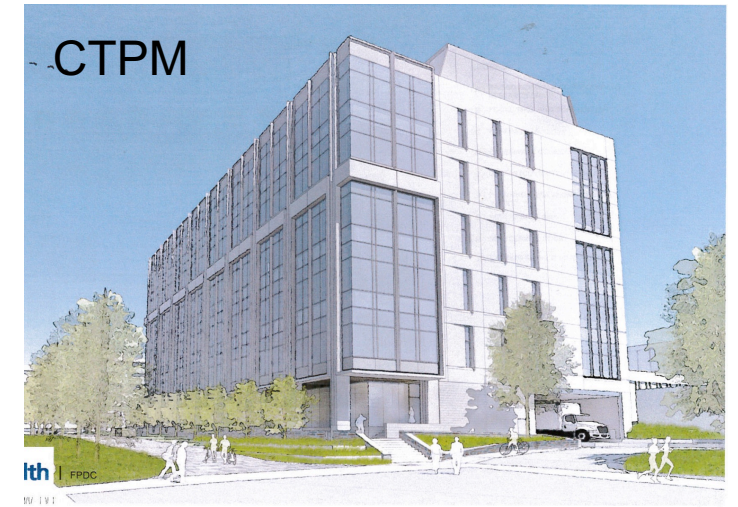


May 16, 2024, Denver

15th Annual Gold Lab Symposium: Pain, Culture, and Intelligence



# Using Molecular Pathways of Omega-3 Fatty Acids to Block Inflammatory and Neuropathic Pain:

*SPMs in Pain*

Ru-Rong Ji, PhD

William Maixner Professor of Anesthesiology  
Professor of Cell Biology and Neurobiology  
Director, Center for Translational Pain Medicine (CTPM)  
Duke University Medical Center



# Disclosure

**There is no commercial support for this talk.**

Boston Scientific: Consultant and grant support

Grant support: NIH and DoD

## Editorial board service

*Anesthesiology*: Associate Editor

*Pain*: Associate Editor

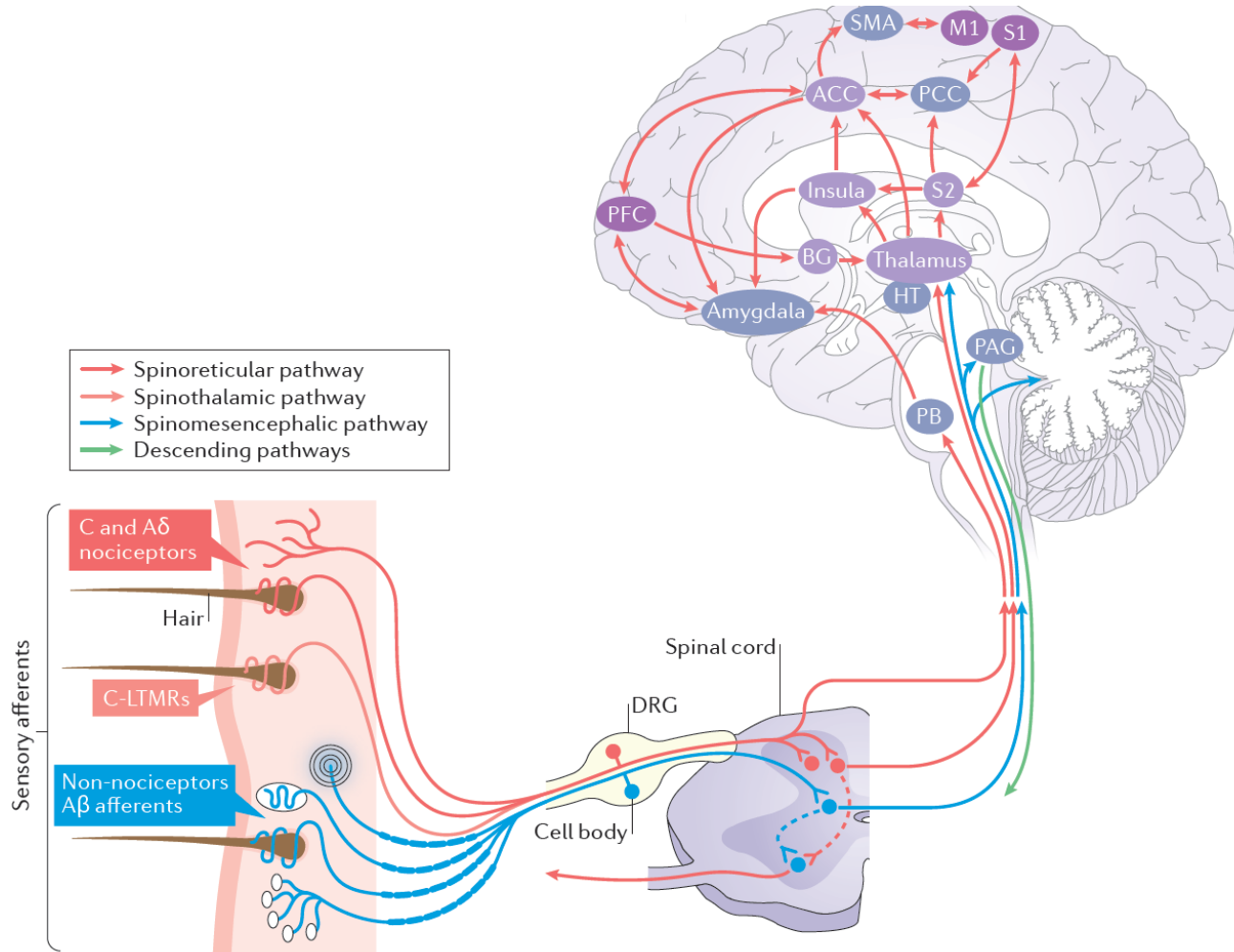
*Journal of Pain*: Associate Editor

*Journal of Neuroscience*: Associate Editor

*Neuroscience Bulletin*: Co-Chief Editor

Physiological Reviews: Associate Editor

# Pain pathway



Kuner and Flor, *Nat Rev Neurosci*, 2017

# Chronic Pain

Inflammatory pain - arthritis

Neuropathic pain - nerve injury

Cancer pain - tumor

- Over **100 million** Americans
- Financial cost of is **\$635 billion**
- **Co-morbidity**: associated with depression, anxiety, insomnia.
- Global chronic pain epidemic  
Opioid use disorder epidemic

# Different Types of Inflammation

[Roles of inflammation, neurogenic inflammation, and neuroinflammation in pain.](#)

Matsuda M, Huh Y, Ji RR. *J Anesth.* 2019 Feb;33(1):131-139. doi:

**Inflammation:** Injury to peripheral tissue, systemic response

**Neuroinflammation:** Local inflammation in the PNS and CNS

**Neurogenic inflammation:** Activation of nerve fibers and involvement of neuropeptides



# Neuroinflammation

Inflammation in the PNS and CNS

## Features:

- Infiltration of immune cells
- **Activation of glial cells (microglia, astrocytes, SGCs)**
- Production of immune & glial mediators  
(cytokines & chemokines)

Neuroinflammation causes neurological and psychiatric diseases (AD, PD, MS, depression)

Neuroinflammation is a driving force of **chronic pain**

Neuroinflammation drives **central sensitization and widespread pain**

# Inflammation, inflammatory mediators, and Pain

## 5 cardinal signs of inflammation

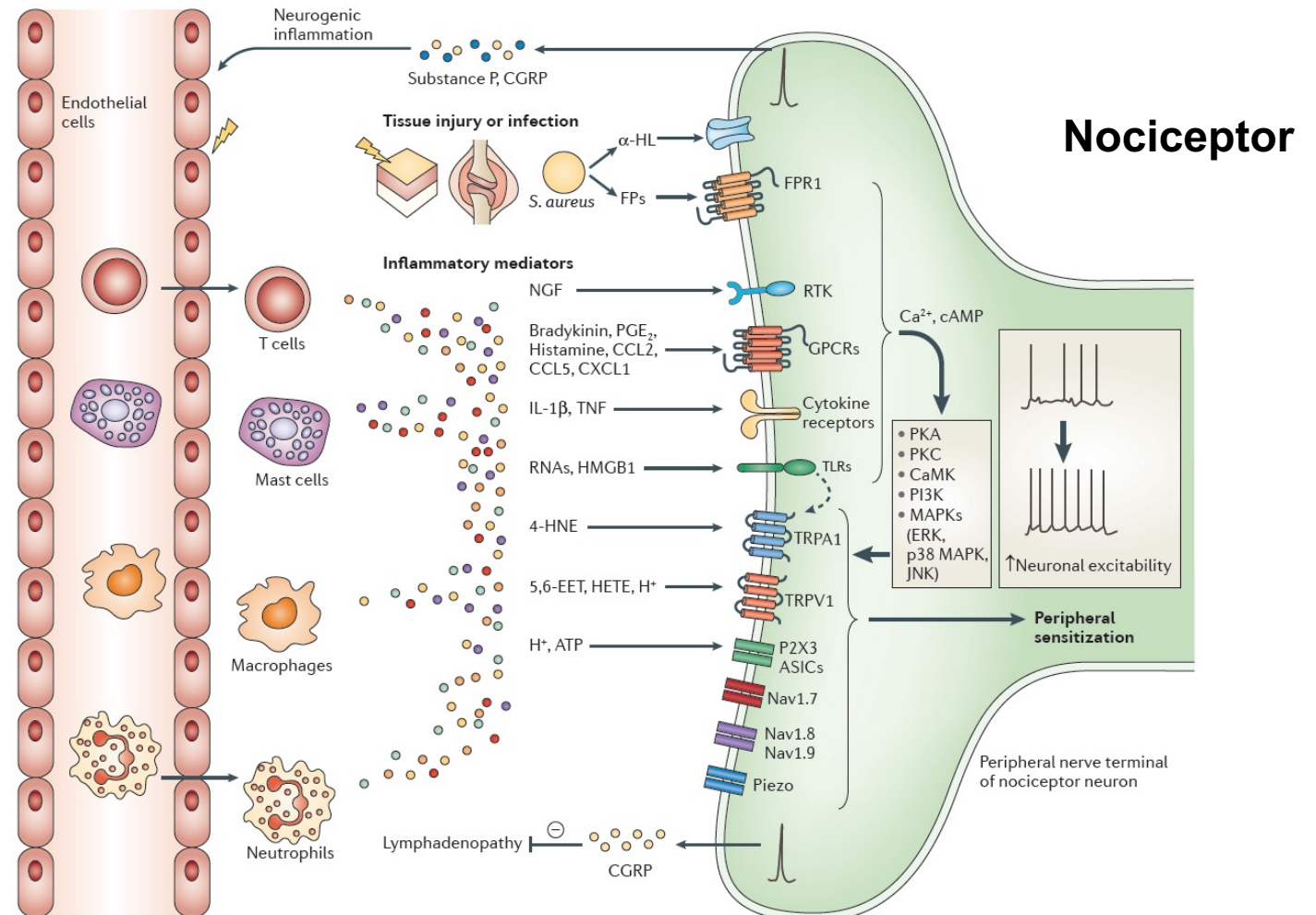
- Rubor (redness)
- Calor (increased heat)
- Tumor (swelling)
- **Dolor (pain)**
- Functio laesa (loss of function)

## Inflammatory mediators

Pro-inflammatory  
(**Pronociceptive**)

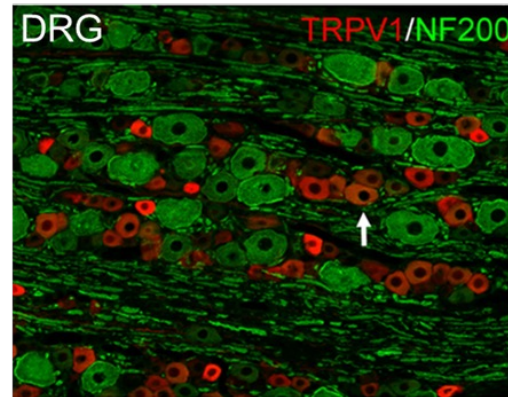
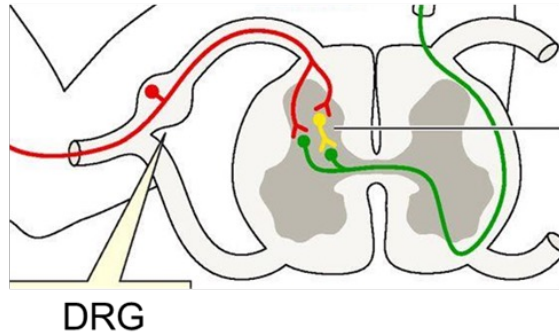
Anti-inflammatory  
(**Anti-nociceptive**)

**SPMs** / Omega-3 Fatty acids  
Anti-inflammatory  
Pro-resolution  
Anti-nociceptive

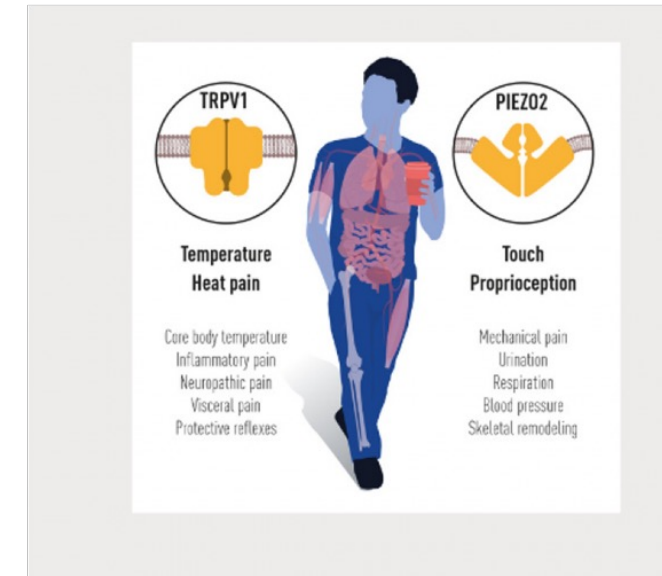
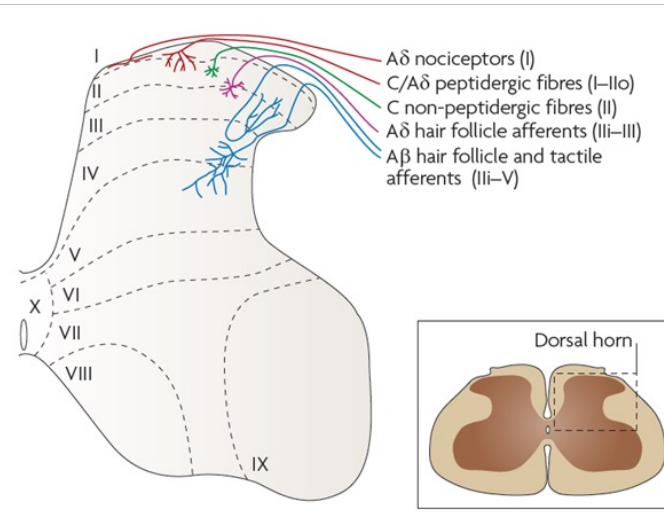
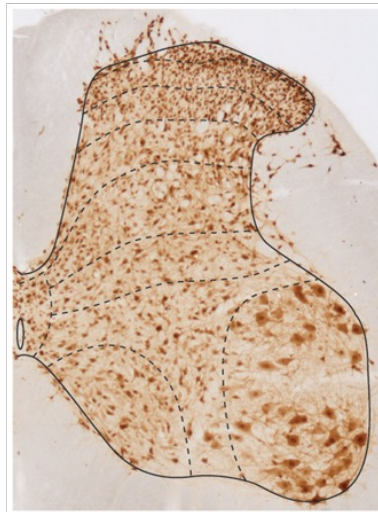
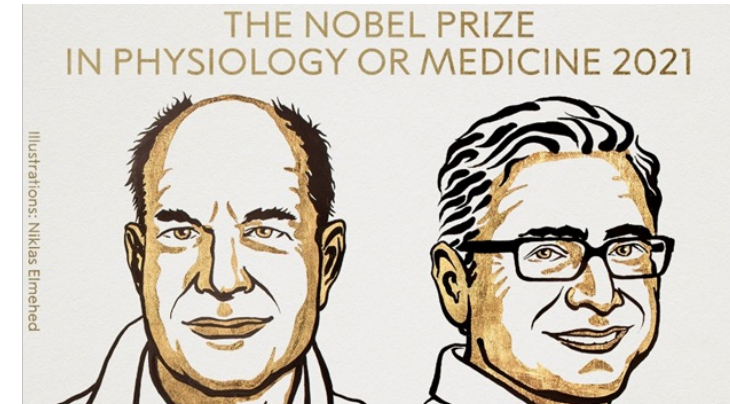


One stone, two birds

# Primary sensory neurons, spinal cord, pain sensors



Capsaicin

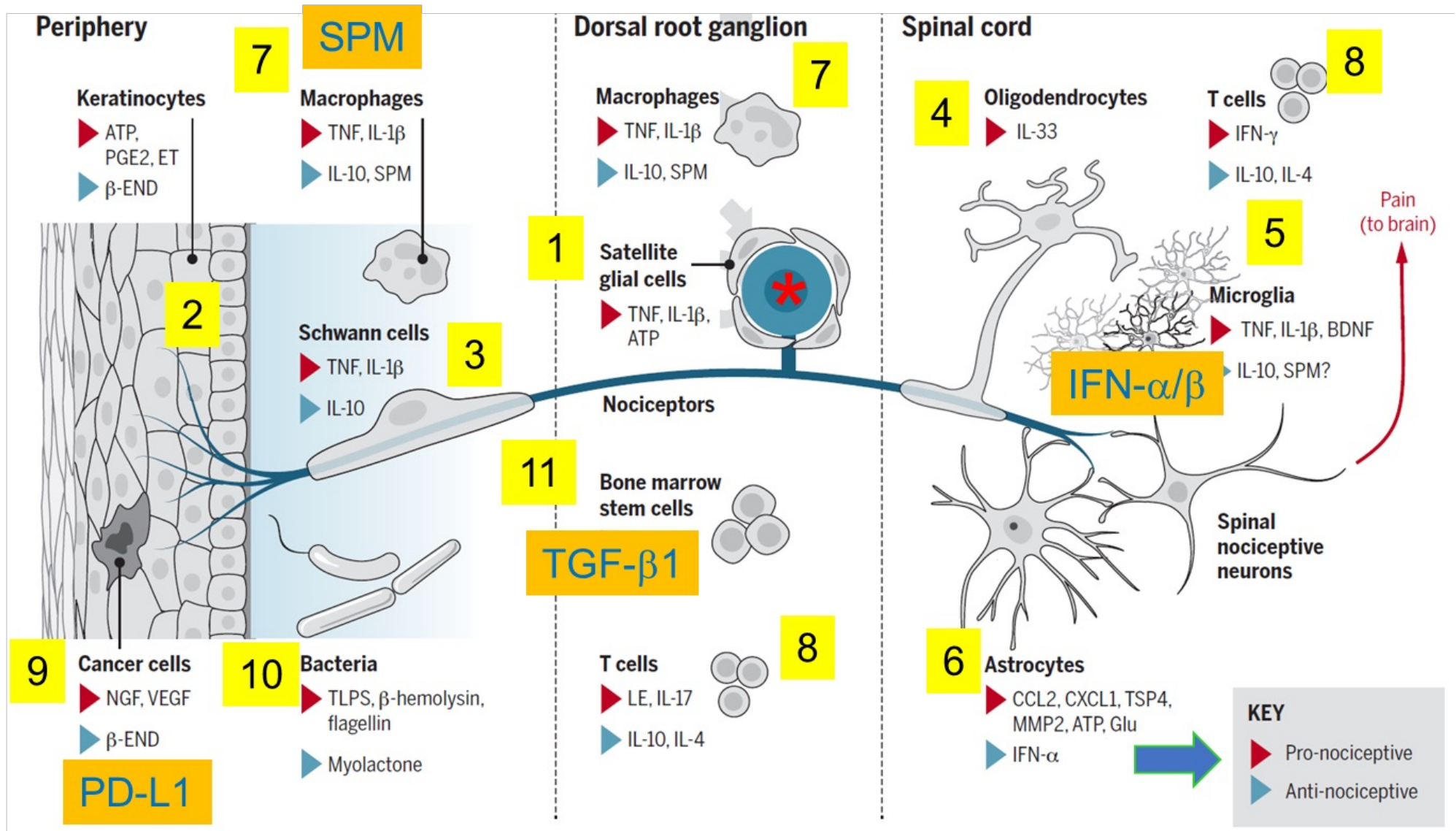


Todd, *Nat Neurosci Rev*, 2010

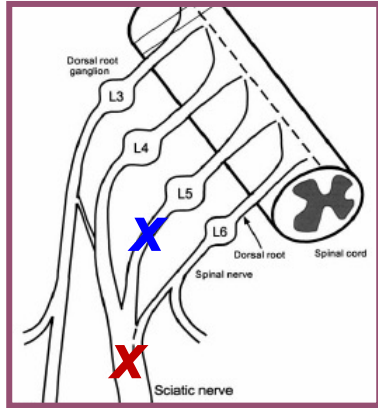
**Pain sensors TRPV1 and PIEZO2 are activated by inflammatory mediators**



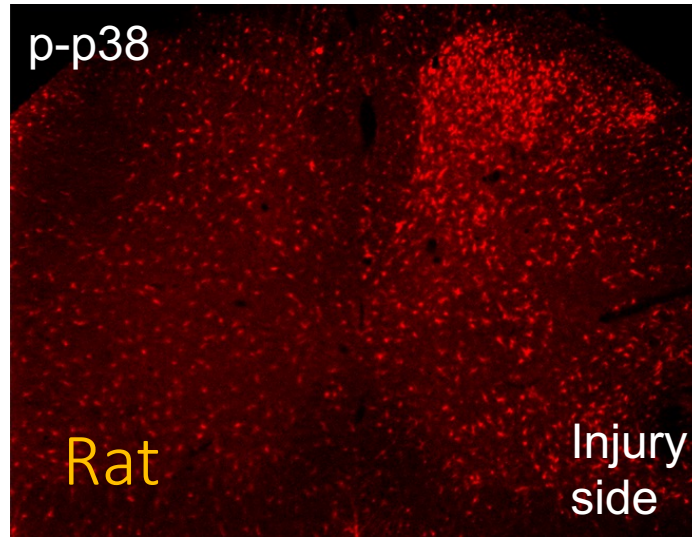
# Cell biology of pain



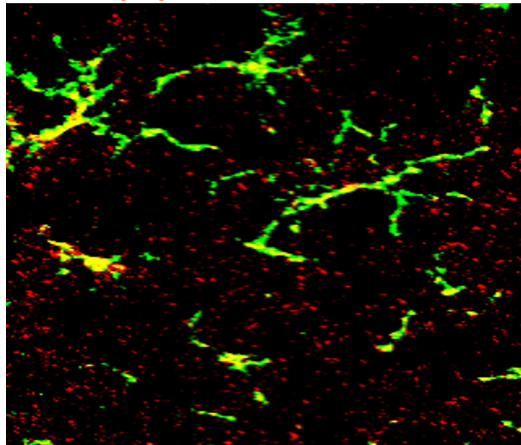
# Microglial signaling in chronic pain



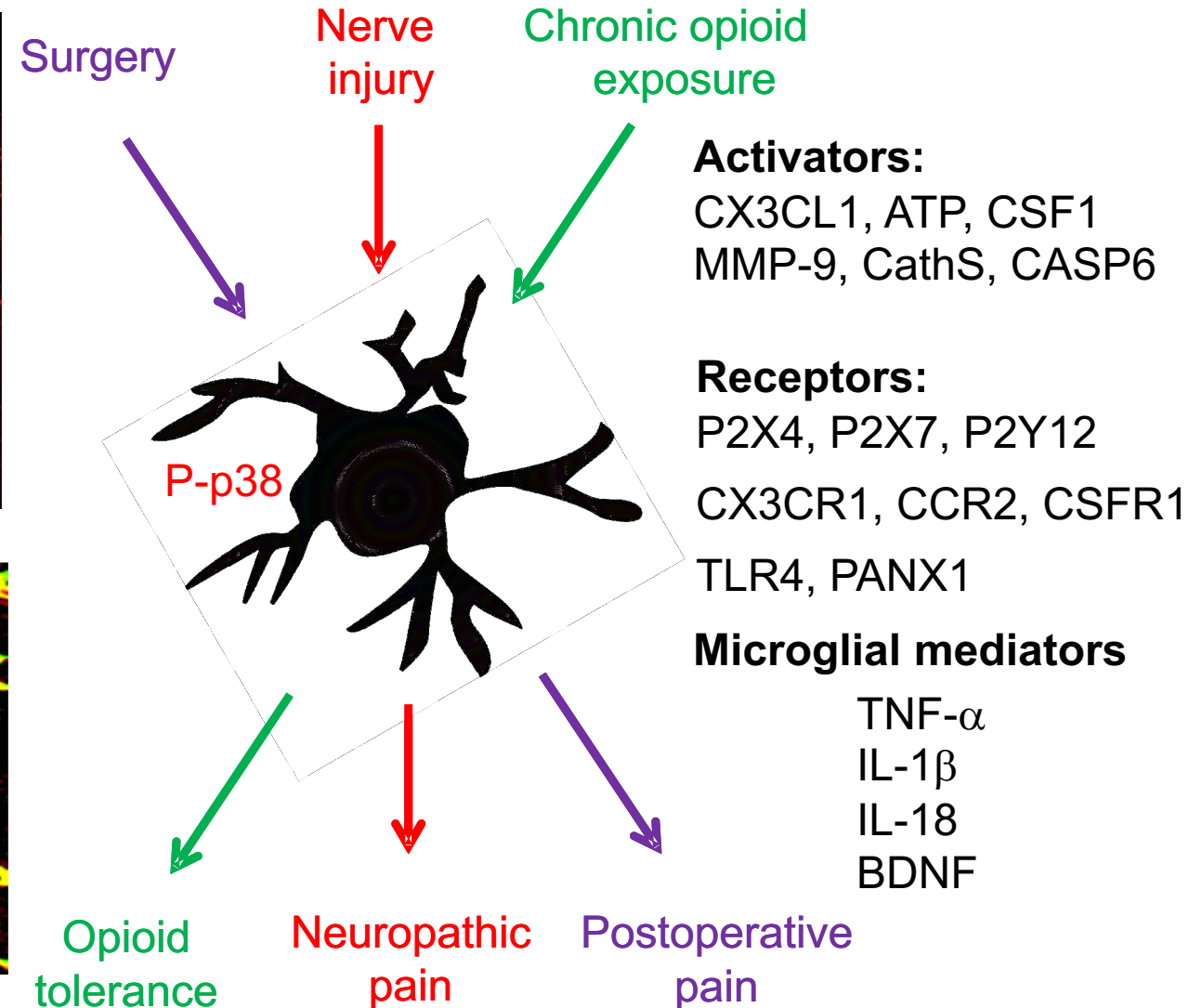
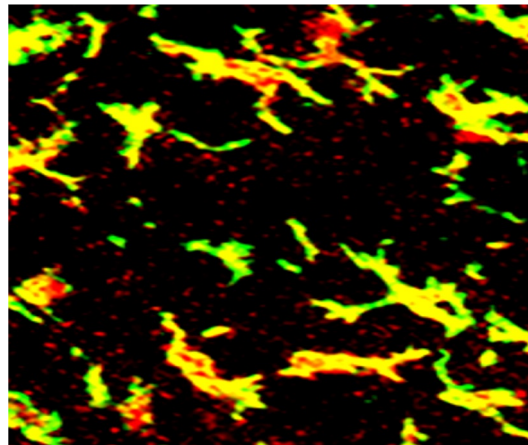
Spinal nerve ligation (SNL)  
Nerve injury



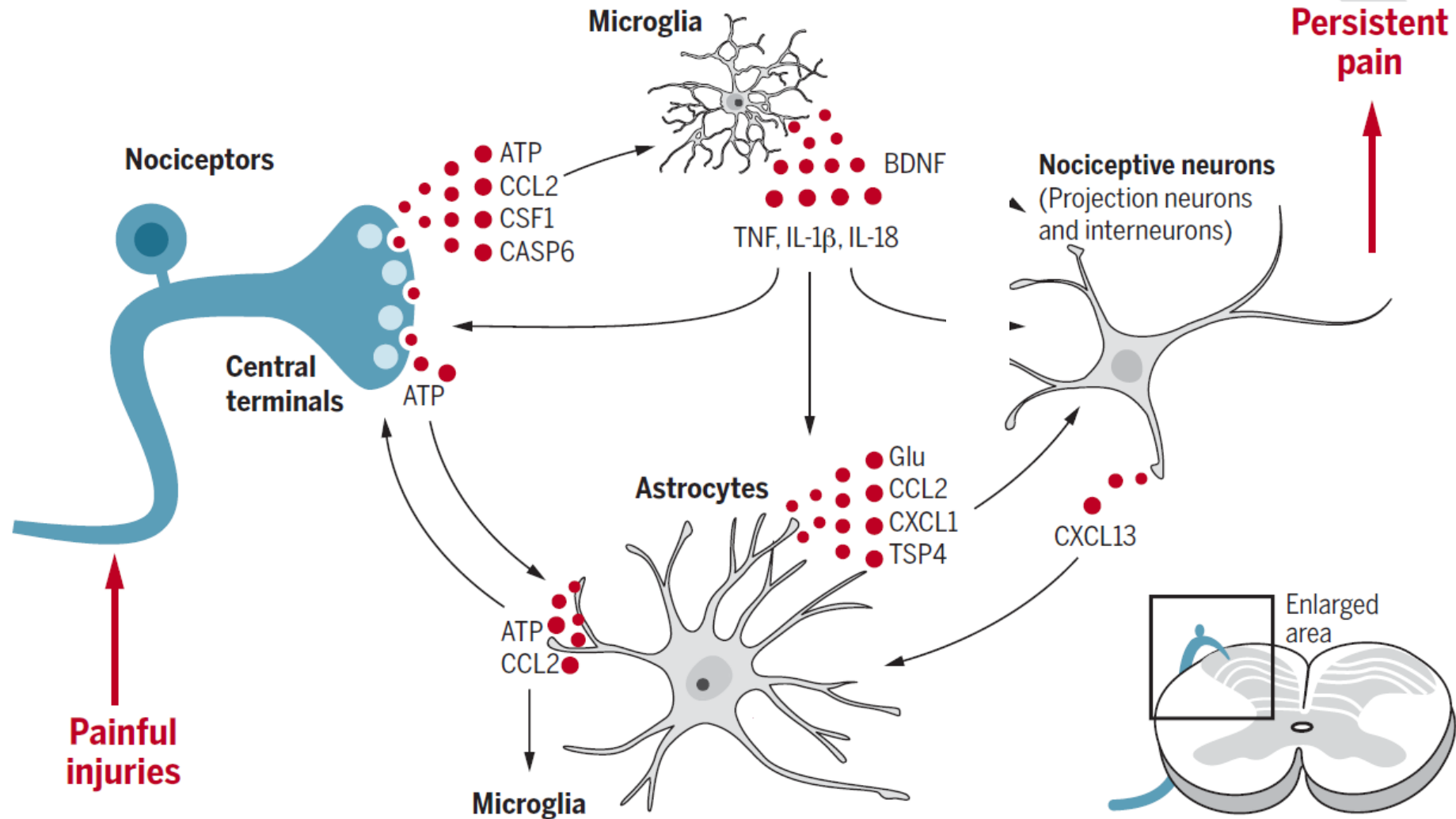
p-p38 / CD11b



p-p38 / CD11b

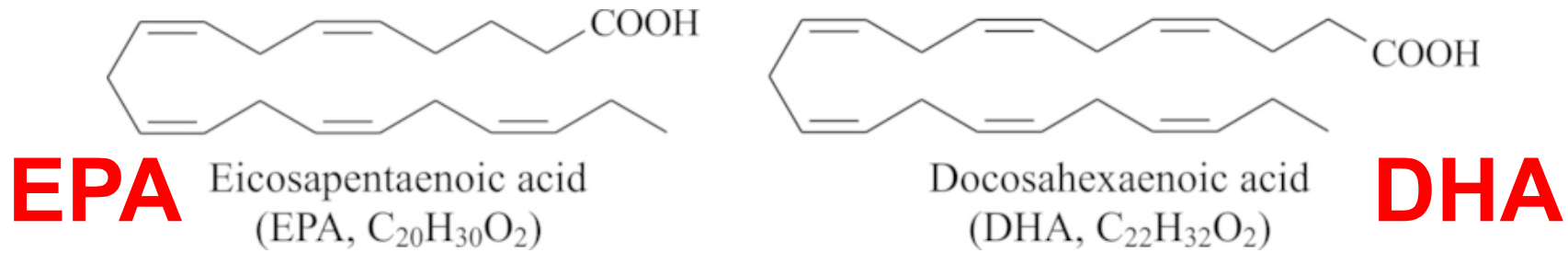


# Neuron-glia and glia-glia interactions in chronic pain





# Fish oil / Omega-3 EPA/DHA



360 mg Omega-3 / Softgel  
180 mg EPA  
120 mg DHA



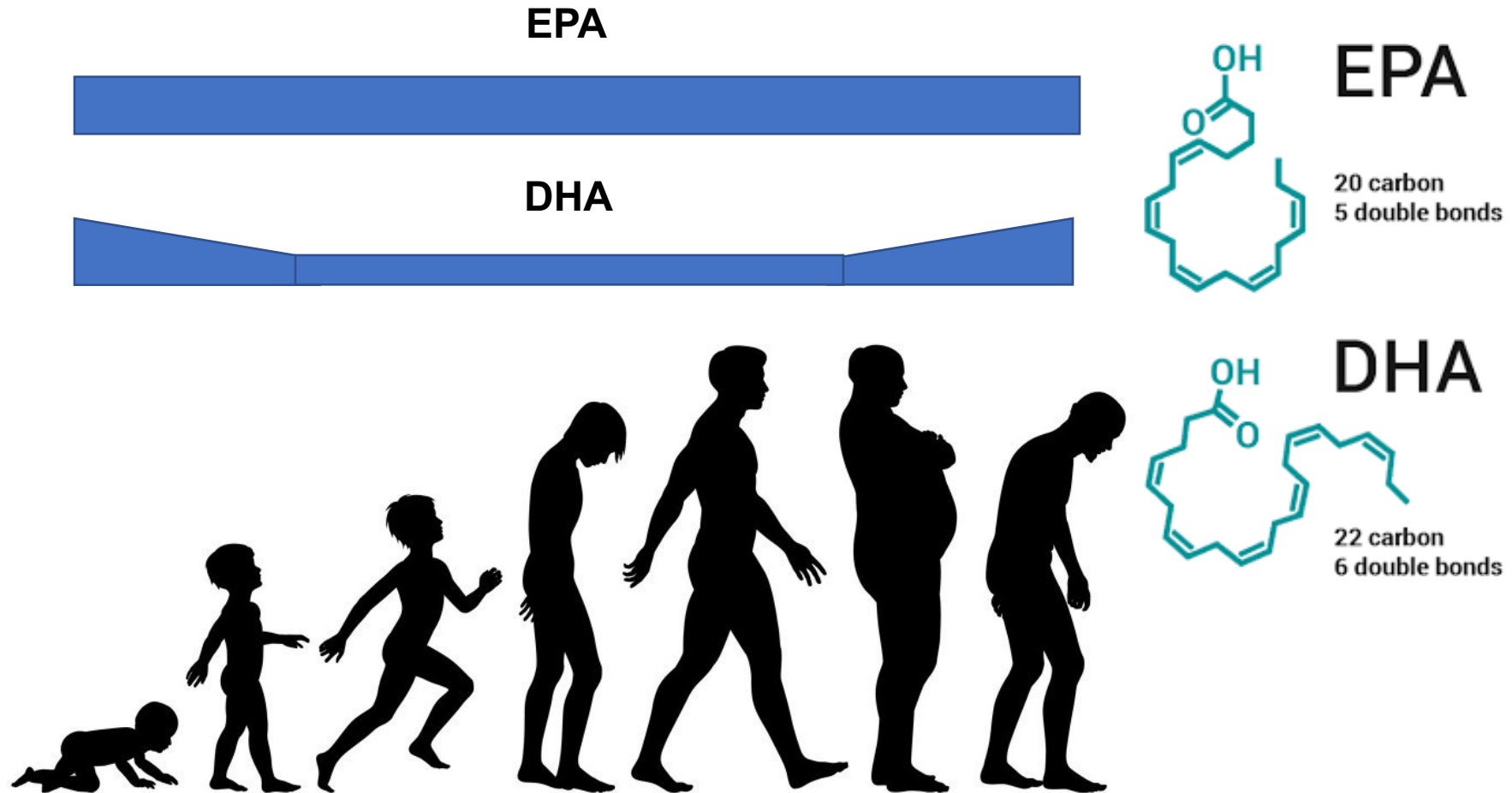
## Benefits

Joint and bone  
Mental health  
Cholesterol levels  
Eye health  
Skin health  
Heart health  
Healthy blood glucose  
Energy and endurance  
**Pain relief**

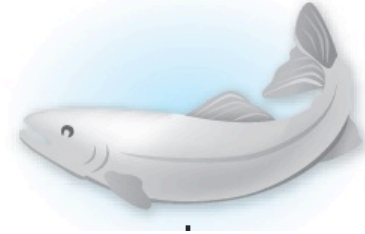


# Fish oil / Omega-3 EPA/DHA

*EPA levels are under constant demand and DHA deficiency in adolescents and adults correlates with mental issues.*



# How does fish oil modulate pain?



**Direct effects**

Dietary essential fat



Omega-3 polyunsaturated fatty acids



Docosahexaenoic acid (DHA)



Eicosapentaenoic acid (EPA)

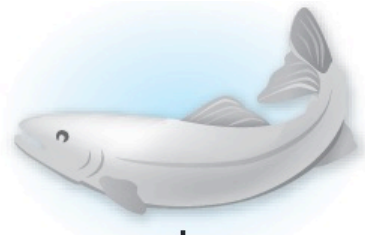


GPR40 / long-chain free fatty acid receptor 1 (FFAR1)



Anti-inflammation and analgesia (**weak effects**)

# Fish oil, **SPM**, and pain



**Indirect effects**



Dietary essentially fat



Omega-3 polyunsaturated fatty acids



Docosahexaenoic acid (DHA)



Eicosapentaenoic acid (EPA)



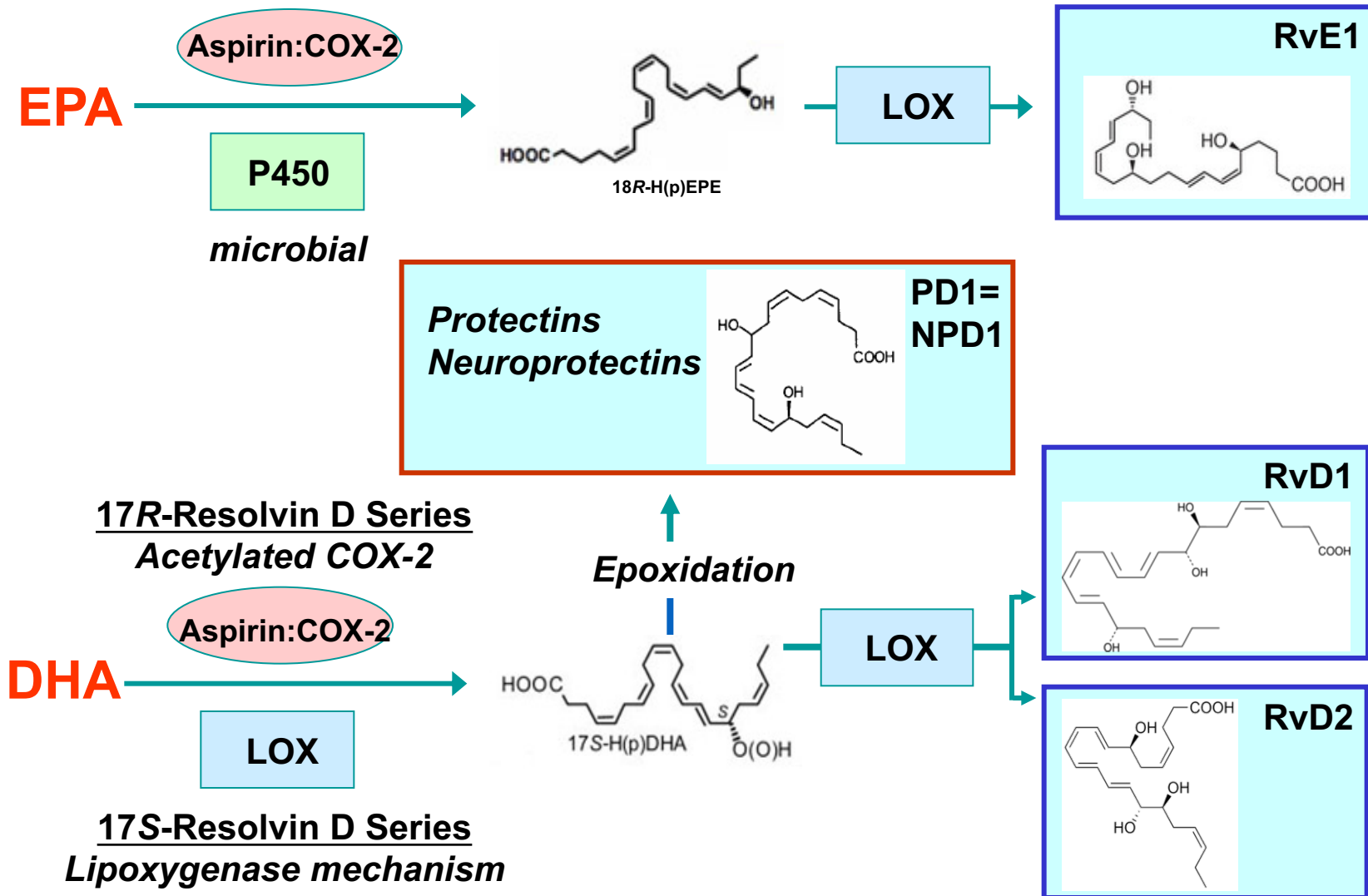
**SPMs (specialized pro-resolving mediators)**



**Anti-inflammation, pro-resolution, analgesia (potent effects)**

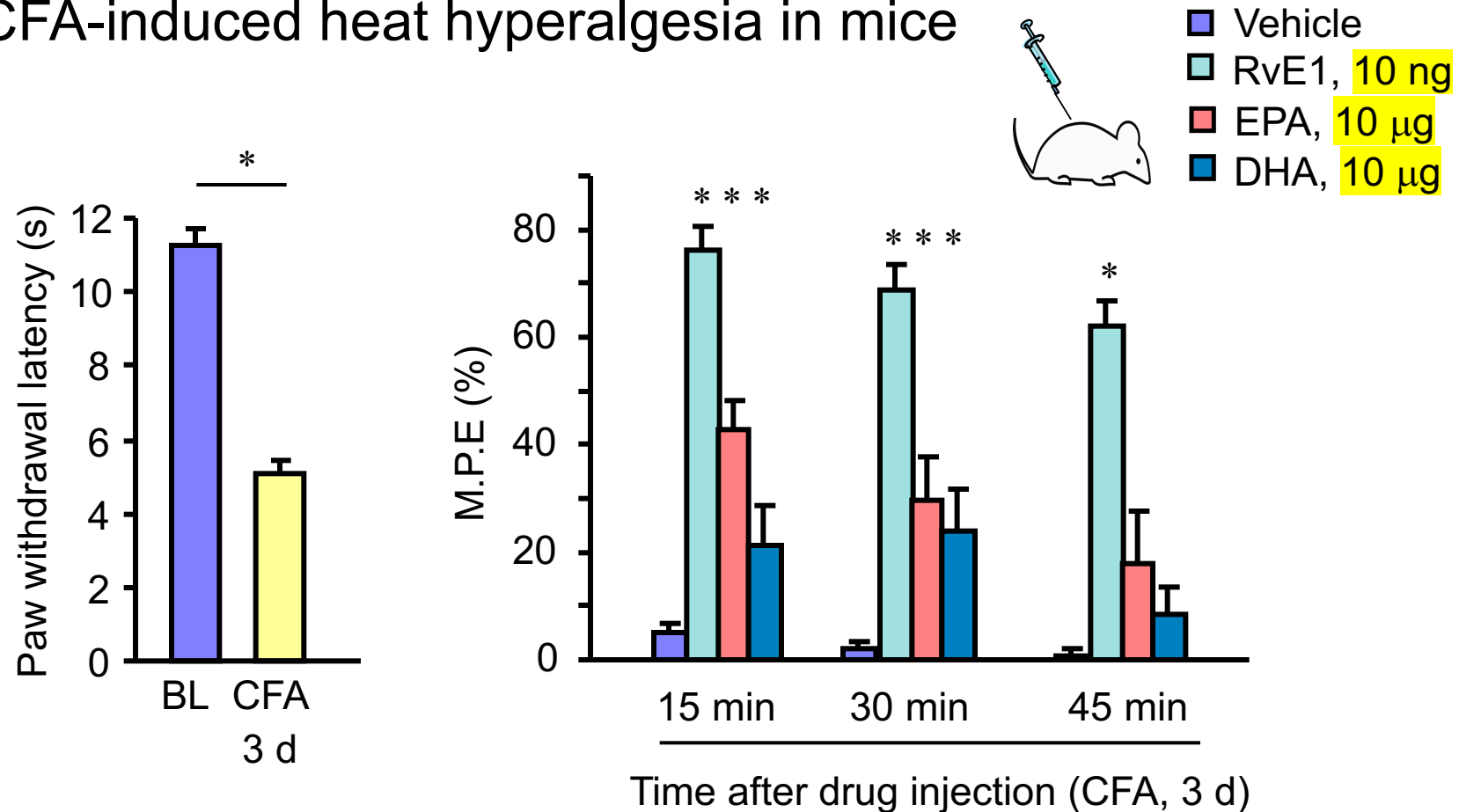


# Biosynthesis of SPMs resolvins and protectins during resolution phase of inflammation

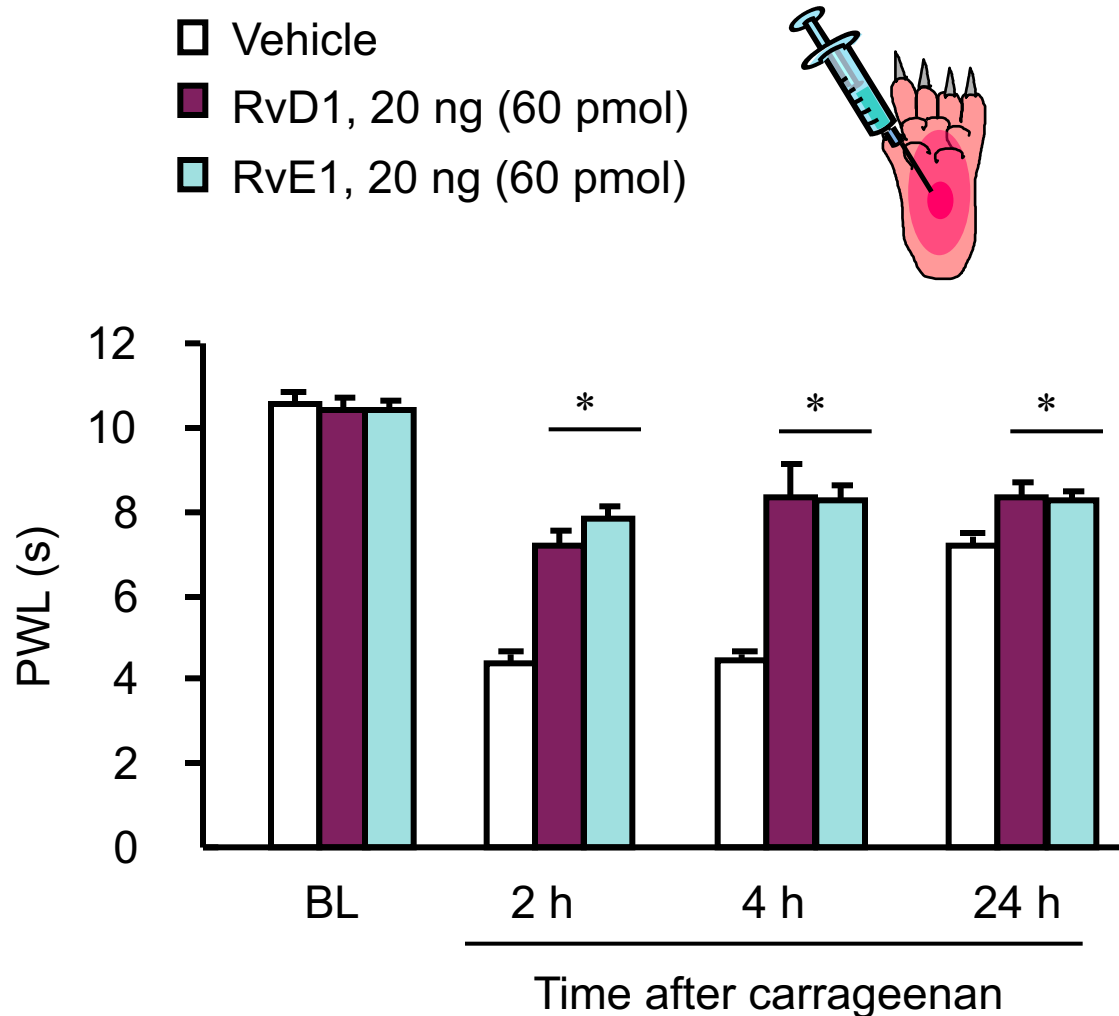


# Comparison of analgesic efficacy of resolvin and fish oil in inflammatory pain

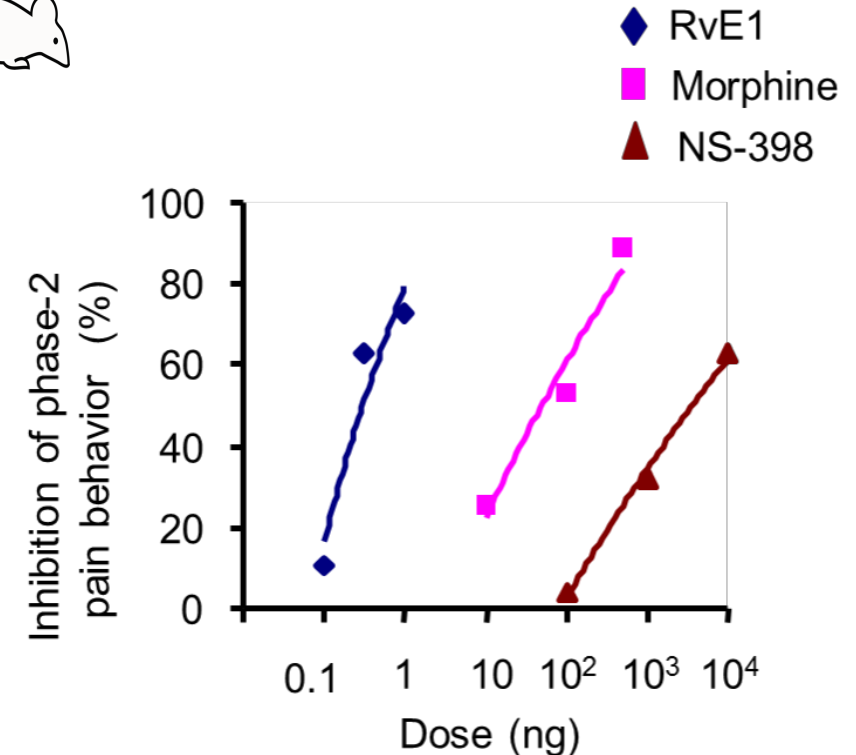
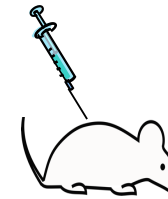
CFA-induced heat hyperalgesia in mice



# Resolvins potently inhibits inflammatory pain

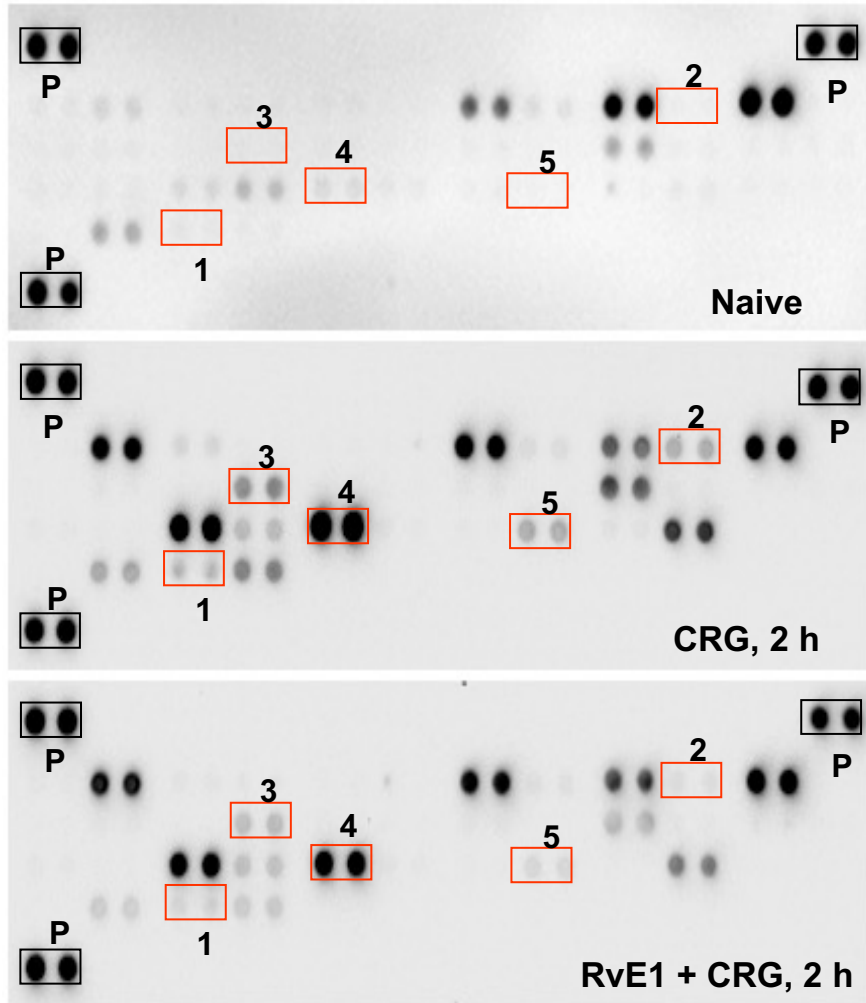


## Formalin-induced 2<sup>nd</sup>-phase pain

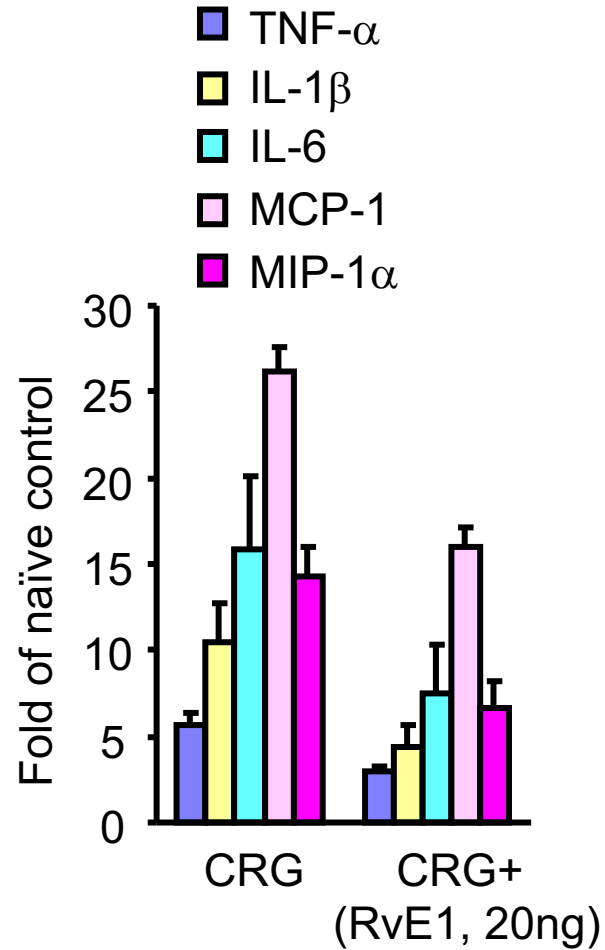


# RvE1 inhibits inflammation and neuroinflammation

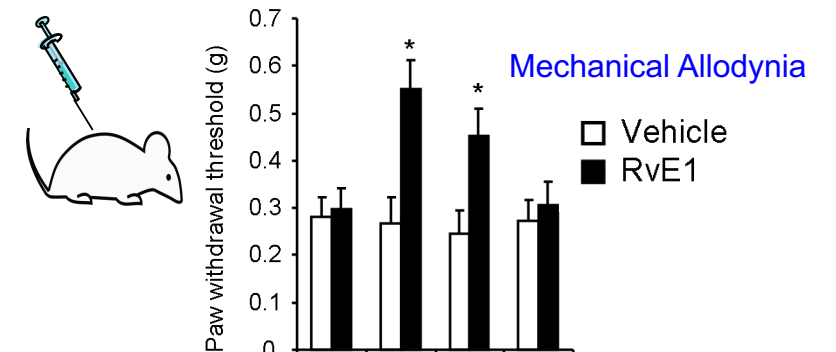
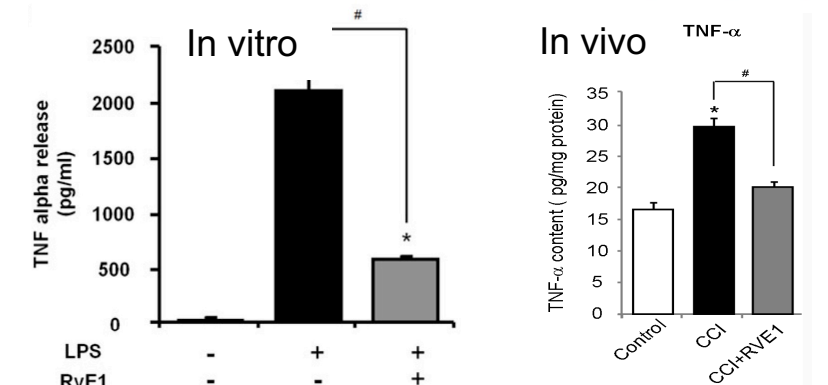
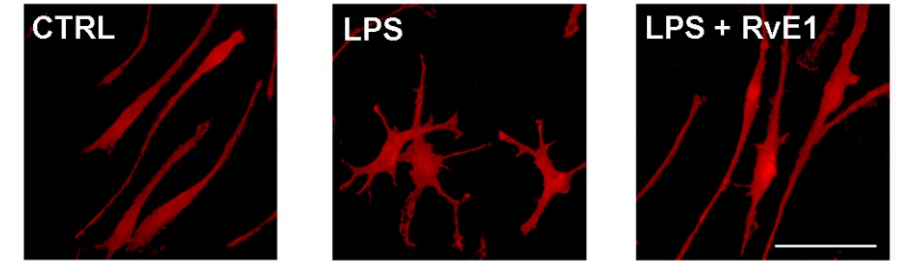
## Hind paw inflammation



Cytokine array

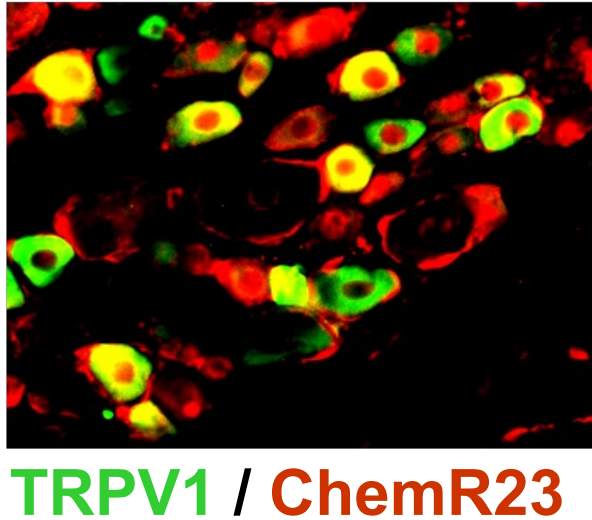
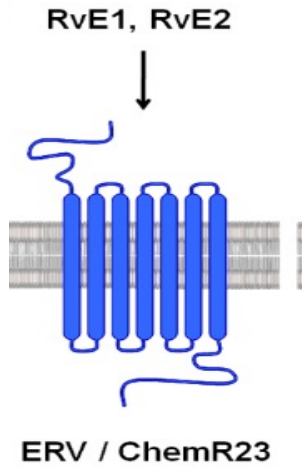


## Microglial activation





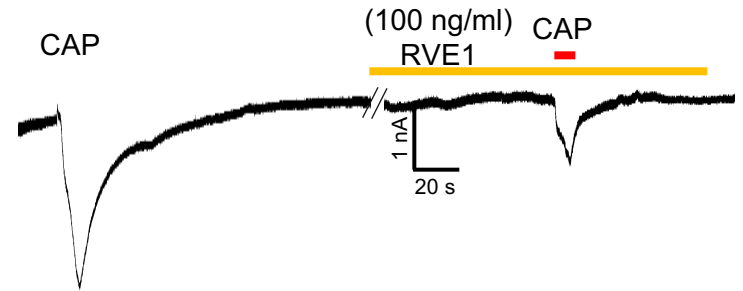
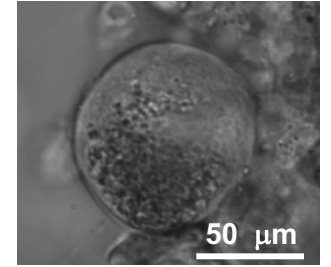
# RvE1 inhibits TRPV1 signaling in DRG and spinal cord neurons and acts as a neuromodulator



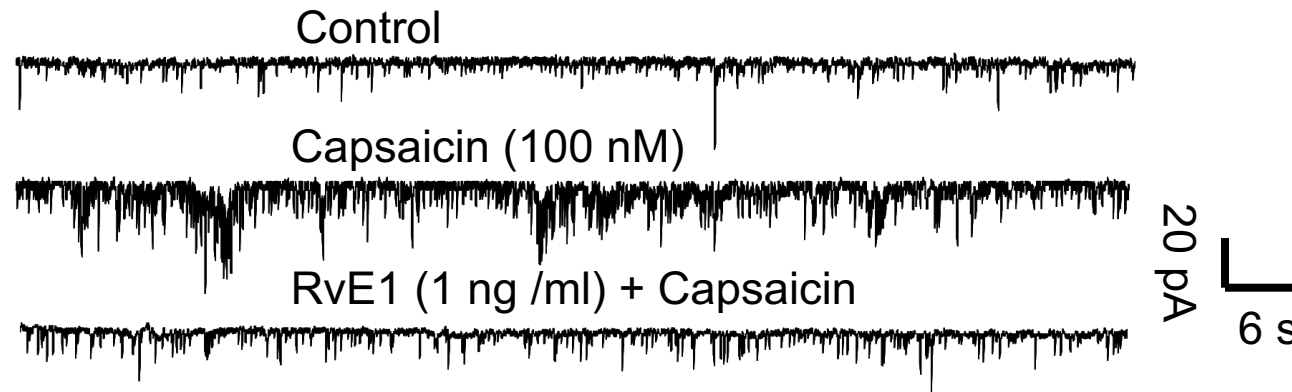
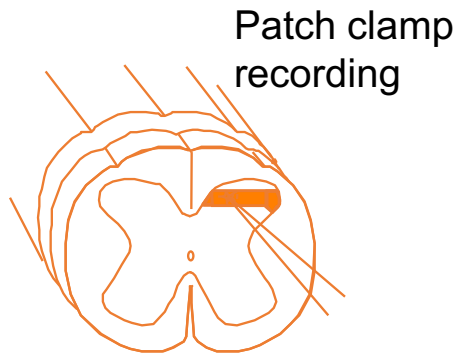
**Mouse**  
TRPV1 current  
Capsaicin RvE1 (1 ng/ml)



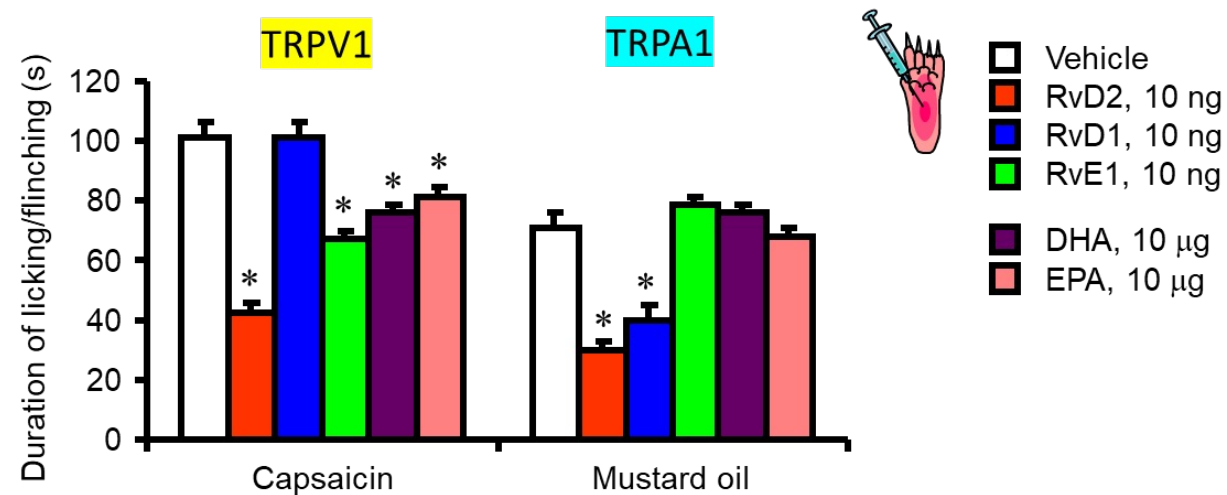
**Human**



**Mouse sEPSC**



# Resolvins, fish oil, and inflammatory pain

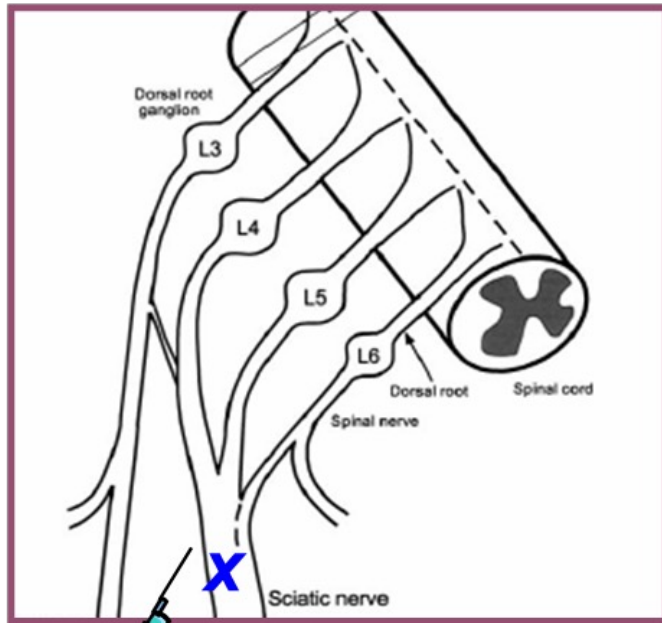


**Table 1. IC<sub>50</sub> for inhibition of TRPV1 and TRPA1 currents by RvD2, RvD1, RvE1, and their fatty acid precursors in DRG neurons**

Inhibitors	Molecular weight	TRPV1 IC <sub>50</sub> (nM)	TRPA1 IC <sub>50</sub> (nM)
RvE1	350.4	<u>1.0 ± 0.1</u>	>28.5
RvD1	376.5	>26.6	<u>8.5 ± 0.1</u>
RvD2	376.5	<u>0.1 ± 0.01</u>	<u>2.1 ± 0.5</u>
DHA	328.5	1200.0 ± 20.0	>304,000.0
EPA	302.5	224.0 ± 10.0	>330,578.0

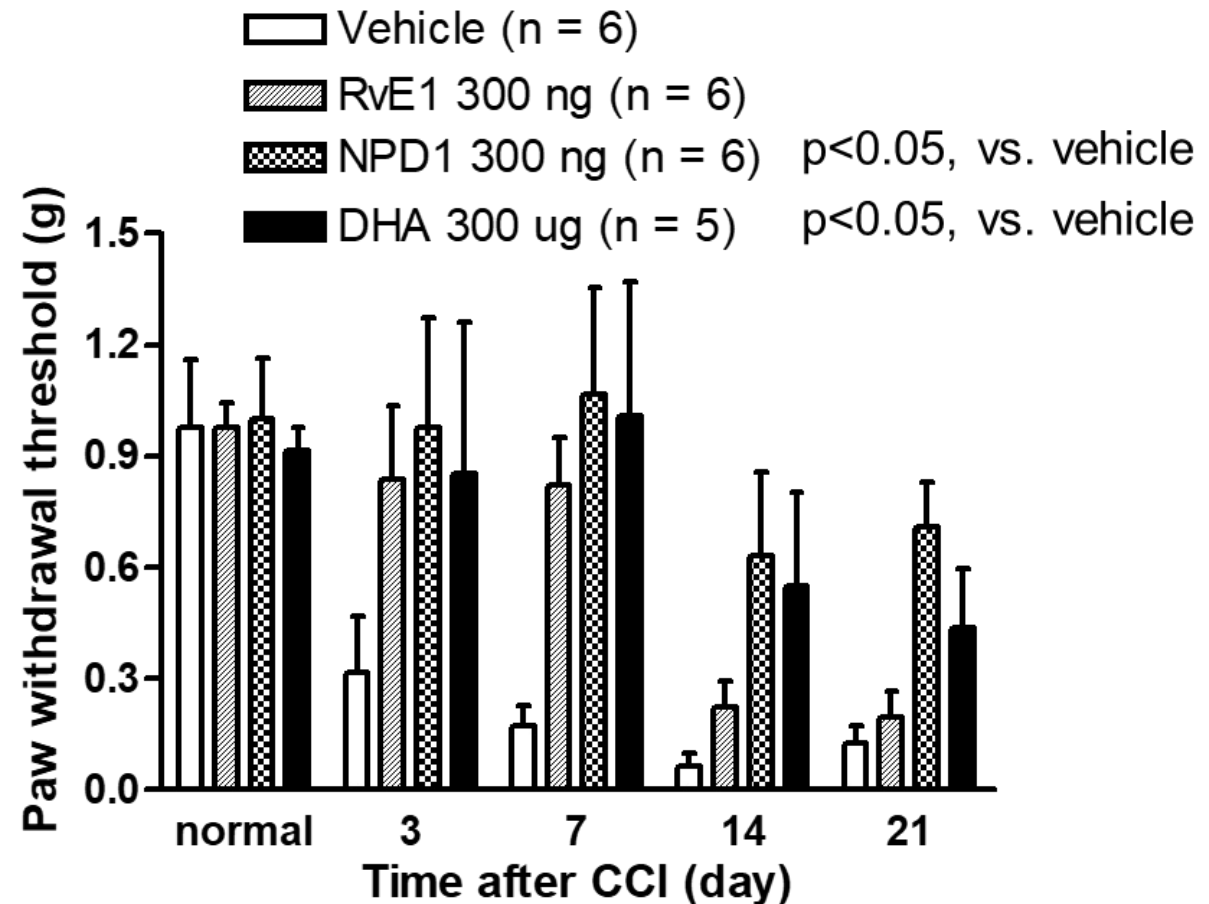
TRPV1 and TRPA1 currents were induced by capsaicin (100 nM) and AITC (300 μM), respectively.

# Pre-treatment of DHA and NPD1 protects neuropathic pain in mice after nerve trauma

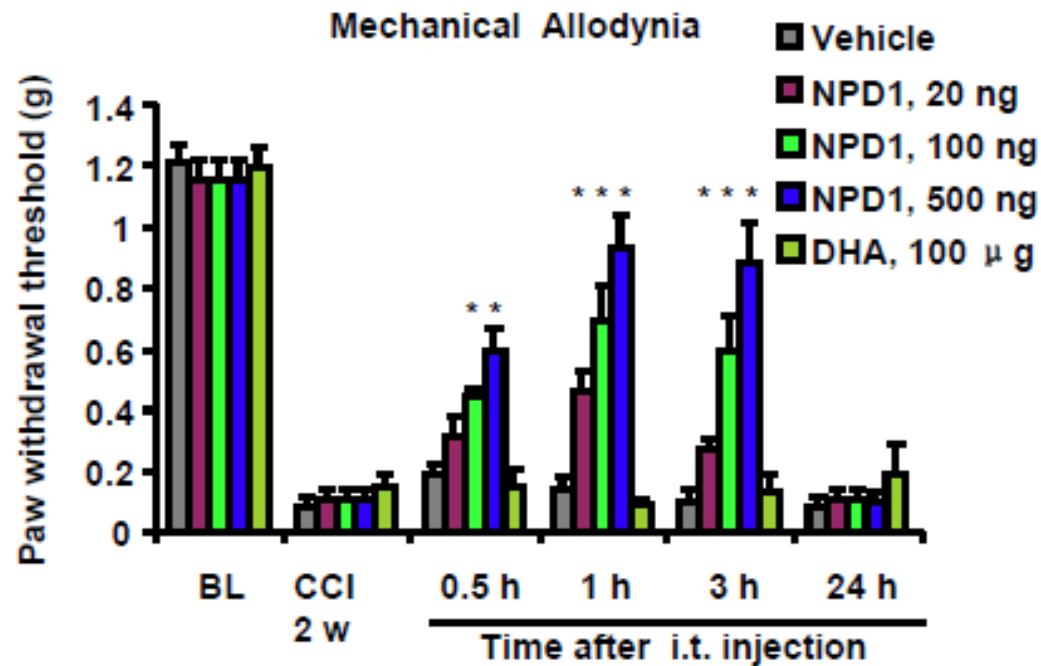
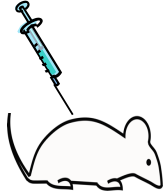


Peri-sciatic injection

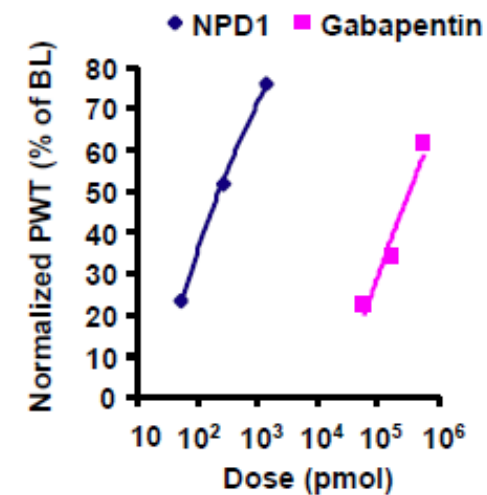
*CCI: Chronic Constriction Injury*



# Post-treatment of NPD1 and gabapentin, but not DHA, attenuates established neuropathic pain



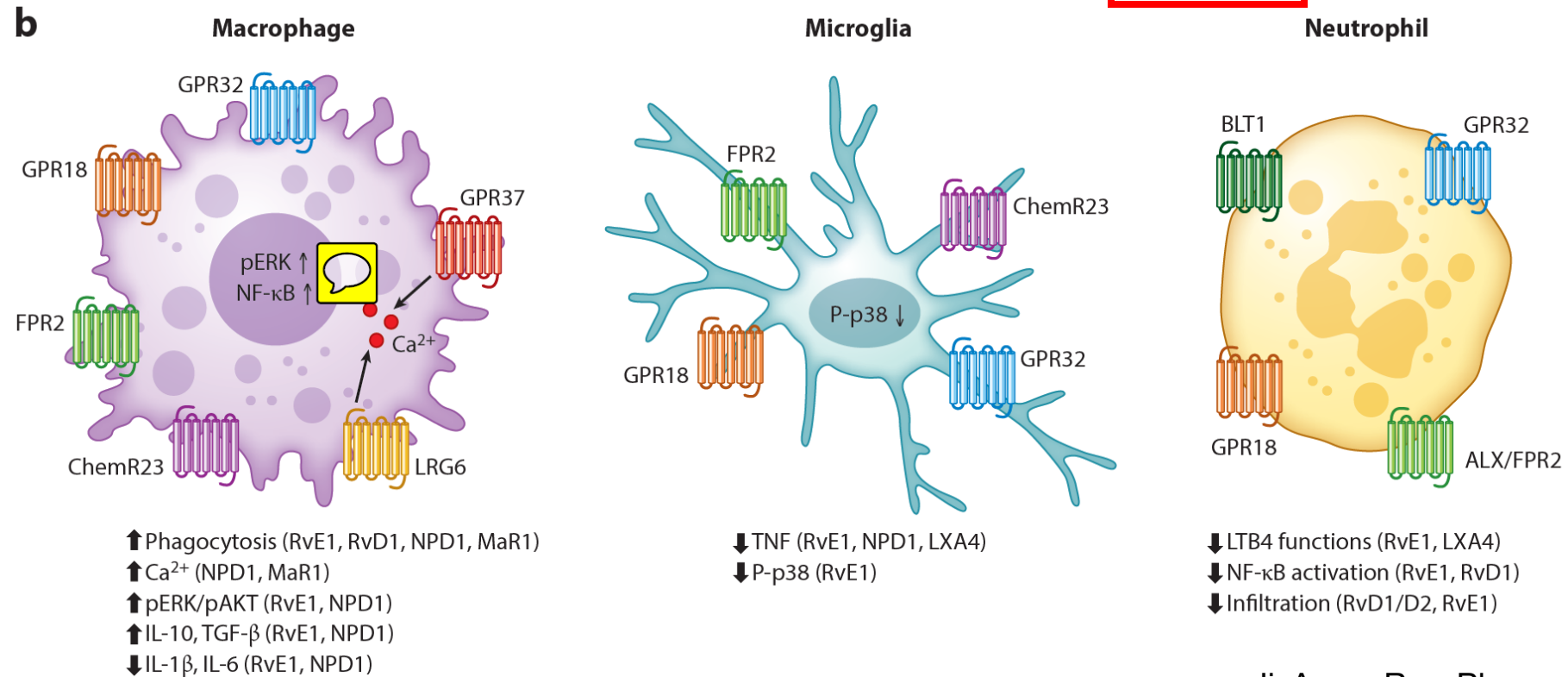
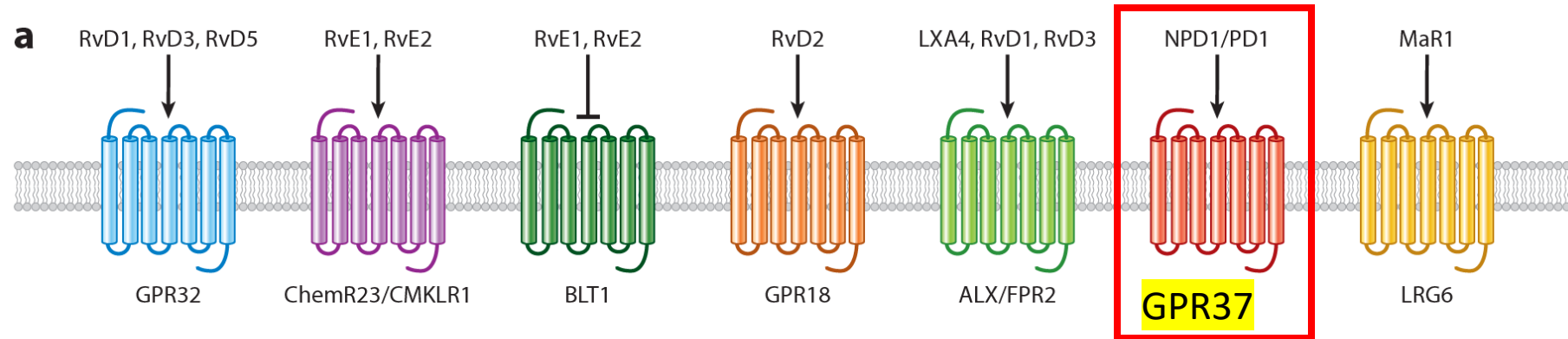
## Comparison with gabapentin



# SPMs as Resolution Pharmacology for the Control of Pain and Itch

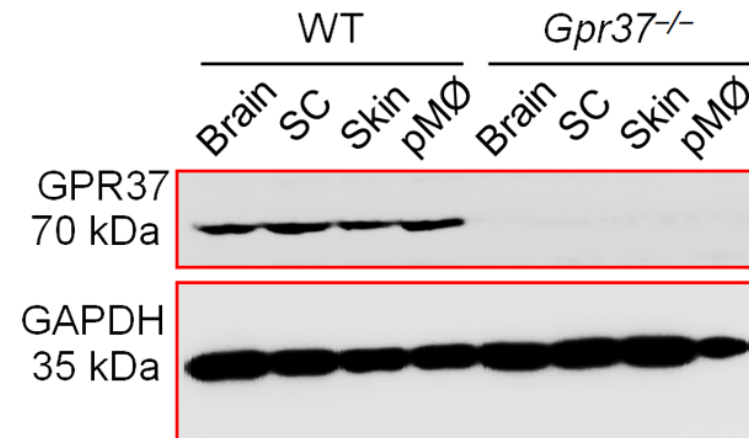
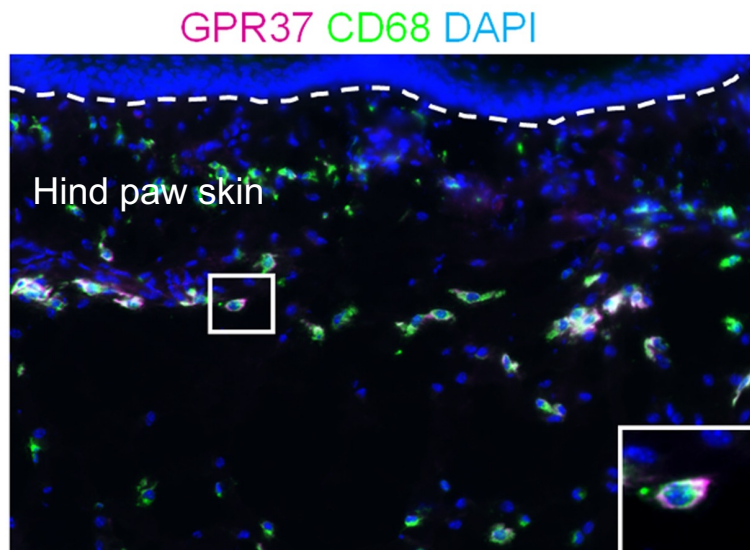
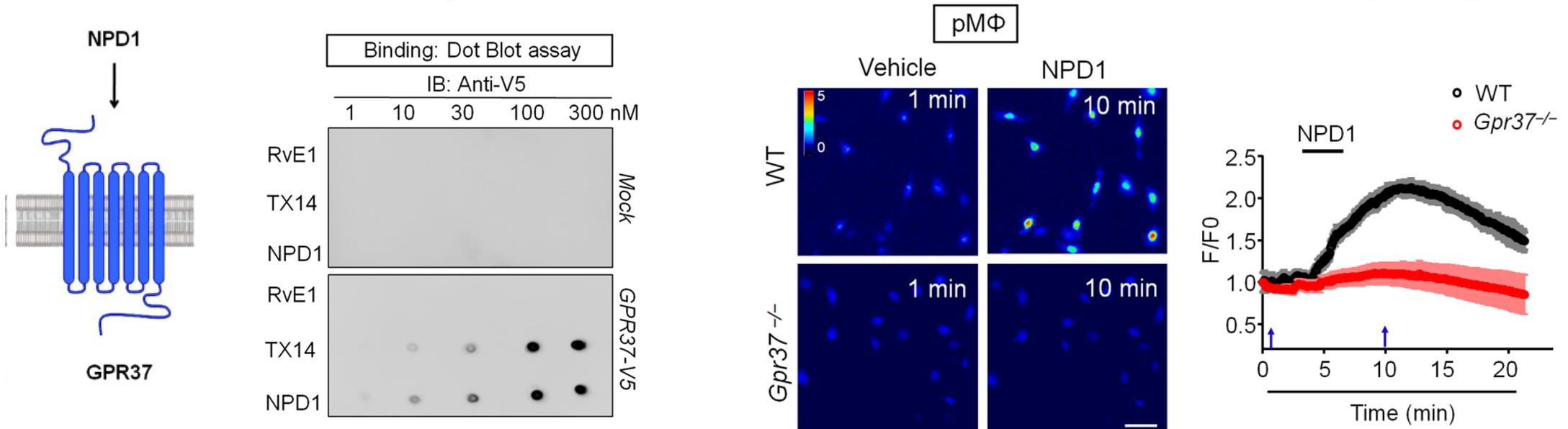
Pain/itch models	SPMs	Species/Route	Effects	References
<b>Inflammatory pain</b>				
Capsaicin (TRPV1)	RvE1, RvD2/D3, MaR1, NPD1	mice, IPL	Spontaneous pain ↓	55, 58, 59
Mustard oil (TPA1)	RvD1, RvD2	mice, IPL	Spontaneous pain ↓	57, 58,
Formalin	RvE1, NPD1, RvD5	mice, IT	Spontaneous pain ↓	55, 59, 84
Carrageenan	RvD1, RvE1, LXA4, LXB4	mice/rats IT, IV	Heat and mechanical pain ↓	55, 68
CFA	RvD1, RvD2, RvE1, NPD1	mice, IT	Heat hyperalgesia ↓	55, 58, 59
Visceral pain	RvD2	mice, rats, IP	Visceral pain ↓	60
Bladder pain	RvD2	rats, IT,	Mechanical pain ↓	71
Low back pain	LXA4, MaR1	rats, IT	Mechanical pain ↓	72, 73
Vulvodynia	MaR1	mice, topical	Mechanical pain ↓	65
Osteoarthritis	17(R)-HDHA, AT-RvD1	rats / IP	Spontaneous & mechanical pain ↓	61
Rheumatoid arthritis	MaR1, AT-RvD1	mice/rats, IP	Mechanical pain ↓	63, 64
<b>Neuropathic pain</b>				
Nerve injury (CCI)	RvE1, MaR1, NPD1	mice, IT	Mechanical and heat pain ↓	83, 87, 88
Spinal cord injury	LXA4	mice, IT	Mechanical allodynia ↓	86
Chemotherapy	RvD1, RvD2, MaR1	mice, IT	Mechanical allodynia ↓	84
Diabetic neuropathy	3-oxa-PD1n-3 DPA	mice, IT	Mechanical allodynia ↓	85
<b>Post-operative pain</b>				
Muscle retraction	RvD1, RvE1	rats, IT	Mechanical allodynia ↓	78
Thoracotomy	RvD1, RvD2	rats, IT	Mechanical and nocifensive pain ↓	79
Tibial bone fracture	RvD1, RvD2, MaR1	mice, IV, IT	Mechanical pain ↓	46
<b>Cancer pain</b>				
Oral cancer pain	RvD2	mice, IP,	Mechanical & spontaneous pain ↓	96
Bone cancer pain	RvD1, RvE1	mice, IT	Mechanical and thermal pain ↓	95
<b>Dermatitis and itch</b>				
Eczema	LXA4	human, topic	Infantile eczema severely ↓	128
Psoriasisiform itch	RvD3	mice, topic	scratching ↓	124
Cancer itch	3-oxa-PD1n-3 DPA	mice, IT	scratching ↓	85

# SPM receptors and signaling



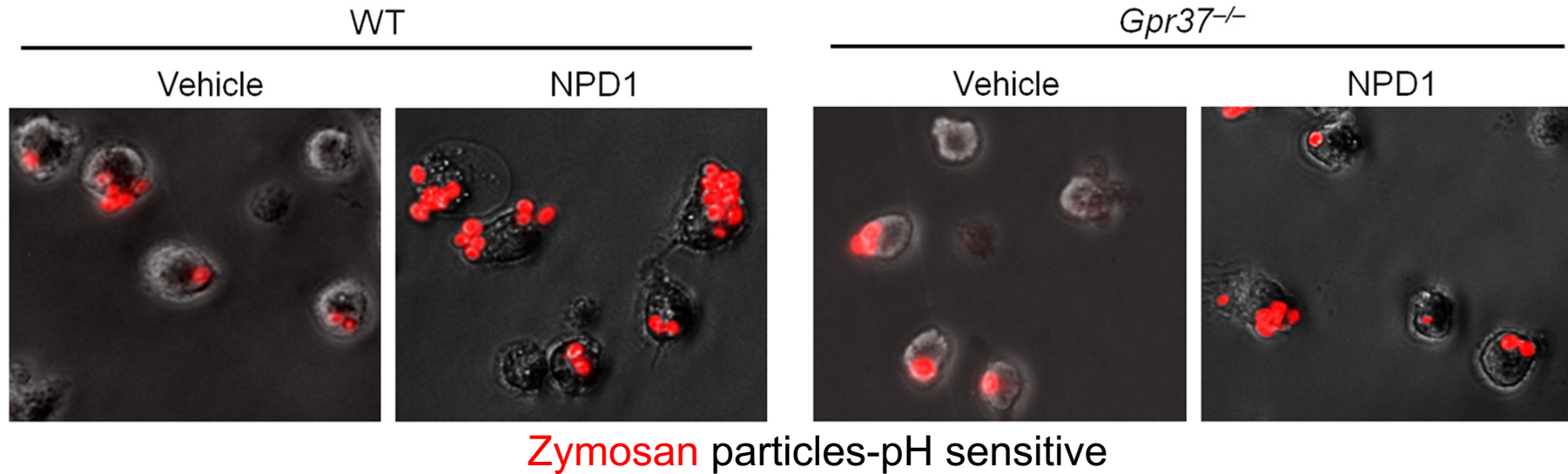


# GPR37 is a possible receptor for NPD1 in macrophages

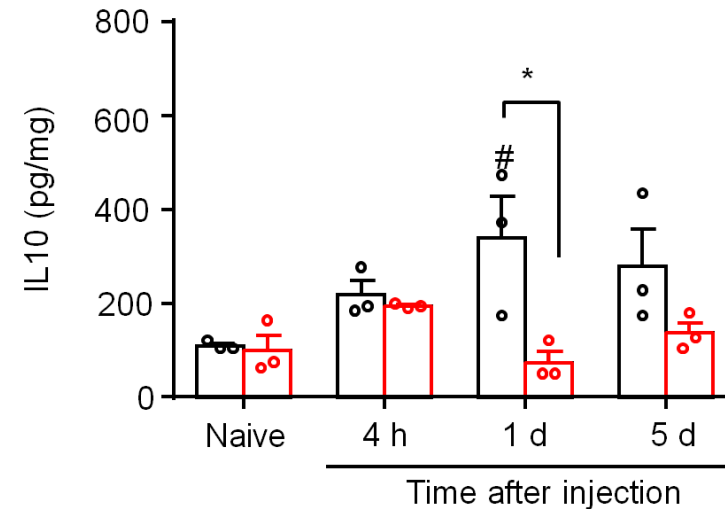
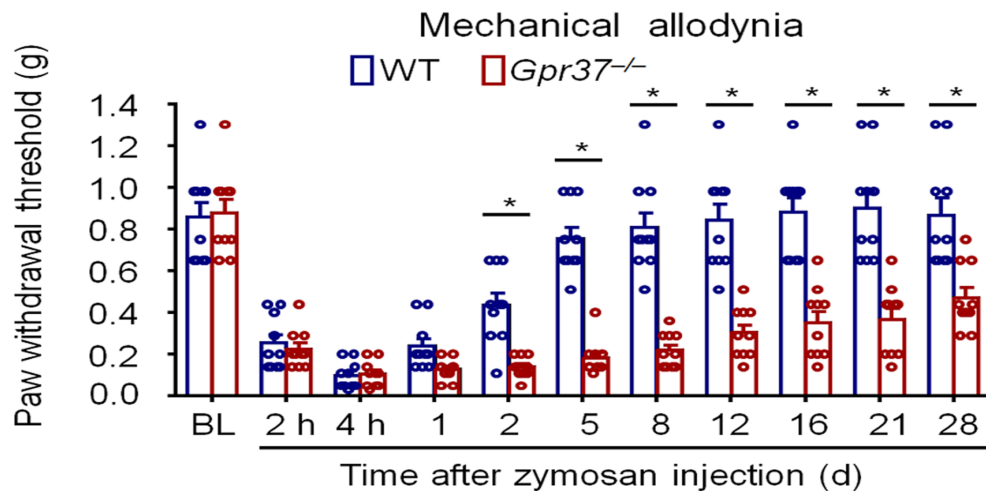




# NPD1 induces macrophage phagocytosis via GPR37

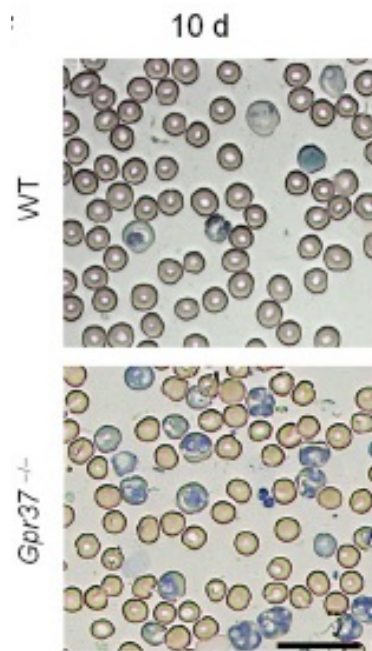
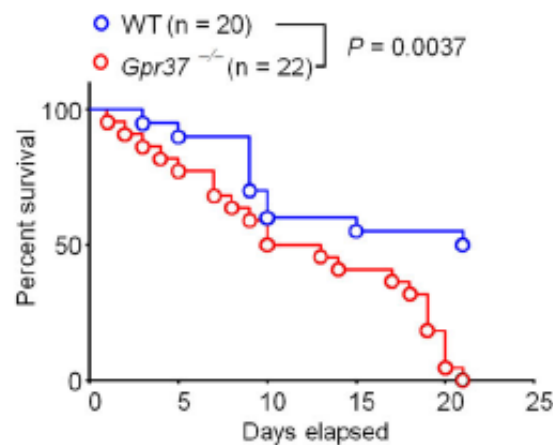


## GPR37 regulates the resolution of inflammatory pain

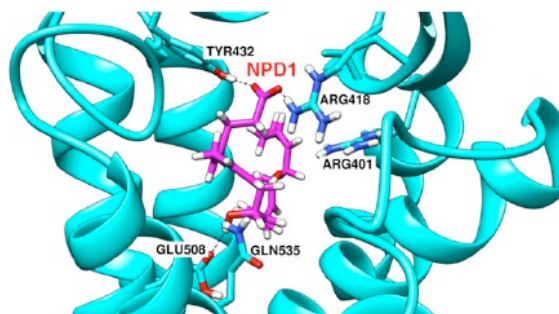


# Activation of GPR37 in macrophages confers protection against infection-induced sepsis and pain-like behaviour in mice

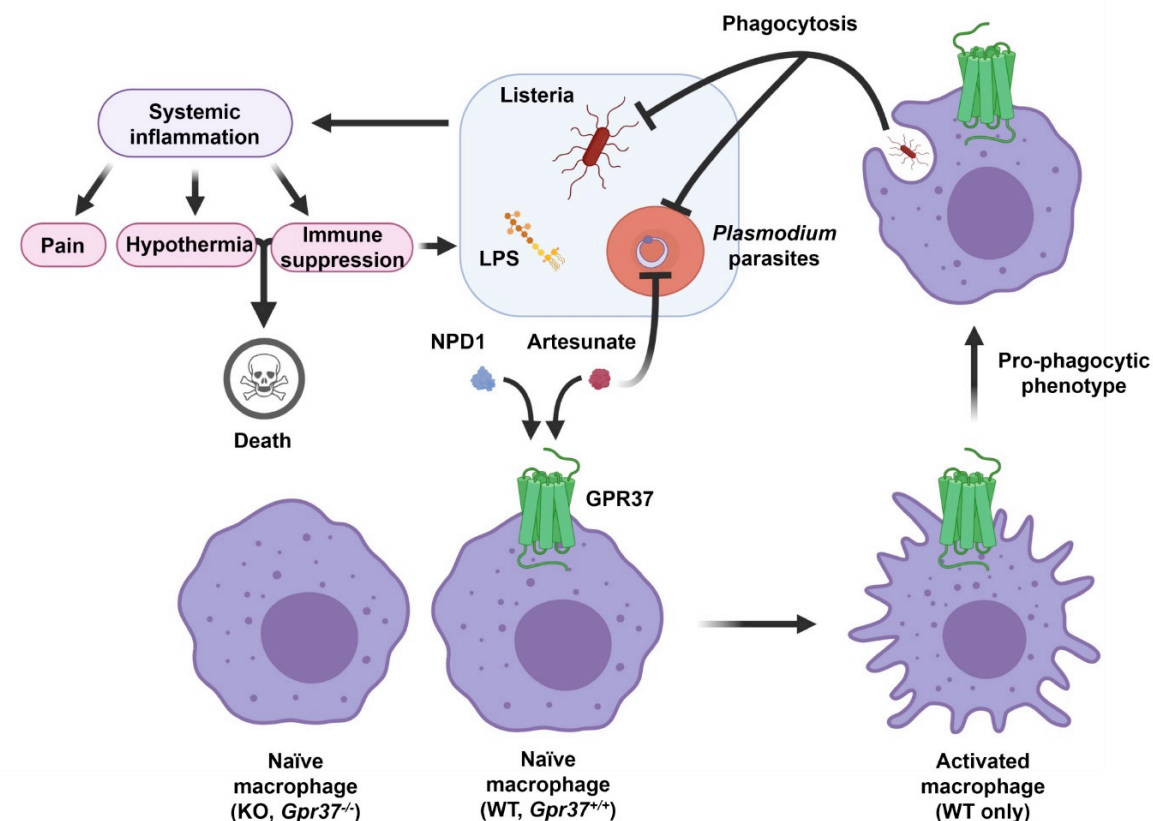
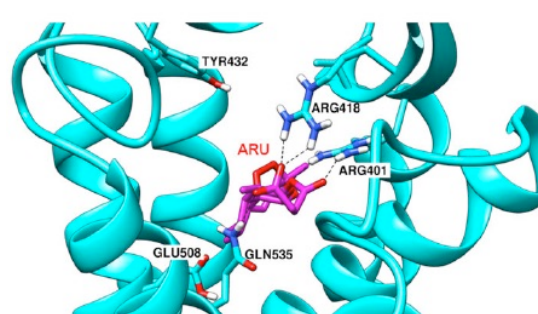
Sangsu Bang<sup>1,5</sup>, Christopher R. Donnelly<sup>1,5</sup>, Xin Luo<sup>1,5</sup>, Maria Toro-Moreno<sup>2,5</sup>, Xueshu Tao<sup>1</sup>, Zilong Wang<sup>1</sup>, Sharat Chandra<sup>1</sup>, Andrey V. Bortsov<sup>1</sup>, Emily R. Derbyshire<sup>2</sup> & Ru-Rong Ji<sup>1,3,4</sup>✉



Neuroprotectin D1 (NPD1)

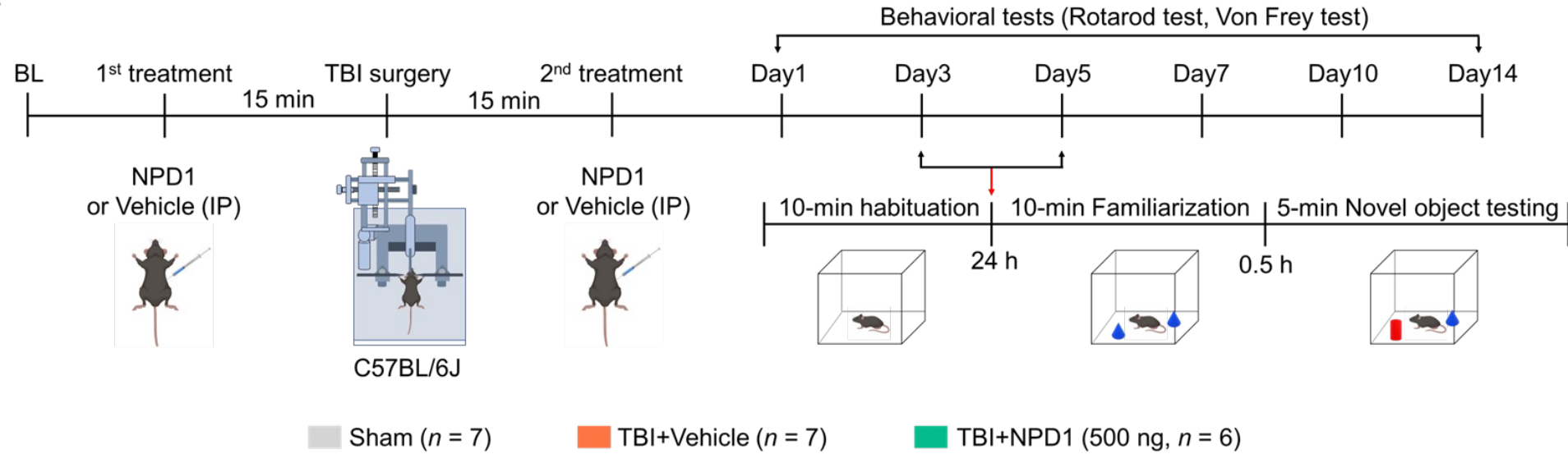


Artisunate (ARU)

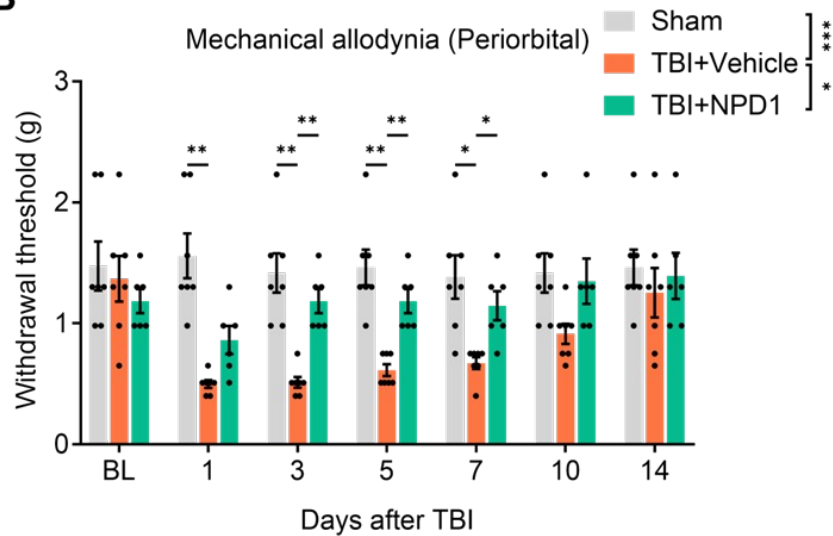


# NPD<sub>1</sub> and neuropathic pain after traumatic brain injury (TBI)

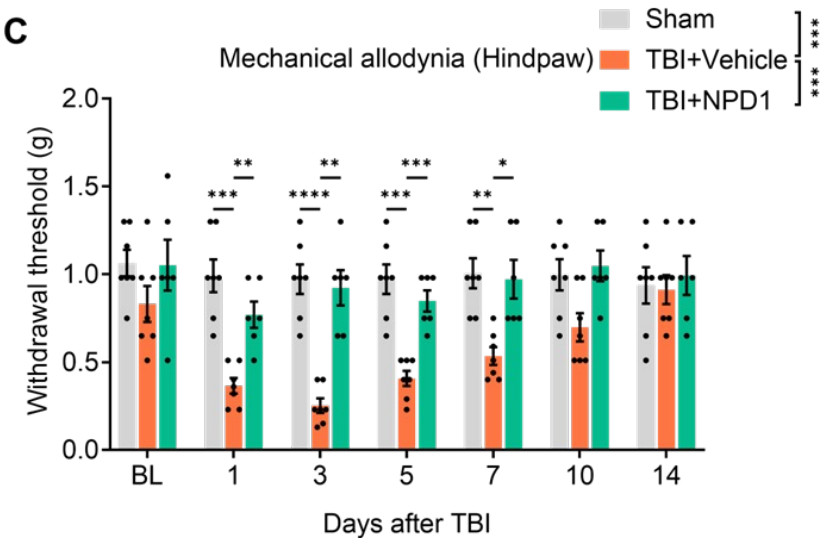
**A**



**B**



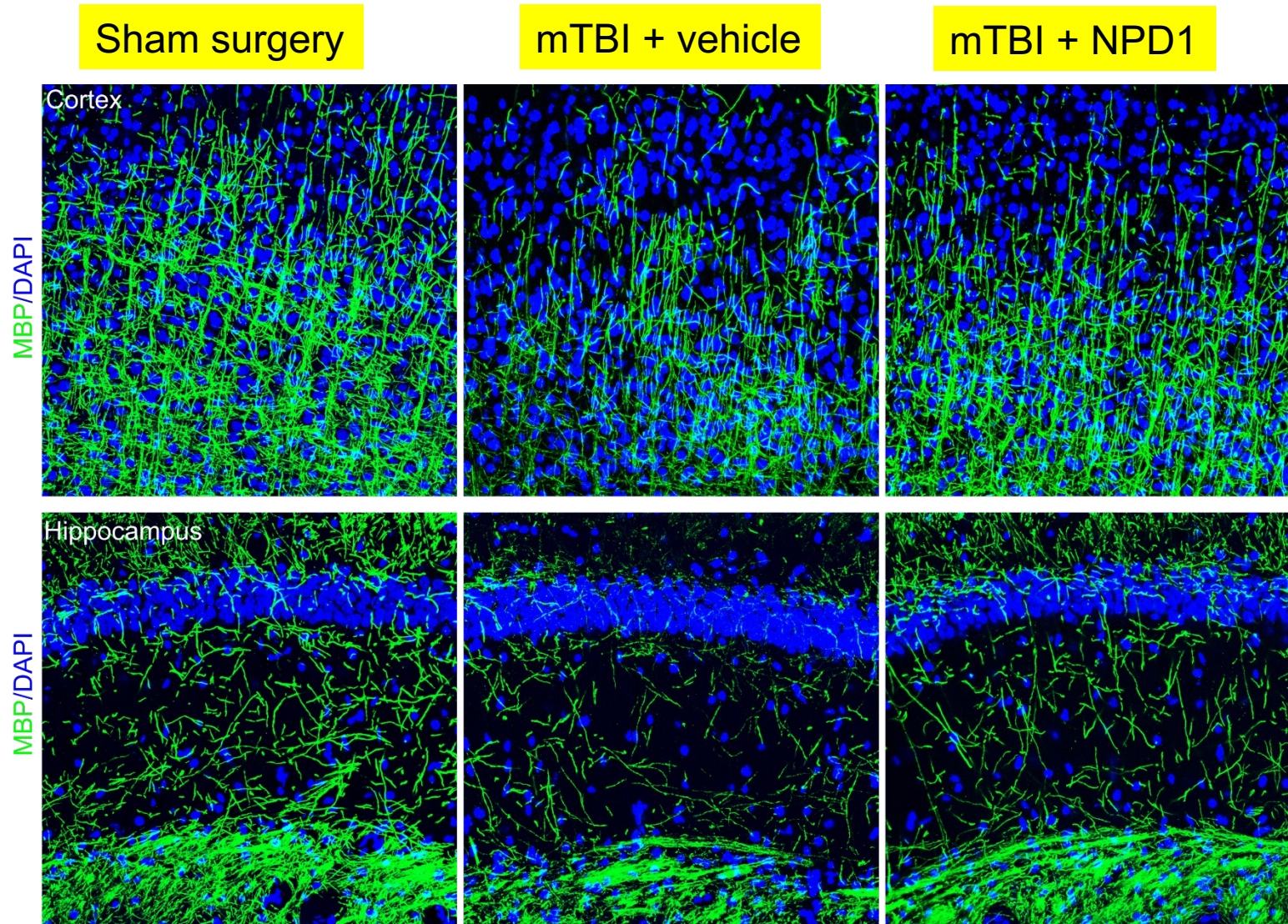
**C**



Unpublished data

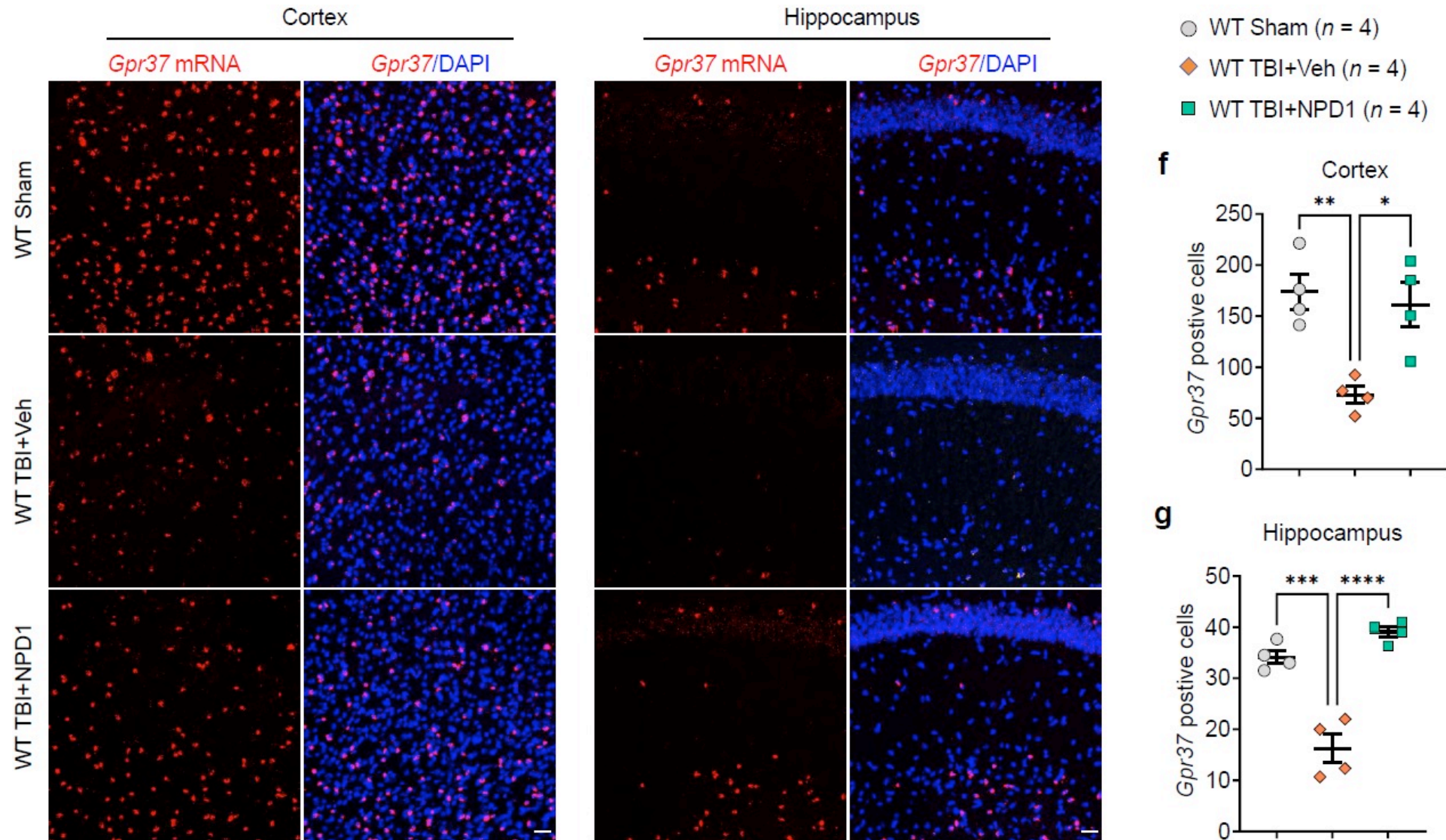


# Demyelination in sensory cortex and hippocampus after mTBI



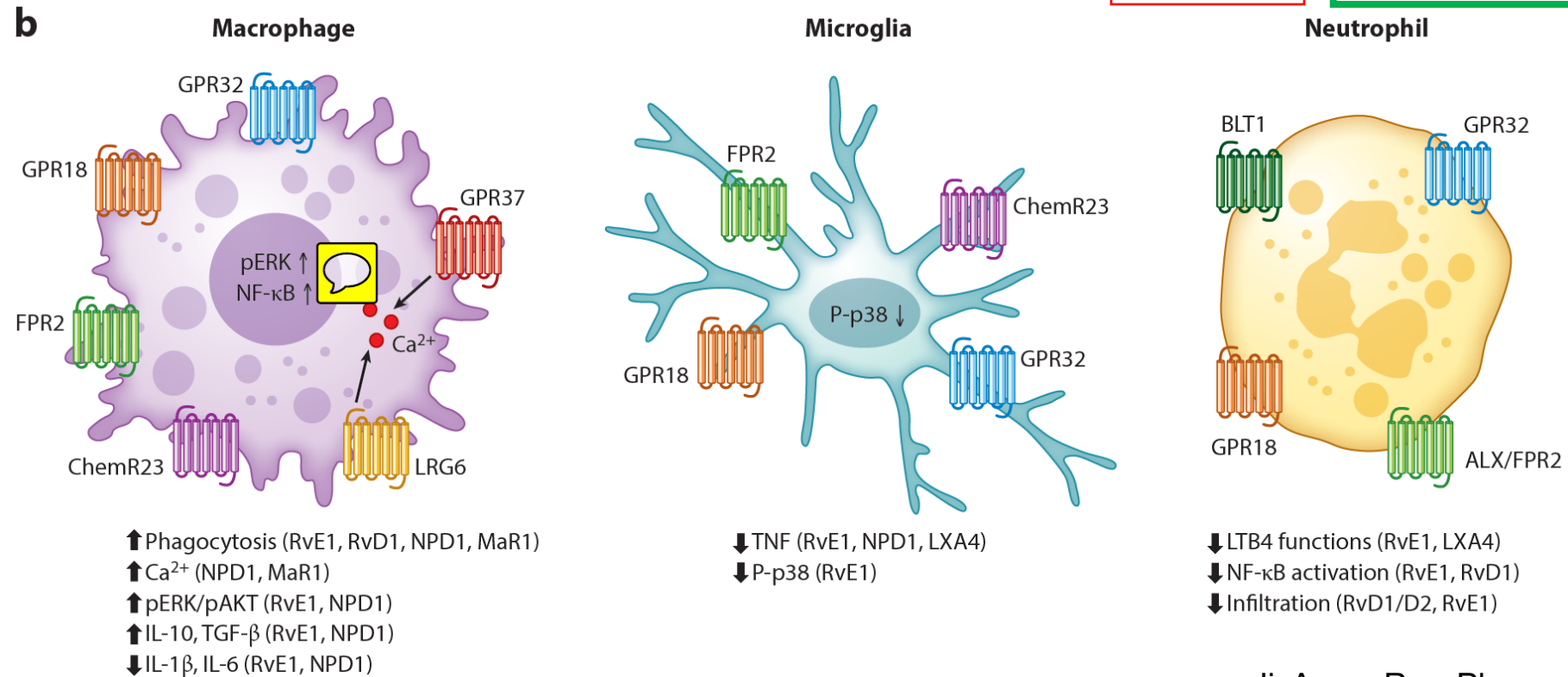
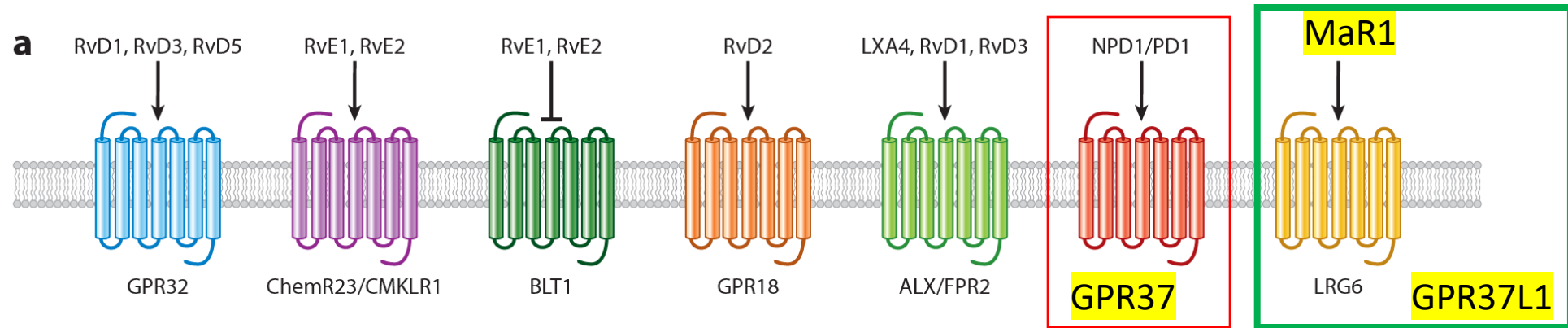


# NPD1 restores TBI-induced down-regulation of GPR37

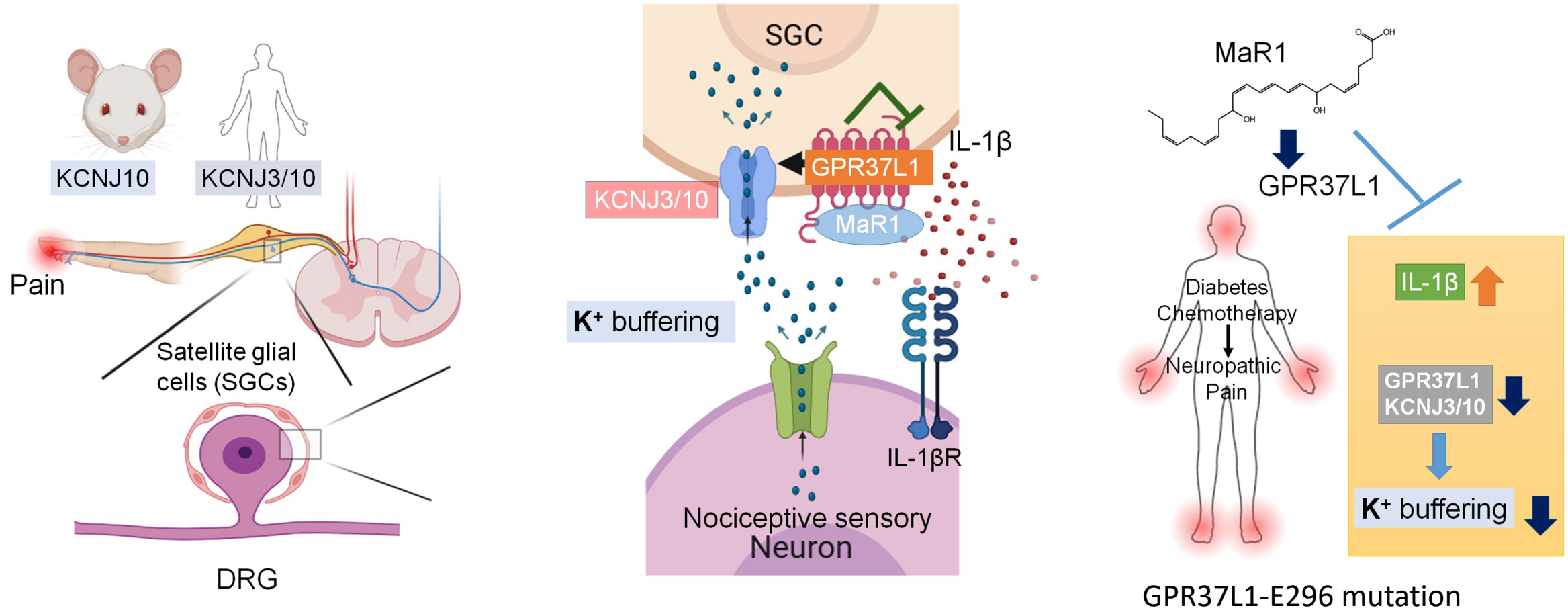


Unpublished data

# SPM receptors and signaling



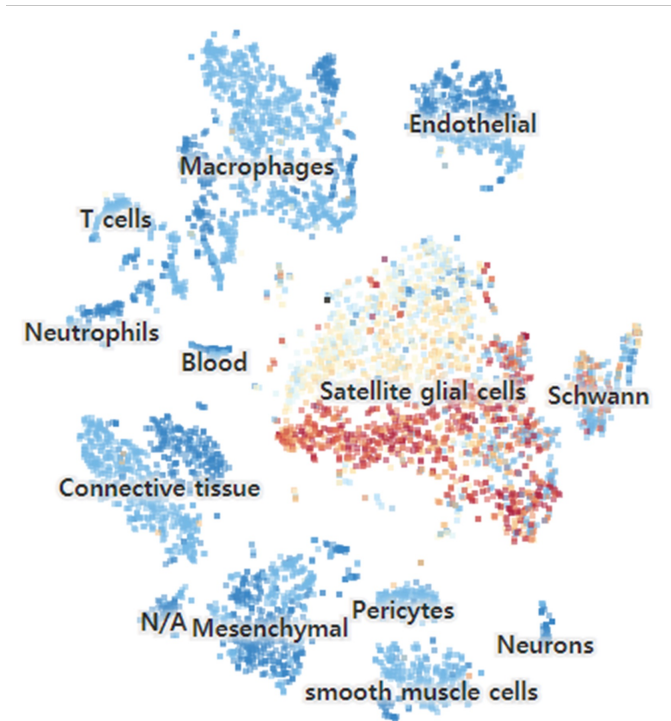
# GPR37L1 signaling in SGCs in mouse and human pain





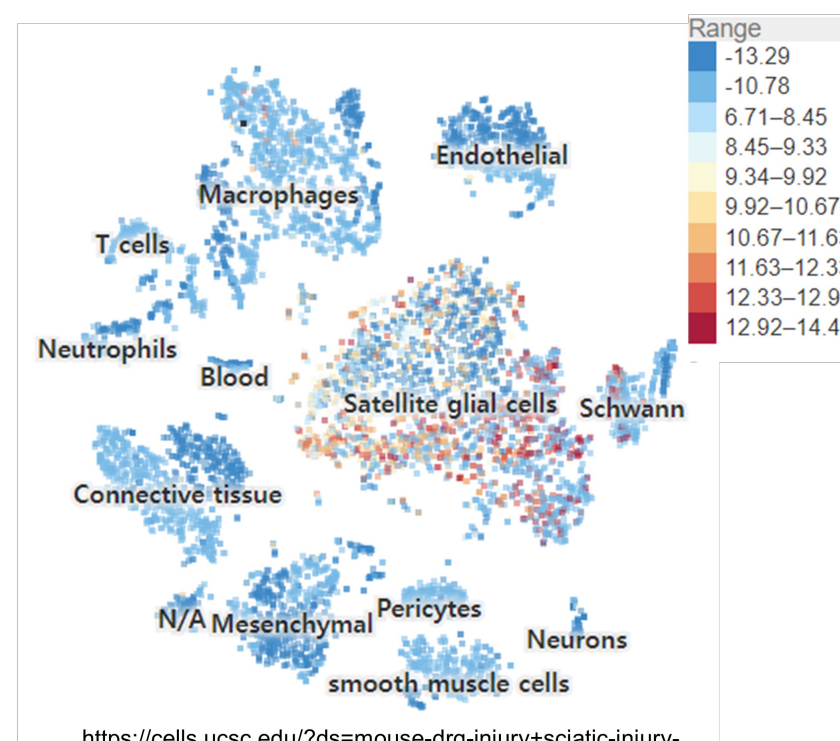
# GPR37L1 identifies satellite glial cells in the DRG

*Gpr37l1* single cell-seq in DRG



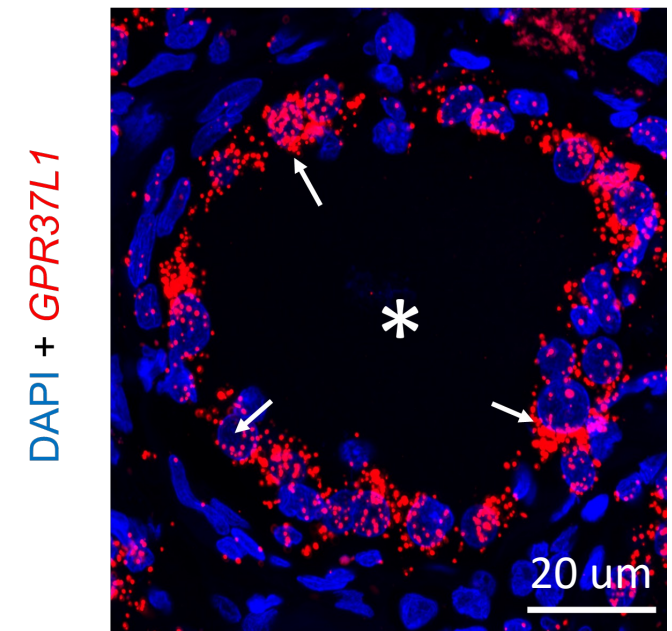
<https://cells.ucsc.edu/?ds=mouse-drg-injury+sciatic-injury-comp&gene=GPR37L1>

*Kcnj10* single cell-seq in DRG

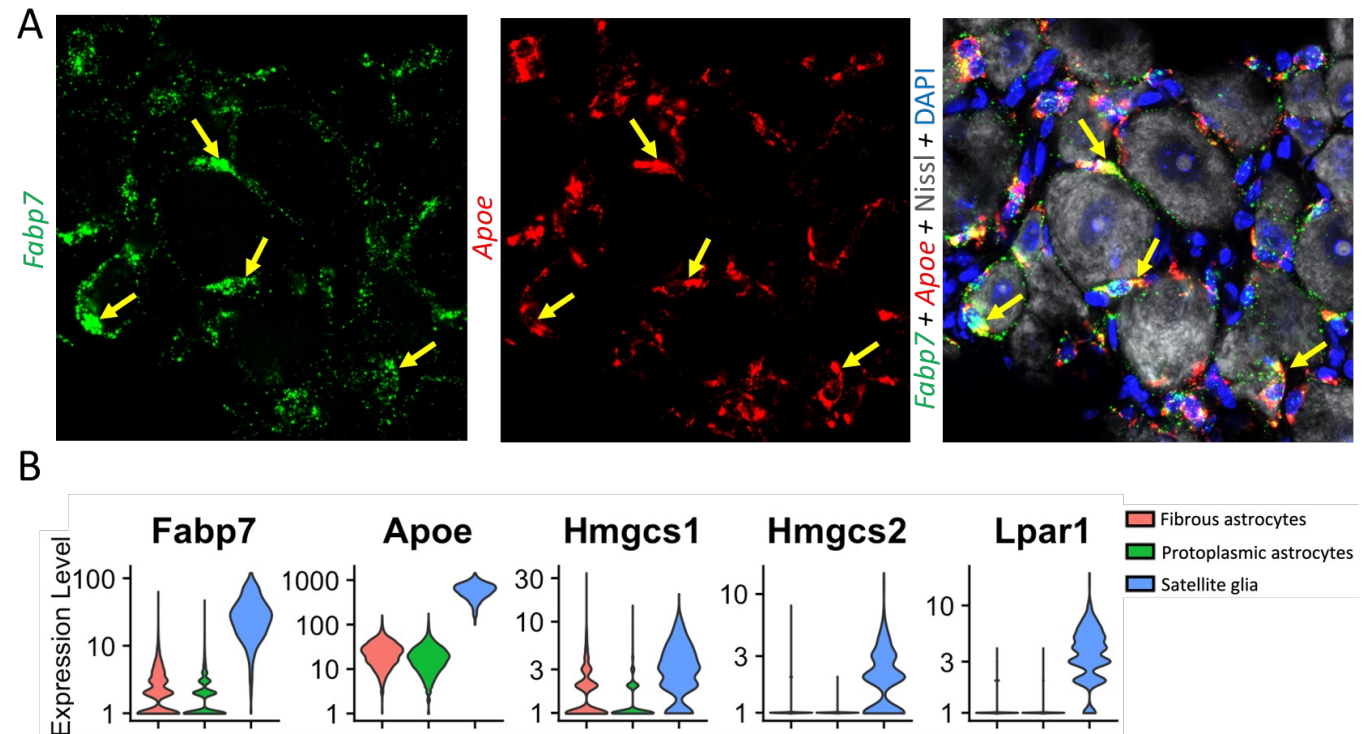
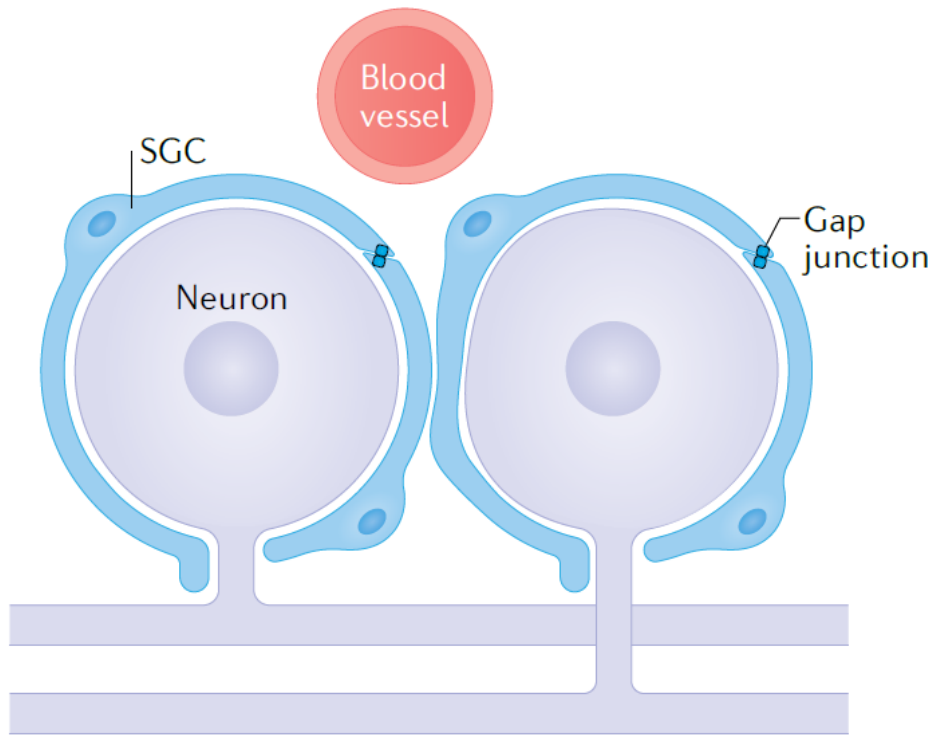


<https://cells.ucsc.edu/?ds=mouse-drg-injury+sciatic-injury-comp&gene=KCNJ10>

Human DRG-ISH



# Satellite Glial Cells (SGCs) and lipid signaling



# SPMs and resolution of inflammation

SPMs: specialized pro-resolving mediators



Dietary essentially fat

Omega-3 polyunsaturated fatty acids

Docosahexaenoic acid (DHA)

Eicosapentaenoic acid (EPA)

**SPMs** (resolvins, protectins, and maresins)

**Anti-inflammation, pro-resolution, analgesia**

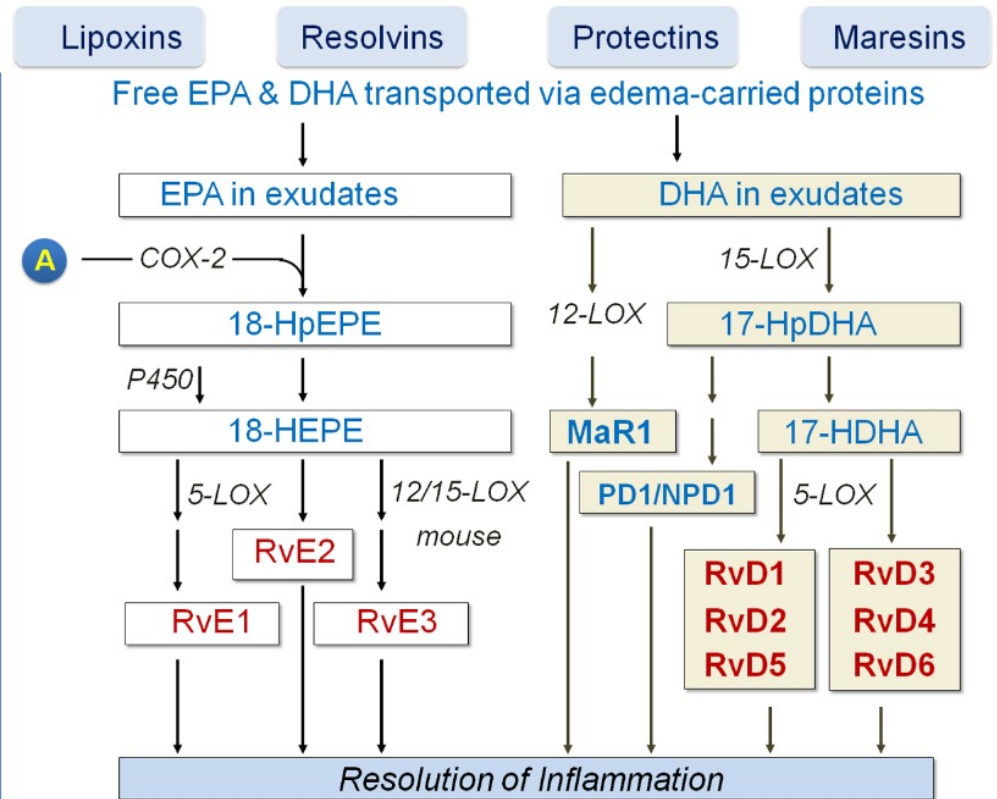
Families

Substrates

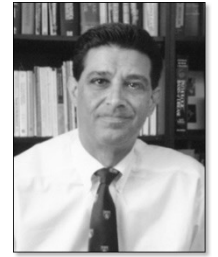
Enzymes

Mediators

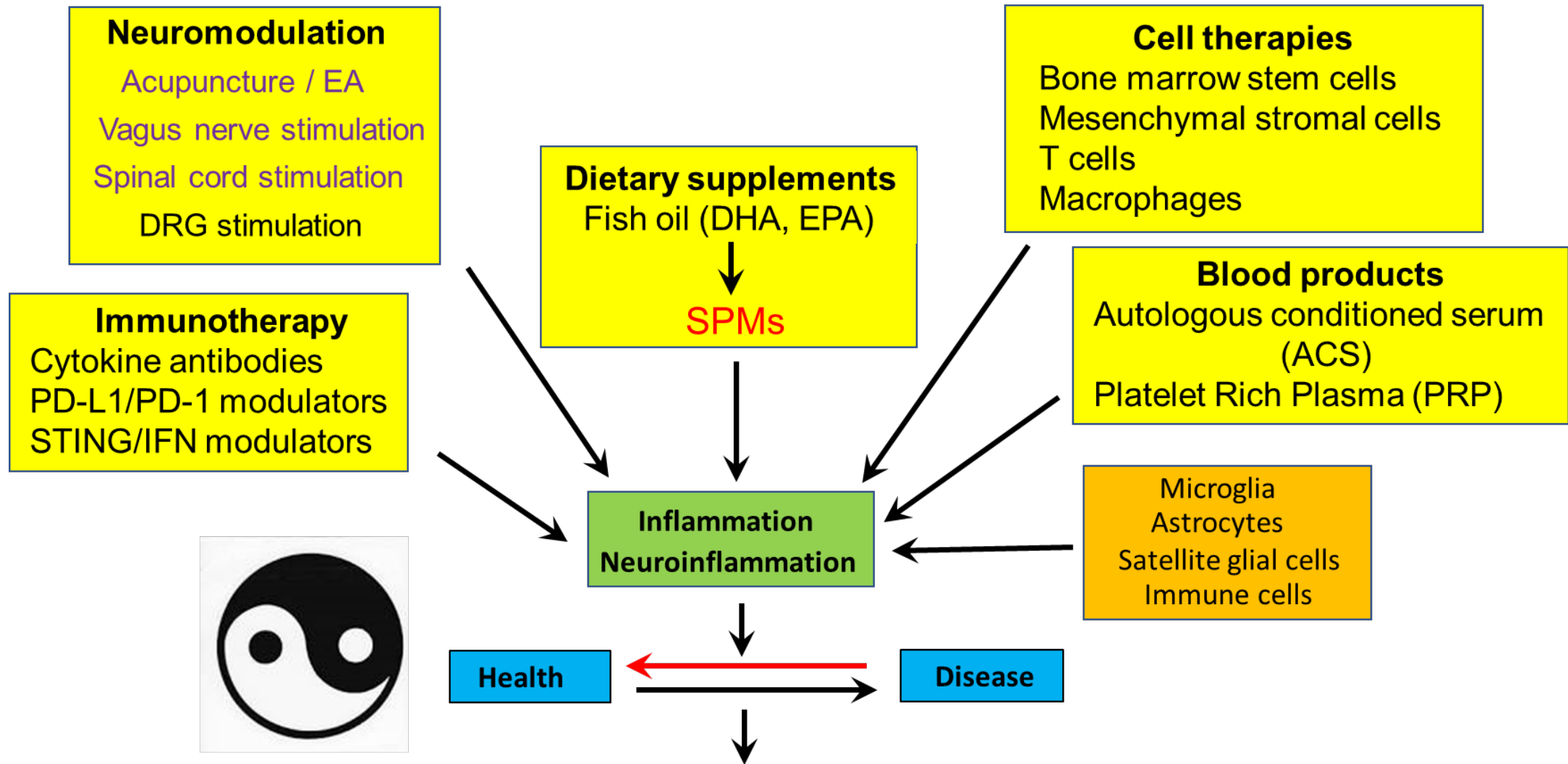
## Biosynthesis of Pro-Resolving Mediators (SPMs)



Charles Serhan



# Neuroimmune Modulation for Pain Resolution



Ji et al., Anesthesiology, 2018  
Buchheit et al., JCI, 2020  
Zhao et al., Pharmacol Ther. 2023



# Center for Translational Pain Medicine (CTPM)

# Acknowledgement

## Sensory Plasticity and Pain Signaling Laboratory



NIH grants: DE17794, NS67686, NS87988, 1RF1NS131812-01A1

DoD grants: X81XWH 2110885, 2110756, 2210267, 2210646



Charles Serhan




Luda Diatchenko



### MEET THE FACULTY

-  **Sensory Plasticity and Pain Research Laboratory**  
Ru-Rong Ji, PhD, CTPM Director
-  **Medical Countermeasures and Pain Translational Laboratory**  
Satya Achanta
-  **Pain Bioinformatics and Computational Modeling Laboratory**  
Andrey Borisov
-  **Regenerative Pain Therapies Program**  
Thomas Buchheit
-  **Neuroimmunology and Applied Pain Research Laboratory**  
Christopher Donnelly
-  **Pain Relief and Opioid Mitigation Innovation Science Laboratory**  
Padma Gulur
-  **Chemical Sensing, Pain and Inflammation Research Laboratory**  
Sven-Eric Jordt
-  **Mechanistic and Clinical Pharmacology Laboratory**  
Evan Kharasch
-  **Human Affect and Pain Neuroscience Laboratory**  
Katherine Martucci
-  **Translational Pain Research Laboratory**  
Andrea Nackley
-  **Pain Omics and Informatics Research Laboratory**  
Shad Smith
-  **Autonomic and Interoception Research Laboratory**  
Heberto Suarez Roca
-  **Neuroinflammation and Cognitive Outcomes Laboratory**  
Niccolo Terrando
-  **Nerve Injury and Pain Mechanism Laboratory**  
Thomas Van de Ven

### INCORPORATING BASIC SCIENCE, CLINICAL RESEARCH AND PAIN MANAGEMENT WITH THREE PRIMARY GOALS:



#### RESEARCH

Employing multi-disciplinary approaches to understand pain mechanisms and discover new analgesic targets and treatment approaches.



#### EDUCATION

Creating high-quality educational programs for research faculty and trainees, healthcare providers, and patients.



#### PATIENT CARE

Providing comprehensive, primary and specialized care to individuals with a variety of acute and chronic pain conditions.

### THE CENTER FOR TRANSLATIONAL PAIN MEDICINE (CTPM)

is transforming the way we study, diagnose, and treat painful conditions. The CTPM brings together, under one umbrella, a diverse team of basic science and clinical researchers with complementary expertise in pain neurobiology, molecular genetics, neuroimaging, epidemiology, and bioinformatics to make exciting new discoveries in the areas of pain mechanisms and management. The CTPM extends into Duke Anesthesiology's clinical innovative pain therapy program to achieve a common core mission of improving patient care.

VISIT OUR WEBSITE TO LEARN MORE.



[anesthesiology.duke.edu/ctpm](https://anesthesiology.duke.edu/ctpm)

### MEET OUR STUDENTS AND TRAINEES







# CENTER FOR TRANSLATIONAL PAIN MEDICINE (CTPM)

*Overcoming Pain Together*



[anesthesiology.duke.edu/ctpm](https://anesthesiology.duke.edu/ctpm)

Transforming the  
way we study,  
diagnose, and treat  
painful conditions.



**Duke Anesthesiology**

Duke University School of Medicine