



African Journal of Pharmacy and Pharmacology

November 2013 - Vol. 7 Num. 42

Submit manuscripts: www.ms.academicjournals.org

Editorial Office: ajpp@academicjournals.org

URL: www.academicjournals.org

academicJournals

ABOUT AJPP

The **African Journal of Pharmacy and Pharmacology (AJPP)** is published weekly (one volume per year) by Academic Journals.

African Journal of Pharmacy and Pharmacology (AJPP) is an open access journal that provides rapid publication (weekly) of articles in all areas of Pharmaceutical Science such as Pharmaceutical Microbiology, Pharmaceutical Raw Material Science, Formulations, Molecular modeling, Health sector Reforms, Drug Delivery, Pharmacokinetics and Pharmacodynamics, Pharmacognosy, Social and Administrative Pharmacy, Pharmaceutics and Pharmaceutical Microbiology, Herbal Medicines research, Pharmaceutical Raw Materials development/utilization, Novel drug delivery systems, Polymer/Cosmetic Science, Food/Drug Interaction, Herbal drugs evaluation, Physical Pharmaceutics, Medication management, Cosmetic Science, pharmaceuticals, pharmacology, pharmaceutical research 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 AJPP are peer-reviewed.

Submission of Manuscript

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

The African Journal of Pharmacy and Pharmacology 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

Sharmilah Pamela Seetulsingh- Goorah

*Associate Professor,
Department of Health Sciences
Faculty of Science,
University of Mauritius,
Reduit,
Mauritius*

Himanshu Gupta

*University of Colorado- Anschutz Medical Campus,
Department of Pharmaceutical Sciences, School of
Pharmacy Aurora, CO 80045,
USA*

Dr. Shreesh Kumar Ojha

*Molecular Cardiovascular Research Program
College of Medicine
Arizona Health Sciences Center
University of Arizona
Tucson 85719, Arizona,
USA*

Dr.Victor Valenti Engracia

*Department of Speech-Language and
Hearing Therapy Faculty of Philosophy
and Sciences, UNESP
Marilia-SP, Brazil.*

Prof. Sutiak Vaclav

*Rovníková 7, 040 20 Košice,
The Slovak Republic,
The Central Europe,
European Union
Slovak Republic
Slovakia*

Dr.B.RAVISHANKAR

*Director and Professor of Experimental Medicine
SDM Centre for Ayurveda and Allied Sciences,
SDM College of Ayurveda Campus,
Kuthpady, Udupi- 574118
Karnataka (INDIA)*

Dr. Manal Moustafa Zaki

*Department of Veterinary Hygiene and Management
Faculty of Veterinary Medicine, Cairo University
Giza, 11221 Egypt*

Prof. George G. Nomikos

*Scientific Medical Director
Clinical Science
Neuroscience
TAKEDA GLOBAL RESEARCH & DEVELOPMENT
CENTER, INC. 675 North Field Drive Lake Forest, IL
60045
USA*

Prof. Mahmoud Mohamed El-Mas

Department of Pharmacology,

Dr. Caroline Wagner

*Universidade Federal do Pampa
Avenida Pedro Anunciação, s/n
Vila Batista, Caçapava do Sul, RS - Brazil*

Editorial Board

Prof. Fen Jicai

School of life science, Xinjiang University, China.

Dr. Ana Laura Nicoletti Carvalho

Av. Dr. Arnaldo, 455, São Paulo, SP. Brazil.

Dr. Ming-hui Zhao

*Professor of Medicine
Director of Renal Division, Department of Medicine
Peking University First Hospital
Beijing 100034
PR. China.*

Prof. Ji Junjun

Guangdong Cardiovascular Institute, Guangdong General Hospital, Guangdong Academy of Medical Sciences, China.

Prof. Yan Zhang

*Faculty of Engineering and Applied Science,
Memorial University of Newfoundland,
Canada.*

Dr. Naoufel Madani

*Medical Intensive Care Unit
University hospital Ibn Sina, Univesity Mohamed V
Souissi, Rabat,
Morocco.*

Dr. Dong Hui

Department of Gynaecology and Obstetrics, the 1st hospital, NanFang University, China.

Prof. Ma Hui

School of Medicine, Lanzhou University, China.

Prof. Gu HuiJun

School of Medicine, Taizhou university, China.

Dr. Chan Kim Wei

*Research Officer
Laboratory of Molecular Biomedicine,
Institute of Bioscience, Universiti Putra,
Malaysia.*

Dr. Fen Cun

Professor, Department of Pharmacology, Xinjiang University, China.

Dr. Sirajunnisa Razack

Department of Chemical Engineering, Annamalai University, Annamalai Nagar, Tamilnadu, India.

Prof. Ehab S. EL Desoky

Professor of pharmacology, Faculty of Medicine Assiut University, Assiut, Egypt.

Dr. Yakisich, J. Sebastian

Assistant Professor, Department of Clinical Neuroscience R54 Karolinska University Hospital, Huddinge 141 86 Stockholm , Sweden.

Prof. Dr. Andrei N. Tchernitchin

Head, Laboratory of Experimental Endocrinology and Environmental Pathology LEEPA University of Chile Medical School, Chile.

Dr. Sirajunnisa Razack

Department of Chemical Engineering, Annamalai University, Annamalai Nagar, Tamilnadu, India.

Dr. Yasar Tatar

Marmara University, Turkey.

Dr Nafisa Hassan Ali

Assistant Professor, Dow institute of medical technology Dow University of Health Sciences, Chand bbi Road, Karachi, Pakistan.

Dr. Krishnan Namboori P. K.

Computational Chemistry Group, Computational Engineering and Networking, Amrita Vishwa Vidyapeetham, Amritanagar, Coimbatore-641 112 India.

Prof. Osman Ghani

University of Sargodha, Pakistan.

Dr. Liu Xiaoji

School of Medicine, Shihezi University, China.

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 AJPP 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:

Cole (2000), Steddy et al. (2003), (Kelebeni, 1983), (Bane and Jake, 1992), (Chege, 1998; Cohen, 1987a,b;

Tristan, 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:

Ansell J, Hirsh J, Poller L (2004). The pharmacology and management of the vitamin K antagonists: the Seventh ACCP Conference on Antithrombotic and Thrombolytic Therapy. 126:204-233

Ansell JE, Buttarro ML, Thomas VO (1997). Consensus guidelines for coordinated outpatient oral anticoagulation therapy management. Ann Pharmacother 31 : 604-615

Charnley AK (1992). Mechanisms of fungal pathogenesis in insects with particular reference to locusts. In: Lomer CJ, Prior C (eds) Pharmaceutical Controls of Locusts and Grasshoppers: Proceedings of an international workshop held at Cotonou, Benin. Oxford: CAB International, pp 181-190.

Jake OO (2002).Pharmaceutical Interactions between Striga hermonthica (Del.) Benth. and fluorescent rhizosphere bacteria Of Zea mays, L. and Sorghum bicolor L. Moench for Striga suicidal germination In Vigna unguiculata . PhD dissertation, Tehran University, Iran.

Furmaga EM (1993). Pharmacist management of a hyperlipidemia clinic. Am. J. Hosp. Pharm. 50 : 91-95

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.

Fees and Charges: Authors are required to pay a \$600 handling fee. Publication of an article in the African Journal of Pharmacy and Pharmacology 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 AJPP, 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.

ARTICLES

Research Articles

- Biochemical and hematological evaluation of *Costus speciosus* as a dietary supplement to Egyptian buffaloes** 2774
El-Far, A. H. and Abou-Ghanema, I. I
- A simple method for adherence evaluation to highly active antiretroviral therapy by Brazilian patients from healthcare unit: Focus on a adequately therapeutic compliance** 2780
Petra Obioma Nnamani, Franklin Chimaobi Kenekwku, Chidinma L. Anugwolu, Agubata Chukwuma Obumneme and Anthony Amaechi Attama
- Physicochemical characterisation of *Irvingia wombolu* gum in tramadol encapsulated granules** 2788
Onyishi V. Ikechukwu and Chime A. Salome
- Antioxidant effects of *Ixora coccinea* Linn. in a rat model of ovalbumin-induced asthma** 2794
Afiwa Missebukpo, Kossi Metowogo, Abdoulatif Diallo, Povi Lawson-Evi, Kwashi Ekl-Gadegbeku, Kodjo A. Aklikokou and Gbeassor Messanvi
- Effect of oral ingestion of an *Arctium lappa* extract on the biodistribution of the radiopharmaceutical sodium pertechnetate in rats** 2801
Rosane de Figueiredo Neves,, Silvana Ramos Farias Moreno,, Ana Lúcia Nascimento, Jorge José de Carvalho, Gláucio Diré Feliciano, Sebastião David Santos-Filho, Paulo Roberto do Couto Neves, Raíssa de Figueiredo Neves, Aldo da Cunha Medeiros and Mario Bernardo-Filho

Full Length Research Paper

Biochemical and hematological evaluation of *Costus speciosus* as a dietary supplement to Egyptian buffaloes

El-Far, A. H.¹ and Abou-Ghanema, I. I.²

¹Biochemistry Department, Faculty of Veterinary Medicine, Damanhour University, Egypt.

²Physiology Department, Faculty of Veterinary Medicine, Damanhour University, Egypt.

Accepted 12 April, 2013

Sixty Egyptian buffalo heifers ageing about one year old, with an average weight of about 250 to 260 kg were allotted randomly according to their live body weight and age into three equal groups; Group I which received a basal ration; Group II which received a basal ration with fine ground *Costus speciosus* roots in a concentration of 2.5 kg/ton ration and Group III which received a basal ration with fine ground *C. speciosus* roots in a concentration of 5 kg/ton ration. Blood samples were collected from each group and divided into two blood samples, one for serum separation and the other for hematological study. Separated serum samples were subjected to the biochemical analysis of glucose, cholesterol, aspartate aminotransferase (AST), alanine aminotransferase (ALT), creatinine, urea, uric acid and electrophoretic pattern. The obtained data revealed a decrease in serum glucose and cholesterol levels which may be utilized in anabolic pathways during this period. While total protein, albumin, α_1 -globulin, β -globulin, hemoglobin, packed cell volume (PCV) and lymphocytes were significantly increased especially in Group III. In addition, the erythrocytes antioxidant status was significantly improved by *C. speciosus* supplementation. We could conclude that supplementation of *C. speciosus* powder to the Egyptian buffalo heifers improves the health status, total antioxidant capacity and hematology. So, we advise owners to add *C. speciosus* ground powder to the ration of heifers.

Key words: Heifers, *Costus speciosus*, total antioxidant capacity, hematology.

INTRODUCTION

Natural product is a source of bioactive compounds and has potential for developing some novel therapeutic agent. Over the last decade, there has been a growing interest in drugs of plant origin and such drugs formed an important class for disease control. Herbs are staging a comeback and herbal 'renaissance' is happening all over the globe. The herbal products today symbolize safety in contrast to the synthetics that are regarded as unsafe to human and environment (Jawla et al., 2009). Herbal drugs

are derived either from the whole plant or from their different parts like leaves, bark, roots, flowers, seeds, etc., and also from plant excretory products like gums, resins and latex (Rajashree et al., 2012). Although herbs had been prized for their medicinal, flavoring and aromatic qualities for centuries. However, the blind dependence on synthetics is over and people are returning to nature, with hope of safety and security (Singab, 2012).

Zingiberaceae is a family of about fifty two genera and more than 1,300 species distributed throughout tropical Africa, Asia, and the Americas. Many species are very important for example, shell ginger (*Alpinia*), summer tulip (*Curcuma alismatifolia*), ginger lily (*Hedychium*), torch-ginger (*Etilingera elatior*), ginger (*Zingiber*), turmeric (*Curcuma*) and cardamom (*Amomum Elettaria*) (Jiang et al., 2000). *Costus speciosus* is commonly called Crepe ginger. In Sanskrit, it is known as Keyu and in Hindi as Kust (Khare, 2007). *C. speciosus* is a *Zingiberaceae* erect plant, up to 2.7 m high; root stock tuberous stem, sub-woody at the base, occurring in the moist and wet evergreen areas of the Indo-Malayan region and Sri Lanka. Within India, it occurs from Central and Eastern Himalayas to Southern India (Dutta and Dutta, 1998).

C. speciosus contain diosgenin, 5 α -stigmast-9(11)-en-3 β -ol, sitosterol- β -D-glucoside, dioscin, prosapogenins A and B of dioscin, gracillin and quinones. In addition, it contains α -tocopherol (Husain et al., 1992). Traditionally, *C. speciosus* is used in the treatment of fevers, cough, worm infestations, skin diseases and snake bites. The effects of *C. speciosus* with regard to the following compounds diosgenin, prosapogenin B of dioscin, diosgenone, cycloartanol, 25-en-cycloartenol and octacosanoic acid which extracted from it (Qiao et al., 2002). *C. speciosus* has an anti-inflammatory, anthelmintic, astringent, bitter, depurative, purgative, and stimulant effect while its roots were used as a remedy in fevers, coughs, anti-diabetic, hepatoprotective (Biman and Kamaruz, 2008), the antihyperglycemic, antihyperlipidemic and antioxidant properties of *C. speciosus* has been reported by Bavarva and Narasimhacharya (2008). In addition, its rhizome juice is applied on the head for relief of headache (Gupta, 2010).

An alkaloid extracted from *C. speciosus* rhizomes is a smooth muscle relaxant and enhances antispasmodic activities (Srivastava et al., 2011). Extract of *C. speciosus* rhizomes stimulate the uterine contraction due to non-estrogenic effects (Wanwisa et al., 2011). Plant-derived antioxidants such as tannins, lignans, stilbenes, coumarins, quinones, xanthenes, phenolic acids, flavones, flavonols, catechins, anthocyanins and proanthocyanins could delay or provide protection for living organisms from damage caused by uncontrolled production of reactive oxygen species and the concomitant lipid peroxidation, protein damage, and DNA strand breaking (Jha et al., 2010). *C. speciosus* has an antioxidant activity measured by 2,2-diphenyl-1-picrylhydrazyl (DPPH) radical scavenging activity, total antioxidant capacity, nitric oxide scavenging activity, ion chelating activity, hydroxyl radical scavenging activity and its correlation with total phenolic content (Nehete et al., 2010).

Heifers in this stage of life need special care, so our study aimed to investigate the effect of *C. speciosus* supplementation in Egyptian buffalo on some serum parameters, erythrocytic antioxidant status and its hematological

picture.

MATERIALS AND METHODS

Experimental design

The field experiment was carried out at the farm of Faculty of Veterinary Medicine, Damanhour University, Al-Bostan district to study the effect of different concentrations of *C. speciosus* to the ration of Egyptian buffalo for the duration of one month. Sixty Egyptian buffalo heifers ageing about one year old, with an average weight of about 250 to 260 kg were allotted randomly according to their live body weight and age into three equal groups (twenty Egyptian buffalo heifers in each) and housed in a separate part of a shaded pen. Group I (received a basal ration); Group II (received basal ration with fine ground *C. speciosus* roots in a concentration of 2.5 kg/ton ration) and Group III (received a basal ration with fine ground *C. speciosus* roots in a concentration of 5 kg/ton ration). Concentrate mixtures were given twice daily at 10 a.m. and 2 p.m. while wheat straw was offered *ad lib*. Drinking water was available for animals during the day. The animals in treated groups were noticed for any clinical signs along the experimental period.

Medicinal plant

C. speciosus roots were obtained and identified in the Faculty of Agriculture, Damanhour University. Specimens of *C. speciosus* rhizomes were preserved at -20°C as a standard stock. The rhizomes were washed, cut, grind, and refined. The ground powder was added to the ration at the concentration of (2.5 and 5.0 kg/ton ration).

Blood samples

The blood samples were collected from the jugular vein by using a sterile sharp needle with wide pore. Two samples were collected from each animal; the samples used for hematological analysis and separation of washed red blood cells (RBCs) were collected in clean and dry test tube containing di-sodium ethylenediaminetetraacetic acid (EDTA) as an anticoagulant while serum samples were collected in dry clean tubes and separated by centrifugation at 3,000 RPM for 10 min. Then, clear serum supernatant were aspirated carefully and subjected to biochemical analysis.

Biochemical analysis

Serum samples were subjected to laboratory analysis of blood glucose (Trinder, 1969), cholesterol (Zak et al., 1954) and alanine transaminase (ALT; EC 2.6.1.2) and aspartate transaminase (AST; EC 2.6.1.1) (Reitman and Frankel, 1957), creatinine (Bartles et al., 1972), urea (Kaplan, 1984), and uric acid (Fossati et al., 1980). Electrophoretic patterns of serum proteins were done by sodium dodecyl sulfate polyacrylamide gel electrophoresis (SDS-PAGE) performed according to the method recorded by (Laemmli, 1970) while the erythrocytes were washed by using physiological saline, and erythrocyte hemolysates were prepared using digitonin as described by (Kornburg and Korecker, 1955). Hemolysates were used for determination of malondialdehyde (MDA) (Ohkawa et al., 1979), total antioxidant capacity (TAC) (Koracevic et al., 2001) and hemolysates protein (Lowry et al., 1951).

Hematological analysis

Hematological measurements were done by fully automated blood cell count, Exigo, Boule Medical AB, Sweden.

Statistical analysis

The raw data were analyzed according to Statistical Analysis System (SAS) (1996), with one-way analysis of variance (ANOVA), with a value of $P < 0.05$ indicating significance.

RESULTS

All treated animals showed no abnormal clinical signs. Biochemical data due to supplementation of *C. speciosus* were summarized in Tables 1, 2 and 3. After 30 days of treatment with *C. speciosus* by 2.5 kg/ton ration, the serum levels of glucose and cholesterol were significantly decreased. Moreover, there are no obvious changes in the serum ALT, AST, creatinine, uric acid, and urea were stated in comparison to control (Table 1). Furthermore, the concentrations of erythrocytic MDA were significantly decreased. On the contrary, glutathione (GSH) contents in erythrocytes were significantly increased (Table 2).

At the end of the experiment, serum levels of glucose and cholesterol were significantly decreased in the group treated with 5.0 kg of *C. speciosus*/ton ration. Furthermore, the levels of ALT, AST, creatinine, uric acid and urea had no changes in relation to group one. The MDA concentrations in RBCs were statistically highly significantly decreased. On the other hand, GSH was highly significantly increased (Table 2). The electrophoretic patterns of this group were statistically significantly increased in serum total protein, albumin, α_1 -globulin and γ -globulin while serum α_2 -globulin levels were highly significantly increased. Moreover, no significant changes were observed in the level of β -globulin (Table 3).

The data illustrated in (Table 4 and 5) stated the hematological effects of the treated groups at 30th day of experiment and revealed that the total count of erythrocytes (TEC) was significantly ($P < 0.05$) increased in all buffaloes heifers supplemented when compared with control. Consistent with this, the total leucocytic counts (TLC) were ($P < 0.05$) significantly increase, this increase was more pronounced in heifers in Group III. The present finding also revealed that the erythrocytic contents of hemoglobin (Hb) were statistically significantly increased in in Group III in comparison to control one. The same results were observed in packed cell volume (PCV) which was significantly ($P < 0.05$) increased (Table 4). The data summarized in Table 5 indicated that on the 30th day of the experiment, the percentages of lymphocytes were significantly ($P < 0.05$) increased in all buffaloes heifers supplemented with *C. speciosus* when compared with control which more pronounced in Group III. On the contrary, the percentages of

monocytes were significantly decreased ($P < 0.05$) in all buffaloes heifers supplemented with *C. speciosus* after 30th day treatment when compared with one control. Moreover, the percentages of basophils, eosinophils and neutrophils ($P < 0.05$) animals supplemented with *C. speciosus* had non-significant changes.

DISCUSSION

Our study revealed a significant decrease of serum glucose level after supplementation of *C. speciosus* in the buffaloes ration, this finding might be attributed to either the increase in insulin units released by the beta cells of islet of Langerhans and the increase in sensitivity of cell receptors to insulin consequently increased glucose utilization or both. The hypoglycemic action of eremanthin, a component of *C. speciosus* was caused by potentiation of insulin release from the existing beta cells of islets of Langerhans and increased the sensitivity of insulin to uptake glucose (Li et al., 2004). Its hypoglycemic action was accompanied by an increased hepatic hexokinase activity. Hexokinases provided glucose-6-phosphate, the substrate of glycogen synthase which also activated and increased the hepatic glycogen (Bouche et al., 2004).

Generally, blood glucose levels were decreased by *C. speciosus* supplementation due to the increase in glycogenesis and glycolysis and the reduction in gluconeogenesis (Bavarva and Narasimhacharya, 2008). Costunolide isolated from *C. speciosus* was found to possess normo-glycemic and hypolipidemic effect in streptozotocin-induced diabetic rats. In the study of oral administration of costunolide (20 mg/kg bwt) was significantly decreased the plasma glucose level ($P < 0.05$), glycosylated hemoglobin and at the same time markedly increased plasma (Eliza et al., 2009a). In India, diabetics eat one leaf of *C. speciosus* daily to keep their blood glucose low (Benny, 2004). *C. speciosus* leaf water and methanol extracts effectively reduced the insulin resistance in rats by significantly lowering serum glucose at baseline after one month of the onset of experimental medication (Subasinghe et al., 2012).

C. speciosus affects the lipid metabolism by a significant decrease in serum total cholesterol. This finding came in accordance with that stated and the hexane extract of the rhizome possesses a hypolipidemic activity (Daisy et al., 2008). Moreover, costunolide isolated from the plant significantly decreases serum total cholesterol, and triacylglycerol (Eliza et al., 2009a). In addition, the ethanolic extract of *C. speciosus* of administration reduced plasma and hepatic total cholesterol and triacylglycerol concentrations in diabetic rats (Bavarva and Narasimhacharya, 2008).

These results were in agreement with that of ElRokh et al. (2010) who proved that, the hypercholesterolaemic rats treated with aqueous ginger infusion in the three

Table 1. The mean values of serum glucose (g/dl), cholesterol (mg/dl), ALT (U/L), AST (U/L), creatinine (mg/dl), uric acid (mg/dl) and urea (mg/dl) in Group I, Group II and Group III.

Group		Glucose	Cholesterol	ALT	AST	Creatinine	Uric	Urea
Group I	0 day	45.67±0.13 ^a	145.32±0.01 ^a	25.34±0.01 ^a	35.23±0.01 ^a	0.92±0.01 ^b	1.60±0.01 ^a	14.08±0.04 ^a
	30th day	45.33±0.49 ^a	143.41±0.49 ^b	25.47±0.39 ^a	37.33±0.35 ^a	1.01±0.01 ^a	1.50±0.12 ^a	14.10±0.04 ^a
Group II	0 day	45.47±0.02 ^a	145.23±0.01 ^a	26.23±0.01 ^a	36.80±0.01 ^a	0.91±0.01 ^b	1.60±0.01 ^a	14.12±0.04 ^a
	30th day	37.30±0.45 ^b	124.80±0.41 ^c	26.07±0.43 ^a	35.50±0.24 ^a	0.90±0.01 ^b	1.40±0.08 ^{ab}	13.70±0.16 ^a
Group III	0 day	45.24±0.01 ^a	145.55±0.01 ^a	25.24±0.01 ^a	36.65±0.01 ^a	0.90±0.01 ^b	1.60±0.01 ^a	14.03±0.03 ^a
	30th day	35.47±0.33 ^c	106.32±0.37 ^d	20.97±2.64 ^a	35.4±0.37 ^a	0.89±0.01 ^b	1.51±0.04 ^a	13.93±0.21 ^a

Means within the same column carrying different letters are significantly different at (P < 0.05). Values are expressed as means ± SE.

Table 2. The mean values of erythrocytic MDA (nmol/mg protein) and TAC (mmol/mg protein) levels in Group I, Group II and Group III.

Group		MDA	TAC
Group I	0 day	0.25±0.01 ^a	0.27±0.01 ^d
	30th day	0.27±0.01 ^a	0.31±0.01 ^c
Group II	0 day	0.25±0.01 ^a	0.27±0.01 ^d
	30th day	0.13±0.01 ^b	0.64±0.01 ^b
Group III	0 day	0.25±0.01 ^a	0.27±0.01 ^d
	30th day	0.10±0.02 ^b	0.84±0.01 ^a

Means within the same column carrying different letters are significantly different at (P<0.05). Values are expressed as means ± SE.

different induced significant decreases in all lipid profile parameters. It has been reported that ginger improves dietary (cholesterol, fructose, or high-fat diet) or streptozocin-induced lipid derangements in rodents (Beattie et al., 2011).

C. speciosus supplementation has a healthy effect on liver and kidney functions. Bavarva and Narasimhacharya (2008) reported that the diabetic control group exhibited significantly higher amounts of urea and creatinine while the ethanolic extract of *C. speciosus* administered diabetic rats registered significantly lowered urea and creatinine serum level. Other herbs from *Zingiberaceae* family as *Zingiber officinale* is a useful agent for the prevention of renal ischemia reperfusion-induced injuries (Maghsoudi et al., 2011) and carbon tetrachloride renal induced injuries (Hamed et al., 2012). The ginger extract rendered significant protection against induced nephrotoxicity, which was evident from the lowered serum urea and creatinine levels in the mice (Ajith et al., 2007). It may regard to the fact that the ginger exhibit antioxidant activity and anti-free radicals abilities that stimulate the liver performance and urea synthesis (Polasa and Nirmala,

2003).

Free radicals play an important role in oxidative stress related to the pathogenesis of various important diseases. Many properties of plant products are associated with the presence of phenolic compounds which are essential for plant development and play an important role in their defense mechanisms. The inclusion of these compounds in the regular diet might be beneficial to health by lowering the incidence of diseases (Halliwell, 1997). Oxidative stress of erythrocytes of the 30th day was investigated by determination of the MDA level (as lipid peroxidation product) and total antioxidant capacity. The antioxidant activity of *C. speciosus* extracts might be due to redox properties of the phenolic contents which allow them to act as reducing agents, hydrogen donors, and singlet oxygen quenchers (Nehete et al., 2010; Baskar et al., 2012). Administration of either costunolide (20 mg/kg daily) or eremanthin (20 mg/kg day), a constituent of *C. speciosus*, for 60 days, caused a significant reduction in thiobarbituric acid reactive substances (TBARS) level and a significant increase in GSH content in the treated rats when compared to untreated diabetic rats (Eliza et al., 2010).

The antioxidant activity of *C. speciosus* rhizome might be due to the presence of phytoconstituents such as flavonoids and phenolic compounds (Jha et al., 2010). In regard to serum protein, the electrophoretic pattern had shown a significant increase in total protein in Group III in comparison to control. This result is in accordance with that of Eliza et al. (2009b). Concentration of total protein in serum of ginger-supplemented broilers tended to be higher at 21 days and was higher at 42nd day of age compared with that of control broilers (Zhang et al., 2009). The blood plasma chemistry analysis revealed that protein, albumin and globulins levels of experimental fish supplemented by ginger at the rate of 5 g/kg of diet were significantly higher than that of control fish (Immanuel et al., 2009).

In the same context, hematological investigation, at 30th day, in all treated animals supplemented with *C. speciosus*

Table 3. The mean values of electrophoretic pattern at 30th day in Group I, Group II and Group III.

Group	Total protein (g/dl)	Albumin (g/dl)	α_1 -globulin (g/dl)	α_2 -globulin (g/dl)	β -globulin (g/dl)	γ -globulin (g/dl)
Group I	6.16±0.066 ^b	2.89±0.003 ^b	0.15±0.01 ^b	0.97±0.012 ^c	0.86±0.003 ^a	1.29±0.045 ^b
Group II	6.34±0.026 ^b	2.80±0.003 ^b	0.16±0.01 ^b	1.13±0.007 ^b	0.80±0.009 ^b	1.45±0.006 ^b
Group III	7.09±0.058 ^a	3.12±0.009 ^a	0.19±0.01 ^a	1.17±0.006 ^a	0.85±0.009 ^a	1.76±0.03 ^a

Means within the same column carrying different letters are significantly different at ($P < 0.05$). Values are expressed as means \pm SE.

Table 4. The mean values of TEC (10/mm), TLC (10/mm), Hb (g/dl) and PCV (%) in Group I, Group II and Group III.

Group		TEC	TLC	Hb	PCV
Group I	0 day	8.50±0.26 ^c	6.88±0.36 ^c	9.43±0.31 ^b	29.67±0.24 ^c
	30th day	8.43±0.26 ^c	7.03±0.37 ^c	9.72±0.28 ^b	30.33±0.57 ^{bc}
Group II	0 day	8.58±0.20 ^c	7.45±0.52 ^{bc}	9.65±0.27 ^b	29.00±0.37 ^c
	30th day	10.50±0.30 ^b	7.45±0.52 ^{bc}	9.57±0.35 ^b	32.00±0.52 ^b
Group III	0 day	8.68±0.23 ^c	7.50±0.54 ^{bc}	9.68±0.25 ^b	29.83±0.56 ^c
	30th day	12.5±0.54 ^a	10.23±0.29 ^a	11.42±0.23 ^a	37.00±0.55 ^a

Means within the same column carrying different letters are significantly different at ($P < 0.05$). Values are expressed as means \pm SE. TEC = total erythrocyte count, TLC = total leukocyte count, Hb = haemoglobin, PCV = packed cell volume.

Table 5. The mean values of differential leucocytes count (%) in Group I, Group II and Group III.

Group		Lymphocyte	Monocyte	Basophil	Eosinophil	Neutrophil
Group I	0 day	58.17±0.97 ^b	4.00±0.41 ^{ab}	0.33±0.15 ^a	6.17±0.46 ^a	31.00±0.75 ^a
	30th day	59.67±0.91 ^{ab}	3.83±0.56 ^{ab}	0.33±0.15 ^a	5.33±0.39 ^a	29.83±0.34 ^a
Group II	0 day	58.17±0.97 ^b	4.00±0.41 ^{ab}	0.33±0.15 ^a	6.17±0.46 ^a	31.00±0.75 ^a
	30th day	61.67±0.6 ^{ab}	2.33±0.24 ^{bc}	0.33±0.15 ^a	5.00±0.41 ^a	30.67±0.35 ^a
Group III	0 day	59.50±0.83 ^{ab}	4.17±0.34 ^a	0.33±0.15 ^a	5.83±0.42 ^a	29.67±0.65 ^a
	30th day	62.33±0.96 ^a	1.33±0.35 ^c	0.33±0.15 ^a	4.83±0.67 ^a	31.67±0.57 ^a

Means within the same column carrying different letters are significantly different at ($P < 0.05$). Values are expressed as means \pm SE.

there showed a significant increase in the total count of erythrocytes, the total count of leukocytes, hemoglobin and lymphocytes. These results are in accordance with that induced by ginger (Nya and Astin, 2009) and turmeric (Harikrishnan and Balasundaram, 2008). Moreover, a dietary supplement protects mice against radiation-induced lethality by protecting the bone marrow from radiation, this will be evidenced by a significant increase in RBCs count and hemoglobin (Jagetia et al., 2004).

Conclusion

From the obtained results, we advise to use *C. speciosus* ground roots as a feed additive supplement in Egyptian buffalo to improve the health status of those heifers by enhancement of immunity and antioxidant status.

REFERENCES

Ajith TA, Nivitha V, Usha S (2007). *Zinbiber officinale* Roscoe alone and

- in combination with alpha-tocopherol protects the kidney against cisplatin - induced acute renal failure. *Food Chem. Toxicol.* 45:921-927.
- Bartles H, Bohmer M, Heirli C (1972). Serum kreatinine bestimmung ohne entvennen. *Clin. Chem. Acta.* 37:193.
- Baskar AA, Al Numair KS, Alsaif MA, Ignacimuthu S (2012). *In vitro* antioxidant and antiproliferative potential of medicinal plants used in traditional Indian medicine to treat cancer. *Redox Rep.* 17(4):145-156.
- Bavarva JH, Narasimhacharya AV (2008). Antihyperglycemic and Hypolipidemic Effects of *Costus speciosus* in Alloxan induced Diabetic Rats. *Phytother. Res.* 22, 620–626.
- Beattie JH, Nicol F, Gordon MJ (2011). Ginger phytochemicals mitigate the obesogenic effects of a high-fat diet in mice: a proteomic and biomarker network analysis. *Mol. Nutr. Food Res.* 55:S203–S213.
- Benny M (2004). Insulin plant in garden. *Nat. Prod. Rad.* 3(5):349-350.
- Biman B, Kamaruz Z (2008). Evaluation of hepatoprotective activity of rhizomes of *Costus speciosus* (J. Kanji) Smith. *Pharmacologyonline* 3:119-126.
- Bouche C, Serdy S, Kahn CR, Goldfine AB (2004). The cellular fate of glucose and its relevance in type 2 diabetes. *Endocr. Rev.* 25:807–830.
- Daisy P, Eliza J, Ignacimuthu S (2008). Influence of *Costus speciosus* (Koen.) Sm. Rhizome extracts on biochemical parameters in Streptozotocin induced diabetic rats. *J. Health Sci.* 54:675-681.
- Dutta AC, Dutta TC (1998). Botany, 6th Edition. Oxford University Press. 599.
- Eliza J, Daisy P, Ignacimuthu S, Duraipandiyan V (2009a). Antidiabetic and antilipidemic effect of eremanthin from *Costus speciosus* (Koen.) Sm., in STZ-induced diabetic rats. *Chemico-Biol. Interact.* 182(1):67-72.
- Eliza J, Daisy P, Ignacimuthu S, Duraipandiyan V (2009b). Normoglycemic and hypolipidemic effect of costunolide isolated from *Costus speciosus* (Koen ex. Retz.) Sm. In streptozotocin-induced diabetic rats. *Chemico-Biol. Interact.* 179(2-3):329-334.
- Eliza J, Daisy P, Ignacimuthu S (2010). Antioxidant activity of costunolide and eremanthin isolated from *Costus speciosus* (Koen ex. Retz) Sm. *Chem. Biol. Interact.* 188(3):467-472.
- ElRokh SM, Yassin NA, El-Shenawy SM, Ibrahim BM (2010). Antihypercholesterolaemic effect of ginger rhizome (*Zingiber officinale*) in rats. *Inflammo-pharmacology* 18(6):309-315.
- Fossati P, Prencipe L, Berti G (1980). Use of 3,5-dichloro-2-hydroxybenzenesulfonic acid/4- Amino-phenazone chromogenic system in direct enzymic assay of uric acid in serum and urine. *Clin. Chem.* 26:227–231.
- Gupta RK (2010). Medicinal and Aromatic Plants. Volume 234. 1st Edition. CBS Publishers and Distributors, New Delhi, India; 499.
- Halliwell B (1997). Antioxidants and human diseases: a general introduction. *Nutr. Rev.* 55:S44–S52.
- Hamed MA, Ali SA, El-Rigal NS (2012). Therapeutic potential of ginger against renal injury induced by carbon tetrachloride in rats. *Sci. World J.* 2012:840421.
- Harikrishnan R, Balasundaram C (2008). *In vitro* and *in vivo* studies of the use of some medicinal herbs against the pathogen *Aeromonas hydrophila* in goldfish. *J. Aquat. Anim. Health* 20(3):165-176.
- Husain A, Virmani OP, Popli SP, Misra LN, Gupta MM, Srivastava GN, Abraham Z, Singh AK (1992). Dictionary of Indian Medicinal Plants. CIMAP, Lucknow, India. 546p.
- Immanuel G, Uma RP, Iyapparaj P, Citarasu T, Peter SM, Babu MM, Palavesam A (2009). Dietary medicinal plant extracts improve growth, immune activity and survival of tilapia *Oreochromis mossambicus*. *J. Fish Biol.* 74(7):1462-1475.
- Jha MK, Alam MB, Hossain MS, Islam A (2010). *In vitro* antioxidant and cytotoxic potential of *Costus speciosus* (Koen.) Smith rhizome. *Int. J. Pharm. Sci. Res.* 1(10):138-144.
- Jagetia GC, Baliga MS, Venkatesh P (2004). (*Zingiber officinale* Rosc.), a dietary supplement, protects mice against radiation-induced lethality: Mechanism of action. *Cancer Biother. Radiopharm.* 19:422-435.
- Jawla S, Gupta AK, Singla R, Gupta V (2009). General awareness and relative popularity of allopathic, ayurvedic and homeopathic systems, *J.Chem. Pharm. Res.* 1(1):105-112.
- Jiang k, Delin W, Larsen K (2000). *Zingiberaceae*. Flora of China 24:322–377.
- Kaplan A (1984). "Urea" Kaplan, A. et al. Clin Chem the C.V. Mosby Co. St. Louis. Toronto. Princeton. 1257-1260.
- Khare CP (2007). Indian Medicinal Plants- an Illustrated Dictionary. Springer-Verlag, Berlin, Heidelberg. pp. 181–182.
- Koracevic D, Koracevic G, Djordjevic V, Andrejevic S, Cosic V (2001). Method for the measurement of antioxidant activity in human fluids. *J. Clin. Pathol.* 54:356–361.
- Kornburg A, Korecker D (1955). "Methods of Enzymology" Academic Press. New York. p. 323.
- Laemmli UK (1970). Cleavage of structural proteins during the assemble of the head of bacteriophage T4. *Nature* 227(5259):680-5
- Li WL, Zheng HC, Bukuru J, De Kimpe N (2004). Natural medicines used in the traditional Chinese medical system for therapy of diabetes mellitus. *J. Ethnopharmacol.* 92:1–21.
- Lowry OH, Rosebrough NJ, Farr AL, Randall RJ (1951). Protein measurement with the Folin phenol reagent. *J. Biol. Chem.* 193:265-275.
- Maghsoodi S, Gol A, Dabiri S, Javadi A (2011). Preventive effect of ginger (*Zingiber officinale*) pretreatment on renal ischemia-reperfusion in rats. *Eur. Surg. Res.* 46(1):45-51.
- Nehete J, Manish B, Minal N (2010). *In-vitro* Evaluation of Antioxidant Activity and Phenolic Content of *Costus speciosus* (Koen) J.E. Sm. Iranian J. Pharm. Res. 9(3):271-277.
- Nya EJ, Austin B (2009). Use of dietary ginger, *Zingiber officinale* Roscoe, as an immunostimulant to control *Aeromonas hydrophila* infections in rainbow trout, *Oncorhynchus mykiss* (Walbaum). *J. Fish Dis.* 32(11):971-977.
- Ohkawa H, Nobuko O, Kunio Y (1979). Assay for lipid peroxides in animal tissues by thiobarbituric acid reaction. *Anal. Biochem.* 95(2):351–358.
- Polasa K, Nirmala K (2003). Ginger: its role in xenobiotic metabolism. *ICMR Bull.* 33:57-62.
- Qiao CF, Li QW, Dong H, Xu LS, Wang ZT (2002). Studies on chemical constituents of two plants from *Costus*. *Zhongguo Zhong Yao Za Zhi* 27(2):123-125.
- Rajashree R, Gangolli D, Patil S, Ingawale K (2012). Amla, Ashwagandha and Shatavari Formulations as Herbal Medicines and Nutraceuticals. *Res. J. Pharm. Sci.* 1(3):10-15.
- Reitman S, Frankel S (1957). A colorimetric method for the determination of serum glutamic oxalacetic and glutamic pyruvic transaminases. *Am. J. Clin. Pathol.* 28:56-63.
- Statistical Analysis System (SAS) (1996). Statistical Analysis System. Users Guide Statistics, SAS Institute Cary, North Carolina.
- Singab I (2012). Medicinal and Aromatic Plants. Med. Aromatic Plants 1:2.
- Srivastava S, Singh P, Mishra G, Jha KK, Khosa RL (2011). *Costus speciosus* (Keukand): A review. *Der Pharmacia Sinica* 2:118-128.
- Subasinghe HWAS, Hettihewa LM, Gunawardena S (2012). Rapid onset of action of *costus speciosus* leaf extracts on insulin resistance in experimental Wistar rats. Proceedings of the Annual Scientific Sessions of Faculty of Medical Sciences, University of Sri Jayewardeneprua, Sri Lanka.
- Trinder P (1969). Determination of Glucose in Blood Using Glucose Oxidase with an Alternative Oxygen Acceptor. *Ann. Clin. Biochem.* 6:24-25.
- Wanwisa L, Pakanit K, Nuannoi C, Susan W, Sajeera K (2011). The Effects of Wild Ginger (*Costus speciosus* (Koen) Smith) Rhizome Extract and Diosgenin on Rat Uterine Contractions. *Reprod. Sci.* 18(6):516-524.
- Zak B, Dickenman RC, White EG, Burnett H, Cherney PJ (1954). Rapid estimation of free and total cholesterol. *Am. J. Clin. Pathol.* 24(11):1307-1315.
- Zhang GF, Yan ZB, Wang Y, Yang WR, Jiang SZ, Gai GS (2009). Effects of ginger root (*Zingiber officinale*) processed to different particle sizes on growth performance, antioxidant status, and serum metabolites of broiler chickens. *Poult. Sci.* 88(10):2159-2166.

Full Length Research Paper

A simple method for adherence evaluation to highly active antiretroviral therapy by Brazilian patients from healthcare unit: Focus on a adequately therapeutic compliance

Marcelo Moraes Pinto^{1*}, Dilson Braz da Silva Júnior², Daniele Jacomini³,
Bruno Lemos Batista⁴ and Julieta Ueta⁵

¹Hospital das Clínicas da Faculdade de Medicina de Ribeirão Preto, Universidade de São Paulo, Brazil.

²Secretaria Municipal de Saúde de Ribeirão Preto, São Paulo, Brazil.

³Universidade de Ribeirão Preto, Faculdade de Medicina, São Paulo, Brazil.

⁴Universidade Federal do ABC, Centro de Ciências Naturais e Humanas, Santo André, São Paulo, Brazil.

⁵Departamento de Ciências Farmacêuticas, Faculdade de Ciências Farmacêuticas de Ribeirão Preto, Universidade de São Paulo, Brazil.

Accepted 8 November, 2013

In general, the indirect measures used to evaluate adherence to medication treatment are self-reporting, daily record of the medication use, pharmacy dispensing records, and others. This study used the indirect method analyzing the dispensing records to evaluate adherence of 295 patients treated with antiretrovirals in Health Unit of Ribeirão Preto (SP), from January 2009 to December 2011. The level of adherence, i. e., regularity, low irregularity, high irregularity and dropout presented values of 23.7, 26.1, 46.1 and 26.4%, and over the 3 years, the dropouts showed a significant increase, with a recidivism rate ranging from 1 to 6. The correlation studies showed a negative correlation ($P<0.05$) between age and adherence, more pronounced in women ($P<0.01$). On the other hand, the changes in therapeutic prescriptions was positively correlated with the abandon ($P<0.05$). Based on these results, peculiarities of populations' adherence are useful in the development of actions aiming to improve the assistance.

Key words: Acquired immune deficiency syndrome virus, highly active antiretroviral therapy, medication non-adherence, correlation studies.

INTRODUCTION

After three decades of the human immunodeficiency virus (HIV) emergence, Brazil has occupied a prominent role, ensuring free access of the population to highly active antiretroviral therapy (HAART). This action contributed to the stabilization of the epidemic and increased the rates of longevity and quality of life, even though the growth was still observed in sub-populations in condition of vulnerability and mortality (Barreto et al., 2011; Brasil, 2013; Fonseca and Bastos, 2007). This growth can be attributed to the poor patient adherence to therapy

(WHO, 2003; Ceccato et al., 2004; Melchior et al., 2007), a challenge for the Brazilian Unified Health System (Crespo-Fierro, 1997; Figueiredo et al., 2001).

Despite the difficulty of establishing a measure of adherence to treatment effectiveness, studies show that the expected effects of viral sustainable suppression and improvement of the immune system occur when the patient ingest about 95% of prescribed doses (Paterson et al., 2000; Gross et al., 2006). Lower levels of adherence can lead to selection of resistant viruses resulting

*Corresponding author. E-mail: pintommfcfrp@gmail.com.

in treatment failure and new treatment schemes, more complex and costly (Martin-Sanchez et al., 2002; Munakata et al., 2006)

In general, patients present adherence of 20 to 50% to prescription of health care professionals and treatment recommendations, including medicine use ranged from 20 to 50% (WHO, 2003; Brasil, 2007; DiMatteo, 2004; Osterberg and Blaschke, 2005). Adherence is a dynamic and multidimensional phenomenon determined by the inter-relation of economic and social factors that requires shared and mutual responsibility between the individual diagnosed positive for HIV, the health equipment and social network (WHO, 2003; Brasil, 2007).

According to Nachega et al. (2006) is important to know the level of adherence to HAART, since some problems such as long distance from home, difficulty with the dosing schedules, and running out of pills can be identified soon and strategies focused on adherence maximized. However, there is no way to establish a "gold standard" for measuring adherence (WHO, 2003). Direct and indirect methods are used to evaluate medication adherence. Among the direct measures, we can include plasma concentration of antiretrovirals (ARVs) and their metabolites, drug assay in urine and direct observation of the patient receiving the medication (Crozzati, 2007). Among the indirect measures, self-report, the daily record of medicine use, manual/electronic counting of pills, electronic monitoring and drug dispensing records of pharmacies can be used (Bonolo et al., 2007; Carvalho et al., 2003; Johnson et al., 2009; Rocha et al., 2011; Polejack and Seidl, 2010).

For the computerized system and identification by bars code of the dispensed medication, the data records began to be highly accurate and reliable, providing precise and exact information. Although it does not ensure that medications dispensed will be used correctly, it is considered that there is a relation between medication dispensed and their correct use (WHO, 2003; Gomes et al., 2009).

In this context, a public unit for medication dispensing (PUMed) has a special role to the access and the coherent use of the medication (prescription, dispensation and patient use). This PUMed is generally linked to a basic healthcare unit (BHCU) which has multidisciplinary professionals in a city or district (Brasil 2010a, b). Consequently, studies directed towards a single PUMed can reveal the impact of a complete healthcare service for a specific group of patients (Brasil, 2007; Minas, 2008).

Therefore, the aims of this study were to evaluate the adherence of patients by using the individual dispensing records of ARVs and correlate adherence to age, gender and scheme's modifications.

METHODOLOGY

The location of data collection was the pharmacy from PUMed Sumarezinho, situated at the West District of Ribeirão Preto city, State of São Paulo, Brazil. The records of dispensing ARVs (and

HAART) were collected during 36 months (from January 1st, 2009 to December 31st, 2011).

The PUMed is from a BHCU assisted by the Faculty of Medicine of Ribeirão Preto, University of São Paulo and the Municipal Secretariat of Health. The PUMed is part of the service of pharmaceutical care of the Municipal Health System of Ribeirão Preto (MHS). This PuMed is linked to the PN-DST/AIDS for providing the dispensing medication from strategic component of pharmaceutical care including ARVs beyond the municipal essential medicines (REMUME). Among the list of ARVs available for dispensing in the municipality are: (1) Nucleotide Reverse Transcriptase Inhibitors (NRTIs): abacavir (ABC), didanosine (ddl), stavudine (d4T), lamivudine (3TC), tenofovir (TDF), zidovudine (AZT) and lamivudine + zidovudine (AZT + 3TC, Biovir®); (2) Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTIs): efavirenz (EFV) and nevirapine (NVP); (3) and protease inhibitors (PI): atazanavir (ATV), darunavir (DRV), fosamprenavir (FPV), indinavir (IDV), ritonavir (RTV), saquinavir (SQV) and lopinavir + ritonavir (LPV/r, Kaletra®); (4) fusion inhibitor (FI): enfuvirtide (T20) and; (5) integrase inhibitor (II): raltegravir (RAL).

Population and sampling

The population of the west district is estimated at 151,218 inhabitants, according to IBGE (2013).

Antiretroviral drugs were dispensed mainly to resident population in the area of the BHCU. The data was collected from 341 patients who had personal registration of dispensation. Criteria for eligibility were: gender (male, female), age (≥ 18 years) and on HAART. From these, were selected patients who had the registries in the system of management of the municipality's health, named HygiaWeb, and logistics control system of medications (Siclom) since January 1st, 2009. Patients were excluded based on: (1) did not pickup medication for a period longer than 12 months ($n=26$); (2) transfer registered ($n=9$); (3) obits ($n=10$) and; (4) pregnant women ($n=1$) due to the particularity of treatment (Gomes et al., 2009). Finally, after exclusions, the populations studied totaled 295 individuals (86.51%). All patients in use of HAART had their names coded to ensure anonymity (alphanumeric code).

In the present work, record on dispensing drugs to patients with HIV/AIDS dispensed the statement of consent. This study was approved by the Ethics in Research, Teaching Health Center, CONEP-CEP on 03/09/2012.

Dispensing records

The ARVs are dispensed in the PUMed from a BHCU, through individualized assistance. Each patient, at the dispensing, receives the amount of pills for one month of treatment and the date of the next return, according to the medical prescription. For each dispensation along the 36 months of the study, the attendance records and individually dispensing drugs (individual records, HygiaWeb and Siclom) were analyzed. From both, individual form and Siclom/HygiaWeb, the following data were collected: ARVs, quantity dispensed, date of dispensing and changes in the scheme of treatment. Finally, the information was inserted into a database (Excel 2003, Microsoft®).

Evaluation of dispensations

For the analysis, the following variables were considered: number of patients, gender (male and female), age (≥ 18 years), use of medications and schemes (medications used and scheme according the methodology), as well as the modifications in HAART scheme (number of modifications on schemes during the period).

Regarding medications' dispensing were considered the frequency (monthly) during the period. Anticipated dispensations or dispensations for more than one month of treatment, time and counting pills were adjusted for the monthly period (Gomes et al., 2009; Grossberg et al., 2004). Thus, classification of dispensations were divided into three groups: regular, when there was no failure in withdrawing medications, including frequency (monthly) and amount of pills; Irregular, patients who did not pick up the medications in the correct frequency (monthly), remaining a period of 30 to 60 days without medications were considered; and dropouts, when the patient failed the pickup of medication for longer than 60 days (Bomtempo, 2000; Carmody et al., 2003; Seguy et al., 2007) with the possibility of the return to the treatment.

For each patient who abandoned (> 60 days) and returned to treatment, recidivism rates were calculated. Already for irregularities (up to 60 days) were classified as low and high irregularity. Low irregularity were considered, which is the frequency of pickup of ARVs $\geq 95\%$, or in other words, from one to two irregular pick up of medications over the period. For high irregularity were considered the patients who picked up the medication at a frequency $\leq 95\%$, in other words, three or more irregular pickups.

Statistical data analysis

Statistical analyzes were performed by SigmaStat software (SigmaStat for Windows, Version 3.5, Systat Software Inc. 2006). One-way analysis of variance (ANOVA) was used for data analysis (regularity, irregularity and dropouts between the years). For the use of ARVs, the data presented as parametric and correlation test of "Pearson" was used. The P-value was set at $P < 0.05$.

RESULTS

Table 1 presents the population's characteristics. From the total, 152 were male (51.5%) and 143 females (48.5%). The male population, female and total presented a normal distribution since the medians and percentiles were close, as well as the low standard deviation between ages. Male/female ratio was 1.06 (Table 1).

Regarding age, the main proportion of AIDS cases was observed between 40 and 49 years (42.7%), followed by age group 50 to 59 years (19.7%).

Comparisons between the rates of irregularities during the period (Figure 1) showed that there were no statistical differences between 2009 (17.2 ± 7.3), 2010 (17.1 ± 4.3) and 2011 (17.1 ± 3.5) with $P > 0.05$. The averages of dropouts in the first, second and third years were 6.3 ± 2.5 (1 to 12 months), 9.4 ± 1.8 (13 to 24 months) and 12.3 ± 1.8 (25 to 36 months), respectively. Statistical analysis revealed a significant increase in the number of dropouts ($P < 0.01$) from the first to the second year and from the second to the third year (Figure 1). The regularity ($n = 295$), which involves dispensation of HAART within a period of 30 days, was detected for 70 individuals, or 23.7% of total adherence to treatment (Figure 2A and 3).

Considering low irregularity, the percentage achieved 26.1% (77 patients), however patients with high irregularity, i.e., time without pickup the medication is higher than 5%, was 46.1% (Figure 2A).

In this study, patients who dropout totalized 78, the percentage was 26.4% value higher than patients considered regular (Figure 2A). We should also consider the recidivism rate of these individuals (Figure 2B). In this study it was observed that 78.2% of these individuals ($n=61$) dropout and returned to the treatment once or twice and 20.4% (17 subjects) did it more frequently, from 3 to 6 times during 3 years (Figure 2B).

Regarding the total population ($n=295$), statistically significant correlations between the dropout rate and (1) age, (2) change in the treatment scheme of the individual and (3) regularity was observed (Table 2). The regularity demonstrated negative significant statistically correlation more substantial with the dropouts ($r=-0.558$), in other words, the higher regularity, lower dropouts. In relation to age, the higher the age of the population the lower the dropouts ($r=-0.196$) and more regularity ($r=0.224$), as shown in Table 2. In contrast, the change in the treatment scheme is positively correlated to dropouts and negatively to the regularity. This implies that the higher the change in the treatment scheme of the individual the higher the dropout rate.

Concerning male ($n=152$), a statistically significant influence on these correlations was not observed (Table 2). Only a statistically negative with respect to the regularity and dropout rate was observed ($r=-0.534$). However, females ($n=143$) had a strong influence on the correlations, particularly to dropouts and change in treatment scheme (Table 2). Finally, no correlation was observed between age and change in the treatment scheme of patients regarding the general population and genders.

Between January 2009 and December 2011, considering the first record of dispensing for each patient, 49 different HAART's schemes were detected. Therefore in the course of the records there was an increase in the number of schemes to 80, or an increase higher than 63% in the number of combinations of HAART for the treatment of patients during the period.

The combinations of HAART more prescribed were triple schemes combining two NRTIs with a NNRTI, being the most common medication AZT+3 TC (62.7%). The most frequent combinations with AZT +3TC was with EFZ (28.1%) and NVP (13.3%). The most prevalent of PI scheme with AZT +3TC medications was LPV/r (9.5%).

DISCUSSION

According to Brazilian government, in 2011, the national population ratio was of 1.7, narrowing over the years (Szwarcwald et al., 2000; Dhaliya et al., 2000 Ribeirão Preto, considering cases from 1985 to 2011, ratios were 2.12 and 1.57, respectively. One factor that may explain the decrease in the proportion of HIV cases between men and women is the increased rates of heterosexual transmission to women (84.6%) (Brasil, 2011). In Ribeirão Preto, the higher exposure category of the 5628 cases from

Table 1. Descriptive analyses of the population studied.

Data	Population		
	Total	Male	Female
Localization	Ribeirão Preto (state of São Paulo), Brazil		
N	295	152	143
Age (years)			
Mean	44.6	44.3	44.9
Standard deviation	9.1	8.9	9.2
Minimum	18	18	28
Maximum	75	75	71
Median	44	45	44
Percentile 25	39	39	38
Percentile 75	50	49.5	51

Table 2. Correlation between parameters related to the use of ARVs on the Basic Healthcare Unit.

Population	Total (n=295)			Male (n=152)			Female (n=143)		
	Dropout	Age	Scheme change	Dropout	Age	Scheme change	Dropout	Age	Scheme change
Age	-0.196*	-	-	-0.157	-	-	-0.240**	-	-
Scheme change	0.132*	-0.003	-	0.010	0.059	-	0.245**	-0.072	-
Regularity	-0.558**	0.224**	-0.115*	-0.534**	0.137	0.009	-0.585**	0.331*	-0.237**

*P<0.05; **P<0.01

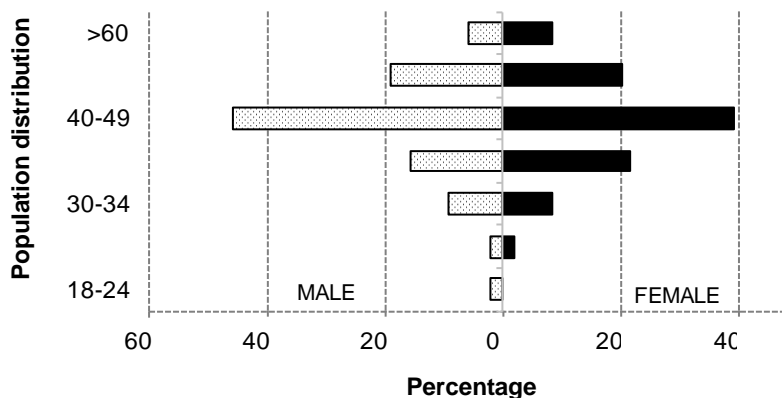


Figure 1. Distribution of the population studied regarding age range (n total=295, n males= 152, n females= 143).

from 1985 to 2011, is heterosexual (43.8%) followed by injecting drug users (IDU) (29.35%) (Ribeirão, 2013).

The studied population had the lowest ratio male/female, this is an expressive female predomination, and considering heterosexual category as high risk, the PUMed should pay attention to this scenario. Santos et al. (2009) suggested, after analyzing the vulnerability to HIV among Brazilian women, the need to think about prevention strategies focused on women and not just

focus on their individual behaviors.

Regarding the percentage of AIDS cases in this population, there are many differences when comparing to São Paulo state, which prevails in the range between 30 and 39 years (38.4%), followed by the range of 40 to 49 years (20,2%) (São Paulo, 2011). In Ribeirão Preto, the most prevalent age group according to the first diagnosis is 30 to 39 (2120 from 5637 patients, 37.6%) and 20 to 29 years (1855 from 5637 patients, 32.9%)

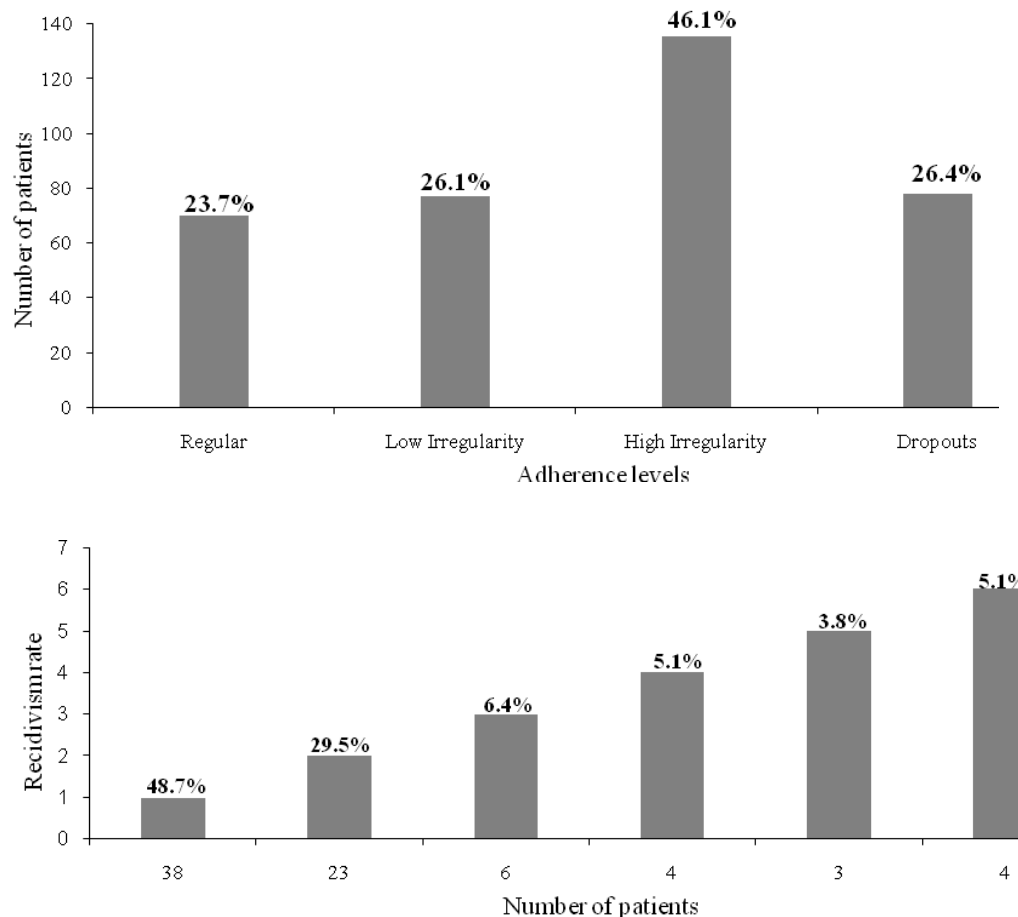


Figure 2. Adherence levels (A) and recidivism rate (B) of related patients in the study (n=295).

years. A projection from the first diagnosis to today for patients in Ribeirão Preto shows that the largest proportion of age groups are 40 to 49 (2360 of 5616, 42.02%) and 50 to 59 (1349 of 5616; 24.02%), the same age groups presented by the studied population. Therefore, we observe that age in this study is more pronounced than in the state of São Paulo. Due to increasing of life expectancy, it is necessary to develop special actions for control and prevention of HIV infection in patients older than 40 years.

Evaluation of adherence

In their studies performed in Philadelphia (USA), Grossberg et al. (2004) concluded that, despite the self-reports indicate that patients would be 100% adherent to treatment, only 41% were considered adherent by the pharmacy dispensing records. According to Bedell et al. (2000), only one third of patients from an academic center in Boston (USA) used their medications as prescribed and despite they understand the risks of the nonadherence, the level of adequately compliance to

medication used was lower than recommended. Here it was noticed that the chronic HAART users had low adherence (Figure 3). According to Jordan et al. (2000), for chronic diseases there are decreases in adherence with the time of treatment because, in general, patients feel asymptomatic, become comfortable and opt out of the treatment.

According to Paterson et al. (2000), to decrease the viral load is necessary ingestion of 95% of the prescribed medications. When analyzing patients at high irregularity period without pickup, the value added up 46.1% (Figure 2A). Hence, actions such as residence visits, educational campaigns and supervised medication use should be encouraged to inhibit this practice of patients. According to Safren et al. (2001), another way to increase HAART adherence could be the self monitoring condition (using daily report, recording the number of pills prescribed and the number of pills taken) and life step condition (utilizing cognitive-behavioral, problem-solving and motivational interviewing techniques).

The percentage of individuals considered regular and irregular in our findings were not similar to previous studies (11.8 and 57.9%; 55.9 and 44.1%; 64.1 and 35.9%,

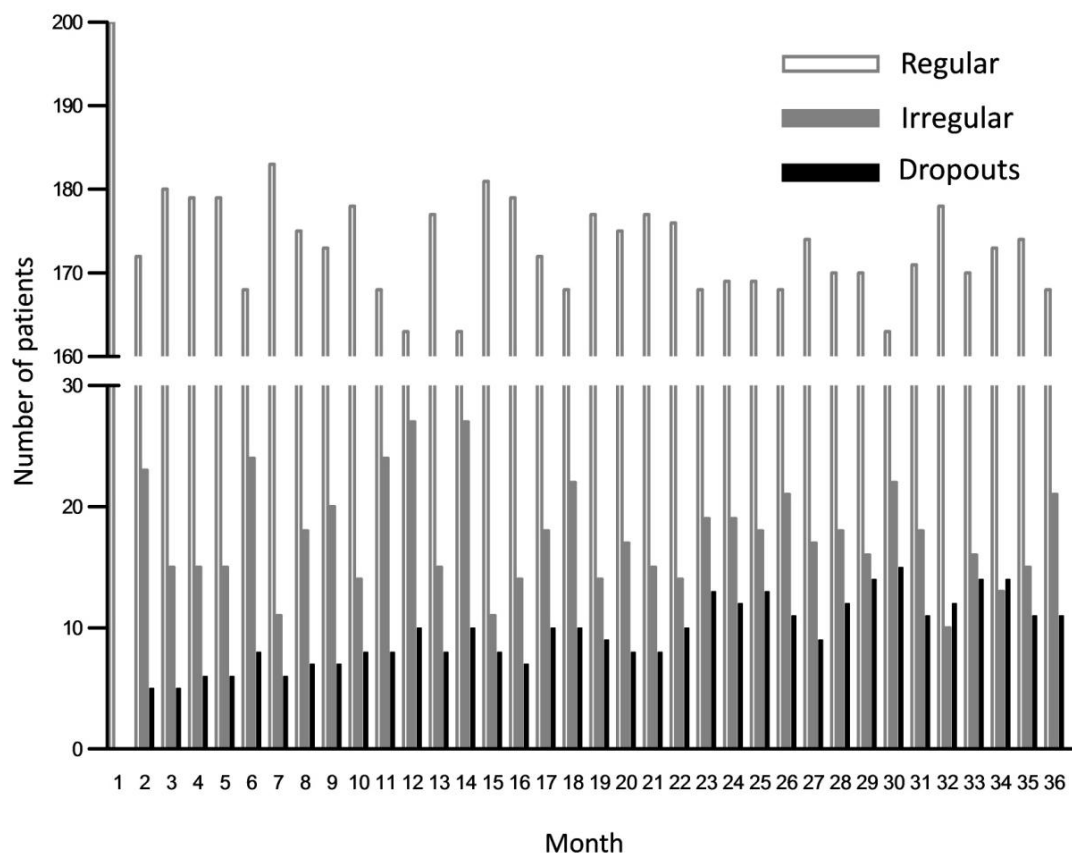


Figure 3. Regularities, irregularities, and dropouts of patients in HAART from BHDU from January 2009 (1st month) to December 2011 (36th month). n=200: patients who pickup ARVs from month 1 to 36.

respectively) (Gomes et al., 2009; Brito et al., 2006; Nogueira et al., 2007). Data from WHO (2003) reported that only about 1/3 of individuals use the medication as prescribed. Furthermore, Rocha et al. (2011) found that 19.4% of patients which were considered adequately compliant by self-report had, according to the pharmacy records, dropped out of the treatment. Hence, a comparison between all studies is very important to establish methodological standardization to estimate the adherence. These differences observed between the several studies may be due to the difficulty of classifying adherence to HAART. The studies usually establish different cut off points. For instance, Bonolo et al. (2007) compared adherence studies found in cut off points ranging from 80 to 100% of adherence for achieving the treatment efficacy. In addition, other variables may influence the evaluation of treatment adherence, such as access and services with high quality, physical structure of the BHDU and inter-relations between the multidisciplinary equip.

Special attention should be directed to patients who dropout the HAART. In this study, these individuals totaled 78 (26.4%). Brito et al. (2006) reported 35.9% of dropouts, while Gomes et al. (2009) 30.3%. Despite

these high values, we should also consider the recidivism rate of these individuals. Here we observed that 78.2% of patients dropout and returned to treatment once or twice and 20.4% did it from 3 to 6 times.

The effectiveness of HAART is strictly associated to treatment adherence. Raffa et al. (2006) determined the viral level and the genotype resistance by analyzing plasma of patients in HAART. They reported that adherence between 80 to 90% increased the viral genotypic mutations at a higher rate of those who adhered in a lower or higher range. They concluded that ingestion of HAART in this interval can cause virologic resistance and treatment failure. Therefore, adherence studies are extremely important since we can identify the characteristics of patients, those at low adherence, using strategic tools to improve this parameter. In this context, it is worth mentioning that pharmaceutical care (Foisy and Akai, 2004), pharmacotherapy monitoring and health promotion activities (ongoing education) (Rueda et al., 2006) are very important for patients diagnosed as HIV positive. These actions can improve the adherence to treatment and, for more vulnerable groups such as children and elderly people, the contamination and side effects by HIV.

Correlations between the parameters related to the use of antiretrovirals

We observed that the higher regularity, lower dropouts in the studied population. In relation to age, its negative value correlated with dropouts. In contrast, change in the treatment scheme is positively correlated with dropouts and negatively associated with regularity. This implies to say more changes in treatment scheme of the individual is associated with a higher dropout rate. Concerning only males, there were no statistically significant influence on these correlations, except regarding regularity and dropout rate, as expected. Females strongly influenced the correlations in general population, particularly for dropouts and changes in treatment scheme. Finally, we did not observe any correlation between age and changes in treatment scheme for general population or genders.

This study demonstrates that there are relevant tendencies to dropouts in relation to age and gender. Multidisciplinary should be direct efforts in order to improve the regularity of these patients. Thus, knowing the particularities in adherence of a population through simple statistical studies, actions can be promoted such as coherent use of drugs specifically targeted to groups as a way to increase adherence at levels higher than 95% with subsequent increase of treatment efficacy.

Characterization of changes in treatment schemes

The combinations of HAART medical prescriptions were schemes associating two NRTIs, with a NNRTI being the most common medication AZT + 3TC (62.7%). The most frequent combinations with AZT + 3TC was with EFZ (28.1%) and NVP (13.3%). The most prevalent of PI scheme with AZT + 3TC medication was LPV/r (9.5%). In studies that also evaluated the therapy used, the more prescribed schemes were also schemes combining two NRTIs and one NNRTI, with values similar to the scheme AZT + 3TC + EFV (30.7, 26.9 and 34.1%) (Gomes et al., 2009; Blatt et al., 2009; Fonseca et al., 2012).

Conclusion

Therefore, a well-studied data associated to precise statistical analysis can contribute significantly within particular characteristics of population and thus be able to use this information to develop actions to improve the treatment. For this reason, it is a necessary knowledge of the multidisciplinary staff to use this information properly in an interdisciplinary way, acting to serve the population in health promotion and continuous education in a humanistic way, thus increasing adherence.

REFERENCES

Barreto ML, Teixeira MG, Bastos FI, Ximenes RA, Barata RB,

- Rodrigues LC (2011). Successes and failures in the control of infectious diseases in Brazil: social and environmental context, policies, interventions, and research needs. *Lancet* 377:1877-89.
- Bedell SE, Jabbour S, Goldberg R, Glaser H, Gobble S, Young-Xu, Graboys TB, Ravid S (2000). Discrepancies in the use of medications: their extent and predictors in an outpatient practice. *Arch. Intern. Med.* 160:2129-2134.
- Blatt CR, Citadin CB, Souza FG, Mello RS, Galato D (2009). Avaliação da adesão aos anti-retrovirais em um município no Sul do Brasil. *Rev. Soc. Bras. Med. Trop.* 42:131-136.
- Bomtempo NM (2000). Estudo de fatores de risco para uso irregular do tratamento anti-retroviral, em um serviço público de referência, em Minas Gerais. Dissertação, (Mestrado em Medicina Tropical) - Faculdade de Medicina, Universidade Federal de Minas Gerais, Belo Horizonte
- Bonolo PF, Gomes RRFM, Guimarães MDC (2007). Adesão à terapia anti-retroviral (HIV/aids): fatores associados e medidas da adesão. *Epidemiol. Serv. Saúde* 16:267-78.
- Brasil. Lei nº 9313 de novembro de 1996. Dispõe sobre a distribuição gratuita de medicamentos aos portadores do HIV e doentes de AIDS. Available in http://www.planalto.gov.br/ccivil_03/leis/19313.htm, accessed in June 2013.
- Brasil. Ministério da Saúde. Boletim Epidemiológico AIDST (2011); Ano VIII, nº. 1.
- Brasil. Ministério da Saúde (MS) (2007). Diretrizes para o fortalecimento das ações de adesão ao tratamento para pessoas que vivem com HIV e Aids. Brasília: PN-DST/Aids.
- Brasil. Ministério da Saúde. Departamento de DST(2010a). Aids e hepatites virais. Adesão ao tratamento antirretroviral no Brasil: coletânea de estudos do projeto atar. Brasília: Secretaria de Vigilância em Saúde.
- Brasil. Ministério da Saúde. Departamento de DST (2010b). Aids e hepatites virais. Protocolo de assistência farmacêutica em DST/HIV/Aids: recomendações do Grupo de Trabalho de Assistência Farmacêutica. Brasília: Secretaria de Vigilância em Saúde.
- Brito AM, Szwarcwald CL, Castilho EA (2006). Fatores associados à interrupção de tratamento anti-retroviral em adultos com AIDS: Rio Grande do Norte, Brasil, 1999 - 2002. *Rev. Ass. Med. Bras.* 52:86-92.
- Carmody ER, Diaz T, Starling P, dos Santos AP, Sacks HS (2003). An evaluation of antiretroviral HIV/AIDS treatment in a Rio de Janeiro public clinic. *Trop. Med. Int. Health* 8:378-385.
- Ceccato MG, Acurcio FA, Bonolo PF, Rocha GM, Guimarães MD (2004). Compreensão de informações relativas ao tratamento anti-retroviral entre indivíduos infectados pelo HIV. *Cad Saude Publica* 20:1388-97.
- Crespo-Fierro M (1997). Compliance/adherence and care management in HIV disease. *J. Assoc. Nurses AIDS Care* 8:43-54.
- Crozatti MTL (2007). Adesão ao tratamento anti-retroviral na infância e adolescência. São Paulo; Dissertação, (Doutorado em Saúde Pública) Faculdade de Medicina, Universidade de São Paulo, São Paulo.
- Dhalia C, Barreira D, Castilho EA.(2000) A AIDS no Brasil: situação atual e tendências. *Boletim Epidemiológico de DST/Aids*, v. 13, p. 2.
- DiMatteo MR (2004). Variations in patients adherence to medical recommendations: a quantitative review of 50 years of research. *Med. Care* 42:200-209.
- Figueiredo RM, Sinkoc VM, Tomazim CC, Gallani MCBJ, Colombrini MRC (2001). Adesão de pacientes com AIDS ao tratamento com antiretrovirais: dificuldades relatadas e proposição de medidas atenuantes em um hospital escola. *Rev Latino-Am Enfermagem* 9:50-5.
- Foisy MM, Akai PS (2004). Pharmaceutical care for HIV patients on directly observed therapy. *Ann. Pharmacother.* 38:550-556.
- Fonseca LC, Martins FJ, Vieira RCPA, Pereira RMC, Ferreira AS, Raposo NRB (2012). Avaliação do uso inadequado de antirretrovirais no tratamento de pacientes com HIV/AIDS. *Rev. Soc. Bras. Med. Trop.* 45:151-155.
- Fonseca MG, Bastos FI (2007). Twenty-five years of the AIDS epidemic in Brazil: principal epidemiological findings, 1980-2005. *Cad Saude Publica*; 23(Suppl 3):S333-344.
- Gomes RRFM, Machado CJ, Acurcio FA, Guimarães MDC (2009).

- Utilização dos registros de dispensação da farmácia como indicador da não-adesão à terapia anti-retroviral em indivíduos infectados pelo HIV. *Cad. Saúde Pública* 25:495-506.
- Gross R, Yip B, Re III VL, Wood E, Alexander CS, Harrigan PR, Bangsberg DR, Montaner JSG, Hogg RS (2006). A simple, dynamic measure of antiretroviral therapy adherence predicts failure to maintain HIV-1 suppression. *J. Infect. Dis.* 194:1108-1114.
- Grossberg R, Zhang Y, Gross R (2004). A time-to-prescription-refill measure of antiretroviral adherence predicted changes in viral load in HIV. *J. Clin. Epidemiol.* 57:1107-1110.
- Guimarães MDC, Acurcio FA, Freitas MIF, Bonolo PF, Ceccato MGB, Campos LN, Ferreira DN (2003). Fatores associados à adesão ao tratamento anti-retroviral (ARV) em indivíduos infectados pelo HIV/AIDS: uma abordagem quantitativa e qualitativa, Belo Horizonte (MG), 2001-2003 (Projeto ATAR). Belo Horizonte: Programa Nacional de DST/AIDS.
- Instituto Brasileiro de Geografia e Estatística (IBGE) (2013). Available in: <http://www.ibge.gov.br/cidadesat/xtras/perfil.php?codmun=354340>, accessed in July.
- Johnson CJ, Heckman TG, Hansen NB, Kochman A, Sikkema KJ (2009). Adherence to antiretroviral medication in older adults living with HIV/AIDS: a comparison of alternative models. *AIDS Care* 21:541-551.
- Jordan M, Lopes JF, Okazaki E, Komatsu CL, Nemes MIB (2000). Aderência ao tratamento anti-retroviral em AIDS: revisão da literatura médica. In: Teixeira PR, Paiva V, Shimma E, organizadores. *Ta difícil de engolir? Experiências de adesão ao tratamento anti-retroviral em São Paulo. São Paulo: Núcleo de Estudos para Prevenção da AIDS/Centro de Referência e Treinamento DST/AIDS*; p. 5-22.
- Martin-Sanchez V, Ortega-Valin L, Perez-Simon MR, Mostaza-Fernández JL, Ortiz de Urbina-González JJ, Rodríguez-María M, Carro-Fernández JA, Cuevas-González MJ, Alcoba-Leza M (2002). Factors predicting lack of adherence to highly active antiretroviral treatment. *Enferm Infect. Microbiol. Clin.* 20:491-497.
- Melchior R, Nemes MI, Alencar TM, Buchalla CM. (2007) Desafios da adesão ao tratamento de pessoas vivendo com HIV/AIDS no Brasil. *Rev Saude Publ.* 41(Supl 2):87-93.
- Minas G (2008). Manual de boas práticas para Unidades Dispensadoras de Medicamentos Anti-Retrovirais do Estado de Minas Gerais. Brasil.
- Munakata J, Benner JS, Becker S, Dezii CM (2006). Hazard EH, Tierce JC. Clinical and economic outcomes of nonadherence to highly active antiretroviral therapy in patients with human immunodeficiency virus. *Med. Care* 44:893-899.
- Nacheva JB, Hislop M, Dowdy DW, Lo M, Omer SB, Regensberg L, Chaisson RE, Maartens G (2006). Adherence to highly active antiretroviral therapy assessed by pharmacy claims predicts survival in HIV-infected South African adults. *J. Acquir. Immune Defic. Syndr.* 43:78-84.
- Nogueira IAL, Leão ABB, Bueno RR, Soares AQ, Carvalho RF (2007). Estudo da dispensação de medicamentos anti-retrovirais a pacientes infectados por HIV no serviço de farmácia do HC-UFG: primeiro passo na implantação da atenção farmacêutica. *Revista Eletrônica de Farmácia*; IV (1):104-112.
- Osterberg L, Blaschke T (2005). Adherence to medication. *N. Engl. J. Med.* 353:487-497.
- Paterson DL, Swindells S, Mohr J, Brester M, Vergis EN, Squier C, Wagener MM, Singh N (2000). Adherence to protease inhibitor therapy and outcomes in patients with HIV infection. *Ann. Intern. Med.* 133:21-30.
- Polejack L, Seidl EMF (2010). Monitoramento e avaliação da adesão ao tratamento antirretroviral para HIV/aids: desafios e possibilidades. *Ciênc. Saúde Colet.* 15:1201-8.
- Raffa J, Tossonian H, Grebely J, DeVlaming S, Conway B (2006). Existence of Intermediate antiretroviral (ARV) adherence thresholds in the development of drug resistance. *Anais do XVI International AIDS Conference 2006*; Toronto, Canada. Toronto.
- Ribeirão P (2013). Secretaria de Saúde. Vigilância Epidemiológica. Available in: <http://www.ribeiraopreto.sp.gov.br/ssauade/vigilancia/vigep/aids-grafico-final.pdf>, accessed in June.
- Rocha GM, Machado CJ, Acurcio FA, Guimarães MDC. (2011) Monitoring adherence to antiretroviral treatment in Brazil: an urgent challenge. *Cad. Saúde Pública* 27:s67-s78.
- Rueda S, Park-Wyllie LY, Bayoumi AM, Tynan AM, Antoniou TA, Rourke SB, Glazier RH (2006). Patient support and education for promoting adherence to highly active antiretroviral therapy for HIV/AIDS. *Cochrane Database Syst. Rev.* CD001442.
- Safren SAW, Otto M, Worth JL, Salomon E, Johnson W, Mayer K, Boswell S (2001). Two strategies to increase adherence to HIV antiretroviral medication: life-steps and medication monitoring. *Behav. Res. Ther.* 39(10):1151-1162.
- Santos NJS, Barbosa RM, Pinho AA, Villela WV, Aidar T, Filipe EMV (2009). Contextos de vulnerabilidade para o HIV entre mulheres brasileiras. *Cad. Saúde Pública*; 25:s321-s33.
- São P (2011). Boletim Epidemiológico C.R.T. – DST/AIDS. C.V.E., Ano XXVII, no 1.
- Seguy N, Diaz T, Campos DP, Veloso VG, Grinsztejn B, Teixeira L, Pillotto JH (2007). Evaluation of the consistency of refills for antiretroviral medications in two hospitals in the state of Rio de Janeiro, Brazil. *AIDS Care* 19:617-25.
- Szwarcwald CL, Bastos FI, Esteves MAP, Andrade CLT (2000). "A disseminação da epidemia da AIDS no Brasil, no período de 1987-1996: uma análise espacial The spread of the AIDS epidemic in Brazil from 1987 to 1996: a spatial analysis." *Cad. Saúde Pública* 16.Sup 1: 7-19.
- WHO (World Health Organization) (2003). Adherence to long-term therapies: Evidence for action. WHO, Geneva.

Full Length Research Paper

Physicochemical characterisation of *Irvingia wombolu* gum in tramadol encapsulated granules

Onyishi V. Ikechukwu* and Chime A. Salome

Department of Pharmaceutical Technology and Industrial Pharmacy, University of Nigeria, Nsukka 410001, Nigeria.

Accepted 8 November, 2013

The objectives of the work were to evaluate the binder properties of gum from *Irvingia wombolu* seed cotyledons and to compare with sodium carboxymethylcellulose (SCMC) in tramadol encapsulated granules. Tramadol granules was formulated by wet granulation using gum derived from the seed cotyledons of *I. wombolu* as binder at concentrations of 2.5, 5.0, 7.5, 10.0 and 15.0% w/w. The binder properties of the gum were compared with that of SCMC. The flow properties of the granules were studied by direct and indirect methods. The tramadol capsules were evaluated using necessary official tests. The phytochemical and physicochemical properties of the gum were also studied. The results showed that tramadol granules exhibited good flow for the production of quality capsules. Tramadol capsules formulated with *Irvingia wombolu* gum and SCMC, respectively complied with BP specification for capsules weight uniformity with percentage deviations below 10%. Capsule disintegration time ranged from 4.80 ± 0.43 min to 5.90 ± 0.45 min for tramadol capsules formulated with *I. wombolu* gum and were not significantly affected by concentration of gum in the formulation ($p < 0.05$). However, tramadol capsules formulated with *I. wombolu* gum exhibited faster disintegration time than SCMC ($p < 0.05$) whose disintegration time occurred at 14.20 ± 0.87 min. The results of phytochemical analysis of *I. wombolu* gum showed that the gum contains alkaloids, flavonoids, saponin, tannins and glycosides. Therefore, natural gum from *I. wombolu* has good potential to be used in formulating normal release tramadol capsules.

Key words: *Irvingia wombolu* gum, physicochemical characterization, micromeritic studies, capsule production.

INTRODUCTION

Tramadol is a synthetic 4-phenyl-piperidine analogue of codeine that is a weak μ -opioid receptor agonist (Howard and Huda). It is indicated for the management of moderate to moderately severe pain including chronic pain and pain associated with molar extraction in adults (Wantana et al., 2011). Tramadol is an effective and well-tolerated agent to reduce pain resulting from trauma, renal or biliary colic and labour, and for the management of chronic pain of malignant or nonmalignant origin, particularly neuropathic pain (Wantana et al., 2011).

Irvingia wombolu commonly called bush/wild mango, or dika nut, is an edible Africa indigenous fruit tree that produces edible fruits and seeds (Atangana et al., 2002;

Harris, 1996). *Irvingia* belongs to the family Irvingiaceae; the fruit of *I. wombolu* is sour and is consumed locally and the edible kernels are used for culinary purposes (Fajimi et al., 2007). In Nigeria, the kernels are used as a condiment and are highly valued for their food thickening properties (Ndjouenekeu et al., 1996; Fajimi et al., 2007) in preparing "ogbono" or draw soup. Gums from plants are mainly long chain, straight or branched chain polysaccharides that contain hydroxyl groups which bond to water molecules (Emeje et al., 2008). These gums are generally non-toxic and widely available, hence the continued interest (Emeje et al., 2008). A number of plant gums have been investigated as binding, suspending or

*Corresponding author. E-mail: docikeonyishi@gmail.com, ikechukwu.onyishi@unn.edu.ng. Tel: + 2348033763348.

emulsifying agents in both solid and liquid dosage formulations (Chukwu et al., 1994; Nasipuri et al., 1999; Odeku and Itiola, 1998; Emeje et al., 2008). Binders confer structural strength required by granules during processing, handling, packaging and transportation. The widening availability of natural gums with specific characteristics offers flexibility of application with respect to improving the bioavailability of drugs and manipulating their release profile (Momoh et al., 2011). Also, the use of synthetic polymer matrix materials often goes along with detrimental effects on incorporated drug during manufacturing of formulations or during the erosion of the polymers after application (Reithmeir et al., 2001). The aim of the work is to formulate tramadol encapsulated granules using a natural gum from the seed cotyledons of *I. wombolu* and to evaluate the *in vitro* properties of the capsules.

MATERIALS AND METHODS

Chemicals and reagents

Lactose (Merck, Germany), sodium carboxymethylcellulose, acetone (BDH, England), magnesium stearate, tramadol (May and Baker, England), distilled water (Lion water, Nsukka, Nigeria) were used for this study. *I. wombolu* seed gum was obtained from a batch processed in our laboratory. All other reagents and solvents were of analytical grade and were used as supplied.

Extraction of *I. wombolu* gum

I. wombolu seed were purchased from the market of Nsukka, Enugu State, Nigeria in the month of June, 2010. The plant material was authenticated by Mr. A.O. Ozioko, a consultant taxonomist with the International Center for Ethnomedicine and Drug Development (InterCEDD) Nsukka. The voucher specimen of the plant studied was kept in the herbarium of the Department of Pharmacognosy and Environmental Medicines, University of Nigeria, Nsukka. *I. wombolu* seeds were milled using an equipment of hammer mill type (500# grinder/Fuyu Metal, Linyi Fuyu Metal Products Co., Ltd, China) and soaked in water containing 1% sodium metabisulphite for about 12 h, it was filtered and the gum was precipitated using acetone. The precipitated gum was dried for 2 h in a tray dryer (Manesty Ltd, Liverpool, England) at 40°C. The dried gum was milled in an end runner mill (Pascal Engineering Co Ltd, England) and finally passed through 55 mm sieve (Turgens & Co., Germany).

Phytochemical screening

Phytochemical tests were carried out on the powdered gum for the presence of alkaloids, tannins, saponins, flavonoids, resins, oils, steroids, glycosides, terpenoids, acid compounds, carbohydrates, reducing sugars and proteins. The tests were carried out using standard procedures of analysis (Harborne, 1993; Sofowora, 1993; Trease and Evans, 2002).

Rheological properties of *I. wombolu* gum

A 3 %w/v of *I. wombolu* gum was prepared and the viscosities were

determined at temperatures of 25, 40, 80, 60 and 100°C, respectively (Onyechi, 2008).

Solubility

The solubility of the *I. wombolu* gum was tested in water (cold and hot), n-hexane, petroleum ether, chloroform ethyl ether, acetone, ethanol and methanol.

Preparation of granules

Granules were prepared by wet granulation method using *I. wombolu* gum as binders at concentrations 2.5, 5.0, 7.5, 10.0 and 15% w/w. Details of granulation are given in Table 1. Lactose used as filler and tramadol were mixed for 10 min in a tumbler mixer. The powder mixtures were moistened with the appropriate amount of binder solution. The homogeneous wet mass was then screened through a 1.7 mm sieve and the wet granules dried in a hot air oven at 55°C for 1 h. Thereafter, the dried granules were screened through a 1.0 mm sieve (Lachman et al., 1990; Shendge et al., 2010).

Characterisation of granules

Bulk and tapped densities

A 25 g quantity of each batch of tramadol granules was placed in a 100 ml measuring cylinder. The volume occupied by the sample was noted as the bulk volume. The bulk density was calculated as shown in Equation 1:

$$\text{Bulk density } (\rho_B) = \frac{\text{Mass of powder (M)}}{\text{Bulk volume of powder (V}_B)} \quad (1)$$

The cylinder was tapped on a wooden platform by dropping the cylinder from a height of one inch at 2 s interval until there was no change in volume reduction. The volume occupied by the sample was then recorded as the tapped volume. The tapped density was calculated using the formula:

$$\text{Tapped density } (\rho_T) = \frac{\text{Mass of powder (M)}}{\text{Tapped volume of powder (V}_T)} \quad (2)$$

Flow rate and angle of repose

A funnel was properly clamped on to a retort stand. The funnel orifice diameter, base diameter and efflux tube length were appropriately measured. A 25 g quantity of the granule was placed into the funnel with the funnel orifice closed with a shutter. The time taken for the entire sample in the funnel to flow through the orifice was noted. The flow rate was gotten by dividing the mass of the sample by the time of flow in seconds. The dynamic angle of repose was determined by measuring the height of heap of powder formed using a cathetometer; the radius was obtained by dividing the diameter by two. Angle of repose (θ) for each granule sample was calculated using Equation 3 (Aulton, 2007; Ngwuluka et al., 2010):

$$\theta = \tan^{-1} \frac{\text{height of powder heap}}{\text{radius of powder}} \quad (3)$$

Table 1. Composition of tramadol capsules.

Ingredient	Quantity/capsule (mg)				
	F1	F2	F3	F4	F5/G
	2.5% binder	5.0% binder	7.5% binder	10.0% binder	15.0% binder
Tramadol	50.0	50.0	50.0	50.0	50.0
Binder*	2.5	5.0	7.5	10.0	15.0
Magnesium stearate	1.0	1.0	1.0	1.0	1.0
Lactose qs	100.0	100.0	100.0	100.0	100.0

* *Irvingia wombolu* gum, sodium carboxymethylcellulose (SCMC).

Table 2. Results of phytochemical constituents of *I. wombolu* seed gum.

Phytochemical constituent	Remark [†]
Alkaloids	+
Saponins	+
Reducing sugars	-
Tannins	+
Glycosides	+
Flavonoids	+

[†]- Absent, + present.

Compressibility index and Hausner's quotient

Carr's compressibility indices (%) of the granules were obtained using the formula (Aulton, 2007; Ngwuluka et al., 2010).

$$\text{Carr's index (\%)} = \frac{l_T - l_B}{l_T} \times 100 \quad (4)$$

While Hausner's ratio was obtained using the formula:

$$\text{Hausner's ratio} = \frac{l_T}{l_R} \quad (5)$$

Where l_T and l_B are tapped and bulk density, respectively.

Preparation of capsules

Initially, granules were treated with magnesium stearate (lubricant) and the capsules were filled manually using 100 mg of tramadol granules per capsule (Ofoefule, 2002).

Evaluation of capsules

Disintegration time test

Disintegration time test was conducted using an Erweka ZT 120 basket and rack assembly and 0.1 N HCl maintained at $37.0 \pm 1.0^\circ\text{C}$ as the disintegration medium. Ten capsules from each batch were used for the test and the procedure being as stipulated in the British Pharmacopoeia (BP) (2009).

Uniformity of mass

Twenty capsules were randomly selected from each batch. The content of each capsules were weighed individually using an electronic balance (Ohaus Adventurer, China) and the individual weights recorded. The mean weight, standard deviation and percentage deviation were calculated (BP, 2009).

Statistical analysis

Statistical analysis was carried out using Statistical Package for Social Sciences (SPSS) version 14.0 (SPSS Inc. Chicago, IL, USA). All values are expressed as mean \pm standard deviation (SD). Data were analysed by one-way Analysis of Variance (ANOVA). Differences between means were assessed by a two-tailed student's T-test. $P < 0.05$ was considered statistically significant.

RESULTS

Phytochemical constituents of *I. wombolu* gum

The results of the phytochemical analysis of the gum are shown in Table 2. The results revealed that the gum contains alkaloids, saponins, tannins, flavonoids and glycosides in substantial quantities. Reducing sugars was however not found in the gum.

Solubility

I. wombolu gum was soluble in hot and cold water (0.1% w/v). However, the gum was insoluble in n-hexane, petroleum ether, chloroform ethyl ether, acetone, ethanol and methanol.

Rheological properties of gum

The effect of temperature on the viscosity of *I. wombolu* gum is shown in Figure 1. From the results, increase in temperature increased the viscosity of the gum. Therefore, this gum could be used as binders in wet granulation without affecting the properties of the gum.

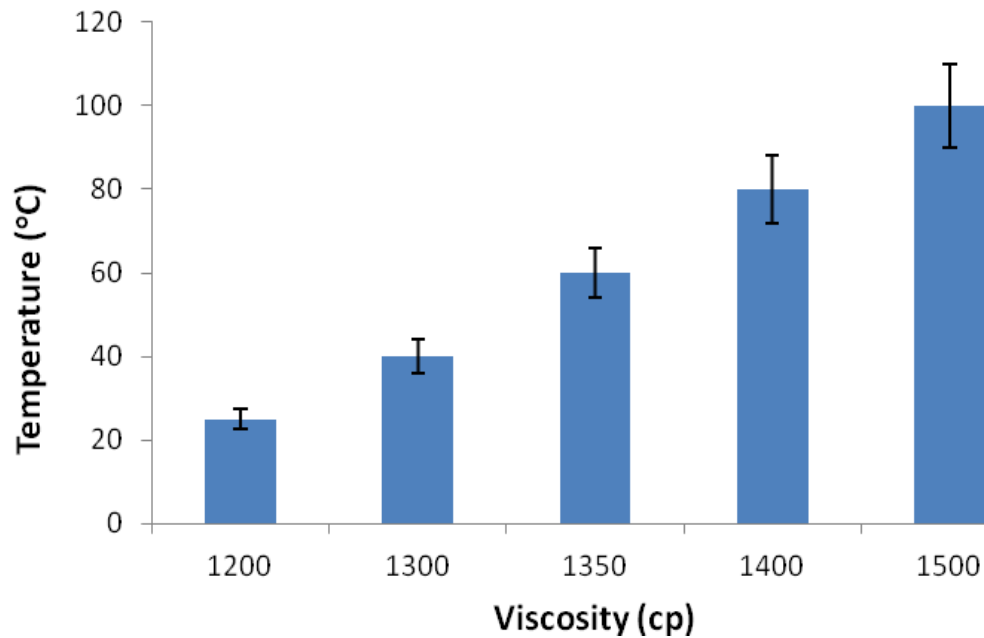


Figure 1. Effect of Temperature on 3% dispersion of the gum.

Table 3. Micromeritic properties of tramadol granules formulated with *I. wombolu* gum.

Batch (%)	ℓ_B (g/ml)*	ℓ_T (g/ml)*	A.R (°)*	H.R	C.I (%)	Flow rate (g/s)
F1 (2.5)	0.43±0.05	0.81±0.09	13.10±0.05	1.88	46.90	0.10
F2 (5)	0.42±0.03	0.80±0.07	14.00±0.03	1.90	47.50	0.10
F3 (7.5)	0.42±0.11	0.67±0.05	20.10±0.03	1.60	36.30	0.10
F4 (10)	0.39±0.05	0.50±0.07	22.50±0.09	1.25	22.00	0.09
F5 (15)	0.49±0.11	0.78±0.03	19.02±0.17	1.60	37.20	0.09
G (15 SCMC)	0.42±0.17	0.81±0.12	19.65±0.01	1.90	48.10	0.08

Values shown are mean \pm SD (*n = 3); F1 to F5: tramadol granules prepared with different concentrations of *I. wombolu* gum, G: tramadol granules prepared with 15% SCMC; ℓ_B and ℓ_T = bulk and tapped densities, AR = angle of repose, HR = Hausner's ratio, CI = Carr's compressibility index, SCMC: sodium carboxymethylcellulose.

Table 4. Weight uniformity of tramadol capsules.

Batch/tablet code (%)	Weight (mg \pm CV)*
F1 (2.5)	102.00±1.09
F2 (5)	100.00±0.50
F3 (7.5)	102.00±2.53
F4 (10)	102.00±3.70
F5 (15)	100.00±2.04
G (15 SCMC)	100.00±1.73

*Mean for 20 capsules, F1 to F5: tramadol granules prepared with different concentrations of *I. wombolu* gum, G: tramadol granules prepared with 15% SCMC, $p < 0.05$ was considered significant.

Flow properties of tramadol granules

The results obtained from micromeritic studies presented in Table 3 showed that *I. wombolu* granules exhibited good flowability.

Properties of capsules

Capsule weight uniformity

The results of capsule weight uniformity presented in Table 4 showed that capsule weight ranged from 100.00 \pm 0.50 to 102.00 \pm 1.09 mg. The results indicate that

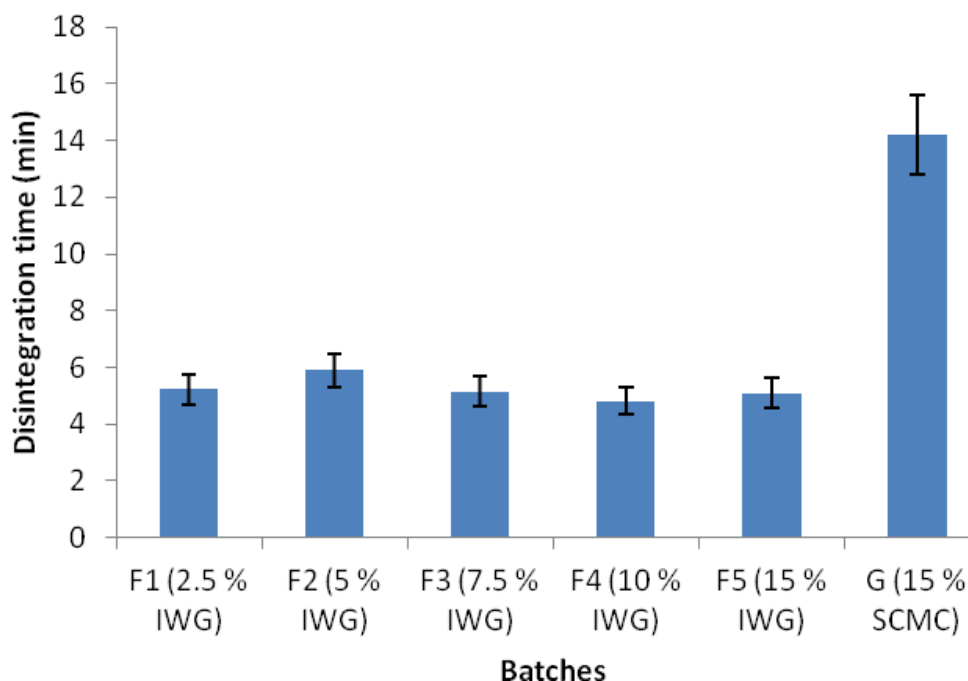


Figure 2. Disintegration time of tramadol capsules; batches F1 to F5: tramadol granules prepared with different concentrations of *I. wombolu* gum, G: tramadol granules prepared with 15% SCMC, $p < 0.05$ was considered significant.

tramadol capsules formulated with *I. wombolu* gum and SCMC, respectively complied with BP specification for capsules weight uniformity.

Disintegration time

The results of capsule disintegration time also presented in Figure 2 showed that tramadol capsules exhibited good disintegration time and complied with BP specifications.

DISCUSSIONS

Phytochemical constituents of *I. wombolu* gum

Phytochemicals are non-nutritive plant chemicals that have protective or disease preventive properties. Plants produce these chemicals substances to protect themselves and they are also believed to protect humans against certain diseases (Edeoga et al., 2005). The medicinal plants that are moderately rich in alkaloids and tannins have potential health promoting effects (Olajide et al., 2000; Jigam et al., 2010). The results revealed that the gum contains important phytochemicals as shown in Table 2.

Flow properties of tramadol granules

The granules from various batches exhibited good micromeritic properties. Angle of repose and flow rate were within the standard acceptable values required for formulation of quality capsules. Values for angles of repose $\leq 30^\circ$ generally indicate a free flowing material and angles $\geq 40^\circ$ suggest a poorly flowing material (Yüksel et al., 2007; Momoh et al., 2012). Carr's index (CI) indicates the flowability and consolidation properties of the powder mixtures. When the CI and Hausner's ratio are adequate, the powder flows at minimum bulk density (Yüksel et al., 2007; Momoh et al., 2012). The results of Carr's compressibility index and Hausner's ratio indicated values that were above the limits for good powder fluidity. This may be due to such factor as the nature of granulation and other factors that could lead to false negative results. The flow of powder during manufacturing dictates the quality of the product in terms of weight and content uniformity of the capsules (Yüksel et al., 2007). The measurement of the flow properties of granules is essential in capsule production because variation in particle flow will automatically cause variation in capsule filled weight and active ingredient variation. The flow property of bulk material results from the cohesive forces acting on individual particles such as van der Waals, electrostatic, surface tension, interlocking and friction (Yüksel et al., 2007).

friction (Yüksel et al., 2007).

Properties of capsules

Capsule weight uniformity

Tramadol capsules formulated with *I. wombolu* gum in functionality as a capsule excipient compared favourably with SCMC and complied with BP specification for capsules weight uniformity as their percentage deviations were significantly below 10% (BP, 2009).

Disintegration time

Encapsulated tramadol granules had disintegration time range from 4.80 ± 0.43 min to 5.90 ± 0.45 min for capsules formulated with *I. wombolu* gum and were not significantly affected by concentration of gum in the formulation. However, the disintegration time of tramadol capsules formulated with *I. wombolu* gum were significantly lower than that of SCMC ($p < 0.05$) whose disintegration time occurred at 14.20 ± 0.87 min.

Conclusion

Tramadol capsules were successfully formulated using different concentrations of *I. wombolu* seed gum. The granules exhibited good flow properties that were within limits for good granule flow and hence, for quality capsule production. The weight uniformity and disintegration time of tramadol capsules formulated with *I. wombolu* gum complied with BP specifications as did those of tramadol capsules formulated with SCMC. Therefore, natural gum from *I. wombolu* could be used in formulating normal release tramadol capsules.

REFERENCES

- Atangana AR, Ukafor V, Anegebe PO, Asaah E, Tchoundjeu Z, Usoro C, Fondoun JM, Ndoumbe M, Leakey RRB (2002). Domestication of *Irvingia gabonensis*: 2. The selection of multiple traits for potential cultivars from Cameroon and Nigeria. *Agroforestry Syst.* 55:221-229.
- Aulton ME (2007). *Pharmaceutics; The Science of Dosage Form Design*, 3rd Edn. Churchill Living Stone, Edinburgh. 2007; 197-210.
- British Pharmacopoeia (2009). The Commission Office London. Vol. 111:6485-6488.
- Chukwu A (1994). Studies on *Detarium microcarpum* gum II. Investigation as a prolonged release matrix for encapsulated chlorpheniramine maleate. *S. T. P. Pharma. Sci.* 4: 399-403. Edn. pp. 134-156.
- Edeoga HO, Okwu DE, Mbaebie BO (2005). Phytochemical Constituents of some Nigerian medicinal plants. *Afr. J. Biotechnol.* 4(7):685-688.
- Emeje M, Isimi C, Kunle O (2008). Effect of *Grewia* gum on the mechanical properties of paracetamol tablet formulations. *Afr. J. Pharm. Pharmacol.* 2:001-006.
- Fajimi O, Sarumi MB, Olayode MN, Gamra EO, Sanusi SI (2007). *In vitro* propagation of *Irvingia gabonensis*. *Afr. J. Biotech.* 6(8):976-978.
- Harborne JB (1993). *Phytochemistry*. Academic Press, London, pp. 89-131.
- Harris DJ (1996). A revision of the Irvingiaceae in Africa. *Bulletin du Jardin Botanique National de Belgique.* 65(1-2):55-64.
- Howard BG, Huda A (2006). Opioid analgesics. In: Goodman and Gilman's *The Pharmacological Basis of Therapeutics*, 11th Edn. McGraw-Hill Medical Publishing Division USA, 547-568.
- Jigam AA, Helmina O, Dauda BEN, Okogun JO (2010). Polygalloyltannin isolated from the root of *Acacia nilotica* Del. (Leguminosae) is effective against *Plasmodium berghei* in mice. *J. Med. Plants Res.* 4(12):1169-1175.
- Lachman L, Herbert A, Liberman J (1990). *In: The theory and practice of industrial Pharmacy*. Varghese publishing House, Hind Rajasthan Building Dadar Mumbai-400001, 3rd Edn. p.318.
- Momoh MA, Onunkwo GC, Chime SA, Akpabio EI (2011). Comparative Evaluation of *Detarium Microcarpum* Seed Gum as a Potential Polymer for Film Coating of Normal Release Tablets. *Drug Inv. Today* 3(9):206-210.
- Nasipuri RN, Igwilo CI, Brown SA, Kunle OO (1999). Mucilage from *Abelmoschus exculentus* fruits – a potential pharmaceutical raw material. Part 111-suspending properties. *J. Pharm. Res. Dev.* 2:121-130.
- Ndjouenekeu R, Goycoolea FM, Morris ER, Akingbala JO (1996). Rheology of Okra (*Hibiscus esculentus*) and dika nut (*Irvingia gabonensis*) polysaccharides. *Carbonhydr. Polymer* 29:263-269.
- Ngwuluka NC, Idiakhwa BA, Nep EI, Ogaji I, Okafor SI (2010). Formulation and evaluation of paracetamol tablets manufactured using the dried fruit of *Phoenix dactylifera* Linn as an excipient. *Res. Pharm. Biotech.* 2(3):25-32.
- Odeku OA, Itiola OA (1998). Evaluation of khaya gum as a binder in a paracetamol tablet formulation. *Pharm. Pharmacol.* 4:183-188.
- Okorie O, Nwachukwu N, Ibezim CNE (2011). Preliminary evaluation of chloroquine phosphate tablets obtained using defatted *Detarium microcarpum* (squill & sperr) gum as a binder. *Int. J. Pharm. Sci. Rev. Res.* 9(1):1-17.
- Olajide OA, Awe SO, Makinde JM, Ekhelar AI (2000). Studies on the anti-inflammatory, antipyretic and analgesic properties of *Alstonia boonei* stem bark. *J. Ethnopharmacol.* 71(1-2):179-186.
- Onyechi JO (2008). *Introductory formulation Science 2*. Global Publishers Nig. Ltd. ed. Nsukka, 25-30.
- Reithmeier HJ, Herrmann, Gopferich A (2001). Development and characterisation of lipid microparticles as a drug carrier for somatostatin. *Int. J. Pharm.* 218:133-143.
- Shendge SR, Sayyad FJ, Kishor S, Salunkhe KS, Bhalke RD (2010). Development of colon specific drug delivery of aceclofenac by using effective binder system of ethyl cellulose. *Int. J. Pharm. Bio. Sci.* 1(3):1-5.
- Sofowora H (1993). *Screening Plants for Bioactive Agents In: Medicinal Plants and Traditional Medicine in Africa*, Spectrum Books Ltd., Sunshine House, Ibadan. Nigeria 2nd Edn. pp. 134-156.
- Trease GE, Evans WC (2002). *Pharmacology*. 15th Edn. Saunders Publishers, London pp. 42-44, 221-393.
- Wantana R, Nattha K, Chaveewan R (2011). Physicochemical properties, *in vitro* release and *in vivo* evaluation of tramadol hydrochloride rectal suppository and rectal gel. *Asian Biomed.* 5(2):269-275.
- Yüksel N, Türkmen B, Kurdoğlu AH, Başaran B, Erkin J, Baykara T (2007). Lubricant efficiency of magnesium stearate in direct compressible powder mixtures comprising cellactose® 80 and pyridoxine hydrochloride. *FABAD J. Pharm. Sci.* 32:173-183.

Full Length Research Paper

Antioxidant effects of *Ixora coccinea* Linn. in a rat model of ovalbumin-induced asthma

Afiwa Missebukpo*, Kossi Metowogo, Abdoulatif Diallo, Povi Lawson-Evi, Kwashi Eklugadegbeku, Kodjo A. Aklikokou and Gbeassor Messanvi

Centre de Recherche et de Formation sur les Plantes Médicinales (CERFOPLAM), Laboratoire de Physiologie-Pharmacologie, Faculté des Sciences. Université de Lomé-Togo. BP : 1515 Lomé Togo.

Accepted 7 November, 2013

Oxidative stress, specifically lipid peroxidation, contributes to the pathogenesis of asthma. A natural antioxidant could be a potential therapeutic intervention. Hydro-alcoholic extract of *Ixora coccinea* (ICE) exhibit the anti-asthmatic activity in an ovalbumin (OVA) induced asthmatic rat model. These facts led us to examine their antioxidant activities. The free radical 1,1-diphenyl-2-picrylhydrazyl (DPPH) scavenging activity and the intracellularly antioxidant activity of ICE were determined. The protective effect of ICE against 2,2' azobis (2-amidinopropane) hydrochloride (AAPH)-induced red blood cell lysis was also evaluated. It was found that ICE could scavenge DPPH with an IC₅₀ of 283.3 µg/ml and protected red blood cell against AAPH-induced hemolysis with an IC₅₀ of 72.92 versus 52.08 µg/ml for ascorbic acid. Erythrocytes obtained from the ICE-administrated rats showed an enhanced resistance to hemolysis. In OVA-induced asthma, rats were sensitized and challenged with ovalbumin. The effect of ICE at 1500 mg/kg per os on malondialdehyde (MDA) production and lung catalase activity were determined. ICE significantly reduced the lipid peroxidation and enhanced catalase activity in lung (p < 0.05). In conclusion, the hydro-alcoholic extract of *I. coccinea* possesses an antioxidant activity and protective effect against free-radical-induced hemolysis. This may explain the traditional use of this plant as a remedy against asthma and other diseases.

Key words: Asthma, oxidative stress, antioxidants, *Ixora coccinea*.

INTRODUCTION

Many decades of research have produced a significant amount of data showing increased oxidative stress in asthma and indicating a potential role for oxidants in the pathogenesis of the disease (Caramori and Papi, 2004). A number of studies have clearly demonstrated that oxidative stress is an important consequence of the inflammatory response in asthma (Nadeem et al., 2005; Wood et al., 2003). Detrimental effects of oxidative stress on airway function include: airway smooth muscle contraction, airway hyper-responsiveness and epithelial

shedding, each of which contribute to the airway obstruction that is characteristic of asthma (Wood et al., 2003). Indeed the lung is continuously exposed to oxidants, either generated endogenously by metabolic reactions (for example, from mitochondrial electron transport during respiration or released from phagocytes) and exogenously from air pollutants or cigarette smoke (Kirkham and Rahman, 2006). These agents may cause direct tissue oxidation, release of endogenous oxidants and inactivation of antioxidant defense mechanisms (Rai

*Corresponding author. E-mail: missebukpoosalie@yahoo.fr

and Phadke, 2006). Host defense against the potentially damaging effects of reactive oxygen species (ROS) is provided by a range of antioxidants. These may be endogenous, such as the antioxidant enzymes (superoxide dismutase, glutathione peroxidase, catalase), thiols (glutathione) and metal-binding proteins (lactoferrin, transferrin, ceruloplasmin) or exogenous, including a variety of antioxidants obtained from the diet such as tocopherols, carotenoids, flavonoids and ascorbate. Thus, it is likely that the use of antioxidants to restore the oxidant-antioxidant balance may be effective in the treatment of asthma (Kirkham and Rahman, 2006).

Medicinal herbs have a very valuable source for natural antioxidant products. The antioxidant activity of many extracts and constituents from medicinal herbs has been widely documented *in vivo* and *in vitro*. *Ixora coccinea* Linn (Rubiaceae) is a common flowering shrub native to Asia which can be found growing in the tropical and subtropical climates of the world (Baliga and Kurian, 2012). Leaves are given in diarrhea; flowers are used in the treatment of dysentery, leucorrhoea, dysmenorrhoea, hemoptysis and catarrhal bronchitis (Ghani, 2003). Recently, potent anti-ulcerogenic (Arunachalam et al., 2009), antidiabetic (Yasmeen and Prabhu, 2011) and anti-diarrhoeal (Prabhu et al., 2010) properties of *I. coccinea* have been reported. The extracts of *I. coccinea* were found to be chemoprotective, antiviral, antimutagenic, modulatory on cyclophosphamide-induced toxicity in mice and to act as anti-inflammatory agent (Ratnasooriya et al., 2005; Latha and Panikkar, 1999, 2000). In our previous paper (Missebukpo et al., 2011), we have reported that hydro-alcoholic extract of *I. coccinea* leaves exhibit the anti-asthmatic activity in an ovalbumin (OVA)-induced asthmatic rat model. These facts led us to examine their antioxidant activities.

Recent studies reveal *in vitro* antioxidant effect of methanolic extract of the flower, leaf and stem of *I. coccinea* (Bose et al., 2008; Banerjee et al., 2011). *In vivo* antioxidant activities applicable for various diseases are experimented. For example, Bose et al. (2010) showed that *I. coccinea* extract decreased significantly lipid level in plasma and prevented hyperlipidemia, and this effect provided evidence for their antioxidant properties. Other report showed that *I. coccinea* and *I. perviflora* extract have hepatoprotective properties on CCl₄ induced liver damage in rat and this hepatoprotective effect is due to their *in vivo* antioxidant activities (Bose et al., 2011). However, the study that deals with *in vivo* antioxidant effect of *I. coccinea* extract is scarce and their antioxidant activity in animal model of ovalbumin induced asthma is not documented. In search of the mechanism of action of the extract in asthma, the aim of this study was to investigate the antioxidant activity of *I. coccinea* extract (ICE) in cell and cell-free systems, and in addition, the ability of ICE to inhibit ROS generation in model of OVA-

induced asthma.

MATERIALS AND METHODS

Plant

The leaves of *I. coccinea* were collected on 24th July, 2007 in the second middle part of the day, from Lomé not far from University of Lomé (Togo). The plant was authenticated at Department of Botany, by Professor Akpagana Koffi from Laboratory of Botanic and Plant Ecology (University of Lomé). The voucher specimen (TOGO 12671) was deposited in the herbarium of this Laboratory. The dried sample was extracted in water/ethanol mixture (1 : 1) for 72 h with manual discontinuous agitation. The solution was filtered evaporated using a rotary evaporator (Buchi R120) set at 45°C to obtain a dry extract which contained alkaloids, flavonoids and tannin as revealed by previously phytochemical screening.

Animals

Wistar rats (150 to 200 g body wt.) of either sex were used for the experiments described. All animals were maintained on a standard laboratory chow and water *ad libitum*. They were kept in the Animal House of the Faculty of Sciences of University of Lomé (Togo). All experiment was done following bioethics committee of University of Lomé-Togo guidelines.

Total phenols determination

Total phenolic content of the extract was determined by the Folin-Ciocalteu reaction (Lawson-Evi et al., 2011). Briefly, a mixture of *I. coccinea* extract, Folin-Ciocalteu phenol reagent, and sodium carbonate was prepared and allowed to stand at room temperature for 30 min. After that, the mixture was centrifuged and the supernatant was measured at 760 nm. Gallic acid (0 to 250 mg/L) was used as the standard for the calibration curve. The phenolic contents were calibrated using a linear equation based on the calibration curve. The contents of phenolic compounds are expressed as mg gallic acid equivalent (GAE)/g extract.

Total flavonoids content of the extract

Total flavonoids content was determined according to aluminum chloride colorimetric method (Lawson-Evi et al., 2011). The extract (0.5 ml of 1:10 g mL⁻¹) in methanol was mixed with 1.5 ml of methanol, 0.1 ml of 10% aluminum chloride, 0.1 ml of 1 M potassium acetate and 2.8 ml of distilled water. The mixture was at room temperature for 30 min, the reaction mixture absorbance was measured at 415 nm with a double beam. Quercetin (5 to 100 µg/ml) was used as the standard for the calibration curve. The levels of total flavonoids contents were determined in triplicate and the result was expressed as mg quercetin equivalents (QE)/g extract.

DPPH radicals scavenging assay

Stable 1,1-diphenyl-2-picryl hydrazyl radical (DPPH) solution was used to determine the free radical-scavenging activity of *I. coccinea* (Lawson-Evi et al., 2011). Different concentrations of the extract (50

to 2000 µg/ml) were added at an equal volume to methanolic solution of DPPH (100 µM) (Sigma, USA). After 15 min incubation at room temperature, the absorbance was read at 517 nm. The experiment was carried out in triplicate and quercetin was used as standard control. IC₅₀ values which represent concentration required to scavenge 50% of DPPH free radicals was compared among *I. coccinea* extract and quercetin. The DPPH scavenging effect was calculated as follows:

$$\% \text{ inhibition} = (A_c - A_e) \times 100 / A_c$$

Where: A_c = absorbance of DPPH without the sample (control), A_e = absorbance of the sample with extract or quercetin.

AAPH-induced hemolysis assay *in vitro*

Blood was collected from Wistar rats through retro-orbital sinus in heparinized tubes. The *in vitro* resistance of intact red blood cells to oxidation was evaluated with AAPH (Sigma-Aldrich, France) as described previously (Diallo et al., 2012). Erythrocyte and plasma were separated by centrifugation (3000 g for 10 min). The oxidation of rat erythrocyte (10% hematocrit with saline) was induced by AAPH at 37°C for 3 h under air. The extent of hemolysis was determined by measuring absorbance at 540 nm with a UV-visible recording spectrophotometer (UV-265FS, Shimadzu, Kyoto, Japan). The percentage of inhibition was calculated by the following equation:

$$\text{Inhibition (\%)} = [(A_{\text{AAPH}} - A_{I. \text{coccinea}}) / A_{\text{AAPH}}] \times 100$$

Where A_{I. coccinea} is the absorbance of the sample containing *I. coccinea* extract and A_{AAPH} the absorbance of the sample without *I. coccinea*. L-ascorbic acid was used as a positive control. Four to five replicates were performed for each concentration.

Ex vivo study of anti-hemolysis activity of *I. coccinea*

Rats (n = 6) were given distilled water or extract (1 and 1500 mg kg⁻¹) orally after an overnight fast according to Zhu et al. (2002). Then the rats were anaesthetized with ether and blood was collected in heparinized tube 60 min after dosing. Erythrocytes from each rat were separated from the plasma by centrifugation at 1500 g for 20 min. The plasma was removed from the erythrocytes. After removing the buffy coat, the remaining erythrocytes were re-suspended in the plasma. 0.5 ml of the reconstituted blood was used for the haemolysis assay by adding 0.5 ml of AAPH solution and 0.5 ml of PBS followed by incubation at 37°C for 3 h. Then, 4 ml of PBS solution was added to the incubation mixture which was centrifuged at 1000 g for 10 min. The absorbance of the supernatant was measured at 540 nm. The percentage of inhibition was calculated as described earlier.

Induction of asthma in Wistar rats

The rats were actively sensitized by intraperitoneal (ip) injection of 20 mg ovalbumin with 100 mg Al(OH)₃ (chicken OVA, grade V, Sigma Chemicals Co., S^T Louis, MO) in physiological saline solution as described (Missebukpo et al., 2011). Control animals received ip saline with Al(OH)₃ on days 0, 3, 7 and 21 and intranasal (in) saline without Al(OH)₃ on days 24, 25, 26 and 27. Twenty-four hours after the last OVA challenge by intranasal administration of OVA, the rats were sacrificed and lungs were removed from the chest cavity.

Determination of lipid peroxidation (LPO)

Lung LPO was determined by estimating levels of malondialdehyde (MDA) using the thiobarbituric acid test (Satoh, 1978; Odabasoglu et al., 2006). Briefly, 150 mg of lung tissue were collected from each experimental rat, homogenized in 1 ml of Tris-HCl 10 mM (pH 7.4). The homogenate or standard MDA (175 µl) at 25, 31, 62.5, 125, 250, 500, 1000 ng ml⁻¹ was added to a solution containing 250 µl of HCl 1 M, 100 µl of sodium dodecyl sulphate (SDS) 9.8%; 1 ml of thiobarbituric acid, 0.67% and 330 µl of distilled water. The mixture was incubated at 90°C for 1 h. Upon cooling, 2.5 ml of *n*-butanol was added. The mixture was centrifuged for 10 min at 3,000 rpm. The supernatant was measured at 535 nm (Spectra Max Molecular Device, Sunyval Corporation, California USA). The results were expressed as ng MDA/mg tissue.

Catalase activity

Catalase activity was measured based on the ability of the enzyme to break down H₂O₂. Decomposition of H₂O₂ in the presence of catalase was measured at 250 nm (Odabasoglu et al., 2006). Prior to the catalase measurement, 150 mg of lung of control and sensitized rats were homogenized in 1 ml of Tris-HCl 10 mM (pH 7.4). The homogenate was centrifuged and supernatants were diluted with phosphate buffer (1:20). At 25°C, 100 µl H₂O₂ (0.66 M) were added to 120 µl supernatant. The rapid decomposition of H₂O₂ was followed during 7 s from the decrease in absorbance at 250 nm. Catalase (CAT) activity was calculated by $K = \Delta DO / \Delta t \times 1000 / \epsilon$ tissue, where $\epsilon = 43.6 \text{ M}^{-1} / \text{cm}$ molar extinction coefficient at 25°C. The results were expressed as enzymatic unity/mg lung tissues.

Statistical analysis

The data are expressed as the mean ± SEM. The statistical significance of any difference was performed by one-way analysis of variance (ANOVA) followed by Tuckey's significant difference test. A significant value was defined as p < 0.05. All statistical analysis were carried out using the InStat statistical package (GraphPad prism 5.0 software, Inc. USA)

RESULTS

Total phenolic and flavonoid content

The total phenolic content of ICE was 243 mg GAE/g extract and the total flavonoid content was 72.5 mg QE/g extract. The results show that *I. coccinea* has relatively high flavonoid content.

DPPH radical scavenging activity

Table 1 presents the results of DPPH radical scavenging activity of ICE. This assay provided information on the reactivity of the samples with a stable free radical. Because of the odd electron, DPPH shows a strong absorption band at 517 nm in visible spectroscopy. As this electron becomes paired off in the presence of a free radical scavenger, the absorption vanishes and the

Table 1. IC₅₀ values of hydro-alcoholic extract of the leaves of *I. coccinea* for antioxidant tests *in vitro* by AAPH and DPPH and those of quercetin and ascorbic acid.

Parameter	AAPH IC ₅₀ (µg/ml)	DPPH IC ₅₀ (µg/ml)
<i>I. coccinea</i>	72.92	283.3
Quercetin	-	20.00
Ascorbic acid	52.08	-

resulting decolorization is stoichiometric with respect to the number of electrons taken up. The DPPH• scavenging ability of the ICE is lower than quercetin (IC₅₀ value of 20 µg/ml) enough to remove the DPPH• (IC₅₀ of 283.3 µg/ml), which may answer for its medicine use.

Effect of ICE on AAPH induced-hemolysis

After 3 h of incubation with AAPH, erythrocytes were lysed. The protective effects of ICE and ascorbic acid on the hemolysis induced by AAPH are shown in Figure 1 and Table 1. IC₅₀ of the ICE and ascorbic acid were 72.92 and 52.08 µg/ml, respectively. The extract had a maximum inhibitory effect of 88.72 ± 1.79%.

In vivo antioxidant activity of ICE

Oral administration of the ICE reduced the extent of AAPH-induced hemolysis. The extract at 1.5 g/kg had an inhibitory effect of 47.202 ± 7.57% (Figure 2). Figure 3 shows the results of the level of the control, Ova-sensitized and treated rats. MDA, a marker for the oxidant stress, was significantly increased in sensitized rats compared with saline ($p < 0.05$) (Figure 3). ICE at 1.5 g/kg significantly reduced the MDA level of the lung ($p < 0.05$). Activity of catalase in tissue homogenate did not show any significant change in OVA-sensitized and challenged rats compared with control. Figure 4 illustrates that the activity of catalase in treated rats demonstrated twice higher levels of lung catalase activity (0.467 ± 0.042 µcat/mg lung) compared with saline rat (0.203 ± 0.032 µcat/mg lung).

DISCUSSION

Asthma is a chronic inflammatory disease of the respiratory tract where inflammation is often associated with an increased generation of ROS (Nadeem et al., 2008; Caramori and Papi, 2004). A wealth of studies identifies that ROS and loss of antioxidant defenses participate in the pathogenesis of asthma. Therefore, radical scavengers or antioxidants could play a useful role in

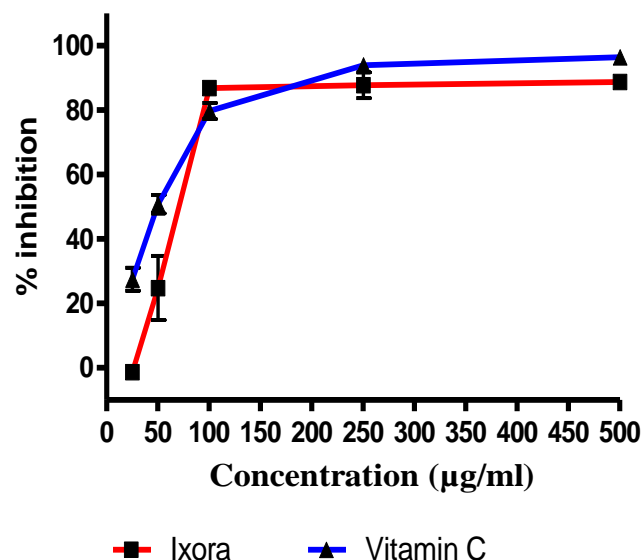


Figure 1. AAPH radical scavenging activity of hydro-alcoholic extract of the leaves of *I. coccinea* and ascorbic acid. AAPH induced *in vitro* Red cells membrane lipid peroxidation which leads to membrane lyse. The absorbance is a function of the color of the solution itself depends on the concentration of hemoglobin released. Inhibition percentage was calculated using mathematic formula described in the text. Values are expressed as mean ± S.E.M (n = 4).

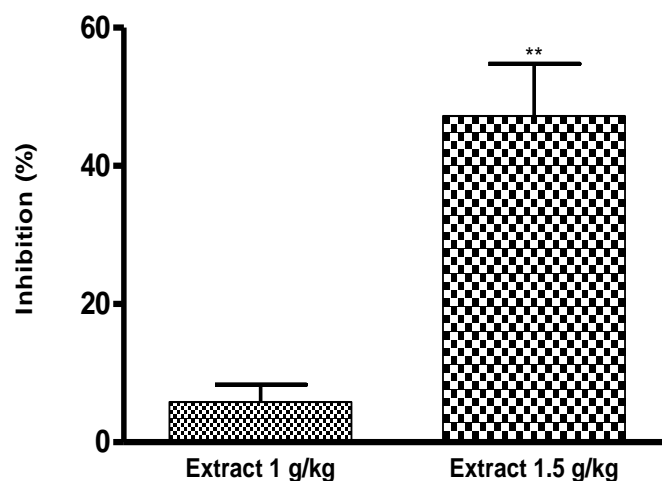


Figure 2. Inhibitory effect of hydro-alcoholic extract of the leaves of *I. coccinea* on AAPH-induced lysis of rat red blood cells. Rats were treated before blood collection. Test was done as described above in figure 1. The results are expressed as means ± SEM (n = 6) **p < 0.001 as compared with control group (0% inhibition).

role in therapy because antioxidants can mobilize and up-regulate the anti-oxidative capacity of cells to annihilate excessive ROS formation. This can be achieved through

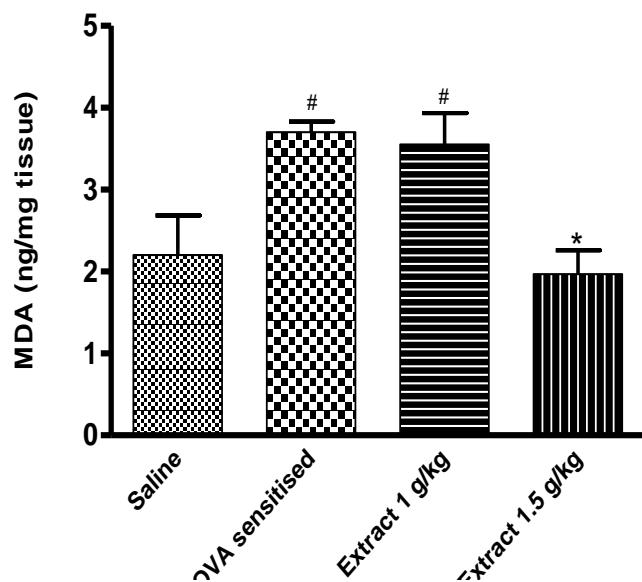


Figure 3. Content of malondialdehyde in lung homogenate of control (saline), OVA-sensitized and treated groups. Rats were made asthmatic using 28 days murine model. After 28 days rats were sacrificed and lungs were removed, 150 mg of tissues were homogenized to perform the test. Each point represents the mean \pm S.E.M. (n = 4). [#]p < 0.05 vs saline rats; ^{*}p < 0.05 vs OVA sensitized rats.

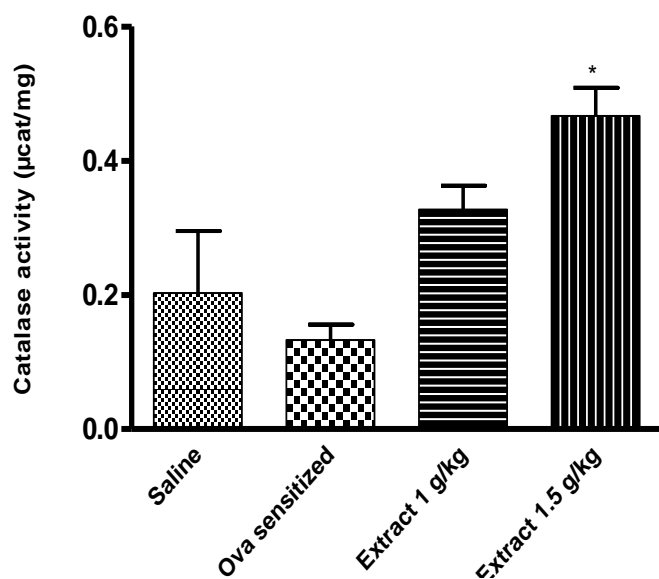


Figure 4. Catalase activity in control (saline), OVA-sensitized and treated groups. 150 mg of lung homogenized tissues were used to perform catalase activity assay. Catalase activity is expressed as enzymatic unity/mg lung. Each point represents the mean \pm S.E.M. (n = 4). ^{*}P < 0.05 compared with OVA-sensitized group.

antioxidant enzyme defenses or by enhancing the non-enzymatic defenses through dietary or pharmacological means (Kirkham and Rahman, 2006). Thus, we investigated the possible radical scavenging activity of hydro-alcohol extract of *I. coccinea* leaves by use of series of *in vitro* and *in vivo* experiments with some new methods applied to evaluate antioxidant activities of this extract.

Free radical scavenging activity was evaluated *in vitro* using 1,1-diphenyl-2-picryl-hydrazyl (DPPH) free radical and AAPH. In this study, ICE possessed *in vitro* antioxidant activity when tested with DPPH radical scavenging assay. The IC_{50} for the extract was 283.3 μ g/ml compared with quercetin (IC_{50} = 20 μ g/ml). Thus, it can act as moderate radical-scavengers which can reduce the auto-oxidation in body system or even food product that contains unsaturated lipid when compared with quercetin (Rao et al., 2007). Recently, Idowu et al. (2010) also reported that some of the phytochemicals isolated from the leaves of *I. coccinea* are effective in DPPH scavenging effects *in vitro* with gallic acid as control. These results corroborate those obtained by other researchers (Banerjee et al., 2011; Bose et al., 2011) who showed antioxidant activities of different parts of *I. coccinea* using different methods of evaluation of antioxidant activities *in vitro* like: superoxide anion scavenging activity assay, hydroxyl radical scavenging activity assay, Nitric oxide scavenging activity assay, Fe^{2+} chelating activity assay, hydrogen peroxide scavenging activity assay and reducing power assay.

The excessive peroxidation of biomembranes is accepted as one of the processes by which tissues can be damaged during inflammation (Zhu et al., 2002). The peroxidation of erythrocyte membranes and hemolysis induced by AAPH has been extensively studied as a model for membrane-peroxidative damage (Yoshida et al., 2004). In the present study, we investigated the antioxidative activity of *I. coccinea* extract using AAPH induced hemolysis. A dose-dependent protection was demonstrated toward the hemolysis of red blood cells *in vitro* with IC_{50} = 72.92 μ g/ml. The inhibitory effect of ICE was nearer to ascorbic acid (IC_{50} = 52.08 μ g/ml), which has been shown to act as an antioxidant against human low-density lipoprotein oxidation and acts as a primary defense against aqueous radicals in the blood (Ma et al., 1994). To explore mechanism of action of *I. coccinea* extract in the protection with bronchic epithelial membrane cells in asthma, we have evaluated antioxidant effect of extract *in vivo*. For *in vivo* assays, ICE was found to increase the levels of antioxidant in plasma. The increase in plasma antioxidant capacity observed following ICE administration is suggested by our erythrocyte hemolysis data. When we mixed erythrocytes from rats given ICE with plasma collected, the degree of hemolysis inhibition was related to the concentration of extract in the plasma.

Oxidative stress is a hallmark of asthma and increased

two approaches: Either by increasing the endogenous

levels of oxidants are considered markers of the inflammatory process. Most studies to date addressing the role of oxidants in the etiology of asthma were based on the therapeutic administration of antioxidants (Reynaert et al., 2007). In the current study, OVA-sensitized rats with inflammation characteristics (Missebukpo et al., 2011), had an increment in pulmonary malondialdehyde (MDA) when compared with control group (non sensitized rats). This implies that rats during sensitization are exposed to a considerable degree of lipid peroxidation. This finding is consistent with other observation (Bulani et al., 2011). The increase in ROS during sensitization, as demonstrated by significant elevation of MDA, may overwhelm endogenous antioxidant defenses. This is illustrated in the present work by the decrease of MDA level in the lung in treated group, accompanied by increased catalase activity. In line with our findings, Bulani et al. (2011) showed that ovalbumin significantly increased the level of lipid peroxidation and decreased the level of GSH, SOD and catalase in the OVA sensitized rats when compared with non-sensitized group.

Catalase represents an important component of the endogenous antioxidant defense system of the lung, one of the major antioxidant enzymes that prevent the biological macromolecules from oxidative damage (Zhang et al., 2003). Increased ROS lead to modification of proteins and alterations in their function that are biologically relevant to the initiation and maintenance of inflammation, among which is the loss of antioxidant capacity of catalase (Comhair and Erzurum, 2010). However our results reveal no significant decrease in catalase activity in OVA-sensitized rats compared with non-sensitized. But Ghosh et al. (2006) demonstrated the oxidative inactivation of catalase in a murine model of allergic airway disease as well as decreased catalase activity in lungs of patients with asthma.

Several epidemiological studies have been undertaken which have established a beneficial link between polyphenol intake and lower disease risk with many of the clinical benefits being attributed to both the antioxidant and anti-inflammatory properties of polyphenols (Arts and Hollman 2005). Phenolic and flavonoid compounds are recognized as material base of the antioxidant activity of plant extract (Adedapo et al., 2009). Therefore, the chemical constituents present in the extract, which are responsible for this activity, need to be investigated. High total phenolic and flavonoids content values found in the extract (243 mg/g GAE and 72.5 mg/g QE) imply the role of phenolic compounds in contributing these activities.

Some of phenolic constituents have already been isolated from this plant and some have antioxidant properties *in vivo* model (Bose et al., 2011; Sen et al., 2011; Versiani et al., 2012; Idowu et al., 2010; Lee et al., 2010). Hence, the observed antioxidant activity may be due to the presence of any of these constituents. In

unpublished results, we have shown that ICE contains chlorogenic acid, caffeic acid, and scopoletin which are strong antioxidants (Sato et al., 2011; Shaw et al., 2003).

Conclusion

From the above results, it is evident that hydro-alcohol extract of *I. coccinea* possessed both *in vitro* and *in vivo* antioxidant activity. It was not only able to enhance the plasma antioxidant level, but was also able to enter into living cells in the organ and protect them from oxidative damage after 5 days of consumption. It can be used in compensating the decrease in total antioxidant capacity in lung and enhance the Catalase activity in organ and thereby reduces the risks of lipid peroxidation in asthma. This is evident with the highest total phenolic and flavonoid content.

Abbreviations

ICE, Extract of *Ixora coccinea*; **OVA**, ovalbumin.

REFERENCES

- Adedapo AA, Jimoh FO, Koduru S, Masika PJ, Afolayan AJ (2009). Assessment of the medicinal potentials of the methanol extracts of the leaves and stems of *Buddleja saligna*. *BMC Complement. Altern. Med.* 9: 21.
- Arts IC, Hollman PC (2005). Polyphenols and disease risk in epidemiologic studies. *Am. J. Clin. Nutr.* 8: 317S-325S.
- Arunachalam G, Subramanian N, Pazhani GP, Karunanithi M, Ravichandran V (2009). Phytochemical and anti-ulcer investigations of the fresh leaf extract of *Ixora coccinea* Linn. (Rubiaceae) in albino rat model. *Int. J. Pharm. Sci.* 1: 26-31.
- Baliga MS, Kurian PJ (2012). *Ixora Coccinea* Linn.: Traditional Uses, Phytochemistry Pharmacology. *Chin. J. Integr. Med.* 18: 72-79.
- Banerjee S, Chanda A, Ghoshal A, Debnath R, Chakraborty S, Saha R, Das A (2011). Nitric Oxide Scavenging Activity Study of Ethanolic Extracts of from Two Different Areas of Kolkata *Ixora coccinea*. *Asian J. Exp. Biol. Sci.* 2: 595-599.
- Bose S, Bose A, Maji S, Chakraborty P (2008). *In Vitro* Antioxidant property of leaf extracts of *Ixora coccinea* L. *Int. J. Biomed. Pharmaceut. Sci.* 2:84-87.
- Bose S, Bose A, Maji S, Chakraborty P (2010). Lipid Lowering Activity of *Ixora coccinea* leaves in Hyperlipidemic Rats. *Int. J. Biomed. Pharmaceut. Sci.* 4:98-100.
- Bose S, Bose A, Maji S, Chakraborty P (2011). Comparative study of *In Vitro* and *In Vivo* antioxidant property of different *Ixora* species. *JAPER*, 2: 90-103.
- Bulani V, Biyani K, Kale R, Joshi U, Charhate K, Kumar D, Pagore R (2011). Inhibitory effect of *Calotropis gigantea* extract on Ovalbumin-induced airway inflammation and Arachidonic acid induced inflammation in a murine model of asthma. *Int. J. Curr. Bio. Med. Sci.* 1:19-25.
- Caramori G, Papi A.. Oxidants and asthma (2004). *Thorax.* 59:170-173.
- Comhair SAA, Erzurum SC (2010). Redox control of asthma: molecular mechanisms and therapeutic opportunities. *Antioxid. Redox Sign.* 12:93-124.
- Diallo A, Bakoma B, Ekl-Gadegkeku K, Agbonon A, Aklirikou K, Creppy EE, Gbeassor M. (2012). Evaluation du pouvoir antioxydant des feuilles d'*Ageratum conyzoides* L. sur les rats Wistar. *J. Rech. Sci. Univ. Lomé (Togo), Série D* 14:103-108.

- Ghani A (2003). Medicinal plants of Bangladesh with chemical constituents and uses. Asiatic Soc. Bangladesh. 2:345.
- Ghosh S, Janocha AJ, Aronica MA, Swaidani S, Comhair SAA, Xu W, Zheng L, Kaveti S, Kinter M, Hazen S L, Erzurum S C (2006). Nitrotyrosine proteome survey in asthma identifies oxidative mechanism of catalase inactivation. *J. Immunol.* 176: 5587–5597.
- Iidowu TO, Ogundaini AO, Salau AO, Obuotor EM, Bezabih M, Abegaz BM (2010). Doubly linked, a-type proanthocyanidin trimer and other constituents of *Ixora coccinea* leaves and their antioxidant and antibacterial properties. *Phytochemistry* 71:2092-2098.
- Kirkham P, Rahman I (2006). Oxidative stress in asthma and COPD: antioxidants as a therapeutic strategy. *Pharmacol. Ther.* 111:476 - 494.
- Latha PG, Panikkar KR (1999). Modulatory effects of *Ixora coccinea* flower on cyclophosphamide-induced toxicity in mice. *Phytother. Res.* 13:517-20.
- Latha PG, Panikkar KR (2000). Inhibition of chemical carcinogenesis in mice by *Ixora coccinea* flowers. *Pharm. Biol.* 38:152-156.
- Lawson-Evi P, Eklü-Gadegbeku K, Agbonon A, Aklikokou K, Creppy E, Gbeassor M (2011). Antidiabetic activity of *Phyllanthus amarus* Shun and Thonn (Euphorbiaceae) on alloxan induced diabetes in male wistar rats. *J. Appl. Sci.* 11:2968–2973.
- Lee C-L, Liao Y-C, Hwang T L, Wu C-C, Chang F-R, Wu Y-C (2010). Ixorapeptide I and ixora-peptide II, bioactive peptides isolated from *Ixora coccinea*. *Bioorg. Med. Chem. Lett.* 20:7354-7357.
- Ma Y, Stone W, Leclair I (1994). The effects of vitamin C and urate on the oxidation of human low-density lipoprotein. *Proc. Soc. Exp. Biol. Med.* 206:53-59.
- Missebukpo A, Metwogo K, Agbonon A, Eklü Gadegbeku K, Akilikoku K, Gbeassor M (2011). Evaluation of anti-asthmatic activity of *Ixora coccinea*. *J. Pharmacol. Toxicol.* 6:559-570.
- Nadeem A, Masood A, Siddiqui N (2008). Oxidant-antioxidant imbalance in asthma: scientific evidence, epidemiological data and possible therapeutic options. *Ther. Adv. Respir. Dis.* 2:215-35.
- Nadeem A, Raj HG, Chhabra SK (2005). Increased oxidative stress in acute exacerbations of asthma. *J. Asthma.* 1:45-50.
- Odabasoglu F, Cakir A, Suleyman H, Aslan A, Bayir Y, Halici M, Kazaz C (2006). Gastroprotective and antioxidant effects of usnic acid on indomethacin-induced gastric ulcer in rats. *J. Ethnopharmacol.* 103: 59-65.
- Prabhu B, Yasmeen M, Agashikar N V (2010). Evaluation of the Anti-diarrhoeal Activity of the Leaves of *Ixora coccinea* Linn. in rats. *J. Clin. Diagn. Res.* 4:3298-3303.
- Rai RR, Phadke MS (2006). Plasma oxidant-antioxidant status in different respiratory disorders. *India J. Clin. Biochem.* 21:161-164.
- Rao LJM, Ramalakshmi K, Borse BB, Raghavan B (2007). Antioxidant and radical-scavenging carbazole alkaloids from the oleoresin of curry leaf (*Murraya koenigii* Spreng). *Food Chem.* 100:742-747.
- Ratnasooriya WD, Deraniyagala SA, Galhena G, Liyanage SSP, Bathige SDNK, Jayakody JRAC (2005). Anti-inflammatory activity of aqueous leaf extract of *Ixora coccinea*. *Pharm. Biol.* 43:147-152.
- Reynaert NL, Aesif SW, McGovern T, Brown A, Wouters EFM, Irvin CG, Janssen-Heininger YMW (2007). Catalase overexpression fails to attenuate allergic airways disease in the mouse. *J. Immunol.* 178:3814-3821.
- Sato Y, Itagaki S, Kurokawa T, Ogura J, Kobayashi M, Hirano T, Sugawara M, Iseki K (2011). *In vitro* and *in vivo* antioxidant properties of chlorogenic acid and caffeic acid. *Int. J. Pharm.* 17:136-138.
- Sato K (1978). Serum lipid peroxide in cerebrovascular disorders determined by a new colorimetric method. *Clin. Chem. Acta.* 90:37-43.
- Sen AK, Bose S, Dutta SK (2011). Comparative evaluation of CNS depressant activity of the flavonoid fractions from the fresh leaves and flowers of *Ixora coccinea* Linn. *JPST.* 1:54-56.
- Shaw C-Y, Chen C-H, Hsu C-C, Chen C-C, Tsai Y-C (2003). Antioxidant properties of scopoletin isolated from *Sinomonium acutum*. *Phytother. Res.* 17:823-825.
- Versiani MA, Ikram A, Khalid S, Faizi S, Tahiri IA (2012). Ixoroid: a new triterpenoid from the flowers of *Ixora coccinea*. *Nat. Prod. Commun.* 7:831-844.
- Wood LG, Gibson PG, Garg ML (2003). Biomarkers of lipid peroxidation, airway inflammation and asthma. *Eur. Respir. J.* 2:177-186.
- Yasmeen M, Prabhu B (2011). Evaluation of the Hypoglycaemic and Hypolipidaemic Activities of the Aqueous extract of the leaves of *Ixora coccinea* Linn in Diabetic Rats. *J. Clin. Diagn. Res.* 5:1381-1384.
- Yoshida Y, Itoh N, Saito Y, Hayakawa M, Niki E (2004). Application of Water-Soluble Radical Initiator, 2,20 Azobis-[2-(2-imidazolin-2-yl)propane] Dihydrochloride, to a Study of Oxidative Stress. *Free Rad. Res.* 38:375–384.
- Zhang Q, Li N, Zhou G, Lu X, Xu Z, Li Z (2003). *In vivo* antioxidant activity of polysaccharide fraction from *Porphyra haitanensis* (Rhodophyta) in aging mice. *Pharmacol. Res.* 48:151-155.
- Zhu QY, Holt RR, Lazarus SA, Orozco TJ, Keen CL (2002). Inhibitory effects of cocoa flavanols and procyanidin oligomers on free radical-induced erythrocyte hemolysis. *Exp. Biol. Med.* 227:321-329.

Full Length Research Paper

Effect of oral ingestion of an *Arctium lappa* extract on the biodistribution of the radiopharmaceutical sodium pertechnetate in rats

Rosane de Figueiredo Neves^{1,2,3,4}, Silvana Ramos Farias Moreno^{1,2,3*}, Ana Lúcia Nascimento⁵, Jorge José de Carvalho⁵, Gláucio Diré Feliciano^{1,6}, Sebastião David Santos-Filho¹, Paulo Roberto do Couto Neves⁷, Raíssa de Figueiredo Neves⁸, Aldo da Cunha Medeiros² and Mario Bernardo-Filho^{1,9}

¹Departamento de Biofísica e Biometria, Instituto de Biologia Roberto de Alcântara Gomes, Universidade do Estado do Rio de Janeiro, Avenida 28 de Setembro, 87, 20551-130, Rio de Janeiro, RJ, Brasil.

²Programa de Pós-Graduação em Ciências Médicas, Universidade Federal Fluminense, Rua Marquês de Paraná, 303, 24030-210, Niterói, RJ, Brasil.

³Departamento de Patologia, Universidade Federal Fluminense, Rua Marquês de Paraná, 303, 24030-210, Niterói, RJ, Brasil.

⁴Programa de Pós-Graduação em Ciências da Saúde, Universidade Federal do Rio Grande do Norte, Avenida General Gustavo Cordeiro de Farias, s/n, 59010180, Natal, RN, Brasil.

⁵Departamento de Histologia e Embriologia, Instituto de Biologia Roberto de Alcântara Gomes, Universidade do Estado do Rio de Janeiro, Avenida 28 de Setembro, 87, 20551-130, Rio de Janeiro, RJ, Brasil.

⁶Centro Universitário Estadual da Zona Oeste. Laboratório de Análises Químico-Biológicas, Colegiado de Ciências Biológicas e da Saúde, Campo Grande, Rio de Janeiro, RJ, Brasil.

⁷Secretaria Municipal de Saúde de Silva Jardim, Rua Borges Alfradique, 60, Silva Jardim, RJ, Brasil.

⁸Universidade Iguazu (UNIG), Avenida Abílio Augusto Távora, 2134, 26275-580, Nova Iguaçu, RJ, Brasil.

⁹Instituto Nacional do Câncer, Coordenadoria de Pesquisa, Praça da Cruz Vermelha, 23, 20230-130, Rio de Janeiro, RJ, Brasil.

Accepted 7 November, 2013

The aim of the present study was to assess the effect of the oral ingestion of an extract of the *Arctium lappa* (burdock) on the bio-distribution of the radio-pharmaceutical (radio-biocomplex) sodium pertechnetate ($\text{Na}^{99\text{m}}\text{TcO}_4$) in rats. Male *Wistar* rats (3 to 4 months of age, 329 ± 16 g) were treated with a burdock extract (1 ml, 20 mg/ml, $n = 5$) or 0.9% NaCl solution (control: $n = 5$) for 7 days. After this period of time, $\text{Na}^{99\text{m}}\text{TcO}_4$ (3.7 MBq, 0.3 ml) was injected through the ocular plexus. After 10 min, the rats were sacrificed, the organs isolated and counted in an automatic gamma counter. The percentage of radioactivity was calculated per gram of tissue (%ATI/g) or per whole organ (%ATI/organ). Alteration in $\text{Na}^{99\text{m}}\text{TcO}_4$ uptake was observed in liver from 1.72 ± 0.38 to 0.27 ± 0.07 (%ATI/organ, $p < 0.05$) and %ATI/g in lung (from 0.45 ± 0.40 to 1.02 ± 0.15 %ATI/g), in testis (from 0.12 ± 0.01 to 0.18 ± 0.02 %ATI/g), in tooth (from 0.24 ± 0.08 to 0.06 ± 0.13 %ATI/g), in tongue (from 0.38 ± 0.06 to 0.08 ± 0.16 %ATI/g) and in liver (from 1.07 ± 0.06 to 0.56 ± 0.15) after treatment with burdock. These findings could result from the interaction between components of the *A. lappa* extract and the radio-biocomplex which may influence the uptake of $\text{Na}^{99\text{m}}\text{TcO}_4$ in some organs of rats. Therefore, precautions are suggested in the interpretation of nuclear medicine results in patients using burdock.

Key words: *Arctium lappa* (Burdock), biodistribution, sodium pertechnetate, radiobiocomplex.

INTRODUCTION

Herbal products uses are increasing in most countries of the world, as part of a resurging belief in efficacy and

safety of natural and traditional remedies (Simões et al., 2010). *Arctium lappa* L. (burdock) has been cultivated as

a vegetable for a long time in orient, especially, Taiwan and Japan (Gentil et al., 2006). Its roots are widely used as food, whereas the seeds are used in traditional Korean medicine as a diuretic, anti-inflammatory or detoxifying agent (Predes et al., 2011), for hypertension and arteriosclerosis treatment (Neves et al., 2007; Liu et al., 2012). Its anti-diabetic property may be attributed to arctiin fraction (Lu et al., 2012). Jian-Feng et al. (2012) have reported a study using an aqueous extract of *A. lappa* L. roots (1,200 mg/kg) administered for a duration of 3, 7 and 15 days and they observed an enhancement of the sexual behavior in male rats. Further, Huang et al. (2010) suggest that burdock extract (100 mg/kg) administration for 8 days can prevent intestinal damage and decrease inflammatory cytokines in mice with ulcerative colitis.

Some investigations have demonstrated that burdock extract possesses hepatoprotective action that could be attributed, at least in part, to its anti-oxidative activity (Cunha et al., 2003; Song-Chow et al., 2005; Predes et al., 2012). This study evaluated the anti-bacterial activity of a phytotherapeutic agent prepared from an ethyl acetate fraction (AcOEt) extracted from *A. lappa* (Gentil et al., 2006). An infusion of the leaves is useful to impart strength and tone to the stomach, for some forms of long-standing indigestion (Song-Chow et al., 2005).

Phytochemistry analysis carried out by some authors has demonstrated that the species *A. lappa* contains inulin (45 to 60%), sesquiterpenical lactones, phenol acids, essential oils, poliacetilenes, tannins (Simões et al., 2010), flavonoid (baicalin), lignans (arctigenin), vitamins B and C, calcium and phosphorus (Gomes et al., 2011). Lignans, tannins and flavonoids have properties of anti-tumor, anti-oxidant, anti-inflammatory, anti-hepatotoxic, anti-coagulant (Rotblat and Ziment, 2002). Although the toxicity of *A. lappa* extract is not known, cases of allergy due to burdock have been reported as contact dermatitis resulting in anaphylaxis (Rodriguez et al., 2006). Meanwhile, tannic acid, a specific substance found in certain tannin-containing herbs, can be a gastrointestinal irritant when taken in large amounts (Rotblat and Ziment, 2002). It has been related that plants of Asteraceae family as *A. lappa* possess anti-leukemic properties and induce cells death via apoptosis (Wegiera et al., 2012). Haghi et al. (2013) related the presence of chlorogenic acid (5-CQA) and 1,5-dicaffeoylquinic acid (1,5-DCQA) as main compounds, total phenolic, which are caffeoyl esters present in wild and cultivated *A. lappa* L. (Haghi et al., 2013).

Radiopharmaceuticals (radiobiocomplexes) (Moreno et al., 2005) are radioactive tracers employed in nuclear medicine for the investigation of several morphological and physiological conditions, such as blood flow and absorption, biodistribution and metabolism in target and non-target organs. These considerations are highly relevant in early detection of a disease and the images obtained are denominated metabolic images. This fact permits proper clinical action in the beginning of the disease

increasing the possibility of a successful intervention (medication, surgical) (Saha, 2010). The incorporation of a radionuclide into a drug formulation permits the determination of the biodistribution kinetics and the release sites of the latter (Owunwanne et al., 1996). Technetium-99m (^{99m}Tc) has been widely used in nuclear medicine due to its optimal half-life 6.0 h and energy characteristics, providing images with high efficiency with the administration of low doses to the patient (Moreno et al., 2005). Radio-biocomplexes such as sodium pertechnetate ($\text{Na}^{99m}\text{TcO}_4$) are tracers widely employed in scintigraphic studies (single-photon emission computed tomography - SPECT) mainly of the thyroid but also of the brain and stomach (Saha, 2010).

Natural and synthetic products have been reported to affect the biodistribution of different radiobiocomplexes (Owunwanne et al., 1996; Bernardo-Filho, 2005; Saha, 2010). PubMed (www.ncbi.nlm.nih.gov/sites/entrez) is a service of National Library of Medicine US that includes over 22 million citations from MEDLINE and other health sciences, among others. Scielo (Scientific Electronic Library Online) is an important index (www.scielo.org) of scientific publications. Review of the literature available in this data base did not show any reference about the effect of *A. lappa* extract on the bioavailability of sodium pertechnetate ($\text{Na}^{99m}\text{TcO}_4$). This finding, as well as the possibility of human beings that are undertaking burdock may need a nuclear medicine procedure, the aim of this investigation was to evaluate the effect of the oral ingestion of an extract of the burdock on the biodistribution of the radiobiocomplex sodium pertechnetate ($\text{Na}^{99m}\text{TcO}_4$) in rats.

MATERIALS AND METHODS

Preparation of extract

The burdock extract was prepared with 2 g of leaf, stem and flowers of *A. lappa* (Estrella da Terra Produtos Naturais LTDA, Brazil, lot 003) in 100 ml of NaCl 0.9% solution at room temperature. It was triturated with a domestic electric extractor. This mixture was filtered (Schleicher and Schulle filter paper Lot number K 932, Size 11 cm) and the filtered solution was considered to be 20 mg/ml or 100%. The absorbance spectrum (Spectrophotometer, Analyzer Comércio e Indústria Ltda, Brazil) was determined, in the range of 400 to 700 nm as described by Neves et al. (2007). The value of the absorbance at 500 nm (0.754 ± 0.002) was considered as a marker of the reproducibility of the conditions of the extract at the highest concentration (Neves et al., 2007). As there is not a defined dosage of the extract (Huang et al., 2010; Jian-Feng et al., 2012) that is administered to the animals, as well as the time of the treatment, we decided to use in our investigation the dosage of 70 mg/kg during 7 consecutive days. The protocols of the experiments were performed without sacrificing of the animals and was approved by the Ethical Committee of the Instituto de Biologia Roberto Alcântara Gomes, Universidade do Estado do Rio de Janeiro with the protocol number CEA/141/2006.

Strategy adapted for survey of literature in the PubMed and Scielo data base

It was performed in PubMed (www.ncbi.nlm.nih.gov/sites/entrez)

and Scielo (www.scielo.org) a search (April 18th, 2013) using the keywords “Arctium lappa” and Na^{99m}TcO₄, “burdock” and “Na^{99m}TcO₄, “burdock” and “radiopharmaceutical”, “A. lappa” and “radiopharmaceutical”, “burdock” and “sodium pertechnetate”; “A. lappa” and “sodium pertechnetate”.

Treatment of animals

Adult male Wistar rats (n = 5), 3 to 4 months of age, 329 ± 16 g of weight following the Ethical Guidelines of the Institution were used in all the experiments. They were obtained from the Laboratório de Radiofarmácia Experimental (Departamento de Biofísica e Biometria, Universidade do Estado do Rio de Janeiro, UERJ, RJ, Brazil). The animals were used after an acclimatization period of 7 days and maintained under controlled room conditions corresponding to 22 ± 5°C, 12 h of light/dark cycle with water and a normal diet *ad libitum* during the experimental period. The *A. lappa* preparation (20 mg/ml, 70 mg/kg) was administered (1 ml) to the animals (n = 5) using a metal oropharyngeal cannula, daily doses for 7 days. The control group received 0.9% NaCl solution. Na^{99m}TcO₄ radiobiocomplex (0.3 ml, 3.7 MBq; Instituto de Pesquisas Energéticas e Nucleares, Comissão Nacional de Energia Nuclear, São Paulo, SP, Brazil) was administered (after 7 days) through the ocular plexus and the animals were sacrificed 10 minutes later.

Heparinized whole blood was rapidly obtained by cardiac puncture. The organs (brain, liver, duodenum, heart, kidney, lung, spleen, stomach, pancreas, testis, bone, muscle, thyroid, right upper incisor tooth and tongue) were isolated and weighed and the radioactivity was counted in a well counter (Automatic Gamma Counter, Packard Instrument Co, Illinois, USA). The samples were put in specific and appropriated tubes the conditions were always the same and the well counter was adjusted to the photonic energy of the ^{99m}Tc (gamma emission, 140keV). After that, the % of radioactivity (%ATI) was calculated in relation to the total dose that was injected. As some authors have already published, we used in our investigation two ways to assess the %ATI (Moreno et al., 2007a; Saha, 2010). The percentage of radioactivity per organ (%ATI/organ) was determined dividing the activity in each organ by the total activity administered to the animals (Moreno et al., 2007a; Saha, 2010). The percentage of radioactivity per gram of tissue (%ATI/g) was calculated dividing the %ATI /organ by the mass of each organ (Moreno et al., 2007a; Saha, 2010).

Statistical analysis

Analysis involved one-way analysis of variance (ANOVA), followed by the Turkey-Kramer multiple comparisons test, with the significance level being P < 0.05. InStat Graphpad software was used to perform statistical analysis (GraphPad InStat version 3.01 for Windows 95/NT, GraphPad Software, San Diego Ca, USA).

RESULTS

Some publications were found in the PubMed and Scielo following the used strategy: “A. lappa” and/or burdock (153 in PubMed and 11 in Scielo). When the keywords were “burdock”, “A. lappa” and Na^{99m}TcO₄, “burdock” and “Na^{99m}TcO₄, “burdock” and “radiopharmaceutical”, “A. lappa” and “radiopharmaceutical”, “burdock” and “sodium pertechnetate” or “A. lappa” and “sodium pertechnetate” no item was found. The results in Table 1 show the

relationship between the percentage of radioactivity per organ (% ATI/organ) of the radiobiocomplex Na^{99m}TcO₄ in the experimental group treated with *A. lappa* extract and the control group. Results indicate a significant increase in the uptake of the Na^{99m}TcO₄ in stomach, from 2.46 ± 0.70 (control) to 3.82 ± 0.54 (treated, p = 0.010) and tooth from 0.05 ± 0.02 (control) to 0.16 ± 0.08 (treated, p = 0.0001). A significant decrease in the uptake of the Na^{99m}TcO₄ in liver from 1.72 ± 0.38 (control) to 0.27 ± 0.07 (treated, p = 0.0011) was also found. No significant changes in the uptake of this radiobiocomplex in the brain, duodenum, heart, kidney, spleen, pancreas, lung, blood, thyroid, testis, muscle, tongue and bone (% ATI/organ) were found.

Table 2 shows the percentage of radioactivity per gram of tissue (% ATI/g) of the radiobiocomplex Na^{99m}TcO₄ in the treated animals with burdock extract and in the control group. Increase in the uptake of the Na^{99m}TcO₄ in the stomach, from 1.87 ± 0.56 (control) to 2.75 ± 0.76 (treated, p = 0.07, not statistically significant) was observed. Significant decrease in the uptakes in liver from 1.07 ± 0.06 (control) to 0.56 ± 0.15 (treated, p = 0.0001), in tooth from 0.24 ± 0.08 (control) to 0.06 ± 0.13 (treated, p = 0.029) and in tongue from 0.38 ± 0.06 (control) to 0.08 ± 0.16 (treated, p = 0.0299) were found.

DISCUSSION AND CONCLUSION

Much of the medical literature on medicines suggests that the safe or toxicity of medicinal plants is based on suboptimal evaluations of the available data (Rotblat and Ziment, 2002; Simões et al., 2010). The results obtained indicate that the burdock extract may affect the biodistribution of Na^{99m}TcO₄ in specific organs. Moreno et al. (2005) reported that *Ginkgo biloba* extract altered the uptake of Na^{99m}TcO₄ in rats. *Nectandra membranacea* extract altered the radioactivity uptake in heart, thyroid, kidney and muscle (Moreno et al., 2007a). *Uncaria tomentosa* extract altered the uptake of the Na^{99m}TcO₄ in the heart, pancreas and muscle after the treatment orally (Moreno et al., 2007b). Souza et al. (2011) demonstrated that natural products such as senna extracts can also induce changes in the biodistribution of Na^{99m}TcO₄. Jankovic and Djokic (2005) reported the alteration of the organ uptake of several radiobiocomplexes labeled with ^{99m}Tc induced by the administration of the cytotoxic drugs methotrexate sodium and cyclophosphamide using this same experimental model (Jankovic and Djokic et al., 2005). Rebello et al. (2008) described an alteration in the radioactivity uptake of the Na^{99m}TcO₄ in the duodenum, spleen, pancreas, stomach and blood when the animals were treated with *Passiflora flavicarpa* extract (Rebello et al., 2008).

When the drug interaction with radiobiocomplexes is unknown, the consequences of the procedure are the possibility of misdiagnosis and/or repetition of the

Table 1. Shows the effect of the *Arctium lappa* extract on the biodistribution of ^{99m}Tc (% ATl/organ) in the male Wistar rats which had received (20 mg/ml) or not (control group) the extract.

Organ	Control (% ATl/organ)	Treated (% ATl/organ)
Brain	0.07±0.01	0.19±0.27
Liver	1.72±0.38	0.27±0.07*
Duodenum	0.15±0.03	0.18±0.09
Heart	0.33±0.09	0.35±0.06
Kidney	0.57±0.16	0.59±0.06
Stomach	2.46±0.70	3.82±0.54*
Pancreas	0.18±0.08	0.22±0.54
Lung	0.05±0.02	0.06±0.02
Testis	0.17±0.02	0.20±0.01
Bone	0.19±0.36	0.12±0.07
Muscle	0.06±0.01	0.08±0.01
Thyroid	1.64±0.16	1.49±0.14
Spleen	0.23±0.02	0.21±0.53
Blood	1.12±0.17	1.17±0.16
Tooth	0.05±0.02	0.16±0.08*
Tongue	0.22±0.02	0.22±0.01

Data are reported as mean ± SD for 5 animals in each group.

After 7 days of treatment with extract of *Arctium lappa* (burdock) by intragastric via, once a day, (20 mg/mL), male *Wistar* rats received 0.3 mL $\text{Na}^{99m}\text{TcO}_4$ by the intravenous route. The animals were sacrificed, the organs isolated and %ATl/organ determined. Asterisks indicate significant differences ($p < 0.05$).

examination, with an increase in the radiation dose administered to the patient (Bernardo-Filho, 2005). The knowledge about this phenomenon may contribute for proper clinical decisions and correct diagnosis.

Tsai et al. (2011) have enfaced that the protective effect on hepatocytes and the inhibition of interleukin-2 in primary human T lymphocytes might be attributed to the arctigenin bioactive component of *A. lappa*. It is possible to speculate that the alteration in the uptake of the studied radiobiocomplex (Tables 1 and 2) could be associated with the action described by Tsai et al. (2011). As tannins-containing herbs can be a gastrointestinal irritant (Rotblat and Ziment, 2002), the increase of radiobiocomplex uptake in stomach (Table 1) of animals treated with burdock extract could be associated with the presence of tannins in this extract. Moreover, the alteration of radiopharmaceutical uptake in liver (Tables 1 and 2) and stomach (Table 1), are in accordance with the literature, that also have described hepato-protective and gastro-protective action promoted by burdock extract (Song-Chow et al., 2002; Lima et al., 2006).

An interesting finding is related with the alteration of the uptake in the testis (Table 2) and this fact could be associated with the enhancement of the sexual behavior in male rats as reported by Jian-Feng et al. (2012). The aphrodisiac effects of the plant extract may be related to the presence of flavonoids, saponins, lignans and

alkaloids, acting via a multitude of central and peripheral mechanisms. These results thus support the traditional use of *A. lappa* L. root extract for treating impotence and sterility. These considerations are described by Jian-Feng et al. (2012).

Meanwhile, precautions are suggested in the interpretation of nuclear medicine results in patients using the burdock since it alters the biodistribution of the sodium pertechnetate radiopharmaceutical in some organs and this fact could influence proper actions related to the diagnosis and therapy of some diseases.

Conclusion

The metabolization of the *A. lappa* (*in vivo*) could generate active metabolites with properties that could influence the biodistribution of the $\text{Na}^{99m}\text{TcO}_4$ radiobiocomplex in the treated animals with this extract.

ACKNOWLEDGEMENTS

The present work was carried out with support of the CAPES, Institution of the Brazil Government for formation of human resources. We are also indebted to FAPERJ, CNPq, UERJ, UFRN.

Table 2. Shows the effect of the *A. lappa* extract on the biodistribution of ^{99m}Tc (% ATI/g) in the male Wistar rats which had received (20 mg/ml) or not (control group) the extract.

Organ	Control (% ATI/organ)	Treated (% ATI/organ)
Brain	0.04 ± 0.01	0.11 ± 0.05
Liver	1.07 ± 0.06	0.56 ± 0.15*
Duodenum	0.93 ± 0.57	0.89 ± 0.17
Heart	0.29 ± 0.05	0.25 ± 0.17
Kidney	0.53 ± 0.12	0.57 ± 0.09
Stomach	1.87 ± 0.56	2.75 ± 0.76
Pancreas	0.37 ± 0.01	0.36 ± 0.03
Lung	0.45 ± 0.40	1.02 ± 1.15*
Testis	0.12 ± 0.01	0.18 ± 0.02*
Bone	0.25 ± 0.36	0.15 ± 0.06
Muscle	0.11 ± 0.01	0.11 ± 0.15
Thyroid	5.71 ± 0.91	5.37 ± 0.93
Spleen	0.40 ± 0.01	0.39 ± 0.06
Blood	2.93 ± 0.17	2.92 ± 0.38
Tooth	0.24 ± 0.08	0.06 ± 0.13*
Tongue	0.38 ± 0.06	0.08 ± 0.16*

Data are reported as mean ± SD for 5 animals in each group.

After 7 days of treatment with extract of *Arctium lappa* (burdock) by intragastric via, once a day (20 mg/ml), male Wistar rats received 0.3 mL $\text{Na}^{99m}\text{TcO}_4$ by the intravenous route. The animals were sacrificed, the organs isolated and %ATI/gram determined. Asterisks indicate significant differences ($p < 0.05$).

ABBREVIATIONS

AcOE, Ethyl acetate fraction; **$\text{Na}^{99m}\text{TcO}_4$** , sodium pertechnetate; **MBq**, mega becquerel; **NaCl**, sodium chloride; **A. Lappa**, *Arctium lappa*; **Tc-99m**, technetium-99m.

REFERENCES

- Bernardo-Filho M (2005). Drug interaction with radiopharmaceuticals: a review. *Braz. Arch. Biol. Technol.* 48:13-27.
- Cunha AP, Silva AP, Roque OR (2003). Plantas e produtos vegetais em Fitoterapia. 1 ed. Lisboa: Fundação Calouste Gublenkian.
- Gentil M, Pereira JV, Sousa YT, Pietro R, Neto MD, Vansan LP, de Castro França S (2006). *In vitro* evaluation of the antibacterial activity of *Arctium lappa* as a phytotherapeutic agent used in intracanal dressings. *Phytother. Res.* 20:184-186.
- Gomes E, Elpo ER, Gabriel MM, Lopes M (2011). Medicinal plants with toxic effects used for population from Morretes Municipality. *Rev. Vi. Acad.* 2:77-80.
- Haghi G, Hatami A, Mehran M (2013). UPLC and HPLC of caffeoyl esters in wild and cultivated *Arctium lappa* L. *Food Chem.* 138:321-326.
- Huang TC, Tsai SS, Liu LF, Liu YL, Liu HJ, Chuang KP (2010). Effect of *Arctium lappa* L. in the dextran sulfate sodium colitis mouse model. *World J. Gastroenterol.* 16:4193-4199.
- Jankovic J, Djokic E (2005). Alteration of the organ uptake of the (^{99m}Tc) radiopharmaceuticals, (^{99m}Tc)-DPD, (^{99m}Tc)-DMSA, (^{99m}Tc)-tin colloid and (^{99m}Tc)-MAA, induced by the applied cytotoxic drugs methotrexate sodium and cyclophosphamide. *Nucl. Med. Commun.* 26:415-419.
- Jian-Feng C, Ying ZP, Wei XC, Tao HT, KaoShan BYGC (2012). Effect of aqueous extract of *Arctium lappa* L. (burdock) roots on the sexual behavior of male rats. *Complement. Altern. Med.* 12:1-8.
- Lima AR, Barbosa VC, Santos Filho PR, Gouvêa CMCP (2006). Avaliação *in vitro* da atividade antioxidante do extrato hidroalcoólico de folhas de bardana. *Rev. Bras. Farmacogn.* 16:531-536.
- Liu J, Cai YZ, Wong RN, Lee CK, Tang SC, Sze SC, Tong Y, Zhang Y (2012). Comparative analysis of caffeoylquinic acids and lignans in roots and seeds among various burdock (*Arctium lappa*) genotypes with high antioxidant activity. *J. Agric. Food Chem.* 60: 4067-4075.
- Lu LC, Zhou W, LiZH, Yu CP, LiCW, Luo MH, Xie H (2012). Effects of Arctnin on Streptozotocin-induced Diabetic Retinopathy in Sprague-Dawley Rats. *Planta Med.* 12:128.
- Moreno SR, Diré GF, Freitas R, Mattos D, Gomes M, Farah M (2005). Bioavailability of the sodium pertechnetate and morphometry of organs isolated from rats: Study of possible pharmacokinetic interactions of a *Ginkgo biloba* extract. *Braz. Arch. Biol. Technol.* 48:71-76.
- Moreno SR, Arnobio A, Carvalho JJ, Nascimento AL, Timoteo MP, Rocha EK, Caldas LQ, Bernardo-Filho MB (2007a). The ingestion of a *Nectandra membranacea* extract changes the bioavailability of technetium-99m radiobiocomplex in rats organs. *Biol. Res.* 40:131-135.
- Moreno SRF, Silva ALC, Diré G, Honeycut H, Carvalho JJ, Nascimento AL, Pereira M, Rocha EK, Oliveira-Timóteo M, Arnobio A, Olej B, Bernardo-Filho M, Caldas LQA (2007b). Effect of oral ingestion of an extract of the herb *Uncaria tomentosa* on the biodistribution of sodium pertechnetate in rats. *Braz. J. Med. Biol. Res.* 40:77-80.
- Neves RF, Moreno SRF, Rebello BM, Caldas LQA, Fonseca AS, Bernardo-Filho M, Medeiros AC (2007). Effect of an *Arctium lappa* (burdock) Extract on the labeling of blood constituents with Technetium-99m and on the morphology of Red blood cells. *Braz. Arch. Biol. Technol.* 50:167-174.
- Owunwanne A (1995). Preparation of radiopharmaceuticals. The hand book of radiopharmaceuticals. London: Chapman & Hall Medical.
- Predes FS, Ruiz AL, Carvalho JE, Foglio MADolder H, BMC (2011). Antioxidative and *in vitro* antiproliferative activity of *Arctium lappa* root extracts. *Complement. Altern. Med.* 23:11-25.

- Rebello BM, Moreno SRF, Godinho CR, Neves RF, Fonseca AS, Bernardo-Filho MB, Medeiros AC (2008). Effects of *Passiflora edulis flavicarpa* on the radiolabeling of blood constituents, morphology of red blood cells and on the biodistribution of sodium pertechnetate in rats. *Appl. Rad. Isotopes* 66:1788–1792.
- Rodriguez P, Blanco J, Juste S, Garces M, Perez R, Macos M (2006). Allergic contact dermatitis due to burdock (*Arctium lappa*). *Contact Derm.* 33:134-135.
- Rotblat M, Ziment I (2002). Evidence-based herbal medicine. Philadelphia: Hanley & Belfus, Inc., Medical Publishers.
- Saha GB (2010). Fundamentals of Nuclear Pharmacy. 6th ed, New York: Springer-Verlag.
- Song-Chow L, Chia-Hsien L, Chun-Ching L, Yun-Ho L, Chin-Fa C, Cheng C, Li-Ya W (2002): Hepatoprotective effects of *Arctium lappa* linne on liver injuries induced by chronic ethanol consumption and potentiated by carbon tetrachloride. *J. Biol. Sci.* 5:401-409.
- Simões CM, Schenkel EP, Gosmam G, Mello JCP, Mentz LA, Petrvick PR (2010). Farmacognosia: Da planta ao medicamento. 6ª ed. In review in Portuguese. Universidade/UFRGS/Edda/EFSC, Rio Grande do Sul, Brazil. pp. 651-739.
- Souza DE, Pereira MO, Bernardo LC, Carmo FS, Fonseca AS, Bernardo-Filho M (2011). An Experimental Model to Study the effects of a senna extract on the blood constituent labeling and biodistribution of a radiopharmaceutical in rats. *Clinics* 66:483-486.
- Tsai WJ, Chang CT, Wang GJ, Lee TH, Chang SF, Lu SC, Kuo Yuh (2011). Arctigenin from *Arctium lappa* inhibits interleukin-2 and interferon gene expression in primary human T lymphocytes. *Chin. Med.* 6:1-8.
- Wegiera, M, Smolarz HD, Jedruch M, Kopron K (2012). Cytotoxic effect of some medicinal plants from Assteraceae family on J-45.01 leukemic cell line-pilot study. *Acta. Polym. Pharm.* 69:263-268.

UPCOMING CONFERENCES

**International Conference on Pharmacy and Pharmacology, Bangkok, Thailand,
24 Dec 2013**



**CAPE TOWN SOUTH AFRICA, WCP 2014 17TH WORLD CONGRESS OF BASIC CLINICAL
PHARMACOLOGY**



Conferences and Advert

December 2013

ICPP 2013 : International Conference on Pharmacy and Pharmacology
Bangkok, Thailand December 24-25, 2013

July 2014

Cape Town South Africa, WCP 2014 17TH World Congress Of Basic Clinical
Pharmacology



Related Journals Published by Academic Journals

- Journal of Infectious Diseases and Immunity
- Journal of Diabetes and Endocrinology
- Journal of Medicinal Plants Research
- Journal of Cell Biology and Genetics
- International Journal of Nursing and Midwifery
- Journal of Parasitology and Vector Biology
- Journal of Pharmacognosy and Phytotherapy
- Journal of Veterinary Medicine and Animal Health
- Journal of Toxicology and Environmental Health Sciences
- Clinical Reviews and Opinions
- International Journal of Nutrition and Metabolism
- Journal of AIDS and HIV Research
- Journal of Cancer Research and Experimental Oncology
- Journal of Clinical Immunology and Immunopathology Research
- Journal of Clinical Medicine and Research
- Journal of Clinical Pathology and Forensic Medicine
- Journal of Medical Genetics and Genomics
- Journal of Medical Laboratory and Diagnosis
- 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