

To overcome insufficient sleep – Screening of plant extracts that reinforce the effect of growth hormone in dermal fibroblasts –

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Introduction:

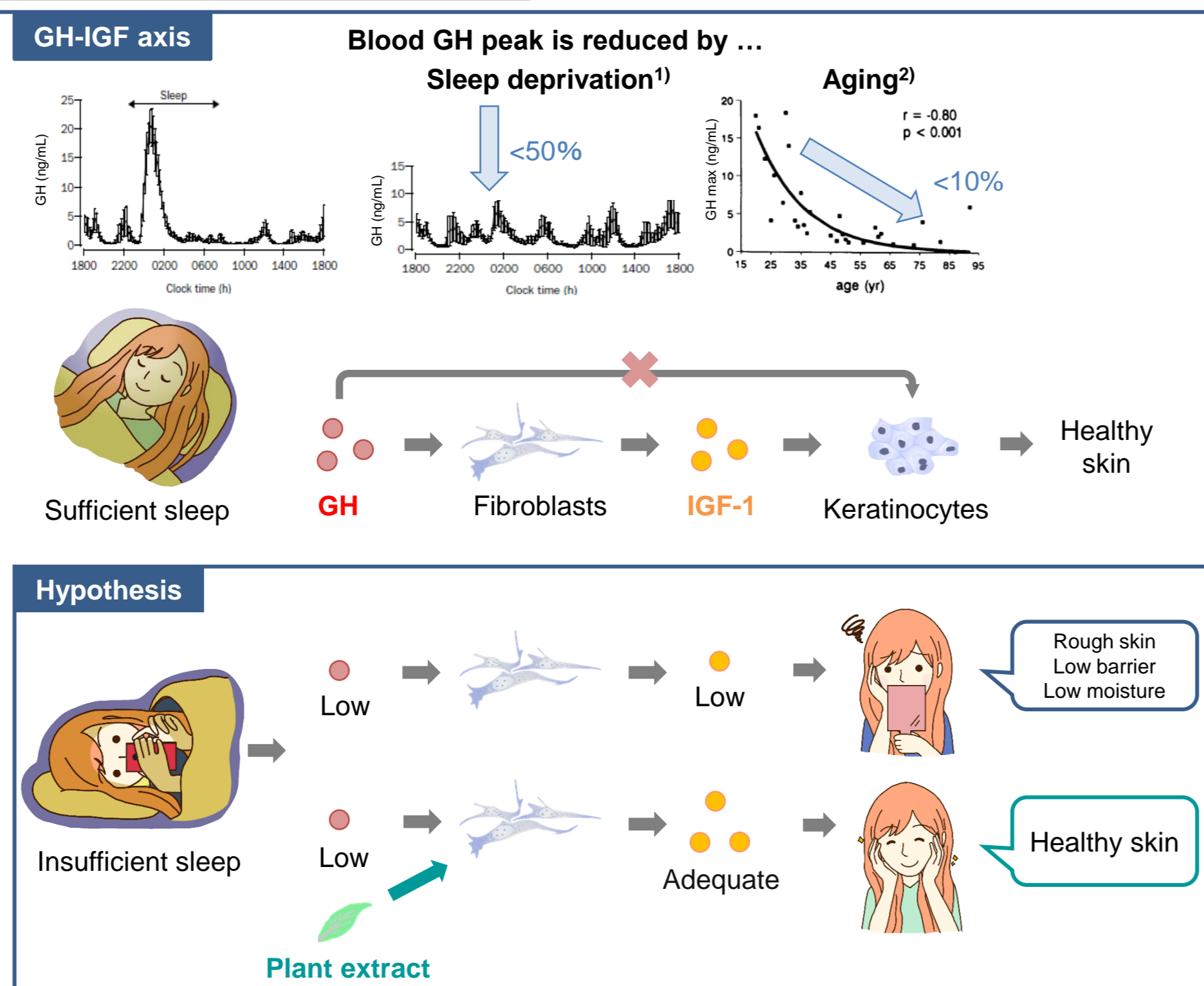
GH-IGF axis
Insufficient sleep is an important issue for many people in modern society, and the risks of developing various diseases associated with sleep deprivation are considerable. **Growth hormone (GH)**, which is released from pituitary gland during deep sleep, primarily mediates growth-promoting action through the stimulation of **insulin-like growth factor-1 (IGF-1)** production in target tissues.

Insufficient sleep and skin

Sleep deprivation causes various physical symptoms by decreasing GH secretion and weakening the production of IGF-1 [1]. In addition, GH secretion has been reported to decrease with aging [2]. The characteristic physical signs of insufficient sleep are reflected in the facial skin. In the skin, dermal fibroblasts are GH target cells that produce IGF-1, which transmits information to keratinocytes to maintain healthy skin. GH deficiency is characterized by skin thinning and skin dryness. Although there are a few reports on the relationship between insufficient sleep and barrier function of the skin, effective measures to prevent the adverse effects of insufficient sleep on the skin have not been well studied.

Objective

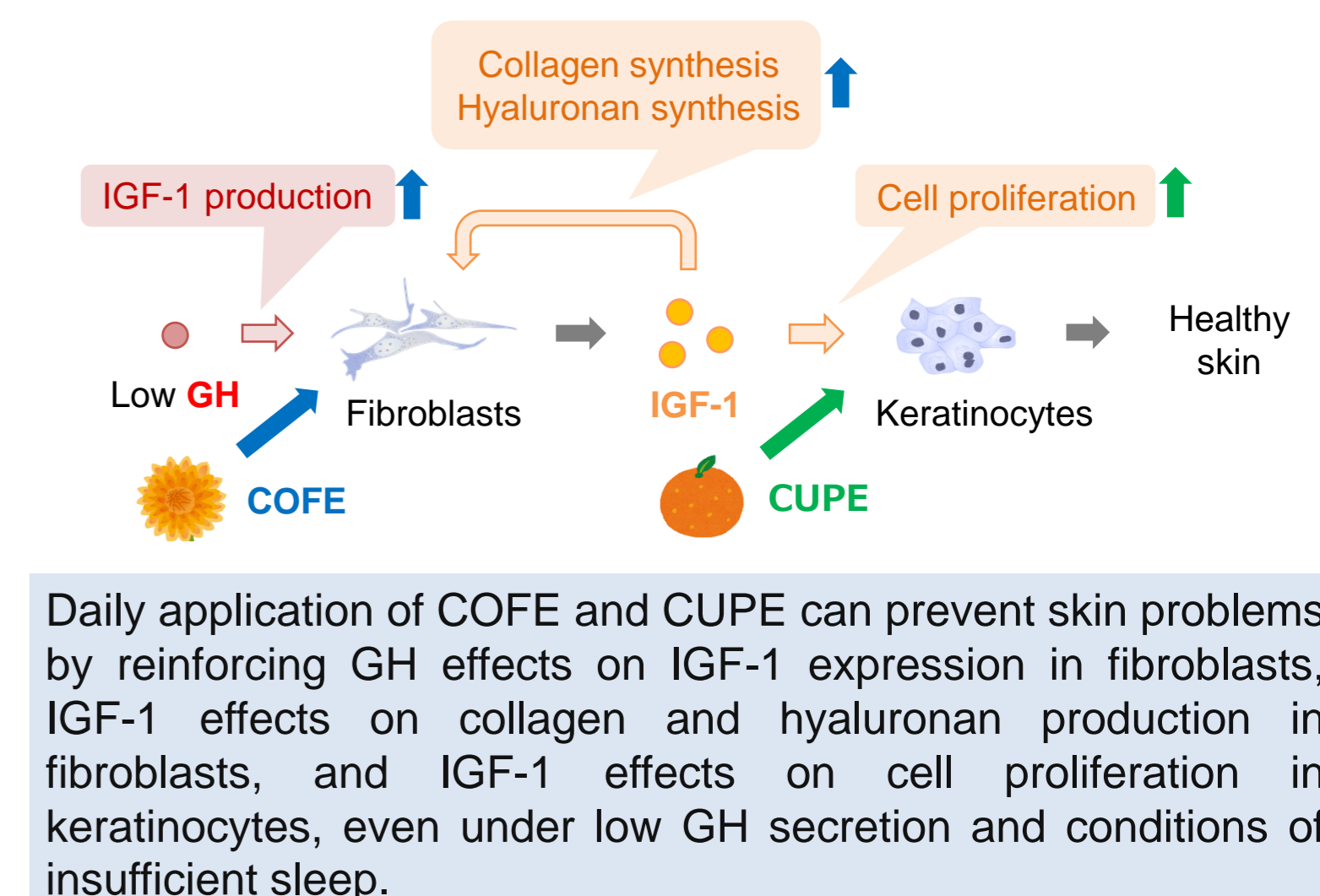
In the present study, we devised a new strategy for mitigating the effects of insufficient sleep by treating dermal fibroblasts with plant extracts. Specifically, we focused on IGF-1 secretion and searched for plant extracts that induce adequate IGF-1 expression at almost the same level as that with normal GH stimulation, even at a low amount of GH stimulation.



Conclusions:

Summary

- Insufficient sleep model using NHDF-ad was prepared
- COFE reinforced the effect of GH in NHDF-ad
- IGF-1 promoted collagen and hyaluronan production in NHDF-ad
- COFE reinforced the effect of IGF-1 in NHDF-ad
- IGF-1 promoted cell proliferation in NHEKs
- CUPE reinforced the effect of IGF-1 in NHEKs



Daily application of COFE and CUPE can prevent skin problems by reinforcing GH effects on IGF-1 expression in fibroblasts, IGF-1 effects on collagen and hyaluronan production in fibroblasts, and IGF-1 effects on cell proliferation in keratinocytes, even under low GH secretion and conditions of insufficient sleep.

Conclusion

Even at a low GH level, COFE shows a comparable effect on dermal fibroblasts than that caused by high GH level in young skin or after sufficient sleep. The application of COFE advances a new strategy to alleviate the adverse effects on the skin when GH production declines due to aging or insufficient sleep. Moreover, the application of CUPE, which reinforced the effect of IGF-1 on keratinocytes, is expected to alleviate the adverse effects on the skin during insufficient sleep and maintain healthy skin.

Materials & Methods:

Plant extracts

Calendula Officinalis Flower Extract (COFE)

Flowers of *Calendula officinalis*

Citrus Unshiu Peel Extract (CUPE)

Fruits of *Citrus unshiu*

Cell culture

Normal human dermal fibroblasts (NHDFs) derived adult donor (NHDF-ad, age: 36 years) were pre-cultured in Fibroblast Growth Medium 2 (FGM2). NHDF derived neonatal donor (NHDF-neo, age: 0-year, clone NB1RGB) and elderly donor (NHDF-old, age: 69 years, clone TIG-103) were pre-cultured DMEM with 10% fetal bovine serum (FBS). NHDFs were treated with sample in DMEM with 0.1% bovine serum albumin (BSA).

Normal human epidermal keratinocytes (NHEKs) were pre-cultured in keratinocyte growth medium (KGM) and were treated with sample in keratinocyte basal medium (KBM).

Test method

Treatment of NHDFs with GH and COFE or IGF-1

Treatment of NHEKs with IGF-1 and CUPE

Results & Discussion:

Preparation of an insufficient sleep model *in vitro*

I. Reactivity of GH in NHDFs derived from individuals at different ages

II. Effect of GH treatment on IGF-1 mRNA expression in NHDF-ad

(A) Western blot analysis of JAK2, STAT5, and Akt in NHDF-ad treated with GH (0, 0.2, 2, 5 ng/mL) at 5 and 30 minutes. (B) Western blot analysis of JAK2, STAT5, and Akt in NHDF-ad treated with GH (0, 0.2, 2, 5 ng/mL) at 1, 5, 15, and 30 minutes. (C) Western blot analysis of JAK2, STAT5, and Akt in NHDF-ad treated with GH (0, 0.2, 2, 5 ng/mL) at 1, 5, 15, and 30 minutes. (D) Western blot analysis of JAK2, STAT5, and Akt in NHDF-ad treated with GH (0, 0.2, 2, 5 ng/mL) at 1, 5, 15, and 30 minutes. (E) Western blot analysis of JAK2, STAT5, and Akt in NHDF-ad treated with GH (0, 0.2, 2, 5 ng/mL) at 1, 5, 15, and 30 minutes. (F) Western blot analysis of JAK2, STAT5, and Akt in NHDF-ad treated with GH (0, 0.2, 2, 5 ng/mL) at 1, 5, 15, and 30 minutes.

(A) Bar graph showing IGF-1 mRNA expression (%) in NHDF-ad treated with GH (0, 0.2, 2, 5 ng/mL) at 1 and 24 hours. (B) Bar graph showing IGF-1 mRNA expression (%) in NHDF-ad treated with GH (0, 0.2, 2, 5 ng/mL) at 1, 5, 15, and 30 minutes. (C) Bar graph showing IGF-1 mRNA expression (%) in NHDF-ad treated with GH (0, 0.2, 2, 5 ng/mL) at 1, 5, 15, and 30 minutes.

III. Reinforced effects of COFE on IGF-1 expression induced by GH treatment in NHDF-ad

(A) Bar graph showing IGF-1 mRNA expression (%) in NHDF-ad treated with GH (0, 0.2, 2 ng/mL) and COFE (0, 12.5 μg/mL). (B) Bar graph showing IGF-1 protein expression (%) in NHDF-ad treated with GH (0, 0.2, 2 ng/mL) and COFE (0, 12.5 μg/mL).

IV. Effects of IGF-1 on gene expression in NHDF-ad

Bar graph showing gene expression (%) in NHDF-ad treated with IGF-1 (0, 5 ng/mL). Genes include COL1A1, CYR61, MMP1, MRC2, HAS2, HYAL2, and CD44.

V. Reinforced effects of COFE on collagen and hyaluronan production induced by GH treatment in NHDF-ad

(A) Bar graph showing Type I collagen production (%) in NHDF-ad treated with GH (0, 0.2, 2 ng/mL) and COFE (0, 12.5 μg/mL). (B) Bar graph showing Hyaluronan production (%) in NHDF-ad treated with GH (0, 0.2, 2 ng/mL) and COFE (0, 12.5 μg/mL).

VI. Effect of IGF-1 on cell proliferation in NHEKs

Bar graph showing cell proliferation (%) in NHEKs treated with IGF-1 (0, 0.5, 5, 50 ng/mL).

VII. Promoting effect of CUPE on cell proliferation induced by IGF-1 in NHEKs

Bar graph showing cell proliferation (%) in NHEKs treated with IGF-1 (0, 5 ng/mL) and CUPE (0, 100 μg/mL).

Insufficient sleep model
IGF-1 mRNA expression is measured at 1 hour after treatment of NHDF-ad with 0.2 ng/mL GH.

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