



Acute Toxicity Study and Comparative effect of *Kigelia Pinnata* (Cucumber Tree) Ethanolic leaf extract on Serum Lipid profile of Albino Wistar rats treated fat diet.

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Abstract

The aim of this study was designed to evaluate the activity of the *Kigelia Pinnata* ethanolic leaf extract on the serum lipid profile of male albino Wistar rats exposed to a fat diet. *Kigelia Pinnata* leaves were obtained, air dried, powdered and extracted in a Soxhlet apparatus in 400ml ethanol solution. Hypolipidaemic activity studies on rat models fed with palm oil and coconut milk was conducted. The acute toxicity test of the extract was carried out by the Lorke's method. Results showed that *Kigelia Pinnata* ethanolic leaf extract significantly lowered ($P < 0.05$) plasma Total Cholesterol (TC), Low Density Lipoprotein (LDL)-Cholesterol and Triacylglycerol (TG) and significantly ($P < 0.05$) increased plasma High Density Lipoprotein (HDL)-Cholesterol. Toxicity studies suggested that, the extract was safe at the dose 2000mg/kg. Overall findings from this study showed that the ethanolic extract exhibited hypolipidaemic activity and may possess cardio-protective properties.

Keywords: *Kigelia Pinnata*, Hyperlipidaemia, Hypolipidaemia, Lorke's method.



Introduction

The Universal role of ethnobotanicals in ameliorating disease conditions, therefore providing useful folk healthcare delivery is exemplified by their relevance in several areas of health care systems. Pharmacognosy, the scientific study of medicinal plants, therefore remains the hub of pharmacopoeial identification, modern pharmacological isolation and testing procedures that provide new plant drugs as purified substances in medicine (Shellard *et al.*, 1980). Historically, development of potent drugs as novel compounds in orthodox medicine stems from thorough ethnopharmacological screening of popular traditional plant medicines and herbal concoctions (Chadwick and Marsh, 1993).

Kigelia pinnata, otherwise called *Kigelia Africana*, but, commonly and colloquially known as cucumber tree, sausage tree, or worsboon is a huge ethnomedicinal plant that has found its way on the tables of ethnopharmacologic laboratories for its attractive metabolomic profile (Arkhipov *et al.*, 2014).

Recently, *Kigelia pinnata* has been demonstrated to be great in Folklore medicines (Houghton, 2007). Traditionally, the plant is used in the treatment of stroke, hypertension, diabetes, Malaria, Dysentery, skin disease, epilepsy, gynecological problems, inflammatory disorders, worm infestations, respiratory distress and ulcerative conditions (Houghton, 2007). Pharmacological investigations on the bark, roots, fruit and leaves extract of the plant showed that *Kigelia pinnata* has profound antileprotic activity (Lal and Yadav, 1983), microbial growth inhibition (Akunyili *et al.*, 1991), anti-neoplastic potentials (Msouth *et al.*, 1983), gynecological healing properties (Dada, *et al.* 2010), central nervous system activity (Shalini *et al.*, 2014) and antidiabetic effects (Patel, *et al.*, 2012).

Palm oil is an ideal household cooking ingredient. It is used in commercial food and cosmetic industries in huge quantities due largely to its high oxidative stability properties (Cheman *et al.*, 1999). Palm oil is a fatty liquid; and as with all fats, it is composed of fatty acids and glycerol backbone held together by an ester bond (Chatterjea and Shinde, 2008). Palm oil contains approximately a unit unsaturated and saturated fatty acids ratio. Palmitic and stearic acid account for the saturated fatty acid content of palm oil with 45% and 5% composition, respectively. Whereas oleic and linoleic acids account for the unsaturated fatty acids content of palm oil with 36.6% and 9.1% composition, respectively (Gunstone and Norris, 1983). This oil as a dietary regimen has profound impact on health and disease (Hassan,

1988).

Coconut milk is produced from the endosperm or meat of the coconut fruit and has good role in diet with good physiological attributes (Enig, 2005). Coconut milk contains approximately 20% of virgin coconut oil and 80% of water (Nevin and Rajamohan, 2009).

Coconut oil consists predominantly of saturated fatty acids and to a lesser extent monounsaturated and polyunsaturated fatty acids (FAs). Saturated fatty acids include; lauric acid, capric acid; caprylic acid; myristic acid and palmitic acids, while the mono and polyunsaturated fatty acids include oleic and linoleic acids respectively (Gregorio, 2005). Coconut oil also contains traces of certain derivative like betaines, polyol esters and polyphenols like gallic acid (Nevin and Rajamohan, 2004). Traditionally coconut oil is used by diverse cultures for the treatment of abscesses, asthma, baldness, bronchitis, flu, weakness, weight loss; hair care and skin infections (Enig, 2005).

Palm oil and coconut oil therefore remain a major source of dietary lipids in many nations, particularly the developing nations (Chandrasekharan 1999). Critical assessment of the nutritional value of lipids point to increased pathophysiological alteration in metabolism and health (Ross, 1992). A positive correlation exist between the amount, type and nature of dietary lipids and metabolic syndrome-obesity, diabetes and cardiovascular diseases (Goh, 2006).

Increased dietary lipids lead to a build-up of abnormal serum lipids concentration in blood; a condition referred to as hyperlipidaemia or dyslipidemias (Chatterjea and Shinde, 2008). Dyslipidemias can be caused directly by genetic defects or through dietary imbalance, or as a secondary pathology due largely, to a consequence of other disease (Bastiste and Schaefer, 2002).

Dyslipidemia have been demonstrated as a major risk factor in cardiovascular and cerebrovascular complications (Roberts, 1995; Tunstall, 1994). It has been reported that dyslipidemias also induce liver damage and kidney dysfunction (Bugianesi and Leone, 2002).

Aims and Objective of the Study

- i. To determine the comparative effect of *Kigelia pinnata* ethanolic leaf extracts on serum lipid profile of rats orally administered palm oil and coconut milk.
- ii. To determine the comparative effect of *Kigelia pinnata* ethanolic leaf extract on change in body weight and estimation of

organ weight of rats orally administered palm oil and coconut milk.

Materials and methods

Collection and Identification of Plant Sample

Kigelia pinnata leaves were obtained in the month of August, 2015 from **Kumbur Aga** forest **Mbakume**, in Gwer-East Local Government Area of Benue State. The plant leaves were identified and authenticated by a Botanist in the Department of Botany, University of Agriculture Makurdi, Benue State.

Preparation of plant extract and oil source

The *Kigelia pinnata* leaves obtained from *Kumbur Aga* forest were properly washed and rinsed with tap water to remove the debris. The leaves were air-dried for two weeks in the Department of Biochemistry, University of Calabar, - Calabar, - Nigeria. The dried leaves were then ground to powder using mechanical grinder. About 250g of the dried leaf powder was extracted using the soxhlet apparatus, concentrated by evaporation and stored in the refrigerator for use. Fresh palm oil and coconut

fruits were obtained from Akim Market in Calabar. The oil was also stored in the refrigerator for use, while coconut fruits were opened, the meat removed and grated. The grated meat was squeeze and filtered using Muslim cloth to obtain the coconut milk and also stored in the refrigerator for use.

Animal Handling and Treatment.

Forty Eight (48) male albino Wistar rats weighting between 120-160grams, were obtained from the Animal farm of the Department of Biochemistry, University of Calabar, Calabar, Nigeria. The rats were kept in the animal house of the Department of Biochemistry, University of Calabar. Rats were then distributed randomly into eighty (8) groups with six animals per group and acclimatized for two (2) weeks under an experimental condition of 12 hours light -dark cycle and prevailing ambient temperature of 25°C. The animals were fed with the normal rat chow and allowed access to tap water *ad libitum*.

Experimental design and animals groups distribution

Table 1: Distribution of Rats into Experiment groups

| Group | Number | Treatment |
|-------|--------|---|
| 1 | 6 | Normal rat chow (Control) (CO) |
| 2 | 6 | 0.49g/kg body weight KP |
| 3 | 6 | 5ml/kg body weight PO |
| 4 | 6 | 5ml/kg body weight CM |
| 5 | 6 | 2.5ml kg body weight each PO and CM |
| 6 | 6 | 0.22g/kg body weight of KP and 2.5ml.kg body weight of PO after (1 hour of KP) |
| 7 | 6 | 0.22g/kg body of KP and 2.5ml/kg body weight of CM (after 1 hour of KP administration). |
| 8 | 6 | 0.22g/kg body weight of KP and 2.5ml.kg body weight each of PO and CM (after 2 hours of KP administration). |

Treatment with the respective test substances (KP, PO, CM and CO) was done orally using intragastric cannula per day. All treatments lasted for 30 days. KP (*Kigelia pinnata*) PO (Palm Oil) CM (Coconut Milk) CO (Control).

Collection and preparation of blood sample for serum lipids profile analyses.

Blood samples were obtained from rats by cardiac puncture under chloroform vapour anaesthesia, 24-hours after the last day of experimental treatment. Blood samples for analyses were collected into sterile, plain bottles.

The blood sample collected for analyses were spinned in a centrifuge at 3000rpm for 10 minutes to obtain the serum. Serum was collected in dry sample containers, stored in a refrigerator and used for serum lipids profile estimation. Serum samples were analyzed spectrophotometrically for

Triacylglycerol, Total cholesterol, High density lipoprotein using respective kits - UV-visible spectrophotometer. VLDL-C and LDL-C were calculated using Friedwald's equation.

$$VLDL = LDL = TC - (HDL + VLDL)$$

Estimation of Body and Organ Weights.

Body weights of the experimental rats were recorded both in the treated and control groups at the beginning of the experiment (day 0) and sequentially on every 5th day, during the treatment period. Kidney and liver were removed and their respective weights estimated for every rats

sacrificed.

Acute Toxicity (LD₅₀) determination of *Kigelia pinnata* leaf extract.

The LD₅₀ was carried out using the Lorke's method (1993). It involved a total number of thirteen (13) male mice. The test was carried out in phases. Phase one employed a total of nine (9) mice, grouped into three (3), i.e. three mice per group. Group one received 500mg/kg of the extract, group two received 1000mg/kg of the extract and group three received 2000mg/kg of the extract. All administrations were done by intra-peritoneal route. The animals were monitored for four (4) hours, then intermittently for the next 6 hours and over a period of 24-hours. The numbers of dead animals were noted. From the result of phase one, the second phase (II) was carried out. In phase II a total of four Mice were used and group into four groups, one mice per group. Group one received 3000mg/kg, group received 4000mg/kg and group three received 5000mg/kg of the extract, and group four received 1 ml of tween 80.

The animals were then monitored for any

death. The LD₅₀ was then calculated using the relationship.

$$Ld_{50} = \sqrt{D_0 \times D}$$

D₀ = Highest dose that gave no mortality

D₁₀₀ = Lowest dose that produce mortality.

Statistical Analysis

Data are presented as mean ± Standard error of mean (SEM). Results were analysed using one-way analysis of variance (ANOVA) with SPSS window. Student "t" test was further used for pair-wise comparison, and differences were considered significant at P<0.05 (5% level of confidence limit). The normal control group was compared with the fat-diet fed group and all other treatment groups were compared with the fat-diet fed group.

Result

Acute Toxicity Test (LD₅₀) for ethanolic leaf extracts of *Kigelia pinnata* Plant by Lorke's method

Table 2: The Results of acute toxicity test of *Kigelia pinnata* extract on male mice.

| phases | Doses (mg/kg) | Number of Death |
|---------|---------------|-----------------|
| 1 | 500 | 0/3 |
| | 1000 | 0/3 |
| | 2000 | 0/3 |
| 2 | 3000 | 0/1 |
| | 4000 | 1/1 |
| | 5000 | 1/1 |
| Control | tween 80 | 0/1 |

$$(Ld_{50}) = \sqrt{2000 \times 3000}$$

$$= 2449.49 \text{ mg/kg.}$$

Effect of *Kigelia pinnata* leaf extract on Serum lipids profile of albino

Wistar rats orally administered palm oil and coconut milk.

The comparative results of serum lipid (TC, TG, LDL, and HDL) profile of rats orally administered *Kigelia pinnata* extract, palm oil and

coconut milk showed significant (P<0.05) change in Total cholesterol (TC), Triacylglycerol (TG), Low density lipoprotein (LDL)-Cholesterol and (HDL)-Cholesterol relative to the control group (1) and fat-diet fed group (3) as depicted in table 3.

Table 3:

| Group | TC (mg/dl) | TG (mg/dl) | HDL-C (mg/dl) | LDL-C (mg/dl) | VLDL-C (mg/dl) |
|----------------|------------------|-----------------|------------------|------------------|-------------------|
| Control | | | | | |
| I | 132.38 ±0.90 | 65.77 ±0.63 | 44.06 ±0.90 | 75.03 ±0.58 | 13.29 ±0.83 |
| II | 101.25 ±1.28 | 50.13 ±1.13* | 50.73 ±0.67 | 42.49 ±0.96 | 10.05 ±1.01 |
| III | 135.40 ±1.24* | 66.43 ±1.23 | 37.91 ±1.33* | 84.34 ±1.21* | 13.15 ±1.21 |
| IV | 87.44 ±1.13* | 58.25 ±1.88* | 57.38 ±1.25 | 24.41 ±1.11* | 11.65 ±1.03* |
| V | 117.30 ±1.54* | 60.46 ±0.64* | 56.99 ±0.87* | 48.22 ±0.88* | 12.09 ±0.86* |
| VI | 109.28 ±1.85* | 60.88 ±1.72* | 48.81 ±1.10* | 48.29 ±0.76* | 12.18 ±0.91* |
| VII | 82.95 ±1.85* | 56.60 ±0.88* | 59.40 ±0.71* | 12.23 ±0.83* | 11.32 ±0.80* |
| VIII | 79.44 ±1.10* | 57.04 ±0.84* | 58.96 ±0.86* | 12.07 ±0.85* | 11.41 ±0.72* |

Values are expressed as mean \pm SEM, n=6. Values are significantly different when group II were compared with group III and group III compared with groups V, VI VII, and VIII. *P<0.05.

Table 4: Change in body weights of groups in 30days

| Group | Week 1 (g) | Week 2 (g) | Week 3 (g) | Week 4 (g) | Week 5 (g) |
|---------|-----------------|-----------------|-----------------|-----------------|-----------------|
| Control | 134.75 ±0.61 | 147.13 ±0.95 | 159.40 ±0.88 | 168.70 ±0.09 | 180.63 ±0.68 |
| II | 153.63 ±0.57 | 166.13 ±0.74 | 172.90 ±0.84 | 187.08 ±0.95 | 196.35 ±0.52 |
| III | 141.90 ±1.37 | 166.55 ±0.59 | 179.43 ±1.35 | 187.30 ±1.21 | 210.13 ±0.09 |
| IV | 142.33 ±1.23 | 160.05 ±0.97 | 171.00 ±1.28 | 180.73 ±0.56 | 191.29 ±0.85 |
| V | 123.80 ±1.10 | 136.75 ±1.60 | 137.65 ±1.65 | 140.05 ±1.64 | 165.30 ±0.35 |
| VI | 138.87 ±1.20 | 146.70 ±1.16 | 158.23 ±1.52 | 170.10 ±0.98 | 190.25 ±0.35 |
| VII | 141.35 ±1.23 | 150.38 ±1.07 | 161.48 ±1.13 | 171.80 ±0.09 | 191.18 ±0.89 |
| VIII | 159.87 ±1.26 | 159.53 ±1.32 | 161.13 ±0.90 | 173.40 ±1.48 | 189.67 ±0.82 |

Value are expressed as mean \pm SEM, n=6

Table 5: Liver and Kidney weights of rats on sacrificed

| Group | Kidney weight (g) | Liver weight (g) |
|---------|-------------------|------------------|
| Control | 1.15 ±0.09 | 6.90 ±0.41 |
| II | 1.33 ±0.15 | 6.70 ±0.66 |
| III | 1.25 ±0.09 | 7.08 ±0.46 |
| IV | 1.23 ±0.10 | 6.43 ±0.38 |
| V | 1.00 ±0.05 | 6.60 ±0.30 |
| VI | 1.27 ±0.12 | 6.63 ±0.17 |
| VII | 1.19 ±0.17 | 6.68 ±0.46 |
| VIII | 1.10 ±0.14 | 6.60 ±0.64 |

Values are expressed as mean \pm SEM, n= 6

Discussion

The result of the acute toxicity test of *Kigelia pinnata* leaf extracts indicate that, the extract did not produce any noticeable toxicity in the test models up to dose level of 3000mg/kg body weight even after 48-Hours, but produced toxic symptoms of restlessness, lost of appetite and mortality at the dose level of 4000mg/kg body weight and dose level 5000g/kg body weight. The *Kigelia pinnata* leaf extracts therefore has high lethal dose and could be safe for therapeutic purposes. This result partly agree with the report of, Azu and Duru (2012), that classified *Kigelia pinnata* plant as a non-toxic medicinal plant but expressed the safe dose of 4000g/kg in contrast to this result that state the safe dose of the plant as 2000mg/kg body weight.

Serum lipid profile studies have remained one of the most important diagnostic assessment of vascularities in key organs like the heart, brain, kidney, liver, pancreas and induced metabolic syndrome (Ginsberg 1994, Vaziri, 2009). Serum lipid profile analysis is often used to predict lipid-based abnormalities like cardiovascular and cerebrovascular complication (Glass and Witztum, 2001; Malasky and Alpert, 2002). *Kigelia Pinnata* ethanolic leaf extract demonstrates significant decrease in serum total cholesterol (TC), triacylglycerols (TG), low density lipoproteins (LDL) and increased high density lipoprotein (HDL) in male rats following 30 days of exposure to the extracts.

Comparative analyses of lipid parameters in the control group (I), *Kigelia pinnata* administered group (II), fat-diet fed group (III) and *Kigelia Pinnata* treated groups (VI, VII and

VIII) showed that *Kigelia pinnata* ethanolic extract, significantly ($P < 0.05$) decreased levels of TC, TG, LDL-C and VLDL, but, significantly ($P < 0.05$) increased HDL-C as compared to the control and fat-diet fed groups. A significant decrease in body and organ (liver and kidney) weights was also noticed with the *Kigelia pinnata* extract treated groups. Palm oil fed group significantly ($P < 0.05$) increased TC, TG, LDL-C and VLDL but significantly ($P < 0.05$) decreased HDL-C. A significant increase in body and organ weights was also recorded with the palm oil fed group.

The result of this study suggest, *Kigelia pinnata* leaf extract may be cardio-protective as it raises serum HDL-C levels and decrease serum total cholesterol, triacylglycerols and LDL-C levels. Results also agree with the report of Preeti and Asheesh, (2011) that aqueous or ethanolic extract of the fruits of *Kigelia pinnata* raise HDL-C but lowers total cholesterol and LDL-C in triton-induced hyperlipidaemic rats. The results also lend credence to investigation of Anowi *et al.*, (2014) that the ethanolic leaf extract of *Kigelia pinnata* have potent analgesic and anti-inflammatory properties. The possible mechanism of action of the anti-hyperlipidaemic potentials of *Kigelia pinnata* leaf extracts might be attributed to its high flavonoids, tannins and phenolic content. Flavonoids and phenolic compounds are potent antioxidants that may have prevented the oxidation of LDL-C in atherosclerosis (Onyemaecha *et al*, 2010). Another possible mechanism of action of *Kigelia pinnata* extract stem from its huge content of potent anti-oxidants that prevent infiltration and accumulation of fat by

the liver hepatocytes. Polyphenols and flavonoids contained in *Kigelia pinnata* leaf extract have been demonstrated to activate adenosine monophosphate kinase and the phosphorylation of acetylCoA carboxylase, a key enzyme in fatty acid synthesis. Once phosphorylated, acetyl CoA carboxylase is inhibited thereby preventing fatty acid synthesis hence ameliorating avenue for a fatty liver (Zang *et al*, 2004).

Conclusion

It may be concluded from the results of this study that; Oral exposure to *Kigelia pinnata* leaf extracts contain some active principles that may provide protection against lipid induced tissue injury, as indicated in decreased serum LDL, TC, TG and increased HDL levels. It may also be concluded from the findings to the study that *Kigelia pinnata* extract has no adverse effect on liver and kidney tissues, as indicated in the remodeling of the weights of these organs. Consumption of palm oil beyond certain amount may lead to obesity thereby predisposing the individual to metabolic crises.

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