

A Computational Investigation of Ionic Transport and Gating Due to Electrical Stimulation Treatments

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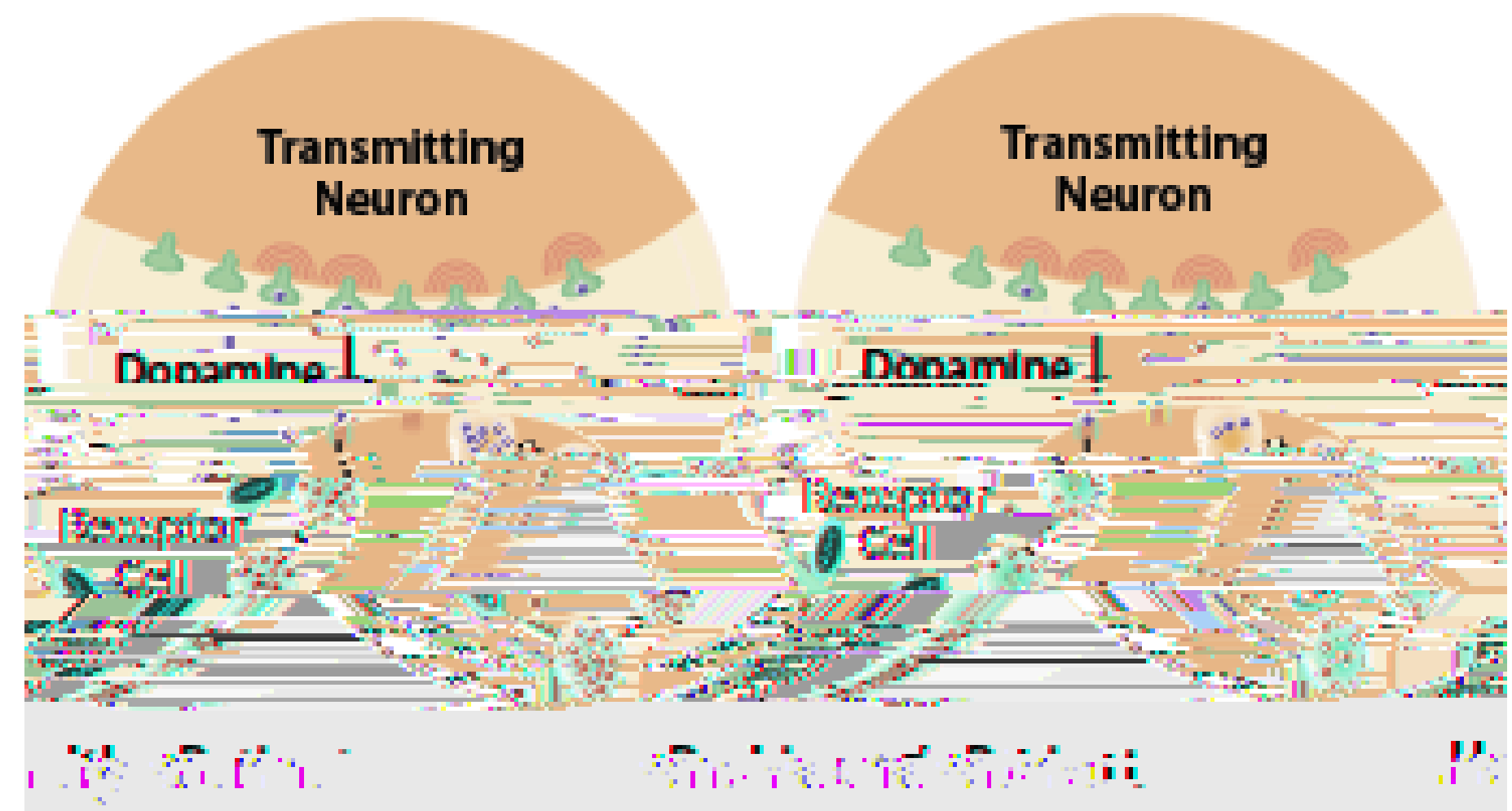


[Parkinson's disease](#)

[Calcium](#)

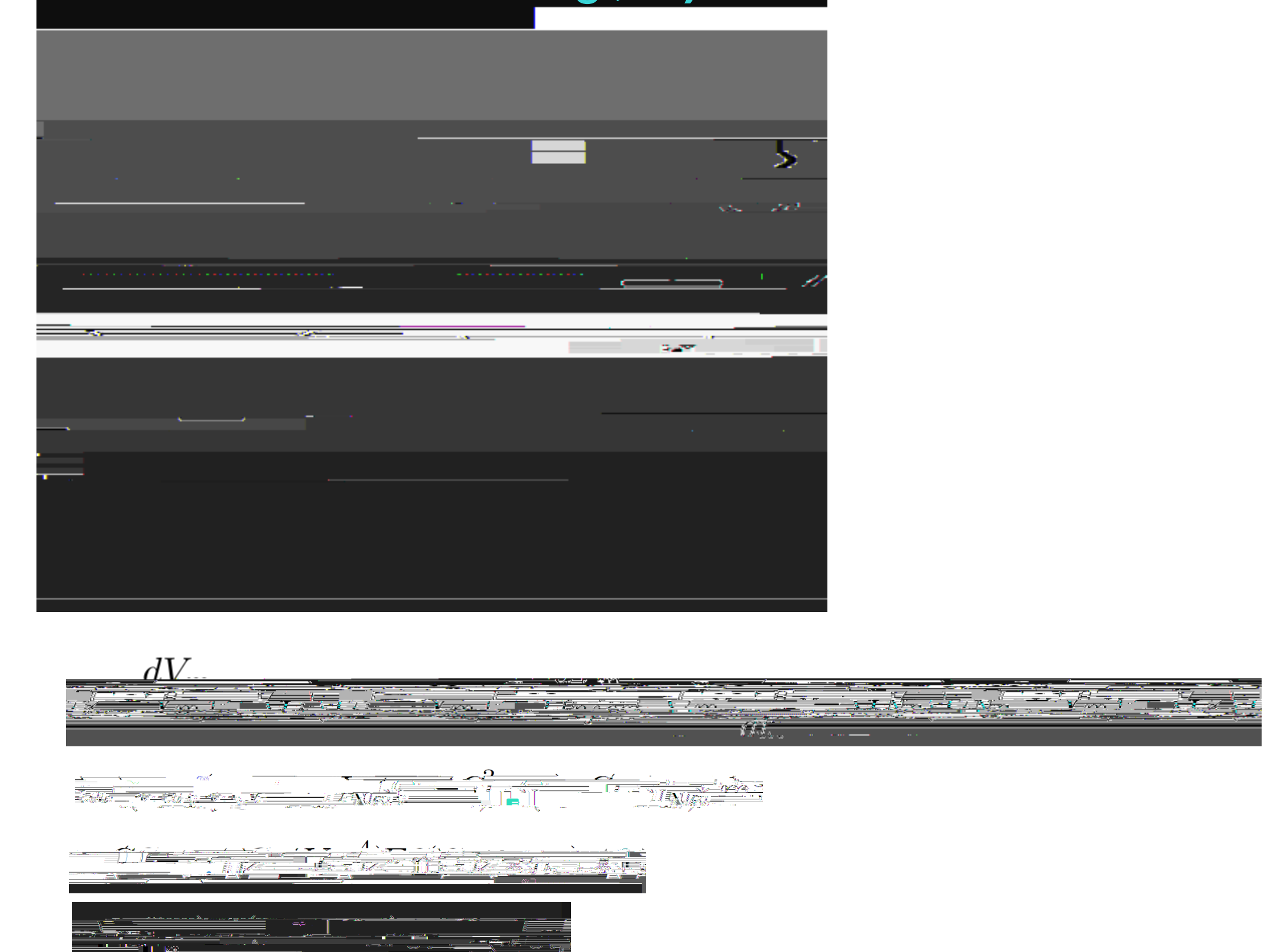
[Symptoms](#)

[Treatment](#)

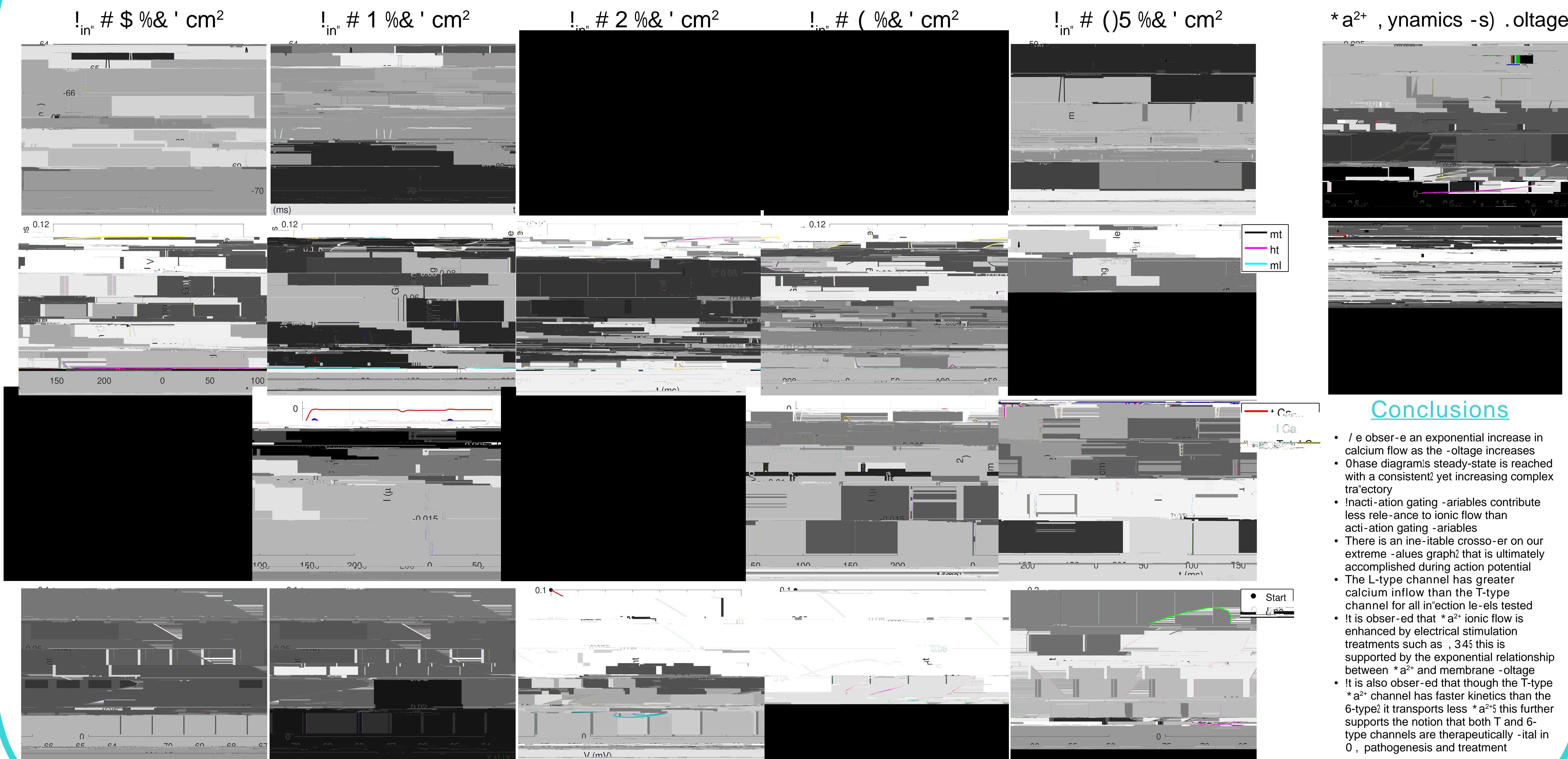


Motivation

Basic Hodgkin-Huxley model



Simulations and Results



Conclusions

- We observe an exponential increase in calcium flow as the voltage increases
- Phase diagram's steady-state is reached with a consistent yet increasing complex trajectory
- Inactivation gating variables contribute less relevance to ionic flow than activation gating variables
- There is an inevitable crossover on our extreme values graph that is ultimately accomplished during action potential
- The L-type channel has greater calcium inflow than the T-type channel for all injection levels tested
- It is observed that a^{2+} ionic flow is enhanced by electrical stimulation treatments such as, 345 this is supported by the exponential relationship between a^{2+} and membrane voltage
- It is also observed that though the T-type a^{2+} channel has faster kinetics than the L-type it transports less a^{2+} this further supports the notion that both T and L-type channels are therapeutically vital in D, pathogenesis and treatment

$$I_{Ca} = C_{Ca} \frac{dCa}{dt} = C_{Ca} m^3 b (V_r - E_{Ca})$$

Next Steps

- Analyze multi-dimensional phase diagrams
- Estimate model prediction accuracy with comparisons to D*S clinical and medical literature
- Integrate Cell model with larger scale +) dimensional electrical stimulation simulations



References

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Acknowledgments

Dr. -eimer) cGinn .# \$ %/ for feedback, and support

