

[177]. Nesfatin-1 has been shown to colocalize with several well-described peptides, including CART, CRH, OXT, and AVP [178]. Double-labeling immunohistochemistry in these areas has revealed that nesfatin-1 is colocalized with feeding-related factors such as CRH, OXT, POMC and CART [177–179]. Central administration of α -MSH increases NUCB2 mRNA in the hypothalamus [180]. Anorectic effect by icv administration of nesfatin-1 was mediated by OXT in the PVN [181,182]. Icv administered nesfatin-1 decreased food intake and inhibited gastroduodenal motility in mice [183]. Nesfatin-1 and OXT both suppresses food intake in *fal/fa* Zucker rats, and leptin-induced satiety is unaltered by immunoneutralizing nesfatin-1 IgG [176,182]. These results suggest that nesfatin-1 induces anorexia in a leptin-independent and melanocortin-dependent manner [176,182].

4.6. Prolactin-releasing peptide (PrRP)

Prolactin-releasing peptide (PrRP) was isolated as an endogenous ligand of an orphan G-protein-coupled receptor (GPR10/hGR3) and belongs to the RFamide peptide [183]. Initial studies showed that PrRP could stimulate prolactin release both in vitro [184] and in vivo [185,186], giving rise to the name of this peptide. However, recent morphological and physiological studies have shown that PrRP is not a hypophysiotropic prolactin-releasing factor [187–189], but have suggested rather that PrRP was involved in a wider range of neuroendocrine and autonomic functions [190,191].

PrRP-synthesizing cells have been identified in the dorsomedial hypothalamic nucleus (DMH), the A1 region of the ventrolateral medulla (VLM) and the A2 region of the NTS in the medulla oblongata [192–196]. Icv administration of PrRP significantly increased plasma OXT and AVP levels [197] and to stimulate ACTH secretion via CRH from the parvocellular cells in the PVN [198]. As stress activates medullary and hypothalamic PrRP neurons, PrRP and NA may both function cooperatively in neuroendocrine responses to stress [180,199]. Icv administration of anti-PrRP antibodies to rats attenuates OXT secretion in response to conditioned fear [199]. Our previous study showed that central administration of PrRP induced the expression of *c-fos* gene in the PVN and increased plasma corticosterone levels in conscious rats [200]. Moreover, we showed that the restraint stress and acute inflammatory stress upregulated the expression of PrRP gene in the NTS and the VLM. The nociceptive stimulus upregulated the expression of PrRP gene in the ventrolateral medulla. We also showed that pretreatment with an anti-PrRP antibody significantly attenuated nociceptive stimulus induced the expression of the *c-fos* gene in the PVN. These results indicate that PrRP may be potent and important mediator of stress responses.

PrRP neurons in the brainstem were activated by CCK [77] and PrRP mediates CCK-induced satiety [201]. Icv or microinjection of PrRP inhibits feeding [180,202] but does not induce nausea [203]. Icv co-administration of PrRP and leptin resulted in additive reduction in food intake and body

weight gain, and that PrRP mRNA levels were reduced in Zucker (*fal/fa*) rats with mutated leptin receptor and in fasted rats [78]. Thus, PrRP is regulated by leptin. PrRP promotes release of the feeding inhibition factors, α -MSH and neurotensin [203]. It is possible that α -MSH and neurotensin contribute to the inhibitory effect of PrRP. Icv administration of PrRP also increased the core temperature and oxygen consumption in male rats [204]. These results indicate that PrRP may affect energy homeostasis by the reduction of food intake and the increase in energy expenditure. Icv administration of PrRP activated OXT neurons at the PVN in mice, which was significantly reduced in GPR10 knockout mice, which is the phenotype of PrRP knockout mice [199]. The roles of PrRP on energy homeostasis were supported by studies on GPR10 knockout mice, which became hyperphagic and obese [205]. More recent study showed icv administration of RFamide-related peptides (RFRP-1 and RFRP-3), which are belong to RFamide peptide such as PrRP, increased the plasma OXT level and activated the OXT neurons [206]. RFamide peptide, including PrRP and RFRP, may play a role in the control of energy metabolism.

4.7. Secretin

Secretin is best known for its role as a duodenal hormone released in response to acidification of the intestinal lumen [207]. Secretin, however, can also activate vagal sensory nerves [208,209]. Secretin is synthesized within the brain and can activate hypothalamic neurons [210–213]. Peripheral administration of secretin induced Fos expression in the SON [209,214]. Icv administration of secretin also increases Fos expression in SON neurons and increases secretion of OXT and AVP, and secretin receptors are found in the SON and the magnocellular area of the PVN [215]. Secretin also activates vagal primary afferent neurons [210]. Furthermore, lacking secretin receptors mice exhibit defects in social and cognitive behaviors [216]. Although the treatment of secretin was beneficial in autism and associated gastrointestinal abnormalities [217], its efficacy was not confirmed in subsequent clinical trials [218]. Moreover, these studies have suggested on the existence of a specific relationship between autism and inflammatory bowel disease [218]. Recently, the combined administration of secretin and OXT inhibited chronic colitis in rats [219]. These results suggested that the administration of both secretin and OXT would develop a novel treatment of inflammation-associated intestinal disorder.

5. Perspective

Although OXT was discovered over 60 years ago, the primary role of OXT has not been known yet. In this review, we know that OXT has relationship with various physiological and pathophysiological functions. OXT works as a hormone in the periphery and as a neurotransmitter in the CNS. The importance of OXT in milk ejection and uterine

contraction is well known. Recently, we showed the central effects of some neuropeptides, such as adrenomedullin family and other peptides in OXT release in rats. OXT is also involved in lots of physiological and pathological functions such as appetite, anxiety, antinociception, social recognition and stress, with many neuropeptides. In each function, the relationship between OXT and neuropeptides is not fully understood. OXT may be an important key in some disease and develop a novel treatment for them. We anticipate that further studies can clarify the relationship with between OXT and neuropeptides.

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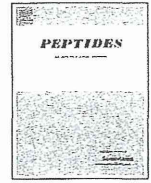
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The gene expression of the hypothalamic feeding-regulating peptides in cisplatin-induced anorexic rats

Mitsuhiro Yoshimura^a, Takanori Matsuura^a, Junichi Ohkubo^a, Motoko Ohno^a, Takashi Maruyama^a, Toru Ishikura^a, Hirofumi Hashimoto^a, Tetsuya Kakuma^b, Hironobu Yoshimatsu^b, Kiyoshi Terawaki^c, Yasuhito Uezono^c, Yoichi Ueta^{a,*}

^a Department of Physiology, School of Medicine, University of Occupational and Environmental Health, Kitakyushu 807-8555, Japan

^b Department of Internal Medicine 1, Faculty of Medicine, Oita University, Oita 879-5503, Japan

^c Division of Cancer Pathophysiology, Group for Development of Molecular Diagnostics and Individualized Therapy, National Cancer Center Research Institute, Tokyo 104-0045, Japan

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ABSTRACT

Cisplatin has been widely used; however, various disadvantageous side effects afflict patients. Rikkunshito (RKT), a traditional Japanese herbal medicine, has been widely prescribed in Japan to improve anorexia; but the mechanisms are unknown. Here we studied whether RKT could improve anorexia induced by cisplatin and changes in feeding-regulating peptides in the hypothalamus in rats. Adult male rats were divided into 4 groups: water + saline (WS), water + cisplatin (WC), RKT + saline (RS), and RKT + cisplatin (RC) groups. Water or RKT (1 g/kg) was intragastrically administered for 4 days, from day –1 to day 2, and saline or cisplatin (6 mg/kg) was intraperitoneally (i.p.) administered at day 0. After i.p. administration, cumulative food intake, water intake, urine volume and body weight were measured. The rats were then decapitated, followed by removal of the brain, and feeding-regulating peptides in the hypothalamus were measured by *in situ* hybridization histochemistry. In the three-day measurements, there were no significant changes in cumulative water intake and urine volume. The body weight and cumulative food intake in WC significantly decreased compared to WS, whereas these were not observed in RC. *Pro-opiomelanocortin* (POMC) and *cocaine and amphetamine-regulated transcript* (CART) in the arcuate nucleus (ARC) in WC significantly increased, and *neuropeptide Y* (NPY) in the ARC decreased compared to WS, whereas those in RS and RC were comparable to WS. These results suggest that RKT may have therapeutic potential for anorexia induced by cisplatin.

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1. Introduction

Cisplatin is widely used for a variety of malignant tumors. It demonstrates anti-tumor effects by inhibiting the replication of DNA [7], but it has various side effects, such as loss of appetite, nausea and vomiting. It has been suggested that serotonin receptors are involved in the occurrence of nausea and vomiting from the use of cisplatin [17]. 5-HT₃ receptor antagonist, steroids and metoclopramide have been used for the treatment of nausea and vomiting caused by cisplatin. However, in Japan, Rikkunshito (RKT) has also been used empirically for patients who suffer from anorexia caused by cisplatin.

RKT, a traditional Japanese herbal medicine, or “kampo”, is widely prescribed in Japan for the treatment of the various

disorders, such as upper gastrointestinal symptoms in patients with functional dyspepsia, gastroesophageal reflux disease, dyspeptic symptoms in postgastrointestinal surgery patients, and chemotherapy-induced dyspepsia in cancer patients [6,15,16,20,23]. The largest component of RKT is “Hesperidin” [22], which is a polyphenol that is contained in the peels of some kinds of oranges. It has been reported in *in vitro* experiments that RKT could act as an antioxidant [4].

Recent studies have revealed that RKT administration stimulates peripheral ghrelin secretion [3] or selective serotonin reuptake inhibitor [3,19] in rats with anorexia induced by cisplatin. Yakabi et al. demonstrated that cisplatin-induced anorexia is due to reduced ghrelin secretion in the hypothalamus of rats [26]. However, there are few studies about the mechanism of RKT for cisplatin-induced anorexia, and details of its actions have not been elucidated.

Here we studied the effects of RKT on cisplatin-induced anorexia in rats. We also assessed the impact of RKT and cisplatin on the feeding-regulating peptides in the hypothalamus.

* Corresponding author at: Department of Physiology, School of Medicine, University of Occupational and Environmental Health, 1-1 Iseigaoka, Yahatanishi-ku, Kitakyushu 807-8555, Japan. Tel.: +81 93 691 7420; fax: +81 93 692 1711.

E-mail address: yoichi@med-uoh-e.u.ac.jp (Y. Ueta).

2. Materials and methods

2.1. Animals

Adult male Wistar rats (260–290 g body weight) were individually housed and maintained in temperature controlled (23–25 °C) conditions under a 12.12 h light/dark cycle (lights on 07.00 h). All experiments were performed in strict accordance with guidelines on the use and care of laboratory animals issued by the Physiological Society of Japan, and were approved by the Ethics Committee of Animal Care and Experimentation of University of Occupational and Environmental Health.

2.2. Test substance

RKT (Tsumura & Co., Tokyo, Japan) includes eight crude herbs (*Atractylodes lanceae rhizome*, *Ginseng radix*, *Pinelliae tuber*, *Hoelen*, *Zizyphi fructus*, *Aurantii nobilis pericarpium*, *Glycyrrhizae radix* and *Zingiberis rhizoma*). These were mixed and extracted with hot water and then spray-dried to make a RKT powdered extract. The RKT was dissolved in tap water (0.1 g/mL) for intragastrical administration. Cisplatin (Sigma–Aldrich Japan Co. LLC., Tokyo, Japan) was dissolved in 0.9% sterile physiological saline (Otsuka Pharmaceutical Co. Ltd., Tokyo, Japan) (0.6 mg/1 mL).

2.3. Experimental procedure

All the rats had access to food and water *ad libitum* throughout the experiments. The rats were divided into four groups: water + saline (WS, $n=7$), water + cisplatin (WC, $n=7$), RKT + saline (RS, $n=8$), and RKT + cisplatin (RC, $n=8$). Water (1 mL/100 g body weight) or RKT (0.1 g/1 mL/100 g body weight) were administered directly to the stomach using sondes per os. These were administered from day –1 to day 2 (16.00–18.00 h). Saline (1 mL/100 g body weight) or cisplatin (0.6 mg/1 mL/100 g body weight) were administered intraperitoneally only one time 1 h after administration of water or RKT on day 0. Body weights were measured from day –1 to day 3 every 24 h. Food and water intake were measured from day 0 to day 3 every 24 h.

After the treatment, at day 3, the rats were decapitated immediately without being anesthetized, followed by removal of the brain promptly onto dry ice, then storing at –80 °C. Trunk blood samples were taken during decapitation, and were collected into chilled reaction tubes (Greiner Bio-One) containing an aprotinin/EDTA mixture. Blood samples were centrifuged for 10 min at 4 °C, 3000 rpm. After the blood was centrifuged, a 15 μ L sample of plasma was taken for measuring plasma osmolality (P-Osm) using a ONE-TEN osmometer (FISKE, Norwood, MA, USA), 10 μ L for measuring plasma glucose using a Medisafe Reader GR-101 (TERUMO, Tokyo, Japan), 500 μ L for measuring plasma corticotrophin (SRL, Tokyo, Japan), and 500 μ L for measuring plasma active and desasyl ghrelin.

2.4. In situ hybridization histochemistry

The removed brains were cut into 12 μ m thickness, and thaw mounted on gelatin/chrome alum-coated slides. The locations of the hypothalamic areas, including the paraventricular nucleus (PVN), arcuate nucleus (ARC) and lateral hypothalamic area (LHA), were determined according to coordinates of the rat brain atlas. ³⁵S 3'-end-labeled deoxyoligonucleotide complementary to transcripts encoding oxytocin, corticotrophin releasing hormone (CRH), pro-opiomelanocortin (POMC), cocaine and amphetamine-regulated transcript (CART), neuropeptide Y (NPY), agouti-related protein (AgRP), melanin-concentrating hormone (MCH) and orexin were used (oxytocin probe sequence, 5'-CTC GGA GAA GGC AGA CTC AGG GTC

GCA GGC-3'; CRH probe sequence, 5'-CAG TTT CCT GTT GCT GTG AGC TTG CTG AGC TAA CTG CTC TGC CCT GGC-3'; POMC probe sequence, 5'-TGG CTG CTC TCC AGG CAC CAG CTC CAC ACA TCT ATG GAG G-3'; CART probe sequence, 5'-TCC TTC TCG TGG GAC GCA TCA TCC ACG GCA GAG TAG ATG TCC AGG-3'; NPY probe sequence, 5'-CAA ATG GAT GAT TGG TCA TTT CAA CAT AGA GTT GGG GGC TTG CT-3'; AgRP probe sequence, 5'-CGA CGC GGA GAA CGA GAC TCG CGG TTC TGT GGA TCT AGC ACC TCT GCC-3'; MCH probe sequence, 5'-CCA ACA GGG TCG GTA GAC TCG TCC CAG CAT-3'; and orexin probe sequence, 5'-TCC TCA TAG TCT GGA GGC AGG TGG AAG GGT TCC CCA CTG CTA GTG-3').

The probe was 3'-end-labeled using terminal deoxynucleotidyl transferase and [³⁵S] dATP. The *in situ* hybridization protocol has been previously described in detail [24]. Briefly, sections were fixed in 4% (w/v) formaldehyde for 5 min and incubated in saline containing 0.25% (v/v) acetic anhydride and 0.1 M triethanolamine for 10 min and then dehydrated, delipidated in chloroform, and partially rehydrated. Hybridization was carried out overnight at 37 °C in 45 μ L of hybridization buffer under a Nescofilm (Bando Kagaku, Osaka, Japan) cover slip. A total count of 1×10^5 c.p.m. for oxytocin transcripts and 1×10^6 c.p.m. for CRH, POMC, CART, NPY, AgRP, MCH and orexin transcripts and per slide were used. After hybridization, sections were washed 4 times with SSC (150 mM NaCl and 15 mM sodium citrate) for 1 h at 55 °C and for an additional hour with two changes of SSC at room temperature. Hybridized sections containing hypothalamus were exposed for autoradiography (Hyperfilm, Amersham, Bucks, UK) for 6 h for oxytocin probe, 5 days for MCH and orexin probe, and 1 week for CRH, POMC, CART, NPY and AgRP probe. The resulting images were analyzed by computerized densitometry using a MCID imaging analyzer (Imaging Research Inc., Ontario, Canada). The mean optical densities (OD) of the autoradiographs were measured by comparison with simultaneously exposed ¹⁴C-labeled microscale samples (Amersham, Bucks, UK) and represented in arbitrary units setting the mean OD obtained from control rats.

2.5. Statistical analysis

The mean \pm SEM was calculated from the results of the body weight change, cumulative water and food intake, cumulative urine volume, and *in situ* hybridization histochemistry studies. In the results of *in situ* hybridization, the expression levels of the genes were expressed as a percentage of WS. All data were analyzed by one-way ANOVA followed by a Bonferroni-type adjustment for multiple comparisons (Origin Pro version 8.5J, Lightstone, Tokyo, Japan). Statistical significance was set at $P < 0.05$.

3. Results

3.1. Changes in body weight

The body weight of each group was measured from day 0 to day 3 (Fig. 1A). The body weight gradually increased during the experiments, except for WC (Fig. 1A). The body weight in WC at day 3 was significantly difference in comparison with all the other groups. Data are also presented as percentage from day 0 (Fig. 1B). The results of body weight in WC presented as percentage was also significantly different in comparison with all the other groups.

3.2. Water intake, urine volume, food intake

Cumulative water intake and cumulative urine volume were measured from day –1 to day 3 (Fig. 2A and B). There were no significant differences in cumulative water intake (Fig. 2A) or cumulative urine volume (Fig. 2B) among all the experimental groups.