



UNIVERSITI PUTRA MALAYSIA

***ANTI-ALLODYNIC AND ANTIHYPERALGESIC PROPERTIES OF
ZERUMBONE AND THEIR MECHANISMS OF ACTION IN MICE MODEL
OF NEUROPATHIC PAIN***

BANULATA GOPALSAMY

FPSK(P) 2017 2



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By
BANULATA GOPALSAMY

**Thesis Submitted to the School of Graduate Studies, Universiti Putra Malaysia, in
Fulfilment of the Requirements for the Degree of Doctor of Philosophy**

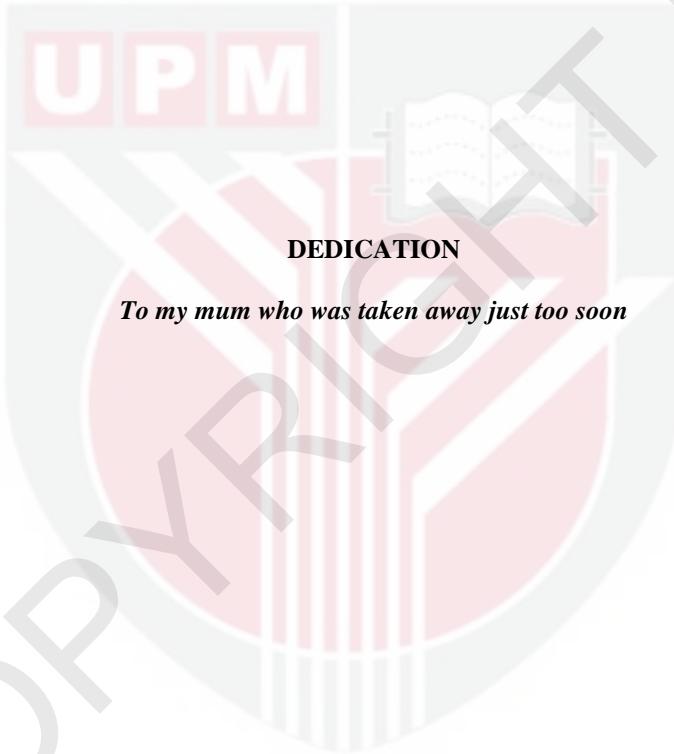
April 2017

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DEDICATION

To my mum who was taken away just too soon

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Abstract of thesis presented to the Senate of Universiti Putra Malaysia in fulfilment of
the requirement for the degree of Doctor of Philosophy

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BANULATA GOPALSAMY

April 2017

Chairman : Enoch Kumar Perimal, PhD
Faculty : Medicine and Health Sciences

Neuropathic pain is a chronic pain condition that affects almost 6-10% of the world population severely affecting their quality of life. To date, conventional drugs could not provide complete pain relief and therefore alternative treatments are rapidly sought after. Zerumbone, a compound isolated from *Zingiber zerumbet*, was reported to exhibit anti-inflammatory and antinociceptive properties and therefore will be able to attenuate the symptoms of neuropathic pain. This study was carried out to evaluate the properties of zerumbone in a chronic constriction injury (CCI)-induced mice model of neuropathic pain. The first study was conducted to characterise the various neuropathic pain models developed with different number of ligations. The outcome showed that single ligation was sufficient to well-surrogate this model as the models with different number of ligations showed similar levels of allodynia, hyperalgesia, nerve degeneration and expressions of pain marker, *c-fos*. Following that, this study elucidated the anti-allodynic and antihyperalgesic properties of zerumbone at doses 10 and 50 mg/kg; i.p. However, at the optimal dose of 10 mg/kg, zerumbone did not show any distinct reduction in *c-fos* expression. However, zerumbone does not maintain the nerve integrity or delay the nerve degeneration process following nerve injury. Nevertheless, zerumbone successfully suppressed Interleukin (IL)-1 β , IL-6, Tumor Necrosis Factor (TNF)- α but not IL-10 in blood plasma and spinal cord at doses 10 and 50mg/kg; i.p. The following study demonstrated that the action of zerumbone lasts for two hours upon both single and long-term repeated treatments. Furthermore, zerumbone was able to reduce stimulus-induced-*c-fos* expressions at the spinal cord, cingulate cortex and parafascicular nuclei regions of the brain indicating antinociceptive properties of zerumbone at specific sites. This study further supported the results by demonstrating the involvements of the opioidergic system, specifically the μ -, κ - and δ -opioid subtypes in the attenuation of allodynia and hyperalgesia by zerumbone. Moreover, the involvement of potassium (K^+) channels including the voltage gated K^+ channels (K_V), ATP-sensitive K^+ channels (K_{ATP}), small and large conductance calcium activated K^+ channels in zerumbone-induced analgesia has also been elucidated. In conclusion, zerumbone exhibits anti-allodynic, antihyperalgesic and anti-inflammatory properties providing evidence that zerumbone might be a potential lead compound for the treatment of neuropathic pain.

Abstrak tesis yang dikemukakan kepada Senat Universiti Putra Malaysia sebagai
memenuhi keperluan untuk ijazah Doktor Falsafah

**CIRI-CIRI ANTI-ALODINIK DAN ANTIHIPERALGESIK ZERUMBONE DAN
MEKANISMA TINDAKAN DALAM MODEL MENCIT SAKIT NEUROPATHIK**

Oleh

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Pengerusi : Enoch Kumar Perimal, PhD
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Sakit neuropatik adalah kesakitan kronik yang menjelaskan hampir 6-10% populasi dunia dimana kualiti hidup mereka amat terjejas. Sehingga kini, ubat-ubatan konvensional tidak dapat memberi kelegaan yang menyeluruh dan oleh itu, rawatan alternatif dicari dengan cepat. Zerumbone, adalah sebatian yang diasingkan daripada *Zingiber zerumbet*, yang dilaporkan untuk ciri-ciri anti-inflammasi dan anti-nosiseptif, dan oleh itu mampu mengurangkan simptom-simptom kesakitan neuropatik. Kajian ini telah dilaksanakan untuk menilai ciri-ciri zerumbone dalam kecederaan penyempitan kronik yang diaruh pada model mencit untuk kesakitan neuropatik. Kajian pertama telah dijalankan untuk mencirikan pelbagai model kesakitan neuropatik yang dihasilkan dengan bilangan ligasi yang berlainan. Penilaian hasil kajian menunjukkan ligasi tunggal mampu menghasilkan model ini dengan baik kerana model-model lain dengan bilangan ligasi yang berbeza menunjukkan tahap yang sama bagi alodinia, hiperalgesia, degenerasi saraf, dan ekspresi penanda sakit, *c-fos*. Berikutnya itu, kajian ini menjelaskan ciri-ciri anti-alodinik dan anti-hiperalgesik zerumbone pada dos 10 dan 50 mg/kg;i.p. Walaubagaimanapun, pada dos optimal, 10mg/kg, zerumbone tidak menunjukkan pengurangan ketara dalam ekspresi *c-fos*. Kajian tentang ciri-ciri pelindungan saraf oleh zerumbone menunjukkan bahawa zerumbone tidak dapat mengekalkan struktur saraf ataupun melengahkan proses degenerasi berikutnya kecederaan saraf. Walaubagaimanapun, zerumbone berjaya mengurangkan perantara inflamasi Interleukin (IL) -1 β , IL-6, Faktor Nekrosis Tumor (TNF)- α dan bukan IL-10 dalam plasma darah dan korda spina pada dos 10 dan 50mg/kg; i.p. Kajian seterusnya menunjukkan bahawa tindakan zerumbone berkesan selama dua jam berikutnya rawatan tunggal dan juga rawatan berulang. Selain itu, zerumbone berjaya mengurangkan ekspresi-*c-fos* yang diinduksi oleh rangsangan pada korda spina, korteks singulat dan nukleus parafasikular dalam otak yang menunjukkan kesan anti-kesakitan zerumbone yang berlaku adalah pada kawasan spesifik. Kajian ini menyokong hasil kajian dengan menunjukkan penglibatan sistem opioid, secara spesifiknya, μ -, κ - dan δ - subjenis opioid dalam pengurangan alodinia dan hiperalgesia oleh zerumbone. Lebih-lebih lagi, penglibatan saluran kalium (K^+) termasuk saluran K^+ voltan berpagar (K_v), saluran K^+ sensitif ATP (K_{ATP}), saluran K^+ kealiran kecil yang diaktifkan oleh kalsium (SK_{Ca}) dan

saluran K⁺ kealiran besar yang diaktifkan oleh kalsium (BK_{Ca}) dalam analgesia yang diaruhkan oleh zerumbone telah dijelaskan. Kesimpulannya, zerumbone menunjukkan ciri-ciri anti-alodinik, antihiperalgesik dan anti-inflamasi, dan telah membuktikan bahawa zerumbone berpotensi untuk digunakan sebagai rawatan sakit neuropatik.

ACKNOWLEDGEMENTS

The entire journey of my PhD studies was a great and pleasurable one which would just not be possible without the involvement of many. My heartfelt gratitude goes to:

Dr Enoch - who did not only provided a perfect guidance through his wisdom, patience, understanding throughout but is also a great role model to me. I thank you for always pushing me further to strive for more than I could possibly have achieved.

Prof. Roslan and Dr. Akira - my co-supervisors, who provided insightful comments, ideas and suggestions on my project. I was immensely inspired by your wisdom and enthusiasm in sharing your knowledge and experiences with us.

Staffs of the Physiology Lab and Cell Signaling Lab of FPSK and the Microscopy Unit of IBS - for their assistance and help in providing me with the best facilities and services.

My lab mates, Jasmine, Pui Ping, Atiqah, Voon, Yuges, Sahba, Ming and others - who helped me survive this journey with so much of fun and filled it with great memories. Thank you for being there for me, especially during the times when I needed you the most.

My dearest friends, Menax, Krish, Mages, Nithiyaa, Hema and others for your unconditional love and support throughout my PhD studies.

My family, dad and sister – For their constant prayers, support and love. You are the greatest blessings in my life and the strength that kept me going.

Thank you to also to whomever that I have failed to mention here.

I certify that a Thesis Examination Committee has met on 28 April 2017 to conduct the final examination of Banulata a/p Gopalsamy on her thesis entitled "Anti-Allodynic and Antihyperalgesic Properties of Zerumbone and their Mechanisms of Action in Mice Model of Neuropathic Pain" in accordance with the Universities and University Colleges Act 1971 and the Constitution of the Universiti Putra Malaysia [P.U.(A) 106] 15 March 1998. The Committee recommends that the student be awarded the Doctor of Philosophy.

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LIST OF ABBREVIATIONS

CCI	Chronic Constriction Injury
IL	Interleukin
TNF	Tumour Necrosis Factor
CC	Cingulate Cortex
PfN	Parafascicular Nuclei
AMG	Amygdala
HC	Hippocampus
SEM	Standard Error of Mean
ANOVA	Analysis of Variance
SPSS	Statistical Analysis for Social Science
ELISA	Enzyme Linked Immunosorbent Assay

CHAPTER 1

INTRODUCTION

Neuropathic pain has been defined as “the pain caused by a lesion or disease of the somatosensory nervous system” (IASP, 2012). Neuropathic pain could be from both the peripheral and central origin depending on the site of the lesion or disease (Ringkamp and Raja, 2014). This type of pain is often chronic and said to be complex due to the pathophysiological changes it could bring to the normal function and pathology of nerves. Nerves themselves are damaged causing incorrect signals to be transmitted to other pain centres (Campbell and Meyer, 2006).

Neuropathic pain is highly prevalent and is a global problem. An epidemiological study by van Hecke *et al.* (2014) estimated that around 6.9%-10% of the worldwide population are affected by neuropathic pain and is expected to rise in years to come. Nationwide, it was reported that almost half of the cases being treated for pain are with neuropathic characteristics. In order to highlight the seriousness of this problem, the year 2014-2015 has been announced as the “Global Year Against Neuropathic Pain” by the International Association for the Study of Pain (IASP, 2012).

There are various factors that contribute to neuropathic pain such as direct trauma, cancer or tumour compression to the nerve. Apart from that, chemotherapy drugs, poisons or toxins, alcohol, infection and inflammation could also give rise to this pain condition. Metabolic diseases such as diabetes is the commonest cause for peripheral neuropathy (Boulton *et al.*, 2005) while hereditary involvement has been previously reported (Marchettini *et al.*, 2006).

This pain condition could become rather unbearable which compromises all domains of the lives of those affected as their mobility and physical activities becomes largely limited, making them to be essentially dependent on others (Gore *et al.*, 2005). The agonizing pain felt by patients leaves them in a rather depressive-state further causing emotional distress not only to the patients but also to their caretakers. Therefore, any approach with the promise of pain relief is rapidly sought after.

To date, there is a wide array of commercially available drugs as treatment to relief neuropathic pain. Patients with symptoms of neuropathic pain are started with first-line drugs such as tricyclic antidepressants, topical antineurals, analgesics and antiepileptic drugs. Second- and third-line drugs are prescribed only when all first-line drugs options have been exhausted (Namaka *et al.*, 2004). Other examples of drug to treat this pain condition include opioids, selective serotonin norepinephrine reuptake inhibitors, non-steroidal anti-inflammatory drugs (NSAIDS), topical anaesthetic agents and non-narcotic analgesics (Chen *et al.*, 2004). Furthermore, if patients respond weakly to monotherapy, a combination of therapies will be prescribed. Only cases which are totally refractory to all forms of pharmacotherapy are referred to pain clinics, which will then involve a more invasive approach such as surgery (Namaka *et al.*,

2004). Other approaches include neuromodulation which are carried out in clinical practises in three methods; peripheral nerve field stimulation, peripheral nerve stimulation and percutaneous electrical nerve stimulation. The method typically involves giving an alternate electrical stimulation throughout a prefixed period of time, through the skin at the painful area by inserting a fine gauge needle (Alo *et al.*, 2011).

However, several challenges are encountered when these currently available medications are employed to patients. The medications are often only partially effective and are not able to provide complete pain relief (Gwynn, 2015). They are also often accompanied with various adverse effects while some medications could be costly and not readily available (O'Connor, 2009). In some cases which require long-term chronic treatment, it leads to several other health complications. For example, long term opioid treatment could lead to sedative effects, addiction, physical dependence or cause the development of tolerance. Furthermore, patients could also exhibit severe withdrawal effects (Rosenblum *et al.*, 2008).

Undesired consequences of these treatments necessitate the need to find other alternatives or potent analgesic compounds with fewer side effects. In that attempt, the use of natural products or herbs with medicinal properties seemed like a promising option as it has been traditionally used since our ancestry times. Traditional or folkloric medicines are longstanding remedies which has been passed on and developed over generations. Traditional medicine is defined by The World Health Organisation as “the sum total of the knowledge, skills, and practices based on the theories, beliefs, and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness” (WHO, 2008).

Ginger, one of the commonly used natural products in traditional medicine, is now gaining popularity in pharmaceutical industries due to its broad range of health benefits. *Zingiber zerumbet*, known as “lempoyang” in the Malay language which belongs to the Zingiberaceae family has been of great research interest. This ginger plant, commonly found in the tropical and subtropical regions, has been demonstrated to possess phytochemicals that is of high medicinal values (Jang and Seo, 2005).

Zerumbone is a compound that was isolated from the essential oil of the rhizomes of *Zingiber zerumbet* in the year 1956 (Dev, 1960). Ever since, zerumbone has been under scrutiny for various medicinal properties. A large body of literature has documented the properties of zerumbone, where this compound possess anticonvulsant (Yob *et al.*, 2011), anti-oxidant (Sidahmed *et al.*, 2015), anticancer (Kapoor, 2012), antidiabetic (Tzeng *et al.*, 2013) and most importantly anti-inflammatory (Somchit *et al.*, 2012; Sulaiman *et al.*, 2010), antinociceptive and analgesic (Sulaiman *et al.*, 2009; Perimal *et al.*, 2011) properties.

Noting that the pain exhibited in neuropathic condition is largely mediated by the inflammatory process, zerumbone's anti-inflammatory and antinociceptive properties might be of advantage. To date, there is no scientific evidence on the testing of

zerumbone on a neuropathic pain model. Due to its vast medicinal properties, zerumbone is a potential lead for scientific evaluations on its potent analgesic effect. Therefore, it is hypothesised that zerumbone is able to attenuate allodynia and hyperalgesia via the involvement of opioid receptors and potassium channels.

Objectives of this study

The general objectives of this study are to investigate the anti-allodynic and antihyperalgesic effect of zerumbone and its possible mechanisms of action on mice model of neuropathic pain.

The specific objectives of this study are to:

1. characterise the chronic constriction injury model of neuropathic pain
2. investigate the anti-allodynic and antihyperalgesic properties of zerumbone, *c-fos* expression in the spinal and supraspinal regions in zerumbone-induced analgesia and the time course of its effect
3. elucidate the involvement of opioid receptors and potassium channels in zerumbone-induced analgesia
4. investigate the nerve structure integrity and anti-inflammatory properties following zerumbone treatment

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