

# Journal of Clinical Medicine and Research

Volume 5 Number 1 January 2013  
ISSN 2141-2235



*Academic  
Journals*

## ABOUT JCMR

The **Journal of Clinical Medicine and Research (JCMR)** is published monthly (one volume per year) by Academic Journals.

**Journal of Clinical Medicine and Research (JCMR)** is an open access journal that provides rapid publication (monthly) of articles in all areas of the subject such as cardiology, critical care medicine, Family Medicine, geriatrics, pediatrics etc.

The Journal welcomes the submission of manuscripts that meet the general criteria of significance and scientific excellence. Papers will be published shortly after acceptance. All articles published in JCMR are peer-reviewed.

## Submission of Manuscript

Submit manuscripts as e-mail attachment to the Editorial Office at: [jcmr@academicjournals.org](mailto:jcmr@academicjournals.org). A manuscript number will be mailed to the corresponding author shortly after submission.

For all other correspondence that cannot be sent by e-mail, please contact the editorial office (at [jcmr@academicjournals.org](mailto:jcmr@academicjournals.org)).

The **Journal of Clinical Medicine and Research** will only accept manuscripts submitted as e-mail attachments.

Please read the **Instructions for Authors** before submitting your manuscript. The manuscript files should be given the last name of the first author.

## Editors

**Prof. Neveen Helmy Ahmed Aboelsoud,**  
*Complementary Medicine Researches & Applications (CAM),  
National Research Center,  
Research St (Tahrir),  
Dokki ,Cairo,  
Egypt.*

**Prof. Bodh Raj Panhotra,**  
*Department of Medical Microbiology,  
Medical Laboratory Technology & Clinical Sciences,  
Sardar Bhagwan Singh Postgraduate Institute of  
Biomedical Sciences & Research,  
Balawala, Dehradun,  
India.*

## Editorial Board

**Prof. Ahmed BaHammam,**  
*King Saud University,  
Saudi Arabia.*

**Dr. Ellen Rosskam,**  
*Senior Scholar, Woodrow Wilson International Center for  
Scholars,  
Washington, D.C.,  
Adjunct Professor, University of Massachusetts, Lowell,  
Visiting Senior Fellow, University of Surrey,  
Faculty of Health and Medical Sciences, England,  
Switzerland.*

**Dr. Philippe Connes,**  
*National Institute of Health and Medical Research (763),  
Academic Hospital of Pointe a Pitre,  
Guadeloupe (French West Indies),  
Guadeloupe.*

**Dr. Robert G Bota,**  
*University of Missouri,  
Kansas City,  
USA.*

**Dr. Haiyang Zhou,**  
*Department of General Surgery,  
Changzheng Hospital,  
Second Military Medical University.  
China.*

**Dr. Jimmy Jose,**  
*SAC College of Pharmacy, Karnataka,  
India.*

**Dr. Carlos A. Feldstein,**  
*Hospital de Clinicas Jose de San Martin,  
Av. Cordoba 2351 Buenos Aires 1120,  
Argentina.*

**Dr. Fadia Mostafa Attia,**  
*Faculty of Medicine,  
Suez Canal University,  
Egypt.*

**Dr. Hamza Mujagic,**  
*Massachusetts General Hospital,  
USA.*

**Dr. O.U.J. Umeora,**  
*Ebonyi State University/Teaching Hospital,  
Nigeria.*

# Instructions for Author

**Electronic submission** of manuscripts is strongly encouraged, provided that the text, tables, and figures are included in a single Microsoft Word file (preferably in Arial font).

The **cover letter** should include the corresponding author's full address and telephone/fax numbers and should be in an e-mail message sent to the Editor, with the file, whose name should begin with the first author's surname, as an attachment.

## Article Types

Three types of manuscripts may be submitted:

**Regular articles:** These should describe new and carefully confirmed findings, and experimental procedures should be given in sufficient detail for others to verify the work. The length of a full paper should be the minimum required to describe and interpret the work clearly.

**Short Communications:** A Short Communication is suitable for recording the results of complete small investigations or giving details of new models or hypotheses, innovative methods, techniques or apparatus. The style of main sections need not conform to that of full-length papers. Short communications are 2 to 4 printed pages (about 6 to 12 manuscript pages) in length.

**Reviews:** Submissions of reviews and perspectives covering topics of current interest are welcome and encouraged. Reviews should be concise and no longer than 4-6 printed pages (about 12 to 18 manuscript pages). Reviews are also peer-reviewed.

## Review Process

All manuscripts are reviewed by an editor and members of the Editorial Board or qualified outside reviewers. Authors cannot nominate reviewers. Only reviewers randomly selected from our database with specialization in the subject area will be contacted to evaluate the manuscripts. The process will be blind review.

Decisions will be made as rapidly as possible, and the journal strives to return reviewers' comments to authors as fast as possible. The editorial board will re-review manuscripts that are accepted pending revision. It is the goal of the JCMR to publish manuscripts within weeks after submission.

## Regular articles

All portions of the manuscript must be typed **double-spaced** and all pages numbered starting from the title page.

The **Title** should be a brief phrase describing the contents of the paper. The Title Page should include the authors' full names and affiliations, the name of the corresponding author along with phone, fax and E-mail information. Present addresses of authors should appear as a footnote.

The **Abstract** should be informative and completely self-explanatory, briefly present the topic, state the scope of the experiments, indicate significant data, and point out major findings and conclusions. The Abstract should be 100 to 200 words in length.. Complete sentences, active verbs, and the third person should be used, and the abstract should be written in the past tense. Standard nomenclature should be used and abbreviations should be avoided. No literature should be cited.

Following the abstract, about 3 to 10 **key words** that will provide indexing references should be listed.

A list of non-standard **Abbreviations** should be added. In general, non-standard abbreviations should be used only when the full term is very long and used often. Each abbreviation should be spelled out and introduced in parentheses the first time it is used in the text. Only recommended SI units should be used. Authors should use the solidus presentation (mg/ml). Standard abbreviations (such as ATP and DNA) need not be defined.

The **Introduction** should provide a clear statement of the problem, the relevant literature on the subject, and the proposed approach or solution. It should be understandable to colleagues from a broad range of scientific disciplines.

**Materials and methods** should be complete enough to allow experiments to be reproduced. However, only truly new procedures should be described in detail; previously published procedures should be cited, and important modifications of published procedures should be mentioned briefly. Capitalize trade names and include the manufacturer's name and address. Subheadings should be used. Methods in general use need not be described in detail.

**Results** should be presented with clarity and precision. The results should be written in the past tense when describing findings in the authors' experiments. Previously published findings should be written in the present tense. Results should be explained, but largely without referring to the literature. Discussion, speculation and detailed interpretation of data should not be included in the Results but should be put into the Discussion section.

The **Discussion** should interpret the findings in view of the results obtained in this and in past studies on this topic. State the conclusions in a few sentences at the end of the paper. The Results and Discussion sections can include subheadings, and when appropriate, both sections can be combined.

The **Acknowledgments** of people, grants, funds, etc should be brief.

**Tables** should be kept to a minimum and be designed to be as simple as possible. Tables are to be typed double-spaced throughout, including headings and footnotes. Each table should be on a separate page, numbered consecutively in Arabic numerals and supplied with a heading and a legend. Tables should be self-explanatory without reference to the text. The details of the methods used in the experiments should preferably be described in the legend instead of in the text. The same data should not be presented in both table and graph form or repeated in the text.

**Figure legends** should be typed in numerical order on a separate sheet. Graphics should be prepared using applications capable of generating high resolution GIF, TIFF, JPEG or Powerpoint before pasting in the Microsoft Word manuscript file. Tables should be prepared in Microsoft Word. Use Arabic numerals to designate figures and upper case letters for their parts (Figure 1). Begin each legend with a title and include sufficient description so that the figure is understandable without reading the text of the manuscript. Information given in legends should not be repeated in the text.

**References:** In the text, a reference identified by means of an author's name should be followed by the date of the reference in parentheses. When there are more than two authors, only the first author's name should be mentioned, followed by 'et al'. In the event that an author cited has had two or more works published during the same year, the reference, both in the text and in the reference list, should be identified by a lower case letter like 'a' and 'b' after the date to distinguish the works.

Examples:

Nishimura (2000), Agindotan et al. (2003), (Kelebeni, 1983), (Usman and Smith, 2001), (Chege, 1998; Stein, 1987a,b; Tijani, 1993,1995), (Kumasi et al., 2001)

References should be listed at the end of the paper in alphabetical order. Articles in preparation or articles submitted for publication, unpublished observations, personal communications, etc. should not be included in the reference list but should only be mentioned in the article text (e.g., A. Kingori, University of Nairobi, Kenya, personal communication). Journal names are abbreviated according to Chemical Abstracts. Authors are fully responsible for the accuracy of the references.

Examples:

Giesielski SD, Seed TR, Ortiz JC, Melts J (2001). Intestinal parasites among North Carolina migrant farm workers. *Am. J. Public Health.* 82: 1258-1262

Stoy N, Mackay GM, Forrest CM, Christofides J, Egerton M, Stone TW, Darlington LG (2005). Tryptophan metabolism and oxidative stress in patients with Huntington's disease. *N. J. Neurochem.* 93: 611-623.

Mussel RL, De Sa Silva E, Costa AM, Mandarim-De-Lacerda CA (2003). Mast cells in tissue response to dentistry materials: an adhesive resin, a calcium hydroxide and a glass ionomer cement. *J. Cell. Mol. Med.* 7:171-178.

Booth M, Bundy DA, Albonico P, Chwaya M, Alawi K (1998). Associations among multiple geohelminth infections in school children from Pemba Island. *Parasitol.* 116: 85-93.0.

Fransiscus RG, Long JC, (1991). Variation in human nasal height and breath, *Am. J. Phys. Anthropol.* 85(4):419-427.

Stanislawski L, Lefeuvre M, Bourd K, Soheili-Majd E, Goldberg M, Perianin A (2003). TEGDMA-induced toxicity in human fibroblasts is associated with early and drastic glutathione depletion with subsequent production of oxygen reactive species. *J. Biomed. Res.* 66:476-82.

### Case Studies

Case Studies include original case reports that will deepen the understanding of general medical knowledge

The **Title** should be a brief phrase describing the contents of the paper. The Title Page should include the authors' full names and affiliations, the name of the corresponding author along with phone, fax and E-mail information. Present addresses of authors should appear as a footnote.

The **Abstract** should be informative and completely self-explanatory, briefly present the topic, state the scope of the experiments, indicate significant data, and point out major findings and conclusions. The Abstract should be 100 to 200 words in length. Complete sentences, active verbs, and the third person should be used, and the abstract should be written in the past tense. Standard nomenclature should be used and abbreviations should be avoided. No literature should be cited.

Following the abstract, about 3 to 10 **key words** that will provide indexing references should be listed.

A list of non-standard **Abbreviations** should be added. In general, non-standard abbreviations should be used only when the full term is very long and used often. Each abbreviation should be spelled out and introduced in parentheses the first time it is used in the text. Only recommended SI units should be used. Authors should use the solidus presentation (mg/ml).

The **Introduction** should provide a clear statement of the problem, the relevant literature on the subject, and the proposed approach or solution. It should be understandable to colleagues from a broad range of scientific disciplines.

The presentation of the case study should include the important information regarding the case. This must include the medical history, demographics, symptoms, tests etc. Kindly note that all information that will lead to the identification of the particular patient(s) must be excluded.

The conclusion should highlight the contribution of the study and its relevance in general medical knowledge

The **Acknowledgments** of people, grants, funds, etc should be brief.

**References:** Same as in regular articles

### Short Communications

Short Communications are limited to a maximum of two figures and one table. They should present a complete study that is more limited in scope than is found in full-length papers. The items of manuscript preparation listed above apply to Short Communications with the following differences: (1) Abstracts are limited to 100 words; (2) instead of a separate Materials and Methods section, experimental procedures may be incorporated into Figure Legends and Table footnotes; (3) Results and Discussion should be combined into a single section.

**Proofs and Reprints:** Electronic proofs will be sent (e-mail attachment) to the corresponding author as a PDF file. Page proofs are considered to be the final version of the manuscript. With the exception of typographical or minor clerical errors, no changes will be made in the manuscript at the proof stage. Because IJMMS will be published freely online to attract a wide audience), authors will have free electronic access to the full text (in both HTML and PDF) of the article. Authors can freely download the PDF file from which they can print unlimited copies of their articles.

**Fees and Charges:** Authors are required to pay a \$550 handling fee. Publication of an article in the Journal of Clinical Medicine and Research is not contingent upon the author's ability to pay the charges. Neither is acceptance to pay the handling fee a guarantee that the paper will be accepted for publication. Authors may still request (in advance) that the editorial office waive some of the handling fee under special circumstances.

**Copyright: © 2013, Academic Journals.**

All rights Reserved. In accessing this journal, you agree that you will access the contents for your own personal use but not for any commercial use. Any use and or copies of this Journal in whole or in part must include the customary bibliographic citation, including author attribution, date and article title.

Submission of a manuscript implies: that the work described has not been published before (except in the form of an abstract or as part of a published lecture, or thesis) that it is not under consideration for publication elsewhere; that if and when the manuscript is accepted for publication, the authors agree to automatic transfer of the copyright to the publisher.

#### **Disclaimer of Warranties**

In no event shall Academic Journals be liable for any special, incidental, indirect, or consequential damages of any kind arising out of or in connection with the use of the articles or other material derived from the JCMR, whether or not advised of the possibility of damage, and on any theory of liability.

This publication is provided "as is" without warranty of any kind, either expressed or implied, including, but not limited to, the implied warranties of merchantability, fitness for a particular purpose, or non-infringement. Descriptions of, or references to, products or publications does not imply endorsement of that product or publication.

While every effort is made by Academic Journals to see that no inaccurate or misleading data, opinion or statements appear in this publication, they wish to make it clear that the data and opinions appearing in the articles and advertisements herein are the responsibility of the contributor or advertiser concerned. Academic Journals makes no warranty of any kind, either express or implied, regarding the quality, accuracy, availability, or validity of the data or information in this publication or of any other publication to which it may be linked.

# Journal of Clinical Medicine and Research

Table of Content: Volume 5 Number 1 January 2012

## ARTICLES

### Research Articles

- Recovery of sertoli cells by *Allium cepa* in *Toxoplasma gondii* infected rats** 1  
Arash Khaki, Elham Ghadamkheir, Elaheh Ouladsahebmadarek, Amir Hagighi,  
Shahin Ahmadi
- Effect of water-depth on the antidepressant-like actions of furosemide** 5  
S. E. Orirafo and E. K. Omogbai



*Full Length Research Paper*

## Recovery of sertoli cells by *Allium cepa* in *Toxoplasma gondii* infected rats

Arash Khaki<sup>1</sup>, Elham Ghadamkheir<sup>\*2</sup>, Elaheh Ouladsahebmadarek<sup>1</sup>, Amir Hagighi<sup>3</sup>,  
Shahin Ahmadi<sup>1</sup>.

<sup>1</sup>Women's Reproductive Health Research Center, Tabriz University of Medical Sciences, Tabriz, Iran.

<sup>2</sup>Faculty of Medicine Tabriz Branch, Islamic Azad University, Tabriz, Iran.

<sup>3</sup>Department Of Radiology And Nuclear Medicine Keck School of Medicine UNIVERSITY OF Southern California Los Angeles, California –USA.

Accepted 10 July, 2012

*Toxoplasma gondii* is a protozoan parasite that is globally widespread and it affects men and animals. We investigated the effect of allium cepa (onion juice) on sperm parameters, testosterone level in male rats was experimentally infected by *T. gondii*. Wistar male rats (n=40) were allocated into four groups: control group (n=10), T<sub>1</sub> group that received tachyzoites of *T. gondii* (n=10), T<sub>2</sub> group that received tachyzoites of *T. gondii* plus fresh onion juice 1cc per rat daily by gavages method (n=10), and T3 group which received fresh onion juice 1cc per rat daily by gavage method (n=10). 30 days after inducing toxoplasma, 5cc blood were collected for measuring testosterone. Testes tissues of rats in all groups were removed; then, they were prepared for sertoli cells analysis. Serum total testosterone and sertoli were significantly decreased in groups that were infected with *T. gondii*, in comparison to control and onion groups. Moreover, comparing to control group (p<0.05), testes weights in toxoplasma group were drastically decreased. Since, in our study, *T.gondii* had grave effect on serum total testosterone, and because of applying fresh onion juice led to removing this harmful effect, it is suggested that eating of onion is useful in infected men.

**Key words:** *Allium cepa*, testes, testosterone, *Toxoplasma gondii*.

### INTRODUCTION

Toxoplasmosis is a parasitic disease caused by the protozoan *Toxoplasma gondii* (Ryan and Ray, 2004). The parasite affects most genera of warm-blooded animals, including humans, but the primary host is the felid (cat) family. Although, cats are often blamed for spreading toxoplasmosis, contacting with raw meat is a more significant source of human infections in many countries, and fecal contamination of hands is a greater risk factor (Torda, 2001). Up to one third of the world's human population is estimated to carry a *Toxoplasma* infection (Montoya and Liesenfeld, 2004). The centers for disease control and prevention noted that the overall seropreva-

lence in the United States, as determined with specimens collected by the National Health and Nutritional Examination Survey (NHANES) between 1999 and 2004, was found to be 10.8%, with 11% seroprevalence among women of childbearing age (15 to 44 years) (Jones et al., 2007).

Several conditions can interfere with spermatogenesis and reduce sperm quality and production. Factors such as drug treatment, chemotherapy, toxins, infections, air pollutions, insufficient vitamins intake, and parasites like *T. gondii* tachyzoites, have harmful effects on spermatogenesis and sperm's normal production (Mosher and Pratt, 1991; Santana et al., 2010). Several studies have reported that antioxidants and vitamins A, B, C, and E can protect sperm's DNA from free radicals, and also, increase barrier stability of blood testis (Jedlinska-

\*Corresponding author. E-mail: arashkhaki@yahoo.com.

**Table 1.** The effect of 1cc fresh onion juice /rat on sperm parameters, testosterone, apoptosis, and testis weight of control and *T. gondii* groups.

Groups	Control	1cc fresh onion juice /rat	<i>T. gondii</i>	<i>T. gondii</i> plus,1cc fresh onion juice /rat
Testis (g)	1.39 0.55	1.38 0.54	1 0.55*	1.20 0.55
Sertoli cells apoptosis	50.11 0.11	61.22 0.33*	40.01 0.55*	44.33 4.43*
Testosterone (ng/ml)	1.22 0.11	2.46 0.11*	0.87 0.11*	1 0.11

(g=gram, ng=nanogram, ml=milliliter). Data are presented as mean  $\pm$  SEM. \*Significant difference at  $p < 0.05$  level, (compared with control group).

krakowska et al., 2006). Evidence suggests that *Allium cepa* (onion juice) has antioxidative and androgenic other important molecules from oxidation and damage, improve sperm quality, and consequently, increase fertility rate in men (Yang et al., 2006). Therefore, the role of nutritional and biochemical factors in reproduction and sub-fertility treatment is very important. The present study was planned to assess the ability of *A. cepa* to promote sertoli cells parameters and testosterone concentration in *T. gondii* infected rats. The results obtained will provide further insights into appropriate treatment of infertile male patients using herbals to improve spermatogenesis.

## MATERIALS AND METHODS

### Preparation of onion juice

The underground yellowish-white bulbs of *A. cepa* (onion) were collected in August 2007 from Ilkhchi in the province of East Azerbaijan-Iran. Before the experiments, the skin was removed and fresh juice of onions was prepared using a Tefal fruit juice extracting machine.

### Analysis of onion juice

The onion juice was tested to determine flavonoids using the Shinoda test (Yousef, 2005). Qualitative thin-layer chromatography (TLC) was employed for determining quercetin as a main flavonoid in onion. For TLC, 10 mL of fresh onion juice were dried in a vacuum and the resulting residue dissolved in 1 mL of methanol. 20 mL of methanolic solution were spotted on a silica gel plate (10 x 20 cm, silica gel 60 GF254, Merck, Darmstadt, Germany) with a solvent system of EtOAc/MeOH (80:20). Quercetin, Sigma chemical Co. (St. Louis, MO, USA), was used as a control. After developing and drying, the TLC plate was sprayed with a 2% AlCl<sub>3</sub> solution in methanol. Quercetin in the onion samples appeared as a yellow spot at  $R_F = 0.6$ . Separation of quercetin was performed with further purification by preparative TLC on silica gel; quantitative determination of quercetin carried out on a Model 2100 Spectrophotometer (Shimadzu, Japan) in 370 nm comparing to a pure quercetin standard curve. The amount of quercetin in fresh onion was found to be 12 mg/100 g (Khaki et al., 2009).

### *T. gondii* infection

*T. gondii* strain RH was maintained by passage in mice every 2 days. Tachyzoites were collected from the peritoneal cavity of infected mice and used to inoculate rats. The rats were intraperitoneally injected with 10<sup>7</sup> tachyzoites of *T. gondii* at the Department of Veterinary Pathology, Islamic Azad University, Tabriz Branch-Iran (Berdoy et al., 2000).

effects in rats, and can promote spermatogenesis cycle (Khaki et al., 2009). Antioxidants protect DNA and

### Experimental animals

Adult Wistar albino male rats (n=40) were included in the present study. The rats were 8 weeks old and weighing 250 $\pm$ 10 g. They were obtained from animal facility of Pasture Institute of Iran. Male rats were housed in rooms with controlled temperature (25°C), constant humidity (40-70%), and 12h/12h light/ dark cycles prior to experimental protocols. All animals were treated in accordance with the Principles of Laboratory Animal Care[NIH]. All rats were fed with a standard diet and water. The daily intake of water was monitored at least one week prior to the start of treatments in order to determine the amount of water needed for very experimental animal. Thereafter, the rats were randomly divided into control (n=10) and experimental (n=30) groups. The control group just received 4cc distilled water daily. However, the experimental infected rats (n =20) were split into two infected *T. gondii* groups; one of these groups was *T. gondii* test group (n=10) and the other was *T. gondii* group (n=10) received 1cc of fresh onion juice daily. The fourth experimental group (n=10) received 1cc of fresh onion juice daily (Khaki et al., 2009) this group was onion test group. At the end of the study, the rats were killed by carbon dioxide.

### Surgical procedure

In the thirtieth day, the Pentobarbital sodium (40 mg/kg) was administered intra peritoneal for anesthesia, and the peritoneal cavity was opened through a lower transverse abdominal incision. Then, testis in control and experimental groups was immediately removed. The weights of testis in each group were registered. The animals were decapitated between 9:00 AM and 11:00 AM, and blood samples were obtained. Blood samples were centrifuged at 4°C for 10 min at 250 g, and the serum obtained was stored at -20°C until the time it was assayed.

### Statistical analysis

To compare data in control and experimental groups, ANOVA test was applied. The results were expressed as mean  $\pm$  S.E.M (standard error of measurements). Significant differences are written in parentheses.

## RESULTS

### Weight of individual male testis

The obtained results in this study are illustrated in Table 1. There was significant difference in testes weights

between *T. gondii* groups, as compared to the other groups ( $p < 0.05$ ).

### Results of testosterone levels

Levels of testosterone were significantly increased in fresh onion juice group comparing to control and *T. gondii* groups ( $p < 0.05$ ). This result is higher in infected rats with *T. gondii* that received 1cc fresh onion juice, as compared to *T. gondii* group.

## DISCUSSION

*T. gondii* infection is associated with a wide spectrum of clinical pictures in men. Onion and garlic contain a wide variety of phytochemicals and micro constituents, such as trace elements, vitamins, fructans, flavonoids and sulphur compounds, which may have a protective effect against free radicals. The present results clearly indicate that *A. cepa* (onion) has a good effect on spermatogenesis in rats. Our results showed that administration of onion juice (1 g/rat/day) for 20 consecutive days caused a marked increase in sperm number, viability, and mobility, as compared to respective controls; this agrees with our previous research (Khaki et al., 2009). These effects could be related to vitamins, vitamin C, and flavonoids of onion such as quercetin. Oxidative damage was ascertained by measuring malondialdehyde levels, reactive oxygen species (ROS) generation, alterations in antioxidant defences, and the extent of protein oxidation. Quercetin, an important flavonoid, has a beneficial effect on health due to its antioxidant function. Studies on the effect of quercetin on oxidative damage in cultured chicken spermatogonial cells showed that quercetin has no deleterious effect on spermatogonial cells at doses of 1 and 10 mg/mL. Quercetin (1 mg/mL) increased the number of spermatogonial cells and decreased the mortality of Aroclor-induced oxidative damage. In this study, the effect of quercetin on serum MDA was determined, but the results indicated no obvious effect of quercetin on MDA production (Mi and Zhang, 2005; Mi et al., 2007). In the present study, *T. gondii* significantly reduced sperm amount and mobility; on the other hand, our research showed that onion fresh juice can enhance both the number of sperm and mobility in group of animals infected with *T. gondii*. These results are in agreement with other finding. They showed that *Toxoplasma* infection was related to infertility, so it was possibly related to the antisperm antibodies being involved in the pathogenesis of infertility (Zhou et al., 2002; Aral et al., 2011). In their study regarding to mice, Sun et al. (2008) reached to the same results. These researchers found out that acute *T. gondii* infection affects the reproductive function of male mice.

*T. gondii* infections have the ability to change the behavior of rats and mice, making them drawn to, rather than fearful of, the scent of cats. This effect is advantageous to the parasite, which will be able to sexually reproduce if its host is eaten by a cat (Berday et al., 2000). The infection is highly precise, as it does not affect a rat's other fears such as the fear of open spaces or of unfamiliar smells. Studies have also shown behavioral changes in humans, including slower reaction times and a six fold increased risk of traffic accidents among infected males (Flegr et al., 2002), as well as links to schizophrenia, such as hallucinations and reckless behavior.

## Conclusion

In our study, *T. gondii* had a significant effect on sperm parameters and serum total testosterone. On the other hand, freshly prepared onion juice significantly affected the sperm number, percentage of viability, and mobility. Onion juice can both reduce and treat this malevolent effect, so it is suggested that eating of onion is useful in infected men.

## Acknowledgment

Many Thanks for Women's Reproductive Health Research Center, Tabriz University of Medical Sciences about its financial support. This paper was written according Elham ghadmkheir M.D degree thesis.

## REFERENCES

- Aral Akarsu G, Elhan HA, Akarsu C (2011). Retrospective evaluation of *Toxoplasma gondii* seropositivity in fertile and infertile women. *Mikrobiyol. Bul.* 45(1):174-80.
- Berday M, Webster JP, Macdonald DW (2000). Fatal attraction in rats infected with *Toxoplasma gondii*. *Proc. Biol. Sci.* 267(1452):1591-1594.
- Flegr J, Havlíček J, Kodym P, Malý M, Šmahel Z (2002). Increased risk of traffic accidents in subjects with latent toxoplasmosis: A retrospective case-control study. *BMC Infect. Dis.* 2:11.
- Jedlińska-Krakowska M, Bomba G, Jakubowski K, Rotkiewicz T, Jana B, Penkowski A (2006). Impact of oxidative stress and supplementation with vitamins E and C on testes morphology in rats. *J. Reprod. Dev.* 52:203-209.
- Jones JL, Kruszon-Moran D, Sanders-Lewis K, Wilson M (2007). *Toxoplasma gondii* infection in the United States, 1999-2004, decline from the prior decade. *Am. J. Trop. Med. Hyg.* 77(3):405-410.
- Khaki A, Fathiazad F, Nouri M, Khaki AA, Khamenehi HJ, Hamadeh M (2009). Evaluation of androgenic activity of *Allium cepa* on spermatogenesis in the rat. *Folia Morphol (Warsz)*. 68(1):45-51.
- Mi Y, Zhang C (2005). Protective effect of quercetin on Aroclor 1254-induced oxidative damage in cultured chicken spermatogonial cells. *Toxicol. Sci.* 88:545-550.
- Mi Y, Zhang C, Taya K (2007). Quercetin protects spermatogonial cells from 2,4-d-induced oxidative damage in embryonic chickens. *J. Reprod. Dev.* 53:749-754.
- Montoya J, Liesenfeld O (2004). Toxoplasmosis. *Lancet.* 363(9425):1965-1976.

- Mosher WD, Pratt WF (1991). Fecundity and infertility in the United States: Incidence and trends. *J. Fertil. Steril.* 56:192–193.
- Ryan KJ, Ray CG (2004). *Sherris Medical Microbiology*(4th ed.). McGraw Hill Inc., New York pp. 723–727.
- Santana LF, Costa AJ, Pieroni J, Lopes WD, Santos RS, Oliveira GP, Mendonça RP, Sakamoto CA (2010). Detection of *Toxoplasma gondii* in the reproductive system of male goats. *Rev. Bras. Parasitol. Vet.* 19(3):179-182.
- Sun LH, Fan F, Wang JJ, Gong J (2008). Acute *Toxoplasma gondii* infection affects the reproductive function of male mice. *Zhonghua. Nan. Ke. Xue.* 14(1):55-57.
- Torda A (2001). Toxoplasmosis. Are cats really the source? *Aust. Fam. Phys.* 30(8):743–747.
- Yang HS, Han DK, Kim JR, Sim JC (2006). Effects of alpha-tocopherol on cadmium-induced toxicity in rat testis and spermatogenesis. *J. Korean Med. Sci.* 21:445–451.
- Yousef MI (2005). Protective effect of ascorbic acid to enhance reproductive performance of male rabbits treated with stannous chloride. *Toxicol.* 207:81–89.
- Zhou YH, Lu YJ, Wang RB, Song LM, Shi F, Gao QF, Luo YF, Gu XF, Wang P (2002). Survey of infection of *Toxoplasma gondii* in infertile couples in Suzhou countryside. *Zhonghua. Nan. Ke. Xue.* 8(5):350-352.

*Full Length Research Paper*

# Effect of water-depth on the antidepressant-like actions of furosemide

S. E. Oriaifo<sup>1\*</sup> and E. K. Omogbai<sup>2</sup>

<sup>1</sup>Department of Pharmacology, College of Medicine, Ambrose Ali University, Ekpoma, Edo State, Nigeria.

<sup>2</sup>Department of Pharmacology, University of Benin, Benin City, Edo State, Nigeria.

Accepted 19 November, 2012

Increase in water-depth increases the sensitivity of the forced swim test (FST) and it was deemed necessary to investigate the antidepressant-like activities of furosemide, bumetanide and nifedipine vis-à-vis the currently used antidepressants, imipramine and sertraline at different water-depths. Groups of mice with six mice each were divided into two batches of 10 groups for the experiments at the different water-depths of 15 and 30 cm in labelled plastic cages for (a) two control groups for treatment with 0.25 ml of 10% Tween 80; (b) two furosemide groups for treatment with 100 mg/kg of furosemide; (c) two bumetanide groups for treatment with 75 mg/kg of bumetanide; (d) two nifedipine groups for treatment with 5 mg/kg of nifedipine; (e) two imipramine groups for treatment with 10 mg/kg of imipramine; (f) two sertraline groups for treatment with 5 mg/kg of sertraline. Injections were administered intraperitoneally (i.p). 60 min elapsed before the test of immobility was carried out at the different water depths of 15 and 30 cm. The drug combinations furosemide + nifedipine, furosemide + imipramine and furosemide + sertraline were also tested at the 15 and 30 cm water-depths and also compared to controls. The five agents and the drug combinations caused significant responses in the delay or prolongation of the period of immobility over control values and over values obtained at the 15 cm water-depth ( $P < 0.05$ ;  $< 0.005$ ). Post-hoc Student-Newman-Keuls (SNK) test showed that while imipramine produced the most significant response at the 15 cm water-depth, furosemide produced the most significant response at the 30 cm water-depth. In summary, the antidepressant-like response of furosemide is enhanced significantly by increase of water-depth above that of the other agents.

**Key words:** Furosemide, bumetanide, nifedipine, imipramine, sertraline, water-depth, antidepressant.

## INTRODUCTION

Oxidants such as superoxide, hydroxyl radicals and lipid hydroperoxides (that is, reactive oxygen species (ROS)

are now realized as signalling molecules under subtoxic conditions; stimulating signal transduction such as  $Ca^{2+}$  and protein phosphorylation (Suzuki et al., 1997) and ROS may be second messengers for apoptosis. Exercise can cause an imbalance between reactive oxygen species (ROS) and antioxidants (Belviranlı and Gokbel, 2006) which is referred to as oxidative stress. Increase in water-depth increases oxidative stress which is defined as an imbalance in the pro-oxidant/anti-oxidant ratio, which favours increased pro-oxidants and results in oxidative damage (Downs et al., 2002). Also, swimming has been shown to significantly induce lipid peroxidation and decrease glutathione levels in the brain of mice (Singh et al., 2002), and natural and synthetic antioxidant treatments are shown to increase levels of superoxide dismutase (SOD) and catalase (CAT) in the forebrain and to significantly reduce the period of immobility in the

\*Corresponding author. E-mail: [stephenoriaifo@yahoo.com](mailto:stephenoriaifo@yahoo.com).

**Abbreviations:** ROS, Reactive oxygen species; SOD, superoxide dismutase; CAT, catalase; MAPK, mitogen-activated protein kinase; ERK, extra-cellular signal-regulated kinase; BDNF, brain-derived neurotrophic factor; SSRI, selective serotonin reuptake inhibitors; CCB, calcium channel blockers; TCA, tricyclic antidepressants; OSRK1, oxidative-stress response kinase 1; CREB, cAMP, response element binding protein; NKCC1, isoform 1 of the sodium-potassium-chloride cotransporter; KCC2, isoform 2 of the potassium-chloride cotransporter; FST, forced swim test; SEM, standard error of mean.

forced swim test.

Abel (1993, 1994a, b) found increase in lactate, glucose, potassium, phosphorus/potassium ratio and metabolic acidosis at increased water-depths and that immobility times correlated significantly with these parameters but not with the levels of corticosterone. Acidosis enhances the formation of ROS which can also trigger mitogen-activated protein kinase (MAPK) phosphorylation, the disruption of  $\text{Ca}^{2+}$  homeostasis (Manzl et al., 2004) and inhibition of extra-cellular signal-regulated kinase (ERK) 1/2 phosphorylation, leading to necrotic cell death (Riemann et al., 2011).

Apoptosis has been proposed as a contributing cellular mechanism to the structural alteration that have been observed in stress-related mood disorders, and studies have indicated anti-apoptotic or even neurogenic effects of selective serotonin reuptake inhibitors (SSRIs) and other antidepressants through their favourable effects in inducing the growth factor, brain-derived neurotrophic factor (BDNF) and increasing B-cell lymphoma protein-2/B-cell lymphoma-associated protein X (Bcl-2/Bax) balance (Kosten et al., 2008).

Through their scavenging of ROS and protective action against oxidative stress-induced neuronal cell death (Kim et al., 2010; Garcia et al., 2009), antioxidants could also be termed anti-apoptotics. Imipramine, a tricyclic antidepressant (TCA), by increasing SOD and CAT, promote antioxidant activities in the hippocampus and prefrontal cortex (Reus et al., 2010) and prevents apoptosis (Peng et al., 2008) though Xia et al. (1999) had found that imipramine could activate apoptosis. Sertraline possesses antioxidant activity (Kumar and Kumar, 2009) but may induce apoptosis like other SSRIs (Leukovitz et al., 2005; Taler et al., 2008) at high doses. Nifedipine can induce apoptosis through interaction with an as yet uncharacterized functional site other than a calcium channel blocker (Kondo et al., 1995) but Rabkin and Kong (2000) reported that nifedipine prevented apoptosis by reducing DNA fragmentation produced by increased ( $\text{Ca}^{2+}$ ).

Nifedipine has antioxidant properties (Godfraind, 2005). Bumetanide has effect against apoptosis (Marklund et al., 2001) and may possess antioxidant effects (Geng et al., 2009) by down-regulating the in-wardly directing sodium-potassium-chloride cotransporter (NKCC1) like furosemide and thereby attenuating the effects of the oxidative stress response kinase 1 (OSRK1) in activating NKCC1, an effect for which ROS may be second messenger (Pombo et al., 1997). Furosemide has a potent free radical scavenging effect *in vitro* and significant antioxidant status *in vivo* (Lahet et al., 2003; Hamelink et al., 2005).

Furosemide is a Bax blocker (Lin et al., 2005) and has overlapping role with Bcl-2 (Wang et al., 2007), attributes which enhance antiapoptotic effects. In mood disorders, there is decrease in antioxidant enzymes (Ranjekar et al., 2003) and lower superoxide dismutase, catalase,

glutathione S transferase, glutathione reductase and glutathione levels than normals (Zafir et al., 2009), a situation that is reversed by antidepressants such as imipramine (TCA) and sertraline (SSRI) that have antioxidant actions. Zafir et al. (2009) postulated that the augmentation of *in vivo* antioxidant defenses could serve as a convergence point for multiple classes of antidepressants and as an important mechanism underlying the neuroprotective effect of these drugs observed clinically. Agents that also possess significant antiapoptotic actions such as furosemide may be more potent against neurodegeneration occasioned by oxidative stress.

Oriaifo and Omogbai (2010) have shown that furosemide, bumetanide and nifedipine have significant anti-depressant-like activity in the FST model of depression. The down-stream actions of antidepressants in enhancing neuroplasticity and cell resilience may be more important than their upstream effects on monoamine transporters (Krishnan and Nestler, 2010).

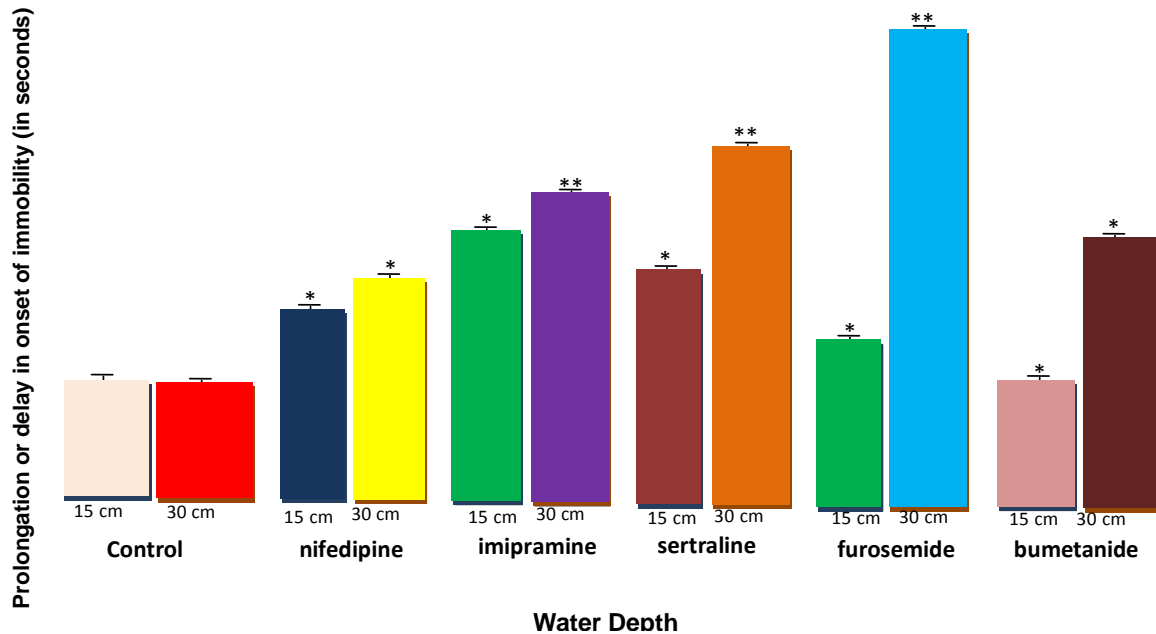
The aim of the study was to evaluate the effects of two different water depths on the delay or prolongation of onset of immobility induced by furosemide, bumetanide, nifedipine, imipramine and sertraline. Increasing the water-depths has been shown to increase the sensitivity of antidepressant agents (Cryan et al., 2002) probably due to the increased levels of anti-oxidants resulting from the increased production of reactive oxygen species at increased water-depths (Lesser et al., 1990; Higuchi et al., 2008).

## MATERIALS AND METHODS

Groups (six mice in each group) of male albino mice (25 to 35 g) were used in this study. They were allowed to acclimatize in the animal house in labelled plastic cages for two weeks. Animals were housed at room temperature of 25 to 27°C in a 12 h light/dark cycle. They were allowed food and water *ad libitum*. All drugs were supplied by Sigma-Aldrich through Rovet Chemicals, Benin City, Nigeria. All the drugs were dissolved in 10% Tween 80 in distilled water because of furosemide's solubility. The mice were injected intraperitoneally (i.p.). The doses of drugs were chosen from previous studies (Eraly et al., 2006; Luszczki et al., 2003; Cryan et al., 2004; Kosuda et al., 1997; Hesdorffer et al., 2001; Mogilnicka et al., 1987).

### Drug studies with the forced swimming test

Male albino mice, after acclimatisation and care in the departmental laboratory, were transported to the sound-proof testing area in their own labelled cages. They were allowed to adapt for one hour before the intraperitoneal injections after which there was a wait period of 60 min before the tests of immobility. A batch of mice of six in each group were forced to swim for four minutes in a vertical glass cylinder of height 27 cm, diameter 16.5 cm and containing fresh tap water to a depth of 15 cm (Abel, 1994) at 27°C. Another batch of mice also of 6 in each group were forced to swim for four minutes in another vertical glass cylinder of height 46 cm, diameter 20 cm containing fresh tap water to a depth of 30 cm at 27°C. A



**Figure 1.** Effect of water-depth on the anti-depressant-like action of nifedipine, imipramine, sertraline, furosemide and bumetanide in prolongation of the onset of immobility of mice in the FST. The five agents significantly ( $P^* < 0.05$ ;  $P^{**} < 0.005$ ) caused prolongation of onset of immobility with furosemide producing the greatest effect at the 30 cm depth ( $n = 6/\text{group}$ ).

behavioural model of immobility first postulated by Porsolt et al., (1977) and named the behavioural despair model, was used. In this model, mice are forced to swim in a restricted space from which escape is not possible. Following an initial period of vigorous activity, the mice become helpless and adopt a characteristic immobile posture with no further attempt to engage in escape-related behaviour; and this reflects a state of despair or lowered mood. The period of on-set of immobility is timed by an observer unaware of the drug given and recorded. In this experiment, same doses of drugs were given intraperitoneally (i.p) to identical groups in batches of mice as follows:

#### Drug administration

- A - Control; 0.25 ml of Tween 80
- B - Furosemide; 100 mg/kg
- C - Bumetanide; 75 mg/kg
- D - Nifedipine; 5 mg/kg
- E - Imipramine; 10 mg/kg
- F - Sertraline; 5 mg/kg
- G - Furosemide + Nifedipine; (100 + 5) mg/kg
- H - Furosemide + Imipramine; (100 + 10) mg/kg
- I - Furosemide + Sertraline; (100 + 5) mg/kg

One hour elapsed before the test of immobility was carried out using the FST model of depression. The effects of the drug combinations furosemide + nifedipine, furosemide + imipramine and furosemide + sertraline were also studied acutely at the 15 and 30 cm water-depths.

#### Statistical analysis

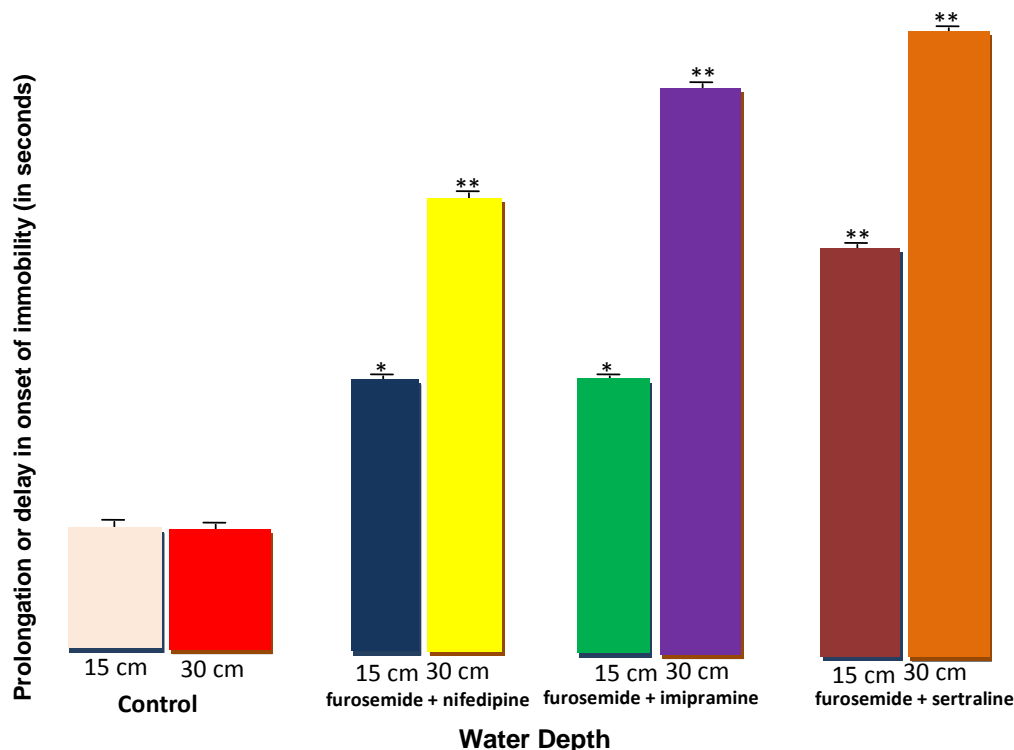
Two-factor analysis of variance was used to determine level of

significance of the treatment groups and at the different water-depths supplemented with the t-test for two groups. Result was considered significant at  $P < 0.05$ ,  $< 0.005$ . The Student-Newman-Keul's (SNK) test was used as *post-hoc* test.

## RESULTS

At the 15 cm water-depth (Figure 1), mean value for controls for the period of onset of immobility (Aburawi et al., 2007) was  $43.75 \pm 1.04$  s;  $70.86 \pm 0.05$  s for the nifedipine group;  $84.43 \pm 1.13$  s for the imipramine group;  $75.30 \pm 1.20$  s for the sertraline group;  $63.78 \pm 1.08$  s for the furosemide group and  $54.70 \pm 4.06$  s for the bumetanide group. The values for the drug agents were significantly different from control values at  $P < 0.05$ . At the 30 cm water-depth (Figure 1), mean value for controls for the period of onset of immobility was  $43.75 \pm 1.04$  s;  $74.90 \pm 1.23$  s for the nifedipine group;  $104.78 \pm 3.30$  s for the imipramine group;  $116.65 \pm 2.00$  s for the sertraline group;  $176.93 \pm 3.68$  s for the furosemide group and  $82.27 \pm 0.90$  s for the bumetanide group. The values at the 30 cm water-depth were significantly different from those at the 15 cm water-depth ( $P < 0.005$ ).

At the 15 cm water-depth (Figure 2), mean value for controls for the period of onset of immobility was  $43.75 \pm 1.04$  s;  $79.04 \pm 1.02$  s for the furosemide + nifedipine group;  $79.25 \pm 1.19$  s for the furosemide + imipramine group;  $125.90 \pm 1.33$  s for the furosemide + sertraline group. At the 30 cm water-depth (Figure 2), mean value for controls for the period of onset of immobility was  $43.75 \pm 1.04$  s;  $150.24 \pm 4.32$  s for the furosemide +



**Figure 2.** Effect of water-depth on the prolongation of onset of immobility in the FST by the drug combinations furosemide + nifedipine, furosemide + imipramine and furosemide + sertraline. The drug combinations significantly ( $P^* < 0.05$ ;  $** < 0.005$ ) prolonged or delayed the onset of immobility with furosemide + sertraline combination producing the greatest effect. At the 30cm water-depth, furosemide enhanced the effect of imipramine in contrast to the antagonism at the 15cm water-depth when the combination did not achieve the value of imipramine as single drug ( $n = 6/\text{group}$ ).

nifedipine group;  $180.25 \pm 2.69$  s for the furosemide + imipramine group;  $195.20 \pm 4.53$  s for the furosemide + sertraline group. The values at 30 cm depth were significantly different from those at the 15 cm depth ( $P < 0.005$ ) and at this depth, the action of imipramine was enhanced by furosemide.

## DISCUSSION

Present results show that all the five agents reduced immobility significantly at the 15 cm water-depth ( $P < 0.05$ ) as we have already reported (Oriaifo and Omogbai, 2010), probably by their up-stream effects on monoamine transporters and down-stream effects on neuroplasticity and that imipramine produced the most significant response at the 15 cm water-depth; while furosemide produced the most significant response ( $P < 0.005$ ) at the increased water-depth of 30 cm. Abel (1994) and Detke and Lucki (1996) had found lower immobility scores with the greater water-depth and that immersion in water impacted negatively on the physiology of rodents. Our experimental results confirm their finding that immobility in the FST is further reduced when the water-depth increased probably due to increased activity of

anti-oxidants (Lesser et al., 1990).

Imipramine shows more efficacies in male mice (Kornstein et al., 2000; Raskin, 1974) and this may account for its producing the most significant response at 15 cm. There may be subtle differences in antioxidant/antiapoptotic status between imipramine and sertraline that may explain the greater potency of sertraline at the 30 cm water-depth.

The explanation for greater significant antidepressant-like action of furosemide and of the furosemide + sertraline combination above the other agents at the increased water-depth observed in the study may be that furosemide is able to correct the increase in the phosphorus/potassium ratio (Abel, 1993) due to its greater phosphaturic action more than bumetanide and the other agents studied. Also, furosemide's more potent antioxidant and antiapoptotic role may be important here. Reactive oxygen species and p38 mitogen-activated protein kinase activate Bax to induce mitochondrial cytochrome C release and apoptosis (Gomez-Lazaro et al., 2007), so the furosemide effect may be due to its greater dual function as antioxidant and Bax blocker and so reduce Bax/Bcl-2 ratio and enhance cell resilience and BDNF-ERK1/2-CREB-Bcl-2, signaling more than the other agents at the greater water-depth. The differential



pharmacodynamic and pharmacokinetic effects of the agents on the non-enzymatic oxidants such as vitamin A, E and C have not been reported, for this may partially account for the observations we are reporting. Acute administration of furosemide and imipramine gave enhanced actions at the 30 cm water-depth unlike what obtained at the 15 cm water-depth. This may be due to the damage to muscarinic acetylcholine receptors by increase in free radical generation at the 30 cm depth (Venkatesham et al., 2005) thereby and probably removing a source of antagonism between furosemide and imipramine.

Of the five agents studied in the experiment, only furosemide has a BDNF-mimetic action in down-regulating the neuron-specific cation chloride cotransporter, KCC<sub>2</sub> (Wardle and Poo, 2003) thereby inhibiting gamma-amino butyric acid (GABA) and this may also offer some explanations for the differences observed.

## Conclusion

At a water-depth of 30 cm, furosemide displayed a more significant antidepressant-like activity in prolonging the period of onset of immobility above that of imipramine, sertraline, nifedipine and bumetanide probably due to its greater dual action as antioxidant and anti-apoptotic.

## REFERENCES

- Abel EL (1993). Physiological effects of alarm chemosignal emitted during the forced swim test. *J. Chem. Ecol.* 19(12):2891-2901.
- Abel EL (1994a). Behavioural and physiological effects of different water-depths in the forced swim test. *Physiol. Behav.* 56(2):411-414.
- Abel EL (1994b). A further analysis of physiological changes in rats in the forced swim test. *Physiol. Behav.* 56(4):795-800.
- Aburawi SM, Al-Tubuly RA, Alghzewi EA, Gorash ZM (2007). Effects of calcium channel blockers on antidepressant action of alprazolam and imipramine. *Libyan Med. J. AOP*:070909.
- Belviranli M, Gokbel H (2006). Acute Exercise Induced Oxidative Stress and Antioxidant Changes. *Eur. J. Gen. Med.* 3(3):126-131.
- Cryan JF, Markou A, Lucki I (2002). Assessing antidepressant activity in rodents: recent developments and future needs. *Trend Pharmacol. Sci.* 23:238-245.
- Cryan J, O'Leary O, Jin S, Friedland J (2004). Norepinephrine-deficient mice lack responses to antidepressant drugs, including selective serotonin reuptake inhibitors. *PNAS* 101(21):8186-8191.
- Detke MT, Lucki I (1996). Detection of serotonergic and noradrenergic antidepressants in the forced swim test: the effects of water-depth. *Behav. Brain Res.* 73(1-2):43-46.
- Downs CA, Fauth JE, Halas JC, Dustan P, Bemiss J, Woodley CM (2002). Oxidative stress and seasonal coral bleaching. *Free Radic. Biol. Med.* 33(4):533-543.
- Eraly SA, Valon V, Vaughan D (2006). Decreased renal organic anion secretion and plasma accumulation of endogenous organic anions in OAT<sub>1</sub>-knockout mice. *Biol. Chem.* 281:5072-5082.
- Garcia A, Morales P, Aranz N, Delgado ME, Rafter J, Haza AL (2009). Antiapoptotic effects of dietary antioxidants towards N-nitrosopiperidine and N-nitrosodibutylamine-induced apoptosis in HL-60 and Hepg2 cells. *J. Appl. Toxicol.* 29(5):403-413.
- Geng Y, Hoke A, Delpire E (2009). The Ste20 kinases Ste20-related Proline-Alanine-Rich Kinase and Oxidative-Stress Response Kinase 1 regulate NKCC1 function in sensory neurons. *J. Biol. Chem.* 284:14020-14028; doi: 10.1074/jbc.m900142200.
- Godfraind T (2005). Antioxidant effects and the therapeutic mode of action of calcium channel blockers in hypertension and atherosclerosis. *Philos. Trans. R. Soc. Lond. B Biol. Sci.* 29. 360(1):464:2259-2272.
- Gomez-Lazaro M, Galindo MF, Melero-Fernandez de Mera RM (2007). Reactive oxygen species and p38 mitogen-activated protein kinase activate Bax to induce mitochondrial cytochrome C release and apoptosis in response to malonate. *Mol. Pharmacol.* 71(3):736-743.
- Hamelink C, Hampson A, Wink DA, Eiden LE, Eskay RL (2005). Comparison of cannabidiol, antioxidants and diuretics in reversing binge ethanol-induced neurotoxicity. *JPET* 314(2):780-788.
- Hesdorffer D, Stables JP, Hauser H, Annegers J, Cascino G, Sergievsky GH (2001). Are certain diuretics also anticonvulsants? *Ann. Neurol.* 50(4):458-462.
- Higuchi T, Fujimura H, Arakaki T, Oomori T (2008). Activities of anti-oxidant enzymes (SOD and CAT) in the coral *Galaxea fasciculata* against increased hydrogen peroxide concentration in sea water. Proceedings of the 11<sup>th</sup> International Coral Reef Symposium, Ft. Lauderdale, Florida. Session Number 19. Retrieved from <http://www.nova.edu/ncr/11icrs>.
- Kim E-H, Lee M-J, Kim I-H, Pyo S, Choi K-T, Rhee D-K (2010). Antiapoptotic effects of Red Ginseng on oxidant stress induced by hydrogen peroxide in SK-N-SH cells. *J. Ginseng Res.* 34(2):138-144.
- Kondo S, Yin D, Morimura T, Kubo H, Nakatsu S, Takenchi J (1995). Combination therapy with cisplatin and nifedipine induces apoptosis in cisplatin-sensitive and cisplatin-resistant human glioblastoma cells. *Br. J. Cancer* 77(2):282-289.
- Kornstein SG, Schatzberg AF, Thase ME, Yonkers KA, McCullough JP, Keitner G, Gelenberg AJ (2000). Gender differences in treatment response to sertraline versus imipramine in chronic depression. *Am. J. Psychiatr.* 157:1445-1452.
- Kosten TA, Galloway MP, Duman RS, Russell DS, D'Sa C (2008). Repeated unpredictable stress and antidepressants differentially regulate expression of the Bcl-2 family of apoptotic genes in rat cortical, hippocampal and limbic brain structures. *Neuropsychopharmacology* 33(7):1545-1558.
- Kosuda S, Fisher S, Wahl R (1997). Animal studies on the reduction and/or dilution of 2-deoxy-2 (18F) fluoro-D-glucose (FDG) activity in the urinary system. *Ann. Nucl. Med.* 11(3):213-218.
- Krishnan V, Nestler EJ (2010). Linking molecules to mood: new insights into the biology of depression. *Am. J. Psychiatr.* 167(11):1305-1320.
- Kumar P, Kumar A (2009). Possible role of sertraline against 3-nitropropionic acid-induced behavioral, oxidative stress and mitochondrial dysfunction in rat. *Progress Neuro-Psychopharmacol. Biol. Psychiatr.* 33(1):100-108.
- Lahet JJ, Lenfant F, Courderot-Masuyer C, Escarnot-Laubriet E (2003). *In vivo* and *in vitro* antioxidant properties of furosemide. *Life Sci.* 73(8):1075-1082.
- Lesser MP, Stochaj WR, Tapley DW, Shick JM (1990). Bleaching in coral reef anthozoans: effects of irradiation, ultraviolet radiation, and temperature on the activities of protective enzymes against oxygen. *Coral Reef* 8(4):225-232.
- Leukovitz Y, Gil-Ad I, Zeldich E, Dayag M, Weizman A (2005). Differential induction of apoptosis by antidepressants in glioma and neuroblastoma cell lines: Evidence for p-c-Jun, cytochrome c, and caspase-3 involvement. *J. Mol. Neurosci.* 27(1):29-42, doi: 10.1385/JMN:27:1:029
- Lin C-H, Lu Y-Z, Cheng F-C, Chu L-F, Hsueh C-M (2005). Bax – regulate mitochondrial translocation is responsible for the *in vitro* ischaemia-induced neuronal cell death of Sprague-Dawley rats. *Neurosci. Lett.* 387(1):22-27.
- Luszczki J, Sawicka K, Kozinska J, Borowiczka K, Czuczwa S (2003). Furosemide potentiates the anticonvulsant action of valproate in the mouse maximal electroshock seizure model. *Epilepsia Res.* 76(1):66-72.
- Marklund L, Behnam-Motlagh P, Henriksson R, Grankvist K (2001). Bumetanide Annihilation of Amphotericin B-Induced Apoptosis and Cytotoxicity is due to its effect on cellular K<sup>+</sup> flux. *J. Antimicrob. Chemother.* 48(6):781-786.
- Mogilnicka E, Czyrak A, Maj J (1987). Dihydropyridine calcium channel antagonists reduce immobility in the mouse behavioural despair tests; antidepressants facilitate nifedipine action. *Eur. J. Pharmacol.*

- 138:413-416.
- Oriafo SEO, Omogbai EKI (2010). The antidepressant-like actions of furosemide, bumetanide and nifedipine in the forced swim test in mice. *West Afr. J. Pharmacol. Drug Res.* 26:43-47.
- Peng CH, Chiou SH, Chen ST, Chou YC, Ku HH, Cheng CK, Yen CJ, Tsai TH, Chang YL, Kao CL (2008). Neuroprotection by Imipramine Against Lipopolysaccharide-induced Apoptosis in Hippocampus-derived Neural Stem Cells Mediated by Activation of BDNF and the MAPK Pathway. *Eur. Neuropsychopharmacol.* 18(2):128-140.
- Pombo CM, Tsujita T, Kyriakis JM, Bonventre JV, Force T (1997). Activation of the Ste20-like oxidant stress response kinase-1 during the initial stages of chemical anoxia-induced necrotic cell death, requirements for dual inputs of oxidant stress and increased cytosolic  $[Ca^{2+}]$ . *J. Biol. Chem.* 272(46):29372-29379.
- Porsolt RD, Bertin A, Jalfre M (1977). Behavioural despair in mice: a primary screening test for antidepressants. *Arch. Int. Pharmacodyn. Ther.* 229:327-336.
- Rabkin SW, Kong JY (2000). Nifedipine does not induce but rather prevents apoptosis in cardiomyocytes. *Eur. J. Pharmacol.* 388(3):209-217.
- Ranjekar PK, Hinge A, Hegde MV, Ghate M, Kale A (2003). Decreased antioxidant enzymes and membrane essential polyunsaturated fatty acids in schizophrenia and bipolar mood disorder patients. *Psychiatr. Res.* 121(2):109-122.
- Raskin A (1974). Age-sex differences in response to antidepressant drugs. *J. Nerv. Mental Dis.* 159:120-130.
- Reus GZ, Stringari RB, de Souza B, Petronilha F, Dal-Pizzol F, Hallak JE, Zuardi AW, Crippa JA, Quevedo J (2010). Harmine and imipramine promote antioxidant activities in prefrontal cortex and hippocampus. *Oxidative Med. Longevity* 3(5):325-331.
- Riemann A, Schneider B, Ihling A, Nowak M, Sauvart C (2011). Acidic Environment Leads to Reactive Oxygen Species-induced MAPK Signaling in Cancer Cells. *PLoS ONE* 6(7):e22445.
- Singh A, Naidu PS, Gupta S, Kulkarni S (2002). Effect of natural and synthetic antioxidants in a mouse model of chronic fatigue syndrome. *J. Med. Food* 5(4-1):211-220.
- Suzuki YJ, Forman HJ, Sevanian A (1997). Oxidants as stimulators of signal transduction. *Free Radic. Biol. Med.* 22(1-2):269-285.
- Taler M, Bar M, Korob I, Lomnitski L, Baharav E, Gruntbaum-Novak N, Weizman A, Gil-Ad I (2008). Evidence for an inhibitory immunomodulatory effect of selected antidepressants on rat splenocytes: Possible relevance to depression and hyperactive immune disorders. *Int. Immunopharmacol.* 8(4):526-533.
- Venkatesham H, Sharath BP, Jvitya S, Krishna DA (2005). Effect of reactive oxygen species on cholinergic receptor function. *Indian J. Pharmacol.* 37(6):366-370.
- Wang Q-F, Chiang C-W, Wu C-C (2007). Gypenosides induce apoptosis in human hepatoma Huh-7 cells through a calcium/reactive oxygen species-dependent mitochondrial pathway. *Planta Medica* 73(6):535-544.
- Wardle R, Poo MM (2003). Brain-derived neurotrophic factor modulation of GABAergic synapses by post-synaptic regulation of chloride transport. *J. Neurosci.* 23(25):8722-8732.
- Xia Z, Lundgren B, Bergstrand A, DePierre JW, Nassberger L (1999). Changes in the generation of reactive oxygen species and in mitochondrial membrane potential during apoptosis induced by the antidepressants imipramine, clomipramine and citalopram and the effects on these changes by Bcl-2 and Bcl-x(L). *Biochem. Pharmacol.* 57(10):1199-208.
- Zafir A, Ara A, Banu N (2009). *In vivo* antioxidant status: A putative target of antidepressant action. *Progress Neuro-psychopharmacol. Biol. Psychiatr.* 33(2):220-228.

## ***UPCOMING CONFERENCES***

[Hawaii Heart 2013: Echocardiography & Multimodality Imaging, Case Based Clinical Decision Making, Kauai, USA, 4 Feb 2013](#)



[14th Annual Clinical Trial Supply Europe, Berlin, Germany, 26 Feb 2013](#)



[9th International Conference on Clinical Ethics Consultation, Munich, Germany, 14 Mar 2013](#)



## Conferences and Advert

### **March 2013**

11th International Conference of Chemistry & its Role in Development, ElSheikh, Egypt, 11 Mar 2013

### **April 2013**

23rd European Congress of Clinical Microbiology and Infectious Diseases, Berlin, Germany, 27 Apr 2013

3rd International Conference on Clinical and Experimental Cardiology, Chicago, USA, 15 Apr 2013



# Journal of Clinical Medicine and Research

## Related Journals Published by Academic Journals

- *Journal of Metabolomics and Systems Biology*
- *Journal of Neuroscience and Behavioral Health*
- *Journal of Physiology and Pathophysiology*
- *Journal of Public Health and Epidemiology*
- *Medical Case Studies*
- *Medical Practice and Reviews*
- *Journal of General and Molecular Virology*
- *Research in Pharmaceutical Biotechnology*

**academic**Journals