

Antispasmodic Effects of Junsibaekchul-San In Vivo and In vitro

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In Vivo and In vitro antispasmodic effects of Jun-Si-Baek-Chul-San, a Traditional Korean Polyherbal Medicine consisted of 7 types of herbs were observed in the present study. To clarify the effects of Jun-Si-Baek-Chul-San, on accelerating small intestinal movement induced by the stimulation of cholinergic neurotransmission, we evaluated the effects of Jun-Si-Baek-Chul-San on In vivo carbachol (an acetylcholinergic agent)-accelerated mice small intestinal transit and on In vitro contractions induced by low-frequency electrostimulation, KCl, histamine or acetylcholine using isolated guinea pig ileum. To induce the acceleration of mice small intestinal transit, Carbachol 1 mg/kg was once subcutaneously dosed 15min before last administration of the test drugs. In the present study, Jun-Si-Baek-Chul-San 500, 250 and 125 mg/kg or domperidone 20 mg/kg were orally pretreated on the carbachol-accelerated mice small intestinal transit once a day for 7 days and the small intestinal transit rate of activated charcoal powder were monitored. In vitro assays, Jun-Si-Baek-Chul-San 1, 0.1, 0.01 and 0.001 mg/ml or domperidone 2×10^{-5} M were treated 10min before ileal contraction was induced by filed stimulation, acetylcholine, KCl and histamine, and the % changes of contractions were observed compared to the treatment of inducer alone. In spontaneous contraction, the % changes of contractions were observed compared to treatment of vehicle alone at 10min after Jun-Si-Baek-Chul-San or domperidone treatment. The efficacy of Jun-Si-Baek-Chul-San was compared to those of domperidone. High concentration, 1 mg/ml of Jun-Si-Baek-Chul-San was found to decrease the spontaneous contraction of the isolated guinea-pig ileum. In addition, Jun-Si-Baek-Chul-San decrease contractions induced by electrostimulation, acetylcholine, histamine and KCl in the isolated guinea-pig ileum. In addition, Jun-Si-Baek-Chul-San effectively inhibited the accelerated small intestinal movement induced by carbachol stimulation of cholinergic neurotransmission in In vivo. Based on the results, although the exact molecular or action mechanism and which herbs or compound in Jun-Si-Baek-Chul-San are responsible for actions, it was concluded that Jun-Si-Baek-Chul-San normalization in the accelerated intestinal motility might be interfere with a variety of muscarinic, adrenergic and histaminic receptor activities or with the mobilization of calcium ions required for smooth muscle contraction non-specificly. Therefore, it is expected that Jun-Si-Baek-Chul-San will be promising as a prescription of clinical treatment of digestive tract disorders such as accelerated the motility of intestine, diarrhea or intestinal painful contractions.

Key words : Junsibaekchul-San, domperidone, gastric motility, polyherbal medicine

Introduction

Gastric motility may be regulated by multiple neural systems. Studies on the mechanisms involving the neuronal systems suggest the involvement of cholinergic¹⁾ and noradrenergic systems²⁾. Additionally, various studies have suggested the existence of dopamine neurons and receptors in these tracts³⁻⁷⁾. Domperidone, a dopamine D₂-receptor

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antagonist⁸⁾, is also clinically effective in treating functional gastrointestinal disorders such as gastroesophageal reflux, gastritis, gastric atony, gastroparesis, dyspepsia, anorexia, nausea and vomiting⁹⁾, and has been used as a reference drug for detecting the antispasmodic effects¹⁰⁾.

Junsibaekchul-San is a traditional Korean polyherbal medicine and is a mixture of 7 herbs Puerariae Radix, Ginseng Radix, Atractylodis Macrocephalae Rhizoma, Poria, Aucklandiae Radix, Glycyrrhizae Radix and Pogostemonis Herba, and this formula is known for its immunomodulatory effect on the humoral and cell-mediated immune responses in mice and have been used as anti-diarrhea agent in Korean Medicine. However, the antispasmodic effects of

Junsibaekchul-San have not been established yet with the In vivo effects on the abnormal intestinal motilities¹¹⁻¹².

In the present study, to clarify the effects of Junsibaekchul-San, on accelerating small intestinal movement, we evaluated the effects of Junsibaekchul-San on In vivo carbachol(an acetylcholinergic agent)-accelerated mice small intestinal transit and on In vitro contractions induced by low-frequency electrostimulation, acetylcholine, KCl and histamine using isolated guinea pig ileum. The effects were compared to those of domperidone. In the present study, Junsibaekchul-San effectively inhibited the accelerated small intestinal movement in In vivo and these results are considered as well corresponded to the results of In vitro studies. We obtained statistically significant results, so we report them.

Materials and Methods

1. Preparations of Junsibaekchul-San

Junsibaekchul-San: Appropriate proportion of pulverized Puerariae Radix, Ginseng Radix, Atractylodis Macrocephalae Rhizoma, Poria, Aucklandiae Radix, Glycyrrhizae Radix and Pogostemonis Herba, which were purchased from Hermax Co.(Seoul, Korea) after confirm the morphology under microscopy as listed in Table 1, were mixed and used in the present study. Prepared Junsibaekchul-San were stored in a desiccator protected from light and moisture until used.

Table 1. Composition of Junsibaekchul-San

Scientific Name	Botanical Name	Amounts (g)
<i>Puerariae Radix</i>	<i>Pueraria thunbergiana</i> (SIEB.et ZUCC) BENTH	8
<i>Ginseng Radix</i>	<i>Panax schinseng</i> NEES	4
<i>Atractylodis Macrocephalae Rhizoma</i>	<i>Atractylodes macrocephala</i> KOIDZ.	4
<i>Poria</i>	<i>Poria cocos</i> (SCHW.) WOLF	4
<i>Aucklandiae Radix</i>	<i>Saussurea lappa</i> CLARKE	4
<i>Pogostemonis Herba</i>	<i>Agastache rugosa</i> (FISCH. et MEYER) O. KUNIZE	4
<i>Glycyrrhizae Radix</i>	<i>Glycyrrhiza uralensis</i> FISCH	4
Total	7 types	32

2. In vitro assays

1) Reagents and Animals

The sources of the drugs were domperidone(Kyowa Hakkou Co., Ltd., Tokyo, Japan), acetylcholine chloride(Ovisot, Daiichi Pharm. Inc., Osaka, Japan); histamine dihydrochloride (Wako Pure Chemical Industries Inc., Osaka, Japan); Potassium chloride(KCl, Wako Pure Chemical Inc., Osaka, Japan). All other drugs were commercially obtained in Sigma(MO, USA). The composition of the Kreb's solution used in this study was

as follows(mmol/l): NaCl 118, KCl 4.8, MgSO₄ 1.2, NaH₂PO₄ 1.2, CaCl₂ 2.5, NaHCO₃ 25, and glucose 11. 10 heads of Male Hartley guinea-pigs(SLC, Japan) weighing between 350~450 g were used. All guinea-pigs housed individually in hanging wire cages under a constant light cycle (12hr : 12hr) at 20~25°C and food and water were available free to access.

2) Guinea-pig myenteric plexus-longitudinal muscle preparation

The animals were stunned and decapitated and each ileum(about 3 cm) was quickly isolated about 10 cm away from the ileocaecal junction. The myenteric plexus-longitudinal muscle(MPLM) was prepared by a method described previously¹⁰. Briefly, a glass rod was inserted into the lumen of an intestinal segment and the MPLM was removed by rubbing the segment with a cotton swab soaked in Krebs' solution. The preparations(2~2.5 cm in length) were suspended at a resting tension of 300~500 mg in a 5 ml organ bath between platinum ring electrodes(3.5 cm apart), placed at the top and the bottom of the bath. The bath contained Krebs' solution, at 37°C, and was bubbled with 95% O₂/5% CO₂. The experiments started after a 60 min equilibration.

3) Effect on the spontaneous contraction

After 60 min of equilibration, Junsibaekchul-San 1, 0.1, 0.01 and 0.001 mg/ml or domperidone 2×10^{-5} M in Kreb's solution were added to prepared isolated guinea-pig ileum, and then the responses were recorded isometrically on an SP-H5P recorder(Riken Denshi Co., Tokyo, Japan) using an SD-1T force displacement transducer(Nihon Kohden Co., Tokyo, Japan). The % changes of contractions were observed and compared to treatment of vehicle alone at 10 min after Junsibaekchul-San or domperidone treatment. All data are represented as the mean±S.D. of ten independent experiments.

4) Effect on the electrical field stimulation-induced contractions

Ten min after treatment of Junsibaekchul-San 1, 0.1, 0.01 and 0.001 mg/ml or domperidone 2×10^{-5} M on the prepared isolated guinea-pig ileum, rectangular electrical pulse field stimulations were applied at 100 mA, 0.1 Hz, 0.5 ms pulse width and maximum intensity using a DPS-160B stimulator(NEC-Sanei Co., Tokyo, Japan) with a DPS-122 isolator(NEC-Sanei Co., Tokyo, Japan), and then the responses were recorded isometrically as previous¹⁰. The % changes of contractions were observed and compared to treatment of electrical field stimulation alone. All data are represented as the mean±S.D. of ten independent experiments.

5) Effect on the acetylcholine-induced contractions

Ten min after treatment of Junsibaekchul-San 1, 0.1, 0.01 and 0.001 mg/ml or domperidone 2×10^{-5} M on the prepared

isolated guinea-pig ileum, acetylcholine 10^{-7} M were added, and then the responses were recorded isometrically as previous^{10,13}. The % changes of contractions were observed and compared to treatment of acetylcholine alone. All data are represented as the mean±S.D. of ten independent experiments.

6) Effect on the KCl-induced contractions

Ten min after treatment of Junsibaekchul-San 1, 0.1, 0.01 and 0.001 mg/ml or domperidone 2×10^{-5} M on the prepared isolated guinea-pig ileum, KCl 2×10^{-3} M were added, and then the responses were recorded isometrically as previous^{10,13}. The % changes of contractions were observed and compared to treatment of KCl alone. All data are represented as the mean±S.D. of ten independent experiments.

7) Effect on the histamine-induced contractions

Ten min after treatment of Junsibaekchul-San 1, 0.1, 0.01 and 0.001 mg/ml or domperidone 2×10^{-5} M on the prepared isolated guinea-pig ileum, histamine 5×10^{-7} M were added, and then the responses were recorded isometrically as previous¹⁰. The % changes of contractions were observed and compared to treatment of acetylcholine alone. All data are represented as the mean±S.D. of ten independent experiments.

3. Carbachol-accelerated mice small intestinal transit

1) Animals and husbandry

Sixty male ICR mice(6 wk old upon receipt, SLC, Japan) were used after acclimatization for 10 days. Animals were allocated 5 per polycarbonate cage in a temperature(20~25°C) and humidity(40~45%) controlled room. Light : dark cycle was 12hr : 12hr and feed(Samyang, Korea) and water were supplied free to access. All animals were treated according to the Guide for the Care and Use of Laboratory Animals by Institute of Laboratory Animal Resources, Commission on Life Science, National Research Council, USA on 1996, Washington D.C.

2) Grouping and administration of test drugs

Animals were divided 10 animals per 6 groups as follows :

Intact control : vehicle pretreated non-carbachol-accelerated small intestinal transit group

Vehicle control : vehicle pretreated carbachol-accelerated small intestinal transit group

Junsibaekchul-San 500 : Junsibaekchul-San 500 mg/kg pretreated carbachol-accelerated small intestinal transit group

Junsibaekchul-San 250 : Junsibaekchul-San 250 mg/kg pretreated carbachol-accelerated small intestinal transit group

Junsibaekchul-San 125 : Junsibaekchul-San 125 mg/kg pretreated carbachol-accelerated small intestinal transit group

Domperidone 20 : domperidone 20 mg/kg pretreated

carbachol-accelerated small intestinal transit group

In the present study, Junsibaekchul-San 500, 250 and 125 mg or domperidone 20 mg were dissolved or suspended in distilled water and orally pretreated on the carbachol-accelerated small intestinal transit mice once a day for 7 days at a volume of 10 ml/kg(of body weight) using a sonde attached to 1 ml syringes containing test drugs.

3) Carbachol treatment and small intestinal transit rate measurement

To induce the acceleration of mice small intestinal transit, Carbachol 1 mg/kg was once subcutaneously dosed 15 min before last administration of the test drugs. The animals were then killed 20 min later, and the small intestine completely removed. The small intestinal transit rate were obtained after dividing the migrating length of activated charcoal powder by the total length of the small intestine as previous¹³.

4) Body weight changes

Changes of body weight and its gains were calculated at 1 day before test drug administration, at dosing and 1, 2, 5 and 6 days after dosing with at sacrifice. At dosing and sacrifice day, experimental animals were overnight fasted(water was not; about 18hr) to reduce the erratum of feeding. In addition, Body weight gains during dosing period were calculated as following equation.

Equation 1.

Weight gains(g) =(Body weight at sacrifice - Body weight at dosing)

4. Statistical analyses

All data was calculated as mean±S.D. Statistical analyses was conducted using Mann-Whitney U-Wilcoxon Rank Sum W test(MW test) with SPSS for Windows(Release 6.1.3., SPSS Inc., USA). The percentage changes compared to that of vehicle control was calculated to help the understanding of the efficacy of test materials on differences between vehicle control and test groups, and the differences between intact and vehicle control were also calculated in case of carbachol-accelerated mice as follows.

Equation 2.

Percentage Changes vs intact control(%) =((Data of vehicle control - Data of intact control)/Data of intact control) × 100

Equation 3.

Percentage Changes vs vehicle control(%)=((Data of test groups - Data of vehicle control)/Data of vehicle control) × 100

Results

1. Results of In vitro assays

1) Effects on the spontaneous contractions

Significant($p < 0.05$) decrease of % spontaneous contractions was detected in Junsibaekchul-San 1 mg/ml treated groups compared to that of vehicle control similar to that of domperidone $2 \times 10^{-5}M$ treated group, in which a significantly($p < 0.05$) decrease of % spontaneous contractions was also detected and compared to that of vehicle control. In Junsibaekchul-San 0.1, 0.01 and 0.001 mg/ml treated groups, no meaningful changes on the spontaneous contractions were detected in the present study, respectively. The % spontaneous contractions were changes compared to that of vehicle control as -248.28, -0.99, -0.49, -3.45 and -357.98% in Junsibaekchul-San 1, 0.1, 0.01, 0.001 mg/kg and domperidone $2 \times 10^{-5}M$ treated groups, respectively. The % spontaneous contractions of vehicle control, Junsibaekchul-San 1, 0.1, 0.01, 0.001 mg/kg and domperidone $2 \times 10^{-5}M$ treated were detected as 0.20 ± 0.37 , -0.30 ± 0.47 , 0.20 ± 0.47 , 0.20 ± 0.31 , 0.20 ± 0.32 and $-0.52 \pm 0.72\%$ compared to contractions of treatment of vehicle alone, respectively(Fig. 1).

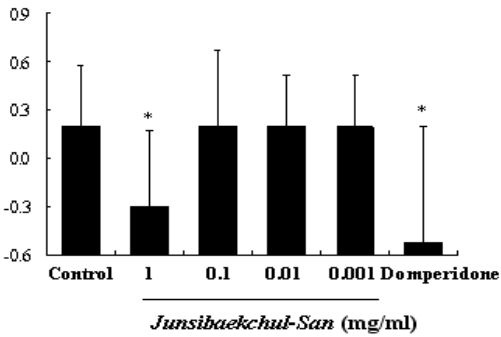


Fig. 1. Effects on the spontaneous contractions. * $p < 0.05$ compared to that of vehicle alone by MW test.

2) Effects on the electrostimulation induced contractions

Significant($p < 0.01$ or $p < 0.05$) decreases of % electrostimulation induced contractions were detected in Junsibaekchul-San 1 and 0.1 mg/ml treated groups compared to that of electrostimulation vehicle control. Quite similar to the results of Junsibaekchul-San treated group, a significantly($p < 0.01$) decrease of % contractions was detected in domperidone treated group compared to that of electrostimulation vehicle control. In Junsibaekchul-San 0.01 and 0.001 mg/ml treated groups, no meaningful changes on the electrostimulation induced contractions were detected in the present study, respectively. The % electrostimulation induced contractions were changes compared to that of electrostimulation vehicle control as -40.87, -10.47, -1.83, -1.39 and -23.66% in Junsibaekchul-San 1, 0.1, 0.01, 0.001 mg/kg and domperidone $2 \times 10^{-5}M$ treated groups, respectively. The % electrostimulation induced contractions of electrostimulation

alone, Junsibaekchul-San 1, 0.1, 0.01, 0.001 mg/kg and domperidone $2 \times 10^{-5}M$ treated were detected as 82.80 ± 9.05 , 48.96 ± 13.66 , 74.13 ± 8.13 , 81.28 ± 7.35 , 81.65 ± 6.91 and $63.21 \pm 5.35\%$ compared to contractions of treatment of vehicle alone, respectively(Fig. 2).

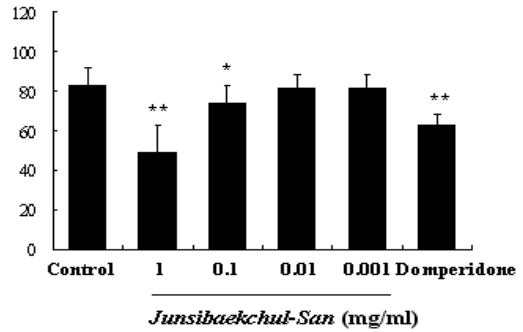


Fig. 2. Effects on the electrostimulation induced contractions. * $p < 0.05$ and ** $p < 0.01$ compared to that of vehicle alone by MW test.

3) Effects on the acetylcholine induced contractions

Significant($p < 0.01$) decreases of % acetylcholine induced contractions were detected in Junsibaekchul-San 1 mg/ml treated groups compared to that of acetylcholine vehicle control. Quite similar to the results of Junsibaekchul-San treated group, a significantly($p < 0.01$) decrease of % acetylcholine induced contractions was also detected in domperidone treated group compared to that of acetylcholine vehicle control. In Junsibaekchul-San 0.1, 0.01 and 0.001 mg/ml treated groups, no meaningful changes on the acetylcholine induced contractions were detected in the present study, respectively. The % acetylcholine induced contractions were changes compared to that of electrostimulation vehicle control as -23.11, -5.52, 6.41, 4.33 and -28.22% in Junsibaekchul-San 1, 0.1, 0.01, 0.001 mg/kg and domperidone $2 \times 10^{-5}M$ treated groups, respectively. The % acetylcholine induced contractions of acetylcholine alone, Junsibaekchul-San 1, 0.1, 0.01, 0.001 mg/kg and domperidone $2 \times 10^{-5}M$ treated were detected as 73.41 ± 7.22 , 59.45 ± 9.93 , 69.36 ± 7.85 , 78.12 ± 6.29 , 76.59 ± 7.48 and $52.70 \pm 9.29\%$ compared to contractions of treatment of vehicle alone, respectively(Fig. 3).

4) Effects on the KCl induced contractions

Significant($p < 0.01$) decreases of % KCl induced contractions were detected in Junsibaekchul-San 1 mg/ml treated groups compared to that of KCl vehicle control. Quite similar to the results of Junsibaekchul-San treated group, a significantly($p < 0.01$) decrease of % KCl induced contractions was also detected in domperidone treated group compared to that of KCl vehicle control. In Junsibaekchul-San 0.1, 0.01 and 0.001 mg/ml treated groups, no meaningful changes on the KCl

induced contractions were detected in the present study, respectively. The % KCl induced contractions were changes compared to that of electrostimulation vehicle control as -31.63, 1.19, 5.19, 1.48 and -29.56% in Junsibaekchul-San 1, 0.1, 0.01, 0.001 mg/kg and domperidone 2×10^{-5} M treated groups, respectively. The % KCl induced contractions of KCl alone, Junsibaekchul-San 1, 0.1, 0.01, 0.001 mg/kg and domperidone 2×10^{-5} M treated were detected as 62.03 ± 6.96 , 42.41 ± 4.40 , 62.77 ± 10.99 , 65.25 ± 5.90 , 62.94 ± 5.73 and $43.69 \pm 6.60\%$ compared to contractions of treatment of vehicle alone, respectively (Fig. 4).

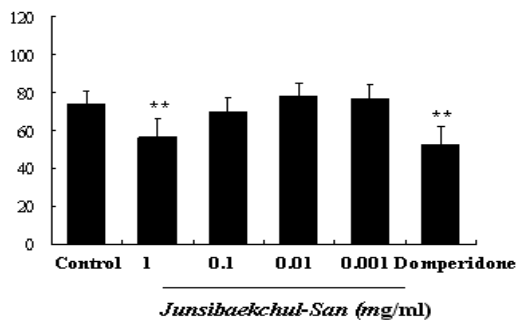


Fig. 3. Effects on the acetylcholine induced contractions ** $p < 0.01$ compared to that of vehicle alone by MW test.

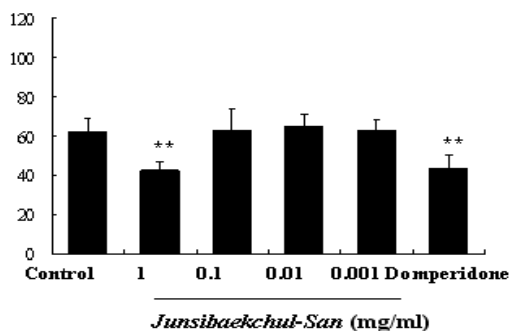


Fig. 4. Effects on the KCl induced contractions. ** $p < 0.01$ compared to that of vehicle alone by MW test.

5) Effects on the histamine induced contractions

Significant ($p < 0.01$) decrease of % histamine induced contractions was detected in Junsibaekchul-San 1 mg/ml treated groups compared to that of histamine vehicle control. Quite similar to the results of Junsibaekchul-San treated group, a significantly ($p < 0.01$) decrease of % histamine induced contractions was also detected in domperidone treated group compared to that of histamine vehicle control. In addition, non-significantly decrease on the % histamine induced contractions were also detected in Junsibaekchul-San 0.1 mg/ml treated groups compared to that of histamine vehicle control. However, Junsibaekchul-San 0.01 and 0.001 mg/ml treated groups, no meaningful changes on the histamine induced contractions were detected in the present study, respectively.

The % histamine induced contractions were changes compared to that of electrostimulation vehicle control as -52.04, -19.03, 1.80, 2.40 and -53.11% in Junsibaekchul-San 1, 0.1, 0.01, 0.001 mg/kg and domperidone 2×10^{-5} M treated groups, respectively. The % histamine induced contractions of histamine alone, Junsibaekchul-San 1, 0.1, 0.01, 0.001 mg/kg and domperidone 2×10^{-5} M treated were detected as 66.88 ± 6.47 , 32.08 ± 7.64 , 54.15 ± 14.17 , 68.08 ± 5.84 , 68.48 ± 9.87 and $31.36 \pm 4.77\%$ compared to contractions of treatment of vehicle alone, respectively (Fig. 5).

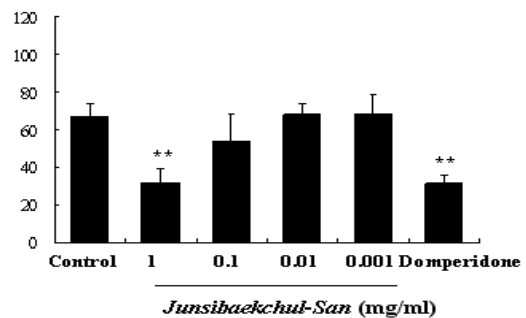


Fig. 5. Effects on the histamine induced contractions ** $p < 0.01$ compared to that of vehicle alone by MW test.

2. Results of In vivo assays

1) Changes of body weights

No meaningful changes on the body weight and gains were detected in all test drug dosing groups compared to those of intact and carbachol controls, respectively. In addition no meaningful changes on the body weight and gains were detected between intact and carbachol controls (Table 2, 3). In intact control, the body weight at 1 day before dosing, at dosing, 1, 2, 5, 6 days after dosing and at sacrifice were detected as 34.47 ± 1.72 , 30.81 ± 1.68 , 34.68 ± 1.66 , 34.84 ± 1.34 , 35.99 ± 0.92 , 36.41 ± 1.07 and 32.93 ± 1.56 g/head, respectively. In carbachol control, the body weight at 1 day before dosing, at dosing, 1, 2, 5, 6 days after dosing and at sacrifice were detected as 34.38 ± 2.50 , 30.60 ± 1.96 , 34.86 ± 1.93 , 35.11 ± 1.74 , 35.90 ± 1.84 , 36.67 ± 2.21 and 32.88 ± 2.51 g/head, respectively. In Junsibaekchul-San 500 mg/kg pretreated group, the body weight at 1 day before dosing, at dosing, 1, 2, 5, 6 days after dosing and at sacrifice were detected as 34.69 ± 2.25 , 31.20 ± 2.78 , 35.02 ± 1.92 , 35.55 ± 2.09 , 36.09 ± 1.78 , 36.98 ± 2.01 and 33.11 ± 2.48 g/head, respectively. In Junsibaekchul-San 250 mg/kg pretreated group, the body weight at 1 day before dosing, at dosing, 1, 2, 5, 6 days after dosing and at sacrifice were detected as 34.63 ± 3.04 , 30.97 ± 3.03 , 35.26 ± 2.72 , 35.88 ± 2.48 , 36.50 ± 2.44 , 37.21 ± 2.26 and 33.20 ± 2.31 g/head, respectively. In Junsibaekchul-San 125 mg/kg pretreated group, the body weight at 1 day before dosing, at dosing, 1, 2, 5, 6 days after dosing and at sacrifice were detected as 34.36 ± 3.24 , 30.50 ± 3.22 ,

34.81±2.87, 35.37±2.89, 36.17±2.83, 36.93±2.96 and 32.95±2.87 g/head, respectively. In domperidone 20 mg/kg pretreated group, the body weight at 1 day before dosing, at dosing, 1, 2, 5, 6 days after dosing and at sacrifice were detected as 34.51±2.17, 30.89±2.06, 34.84±1.88, 35.35±1.55, 36.02±1.49, 36.60±1.43 and 32.82±1.32 g/head, respectively (Table 2). The body weight gains during dosing periods (at dosing ~ sacrifice) of intact and carbachol controls, Junsibaekchul-San 500, 250, 125 mg/kg- and domperidone 20 mg/kg- pretreated groups were detected as 2.12±1.01, 2.28±1.46, 1.91±1.14, 2.23±1.47, 2.45±1.26 and 1.93±1.60 g/head, respectively (Table 3).

Table 2. Changes on the body weight

Body weight	1 day before dosing	At Dosing	Days after dosing				At Sacrifice
			1 day	2 days	5 days	6 days	
Controls							
Intact	34.47 ±1.72	30.81 ±1.68	34.68 ±1.66	34.84 ±1.34	35.99 ±0.92	36.41 ±1.07	32.93 ±1.56
Vehicle	34.38 ±2.50	30.60 ±1.96	34.86 ±1.93	35.11 ±1.74	35.90 ±1.84	36.67 ±2.21	32.88 ±2.51
Junsibaekchul-San							
500 mg/kg	34.69 ±2.25	31.20 ±2.78	35.02 ±1.92	35.55 ±2.09	36.09 ±1.78	36.98 ±2.01	33.11 ±2.48
250 mg/kg	34.63 ±3.04	30.97 ±3.03	35.26 ±2.72	35.88 ±2.48	36.50 ±2.44	37.21 ±2.26	33.20 ±2.31
125 mg/kg	34.36 ±3.24	30.50 ±3.22	34.81 ±2.87	35.37 ±2.89	36.17 ±2.83	36.93 ±2.96	32.95 ±2.87
Domperidone							
20 mg/kg	34.51 ±2.17	30.89 ±2.06	34.84 ±1.88	35.35 ±1.55	36.02 ±1.49	36.60 ±1.43	32.82 ±1.32

Table 3. Changes on the body weight gains

Gains	Body weight gains during dosing(at dosing~sacrifice)
Controls	
Intact	2.12 ± 1.01
Vehicle	2.28 ± 1.46
Junsibaekchul-San(mg/kg)	
500 mg/kg	1.91 ± 1.14
250 mg/kg	2.23 ± 1.47
125 mg/kg	2.45 ± 1.26
Domperidone(mg/kg)	
20 mg/kg	1.93 ± 1.60

2) Changes of small intestinal activated charcoal transit

Significantly (p<0.01) increase of % regions of activated charcoal transit in small intestine was detected in carbachol control compared to that of intact control. However, significant (p<0.01 or p<0.05) decreases of % regions of activated charcoal transit were dose-dependently observed in 500 and 250 mg/kg of Junsibaekchul-San or domperidone-pretreated groups. No meaningful change on the % regions of activated charcoal transit was detected in 125 mg/kg of Junsibaekchul-San pretreated group compared to that of carbachol control. In carbachol control, % regions of activated charcoal transit in small intestine were showed 65.41% changes vs intact control, and they showed % changes vs cabarchol control as -21.55,

-11.66, -1.81 and -24.34% in Junsibaekchul-San 500, 250, 125 mg/kg- and domperidone 20 mg/kg-pretreated groups, respectively. The % regions of activated charcoal transit in small intestine of intact and carbachol controls, Junsibaekchul-San 500, 250, 125 mg/kg- and domperidone 20 mg/kg- pretreated groups were detected as 52.13±7.37, 86.22±7.29, 67.64±6.21, 76.17±8.48, 84.66±6.44 and 65.24±7.94%, respectively (Table 4).

Table 4. Changes on % regions of activated charcoal transit

% regions	% regions of activated charcoal transit
Controls	
Intact	52.13 ± 7.37
Vehicle	86.22 ± 7.29**
Junsibaekchul-San	
500 mg/kg	67.64 ± 6.21**,##
250 mg/kg	76.17 ± 8.48**,#
125 mg/kg	84.66 ± 6.44**
Domperidone	
20 mg/kg	65.24 ± 7.94**,##

** p<0.01 compared to that of Sham by MW test; # p<0.05 and ## p<0.01 compared to that of vehicle control by MW test.

Discussion

Plants have been a constant source of drugs and recently much emphasis has been placed on finding novel therapeutic agents from medicinal plants. Today many people prefer to use medicinal plants rather than chemical drugs¹⁴. Until now, numerous herb extracts have been shown the beneficial pharmacological effects on the intestinal motilities, among them *Aegle marmelos* unripe fruit extract¹⁵, *Thymus piperella*¹⁶, aqueous leaf extract of *Irvingia gabonensis*¹⁷, *Acalypha phleoides* extracts¹⁸, aqueous extract of African mistletoe, *Tapinanthus sessilifolius* leaf¹⁹, methanolic extract of *Cassia tora* leaf²⁰, *Viguiera hypargyrea* root extracts²¹, methanolic extract of *Ficus platyphylla*²², *Aurantii fructus immaturus* extracts²³, methanol extract from *Monadenium lugardiae*²⁴ and *Teucrium polium* boiled leaf extract²⁵ were have been revealed. In addition, poly herbal formula, *Dai-Kenchu-To*^{13,26-28} and *Liu-Jun-Zi-Tang*¹⁰ also showed favorable effects on the gastrointestinal motilities, and they used to treat various gastrointestinal disorders.

Junsibaekchul-San has been considered as one of the most useful Korean medicine when people has lost lots of body fluids during consistent diarrhea¹¹. In the present study, the effects of Junsibaekchul-San, a traditional Korean Polyherbal formula consisted of 7 types of herbs, on the In vivo carbachol-accelerated mice small intestinal transit and In vitro contractions induced by low-frequency electrostimulation, KCl, histamine or acetylcholine using isolated guinea pig ileum.

We used the isolated guinea-pig ileum MPLM system due to the usefulness for analysis of the contraction reaction of

intestinal smooth muscles^{10,13}). In the present study, high concentration, 1 mg/ml of Junsibaekchul-San was found to decrease the spontaneous contraction of the isolated guinea-pig ileum quite similar to that of domperidone and Liu-Jun-Zi-Tang¹⁰). It has been established that the spontaneous contractions of the intestinal smooth muscle are regulated by cycles of depolarization and repolarization. Action potentials are generated at the peak of depolarization and constitute a fast influx of calcium ions through the voltage-activated calcium channels^{29,30}). Therefore, it is possible that Junsibaekchul-San contains some compounds which, decrease with the calcium channels activity.

And the Junsibaekchul-San decreases contractions induced by electrostimulation, acetylcholine, histamine and KCl in the isolated guinea-pig ileum. This effect was concentration-dependent similar to those of domperidone in which, spontaneous contraction, electrostimulation, acetylcholine, histamine and KCl-induced contractions of guinea-pig ileum were significantly ($p < 0.01$ or $p < 0.05$) decreased. As shown in Fig. 2, the 0.1 Hz-induced contraction response was also inhibited by 1 and 0.1 mg/ml, but not by 0.01 and 0.001 mg/ml, of Junsibaekchul-San. As it is well known that the contraction response is due to acetylcholine output from coxially stimulated myenteric neurons³¹), this finding suggests the possibility that Junsibaekchul-San inhibits the release of acetylcholine. Acetylcholine and histamine cause depolarization and tonic contractions of intestinal smooth muscles. It is generally accepted that an increase in concentration of cytoplasmic-free calcium ions is indispensable for smooth muscle contraction. The activation of muscarinic receptors of longitudinal smooth muscle of guinea-pig small intestine produces an increased frequency of action potential discharge and depolarisation which results in a contraction³²).

The acetylcholine-evoked contraction is generally regarded as mediated via M₃ subtype of muscarinic receptor although the muscle has a preponderance of M₂ subtype muscarinic binding sites. Whereas, histamine-induced contraction happens via H₁ receptor activation³³), and contraction induced by KCl is due to an increase in K⁺ and depolarisation of smooth muscle fibers, leading to increased influx of calcium through L-type voltage-operated channels³⁴). In short, calcium ions gain access to the cytoplasm through voltage-activated or receptor-operated calcium channels³⁵).

According to our observations, when the isolated guinea-pig ileum preparations were contracted with histamine, the relaxation induced by the Junsibaekchul-San was very higher than that in the presence of acetylcholine quite similar to those of domperidone. However, the spasmolytic activity of

the Junsibaekchul-San could not be attributed solely to any pure antagonistic effect, since the tissue contracted by KCl was also relaxed after exposure to the Junsibaekchul-San. Therefore, Junsibaekchul-San might be interfere with a variety of muscarinic, adrenergic and histaminic receptor activities or with the mobilization of calcium ions required for smooth muscle contraction non-specificly similar to domperidone.

It was reported that trimebutine enhanced intestinal motility in the suppressed condition and inhibited intestinal motility in the accelerated condition via enteric opioid receptors on cholinergic and adrenergic nerves³⁶) and Dai-Kenchu-to also intestinal motility in the suppressed condition and inhibited intestinal motility in the accelerated condition but the exact mechanisms are unclear^{13,27,28}). In Dai-Kenchu-to, ginseng one of main components of Dai-Kenchu-to and Junsibaekchul-San used in the present study, inhibit the acetylcholine releasing without suppressing its action¹³) but Zanthoxylum fruit extracts improves intestinal motility when it is inhibited. Therefore, the dual action on the intestinal motility of Dai-Kenchu-to is due to its different component^{37,38}). The possibility, Junsibaekchul-San also showed these dual actions, was could not exclusive because Puerariae Radix a major components contain the acetylcholine. However, we do not observed the effects of Junsibaekchul-San on the intestinal motility when it is inhibited in the present study. Further investigation is also need to identify whether Junsibaekchul-San has dual actions or not.

In addition, further investigation is also needed to identify which herbs and chemical components of Junsibaekchul-San are responsible for these actions. Junsibaekchul-San is a mixture of 7 herbs Puerariae Radix, Ginseng Radix, Atractylodis Macrocephalae Rhizoma, Poria, Aucklandiae Radix, Glycyrrhizae Radix and Pogostemonis Herba. And Puerariae Radix contains daidzin, daidzein, 4, 7-diglucoside, puerarin, puerarin-7-xyloside, 4,6-di-o-acetylpuerarin, genistein, formonetin, soya-sapogenol A, kudzusapogenol B, kudzusaponin B, allantoin, acetylcholine and starch. Ginseng Radix contains more than 30 kinds of ginsenosides. Atractylodis Macrocephalae Rhizoma contains atracylone, furfural, 3beta-acetoxyatracylone, 3beta-hydroxyatracylone, atractyle-nolode I, II, III and 2-furaldehyde. Poria contains ergosterol, histidine, caprylic acid, dodecenoic acid, lauric acid, palmitic acid, undecanoic acid, lecithin, pachyman, choline, adenien, eburicoic acid, dehydroeburicoic acid, tumulosic acid, pachymic acid, 3β-hydroxyl-lanosta-7,9(11),24-trien-21-oic acid and carboxy-protease. Aucklandiae Radix contains costuslactone, costic acid, costol, costene and inulin. Glycyrrhizae Radix

contains glycyrrhizin, isoflavonoids glycyrrhizic/glycyrrhizic acid, saponins, coumarine, starch, essential oils, phytostrol, tannin, beturic acid, oleanolic acid, liquiritigenin, isoliquiritigenin, liquiritin, licuraside and rhannoliquiritin. *Pogostemonis Herba* contains patchouli alcohol, eugenol and cinnamic aldehyde³⁹⁾.

In the present study, Junsibaekchul-San also effectively inhibited the accelerated small intestinal movement induced by stimulation of cholinergic neurotransmission (carbachol) in *In vivo* and these results are considered as well corresponded to the results of *In vitro* studies. Clinical conditions such as ileus and Irritable Bowel Syndrome (IBS) exhibit various symptoms depending on critical factors. For example, in relation to adhesive ileus, it is known that the intestinal motility is different on the proximal side compared with the distal side at the obstruction⁴⁰⁾. Intestinal dysmotility due to dysfunction of the autonomic nervous system is considered one etiology of postoperative ileus and IBS. The present results seem to indicate that Junsibaekchul-San has an effect that normalization in the accelerated condition. Hence, the prescription of Junsibaekchul-San is useful from the viewpoint of clinical treatment of digestive tract disorders such as accelerated the motility of intestine, diarrhea or intestinal painful contractions.

Conclusion

Based on the results, although it is unknown that the exact molecular action mechanism and which herbs compound in Junsibaekchul-San are responsible for actions, it was concluded that Junsibaekchul-San normalization in the accelerated intestinal motility might be interfere with a variety of muscarinic, adrenergic and histaminic receptor activities or with the mobilization of calcium ions required for smooth muscle contraction non-specificly. Therefore, it is expected that Junsibaekchul-San will be promising as a prescription of clinical treatment of digestive tract disorders such as the accelerated motility of intestine, diarrhea or intestinal painful contractions.

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