



trypan blue analogs, heparin and suramin can reduce the affinity of  $\alpha_2$  and  $\beta_2$  adrenoceptor to their agonists but not to antagonists (3). These compounds do not interact at the ligand binding site of the receptor or at the GTP binding site of the G-proteins (3). Therefore, it has been suggested that they can produce their effect by uncoupling the receptors from G-proteins (3). Also Dasso and Taylor have reported that these compounds could uncouple  $\alpha_1$ -adrenoceptors from G-proteins (11). In whole tissue, the effects of trypan blue analogs are more complicated. It has been reported that they could antagonize  $P_2x$ -purinoceptors effects in vas deferens, (17, 18) as well as salbutamol relaxation effect in guinea-pig ileum (19). Therefore, the present study was carried out to investigate the effect of trypan blue in the guinea-pig atrium, to provide information about the effects of adrenoceptor-G protein interaction in whole tissue preparation.

## METHODS

**Preparation :** Female albino guinea-pigs (150–500 g) were given a sharp blow to the back of the head and their hearts were excised and transferred to a physiological solution (NaCl 8.0; KCl 0.2; MgCl<sub>2</sub> 0.1; CaCl<sub>2</sub> 0.2; NaH<sub>2</sub>PO<sub>4</sub> 0.05; NaHCO<sub>3</sub> 1.0; Glucose 1.0 g/L) which was continually gassed with a mixture of 95% O<sub>2</sub> and 5% CO<sub>2</sub>. The left atrium was dissected and transferred to a 50 ml bath containing physiological solution and maintained at 37°C. An initial load of 0.5 g was applied to the preparation. Two electrodes on a glass hook located near the tissue delivered electrical stimuli to the muscle by electrical impulses of 2.5 Hz, 5 ms, and 25V as described by Burnstock et al (20). The mechanical activity was

measured isometrically by means of a force transducer and recorded on a Beckman polygraph. The preparations were allowed to equilibrate for 60 min before the administration of drugs. The bathing solution was changed every 15 min during the equilibrium period. In all experiments with trypan blue, this agent was added 5 min before the addition of other drugs. Cumulative concentrations of the agonists were used in the absence and presence of trypan blue (10 and 100  $\mu$ M), in the same tissue. Following agonists were used: Salbutamol (1, 10 and 100  $\mu$ M) isoprenaline (0.1, 1, 10, 50, 100 and 1000  $f$  M) and dobutamine (0.01, 0.1, 1, 10 and 100  $\mu$ M). Concentrations refer to the final concentration of drugs in the incubation medium.

**Drugs :** Trypan blue, salbutamol and isoprenaline obtained from Sigma Chemical Company, USA. Dobutamine solutions were prepared from Dobutrex<sup>(R)</sup> vials manufactured by Eli Lilly Indianapolis, USA.

**Statistical :** The statistical significance was evaluated using paired Student's t-test. EC<sub>50</sub> was calculated by probit program, (Pharm/Pcs-version 4).

## RESULTS

### Effects of trypan blue *per se* on atrial contractions

Trypan blue alone has no significant effect on the electrically paced atria contractions.

### Effects of trypan blue on the dobutamine contraction-response curve and EC<sub>50</sub> value

Trypan blue of 10  $\mu$ M concentration diminish positive inotropic effect of dobutamine by shifting its concentration-

response curve to the right and at 100  $\mu\text{M}$  concentration it not only shifted the curve to the right but also depressed the maximal efficacy of dobutamine (Fig. 1). The  $\text{EC}_{50}$  values were reduced significantly in both treatments (Table I).

**Effects of trypan blue on the isoprenaline concentration-response curve**

Trypan blue shifted the concentration-response curve of isoprenaline to the right at both 10 and 100  $\mu\text{M}$  concentration (Fig. 2) and  $\text{EC}_{50}$  values were reduced significantly in both treatments (Table I).

TABLE I : Effect of trypan blue (TB) on the agonists (isoprenaline and dobutamine) induced positive inotropy on the isolated guinea-pig atrium.  $\text{EC}_{50}$  was determined as the concentration which produces half of maximum response in each condition.  $\text{EC}_{50}$  values are reported as mean  $\pm$  SEM.

Agonist	$\text{EC}_{50}$ [M]		
	Control	+10 $\mu\text{M}$ TB	+100 $\mu\text{M}$ TB
Isoprenaline	$1.1316(\pm 0.19)\times 10^{-8}$	$2.4611(\pm 0.60)\times 10^{-8**}$	$5.3779(\pm 1.24)\times 10^{-8**}$
Dobutamine	$1.777(\pm 0.59)\times 10^{-6}$	$1.0375(\pm 0.24)\times 10^{-5*}$	$1.2053(\pm 0.06)\times 10^{-5**}$

\*Significantly different from control ( $P < 0.05$ );  
 \*\*Significantly different from control ( $P < 0.01$ )

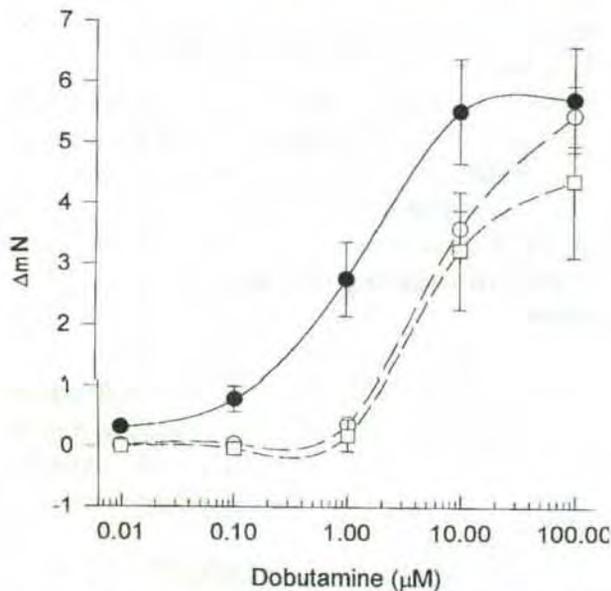


Fig. 1: Concentration-response curves for dobutamine in the absence or presence of trypan blue in electrically paced guinea-pig left atria. Vertical axis is the increase in the force of contraction ( $\Delta\text{mN}$ ). (●)Dobutamine alone, (O) Dobutamine in presence of 10  $\mu\text{M}$  trypan blue (□) Dobutamine in presence of 100  $\mu\text{M}$  of trypan blue. Each point is the mean of at least six experiments and vertical bar indicates SEM.

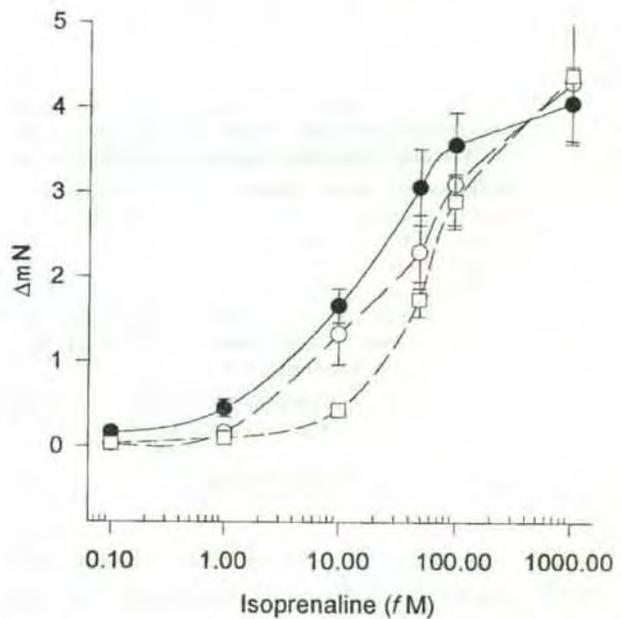


Fig. 2: Concentration-response curves for isoprenaline in the absence or presence of trypan blue in electrically paced guinea-pig left atria. Vertical axis is the increase in the force of contraction ( $\Delta\text{mN}$ ). (●)Isoprenaline alone; (O) Isoprenaline in presence of 10  $\mu\text{M}$  trypan blue; (□) Isoprenaline in presence of 100  $\mu\text{M}$  of trypan blue. Each point is the mean of at least six experiments and vertical bar indicates SEM.

**Effect of trypan blue on the action of salbutamol**

Trypan blue, significantly diminished positive inotropic action of salbutamol in a concentration dependent manner (Fig. 3).

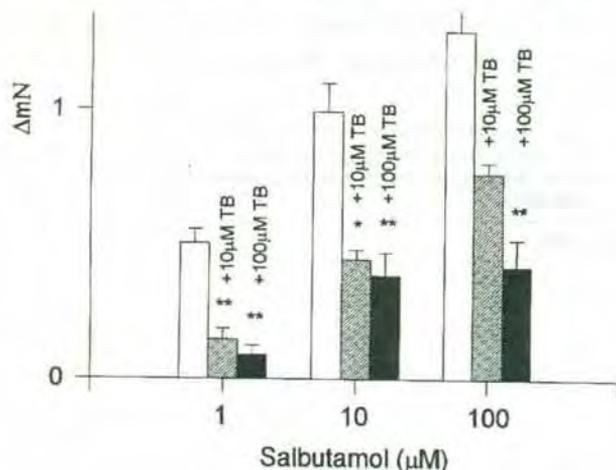


Fig. 3: Effect of trypan blue on the positive inotropic action of three different salbutamol concentration (1 μM, 10 μM and 100 μM), in the electrically stimulated guinea-pig left atrium. Salbutamol alone (control, blank column), or in the presence of, 10 μM and 100 μM trypan blue (TB, hashed and black columns respectively). Each point is the mean of at least six experiments and vertical bar indicates SEM. The positive inotropic effects were compared in the presence and absence of trypan blue using paired Student's t-test.

\*Significantly different from control ( $P < 0.05$ )

\*\*Significantly different from control ( $P < 0.01$ )

**DISCUSSION**

It has been reported that compounds with spaced anionic moieties on an amphipathic structure could act directly at the site of receptor-G protein coupling to prevent the interaction between these two proteins and reduce receptor affinity for

agonist (3, 11). Biochemical studies have shown that trypan blue, a member of this group has the ability to uncouple muscarinic, as well as  $\alpha_2$ -,  $\alpha_1$ -, and  $\beta_2$ -adrenoceptors from G-proteins (3, 11, 21, 22). In whole tissue preparation it is shown that trypan blue can block  $p_{2x}$ -purinoceptors in rat vas deferens (18), and inhibit the action of TSH on the thyroid follicular cells (23). It is reported that action of trypan blue on guinea-pig ileal muscle is rather specific (19). While, it has no effect on the response to acetylcholine, it prevents the relaxation effect of salbutamol, a  $\beta_2$  agonist (19). Our results also showed that trypan blue can interfere with the positive inotropic action of  $\beta_2$ - and  $\beta_1$ -adrenoceptor agonists (isoprenaline, dobutamine and salbutamol) in isolated guinea-pig atria. It significantly increase  $EC_{50}$  values of isoprenaline and dobutamine (Fig. 1 and Table I). Agonist binding to the  $\beta$ -adrenoceptors stimulate adenylyl cyclase by activation of Gs protein and, cause a positive inotropic effect (24). Thus in accordance to biochemical studies (3, 11) trypan blue may act on the receptor G-protein coupling site and inhibit ligands' effects.

These results in accordance with others (17-19, 23) show, that trypan blue is a good tool for studying receptor-G protein interaction in whole tissue preparations.

**ACKNOWLEDGMENTS**

The authors thanks the Iran University of Medical Sciences for their grant No. 119 which supported this work.

**REFERENCES**

1. Clapham DE. The G-protein nanomachine. *Nature* 1996; 379: 297-299.
2. Gudermann T, Nurnberg B, Schultz G. Receptors and G-proteins as primary components of

- transmembrane signal transduction. *J Mol Med* 1995; 73: 51-63.
3. Huang RC, Dehavan RN, Chung AH, Diehl RE, Dixon RAF, Strader CD. Identification of allosteric antagonists of receptor-guanine nucleotide-binding protein interactions. *Mol Pharmacol* 1990; 37: 304-310.
  4. Houslay MD. G-protein linked receptors, a family probed by molecular cloning and mutagenesis procedures. *Clin Endocrinol* 1992; 36: 525-534.
  5. Kobilka B. Adrenergic receptors as models for G-protein coupled receptors. *Ann Rev Neurosci* 1992; 15: 87-114.
  6. Okamoto T, Murayama Y, Hayashi Y, Inagaki M, Ogata E, Nishimoto I. Identification of a Gs activator region of the  $\beta_2$ -adrenergic receptor that is autoregulated via protein kinase A-dependent phosphorylation. *Cell* 1991; 67: 723-730.
  7. Spiegel AM, Shenker A, Weinstein LS. Receptor effector coupling by G-proteins: implication of normal and abnormal signal transduction. *Endocrinol Rev* 1992; 13: 536-565.
  8. Sullivan KA, Miller RT, Masters SB, Beiderman B, Heideman W, Bourner HR. Identification of receptor contact site involved in receptor-G protein coupling. *Nature* 1987; 330: 758-760.
  9. Mahmoudian M. The complex human Gs protein with the beta adrenergic receptor. *J Mol Graphics* 1994; 12: 22-28.
  10. Mousli M, Bueb JL, Bronner C, Rouot B, Landry Y. G-protein activation : a receptor independent mode of action for cationic amphiphilic neuropeptides and venom peptides. *TIPS* 1990; 11: 358-362.
  11. Dasso LLT, Taylor CW. Heparin and other polyanions uncouple  $\alpha_1$ -adrenoceptors from G-proteins. *Biochem J* 1991; 280: 791-795.
  12. Armstrong SC, Ganote CE. Effects of 2,3-butanedione monoxime (BDM) on contracture and injury of isolated rat myocytes following metabolic inhibition and ischemia. *J Mol Cell Cardiol* 1991; 23: 1001-1014.
  13. Daly MJ, Yuong RJ, Britnell SL, Nayler WG. The role of calcium in the toxic effects of tert-butyl hydroperoxide on adult rat cardiac myocytes. *J Mol Cell Cardiol* 1991; 23: 1303-1312.
  14. Harrisson F, Callebaut M, Vakaet L. Microspectrographic analysis of trypan blue-induced fluorescence in Oocytes of the Japanese quail. *Histochem* 1981; 72: 563-578.
  15. Josephson AR, Silverman HS, Lakatta EG, Stern MD, Zweier JL. Study of the mechanisms of hydrogen peroxide and hydroxyl free radical-induced cellular injury and calcium overload in cardiac myocytes. *J Biol Chem* 1991; 266: 2354-2361.
  16. Lees GJ. Trypan blue *in vivo* stains nigral dopaminergic neurons killed by 6-hydroxydopamine. *Histochem* 1989; 91: 357-359.
  17. Bailey SJ, Hourani SMO. Differential effects of suramin on P<sub>2</sub>-purinoceptors mediating contraction of the guinea-pig vas deferens and urinary bladder. *Brit J Pharmacol* 1994; 112: 219-225.
  18. Bultmann R, Trendelenburg M, Starke K. Blockade of P<sub>2</sub>-purinoceptors by trypan blue in rat vas deferens. *Brit J Pharmacol* 1994; 113: 349-354.
  19. Mahmoudian M, Damankeshideh M. Effect of trypan blue on the action of acetylcholine, histamine and salbutamol in the isolated guinea-pig ileum. *Pharmacol Toxicol* 1996; 79: 29-31.
  20. Burnstock G, Meghji P. Distribution of P<sub>1</sub>- and P<sub>2</sub>-purinoceptors in the guinea-pig and frog heart. *Br J Pharmacol* 1981; 73: 879-885.
  21. Kobayashi S, Kitazawa T, Somlyo AV, Somlyo AP. Cytosolic heparin inhibits muscarinic and  $\alpha$ -adrenergic Ca<sup>2+</sup>release in smooth muscle. *J Biol Chem* 1989; 264: 17997-18004.
  22. Yatani A, Okabe K, Polakis P, Halenbeck R, McCormic F, Brown AM. Ras p21 and GAP inhibit coupling of muscarinic receptors to atrial k<sup>+</sup> channels. *Cell* 1990; 61: 769-776.
  23. Payer AF, Battle CL, Peake RL. Ultrastructural and cytochemical effects of trypan blue on TSH stimulation of thyroid follicular cells. *Cell Tiss Res* 1981; 218: 547-556.
  24. Fleming JW, Wisler PL, Watanabe AM. Signal transduction by G proteins in cardiac tissues. *Circulation* 1992; 85: 420-433.