

# Monitoring the Effects of Ligustilide on Mice with Idiopathic Pulmonary Fibrosis and Determining the Underlying Mechanism

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## Abstract

Idiopathic pulmonary fibrosis is a chronic interstitial lung condition that currently lacks viable treatment options. One of angelica's key bioactive ingredients is ligustilide (LIG). The current study's objectives were to investigate the underlying mechanism and monitor the impact of LIG on mice with advanced pulmonary fibrosis lung fibrosis. After a single BLM instillation of 14 days, the mice received daily LIG treatment for 2 weeks. Then the effect of LIG on lung fibrosis was observed then. The impact of LIG on pulmonary fibrosis was assessed using the pulmonary function test, Hematoxylin-Eosin (H&E) and Masson's trichrome staining, immunofluorescence, and Western blot. Following in vitro therapy with transforming growth factor 1 (TGF-1), we looked into the underlying mechanism.

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Supplier: Chengdu herbpurify, Co., Ltd. was the seller of LIG (HPLC > 98%). Six groups of eight mice each were created using a random number generator: sham, BLM, BLM plus PFD (300 mg/kg), BLM plus 10 mg/kg of LIG, BLM plus 30 mg/kg of LIG, and BLM plus 90 mg/kg of LIG. In all groups save the sham group, the mice received 100 L of intratracheal bleomycin (2 mg/kg) following anaesthesia with pentobarbital sodium (1%, 50 mg/kg). The equal amount of saline was administered to the mice in the sham group. Mice received continuous treatment with LIG, PFD, or 0.5% CMC-Na solution for 14 days following BLM injection. Every day, the mice's body weight was recorded.

The mice were killed with pentobarbital sodium following a continuous 14-day treatment period in order to perform the pulmonary function tests as previously mentioned. The trachea of the mice was then exposed after they had been put to death. A tracheal catheter had been implanted and secured to the trachea. The Forced Manoeuvres System was then used to examine the IC (Inspiratory Capacity, Volume Inspired During Slow Inspiration), ERV (Expiratory Reserve Volume), FVC (Forced Vital Capacity, Volume Exhausted During Fast Expiration), and TLC (Total Lung Capacity, FRC+IC) parameters (EMMS, Hants, UK). Each mouse was used three times for measurements. The last step was killing the mice and collecting lung samples for future investigation. Following their removal, the lung samples were immediately fixed in 4% paraformaldehyde, cryoprotected, and then cut into 8-mm frozen sections using a freezing microtome. The sections were then stained as directed with Masson's trichrome (Biyun Tian, China) and hematoxylin-eosin to assess for lung damage. The pictures were seen using a microscope.

Sciencell was paid for the mouse lung fibroblast cell line (MLG). Fetal bovine serum (10%), penicillin-streptomycin solution, and Dulbecco's Modified Eagle Medium were added to the medium during cell culture, which took place at 37°C in an incubator with 5% CO<sub>2</sub>. Every two days the medium would be changed. Cells were treated to recombinant mouse TGF-1 to mimic fibrosis conditions in a test tube (Kingsley Biotechnology, China). Cells were treated with LIG (3, 10, 30 M) following 80-90% confluency, then TGF-1 was given for 24 hours. Cells were then utilised in a number of subsequent research.

## RESULTS

### LIG treatment reduced BLM-induced lung damage:

First, the toxicity of LIG was assessed to assure pharmacological safety. H&E staining revealed that no obvious lung histological damages were seen in either the Con- or LIG-treated animals, as shown in Supplementary Figure 2. Mice were stimulated with BLM (2 mg/kg) and then given the therapy depicted in Figure 1 to test the hypothesis that treatment with LIG at the late stage of pulmonary fibrosis reduces the effects of BLM-induced lung damage. The LIG treatment groups (10, 30 or 90 mg/kg, for example), the PFD group, the vehicle group, and the sham group were the six treatment groups that were created. LIG therapy given two weeks after BLM infusion enhanced the survival rate of mice that had received BLM. In addition, LIG kept mice's body weight stable in comparison to the vehicle group. Measurements of lung function revealed that LIG enhanced pulmonary function in comparison to the vehicle group (Figure 3).

LIG reduced BLM-induced widespread alveolar collapse and wall thickening in the lung tissue, according to Hematoxylin-Eosin (H&E) staining. Additionally, LIG decreased collagen accumulation in the lungs of mice treated with BLM, according to Masson's trichrome

staining. The findings demonstrated that LIG increased mice's survival rates and lung function after receiving BLM infusions and protected against BLM-induced lung damage, suggesting that LIG may be a potential medication for the treatment of pulmonary fibrosis.

### LIG reduced BLM-induced extracellular matrix deposition:

Extracellular matrix is deposited together with the development of pulmonary fibrosis, hence the impact of LIG on this process was assessed. LIG reduced the deposition of collagen I and  $\alpha$ -SMA as compared to the vehicle group. Additionally, a Western blot demonstrated how LIG

treatment, as seen in. To gauge the ability of the treated cells to migrate, a 2D scratch test was used. LIG prevented cell migration in response to TGF-1. We investigated if LIG therapy may prevent fibroblast proliferation following TGF-1 injection because cell proliferation is necessary for fibroblast activation. The LIG-treated group's fibroblast proliferation was reduced according to the data. The protective effect of LIG on pulmonary fibrosis may be connected to the reduction of fibroblast activation following TGF-1 exposure, according to our research, which indicated that LIG decreased TGF-1 induced fibroblast activation.

## LIG's Effect on ROS

We examined whether LIG's effect on fibroblast activation involves the antioxidant action of LIG in light of the possibility that oxidative stress is the cause of fibroblast activation. We anticipated the route associated to oxidative stress triggered by TGF-1 based on a combined investigation of online public databases and literature publications. According to the molecular docking results, LIG fits reasonably into the cavity of the Keap1 protein, and their strong connection is indicated by their binding energy of -6.7 kJ/mol. However, Nrf2 was insufficient to engage with LIG (data not shown). The Nrf2 pathway, which plays a key role in transcription under oxidative stress, was studied, along with the expression of its target antioxidant genes, NQO1 and HO-1. As demonstrated, upon TGF-1 exposure, LIG increased the protein levels of Nrf2, HO-1, and NQO1. The impact of LIG on ROS synthesis was then studied. According to data, LIG decreased ROS generation in fibroblasts exposed to TGF-1. LIG's impact on the generation of ROS was diminished by the Nrf2 inhibitor ML385, indicating that LIG's impact on oxidative stress may be influenced by the control of the Nrf2 pathway.

## D. Conclusion

In this study, we discovered that LIG demonstrated survival rate and lung function following BLM infusion for two weeks, and it also provided protection against lung injury and collagen deposition. LIG also decreased TGF-1-induced ROS formation, fibroblast activation, including cell migration, proliferation, and collagen I protein levels, as well as activation of the Nrf2 pathway. Thus, LIG stimulated the Nrf2 pathway to lessen the oxidative stress response, which helped to diminish the activation of myofibroblasts in pulmonary fibrosis.

Pulmonary fibrosis is characterized by the differentiation of fibroblasts to myofibroblasts followed by excessive ECM deposition. After pulmonary fibrosis, respiratory function is substantially compromised, as evidenced by a dry cough and growing dyspnea. As the illness and lung damage worsen, patients' respiratory function continues to decline. Idiopathic pulmonary fibrosis is becoming more common and has a higher death rate each year, however there are currently no viable treatments available. Finding novel medications to treat pulmonary fibrosis is so crucial. BLM is a chemotherapy drug, one of which side effects is to lead pulmonary fibrosis [23]. As a result, BLM is a frequently utilized inducer for the development of pulmonary fibrosis in animal models. Being a pro-fibrotic cytokine, TGF-1 was shown to be much higher following BLM therapy, indicating that it plays a role in the pathophysiology of the pulmonary fibrosis brought on by BLM [24]. Numerous cells, including alveolar macrophages, fibroblasts, and activated alveolar epithelial cells, generate TGF-1 in the lungs [11,25]. According to research, preventing TGF-1-induced fibroblast activation may lessen lung fibrosis.

## C. Discussion

Numerous studies have demonstrated the physiological effects of natural bioactive compounds, which are found in a broad variety of plants, animals, marine creatures, and microbes. These chemicals also have anti-inflammatory, anti-cancer, antioxidant, and other physiological effects. The primary active ingredient of the volatile oil of the Chinese umbrella plant *Angelica sinensis* is LIG, commonly referred to as *Angelica phthalide*. According to reports, LIG has a wide range of pharmacological properties, including antioxidant and anti-inflammatory properties, and it also acts as a preventative against cardiovascular disease. For instance, LIG reduced inflammatory pain

[Nrf2 and Oxidative Stress in Idiopathic Pulmonary Fibrosis \(IPF\) and Its Pathway in Other IPF](#)

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