

Some Pharmacological And Histological Studies On The Effect Of Neostigmine Injected Intrathecally

Fatma Zorob, Nemat El Baz*, Abd El Mawgood A. Ismaeil
and Mona Radwan ***

Anesthesia and*Pharmacology departments, Faculty of Medicine for Girls
** Histology department, Faculty of Medicine for Men
Al Azhar University

Abstract

The spinal delivery of the cholinesterase inhibitor neostigmine yields analgesia and augments the analgesic effect of alpha-2 (α -2) agonist.

To assess its activity, histological and pharmacological studies were designed to define its effect in two species; rats and cats.

Pharmacological assessment of intrathecally injected (it) neostigmine in cats showed a gradual increase in mean blood pressure (MBP) and heart rate (HR) at doses 2 – 16 μ g /kg while a decrease in MBP and HR occurred at doses 32 – 64 μ g /kg. The intrathecal injection of atropine and phentolamine abolished the increase in MBP and HR produced by (it) neostigmine (4 μ g /kg). In spinal cat preparation (it) neostigmine produced rapid rise in MBP at small (4 μ g /kg) and large doses (64 μ g /kg). In this study neostigmine counteracts the hypotensive effect and bradycardia produced by intrathecal injection of α -2 agonist clonidine.

Histological study was performed on rats. They were divided into 5 groups representing control and 4 groups treated by neostigmine at 25, 50, 75 and 100 μ g/kg. After each injection, the animals were assessed for general behavior, and function. Arousal, motor coordination and motor tone measurement (A, MC and MT) revealed that Intrathecal injection of neostigmine resulted in dose-dependent decreased arousal, and motor coordination, and dose-dependent increase in motor tone.

The quantitative histological and cytochemical data demonstrated an initial increase in the nucleo-cytoplasmic ratio of the anterior horn cells up to 75 μ g/kg followed by a decline in 100 μ g/kg- treated animals. The cytoplasmic RNA content of the anterior horn cells showed an increase in the optical density that reached a maximum at 50 μ g/kg followed by a decline at higher doses. The Golgi bodies increased in the cytoplasm of 25 μ g/kg treated animals, the level became constant up til 75 μ g/kg, and started to decline at 100 μ g/kg. There was no change in the quantity of the myelinated nerve fibers, however, there was a dose dependent decline in their stainability with silver.

In conclusion:These results provide an evidence that the adverse events from neostigmine injected intrathecally appear to be affected by the dose injected which could be important in clinical practice

Introduction

Surgical trauma is a noxious stimulus of the body that produces a range of biologic alterations. The choice of anesthesia and postoperative pain reliever may have an important implication for postoperative patient outcome (14).

Intrathecal injection of neostigmine represents a cholinergic mechanism of spinal analgesia. It inhibits the breakdown of the endogenous neurotransmitter- acetylcholine- which has been shown to cause analgesia(2) Also it potentiates analgesia from intrathecally administered α -2 adrenergic agonists in rats and sheep (7).

Clinical assessment in humans showed that intrathecal neostigmine causes dose dependent analgesia and side effects (nausea, vomiting, weakness, sedation), the degree of which depends on the amount of tonic release of acetylcholine (13).

Clinical trials of any new agent or new route of administration are generally performed using an open label, dose escalating design in healthy patients or volunteers (15) . The focus of these studies is to assess the safety and estimate the relationship between dose and incidence of side effects. Laboratory studies demonstrated a dense binding of cholinergic ligands in the superficial dorsal horn; and microinjection of cholinergic agonists in this area inhibits excitation of dorsal horn neurons by electrical stimulations. However, the clinical utility of intrathecally administered cholinergic agonist, neostigmine, may be limited by motor weakness caused by direct stimulation in the spinal cord ventral horn (21).

The aim of the present study is to evaluate the effect of intrathecal injection of neostigmine on the morphology and histochemistry of anterior horn cells in rats in which behavioral changes are also well

observed. The pharmacological effects of intrathecal neostigmine, either alone, or in combination with clonidine on the cardiovascular variables in cats are also tested in this study.

MATERIAL AND Methods

Drugs

Neostigmine methylsulphate : Eipistgmin vial (2.5 mg/ml , Epico)

Clonidine hydrochloride : Catapresan ampoule (150 mg/ml), Boehringer Ingelheim .

Atropine sulphate : ampoule (1 mg/ml)Cid

Epinephrine : ampoule (1mg/ml). (Misr)

Phentolamine :Regitine ampoule (10 mg/ml)(Novartis)

Doses: therapeutic doses were converted to the animal dose according to surface area (19).

Injection protocol

Dilution of each drug was made with an aseptic technique using sterile saline (0.9% NaCl). In rats, the drug was delivered in a volume of 10 μ l, while in cats it was delivered in a volume of 1 ml.

After each injection, a second 10 μ l or 1 ml of sterile saline was injected to flush the needle in each animal respectively.

The study was divided into two parts.

Part I: Pharmacological studies

In Vivo studies

1-Experiments on arterial blood pressure and electrocardiograph of anesthetized cats (11).

Cats of both sexes, weighing 2-3kg, were anesthetized by intraperitoneal injection of pentobarbitone (20 mg/ kg).

The femoral artery was exposed, cannulated and the cannula was connected to a mercury manometer provided with a lever writing on moving smoked

Some Pharmacological And Histological Studies

kymograph drum. Electrocardiograph (ECG) was recorded throughout the experiment using the standard lead (lead 11) speed record 25mm/ sec (Siemens model cardiostat). The mean blood pressure (MBP) (diastolic blood pressure +1/3 pulse pressure) and ECG were simultaneously recorded.

The following experiments were done:

- The effect of IT neostigmine (2 - 64 μ g/kg) on MBP and ECG of anesthetized cats was recorded.
- The effect of IT neostigmine on MBP of anesthetized cats was examined before and after IT injection of the muscarinic antagonist, atropine (500 μ g/kg); and the noradrenergic antagonist, phentolamine (8 μ g/kg).
- The interaction between IT neostigmine and clonidine (25 μ g/kg) on MBP of anesthetized cats was shown by giving each drug alone and when IT clonidine was injected 60 minutes after IT neostigmine.

2- Spinal cat Preparations:

The effect of IT neostigmine in small dose (4 μ g/kg) and in large dose (64 μ g/kg) was examined on MBP of spinal cat preparation. The anesthetized animal was placed on its back and both carotid arteries were tied as high as possible in the neck. The animal was then placed on its abdomen and the head was flexed forward. Care being taken to see that the tracheal cannula and trachea were not kinked. A longitudinal cut was made in the middle line of the skull down to the back of the neck. The skin and the muscle layers were retracted, the occipital bone at the back of the skull and the first cervical vertebra were exposed. The cisterna magna was felt between the two bones as a fluid -filled mass; when this was

cleaned, it became transparent and the underlying spinal cord was seen. The animal was connected to the respiratory pump. The cisterna magna was opened and the spinal cord was cut with a thick blunt edged probe about 5 mm width, by 1-2 mm thickness. A special rod, maximum diameter 5 mm was pushed into the brain through the opening at the base of the skull, the foramen magnum, and stirred around in order to destroy the brain.

Part II : Histological study

Repeated fixed- dosing.

The test was conducted on 30 rats (200 g each), they were anesthetized with ether. The surgical field on the dorsum of the lumbosacral region was prepared with betadine and alcohol.

A skin incision was made and muscles were retracted to expose the vertebral column. A fine needle was inserted into the lumbar inter-vertebral space, fixed and secured. On anesthetic recovery, if the rat showed a deficit on hindlimb function it was excluded from the study.

The rats were divided into five groups (n=6 each group). Intrathecal (it) neostigmine was injected in doses of 25, 50, 75 and 100 μ g/kg body weight which were equivalent to 250 μ g, 500 μ g, 750 μ g and 1mg intrathecal neostigmine human dose. The rats were assigned to one of the following treatments:

(It) saline (control group) (n=6), (it) neostigmine (25 μ g/kg), (it) neostigmine (50 μ g/kg), (it) neostigmine (75 μ g/kg) and (it) neostigmine (100 μ g/kg). Each group received bolus injections for four repeated doses, 30 minutes apart. After each injection the animals were assessed for general behavior and function as described in table (1). Tremors and salivation were also assessed. The time of each injection was arranged to coincide with the

time of peak concentration of neostigmine in the cerebrospinal fluid after the previous injection of this drug. This time ranged from 5-30 min (21,22).

Rat Sacrifice

On the second day, the animals were sacrificed and the vertebral column from the lower sacral to the cervical area was dissected out. Excess tissue was removed leaving the vertebral column intact. It was fixed in neutral buffered formal saline (NBFS) for at least one week. The spinal cord at the level of cervical region was dissected out; cut and 0.5 mm long specimen were fixed in NBFS for 48 hours. The tissues were processed for paraffin embedding and blocking. Thin (6 μ m) sections were mounted on clean microscopic glass slides and stained with the following staining techniques: Hematoxylene and Eosin stain (H,E stain) (8).

toluidine blue for Nissle granules (8). Methyl green pyronin for RNA and DNA (6).

Nauta and Gygax silver for nerve fibres (18).

Quantitative analysis :-

The following parameters were measured using computerized microscopic image analyser with Optimas software version 6.21 (Media Cybernetics Inc.). Two slides from each animal were used to obtain data representing each of the following parameters :-

1-Nucleo -Cytoplasmic ratio (NCR):

The volume of nerve cell nuclei (NV), and the volume of the cells (CV) was measured. The NCR was calculated from the following equation:

$$\text{NCR} = (\text{NV} \times 100) / \text{CV}$$

2- RNA content:

The cell content of RNA was measured in nerve cells stained with pyronin. The content was expressed as optical density values according to the Lambert law (26).

3- Golgi body content:

The Golgi bodies were evaluated as the intracellular, non-nuclear, silver stained material.

4- Nerve fiber evaluation:

The volume of nerve fibers was evaluated as the area occupied by the fibers stained by silver in a fixed area box and sections of the same thickness. The change in myelin properties was measured as the optical density (concentration) of stained myelin.

Data were collected and analysed using student's test. Results were expressed as mean \pm standard deviation P<0.05 and P<0.001 were considered statistically significant.

Results

Part I: Pharmacological Studies

Intrathecal injection (it) of neostigmine in small doses (2 -16 μ g / kg) produced a dose dependent increase of mean arterial blood pressure (MBP) and heart rate (HR) of anesthetized cats. This effect appeared 15min after injection and increased gradually until it reached the maximum effect at 60 minutes. The increase in MBP was statistically significant while changes in heart rate were insignificant (Figure 1,2 , table 2).

The muscarinic antagonist, atropine, injected intra-theccally at dose 500 μ g /kg abolished the increase in MBP produced by (it) neostigmine at 4 μ g/kg (Figure 3). Also, the adrenergic antagonist, phentolamine, injected intrathecally at a dose of 8 μ g/kg abolished the increase of MBP produced by it neostigmine at 4 μ g/kg (Figure 4).

However, (it) neostigmine in large doses (32-64 μ g/kg), produced a decrease of MBP of anesthetized cats (figure 5), which was abolished by (it) atropine (Fig.6).

After destruction of the brain in spinal cat preparation, it neostigmine in small doses (4 μ g/kg) and in large doses

Some Pharmacological And Histological Studies

(64 μ g/kg) produced a rapid rise of MBP (Figures 7,8).

Although (it) neostigmine, at 4 μ g/kg, produced an increase in MBP and HR of anesthetized cats; (it) clonidine (25 μ g/kg) decreased both HR and MBP in these animals. When neostigmine was injected intrathecally, at a dose of 4 μ g/kg, 60 minutes before clonidine, it counteracted the hypotension and bradycardia produced by clonidine (Figure 9,10).

Part II: Histological studies

Arousal Motor coordination and Motor tone measurement (AMC and MI):

The intrathecal injection of neostigmine resulted in decreased arousal which was dose dependent (figure 11). This was evidenced by decreased activity with increasing dose to no organized response to pinch of the forepaw.

Decreased motor coordination was also observed by increasing the dose of neostigmine (figure 12). The rats ambulated asymmetrically. This became extreme at the 2nd dose of 75 μ g/kg neostigmine, while the rats could not functionally move in a forward fashion with the 3rd and 4th injections of the same dose. This effect was observed with 100 μ g/kg neostigmine from the start of drug injection and throughout the study period.

Increasing the dose of intrathecally injected neostigmine resulted in an increase in motor tone (figure 13). This was evidenced by increasing stiffness of the chest wall with extension of limbs. Tremors were observed when the paw was gently withdrawn. Convulsions were seen 5min after each intrathecal injection of 100 μ g/kg neostigmine.

Comparing the four doses injected intrathecally, tremors were observed with injection of 100 > 75 > 50 > 25 μ g/kg. The onset of increased tone was observed 5min after injection. Like motor tone, salivation was observed

5min after injection of each of the 75 and 100 μ g/kg. Salivation was profuse with 100 μ g/kg neostigmine throughout the study period. Also, intrathecal injection of 100 μ g/kg neostigmine resulted in diarrhea and protrusion of the eye throughout this study.

Structural and cytochemical study

The general structure of the ventral column cells and fibers of control and treated animal spinal cord shows no clear cut changes (plate 1). However, the nucleo cytoplasmic ratio of the nerve cells, which is one of the parameters used to indicate nuclear activity, is different in treated animals compared to control (figure 14). The ratio increases as the dose increases up to 75 μ g/kg of intrathecal neostigmine injection, then decreased to a level higher than control in animals injected with 100 μ g / kg.

The cytoplasmic content of Nissl granules (plate 2) and cytoplasmic RNA in pyronin stained sections of the ventral horn cells (plate 3), shows definite changes in treated compared to control animals. While the optical density value (table 3, figure 15) relative to the cytoplasmic RNA content of anterior horn nerve cells of control animals was 0.374 ± 0.086 , it was 0.398 ± 0.047 for that of 25 μ g/kg , and 0.401 ± 0.060 for 50 μ g/kg, 0.381 ± 0.046 for 75 μ g/kg, and 0.367 ± 0.043 for 100 μ g/kg..

In silver stained sections, the Golgi bodies appear as grayish granules in the cytoplasm of nerve cells, while the nerve fibers are stained darkly (plate 4). Measurement of the density of the golgi bodies (table 4) shows that the Golgi body content of anterior horn nerve cells of control animals was 0.2187 ± 0.036 , it was 0.362 ± 0.122 for that of 25 μ g / kg , and 0.351 ± 0.132 for 50 μ g/kg, 0.354 ± 0.105 for 75 μ g/kg, and 0.269 ± 0.068 for 100 μ g/kg.. The general trend of the

obtained curve is similar to that of cytoplasmic RNA content (figure 16).

Changes in the myelinated fibers in the ventral horn of the spinal cord of control and treated animals have been evaluated by measurement of two factors: the change in the area occupied by these fibers relative to fixed area of

the section (degenerative changes), and the density of stained myelin in these fibers (table5, figure 17). There was no change in the area occupied by the fibers. The density of silver stained myelin was inversely proportional to the dose of the drug.

Table(1): Summary Description of Arousal / Motor Coordination/ MotorTone Measures (Yaksh et al 1995)

Arousal	
+3	Continued rapid movement ; continuous squeaking ;extreme attempts to bite or escape when handled;light tactile stimulation drives vigorous squeaking ; escape / aggressive behavior ; spontaneous jumping
+2	Continuous activity ;frequent squeaking behavior ; exaggerated response to light touch (squeaking , escape, gnawing at probe
+1	Increased locomotor activity in cage ;continual grooming ;unable to position on catalepsy test
0	Normal spontaneous activity ; occasional grooming ; intermittent activity in novel environment ; rapid(<1 to 2s)recovery from catalepsy test ; orients to light touch ; no agitation displayed when picked up and stroked
-1	Decreased spontaneous activity / delayed catalepsy dismount (rat)(> 5s, < 20s) ; responds to repetitive light stroking or hand clap
-2	No spontaneous behavior ; no dismount from catalepsy bar (rat) (> 20s); delayed response to continuous pinch of fore or hind paws
-3	Comatose ; no organized response to pinch of the fore/hind paw or hand clap
Motor Coordination	
0	Normal symmetric posture , ambulates with normal symmetry ; able to spontaneously stand in grooming posture ; normal placing and stepping response; normal coordinated hindquarter righting response
-1	Ambulates asymmetrically ; weak placing and stepping response ; weak righting response
-2	Ambulates with extreme asymmetry; no placing and stepping response; one or more limbs cannot participate in righting response
-3	Unable to functionally move in a forward fashion
Motor tone	
+3	Extreme rigidity ; “barrel chest” feeling ;legs in extreme extension
+2	Moderate rigidity ; resistance to movement of the hind limbs ; increased tone observed when mild pressure is applied to the chest wall
+1	Mild rigidity ; stiffness associated with extension or flexion of limbs
0	Normal tone ; ready passive extension and flexion of hind Limb ; normal chest wall elasticity
-1	Mild decrease in tone ; limbs can be held in passive extension without resistance ; animal can retain a normal crouching posture
-2	Moderate decrease in tone ; animal in passive extension with no limb withdrawal observed after slight hyperextension ;animal unable to maintain normal crouching posture even when maximally aroused
-3	Animal has no posture tone;thoracic lordosis curvature absent; no withdrawal observed even with extreme limb extension

Some Pharmacological And Histological Studies

Table(2) : Effect of intrathecal neostigmine (2-64 µg/Kg) on the mean Arterial blood pressure of anesthetized cats (mean \pm SD)

Time (min)	2 µg/kg	4 µg/kg	8 µg/kg	16 µg/kg	32 µg/kg	64 µg/kg
0	101 \pm 2	98 \pm 6	100 \pm 4	99 \pm 4	100 \pm 3	97 \pm 6
15	103 \pm 4	102 \pm 3	105 \pm 2*	107 \pm 2*	99 \pm 3	95 \pm 2
30	105 \pm 4*	107 \pm 5*	112 \pm 7**	115 \pm 8**	96 \pm 1	90 \pm 6*
45	109 \pm 2**	112 \pm 6**	120 \pm 4**	124 \pm 2**	92 \pm 4**	81 \pm 7**
60	111 \pm 5**	120 \pm 4**	125 \pm 5**	133 \pm 6**	91 \pm 1**	85 \pm 3**

* P<0.05

**P<0.001

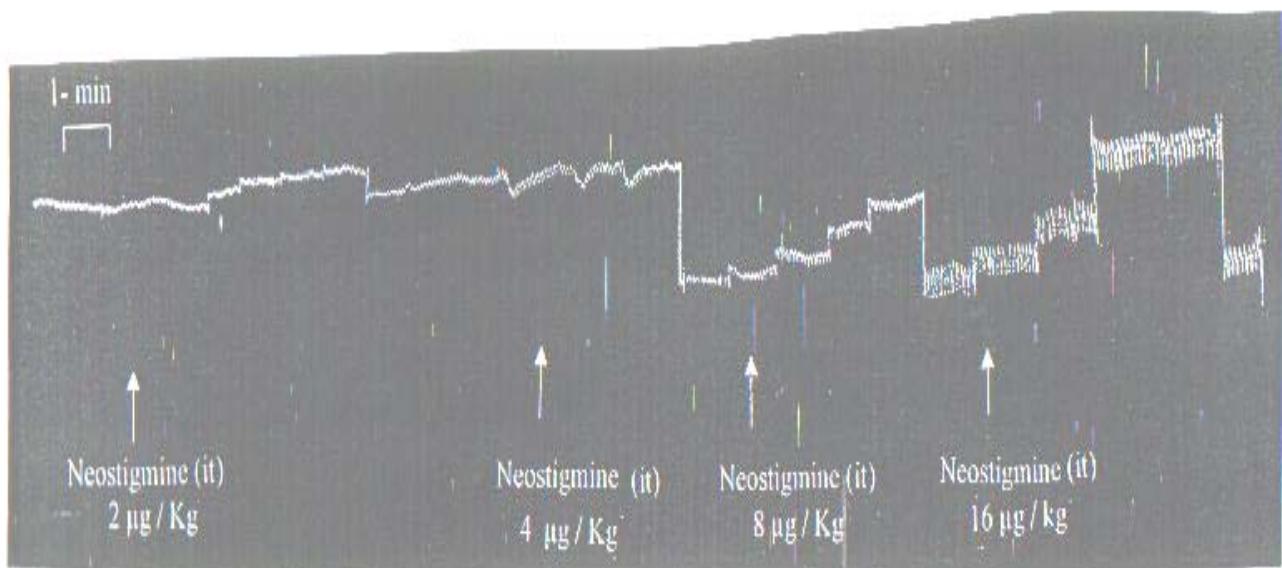


figure (1) : The effect of neostigmine injected intrathecally (it) (2- 16µg/kg) on the mean arterial blood pressure of the anesthetized cat

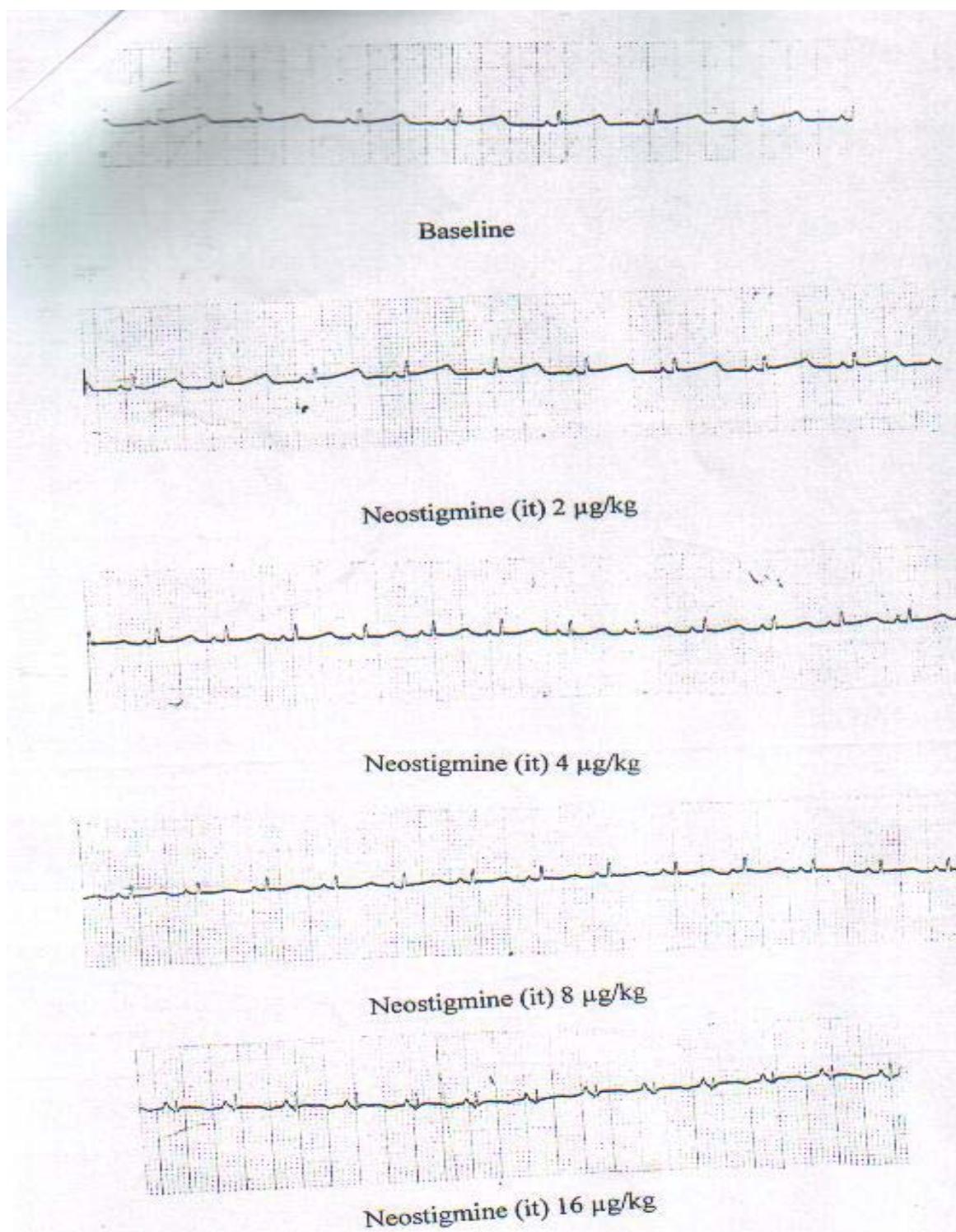


figure (2) : The effect of neostigmine injected intrathecally (it) (2- 16 μ g/kg) on the heart rate of the anesthetized cat.

Some Pharmacological And Histological Studies

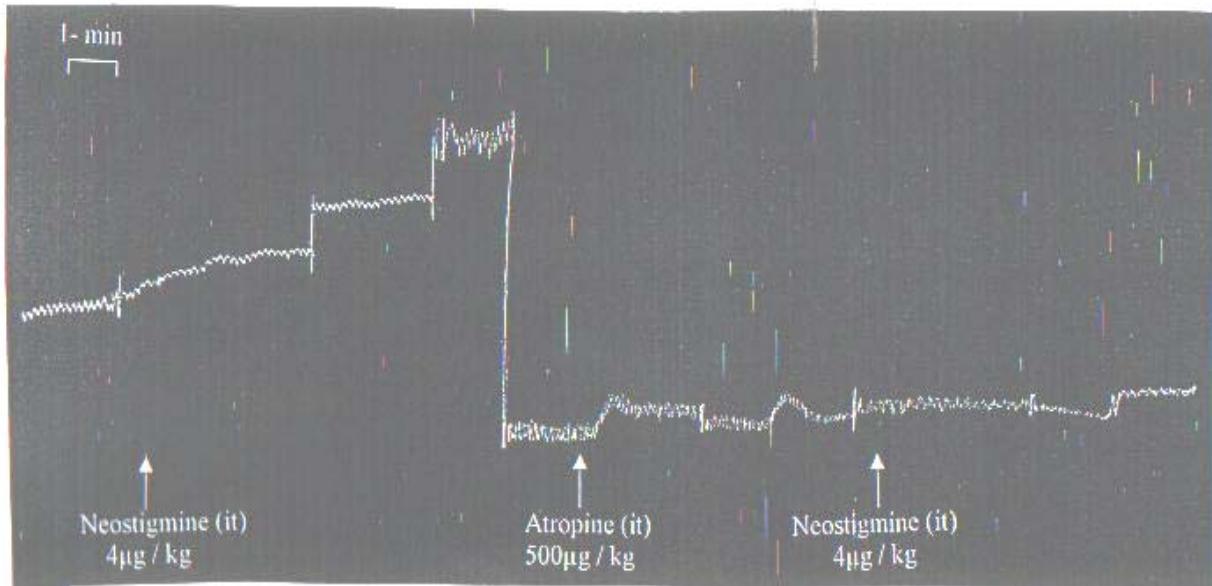


figure (3) : The effect of neostigmine injected intrathecally (it) 4 μ g/kg on the mean arterial blood pressure of the anesthetized cat after blocking the muscarinic receptors by atropine injected intrathecally (500 μ g/kg)

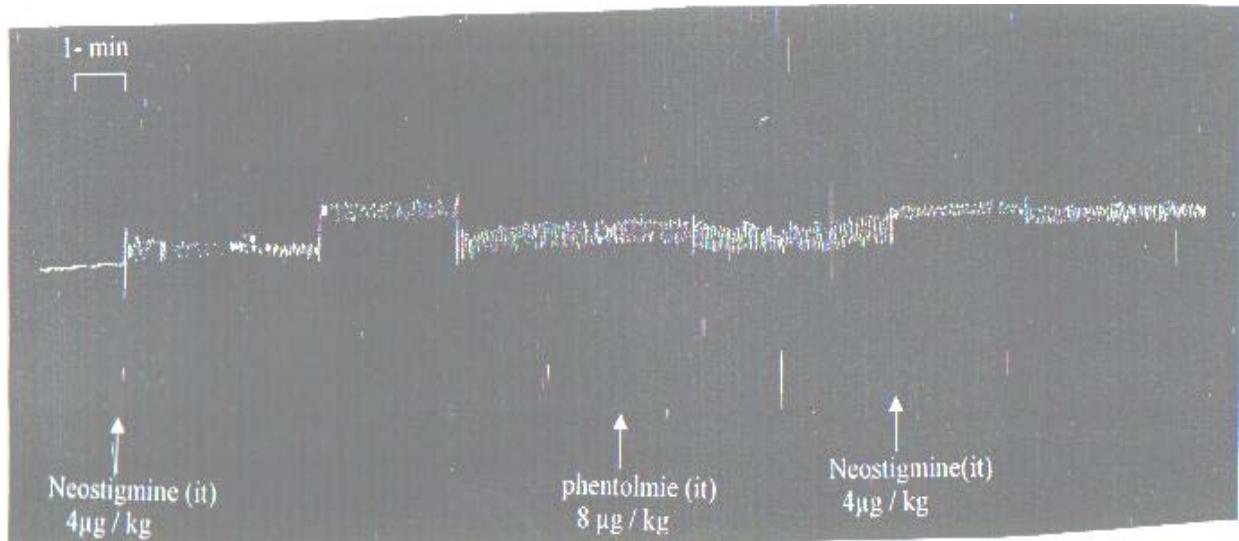


figure (4) : The effect of neostigmine injected intrathecally (it) 4 μ g/kg on the mean arterial blood pressure of the anesthetized cat after blocking the adrenergic receptors by phentolamine injected intrathecally (8 μ g/kg)

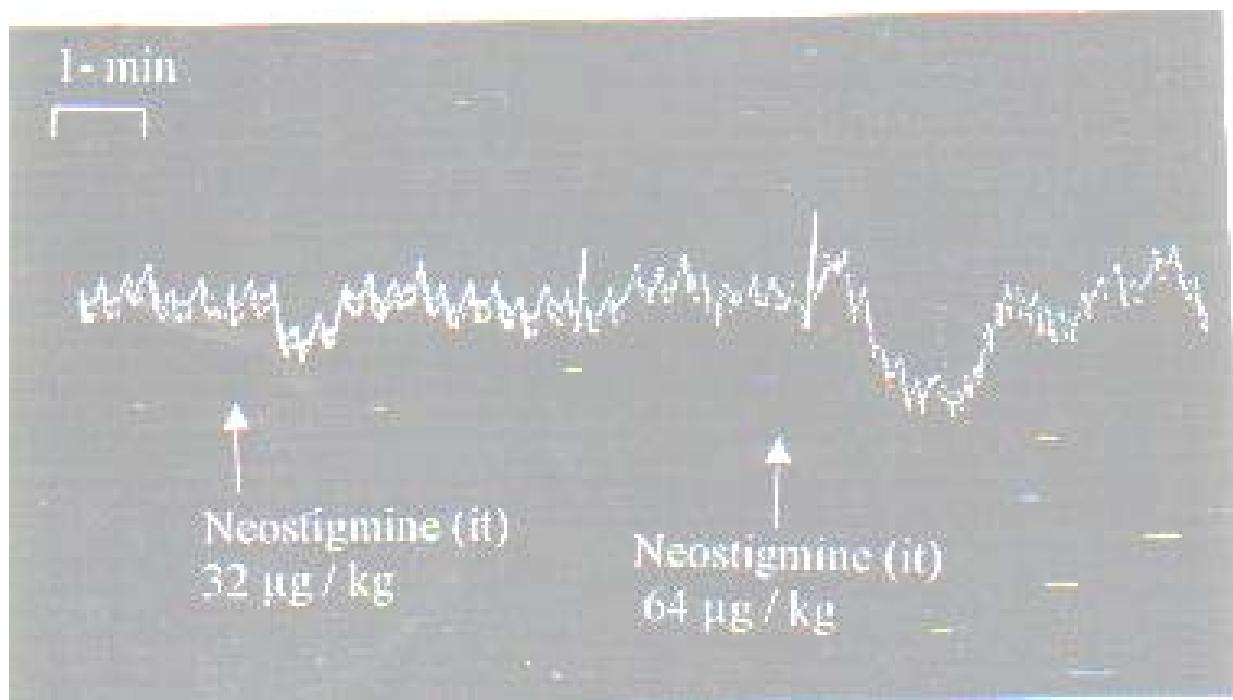


figure (5) : The effect of large doses of neostigmine injected intrathecally (it) 32 μ g/kg and 64 μ g/kg on the mean arterial blood pressure of the anesthetized cat.

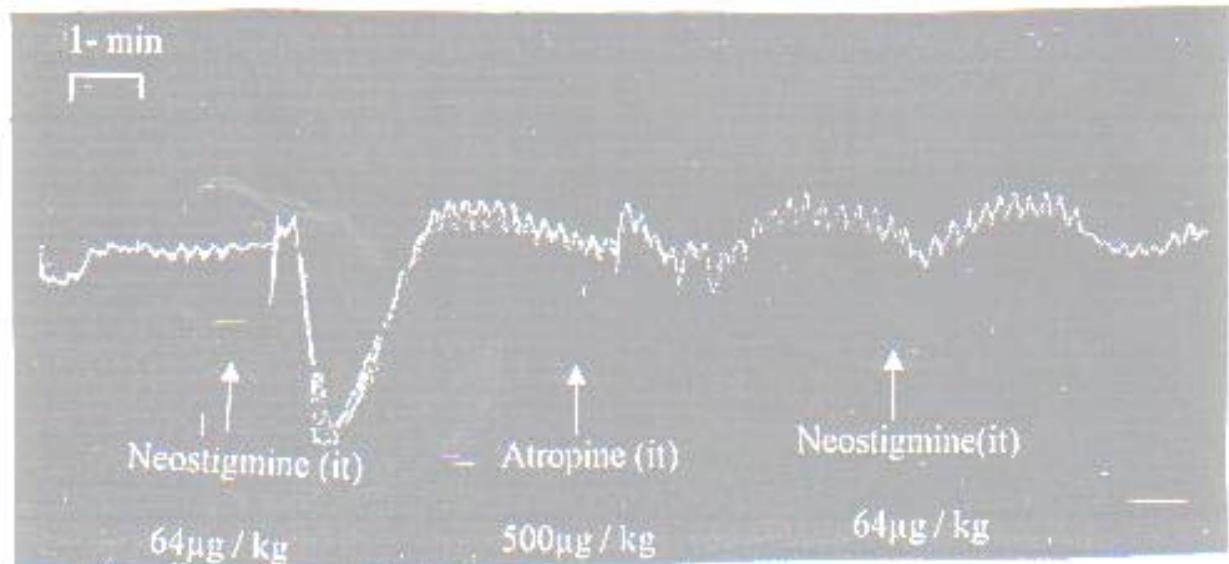


figure (6) : The effect of neostigmine injected intrathecally (it) before and after intrathecal injection of muscarinic receptor antagonist atropine (500 μ g/kg)

Some Pharmacological And Histological Studies

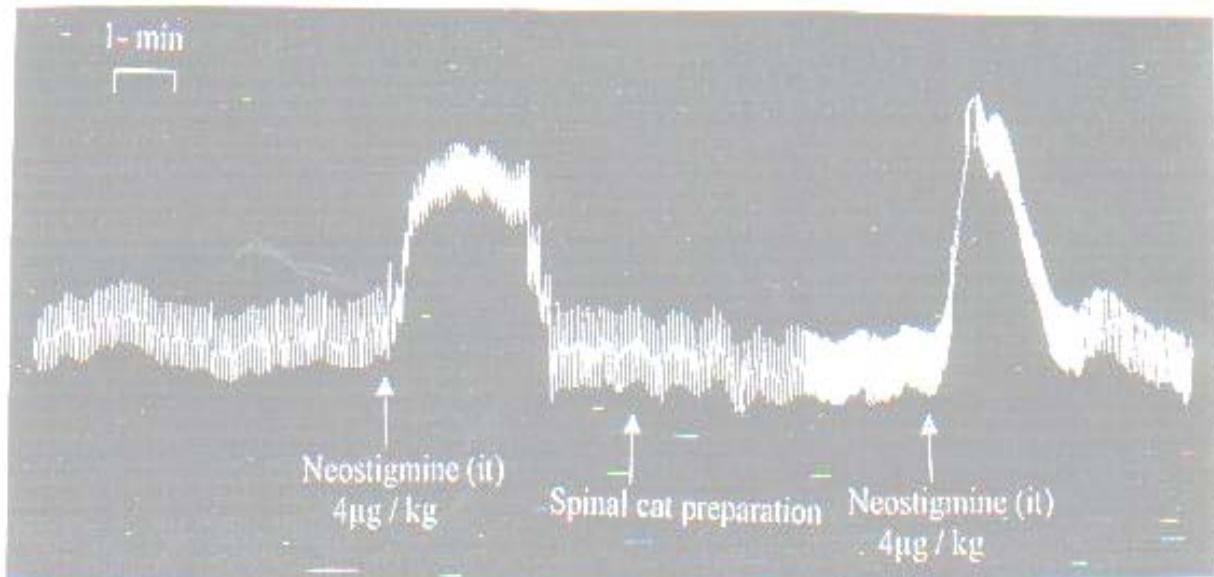


figure (7) : Spinal cat preparation, the effect of neostigmine injected intrathecally (it) (4 μ g/kg) before and after destruction of the brain .

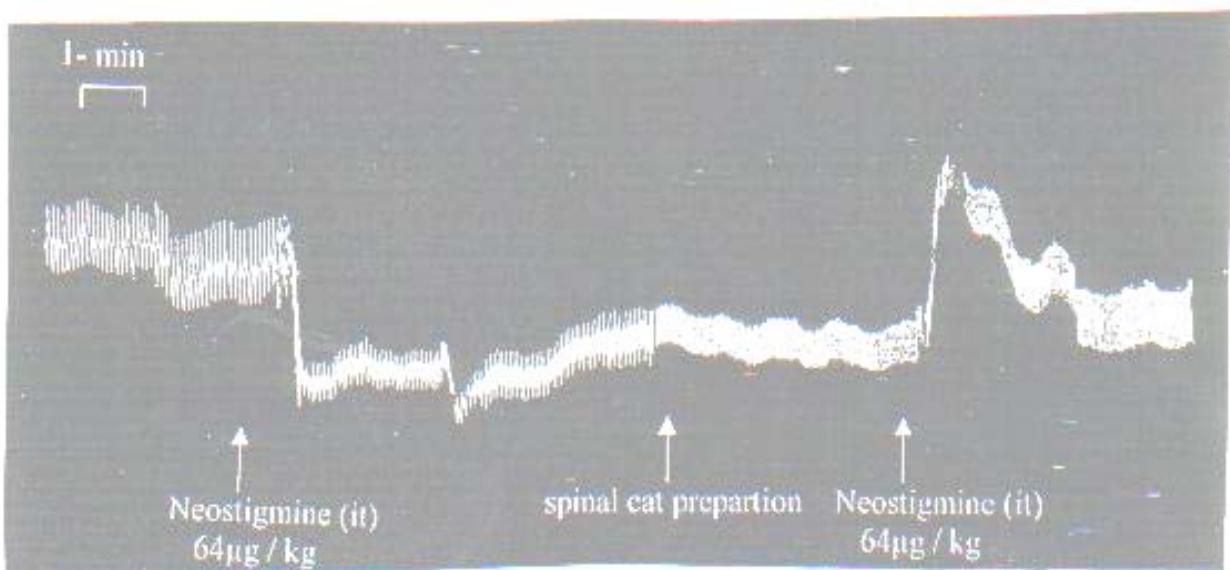


figure (8) : Spinal cat preparation, the effect of neostigmine injected intrathecally (it) (64 μ g/kg) before and after destruction of the brain .

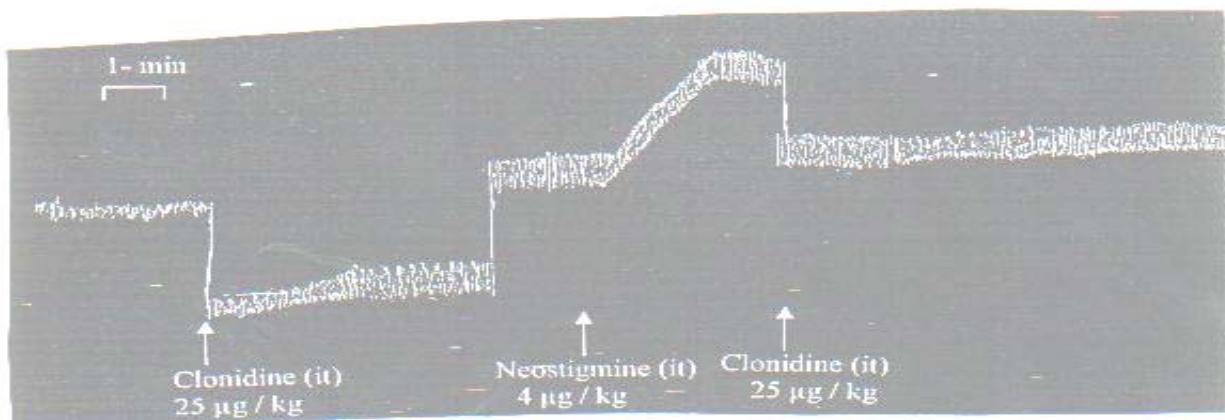


figure (9) : The interaction between clonidinde injected intrathecally (it) (25 μ g/kg) and neostigmine injected intrathecally (4 μ g/kg) on the mean arterial blood pressure of the anesthetized cat.

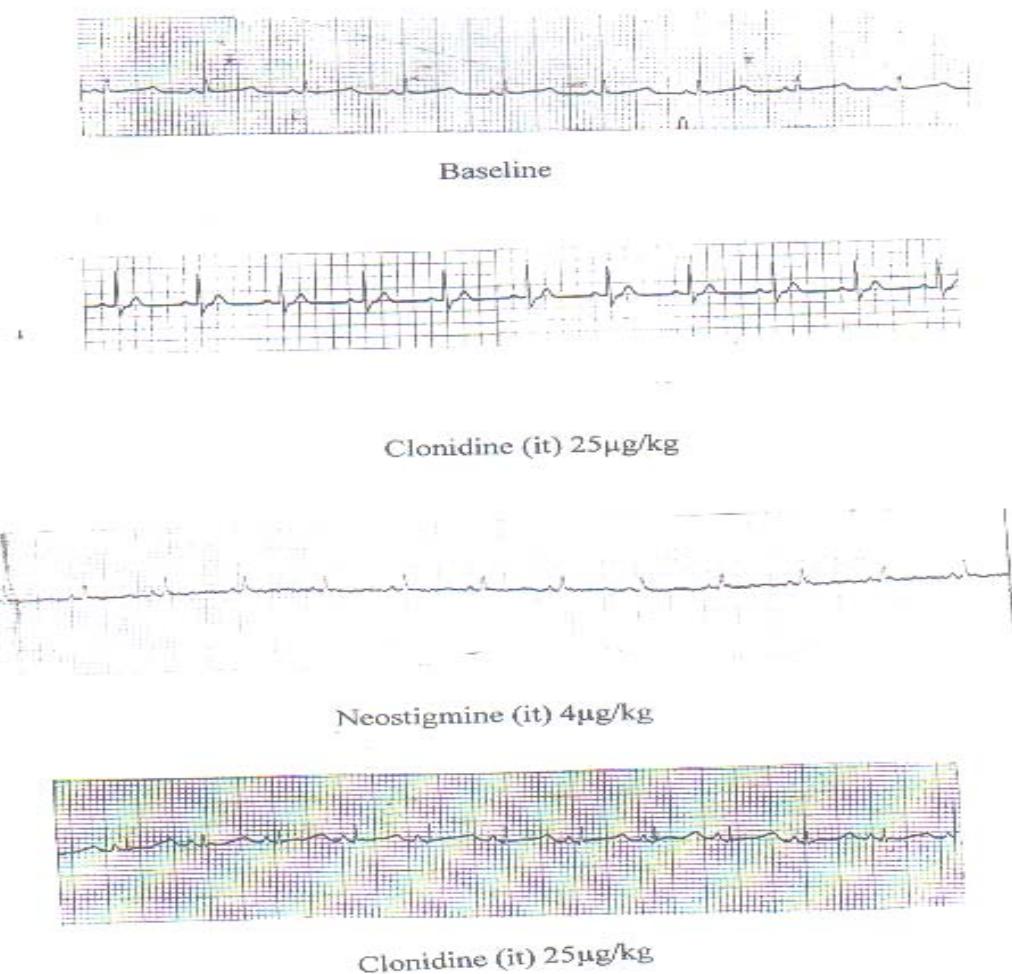


figure (10) : The interaction between clonidind injected intrathecally (it) (25 μ g/kg) and neostigmine injected intrathecally (it) (4 μ g/kg) on theheart rate of anesthetized cat.

Some Pharmacological And Histological Studies

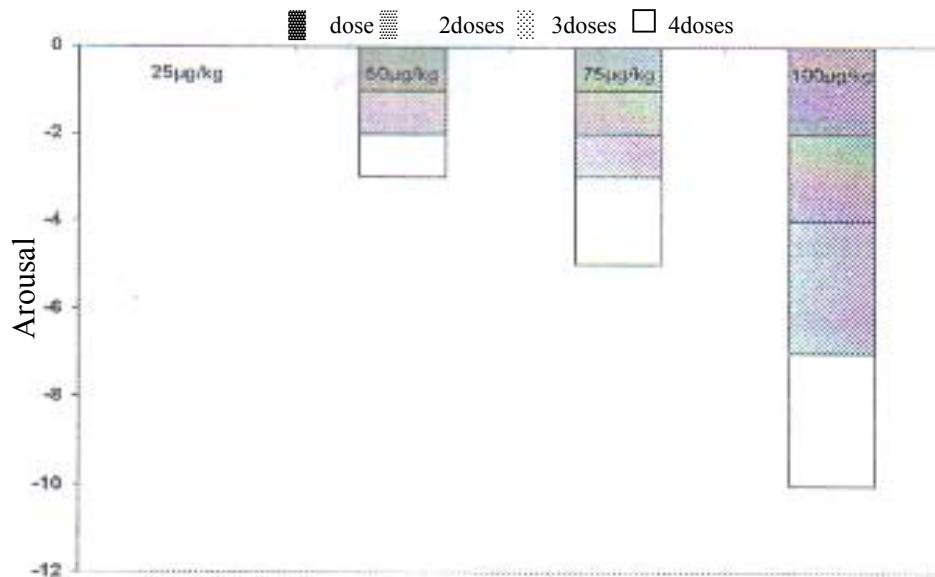


figure (11) : Effect of different doses of intrathecally injected neostigmine on the activity to no organized response to pinch of the forepaw.

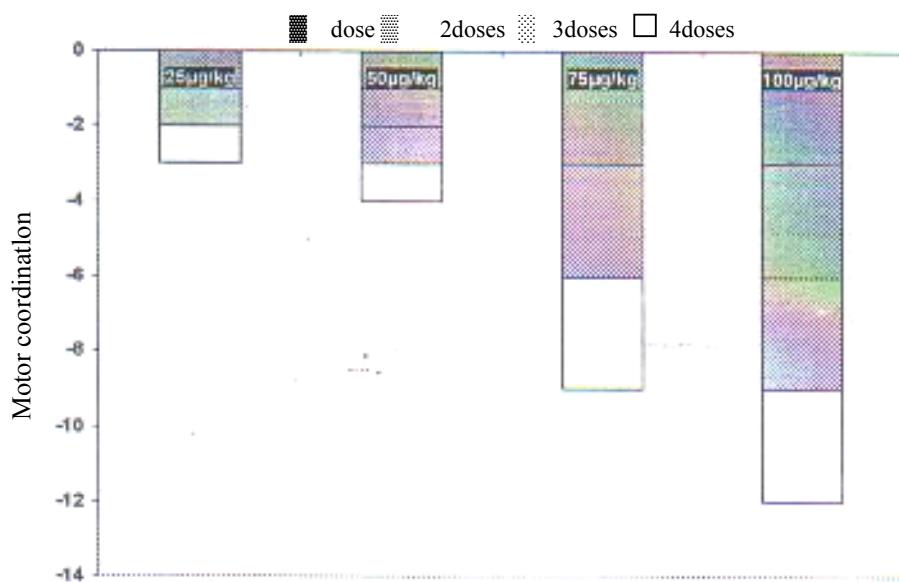


figure (12) : Effect of different doses of intrathecally injected neostigmine on motor coordination .

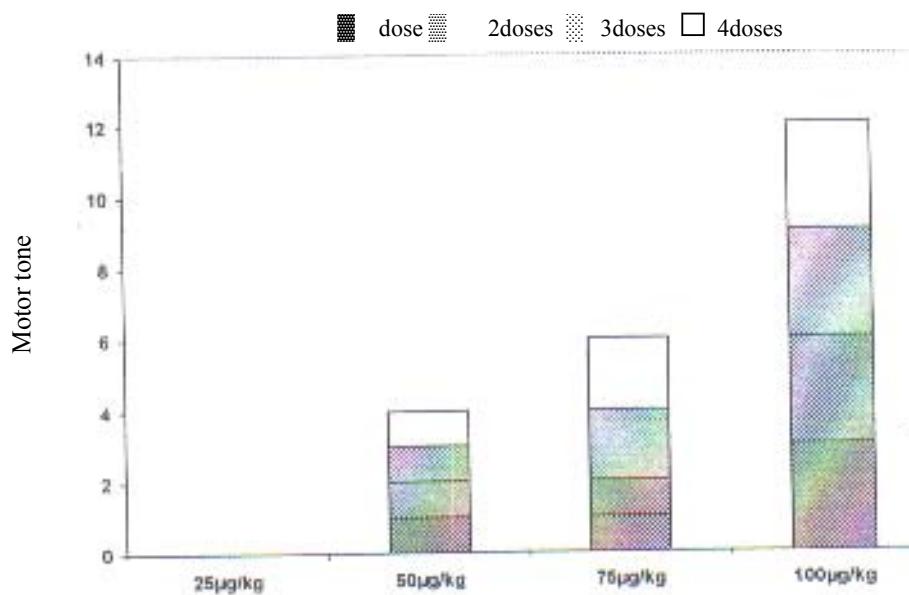


figure (13) : Effect of different doses of intrathecally injected neostigmine on motor tone .

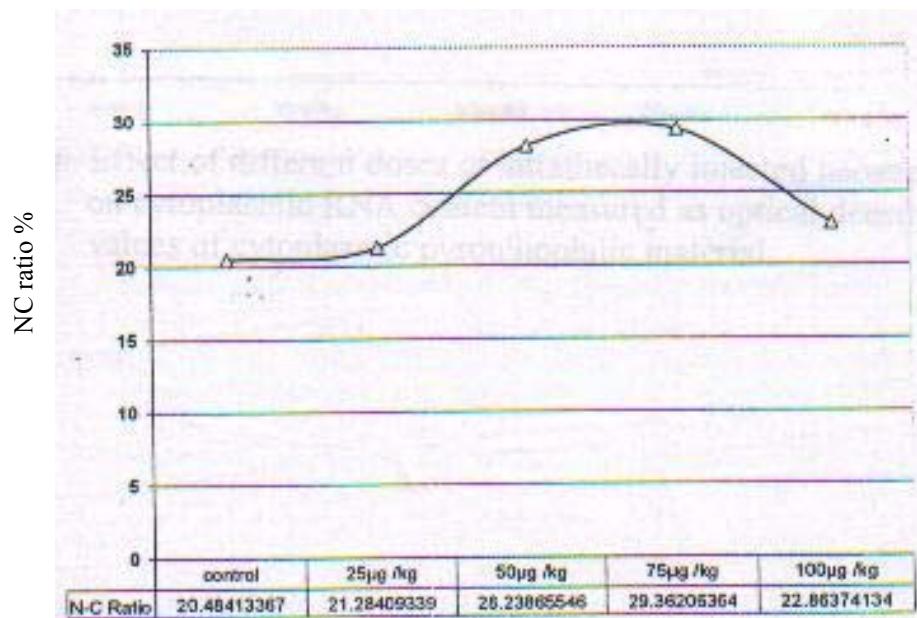


figure (14) : Effect of different doses of intrathecally injected neostigmine on nucleo-cytoplasmic ratio.

Some Pharmacological And Histological Studies

Table(3): Mean optical density relative to pyronin stainability of Cytoplasmic RNA \pm The standard deviation (SD) in control and treated animals

	Control	25 μ g /Kg	50 μ g/Kg	75 μ g/Kg	100 μ g /Kg
Mean	0.374586	0.39829	0.401058	0.381308	0.36748
SD	0.086412	0.046789	0.060104	0.046156	0.043459
P		<0.001	<0.001	<0.001	<0.001

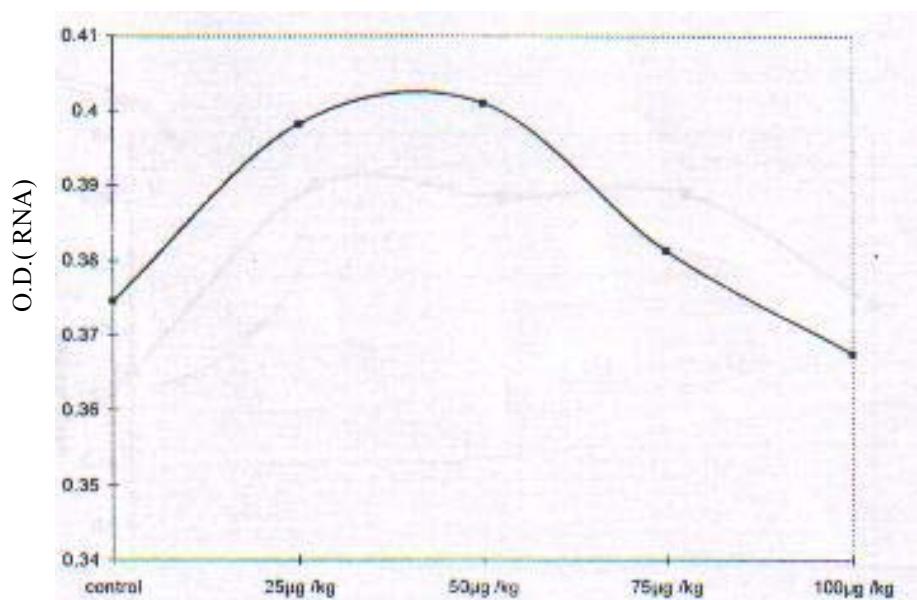


figure (15) : Effect of different doses of intrathecally injected neostigmine on cytoplasmic RNA content measured as optical density values of cytoplasmic pyroninophilic material.

Table (4) : Mean optical density relative to silver stainability of Golgi bodies \pm The standard deviation (SD) in control and treated animals

	Control	25 μ g /Kg	50 μ g /Kg	75 μ g /Kg	100 μ g/Kg
Mean O.D	0.218752	0.361627	0.350981	0.354157	0.269317
SD	0.036161	0.121961	0.131755	0.105567	0.068102
P		< 0.001	< 0.001	< 0.001	< 0.001

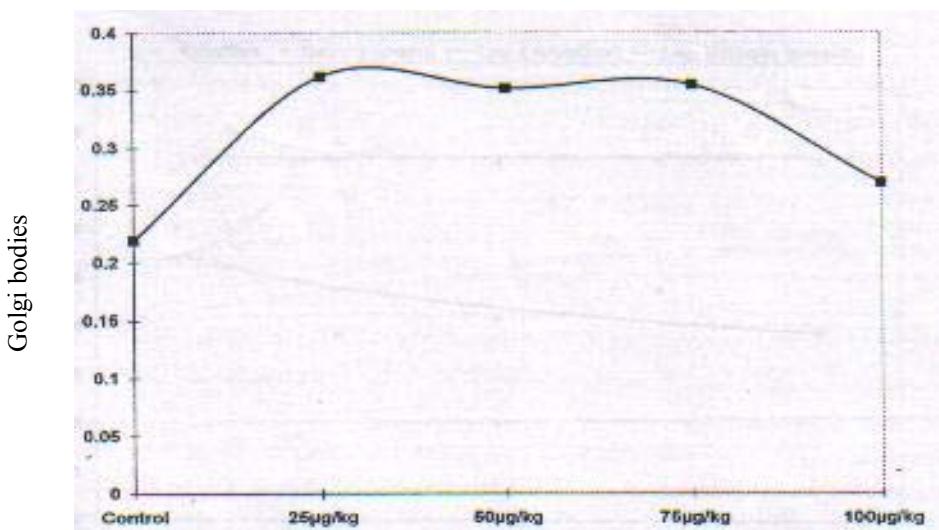


figure (16) : Effect of different doses of intrathecally injected neostigmine on Golgi bodies as measured from silver stained sections.

Table (5): **Mean area occupied by nerve fibres relative to the total area of ventral horn \pm The standard deviation (SD) ;and the mean optical density relative to silver stainability of nerve fibers \pm The standard deviation (SD) in control and treated animals**

	Control	25 μg /Kg	50 μg /Kg	75 μg /Kg	100μg /Kg
Area /box	0.729 \pm 239	0.785 \pm 233	0.745 \pm 224	0.752 \pm 228	0.744 \pm 233
Density	0.603 \pm 212	0.385 \pm 0.086*	0.418 \pm 0.076*	0.479 \pm 0.04*	0.394 \pm 0.054*

(*) The value is statistically significant compared to control . $P < 0.001$

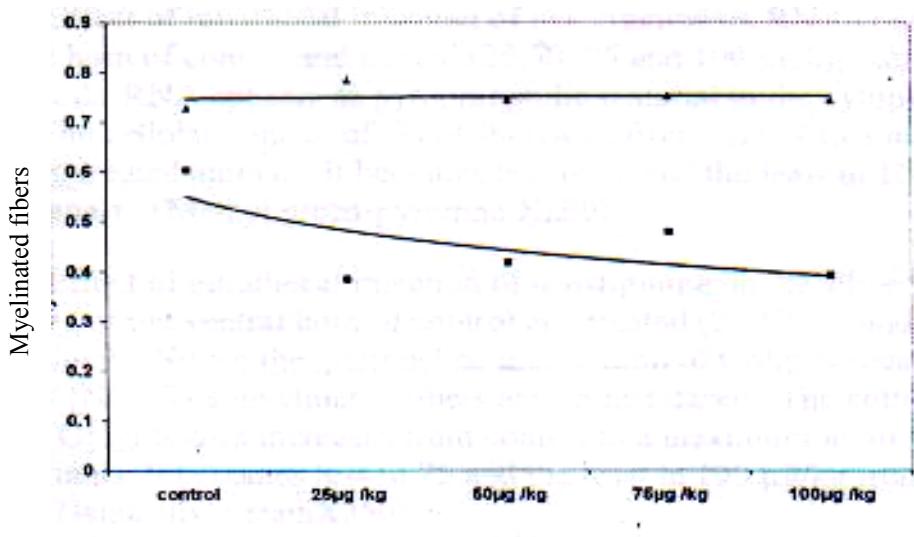


figure (17) : Effect of different doses of intrathecally injected neostigmine on the volume of myelinated fibers relative to the total tissue volume; and the density of silver stained myelin in control and treated animals.

Some Pharmacological And Histological Studies

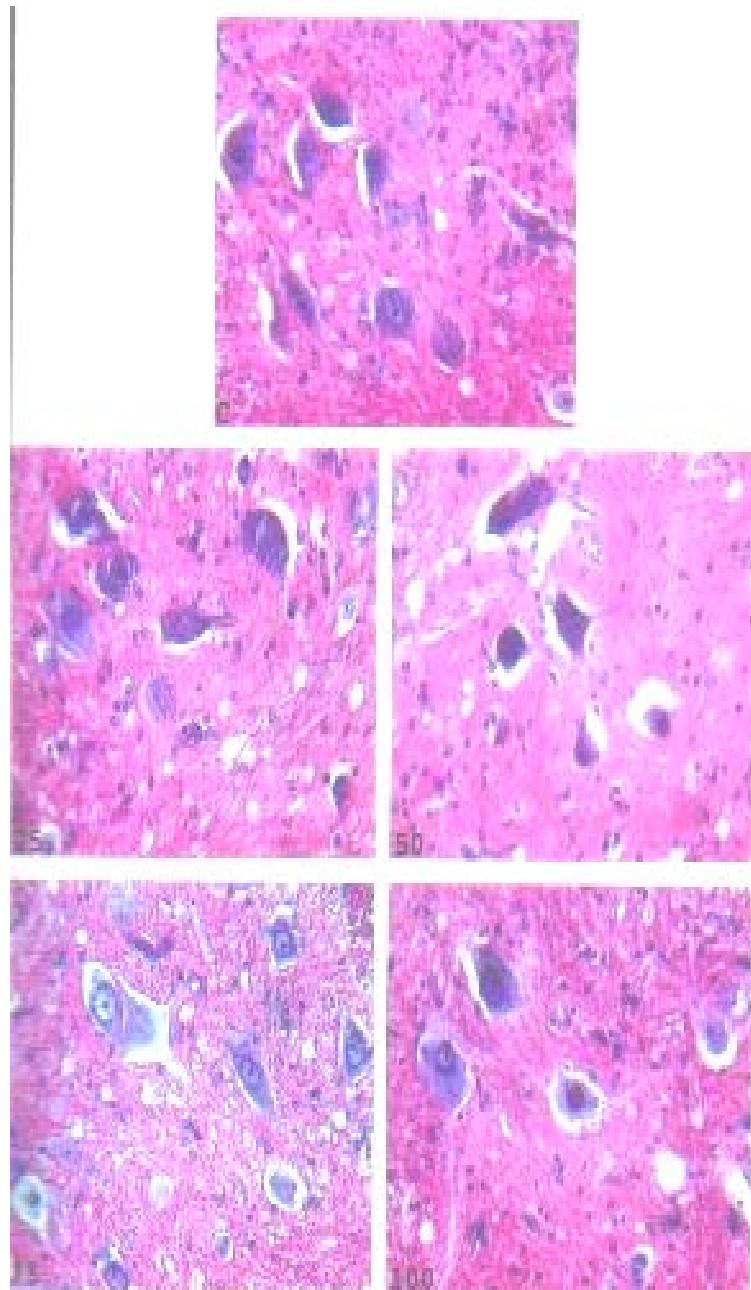


Plate (1) Effect of intrathecal injection of neostigmine on the general structurel of the ventral horn of control(C) and treated (25,50,75 and 100 $\mu\text{g}/\text{kg}$) animals .Notice the large Vesicular nuclei in the section from 75 $\mu\text{g}/\text{kg}$ treated animals (Hx+EX250)

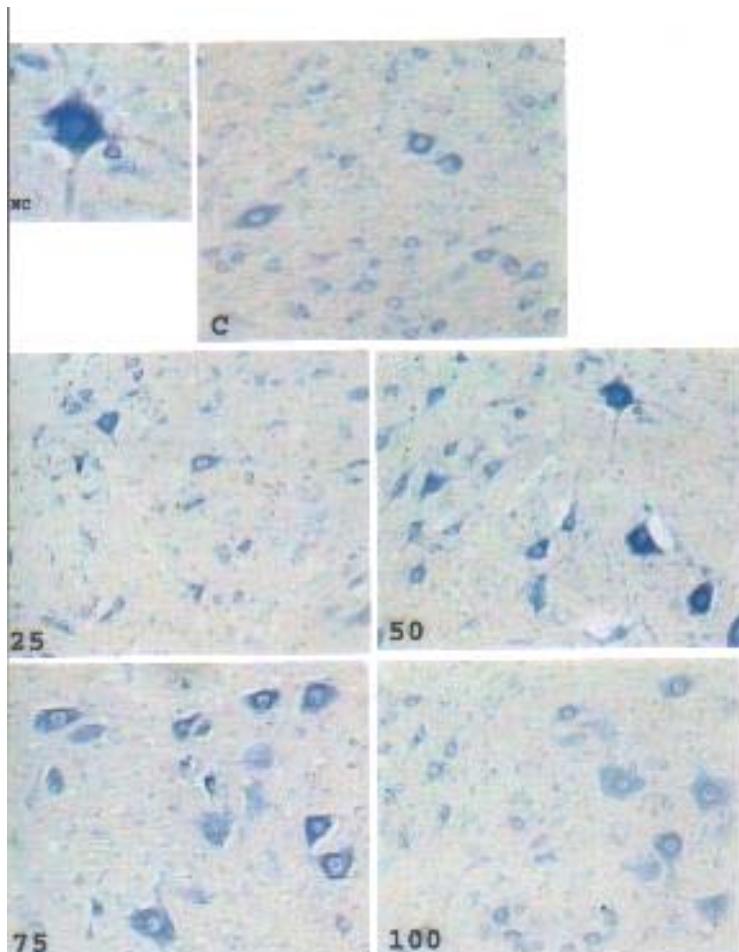


Plate (2) Effect of intrathecal injection of neostigmine on the distribution of Nissl granules of the ventral horn of control and treated (25,50,75 and 100 $\mu\text{g}/\text{kg}$) animals . Notice the perinuclear distribution of Nissl granules in nerve cells (NC) . The cellular content of Nissl granules increases from control to a maximum in 50 $\mu\text{g}/\text{kg}$ treated animals .It becomes less in 75and the least in 100 $\mu\text{g}/\text{kg}$ treated animals .(Toluidine blue X250)

Some Pharmacological And Histological Studies

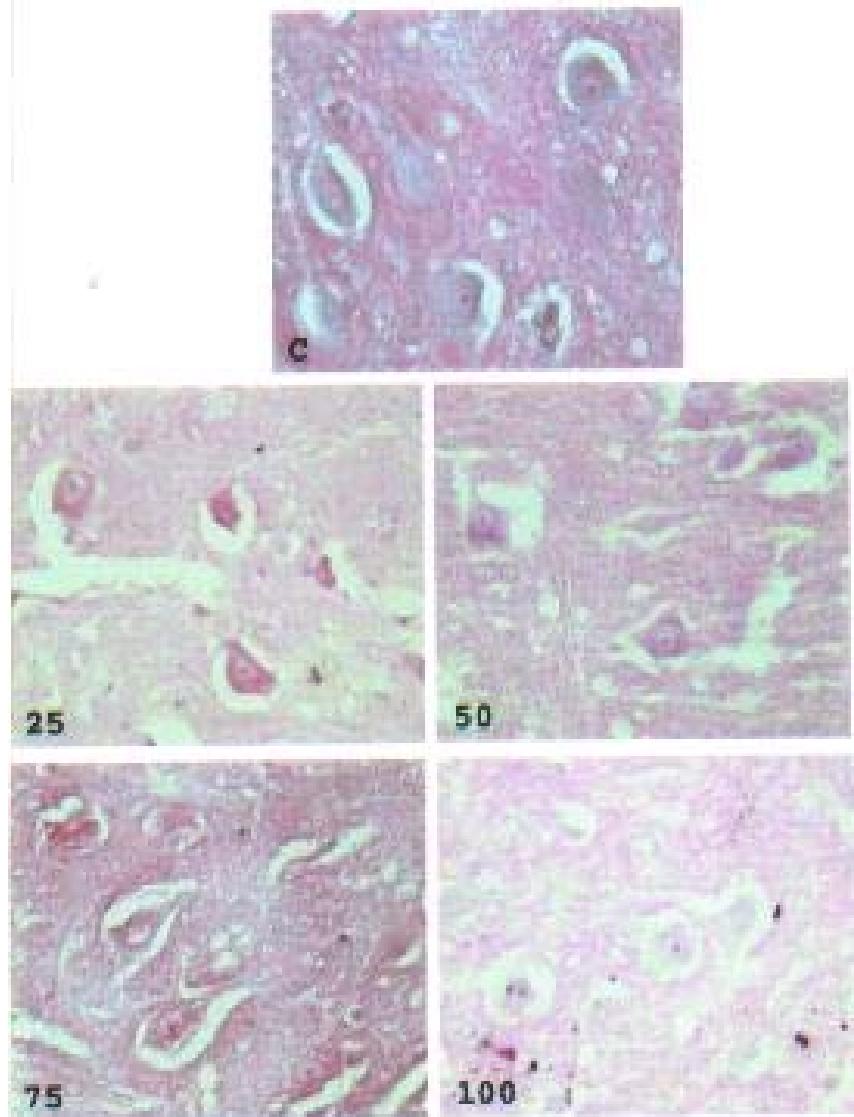


Plate (3) Effect of intrathecal injection of neostigmine on RNA content of the ventral horn of control and treated (25,50,75and100 µg/kg) animals .Notice that the RNA appears as a pyroninophilic material in the cytoplasm and nuclei .The cellular content of RNA increases from control to a maximum in 50 µg/kg treated animals .It becomes less in 75 and the least in 100 µg/kg treated animals. (Methyl green-pyronineX250) .

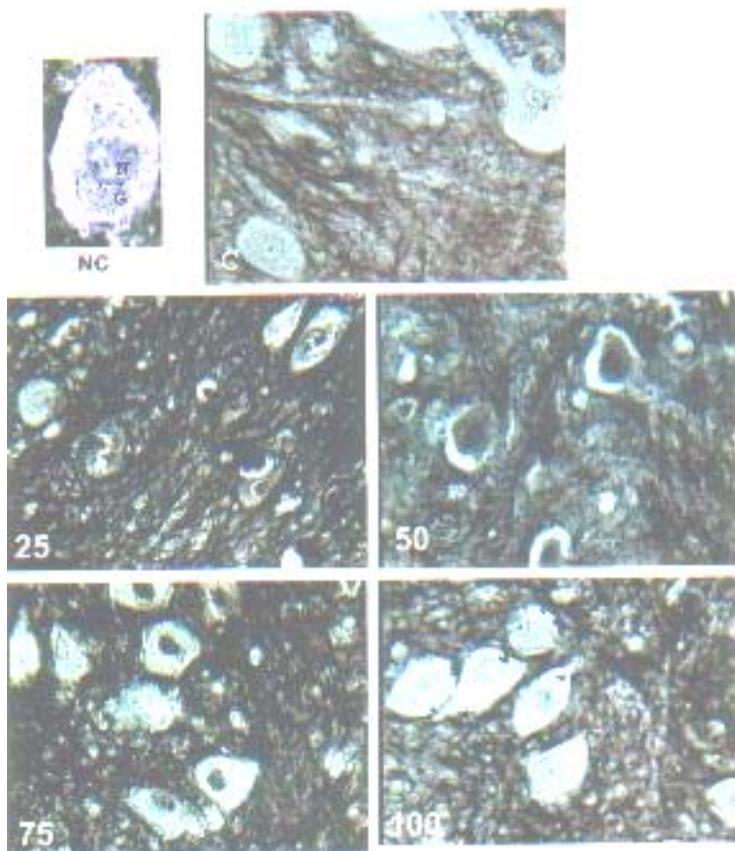


Plate (4) Effect of intrathecal injection of neostigmine on the silver stained components of control and treated (25,50,75and100 $\mu\text{g}/\text{kg}$) animals .Notice the perinuclear distribution of Golgi bodies (G) in nerve cells (NC) .The myelinated fibers are stained darkly . The cellular content of Golgi bodies increases from control to a maximum in 50 $\mu\text{g}/\text{kg}$ treated animals .It becomes less in 75and the least in 100 $\mu\text{g}/\text{kg}$ treated animals (Nauta Silver stain X250) .

Discussion

The intrathecal injection of neostigmine into rats, resulted in dose-dependent decreased arousal and motor coordination. This effect is due the inhibition of acetyl cholinesterase activity in brain and motor end plate (13). Gillberg et al. (12) observed similar motor effects in animals

receiving intrathecal neostigmine or cholinergic agonists which are thought to be due to direct actions on motor neuron out flow rather than to ischemia or neurotoxicity.

In the present study, examination of motor tone revealed that the intrathecal injection of neostigmine resulted in an

Some Pharmacological And Histological Studies

increase in motor tone which was evident by increased stiffness of the chest wall and the perception of tremors. Salivation was also noted and like motor tone this was dose dependent. These actions were considered as a reflect enhancement of spinal cholinergic activity secondary to inhibition of cholinesterase and were reported to be reversible by muscarinic antagonists (17,25).

The general structure of the ventral column cells and fibers of control and treated animal spinal cord shows no clear cut changes. Yaksh et al.(25) and Hood et al.(13) demonstrated that intrathecal neostigmine in large doses did not induce any histopathologic changes in the spinal cord. However, the results of the quantitative cytochemical and cytometric monitoring indicates signs of increased cellular activity at low doses and inhibitory action at high doses of neostigmine intrathecal injection. The nucleo cytoplasmic ratio of the nerve cells increased as the dose increased up to 75 $\mu\text{g}/\text{kg}$ of intrathecal neostigmine injection, then decreased to a level higher than control in animals injected with 100 $\mu\text{g}/\text{kg}$.

The increase plasmic ratio is a measure of nuclear activity in nucleic acid synthesis (3). As the nerve cells are static cells that are not capable of division, and consequently DNA synthesis (23), the nuclear activity under the influence of intrathecal injection of neostigmine must be mainly in RNA transcription. The observed changes in cytoplasmic content of Nissl granules and cytoplasmic RNA in pyronin stained sections of the ventral horn cells supports this conclusion. The obtained values of optical density of pyroninophilic material in the cytoplasm, which demonstrates ribosomal RNA engaged in protein synthesis, followed the same trend of nucleocytoplasmic ratio. Not only had that, but the accumulation of Golgi bodies, which is a manifestation of polypeptide processing (16), had, almost, the same trend. Collectively, the cytometric and cytochemical data indicate that intrathecal injection of neostigmine induces transcription, translation and processing of larger amounts of proteins. The protein which

can be produced under these conditions is the cholinesterase enzyme. But, why should the neurons become active in cholinesterase synthesis after intrathecal injection of neostigmine?

The cholinesterase inhibitory activity of neostigmine has been reported to be due to its ability to act as a competitive inhibitor that binds to acetyl cholinesterase enzyme. By serving as alternative substrate with a similar binding orientation as acetylcholine, it gives rise to the carbamoylated enzyme. Sequestration of the enzyme in its carbamoylated form, thus, precludes the enzyme-catalyzed hydrolysis of acetyl choline for extended periods of time. The return of the acetylcholinesterase activity depends on synthesis of new enzyme (24). Acetylcholinesterase enzyme was reported to be synthesized in neuron perikaryon and was localized in the cisternae of rough endoplasmic reticulum (9).

Acetylcholine is an excitatory neurotransmitter for preganglionic sympathetic neurons. Intrathecal injection of cholinergic receptors agonists or cholinesterase inhibitors increases blood pressure through augmentation of sympathetic outflow (10).

In the present study intrathecal injection of neostigmine at doses 2 – 16 $\mu\text{g}/\text{kg}$ induced a gradual increase in MBP of anesthetized cats which appeared 15 minutes and reached the peak 1 hour after injection. The onset latency for the effect of neostigmine could be explained by the lower lipophilicity of neostigmine resulting in longer time to its penetration of spinal cord tissue (20). Hood et al. (13) demonstrated that intrathecal injection of neostigmine produces hypertension which is mediated through local spinal actions by increasing synaptic concentration of acetyl choline. Also Pan et al.(20) proposed an effect through nitric oxide production which is thought to be an important mediator of acetyl choline.

In the present study, the hypertensive effect induced by intrathecal injection of neostigmine at doses 2 – 16 $\mu\text{g}/\text{kg}$ were blocked by the muscarinic antagonist atropine and the alpha antagonist phentolamine indicating that neostigmine injected

intrathecally acts on muscarinic receptors. These results were consistent with Caraleau et al.(5), Williams et al.(27), Feldman (10) and Pan et al. (20) who demonstrated that the cholinergic actions of neostigmine are through muscarinic receptors mainly M2 receptors in the intermediolateral cell column while the analgesic effect of the drug was through M1 muscarinic receptors suggesting that cholinergically mediated analgesia and hemodynamic effect could be separated.

In this study, neostigmine (it) at doses 32 and 64 μ g /kg produced a decrease in MBP of anesthetized cats. This effect could be due to central distribution of the drug and its action at cholinergic sites in the brain or due to its systemic absorption which are related to CSF neostigmine concentration (21).

In this study, spinal cat preparation showed that the increase in MBP with small doses of neostigmine (it) could be attributed to local spinal action, while the decrease in MBP with large doses could be due to central action.

Clonidine, an imidazoline compound, is a selective α_2 adrenoceptor agonist with an $\alpha_2 : \alpha_1$ activity ratio 200 : 1. Centrally acting clonidine produces analgesia by activation of descending spinal cord and supraspinal inhibitory pathways. α_2 receptors in the dorsal horn of the spinal cord modulate upward transmission of nociception signals by modifying local release of the nociceptive transmitters : substance P and calcitonin gene related peptide (CGRP). The cardiovascular effects of clonidine injected intrathecally (it) involve α_2 adrenoceptors and imidazoline receptors leading to a reduction in sympathetic tone and increase in parasympathetic tone resulting in a decrease in blood pressure and heart rate (1). Buccafusco and Margari (4) demonstrated that α_2 adrenoceptor agonist and cholinergic combination is effective in producing analgesia while minimizing side effects.

In the present study, the injection of neostigmine (it) before clonidine (it) eliminates the clonidine induced hypotension and bradycardia. This is consistent with the previous studies of Caraleau et al. (5) who pointed out a

dense blinding of cholinergic ligands within the intermediolateral wall cell column and intrathecal injection or iontophoretic application of muscarinic agonist carbachol at this site increases blood pressure and heart rate. Also Williams et al. (27) noted a dense binding of α_2 adrenergic ligands in the intermediolateral cell column and intrathecal injection or iontophoretic application of clonidine at this site decreases sympathetic neural activity. These authors proposed that spinal injection of neostigmine counterbalances clonidine effects in the intermediolateral cell column. Conclusion: The results observed in these two species (cats&rats) demonstrated that intrathecal injection of neostigmine produced variations in blood pressure and heart rate of cats and alterations in cellular activity of ventral horn column of rats conclusion.

These changes were dose dependent and were attributed to the effect of neostigmine on cholinesterase enzyme activity. These results provide additional support for the clinical trials of intrathecal injection of neostigmine for analgesia .

References

- 1- Aitkenhead A.R, Rowbotham D.J, Smith G. (2001) : Drugs acting on the cardiovascular and autonomic nervous system. In : Textbook of Anaesthesia. Ch 7; p 78-79.
- 2- Bartolini A, Ghelardini C, Fantetti L, Malcangio M, Malmberg Atello P, Giotti A (1992) : Role of muscarinic receptor subtype in central antinociception. Br J Pharmacol. 105 : 77 – 82.
- 3- Bellamy W A (1974) : Biotechnology report :single cell proteins from cellulosic wastes .Biotechnol Bioeng 16(7) :869-80
- 4-Buccafusco JJ and Margri V (1990) : The pressor response to spinal cholinergic stimulation in spontaneously hypertensive rats. Brain Res Bull. 25 : 69 – 74.
- 5-Caraleau FR, McKittrick DJ, Weernink EJ (1990) : Microinjection of substance P and ACH into rat intermediolateral nucleus elicits cardiovascular responses. Am J Physiol. 259 : R 357 – R 361.

Some Pharmacological And Histological Studies

6- Clayden E S(1971): Practical section cutting and staining .Churchil livingstone ,Edinberg and london.

7- Detweiler DJ, Eisenach JC, Tong C, and Jacksom C (1993) : A cholinergic interaction in alpha 2 adrenoceptor-mediated antinociception in sheep. *J Pharmacol. Exp Ther.*, 265 : 536 – 42.

8- Drury R A B and Wallington E A (1980): Carleton's Histological Technique, 5th ed. Oxford, New York, Toronto.

9-Dubovy P, Svizenka I ,Vega J A (1990) Non-specific cholinesterase activity in mouse spinal ganglion . The usefulness of histochemical study and image analysis for simple characterization of neuron subclasses .*Cell Mol Biolog* p; 36(1) 23-40

10-Feldman DS, Terry AV, Buccafusco jj (1996) : Spinal muscarinic cholinergic and nitric oxide systems in cardiovascular regulation. *Eur j.pharmacol* 313 : 211-20.

11-Furchtgott R (1955) : The pharmacology of vascular smooth muscle. *Pharmac Revision*. 7 : 183.

12-Gillberg P G ,Hartving P , Gord T et al (1990) : Behavioral effects after intrathecal administration of cholinergic receptor agonists in the rats .*Psychopharmacology (Berlin)* : 100(4) 464-9

13-Hood DD, Eisenach JC, Tong C, Tommasi E, Yaksh TL (1995) : Cardiorespiratory and spinal cord blood flow effects of intrathecal neostigmine methylsulphate, clonidine and their combination in sheep . *Anesthesiology* ,82:428-435.

14-Kehlet H (1998) : General versus regional analgesia. Principles and practice of anesthesiology. Longerecker DE, Tinker JH, Morgan GE editors 2nd edition chap. 27. P. 1317 – 29. Mosby.

15-Kessler DA (1989) : The regulation of investigational drugs. *N Engl J Med* 320:277-288

16- Janqueira L C , Carneiro J ,Kelly R (1998) : Basic histology .

17-Naguib M and Yaksh (1994): Antinociceptive effects of spinal cholinesterase inhibition and isobolo - graphic analysis of the interaction with the μ and α_2 receptor system .*Anesthesiology* 80:1338-48

18-Nauta W J H and Gygax P A (1951): *Stain Technol.* 26: 5-11. (Cited by Drury and Wallington, 1980)

19- Paget GE and Barnes YM (1964) : Toxicity tests in : evaluation of drug activities pharmacometrics. Eds Lawrance DR and Backarach AL, vol. 1, Academic Press, London and New York.

20- Pan HL, Dong HK, Eisenach JC (1998) : Effects of intrathecal neostigmine, bupivacaine and their combination on vacaine and their activity in rats. *Anesthesiology*, 88 : 481 – 486.

21- Shafer S T ,Eisenach JC, Hood DP, Tong C (1998) : Cerebrospinal fluid pharmacokinetics pharmacodynamics of intrathecal neostigmine methylsulphate in humans .*Anesthesiology* 67: 889-95

22-Sjostrom S, Tamsen A, Person P, Hartvig P (1987) : Pharmacokinetics of intrathecal morphine and meperidine in humans. *Anesthesiology* 67 : 889 - 95

23-Stevens R A, Frey K , Lius S S et al (1997) : Sympathetic block during spinal anesthesia in volunteers using lidocaine , tetracaine and bupivacaine *Regional Anesth* 22(4) : 325-31

24-Taylor J R (2001) : Repeated intermittent administration of psychomotor stimulant drugs alters the acquisition of pavlovian approach behavior in rats ; differential effects of cocaine ,d-amphetamine and 3,4-methylenedioxymethamphetamine (“Ecstasy ”).

25-Yaksh TL,Grafe M R,Malkmus S AHT et al (1995):Studies on the safety of chronically administered intrathecal neostigmine methyl sulphate in rats and dogs .*Anesthesiology* 82:412-27

26-Weast,R.C.;Selby,S.M.;and Hodgman,C.D. (1964): *Handbook of Chemistry and Physics*; 45th ed. The Chemical Rubber Co., Cleveland, Ohio, U.S.A.

27-Williams JS, Tong C, Eisenach JC (1993) : Neostigmine counteracts spinal clonidine-induced hypotension in sheep. *Anesthesiology*, 78 : 301 – 307.

بعض الدراسات الفارماكولوجي و الهيستولوجي عن تأثير حقن النيوستجمين في داخل الأُم الجافية

يؤدى حقن عقار النيوستجمين المثبط للكولين استریز الى تسکین الأُلم و يزيد من تأثير العقاقير المؤثرة على حاسة ألم اثنين أن هدف هذا البحث هو أجراء بعض الدراسات الفارماكولوجي و الهيستولوجي لتقييم هذا العقار في القسطنطيني والفتراي. وقد أظهرت النتائج أن حقن النيوستجمين داخل الأُم الجافية للقطط قد أدى الى زيادة تدريجية في متوسط ضغط الدم و معدل ضربات القلب عند الجرعة من اثنين الى ستة عشر ميكروجرام لكل كيلوغرام بينما تناقص متوسط ضغط الدم و معدل ضربات القلب عند الجرعات من اثنين و ثلاثة الى اربعة و ستين ميكروجرام. وقد ادى حقن الأتروپين والفينتولامين الى الغاء زيادة متوسط ضغط الدم و معدل ضربات القلب نتيجة حقن عقار النيوستجمين داخل الأُم الجافية (أربعة ميكروجرام لكل كيلوغرام) واوضحت هذه الدراسة ان حقن عقار النيوستجمين بعد تدمير الحبل الشوكي للقطط قد أدى الى تزايد سريع بمتوسط ضغط الدم عند الجرعة الصغيرة (أربعة ميكروجرام لكل كيلوغرام) والجرعة الكبيرة (اربعة وستين ميكروجرام لكل كيلوغرام) . ذلك اظهرت نتائج هذا البحث ان حقن عقار النيوستجمين داخل الأُم الجافية قد أبطل مفعول عقار الكلونيدين على الضغط و معدل ضربات القلب بالقطط وقد أجريت الدراسة الهيستولوجي على الفتران وتم تقسيمها الى خمسة مجموعات: مجموعة حاكمة للمقارنة بها و اربعة مجموعات تم حقنها بعقار النيوستجمين داخل الأُم الجافية عند جرعات خمس وعشرين، خمسين، خمس وسبعين و مائة ميكروجرام لكل كيلوغرام . عند تقييم سلوك الفتران بعد كل جرعة وجد انه قد أدى حقن عقار النيوستجمين داخل الأُم الجافية في الفتران الى نقصان يقظة و تناقض حركة عضلات الفتران بينما زادت قوة شد هذه العضلات.

وتبيّن ان هذا التأثير يعتمد على جرعة النيوستجمين السابق حقنها. واظهرت النتائج تغيرات في الخلايا العصبية للقرن الأمامي للحبل الشوكي في الفتران بينما لم يغير من مقدار الألياف العصبية بالحبل الشوكي بينما انخفضت حدة تشرب هذه الألياف بصبغة الفضة وكان لجرعة النيوستجمين أثرها على هذه النتائج .

ونستخلص من هذا البحث أن مضاعفات حقن عقار النيوستجمين داخل الأُم الجافية يعتمد على الجرعة السابقة حقنها و التي لابد أن يكون لها أهميتها في التطبيق العملي