

EFFECT OF CALCITONIN ON PLASMA LEVELS OF TESTOSTERONE, AND LH IN ORCHIDECTOMIZED RATS.

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MARY

Present study was performed to investigate physiological role of calcitonin (CT) on physiological testicular axis . A total number of 80 male albino rats were divided into 4 equal groups, the first served as control, and the second group was injected with salmon calcitonin (sCT), the third group was orchidectomized and the fourth was orchidectomized and injected with testosterone. Blood samples were collected after two weeks . Plasma were separated for analysis of testosterone , FSH and LH. Results indicated a significant decrease in testosterone level in intact animals which were injected with sCT and a significant increase in FSH and LH levels of orchidectomized rats injected with calcitonin.

PRODUCTION

Calcitonin (CT) is a peptide hormone produced mainly by parafollicular cells (C cell) of thyroid

gland in mammals, and its effect have been focused on calcium homeostasis (Azria,1989). Its receptors have been reported in brain (Hilton et al.,1995), pituitary gland (Goltzman and Mitchell,1985) and testicular Leydig cells (Nakhla et al., 1989) and ovarian cells (George et al.,1997) which proved the existence of endocrine role of CT on pituitary gonadal axis. CT was also able to relieve pain as it increases plasma B-endorphin level by acting through the hypothalamus and/or pituitary gland (Franceschini et al .,1993). There is a direct evidence for the critical dependence of pain behavior on calcitonin gene related receptors (Han et al.,2005). In addition, it is extremely potent suppressor of slow wave sleep when injected between the lateral part of the hypothalamic paraventricular area (PVA) and the fornix, as it is involved in sleep regulation (Slisli and Beaurinaire,1999). Calcitonin affects skin temperature in castrated male rats (Yuzurihara et al.,2003), On the other hand (Kamada et al .,2005) reported an anti-inflammatory effect of calcitonin and Davey and Morris,(2005) proved the effect of single

ment with salmon calcitonin (sCT) on calcium osinosis and bone turnover.

tion of LH and FSH is known to be controlled by releasing factors from hypothalamic which expressed CT receptors (Nicoxia et al. 2005). On the other hand, CT infusion in pharmacological doses reduced the serum concentration of LH and FSH through a mechanism involving increase in cAMP production in rat pituitary cells (Tsai et al., 1999).

Recent evidence has shown that calcitonin gene related peptide (CGRP) is considered a key mediator of stress induced suppression of the gonadotropin releasing hormone (GnRH). A little is known about the neural pathway involved (Kinoshita et al., 2005). Calcitonin receptors in CNS are involved in the regulation of food intake, sexual maturation and behavior (Sawada, et al., 2006; Taylor et al., 2006).

It was found to increase the intramyocytic calcium in adult cells and decrease it in neonates (Taylor et al., 2006). The hypercalcemia caused by 1,25-dihydroxyvitamin D₃ disrupts the endocrine homeostasis that in turn temporarily disrupts the female reproductive system (Horri et al., 1992).

Orchidectomy of man suffering from infertility with low serum testosterone level by tamoxifen resulted in increased plasma level of LH, FSH and testosterone. Testosterone has a direct influence on LH secretion (Schopman et al., 1987). Also (Lu et al., 2000) indicated that orchidectomy decreases LH and CT release from thyroid gland.

So the present study was performed to investigate the role of CT on hypophysial gonadal axis.

MATERIALS AND METHODS

A total number of 80 adult male albino rats weighing 200 ± 50 gm, were obtained from laboratory farm animals, faculty of Veterinary Medicine, Banha university. The animals were fed on standard commercial diet, milk and water and kept in steel wire cages throughout the study.

Experimental design

The animals were divided into 4 equal groups as follows:

- 1st group (G1): served as control injected with normal saline intramuscularly (I/M) daily for two weeks (Control intact).
- 2nd group (G2): injected (I/M) for two weeks with salmon calcitonin (sCT) obtained from Novartis pharma. Sat. Cairo. in a dose of 10 MRC U/kg body weight/day (Mahrous and Nakhla, 1988).
- 3rd group (G3): orchidectomized animals injected I/M with normal saline for two weeks.
- 4th group (G4): orchidectomized animals injected I/M with 10 MRC U/kg body weight/day for two weeks.

Male rats were orchidectomized 2 weeks before treatment (Chen et al., 1994).

Orchidectomy was performed according to (Byron, 1978).

Blood sampling and hormonal assay:

Blood samples were collected on heparinized tubes after scarification of the animals. Plasma were separated by centrifugation and used for hormonal

assay by radioassay system laboratories. Testosterone and FSH were determined after Abraham (1981) and LH according to Ho Yuen et al.,(1983) Obtained data were analysed using ANOVA testing according to (Noursis, 1997).

RESULTS

The results of the present study were indicated a significant decrease in plasma levels of testosterone in all rat groups in comparison to intact control rats. while FSH and LH levels were significantly elevated in all orchidectomized rats in comparison with the intact rats

DISCUSSION

There are many reports which indicated that the inhibitory effect of sCT on basal PRL release was reversed by treatment with either the Ca²⁺ ionophore A23187. (Shah et al., 1990 and 1996), thyrotropin hormone (Mitsuma et al.,1984),growth hormone (Guisting et al., 1990), gonadotropin hormone (Chen et al.,1994), testosterone (Wang et al., 1994),estradiol (Mahrous and Nakhla, 1988) and the progesterone secretion (Tsai et al., 1999). The present study was indicated that I/M injection of sCT for two weeks resulted a significant reduction at p<0.001 in plasma levels of testosterone and these results come in agreement with Mulder (1993) whom proved that the mechanism by which sCT reduced plasma testosterone level may

Plasma levels of testosterone, FSH and LH in intact and orchidectomized rats injected with sCT/ 2 weeks

Groups Hormones	(G4)	(G3)	(G2)	G (1)
Testosterone ng/ml	0.743 ±0.035	0.580 ^a ±0.063	0.462 ^{ab} ±0.011	0.456 ^{a,c} ±0.021
LH IU/ml	0.069 ±0.014	0.052 ^a ±0.016	0.197 ^{a,b} ±0.024	0.130 ^{a,c} ±0.011
FSH IU/ml	0.089 ±0.050	0.090 ±0.067	0.210 ^{a,b} ±0.015	0.160 ^{a,c} ±0.037

a: significant differences between G (1) of the same line

b: significant difference between G (1) and G3

c: significant difference between G (1) and G4

be due to direct effect on the testis and/ or indirect effect on hypothalamo-hypophysial testicular axis. On the other hand (Yuzurihara et al., 2003) proved that calcitonin gene related peptide (CGRP) is the most potent peptide in the family that elevates the skin temperature in male rats. The elevation of such temperature was more affected by testosterone deficiency resulting from castration, which suggest that CGRP is involved in mechanisms underlying hat flases in man.

The reduction of plasma testosterone level was accompanied by a significant decrease in both LH, FSH at $p < 0.001$, which indicate that the inhibitory effects of sCT on testosterone secretion might be affected pituitary gland and these results were proved by (wang et al., 1994) as they concluded that sCT caused a direct inhibition on gonadotropins hormone release from anterior pituitary through mechanisms involving an increase in cAMP through the action of protein kinase A (PKA) which block Ras pathway and then inhibits release of LH (Marx, 1993). Recently (Kinsey, et al., 2005) were reported that CGRP is considered a key mediator of stress induced suppression of gonadotropin releasing hormone (GnRH) although little is known about the neural pathway involved. Sawada et al (2006) suggest that calcitonin receptor stimulating peptide-1 (CRSP-1) can function as a ligand for the CT-R and may act as a catabolic signaling molecule in the CNS.

On the other hand the present study showed that the level of both FSH and LH were significantly increased at $p < 0.001$ in orchidectomized animals, while it decreased significantly after administra-

tion of sCT which may be due to direct inhibitory effect on the pituitary gland or indirect through decreasing secretion of gonadotropin releasing hormone from the hypothalamus (Nicosia et al., 1986) or through inhibition of basal release of LH (Tsai et al., 1999).

The general effect of CT could be attributed to a change in intracellular calcium of the secreting cell (Isaac et al., 1980) and pituitary cells; furthermore, the widespread recognition of CT-like immunoreactivity in adenohypophysis and in portion of the central nervous system suggests that CT may be a neurotransmitter or paracrine regulator. (Ceda et al., 1982). The calcium signal plays an important role in the control of the secretory processor some adenohypophyseal hormones, which responds to the administration of calcitropic substances by a marked change (Zofkova et al., 1989)

The effects of CT on gonads may be indirectly via high centers-as illustrated above- or directly on gonads, as the findings of (Nakhla et al., 1989) who reported that the possibility that the action of calcitonin on steroid receptors might be mediated by another messenger such as calcium (Ca^{2+}) was therefore considered. Progressively lowering the concentration of Ca^{2+} in the culture medium of the cells from 1.5mM to less than 0.01 mM decreased the concentration of both androgen and estrogen receptors. Returning the Ca^{2+} concentration to normal levels (1.5mM) restored steroid receptors levels. Receptor levels were also decreased when the extracellular Ca^{2+} concentration was lowered to 0.5 mM, and treatment with the Ca^{2+} ionophore, A23187

(1microM), restored receptor levels to normal. The calcium channel blocker, verapamil, decreased the androgen receptor concentration but unexpectedly increased the concentration of estrogen receptors. It was concluded that calcitonin stimulates cAMP formation and testosterone secretion, and increase the concentration of sex steroid receptors. These observations provide evidence that the previously demonstrated calcitonin receptors on Leydig cells may be coupled to several biologic responses in this cell type.

In contrast to calcitonin inhibition of TRH-induced PRL release, sCT failed to prevent the stimulation of PRL release by either Ionophore A23187, PMA, vasoactive intestinal, peptide, or forskolin (Shah et al., 1990)

Although of all previous reports, Chen et al., (1994) found that their results clearly demonstrated a plasma calcium-unrelated inhibitory effect of hCT on LH secretion.

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