学位論文内容の要旨

Bofu-tsu-shosan, an oriental herbal medicine, exerts a combinatorial favorable metabolic modulation including antihypertensive effect on a mouse model of human metabolic disorders with visceral obesity

(漢方薬「防風通聖散」はヒト内臓脂肪型代謝障害モデル マウスに対して降圧を含めた多面的代謝好影響を呈する)

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http://www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0075560

Introduction

Accumulating evidence indicates that metabolic dysfunction with visceral obesity is a major medical problem associated with the development of hypertension, type 2 diabetes (T2DM) and dyslipidemia, and ultimately severe cardiovascular disease. Since obesity with visceral fat is related to a variety of metabolic disorders and has a serious impact on the cost of health care, the treatment of obesity has become a critical issue. Although the standard treatment for obesity is a combination of diet and exercise therapy, it is often extremely difficult for obese people to reduce their body weight in this way compared with healthy people, in part because of their excessive appetite. Therefore, to prevent the development of obesity, various anti-obesity drugs and bariatric surgery have been developed as adjunct therapies of obesity in western medicine. However, anti-obesity drugs and bariatric surgery have only been able to help a limited number of severely obese people because of side effects and invasiveness of the procedure (Dietrich MO and Horvath TL, 2012).

Bofu-tsusho-san (BOF) is one of oriental herbal medicine and is clinically available to treat obesity in Japan. In previous studies, BOF has been reported to exert its anti-obesity effect in obese patients as well as various obesity-model animals (Hioki C et al., 2004; Yoshida T et al., 1995). However, the mechanism of its beneficial effect is not fully elucidated. Here, we investigated mechanism of therapeutic effects of BOF on KKAy mice, a model of human metabolic disorders with visceral obesity.

Methods

Male KKAy mice (9 weeks old) were divided into two groups and fed a standard powdered diet (CE-2, the control group) or a powdered diet containing BOF (CE-2 containing 4.7% BOF, the BOF group) for 8 weeks. During the experiment, body weight, food intake and systolic blood pressure (SBP) by tail-cuff method were measured. The tissues were collected under anesthesia at the end of the experimental period.

To examine the acute effects of BOF on food intake and an orexigenic hormone, KKAy mice (13 - 14 weeks of age) fed a standard diet were fasted for 24 hours and were then administered BOF (5000 mg/kg) dissolved in 1mL of distilled water per 100 g of body weight via a stomach tube, and then 24-hour food intake and plasma acylated-ghrelin level were measured.

Results

Chronic BOF administration persistently decreased food intake, body weight gain, LDL-C and SBP (Control vs BOF; SBP, 122 ± 4 vs 113 ± 2 mmHg, P < 0.05). In addition, both tissue weight and cell size of visceral white adipose tissue (WAT) were decreased, with concomitant increases in the expression of adiponectin and peroxisome proliferator-activated receptors (PPARs) genes in visceral WAT as well as the circulating adiponectin level by BOF treatment (Control vs BOF; plasma adiponectin level, 6.1 ± 0.2 vs $7.9 \pm 0.3 \mu g/ml$, P < 0.001). Furthermore, gene expression of uncoupling protein-1, a thermogenesis index by mitochondria, in brown adipose tissue (BAT) and rectal temperature were both elevated by BOF. Intriguingly, plasma acylated-ghrelin, an active form of orexigenic hormone, and short-term food intake were significantly decreased by single bolus administration of BOF (Control vs BOF; plasma acylated-ghrelin level, 25.1 ± 1.1 vs 20.5 ± 1.7 fmol/ml, P < 0.05).

Discussion

In the present study, we showed that 1) BOF persistently decreased food intake and body weight gain; 2) BOF consistently decreased blood pressure without affecting heart rate; 3) BOF decreased WAT weight and adipocyte hypertrophy, and ameliorated the adipocytokine dysregulation in WAT; 4) BOF increased UCP-1 mRNA expression in BAT and also the rectal temperature and 5) BOF decreased the short-term food intake and the plasma acylated-ghrelin level in KKAy mice, a model of human metabolic disorders with visceral obesity, T2DM, dyslipidemia and hypertension.

PPARs are critical regulators of adipocyte differentiation and are reported to activate adiponectin gene expression in WAT (Hiuge A et al., 2007; Maeda N et al., 2001). Furthermore, adiponectin is reported to play a protective role against hypertension (Ohashi K et al., 2006; Wang ZV and Scherer PE, 2008). UCP-1 is specifically expressed in BAT and uncouples mitochondrial oxidative phosphorylation by bypassing the electrochemical gradient across the inner membrane from the F1-ATPase and thereby consumes energy as heat (Yoshida T et al., 1995). Thus, the elevated rectal temperature, induced by activating BAT thermogenesis may contribute to the efficient suppression of adipocyte hypertrophy in WAT. Ghrelin, an orexigenic hormone secreted mainly from the stomach, plays an important role in the regulation of food intake (Kojima M et al., 1999). Ghrelin is reported to cause a significant increase in food intake by exerting a potent appetite-stimulating effect by altering orexigenic neuropeptides in the hypothalamus (Kamegai J et al., 2000; Seoane LM et al., 2003; van der Lely AJ et al., 2004). Thus, we hypothesized that BOF exerts a potent appetite-inhibitory effect possibly via suppression of the ghrelin system. We demonstrated that the acute BOF administration significantly decreased the 24-hour food intake with a concomitant reduction of circulating concentration of activated ghrelin. This is the first report showing that BOF exerts an appetite-inhibitory effect via its suppression on the ghrelin system.

BOF acts on adipose tissue to decrease adipocyte hypertrophy in WAT by activation of BAT thermogenesis and amelioration of adipocytokine dysregulation. BOF probably acts on the ghrelin system to exert an appetite inhibitory effect. The improvement in adipose tissue function by amelioration of adipocytokine dysregulation and the reduction of food intake by appetite inhibition may contribute to the blood pressure lowering effect as well as favorable metabolic modulation by BOF in KKAy mice. A limitation of the present study is that other factors such as a diuretic effect and/or an inhibitory effect on sympathetic nerve activity, in addition to a decrease in food intake via appetite suppression, may be involved in the BOF-mediated blood pressure lowering, and these issues should be also addressed by further studies.

In conclusion, these results indicate that BOF exerts a combinatorial favorable metabolic modulation including antihypertensive effect, at least partially, via its beneficial effect on adipose tissue function and its appetite-inhibitory property through suppression on the ghrelin system.

References

Dietrich MO, Horvath TL (2012) Limitations in anti-obesity drug development: the critical role of hunger-promoting neurons. Nat Rev Drug Discov 11: 675-691.

Hioki C, Yoshimoto K, Yoshida T (2004) Efficacy of bofu-tsusho-san, an oriental herbal medicine, in obese Japanese women with impaired glucose tolerance. Clin Exp Pharmacol Physiol 31: 614-619.

Hiuge A, Tenenbaum A, Maeda N, et al. (2007) Effects of peroxisome proliferator-activated receptor ligands, bezafibrate and fenofibrate, on adiponectin level. Arterioscler Thromb Vasc Biol 27: 635-641.

Kamegai J, Tamura H, Shimizu T, et al. (2000) Central effect of ghrelin, an endogenous growth hormone secretagogue, on hypothalamic peptide gene expression. Endocrinology 141: 4797-4800.

Kojima M, Hosoda H, Date Y, et al. (1999) Ghrelin is a growth-hormone-releasing acylated peptide from stomach. Nature 402: 656-660.

Maeda N, Takahashi M, Funahashi T, et al. (2001) PPARgamma ligands increase expression and plasma concentrations of adiponectin, an adipose-derived protein. Diabetes 50: 2094-2099.

Ohashi K, Kihara S, Ouchi N, et al. (2006) Adiponectin replenishment ameliorates obesity-related hypertension. Hypertension 47: 1108-1116.

Seoane LM, Lopez M, Tovar S, et al. (2003) Agouti-related peptide, neuropeptide Y, and somatostatin-producing neurons are targets for ghrelin actions in the rat hypothalamus. Endocrinology 144: 544-551.

van der Lely AJ, Tschop M, Heiman ML, et al. (2004) Biological, physiological, pathophysiological, and pharmacological aspects of ghrelin. Endocr Rev 25: 426-457.

Wang ZV, Scherer PE (2008) Adiponectin, cardiovascular function, and hypertension. Hypertension 51: 8-14.

Yoshida T, Sakane N, Wakabayashi Y, et al. (1995) Thermogenic, anti-obesity effects of bofu-tsusho-san in MSG-obese mice. Int J Obes Relat Metab Disord 19: 717-722.

論文目録

I 主論文

Bofu-tsu-shosan, an Oriental Herbal Medicine, Exerts a Combinatorial Favorable Metabolic Modulation Including Antihypertensive Effect on a Mouse Model of Human Metabolic Disorders with Visceral Obesity.

Kengo Azushima, Kouichi Tamura, Hiromichi Wakui, Akinobu Maeda, Masato Ohsawa, Kazushi Uneda, Ryu Kobayashi, Tomohiko Kanaoka, Toru Dejima, Tetsuya Fujikawa, Akio Yamashita, Yoshiyuki Toya, Satoshi Umemura: PLoS One. Volume 8, Issue 10: e75560, October 2013.

Ⅱ 副論文

Effects of the oriental herbal medicine Bofu-tsusho-san in obesity hypertension: A multicenter, randomized, parallel-group controlled trial.

Kengo Azushima, Kouichi Tamura, Sona Haku, Hiromichi Wakui, Tomohiko Kanaoka, Masato Ohsawa, Kazushi Uneda, Ryu Kobayashi, Kohji Ohki, Toru Dejima, Akinobu Maeda, Tatsuo Hashimoto, Jin Oshikawa, Yusuke Kobayashi, Koichiro Nomura, Chieko Azushima, Yasuyo Takeshita, Ryota Fujino, Ken Uchida, Ken Shibuya, Daisaku Ando, Yasuo Tokita, Tetsuya Fujikawa, Yoshiyuki Toya, Satoshi Umemura: Submitted.

Ⅲ 参考論文

 Effects of Single Pill-based Combination Therapy of Amlodipine and Atorvastatin on Within-visit BP Variability and Parameters of Renal and Vascular Function in Hypertensive Patients with Chronic Kidney Disease.

Azushima K, Uneda K, Tamura K, Wakui H, Ohsawa M, Kobayashi R, Dejima T, Kanaoka T, Maeda A, Toya Y, Umemura S: Biomed Res Int. Volume 2014: Article ID 437087, Epub 2014 Apr 8.

2 Aliskiren Induced Remarkable Hypertriglyceridemia.

Azushima K, Tamura K, Wakui H, Maeda A, Kanaoka T, Ohsawa M, Haku S, Uneda K, Toya Y, Umemura S: Intern Med. 51(24): 3387-9, Epub 2012 Dec 15.

3 Involvement of Runx3 in the basal transcriptional activation of the mouse angiotensin II type 1 receptor-associated protein gene.

Matsuda M, Tamura K, Wakui H, Dejima T, Maeda A, Ohsawa M, Kanaoka T, Haku S, Azushima K, Yamasaki H, Saito D, Hirose T, Maeshima Y, Nagashima Y, Umemura S: Physiol Genomics.43(14): 884-94, 2011 Jul 27.

4 Prepubertal angiotensin blockade exerts long-term therapeutic effect through sustained ATRAP activation in salt-sensitive hypertensive rats.

Dejima T, Tamura K, Wakui H, Maeda A, Ohsawa M, Kanaoka T, Haku S, Kengo A, Masuda S, Shigenaga A, Azuma K, Matsuda M, Yabana M, Hirose T, Uchino K, Kimura K, Nagashima Y, Umemura S: J Hypertens. 29(10):1919-29, 2011 Oct.

5 Combination therapy of angiotensin II receptor blocker and calcium channel blocker exerts pleiotropic therapeutic effects in addition to blood pressure lowering: amlodipine and candesartan trial in Yokohama (ACTY).

Maeda A, Tamura K, Kanaoka T, Ohsawa M, Haku S, Azushima K, Dejima T, Wakui H, Yanagi M, Okano Y, Fujikawa T, Toya Y, Mizushima S, Tochikubo O, Umemura S: Clin Exp Hypertens. 34(4): 249-57, Epub 2012 May 9.

6 Long-term efficacy and safety of the small-sized β2-microglobulin adsorption column for dialysis-related amyloidosis.

Yamamoto Y, Hirawa N, Yamaguchi S, Ogawa N, Takeda H, Shibuya K, Kawahara K, Kojima H, Dobashi Y, Fujita M, Azusima K, Miyazaki N, Kobayashi M, Kobayashi C, Fujiwara A, Yuto J, Saka S, Yatsu K, Toya Y, Yasuda G, Ohnishi T, Umemura S: Ther Apher Dial. 15(5): 466-74, 2011 Oct.

7 Relationship of ambulatory blood pressure and the heart rate profile with renal function parameters in hypertensive patients with chronic kidney disease.

Kanaoka T, Tamura K, Ohsawa M, Yanagi M, Haku S, Wakui H, Maeda A, Dejima T, Azushima K, Mitsuhashi H, Okano Y, Fujikawa T, Toya Y, Mizushima S, Tochikubo O, Umemura S: Clin Exp Hypertens. 34(4): 264-9, Epub 2012 May 11. 8 Effects of aliskiren-based therapy on ambulatory blood pressure profile, central hemodynamics, and arterial stiffness in nondiabetic mild to moderate hypertensive patients.

Kanaoka T, Tamura K, Ohsawa M, Wakui H, Maeda A, Dejima T, Azushima K, Haku S, Mitsuhashi H, Yanagi M, Oshikawa J, Uneda K, Aoki K, Fujikawa T, Toya Y, Uchino K, Umemura S: J Clin Hypertens (Greenwich). 14(8): 522-9, 2012 Aug.

9 The angiotensin II type 1 receptor blocker olmesartan preferentially improves nocturnal hypertension and proteinuria in chronic kidney disease.

Yanagi M, Tamura K, Fujikawa T, Wakui H, Kanaoka T, Ohsawa M, Azushima K, Maeda A, Kobori H, Umemura S: Hypertens Res. 36(3): 262-9, 2013 Mar.

10 Enhanced angiotensin receptor-associated protein in renal tubule suppresses angiotensin-dependent hypertension.

Wakui H, Tamura K, Masuda S, Tsurumi-Ikeya Y, Fujita M, Maeda A, Ohsawa M, Azushima K, Uneda K, Matsuda M, Kitamura K, Uchida S, Toya Y, Kobori H, Nagahama K, Yamashita A, Umemura S: Hypertension. 61(6): 1203-10, 2013 Jun.

11 Upstream stimulatory factors 1 and 2 mediate the transcription of angiotensin II binding and inhibitory protein.

Matsuda M, Tamura K, Wakui H, Maeda A, Ohsawa M, Kanaoka T, Azushima K, Uneda K, Haku S, Tsurumi-Ikeya Y, Toya Y, Maeshima Y, Yamashita A, Umemura S: J Biol Chem. 288(26): 19238-49, 2013 Jun 28.

12 Rituximab treatment for adult purpura nephritis with nephrotic syndrome.

Ishiguro H, Hashimoto T, Akata M, Suzuki S, Azushima K, Kobayashi Y, Kanaoka T, Yoshida S, Wakui H, Oshikawa J, Nagahama K, Inayama Y, Tamura K, Toya Y, Umemura S: Intern Med. 52(10): 1079-83, Epub 2013 May 15. 13 Addition of aliskiren to Angiotensin receptor blocker improves ambulatory blood pressure profile and cardiorenal function better than addition of benazepril in chronic kidney disease.

Ohsawa M, Tamura K, Kanaoka T, Wakui H, Maeda A, Dejima T, Azushima K, Uneda K, Kobayashi R, Tsurumi-Ikeya Y, Toya Y, Fujikawa T, Umemura S: Int J Mol Sci. 14(8): 15361-75, 2013 Jul 24.

14 Angiotensin Receptor-Binding Protein ATRAP/Agtrap Inhibits Metabolic Dysfunction With Visceral Obesity.

Maeda A, Tamura K, Wakui H, Dejima T, Ohsawa M, Azushima K, Kanaoka T, Uneda K, Matsuda M, Yamashita A, Miyazaki N, Yatsu K, Hirawa N, Toya Y, Umemura S: J Am Heart Assoc. 2(4): e000312, 2013 Jul 31.

15 L/N-type calcium channel blocker cilnidipine added to Renin-Angiotensin inhibition improves ambulatory blood pressure profile and suppresses cardiac hypertrophy in hypertension with chronic kidney disease.

Kanaoka T, Tamura K, Wakui H, Ohsawa M, Azushima K, Uneda K, Kobayashi R, Fujikawa T, Tsurumi-Ikeya Y, Maeda A, Yanagi M, Toya Y, Umemura S: Int J Mol Sci. 14(8): 16866-81, 2013 Aug 16.

16 Activation of angiotensin II type 1 receptor-associated protein exerts an inhibitory effect on vascular hypertrophy and oxidative stress in angiotensin II-mediated hypertension.

Wakui H, Dejima T, Tamura K, Uneda K, Azuma K, Maeda A, Ohsawa M, Kanaoka T, Azushima K, Kobayashi R, Matsuda M, Yamashita A, Umemura S: Cardiovasc Res. 100(3):511-9, 2013 Dec 1.

17 Deletion of the angiotensin II type 1 receptor-associated protein enhances renal sodium reabsorption and exacerbates angiotensin II-mediated hypertension.

Ohsawa M, Tamura K, Wakui H, Maeda A, Dejima T, Kanaoka T, Azushima K, Uneda K, Tsurumi-Ikeya Y, Kobayashi R, Matsuda M, Uchida S, Toya Y, Kobori H, Nishiyama A, Yamashita A, Ishikawa Y, Umemura S: Kidney Int. 86(3): 570-81, 2014 Sep.

18 Effects of Ang II Receptor Blocker Irbesartan on Adipose Tissue Function in Mice with Metabolic Disorders.

Maeda A, Tamura K, Wakui H, Ohsawa M, Azushima K, Uneda K, Kobayashi R, Tsurumi-Ikeya Y, Kanaoka T, Dejima T, Ohki K, Haku S, Yamashita A, Umemura S: Int J Med Sci. 11(6):646-51, 2014 Apr 27.

19 Effects of the Angiotensin Receptor Blocker Olmesartan on Adipocyte Hypertrophy and Function in Mice with Metabolic Disorders.

Maeda A, Tamura K, Wakui H, Ohsawa M, Azushima K, Uneda K, Kanaoka T, Kobayashi R, Ohki K, Matsuda M, Tsurumi-Ikeya Y, Yamashita A, Tokita Y, Umemura S: Biomed Res Int. 2014:946492, Epub 2014 Jun 2.