Increased Expression of Vanilloid Receptor 1 on Myelinated Primary Afferent Neurons Contributes to the Antihyperalgesic Effect of Capsaicin Cream in Diabetic Neuropathic Pain in Mice

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Received February 25, 2003; accepted April 22, 2003

ABSTRACT

Topical capsaicin is believed to alleviate pain by desensitizing the vanilloid receptor 1 (VR1) at the peripheral nerve endings. Here, we report that an up-regulation of VR1 expression on myelinated fibers contributes to the antihyperalgesic effect of capsaicin cream in streptozotocin (STZ)-induced diabetic neuropathic pain. Intravenous injection of STZ (200 mg/kg) in mice caused rapid onset of diabetes within 24 h. Thermal and mechanical hyperalgesia developed by 3 days after STZ injection and persisted at all time points tested until 28 days. There was also hyperalgesic response to intraplantar (i.pl.) prostaglandin I₂ (PGI₂) agonist-induced nociception in such mice. Application of capsaicin cream dose dependently reversed the thermal, mechanical, and PGI₂ agonist-induced hyperalgesia observed in the diabetic mice. The i.pl. injection of capsaicin solution (0.4 µg/20 µl) produced nociceptive biting-licking responses in control mice, and these responses were significantly increased in STZ-induced diabetic mice. After neonatal capsaicin-treatment, which destroys most unmyelinated C-fibers, the i.pl. capsaicin-induced biting-licking responses were almost abolished. However, in neonatal capsaicin-treated diabetic mice, the i.pl. capsaicin-induced biting-licking responses reappeared. The i.pl. capsaicin-induced biting-licking responses were blocked by the competitive VR1 antagonist capsazepine. All these results suggest an increase in capsaicin receptor on myelinated fibers due to diabetes. Finally, we confirmed the up-regulation of VR1 expression on myelinated primary afferent neurons of diabetic mice by immunohistochemistry. Together, our results suggest that increased expression of VR1 on myelinated fibers might contribute to the antihyperalgesic effect of topical capsaicin in diabetic neuropathic pain.

Painful peripheral neuropathy is one of the most common complications in early stages of diabetes mellitus. The underlying mechanisms for the development of painful peripheral neuropathy in diabetic patients are poorly understood. Hyperglycemia is considered as a major pathogenic factor in the development of peripheral diabetic neuropathy. In experimental animals, local infusion of glucose into dorsal root ganglion (DRG) or sciatic nerve induced profound and rapid mechanical hyperalgesia (Dobretsov et al., 2001). It is not clear which types of primary afferents are involved in mediating the diabetic neuropathic pain. Hyperactivity of small diameter C-fibers has been suggested in the development of diabetic neuropathic pain (Chen and Levine, 2001). However, in a recent study the development of hyperalgesia could not be prevented in STZ-induced diabetic rats after the systemic pretreatment with resiniferatoxin, which produces long-lasting desensitization of unmyelinated nociceptive C-fibers (Khan et al., 2002). Moreover, ectopic discharges and spontaneous activity were mainly confined to the myelinated A-δ and A-β fibers, but not the C-fibers, in the diabetic rats (Khan et al., 2002). Thus, the myelinated primary afferent neurons may play an important role in the development of diabetic neuropathic pain.

The vanilloid receptor 1 (VR1) is a ligand-gated cation channel that can be activated by heat, decreased pH, or exogenous ligand such as capsaicin (Caterina et al., 1997;
expressed on unmyelinated C-fibers with very little presence of preganglionic sympathetic neurons (Mezey et al., 2000). In the periphery, VR1 is mainly expressed on sensory neurons, which can be used as a marker for the nociceptive component of the nervous system. Although neonatal capsaicin treatment does not kill VR1-expressing fibers in the sensory ganglia (Jancso et al., 1977), those in the central nervous system are not affected by neonatal capsaicin injection (Mezey et al., 2000). Although poorly known, the neurotoxic effect of capsaicin is reported due to depletion of nerve growth factors (Otten et al., 1983). It has been speculated that capsaicin may deplete growth factors in the periphery (Mezey et al., 2000). In the periphery, VR1 is mainly expressed on unmyelinated C-fibers with very little presence on the thinly myelinated Aδ-fibers (Caterina et al., 1997). Nevertheless, VR1 has been recognized as a marker of the nociceptive polymodal C-fibers in the sensory ganglia (Caterina et al., 1997).

Topical capsaicin is widely used in the clinic to alleviate various painful conditions, including diabetic neuropathic pain (The Capsaicin Study Group, 1991; Low et al., 1995). Capsaicin stimulates the VR1 and initiates a complex cascade of events, including neuronal excitation and release of proinflammatory mediators as well as desensitization of the receptor (Holzer, 1991; Caterina et al., 1997). The analgesic action of topical capsaicin in painful diseases is believed to occur through desensitization of the capsaicin receptor VR1 (Jancso and Jancso, 1949; Holzer, 1991; Szallasi and Blumberg, 1999). Thus, it might be speculated that up-regulated VR1 expression could contribute to neuropathic pain and hyperalgesia. Indeed, recent works indicate the involvement of vanilloid receptors in the development and maintenance of inflammatory and neuropathic pain (Di Marzo et al., 2002). Up-regulation of VR1 has been reported for the development of nerve injury-induced neuropathic pain in the rats (Hudson et al., 2001). Recently, we have also reported that increased expression of VR1 on myelinated, neonatal capsaicin-insensitive fibers accounts for the antihyperalgesic action of topical capsaicin cream in nerve injury-induced neuropathic pain in mice (Rashid et al., 2001). However, it is not yet known whether an up-regulation of VR1 might contribute to the neuropathic pain in diabetes. Kamei et al. (2001) showed that intrathecal injection of anti-VR1 serum blocked the thermal and mechanical hyperalgesia observed in diabetic mice, suggesting the involvement of this receptor in diabetic neuropathic pain. In the present study, for the first time, we reported an up-regulation of VR1 expression on myelinated primary afferent neurons of STZ-induced diabetic mice. We also showed that this up-regulated VR1 on myelinated fibers might contribute to the antihyperalgesic action of topical capsaicin cream in diabetic neuropathic pain.
from the latency to withdrawal evoked by exposing the right hind paw to a thermal stimulus (Hargreaves et al., 1988). Unanesthetized animals were placed in Plexiglas cages on top of a glass sheet and an adaptation period of 1 h was allowed. The thermal stimulus (ITTC, Inc., Woodland Hills, CA) was positioned under the glass sheet to focus the projection bulb exactly on the middle of plantar surface of the animals. A mirror attached to the stimulus permitted visualization of the undersurface of the paw. A cut-off time of 20 s was set to prevent tissue damage. The paw pressure test was performed as described previously (Rashid and Ueda, 2002). Briefly, mice were lightly anesthetized with ether and held in a square-sized cloth sling. The cloth sling had four holes at the corners for hanging the mouse’s limbs freely through the holes. After placing the mouse in the sling with four limbs hanging through the holes, two ends of the cloth sling were joined over the flanks of the mouse and the sling was suspended on a metal bar. The mouse’s limbs were then tied with soft thread strings. Three limbs were fixed to the floor, whereas the other one (right hind limb) was connected to an isometric transducer and recorder. A polyethylene cannula (0.61-mm outer diameter) filled with drug solution was connected to a microsyringe and then carefully inserted into the undersurface of the right hind paw. All experiments were started after complete recovery from the light ether anesthesia. Nociceptive flexor responses induced by intraplantar (i.pl.) injection (2 μl) of algogenic substances (SP, ATP, and ONO-54918-07) were evaluated and normalized with control saline response. The flexion responses induced by various algogenics were represented as the percentage of maximal reflex in each mouse as the flexion forces differ from mouse to mouse. The biggest response among the nonspecific flexor responses occurred immediately after cannulation was considered as the maximal reflex. The ANF test has been found to be less stressful and more sensitive than many conventional nociception tests (Inoue et al., 2003).

Capsaicin-Induced Biting and Licking Test. The biting and licking behavior after intraplantar injection of capsaicin solution (0.4 μg/20 μl) was measured as described previously by other investigators (Sakurada et al., 1992). Mice were placed in a Plexiglas cage for an hour to adapt to the environment. Before the test, mice were restrained in hand and gently taken inside a hard paper tube of internal diameter 2.5 cm. The right hind paw was taken out of the tube and capsaicin was injected under the plantar surface of right hind paw in a volume of 20 μl using a 30-gauge needle fitted to a Hamilton microsyringe. Mice were immediately put back to the cage and the time spent on biting and licking of the injected paw was measured with stopwatch for a period of 10 min. In antagonism experiments, mice were treated with 1 nmol of capsaicpine in association with capsaicin. Dose of capsazipine has been determined from previous similar reports in mice (Santos and Calixto, 1997). Control animals received 20 μl of the vehicle used to dissolve the drugs.

Neonatal Capsaicin Treatment. For the degeneration of small diameter afferent sensory neurons, capsaicin solution was injected subcutaneously into newborn (P4) ddY mice at a dose of 50 mg/kg (Hiura and Ishizuka, 1989; Inoue et al., 1999). As a control, vehicle (10% ethanol and 10% Tween 80 in physiological saline) was injected. No gross behavioral changes were observed in such treated mice. Induction of diabetes in neonatal capsaicin-treated mice was performed as described in the previous section.

**Immunohistochemistry.** For immunohistochemical experiments, control mice, diabetic mice (7, 14, 21, and 28 days after STZ injection), neonatal capsaicin-treated control mice, or neonatal capsaicin-treated diabetic mice (7, 14, 21, and 28 days after STZ injection) were used. Mice were deeply anesthetized with sodium pentobarbital (50 mg/kg i.v.) and perfused transcardially with 50 ml of 0.1 M potassium free phosphate-buffered saline (K’-free PBS, pH 7.4), followed by 50 ml of 4% paraformaldehyde in K’-free PBS. The L4-L5 DRGs were removed, postfixed, and cryoprotected overnight in 25% sucrose in K’-free PBS. The DRGs were fast frozen in cryoembedding compound on a mixture of ethanol and dry ice and stored at −80°C until use. The DRGs were cut at 10 μm with a cryostat, thaw-mounted on silane-coated glass slides, and air-dried overnight at RT. For immunolabeling, DRG sections were first washed with K’-free PBS three times 5 min each and then incubated with 50% methanol 10 min and 100% methanol 10 min, washed with K’-free PBS and incubated with excess blocking buffer containing 2% bovine serum albumin in 2% NaCl, 0.1% Triton X-100 in K’-free PBS for 60 min. The sections were then reacted overnight at 4°C with goat polyclonal antibody raised against the C-terminal of vanilloid receptor 1 (1:100; Santa Cruz Biotechnology, Inc., Santa Cruz, CA) in blocking buffer containing 2% bovine serum albumin in 2% NaCl, 0.1% Triton X-100 in K’-free PBS. After three 5-min washes in K’-free PBS, the sections were placed in Texas Red-conjugated anti-goat IgG secondary antibody (1:200; Rockland, Gilbertsville, PA) for 60 min at RT. For double immunolabeling, sections were rinsed and first incubated with anti-mouse IgG (1:50; Cappel, Aurora, OH) for 60 min and then reacted with a monoclonal antibody raised against the N52 clone of the Neurofilament 200, a marker of myelinated fibers (Franke et al., 1991) (mouse anti-N52, 1:50,000; Sigma-Aldrich) overnight at 4°C. The sections were then placed in fluorescein isothiocyanate-conjugated anti-mouse IgG (1:200; Cappel) for 60 min at RT. After washing, the sections were coverslipped with PermaFluor (Thermo Shandon, Pittsburgh, PA) and examined under a fluorescence microscope (Olympus, Tokyo, Japan).

**Statistical Analysis.** Statistical analysis of the data for the comparisons of the thermal latency or mechanical threshold at different time points after STZ injection in mice were performed by repeated measures analysis of variance (ANOVA) and Bonferroni’s post hoc test. Data in the capsaicin sensitivity test for the effects of VR1 antagonist capsazepine were analyzed using a two-way ANOVA and Bonferroni’s post hoc test. Statistical analyses of all other data were performed using one-way ANOVA followed by a two-tailed Student’s t test. All data were presented as mean ± S.E.M. P values less than 0.05 were considered to indicate statistical significance.

**Results**

**Rapid Onset of Diabetes and Thermal and Mechanical Hyperalgesia in Mice by Intravenous Injection of Streptozotocin.** Diabetes was induced in mice by i.v. injection of STZ. Intravenous injection of STZ is reported to induce rapid onset of diabetes and hyperalgesia symptoms in rats (Aley and Levine, 2001). In the present study, a series of parameters, including body weights, blood glucose levels, thermal latencies, and mechanical thresholds, were measured at different time points after a single i.v. injection of STZ (200 mg/kg) into the tail vein of mice. A rapid onset of diabetes was observed in the STZ-treated mice within 24 h (blood glucose level, 402.5 ± 22.7 mg/dl). Thermal and mechanical hyperalgesia was detectable by 3 days after STZ administration. Blood glucose levels in the STZ-injected mice were almost similar at all later time points tested (7, 14, 21, and 28 days after STZ injection). Similarly, thermal and mechanical hyperalgesia persisted in the diabetic animals at all these time points (Table 1). The blood glucose level, ther-
TABLE 1
Changes in body weight, blood glucose level, thermal latency, and mechanical threshold in mice at different time points after i.v. injection of STZ.

<table>
<thead>
<tr>
<th>Days after i.v. STZ</th>
<th>Body Weight</th>
<th>Blood Glucose Level</th>
<th>Paw Withdrawal Latency</th>
<th>Paw Withdrawal Threshold</th>
</tr>
</thead>
<tbody>
<tr>
<td>g</td>
<td>mg/dl</td>
<td>s</td>
<td>g</td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>29.3 ± 1.1</td>
<td>151.7 ± 13.4</td>
<td>10.15 ± 0.80</td>
<td>9.6 ± 0.6</td>
</tr>
<tr>
<td>1</td>
<td>29.7 ± 1.2</td>
<td>402.5 ± 22.7</td>
<td>9.08 ± 0.65</td>
<td>8.0 ± 0.6</td>
</tr>
<tr>
<td>3</td>
<td>30.1 ± 1.3</td>
<td>562.7 ± 18.2</td>
<td>7.03 ± 0.60*</td>
<td>6.1 ± 0.3*</td>
</tr>
<tr>
<td>7</td>
<td>30.6 ± 1.0</td>
<td>603.3 ± 26.3</td>
<td>5.91 ± 0.52*</td>
<td>5.9 ± 0.4*</td>
</tr>
<tr>
<td>14</td>
<td>31.2 ± 1.7</td>
<td>506.3 ± 20.2</td>
<td>6.26 ± 0.55*</td>
<td>5.7 ± 0.2*</td>
</tr>
<tr>
<td>21</td>
<td>32.7 ± 1.5</td>
<td>582.2 ± 32.4</td>
<td>5.63 ± 0.59*</td>
<td>5.9 ± 0.5*</td>
</tr>
<tr>
<td>28</td>
<td>31.5 ± 1.7</td>
<td>599.6 ± 54.1</td>
<td>6.13 ± 0.53*</td>
<td>5.3 ± 0.5*</td>
</tr>
</tbody>
</table>

* Indicates significantly different compared with the thermal latency and paw withdrawal threshold measured before STZ administration (day 0) at P < 0.05.
expression on myelinated A-fibers, which was revealed by a colocalization of VR1-immunoreactive and N-52-immunoreactive neurons observed as yellow (Fig. 5, B and C). The level of increase in VR1 expression on myelinated fibers was almost similar in the DRGs of diabetic mice at 7, 14, 21, and 28 days after STZ injection (Fig. 5, B, C, and G; 14- and 21-day data are not shown). Moreover, VR1 expression in unmyelinated C-fibers was not significantly increased in the diabetic mice (Fig. 5, B and C). In neonatal capsaicin-treated control mice, the VR1-immunoreactive neurons almost completely disappeared (Fig. 5D). However, in neonatal capsaicin-treated diabetic mice, large numbers of VR1-immunoreactive neurons were observed in the DRGs, which were colocalized with N-52, confirming the up-regulation of VR1 expression on myelinated, neonatal capsaicin-insensitive fibers due to

Fig. 1. Effects of capsaicin cream on the thermal and mechanical hyperalgesia in the STZ-induced diabetic mice. A, concentration-dependent reversal of thermal hyperalgesia in diabetic mice by capsaicin cream with the thermal paw withdrawal test. B, concentration-dependent reversal of mechanical hyperalgesia in diabetic mice by topical application of capsaicin cream with the mechanical paw pressure test. Capsaicin cream labeled 0.01, 0.025, 0.05, and 0.1% or base cream (0%) was applied onto the mouse's footpad 3 h before the test. * indicates significantly different compared with the base cream (0%)-treated diabetic mice at P < 0.05. Each data point represents mean ± S.E.M. of six to eight separate experiments. The vertical bars represent the standard error of the means. *Control* is the paw withdrawal latency or threshold in vehicle-treated control nondiabetic mice.

Fig. 2. Phenotypic changes in the peripheral receptor ligand-induced nociceptive flexion responses in the STZ-induced diabetic mice. A and B, in the ANF test, the flexion responses induced by SP and ATP mediated through neonatal capsaicin-sensitive type I and type II fibers, respectively, remained unchanged in the STZ-induced diabetic mice. It was revealed by no significant difference in the dose-response curves between control nondiabetic and STZ-induced diabetic mice. C, dose-response curves of the neonatal capsaicin-insensitive type III fibers stimulant PGI2 agonist ONO-54918-07 in control nondiabetic and STZ-induced diabetic mice with the ANF test. The dose-response curve for ONO-54918-07 was shifted leftward in diabetic mice giving hyperalgesic responses. The results are represented as the percentage of maximal reflex. Details are described under Materials and Methods. Each data point represents mean ± S.E.M. of six separate experiments. The vertical bars represent the standard error of the means.
Materials and Methods

The results are represented as the percentage of maximal reflex. Details are described under Materials and Methods. Each data point represents mean ± S.E.M. of six separate experiments. The vertical bars represent the standard error of the means.

Fig. 2. Reversal of PGI2 agonist-induced hyperalgesia in diabetic mice by topical application of capsaicin cream. Dose-response curves of the PGI2 agonist ONO-54918-07-induced nociceptive flexion responses in the ANF test in diabetic mice after application of capsaicin cream (0.025, 0.05, and 0.1%) or base cream onto the mouse’s footpad 3 h before the test. Prior topical application of capsaicin cream concentration dependently reversed the type III fiber-mediated hyperalgesic responses. The symbols ⋄, ▼, ▲, and ■ represent the effects of base cream and 0.025, 0.05, and 0.1% capsaicin cream on the ONO-54918-07-induced responses in diabetic mice, respectively; the symbols ◦ and ● represent the ONO-54918-07-induced responses in control and diabetic mice, respectively. The results are represented as the percentage of maximal reflex. Details are described under Materials and Methods. Each data point represents mean ± S.E.M. of six separate experiments. The vertical bars represent the standard error of the means.

Discussion

In the present report, we attempted to identify whether an up-regulation of VR1 expression on myelinated fibers contributed to the antihyperalgesic effect of capsaicin cream in diabetic neuropathic pain in mice. Intravenous injection of STZ in the tail vein of mice induced a rapid onset of hyperglycemia within 24 h, and significant thermal and mechanical hyperalgesia was detectable by 3 days after STZ injection (Table 1). Our results are consistent with previous reports in rat where i.v. STZ induced hyperglycemia by 24 h and thermal and mechanical hyperalgesia and tactile allodynia within 48 h after injection (Aley and Levine, 2001). The rapid elevation of blood glucose level by i.v. STZ might contribute to the rapid induction of thermal and mechanical hyperalgesia as already suggested in the study of Aley and Levine (2001) where pretreatment with insulin prevented the development of hyperalgesia in STZ-treated rats. The thermal and mechanical hyperalgesia observed in the diabetic mice were concentration dependently reversed by topical application of capsaicin cream onto mouse’s footpad (Fig. 1, A and B).

Capsaicin, the active ingredient of capsaicin cream, gives its analgesic effect by desensitizing the capsaicin receptor (Jancsó and Jancsó, 1949; Holzer, 1991; Szallasi and Blumberg, 1999). Thus, an up-regulation and/or sensitization of the capsaicin receptor could be speculated in the STZ-induced diabetic mice.

With the ANF test, we recently reported that capsaicin cream could block the nociceptive responses mediated through neonatal capsaicin-sensitive type I and type II, but not neonatal capsaicin-insensitive type III, fibers in naive mice (Rashid et al., 2003). After partial sciatic nerve injury, the type I fiber-mediated responses were lost, type II fiber-mediated responses remained unchanged, and the type III fiber-mediated responses were hypersensitized, and capsaicin cream reversed the type III fiber-mediated hyperalgesia in injured mice (Rashid et al., 2003). In the present study, the substance P-induced nociceptive response, which is mediated through type I fibers, and the ATP-induced nociceptive response, which is mediated through type II fibers, did not differ between the nondiabetic and diabetic mice (Fig. 2, A and B).
However, the PGI2 agonist-induced nociceptive response, which is mediated through type III fibers, was hypersensitized in the diabetic mice compared with the control mice (Fig. 2C). The contrasting phenotypic change in type I responses in partial sciatic nerve-injured and diabetic mice might be due to the intense mechanical injury to the sciatic nerve and consequent drastic changes, including decrease in SP immunoreactivity in DRG and spinal cord with the injury model (Malmberg and Basbaum, 1998; Lee et al., 2001). On the other hand, similar to the case with nerve injury model, capsaicin cream concentration dependently reversed the PGI2 agonist-induced type III fiber-mediated hyperalgesia in diabetic mice (Fig. 3). Thus, the induction of PGI2 agonist-induced hyperalgesia in diabetic mice could be due to an up-regulated capsaicin receptor on neonatal capsaicin-insensitive type III fibers. PGI2 agonist produces nociceptive responses through activation of Gs-coupled prostaglandin I2 receptor. The hyperalgesic responses of PGI2 agonist in diabetic mice might be due to a protein kinase A-mediated transactivation of the newly expressed VR1 receptors as reported elsewhere (De Petrocellis et al., 2001).

To further investigate whether capsaicin receptor expression is increased in STZ-induced diabetic mice, we performed tests for capsaicin-induced pain sensitivity in control and diabetic mice. Intraplantar injection capsaicin solution-induced nociceptive biting-licking responses were significantly increased in the diabetic mice, indicating an increase in capsaicin-sensitive sites due to diabetes (Fig. 4A). Moreover, after neonatal capsaicin treatment in mice, which destroys most unmyelinated C-fibers, the i.pl. capsaicin-induced biting-licking responses almost completely disappeared, indicating that capsaicin-induced biting-licking responses in control mice were mainly mediated through the C-fibers (Fig. 4B). This finding is consistent with the fact that capsaicin receptor VR1 is mainly expressed in the polymodal nociceptive C-fibers (Caterina et al., 1997). In the neonatal capsaicin-treated diabetic mice, however, the i.pl. capsaicin-induced biting-licking responses surprisingly reappeared (Fig. 4B). This finding clearly indicates that STZ-induced diabetes in mice caused an up-regulation of the capsaicin receptor on myelinated, neonatal capsaicin-insensitive type III fibers. Furthermore, involvement of capsaicin receptor in the increased i.pl. capsaicin solution-induced responses in the diabetic mice was revealed by the fact that the competitive VR1 antagonist capsazepine completely blocked these responses (Fig. 4, A and B). All these results suggest an increased

**Fig. 5.** Up-regulation of VR1 expression on myelinated, neonatal capsaicin-insensitive primary afferent neurons after induction of diabetes in mice. A, VR1 expression in DRG neurons of control nondiabetic mouse. Almost all of the VR1-immunoreactive neurons (red) were not colabeled with A-fiber marker N-52 (green). B and C, VR1 expression in DRG of diabetic mice at 7 and 28 days after STZ injection. In both groups, many VR1-immunoreactive neurons were colocalized with A-fiber marker N-52 (observed as yellow). D, VR1 expression in the DRG of neonatal capsaicin-treated control mouse. Almost complete absence of VR1-immunoreactive neurons indicates loss of VR1-containing primary afferents due to neonatal capsaicin treatment. Most of the DRG neurons were labeled by N-52. E and F, Up-regulation of VR1 expression on myelinated fibers in neonatal capsaicin-treated diabetic mice at day 7 and 28 after STZ injection. In neonatal capsaicin-treated diabetic mice, many VR1-immunoreactive neurons were observed which were colabeled with A-fiber marker N-52 (observed as yellow). G, bar graph showing the percentage of VR1-immunoreactive (VR1-IR) neurons that were colabeled with N-52 in control, diabetic (7 and 28 days after STZ injection), neonatal capsaicin-treated control (Neocap control), and neonatal capsaicin-treated diabetic (Neocap diabetic, 7 and 28 days after STZ injection) mice from three separate experiments. *, P < 0.05. Scale bars, 20 \( \mu \text{m} \).
expression of capsaicin receptor VR1 on previously capsaicin-insensitive type III fibers due to diabetes.

We next confirmed the up-regulation of VR1 expression on myelinated, neonatal capsaicin-insensitive type III fibers due to diabetes by immunohistochemistry. Consistent with our previous report (Rashid et al., 2003), almost all of the VR1-immunoreactive neurons in the DRG of control mice were not colocalized with the A-fiber marker N-52, indicating their presence on unmyelinated C-fibers in naive state. In the STZ-induced diabetic mice, the VR1 expression significantly increased only on the myelinated A-fibers (Fig. 5, B, C, and G). VR1-immunoreactive neurons in the DRGs of neonatal capsaicin treated neonatal mice almost completely disappeared, which is consistent with previous reports (Mezey et al., 2000; Rashid et al., 2003). However, STZ-induced diabetes in neonatal capsaicin-treated mice caused an increased expression of VR1, which were colocalized with A-fiber marker N-52 (Fig. 5, E and F). These results confirmed our speculation that capsaicin cream reversed the hyperalgesia in diabetic mice (Figs. 1, A and B, and 3) by desensitizing the newly expressed VR1 receptors mainly located on myelinated, neonatal capsaicin-insensitive type III fibers. Our findings of the up-regulated VR1 expression on myelinated fibers in diabetic mice would be both timely and pertinent in view of the recent indications that endogenous vanilloid receptor agonists such as anandamide N-arachidonoyl-dopamine might play a crucial role in the maintenance of neuropathic pain (Di Marzo et al., 2002). Moreover, phosphorylation of VR1 by protein kinase A and protein kinase C, which are easily produced by proinflammatory mediators such as bradykinin and prostaglandins, has been well known (Premkumar and Ahern, 2000; De Petrocellis et al., 2001). Such phosphorylation increases the probability of channel gating by agonists such as heat, proton and endovanilloids (Vellani et al., 2001). Direct activation of VR1 channel by protein kinase C has also been reported (Premkumar and Ahern, 2000). Thus, the up-regulation of VR1 expression on myelinated fibers may contribute to the altered activities of these fibers as well to the maintenance of peripheral and central sensitization in neuropathy states.

In conclusion, we demonstrate that the thermal, mechanical, and chemical hyperalgesia observed in the STZ-induced diabetic mice might be due to the up-regulation of VR1 expression on neonatal capsaicin-insensitive, myelinated A-fibers. Our results also indicate that this up-regulated VR1 on myelinated fibers may account for the antihyperalgesic action of capsaicin cream in diabetic neuropathic pain.

Acknowledgments

We thank S. Kondo, T. Kawashima, F. Fujiwara, M. Tashiro, and N. Itoh for technical assistance.

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