



UNIVERSITI PUTRA MALAYSIA

DEVELOPMENT OF QUINONE-RICH FRACTION OF *Ardisia crispa* (Thunb.) A.DC ROOTS MITIGATES RHEUMATOID ARTHRITIS BY SUPPRESSING ANGIOGENESIS, IN VITRO AND IN VIVO

JOAN ANAK BLIN

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By

JOAN ANAK BLIN

Thesis Submitted to the School of Graduate Studies, Universiti Putra
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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

**DEVELOPMENT OF QUINONE-RICH FRACTION OF *Ardisia crispa*
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Chair : Roslida binti Abdul Hamid @ Abdul Razak, PhD
Faculty : Medicine and Health Sciences

Angiogenesis, a process of new blood vessel formation from pre-existing ones, can perpetuate synovial inflammation and joint destruction at its equivocal balance in rheumatoid arthritis (RA). Targeting excessive angiogenesis underlies the early development of RA, a chronic autoimmune joint condition, has therefore become a promising approach for the disease intervention. Limitations of current arthritis therapies have encouraged for rapid development of alternative adjuncts from natural sources. 2-methoxy-6-undecyl-1,4-benzoquinone (BQ) is a *p*-benzoquinone derivative of *Ardisia crispa* roots (Family: Primulaceae), with proven anti-angiogenic properties. However, it is still unclear how BQ is able to inhibit angiogenesis in RA. Hence, this present study investigated the anti-arthritis potential of quinone-rich fraction (QRF) (a rich fraction containing the BQ) from *Ardisia crispa* roots, targeting angiogenesis inhibition *in vitro* and *in vivo*. Preparation of test samples from *Ardisia crispa* roots using *n*-hexane, followed by fractionation and isolation via column chromatography, yielded *Ardisia crispa* roots hexane extract (ACRH) [13.64 g; 24.0%, weight per weight (w/w)], QRF (1.99 g; 14.6%, w/w), and BQ (0.04 g; 1.9%, w/w), respectively. Subsequently, gas chromatography-mass spectrometry (GC-MS) analyses have confirmed the benzoquinonoid content in each sample [ACRH (6.1%, peak-area-percent), QRF (30.5%, peak-area-percent), and BQ (81.4%, peak-area-percent)]. Anti-angiogenic and anti-arthritis activities of ACRH, QRF, and BQ were tested via cell viability MTT [3-(4,5-dimethylthiazol-2-yl)-2,5-diphenyltetrazolium bromide] assay, tube formation, cell invasion, and cell apoptosis assays in vascular endothelial growth factor (VEGF)-induced human umbilical vein endothelial cells (HUVECs) and interleukin-1 β (IL-1 β)-induced human fibroblast-like synoviocytes for

rheumatoid arthritis (HFLS-RA), respectively. ACRH, QRF, and BQ exhibited a narrow therapeutic range in VEGF-induced HUVECs ($IC_{50}=1.09\pm0.18$ μ g/mL, 3.85 ± 0.26 μ g/mL, and 1.34 ± 0.16 μ g/mL) and IL-1 β -induced HFLS-RA ($IC_{50}=3.60\pm1.38$ μ g/mL, 4.47 ± 0.34 μ g/mL, and 1.09 ± 0.09 μ g/mL), respectively. ACRH, QRF, and BQ at 0.05, 0.5, and 5 μ g/mL, respectively, significantly inhibited/suppressed ($P<0.05$) VEGF-induced HUVEC tube formation and IL-1 β -induced HFLS-RA invasion, respectively. Moreover, ACRH and BQ at 5 μ g/mL, but not QRF, significantly ($P<0.05$) enhanced apoptosis of IL-1 β -induced HFLS-RA. Based on comparable *in vitro* findings of all samples, QRF was chosen for *in vivo* studies by employing a collagen-induced arthritis (CIA) model in male adult Sprague-Dawley rats. QRF at daily doses of 3, 10, and 30 mg/kg, insignificantly ($P>0.05$) reduced the arthritic scores, ankle swelling, and paw edema in arthritic rats after 13 days treatment, respectively. Additionally, at all doses, QRF also showed no significant ($P>0.05$) modulation on the body weights and organ weights, i.e., liver, kidney, and spleen, respectively. Protein expression analyses using enzyme-linked immunosorbent assay (ELISA) and multiplex assay demonstrated that QRF at all doses (3, 10, and 30 mg/kg) significantly ($P<0.05$) attenuated VEGF-A, PI3K, AKT, NF- κ B, p38, STAT3, and STAT5 proteins level in arthritic rats in a dose-independent manner. QRF at all doses also significantly ($P<0.05$) restored synovial microvessel densities (MVD) in arthritic rats to the normal level. Notably, a medium dose of QRF (10 mg/kg) exerted the highest inhibition to the aforementioned biomarkers and MVD than other doses. In conclusion, QRF mitigated RA development by suppressing angiogenesis *in vitro* and *in vivo*, attributed to the benzoquinonoid content and synergism, at least in part, by other phytoconstituents. Further investigation should identify the unknown peaks in the current GC-MS fingerprinting of QRF to better understand the potential involvement/synergism of other compounds in the sample.

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

**PEMBANGUNAN FRAKSI KAYA KUINON DARIPADA AKAR *Ardisia crispa*
(Thunb.) A.DC MENGURANGKAN ARTRITIS REUMATOID MELALUI
PERENCATAN ANGIOGENESIS SECARA *IN VITRO* DAN *IN VIVO***

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Angiogenesis, suatu proses pembentukan salur darah baharu daripada saluran yang sedia ada, boleh mengekalkan pembengkakan sinovial dan pemusnahan sendi pada ketidakseimbangannya dalam artritis reumatoid (RA). Pensasaran terhadap angiogenesis berlebihan yang mendasari pembentukan awal RA, suatu penyakit sendi kronik autoimun, oleh itu, telah menjanjikan peluang cerah kepada intervensi penyakit tersebut. Keterbatasan rawatan artritis yang sedia ada telah mendorong pembangunan pesat agen alternatif daripada sebatian semulajadi. 2-metoksi-6-undesil-1,4-benzokuinon (BQ) ialah hasilan *p*-benzokuinon daripada akar *Ardisia crispa* (Famili: Primulaceae), dengan pengesahan ciri-ciri anti-angiogenesis. Namun, masih tidak jelas bagaimana BQ berupaya merencatkan angiogenesis dalam RA. Oleh itu, kajian ini mengkaji potensi anti-artritik fraksi kaya kuinon (QRF) (suatu fraksi kaya mengandungi BQ) daripada akar *Ardisia crispa*, dengan mensasarkan perencatan angiogenesis secara *in vitro* dan *in vivo*. Penyediaan sampel-sampel ujian daripada akar *Ardisia crispa* menggunakan *n*-heksana, diikuti oleh pemfraksian dan pengasingan melalui kromatografi turus, masing-masing menghasilkan extrak heksana akar *Ardisia crispa* (ACRH) [13.64 g; 24.0%, berat per berat (b/b)], QRF (1.99 g; 14.6%, b/b), dan BQ (0.04 g; 1.9%, b/b). Seterusnya, analisis kromatografi gas-spektrometri jisim (GC-MS) telah mengesahkan kandungan benzokuinon di dalam setiap sampel [ACRH (6.1%, peratus kawasan puncak), QRF (30.5%, peratus kawasan puncak), dan BQ (81.4%, peratus kawasan puncak)]. Aktiviti anti-angiogenik dan anti-artritik oleh ACRH, QRF, dan BQ telah diuji melalui asai-asai daya hidup sel MTT [3-(4,5-dimetiltiazol-2-il)-2,5-difeniltetrazolium bromida], pembentukan tiub, invasi sel, dan apoptosis sel, masing-masing pada sel-sel endotelial vena umbilikal manusia (HUVECs) aruhan faktor pertumbuhan endotelial vaskular (VEGF) dan sel-sel artritik reumatoid sinoviosit mirip fibroblas manusia (HFLS-RA) aruhan interleukin-1 β (IL-1 β). ACRH, QRF, dan BQ mempamerkan julat terapeutik yang sempit pada

HUVECs ($IC_{50}=1.09\pm0.18$ μ g/mL, 3.85 ± 0.26 μ g/mL, dan 1.34 ± 0.16 μ g/mL) dan peningkatan ketoksikan pada HFLS-RA ($IC_{50}=3.60\pm1.38$ μ g/mL, 4.47 ± 0.34 μ g/mL, dan 1.09 ± 0.09 μ g/mL), masing-masing. ACRH, QRF, dan BQ masing-masing pada 0.05, 0.5, dan 5 μ g/mL, dengan signifikannya ($P<0.05$) merencatkan/mengurangkan pembentukan tiub HUVEC aruhan VEGF and invasi HFLS-RA aruhan IL-1 β , masing-masing. Selain itu, ACRH dan BQ pada kepekatan 5 μ g/mL, meningkatkan apoptosis HFLS-RA aruhan IL-1 β secara ketara ($P<0.05$). Berdasarkan persamaan keputusan *in vitro* bagi kesemua sampel, QRF telah dilanjutkan dalam kajian *in vivo* menggunakan model artritis aruhan kolagen (CIA) pada tikus jantan dewasa Sprague-Dawley. Dos-dos harian QRF 3, 10, dan 30 mg/kg, masing-masing, secara tidak ketaranya ($P>0.05$) mengurangkan skor artritis, pembengkakan buku lali, dan edema kaki pada tikus-tikus artritis selepas 13 hari rawatan. Kesemua dos QRF juga menunjukkan tiada perubahan ketara ($P>0.05$) pada berat badan dan berat organ tikus (i.e., hati, ginjal, dan limpa), masing-masing. Analisis pengekspresan protein melalui kaedah asai imunoserapan terangkai enzim (ELISA) dan asai protein berbilang menunjukkan QRF pada kesemua dos (3, 10, dan 30 mg/kg) menurunkan paras protein-protein VEGF-A, PI3K, AKT, NF- κ B, p38, STAT3, dan STAT5 dengan ketara ($P<0.05$), dalam tikus-tikus artritis tanpa perkadaran dos. Kesemua dos tersebut juga mengembalikan ketumpatan saluran kapilari mikro (MVD) secara ketara ($P<0.05$) dalam tikus-tikus artritis kepada paras normal. Ternyata, dos sederhana QRF (10 mg/kg) menunjukkan perencutan tertinggi terhadap biomarker yang dinyatakan di atas dan MVD berbanding dos-dos yang lain. Kesimpulannya, QRF mengurangkan pembentukan RA melalui perencutan angiogenesis *in vitro* dan *in vivo*, dikaitkan pada kandungan benzokuinon dan tindakan sinergi, sekurang-kurangnya sebahagian, oleh sebatian bioaktif lain yang terdapat di dalam fraksi kaya tersebut. Penyiasatan lanjut perlu mengenalpasti puncak-puncak yang tidak diketahui pada cap jari GC-MS terkini QRF untuk lebih pemahaman berkaitan potensi penglibatan/tindakan sinergi oleh sebatian lain dalam sampel tersebut.

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I certify that a Thesis Examination Committee has met on 10 May 2021 to conduct the final examination of Joan anak Blin on his thesis entitled "Development of Quinone-Rich Fraction of *Ardisia crispa* (Thunb.) A.DC Roots Mitigates Rheumatoid Arthritis by Suppressing Angiogenesis, *In Vitro* and *In Vivo*" 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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TABLE OF CONTENTS

	Page
ABSTRACT	i
ABSTRAK	iii
ACKNOWLEDGEMENTS	v
APPROVAL	vi
DECLARATION	viii
LIST OF TABLES	xiv
LIST OF FIGURES	xvi
LIST OF ABBREVIATIONS	xxiii

CHAPTER

1	INTRODUCTION	1
1.1	Research background	1
1.2	Problem statement	2
1.3	Justification of study	2
1.4	Objective(s)	3
1.4.1	General objective	3
1.4.2	Specific objectives	3
1.5	Hypothesis	4
2	LITERATURE REVIEW	5
2.1	Rheumatoid arthritis	5
2.1.1	Epidemiology of rheumatoid arthritis	5
2.1.2	Angiogenesis in the pathogenesis of rheumatoid arthritis	6
2.1.3	Fibroblast-like synoviocytes: key effector cells in rheumatoid arthritis	11
2.1.4	Angiogenic roles of endothelial cells in rheumatoid arthritis	14
2.1.5	Signal transduction in rheumatoid arthritis	14
2.1.5.1	Vascular endothelial growth factor (VEGF) signaling	14
2.1.5.2	Phosphatidylinositol 3-kinase (PI3K)/protein kinase-B (AKT) signaling pathway	18
2.1.5.3	Nuclear factor-kappa B (NF- κ B) pathway	19
2.1.5.4	Mitogen-activated protein kinase (MAPK) pathway	20
2.1.5.5	JAK/STAT signal transduction pathway	22
2.2	Strategies towards rheumatoid arthritis therapy: the old and the new	24

2.2.1	Surgery	25
2.2.2	Conventional drug therapies	25
2.2.3	Current approaches: DMARDs and paradigm shift by the biological and targeted synthetic DMARDs	25
2.3	Limitation of current therapies	26
2.4	Opting for natural anti-arthritis agents from herbal medicines	29
2.4.1	Quinones and <i>p</i> -benzoquinones as potential anti-angiogenic agents for rheumatoid arthritis therapies	34
2.5	<i>Ardisia crispa</i>	36
2.5.1	Family Primulaceae	36
2.5.2	Genus <i>Ardisia</i>	36
2.5.3	Geographical distribution, habitat, and the name varieties	39
2.5.4	Plant morphology	39
2.5.5	Traditional usages	39
2.5.6	Phytochemical studies of <i>Ardisia crispa</i>	41
2.5.7	Pharmacological studies of <i>Ardisia crispa</i>	44
2.6	Current tools for screening anti-angiogenic/anti-arthritis agent	48
2.6.1	Human umbilical vein endothelial cells (HUVECs)	48
2.6.2	Human fibroblast-like synoviocytes for rheumatoid arthritis (HFLS-RA)	49
2.6.3	<i>In vitro</i> assays and their principles	50
2.6.3.1	Cell viability assay	51
2.6.3.2	Tube formation assay	51
2.6.3.3	Cell apoptosis assay	52
2.6.3.4	Cell invasion assay	52
2.6.4	<i>In vivo</i> arthritic model: Collagen-induced arthritis (CIA) in rats	53
2.6.5	Protein expression analysis	55
2.6.5.1	Enzyme-linked immunosorbent assay (ELISA) system	55
2.6.5.2	Multiplex immunoassay system	57
3	THE GAS CHROMATOGRAPHY-MASS SPECTROMETRY FINGERPRINTINGS OF BIOACTIVE FRACTIONS AND COMPOUND OF <i>Ardisia crispa</i> ROOTS	59
3.1	Introduction	59
3.2	Material and methods	59
3.2.1	Plant material	59
3.2.2	Preparation of bioactive fractions and compound from <i>Ardisia crispa</i> roots	60

3.2.3	Benzoquinone composition analysis of ACRH, QRF, and BQ by GC-MS	60
3.3	Results	61
3.3.1	Yields of bioactive fractions and compound of <i>Ardisia crispa</i> roots	61
3.3.2	GC-MS profiles of ACRH, QRF, and BQ	61
3.4	Discussion	66
3.5	Conclusion	68
4	BIOACTIVE FRACTIONS AND COMPOUND OF <i>Ardisia crispa</i> ROOTS EXHIBIT ANTI-ARTHRITIC PROPERTIES MEDIATED VIA ANGIOGENESIS INHIBITION <i>IN VITRO</i>	69
4.1	Introduction	69
4.2	Material and Methods	70
4.2.1	Preparation of test samples	70
4.2.2	Cell culture	70
4.2.3	Experimental design	70
4.2.3.1	Determination of cell viability by MTT assay	71
4.2.3.2	Tube formation assay on VEGF-induced HUVECs	72
4.2.3.3	Determination of apoptosis on IL-1 β -induced HFSL-RA by Annexin V/PI staining	73
4.2.3.4	Cell invasion assay on IL-1 β -induced HFSL-RA	73
4.2.4	Statistical analysis	74
4.3	Results	75
4.3.1	ACRH, QRF, and BQ inhibited VEGF-induced HUVECs and IL-1 β -induced HFSL-RA cell viability, respectively	75
4.3.2	ACRH, QRF, and BQ inhibited VEGF-induced HUVECs tube formation	78
4.3.3	ACRH and BQ, respectively, promoting apoptosis on IL-1 β -induced HFSL-RA	82
4.3.4	ACRH, QRF, and BQ suppressed IL-1 β -induced HFSL-RA invasion	86
4.4	Discussion	90
4.5	Conclusion	96
5	QUINONE-RICH FRACTION OF <i>Ardisia crispa</i> ROOTS (PRIMULACEAE) ALTERS ANGIOGENIC CASCADE IN COLLAGEN-INDUCED ARTHRITIS IN RATS	97
5.1	Introduction	97
5.2	Materials and methods	97
5.2.1	Animal model and ethical clearance	98
5.2.2	Induction of collagen-induced arthritis	98

5.2.3	A pilot study of collagen-induced arthritis in rats	98
5.2.4	Experimental design	99
5.2.5	Morphological evaluation of CIA in arthritic rats	101
5.2.5.1	Bodyweight	101
5.2.5.2	Ankle joint diameter	101
5.2.5.3	Paw volume	101
5.2.5.4	Arthritic scores	101
5.2.6	Histopathological examination of microvessel density in rat synovium	104
5.2.7	Molecular studies	104
5.2.7.1	Protein extraction	104
5.2.7.2	Determination of protein concentration	104
5.2.7.3	Quantification of VEGF-A and PI3K2 α protein expression via enzyme-linked immunosorbent assay (ELISA)	105
5.2.7.4	Quantification of protein expression via multiplex magnetic bead-based immunoassay	106
5.2.8	Statistical analysis	107
5.3	Results	107
5.3.1	Pilot study of CIA in Sprague-Dawley rats	107
5.3.2	Morphology of CIA in rats	112
5.3.3	Effect of QRF on bodyweight and organ weights	114
5.3.4	Effect of QRF on arthritic scores, ankle joint diameter, and paw volume of hind limbs	118
5.3.5	Effect of QRF on the microvessel density of arthritic synovium	129
5.3.6	Molecular studies	134
5.3.6.1	QRF modulated pro-angiogenic proteins expressions in arthritic rats	134
5.4	Discussion	136
5.5	Conclusion	148
6	SUMMARY, CONCLUSION AND RECOMMENDATIONS FOR FUTURE RESEARCH	150
REFERENCES		154
APPENDICES		211
BIODATA OF STUDENT		223
LIST OF PUBLICATIONS		224

LIST OF TABLES

Table		Page
2.1	Angiogenic elements and mediators in rheumatoid arthritis.	8
2.2	Current approved bDMARDs and tsDMARDs and their role in angiogenesis in rheumatoid arthritis.	28
2.3	Natural agents with anti-angiogenic/anti-arthritis activity.	31
2.4	<i>Ardisia species</i> , phytocompounds, and their pharmacological properties.	38
2.5	Pharmacological activities of some extracts/phytochemical constituents of <i>Ardisia crispa</i> .	47
3.1	Summary of ACRH, QRF, and BQ yield prepared from the hexane extraction of <i>Ardisia crispa</i> roots.	61
4.1	The IC ₅₀ values of ACRH, QRF, and BQ on VEGF-induced HUVECs and IL-1 β -induced HFLS-RA.	75
4.2	Percentage of IL-1 β -induced HFLS-RA cell population after 24 h of treatment with ACRH, QRF, and BQ, respectively.	85
5.1	Summary of animal grouping (n = 8) and QRF treatment procedures.	99
5.2	Scoring system for subjective CIA evaluation in immunized rats.	103
5.3	Effect of CIA induction (day 0 – 11) and QRF treatments (day 14 – 26) on the trend of the body weight gain in arthritic rats.	115
5.4	Effect of QRF doses 3, 10, and 30 mg/kg on organ weights of arthritic rats for 13 days of treatments.	117
5.5	Effect of CIA induction (day 0 – 11) and QRF treatments (day 14 – 26) on the trend of the left ankle diameter in arthritic rats.	121
5.6	Effect of CIA induction (day 0 – 11) and QRF treatments (day 14 – 26) on the trend of the right ankle diameter in arthritic rats.	122

5.7	Effect of CIA induction (day 0 – 11) and QRF treatments (day 14 – 26) on the trend of the left hind paw volume in arthritic rats.	125
5.8	Effect of CIA induction (day 0 – 11) and QRF treatments (day 14 – 26) on the trend of the right hind paw volume in arthritic rats.	126
5.9	Effect of QRF treatments on microvessel density (MVD) of arthritic synovium after 13 days post-treatment (day 14 – 26).	130
5.10	Protein expressions quantitated via ELISA and multiplex magnetic bead-based immunoassay, respectively.	135

LIST OF FIGURES

Figure	Page
2.1 Illustration of normal synovium (left half) and arthritic synovium (right half). The arthritic synovium demonstrates pathological processes, including synovial hyperplasia, inflammatory cell recruitment, angiogenesis, cartilage destruction, and bone erosions.	6
2.2 Mechanisms of synovial angiogenesis in rheumatoid arthritis. A: Rheumatoid arthritis is characterized by chronic inflammation of multiple joints, involving particularly metacarpophalangeal and proximal interphalangeal joints. B: The primary sites of inflammation taking place within the synovium (in red) leading to cartilage and bone damage. C-E: Synovial inflammation begins with activation of immune cells (T and B cells), that secrete pro-inflammatory cytokines such as TNF- α and IL-1 β within the synovial lining. Sustained release of these mediators activates fibroblast-like synoviocytes (FLS) and residence macrophages. Aggressive FLS can release growth factors, such as VEGF that can bind to its receptors on endothelial cells. F: Synovial endothelium, under the aberrant signal of multiple signaling pathways in inflammation promotes synovial neovascularization.	10
2.3 Mechanisms and consequences of fibroblast-like synoviocytes (FLS) activation in rheumatoid arthritis (RA). In this concept, the loss of proteoglycans from articular cartilage represents a key initial step and, in the context of an as yet poorly understood immunological sensitization, directly triggers the activation, increased adhesion, and invasiveness of RA-FLS that ultimately results in a tumor-like transformation. This transformation includes profound epigenetic changes and results in alterations in growth and apoptosis as well as to migration and invasion. These alterations trigger the homing and survival of immune cells and contribute to increased osteoclastogenesis and angiogenesis as part of the complex pathogenesis of RA. SUMO: small ubiquitin-related modifiers; CXCL: CXC chemokine ligand; RANKL: receptor activator of nuclear factor- κ B ligand; SDF-1: stromal cell-derived factor 1.	13
2.4 VEGFR-2 signal transduction and trafficking pathways mediated by VEGF-A (shown in grey). Schematic representation of the signaling pathways elicited by the docking of adaptor proteins to major tyrosine phosphorylation sites. Phosphorylation of Y951 residue leads to the recruitment of TSAd which in turns binds and	17

activates Src. Substrates for Src include molecules related to cell adhesion, vascular permeability, and cell survival (via PI3K/AKT pathway activation). pY1175 mobilizes SHB, which in turn activates FAK (cell attachment and migration). SHB is also one of the Src substrates that are involved in the activation of PI3K/AKT. Moreover, pY1175 residues recruit PLC, triggering Ca²⁺-dependent signaling, which in turn results in transcriptional control of proliferation and cell migration. Cell motility is also regulated by the recruitment of NCK to pY1214 leading to p38MAPK activation. VEGFR-2 activation promotes its own internalization with signaling continuing within endosomal compartments. After being internalized to RAB5⁺ sorting endosomes, VEGFR-2 can be recycled to the cell surface in RAB4⁺ (fast trafficking, persistent intracellular signaling) or Rab11⁺ (slow trafficking, PTP1b-limited intracellular signaling) endosomes. Alternatively, VEGFR-2 undergoes lysosomal degradation in Rab7⁺ endosomes. PLC, phospholipase C; PIP2, phosphatidylinositol bisphosphate; DAG, diacylglycerol; IP3, inositol triphosphate; PKC, protein kinase C; MAPK, mitogen-activated protein kinase; MEK, MAP/ERK kinase; ERK, extracellular signal-regulated kinases; NFAT, nuclear factor of activated T-cells; TSAd, T cell-specific adaptor protein; PI3K, phosphatidylinositol 3-kinases; PIP3, phosphatidylinositol triphosphate; BAD, Bcl-2-associated death promoter; SHB, Src homology-2 domain containing protein B; FAK, focal adhesion kinase; PTP1b, protein tyrosine phosphatase 1b. The dotted lines refer to signaling pathways that have additional elements to them (e.g., other adaptor proteins/non direct signaling routes) that have not been included due to space. The solid lines are for a direct signaling pathway. The blue arrows refer to the routes through which the receptor trafficked for either recycling or degradation.

2.5	PI3K/AKT pathway and the downstream activation of mTOR signal that regulates protein translation related to cellular processes such as cell proliferation, cell cycle, and angiogenesis.	19
2.6	Schematic diagram of NF-κB activation in rheumatoid arthritis.	20
2.7	MAPK signaling cascades in mammalian cells.	22
2.8	The JAK/STAT pathway as represented via the IL-6 mediated JAK1/STAT3 signal activation.	24
2.9	Quinones at ortho (1,2), meta (1,3), or para (1,4)- position around an aromatic ring.	34

2.10	<i>Ardisia crispa</i> plant. (a) whole plant, (b) leaves, and (c) roots. Photos (a) and (b) were captured at the Agricultural Conservatory Park, Institute of Bioscience, Universiti Putra Malaysia by Nordin et al. (2018). Photo (c) was captured during plant collection at the Faculty of Agriculture, Universiti Putra Malaysia.	40
2.11	Chemical structure of ardisiacrispin A ($C_{52}H_{84}O_{22}$) and ardisiacrispin B ($C_{52}H_{86}O_{22}$) isolated from the roots of <i>Ardisia crispa</i> .	41
2.12	Chemical structure of 2-methoxy-6-tridecyl-1,4-benzoquinone (AC7-1) isolated from <i>Ardisia crispa</i> roots.	41
2.13	Chemical structure of (a) 2-methoxy-6-undecyl-1,4-benzoquinone and (b) viminalol (AC1) isolated from the hexane extract of <i>Ardisia crispa</i> roots.	42
2.14	Chemical structure of (a) wogonin; (b) oroxylin A; (c) wogonoside; (d) baicalin; (e) (+) anwulignan; (f) meso-dihydroguaiaretic acid; (g) 4-hydroxyvaleric acid; (h) bergenin; (i) <i>n</i> -tetradecane; (j) β -sitosterol; and (k) ardisiacrispin C, isolated from the roots of <i>Ardisia crispa</i> .	43
2.15	Human umbilical vein endothelial cells (HUVECs) in a "cobblestone" morphology.	49
2.16	Cultured human fibroblast-like synoviocytes for rheumatoid arthritis forming monolayers and have a spindle-shaped appearance.	50
2.17	Overview of a transwell invasion assay setup.	53
2.18	Pathogenesis of collagen-induced arthritis. (A) Collagen type II (CII) emulsified in complete Freund's adjuvant (CFA) containing oil and heat-killed mycobacteria activate specific T and B cells, resulting in antibody and cell-mediated inflammation in joints. (B) Left panel: Oil and heat-killed mycobacterial act as danger signals evoking myeloid expansion and cytokine production. Right panel: CII and mycobacteria are processed by antigen-presenting cells and elicit adaptive cellular, and humoral immune responses potentiate inflammation in the joints.	54
2.19	ELISA types with their representative chemistry workflows.	56
2.20	Simplified workflow of multiplex bead-based assay system.	58
3.1	Chromatogram of reference compound showing a 2-methoxy-6-undecyl-1,4-benzoquinone at Peak 1 ($R_t =$	62

	64.365 min) along with minor unidentified peaks (Peak 2 and 3).	
3.2	Chromatogram of ACRH showing Peak 1, Diethyl Phthalate; Peak 5, Hexadecanoic acid, ethyl ester (CAS) Ethyl pal; Peak 8, Ethyl Oleate; Peak 11, 2 methoxy-6-undecyl-1,4-benzoquinone; Peak 13; Phenol, 2-methoxy-5-acetoxymethyl-, Peak 17, Sebacic acid, di(2,6-dimethoxyphenyl) ester; and other unidentified peaks (Peak 15 & 19).	63
3.3	Chromatogram of QRF showing Peak 1, Phthalate <diethyl->; Peak 2, 2 methoxy-6-undecyl-1,4-benzoquinone Peak 5, 4A.Beta.,13a.Alpha.-Aza-4.Beta.-Ethy; Peak 6, Sebacic acid, di(2,6-dimethoxyphenyl) ester; Peak 7, 2'-dodecyl-5'-allyl-2,5-dimethylpyrrolidine-N-o; and other unidentified peaks (Peak 3, 4, and 8).	64
3.4	Chromatogram of BQ showing Peak 1, 2 methoxy-6-undecyl-1,4-benzoquinone; Peak 2, unidentified peak; Peak 3, Sebacic acid, di(2,6-dimethoxyphenyl) ester.	65
4.1	Concentration-response graphs showing the inhibitory effect of (a) ACRH, (b) QRF, and (c) BQ towards VEGF-induced human umbilical vein endothelial cells (HUVECs) viability after 24 h of incubation. Data were expressed as percentage mean ± SEM (n = 3) of viable cells normalized to 100% cell viability in the negative control and were analyzed using one-way ANOVA followed by Tukey's HSD post hoc test. Significant differences ($P<0.05$) are indicated by different letters between different concentrations.	76
4.2	Concentration-response graphs showing the inhibitory effect of (a) ACRH, (b) QRF, and (c) BQ, respectively towards IL-1 β -induced human fibroblast-like synoviocytes for rheumatoid arthritis (HFLS-RA) viability after 24 h of incubation. Data were expressed as percentage mean ± SEM (n = 3) of viable cells normalized to 100% cell viability in the negative control and were analyzed using one-way ANOVA followed by Tukey's HSD post hoc test. Significant differences ($P<0.05$) are indicated by different letters between different concentrations.	77
4.3	Representative fluorescent images showing inhibitory activities of ACRH, QRF, and BQ on VEGF-induced HUVECs tube formation. HUVECs (1.5×10^4 cell/well) were plated in a 96-well plate, which was pre-coated with a Matrigel membrane matrix (40 μ L/well). Cells were concurrently induced with VEGF ₁₆₅ (50 ng/mL) and were treated with various concentrations (0.05, 0.5, and 5 μ g/mL) of each sample, respectively. Controls (negative control,	80

vehicle 0.1% DMSO, and suramin 50 µg/mL) were set up accordingly, along with the treatments. After 16 h incubation, cells were stained with calcein-AM (8 µg/mL) and visualized using a fluorescence microscope. Images were photographed using a digital camera under an inverted fluorescence microscope at 40× magnification.

- 4.4 Quantitative data of VEGF-induced HUVECs tube formation after being treated with various concentrations (0.05, 0.5, and 5 µg/mL) of each ACRH, QRF and BQ for 16 h, respectively. Data were represented as the percentage of tube lengths relative to the negative control (at 100% tubular formation) and expressed as mean ± SEM (n=3). Data were analyzed using one-way ANOVA followed by Tukey's HSD post hoc test. Significant differences were indicated by different superscript letters between concentrations in all groups ($P<0.05$). 81
- 4.5 The dot plots of IL-1 β -induced HFLS-RA distribution as determined by Annexin V-PI staining. The cells were induced with IL-1 β (10 ng/mL) plus treated with various concentrations (0.05, 0.5, and 5 µg/mL) of ACRH, QRF, and BQ respectively and incubated for 24 h. Negative control (media only), vehicle control (0.1% DMSO), and suramin (50 µg/mL) were included in the experiments. Flowcytometric data were then analyzed and displayed in a dot plot of Annexin V/FITC (y-axis) against PI (x-axis). 84
- 4.6 Photographed images showing inhibition of ACRH, QRF, and BQ on IL-1 β -induced HFLS-RA invasion. HFLS-RA (1 × 10⁴ cells in serum-free SGM) were seeded on a Transwell chamber that has been pre-coated with 30 µL of Matrigel (125 µg/mL). Cells were concurrently induced with IL-1 β (10 ng/mL) then treated with various concentrations (0.05, 0.5, and 5 µg/mL) of ACRH, QRF, and BQ, respectively. Controls (negative control, vehicle 0.1% DMSO, and suramin 50 µg/mL) were set up accordingly, along with the treatments. The upper and lower chamber received equal concentrations of each sample. VEGF₁₆₅ (10 ng/mL) was added to the lower chamber as a chemoattractant. After 22 h incubation, cells were stained with H & E stain and were visualized using an inverted light microscope. Image of cells was photographed with DinoCapture 2.0 camera attached to the inverted light microscope at 10× magnification. 88
- 4.7 Quantitative data of IL-1 β -induced HFLS-RA invasion after being treated with various concentrations (0.05, 0.5, and 5 µg/mL) of each ACRH, QRF, and BQ for 22 h, respectively. All data were the percentage of invaded cells relative to the negative control (at 100% invaded cells) and expressed as 89

mean \pm SEM ($n = 3$). Data were analyzed using one-way ANOVA followed by Tukey's HSD post hoc test. Significant differences were indicated by different superscript letters between concentrations in all groups ($P < 0.05$).

5.1	Schematic diagram of QRF treatment in arthritic rats.	100
5.2	Morphological assessment of collagen-induced arthritis (CIA) in arthritic rats at every three days interval. (a) bodyweight, (b) ankle joint diameter, (c) hind paw volume, and (d) arthritic scoring, respectively. Note that the measurement of paw volume was taken at (X) by immersing the rat's hind limb up to 0.5 cm above the ankle joint (Y) in the plethysmometer.	102
5.3	Effect of CIA on arthritic scores in rats. (a) Effect-time curves and (b) the AUC of arthritic scores for 41 days. Data represent the mean \pm SEM ($n = 3$ rats/group). Statistical analysis was performed using one-way ANOVA followed by Tukey's HSD. Different superscript letters indicate statistical significance between different groups ($P < 0.05$).	109
5.4	Effect of CIA on body weight in rats. (a) Effect-time curves and (b) the AUC of body weight for 41 days. Data represent the mean \pm SEM ($n = 3$ rats/group). Statistical analysis was performed using one-way ANOVA followed by Tukey's HSD. Different superscript letters indicate statistical significance between different groups ($P < 0.05$).	111
5.5	Representative morphological observation of the CIA. (a) Arthritic fore limbs, (b) Arthritic hind limbs, (c) Vehicle control, (d) Arthritic control, (e) Celecoxib 5 mg/kg, (f) QRF 3 mg/kg, (g) QRF 10 mg/kg, and (h) QRF 30 mg/kg.	113
5.6	Effect of QRF on body weight of arthritic rats, expressed as AUC values of day 14 - 26. Data represent the mean \pm SEM ($n = 6$ rats/group). Statistical analysis was performed using one-way ANOVA followed by Tukey's HSD. Different superscript letters indicate statistical significance between different groups ($P < 0.05$).	116
5.7	Effect of QRF on arthritic scores. (a) Effect-time curves (day 0 – 26), where 'b' indicates a significant ($P < 0.05$) increased arthritic scores in arthritic control, celecoxib 5 mg/kg, QRF 3, 10, and 30 mg/kg compared to vehicle control. There was no significant difference within all treated groups with arthritic control from day 11 onwards, indicated by "b" (b) AUC (day 14 – 26) of the arthritic scores. Data represent the mean \pm SEM ($n = 6$ rats/group). Statistical analysis was performed using one-way ANOVA followed by Tukey's	120

	HSD. Different superscript letters indicate statistical significance between different groups ($P<0.05$).	
5.8	Effect of QRF on (a) left and (b) right ankle diameter of arthritic rats, expressed as AUC values of day 14 - 26. Data expressed are mean \pm SEM of six animals per group ($n = 6$). One-way analysis of variance (ANOVA) followed by Tukey's HSD post hoc test was used for statistical analyses. Different superscript letters indicate significant differences between different groups ($P<0.05$).	124
5.9	Effect of QRF on (a) left and (b) right hind paw volume of arthritic rats, expressed as AUC values of day 14 - 26. Data expressed are mean \pm SEM of six animals per group ($n = 6$). One-way analysis of variance (ANOVA) followed by Tukey's HSD post hoc test was used for statistical analyses. Different superscript letters indicate significant differences between different groups ($P<0.05$).	128
5.10	Micrograph of H&E synovial membrane tissue sections showing microvessel density (MVD) of inflamed ankle joints in arthritic rats. (a) Group I (vehicle control); (b) Group II (arthritic control); (c) Group III (celecoxib 5 mg/kg); (d) Group IV (QRF 3 mg/kg); (e) Group V (QRF 10 mg/kg), and (f) Group VI (QRF 30 mg/kg) at high magnification, 200x. Note that (S) synovium, (JS) joint space, (MV) microvessels, (C) cartilage, and (B) bone, respectively. The density of microvessels is marked with an arrow (\rightarrow).	133
5.11	Depiction of the molecular mechanism of the anti-arthritic effect of a quinone-rich fraction (QRF) in collagen-induced arthritis rat model mediated via angiogenic pathway inhibition. A red line ($\text{---}\bullet$) shows the inhibitory roles of QRF; a black arrow (\longrightarrow) represents activation of downstream signaling; and a dash arrow line ($--\blacktriangleright$) shows alternative activation (cross-talk) respectively.	149

LIST OF ABBREVIATIONS

%	Percentage
× g	Times gravity
µ	Micro
µg	Microgram
µm	Micrometer
4T1	<i>Mus musculus</i> mammary carcinoma cell line
AC1	Isomeric mixture of viminalol (α - and β amyrin)
AC7-1	2-methoxy-6-tridecyl-1,4-benzoquinone
ACRE	<i>Ardisia crispa</i> roots ethanolic extract
ACRH	<i>Ardisia crispa</i> roots hexane extract
ACUC	Animal Care and Use Committee
AGR	Annual Growth Rate
AIA	Adjuvant-induced arthritis
AKT	Protein kinase B
Ang	Angiopoietin
ANOVA	One-way analysis of variance
AP-1	Activator protein-1
APC	Antigen-presenting cells
ASK	Apoptosis signal-regulating kinase
ATP	Adenosine triphosphate
AUC	area under the dosing curve
bFGF	Basic fibroblast growth factor
BK	Bradykinin
BQ	2-methoxy-6-undecyl-1,4-benzoquinone
°C	Degree of Celcius

CAM	Chorioallantoic membrane
CFA	Complete Freund's adjuvant
CIA	Collagen-induced arthritis
CII	Type II bovine collagen
CMC	Carboxymethylcellulose
CO ₂	carbon dioxide
COX	Cyclooxygenase
CREB	Cyclic AMP-responsive element-binding protein
CRP	C-reactive protein
CXCL	CXC chemokine ligand
DMARDs	Disease-modifying anti-rheumatic drugs
DMSO	Dimethyl sulfoxide
EBV-EA	Epstein-Barr virus-early antigen
ECGS	Endothelial cell growth supplement
ECM	Endothelial cell medium
ECs	Endothelial cells
EGF	Epidermal growth factor
EI	electron impact
ELISA	Enzyme-linked immunosorbent assay
ERK	Extracellular signal-regulated kinase
FBS	Fetal bovine serum
FDA	Food and Drug Administration
FGF	Fibroblast growth factor
FITC	Fluorescein isothiocyanate
FLS	Fibroblast-like synoviocytes
g	Gram
GC	Glucocorticoids

GC-MS	Gas chromatography-mass spectrometry
G-CSF	Granulocyte-colony stimulating factor
GM-CSF	Granulocyte-macrophage colony-stimulating factor
H&E	Hematoxylin and eosin
HFLS-RA	human fibroblast-like synoviocytes for rheumatoid arthritis
HGF	Hepatocyte growth factor
HIF-1	Hypoxia-inducible factor-1
HMVEC-1	human microvascular endothelial cell-1
HO-1	heme oxygenase-1
HPLC	high-performance liquid chromatography
HSD	Honest significant difference
HSF	Human skin fibroblasts
HSV	herpes simplex virus
HUVECs	Human umbilical vein endothelial cells
IC ₅₀	Half maximal inhibitory concentration
ICAM-2	Intercellular adhesion molecule-2
IFA	Incomplete Freund's adjuvant
IFNy	Interferon gamma
IκBα	Inhibitor of nuclear factor-kappa B
IKKs	IκB kinases
IL	Interleukin
iNOS	Inducible nitric oxide synthase
JAK	Janus kinase
JNK	c-Jun NH ₂ -terminal kinase
kPa	Kilopascal
L	Liter
LMVEC	Lung microvascular endothelial cells LMVEC

LOX	Lipoxygenase
LPO	lipid peroxidation
MAPK	Mitogen-activated protein kinases
MCP-1	Monocyte chemotactic protein 1
MFI	Median fluorescence intensity
mg	Milligram
MHC	Major histocompatibility
MMP	Matrix metalloproteinase
MSD	Meso Scale Discovery
mTOR	Mammalian/mechanistic target of rapamycin
MTT	3-(4,5-dimethylthiazol-2-yl)-2,5-diphenyl tetrazolium bromide
MTX	Methotrexate
MVD	Microvessel density
NAPDH	Nicotinamide adenine dinucleotide phosphate
NFLS	Normal FLS
NF-κB	Nuclear factor kappa B
ng	nanogram
NIH3T3	Normal mouse fibroblast cell line
NMR	nuclear magnetic resonance
NO	Nitric oxide
NSAIDs	Non-steroidal anti-inflammatory drugs
OA-FLS	Osteoarthritis derived FLSs
P	Significant value
P/S	Penicillin/streptomycin
p70S6K	Ribosomal protein S6 kinase beta-1
PBS	Phosphate-buffered saline
PDGF	Platelet derived growth factor

PECAM-1	Platelet endothelial cell adhesion molecule-1
PGE ₂	Prostaglandin E ₂
PGs	Prostaglandins
PI	propidium iodide
PI3K	Phosphatidylinositol-3-kinase
PIAS	Protein inhibitor of activated STAT
PIP	Phosphatidylinositol-triphosphate
PLC _γ 1	Phospholipase C gamma1
PLGF	Placenta growth factor
PS	phosphatidylserine
QRF	Quinone-rich fraction
RA	Rheumatoid arthritis
RANKL	Receptor activator of NF-κB ligand
Rf	Retention factor
ROS	reactive oxygen species
rpm	Rotations per minute
Rt	Retention time
RTKs	Receptor tyrosine kinases
SAPE	Streptavidin-Phycoerythrin
SCID	severe combined immunodeficiency
SD	Sprague-Dawley
SDF-1	Stromal cell-derived factor 1
SEM	Standard error of mean
SGM	Synoviocyte growth medium
SHB	Src Homology-2 domain-containing protein B
SOCS	Suppressor of cytokine signaling
Src	Family of proto-oncogenic tyrosine kinases

STAT	Signal transducer and activator of transcription
SUMO	small ubiquitin-related modifiers
TAK1	TGF-beta activated kinase 1
TGF-β	Transforming growth factor-beta
Th	T-helper cell
TIM	Tissue inhibitor matrix metalloproteinase
TLC	Thin layer chromatography
TLR	Toll-like receptor
TNFRII	Tumor necrosis factor receptor II
TNF-α	Tumor necrosis factor-alpha
TQF	Triterpene-quinone faction
Tsad	T cell-specific adapter protein
TSC2	Tuberous sclerosis complex 2
TYK2	Tyrosine kinase 2
UEA-1	Ulex europas agglutinin I
VCAM-1	Vascular cell adhesion molecule-1
VEGF	Vascular endothelial growth factor
VEGFR	Vascular endothelial growth factor receptor
VWF	von Willebrand factor

CHAPTER 1

INTRODUCTION

1.1 Research background

Rheumatoid arthritis (RA) is an autoimmune disease of chronic joint inflammation and deformities (Smolen et al., 2016). The condition is characterized by inflammatory cell infiltration, synovial hyperplasia, pannus formation, cartilage degradation, and bone destruction (Izquierdo et al., 2011; Mellado et al., 2015; Cajas et al., 2019). This systemic autoimmune disease attacks multiple synovial joints, with its persistent inflammation leading to joint destruction (Tseng et al., 2020). Although the disease itself is non-fatal, its complications usually end with disabilities, thus reducing the quality of life of the affected individuals (Law et al., 2019).

RA occurs in 1% of the global population and affects all ethnicities (WHO, 2020). The disease develops in adult populations, predominantly affecting women more than men (Smolen et al., 2016; Mbiantcha et al., 2017). Like other chronic diseases, this disease burdens the patients and the caregivers economically and debilitates work productivity, particularly in industrialized countries (Osiri & Maetzel, 2010). For the most part, there is scarce data on this lifelong disease in developing countries, including Malaysia, unlike Western countries.

Angiogenesis, a process of new vessel formation, is a key event in the pathogenesis of RA (Elshabrawy et al., 2015; Liu et al., 2019). Current knowledge into the pathophysiology and angiogenesis targeted therapy coupled with an emerging understanding of safer and cost-effective medicines derived from plant sources provides new insights for the search for an effective anti-arthritis agent to treat RA (Zampeli et al., 2015). One of the local plants that have received attention is *Ardisia crispa* (Family: Primulaceae), a medicinal herb widely distributed across Asian countries. Locally known as “*Mata Itik*,” this plant has been consumed by local folks as food as well as a traditional remedy. While the leaves are served as a traditional salad, the roots are claimed to treat various illnesses, including rheumatism (Perry and Metzger, 1980; Muhamad & Mustafa, 1994). Compared to its leaves, the plant’s roots deemed most beneficial medicinally as reported by various literature through rigorous scientific research (Chaweewan et al., 1987; 1995; Roslida, 2004; Huang, 2007; Yeong et al., 2013; Awang Hamsin et al., 2014; Hamid et al., 2017; Wen Jun et al., 2019).

The roots of *Ardisia crispa* contain phytochemicals such as saponins (Chaweewan et al., 1987), benzoquinone (Kang et al., 2001), triterpene, flavonoid, and tannin (Hamsin et al., 2013). 2 methoxy-6-undecyl-1,4-benzoquinone (BQ) that is isolated from the plant’s roots is a bioactive compound that has been reported to yield anti-tumor (Yeong et al., 2013), anti-inflammatory

(Hamsin et al., 2013), and anti-angiogenic properties (Awang Hamsin et al., 2014). Moreover, the extracted *Ardisia crispa* roots hexane fraction (ACRH) was recently reported for their anti-arthritis effect, partly via inhibition of pro-inflammatory biomarkers, i.e., tumor necrosis factor-alpha (TNF- α) and interleukin-1 β (IL-1 β), in complete Freund's adjuvant (CFA)-induced arthritis model in rats (Hamid et al., 2017).

1.2 Problem statement

Deregulation of angiogenesis is one of the driving forces in the early pathogenesis of human RA that perpetuate chronic inflammation and sustaining pannus growth, resulting in joint damage (Leblond et al., 2017). As of late, it has been discovered that inhibiting synovial angiogenesis has become clinically important to repel the disease at the initial developmental stage (Cantatore et al., 2017; Liu et al., 2019). While managing RA has become more challenging due to the interplay between RA, aging, and comorbidities (van Onna & Boonen, 2016), the major drawback of treating this disease is the limitation in the available treatments. The use of mainstream therapies such as nonsteroidal anti-inflammatory drugs (NSAIDs) and conventional disease-modifying anti-rheumatic drugs (DMARDs) aids in impeding the disease progression, but not in treating the disease (Singh et al., 2016). While the introduction of biologic DMARDs to clinically target angiogenesis has intensely improving RA outcomes (Konttinen et al., 2005), the treatment response failure is anticipated in some patients (Hetland et al., 2010; Favalli et al., 2017; Nguyen et al., 2018). Some of the biologics, along with NSAIDs and conventional DMARDs, are also reported with contraindication and toxicities (Tarp et al., 2016; Favalli et al., 2017). Yet, unfortunately, access to the current biologics, particularly among Asian countries, is scarce due to cost inefficiency (Osiri & Maetzel, 2010). As an alternative approach to existing therapies, options to broadly interfere with angiogenesis signals in RA by a safer and affordable natural compound are very much warranted.

1.3 Justification of study

There has been emerging attention to the potential of phytocompounds from plants as an anti-arthritis agent in recent years. This focus has been a significant interest among scientists, pharmaceutical companies, and government agencies as policymakers. Compared to synthetic drugs, plants are relatively less toxic with comparatively low adverse effects. Indeed, plants offer more splendid therapeutic activities due to their rich phytochemical contents, i.e., polyphenols, terpenoids, flavonoids, etc. (Wang et al., 2015). Quinones, particularly para (p)-benzoquinones, are bioactive phenolic compounds attributed to their anti-oxidative, anti-inflammatory, and anti-angiogenic properties (Lin et al., 2016; Silva et al., 2020). Predominantly, natural compounds possessing anti-angiogenic effects could also be an excellent anti-arthritis agent, as extensively reported in the literature (Tabana et al., 2016; Jian-Ping et al., 2018; Feng et al., 2019). *Ardisia crispa* is a plant species reported to contain p -benzoquinone

derivatives, specifically a 2-methoxy-6-undecyl-1,4-benzoquinone (BQ) (Roslida, 2004) found in its root parts. Despite being reported as a potent anti-angiogenic agent in the disease models of inflammation and angiogenesis (Awang Hamsin et al., 2014; Wen Jun et al., 2019), the scientific validation of its anti-arthritis potential on the particular effector cells of RA [e.g., fibroblast-like synoviocytes (FLS)] and in polyarthritis animal model, targeting angiogenesis inhibition, is yet to be disclosed. It is ideal for examining the *in vitro* anti-arthritis effect of *Ardisia crispa* roots in modulating the activities of RA-FLS, before more comprehensive *in vivo* studies mimicking excessive angiogenesis microenvironment took place. Whilst the previous *in vivo* studies (using CFA-induced monoarthritic model in rats) reporting the anti-arthritis effect of ACRH mediated in part via its antioxidant and inhibition of pro-inflammatory biomarkers (TNF- α and IL-1 β) (Hamid et al., 2017), the present study, targeted on the pro-angiogenic biomarkers/cross-talks inhibition, as the early event underlying RA, tested in collagen-induced arthritis (CIA) in rats, a well-established polyarthritis model that highly resembles human RA-like pathogenesis. Thus, the present study is proposed to fulfill these unmet findings by elucidating the potential of *Ardisia crispa* roots as an anti-arthritis agent targeting angiogenesis biomarkers. Findings from this study are hoped to contribute significantly to the body of knowledge of a new natural anti-arthritis agent affordable to treat RA, especially in Asian countries.

1.4 Objective(s)

1.4.1 General objective

This study investigated the *in vitro* and *in vivo* anti-arthritis potential of bioactive fractions [i.e., *Ardisia crispa* roots hexane extract (ACRH) and quinone-rich fraction (QRF)] and a compound [2 methoxy-6-undecyl-1,4-benzoquinone (BQ)] prepared from hexane extraction of *Ardisia crispa* roots by targeting angiogenesis inhibition.

1.4.2 Specific objectives

- a) To prepare ACRH, QRF, and BQ samples from *Ardisia crispa* roots using hexane extraction protocol and silica gel column chromatography, followed by identification of the benzoquinone (compound of interest) content in each sample via gas chromatography-mass spectrometry (GC-MS) analyses.
- b) To examine the inhibitory activities and the half maximal inhibitory concentration (IC_{50}) value of ACRH, QRF, and BQ, respectively, on VEGF-induced human umbilical vein endothelial cells (HUVECs) and IL-1 β -induced human fibroblast-like synoviocytes for rheumatoid arthritis (HFLS-RA) viability.
- c) To assess the suppression/inhibitions of ACRH, QRF, and BQ, respectively, on VEGF-induced HUVEC tube formation, IL-1 β -induced

- HFLS-RA invasion, and enhancement of IL-1 β -induced HFLS-RA apoptotic activity.
- d) To determine the anti-arthritis effect of QRF in collagen-induced arthritis (CIA) model in Sprague-Dawley rats by assessing the arthritic scores, ankle diameter of hind limbs, hind paw volume, synovial microvessel density, and changes on bodyweight and organ weights (i.e., kidney, liver, spleen).
 - e) To quantify the protein expression of pro-angiogenic biomarkers/cross-talk mediators in RA post-treatment with QRF via enzyme-linked immunosorbent assay (ELISA) and multiplex magnetic bead-based immunoassay and elucidated the possible mechanism(s) underlying the anti-arthritis effect of QRF.

1.5 Hypothesis

- a) ACRH, QRF, and BQ prepared from the *Ardisia crispa* roots hexane extraction may contain the benzoquinone (compound of interest) within each of the samples.
- b) ACRH, QRF, and BQ, respectively, may display significant inhibitions on cell viability of both VEGF-induced HUVECs and IL-1 β -induced HFLS-RA.
- c) ACRH, QRF, and BQ, respectively, may exhibit significant suppression/inhibitions on the VEGF-induced HUVEC tube formation, IL-1 β -induced HFLS-RA invasion, and may enhance the apoptotic activity of IL-1 β -induced HFLS-RA.
- d) QRF may demonstrate significant reductions of the arthritic scores, ankle diameter of hind limbs, hind paw volume, synovial microvessel density, with an insignificant bodyweight and organ weights (i.e., kidney, liver, spleen) changes in the arthritic rats.
- e) QRF may cause significant attenuations of pro-angiogenic biomarkers/cross-talk mediators, including VEGF-A, PI3K2 α , ERK/MAPK 1/2, AKT, STAT3, JNK, p70 S6 Kinase, NF- κ B, STAT5A/B, CREB, and p38 proteins in the arthritic rats.

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