Neurotoxins

- · toxins that affect Ion Channels and Membrane Potential
- · toxins that affect vesicular release
- · toxins that block neuromuscular transmission (acetylcholine and its receptors)

Toxins that affect Ion Channels and Action Potential

TTX (Tetrodotoxin) blocks voltage-gated Na+ channels

TEA (Tetraethylammonium) blocks voltage-gated K+ channels

Batrachotoxin opens Na+ channels, causing persistent depolarization

Tetrodotoxin -- blocks voltage-gated Na+ channels



Weight-for-weight, tetrodotoxin is ten times as deadly as the venom of the many-banded krait of Southeast Asia. It is 10 to 100 times as lethal as black widow spider venom (depending upon the species) when administered to mice, and more than 10,000 times deadlier than cyanide. It has the same toxicity as saxitoxin which causes paralytic shellfish poisoning ([both TTX and saxitoxin block the Na+ channel - and both are found in the tissues of pufferfish])



I pufferfish/30 humans

1

The first recorded [European] cases of tetrodotoxin poisoning were from the logs of <u>Captain</u> <u>James Cook</u>. He recorded his crew eating some local tropic fish (pufferfish), then feeding the remains to the pigs kept on board. The crew experienced numbness and shortness of breath, while the pigs were all found dead the next morning. In hindsight, it is clear that the crew received a mild dose of tetrodotoxin, while the pigs ate the puffrish body parts that contain most of the toxin, thus killing them.

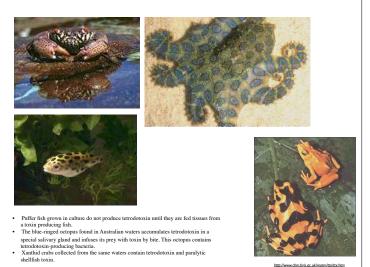
The toxin was first isolated and named in 1909 by Japanese scientist Dr. Yoshizumi Tahara.

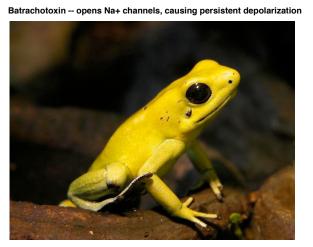


Cutting Fugu <u>http://www.youtube.com/watch?v=WBc8e7fkc6E</u>

Inflating Pufferfish <u>http://www.youtube.com/watch?v=DftYUIGTDhw</u>

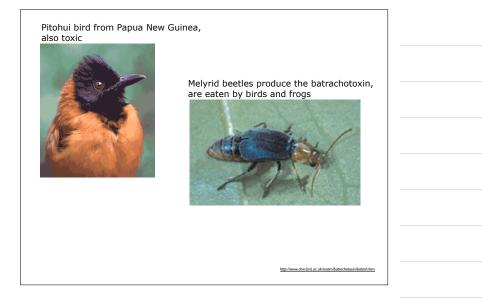
http://ngm.nationa ographic.com/ngm/0505/feature1/multimedia3.html

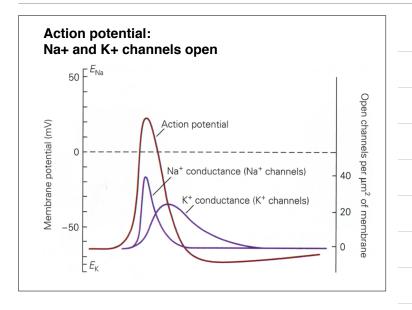


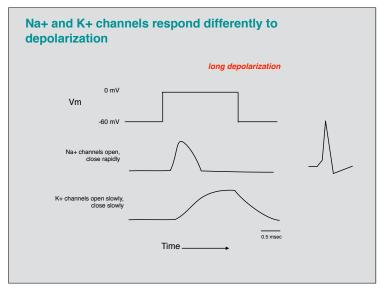


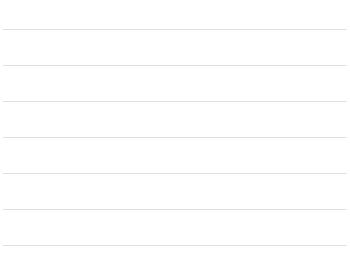
I frog / 50 humans

Phyllobates terribilis, or the Golden Poison Frog

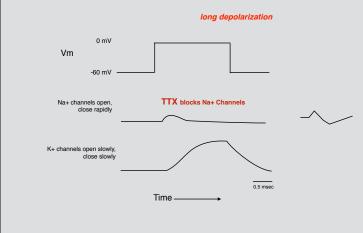


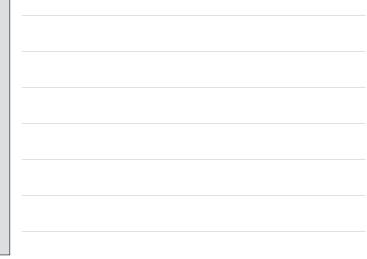


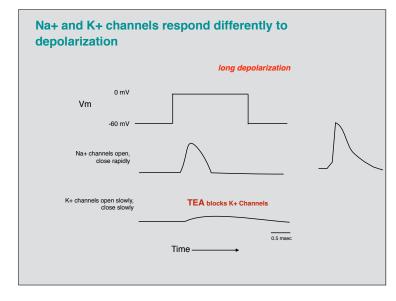


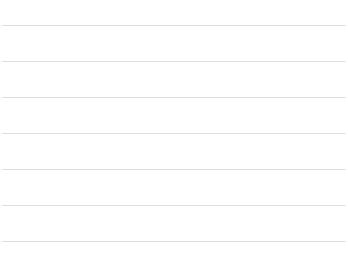


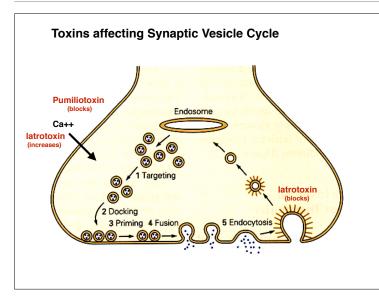
Na+ and K+ channels respond differently to depolarization











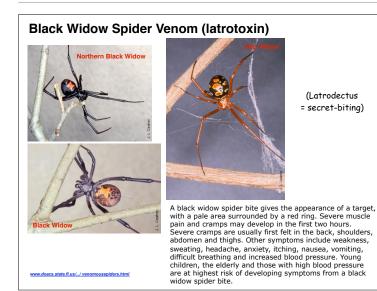


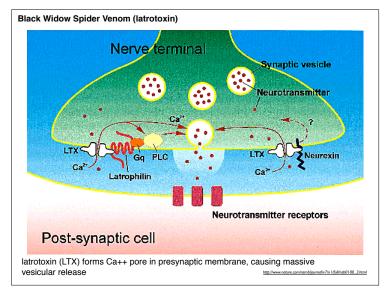
Poison Dart Frogs

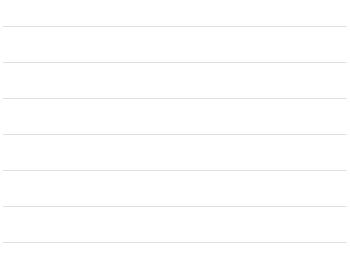


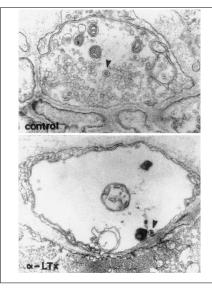
Pumiliotoxin (pumilio = dwarf) Block Ca++ channels, so prevents vesicular release (1000x weaker than Batrachotoxins)

Blue Poison Dart frog Dendrobates azureus at Bristol Zoo, Bristol, England. Photographed by Adrian Pingstone in September 2005 and released to the public domain. Vellowbanded Poison Dart frog Dendrobates leucomelas at Bristol Z



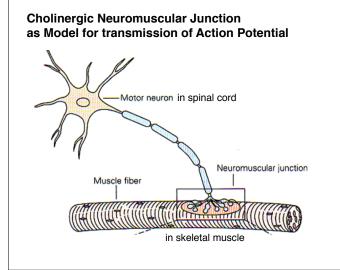




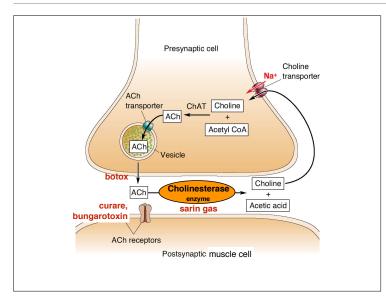


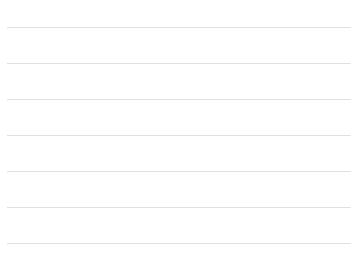
Frog neuromuscular junction treated with latrotoxin (LTX). Exposure to high amounts of toxin for hours causes a massive release of small synaptic vesicles. This results in an enlargement of the plasmalemma and a total depletion of the neurotransmitter containing vesicles, but not of the large dense-core vesicles containing neuropep- tides (arrow).

> Schiavo, Giampietro, Michela Matteoli, and Cesare Montecucco. Neurotoxins Affecting Neuroexocytosis. Physiol. Rev. 80: 717–766, 2000.

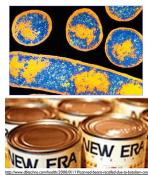








Botox -- Clostridium botulinum





http://nabc.ksu.edu/content/factsheets/category/

Blocks release of Acetylcholine from motor neuron.

Symptoms include double vision, blurred vision, drooping eyelids, slurred speech, difficulty swallowing, dry mouth and muscle weakness. Treatment may include antitoxins, intensive medical care or surgery of infected wounds. If left untreated, botulism can temporarily paralyze your arms, legs, trunk, and the muscles that help you breathe. The paralysis usually improves slowly over several weeks. People who develop severe botulism experience breathing failure and paralysis and need to be put on ventilators (breathing machines) (NHH website)

"botulus" = home-fermented sausage

Botulism, a serious but relatively rare disease, is caused by an extremely potent toxin produced by the bacterium Clostridium botulinum. C. botulinum is an anaerobic, gram-positive, spore-forming bacterium that most commonly affects wild fowl and poultry, cattle, horses, and some species of fish.

Although the incidence of botulism is relatively low in humans (~ 9 outbreaks of foodborne botulism per year with and average of 2.4 cases per outbreak), the disease is of considerable concern because of its high infectivity and high mortality rate (untreated). Only a few nanograms of toxin can cause human illness. And, in the 962 recorded botulism outbreaks in humans (2,320 cases) in the U.S. from 1899 to 1990, there have been 1,036 deaths.

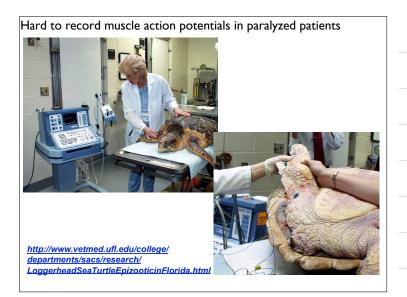
Acetylecholine (ACh) receptor toxins

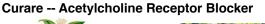
curare - plant toxin; binds weakly to ACh receptor

a-bungarotoxin - snake venom; binds tightly to ACh receptor

mysathenia gravis - autoimmune disease; immune system attacks ACh receptors

sarin nerve gas - blocks acetylcholinesterase, raises ACh levels







During 1811-1812 <u>Sir Benjamin Collins Brody</u> (1783-1862) experimented with curare [<u>4</u>] He was the first to show that curare does not kill the animal and the recovery is complete if the animal's <u>respiration</u> is maintained artificially. In 1825 <u>Chartes Waterton</u> (1783-1865) (who gained fame by riding a captured <u>alignator</u>) described a classical experiment in which he kept a curarized she-ass alive by <u>artificial</u> <u>wentibleton</u> with a <u>bellowe</u> through a <u>tracheotom</u> [<u>5</u>] which he keyl a durated she as any by animal ventilation with a bellows through a tracheostomy.[5] Waterton is also credited with bringing curare to Europe.[6] Robert Hermann Schomburgk, who was a trained botanist, identified the vine as one of the Strychnos species and gave it the now accepted name Strychnos toxifera.[2]



Disease of Neuromuscular Junction: Myasthenia Gravis

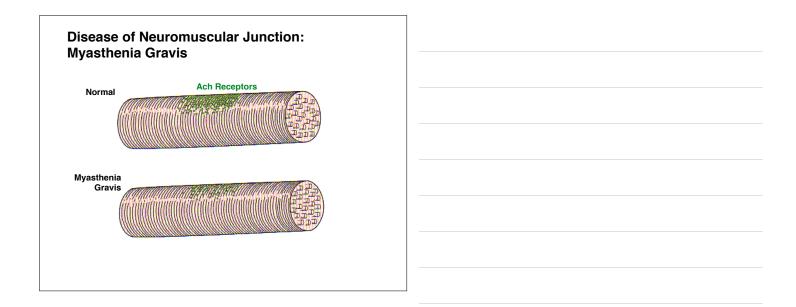


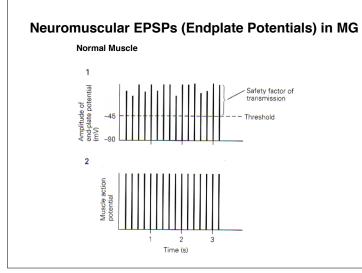


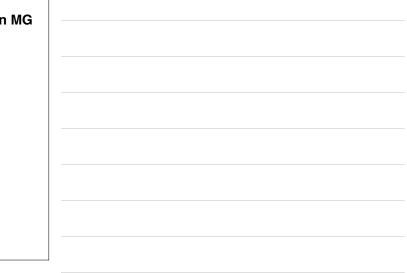
Symptoms

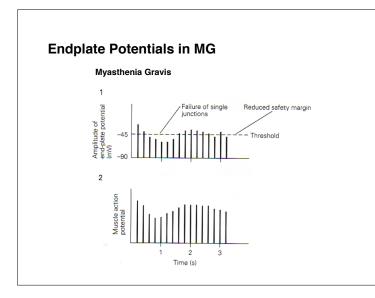
The most common symptoms of MG relate to weakness of the muscles that lift up the lid (ptosis) or move the eyes (double vision). MG can affect muscles anywhere in the body including those of swallowing or even breathing. Shortness of breath or difficulty swallowing may be very serious symptoms of MG and must be brought to your doctor's attention immediately. MG does not produce pain or numbness. If pain is present there must be something else going on and you need to tell your doctor. www.beverlyhillsneurology.con

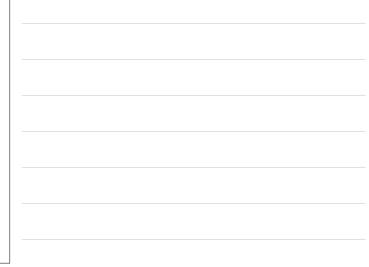
http://meds.queensu.ca/medicine/oph/patients/myastheniagravis.shtml

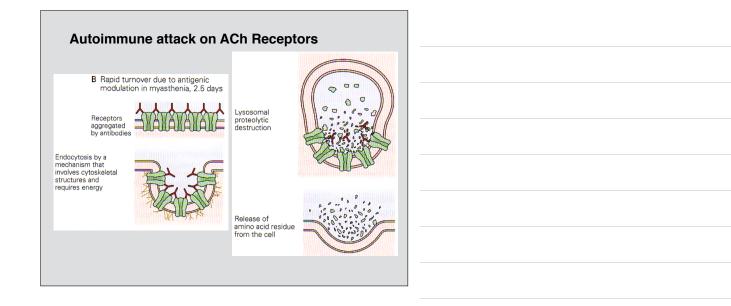














Initial symptoms usually include intense sweating, runny nose and twitching of muscles. The pupils of the eyes constrict, dimming sight and causing other visual difficulties. If enough sarin is inhaled or absorbed, a victim quickly develops tightness of the chest and begins gasping for breath. The heart rate slows and the blood pressure can drop to dangerous levels. Sarin also can cause nausea and vomiting, abdominal cramps, diarrhea, headache, drowsiness, convulsions and coma.

Summary of Toxins

TTX (tetrodotoxin) - blocks voltage-gated Na+ channels

TEA (tetraethylammonium) - blocks voltage-gated K+ channels

batrachotoxin - opens Na+ channels, causing persistent depolarization

pumiliotoxin - blocks Ca++ channels so blocks vesicular release

latrotoxin - forms Ca++ channel, so causes vesicular release; also blocks endocytosis of membrane

botulinum (botox) - blocks acetylcholine release

curare, alpha-bungarotoxin - antagonists of nicotinic acetylcholine receptor

mysathenia gravis - autoimmune disease; immune system attacks ACh receptors

sarin nerve gas - blocks acetylcholinesterase, raises ACh levels