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## Hepatocyte Oxidative Stress Indicators of Carbon Tetrachloride Induced Hyperlipidemic Rats (*Rattus norvegicus*) Treated with *Allium sativa* Extract

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### ABSTRACT

Pathogenesis of several chronic liver diseases has been attributed to overwhelmed antioxidant protective system against Reactive Oxygen Species (ROS). The present study ascertained the capacity of short-term administration of ethanolic extract of *Allium sativa* to neutralize ROS and ameliorate hyperlipidemia. Hyperlipidemia was induced in rats by single intra-peritoneal injection of CCl<sub>4</sub> (dosage = 2.0 mL kg<sup>-1</sup>), followed by treatment with ethanolic extract of *A. sativa* (dosage: 200 and 400 mg kg<sup>-1</sup>) at a regular interval of 16 h for 64 h. Blood samples were drawn from the rats at t = 0 and t = 76 h, i.e., 12 h after the end of 64 h treatment with CCl<sub>4</sub> per *A. sativa* extract treatment, to ascertain hepatic function and Serum Lipid Profile (SLP). In addition, liver post mitochondrial supernatant (PMS) fraction was measured for oxidative stress indicators: Lipid peroxidation (LPOx), superoxide dismutase (SOD), glutathione peroxidase (GPx), catalase (CAT) and reduced glutathione (GSH). On the average, short-term administration of ethanolic extract of *A. sativa* caused reduction of SLP in the following magnitude: Total cholesterol (TC) = 19.48, triacylglycerol (TAG) = 48.59, VLDL-C = 48.57, LDL-C = 19.49 and increase in HDL-C = 32.43%. Also, improvement in oxidative stress indicators gave SOD = 10.20, GPx = 30.92, CAT = 18.18, LPOx = 35.92% and GSH = 51.09%. Although the administration of *A. sativa* extract to the rats did not restore full therapeutic benefits within the experimental time (t = 76 h), the capacity of the plant extract to ameliorate oxidative stress and hyperlipidemia in the animals was fairly at par with the standard hepatic drug-hepaticum.

**Key words:** *Allium sativa*, hepatocyte, hyperlipidemia, lipid profile, oxidative stress

### INTRODUCTION

The liver is often referred to as an organ of homeostasis by virtue of the fact that the metabolic concern of the hepatocyte is to ensure constancy in the internal environment of vertebrates. The capability of the liver to achieve this physiologic feat is hinged on high vascularization of the organ, capacity to serve as storage site for macromolecules and micronutrients as well as abode for enzymes involved in carbohydrate, protein and lipid metabolism. In addition, the central roles of the liver in xenobiotic and endogenous detoxification reactions have been well reported (Sugatani *et al.*, 2006; Shaker *et al.*, 2010; Singh *et al.*, 2011). The biosynthesis of most plasma lipoproteins and apolipoproteins occur in the hepatocytes (Mensenkamp *et al.*, 2000; Jiang *et al.*,

2006). Therefore, agents/factors that compromise hepatocellular functionality and integrity alter plasma lipid profile patterns (Wolf, 1999; Ramcharran *et al.*, 2011). Hyperlipidemia describes the elevation in plasma lipid components; Triacylglycerol (TAG), low-density lipoprotein cholesterol (VLDL-C), low-density lipoprotein cholesterol (LDL-C) and total cholesterol (TC), but reduced levels of high-density lipoprotein cholesterol (HDL-C) (Ochani and D'Mello, 2009; Kaur and Meena, 2013). According to Shaker *et al.* (2010) hepatic dysfunction is associated with acute hepatitis, hepatocellular carcinoma, apoptosis, necrosis, inflammation, immune response, fibrosis, ischemia, altered gene expression and regeneration.

The hepatocyte is well furnished with antioxidant defense systems. Notwithstanding, pathogenesis of several chronic liver diseases has been attributed to overwhelmed antioxidant protective system against ROS (Czuczejko *et al.*, 2003; Novo *et al.*, 2006; Chikezie, 2011). Notably, the antioxidant scavenging enzymes include superoxide dismutase (SOD), catalase (CAT), glutathione S-transferase (GST) and glutathione peroxidase (GPx), which offer primary protection to the hepatocyte and by extension, to other peripheral tissues, against oxidative injury (Halliwell, 1994; Bonnefont-Rousselot *et al.*, 2000; Avti *et al.*, 2006; Pasupathi *et al.*, 2009). Some non-enzymatic antioxidant defense structures are reduced glutathione (GSH),  $\alpha$ -tocopherol,  $\beta$ -carotene and ascorbate (Avti *et al.*, 2006; Surapaneni, 2007; Singh *et al.*, 2011; Necib *et al.*, 2013).

Despite disparities in the distribution and metabolism plasma lipoprotein between humans and rats (Utrecht, 2006), the use of animal model as tool for lipid and biomedical research is reliable and still popular. Also, applications of plant extracts for the treatment/management of lipidemia have been severally reported with promising prospects (Kaur and Meena, 2013; Resch and Ernst, 1995). Accordingly, among several medicinal benefits, *A. sativa* (garlic) have been demonstrated to be an agent of glycemic control (Banerjee and Maulik, 2002; El-Demerdash *et al.*, 2005; Ibegbulem and Chikezie, 2013). The phytochemical and nutritive contents, coupled with previously reported medicinal usefulness of *A. sativa* extract (Auer *et al.*, 1990; Resch and Ernst, 1995; Qidwai *et al.*, 2000; Ibegbulem and Chikezie, 2013) informed the trial of *A. Sativa* extract in the present investigation. The present study ascertained the capacity of short-term administration of ethanolic extract of *A. sativa* to neutralize ROS and ameliorate hyperlipidemia in CCl<sub>4</sub> induced hyperlipidemic rats.

## MATERIALS AND METHODS

**Collection of plant samples and preparation of extract:** Fresh samples of *A. sativa* were obtained in July, 2012 from local market at Umoziri-Inyishi, Imo State, Nigeria. The plant specimen was identified and authenticated by Dr. F.N. Mbagwu at the Herbarium of the Department of Plant Science and Biotechnology, Imo State University, Owerri, Nigeria. A voucher specimen was deposited at the Herbarium for reference purposes. Ethanolic/water extract (1:2 v/v) of *A. sativa* was prepared by methods of Ibegbulem and Chikezie (2013) with modifications according to Lam *et al.* (2003). Freshbulbs of *A. sativa* were washed under a continuous stream of distilled water for 15 min and air-dried at room temperature (25±5°C) for 5 h. The bulbs were chopped and further dried for 5 h in an oven at 60°C and subsequently ground with ceramic mortar and pestle. Twenty-five grams (25 g) of the pulverized specimen was suspended in 250 mL of ethanol/water mixture (1:2 v/v) in stoppered flask and allowed to stand in a thermostatically controlled water bath at 40°C for 24 h. The suspension was filtered with Whatman No. 24 filter paper, concentrated in a rotary evaporator at 50°C and dried in vacuum desiccator. The yield was calculated to be 3.6% (w/w). The extract was re-dissolved in 20 mL of PBS (pH = 7.4) and incubated at 37°C for 30 min with

thorough shaking. The dissolved content was quickly frozen at  $-80^{\circ}\text{C}$  before lyophilization. The required amount of lyophilized extract was reconstituted in  $400\ \mu\text{L}$  Distilled Water (DW) and administered by intra peritoneal injection to the rats at doses of 200 and  $400\ \text{mg}\ \text{kg}^{-1}$  (Giri *et al.*, 2012) at regular time intervals of 16 for 64 h.

**Experimental animals:** Male rats *Rattus norvegicus* (8-10 weeks old) weighing 150-200 g were generous gift from Professor A.A. Uwakwe (Department of Biochemistry, University of Port Harcourt, Nigeria). The rats were maintained at  $25\pm 5^{\circ}\text{C}$ , 30-55% of relative humidity on a 12 light 12 h dark cycle, with access to water and food *ad libitum* for 2 weeks acclimatization period. The handling of the animals was in accordance with the standard principles of laboratory animal care of the United States National Institutes of Health.

**Study design:** The animals were deprived of food and water for 16 h before commencement of treatments (control and test experiments) as previously described (Ibegbulem and Chikezie, 2013). Hyperlipidemia was induced in the rats by single intra-peritoneal injection of  $\text{CCl}_4$  (dosage =  $2.0\ \text{mL}\ \text{kg}^{-1}$ ) 16 h before commencement of study. A total of 20 rats were categorized into 5 groups of 4 ( $n = 4$ ) each as follows:

- **Group C1:** Control/Normal rats received only DW (vehicle;  $2.0\ \text{mL}\ \text{kg}^{-1}\ 16\ \text{h}^{-1}$ , i.p.) for 64 h
- **Group C2:** Control/Hyperlipidemic rats received  $2.0\ \text{mL}\ \text{kg}^{-1}\ \text{CCl}_4 + \text{DW}$  (vehicle;  $2.0\ \text{mL}\ \text{kg}^{-1}\ 16\ \text{h}^{-1}$ , i.p.) for 64 h
- **Group T1:** Hyperlipidemic rats received  $2.0\ \text{mL}\ \text{kg}^{-1}\ \text{CCl}_4 + A. sativa$  ( $200\ \text{mg}\ \text{kg}^{-1}\ 6\ \text{h}^{-1}$ , i.p.) for 64 h
- **Group T2:** Hyperlipidemic rats received  $2.0\ \text{mL}\ \text{kg}^{-1}\ \text{CCl}_4 + A. sativa$  ( $400\ \text{mg}\ \text{kg}^{-1}\ 16\ \text{h}^{-1}$ , i.p.) for 64 h
- **Group T3:** Hyperlipidemic rats received  $2.0\ \text{mL}\ \text{kg}^{-1}\ \text{CCl}_4 + \text{Hepaticum}$  ( $100\ \text{mg}\ \text{kg}^{-1}\ 16\ \text{h}^{-1}$ , i.p.) for 64 h

**Collection of blood:** Blood samples were drawn from the tail vein of each rat prior to anesthetization under light ether i.e., at experimental  $t = 0\ \text{h}$  for measurement of Serum Lipid Profile (SLP) and levels of  $\gamma$ -glutamyl transferase ( $\gamma$ -GT), alanine transaminase (ALT) and aspartate transaminase (AST) activities. Finally, blood samples were obtained by carotid artery puncture for measurement of SLP and enzyme activities 12 h after the end of 64 h treatment with *A. sativa* extract treatment i.e., ( $t = 76\ \text{h}$ ).

**Serum lipid profile:** Total Cholesterol (TC), triacylglycerol (TAG) and high-density lipoprotein cholesterol (HDL-C) were determined using commercial kits (Randox Laboratory Ltd., UK). Low-density lipoprotein cholesterol (LDL-C) concentration was determined by difference according to the formula described by Friendwald *et al.* (1972):  $\text{LDL-C} = \text{TC} - (\text{HDL-C}) - (\text{TAG}/5)$ , as reported by Shaker *et al.* (2010). Very low-density lipoprotein cholesterol (VLDL-C) concentration was estimated using the methods of Burnstein and Sammaile (1960), where the value in  $\text{mg}\ \text{dL}^{-1}$  is based on the assumption that in fasting animals, the VLDL-C to TAG ratio is relatively fixed at 1:5 (Ibegbulem and Chikezie, 2013). Atherogenic index (AI) which was a measure of atherogenesis in normal and treated rats was calculated thus:  $[\text{TC} - (\text{HDL-C})]/(\text{HDL-C})$  (Suanarunsawat *et al.*, 2011).

**Serum enzyme assay:** AST and ALT activities were measured using the automated enzymatic methods (EliTech Diagnostic, Sees, France), whereas  $\gamma$ -GT activity was according to the methods as described by Fiala *et al.* (1972).

**Preparation of liver homogenates:** Organhomogenate was prepared according the procedures of Adekunle *et al.* (2013). Quickly, the liver was excised and placed between blotting papers to remove accompanying blood. Next, the organ was rinsed in 1.15% KCl solution to obliterate residual hemoglobin molecules. The sample was homogenized using a Teflon homogenizer in aqueous  $K_2PO_4/KHPO_4$  buffer (0.1 M; pH = 7.4); in 4:1 volume of buffer to organ weight. Subsequently, the homogenate was centrifuged at  $10,000\times g$  for 20 min at  $4^\circ C$  to obtain the post mitochondrial supernatant (PMS) fraction and collected into sample bottles. The PMS fraction was finally stored at  $-80^\circ C$  before used for analyses. The homogenate was used to assay the following oxidative stress indicators: Lipid peroxidation (LPOx), superoxide dismutase (SOD), glutathione peroxidase (GPx), catalase (CAT) and GSH. Protein concentration was measured at  $\gamma_{max} = 595$  nm by methods of Bradford (1976) using bovine serum albumin as standard.

**Lipid peroxidation:** Measurement of LPOx was according the methods of Ohkawa *et al.* (1979) with minor modifications by according to Chikezie (2011). Briefly, the reaction mixture consist of PMS fraction in 50 mM Tris-HCl buffer (pH = 7.4), 500  $\mu M$  ter-butyl hydroperoxide (BHP) (500  $\mu M$  in ethanol) and 1.0 mM  $FeSO_4$ . The reaction mixture was incubated for 90 min at  $37^\circ C$ , after which the reaction was stopped by introducing 0.2 mL of 8% sodium dodecyl sulfate (SDS) followed by 1.5 mL of 20% acetic acid (pH = 3.5) to the reaction mixture. The quantity of malondialdehyde (MDA) produced during the incubation period was determined by adding 1.5 mL of 0.8% thiobarbituric acid (TBA) and further heating the mixture at  $95^\circ C$  for 45 min at  $95^\circ C$ . After cooling to  $24^\circ C$ , the mixture was centrifuged at  $3,000\times g$  for 10 min. The TBA reactive substances (TBARS) in the supernatant were measured in supernatant at  $\gamma_{max} = 532$  nm; molar extinction coefficient (S) =  $1.53\times 10^5 M^{-1} cm^{-1}$ . The level of LPOx was expressed in terms of nM of TBARS per 90 min  $mg^{-1}$  protein.

**Superoxide dismutase:** SOD was estimated according to the methods of Kono (1978). Briefly, the reaction mixture contained solution A (50 mM  $Na_2CO_3$ , 0.1 mM EDTA, pH = 10.0), solution B (96  $\mu M$  nitrobluetetrazolium [NBT] in solution A) and solution C (0.6% Triton X-100 in solution A) were incubated at  $37^\circ C$  for 10 min. Reaction was started by introducing 100  $\mu L$  of solution D (20 mM hydroxylamine hydrochloride, pH = 6.0). The rate of NBT dye reduction by  $O_2^-$  anion generated due to photo-activation of hydroxylamine hydrochloride was measured at  $\gamma_{max} = 560$  nm in the absence of PMS fraction. Next, 10  $\mu L$  aliquot of PMS were added to the reaction mixture and 50% inhibition in the rate of NBT reduction by SOD present in the enzyme source was measured. A unit (U) of SOD activity was defined by the 50% inhibition of NBT. SOD activity was expressed in U  $mg^{-1}$  protein.

**Glutathione peroxidase:** GPx activity was measured by the method of Paglia and valentine (1967). Briefly, the reaction mixture contained aliquot of PMS in 50 mM  $K_2PO_4/KHPO_4$  buffer (pH = 7.0), 1.0 mM EDTA, 1.0 mM  $NaN_3$ , 0.2 mM NADPH, 1.0 U glutathione reductase and 1.0 mM GSH. The reaction mixture was allowed to equilibrate at  $25^\circ C$  for 5 min. The reaction was started by introducing 0.1 mL of 2.5 mM  $H_2O_2$ . Increase in absorbance at  $\gamma_{max} = 340$  nm was recorded for 5 min. The change in absorbance was defined as nmole of NADPH oxidized to

NADP;  $S = 6.2 \times 10^8 \text{ M}^{-1} \text{ cm}^{-1}$  at  $\gamma_{\text{max}} = 340 \text{ nm}$ . The levels of GPx were expressed in terms of nmole NADPH consumed  $\text{min}^{-1} \text{ mg}^{-1}$  protein (U  $\text{mg}^{-1}$  protein).

**Catalase:** Measurement of PMS fraction CAT activity was according to the method of Luck (1963). The final reaction volume of 3.0 mL contained 0.05 M Tris-buffer, 5 mM EDTA (pH = 7.0) and 10 mM  $\text{H}_2\text{O}_2$  (in 0.1 M  $\text{K}_2\text{PO}_4/\text{KHPO}_4$  buffer; pH = 7.0). A hundred microliters (100  $\mu\text{L}$ ) aliquot of the PMS fraction was added to the above mixture. The rate of change of absorbance  $\text{min}^{-1}$  at  $\gamma_{\text{max}} = 240 \text{ nm}$  was recorded for 5 min. CAT activity was calculated using  $S = 43.6 \text{ M}^{-1} \text{ cm}^{-1}$  and expressed in terms of mole  $\text{H}_2\text{O}_2$  consumed  $\text{min}^{-1} \text{ mg}^{-1}$  protein (U  $\text{mg}^{-1}$  protein).

**Reduced glutathione:** Level of GSH in organ homogenate was determined by the procedure according to Moron *et al.* (1979) with minor modification. The 100  $\mu\text{L}$  aliquot of the PMS fraction was mixed with 25% of  $\text{CHCl}_3$  and centrifuged at  $2000 \times g$  for 15 min to precipitate proteins. The supernatant was aspirated and diluted to 1.0 mL with 0.2 M  $\text{Na}_2\text{PO}_4/\text{NaHPO}_4$  buffer (pH = 8.0). Later, 2.0 mL of 0.6 mM 5, 5'-dithiobis-(2-nitrobenzoic acid) (DTNB) was added. The absorbance of the developed yellow-colour complex maintained at  $25 \pm 5^\circ\text{C}$  was measured at  $\gamma_{\text{max}} = 405 \text{ nm}$  after 10 min. A standard curve was obtained with standard  $\mu\text{g}$  GSH. The level of GSH was expressed as g GSH  $\text{mg}^{-1}$  protein.

**Statistical analysis:** The data collected were analyzed by the analysis of variance procedure while treatment means were separated by the Least Significance Difference (LSD) incorporated in the statistical analysis system (SAS) package of 9.1 version.

## RESULTS

At the end of the experimental time,  $t = 76 \text{ h}$ , serum  $\gamma$ -GT, ALT and AST activities of group C1 ( $C1_{\gamma\text{-GT}}$ ,  $C1_{\text{ALT}}$  and  $C1_{\text{AST}}$ ) did not show significant difference ( $p > 0.05$ ) compared to corresponding enzyme activities at  $t = 0 \text{ h}$ . Table 1 showed that the ratio of  $C1_{\text{ALT}}$  activity to  $C1_{\text{AST}}$  activity at  $t = 0 \text{ h}$  and  $t = 76 \text{ h}$  was 1:2 approx. In addition, relative marginal variation in  $C1_{\gamma\text{-GT}}$  activity within the experimental time was 0.73%;  $p > 0.05$ . Although  $\gamma$ -GT, ALT and AST activities of group C2 were significantly ( $p < 0.05$ ) elevated compared to group C1, group C2 exhibited marginal variations in the three serum enzyme activities at  $t = 76 \text{ h}$  compared to the values at  $t = 0 \text{ h}$ ; increase in  $C2_{\gamma\text{-GT}}$  activity = 7.90%, decrease in  $C2_{\text{ALT}}$  activity = 10.06% and increase in  $C2_{\text{AST}}$  activity = 1.02%. However, group C2 serum  $\gamma$ -GT, ALT and AST activities were relatively elevated at  $t = 76 \text{ h}$  compared to groups C1, T1, T2 and T3. Specifically, at  $t = 76 \text{ h}$ ,  $C2_{\gamma\text{-GT}}$ ,  $C2_{\text{ALT}}$  and  $C2_{\text{AST}}$  activities represented 2.31, 1.48 and 1.27 folds increase in corresponding enzyme activity compared to group C1;  $p < 0.05$ .

At the beginning of the experiment, i.e., at  $t = 0 \text{ h}$ , serum  $\gamma$ -GT, ALT and AST activities of rats in groups C2, T1, T2 and T3 were comparatively not significantly ( $p > 0.05$ ) different. The three serum enzyme activities were within the range:  $\gamma$ -GT =  $38.08 \pm 1.05$ ,  $41.43 \pm 0.99 \text{ U L}^{-1}$ ; ALT =  $71.89 \pm 1.57$ ,  $75.68 \pm 0.95 \text{ U L}^{-1}$  and AST =  $123.68 \pm 1.99$ ,  $130.80 \pm 0.94 \text{ U L}^{-1}$  (Table 1). Furthermore, within the experimental time, serum  $\gamma$ -GT, ALT and AST activities of groups C2, T1, T2 and T3 were significantly different ( $p < 0.05$ ) compared to group C1. Specifically,  $C2_{\gamma\text{-GT}}$  activity represented 2.4 folds increase compared to  $C1_{\gamma\text{-GT}}$  activity at  $t = 76 \text{ h}$ ;  $p < 0.05$ . Again, at  $t = 0 \text{ h}$ , serum  $\gamma$ -GT, ALT and AST activities of groups T1, T2 and T3 were significantly different ( $p < 0.05$ ) compared to group C2, whereas at  $t = 76 \text{ h}$ , the three serum enzymes activities were not significantly different ( $p > 0.05$ ).

Table 1: Serum  $\gamma$ -GT, ALT and AST activities of normal and hyperlipidemic rats treated with *A. sativa* extract

| Groups | Enzyme activity (U L <sup>-1</sup> ) |                           |                            |                          |                           |                            |
|--------|--------------------------------------|---------------------------|----------------------------|--------------------------|---------------------------|----------------------------|
|        | t = 0 h                              |                           |                            | t = 76 h                 |                           |                            |
|        | $\gamma$ -GT                         | ALT                       | AST                        | $\gamma$ -GT             | ALT                       | AST                        |
| C1     | 17.89±0.95 <sup>a</sup>              | 44.09±1.04 <sup>a</sup>   | 94.98±1.35 <sup>a</sup>    | 17.78±0.75 <sup>a</sup>  | 46.14±1.64 <sup>a</sup>   | 98.18±1.81 <sup>a</sup>    |
| C2     | 38.08±1.05 <sup>b</sup>              | 75.68±0.95 <sup>b</sup>   | 123.68±1.99 <sup>b</sup>   | 41.09±1.01 <sup>b</sup>  | 68.07±1.04 <sup>b</sup>   | 124.94±2.64 <sup>b</sup>   |
| T1     | 39.99±1.00 <sup>bc</sup>             | 71.89±1.57 <sup>bc</sup>  | 130.80±0.94 <sup>bc</sup>  | 27.06±1.96 <sup>c</sup>  | 55.67±1.25 <sup>c</sup>   | 115.89±1.95 <sup>bc</sup>  |
| T2     | 40.49±0.68 <sup>bcd</sup>            | 73.91±1.05 <sup>bcd</sup> | 125.23±1.22 <sup>bcd</sup> | 25.41±0.77 <sup>cd</sup> | 50.03±1.75 <sup>cd</sup>  | 109.96±1.62 <sup>bcd</sup> |
| T3     | 41.43±0.99 <sup>bcd</sup>            | 75.11±0.98 <sup>bcd</sup> | 123.70±1.09 <sup>bcd</sup> | 20.98±0.92 <sup>de</sup> | 47.09±0.99 <sup>ade</sup> | 102.08±1.91 <sup>de</sup>  |

Mean (X)±SD of three (n = 3) determinations, Mean in the columns with the same letter are not significantly different at  $p > 0.05$  according to LSD

Although at  $t = 76$  h,  $T1_{\gamma\text{-GT}}$  activity was significantly ( $p < 0.05$ ) elevated compared to  $C1_{\gamma\text{-GT}}$  activity, serum  $T1_{\gamma\text{-GT}}$  represented 32.33% decrease in enzyme activity relative to  $T1_{\gamma\text{-GT}}$  activity at  $t = 0$  h. Likewise, decreases in serum enzyme activities at  $t = 76$  h relative to  $t = 0$  h were:  $T1_{\text{ALT}}$  activity = 22.56% and  $T1_{\text{AST}}$  activity = 11.40%. The reduction in serum enzyme activities in group T2 was in the order:  $T2_{\gamma\text{-GT}}$  activity = 37.24% >  $T2_{\text{ALT}}$  activity = 32.31% >  $T2_{\text{AST}}$  activity = 12.19%.  $T3_{\gamma\text{-GT}}$  activity at  $t = 76$  h represented 2 folds decrease compared to  $T3_{\gamma\text{-GT}}$  activity at  $t = 76$  h.  $T3_{\text{ALT}}$  and  $T3_{\text{AST}}$  activities at  $t = 76$  h decreased by 1.60 and 1.20 folds, respectively compared to the corresponding enzyme activity at  $t = 0$  h.

Although,  $T1_{\text{ALT}}$  activity and was not significantly different ( $p > 0.05$ ) activity from  $T2_{\text{ALT}}$  activity; these values represented corresponding 18.29 and 26.57% reduction in enzyme activities relative to  $C1_{\text{ALT}}$  activity;  $p < 0.05$ . Conversely,  $T3_{\text{ALT}}$  activity =  $47.09 \pm 0.99$  U L<sup>-1</sup> <  $C1_{\text{ALT}}$  activity =  $46.14 \pm 1.64$  U L<sup>-1</sup>;  $p > 0.05$  (Table 1). Likewise,  $T3_{\text{ALT}}$  activity was not significantly different ( $p > 0.05$ ) from  $T2_{\text{ALT}}$  activity. Peak value of serum AST activity was registered in group C2;  $C2_{\text{AST}}$  activity =  $124.94 \pm 2.64$  U L<sup>-1</sup> (Table 1). Serum AST activity was in the order:  $T1_{\text{AST}}$  activity =  $115.89 \pm 1.95$  U L<sup>-1</sup> >  $T2_{\text{AST}}$  activity =  $109.96 \pm 1.62$  U L<sup>-1</sup> >  $T3_{\text{AST}}$  activity =  $102.08 \pm 1.91$  U L<sup>-1</sup> (Table 1). These values corresponded to 7.34, 11.99 and 18.30% reduction in  $T1_{\text{AST}}$ ,  $T2_{\text{AST}}$  and  $T3_{\text{AST}}$  activities, respectively compared to  $C2_{\text{AST}}$  activity.

Furthermore, compared to  $C2_{\gamma\text{-GT}}$  activity,  $T1_{\gamma\text{-GT}}$  activity was lower ( $p < 0.05$ ) than  $C2_{\gamma\text{-GT}}$  which was 59.20% reduction in enzyme activity. However,  $T1_{\gamma\text{-GT}}$  activity was raised compared to  $C1_{\gamma\text{-GT}}$  activity;  $t = 76$  h,  $T1_{\gamma\text{-GT}}$  activity =  $27.06 \pm 1.96$  U L<sup>-1</sup> >  $C1_{\gamma\text{-GT}}$  activity =  $17.78 \pm 0.75$  U L<sup>-1</sup>;  $p < 0.05$  (Table 1).  $T2_{\gamma\text{-GT}}$  activity was lower than  $T1_{\gamma\text{-GT}}$  activity by 6.10%;  $p > 0.05$ . Nevertheless,  $T2_{\gamma\text{-GT}}$  activity was significantly ( $p < 0.05$ ) lower than  $C2_{\gamma\text{-GT}}$  activity.  $T3_{\gamma\text{-GT}}$  activity was not significantly ( $p > 0.05$ ) different from  $C1_{\gamma\text{-GT}}$  activity; specifically,  $T3_{\gamma\text{-GT}}$  activity =  $20.98 \pm 0.92$  U L<sup>-1</sup> >  $C1_{\gamma\text{-GT}}$  activity =  $17.78 \pm 0.75$  U L<sup>-1</sup>;  $t = 76$  h (Table 1).  $C2_{\text{ALT}}$  activity was highest, representing 1.48 folds increase in enzyme activity compared to  $C1_{\text{ALT}}$  activity ( $p < 0.05$ ).

SLP indicated  $C1_{\text{TC}} = 33.75 \pm 1.02$  mg dL<sup>-1</sup> (Fig. 1), of which serum concentrations of VLDL-C, LDL-C and HDL-C accounted for 11.02, 53.21 and 35.76% of TC concentration, respectively; AI = 0.54 (Table 2).  $C2_{\text{SLP}}$  showed that serum lipids concentrations were profoundly altered. For instance, serum TAG, TC, VLDL-C and LDL-C concentrations were significantly ( $p < 0.05$ ) elevated in group C2 by factors of 2.72, 1.76, 2.72 and 2.42, respectively, compared to group C1. The reduced levels of serum HDL-C in group C2 caused corresponding increase in AI (Table 2). Generally,  $T1_{\text{SLP}}$  was not significantly different ( $p > 0.05$ ) from  $T2_{\text{SLP}}$ . However, these values represented significant ( $p < 0.05$ ) alteration in  $T1_{\text{SLP}}$  compared to  $C1_{\text{SLP}}$ . The use of group C2 as reference point

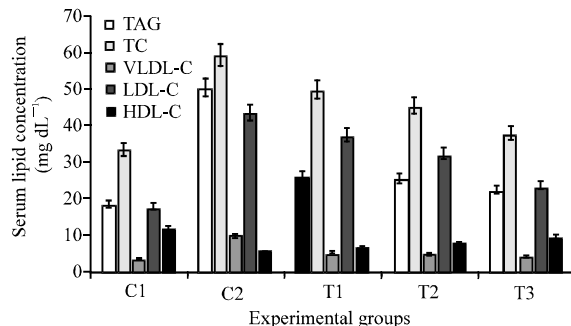


Fig. 1: SLP at t = 76 h of normal and hyperlipidemic rats treated with *A. sativa* extract

Table 2: Atherogenic index at t = 76 h of normal and hyperlipidemic rats treated with *A. sativa* extract

| Groups | C1   | C2   | T1   | T2   | T3   |
|--------|------|------|------|------|------|
| AI     | 0.54 | 7.90 | 2.74 | 2.20 | 1.30 |

Table 3: Effects of *A. sativa* extract on hepatocyte SOD, GPx and CAT activities at t = 76 h

| Groups | Enzyme activity (U mg <sup>-1</sup> protein) |                          |                          |
|--------|--|--------------------------|--------------------------|
|        | SOD  | GPx                      | CAT                      |
| C1     | 0.26±0.05 <sup>a</sup>                       | 14.89±0.04 <sup>a</sup>  | 8.17±0.51 <sup>a</sup>   |
| C2     | 0.98±0.04 <sup>b</sup>                       | 4.90±0.10 <sup>b</sup>   | 4.51±0.31 <sup>b</sup>   |
| T1     | 0.87±0.02 <sup>bc</sup>                      | 6.39±0.14 <sup>bc</sup>  | 5.17±0.34 <sup>bc</sup>  |
| T2     | 0.89±0.05 <sup>bcd</sup>                     | 6.44±0.09 <sup>bcd</sup> | 5.49±0.39 <sup>bcd</sup> |
| T3     | 0.77±0.07 <sup>cde</sup>                     | 7.09±0.08 <sup>bcd</sup> | 5.97±0.31 <sup>bcd</sup> |

Mean (X)±SD of three (n = 3) determinations, Mean in the columns with the same letter are not significantly different at p>0.05 according to LSD

indicated decreased T1<sub>TAG</sub> and T1<sub>VLDL-C</sub> (p<0.05), whereas T1<sub>TC</sub> and T1<sub>LDL-C</sub> (p>0.05) were not significantly different. Furthermore, T1<sub>HDL-C</sub> was not significantly (p>0.05) elevated. Accordingly, T2<sub>SLP</sub> was significantly different (p<0.05) from C2<sub>SLP</sub>. Conversely, T3<sub>SLP</sub> showed no significant difference (p>0.05) from T2<sub>SLP</sub>, except in LDL-C concentration. An overview of Table 2 showed that the AI was in the order: C2 > T1 > T2 > T3 > C1.

Hepatocyte C2<sub>SOD</sub> gave the highest level of enzyme activity, representing 3.77 folds increase in activity compared to C1<sub>SOD</sub> activity (p<0.05). Furthermore, hepatocyte T1<sub>SOD</sub>, T2<sub>SOD</sub> and T3<sub>SOD</sub> exhibited elevated activities, which was significantly different (p<0.05) from C1<sub>SOD</sub> activity. However, hepatocyte T1<sub>SOD</sub> and T2<sub>SOD</sub> activities were reduced compared to C2<sub>SOD</sub> activity (p>0.05). Specifically, T3<sub>SOD</sub> activity gave 0.770±0.07 U mg<sup>-1</sup> protein (Table 3), corresponding to 21.48% reduction in SOD activity compared to C2<sub>SOD</sub> activity. C2<sub>GPx</sub>, T1<sub>GPx</sub>, T2<sub>GPx</sub> and T3<sub>GPx</sub> activities were reduced relative to C1<sub>GPx</sub> activity. GPx showed progressive increase in enzyme activity in the order: T3<sub>GPx</sub> = 7.09±0.08 U mg<sup>-1</sup> protein > T2<sub>GPx</sub> = 6.44±0.09 U mg<sup>-1</sup> protein > T1<sub>GPx</sub> = 6.39±0.14 U mg<sup>-1</sup> protein > C2<sub>GPx</sub> = 4.90±0.10 U mg<sup>-1</sup> protein (Table 3). A cursory look at Table 3 showed that hepatocyte CAT activity of the various experimental groups followed the same pattern as hepatocyte GPx activity. T1<sub>CAT</sub>, T2<sub>CAT</sub> and T3<sub>CAT</sub> activities were reduced compared to C1<sub>CAT</sub> activity (p>0.05). However, levels of activity of T1<sub>CAT</sub>, T2<sub>CAT</sub> and T3<sub>CAT</sub> were not significantly different (p>0.05).

Table 4 showed that hepatocyte level of C2<sub>LPOx</sub> doubled that of C1<sub>LPOx</sub>. However, levels of T1<sub>LPOx</sub>, T2<sub>LPOx</sub> and T3<sub>LPOx</sub> were not significantly different (p>0.05), but with values significantly lower than



Table 4: Effects of *A. sativa* extract on hepatocyte LPOx and GSH levels

| Parameters   | Groups                  |                         |                          |                           |                           |
|--|-------------------------|-------------------------|--------------------------|---------------------------|---------------------------|
|  | C1                      | C2                      | T1                       | T2                        | T3                        |
| [LPOx] nM of TBARS 90 min <sup>-1</sup> mg <sup>-1</sup> protein | 9.31±0.84 <sup>a</sup>  | 18.82±0.65 <sup>b</sup> | 12.16±0.57 <sup>bc</sup> | 11.96±0.63 <sup>bcd</sup> | 10.52±0.77 <sup>bcd</sup> |
| [GSH] µg mg <sup>-1</sup> protein                                | 19.56±0.95 <sup>a</sup> | 6.41±0.11 <sup>b</sup>  | 9.05±0.35 <sup>bc</sup>  | 10.32±0.85 <sup>d</sup>   | 12.78±0.55 <sup>de</sup>  |

Mean (X)±SD of three (n = 3) determinations, Mean in the rows with the same letter are not significantly different at p>0.05 according to LSD

those of C2<sub>LPOx</sub>; p<0.05 and C1<sub>LPOx</sub>; p>0.05. Level of C2<sub>GSH</sub> was relatively lowest, whereas C1<sub>GSH</sub> registered the highest concentration. Table 4 showed progressive increase in levels of hepatocyte GSH in the order: T3<sub>GSH</sub> = 12.78±0.55 µg GSH mg<sup>-1</sup> protein > T2<sub>GSH</sub> = 10.32±0.85 µg GSH mg<sup>-1</sup> protein > T1<sub>GSH</sub> = 9.05±0.35 µg GSH mg<sup>-1</sup> protein, p>0.05.

## DISCUSSION

Short-term administration of CCl<sub>4</sub> to the experimental rats induced hepatocellular damage typified by raised levels of diagnostic liver functional enzymes in serum; γ-GT, ALT and AST (Table 1). The measurement of serum γ-GT, ALT and AST activities as a basis for ascertaining and confirmation of hepatocellular damage and dysfunction have been widely reported (Sugatani *et al.*, 2006; Abdel-Moneim and Ghafeer, 2007; Shaker *et al.*, 2010; Singh *et al.*, 2011; Al-Dosari, 2011). The serum γ-GT, ALT and AST activities in groups T1, T2 and T3 relative to the group C2 was obvious indication of improvement of functional status of rats in groups T1, T2 and T3. The result of the present study confirmed the implication of ROS as promoters of hepatic damage which was indicated by disturbances in antioxidant defense systems and alterations of biopsy oxidative stress indicators. This mechanism by which CCl<sub>4</sub> compromised hepatic functionality and integrity was previously suggested by Shaker *et al.* (2010). They reported that the biotransformation of CCl<sub>4</sub> caused the production of highly unstable free radicals (CCl<sub>3</sub> or CCl<sub>3</sub>O<sub>2</sub>), engendering endoplasmic reticulum lipid peroxidation and cellular damage. Mayes (1983) in another report stated that the short-term hepatotoxic effect of CCl<sub>4</sub> was because of the capability of CCl<sub>4</sub> to inhibit secretory mechanism and conjugation of lipids with apolipoproteins within the hepatocytes and thereby causing fatty liver. In this regard preceding studies have revealed distortions in plasma lipoproteins and lipid profile in animals with induced hepatocellular damage or impairments (Ooi *et al.*, 2005; Jiang *et al.*, 2006; Ramcharran *et al.*, 2011). The reports presented here showed perturbation in SLP patterns in the experimental rats which was in concordance with previous observations. The alterations in SLP were reflections of compromised structural and functional integrity of the hepatocytes. Ooi *et al.* (2005) posited that the low serum level of HDL-C was a reflection of pathologic conditions and could indicate the severity of hepatic dysfunction. The hyperlipidemic ameliorative property of *A. sativa* extract is exemplified by its serum TC, TAG, VLDL-C and LDL-C lowering effect in a dose dependent manner (Fig. 1) in the experimental rat groups (T1 and T2). In similar manner, Lau *et al.* (1983) had demonstrated by the use of both animal and human studies, that components of garlic lowered plasma TC and TAG levels with changes in blood lipoproteins and coagulation parameters. They further posited that their available data suggested that garlic may be of value in either the prevention or treatment of atherosclerotic diseases. In another study, El-Demerdash *et al.* (2005) reported the presence of cysteine derivatives, notably, S-alkyl cysteine sulfoxides in *A. sativa*. They noted that during

extraction these compounds are converted by allinase into thiosulfinates and polysulfides compounds which possess hypocholesterolaemic as well as antidiabetic, antibiotic and fibrinolytic properties.

The pattern of AI of the various experimental groups (Table 2) showed the propensity of hyperlipidemia, occasioned by hepatic dysfunction, to promote atherogenic conditions. Studies have confirmed that hyperlipidemia elicits oxidative stress in organs such as the heart, kidney and liver (Suanarunsawat *et al.*, 2011; Shaker *et al.*, 2010) which plays a major role in the etiology of atherosclerosis, hypertension, diabetes and several degenerative diseases (Vijayakumar *et al.*, 2004; Du *et al.*, 2010). In addition, mechanism generated by ROS cause the oxidation of LDL-C, engendering cytotoxic events in endothelial cells and selective accumulation of modified LDL-C (Torres *et al.*, 1999). This pathologic event is one of the various major contributing and causative factors of atherosclerosis. The present study has shown the capacity of *A. sativa* extract to reverse oxidative stress and hyperlipidemia in the experimental rats (T1 and T2) which was comparable to those treated with the standard hypolipidemic drug-hepaticum (T3). However, the short-term treatments did not provide for the animals, the requisite and anticipated full therapeutic benefits. Likewise, previous authors have reported the therapeutic usefulness of *A. sativa* for the treatment and management of cardiovascular diseases (Mahmoodi *et al.*, 2006), hypertension (Benavides *et al.*, 2007), Alzheimer's disease (Peng *et al.*, 2002), inflammation, thrombosis (Fukao *et al.*, 2007) malignancy (Hsing *et al.*, 2002) fatty liver (Sahebkar, 2011) and as antimicrobial (Gull *et al.*, 2012).

Liver biopsy showed perturbations of enzymatic (SOD, GPx and CAT) and non-enzymatic (LPOx and GSH) oxidative stress indicators of experimental rats (Tables 3 and 4). In agreement with the present findings, Durendic-Brenesel *et al.* (2013) reported increased SOD activity in the liver homogenates of the hyperlipidemic rats (Table 3). The reduced levels of  $C2_{GPx}$  and  $C2_{CAT}$  activities were the effect of raised and overwhelming levels of ROS (El-Demerdash *et al.*, 2005; Avti *et al.*, 2006); ROS has inhibitory effect on ROS scavenging enzymes such as CAT and GPx activities (Hassan and Fridovich, 1978; Avti *et al.*, 2006). Consequently, raised levels of cytotoxic ROS engendered membrane lipid peroxidation with the productions of associated by-products such as malondialdehyde (MDA) and 4-hydroxyalkenals (4HNE) (Shaker *et al.*, 2010; Al-Dosari, 2011; Durendic-Brenesel *et al.*, 2013). Depleting  $C2_{GSH}$  concentration confirmed increased oxidative stress (Surapaneni, 2007; Abdel-Moneim and Ghafeer, 2007) through ROS oxidation of sulfhydryl groups involved in cellular enzymatic cofactor and non-enzymatic reduction pathways. The present investigations showed that administration of *A. sativa* extract caused relief in oxidative stress to the experimental rats as indicated by decreased SOD but increased GPx and CAT activities; decreased LPOx but increased GSH content in groups T1 and T2 compared to group C2 (Tables 3). Equally, oxidative stress indicators showed that short-term administration of *A. sativa* extract did not restore full therapeutic benefits to the experimental rats. However, the capacities of the two experimental doses (200 and 400 mg kg<sup>-1</sup>) of *A. sativa* extract to alleviate oxidative stress were comparable to the standard hepatic drug-hepaticum. Previous studies have shown that Buckwheat (*Fagopyrum esculentum*) (Durendic-Brenesel *et al.*, 2013), *Ocimum sanctum* L. (Suanarunsawat *et al.*, 2011) and Roselle (*Hibiscus sabdariffa* Linn.) (Ochani and D'Mello, 2009) share similar antioxidant phytochemicals with *A. sativa* extract (Ibegbulem and Chikezie, 2013). Accordingly, the presence of phytochemicals such phenolics, tannins and flavonoids in *A. sativa* extract, coupled with high content of antioxidant element-selenium (Banerjee and Maulik, 2002) contributed to the antioxidant property of *A. sativa* extract.

Although the administration of *A. sativa* extract to the rats did not restore full therapeutic benefits within the experimental time (t = 76 h), the capacity of the plant extract to ameliorate oxidative stress and hyperlipidemia in the animals was fairly at par with the standard hepatic drug-hepaticum.

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