

WOGONIN ON THE MECHANISM OF INFLUENZA VIRUS INFECTION OF ALVEOLAR MACROPHAGE INFLAMMATORY SUBSTANCES

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ABSTRACT

Influenza caused by influenza virus infection is a highly contagious respiratory disease. It spreads rapidly and leads to a high mortality rate. Recently it often happened severe global influenza pandemic, and threatened the public health seriously.

Keywords: Alveolar macrophage, Wogonin, Influenza virus, NF- κ B, TLR7, Inflammation, Inflammatory substances.

Pulmonary pathological change caused by influenza virus is characterized by pulmonary edema and extensively inflammatory exudates. It has been reported that the pathological changes in lungs of influenza virus infection are always accompanied with a large number of inflammatory cells, including neutrophils, monocytes, macrophages and high levels of pro-inflammatory cytokines, chemokines, which indicates that the excessive host immune response is one of the main factors responsible for the pathological lesions caused by influenza virus. Therefore, anti-inflammatory treatment has become more and more important in the treatment of influenza.

Traditional-Chinese-Medicine (TCM) consists of many components which has lots of effects. TCM not only has direct antiviral effects, but also can regulate the complicated process of the pathological change caused by excessive immune response against influenza virus. Therefore, it has a specific advantage in the treatment of influenza.

Wogonin is one of the major components of *Scutellaria* which is a TCM used in the treatment of influenza. A large number of clinical experience and experimental studies have shown that *Scutellaria* has good effects to treat influenza. Studies have reported that wogonin has antioxidant, anti-inflammatory and immunomodulatory

properties. Based on that, we investigated the effects and mechanism of wogonin in alleviating the excessive inflammatory response caused by influenza virus to reveal the function of wogonin in the treatment of influenza, to provide the scientific evidence for wogonin application in treatment of viral pneumonia caused by influenza, and to provide the experimental basis for the pharmacological effects of Scutellaria.

Objectives: To observe the effects of wogonin on the inflammation related factors and the key molecules of the TLR7 mediated MyD88-dependent pathway in alveolar macrophage of rats (NR8383) infected by influenza virus, and to specify the function of wogonin in the treatment of viral pneumonia.

METHODS

After infection of NR8383 by influenza virus A(FM1) for 1 h, virus was removed, and NR8383 cells were treated with wogonin for different hours:

1. To study the effects of wogonin on oxygen free radical from alveolar macrophages (NR8383) infected by influenza virus: At 8 h, 24 h, 36 h, 48 h after wogonin (0.016 g/L, 0.008 g/L, 0.004 g/L) application, griess reagent was used to measure the concentration of NO. At 8 h, 24 h, 36 h, 48 h after wogonin (0.016 g/L) application, biochemical detection was used to measure the concentration of intracellular iNOS; At 4 h, 8 h, 18 h, 24 h after wogonin application, biochemical detection was used to measure SOD activity and the concentration of MDA.

2. To study the effects of wogonin on inflammatory mediators from NR8383 infected by FM1: At 6 h, 12 h, 24 h after wogonin (0.016 g/L) application, radioimmunoassay (RIA) was used to detect the concentration of inflammatory mediators, Prostaglandin E2 (PGE2), Phospholipase A2 (PLA2), and leukotriene (LTB4).³ To study the effects of wogonin on cytokines from NR8383 infected by FM1: At 6 h, 12 h, 24 h after wogonin (0.016 g/L) application, ELISA method was used to detect the concentration of tumor necrosis factor- α (TNF- α) and monocyte chemoattractant protein-1 (MCP)-1 in the supernatants; At 24 h after drug application, realtime PCR was used to detect the mRNA level of TNF- α and MCP-1.⁴ To study the effects of wogonin on TLR7 mediated MyD88-dependent pathway in NR8383 infected by FM1: At 24 h after wogonin (0.016 g/L) application, RT-PCR was used to detect the mRNA level of MyD88, NF- κ B and TLR7.⁵ To study the effects of wogonin on nuclear translocation and expression of NF- κ B in NR8383 infected by FM1: After incubation with virus, immunocytochemistry was used to detect nuclear translocation of NF- κ B in the cells at 2 h, 4 h, 6 h, 8 h, 24 h. At 4 h, 6 h, 24 h after wogonin (0.016 g/L) application, immunocytochemistry was used to detect nuclear translocation of NF- κ B in the cells and to do semi-quantity analysis; At 24 h after wogonin application, western-blot was used to detect the expression of NF- κ B protein.

RESULTS

1. After infection of influenza virus, NO, iNOS and MDA levels from NR83 83 increased significantly, and the total SOD activity decreased. At 24 h, 36 h, 48 h after wogonin application, NO level was decreased ($P < 0.01$); at 24 h, 36 h, 48 h, iNOS activity was significantly reduced ($P < 0.05$). At 4 h, 8 h after wogonin application, total SOD activity was increased ($P < 0.05$) and MDA level was decreased ($P < 0.05$).

2. After infection of influenza virus, PLA2, PGE2, LTB4 levels from NR8383 were significantly increased. At 6 h after adding wogonin, PLA2 activity was decreased ($P < 0.01$). After wogonin application, PGE2 level was lower than the level of the virus group, however there was no significant difference between the results ($P > 0.05$). At 12 h, 24 h, LTB4 level was decreased ($P < 0.01$, $P < 0.05$).

3. After infection of influenza virus, TNF- α , MCP-1 transcription and expression in NR8383 were significantly increased. At 24 h after adding wogonin, MCP-1 mRNA level was greatly decreased ($P < 0.01$). At 6 h, 12 h, 24 h, the concentration of MCP-1 was reduced ($P < 0.01$). At 24 h after wogonin application, TNF- α mRNA level was decreased ($P < 0.01$). At 12 h, 24 h, the concentration of TNF- α was reduced ($P < 0.01$).

4. After infection of influenza virus, MyD88, NF- κ B and TLR7 mRNA levels in NR8383 were significantly increased. At 24 h after adding wogonin, MyD88, NF- κ B and TLR7 mRNA levels were decreased ($P < 0.05$, $P < 0.01$, $P < 0.05$).

5. After infection of influenza virus, NF- κ B nuclear translocation was not obvious in NR8383. In contrast to cells in normal group, NF- κ B expression was increased in the cytoplasm at 2 h; At 4 h, 6 h, NF- κ B nuclear translocation was obvious. NF- κ B expression in the nuclei was increased, and NF- κ B expression in the cytoplasm was increased in contrast to that of cells in normal group;

At 8 h, NF- κ B expression in the nuclei was decreased; At 24 h, NF- κ B expression in the nuclei reduced, NF- κ B expression in the cytoplasm was significantly increased in contrast to that of cells in normal group. At 24 h, the result of western-blot was the same with that of immunocytochemistry, NF- κ B expression in the cytoplasm was significantly increased in contrast to that of cells in normal group, NF- κ B in the nuclei did not exist. At 4 h, 6 h after wogonin application, NF- κ B in the nuclei and cytoplasm were reduced. At 24 h after wogonin application, NF- κ B protein expression in the cytoplasm was reduced.

CONCLUSIONS

Wogonin significantly decreased NO concentration by controlling iNOS activity. Wogonin also increased total SOD activity, and decreased MDA during early periods (4 h, 6 h) after the infection of virus. It indicates that wogonin can alleviate damages by free radical such as NO. Wogonin decreased LTB4, PGE2 by repressing PLA2, and relieve inflammation induced by them. Wogonin also controlled the transcription

and expression of TNF- α , MCP-1, and decreased the activation of other cytokines and inflammatory cells. As a result, it can alleviate the inflammatory damages by the viral pneumonia. Wogonin decreased the transcription of the key signal molecules of the pathway with which influenza virus stimulates macrophages through, TLR7 mediated MyD88-dependent pathway. Wogonin also controlled NF- κ B nuclear translocation and expression. Therefore, wogonin can reduce the transcription and generation of inflammatory protein. As a result, Wogonin can relieve excessive immune response in the treatment of viral pneumonia.

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