

Studies on Secretion of Catecholamines evoked by Panaxadiol in the Isolated Rabbit Adrenal Gland

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ABSTRACT

The effect of Panaxadiol(PD), which is an active component of Korean Ginseng Saponins, on the secretion of catecholamines (CA) from the rabbit adrenal gland and its mode of action were investigated in the present study. PD (400 μ g) increased significantly the secretion of CA from the isolated perfused rabbit adrenal gland. PD-induced secretion of CA was reduced markedly by treatment of atropine, CA secretion induced by Ach or PD was potentiated significantly by physostigmine-treatment. Chlorisondamine did inhibit CA secretion of PD or Ach. Perfusion of PD (400 μ g) for 30 min enhanced the secretory activity of CA by Ach. Ouabain weakened the secretory response induced by PD but rather enhanced the response by Ach. Adenosine-treatment resulted in marked enhancement of CA secretion by PD or Ach, Perfusion with Ca²⁺-free Krebs containing EGTA (5 mM) for about 30 min totally blocked secretory effect induced by Ach and also weakened that by PD. From the above experimental results, it is suggested that PD causes secretion of catecholamines from the rabbit adrenal gland by a calcium-dependent exocytotic mechanism. The secretory effect of PD is due to the stimulation of cholinergic muscarinic and nicotinic receptors present in the adrenal gland and partly to a direct action on the chromaffin cell itself.

Key Words: Panaxadiol, Adrenal gland, Catecholamine-secretion.

INTRODUCTION

The root and rhizoma of several species of Panax are used as drugs in chinese medicine. Korean Ginseng, the root of Panax ginseng C.A. Meyer, is best-known and widely used among the people of East and South East Asian Countries since ancient times as a healthful tonic, stimulant or aphrodisiac (Hu, 1976; Fulder, 1976; Veninga, 1973). In general, acid hydrolysis of Ginseng Saponin mixture resulted in formation of two main saponin named Panaxadiol and Panaxatriol along with oleanolic acid as a minor saponin (Shibata, 1974).

It is known that Ginseng contains constituents which are able to exert many entirely different

pharmacological actions. Despite of the fact that much work particularly in recent years has been performed to elucidate the pharmacological action of Ginseng many problems still remain to be solved.

Thus it has been suggested that more pharmacological studies with individual, chemically well-defined constituents from Ginseng are particularly necessary. Various pharmacological effects of Ginseng are known at present.

In a series of experiments of pharmacological actions of Ginseng, especially on blood pressure, the effort has been made to clarify the mechanism of pressor or depressor response of Ginseng.

It is clear that effects of Ginseng on blood pressure are very controversial. As far as the action of Ginseng extract on blood pressure is concerned, some investigators (Lee *et al.*, 1976; Lee, 1974; Hsu, 1956; Lee and Cho, 1971; Oh *et al.*, 1968; Ozaki *et al.*, 1963) showed hypotensive action

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while Kitagawa and Iwaki(1963) found hypertensive responses. Wood *et al.* (1964), Park(1960) and Petkov(1961) described that Ginseng extract caused a biphasic action on blood pressure, namely transient fall followed by prolonged elevation. Recently, Lim *et al.* (1987) also found that total Ginseng saponin produced the pressor and the depressor actions in the rat, and that its depressor response is exerted partly through the stimulation of cholinergic muscarinic receptors with the blockade of adrenergic alpha-receptors, and that the pressor response is caused by stimulation of nicotinic receptors in autonomic ganglia. Some investigators (Sohn *et al.*, 1979; 1980; Seok *et al.*, 1981) reported that Ginseng, when given in small amounts in spontaneously hypertensive rat (SHR), caused pressor action but relatively large dose of it revealed rather dose-dependent depressor action with decreased plasma renin activity. Siegel (1979) described that various commercial Ginseng preparations including roots, capsules, tablets, teas, extracts, cigarettes, chewing gum and candies, when administered to some American people regularly for two years caused hypertensive action and central nervous system stimulation, and concluded that long-term ingestion of large amounts of Ginseng should be avoided. Sokabe *et al.* (1984) reported that administration of Korean Red Ginseng powder for 11 weeks had no effect on blood pressure in normotensive Donryu(DON), spontaneously hypertensive and renal hypertensive rats, whereas it slightly increased blood pressure in deoxycorticosterone salt hypertensive rats. Lim *et al.* (1987) also reported that total Ginseng saponin increases secretion of catecholamines (CA) in the isolated perfused rabbit adrenal gland via direct action on chromaffin cells which was partly mediated by muscarinic receptors.

On the mechanism of those hypotensive action, there are many reports, including action by serotonin antagonism, by Ca^{++} -antagonism, by histamine releases, and the direct action, etc. However, not much evidence is available to clarify the hypertensive mechanism. Thus, there are many disagreements among the pharmacological effects of Ginseng extract on the blood pressure depending on authors or constituents.

Therefore, in order to clarify the principal mechanism of effects of Ginseng on the blood pressure, especially pressor action, it seems to be very interesting to reexamine the effects of Panaxadiol(PD), one of chemically well-defined constituents of Ginseng, on the secretion of CA

from adrenal medulla, which causes catecholamine secretion by nerve stimulation or cholinomimetics, and regulates circulatory CA to maintain cardiovascular homeostasis and sodium balance in normal and hypertensive individuals through the renin-angiotensin system.

MATERIALS AND METHODS

Experimental animals

White mature male rabbits, weighing 1.7-2.8 kg, were used in this experiment. Animals were tied in supine position on the fixing panel to prevent their movements without anesthetization. The abdomen was opened by a midline incision, and the left adrenal gland and surrounding area were exposed by placing three hook retractors. The stomach and portions of the liver were not removed, but pushed over to the right side and covered by saline-soaked gauze pads and urine in bladder was removed in order to obtain enough working space for tying blood vessels and for cannulations.

As shown in Fig. 1, a cannula, used for perfusion of the adrenal gland (A), was inserted into the distal end of the renal vein after all the branches of the adrenal vein, the renal vein (if any), vena cava and aorta were ligated. Heparine (400 IU/ml) was injected into vena cava to prevent blood coagulation before ligating vessels and cannulations. A small slit was made into the adrenal cortex just opposite to the entrance of the adrenal vein. Perfusion of the gland was started, making that no leakage was present, and the perfusion fluid escaped only from the slit of the adrenal gland. Then the adrenal gland, along with the ligated blood vessels and the cannula, was carefully removed from the animal and placed on a platform of a leucite chamber. The chamber was continuously circulated with water heated at $37^{\circ}C \pm 1^{\circ}C$ (B). The right adreneal gland was also removed in the same way as in the case of the left adrenal gland.

Perfusion of the adrenal gland

The adrenal glands were perfused by means of a Isco pump at a rate of about 0.8 ml/min. The perfusion was carried out with Krebs-bicarbonate solution of the following composition(mM): NaCl, 118, 4; KCl, 4.7; $CaCl_2$, 2.5; $MgCl_2$, 1.18;

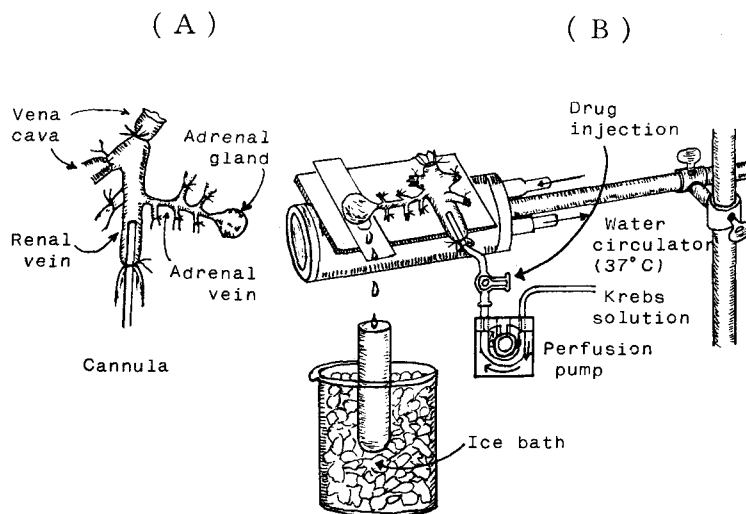


Fig. 1. Schematic drawing of the preparation used to study secretion of catecholamine in the isolated perfused adrenal gland of the rabbit.

NaHCO_3 , 25; KH_2PO_4 , 1.2; glucose, 11.7. The solution was bubbled with 95% O_2 + 5% CO_2 and the final pH was 7.4 ± 0.5 . The solution contained disodium EDTA ($10 \mu\text{g}/\text{ml}$) and ascorbic acid ($100 \mu\text{g}/\text{ml}$) to prevent oxidation of catecholamine.

Panaxadiol (PD) and acetylcholine (Ach) injection

$400 \mu\text{g}$ of PD or $50 \mu\text{g}$ of Ach were injected in a volume of 0.05 ml into the perfusion stream via a three way stopcock (Fig. 1). In the preliminary experiments it was found that upon injection of the forementioned doses of PD or Ach, the secretory response returned to preinjection level in about 4 min. after administration of PD or Ach. Generally, the adrenal gland was perfused with Krebs solution at least for more than an hour before stimulation. The adrenal perfusate was collected in chilled tubes. Details of the collection of samples are given in the Results section.

Analysis of CA

CA content of perfusate was measured, directly by the fluorometric method of Anton and Sayre (1962), without the intermediate purification on alumina, using Fluorospectrophotometer (Shimadzu Co.). A volume of 0.2 ml of the perfusate was used for the reaction. The CA content in the perfusate of stimulated glands by Ach or PD was

high enough to obtain readings several-fold greater than the readings of control samples (unstimulated). The sample blanks were also lowest for perfusates of stimulated and non-stimulated samples. The content of CA in the perfusate was expressed in terms of norepinephrine (base) equivalents. All data are presented as means with their standard errors, and differences were compared by Student's paired "t" test.

Drugs

Drugs used in this experiment were acetylcholine chloride, adenosine, norepinephrine bitartrate, physostigmine sulfate, ouabain, EGTA (Sigma Chemical Co.), and atropine sulfate (Merk), chlorisondamine chloride (CIBA, Co.). PD was prepared from Korean Panax Ginseng by modified Shibata's method.

RESULTS

CAs secretion in response to Ach or PD of the adrenal gland

Secretion of CA evoked by PD or Ach at the given dosage is shown in Fig. 2. About one hour after perfusion of the adrenal gland with Krebs solution the injection of $400 \mu\text{g}$ -PD or $50 \mu\text{g}$ -Ach into the perfusion stream caused significant secre-

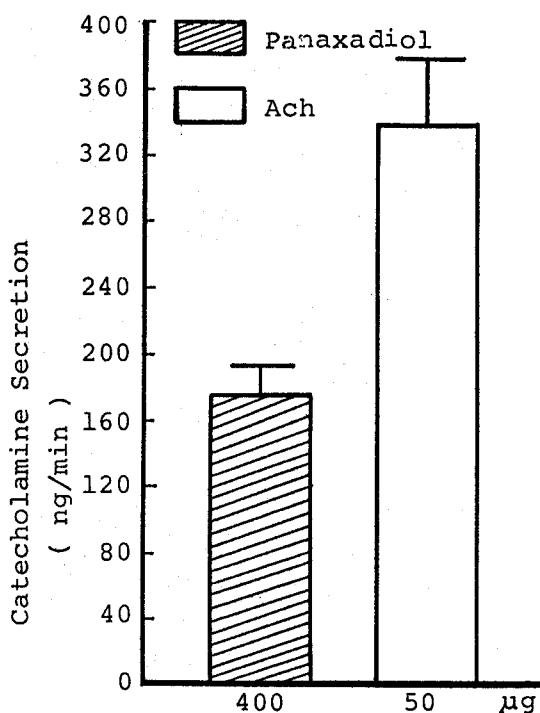


Fig. 2. Secretion of catecholamine in response to Panaxadiol or acetylcholine from the adrenal gland. 30 min after the beginning of perfusion with Krebs solution, Panaxadiol (400 µg) and acetylcholine (50 µg) were injected at 30 min intervals into the perfusion stream, respectively. The averaged values from 39 and 30 experimental trials, respectively, were obtained. After injection, the perfusate was for 4 min. Vertical bars represent S. E. of mean. Ordinate ; the amounts of catecholamine secreted from the adrenal gland. Abscissa : doses of Panaxadiol and acetylcholine. Ach ; acetylcholine.

tion of great amounts of CA over the background secretion. The net CA secretion during 4 min in the case of 400µg-PD was 174.07 ± 17.7 ng/min ($P < 0.001$), and in the case of injection with 50µg-Ach, the release was 339.31 ± 38.2 ng/min of CA ($P < 0.001$). From our unpublished results, it was found that dose of 400µg-PD produced most significant secretory response of CA among 100, 200, 400, and 800µg of PD used. Therefore, in all subsequent experiments a dose of 400µg-PD was used with a dose of 50µg-Ach in order to compare their results. It was found that these results were similar to those of the study which used total Ginseng sapoin (Lim *et al.*, 1987), although dosa-

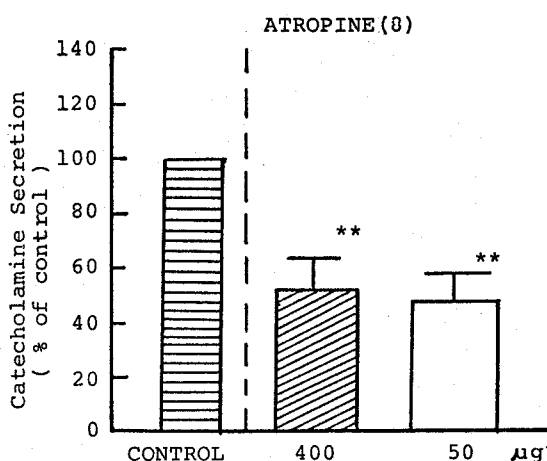


Fig. 3. Inhibition percentages of catecholamine secreted by Panaxadiol and acetylcholine after atropinization. Secretion of catecholamin was evoked 30 min after perfusion of the adrenal gland with krebs solution containing $2.3 \mu\text{M}$ -atropine. The results are obtained after comparing each value with its corresponding control group. Numerical in bracket indicates number of animals tried in this experiment. Other legend are the same as in fig. 2. ** ; $p < 0.01$.

ges used were different.

Effect of atropine on the release of CAs induced by PD

PD could be releasing Ach from the pre-synaptic sites in the adrenal medulla in part through the stimulation of muscarinic receptors. Therefore, the secretory effect of PD was tested in gland pretreated with $2.3 \mu\text{M}$ -atropine, an antimuscarinic agent. Fig. 2 shows that the PD-and Ach-evoked CA releases were clearly reduced by atropine-treatment. In 8 rabbits, responses to 200µg-PD and 50µg-Ach in the presence of atropine were $48.43 \pm 15.4\%$ ($P < 0.01$) and $52.35 \pm 9.8\%$ ($P < 0.01$) of the estimated control responses(100%), respectively.

Effects of physostigmine on the release of CAs induced by PD

Since PD-induced CA secretion was reduced by atropine. PD may be releasing Ach form pre-synaptic sites in the adrenal medulla, and Ach released might be rapidly degraded by acetylcholinesterase. Therefore, it is of interest to observe the interrelationship between PD and physostigmine(Eilman *et al.*, 1985), which is an acetylcholinesterase inhibitor. When PD and Ach are

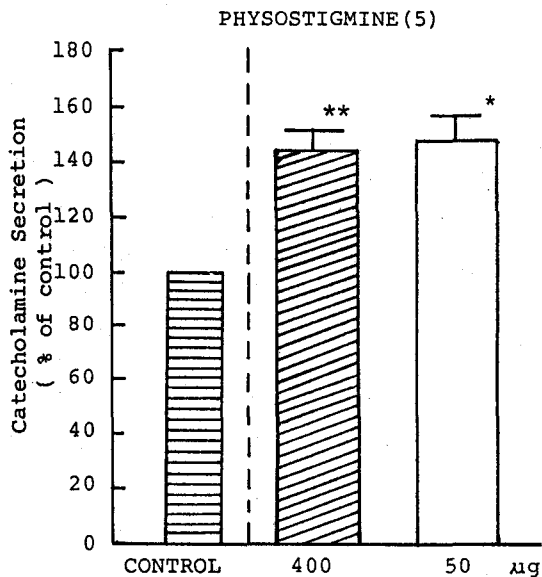


Fig. 4. Effect of physostigmine on secretion of catecholamine evoked by Panaxadiol and acetylcholine in the isolated perfused rabbit adrenal gland. 30 min after perfusion of krebs solution containing 0.01 μ M-physostigmine, the perfusate to Panaxadiol or acetylcholine was collected for 4 min. Other legends are the same as in fig. 2 and 3. *; $p < 0.05$, **; $p < 0.02$.

introduced 30 min after the start of 0.01 μ M-physostigmine treatment, CA output evoked with Ach was markedly increased to $148.73 \pm 8.6\%$ ($P < 0.02$) of non-treated response, but that evoked by PD was also potentiated to $145.50 \pm 11.7\%$ ($P < 0.05$) of the corresponding control.(Fig. 4)

Effects of chlorisondamine on the release of CAs induced by PD

In the light of the fact that PD-evoked CA release was blocked by treatment of atropine and potentiated by physostigmine, the CA secretion induced by PD could be secondary to the release of Ach produced by the drug from the presynaptic cholinergic nerve terminals present in the adrenal medulla. That this is not the case is shown by the experiments depicted in Fig 5. In each of 4 experiments, both glands from the same animal were perfused with Krebs solution in the presence of the ganglionic blocking agent, 1.0 μ M-chlorisondamine (Gilman *et al.*, 1985). CA secretion evoked by PD and Ach were markedly inhibited by $87.33 \pm 6.7\%$ ($P < 0.01$) and $56.38 \pm 4.5\%$ ($P < 0.01$),

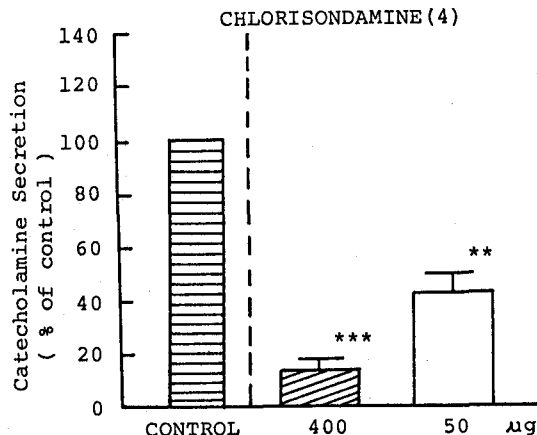


Fig. 5. Effect of chlorisondamine on catecholamine evoked by Panaxadiol and acetylcholine. Secretion of catecholamine was induced 30 min after perfusion of krebs solution containing 1.0 μ M-chlorisondamine. Other legends are the same as in fig. 2 and 3. **; $p < 0.01$, ***; $p < 0.001$.

respectively, of the each corresponding control.

Effect of ouabain on CA secretion induced by PD or Ach

It has been demonstrated that cardiac glycosides induce the release of CA in the perfused bovine adrenal gland(Banks, 1967), guinea pig vas deferens(Ozawa and Katsuragi, 1974), rabbit heart(Lindmar and Loffelholz, 1974), cat spleen slices(Garcia and Kirpekar, 1973b) and the perfused cat adrenal gland(Garcia *et al.*, 1980). Since ouabain blocks Na^+ -pump and is well known to produce similar effects in several test system, it was decided to investigate the effects of ouabain on CA secretion evoked by PD or Ach in the rabbit adrenal gland. In 10 experiments, after obtaining control secretion, the adrenal gland was perfused with 2.0 μ M-ouabain for 30 min and the secretory response was evoked in the presence of ouabain. As shown in Fig. 6, secretory response evoked by PD was depressed significantly by $82.48 \pm 6.1\%$ ($P < 0.001$) of the control, while CA release induced by Ach was markedly potentiated by $155.14 \pm 45.11\%$ ($P < 0.01$) of the control.

Effect of adenosine on CA secretion evoked by PD or Ach

Since the data obtained in Fig. 3, 4 and 5. indicated that CA secretion evoked by PD was

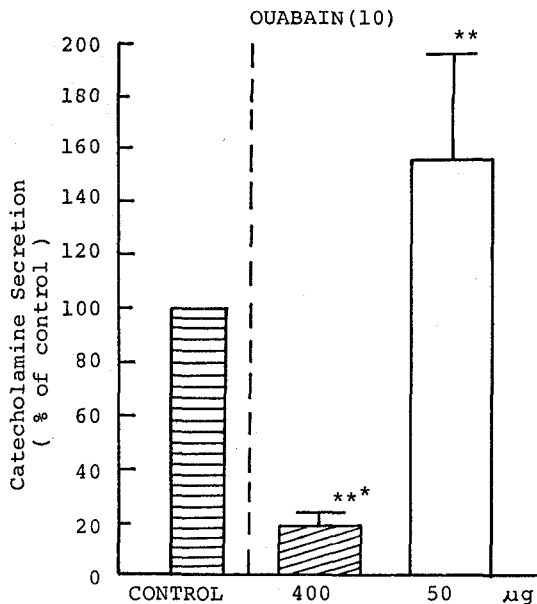


Fig. 6. Effect of ouabain on catecholamine-secretion by Panaxadiol and acetylcholine. Catecholamine-secretion was induced 30 min following perfusion of krebs solution containing $2.0 \mu\text{M}$ -ouabain into the adrenal gland. Other legends are the same as in fig. 2. and 3. ** ; $p < 0.01$, *** ; < 0.001 .

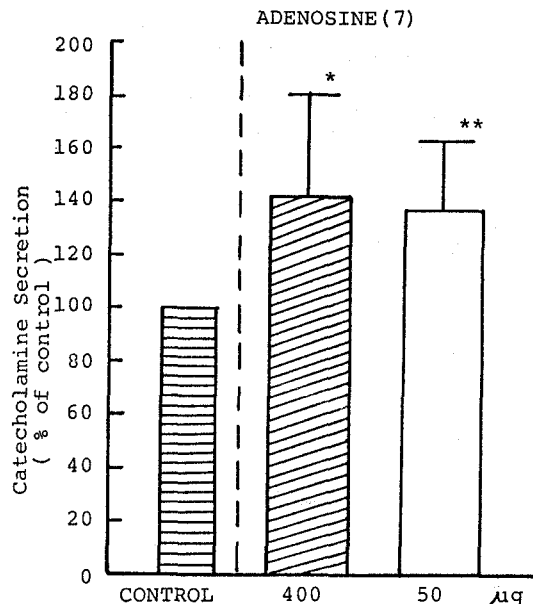


Fig. 7. Effect of adenosine on secretion of catecholamine evoked by Panaxadiol and acetylcholine in the isolated perfused rabbit adrenal gland. Catecholamine-secretion was produced following perfusion of krebs solution containing 0.18 mM -adenosine for 30 min. Other legends are the same as in fig. 2. and 3. * ; $p < 0.05$, ** ; $p < 0.01$.

induced partly by the action of Ach released through excitation of muscarinic and nicotinic receptors on chromaffine cells, it was therefore of particular interest to study the effect of adenosine on CA release evoked by PD or exogenous Ach. The results of these experiments are shown Fig. 7. In each of 6 experiments, perfusion of the adrenal gland with 18 mM -adenosine for 30 min resulted in significant increases in CA secretion evoked by Ach or PD which were $149.0 \pm 25.3\%$ ($P < 0.01$) and $142.03 \pm 43.7\%$ ($P < 0.05$) of the each corresponding control, respectively.

Effect of prolonged perfusion with Ca^{++} -free medium plus EGTA on CA secretion evoked by PD

According to Dixon *et al.* (1975), since the physiological release of CA and dopamine beta-hydroxylase from the perfused cat adrenal gland is dependent on the extracellular calcium concentration, it was of interest to examine whether the secretory effect induced by PD in this preparation of the rabbit was also related to extracellular

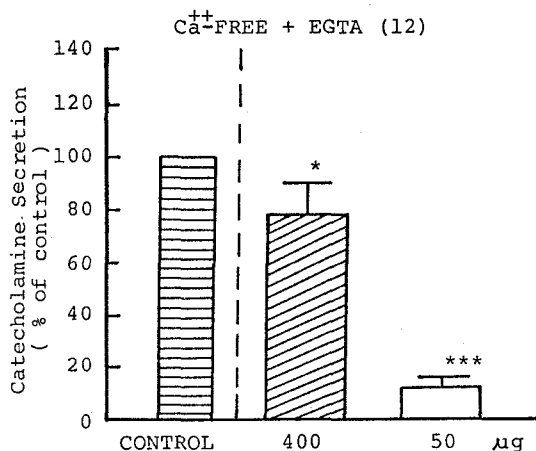


Fig. 8. Effect of perfusion with calcium-free krebs solution plus EGTA on catecholamine-secretion evoked by Panaxadiol or acetylcholine. Secretion of catecholamine was evoked following perfusion of calcium-free krebs solution containing 5.0 mM -EGTA for 30 min. Other legends are the same as in fig. 2 and 3. * ; $p < 0.05$, *** ; $p < 0.001$.

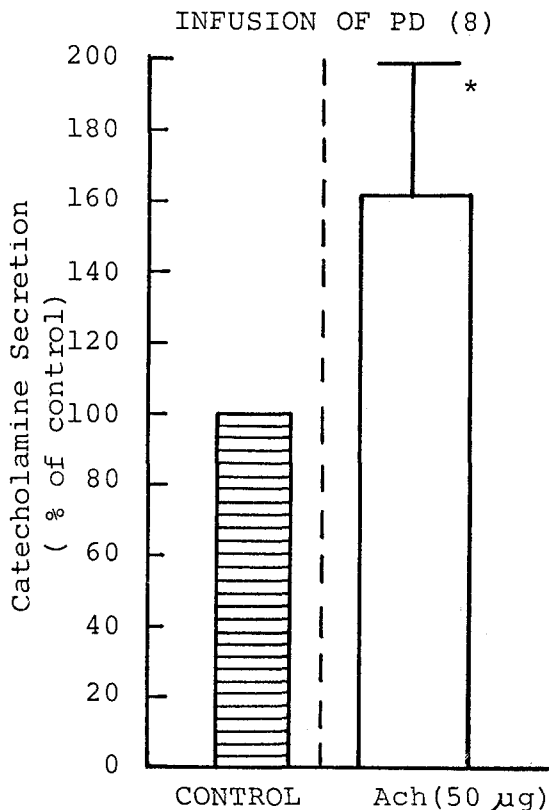


Fig. 9. Effect of infusion of Panaxadiol on acetylcholine-induced secretion of catecholamine from the rabbit adrenal gland. Secretion of catecholamine was evoked 30 min after perfusion of krebs solution containing Panaxadiol (400 µg/30 min) into the gland. Other legends are the same as in fig. 2. and 3. *; $p < 0.05$.

calcium ions. Therefore, adrenal glands were perfused with Ca^{2+} -free Krebs solution containing 5 mM-EGTA for 30 min. Fig. 8 shows the influence of Ca^{2+} -free medium plus EGTA on secretory responses evoked by PD or Ach. In 12 experiments, perfusion of gland with this solution for 30 min led to almost complete disappearance of the response evoked by Ach at $88.4 \pm 4.8\%$ ($P < 0.001$) of control, while CA secreted by PD was depressed merely by about 25% of the control.

Effect of infusion of PD on Ach-induced secretion of CAs

As forementioned in Fig. 3 and 4, it was thought that PD may exert CA secretion by muscarinic-like action in adrenal gland. Therefore, it seems to

be interesting to test whether PD will be able to enhance Ach-activity in secretion of CA. Ach-evoked secretion of CA after perfusion of Krebs solution containing PD (400 µg/30 min) for 30 min. is shown in Fig. 9. In 8 experiments, CA secretion induced by Ach in the presence of PD was enhanced significantly by $169.4 \pm 41.2\%$ of the control ($P < 0.05$).

DISCUSSION

The present experiments clearly demonstrate that PD produces release of CA from the isolated perfused rabbit adrenal glands, and that this secretory response evoked by PD is critically dependent on the extracellular calcium concentration, and that this effect of PD was related to the stimulation of nicotinic and muscarinic receptors present in the chromaffin cell of the adrenal gland. These findings also show that mechanism of CA secretory action of PD is little different from that of total Ginseng saponin as shown in the previous work. (Lim *et al.*, 1987).

The adrenal medulla has been employed as a model system to study numerous cellular functions involving not only noradrenergic nerve cells but also neurons in general. One of such functions is neurosecretion. During neurogenic stimulation of the adrenal medulla, acetylcholine (Ach) is released from splanchnic nerve endings and activates cholinergic receptors on the chromaffin cell membrane (Viveros 1975). This activation initiates a series of events known as stimulus-secretion coupling, culminating in the exocytotic release of catecholamines and other components of the secretory vesicles into the extracellular space. In general, two mechanisms are involved in the secretion of adrenal medullary hormones. Upon excitation of splanchnic nerves, Ach is released from the nerve terminals, and then it activates nicotinic and muscarinic receptors of the chromaffin cells, causing exocytotic secretion of CA.

In the present study, the finding that PD exerts release of CA from the adrenal gland suggests that this effect of PD may be related to induction of hypertension following chronic administration of Ginseng preparation as shown in previous reports (Kitagawa and Iwaki, 1963; Wood *et al.*, 1964; Sohn *et al.*, 1979; Sohn *et al.*, 1980; Seok *et al.*, 1981; Siegel, 1979). Now, the site of action of PD as a CA secretory agent in the adrenal medulla will be discussed. Ach, the physiological

presynaptic transmitter at the adrenal medulla, releases CA and dopamine beta-hydroxylase by a calcium dependent secretory process (Dixon *et al.*, 1975; Viveros *et al.*, 1968). Since PD also has cholinergic action in some other biological systems (Takagi, 1974), a question arises whether secretion of CA evoked by PD in the rabbit adrenal gland is secondary to the release of Ach from cholinergic nerve terminals present in the gland.

In the present study, chlorisondamine (Gilman *et al.*, 1985), a well-known ganglionic blocking agent did significantly interfere with the secretory response to PD. It is thought that perfusion of PD may cause the release of Ach by depolarizing splanchnic nerve terminals, which in turn activates nicotinic (and probably muscarinic) receptors present in the chromaffin cell to evoke CA secretion.

However, pretreatment with physostigmine (Gilman *et al.*, 1985), a reversible anticholinesterase, before administration of PD markedly potentiated the secretory effect of PD as well as Ach.

Moreover, pretreatment of atropine also inhibited significantly secretory effect of PD. Perfusion of PD also caused markedly the potentiation of CA secretion evoked by Ach.

These observations strongly suggest that PD may produce the release of CA through the activation of muscarinic receptors with nicotinic receptors.

Douglas *et al.* (1967) have shown that muscarine may activate voltage-dependent calcium permeability to promote secretion. In the isolated chromaffin cells of the gerbil, the depolarizing effect of pilocarpine is blocked by atropine alone; depolarizing effect of Ach is only partially blocked when hexamethonium is added alone, but completely blocked when atropine and hexamethonium are added together. Furthermore, Brandt and his colleagues (1976) also reported that atropine blocked the depolarizing effect of Ach in the rat adrenal chromaffin cells.

In the present experiment, the fact that chlorisondamine attenuated the secretory effect of PD indicates that the action of PD may be exerted via nicotinic Ach receptors located on the surface of the chromaffin cell with activation of muscarinic receptors. Garcia and his colleagues (1980) reported that ouabain-induced release of CA was enhanced by physostigmine perfusion. This result represented that the influence of eserine on CA secretion evoked by PD is very similar to that of

ouabain. Moreover, it was also found that ouabain perfusion weakened markedly secretory effect of PD in this experiment.

Adenosine perfusion made significant enhancement of CA secretion evoked by both exogenous Ach and PD. Generally, it is known that adenosine inhibits norepinephrine release from sympathetic neurons as well as acetylcholine release at the neuromuscular junction and ganglia (Fredholm and Hedqvist, 1980), and that in the brain, adenosine is also almost uniformly inhibitory in its action on neuronal firing (Phillis and Wu, 1981). Wakade and Wakade (1979; 1981) have also reported that splanchnic nerve terminals are capable of generating action potentials upon electrical excitation, and adenosine interferes with secretory process by shortening the duration of nerve action potential and thereby reducing calcium influx. Adenosine thus could reduce Ach release, and thereby CA secretion.

In contrast with these reports, adenosine potentiated markedly CA secretion induced by Ach or PD in present experiment. However, this effect of Ach by adenosine perfusion has been already reported in our previous study (Lim and Choi, 1986), in which adenosine enhanced the action of Ach on CA secretion via adenosine receptors on chromaffin cells. And it seemed that there is a species difference in the modulation of adenosine for CA secretion from the adrenal gland.

Since the secretory effect of CA by PD was potentiated by adenosine perfusion as in the case of Ach, it is thought that effect of PD may also be related to adenosine receptors.

The indispensable role of calcium in the neurosecretory process has been thoroughly established. According to the assumptions of Baker *et al.* (1978; 1980), the relationship between concentration of intracellular calcium and transmitter release has not yet been determined in nerve terminals; but, interestingly enough, 10^{-6} is level of intracellular calcium that gives half-maximal release of catecholamines from leaky bovine adrenal medullary cells. As mentioned above, calcium plays the crucial role in many secretory mechanisms. Furthermore, there appears to be important parallels between depolarization-neurotransmitter release coupling at nerve terminals and depolarization-secretion coupling in many other types of secretory cells (Douglas, 1968; Schulz and Stolze, 1980; Williams, 1980). In the present experiment removal of extracellular calcium depressed CA secretion evoked by either PD or Ach. However,

although the secretory response evoked by Ach was almost extinguished in Ca^{2+} -free Krebs solution, that evoked by PD was maintained at the level of about 75% of the control in zero Ca^{2+} medium. In the case of cat adrenal, Douglas and Rubin (1963) observed over 99% blockade of CA out flow in response to ACh in Ca^{2+} -free Lock's solution. In perfused bovine adrenal gland (Phillips and Schumann, 1962) and bovine adrenal slices (Oka *et al.*, 1965), a complete blockade of CA secretion by Ach in Ca^{2+} -free medium as observed in the present experiment was seen. Ishikawa and Kanno (1978) observed over 95% inhibition of adrenaline secretion from perfused rat adrenal gland in response to Ach in the absence of calcium.

In the present study, the reason for the considerable response to PD in Ca^{2+} -free Krebs solution are not clear. It may be that chromaffin cells of the rabbit adrenal gland contain an intracellular store of calcium which participates in the secretion of CA as shown in the rat adrenal gland (Baker and Knight, 1978). Such a store may not be easily depleted by removal of extracellular calcium. Some investigators (Bozler, 1967; Ohshi *et al.*, 1974; Casteels and Raeymaekers, 1979) reported that intracellular stores of calcium have been shown to play some role in contraction of smooth muscle produced by noradrenaline or Ach in Ca^{2+} -free medium. Since PD promotes the release of CA by extracellular calcium-dependent process, the underlying secretory mechanism seems to be similar to the physiological exocytotic mechanism. It therefore seems probable that the action of PD is achieved by a rise in the intracellular ionized calcium concentration. In the present work, the secretory effect of CA evoked by PD was depressed markedly by perfusion of ouabain (Schwartz, 1976; Aker, 1977), which is a well-known specific inhibitor of sodium, potassium-activated ATPase in many biological systems. This finding shows possibility that PD could cause CA release through the mode of action to be similar with that of ouabain. Garcia *et al.* (1980) showed that ouabain release CA from the perfused cat adrenal gland by a calcium-dependent exocytotic mechanism, which is due to a direct action of chromaffin cell itself, and that this secretory effect of CA evoked by ouabain is exerted through redistribution of monovalent cations secondary to the inhibition by glycoside of the sodium pump.

If this is the case, it may be that inhibition of the sodium pump by PD as in the case of ouabain will ultimately lead to intracellular sodium ac-

cumulation and potassium loss, and that such monovalent cation redistribution may cause a rise of intracellular ionized calcium level first, by depolarization of chromaffin cells or secretion, and by activation of the sodium-dependent calcium influx system. Moreover it is found that Ginseng inhibits Na^+ - K^+ ATPase in some biological systems (Kim *et al.*, 1977; Chough *et al.*, 1979; Kim *et al.*, 1980; Lee *et al.*, 1985).

It is well established that depolarization of the chromaffin cell produces an increase in calcium uptake (Douglas and Poisner, 1962), but it has also been shown that maintained depolarization of adrenergic neurons and chromaffin cells induces a sharp secretory response which rapidly desensitizes of adrenergic neurons and chromaffin cells induces a sharp secretory response which rapidly desensitizes, probably because inactivation of a membrane calcium channel follows a brief period of activation (Baker and Rink, 1975; Garcia *et al.*, 1976).

In the present experiment, The secretion of CA evoked by PD was a short-acting one (data and shown) and this fact was dissimilar to that induced by ouabain (Garcia *et al.*, 1980), which is a long-lasting and does not apparently desensitize.

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== 국문초록 ==

파낙사디올의 가토적출부신의 카테콜아민 분비작용에 관한 연구

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본 연구에서 한국산 인삼의 활성성분의 하나인 Panaxadiol(PD)에 대한 가토적출부신에서 카테콜아민(CA)의 분비작용과 작용기전을 파악하고자 실험을 시행하여 다음과 같은 결과를 얻었다.

PD(400 μ g)을 가토적출부신에 투여하였을 때 카테콜아민의 분비를 의의있게 증가시켰다. PD의 이러한 CA 분비작용은 atropine 처치로 현저히 억제되었다.

Physostigmine 전처리시 PD 뿐만 아니라 Ach의 CA 분비작용은 뚜렷이 증가되었다. 그러나 chlorisondamine 전처리시 PD나 Ach의 분비효과는 억제되었다. 또한 PD(400 μ g/30 min)을 주입한 후에 Ach의 CA 분비 효과는 오히려 강화되었다. PD나 Ach의 작용은 adenosine 전처리시 현저히 증강되었다. EGTA(5 mM)와 함께 Ca-free Krebs액으로 30분 주입한 경우에 Ach의 분비작용은 거의 전적으로 차단되었으며, PD의 작용도 약화되었다.

이상의 실험결과로 보아, PD는 가토적출부신에서 Ca⁺⁺ 의존적으로 CA 분비를 증가시키며, 이러한 작용은 cholinergic muscarinic 및 nicotinic receptor의 흥분작용에 기인하며, chromaffin cell에 대한 일부 직접작용도 개재되어 나타나는 것으로 사료된다.