



UNIVERSITI PUTRA MALAYSIA

EFFECTS OF *Erythroxylum Cuneatum* (Miq.) Kurz ON CELLULAR AND SYNAPTIC ADAPTATION OF CHRONIC MORPHINE-ADDICTED HUMAN NEUROBLASTOMA CELL LINE AT PROTEIN LEVEL

NOOR AZUIN BINTI SULIMAN

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By

NOOR AZUIN BINTI SULIMAN

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

March 2017

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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**

EFFECTS OF ERYTHROXYLUM CUNEATUM (MIQ.) KURZ ON CELLULAR AND SYNAPTIC ADAPTATION OF CHRONIC MORPHINE-ADDICTED HUMAN NEUROBLASTOMA CELL LINE AT PROTEIN LEVEL

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March 2017

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Faculty: Medicine and Health Sciences

Erythroxylum cuneatum (*E. cuneatum*) is a tropical flowering plant listed under Erythroxylaceae family. *E. cuneatum* is widely distributed within Southeast Asia. Uses of *E. cuneatum* in alternative medicines or remedies are limited. Indigenous traditional healer claimed that the plant was used in treating drug withdrawal. However, there is no scientific data to support the claim. Thus, the study was designed to evaluate the potential of anti-withdrawal properties of alkaloid extract of the plant on chronic morphine-addicted cell. An alkaloid extract of *E. cuneatum* (designated as ECAI) was extracted for all the tests. The human neuroblastoma cell line, SK-N-SH, was used throughout the study. The effects of ECAI on the chronic morphine-addicted cell were observed in two different groups, the co- and pre-treatments of morphine. Throughout the study, ECAI (0.1, 0.5, and 1.0 µg/mL) was compared to morphine and methadone. The receptor involved for the effects of the plant was determined using antagonists. The expressions of Cyclic adenosine 3', 5'-monophosphate (cAMP), intracellular calcium ion ($[Ca^{2+}]_i$), and α -synuclein were studied. At the beginning of the study, withdrawal markers [α -synuclein and calmodulin] were observed, followed by the receptor trafficking [Vesicle-associated membrane protein 2 (VAMP 2) and synaptotagmin 1], desensitisation or internalisation of the receptor [G protein-coupled receptor kinases (GRK) 2, β -arrestin 1/2, and clathrin], and cellular adaptation [mitogen-activated protein (MAP)/extracellular signal-regulated (ERK) kinase (MEK) 1/2, ERK 2, cAMP-

dependent protein kinase (PKA), and protein kinase C (PKC)] affected by the ECAI. Through the receptor affinity studies, ECAI bound to μ -opioid receptor, similar to methadone and morphine. Present data showed that ECAI possesses anti-withdrawal properties. ECAI was observed to enhance the receptor trafficking and cause the internalisation of the receptor. The cellular and synaptic adaptations modulated by ECAI were consistent throughout all study and parallel with the effects of the methadone. The administration of ECAI at the optimal doses was postulated to minimise the withdrawal, dependence, and tolerance against morphine-addicted cell. The alkaloid extract of the plant has a potential in opioid substitution therapy.



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

**KESAN-KESAN TERHADAP ADAPTASI SEL DAN SINAPS OLEH
*ERYTHROXYLUM CUNEATUM***

Oleh

NOOR AZUIN BINTI SULIMAN

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Pengerusi: Mohamad Aris Bin Mohd Moklas, PhD
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Erythroxylum cuneatum (*E. cuneatum*) adalah tumbuhan berbunga tropika yang disenaraikan di bawah keluarga Erythroxylaceae. *E. cuneatum* tumbuh secara meluas di Asia Tenggara. Penggunaan *E. cuneatum* sebagai ubat-ubatan atau rawatan alternatif adalah terhad. Terdapat dakwaan oleh pengamal perubatan tradisional dikalangan orang asli mengenai penggunaan tumbuhan ini dalam merawat ketagihan dadah. Walau bagaimanapun, tiada data saintifik untuk menyokong dakwaan tersebut. Oleh itu, kajian ini bertujuan untuk mengkaji kewujudan ciri-ciri anti-ketagihan dalam ekstrak alkaloid tumbuhan ke atas sel yang terawat dengan morfin secara kronik. Ekstrak alkaloid *E. cuneatum* (dinyatakan sebagai ECAI) telah diekstrak untuk semua ujian. Sel neuroblastoma manusia, SK-N-SH, telah digunakan untuk kajian ini. Kesan ECAI pada kronik morfin diperhatikan dalam dua kumpulan yang berbeza iaitu rawatan bersama dan pra-rawatan morfin. Sepanjang kajian ini, ECAI (0.1, 0.5, dan 1.0 µg/mL) dibandingkan dengan morfin dan metadon. Reseptor yang terlibat bagi kesan tumbuhan itu telah ditentukan dengan menggunakan antagonis. Ekspresi cyclic adenosine 3', 5'-monophosphate (cAMP), kalsium ion intrasel ($[Ca^{2+}]_i$), dan α -synuclein telah dikaji. Di awal kajian, protein sebagai indikasi penarikan (α -synuclein dan calmodulin) telah diperhatikan, diikuti dengan kitaran reseptor [vesicle-associated membrane protein 2 (VAMP 2) dan synaptotagmin 1], penyahpekaan atau internalisasi reseptor [G protein-coupled receptor kinases (GRK) 2, β -arrestin 1/2, dan clathrin], dan adaptasi sel [mitogen-activated protein (MAP)/extracellular signal-regulated (ERK) kinase (MEK) 1/2, ERK 2, cAMP-dependent protein kinase (PKA), dan protein kinase C (PKC)] dipengaruhi oleh ECAI. Melalui kajian terhadap afiniti reseptor, ECAI terikat untuk μ -opioid reseptor, sama seperti metadon dan morfin. Data kajian

menunjukkan bahwa ECAI mempunyai ciri-ciri anti-penyngkiran. ECAI diperhatikan meningkatkan kitaran reseptor dan menyebabkan internalisasi reseptor. Adaptasi sel dan sinaps oleh ECAI adalah konsisten dengan semua kajian dan selari dengan kesan metadon. Penggunaan ECAI pada dos optimum diandaikan dapat mengurangkan penyingkiran, kebergantungan, dan toleransi terhadap morfin. Ekstrak alkaloid tumbuhan ini berpotensi sebagai pilihan dalam terapi gentian pioid.

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APPROVAL

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LIST OF ABBREVIATIONS

[Ca ²⁺] _i	Concentration of intracellular calcium ion
βARK 1	β-adrenergic receptor kinase 1
5-HT	5-hydroxytryptamine
AC	Adenylyl cyclase
ACh	Acetylcholine neurotransmitter
AFDX-116	11-[[2-[(diethylamino)methyl]-1-piperidinyl]acetyl]-5,11-dihydro-6H-pyrido[2,3-b][1,4]benzodiazepine-6-one
ANOVA	Analysis of variance
AP-2	Adaptor protein 2
ATCC	American Type Culture Collection
ATP	Adenosine triphosphate
APS	Ammonium persulfate
Ca ²⁺	Calcium ion
Ca ²⁺ -CaM	Ca ²⁺ -calmodulin
CAMKII	Ca ²⁺ /calmodulin-dependent protein kinase II
cAMP	Cyclic adenosine 3', 5'-monophosphate
cGMP/PKG	Cyclic guanosine 3',5'-monophosphate / protein kinase G
CME	Clathrin-mediated endocytosis
CNS	Central nervous system
CPP	Conditioned place preference
CREB	cAMP response element-binding protein

DA	Dopamine
DAG	Diacylglycerol
DAO	Diamineoxide
DMSO	Dimethyl sulfoxide
ECAI	Alkaloid extract of <i>Erythroxylum cuneatum</i>
EGR1	Early growth response 1
ELISA	Enzyme-linked immunosorbent assay
ER	Endoplasmic reticulum
ERK	Extracellular signal-regulated kinase
FBS	Fetal bovine serum
FRIM	Forest Research Institution of Malaysia
GDP	Guanosine diphosphate
GIRK	G protein-linked inwardly rectifying K ⁺ channels
GRK	G protein-coupled receptor kinases
GPCR	G protein-coupled receptor
GTP	Guanosine triphosphate
HCl	Hydrochloride acid
HRP	Horseradish peroxide
Hr(s)	Hour (s)
IBMX	Isobutylmethylxanthine
IDV	Integrated density values
IFN- γ	Interferon- γ
IH	Voltage-dependent current

IP3	Inositol triphosphate
JNK	C-Jun N-terminal kinase
K ⁺	Potassium
K _{ATP}	Adenosine triphosphate (ATP)-sensitive K ⁺
LC	Locus coeruleus
LTD	Long-term depression
LTP	Long-term potential
M	Muscarinic receptor
MAP	Mitogen-activated protein
MAPK	Mitogen-activated protein (MAP) kinase
MEM	Minimum essential medium
MEK	Mitogen-activated protein (MAP)/extracellular signal-regulated (ERK) kinase
Min (s)	Minute (s)
MRI	Mean relative intensity
MTT	Thiazolyl blue tetrazolium bromideme
NA	Noradrenaline
NADH	Nicotinamide adenine dinucleotide
NE	Norepinephrine
NMDA	N-methyl-D-aspartate receptors
NO	Nitric oxide
OST	Opioid substitution therapy
PBS	Phosphate buffer saline
PDE	Phosphodiesterase

pERK	Phosphorylated ERK1/2
PIP2	Phosphatidylinositol 4,5-bisphosphate
PKA	cAMP-dependent protein kinase
PKC	Protein kinases C
PKC ϵ	Phosphokinase C
PLA2	Phospholipase A ₂
PLC	Phospholipase C
PMT	Putrescine N-methyltransferase
PNS	Peripheral nervous system
PSD	Post-synaptic density
PVDF	Polyvinylidene difluoride
RA	Retinoid acid
RIPA	Radioimmunoprecipitation assay
RNA	Ribonucleic acid
RNApol	Ribonucleic acid polymerase
RSK	Ribosomol S6 Kinase
SAPK	Stress-activated protein kinases
SDS	Sodium dodecyl sulfate
SFK	Src family kinase
SNARE	Soluble N-ethylmaleimide-sensitive factor activating protein receptor
t-SNARE	Target soluble N-ethylmaleimide-sensitive factor activating protein receptor
TBST	Tris-buffered saline and tween 20

TEMED	Tetramethylethylenediamine
TR-I	Tropinone reductase I
TR-II	Tropinone reductase II
UK	United Kingdom
UPM	Universiti Putra Malaysia
USA	United State of America
v-SNARE	Vesicular soluble N-ethylmaleimide-sensitive factor activating protein receptor
VAMP 2	Vesicle-associated membrane protein 2
VDCC	Voltage-gated Ca ²⁺ channel
VTA	Ventral tegmental area



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CHAPTER 1

INTRODUCTION

1.1 Background of study

Three classes of medication that responsible for misuse liability are prescription opioids, stimulants, and the central nervous system (CNS) depressants. There are the number of factors that contribute to such phenomenon which includes great distribution of medications, aggressive marketing by pharmaceutical companies, and easy accessibility to public users. These contributing factors escalate the number of non-medical usage of opioid analgesic and overdose deaths (Mack, 2013).

In 2013, more than 11 million people mistreated with heroin or prescription pain reliever were recorded ("SAMHSA Releases Behavioral Health, United States, 2012", 2013). There is a long list of adverse effects of the opioid abuse. One of the major problems of opioid abuse is the chronic pain experienced by more than 62% of opioid substitution therapy (OST) patients (Voon et al., 2015). Meanwhile, 30.7% of general population grieved the pain (Johannes et al., 2010). The chronic pain is observed from the exhibition of opioid-induced hyperalgesia and super-sensitivity to pain (Williams et al., 2001).

Repeated intake of opioids causes the inhibition of production of endogenous opioids such as endorphins and enkephalins. The cellular adaptation is responsible for the withdrawal, tolerance, and dependence signs. These addictive symptoms in future will trigger the drug addicts to increase their uptake of the drug to obtain desired effects. This subsequential event will lead to overdose, a new problem of drug usage (Williams et al., 2001).

Opioids are effective for acute severe pain following trauma, extensive burns, or surgery. They also are used for painful terminal diseases such as cancer (Pasternak, 2011). Edlund et al. (2007) claimed that the rare addiction incident occurred when opioid analgesics are used appropriately. At the same time, Ballantyne and LaForge (2007) suggested that chronic opioid on chronic pain patient has increased the addiction and opioid abuse. Thus, it is consistent with Kalso et al. (2004) proclaimed the effective analgesia in chronic pain patient treated with the acute opioid. To what extent is a prescription of painkillers to create an epidemic abuse? The answer is not simple (Fields, 2011). Fields (2011)

suggested that more than 70% of the opioid abusers got the drug unlawfully while less than 20% got the drugs through a prescription from a doctor. Some users overdose or wind up dead from respiratory depression (Edlund et al., 2007).

1.2 Problem statement

Opioids, such as morphine, heroin, and oxycodone, act as an agonist of the μ -opioid receptor to produce analgesia effect. Though, drugs activating μ -opioid receptor are most commonly abused (Koob and Le Moal, 2005). Opioid addiction becomes an epidemic problems. One death in every 19 minutes was recorded in the United States only (Centers for Disease Control and Prevention (CDC), 2012). Morphine, a recreational drug, is a pain-relieving medication prescribed among practitioners. It causes addiction and even fatal withdrawal symptoms, including stroke, heart attack, and severe pains (“Morphine Addiction and Treatment- Future of Palm Beach”, 2016).

There are numbers of therapies or commercialised drugs that are used to treat opioid addiction, withdrawal, tolerance, or overdoses such as buprenorphine, methadone, and clonidine (Doyon et al., 2004). However, these drugs are classified as opioid and widely known to cause abuse (Bailey et al., 2009). Prescribed opioid addiction or morphine addiction patients in the US are enrolled in methadone maintenance treatments programs (Rosenblum et al., 2007).

Methadone is an opioid agonist that is effective for treating severe pain. It has potential advantages against another opioid including low cost, high bioavailability, long half-life, and lack of active metabolites. According to the National Institutes of Health, the government of United States spent over \$180 billion for illicit drug abuse just in 2008. The costs include the medical expenses and unlawful activity, social welfare, secondary medical issues, and efficiency losses. The misuse of methadone and opioid contributes to noticeable economic burden to civilisation (Scavone et al., 2013). Furthermore, methadone substitution as a treatment for opioid addiction has been criticised widely. It is claimed that the methadone is not effective to restraint addiction (Bennett, 2011).

The focus of the management is to confront the negative impact of the abuse on health and mortality while preserving the role of the opioid in managing pain. The use of alternative medicines is one of the options to deal with opioid misuse. The local Malaysian folks claim the use of Chinta Mula on treating morphine craving. Chinta Mula or scientifically known as *Erythroxylum*

cuneatum (EC) can be found in Southeast Asia, especially in Malaysia, Philippine, and Indonesia (Chung, 2006). EC belongs to the family of Erythroxylaceae, *Erythroxylum spp.* and contains cocaine as one of its psychoactive alkaloid that proclaimed to influence the CNS (Plowman and Rivier, 1983).

1.3 Significance of the study

The output from this study will provide a new approach in regards to managing the opioid misuse. Instead of using a drug to treat misuse of the drug, alternative medicines such as plant will be a better approach. As compared to commercialised drugs, alternative medicines are cheaper and comparatively safer.

1.4 Hypothesis

Following the problem statements, the hypothesis of the study is that *Erythroxylum cuneatum* (EC) is mimicking the effects of methadone against the induction of morphine. EC is hypothesised to express anti-addiction properties; anti-dependence, anti-tolerance, and anti-withdrawal, against chronic morphine. EC is expected to minimise the addiction symptoms on the morphine-treated cell line observed by increasing fusion machinery at the pre-synaptic terminal internalising the involved receptor and influencing the cellular adaptation processes.

1.5 Objectives of the study

General Objective

- To observe the anti-withdrawal properties of alkaloid extract of EC (designated as ECAI) by comparing to methadone in morphine-induced addicted cell line.

Specific Objectives

1. To determine the ideal dosage of ECAI on treating the morphine-treated cell on different time duration.

2. To predict the involvement of receptor on withdrawal properties of ECAI.
3. To examine the role of ECAI in the fusion machinery at the pre-synaptic terminal against chronic morphine.
4. To predict the effects of ECAI on desensitisation/internalisation of receptor on the morphine-treated cell line.
5. To study the cellular adaptation induced by the prolonged morphine and counteracting of ECAI.



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