

Ever Young: A Big Game, Induced Pluripotent Stem Cell a Positive Candidate

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Abstract

Have you ever imagine that you will go to pharmacy to order cells instead of medicine. Yes scientists are trying to making it possible. Lots of trial has already been undertaken to make this scientific imagination true. People don't want to be aged in course of life-time. Everybody wants to remain young. Induced pluripotent stem cells originate from somatic cell more specifically from patient specific somatic cell can be a possibility of this contemplation.

Keywords: Induced Pluripotent stem cell; Ever young; Senility

Editorial

Regenerative medicine and cell therapy become more and more favorite [1] day by day to overcome the adverse effects of drug. Conventional drugs have lots of side effects and also they are not pleasant for cell also drug developed in mouse trialing, is not working in many human diseases [2].

According to the believer after rebirth all the blessed people of heaven will remain young of their rest of life. Its means the cells of their body will never turns to senescence or the aged cells turn again into juvenile stage. This will only be possible for the supreme power that creates all this living being in the earth. As human being we can never stop or slow down the growth of cell even cannot prevent to being aged. Also we cannot return the aged cell into young cell, but we can introduce some way that the senescence cell are somehow replace by young cell time to time.

When some part of body cell will be diseased or deformity they will give some special types of signal to the immune cells of body to save them from invaders or microorganism. The notion of pluripotent stem cell to replace the diseased cell is exactly similar. It is already established by some researcher that using different condition pluripotent stem cells can replace the damaged or diseases cells of the body [3-15].

What would be the possibilities that induced pluripotent stem cells as a candidate of ever young? Well, seems a patient heart attacked by any disease and his cardiac cells going to be dysfunctional. If we treat this patient with Induced Pluripotent stem cell (iPS) generated from his own somatic cell, the new juvenile iPS cells will receive a signals from the diseases cardiac cell that they will understand something really wrong with the cardiac cell and finally due to this signal they will go to their site of action where they start their function and replace the diseases cell in a specific time fashion (Figure 2). In this way the diseases cell become replace by new juvenile cardiac iPS cell and finally the diseases become cure [16-23].

At the same manner liver [24,25], Kidney [26], stomach [27], muscle [28-32], Nervous system [33-39], blood cells and vascular system [40-43], retina [44], cochlea[45] or any organs diseases can be treated by this way(Figure 1). However come to the main talk. Our question is why a human is going aged day by day because his cells are getting aged, what happens then? The metabolic efficiency and energy production slowly down so why cells become aged.

Now our target is that we will treat these aged cells by the iPS. Just think collect some somatic cell from different organs from the vital part of body like from Skin, muscle, heart liver, kidney etc. and then make iPS of these cells in vitro. And again introduce these iPS cells into human body. When these iPS introduced into body by any means they will search the signal from their aged cells, if they get senescence signal from the same cell they will go there and replace the aged cell time to time, in that way the cell of a particular organ will never go aged because they are always in the way of replacing by new juvenile cell (Figure 1).

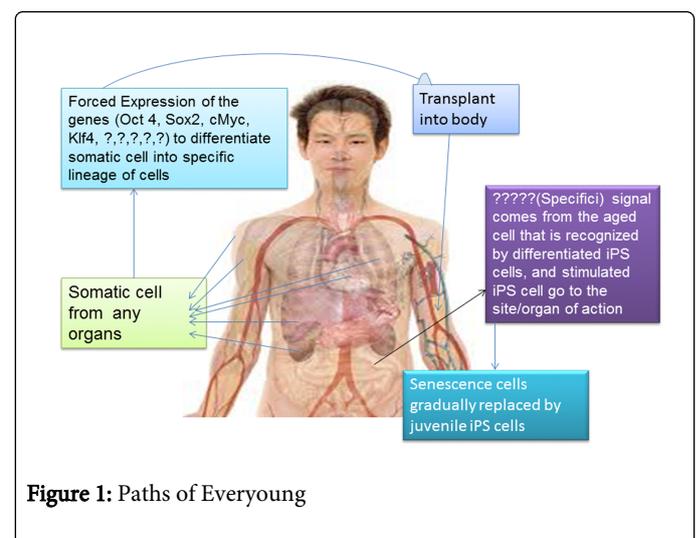


Figure 1: Paths of Everyoung

Another ways is to make the aged cell younger that correction of the genes responsible for senility. In this methods change or convert delete

or knockdown the senile genes from the iPS cell, when these iPS cell differentiate and replace the aged cell and these juvenile cell will never go to see the senility because they will not have the genes responsible for ageing. Really amusing, interesting and funny (Figure 2), Some clinical trial and successes already underwent about this interesting phenomenon, scientist found that correction of β -globulin genes can prevent sickle cell anemia in mice [46] Genetic correction is helpful in Duchene muscular dystrophy [47] and knockdown of some gene enhances iPS reprogramming capacity [48].

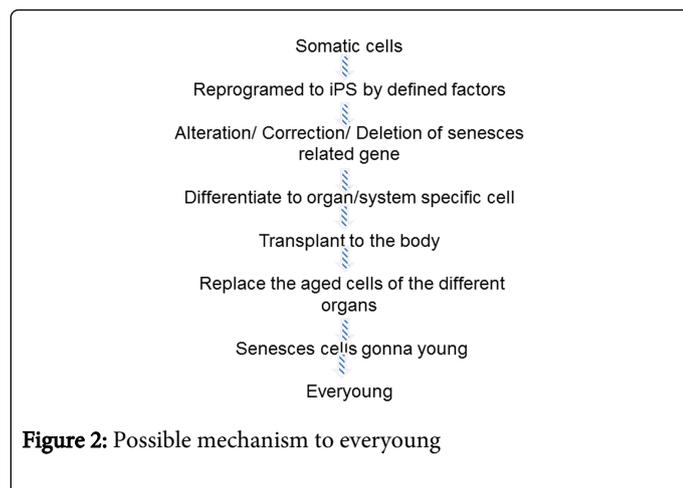


Figure 2: Possible mechanism to everyoung

These are the way to make a man ever young, because if cells always remain young the man will never go to see the senility (Figures 1 and 2).

The same things may happen for cancer cell as well. Naturally cancer cell nature and secretions are totally different from healthy cell. When we generate some iPS from the healthy part of organ and treated the patient with these iPS cells they will receive danger signal from cancerous cell and by receiving the signal they will start their action to replace the cancerous cell and the disease condition of patient will change to healthy.

Usually difficulties or problems with drug or transplantation is that after treatment there is a high chance of rejection but in case of pluripotent stem cell there is very minimum or no rejection [49-52]. Because in case of iPS, cells use from owner that is why we have no worries about self and non-self antigen cross reaction and rejection. Even nowadays scientists are trying to boost the immune system using immune cells generated from induced pluripotent stem cells [53].

Summary

It is already proved by the researcher that patient specific iPS cell can replace the diseased cell of nerve, muscle, eye, blood cell, liver, kidney etc. Especially the iPS replacement technique is widely applied nowadays in hepatic and cardiac diseases [54-57]. These examples are the great hope for human. In the near future the technology will be adopted that human no need to see their senility. The time period allocated for his life span will lead as young. It is really amusing.

References

1. Polak JM, Mantalaris S (2008) Stem cells bioprocessing: an important milestone to move regenerative medicine research into the clinical arena. *Pediatr Res* 63: 461-466.

2. Inoue H, Yamanaka S (2011) The use of induced pluripotent stem cells in drug development. *ClinPharmacolTher* 89: 655-661.
3. Okita K, Yamanaka S (2011) Induced pluripotent stem cells: opportunities and challenges. *Philos Trans R Soc Lond B BiolSci* 366: 2198-2207.
4. Yamanaka S (2012) Induced pluripotent stem cells: past, present, and future. *Cell Stem Cell* 10: 678-684.
5. Yoshida Y, Yamanaka S (2010) Recent stem cell advances: induced pluripotent stem cells for disease modeling and stem cell-based regeneration. *Circulation* 122: 80-87.
6. Takahashi K, Tanabe K, Ohnuki M, Narita M, Sasaki A, et al. (2014) Induction of pluripotency in human somatic cells via a transient state resembling primitive streak-like mesendoderm. *Nat Commun* 24:3678.
7. Yamanaka S (2007) Strategies and new developments in the generation of patient-specific pluripotent stem cells. *Cell Stem Cell* 1: 39-49.
8. Yamanaka S (2010) Patient-specific pluripotent stem cells become even more accessible. *Cell Stem Cell* 7: 1-2.
9. Shimamoto R, Amano NI, Ichisaka T1, Watanabe A1, Yamanaka S2, et al. (2014) Generation and characterization of induced pluripotent stem cells from Aid-deficient mice. *PLoS One* 9: e94735.
10. Tanabe K, Takahashi K, Yamanaka S (2014) Induction of pluripotency by defined factors. *ProcJpnAcadSer B PhysiolSci* 90: 83-96.
11. Inoue H, Nagata N, Kurokawa H, Yamanaka S (2014) iPS cells: a game changer for future medicine. *EMBO J* 33: 409-417.
12. Nagata N, Yamanaka S (2014) Perspectives for induced pluripotent stem cell technology: new insights into human physiology involved in somatic mosaicism. *Circ Res* 114: 505-510.
13. Araoka T, Mae S, Kurose Y, Uesugi M, Ohta A, et al. (2014) Efficient and rapid induction of human iPSCs/ESCs into nephrogenic intermediate mesoderm using small molecule-based differentiation methods. *PLoS One* 9: e84881.
14. Takahashi K, Yamanaka S (2013) Induced pluripotent stem cells in medicine and biology. *Development* 140: 2457-2461.
15. Okano H, Nakamura M, Yoshida K, Okada Y, Tsuji O, et al. (2013) Steps toward safe cell therapy using induced pluripotent stem cells. *Circ Res* 112: 523-533.
16. Kamakura T, Makiyama T, Sasaki K, Yoshida Y, Wuriyanghai Y, et al. (2013) Ultrastructural maturation of human-induced pluripotent stem cell-derived cardiomyocytes in a long-term culture. *Circ J* 77: 1307-1314.
17. Yoshida Y, Yamanaka S (2011) iPS cells: a source of cardiac regeneration. *J Mol Cell Cardiol* 50: 327-332.
18. Uosaki H, Fukushima H, Takeuchi A, Matsuoka S, Nakatsuji N, et al. (2011) Efficient and scalable purification of cardiomyocytes from human embryonic and induced pluripotent stem cells by VCAM1 surface expression. *PLoS One* 6: e23657.
19. Narazaki G, Uosaki H, Teranishi M, Okita K, Kim B, et al. (2008) Directed and systematic differentiation of cardiovascular cells from mouse induced pluripotent stem cells. *Circulation* 118: 498-506.
20. Tanaka T, Tohyama S, Murata M, Nomura F, Kaneko T, et al. (2009) In vitro pharmacologic testing using human induced pluripotent stem cell-derived cardiomyocytes. *BiochemBiophys Res Commun* 385: 497-502.
21. Fujiwara M, Yan P, Otsuji TG, Narazaki G, Uosaki H, et al. (2011) Induction and enhancement of cardiac cell differentiation from mouse and human induced pluripotent stem cells with cyclosporin-A. *PLoS One* 6: e16734.
22. Yokoo N, Baba S, Kaichi S, Niwa A, Mima T, et al. (2009) The effects of cardioactive drugs on cardiomyocytes derived from human induced pluripotent stem cells. *BiochemBiophys Res Commun* 387: 482-488.
23. Miki K, Uenaka H, Saito A, Miyagawa S, Sakaguchi T, et al. (2012) Bioengineered myocardium derived from induced pluripotent stem cells improves cardiac function and attenuates cardiac remodeling following chronic myocardial infarction in rats. *Stem Cells Transl Med* 1: 430-437.
24. Kajiwara M, Aoi T, Okita K, Takahashi R, Inoue H, et al. (2012) Donor-dependent variations in hepatic differentiation from human-induced pluripotent stem cells. *ProcNatlAcadSci U S A* 109: 12538-12543.

25. Espejel S, Roll GR, McLaughlin KJ, Lee AY, Zhang JY, et al. (2010) Induced pluripotent stem cell-derived hepatocytes have the functional and proliferative capabilities needed for liver regeneration in mice. *J Clin Invest* 120: 3120-3126.
26. Mae S, Shono A, Shiota F, Yasuno T, Kajiwara M, et al. (2013) Monitoring and robust induction of nephrogenic intermediate mesoderm from human pluripotent stem cells. *Nat Commun* 4: 1367.
27. Aoi T, Yae K, Nakagawa M, Ichisaka T, Okita K, et al. (2008) Generation of pluripotent stem cells from adult mouse liver and stomach cells. *Science* 321: 699-702.
28. Matsumoto Y, Hayashi Y, Schlieve CR, Ikeya M1, Kim H, et al. (2013) Induced pluripotent stem cells from patients with human fibrodysplasia ossificans progressiva show increased mineralization and cartilage formation. *Orphanet J Rare Dis* 8: 190.
29. Mizuno Y, Chang H, Umeda K, Niwa A, Iwasa T, et al. (2010) Generation of skeletal muscle stem/progenitor cells from murine induced pluripotent stem cells. *FASEB J* 24: 2245-2253.
30. Egawa N, Kitaoka S, Tsukita K, Naitoh M, Takahashi K, et al. (2013) Response to comment on "Drug screening for ALS using patient-specific induced pluripotent stem cells". *SciTransl Med* 5: 188lr2.
31. Kondo T, Asai M, Tsukita K, Kutoku Y, Ohsawa Y, et al. (2013) Modeling Alzheimer's disease with iPSCs reveals stress phenotypes associated with intracellular A β and differential drug responsiveness. *Cell Stem Cell* 12:487-496.
32. Nakahata T, Awaya T, Chang H, Mizuno Y, Niwa A, et al. (2010) Derivation of engraftable myogenic precursors from murine ES/iPSC cells and generation of disease-specific iPSC cells from patients with Duchenne muscular dystrophy (DMD) and other diseases. *RinshoShinkeigaku* 50: 889.
33. Okano H, Yamanaka S (2014) iPSC cell technologies: significance and applications to CNS regeneration and disease. *Mol Brain* 7: 22.
34. Morizane A, Doi D, Kikuchi T, Okita K, Hotta A, et al. (2013) Direct Comparison of Autologous and Allogeneic Transplantation of iPSC-Derived Neural Cells in the Brain of a Nonhuman Primate. *Stem Cell Reports* 1: 283-292.
35. Tsuji O, Miura K, Okada Y, Fujiyoshi K, Mukaino M, et al. (2010) Therapeutic potential of appropriately evaluated safe-induced pluripotent stem cells for spinal cord injury. *ProcNatlAcadSci U S A* 107: 12704-12709.
36. Nori S, Okada Y, Yasuda A, Tsuji O, Takahashi Y, et al. (2011) Grafted human-induced pluripotent stem-cell-derived neurospheres promote motor functional recovery after spinal cord injury in mice. *ProcNatlAcadSci U S A* 108: 16825-16830.
37. Yagi T, Ito D, Okada Y, Akamatsu W, Nihei Y, et al. (2011) Modeling familial Alzheimer's disease with induced pluripotent stem cells. *Hum Mol Genet* 20: 4530-4539.
38. Yahata N, Asai M, Kitaoka S, Takahashi K, Asaka I, et al. (2011) Anti-A β drug screening platform using human iPSC cell-derived neurons for the treatment of Alzheimer's disease. *PLoS One* 6: e25788.
39. Kobayashi Y, Okada Y, Itakura G, Iwai H, Nishimura S, et al. (2012) Pre-evaluated safe human iPSC-derived neural stem cells promote functional recovery after spinal cord injury in common marmoset without tumorigenicity. *PLoS One* 7: e52787.
40. Nakamura S, Takayama N1, Hirata S1, Seo H1, Endo H1, et al. (2014) Expandable megakaryocyte cell lines enable clinically applicable generation of platelets from human induced pluripotent stem cells. *Cell Stem Cell* 14: 535-548.
41. Takayama N, Nishimura S, Nakamura S, Shimizu T, Ohnishi R, et al. (2010) Transient activation of c-MYC expression is critical for efficient platelet generation from human induced pluripotent stem cells. *J Exp Med* 207: 2817-2830.
42. Niwa A, Umeda K, Chang H, Saito M, Okita K, et al. (2009) Orderly hematopoietic development of induced pluripotent stem cells via Flk-1(+) hemoangiogenic progenitors. *J Cell Physiol* 221: 367-377.
43. Taura D, Sone M, Homma K, Oyamada N, Takahashi K, et al. (2009) Induction and isolation of vascular cells from human induced pluripotent stem cells--brief report. *ArteriosclerThrombVascBiol* 29: 1100-1103.
44. Hiram Y, Osakada F, Takahashi K, Okita K, Yamanaka S, et al. (2009) Generation of retinal cells from mouse and human induced pluripotent stem cells. *NeurosciLett* 458: 126-131.
45. Nishimura K, Nakagawa T, Ono K, Ogita H, Sakamoto T, et al. (2009) Transplantation of mouse induced pluripotent stem cells into the cochlea. *Neuroreport* 20: 1250-1254.
46. Hanna J, Wernig M, Markoulaki S, Sun CW, Meissner A, et al. (2007) Treatment of sickle cell anemia mouse model with iPSC cells generated from autologous skin. *Science* 318: 1920-1923.
47. Kazuki Y, Hiratsuka M, Takiguchi M, Osaki M, Kajitani N, et al. (2010) Complete genetic correction of ips cells from Duchenne muscular dystrophy. *MolTher* 18: 386-393.
48. Soufi A, Donahue G, Zaret KS (2012) Facilitators and impediments of the pluripotency reprogramming factors' initial engagement with the genome. *Cell* 151: 994-1004.
49. Kaneko S, Yamanaka S (2013) To be immunogenic, or not to be: that's the iPSC question. *Cell Stem Cell* 12: 385-386.
50. Okita K, Nagata N, Yamanaka S (2011) Immunogenicity of induced pluripotent stem cells. *Circ Res* 109: 720-721.
51. Araki R, Uda M, Hoki Y, Sunayama M, Nakamura M, et al. (2013) Negligible immunogenicity of terminally differentiated cells derived from induced pluripotent or embryonic stem cells. *Nature* 494: 100-104.
52. Guha P, Morgan JW, Mostoslavsky G, Rodrigues NP, Boyd AS (2013) Lack of immune response to differentiated cells derived from syngeneic induced pluripotent stem cells. *Cell Stem Cell* 12: 407-412.
53. Senju S, Haruta M, Matsunaga Y, Fukushima S, Ikeda T, et al. (2009) Characterization of dendritic cells and macrophages generated by directed differentiation from mouse induced pluripotent stem cells. *Stem Cells* 27: 1021-1031.
54. Imamura M, Aoi T, Tokumasu A, Mise N, Abe K, et al. (2010) Induction of primordial germ cells from mouse induced pluripotent stem cells derived from adult hepatocytes. *MolReprod Dev* 77: 802-811.
55. Yoshida Y, Yamanaka S (2012) Labor pains of new technology: direct cardiac reprogramming. *Circ Res* 111: 3-4.
56. Yoshida Y, Yamanaka S (2012) An emerging strategy of gene therapy for cardiac disease. *Circ Res* 111: 1108-1110.
57. Kaichi S, Hasegawa K, Takaya T, Yokoo N, Mima T, et al. (2010) Cell line-dependent differentiation of induced pluripotent stem cells into cardiomyocytes in mice. *Cardiovasc Res* 88: 314-323.