Translational studies of FASD using a sheep model

Tim Cudd
Charlie Goodlett
Feng Zhou
Mark Stanton

Functional measures of prenatal alcohol injury: sheep model

Three month old lambs acquire eyeblink conditioning









Spatial delayed-alternation learning tested in weanling lambs (PD 60 – PD 83) using a T-maze task







Effect of ethanol upon uterine activity and fetal acid-base state of the rhesus monkey

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TERUSADA HORIGUCHI, M.D.
KOTARO SUZUKI, M.D.
ARSENIO C. COMAS-UR
EBERHARD MUELLER-H
ANN M. BOYER-MILIC,
ROBERT A. BARATZ, M.
HISAYO O. MORISHIMA
L. STANLEY JAMES, M.
KARLIS ADAMSONS, M.
New York, New York
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Use of ethanol in prevention of premature delivery

To the Editor:

In the issue of March 15, 1971, of the AMERI-CAN JOURNAL OF OBSTETRICS AND GYNECOLOGY, Horiguchi and associates¹ have described the effect of ethanol upon uterine activity and fetal acid-base state of the pregnant rhesus monkey. It is regrettable that such seasoned investigators have permitted the implication that the treatment of threatened premature labor with ethanol as described by Fuchs and colleagues² is not only ineffective but also potentially dangerous to the fetus, although their experimental conditions were

Maternal and fetal hypercapnea are robust responses to maternal ethanol exposure



Arterial pH and BAC are highly correlated



Do the repeated periods of fetal acidemia mediated by alcohol exposure cause fetal brain injury?

- Saline
- Alcohol
- Hypercapnea
- Hypercapne and reduced maternal oxygen
- Pharm prevention of hypercapnea
- Pharm saline control







TASK Channels

- Two pore domain acid sensitive K+ channels
- Outwardly rectifying K+ channels
- TASK 1 closes in response to pH changes in the same range as those caused by our alcohol paradigm and are found in chemorectors and in cerebellar granule cells and Purkinje cells
- TASK 3 are not responsive to pH in the range of change observed with alcohol and are found in Purkinje cells in humans and in Purkinje and cerebellar granule cells in rats
- They are also modulated by oxygen tension and muscarinic agonists

Conclusions

- 50% of protection was from eliminating the pH alteration, TASK 1 channel inhibition
- 50% is due to TASK 3 channel inhibition in granule and or Purkinje cells (TASK 3 is not sensitive to pH changes in this range)
- MOA? Growth factor release, increased ROS scavenging, altered activity of excitatory neurotransmitters, reduce apoptosis?



Might there be a nutritional way to mitigate the acidemia mediated injury?



Glutamine

Glutamine is the most pluripotent amino acid
Glutamine is central in the metabolic adaptation to acidemia

 Glutamine plays a counteractive role to increases in oxidative stress

Reduced maternal glutamine results in reduced fetal glutamine.

Can we prevent this?



Alcohol results in acidemia, elevations in cortisol and in reduced maternal glutamine



BLENDING NUTRITION

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Fiber - 50c

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Spirulina - 45c

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L-Glutamine - 60¢

L-Glutamine is the most abundant free amino acid found in the muscles of the body. Because it can readily pass the blood-brain barrier, it is known as brain fuel. L-Glutamine decreases sugar cravings and the desire for alcohol.

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