

## **ANTI-ULCER ACTIVITY OF MORINGA OLEIFERA LEAVE'S EXTRACT IN SWISS ALBINO MICE AGAINST ASPIRIN INDUCED PEPTIC ULCER**

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### **ABSTRACT**

The objective of this study was to evaluate the anti ulcer activity of Moringa Oleifera leaves in swiss albino mice against aspirin induced peptic ulcer. After administration of aqueous extract of Moringa Oleifera, ulcer index, protective index, evaluation and staining of EC cell and determination of mucosal thickness was evaluated. In biochemical parameters, free mucin content, lipid per oxidation, superoxide dismutase was evaluated. HE staining was performed as well. Ranitidine was used as a positive control. All the macroscopic and biochemical parameters showed significant anti ulcer activity of Moringa Oleifera. The anti ulcer activity was almost comparable to the positive control. P value less than 0.05 was considered

significant. Mean  $\pm$  S.E.M and one-way ANOVA followed by multiple comparison t-test were used to analyze the result. Our study shows that Moringa has considerable anti ulcer activity.

**KEYWORDS:** Moringa Oleifera, Swiss albino mice, Aspirin, Peptic ulcer and Ranitidine etc.

## INTRODUCTION

Peptic ulcer is a disease characterized by mucosal damage that usually occurs in the stomach and proximal duodenum.<sup>[1]</sup> It is a serious injury occurring by spicy food, stress, alcohol, gastric surgery and *Helicobacter pylori*.<sup>[2]</sup> Aspirin (ASP), one of the most widely used NSAIDs, damages gastrointestinal mucosa by irritant action, causing alterations in mucosal permeability and/or suppression of prostaglandin synthesis.<sup>[3,4]</sup> Aspirin induced ulcer has been used as a model for the evaluation of anti-ulcerogenic agents.<sup>[5]</sup>

*Moringa oleifera* is rich in fairly unique group of phytochemicals, glucosinolates and isothiocyanates.<sup>[6,7]</sup> *Moringa oleifera* leaves contain more vitamin A than carrots, more calcium than milk, more iron than spinach, more vitamin C than orange and more potassium than bananas<sup>[8,9,10]</sup> and protein quality is more than milk and eggs. In many cultures through the tropics, different parts of this plant are being used as foods as well as medicinal purpose.<sup>[11]</sup> Leaves of this plant have been reported to possess hypotensive, antispasmodic, diuretic, abortifacient,<sup>[12,13]</sup> wound healing,<sup>[14]</sup> analgesic,<sup>[15]</sup> hepatoprotective,<sup>[16,17]</sup> anti-tumor agent<sup>[18]</sup> and radio-protective effect.<sup>[19]</sup> Scientific investigations showed that leaves of this plant have depressant effect on heart, reduce stomach pain, exhibit hypocholestermic, antifertility effect and regulate thyroid hormone status.<sup>[20,21,22,23]</sup>

*Moringa* leaves possess high quantity of thiamine and riboflavin beside two major bioactive nitrile glycosides namely niaziridin and niazirin in considerable amount along with other vitamins.<sup>[24,25]</sup> In India and Zimbabwe, young leaves of *Moringa* are used as cattle fodder to improve milk yields by farmers.<sup>[26,27]</sup>

The phytochemical benzyl isothiocyanate, isolated from *moringa* has already been proved as potent antimicrobial agent.<sup>[28,29]</sup>

Antimicrobial activity of the primary rhamnosylated compound from this plant has been shown.<sup>[30,31]</sup> Its leaves are also used as nutritional supplement and growth promoters due to the significant presence of protein, Se, P, Ca,  $\beta$ -carotene and  $\alpha$ -tocopherol<sup>[32,33,34,35,36]</sup> and they are not toxic to humans or animals.<sup>[37]</sup>

## MATERIALS AND METHODS

**Plant material and drugs:** Aqueous extract of *Moringa* leaf was prepared following the method of Tahiliani and Kar.<sup>[23]</sup> The extract was stored at 4°C until further use.<sup>[38]</sup> In order to

dissolve the extractions later, 4% DMSO was used. Aspirin and ranitidine were obtained from the MSU chemistry Lab.

**Experimental Animals:** Swiss Albino mice of both sexes weighing 20-30 g were used. The experimental protocol was approved from MSU Animal Ethics Committee. The animals were given standard rodent food and water ad libitum under standard laboratory conditions.

Animals were divided into four groups containing 10 mice each. Control group mice were given water only. Group 2, 3 and 4 were given aspirin (300mg/kg) in a single dose with a trochar needle.<sup>[39]</sup> While group 3 and 4 were given ranitidine (10 mg/kg),<sup>[40]</sup> and Moringa leaf extract (200 mg/kg) respectively as well along with aspirin.

### Parameters studied

**Determination of ulcer index:** Ulcer index was determined using magnifying glass as described by Bandyopadhyay *et al.*<sup>[41]</sup>

**Mean ulcer index:** The mean ulcer index was calculated following the methods of Szabo *et al.*<sup>[42]</sup>

### Determination of protective index

The protective index was calculated according to the method of El-Abhar *et al.*,<sup>[43]</sup> while using the following formula

The protective index =  $\frac{\text{mean ulcer index of aspirin} - (\text{mean ulcer index of aspirin} + \text{MO})}{100}$

Mean ulcer index of aspirin

### Evaluation and staining of EC cell

Stomach tissues were rinsed in 0.9% saline, fixed in Bouin's fluid and stained to study EC cells following the method of Singh.<sup>[44]</sup>

### Determination of mucosal thickness

Mucosal thickness was measured by the method of Sarkar and Guha.<sup>[45]</sup>

### Biochemical estimations

**Determination of free mucin content :** The free mucin content in the gastric tissues was estimated by method described by Tariq and Al montaeryA.<sup>[46]</sup>

**Measurement of lipid peroxidation (LPO)**

The method of Buege and Aust<sup>[47]</sup> was used to determine Lipid peroxidation quantity.

**Determination of gastric superoxide dismutase (SOD)**

SOD was analyzed by the methods of McCord et al,<sup>[48]</sup> and Martin et al methods<sup>[49]</sup> respectively.

**Determination of glutathione reductase (GR) and glutathione peroxidase (GPx)**

These parameters were determined as described by Krohne-Ehrich,<sup>[50]</sup> Paglia and Valentine<sup>[51]</sup> with some modifications used by Chattopadhyay et al.<sup>[52]</sup>

**Histological studies**

Histological studies were performed by Haematoxylin and eosin staining by a routine procedure.<sup>[53]</sup>

**Statistical analysis**

All data were expressed as mean  $\pm$  S.E.M, and analyzed by the one-way analysis of variance (ANOVA) followed by multiple comparison 't' test using SSPS software 20 version. Difference below the probability level of less than 0.05 ( $P < 0.05$ ) was considered statistically significant.

**RESULTS**

Macroscopic study clearly shows that there are no ulcer spots and the ulcer index has been reduced to a minimum of ( $**P \leq 0.05$  vs. Aspirin fed group) in 200 mg/kg MO fed group.



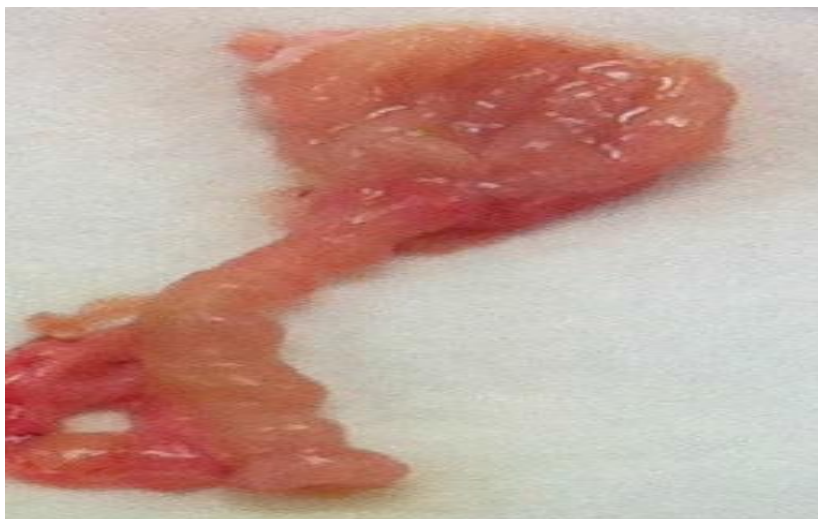
**Figure 1 Group 1 (Control)**



**Figure 2 Group 2 (Aspirin 300mg/kg)**



**Figure 3 Group 3 (Ranitidine 10mg/kg + Aspirin 300mg/kg)**



**Figure 4 Group 4 (MO leaf extract 200mg/kg + Aspirin)**

### Mean ulcer index

Treatment with MO leaf extract for 14 consecutive days reduced the severity of ulcer intensity. In this study significant increase in the extent of ulceration mainly in glandular part of gastric mucosa was observed after aspirin treatment, as evidenced by increased mean ulcer index ( $p < 0.05$ ).

### Protective index

It was observed that MO group exhibited maximum protection of 93.75% while ranitidine group showed 60.80%.

### EC cell count

EC cell density of stomach tissue also decreased after Aspirin treatment ( $P < 0.05$ ). MO treatment increased the number of EC cells as compared to ulcerated group. But ranitidine treatment did not affect the EC cell density (Table 1).

### Mucosal thickness

MO treatment for 14 days increased mucosal thickness in group 4 while ranitidine treated group was not found to have increased the thickness as evidenced by the results ( $P < 0.05$ , Table 1).

**Table 1. Effect of MO leaf extract on mean ulcer index, % of protection, EC cell density and mucosal thickness of stomach tissues in aspirin induced experimental mice**

GROUPS	Ulcer index	%Protection	EC cell (cells/mm <sup>3</sup> )	Mucosal thickness (μm)
Standard	0.058±0.041	--- --- ---	2200.50 ± 52.50	74.4 ± 3.22
Control (Aspirin) 300mg/kg	1.467±0.089	--- --- ---	1054.5 ± 43.83*	50.5 ± 2.12*
Ranitidine (10mg/kg)	0.575±0.135*	60.80	2172.70 ± 30.50#	66.5 ± 3.15#
MO leaf extract (200mg/kg)	0.092±0.046*	93.75	2183.33 ± 29.59#	80.8 ± 2.55

Values are in mean ± S.E.M. from 10 animals in each group; statistical analyses were done using one-way ANOVA followed by multiple comparison t-test.

\*  $P < 0.05$  compared to control, #  $P < 0.05$  when compared to ulcer.

Biomarkers of oxidative stress altered in aspirin induced gastric ulcer. MO group showed reduction in lipid per-oxidation level by 53.7% (\* $P \leq 0.05$  vs. Aspirin fed group).



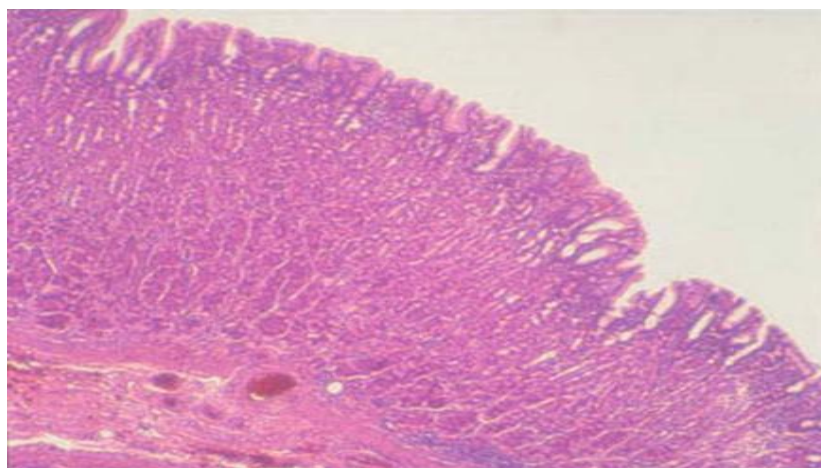
**Table 2. Lipid per oxidation levels and alterations in the activities of key antioxidant enzymes in mice gastric tissue**

Antioxidant enzymes (units of activity)	Control	Aspirin treated (Px)	Ranitidine (10mg/kg)	MO leaf extract treated (200mg/kg)
LPO (nmolesTBARS/mg protein)	0.21±0.03	0.92±0.06 <sup>a</sup>	0.25±0.02 <sup>b</sup>	0.17±0.02
Gastric peroxidase (units/min/mg of tissue protein)	64.41±1.71	26.32±1.11 <sup>a</sup>	54.55±1.21 <sup>b</sup>	64.98±1.33
Glutathione peroxidase (nmol of NADPH produced/min/mg of tissue protein)	0.18±0.01	0.55±0.02 <sup>a</sup>	0.21±0.01 <sup>b</sup>	0.17±0.01
Cu–Zn superoxide dismutase (units/min/mg of tissue protein)	1.66±0.21	5.17±0.24 <sup>a</sup>	1.94±0.27 <sup>b</sup>	1.55±0.24
Mn superoxide dismutase (units/min/mg of tissue protein)	0.82±0.12	2.69±0.21 <sup>a</sup>	1.06±0.19 <sup>b</sup>	0.87±0.08
Glutathione reductase activity (units/min/mg of tissue protein)	0.19±0.01	0.47±0.02 <sup>a</sup>	0.24±0.01 <sup>b</sup>	0.20±0.01

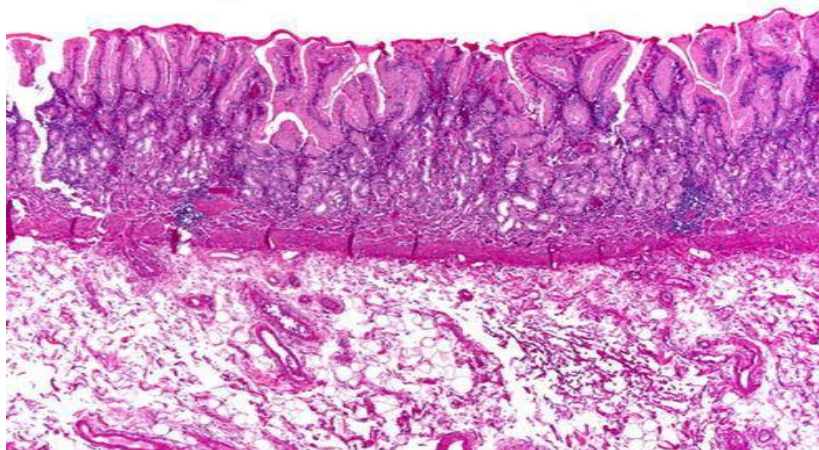
<sup>a</sup> $P \leq 0.001$  compared to control values using ANOVA.

<sup>b</sup> $P \leq 0.001$  compared to piroxicam treated values using ANOVA.

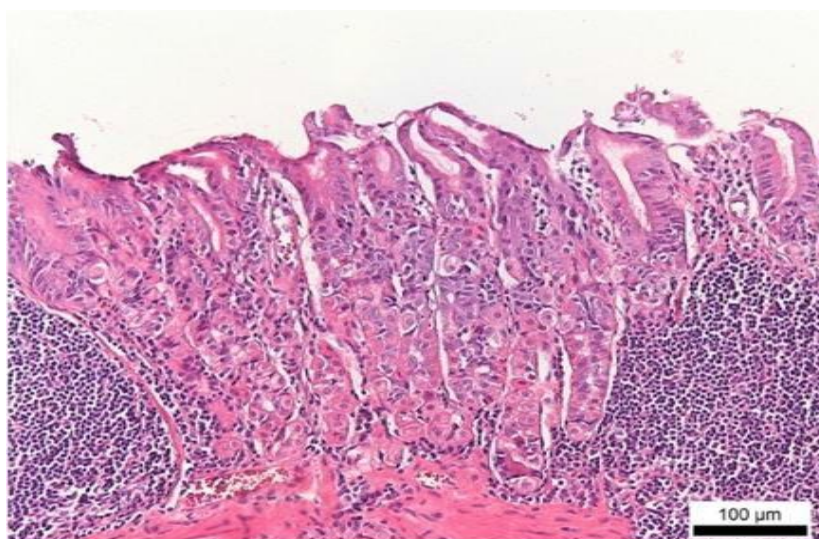
H&E stained gastric tissue sections of control group mice and that of MO treated group showed no prominent blood vessels in the mucosa and submucosa. Treatment of mice with aspirin resulted in marked changes in gastric tissue morphology. The mucosa of the gastro-oesophageal junction had few eosinophilic infiltration but sub mucosa showed having both neutrophilic and eosinophilic infiltration in aspirin treated animal group. Tissue sections of aspirin treated animals were discontinuously stained pink along the mucosal border due to degeneration and sloughing of mucosal cells.



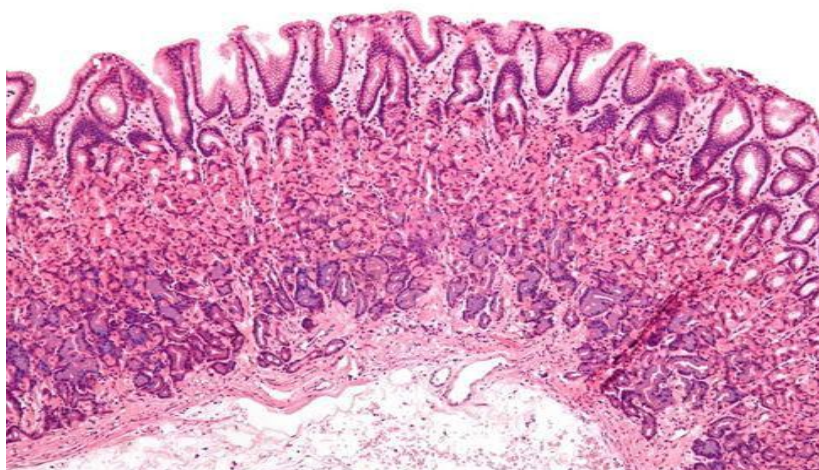
**Figure 5 Group 1 (Control)**



**Figure 6 Group 2 (Aspirin)**



**Figure 7 Group 3 (Ranitidine)**



**Figure 8 Group 4 (MO leaf extract)**



Haematoxylin eosin stained sections reveal that mucosal bleeding occurred due to aspirin feeding, which was protected when doses of the aqueous extract were administered before aspirin feeding. Photographs of the inner surface of stomach show no ulcer spots in the mice fed with 200 mg/kg doses of the MO aqueous extract.

## DISCUSSIONS

Gastric ulcers have multiple etiopathogenesis.<sup>[54]</sup> Gastric mucin is an important factor in protecting gastric mucosa from physical damage and back diffusion of hydrogen ions. Depletion in mucin content in aspirin-administered animals possibly occurs due to the adverse effects of free superoxide anion and hydroxyl radicals. Gastro-mucosal mucin depletion was protected on pre-administration of aqueous MO leaf extract in aspirin-fed animals. Microscopic study of H&E stained gastric sections puts forward the possibility that the leaf extract might have increased or changed the nature of mucous secreted in stomach. Stomach tissues of aspirin fed animals showed increased acid mucin secretion, which was minimized to a great extent in aqueous extract pre-treated aspirin-fed animals.

Considering the rich source of antioxidants in MO leaf extract, we used the dose of 200 mg/kg to study the effect of extract on aspirin induced gastric oxidative stress and ulcer. Our study confirms earlier reported antioxidant activity of MO in vitro and in vivo, against hydroxyl radicals generated by Fenton reaction.<sup>[19,30]</sup> MO has been reported to contain various antioxidants including Vitamin C.<sup>[55]</sup> Our macroscopic and histopathological studies showed that almost no ulcerative damage occurred in mice when they were pretreated with the antioxidant rich aqueous leaf extract. Phenol compounds have some antioxidant activity.<sup>[56,57]</sup> They are able to terminate free radicals and chelate metal ions that are capable of catalyzing formation of ROS that promote lipid per oxidation.<sup>[58]</sup>

We observed increased accumulation of thio barbituric acid reactive substances (TBARS) and protein carbonyls in gastric tissues of aspirin treated mice indicating involvement of oxidative stress. Administration of aspirin at 300 mg/kg dose further depleted reduced glutathione in gastric tissue. These findings were consistent with earlier reports on piroxicam induced gastric ulcer.<sup>[39,59]</sup> Increase in lipid peroxidation and protein oxidation by 2.16 folds and 5.57 folds from control levels respectively resulted in increased consumption of glutathione. It is also well known that pods and leaves of moringa are rich source of ascorbic acid.<sup>[55]</sup> Ascorbic acid acts as an antioxidant molecule and its beneficial effects could be

attributed to its ability to form a poorly ionized but soluble complex with toxic metal/metalloid.<sup>[60]</sup>

Significant decreases in the activities of antioxidant enzymes like gastric peroxidase and increase in the activities of glutathione reductase, glutathione peroxidase, and superoxide dismutases indicate a growing imbalance in oxidants and antioxidants in gastric tissues after aspirin administration. Aqueous moringa leaf extract protected against aspirin induced alterations in activities of antioxidant enzymes. One study has clearly emphasized hydroxyl radical to be the principal causative agent in piroxicam mediated gastric ulcer.<sup>[61]</sup>

Increased oxidative stress encountered in body due to either environmental hazard, or impairment in the body metabolism due to varying disease conditions including drugs or having insufficient amount of dietary antioxidants, has to be curbed by exogenous supply of antioxidants as a choice of therapy or preventive measure. Natural antioxidants that are present in herbs and spices are responsible for inhibiting or preventing the deleterious consequences of oxidative stress. Spices and herbs contain free radical scavengers like polyphenols, flavonoids and phenolic compounds. Natural antioxidants are preferred in allopathic drugs to overcome the side effects. Most of the polar compounds such as phenolic and flavonoid substances are potent inhibitors of ROS attack.<sup>[62]</sup>

Plant phenolics are a major group of compounds acting as primary antioxidants or free radical scavengers. The phenolic content of moringa is high and the radical scavenging activity is likely to be due to the phenolic, however, phenols may not be solely responsible for the antioxidant activity. In general, extracts with high antioxidant activity show a high phenolic content. Plant extracts with high phenolic contents also show high flavonoids content as reported for other plant species.<sup>[63]</sup> ROS have been considered to cause harm to living organisms and thus play a significant role in many human diseases such as arthritis, myocardial infarction, atherosclerosis, diabetes mellitus and cancer.<sup>[64,65]</sup> Phenols are a class of low molecular weight secondary metabolites found in most land plants. Phenol compounds have some antioxidant activity.<sup>[56,66]</sup>

They are able to terminate free radicals and chelate metal ions that are capable of catalyzing formation of ROS that promote lipid per oxidation.<sup>[67]</sup>

## CONCLUSION

The gastro protective effect of moringa appears to be mediated by decrease in the volume and total acidity of gastric secretion, cell proliferation, reduction of inflammatory process and antioxidant-dependent mechanisms.

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## CONFLICT OF INTERESTS

The authors declare that they have no competing interests.

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