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Research Article

Role of *Bougainvillea glabra* Stem Extract on Paracetamol and Alcohol-Induced Hepatotoxicity in Rats

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ABSTRACT

The current study investigates the *in-vivo* hepatoprotective effectiveness of *Bougainvillea glabra* stem extract against alcohol and paracetamol-induced hepatotoxicity in animal models. The alterations in liver enzymes including serum glutamic oxaloacetic transaminase (SGOT), serum glutamic pyruvic transaminase (SGPT), alkaline phosphatase (ALP), and total bilirubin are studied in rats given *B. glabra* extract with paracetamol or alcohol to produce hepatotoxicity. The levels of glutathione and lipid peroxidation were also examined, and the outcomes were contrasted with silymarin as the reference. The acute toxicity studies presented the plant extract under category 5 of GHS system, which further motivated the studies for hepatoprotective activity. The induction of hepatotoxicity was confirmed with the elevated levels of serum and tissue biochemical by the administration of paracetamol and alcohol. Under paracetamol as a hepatotoxin, the animals with 200 and 400 mg/kg p.o demonstrated near figures for SGPT and SGOT of the group treated with silymarin with significance. The results were still more appreciative under alcohol as a hepatotoxin. In both cases, the group with 400 mg/kg p.o gave a promising result with the reduced inflammatory cells under histopathological studies.

INTRODUCTION

with more functions than any other human organ, the liver is the biggest glandular organ in the body. The whole blood supply of an individual travels through the liver numerous times each day; the liver is essential to human metabolism. Bile is produced by the liver, which also makes prothrombin, fibrinogen, and heparin, a mucopolysaccharide sulfuric acid ester that aids in preventing blood clots in the circulatory system. [1] The normal functioning of the liver is distracted by druginduced liver injury (DILI) and is a chief regulatory as well as clinical challenge. [2] Drug-induced hepatotoxicity can present a wide range of malfunctions in the liver, from an asymptomatic increase of liver enzymes to uncontrollable hepatic failure.

Overdosing on paracetamol (PCM), commonly known as acetaminophen, can have serious adverse effects on the kidneys and liver. [3,4] Cytochrome P450 enzymes activate PCM and transform it into the hazardous metabolite N-acetyl-p-benzoquinoneimine (NAPQI), which results in oxidative stress and glutathione (GSH) diminution. [5,6] Chronic alcohol consumption is widely established to cause fatty liver, hepatomegaly, alcoholic hepatitis, fibrosis as well as cirrhosis. It has been suggested that endotoxin is what starts the chain of events that leads to alcohol-induced toxicity. [7] Although modern medicine has made enormous strides, there are still very few effective medications that can help the liver recover from injury or regenerate its cells. To treat a wide range of clinical liver disorders, several active plant extracts are

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often used. [8-11] To avoid any liver damage brought on by exposure to xenobiotics like alcohol and other narcotics and non-narcotics, the phytochemicals, which are organic components of several plants, offer protection against liver disorders caused by drugs and can be included in daily life. A pretreatment of methanolic extract of Agave americana leaves elevated the hepatocellular architecture for the paracetamol-intoxicated liver, $^{[12]}$ an ethanolic extract of Moringa oleifera bark had significantly reduced the levels of liver enzymes such as serum glutamicoxaloacetic transaminase (SGOT), serum glutamate pyruvate transaminase (SGPT), Alkaline phosphatase (ALP) and total bilirubin, which was elevated by intake of paracetamol. [13] A similar observation is made for Bacopa monnieri L.,[14] Rhazya stricta, Balanites aegyptiaca and Haplophylum tuberculatum,^[15] Ziziphus oxyphylla Edgew,^[16] Trichosanthes dioica[17] and many other plants. Reports on extracts of Avicennia marina, [18] Anogeissus acuminate, [19] Smilax china^[20] and several other plants are investigated to treat alcohol-induced hepatotoxicity. Numerous of these plants have also demonstrated their many therapeutic uses; however, the wealth of Indian herbs and plants for biomedical applications remains largely unexplored.

Bougainvillea glabra, commonly called as the paper flower from the family Nyctinaginacea, which consists of 14 species. The plant grows as a shrub as well as a climber in topical and sub-tropical gardens throughout the world. [21] The plant is reported to have several phytochemicals such as tannins, alkaloids, flavonoids, and beta-cyanins. [22,23] The leaves of *B. glabra* is reported to have anti-diarrhoeal action, anti-microbial activity and several pharmacological benefits. [24,25] However, the hepatoprotective activity of *B. glabra* stem extract remains unexplored and is attempted to tap in present work.

Though, plenty of modern (tricholine citrate, trithioparamethoxy phenyl propene, essential phos-pholipids, pancreatin combined with l-ornithine l-aspartate, silymarin, and ursodesoxy cholic acid) as well as traditional herbal medications are available for liver diseases, most of which are ineffective and have potentially dangerous side-effects. Even in developed nations, the widespread usage of complementary and alternative medicine has increased which provides a platform for new herbal medications. Our previous publication explored the phytochemicals present in B. glabra stem extract, quantitatively and qualitatively. [26] The work also tapped the in-vitro antioxidant activity and hepatoprotective feature. The work confirmed the presence of several antioxidant phytochemicals such as flavonoids, tannins, phenols, steroids, and many other phytochemicals and their potency towards studied biomedical applications. The present work explores the *in-vivo* hepatoprotective efficacy of stem extract of B. glabra against paracetamol and alcohol-induced hepatotoxicity in animal models. The B. glabra extract-treated rats with paracetamol

and alcohol-induced hepatotoxicity are examined for variations in the liver enzymes such as SGOT, SGPT, ALP and total bilirubin. The lipid peroxidation and glutathione (GSH) levels were also investigated and the results were compared with the standard, silymarin.

MATERIALS AND METHODS

Plant Material Collection and Processing

Stems of *B. glabra* were gathered in and around Gurugram, Haryana during the flowering stage. All the leaves and flowers were removed; approximately 60 cm from the flowering end was selected. Then the selected part was shade dried for three weeks at room temperature. After sufficiently dried, stems were ground into a fine powder

Materials of the Study

All of the chemicals, reagents, and solvents utilized were of analytical quality and weren't previously purified.

Plant Extract Preparation

The plant extracts were created in accordance with earlier research. With the help of 200 mL of each solvent- pet ether, ethanol, and water in order of increasing polarity and 70% of the hydro-alcoholic combination, 20 g of finely powdered *B. glabra* stem material were successfully extracted. Every time, the stem sample was completely dried before using the other solvent. The extracted sample from the *B. glabra* stem was mixed, filtered, and evaporated to dryness using a hot water bath to achieve a yield of 1.5 g. The same sample was then stored in an airtight container and used for analysis. [15,16]

Animal Husbandry

The CPCSEA criteria for animal care and usage were followed in the conduct of this investigation. The test facility's Institutional Animals Ethical Committee (IAEC) gave the study its seal of approval and the reference number IEAC, SSCP/224/2021-22.

A wistar, male rats of age 8 to 10 weeks were considered for the study. The animals were accustomed to the laboratory environment for a minimum of 7 days, and they will be checked daily for clinical indicators. The animals were kept in typical laboratory settings with air conditioning, a sufficient supply of fresh air (air changes 12–15 per hour), a room temperature of 20 to 22°C, a relative humidity range of 49 to 63%, and a 12 hours cycle of light and darkness. Each animal was kept in a cage with a stainless steel mesh top grill that had a place to store pellet food and a water supply. Standard laboratory rodents were used to feed the animals, and unlimited access to reverse osmosis water was also supplied.

Acute Toxicity Studies

The dose for the main study was selected based on the acute toxicity study conducted as per OECD No 423. [26] Six



female rats were used in a limit test that was conducted in two steps at a dose of 2000 mg/kg/bw (three rats per step). In Step 1, rats were fasted overnight and received a single oral dose of the test drug by gavage at a dose of 2000 mg/kg body weight. Food was withheld for an additional 3 to 4 hours and seen for clinical symptoms and mortality for at least 24 hours, step 2 rats that had fasted overnight received the test item in a similar way to step 1 rats. For 14 days, mortality and clinical observations were tracked.

Hepatotoxicity Induction using Paracetamol

The experiment was carried out in male wistar rats. Animals were acclimatized for seven days prior to the study. Animals were grouped and treated as presented in Table 1 for a period of 7 days. Paracetamol was administered to all groups except group I daily at the dose of 2 g/kg p.o. Group III animals received the standard drug silymarin (200 mg/kg; p.o.) simultaneously for a period of 7 days, whereas the groups IV to VI animals received B. glabra stem extract at the dose of 100, 200, and 400 mg/kg, respectively. During this period of treatment, the rats were maintained on a standard pellet diet and water. All the animals were sacrificed 24 hours after the fasting of the last dose of paracetamol, i.e., on the 8th day. Blood was collected under mild anesthesia allowed to clot and then subjected to centrifugation at 4000 rpm for 15 minutes. Biochemical parameters like SGOT, SGPT, ALP, total bilirubin, and direct bilirubin were measured.

Hepatotoxicity Induction using Alcohol

The experiment was carried out in male wistar rats. Animals were acclimatized for seven days prior to the study. Animals were grouped and treated as presented in Table 2 for a period of 11 days. Alcohol was administered to all groups except group I daily at the dose of 5 g/kg of 25% w/v; p.o. Group III animals received the standard drug silymarin (200 mg/kg; p.o.) simultaneously for a period of 11 days, whereas the groups IV to VI animals received B. glabra stem extract at the dose of 100, 200, and 400 mg/kg, respectively. During this period of treatment, the rats were maintained on a standard pellet diet and water. All the animals were sacrificed 24 hours after the last dose of alcohol, i.e., on the 12th day. Blood was collected under mild anesthesia allowed to clot and then subjected to centrifugation at 4000 rpm for 15 minutes. Biochemical parameters like SGOT, SGPT, ALP, total bilirubin, and direct bilirubin were measured.

Assessment of Serum Biochemicals

Serum biochemical parameters such as SGPT, SGOT, ALP and TB were estimated using commercially available diagnostic kits for enzymatic biochemicals. The estimation procedure was followed according to the instructions given on the kits, ERBA Manheim IFCC Erba SGPT kit with code number 120207, ERBA SGOT KIT with code number 120204 and ERBA ALP kit with code number 120238.

Table 1: Grouping and treatment of the animals with paracetamolinduced hepatotoxicity

Group	Group ID	Treatment	Total no. of animals
1	Control	DM water	6
2	Positive control (Paracetamol)	Paracetamol 2 g/kg; p.o.	6
3	Paracetamol + Silymarin	Paracetamol 2 g/kg; p.o.+ silymarin (200 mg/kg; p.o.)	6
4	Paracetamol + B. glabra stem extract	Paracetamol 2 g/kg; p.o.+ B. glabra stem extract (100 mg/kg; p.o.)	6
5	Paracetamol + B. glabra stem extract	Paracetamol 2 g/kg; p.o.+ B. glabra stem extract (200 mg/kg; p.o.)	6
6	Paracetamol + B. glabra stem extract	Paracetamol 2 g/kg; p.o.+ B. glabra stem extract (400 mg/kg; p.o.)	6

Table 2: Grouping and treatment of the animals with alcohol-induced hepatotoxicity

Group	Group ID	Treatment	Total no. of animals
1	Control	DM water	6
2	Positive control (Alcohol)	Alcohol 5 mL/kg of 25% w/v; p.o.	6
3	Alcohol + Silymarin	Alcohol 5 mL/kg of 25% w/v; p.o.+ silymarin (200 mg/kg; p.o.)	6
4	Alcohol + B. glabra stem extract	Alcohol 5 mL/kg of 25% w/v; p.o.+ <i>B. glabra</i> stem extract (100 mg/kg; p.o.)	6
5	Alcohol + <i>B.</i> glabra stem extract	Alcohol 5 mL/kg of 25% w/v; p.o+ <i>B. glabra</i> stem extract (200 mg/ kg; p.o.)	6
6	Alcohol + B. glabra stem extract	Alcohol 5 mL/kg of 25% w/v; p.o+ <i>B. glabra</i> stem extract (400 mg/ kg; p.o.)	6

Assessment of Tissue Biochemical

Thiobarbituric acid (TBA) and malondialdehyde (MDA), a breakdown byproduct produced from several oxidized molecules, provide the basis for the assay. The resultant chromogen is measured at its highest absorbance wavelength, which is 532 nm. In a test tube, 0.1 mL of homogenate was added to a test tube along with 1-mL of TBA reagent, which contained 0.375% TBA, 15% tricarboxylic acid (TCA), and 0.25 N HCl in equal amounts.

The test tube was then placed in a boiling water bath for 30 minutes. The mixture was then centrifuged at 6000 rpm for 5 minutes after spending 10 minutes in crushed ice. Using absorbance for blank and the obtained solution, lipid peroxidation was determined.

An accurate measurement of the glutathione concentration in a sample can be obtained by measuring the absorbance of 5-thio-2-nitrobenzoic acid (TNB) at 412 nm. To precipitate proteins, 0.5 mL of homogenate is combined with 0.1 mL of 25% TCA and centrifuged at 4000 rpm for 5 minutes. The next step was combining 0.3 mL of the supernatant with 10 mM 5,5'-dithiobis-2-nitrobenzoic acid (DTNB) and 0.5 mL of 0.1 M phosphate buffer. After incubating this combination for 10 minutes, the absorbance at 412 nm was measured in comparison to acceptable blanks.

Histopathology

At the day of study termination, the livers were collected and weighed, and part of the liver was used for antioxidant activity and the remaining was immersed in a 10% formalin solution for a histopathology examination.

Statistics

The values were analyzed *via* GraphPad Prism 5 and the values were expressed in mean ± SEM. The mean values were compared by using one-way ANOVA followed by Dunnett's posttest.

RESULTS AND DISCUSSION

Acute Toxicity Studies

The test item's minimal lethal dose (MLD) was greater than 2000 mg/kg body weight, according to the findings of acute oral toxicity research (Acute toxic class method) conducted on rats. According to OECD guideline no. 423, the test chemical can be classified under globally harmonized system (GHS) category 5 based on the observed MLD value. Based on this $1/5^{\rm th}$, $1/10^{\rm th}$, and $1/20^{\rm th}$ doses were selected for the efficacy study.

Paracetamol-induced Hepatotoxicity and its Treatment

Serum biochemicals

SGOT and SGPT are the standard liver enzyme markers to assess liver toxicity. The necrosis of liver cells leads to a major rise in these enzymes in blood serum. Administration of PCM significantly increased hepatocellular damage and is apparent from the increased levels of serum biochemical parameters, SGOT (191 U/L), SGPT (96 U/L), ALP (543 U/L) and bilirubin levels in group II animals when compared to the normal control, group I. A small amount of PCM is N-hydroxylated by the cytochrome P-450 enzyme to produce the extremely reactive and electrophilic intermediate NAPQI. It is normally removed through combination with glutathione, followed by

additional metabolism to mercapturic acid and excretion into the urine. Yet, the metabolite, NAPQI is produced in quantities sufficient to decrease the hepatic glutathione following the use of high doses of PCM. The hepatocytes become extremely vulnerable to oxidative damage as a result, and NAPQI binds covalently to macromolecules, causing enzymatic systems to malfunction. The liver injury instigated by PCM overdose alters the transport function of the hepatocytes resulting in the leaking of plasma membrane, and hence increased levels of serum enzymes. [27,28]

The animals treated with considered $B.\ glabra$ stem extract at three different doses (100, 200 and 400 mg/kg p.o) exhibited significant reduction in the above parameters. The measured levels of SGOT and SGPT for all tested groups are presented in Figs 1 and 2, respectively. Compared with the positive control, the groups IV, V and VI showed lesser levels with a significance *p < 0.05, **p < 0.01 and ***p < 0.001 compared to with positive control group. The standard drug silymarin treated group III also upturned the hepatotoxicity and the levels were lesser than the group III. A similar trend was observed for SGPT, wherein, group V and group VI showed a similar trend as of standard control group III with a significance of ***p < 0.001.

Along with SGPT and SGOT, ALP and total bilirubin would also play a great role in assessing hepatotoxicity. The estimated levels of same are presented in Figs 3 and 4. Like SGPT and SGOT, ALP and total bilirubin levels increased to 446.2 and 0.62, respectively with the administration of PCM, however decreased increased concentration of considered extract. Group VI with 400 mg/kg of *B. glabra* stem extract showed a significance factor equal to that of standard silymarin-treated group II for ALP. Nevertheless, total bilirubin was slightly higher for all three groups treated with extract, compared to the silymarin-treated group, with significance **p < 0.01 compared to positive control, group II.

Tissue biochemical

Lipid peroxidation and reduced glutathione are the two significant tissue biochemical parameters to assess

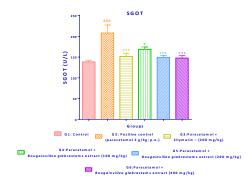


Fig. 1: Estimated levels of SGOT in considered groups for paracetamol induced hepatotoxicity and its treatment with *B. glabra* stem extract



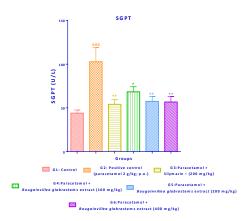


Fig. 2: Estimated levels of SGPT in considered groups for paracetamol induced hepatotoxicity and its treatment with *B. glabra* stem extract

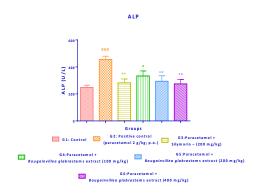


Fig. 3: Estimated levels of ALP in considered groups for paracetamol induced hepatotoxicity and its treatment with *B. glabra* stem extract

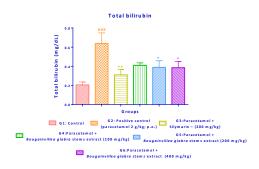


Fig. 4: Estimated levels of total bilirubin in considered groups for paracetamol induced hepatotoxicity and its treatment with *Bougainvillea labra* stem extract

the health of the liver. Oral intake of PCM in excess considerably increases the liver lipid peroxide levels by a fold, compared to control group, group I as in Fig. 5. With a statistical significance of **p < 0.01, group VI administered with 400 mg/kg showed the same significance as of group III, treated with silymarin. In contrast, the reduced glutathione levels decreased with decreased extract concentration.

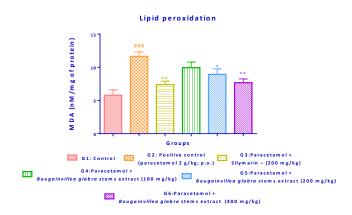


Fig. 5: Estimated levels of lipid peroxides in considered groups for paracetamol induced hepatotoxicity and its treatment with B. glabra stem extract

Tissue histopathology

Histopathological analysis of liver tissue sections from the normal control group revealed a healthy cellular arrangement characterized by well-defined hepatic cells, sinusoidal spaces, and a central vein (depicted in Fig. 6A). Conversely, the livers of paracetamol-treated rats in group 2 exhibited disrupted hepatic cell structure, including centrilobular necrosis, hyperplasia, vascular and cellular degeneration, polymorphonuclear aggregation, inflammation, and fatty degeneration (illustrated in Fig. 6B). Rats treated with silymarin (100 mg/kg) in group 3 showcased a significant decrease in fatty degeneration, as well as the absence of necrosis and inflammation (as shown in Fig. 6C). Remarkably, rats treated with varying doses (100-400 mg/kg) of *B. glabra* stem extract in groups 3, 4, and 5 displayed signs of protective effects. These included a noticeable reduction or absence of inflammatory cells, mitigated vascular congestion and degeneration, and reduced cellular degeneration, necrosis, and vacuole formation (depicted in Fig. 6 D-F).

Alcohol-induced Hepatotoxicity and its Treatment

Serum biochemical estimation

The work further investigates the efficacy of *B. glabra* stem extract in treating hepatotoxicity induced by ethanol. The above-said liver enzyme levels were estimated and compared among normal control, positive control and test groups. The alcohol-induced hepatotoxicity increases SGPT, and SGOT which is evident from Figs 7 and 8. Group II showed an estimated SGPT and SGOT levels of 93.2 and 96.8 U/L has reduced for the silymarin and other test groups. Though a considerable reduction in SGPT and SGOT levels is observed for test groups, the decrease in the levels could not reach the level of normal control and even for test groups. A similar trend is observed for ALP and TB as well (Figs 9 and 10). With an increased serum biochemical, it is understood that there might be hepatic duct blockage or an incomplete biliary obstruction. The levels decreased

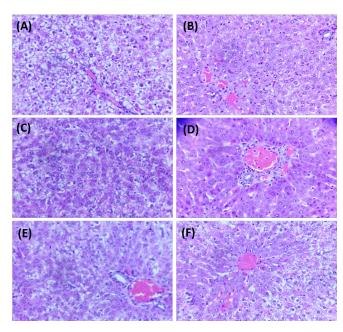


Fig. 6: Histopathalogical observation for paracetamol induced hepatotoxicity and its treatment with *B. glabra* stem extract

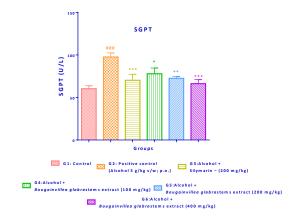


Fig. 7: Estimated levels of SGPT in considered groups for alcohol induced hepatotoxicity and its treatment with *B. glabra* stem extract

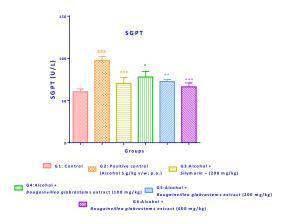


Fig. 8: Estimated levels of SGOT in considered groups for alcohol induced hepatotoxicity and its treatment with *B. glabra* stem extract

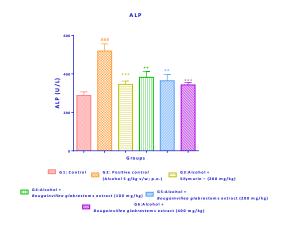


Fig. 9: Estimated levels of ALP in considered groups for alcohol induced hepatotoxicity and its treatment with *B. glabra* stem extract

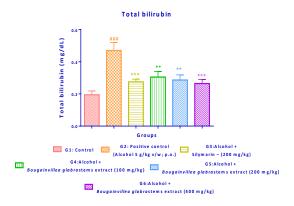


Fig. 10: Estimated levels of TB in considered groups for alcohol induced hepatotoxicity and its treatment with *B. glabra* stem extract

when treated with the leaf extract showing the reduced hepatic duct blockage.

Tissue biochemical estimation

The tissue biochemicals such as lipid peroxidation and reduced glutathione are estimated and recorded in Figs 11 and 12. Lipid peroxidative degradation of biomembrane causes the toxicity induced by ethanol. Such toxicity is also evidenced by reduced free radical scavenging activity of enzymes like GSH in ethanol-intoxicated test groups. Several living things contain large amounts of glutathione, a naturally occurring tripeptide and non-enzymatic biological antioxidant. The increased free radicals could damage the DNA of the cell and that further results in many other medical complications. It is well-known that a GSH deficit in living things can cause tissue damage and dysfunction.

The intervention of different doses of *B. glabra* stem extracts treated animals showed a significant decrease in the above parameters in alcohol-induced hepatotoxicity. Further administration of *B. glabra* stem extracts showed a decrease in LPO levels and increased GSH levels in the respective groups compared to positive control



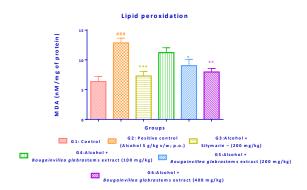


Fig. 11: Estimated tissue lipid peroxidation in considered groups for alcohol induced hepatotoxicity and its treatment with *B. glabra* stem extract

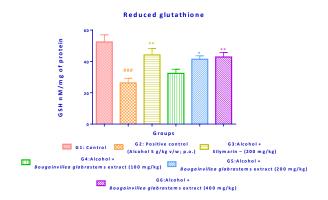


Fig. 12: Estimated reduced glutathione in considered groups for alcohol induced hepatotoxicity and its treatment with *B. glabra* stem extract

group animals. From the overall study, we can conclude the intervention of *B. glabra* stem extract showed a good hepatoprotective effect against alcohol-induced hepatotoxicity in rats.

Tissue histopathology

Histopathological analysis of liver sections from the normal control group revealed a healthy cellular framework characterized by well-defined hepatic cells, sinusoidal spaces, and a central vein (Fig. 13A). Conversely, in group 2 rats subjected to alcohol treatment, hepatocytes displayed noticeable swelling, accompanied by the occlusion of sinusoidal spaces (Fig. 13B). Additionally, in group 3, where rats were administered silymarin (100 mg/kg), liver sections demonstrated a significant reduction in fatty degeneration, along with the absence of necrosis and inflammation (Fig. 13C). Remarkably, in rats treated with varying doses (100–400 mg/kg) of *B. glabra* stem extract (groups 4, 5, and 6), liver sections exhibited indications of protection (Fig. 13D to 13F).

The work compares the results of two indirect hepatotoxins, paracetamol and alcohol. Both have caused specific biochemical lesions, which block the metabolic pathways resulting in variations in biochemical parameters, a first

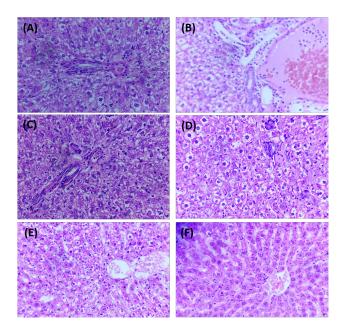


Fig. 13: Histopathalogical observation for alcohol induced hepatotoxicity and its treatment with *B. glabra* stem extract

step of hepatic disorders. However, the *B. glabra* stem extracts managed to balance the altered biochemicals due to the presence of effective phytochemical components.

CONCLUSION

The study's findings show that the aqueous extract of *B. glabra* stem extracts has hepatoprotective qualities. The antioxidant properties of the extract may be responsible for this ability. Paracetamol and alcohol successfully induced hepatotoxicity in the animals. The reduction in hepatotoxicity was confirmed in the treated groups with the reduction of elevated SGPT, SGOT, GSH, ALP and TB levels. To identify, isolate, characterize, and assess the active principle responsible for the plant's hepatoprotective action, more research is necessary. This investigation does not examine the toxicological properties of plants; thus, a toxicological assessment may be done.

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