

Transcription Factor NF- κ B

A Sensor for Smoke and Stress Signals

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ABSTRACT: Nuclear factor-kappa B (NF- κ B) is a transcription factor that resides in the cytoplasm of every cell and translocates to the nucleus when activated. Its activation is induced by a wide variety of agents including stress, cigarette smoke, viruses, bacteria, inflammatory stimuli, cytokines, free radicals, carcinogens, tumor promoters, and endotoxins. On activation, NF- κ B regulates the expression of almost 400 different genes, which include enzymes (e.g., COX-2, 5-LOX, and iNOS), cytokines (such as TNF, IL-1, IL-6, IL-8, and chemokines), adhesion molecules, cell cycle regulatory molecules, viral proteins, and angiogenic factors. The constitutive activation of NF- κ B has been linked with a wide variety of human diseases, including asthma, atherosclerosis, AIDS, rheumatoid arthritis, diabetes, osteoporosis, Alzheimer's disease, and cancer. Several agents are known to suppress NF- κ B activation, including Th2 cytokines (IL-4, IL-13, and IL-10), interferons, endocrine hormones (LH, HCG, MSH, and GH), phytochemicals, corticosteroids, and immunosuppressive agents. Because of the strong link of NF- κ B with different stress signals, it has been called a "smoke-sensor" of the body.

KEYWORDS: NF- κ B; stress; smoke; gene expression; cancer

WHAT IS NF- κ B?

Nuclear transcription factor κ B (NF- κ B) was identified by David Baltimore in 1986 as a factor in the nucleus that binds the promoter of the kappa chain of immunoglobulins in B cells.¹ NF- κ B has since been shown to be present in the cytoplasm of every cell type in its inactive state and is conserved in animals all the way from *Drosophila* to man. Five different mammalian NF- κ B family members have been identified and cloned: NF- κ B1 (p50/p105), NF- κ B2 (p52/p100), RelA(p65), RelB, and c-Rel. All family members share a highly conserved Rel homology domain (RHD; ~300 aa) responsible for DNA binding, a dimerization domain, and the ability to interact with I κ Bs, the intracellular inhibitor for NF- κ B. Two different NF- κ B activation pathways have been identified, a canonical pathway initiated by NF- κ B1 (p50/p105) and a noncanonical pathway initiated by NF- κ B2

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(p52/p100). Before the NF- κ B complex is translocated into the nucleus, NF- κ B1 and NF- κ B2 are cleaved to the active p50 and p52 subunits, respectively.

In resting cells, NF- κ B, consisting of p50 and RelA, is sequestered in the cytoplasm in an inactive form through its association with one of several inhibitory molecules, including I κ B- α , I κ B- β , I κ B- γ , p105, and p100, among which I κ B- α is the most abundant. In response to environmental stimuli, including cytokine/chemokines, viral and bacterial pathogens, and stress-inducing agents, inactive NF- κ B/I κ B complex is activated by phosphorylation on two conserved serine (S) residues within their N-terminal domain of I κ B proteins. Phosphorylation of these conserved S residues in response to stimulators leads to the immediate polyubiquitination of I κ B proteins by the SCF- β -TrCP complex (FIG. 1). This modification subsequently targets I κ B proteins for rapid degradation by the 26S proteasome.

Activation of the NF- κ B signaling cascade results in complete degradation of I κ B, allowing the translocation of NF- κ B to the nucleus, where it induces transcription. Activated NF- κ B binds to specific DNA sequences in target genes, designated as κ B-elements, and regulates transcription of over 400 genes involved in immunoregulation, growth regulation, inflammation, carcinogenesis, and apoptosis.

WHAT ACTIVATES NF- κ B?

Extensive research in the last two decades has shown that a large number of stimuli can activate NF- κ B (TABLE 1). These include bacteria and fungi, bacterial and fungal products, viruses and viral proteins, inflammatory cytokines, parasites, mitogens, physiological stress, physical stress, oxidative stress, environmental and occupational particles, heavy metals, intracellular stresses, viral or bacterial products, UV light, X-rays, gamma radiation, chemotherapeutic agents, carcinogens, cigarette smoke, hydrogen peroxide, colony-stimulating factors, mechanical stress, psychological fear, Th1 cytokines, hypoxia and hyperoxia, chemotherapeutic agents, endotoxins, and tumor promoters. The diversity of the stimuli that can stimulate NF- κ B activation suggests that it can be used as a "smoke-detector" or "stress-sensor."

The mechanisms by which these diverse stimuli activate NF- κ B are not identical. Perhaps the best understood of these pathways is the tumor necrosis factor (TNF)-induced NF- κ B activation pathway (FIG. 1). The sequential recruitment of TNFR, TRADD, TRAF2, RIP, and IKK leads to TNF-induced NF- κ B activation.² Recent work from our laboratory has implicated ras,³ syk,⁴ and β -GSK⁵ in TNF-induced NF- κ B activation. Others have implicated AKT,⁶ MEK3,⁷ and FAK.⁸ TNF-induced NF- κ B activation is mediated through the production of reactive oxygen species as SOD⁹ and γ -GCS¹⁰ inhibited the activation. Numerous studies have indicated that NF- κ B activated by several agents, however, differs from that of TNF.^{11,12} For example, we have shown that NF- κ B activated by pervanadate^{13,14} and hydrogen peroxide¹² differs from that activated by TNF. Others have shown that activation of NF- κ B by hypoxia,¹⁵ UV,¹⁶ γ -radiation,¹⁷ X-rays,¹⁸ ds RNA,¹⁹ erythropoietin,²⁰ and hepatitis C virus²¹ differs significantly from that activated by TNF. Although activation of NF- κ B by most agents requires the activation of I κ B α kinase (IKK), activation of NF- κ B by UV, X-ray, hypoxia, pervanadate, erythropoietin, H₂O₂, and hepatitis C virus (NS5A) has been shown to be IKK-independent.

Bacterial or Fungal Products	EBV: EBNA-2	Overventilation (perfused lungs)	Bucillamine metabolite SA 981	Apoptotic Mediators	hRepT1 (apical di-tripeptide transporter)	anthracycline)
Apicalen A	EBV: HBx	Pancreatitis	Campothecin	Anti-Fas/Apo-1	Kainate	Monensin
CpG	HBV: HBs	Proteinuria	Celecoxib	Poly(ADP) Ribose Polymerase (PARP)	Leukotriene B4	N-methyl-D-aspartate
Cytosin (Vibrio vulnificus)	HBV: MHb	Reoxygenation	Ciprofibrate	Trail	L-Glutamate	Mycophenolic acid
Diphosphoryl lipid A (Rhodobacter sphaeroides)	HCV: Core protein	Rheumatoid arthritis	Cisplatin	Mitogens, growth factors and hormones	Long-term potentiation (LTP)	Nalafenop
Enterotoxin (Bacteroides fragilis)	Herpes Samiri: HVS13	Senescence (keratinocytes)	Cycloprodigiosin	Bone morphogenic protein 2	Lysophosphatidylcholine (LysoPC)	Nickel sulfate
Exotoxin B	Herpes Samiri: StpC	Shear Stress	Dacarbazine	Bone morphogenic protein 4	Mixed meal ingestion (hi glucose)	Nicotine
Fimbria protein ATTLA (P gingivalis)	HIV-1: gp160	Neuronal trimethyltin injury	Daic-Orengedeokuto	Cortical Releasing Hormone	Neuromelanin	N-nitrosomorphine
Fumonisin B1 (Fusarium verticillioides)	HIV-1: Nef	Uni-axial cyclic cell stretching	Daunorubicin	Epidermal Growth Factor	Neurophil elastase	Nocodazol
G(AuH) M Terra (E coli)	HIV-1: p9 (9 aa peptide)	T-cell selection	Diazoxide	Folate Stimulating Hormone	Nitric oxide	Okadaic Acid
Glycosylphosphatidylinositol (Plasmodium falciparum)	HTLV-1: Tax	Physical Stress	5,6-dimethylxanthinone-4-acetic acid	Gastrin	NS-398 (high dose)	Peplomycin
Lipotechoic acid	HTLV-II: Tax	Bile duct ligation	Etoposide	GM-CSF	Oleic acid	PHA
Lipotechoic acid (Mycobacterium leprae)	Influenza Virus	Cyclic mechanical muscle strain	Flavone-8-acetic acid	Hepatocyte Growth Factor	Palmate	Phorbol ester
Lipotechoic acid (Listeria)	Parvovirus B19: NSI	Exercise	Haloperidol	Human Growth Hormone	PCSC (polysaccharide from Poria cocos)	Phosphodiester Cpg DNAs
Lipopolysaccharide (LPS)	SV40: small T-antigen	Gamma Radiation	Kunbi-Boshin-Hangam-Tang	Insulin	PAF (platelet activating factor)	Podophyllotoxin
Membrane lipoproteins (Mycobacterium fermentans)	Eukaryotic parasites	Heavy ion irradiation	Lithium	Insulin-like growth factor 1	PCSC (polysaccharide from Poria cocos)	Prostratin (a phorbol ester)
Membrane lipoproteins (Mycobacterium penetrans)	Leishmania	Laminar shear stress	Methamphetamine	M-CSF	Phellinus linteus proteoglycan	Pyrogallol
Muramyl Peptides	(lipophosphoglycan)	PPME Photosensitization	Mitoxantrone	Mullerian Inhibiting Substance	Platelet type arachidonate 12-lipoxygenase	Quinolmic acid
Mycoarabinomannan	Phospholiponmanan (C. albicans)	Ultraviolet irradiation (UV-A, B, C)	Norepinephrine	Nerve Growth Factor	Polysaccharides of Poria cocos	Saflorwer polysaccharides
PlcA (Phospholipase) (Listeria)	Pneumocystis	Mechanical lung ventilation	Olmitpraz	Pigment epithelium-derived factor (PEDF)	Proasium	Sanguiferin A
PleB (Phospholipase) (Listeria)	Theileria parva	Obesity	Phenobarbital	Platelet Activating Factor (PAF)	Prolactin N-terminal fragment (16K PRL)	Siaurosporine
Porins (Gram negative bacteria)	Trypanoplasma borreli	Wounding combined with HeNe irradiation	Protocatechuic acid (from herb radix Salviae miltiorrhizae)	Platelet-Derived Growth Factor	Proteinolysis-inducing factor (PIF)	Thapsigargin
Porin 1B (Gonococcus)	Cytokines and Cytokine Receptors	Wounding combined with thermal irradiation	SN38 (metabolite of CPT-11)	Plant steroids (diosgenin, hecogenin, tigogenin)	Proteinolysis-inducing factor (PIF)	Tunicamycin
	CD30	Oxidative Stress	Tamoxifen	Prostatein	Regulatory RNA	WF10WY-14 643 (peroxisome proliferator)
	Salivary cystatins (SA1 and SA2)	Buyl Peroxide	Taxol (Paclitaxel)	RET/PTC3 Fusion oncoprotein	Rev-erbalpha	
	IL-1	Cerulein	Vincristine	S100B	Saturated fatty acids	
	IL-2	Glutathione	WR1065	Serum	Sleep deprivation	
	IL-12	Hydrogen Peroxide	Modified Proteins	Sulphatide (L-selectin crosslinker)	St John's Wort (hyperforin)	
	IL-15	Ozone	Advanced glycated end products (AGEs)	T-cell costimulatory receptor 4-1BB	Streptozotocin	
	IL-17	Peroxyntirite	Amyloid Protein Fragment (bA4)	TGF-alpha	Substance P	
	IL-18	Pervanadate	Anti-PR3	TGF-beta2	Tauroursodeoxycholic acid	
	LIF	Reoxygenation	Glycosylated oxyhaemaglobin	Physiological Mediators	Thrombin	
	Pentraxin-3			Acip30/adiponectin	Titanium and copper implants	
	S100B				Trypsin (SLUGL)	
					Tuberos sclerosis complex	

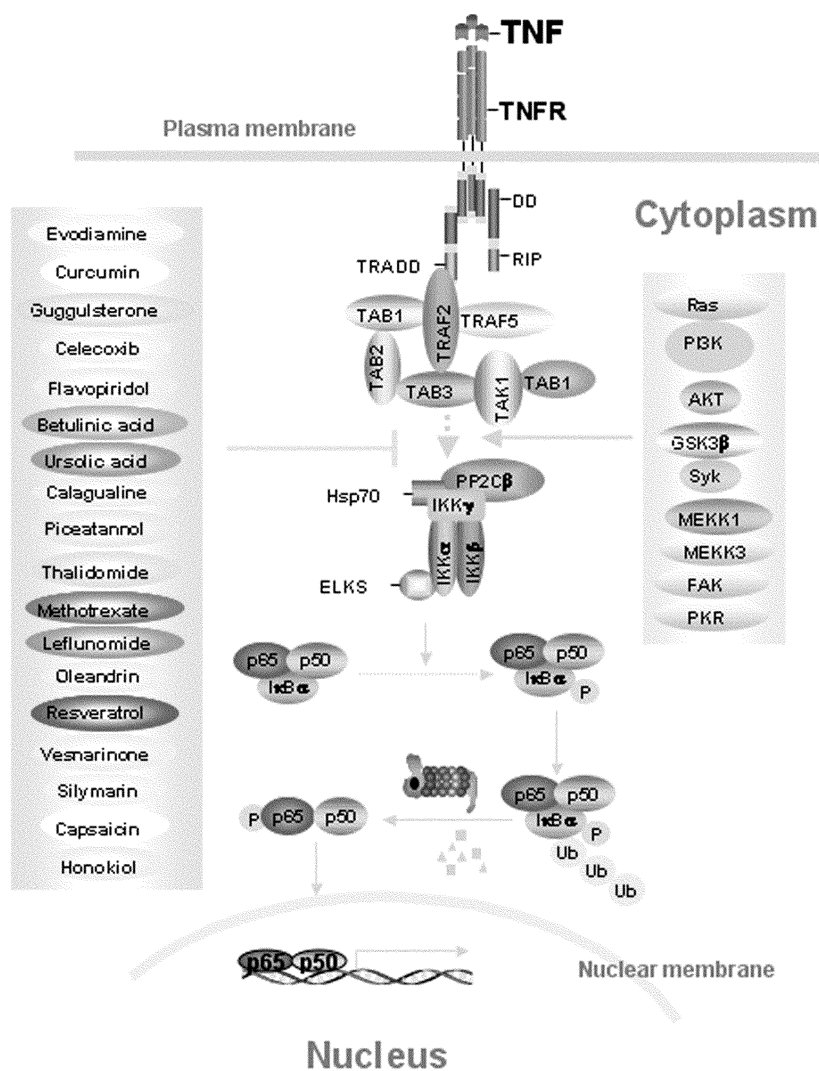


FIGURE 1. Schematic pathway for TNF-induced NF-κB activation and its inhibition by various natural products.

WHAT GENES ARE REGULATED BY NF-κB?

Although initially identified in kappa chain of immunoglobulin, the NF-κB binding sequences have now been identified in over 400 different genes (TABLE 2). These include inflammatory cytokines (e.g., TNF, IL-1, IL-6, and chemokines), adhesion molecules, inflammatory enzymes (e.g., COX-2, 5-LOX), viral proteins, telomerase, angiogenesis proteins (VEGF), antiapoptotic proteins, and cell cycle-regulatory

Table. 2 A list of target genes of NF- κ B-regulated

Cytokines/Chemokines	Immunoreceptors	Cell adhesion molecules	Enzymes
CCL5*	B7.1	E-selectin	Liver alcohol dehydrogenase
CCL15/Leukotactin	BRL-1*	Endoglin	Collagenase 1
CCL22	CCR5	Fibronectin	Glutathione S-transferase
CCL28	CD137	ICAM-1*	Hyaluronan synthase
CINC-1*	CD137	MadCAM-1*	H α -K+ATPase α 2
CXCL 11*	CD154	P-selectin, tenascin-C	Lysozyme
Eotaxin	CD40	VCAM-1*	Matrix metalloproteinase-9
Fractalkine	CD40 ligand	DC-SIGN*	GD3-synthase
Gro α -g	CD48		Gelatinase B
Gro-1	CD83		PLM-1
ICOS*	Fc epsilon receptor II		PKC δ
IFN- γ	IL-2 receptor α -chain		Phospholipase C δ 1
IL-1 α	Immunoglobulin Cyl		Serpin 2A
IL-1 β	IgG γ 4		Transglutaminase
IL-1 receptor antagonist	Immunoglobulin epsilon heavy chain		TIRT*
IL-2	Immunoglobulin k light chain		
IL-6	Invariant chain II		
IL-8	MHC class I (H-2Kb)		
IL-9	MHC Class I HLA-B7		
IL-10	β 2-microglobulin		
IL-11	Nod2		
IL-12 (p40)	Polymeric Ig receptor		
IL-13	T-cell receptor β chain		
IL-15			
		Regulators of apoptosis	
		TRAF-1*	
		TRAF-2*	
		IEX-1L*	
		IAPs*	
		Fas-ligand	
		CD95 (Fas)	
		c-FLIP	
		Nrl3	
		Caspase-11	
		Bcl-2	
		Bcl-xL	
		Bfl1/A1	
		Acute phase response proteins	
		Angiotensinogen	
		β -defensin-2	
		C4b binding protein	
		Complement factor B	
		Complement factor C4	
		C-reactive protein	
		Lipopolysaccharide binding protein	
		Pentraxin PTX3	
		SAAI and SAA2*	
		Tissue factor-1	
		Urokinase-type plasminogen activator	
		Epstein-Barr virus (Wp promoter)	
		Viruses	
		Adenovirus (E3 region)	
		Avian leukosis virus	
		Bovine leukemia virus	
		Cytomegalovirus	
		Factor VIII	
		Miscellaneous	
		α -1 acid glycoprotein	
		Apolipoprotein C III	
		AMH*	
		Cyclin D1	

β-Interferon	T-cell receptor/CD3γ	Stress-response genes	Hepatitis B virus (pregenomic promoter)
IP-10*	p80 TNF-receptor	Angiotensin II	HIV-1
KC*	Complement B	Cyclochrome p450 gene	HSV*
ENA-78 (CXCL5)	Complement component 3	COX-2*	JC virus
GCP-2 (CXCL6)	Complement receptor 2	Ferritin H chain	Human papillomavirus type 16
Lymphotoxin α	Proteasome subunit LMP2	I2-Lipoxygenase	SIV*
Lymphotoxin β	Peptide transporter TAP1	iNOS*	SV-40*
MCP-1/JE*	Tapasin	Mn SOD*	
MIP-1α,β*		NOO1*	Transcription/ growth
MIP-2	Growth Factors	Phospholipase A2	control factors
mob-1	Bone morphogenic protein-2		A20
Neutrophil activating peptide-78	Granulocyte colony stimulating factor	Cell surface receptors	Androgen receptor
RANTES*	Granulocyte macrophage colony stimulating factor	RAGE- receptor for advanced glycation end products	c-myc
TCA3*	Erythropoietin, macrophage colony stimulating factor (M-CSF)	Platelet activator receptor-1	IRF-1*
TNFα	Neurokinin-1 receptor	Neuropeptide Y Y1-receptor	IRF-2
TNFB	Hepatocyte growth factor	Mu-opioid receptor	IRF-4
TRAIL*	Platelet-derived growth factor B chain	Mdrl*	IRF-7
TFF3*	Proenkephalin	Lox-1*	Rel/NF-κB proteins (p52/p100, p50/p105, c-Rel, and RelB)
	Vascular endothelial growth factor	Gal1 receptor	κB proteins (κBα, κBβ, Rel-3, JunB, Stat5a, WT1, p53, Ras)
		CD69	

*CCL5, C-C chemokine ligand 5; CINC-1, cytokine-induced neutrophil chemoattractant-1; CXCL11, CXC chemokine ligand 11; ICOS, inducible co-stimulator; IP-10, IFN-γ-inducible protein 10; KC, Kupffer cells; MCP-1, monocyte chemoattractant protein-1; MIP, macrophage inflammatory protein; RANTES, regulated upon activation, normal T-cell expressed and secreted; TCA3, T cell activation; TRAIL, tumor necrosis factor-related apoptosis-inducing ligand; TFF3, trefoil factor 3; ICAM-1, intercellular adhesion molecule-1; MAdCAM-1, mucosal addressin cell adhesion molecule; VCAM-1, vascular cell adhesion molecule; DC-SIGN, dendritic cell surface C-type lectin; SAA, serum amyloid A proteins; COX-2, cyclooxygenase-2; iNOS, inducible nitric oxide synthase; Mn SOD, superoxide dismutase; NOO1, NAD(P)H quinone oxidoreductase 1; Mdr1, Multiple drug resistance mediator 1; Lox-1, lectin-like oxidized low-density lipoprotein receptor-1; TRAF, TNF-receptor associated factor; IEX-1L, immediate early response factor-1; IAPs, inhibitor of apoptosis; HSV, Herpes simplex virus; SIV, Simian immunodeficiency virus; SV-40, Simian virus 40; IRF, Interferon regulatory factor; TIRF, Telomerase catalytic subunit; AMH, Anti-müllerian hormone; HMG-14, High mobility group 14.

genes. Besides NF- κ B, other transcription factors may modulate the expression of these genes. Microarray analysis has added even more genes to the list of those regulated by NF- κ B.^{22,23}

WHICH DISEASES ARE LINKED TO NF- κ B ACTIVATION?

Constitutive NF- κ B activation has now been shown to contribute to the pathogenesis of a large number of diseases (TABLE 3). These include cancer, diabetes, allergy, rheumatoid arthritis, Crohn's disease, cardiovascular diseases, atherosclerosis, Alzheimer's disease, muscular dystrophy, cardiac hypertrophy, catabolic disorders, hypercholesterolemia, ischemia/reperfusion, angina pectoris, acid-induced lung injury disease, renal disease, gut diseases, skin diseases, incontinentia pigmenti, appendicitis, pancreatitis, peritonitis, sepsis, silica-induced disease, sleep apnea, autoimmunity, lupus erythematosus, psychosocial stress diseases, neuropathological diseases, familial amyloid polyneuropathy, Parkinson's disease, Huntington's disease, and retinal disease. NF- κ B activation has also been linked with the human aging process.

A constitutive NF- κ B has been detected in most tumor cell types including esophageal cancer, laryngeal cancer, pharyngeal cancer, renal cancer, colon cancer, head and neck squamous carcinoma, lung cancer, bladder cancer, acute myelogenous leukemia, non-Hodgkin's lymphoma, B-cell lymphoma, adult T-cell leukemia, T-cell lymphoma, mantle cell lymphoma, multiple myeloma, acute lymphoblastic leukemia, cervical cancer, nasopharyngeal carcinoma, melanoma, thyroid cancer, liver cancer, breast cancer, ovarian cancer, and prostate cancer.^{24,25} NF- κ B can mediate transformation, proliferation, invasion, and angiogenesis of tumor cells. Mutated ras found in several tumors has been shown to activate NF- κ B. Chemoresistance and radioresistance have also been linked to NF- κ B activation. The *p*-glycoprotein linked to drug-resistance is also regulated by NF- κ B. Similarly, COX-2 overexpressed in most tumors is also regulated by NF- κ B. Cyclin D1, overexpressed by most tumors and required for G₁ to S transition, is also regulated by NF- κ B. Similarly, VEGF and adhesion molecules required for angiogenesis and metastasis are also regulated by NF- κ B.

Many inflammatory genes relevant to the pathogenesis of atherosclerosis are regulated by NF- κ B, the activated form of which is present in atherosclerotic plaques. NF- κ B has been shown to be activated in atherosclerosis and myocarditis, in association with angina, during transplant rejection, after ischemia/reperfusion, in congestive heart failure, in dilated cardiomyopathy, after ischemic and pharmacological preconditioning, in heat shock, in burn trauma, and in hypertrophy of isolated cardiomyocytes.

Bronchial asthma is one of the most common chronic diseases in modern society and yet, despite the availability of highly effective drugs, there is increasing evidence to suggest that its incidence is increasing. The pathogenesis of asthma involves persistent expression of a broad array of genes, which contain the κ B site for NF- κ B within their promoters, suggesting that NF- κ B plays a pivotal role in the initiation and perpetuation of allergic inflammation.

Several reports suggest that amyloid β peptide can activate NF- κ B in neurons, indicating a plausible mechanism by which amyloid may act during the pathogenesis

Table. 3 A list of NF-κB-mediated diseases

Ageing	Acid-induced lung injury disease (COPD)	Silica-induced
Headaches	Renal Disease	Sleep apnoea
Pain	Leptospirosis renal disease	AIDS (HIV-1)
Cardiac hypertrophy	Gut Diseases	Autoimmunity
Muscular hystrophy (type 2A)	Skin Diseases	Lupus
Catabolic disorders	Incontinetia pigmenti	Psychosocial stress diseases
Diabetes, Type 1	Asthma	Neuropathological diseases
Diabetes, Type 2	Arthritis	Familial amyloidotic polynuropathy, inflamm
Hypercholesterolemia	Crohns disease	neuropathy
Atherosclerosis	Ocular allergy	Parkinson disease
Heart disease	Appendicitis	Alzheimers disease
Chronic heart failure	Pancreatitis	Huntington's disease
Ischemia/reperfusion	Periodontitis	Retinal disease
Angina pectoris	Inflammatory bowel disease	Cancer
Pulmonary disease	Sepsis	

Table. 4 A list of inhibitors of NF- κ B*

Cytokine & Hormones	Aged garlic extract (allicin)	Nordihydroguaiaric acid	Glucorticoid-induced leucine zipper protein	Compound 26**
Interleukin-4 ⁺	Anetholdithione	Oleandrin ⁺	protein	Cycloheximide
Interleukin-10	Anethole ⁺	Orthophenanthroline	γ -glutamylcysteine synthetase ⁺	Cyclosporin
Interleukin-11	Apocynin	Parthenolide	Heat shock protein 72	Cycloprodigiosin
Interleukin-13 ⁻	Apple juice	PDTC**	HSC70**	hydrochloride
Growth hormone	Astaxanthin	Phenolic antioxidants (Hydroquinone and tert-butyl hydroquinone)	Losartin	xyquinomicin
HBEGGF**	Baicalin	Phenolic antioxidants (Hydroquinone and tert-butyl hydroquinone)	MnSOD**	Diamide ⁺
hCG**	Benidipine	Phenolic antioxidants**	NDP1 (CARD protein)	Diaryleptanoid 7-(4'-hydroxy-3'-methoxyphenyl)-1-phenylhept-4-en-3-one 3-dithiazine)
Luteinizing hormone ⁺	Betulinic acid ⁺	Phenylarsine oxide (PAO, tyrosine phosphatase inhibitor)	NLS cell permeable peptides	Dimethylfumurate
α -MSH**	Butylated hydroxyanisole	Phytochemicals	p202a**	Dioxin ⁺
Somatostatinotropin	Caffeic Acid Phenethyl Ester (3,4-dihydroxycinnamic acid, CAPE)	Piceatannol	Pioglitazone (PPAR γ ligand)	Disulfiram
Estrogen	Caffeic Acid Phenethyl Ester ⁺	PMC (2,2,5,7,8-pentamethyl-6-hydroxychromane)	Protein-bound polysaccharide	E-73 (cycloheximide analog)
Glucocorticoids	Calagualine ⁺	PMC**	PTEN	Ecabet sodium
PG-15-deoxy- Δ (12,14)-PGI(2)**	Capsaicin ⁺	Polysaccharides	Suppressors of cytokine signaling-1	Epoxyquinone A monomer
Prostaglandin A1	Carnosol	Pyrolyzed thiocarbamate (PDTC)	Triglyceride-rich lipoproteins	Fibrates
Prostaglandin E2	Carvedilol	Quercetin	Vasoactive intestinal peptide	Erythromycin
Antiinflammatory agents	Catechol Derivatives	Red wine	ZAS3 protein**	Fosfomycin
Acetaminophen	Cepharanthine	Redox factor 1	Stress	Flunixin meglumine
Aspirin (sodium salicylate)	Conophylline	Ref-1 (redox factor 1)	Carbon monoxide	Gabexate mesilate
Flurbiprofen	Curcumin ⁺	Resveratrol ⁺	Electrical stimulation of vagus nerve	Geldanamycin
Ibuprofen	Dehydroepiandrosterone		Hypothermia	Glimepiride
Leflunamide metabolite** ⁻	DHEA-sulfate			Glucosamine sulfate
Sulindac				Herbimycin A

TABLE 4 — *continued*.

Cell-signaling inhibitors	Dibenzylbutyrolactone lignans	Rg(3) (ginseng derivative)	Metals**	Hydroquinone
Diethylthiocarbamate		Rg(3), a ginseng derivative	Nitric Oxide	4-Hydroxynonenal
Diferoxamine		Rocaglamides	Saline (low Na ⁺ ionic)	Hypochlorite
Dihydrodropic Acid		Rotenone	Hyperosmolarity	Hypoethyl starch
Dilazep +				Isomaltotrichromanol
Dilazep + fenofibric acid		S-allyl-cysteine (SAC, garlic compound)	Vitamins	Isomaltotrichromene
Dimethyldithiocarbamates			BTEE**	Jestrone dimer
Dimethylsulfoxide		Sanguinarine+	Vitamin C	Kamebakaurin
Disulfiram		Saucerneol D and E	Vitamin D	Lactoferrin
Ebselen		Saquinone	Vitamin E	LDL (Extensively oxidized)
EGTA**		Silibinin ⁺	Nitrosylcobalamin**	Leptomycin B
Emodin ⁺				Mevinolin, 5'-methylthioadenosine
Ent-kaurane diterpenoids		Silymarin+	Virus derivatives	Monochloramine
Epigallocatechin-3-gallate		Tempol	Core Protein of Hepatitis C virus ⁺	MX781
EPC-K1 (phosphodiester compound of vitamin E and vitamin C)		Tepoxaline	E1A	Nafamostat mesilate
Epigallocatechin-3-gallate (green tea polyphenols)		Tepoxaline (5-(4-chlorophenyl)-N-hydroxy-(4-methoxyphenyl)-N-methyl-1H-pyrazole-3-propanamide)	HIV-1 Vpu protein	N-ethyl-maleimide
Epoxyquinol		Tert-butyl hydroquinone	IκB-like proteins	Nicotine
Erbstatin ⁺		Tramlast	K1 protein	Omega 3 fatty acids
Ergolide		Uncaria tomentosa	Kaposi's sarcoma-associated herpesvirus	Pervanadate ⁺
Ergothioneine		Ursolic acid ⁺	Pertussis toxin binding protein	Phenethylisothiocyanate
Ethyl Pyruvate		Vitamin C	SspH1 and IpaH9.8**	Phenylarsine oxide ⁺
Ethylene Glycol Tetraacetic Acid		Vitamin E derivatives	Synthetic compounds	Phenyl-N-tert-butyltritone
Eugenol		Yakuchinone A and B	AS602868	Phosphorylation
Fenofibric acid		Yakuchinone A and B	Decoy oligonucleotides**	Phytic acid
Flavonoids (Crataegus)			DTD**	Pranlukast
Flavopiridol		Plant extracts	E3330**	Psychosine
Fluorochalcones		Apple	Hydroquinone	Pyribione
Gamma-glutamylcysteine synthetase		Aged garlic	Macrolide antibiotics	Raxofelast
Ganoderma lucidum polysaccharides		Black raspberry	MOL 294**	Rebampide
Garcinol (from extract of Garcinia indica fruit rind)		Blueberry	Pentoxifylline	Rhein
Genistein		Ganoderma lucidum	Others	Ribavirin
		Ginkgo biloba	Adenosine ⁺	Rifamides
				Rifampicin
				Rolipram
IKK inhibitors				
AS602868				
BAY-117082**				
BAY-117083**				
BMS-345541				
DTD**				
E3330**				
LF15-0195**				
MOL 294**				
PS1142				
Protease/ Proteasome inhibitors				
ALLNL				
APNE**				
Boronic Acid Peptide				
BTEE				
Cyclosporin A				
DCIC**				
Deoxyspergualin				

of Alzheimer's disease. Rheumatoid arthritis is a chronic inflammatory disease characterized by persistent joint swelling and progressive destruction of cartilage and bone. NF- κ B plays an essential role in transcriptional activation of TNF and IL-1. Together they form a positive regulatory cycle that may amplify and maintain the rheumatoid disease process.

HOW TO INHIBIT NF- κ B ACTIVATION?

Because of the role of NF- κ B in a wide variety of diseases, inhibitors of NF- κ B activation are extensively sought (TABLE 4). Different steps in the NF- κ B activation pathway are being targeted to block NF- κ B. These include inhibitors of proteasome that mediate I κ B α degradation, inhibitors of kinase (IKK), which mediate I κ B α phosphorylation, decoy peptides from I κ B α , IKK, and p65 proteins. The double-stranded oligodeoxynucleotides (ODNs) that possess consensus NF- κ B sequence as transcription factor decoys (TFDs) also have been found to inhibit NF- κ B binding to native DNA sites. Examples of proteasome blockers include peptide aldehydes such as ALLnL, LLM, Z-LLnV, and Z-LLL, lactacystine, PS-341, ubiquitin ligase inhibitors, and cyclosporine A. Several cytokines that are produced by Th2 have been found to suppress NF- κ B activation. These include IL-4,²⁶ IL-13,²⁷ and IL-10.²⁸ Additionally, endocrine hormones such as HCG,²⁹ LH, MSH,³⁰ and GH³¹ have been shown to abrogate NF- κ B activation. Both IFN- α and IFN- β , which exhibit antiviral, antiproliferative, and immunosuppressive activities, also abolish NF- κ B activation.³² Several phytochemicals from different plants have been identified that can suppress NF- κ B activation effectively.^{33–46} These include curcumin (turmeric), resveratrol (red grapes), guggulsterone (guggul), ursolic acid (from holy basil), betulinic acid (birch trees), eugenol (cloves), gingerol (ginger), oleandrin (oleander), silymarin (artichoke), emodin (aloe), capsaicin (red chili), anethol (anise), and others. All these blockers of NF- κ B have potential in the treatment of a wide variety of diseases. Pharmacological safety, bioavailability, and efficacy *in vivo* will determine their therapeutic potential in particular diseases.

CONCLUSION

This minireview shows that NF- κ B is an important transcription factor that is activated by a wide variety of stimuli, controls the expression of a large number of genes, mediates pathogenesis of various diseases, and can be suppressed by numerous agents. NF- κ B activation, however, is required for the proper function of the immune system. Proliferation of T cells and B cells, activation of macrophages, proliferation and survival of dendritic cells, and activation of T cells are dependent on NF- κ B activation. Some recent evidence, however, indicates that while NF- κ B1 mediates an inflammatory response, NF- κ B2 mediates an immune response.⁴⁷ This suggests that suppression of the NF- κ B1 pathway that controls inflammation may have less effect on the immune system. This remains to be determined. That NF- κ B activation has been linked with most diseases is not too surprising considering that as many as 98% of all diseases are proinflammatory. Thus, the thesis that NF- κ B is a "smoke-detector" that is activated by cigarette smoke⁴⁸ or a "stress-signal" is quite appropriate.

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