

Therapeutic Potential of Aqueous Seed Extract of *Garcinia Kola* on Experimental Colitis Induced by Acetic Acid Colitis in Wistar Rats

Abstract

Introduction: Erosive colitis is a common disorder of the gastrointestinal tract with unknown aetiology characterized by recurrent erosion of the colonic mucosal lining. The pathogenesis likely involves genetic, environmental, and immunologic factors.

Aim: This study investigated the therapeutic effects of *Garcinia kola* (GK) on acetic acid-induced erosive colitis in adult male Wistar rats. Erosive colitis (EC) was induced in male Wistar rats by intra-rectal administration of 2 ml of 4 % acetic acid at 8 cm proximal to the anus for 30 seconds.

Methodology: Thirty-six animals were divided into six groups (n=6), negative control (no erosion, no GK); positive control (erosive colitis, no GK); treated with 100, 200, 400mg/kg GK, standard treatment group (Prednisolone) for a period of 14 days.

Results: GK significantly improved EC-induced reduction in mean stool consistency and mean macroscopic erosion score ($P < 0.05$). Injection of GK also significantly reduced the mean microscopic erosion score when compared to untreated EC control ($P < 0.01$). GK reduced the colonic mucosa injury of the ~~wistar~~-Wistar rat.

Conclusion: Results of this study provide scientific evidence ~~which that~~ lends credence to the use of aqueous seed extract of *Garcinia kola* in ~~the~~ folklore medicine in the management of colitis erosion.

Keywords: Erosive colitis, *Garcinia Kola*, and Wistar Rats

Comment [ya1]: Why Bold???

1.0 INTRODUCTION

Erosive colitis is a disease condition in which the colon loses its structural integrity and the ability to absorb water and form faeces [1]. Patients with erosive colitis may present with symptoms such as watery diarrhoea, abdominal pain, tenesmus, urgency, fever, subjective fatigue, or blood in the stool [2]. There are several different causes of erosive colitis, including infection, autoimmunity, ischemia, toxin exposure, immunodeficiency, and radiation exposure [3]. Erosive colitis is a common and increasing disease incidence worldwide. Nearly one million individuals ~~each~~ in the United States and Europe are affected by this condition and many more globally. Over the past decade, since the publication of the last guideline from the American College of Gastroenterology (ACG) on this topic, it occurs throughout the world but is more common in urban areas and present in teens ~~at~~ in early 20s [4]. Despite the fact that aetiology of erosive colitis ~~still~~ remains poorly understood, complex interactions among genetic, environmental, immunological, and reactive oxygen species (ROS) have been implicated in the pathogenesis of erosive colitis [5]; [6].

Garcinia kola is a species of flowering ~~Plant-plant which that~~ belongs to a family of tropical plants known as Clusiaceae or Guttiferae also known as ~~the~~ African wonder nut. In Nigerian languages, it is commonly called *Namijingoro* in Hausa, *Agbilu* in ~~igbo~~ Igbo, and *Orogbo* in Yoruba. *Garcinia kola* has economic and cultural values across West and Central African countries where the nuts are commonly chewed and used for traditional ceremonies [7]. The seeds are also used in folk medicine in many herbal formulations and have potential therapeutic benefits due largely to the activity of their flavonoids and other bioactive compounds [8]. This plant has been referred to as a “wonder plant” because every part of it has been found to be of medicinal importance. The seeds are chewed as an aphrodisiac or used to cure cough, dysentery, chest colds, liver disorders, diarrhoea, laryngitis, bronchitis, and gonorrhoea [9]. The seed is used to prevent and relieve colic; it can also be used to treat headaches, stomach aches and gastritis [10].

1.1 STATEMENT OF THE PROBLEM

Erosive colitis is a common gastrointestinal disorder. Although there ~~are~~ ~~is~~ ~~little~~ ~~few~~ epidemiologic data conducted in developing countries like Nigeria ~~but~~ it has an increasing incidence worldwide. Nearly one million individuals ~~each~~ in the United States and Europe are affected by this condition and many more globally. Over the past decade, since the publication of the last guideline from the American College of Gastroenterology (ACG) on this topic, epidemiological studies from all over the world have stated that the incidence and prevalence of erosive colitis are increasing with time and in different regions around the world indicating its emergence as a global disease [11].

1.4 JUSTIFICATION OF THE STUDY

Acetic ~~acid~~ ~~acid~~-induced erosive colitis is a commonly employed and easily inducible model of erosion. Intra rectal administration of ~~a~~ dilute solution of acetic acid causes non-transmural erosion characterized by increased neutrophil infiltration into the intestinal tissue, massive necrosis of mucosal and sub-mucosal layers, vascular dilation, oedema and sub-mucosal erosion that are noteworthy features of human erosive colitis [12]. The characteristic feature is an imbalance between oxidant and antioxidant substances [13].

Acetic ~~acid~~ ~~acid~~-induced erosive colitis in the colon of ~~w~~ ~~Wistar~~ ~~Wistar~~ rats bears close resemblance to human erosive colitis in terms of pathogenesis, histopathological features,

and inflammatory mediator profile and is therefore a reliable animal model that can be useful for the evaluation of drugs for erosive colitis [14].

Extract of *garcinia kola* has been reported to have a myorelaxant effect in addition to anti-inflammatory action on animal models of erosive colitis [15].

1.2 STUDY LOCATION

The study was conducted at the Histopathology Department of the Faculty of Medical Laboratory Sciences, Usmanu Danfodiyo University, Sokoto, Sokoto State

1.3 ETHICAL CONSIDERATION

Ethical approval for this research was sought from the Ethics Committee on Research and Experiments of Usmanu Danfodiyo University, Sokoto.

1.4 EXPERIMENTAL ANIMALS

Adult Male ~~wistar~~-Wistar rats (155-204g) were procured from the animal house of the Faculty of Pharmaceutical ~~sciences~~ Sciences, Usmanu Danfodiyo University, Sokoto. They were kept in a well-ventilated room with optimum environmental conditions of temperature, relative humidity, and dark/light cycle and were fed standard feed pellets and tap water ad libitum. They were acclimatized for two weeks prior to the experiment.

1.5 PLANT COLLECTION

Seeds of *Garcinia kola* were purchased from Sokoto Central Market (Shagari Gate) Sokoto, Nigeria. The plant material was subjected ~~for~~ to identification and authentication at the Department of Botany, Usmanu Danfodiyo University, where a voucher number was allocated a voucher number –PCG/UDUS/GUH/0001 and deposited at the herbarium.

1.6 EXTRACT PREPARATION

The seed ~~were~~ ~~as~~ ~~was~~ cleaned and air-dried at room temperature for 7 days and ground to a fine powder using mortar and pestle. Five hundred (500) grams of the powdered material was macerated in 1.5 L of distilled water and left for 24 hours after which it was filtered using Whitman's filter paper. The filtrate was dried in a hot air oven at 40°C to give 39.8g of the aqueous seed extract which was used for the study. The percentage yield was calculated to be 7.96% and the dried extract was stored in an airtight container [16].

1.7 ACUTE TOXICITY TESTING

Acute toxicity testing was conducted using [17]. In Phase I, nine rats were used and randomly assigned into 3 groups of 3 rats each. The 1st group was administered 10mg/kg body weight of the extract using an oral cannula, and the 2nd and 3rd groups received 100mg/kg and 1000mg/kg body weight, respectively. The animals were then observed for 24 hours to monitor their behavior for signs of toxicity as well as mortality. In Phase II, three rats were used and randomly placed into 3 groups of an animal each. The animals were administered high doses of 1600mg/kg, 2900mg/kg, and 5000mg/kg, respectively. They were then observed for 24 hours for signs of toxicity and mortality.

1.8 COLITIS INDUCTION

All animals (except group I) ~~were~~ fasted for 6 hours prior to the study, water ad libitum, and given mild anesthesia before induction of erosive colitis and 2ml acetic acid (4% v/v) in 0.9% saline were infused for 30s using a soft flexible pediatric catheter size of 6F 2mm in diameter, inserted through the rectum into the colon up to a distance of 8cm and

maintained in a supine Trendelenburg position for 30 seconds to prevent leakage of the intracolonic instill [18].

1.9 EXPERIMENTAL DESIGN

Table 1: Summary of Experimental Design

Experimental group	Induction of EC	Treatment given	Duration of treatment
1 (negative control) (5 rats)	Distilled water	No treatment given	14 days
2 (positive control) (5 rats)	2mls(4% acetic acid)	No treatment given	14 days
3 (treatment group 1) (5 rats)	2mls(4% acetic acid)	100mg/kg(A.S.E.G.K)	14 days
4 (treatment group 2) (5 rats)	2mls(4% acetic acid)	200mg/kg(A.S.E.G.K)	14 days
5 (treatment group 3) (5 rats)	2mls(4% acetic acid)	400mg/kg(A.S.E.G.K)	14 days
6 (prednisolone group 4) (5 rats)	2mls(4% acetic acid)	2mg/kg	14 days

1.10 SCORING AND ASSESSMENT

1.10.1 Scoring Based On Stool Consistency

Every morning, stool from all rats from the six groups was examined physically and then scored. The following scoring pattern of [19] was used

Table 2: Scoring Based on Stool Consistency

Score	Stool Consistency
0	Normal stool
1	Soft, stool but still formed
2	Soft, wet stool but unformed
3	Soft, wet stool + blood
4	Bloody diarrhea

1.10.2 Scoring Based on Macroscopic Characteristics

Pieces of rat colon (10 cm long each) were scored for macroscopic features using the scoring pattern as shown in the table below as described by [19]

Table 3: Scoring Based on Macroscopic Characteristics

Score	Macroscopic changes
0	No macroscopic change

1	Mucosal erythema, <u>and</u> hyperaemia at the sites
2	Mild mucosal oedema, slight bleeding, or small erosions
3	Moderate mucosal oedema, slight bleeding erosions
4	Severe erosion, oedema, and tissue necrosis

3.10.3 Scoring of Ulcer Area

The erosion area was determined by the method described by [20].

Table 4: Scoring of Ulcer Area

Score	Changes
0	Normal coloured colon
0.5	Red colouration
1	Spot erosion
1.5	Haemorrhagic streaks
2	Erosion ≥ 3 but ≤ 5
3	Erosion >5

Table .5: Histological Scoring Pattern.

Score	Histological Changes
0	No abnormality detected
1 (mild)	Damage / active changes up to 25%
2 moderate)	Damage / active changes more than 25% but less than 50%
3 (severe)	Damage / active changes of more than 50%

Using the method of [21], the histomorphological parameters analyzed were erosive cell infiltrate (for severity and extent), epithelial changes (to assess hyperplasia and erosion), and mucosal architecture (for goblet cell loss and altered crypts).

1.11 DATA AND STATISTICAL ANALYSIS

All the results were expressed as mean \pm S.D. Data analysis was performed using GraphPad Prism 6.0 software (GraphPad, San Diego, USA). Statistical comparison between drug-treated groups and colitis control animals was done using one-way ANOVA. A value of $p < 0.05$ was considered to be statistically significant.

1.12 RESULTS

Table.6: The Physical Properties of Aqueous seed Extract of *Garcinia kola*

Infiltrates	0.00 ±	3.75 ±	3.25 ±	2.25 ±	1.75 ±	0.75 ± 0.25	0.000
Severity	0.00	0.259	0.25	0.25	0.48		
Epithelial	0.25 ±	3.75 ±	3.00 ±	2.25 ±	1.50 ±	0.50 ± 0.29	0.000
Hyperplasi	0.10	0.25	0.00	0.29	0.29		
a							
Goblet cell	0.00 ±	3.75 ±	3.25 ±	2.50 ±	1.50 ±	0.75 ± 0.25	0.000
loss	0.00	0.25	0.25	0.25	0.29		
Crypts	0.00 ±	3.75 ±	3.25 ±	2.25 ±	1.50 ±	0.75 ± 0.25	0.000
alteration	0.00	0.25	0.25	0.25	0.29		

Keynote:Data are expressed as Mean±SD.

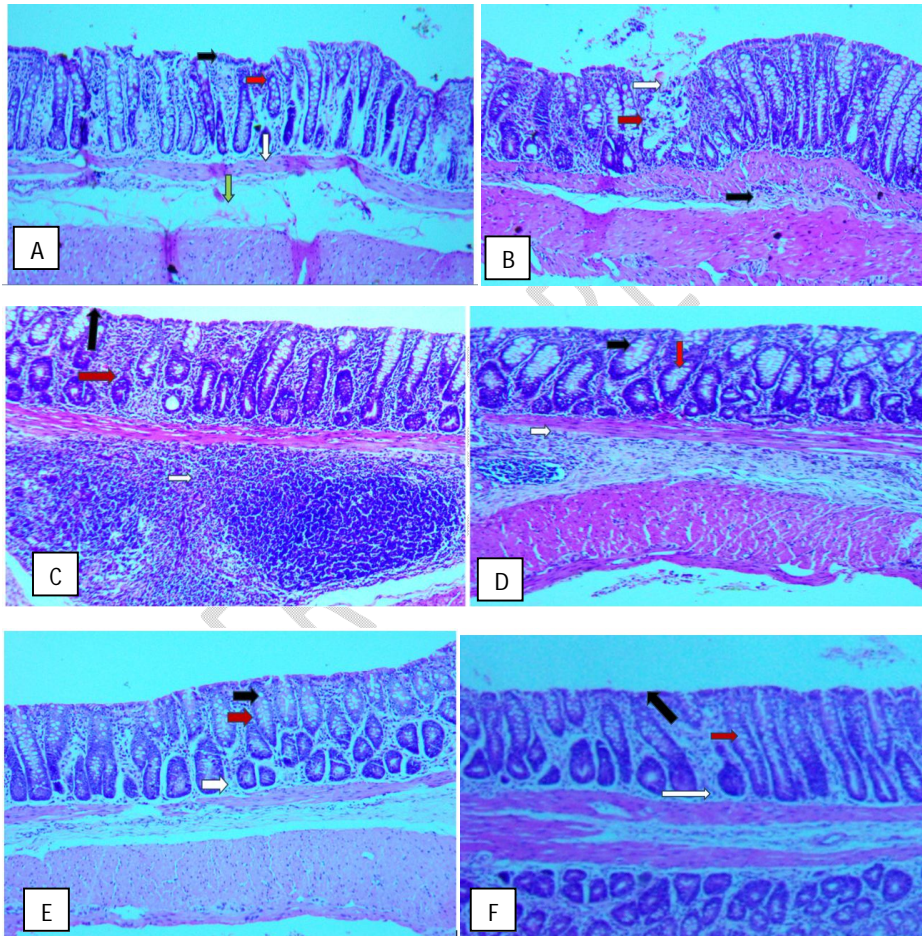


Plate A:Photomicrograph of Colonic Tissue from Control Animal. Intact colonic mucosa from control Animals showing normal crypts (black arrow), goblet cells (red arrow), submucosa (white arrow), and muscularis propria (green arrow) (H&E. Mag x 100)

Plate B: Photomicrograph of Colonic Tissue from Colitis Control Group. [Section-The section](#) shows oedema (black arrow), numerous inflammatory cells extending to the submucosa (black arrow), distortion of crypts and goblet cells and mucosal erosion (red arrow), and mucosal erosion (white arrow) (H&E. Mag x 100).

Plate C: Photomicrograph of Colonic Tissue from Animal Receiving 100mg/kg of the Extract. ~~Section-The section~~ shows mild crypt distortion (black arrow) with a few goblet cells (red arrow). Inflammatory cells are seen in the mucosa and submucosa (white arrow) (H&E. Mag x 100)

Plate D: Photomicrograph of Animals Receiving 200mg/kg of the Extract Section shows almost normal crypts (black arrow) with normal goblet cell numbers (red arrow). Infiltrates cells are seen mostly within the mucosa and submucosa (white arrow) (H&E. Mag x 100)

Plate E: Photomicrograph of Animal Receiving 400mg/kg of the Extract. ~~Section-The section~~ shows normal goblet cells (black arrow) and normal crypts (red arrow). A clearing of inflammatory cells and polymorphs are seen in the mucosa (white arrow). (H&E. Mag x 100)

Plate F: Photomicrograph of Colonic Tissue from Treatment Control Group. ~~Section-The section~~ shows a normal crypt (black arrow) with an adequate amount of goblet cells (red arrow). Polymorphs are scanty (white arrow). There is a clearing of most infiltrates by Prednisolone. (H&E. Mag x 100)

1.13 DISCUSSION

The extraction yield is a measure of the solvent efficiency to extract specific components from an original material. The aqueous extraction method used in this research produced a percentage yield of 7.96%. This is in agreement with the work of [22]. The extract was brown ~~in colour~~, with a crystalline shine and a slightly sweet smell. [23]. Research by [22] has shown that several compounds are absent or present in different quantities from plants from different provenances, indicating the presence of chemotypes. This may account for the similar results in the percentage yield of the crude extract.

In the acute toxicity study, all the graded doses up to 5000mg/kg showed no sign of toxicity in the animal and no mortality was recorded in the study. The LD50 of aqueous seed extract of *Garcinia kola* was found to be higher than 5000mg/kg body weight. This result is consistent with the findings of [24], ~~and~~ [25][26], [27], [28], [29].

Treatment of erosive colitis rats with the aqueous seed extract of *Garcinia kola* in this study reduced erosion scores. *Garcinia kola* contains biflavonoids and bioflavonoids have been shown to stimulate angiogenesis, an important facet of tissue healing [30].

It was observed that animals receiving the aqueous seed extract of *Garcinia kola* showed improvement in stool consistency in a ~~dose-dose~~ dependent manner. It was also seen in animals receiving the extract but improved remarkably in a ~~dose-dose~~ dependent manner. Animals receiving the highest dose of the extract showed comparatively similar results to normal control groups. It was also observed that *Garcinia kola* extract ameliorated diarrhoea score [31]. Swelling is one of the symptoms of inflammation. The result of the study indicated that treatment of erosive colitis rats with aqueous seed extract of *Garcinia kola* decreased tissue thickness. Histopathological damage was evaluated in colonic samples stained with haematoxylin and eosin. In ~~the~~ normal animals, epithelial crypts of the mucosal layer were intact. There was no infiltration of inflammatory cells. The intra-rectal instillation of acetic acid resulted in the significant development of transmural necrosis, submucosal oedema, erosion along with cellular infiltration, and loss of epithelial crypts and goblet cells. Animals fed with the extract showed a reduction in the extent of damage in a dose dependent manner) 100mg/kg, 200mg/kg, and animals receiving the control drug - Prednisolone (2mg/kg). Animals s fed with the highest dose 400mg/kg

showed clearing of inflammatory cells with decreased goblet cells. This result is consistent with the findings of Fiotet *et al.* [24], and [25, 26, 27, 28, 29].

The histological studies of erosive ~~colitis-colitis~~-treated rats reveals regenerating mucosal layer with regenerating colonic crypts and goblet cells (figure 1 and figure 2) in contrast to the histology of colitis rats which are characterized by indistinguishable colonic layers (plate 2). This result is consistent with the findings of [24], and [25, 26, 27, 28, 29].

Microscopically, mucosal and sub-mucosal inflammatory cellular infiltrations were detected. It was noted that the animals that received acetic acid showed a significant increase in mucosal and submucosal inflammatory cellular infiltrates compared to the control animals. It also indicated that there was a mild decrease in the severity but a marked improvement in the extent of mucosal and submucosal inflammatory cellular infiltration in animals receiving the extract. 400mg/kg treatment group cleared all polymorphs in the colon when compared to Prednisolone which is a standard drug of choice. This is indicative of the superiority and relevance of ~~the~~ action of ~~a~~ high dose of *Garcinia kola* on the inflammatory cells. More so, Prednisolone which is a standard drug of choice effectively reduced all histological changes such as oedema, crypt distortion, and goblet cell loss and tissue injury by virtue of its healing ~~property-properties~~ which is in accordance with, [16] and [32]

1.14 CONCLUSIONS

The present study showed that treatment of colitis rats with *Garcinia kola* extract decreased erosion score by stimulating colonic healing and reduced diarrhea score and tissue thickness. The extract also improved ~~the~~ weight of erosive colitis rats in 14 days after treatment. Therefore, aqueous seed extract of *Garcinia kola* exhibited ~~a~~ therapeutical effect. Oral administration of aqueous extract of the seed of *Garcinia kola* at doses used in this study showed notable improvements in body weight compared to erosive colitis control animals.

~~Though~~ ~~However~~, the effect of Prednisolone which is a standard drug of choice was not as potent as to 400mg/kg treatment group used in the study. Prednisolone which is a standard drug of choice also showed remarkable improvement in the scores of both macroscopic and microscopic colonic parameters compared to control groups.

In conclusion, ~~the~~ results of this study provide scientific evidence ~~which-that~~ lends credence to the use of *Garcinia kola* extract in ~~the~~ folklore medicine in the management of colitis erosion.

REFERENCES

1. Rubin, E., Fred, G., and Roland, S. D. „Rubin Pathology“. 4th ed. Philadelphia:2005. 355-366.
2. Molodecky, N.A., Soon, I.S., Rabi, D.M., Ghali, W.A., Ferris, M., Chernoff, G., Benchimol, E.I., Panaccione, R., Ghosh, S., Barkema, H.W. and Kaplan, G.G. Increasing incidence and prevalence of the inflammatory bowel diseases with time, based on systematic review. *Gastroenterology*.2012.142(1): 46–54, e42.
3. Yadav S., Dave M., Edakkanambeth Varayil J., Harmsen W. S., Tremaine W. J, Zinsmeister A. R., Sweetser S. R., Melton L. J., Sandborn W. J., and Loftus E. V. A population-based study of incidence, risk factors, clinical spectrum, and outcomes of ischemic colitis. *Clin Gastroenterol Hepatol*. Apr;2015. 13(4):731-8.e1-6; quiz e41
4. Kumar, V., Abbas, A. K., and Aster, J. C. Robbins and Cotran's Pathologic Basis of Disease. 9th Edition. Elsevier-Saunders E-book, 2015. Chapter 17 –Pp431-433
5. Fiocchi, C. Inflammatory bowel disease: Etiology and pathogenesis. *Gastroenterology*, 1998. 115: 182-205.

6. Papadakis, K.A., and Targan, S.R. Current theories on the cause of inflammatory bowel disease. *Gastroenterology Clinics of North America*, 1999. 28: 283-96.
7. Eleyinmi, A. F., Bressler, D. C., Amoo, I. A., Sporns, P., and Oshodi, A. A. Chemical composition of Bitter Cola (*Garcinia kola*) seed and hulls. *Polish Journal of Food and Nutrition Sciences*, 2006. 15(56):395-400.
8. Akintonwa, A., and Essien, A. R. Protective effects of *Garcinia kola* seed extract against paracetamol-induced hepatotoxicity in rats. *Journal of Ethnopharmacology*. 1990. 29:207-219.
9. Adesina, S. K., Gbile, Z. O., Odukoya, O. A., Akinwusi, D. D., Illoh, H. C., and Jayeola, A. A. Survey of indigenous useful plants of West Africa with special emphasis on medicinal plants and issues associated with their management. *The United Nations University Programme on natural resources in Africa*, 2nd edition, 1995. 84-90.
10. Ayensu, E.S. Medicinal Plants of West Africa, Reference Publication Inc; Algonac, Michigan, 1978. 162.
11. Bernstein, C.N., Fried, M., Krabshuis, J.H., Cohen, H., Eliakim, R., Fedail, S., Garry, R., Goh, K.L., Hamid, S., Khan, A.G., and LeMair, A.W. World Gastroenterology Organization Practice Guidelines for the diagnosis and management of IBD in 2015. *Inflammatory bowel diseases*, 16(1): 112-124.
12. Hartmann, R.M., Morgan-Martins, M.I., Tieppo, J., Fillmann, H.S., and Marroni, N.P. Effect of *Boswellia serrata* on antioxidant status in an experimental model of colitis rats induced by acetic acid. *Digestive Diseases and Sciences*, 2012. 57: 2038-2044.
13. Bitiren, M., Karakilcik, A.Z., Zerim, M., Ozardali, I., Selek, S., Nazligül, Y., Ozgonul, A., Musa, D., and Uzunkoy, A. Protective effects of selenium and vitamin E combination on experimental colitis in blood plasma and colon of rats. *Biological Trace Element Research*, 2010.136: 87-95.
14. Randhawa, P. K., Singh, K., Singh, N. and Jaggi, A. S. A Review on Chemical-Induced Inflammatory Bowel Disease Models in Rodents. *Korean Journal of Physiology and Pharmacology*, 2014. 18: 279-288.
15. Adaramoye, O. A., Farombi, E. O., Adeyemi, E.O., and Emerole, G. O. Inhibition of human low density lipoprotein oxidation by flavonoids of *Garcinia kola* seeds. *Pakistan Journal of Medicine and Science*, 2005b. 21(3):331-339.
16. Akuodor, G. C., Essien, A. D., David-Oku, E., Chilaka, K. C., Akpan, J. L., Ezeokpo, B., and Ezeonwumelu, J. O. C. Gastroprotective effect of the aqueous leaf extract of *Guiera senegalensis* in Albino rats. *Asian Pacific Journal of Tropical Medicine*. 2013. 6(10): 771-775
17. Lorke, D. A New Approach to Practical Acute Toxicity Testing. *Archives of Toxicology*. 1983. 54: 275-287.
18. Fabia, R., Willén, R., Ar'Rajab, A., Andersson, R., Ahrén, B., and Bengmark, S. Acetic Acid-Induced Colitis in the Rat: A Reproducible Experimental Model for Acute Ulcerative Colitis. *European Surgical Research*, 1992. 24: 211-225.
19. Deshmukh, C.D., Veeresh, B., and Pawar, A.T. Protective Effect of *Emblica officinalis* Extract on acetic acid induced colitis in rats. *Journal of Herbal Medicine and Toxicology*. 2010. 4(2): 25-29.
20. Dengiz, G.O., and Gursan, N. Effects of *Momordica charantia*L. (Cucurbitaceae) on indomethacin-induced ulcer model in rats. *Turkish Journal of Gastroenterology*. 2005. 16(2): 85-88.
21. Erben, U., Loddenkemper, C., Doerfel, K., Spieckermann, S., Haller, D., Heimesaat, M.M., Zeitz, M., Siegmund, B., and Kühl, A.A., (2014). A guide to histomorphological evaluation of intestinal inflammation in mouse models. *International journal of clinical and experimental pathology*. 2011. 7(8): 4557-4576.

22. Somboro, A. A., Patel, K., Sidibe, L., Chalchat, J. C., Figueredo, G., Ducki, S., Troin, Y., and Chalard, P. An ethnobotanical and phytochemical study of the African medicinal plant *Guiera senegalensis* J.F. Gmel. *Journal of Medicinal Plants Research*. **5(9)**: 1639–1651.
23. Saidu, T. B., Galadima, M., Jigam, A. A., and Abalaka, E. M. Antibacterial and Potential Toxicological Evaluation of Leaf Extracts of *Guiera senegalensis* against Gram Negative Bacteria. *Journal of Advances in Medical and Pharmaceutical Sciences*. 2016. 9(1): 1-13.
24. Fiot, J., Sanon, S., Azas, N., Mahiou, V., Jansen, O., Angenot, L., Balansard, G., and Oliver, E. Phytochemical and pharmacological study of roots and leaves of *Guiera senegalensis* JF Gmel (Combretaceae). *Journal of Ethnopharmacology*. 2006. 106(2): 173 – 178
25. Sule, M. S. and Mohammed S. Y. Potency of partially purified Anthocyanin from leaf extract of *Guiera senegalensis* against carbon tetrachloride – induced lipoperoxidation in rats. *Bayero Journal of Pure and Applied Science*. 2009. 2(2): 155-158.
26. Jigam, A. A., Akanya, H. O., Dauda, B. E. and Ogbadoyi, E. O. Antiplasmodial, analgesic and anti-inflammatory effects of crude *Guiera senegalensis* Gmel (Combretaceae) leaf extracts in mice infected with *Plasmodium berghei*. *Journal of Pharmacognosy and Phytotherapy*, 2011. 3(10): 150-154.
27. Shettima, Y. A., Tijjani, M. A., Karumi, Y., and Sodipo, O. A. Phytochemical and anti-diarrhoeal properties of methanolic extracts of *Guiera senegalensis*. Gmel. *International Research Journal of Pharmacy*, 2012. 3(11): 61-65.
28. Mohammed, S. Y., and Sule, M. S. Potency of partially purified anthocyanin from leaf extract of *Guiera senegalensis* against carbon tetrachloride – induced lipoperoxidation in rats. *Bayero Journal of Pure and Applied Sciences*. 2009. 2(2): 155 – 158.
29. Bako, H.Y., Ibrahim, M., Mohammad, J.S., Zubairu, M., and Bulus, T. Toxicity studies of aqueous, methanolic and hexane leaf extracts of *Guiera senegalensis* in rats. *International Journal of Scientific & Engineering Research*. 2014. 5(10): 1338-1347.
30. Kilicoglu, S. S., Bulent, K., and Ezra, E. „Ultrastructural view of colon anastomosis under Propolis effect by transmission electron microscopy“. *World Journal of Gastroenterology*; 2008. 14 (30): 4763-4770.
31. Thiagarajah, J. R., and Verkman, A. S. „CFTR inhibitors for treating diarrheal disease“. *Clinical Pharmacology and Therapeutics*; 2012. 92 (3): 287-90.
32. Al Shafei, N.K., Ahmed, S.M., and Nour, A.Y. Preliminary Observations on the Uses of *Guiera Senegalensis* as a Traditional Medicinal Plants in Western Kordufan, Sudan. *International Journal of Applied and Pure Science and Agriculture*. 2016a. 2(5):42–48.