

# Identification of Key Genes in Intervertebral Disc Degeneration Regulated by Acupuncture: An In Vivo Rat Model

Tai Liu<sup>1\*</sup>, Yi Wang<sup>2\*</sup>, Ling Jiang<sup>3</sup>, Yan Xu<sup>4</sup>, Guogang Dai<sup>2</sup>, Ji Wu<sup>5</sup>, Buyun Liu<sup>5</sup>, Yanjie Wang<sup>6</sup>, & Hai Shen<sup>2</sup>

<sup>1</sup>Department of Orthopedics, Sichuan Province Orthopedic Hospital, Chengdu, Sichuan 610041, P.R. China

<sup>2</sup>Cervicodynia/Omalgia/Lumbago/Sciatica Department 2, Sichuan Province Orthopedic Hospital, Chengdu, Sichuan 610041, P.R. China

<sup>3</sup>College Hospital, Sichuan Agricultural University-Chengdu Campus, Chengdu, Sichuan 611130, P.R. China

<sup>4</sup>Experiment Teaching Center for Preclinical Medicine, Chengdu Medical College, Chengdu, Sichuan 610083, P.R. China

<sup>5</sup>Cervicodynia/Omalgia/Lumbago/Sciatica Department, Sichuan Province Orthopedic Hospital, Chengdu, Sichuan 610041, P.R. China

<sup>6</sup>Sports Medicine Department, Sichuan Province Orthopedic Hospital, Chengdu, Sichuan 610041, P.R. China

\*Tai Liu and Yi Wang have contributed equally to this work and share first authorship.

\*Corresponding author: Yi Wang, Department of Orthopedics, Sichuan Province Orthopedic Hospital, Chengdu, Sichuan 610041, P.R. China. Tel: 861890807063772.

\*Tai Liu, Department of Orthopedics, Sichuan Province Orthopedic Hospital, Chengdu, Sichuan 610041, P.R. China.

Submitted: 04 November 2024 Accepted: 07 November 2024 Published: 15 November 2024

Citation: Liu, T., Wang, Y., Jiang, L., Xu, Y., Dai, G., Wu, J., Liu, B., Wang, Y., & Shen, H. (2024). Identification of Key Genes in Intervertebral Disc Degeneration Regulated by Acupuncture: An In Vivo Rat Model. *J of Complement Res Altern Med*, 1(1), 01-09.

## Abstract

In the present study, we established a rat model of intervertebral disc degeneration (IDD) to investigate the mechanism by which acupuncture attenuates IDD. Acupuncture were performed on IDD model rats for 14 days. RNA sequencing was used to identify differentially expressed genes (DEGs) in the intervertebral discs after acupuncture. Bioinformatics analysis was performed to identify the key genes among the DEGs. The expression levels of key genes were examined via QRT-PCR and immunofluorescence staining. IDD model was confirmed by HE staining. A total of 102 DEGs were identified. These DEGs were enriched in 18 GO MF terms, 13 GO CC terms, 60 GO BP terms and 5 KEGG pathways. *Cidec*, *Retn*, *Angptl4*, and *Pdk4* were the key genes among the DEGs. Both QRT-PCR and immunofluorescence staining revealed that acupuncture increased the expression of *Cidec* and *Retn* and decreased that of *Angptl4* and *Pdk4* in degenerated disc tissues. In conclusion, *Cidec*, *Retn*, *Angptl4* and *Pdk4* play key roles in the response to acupuncture intervention in IDD patients. Acupuncture may ameliorate IDD by decreasing *Angptl4* to inhibit inflammation and extracellular matrix degradation. The significance of the alteration of *Cidec*, *Retn*, *Angptl4* and *Pdk4* expression in IDD by acupuncture needs further study.

**Keywords:** Intervertebral Disk Degeneration, Rat Model, HE Staining, Differentially Expressed Genes, Bioinformatics Analysis, QRT-PCR, Immunofluorescence Staining

## Introduction

Degenerative disc disease resulting from intervertebral disc degeneration (IDD) is believed to be the main cause of low back pain, which is a medical challenge worldwide [1-3]. Acupuncture is widely used to treat low back pain caused by disc diseases, and is effective for alleviating pain and improving the mental and physical health of patients with disc disease [4-6]. Moreover, acupuncture is recommended for all stages of low back pain by

the American College of Physicians [7]. Acupuncture relieves pain by regulating bioactive factors such as TNF- $\alpha$ , NF- $\kappa$ B, IL-6, IL-1 $\beta$ , PI3K, p38 MAPK, corticosterone, COX-2, PGE2, and substance P, among others [8, 9]. Although the mechanism by which acupuncture attenuates IDD has been studied extensively, there remain many unknowns in the field. Thus, we conducted animal experiments to obtain and analyze gene expression data" from degenerated intervertebral discs before and after acupunc-

ture, along with bioinformatics analyses and molecular biology experiments, to investigate the effects of acupuncture on IDD.

## Materials & Methods

### Animal Experiments

Twelve healthy male 8-week-old SD rats (weighing  $220 \pm 30$  g; SPF level) were purchased from Chengdu Dasuo Experimental Animal Company. SD rats were housed with standard rat food and water for one week to adapt to the environment of the animal center. A model of IDD was established in eight SD rats via anterior approach surgery following a modification of the procedure introduced by Huang [10]. Eight model SD rats were reared for 8 weeks, and then, 4 of the model SD rats were randomly selected to verify the success of model establishment. The remaining 4 model SD rats were administered acupuncture daily for 14 days before sampling. The control SD rats were reared normally for 10 weeks before sampling. The model SD rats were gently restrained under a soft cloth jacket before acupuncture. The Shen-Shu (BL23) and Dachangshu (BL25) acupoints were selected according to the atlas of acupoints in rats [11]. Stainless steel acupuncture needles (Huatuo acupuncture needles,  $0.30 \times 25$  mm in size, stainless steel, Suzhoushi Hualun Acupuncture Supplies Co. Ltd., lot 230201) were disinfected and then inserted into the acupoints on both sides of the spine to a depth of 5 mm, with needle retention times of 20 min. The rats were allowed to move freely after acupuncture. The present study was approved by the Ethics Committee of Sichuan Province Orthopedic Hospital.

### Hematoxylin–eosin (HE) Staining

The discs were fixed with 4% paraformaldehyde, and then ethylene diamine tetra acetic acid was added and replaced every 3 days. Decalcification was performed for 1 month prior to paraffin embedding and sectioning. Hematoxylin–eosin (HE) staining was performed according to standard protocols.

### RNA Extraction and Sequencing

Total RNA was extracted separately from 4 acupuncture group and 4 IDD model group samples using TRIzol reagent (Invitrogen, Carlsbad, CA, USA) in accordance with the manufacturer's instructions. Then, DNase I was added to remove contaminating genomic DNA. The RNA quality and quantity were measured with a NanoDrop spectrophotometer (Thermo Scientific, USA) and an Agilent 2100 Bioanalyzer (Agilent Technologies, USA), respectively. RNA integrity was determined by 1% gel electrophoresis. Equal amounts of total RNA from the intervertebral disc samples were pooled into a model group and a control group.

For high-throughput sequencing, ribosomal RNA (rRNA) was depleted from total RNA via the Ribo-Zero™ rRNA Removal Kit (Human/Mouse/Rat; Epicenter, USA) according to the manufacturer's protocol. The cDNA libraries were prepared with a Script Seq™ v2 RNA-Seq Library Preparation Kit (Epicenter, USA) and sequenced on an Illumina HiSeq X ten paired-end reads at Gene X Health, Beijing, China. RNA-seq read mapping and transcriptome assembly were performed by Gene X Health (Beijing, China).

### Differentially Expressed Genes (DEGs)

The fragments per kilobase per million reads (FPKM) method was used to normalize the RNA sequence reads of all the samples. R package DESeq 2 (version v4.3.3) was used to identify DEGs between the disc tissues of acupunctured IDD rats and IDD model rats ( $p < 0.05$ ,  $\log_2$ -fold change (FC)  $\geq 1.5$  or  $\leq -1.5$ ).

### Functional Analysis of DEGs

We performed enrichment analyses, including Gene Ontology (GO) and Kyoto Encyclopedia of Genes and Genomes (KEGG) pathway enrichment, to explore the functions of the DEGs. The cluster Profiler package of R for Bioconductor was used to perform the enrichment analysis.

### Construction of the Protein–protein Interaction (PPI) Network

We mapped the DEGs in the Search Tool for the Retrieval of Interacting Genes (STRING) using the default instructions and then constructed a protein–protein interaction (PPI) network of the nodes with a combined score  $>0.15$ . The PPI network was visualized in Cytoscape software (version 3.7.1), and we calculated the degree centrality for each node in the PPI network with the CentiScaPe plug-in.

### Validation by Quantitative Real-time Polymerase Chain Reaction (qRT–PCR)

The expression levels of key DEGs from the RNA-seq data analysis were validated by qRT–PCR using the  $2^{-\Delta\Delta Cq}$  method. GAPDH was used as an internal control. Specific primers for the DEGs were designed with Primer 5.0 and synthesized as previously described by our group [12].

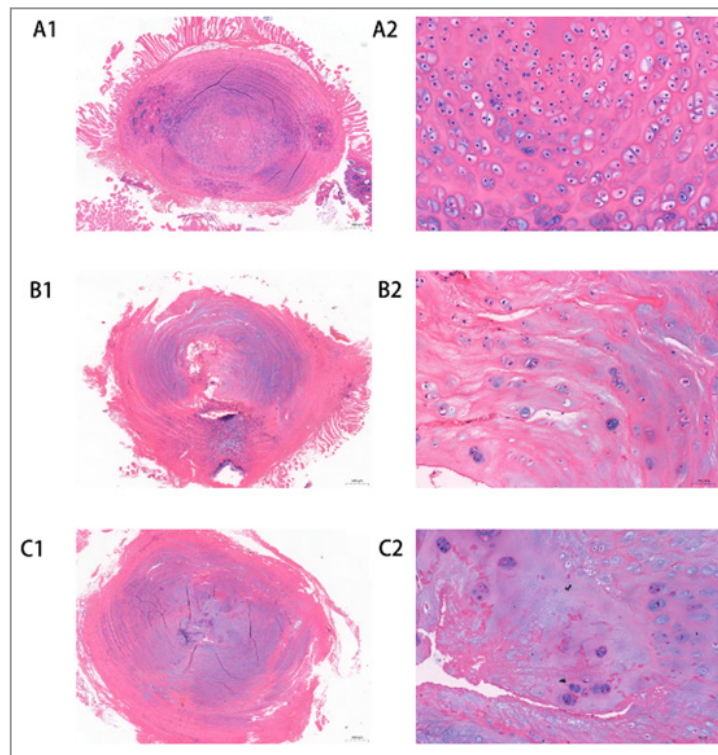
### Immunofluorescence Staining

Immunofluorescence staining was performed to identify the proteins associated with the key DEGs. Disc tissue samples were fixed in 4% paraformaldehyde for 48 h, embedded in paraffin, and sectioned into 5- $\mu$ m-thick sections. The sections were antigen-repaired in antigen repair buffer in a staining rack, washed with PBS, and blocked in 5% BSA for 30 min. Then, the disc tissue slices were incubated with the following antibodies: anti-Cidec (1:100 dilution; Abcam, DF8913), anti-Retn (1:100 dilution; Affinity, DF8288), anti-Angptl4 (1:100 dilution; Affinity, DF6751), and anti-Pdk4 (1:100 dilution; Affinity, DF7169) overnight in a humid box at 4°C. The slides were washed with PBS and then incubated with a FITC-labeled goat anti-rabbit secondary antibody (1:100 dilution; Servicebio, GB22303) for 30 min at room temperature. The nuclei were stained by incubation with 2 g/mL 2-(4-amidinophenyl) indole-6-carbamidine dihydrochloride (DAPI; Servicebio, Wuhan, China) for cellular localization and then washed extensively with PBS.

## Results

### Histological Staining with HE

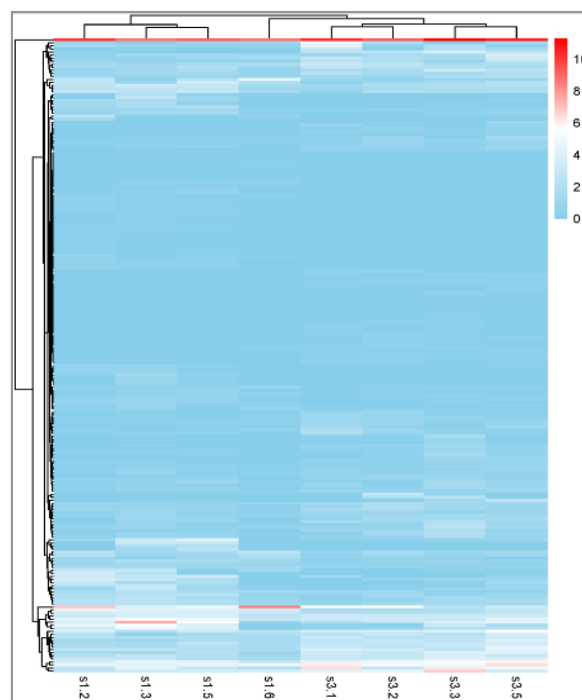
HE staining revealed that the intervertebral discs of the normal rats were morphologically healthy, with layered rings and no signs of rupture or disorder, and that the central part of the nucleus pulposus was oval, full in volume (Figure 1 A1), and had no obvious inflammatory cell infiltration good continuity (Figure 1 A2). In the model group, the intervertebral disc tissue was stained unevenly, with disordered structures and glass changes and cracks in the annulus (Figure 1 B1). The nucleus pulposus was shrunken or absent, and the collagen content was significantly reduced, resulting in a large amount of chondrocyte-like necrosis, nuclear fragmentation or lysis, and enhanced cytosolic eosinophilia (Figure 1 B2). In the acupuncture group, the disorder of the annulus fibers significantly improved, the collagen distribution in the matrix was essentially uniform (Figure 1 C1), the number of cells was significantly increased, and the number of cell fissures was decreased (Figure 1 C2).



**Figure 1:** HE staining of intervertebral discs. A: Normal group. A-a: disc tissue was morphologically healthy, with layered rings and no signs of rupture or disorder, and that the central part of the nucleus pulposus was oval, full in volume; A-b: disc tissue had no obvious inflammatory cell infiltration good continuity. B: IDD model group. B-a: disc tissue was stained unevenly, with disordered structures and glass changes and cracks in the annulus; B-b: The nucleus pulposus was shrunken or absent, and the collagen content was significantly reduced, resulting in a large amount of chondrocyte-like necrosis, nuclear fragmentation or lysis, and enhanced cytosolic eosinophilia. C: Acupuncture group. C-a: the disorder of the annulus fibers significantly improved, the collagen distribution in the matrix was essentially uniform; C-b: the number of cells was significantly increased, and the number of cell fissures was decreased.

### DEGs

There were 102 DEGs in the intervertebral disc tissues between the acupuncture group and the model group, including 62 upregulated genes and 40 downregulated genes. Figure 2 shows a heatmap of DEG expression in both groups.



**Figure 2:** Heatmap of differentially expressed genes in the intervertebral disc tissues between the acupuncture group and the model group.

### DEG Enrichment Analysis

The DEG enrichment analysis revealed 18 GO MF terms, 13 GO CC terms, 60 GO BP terms (Figure 3), and 5 KEGG pathways (Figure 4). The most significantly enriched GO terms were regu-

lation of lipid metabolic process (BP), transporter complex (CC) and channel activity (MF), and the most significantly enriched KEGG pathway was the AAPR signaling pathway.

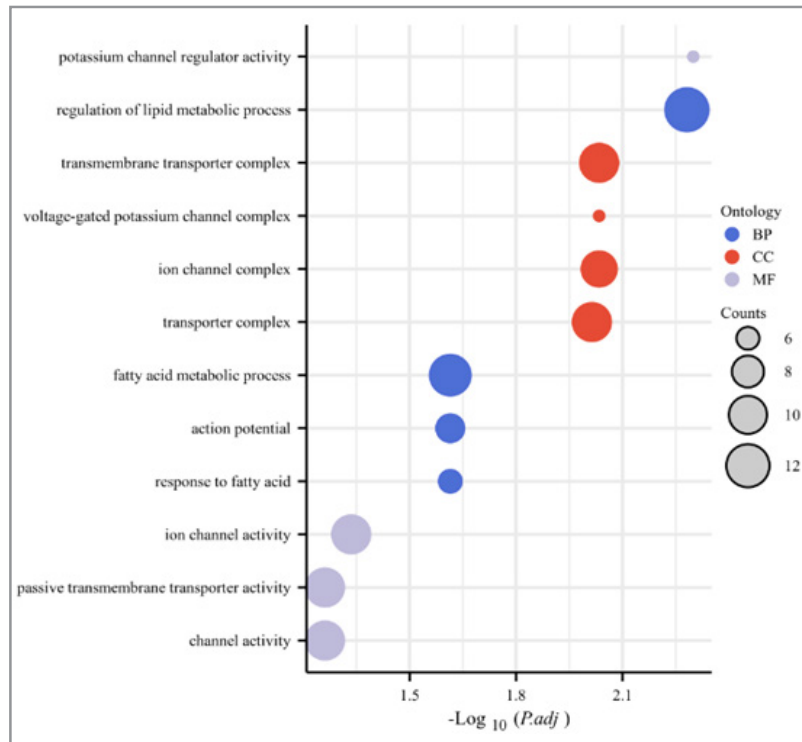


Figure 3: Gene Ontology enrichment of the differentially expressed genes.

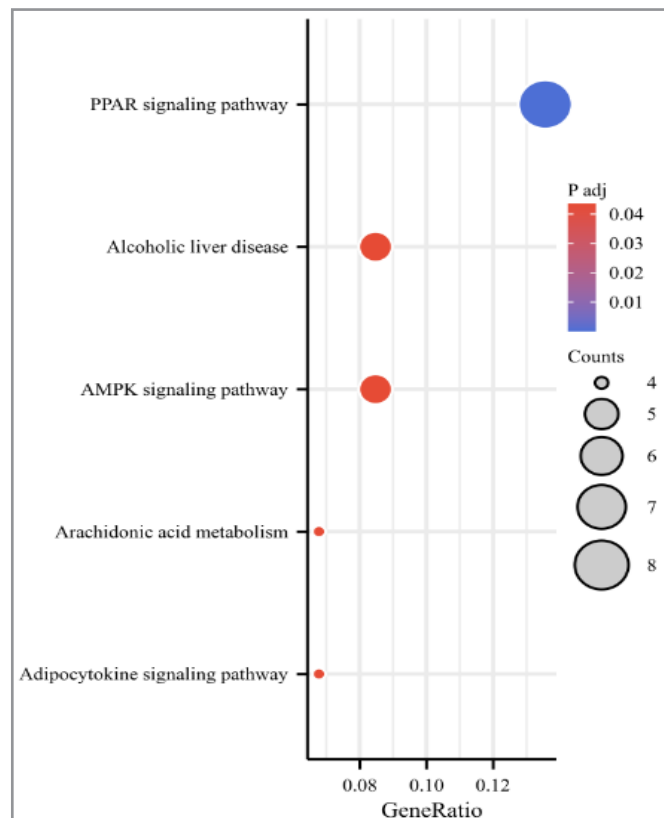


Figure 4: KEGG Pathway Enrichment of the Differentially Expressed Genes



### PPI Network of DEGs

The PPI network of the DEGs comprised 221 edges and 79 connected nodes (Figure 5). The six submodules identified by MCODE analysis are shown in different colors in Figure 5. The genes in the PPI network were sorted by the centrality degree of each node as calculated by using the CentiScaPe plug-in, and the

top 4 genes with the highest degree centrality were identified as key genes of IDD. These key genes are involved in cell death-inducing DFFA-like effector c (Cidec, centrality degree 8), resistin (Retn, centrality degree 6), angiotensin-like 4 (Angptl4, centrality degree 3), and pyruvate dehydrogenase kinase 4 (Pdk4, centrality degree 3).

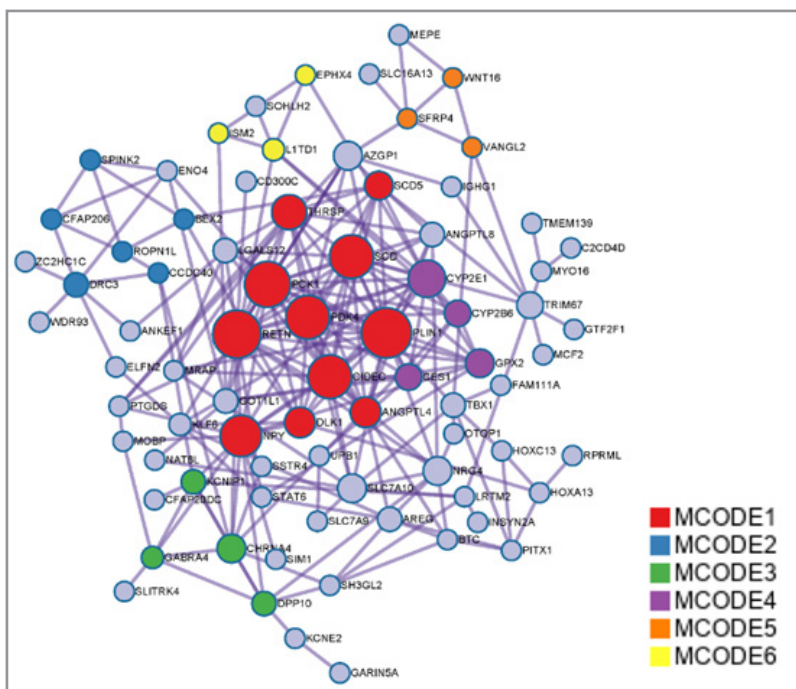


Figure 5: PPI network of differentially expressed genes. MCODE analysis identified 6 clusters.

### Validation of the mRNA Expression Levels of the Hub Genes

The expression levels of Cidec, Retn, Angptl4, and Pdk4 were verified by Qrt-PCR (Figure 6). The expression levels of Cidec and Retn were greater in the acupuncture group than in the mod-

el group. The expression levels of Angptl4 and Pdk4 were lower in the acupuncture group than in the model group. The primers used for Qrt-PCR are listed in Table 1.

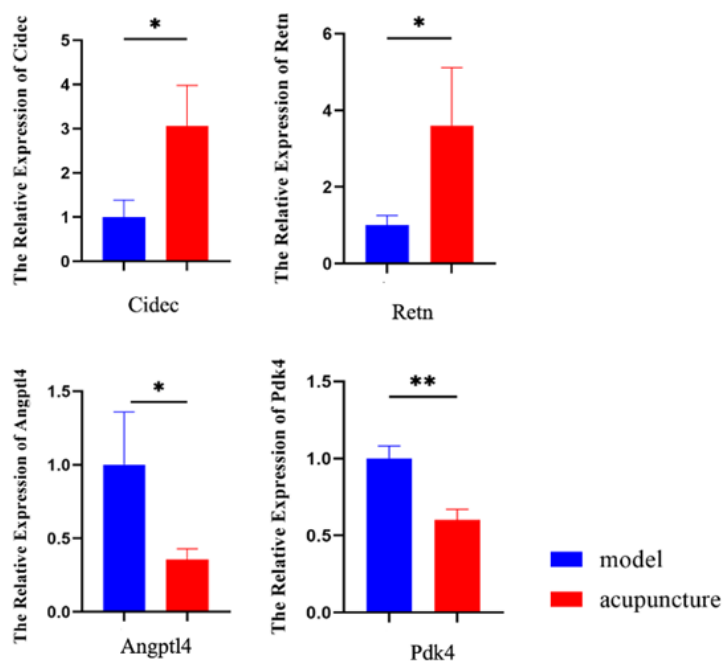


Figure 6: Expression of key genes.

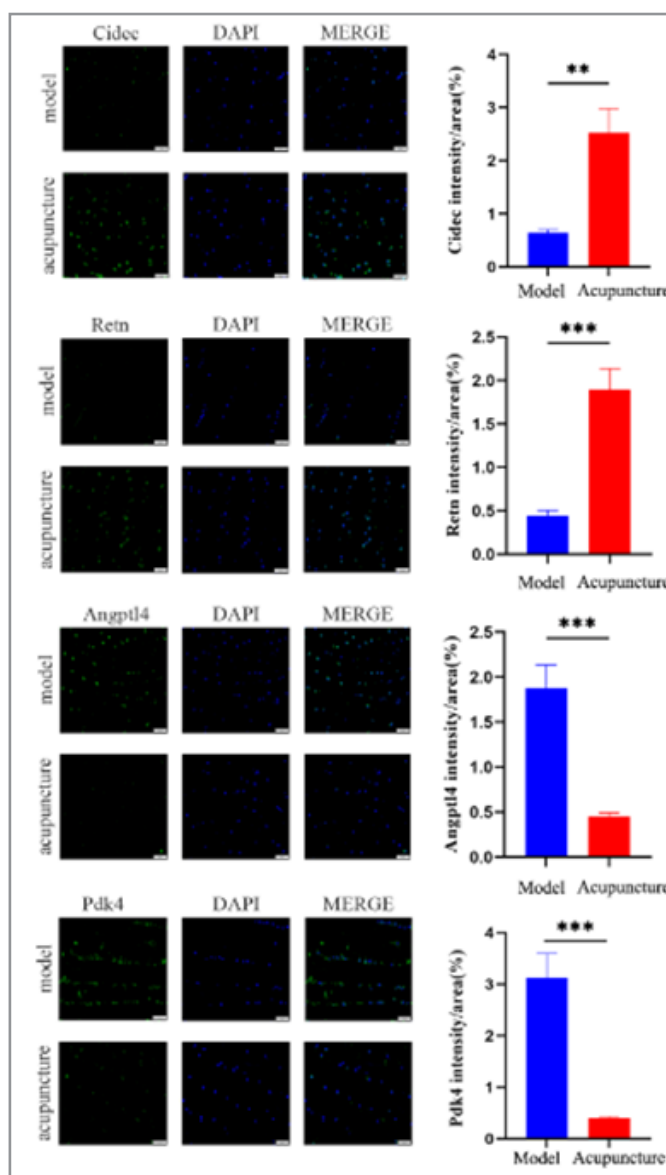
**Table 1: Sequences of primers used for quantitative real-time polymerase chain reaction.**

| Gene    | Sequence (5' to 3')        |
|---------|----------------------------|
| Cidec   | F: ATGGACTACGCCATGAAGTCT   |
|         | R: CGGTGCTAACACGACAGGG     |
| Retn    | F: ACAAGACTTCAACTCCCTGTTTC |
|         | R: TTTCTTCACGAATGTCCCACG3  |
| Angptl4 | F: TCACAGCCTGCAGACACAAC    |
|         | R: CCATCTCGGGCAGCCTCTTT    |
| Pdk4    | F: TCCACTGCACCAACGCCT      |
|         | R: TGGCAAGCCGTAACCAAAA     |

**Immunofluorescence Staining**

To explore the protein expression of key DEGs in the intervertebral disc tissue of both groups, Cidec, Retn, Angptl4, and Pdk4 were detected in rat disc tissue samples via immunofluorescence staining. As shown in Figure 7, Cidec- and Retn-positive cells (green fluorescence) were detected in the discs of the acupuncture

group but were rarely observed in the model group; Angptl4- and Pdk4-positive cells (green fluorescence) were detected in the discs of the model group but rarely found in the acupuncture group. These results demonstrated that acupuncture increased Cidec and Retn protein expression and decreased Angptl4 and Pdk4 protein expression in degenerated intervertebral discs.



**Figure 7: Key genes were detected by immunofluorescence combined with DAPI staining.**

## Discussion

IDD is influenced by multiple factors [13, 14]. Although the pathophysiology of IDD has been widely studied, the mechanism by which acupuncture affects IDD is not completely clear [15]. Animal experiments, in which the influence of external factors can be reduced, are an important tool for investigating how acupuncture affects IDD. Successful animal experiments are highly dependent on effective and suitable animal models. In the present study, we followed the instructions and surgical video for an improved anterior approach to establish a rat puncture model of IDD and explored the mechanism by which acupuncture affects IDD in this model [10].

In the present study, we identified 102 DEGs between disc tissues before and after acupuncture. These DEGs were significantly enriched in GO terms including regulation of lipid metabolic process (BP), transporter complex (CC) and channel activity (MF), and the most significantly enriched KEGG pathway was the APCR signaling pathway. We identified *Cidec*, *Retn*, *Angptl4* and *Pdk4* as the key genes in the PPI network of the genes regulated by acupuncture, suggesting that these genes play crucial roles in acupuncture-induced IDD. Acupuncture increased *Cidec* and *Retn* expression and decreased *Angptl4* and *Pdk4* expression in degenerated intervertebral discs.

*Cidec* is expressed mainly in fat. It is a member of the cell death-inducing DFFA-like effector family, which promotes apoptosis [16]. The protein encoded by *Cidec* plays a role in lipid droplet formation and adipocyte apoptosis [17]. *Cidec* expression is regulated by insulin [18]. Insulin sensitivity is positively correlated with *Cidec* expression, and insulin-resistant diabetes is related to mutations in this gene [19]. The short arm of chromosome 3 contains a *Cidec* pseudogene, and different isoforms of this gene are encoded by alternatively spliced transcript variants. However, the role of *Cidec* in IDD has not been reported, and how *Cidec* is upregulated after acupuncture and how this upregulation ameliorates IDD needs further study.

*Retn* is a mouse resistin-like protein that is secreted by adipocytes. The *Retn* gene is a potential hub between obesity and type II diabetes [20]. The protein encoded by *Retn* exhibits antibacterial properties against both gram-negative and gram-positive bacteria in the skin [21]. *Retn* is expressed by human monocytes and macrophages [22]. and has significant proinflammatory properties [23]. *Retn* expression may be upregulated by proinflammatory factors, including IL-1 $\beta$ , IL-6, IL-12, TNF- $\alpha$  and lipopolysaccharide [24-26]. Although many physiological and pathological processes have been demonstrated to involve *Retn*, the specific role of *Retn* in mediating the effects of acupuncture on IDD has never been reported and needs further study [27].

*Angptl4* is related to the regulation of inflammation, glucose homeostasis, insulin sensitivity and lipid metabolism [28]. Peroxisome proliferation activators (PPARs) induce the expression of the protein encoded by *Angptl4*, which inhibits vascular growth and vascular endothelial cell apoptosis [29]. Downregulation of *Angptl4* was reported in type 2 diabetes [30]. Both the mRNA and protein expression of *Angptl4* in intervertebral discs increase with increasing IDD severity [31]. Both in vitro and in vivo experiments have confirmed the increased expression of *Angptl4* in IDD, and *Angptl4* was identified as the hub gene involved in the crosstalk

between IDD and type 2 diabetes mellitus [32]. The inhibition of inflammation and extracellular matrix degradation in chondrocytes by *Angptl4* knockdown suggests that *Angptl4* has proinflammatory and matrix degradation-promoting effects [33]. In our study, QRT-PCR and immunofluorescence confirmed that *Angptl4* in degenerated discs was downregulated by acupuncture. We hypothesized that acupuncture blocks IDD by decreasing *Angptl4* to inhibit inflammation and extracellular matrix degradation.

*Pdk4* is related to glucose metabolism by inhibiting the pyruvate dehydrogenase complex and is regulated by insulin, retinoic acid and glucocorticoids. The expression of *Pdk4* was decreased in the cartilage of patients with osteoarthritis. *Pdk4* has anti-inflammatory and antiapoptotic effects on hepatocytes [34], inhibiting inflammation by downregulating TNF- $\alpha$ , IL-8, and IL-6; inhibiting extracellular matrix degradation by downregulating MMP-3, MMP-13, and ADAMTS-4; and restoring chondrocyte viability [35]. Previous studies have suggested that *Pdk4* has a protective effect on cells, but the exact role of *Pdk4* in IDD has not been reported. The QRT-PCR and immunofluorescence analyses in our study revealed that *Pdk4* in degenerated discs was downregulated by acupuncture. The significance of acupuncture-mediated downregulation of *Pdk4* in IDD should be studied further.

## Conclusions

In this work, we identified *Cidec*, *Retn*, *Angptl4* and *Pdk4* as the hubs in the PPI network of the genes regulated by acupuncture, suggesting that these genes play crucial roles in the effect of acupuncture intervention in IDD. Acupuncture increased the expression of *Cidec* and *Retn* but decreased the expression of *Angptl4* and *Pdk4* in degenerated intervertebral discs. Acupuncture may ameliorate IDD by decreasing *Angptl4* to inhibit inflammation and extracellular matrix degradation. The significance of the changes in *Cidec*, *Retn* and *Pdk4* expression in IDD by acupuncture needs further study.

## Funding

This study was supported by Sichuan Science and Technology Program(2022YFS0420).

## Competing Interests

The authors declare that they have no conflict of interest.

## References

1. Deyo, R. A., Weinstein, J. N. (2001). Low back pain. The New England journal of medicine, 344(5), 363–370. <https://doi.org/10.1056/NEJM200102013440508>
2. Hartvigsen, J., Hancock, M. J., Kongsted, A., Louw, Q., Ferreira, M. L., Genevay, S., ...& Underwood, M. Lancet Low Back Pain Series Working Group (2018). What low back pain is and why we need to pay attention. Lancet (London, England), 391(10137), 2356–2367. [https://doi.org/10.1016/S0140-6736\(18\)30480-X](https://doi.org/10.1016/S0140-6736(18)30480-X)
3. Clark, S., Horton, R. (2018). Low back pain: a major global challenge. Lancet (London, England), 391(10137), 2302. [https://doi.org/10.1016/S0140-6736\(18\)30725-6](https://doi.org/10.1016/S0140-6736(18)30725-6)
4. Tang, S., Mo, Z., Zhang, R. (2018). Acupuncture for lumbar disc herniation: a systematic review and meta-analysis. Acupuncture in medicine : journal of the British Medical Acupuncture Society, 36(2), 62–70. <https://doi.org/10.1136/acupmed-2016-011332>

5. Vickers, A. J., Linde, K. (2014). Acupuncture for chronic pain. *JAMA*, 311(9), 955–956. <https://doi.org/10.1001/jama.2013.285478>
6. Huang, S. R., Pan, L. D., Ma, Y. W., Wang, Z. J., Chen, Y. Y., Yu, Z. X. (2021). Research on community promotion and application of single acupoint electroacupuncture therapy for lumbar intervertebral disc herniation. *Zhongguo Zhen Jiu Chinese acupuncture & moxibustion*, 41(4), 391–394. <https://doi.org/10.13703/j.0255-2930.20200409-k0001>
7. Qaseem, A., Wilt, T. J., McLean, R. M., Forciea, M. A., Clinical Guidelines Committee of the American College of Physicians, Denberg, T. D., Barry, M. J., ... & Vijan, S. (2017). Noninvasive Treatments for Acute, Subacute, and Chronic Low Back Pain: A Clinical Practice Guideline From the American College of Physicians. *Annals of internal medicine*, 166(7), 514–530. <https://doi.org/10.7326/M16-2367>
8. Pan, F., Zeng, F., Chen, Y., Zheng, Y., Chen, Z., Zhu, X., ... & Liu, Z. (2024). Warm Acupuncture Reduces Pain and Inflammation in Rats with Lumbar Disc Herniation Induced by Autologous Nucleus Pulposus Transplantation via Regulating p38MAPK/NF-κB Pathway. *Journal of acupuncture and meridian studies*, 17(1), 28–37. <https://doi.org/10.51507/j.jams.2024.17.1.28>
9. Kuo, Y. J., Wu, L. C., Sun, J. S., Chen, M. H., Sun, M. G., Tsuang, Y. H. (2014). Mechanical stress-induced apoptosis of nucleus pulposus cells: an in vitro and in vivo rat model. *Journal of orthopaedic science : official journal of the Japanese Orthopaedic Association*, 19(2), 313–322. <https://doi.org/10.1007/s00776-013-0510-2>
10. Huang, Y., Lei, L., Zhu, J., Zheng, J., Li, Z., Wang, H., ... & Zheng, Z. (2023). Pain behavior and phenotype in a modified anterior lumbar disc puncture mouse model. *JOR spine*, 7(1), e1284. <https://doi.org/10.1002/jsp2.1284>
11. Xu, D. S., Zhao, S., Cui, J. J., Ma, T. M., Xu, B., Yu, X. C., ... & Bai, W. Z. (2019). A new attempt of re-mapping acupoint atlas in the rat. *Zhen Ci Yan Jiu*, 44(1), 62–65. doi: 10.13702/j.1000-0607.180396.
12. Wang, Y., Dai, G., Jiang, L., Liao, S., Xia, J. (2021). Microarray analysis reveals an inflammatory transcriptomic signature in peripheral blood for sciatica. *BMC neurology*, 21(1), 50. <https://doi.org/10.1186/s12883-021-02078-y>
13. Kirnaz, S., Capadona, C., Wong, T., Goldberg, J. L., Medary, B., Sommer, F., ... & Härtl, R. (2022). Fundamentals of Intervertebral Disc Degeneration. *World neurosurgery*, 157, 264–273. <https://doi.org/10.1016/j.wneu.2021.09.066>
14. Karchevskaya, A. E., Poluektov, Y. M., Korolishin, V. A. (2023). Understanding Intervertebral Disc Degeneration: Background Factors and the Role of Initial Injury. *Biomedicines*, 11(10), 2714. <https://doi.org/10.3390/biomedicines11102714>
15. Xia, Q., Zhao, Y., Dong, H., Mao, Q., Zhu, L., Xia, J., ... & Xin, Z. (2024). Progress in the study of molecular mechanisms of intervertebral disc degeneration. *Biomedicine & pharmacotherapy* 174, 116593. <https://doi.org/10.1016/j.biopha.2024.116593>
16. Zheng, G. S., Tan, Y. M., Shang, Y. Y., Liu, Y. P., Hu, B. A., Wang, D., ... & Zhong, M. (2021). CIDEc silencing attenuates diabetic nephropathy via inhibiting apoptosis and promoting autophagy. *Journal of diabetes investigation*, 12(8), 1336–1345. <https://doi.org/10.1111/jdi.13534>
17. Balakrishnan, B., Gupta, A., Basri, R., Sharma, V. M., Slayton, M., Gentner, K., ... & Puri, V. (2023). Endothelial-Specific Expression of CIDEc Improves High-Fat Diet-Induced Vascular and Metabolic Dysfunction. *Diabetes*, 72(1), 19–32. <https://doi.org/10.2337/db22-0294>
18. Song, F. Q., Zhou, H. M., Ma, W. X., Li, Y. L., Hu, B. A., Shang, Y. Y., ... & Ti, Y. (2022). CIDEc: A Potential Factor in Diabetic Vascular Inflammation. *Journal of vascular research*, 59(2), 114–123. <https://doi.org/10.1159/000520685>
19. Zhou, H. M., Ti, Y., Wang, H., Shang, Y. Y., Liu, Y. P., Ni, X. N., ... & Zhong, M. (2021). Cell death-inducing DF-FA-like effector C/CIDEc gene silencing alleviates diabetic cardiomyopathy via upregulating AMPKa phosphorylation. *FASEB journal : official publication of the Federation of American Societies for Experimental Biology*, 35(5), e21504. <https://doi.org/10.1096/fj.202002562R>
20. Steppan, C. M., Bailey, S. T., Bhat, S., Brown, E. J., Banerjee, R. R., Wright, C. M., ... & Lazar, M. A. (2001). The hormone resistin links obesity to diabetes. *Nature*, 409(6818), 307–312. <https://doi.org/10.1038/35053000>
21. Adeghate, E. (2004). An update on the biology and physiology of resistin. *Cellular and molecular life sciences : CMLS*, 61(19-20), 2485–2496. <https://doi.org/10.1007/s00018-004-4083-2>
22. Patel, L., Buckels, A. C., Kinghorn, I. J., Murdock, P. R., Holbrook, J. D., Plumpton, C., ... & Smith, S. A. (2003). Resistin is expressed in human macrophages and directly regulated by PPAR gamma activators. *Biochemical and biophysical research communications*, 300(2), 472–476. [https://doi.org/10.1016/s0006-291x\(02\)02841-3](https://doi.org/10.1016/s0006-291x(02)02841-3)
23. Bokarewa, M., Nagaev, I., Dahlberg, L., Smith, U., Tarkowski, A. (2005). Resistin, an adipokine with potent proinflammatory properties. *Journal of immunology (Baltimore, Md. : 1950)*, 174(9), 5789–5795. <https://doi.org/10.4049/jimmunol.174.9.5789>
24. Anderson, P. D., Mehta, N. N., Wolfe, M. L., Hinkle, C. C., Pruscino, L., Comiskey, L. L., ... & Reilly, M. P. (2007). Innate immunity modulates adipokines in humans. *The Journal of clinical endocrinology and metabolism*, 92(6), 2272–2279. <https://doi.org/10.1210/jc.2006-2545>
25. Lehrke, M., Reilly, M. P., Millington, S. C., Iqbal, N., Rader, D. J., Lazar, M. A. (2004). An inflammatory cascade leading to hyperresistinemia in humans. *PLoS medicine*, 1(2), e45. <https://doi.org/10.1371/journal.pmed.0010045>
26. Kaser, S., Kaser, A., Sandhofer, A., Ebenbichler, C. F., Tilg, H., Patsch, J. R. (2003). Resistin messenger-RNA expression is increased by proinflammatory cytokines in vitro. *Biochemical and biophysical research communications*, 309(2), 286–290. <https://doi.org/10.1016/j.bbrc.2003.07.003>
27. Filková, M., Haluzík, M., Gay, S., Senolt, L. (2009). The role of resistin as a regulator of inflammation: Implications for various human pathologies. *Clinical immunology (Orlando, Fla.)*, 133(2), 157–170. <https://doi.org/10.1016/j.clim.2009.07.013>
28. Zuo, Y., He, Z., Chen, Y., Dai, L. (2023). Dual role of ANGPTL4 in inflammation. *Inflammation research : official journal of the European Histamine Research Society*, 72(6), 1303–1313. <https://doi.org/10.1007/s00011-023-01753-9>
29. Aryal, B., Price, N. L., Suarez, Y., Fernández-Hernando, C. (2019). ANGPTL4 in Metabolic and Cardiovascular Disease. *Trends in molecular medicine*, 25(8), 723–734. <https://doi.org/10.1016/j.molmed.2019.05.010>



30. Gusarova, V., O'Dushlaine, C., Teslovich, T. M., Benotti, P. N., Mirshahi, T., Gottesman, O., ...& Gromada, J. (2018). Genetic inactivation of ANGPTL4 improves glucose homeostasis and is associated with reduced risk of diabetes. *Nature communications*, 9(1), 2252. <https://doi.org/10.1038/s41467-018-04611-z>
31. Liu, F. J., Xie, L. Y., Li, H. Z., Cao, S. N., Chen, Y. Z., Bin-Shi, ...& Wang, D. D. (2021). Expression of ANGPTL4 in Nucleus Pulposus Tissues Is Associated with Intervertebral Disc Degeneration. *Disease markers*, 2021, 3532716. <https://doi.org/10.1155/2021/3532716>
32. Chen, Y., Du, H., Wang, X., Li, B., Chen, X., Yang, X., ...& Zhao, J. (2023). ANGPTL4 May Regulate the Crosstalk Between Intervertebral Disc Degeneration and Type 2 Diabetes Mellitus: A Combined Analysis of Bioinformatics and Rat Models. *Journal of inflammation research*, 16, 6361–6384. <https://doi.org/10.2147/JIR.S426439>
33. Jia, C., Li, X., Pan, J., Ma, H., Wu, D., Lu, H., ...& Yi, X. (2022). Silencing of Angiopoietin-Like Protein 4 (Angptl4) Decreases Inflammation, Extracellular Matrix Degradation, and Apoptosis in Osteoarthritis via the Sirtuin 1/NF- $\kappa$ B Pathway. *Oxidative medicine and cellular longevity*, 2022, 1135827. <https://doi.org/10.1155/2022/1135827>
34. Wu, J., Zhao, Y., Park, Y. K., Lee, J. Y., Gao, L., Zhao, J., ...& Wang, L. (2018). Loss of PDK4 switches the hepatic NF- $\kappa$ B/TNF pathway from pro-survival to pro-apoptosis. *Hepatology (Baltimore, Md.)*, 68(3), 1111–1124. <https://doi.org/10.1002/hep.29902>
35. Li, Z., Xie, L., Zeng, H., Wu, Y. (2024). PDK4 inhibits osteoarthritis progression by activating the PPAR pathway. *Journal of orthopaedic surgery and research*, 19(1), 109. <https://doi.org/10.1186/s13018-024-04583-5>