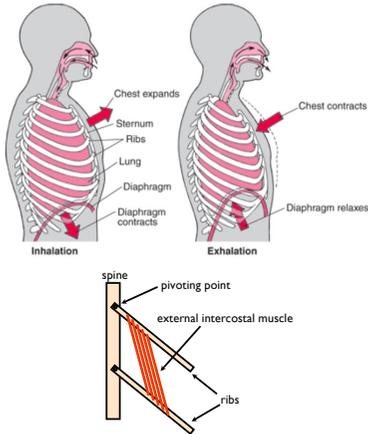
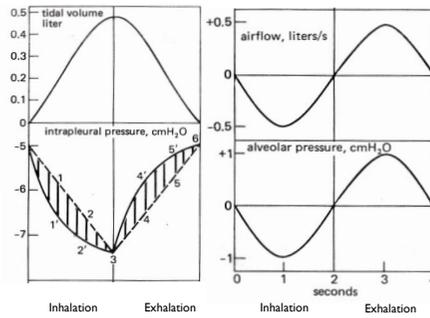


Respiratory cycle

1. Mechanical control



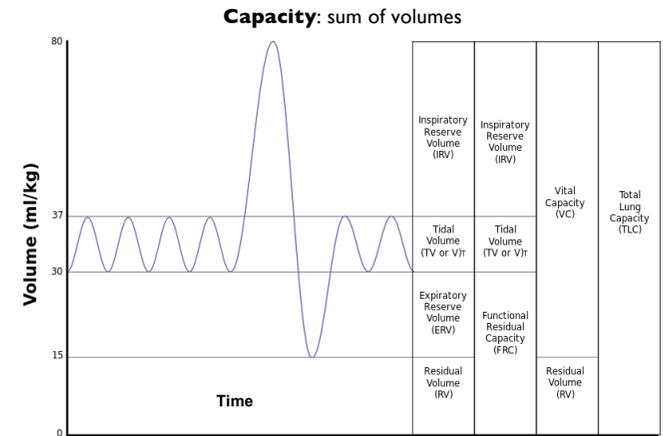
2. Changes in physical parameters



$$1 \text{ cmH}_2\text{O} = 0.1 \text{ kPa} = 0.7 \text{ mmHg}$$

- Eupnoe: normal breathing (14-16/min)
- Polypnoe, tachypnoe: number of breaths >16/min
- Dyspnoe: shortness of breath

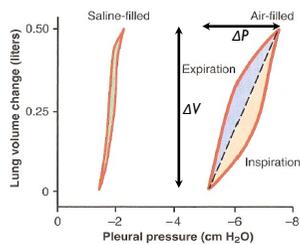
Pulmonary volumes and capacities



Volume	Value (litres)		Volume	Average value (litres)		Derivation
	In men	In women		In men	In women	
Inspiratory reserve volume	3.3	1.9	Vital capacity	4.8	3.1	IRV plus TV plus ERV
Tidal volume	0.5	0.5	Inspiratory capacity	3.8	2.4	IRV plus TV
Expiratory reserve volume	1.0	0.7	Functional residual capacity	2.2	1.8	ERV plus RV
Residual volume	1.2	1.1	Total lung capacity	6.0	4.2	IRV plus TV plus ERV plus RV

Processes of the respiratory cycle

1. Lung cyclically expands and contracts

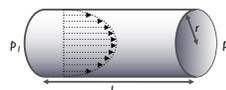


Compliance ("deformability", "stretchability", "distensibility"):

$$C = \frac{\Delta V}{\Delta P}$$

C = compliance (mN^{-1} ; N.B.: inverse of stiffness)
 ΔP = change in pressure (Pa , Nm^{-2})
 ΔV = change in volume (m^3)

2. Gas flows in airways



Hagen-Poiseuille's law

$$\frac{V}{t} = \frac{\pi r^4 dp}{8\eta dl}$$

V = volume
 t = time
 $(V/t = Q = \text{flow intensity})$
 r = tube radius
 η = viscosity
 p = pressure
 l = length of tube
 $(dp/dl = \text{pressure gradient, maintained by } P_1 - P_2)$

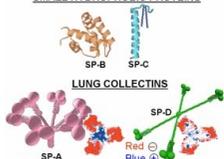
• Normally (eupnoe): flow is laminar.

• Tachypnoe or disease: turbulent airflow

• **Obstructive diseases:** pulmonary airflow is compromised (COPD - "chronic obstructive pulmonary disease").

Surfactant

SMALL HYDROPHOBIC PROTEINS



• Pulmonary surfactant: surface-active lipoprotein complex (phospholipoprotein) formed by (type II) alveolar cells (starting from the 20th gestational week).

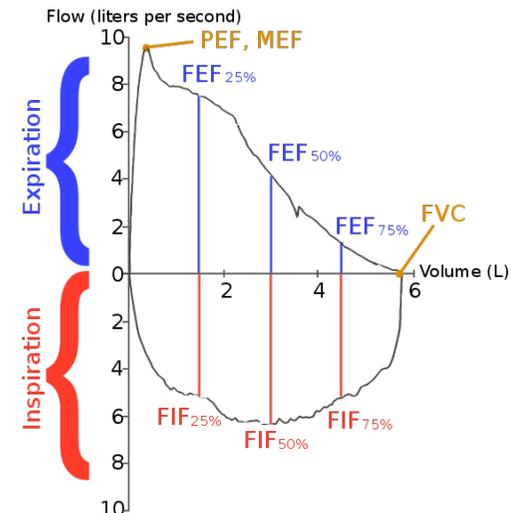
• Composition: 90 % phospholipids, 10 % proteins ("surfactant protein" SP-A, SP-B, SP-C, SP-D)

• Function: reduces surface tension

• Effect: the smaller the surface tension, the smaller pressure needed to keep alveoli open (for a given pressure, smaller alveoli can be opened) (Young-Laplace equation!).

• **Restrictive diseases:** pulmonary compliance is reduced (fibrosis, lack of surfactant, etc.).

Dynamic analysis of respiration



Spirometry:

- PEF, MEF: peak expiratory flow, maximal expiratory flow
- FEF: forced expiratory flow
- FIF: forced inspiratory flow
- FVC: forced vital capacity

Respiratory work

- Volume change against average transmural pressure
- Minute volume (MV) = 7 l
- Breathing rate (BR) = 14/min
- Pressure (P_{tm}) = 0.7 kPa
- Respiratory volume (V) = 0.5 l ($5 \times 10^{-4} \text{ m}^3$)
- Work (W) = $P_{tm} \times V = 0.35 \text{ J/inspiration}$ (294 J/h)

- At large loads it may reach 8400 J/h

BIOPHYSICAL BASIS OF PHYSICAL EXAMINATION

Physical examination

- Inspection
- Palpation
- Percussion
- Auscultation

Inspection

What is this?

Visual examination of the patient

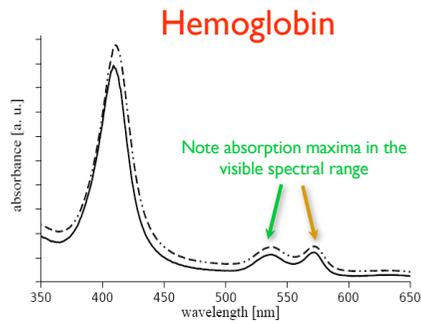
What do we visualize?

Behavior, morphology, structure, **color**

Relationship to biophysics:

Absorption spectroscopy

Light absorption



From the general law of radiation attenuation:

$$J = J_0 e^{-\mu x}$$

$$\lg \frac{J_0}{J} = \mu x \lg e$$

$$\lg \frac{J_0}{J} \approx \mu$$

absorbance, optical density

$$\lg \frac{J_0}{J} = \epsilon_\lambda c x$$

Lambert-Beer's Law

ϵ_λ = molar extinction coefficient

c = concentration

Examples



Cyanosis
(rise in deoxygenated hemoglobin)



Icterus
(jaundice, hyperbilirubinaemia)



Erythema
(redness of the skin)

Palpation

What is this?

Examining the patient by touching

What do we palpate?

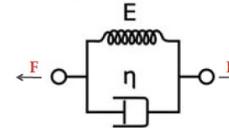
Size, shape, location, ***firmness***
(***elasticity, viscosity***)

Relationship to biophysics:

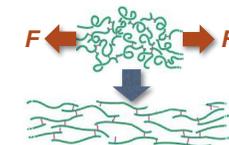
Biomechanics

Viscoelasticity

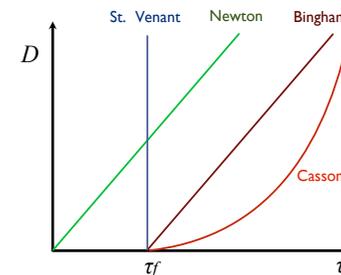
Spring-dashpot model



Schematic mechanism



Velocity gradient versus shear stress function of newtonian and non-newtonian fluids



Example: edema (pitting)

Percussion

What is this?

Examining the patient by locally striking (tapping) with short, sharp blows

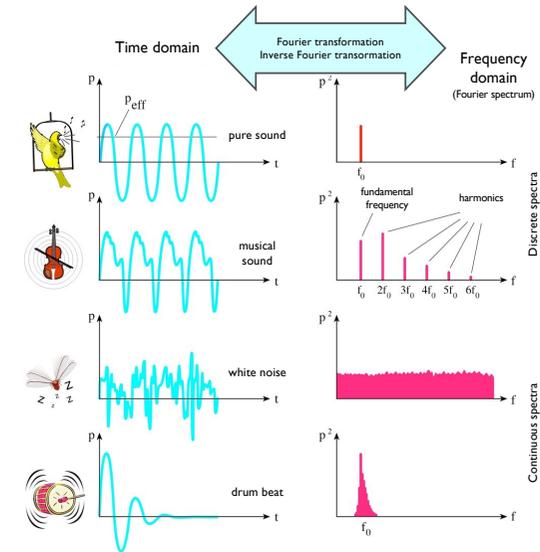
What do we examine by percussion?

Material content, shape, boundaries

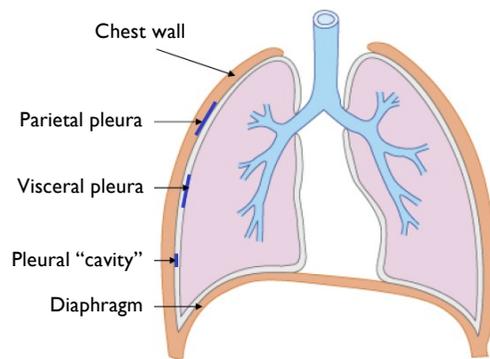
Relationship to biophysics:

Sound generation, propagation and detection

Sounds and their spectra



Respiratory system as a box



Percussion sounds may be flat (muscle), dull (liver), or resonating (normal lung)



Boundaries of the diaphragm, heart, liver (and other, parenchymal organs) may be detected by percussion.

Auscultation

What is this?

Examining the patient by listening (with a stethoscope) for sounds (murmurs) within the body

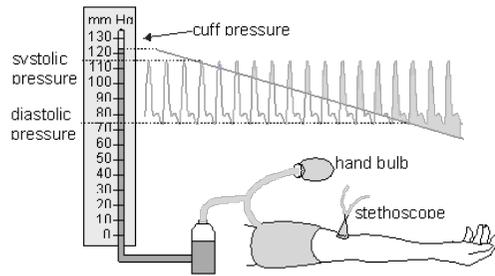
What do we examine by auscultation?

Loudness, pitch, tone, duration, temporal variation (rhythm)

Relationship to biophysics:

Sound generation, propagation, fluid flow, turbulence

Korotkow's sound

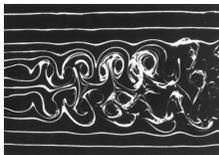


1. tapping
2. swishing
3. knocking
4. muffling

Reynolds number:

$$R = \frac{vr\rho}{\eta}$$

v =flow rate (m/s)
 r =tube radius (m)
 ρ =density of fluid (kg/m³)
 η =viscosity (Ns/m²)

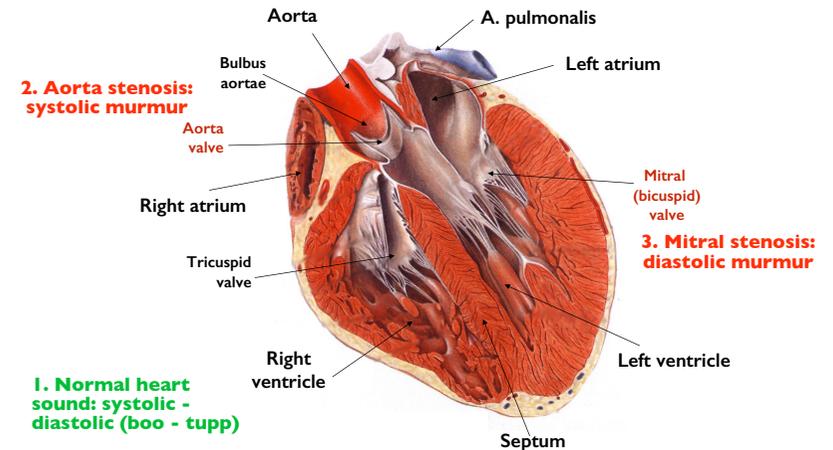


Turbulent flow ($R > \sim 1160$) causing sound effects

- Constriction of artery with cuff - flow rate increases according to continuity equation
- If flow rate exceeds the critical velocity, then turbulence, hence sound effect occurs.

Heart sounds and murmurs

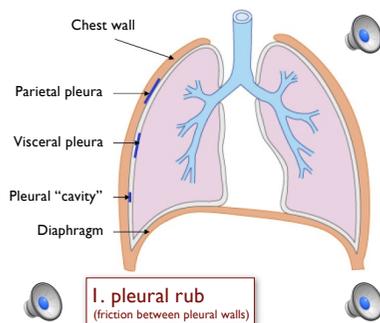
Sources: mechanical vibrations (e.g., valve closing), turbulent flow
Conductance: towards blood-filled compartments



Respiratory sounds

Sources and mechanisms:

1. mechanical vibrations (rubbing noise)
2. mechanical resonance (organ-pipe action)
3. bubbling through fluid



Conducting zone

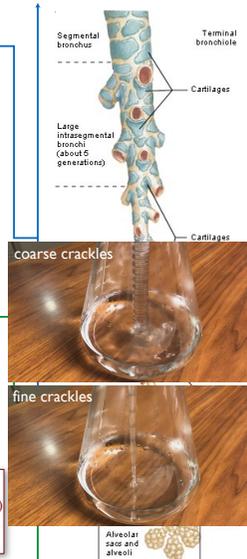
Trachea

Bronchi

Bronchioli

Terminal bronchioli

Tracheobronchial sounds



Respiratory zone

Respiratory bronchioli

Alveolar ducts

Alveoli

Vesicular sounds

2. wheeze, stridor
(airway obstruction)

3. crackles
(fine, medium, coarse; bubbling through ducts)
-crepitation
(alveolar opening-closing)

Research in the Department of Biophysics and Radiation Biology

From atoms and molecules...

Atomic structure of mica

Myosin

Actin

In vitro actomyosin motility

Optical tweezers

DNA

vWF

Stretched vWF

Titin

Titin simulation

1000 nm

...through supra-molecular and cellular systems...

Cochleate

T7 phage DNA ejection

Platelets

Cardiomyocyte Ca waves and contraction

500 nm

...to the living organism

Multi-photon microscope

Kidney cortex

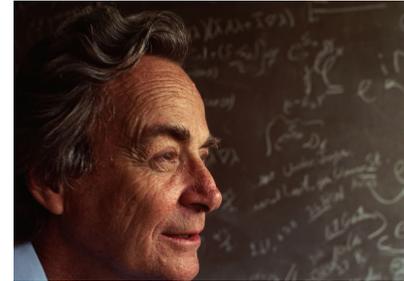
nanoSPECT/CT

ECG-gated ¹⁸F-FDG PET/MRI

¹⁸F-Tc-DTPA: BBB - blue/red

²⁰¹Tl-BCC: perfusion - green

- I am Nature's greatest miracle
- I will make a plan for the day and checkmark it at the day's end
- I will live this day as if it was the last
- There will be love in my heart
- Failure will never overtake me if my determination to succeed is strong enough



"The imagination of nature is far, far greater than the imagination of man."

Richard P. Feynman
(1918-1988, Nobel-prize 1965)

Feedback



<https://feedback.semmelweis.hu/feedback/pre-show-qr.php?type=feedback&qr=3NSTH9R0WVKJDWDV>