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In 62 experiments on white out bred rats male weighing 180-220g. Found that inducers and inhibitors of monooxygenase opposite effects on the activity of NOS in the ischemic liver microsomes. Benzonal and cimetidine after 1 night of their introduction had no significant effect on all studied parameters. After 3 and 10 of the daily introduction of the inducer of drug metabolism - benzonal slow speed nitrate reductase system, stimulates nitroxyls system (eNOS), and cimetidine, on the contrary – even more nitrate reductase activates the speed system, inhibits eNOS nitroxyls. Now, in connection with the growth of liver disease and aggressive exposure to xenobiotic with induction and inhibitory action, this problem acquires a special urgency and, surely, requires further study.

**Keywords:** ischemia, liver, monooxygenases, NO-system, benzonal, cimetidine.

## 9 INTRODUCTION

An important aspect of modern drug therapy is a personalized medicine based on research and implementations in practical health care of medicines influencing on the system of biotransformation of xenobiotics in the liver (Sivkov et al., 2010; Archakov et al. 2008). The inducers and inhibitors of drug metabolism – regulating activity of the monooxygenase system (MOS) of the liver in this problem plays the key role (Kukes et al. 2007; Villeneuve et al. 2004). In the last decade, thanks to basic research in molecular biology and medicine found that in vascular endothelium the synthesis of nitric oxide (NO<sup>o</sup>) is the family of cytochrome P-450-like hemoproteins - NO-synthase in 5-electron oxidation of L-arginine with the formation of L-citrulline and NO<sup>o</sup>

(Minamiyama et al., 2001; Manuhina et al., 2000). A family of isoenzymes of NO-synthase (NOS) synthesize NO from L-arginine by three major isoforms – two constitutive (neuronal (nNOS) and endothelial (eNOS) and one inducible (iNOS) (Ivashkin et al., 2000). For the production of NO with the participation of NOS along with a variety of cofactors, substrates is an important arginine, oxygen and oxidized nicotinamide dinucleotide phosphate (NADPH) (Markov, 2005; Vinogradov et al., 2005). In pathological processes accompanied by hypoxia or ischemia, the role of NO- sinus mechanism is reduced and induced activity nitrate reductase systems (Reutov, 2000). It is now established that NOS and inactive nitrate reductase system (LDCs) is found in hepatocytes, endothelium of sinusoids, the Kupffer cells/macrophages (Habib and Ali, 2011), as well as in the endothelium of the portal vein and hepatic artery (Hirst and Robson, 2011; Jaeschke et al., 2001). The presence of NOS in hepatocytes suggests a correlation with the enzymes of the MOS. However, in the literature there is practically few data on the effect of inducers and inhibitors of drug metabolism on the activity of NOS in microsomes isolated from hepatocytes in the development of liver pathological process.

In connection with the above, the aim of the study was to study the activity of NOS in the liver microsomes after administration to animals in the dynamics of postischemic period of benzonal and cimetidine.

## **MATERIAL AND METHODS**

The study was carried out on 62 male rats of mixed population weighing 180-220g., which were divided into 3 groups. First group animals after 1, 2 and 3 days ischemia/hypoxia of the liver caused by occlusion of it during the 180 min of the vascular pedicle of the left lateral and middle lobes.

The study drugs were administered after restoration of blood flow to the liver. An inducer of drug metabolism benzonal was administered

57 intragastrically in the form of a 1% solution in 0.5% starch gel single dose of  
58 50mg/kg for 1, 3 and 10 days in a row (2ml). Inhibitor of drug metabolism  
59 cimetidine also was injected intraperitoneally in a 0.1% aqueous solution daily,  
60 once daily for 1, 3 and 10 days in a row (2<sup>nd</sup> group). Control for all research  
61 groups served as data of intact animals. Each group consisted of 6-8 animals.

62 The animals were sacrificed by instant decapitation method under light  
63 Rausch-anesthesia. The extracted liver was perfused through the inferior vena  
64 cava by chilled ( $0\pm4^{\circ}\text{C}$ ) 50 mM Tris HCl buffer, pH 7.4, containing 0.05 M *KCl*  
65 and 0.25 M saccharose. After washing the liver from the blood it was ground  
66 and homogenized in the same solution (1:3). From that fraction, which was  
67 obtained by centrifugation at VAC-602 (Germany) after 20 minutes of  
68 unscrewing, with 12 thousand g, had been beset microsomes thousand at 105 g  
69 for 60 min. All procedures were performed in the refrigerating chamber KHS-  
70 12(Russia) at  $0\pm4^{\circ}\text{C}$ . In microsomes, resuspended in 100 mM Tris - HCl buffer;  
71 pH 7.4 was evaluated activity of monooxygenase system that content of  
72 cytochromes P-450, P-420, and b5 by classic method of T. Omura, R. Sato  
73 (1964), the activity of NADPH-reductase (NADPH-op.-ed.) by C. H. Williams,  
74 H. Kamin (1961), benzo( $\alpha$ )pyrene hydroxylase (B(a)PG) by C. H. Yang,  
75 L.P.Kicha (1978). Aniline hydroxylase (AG) by A. I. Archakov et al. (1975), N-  
76 demethylase amidopyrine (N-AP) by A. Bast, J. Nordhosck (1981), glucose-6-  
77 phosphatase (G-6-Phase) by N. S. Gnosh, N. C. Kar (1983) were assessed  
78 (Table 1).

79 Nitroxygenase activity was determined by the content of stable  
80 metabolites nitrite and nitrate  $\text{NO}^-$ ,  $\text{NO}_2^-$  and  $\text{NO}_3^-$  - by the method of P. P.  
81 Golikov et al.(2000), activity of endothelial NOS (eNOS) by Sumbaev V.V.,  
82 Yasinska, I.M. (2000), inducible NOS (iNOS) and the concentration of  
83 peroxynitrite ( $\text{ONO}_2^-$ ) in Ravaeva M. Yu, E. N. Chuyan (2011). Content,  
84 activity of monooxygenase and oxidoreductase of nitroxygenase systems were

85 recorded on computerized dual beam spectrophotometer UV-2100 (Ltd, China).  
86 The content and activity of oxidoreductase was calculated in microsomes per  
87 milligram of protein in 1 ml (mg/ml), which was determined by the method of  
88 O. N. Lowry et al. (1951).

## 89 **STATISTICAL ANALYSIS**

90 The obtained results were subjected to statistical analysis using the  
91 software package Excel, Statistic for Windows V.6.0. Normality of distribution  
92 of quantitative parameters was checked using the criteria Kolmogorov-Smirnov  
93 and Shapiro-Wilk test. Calculated arithmetic mean (M), standard deviation ( $\sigma$ ),  
94 error arithmetic average (m), sample standard deviation (S). The distribution of  
95 the samples was carried out on the basis of student's criterion (t) with the  
96 computation of error probability (P). The correlations for the indicators was  
97 carried out using correlation analysis Pearson (r). For comparison, samples  
98 were used Student's t-test. Data were considered significant at  $p < 0.05$ .

## 99 **RESULTS AND DISCUSSION**

100 Benzonal and cimetidine after 1 night of their introduction had no  
101 significant effect on all studied parameters characterizing the activity of NOS in  
102 the liver microsomes after chemotherapy, compared to groups, which drugs are  
103 not injected, the corresponding term monitoring (1 day)(Table 2). In subsequent  
104 periods after 3 and 10 days benzonal significantly reduced the expression of  
105 NO, iNOS and  $\text{ONO}_2^-$  on the background of the dynamic of the studied  
106 follow-up period of increasing eNOS activity and content of microsomal  
107 protein. At the same time after 3 and 10 of the daily administration of  
108 cimetidine in selected microsomal fractions of the liver shows a dynamic period  
109 of observation the decrease in the activity of eNOS and increased expression of  
110 NO, iNOS and  $\text{ONO}_2^-$ , marked inhibition of microsomal protein concentration.  
111 Therefore, the introduction of animals with ischemic liver benzonal optimizes

the processes of NOS in microsomal system in the body, and cimetidine on the contrary an even greater extent, potentiates the effects of damage to this system. When analyzing the performance of NOS is therefore with the activity of eNOS associated changes in the level of iNOS reaction rate, the content of microsomal NO and  $\text{ONO}_2^-$  in all studied groups of animals. In this regard, it is quite possible to believe that the increased NO and  $\text{ONO}_2^-$  is due to inhibition of eNOS and overexpression of iNOS. Benzonal positively influenced changes in the level of NO in microsomes, reducing the activity of iNOS and content of cytotoxic  $\text{ONO}_2^-$ . You can put that with the decreased activity of iNOS and the level of  $\text{ONO}_2^-$  was associated, although not significantly increasing the activity of eNOS and restore to control values the concentrations in the ischemic liver microsomes NO administered to animals of benzonal.

As follows from literature data, iNOS and  $\text{ONO}_2^-$  and NO are components of the expression system of nitrate reductase. Its gain during ischemia/hypoxia involves an increase in the cytotoxic compounds, including NO and  $\text{ONO}_2^-$  which block the active centers of cytochrome P450 in microsomes ischemic liver [11]. Cimetidine as follows from the data obtained, reinforces these processes in microsomes of animals with ischemic liver and suppresses NOS way. However, as shown by a number of researchers during ischemia/hypoxia blockade of the active site of the isoforms of cytochrome P-450 activated oxygen metabolites, including NO and  $\text{ONO}_2^-$  have a fragile relationship [12]. In this regard, we can assume that the inducer of drug metabolism benzonal, promotes the release of the connection of active center of cytochrome P-450 with NO and  $\text{ONO}_2^-$  ischemic liver. As a result of increased accessibility to the substrates of oxidation in particular L-arginine, which plays a major role in the regulation of functional metabolic and regenerative functions of liver [13, 14]. This is evidenced by the increase of eNOS activity in microsomes when administered to animals with ischemic liver of benzonal.

Therefore, benzonal as an inducer of drug metabolism when administered to animals with ischemic liver microsomes increases in NOS activity, through mechanisms of oppression nitrate reductase components, thus reducing the level in hepatocytes toxic compounds, the overexpression of NO and  $\text{ONO}_2^-$ .

## CONCLUSION

Thus, inducers and inhibitors have opposite effects on the activity of NOS in the ischemic liver microsomes. Benzonal – slow speed nitrate reductase system, stimulates nitroxygenase system (eNOS), and cimetidine, on the contrary that even more nitrate reductase system activates the speed system, inhibits eNOS nitroxyls. The difference in activity of benzonal and cimetidine explain through what mechanisms can regulate the enzyme monooxygenase, thereby positively impact on pathological processes in the liver that is critical to its hypoxic conditions. At the present time in connection with the growth of liver disease and aggressive exposure to xenobiotic with induction and inhibitory action on the person, this problem acquires a special urgency and, of course, requires further study.

**Table 1.** Dynamics of activity indicators of monooxygenase inhibitors of liver after acute ischemia/hypoxia and establishment in different dates (days) benzonal and cimetidine,  $M \pm m$

| Groups                   | P-450,<br>nm/mg          | P-420,<br>nm/mg | b <sub>5</sub> ,<br>nm/mg | NADPH-<br>cyt.c-red,<br>nm/min/mg | B(a)PG,<br>nm/min/mg | AG,<br>nm/min/mg | N-AP,<br>nm/min/mg | G-6-Phase,<br>nm/min/mg |
|--------------------------|--------------------------|-----------------|---------------------------|-----------------------------------|----------------------|------------------|--------------------|-------------------------|
| Control group            | 0,97±0,031               | 0,036±0,001     | 0,63±0,026                | 106,9±3,95                        | 1,69±0,078           | 0,88±0,023       | 4,85±0,151         | 79,8±3,06               |
| Ischemia:<br>1 day       | 0,30±0,018*              | 0,262±0,009*    | 0,15±0,006*               | 8,4±0,29*                         | 0,65±0,022*          | 0,30±0,017*      | 1,57±0,062*        | 24,7±1,03               |
| 3 day                    | 0,37±0,015*              | 0,191±0,008*    | 0,20±0,007*               | 13,7±0,44*                        | 0,89±0,035*          | 0,37±0,015*      | 1,85±0,061*        | 39,5±1,65               |
| 10 day                   | 0,45±0,018*              | 0,170±0,006*    | 0,25±0,008*               | 21,1±0,87*                        | 0,93±0,042*          | 0,41±0,018*      | 1,91±0,067*        | 43,3±1,17               |
| Ischemia+<br>B:<br>1 day | 0,35±0,017*              | 0,231±0,010*    | 0,17±0,007*               | 8,9±0,36*                         | 0,73±0,039           | 0,35±0,019*      | 1,62±0,048*        | 25,3±1,23*              |
| 3 day                    | 0,68±0,021* <sup>Δ</sup> | 0,107±0,0       | 0,31±0,                   | 68,1±2,48                         | 1,05±0,04            | 0,51±0,02        | 2,24±0,07          | 45,9±1,34*              |

|                       |                          |                           |                          |                         |                          |                          |                          |                         |
|-----------------------|--------------------------|---------------------------|--------------------------|-------------------------|--------------------------|--------------------------|--------------------------|-------------------------|
|                       |                          | 13* <sup>Δ</sup>          | 009* <sup>Δ</sup>        | *                       | 4* <sup>Δ</sup>          | 2*                       | 9* <sup>Δ</sup>          | <sup>Δ</sup>            |
| 10 day                | 1,55±0,059* <sup>Δ</sup> | 0,015±0,002* <sup>Δ</sup> | 0,77±0,032* <sup>Δ</sup> | 120,4±6,35*             | 2,01±0,095* <sup>Δ</sup> | 1,46±0,061* <sup>Δ</sup> | 6,35±0,330* <sup>Δ</sup> | 82,7±3,56* <sup>Δ</sup> |
| Ischemia+ C:<br>1 day | 0,29±0,019*              | 0,266±0,008*              | 0,16±0,005*              | 8,5±0,33*               | 0,68±0,027*              | 0,32±0,018*              | 1,59±0,055*              | 23,9±1,16*              |
| 3 day                 | 0,31±0,014* <sup>Δ</sup> | 0,243±0,009* <sup>Δ</sup> | 0,17±0,006*              | 13,1±0,59*              | 0,80±0,031*              | 0,34±0,015*              | 1,73±0,059*              | 37,2±1,48*              |
| 10 day                | 0,28±0,011* <sup>Δ</sup> | 0,285±0,005* <sup>Δ</sup> | 0,16±0,005* <sup>Δ</sup> | 17,5±0,58* <sup>Δ</sup> | 0,71±0,026* <sup>Δ</sup> | 0,29±0,016* <sup>Δ</sup> | 1,54±0,048* <sup>Δ</sup> | 28,6±0,89* <sup>Δ</sup> |

158 \* - P<0.05 compared with control, Δ- P<0.05 compared to hypoxia of the corresponding  
159 period  
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161 **Table 2.** Dynamics of indicators of activity of NO – system in the liver microsomes after  
162 playing it acute ischemia/ hypoxia and different periods (day) of benzonal and cimetidine,  
163 M±m.

| Group                | NO,<br>mkM/mg           | eNOS,<br>mkM/min/mg     | iNOS,<br>mkM/min/mg      | ONO2-,<br>mkM/mg         | Protein mc,<br>mg/ml |
|----------------------|-------------------------|-------------------------|--------------------------|--------------------------|----------------------|
| Control              | 5,5±0,16                | 17,4±0,62               | 0,10±0,002               | 0,080±0,016              | 36,8±1,22            |
| Ischemia:<br>1 day   | 8,6±0,33*               | 7,9±0,29*               | 0,35±0,017*              | 0,23±0,010*              | 29,5±1,13*           |
| 3 day                | 8,1±0,27*               | 8,5±0,35*               | 0,23±0,009*              | 0,19±0,009*              | 30,8±1,09*           |
| 10 day               | 7,6±0,28*               | 9,7±0,42*               | 0,17±0,006*              | 0,14±0,007*              | 31,2±1,18            |
| Ischemia+B<br>1 day  | 8,7±0,29*               | 8,3±0,21*               | 0,32±0,019*              | 0,22±0,011*              | 29,1±1,26*           |
| 3 day                | 6,3±0,26* <sup>Δ</sup>  | 12,5±0,43* <sup>Δ</sup> | 0,17±0,005* <sup>Δ</sup> | 0,16±0,006* <sup>Δ</sup> | 31,7±1,31            |
| 10 day               | 5,8±0,22 <sup>Δ</sup>   | 18,4±0,59 <sup>Δ</sup>  | 0,11±0,004* <sup>Δ</sup> | 0,07±0,005* <sup>Δ</sup> | 37,5±1,42            |
| Ischemia+C:<br>1 day | 8,9±0,39*               | 8,1±0,28*               | 0,36±0,019*              | 0,25±0,013*              | 28,7±1,26*           |
| 3 day                | 10,6±0,37* <sup>Δ</sup> | 8,4±0,15*               | 0,33±0,012* <sup>Δ</sup> | 0,21±0,011*              | 28,3±1,33*           |
| 10 day               | 13,5±0,52* <sup>Δ</sup> | 7,2±0,18* <sup>Δ</sup>  | 0,46±0,021* <sup>Δ</sup> | 0,35±0,014* <sup>Δ</sup> | 32,6±1,40            |

164 \* - P<0.05 compared with control, Δ- P<0.05 compared to hypoxia of the corresponding  
165 period  
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