

Mechanism of <u>moxibustion</u> inhibition<u>ng</u> of p53<u>-based</u> regulation of ferroptosis <u>by moxibustion</u> to <u>alleviate</u> <u>improve</u> synovial inflammation injury in <u>a rat</u> rheumatoid arthritis model<u>rats</u>

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- 17 Keywords: moxibustion, rheumatoid arthritis, inflammatory response, ferroptosis, tumor
- 18 suppressor protein.
- 19 Abstract
- 20 Background: Moxibustion is an effective technique for treating on rheumatoid arthritis (RA), an
- 21 autoimmune disease, <u>i however, its</u> but the mechanism is not yet fully understood. Inflammatory injury
- 22 and destruction of cartilage and bone destruction are the primary main clinical manifestations of RA

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Here, we studied <u>This study explored</u> the mechanism <u>through which of moxibustion alleviates</u> treatment on inflammatory injury of synovial tissue in a <u>RA-rat model_RA model</u> by <u>determining</u> observing the effect of moxibustion's effect on the regulation of ferroptosis regulation by the tumor suppressor protein (p53 and)/ solute carrier family 7 member 11 (SLC7A11).

27 Methods: Sixty Sprague-DawleySD rats were randomly allocated to divided into five groups, with 12 28 rats per group: normal-group, model-group, agonist-group, moxibustion-group, and moxibustion + 29 agonist-group, with 12 rats in each group. Except for rats in the normal group, rats in the remaining other four groups were developed established as RA models by exposure to the combining wind, cold, 30 and damp environmental factors condition of wind, cold, and dampness together with the 31 32 administration of Freund's complete adjuvant (FCA). In the moxibustion group, cigarette-liketype moxa strips were suspended near used to suspend ""Shenshu"" and "Zusanli" acupoints for 20 33 34 min/time (both acupointssides), and the two acupoints were stimulated used alternatelytely once a 35 day-daily for 15 days. In the agonist group, The p53 agonist NSC59984 was administered injected intraperitoneally (45 mg·mg·kg⁻¹·d-5, 3 injections) in the agonist group; the The moxibustion + 36 37 agonist group received was given an intraperitoneal injectionadministration of -NSC59984 and 38 moxibustion treatmentintervention. After 15 days of treatmentintervention, histomorphological 39 changes in the of knee synovial membrane were noted observed by transmission electron microscopy; 40 SLC7A11 and GPX4 and SLC7A11 protein expressions expression was were detected by Wwestern 41 blotting assay; serum levels of GSH, reactive oxygen species (ROS), glutathione (GSH), and Fe²⁺ 42 expressions were estimated withdetected by the colorimetric method as well as and the fluorescent 43 probe method₅; and serum levels of interleukin-1 β (IL-1 β) and tumor necrosis factor- α (TNF- α) and 44 interleukin-1ß (IL-1ß) were quantified detected by ELISAlisa method expression.

45 Results: After successful the models were successfully establisheding, it was observed that 46 mitochondrial damage in the cartilage of rats in both the model and agonist groups rats was showed 47 evident mitochondrial damage in cartilage, while the moxibustion and moxibustion + agonist groups 48 rats showed varying degrees of reduction in mitochondrial damage after 15 days of 49 treatmentintervention. The expression of p53, ROS, Fe^{2+} , <u>IL-18</u>, and TNF- α , and IL-18 levels in the model group were significantly higher in the model group were significantly higher (P < .01) than 50 51 those those in the normal group (P < 0.01), while the expression of SLC7A11, GPX4, and GSH levels 52 were significantly lower (P < 0.01). In the agonist group, the expression of p53 (P < 0.05), and ROS, 53 Fe²⁺, <u>IL-1β</u>, and TNF- α , and IL-1β (P < 0.01) levels were significantly higher than those in the model

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group, while the expression of SLC7A11 (P > 0.05), GPX4 (P < 0.05), and GSH (P < 0.01) levels were 54 55 markedly significantly lower. Additionally, in the moxibustion and moxibustion + agonist groups, the levels expression of p53 (P < 0.05, and P > 0.05 for the moxibustion and moxibustion + agonist groups, 56 respectively), and ROS, Fe^{2+} , H-1 β , and TNF- α , and IL-1 β (P < 0.01) were lower than those in the 57 model group, while the expression of SLC7A11 (P < 0.01), GPX4 (P > 0.05), and GSH (P < 0.01) 58 59 levels were markedly significantly higher. Moreover, the expression of p53, ROS, Fe²⁺, IL-18, and 60 TNF- α_{2} and IL-1 β levels (P < 0.01) were significantly lower in the moxibustion and moxibustion 61 agonist groups than in compared to the agonist group, while the expression of SLC7A11, GPX4, and

62 GSH (P < 0.01) <u>levels</u> were significantly higher.

Conclusion: Moxibustion may alleviate cartilage and synovial inflammation injury; and inhibit the
 expression of pro-inflammatory factors; Furthermore, and its mechanism of action is probably

- 65 <u>associated with may be related to the suppression inhibition of p53 protein expression</u>, which activates
- 66 <u>the</u> downstream gene *SLC7A11* to further suppress ferroptosis in knee joints.

67 1 Introduction

68 Rheumatoid arthritis (RA), is an autoimmune disease, manifests as characterized by chronic 69 progressive arthritis (1). The pathogenesis of RA ishas a complex pathogenetic mechanism, with 70 multiple cell death pathwaysmodalities involved, such as apoptosis, autophagy, necrosis, and 71 ferroptosis (2-4). According to Rrecent studies, have found that p53, solute carrier family 7 member 72 11 (SLC7A11), p53, reactive oxygen species (ROS), and iron accumulation, which are important 73 regulators of ferroptosis, are closely related to the development of RA development. This finding 74 suggestsing-that RA and ferroptosis-related pathological processes are likely to convergeintersect, 75 however, but their mechanisms of action remain unhave yet to be elucidated (5, 6). p53 is a potential regulatory target of ferroptosis and has a critical plays an important regulatory role in the development 76 of RA disease development (7, 8). 77

RA belongs to the category of "Bi syndrome" iIn traditional Chinese medicine (TCM), RA is categorized as a "Bi syndrome"; this is mainly because of due to weakness of the body's upright Qi in the body; muscle invasion of by wind, cold, and dampness pathogens into the muscles, stagnation of Qi and blood circulation; and pain caused by obstruction of meridians by due to wind, cold, and dampness. The use of moxibustion, a characteristic therapy of TCM therapy, has shown excellent good therapeutic effects. Moxibustion is a therapy that involves direct or indirect burning and warming of

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84 acupoints on the body surface with mild heat generated by burning moxa cones, using the mild heat of 85 fire and using the effect of medicinal properties to achieve the purpose of promoteing blood flow, 86 removeing obstruction of meridiansfrom channels, treating diseases, and health preserveation health 87 through meridian conduction. Modern clinical studies have shown found-that moxibustion can 88 effectively reduce inflammation in RA patients. Moxibustion treatment can regulate the immune 89 function of RA patients, restore the dynamic balance of their humoral and cellular immunity, promote 90 RF conversion to negative or decrease titers, and shows a is positively correlationed with the 91 improvement of clinical symptom improvements in patients (9).

92 Thus far, limited There are few-studies have assessed to explore the mechanisms through which of 93 moxibustion affects for RA from a the perspective of ferroptosis perspective., and the Our group's 94 previous study demonstrated found that moxibustion eould regulates the expression of ferroptosis-95 related factors p53 and SLC7A11 expression in the synovial tissue of rats with RA-model, inhibits the 96 occurrence of ferroptosis occurrence, and mitigates improve the damage caused by of synovial 97 inflammation (10). In the present this study, we used p53 as an entry point to determine observe 98 whether moxibustion mediates SLC7A11 to regulate ferroptosis through p53 and thus improve 99 ameliorate synovial inflammation and cartilage damage in RA rats, and to investigate the underlying

00 mechanism of action of through which moxibustion affects in the treatment of RA.

101 2 Materials and Methods

102 2.1 Experimental animals details and groupings

103 Sixty clean-grade male Sprague-Dawley male SD-rats, weighing body mass (220 ± 20) g, were supplied 04 by purchased from Anhui Provincial Laboratory Animal Center [production license number: SCXK 105 (Anhui) 2017-001]. The animals were maintained under the following Laboratory conditions: 106 temperature: (27 ± 0.5) °C, humidity: $(60\% \pm 5)$ %, a 12-h/12h- light/dark cycle, and unlimited free access to diet and water. Following After 1 week of adaptive feeding for 1 week, the rats were randomly 107 08 allocated to five groups, with 12 rats per group: divided into normal, model, agonist, moxibustion, and 09 moxibustion + agonist groups, with 12 rats in each group. The disposal of animals dDuring the 10 experiments, animal disposal was performed strictly in complianceed with the ""Guiding Opinions on the Good Treatment of Laboratory Animals"" and other relevant regulations promulgated in 2006 by 111 12 the Ministry of Science and Technology, of the People's Republic of China-in 2006.

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113 2.2 Main-Important instruments and reagents

114 The following critical instruments and software were used in this study: Mmicroplate Rreader (Redu

115 Life Sciences Ltd.); Uultramicro spectrophotometer (Nanjing Wuyi Technology Co., Ltd.); Eelectric

116 Hheating Thermostat (Shanghai Sanfa Scientific Instruments Co., Ltd.); Electrophoresis

117 <u>System/eElectrophoresis tTank/tTransfer Instrument (Shanghai Tennant Technology Co., Ltd.);</u>
 118 <u>Hhorizontal shaker (Haimen Qilinbeier Instrument Manufacturing Co., Ltd.);</u>
 aAutomatic exposure
 119 meter (Shanghai Peiqing Technology Co., Ltd.); <u>hHigh-speed tFrozen cCentrifuge (Anhui Jiawen</u>
 120 Instrument Equipment Co., Ltd.); <u>and GraphPad Prism 6.0 Software aAnalysis System (GraphPad</u>

121 Software, USA).

122 The following important reagents and kits were used in this study: Freund's cComplete aAdjuvant

123 (Sigma, USA); GSH kit (Nanjing Jiancheng Institute of Biological Engineering); NSC59984 (Shanghai

124 Blue Wood Chemical Co., Ltd.); ROS kit (Shanghai Bebe Biotechnology Co., Ltd.); GPX4/p53 kit

125 (Abcam, UK); SLC7A11 kit (Beijing Boaosen Biotechnology Co., Ltd.); Fferrous ion kit (Wuhan Elite

126 Biotechnology Co., Ltd.); IL-1 β /TNF- α kit (Wuhan Genome Biotechnology Co., Ltd.); RIPA cell

127 lysate/ECL ultrasensitive luminescence kit (Shanghai Biyuntian Biotechnology Co., Ltd.); PAGE gel

128 procoagulant (Beijing Solabao Technology Co., Ltd.); and gGoat anti-mouse IgG/goat anti-rabbit

129 IgG/β-<u>a</u>Actin antibody (Beijing Zhongsun Jinqiao Biotechnology Co., Ltd.).

130 2.3 Model preparation

- 131 The wind cold humidity environmental factors of wind, cold, and dampness combined with biological factors were used to develop for RA modeling rats, and the The modeled rats were placed in a self-132 133 made modeling chamber with ultrasonic nebulization to regulate control-the humidity inside the 134 chamber, with an appropriate amount of ice was added, and the fan inside the chamber was set to high 135 speedgrade to control the temperature at (6 ± 2) °C and humidity at 80%–90% for 20 d (12 h daily) 136 (11, 12). On day 21 of the experiment, the right hind toe was injected with 0.15 mL of Fever's Freund's complete adjuvant per (0.15 ml/injectiononly) to induce cause inflammation, and the rats were kep 137 under modeling was observationed for 3 days. The modeling was considered to be successfull-138 139 established based on successful by the appearance of acute inflammatory swelling in the toe
- 140 accompanied with by secondary systemic polyarthritis, or even erythema or inflammatory nodules in
- 141 the forelimb or ear tail (13, 14).

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142 2.4 Intervention methods

43 The intervention was started on the day 24th day of modeling development. Based on According to the 44 animal acupoint map of for experimental acupuncture, ""Shenshu"" and "."Zusanli" acupoints were 45 selected., and In the moxibustion group, used special cigarette-liketype moxa strips were suspended at 2 cm from the acupoints for 20 min/time (bilateral); the two one acupoints were alternately stimulated 46 once per day, alternating between the two points, 20 min/time (bilateral) (15). In the agonist group, 47 48 NSC59984 (45 mg-img-kg⁻¹-d⁻⁵) was administered injected intraperitoneally three times; in-In the 149 moxibustion + agonist group, NSC59984 (45 mg·mg·kg⁻¹·d⁻⁵mg-mg-kg⁻¹-d⁻⁵) was administered 50 injected intraperitoneally 30 min before moxibustion followed by the same intervention method as that 151 used in the moxibustion group (16). The rats in the nNormal and model groups rats were placed onin 52 a special wooden frame for 20 min only according to the same grasping pattern. Each group was 53 subjected to intervenedtion once daily for 15 d.

54 2.5 Fetching methods Sample collection

55 On The the day after the end of the intervention completion, the rats in all groups were intraperitoneally 56 anesthetized with a 20% uratan solution (0.3 mL/100 g) was used to give anesthesia to each group of 57 rats by intraperitoneal injection, Subsequently, and bblood samples were obtained was collected from 158 the abdominal aorta, centrifuged using in-a frozen centrifuge (4 °C, 3000 rpm/min) for 15 min with a 159 centrifugal radius of 68 mm, and the serum was separated; a part of the serum was and stored partially 60 and placed in a refrigerator at -80 °C in a refrigerator. The right knee joint of each group of rats was 61 incised longitudinally, and the The skin and muscle were separated, the patella was exposed, and the 162 synovial tissue was further separated, and the sSynovial tissue was peeled off with ophthalmic forceps 163 and stored in a -80 °C freezer.

2.6 <u>Determination of Cchanges in the mitochondrial morphology in of knee cartilage</u>
 observed by transmission electron microscopy

Several pieces of cartilage tissue of <u>size</u> 1–3 mm³ were immediately fixed in 2.5% glutaraldehyde for 24 h. <u>Subsequently, the tissue pieces were After</u>-rins<u>eding</u> in <u>a</u> buffer, the tissue was-fixed in 1% osmotic acid fixative, dehydrated, soaked-through, and then embedded in <u>an</u> Epon 812 embedding solution. After localization, ultrathin sections were stained with lead citrate was used to stain ultrathin

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170	sections.; and Transmission electron microscopy (TEM) was performed to assess changes in the
171	mitochondrial morphology of knee cartilage-were observed by transmission electron microscopy.
172	2.7 Detection of <u>the expression of p53, SLC7A11, p53, and GPX4 proteins</u> in rat
173	synovial tissue by western blot <u>ting assay</u>
174	Briefly, 100 mg of synovial tissue was added into 600 µL RIPA lysisate buffer, and the mixture was
175	centrifuged at 12,000 rpm for 10 min at 12,000 rpm., Subsequently, and the the supernatant was split
176	into aliquots to extract the proteins. SDS-PAGE gels were prepared, sampled, and electrophoresed, and
177	the separated proteins were transferred onto a PVDF membrane ₃ . The membrane was and blocked with
178	5% skimmed milk powder elosed at room temperature for 2h by adding 5% skim milk powder. at room
179	temperature (RT) for 2 h and then iIncubated overnight at 4 °C with primary antibodiesy (p53-1:1000,
180	anti-SLC7A11, 1:2000;; anti-p53, 1:1000; anti-GPX4, 1:1500), overnight at 4 °C; followed by
181	incubatione overnight at 4 °C with secondary antibodiesy (1:20,000) overnight at 4 °C,. This was
182	followed by and washing the membrane 3 times with PBST for 10 min each time. Add The ECL ultra-
183	sensitive chemiluminescentee solution was then added uniformly to the membrane. and analyze the
184	The molecular weight and net optical density value and molecular weight of the target bands were
185	analyzed withby a gel image processing system to quantitatively analyze the grayscale value of each
186	protein band.
187	2.8 Determination of serum GSH and Fe ²⁺ <u>levels</u> in rats by <u>the</u> colorimetric method
188	Briefly, Mix-0.05 mLl of serum was mixed with the precipitant (0.2 mLl) in the kit, and the mixture
189	was subjected to centrifugatione at 3,500 rpm for 10 min at 3,500 rpm in a centrifuge with a centrifugal
190	radius of 68 mm ⁵ , take the The supernatant was taken for to be measurement.d, add the The
191	corresponding reagents were added to the blank-wells, standard-wells, and test wells-respectively
192	according to the instructions requirements of the kit, The contents were adequately mixed well, and
193	leftave undisturbed for 5 min _{5.} set the wavelength of the enzyme standard meter at 405 nm for
194	<u>C</u> eolorimetric quantification, <u>was performed by</u> measuringe the absorbance- <u>value</u> of each well <u>at 405</u>

195 <u>nm</u>, and The absorbance of each well was measured and the GSH content was <u>then</u> calculated. <u>Next</u>,

- 196 Add 0.5 mL + of sample was added to 5 mL + EP tubes, and add 1.5 mL + of the color developer was then
- 197 <u>added to each tube</u>, <u>The contents were adequately mixed well</u>, boiled for 5 min, cooled, <u>and centrifuged</u>
- 198 for 10 min₅. <u>Next</u>, <u>take</u>-1.0 mLl of <u>the</u> supernatant <u>was taken</u>, <u>from each tube for measuringe</u> the
- absorbance of each tube at 520 nm₂ and calculate the content of Fe^{2+} was estimated.

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200 **2.9** Detection of serum ROS level in rats by <u>the</u> fluorescent probe method

Briefly, Add-100 μL of serum samples was added to a the 96-well plate-respectively, Next, using 10
 μL of the luminescent probe L-012 012 probes-included in the kit was added to the plate₅. The contents
 of the plate were mixed thoroughly, and The plate was then incubated in dark at 37 °C for 15–~30 min
 at 37°C protected from light. The fluorescence intensity of each well was estimated measured at an
 excitation and emission wavelengths of 488 and 530 nm, respectively, and emission wavelength of 530
 nm-in a fluorescence zymograph, and the level of ROS level was expressed as the fluorescence intensity.

207 2.10 Determination of serum IL-1β, TGF-β1, and TNF-α levels in rats by ELISA

208 Remove the The refrigerated serum from the refrigerator at -80 °C, was thawed rewarm the serum in a 209 gradient until it melts, Next, the equilibrate the ELISA kit was equilibrated at RTroom temperature 210 for 15-30 min₅, then dilute the The samples standard were then diluted with the standard sample, and 211 this was followed by the addition of the enzyme. The mixture was incubated, prepare the solution, and 212 washed, and the color was developed by following the protocol mentioned in the the color according 213 to the instructions of the kit, Next, the enzymatic reaction was terminated by adding add 50 µL of the 214 termination solution (50 μ L) to terminate the reaction, and set the enzyme standard to detect the 215 absorbance value (OD reading value) of each well was detected at 450 nm using the enzyme standard 216 as the control. The standard curve and standard equation were plotted, and the OD readingvalue of each well was substituted into the standard equation to find determine the actual concentration of each 217 218 sample.

219 2.11 Statistical analysis

220 GraphPad Prism 6.0 software was <u>utilized</u> used for <u>the statistical analysis and</u> graphical representation

- 221 and statistical analysis of the experimental results data. Measurement data were expressed as mMean ±
- standard deviation ($\overline{x} \pm s$) was used for expressing the measurement data. We used One way analysis
- 223 of variance (ANOVA) was used for inter-group comparison, and the least significant difference (LSD)
- test was used for inter-group difference. $P \leq 0.05$ indicated a was considered statistically significant difference.

Comparison of mitochondrial morphology in rat knee cartilage of rats in each group

- 226 **3** Results
- 227 **3.1**

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228 Morphological changes of mitochondria in rat knee cartilage were observed by tTEMransmission 229 electron microscopy was performed to detect morphological changes in the mitochondria in rat kne 230 cartilage. In the normal group, the mitochondria in the rat knee cartilage of rats were regular and intac 231 with clear outlines and apparent obvious mitochondrial cristae; in the model and agonist groups, the 232 mitochondria in the cartilage were was-wrinkled and smaller (and showed vacuolation-like lesions) the mitochondrial cristae were apparently was obviously reduced or disappeared, the mitochondrial 233 234 membrane density was increased, and some of the outlinessides were was blurred and broken, thu 235 suggesting that the rats in these model and agonist-groups exhibited different extents of had obviou 236 ferroptosis characteristics of different degrees. After 15 days of treatmentintervention, the 237 mitochondrial structure in the cartilage of rats in the moxibustion-group and moxibustion + agonist 238 groups showed varying degrees of improvement, with a reduction in reduced membrane density and a 239 remarkable significant increase in the number of mitochondrial cristae (Figure 1).

240 **3.2** Comparison of p53 protein expression levels in the synovial tissue of rats in each group

241 The expression of p53 in the synovial tissue of rats in the The model group was exhibited significantly 242 higher p53 expression in the synovial tissue than that in the normal group (P < 0.01). The expression 243 of p53 in the The agonist group was showed significantly higher p53 expression than that in the model 244 group $(P < 0.05)_{i}$; in contrast, and the moxibustion group showed a significant decrease in p58 245 expression in the moxibustion group was decreased significantly (P < 0.05). However, p53 expressio did not differ significantly between there was no statistically significant difference in the expression o 246 247 p53 in the movibustion + agonist group compared to and the model groups- (P > 0.05). Both the The moxibustion group and the moxibustion + agonist groups exhibited showed significantly lower p58 248 249 expression than the agonist group $(P < 0.01)_{\overline{2}}$ (Figures 2 (a) and (b)).

3.3 Comparison of SLC7A11 and GPX4 protein expression levels in the synovial tissue of rats in each group

252 The expression levels of The expression of SLC7A11 and GPX4 proteins in the synovial tissue were 253 significantly lower of rats in the model group was significantly lower than that in the normal group (P254 < 0.01). Compared to the model group, The expression of SLC7A11 in the the agonist group was 255 showed a lower SLC7A11 expression levelthan that in the model group,; but however, the difference 256 was nonwithout statistical significantee; while the expression of GPX4 expression in the agonist group 257 was significantly lower than that in the model group (P < 0.05). Furthermore, In the moxibustion group both-SLC7A11 and GPX4 showed significantly higher expression levels in the moxibustion group than in the expression were significantly higher than those in the model group $(P < 0.01)_{.5}$ These proteins showed increased expression in while in the moxibustion + agonist group, their expression showed an increasing trend the moxibustion + agonist group₅; however, this increase was nonsignificant but without statistical significance. Both the The moxibustion group and the moxibustion + agonist group₅ showed significantly higher expression levels of SLC7A11 and GPX4 than compared to the agonist group (P < 0.01) (Figures 2 (c) and (d)).

265 3.4 Comparison of <u>serum_GSH</u>, ROS, and Fe²⁺ <u>levels</u> expression in serum of rats in each 266 group

The expression of serum GSH in rats in the The model group was showed significantly lower serum 267 268 <u>GSH level</u> than that in the normal group $(P < 0.01)_{73}$ while however, a significant increase was noted in the serum ROS and Fe²⁺ levels in the model group were significantly increased (P < 0.01). Similarly, 269 In the agonist group, showed the expression of GSH was significantly lower serum GSH level than 270 that in the model group (P < 0.01), but significantly higher serum while ROS and Fe²⁺ levels-were 271 272 significantly increased (P < 0.01). Both the The moxibustion group and the moxibustion + agonist 273 groups showed significantly higher serum expression of GSH level than compared to the model group and the agonist groups (P < 0.01), while the serum ROS and Fe²⁺ levels in the movibustion and 274 moxibustion + agonist groups were significantly reduced (P < 0.01) (Figure 3). 275

276 **3.5** Comparison of serum <mark>IL-1β and</mark> TNF-α <u>and IL-1β</u> levels <u>in of</u> rats in each group

The levels of serum IL-1 β and TNF- α in rats in the model group were significantly higher-<u>The model</u> group showed significantly higher serum TNF- α and IL-1 β levels than those in the normal group (P < 0.01). In the <u>The</u> agonist group, <u>exhibited</u> the levels of IL-1 β and TNF- α were-significantly higher serum TNF- α and IL-1 β levels than those in the model group (P < 0.01). Both the <u>The</u> moxibustion group and the moxibustion + agonist groups showed significantly lower <u>serum</u> expression of IL-1 β and TNF- α and IL-1 β levels than <u>compared to</u> the model group and the agonist groups (P < 0.01) (Figure 4).

284 4 Discussion

285 The basic pathological changes of RA are sSynovitis and the formation of blood vessel plexus 286 formation are the primary pathological changes of RA, which and these changes gradually destroy lead

to the destruction of articular cartilage and bone. This may ultimately eventually cause result in joint 287 288 deformity as well as and-loss of function (17). Therefore, one of the important goals of RA treatmer 289 is how to reduce inflammatory damage and slow down the process of cartilage and bone destruction has become one of the important goals of RA treatment. Currently, anti-rheumatic drugs are 290 291 predominantly used in RA treatment is still dominated by drugs that improve rheumatism; howeve 292 the long-term use of these drugs results in but there are more adverse effects on long-term use. As an 293 important part of TCMChinese medicine, moxibustion therapy has better anti-inflammatory, synovial 294 membrane repair, and bone and cartilage protection effects on in-RA-treatment, which precisely 295 compensates for some of the deficiencies of mainstream Western medicine (18).

296 Ferroptosis is a novel form of programmed cell death-was first proposed by Dixon et al. as a novel 297 form of programmed cell death. It ean triggers the body's intrinsic immunity, releases inflammatory 298 mediators, and activates the body's inflammatory response of the body, and in which RA rheumatoid 299 arthritis-is one of the common clinical inflammatory diseases (19, 20). Meanwhile, a Abnormal levels of expression of ferroptosis-related factors, namely SLC7A11, GSH, GPX4, and ROS, are all-closely 300 301 associated with pathological changes in RA (11). In a previous study, It has been reported that 302 rresveratrol-(RES) can-increased the content of GSH as well as and glutathione peroxidaseGSH-PX 303 content, lowered decrease the content of malondialdehydeMDA content, and reduced the level of lipid 304 peroxidation level; these changes which in turn significantly alleviated improves the degree of joint inflammation and kidney damage in AA rats (21). In 2015, Jiang et al., first linked p53 to ferroptosis, 305 306 suggesting that p53 can inactivate GPX4 by reducing intracellular GSH synthesis through 307 transcription-dependent repression of the downstream gene SLC7A#11, leading to ROS accumulation and thus inducing ferroptosis (22, 23), p53 is a potential regulatory target of ferroptosis and $\frac{1}{3}$ also at the 308 309 same time, plays an important regulatory role during in the development of RA development diseas 310 course. Therefore, in our this study, we further examined explores some of the mechanisms of action 311 of moxibustion for treating in the treatment of RA from the perspective of p53 regulation of ferroptosis

The results of this study showed that the p53 protein level and serum ROS and Fe²⁺ levels was-were significantly elevated, and SLC7A11 and GPX4 protein levels and serum GSH level were remarkably significantly decreased, GSH expression in serum was significantly decreased, and ROS and Fe²⁺ were significantly elevated in the synovial tissue of rats in the model group rats; these findings suggesteding the occurrence of ferroptosis induction process-in the RA model rats, which is consistent with the results of the a previous study. After intervention with the p53 agonist NSC59984, the p53 protein level

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818 and serum ROS and Fe²⁺ levels was were significantly elevated and in synovial tissue, SLC7A11 and 819 GPX4 protein levels and were significantly decreased, serum GSH level were expression in serum was significantly decreased in synovial tissue, and ROS and Fe²⁺ were significantly elevated;, these \$20 821 findings indicated that suggesting that the p53 agonist could suppress inhibit the expressions of 322 SLC7A11 expression and further promote the development of ferroptosis development. Following the 823 combined treatment of After moxibustion intervention on the basis of the model group and the p53 324 agonist, the rat synovial tissue showed a significant decrease in p53 expression and serum ROS and 825 Fe²⁺ levels protein, and a significant increase in SLC7A11 and GPX4 proteins, and a significant 826 increase in-serum GSH levelexpression in serum, and a significant decrease in ROS and Fe²⁺; these 827 findings suggesteding that moxibustion can enhance the expression of the downstream gene SLC7A11 328 expression by inhibiting p53, promote the synthesis of GSH, and thus subsequently slow down the 329 ferroptosis process.

\$30 A close relationship exists between The development of RA symptom development and s is closely 331 related to the body's inflammatory response of the body. Several A large number of inflammatory cells 332 adhere to and accumulate to in the synovial membrane and are activated to exert their biological effects 333 and secreteion of various cytokines, thus forming a complex cytokine network that is involved in the 334 immune regulation and inflammatory response of RA. The expression of inflammatory factors is 835 closely related to the development of RA diseased evelopment, wherein which the overexpression of 336 pro-inflammatory factors such as <u>IL-1 β TNF- α </u>, <u>IL-6TNF- α </u>, and <u>IL-1 β IL-6</u> aggravates joint 337 inflammatory lesions (24, 25).

338 The results of this Our present study showed remarkably elevated that the expression of serum levels \$39 of IL-1 β and TNF- α and IL-1 β was significantly elevated in the model and agonist groups of rats, thus 840 suggesting an enhanced inflammatory response, this finding is consistent with the transmission 841 electron microscopic observations of TEM, which showed typical morphological changes of 342 ferroptosis, such as mitochondrial atrophy, broken membrane structures, and reduced entoloph. The 843 expression of sSerum $\frac{\text{IL}-1\beta}{\text{IL}-1\beta}$ and $\frac{\text{IL}-1\beta}{\text{IL}-1\beta}$ levels also decreased markedly significantly in the 844 moxibustion group-and the-moxibustion + agonist groups, thus indicating that moxibustion lowers 845 eould reduce the expression of pro-inflammatory factors. Meanwhile, the TEMelectron microscopic results showed a remarkable improvement in that-the mitochondrial structure-was-significantly B46 \$47 improved, a reduction in the membrane density was reduced, and a marked enhancement in the number

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of mitochondrial cristae-was significantly increased; these findings indicateding that moxibustion
 could reduce the cartilage damage in the knee joint of RA rats.

350 5 Conclusion

The present study assessed explored the impact of moxibustion treatment on RA from a the perspective 351 352 of ferroptosis perspective and found that the mechanism of action of moxibustion for treating RA 353 probably may be closely associated with related to the inhibition of p53 suppression, which leads to 354 increased to enhance the expression of the downstream gene SLC7A11; which this cascade 355 subsequently in turn inhibits the occurrence of ferroptosis occurrence, attenuates the inflammatory 356 response, and slows down the destruction of articular cartilage destruction. The occurrence of 357 Eferroptosis induction involves the expression and regulation of multiple genes and pathways, and 358 remains to be further studied whether moxibustion inhibits the occurrence of ferroptosis induction through other regulatory factors-still needs to be further explored. 359

360 6 Conflict of Interest

The authors declare that the present research <u>does not have any was conducted in the absence of any</u>
 commercial or financial relationships that could be construed as a potential conflict of interest.

363 7 Author Contributions

LH and CP proposed and designed <u>the this</u> study. CP and TW performed the experiments and wrote the manuscript. JW and QY <u>assisted helped</u>-in <u>conducting</u> experiment<u>s</u> and CZ <u>performed</u> evaluated the data <u>analysis</u> and helped in writing. TW, FH₂ and RC designed the experiments₇ and analyzed the data. All authors contributed to the article and approved the submitted version.

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374 9 Data Availability Statement

\$75 The raw data supporting the conclusions of this study article will be made available by the authors,

376 without undue reservation.

377 10 Ethics statement

The animal study was reviewed and approved by the Institutional Animal Ethics Committee of AnhuiUniversity of Chinese Medicine.

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- 453 454

455 Figure captions

- Figure 1: Mitochondrial morphology of knee cartilage of rats in each group of rats. (A) normal group;
- 457 (B) model group; (C) agonist group; (D) moxibustion group; (E) moxibustion + agonist group.
- 458 Figure 2⁺. Expression levels of pProtein expression levels in the synovial tissue of rats in each group.
- 459 (A) Western blotting assay analysis of p53, SLC7A11, GPX4, and β-aActin. (B) p53. (C) SLC7A11.

- 460 (D) GPX4. Compared with to the normal group, $^{\#}P < 0.01$; compared with to the model group, $^*P \leq 0.01$; compared with to the model group, $^*P \leq 0.01$; compared with to the model group, $^*P \leq 0.01$; compared with to the model group, $^*P \leq 0.01$; compared with to the model group, $^*P \leq 0.01$; compared with to the model group, $^*P \leq 0.01$; compared with to the model group, $^*P \leq 0.01$; compared with to the model group, $^*P \leq 0.01$; compared with to the model group, $^*P \leq 0.01$; compared with to the model group, $^*P \leq 0.01$; compared with to the model group, $^*P \leq 0.01$; compared with to the model group, $^*P \leq 0.01$; compared with to the model group, $^*P \leq 0.01$; compared with to the model group, $^*P \leq 0.01$; compared with the model group (the model group) (the model group)
- 461 $\theta.05$ and ** $P < \theta.01$; compared with to the agonist group, $\Delta P < 0.01$.
- 462 Figure 3: <u>Serum GSH</u>, ROS, and Fe²⁺ <u>levels expression in serum</u> of rats in each group. (A) GSH; (B)
- 463 ROS; (C) Fe²⁺. Compared to with the normal group, $^{\#}P < 0.01$; compared to with the model group, *
- 464 P < 0.01; compared to with the agonist group, $^{\Delta \Delta} P < 0.01$.
- 465 Figure 4.: Serum IL-1β and TNF-α levels of rats in each group. (A) IL-1β; (B) TNF-α. Compared to
- 466 with the normal group, $^{\#}P < 0.01$; compared to with the model group, $^{**}P < 0.01$; compared to with
- 467 the agonist group, $^{\Delta\Delta}P < \Theta.01$.

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