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Keywords Terminalia arjuna - Commiphoramukul - Super oxide dismutase - Nitric oxide

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# Anti-hyperlipidemic and Antioxidant Activities of a Combination of Terminalia Arjuna and Commiphora Mukul on Experimental Animals



Jhakeshwar Prasad, Ashish Kumar Netam, Trilochan Satapathy, S. Prakash Rao, and Parag Jain

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AQ1

**Keywords** Terminalia arjuna · Commiphoramukul · Super oxide dismutase · Nitric oxide

## 1 Introduction

Higher amount of lipids or fats in the blood is characterized as hyperlipidemia. It is a family disorder in which fatty contents get increased abnormally. However, increased amount of fats increases the risk of coronary heart disease (CHD) and also plays role in body's metabolic processes. Individual's diet also shows impact on

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1

26 hyperlipidemia; high cholesterol diet and food containing more saturated fats lead to  
27 increased blood cholesterol, and triglycerides levels. Other disorders, such as diabetes  
28 mellitus, kidney disease, and hypothyroidism, may promote hypertriglyceridemia  
29 (Fronzo and Ferrannini 1991). Most people who have hyperlipidemia also having  
30 relevant other complications such as diabetes, high cholesterol and have difficulty  
31 in managing all three conditions at a time. Hence combination therapies of more  
32 than two or three drugs are prescribed by physicians or clinicians those in turn  
33 produce severe adverse effects. Calcium channel blockers (CCBs) are one of the most  
34 potentially lethal prescriptions, which may worsen hyperlipidemia if administered  
35 excessively (Saeed and Larik 2017).

36 Frequent administration of CCBs may cause rapid fall in blood pressure, decreased  
37 heart rate, and cardiac arrest. However, overdoses of sustained-release formula-  
38 tions result in delayed onset of dysrhythmias, shock, sudden cardiac collapse, and  
39 bowel ischemia. Among the anti diabetic agents, Di-Peptidyl Peptidase-IV (DPP-IV)  
40 inhibitors are drug of choice for treatment of Type-II diabetes and recent research  
41 revealed that, long term administration of DPP-IV inhibitors at their therapeutic doses  
42 also causes pancreatic cancers. Herbal drug had been used since ancient times for  
43 welfare of the mankind and several research have been done to identify the active  
44 compound responsible for therapeutic activity. The active components of plants when  
45 taken together may give synergistic effect, when they have co-administered for the  
46 treatment of multifactorial disorders such as diabetes associated with hypertension  
47 and dyslipidemia. Terminalia Arjuna(TA) is a wild herb containing various chem-  
48 ical constituents. Among these arjunetin and arjunosides acts as a major constituent  
49 already been reported for having affinity for Na<sup>+</sup> - K<sup>+</sup> ATPase Pump. (Urizar and  
50 Moore 2003) Commiphoramukul (CM) also reported for having antihyperlipidemic  
51 activity. The objective of this present research work is to evaluate the affinity of  
52 Terminalia arjuna for Na<sup>+</sup> - K<sup>+</sup> ATPase Pump blocking effect which in turn may  
53 be useful as an antihypertensive agent. When more than two drugs are administered  
54 at a time there may be a chance of drug interactions. Hence, toxicity studies need  
55 to be carried out for these combination therapies and to achieve better therapeutic  
56 response of Terminalia arjuna and Commiphora mukul standardized extract at their  
57 predetermined ratio for their synergistic effect in the treatment of high fat diet induced  
58 hyperlipidemia using experimental animals in Rats (Dobrian et al. (2000).

## 59 2 Materials and Methods

### 60 2.1 Drug and Chemical Reagents

61 Terminalia Arjuna and Commiphoramukul dried extracts were received as a gift  
62 sample from SUNPURE Pvt. Ltd New Delhi (India). Carboxy methyl cellu-  
63 lose (0.5–5%) was purchased from LOBA Chemie Pvt. Ltd. Mumbai. Atorvas-  
64 tatin was procured from Sun Pharmaceuticals Pvt. Ltd. Mumbai, Maharashtra,

(India). Halothane was purchased from Korten Pharmaceutical Pvt. Ltd. Shanti-Sthal, Shirgaon-Palghar, Thane-Mumbai (India), and Formaldehyde was purchased from Merck Life Science Pvt. Ltd., Vikroli East, Mumbai, Maharashtra. All other chemicals used was of highest analytical grade-commercially available.

**Experimental Animals.** Healthy adult Male Albino Wistar rats weighing 180–200 gm were obtained from the Animal House Facility of Columbia Institute of Pharmacy, Raipur, Chhattisgarh, (India) having certificate number CIP/IAEC/2017/103 and Regd. No.1321/PO/ReBi/S/10/CPCSEA. The animals were kept and maintained under controlled environmental conditions with temperature ( $23 \pm 2$  °C), relative humidity (40–50%), and 12/12 h light/dark cycle. The animals received a standard pellet diet (Hindustan lever limited, India) and water ad libitum. The animals used in the present study were cared as per the principles and guidelines of Institutional Animal Ethics Committee (IAEC), and in accordance with the CPCSEA, New Delhi, India. The animals were acclimatized to laboratory conditions for at least seven days before initiation of the experiment.

**Acute Toxicity.** The acute toxicity was evaluated as per OECD guideline-423. Animals were received dose of Terminalia arjuna along with Commiphora mukul 250 mg/kg body weight orally administered by using an oral feeding needle after short fasting period. The general behavior of the animals was continuously monitored for 30 min, 1, 2, and 3 h after dosing, periodically during the first 24 h (with special attention given during the first 4 h) and then daily observed for 14 days.

**Experimental Study.** The experiment was carried out on animals (albino Wistar rats) to determine therapeutic effectiveness of combination study. In this experiment rats of either gender were randomly divided into four groups. Each group consists of five animals either gender ( $n = 5$ ). All the animals were administered high fat diet for induction of hyperlipidemia (Table 1).

**Induction of hyperlipidemia in rats.** Hyperlipidemia was induced by feeding rats on diet rich in fats. It was prepared by mixing India Vanaspati ghee and coconut oil (3:1, v/v). This diet was given per-oral to rats at a dose of 3 ml/kg body weight daily (Munshi et al. 2014).

**Table 1** Allocation of animals into various groups for therapeutic effectiveness study

Groups	Treatment	Doses
1	Control group	Drinking water (Oral)
2	Toxic group	High fat diet (3 ml/kg)
3	Standard drug (Atorvastatin)	10 mg/kg
4	Test group [CM+ TA (50:50)]	500/kg/body weight (Oral)

95 **Hematological Study.** The blood was collected with EDTA anticoagulant through  
96 retro orbital puncture for biochemical estimation. The evaluated blood param-  
97 eters were red blood cell count (RBC), blood hemoglobin concentration, basophil,  
98 eosinophil and neutrophil granulocytes, lymphocytes, and monocytes, hematocrit  
99 value, mean corpuscular volume (MCV), mean corpuscular hemoglobin (MCH),  
100 mean corpuscular hemoglobin concentration (MCHC), white blood cell (WBC), and  
101 platelet counts.

## 102 2.2 Biochemical Estimation of Antioxidants

103 **Superoxide Dismutase (SOD) Assay.** The assay was performed by the production  
104 of superoxide from oxygen molecule using reduced b-nicotinamide adenine dinu-  
105 cleotide (NADH) as a reductant and phenazine methosulphate (PMS) as a catalyst.  
106 Nitrobluetetrazolium (NBT) was used as an indicator that turned blue when reduced  
107 by superoxide. Change in color was monitored spectrophotometrically in the visible  
108 range at 560 nm. While adding test drug to the reaction; the antioxidants (superoxide  
109 scavengers) competed with NBT to react with superoxide. The percent inhibition of  
110 NBT reduction was used to quantify superoxide-scavenging.

111 *Procedure.* 10% w/v tissue homogenate in 0.15 M TrisHCl or, 0.1 M phosphate  
112 buffer was prepared and centrifuged at 15,000 rpm for 15 min at 4 °C. The supernatant  
113 (0.1 ml) was taken and considered it as sample. Then 0.1 ml sample + 1.2 ml sodium  
114 pyrophosphate buffer (pH 8.3, 0.052 M) + 0.1 ml phenazinemethosulphate (186 µM)  
115 + 0.3 ml of 300 µM Nitrobluetetrazolium + 0.2 ml NADH (750 µM) were mixed  
116 and incubated at 30 °C for 90 s followed by addition of 0.1 ml glacial acetic acid.  
117 This was then stirred with 4.0 ml n-butanol and allowed to stand for 10 min followed  
118 by centrifugation, and butanol layer was separate. The Optical Density (OD) of the  
119 rest of the sample was measured at 560 nm by taking butanol as blank (Paoletti et al.  
120 1986; Sapakal et al. 2008).

121 **Nitric Oxide Estimation.** Nitric oxide is produced due to oxidative stress occurring  
122 in the brain. The assay was performed by taking 100 µl of serum sample in a test  
123 tube and added 400 µl of carbonate buffer (pH 9.0) followed by addition of copper  
124 cadmium alloy fillings (0.15 g). The reaction was stopped by addition of sodium  
125 hydroxide (100 µl of 0.35 M) and zinc sulphate solution (400 µl of 120 mM) under  
126 vortex mixing. Then the solution was allowed to stand for 10 min and centrifuged  
127 at 4000 rpm for 10 min. The clear supernatant solution (500 µl) was transferred to  
128 another test tube in which 500 µl of Griess reagent was added. The absorbance was  
129 noted spectrophotometrically at 548 nm. A standard curve (1–100 µM) was plotted  
130 using sodium nitrite to calculate the concentration of nitrite (Griess Reagent Kit;  
131 Sastry et al. 2002).

132 *Procedure.* Mix the following in a spectrophotometer cuvette (1 cm pathlength) i.e.,  
133 100 µL of Griess reagent, 300 µL of the nitrite-containing sample and 2.6 mL of  
134 deionized water. Then incubated the mixture for 30 min at room temperature. A

135 photometric reference sample was prepared by mixing 100  $\mu$ L of Griess reagent and  
136 2.9 ml of deionized water. Measured the absorbance of the nitrite-containing sample  
137 at 548 nm relative to the reference sample. Absorbance readings were converted to  
138 nitrite concentrations as described in calibration.

139 **Histopathological Examination.** The animals were anaesthetized with halothane  
140 and blood was collected by retro orbital puncture for biochemical estimation. The  
141 animals were again anaesthetized by using excess halothane and sacrificed by cervical  
142 dislocation method. The abdominal portions were cut opened and heart was dissected  
143 out. The Heart was removed immediately and transferred into 10% formalin solution  
144 for routine histopathological examination. The samples were taken from the sections  
145 of rat heart tissue with highest macroscopic damage. The heart tissue specimen from  
146 each animal was removed and fixed in 10% formalin solution then cut into 5  $\mu$ m  
147 thickness, stained using hematoxylin eosin for the histopathological examination.  
148 They were made using a rotary microtome, 5  $\mu$ m thickness sections were cut from  
149 the tissue samples embedded in paraffin and placed on standard glass slides. The  
150 paraffin was melted with a period of approx 12 h in an incubator at 58 °C. The  
151 samples were then stained with haematoxyline and eosin (H&E) according to the  
152 protocol. Qualitative analyses were performed on 400 $\times$  magnified images.

### 153 3 Results

#### 154 3.1 *The Effect of Terminalia Arjuna Along* 155 *with Commiphora Mukul on Behavioral Changes*

156 The results of oral acute toxicity study indicated minor behavioral changes and no  
157 mortality observed in animals through the 3-days period following single oral admin-  
158 istration at all selected dose levels of the Terminalia arjuna along with Commiphora  
159 mukul (Table 2 and Fig. 1).

#### 160 3.2 *The Effect of Terminalia Arjuna Along* 161 *with Commiphora Mukul on Hematological Changes*

162 See Table 3.

**Table 2** Effect of Terminalia arjuna along with Commiphora mukul on lipid profile level in Albino Wistar rats

Parameters	Duration	Sex	Control	Toxic group	Standard	Test
TGL (mg/dL)	0 Day	M	62.5 ± 0.26	78.4 ± 0.22	63 ± 0.34	60.6 ± 0.33
		F	63.4 ± 0.36	77.3 ± 0.20	64 ± 0.32	59.4 ± 0.37
	10th Day	M	75.5 ± 0.23	89 ± 0.21	87.9 ± 0.24	73 ± 0.25
		F	76.6 ± 0.34	88 ± 0.19	88.7 ± 0.27	72 ± 0.28
CHO (mg/dL)	0 Day	M	53 ± 0.23	74 ± 0.25	57.2 ± 0.34	51.5 ± 0.36
		F	54 ± 0.25	73 ± 0.24	58.5 ± 0.32	50.4 ± 0.34
	10th Day	M	56.2 ± 0.34	71 ± 0.31	70.1 ± 0.33	54.5 ± 0.23
		F	57.2 ± 0.37	70 ± 0.30	71.3 ± 0.35	53.3 ± 0.25
HDL (mg/dL)	0 Day	M	11.4 ± 0.25	3 ± 0.27	11.5 ± 0.22	12.3 ± 0.33
		F	12.3 ± 0.34	2 ± 0.25	12.2 ± 0.20	12.7 ± 0.2
	10th Day	M	13 ± 0.23	4 ± 0.21	18.3 ± 0.31	17.5 ± 0.27
		F	14 ± 0.34	3 ± 0.20	19.4 ± 0.33	18.4 ± 0.25
LDL (mg/dL)	0 Day	M	23.6 ± 0.32	37 ± 0.30	22.5 ± 0.24	23.8 ± 0.21
		F	24.5 ± 0.31	36 ± 0.28	23.3 ± 0.25	24.3 ± 0.23
	10th Day	M	28.9 ± 0.25	26.7 ± 0.23	34.8 ± 0.32	44.8 ± 0.34
		F	29.7 ± 0.27	25.5 ± 0.21	35.5 ± 0.33	45.7 ± 0.32
VLDL(mg/dL)	0 Day	M	15.2 ± 0.31	28 ± 0.29	15.7 ± 0.25	14.4 ± 0.31
		F	14.5 ± 0.33	27 ± 0.27	16.5 ± 0.23	13.2 ± 0.33
	10th Day	M	15.8 ± 0.21	13.7 ± 0.19	17.9 ± 0.33	18.5 ± 0.34
		F	16.6 ± 0.24	12.6 ± 0.17	18.7 ± 0.31	17.7 ± 0.32

Mean ± SEM (n = 5)

Triglycerides (TGL), Cholesterol (CHO), High density lipoprotein (HDL) Low density lipoprotein(LDL), Very-low-density lipoprotein (VLDL)

### 163 3.3 Biochemical Parameters Studies

#### 164 Superoxide Dismutase Assay

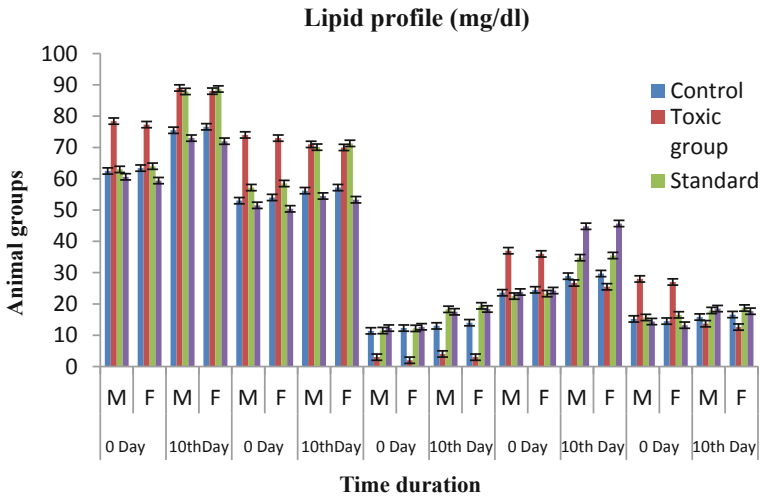
165 See Table 4 and Fig. 2.

#### 166 Nitric Oxide (NO) Assay

167 See Table 5 and Figs. 3 and 4.

168 **Histopathological Examination of Heart.** Animal organ (Heart) histopathology  
169 report is shown below (Plates 1, 2, 3, 4, 5 and 6).





**Fig. 1** Graph showing the effect of various treatments on lipid profile in different group of animals. All values are reported as Mean  $\pm$  SEM (n = 5)

## 4 Discussion

Hyperlipidemia is a multifactorial disorder involving interactions among environmental, vascular, neuroendocrine, and genetic factors. The prevalence of hyperlipidemia is increasing in India as well as all over the world. Apart from these, the other cause include is more complex i.e., association of type-2 diabetes mellitus as well as obesity. Those are polygenic factors. This complexity makes it difficult to diagnose the disorder properly that make the researchers to look major contributions toward the developments of new drug/new entity for effective treatment. As the drugs available in the market for the treatment of hyperlipidemia associated with diabetes are limited, many patients need the combination therapy of anti-lipidemics that in turn causes various side effects. Hence the herbal therapy has come into existence.

*Terminalia arjuna* has traditionally been used for the treatment of various heart disorders for more than centuries. It improves cardiac muscle function subsequently improving pumping activity of the heart. Among the active constituent present in the *Terminalia arjuna* the saponin glycoside thought to be responsible for the ionotropic effect while flavonoids and oligomeric proanthocyanidins (OPCs) provide free radicals antioxidant activity. In other way *Commiphora mukul* an oleo gum-resin has been used as medications since Vedic period for the effective treatment of number of vascular disorders such as atherosclerosis, hypercholesterolemia, obesity, etc., but the scientific evidence for the combination of these two (*Terminalia arjuna* and *Commiphora mukul*) has not been established till yet. So this present study has been undertaken to evaluate the safety and effectiveness of both the drug at their

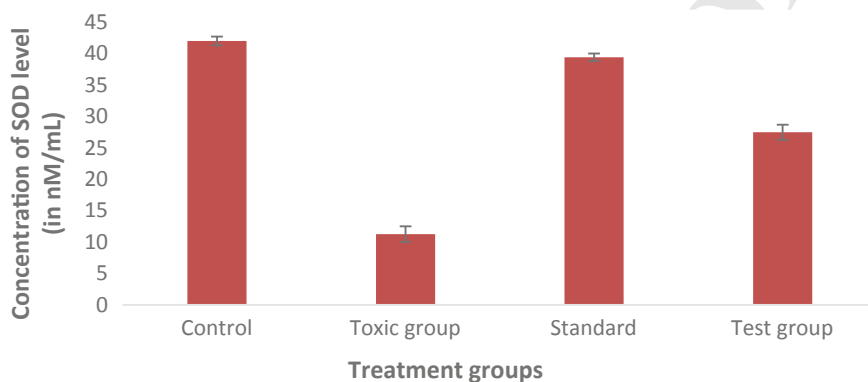
**Table 3** Effect of combination therapy on hematological data of various groups of animal

S. no.	Particulars	Sex	Control Group	Toxic Group	Standard group	Test Group
1	Hemoglobin (gm%)	M	16.22 ± 0.08	5.21 ± 0.04	15.3 ± 0.07*	11.28 ± 0.10*
		F	15.26 ± 0.107	4.20 ± 0.03	14.46 ± 0.120*	10.4 ± 0.141
2	Total WBC Count (cmm)	M	4280 ± 37.41	1120 ± 31.21	4030 ± 50.99	5060 ± 143*
		F	4100 ± 70.710	1090 ± 29.19	3880 ± 135.64	5010 ± 86.023*
3	Neutrophils (%)	M	61.4 ± 0.50	24 ± 0.39	58.8 ± 0.8	57.2 ± 0.8
		F	59.4 ± 0.748	23 ± 0.37	57.4 ± 0.927	56.2 ± 0.8
4	Lymphocytes (%)	M	33.8 ± 0.37	15 ± 0.35	31.6 ± 0.50	30 ± 0.70*
		F	32 ± 0.707	14 ± 0.32	30.6 ± 0.927	28.2 ± 0.860
5	Eosinophils (%)	M	6.2 ± 0.37	2 ± 0.31	4.4 ± 0.50	3.4 ± 0.87
		F	4.6 ± 0.509	1 ± 0.30	3 ± 0.707	3.1 ± 0.860
6	Monocytes (%)	M	03 ± 00	0.3 ± 0.25	02 ± 0.70	02. ± 0.45
		F	02 ± 00	0.2 ± 0.23	01 ± 0.583	0.1 ± 0.43
7	Basophiles (%)	M	00 ± 00	00 ± 00	00 ± 00	00 ± 00
		F	00 ± 00	00 ± 00	00 ± 00	00 ± 00
8	RBC Count (%)	M	8.302 ± 0.00	1.3 ± 0.27	6.766 ± 0.00	5.694 ± 0.03
		F	7.286 ± 0.012	1.1 ± 0.24	5.73 ± 0.010	4.75 ± 0.014
9	Platelet Count (%)	M	3.728 ± 0.00	0.2 ± 0.00	2.354 ± 0.00	2.174 ± 0.01
		F	2.726 ± 0.009	0.1 ± 0.01	1.33 ± 0.010	1.34 ± 0.018
10	Mean Platelet Value (Million/cmm)	M	10.28 ± 0.09	1.65 ± 0.07	8.722 ± 0.15	8.502 ± 0.14
		F	9.38 ± 0.106	1.35 ± 0.05	7.56 ± 0.107	7.46 ± 0.145
11	Packed Cell Volume (Million/cmm)	M	41.74 ± 0.05	21 ± 0.03	39.24 ± 0.09*	37.36 ± 0.10
		F	40.42 ± 0.106	20 ± 0.01	38.5 ± 0.141*	36.6 ± 0.114
12	Mean Corpuscular Volume (Cu micron)	M	50.548 ± 0.00	14 ± 0.04	48.57 ± 0.00	57.584 ± 0.00
		F	47.76 ± 1.788	13 ± 0.02	47.5 ± 0.141	56.55 ± 0.014
13	Mean Corpuscular Hemoglobin (Pictograms)	M	19.28 ± 0.06	2.65 ± 0.07	17.602 ± 0.00*	16.742 ± 0.00*
		F	18.42 ± 0.106	1.58 ± 0.05	16.54 ± 0.012	15.74 ± 0.014
14	Mean Corpuscular Hemoglobin Con. (mg/dl)	M	38.174 ± 0.00	14 ± 0.09	36.4 ± 0.50	35.29 ± 0.00*
		F	37.18 ± 0.012	13 ± 0.07	35.2 ± 0.860	34.75 ± 0.018
15	Red Cell Distribution Width (%)	M	15.62 ± 0.05	5 ± 0.04	13.64 ± 0.05	11.36 ± 0.10*
		F	14.36 ± 0.107	4 ± 0.02	12.5 ± 0.141*	10.5 ± 0.141

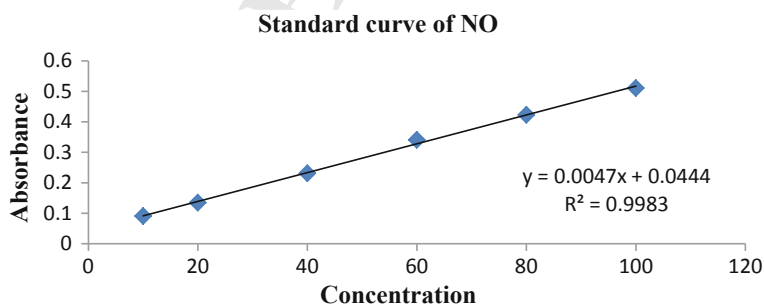
Mean ± SEM (n = 5), P = < 0.005 (\*)

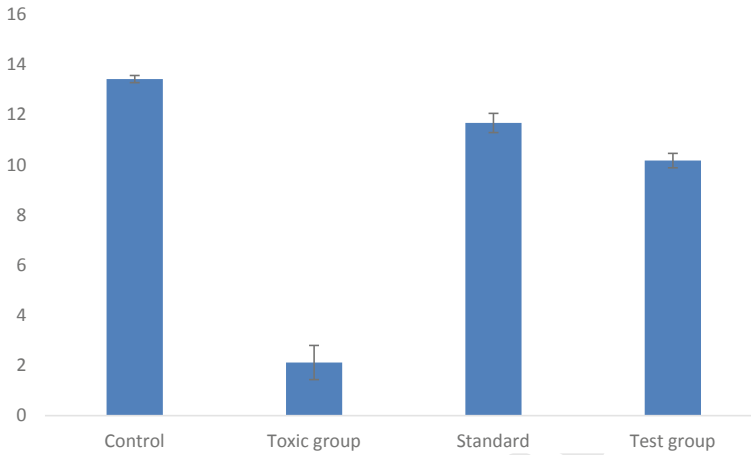
**Table 4** Superoxide dismutase levels in different groups of animal

S. no.	Groups	SOD level
1	Control	42.00 ± 0.690
2	Toxic group	11.25 ± 1.24
3	Standard	39.41 ± 0.597
4	Test group	27.47 ± 1.194

**Fig. 2** Graph showing the SOD levels in homogenized heart tissue of different groups of animal**Table 5** Nitric oxide levels in different groups of animal

S. no.	Groups	NO level
1	Control	13.42 ± 0.144
2	Toxic group	2.12 ± 0.683
3	Standard	11.67 ± 0.382
4	Test group	10.17 ± 0.289

**Fig. 3** Graphical representation of standard curve of NO (Nitric Oxide)



**Fig. 4** Graph showing the levels of NO homogenized heart tissue of different groups of animal

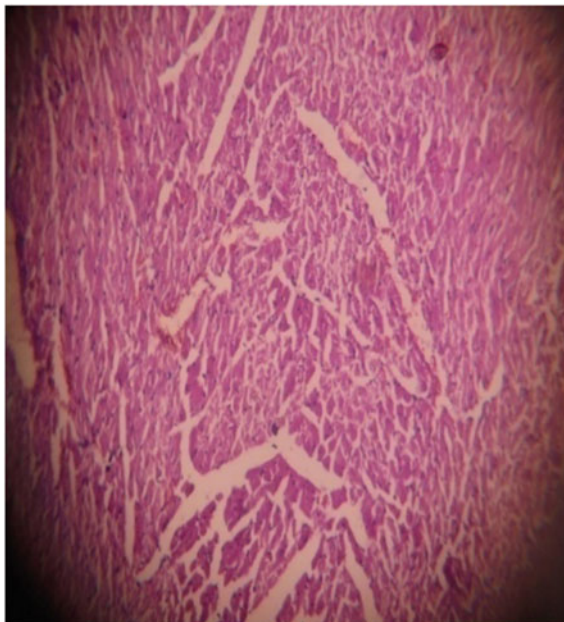
**Plate no. 1** Sample preparation of heart control group



192 predetermined dose level ratio by using high cholesterol diet hyperlipidemia in rat  
193 model.

194 The oral acute toxicity study for combination of both drugs in rats was carried out.  
195 The results for the acute toxicity study indicated that, there were no morbidity and  
196 mortality in animals of all the groups. The combination of drugs exhibited decreased  
197 level of TGL, CHO, LDL, and VLDL but increased level of HDL. Thus, representing

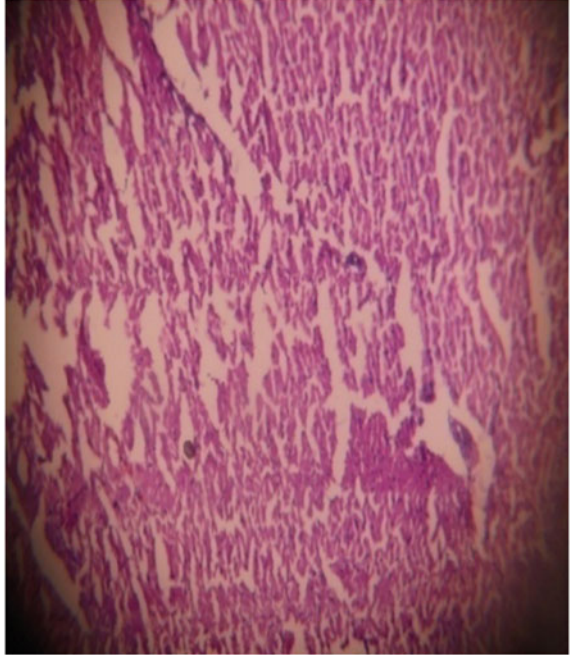
**Plate no. 2** Effect of vehicle on histopathological changes of heart tissue in control group



**Plate no. 3** Sample preparation of heart test group



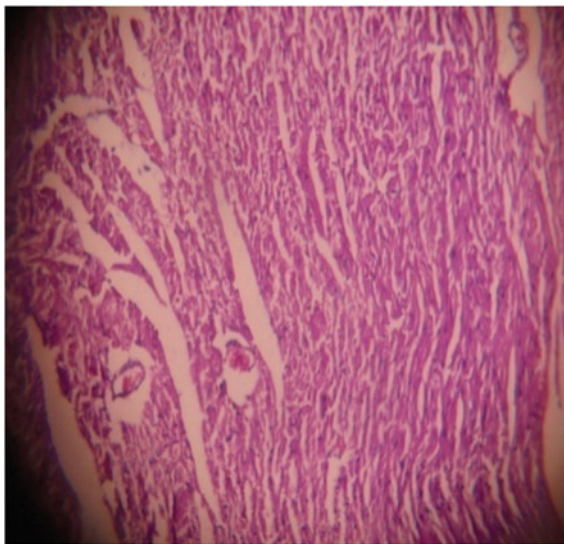
**Plate no. 4** Effect of Terminalia arjuna along with Commiphora mukul histopathology report of heart test group



**Plate no. 5** Sample preparation of heart standard Group



**Plate no. 6** Effect of Atorvastatin histopathology report of heart standard group



198 antihyperlipidemic effect in comparison to control group. The results of antioxidant  
199 activity (SOD and NO level) revealed that the combination therapy showed good  
200 antioxidant activity on 10th day. Further, exhaustive study is required to determine  
201 active constituents and establish the exact mechanism responsible for biological  
202 activities.

## 203 5 Conclusions

204 In this present study, various parameters were evaluated for establishment of  
205 safety and effectiveness of combination therapy containing Terminalia arjuna and  
206 Commiphora mukul. Both the drugs in combination with their predetermined ratios  
207 exhibited significant antihyperlipidemic and antioxidant properties. The result of oral  
208 acute toxicity study did not show any behavioral changes and mortality.

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