

cylinder. Edema was induced by serotonin (5-HT, 0.005%, 0.1 ml = 5 µg), histamine (0.05%, 0.1 ml = 50 µg) and formalin (1%). These agents were diluted in saline and injected into the sole of the right paw; the left paw was used for the control injection of saline. The total volume of injected fluid was 0.1 ml and this amount was kept constant for all experiments. Since the peak swelling time was different for each agonist, the paw volume was therefore determined 45 min after injecting 5-HT, 60 min after injecting histamine and 90 min after injecting formalin. In order to find the interaction between lithium chloride and edema-inducing agents, 2 sets of experiments were designed. In the first experiment lithium chloride alone was administered (5% w/v) i.p. and the paw measured at different intervals, while in the second experiment agonists were injected into the paw at different intervals of time after administration of lithium chloride. It was observed that maximum edema inhibitory effect of lithium chloride was produced when 5-HT or the other agonists were injected 2 h after the administration of lithium chloride. The same procedure was followed with bilaterally adrenalectomized rats and rats pretreated with phenoxybenzamine. Phenoxybenzamine was injected 24 h before the experiment (10 mg/kg i.p.). This drug was preferred as a α -adrenergic blocker because of its long-lasting effect without directly affecting the vessels⁶.

The volume change in the experimental paw (right) was compared with that of the control paw (left) and was expressed as a percent increase of paw volume applying the following formula:

$$\frac{\text{right paw volume (ml)} - \text{left paw volume (ml)}}{\text{left paw volume (ml)}} \times 100$$

The results were analyzed statistically using Student's *t*-test.

Results. Intraperitoneal administration of lithium chloride at the dose range of 0.59 to 2.36 mM/kg did not change the paw volume of intact, bilaterally adrenalectomized and phenoxybenzamine pretreated rats when compared with saline (0.1 ml/100 g body wt.) pretreated rats. The percentage increase of paw volume following in-

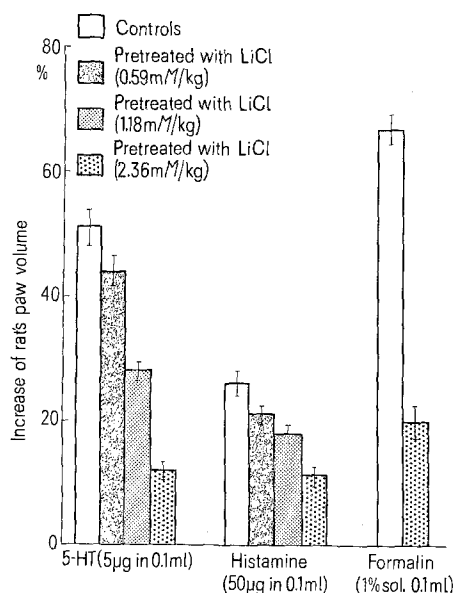
jections of 5-HT, histamine and formalin and the effect of lithium chloride at three different doses in intact rats are summarized in the Figure. Lithium chloride at a dose of 0.59 mM/kg decreased significantly the paw edema induced by histamine ($p < 0.05$) but not by 5-HT. However, at the dose of 1.18 mM/kg it significantly decreased the swelling induced by both histamine and 5-HT ($p < 0.001$). At a high dose (2.36 mM/kg), however, there was significant decrease in paw swelling induced by histamine, 5-HT, and formalin. In bilaterally adrenalectomized rats, 5-HT induced a volume increase of $49.0 \pm 3.36\%$, (S.E.) $n = 8$, which is equal to the volume change of intact rats. Following pretreatment of bilaterally adrenalectomized rats with lithium chloride at the dose level of 1.18 mM/kg, injection of 5-HT into the paw induced a volume increase of $46.0 \pm 3.16\%$ (S.E.), $n = 8$, which was almost equal to the control values. In phenoxybenzamine pretreated intact rats, 5-HT induced a volume increase of $47.0 \pm 3.91\%$ (S.E.), $n = 10$. Lithium chloride given to the phenoxybenzamine pretreated animals at the dose of 2.36 mM/kg significantly reduced the 5-HT induced paw edema ($7.0 \pm 1.69\%$ (S.E.), $n = 10$).

Discussion. The results indicate that, when given i.p., lithium chloride has an anti-inflammatory effect on the rat's paw swelling induced by 3 different edema-producing agents. Since the lithium ion can reduce the swelling induced by 5-HT, histamine, as well as formalin, it is therefore obvious that it does not act by interfering with the metabolism of exogenously applied 5-HT and histamine. However, recent studies strongly indicate that this ion may play an important role on the uptake, metabolism and release of biogenic amines by neural tissues. This facet may also explain its ameliorative effect on maniac state and aggression^{3,4}. The present study clearly shows that bilateral adrenalectomy completely abolishes the anti-inflammatory effect of lithium chloride, thus indicating an indirect mechanism for such an effect. Since phenoxybenzamine pretreatment does not abolish the anti-inflammatory effect of lithium chloride, it is unlikely that the ion causes the release of catecholamines from the adrenal medulla. However, there is, as yet, no evidence concerning catecholamine-releasing action of lithium chloride from the adrenal medulla. It is obvious, therefore, that the anti-inflammatory effect of lithium chloride is probably mediated by the release of corticosteroids from the adrenal cortex. Such an effect of the lithium ion has been previously observed in rats⁷ and in patients⁸.

Résumé. Administration parentérale de chlorure de lithium inhibe l'œdème de la patte produit par l'injection locale de sérotonine, histamine ou formol chez le rat normal mais non pas chez le rat surrénaléctomisé. Ces résultats suggèrent que l'effet antiphlogistique du chlorure de lithium est dû à une libération de corticostéroïdes.

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Effect of lithium chloride on the rat's paw edema induced by 5-HT, histamine and formalin. Each column represents the mean value of 10 experiments. Vertical bars indicate the standard error of the mean.

⁶ M. NICKERSON, in *The Pharmacological Basis of Therapeutics* (Eds. L. S. GOODMAN and A. GILMAN, 4th ed. (MacMillan Co., London 1970), p. 550.

⁷ R. KRULIK and P. ZUOLSKY, *Arzneimittel-Forsch.* 20, 1577 (1970).

⁸ S. R. PLATMAN and S. R. FIEVE, *Arch. Gen. Psychiat.* 19, 659 (1968).

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