Physiology and Pharmacology

Physiol Pharmacol 19 (2015) 114-120



www.phypha.ir/pp

Original Article

The anti-apoptotic effect of ghrelin in the renal tissue of chronic hypoxic rats

Shohreh Almasi^{1,2}, Behnaz Shahsavandi ³, Mohammad Reza Aliparasti⁴, Mohammad Reza Alipour⁵, Badrossadat Rahnama². Hadi Feizi^{3*}

- 1. Immunology Research Center, Tabriz University of Medical Sciences, Tabriz, Iran
- 2. Department of Immunology, Faculty of Medicine, Tabriz University of Medical Sciences, Tabriz, Iran
- 3. Department of Physiology, Zanjan University of Medical Sciences, Zanjan, Iran
- 4. Drug Applied Research Center, Tabriz University of Medical Sciences, Tabriz, Iran
- 5. Liver and Gastrointestinal Diseases Research Center, Tabriz University of Medical Sciences, Tabriz, Iran

Abstract

Introduction: Ghrelin is an endogenous peptide that has diverse functions in the body. One of the newly recognized roles of this peptide is its antiapoptotic effect. However, this function has not been investigated in normobaric hypoxia- induced apoptosis in body organs. This study will examine the effect of ghrelin treatment on Bax-Bcl-2 gene expression in the kidney of chronic hypoxic rats.

Materials and Methods: Male Wistar rats in three experimental groups; normal, hypoxic+saline and hypoxic+ghrelin were used in this study. The expression level of Bax and Bcl-2 genes were measured by Real-Time PCR. The Bax/Bcl-2 ratio was also compared in three groups statistically.

Results: Chronic hypoxia decreased the Bcl-2 gene expression (p<0.01), and increased the Bax/Bcl-2 ratio (p<0.05). Ghrelin treatment decreased the Bax/Bcl-2 ratio through upregulation of Bcl-2 gene (p<0.05).

Conclusion: It seems that ghrelin has an antiapoptotic effect on the kidney of animals that live in a chronic hypoxic state. Which could potentially introduce a therapeutic role for this peptide.

Keywords:

Ghrelin; Chronic Hypoxia; Apoptosis; Kidney;

Received: 17 Feb 2015 Accepted:

Rat

21 Jun 2015

*Correspondence to: H. Feizi

Tel: +989111344632

Email:

hfeizik@zums.ac.ir

Introduction

Apoptosis is a programmed form of cell death in which the cellular elements are degraded by a group of cysteine proteases (Orrenius, 1995, Elmore, 2007). Encountered with stress-causing situations such as glucocorticoids, heat, radiation, nutrient deprivation, viral infection and increased intracellular calcium concentration, a damaged cell can release intracellular apoptotic signals (Elmore, 2007). It is notable that hypoxia is one of the well-known stressors, which triggers apoptosis in different cell types (Weinmann *et al.*, 2004). In the kidneys, most studies have been focused on the ischemic models to investigate the hypoxia- induced renal tissue damage and apoptosis

(Khan et al., 1999, Zhao et al., 2013). However, hypoxic environment could lead to the same injuries in the kidneys especially when living in chronic hypoxic state (Mazzali et al., 2003). Ghrelin is an endogenous peptide that has diverse functions in the body (van der Lely et al., 2004, Kojima and Kangawa, 2005). One of its newly demonstrated roles is its anti-apoptotic action(Baldanzi et al., 2002, Chung et al., 2007, Yang et al., 2007, Zhang et al., 2007, Granado et al., 2009, Hwang et al., 2009, Yang et al., 2012). Recently, investigators s have explored the beneficiary effects of ghrelin treatment regarding to chronic kidney disease (Cheung and Mak, 2009, Cheung and Mak, 2010, Suzuki et al., 2013). Furthermore, it has been shown that ghrelin protects the renal tissue against the oxidative stress (Fujimura et al., 2014, Khowailed et al., 2015). Among the biochemical markers, the Bcl-2 family of proteins are one of the reliable indecies that regulate the incidence of apoptosis (Jacobson and Raff, 1995). This family includes both pro-apoptotic and anti-apoptotic proteins with Bax and Bcl-2 as typical examples, respectively (Yang and Korsmeyer, 1996). In general, the Bax/Bcl-2 ratio could be used to measure the rate of apoptosis incidence. The greater the ratio the more probable is the occurrence of apoptosis (Salakou et al., 2007).

Since the kidney could suffer due to hypoxia, based on the demonstrated and well-defined anti-apoptotic effect of ghrelin, the aim of this study was to evaluate the Bax/Bcl-2 gene expression ratio in the renal tissue of animals who live in normobaric hypoxia and determining the effect of ghrelin treatment on this ratio.

Materials and methods

Animals and chronic hypoxia induction

Male adult Wistar rats [200-250gr] were housed in cages in a temperature (22 ± 2°C) and light-controlled environment and provided with food and water ad libitum. Animals were randomly divided in three groups, including control [C], hypoxic with saline [H+S], and hypoxic with ghrelin [H+G]. Each group contains eight rats. Hypoxia was induced by placing animals in a ventilated chamber inflated by hypoxic air [O₂ 11%]. An O₂ sensor and controller were embedded in the chamber wall to monitor O2 concentration. Animals were kept in the chamber all the time for two weeks except for daily injections. All experiments were organized in accordance with the ethical standards of the faculty of medicine, Tabriz University of Medical Sciences, Iran.

Ghrelin Treatment

Subcutaneous injection of either saline [0.1 ml] or ghrelin [150 µg/kg/day in 0.1 ml] was administrated for rats (Alipour et al., 2011), which were then placed in the hypoxic chamber. H+S, and H+G rats continued to receive daily injections of either saline or ghrelin during the 2-weeks. Ghrelin was obtained from the Tocris Bioscience Co. [Bristol,UK], and administered dissolved in saline as the vehicle.

RNA Extraction and First-strand cDNA synthesis

For all animals, the kidney was removed for RNA extraction under standard sterile surgical method. Total RNA was extracted from kidney tissue using Trizol according Reagent [Invitrogen, USA] manufacturer's description and treated with RNase-free DNase to remove any residual genomic DNA. Single stranded cDNAs were synthesized by incubating total RNA [1µg] with RevertAid H Minus M-MuL V Reverse transcriptase [200 U], oligo-[dT]₁₈ primer [5 μ M], Random Hexamer Primer [5 µM], dNTPs [1 mM], and RiboLockRNase-inhibitor [20 U], for 5min at 25°C followed by 60 min at 42°C in a final volume of 20 µl. The reaction was terminated by heating at 70°C for 5 min.

Real-Time relative Quantitative RT-PCR

Quantitative Real Time PCR was done using the Corbett Life Science [Rotor-Gene 6000] System is using 2 µL of a 3-fold diluted cDNA in each PCR reaction in a final volume of 20 µL. Each PCR reaction contained 150 nM of primers and 1 x Fast Start SYBR Green Master [Roche]. Sequences of primers are listed in Table 1. PCR amplifications were performed by the

Table: Se	quences of	oligonucle	eotide p	orimers
-----------	------------	------------	----------	---------

Gene	Forward Primer	Reverse Primer	Product Size [bp]
Bax	GACACCTGAGCTGACCTTGG	GAGGAAGTCCAGTGTCCAGC	310
Bcl-2	ATCGCTCTGTGGATGACTGAGTAC	AGAGACAGCCAGGAGAAATCAAAC	134
β-actin	TCCTCCTGAGCGCAAGTACTCT	GCTCAGTAACAGTCCGCCTAGAA	153

following three cycle programs: [1] denaturation of cDNA [1 cycle: 95°C for 10 min]; [2] amplification [40 cycles: 95°C for 15 Sec, 57°C for 30 Sec 60°C for 34 Sec for Bcl2 gene and 60°C for 30 Sec 63°C to 34 Sec for Bax gene]; [3] melting curve analysis [1 cycle: 60 to 95°C with temperature transition rate 1°C/Sec]. β-actin [Actb] mRNA expression levels were used to calculate relative expression levels. The relative quantification was performed by by 2^[-\Delta Ct]: Expression of target genes/ β -actin = [1+E] -Ct target gene/[1+E] -Ct β -actin . The specificity of the PCR reactions was verified by generation of a melting curve analysis followed by gel electrophoresis, visualized by ethidium bromide staining.

Standard Curve

Efficiency of RT-PCR reaction was determined by standard curve, which was derived from the 10-fold serial dilution of a positive PCR product by a customary RT-PCR. Logarithms of concentrations were plotted against target gene cycling threshold (Ct) of serial dilution. Bcl2, Bax, and ACTB efficiencies were 97%, 100 and 99% respectively.

Statistical analysis

Normal distribution of data was evaluated using Stata software with qnorm program version 11. Data was analyzed by statistical SPSS software, version 16. Variables that had normal distribution were reported as means and standard deviations. Medians were reported for the variables whose distribution deviated from the normal distribution. Differences between groups were evaluated using the Kruskal-Wallis test, and comparisons of gene expression levels between hypoxia or hypoxia with ghrelin and the control group was performed with the Mann-Whitney test. All tests were two-tailed and a 5% significance level was applied.

Results

Comparison of Bcl2 and Bax gene expression hypoxic. between hypoxic with ghrelin and normal kidney tissue

While Bax gene expression was observed in 100% of three groups, Bcl2 gene expression was observed in 100%, 25% and 87.5% of the control, hypoxic with saline, and hypoxic with ghrelin groups, respectively. Median expression of Bcl2 mRNA in the kidney tissue of the examined groups were different (p=0.013) (Figure 2). However, there was no significant change in Bax mRNA expression among examined groups (p=0.5) (Figure 1).

Effect of chronic hypoxia on Bcl-2 and Bax expression in the kidney

After 2-weeks of hypoxia, median expression of Bcl2 mRNA in the kidney tissue was decreased compared to control animals (P = 0.004) (Fig.2). However, there significant differences in Bax mRNA expression between hypoxic and control groups (p=0.328) (Fig.1).

Effect of ghrelin on Bcl-2 and Bax gene expression during hypoxia

The median expression of Bcl2 mRNA in the kidney tissue of the hypoxic + ghrelin group was increased compared to hypoxia + saline group (p=0.024) (Fig.2). Furthermore, there were no significant differences in

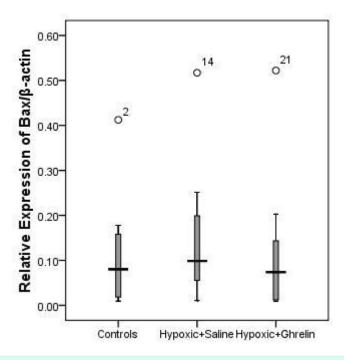


Fig. 1. Relative Quantitative RT-PCR of Bax to β-actin in the kidney tissue of experimental groups (n=8). H+S group versus Control, and H+G versus H+S group were compared statistically (p< 0.05).

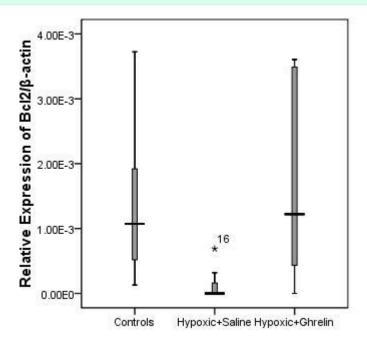


Fig. 2. Relative Quantitative RT-PCR of Bcl-2 to β-actin in the kidney tissue of experimental groups (n=8). H+S group versus Control, and H+G versus H+S group were compared statistically (p< 0.05).

mRNA expression between these groups (P=0.382) (Fig.1).

Comparison of the Bax/Bcl-2 ratio hypoxic hypoxic, between with ghrelin and normal kidney tissue

The Bax/Bcl-2 expression ratio in the kidney tissue of the examined groups was significantly different (p=0.035) (Figure 3). The Bax/Bcl-2 ratio increased due to living in hypoxia in comparison with normal animals (P=0.021). Treatment by ghrelin decreased the Bax/Bcl-2 ratio in the hypoxia + ghrelin group compared

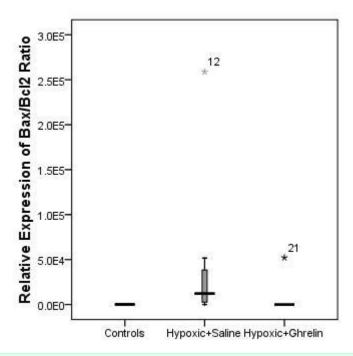


Fig. 3. Relative Quantitative RT-PCR representing the Bax / Bcl-2 ratio in the kidney tissue of experimental groups. H+S group versus Control, and H+G versus H+S group were compared statistically (p< 0.05).

to the hypoxia+saline group (p=0.045). However, there was no significant reduction in the Bax/Bcl-2 ratio in the hypoxia + ghrelin group compared to the normal animals (P= 0.302).

Discussion

Based on the results of the present study, although there was no significant effect on Bax gene expression, living under hupoxic conditions leads to a decrease in Bcl-2 gene expression and therefore, the elevation of the Bax/Bcl-2 ratio in the renal tissues. This could represent the cell drive to apoptosis due to remaining in general hypoxia. Previously, Khan and his colleagues showed hypoxia involvement in the pathogenesis of tubular atrophy, which induces renal tubular epithelial cell apoptosis in chronic renal disease (Khan et al., 1999). Furthermore, our data are consistent with that one of Nishikawa and his colleagues in which they demonstrated that hypoxia decreases Bcl-2 mRNA and protein expression (Nishikawa et al., 2006). The same kind of findings have been reported by Yang and his crew (Yang et al., 2008). However, both the earlier researches were designed in an in vitro model of study whereas our study was performed in vivo.

In this study, ghrelin administration upregulated the Bcl-

2 gene and hence decreased the Bax/Bcl-2 ratio. As a result, it could be proposed that ghrelin has an antiapoptotic effect in the renal tissue of animals exposed to chronic hypoxia. Although some research groups have declared that ghrelin induces the pro-apoptotic pathways (Kheradmand et al., 2012), but many more studies have shown that ghrelin has protective roles against apoptosis. Yang et al. have shown that ghrelin inhibits apoptosis in PC12 cells through upregulation of heat-shock protein 70 (Yang et al., 2007). Zhang and coworkers mentioned that ghrelin inhibited pancreatic beta cell line apoptosis, which mitogen-activated protein kinase/phosphoinositide 3-kinase pathways were involved (Zhang et al., 2007). Another study by Granado et.al, has demonstrated the protective role of this peptide against lactotrophs apoptosis in the pituitary of diabetic rats (Granado et al., 2009). In addition, similar studies have presented the antiapoptotic effect of ghrelin in the heart and brain tissue damages, regardless of the pathogenesis (Baldanzi et al., 2002, Chung et al., 2007, Hwang et al., 2009, Yang et al., 2012). Regarding the kidney, it has been revealed that ghrelin could protect this organ from different injuries. Cheung and his group have introduced ghrelin as a therapeutic agent in patients with end-stage renal disease (Cheung and Mak, 2009).

Suzuki et al. have revealed the positive effects of the peptide due to chronic kidney disease cachexia (Suzuki et al., 2013). The antioxidative effect, is another beneficial function of ghrelin seen in the kidney injuries (Fujimura et al., 2014, Khowailed et al., 2015). The presented data, to some extent, could justify the fact that ghrelin has a protective role against the probable hypoxic environment induced apoptosis. However, the mechanism by which this peptide has performed its novel role has not been investigated in this study.

Overall, these results, could lead to a therapeutic method based on ghrelins, especially in the kidney organ.

Acknowledgments

We would like to thank Dr. Khalil Ansarin, the head manager of Tuberculosis and Lung Research Center of Tabriz University of Medical Sciences. This project was financially supported in part by Tuberculosis and Lung Research Center of Tabriz University of Medical Sciences.

Conflict of interest

The authors do not report any conflict of interest in this work.

References

- Alipour MR, Aliparasti MR, Keyhanmanesh R, Almasi S, Halimi M, Ansarin K, et al. Effect of ghrelin on protein kinase C-epsilon and protein kinase C-delta gene expression in the pulmonary arterial smooth muscles of chronic hypoxic rats. Endocrinol 2011;34(10):e369-73.
- Baldanzi G, Filigheddu N, Cutrupi S, Catapano F, Bonissoni S, Fubini A, et al. Ghrelin and des-acyl ghrelin inhibit cell death in cardiomyocytes and endothelial cells through ERK1/2 and Ы 3-kinase/AKT. Cell 2002;159(6):1029-37.
- Cheung WW, Mak RH. Ghrelin and its analogues as therapeutic agents for anorexia and cachexia in end-stage renal disease. Kidney Int. 2009;76(2):135-7.
- Cheung WW, Mak RH. Ghrelin in chronic kidney disease. Int J Pept. 2010;2010.
- Chung H, Kim E, Lee DH, Seo S, Ju S, Lee D, et al. Ghrelin inhibits apoptosis in hypothalamic neuronal cells during oxygen-glucose deprivation. Endocrinology. 2007;148(1):148-59.
- Elmore S. Apoptosis: a review of programmed cell death. Toxicol Pathol. 2007;35(4):495-516.

- Fujimura K, Wakino S, Minakuchi H, Hasegawa K, Hosoya K, Komatsu M, et al. Ghrelin protects against renal damages induced by angiotensin-II via an antioxidative stress mechanism in mice. PLoS One. 2014;9(4):e94373.
- Granado M, Chowen JA, Garcia-Caceres C, Delgado-Rubin A, Barrios V, Castillero E, et al. Ghrelin treatment protects lactotrophs from apoptosis in the pituitary of diabetic rats. Mol Cell Endocrinol. 2009;309(1-2):67-75.
- Hwang S. Moon M. Kim S. Hwang L. Ahn KJ. Park S. Neuroprotective effect of ghrelin is associated with decreased expression of prostate apoptosis response-4. Endocr J. 2009;56(4):609-17.
- Jacobson MD, Raff MC. Programmed cell death and Bcl-2 protection in very low oxygen. Nature. 1995;374(6525):814-
- Khan S, Cleveland RP, Koch CJ, Schelling JR. Hypoxia induces renal tubular epithelial cell apoptosis in chronic renal disease. Lab Invest. 1999;79(9):1089-99.
- Kheradmand A, Dezfoulian O, Alirezaei M, Rasoulian B. Ghrelin modulates testicular germ cells apoptosis and proliferation in adult normal rats. Biochem Biophys Res Commun. 2012;419(2):299-304.
- Khowailed A, Younan SM, Ashour H, Kamel AE, Sharawy N. Effects of ghrelin on sepsis-induced acute kidney injury: one step forward. Clin Exp Nephrol. 2015;19(3):419-26.
- Kojima M, Kangawa K. Ghrelin: structure and function. Physiol Rev. 2005;85(2):495-522.
- Mazzali M, Jefferson JA, Ni Z, Vaziri ND, Johnson RJ. Microvascular and tubulointerstitial injury associated with chronic hypoxia-induced hypertension. Kidney 2003;63(6):2088-93.
- Nishikawa S, Tatsumi T, Shiraishi J, Matsunaga S, Takeda M, Mano A, et al. Nicorandil regulates Bcl-2 family proteins and protects cardiac myocytes against hypoxia-induced apoptosis. J Mol Cell Cardiol. 2006;40(4):510-9.
- Orrenius S. Apoptosis: molecular mechanisms implications for human disease. J Intern Med. 1995;237(6):529-36.
- Salakou S, Kardamakis D, Tsamandas AC, Zolota V, Apostolakis E, Tzelepi V, et al. Increased Bax/Bcl-2 ratio up-regulates caspase-3 and increases apoptosis in the thymus of patients with myasthenia gravis. In Vivo. 2007;21(1):123-32.
- Suzuki H, Asakawa A, Amitani H, Nakamura N, Inui A. Ghrelin and cachexia in chronic kidney disease. Pediatr Nephrol. 2013;28(4):521-6.
- van der Lely AJ, Tschop M, Heiman ML, Ghigo E. Biological, physiological, pathophysiological, and pharmacological aspects of ghrelin. Endocr Rev. 2004;25(3):426-57.
- Weinmann M, Jendrossek V, Handrick R, Guner D, Goecke B, Belka C. Molecular ordering of hypoxia-induced apoptosis: critical involvement of the mitochondrial death pathway in a FADD/caspase-8 independent manner. Oncogene. 2004;23(21):3757-69.
- Yang C, Wang Y, Liu H, Li N, Sun Y, Liu Z, et al. Ghrelin protects H9c2 cardiomyocytes from angiotensin II-induced apoptosis through the endoplasmic reticulum stress pathway. J Cardiovasc Pharmacol. 2012;59(5):465-71.

- Yang E, Korsmeyer SJ. Molecular thanatopsis: a discourse on the BCL2 family and cell death. Blood. 1996;88(2):386-401.
- Yang J, Wang J, Zhu S, Chen X, Wu H, Yang D, et al. Creactive protein augments hypoxia-induced apoptosis through mitochondrion-dependent pathway in cardiac myocytes. Mol Cell Biochem. 2008;310(1-2):215-26.
- Yang M, Hu S, Wu B, Miao Y, Pan H, Zhu S. Ghrelin inhibits apoptosis signal-regulating kinase 1 activity via upregulating heat-shock protein 70. Biochem Biophys Res

- Commun. 2007;359(2):373-8.
- Zhang Y, Ying B, Shi L, Fan H, Yang D, Xu D, et al. Ghrelin inhibit cell apoptosis in pancreatic beta cell line HIT-T15 via mitogen-activated protein kinase/phosphoinositide 3-kinase pathways. Toxicology. 2007;237(1-3):194-202.
- Zhao WY, Han S, Zhang L, Zhu YH, Wang LM, Zeng L. Mitochondria-targeted antioxidant peptide SS31 prevents hypoxia/reoxygenation-induced apoptosis by regulating p66Shc in renal tubular epithelial cells. Cell Physiol Biochem. 2013;32(3):591-600.