Original article

Rubiscolin-6 activates opioid receptors to enhance glucose uptake

in skeletal muscle

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Abstract

plant ribulose Rubiscolin-6 opioid peptide derived from bisphosphate is an

carboxylase/oxygenase (Rubisco). It has been demonstrated that opioid receptors could control

glucose homeostasis in skeletal muscle independent of insulin action. Therefore, Rubiscolin-6

may be involved in the control of glucose metabolism. In the present study, we investigated the

effect of rubiscolin-6 on glucose uptake in skeletal muscle. Rubiscolin-6-induced glucose

uptake was measured using the fluorescent indicator 2-[N-(7-nitrobenz-2-oxa-1,3-diazol-4-yl)

amino]-2-deoxyglucose (2-NBDG) in L6 and C2C12 cell lines. The protein expressions of

glucose transporter 4 (GLUT4) and AMP-activated protein kinase (AMPK) in L6 cells were

observed by Western blotting. The in vivo effects of rubiscolin-6 were characterized in

streptozotocin (STZ)-induced diabetic rats. Rubiscolin-6 induced a concentration-dependent

increase in glucose uptake levels. The increase of phospho-AMPK (pAMPK) and GLUT4

expressions were also observed in L6 and C2C12 cells. Effects of rubiscolin-6 were blocked by

opioid receptor antagonists and/or associated signals inhibitors. Moreover, Rubiscolin-6

produced a dose-dependent reduction of blood glucose and increased GLUT4 expression in

STZ-induced diabetic rats. In conclusion, rubiscolin-6 increases glucose uptake, potentially via

an activation of AMPK to enhance GLUT4 translocation after binding to opioid receptors in

skeletal muscle.

Keywords:

AMPK; Glucose Uptake; GLUT4; Opioid Receptor; Rubiscolin-6.

Introduction

Rubiscolin-6 is a bio-active peptide derived from the d-ribulose-1,5-bisphosphate carboxylase/oxygenase (Rubisco), a major protein that is responsible for carbon dioxide fixation and photorespiration in the green leaves of plants [1, 2]. Rubiscolin-6 is comprised of six amino acids, Tyr-Pro-Leu-Asp-Leu-Phe (YPLDLF). It has affinity to both δ -opioid receptor (DOR) and μ -opioid receptor (MOR), showing higher affinity to the DOR compared to the MOR [3-5]. Recent studies have shown that rubiscolin-6 can exhibit memory-enhancing [6], anxiolytic [7], and orexigenic activities in animal models [8].

The opioid receptors belong to the inhibitory G protein-coupled receptors (GPCRs) family, which is divided into four subtypes: MOR, DOR, κ-opioid receptor (KOR), and the least characterized, opioid receptor like-1 (ORL1) [9, 10]. Each of these receptors is activated by its respective ligand(s), both endogenously produced opioid peptides and/or exogenously administered opiate compounds [11]. The opioid system is known to play a central role in pain management [12], and one of the key parts in hedonic homeostasis [13], mood and well-being [14]. Some studies also suggest the role of opioid receptors in regulation of glucose homeostasis. For example, β-endorphin, an endogenous opioid peptide, may regulate glucose homeostasis [15, 16]. The activation of MOR may increase glucose uptake in C2C12 myoblast cells via the activation of protein kinase C (PKC) [17]. It also decreases plasma glucose levels in streptozotocin (STZ)-induced diabetic rats by increasing the glucose utilization and decreasing gluconeogenesis in the liver [18]. Similar to MOR, DOR also can stimulate glucose transport both in vitro and in vivo. DOR agonist [3H][D-pen(2), D-pen(5)] enkephalin (DPDPE), increased glucose uptake in skeletal muscle of lean and obese-diabetic mice [19]. In CHO cells, activation of DOR may stimulate glucose uptake mediated by glucose transporter 1 (GLUT1) [20]. Additionally, DOR may stimulate Ca2+ release and AMP-activated protein kinase (AMPK) phosphorylation on Thr172, through coincidence signaling with G protein, $G\alpha_{q/11}$ -coupled receptors that are associated with glucose uptake

[21].

It is of special interest to understand whether rubiscolin-6 can enhance glucose uptake

in skeletal muscle, both in vitro and in vivo. Therefore, in the present study, we used the rat

myoblast cell line L6 and the mouse myoblast cell line C2C12 to investigate the cellular

action of rubiscolin-6. Also, the in vivo effect of rubiscolin-6 was further characterized using

STZ-induced diabetic rats.

Materials and Methods

2.1. Rubiscolin-6 Synthesis and Purification

Rubiscolin-6 (YPLDLF) was synthesized by a solid-phase methodology with Fmoc-strategy using an automated peptide synthesizer (Model Pioneer; Thermo Fisher Scientific, Waltham, Massachusetts, USA). The crude peptide was purified by a reverse-phase HPLC (Delta 600 HPLC System; Waters, Milford, Massachusetts, USA) on a column of Develosil ODS-HG-5 (2 x 25 cm; Nomura Chemical Co., Ltd, Seto, Japan). High purity of the purified peptide was confirmed by analytical HPLC and MALDI-TOF MS analysis.

2.2. Cell Culture

The L6 (CRL1458TM) (ATCC, Manassas, Virginia, USA) rat myoblast cell line and C2C12 (CRL1772TM) (ATCC, Manassas, Virginia, USA) mouse myoblast cell line were cultured in a humidified atmosphere of 5% CO2–95% air at 37°C, maintained in Dulbecco's Modified Eagle's Medium (DMEM) (GE Life Sciences, Pittsburgh, Pennsylvania, USA) containing 10% fetal bovine serum (FBS) (Thermo Fisher Scientific, Waltham, Massachusetts, USA), and supplemented with 1% penicillin and streptomycin (Biological Industries, Cromwell, Connecticut, USA) and 1% amphotericin B (Sigma-Aldrich, Saint Louis, Missouri, USA). Cells were reseeded at a density of 1×10⁶ cells/mL in 10 cm dish and incubated in DMEM until confluence.

2.3. Glucose Uptake Assay

Fluorescent indicator, 2-[N-(7-nitrobenz-2-oxa-1,3-diazol-4-yl)amino]-2-deoxyglucose (2-NBDG) (Thermo Fisher Scientific, Waltham, Massachusetts, USA), was used to monitor the Copyright © 2018, Food and Drug Administration, Taiwan. Published by Elsevier Taiwan LLC. This is an open access article under the CC BY-NC-ND license (http://creativecommons.org/licenses/by-nc-nd/4.0/). The publication is available online on https://doi.org/10.1016/j.jfda.2018.06.012

glucose uptake in L6 and C2C12 cells [22]. After the starvation for 4 hours, cells were washed,

harvested, and incubated in FBS-free medium in the presence of 2-NBDG (200µM) or 2-NBDG

(200μM) together with rubiscolin-6 at 0.01, 0.1, or 1 μM, and incubated in the dark at 37°C

with 5% CO2 for 30 minutes. Naltrindole (DOR antagonist) (Sigma-Aldrich, Saint Louis,

Missouri, USA), naloxone (broad spectrum opioid antagonist) (Tocris Bioscience, Bristol, UK),

naloxonazine (MOR antagonist) (Tocris Bioscience, Bristol, UK), YM-254890 ($G\alpha_{0/11}$ inhibitor)

(Wako chemicals, Osaka, Japan), U73122 (phospholipase C (PLC) inhibitor) (Tocris Bioscience,

Bristol, UK), or compound C (AMPK inhibitor) (Tocris Bioscience, Bristol, UK) pretreatment

was conducted 30 minutes prior to the addition of 2-NBDG, at 1 µM, respectively. After

incubation in the same manner, the cells were washed with pre-cooled PBS three times using

centrifugation, and glucose uptake was determined as previously described [22]. The

fluorescence intensities were detected using Hitachi F-2000 fluorescence spectrofluorometer

(Hitachi, Chiyoda, Tokyo, Japan), under the excitation wavelengths of 488 and emission of 520

nm. Protein concentration in cell lysates was determined using the bicinchoninic acid (BCA)

protein assay methods (Thermo Fisher Scientific, Waltham, Massachusetts, USA) following the

manufacturer's protocol.

2.4. Animals and Treatment

Male wistar rats weighing 190-210 g (Japan SLC, Inc., Shizuoka, Japan) were housed in a

pathogen-free facility in a temperature- and humidity-controlled room on a 12 hours light dark

cycle with free access to food and water at the animal center Kagoshima University (Kagoshima,

Japan). All procedures in this study were approved by the Ethics Committee for Animal Care

and Use of Kagoshima University (institutional review board (IRB) approval number MD18005)

and followed the Japanese National Standardized Guidelines for Animal Experiments of

Kagoshima University.

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After adjustments period (2 weeks), the rats are randomly divided into two groups, the

normal control group and STZ-treated group (STZ). STZ group was induced by intraperitoneal

(IP) injection of 65 mg/kg STZ (Sigma-Aldrich, Saint Louis, Missouri, USA) dissolved in

citrate buffer (10 mM, pH 4.5) after fasting 12 hours [23]. On day 7, rats with blood glucose

levels higher than 250 mg/dL were considered diabetic.

Each working group was intraperitoneally treated with saline (vehicle), rubiscolin-6 at 30

mg/kg or 100 mg/kg, or 10 mg/kg naloxone with 100 mg/kg of rubiscolin-6 daily once a day at

15:00 h for 28 consecutive days. The food intake and water intake in addition to the body

weight were measured weekly. After the end of the treatment, all the animals were fasted for

overnight, blood sample were collected from rat tail veins. Fasting blood glucose levels were

measured using glucose meter (AlphaTRAK 2, Abbott Laboratories, Chicago, Illinois, USA).

The animals were then anesthetized using an IP injection of the triple mixture of medetomidine,

midazolam, and butorphanol with doses of 0.15, 2.0 and 2.5 mg/kg, respectively, exsanguinated

with heart puncture, followed by cervical dislocation. Soleus muscle samples were carefully

isolated and rapidly frozen using liquid nitrogen and stored in -80 °C for further checking.

2.5. Membrane Protein Preparation

For detecting the expression of glucose transporter 4 (GLUT4), membrane protein fractions

were separated from cells and muscle tissue using plasma membrane protein extraction kit

(Invent Biotechnologies, Inc., Plymouth, Minneapolis, USA). The procedures were following

the manufacturer's protocol. Protein concentrations were determined using BCA protein assay

methods as described above.

2.6. Western Blot Analysis

The phospho-AMPK (pAMPK) and GLUT4 levels were determined using Western blotting

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analysis [24]. Cells were treated with or without rubiscolin-6 (0.01, 0.1, 1 µM), in the absence or presence of naltrindole, naloxone, naloxonazine, YM-254890, U73122 or compound C pretreatment. The cells and the muscle tissues were homogenized with Ice-cold radio-immuno-precipitation assay (RIPA) buffer supplemented with phosphatase and protease inhibitors (Merck Millipore, Burlington, Massachusetts, USA). Insoluble materials were separate using centrifugation (12,000rpm for 20 min at 4 °C). Samples were filtered and separated in sodium dodecyl sulfate-polyacrylamide gel electrophoresis (10% acrylamide gels) and transferred to polyvinylidene difluoride membranes using Bio-Rad Trans-Blot system (Bio-Rad laboratories Inc., Hercules, California, USA). The membranes were blocked for 1 hour in 5% nonfat milk or bovine serum albumin (BSA) in Tris-buffered saline containing 0.1% Tween 20 (TBS-T). After blocking, membranes were washed three times in TBS-T and incubated overnight at 4°C with either pAMPKα (Thr 172) or AMPK antibodies (1:1.000 dilution; Cell Signaling Technology, Danvers, Massachusetts, USA) or GLUT4 (1:1.000 dilution; Abcam, Cambridge, UK) primary antibodies. Incubation with β-actin antibody (1:2000 dilution; Abcam, Cambridge, UK) was done as a positive control. All the membranes were then washed and re-incubated with appropriate secondary antibody, horseradish peroxidase (HRP)-conjugated anti-rabbit IgG antibody (1:5000 dilution; Merck Millipore, Burlington, Massachusetts, USA) or anti-mouse IgG antibody (1:5.000 dilution; Merck Millipore, Burlington, Massachusetts, USA), for 1 hour at room temperature. Chemiluminescent substrate (Luminatatm Forte, Merck Millipore, Burlington, Massachusetts, USA) was added. Chemiluminescence of signals were then captured using X-ray films (ECLtm Hyperfilmtm, GE healthcare life sciences, Buckinghamshire, UK) or a Charge-Coupled Device (CCD)-based camera imager (Chem X400, Avegene, New Taipei City, Taiwan). Band densities were compared to the positive control, results are shown as a relative intensity to the untreated control.

2.7. Statistical Analysis

The data were statistically evaluated using SPSS software (SPSS, Inc., Chicago, Illinois, USA). Significant differences between each group were analyzed by analysis of variance (ANOVA) followed by Tukey–Kramer multiple comparison test. Results are presented as the mean \pm standard error of the mean (SEM) for cells or mean \pm standard deviation (SD) for rats, as appropriate. Statistical significance was set at p <0.05.

Result

3.1. Rubiscolin-6 Stimulates Glucose Uptake in L6 and C2C12 Cells

In L6 cells, rubiscolin-6 displayed a concentration-dependent increase in glucose uptake using

2-NBDG as indicator, with a maximum response (2.04 fold) at 1 µM as shown in Fig. 1A.

Similarly, rubiscolin-6 also produced a concentration-dependent increase of glucose uptake in

C2C12 cells, showing a 1.91-fold increase in glucose uptake at 1 µM that reached the maximal

(Fig. 1B).

To examine the underlying mechanisms of rubiscolin-6, we used inhibitors specific to the

opioid receptors, Gα_{q/11}, PLC, or AMPK to pre-treat with rubiscolin-6 for changes of glucose

uptake in L6 or C2C12 cells. As shown in Figure 2, naloxone (broad spectrum opioid receptor

antagonist), YM-254890 (Gα_{q/11} blocker), U73122 (PLC inhibitor), and compound C (AMPK

inhibitor) almost completely reversed the increase in glucose uptake by rubiscolin-6 both in L6

cells (Fig. 2A) and C2C12 cells (Fig. 2B). However, naltrindole (DOR antagonist) or

naloxonazine (MOR antagonist) failed to show the same effect and partially inhibited the

rubiscolin-6 induced glucose uptake (Fig. 2).

3.2. Rubiscolin-6 Enhances GLUT4 Expression Through the AMPK Pathway

To understand if the increased glucose uptake by rubiscolin-6 was due to an enhanced GLUT4

expression, the GLUT4 level in cell membrane was measured. After stimulation with different

concentrations of rubiscolin-6, the GLUT4 level in cell membrane was increased in a

concentration-dependent manner (Fig. 3). Interestingly, the increase in GLUT4 translocation is

correlated with the increase in glucose uptake at the same concentrations of rubiscolin-6.

The effect of rubiscolin-6 was abolished by compound C at the concentration sufficient to

block AMPK which is an intracellular regulator of glucose metabolism [25]. We also found that

AMPK activation was concentration-dependently raised by rubiscolin-6 and reached ~1.79-fold

at 1 µM of rubiscolin-6 both in L6 and 1.54-fold in C2C12 cells (Fig. 4). Additionally,

pretreatment with compound C could abolish the rubiscolin-6-induced increase in membrane

GLUT4 in both the L6 and C2C12 cells, which is consistent with the results in glucose uptake.

Therefore, increase of GLUT4 translocation induced by rubiscolin-6 is associated with AMPK

activation.

Moreover, in the presence of PLC inhibitor, U73122, the rubiscolin-6-induced increase in

AMPK activation or GLUT4 translocation was markedly reduced as compared to 1 μM

rubiscolin-6-administered cells. Similarly, naloxone and YM-254890 inhibited the

rubiscolin-6-induced increase in AMPK activation or GLUT4 translocation in the same manner.

Therefore, activation of the opioid receptor that is coupled with second messager $G\alpha_{g/11}$ in

rubiscolin-6-induced increase in glucose uptake can thus be identified. However, DOR or MOR

seem partially involved in the effects of rubiscolin-6 on glucose uptake in both cell lines

because the specific antagonist, either naltrindole or naloxonazine, failed to fully abolish the

effects of rubiscolin-6.

3.3. Rubiscolin-6 Improves Glucose Homeostasis in STZ-Induced Diabetic Rats

The blood glucose levels were significantly increased after an IP injection of 65 mg/kg STZ in

rats. Administration of rubiscolin-6 at 30 mg/kg and 100 mg/kg decreased the blood glucose

levels to 370±22.86 mg/dl and 341±32.79 mg/dl, respectively, compared with vehicle-treated

STZ group (418±30.4 mg/dl) (Fig. 5A). Furthermore, Western blotting analysis showed a

significant increase of GLUT4 expressions in skeletal muscle isolated from STZ group treated

with rubiscolin-6 as compared to the vehicle-treated STZ group (Fig. 5B). Rubiscolin-6 also

showed a preservation of body weight, and food intake (Fig. 5C, D). However, similar treatment

with rubiscolin-6 failed to show an effect in normal rats. Effects of rubiscolin-6 were also

abolished by naloxone in STZ-induced diabetic rats.

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Discussion

In the present study, we found that rubiscolin-6 has an ability to enhance glucose uptake in the skeletal cell lines, L6 and C2C12. Rubiscolin-6 significantly increased 2-NBDG uptakes in a dose-dependent manner in these two cell lines. Furthermore, rubiscolin-6 potentially modulates glucose uptake through opioid receptors. The effects of rubiscolin-6 were totally blocked by the broad-spectrum opioid antagonist, naloxone, but only partially inhibited by naltrindole, an antagonist selective for DOR, or naloxonazine, a selective antagonist for MOR. In the present study, the increase in glucose uptake by rubiscolin-6 was linked to $G\alpha_{q/11}$ subunit, as YM-254890 administration was sufficient to inhibit $G\alpha_{\alpha/11}$ and abolished the effects. The receptor crosstalk between DOR and MOR or the existence of direct interaction between two receptors (dimerization) in cells [26, 27], could be cited as a possible explanation. Heterodimerization between DOR and MOR have been shown to have unique functional properties that potentially share the same G protein messenger, and binding to one receptor could induce an allosteric influence on another receptor [28, 29]. Moreover, previous studies demonstrated that in certain situations the opioid receptors may change its functional response and interact with $G\alpha_{q/11}$ and lead to the activation of the PLC pathway [30, 31]. The PLC pathway is known to trigger an increase of cytoplasmic calcium mainly through inositol trisphosphate (IP3). In the present study, pretreatment with U73122, the specific inhibitor of PLC, suppressed glucose uptake increased by rubiscolin-6, demonstrating rubiscolin-6 dependence on the PLC pathway. Therefore, rubiscoulin-6 could increase glucose uptake in muscle cells potentially by an interaction with the opioid receptors through the activation of PLC via $G\alpha_{\alpha/11}$ messenger.

AMPK is a heteromeric protein complex composed of three subunits α , β and γ [32]. It has been documented that AMPK is an important enzyme in regulating glucose homeostasis in skeletal muscle [33]. Activation of AMPK has been viewed as an important aspect in

insulin-independent glucose uptake [34]. The phosphorylation of threonine within the α -subunit by an upstream kinase will result in an activation of AMPK. Our results showed that AMPK inhibition by compound C markedly blocked glucose uptake, indicating the role of AMPK activation in glucose uptake. Western blotting showed that rubiscolin-6 caused a significant increase of pAMPK expression in L6 and C2C12 cells via a dose-dependent manner and was reversed by pretreatment with opioid antagonists, $G\alpha_{q/11}$ blocker, and PLC inhibitor. Collectively, AMPK mediated the rubiscolin-6-stimulated glucose uptake in L6 and C2C12 cells independent with insulin signaling. Therefore, rubiscolin-6 may activate the opioid receptors coupled with $G\alpha_{q/11}$ to enhance glucose uptake via AMPK activation.

Glucose uptake in skeletal muscle cells is facilitated by transport molecules, called glucose transporter [35], particularly, the GLUT4 glucose transporter [36]. GLUT4 transporter is mainly translocated from the cytoplasm to the plasma membrane and/or transverse tubules (T-tubules) by two major pathways, insulin-dependent pathway and insulin-independent pathway [37, 38]. Rubiscolin-6 increased AMPK activity that could lead to the translocation of GLUT4 independent of insulin. Western blotting showed an increase in GLUT4 expression in the membrane induced by rubiscolin-6 in a dose-dependent manner, which was consistent with previous reports [39, 40]. It was abolished by the pretreatment with opioid antagonists, $G\alpha_{g/11}$ blocker, PLC inhibitor, and AMPK inhibitor, respectively. Therefore, rubiscolin-6 enhances glucose uptake due to an increased GLUT4 translocation in cells. Similarly, rubiscolin-6 noticeably induces same effects in animal models lacking insulin. Chronic administration of rubiscolin-6 markedly decreased the blood glucose in STZ-induced diabetic rats but not in control rats. Moreover, rubiscolin-6 also normalized the feeding behaviors in STZ-induced diabetic rats. The glucose lowering action of rubiscolin-6 in vivo was induced in the same manner as that in cells. All in all, our results showed a new finding that rubiscolin-6 can increase glucose uptake in both in vivo and in vitro through the activation of opioid receptor and

modulate the GLUT4 translocation in skeletal muscle.

and pharmacodynamics of rubiscolin-6 in the future.

Some limitations remained in the present study. Such as the interaction between DOR and MOR for the reduction of rubiscolin-6-increased glucose uptake effect remaining unclear in both L6 and C2C12 cells. The effect of rubiscolin-6 on glucose uptake in the presence of insulin was not analyzed in the present study. Moreover, a type-2-like diabetes model was not used in our animal experiment. Further investigations are still required to evaluate the pharmacokinetics

5. Conclusion

Rubiscolin-6, an opioid peptide derived from the plant Rubisco, has been demonstrated to enhance glucose uptake mainly via an activation of AMPK leading to the translocation of GLUT4 in skeletal muscle, independent of insulin. Additionally, opioid receptor-coupled $G\alpha_{q/11}$ linked to PLC is identified as the upstream pathway. Therefore, rubiscolin-6 could be beneficial in impaired glucose uptake conditions/diseases including diabetes mellitus.

Conflicts of Interest

The authors declare no conflict of interest.

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References

- [1] Yang S, Yunden J, Sonoda S, Doyama N, Lipkowski AW, Kawamura Y, Yoshikawa M. Rubiscolin, a delta selective opioid peptide derived from plant Rubisco. FEBS Lett 2001;509:213-7.
- [2] Yoshikawa M, Takahashi M, Yang S. Delta opioid peptides derived from plant proteins. Curr Pharm Des 2003;9:1325-30.
- [3] Yang S, Sonoda S, Chen L, Yoshikawa M. Structure-activity relationship of rubiscolins as delta opioid peptides. Peptides 2003;24:503-8.
- [4] Caballero J, Saavedra M, Fernandez M, Gonzalez-Nilo FD. Quantitative structure-activity relationship of rubiscolin analogues as delta opioid peptides using comparative molecular field analysis (CoMFA) and comparative molecular similarity indices analysis (CoMSIA). J Agric Food Chem 2007;55:8101-4.
- [5] Perlikowska R, Janecka A. Rubiscolins Highly Potent Peptides Derived from Plant Proteins. Mini Rev Med Chem 2018;18:104-12.
- [6] Yang S, Kawamura Y, Yoshikawa M. Effect of rubiscolin, a delta opioid peptide derived from Rubisco, on memory consolidation. Peptides 2003;24:325-8.
- [7] Hirata H, Sonoda S, Agui S, Yoshida M, Ohinata K, Yoshikawa M. Rubiscolin-6, a delta opioid peptide derived from spinach Rubisco, has anxiolytic effect via activating sigma1 and dopamine D1 receptors. Peptides 2007;28:1998-2003.
- [8] Kaneko K, Lazarus M, Miyamoto C, Oishi Y, Nagata N, Yang S, Yoshikawa M, Aritake K, Furuyashiki T, Narumiya S, Urade Y, Ohinata K. Orally administered rubiscolin-6, a delta opioid peptide derived from Rubisco, stimulates food intake via leptomeningeal lipocallin-type prostaglandin D synthase in mice. Mol Nutr Food Res 2012;56:1315-23.
- [9] Al-Hasani R, Bruchas MR. Molecular mechanisms of opioid receptor-dependent signaling and behavior. Anesthesiology 2011;115:1363-81.

- [10] Stein C. Opioid Receptors. Annu Rev Med 2016;67:433-51.
- [11] Janecka A, Fichna J, Janecki T. Opioid receptors and their ligands. Curr Top Med Chem 2004;4:1-17.
- [12] Owusu Obeng A, Hamadeh I, Smith M. Review of Opioid Pharmacogenetics and Considerations for Pain Management. Pharmacotherapy 2017;37:1105-21.
- [13] Barbano MF, Cador M. Opioids for hedonic experience and dopamine to get ready for it. Psychopharmacology (Berl) 2007;191:497-506.
- [14] Nummenmaa L, Tuominen L. Opioid system and human emotions. Br J Pharmacol 2018;175:2737-2749.
- [15] Radosevich PM, Williams PE, Lacy DB, McRae JR, Steiner KE, Cherrington AD, Lacy WW, Abumrad NN. Effects of morphine on glucose homeostasis in the conscious dog. J Clin Invest 1984;74:1473-80.
- [16] Appleyard SM, Hayward M, Young JI, Butler AA, Cone RD, Rubinstein M, Low MJ. A role for the endogenous opioid beta-endorphin in energy homeostasis. Endocrinology 2003;144:1753-60.
- [17] Yang TT, Liu IM, Wu HT, Cheng JT. Mediation of protein kinase C zeta in mu-opioid receptor activation for increase of glucose uptake into cultured myoblast C2C12 cells. Neurosci Lett 2009;465:177-80.
- [18] Cheng JT, Liu IM, Chi TC, Tzeng TF, Lu FH, Chang CJ. Plasma glucose-lowering effect of tramadol in streptozotocin-induced diabetic rats. Diabetes 2001;50:2815-21.
- [19] Evans AA, Tunnicliffe G, Knights P, Bailey CJ, Smith ME. Delta opioid receptors mediate glucose uptake in skeletal muscles of lean and obese-diabetic (ob/ob) mice. Metabolism 2001;50:1402-8.
- [20] Olianas MC, Dedoni S, Onali P. delta-Opioid receptors stimulate GLUT1-mediated glucose uptake through Src- and IGF-1 receptor-dependent activation of PI3-kinase signalling

in CHO cells. Br J Pharmacol 2011;163:624-37.

- [21] Olianas MC, Dedoni S, Olianas A, Onali P. delta-Opioid receptors stimulate the metabolic sensor AMP-activated protein kinase through coincident signaling with G(q/11)-coupled receptors. Mol Pharmacol 2012;81:154-65.
- [22] Zou C, Wang Y, Shen Z. 2-NBDG as a fluorescent indicator for direct glucose uptake measurement. J Biochem Biophys Methods 2005;64:207-15.
- [23] Furman BL. Streptozotocin-induced diabetic models in mice and rats. Curr Protoc Pharmacol 20015;70: 5.47.1–5.47.20.
- [24] Runtuwene J, Cheng KC, Asakawa A, Amitani H, Amitani M, Morinaga A, Takimoto Y, Kairupan BH, Inui A. Rosmarinic acid ameliorates hyperglycemia and insulin sensitivity in diabetic rats, potentially by modulating the expression of PEPCK and GLUT4. Drug Des Devel Ther 2016;10:2193-202.
- [25] Musi N, Goodyear LJ. AMP-activated protein kinase and muscle glucose uptake. Acta Physiol Scand 2003;178:337-45.
- [26] Jordan BA, Devi LA. G-protein-coupled receptor heterodimerization modulates receptor function. Nature 1999;399:697-700.
- [27] Gomes I, Jordan BA, Gupta A, Trapaidze N, Nagy V, Devi LA. Heterodimerization of mu and delta opioid receptors: A role in opiate synergy. J Neurosci 2000;20:RC110.
- [28] Ong EW, Cahill CM. Molecular Perspectives for mu/delta Opioid Receptor Heteromers as Distinct, Functional Receptors. Cells 2014;3:152-79.
- [29] Yekkirala AS, Banks ML, Lunzer MM, Negus SS, Rice KC, Portoghese PS. Clinically employed opioid analgesics produce antinociception via mu-delta opioid receptor heteromers in Rhesus monkeys. ACS Chem Neurosci 2012;3:720-7.
- [30] Smart D, Smith G, Lambert DG mu-Opioid receptor stimulation of inositol (1,4,5)trisphosphate formation via a pertussis toxin-sensitive G protein. J Neurochem

1994;62:1009-14.

- [31] Charles AC, Mostovskaya N, Asas K, Evans CJ, Dankovich ML, Hales TG. Coexpression of delta-opioid receptors with micro receptors in GH3 cells changes the functional response to micro agonists from inhibitory to excitatory. Mol Pharmacol 2003;63:89-95.
- [32] Mihaylova MM, Shaw RJ. The AMPK signalling pathway coordinates cell growth, autophagy and metabolism. Nat Cell Biol 2011;13:1016-23.
- [33] Lin SC, Hardie DG. AMPK: Sensing Glucose as well as Cellular Energy Status. Cell Metab 2018;27:299-313.
- [34] Hilder TL, Baer LA, Fuller PM, Fuller CA, Grindeland RE, Wade CE, Graves LM. Insulin-independent pathways mediating glucose uptake in hindlimb-suspended skeletal muscle. J Appl Physiol 2005;99:2181-8.
- [35] Navale AM, Paranjape AN. Glucose transporters: physiological and pathological roles. Biophys Rev 2016;8:5-9.
- [36] Huang S, Czech MP. The GLUT4 glucose transporter. Cell Metab 2007;5:237-52.
- [37] Towler MC, Hardie DG. AMP-activated protein kinase in metabolic control and insulin signaling. Circ Res 2007;100:328-41.
- [38] Nooron N, Athipornchai A, Suksamrarn A, Chiabchalard A. Mahanine enhances the glucose-lowering mechanisms in skeletal muscle and adipocyte cells. Biochem Biophys Res Commun 2017;494:101-6.
- [39] Montanari D, Yin H, Dobrzynski E, Agata J, Yoshida H, Chao J, Chao L. Kallikrein gene delivery improves serum glucose and lipid profiles and cardiac function in streptozotocin-induced diabetic rats. Diabetes 2005;54:1573-80.
- [40] Kim J, Park Y. Anti-diabetic effect of sorghum extract on hepatic gluconeogenesis of streptozotocin-induced diabetic rats. Nutr Metab (Lond) 2012;9:106.

Figure legend

Figure 1 - Effect of rubinscolin-6 on glucose uptake in L6 and C2C12 cells. Cells were serum starved for 4 hours

and incubated with 2-NBDG or 2-NDBG together with varying concentrations of rubinscolin-6 for 30 minutes. (A)

The increase in glucose uptake upon treatment with different concentrations of rubinscolin-6 in L6. (B) The

increase in glucose uptake upon treatment with different concentrations of rubinscolin-6 in C2C12. Values are

indicated as the mean ± SEM (n = 8 per group). *P <0.05 and **P <0.01 compared to the control group.

Figure 2 - Effect of inhibitors on rubinscolin-6 stimulated glucose uptake in L6 and C2C12 cells. Cells were

serum-starved for 4 hours and pretreated with naltrindole (DOR antagonist), naloxone (broad spectrum opioid

antagonist), naloxonazine (MOR antagonist), YM-254890 (Gα_{q/11} inhibitor), U73122 (PLC inhibitor), or compound

C (AMPK inhibitor), respectively, for 30 minutes. After inhibitor treatment, cells were stimulated with 1 µM

rubinscolin-6 for 30 minutes. Cells were stimulated with 1 μM rubinscolin-6 in the absence of inhibitors as vehicle

group. (A) The changes in rubinscolin-6 induced glucose uptake after pretreatment with different inhibitors in L6.

(B) The changes in rubinscolin-6 induced in glucose uptake after pretreatment with different inhibitors in C2C12.

Values are shown as the mean \pm SEM (n = 8 per group). **P <0.01 compared to the control group. ##P <0.01

compared to 1 µM rubinscolin-6-administered cells.

Figure 3 - Effect of rubinscolin-6 on GLUT4 translocation in L6 and C2C12 cells. After serum starvation, cells

were treated with varying concentration of rubinscolin-6 for 2 hours, respectively. To investigate the mechanism of

rubinscolin-6, cells were pretreated with indicated inhibitors, respectively, for 30 minutes followed by treatment

with 1 μM rubinscolin-6 for 30 minutes. The relative expression levels of GLUT4 in (A) L6 and (B) C2C12 cells.

Images shown are representative of four independent experiments and the quantitative data are average of four

experiments. *P <0.05 and **P <0.01 vs. control. ##P <0.01 vs. 1 µM rubinscolin-6-administered cells.

Figure 4 - Effect of rubinscolin-6 on AMPK activation in L6 and C2C12 cells. After serum starvation, cells were

treated with varying concentration of rubinscolin-6 for 2 hours respectively. To investigate the mechanism of

rubinscolin-6, cells were pretreated with indicated inhibitors, respectively, for 30 minutes followed by treatment

with 1 μM rubinscolin-6 for 30 minutes. The relative expression levels of AMPK in (A) L6 and (B) C2C12 cells.

Images shown are representative of four independent experiments and the quantitative data are average of four

experiments. *P<0.05 and **P<0.01 vs. control. ##P <0.01 vs. 1 μM rubinscolin-6-administered cells.

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Figure 5 - Rats were divided into control group and STZ-treated group. Each group was treated with saline (vehicle), 30 mg/kg rubiscolin-6, 100 mg/kg rubiscolin-6, or 10 mg/kg naloxone + 100 mg/kg of rubiscolin-6 every day for 28 consecutive days by IP injection, respectively. (A) The blood glucose levels were determined 1 h after administration of rubinscolin-6 on day 28. (B) The expression of membrane GLUT4, cytosol GLUT4 over β-actin in rat's skeletal muscle (C) The changes of body weight in experimental period. (D) The changes of food intake in experimental period. The values are expressed as the mean \pm SD (n=8). **P <0.01 compared with the vehicle-treated control group. #P <0.05 and ##P <0.01 compared with vehicle-treated STZ group.

Figures

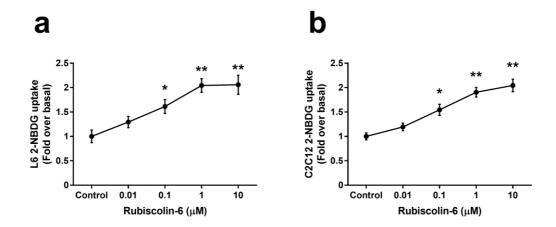


Figure 1

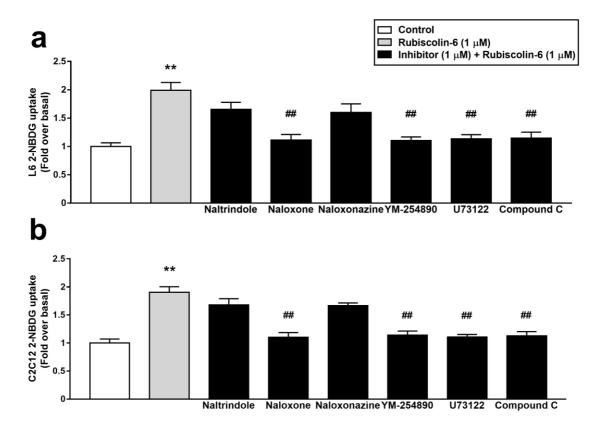
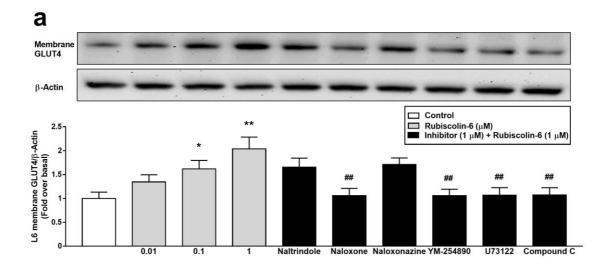


Figure 2



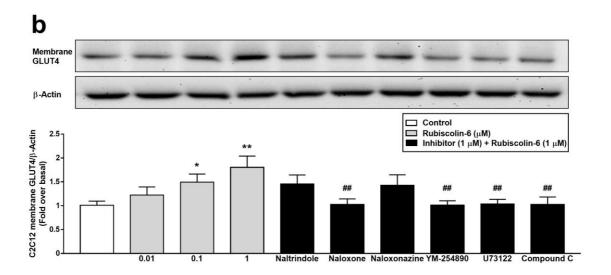


Figure 3

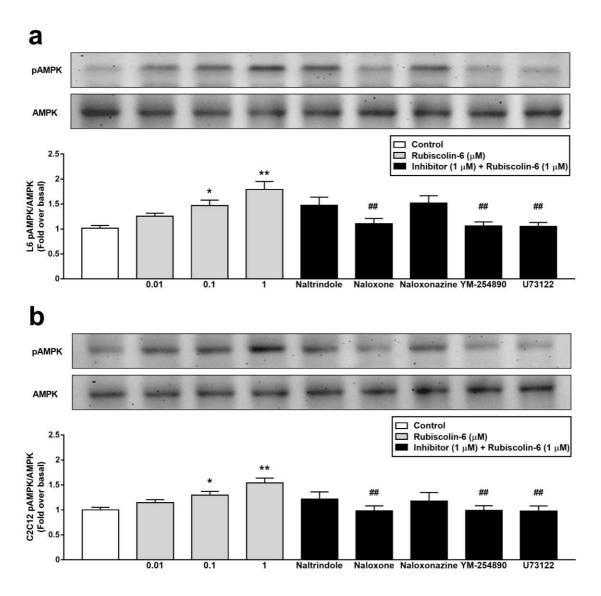


Figure 4

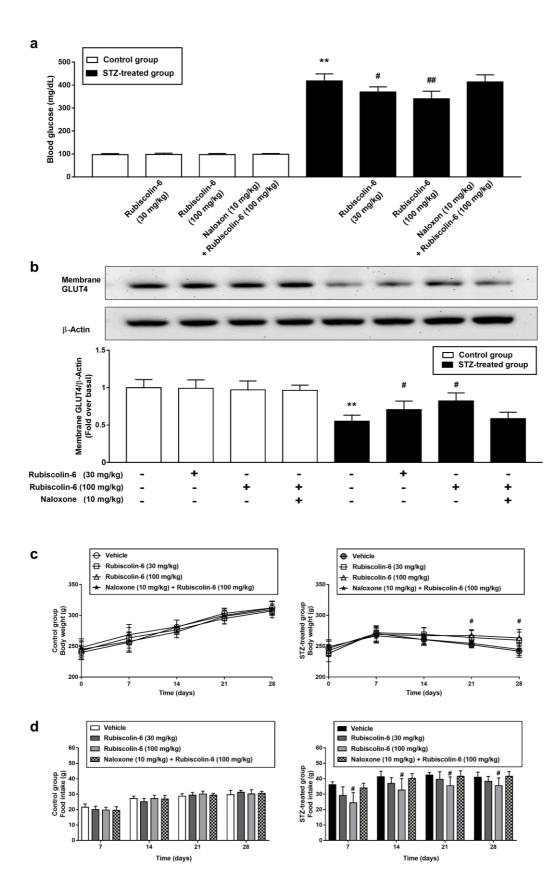


Figure 5