

Comparison of a *Cannabis sativa L.* extract and its Derivative Cannabidiol on Human Polymorphonuclear Leukocyte Function



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Results

Background

Cannabis (Cannabis sativa L., fam. Cannabaceae) is widely used for medical purposes. Several reports support that cannabis and its derivative cannabidiol (CBD) offer significant therapeutic benefits for a wide scope of pathological conditions. Among them, the clinical issues rooted in inflammation do stand out, nonetheless, the underlying mechanisms are not yet fully understood. Circumstantial evidence suggests that polymorphonuclear neutrophil leukocytes (PMN) are involved in the anti-inflammatory effects of cannabis.

Aim

To assess the effects of a cannabis extract on human PMN functions, including cell migration, oxidative metabolism and production of proinflammatory cytokines. We then sought to investigate whether such effects could be ascribed to its CBD content.

Materials and Methods

Test substances - Cannabis sativa L. extract containing 5% CBD (CM5) and pure CBD were kindly provided by LINNEA SA. Stock solutions were prepared in dimethylsulfoxide (DMSO, Sigma) at concentrations of CM5 50 mg/mL and CBD 10⁻² M, and further diluted in either Hanks' Balanced Salt Solution (HBSS) modified with 10 mM HEPES (HBSS/HEPES) or RPMI medium to obtain final concentrations (CM5 0.05-50 µg/mL and CBD 10⁻⁸-10⁻⁵ M). Isolation of human PMN - Human PMN were isolated from buffy coats of healthy donors by Dextran sedimentation followed by Ficoll-Paque Plus density-gradient centrifugation, as previously described [1].

Cytotoxicity assays - Cytotoxicity of test substances was assessed on PMN by means of the MTT reduction method [2]. In short, PMN were resuspended at 1 × 10⁶ cells/ml in RPMI medium supplemented with 10% FBS and 1% P/S. Cells were then seeded in duplicate in a 96-well round bottom plate (250 μ l of suspension per well) and cultured for 24 h alone or in the presence of a test substance at 37 °C in 5% CO₂. The absorbance (optical density, OD, in arbitrary units) was measured using a microplate spectrophotometer.

Cell migration assay - PMN migration was investigated by the modified Boyden chamber assay according to our previous study [3]. Briefly, after instrument assembly, PMN at 1×10^6 cells/ml in RPMI medium were placed in the upper chamber alone or together with the test substance, while the lower chamber contained medium alone (spontaneous migration) or added with 10 ng/mL IL-8 or 0.1 μ M fMLP (stimulated migration). Chambers were separated by a 3 μ m pore-sized filter. After a 90-min incubation at 37 °C, the filter was harvested, dehydrated, fixed, and finally stained with haematoxylin.

ROS production assay - Intracellular ROS production was assayed by use of the redox-sensitive dye C-DCFH-DA as previously described [1]. Briefly, fluorescence was measured by means of a spectrofluorimeter. The effects of CMS and CBD were tested on resting cells and on cells stimulated with 0.1 μ M fMLP. In each experiment, C-DCFH-DA-stained PMN resuspended at 1 × 10⁶ cells/ml in HBSS/HEPES were placed in the spectrofluorimeter and the test substances were added after a 60-s resting period.

IL-8, IL-6, TNF- α **production assays** - PMN were resuspended at 1 × 10⁷ cells/ml in RPMI medium supplemented with 10% FBS and 1% P/S and placed in sterile 5-ml test tubes. Cells were then stimulated with LPS or 0.1 µM fMLP and cultured for 21 h alone or in the presence of a test substance at 37 °C in 5% CO₂. After incubation, cells were centrifuged and pellets and supernatants were harvested and stored at -80 °C. IL-8, IL-6, TNF- α gene expression was assessed from cell pellets by RT PCR as previously described [4]. IL-8, IL-6, TNF- α proteins were measured in culture supernatants using commercial ELISA kits according to the protocol supplied by the manufacturer.

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Figure 2. PMN migration was quantified by light microscopy measuring the distance (in μ m) from the surface of the filter to the leading front of cells. PMN migration was increased by MDI (Upper panels). and LI-8 downer panels). CMS and CBD concentration-dependently reverted the effect of MLP and LI-8 down to control values with CMS 50 µg/mL and CBD 10⁵ M (leff and center panels). Comparison of the concentration-response curves of CBD and CMS (expressed as molar concentrations of CBD) showed however that CMS to sufficiently more potent than CBD on both fMLP- and LI-8 induced migration of PMN, as indicated by lower Lic₀ and the absence of overlapping between respective 55% Cl of Lic₀5 (right panel). In resting conditions neither CMS nown).



Figure 3. ROS changes, expressed as fluorescence intensity in arbitrary units (AU), were calculated as the difference (A) between resting levels and peak levels induced by the treatment. ROS production vais increased by MHLP. Coincubation with CMS up to 50 µg/mL or with CBB up to 10 5 M did not affect ROS production (data not shown). Preincubation for 1 h on the contrary resulted in a concentration-dependent attenuation of ROS production with both CMS and CBD (left and center panels). CMS however reached the maximum fields at $g_{\rm MD}$, while CMS 50 µg/mL failed to modify the effect of fMLP (left panel). On the other side, CBD inhibited ROS production down to control levels with CBD 10 5 M (center panel). Comparison of the concentration-response curves of CBD and CMS (expressed as molar concentrations of CBD) showed however that CMS sughtly more potent than CBD, although the maximum inhibitory effect observed with CMS 510 10 M completely suppressed the response to fMLP (right panel). In resting cells, CMS did not significantly affect rosting ROS levels, although CDD 10 5 M completely suppressed the response to ZS.e432.9 AU, n = 8, Pc0.001]. On the other side, CBD did not significantly affect rosting ROS levels, although CDD 10 5 M resulted in increased ROS production which however did not reach the statistical significance [71.4±10.4 AU in resting to 130.2±28.4 AU, n = 9, Pc-0.1].





Conclusion

CM5 and CBD inhibit PMN functions, including migration, ROS generation and proinflammatory cytokines production. The effects of CBD and CM5 show however remarkable differences, suggesting that beyond CBD, other components of CM5 may contribute to its biological effects. In sum, such results support the use of cannabis and CBD as antiinflammatory agents, however also warrant in-depth investigation of the underlying cellular and molecular mechanisms to better exploit their therapeutic potential.

References

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