

PINEAL GLAND AND ITS PHYSIOLOGY

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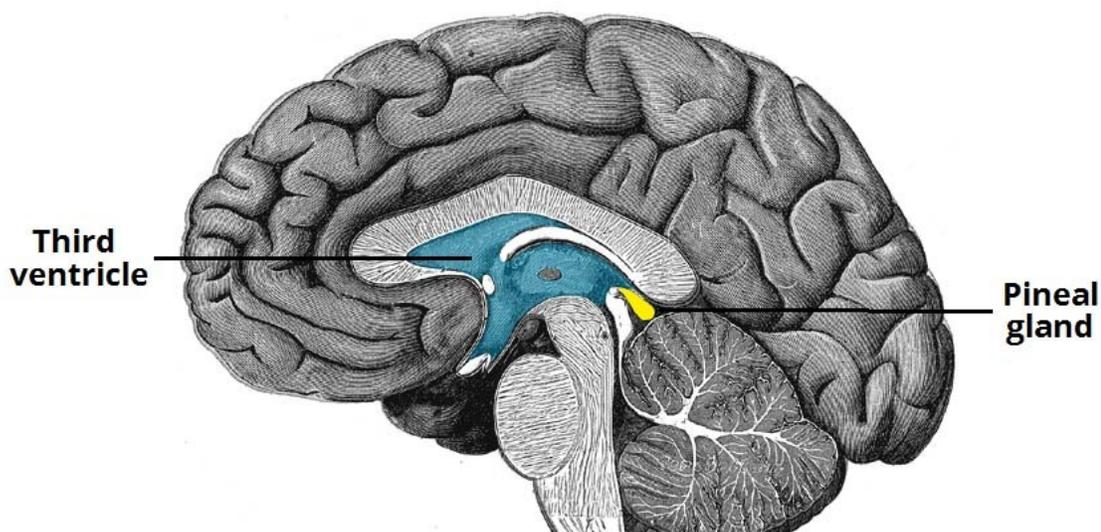
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Pineal gland is so called because it resembles a "pine cone". Pineal was previously considered as vestigial organ, a remnant of 'third eye' without any significant function. Now it is established that it secretes Melatonin¹.

Pineal gland is a small endocrine gland in the vertebrate brain. It produces serotonin derivative melatonin i.e. N,N-dimethyltryptamine¹.

Physiological anatomy: Its shape resembles a tiny pine cone (hence its name). It is located near the centre of the brain, between the two hemispheres.



Endocrine cells of pineal are called as Pinealocytes. Phylogenetically, pinealocytes are photoreceptors (light sensitive cells). These cells are arranged in cords & lobules. Cords are separated by connective tissue septa. Connective tissues can have calcium deposits called as PINEAL SAND. Calcified pineal can be located in X-rays².

Innervation: Sensory information from eye is important for regulation of pineal functions. Light suppresses pineal secretion whereas secretion increases in darkness. In humans and other mammals, the light signals necessary to set circadian rhythms are sent from the eye through the retinohypothalamic system to the suprachiasmatic nuclei (SCN) and then to pineal gland³.

Factors affecting Melatonin secretion:

1. Light - dark cycle
2. Photo period
3. Age
4. Exercise
5. Stress

6. Electrical & magnetic field

Light – dark cycle: Melatonin secretion shows a circadian rhythm. Level higher at night (peak level at 3-4 am). Internal clock present in suprachiasmatic nucleus of hypothalamus maintains circadian rhythmicity of melatonin⁴.

Photo period: Relative duration of light & darkness is different during different months. During summers - the days (light period) are longer. During winter - nights (dark night) are longer. During winter when dark period is longer - duration of melatonin secretion is prolonged. In addition to circadian rhythm there is also annual rhythm such as; secretion is more during winters⁵.

Age: Highest nocturnal levels seen at the age of 1 year; after which levels decline gradually. The human pineal gland grows in size until about 1-2 years of age, remaining stable thereafter. The abundant melatonin levels in children are believed to inhibit sexual development. When puberty arrives, melatonin production is reduced.

Exercise and stress: Acute vigorous exercise transiently increases melatonin secretion. Stress also increases melatonin. Melatonin, the indole produced at nighttime in pineal, has recognized anti-aging, anti-inflammatory, and anti-oxidant properties⁶.

Physiological actions of Melatonin:

1. Effect on metabolic rate: Melatonin reduces metabolic rate in hibernating animals. Survival of hibernating animals in winter months depends on their ability to reduce their BMR. During hibernation in winter months, longer dark periods are there which would lead to more melatonin & less BMR⁷.
2. Effect on reproduction: The pineal gland mediates the effect of photo period on reproduction. This is particularly important in seasonally breeding animals like goats & sheep⁸. In cold blooded animals in times of hibernation when melatonin secretion is more, reproduction is suppressed.

In humans, Melatonin suppresses gonadotropin secretion from the pituitary or it has anti gonadotropic action⁹. Human melatonin keeps the sexual maturation in check. This observation has been extended by Kitay, who has shown that destructive tumors of pineal gland are associated with precocious puberty whereas hyperactive tumors are associated with delayed puberty.

Two pineal indoles, melatonin and methoxytryptophol, have been shown to be antigonadotropic when administered to animals. When levels of these hormones measured in schoolchildren then findings show that in young boys there was an abrupt fall in the concentration of melatonin with advancing development suggesting that it may play an important physiological role in the control of human puberty¹⁰.

3. Effect on body temperature: Melatonin affects body temperature. There is inverse relationship between Body temperature & melatonin circadian rhythm. In women Melatonin causes acute lowering of temperature¹¹. It also explains diurnal temperature rhythm in human being.
4. Effect on inflammation & immunity: Melatonin also possess anti inflammatory actions. Melatonin has been shown to reduce tissue

destruction during inflammatory reactions by various means. Melatonin by virtue of its ability to directly scavenge the toxic free radicals reduces macromolecular tissue damage in all organs. The free radicals, reactive oxygen & nitrogen species scavenged by melatonin are – the highly toxic hydroxyl radical (OH), peroxynitrite anion (ONOO⁻), and hypochlorous acid (HOCl), among others. These all agents contribute to inflammatory reaction & associated tissue destruction. Moreover, Melatonin has other means to lower the damage associated with inflammatory reaction. It prevents the translocation of nuclear factor kappa – B (NF-kappa B) to the nucleus and its binding to DNA. In this way preventing the upregulation of variety of proinflammatory cytokines e.g. interleukins & tumor necrosis factor alpha. Finally, there are evidences suggesting that melatonin reduces the production of adhesion molecules that promote the sticking of leukocytes to the endothelial cells, thereby reducing trans endothelial migration of leukocytes & oedema which contribute to tissue damage^{12,13}.

Pathophysiological implications of Melatonin

1. Jet lag: Jet lag commonly affects air travellers who travel across several time zones. It results when body's internal rhythm does not match with day – night rhythm of destination. Melatonin is used as a drug to re-align body's circadian rhythm with the outside world. Melatonin is very effective in reducing jet – lag. It can be recommended to adult travellers flying across five or more zones¹⁴.
2. Sleep disorders: Melatonin is the hormone involved in the sleep – wake cycle¹⁵. It is easily synthesized and can be administered orally; therefore, it is considered as treatment for insomnia. Moreover, as production of hormone decreases with age It has been suggested that melatonin deficiency can be partly responsible for sleep disorders. Treating this age-related deficit would therefore appear to be a natural way of restoring sleep quality which is lost as patient age¹⁶. It is established now that melatonin is a

sleep-inducing substance. It increases duration of REM sleep therefore its role is considered in insomnia.

3. Mood disorders: Melatonin prepares one for sleep bringing energy levels down; thus, an increase in melatonin levels may lead to lower mood and depressive state. So, melatonin can be an etiological factor for depression. Seasonal affective disorder (SAD) which is seen in winter months when nights are long and more melatonin is being secreted. Melatonin worsens depression associated with SAD. If one must take melatonin for sleep disorders then he must take it with vitamin D to avoid depression associated with melatonin. When melatonin is high, vitamin D is low and vice versa. Increasing your exposure to sunlight in order to absorb more vitamin D may help improve your mood, counteracting the negative effects of melatonin^{17,18}.
4. Pineal gland as remnant of third eye: Pineal gland has a structure of pine cone. If one cuts this pine cone in to two halves, then it appears that it has structure similar to human eye. It consists of rod and cone structures as in retina. Similar pigments that are present in eyes are also traced here. Further, Pineal glands are light sensitive, thus making them very similar to eyes and hence, the name 'Third Eye' is somewhat justified. In 17th century, Rene Descartes (Father of modern Philosophy) named pineal gland as 'seat of soul'¹⁹. According to Hindu mythology, Pineal gland is also called as ajnachakra awakening of whose is related to awakening of 'third eye'. Mystic and esoteric spiritual traditions suggest it serves as a metaphysical connection between the physical and spiritual worlds²⁰.

References:

1. David E Nichols. N, N-dimethyltryptamine and the pineal gland: Separating fact from myth. *Journal of Psychopharmacology*. 2018 Jan;32(1):30-36.
2. Patel S, Rahmani B, Gandhi J, Seyam O, Joshi G, Reid I, Smith NL, Waltzer WC, Khan SA. Revisiting the pineal gland: a review of calcification, masses, precocious puberty, and melatonin functions. *Int J Neuroscience*. 2020 May;130(5):464-475.
3. Morten Møller. Vasopressin and oxytocin beyond the pituitary in the human brain. *Handbook of clinical neurology*. 2021;180:7-24
4. B Claustrat, J Leston. Melatonin: Physiological effects in humans. *Neurochirurgie* 2015 Apr-Jun;61(2-3):77-84.5.
5. Amnon Brzezinski, Seema Rai, Adyasha Purohit et al. Melatonin, Clock Genes, and Mammalian Reproduction: What Is the Link? *Int J Mol Sci*. 2021 Dec 8;22(24):13240
6. Alessandra Stacchiotti, Gaia Favero, Luigi Fabrizio Rodella. Impact of Melatonin on Skeletal Muscle and Exercise. *Cells*. 2020 Jan 24;9(2):288
7. Ahmet Korkmaz¹, Turgut Topal, Dun-Xian Tan, Russel J Reiter. Role of melatonin in metabolic regulation. *Rev EndocrMetabDisord*. 2009 Dec;10(4):261-70.8.
8. James M Olcese. Melatonin and Female Reproduction: An Expanding Universe. *Front Endocrinol (Lausanne)*. 2020 Mar 6;11:85
9. M Mila Macchi, Jeffrey N Bruce. Human pineal physiology and functional significance of melatonin. 004 Sep-Dec;25(3-4):177-95.
10. R E Silman, R M Leone, R J Hooper, M A Preece. Melatonin, the pineal gland and human puberty. *Nature*. Nov. 1979.15:282(5736): 301-3
11. D Dawson, S Gibbon, P Singh. The hypothermic effect of melatonin on core body temperature: is more better? *J Pineal Res* 1996 May;20(4):192-7
12. R J Reiter, J R Calvo, M Karbownik, W Qi, D X Tan. Melatonin and its relation to the immune system and inflammation. *Ann N Y Acad Sci*. 2000;917:376-86
13. Reiter RJ, Tan DX, Manchester LC, Qi W. Biochemical reactivity of melatonin with reactive oxygen and nitrogen species: a

- review of the evidence. *Cell BiochemBiophys*. 2001;34(2):237-56.
14. A Herxheimer¹, K J Petrie. Melatonin for the prevention and treatment of jet lag. *Cochrane Database Syst Review*. 2002;(2)
 15. J J Poza , M Pujol, J J Ortega-Albás, O Romero. Melatonin in sleep disorders. *Neurologia (Engl Ed)*. 2018 Nov 19; S0213-4853(18)30200-7
 16. Pin Arboledas G, Merino Andreu M, de la Calle Cabrera T, et al. Consensus document on the clinical use of melatonin in children and adolescents with sleep-onset insomnia. *An Pediatr (Barc)* . 2014 Nov;81(5):328.e1-9
 17. eMedTV.com: An Introduction to Melatonin Dosage; Kristi Monson, Pharm.D., et al.; Jan. 18, 2009
 18. Nina Buscemi PhD, Ben Vandermeer MSc, Nicola Hooton BSc . The efficacy and safety of exogenous melatonin for primary sleep disorders a meta-analysis. *Journal of General Internal Medicine*. December 2005; 20, pages1151–1158.
 19. Costa Savva, Martin R Turner. Pineal gland as the source of the soul and third eye. *Practical Neurology*. March 2022; 22, 93-93.
 20. Marco Aurelio, Paulo Roberto, LoynaPeaz, et al. “Seat of the soul”? The structure and function of the pineal gland in women with alleged spirit possession—Results of two experimental studies. *Brain Behaviour*. July 2020; 10(7): e01693. Published online 2020 Jun 7. doi: 10.1002/brb3.1693