

# Effect of Myo-Inositol on Convulsions Induced by Pentylenetetrazole and Kainic Acid in Rats

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We studied the effect of myo-inositol on pentylenetetrazole and kainic acid-induced seizures in rats. Myo-inositol significantly reduced seizure activity.

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**Key Words:** *epilepsy; myo-inositol; kainic acid; pentylenetetrazole*

Plants of the *Ranunculaceae* family (*Aquilegia vulgaris*, *Aquilegia viridis*) are actively used in Chinese and Tibetan popular medicine as antiepileptic and soporific drugs. We previously showed that water extract from *Aquilegia vulgaris* (*Ranunculaceae* family) completely inhibited binding of <sup>3</sup>H-muscimol (GABA-A receptor agonist) and stimulated binding of <sup>3</sup>H-flunitrazepam (specific ligand of GABA-A receptor benzodiazepine site) [12]. The binding of neuroligands to GABA-A receptors is affected by fraction of low-molecular-weight (<2 kDa) substances in the extract, which is also characterized by antiepileptic effects on convulsions induced by acoustic stimulation in Krushinskii—Molodkina rats [12]. Gas chromatography and mass spectrometry revealed two active compounds in this fraction: oleamide and myo-inositol [11]. We showed <sup>3</sup>H-muscimol binding to GABA-A receptors in rat brain *in vitro* is inhibited by myo-inositol [11]. CNS is characterized by high content of myo-inositol and capacity to its production [3]. Myo-inositol is not only a precursor for the synthesis of inositol lipids, but also a physiologically important osmolyte [3]. Oral treatment with myo-inositol was effective in some neurological diseases [1,2, 4,6-9], but antiepileptic activity of this lipid was never reported.

In order to find out whether myo-inositol can mediate the antiepileptic effects of the low-molecular-weight fraction from *Aquilegia vulgaris*, we studied the effect of myo-inositol on seizures induced by pentylenetetrazole (PTZ) and kainic acid (KA).

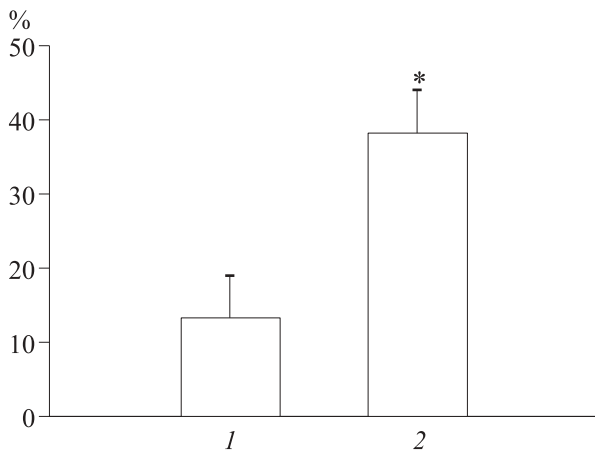
## MATERIALS AND METHODS

Tests with PTZ and KA are used for evaluating the efficiency of antiepileptic agents.

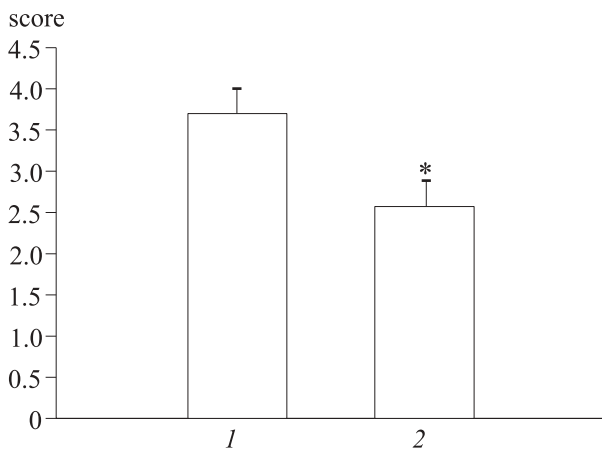
Experiments with PTZ were carried out on rats divided into 2 groups. Group 1 animals ( $n=10$ ) were intraperitoneally injected with myo-inositol (20 mg/kg), group 2 rats ( $n=10$ ) with the same volume of saline. After 30 min animals of both groups were injected with PTZ (60 mg/kg), after which each rat was placed into an individual box and its behavior was observed for 1 h. The intensity of convulsions was scored using a modified Racine's scale (0: complete absence of motor convulsions; 1: stupor, closed eyes, seizures (ears, whiskers), sniffing, facial clonus; 2: nodding because of a stronger facial clonus; 3: clonus of bilateral forelimbs without rearing; 4: bilateral forelimbs clonus with rearing; 5: falling on the side (without rearing), loss of setup reflex, paralleled by generalized clonic convulsions; 6: rearing and falling on the side, paralleled by general clonic convulsions) [10]. A total of 6 experimental series were carried out. The percentage of animals without convulsions (0 points) was evaluated for each group.

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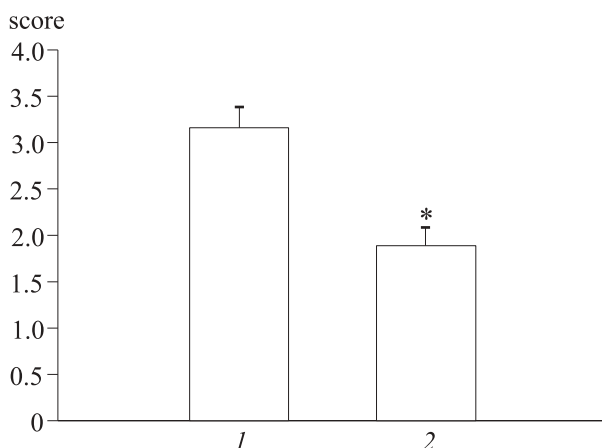
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**Fig. 1.** Effect of myo-inositol on the percent of animals exhibiting no seizure activity after PTZ injection. Here and in Figs. 2, 3: 1) control group (saline); 2) animals injected with myo-inositol. \* $p=0.014$  compared to the control (saline).



**Fig. 2.** Dynamics of seizure activity induced by injection of PTZ (a) or KA in rats (b). \* $p=0.0145$  compared to the control group.



**Fig. 3.** Dynamics of seizure activity in rats induced by injection of KA. \* $p=0.0001$  compared to the control group.

Experiments with KA were also carried out in 2 groups of rats. Group 1 ( $n=10$ ) animals were intraperitoneally injected with myo-inositol (20 mg/kg),

group 2 rats ( $n=10$ ) with the same volume of saline. After 30 min all rats were injected with KA (10 mg/kg) [5]. Each animal was then placed into an individual box and its behavior was observed during 4 h. Convulsions were scored using Racine's scale. Six experiments were carried out. Animals, in whom KA induced no convulsions were registered. The efficiency of myo-inositol was evaluated by unifactorial analysis of variables. The data were evaluated using the Student and Mann—Whitney tests.

## RESULTS

The effects of myo-inositol or saline on animals treated with PTZ were significant ( $F_{1,10}=9.35$ ,  $p=0.012$ ). The number of animals exhibiting no epileptic activity (convulsions) was significantly higher in the group treated with myo-inositol than in the control group ( $p=0.014$ ; Fig. 1).

Hence, myo-inositol significantly reduced seizure activity induced by PTZ in comparison with the control (saline injection) according to Mann—Whitney test ( $W=2910.5$ ,  $p=0.0145$ ; Fig. 2).

In animal injected with KA, the effects of saline and myo-inositol on the percent of animals exhibiting no seizure activity were negligible ( $F_{1,10}=1.71$ ,  $p=0.221$ ). The percent of animals without seizures in the group treated with myo-inositol virtually did not differ from the control. The effect of myo-inositol in rats treated by KA manifested in a significant decrease in the intensity of seizures (Mann—Whitney test:  $W=4037.0$ ,  $p=0.0001$ ; Fig. 3).

These results suggest that myo-inositol demonstrates antiepileptic properties in seizure activity caused by chemical convulsants. In seizures provoked by PTZ, myo-inositol decreases the percent of animals exhibiting no seizures and total severity of convulsions. In seizures caused by KA, myo-inositol decreases the intensity of seizures. PTZ and KA have different targets in the CNS, and therefore the effects of myo-inositol are different. Our findings indicate antiepileptic effects of myo-inositol.

## REFERENCES

1. Y. Barak, J. Levine, A. Glasman, et al., *Prog. Neuropsychopharmacol. Biol. Psychiatry*, **20**, No. 4, 729-735 (1996).
2. J. Benjamin, J. Levine, M. Fux, et al., *Am. J. Psychiatry*, **152**, No. 7, 1084-1086 (1995).
3. S. K. Fisher, J. E. Novak, and B. W. Agranoff, *J. Neurochem.*, **82**, No. 4, 736-754 (2002).
4. M. Fux, J. Levine, A. Aviv, and R. H. Belmaker, *Am. J. Psychiatry*, **153**, No. 9, 1219-1221 (1996).
5. J. L. Hellier, P. R. Patrylo, and P. S. Buckmaster, *Epilepsy Res.*, **31**, No. 1, 73-84 (1998).
6. J. Levine, *Eur. Neuropsychopharmacol.*, **7**, No. 2, 147-155 (1997).

7. J. Levine, A. Aviram, A. Holan, *et al.*, *J. Neural Transm.*, **104**, Nos. 2-3, 307-310 (1997).
  8. J. Levine, Y. Barak, M. Gonzalves, *et al.*, *Am. J. Psychiatry*, **152**, No. 5, 792-794 (1995).
  9. J. Levine, M. Gonzalves, I. Barbam, *et al.*, *Human Psychopharmacology*, **8**, 49-53 (1993).
  10. R. J. Racine, *Electroencephalogr. Clin. Neurophysiol.*, **32**, No. 3, 281-294 (1972).
  11. R. Solomonia, N. Kuchiashvili, A. Berulava, *et al.*, *Biol. Phys. Chem.*, **4**, 185-192 (2004).
  12. R. Solomonia, Z. Mchedlishvili, and N. Dalakishvili, *Bull. Georgian Acad. Sci.*, **153**, 270-272 (1996).
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