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Document Title	: Impact of inflammatory and Anti-inflammatory Mediators on Intestinal Motor
	Response to Infection with Schistosoma mansoni
	تأثير وسائط الالتهاب والوسائط المضادة على الاستجابة الحركية للأمعاء أثناء الإصابة بـ ألبلهار سيا
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Abstract	Prostaglandin E2 is known to be the principal pro-inflammatory and inflammatory prostanoid and play an important role in communication between gastrointestinal immune system and ENS. The excitatory effects of prostaglandins on intestinal motility are mediated partially by a direct action on the enteric neurons. Somatostatin is an important neuromodulator of gastrointestinal motility and it has also been known to act as anti-inflammatory mediator during Schistosomiasis. Traditional herbal medicines such as Ferula narthex and Cymbopogon schoenanthus have been used to cure intestinal disorders in several countries including Saudi Arabia. To date, pharmacological characteristics for their effectiveness in intestinal inflammation associated with parasitic infection have not been fully determined. Our aim of the study was to investigate the role of PGE2 and EP2 receptors in the mechanisms underlying post-inflammatory changes during acute and chronic inflammation and to examine the role of pharmacological and physiological characteristics of somatostatin, Ferula narthex gum and Cymboogon schoenanthus extracts to reduce Schistosomiasis induced hyperactivity of gastrointestinal smooth muscle that associated with severe pain during infection with S. mansoni compared to unificeted control mice. Jejunal contraction was assessed using a modified Trendelenburg type preparation to study motor complexes (MCS). Data were expressed as mean ± SEM (n = 2-12) and were analysed by t- test or Mann Whitney U- test as appropriate. Infection had great effects on jejunal motility where there was a significant increase in MCS frequency reflected by increase in amplitude and increase in intervals in control, 4 and 8-wk but not 12-wk infected animals. FP2 antagonist AH13205 (10µM) produced inhibition of MCS reflected by a significant decrease in amplitude and increase in control, 4 and 8 but not 12-wk infected animals. FP2 antagonist AH16809 (30µM) attenuated intestinal motility by a significant decrease in intervals in control, 4 and 8
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