# A Simplified Biophysical Cell Model For Gastric Slow Wave Entrainment Simulation

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*Abstract*— Gastric electrical activity, also termed slow wave activity, is generated by a class of pacemaker cells called the interstitial cells of Cajal (ICC), which are organized with decreasing intrinsic frequencies along the stomach. In the healthy stomach, slow waves of different intrinsic frequencies converge to a single frequency with a constant phase-lag, in a process called entrainment. The main aim of this study was to develop a simplified biophysical ICC model that is capable of modeling the self-excitatory behavior and standard morphology of gastric slow waves. Entrainment of gastric slow waves was simulated in a one-dimensional (1D) model, with a linear gradient of intrinsic slow wave frequencies. In a coupled 1D model, the simulated slow waves were entrained to a single frequency; whereas in an uncoupled 1D model, the simulated slow waves occurred at different frequencies, resulting in loss of entrainment. The new cell model presents an option for future large multi-scale simulations of gastric slow waves in intact ICC network and diseased conditions where the loss of entrainment may lead to slow wave dysrhythmias and diminished gastric motility.

## I. INTRODUCTION

Gastrointestinal (GI) motility is an important component of digestive health. In particular, diminished gastric motility may contribute to a number of clinically significant diseases, such as gastroparesis (delayed emptying), slow transit, and gastro-eosophageal reflux disease (GERD) [1]. One major regulatory component of gastric motility is an underlying rhythmic electrical activity called slow waves, which are generated by the Interstitial cell of Cajal (ICC) [2]. ICC are distributed throughout the stomach and other parts of the GI tract, acting as electrical pacemakers that are capable of synchronization of slow waves with different intrinsic frequencies to a single frequency, i.e., entrainment, under normal conditions [3]. In the healthy human stomach, the entrained slow wave frequency is around 3 cycles-per-minute  $(cpm)$  [4]. On the other hand, under pathological conditions, e.g., gastroparesis, ICC counts are known to reduce and result in loss of entrainment, contributing to the development of gastric slow wave dysrhythmias [5,6].

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Improved understanding of the ICC pacemaking mechanisms has led to recent development of many biophysical slow wave cell models [7-9]. However, most of these biophysical cell models contain a large number of ordinary differential equations (ODEs) and parameters that make their applications in large-scale multi-scale slow wave propagation simulations computationally intractable. Investigators have also modeled the electrical activity of gastric smooth muscle cell [10].

The main aim of this study was to develop a more computationally efficient model of ICC slow wave activity. Three main aspects were considered: (i) the biophysical basis of the ion conductances included in the model; (ii) the ability of the cell model to generate intrinsic rhythmic gastric slow wave activity; and (iii) the applicability of cell model to simulate entrainment in a continuum model.

# II. MODEL DEVELOPMENT

# *A. Cell Model*

Of the many biophysical cell models of GI slow wave activity [7-9], the model developed by Imtiaz *et al.* was used as the template to update and parameterize the new model [11]. The original cell model included a generic  $I_{ion}$ component that was updated using a  $Ca^{2+}$ -dependent  $K^+$ conductance  $(I_{BK})$  and Na<sup>+</sup> conductance  $(I_{Na})$  proposed by Corrias *et al.* [7], which retained as much biophysical basis for these ion conductances as possible. A stimulus current  $(I_s)$  was also added to the equation to demonstrate the response of the cell to an extrinsic current.

$$
C_m \frac{dV_m}{dt} = I_{Na} + I_{Ca} + I_{BK} - I_s \tag{1}
$$

where  $I_{Na}$  was described using a standard Hodgkin-Huxley gating approach [7].

$$
I_{Na} = G_{Na} f_{Na} d_{Na} (V_m - E_{Na}) \tag{2}
$$

$$
\frac{d_{Na}}{dt} = \frac{d_{inf} - d_{Na}}{\tau_{d_{Na}}}
$$
\n(3)

$$
d_{inf} = \frac{1}{1 + \exp\left(\frac{V_m + 7}{-5}\right)} \tag{4}
$$

$$
\frac{f_{Na}}{dt} = \frac{f_{inf} - f_{Na}}{\tau_{f_{Na}}}
$$
\n(5)

$$
f_{inf} = \frac{1}{1 + \exp^{\frac{V_m + 37.4}{4}}}
$$
(6)

 $I_{BK}$  was regulated by a  $Ca^{2+}$ -dependent gating variable  $(d_{BK})$  [7].

$$
I_{BK} = G_{BK}d_{BK}(V_m - E_K)
$$
\n<sup>(7)</sup>

$$
d_{BK} = \frac{1}{1 + e^{\frac{V_m}{-17} - 2ln\frac{Ca_c}{0.001}}}
$$
(8)

 $I_{Ca}$  was modeled as Hill-type activation conductance  $(G_{Ca})$  [11].

$$
I_{Ca} = G_{Ca}(V_m - E_{Ca})
$$
\n(9)

$$
G_{Ca} = G_{MCa} \frac{Ca_c^q}{k_C a^q + Ca_c^q} \tag{10}
$$

The intracellular calcium dynamic was modeled as a twopool system (cytosol store  $(Ca_c)$  and mitochondrial store  $(Ca<sub>s</sub>)$ ) using the following set of equations [11],

$$
V_{in} = V_0 + V_1 I P_3 \tag{11}
$$

$$
V_2 = V_{M2} \frac{Ca_c^n}{k_2^n + Ca_c^n}
$$
 (12)

$$
V_3 = V_{M3} \frac{Ca_c^w}{k_a^w + Ca_c^w} \frac{Ca_s^m}{k_r^m + Ca_s^m} \frac{IP_3^o}{k_p^o + IP_3^o}
$$
(13)

$$
\frac{IP_3}{dt} = \beta - \eta IP_3 - V_{M4} \frac{IP_3^u}{k_4^u + IP_3^u} + P_{MV} \frac{V_m^r}{k_v^r + V_m^r} \tag{14}
$$

$$
\frac{Ca_s}{dt} = V_2 - V_3 - k_f Ca_s \tag{15}
$$

$$
\frac{Ca_s}{dt} = V_{in} - V_2 + V_3 + k_f Ca_s - KC a_c \tag{16}
$$

The parameter descriptions and values used to simulate gastric slow wave activity are presented in the Appendix (Table II).

#### *B. One-Dimensional Entrainment Model*

A one-dimensional (1D) model geometric model with a linear basis function was created to model entrainment of gastric slow waves. The 1D model was 10  $mm$  in length, and contained 101 cells, with each cell presenting a solution point, which gives a spatial resolution of 0.1  $mm$  (Fig. 1(a)). An intrinsic frequency gradient was assigned linearly to the 1D model, from 3 cpm at the left-hand-side of the model (proximal) to  $2.5$  cpm at the right-hand-side of the model (distal). The proximal end corresponded to the corpus (midstomach) and the distal end corresponded to the region towards the antrum. The parameter  $\beta$  in Eqn 8 was adjusted to match this frequency range (Fig. 1(b)).



Fig. 1. One-dimensional entrainment model setup. (a) Locations of solution points, a linear gradient of instrinsic frequencies (2.5-3 cpm) were assigned to the model. (b) The effect of varying parameter  $\beta$  on simulated slow wave frequency.

The bidomain equations (illustrated in Fig. 2) were solved to simulate slow wave propagations [12], as have been previously applied [13,14].



Fig. 2. An illustration of the bidomain model. The transmembrane potential  $(V_m)$  across a cell membrane is the potential difference between an extracellular potential ( $\phi_e$ ) and an intracellular potential ( $\phi_i$ ). Each domain also contains a conductivity tensor,  $\sigma_e$  in the extracellular domain and  $\sigma_i$ in the intracellular domain

The bidomain equations are,

$$
\nabla \cdot (\sigma_i \nabla V_m) = -\nabla \cdot ((\sigma_i + \sigma_e) \nabla \phi_e)
$$
 (17)

$$
A_m(C_m \frac{\partial V_m}{\partial t} + I_{ion}) - \nabla(\sigma_i \phi_e) = \nabla \cdot (\sigma_i \nabla V_m)
$$
 (18)

where the  $\sigma$  terms denote tissue conductivity tensors, with subscript  $i$  denoting the intracellular domain and subscript e denoting the extracellular domain;  $A_m$  denotes the cellsurface-to-volume ratio (200  $mm^{-1}$ ) and  $I_{ion}$  denotes the current flow through the cell membrane, as described in Eqn 1. The no-flux boundary condition was used.

Two cases were simulated: (i) coupled tissue, where the conductivity values were set to 15  $mS \, mm^{-1}$ ; (ii) uncoupled tissue, where the conductivity values were reduced to

 $4 \, mS \, mm^{-1}$ . A period of 360 s of slow wave propagation was simulated for each case on a single processor of an IBM p595 HPC. The first 120 s was discarded to allow the model to reach a steady-state. A previous 1D model developed by Du *et al.* was also applied in the same setup to compare computational efficiency [13].

# III. RESULTS AND DISCUSSION

## *A. Cell Model*

The simulated slow wave membrane potential exhibited the following features: frequency: 3 *cpm*, resting membrane potential: -70  $mV$ , and peak potential: -40  $mV$  (Fig. 3(a)). When a 10  $\mu$ A stimulus current was applied, the phase of the simulated slow wave was advanced (Fig. 3(b)). The new cell model also exhibited a degree of inverse correlation between the intrinsic frequency and amplitude, with lower frequencies leading to higher amplitudes (Fig. 3(c)).



Fig. 3. Cell model simulations. (a) Simulated gastric slow wave at an intrinsic frequency of 3 cpm (solid line). (b) A 10  $\mu A$  stimulus was injected at 19 s, the phase of the subsequent simulated slow wave was advanced (dashed line in (a)). (c) Frequency-amplitude relationship of the slow wave simulated by the cell model.

The new cell model contained six ODEs and 35 parameters, which was significantly fewer than the three aforementioned biophysical cell models, as shown in Table I. All six ODEs were tested and solved for during computation. A period of 60 s of slow wave activity was simulated and each ODE was solved using a forward Euler method with a fixed time step of 0.01 ms on an Intel i5 M460 core. Higherorder solvers such as the Runge-Kutta method could also be applied to solve the system of ODEs.

## TABLE I SLOW WAVE CELL MODELS.



Compared to the existing biophysical cell models listed in Table I, the new cell model was computationally more efficient; however, even though the new cell model demonstrated a comparable morphology to experimental data [2], the main trade-off was that the detailed morphology, e.g., the plateau phase, was not as accurate as the more complicated biophysical cell models [7-9]; this difference could be attributed to the exclusion of the detailed ion conductances, such as the L-type  $Ca^{2+}$  channel [7], from the cell model.

# *B. Entrainment Model*

Slow wave entrainment was simulated as a coupled system of ICC in a 1D model (Fig. 4).



Fig. 4. Slow wave propagation simulations. The simulated slow waves at the ends of the 1D model are shown (proximal: solid-line; distal: dashedline). (a) Entrainment was simulated in the coupled system. The entrainment frequency was 3 cpm. The constant phase-locking is indicated by the solid horizontal lines. (b) Loss-of-entrainment was achieved by reducing the conductivities. The simulated slow waves occurred at different frequencies (3 cpm and 2.8 cpm).

The current model took on average 418 s to solve, more

efficient compared to the previous 1D model [9], which took 1014 s to solve using the same setup.

The entrained slow waves demonstrated the same frequency at every point along the 1D model, with the lower frequencies being phase-locked to the pacemaker in the proximal end of the model, i.e., the highest frequency entrained the lower frequencies (Fig. 4(a)). The amplitude of the simulated slow wave with lower intrinsic frequency was approximately 3.7  $mV$  higher than that of the higher intrinsic frequency (Fig. 4).

When the 1D model was decoupled, by reducing the conductivities, entrainment was lost. The loss of entrainment is evident in the loss of phase-locking between the simulated slow waves, with each cell generating slow waves at their respective intrinsic frequencies (Fig. 4(b)). In experimental studies, loss of entrainment and the subsequent dysrhythmia in slow wave activity may contribute to uncoordinated gastric contractions, leading to diminished digestive functions [6].

## IV. CONCLUSIONS

A computationally efficient biophysical slow wave cell model was developed and applied to simulate entrainment of gastric slow waves in a 1D model. The simulated result suggested that propagation of slow waves is mediated by a phase-locked system of unique intrinsic frequencies and the integrity of the system depends on tissue material properties such as conductivity. In future, the cell model will be applied to quantitatively predict the mechanisms that underpin slow wave dysrhythmias [9].

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## APPENDIX

#### TABLE II

#### CELL MODEL PARAMETERS

Parameter	Description	Value
$\overline{C_m}$	Membrane capacitance	25pF
$G_{Na}$	Maximum $Na+$ conductance	$8 \; mS$
$E_{Na}$	Na+ reverse poential	$80 \ mV$
$\tau_{f_{Na}}$	$Na+$ gating time constant	$110$ ms
$\tau_{d_{Na}}$	$Na+$ gating time constant	$10 \; ms$
$G_{BK}$	$K^+$ maximum conductance	$1.2 \; mS$
$E_K$	$K^+$ reverse poential	$-72$ $mV$
$G_{MCa}$	$Ca2+$ maximum conductance	$4 \; mS$
$E_{Ca}$	$Ca^{2+}$ reverse poential	$-20$ $mV$
q	Hill coefficient	4
$k_{Ca}$	Half saturation constant for $I_{Ca}$	$1.4$ $mM$
$V_0$	$Ca2+$ influx into cytosol	$0.22 \ \mu M \, m s^{-1}$
$V_1$	$Ca^{2+}$ influx into cytosol due to IP <sub>3</sub>	$0.2266 \; ms^{-1}$
$V_{M2}$	Maximum $Ca^{2+}$ pump into store	3.34 $\mu M\, ms^{-1}$
$\boldsymbol{n}$	Hill coefficient	$\overline{c}$
k <sub>2</sub>	Cytosolic Ca <sup>2+</sup> threshold for $V_2$	$1 \, mM$
$V_{M3}$	Maximum $Ca^{2+}$ pump from store	44 $\mu M\, ms^{-1}$
w	Hill coefficient	4
$k_a$	Cytosolic Ca <sup>2+</sup> threshold for $V_3$	$1 \, mM$
m	Hill coefficient	$\overline{4}$
$k_r$	Cytosolic Ca <sup>2+</sup> threshold for $V_3$	$2 \; mM$
$\overline{O}$	Hill coefficient	$\Delta$
$k_p$	IP <sub>3</sub> threshold for $V_3$	$0.65$ $mM$
$V_{MA}$	Maximum $IP_3$ nonlinear degradation	$0.16 \ \mu M \, ms^{-1}$
β	$IP3$ synthesis constant	$0.000062 \ ms^{-1}$
$\eta$	Linear $IP_3$ synthesis	$0.00015 \ ms^{-1}$
$\boldsymbol{u}$	Hill coefficient	$0.05$ $mM$ $ms^{-1}$
$k_4$	Half saturation constant	$0.5$ $mM$
$P_{MV}$	Maximum $IP_3$ synthesis	$0.32 \; mM\, ms^{-1}$
$\overline{r}$	Hill coefficient	8
$k_v$	Half saturation constant	$-60$ $mV$
$k_f$	Rate constant	$0.00006 \ ms^{-1}$
K	Rate constant	$0.00066 \; ms^{-1}$

TABLE III CELL MODEL INITIAL CONDITIONS

