Role of Apoptosis in CNS Emphasizing Spinal Cord Injuries: A Commentary

Hassan Ahmadvand ¹, Seyyed Amir Yasin Ahmadi ², Ahmad Sayahi ², Jafar Rezaian ^{3*}

¹Professor of Biochemistry, Lorestan University of Medical Sciences, Khorramabad, Iran

² Student Research Committee, Lorestan University of Medical Sciences, Khorramabad, Iran

³ Assistant Professor of Neuroanatomy, Research Office for the History of Persian Medicine, Lorestan University of Medical Sciences, Khorramabad, Iran

* Corresponding Author Address: Research Office for the History of Persian Medicine, Lorestan University of Medical Sciences, Khorramabad, Iran. Email: jafarrezaian@gmail.com

Article Type: Commentary

Received: March 1, 2016, Last revised: March 7, 2016, Accepted: March 9, 2016

Abstract

Apoptosis is a kind of programmed cell death that is naturally necessary for homeostasis and some processes like organogenesis and implantation of embryo; so it is not pathologic and harmful all the time. The purpose of this commentary was to describe the ways of stimulating and inhibiting the apoptosis process; because rather in the therapeutic protocols we should stimulate or inhibit the process in order to minimize the effects of the traumas and injuries. For using the first results in therapeutic protocols; for example, in order to take action against tumors, we should stimulate apoptosis with chemotherapeutic drugs or other alternatives. On the contrary, in physical traumas of spinal cord, we should inhibit apoptosis with chemical drugs or other alternatives in order to reduce secondary paralysis and other side effects. By collecting the present results and comparing them with our previous original articles, we reached some ideas for the future original research and therapeutic proposals.

Keywords: Apoptosis; Spinal Cord; CNS; Pathology; Neuropathology

Please cite this paper as: Ahmadvand H, Ahmadi SAY, Sayahi A, Rezaian J. Role of Apoptosis in CNS Emphasizing Spinal Cord Injuries: A Commentary. IrJNS. 2016;1(4):29-30

Commentary

Apoptosis is a kind of programmed cell death that is naturally necessary for homeostasis and some processes like organogenesis and implantation of embryo; so it is not pathologic and harmful all the time. Although apoptosis – as presented above – is programmed cell death, the reverse is not true, i.e. all programmed cell deaths are not necessarily apoptosis, for instance, the process senescence as irreversible one to impede cell cycle in damaged cells containing lethal DNA (1).

Apoptosis is one of the main mechanisms associated with spinal cord injury. To reduce the nerve-cell injury secondary to trauma occurrence, inhibition of apoptosis seems as the first protocol (2). Thus the purpose of present commentary is description of the ways of stimulating or inhibiting apoptosis, because rather in the therapeutic protocols we should stimulate or inhibit the process in order to minimize the effects of the traumas.

The most common methods for studying apoptosis are cytotoxicity, morphological changing, laddering model of DNA, TUNEL method and flow cytometry. Some methods can't distinguish apoptosis from necrosis, because they just show the percentage of cell death in comparison to control group (3). It seems that the most specific method is assaying expression of Bax and BCl-2 with the help of reverse transcriptase polymerase chain reaction (RT-PCR) and immunohistochemistry (4).

Trauma and injury in central nerve system can induce apoptosis in neighbour intact nerve-cells resulting in different levels of nervous paralysis. To prevent these damages, the best way accepted right now is to inhibit the apoptosis.

Ischemia-reperfusion and neutrophils with secreting factors like reactive oxygen species (ROS) can induce apoptosis through

the extrinsic pathway (5,6). The first results were the usage of apoptosis in the therapeutic protocols, for example, in order to fight against tumors, and we should stimulate apoptosis with chemotherapeutic drugs or other alternatives such as natural honey (7). On the contrary, in the physical traumas of spinal cord, we should inhibit apoptosis with chemical drugs or other alternatives such as green tea (2) in order to reduce secondary paralysis and other side effects.

Neuroprotective effects of herbal medicines are proposed as a hot topic nowadays, because of their anti-oxidant (6), antiinflammatory (8) and anti-apoptotic effects. Green tea has neuroprotective effects such as anti-inflammatory ones as well as decreasing apoptosis (2). Rhodiola plant (through increasing ATP) can protect the nerve system from necrosis and apoptosis (9). Oleuropein – an anti-oxidant in olive oil– plays antiapoptotic role in CNS through induction of BCl-2 and inhibition of Bax (10-12).

Collecting the present results and comparing them with our previous original articles, we reached some ideas for the future original research and therapeutic proposals.

Conflicts of Interest

The authors declare that they have no conflicts of interest.

References

1. Montazeri F, Rahgozar S, Ghaedi K. Apoptosis and cytosolic organelles. Genetics in the 3rd Millennium. 2011;9(1):2300-2312.

2. Khalatbary A, Tiraihi T, Beigi Boroujeni M, Ahmadvand H, Tavafi M, Tamjidipoor A. Study of Neuroprotective Effects of Green Tea Antioxidant on Spinal Cord Injury of Rat. Journal of Iranian Anatomical Sciences. 2010;7(28-29):145-52.

3. Hashemi M, Ghavami S. Methods of Studying the Apoptosis. Journal of Rafsanjan University of Medical Sciences. 2008;7(1):71-78.

4. Stark AM, Hugo HH, Tscheslog H, Mehdorn HM. p53, BCL-2 and BAX in non-small cell lung cancer brain metastases: a comparison of real-time RT-PCR, ELISA and immunohistochemical techniques. Neurological research. 2007;29(5):435-40.

5. Taati M, Moghadasi M, Dezfoulian O, Asadian P, Zendehdel M. Effects of Ghrelin on germ cell apoptosis and proinflammatory cytokines production in Ischemia-reperfusion of the rat testis. Iranian journal of reproductive medicine. 2015;13(2):85.

6. Zendedel A, Delavari S, Ahmadvand H, Ghanadi K, Gholami M. Effects of Selenium on Antioxidant Activity and Recovery From Sciatic Nerve Ischemia–Reperfusion in Adult Rats. Zahedan Journal of Research in Medical Sciences. 2015;17(12).

7. Kumar Jaganathan S, Balaji A, Vignesh Vellayappan M, Kumar Asokan M, Priyadharshni Subramanian A, Aruna John A, et al. A review on antiproliferative and apoptotic activities of natural honey. Anti-Cancer Agents in Medicinal Chemistry (Formerly Current Medicinal Chemistry-Anti-Cancer Agents). 2015;15(1):48-56.

8. Khalatbary AR, Ahmadvand H. Anti-inflammatory effect of the epigallocatechin gallate following spinal cord trauma in rat. Iranian biomedical journal. 2011;15(1/2):31.

9. Ahmadvand H, Tavafi M. Amelioration of Glomerulosclerosis by Satureja khozestanica Essential Oil in Alloxan-Induced Diabetic Rats. ZJRMS. 2014 ;16(10):23-6.

10. Pourkhodadad S, Alirezaei M, Moghaddasi M, Ahmadvand H, Karami M, Delfan B, et al. Neuroprotective effects of oleuropein against cognitive dysfunction induced by colchicine in hippocampal CA1 area in rats. The Journal of Physiological Sciences. 2016:1-9.

 Khalatbary AR, Ahmadvand H. Neuroprotective effect of oleuropein following spinal cord injury in rats. Neurological research. 2012;34(1):44-51.
Khalatbary AR, Ahmadvand H. Effect of oleuropein on tissue myeloperoxidase activity in experimental spinal cord trauma. Iranian biomedical journal. 2011;15(4):164.