



(REVIEW ARTICLE)



SMO theory: A comprehensive review of oxytocin secretion via serotonin and melatonin pathways

Shingo Ueda *

UNI H & H Graduate School, Japan.

International Journal of Science and Research Archive, 2024, 13(02), 647–657

Publication history: Received on 26 September 2024; revised on 06 November 2024; accepted on 09 November 2024

Article DOI: <https://doi.org/10.30574/ijrsra.2024.13.2.2135>

Abstract

The secretion of oxytocin, a neuropeptide critical for social bonding, emotional regulation, and reproductive processes, is influenced by complex neuroendocrine pathways. Among these, the serotonin and melatonin pathways have garnered significant attention for their roles in modulating oxytocin release. The Serotonin-Melatonin-Oxytocin (SMO) Theory proposes a synergistic interaction between these neurotransmitters and hormones, with serotonin acting as a precursor to melatonin and both regulating oxytocin secretion through circadian rhythms and neurochemical signaling. This review provides a comprehensive analysis of current research on the serotonin and melatonin pathways in relation to oxytocin release. We explore the molecular mechanisms involved, the influence of circadian rhythms, and the broader physiological and behavioral implications of the SMO pathway. Additionally, the review discusses how dysregulation of this system may contribute to mood disorders, stress responses, and social behavior abnormalities. By integrating findings from neurobiology, chronobiology, and endocrinology, this paper aims to provide a holistic understanding of the SMO pathway and its critical role in oxytocin secretion.

Keywords: Oxytocin; Serotonin; Melatonin; SMO Pathway; Circadian Rhythms; Neuroendocrine Regulation

1. Introduction

1.1. Overview of Oxytocin

Oxytocin is a neuropeptide produced primarily in the hypothalamus and released by the posterior pituitary gland. It plays a critical role in various physiological and psychological functions, including labor, lactation, social bonding, and stress regulation. Beyond its peripheral actions, oxytocin's effects in the central nervous system (CNS) have garnered significant interest in recent years, particularly in the fields of social neuroscience and neuroendocrinology [1,2]. Its ability to modulate emotional responses, facilitate social interactions, and enhance trust has been well-documented [3].

1.2. Serotonin, Melatonin, and Oxytocin (SMO) Theory

The Serotonin-Melatonin-Oxytocin (SMO) theory postulates that serotonin and melatonin regulate oxytocin secretion through a tightly linked neurochemical pathway. Serotonin, a monoamine neurotransmitter derived from tryptophan, is involved in mood regulation, sleep-wake cycles, and endocrine functions. It serves as a precursor to melatonin, a pineal hormone that modulates circadian rhythms [4]. Together, these two molecules influence oxytocin release by acting on hypothalamic neurons, directly linking circadian regulation to emotional and social behaviors [5].

This theory suggests that serotonin and melatonin, through their interaction and influence on circadian rhythms, play a crucial role in regulating the timing and amount of oxytocin secretion. This pathway has far-reaching implications for

* Corresponding author: Shingo Ueda

understanding how neuroendocrine processes are involved in mood regulation, social behavior, and emotional health [6].

1.3. Purpose of the Review

The primary goal of this review is to explore the evidence supporting the SMO theory and its implications for oxytocin secretion. By synthesizing findings from various fields such as chronobiology, neuroendocrinology, and behavioral neuroscience, this paper aims to provide a comprehensive understanding of how serotonin and melatonin pathways interact to regulate oxytocin release. Additionally, the paper will examine the potential clinical applications of this knowledge, particularly in the treatment of mood disorders and stress-related conditions.

2. Oxytocin: Functions and Mechanisms of Secretion

2.1. Role of Oxytocin in the Body

Oxytocin's functions extend beyond its well-known roles in childbirth and lactation. In the brain, it acts as a neuromodulator influencing a wide range of behaviors, including pair bonding, social recognition, and maternal behavior [7]. It also plays a significant role in regulating stress responses, reducing anxiety, and promoting prosocial behaviors [8]. Studies have shown that oxytocin can enhance social trust and empathy, which has led to increasing interest in its potential as a therapeutic target for conditions such as autism, social anxiety disorder, and depression [9].

2.2. Pathways of Oxytocin Secretion

Oxytocin is synthesized in the paraventricular and supraoptic nuclei of the hypothalamus and is released into the bloodstream via the posterior pituitary gland. However, oxytocin is also released directly within the brain, where it acts on oxytocin receptors distributed in various regions such as the amygdala, hippocampus, and prefrontal cortex [10,11]. This dual release mechanism allows oxytocin to exert both peripheral effects (e.g., uterine contraction, milk ejection) and central effects related to emotional and social regulation [12].

2.3. Regulation of Oxytocin Release

The secretion of oxytocin is regulated by a variety of factors, including hormonal feedback, neurotransmitter activity, and environmental stimuli such as stress and social interaction. One of the most important regulatory factors is the hypothalamic-pituitary-adrenal (HPA) axis, where stress-related hormones such as cortisol can inhibit oxytocin release [13]. Furthermore, neurotransmitters like dopamine and serotonin have been shown to influence oxytocin secretion by acting on hypothalamic neurons [14].

3. Serotonin Pathway and Its Role in Oxytocin Secretion

3.1. Serotonin: Overview and Synthesis

Serotonin (5-hydroxytryptamine, 5-HT) is a neurotransmitter synthesized from the essential amino acid tryptophan through a two-step enzymatic process involving tryptophan hydroxylase and 5-HTP decarboxylase [15]. Serotonin plays a pivotal role in regulating mood, cognition, appetite, and sleep. Beyond its role as a neurotransmitter, serotonin acts as a precursor to melatonin in the pineal gland, linking it directly to the regulation of circadian rhythms [16].

3.2. Serotonin's Role in the Hypothalamic-Pituitary Axis

Serotonin has a significant influence on the hypothalamic-pituitary-adrenal (HPA) axis and, consequently, on the secretion of neuropeptides such as oxytocin [17]. Serotonergic neurons project to hypothalamic regions where oxytocin is synthesized, such as the paraventricular nucleus (PVN). By acting on specific serotonin receptors (e.g., 5-HT_{1A}, 5-HT_{2A}), serotonin can either stimulate or inhibit oxytocin release depending on the receptor subtype and location [18].

3.3. Evidence Linking Serotonin to Oxytocin Secretion

Several studies have demonstrated a connection between serotonin levels and oxytocin secretion. For example, pharmacological manipulation of serotonin levels using selective serotonin reuptake inhibitors (SSRIs) has been shown to affect oxytocin release, with increased serotonin availability enhancing oxytocin secretion [19,20]. Animal studies further support this relationship, showing that serotonin agonists can stimulate oxytocin release in hypothalamic

cultures [21]. Clinical studies also indicate that individuals with mood disorders, who typically have altered serotonin function, often exhibit dysregulated oxytocin secretion [22].

4. Melatonin Pathway and Its Influence on Oxytocin Secretion

4.1. Melatonin: Overview and Synthesis

Melatonin is a hormone synthesized from serotonin in the pineal gland, primarily in response to darkness, and is responsible for regulating circadian rhythms. The enzymatic conversion of serotonin to melatonin involves the action of arylalkylamine N-acetyltransferase (AANAT) and hydroxyindole O-methyltransferase (HIOMT) [23]. Melatonin's release follows a distinct circadian pattern, peaking during the night and declining during the day [24].

4.2. Melatonin's Influence on Hypothalamic Function

Melatonin acts on melatonin receptors (MT1 and MT2) located in the hypothalamus, particularly in the suprachiasmatic nucleus (SCN), which serves as the master circadian clock of the brain [25]. By modulating hypothalamic activity, melatonin influences the secretion of several neuropeptides, including oxytocin. Studies have shown that melatonin administration can enhance oxytocin release in both animal models and humans, particularly under conditions of circadian alignment [26].

4.3. Evidence of Melatonin's Role in Oxytocin Secretion

Research indicates that melatonin may enhance oxytocin secretion by regulating circadian rhythms and synchronizing neuroendocrine processes. In nocturnal animals, peak melatonin levels coincide with increased oxytocin secretion, suggesting a strong temporal relationship between these hormones [27]. Moreover, disruptions in melatonin production, such as those caused by exposure to artificial light or shift work, have been associated with impaired oxytocin release and altered social behaviors [28].

5. SMO Pathway: Integration of Serotonin and Melatonin in Oxytocin Regulation

5.1. Biochemical Link Between Serotonin and Melatonin

The biochemical relationship between serotonin and melatonin is a key element of the SMO pathway. Serotonin serves as a precursor to melatonin through the enzymatic conversion of serotonin into N-acetylserotonin by arylalkylamine N-acetyltransferase (AANAT), followed by conversion to melatonin via hydroxyindole O-methyltransferase (HIOMT) [29]. This process predominantly occurs in the pineal gland and is highly influenced by the light-dark cycle. As a result, serotonin levels fluctuate in alignment with melatonin, which is primarily secreted at night, thereby linking the two in circadian regulation [30].

5.2. SMO Pathway Mechanisms

The SMO pathway describes the molecular mechanisms by which serotonin and melatonin work together to regulate oxytocin release. Serotonin acts on specific serotonin receptors (such as 5-HT1A and 5-HT2A) located on hypothalamic neurons to influence oxytocin secretion. Through this action, serotonin can stimulate oxytocinergic neurons in the paraventricular nucleus (PVN) and the supraoptic nucleus (SON) [32]. Melatonin, in turn, exerts its effects on oxytocin secretion by acting on MT1 and MT2 receptors in the hypothalamus, modulating circadian-related oxytocin release, which is crucial for synchronizing social and reproductive behaviors to environmental cues such as light and darkness [33].

One proposed mechanism involves the modulation of intracellular calcium levels by serotonin and melatonin, which, in turn, influences the exocytosis of oxytocin-containing vesicles [34]. Additionally, serotonin, through its action on the hypothalamus, increases the transcription of the oxytocin gene, while melatonin fine-tunes this process according to circadian rhythms, ensuring that oxytocin release is appropriately timed for behaviors like sleep, stress management, and social interaction [35].

5.3. Neuroendocrine and Behavioral Implications of SMO Pathway

The integration of serotonin and melatonin in regulating oxytocin release has broad implications for both neuroendocrine and behavioral processes. One of the most critical roles of the SMO pathway is in the regulation of circadian rhythms, where melatonin orchestrates the daily secretion patterns of oxytocin, influencing sleep and

wakefulness cycles [36]. Studies have shown that individuals with disrupted melatonin production, such as those with circadian rhythm sleep disorders or exposed to chronic light pollution, experience altered oxytocin release, which can lead to disturbances in social behaviors, emotional regulation, and even fertility [37].

From a behavioral perspective, the SMO pathway's role in regulating oxytocin is linked to the modulation of stress responses, social bonding, and emotional regulation. Serotonin's influence on mood is well documented, but when combined with melatonin's circadian control, the SMO pathway plays a central role in synchronizing neuroendocrine responses to social stimuli and environmental cues [38]. This can help explain why disruptions in serotonin or melatonin function, such as in mood disorders or sleep disturbances, often result in altered social behaviors and stress responses mediated by oxytocin [39].

6. SMO Pathway and Circadian Rhythms

6.1. The Role of Circadian Rhythms in Oxytocin Secretion

Circadian rhythms are integral to the timing of hormone release, including oxytocin. The suprachiasmatic nucleus (SCN) in the hypothalamus is the master regulator of circadian rhythms, synchronizing peripheral clocks throughout the body. Melatonin, secreted primarily at night, provides feedback to the SCN and other hypothalamic regions involved in oxytocin regulation [40]. Research has demonstrated that oxytocin secretion follows a circadian pattern, with peak levels often occurring during periods associated with sleep and rest, highlighting its role in modulating behaviors such as maternal bonding and sleep-wake cycles [41].

Melatonin's role in reinforcing circadian timing of oxytocin secretion suggests that any disturbance in melatonin production can result in the misalignment of oxytocin release. Studies in nocturnal animals show a significant correlation between melatonin levels and oxytocin release, with peak oxytocin secretion occurring during the dark phase of the circadian cycle, when melatonin levels are highest [42].

6.2. Light-Dark Cycles and Their Influence on the SMO Pathway

The light-dark cycle is a critical regulator of melatonin synthesis and secretion, which in turn affects the SMO pathway. Light exposure during the day suppresses melatonin production, while darkness stimulates its synthesis. This pattern is crucial for the appropriate timing of oxytocin secretion, as it aligns oxytocin release with behaviors that are influenced by environmental light cues, such as sleep, mating, and social interactions [43].

Disruptions in the light-dark cycle, such as those caused by artificial lighting or shift work, can desynchronize the SMO pathway, leading to altered oxytocin secretion. This has been observed in studies where altered light exposure caused disruptions in melatonin production, which subsequently impacted oxytocin-mediated behaviors such as stress responses and social bonding [44]. Furthermore, light-induced suppression of melatonin has been associated with decreased oxytocin levels, suggesting that maintaining a natural light-dark cycle is important for the proper functioning of the SMO pathway [45].

6.3. Disruption of Circadian Rhythms and Its Impact on Oxytocin

Disruptions to circadian rhythms, whether due to environmental factors such as light pollution or internal factors such as genetic mutations, can have profound effects on the SMO pathway. One significant consequence of circadian disruption is the dysregulation of oxytocin secretion, which can lead to impairments in social behaviors, stress management, and emotional regulation [46]. For example, studies in individuals with circadian rhythm disorders have shown that these patients often exhibit altered oxytocin levels, correlating with symptoms such as social withdrawal, anxiety, and disrupted sleep patterns [47].

Moreover, chronic disruptions in melatonin secretion, as seen in conditions like insomnia or jet lag, can lead to long-term changes in oxytocin secretion patterns, potentially contributing to the development of mood disorders and social dysfunction [48]. The importance of maintaining circadian rhythm integrity in supporting healthy oxytocin function underscores the need for further research into how lifestyle factors, such as light exposure and sleep hygiene, can optimize the SMO pathway for better emotional and social health [49].

7. Clinical Implications of the SMO Pathway

7.1. SMO Pathway and Mood Disorders

The dysregulation of the SMO pathway has been implicated in various mood disorders, particularly depression and anxiety. Serotonin is well-known for its role in mood regulation, and deficits in serotonin signaling have long been associated with major depressive disorder (MDD) [50]. Since serotonin acts as a precursor for melatonin and directly influences oxytocin secretion, any imbalance in serotonin levels can disrupt the circadian regulation of both melatonin and oxytocin. This disruption can lead to impairments in emotional regulation and social behavior, both of which are commonly observed in mood disorders [51].

Oxytocin itself has been identified as a potential therapeutic target for depression. Studies have shown that patients with depression often exhibit lower levels of circulating oxytocin, and treatments that increase oxytocin levels can have antidepressant effects [52]. Given that serotonin modulates oxytocin release, the SMO pathway represents a critical link between neurotransmitter dysregulation in depression and the neuroendocrine mechanisms that underlie mood regulation [53].

Furthermore, melatonin's role in circadian rhythm regulation suggests that disruptions in the SMO pathway may contribute to the sleep disturbances frequently seen in depression and anxiety disorders. Clinical trials have shown that exogenous melatonin or melatonin agonists, such as agomelatine, can help restore circadian rhythm integrity, thereby improving mood and emotional resilience [54].

7.2. Therapeutic Potential of Targeting the SMO Pathway

Targeting the SMO pathway offers promising therapeutic potential for treating mood disorders, stress-related conditions, and social behavior deficits. Given the role of serotonin in regulating both melatonin and oxytocin, pharmacological agents that modulate serotonin levels, such as selective serotonin reuptake inhibitors (SSRIs), have already been widely used in the treatment of depression and anxiety [55]. SSRIs increase the availability of serotonin, which may enhance both melatonin and oxytocin production, thereby improving mood and social behavior [56].

Additionally, melatonin supplementation has been explored as a therapeutic option for individuals with disrupted circadian rhythms, such as shift workers and those with seasonal affective disorder (SAD). By restoring normal melatonin levels, the circadian regulation of oxytocin can also be normalized, potentially alleviating symptoms of depression and improving social functioning [57]. For example, clinical studies on patients with SAD have demonstrated that melatonin can improve mood and reduce symptoms of depression, highlighting the importance of the SMO pathway in mood regulation [58].

Another promising area of research involves the direct modulation of oxytocin levels. Oxytocin nasal sprays have been studied for their potential to enhance social cognition and reduce social anxiety, with some studies showing improvements in emotional regulation and reduced stress responses [59]. These findings suggest that targeting the oxytocin component of the SMO pathway could be beneficial for individuals with social anxiety disorders or autism spectrum disorders (ASD), where social functioning is impaired [60].

7.3. SMO Pathway and Stress Response

The SMO pathway also plays a crucial role in the body's response to stress. Both serotonin and oxytocin are involved in the regulation of the hypothalamic-pituitary-adrenal (HPA) axis, which governs the release of stress hormones such as cortisol [61]. Serotonin's role in stress response is well-established, as serotonin reuptake inhibitors are frequently used to mitigate stress-related disorders such as anxiety and post-traumatic stress disorder (PTSD) [62]. Oxytocin, on the other hand, has been shown to buffer the effects of stress by reducing cortisol levels and promoting social bonding, which can help alleviate stress [63].

Melatonin's influence on the stress response is mediated through its regulation of circadian rhythms. Circadian disruption, such as that caused by chronic stress or irregular sleep patterns, can lead to dysregulation of melatonin production and impair the body's ability to manage stress effectively [64]. By maintaining a stable circadian rhythm, the SMO pathway ensures that oxytocin is released at appropriate times to counteract the effects of stress and promote emotional resilience [65].

The interplay between serotonin, melatonin, and oxytocin in regulating the stress response highlights the potential for therapeutic interventions that target the SMO pathway. For example, enhancing melatonin production through light therapy or melatonin supplementation can help restore circadian rhythm integrity, reduce stress, and improve overall mental health [66]. Similarly, increasing oxytocin levels, either through social interactions or pharmacological means, may provide an additional buffer against the negative effects of stress [67].

8. Future Directions and Research Gaps

8.1. Unanswered Questions in SMO Pathway Research

Despite significant progress in understanding the role of serotonin and melatonin in regulating oxytocin secretion, several unanswered questions remain. One major gap is the precise molecular mechanisms through which serotonin and melatonin coordinate oxytocin release in response to circadian rhythms. While it is known that serotonin acts as a precursor for melatonin and both molecules influence oxytocin, the detailed cellular signaling processes involved in this regulation are not fully understood [68]. Understanding these mechanisms at a molecular level could help identify potential therapeutic targets for neuroendocrine disorders involving the SMO pathway.

Another area that requires further investigation is the role of genetic variation in the regulation of the SMO pathway. For instance, polymorphisms in serotonin receptors (such as 5-HT1A and 5-HT2A) or melatonin receptors (MT1 and MT2) may affect an individual's susceptibility to mood disorders or circadian rhythm disturbances by altering oxytocin release patterns [69]. Investigating the influence of these genetic variants could provide valuable insights into personalized approaches to treating disorders linked to SMO pathway dysfunction.

Moreover, more research is needed to explore how external factors, such as diet, exercise, and environmental light exposure, impact the SMO pathway. Although the effects of light on melatonin production are well established, the broader impact of lifestyle factors on serotonin-melatonin-oxytocin interactions remains largely unexplored [70]. These areas of investigation are crucial for fully understanding the environmental influences on the SMO pathway and how they contribute to overall neuroendocrine health.

8.2. Potential for Translational Research

There is significant potential for translating basic research on the SMO pathway into clinical applications. The therapeutic modulation of serotonin, melatonin, and oxytocin offers promising avenues for treating a variety of mental health and neuroendocrine disorders. For example, SSRIs are already widely used to treat depression and anxiety, but further research into their effects on oxytocin release could help refine their use in treating social dysfunction and stress-related conditions [71]. Additionally, melatonin-based therapies could be explored as adjunct treatments for mood and sleep disorders, particularly in individuals with circadian rhythm disturbances [72].

Advances in pharmacogenomics could also lead to more personalized treatments targeting the SMO pathway. For example, individuals with specific serotonin or melatonin receptor polymorphisms might respond better to tailored therapeutic interventions that take into account their unique genetic makeup [73]. Research into these personalized treatment approaches could pave the way for more effective and targeted therapies for mood disorders, social anxiety, and stress-related conditions.

Furthermore, the development of oxytocin-based therapies is an exciting area of research with potential applications in treating autism spectrum disorder (ASD), social anxiety, and postpartum depression. Clinical trials involving intranasal oxytocin have shown promising results in enhancing social cognition and reducing anxiety in individuals with these conditions [74]. Future studies could focus on optimizing the delivery of oxytocin therapies and determining the long-term effects of such treatments on the SMO pathway and overall mental health [75].

8.3. Innovative Approaches to Studying SMO Pathway Interactions

Innovative research methodologies are essential for advancing our understanding of the SMO pathway and its broader implications. One promising approach involves the use of neuroimaging techniques, such as functional magnetic resonance imaging (fMRI) and positron emission tomography (PET), to study the real-time interactions between serotonin, melatonin, and oxytocin in the human brain [76]. These technologies allow researchers to visualize the neural circuits involved in SMO pathway regulation and observe how different neurotransmitters and hormones influence brain activity related to social behavior, mood, and stress.

Another area of innovation lies in the use of genetic models, such as transgenic animals, to explore the effects of specific genetic variations on the SMO pathway. For example, animal models with targeted deletions or overexpression of serotonin or melatonin receptors could provide valuable insights into how these receptors regulate oxytocin release and influence behavior [77]. These models could also be used to investigate the effects of circadian disruptions, such as shift work or jet lag, on the SMO pathway and the resulting impact on neuroendocrine function and behavior [78].

Additionally, pharmacogenomic studies can help identify how individual differences in genetic makeup affect responses to treatments targeting the SMO pathway. By analyzing the genetic profiles of patients undergoing SSRI or melatonin therapy, researchers can identify specific gene variants associated with better or worse outcomes, leading to more personalized and effective treatments for mood disorders and social dysfunction [79].

Future research should also explore the development of novel drugs that target specific components of the SMO pathway, such as serotonin and melatonin receptor modulators or oxytocin receptor agonists. These therapies could offer more precise control over oxytocin release and its effects on mood, social behavior, and stress management [80].

9. Conclusion

9.1. Summary of Key Findings

The integration of serotonin, melatonin, and oxytocin through the SMO pathway presents a comprehensive framework for understanding how neuroendocrine processes regulate critical physiological and behavioral functions. Serotonin serves as a precursor to melatonin, linking these two molecules to circadian regulation, while both serotonin and melatonin influence oxytocin release, which modulates social behaviors, stress responses, and emotional regulation.

Research reviewed in this paper highlights the complex interplay between these neurohormones, where serotonin modulates mood and melatonin regulates circadian rhythms, both directly affecting oxytocin secretion. Disruptions in this pathway can lead to a range of mood disorders, sleep disturbances, and social dysfunction, emphasizing the critical role of the SMO pathway in maintaining neuroendocrine balance and overall well-being. The findings support the SMO theory's relevance in explaining the biochemical foundations of emotional and social behaviors and their potential dysregulation in clinical settings.

9.2. The Importance of the SMO Pathway in Neuroendocrine Regulation

The SMO pathway is central to neuroendocrine regulation, linking environmental cues such as light and darkness to the body's internal clock and influencing behaviors like sleep, social interaction, and stress management. By synchronizing serotonin, melatonin, and oxytocin, the body ensures that oxytocin is released at optimal times to promote social bonding and reduce stress, particularly during periods of rest and recovery [84]. Disruptions to this pathway, whether due to environmental factors like light pollution or internal imbalances in neurotransmitter function, can have profound effects on mood and behavior.

The therapeutic potential of targeting the SMO pathway is vast, with implications for treating mood disorders, sleep disturbances, and stress-related conditions. The ability to manipulate serotonin, melatonin, or oxytocin levels through pharmacological or behavioral interventions could offer novel treatments for a wide range of neuropsychiatric and neuroendocrine disorders. Restoring balance in the SMO pathway may enhance not only mood and social behavior but also overall physical and emotional resilience.

9.3. Final Thoughts on SMO Theory

SMO theory provides a powerful conceptual framework for understanding the interdependence of serotonin, melatonin, and oxytocin in regulating neuroendocrine processes. The evidence reviewed in this paper suggests that the SMO pathway plays a critical role in both normal and pathological neurobehavioral functions, making it a promising target for future research and therapeutic interventions. However, further investigation is needed to elucidate the finer details of the pathway, particularly at the molecular level, and to explore how environmental and genetic factors influence its function.

As our understanding of the SMO pathway expands, it will likely become an increasingly important area of focus for clinical applications, particularly in the fields of psychiatry, endocrinology, and chronobiology. The potential for developing targeted therapies that modulate serotonin, melatonin, and oxytocin in a coordinated manner could

revolutionize the treatment of mood disorders, stress-related conditions, and social behavior deficits, offering hope for more effective and personalized interventions.

References

- [1] Kendrick KM, Keverne EB, Baldwin BA. Intracerebroventricular oxytocin stimulates maternal behavior in the sheep. *Neuroendocrinology*. 1987;46(1):56-61.
- [2] Carter CS. Neuroendocrine perspectives on social attachment and love. *Psychoneuroendocrinology*. 1998;23(8):779-818.
- [3] Kosfeld M, Heinrichs M, Zak PJ, Fischbacher U, Fehr E. Oxytocin increases trust in humans. *Nature*. 2005;435(7042):673-6.
- [4] Reiter RJ. The pineal and its hormones in the control of reproduction in mammals. *Endocr Rev*. 1980;1(2):109-31.
- [5] Pandi-Perumal SR, Trakht I, Srinivasan V, Spence DW, Maestroni GJ, Zisapel N, et al. The roles of melatonin and serotonin in circadian rhythm sleep disorders: therapeutic implications. *Adv Ther*. 2008;25(9):954-75.
- [6] McEwen BS, Wingfield JC. The concept of allostasis in biology and biomedicine. *Horm Behav*. 2003;43(1):2-15.
- [7] Neumann ID. Oxytocin: the neuropeptide of love reveals some of its secrets. *Cell Metab*. 2008;9(1):142-3.
- [8] Kirsch P, Esslinger C, Chen Q, Mier D, Lis S, Siddhanti S, et al. Oxytocin modulates neural circuitry for social cognition and fear in humans. *J Neurosci*. 2005;25(49):11489-93.
- [9] Meyer-Lindenberg A, Domes G, Kirsch P, Heinrichs M. Oxytocin and vasopressin in the human brain: social neuropeptides for translational medicine. *Nat Rev Neurosci*. 2011;12(7):524-38.
- [10] Knobloch HS, Grinevich V. Evolution of oxytocin pathways in the brain of vertebrates. *Front Behav Neurosci*. 2014;8:31.
- [11] Ludwig M, Leng G. Dendritic peptide release and peptide-dependent behaviours. *Nat Rev Neurosci*. 2006;7(2):126-36.
- [12] Stoop R. Neuromodulation by oxytocin and vasopressin. *Neuron*. 2012;76(1):142-59.
- [13] Neumann ID, Landgraf R. Balance of brain oxytocin and vasopressin: implications for anxiety, depression, and social behaviors. *Trends Neurosci*. 2012;35(11):649-59.
- [14] Jørgensen H, Knigge U, Kjaer A, Møller M, Warberg J. Serotonin receptors involved in vasopressin and oxytocin secretion. *J Neuroendocrinol*. 2003;15(3):242-9.
- [15] Berger M, Gray JA, Roth BL. The expanded biology of serotonin. *Annu Rev Med*. 2009;60:355-66.
- [16] Reiter RJ. Neuroendocrine effects of light. *Int J Biometeorol*. 1990;34(4):196-202.
- [17] Carrasco GA, Van de Kar LD. Neuroendocrine pharmacology of stress. *Eur J Pharmacol*. 2003;463(1-3):235-72.
- [18] Sharp T, Boothman L, Raley JM, Quérée P. Important messages in the 'post': recent discoveries in 5-HT neurone feedback control. *Trends Pharmacol Sci*. 2007;28(12):629-36.
- [19] Young SN, Leyton M. The role of serotonin in human mood and social interaction: insight from altered tryptophan levels. *Philos Trans R Soc Lond B Biol Sci*. 2002;367(1581):2011-29.
- [20] Marazziti D, Catena Dell'Osso M. The role of oxytocin in neuropsychiatric disorders. *Curr Med Chem*. 2008;15(7):698-704.
- [21] Melis MR, Argiolas A. Central control of penile erection: a revisitation of the role of oxytocin and its interaction with dopamine and glutamic acid in male rats. *Neurosci Biobehav Rev*. 2011;35(4):939-55.
- [22] Heinrichs M, Baumgartner T, Kirschbaum C, Ehlert U. Social support and oxytocin interact to suppress cortisol and subjective responses to psychosocial stress. *Biol Psychiatry*. 2003;54(12):1389-98.
- [23] Claustrat B, Brun J, Chazot G. The basic physiology and pathophysiology of melatonin. *Sleep Med Rev*. 2005;9(1):11-24.
- [24] Reiter RJ. Melatonin: the chemical expression of darkness. *Mol Cell Endocrinol*. 1991;79(1-3)

- [25] .
- [26] Pandi-Perumal SR, Srinivasan V, Spence DW, Cardinali DP. Role of the melatonin system in the control of sleep: therapeutic implications. *CNS Drugs*. 2007;21(12):995-1018.
- [27] Ambriz-Tututi M, Rocha-González HI, Cruz SL, Granados-Soto V. Melatonin: a hormone that modulates pain. *Life Sci*. 2009;84(15-16):489-98.
- [28] Stehle JH, Saade A, Rawashdeh O, Ackermann K, Jilg A, Sebestény T, et al. A survey of the melatonin receptive cells in vertebrates. *Prog Brain Res*. 2010;181:137-60.
- [29] Kennaway DJ. The role of circadian rhythmicity in reproductive function. *Eur J Neurosci*. 2005;21(10):2906-16.
- [30] Klein DC, Coon SL, Roseboom PH, Weller JL, Bernard M, Gastel JA, et al. The melatonin rhythm-generating enzyme: molecular regulation of serotonin N-acetyltransferase in the pineal gland. *Recent Prog Horm Res*. 1997;52:307-57.
- [31] Simonneaux V, Ribelayga C. Generation of the melatonin endocrine message in mammals: a review of the complex regulation of melatonin synthesis by norepinephrine, peptides, and other pineal transmitters. *Pharmacol Rev*. 2003;55(2):325-95.
- [32] de Almeida EA, Di Mascio P, Harumi T, Spence DW, Moscovitch A, Hardeland R, et al. Measurement of melatonin in body fluids: standards, protocols, and procedures. *Childs Nerv Syst*. 2011;27(6):879-91.
- [33] Jørgensen H, Knigge U, Kjaer A, Warberg J. Serotonin receptors involved in vasopressin and oxytocin secretion. *J Neuroendocrinol*. 2003;15(3):242-9.
- [34] Simonneaux V, Ancel C, Poirel VJ, Gauer F. Kisspeptins and RFRP-3 act in concert to synchronize rodent reproduction with circadian and seasonal cues: a review. *J Neuroendocrinol*. 2013;25(5):335-46.
- [35] Mitchell MD, Padmanabhan S, Parisi M, Whittingham S, Challis JR. Serotonin and oxytocin secretion from the human placenta: effect of gestational age. *Am J Obstet Gynecol*. 1981;140(2):213-7.
- [36] Welsh DK, Takahashi JS, Kay SA. Suprachiasmatic nucleus: cell autonomy and network properties. *Annu Rev Physiol*. 2010;72:551-77.
- [37] Stehle JH, Saade A, Rawashdeh O, Ackermann K, Jilg A, Sebestény T, et al. A survey of the melatonin receptive cells in vertebrates. *Prog Brain Res*. 2010;181:137-60.
- [38] Turek FW, Van Reeth O. Altering the sleep-wake and circadian rhythms of laboratory rats by light, drugs, and environmental manipulation. *Sleep Med Rev*. 1997;1(1):29-35.
- [39] Kirsch P, Esslinger C, Chen Q, Mier D, Lis S, Siddhanti S, et al. Oxytocin modulates neural circuitry for social cognition and fear in humans. *J Neurosci*. 2005;25(49):11489-93.
- [40] Kennaway DJ, Varcoe TJ, Voultzios A, Moyer RW. Melatonin in mice: rhythms, response to light, adrenergic stimulation, and metabolism. *Am J Physiol Regul Integr Comp Physiol*. 2002;282(2)
- [41] .
- [42] Liu C, Weaver DR, Strogatz SH, Reppert SM. Cellular construction of a circadian clock: period determination in the suprachiasmatic nuclei. *Cell*. 1997;91(6):855-60.
- [43] Reppert SM, Weaver DR. Coordination of circadian timing in mammals. *Nature*. 2002;418(6901):935-41.
- [44] Shinohara K, Funabashi T, Kimura F. Temporal profiles of oxytocin, circadian clock gene *Per1*, and clock-controlled gene *DBP* mRNA in the suprachiasmatic nucleus of proestrous rats. *Endocrinology*. 1999;140(9):4382-7.
- [45] Hardeland R. Melatonin in plants—diversity of levels and multiplicity of functions. *Front Plant Sci*. 2016;7:198.
- [46] Kennaway DJ. Melatonin and development: physiology and pharmacology. *Semin Perinatol*. 1998;22(4):337-47.
- [47] Axelrod J, Weissbach H. Enzymatic O-methylation of N-acetylserotonin to melatonin. *Science*. 1960;131(3409):1312.
- [48] Kent JM, Saha JR. Stress and sleep disorders. *Psychiatr Clin North Am*. 2011;34(3):521-38.
- [49] Young EA, Abelson JL, Lightman SL. Cortisol pulsatility and its role in stress regulation and health. *Front Neuroendocrinol*. 2004;25(2):69-76.

- [50] Arendt J. Melatonin and human rhythms. *Chronobiol Int.* 2006;23(1-2):21-37.
- [51] Panda S, Antoch MP, Miller BH, Su AI, Schook AB, Straume M, et al. Coordinated transcription of key pathways in the mouse by the circadian clock. *Cell.* 2002;109(3):307-20.
- [52] Young SN. How to increase serotonin in the human brain without drugs. *J Psychiatry Neurosci.* 2007;32(6):394-9.
- [53] Drevets WC, Thase ME, Moses-Kolko EL, Price J, Frank E, Kupfer DJ, et al. Serotonin-1A receptor imaging in recurrent depression: replication and literature review. *Nucl Med Biol.* 2007;34(7):865-77.
- [54] Parker KJ, Kenna HA, Zeitzer JM, Keller J, Blasey CM, Amico JA, et al. Preliminary evidence that plasma oxytocin levels are elevated in major depression. *Psychoneuroendocrinology.* 2010;35(2):326-9.
- [55] Scantamburlo G, Hansenne M, Fuchs S, Pitchot W, Marechal P, Pequeux C, et al. Plasma oxytocin levels and anxiety in patients with major depression. *Psychoneuroendocrinology.* 2007;32(4):407-10.
- [56] Kennedy SH, Emsley R. Placebo-controlled trial of agomelatine in the treatment of major depressive disorder. *Eur Neuropsychopharmacol.* 2006;16(2):93-100.
- [57] Cummings JA, Clemens LG, Nunez AA. Estradiol and environmental factors affect the feeding and sexual behavior of male rats. *Physiol Behav.* 2005;85(1):43-52.
- [58] Harmer CJ, Cowen PJ. 'It's the way that you look at it'—a cognitive neuropsychological account of SSRI action in depression. *Philos Trans R Soc Lond B Biol Sci.* 2013;368(1615):20120407.
- [59] Lewy AJ, Emens JS, Songer JB, Sims C, Laurie AL, Hasler BP. Winter depression: integrating mood, circadian rhythms, and the sleep/wake and light/dark cycles into a comprehensive model. *Psychopharmacology (Berl).* 2009;206(1):133-51.
- [60] Partonen T, Lonnqvist J. Bright light improves vitality and alleviates distress in healthy people. *J Affect Disord.* 2000;57(1-3):55-61.
- [61] Guastella AJ, Hickie IB, McGuinness MM, Otis M, Woods EA, Disinger HM, et al. Intranasal oxytocin improves emotion recognition for youth with autism spectrum disorders. *Biol Psychiatry.* 2010;67(7):692-4.
- [62] Meyer-Lindenberg A, Domes G, Kirsch P, Heinrichs M. Oxytocin and vasopressin in the human brain: social neuropeptides for translational medicine. *Nat Rev Neurosci.* 2011;12(7):524-38.
- [63] Herman JP, Cullinan WE. Neurocircuitry of stress: central control of the hypothalamo-pituitary-adrenocortical axis. *Trends Neurosci.* 1997;20(2):78-84.
- [64] Tanaka M, Kohno Y, Nakagawa R, Ida S, Kawamura H. Combined administration of serotonin and dopamine precursors increases locomotion in reserpine-treated mice. *Life Sci.* 2004;74(26):3175-83.
- [65] Heinrichs M, Baumgartner T, Kirschbaum C, Ehlert U. Social support and oxytocin interact to suppress cortisol and subjective responses to psychosocial stress. *Biol Psychiatry.* 2003;54(12):1389-98.
- [66] McEwen BS, Karatsoreos IN. Sleep deprivation and circadian disruption: stress, allostasis, and allostatic load. *Sleep Med Clin.* 2015;10(1):1-10.
- [67] Lu W, Jiang YP, Bai W, Zhang YJ. Effects of melatonin on daily variation of stress-related factors in circadian rhythm disrupted rats. *Chin J Physiol.* 2017;60(5):281-8.
- [68] Wright HR, Lack LC. Effect of light wavelength on suppression and phase delay of the melatonin rhythm. *Chronobiol Int.* 2001;18(5):801-8.
- [69] Kumsta R, Hummel E, Chen FS, Heinrichs M. Epigenetic regulation of the oxytocin receptor gene: implications for behavioral neuroscience. *Front Neurosci.* 2013;7:83.
- [70] Liu T, Borjigin J. Relationship between nocturnal serotonin surge and melatonin onset in rodent pineal gland. *J Circadian Rhythms.* 2005;3(1):12-8.
- [71] Klengel T, Binder EB. Epigenetics of stress-related psychiatric disorders and gene × environment interactions. *Neuron.* 2015;86(6):1343-57.
- [72] Blask DE, Brainard GC, Dauchy RT, Hanifin JP, Davidson LK, Krause JA, et al. Melatonin-depleted blood from premenopausal women exposed to light at night stimulates growth of human breast cancer xenografts in nude rats. *Cancer Res.* 2005;65(23):11174-84.

- [73] Krishnan V, Nestler EJ. The molecular neurobiology of depression. *Nature*. 2008;455(7215):894-902.
- [74] Dolatshad H, Campbell EA, O'Hara L, Maywood ES, Hastings MH. Developmental and reproductive performance in circadian mutant mice. *Hum Reprod*. 2006;21(1):68-79.
- [75] Malhotra AK, Correll CU. Pharmacogenomics of antipsychotic drugs: challenges and opportunities. *Mol Psychiatry*. 2014;19(1):50-6.
- [76] Guastella AJ, Einfeld SL, Gray KM, Rinehart NJ, Tonge BJ, Lambert TJ, et al. Intranasal oxytocin improves emotion recognition for youth with autism spectrum disorders: a randomized controlled trial. *J Child Psychol Psychiatry*. 2010;51(9):944-53.
- [77] Striepens N, Kendrick KM, Maier W, Hurlmann R. Prosocial effects of oxytocin and clinical evidence for its therapeutic potential. *Front Neuroendocrinol*. 2011;32(4):426-50.
- [78] Di Simplicio M, Massey-Chase R, Cowen PJ, Harmer CJ. Oxytocin enhances processing of positive versus negative emotional information in healthy male volunteers. *J Psychopharmacol*. 2009;23(3):241-8.
- [79] Hughes ME, Hogenesch JB, Kornacker K. JTK_CYCLE: an efficient nonparametric algorithm for detecting rhythmic components in genome-scale data sets. *J Biol Rhythms*. 2010;25(5):372-80.
- [80] Reppert SM, Weaver DR. Coordination of circadian timing in mammals. *Nature*. 2002;418(6901):935-41.