

Arecoline, Hesperidin and Trifluoperazine-mediated Cytotoxicity and Cell Death Potential in NIH/3T3 Fibroblasts Cells –Toxicity/Safety Assessment in a NIH/3T3 Model Fibroblast Cell Line

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ABSTRACT

Aim/Background: Arecoline is considered to be the principal etiologic agent for Oral Sub mucous Fibrosis (OSF) with the buccal fibroblasts being the major target. Hence, this model alkaloid has been used to evaluate toxicity and cell death potential in NIH/3T3 cells and compared with that of Hesperidin. **Materials and Methods:** Toxicity and cell death, for the two molecules, was tested using a battery of assays (MTT assay based cytotoxicity assessment; AO/EtBr assay-based determination of the percentage of dead cells; PI-based cell-cycle and cell death analysis using flow cytometry; DCFH-DA-based ROS levels). We also evaluated the role of S100A4 in this process using Trifluoperazine (TFP)- an antagonist of this protein. These experiments involved challenging the cells with arecoline and protecting them with Hesperidin and TFP separately. **Results:** IC₅₀ measurements, based on the MTT assay, were found to be 38 μ M and 7.5 Micromolar respectively. Based on the AO/EtBr and the flow cytometry assay, both the chemicals exhibited a dose-dependent increase in cell death. Both chemicals arrested the cells in different phases of the cell cycle. Arecoline and Hesperidin altered ROS levels in a dose-dependent manner. Our challenge-protection experiments showed that Hesperidin and TFP, were able to reduce the arecoline-mediated cell death in NIH/3T3 fibroblasts. These results may due to an alteration in the ROS levels, despite quantitative differences in their cytotoxicity and cell death potential. The protection-challenge experiments showed that Arecoline and TFP may have a marginal cytoprotective effect. **Conclusions:** Our results substantiates and validates our experimental design to evaluate the toxicity and safety of model fibrotic chemicals as well as test the probable protective effects conferred by Hesperidin-like natural molecules as well as possibly address mechanistic issues pertaining to ROS as well as S100A4 antagonism using TFP and related molecules.

Key words: Arecoline, Hesperidin, Trifluoperazine, S100A4, Cell Death, Protection-Challenge, Challenge-Protection.

INTRODUCTION

Arecoline is an important alkaloid found in areca nut (a component of betel quid). Results from various *in vitro* model systems have shown this chemical agent to be a model genotoxic and cytotoxic compound¹ that induces apoptosis,² inhibition of p53 and repression of DNA repair.^{3,4} Also, an *in vivo* study has demonstrated chromosome breakage.⁵ Another report has documented that a related molecule (arecoline N-oxide)

increased S100A4 (a member of the metastasis-related proteins in the calcium binding protein family and also used to identify cells of the fibroblast lineage) levels in cultured oral fibroblasts,⁶ thereby substantiating the inclusion of this marker protein in this safety assessment study of ours. Also, this protein was found to be elevated in buccal fibroblasts in *ex vivo*⁷ and *in vitro* studies.⁸ Flavonoids constitute

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an important, category of bioactive molecules whose antioxidant property may play a pivotal role in free radical scavenging as well in altering the redox status in terms of the enzymic antioxidants⁹ and prevents many diseases including various types of cancer.¹⁰ Hesperidin, is an important flavonoid with various biological activities in different experimental systems, not necessarily restricted to those modelling cancer. These activities include inhibition of proliferation; apoptosis¹¹ and anti-oxidant property.^{12,13} Despite the reported inferential involvement of S100A4 protein in buccal fibroblasts in arecoline-mediated effects, our experimental design is the first of its kind (involving a combination of MTT and Propidium Iodide (PI)-based cytotoxicity as well as cell death assays), wherein a chemical antagonist has been used to evaluate the role of this protein in arecoline and hesperidin-mediated toxic effects. Further, we report, for the first time, a comparative assessment of the relative toxicity and cell death potential of Arecoline, Hesperidin and Trifluoperazine in NIH/3T3 fibroblasts – a model, fibroblast cell line of murine origin, that has been used in several studies, since it was developed as a cell line in 1963.¹⁴ Also, this cell line has been used in performing the classical MTT-based cytotoxicity studies (an assay also adopted in our study).¹⁵

MATERIALS AND METHODS

Reagents

Arecoline Hydro bromide (Molecular weight – 236) (Product of Switzerland) was procured from Sigma Aldrich and Hesperidin from Himedia. Stock solutions of both the chemicals were prepared in sterile DMSO and diluted for use in serum-free medium. Propidium Iodide (PI) (Himedia); MTT (Himedia); Acridine orange (Himedia); Ethidium bromide (Himedia) and 2', 7-Dichlorofluorescein diacetate (Sigma- Product of Israel) and Phosphate Buffered Saline.

Cell Culture

NIH/3T3 fibroblasts cell line (Passage No.21) was purchased from NCCS, Pune and were cultured in Dulbecco's modified Eagle's medium (Himedia) supplemented with 10% FBS (Himedia). Additionally, an antibiotic solution (100X) containing 10,000 IU Penicillin; 10 mg Streptomycin; 25 µg Amphotericin B/ml were added as media supplements. The cells were incubated at 37°C in a humidified incubator with 5% CO₂.

Cytotoxic Effect of Arecoline, Hesperidin and Trifluoperazine (TFP) on NIH/3T3 fibroblasts cells

The MTT cytotoxicity assay protocol followed was as described in the paper¹⁵ with a few modifications as stated below: Ten thousand (1x10⁴) cells were grown in a 96 well plate. After 24 hrs, cells were exposed to different concentrations of Arecoline (0-100 µM/ml); Hesperidin (0-100 µM/ml) and Trifluoperazine (0-10 µM/ml). After 24 hr of incubation, a couple of PBS washes were done and then the medium containing 0.5 mg/ml of MTT was added. The duration of exposure to MTT was for 4 hours. This chemical when reduced, forms the formazan crystals that are dissolved using DMSO. Cell viability was measured by determining O.D at 540 nm. Absorbance values were based on the increasing concentrations of the solutions containing the DMSO (100µl) dissolved formazan crystals. These values were representative of and were an indirect measure of the functionality of NAD(P)H-dependent cellular oxidoreductases.¹⁶ Results represent the average values and the standard deviations from the independent experiments performed three times. The negative controls were the untreated cells. The positive and vehicle controls (PC&VC) were respectively 1µM-Doxorubicin; and the DMSO. In this context, it was ensured that the final concentration of DMSO did not increase beyond 1% in each of our drug/toxicant-treated cultures.

Cell death detection by Acridine Orange (AO) and Ethidium bromide (EtBr) method (AO/EtBr method)

Acridine orange and Ethidium bromide is a simple, rapid and accurate method to detect cell death. Acridine Orange (AO) invades all the cells and stains the nuclei which appear green (those with and without an intact plasma membrane). The other dye Ethidium bromide (EB) stains nuclei (red colour) of only those cells, which have lost the integrity of the cytoplasmic membrane. Thus, the nucleus of the early apoptotic cells appear bright green due to chromatin condensation and the late apoptotic cells exhibit an orange-stained chromatin.¹⁷ The AO/EtBr cell death detection assay protocol¹⁸ followed was as described in the paper cited, with a few modifications as stated below: 1x10⁴ Cells were seeded in a 6-well plate. After cell growth for a day, they were exposed to different concentrations of Arecoline (0, 19, 38 and 76µM) and Hesperidin (0, 3.75, 7.5 and 15µM). The concentrations selected were based on the reproducible IC₅₀ measurements made using the MTT-

based cytotoxicity assay. After treatment of the cells for a day, the cells were washed with Dulbecco's PBS and fixed with 4% paraformaldehyde. Staining of the fixed cells was then done with a solution containing 50 µg/ml of AO as well as 50 µg/ml of EtBr at a ratio of 1:1. The cells were left in this staining solution for 15 min at. After incubation, the cells were washed a couple of times with PBS and then the cells were visualized under the fluorescence microscope (Carl Zeiss, AXIO, Germany). The excitation and emission maxima for AO/EtBr were 525nm and 650nm respectively). Hence, the filters used were green and red) Different fields were selected randomly and one hundred cells were counted for each of the concentrations of arecoline.

Cell Cycle Analysis by Flow Cytometry

The flow cytometry-based cell cycle analysis was done based on the method described in¹⁸ with a few modifications as stated below:

1x10⁴ Cells were grown in a 6-well plate. After growing the cells for a day, cells were exposed to various concentrations of Arecoline (0, 19, 38 and 76µM) and Hesperidin (0, 3.75, 7.5 and 15 µM) along with 1 µM Doxorubicin; 1% DMSO and untreated media as the positive; vehicle and negative controls respectively. The concentrations selected were based on the MTT assay-based reproducible IC₅₀ values. After 24 hr of treatment, cells were washed with Dulbecco's PBS and then taken up in 0.5 ml PBS and the cell suspension was fixed in 70% ethanol for 30 min at 4°C. Then, 2.5ml of PBS was added and the cell suspensions were centrifuged. The respective supernatants were discarded and cells were again resuspended with 2.5 ml of PBS and the pellets were stored in ice. Then the pellets were incubated with 20 µg/ml of DNA staining solution (PI) containing 0.2 mg DNase free RNase.¹⁹ Cells were incubated for 30 min at room temperature and analysed using our in-house flow cytometer (Beckman coulter cytoflex) and the results were analysed using the cytexpert software.

Live and Dead analysis by Flow Cytometry

The flow cytometry-based live and dead analysis was performed based on the method described in²⁰ with a few modifications as stated below:

1x10⁴ Cells were grown in a 6-well plate. After 24 hr, the cells were exposed to various concentrations of Arecoline (0, 19, 38 and 76 µM) and Hesperidin (0, 3.75,7.5 and 15µM). The concentrations selected were based on the MTT assay-based reproducible IC₅₀ values. After exposure of these cells for 24 hr, the cells were washed with Dulbecco's PBS. Then, the cells were

harvested and the pellet was then suspended with 0.5 ml of PBS. Then, a 5 µl (50µg/ml) solution of PI was added and incubated for 5 min in the dark at room temperature.²⁰ Then, the cells were analysed using our in-house flow cytometer (details provided above) and the results were analysed using the FlowJo software.

Measurement of ROS using DCFDA

The DCFH-DA-based total intracellular ROS measurements were done based on the method described in²¹ with a few modifications as stated below: 1x10⁴ Cells were grown in a 6-well plate. After a day, the cells were exposed to various concentrations of Arecoline (0, 19, 38 and 76µM) and Hesperidin (0, 3.75, 7.5 and 15µM) respectively. After 24 hrs of treatment, cells were washed with Dulbecco's PBS. Then the cells were treated with 5 µg/ml of 2', 7'-dichlorofluorescein diacetate (DCFDA; Sigma) for a 15 min time period. The cell suspension was washed with PBS and lysed in RIPA buffer.²² The fluorescence was detected spectrophotometrically at 510 nm.

Challenge and Protection and Protection and Challenge, Cytotoxicity and cell death analysis

As in the case for Arecoline and Hesperidin, the concentrations of Trifluoperazine were selected based on our preliminary MTT assay-based reproducible IC₅₀ value determinations.

MTT Assay

One lakh (1x10⁵) cells were grown in a 96 well plate. After growth of these cells for a day, the cells were pre-treated with different concentrations of Arecoline (0, 19, 38µM/ml), Hesperidin (0, 3.75, 7.5µM) and Trifluoperazine (TFP- 0, 1.1 and 2.2 µM). After 24 hrs, the cells were challenged with different concentrations of Arecoline (0, 19, 38 µM); Hesperidin (0, 3.75, 7.5 µM) and Trifluoperazine (TFP- 0, 1.1 and 2.2 µM) for 24hrs. Then, the cells were washed twice with Dulbecco's PBS. Then, the medium was exposed to 0.5 mg/ml of MTT for 4 hrs. Absorbance values were based on the increasing concentrations of the solutions containing the DMSO (100µl)-dissolved formazan crystals. These values were representative of and were an indirect measure of the functionality of the NAD(P) H-dependent cellular oxidoreductases.¹⁵ Results represent the average values and the standard deviations from independent experiments performed thrice. The negative controls were the untreated cells. The positive and vehicle controls (PC&VC) were respectively 1 µM-Doxorubicin; and the DMSO. In this context, it was ensured that the final concentration of DMSO did

not increase beyond 1% in each of our drug/toxicant-treated cultures.

Live and Dead analysis by Flow Cytometry

The flow cytometry-based live and dead analysis was done based on the method described in²⁰ with a few modifications as stated below:

One lakh (1×10^5) cells were grown in a 96 well plate. After 24 hrs, the cells were pre-treated with different concentrations of Arecoline (0, 19 and 38 μM), Hesperidin (0, 3.75 and 7.5 μM) and Trifluoperazine (TFP- 0, 1.1 and 2.2 μM). After 24 hr, the cells were challenged with different concentrations of Arecoline (0, 19, 38 μM); Hesperidin (0, 3.75, 7.5 μM) and Trifluoperazine (TFP- 0, 1.1 and 2.2 μM). Then, the cells were washed twice with Dulbecco's PBS. The washed cells were harvested and centrifuged and then, the cell pellet was suspended in 0.5 ml of PBS. Then, a 5 μl of a 50 $\mu\text{g/ml}$ of PI solution was added and the cultures were kept in the dark for 5 min at room temperature. Then, the cells were analysed using our in-house flow cytometer (details provided above) and the results were analysed using the FlowJo software (as mentioned earlier).

RESULTS

Cytotoxic Effect of Arecoline on NIH/3T3 fibroblasts cells

NIH/3T3 Cells were exposed to medium containing Arecoline (0-100 μM) for 24 hr. The inhibitory effects of Arecoline, on the proliferation capabilities of these cells, were evaluated by the MTT cell viability assay. As shown in Figure 1, Arecoline (0.5, 1, 2, 5, 10, 20, 50 and 100 Micromolar) treatment of NIH/3T3 resulted in a dose-dependent reduction in cell viability, in comparison with the Negative as well as the vehicle control (DMSO) values. The calculated IC_{50} value for Arecoline was 38 μM (N=3).

MTT results, we selected two different concentrations (IC_{25} -19 μM , IC_{50} -38 μM and IC_{100} -76 Micromolar) of Arecoline for our further experiments (Figure 1). Our report is, to the best of our knowledge, the first of its kind wherein arecoline-mediated cytotoxicity has been assessed specifically in NIH/ 3T3 cells based on our MTT assay-based cytotoxicity data. Further, the differences in cytotoxicity based on the site of origin of the fibroblasts as well as cell line-based variants again substantiates the need to systematically evaluate toxicity/safety in cells that are representative of normal fibroblasts. A similar rationale was adopted for determination of the IC_{50} value in the case of Hesperidin (details provided below).

Cytotoxic effect of Hesperidin on NIH/3T3 Fibroblasts

In this study, we wanted to examine the protective and pro-survival effects of Hesperidin subsequent to Arecoline pre-treatment of NIH/3T3 fibroblasts. Hence, it was imperative to evaluate the cytotoxic concentration range of hesperidin in NIH/3T3 fibroblasts. Different concentrations between 0 and 100 μM were tested for this purpose. Currently, data pertaining to MTT assay-based cytotoxicity assay is scanty and has been performed in other cell lines. Specifically, there is a report wherein differential cytotoxicity has been demonstrated in cancerous epithelial cells, while the non-tumorigenic fibroblasts were not affected.⁴⁷ Hesperidin treatment resulted in a diminution of cell viability in a dose-dependent manner, compared with untreated and vehicle controls. The calculated IC_{50} for Hesperidin is 7.5 μM (Figure 2 -N=3). This finding with respect to the cytotoxicity data has not been hitherto reported specifically for 3T3 cells. Positive control showed 30% viability. Based on the IC_{50} values, we selected three different (3.75, 7.5 and 15 μM) concentrations of Hesperidin for our further experiments.

Cell death detection by Acridine Orange and Ethidium bromide method

The results of this assay, to discriminate apoptotic from necrotic cells, have been depicted (Figure 3) in the form of fluorescence images (Figure 3) as well as a graphical representation (Figure 4). The numbers in parenthesis refers to the individual bars in the graph (Figure 4) and is sequential.

Figure 3a (Figure 4 A(1)) Positive control showed 90% of cell death (late apoptosis). Here we showed a dose-dependent effect for Arecoline, when compared with the control data (Negative and Vehicle Control respectively—Figure 3b and Figure 3c (Figure 4A (2 and 3))). The majority of cells (Negative and Vehicle controls) were stained green in colour and hence, were healthy (as per the existing nomenclature). Arecoline (Figure 3d (Figure 4A (4))) at a concentration of showed around 20-25%, 38 μM (Figure 3e (Figure 5 (5))) showed 40-45% and 76 μM (Figure 3f (Figure 4A (6))) showed that around 68-70% of the cells were undergoing early apoptosis. However, there were a few cells that showed late apoptosis, after the cells were exposed with Arecoline for 24hr (N=2). Hesperidin showed a concentration-dependent cell death compared with the positive (Figure 4B (1)), Vehicle (Figure 4B (2)) and Negative controls (Figure 4B (3)). At 3.75 μM (Figure 3g (Figure 4B (4))) Hesperidin showed 25-30%, 7.5 μM (Figure 3h (Figure

4B (5)) showed 60-65% and 15 μ M (Figure 3i (Figure 4B (6)) showed 75-80% cell death. (N=2). These results suggest that Arecoline and Hesperidin was able to induce early and late apoptosis in NIH/3T3 fibroblasts cells in a manner that was dose-dependent (Figure 3 and Figure 4A; 4B -N=2).

Cell Cycle Analysis by Flow Cytometry

In this study, we examined arecoline-mediated perturbations in the NIH/3T3 cell cycle. For this purpose, NIH/3T3 cells were exposed to different concentrations of arecoline and the relative percentage distribution of cells at the different cell cycle phases were studied (Figure 5). Arecoline 19 μ M, did not have a significant effect on the cells but 38 μ M (IC₅₀) of arecoline treatment led to a G1 arrest and a shorter S phase and 76 μ M showed G2/M block (N=1). Our data is at variance from that reported for arecoline-treated oral mucosal fibroblasts and is discussed below.

Live and dead cell Analysis using PI by Flow Cytometry

Arecoline is a known cytotoxic and genotoxic compound, which is known to induce cell death. Here we have examined the Arecoline-mediated cell death potential in NIH/3T3 fibroblasts. Positive control showed around 80% cell death and the negative and vehicle controls has showed no cell death. Arecoline-treated cells have shown dose-dependent cell death (Figure 6 N=1).

Intracellular ROS Detection by DCFDA Method

We then wanted to evaluate the possible involvement of ROS in arecoline-mediated cytotoxicity, cell-cycle arrest and cell death in NIH/3T3 fibroblast cells (Figure 7 – N=2).

Cell Cycle Analysis of Hesperidin

Here we examined the effect of Hesperidin in NIH/3T3 fibroblasts. The positive control-treated cells (Figure 8 (1)) were able to block the cell cycle significantly at G2/M phase and Vehicle (Figure 8 (2)) and negative control (Figure 8 (3)) showed no effect on cell cycle. Hesperidin 3.75 μ M /ml (Figure 8 (4)), has no significant effect and all the cells were blocked in the G1/S phase. The higher concentrations of Hesperidin were also predominantly involved in blocking the cells in the G1 phase (Figure 8 –N=1).

Live and dead cell Analysis using Propidium Iodide by Flow Cytometry

Here we have examined the effect of hesperidin on the growth of NIH/3T3 fibroblasts. These cells exhibited a concentration-dependent inhibitory effect

following exposure to Hesperidine (Figure 9-N=1). Positive control showed around 80% cell death and the negative and vehicle controls has showed no cell death. Hesperidin treated cells (Figure 9 (4, 5 and 6)) have shown concentration dependent cell death.

Intracellular Hesperidin-mediated ROS production (DCFH-DA assay)

We report a concentration-dependent inhibition of ROS production in NIH3T3 cells (Figure 10 N=2).

Cytotoxic effect of Trifluoperazine (TFP) on NIH/3T3 fibroblasts

Hence, we wanted to evaluate the possible role of TFP in ROS-mediated survival versus death of cultured NIH3T3 cells, based on evidence in the literature about its probable, protective role. Prior to performing the protection-challenge assay, it was necessary to determine the cytotoxicity of TFP. MTT assay-based results indicated that the IC₅₀ for TFP was 2.2 (Figure 11 N=3). This is the first report of its kind wherein we have reported the IC₅₀ value for TFP in NIH/3T3 cells.

MTT Challenge and Protection Assay

Here we have examined the protective role of TFP and Hesperidin in NIH/3T3 fibroblasts. The toxicity percentages of the combinatorial treatments are given in Table 1. The challenge and protection data presented herein seems to indicate that TFP may improve the relative survival of NIH3T3 cells in comparison with that of Hesperidin (Figure 12 – comparison of 7 versus 6; comparison of 8 versus 9); Table 1 – Sl. No.6 versus 7; Sl. No. 8 versus 9 N=2).

Live and Dead Analysis using Flow-Cytometry (Challenge and Protection Assay)

A similar correlatable result was observed in the case of the flow cytometry PI-based determination of live and dead cells Figure 13 – comparison of 7 versus 6; comparison of 8 versus 9); Table 2 – Sl. No.6 versus 7; Sl. No. 8 versus 9 in both tables N=1). Despite quantitative differences in cytotoxicity and cell death potential, Hesperidin and TFP, were able to reduce the arecoline-mediated cell death in NIH/3T3 fibroblasts, by probably varying the ROS levels.

MTT and Flow Cytometry Data: Protection and Challenge

Both the assays Table 2 and 3 –comparison of Sl. No. 5 versus 6 in both tables N=2) seem to indicate some change in the survival of NIH/3T3 cells with arecoline showing a slightly better cytoprotective effect. These results validate our experimental design.

DISCUSSION

Cytotoxic Effect of Arecoline on NIH/3T3 fibroblasts cells

Our MTT assay-based cytotoxicity with a reproducible IC₅₀ value of 38 μM in NIH/3T3 cells has hitherto not been reported (Figure 1). Since data is not available in the literature specifically demonstrating arecoline-mediated cytotoxicity in NIH/3T3 cells, literature pertaining to its effects on human buccal mucosal fibroblasts as well as the 3T3-L1 pre-adipocytes as well as the 3T3-L1 adipocytes is discussed. A report involving Oral Mucosal Fibroblasts (OMF) has clearly shown that arecoline concentrations less than 200 μM were not cytotoxic. The same paper has documented that there would be variability in the data based on cell density, concentration of serum and incubation time. Hence, this paper has provided a basis for the reported variability in the cytotoxicity data reported herein.²³ Cytotoxic effect was

38 and 63% at the 200 μM and 400 μM concentration respectively, following arecoline treatment of human Buccal Mucosal Fibroblasts (BMF) cells. The effects of arecoline could be altered, when used in combination with experimental agents that vary the intracellular GSH thiol levels.²⁴ In the case of human gingival fibroblasts, exposure to concentrations greater than 50 μg/ml of arecoline resulted in cytotoxic effects.²⁵ This differential toxicity data may be attributable, at least in part, to differences in the thiol levels in fibroblasts isolated from different sites in the oral cavity in humans. However, the differences may also be attributable, in part, to different methods adopted for assessing cytotoxicity (DNA-intercalation-based method) as well as the use of primary cultures of human gingival fibroblasts. Work on 3T3-L1 adipocytes has shown that arecoline (0, 25, 50, 100 μmol/L) did not produce toxicity in this cell line following a 72 hr exposure.²⁶ Another study has shown that arecoline's IC₅₀ is relatively very high. Specifically,

Table 1: Challenge-Protection Experiments were done on NIH/3T3 cells and the MTT assay was performed. This table provides cytotoxicity data following exposure of NIH/3T3 cells to the different combinations of drugs/chemicals. The experimental design is explained in the methods section. Arecoline-mediated cytotoxicity was reduced by Hesperidin and TFP.

S.No	Sample	Day 1 24hr	Day 2 24hr	% of Cytotoxicity
1	Positive control	0.5μM Doxorubicin	0.5μM Doxorubicin	39.35
2	Vehicle Control	0.01%DMSO	0.01%DMSO	1.05
3	Negative control	No drug	No drug	0.6
4	Arecoline IC ₂₅ +Arecoline IC ₂₅	Arecoline IC ₂₅	Arecoline IC ₂₅	18.45
5	Arecoline IC ₅₀ +Arecoline IC ₅₀	Arecoline IC ₅₀	Arecoline IC ₅₀	24.2
6	Arecoline IC ₅₀ +Hesperidin IC ₂₅	Arecoline IC ₅₀	Hesperidin IC ₂₅	10.6
7	Arecoline IC ₅₀ +Hesperidin IC ₅₀	Arecoline IC ₅₀	Hesperidin IC ₅₀	15.75
8	Arecoline IC ₅₀ +TFP-IC ₂₅	Arecoline IC ₅₀	TFP-IC ₂₅	6.8
9	Arecoline IC ₅₀ +TFP-IC ₅₀	Arecoline IC ₅₀	TFP-IC ₅₀	4.2

Table 2: Challenge-Protection Experiments were done on NIH/3T3 cells and the flow cytometry assay was performed. This table provides PI-based flow cytometry data following exposure of NIH/3T3 cells to the different combinations of drugs/chemicals. The experimental design is explained in the methods section. Arecoline-mediated cell death was reduced by Hesperidin and TFP.

S.No	Sample	Day 1 24hr	Day 2 24hr	% of Live	% of Dead
1	Positive control	0.5μM Doxorubicin	0.5μM Doxorubicin	79.58	20.42
2	Vehicle Control	0.01%DMSO	0.01%DMSO	98.98	1.02
3	Negative control	No drug	No drug	99.63	0.37
4	Arecoline IC ₂₅ +Arecoline IC ₂₅	Arecoline IC ₂₅	Arecoline IC ₂₅	85.98	14.02
5	Arecoline IC ₅₀ +Arecoline IC ₅₀	Arecoline IC ₅₀	Arecoline IC ₅₀	82.04	17.96
6	Arecoline IC ₅₀ +Hesperidin IC ₂₅	Arecoline IC ₅₀	Hesperidin IC ₂₅	90.52	9.48
7	Arecoline IC ₅₀ +Hesperidin IC ₅₀	Arecoline IC ₅₀	Hesperidin IC ₅₀	88.10	11.90
8	Arecoline IC ₅₀ +TFP-IC ₂₅	Arecoline IC ₅₀	TFP-IC ₂₅	93.14	6.86
9	Arecoline IC ₅₀ +TFP-IC ₅₀	Arecoline IC ₅₀	TFP-IC ₅₀	96.94	3.06

the IC₅₀ in 3T3-L1 pre-adipocytes was 200~400µM, following incubation of these cells with arecoline for 24 as well as 48 hr. Further, the IC₅₀ decreased following a longer exposure period 72~120 hrs.²⁷ The relative MTT-based cytotoxicity of Hesperidin was also determined using the same cell line. This flavonoid, present in several citrus fruits,²⁸ was selected due to the reported antioxidant²⁹ and anticancer properties.^{30,31} Our work is the first of its kind wherein a systematic comparison has been made in terms of the cytotoxicity of arecoline and hesperidin in NIH/3T3 cells. The remarkable difference in potency in terms of the IC₅₀ value of 38 µM and 7.5 µM respectively for arecoline and hesperidin has been demonstrated for the first time in our study. Further, this approach validates our methodology for our subsequent MTT-based protection and challenge experiments. Also, this information about the toxicity range provides a sound scientific basis for the dose selection for our subsequent experiments.

Cell death detection by Acridine Orange and Ethidium bromide method

The detection of green and orange stained chromatin cells fairly unequivocally demonstrates the presence of early and late apoptotic cells respectively. Also,

the significantly higher values obtained for the positive control served to validate our experimental methodology. Our findings are the first of its kind, wherein we have demonstrated arecoline-mediated cell death in a concentration-dependent manner, based on our fluorescent microscope images (Figure 3) as well as the graphical representation (Figure 4) of cytotoxicity data for arecoline-treated NIH/3T3 cells.

Cell Cycle Analysis by Flow Cytometry

Arecoline is known to suppress the growth of several cells, including those of epithelial origin.³² However, the exact mechanism is still unknown. The growth of all the mammalian cells is tightly regulated by cell cycle control and normally CDK1 and CDK2 controls the checkpoints of both G1 and G2M phase. Cyclin B1 activates CDK1 and p21 and p27 inhibits the function of CDK.³³ Exposure of Oral Mucosal Fibroblasts (OMF) to a concentration greater than 200 µM resulted in a the G2/M phase block in the cell-cycle.³⁴ However, this type of arrest may be cell-specific and/or arecoline concentration-dependent. For e.g., in normal rat hepatocytes treated with arecoline, there was a G0/G1 arrest,¹⁹ while there was a G2/M arrest in Human Umbilical Vein Endothelial Cells³⁵ (HUVEC cells).

Table 3: Protection-Challenge Experiments were done on NIH/3T3 cells and the MTT assay was performed. This table provides cytotoxicity data following exposure of NIH/3T3 cells to the different combinations of drugs/chemicals. The experimental design is explained in the methods section. A marginal cytoprotective effect was observed in the case of MTT-based cytotoxicity results for both Hesperidin and TFP.

S.No	Sample	Day1	Day2	%of Live	%of Dead
1	Positive control	0.5µM Doxo	0.5µM Doxo	79.58	20.42
2	Vehicle control	0.01%DMSO	0.01%DMSO	98.98	1.02
3	Negative control	No drug	No drug	99.63	0.37
4	Hesperidin IC ₂₅ +Hesperidin IC ₂₅	Hesperidin IC ₂₅	Hesperidin IC ₂₅	93.66	6.34
5	Hesperidin IC ₂₅ +TFP-IC ₂₅	Hesperidin IC ₂₅	TFP-IC ₂₅	95.20	4.80
6	Hesperidin IC ₂₅ +ArecolineIC ₅₀	Hesperidin IC ₂₅	Arecoline IC ₅₀	95.94	4.06

Table 4: Protection-Challenge Experiments were done on NIH/3T3 cells and the flow cytometry assay was performed. This table provides PI-based flow cytometry data following exposure of NIH/3T3 cells to the different combinations of drugs/chemicals. The experimental design is explained in the methods section. A marginal cytoprotective effect was observed in the case of PI-based cell death data for both Hesperidin and TFP.

S.No	Sample	Day1	Day2	%of Cytotoxicity
1	Positive control	0.5µM Doxo	0.5µM Doxo	39.35
2	Vehicle control	0.01%DMSO	0.01%DMSO	1.05
3	Negative control	No drug	No drug	0.6
4	Hesperidin IC ₂₅ +Hesperidin IC ₂₅	Hesperidin IC ₂₅	Hesperidin IC ₂₅	6.1
5	Hesperidin IC ₂₅ +TFP-IC ₂₅	Hesperidin IC ₂₅	TFP-IC ₂₅	4.4
6	Hesperidin IC ₂₅ +Arecoline IC ₅₀	Hesperidin IC ₂₅	Arecoline IC ₅₀	4.1

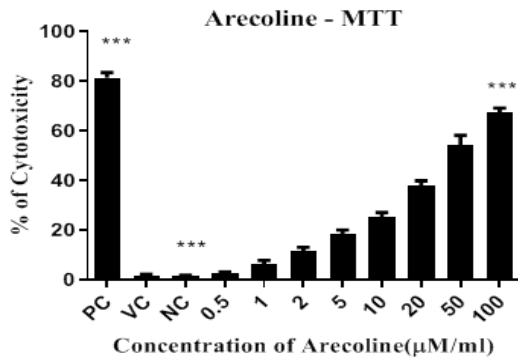


Figure 1: Cytotoxic effect of Arecoline on NIH 3T3 Fibroblasts. Cells were exposed to Arecoline (0-100μM) for 24 hr. Cytotoxicity was measured with MTT assay.—*II denotes significance with respect to positive, negative and DMSO controls. *** $p < 0.001$ calculated using one-way ANOVA Mean \pm SEM, n = 3).

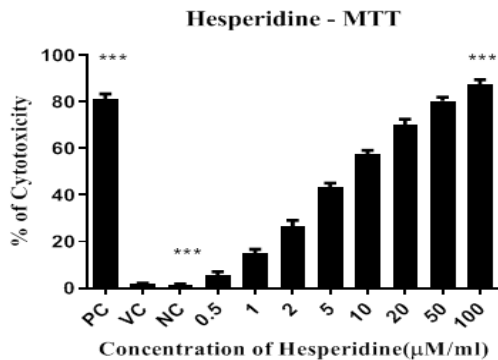


Figure 2: Cytotoxic effect of Hesperidin on NIH/3T3 Fibroblasts. Cells were exposed to Arecoline (0-100μM) for 24 hr. Cytotoxicity was measured with MTT assay.—*II denotes significance with respect to positive, negative and DMSO controls. *** $p < 0.001$ calculated using one-way ANOVA (Mean \pm SEM, n = 3).

Another paper has documented no alterations in the percentage of arecoline-treated Hel fibroblast cells in the different phases.³⁶ Despite similarities in doxorubin-mediated G2/M arrest (as reported in our study) (Figure 5), plausible cell-specific variations in cell cycle data, has made data extrapolation a challenging endeavor.³⁷ These variations in the results in terms of the cells getting arrested at various phases of the cell cycle, provides an impetus for a more thorough investigation into the possible links between cell cycle arrest and cell death. This correlation should be done using a battery of markers including the cellular redox status in a cell-based model that is a good surrogate for normal and diseased fibroblasts.

Live and dead cell Analysis using Propidium Iodide by Flow Cytometry

Our results have shown that arecoline has caused a dose-dependent increase in cell death (Figure 6). This

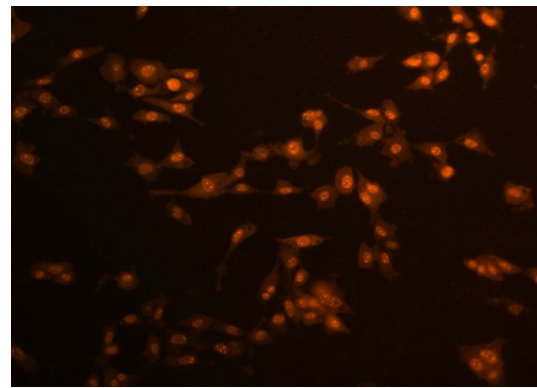


Figure 3A: Cell Death Detection by Acridine Orange and Ethidium Bromide method. a) Positive Control (late apoptotic cells – arrow marked).

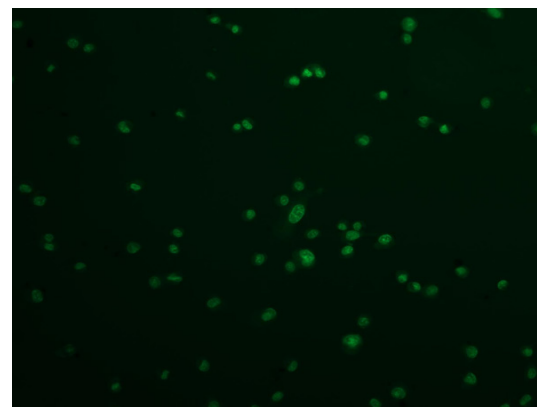


Figure 3B: Cell Death Detection by Acridine Orange and Ethidium Bromide method. b) Vehicle Control.

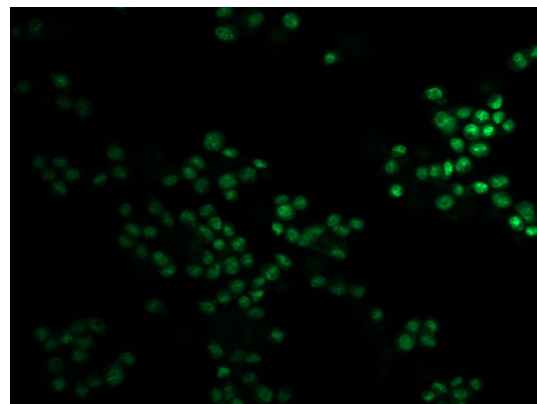


Figure 3C: Cell Death Detection by Acridine Orange and Ethidium Bromide method. c) Negative Control.

type of cell-specific analysis is important, since certain fibroblasts (for e.g., Hel fibroblasts) are relatively resistant to arecoline-mediated toxicity, unlike the higher percentage of cell death in arecoline-treated HaCaT cells.³⁶

Intracellular ROS Detection by DCFDA Method

We found that arecoline induces a dose-dependent increase in ROS in NIH/3T3 cells and these results are

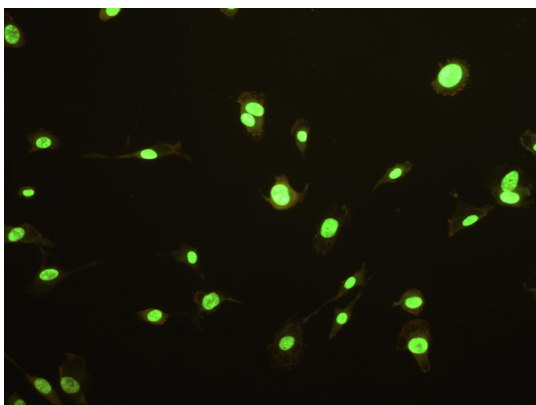


Figure 3D: Cell Death Detection by Acridine Orange and Ethidium Bromide method. d) Arecoline 19 μ M.

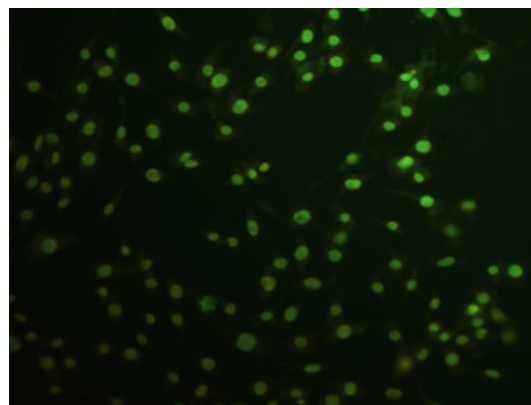


Figure 3G: Cell Death Detection by Acridine Orange and Ethidium Bromide method. g) Hesperidin 3.75 μ M.

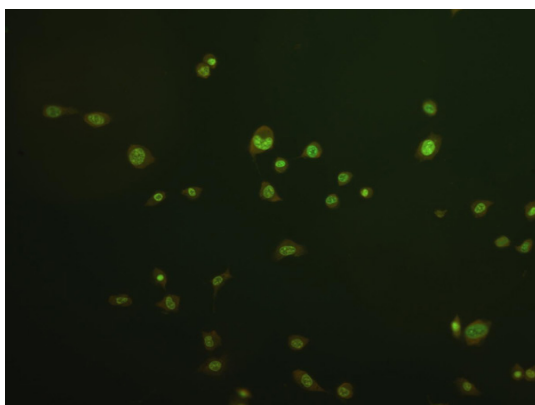


Figure 3E: Cell Death Detection by Acridine Orange and Ethidium Bromide method. e) Arecoline 38 μ M.

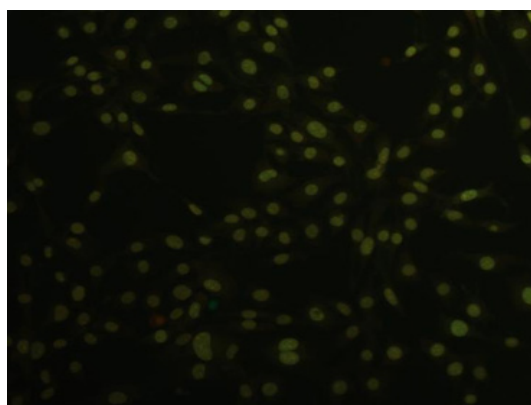


Figure 3H: Cell Death Detection by Acridine Orange and Ethidium Bromide method. h) Hesperidin 7.5 μ M.

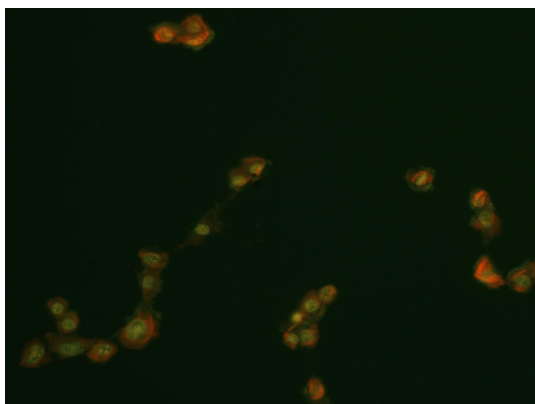


Figure 3F: Cell Death Detection by Acridine Orange and Ethidium Bromide method. f) Arecoline 76 μ M.

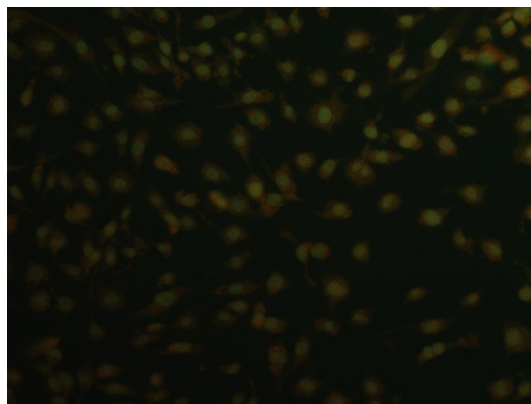


Figure 3I: Cell Death Detection by Acridine Orange and Ethidium Bromide method. i) Hesperidin 15 μ M.

similar to those reported by others, despite variations in the experimental conditions (Figure 7). It has been reported that Arecoline induces ROS production significantly in a dose-dependent manner in 3T3-L1 pre-adipocytes.²⁷ Another paper has provided evidence for arecoline increasing mitochondrial-derived ROS in human buccal mucosal fibroblasts.³⁸ Arecoline treatment showed increased ROS production than the vehicle and

negative control. Positive control showed significantly increased ROS generation.

Cell Cycle Analysis of Hesperidin

Our data provides evidence for the dose as the major determinant for the phase at which the cells are arrested (Figure 8). It is fairly well established that the cell line-specific dose and exposure conditions need to be

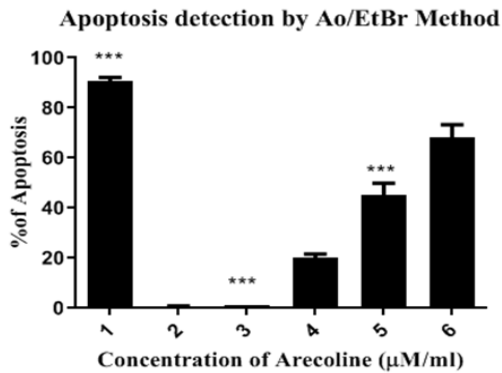


Figure 4A: Cell Death Detection by Acridine Orange and Ethidium Bromide method (graphical Representation) 1) Positive Control 2) Vehicle Control 3) Negative Control 4) Arecoline 19µM 5) Arecoline 38µM 6) Arecoline 76µM—l denotes significance with respect to positive, negative and DMSO controls. ****p* < 0.001 calculated using one-way ANOVA (mean ± SEM, n = 2).**

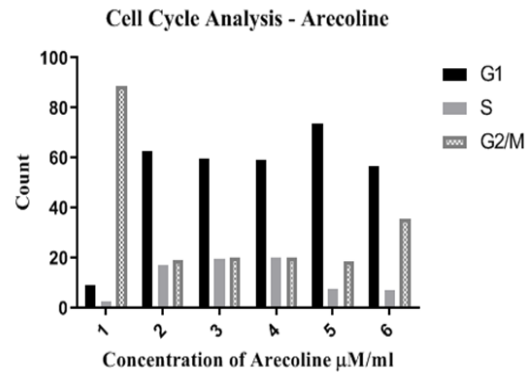


Figure 5: Cell Cycle Analysis of Arecoline: 1) Positive Control 2) Vehicle Control 3) Negative Control 4) Arecoline 19µM 5) Arecoline 38 µM 6) Arecoline 76µM (n=1).

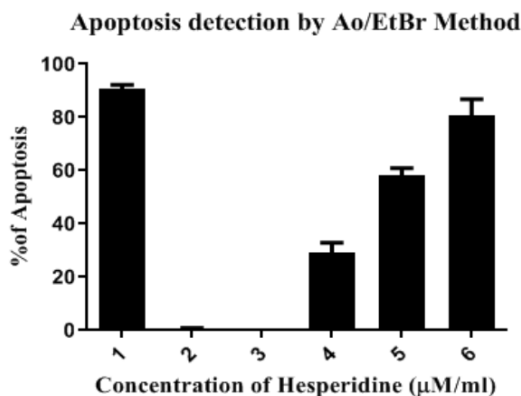


Figure 4B: Cell Death Detection by Acridine Orange and Ethidium Bromide method (graphical Representation) 1) Positive Control 2) Vehicle Control 3) Negative Control 4) Hesperidin 3.5 µM 5) Hesperidin 7.5 µM 6) Hesperidin 15 µM

Live & Dead Cell Analysis by Flow Cytometry

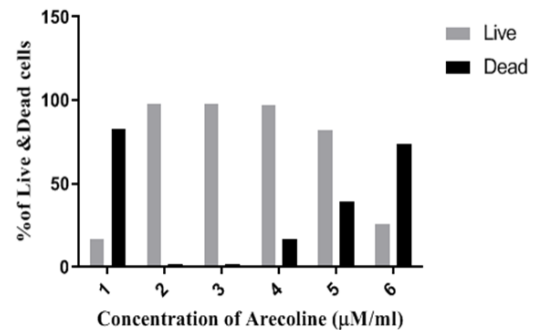


Figure 6: Live and Dead cell Analysis using Propidium Iodide by Flow Cytometry: 1) Positive Control 2) Vehicle Control 3) Negative Control 4) Arecoline 19 µM 5) Arecoline 38 µM 6) Arecoline 76µM (n=1).

optimized for the demonstration of cytostatic effects due to cell cycle perturbations as opposed to cell death, possibly due to alterations in the ratios of pro and anti-apoptotic molecules.³⁹ This finding corroborates that of another research group's results in terms of Doxorubicin-treated 3T3 cells blocked in the same phase of the cell cycle, despite concentration-related differences⁴⁰ (~0.345 µmoles/ml). A similar type of G2/M growth arrest was demonstrated in doxorubicin-treated Ba/F3 and EL4 lymphoid cells.⁴¹ This type of a G2/M phase arrest has also been demonstrated in Hesperidin-treated gall bladder carcinoma cells.⁴² Further, it has been reported that Hesperidin can cause certain cancerous cells to be arrested in the G0/G1 stage.⁴³ The absence of a G0/G1 peak in our study may be attributable to concentration or cell line-specific variations including the redox status of the cell. Also,

the amount of ROS generated (at the concentrations tested) may be an important and pivotal determinant in promoting survival of the NIH/3T3 cells. This provides a basis for testing the pro-survival capability over a wide range of concentrations. Also, these encouraging results pave the way for evaluating combination treatments with other natural molecules in normal as well as in cancerous cell lines.

Live and dead cell Analysis using Propidium Iodide by Flow Cytometry

Hesperidin is a known to have cytostatic and cytotoxic effects on various cancer models with elevated amounts of p53, inhibitors of the cyclin-dependent kinases and decreased levels of cyclins and cyclin-dependent kinases. It also alters the expression levels of pro/anti-apoptotic proteins and activates caspases. Hesperidin also induces apoptosis by activating JNK pathway and caspase-3 independent cell death.³⁹ Our data (Figure 9). is consistent with a concentration-dependent increase in

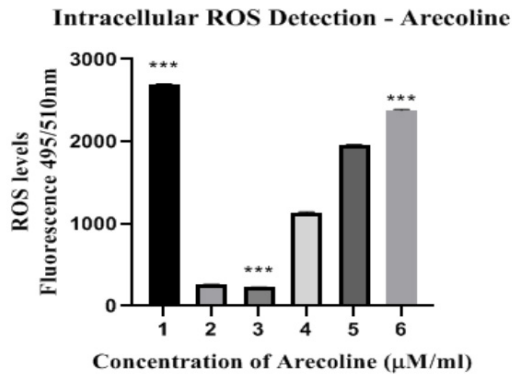


Figure 7: Intracellular ROS Detection by DCFDA Method: 1) Positive Control 2) Vehicle Control 3) Negative Control 4) Arecoline 19µM 5) Arecoline 38 µM 6) Arecoline 76µM—*II denotes significance with respect to positive, negative and DMSO controls. ****p*<0.001 calculated using one-way ANOVA (Mean ± SEM, *n* = 2).

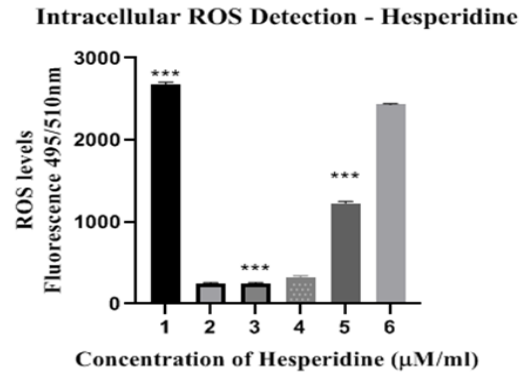


Figure 10: Intracellular ROS Detection by DCFDA Method: 1) Positive Control 2) Vehicle Control 3) Negative Control 4) Hesperidine 3.75µM/ml 5) Hesperidine 7.5µM 6) Hesperidine 15µM/ml —*II denotes significance with respect to positive, negative and DMSO controls. ****p*<0.001 calculated using one-way ANOVA (Mean ± SEM, *n* = 2).

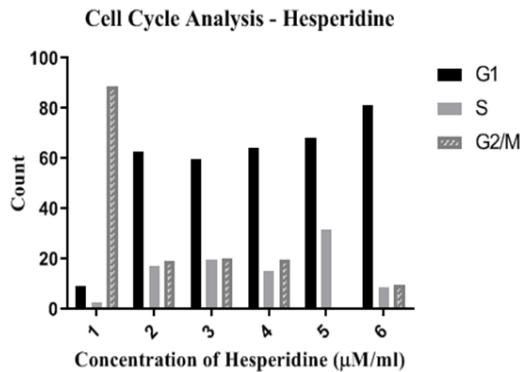


Figure 8: Cell Cycle Analysis of Hesperidine: 1) Positive Control 2) Vehicle Control 3) Negative Control 4) Hesperidine 3.75µM 5) Hesperidine 7.5 µM 6) Hesperidine 15µM (*n*=1).

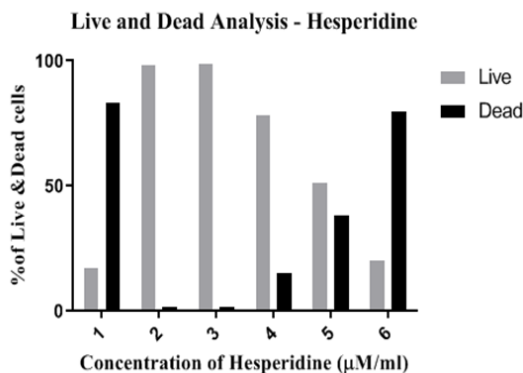


Figure 9: Live and dead cell Analysis of Hesperidine using Propidium Iodide by Flow Cytometry:1) Positive Control 2) Vehicle Control 3) Negative Control 4) Hesperidine 3.75µM 5) Hesperidine 7.5µM 6) Hesperidine 15µM (*n*=1)

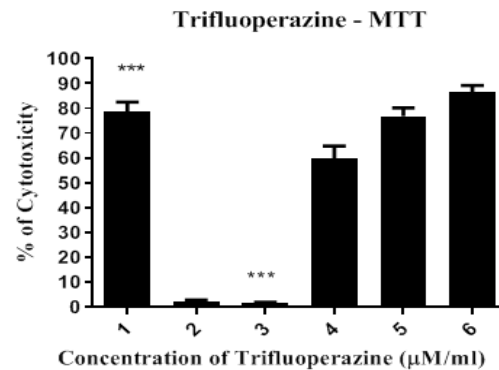


Figure 11: Cytotoxic effect of Trifluoperazine (TFP) on NIH/3T3 Fibroblasts. 1) Positive Control 2) Vehicle Control 3) Negative Control 4) 2.5µM TFP 5) 5 µM TFP 6) 10 µM TFP Cells were exposed to Trifluoperazine (0-10µM) for 24 hr. Cytotoxicity was measured with MTT assay.—*II denotes significance with respect to positive, negative and DMSO controls. ****p*<0.001 calculated using one-way ANOVA (Mean ± SEM, *n* = 3).

cell death with apoptosis (chemical stress-induced form of cell demise) as the probable mechanism.

Intracellular Hesperidin-mediated ROS production (DCFH-DA assay)

It has been shown by other researchers that hesperidin inhibited ROS production in 3T3-L1 cells.⁴⁴ An earlier report has documented protection against free radical-mediated radiation injury in a herbal extract, which has hesperidin as its important bioactive component.⁴⁵ Our data is consistent with a similar concentration-dependent inhibition of ROS production in NIH/3T3 cells (Figure 10 N=2). Hence, our experimental design, involving a challenge and protection/protection and

challenge fits in with the plausible role of Hesperidin for altering ROS levels. Another report specifically showed that pre-treatment with hesperidin was involved in peroxynitrite radical scavenging in fibroblasts. This antioxidant mechanism, in part, may be involved in Hesperidin-mediated cytoprotection. This mechanism would be expected to be one of the key determinants for cell survival versus cell death.⁴⁶ However, it should be noted that Hesperidin-mediated cytotoxic effects may also involve other mechanisms as well, since this natural molecule has been shown to enhance the toxicity of doxorubicin, independent of oxidative damage. However, this result was obtained in HepG2 cells and cell line specific variations cannot be ruled out.⁴⁷

Cytotoxic effect of Trifluoperazine (TFP) on NIH/3T3 fibroblasts

The rationale behind the use of Trifluoperazine is due to it being used as a selective antagonist of S100A4. Also, as a drug repurposing strategy, research has shown that the antipsychotic agent is capable of inhibiting the invasiveness of certain cancer cells.⁴⁸ It has been shown that TFP can inhibit cell growth in HT1080 fibrosarcoma cells by inducing the early growth response gene's (Egr-1) expression.⁴⁹ Also, TFP has shown potential as an adjuvant in restoring Adriamycin sensitivity to apoptosis in certain leukemic cancer cells. This mechanism was attributed to be due to the down-regulation of the expression of P-glycoprotein.⁵⁰ In pancreatic ductal carcinoma cells, it has been shown that TFP-mediated apoptosis is associated with an increased production of ROS.⁵¹

There is some evidence in the literature to show that TFP has a protective role against H₂O₂ mediated apoptosis in PC12 cells.⁵² It can inhibit the ROS and reduce the cell death (Apoptosis) by increasing the mitochondrial membrane potential (MMP). These apparently paradoxical results prompted us to evaluate the role of this S100A4 antagonist in protection-challenge and challenge-protection experiments. In order to determine the appropriate dose for these experiments, cytotoxicity experiments were performed (Figure 11). This reproducible demonstration of the IC₅₀ value (2.2 Micromolar) also served to validate our methodology.

MTT Challenge and Protection Assay

Our results have shown that TFP may improve the relative survival of NIH/3T3 cells in comparison with that of Hesperidin (Table 1 – Sl. No.6 versus 7; Sl. No. 8 versus 9; N=2). Many plant compounds possess various biological activities and thus protect the cell from various damage. These plant compounds are known to

scavenge the ROS and guard the cell; Hesperidin is one among those which is proved to scavenge the ROS,⁵³ even though it is concentration, cell line and cell density dependent apart from the role of redox-sensitive molecules and enzyme systems. Hence, our encouraging findings will provide an impetus to further examine the extent and basis for the observed, relative improvements in survival.

Live and Dead Analysis using Flow-Cytometry (Challenge and Protection Assay)

It is known that arecoline depletes glutathione (GSH) levels²⁴ and thiol levels in various model systems. Hesperidin was able to alleviate the trichloroethylene-induced oxidative stress in *D. melanogaster* as well as it could protect the experimentally induced kidney damage in diabetic rats⁵⁴ by reducing superoxide dismutase; glutathione and catalase levels and our results are consistent with this above results. Pre-treatment with NAC, antagonized the 24hr of arecoline effects on cell cycle control proteins such as CDK1, p21 and p27 and induces cyclin B1 and p53.²⁷ In the context of related information in the literature and our results (Table 4 – Sl. No.6 versus 7; Sl. No. 8 versus 9 in both tables; N=1), it can be inferred that decreased effect of arecoline on NIH/3T3 fibroblasts cell viability depends on a pathway which requires ROS induction.

MTT and Flow Cytometry Data: Protection and Challenge

Our results seem to indicate some change in the survival of cells, with arecoline have a marginally higher cytoprotective property (Table 2 and 3 –comparison of Sl. No. 5 versus 6 in both tables; N=2)). However, more work needs to be done to further evaluate these findings. Specifically, the role of detoxifying enzymes and clearance-related mechanisms must be taken into account (in the *in vivo* context). However, this validated design can be used to test these chemicals in other cell lines including those that represent normal and fibrotic buccal mucosal fibroblasts as well those that represent cancers of different sites in humans. This approach will be to ensure that the results are evaluated in a better manner for safety assessment purposes.

CONCLUSION

Safety assessment of cytotoxic chemicals as well as chemotherapeutic/chemo-preventive natural molecules is an important aspect in toxicity evaluation and in drug development. We have showed the relative cytotoxicity and cell death potential of arecoline and hesperidine-mediated cell death. Also, the protective effect of

Hesperidine and Trifluoperazine (anti-S100A4) against arecoline-mediated cell death was shown with the latter being relatively better (under our defined experimental conditions). Hence, our findings substantiate the need to thoroughly assess the observed protective mechanisms in suitable model systems, especially those in which arecoline has been attributed to be the principal etiologic agent. This approach will extend our safety study to determining the efficacy of the two molecules (Hesperidin and Trifluoperazine).

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CONFLICT OF INTEREST

The authors declare no conflict of interests.

ABBREVIATIONS

NIH/3T3: National Institute of Health/3-day transfer, inoculum 3×10^5 cells; **OSF:** Oral Submucous Fibrosis; **DMSO:** Dimethyl Sulfoxide; **MTT:** 3-(4,5-dimethylthiazol-2-yl)-2,5-diphenyltetrazolium bromide; **AO/EtBr:** Acridine Orange/Ethidium Bromide; **PI:** Propidium Iodide; **DCFH-DA:** 2'-7'-dichlorofluorescein diacetate; **ROS:** Reactive Oxygen Species; **S100A4:** S100 calcium-binding protein A4; **IC₅₀:** half maximal inhibitory concentration; **TGF- β :** Transforming Growth Factor-beta; **MMP-2:** Matrix Metalloproteinase-2; **FBS:** Fetal Bovine Serum; **PBS:** Phosphate Buffered Saline; **NAD (P)H:** Reduced form of Nicotinamide Adenine Dinucleotide Phosphate; **RIPA:** Radioimmunoprecipitation assay; **3T3-L1:** cell line derived from (mouse) 3T3 cells; **CDK1:** cyclin-dependent kinase1; **CDK2:** cyclin-dependent kinase2; **p21/p27:** cyclin-dependent kinase inhibitors; **Ba/F3:** a murine interleukin-3 dependent pro-B cell line; **EL4:** murine Lymphoblast cell line; **JNK:** c-Jun N-terminal kinase; **HepG2:** a human liver cancer cell line; **HT1080:** Human fibrosarcoma Cell Line.

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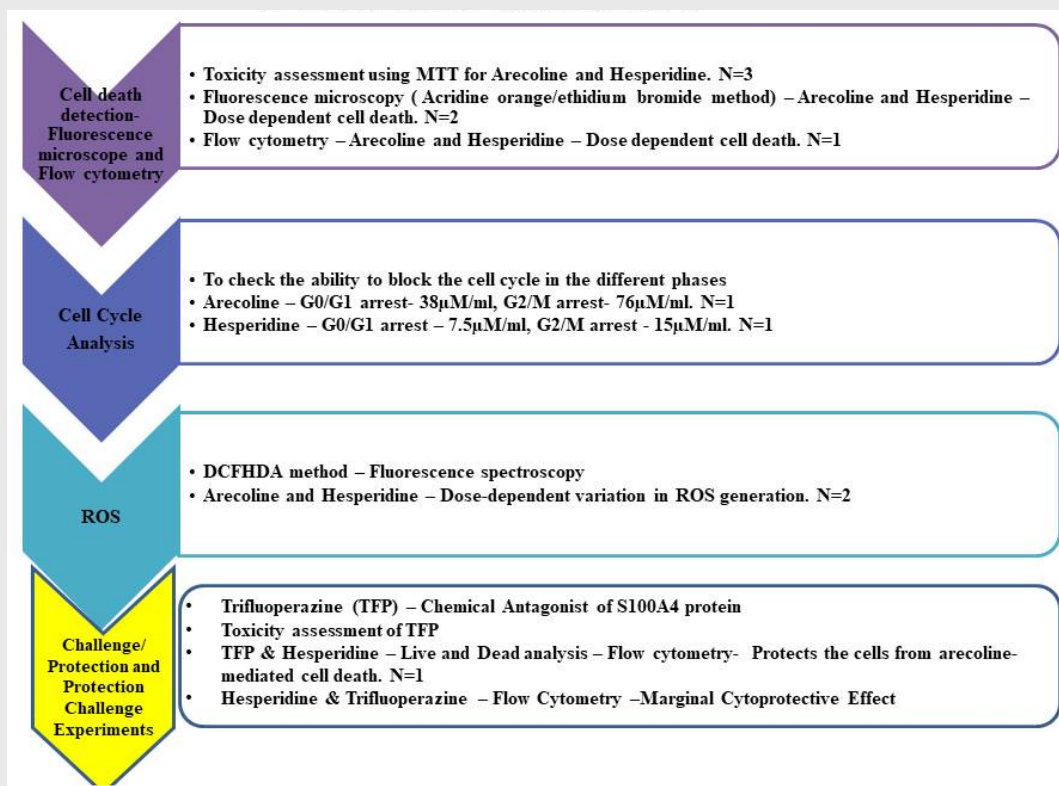
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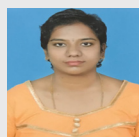
SUMMARY

Our experimental design, employing a battery of assays, facilitated the safety (cytotoxicity; ROS induction as well as cell death induction potential) assessment of Hesperidin (a natural molecule with anticancer potential) relative to that of arecoline. Also, our experimental design, involving a challenge-protection-based strategy, enabled us to demonstrate some cytoprotection conferred by Hesperidin as well as Trifluoperazine (the latter being relatively better). Our results provide us an impetus to adopt this design to test other molecules for assessment of their safety.

PICTORIAL ABSTRACT



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