Research

**Effect of electro-acupuncture on ovarian expression of α (1)- and β (2)-adrenoceptors, and p75 neurotrophin receptors in rats with steroid-induced polycystic ovaries**

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**Abstract**

**Background:** Estradiol valerate (EV)-induced polycystic ovaries (PCO) in rats is associated with an increase in ovarian sympathetic outflow. Low-frequency (2 Hz) electro-acupuncture (EA) has been shown to modulate sympathetic markers as well as ovarian blood flow as a reflex response via the ovarian sympathetic nerves, in rats with EV-induced PCO.

**Methods:** In the present study, we further tested the hypothesis that repeated 2 Hz EA treatments modulate ovarian sympathetic outflow in rats with PCO, induced by a single i.m. injection of EV, by investigating the mRNA expression, the amount and distribution of proteins of α₁a-, α₁b-, α₁d-, and β₂-adrenoceptors (ARs), as well as the low-affinity neurotrophin receptor (p75NTR).

**Results:** It was found that EV injection results in significantly higher mRNA expression of ovarian α₁b- and α₁d-AR in PCO rats compared to control rats. The p75NTR and β₂-ARs mRNA expression were unchanged in the PCO ovary. Low-frequency EA resulted in a significantly lower expression of β₂-ARs mRNA expression in PCO rats. The p75NTR mRNA was unaffected in both PCO and control rats. PCO ovaries displayed significantly higher amount of protein of α₁a-, α₁b- and α₁d-ARs, and of p75NTR, compared to control rats, that were all counteracted by repeated low-frequency EA treatments, except for α₁b-AR.

**Conclusion:** The present study shows that EA normalizes most of the EV-induced changes in ovarian ARs. Furthermore, EA was able to prevent the EV-induced up regulation of p75NTR, probably by normalizing the sympathetic ovarian response to NGF action. Our data indicate a possible role of EA in the regulation of ovarian responsiveness to sympathetic inputs and depict a possible complementary therapeutic approach to overcoming sympathetic-related anovulation in women with PCOS.
Introduction
Polycystic ovary syndrome (PCOS) is a heterogeneous endocrine and metabolic disorder recognized as the primary cause of infertility in women of the reproductive age [1]. The syndrome is associated with ovulatory dysfunction, abdominal obesity, hyperandrogenism, and profound insulin resistance [1].

The precise etiology of the disease is unknown, even though the disturbances detected in PCOS has been attributed to primary defects in the hypothalami-pituitary-adrenal (HPA) axis, the ovarian microenvironment, the adrenal gland, and the insulin/insulin-like growth factor (IGF)-I metabolic regulatory system [1]. That the sympathetic nervous system may be a primary factor in the development and maintenance of PCOS has been suggested by several investigators [2-5].

The utility of murine models of polycystic ovaries (PCO) has been discussed [6]. Even though it is impossible to reproduce human PCOS in an animal model, such a model may provide important leads. Studies on adult normal cycling rats found that a single intramuscular (i.m.) injection of estradiol valerate (EV) causes acyclicity and formation of PCO [7]. The EV-induced rat PCO model reflects some endocrinological and morphological characteristics of human PCOS, and it is assumed that activity in the ovarian sympathetic nerves is higher than in normal rats [8-10]. This is evidenced by an early increase in ovarian levels of norepinephrine (NE), an enhanced release of NE from ovarian nerve terminals, an increased activity of the catecholamine synthesis-limiting enzyme tyrosine hydroxylase (TH), and down-regulation of β2-adrenoceptors (ARs) in theca-interstitial cells [8-10].

The expression of other types of ARs in the ovary, namely the α1-ARs, has been evaluated by functional studies. α1-ARs are members of the G protein-coupled receptors and play critical roles in the regulation of a variety of physiological processes [11]. Within this classification, there are three subtypes: α1a, α1b, and α1d [11]. The α1a-AR subtype has been reported to be implicated in the maintenance of vascular basal tone, the α1b-AR subtypes to participate in the response to exogenous agonists, and that the α1d-AR subtype is a predominant mediator of arterial vasoconstriction. In vitro studies have demonstrated that α-AR are involved in the regulation of ovarian blood flow [12] and most probably in the ovarian steroidogenesis [13]. In a recent study, we found that the expression of all the α1-AR subtypes in the ovaries of PCO rats significantly differs from that of controls and varies at different time points after EV injection, indicating a possible participation of these ARs in the development of EV-induced PCO [14].

It has been demonstrated that the development of ovarian follicular cysts in steroid-induced PCO in rats is preceded by an increased synthesis of ovarian nerve growth factor (NGF) and low-affinity neurotrophin receptor (p75NTR) mRNA [10]. Thus, blocking the actions of intra-ovarian NGF restores estrus cyclicity as well as structural and functional features of the ovary in EV-induced PCO in rats [10], suggesting that hyper activation of sympathetic input in PCO is related to an overproduction of NGF.

Electro-acupuncture (EA) is a non-pharmacological method known to initiate a number of reactions at the spinal level and centrally in the brain [15,16]. We have recently demonstrated that repeated low-frequency EA treatments induced regular ovulations in more than one-third of the women affected by PCOS and normalized endocrine and neuroendocrine parameters without any negative side-effects [17]. These observation suggest that EA effects are mediated through inhibition of the activity of the sympathetic nervous system since EA is known to modulate various autonomic functions [17]. Moreover, using the steroid-induced PCO model, we found that repeated treatments of low-frequency EA in somatic segment related to the innervation of the ovary, reduced high concentrations of ovarian NGF, corticotrophin-releasing factor (CRF), and endothelin-1 as well as increased low concentrations of hypothalamic β-endorphin [18-21]. Furthermore, low-frequency EA increases ovarian blood flow as a reflex response via the ovarian sympathetic nerves, whereas high frequency decreases ovarian blood flow as a passive response following systemic circulatory changes in both normal and PCO rats [22,23]. These results suggest that repeated treatments of low-frequency, but not high frequency EA, can inhibit high activity in the autonomic nervous system. However, the mechanism implicated in this event is not clearly known.

The present study was undertaken to investigate the effect of repeated treatments of low-frequency EA on ovarian sympathetic innervation in rats with steroid-induced PCO. To address this question, we studied the mRNA expression and protein amount and distribution of the sympathetic markers α4, α1b, α1d, and β2-AR, and of p75NTR.

Materials and methods
Animals
Thirty-two virgin adult cycling Wistar Kyoto rats (Möllegaard, Denmark) weighing 205-230g were housed four to a cage at a controlled temperature of 22°C with a 12-h light:12-h dark cycle for at least 1 week before and throughout the experimental periods. The rats had free access to pelleted food and tap water. Sixteen rats, those in the two PCO groups described below, were each given a single i.m. injection of 4 mg EV (Riedeldehaen, Germany)
in 0.2 ml oil, to induce well-defined PCO [7,18]. Sixteen rats, those in the two Oil groups described below, received a single i.m. injection of 0.2 ml oil (arachidis oleum, Apoteket AB, Umeå, Sweden) only. Thirty to thirty-three days after i.m. injection of EV, i.e. 2 days after the last EA treatment, the rats were killed by decapitation. The injections and the finalizing of the experiment was done independent of cycle day [7,18]. The experiments were carried out according to the principles and procedures outlined in the National Institute of Health (NIH) Guide for the Care and Use of Laboratory Animals and were approved by the local animal ethics committee at Göteborg University, Göteborg, Sweden.

Electro-acupuncture treatment

The rats were divided into four experimental groups: i) an Oil group (control, n = 8), ii) an Oil group receiving EA (EA, n = 8), iii) a PCO group (PCO, n = 8), and iv) a PCO group receiving EA (PCO+EA, n = 8). All groups were anaesthetized for 25 minutes on 12 occasions as described below. The EA and the PCO+EA groups received EA every second day during anesthesia. The EA and the PCO+EA group underwent the first EA treatment 2 days after the EV injection. The points chosen for stimulation were bilateral in the mm. biceps femoris and erector spinae, in somatic segments corresponding to the innervation of the ovaries (Figure 1). The needles (Hegu: Hegu AB, Landsbro, Sweden) were inserted to depths of 0.5-0.8 cm and then attached bilaterally to an electrical stimulator (CEFAR ACUS 4, Cefar, Lund, Sweden). The points were electrically stimulated with a low burst frequency of 2 Hz; each pulse had a duration of 180 µsec, a burst length of 0.1 sec, and a burst frequency of 80 Hz. The intensity (1.5-2 mA) was adjusted until local muscle contractions were observed to reflect the activation of muscle-nerve afferents (A-delta fibers and possibly C fibers). The location and type of stimulation were the same in all rats.

Anaesthetization

During each treatment, all rats were anaesthetized superficially with an intraperitoneal (i.p.) injection of a mixture of Ketamin (50 mg/kg; PARKE-DAVIS, Warner Lambert Nordic AB, Solna, Sweden) and Rompun (20 mg/kg; Bayer, Bayer AG, Leverkusen, Germany). On day 30 after the i.m. injection of EV, the rats was decapitated, that is, 1-2 days after the last EA treatment.

Tissues

At the completion of the experiment, the ovaries were quickly dissected on dry ice. One ovary was divided in two pieces, weighed, and snap frozen in liquid nitrogen and stored at -80°C until extraction. The second ovary was fixed in buffered 4% formaldehyde for at least 24 hours in preparation for AR, and p75NTR immunohistochemistry.

Real-Time PCR for adrenoceptors

Total RNA from the ovary was extracted using RNeasy Mini kits (Qiagen, Hilden, Germany). First-strand cDNA was synthesized from 1 µg of total RNA with TaqMan reverse transcription reagents (Applied Biosystems., Foster City, CA). Each 100 µl RT-PCR reaction contained 1 µg of total, 1X TaqMan RT buffer, 5 mM MgCl2, 2.5 mM random hexamers, 1 mM dNTP, 0.4 U/µl RNase inhibitor, and 1.25 U/ µl Multiscribe RT (PE Applied Biosystems, Foster City, CA, USA). Reverse transcription was carried out in a PTC-200 PCR system (MJ Research., Boston, MA,
probe sequences are as follows: p75NTR biotinylated for-
labeled probes in an immuno-enzymatic assay. Primer/
biotinylated PCR products detectable by digoxygenin-
at 72°C) using 5'-biotinylated specific primers to generate
reaction (35 cycles: 1 min at 95°C; 1 min at 55°C; 2 min
and GAPDH genes were co-amplified in a single-tube PCR
reaction system and threshold (see below). The number of
immunoreactive cells (mean ± SEM) was determined in
20× magnification images over an image area of 40000
immuno-complex. To assess staining specificity, sections
were incubated with non-specific rabbit, goat or mouse
IgG (Zymed Lab Inc, San Francisco, Ca) and used as con-
trols. Immunostained sections were evaluated under the
Nikon Eclipse E600 microscope equipped with the Nikon
DMX 1200 digital camera connected to a PC computer.
Sections were coded, and positive cells were counted in 10
sections coming from 5 different ovaries (i.e. 2 sections
per ovary) per experimental group. Cell count was carried
out using the image processing and analysis program
Nikon-Lucia, and measurements were standardized
between the experimental groups using the same calibra-
tion system and threshold (see below). The number of
immunoreactive cells (mean ± SEM) was determined in
20× magnification images over an image area of 40000
µm². Five non-overlapping areas per section were
checked and ten positive sections were counted. Since the image analyzer determines the optical
density of immunoreactions using a grey scale thresholding
operation, measurements were standardized between
groups using the following criteria: 1) all measurements
were conducted after the same calibration of the image
analysis system, 2) thresholding was carried out to the
same value for each image, 3) the grey scale was calibrated
to a range of 25-150 arbitrary units. Objects with higher or
lower grey levels were not considered. A morphological
program, which selects only cell bodies – but not small
fragments or cells that do not have a complete soma – was
also used to quantify immunopositive cells.

**Immunohistochemistry for adrenoceptors and p75NTR**

Commercially available antibodies were used to detect
α1a-AR (α1a-AR [C-19]: sc-1477, Santa Cruz, California,
USA), α1b-AR (α1b-AR [C-18]: sc-1476, Santa Cruz, Cali-
ifornia, USA), α1d-AR (α1d-AR [H-142]: sc-10721, Santa
Cruz, California, USA), and β2-AR (β2-AR [M-20]: sc-1570,
Santa Cruz, California, USA) by immunohistochemistry.
The monoclonal antibody anti-p75NTR (clone 192) [26]
was produced and purified in our laboratory.

Serial, 15-µm thick sections of each ovary were cut with a
cryostat and processed for immunohistochemistry. Briefly,
sections were blocked with a 10 minutes incubation
in 3% hydrogen peroxide and 10% methanol in PBS
containing 0.1% Triton X-100 (PBST), followed by a 30
minutes incubation in 10% normal serum dissolved in
PBST. Then, sections were incubated overnight at 4°C
with the primary antibody diluted in PBST (rabbit and
goat anti-ARs: 5 µg/ml; monoclonal anti p75NTR: 1 µg/
ml). Sections were then incubated with biotinylated anti-
rabbit IgG (α1a- and β2-AR), anti-goat IgG (α1b- and α1b-
AR) or anti-mouse IgG (p75NTR) antibodies (all of them
from Vector Lab, Inc., Burlingame, CA, and used accord-
ing to manufacturer instructions at 1:300 dilution)
diluted in PBST. Diaminobenzidine was used to detect the
immuno-complex. To assess staining specificity, sections
were incubated with non-specific rabbit, goat or mouse
IgG (Zymed Lab Inc, San Francisco, Ca) and used as con-
trols. Immunostained sections were evaluated under the
Nikon Eclypse E600 microscope equipped with the Nikon
DMX 1200 digital camera connected to a PC computer.
Sections were coded, and positive cells were counted in 10
sections coming from 5 different ovaries (i.e. 2 sections
per ovary) per experimental group. Cell count was carried
out using the image processing and analysis program
Nikon-Lucia, and measurements were standardized
between the experimental groups using the same calibra-
tion system and threshold (see below). The number of
immunoreactive cells (mean ± SEM) was determined in
20× magnification images over an image area of 40000
µm². Five non-overlapping areas per section were
checked and ten positive sections were counted. Since the image analyzer determines the optical
density of immunoreactions using a grey scale thresholding
operation, measurements were standardized between
groups using the following criteria: 1) all measurements
were conducted after the same calibration of the image
analysis system, 2) thresholding was carried out to the
same value for each image, 3) the grey scale was calibrated
to a range of 25-150 arbitrary units. Objects with higher or
lower grey levels were not considered. A morphological
program, which selects only cell bodies – but not small
fragments or cells that do not have a complete soma – was
also used to quantify immunopositive cells.
Statistical analyses
All statistical evaluations were performed using the Stat View package for Macintosh (Abacus Concepts Inc., Berkeley, CA, USA). mRNA expression and immunopositive cell counts of \( \alpha_{1a} \) and \( \beta_2 \)-ARs, and p75\text{NTR} in the ovaries were evaluated using one-way analysis of variance (ANOVA), and the groups were tested using multiple comparisons with the correction of Fisher PSD. All results are reported as a mean ± standard error of the mean (SEM). A p-value less than 0.05 was considered significant.

Results
Ovarian expression and distribution of \( \alpha_{1a} \)-AR
The mRNA expression of \( \alpha_{1a} \)-AR in the ovary was unaltered in the \( \text{PCO} \) group compared to the \( \text{control} \) group. Repeated low-frequency EA treatments did not affect the mRNA expression of \( \alpha_{1a} \)-AR in the \( \text{EA} \) or the \( \text{PCO+EA} \) groups (Figure 2A).

Significantly higher number of immunopositive cells of \( \alpha_{1b} \)-AR was found in the \( \text{PCO} \) group compared with the \( \text{control} \) group. EA treatments prevented the increase in \( \alpha_{1a} \)-AR protein immunoreactivity, since the number of immunostained cells in the \( \text{PCO+EA} \) group was not different from the \( \text{control} \) group. EA treatments did not affect the number of immunopositive cells in the ovaries of control rats. Immunohistochemical analysis on serial sections showed that \( \alpha_{1a} \)-AR protein (Figure 2C and 2D) was expressed mainly around blood vessels and granulosa regions.

Ovarian expression and distribution of \( \alpha_{1b} \)-AR
The mRNA expression of \( \alpha_{1b} \)-AR in the ovary was significantly higher in the \( \text{PCO} \) group than in the \( \text{control} \) and \( \text{EA} \) group. The mRNA expression of \( \alpha_{1b} \)-AR was significantly higher in the \( \text{PCO+EA} \) group compared to the two control groups but not to the \( \text{PCO} \) group (Figure 3A).

As illustrated in Figure 3B, significantly higher number of immunopositive cells of \( \alpha_{1b} \)-AR was found in the ovaries of \( \text{PCO} \) and \( \text{PCO+EA} \) rats when compared to \( \text{control} \) rats. EA treatments did not affect the amount or distribution of \( \alpha_{1b} \)-AR protein in the \( \text{EA} \) and the \( \text{PCO} \) groups. As shown in Figure 3C–D, \( \alpha_{1b} \)-AR protein was located around blood vessels and in the granulosa region of mature follicles.

Ovarian expression and distribution of \( \alpha_{1d} \)-AR
The mRNA expression of \( \alpha_{1d} \)-AR in the ovary was significantly higher in the \( \text{PCO} \) group than in the \( \text{control} \) group. The mRNA expression of \( \alpha_{1d} \)-AR in the \( \text{PCO+EA} \) was not different from that in the \( \text{PCO} \) group (Figure 4A).

As illustrated in Figure 4B, significantly higher number of immunopositive cells of \( \alpha_{1d} \)-AR was found in the \( \text{PCO} \) group compared with the \( \text{control} \) group. EA treatment significantly decreased the number of immunopositive cells in the \( \text{PCO+EA} \) group. The \( \alpha_{1d} \)-AR immunopositive cell number was not affected in the \( \text{EA} \) group when compared to \( \text{control} \) group. As shown in Figure 4C–D, the \( \alpha_{1d} \)-AR was found expressed in the granulosa cells of healthy follicles and corpora lutea, and around blood vessels (not shown) in all of the experimental groups.

Ovarian expression and distribution of \( \beta_2 \)-AR
The mRNA expression of \( \beta_2 \)-AR in the ovary of the \( \text{PCO} \) group was not changed, when compared to the \( \text{control} \) group. \( \beta_2 \)-AR mRNA was significantly lower both in the \( \text{EA} \) group and in the \( \text{PCO+EA} \) group when compared to the \( \text{control} \) group (Figure 5A).

No difference in number of \( \beta_2 \)-AR immunoreactive cells was found in \( \text{PCO} \) ovaries (Figure 5B), while EA treatments in \( \text{PCO} \) rats (\( \text{PCO+EA} \) group) significantly increase the amount of \( \beta_2 \)-AR immunostained cells when compared to \( \text{PCO} \) group. \( \beta_2 \)-AR immunopositive cell number in control ovaries was unchanged by EA treatments. The \( \beta_2 \)-AR was found expressed in degenerating corpora lutea (Figure 5C) and follicles (Figure 5D) in all of the experimental groups.

Ovarian expression and distribution of p75\text{NTR}
The p75\text{NTR} mRNA expression in the ovary (Figure 6A) was unchanged in the \( \text{PCO} \) group compared to the \( \text{control} \) group. Low-frequency EA treatments did not affect ovarian p75\text{NTR} mRNA expression in the \( \text{PCO+EA} \) group compared to the \( \text{PCO} \) group, and did not differ from the \( \text{control} \) group.

As shown in Figure 6B, the number of p75\text{NTR} -stained cells in the \( \text{PCO} \) group was significantly higher than in controls, while repeated EA treatments significantly decreased p75\text{NTR} protein immunoreactivity in the \( \text{PCO+EA} \) group. The number of ovarian p75\text{NTR} immunopositive cells was significantly lower in the \( \text{EA} \) group when compared to controls. As shown in Figure 6C–D, ovarian p75\text{NTR} expressing cells were distributed mainly around the follicles in the theca layers, with some immunoreactivity also spread in the ovarian stroma (Figure 6D).

Discussion
The aim of the present study was to investigate whether repeated low-frequency EA treatments modulate the expression of mRNA and the amount and distribution of proteins of \( \alpha_1 \), \( \beta_2 \)-ARs, and p75\text{NTR} in rats with steroidal-induced PCO. The results of this study demonstrated that i.m. EV injections result in significantly higher mRNA expression of ovarian \( \alpha_{1b} \) and \( \alpha_{1d} \)-AR in PCO rats compared to control rats. EV-induced PCO induced a significantly higher amount of immunostained cells for \( \alpha_{1a} \), \( \alpha_{1b} \) and \( \alpha_{1d} \) proteins, that was prevented by repeated low-
Ovarian $\alpha_{1a}$-AR mRNA and protein expression. As shown in panel A, no significant differences were found in $\alpha_{1a}$-AR mRNA expression between the control, EA, and PCO groups. Values are given as means ± SEMs normalized to GAPDH. The results of $\alpha_{1a}$-AR immunopositive cell count is shown in panel B. Values are given as means ± SEMs. Immunostaining revealed that ovarian $\alpha_{1a}$-AR protein is expressed in control group ovaries. EA treatments did not affect the number of immunopositive cells in the ovaries of control rats. PCO ovaries had significantly higher amounts of $\alpha_{1a}$-AR protein compared with control ovaries. EA treatments in PCO rats decreased $\alpha_{1a}$-AR protein immunoreactivity when compared with untreated PCO rats. $^a p < 0.05$ vs control group. $^b p < 0.05$ vs PCO group. Representative pictures showing the distribution of $\alpha_{1a}$-AR positive cells in the ovaries of the experimental groups are showed in Panel: C-D. Immunostained cells (arrows) were localized around blood vessels (C) and in the granulosa cells of an early antral follicle (D) and corpora lutea. F: Follicle; bv: blood vessel; gr: granulose cells; th: thecal layer. Magnification C: ×400; D: ×200.
Ovarian α₁b-AR mRNA and protein expression. As shown in panel A, no significant differences were found in α₁b-AR mRNA between the control and EA groups. A significant increase in ovarian α₁b-AR mRNA was found in the PCO group when compared to controls. No differences were found between the PCO+EA group and the PCO group. Values are given as means ± SEMs normalized to GAPDH. *p < 0.05 vs control group. EA treatments did not affect the amount of α₁b-AR immunopositive cells in the EA group (panel B). Significantly higher number of immunopositive cells of α₁b-AR was found in the ovaries of PCO rats. EA treatments did not affect the amount or distribution of α₁b-AR protein in PCO ovaries. Values are given as means ± SEM. *p < 0.05 vs control group. Representative pictures showing the distribution of α₁b-AR positive cells in the ovaries of the experimental groups are showed in Panels C-D. Immunostained cells (arrows) were localized around blood vessels (C) and in the granulosa cells of mature follicles (D). F: Follicle; bv: blood vessel; gr: granulose cells; th: thecal layer. Magnification C: ×400; D: ×200.
Figure 4  
Ovarian α₁d-AR mRNA and protein expression. As shown in panel A, α₁d-AR mRNA expression was significantly higher in the PCO group than in control and EA group. EA significantly decreased the mRNA expression in the PCO+EA group compared with the PCO group. Values are given as means ± SEMs normalized to GAPDH. *p < 0.05 vs control group. The α₁d-AR immunopositive cell number (Panel B) was not affected in the EA group when compared to control group. Significantly higher number of immunopositive cells of α₁d-AR was found in the PCO group compared with the control group. EA treatment significantly decreased the number of immunopositive cells in the PCO+EA group. Values are given as means ± SEMs. **p < 0.05 vs control group. Representative pictures showing ovarian distribution of α₁d-AR expressing cells (pointed by arrows) are showed in Panels C-D. The α₁d-AR was found expressed in the granulosa cells of healthy follicles (C) and corpora lutea (D) and around blood vessels (not shown) in all of the experimental groups. F: Follicle; gr: granulose cells; th: thecal layer. Magnification C-D: ×200.
Ovarian $\beta_2$-AR mRNA and protein expression. The expression of $\beta_2$-AR mRNA in the ovary (panel A) in the PCO group was lower compared to the control group. $\beta_2$-AR mRNA was unaltered in the PCO+EA group when compared to control. Values are given as means ± SEMs normalized to GAPDH. $^a p < 0.05$ vs control group. $\beta_2$-AR immunopositive cell number (Panel B) in control ovaries was unchanged by EA treatments. No difference in number of $\beta_2$-AR immunoreactive cells was found in PCO ovaries, while EA treatments in PCO rats significantly increase the amount of $\beta_2$-AR immunostained cells when compared to PCO group. Values are given as means ± SEMs. $^b p < 0.05$ vs PCO group. Representative pictures of stained cells (some of them pointed by black arrows) are showed in Panels C- D. The $\beta_2$-AR was found expressed in degenerating corpora lutea (C) and follicles (D) in all of the experimental groups. Magnification C: ×400; D: ×200.
Figure 6

**Ovarian p75NTR mRNA and protein expression.** As shown in panel A, ovarian p75NTR mRNA was found unchanged in the PCO group compared to the control and EA group. Low-frequency EA treatments did not significantly affect ovarian p75NTR mRNA expression in the EA, PCO and PCO+EA groups. Values are given as means ± SEMs normalized to GAPDH. As shown in panel B, the number of ovarian p75NTR immunopositive cells was significantly decreased in the EA group compared to controls. The number of p75NTR-stained cells in the PCO group was significantly higher than in controls, while repeated EA treatments greatly decreased p75NTR protein immunoreactivity in the PCO+EA group. Values are given as means ± SEMs. \(^*p < 0.05\) vs control group. \(^{a-p} < 0.05\) vs PCO group. Representative pictures of stained cells (pointed by black arrows) are showed in Panels C-D. The p75NTR was found expressed in the thecal layer of healthy follicles (C) and in the stromal region (D) in all of the experimental groups. Magnification C-D: ×200.
frequency EA treatments, except for $\alpha_{1d}$-AR. The EA treatment also induced an increase of $\beta_2$-AR protein in the EV-injected rats.

It has been suggested that high sympathetic drive to the ovary might be important in both EV-induced PCO in rats and PCOS in humans [4,5,9,10,27]. Clinical studies show that women with PCOS temporarily recover normal ovarian function after bilateral wedge resection or ovarian drilling, which partially denervates the ovary [28]. These observations suggest that the ovarian nerves might be involved in the successful outcome of bilateral wedge resection and ovarian drilling. Current pharmacological treatment using clomiphene citrate is the first-line treatment for ovulation induction in women with PCOS [29]. This is effective, but side-effects such as super ovulation are quite common [30]. There is a clear need to identify new therapeutical approaches — including non-pharmacological strategies — to reduce or replace drug intervention.

That EA may reduce hyperactivity in the ovarian peripheral sympathetic nerve fibers is consistent with the theory that EA could modulate sensory, motor, and autonomic outflow at the segmental level [16]. It has been shown that EA activates higher control systems, resulting in the release of a number of neuropeptides that are important in the modulation of central and segmental autonomic outflow and of the HPO axis [16,31]. We have recently shown that repeated low-frequency EA induces regular ovulations in more than one-third of women with PCOS and normalizes endocrine and neuroendocrine parameters without any negative side-effects [17]. The effects of repeated low-frequency EA were then attributed to an inhibition of hyperactivity in the sympathetic nervous system [16,32]. The present study further indicates that EA is effective in preventing EV-induced dysregulation of ovarian sympathetic markers.

Increased peripheral sympathetic outflow in rats with steroid-induced PCO is evidenced by increased releases of NE, higher concentrations of NE in the ovary, and a reduced number of $\beta_2$-AR in the ovarian compartment receiving catecholaminergic innervation [8,9]. The role of $\beta_2$-AR in ovarian physiology and pathophysiology has been related to the regulation of ovarian steroidogenesis [8]. Transfection of the superior ovarian nerve in steroid-induced PCO reduces the steroid response, raises $\beta_2$-AR expression to normal levels, and restores estrus cyclicity and ovulation [8]. Thus the disturbances in steroid production — at least in the present rat PCO model — might be secondary to the elevated adrenergic control over ovarian steroidogenesis mediated by $\beta_2$-AR. Interestingly, repeated treatments of low-frequency EA induced an increase of $\beta_2$-AR protein in EV-injected rats, and this is in accordance with the hypothesis that EA down-regulates the activity in the sympathetic nervous system. On the other hand, the mRNA expression of $\beta_2$-AR was decreased in the EA and in the PCO+EA group compared with the control group. One plausible explanation for the discrepancy between the mRNA and protein levels might be an unbalanced turn over between $\beta_2$-AR mRNA and protein. Thus the lower level of mRNA, compared to those of the protein, could reflect its utilization for protein synthesis, not balanced by an appropriate mRNA replacement. Such a mechanism could also reflect different regulation levels for our treatments, that could act on protein production separately at both the gene transcription and protein synthesis. Further studies are necessary to clarify this mechanism(s).

The functional significance of the different $\alpha_1$-ARs in the ovary of PCO rats has not been clearly identified. The function of these types of ARs has traditionally been characterized in ovarian physiology as being primarily related to the regulation of ovarian blood flow. Interestingly, $\alpha_1$-agonist stimulation has recently been shown to modulate the progesterone release in cultured granulose cells by potentiation of vasoactive intestinal peptide (VIP) and Pituitary Adenylate Cyclase-Activating Polypeptide (PACAP) [33]. In a recent study, for the first time to our knowledge, we have shown that the expression of all $\alpha_1$-AR subtypes at both the mRNA and the protein level are up-regulated at an early (30 day) and at a late (60 day) stage after EV injection [14]. Thus it can be inferred that $\alpha_1$-ARs participate not only in the physiological regulation of progesterone from the normal rat ovary [33], but also most probably in the up-regulation of progesterone release described in the EV-induced PCO ovary [8]. Furthermore, the dysregulated $\alpha_1$-ARs can be related to high sympathetic activity in the ovaries of PCO rats [8]. Indeed, we found that repeated treatments of low-frequency EA prevents the dysregulation of $\alpha_{1a}$-AR and $\alpha_{1d}$-AR protein in rats with steroid-induced PCO that evidence the effectiveness of EA in reducing the sympathetic drive to the ovary. The mRNA expression of $\alpha_{1d}$-AR was normalized by low-frequency EA, but not that of $\alpha_{1a}$- and $\alpha_{1b}$-AR. Again, the discrepancy between the mRNA expression and protein levels might be an unbalanced turn over between $\alpha_{1a}$- and $\alpha_{1b}$-ARs mRNA and protein, thus the mRNA that is engaged in the protein translation is not replaced completely, while this is not the case for $\alpha_{1d}$-AR. These results indicate that a mechanism linked to ovarian presence and function of ARs could be active in this context.

The present results are in line with the results of a recent study demonstrating that low-frequency EA increased blood flow and decreased sympathetic activity in the ovary [22,23]. These observations led to the hypothesis that the effects of low-frequency EA on ovarian blood flow were mediated by $\alpha_1$-ARs [22], and this is in line with
another recent study by Uchida et al. [12] which suggested that the regulation of ovarian blood flow via sensory stimulation is mediated by \( \alpha_1 \)-ARs evidenced by blocking \( \alpha_1 \)-ARs.

In the present study, we also demonstrate that repeated treatments of low-frequency EA maintains p75\(^{\text{NTR}} \) mRNA and protein amount at basal levels in PCO animals. This agrees with results of our previous studies [18,20]. It is known that p75\(^{\text{NTR}} \) aids the development of specific populations of sympathetic neurons [34], and that this receptor is responsible for the responsiveness of adult sympathetic neurons to target-derived NGF [35]. The evidence that EV injection in adult rats increases the intravarian synthesis of both NGF and p75\(^{\text{NTR}} \) [10] suggests a possible functional link between PCO and the NGF/NGF receptor system. Interestingly, these changes were accompanied by selective activation of noradrenergic neurons projecting to the ovary. The activation of the sympathetic nervous system after EV injection has been evidenced by enhanced TH activity in the ovaries of PCO rats [9] and by increase of TH mRNA expression in the catecholaminergic cells of the celiac ganglion selectively projecting to the ovaries [10]. Furthermore, intravarian blockade of NGF and p75\(^{\text{NTR}} \) resulted in decreased p75\(^{\text{NTR}} \) synthesis by ovarian theca cells and restored estrous cyclicity and ova-
latory capacity in EV-injected rats [10]. Thus, one possible mechanism underlying the effect of low-frequency EA on sympathetic tone might be decreased p75\(^{\text{NTR}} \)-mediated sympathetic responsiveness to NGF action. That EA counteracted the EV-induced increase in ovarian expres-
sion and amount of p75\(^{\text{NTR}} \) supports this hypothesis.

Interestingly, CRF a principal neurohormone in the control of the hypothalamus-pituitary-adrenal (HPA) axis, has been shown to be increased in both the median eminence and in the ovary in rats with steroid-induced PCO [19]. In the same study, repeated low-frequency EA restored the increased CRF concentrations indicating that peripheral CRF and the HPA axis plays a crucial role in the regulation of ovarian function in steroid-induced PCO [19]. These data, together with the present one, suggest that EA could act as a modulator of the central control over sympathetic output in rats with steroid-induced PCO. Further studies are necessary to clarify this point.

In conclusion, the present study shows that EA prevented most of the EV-induced changes in ovarian ARs. Furthermore, EA was able to counteract the EV-induced up regulation of p75\(^{\text{NTR}} \), probably by normalizing the sympathetic ovarian response to NGF action. Our data indicate the effectiveness of EA in the regulation of ovarian responsiveness to sympathetic inputs and depict a possible complementary therapeutic approach to prevent-
ing and/or overcoming sympathetic-related anovulation in women with PCOS.

Authors’ contributions
LM participated in the design of the study, carried out part of the animal preparation, performed RT-PCR and immunohistochemical analyses, performed the statistical analysis and drafted the manuscript. TL, AH and LA par-
ticipated in the design of the study and in writing the manuscript. ES-V participated in the design of the study, carried out part of the animal preparation and drafted the manuscript. All authors read and approved the final manuscript.

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References
1. Tsilchorozidou T, Overton C, Conway GS: The pathophysiology of polycystic ovarian syndrome. Clin Endocrinol (Oxf) 2004, 60:1-17.
2. Lobo RA: The role of neurotransmitters and opioids in polycystic ovarian syndrome. Endocrinol Metab Clin North Am 1988, 17:667-683.
3. Lobo RA, Granger LR, Paul WL, Goebelesmann U, Misell DRJ: Psychological stress and increases in urinary norepinephrine metabolites, platelet serotonin, and adrenal androgens in women with polycystic ovary syndrome. Am J Obstet Gynecol 1983, 145:49-503.
4. Semenov Na: Adrenergic innervation of the ovaries in Stein-Leventhal syndrome. Vestn Akad Med Nauk SSSR (Abstract in English) 1969, 24:58-62.
5. Heider U, Pedal I, Spanel-Borowski K: Increase in nerve fibers and loss of mast cells in polycystic and postmenopausal ovaries. Fertil Steril 2001, 75:1141-1147.
6. Szwikarz D, Ulenbroek JT: Polycystic ovary syndrome - searching for an animal model. J Med 1998, 29:239-275.
7. Brawer JR, Munoz M, Farookhi R: Increase in nerve fibers and loss of mast cells in polycystic and postmenopausal ovaries. Biol Reproduction 1986, 35:467-465.
8. Barra A, Leyton V, Ojeda SR, Lara HE: Ovarian steroids response to gonadotropins and \( \beta \)-adrenergic stimulation is enhanced in polycystic ovarian syndrome: role of sympathetic innervation. Endocrinology 1993, 133:2696-2703.
9. Lara HE, Diissen GA, Leyton V, Paredes A, Fuenzalida H, Fiedler JL, Ojeda SR: An increased intraovarian synthesis of nerve growth factor and its low affinity receptor is a principal component of steroid-induced polycystic ovary in the rat. Endocrinology 2000, 141:1059-1072.
10. Cavanos Calizada B, Alexandre de Artinano A: \( \alpha \)-adrenoceptor subtypes. Pharmacol Res 2001, 44:195-208.
11. Uchida S, Hotta H, Kagitani F, Aikawa Y: Ovarian blood flow is reflexively regulated by mechanical afferent stimulation of hindlimb in non-pregnant anesthetized rats. Autonomic Neuroscience: Basic and Clinical 2003, 106:91-97.
12. Baranowska B, Wasielska-Dziubinska E, Radzikowska M, Pilonowska A, Roguski K, Krawczyk E, Kawalec M: Effects of PACAP and VIP on adrenal progesterone release. Ann N Y Acad Sci 1996, 805:628-633.
14. Manni L, Holmang A, Lundeberg T, Aloe L, Stener-Victorin E: Ovarian expression of α (1)- and β (2)-adrenoreceptors and p75 neurotrophin receptors in rats with steroid-induced polycystic ovaries. Auton Neurosci 2005, 118:79-87.

15. Andersson S, Lundeberg T: Acupuncture - from empiricism to science: functional background to acupuncture effects in pain and disease. Med Hypotheses 1995, 45:271-281.

16. Sato A, Sato Y, Uchida S: Reflex modulation of visceral functions by acupuncture-like stimulation in anesthetized rats. International Congress Series 2002, 1238:111-1132.

17. Stener-Victorin E, Waldenstrom U, Tagnfors U, Lundeberg T, Lindstedt G, Janson PO: Effects of electro-acupuncture on anovulation in women with polycystic ovary syndrome. Acta Obstet Gynecol Scand 2000, 79:180-188.

18. Stener-Victorin E, Lundeberg T, Waldenstrom U, Manni L, Aloe L, Gunnarsson J, Janson PO: Effects of electro-acupuncture on nerve growth factor and ovarian morphology in rats with experimentally induced polycystic ovaries. Biol Reprod 2000, 63:1497-1503.

19. Stener-Victorin E, Lundeberg T, Waldenstrom U, Bilevinci-Ljungar I, Janson PO: Effects of electro-acupuncture on corticotropin-releasing factor in rats with experimentally-induced polycystic ovaries. Neuropeptides 2001, 35:227-231.

20. Stener-Victorin E, Lundeberg T, Cajander S, Aloe L, Manni L, Waldenstrom U, Janson PO: Steroid-induced polycystic ovaries in rats: effect of electro-acupuncture on concentrations of endothelin-1 and nerve growth factor (NGF), and expression of NGF mRNA in the ovaries, the adrenal glands, and the central nervous system. Reprod Biol Endocrinol 2003, 1:33.

21. Stener-Victorin E, Lindholm C: Immunity and β-endorphin concentrations in hypothalamus and plasma in rats with steroid-induced polycystic ovaries: effect of low-frequency electroacupuncture. Biol Reprod 2004, 70:329-333.

22. Stener-Victorin E, Kobayashi R, Kurosawa M: Ovarian blood flow responses to electro-acupuncture stimulation at different frequencies and intensities in anaesthetized rats. Autonomic Neuroscience: Basic and Clinical 2003, 108:50-56.

23. Stener-Victorin E, Kobayashi R, Watanabe O, Lundeberg T, Kurosawa M: Effect of electro-acupuncture stimulation of different frequencies and intensities on ovarian blood flow in anaesthetised rats with steroid-induced polycystic ovaries. Reprod Biol Endocrinol 2004, 2:16.

24. Tirassa P, Manni L, Stenfors C, Lundeberg T, Aloe L: RT-PCR ELISA method for the analysis of neurotrophin mRNA expression in brain and peripheral tissues. J Biotechnol 2000, 84:259-272.

25. Chomczynski P, Sacchi N: Single-step method of RNA isolation by acid guanidinium thiocyanate-phenol-chloroform extraction. Anal Biochem 1987, 162:156-159.

26. Chandler CE, Parsons LM, Hosang M, Shooter EM: A monoclonal antibody modulates the interaction of nerve growth factor with PC12 cells. J Biol Chem 1984, 259:6882-6889.

27. Iwara HE, Dorfman M, Venegas M, Luza SM, Luna SL, Mayerhofer A, Guimaraes MA, Rosa E Silva AAM, Ramirez VO: Changes in sympathetic nerve activity of the mammalian ovary during a normal estrous cycle and in polycystic ovary syndrome: Studies in nor epinephrine release. Microsc Res Tech 2002, 59:495-502.

28. Nakamura Y: Treatment of polycystic ovary syndrome: an overview. Horm Res 1990, 33:31.

29. Nestler JE, Stovall D, Akhter N, Iuorno MJ, Jakubowicz DJ: Strategies for the use of insulin-sensitizing drugs to treat infertility in women with polycystic ovary syndrome. Fertil Steril 2002, 77:209-215.

30. Koustas E, White DM, Franks S: Modern use of clomiphene citrate in induction of ovulation. Hum Reprod Update 1997, 3:359-365.

31. Han JS: Acupuncture: neuropeptide release produced by electrical stimulation of different frequencies. Trends in Neurosciences 2003, 26:17-22.

32. Chen BY: Acupuncture normalizes dysfunction of hypothalamic-pituitary-ovarian axis. Acupunct Electrother Res 1997, 22:97-108.

33. Wasilewska-Dziubinska E, Borowiec M, Chmielowska M, Wolinska-Witort E, Baranowska B: Alpha 1 adrenergic potentiation of progesterone accumulation stimulated by vasoactive intestinal peptide (VIP) and pituitary adenylate cyclase-activating polypeptide (PACAP) in cultured rat granulosa cells. Neuro Endocrinol Lett 2002, 23:141-148.

34. Lee KF, Bachman K, Landis S, Jaenisch R: Dependence on p75 for preservation of some sympathetic targets. Science 1994, 263:1447-1449.

35. Cowen T, Gavazzi I: Plasticity in adult and ageing sympathetic neurons. Prog Neurobiol 1998, 54:249-288.