

MECHANISTIC STUDY OF MELATONIN: A SYSTEMATIC REVIEW

Abstract

Background: Melatonin, a neurohormone synthesized primarily in the pineal gland, plays a central role in regulating circadian rhythms and sleep-wake cycles.

Purpose: Beyond its chronobiotic functions, melatonin exhibits potent antioxidant, anti-inflammatory, immunomodulatory, and oncostatic properties. This review explores the multifaceted molecular and cellular mechanisms of melatonin across physiological and pathological conditions.

Methods: A systematic review following PRISMA guidelines was conducted using databases including PubMed, Scopus, Web of Science, and Google Scholar. Studies from 1990 to 2024 focusing on mechanistic insights were included.

Results: Melatonin influences key intracellular signaling pathways, modulates mitochondrial function, scavenges free radicals, and regulates gene expression. Its protective roles span neurological, cardiovascular, metabolic, reproductive, and oncological contexts.

Conclusion: Understanding these mechanisms provides insights into melatonin's therapeutic potential and its application in clinical medicine.

Introduction

Melatonin (N-acetyl-5-methoxytryptamine) is an indoleamine predominantly produced by the pineal gland during the dark phase of the circadian cycle. It orchestrates the synchronization of circadian rhythms with environmental light-dark cycles, thereby regulating sleep-wake patterns. Beyond its role in circadian regulation, melatonin is implicated in a broad spectrum of physiological processes, including antioxidant defense, immune modulation, and cellular homeostasis [1,2].

Materials and Methods

This systematic review adhered to PRISMA guidelines. A comprehensive literature search was conducted in PubMed, Scopus, Web of Science, and Google Scholar for studies published between 1990 and 2024. Search terms included "melatonin," "circadian rhythm," "oxidative stress," "immunomodulation," "anticancer," "reproductive physiology," and "neuroprotection."

Inclusion criteria: Peer-reviewed studies focusing on molecular, cellular, physiological, and clinical aspects of melatonin.

Exclusion criteria: Non-English publications, conference abstracts, and studies lacking mechanistic insights.

Two independent reviewers screened titles and abstracts. Disagreements were resolved through discussion or consultation with a third reviewer. Data were extracted into standardized forms capturing molecular pathways, physiological roles, therapeutic potential, and experimental outcomes.

41 **Data Analysis**

42 Extracted data were qualitatively synthesized. Findings were categorized based on mechanistic
43 pathways (receptor-mediated vs. receptor-independent), physiological systems (neurological,
44 immunological, reproductive), and therapeutic applications. Emphasis was placed on molecular
45 signaling cascades, oxidative stress response, and clinical relevance.

46 **Results and Discussion**

47 Melatonin exerts its biological effects through a complex network of molecular mechanisms that
48 are both receptor-dependent and receptor-independent. The activation of its high-affinity G-
49 protein-coupled receptors, MT1 and MT2, initiates several intracellular signaling pathways such
50 as the cAMP/PKA/CREB, MAPK/ERK, and PI3K/Akt cascades. These pathways mediate a
51 wide array of physiological responses including neuroprotection, regulation of gene expression,
52 and modulation of cell proliferation and apoptosis [3]. In addition to receptor-mediated actions,
53 melatonin interacts with intracellular molecules like calmodulin and nuclear receptors such as
54 ROR/RZR, further extending its influence on cellular function [4].

55 A significant feature of melatonin is its potent antioxidant capacity. It not only directly
56 scavenges free radicals like ROS and RNS but also enhances the activity of endogenous
57 antioxidant enzymes such as SOD, GPx, and CAT. The formation of antioxidant metabolites like
58 AFMK and AMK amplifies its radical-scavenging cascade. Simultaneously, melatonin
59 suppresses the activity of pro-oxidant enzymes, reducing overall oxidative damage in cells and
60 tissues [1,5].

61 Melatonin also demonstrates dual immunoregulatory roles. Under normal physiological
62 conditions, it acts as an immune enhancer by promoting Th1 cytokine responses, while under
63 pathological or inflammatory conditions, it exerts anti-inflammatory actions. It achieves this by
64 downregulating key pro-inflammatory mediators such as TNF- α , IL-6, and IL-1 β and by
65 inhibiting critical inflammatory signaling hubs like NF- κ B and the NLRP3 inflammasome
66 [3,6,8]. Recent studies indicate that melatonin influences autophagy, a cellular housekeeping
67 process, with implications in neurodegenerative disease modulation [8].

68 In oncology, melatonin emerges as a promising anticancer agent. It suppresses tumor
69 proliferation, promotes apoptosis, inhibits angiogenesis, and modulates oncogenic signaling
70 pathways. Its interaction with hormone receptors such as estrogen receptors in hormone-
71 dependent cancers adds another layer of therapeutic relevance. Furthermore, melatonin enhances
72 the efficacy of chemotherapeutic agents and helps mitigate their adverse effects. Recent findings
73 show that melatonin also modulates the tumor immune microenvironment by regulating
74 macrophage activity, fibroblast transformation, and tumor-derived exosome function, suggesting
75 its potential in immuno-oncology [7,9,10].

76 As a principal circadian regulator, melatonin synchronizes the internal biological clock with
77 environmental light-dark cycles. Its effects on the suprachiasmatic nucleus and peripheral clocks
78 help regulate sleep, metabolism, and endocrine rhythms. Therapeutically, exogenous melatonin
79 is used to manage disorders like jet lag, shift work disorder, and delayed sleep phase syndrome
80 [2,6].

81 Melatonin plays a pivotal role in reproductive physiology, where it modulates the secretion of
82 GnRH, sex steroid synthesis, and gametogenesis. During pregnancy, maternal melatonin not only
83 crosses the placenta to establish fetal circadian rhythms but also provides antioxidant protection.
84 These functions contribute to gestational success and the prevention of pregnancy complications
85 like preeclampsia and fetal growth restriction [4].

86 Clinically, melatonin's applications span various domains. It is commonly used in treating
87 circadian rhythm-related sleep disorders. In neurodegenerative diseases, it offers neuroprotection
88 by combating oxidative stress and inflammation. In oncology, its role as a chemotherapy
89 adjuvant is well-documented. Additionally, emerging evidence supports its benefits in metabolic
90 disorders such as obesity and diabetes due to its anti-inflammatory and antioxidant properties
91 [5,6,11].

92 Collectively, the diverse physiological roles and molecular mechanisms of melatonin underline
93 its potential as a therapeutic agent in multiple disease contexts. Its safety profile, affordability,
94 and multifactorial benefits make it a valuable molecule in integrative and personalized medicine.

95 Conclusion and Future Perspectives

96 Melatonin is a pleiotropic molecule with effects extending beyond sleep. It contributes to cellular
97 protection, immune homeostasis, cancer therapy, and reproductive health. Future studies should
98 explore receptor-independent mechanisms and optimal therapeutic strategies. Its integration into
99 personalized medicine may enhance treatment outcomes across a spectrum of diseases.

100 Declarations

- 101 • **Funding:** No external funding received.
- 102 • **Conflicts of Interest:** None declared.
- 103 • **Ethical Approval:** Not applicable.
- 104 • **Author Contributions:** B. Aliyu conceptualized and supervised the study. N.S. Kangiwa
105 conducted the literature review and drafted the manuscript. U.Z. Umar contributed to data
106 analysis and editing. All authors approved the final manuscript.
- 107 • **Data Availability:** All data are included in the article.

108 References

- 109 1. Hardeland R. Melatonin and the theories of aging: a critical appraisal. *J Pineal Res.*
110 2013;55(4):325-356.
- 111 2. Reiter RJ. The melatonin rhythm: both a clock and a calendar. *Experientia.*
112 1993;49(8):654-664.
- 113 3. Carrillo-Vico A, et al. A review of the multiple actions of melatonin on the immune
114 system. *Endocrine.* 2005;27(2):189-200.
- 115 4. Tamura H, et al. Melatonin and female reproduction. *J Obstet Gynaecol Res.*
116 2014;40(1):1-11.
- 117 5. Espino J, et al. Melatonin protects human spermatozoa from apoptosis. *Fertil Steril.*
118 2011;95(7):2290-2296.

119 6. Rossignol DA, Frye RE. Melatonin in autism: a systematic review. *Dev Med Child Neurol.* 2011;53(9):783-792.

120 7. Lissoni P, et al. Melatonin and tamoxifen in breast cancer. *Br J Cancer.* 1995;71(5):854-856.

121 8. Zhu C, et al. Modulation of autophagy by melatonin. *Acta Pharmacol Sin.* 2024. <https://doi.org/10.1038/s41401-024-01398-2>

122 9. Zhang H, et al. Melatonin and tumor immunity via exosomes. *J Pineal Res.* 2023;75(4):e12914.

123 10. Wang Z, et al. Immune cell modulation by melatonin. *Immunopharmacol Immunotoxicol.* 2023;45(6):657-670.

124 11. Petrosillo G, et al. Melatonin in metaflammation and infections. *Int J Mol Sci.* 2022;23(14):7505.

125 12. Reiter RJ, et al. Melatonin-mediated cell protection. *Pharmaceutics.* 2021;13(2):129. <https://doi.org/10.3390/pharmaceutics13020129>

127 133

128 134

129 135

130 136