Hepatoprotective effect of Liv.52 Against CCl₄-induced Lipid Peroxidation in Liver of Rats

Shivani Pandey, Gujrati, V.R., Shanker, K., Singh, N. and Dhawan, K.N. Department of Pharmacology, K.G.'s Medical College, Lucknow, India.

ABSTRACT

Effect of oral feeding of Liv.52, on lipid peroxidation in normal liver and damaged liver induced by CCl_4 of albino rats was studied. While Liv.52 did not show any effect on normal healthy liver cells, it had a significant protective effect against damage by CCl_4 as shown by significant decrease in malonaldialdehyde content.

Liv.52 an herbal indigenous preparation (The Himalaya Drug Company, Bombay) is reputed to possess a hepatic stimulant effect in chronic liver disease¹, corrects liver dysfunction in acute hepatitis and protects liver against several hepatotoxins, alcohols³, heavy metals⁴, paracetamol etc.

Carbon tetrachloride exerts its damaging effect on the liver cells by its conversion to radicals i.e., CCl_3 (trichloromethyl radical) and ${}^{\bullet}O_2CCl_3$ (trichloromethylperoxy radical). The ${}^{\bullet}O_2CCl_3$ is the most reactive species and causes damage to biological macromolecules by combining with them thereby causing covalent modification and setting the chain reactions of lipid peroxidation⁶.

Since the above-mentioned hepatotoxins are frequently used and protective effect of Liv.52 against them is well documented. Liv.52 protects cellular membranes by lowering lipid peroxidation^{8,9}. The present study was carried out with the objective to assess the protective effect of Liv.52 after CCl₄ damage in terms of lipid peroxidation (malonaldialdehyde) an index of damage by free radicals.

Adult healthy albino rats of either sex weighing 70-80 were used for the study. The animals were fed pellet diet and water was allowed *ad libitum*¹⁰. Prior to drug administration animals were fasted for 24 hours.

The study was carried out in two sets of experiments. In the first set (considered as pilot experiment to see the effect of Liv.52 on healthy liver cells) animals were divided into 4 groups of five animals each. One group served as control and was given 2% gum acacia solution orally. the remaining three groups (II, III, IV) were fed Liv.52 suspension in 2% gum acacia solution orally at a dose of 100, 200, 400 mg/kg for 6 days.

In the second set of experiment animals were divided into 5 groups of five animals each. The control group received only 2% gum acacia solution and groups I, II, III, IV received CCl₄ orally in dose of 2 ml/kg body weight (i.e. 20 mmole CCl₄/kg body weight) along with an equal quantity of liquid paraffin following the method of Singh *et al.*¹¹. Groups (II, III, IV) received Liv.52 suspension in 2% gum acacia orally in the doses of 100, 200 and 400 mg/kg after 2 hours of CCl⁴ administration. The dose treatment was done for 6 x days once daily.

After 6^{th} day all rats were sacrificed by decapitation, the livers were removed, washed with chilled normal saline and were weighed. 30% w/v liver homogenates were prepared in ice-cold 0.15 M KCl.

Lipid peroxidation (MDA) – Malonaldialdehyde (MDA) level was estimated in whole homogenate by the TBA method of Warvedhkar and Sashw¹¹ on DU model spectrophotometer. Suitable aliquots of the plasma were mixed with equal volume of 50% of TCA, vortexed thoroughly and the tubes were kept in cold. After $\frac{1}{2}$ hour tubes were centrifuged at 800 g for 10 minutes. To the supernatant, 0.67% TBA was added, vortexed and then kept in boiling water bath for 15 minutes followed rapid cooling. Absorbance was recorded at 535 nm. The results are expressed in nmoles of MDA/mg protein.

Protein estimation – Protein content in each liver was determined by the method of Lowery *et al.*¹² using BSA as standard.

All the reagents used in biochemical estimations were of AR grade.

Statistical analysis – The data were statistically analysed by using Student's test.

A small decrease in the level of lipid peroxides (MDA) content in normal livers was observed in Liv.52 fed group which was not dose dependent no matter whatsoever the dose was used, but MDA levels were significantly decreased when Liv.52 was given to rats having liver injury induced by CCl₄. This response was dose dependent (Table 1) and statistically significant.

Liv.52 is known to prevent hepatic cell necrosis following carbon tetrachloride administration by providing protection against decreased levels of mitochondrial

Table 1: Effect of Liv.52 on lipid peroxidation in normal livers and CCl ₄ induced injury in the livers of albino rats		
Group	Treated with Liv.52 (Set 1)	Treated with $CCl_4 + Liv.52$ (Set 2)
Control	8.48 ± 1.01	13.52 ± 0.88
Group I (CCl ₄)	-	$19.52 \pm 0.52^{\circ}$
Group II (Liv.52; 100 mg/kg)	7.95 ± 0.61	12.88 ± 0.54^{a}
Group III (Liv.52; 200 mg/kg)	8.22 ± 0.71	12.07 ± 0.79^{a}
Group IV (Liv.52; 400 mg/kg)	8.09 ± 0.62	9.78 ± 1.22^{b}
 In set 2, all the animals were given CCl₄ (20 mmole) and Liv.52 at different doses after 2 hours for 6 days. Statistically significant ^ap<0.001, ^bp<0.005 on comparison with group 1 and ^cp<0.001 for normal control in set 2. Groups of rats for both sets of experiments were different. 		

and microsomal enzymes in CCl₄ hepatotoxicity^{15,16}. The effect produced by CCl₄ may be due to the fact that it is substrate for Cyt.P₄₅₀¹⁴, which is dominant in liver. CCl₄ causes rapid peroxidation of microsomal lipids accompanied by the inactivation of enzymes and destruction of Cyt.P₄₅₀ itself. Else than Liv.52 could maintain normal proteins. RNA and DNA, which are significantly lowered following CCl₄, induced hepatic insult¹⁷.

However, its role in free radical damage of liver with respect to CCl_4 induced injury has not been assessed so far. The above results indicate that Liv.52 does not effect normal cells as MDA levels of control and Liv.52 treated were almost similar whereas it showed marked protective effect on the damaged liver cells (induced by CCl_4) by depressing the lipid peroxidation process. The study further adduces evidence that Liv.52 is a potent hepatic stimulant.

REFERENCES

- 1. Thabrew I E, Godwin O & Subbarao V V. Toxicol. Lett. 14 (1982) 183.
- 2. Patney NL & Panchori S, Probe 27 (1988) 97.
- 3. Sousa A D, Gandev P, Sinorawala A & Agarwal M. Probe 29 (1990) 121.
- 4. Rathore, HS & Rawat H, Probe 29 (1990) 102.
- 5. Halliwell B & Gutterideg J M C, *Free radicals in biology & medicine* (Clarendron Press, Oxford), 1989.
- 6. Benedktu, A & Comporti M, Bioelectrochem Bioenrg. 18 (1987) 187.
- 7. Saxena A, Sharma S K & Garg N K, Indian J Exp Biol. 18 (1980) 1330.
- 8. Saxena A & Garg N K, Indian J Exp Biol. 19 (1981) 859.
- 9. Djahanguiri S, J Pharm Pharmacol 21 (1969) 541.
- 10. Singh N, Nath R, Singh D R, Gupta M L & Kohli R P, Or J Crude Drug Res. 16 (1978) 8.
- 11. Warvedkhar V S & Saslaw L D. J Biol Chem. 234 (1959) 1945.
- 12. Lowrey O H, Rosenburg N J, Farr A L & Randall R G. J Biol Chem. 193 (1957) 265.
- 13. Prasad G C, J Res Ind Med Yoga & Homeo, 4 (1976) 38.
- 14. Comporti M, Lab Invest. 53 (1985) 599.
- 15. Saxena A & Garg N K, Indian J Exp Biol. 17 (1979) 662.
- 16. Bardhan P, Sharma S K & Garg N K, Indian J Med Res. 82 (1985) 359.
- 17. Subbarao V V & Gupta M L. Indian Practit. 31 (1978) 831.