

Effect of ocular inflammation by matrine, prednisolone, cyclooxygenase and lipoxygenase inhibitors

and

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ABSTRACT Lens protein-induced ocular inflammation in rabbits was used to study the action mechanism of some anti-inflammatory agents. Indomethacin, cyclooxygenase inhibitor, markedly reduced PGE₁ and PGF_{1α} in the iris and ciliary body at 2 h but PGE₂ only at 4 h. REV 5901, a lipoxygenase inhibitor, only significantly reduced PGE₂ levels in the ciliary body at 4 h. PGF_{1α} levels were not affected by REV 5901. When indomethacin and REV 5901 were combined, both PGE₁ and PGF_{1α} were suppressed at 2 and 4 h in both iris and ciliary body. Neither matrine nor prednisolone produced significant effects on the levels of PGE₁ and PGF_{1α}. However, prednisolone exhibited the greatest reduction in chemotaxis of leukocytes followed by REV 5901. Indomethacin, on the contrary, produced a significant increase in chemotaxis of leukocytes. Matrine produced a decrease in leukocyte counts but was not statistically significant. These results indicate that indomethacin is effective in the early phase of inflammation to reduce PG's production whereas prednisolone and REV 5901 were more effective in the late phase of inflammation. Combined use of REV 5901 and indomethacin could become a drug of choice for the treatment of ocular inflammation without inducing corticosteroidal side effects.

KEY WORDS eye; inflammation; matrine; prednisolone; non-steroidal anti-inflammatory agents; lipoxygenase inhibitor; prostaglandins E; prostaglandins F

The two major classes of anti-inflammatory agents used after ocular surgery are steroidal and non-steroidal anti-inflammatory agents. Neither of these two classes is ideal. The major ocular side effect which limits the uses of steroidal agents is the induction

of an increase in intra-ocular pressure. Non-steroidal anti-inflammatory drugs (NSAID) on the other hand have the potential of worsening the inflammation especially during the late phase of the inflammation. This is due to the fact that all present clinically available NSAIDs are primarily cyclooxygenase inhibitors. Blocking the cyclooxygenase arm of the arachidonic acid (AA) cascade potentiates the production of lipoxygenase metabolites which are ultimately the leukotrienes (LT). The LT are responsible for the late phase of inflammation and the chemotaxis of leukocytes (2-4). In a previous study (5) a new synthetic lipoxygenase inhibitor, REV 5901, was demonstrated to be effective in reducing the late phase of inflammation and using REV 5901 with indomethacin was demonstrated to be as effective as prednisolone in reducing inflammation. However, when REV 5901 is used alone in treatment of lens protein-induced ocular inflammation, there was an increase in the early phase of inflammation. This observation was attributed to an increase in the production of prostaglandins caused by the inhibition of the lipoxygenase arm of the AA cascade.

Another new agent which showed promise to be an effective ocular anti-inflammatory drug is matrine (6). Matrine is a natural substance isolated from the plant *Sophora subplustrata*. The mechanism of action of matrine is unknown but matrine has been demonstrated to possess analgesic, antipyretic and anti-inflammatory properties (6-8).

In this study attempts have been made to determine the mechanism of action of matrine

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and confirm the mechanism of action of indomethacin REV 5901 and prednisolone. This was done by determining the concentration of PGE₂, PGM₂ and LTB₄ in the iris ciliary body and the retina by radioimmunoassay. The effect of these drugs on the accumulation of leukocytes in the anterior chamber of the eye during inflammation was also studied.

MATERIALS AND METHODS

Materials Indomethacin was purchased from Sigma (St Louis MO). REV 5901 was obtained from Revlon Health Care Group (Tuckahoe NY). Prednisolone used was a 1.0% ophthalmic solution (1010 Econopred) purchased from Alcon (Fort Worth TX). Matrine was isolated from the root of *Sophora subprostrata* by a previously reported method(8). Both indomethacin and REV 5901 were dissolved in polyethylene glycol (M_w 200) and then diluted with aqueous solution to the final concentration of 1%. Matrine was dissolved in normal saline to final concentrations of 1% and 2%. All drugs were applied topically in aliquots of 50µl to one eye of the rabbit 1 h prior to intracamerally administration of lens proteins. In the other eye of the rabbit the solvent was applied as a control.

Lens protein Lens protein was prepared and protein concentration was determined according to procedures reported previously(2). The quantity of lens protein in the lens protein preparation used for this study was 29.67 mg/ml.

Rabbit preparation New Zealand albino rabbits of either sex weighing 2.5-3.5 kg were used for this study. The rabbits were anesthetized by intramuscular injection of ketamine hydrochloride 25mg/kg and xylazine 5mg/kg. The anesthesia was maintained by injection of ketamine hydrochloride 12.25mg/kg and xylazine 2.5mg/kg every hour throughout the experiment. After the rabbits were

maintained in the dark ; :: :: ;

anesthetized one eye was administered 50µl of the solvent. One hour after the application of the drugs 25µl of lens protein was injected intracamerally with a 30 gauge needle. Extreme care was taken to avoid contact with the iris. Rabbits were killed by an overdose of sodium pentobarbital.

Radioimmunoassay The radioimmunoassay (RIA) was performed by using the kits purchased from Advanced Magnetics (Cambridge MA). Kits were used to determine the concentration of PGE₂, PGM₂ and LTB₄ in the iris ciliary body and retina.

For the RIA one group of rabbits were killed at 2 h and another at 4 h after intracameral injection of the lens protein. The wet weights of the ciliary body and retina were immediately obtained. The tissues were homogenized in 1 ml of normal saline acid to pH 3-4. Two ml of ethyl acetate were added to the homogenate and vortexed for 30 s. The homogenate was then centrifuged at 1000 x g for 20 min. The ethyl acetate layer of the homogenate was removed and evaporated under nitrogen. The tissue samples were resuspended in buffer solution provided in the RIA kits. The prostaglandin RIA was performed in samples resuspended in 0.5 ml of buffer solution and the leukotriene RIA in samples resuspended in 0.3 ml of buffer. The RIA was performed according to instructions provided in the kits. The RIA samples were centrifuged at 1000 x g for 20 min after the addition of charcoal (provided in the RIA kit). The supernatant was decanted and 5 ml of scintillation cocktail solution. (Universal cocktail ICN Biochemical Irvine CA) was added. The samples were counted in a liquid scintillation counter (LS 5000 CE Beckman Fullerton CA) for 10 min. The results were calculated as per instructions. The concentration of prostaglandin and leukotriene was expressed as pg (micrograms) per ml of tissue.

Leukocyte count Rabbits killed at 4 h after injection of lens protein were used in

sedon of-the study. The aqueous humor was obtained from the eye by puncturing the cornea with a 23 gauge needle and 3-ml syringe. After insertion of the needle into the anterior chamber" even mixing of the aqueous humor was ensured by suctioning and releasing several times with the syringe before drawing the sample. The aqueous humor was placed in an improved Neubauer chamber and the leukocytes were counted.

RESULTS

The results of the RIA are shown in Tab 1 and 2. Indomethacin significantly reduced the concentration of PGE₂ and PGF_{2α} in the iris and ciliary body at 2 h (early phase). Indomethacin however produced a significant increase in chemotaxis of leukocytes (Tab 3). REV 5901 only produced a significant decrease in PGE₂ levels in the ciliary body at 4 h (Tab 1). It also caused a significant reduction in leukocyte counts (Tab 3). When indomethacin and REV 5901 were

combined there was a significant decrease of PGB₂ and PGP₇₄ at 2 and 4 h in both the iris and the ciliary body (Tab 1 and 2).

Neither matrine nor prednisolone produced a statistically significant change in the levels of PGE₂ or PGF_{2α} (Tab 1 and 2).

The prostaglandin level in the retina without drug treatments is lower than those in the iris and ciliary body in all cases (Tab 1 and 2). The levels of prostaglandin in the retina were not significantly different in treated and control eyes of any of the drugs tested except a borderline reduction of PGE₂ by indomethacin plus REV 5901 (Tab 1 and 2). These results indicate that the inflammation induced by intracameral injection of lens protein does not affect the retina and that the topical application of drugs to the eye does not affect the retina either.

The results of the leukocyte counts are shown in Tab 3. Prednisolone exhibited the greatest percent reduction in chemotaxis of leukocytes. Matrine produced a decrease in

Tab 1. Effects of anti-inflammatory agents on PGE₂ production induced by lens proteins at early phase and late phase in inflammation. *P > 0.05, p < 0.05 control.

	n	Control eyes			Treated eyes		
		Iris	Ciliary body	Retina	Iris	Ciliary body	Retina
Early phase (at 2 h)							
Prednisolone	4	95.9 ± 25.1	35.7 ± 10	10.0 ± 10	111.2 ± 34.1*	59.1 ± 12.2	10.0 ± 1.7 ^{III}
Indomethacin	6	183.1 ± 42.0	93.5 ± 17.0	26.7 ± 19.0	22.5 ± 14.0..	11.0 ± 2.0..	10.3 ± 2.0.
REV 5901	8	183.8 ± 34.3	157.3 ± 35.5	39.0 ± 14.7	123.0 ± 46.0 ^{III}	120.0 ± 45.1.	46.7 ± 18.0*
Indomethacin + REV 5901	4	94.4 ± 5.8	72.6 ± 11.0	9.2 ± 2.6	4 ± 5.4"	19.3 ± 8.1..	10.7 ± 3.9*
Matrine	6	164.4 ± 37.7	118.7 ± 42.8	24.9 ± 7.8	88.7 ± 29.1 ^{III}	55.3 ± 5.8*	27.5 ± 10.6*
Late phase (at 4 h)							
Prednisolone	4	122. ± 148.3	61.3 ± 17.1	31.5 ± 12.2	61.5 ± 19.6*	114.0 ± 45.5.	22.9 ± 8.9 ^{III}
Indomethacin	4	158.3 ± 22.0	129.1 ± 41.0	16.9 ± 2.6	27.5 ± 12.	22.0 ± 8.5-	33.3 ± 27.8*
REV 5901	6	185.5 ± 46.8	90.5 ± 22.8	13.3 ± 2.4	12.6 ± 43.3 ^{III}	51.6 ± 12.7 ^{III}	26.8 ± 18.1 ^{III}
Indomethacin + REV 5901	14	171.0 ± 44.5	84.5 ± 20.0	12.2 ± 3.5	22.0 ± 7.8..	20.6 ± 6.7*	8.5 ± 2.0 ^{III}
Matrine	6	123.1 ± 16.1	115.9 ± 18.1	31.0 ± 10.3	105.6 ± 14.9!	69.7 ± 16.1*	45.1 ± 20.3*

Drug	n	Mean	SE	95% CI	Mean	SE	95% CI	Mean	SE	95% CI			
Early Y... (ω2h)													
D \$ (k>nc)	4	4.8	7.1	1.1	7.6	1.1	13.4	4.8	15.2	5.3			
Illtöic ac 1	6	16.0	5.2	6.3	12.6	2.1	3.0	2.5	12.	3.7			
ØV5901	6	4.3	19.7	4.4	16.5	2.4	19.5	4.2	17.1	t.			
fndometbac il +REY S901	4	4.8	20.9	1.9	4.7	0.7	2.1	0.9	5.2	1.3			
Ma e	6	7.0	38.5	12.1	29.6	10.8	2	1	1-1.	20.1	63		
La e (.t4)													
Prednisolone			11.8	3.4	16.3	5.0	13.8	2.2	20	1	7.8-	12.8	10
Indomethacin			56.1	33.0	7.8	1.4	3.1	1	6.1	1.	17.2	2.9.	
qv 90t			29.1	1.4	11.6	4.9	25.6	5.3	22.3	3.9-	20.1	6.7.	
Indomethacin -fREV S901			20.8	5.2	6.2	0.6	2.4	-	24	0.3..	4.5	0.6*	
Matrine			22.1	3.7	22.5	10.1	207	3.7.	5.5	3	5.	26.5	1:1348*

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Drug	n	Control	Treatment	αWlgê
Pcugs (1%)				
		ceE-g	(1k.mm)	
Prednisolone	4	90.0	20.4	10.0 4.1 -89
Indomethacin	6	158.0	41.0	298.0 :t 70.0 +88
REV 5901	6	395.0	90.5	140.0 30.5! 6S
Matrine (2%)	4	252.5	1.5	1325 -48

kukocyte counts although not statistically sig-
 hificant.

Attempts to determine the levels of
 leukotriene concentration in iris
 were done after several attempts due
 to extremely low levels. As
 all measurements in iris cilia
 and retina were less than 6pg-mg-t
 even after 8h after injection of the lens
 form. Attempts were also made to measure
 the concentration of leukotriene in the

aqueous humor after injection of lens prote-
 in. The results were not significantly different
 from those obtained from ocular tissues.

DISCUSSION

DISC

It is suggested from previous studies
 that indomethacin inhibited PG produc-
 tion effectively. On the other hand, REV
 5901 inhibited leukocytes at late phase
 whereas indomethacin associated with
 combined use of indomethacin and REV 5901
 inhibited PG production even without the
 use of prednisolone alone.

Although matrine was shown to inhibit
 ocular inflammation, it did not inhibit
 leukocyte production (Table 1 and 2).
 Indomethacin significantly inhibited
 results indicate that either matrine is a weak
 anti-inflammatory agent or it is a member
 of an entirely new class of anti-inflammatory agents
 which suppress inflammation without cyclo-

arachidonic cascade.

It is interesting to note that lens protein induced acamerally induced PG synthases mainly in the anterior part of the eyes (iris and diary body but not in the back of the eyes). Further leukotriene produced in lens protein-induced inflammation model was too little to be detected with RIA. Therefore leukocyte chemotaxis has to be used to represent the late phase of inflammation.

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Positive inotropic and toxic action of direct lytic factor 00 isolated workg guinea pig hearts

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ABSTRACT The positive inotropic and the toxic effects of direct lytic factor (DLF) on the isolated working guinea pig hearts were studied. As compared with baseline values, DLF 1-10µg. ml⁻¹ increased aortic flow up to 138% cardiac output 116% left ventricular pressure volume work 136% left ventricular pressure 114% dP / dt_{max} 130% V_{max} 8% and mean aortic systolic pressure 114% but coronary flow was decreased by 16% on an average (n=6)-However head mte remained constant

myocardial oxygen consumption and efficiency were unchanged little. The cardiologic effect of DLF was also observed by recording the isometric contractions of the isolated guinea pig papillary muscles and by determining the left ventricular pressure and dP / dt_{max} in anesthetized dogs. Neither spontaneously beating rate of right nor the excitability of left atrium was affected by DLF. The results show that DLF is one of the cardiotoxic agents without chronotropic effect and its coronary vasoconstrictive effect plays an important part in heart failure.

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KEY WORDS cobra venoms; direct lytic

