

Synergistic Inhibitory Effect of Capsaicin and Dihydrocapsaicin on the Arachidonic Acid Pathway of Platelet Aggregation

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BACKGROUND & AIM

- Capsaicinoids, including capsaicin (CAP) and dihydrocapsaicin (DHC), are the pungent principles of chilli peppers^{1,2}.
- Individually, CAP and DHC have strong inhibitory effects on arachidonic acid (AA)-induced *in vitro* platelet aggregation, and to a lesser extent with ADP-induced platelet aggregation³. In contrast, neither CAP nor DHC appear to have an inhibitory effect on collagen-induced aggregation³.
- Their effects on aggregation when present in the relative proportions that they are found in different fruits, i.e., 60:40 CAP:DHC⁴, are not known.
- The **aim** of this study was to determine the effects of CAP and DHC, alone and together, on platelet aggregation, platelet count, and thromboxane B2 (TXB2) formation.

SUBJECTS & SAMPLES

- Healthy subjects (n=4) avoided aspirin and antiplatelet medications (at least 10 days), and dietary chili (at least two days), prior to collection.
- Whole blood with minimal stasis was collected to obtain platelet poor plasma (PPP) and platelet rich plasma (PRP).

RESULTS

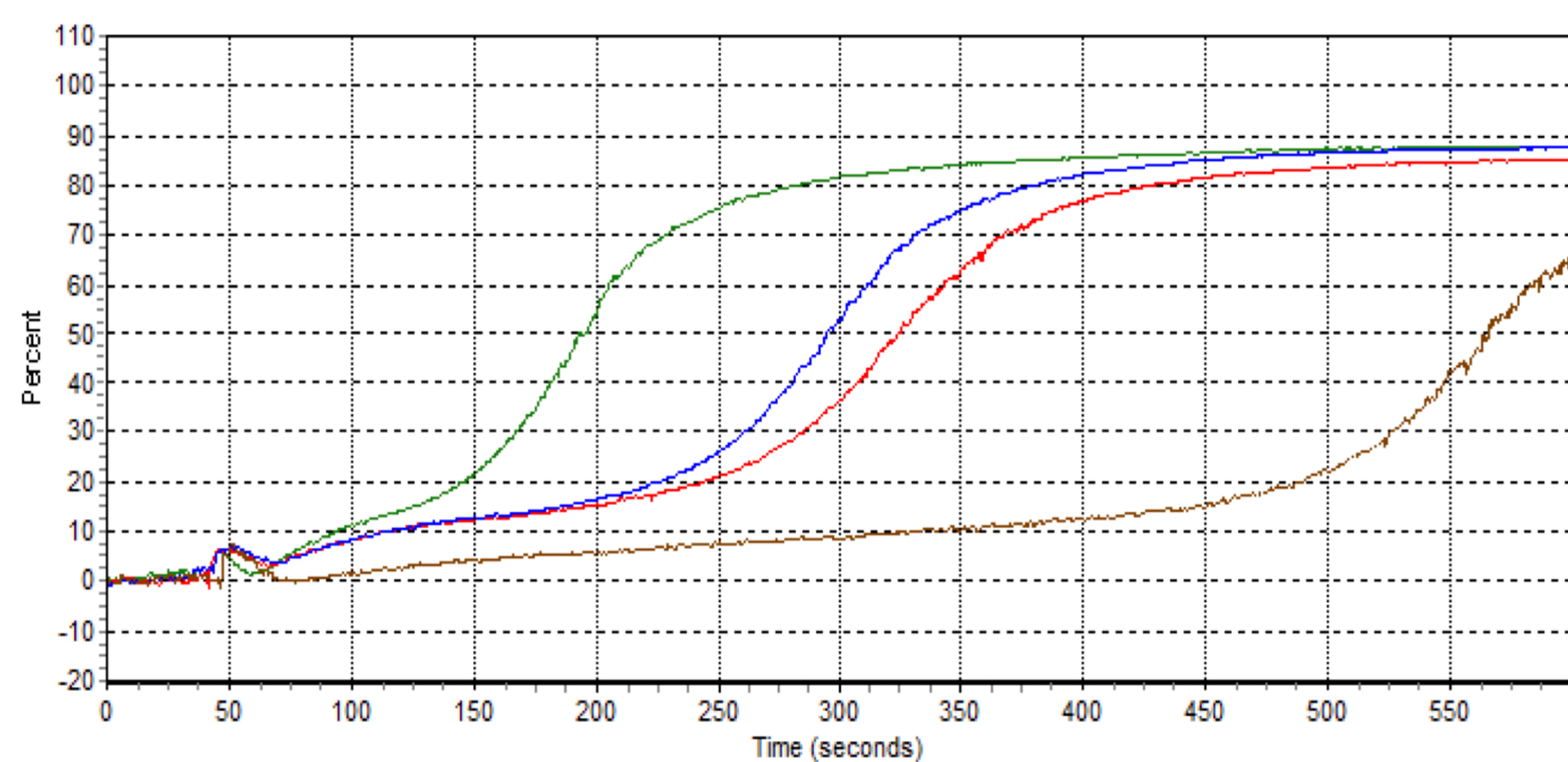


Fig. 1. The effect of capsaicinoids on platelet aggregation induced by 300 µg/mL AA

300 µg/mL AA
300 µg/mL AA + 12.5 µM CAP
300 µg/mL AA + 6.5 µM DHC
300 µg/mL AA + 7.5 µM CAP + 5 µM DHC

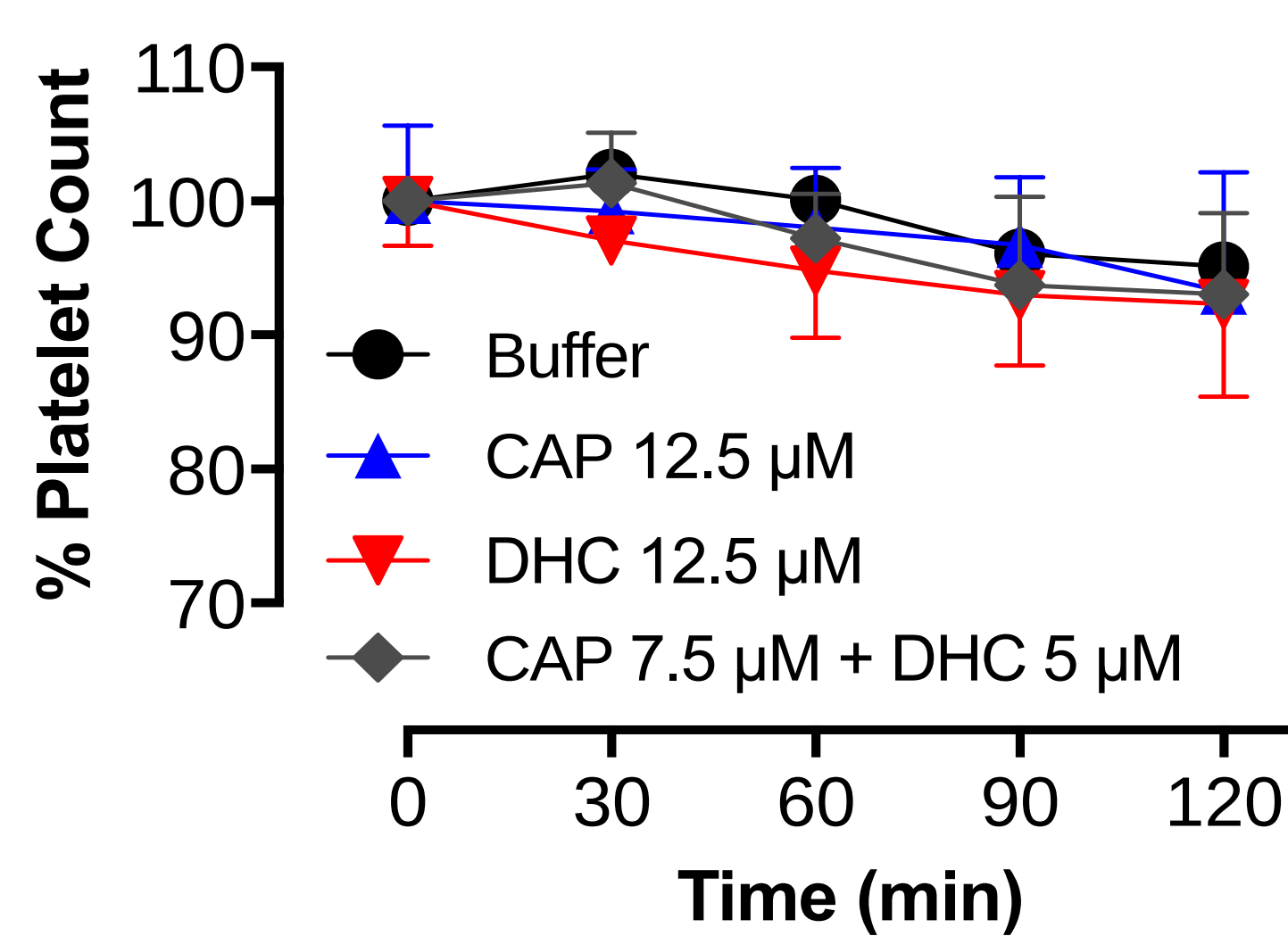


Fig.2. Effect of CAP, DHC and their combination on platelet counts. 12.5 µM of CAP and DHC, and the combination of CAP:DHC (7.5:5 µM), have no effect on platelet count over 2 hours of incubation. Data are presented as per cent of platelet count (normalised to platelet count at time zero). Mean ± SEM; n=4.

CONCLUSIONS

- The combination of CAP and DHC in the proportions they are present in chilli peppers, produces a significantly greater inhibitory effect on AA-induced (but not ADP or collagen-induced) platelet aggregation and TXB2 formation, compared to individual capsaicinoids.
- Further investigations are warranted to determine whether these capsaicinoids may be exploited for therapeutic benefit by dampening platelet activity via the arachidonic acid pathway.

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METHODS

Platelet Aggregation

- AA (300 µg/mL), ADP (5 µM), and collagen (4 µg/mL) were added separately to PRP (225 µL) to initiate aggregation in the presence and absence of CAP and DHC.
- CAP and DHC were investigated individually at 12.5 µM and 6.25 µM (final concentration), and in combination in a ratio of 60:40 (CAP:DHC; 7.5:5 µM and 3.75:2.5 µM).
- Aggregation was recorded for 10 min using an AggRAM aggregometer (Helena Laboratories).

Platelet Counts

- Platelet counts were determined using a Sysmex 1000i analyser (Roche Diagnostics) with PRP adjusted to 250 x 10⁹/L using PPP from the same subject.
- CAP, DHC (individually at 12.5 µM), and in combination (7.5 µM CAP + 5 µM DHC), were added separately to PRP, and the count measured every 15 min for 2 hours.

Thromboxane B2

- Thromboxane B2 release from platelets treated with AA (300 µg/mL) in the absence and presence of 12.5 and 6.25 µM of CAP and DHC and a 60:40 combination was measured using a ELISA kit according to manufacturer's instructions (Abcam).

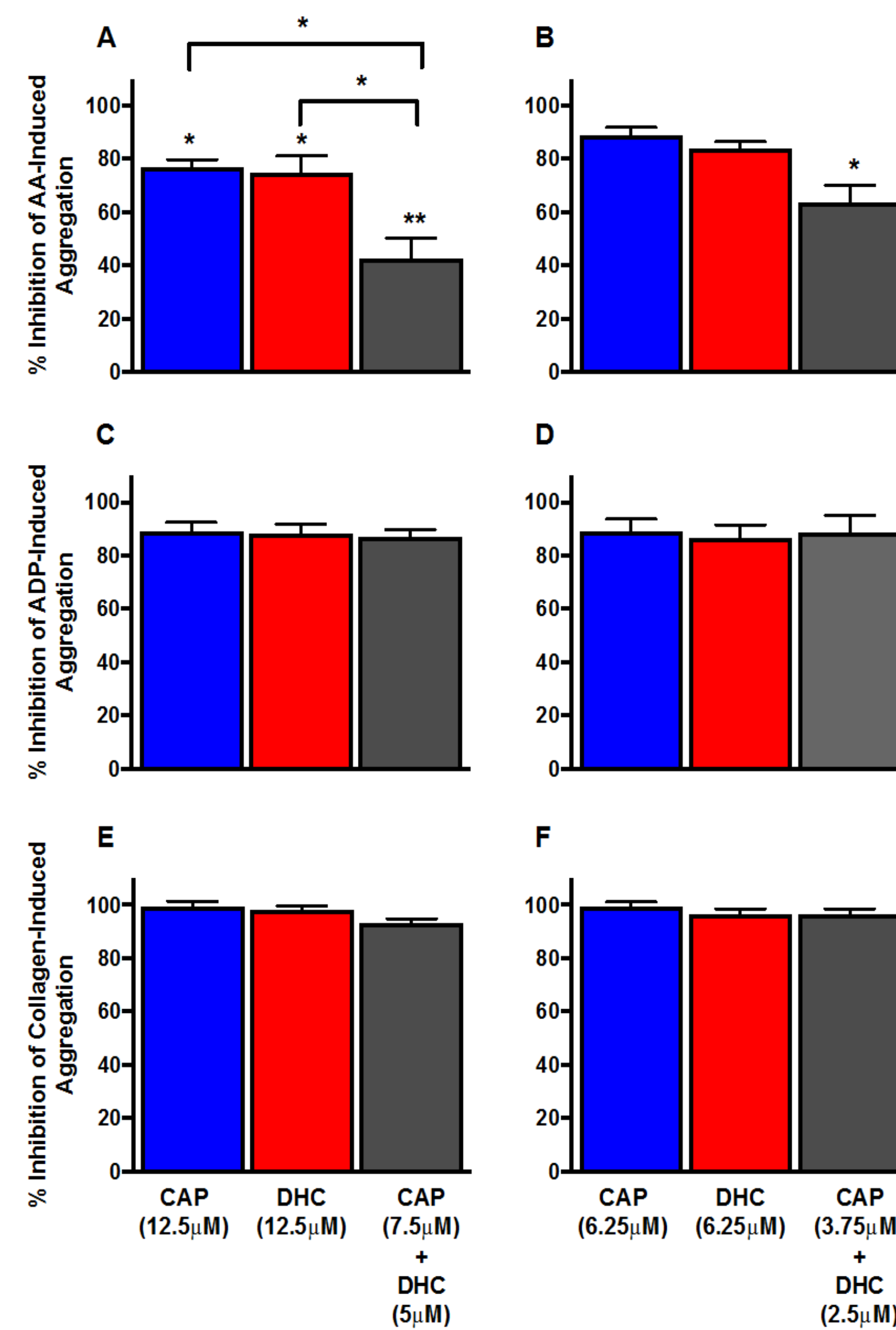


Fig. 3. Effects of CAP, DHC and their combination on AA- (A and B), ADP- (C and D) and collagen- (E and F) induced platelet aggregation. Data are presented as percent area under curve normalised to aggregation in the absence of capsaicinoid (i.e., agonist only). Results are the mean ± SEM, n=4. *p<0.05, **p<0.001 compared to control (i.e., 0 µM of capsaicinoid) and to each column.

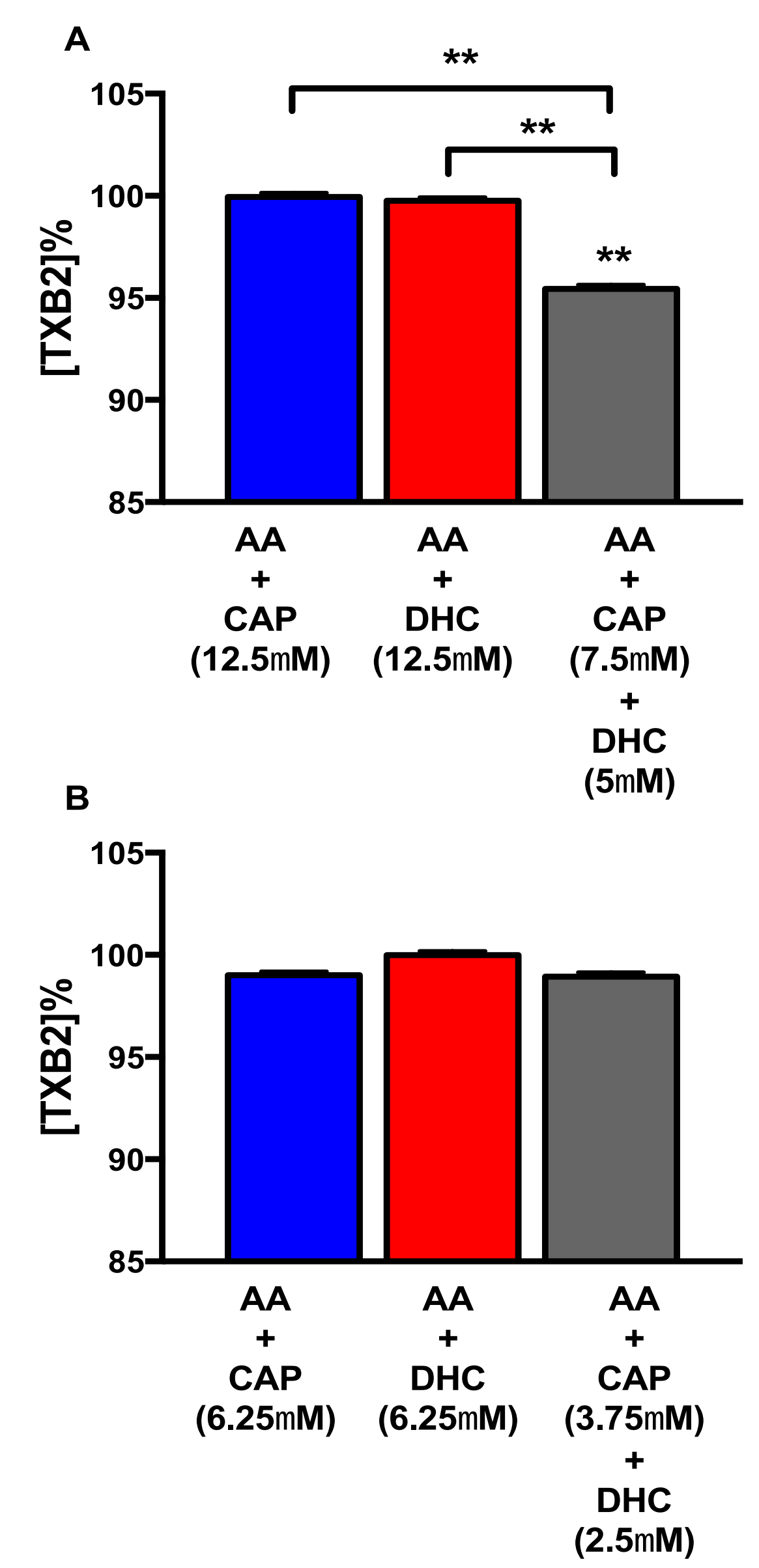


Fig. 4. The effects of capsaicin (CAP), dihydrocapsaicin (DHC) and their combination on TXB2 formation. Data are presented as percent of TXB2 concentration normalised to TXB2 concentration with AA only (i.e. 0 µM capsaicinoid). Results are the mean ± SEM, n=4. **p<0.001 compared to control (i.e., 0 µM of capsaicinoid) and to each column.

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