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Beta-caryophyllene enhances wound healing through multiple routes

(65 characters)

Short title: Beta-caryophyllene and wound healing

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Abstract

Beta-caryophyllene is an odoriferous bicyclic sesquiterpene found in various herbs and

spices. Recently, it was found that beta-caryophyllene is a ligand of the cannabinoid

receptor 2 (CB2). Activation of CB2 will decrease pain, a major signal for inflammatory

responses. We hypothesized that beta-caryophyllene can affect wound healing by

decreasing inflammation. Here we show that cutaneous wounds of mice treated with beta-

caryophyllene had enhanced re-epithelialization. The treated tissue showed increased cell

proliferation and cells treated with beta-caryophyllene showed enhanced cell migration,

suggesting that the higher re-epithelialization is due to enhanced cell proliferation and cell

migration. The treated tissues also had up-regulated gene expression for hair follicle bulge

stem cells. Olfactory receptors were not involved in the enhanced wound healing. Transient

Receptor Potential channel genes were up-regulated in the injured skin exposed to beta-

caryophyllene. Interestingly, there were sex differences in the impact of beta-

caryophyllene as only the injured skin of female mice had enhanced re-epithelialization

after exposure to beta-caryophyllene. Our study suggests that chemical compounds

included in essential oils have the capability to improve wound healing, an effect generated

by synergetic impacts of multiple pathways. (184 words)

Introduction

Odors from other conspecific[1] individuals [1] and the environment [2-6] affect the behaviors and physiological status in many animals. The significance of olfactory stimuli tends to be underestimated in case of humans. However, we have a long history of actively utilizing odorants to heal or alter our physiological conditions. Various herbal plants' and spices' extracts have been used to reduce stress, pain, and to promote recovery from injury or illness [2-6]. In spite of such a long history of using herbal plant extracts and although an increasing number of scientists are starting to test natural products owing to their diverse molecular scaffolds and biologically active substructures, there is still a strong need to examine the influences of extracts. It is especially important to better understand their mechanisms of action.

When essential oils are used instead of single chemical compound, there have been challenges to examine their mechanism of action because of the large variances in the percentage each chemical compound present [7] depending on the extraction methods [8], the area of origin including differences in the geographic altitude of the areas [9], seasons the plants were harvested [10], and parts of the plants extracted [11,12]. It is thus important to utilize chemically-pure compounds or chemically-defined extracts as described in some recent studies [13-17]. These studies enable testing the roles of individual chemicals and obtaining clear mechanistic insights [13,14].

In addition, the route of administration can affect the efficacy of the odorants. Odorants of herbal plants are often called "aromas", which suggests that the route is through the olfactory system. However, there are various routes that odorant chemicals can exert

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[1] Conspecific: Technical terms in the study field of animal behavior and ethology, meaning the same species

effects. First, olfactory receptors are expressed in both olfactory neurons and in non-

olfactory tissues, such as skin and circulatory organs [18,19]. Furthermore, some odorants

activate both olfactory receptors and non-olfactory receptors. For example, beta-

caryophyllene (BCP), which is an odoriferous bicyclic sesquiterpene present in many herbs

and spices, is a ligand of cannabinoid receptor 2 (CB2)[2] [20] as well as olfactory receptors.

How odorants such as BCP act on distinct receptor classes is important for the most

effective use of BCP.

The CB2 receptor is expressed in neuronal cells, immune tissue, hair follicles, sebaceous

glands, the dermomuscular layer, and vascular smooth muscle in intact skin [21].

Activation of CB2 by CB2 selective agonist GP1a improved re-epithelialization in wound

healing [22,23]. Essential oil of *Copaifera paupera,* which contains BCP also improved

wound healing [24], although it is not clear whether BCP had a direct or indirect role and

whether the wound healing is promoted by the CB2 receptor. In this project, we examined

whether BCP can improve re-epithelialization and, if so, whether the olfactory system is

involved in the impact.

Results and discussion

BCP treatment enhanced re-epithelialization

Wound healing is a series of overlapping cellular and biochemical processes that

restore the integrity of injured tissues. In general, healing occurs with four overlapping

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[2] Cannabinoid receptors G-protein receptors first found as the receptors for Δ^9-tetrahydrocannabinol (THC), which is the main psychoactive constituent of *Cannabis sativa* (marijuana). Two receptors have been identified, cannabinoid receptors 1 and 2 (Zou S, Kumar, U. *Int. J. Mol. Sci*, 2018, 19, 833).

phases that takes place from minutes to weeks: hemostasis, inflammation, cell proliferation

and migration, and maturation/scarring [25-28]. We examined whether exposure to BCP

affect cell proliferation and the re-epithelialization of mouse skin in a full thickness wound

generated on the back of mice using scissors. The wound was then covered with a device

that can retain either 50 uL of BCP (50mg/kgbw, diluted with olive oil) or a control (olive

oil alone) (see Materials and Methods for details, S1 Fig). Throughout the study, none of the

mice exhibited behaviors suggestive of irritation with the BCP (S2, S3 Fig).

Immunofluorescence staining of keratin-14 (K14), a marker of re-epithelialization [29],

revealed that wounds treated with BCP had increased keratinocyte migration distance

from intact skin near the wound toward the wound center relative to the controls,

indicating improved re-epithelialization (Fig. 1).   Staining for proliferating cell nuclear

antigen (PCNA) showed that many cells were proliferating at the wound edge in both the

BCP and Oil groups (green color in the wound edge area in Fig. 1b). In the BCP group,

PCNA+ fibroblast cells are concentrated in the reticular dermis (lower area of dermis). The

fibroblast cells in the reticular dermis migrate into the wound bed and form an

extracellular matrix of granulation tissue [30]. The results on K14 and PCNA show that the

BCP-treated group exhibits higher re-epithelialization and cell proliferation.

Another marker of re-epithelialization is the expression of filaggrin, a marker of

differentiated skin [31]. Filaggrin is expressed in the upper layer of the epidermis (stratum

corneum) and functions as a skin barrier, protecting the body from losing water and from

exogenous pathogens [31]. In the BCP-treated wounds, the range of differentiated stratum

corneum layer in the invading epidermis was wider and the expansion from the wound

edge was longer when compared to the Oil group (Fig. 2 red).

Estrogen is known to accelerate wound healing [32]. We examined if there are

differences in the expression of estrogen receptor alpha after exposure to BCP. Estrogen

receptor alpha was expressed strongly in the dermis fibroblasts of both the BCP and Oil

group without differences (Fig. 2).

Platelet-derived growth factor-A and –B (PDGF-A and –B) are expressed in fibroblasts

and keratinocytes [33]. PDGF receptors (PDGFR) are expressed in fibroblasts, smooth

muscle cells, epithelial cells, macrophages, and their expression increases when there is

inflammation [33]. In wound healing, PDGF stimulates mitogenesis and chemotaxis of

fibroblasts, smooth muscle cells, neutrophils and macrophages, and stimulates production

of fibronectin, collagen, proteoglycans and hyaluronic acid [33]. PDGFRα also has a role in

both extracellular matrix and hepatocyte growth factor production in fibroblasts in

remodeling of connective tissue [34]. Immunofluorescence staining for PDGFRα showed

that it is expressed strongly in the epidermis and the wound edge of the tissue treated with

BCP (Fig. 2b). In the tissues treated with Oil, PDGFRα was expressed strongly only at the

wound edge (Fig. 2b). Vimentin, which has a role in fibroblast proliferation and

keratinocyte differentiation [35,36], was expressed strongly in the wound edge (Fig. 2b

red) of both the BCP-treated and Oil-treated wound. These results suggest that the impact

of BCP is primarily on the invasion of epidermis and differentiation of keratinocytes,

resulting in enhance re-epithelialization of the wounded area.

Fig 1. Re-epithelialization measured by keratin 14. (a) Immunofluorescence staining of

K14 (red) and PCNA (green) with nuclear staining using Draq5 (blue) of skin with wound

treated with BCP or with oil. **(b)** Higher magnification images of areas of boxes in **(a)**.

PCNA was localized in the nucleus and, when density of cells increased, it became localized

in the cytoplasm **(b)**. This was observed at the center of the wound. In: intact area, W:

wounded area. **(c, d)** Length of K14+ staining area from the boundary of intact and

wounded area to the center of the wound in skin harvested on post-surgery day 3 **(c)** and 4

(d). Dots indicate each datum and the height of bars indicates the median. Horizontal lines

indicate quartiles. 3rd day, Kolmogorov-Smirnov test, *P*=0.008, BCP, n=20, Oil, n=15; 4th day,

Kolmogorov-Smirnov test, *P*=0.002, *: *P*<0.05, BCP, n=16, Oil, n=16. (142 words)

Fig. 2 Expression of filaggrin (red) and estrogen alpha (green) (a), and PDGFR

(green) and vimentin (red) (b) in the wounded area of mice. (a) View at the wound

edge. In: intact area, WE: wound edge, WB: wound bed. Scale bar is in μm. Dotted lines

show the boundaries between the intact area and wound edge, and the wound edge and

wound bed. Filaggrin staining of the BCP group was broader in width and longer in the

distance from the wound edge. Estrogen alpha staining did not show obvious differences

between groups. **(b)** PDGFR expression in the epidermis was stronger in the BCP group.

Both the BCP and Oil group showed a large area of staining of PDGFR in the wound edge

(WE) and wound bed (WB). Vementin staining did not show obvious differences between

the BCP group and Oil group. In: intact area, WE: wound edge, WB: wound bed. Scale bars

are in μm. (153 words)

BCP treatment enhanced cell proliferation

To determine the rate and location of cell proliferation in the wounded tissue, 5-bromo-

2'-deoxyuridine (BrdU) was injected twice every 2 hours and tissues were harvested 2

hours after the second injection (see Materials andMethods for details). Significantly more

BrdU+ cells were found on the basal layer of the interfollicular epidermis and hair follicles,

and in the papillary dermis [37-39] in the BCP-treated wounds. In both the BCP-treated

and controls, there were many BrdU+ cells at the wound margin and wound bed (Fig. 3).

Previous studies have shown that proliferation takes place at a proliferative hub, which is

from 2 mm outside of the wound edge until 3 mm from the wound edge [40]. We observed

that cell proliferation in the controls took place highly at the wound margin and at the basal

layer of the interfollicular epidermis (Fig. 3f, Oil). In contrast, the BCP-treated wounds had

higher cell proliferation in the interfollicular epidermis, in the dermis, at the hair follicles,

and in the wound bed (Fig. 3f, BCP).

Stem cells in the hair follicle contribute to re-epithelialization by migrating from the

hair follicle bulge to epidermis and then to the center of the wound [41]. The strong BrdU

staining of hair follicles in the BCP-treated wounds compared to the controls suggest that a

larger number of hair follicle stem cells may have contributed to the enhanced re-

epithelialization in BCP group.

Fig 3. BrdU+ cells in the epidermis and dermis. (a) BrdU+ cells in the epidermis (epi in

(f)) (Student T-test, T=3.077, df=8, *P*=0.015, BCP, n=5, Oil, n=5), **(b)** BrdU+ cells in the

wound margin (wm in **(f)**) (Student T-test, T=1.343, df=8, *P*=0.216, BCP, n=5, Oil, n=5), **(C)**

BrdU+ cells at the hair follicle (h in **(f)**) (Student T-test, T= 3.038, df=8, *P*=0.015, BCP, n=5,

Oil, n=5). **(d)** BrdU+ cells at the dermis excluding wound margin (Student T-test, T=4.645,

df=8, *P*=0.002, BCP, n=5, Oil, n=5). **(e)** BrdU+ cells at the BrdU+ cells at the wound bed

(Student T-test, T=2.197, df=8, *P*=0.059, BCP, n=5, Oil, n=5). **(f)** Representative views of

combined photos used in quantification for each group. h: hair follicle, epi: epidermis, der:

dermis, wm: wound margin, wb: wound bed, scale bar: 200 μm. Numbers below and above

the photos are operationally assigned numbers for explanation in the text on locations in

the wound. Dotted lines show the boundaries between epidermis and dermis, dermis and

wound margin zone, and wound margin zone and wound bed. (172 words)

If enhanced re-epithelialization was due to a reduction of inflammation and an early

shift to the cell proliferation/migration stage, then BCP should not impact cultured cells.

To test this hypothesis, we conducted time-lapse imaging for 7 hours and enumerated cell

division. We conducted this with different concentrations of BCP. We found a peak of cell

proliferation at 26 μM BCP, which decreased at higher concentrations (Fig. 4). In higher

concentrations we observed less cell proliferation. These results suggested that BCP

treatment was on cell proliferation and enhanced re-epithelialization rather than the

suppression of inflammation.

Fig 4. Proliferating primary fibroblast cells exposed to BCP at various

concentrations. Number of dividing and apoptotic cells during 7 hours of exposure to BCP.

(23 words)

BCP enhanced cell migration

The increased cell migration caused by BCP was not reported previously and we

examined this further. To determine whether exposure to BCP can stimulate cell

migration, we conducted *in vitro* assays of scratch tests and chemotaxis assays. Primary

cultured fibroblasts and keratinocytes from C57BL/6 mice exposed to BCP (diluted with

DMSO) for 24 hours showed higher chemotactic responses relative to the controls

(fibroblasts, 2.1 times higher number of cells, and keratinocytes, 2.5 times higher number

of cells, both compared to control condition cells exposed to DMSO) (Fig. 5a, b, c).

However, exposure to BCP did not stimulate chemotactic responses in fibroblasts isolated

from CB2 knockout mice (1.2 times higher number of cells compared to control condition

cells exposed to DMSO) (Fig. 5d). These results suggest that activation of CB2 could lead to

an increase in chemotactic responses.

Fig 5. Influence of BCP on cell migration. (a) Representative results of chemotaxis assay.

Cells showed chemotactic responses to BCP. Fibroblasts and keratinocytes were exposed

either to BCP or to DMSO (control) in chemotaxis assay. WT cells exposed to BCP showed

significantly more chemotactic responses toward the bottom of the inserts (fibroblasts,

Student T-test, T=2.564, df=8, *P*=0.033, BCP, n=4, DMSO, n=4, **(b)**; keratinocytes, Student T-

test, T=2.456, df=8, *P*=0.04, BCP, n=4, DMSO, n=4, **(c)**), but cells isolated from CB2 knockout

mice did not show differences between those exposed to BCP and those exposed to DMSO

control (fibroblasts, Student T-test, T=0.944, df=4, *P*=0.398, BCP, n=3, DMSO, n=3, **(d)**). **(e,**

f, g) Results of scratch tests. Representative images on the influence of BCP (27 μM) on cell

migration of fibroblasts. Six hours after scratch **(e)** and 1 day after scratch **(f)**. Dotted

white lines show the edge of scratched area. Scale bar = μm, **(g)** The distance cells migrated

during the 6 hours shown as a comparison to the original width (% of shrink in width).

0% means no change from original width. ANOVA, Medium type, $F_{1,8}$=7.16, P=0.028, cell

type, $F_{1,8}$=0.365, P=0.562, BCP, n=3, DMSO, n=3. (192 words)

In the chemotaxis assay above we found that cells show chemotactic responses toward

BCP. We then conducted scratch tests to determine if exposure to BCP stimulates

chemotactic responses to repopulate in petri dishes. After culture dish reached confluency,

the culture media was replaced to culture media containing BCP (23μM/10 μL DMSO/10

mL cell culture media) or DMSO (10 μL/10mL cell culture media). Exposure to BCP

increased cell migration to the scratched area (39.2% decrease in the width in 6 hours),

relative to the control (6.7% decrease in the width in 6 hours). The cells from CB2

knockout mice exposed to BCP also showed a comparable rate of repopulating the

devoided area (34.0% decrease in the width in 6 hours) (Fig. 5e, f, g). These results suggest

that BCP can stimulate cell migration, but not through CB2 pathway.

We started this study with the hypothesis that BCP will positively impact wound

healing by activating signaling by CB2. While BCP did improve re-epithelialization, the

results of the cell migration studies showed that BCP's effect on re-epithelialization may be

more complicated than through the activation of CB2. Therefore, we examined whether

CB2 antagonists and agonists will affect re-epithelialization. AM630, an antagonist of CB2

[42] was daily injected 20 min before the daily application of BCP, CB2 agonist JWH133

[43] was topically applied instead of BCP to determine if it generates a similar impact as

BCP. Then tissues of the BCP group, the Oil group, the AMP630+BCP group, and the

JWH133 group were harvested on the 5th day post-surgery. Sections were stained with K14

antibody and the distance of migration from the edge of the wound was measured.

Consistent with our previous observations, topical application of BCP enhanced re-

epithelialization. CB2 agonist JWH133 significantly enhanced re-epithelialization compared

to the Oil group (Fig. 6). When CB2 antagonist AM630 was injected daily into mice treated

with BCP, the results were not clear. Re-epithelialization was not statistically different from

the Oil group but the variance was large and there was a trend towards differences

(P=0.071) (Fig. 6). These results suggest that there could be some other pathways involved

in the BCP enhanced re-epithelization of the wounds.

Fig. 6. Re-epithelialization (K14+ distance from wound edge) in mice exposed to BCP,

Oil, CB2 agonist JWH133, and BCP+CB2 antagonist AM633. **(a)** Length of K14+ staining

area from the boundary of the intact and wounded area to the center of the wound in skin

harvested on post-surgery day 5 from mice exposed to BCP, oil, JWH133 or injected CB2

antagonist AM630 daily before daily treatment with BCP. Dots indicate each data set and

the height of bars indicates the median. Horizontal lines indicate quartiles. ANOVA,

$F_{3,53}$=5.51, P=0.002) (ANOVA, $F_{3,53}$=5.51, P=0.002. Post-hoc pairwise analyses between BCP

vs. oil, Tukey's post-hoc pairwise comparison, P=0.002, CB2 agonist JMW133 group vs. oil

group, Tukey's post-hoc pairwise comparison, P=0.071, and CB2 antagonist AM630+BCP

group vs. BCP group, Tukey's pairwise comparison, P=0.097; BCP, n=9, Oil, n=10, JWH133,

n=8, AM630+BCP, n=7). **(b)** Representative images of JWH133 group and BCP+AM630

group. In: Intact area, W: wounded area. (147 words)

BCP changes gene expression in the wounded skin

In order to better predict the pathways through which BCP acts, we conducted RNA

sequencing and transcriptome analyses. The skin from mice 17 to 18 hours post-injury

treated with BCP or oil was used. The transcriptome of mice that were not injured (NT

group) was also analyzed to determine which gene expression changes are caused by

injury itself.

When a comparison was made between the BCP group vs. the NT group and the Oil

group vs. the NT group, the gene expression patterns of the BCP group and the Oil group

were similar (38 out of 50 top significant genes were common). This suggests that these

common genes could be genes that become modulated when there is skin injury (S5 Fig).

When comparison was made between the BCP group vs. the Oil group, significant

differences in gene expression between the BCP group and the Oil group were found (Fig

7). BCP-treatment significantly up-regulated a large number of genes, the 50 whose

expression changed the most are in Table 1. Twenty percent of the up-regulated genes

code for keratins (*Krt*) or keratin-associated proteins (*Krtap*) [44] (Table 1). Krtap genes

are expressed in cells of the hair shaft cortex [45], where we had observed an increased

number of BrdU+ cells (Fig. 3). Other than the possible role of BCP on enhancing re-

epithelialization, this result also suggests the possibility that exposure to BCP promotes

more complete skin regeneration and hair neogenesis. The remaining forty of the top 50

up-regulated genes code for functions in cell migration (e.g. *Adamts*) [46], cell fate

determination, and hair follicle formation (*Bambi, Msx2, Dlx3, Padi1, Hoxc13, S100a*) [47-

52]. These results overall suggest that BCP has impacts on hair follicle stem cell production

and skin regeneration to aid in wound healing.

Fig 7. Results of RNA sequencing of post-surgery 17 hours skin and intact skin.

Heatmap showing the top 50 significant gene expressions in the skin exposed to BCP (n=2)

or oil (n=3), 17 to 18 hours post-surgery (inflammation stage), and in the skin of mice

without skin excision (NT group) (n=3). Comparison between BCP vs. oil **(a)** showed a

clear difference between BCP and Oil. **(b)** Volcano plot from the comparison between BCP

vs. Oil. Y-axis shows log10 (p value) and X-axis shows log2 fold change value. (85 words)

Table 1 Top 50 genes altered in mice treated with oil and BCP. Top 50 genes were all up-regulated in the BCP group compared to the Oil group.

Genes	Log2FC	Pvalue	Family/roles and functions	References
Krtap3-1	8.355	1.43E-16	Krtap family; keratin associated protein;	
Krtap3-2	3.195	6.4E-19		
Krtap3-3	5.357	3.6E-43		
Krtap4-9	8.410	3.02E-13		
Krtap16-1	9.052	8.86E-18		
Krtap17-1	5.949	6E-25		
Krt31	9.963	9.34E-18	Krt family; keratin	
K rt32	2.876	8.67E-17		
Krt39	4.537	2.64E-14		
Krt83	8.568	1.85E-14		
Dok4	1.116	1.04E-16	Dok family; docking protein; "Associate with receptor tyrosine kinase c-Ret and function in c-Ret-mediated neurite outgrowth"; "play a positive role in activation of the MAP kinase pathway" (Grim et al. 2001)	Grim et al. 2001
Dlx3	2.876	1.24E-20	DLX family; distal-less homeobox; keratinocytes differentiation	Bhattacharya et al. 2017; Palazzo et al. 2017
Dlx4os	3.393	1.99E-15		
Nkd2	1.739	5.68E-15	Naked cuticle family; a major component of Wnt signaling; "negatively regulates canonical Wnt signaling by binding Dishevelled" (Dsh) (Li et al. 2004)	Li et al. 2004
Ephb3	0.964	6.41E-15	Developmental process; embryogenesis	Flanagan and Vanderhaeghen 1998; Zhou 1998
Gabrp	2.536	5.91E-21		
Gpr37	2.350	4.81E-16		

Psors1c	3.526	3E-22	An immune system gene related to develop psoriasis, a disfiguring inflammatory skin disease	
Cpm	2.030	1.39E-13	Machrophage differentiation	
Pinlyp	3.894	1.67E-16		
Csdc2	3.974	8.42E-22	Hair follicle cycling	Yang et al. 2017
S100a7a	4.018	4.15E-21	"functions as a transglutaminase substrate/cornified envelope precursor, signal transduction protein, chemokine, and antibacterial protein in normal epidermis" (Eckert and Lee, 2006); Inflammation and cell migration; chemotaxis	Eckert and Lee 2006; Zwicker et al. 2012; Batycka-Baran et al. 2015
Unc5b	1.067	1.95E-17	Morphogenesis; Potential mediaters of beta-catenin signaing; angiogenesis	Lu et al. 2004; Zhang et al. 2008;
Adamts18	4.300	4.28E-14	Development, angiogenesis, coagulation	Wei et al. 2014; Kelwick et al 2015
Sptssb	4.234	8.74E-17	Axon	Zhao et al. 2015
Gm10318	10.288	1.12E-15	Nothing known so far	
Otop2	5.273	4.2E-19		
Tchhl1	10.815	1.37E-22	Expressed in basal layer of epidermis; expressed in the nuclei of cultured growing keratinocytes	Yamakoshi et al. 2013
Vsig8	7.709	2.77E-18	Hair shaft protein	Rice et al. 2011
Fam26d	10.723	2.77E-18		
Ly6g6d	6.345	5.34E-25		
Padi1	7.996	5.74E-14	Epidermal differentiation	Chavanas et al. 2006; Moelants et al. 2013
Bambi	3.486	1.67E-26	"Negatively regulates TGFbeta family signaling by a regulatory mechanism involving the interaction of signaling receptors with a pseudoreceptor" (Onichtchouk et al. 1999); mouse embryogenesis	Onichtchouk et al. 1999; Grotewold et al. 2001

Gene	Value	p-value	Description	Reference
Tchh	7.708	2.17E-16	Hair follicle inner root sheath	Yamamoto et al. 2009
Sytl2	1.916	3.27E-20	Cellular activity	Fukuda and Mikoshiba 2001; Li et al. 2018
Bean1	3.567	7.9E-15		
Zfp618	3.060	2.48E-14	Development; cerebellar neural stem/progenitor cells during development	Naruse et al. 2018
Msx2	3.792	6.03E-20	In epidermis, hair follicles and fibroblasts of developing fetal skin (Stelnicki et al 1997); in adult skin, confined to epithelial derived structures; hair cycle control and hair shaft differentiation (Kim and Yoon 2013)	Stelnicki et al. 1997; Kim and Yoon 2013)
Rtkn2	3.410	7.44E-14		
Lrrc75b	5.540	1.6E-18		
Hoxc13	2.829	2.56E-13		
Pm20d1	2.060	8.47E-15		
Rhpn2	1.681	3.56E-13		
D730001G18Rik	4.438	4.08E-48		
Foxn1	1.368	3.81E-15		
Car6	4.084	8.35E-33		
Slc40a1	1.727	8.58E-21		

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The transcriptome analysis prompted us to examine whether BCP treatment affected

genes known as hair follicle stem cell markers [38]. The hair follicle bulge markers *Gli1*,

Lgr5, and *Sox9* were significantly up-regulated (Log2FC, 2.4605, 1.236, 0.5377,

respectively) in the BCP group compared to the Oil group (see bottom table in Fig. 8). Hair

follicle infundibulum marker *Lrig1* was also significantly up-regulated by 40% (Fig. 8,

log2FC 0.4035). These results on up-regulation of hair follicle bulge markers suggest that

BCP treatment can stimulate hair follicle stem cell production.

Fig 8. Comparison of the expression of hair follicle marker genes. Hair follicle genes

related to the bulge were significantly up-regulated in the mice exposed to BCP compared

to the Oil group. P-Values show the results of comparison between the BCP and the Oil

groups. *: P<0.05, **: P<0.01, ***: P<0.001. (50 words)

The inflammation stage of wound healing starts immediately after injury and pro-

inflammatory cytokine levels usually peak within the first 10 to 20 hours [53,54], then

decrease for 2 days. The main source of cytokines is known to be neutrophils [53]. In our

study, we used 17 to 18 hours post-injury skin and, of the pro-inflammatory cytokines, IL-

1β and IL6 genes were significantly down-regulated in the BCP group compared to the Oil

group (Table 2). This suggests that BCP treatment suppressed acute inflammation after

skin exicision (Table 2). Studies have shown that there is a rebound in the inflammatory

cytokines after 3 days, when fibroblasts migrate and new granulation tissues are formed,

which suggest that the cytokines during the 'rebound' stage may play a role in wound

remodeling [53]. Using the tissue harvested on post-surgery day 4, we examined the

expression of the pro-inflammatory cytokines IL-1β and TNFα (Fig. 9a and b). IL-1β

expression was especially strong in the wound bed of the BCP-treated mice. IL-1β and

TNFα were expressed 2.7 times higher and 2.0 times higher, respectively, at the wound bed

in the BCP group when compared to the Oil group (compared using color intensity in the

image field). Apoptosis is involved in various stages of tissue repair with its main role in

eliminating unwanted cells. If the acute inflammation immediately after injury is

suppressed, it is possible to expect that the apoptosis rate might be suppressed in the BCP

group. We conducted a terminal deoxynucleotidyl transferase (TdT) dUTP nick-end

labeling (TUNEL) assay to detect apoptotic cells. TUNEL+ cells were abundant in the wound

bed of both BCP-treated and oil-treated wounds when compared to the intact area.

However, TUNEL staining was much stronger in the Oil-treated group (2.0 times higher in

color intensity in the Oil group compared to the BCP group). In the BCP-treated wounds,

TUNEL+ cells were present in the bottom of the epidermis and dermis close to the wound

edge (Fig. 9c). These results suggest that, in the BCP group, pro-inflammatory cytokines

are suppressed immediately following injury which may have produced reduced apoptosis

at 4 days post-injury. Although the expression of pro-inflammatory cytokines is suppressed

in the BCP group during the early stage after injury, they become more expressed than the

Oil group at post-surgery day 4, which is when they are at the cell proliferation stage.

Further studies are required to precisely determine the roles of these cytokines in the

differences observed in wound healing between the BCP and Oil treated wounds.

Table 2. Expression of pro-inflammatory cytokines in the BCP group compared to the

Oil group.

Gene	Log2FC	Pvalue
IL-1b	-1.236	0.003
IL6	-1.100	0.002
Tnf	-0.571	0.052
Mmp8	-2.06	9.00E-04
Mmp10	-0.667	0.033
Mmp16	-0.948	0.012
Mmp19	-1.069	0.012
Mmp28	-0.72	0.003
Casp4	-0.691	1.10E-03
Casp8	-0.508	5.17E-06
Casp14	0.76	0.001

Fig. 9. IL-1β, TNFα in the skin at the wound bed and close to the wound, and TUNEL

staining of the skin at the wound bed and close to the wound. **(a)** IL-1β (red and

purple) expression in the BCP and the Oil group. Blue color as well as purple color is Draq

5+ cells. Green is autofluorescence. **(b)** TNFα expression (red and purple) expression in the

BCP and Oil group. Blue color as well as purple color is Draq 5+ cells. Green is

autofluorescence. **(c)** TUNEL staining with double staining with Draq 5. Green and light

blue is TUNEL+ cells. Blue and light blue is Draq5+ cells. Scale bars are μm. (110 words)

CB1 gene expression was not significantly different between the BCP and the Oil group,

whereas CB2 gene was, to our surprise, down-regulated in the BCP group in the 17~18

hours post-injury skin. Recent studies have shown that Transient Receptor Potential (TRP)

channels become activated by some phytochemicals [55]. We examined the expression of

genes related to TRP channels and found that TRPM1, TRPM6, TRPV4, and TRPV6 were

significantly up-regulated and TRPM2 and TRPM3 were significantly down-regulated in the

BCP group compared to the Oil group (Table 3). Importantly, there are growing number of

papers showing the roles of TRP channels in the initiation of pain and itch perception as

well as epidermal homeostasis and hair follicle regulation, suggesting that the TRP

channels function as 'ionotropic cannabinoid receptors' [56]. Of the TRP channels

designated as putative ionotropic cannabinoid receptors [56], the one that overlaps with

TRP channels showing significant change after exposure to BCP was TRPV4, which showed

significant up-regulation. TRPV4 is expressed in various cell types including sensory

neurons and is considered to be a mechano/osmosensitive channel [57]. The results of our

study and recent studies on the roles of TRP channels suggest that TRP channels could be

involved in enhanced re-epithelialization by BCP.

Table 3. Expression of cannabinoid receptors and TRP channel genes. Genes up-

regulated in the BCP group compared to the Oil group are written in red color and down-

regulated genes are written in blue color. Genes written in black are not significantly

different between the BCP and the Oil group. Genes written in bold type have P values over

E-5. NA in P-Value is an outlier compared to other genes presumably because of its

extremely high expression in the BCP group compared to the Oil group.

Gene	Log2FC	Pvalue	
CB1 (cnr1)	-0.463	0.641	
CB2 (cnr2)	-0.755	0.028	pain, inflammation
TRPA	not found		
TRPC1	0.023	0.932	
TRPC2	0.350	0.326	
TRPC3	-0.047	0.937	
TRPC4	-0.083	0.861	
TRPC6	-0.157	0.824	
TRPM1	4.156	NA	melanin synthesis
TRPM2	-1.530	0.006	cutaneous pain sensation
TRPM3	-0.902	0.047	
TRPM4	0.130	0.370	

TRPM6	0.604	0.004	magnesium transport
TRPM7	-0.041	0.818	
TRPM8	2.582	0.427	
TRPV1	-0.236	0.635	
TRPV2	-0.391	0.125	
TRPV3	0.171	0.452	
TRPV4	0.586	0.008	interacts with beta-catenin
TRPV6	1.527	3.00E-10	calcium absorption calcium dependent cell proliferation inhibition of apoptosis

Ingenuity pathway analysis® (IPA®) was performed using the gene expression results.

In the comparison of the BCP vs. Oil group, signaling pathways related to inflammation and

the immune system (TREM1 signaling) [58]were suppressed in the BCP group (S6 Fig.). In

addition, genes that encode functions for cell proliferation and migration (e.g. the sonic

hedgehog pathway, the planar cell polarity, the signaling pathway, fibroblast growth factor

signaling pathway, and Wnt beta-catenin signaling pathway [S7 Fig. a, b, c, d]) were

activated compared to the Oil group. Table 4 summarizes the genes in these signaling

pathways that became significantly up/down-regulated in the BCP group compared to the

Oil group. In each of these pathways, there were genes whose expression was dramatically

increased (bold in Table 4). These could be the core genes affected by BCP: hedgehog

interacting protein gene (*hhip*), sonic hedgehog gene (*shh*), and dual specificity protein

phosphatase CDC14a (*cdc14a*) in the sonic hedgehog signaling pathway [59], frizzled-5

(*fzd5*), wingless-type MMTV integration site family member 5a, 10b, 11 (*wnt5a, 10b, 11*) in

the planar cell polarity signaling pathway [60], fibroblast growth factor 22 and 23 (*fgf22,*

fgf23) and   phosphoinositide-3-kinase regulatory subunit 3 (*pik3r3*) in the fibroblast

growth factor signaling pathway [61], and *wnt5a, 10b, 11*, whitefly-induced tomato gene

(*wfi1*), transcription factor sox4 (*sox4*), and lymphoid enhancer-binding factor 1 (*lef1*) in

the Wnt/beta-catenin signaling pathway [62]. Studies have found that, in the case of adult

skin, hedgehog signaling is involved in epidermal homeostasis, *i.e.*, the hair cycle and

regrowth of hair [63]. *GLI1* is expressed in the hair follicle bulge and, when sonic hedgehog

secreted from sensory neurons surrounding the hair follicle bulge stimulates the Gli1+ cells

in the upper region of the bulge, the Gli1+ cells convert to multipotent stem cells. These

multipotent stem cells migrate to epidermis and contribute to wound healing by becoming

epidermal stem cells [64]. The planar cell polarity pathway is known to be involved in

collective and directed cell movements during skin wound repair [65-68] and coordinating

the directions of cell migration [67]. Studies using transgenic mice have shown that the

role of fibroblast growth factor signaling includes keratinocyte proliferation [68]. Overall,

the results on gene expression in our study suggest that exposure to BCP activated the

pathways in a way to enhance 1) conversion of hair follicle bulge stem cells to epidermal

stem cells, 2) keratinocyte cell proliferation, 3) coordinated and directed cell movement,

which may have contributed to enhanced re-epithelialization by exposure to BCP.

Table 4. Significantly up/down-regulated genes in *shh, pcp, fgf, and wnt/beta-

***catenin* signaling pathways after exposure to BCP.** Genes with log fold change over 1 are

shown. Up-regulated genes are written in red, and down-regulated genes are written in

blue. Results of genes with over E-05 P-values are shown in bold letters. NA in P-Values is

an outlier compared to other genes presumably because of its extremely high expression in

the BCP group compared to the Oil group.

Pathway	*Gene*	Log2FC	PValue
sonic hedgehog	Hhip	3.202	3.44E-06
	Ptch1	1.564	1.02E-04
	Ptch2	3.374	2.02E-04
	Shh	5.995	NA
	Gli1	2.46	1.76E-05
	Gli2	1.179	1.00E-03
planar cell polarity	Fzd5	1.086	7.48E-08
	Ror2	1.627	5.40E-05
	Wnt5a	1.606	7.84E-10
	Wnt10b	1.613	1.58E-08
	Wnt11	1.997	6.53E-11
	Ndp	1.2746	1.84E-02
fibroblast growth factor	Fgf5	2.109	2.40E-05
	Fgf22	1.292	1.49E-08
	Fgf23	-1.809	1.97E-11
	Tlr9	-1.953	3.60E-04
	Pik3R3	1.081	1.77E-06
Wnt beta-catenin	Wnt5a	1.606	7.84E-10
	Wnt10b	1.613	1.58E-08
	Wnt11	1.997	6.53E-11
	Wfi1	1.778	4.18E-09
	Sox4	1.662	1.12E-10
	Sox5	1.821	4.81E-05
	Sox13	1.406	9.10E-04
	Lef1	3.152	2.48E-10

Sex differences in the impact of BCP

These results summarized above are based on experiments using female mice. Previous studies have shown sex differences in the morphology and physiology of mouse skin, with female mice having a 40 % thicker epidermis than males [69]. In addition, androgen receptors have an inhibitory influence on wound healing in males [70], which may hinder the impact of BCP.

We tested whether the influences of BCP on wound healing in male mice is similar to its

influences in females and found no statistically significant differences in re-epithelialization

between the BCP and Oil groups in males (based on K14 staining) (Fig 10). Whether males

need a higher concentration of BCP to induce its impact or whether BCP does not affect

males at all needs to be addressed in future.

Sex steroids are known to affect wound healing [71], androgen receptors inhibit wound

healing [60] whereas estrogen receptors accelerate it [32]. The re-epithelialization in the

Oil control group for males was similar to that of the Oil group of female mice (Fig 10),

which suggests that sex hormones did not suppress re-epithelialization in males.

Fig 10. Influence of BCP on re-epithelialization in male and female mice. Length of

K14+ staining area from the boundary of the intact and wounded area to the center of the

wound in skin harvested on post-surgery day 4 from mice exposed to BCP or oil. Bar

indicates median and line indicates 25 and 75% quartile. ANOVA, BCP vs. oil, $F_{1,66}$=14.793,

P<0.001; gender, $F_{1,66}$=30.761, Tukey's post-hoc test, ***: P<0.001; females, BCP, n=16, oil,

n=16, males, BCP, n=23, oil, n=15 (76 words)

Olfactory receptors are not involved in wound healing

BCP is an odorant. When mice are topically treated with BCP, they are exposed to its

smell and there is a possibility that the olfactory system has some role in the BCP mediated

enhanced re-epithelialization. In addition, olfactory receptors are expressed in non-

olfactory tissues. A synthetic analogue of sandalwood odorant, sandalore, is the ligand of

the olfactory receptor gene OR2AT4 and that OR2AT4 receptors are expressed in human

skin [72]. Thus odorants can directly produce an impact on non-olfactory tissues like skin

tissues [72] other than through the route of the olfactory system to the brain, affecting

emotional status [73]. There is a possibility that the impact of BCP was mediated by

olfactory receptors expressed in the skin.

To examine if the olfactory system and/or olfactory receptors expressed in the skin has

some role in enhanced re-epithelialization by exposure to BCP, we conducted multiple

experiments. First we tested if mice can smell BCP by testing the expression of an

immediate early gene protein in the olfactory bulb of mice exposed to BCP and found clear

expression of c-FOS protein, suggesting that it is highly likely that mice can smell BCP (S8

Fig.). Then we tested whether exposure of injured mice to BCP only through the air would

produce a similar impact as topical application, and found no improved re-epithelialization

(S9 Fig). It was clear that the olfactory system was not significantly involved in the impact

of BCP on re-epithelialization.

To examine if olfactory receptors expressed in the non-olfactory system are involved,

we first examined the olfactory epithelium after exposure of non-injured mice to BCP for

one hour to identify the olfactory receptor genes for BCP using pS6-IP RNAseq [74]. We

could narrow down the candidates of olfactory receptor genes for BCP (S2 Table). It is

known that odorants stimulate a limited number of types of olfactory receptors [75, 76]. As

the BCP we used was not 100 % in purity, multiple olfactory receptor genes were up-

regulated following exposure to BCP with *Olfr340* showing the largest fold change and

significant P-Value (S2 Table). After this step, we analyzed the results of RNA sequencing of

the skin to determine if the olfactory receptor genes up-regulated in olfactory epithelium

by exposure to BCP are expressed in skin and are up-regulated after topical application of

BCP. There were many olfactory receptor genes expressed in the skin (S3 Table), and one

of them overlapped with the olfactory receptor genes up-regulated in olfactory epithelium

(*Olfr111*), but none of them were up-regulated specifically in the BCP group. From these

results, we conclude that olfactory receptors expressed in skin are not involved in the

enhanced re-epithelialization by exposure to BCP.

Synergetic influences by exposure to BCP

Wound healing starts from the inflammatory stage and shifts to the cell proliferation

stage. Since BCP is an agonist of CB2, we had assumed that it can improve wound healing

by decreasing pain and reducing pro-inflammatory signals and speed up the shift to the cell

proliferation stage. However, our results suggests that BCP may directly impact cell

proliferation and cell migration concomittent with reduced inflammation. BCP also

stimulates mitogenesis of hair follicle stem cells. Hair follicle stem cells participate in re-

epithelialization when there is a cutaneous wound [41, 51], our study suggests that

enhanced re-epithelialization by exposure to BCP is mediated by BCP stimulated

production of hair follicle stem cells in the bulge, and their migration to epidermis and to

wound bed.

BCP is known to suppress apoptosis [77] and necroptosis [78], raising the possibility

that suppression of cell death enabled higher cells survival and proliferation. The

suppression of *Septin4* (*Sept4*) has been shown to protect cells from cell death and promote

wound healing [79], however, *Sept4* was not up-regulated in our study and seemed to be

not involved in BCP enhanced re-epithelialization. It is possible that exposure to BCP

generates a specific wound healing environment by up-regulating the genes related to

embryonic growth as was suggested from our results on transcriptome analyses.

Our study focused on the early stage following skin excision. Studies have shown that

oxidants from inflammatory cells are involved in fibrotic healing (scarring) [80, 81], which

suggests that suppression of inflammation through activation of CB2 by BCP, in addition to

up-regulation of genes related to embryonic growth would have a high possibility of

reducing scar formation. These possibilities need to be addressed in future by testing the

influence of exposure to BCP on the late stage after injury.

Odors affect us more than we think

It has been several decades since the first report that olfactory receptors are expressed

in non-olfactory regions [82] and that odors have functions other than olfactory and

pheromonal communication [83]. Our observations that BCP activates multiple types of

receptors in the skin further unveils the complexity of chemical signaling. Although we

humans typically rely on visual and auditory stimuli in communication, it is important to

understand how odors in the environment, whether it is from other individuals [1] or from

plants [2-6], could be affecting our condition. In addition, BCP is but one component

commonly found in essential oils of herbal extracts. Further examination of the

compounds in herbal extracts could lead to additional useful molecules that could benefit

our health.

Materials and methods

Mice strains

We used a standard murine model for wound healing. Mice were used between 8 to 10

weeks in age in *in vivo* experiments. C57BL/6J, and CB2-/- mice were used in experiments.

Primary cells for *in vitro* experiments were obtained from P0 to P1 neonate pups or adult

mice from C57BL/6J, or CB2-/- mice. In *in vivo* experiments, C57BL/6J mice were used. All

mice were kept on a 14:10, L/D light cycle, and water and food were provided *ad libitum*.

All the procedures were following a protocol (#16-022) approved by the Indiana

University Institutional Animal Care and Use Committee (IACUC).

Surgery

We studied small full-thickness excisions on the backs of adult mice and developed

methods to hold the treatment buffer solution on the wounded area (S1 Fig a). Hair of the

dorsal area was removed and the area for surgery was cleansed using betadine and 70%

ethanol. A small piece of the dorsal skin of a mouse was excised (< 5mm x 5mm) under

anesthesia. A silicone ring was attached to the wounded area using a liquid sealing

bandage (S1 Fig a center) (OD: 15mm, ID: 8mm, thickness, 3mm). This ring served as a

reservoir and 50 µL of BCP (50 mg/kgbw; 0.2nM) (W225207, Sigma-Aldrich, Co. St. Louis,

MO) diluted in olive oil, or olive oil as control (O1514, Sigma-Aldrich, Co. St. Louis, MO),

was placed in the reservoir. The gas chromatography-mass spectrometry (GC/MS) analysis

of the BCP standard showed that it contained 81.8% BCP and 14.0% α-caryophyllene (α-

humulene). The remaining 4.2% consisted of 1.6% caryophyllene oxide and minor amounts

of other molecular weight 204 sesquiterpenes (0.1-0.8% each) (S4 Fig., S1 Table).

Molecular weights were calculated by the amount of BCP (81.9% of the volume converted

to molecular weight).

The ring was covered with a baked PDMS lid (polydimethylsiloxane) (Dow Corning

Sylgard® 184 Silicone Elastomer Kit; Dow Corning, Auburn MI) and sealed with liquid

bandage to hold the BCP media or olive oil. A gauze bandage was used to loosely cover the

body to prevent the mouse from removing the ring with PDMS lid (S1 Fig 1a, right down).

The bandage and buffer media were removed daily and replaced with a new bandage and

buffer media. The wounded area was collected on the 3rd, 4th, and 5th day, and immediately

fixed with 10% formalin for one day, then soaked in 70% ethanol.

Gas chromatography – mass spectrometry (GC/MS) analysis of

BCP

BCP was diluted to 180 ng/μL with a tert-butyl methyl ether solvent (99+%, Aldrich

Chemical Company, Milwaukee, WI). The BCP composition was analyzed using 2 μL of the

diluted BCP in a thermal desorption tube of the Thermal Desorption Autosampler and

Cooled Injection System (TDSA-CIS 4 from Gerstel GmbH, Mülheim an der Ruhr, Germany)

connected to an Agilent6890N Gas chromatograph – 5973iMSD Mass spectrometer (Agilent

Technologies, Inc., Wilmington, DE). BCP components were identified with spectra through

the NIST Mass Spectral Search Program for the NIST/EPA/NIH Mass Spectral Library

(Version 2.0 a, 2002). Additionally, the mass spectra and Kovats retention index matches

were verified with the reference spectra from Adam (2001) [84]. Caryophyllene oxide was

verified with the standard (99%) from Sigma-Aldrich (St. Louis, MO).

CB2 agonist and antagonist treatment

536 CB2 agonist JWH133 (1 µM; Cat. 10005428, Cayman Chemical Co., Ann Arbor, MI),

537 dissolved in alcohol and kept at -20°C, was dissolved in olive oil after the alcohol was

538 evaporated and used instead of BCP in the daily treatment on the wounded area. CB2

539 antagonist, AM630 (4 mg/kgbw (7.9 µM/kgbw); SML0327, Sigma-Aldrich Corp. St. Louis,

540 MO) was dissolved in saline and injected 20 min before the daily treatment of BCP.

Immunofluorescence staining to evaluate re-epithelialization

Mice were euthanized by cervical dislocation and the wounded areas were harvested,

fixed in 10% formalin at room temperature and then in 70% ethanol at 4°C until they were

embedded in paraffin. Samples were sectioned at 10 µm, deparaffinized and hydrated,

went through antigen retrieval using the sodium citrate buffer (10mM, >95°C for 20 to 30

min), blocked with 10% NGS, and primary stained (see below for antibodies) overnight at

4°C. Then sections were washed, secondary stained, nuclear stained using Draq 5, washed

(3 times), and covered with Prolong Diamond (ProLong™ Diamond Antifade Mountant

P36965, Thermo Fisher Scientific).

Antibodies used are as follows: proliferating cell nuclear antigen (PCNA (PC10) mouse

mAb #2586, Cell Signaling Technology, Danvers, MA, 1:1000), keratin 14 (K14, rabbit pAb,

905301, 1:1000, BioLegend, San Diego, CA), PDGFRalpha (mouse mAb, sc-398206, Santa

Cruz Biotechnology, CA, 1:1000), vimentin (rabbit, 10366-1-AP, Protein Tech, 1:500),

estrogen receptor alpha (Eralpha, mouse mAb, sc-51857, sc-8002, Santa Cruz

Biotechnology, 1:250), filaggrin (rabbit pAb, BioLegend, San Diego, CA, 1:1000), TNFalpha

(rabbit pAb, ab6671, Abcam, 1:100), IL-1beta (rabbit pAb, ab9722, Abcam, 1:100). Alexa

fluor 594 anti-rabbit and Alexa fluor 488 anti-mouse (both Invitrogen, 1:500). Stained

sections were observed using laser scanning confocal microscope Leica SP5 at the IUB

Light Microscope Imaging Center.

562   TUNEL staining

Mice were euthanized by cervical dislocation and the wounded area was harvested,

fixed in 10% formalin at room temperature and then in 70% ethanol at 4°C until embedded

in paraffin. Samples were sectioned at 10 μm, deparaffinized and hydrated. TUNEL staining

was conducted following manufacturer's protocol (In Situ Cell Death Detection Kit, Version

17, Roche Diagnistics GmbH, Mannheim, Germany). Briefly, slide glasses were first rinsed

with PBS for 5 min twice, then went through antigen retrieval using sodium citrate buffer

(10mM, >95°C for 20 to 30 min), and rinsed with PBS for 10 min three times. Blocked with

0.1 M Tris-HCl, pH7.5 with 3% BSA and 20% normal bovine serum for 30 min. Slides were

rinsed twice with PBS for 10 min twice. Then TUNEL reaction mixture were added and

slides were incubated for 1 hour at 37°C. Slides were rinsed for 10 min once, stained with

Draq5 for 10 min at room temperature, and rinsed for 10 min three times. Finally, slides

were covered with Prolong Diamond (ProLong™ Diamond Antifade Mountant P36965,

Thermo Fisher Scientific). Stained sections were observed using laser scanning confocal

microscope Leica SP5 at the IUB Light Microscope Imaging Center.

578   BrdU injection and staining

On post-surgery day 4, mice were injected with bromodeoxyuridine (BrdU) (300

mg/kgbw) twice every 2 hours, and the skins were harvested 2 hours after the second

injection. Harvested skin was fixed with 10% formalin, and then with 70% ethanol on the

following day. Samples were embedded in paraffin and cut into sections using microtome

at 10 µm. Sections were then deparaffinized and hydrated, went through antigen retrieval

using 4N HCl at 37°C for 30 min, washed with 0.1M PBS, blocked with 10% NGS, and went

through overnight staining at 4°C with anti-BrdU (1:300, rat, Accurate Chemical Co.

#OBT0030). On the second day, sections were washed with 0.1M PBS, stained with anti-rat

Alexa fluor 488 (1:500, Invitrogen) at room temperature, washed, stained with Draq5,

washed, and covered after placing one drop of Prolong Diamond (ProLong™ Diamond

Antifade Mountant P36965, Thermo Fisher Scientific). Sections were observed using laser

scanning confocal microscope (Leica DMI 6000 CS inverted microscope) in the IUB Light

Microscope Imaging Center and analyzed using Fiji/ImageJ software.

Immediate Early Gene (*c-fos*) protein expression experiment and

staining

Each mouse was exposed to BCP or male murine pheromone 2-sec-butyl-4,5-

dihydrothiazole (SBT) (250ppm, positive control) [85, 86] for 1 hour in a clean cage. Then

mice were anesthetized with 2.5% isoflurane and cardiac perfused with saline for 2 min,

followed by 4% paraformaldehyde for 6 to 7 min. The brains were dissected out and post-

fixed with 4% paraformaldehyde overnight at 4°C, transferred to PBS with 15% sucrose

and kept at 4°C. The brains were embedded in OCT on dry ice and cryosectioned using

Leica CM1850 at 20 µm and kept at -20°C until use.

For the staining of c-*fos* gene protein, the brain sections were washed 3 times for 10

mins with 0.1M PBS, blocked with 10% NGS, 0.5% Triton X-100 in 0.1M PBS for 1 to 2

hours, and went through primary staining with anti-cFOS (Invitrogen OSR00004w, rabbit,

1:250; Abcam ab190289, rabbit, 1:2000) overnight at 4°C. Then sections were washed 3

times for 10 mins and went through secondary staining (Alexafluor 594, anti-rabbit,

1:500), washed with 0.1M PBS, stained with Draq5, washed (0.1M PBS 3 times each 10

mins), and covered with Prolong Diamond. Bregma distance about 4.28mm was used in the

comparison. The stained sections were imaged using laser scanning confocal microscope

Leica SP5 at the IUB Light Microscope Imaging Center. The numbers of cfos+ cells in the

whole glomerular layer, external plexiform layer, mitral layer, internal plexiform layer, and

granule cell layer of olfactory bulbs were counted using Fiji/Image J.

Isolation of primary cells

<u>Fibroblast isolation</u>: Mice (neonate or adult) were euthanized by cervical dislocation and

cleansed using betadine, sterlized water, and 70% ethanol. The harvested skins were

treated with 0.25% trypsin (Gibco, 15050065, Waltham MA) at 4°C overnight. Dermis was

collected after trypsin treatment, minced and pipetted to dissociate, and incubated at 37°C

with collagenase A buffer in cell culture media (1 mg/mL). Following the incubation, the

buffer with dissociated cells was filtered using 100 µL strainer, and centrifuged at 500 X G

for 8 min. Supernatant was removed and the pellet was re-suspended in CnT-PR-F media

(CELLnTECH; Zen-Bio, Research Triangle Park, NC), filtered with 40 µm strainer, and

centrifuged again at 500 X G for 8 min. Following another re-suspension to new culture

media, cells were seeded on petri dishes to culture at 37°C with 5% CO_2.

<u>Keratinocytes</u>: Skins were collected from neonate mice after the mice were decapitated and

cleansed. Collected skins were placed in petri dish with 0.25% Trypsin (Gibco, 15050065,

Waltham MA), with their epidermis side up and above the Trypsin buffer, at 4°C for 6 to 8

hours. Then the epidermis of the skin was removed from dermis, minced and pipetted to

dissociate in the trypsin buffer, filtered using 70 or 100 μm strainers, and centrifuged at

500 X G or 800G for 8 min. Supernatant was removed and the pellet was re-suspended in

high calcium DMEM medium ((Gibco, 10569-010, Waltham MA) supplemented with FBS

(10%), p/s, and Glutamax), filtered using 40 μm, centrifuged again and resuspended with

the high calcium DMEM medium. Then cells were seeded on Collagenase I coated petri

dishes (Collagen I, Coated Plate 6 Well, Gibco Life technologies A11428-01, Waltham MA),

incubated at 32 to 35°C[45] with 5% CO_2 with high calcium DMEM medium overnight[46]. On

the following day, culture medium was replaced with low calcium medium (CnT-PR,

CELLnTECH; Zen-Bio, Research Triangle Park, NC) and penicillin streptomycin (1140122,

ThermoFisher Scientific, Waltham MA).

Chemotaxis assay and scratch tests

<u>Chemotaxis assay</u>: Primary cultured cells (300 μL) were seeded in the inserts of 24 well cell

migration plate (Cell Biolabs Inc, CBA100, CytoSelect 24 well cell migration assay kit) with

500 μL of DMEM cell culture media containing BCP (5 μL in 10 μL of DMSO in 10mL of cell

culture media) or DMSO (control; 10 μL of DMSO in 10 mL of cell culture media) in the well,

and incubated at 37°C and 5% CO_2 for 1 day (approximately 18 to 24 hours). Then the

inserts were washed with water and observed under microscope, photographed using

EVOS XL Core (ThermoFisher Scientific, Waltham MA), and the number of the cells on the

outside bottom of the insert was counted using Fiji/ImageJ.

Scratch tests: Primary cultured cells were seeded in 12 well plates. Two days later the

culture media was changed to either 2 mL of DMEM cell culture media containing BCP (0.06

µL in 10 µL of DMSO in 10 mL of cell culture media) or DMSO (control; 10 µL of DMSO in 10

mL of cell culture media) and the surface of the bottom of the wells was scratched with the

tip of 1mL pipet tips. Photos were taken immediately after the scratches were made, 6

hours later, and 1 day later. Widths of the scratch line were measured using Fiji/Image J.

Time lapse *in vitro* observation of cell proliferation

Primary cultured cells were exposed to BCP in DMEM culture media or DMSO (control)

in DMEM culture media on the next day after the cells were seeded on petri dishes with

cover glass bottom (12-567-401, Thermo Scientific™ Nunc™). Immediately after the

media was changed to the media with BCP or the media with DMSO alone, cells were

cultured on an Olympus OSR Spinning Disk Confocal microscope with Tokai Hit Stage Top

Incubation system kept at 37°C and 5% CO_2. DIC images were taken every 3 mins for 7

hours using a Hammamatsu Flash 4V2 camera and movies were generated using

Metamorph software. Obtained images were played and the number of dividing cells were

counted.

Transcriptome analyses using skin

The wounded part of the skin was exposed to either BCP or olive oil (control) and the

tissues were harvested 17 hours later. This was based on the study which reported the

time course in the expression of genes related to inflammatory responses showing the peak

within the first 20 hours [54]. Tissues from another group of mice were harvested similarly

but without wound (no-injury control). The wounded area and its surrounding area (2 x 2

cm) were immediately dissected out and RNA extraction was conducted using Maxwell®

RSC simplyRNA Tissue Kit (AS1340, Promega, Madison WI) following the manufacturer's

protocol. The volume of extracted RNA was measured using Epoch™ Microplate

Spectrophotometer (BioTek, Winooski, VT) with Take 3 Micro-Volume Plates (BioTek,

Winooski, VT) and Gen5 Microplate Reader and Imager Software (BioTek, Winooski, VT).

The integrity was analyzed with Agilent Technologies 2200 Tape Station (Agilent

Technologies). The input was quantified by using Qubit RNA BR Assay Kit and RNA-seq was

conducted using NextSeq Series RNA-seq Solution (Illumina) at the Center of Genomics and

Bioinformatics, IUB. Samples were prepared using TruSeq Stranded mRNA HT Sample

Prep Kit (Illumina). Sequencing was performed using an Illumina NextSeq 500/550 Kits v2

reagents with 75 bp sequencing module generating 43 bp paired-end reads. After the

sequencing run, demultiplexing was performed with bcl2fastq v2.20.0.422.

pS6-IP RNA-Seq analyses using olfactory epithelium

To perform pS6-IP RNA-Seq, we used 4 pairs of litter-matched mice. We used both male

and female mice in both control and experimental conditions with no specific orientation.

Single pairs of mice were habituated in clean paper tubs in a fume hood for 1 hour.

Following habituation, mice were transferred to another paper tub with an uni-cassette

containing a 2 cm x 2 cm filter paper spotted with either water (control) or 1% (v/v) 10 L

BCP dissolved in water (experimental) for 1 hour.

Following odor stimulation, mice were killed and the olfactory epithelium (OE) was

dissected in 25 mL of dissection buffer (1× HBSS [Gibco, with Ca^{2+} and Mg^{2+}], 2.5 mM

HEPES [pH 7.4], 35 mM glucose, 100 μg/mL cycloheximide, 5 mM sodium fluoride, 1 mM

sodium orthovanadate, 1 mM sodium pyrophosphate, 1 mM beta-glycerophosphate) on

ice.

The dissected OE was transferred to 1.35 mL of homogenization buffer (150 mM KCl, 5

mM $MgCl_2$, 10 mM HEPES [pH 7.4], 100 nM Calyculin A, 2 mM DTT, 100 U/mL RNasin

(Promega), 100 μg/mL cycloheximide, 5 mM sodium fluoride, 1 mM sodium orthovanadate,

1 mM sodium pyrophosphate, 1 mM beta-glycerophosphate, protease inhibitor (Roche, 1

tablet per 10 ml)) and homogenized three times at 250 rpm and nine times at 750 rpm

(Glas-Col). The homogenate was transferred to a 1.5 mL lobind tube (Eppendorf), and

centrifuged at 2,000 X G for 10 min at 4°C. The supernatant was then transferred to a new

1.5 mL lobind tube, to which 90 μL 10% NP-40 (vol/vol) and 70 μL 300 mM DHPC (Avanti

Polar Lipids) were added. The mixture was centrifuged at 17,000 X G for 10 min at 4°C.

The supernatant was transferred to a new 1.5 mL lobind tube and mixed with 6 μL pS6

antibody (Cell Signaling, D68F8). Antibody binding was allowed by incubating the mixture

for 1.5 hour at 4°C with rotation. During antibody binding, Protein A Dynabeads

(Invitrogen, 100 μL per sample) was washed three times with 900 μL beads wash buffer 1

(150 mM KCl, 5 mM $MgCl_2$, 10 mM HEPES [pH 7.4], 0.05% BSA (wt/vol), 1% NP-40). After

antibody binding, the mixture was added to the washed beads and gently mixed, followed

by incubation for 1 hour at 4°C with rotation. After incubation, the RNA-bound beads were

washed four times with 700 μL beads wash buffer 2 (RNase-free water containing 350 mM

KCl, 5 mM $MgCl_2$, 10 mM HEPES [pH 7.4], 1% NP-40, 2 mM DTT, 100 U/mL recombinant

RNasin (Promega), 100 μg/mL cycloheximide, 5 mM sodium fluoride, 1 mM sodium

orthovanadate, 1 mM sodium pyrophosphate, 1 mM beta-glycerophosphate). During the

final wash, beads were placed onto the magnet and moved to room temperature. After

removing supernatant, RNA was eluted by mixing the beads with 350 μL RLT (Qiagen). The

eluted RNA was purified using RNeasy Micro kit (Qiagen). Chemicals were purchased from

Sigma if not specified otherwise.

cDNA from purified RNA were generated using SMART-Seq v4 Ultra Low Input RNA Kit

(Takara Clontech). Libraries were made using the Nexterra XT DNA Library Preparation

Kit. Up to 12 samples were pooled and sequenced on Illumina HiSeq2000/2500 on single-

end read mode. RNA-Seq data was aligned using Kallisto. Differential expression analysis

was performed using a combination of DESeq and EdgeR packages in R.

Open-field behavior test

The behavior of the mice was observed on post-surgery days 1 and 3. Three groups of

mice were observed, *i.e.*, the no-injury control group, the Oil control group, and the BCP

group. The no-injury control group had the dorsal hair removed and a bandage was placed

on the day when other mice went through surgeries, but no incision was made. Bandages of

these mice were changed daily as well. The olive oil control group and the BCP group

underwent the procedure detailed above. A mouse was placed in a cup (about 10 cm

diameter x 15 cm height) and placed in the center of an open field test apparatus

(measurements: width 50 cm x depth 25 cm x height 30 cm) covered with the cup. Video

recording using a camera (Logitech QuickCam Pro9000) and bTV software was conducted

either from the top for analysis of the amount of traveling or from the side for analysis of

behavior patterns. After camera was started, the cup covering the mouse was removed and

behaviors were recorded for 5 minutes. The behaviors recorded from the top were

analyzed using Ethovision (Version 7, Noldus, Leesburg, VA) and behaviors recorded from

the side were analyzed using ELAN software (http://tla.mpi.nl/tools/tla-tools/elan/, Max

Planck Institute for Psycholinguistics, The Language Archive, Nijmegen, The Netherlands)

[87]. Behaviors were categorized based on the definition given by previous studies [88-90]

and quantified using ELAN software. The behaviors coded using ELAN were then exported

to Microsoft Excel where average time for each behavior, incidence of each behavior, and

total time for each behavior were determined.

Statistical analyses

ANOVA and Student T-tests were used for comparison of the groups. Tukey post-hoc

test was used for pair-wise comparison. Comparison of % was conducted using Fisher's

exact test of indepence.

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1038

Author contributions: S.K conceptualized and led the study. S.K., A.P., and M.K. performed

the *in vivo* mouse experiments. S.K. performed all the *in vitro* assays. H.M. conducted pS6-

IP RNA-Seq experiments. A.M. analyzed the results of RNA sequencing, read the

manuscript, and discussed with S.K. while finalizing it as a paper. K.D. and C.K. edited the

manuscript and provided important comments on the organization and experimental

approaches. H.A.S. and M.V.N. prepared SBT solution and analyzed the BCP from Sigma-

Aldrich, read and edited the manuscript. S.K. wrote the manuscript with input from other

authors.

1047

Supporting information

S1 Fig. Reservoir to hold treatment media. Small (5 mm x 5 mm) full-thickness excisions

were made on the backs of adult mice and methods to hold the treatment buffer solution on

the wounded area were developed. A silicone ring, which held 50 μL of buffer solution, was

attached to the wounded area using a liquid sealing bandage (center). After the buffer

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removing the ring (lower right). (141 words)

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S2. Fig. Behavioral patterns observed by BCP, Oil, and NT group. A concern in the use

of BCP is that it may cause allergic responses. An oxidation product of BCP, *i.e.*,

caryophyllene oxide, is known as mild allergen [91]. To examine whether BCP has side

effects, we conducted open-field tests on post-surgery day 1 (PS1) and 3 (PS3) and

conducted behavioral analyses, specifically focusing on behavior patterns including

scratching behaviors as an evidence of sensitization. In figures, NT group mice are mice

without skin excision but went through all other steps and kept bandage on the same time

length. There was almost no incidence of scratch behaviors on post-surgery day 1 **(a)** nor

on post-surgery day 3 **(b)**. Statistically significant differences were found in self-grooming

behaviors of post-surgery day 3 (ANOVA, $F_{2,15}=4.585$, $P=0.028$). Self-grooming behaviors

are known to increase at both high and low stress situations [92, 93]. If there are

differences in the way BCP group mice did self-grooming behaviors, it could be due to BCP

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called them Phase 1 to Phase 4 following earlier studies [92, 93], and analyzed the self-

grooming behaviors. We found no differences among the groups in the way self-grooming

behaviors was conducted on both post-surgery day 1 and 3 (S2 Fig c,d), which suggest that

BCP treatment did not cause mice to self-groom in a different way. **(c)** and **(d)** show the %

of short to long, full sequences of self-grooming behaviors depending on the group on post-

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Classification of self-grooming behavior is as follows [92, 93]: around the nose area (Phase

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The % of self-grooming with four phases was higher in the BCP group but there were no

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(S3 Fig). (285 words)

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Open-field analyses of traveling distances and moving velocity revealed that on post-surgery

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1152 **MS**

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1155 **hour exposure to BCP**

1156

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1158 **with Oil group**

1159

1160

a

b

c

d

e

f

BCP

Oil

Intact side

Wounded side

Boundary of epidermis

Expression of epidermal stem cell markers

Location	Gene	Logfoldchange	Pvalue	
interfollicular epidermis	Lgr6	0.384	0.08	
hair follicle Infundibulum	Lrig1	0.4035	0.013	*
	Plet1	-0.283	0.172	
isthmus	Lgr6	0.384	0.08	
bulge	Gli1	2.4605	1.76E-07	***
	Lgr5	1.236	0.001	***
	CD34	-0.199	0.454	
	Krt15	0.0646	0.71	
	Krt19	0.456	0.298	
	Sox9	0.5377	0.003	**
sebaceous gland duct	Blimp1 (Prdu1)	0.3291	0.081	

Supporting information

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No. in S4 Fig.	Rt (min)	Peak area x 10^6	Compound	%
1	25.11	0.831	Cubebene	0.1
2	25.75	1.379	a sesquiterpene, MW 204	0.2
3	26.31	5.299	Copaene	0.8
4	27.52	3.308	a sesquiterpene, MW 204	0.5
5	27.95	1.198	a sesquiterpene, MW 204	0.2
6	28.21	546.676	β-caryophyllene	81.8
7	28.49	1.704	a sesquiterpene, MW 204	0.3
8	28.59	0.4799	a sesquiterpene, MW 204	0.1
9	29.38	2.659	neoclovene	0.4
10	29.63	93.877	α-caryophyllene	14.0
11	20.33	0.681	9-epi(E)-caryophyllene	0.1
12	34.63	10.416	caryophyllene oxide	1.6
	SUM	668.508		100.0

S2 Table. Olfactory receptor genes in the olfactory epithelium up-regulated after 1 hour exposure to BCP

Olfactory Receptor Gene	Log2FC	PValue
Olfr340	4.892	0.005
Olfr1480	1.881	0.028
Olfr103	1.656	0.001
Olfr1054	1.469	0.028
Olfr44	1.425	0.001
Olfr935	1.382	0.016
Olfr1152	1.325	0.041
Olfr616	1.246	0.037
Olfr1356	1.138	0.035
Olfr508	1.124	0.048
Olfr111	1.066	0.021
Olfr1258	1.013	0.002
Olfr33	0.928	0.042
Olfr874	0.880	0.026
Olfr599	0.810	0.022
Olfr92	0.780	0.046
Olfr716	0.736	0.015
Olfr701	0.729	0.048
Olfr1427	0.687	0.039

S3 Table. Olfactory receptors expressed in skin after exposure to BCP, compared with Oil group

Olfactory receptor genes	Log2FC	Pvalue
Olfr267	2.575	0.355
Olfr624	1.336	0.544
Olfr912	0.497	0.661
Olfr1396	0.378	0.796
Olfr1034	0.344	0.859
Olfr110	0.256	0.780
Olfr212	0.211	0.925
Olfr482	0.075	0.737
Olfr558	-0.115	0.788
Olfr920	-0.14	0.777
Olfr1392	-0.151	0.965
Olfr750	-0.222	0.937
Olfr733	-0.243	0.929
Olfr78	-0.249	0.683
Olfr523	-0.279	0.862
Olfr560	-0.296	0.871
Olfr77	-0.466	0.668
Olfr346	-0.81	0.714
Olfr56	-0.836	0.264
Olfr466	-0.847	0.588
Olfr1378	-0.853	0.636
Olfr92	-0.883	0.604
Olfr1033	-0.898	0.221
Olfr111	-1.06	0.134
Olfr1383	-1.324	0.613
Olfr1388	-1.376	0.451
Olfr433	-1.806	0.405
Olfr1393	-2.218	0.395
Olfr432	-2.707	0.440
Olfr1564	-2.74	0.265