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EFFECT OF *ABUTILON INDICUM* EXTRACT IN GENTAMICIN INDUCED NEPHROTOXICITY.

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ABSTRACT

Gentamicin (GM)-induced nephrotoxicity limits its long-term clinical use. Several agents/strategies were attempted to prevent GM nephrotoxicity but were not found suitable for clinical practice. Ethanolic extract of *Abutilon indicum* (EEAI) retard the progression of certain types of cancers, cardiovascular and renal disorders. We aimed to evaluate protective effect of EEAi on GM-induced renal proximal tubular damage. The rats were pre-fed experimental diets for 8 days and then received GM (100 mg/kg body weight/day) treatment for 8 days while still on diet. Serum parameters, oxidative stress in rat kidney were analyzed. GM nephrotoxicity was recorded by increased serum creatinine and blood urea nitrogen. GM increased MDA level whereas decreased catalase, reduced glutathione. In contrast, EEAi alone increased CAT concentration, GSH content and decreased MDA level. EEAi supplementation ameliorated GM-induced specific metabolic alterations and oxidative damage due to its intrinsic biochemical/antioxidant properties.

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Key Words

Nephrotoxicity, renal proximal tubular damage, oxidative stress, *Abutilon indicum*.

INTRODUCTION

Nephrotoxicity can be defined as renal dysfunction that arises as a direct result of exposure to external agents such as drugs and environmental chemicals. Many therapeutic agents have been shown to induce clinically significant nephrotoxicity (Maliakel et al., 2008).

Aminoglycoside antibiotics have been widely used for gram-negative infections. However, their nephrotoxicity and their ototoxicity are major limitations in clinical use. Among several aminoglycosides, the grade of nephrotoxicity has been reported to be in the following order, neomycin > gentamicin > tobramycin. (Suzuki et al., 1995). GM nephrotoxicity, which occurs in about 15-30% of treated subjects, is manifested clinically as nonoliguric renal failure, with a slow rise in serum creatinine and hypoosmolar urinary output developing after several days of treatment (Ali et al., 2003). Gentamicin is filtered through glomeruli into tubular urine, binds with anionic phospholipids, such as phosphatidylinositol or phospholipidylserine, in brush border membrane of proximal tubular cells reabsorbed actively via pinocytosis process into tubular cells, taken by lysosomes and thereafter produces phospholipidosis (Suzuki et al., 1995). The drug enters cells by adsorptive/receptor mediated endocytosis after binding to acidic phospholipids and megalin and is found essentially in lysosomes. Animals treated with low, therapeutically relevant doses of aminoglycosides show both lysosomal phospholipidosis and apoptosis in proximal tubular cells (Servais et al., 2008).

Abutilon indicum leaves are demulcent, aphrodisiac, laxatives, diuretics, pulmonary and sedative. The leaves are effective in ulcer, for treatment of diabetes, diuretic infection and gingivitis. It also soothes and protect alimentary tract and relieve inflammation. The decoction of the leaf is used in toothache, tender gums, bronchitis, diarrhea, fever and internally for inflammation of bladder, urethra (Chakraborty and Ghorpade, 2010). The same decoction is also advised for fermentation over the parts of the body for its softening action (Kirtikar and Basu, 2005).

In some places, juice from the leaves in combination with the liquid extract of *Allium cepa* is used to treat jaundice, and in cases of hepatic disorders. The leaves and seeds are crushed with water to form paste which is applied to penis to cure syphilis (Kirtikar and Basu, 2005).

In Siddha system of medicine, it used as a remedy for jaundice, piles, ulcer and leprosy (Chakraborty and Ghorpade, 2010). It also exhibits marked hepatoprotective action, which has been related to their antioxidant properties (Khare, 2007). Therefore, this experimental study was designed to investigate the possible protective effects of *Abutilon indicum* leaves on nephrotoxicity induced by GEN in a rat model, and to clarify the association between body weight, kidney weight, malondialdehyde (MDA), catalase (CAT) activities, glutathione (GSH) content, Cr, urea, BUN levels and GEN-induced nephrotoxicity.

MATERIAL AND METHODS

Animals

Species: Swiss albino mice and albino rats were used in this study was obtained from the Yash farm and National Toxicological Center, Pune.

Weight: Wistar rats - 150-250 gm

Plant Collection and authentication of Fruit

The dried leaves of *Abutilon indicum* was procured from Mumbai region in the month of September-October (2009-10) and air-dried at room temperature ($28 \pm 2^{\circ}\text{C}$) for a one week. The plant specimens were authenticated by Dr. A. M. Mujumdar at Agharkar research institute, Pune, India. Authentication number Auth.09-192.

Preparation of crude extract

The plant material was rendered free from soil and adulterated materials coarsely ground by electrical device. The powdered material were successively extracted with petroleum ether ($60-80^{\circ}\text{C}$) for 8 hr. to remove fatty matter. The defatted marc was then subjected to soxhlet extraction with 95% ethanol to obtain ethanolic extract. After complete exhaustion of the drug it was filtered & the filtrate was concentrated on water bath (45°C) to remove the solvent and to get sticky brown coloured extract i.e. ethanolic extract of

Abutilon indicum (EEAI). The extractive value of the extract was 7% (Gilani *et al.*, 2008).

Experimental design

In this investigation, 36 healthy adult male Wistar rats weighting between 190 and 250 g were used. The animals were housed under standard laboratory conditions (12 h light and 12 h dark) in a room with controlled temperature (24 ± 3 °C) during the experimental period. All experimental procedures were conducted in accordance with the guide to the care and use of laboratory animals. The rats were provided *ad libitum* with tap water and fed with standard commercial rat chow (Pranav agro industries, Sangali). Thirty-six rats were randomly assigned to five groups equally: (1) Normal control; injected intraperitoneal (i.p.) saline for 8 days, (2) GM treated group; injected intraperitoneal (i.p.) GM (100 mg/kg) for for 8 days, (3) GM + EEAI100; treated group; injected intraperitoneal (i.p.) GM (100 mg/kg) and EEAI (100 mg/kg) for for 8 days, 4) GM + EEAI200; treated group; injected intraperitoneal (i.p.) GM (100 mg/kg) and EEAI (200 mg/kg) for for 8 days, 5) GM + EEAI400; treated group; injected intraperitoneal (i.p.) GM (100 mg/kg) and EEAI (400 mg/kg) for for 8 days. After the experimental period, blood samples were collected from animals of each treatment group by retro orbital puncture under light ether anesthesia. Serum was separated by centrifugation at 10000 x g for 10 min. Serum was analyzed for biochemical estimation. The rats were then sacrificed by cervical dislocation, the abdomen was opened and kidney was removed, decapsulated and divided equally into two longitudinal sections. One of these was placed in formaldehyde solution for routine histopathologic examination by light microscopy. The other half was placed in KCL and stored for assayed of MDA, CAT activities, and GSH content.

Biochemical determination

The methods used for biochemical determinations, described briefly below, have been used and reported in our previous studies (Parlakpınar *et al.*, 2002, Polet *et al.*, 2006). MDA levels in the kidney tissue were determined by the method described by Mihara and Uchiyama (1978). Kidney tissue (200 mg) was homogenized with ice-cold 1.15% KCl to form a 10%

homogenate. Then, 0.5 ml of this homogenate was pipette into a 10ml centrifuge tube and 3.0 ml of 1% w/v H_3PO_4 and 1.0 ml of 0.6% v/v aqueous thiobarbituric acid solution were added. The tubes were heated for 45 min in a boiling water bath and the reaction mixture was then cooled in an ice-bath. This was followed by the addition of 4.0 ml of n-butanol. The contents were mixed for 40 s using a vortex mixer, centrifuged at 1200g for 10 min and the absorbance of the organic layer was measured at wavelengths of 535nm.

GSH was determined by a spectrophotometric method, based on the use of Ellman's reagent (Gupta *et al.*, 1999). Tissue homogenates were mixed with 50% trichloroacetic acid in distilled water in glass tubes and centrifuged at 3000 rpm for 15 min. The supernatants were mixed with 0.4M Tris buffer, pH 8.9, and 0.01M 5,5-dithio-bis (2-nitrobenzoic acid) (DTNB) was added. After shaking the reaction mixture, its absorbance was measured at 412nm. The absorbance values were expressed as mmol/g tissue.

CAT activity was determined according to the method of Aebi (1984). Briefly, 10 ml of kidney tissue supernatant was added to 2.99 ml of phosphate-buffered saline (PBS) and the absorbance was read at 240 nm using a UV spectrophotometer.

Serum levels of Cr, urea and BUN were determined using the Autoanalyser (ChemMaster LabLife Instruments) according to manufacturers' instructions

Statistical analysis:

Data obtained for each set of anti-inflammatory model was expressed as means \pm SEM and analysed by one-way ANOVA followed by Dunnett's test.

RESULTS

Effect of EEAI on serum creatinine, urea and blood urea nitrogen of Wistar rats in experimentally induced gentamicin nephrotoxicity.

In normal control, serum creatinine level was found 0.552 ± 0.012 whereas in gentamicin group was 1.389 ± 0.040 significantly ($p < 0.001$) increased as compared to normal control. The animal treated with EEAI (100 mg/kg, 200 mg/kg and 400 mg/kg) showed significantly ($p < 0.05$, $p < 0.01$ and $p < 0.001$ respectively) decreased

serum creatinine and value were 1.280 ± 0.036 , 0.879 ± 0.030 and 0.614 ± 0.008 respectively as compared to gentamicin group.

In normal control, serum urea and blood urea nitrogen level were found 18.82 ± 0.15 and 8.81 ± 0.11 respectively. The serum urea and blood urea nitrogen in gentamicin group were 50.20 ± 0.72 and 24.00 ± 0.22 showed significantly ($p < 0.001$) increased as compared to normal control. The animal treated with EEAI (200 mg/kg and 400 mg/kg) showed significantly ($p < 0.01$ and

$p < 0.001$ respectively) decreased serum urea and blood urea nitrogen and value were 30.78 ± 0.90 , 20.36 ± 0.54 and, 13.45 ± 0.49 , 10.42 ± 0.25 respectively, as compared to gentamicin group.

The gentamicin toxicity was reversed by treatment groups and an optimum creatinine, urea and blood urea nitrogen level was observed. The results thus indicated EEAI effective in reducing serum creatinine, urea and blood urea nitrogen level in gentamicin toxicity.

Table 1: Effect of EEAI on serum creatinine, urea and blood urea nitrogen in gentamicin induced nephrotoxicity.

Treatment group	Serum creatinine(mg/dl) mean \pm SEM	Serum urea (mg/dl) mean \pm SEM	Serum BUN (mg/dl) mean \pm SEM
Normal control	0.552 ± 0.012	18.82 ± 0.15	8.81 ± 0.11
GM	$1.389 \pm 0.040###$	$50.20 \pm 0.72###$	$24.00 \pm 0.22###$
EEAI 100	$1.280 \pm 0.036^*$	42.87 ± 1.0	21.45 ± 0.69
EEAI 200	$0.879 \pm 0.030^{**}$	$30.78 \pm 0.90^{**}$	$13.45 \pm 0.49^{**}$
EEAI 400	$0.614 \pm 0.008^{***}$	$20.36 \pm 0.54^{***}$	$10.42 \pm 0.25^{***}$

Data are expressed as mean \pm SEM., Data by one way ANOVA followed by Dunnett's test, n=6. ### $p < 0.001$ as compared to normal control; * $p < 0.05$, ** $p < 0.01$ and *** $p < 0.001$ as compared to GM group.

Effect of EEAI on lipid peroxidation (MDA), reduced glutathione (GSH), catalase (CAT) concentration in isolated Kidney of Wistar rats in gentamicin induced nephrotoxicity.

In normal control, the concentration of MDA was 184.3 ± 30.13 whereas in gentamicin group the MDA concentration was significantly ($p < 0.01$) increase to 483.2 ± 56.3 as compared to normal control. The animal treated with EEAI (200 mg/kg and 400 mg/kg) showed significantly ($p < 0.05$ and $p < 0.01$ respectively) decreased MDA concentration and value were 252.0 ± 42.25 and 213.3 ± 51.14 respectively, as compared to gentamicin group respectively; whereas EEAI 100 was not significant in this regards.

In normal control, GSH concentration was found 3.827 ± 0.258 , whereas in gentamicin group the GSH concentration was 0.915 ± 0.136 showed significant ($p < 0.001$) decreased as compared with normal control. The animal treated with EEAI (200 mg/kg and 400 mg/kg) showed significantly ($p < 0.05$ and $p < 0.01$

respectively) decreased GSH concentration and value were 2.211 ± 0.310 and 2.912 ± 0.318 respectively, as compared to acetaminophen group respectively, whereas EEAI 100 was not significant in this regards.

In normal control, the concentration catalase was 3.109 ± 0.315 , whereas in gentamicin group the catalase concentration was 0.593 ± 0.155 showed significantly ($p < 0.001$) decreased as compared with normal control. The animal treated with EEAI (200 mg/kg and 400 mg/kg) showed significantly ($p < 0.05$ and $p < 0.01$ respectively) decreased catalase concentration and value were 1.758 ± 0.140 and 2.397 ± 0.185 respectively, as compared to gentamicin group respectively; whereas EEAI 100 was not significant in this regards.

The result indicate that, gentamicin toxicity significantly increase the MDA concentration and decreased GSH and catalase concentration due to increase in oxidative stress, while on other hand, the EEAI significantly reduced the elevation of MDA levels

and increased GSH and catalase concentration indicating a nephroprotective effect.

Table:2 Effect of EEAI on lipid peroxidation (MDA), reduced glutathione (GSH), catalase (CAT) concentration in acetaminophen induced nephrotoxicity.

Treatment group	MDA (nmole/g tissue) mean \pm SEM	GSH (μ g/g tissue) mean \pm SEM	CAT (μ g/sec/g tissue) mean \pm SEM
Normal control	184.3 \pm 30.13	3.827 \pm 0.258	3.109 \pm 0.315
APAP	483.2 \pm 56.3###	0.915 \pm 0.136###	0.593 \pm 0.155###
EEAI 100	398.5 \pm 60.22	1.204 \pm 0.320	0.885 \pm 0.276
EEAI 200	252.0 \pm 42.25*	2.211 \pm 0.310*	1.758 \pm 0.140*
EEAI 400	213.3 \pm 51.14**	2.912 \pm 0.318**	2.397 \pm 0.185**

Data are expressed as mean \pm SEM., Data by one way ANOVA followed by Dunnett's test, n=6. ## p<0.01, ### p<0.001 as compared to normal control; *p<0.05 and **p<0.01 as compared to GM group.

DISCUSSION

The kidney is a common target for toxic xenobiotics, due to its capacity to extract and concentrate toxic substances, and to its large blood flow share (about 20% of cardiac output) (Salgado et al., 2007).

Development of nephrotoxicity can further increase load on the kidney leading to serious complications. This requires either stoppage of drug therapy or change over in the therapy. This raises a question whether any kind of nephroprotection is possible that can handle this problem. Screening of either substances from synthetic origin or herbal origin for nephroprotection can answer this question probably.

Several pharmacological uses of the *Abutilon indicum* have been documented but the fruits of the *Abutilon indicum* have not been subjected to the scientific study for its nephroprotective activity. Hence, it was thought worthwhile to test the ethanolic extract of leaves of *Abutilon indicum* for the nephroprotective activity against GM induced nephrotoxicity.

Gentamicin, an amino-glycoside antibiotic with a wide spectrum of activities against Gram-positive and Gram-negative bacterial infections but with high preference for the latter, is equally associated with nephrotoxicity as its side-effect (Parlakpınar et al., 2005). Thus, gentamicin-induced nephrotoxicity are well established experimental models of drug-induced renal injury (Ali et al., 1995).

Administration of gentamicin (100 mg/kg i.p.) reported to cause nephrotoxicity (Parlakpınar et al., 2005, Karahan et al., 2005, Harlalka et al., 2009). In agreement in the study decrease in body weight, GSH and catalase concentration; increase in kidney weight, serum creatinine, urea, BUN and MDA as well as marked histopathological changes in kidney tissue of GM treated nephrotoxic rats was observed. Protective effect of EEAI was assessed by evaluating serum parameter, biochemical parameter and histopathological study of kidney as end point of renal damage.

GM reduces the glomerular filtration rate which is shown by an increase serum creatinine. The impairment in glomerular function was accompanied by an increase in blood urea (Al-majed et al., 2002). The administration of GM showed significant increase in serum creatinine, serum urea and serum BUN as compared to normal control. Administration of EEAI 100 mg/kg, 200 mg/kg and 400 mg/kg has showed significant decrease in serum creatinine whereas EEAI 200 mg/kg and 400 mg/kg was showed significant decrease serum urea and serum BUN as compared to GM group.

In the complex pathogenesis of GM nephrotoxicity oxidative stress is probably the most common pathogenic (Stojiljkovic et al., 2008). The exact mechanism of GM which induces the renal damage is unknown (Maldonado et al., 2003). Recently, ROS were considered to be important mediators of GM-induced

nephrotoxicity (Priyamvada et al., 2008). It has been found that the GM-treatment increases H_2O_2 production and it is known that H_2O_2 and O_2^- induce mesangial cells contraction, altering the filtration surface area and modifying the ultrafiltration coefficient factors that decrease the glomerular filtration rate (GFR). O_2^- this radical can react with nitric oxide (NO, a vasodilator) to form peroxynitrite, cytotoxic oxidant radical species. The inactivation of NO by O_2^- could also lead to a decrease in the GFR. It has been suggested that the oxidative stress induces tubular damage. It is known that the increase in ROS levels induces cytotoxicity due to a concerted action of oxygen and nitrogen-derived free radicals (Maldonado et al., 2003). GM (100 mg/kg) has given alone significant increased in MDA level while CAT activities and GSH content were reduced in the kidney tissue. GM nephrotoxicity was associated with low activity of CAT and GSH content in the renal cortex. This decreased renal antioxidant enzymatic defense could aggravate the oxidative damage in these rats. The exaggerated production of ROS in GM-induced nephrotoxicity could induce inactivation of antioxidant enzymes (Parlakpınar et al., 2005).

In the current study GM (100 mg/kg) has significant increased in MDA level while decrease GSH content and CAT activities as compared to normal control. The administration of EEAI 200 mg/kg and 400 mg/kg showed significant decrease in MDA level whereas increase the GSH content and CAT activities as compared to GM group.

Thus agents having strong antioxidant and cellular anti-inflammatory properties may have ability to halt gentamicin-nephrotoxicity (Balakumar et al., 2010). From this discussion it was strongly indicates that the ethanolic extract of the *Abutilon indicum* leaves protecting the kidney from GM-induced toxicity, through improvement in oxidant status and a possible antioxidant activity.

CONCLUSION

The present studies conclude that ethanolic extract of *Abutilon indicum* leaves has nephroprotective activity, these effects of ethanolic extract of *Abutilon indicum* leaves may be due to presence of

phytochemicals like flavonoids also its ability of anti-inflammatory activity and antioxidant status which may act individually or synergistically.

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