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Melatonin and human mitochondrial diseases

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Abstract

Mitochondrial dysfunction is one of the main causative factors in a wide variety of complications such as neurodegenerative disorders, ischemia/reperfusion, aging process, and septic shock. Decrease in respiratory complex activity, increase in free radical production, increase in mitochondrial synthase activity, increase in nitric oxide production, and impact on electron transport system and/or mitochondrial permeability are considered as the main factors responsible for mitochondrial dysfunction. Melatonin, the pineal gland hormone, is selectively taken up by mitochondria and acts as a powerful antioxidant, regulating the mitochondrial bioenergetic function, and preventing the opening of the mitochondrial permeability transition pore. Melatonin also increases the activity of mitochondrial respiratory complexes, glutathione reductase, and catalase. It also acts as an inhibitor of lipoxygenase. Melatonin can cause resistance to oxidative damage by fixing the mitochondrial membranes. Melatonin has been shown to retard aging and inhibit neurodegenerative disorders, ischemia/reperfusion, septic shock, diabetes, cancer, and other complications related to oxidative stress. The purpose of the current study, other than introducing melatonin, was to provide a review from findings on clinical effects in diseases related to mitochondrial dysfunction including diabetes, cancer, gastrointestinal diseases, and diseases related to brain function.

Keywords: Antioxidant, free radical, melatonin, mitochondrial dysfunction, neurodegenerative disorders, nitric oxide, pineal gland hormone

INTRODUCTION

Enhanced generation of reactive oxygen species (ROS) is considered as one of the main contributory factors in a wide variety of diseases and age-related degeneration. Oxidative stress induced by these free radicals has been implicated in etiology of cancer,[1] diabetes mellitus,[2] cardiovascular diseases,[3] neurodegenerative diseases,[4] neuropsychological disorders,[5] and infectious diseases.[6] [7] [8]

Mitochondria are considered as the main centers of ROS/reactive nitrogen species (RNS) generation which are the predominant target of their actions, resulting in widespread damage to mitochondrial respiratory chain. This process produces further increase in free radical generation, causing a self-inducted vicious cycle.[11] [12] This process and some other conditions cause many mitochondrial diseases which are a group of complications related to mitochondrial dysfunction. Mitochondrial diseases are also caused by mutations in the mitochondrial affecting mitochondrial function. Mutations in mitochondria are also facilitated by high level of oxidative stress.[13]

Melatonin has been shown to play a crucial role in regulation of mitochondrial bioenergetics. Melatonin, in addition to being a powerful antioxidant, decreases nitric oxide (NO) generation in mitochondria and maintains bioenergetic functions of the cell.[14] [15]

The purpose of the current study was to identify melatonin production, metabolism, and clinical effects in diseases related to mitochondrial dysfunction including diabetes, cancer, gastrointestinal diseases, and diseases related to brain function, the mechanisms through which melatonin exerts cell over-transcription against neurodegenerative disorders related to mitochondrial dysfunctions are reviewed.

MITOCHONDRIA AND FREE RADICAL GENERATION IN MITOCHONDRIA

The main function of mitochondria is production of adenosine triphosphate (ATP) through the electron transport chain (ETC). The primary function of the ETC is conversion of redox energy to an electrochemical gradient which causes synthesis of ATP from adenosine diphosphate and phosphate (Pi) through ATP synthase. The ultimate generation of the respiratory chain is water which is produced in a four-electron reduction of molecular oxygen (O_2). During this process, a section of O_2 is converted to ROS, including superoxide anion radical ($O_2^{\bullet-}$), reactive hydroxyl radical ($^{\bullet}OH$), and hydrogen peroxide (H_2O_2).

Mitochondrial NO synthase (NOS) is responsible for production of NO radical ($^{\bullet}NO$) from L-arginine. The free radical $^{\bullet}NO$ is produced by several forms of NOS. $^{\bullet}NO$ is able to easily cross membranes and enter mitochondria regardless of its origin.[16] $^{\bullet}NO$ can strongly interfere with the mitochondrial respiration at Complex I-Complex III.

The free radicals can damage proteins of respiratory complexes. When $^{\bullet}NO$ reaches high levels, it can start free radical-mediated chain reactions which destroy DNA molecules, proteins, and lipids.[17] [18] Damage to the mitochondrial respiratory chain leads to further generation of free radicals and breakdown of potent potential, apoptosis, and cell death.[19]

Free radicals are usually generated in cells during normal activity. Among the mechanisms which control the ROS/RNS production is the enzyme superoxide dismutase function in mitochondrial membranes that removes $O_2^{\bullet-}$. The $^{\bullet}OH$ generated from H_2O_2 is scavenged by glutathione peroxidase. Free radicals are the important parts of antioxidant defense system reduce free radicals within the mitochondria.

Antioxidants such as Vitamins C and E are able to participate in the antioxidant defense system of mitochondria, but they cannot convert $O_2^{\bullet-}$ to O_2. It is glutathione (GSH) which scavenges $O_2^{\bullet-}$, as well as participating in several redox reactions. In the mitochondria, the redox cycling is very active and prevents significant loss of GSH. This process is very important because the mitochondrial GPx and GSH reductase activities decrease with age, which results in a decrease in the mitochondrial GSH levels. Melatonin, by stimulating the activity of the enzyme γ-glutamylcysteine synthase, promotes synthesis of GSH.[20] It also plays an important role in mitochondrial GSH levels, and has its effects on gene expression of GPx, GSH reductase, catalase, and dismutase, helping to maintaining the GSH/GSSG ratio and in high recycling of GSH.[21] [22]

MELATONIN AND REDUCTION OF OXIDATIVE STRESS

Free radicals are atomic or molecules with unpaired electrons which make them highly toward other substances. Free radicals such as EOO2 and VH which are called ROS can cause oxidative stress and damage to cell components.[23] [24] [25] Increased production of ROS and other free radicals and decreased antioxidant enzymes can cause oxidative damages to organs, tissues, and various cells such as brain, heart, and vascular cells.[26] [27] Oxidative stress is also the background of many hard curable diseases such as high blood pressure,[28] [29] atherosclerosis,[30] and infectious diseases.[31] [32]

ROS are mostly produced in the mitochondria as normal cell respiration. The internationally known mitochondria and its ROS generation suggests shared pathways mechanisms in ROS-related diseases and mitochondria.[33]

In this regard, mitochondria are considered as endogenous producers of ROS and the central executioners of cell death. Increased mitochondrial Ca_{2+} overload is considered as a key important because the mitochondrial GPx and GSH reductase activities decrease with age, which results in a decrease in the mitochondrial GSH levels. Melatonin, by stimulating the activity of the enzyme γ-glutamylcysteine synthase, promotes synthesis of GSH.[21] It also plays an important role in mitochondrial GSH levels, and has its effects on gene expression of GPx, GSH reductase, catalase, and dismutase, helping to maintaining the GSH/GSSG ratio and in high recycling of GSH.[21] [34]

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PHARMACOLOGY AND THERAPEUTIC ASPECTS OF MELATONIN

Melatonin was first considered as a hormone responsible for control of circadian rhythms. However, it has several biological functions which are produced by activation of its receptors or due to melatonin role as a powerful antioxidant. Melatonin has a specific role in the protection of mitochondrial DNA and other biological compounds.[35]

Melatonin is now used for insomnia, especially the insomnia associated with attention-deficit hyperactivity disorder, insomnia caused by beta-blockers, delayed sleep phase syndrome, and insomnia in the blind. Melatonin is also used for jet lag, shift work, and for improving sleep quality in healthy people, people with autism, people with disabilities, autism, and cerebral palsy. Melatonin is also used to reduce the side effects of stopping smoking or as a sleep aid for people who are undergoing the consumption of benzodiazepines. It might also be used for mild mental impairment, bipolar disease, depression, seasonal affective disorder, Alzheimer's disease, schizophrenia, epilepsy, dementia, stress, delirium, chronic insomnia, Parkinson's disease, endometriosis, fibromyalgia, tinnitus, vertigo, Meniere's disease, glaucoma, cluster headaches, tardive dyskinesia, related tissue loss, restless leg syndrome, jaw pain, nerve pain, weakness, sarcoidosis, migraine and tension headaches, benign prostatic hyperplasia, irritable bowel syndrome, osteoporosis, tardive dyskinesia, acid reflux disease, infertility, aging, menopause, metabolic syndrome, inflammatory bowel disease (IBD), fibromyalgia, after surgery, agitation due to anesthesia, inability to control urination, various cancers including breast, brain, lung, prostate, head, neck, and gastrointestinal tract cancers, to reduce the side effects of radiation and chemotherapy, and to treat cancer chemotherapy side effects and symptoms.[36] [37] [38] [39] [40] [41] [42] [43] [44] [45] [46] [47] [48] [49]

Regarding the aim of the current study, the effects of melatonin on the most important diseases related to mitochondrial dysfunction including cancer, cardiovascular disease, Alzheimer's disease, obesity, diabetes mellitus, affective disorder, gastrointestinal diseases, attention-deficit hyperactivity disorder, and autism are discussed below. The melatonin side effects are also presented at the end.

Melatonin and cancer

The removal of the pineal gland leads to an increased tumor growth while taking melatonin reverses this effect and inhibits tumor genesis induced by carcinogen. Melatonin is likely to reduce the growth of the tumor cells through inhibiting mitosis and regulating the activity of the receptors in tumor cells. For example, this hormone inhibits the activity and expression of estrogen receptor genes in breast cancer cells.[50] Adding melatonin to hormonal therapies has led to slow down the rate of progression of the disease. Consumption of high dose of melatonin (700 mg daily) caused a transient reduction in the size of some tumor populations. In addition, it is reported that added melatonin to chemotherapy and radiotherapy had the influence to reduce the injuries imposed on blood cells and improve the immune system remarkably.[51] [52]

Researches results have shown that serum and urine melatonin levels in women with breast cancer are low and melatonin usage could inhibit breast tumor growth.[53] A research finding showed that interrupted sleep at 1 SEA.M. led to increase in the concentration of metabolit of 6-hydroxy melatonin sulfate in light at night reduced the menstrual cycle duration. This was accompanied by increasing the risk of breast cancer. It was also reported that the prostate cancer cells treated with melatonin might significantly reduce the number of prostate cancer cells.[54]

Large intestine tumor is one of the tumors that melatonin can have effect on it. The mammalian immune is the place of melatonin production, and an important circadian rhythm of melatonin secretion has been observed in patients with colorectal cancer. An inhibitory effect of melatonin on colorectal cancer has been observed through direct invasion and increased differentiation of cancer cells.[55] Other epidemiological studies have shown that melatonin in children who have exposed to low frequency magnetic field and its risk is lower and leukemia is higher than normal.[56]

Melatonin and cardiovascular disease

The finding that melatonin receptors are found in human arteries may suggest a direct role of this hormone in health controlling the blood vessel diameter. According to epidemiological studies, the risk of cardiovascular disease increases in people who have low melatonin levels. Melatonin has been shown to reduce the lipoprotein (LPs),[57] circadian changes in hemodynamic parameters including heart rate, cardiac output, and blood pressure also a decrease in blood pressure. In addition, melatonin has been seen acute cardiovascular events such as myocardial infarction and sudden cardiac death showed a circadian pattern as the occurrence of such cutting-off blood flow is greater in the early morning.[58] Further, melatonin levels in patients with stroke, migraine, and cardiovascular disease will be reduced.[59]

Melatonin and Alzheimer's disease

Melatonin serum levels and its daily rhythm are reduced in patients affected with Alzheimer's disease. Therefore, in these patients, melatonin supplementation might reduce destruction and improve their memory. Studies have shown that inflammation causes Alzheimer's disease while taking melatonin orally reduces progression of Alzheimer's disease by decreasing pro-inflammatory cytokines.[60]

The findings of a research have shown that exposure to bright light in the elderly can improve sleep and behavioral disorders, depression, and the memory condition. In addition, it would shorten the time to fall asleep and increase sleep duration for a period of 27 min. It also reduces the time of waking. Both factors (light and melatonin) help improve the quality of sleep and reduce disturbances.[61]

Melatonin and obesity

Melatonin can affect body size, obesity, and energy intake. However, the exact effects sometimes are different based on the species. The direct effect of melatonin is possibly on brown fat which its indirect effect found to be through sympathetic system. However, this effect is less discernible in the species whose activity and life do not depend on light. Melatonin increases sensitivity to insulin. This increased insulin sensitivity and decreased plasma triglycerides have been found to be due to the effect of weight loss caused by melatonin.[62]

As mentioned earlier, plasma melatonin is decreased with increasing age; however, the level of leptin and visceral fat and nonfasting insulin increase. In a study, daily melatonin supplementation for 18 weeks resulted in decrease in leptin, nonfasting insulin, and visceral fat, which based on the conducted studies, the mentioned reduction was in response to melatonin supplements independent on changes in the regulation of hormone thyroid, adrenal, and somatotropin.[63]

Melatonin and diabetes mellitus

Administration of melatonin in middle-aged rats reduced visceral fat, plasma insulin, insulin-like growth factor, and leptin levels. In addition, administration of melatonin to women after menopause has been shown to decrease insulin sensitivity and glucose tolerance. Melatonin increases carbohydrate utilization in liver and decreases hepatic lipolysis. Long-term treatment with melatonin led to increase insulin doses, triglycerides, and high-density lipoprotein (HDL), esterified cholesterol, free cholesterol, and total cholesterol. High doses of melatonin inhibited the oxidation of LDL cholesterol.[64]

Melatonin and affective disorder

During pregnancy and after childbirth, some degrees of depression with unknown etiology are common. In pregnant women with severe depression, the plasma melatonin level during night, especially at early hours, was found to be lower than that of healthy people. In severe depression, the sensitivity to entrained or phase-shifted melatonin secretion was found to be lower than healthy people. Melatonin secretion in response to light exposure and melatonin suppression were not increased. However, in patients with severe depression, it does not work.[65] A study showed that decreased tryptophan and decreased melatonin and serotonin decrease melatonin secretion.[66] Decreased melatonin is also associated with different affective disorders. Low melatonin synthesis or melatonin deficiency depression has been reported in a subgroup of depressed patients.[67] Administration of melatonin to antecedents depressed patients in conventional drugs was also effective on their depression and their sleep quality.[68]

Melatonin and gastrointestinal diseases

It has been reported that melatonin supplements can reduce the risk of stomach ulcers. In the case of more severe ulcers, the melatonin concentrations in samples were lower than that of control group.[69]

Administration of melatonin is effective in reduction of damage to the oral cavity tissues through converting free radicals to inactive forms. Furthermore, pharmacological dosages of melatonin with increased expression of endogenous antioxidant enzymes such as GPx, superoxide dismutase, and catalase can be effective. Melatonin has been reported to reduce the damage to the oral cavity tissues induced by radiation. Melatonin has been reported to have a protective effect against ischemia in an animal model prevented the stress-induced gastric damage and accelerated stomach ulcer healing by increasing blood flow and mucus retention. They also reported the effect of melatonin in prevention of esophageal damages caused by acid, pepsin, and bile solutions.[70]

Melatonin and attention-deficit hyperactivity disorder

Attention-deficit disorder occurs in two forms, with or without hyperactivity. People with attention-deficit disorders have been found with specific behaviors such as lack of attention to the audience, frequent mistakes in homework and career, distraction and forgetting distinguishing them from others.[71]

In a study done in 2006 to determine the association between attention-deficit disorder and sleep disorders, it was observed that in 25% of children with attention-deficit hyperactivity disorder suffers from sleep disorders. The use of melatonin in such children improved their sleep and resulted in eliminating the symptoms.[72]

Melatonin and autism

The serum melatonin level in autistic children is neurological disorder that is characterized by abnormalities in social behavior and communication) is lower than healthy children. In a survey conducted in this field reported that plasma melatonin concentration found to be low in healthy parents of patients with autism suggesting a genetic origin. These patients suffer from irregular sleep-wake circadian cycle which can be improved by melatonin supplementation.[73]

Melatonin safety and interactions

Melatonin is an inexpensive and safe medication. Except a couple of studies which reported transient or mild adverse effects in a small number of subjects, other studies did not report any adverse effect for it. The side effects reported for melatonin include dizziness, confusion, daytime sleepiness, headache, irritability, mild anxiety abdominal discomfort, and short-lasting feelings of depression.[74] [75] Drug interactions of melatonin with other medications are limited to immunosuppressants, antidiabetics, and birth control pills.

Melatonin is one of the normal components of breast milk and is synthesized from tryptophan. Although the maternal use of melatonin during breastfeeding seems to be safe, there are not enough data to make its usage sure. The safety usage of melatonin during pregnancy is the same.[76]

DISCUSSION

Mitochondrial dysfunction is one of the main causative complications of a lot of diseases, especially the neurodegenerative diseases.[20] The main cause of these diseases is free radical oxidative stress.[21] [34]

The free radical theory of aging and degenerative diseases attributes the damage to cellular components through ROS imbalance as a major determinant of life span and disease. Among the possible affecting organs, the brain and cell membranes possess high proportion of easily peroxidizable fatty acids; hence, they are the main target of free radical attack. Free radicals can damage the mitochondrial respiratory chain and lead to further generation of free radicals and breakdown of potent potential, and cause cell death and release of cellular molecules. Therefore, extensive and persistent oxidative damage in the brain and cell membrane may cause the death of these cells.[77]

Antioxidant therapy is a way for slowing the oxidative damage that is responsible for functional decline or death of the cells or organs. Endogenous antioxidant defense system reduces free radicals within the mitochondria. However, in extensive oxidative stresses, the endogenous antioxidants should be restored. Various antioxidants have been extensively examined against oxidative-induced damage.[78] [79] Antioxidants such as Vitamins C and E are able to participate in the antioxidant defense system of mitochondrial, however, in most cases, they are not effective. For example, they cannot convert $O_2^{\bullet-}$ to O_2 and for this process, GSH is needed. The mitochondrial GPx and GSH reductase activities depend only on GSH purities. It also plays an important role in mitochondrial GSH levels, and has its effects on gene expression of GPx, GSH reductase, catalase, and dismutase, helping to maintaining the GSH/GSSG ratio and in high recycling of GSH.[21] [34]

More importantly, melatonin is selectively taken up by mitochondria and acts as a powerful antioxidant. Furthermore, melatonin increases the permeability of mitochondrial membrane and the activity of mitochondrial respiratory complexes, glutathione reductase, and catalase. It also acts as an inhibitor of lipoxygenase. Melatonin can cause resistance to oxidative damage by fixing the mitochondrial membranes. Melatonin has been shown to retard aging and inhibit neurodegenerative disorders, ischemia/reperfusion, septic shock, diabetes, cancer, and other complications related to oxidative stress. The purpose of the current study, other than introducing melatonin, was to provide a review from findings on clinical effects in diseases related to mitochondrial dysfunction including diabetes, cancer, gastrointestinal diseases, and diseases related to brain function.

Melatonin is a powerful antioxidant and free radical scavenger. It is also able to cross the blood-brain barrier and the placenta. Melatonin is also able to reduce the side effects of radiation and chemotherapy and to improve the immune system. Melatonin is also able to reduce the side effects of stopping smoking and to improve sleep quality among the consumption of benzodiazepines. It might also be used for mild mental impairment, bipolar disease, depression, seasonal affective disorder, Alzheimer's disease, schizophrenia, epilepsy, dementia, stress, delirium, chronic insomnia, Parkinson's disease, endometriosis, fibromyalgia, tinnitus, vertigo, Meniere's disease, glaucoma, cluster headaches, tardive dyskinesia, related tissue loss, restless leg syndrome, jaw pain, nerve pain, weakness, sarcoidosis, migraine and tension headaches, benign prostatic hyperplasia, irritable bowel syndrome, osteoporosis, tardive dyskinesia, acid reflux disease, infertility, aging, menopause, metabolic syndrome, inflammatory bowel disease (IBD), fibromyalgia, after surgery, agitation due to anesthesia, inability to control urination, various cancers including breast, brain, lung, prostate, head, neck, and gastrointestinal tract cancers, to reduce the side effects of radiation and chemotherapy, and to treat cancer chemotherapy side effects and symptoms.[36] [37] [38] [39] [40] [41] [42] [43] [44] [45] [46] [47] [48] [49]

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Regarding the aim of the current study, the effects of melatonin on the most important diseases related to mitochondrial dysfunction including cancer, cardiovascular disease, Alzheimer's disease, obesity, diabetes mellitus, affective disorder, gastrointestinal diseases, attention-deficit hyperactivity disorder, and autism are discussed below. The melatonin side effects are also presented at the end.

Melatonin and cancer

The removal of the pineal gland leads to an increased tumor growth while taking melatonin reverses this effect and inhibits tumor genesis induced by carcinogen. Melatonin is likely to reduce the growth of the tumor cells through inhibiting mitosis and regulating the activity of the receptors in tumor cells. For example, this hormone inhibits the activity and expression of estrogen receptor genes in breast cancer cells.[50] Adding melatonin to hormonal therapies has led to slow down the rate of progression of the disease. Consumption of high dose of melatonin (700 mg daily) caused a transient reduction in the size of some tumor populations. In addition, it is reported that added melatonin to chemotherapy and radiotherapy had the influence to reduce the injuries imposed on blood cells and improve the immune system remarkably.[51] [52]

Researches results have shown that serum and urine melatonin levels in women with breast cancer are low and melatonin usage could inhibit breast tumor growth.[53] A research finding showed that interrupted sleep at 1 SEA.M. led to increase in the concentration of metabolit of 6-hydroxy melatonin sulfate in light at night reduced the menstrual cycle duration. This was accompanied by increasing the risk of breast cancer. It was also reported that the prostate cancer cells treated with melatonin might significantly reduce the number of prostate cancer cells.[54]

Large intestine tumor is one of the tumors that melatonin can have effect on it. The mammalian immune is the place of melatonin production, and an important circadian rhythm of melatonin secretion has been observed in patients with colorectal cancer. An inhibitory effect of melatonin on colorectal cancer has been observed through direct invasion and increased differentiation of cancer cells.[55] Other epidemiological studies have shown that melatonin in children who have exposed to low frequency magnetic field and its risk is lower and leukemia is higher than normal.[56]

Melatonin and cardiovascular disease

The finding that melatonin receptors are found in human arteries may suggest a direct role of this hormone in health controlling the blood vessel diameter. According to epidemiological studies, the risk of cardiovascular disease increases in people who have low melatonin levels. Melatonin has been shown to reduce the lipoprotein (LPs),[57] circadian changes in hemodynamic parameters including heart rate, cardiac output, and blood pressure also a decrease in blood pressure. In addition, melatonin has been seen acute cardiovascular events such as myocardial infarction and sudden cardiac death showed a circadian pattern as the occurrence of such cutting-off blood flow is greater in the early morning.[58] Further, melatonin levels in patients with stroke, migraine, and cardiovascular disease will be reduced.[59]

Melatonin and Alzheimer's disease

Melatonin serum levels and its daily rhythm are reduced in patients affected with Alzheimer's disease. Therefore, in these patients, melatonin supplementation might reduce destruction and improve their memory. Studies have shown that inflammation causes Alzheimer's disease while taking melatonin orally reduces progression of Alzheimer's disease by decreasing pro-inflammatory cytokines.[60]

The findings of a research have shown that exposure to bright light in the elderly can improve sleep and behavioral disorders, depression, and the memory condition. In addition, it would shorten the time to fall asleep and increase sleep duration for a period of 27 min. It also reduces the time of waking. Both factors (light and melatonin) help improve the quality of sleep and reduce disturbances.[61]

Melatonin and obesity

Melatonin can affect body size, obesity, and energy intake. However, the exact effects sometimes are different based on the species. The direct effect of melatonin is possibly on brown fat which its indirect effect found to be through sympathetic system. However, this effect is less discernible in the species whose activity and life do not depend on light. Melatonin increases sensitivity to insulin. This increased insulin sensitivity and decreased plasma triglycerides have been found to be due to the effect of weight loss caused by melatonin.[62]

As mentioned earlier, plasma melatonin is decreased with increasing age; however, the level of leptin and visceral fat and nonfasting insulin increase. In a study, daily melatonin supplementation for 18 weeks resulted in decrease in leptin, nonfasting insulin, and visceral fat, which based on the conducted studies, the mentioned reduction was in response to melatonin supplements independent on changes in the regulation