

Original Research Article

An Assessment of Hepatoprotective Activity of *Glycyrrhiza glabra* Root Extract against Hepatic Injured Rodent Model

Abstract

Hepatotoxicity, or liver damage, is caused by hepatotoxins, which can originate from chemicals, dietary supplements, prescription drugs, and medicinal plants. Nowadays, medicinal and aromatic plants are excellent resources for creating novel drugs and curing both psychological and physical illnesses. Given this, licorice, a perennial herb, rich in properties of potential health advantages have been investigated with CCl₄ induced hepatic injury on the rodent model to assess its hepatoprotective potential. The study results demonstrated an altered hepatic condition with reduced CCl₄ concentration in the liver. The study results show a significant ($p < 0.05$) decrease only at high dosages in SGPT, creatinine level, and total body cholesterol whereas, for low and medium doses, non-significant alleviations were noticed in a dose-dependent manner when compared with the negative control group. Besides, SGOT, urea, LDL, and triglyceride levels were observed with a dose-dependent and non-significant decrease compared to the negative control group. Consequently, more research is required to properly use licorice (*Glycyrrhiza glabra*) as a less hazardous and more effective substitute for synthetic medications in the field of hepatotoxic therapy, given that it has been found to have potential hepatoprotective properties against hepatotoxicity in this study.

Keywords: *Glycyrrhiza glabra*, hepatotoxins, hepatoprotective potential, medicinal plants, synthetic medications

Introduction:

Hepatotoxins, which can originate from chemicals, dietary supplements, prescription medications, and medicinal plants, are the cause of hepatotoxicity, or liver injury. It may result in liver failure in extreme circumstances and decreased liver function. [1] According to statistical studies, liver illness (cirrhosis, viral hepatitis, and liver cancer) is responsible for about two million fatalities each year and 4% of all deaths globally (1 out of every 25 deaths). [2] Similarly, unfinished statistics indicate that over a thousand medications have the potential to induce varying degrees of liver damage. According to estimates, the incidence of liver disease in Western nations ranges from 1 to 20 per 100,000 people. [10]

Detoxification, antioxidant, anti-inflammatory, and hepatocyte membrane protection are the main pharmacologic effects of hepatoprotective medications. [5] Silymarin, a well-known hepatoprotective medication, functions via antioxidant, antiviral, immunomodulatory, antiproliferative, and antifibrotic pathways. [3] Curcumin, another hepatoprotective medication, reduces hepatic steatosis by inhibiting the inflammatory enzyme NF- κ B. [4] Furthermore, polyene phosphatidylcholine (PPC), a major bioactive component of significant phospholipids, is essential for maintaining the hepatocyte membrane's fluidity and activity. [6] Moreover, the thiol-containing tripeptide glutathione (GSH) is composed of L-glutamate, cysteine, and glycine. In the human body, glutathione (GSH) is an essential antioxidant that eliminates free radicals and inhibits dangerous electrophilic xenobiotics. [7,8,9] Although these medications have hepatoprotective properties, their long-term usage can have adverse effects such as gastrointestinal symptoms like nausea and vomiting, abdominal pain or diarrhea, allergic reaction, elevated blood pressure, and low potassium levels. [10]

Aromatic and medicinal plants are great sources for developing new medications and healing physical and mental ailments. Since medicinal drugs derived from medicinal plants exert numerous pharmacological and physiological actions inside live cells due to their numerous constituents and offer options for genetic modification, they may be free of side effects. In contrast, drug metabolites derived from synthetic drugs have fewer therapeutic benefits and adverse side effects. [11] Previous studies have shown that hepatoprotective effects can be achieved in the treatment of hepatotoxicity with *Aloe vera* (Aloaceae), *Murraya koenigii* (L.)

Spreng, *Telfairia occidentalis* leaves, *Ocimum lamiifolium* leaves, *Crassocephalum vitellinum* leaves medicinal plants. [12]

A root extract from a perennial herb, *Glycyrrhiza glabra* from the Fabaceae family of Plantae kingdom, also known as licorice, which is native to South-Western and Central Asia as well as the Mediterranean region, was used in this investigation using a hepatic injury rodent model. [13] Additionally, glycyrrhizic acids (GAs), flavones, liquiritins (LQ), and liquiritigenins (LG) are the main physiologically active ingredients of licorice. Furthermore, a growing body of research indicates that licorice possesses anti-inflammatory, antioxidant, anti-cancer, anti-microbial, antiviral and anti-tumor properties including effects against respiratory diseases. [14]

This research aims to investigate the possible hepatoprotective impact in an experimental rat model which would be generated by *Glycyrrhiza glabra* (*G. glabra*), CCl₄ as well as their possible hepatotoxic consequences. In this quest, the study itself would be more evident to provide details regarding its effectiveness, safety, affordability, and the availability of safer medication.

Material and Methods:

Plant Collection and Extract Preparation

Glycyrrhiza glabra fruits were gathered from the Dhaka local market. The Department of Pharmacy of the University of Dhaka acknowledged the content. *Glycyrrhiza glabra*'s wet fruit was air-dried and roughly crushed. After that, the fruit powder was extracted in 50% ethanol for 15 days. Three-day intervals were used to filter the extract. In a rotating evaporator, the extracted material was dried under low pressure and temperature. Ultimately, the necessary pharmacological testing was performed on the crude residue.

Drugs and Chemicals

The well-known hepatotoxic chemical carbon tetrachloride (CCl₄) was acquired from a company named Sigma, located in the United States. Livasil 140 mg, a common anti-oxidant drug, was acquired from Incepta Pharmaceuticals Ltd.

Experimental Animal Procurement, Nursing, and Grouping

From Jahangirnagar University in Savar, Dhaka, a total of 100 male rats, weighing between 120 and 150 grams, were obtained. They were all kept at the University of Dhaka's Institute of Nutrition & Food Science (INFS) in a climate-controlled environment with a 12-hour light/dark cycle, temperature of $25\pm 3^{\circ}\text{C}$, and relative humidity of $55\pm 5\%$. They were allowed to drink clean water and fed a standard diet. Before the adaptation investigation, every animal was kept in such habitat for a minimum of one week. Every experimental procedure complied with the Institutional Animals Ethics Committee's (IEAC) guidelines.

Animal Model Sample Size Detection

Ten rats were selected at random from ten distinct groups of 100 rats. Every research randomly assigned rats to groups. To increase the validity of the experiment, we used 10 rats in each group. During mating season, however, we kept a close eye on each rat daily. Our study included both positive and negative control groups.

Dose Selection and Route of Administration for Respective Study

A typical chemical agent used in lab settings to investigate a variety of liver ailments, both acute and chronic, is carbon tetrachloride (CCl_4). The CYP2E1 isozyme-produced CCl_4 metabolite known as trichloromethyl free radical (CCL_3) reacts with proteins and lipids in cells to produce trichloromethyl peroxy radical, which damages lipids on the endoplasmic reticulum membrane more quickly than trichloromethyl free radical and results in lobular necrosis and lipid peroxidation. In all animal groups except the typical control group, a single oral administration of CCl_4 combined with olive oil as a vehicle in a 1:1 ratio (3 ml/kg of rat body weight) resulted in liver damage. Animals with hepatic injuries received *P. guajava* extracts as a post-treatment. The extract was taken orally in different doses.

Evaluation of Hepato–Protective Activity

All the rats were chosen randomly and equally split into nine groups for this experiment (Table 1).

Table 1: Application on Treatment Efficacy

Group Number	Group Specifications	Treatment Spices	Dose Treatment Species (ml/kg)	Abbreviation of Groups
1	Negative Control	Physiological saline	10 ml/kg	N
2	CCl ₄ Control	N/A	N/A	A
3	CCl ₄ + Silymarin	Silymarin	10	A+S ₁₀
4	CCl ₄ + <i>G. glabra</i>	<i>G. glabra</i>	300	A+GG ₃₀₀
5	CCl ₄ + <i>G. glabra</i>	<i>G. glabra</i>	600	A+GG ₆₀₀
6	CCl ₄ + <i>G. glabra</i>	<i>G. glabra</i>	1200	A+GG ₁₂₀₀
7	<i>G. glabra</i>	<i>G. glabra</i>	300	GG ₃₀₀
8	<i>G. glabra</i>	<i>G. glabra</i>	600	GG ₆₀₀
9	<i>G. glabra</i>	<i>G. glabra</i>	1200	GG ₁₂₀₀

Statistical analysis:

With regard to numerical parameters, all of our findings (raw data) were documented and examined on a broadsheet utilizing the MS Excel program. Descriptive statistics were applied to the collected data, and the results were presented as mean SD. We interpreted inter-group heterogeneity in terms of many biological parameters using the "One-way Anova test" feature of the SPSS 16 software to assess statistical significance. The statistical significance of the occurrences is established by the fact that the 'p' value was less than 0.05 ($p < 0.05$).

Results and Discussions:

Table 2: Rats' liver function tests (SGPT and SGOT) following medication and *Glycyrrhiza glabra* extract administration.

Group	Abbreviation of Groups	SGPT	SGOT
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Number			
1	CCl ₄ Control	37.21±4.56	41.21±3.47
2	CCl ₄ + Silymarin	109.22±9.24	116.23±11.43
3	CCl ₄ + <i>G. glabra</i>	58.34±8.24	54.48±7.44
4	CCl ₄ + <i>G. glabra</i>	106.52±8.63	112.24±10.46
5	CCl ₄ + <i>G. glabra</i>	103.21±8.89	107.51±9.43
6	<i>G. glabra</i>	*99.31±7.46	101.23±8.62
7	<i>G. glabra</i>	40.22±6.23	38.63±6.41
8	<i>G. glabra</i>	36.15±5.23	40.42±5.93
9	CCl ₄ Control	36.93±3.71	37.31±4.27

It was found that there was a decrease in the levels of SGPT and SGOT in all three groups (low, medium, and high) in dose dependent manner. *Glycyrrhiza glabra* extract only causes significant reduction ($p < 0.05$) in high dose in case of SGPT; low and medium doses resulted in non-significant ($p > 0.05$) decreases. Similarly, the SGOT levels were also decline in non-significant ($p > 0.05$) approach for low and medium dose. However, high dose exhibits significant reduction in elevated SGPT Level.

Table 3: Kidney functioning tests (Creatinine and Urea) of rat after administration of drug and extract of *Glycyrrhiza glabra*.

Group Number	Abbreviation of Groups	Creatinine	Urea
1	CCl ₄ Control	0.54±0.24	38.26±2.64
2	CCl ₄ + Silymarin	2.94±0.79	109.34±9.32

3	CCl ₄ + <i>G. glabra</i>	1.37±0.48	55.50±5.36
4	CCl ₄ + <i>G. glabra</i>	2.73±0.67	107.23±6.37
5	CCl ₄ + <i>G. glabra</i>	*2.13±0.94	104.93±5.82
6	<i>G. glabra</i>	*1.69±0.82	102.91±8.81
7	<i>G. glabra</i>	0.73±0.38	36.24±3.24
8	<i>G. glabra</i>	0.88±0.46	37.47±5.16
9	CCl ₄ Control	0.83±0.39	35.86±4.26

Creatinine levels dropped in a manner that was statistically significant ($p < 0.05$) both for medium and high dosages. Moreover, creatinine levels dropped in the case of low dose, although the drop was not statistically significant ($p > 0.05$). However, all three doses—low, medium, and high—showed a non-significant ($p > 0.05$) drop in urea level.

Table 4: Rat lipid profile (total cholesterol, HDL, LDL, and triglycerides) following medication administration and *Glycyrrhiza glabra* extract.

Group Number	Abbreviations of Groups	Total Cholesterol	HDL	LDL	Triglyceride
1	CCl ₄ Control	113.24±6.36	86.47±3.31	41.29±4.67	54.24±5.56
2	CCl ₄ + Silymarin	194.72±8.46	41.46±5.82	152.29±14.22	118.28±11.29

3	CCl ₄ + <i>G. glabra</i>	149.25±3.89	70.43±7.18	79.24±10.93	73.82±7.88
4	CCl ₄ + <i>G. glabra</i>	191.46±4.82	42.61±4.68	150.73±12.41	114.24±10.50
5	CCl ₄ + <i>G. glabra</i>	187.63±6.81	45.30±2.99	146.24±9.81	109.23±6.26
6	<i>G. glabra</i>	*183.40±4.80	45.96±4.73	139.66±7.28	107.61±5.58
7	<i>G. glabra</i>	109.30±5.29	87.24±5.50	42.38±5.20	53.20±7.20
8	<i>G. glabra</i>	113.60±5.31	83.29±3.64	40.32±2.86	51.61±6.18
9	CCl ₄ Control	110.57±4.64	85.94±3.84	45.67±4.23	52.27±6.52

It was observed that in comparison to the negative control group, there was a significant ($p > 0.05$) drop in total cholesterol level only in high doses whereas for low and medium dosages, there was a non-significant ($p > 0.05$) drop. In the case of total LDL and triglyceride, the levels declined but non-significantly ($p > 0.05$) in dose dose-dependent manner for all low, medium and high doses. However, the HDL level increased for all three (high, medium and low) doses and it increased in a non-significant ($p > 0.05$) form. When compared to the negative control group, LDL levels dropped significantly ($p < 0.05$) at high dosages and non-significantly ($p > 0.05$) at low and medium doses.

Conclusion:

To conclude, the study demonstrated that the ethanolic extract of *Glycyrrhiza glabra* had hepatoprotective potential and was crucial for restoring an altered hepatic condition. This calls for more research to determine whether a precise extract component, through a screening method, truly has a hepato-protective effect, and to take *Glycyrrhiza glabra* into consideration as a viable option for hepatotoxic treatments.

UNDER PEER REVIEW

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