



Fig 3. Effects of MCI-154 on caffeine-induced contractile force in saponin (50 mg.L⁻¹)-skinned rat right ventricular papillary muscles (R: relaxant solution).

Mechanisms underlying the sensitizing effect of MCI-154 are unclear. A direct action on regulatory protein troponin and its subunits (eg enhancement of troponin C Ca²⁺ binding) may be involved(278). In our study the Hill coefficient of tension-pCa relationship was reduced significantly which suggested that the cooperation between actin and myosin had been changed by the treatment of MCI-154(9). Further experiments are necessary to fully explore the molecular mechanism by which MCI-154 increases the Ca²⁺ sensitivity.

The present study was also taken to analyze the possible effect of MCI-154 on SR functions. The results indicated that MCI-154 itself could not induce Ca²⁺ release from SR and it had no effect on caffeine-induced Ca²⁺ release in the preparations skinned by saponin (50 mg.L⁻¹). Whether or not MCI-154 affects the [Ca²⁺]_i of myocardial cells through CA1VIP system is still a matter of controversy(310). From the present study we can infer at least that enhancement of SR Ca²⁺ release is not included in the mechanisms underlying the positive inotropic effect of MCI-154.

In conclusion MCI-154 is a kind of new calcium sensitizer it increases the sensitivity of contractile system to Ca²⁺ without influence Ca²⁺ release from SR in skinned cardiac fibers of rat.

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MCI-154	Ca ²⁺	Ca ²⁺
(410078)
MCI-154;	;	;
;	;	;
:	MCI-154	:
500	50 mg.L ⁻¹	(SR)
	500 mg.L ⁻¹	
PCa	Ca ²⁺	Ca ²⁺
50	Ca ²⁺	50 .L ⁻¹ 蜕膜
	SR Ca ²⁺	
:	1)	Ca ²⁺
mmol.L ⁻¹)	(MCI-154 (0.1
Ca ²⁺		
5.54 (5.30 - 5.79)		\$.84 (5.54 - 6.14)

(P < 0.01, 154 cannot cause SR internal Ca²⁺ release, and caffeine-induced

154 Q ea²⁺

(P > 0.05). : MCI-

BIBLID: IN 0253-9756

Acta Phann. aka ica Sinica

99? MaYi:8 (3): 237-240

Altered α_1 -adrenoceptor subtypes mediated cardiac function after treatment of propranolol to rats

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KEY WORDS myocardial contractility; heart rate; α_1 adrenoceptors; propranolol; phenylephrine; clonidine; apidil; carochol

AIM To study the inotropic effects mediated by α_1A - and α_1B -adrenoceptors after 5-d propranolol treatment. METHODS: the inotropic and chronotropic effects mediated by α_1A and α_1B subtypes were determined on isolated aortic papillary muscle from 18 Phe-treated rats and 17 mg in control group (P < 0.05). The inotropic effect of Phe was 20% in Pro-pretreated rats (15 mg in NaCl-treated group, P < 0.05). After preincubated with chloroethylclonidine, the inotropic effect of Phe was reduced in Pro-treated rats. It was not much affected in control group. Phe mediated inotropic effect with 15 mg in Pro-treated group, but not in NaCl-treated rats. Under the normal and the inhibitory cardiac state, maximal increment in beat rate mediated by α_1B showed no difference between the Pro-treated and NaCl-treated rats. α_1 adrenoceptor-mediated effect in rat heart was moved, which was mediated

induced by stimulation of QIS when β adrenoceptors were blocked-

Myocardial α_1 - and β -adrenoceptors were existent in hearts of various species including rat. α_1 adrenoceptors mediate positive inotropic and chronotropic effects. Since the α_1 -adrenoceptor-mediated responses are "dominant" in rat, the significance of α_1 -adrenoceptor-mediated effects. α_1 -Adrenoceptor-mediated effects in rat heart after chronic propranolol treatment. We demonstrated that α_1A -adrenoceptor density increased more pronounced than α_1B -adrenoceptor after chronic treatment of propranolol (Pro). The present study was to observe the functional alterations of inotropic and chronotropic effects mediated by α_1A - and α_1B -adrenoceptors in rat heart.

MATERIALS AND METHODS

Wistar rats (230-260 g) were treated with Pro (50 mg ip bid) for 5 d. Force of contraction papillary muscle isolated from the left ventricles of Pro- and NaCl-treated rats were attached to

recorder (XWT-204 TYPE) with a 100 mm scale. The

Project supported by National Science Foundation of China for Outstanding Young Scientists No 39425114. Received 1996-03-18 Accepted 1996-12-02