

# SENNA ALATA WITH SELENIUM MITIGATES LIVER AND KIDNEY INJURY INDUCED BY ISONIAZID AND RIFAMPICIN IN MICE

Comment [u1]: Plant Name should italic

## ABSTRACT

**Aim:** This study aimed at evaluating the ameliorative potentials of *S. alata* in combination with Selenium on liver and kidney injury induced by Isoniazid-Rifampicin (INH-RIF).

**Study Design:** Original Research work

**Place and Duration of Study:** Department of Pharmacology and Toxicology, National Institute for Pharmaceutical Research and Development (NIPRD), Idu, Abuja, between August and October 2023.

**Methods:** Hydroethanolic extract of *S. alata* was obtained by maceration, 25 Swiss mice (25-35g) were divided into 5 groups, GP1 received distilled water, GP 2-5 INH-RIF 150mg/kg for the first two days; while groups 3-5 *S.alata* 100mg/kg, 200mg/kg and 400mg/kg and Selenium 1mg/kg respectively from day 3 till day 14 orally. Sera samples were obtained and organs (liver and kidney) for weighing and histopathology on day 14.

**Results:** this study showed that *S.alata* (100mg/kg) and Selenium (1mg/kg) showed no reduction ( $P>.05$ ) in the biochemical parameters (AST, ALP, ALT, BUN, Uric acid, and creatinine); histo-anatomy of both organs showed injury. The 200mg/kg *S.alata*/Se (1mg/kg) reduced significantly ( $P<.05$ ) elevated parameters for liver only (ALT, ALP); liver histo-picture showed no lesion; 400mg/kg combination decreased all parameters significantly ( $P<.05$ ); histopathology showed no lesion in both organs. Weights of the liver showed significant reduction ( $P=.0025$ , .0052 and .0027) at 100, 200 and 400mg/kg respectively; but no significant difference in weights of the kidney compared to the toxic group.

**Conclusion:** It was concluded that *S.alata* 200mg/kg with Selenium 1mg/kg can mitigate toxic effects of Isoniazid-Rifampicin on the liver and 400mg/kg combination has ameliorative potentials on liver and kidney toxicity by these tuberculars. These effects may be dose-dependent. It was recommended that 400mg/kg of *S. alata* and 1mg/kg of Selenium combination can be considered in drug development.

**Keywords :** Ameliorative, *S.alata*, Selenium, Histopathology, Biochemical, Toxic

## 1. INTRODUCTION

Over the years, the relevance of ethnopharmacology has gained global recognition with its predominance in developing countries of the world as practiced by about 80% of the population [1,2]. Medicinal plants have been utilized for ages as cures for human ailments because they contain phytochemicals such as alkaloids, flavonoids, tannins, saponins components of therapeutic potential. [3]. These phytochemical compounds are reported to have diverse pharmacological activities like anticancer, aphrodisiac, antimalarial, antidiabetic and abortifacient. They also serve as "lead compounds" or templates for the rational development of drugs [4].

One of the plants that has shown great medicinal potential is *Sennaalata* or *Cassia alata*[5]. It is native to Mexico but widely dispersed in the humid and tropical regions [6]. It is of the family *Fabaceae* and is known by other names such as crow-crow plant, ringworm bush and candle bush based on its features or usage. It has active ingredients such as anthraquinones, steroids, phenolics, terpenoids and fatty acids that have been used in the treatment of varying diseases and conditions [7,8,5]. In African traditional medicines, they are used for hepatitis, skin disorders, jaundice, gastroenteritis, ringworm, dermatitis, and diarrhea [5].

Selenium is an important element with an antioxidant role, binding the active site of glutathione peroxidase (GSHPx). The most essential metabolic roles of Se in mammalian cells occur due to its action in the active site of selenoenzyme-GSH-Px [9]. GSH-Px not only shields cells against damage by free radicals but also promotes the regeneration of a membrane lipid molecule through reacylation [10]. Antioxidants may reduce oxidative damage induced by free radicals in biological structures. Interactive connections between antioxidants may affect the toxicity of hepatotoxic substances [11]

Drug-induced organ injury has been implicated in the treatment of tuberculosis using isoniazid and rifampicin which is usually the first line of action. The use of these drugs has been shown to have deleterious effects on the liver [12]. Chang [13] reported that acute kidney injury (AKI) could occur in some tuberculosis patients treated with rifampicin. *Sennaalata* has been widely studied in the treatment of various health problems but there is a dearth of information on its use in combination with any antioxidant to mitigate liver and/or kidney injuries that could occur as a result of treating tuberculosis with isoniazid and rifampicin (INH-RIF). This is a combination study to investigate the effect of *Sennaalata* and Selenium on the liver and kidneys of mice treated with isoniazid and rifampicin (INH-RIF).

## 2. METHODS AND MATERIALS

The study was carried out at Department of Pharmacology and Toxicology of the National Institute for Pharmaceutical Research and Development (NIPRD), Idu, Abuja. 9°02'51"N 7°20'29"E/ 9.0475°N 7.3415°E / 9.0475; 7.3415.

### 2.1 Plant material

About 1000g of fresh leaves of *Sennaalata* were collected from Karu LGA, Nasarawa State, Nigeria. The leaves were washed by rinsing in distilled water and air-dried completely at room temperature ( $30 \pm 2^\circ\text{C}$ ), protected from heat and direct sunlight for about 2 weeks. The dried leaves were homogenized to a fine powder using a Laboratory Hammer mill (Zhen Chang Equipment SFS P66) and extraction of the powder of the leaves was done using 70% ethanol for 72 hours, and dried using a rotatory evaporator. The dried extract was transferred into air-tight glass vials and stored at  $4^\circ\text{C}$  in a refrigerator.

### 2.2 Pilot Toxicity Study

The animals were administered 2000mg/kg body weight of *Sennaalata* extract and were observed for 15min, 30min, 1h, 24h, and a week for signs of toxicity and mortality.

### 2.3 Experimental Animals

Male Swiss mice [25], weighing 20g-35g were sourced from the Animal Facility center of the Department of Pharmacology and Toxicology, National Institute for Pharmaceutical Research and Development (NIPRD). The animals were maintained under standard environmental conditions (temperature  $24 \pm 2^\circ\text{C}$ )

Comment [u2]: 25 What clearly mention

with free access to a standard rodent diet and water. The animals were acclimatized to laboratory conditions for two weeks before the studies. Ethical approval for animal experiments was granted by the Animal Care and Ethics Committee. All experiments were done according to the National Institute of Health guide for the care and use of laboratory animals (NIH, 2008).

**Comment [u3]:** Include IAEC approval Number

### 2.3.1 Induction of toxicity in animals

The animals were grouped into 5 of 5 Swiss mice for the study.

Group 1 received distilled water daily as control, Group 2 served as negative control received (INH-RIF) (150mg/kg) orally for the first two days, Group 3 received INH-RIF (150mg/kg) for the first two days before SA (100mg/kg) and Se (1mg/kg) on day 3 till day 14, Group 4 received INH-RIF (150mg/kg) for the first two days before SA (200mg/kg) and Se (1mg/kg) on day 3 till day 14, Group 5 received INH-RIF (150mg/kg) for the first two days before SA (400mg/kg) and Se (1mg/kg) on day 3 till day 14.

**Comment [u4]:** Both INH- RIF are Same dose Mention

### 2.3.2 Biochemical Analysis

After each experiment, animals were anaesthetized with chloroform, and blood samples were collected from the heart into plain bottles for the determination of biochemical parameters such as Alkaline phosphatase (ALP), Aspartate transaminase (AST), Alanine transaminase (ALT), Blood urea nitrogen (BUN), Creatinine (CRT), Total bilirubin (T. Bil), Direct bilirubin (D.Bil), uric acid (UA) and Total protein (T.PRO). Well-labeled plain bottles were used to collect 5 mL of the blood sample, which was allowed to clot for 4 hours before centrifuging using Uniscope Laboratory Centrifuge (Model SM 112, Surgifriend Medicals, England) at 2000 revolutions per minute for 20 minutes to separate the sera from clotted blood cells. Each serum was carefully separated into plain bottles that were well labeled accordingly at room temperature of 23-26°C. The activities of AST, ALP, and ALT were estimated using a Randox test kit (UK). The activities of T. Bil were determined by the method using Randox test kit (UK). The blood urea was determined using urease-Berthelot (enzymatic) colorimetric method. Serum total protein, Uric acid, and creatinine were also investigated using standard procedures.

### 2.3.3 Gross and Histopathology

The organs were identified (kidney and liver) and weighed, then sectioned and rinsed in normal saline. The tissues were fixed in 10% formal saline, dehydrated with 100% ethanol solution embedded in paraffin, and sectioned at 5µm, stained using H&E method, cleared in xylene, and mounted in a mountant (14). Using the magnification of 400x.

### 2.4 Data analysis

The results were expressed as the mean± standard error of mean (SEM) of 5 animals. One-way analysis of variance (ANOVA) was used to compare the means between groups. It was followed by a Dunnett test using GraphPad Prism software. P<0.05 was considered statistically significant.

## 3. RESULTS

### 3.1 Pilot study

The pilot study showed that there were no signs of toxicity and mortality during the period of the study

### 3.2.1 Biochemical parameters of serum of mice treated with *S. alata* (100mg/kg) and Selenium (1mg/kg)

The 100mg/kg of *S. alata* in combination with Se (1mg/kg) showed a significant decrease (P<.05) in ALP only and no significant difference in ALT,AST, as described in fig 1.

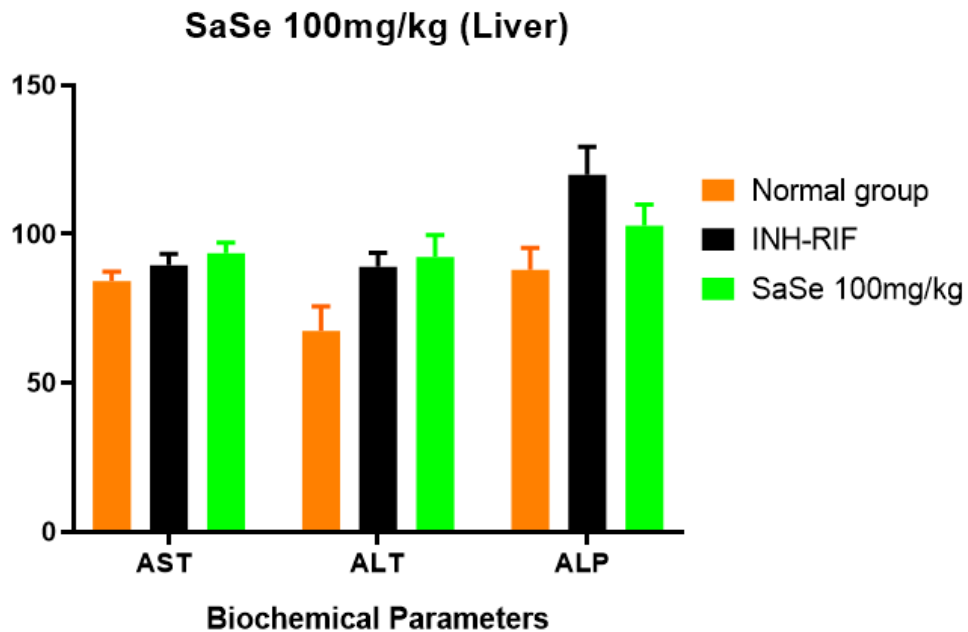
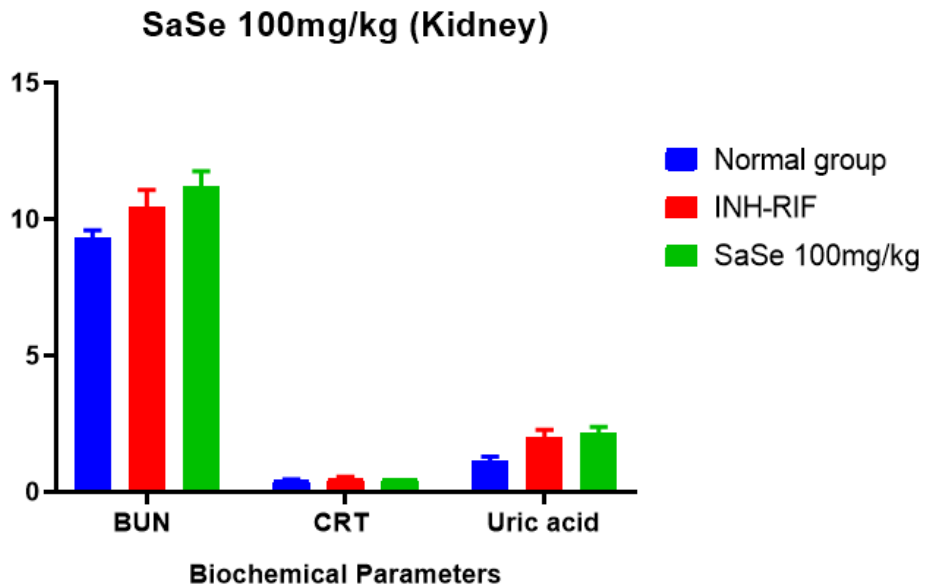


Fig 1. Effects of *S. alata*(100mg/kg) and Se (1mg/kg) on liver biomarkers of mice with liver injury induced by Isonazid-Rifampicin, INH-RIF. AST: Aspartate Aminotransferase, ALT: Alanine aminotransferase, ALP: Alkaline Phosphatase, Normal control: normal untreated group.

### 3.2.2. Urinalysis of mice treated with of *S. alata* (100mg/kg) and Selenium (1mg/kg).

The results of the biochemical analysis on the kidney parameters showed no significant difference in BUN, CRT, and Uric acid as shown in fig 2.



**Fig 2.** Effects of *S. alata* (100ng/kg) and Selenium (1mg/kg) on the kidney injury induced by Isoniazid-Rifampicin (INH-RIF). Blood Urea Nitrogen (BUN), Creatinine (CRT), and Uric acid.

### 3.3.1 Biochemical parameters of serum of mice treated with *S. alata* 200mg/kg and Selenium (1mg/kg) on the liver

The result of *S. alata* (200mg/kg) and Se (1mg/kg) showed a significant reduction ( $P < .05$ ) in ALT and ALP, with no significant decrease in AST as described in fig 3 below.

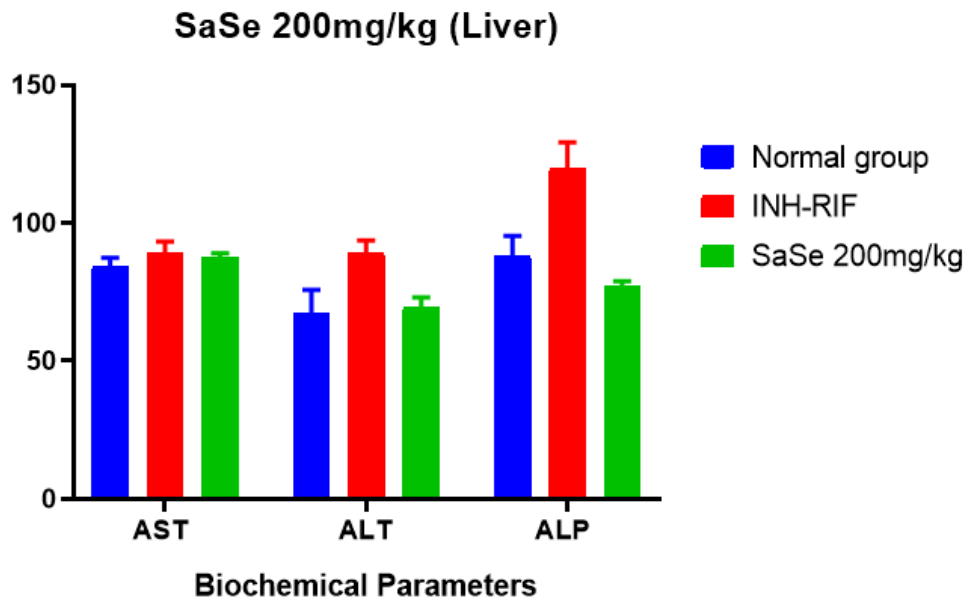


Fig 3. Effects of *S. alata* (200mg/kg) and Selenium (1mg/kg) on the liver biomarkers of mice with liver injury induced by Isonazid-Rifampicin, INH-RIF. AST: Aspartate Aminotransferase, ALT: Alanine aminotransferase, ALP: Alkaline Phosphatase, Normal control: normal untreated group.

### 3.3.2. Urinalysis of mice treated with *S. alata* (200mg/kg) and Selenium (1mg/kg)

There was slight decrease in the BUN and Uric acid but not significantly different when compared with the toxic group respectively. There was no significant difference in CRT when compared to the toxic group as shown in fig 4.

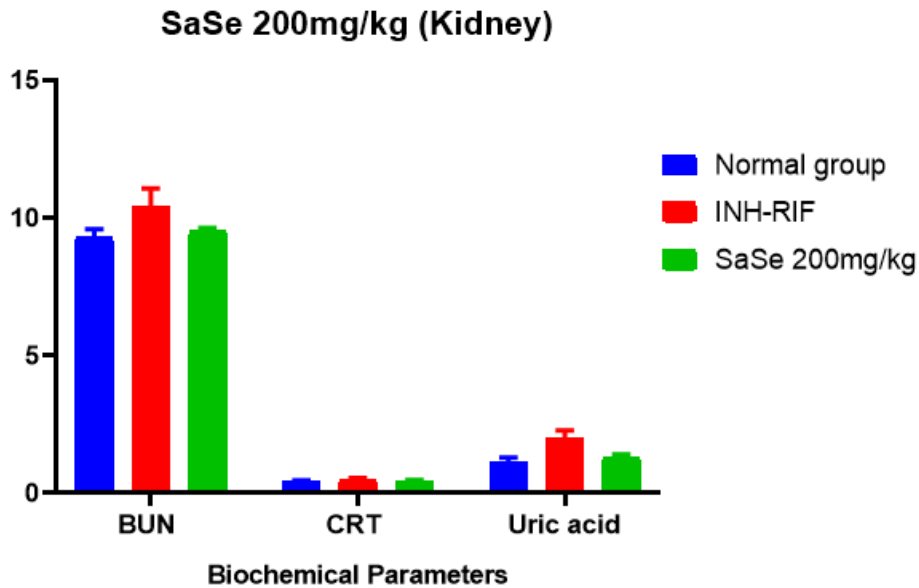


Fig 4. Effects of *S.alata* (200mg/kg) and Se (1mg/kg) on the kidney injury induced by Isoniazid-Rifampicin (INH-RIF). Blood Urea Nitrogen (BUN), Creatinine (CRT), and Uric acid.

**3.4.1 Biochemical parameters of serum of mice treated with *S. alata* (400mg/kg) and Selenium (1mg/kg)**

The 400mg/kg *S. alata* and Se (1mg/kg) showed a significant decrease ( $P < .05$ ) in ALT and ALP, with no significant difference ( $P > .05$ ) in AST, T.bil and D.bil when compared with toxic group as described in fig 5.

**Comment [u5]:** Sentence formation is not correct

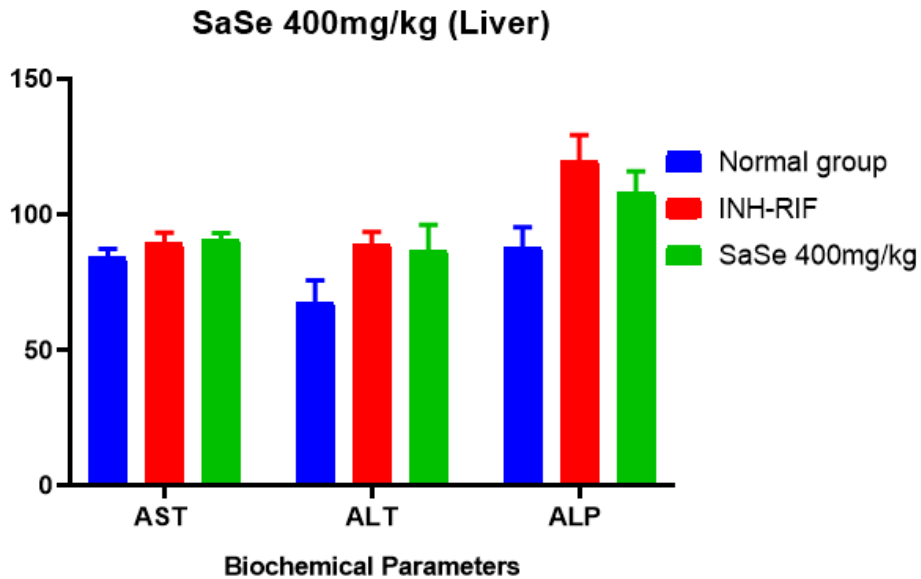


Fig 5. Effects of *S.alata* (400mg/kg) and Selenium (1mg/kg) on the liver biomarkers of mice with liver injury induced by Isonazid-Rifampicin, INH-RIF. AST: Aspartate Aminotransferase, ALT: Alanine aminotransferase, ALP: Alkaline Phosphatase, Normal control: normal untreated group.

### 3.4.2 Urinalysis of mice treated with *S. alata* (400mg/kg) and Selenium (1mg/kg)

The 400mg/kg of *S. alata* with Se (1mg/kg) showed a significant reduction ( $P < .05$ ) in BUN and Uric acid with no significant reduction ( $P > .05$ ) in CRT when compared to the toxic group as shown in fig 6.

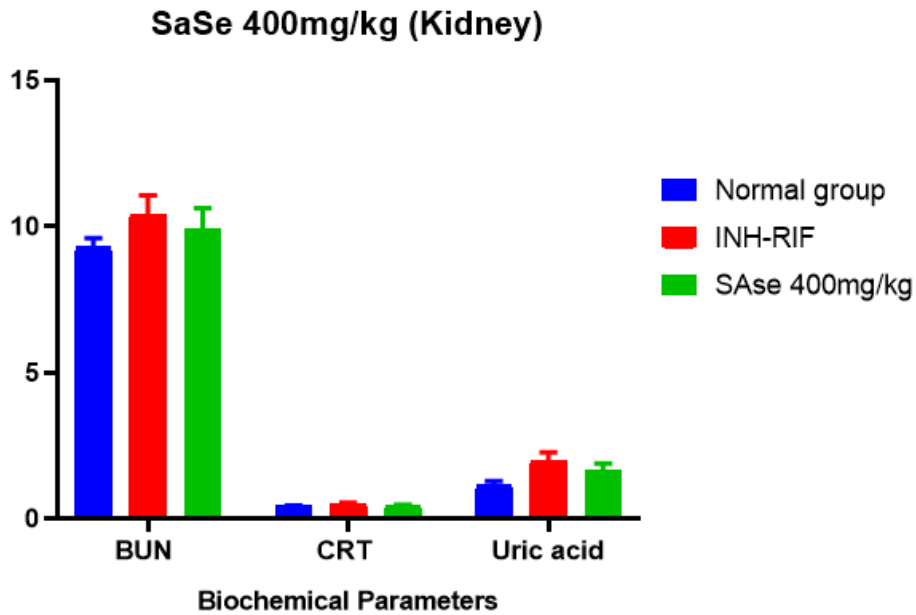


Fig 6. Effects of *S.alata* (400mg/kg) and Selenium (1mg/kg) on the kidney injury induced by Isoniazid-Rifampicin (INH-RIF). Blood Urea Nitrogen (BUN), Creatinine (CRT) and Uric acid.

### 3.5 Effects of *S. alata* and Selenium (1mg/kg) on the weight of Liver and Kidney

The weight of the liver showed a significant decrease ( $P=.0025$ ,  $.0052$  and  $.0027$ ) at 100,200 and 400mg/kg respectively; but no significant difference in the weight of the kidney when compared with the toxic group

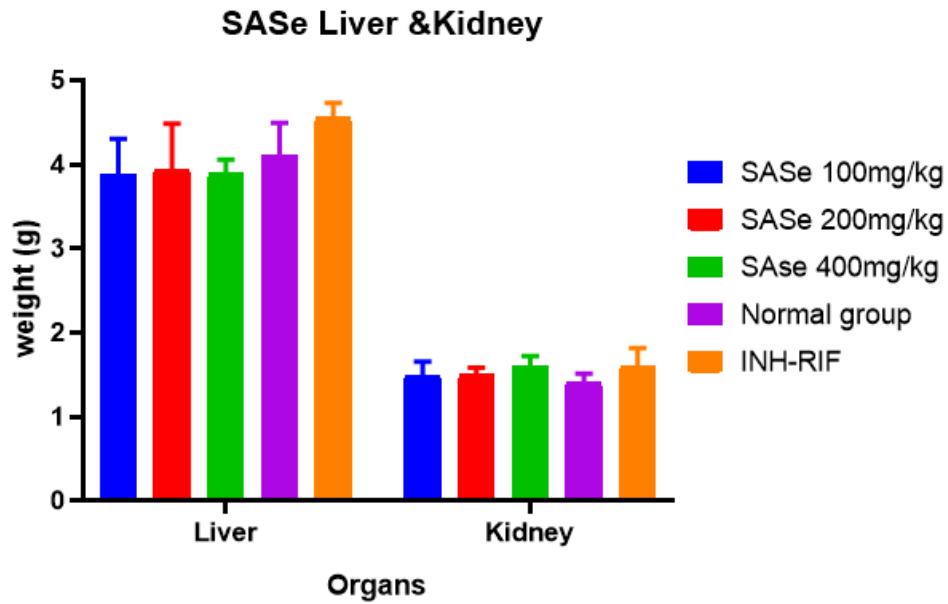
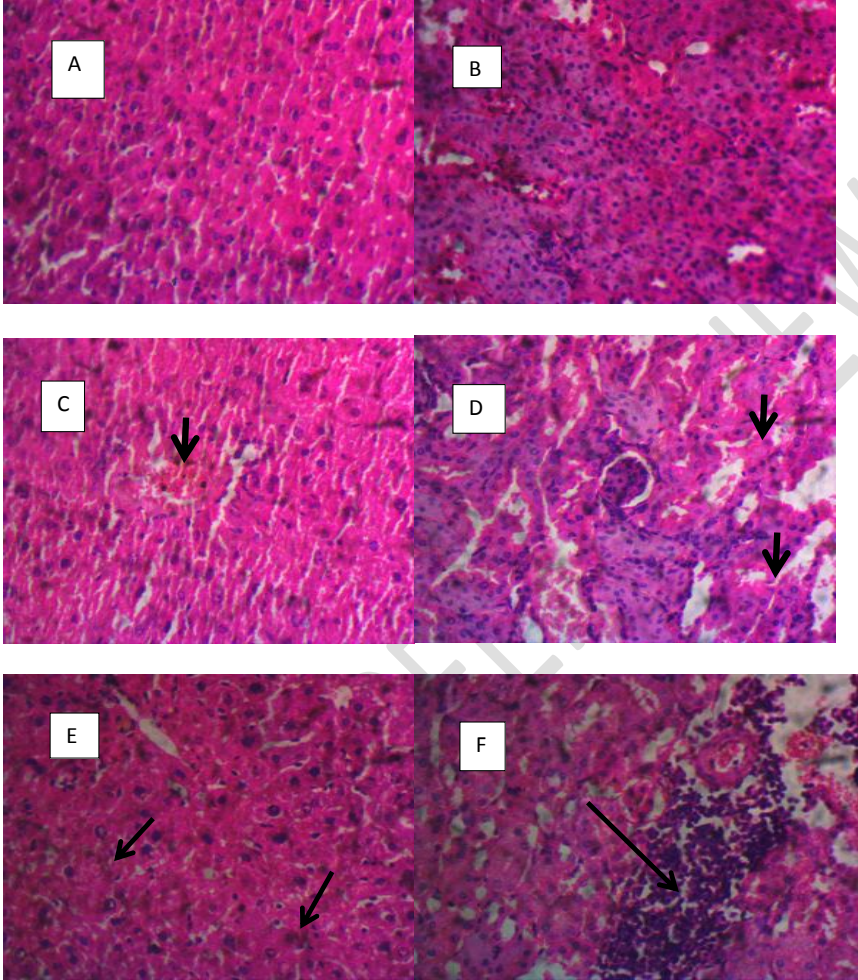
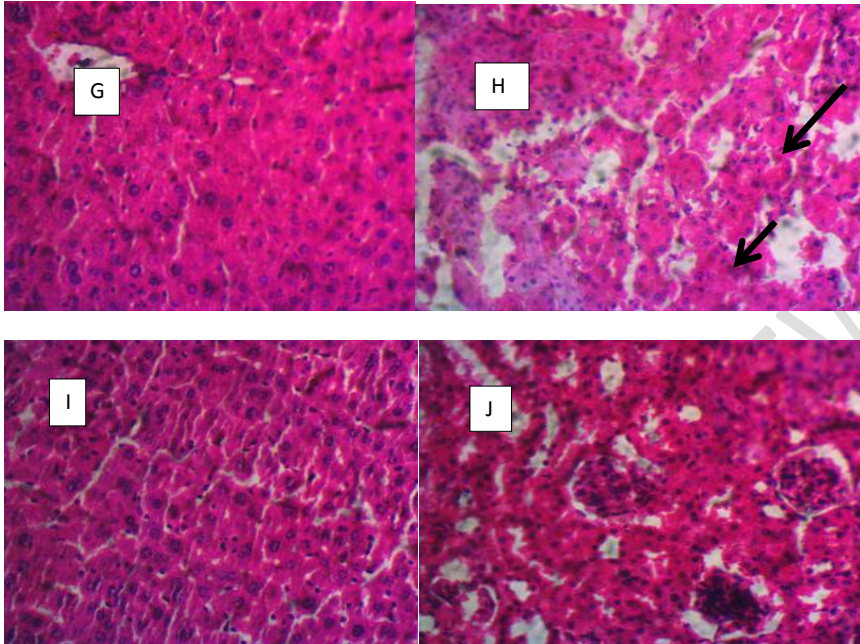


Fig 7. Effect of *S.alata* and Selenium (1mg/kg) on the weight of the liver and kidney at 100mg/kg, 200mg/kg, and 400mg/kg

UNDER PEER

Plate 1 : Histopathology of the liver and kidney





(A) NC: Liver- No visible lesion. (B) NC: Kidney- No visible lesion. (C ) INH-RIF: Liver- There is centrilobular hepatocellular atrophy (arrow). (D ) INH-RIF: Kidney- There is patchy tubular epithelial necrosis (arrows). (E )SaSe 100mg/kg: Liver- There is moderate hepatocellular atrophy (arrow). (F )SaSe 100mg/kg: Kidney-There is interstitial inflammation (arrow). (G )SaSe 200mg/kg: Liver- There is no observable lesion. (H )SaSe 200mg/kg: Kidney- There is patchy tubular epithelial necrosis (arrow). (I) SaSe 400mg/kg: Liver- There is no observable lesion. (J) SaSe 400mg/kg: Kidney-There is no observable lesion. HE stained, x400 magnification

#### 4. DISCUSSION

There are many drugs when used for their therapeutic action tend to produce toxicity of some organs of the body [15]. The liver and the kidney by being involved in the biotransformation of drugs are often susceptible to drug toxicities [16,17]. Isoniazid and rifampicin are chemotherapeutic agents used for the anti-tuberculosis effects but they are reported to be toxic [18]. It is reported that liver toxicity due to other anti-tuberculosis drugs is increased by Rifampicin. Rifampicin activates the xeno-sensing pregnane X receptor (PXR), which is a member of the nuclear receptor, a superfamily of ligand-dependent transcription factors. In the activated promoters, PXR binds to response elements and also upregulates transcription of phase I and II enzymes that are involved in drug metabolism like glutathione S-transferases (GSTs), cytochrome P450 (CYP)s and transporters that are involved in phase III. Many metabolic enzyme pathways are induced by rifampicin via the hepatocyte PXR in particular cytochrome

P450 (CYP3A4) system [19]. Hydrazine has the metabolites of isoniazid and is capable of generating free radicals that induce oxidative stress and thereby cause damage in organs or tissues [15].

This study showed that the combination of the two anti-tubercular induced liver and kidney damage due to an increase in the biochemical parameters such as ALP, AST, ALT, BUN, Creatinine, and Uric acid. The increase in serum biochemicals showed injury to the liver where the enzymes (ALT, AST, and ALP) linked out into the extracellular fluid [20]; and kidney toxicity with an increase in BUN, Creatinine, and Uric acid in the serum [21, 22]

The 100mg/kg of *S.alata* in combination with Selenium 1mg/kg (SaSe 100mg/kg) could not reduce the elevated parameters (Fig 1 and 2), the histopathology showed injury and inflammation (plate 1 (E,F)); the lower dose and the active component which are the phytochemicals are not enough to ameliorate the oxidative effects of the drugs. The combination at 200mg/kg, showed a significant reduction in liver parameters (Fig 3), while that of kidney biomarkers is not significant (Fig 4), the histo-picture confirms this with no lesion on the liver (plate 1G) but necrosis in the kidney (plate1 H); the gross anatomy also showed no significant different in the weight of the kidney compared to the toxic/anti-tubercular group (Fig 7). This dose may have an ameliorative effect on the liver due to the antioxidant effects of the phytochemicals in combating the toxic effects of the drugs in the liver this corresponds with the work done by Okwulu [23] which showed that 200mg/kg of *Harunganamadagascariensis* with 1mg/kg of Selenium was able to ameliorate liver damage induced by Acetaminophen. SaSe 400mg/kg showed a significant decrease in the level of the elevated biomarkers for both the liver and kidney (Fig 5 and 6) because no lesion was seen in either organ in the histo-anatomy (plate 1( I and J)) and this dose showed a significant decrease in the weight of the liver, though the three doses showed no significant different in the weight of the kidney compared to the toxic group (Fig 7). This dose was able to ameliorate the toxic effects of Rifampicin and the oxidative activities of hydrazine which is the metabolite of Isoniazid. Anthraquinones are the major phytoconstituents of *S.alata*[24-27]; they inhibit reactive oxygen species, and inflammation and scavenge free radicals [27], thereby ameliorating damage/injury on the liver and kidney by reducing oxidative stress through their antioxidant activities: inhibiting inflammation, cell disruption, atrophy, cell death and organ necrosis [24, 25, 26]. Previous work done by Okwulu (27) showed that 300mg/kg of *S. alata* alone repaired the injury induced by Acetaminophen on the liver while the 100mg/kg could not and the 900mg/kg was toxic.

## CONCLUSION

In conclusion, *Sennaalata*(100mg/kg) and Selenium (1 mg/kg) combination could not ameliorate the toxic effects of INH-RIF in the liver, while at 200mg/kg combination elicited antioxidant effects on the liver only; and at 400mg/kg combination with Se both organs were managed. Therefore 400mg/kg of *S.alata* and 1mg/kg of Selenium can be recommended for the management of hepato-nephrotoxicity induced by isoniazid and rifampicin in tuberculosis patients, and for drug development.

## ETHICAL APPROVAL

"All authors HEREBY DECLARE THAT "PRINCIPLES OF LABORATORY ANIMAL CARE" (NIH PUBLICATION NO. 85-23, REVISED 1985) WERE FOLLOWED AS WELL AS SPECIFIC NATIONAL LAWS WHERE APPLICABLE. ALL EXPERIMENTS HAVE BEEN EXAMINED AND APPROVED BY THE APPROPRIATE ETHICS COMMITTEE" WHICH WAS THE NATIONAL INSTITUTE FOR PHARMACEUTICAL RESEARCH AND DEVELOPMENT WITH APPROVAL NUMBER NIPRD (05:03:05-44).

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