Indian Journal of Experimental Biology
Vol. 62, April 2024, pp. 238-244
DOI: 10.56042/ijeb.v62i04.655

Role of cannabinoid CB1 receptors in the proconvulsant effect of Apelin-13 on penicillin-induced epileptiform activity

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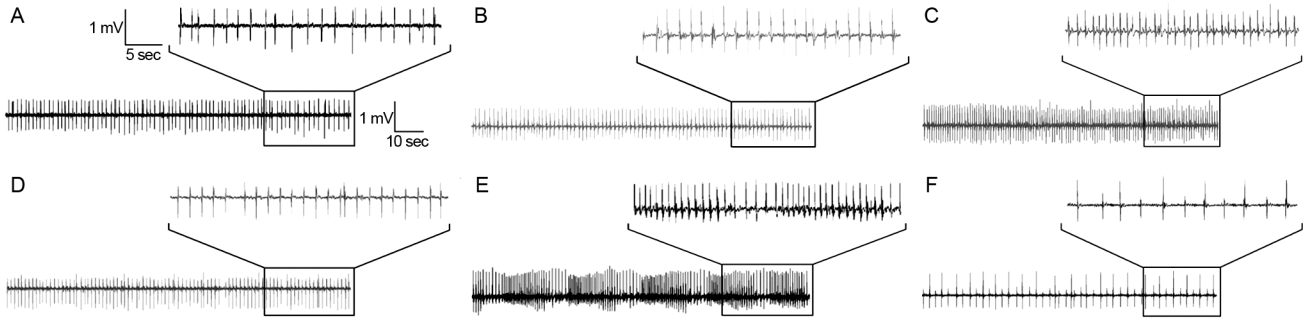
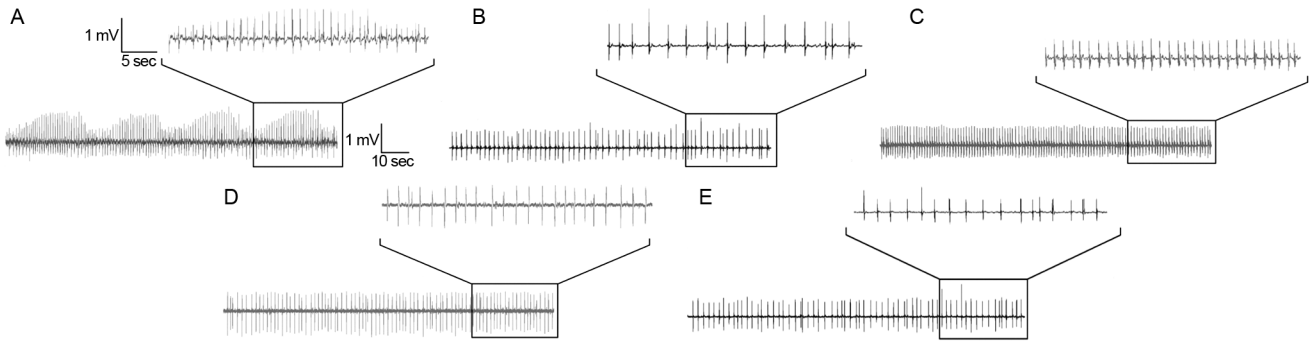
Received 17 April 2023; *revised 31 October 2023*

Supplimentary data



Suppl. Fig. S1 — (A-F) Electrocorticography depicting epileptiform activity, after penicillin-G application. (A) The icv administration of 500 IU PEN-G stimulated epileptiform activity; (B) icvicv injection of non-effective dose of apelin-13 (5 µg) did not affect the mean amplitude and spike frequency of penicillin-induced epileptiform activity; (C) 15 µg apelin-13 raised the mean spike frequency of penicillin-induced epileptiform activity without affecting the amplitude; (D) 0.125 µg AM-251 did not modify the mean amplitude and spike frequency of penicillin-induced epileptiform activity; (E) 0.25 µg AM-251 increased in the spike frequency of penicillin-induced epileptiform activity and give rise to SE-like activity; and (F) 7.5 µg ACEA significantly decrease the spike frequency of penicillin-induced epileptiform activity after ACEA injection, but did no change the amplitude.



Suppl. Fig. S2 — (A-E) Electrocorticography depicting epileptiform activity indcued by apelin and CBI receptor (AM-251). (A) Administration of 0. 25 µg AM-251 + 15 µg apelin-13 raised the spike frequency of epileptiform activity; (B) icv administration of 7.5 µg ACEA and 15 µg apelin-13 declined the spike frequency of epileptiform activity, but did not change the amplitude; (C) 0.125 µg AM-251 and 15 µg apelin-13 raised the mean spike frequency of penicillin-induced epileptiform activity; (D) Administration of non-effective doses of AM-251 and apelin-13 didn't change mean spike frequency and amplitude of epileptiform activity; and (E) 0.125 µg AM-251, 5 µg apelin-13 and of 7.5 µg ACEA diminished the epileptiform activity.