The "Thoracic Pump" Impetus for the Respiratory Arterial Pressure Wave and **Breathing Induced Heart** Rate Variability

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The Thoracic Pump

Breathing Induced Heart Rate Variability:

Heart Rate Variability:

"Variation in heart rate

for any reason."

"Variation in heart rate as a consequence of respiration."

We also know this as "Respiratory Sinus Arrhythmia" or "RSA". **Respiratory Sinus Arrhythmia**

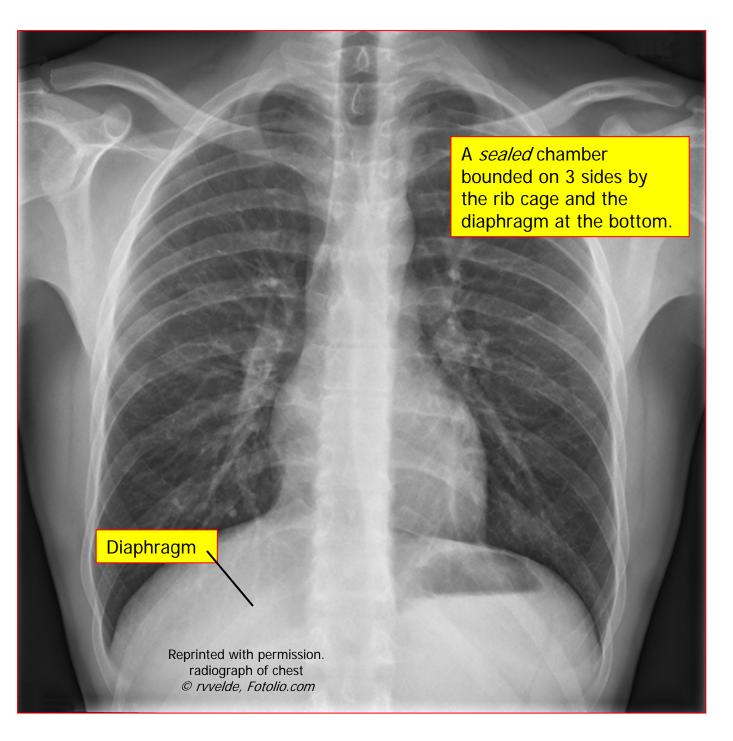
The phenomenon of RSA:

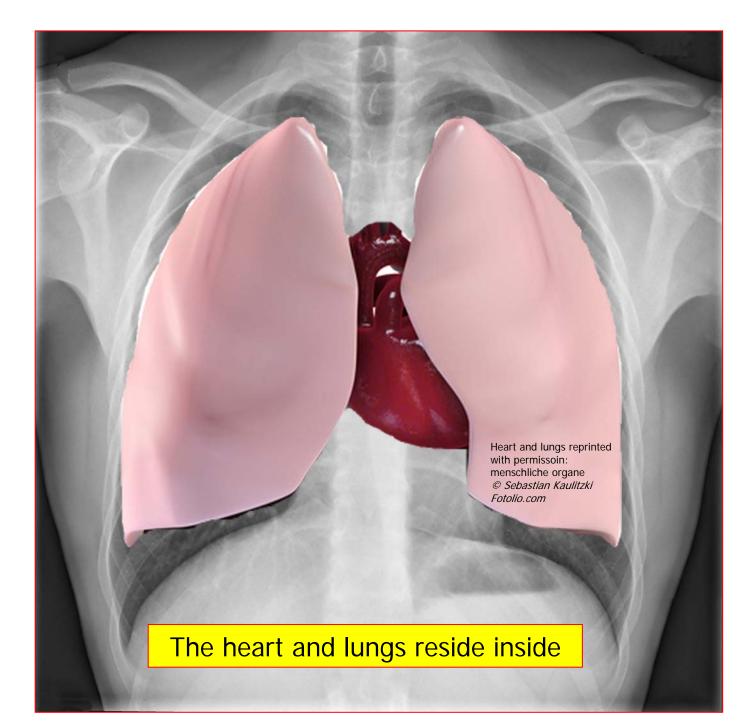
"Heart rate tends to increase with inhalation and decrease with exhalation in a sinusoidal fashion."

Respiratory Sinus Arrhythmia

Why?

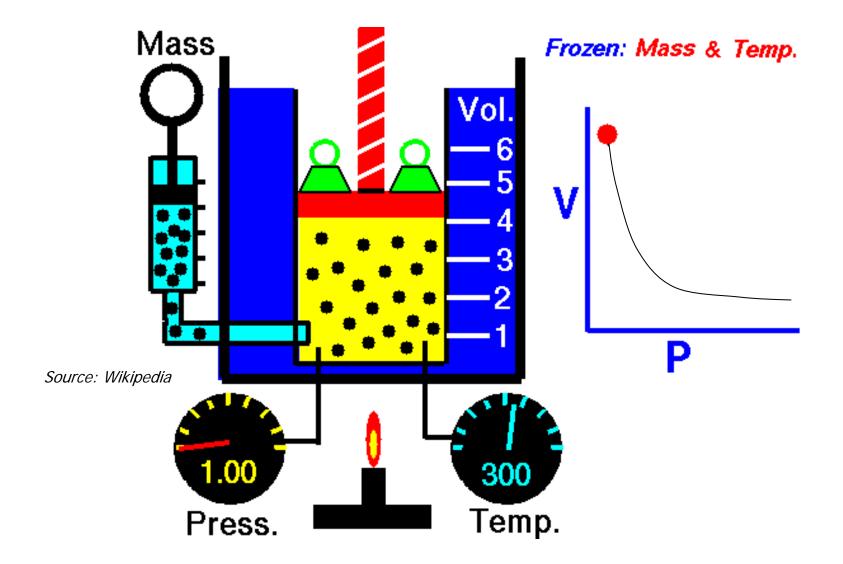
- For nearly 100 years the answer has been that heart rate changes in response to changes in blood flow and pressure as a consequence of respiration.
- This understanding is fundamentally sound. But we don't know much about it.
- Most of our understanding regarding respiration has to do with "air" and "gas exchange", not blood.
- So, lets look at blood flow and pressure as a function of respiration.





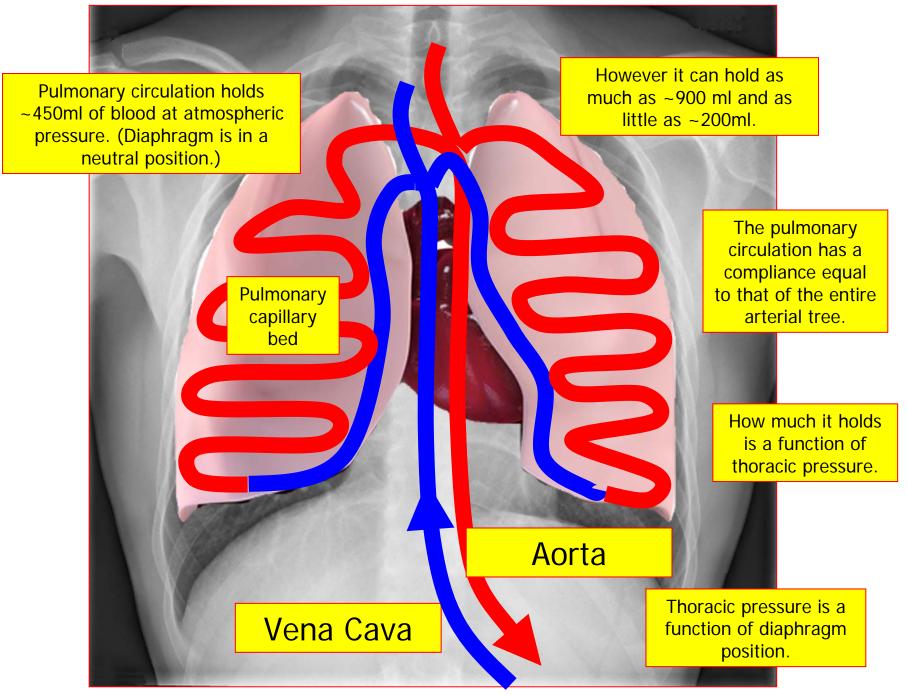
Pressure in the thoracic cavity varies with diaphragm position which can vary by up to 10 cm.

Boyle's Law



Boyle's Law: Absolute pressure and volume of a gas are inversely proportional:

- As volume increases, pressure decreases
- As volume decreases, pressure increases

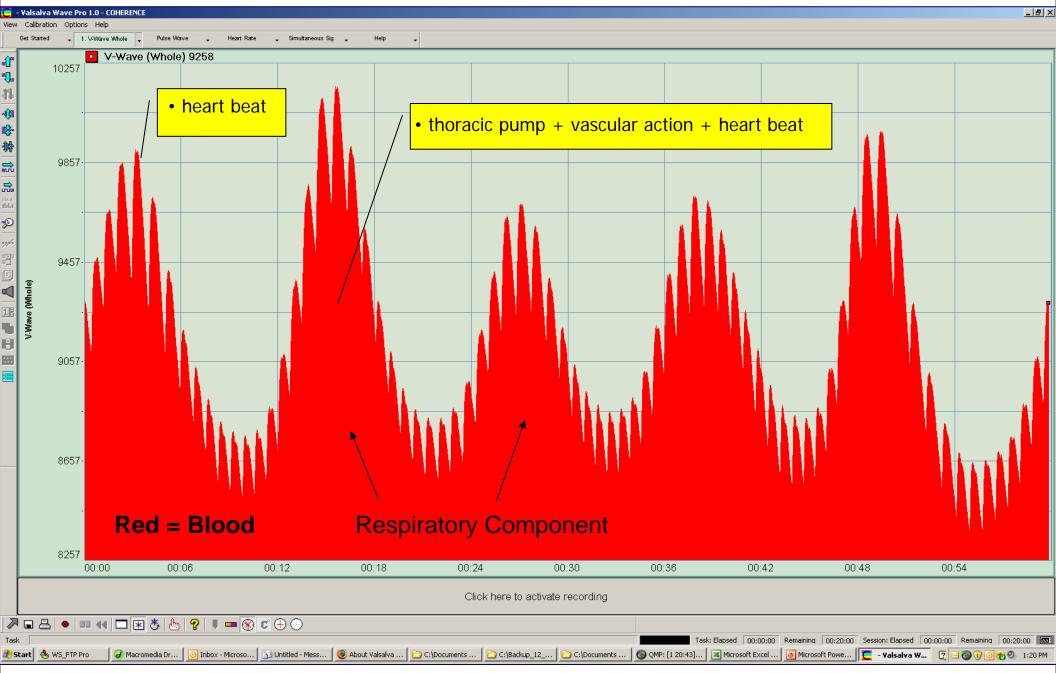


anatomy is simplified for purposes of illustration

Pulmonary Blood Volume

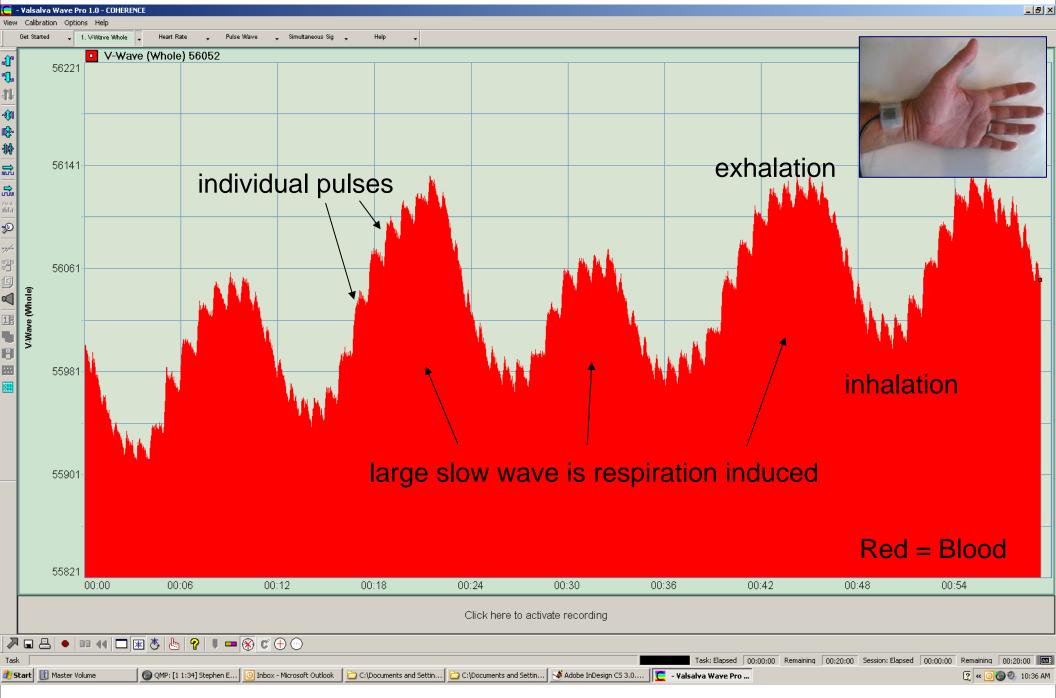


What Does The Wave Look Like?



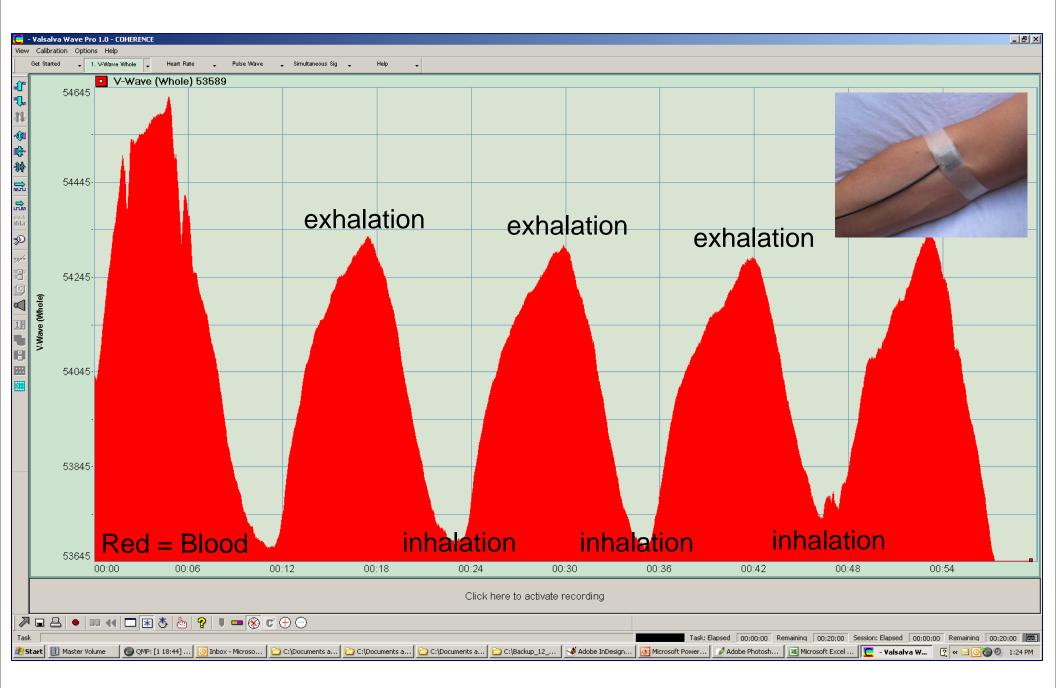
As measured at the ear lobe

Measured At The Radial Artery

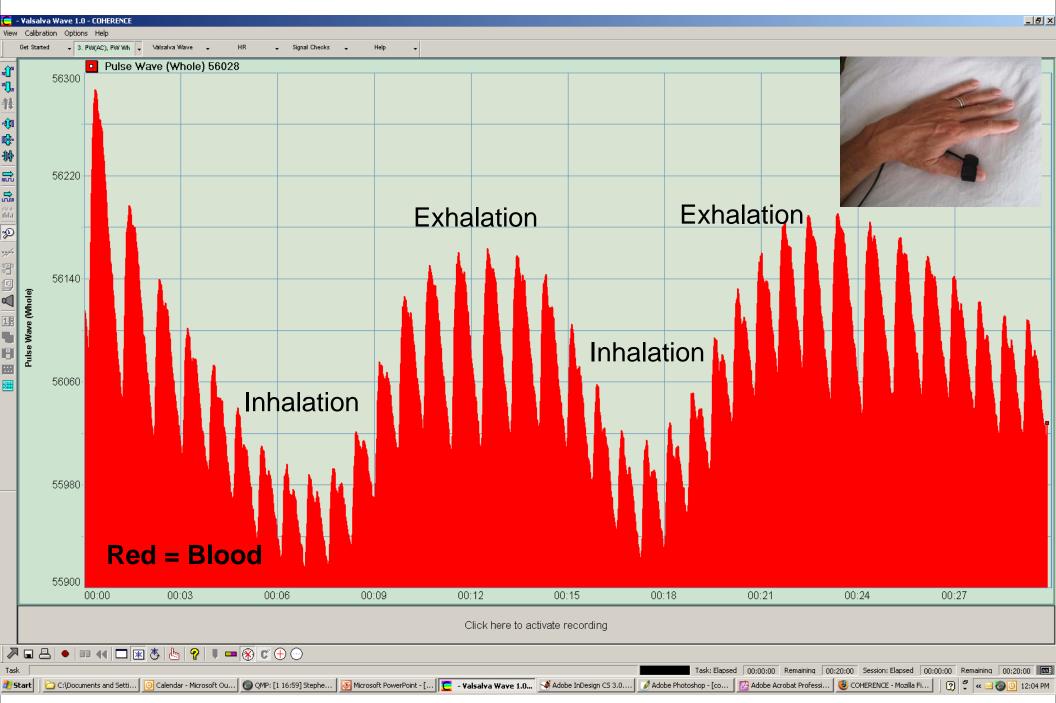


radial artery

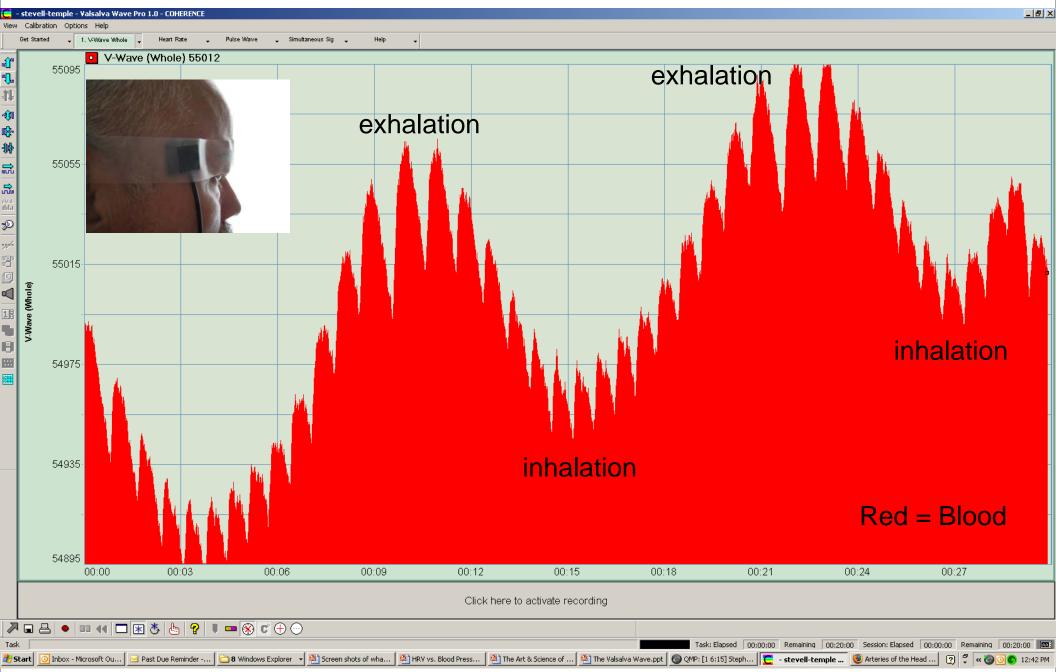
Measured At The Medial Cubital Vein



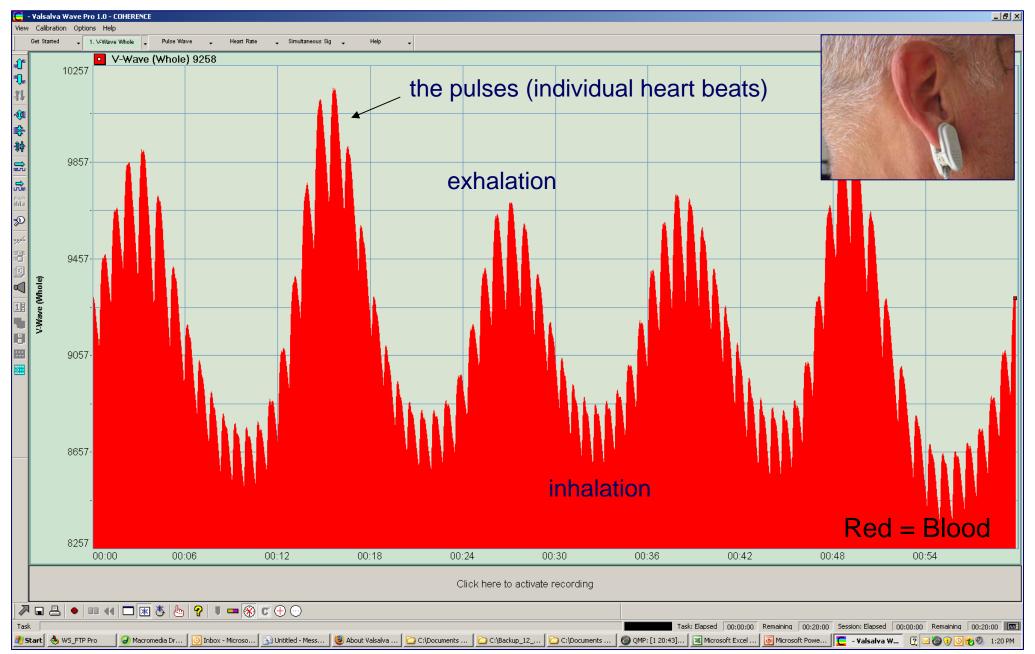
Measured At The Thumb



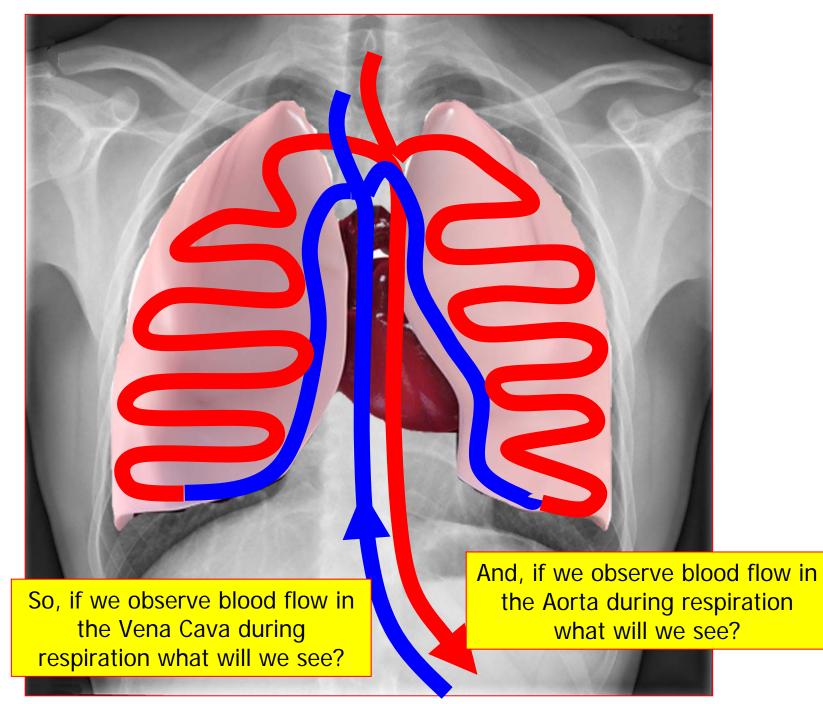
Temple (Vicinity of Temporal Artery)



Ear Lobe

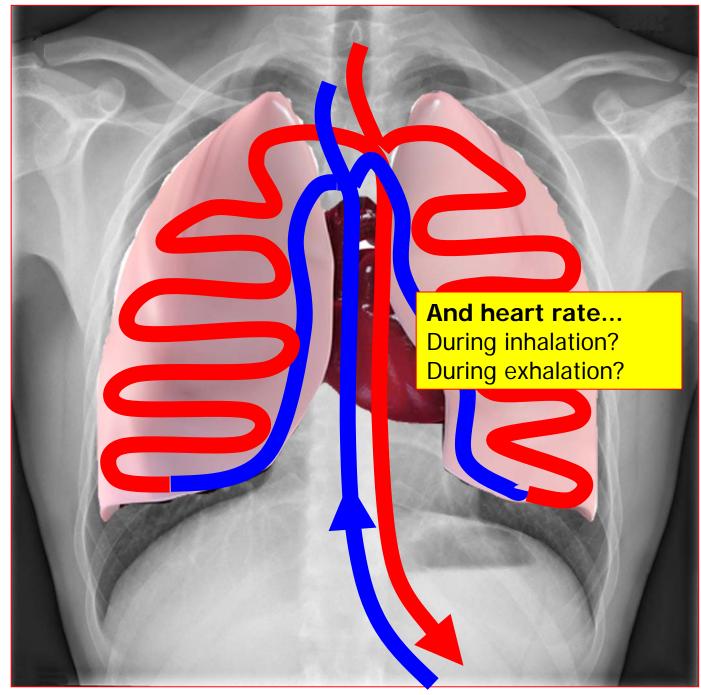


Blood Flow



anatomy is simplified for purposes of illustration

And Heart Rate?



anatomy is simplified for purposes of illustration

Heart Rate

Why?

The simple answer....

- 1. When this much blood (the extreme case) flows into the aorta all at once, if heart rate did not decrease, blood pressure would rise too much.
- 2. When the lungs are storing this much blood, if heart rate did not increase, blood pressure would fall too much.



The End

Thank You!

A 10X Relationship?

	Α	В	С	D
1	Physiologic Phenomenon	Typical "Shallow" Breathing (10% of VC)	Deep Synchronous Breathing (75% of VC)	Vital Capacity (4.5L) (75% of total lung capacity)
2	Diaphragmatic Movement (Range)	1 cm (10%) Source: Source:Pulmonary Physiology, p.15	7.5 cm (75%) Estimated	10 cm (100%) Source:Pulmonary Physiology, p. 15
3	Intrapleural Pressure (Range)	2.5 cmH₂O (8%) (-5 to -7.5 mmH ₂ O) Source: Medical Physiology, p. 433	25 cmH₂O (75%) Estimated	33 cmH₂O (100%) Estimated (Can be much higher during forced inspiration)
4	Inspiratory/Expiratory Volume	.5 L (Tidal volume of typical adult -11% of VC) Source: Pulmonary Physiology, p. 55	3.4 L (75% of VC)	4.5 L (Vital Capacity) Source: Pulmonary Physiology, p. 55
5	Respiratory Arterial Pressure Wave Magnitude	2 mmHg (8%) Source: Medical Physiology, p. 193	20 mmHg (75%) Source: Medical Physiology, p. 193; Measured by Elliott	~27 mmHg (100%) Estimated
6	Heart Rate Variability Amplitude	5.3 beats (10%) (Source: Measured by Elliott)	40 beats (75%) Source: Measured by Elliott	~ 53 beats (100%) Measured by Elliott (60 beat HRVs have been witnessed by others)

Reprinted from *Coherent Breathing – The Definitive Method*, Elliott & Edmonson, 2008.