LETTER TO THE EDITOR

EFFECT OF α -MPT ON IMIPRAMINE INDUCED ANTINOCICEPTION IN RATS

Sir, ai etc exerviting ping off of emotors

(Received on November 27, 2000)

Neurophysiological and pharmacological evidence have demonstrated that the main neurotransmitters implicated in descending pain control are serotonin (5HT), noradrenaline (NA) and the endogenous opioids, although others may also play a role. Involvement of serotonergic and noradrenergic mechanism have been implicated in morphine (1) and nicotine (2) induced antinociception. Imipramine, a tricyclic antidepressant, is shown to antinociception in produce animal experiments (3). It inhibits 5HT and NA uptake. Our previous study (unpublished data) has shown that both ondansetron (5HT₃ antagonist) and serotonin biosynthesis inhibitor parachlorophenylalanine (PCPA) pretreatment inhibits the antinociceptive action of imipramine. In the present study, we have investigated the effect of α -methylpara-tyrosine (α -MPT), an inhibitor of NA synthesis, on imipramine induced antinociception, to ascertain the role of noradrenergic mechanism.

Healthy male albino rats of wistar strain (200-250 gms) were divided into five groups. Animals were kept under standard laboratory conditions. Group 1 received normal saline (1 ml/kg, I.P.). Group 2-4 received imipramine 2 mg, 5 mg and 10 mg/kg I.P., respectively. Imipramine 10 mg/kg was chosen for subsequent experiments. Group 5 animals received α - MPT in a dose of 250 mg/kg twice 12 hours apart (4). Imipramine 10 mg/kg was administrated two hours after the last dose of α -MPT. All the drugs were dissolved in normal saline. The time course effect of imipramine alone and pretreatment of α -MPT on the latency of tail flick response was studied. In the tail flick test (thermal nociception), the rat was placed on tail flick apparatus (Techno), radiant heat was applied to a portion of the tail (about 5 cm from the tip) (5) and the latency of tail flick response (TFL) was noted for each rat at 0 (pre drug), 15, 30, 60, 90 and 120 minutes after drug administration. The cut off point was 20 seconds and six rats were used for each dose response. The area under the curve (AUC, sec) of the tail flick latency was determined . by using traphezoidal rule. Results are expressed as mean \pm SE and unpaired 't' test was applied for comparison between groups. P<0.05 was considered statistically significant. In the present study, imipramine caused a dose related increase in the tail flick latency in rats (Fig. 1). AUC of imipramine 2 mg/kg was 558±21.3; imipramine 5 mg/kg was 653.8 ± 26.7 and imipramine 10 mg/kg was 732.8 ± 39.6. AUC of control was 551.9 ± 22.63 . Prior administration of α -MPT to rats decreased the AUC of imipramine (10 mg/kg) from 732.8±39.6 to 418.05 ± 49.06 (P<0.05) (Fig. 1). α -MPT alone did not modify tail flick latency.

382 Letter to the Editor

900 Control 800 Imipramine 2 mg/kg 700 AUC of TFL (Sec. M+SE) Elmipramine 5 mg/kg 600 Imipramine 10 mg/kg 500 図a -MPT (250 mg/kg) + imipramine (10 mg/kg) 400 300 200 100 0 *p<0.05 as compared to control

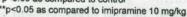


Fig. 1: Modification by α -MPT of anti-nociceptive response of imipramine (AUC, M ± SE) on tail flick latency (TFL) in rats. Indian J Physiol Pharmacol 2000; 44(3)

Imipramine is a tricyclic antidepressant. It's antidepressant action is believed to be as a result of blockade of reuptake of 5HT and NA. In animal experiments imipramine is shown to produce antinociception (3). Studies have shown that the descending inhibitory systems in the pain pathways are in part noradrenergic and serotonergic (6-8). Our previous study (unpublished data) has shown the involvement of serotonergic mechanism in imipramine induced antinociception. The present study was conducted to ascertain if noradrenergic mechanisms are involved in the imipramine induced antinociception. In the present study, pretreatment with α -MPT decreased the antinociceptive effect of imipramine, suggesting that at least a part of imipramine antinociceptive effect may be mediated through noradrenergic mechanism.

LEKHA SAHA, V. K. BHARGAVA* AND RATNESH KUMAR Department of Pharmacology, PGIMER, Chandigarhn – 160 012

REFERENCES

- Kuraishi Y, Harada Y, Aratani S, Satoh M and Takagi H. Separate involvement of the spinal noradrenergic and serotonergic systems in Morphine analgesia : the differences in mechanical and thermal Analysis tests. Brain Research 1983;273:245-252.
- Iwamoto ET and Marion L. Adrenergic, serotonergic and cholinergic components of nicotinic Antinociception in Rats. J Pharmacol Exp Ther 1993;265(2):777-789.
- Gray AM, Spencer PSJ, Sewell RDE. The involvement of the opioidergic system in the antinociceptive mechanism of action of antidepressant compounds. Br J Pharmacol 1998; 124: 669-674.
- 4. Bhargava VK. Pharmacological Analysis of the receptor mechanisms in Auditory Pathways. In: Dhawan BN, Srimal RC, Raghubri R, Rapaka RS eds. Receent advances in the study of

*Corresponding Author

Neurotransmitter receptors. Vol. 17. CDRI, Lucknow, India 1994; 113-120.

- Yang CH, Wu WH, Zbuzek VK. Antinociceptive effect of chronic nicotine and nociceptive effect of its withdrawl measured by hot plate and tail flick in rats. *Psychopharmacology* 1992; 106: 417-420.
- 6. Taksh TL, Tyce GM. Microinjections of morphine into the periaqueductal grey matter evokes the rlease of serotonine from spinal cord. Brain Research 1979; 171: 176-181.
- 7. Yaksh TL, Wilson PR. Spinal serotonin terminal system mediates antinociception. J Pharma Exp Ther 1979; 208: 446-453.
- 8. Yaksh TL. Direct evidence that spinal serotonin and noradrenaline terminals mediate the spinal antinociceptive effects of morphine in the periaqueductal gray. *Brain Research* 1978; 160: 180-185.