The Protective Effect of Auraptene Against Oxidative Stress and Pentylenetetrazol-Induced Chemical Kindling in Mice

Leila Etemad a, Mahdieh Zamani a, Mehrdad Iranshahi b and Ali Roohbakhsh a, c, *

aPharmaceutical Research Center, Pharmaceutical Technology Institute, Mashhad University of Medical Sciences, Mashhad, Iran. bBiotechnology Research Center, Pharmaceutical Technology Institute, Mashhad University of Medical Sciences, Mashhad, Iran. cDepartment of Pharmacodynamics and Toxicology, School of Pharmacy, Mashhad University of Medical Sciences, Mashhad, Iran.

Abstract

It is believed that some pitfalls in the treatment of epilepsy such as serious side effects of medications and drug resistance may be resolved by natural compounds. Auraptene belongs to coumarins and is found in citrus peel. We hypothesized that auraptene might have anticonvulsant properties. Kindling was induced by repeated intraperitoneal (IP) injections of pentylenetetrazol (PTZ, 35 mg/kg) with two-day intervals for 24 days in male albino mice. Three groups received IP injections of auraptene (12.5, 25, and 50 mg/kg). Three control groups received vehicle, diazepam (3 mg/kg, IP), and vitamin E (150 mg/kg, IP). Seizure-related behaviors were recorded for 30 min after PTZ injection. Moreover, malondialdehyde and reduced glutathione (GSH) were measured in the brain. The results indicated that auraptene at the dose of 12.5 mg/kg and vitamin E significantly prolonged the latency to stage 2 of seizures (P < 0.01). Auraptene at the doses of 25 mg/kg and 50 mg/kg, prolonged the latency to stage 4 (P < 0.01) and reduced stage 5 duration of seizures (P < 0.01). All doses of auraptene reduced median of seizure scores (P < 0.01). The kindled control group had MDA levels similar to intact animals but had a lower concentration of GSH (P < 0.001). None of the tested compounds changed the malondialdehyde concentration significantly. However, auraptene at the dose of 50 mg/kg and vitamin E increased GSH levels (P < 0.05). The results suggest that auraptene had anticonvulsant effects in PTZ-induced chemical kindling that was mediated by mechanisms other than the antioxidant effect of auraptene.

Keywords: Pentylenetetrazol; Auraptene; Chemical kindling; Oxidative stress; Seizure.
seizure attacks and comorbid diseases in epileptic patients (3). Accordingly, flavonoids, coumarins, and terpenoids are the main phytochemicals with significant anticonvulsant effects in the preclinical studies (2). Auraptene (7-geranyl oxycoumarin) is a well-known and the most abundant prenyl oxycoumarin in nature. One of the main sources of auraptene is the plants of the Citrus genus such as grapefruit and orange. Auraptene has significant antioxidant and anti-inflammatory effects (4) and can reduce glutamate in the brain (5).

Animal models have been used extensively for evaluation of new anticonvulsant drugs. Chemical kindling is a model of epileptic seizures. This model is based on the repeated administration of an initially sub-convulsive dose of a chemical such as pentylenetetrazol (PTZ) (6). This protocol reduces seizure threshold and culminates in a generalized seizure. Drugs with anticonvulsant properties in this model have the potential to be used in the treatment of patients with complex partial epilepsy (7).

Previous studies demonstrated that during seizure episodes, oxidant/antioxidant balance is perturbed. Numerous studies show that lower antioxidant activity is the main finding during PTZ-induced seizures (8, 9). For example, it was demonstrated that PTZ decreased glutathione peroxidase activity and vitamin E concentration. The study showed that administration of vitamin E not only strengthened the antioxidant capacity but also modulated electroencephalographic recordings following PTZ administration (10). Therefore, we hypothesized that auraptene might be effective in the treatment of epilepsy. Taken together, we aimed to assess the effect of auraptene on PTZ-induced chemical kindling.

**Experimental**

**Preparation of auraptene**

Auraptene (7-geranyl oxycoumarin) was synthesized as described previously (11). In brief, 7-hydroxycoumarin, trans-geranyl bromide and DBU (1, 8-diazabicyclo [5.4.0] undec-7-ene) were reacted in acetone at room temperature. Auraptene was purified using column chromatography (petroleum ether/ethyl acetate 9:1 v/v). The structure of auraptene was confirmed by 1H- and 13C-NMR. Auraptene purity was measured using HPLC as 95%. For injections, auraptene was dissolved in Tween 80, polyethylene glycol 400, and 0.9% saline in 5%, 35%, and 60% v/v order, respectively.

**Animals**

We used male albino mice weighing 26–35 g. the animals were housed in a room with a 12/12 h light/dark cycle (lights on 07:00 h) and controlled temperature (23 ± 2 °C). The animals had free access to food and water. Each experimental group included ten animals. The animals were randomly divided into different experimental groups to ensure group homogeneity. The method of this study was approved by the Ethics Committee of Mashhad University of Medical Sciences (no. 910972).

**Induction of kindling and experimental design**

For induction of kindling, PTZ (Sigma, India, 35 mg/kg) was injected intraperitoneally (IP) every other day for 24 days (12). Vehicle (10 mL/kg), auraptene (12.5, 25, and 50 mg/kg), vitamin E (Osve, Iran, 150 mg/kg), and diazepam (Chimidaroo, Iran, control drug, 3 mg/kg) were administered intraperitoneally 30 min before PTZ injections. The doses of auraptene and diazepam were selected according to the previous studies (13, 14). Following PTZ injections, each mouse was kept in a Plexiglas box, and its behavior was recorded for 30 min to measure the incidence of convulsions. The intensity of the seizure response was scored on the following scale: 0 = no response; 1 = vibrissae twitching, mouth and facial jerks; 2 = myoclonic body jerks or head nodding; 3 = forelimb clonus; 4 = rearing, falling down, forelimb tonus, and hindlimb clonus; and 5 = tonic extension of hindlimb, status epilepticus (6). The highest response was recorded for each animal for each day.

The following variables were also recorded: median of seizure stages, stage 2 (S2) and stage 4 (S4) latencies, and stage 5 (S5) duration (15). The means of S2 and S4 latencies and S5 durations for each injection day were calculated and were then averaged over 12 injection days.
Biochemical experiments

Tissue sampling

After the last experiment (on day 24) the animals were decapitated and also, their brains were removed, snap-frozen in liquid nitrogen and kept at −80 ºC for biochemical assays.

Lipid peroxidation assay

Lipid peroxidation was measured by determination of malondialdehyde (MDA) concentration using UV spectrophotometry. MDA level was expressed as nmol/g tissue (16).

Reduced glutathione assay

Brain content of reduced glutathione (GSH) was measured using 2, 2′- dinitro-5, 5′-dithiodibenzoic acid (DTNB) as the reagent. The levels of GSH were measured by UV spectrophotometry at 412 nm and expressed as nmol/g protein (16).

Statistical analysis

The data for seizure stages were expressed as median ± quartiles. The seizure stages were analyzed using Kruskal–Wallis nonparametric one-way analysis of variance followed by two-tailed Mann–Whitney U test. Other data were expressed as mean ± SEM. The comparisons between groups were made by one-way analysis of variance (ANOVA) followed by Dunnett’s test if necessary. \( P < 0.05 \) was considered significant.

Results

The effect of auraptene on PTZ-induced kindling

The results indicated that repeated administration of PTZ for 24 days (vehicle-treated) gradually decreased seizure threshold, which was manifested as increased seizure scores and decreased seizure score latencies. The animals that were pretreated with vitamin E and the low dose of auraptene (12.5 mg/kg) had higher S2L (\( P < 0.01 \), Figure 1). However, neither higher doses of auraptene (25 and 50 mg/kg) nor diazepam could change S2L significantly. Auraptene at the doses of 25 and 50 mg/kg increased S4L (\( P < 0.01 \), Figure 2) and decreased S5D (\( P < 0.01 \), Figure 3). Similarly, diazepam increased S4L and decreased S5D (\( P < 0.01 \)). S4L and S5D were not different in animals that were pretreated with vitamin E in comparison with the control group.

Comparison of the median score of seizures between different groups showed that auraptene at the doses of 12.5, 25, and 50 mg/kg and diazepam but not vitamin E reduced this parameter significantly (\( P < 0.01 \), Figure 4). This implies that auraptene induced significant antiepileptic effect in the PTZ-induced kindling model.
The effect of auraptene on lipid peroxidation and reduced glutathione in the brain

Figure 5 shows the effect of auraptene on MDA content in the brain. The results show that repeated administration of PTZ did not change the MDA level significantly. Moreover, neither auraptene nor vitamin E changed lipid peroxidation index significantly. The effect of auraptene on reduced glutathione content is presented in Figure 6. The results indicated that repeated administration of PTZ attenuated GSH content in the brain ($P < 0.001$). Administration of auraptene at the dose of 50 mg/kg and vitamin E enhanced reduced glutathione content in the brain ($P < 0.05$). Lower doses of auraptene (12.5 and 25 mg/kg) and diazepam did not change this parameter significantly.
Discussion

The main finding of the present study is that auraptene had anticonvulsant effect in PTZ kindled mice. It also increased reduced glutathione in the brain similar to vitamin E. However, vitamin E did not produce such anticonvulsant effects in PTZ kindled mice. Compelling evidence from previous studies has shown that some natural compounds have significant anticonvulsant effects (17-19). Compounds are polyphenolic compounds that possess a diverse range of pharmacological effects. It was reported that administration of PTZ increased free fatty acids, glutathione disulfide, and hydroxyl radicals in various brain regions including the cerebral cortex (8, 20). Also, epileptic patients have been reported to have lower plasma vitamin C content and higher levels of lipid peroxidation in comparison with normal subjects (21). Auraptene, as an herbal compound, was able to decrease main antioxidant enzymes activities including the superoxide dismutase and glutathione peroxidase (9). Therefore, we hypothesized that oxidative stress might have a potential role in PTZ-induced chemical kindling and auraptene would be able to resolve these biochemical changes. The results showed that induction of kindling reduced GSH content in the brain but did not change the MDA level significantly. Similar to these results, Patsoukis et al. showed that a single injection of PTZ reduced GSH level in the cerebral cortex of mice but did not affect the MDA levels (8). The present finding is in accordance with previous studies showing that a perturbation in oxidant-antioxidant balance is accounted, at least in part, as a player in the pathogenesis of seizure. Although vitamin E enhanced GSH and decreased stage 2 of seizure attacks, it did not change the median of seizure scores and higher stages of the seizure. Therefore, vitamin E, as a good antioxidant molecule, did not induce a prominent anti-epileptic effect. In other words, vitamin E exhibited a weak anticonvulsant effect. In agreement, a recent study showed that N-acetylcyesteine and sulforaphane, which act to increase glutathione, delayed the onset of epilepsy measured at 5 months without modifying the average seizure duration or the incidence of epilepsy in animals (22). Considering the effect of vitamin E and the significant effect of auraptene on GSH at the highest dose, with anticonvulsant effect at lower doses, it may be suggested that the anti-epileptic effect of auraptene was mediated by a mechanism(s) other than modulation of the oxidant-antioxidant system.

It means that longer treatment with antioxidants may induce a better anticonvulsant effect. All these findings show that a combination of antioxidants with current anticonvulsant drugs is an alternative way that would be beneficial for the treatment of epilepsy.

Previous studies have suggested that seizures originate from two primary brain regions: the forebrain and the brainstem. These studies suggest that seizures characterized by forelimb clonus originate from forebrain structures such as the deep prepiriform cortex or the area tempestas, whereas tonic-clonic seizures are thought to originate from brainstem structures that include the pontine reticular formation and the nucleus reticularis pontis oralis (23, 24). Therefore, it is a possibility that auraptene at the dose of 12.5 mg/kg had more inhibitory effect on the forebrain structures than higher doses and enhanced S2L more than other doses. Due to limited number of studies, the pharmacological effects of auraptene have not been evaluated in detail. Hence, it is hard to suggest the molecular mechanisms behind the anticonvulsant effect of auraptene. Similar to auraptene, there are other coumarin molecules such as esculetin (25) and imperatorin (26) with good anticonvulsant effects. Esculetin has been reported with significant anticonvulsant effect in electroshock-induced convulsions model without sedative and myorelaxant effects. Modulation of voltage-gated and ligand-gated ion channels is a potential mechanism for the anticonvulsant effects of plant compounds. It has been reported that coumarins interact with various voltage-gated ion channels and the benzodiazepine site of the GABAA receptors (27, 28). In accordance, it was reported that the anticonvulsant effect of esculetin was mediated by GABAA receptors. The interaction of coumarin derivatives with GABAA receptors was evaluated by Singhuber et al. (29). They showed that these compounds enhance GABA-
induced chloride current however, at very high concentrations. Therefore, it is unlikely that this target is the only mechanism that mediates the anticonvulsant effects of coumarins. Auraptene can reduce glutamate concentration as an excitatory neurotransmitter in the CNS (5). This may be another mechanism that explains the anticonvulsant effect of auraptene in the present study. Auraptene has been reported as a ligand for PPARγ as well (30). This nuclear receptor has various physiological effects including modulation of metabolism (31) and inflammation (32). Recent studies show that it is involved in the control of seizure episodes as well. For example, it was demonstrated that single intraperitoneal administration of pioglitazone, as a PPARγ agonist, reduced the proconvulsant effect of PTZ (33, 34). The researchers suggested that PPARγ, through attenuation of proinflammatory cytokines and elevation of nitric oxide synthesis, induced anticonvulsant effects. Therefore, it is a possibility that auraptene induced its anticonvulsant effect through activation of PPARγ. There are reports showing that inflammation has a crucial role in the pathophysiology of epilepsy (35). In agreement, it was demonstrated that the expression of cyclooxygenase-2 (COX-2) was elevated in the pyramidal cells of the hippocampus following kindling. Moreover, following kindling, prostaglandin E2 concentration did not increase in COX-2 knock-out mice despite a significant increase in the wild-type (36). This implies the importance of COX-2 expression during epileptogenesis. Interestingly, there are reports showing that auraptene can change COX-2 expression. For example, auraptene inhibited COX-2 expression in the astrocytes and attenuated microglia activation in the hippocampus (37). Similarly, Okuyama and colleagues showed that auraptene reduced COX-2, interleukin 1β, and TNF-α expressions in the ischemic brain of mice (4). Therefore, another explanation for the anticonvulsant effect of auraptene is decreased expression of COX-2 and other pro-inflammatory chemokines and cytokines. It is worth to mention that IL-1β has a prominent place in the initiation and progression of PTZ-induced epileptogenesis (38, 39).

Compounds with additional neuroprotective, cognition-enhancing, and antiinflammatory activities may be useful in the treatment of epilepsy. In accordance, Epifano et al. demonstrated that auraptene produced a significant neuroprotective effect against N-methyl-D-aspartate (NMDA)-induced toxicity in mixed cortical cultures (40). Auraptene has been reported with significant inhibitory action on MAO-B as a neuroprotective mechanism (41). Moreover, auraptene improved reduced ischemia and enhanced memory in a rat model of vascular dementia (14). On the other hand, one of the major pitfalls in the treatment of epilepsy is the interaction of the current antiepileptic drugs with hepatic drug-metabolizing enzymes and therefore with many other drugs. Interestingly, auraptene has been reported as a compound with the lowest interaction with these enzymes (42). Therefore, the neuroprotective properties of auraptene and minimum interaction with hepatic drug-metabolizing enzymes may add benefits to the anticonvulsant effects of this almost safe natural compound.

In conclusion, auraptene induced significant anticonvulsant effect and increased reduced glutathione. Considering the weak anticonvulsant effect of vitamin E, it was suggested that mechanisms other than the antioxidant effect of auraptene participated in its anticonvulsant effects.

Acknowledgment

This study was supported by a grant (no. 910972) from the Research Council of Mashhad University of Medical Sciences.

References

(1) Behr C, Goltzene MA, Kosmalski G, Hirsch E and Ryvlin P. Epidemiology of epilepsy. Rev. Neurol. (Paris). (2016) 172: 27-36.
(2) Sucher NJ and Carles MC. A pharmacological basis of herbal medicines for epilepsy. Epilepsy Behav. (2015) 52: 308-18.
(3) Sahranavard S, Ghafari S and Mosaddegh M. Medicinal plants used in Iranian traditional medicine to treat epilepsy. Seizure. (2014) 23: 328-32.
(4) Okuyama S, Morita M, Kaji M, Amakura Y, Yoshimura M, Shimamoto K, Ookido Y, Nakajima M and Furukawa Y. Auraptene Acts as an Anti-Inflammatory Agent in the Mouse Brain. Molecules. (2015) 20:
Auraptene and seizure

20230-9.

(5) Chen HF, Luo LP, Yuan JB, Luo XQ, Li ZH, Yang B and Yang WL. Protective effect of auraptene on cerebral vascular-induced cellular dementia in rats. Chinese J. New Drugs (2012) 21: 1210-3.

(6) Kordi Jaz E, Moghimi A, Fereidoni M, Asadi S, Shamsizadeh A and Roohbakhsh A. SB-334867, an orexin receptor 1 antagonist, decreased seizure and anxiety in pentylentetrazol-induced kindled rats. Fundam. Clin. Pharmacol. (2017) 31: 201-7.

(7) Kupferberg H. Animal models used in the screening of antiepileptic drugs. Epilepsia (2001) 42 Suppl 4: 7-12.

(8) Patsouksis N, Zervoudakis G, Georgiou CD, Angelatou F, Matsokis NA and Panagopoulos NT. Effect of pentylentetrazol-induced seizure on thiol redox state in the mouse cerebral cortex. Epilepsy Res. (2004) 62: 65-74.

(9) Erakovic V, Zupan G, Varjjen J and Simonic A. Pentylenetetrazol-induced seizures and kindling: changes in free fatty acids, superoxide dismutase, and glutathione peroxidase activity. Neurochem. Int. (2003) 42: 173-8.

(10) Naziroglu M, Kutluhan S, Uguz AC, Celik O, Bal R and Butterworth PJ. Topiramate and vitamin E modulate the electroencephalographic records, brain microsomal and blood antioxidant redox system in pentylentetrazol-induced seizure of rats. J. Membr. Biol. (2009) 229: 131-40.

(11) Razavi BM, Arasteh E, Imenhshahidi M and Iranshahi M. Antihypertensive effect of auraptene, a monoterpene coumarin from the genus Citrus, upon chronic administration. Iran. J. Basic Med. Sci. (2015) 18: 153-8.

(12) Shirazi M, Izadi M, Amin M, Rezvani ME, Roohbakhsh A and Shamsizadeh A. Involvement of central TRPV1 receptors in pentylenetetrazole and amygdala-induced kindling in male rats. Neurol. Sci. (2014) 35: 1235-41.

(13) Shamsizadeh A, Fatechi F, Arab Baniasad F, Ayooobi F, Rezvani ME and Roohbakhsh A. The effect of Zataria multiflora Boiss hydroalcoholic extract and fractions in pentylentetrazole-induced kindling in mice. Avicenna J. Phymotem. (2016) 6: 597-603.

(14) Ghanbarabadi M, Iranshahi M, Amoueian S, Mehri S, Motamedshariaty VS and Mohajeri SA. Neuroprotective and memory enhancing effects of auraptene in a rat model of vascular dementia: Experimental study and histopathological evaluation. Neurosci. Lett. (2016) 623: 13-21.

(15) Rezvani ME, Roohbakhsh A, Mosaddegh MH, Esmailidehaj M, Khaloobagheri F and Esmaeili H. Anticonvulsant and depressant effects of aqueous extracts of Carum coticum seeds in male rats. Epilepsy Behav. (2011) 22: 220-5.

(16) Kamyar M, Razavi BM, Hasani FY, Mehri S, Foroutanfar A and Hosseinizadeh H. Crocin prevents haloperidol-induced otorfacial dyskinesia: possible an antioxidant mechanism. Iran J. Basic Med. Sci. (2016) 19: 1070-9.

(17) Nassiri-Asl M, Shariati-Rad S and Zamansoltani F. Anticonvulsive effects of intracerebroventricular administration of rutin in rats. Prog. Neuropsychopharmacol. Biol. Psychiatry (2008) 32: 989-93.

(18) Hosseinizadeh H and Sadeghnia HR. Protective effect of safranal on pentylentetrazol-induced seizures in the rat: involvement of GABAergic and opioids systems. Phytochemistry (2007) 14: 256-62.

(19) Bhaward M and Kumar A. Neuroprotective effect of lycopene against PTZ-induced kindling seizures in mice: possible behavioural, biochemical and mitochondrial dysfunction. Phytother. Res. (2016) 30: 306-13.

(20) Rauca C, Zerbe R and Jantze H. Formation of free hydroxyl radicals after pentylentetrazol-induced seizure and kindling. Brain Res. (1999) 847: 347-51.

(21) Sudha K, Rao AV and Rao A. Oxidative stress and antioxidants in epilepsy. Clin. Chim. Acta (2001) 303: 19-24.

(22) Pauletti A, Terrone G, Shekh-Ahmad T, Salamone A, Ravizza T, Rizzi M, Pastore A, Pascente R, Liang LP, Villa BR, Balosso S, Abramov AV, van Vliet EA, De Giudice E, Aronica E, Antoine DJ, Patel M, Walker MC and Vezzani A. Targeting oxidative stress improves disease outcomes in a rat model of acquired epilepsy. Brain (2017) 140: 1885-99.

(23) Piredda S and Gale K. A crucial epileptogenic site in the deep prepiriform cortex. Nature (1985) 317: 623-5.

(24) Browning RA and Nelson DK. Modification of electroshock and pentylentetrazol seizure patterns in rats after precollicular transections. Exp. Neurol. (1986) 93: 546-56.

(25) Woo TS, Yoon SY, dela Peña IC, Choi JY, Lee HL, Choi YJ, Lee YS, Ryu JH, Choi JS and Cheong JH. Anticonvulsant effect of artemisia capillaris herba in mice. Biomol. Ther. (2011) 19: 342-7.

(26) Luszczki JJ, Glowiak K and Czuczwar SJ. Time-course and dose-response relationships of impetomin in the mouse maximal electroshock seizure threshold model. Neurosci. Res. (2007) 59: 18-22.

(27) Wu KC, Chen YH, Cheng KS, Kuo YH, Yang CT, Wong KL, Tu YK, Chan P and Leung YM. Suppression of voltage-gated Na(+) channels and neuronal excitability by impetomin. Eur. J. Pharmacol. (2013) 721: 49-55.

(28) Skalicka-Wozniak K, Orhan IE, Cordell GA, Nabavi SM and Badzynska B. Implication of coumarins towards central nervous system disorders. Pharmacol. Res. (2016) 103: 188-203.

(29) Singhubher J, Baburin I, Ecker GF, Kopp B and Hering S. Insights into structure-activity relationship of GABAergic receptor modulating coumarins and furanocoumarins. Eur. J. Pharmacol. (2011) 668: 57-64.

(30) Kuroyanagi K, Kang MS, Goto T, Hirai S, Ohyma K, Kusudo T, Yu R, Yano M, Sasaki T, Takahashi N and Kawada T. Citrus auraptene acts as an agonist for PPARs and enhances adiponectin production and MCP-1 reduction in 3T3-L1 adipocytes. Biochem. Biophys. Res. Commun. (2008) 366: 219-25.
Lam VQ, Pascal BD and Griffin PR. The therapeutic potential of nuclear receptor modulators for treatment of metabolic disorders: PPARgamma, RORs, and Rev-erbs. Cell Metab. (2014) 19: 193-208.

(32) Allahtavakoli M, Shabanzadeh A, Roohbakhsh A and Pourshahzari A. Combination therapy of rosiglitazone, a peroxisome proliferator-activated receptor-gamma ligand, and NMDA receptor antagonist (MK-801) on experimental embolic stroke in rats. Basic Clin. Pharmacol. Toxicol. (2007) 101: 309-14.

(33) Adabi Mohazab R, Javadi-Paydar M, Delfan B and Dehpour AR. Possible involvement of PPAR-gamma receptor and nitric oxide pathway in the anticonvulsant effect of acute pioglitazone on pentylenetetrazole-induced seizures in mice. Epilepsy Res. (2012) 101: 28-35.

(34) Abdallah DM. Anticonvulsant potential of the peroxisome proliferator-activated receptor gamma agonist pioglitazone in pentylenetetrazole-induced acute seizures and kindling in mice. Brain Res. (2010) 1351: 246-53.

(35) Vezzani A, French J, Bartfai T and Baram TZ. The role of inflammation in epilepsy. Nat. Rev. Neurol. (2011) 7: 31-40.

(36) Takemiyta T, Suzuki K, Sugiiura H, Yasuda S, Yamagata K, Kawakami Y and Maru E. Inducible brain COX-2 facilitates the recurrence of hippocampal seizures in mouse rapid kindling. Prostaglandins Other Lipid Mediat. (2003) 71: 205-16.

(37) Okuyama S, Minami S, Shimada N, Makihata N, Nakajima M and Furukawa Y. Anti-inflammatory and neuroprotective effects of auraptene, a citrus coumarin, following cerebral global ischemia in mice. Eur. J. Pharmacol. (2013) 699: 118-23.

(38) Kolosowska K, Maciejak P, Szynler J, Turzynska D, Sobolewska A and Plaznik A. The role of interleukin-1beta in the pentylenetetrazole-induced kindling of seizures, in the rat hippocampus. Eur. J. Pharmacol. (2014) 731: 31-7.

(39) Minami M, Kuraishi Y, Yamaguchi T, Nakai S, Hirai Y and Satoh M. Convulsants induce interleukin-1 beta messenger RNA in rat brain. Biochem. Biophys. Res. Commun. (1990) 171: 832-7.

(40) Epifano F, Molinaro G, Genovesi S, Ngomba RT, Nicoletti F and Curini M. Neuroprotective effect of prenyloxycoumarins from edible vegetables. Neurosci. Lett. (2008) 443: 57-60.

(41) Jeong SH, Han XH, Hong SS, Hwang JS, Hwang JH, Lee D, Lee MK, Ro JS and Hwang BY. Monoamine oxidase inhibitory coumarins from the aerial parts of Dictamnus albus. Arch. Pharm. Res. (2006) 29: 1119-24.

(42) Kleiner HE, Xia X, Sonoda J, Zhang J, Pontius E, Abej J, Evans RM, Moore DD and DiGiovanni J. Effects of naturally occurring coumarins on hepatic drug-metabolizing enzymes in mice. Toxicol. Appl. Pharmacol. (2008) 232: 337-50.

(43) Vakili T, Iranshahi M, Arab H, Riahi B, Roshan NM and Karimi G. Safety evaluation of auraptene in rats in acute and subacute toxicity studies. Regul Toxicol. Pharmacol. (2017) 91: 159-64.

This article is available online at http://www.ijpr.ir