

Stability of a Modified Mathematical Model of AIDS Epidemic Can Stem cells Offer A new Hope of Cure for HIV1?

Manar A. Alqudah1;2;*; Saoussan A.Kallel¹ and Sana'aA.Zarea¹

¹Mathematical Science Department, Princess Nourah Bint Abdulrahman University, P.O. Box 84428, Riyadh 11671, Saudi Arabia.

2Deanship of Scientific Research, Princess Nourah Bint Abdulrahman University, P.O. Box 84428, Riyadh 11671, Saudi Arabia.

Abstract: We propose a new mathematical model to quantitatively study the effect of stem cell transplantation in the treatment of HIV 1 infection. The analysis indicates that the therapy cannot offer a cure to the infection, but simply offers a better life to the ill person and delay death.

Key words: stem cells; mathematical modeling; HIV 1; stability analysis.

1. Introduction

CD4+T (T-cells) lymphocytes play a fundamental regulatory role in the immune system. The number of CD4+T cells in the circulation provides important information about the immune competence of an individual [1]. People with CD4+T cell counts above 500 cells/ml generally have relatively normal immune functions and are at low risk for opportunistic infections [2]. The decrease in CD4+T cells under the indicated number can perturb the balance of the normal immune functions of the body [3].

Human immunodeficiency virus (HIV) is a retrovirus discovered in 1984 [4], [5]. The virus mainly affects CD4+Tlymphocytes. These originally healthy cells become infected and transform to factories to produce more HIV. The correlation between increase in viral load with depletion in the concentration of CD4+T and disease progression was observed by many scientists as in [6], [7], [8], [9], and

[10]. Without intervention, HIV disease progresses and CD4+T cell counts reduce, typically by about 30-100 cells/ ml per year. [2]. In this process, the immune cells get continuously destroyed weakening the body's ability to flight disease and leading to the development of Acquired Immune Deficiency syndrome (AIDS). The suffering individual will die within 8 to 10 years if left untreated.

Today, living in the 21st century, we are still unable to cure HIV. Some light of hope for the treatment of this incurable disease is the Stem cell therapy. Hematopoietic stem cells are characterized by their ability to self-renew as well as to differentiate,

[11] to give rise to a mature healthy specialized cell of the immune system [12], [13], [14] and can then replace diseased cells. It is similar to the principal of organ transplantation. We transplant cells instead of organs.

This paper is organized as follows: In section 2, we introduce the model of viral dynamics corresponding to the stem cell therapy. In section 3, we analyzethe implicit model, we find out the critical points and we discuss the stability. Finally, in section 4, we discuss the implications with regards to the patient treatment.

2 Modeling Stem Cells Therapy

A combination of viral load and of the concentration of CD4+T lymphocyte in the blood is considered to be the best indicator in evaluating the stage of the disease in HIV infected individuals, for the T

determination of the commencement of a therapy and for monitoring the efficacy of the treatment [15], [3], [16], [17], and [18].

$$\frac{dT_{i}(t)}{dT_{i}(t)} k_{T}TV \qquad \pi T_{i}$$

$$\frac{dV(t)}{dt} T_{i} T_{i} c_{v}V$$
(1)



If normal stem cells in the top of the hierarchy denoted by divide at rate r, die at rate r and produce terminally differentiated T-cells at rate, then the dynamic of stem cell transformation can be represented in two variables by [24], [25], and [26].

$$\frac{dS(t)}{dt}(r - d)S(t)$$

$$\frac{dT(t)}{dt}cS - dT(t)$$

More precisely, we know there are three possibilities to a stem cell to divide: [27]

- Symmetric self-renewal, where a stem cell can divide to become two stem cells, with probability s, -

Asymmetric self-renewal, where one daughter cell remains a stem cell while the other does not inherit this characteristic, with probability A,

- Symmetric commitment differentiation, where a stem cell can divide to become two committed cells, with probability D.

Therefore K^{SD} . We suppose that the stem cells divide at rate K^{SD} and die at rate K^{SD} cells die at rate K^{SD} and they are formed through asymmetric and differentiation division of $\overset{\smile}{\sim}$ cells. We need to introduce an amplification factor to finally get the simplified ODE [28], [29], [30], [31].

$$\frac{dT(t)^{k(-S-D)-S}S(t)}{T-d_TT(t)(2_{-D-A})kAS(t)}$$

$$\frac{k_TT(t)V(t)}{k(-)}$$

^{SD} represents the net per-capita growth rate of stem cells [32]

The resulting dynamic of stem cell therapy for HIV can then be represented by the simple ordinary differential equations:

$$\overline{dT(t)}^{k}(s \quad D) \quad sJS(t)$$

$$- T \quad d_TT(t) (2 \quad D \quad A) kAS(t)$$

$$k_TT(t)V(t)$$

$$\frac{dT_i(t)}{dt}_{k_TT(t)V(t)} \quad T_iT_i \quad (t)$$

$$\frac{dV(t)}{dt}_{T_i}T_i(t) c_VV(t). \quad 3$$
We assume all of the parameters $s \quad D$ non-negative and $sD \quad S$ non-positive.

3. Equilibrium Points and Stability Analysis

In this section we are going to discuss the stability of the model of viral dynamics corresponding to the stem cell therapy given by Eqs. (3). It is clear that system (3) is an almost linear autonomous system S, T, T_i, V and the equilibrium points has the form

The following theorem gives us the equilibrium points. **Theorem 1** The system (3) has two equilibrium points

$$P_{I}$$
 S,T,T, T_{i} ,V(0, $\frac{T}{dT}$,0,0), corresponding to the

free disease case and $P_2 S, T, T_i, V$

$$(0, \frac{T}{d_T}, \frac{1}{K}, \frac{d_T c_v}{K}, (R_0 \ 1), \frac{d_T}{k_T}, (R_0 \ 1));$$

$$R_0 = \frac{\frac{T}{c_T}, \frac{T}{T}}{\frac{T}{c_v}, \frac{d}{T}}.$$
(Basic Reproduction Number) corresponding to endemic case.

Proof To find the equilibrium points, we solve the

following system for S, T, T_i, V using Mathematic a software:

If the basic reproduction ratio of the viruses given

by
$$R_0 = \frac{\kappa}{C_{v Ti} a_T}$$

 $\frac{c_{T}TTi}{c_{v}T_{i}}a_{T}$, then we get the following equilibrium

points:

$$P_1 S, T, T_i, V(0, \frac{T}{d_T}, 0, 0)$$
, and $P_2 S, T, T_i, V$

$$(0, \frac{T}{d_T}, \frac{1}{R_0}, \frac{d_T c_V}{\kappa}, (R_0, 1), \frac{d_T}{\kappa}, (R_0, 1)).$$

(0, $\frac{T}{d_T} = \frac{I}{k_0}$, $\frac{d_T c_V}{k_T}$ (R₀ 1), $\frac{d_T}{k_T}$ (R₀ 1)).

We shall study the stability of the equilibrium points I and I

Theorem 2 The free disease case 1 is asymptotically stable if R_0 and unstable if R_0 .

Proof The Jacobian matrix corresponding to system (3) is given by:



At the health point P the Jacobian matrix becomes

and the characteristic equation is:

$$det(J_{I} rI) [(d_{T} r)([k(s D) s]r]$$

$$(r^{2} (c)r \frac{k_{T T Ti}}{dT} c)] 0$$

then using Mathematic a software the eigen values are given by:

$$r_{I} \quad d_{T}, r_{2} \quad k(s \quad D) \quad S,$$

$$r_{J} \quad \frac{1}{2 d_{T}} (d_{T}(c_{J})) \quad \sqrt{\frac{4}{T}}$$

$$\sqrt{c_{J} \cdot d_{T} \cdot 4 \cdot k} \quad 2c_{J} \quad d_{J} \cdot d_{J} \quad T_{T} \cdot T_{I} \quad r_{J} \cdot T_{T} \cdot T_{I} \quad r_{J} \cdot T_{T} \cdot T_{I} \cdot r_{J} \cdot T_{T} \cdot T_{I} \cdot r_{J} \cdot T_{T} \cdot r_{J} \cdot r_{J}$$

and the

$$R_0 = \frac{\frac{k_{T-T-Ti}}{C}}{\frac{C}{v-Ti}} I,$$

means that 30 and 4 Thus, we get the result.

2) If R_0 , then P_2 is impossible.

To study the point 2, we need the following lemma:

$$f(r)_{r_3}$$
 $a_1 r_2$ $a_2 r_3$, has the following results:

(i) If
$$a = 0$$
, then $a = 0$, has at least one positive root.
(ii) If $a = 0$, $a = 0$, has no positive root.

has a

positive root: r $\frac{1}{3}$ $\frac{1}{3}$, $\frac{1}{3}$ $\frac{1}{3}$, then the endemic point $\frac{1}{2}$ is asymptotically stable.

Proof: At the point 2, the Jacobian matrix becomes:

$$J_{2}$$

$$k(SD)S$$

$$(2_{DA})kA$$

$$0$$

$$0$$

Remark 3 1) If
$$\begin{pmatrix} R & I \\ 0 & \text{then} \end{pmatrix}$$
, then $\begin{pmatrix} P & P \\ 2 & I \end{pmatrix}$.



the characteristic equation is given by

$$det(J_{2} \ rI) \ (r \ (k \ (S \ D) \ S))$$

$$(r^{3} \ (c \ d \ R \)r^{2} \ c \ d \ R \)$$

$$d \ R \ \frac{K}{T \ Ti \ 0} \ \frac{K}{d \ TR_{0}} c) \ r \ 2 \ k$$

$$\frac{K}{T \ Ti \ T} c_{v \ Ti} \ d \ TR \ 0) \ 0,$$

$$R_{0} \ r \ k \ (s \ b)$$

 R_0 r k (), then r r s p r s, is the eigen-value of the characteristic equation (5), to find the other eigen values we solve asymptotically stable.

$$det(J_2 rI) (r(k(s_D)s))$$

then $D \setminus S$, is the eigen value of the characteristic equation (5), to find the other eigen values we solve

f(r)
$$r^{3}$$
 $ar^{2}a$ r a 0 , (6)

such that:



according to **Lemma 1**, we deduced that 2 is asymptotically stable.

4. Conclusion

We have formulated a model for HIV 1 infection with stem cell treatment to study the influence of the therapy on viral dynamics. We have found the same

$$R_0 = \frac{R_{T-T-T}i}{C-d}$$

basic reproductive ratio I^{T} as the system (1) before introducing the stem cells [34], [35], [36]. This ratio was shown to determine the asymptotic I^{T} stability of the free-disease steady state when I^{T} of the infected I^{T} cells and virus particles will be cleared) and the infected steady state when I^{T} and the infected steady state when I^{T} and the infection will progress to chronic infection).

So, stem cell therapy will not offer a cure to the infected person, but simply will help delay progression to the chronic stage.

Acknowledgement:

This paper was funded by the Deanship of Science Research/(DSR), Princess Nourah Bint Abdulrahman University, Riyadh, Saudi Arabia, under grant No.(36-121-y-1436). The authors, therefore, acknowledge with thanks DSR technical and financial support.

References:

- Thakar M, Abraham P, Arora S, Balakrishnan P, Bandyopadhyay B, Joshi A, Devi K, Vasanthapuram R, Vajpayee M, Desai A, Mohanakrishnan J, Narain K, Ray K, Patil S, Singh R, Singla A, Paranjape R. Establishment of reference CD4+ T cell values for adult Indian population. AIDS Res Ther 2011;8:35.
- 2. BasriR, Mohamad, Majdiah W. M. Neurological manifestations of HIV-1 infection and markers for HIV progression. Chap.8. http://dx.doi.org/10.5772/54026.
- 3. Zeller J, McCain N, Swanson B. Immunological and virological markers of HIV-disease

- progression. Journal of the Association of Nurses in AIDS care 1996;7(1): 15-17.
- Gallo RC. The early years of HIV/AIDS. Science2002;298(5599):1728-1730. DOI: 10.1126/science.1078050.
- Montagnier L. History of HIV discovery. Science2002; 298(5599): 1727-1728. DOI: 10.1126/science.1079027.
- Weiss R. How does HIV cause AIDS?. Science1993; 260 (5112):1273-1279.
- 7. Ho D, Mougdil T, Alam M. Quantitation of human immunodeficiency virus Type 1 in the blood of infected persons. N. Engl. J. Med. 1989; 321:1621-1625.
- 8. Simmonds P, BalfeP, Peutherer J, Ludlam C, Bishop J, Brown A. Human immunodeficiency virus-infected individuals contain provirus in small numbers of peripheral mononuclear cells and at low copy numbers. J. Virol. 1990; 64 (2): 864-872.
- Manohar R, Furtado, Lawrence A. Kingsly, and Steven M. Wolinsky. Changes in the Viral mRNA expression pattern correlate with a rapid rate of CD41 T-Cell Number decline in human immunodeficiency virus Type 1-infected individuals. Journal of virology 1995;69(4): 2092-2100.
- Mathes D, Paul D, De Belilovsky C, Sultan Y, Deleuze J, Gorin I, Saurin W, Decker R,
 Leibowitch J. Productive human immunodeficiency virus infection levels correlate with AIDS-related manifestations in the patient. Proc. Nati. Acad. Sci. 1990; 87: 7438-7442, Medical Sciences.
- 11. Reya T, Morrison S, Clarke M, Weissman I. Stem cell, cancer and cancer stem cell. Nature 2001; 414:105-11.
- 12. Orkin SH. Diversification of hematopoietic stem cells to specific lineages. Nat. Rev. Genet.2000;1(1):57-64, doi:10.1038/35049577.
- Kondo M, Wagers A, Mans M, Prohaska S, Scherer D, Beilhack G, Shizuru J, Weissman I. Biology of hematopoietic stem cells and progenitors: implications for clinical application. Annu. Rev. Immunol2003; 21:759-806.doi: 10.1146/annurev.immunol.21.120601.141007.
- David B, Derrick R, Irving W. Biological Perspectives. Hematopoietic Stem Cells The Paradigmatic Tissue- Specific Stem Cell. The American Journal of Pathology 2006; 169(2).
- 15. Pattanapanyasat K., Thakar M. CD4+ T cell count as a tool to monitor HIV progression & anti-retroviral therapy. Indian J MedRes. 2005;121(4):539-549.



- 16. Smith CL, Stein GE. Viral load as asurrogate end point in HIV disease. The annals of pharmacotherapy 2002;36(2):280-287.
- 17. Stein D, Korvick J, Vermund S. CD4 Lymphocitecell enumeration for prediction of clinical course of human immunodeficiency virus disease: a review. J. Infect Dis. 1992; 165: 352-263.
- 18. Levine A, Seneviratne L, Espina B, WohlA, Tulpule A, Nathwani B, Gill P. Evolving characteristics of AIDS-related lymphoma. Blood. 2000; 96 (13): 4084-90.
- Perelson A, Neumann A, Markowitz M, leonard J, Ho D. HIV 1 dynamics in vivo: Virionclearance rate, infectedcell life-span, and viral generation time. Science 1996; 271: 1582-1586.
- 20. Wei X, Ghosh S, Taylor M, Johnson V, Emini E, DeutschP. Lifson J, Bonhoeffer S, Nowak M, Hahn B, et al. Viral dynamics in human immunodeficiency virus type 1 infection. Nature. 1995;373(6510):117-122.
- 21. Nowak M, Bangham Ch. Populationdynamics of immune responses to persistent viruses. Science 1996;272:74-79.
- 22. Nowak M, Bonhoeffer S, Shaw G, May R. Antiviral drugtreatment: dynamics of resistance in free virus and infected cell populations. J. Theor. Biol. 1997;184: 203-217.
- 23. Stafford M. Et al.Modeling plasma virus concentration during primary HIV infection. J. theor. Biol. 2000;203: 285-301.
- Olshem A, Tang M, Cortes J, Gonen M, Hughes T, Branford S, Quintás-Cardama A, Michor F. Dynamics of chronic myeloid leukemia response to dasatinib, nilotinib, and high-doseimitinib. Haematologica 2014; 99(11):1701-1709.
- 25. Manesso E, Teles J, Bryder D, Peterson C. Dynamical modelling of haematopoeiesis: an integrated view over the system in homeostasis and under perturbation. J. R. Soc. Interface 2012; 10: 20120817. DOI: 10.1098/rsif.2012.0817.
- 26. StiehlTh, Marciniak-Czochra A. Characterization ofstem cells using mathematical models of

- multistage cell lineages. Mathematicaland Computer Modelling 2011;53:1505-1517, doi:10.1016/j.mcm.
- Wu M, Kwon H, Rattis F, Blum J, Zhao Ch, Ashkenazi R. et al. Imaging hematopoietic precursor division in real time. CellStem Cell2007; 1:541-554.
- 28. Sara N, Jackson T. A mathematicalmodel of cancer stem cell driven tumor initiation: Implications of niche sizeand loss of homeostatic regularity mechanisms. PLoS one 2013;8(8): e71128. Doi:10.1371/journal.pone.0071128.
- 29. GentryS. Mathematical modelling of mutation acquisition in hierarchical tissues: Quantification of the cancer stem cell hypothesis. Phd thesis 2008.
- Ashkenazi R, Gentry SN, Jackson TL. Pathways to tumorigenesis modelling mutation acquisition instemcells and their progeny.
 Neoplasia 2008; 10(11): 1170-1182. doi: 10.1593/neo.08572.
- 31. Rodriguez-Brenes I, Wodarz D, Komarova N. Stem cell control, oscillations, and tissue regeneration in spatial and non-spatial models, original resercharticle. frontiers in oncology 2013; 3: 82.
- 32. Johnston M, Edwards C, Bodmer W., Maini Ph., Chapman S. Examples of mathematical modeling: tales from the crypt. Cell Cycle 2007; 6(17):2106-2112.
- 33. NareshR, TripathiA, Sharma D.A nonlinear AIDS epidemic model with screening and time delay. Appl. Math. Comput. 2011; 217 (9): 4416-4426.
- 34. Heffernen J, Smith R, WahlL. Perspectives on the basic reproductive ratio.J. of the Royal society interface 2005; 2: 281-293.
- 35. Bonhoeffer S, May R, Shaw G, Nowak M. Virus dynamics and drug therapy. Proc. Natl. Acad. Sci. 1997; 94:6971-6976.
- 36. Nowak M, May R. Virus dynamics: Mathematical principals of immunology and virology, Oxford university press, New York, USA. 2001.