

Analgesic effects of sodium butyrate and phenylalanine-butyramide derivative in acute and chronic pain models

R. Russo¹, C. De Caro¹, C. Avagliano¹, C. Cristiano¹, G. La Rana¹, G. Mattace Raso¹, R. Berni Canani², R. Meli¹, A. Calignano¹

¹Dept. of Pharmacy, University of Naples Federico II, Via D. Montesano 49, 80131 Naples, Italy

²Dept. of Translational Medicine-Pediatric Section, University of Naples 'Federico II', Naples, Italy

Butyrate is a natural short-chain fatty acid (SCFA) present in dairy products and produced by commensal anaerobic fermentation of undigested carbohydrates in the colon [1]. Clinical trials suggest that butyrate exerts its anti-inflammatory properties in human inflammatory bowel disease, including ulcerative colitis, proctosigmoiditis and chronic radiation proctitis [2-5]. Conversely, preclinical studies, performed in rats, showed that butyrate enemas prolong visceral hyperalgesia following trinitro-benzene sulfonic acid-induced colonic inflammation [6]. While local application of butyrate on distal colonic mucosa has been evaluated with discordant results [7-9], its beneficial effect after systemic administration on pain perception appears more clear, but little investigated. Recently, Kukkar [10] showed that oral administration of butyrate attenuates neuropathic pain symptoms in a chronic constriction injury (CCI) model, which may be mainly attributed to its ability to decrease the release of pro-inflammatory mediators during neuropathy development. In the present study we investigated the role of sodium butyrate (butyrate), and its more palatable derivative, the N-(1-carbamoyl-2-phenyl-ethyl) butyramide (FBA), in animal models of acute and chronic pain. We found that oral administrations of butyrate (10-200 mg/Kg) or equimolecular FBA (21.2-424 mg/Kg) reduced visceral pain in a dose- and time-dependent manner. Both drugs were also effective in the formalin test, showing a rapid antinociceptive effect. This analgesic effect was blocked by glibenclamide, suggesting the involvement of ATP-dependent K⁺ channels. Moreover, following repeated administration, butyrate(100-200 mg/Kg) and FBA (212-424 mg/Kg) retained their analgesic properties in a model of neuropathic pain, reducing mechanical and thermal hyperalgesia in the chronic constriction injury (CCI) model. The involvement of peroxisome proliferator-activated receptor (PPAR)- α and - γ for the analgesic effect of butyrate was also investigated by using PPAR-alpha null mice or the PPAR-gamma antagonist GW9662. Western blot analysis confirmed the role of peroxisome receptors in butyrate effects, thus evidencing the increase of PPAR- α and - γ expression, associated to the reduction of inflammatory markers (COX-2, iNOS and TNF- α). In conclusion, we describe the role of butyrate-based drugs in pain, identifying different and converging non-genomic and genomic mechanisms of action, which cooperate in nociception maintenance.

1. Topping (2001) *Physiol Rev*; 81:1031.
2. Vernia (1995) *Aliment Pharmacol Ther* 9:309–13.
3. Steinhart (1994) *Am J Gastroenterol* 89:179–83.
4. Patz (1996) *Am J Gastroenterol* 91:731–4.
5. Pinto (199) *Dis Colon Rectum* 42:788–96.
6. Luhrs (2002) *Scand J Gastroenterol* 37:458–66.
7. Vanhoutvin (2009) *Neurogastroenterol Motil.* 21:952–976.
8. Tarrerias (2002) *Pain* 100:91–97.
9. Bourdu (2005) *Gastroenterology* 128:1996–2008.
10. Kukkar (2014) *J Formos Med Assoc* 113(12):921-8.