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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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;
Materials and Methods

Experimental Animals. Male ddY mice were used throughout the experiments. They were housed in the animal facility of the University, which had been maintained at 21 ± 2°C, 55 ± 5% relative humidity, and an automatic 12-h light/dark cycle. The animals received standard laboratory diet (Oriental Yeast Co. Ltd., Tokyo, Japan) and tap water ad libitum. The animals were adapted to the testing environment (maintained at 21 ± 2°C, 55 ± 5% relative humidity, and 12-h light/dark cycle) by keeping them in the testing room 24 h before the experiments. Experiments were performed during the light phase of the cycle (10:00 AM–7:00 PM). All procedures were approved by Nagasaki University Animal Care Committee and complied with the recommendations of the International Association for the Study of Pain (Zimmermann, 1983).

Drugs. The following drugs were purchased: substance P (SP; Peptide Institute, Osaka, Japan), ATP (Nacalai Tesque, Kyoto, Japan), capsaicin (Nacalai Tesque), and capsazepine (CPZ; Sigma-Aldrich, St. Louis, MO). ONO-54918-07 [a stable prostaglandin I_2 (PGI_2) agonist; Iguchi et al., 1989] was a kind gift from Ono Pharmaceutical Co. Ltd. (Osaka, Japan). Capsaicin cream and base cream were prepared at the Central Research Laboratories of the Maruishi Pharmaceutical Co. Ltd. (Osaka, Japan). The capsaicin cream labeled 0.01, 0.025, 0.05, and 0.1% contained 0.1, 0.25, 0.5, and 1 mg of capsaicin in 1 g of hydrophilic cream base, respectively. The base cream contained 18% polyoxy-ethylated castor oil, 17% liquid paraffin, 5% white petroleum jelly, 4% 1-hexadecanol, 0.1% EDTA disodium salt, and 0.75% triethanolamine (Minami et al., 2001). All drugs except capsaicin and capsazepine were dissolved in physiological saline. Capsaicin and capsazepine were dissolved in 10% ethanol, 10% Tween 80, and 80% physiological saline (5 mg/ml stock solution) which were then diluted with physiological saline before injection. This vehicle was found to be innocuous. The cream was applied in a volume of 0.1 ml/10 g and then gently rubbed over the mouse footpad skin 3 h before the behavioral test. The footpad was covered with adhesive tape to prevent the mice from licking the cream.

Streptozotocin (STZ)-Induced Diabetes. The pancreatic β-cell cytotoxic agent STZ is widely used to induce diabetes in rodents. The glucosamine-nitrosourea compound STZ is taken up into the insulin-producing β-cells of the islets of Langerhan’s via the GLUT-2 glucose transporter. The cytotoxic effect of STZ is mediated through a decrease in NAD levels, and the formation of intracellular free radicals leading to various toxic effects, including DNA-strand breaks (Schnell et al., 1994). The STZ-induced diabetic rodents are hypoinsulinemic, but generally do not require exogenous insulin treatment to survive. STZ-induced diabetic rodents show common features of human diabetes that include damage to the eye, kidney, blood vessels, and nervous system. Diabetic neuropathic pain occurs mainly due to the damage in the nervous system (Sima and Sugimoto, 1999). In the present study, diabetes was induced in mice by a single i.v. injection of STZ (200 mg/kg; Wako Pure Chemicals, Richmond, VA) as reported previously (Kamei et al., 1991; Rashid and Ueda, 2002). Mice weighing ~30 g were injected i.v. with STZ in the tail vein. STZ solution was prepared fresh by dissolving it in saline adjusted to pH 4.5 in 0.1 N citrate buffer. Age-matched nondiabetic control mice were injected with the vehicle alone. Due to frequent urination (polyuria) in the diabetic mice, special care is needed for these animals. The STZ-injected mice were kept in a group of four per cage. The bed of the cage was changed daily and special attention was paid to food and water supplement. The plasma glucose level in the mice was measured using the glucose test kit (Wako Pure Chemicals) in blood samples obtained from tail vein. Only mice with a plasma glucose concentration greater than 300 mg/dl (16.7 mM) were considered as diabetic. All efforts were made to minimize both the sufferings and number of animals used.

Thermal and Mechanical Nociception Tests. In the thermal paw withdrawal test, antinociception or analgesia was measured
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 the right hind paw was injected using a transducer indicator (model 1601; ITTC, Inc.). With this apparatus, a control response of 10 g was earlier adjusted for naive mice. A cut-off pressure of 20 g was set to avoid tissue damage.

Algogenic-Induced Nociceptive Flexion (ANF) test. Experiments were performed as described previously (Ueda, 1999; Inoue et al., 2003). 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).

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 (g)</th>
<th>Blood Glucose Level (mg/dl)</th>
<th>Paw Withdrawal Latency (s)</th>
<th>Paw Withdrawal Threshold (g)</th>
</tr>
</thead>
<tbody>
<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>566.3 ± 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.
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 rat. 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 non-diabetic and diabetic mice (Fig. 2, A

**Discussion**

When the numbers of VR1-immunoreactive cells were plotted in a bar graph as percentage of total cells, a significant increase in the numbers of cells that were colocalized with N-52 was observed in the diabetic mice (Fig. 5G).

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### Fig. 3.
Reversal of PG12 agonist-induced hyperalgesia in diabetic mice by topical application of capsaicin cream. Dose-response curves of the PG12 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.

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### Fig. 4.
Capsaicin-induced biting and licking responses and their blockade by capsaazepine in the STZ-treated diabetic mice. A, increase in the i.pl. capsaicin-induced nociceptive biting-licking responses in STZ-treated diabetic mice and their blockade by the competitive VR1 antagonist capsaazepine. Capsazepine (1 nmol or 0.377 µg) was injected in association with capsaicin (0.4 µg) in a volume of 20 µl. The symbol * indicates significant difference in the i.pl. capsaicin-induced responses between the control and STZ-treated diabetic mice. #, indicates significant difference in the biting-licking responses between i.pl. capsaicin-treated (Cap) and i.pl. Cap + CPZ treatment group. B, reappearance of capsaicin-induced biting-licking responses in neonatal capsaicin-treated (Neocap) diabetic mice. * indicates significant difference in the i.pl. capsaicin-induced responses between the Neocap control and Neocap diabetic mice. #, indicates significant difference in the biting-licking responses between i.pl. Cap and i.pl. Cap + CPZ treatment group. Results are represented as the time (seconds) spent in biting and licking of the injected paw for a period of 10 min after i.pl. injection of drug substances. Veh, vehicle-induced response. Each data point represents mean ± S.E.M. of six to eight separate experiments. The vertical bars represent the standard error of the means.
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. 2C). 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 Gα-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 expression of VR1 in DRG neurons of diabetic 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 μm.

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 μm.
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 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, chemical, and electrical 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.

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References


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