ORIGINAL ARTICLE

Ginkgo Biloba Protects Against Carbon Tetrachloride Induced Liver Injury in Albino Rat

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ABSTRACT

Objective: To investigate hepatoprotective effect of Ginkgo biloba aqueous extract (GkB) against carbon tetrachloride (CCl₄) induced liver injury in albino rat model.

Study design: Experimental/Analytical study

Place and Duration: Animal House, Isra University Hyderabad campus, from March to July 2014.

Subjects and Methods: Forty five albino rats were divided into three groups; Group I. controls received 0.9% isotonic saline, Group II. received CCl_4 orally (1.9 mg/kg) mixed in olive oil, and Group III. received the CCl_4 + GkB. Blood samples were collected for liver biochemical assays. The animals were sacrificed, liver tissue, after fixation in 4% formaldehyde, was embedded in paraffin. Tissue sections of 5μ thickness were subjected to haematoxylin and eosin staining and were assessed by light microscopy. The data was analyzed on Statistix 8.1 using one-way analysis of variance using post Hoc testing. A p-value of = 0.05 was taken statistically significant.

Results: The liver biochemical and histological findings reveal statistically significant differences among the controls, CCl₄ and CCl₄+ GkB groups (p=0.0001). Liver enzymes and histology were deranged significantly in CCl₄ group compared to controls and CCl₄+ GkB group (p=0.0001). The CCl₄+ GkB group showed lesser rise in liver enzymes and derangement of liver histology compared to CCl₄ group (p=0.001). The histological findings of congestion, inflammatory cell infiltrate, vacuolar degeneration and necrosis were found more pronounced in CCl₄ group.

Conclusion: The Ginkgo biloba protects against oxidative damages caused by carbon tetrachloride induced liver injury in albino rat.

Key words: Ginkgo biloba, Carbon tetrachloride, Liver injury

INTRODUCTION

Ginkgo biloba (GkB). (Family: Ginkgoaceae), is an important herb medicine, achieving unprecedented popularity over the past decade, and the recognition of the important therapeutic effects shown by this plant. Chemically, the active constituents of GkB leaf

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Associate Professor, Depatment of Biochemistry Al-Tibri Medical College, Isra University, Karachi Campus are mainly (kaempferol, quercitin and isorhamnetin), diterpene lactones namely Ginkgolides A, B, C, M and J and bilobalide, biflavones (ginkgetin, isoginkgetin, bilobetin) and organic acids such as 4-hydroxybenzoic acid, that have presented various pharmacological activities.^{2,3} The extract of GkB leaves have been proved to be an effective antioxidant and found to possess cardioprotective, anti-asthmatic, antidiabetic, and potentiates central nervous system activities, like enhancement of memory, concentration, mental alertness and decrease in mental fatigue. 45 Also, it is used in the management of cerebral insufficiency that occurs during normal aging and treatment of neurological diseases like Alzheimer's, dementia, and other cognitive dysfunctions.6

This extract has been shown several in vivo

effects, including augmentation of blood flow and inhibition of platelet activating factor, it protects the cell membrane against damage induced by free radicals and presents protective effects against myocardial and brain ischemia/reperfusion injury.^{2.7} The herb in addition posses other important pharmacological actions. GkB extract decreased gastric injury caused by ethanol,⁸ protected against chemically induced oxidative injury and fibrosis.⁹ Therefore, the purpose of this study was designed to investigate the protective effect of GkB on carbon tetrachloride injury induced acute liver injury in rats.

MATERIAL AND METHODS

The present experimental study included forty five albino rats at animal house of Isra University from March to July 2014. Albino male rats of 250-300 grams were included while female rats and rats weighing <250 grams or >300 grams were excluded from the study. The Animals were housed in animal house at an optimal room temperature with 55-60% humidity and exposed to 12 hour light-dark cycles. The chaw like fresh alfalfa and clean water are provided freely.

Experimental animals:

Forty-five albino rats were purchased and housed at Isra University animal house. Animals were housed in plastic cages, fed on standard casein diet and given tap water ad libitum. All rats were handled in accordance with the standard guide for the care and use of laboratory animals. Experimental animals were divided into following groups:

Group I. (n=15) Rats received 0.9% isotonic saline orally on alternate day for three successive weeks and served as control group,

Group II. (n=15) Rats were given CCl₄ orally mixed in olive oil for three successive weeks. Group III. (n=15) Rats received 12% concentrated prune juice extract (GkB) + CCl₄ for three successive weeks.

Drugs and chemicals:

Carbon tetrachloride was purchased from scientific drug store (Sigma Chemical Co. St. Louis, MO, USA). Carboxymethyl cellulose,

Thiobarbituric acid, 1,1,3,3-tetramethoxy-propane, trichloroacetic acid, and diethyl ether were obtained from Sigma-Aldrich (USA). Chemical Kits were obtained from Biodiagnostic Co. Pakistan. All chemicals used were analytical grade of the highest laboratory purity.

Preparation of Aqueous Extract of G. Biloba

GkB leaves (100 gm dried powder) were soaked in 1 liter boiling distilled water. After 2 hours it homogenized in the same distilled water, stirred by using magnetic stirrer at 40° C for 1 hour, then filtered through a two-layer of cheese cloth. The residue was re-extracted with fresh boiling distilled water by the same way. The later aqueous extract was added to the first one. This combined aqueous extract was condensed in rotary evaporator under vacuum then lyophilized and stored at 4 °C until further use according to as referenced. Lyophilization was conducted by using Freeze-Dryer Lyophilizer Heidolph (Dura-Top-Digital Programmer Bulk Tray Dryer FTS-Systems, Dura-Dry MP, Egyptian Canadian Co. Laborota, 4000 efficient, 90 rpm). 100 gm of G. biloba L. leaves yielded 17.561 gm extract.

Induction of Hepatotoxicity with CCl4:

Animals were injected intraperitoneally (i.p) with CCl₄ (1mL/kg b.w., 1:1 v/v mixture of CCl₄ and liquid paraffin) every 72 h for 14 days according to as referenced¹⁰.

Blood Collection and Serum Separation:

Twenty four hours after the end of experimental period, blood samples were collected from peripheral veins. Sera were separated by centrifugation at 300xs for ten minutes. Serum samples were used to determine liver enzymes.

Animal Sacrifice:

The animals were sacrificed by over-dose of Ketamine and Xylazil as described by Nayak et al. (2006)¹¹ and liver was removed promptly for histological study.

Liver enzyme assays were used for determining of alanine transaminase (ALT), aspartate transaminase (AST), alkaline phophatase

(ALP) and lactate dehyderogenase (LDH) using commercially available diagnostic kits.

Each sample of liver obtained was washed in normal saline and tissues were fixed in previously marked containers, containing 10% formaldehyde as preservative. The tissues were embedded in paraffin, cut into 5 um thick sections and stained with Hematoxylin-Eosin (H & E) and Masson's trichrome staining for histological examination. The histological criteria included vacuolar degeneration, inflammatory cell infiltrate, congestion and necrosis. The histological parameters were graded as follows;

- 0 = no abnormal findings,
- += mild injury,
- ++= moderate injury
- +++= severe injury. 12

The data was analyzed on Statistix 8.1 (USA). The continues variables were presented as mean±SD and range. The categorical variables were analyzed by Chi-square test. While the continues variables among and between groups were calculated by one-way analysis of variance (one-way ANOVA) and post hoc Tukey's HSD testing. A p-value of = 0.5 was taken statistically significant.

RESULT

In present study, we observed major differences in liver enzyme assays among groups. The ALT, AST, ALP and LDH in serum of Rats treated with carbon tetrachloride were found

elevated compared with control group after three weeks, with a highly significant p-value for all variables (p=0.001) The CCl₄+ GkB group showed a significant reduction in the liver enzymes compared with the CCl₄ group (p=0.001) and control group (p=0.001). The GkB when mixed with CCl₄ showed significant reduction in the liver enzyme elevation in blood sera. The finding shows significant hepatoprotection by the GkB in CCl₄ induced injury. The liver enzyme assays among different groups are shown in table 1.

Different parameters of histological score of liver injury are shown in Table. II. The Liver sections from control group showed intact central portal venules and compact hepatocytes arrangement. Normal looking hepatocytes with prominent nucleus, nucleolus and well preserved cytoplasm were seen in control group. (Figure. 1). The CCl₄ group showed derangement of hepatocytes cords, hydropic changes with congestion of central venules and sinusoids, and abundant inflammatory cell infiltration (Figure.2). The centrilobular hepatocytes showed hydropic changes and necrosis, while midzonal and peripheral hepatocytes showed vacuolar degeneration and fatty changes in CCl4 group. (Figure.3.). In CCl₄+ GkB animals, liver tissue sections revealed least derangement of hepatocytes cords, hepatocytes damage and necrosis was limited compared with CCl, group.

Table-1. Liver Enzyme Levels in Controls, *CCl₄ & CCl₄ + GkB† Extract Groups

Groups	ALT (IU/l)	AST (IU/L)	LDH (IU/L)	ALP (IU/L)
Group. I (Controls)	48.7 <u>+</u> 3.29	92.1 <u>+</u> 15.91	713.5 <u>+</u> 47.8	95.5 <u>+</u> 7.98
Group. II (*CCI ₄)	185.7 <u>+</u> 10.97	493.7 <u>+</u> 19.9	2768.9±137.6	171.1 <u>+</u> 7.02
Group. III (*CCI ₄ + GkB†)	88.9 <u>±</u> 16.98	169.9 <u>+</u> 20.3	2148.6 <u>+</u> 141.3	135.8 <u>+</u> 17.5

^{*}Carbon Tetrachloride

† Ginko Biloba

Table-2. Histology of Liver Injury of Controls, *CCI4 & CCI4 + GkB† Extract Groups

Groups	Congestion	Inflammation cell markers	Vacuolar Degeneration	Necrosis
Group. I (Controls)	0	0	0	0
Group. II (*CCI ₄)	++++	++++	++++	++++
Group. III (*CCI ₄ + GkB†)	++	++	++	++

*Carbon Tetrachloride

† Ginko Biloba

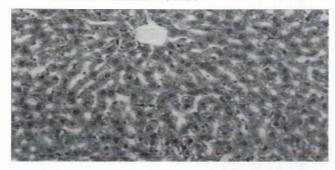


Figure.1.Liver slide of control group shows normal looking hepatocytes arranged in cords. Central vein is shown separated by sinusoids

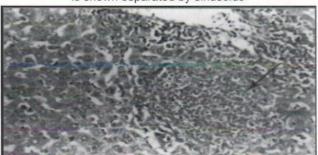


Figure.2. CCI₄ group showing hydropic degeneration, inflammatory cell infiltrate & necrosis

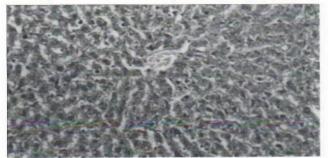


Figure.3. Ginkgo extract & carbon tetrachloride group showing normal hepatocyte arranged in cords with congested sinusoids, and few lymphocytic infiltrations

Discussion

In the present study, GkB was evaluated for the hepatoprotective activity using CCl, induced acute hepatotoxicity in rats. The Hukkeri proved elevation in the plasma level of cytoplasmic and mitochondrial enzymes due to liver injury induced by CCl₄ in animal models.¹³ Increased blood levels of liver enzymes indicate rupture of the cell membrane and damage of hepatocytes sufficient to release cytoplasmic enzymes into blood circulation. 14 In the present study, damage of liver caused by CCl, was evident by the rise in serum marker enzymes beside the histological changes in liver tissue. Administration of CCl₄ significantly increased the serum levels of liver enzymes; AST, ALT, ALP and LDH, which are indices of liver cell damage and leakage of enzymes from cells. 15,16 It is reported that rise in ALT is almost always due to hepatocellular damage; accompanied by rise in AST and ALP.17 The carbon tetrachloride is found to produce free radicals, which affect cellular permeability of hepatocytes leading to elevated levels of liver enzymes."

In this study, results showed that rats group intoxicated with CCl₄ revealed significant reduction in body weight compared to control group. These results were in agreement with previous studies. Pretreatment of rats with GbE showed a significant increase in weight gain percent, and food intake as compared to CCl₄ intoxicated group. These findings suggested that the extract administration has significantly neutralized the toxic effects of CCl₄ and helped regeneration of hepatocytes. These observations were in perfect conformity to previous study. Guo et al. reported that pretreatment with Ginkgo leaf extract significantly suppressed the

effect of CCl₄. These results indicate that GbE is a potent hepatoprotective agent against CCl₄induced liver injury. On the other hand, oral administration of GbE induced slightly increase in weight gain percent, and food intake as compared to control group, this confirmed its safe use and agree with Dias et al. 23 who found no significant alterations in body weight gain or food consumption associated with G. biloba extract ingestion. In the present study, following injection of CCl₄ serum ALT, AST and ALP activities have dramatically significant elevation when compared to control group. These results were consistent with those studies where ALT, AST and ALP activities were significantly increased following CCl₄ injection. ^{24,25} Elevated levels of serum liver marker enzymes are indicative of cellular leakage and loss of functional integrity of cellular membrane in liver²⁶, since ALT is thought to be one of the indices of the degree of cell membrane damage and ALT is an indicator for mitochondrial damage; mitochondria contain 80% of this enzyme. This effect of CCl, may be attributed to hepatocellular necrosis or membrane damage leads to very high levels of serum transaminases (ALT and AST) released from liver to circulation²⁷. Serum ALP level on the other hand, is related to the function of hepatic cell, the increase in ALP serum level is due to increase its synthesis, in the presence of increased biliary pressure28. There were significant restorations of these enzymes level by pretreatment with GbE. The reversal of increased serum ALP enzymes in CCl₄-induced liver damage by the extract may be due to the prevention of the leakage of intracellular enzymes by its membrane stabilizing activity. This is in agreement with the commonly accepted view that serum levels of transaminases return to normal with the healing of hepatic parenchyma and the regeneration of hepatocytes²⁹. Hepatoprotective activity may be due to presence of compounds in this extract with high antioxidant capacity. Studies have shown that flavonoid (ginkgo-flavone glycosides) and terpenoid (ginkgolides and bilobalides) are the most important active substances in the G. biloba extract which have antioxidant effect³⁰.

This agrees with previous studies also. 30,31 The liver is known to play a significant role in the serum protein synthesis, being the source of plasma albumin and fibrinogen and also the other important components like α and β -globulin. The metabolic biotransformation of amino acid in liver by synthesis, transamination, etc., may be impaired due to the escape of both non-proteins and protein nitrogenous substances from injured cells as mediated by a rise in the serum enzyme activities of AST, ALT and ALP. The reduction in the TP is attributed to the initial damage produced and localized in the endoplasmic reticulum which results in the loss of cytochrome P-450 enzymes leading to its functional failure with a decrease in protein synthesis and accumulation of triglycerides leading to fatty liver.³² Pretreatment with GbE enhanced the synthesis of TP which accelerates the regeneration process and the protection of liver cells that is clearly demonstrated in the present study. Therefore, the increased level of TP in serum indicates the hepatoprotective activity. Moreover, Zhang et al.⁷ reported that GbE has a protective effect on hepatic endothelial cells and hepatic microcirculation in rats with chronic liver injury induced by CCl₄, the mechanisms may involve its inhibition on plateletactivating factor and lipid peroxidation. Treatment with GkB significantly reduced effects of carbon tetrachloride induced hepatocellular damage and it was evidenced by the decreased level of liver enzymes and restoration of hepatocellular architecture. The findings are consistent with our current work. The present study reveals that GkB has hepatoprotective potential against oxidative damages caused by carbon tetrachloride. The GkB may be used as an effective protector against chemical induced liver damages.

CONCULSION

The present study concludes that Ginkgo biloba shows hepatoprotective potential against oxidative damages caused by carbon tetrachloride. Ginkgo biloba may be used as an effective protector against chemical induced liver damages.

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