

# Allicin inhibits transient outward potassium currents in mouse ventricular myocytes

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**Abstract.** Allicin is the active constituent of garlic, a widely used spice and food. The remedial properties of garlic have also been extensively researched and it has been demonstrated that allicin is able to inhibit the transient outward potassium current ( $I_{to}$ ) in atrial myocytes. However, the direct effect of allicin on  $I_{to}$  in ventricular myocytes has yet to be elucidated. In the present study, the effects of allicin on  $I_{to}$  in ventricular myocytes isolated from mice were investigated, using the whole-cell patch recording technique. The results revealed that  $I_{to}$  current was not significantly suppressed by allicin in the low-dose group (10  $\mu\text{mol/l}$ ;  $P>0.05$ ). However,  $I_{to}$  was significantly inhibited by higher doses of allicin (30, 100 and 300  $\mu\text{mol/l}$ ;  $P<0.05$  vs. control;  $n=6$ ) in a concentration-dependent manner ( $IC_{50}=41.6 \mu\text{mol/l}$ ). In addition, a high concentration of allicin ( $\geq 100 \mu\text{mol/l}$ ) was able to accelerate the voltage-dependent inactivation of  $I_{to}$  in mouse ventricular myocytes. In conclusion, the present study revealed that allicin inhibited the  $I_{to}$  in mouse ventricular myocytes, which may be the mechanism through which allicin exerts its antiarrhythmic effect.

## Introduction

Allicin is the active compound in garlic, a well-researched remedy that is widely used as a spice and food (1,2). It has been reported that garlic may reduce cholesterol levels, lower blood pressure, inhibit platelet aggregation, activate fibrinolysis and prevent atherosclerosis, while it also has antioxidant and anticancer effects (3-12). Garlic has also been reported to have an antiarrhythmic effect (13,14), which has been observed in ventricular and supraventricular arrhythmias (13). The incidence of ischemia/reperfusion-induced ventricular fibrillation in isolated perfused rat hearts was found to be reduced

by garlic powder (15). Garlic significantly decreases the upper limit of vulnerability of ventricular fibrillation and improves defibrillation efficacy in a dose-dependent pattern (16,17). Martín *et al* (18) revealed that allicin inhibited the myocardial contraction and slowed the sinus rhythm. In a further study, Martín *et al* (19) demonstrated that garlic dialysate was able to prolong the effective refractory period and the sinus node recovery time of isolated rat atria, in addition to suppressing premature ventricular contractions and ventricular tachycardia in ouabain-intoxicated canines.

A study by Deng *et al* (20) revealed that allicin was able to inhibit transient outward potassium currents ( $I_{to}$ ) in human atrial myocytes. However, the direct effect of allicin on  $I_{to}$  in ventricular myocytes has yet to be elucidated. Therefore, in the present study, the effects of allicin on  $I_{to}$  in ventricular myocytes isolated from mice were investigated, using the whole-cell patch clamp recording technique to test the effect of allicin on  $I_{to}$ , as detected via  $I_{to}$  amplitude and kinetics, including  $I_{to}$  activation, inactivation and recovery.

## Materials and methods

**Ethical approval.** All animal procedures were approved by the Institutional Animal Care and Use Committee at Renmin Hospital of Wuhan University (Wuhan, China). The animals used in the present study were male C57 mice, aged 8-10 weeks.

**Drugs and solution.** Tyrode's solution was composed of the following: 130 mmol/l NaCl, 5.4 mmol/l KCl, 1.8 mmol/l  $\text{CaCl}_2$ , 1 mmol/l  $\text{MgCl}_2$ , 0.3 mmol/l  $\text{Na}_2\text{HPO}_4$ , 10 mmol/l HEPES and 10 mmol/l glucose. The pH of the solution was adjusted to pH 7.4 using NaOH. In addition,  $\text{Ca}^{2+}$ -free Tyrode's solution was used, without  $\text{CaCl}_2$ . The collagenase solution was composed of  $\text{Ca}^{2+}$ -free Tyrode's solution containing 0.6 mg/ml collagenase type II (Invitrogen; Thermo Fisher Scientific, Inc., Waltham, MA, USA), 0.1% bovine serum albumin, 20 mM taurine and 30  $\mu\text{M}$   $\text{CaCl}_2$ . Kraft-Brühe (KB) solution included 10 mmol/l taurine, 70 mmol/l glutamic acid, 25 mmol/l KCl, 10 mmol/l  $\text{KH}_2\text{PO}_4$ , 22 mmol/l glucose and 0.5 mmol/l ethylene glycol tetraacetic acid (EGTA). The pH of the KB solution was adjusted to pH 7.2 using KOH. Tyrode's solution was supplemented with 10, 30, 100 and 300  $\mu\text{mol/l}$  allicin during allicin treatment. Furthermore, the pipette solution used in the study

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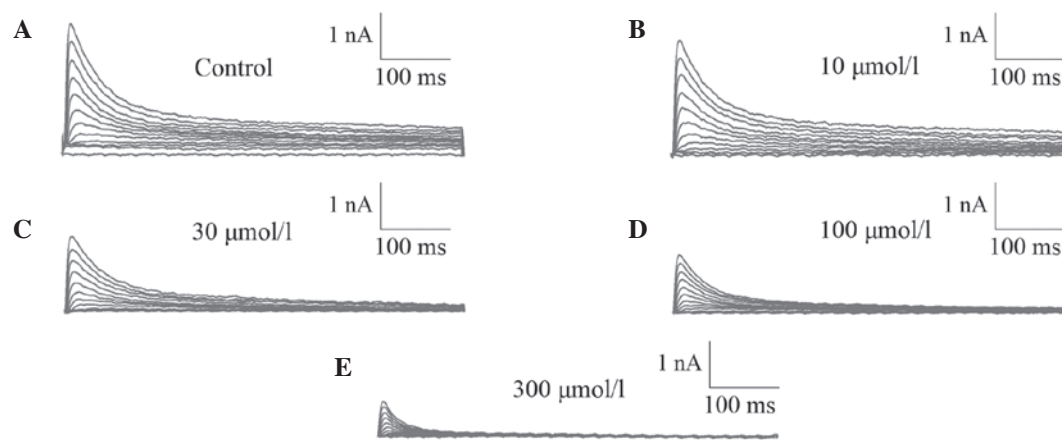


Figure 1. Effects of allixin on transient outward potassium currents ( $I_{to}$ ) in mouse ventricular myocytes. The data reveal the representative voltage-dependent  $I_{to}$  (A) under control conditions, and (B) in the presence of 10  $\mu\text{mol/l}$  allixin, (C) 30  $\mu\text{mol/l}$  allixin, (D) 100  $\mu\text{mol/l}$  allixin and (E) 300  $\mu\text{mol/l}$  allixin. Data are presented as mean  $\pm$  standard deviation.

consisted of 110 mmol/l K-aspartate, 20 mmol/l KCl, 8 mmol/l NaCl, 1 mmol/l  $\text{MgCl}_2$ , 1 mmol/l  $\text{CaCl}_2$ , 4 mmol/l MgATP, 0.1 mmol/l EGTA and 10 mmol/l HEPES, and was adjusted to pH 7.2 using KOH. Allixin was purchased from Xuzhou Ryen Pharm Co., Ltd (Xuzhou, China).

**Isolation of ventricular cardiac myocytes.** A total of 36 C57BL/6 mice, weighing  $25.1 \pm 3.4$  g, were heparinized [100 U; intraperitoneal injection (i.p.); Wangbang Co., Xuzhou, China] 15 min prior to sacrifice, anaesthetized by pentobarbital sodium (60 mg/kg; i.p.; Sigma-Aldrich, St. Louis, MO, USA) and sacrificed by cervical dislocation. Hearts were rapidly removed and retrogradely perfused at a temperature of 37°C with the following solutions, according to Langendorff technique (21): i) Tyrode's solution (5 min); ii)  $\text{Ca}^{2+}$ -free Tyrode's solution (5 min); iii) collagenase solution (15 min); and iv) KB solution (5 min). Subsequent to the perfusion, the left ventricular free wall was dissected from the heart and placed in ice-cold KB solution. The tissue was then minced and titrated to free individual myocytes. Isolated cardiac myocytes were stored in KB solution at 4°C until required.

**Electrophysiology recording.** Whole-cell patch clamp was performed on the myocytes using an EPC-9 amplifier (Heka Elektronik, Lambrecht, Germany), as previously described (21), and data was recorded and analyzed with a Pulse/Pulsefit software interface (version 8.31; Heka Elektronik). During the experiments, 1.5 ml myocytes were placed in the experimental chamber and mounted on the stage of an inverted microscope (IX70; Olympus Corporation, Tokyo, Japan) and perfused with Tyrode solution supplemented with 10, 30, 100 and 300  $\mu\text{mol/l}$  allixin for 5 min at a rate of 2-3 ml/min at room temperature. In order to elucidate the effect of allixin on  $I_{to}$  in mouse ventricular myocytes, 6 cells were observed per solution influx, in triplicate. Pipettes had resistances of 2.5-3.5 M $\Omega$  when filled with pipette solution. Series resistance ( $R_s$ ) was between 4-8 M $\Omega$  and was compensated by 80-90% to reduce the  $R_s$ . Current signals were filtered at 3 kHz by an 8-pole Bessel filter, digitized at a sampling rate of 1 kHz and recorded on a computer running Pulse/Pulsefit software, which was additionally used for the generation of voltage pulses and data analysis.

**$I_{to}$  recording.** The total  $I_{to}$  was determined by 500 msec depolarizing pulses varying from -50 to +60 mV in 10 mV increments from a holding potential of -80 mV. In order to examine  $I_{to}$ , pre-pulse (100 msec, -40 mV) was used to inactivate  $I_{to}$  prior to activation steps with allixin, and  $I_{to}$  was measured by subtracting the currents before and after that pre-pulse. By dividing the measured current amplitude by the membrane capacitance (pA/pF),  $I_{to}$  values were reported as current densities.

The  $\text{IC}_{50}$  of allixin on  $I_{to}$  was fitted with Hill function using OriginPro version 8.0 software as follows:  $E = E_{\text{max}}[1 + (D/C)^b]$ , where  $E$  is the effect at concentration  $C$ ,  $E_{\text{max}}$  is the maximum effect,  $D$  is the concentration for half-maximum action ( $\text{IC}_{50}$ ) and  $b$  is the Hill coefficient.

**Steady-state activation curve of  $I_{to}$ .** Using the current-voltage (I-V) association for  $I_{to}$ , the voltage-dependent of steady-state activation curve for  $I_{to}$  was fitted to the Boltzmann equation as follows:  $I/I_{\text{max}} = 1/[1 + \exp((V_T - V_{1/2})/k)]$ , where  $I_{\text{max}}$  is maximum current,  $V_T$  is the membrane potential,  $V_{1/2}$  is the midpoint potential for activation and  $K$  is a slope factor (22).

**Steady-state inactivation of  $I_{to}$ .** The two-step voltage-clamp protocol was applied for steady-state inactivation of  $I_{to}$ , as previously described (21). The process involved an inactivating pre-pulse period that varied from -110 mV to +10 mV with a 1 sec pre-pulse, followed by a fixed 400 ms test pulse to +40 mV. The test current amplitude of  $I_{to}$  at each pulse potential was normalized to the maximal amplitude of this current ( $I/I_{\text{max}}$ ). Data were fitted to the Boltzmann equation.

**Recovery from inactivation of  $I_{to}$ .** The time-dependence of reactivation was measured using an inactivating pulse (-40 mV, maintained for 500 msec). Following this, at variable time intervals (10-200 msec), a 500 msec test pulse at +40 mV was performed. The ratio of the current amplitude produced by the test pulse to the inactivating pulse ( $P2/P1$ ) was plotted as a function of the time intervals. The time constant was calculated by data fitted to exponential functions.

**Statistical analysis.** All data are expressed as the mean  $\pm$  standard deviation. Statistical analysis was performed using

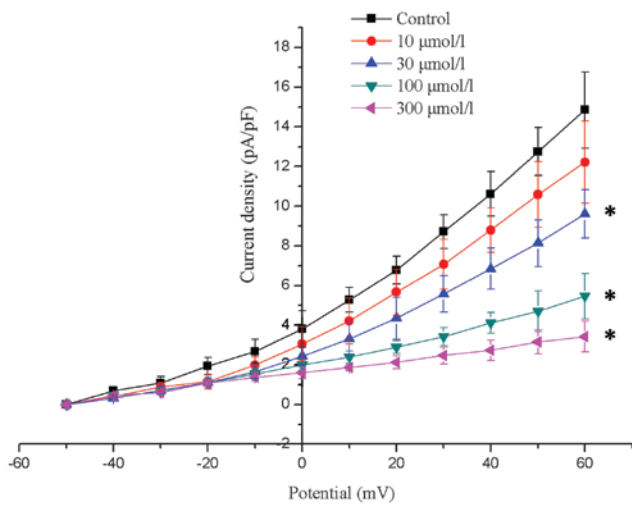


Figure 2. Current-voltage association for  $I_{to}$  in mouse ventricular myocytes following treatment with various allixin concentrations. Allixin inhibited  $I_{to}$  in a concentration-dependent manner. Data are presented as the mean  $\pm$  standard deviation. \* $P < 0.05$  vs. control,  $n = 6$ .  $I_{to}$ , transient outward potassium current.

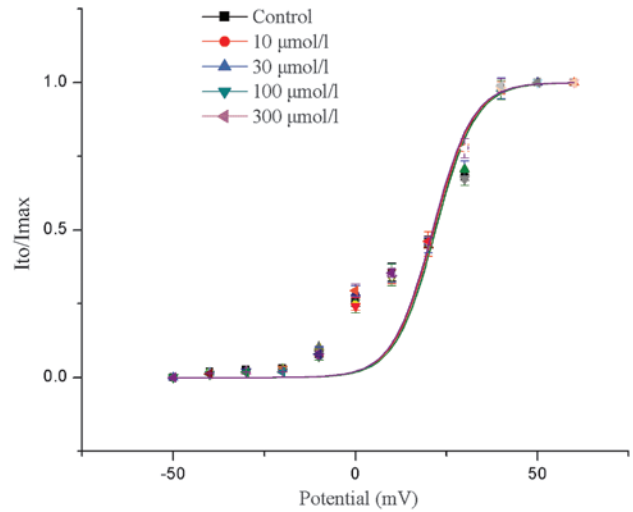


Figure 4. Voltage-dependent activation curve of  $I_{to}$  using the current-voltage association for  $I_{to}$ . Allixin had no significant effect on the voltage-dependence of the steady-state activation curve of  $I_{to}$  ( $P > 0.05$ ). Data are presented as the mean  $\pm$  standard deviation.  $I_{to}$ , transient outward potassium current;  $I_{max}$ , maximum current.

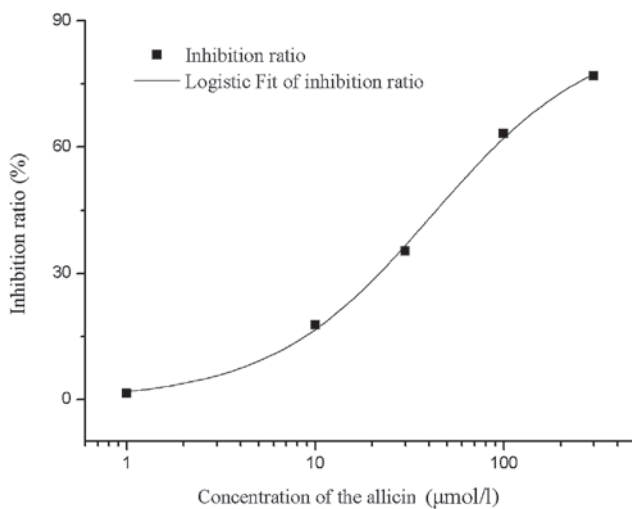


Figure 3. Dose-response association for inhibition of  $I_{to}$  by allixin. At a potential of +60 mV, treatment with 1, 10, 30, 100 and 300  $\mu\text{mol/l}$  allixin decreased the peak  $I_{to}$  current by 1.5, 17.8, 35.3, 63.2 and 76.9%, respectively. The  $IC_{50}$  of allixin on  $I_{to}$  was fitted with Hill function and calculated to be 41.6  $\mu\text{mol/l}$ , using OriginPro version 8.0 software ( $n = 6$ ).  $I_{to}$ , transient outward potassium current.

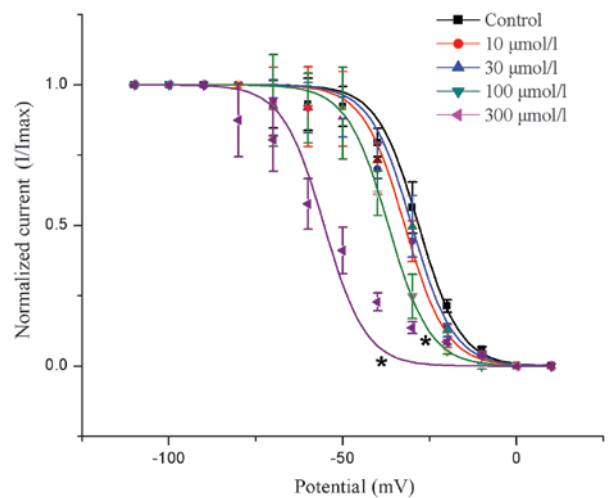


Figure 5. Voltage dependence of the inactivation ( $I/I_{max}$ ) of  $I_{to}$  following treatment with various allixin concentrations. The voltage dependence of the inactivation of  $I_{to}$  was negatively shifted after treatment with high concentrations of allixin (100 and 300  $\mu\text{mol/l}$ ; \* $P < 0.05$  vs. control;  $n = 6$ ). Data are presented as the mean  $\pm$  standard deviation.  $I/I_{max}$ , current / maximum current;  $I_{to}$ , transient outward potassium current.

a Student's t test and analysis of variance, performed on SPSS version 17.0 software (SPSS, Inc. Chicago, IL, USA). Patch-clamp data were analyzed using Origin version 8.0 (OriginLab Corporation, Northampton, MA, USA).  $P < 0.05$  was considered to indicate a statistically significant difference.

**Results**

*Effects of allixin on voltage-dependent  $I_{to}$ .* Allixin at 10, 30, 100 and 300  $\mu\text{mol/l}$  was applied, respectively.  $I_{to}$  was blocked by allixin in a concentration-dependent manner. Currents were gradually decreased with the increase of allixin concentration.

The representative current blocked by allixin at 10, 30, 100 and 300  $\mu\text{mol/l}$  is shown in Fig. 1.

Fig. 2 displays the I-V association for  $I_{to}$  density prior to and following the application of 10, 30, 100 and 300  $\mu\text{mol/l}$  allixin. The  $I_{to}$  was not significantly suppressed by allixin in the low dose (10  $\mu\text{mol/l}$ ;  $P > 0.05$ ); however, it was significantly suppressed by higher doses (30, 100 and 300  $\mu\text{mol/l}$ ;  $P < 0.05$ ;  $n = 6$ ) compared with the control.

In addition, Fig. 3 shows the dose-response association for the inhibition of  $I_{to}$  by allixin. At a potential of +60 mV, treatment with 1, 10, 30, 100 and 300  $\mu\text{mol/l}$  allixin decreased the peak  $I_{to}$  by 1.5, 17.8, 35.3, 63.2 and 76.9%, respectively. The  $IC_{50}$  of allixin on  $I_{to}$  was fitted with Hill function and calculated

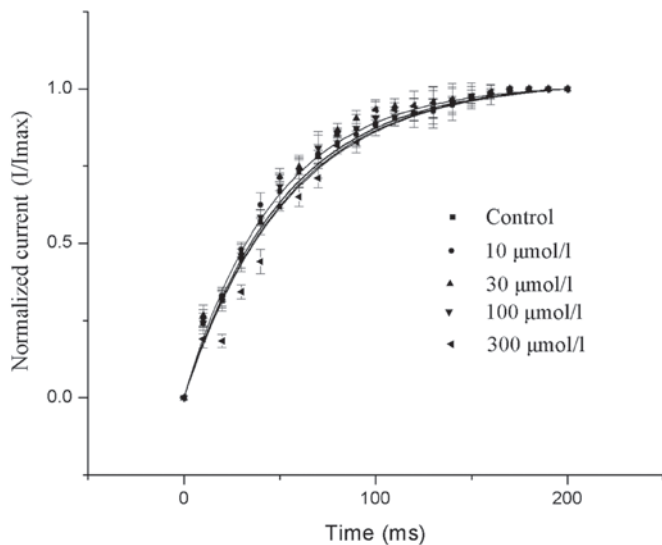


Figure 6. Effects of alliin on recovery from the inactivation of  $I_{to}$ . Alliin was not found to have a significant effect on the recovery from the inactivation of  $I_{to}$  ( $P > 0.05$  vs. control).  $I_{to}$ , transient outward potassium current;  $I/I_{max}$ , current / maximum current.

as  $41.6 \mu\text{mol/l}$  ( $n=6$  cells in each group) using OriginPro 8.0 software.

*Effects of alliin on the steady-state activation curve of  $I_{to}$ .* Alliin was not found to have a significant effect on the voltage-dependence of the steady-state activation curve of  $I_{to}$  ( $P > 0.05$ ; Fig. 4).

*Effects of alliin on the steady-state inactivation of  $I_{to}$ .* The results revealed that a low dose of alliin had no significant effect on the voltage-dependence of the inactivation ( $I/I_{max}$ ) of  $I_{to}$  (control,  $V_{1/2} = -28.2 \pm 4.7$  mV;  $10 \mu\text{mol/l}$  alliin,  $V_{1/2} = -32.2 \pm 3.8$  mV;  $30 \mu\text{mol/l}$  alliin,  $V_{1/2} = -30.1 \pm 3.6$  mV;  $n=6$ ;  $P > 0.05$ , compared with the control). However, as shown in Fig. 5, high doses of alliin significantly shifted the voltage-dependence of the inactivation of  $I_{to}$  toward the negative potential ( $100 \mu\text{mol/l}$  alliin,  $V_{1/2} = -36.9 \pm 4.1$  mV;  $300 \mu\text{mol/l}$  alliin,  $V_{1/2} = -55.3 \pm 5.0$  mV;  $n=6$ ;  $P < 0.05$  compared with the control).

*Effects of alliin on the recovery from inactivation of  $I_{to}$ .* Alliin was not found to have a significant effect on the recovery from the inactivation of  $I_{to}$  following alliin treatment ( $P > 0.05$ ; Fig. 6).

## Discussion

In the present study, alliin significantly inhibited  $I_{to}$  in mouse ventricular myocytes in a concentration-dependent manner. High-dose alliin ( $\geq 100 \mu\text{mol/l}$ ) was able to significantly shift the voltage-dependence of the steady-state inactivation curve of  $I_{to}$  towards an increasingly negative potential. However, alliin did not have a significant effect on steady-state activation, or recovery from the inactivation of  $I_{to}$ .

Traditional Chinese medicine has been used for thousands of years for the treatment of cardiovascular diseases (23,24).

In recent decades, garlic has been found to possess antiarrhythmic effects (13,14). Several reports (25-27) have indicated that alliin is the predominant active component that is responsible for the majority of the biological activities of garlic, including attenuating ischemic injury, lowering blood pressure and antiarrhythmic effects (6,28,29). The chemical structure of alliin is  $\text{CH}_2=\text{CH}-\text{CH}_2-\text{S}(\text{O})-\text{S}-\text{CH}_2-\text{CH}=\text{CH}_2$ , and it has been manufactured synthetically and produced worldwide (18). Although garlic has been discovered to be a significant antiarrhythmic agent, the exact mechanism has yet to be elucidated.

In the present study, alliin significantly inhibited  $I_{to}$  in mouse ventricular myocytes; however, it had no significant effect on steady-state activation, or recovery from inactivation of  $I_{to}$ , which is in agreement with previous findings (20). In the study by Deng *et al* (20), the research target was human atrial myocytes, and it was demonstrated that  $30 \mu\text{mol/l}$  alliin was able to negatively shift the voltage-dependence of the steady-state inactivation curve of  $I_{to}$ . By contrast, in the present study, only high-dose alliin ( $\geq 100 \mu\text{mol/l}$ ) was able to significantly shift the steady-state inactivation curve of  $I_{to}$  towards an increasingly negative potential. This may be due to alliin having different effects in different tissues and species. Alliin exerts its suppressive effect on  $I_{to}$  by changing the quantity and kinetic properties of  $I_{to}$ . In human atrial myocytes,  $I_{to}$  contributes to cardiac repolarization, whilst in the hearts of mice,  $I_{to}$  has a role in action potential repolarization (30,31). Notably,  $I_{to}$  is not uniformly distributed within the left ventricle in humans, mice and certain other mammals (32-35). In the left ventricular free wall,  $I_{to}$  is larger in epicardial compared with endocardial regions, which contributes to the regional variations of action potential (AP) profiles and results in a prominent AP notch in the epicardium, but not in the endocardium (36). It has been confirmed that a prominent  $I_{to}$  is important in physiological and pathophysiological process (37-41). The high incidence of phase 2 reentry and ventricular fibrillation during myocardial ischemia was partly due to the prominent  $I_{to}$ -mediated epicardial AP dome (42). In patients with coronary heart disease, the incidence of sudden mortality in men was significantly higher compared with that in women (43,44). This may be a result of a more prominent  $I_{to}$  in men compared with women (39). Thus,  $I_{to}$  block may be an effective therapy for arrhythmia (37).

In the present study, it was revealed that alliin was able to inhibit  $I_{to}$ , and may be the mechanism through which alliin exerts its antiarrhythmic effect. Antiarrhythmic therapeutics with low toxicity and low reverse use-dependence (RUD) effects are a focal point in antiarrhythmic drug research. Xing *et al* (23) confirmed that alliin has similar effects to amiodarone on the conduction system and cardiac electrophysiology. However, alliin possesses no RUD and this may contribute to multi-channel blockers. Furthermore, alliin appears to be safe for use in the majority of conditions (2) and is therefore likely to be a promising antiarrhythmic therapy.

In conclusion, the present study revealed that alliin inhibits  $I_{to}$  in mouse ventricular myocytes, which may be the mechanism through which alliin exerts its antiarrhythmic effect. Thus, alliin has demonstrated potential to be a promising antiarrhythmic therapy in the future; however, whether alliin exerts the same effect in other tissues or species requires further investigation.



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