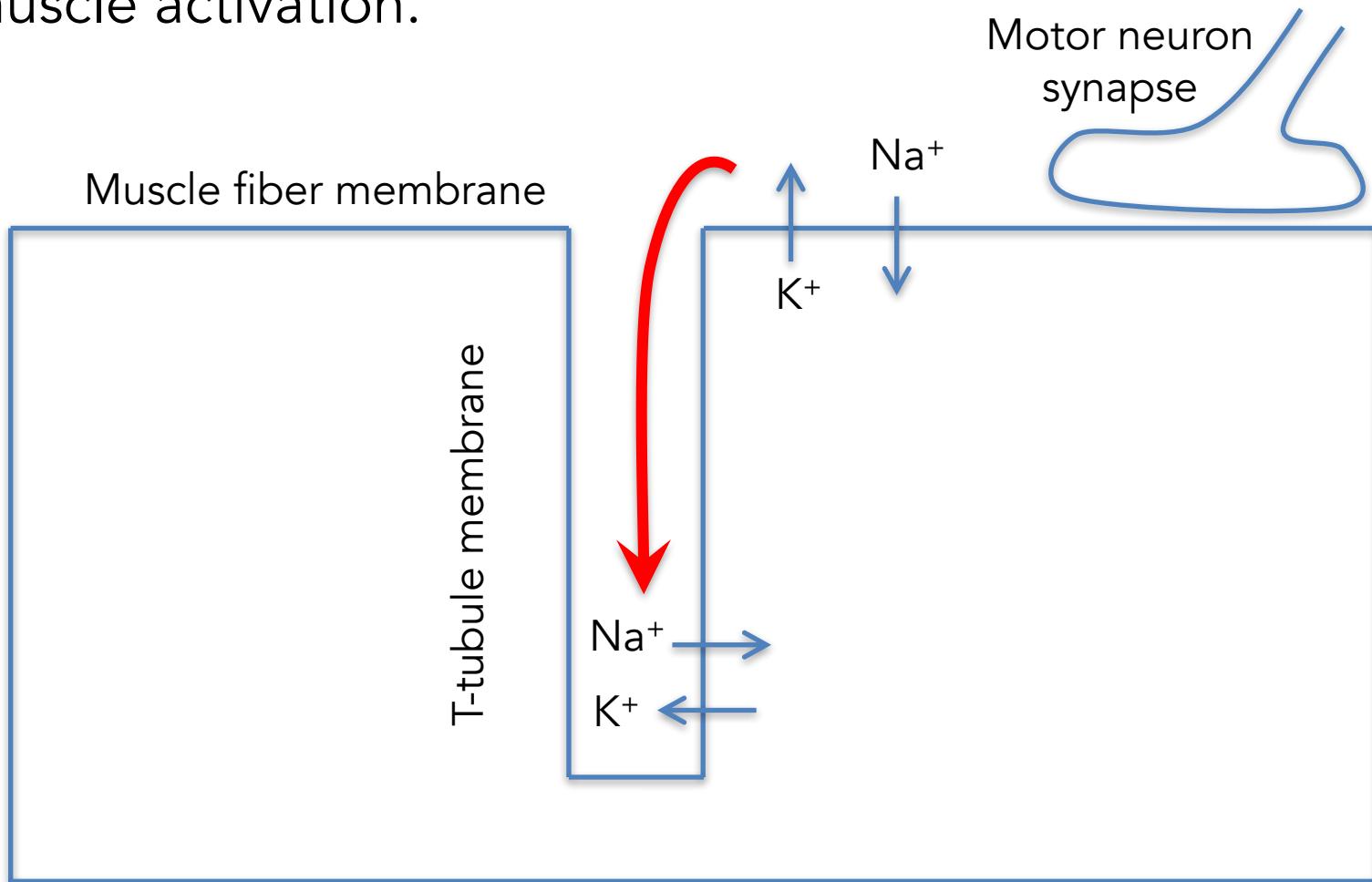


Osmotic shock breaks T-tubules and eliminates myotonic run



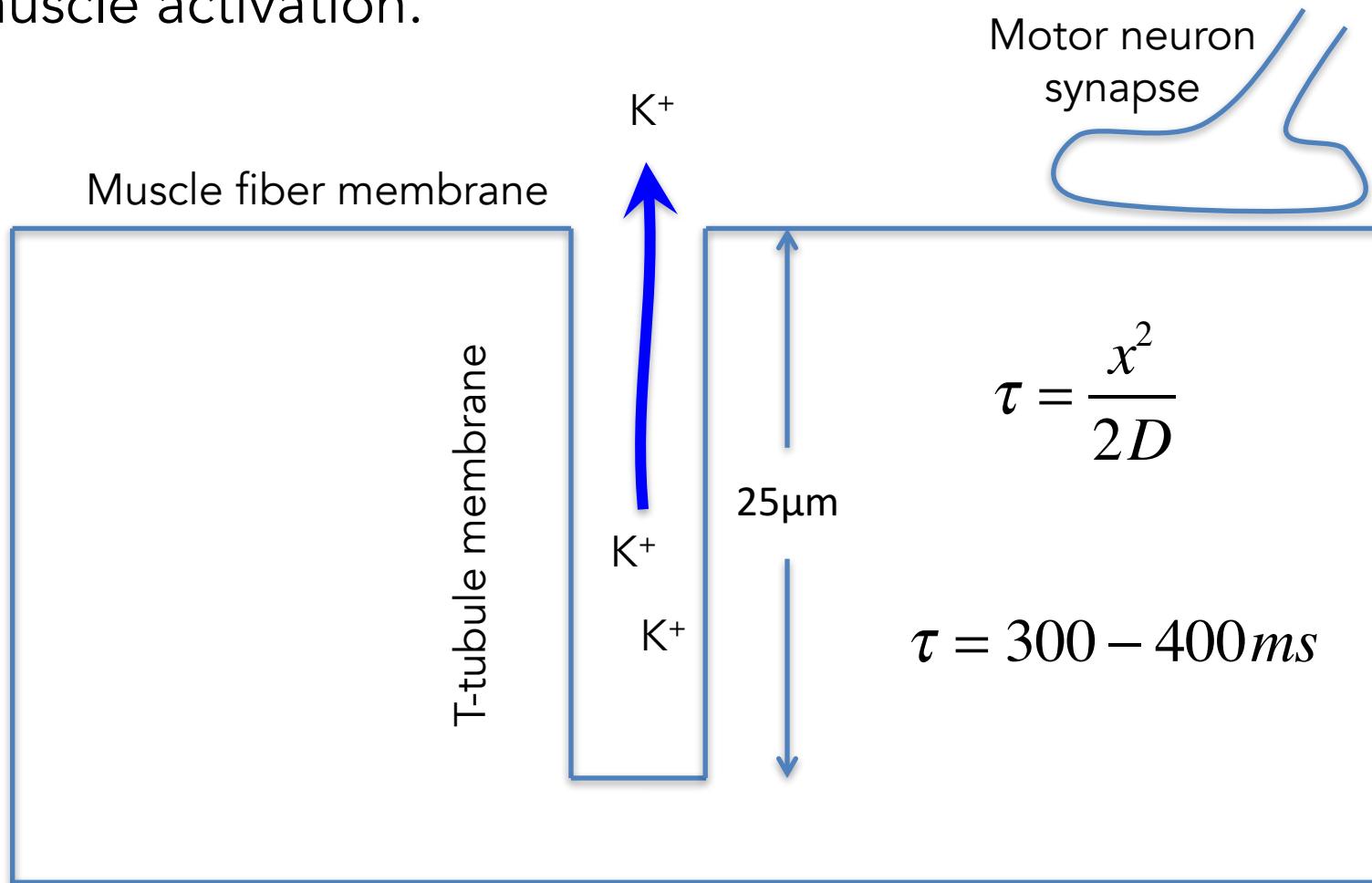
# Diseases related to defects in sodium channel inactivation

Hypothesis for how persistent sodium leads to persistent muscle activation.



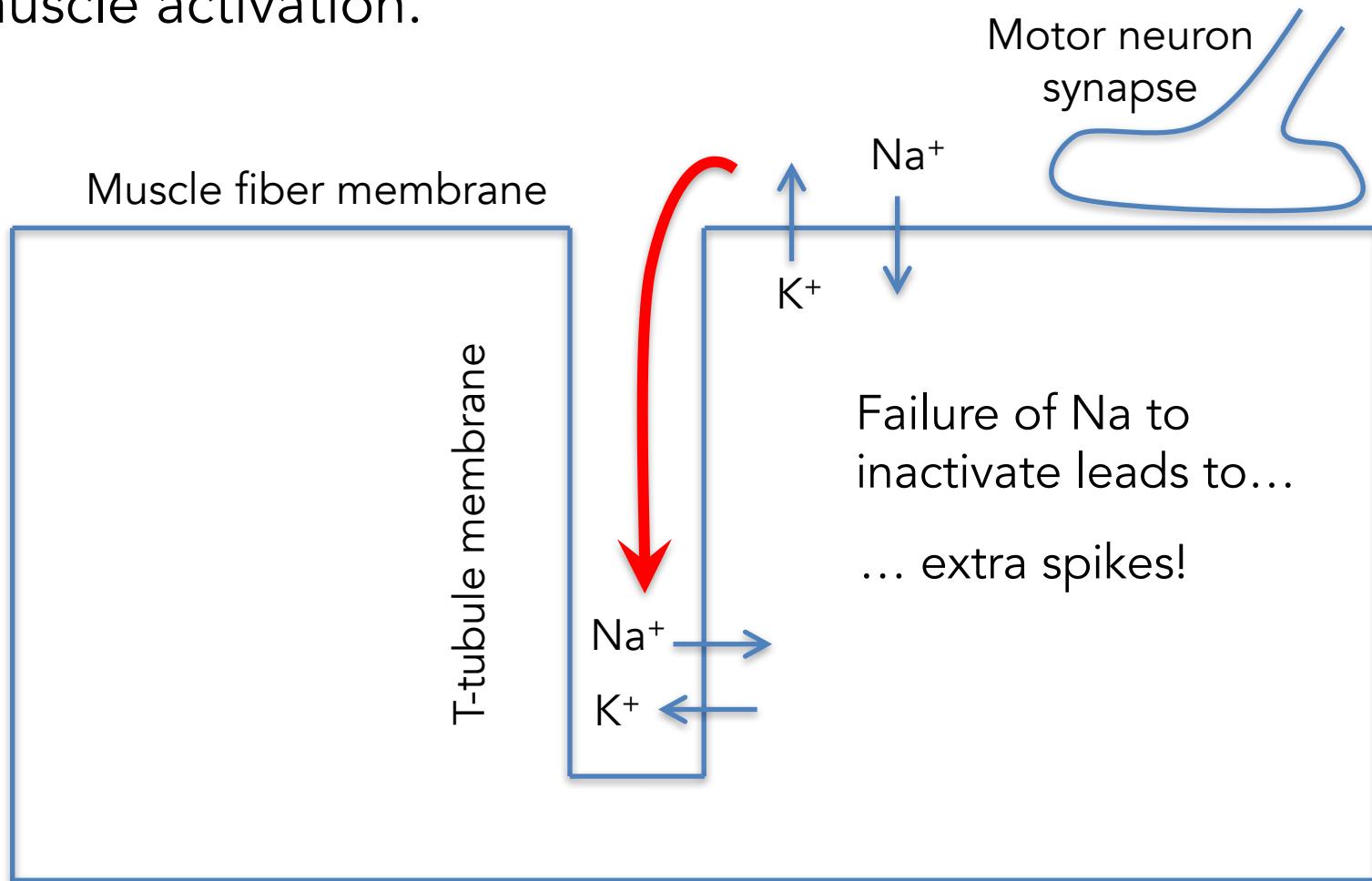
# Diseases related to defects in sodium channel inactivation

Hypothesis for how persistent sodium leads to persistent muscle activation.



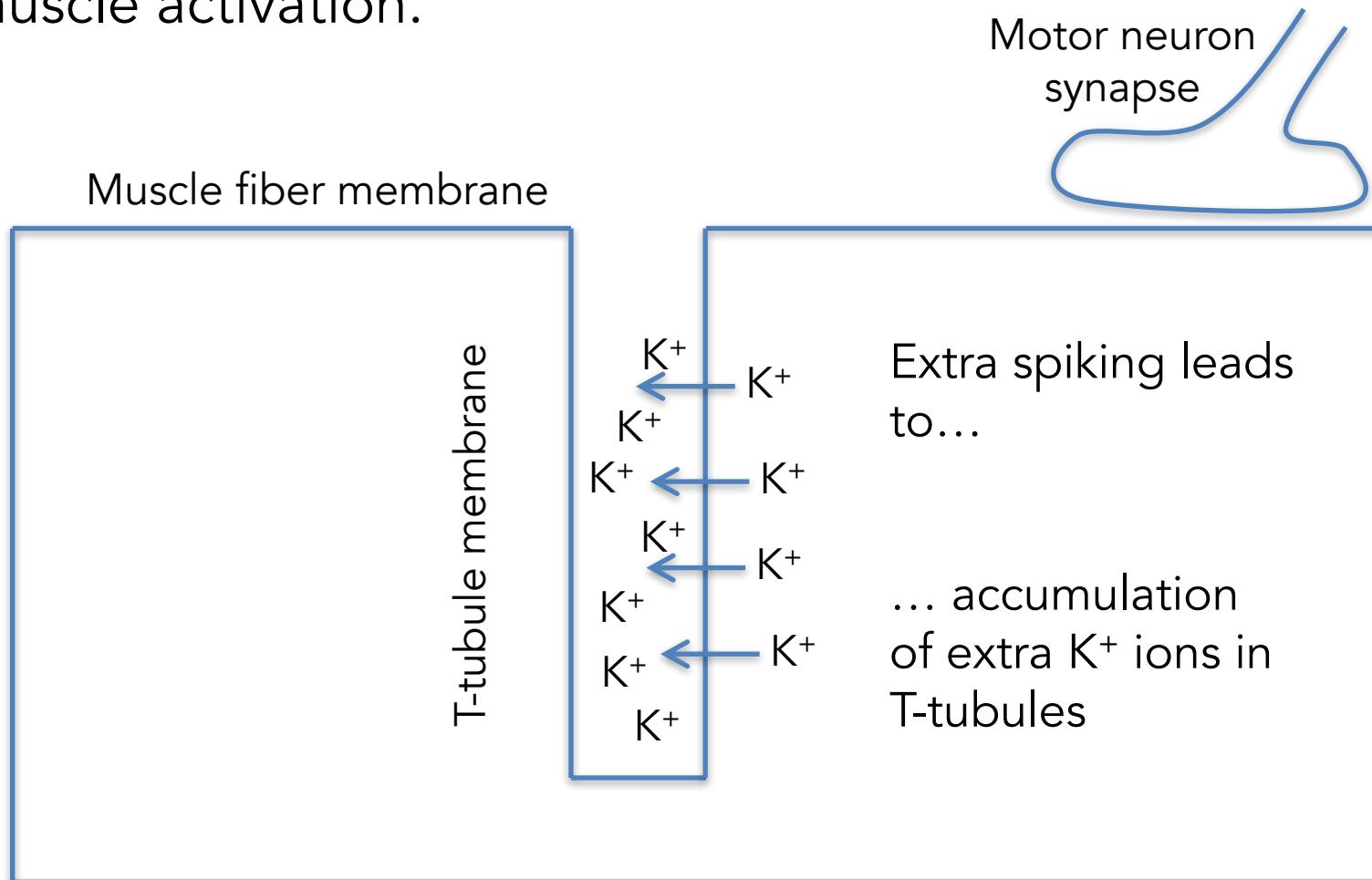
# Diseases related to defects in sodium channel inactivation

Hypothesis for how persistent sodium leads to persistent muscle activation.



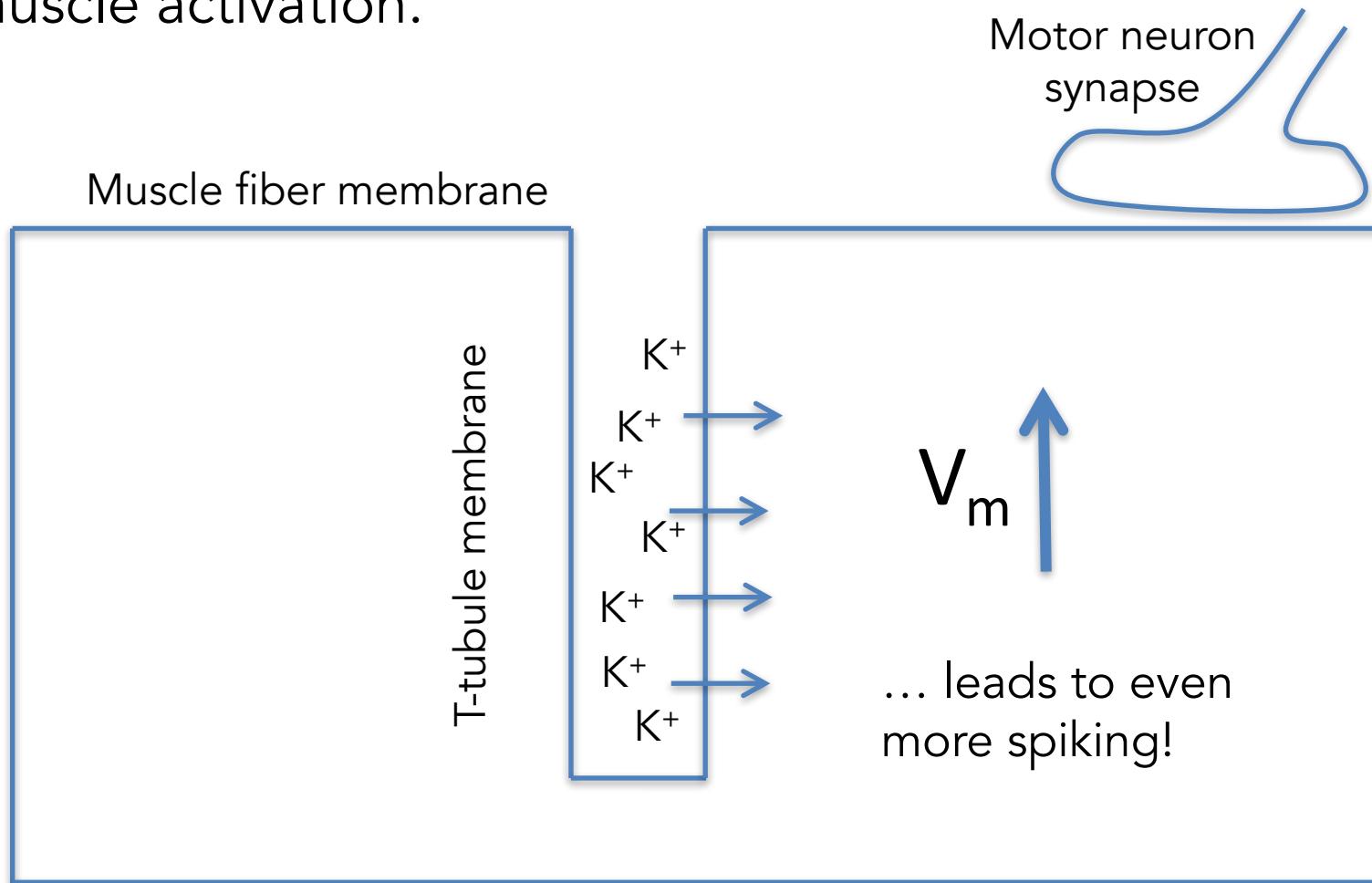
# Diseases related to defects in sodium channel inactivation

Hypothesis for how persistent sodium leads to persistent muscle activation.



# Diseases related to defects in sodium channel inactivation

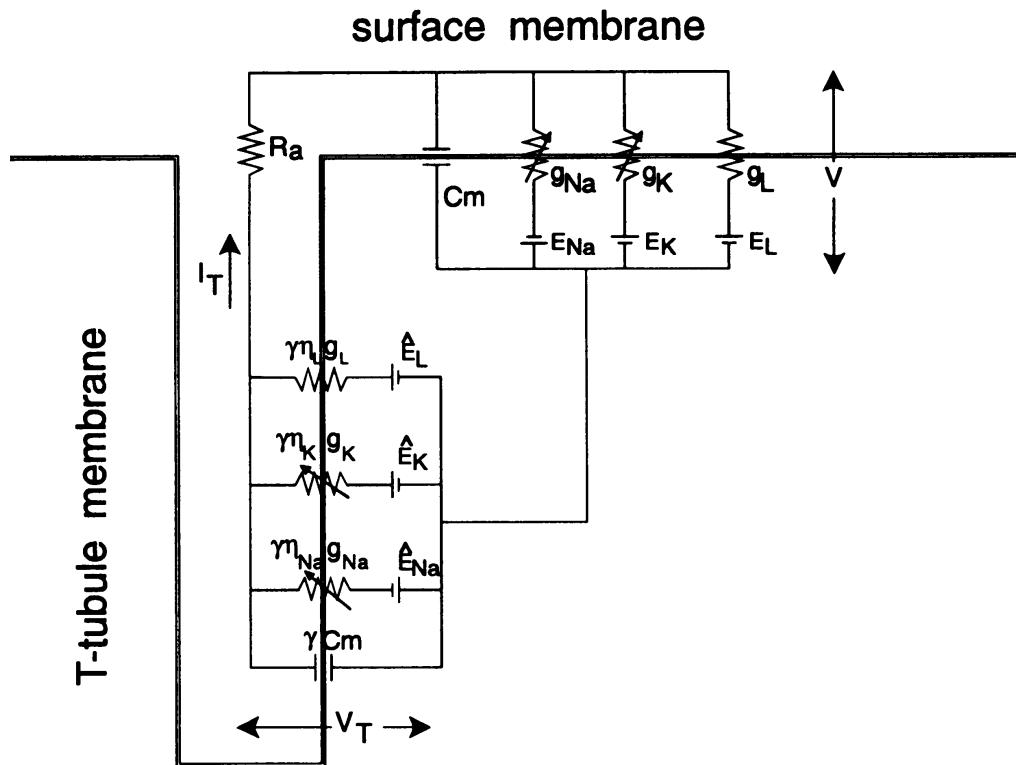
Hypothesis for how persistent sodium leads to persistent muscle activation.



# Diseases related to defects in sodium channel inactivation

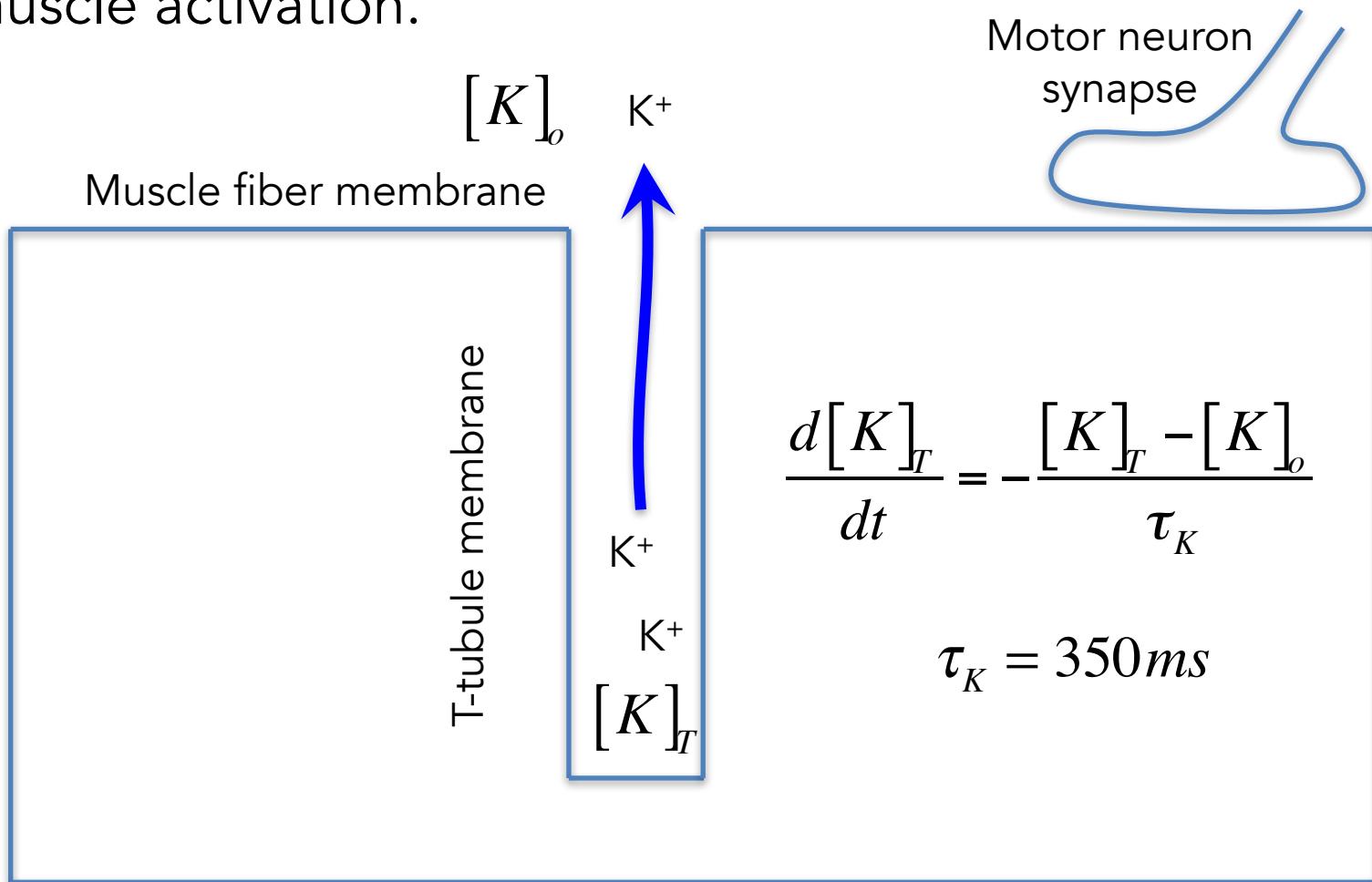
Equivalent circuit model of muscle fiber membrane and T-tubule.

FIGURE 1 Equivalent circuit diagram for the model of the electrical behavior of a muscle fiber. The voltage and time dependence of the variable conductances are given by Eqs. 6, 7, 9, and 10.  $\gamma$  is the ratio of the T-tubular membrane area to surface membrane area. The  $\gamma\varsigma$ s represent the density of ion channels in the T-tubular membrane relative to that of the surface membrane.



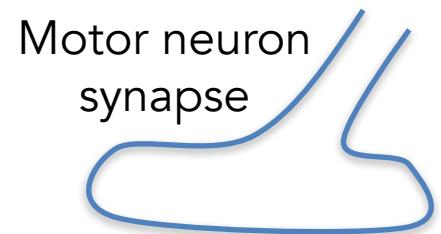
# Diseases related to defects in sodium channel inactivation

Hypothesis for how persistent sodium leads to persistent muscle activation.



# Diseases related to defects in sodium channel inactivation

Hypothesis for how persistent sodium leads to persistent muscle activation.



Muscle fiber membrane

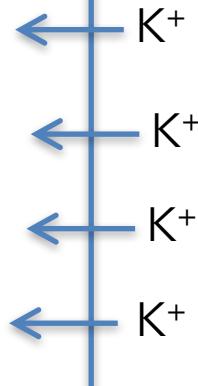
$I_K$  = K-current into T-tubule

$$\frac{d[K]_T}{dt} \propto I_K$$

$$\frac{d[K]_T}{dt} = \frac{1}{\xi} \frac{1}{F} I_K$$

$\xi$  = volume of T-tubule

$F$  = Faraday constant (C/mol)  
 $= 9.6 \times 10^4$  (C/mol)



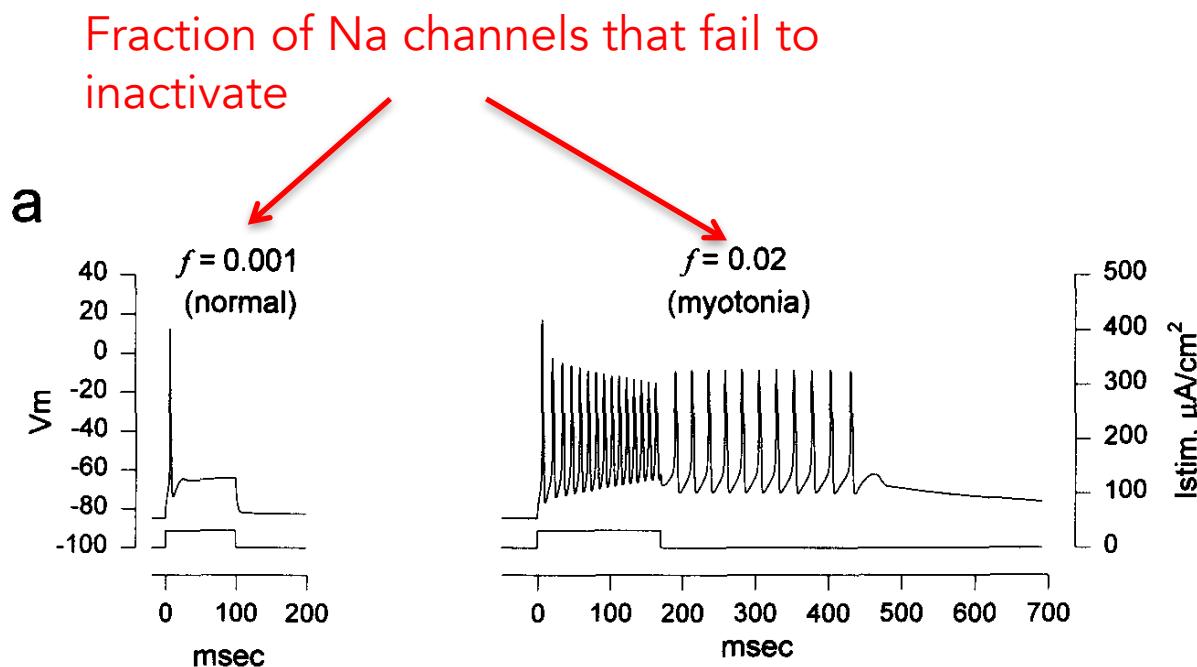
$E_K$  is a function of  $[K]_T$  !!

$$I_K = G_K(V - E_K)$$

$$\frac{d[K]_T}{dt} = \frac{1}{\xi F} G_K (V - E_K) - \frac{[K]_T - [K]_o}{\tau_K}$$

# Diseases related to defects in sodium channel inactivation

Computer model of effects of defective Na-channel inactivation



Failure to inactivate was modeled by setting  $h=1$  for a fraction of the channels

# Diseases related to defects in sodium channel inactivation

Computer model of effects of defective Na-channel inactivation showing transition from myotonia to paralysis

