

Hepatoprotective Effects and Antioxidant Role of *Caesalpinia bonducella* on Paracetamol-induced Hepatic Damage in Rats

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Abstract – The hepatoprotective effect of methanol extract of leaves of *Caesalpinia bonducella* was studied by means of paracetamol induced liver damage in rats. The degree of protection was measured by using biochemical parameters such as serum transaminase (SGPT and SGOT), alkaline phosphatase (ALP), bilirubin, and total protein. Further, the effects of the extract on lipid peroxidation (LPO), glutathione (GSH), superoxide dismutase (SOD), and catalase (CAT) were estimated. The methanol extract of *C. bonducella* (MECB) (50,100 and 200 mg/kg) produced significant ($P < 0.01$) hepatoprotective effect by decreasing the activity of serum enzymes, bilirubin, and lipid peroxidation, while it significantly increased the levels of GSH, SOD, CAT, and protein in a dose dependent manner. The effects of MECB were comparable to that of standard drug Silymarin. However, at a lower dose (25 mg/kg) it could not restore the deleterious effect produced by paracetamol. The results indicate that *Caesalpinia bonducella* had antioxidant and hepatoprotective effects.

Key words – *Caesalpinia bonducella*, Hepatoprotective effects, Antioxidant role, Paracetamol.

Introduction

Aerobic organs, such as the liver generate reactive oxygen species that will induce oxidative tissue damage. These radicals, which react with cell membranes and thus induced lipid peroxidation or cause inflammation, have been implicated as important pathological mediators in many clinical disorders such as heart disease, diabetes, gout and cancer (Slater *et al.*, 1984; Vuillaume *et al.*, 1987; Meneghini *et al.*, 1988). A major defence mechanism is the antioxidant enzymes which convert active oxygen molecules into non-toxic compounds (Halliwell and Gutteridge, 1984; Hochstein and Atallah, 1988).

Liver diseases remain one of the serious health problems. However, we do not have satisfactory liver protective drugs in allopathic medical practices for serious liver disorders. Herbal drugs play a role in the management of various liver disorders most of them speed up the natural healing processes of liver. Numerous medicinal plants and their formulations are used for liver disorder in ethnomedical practices as well as traditional system of medicine in India. More than 15 of these plants are evaluated for their hepatoprotective action in light of modern medicine (Subramoniam *et al.*, 1998).

Caesalpinia bonducella F., (Family: Caesalpinaceae) commonly known as Nata Karanja (Hindi), a prickly shrub found throughout the hotter parts of India, Myanmar, and Sri Lanka (Nadkarni, 1954). The leaves of this plant are traditionally used for the treatment of liver disorders (Kritikar and Basu, 1975). It has also been to possess multiple therapeutic properties like antipyretic, antidiuretic, anthelmintic and antibacterial (Neogi and Nayak, 1958), anticonvulsant (Adesina, 1962), anti-anaphylactic and antidiarrheal (Iyenger and Pendse, 1965), antiviral (Dhar *et al.*, 1968), antiasthmatic (Gayaraja *et al.*, 1978), anti-inflammatory (Agarwal *et al.*, 1982; Vijaya sarathy *et al.*, 1981), antiamebic and, anti-estrogenic effects (Raghunathan and Mitra, 1982).

However, no work has been reported on the hepatoprotective properties of this plant. Keeping this in view, the present study has been undertaken to investigate hepatoprotective activity and antioxidant role of the methanol extract of *Caesalpinia bonducella* (MECB) leaves on paracetamol induced liver damage in rats.

Material and Methods

Plant materials – The plant *Caesalpinia bonducella* (Family: Caesalpinaceae) was collected from Kolli Hills of Tamilnadu, India. The plant material was taxonomically identified by the Botanical Survey of India, Kolkata. A voucher specimen (No. GMS-2) has been preserved in

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our laboratory for the future references.

Extraction – The leaves were dried under shade with occasional shifting and then powdered with a mechanical grinder and stored in an airtight container. The dried powder material of the leaf (500 g) was defatted with petroleum ether (60-80°) in a Soxhlet apparatus. The defatted powder material thus obtained was further extracted with methanol for 72 hours in the Soxhlet. The solvent was removed by distillation under suction and the resulting semisolid mass was vacuum dried using rotary flash evaporator to yield (8.78%) a solid residue (methanol extract). Phytochemical screening of the extract revealed the presence of alkaloids, saponins, flavonoids, triterpenes, tannins, and steroids.

Experimental animal – Wistar Albino rats (150-200 g) used in the present studies were procured from listed suppliers of Jadavpur University, Kolkata, India. The animals were fed with standard pellet diet supplied by Hindustan Lever Ltd. Kolkata, and water *ad libitum*. All the animals were acclimatized for a week before use. MECB was dissolved in 10% propylene glycol.

Paracetamol induced liver damage in rats – Healthy albino rats were divided into 7 groups of 6 animals in each. Group 1, which served as normal, received normal saline (0.9% w/v, NaCl), 5 ml/kg. Group 2 received paracetamol (500 mg/kg p.o) once daily for 7 days (control). Groups 3, 4, 5, 6, and 7 received paracetamol (500 mg/kg, p.o.) and MECB (25, 50, 100 and 200 mg/kg p.o.) and standard drug silymarin (25 mg/kg) simultaneously for 7 days. The biochemical parameters were determined after 18 h fasting of the last dose.

Biochemical studies – The blood was obtained from all animals by puncturing retro-orbital plexus. The blood samples were allowed to clot for 45 min at room temperature. Serum was separated by centrifugation at 2500 rpm at 30°C for 15 min and utilized for the estimation of various biochemical parameters namely, SGPT, SGOT (Bergmeyer *et al.*, 1978), SALP (King, 1965), Serum bilirubin (Malloy

et al., 1937), and Protein (Lowry *et al.*, 1951).

After collection of blood samples the rats were sacrificed and their livers excised, rinsed in ice cold normal saline followed by 0.15 M Tris-HCl (pH 7.4) blotted dry and weighed. A 10% w/v of homogenate was prepared in 0.15 M Tris-HCl buffer and processed for the estimation of lipid peroxidation (Ohkawa *et al.*, 1979). A part of homogenate after precipitating proteins with Trichloroacetic acid (TCA) was used for estimation of glutathione (Ellman, 1958). The rest of the homogenate was centrifuged at 15000 rpm for 15 minutes at 4°C. The supernatant thus obtained was used for the estimation of SOD (Kakkar *et al.*, 1984), CAT (Luck, 1971) activities, and protein content (Lowry *et al.*, 1951).

Statistical analysis – The experimental results were expressed as the mean ± S.E.M. Data were assessed by the method of analysis of ANOVA, p value of < 0.05 was considered as statistically significant.

Results

The effect of MECB on serum transaminase, alkaline phosphatase, bilirubin, and total protein levels in paracetamol induced liver damage rats are summarized in Table 1. There was a significant (P<0.01) increase in the serum GPT, GOT, ALP and bilirubin levels and decrease in the total protein level (P<0.01) in paracetamol control group as compared with normal group, which was reversed on administration of (50, 100 and 200 mg/kg) MECB. These effects were comparable to standard drug Silymarin (25 mg/kg). However, MECB at a dose of 25 mg/kg was unable to produce similar effects.

The effects of MECB on rat liver lipid peroxidation, glutathione, and antioxidant enzyme levels are shown in (Fig. 1 and 2). Lipid peroxidation levels (expressed in terms of malondialdehyde {MDA} formation) are significantly high in paracetamol control rats compared with the normal

Table 1. Effect of MECB and Silymarin on serum enzymes (SGPT, SGOT and ALP), bilirubin and total protein on paracetamol induced liver damage in rats.

Treatment	Dose (mg/kg)	SGPT (IU/L)	SGOT (IU/L)	SALP (IU/L)	Bilirubin (mg/dl)	Total protein (mg/dl)
Normal saline	5 ml/kg	65.5 ± 3.62	76.66 ± 3.31	31.75 ± 2.12	0.98 ± 0.01	7.01 ± 0.42
Paracetamol (control)	500	114.44 ± 5.24 ^a	152.45 ± 7.42 ^a	61.0 ± 3.55 ^a	1.94 ± 0.01 ^a	5.58 ± 0.34 ^a
Paracetamol+Silymarin	500 + 25	65.78 ± 2.33 ^b	74.23 ± 5.34 ^b	34.73 ± 2.32 ^b	1.07 ± 0.01 ^b	7.18 ± 0.53 ^b
Paracetamol+MECB	500 + 25	109.55 ± 5.31 ^b	146.66 ± 8.42 ^b	58.43 ± 3.54 ^b	1.87 ± 0.01 ^b	5.48 ± 0.36 ^b
Paracetamol+MECB	500 + 50	98.45 ± 5.35 ^b	124.32 ± 7.27 ^b	52.56 ± 3.17 ^b	1.71 ± 0.01 ^b	5.93 ± 0.33 ^b
Paracetamol+MECB	500 + 100	82.74 ± 3.45 ^b	108.54 ± 6.73 ^b	46.78 ± 3.58 ^b	1.47 ± 0.01 ^b	6.56 ± 0.43 ^b
Paracetamol+MECB	500 + 200	67.38 ± 4.31 ^b	84.33 ± 4.81 ^b	35.25 ± 2.42 ^b	1.22 ± 0.01 ^b	7.10 ± 0.35 ^b

Values are mean ± S.E.M: n = 6 animals in each group.

^aP<0.01 Control group Compared with normal group.

^bP<0.01 Experimental groups Compared with control.

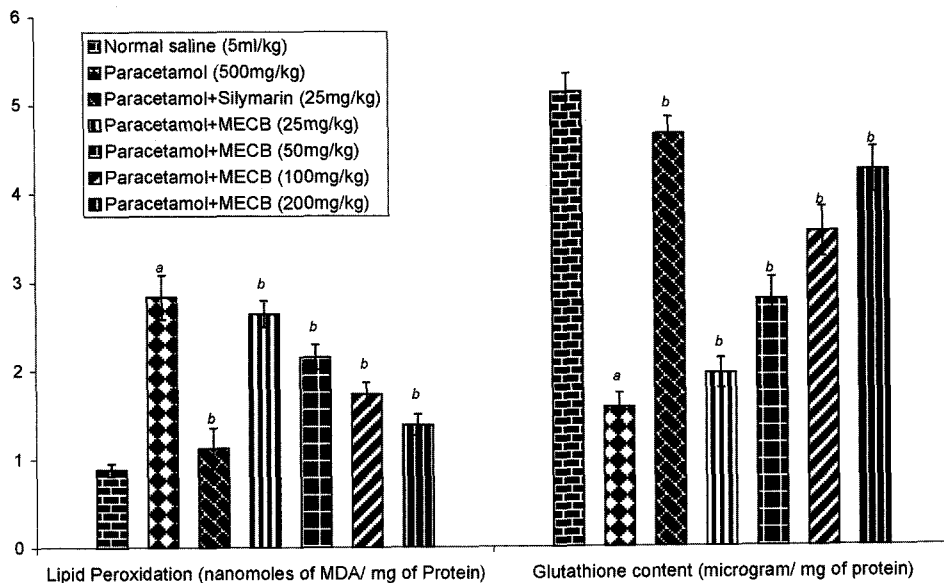


Fig. 1. Effect of MECB and silymarin on liver lipid peroxidation and glutathione levels on paracetamol induced liver damage in rats. Values are mean±SEM.

n = 6 animals in each group.

^aP<0.01, Control group compared with normal group.

^bP<0.01, Experimental group compared with control group.

MDA = Malondialdehyde.

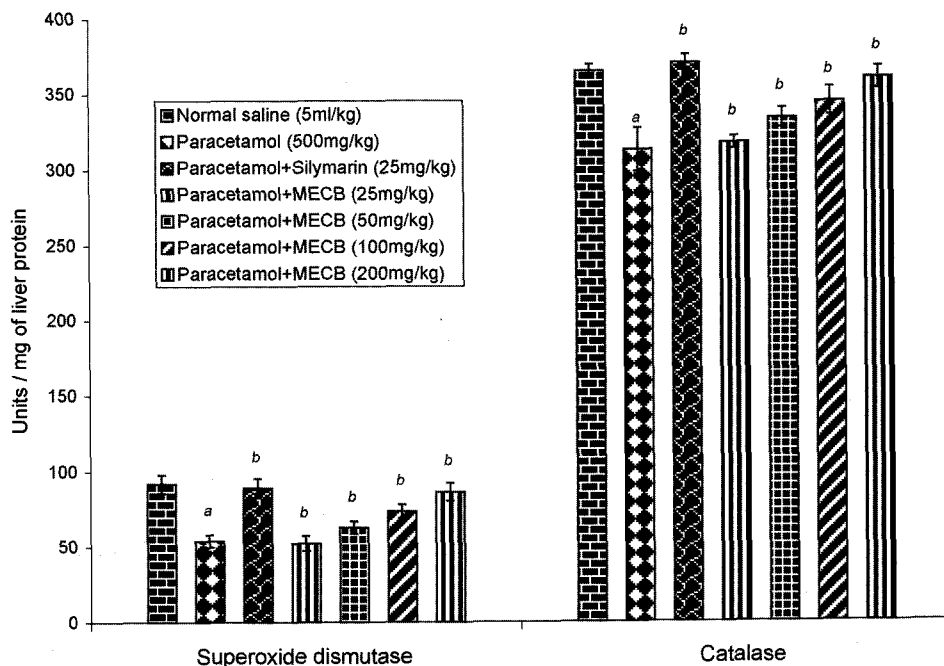


Fig. 2. Effect of MECB and silymarin on superoxide dismutase and catalase enzyme specific activity on paracetamol induced liver damage in rats values are mean±SEM

n = 6 animals in each group.

^aP<0.01, Control group compared with normal group.

^bP<0.01, Experimental group compared with control group.

rats ($P < 0.01$). Treatment with MECB (50, 100 and 200 mg/kg) significantly prevented the increase in MDA levels ($P < 0.01$) and bring them near to normal level. Liver enzymatic and non enzymatic antioxidant levels were significantly altered in paracetamol treated rats compared with normal group ($P < 0.01$). GSH, SOD, and CAT levels were significantly increased ($P < 0.01$) in MECB (50, 100 and 200 mg/kg) treated group. The effects of MECB were comparable to that of silymarin. However, lower dose (25 mg/kg) of MECB could not restore the deleterious effect produced by paracetamol.

Discussion

Paracetamol (Acetaminophen) is a widely used antipyretic analgesic produces acute liver damage if overdoses are consumed. Paracetamol is mainly metabolized in liver to excretable glucuronide and sulphate conjugates (Jollow *et al.*, 1974; Wong *et al.*, 1981). However, the hepatotoxicity of paracetamol has been attributed to the formation of toxic metabolites when a part of paracetamol is activated by hepatic cytochrome P-450 (Savides and Oehme, 1983) to a highly reactive metabolites N-acetyl-P-benzoquinoneimine (NAPQI) (Vermeulen *et al.*, 1992). NAPQI is initially detoxified by conjugation with reduced glutathione (GSH) to form mercapturic acid (Moore *et al.*, 1985). However, when the rate of NAPQI formation exceeds the rate of detoxification by GSH, it oxidizes tissue macromolecules such as lipid or -SH group of protein and alters the homeostasis of calcium after depleting GSH.

The elevated levels of serum enzymes are indicative of cellular leakage and loss of functional integrity of cell membrane in liver (Drotmann and Lowhorn, 1978). Serum ALP and bilirubin level on other hand, are related to the function of hepatic cell. Increase in serum level of ALP is due to increased synthesis, in presence of increasing biliary pressure (Moss and Butterworth, 1974). Treatment with MECB decreases the serum levels of GPT, GOT towards the respective normal value that is an indication of stabilization of plasma membrane as well as repair of hepatic tissue damage caused by paracetamol. The above changes can be considered as an expression of the functional improvement of hepatocytes, which may be caused by an accelerated regeneration of parenchyma cells. Effective control of bilirubin level and alkaline phosphatase activity points towards an early improvement in the secretory mechanism of the hepatic cell.

Lipid peroxidation has been postulated to the destructive process of liver injury due to acetaminophen administration (Muriel *et al.*, 1992). In our study, elevations in the levels

of end products of lipid peroxidation in liver of rat treated with paracetamol were observed. The increase in MDA level in liver suggests enhanced lipid peroxidation leading to tissue damage and failure of antioxidant defense mechanisms to prevent formation of excessive free radicals. Treatment with MECB significantly reversed these changes. Hence it may be possible that the mechanism of hepatoprotection of MECB is due to its antioxidant effect.

Glutathione is one of the most abundant tripeptide non-enzymatic biological antioxidant present in the liver. Its functions are concerned with the removal of free radical species such as hydrogen peroxide, superoxide radicals, alkoxy radicals, maintenance of membrane protein thiols and as a substrate for glutathion peroxidase and GST (Jai Prakash *et al.*, 2001). In our present study the decreased level of GSH has been associated with an enhanced lipid peroxidation in paracetamol treated rats. Administration of MECB significantly increases the level of glutathione in a dose dependent manner.

Increase in the serum activity of superoxide dismutase is a sensitive index in hepatocellular damage and is the most sensitive enzymatic index in liver injury (Curtis *et al.*, 1972; Korsrud *et al.*, 1973). SOD has been reported as one of the most important enzymes in the enzymatic antioxidant defense system. It scavenges the superoxide anion to form hydrogen peroxide, hence diminishing the toxic effect caused by this radical. In the present study, it was observed that the MECB caused a significantly increased in the hepatic SOD activity of the paracetamol induced liver damage rats. It means that the MECB can reduce reactive free radicals that might lessen oxidative damage to the tissues and improve the activities of the hepatic antioxidant enzyme.

Catalase is an enzymatic antioxidant widely distributed in all animal tissue and the highest activity is found in the red cells and in liver. Catalases decompose hydrogen peroxide and protect the tissue from highly reactive hydroxyl radicals (Chance *et al.*, 1952). Therefore the reduction in the activity of these enzymes may result in a number of deleterious effects due to the accumulation of superoxide radicals and hydrogen peroxide. Administration of MECB increases the activities of catalase in paracetamol induced liver damage rats to prevent the accumulation of excessive free radicals and protects the liver from paracetamol intoxication.

These altered biochemical profiles due to paracetamol treatment were significantly reversed towards normalization by MECB. The maximum protection against paracetamol induced hepatic injury was afforded by the 200 mg/kg dose, which reversed the elevated levels of liver markers

enzyme near to normal values.

It may be concluded that the MECB exhibits significant hepatoprotective property as it reduces cell membrane disturbances induced *in vivo* by paracetamol. Therefore, the hepatoprotective effect of MECB as claimed by the traditional system has a sound scientific basis. Further investigation is underway to determine the exact phyto-constituents that are responsible for its hepatoprotective effect.

Acknowledgement

One of the author Ramanthan Sambath Kumar (Senior Research Fellow), grateful to AICTE, New Delhi, India, for providing financial support to this work.

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(Accepted September 1, 2003)