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## PHCOG RES.: Research Article

# Toxicity study of the aqueous extract of *Tithonia diversifolia* leaves using selected biochemical parameters in rats

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## ABSTRACT

*Tithonia diversifolia* has manifold ethnomedicinal uses in traditional settings without much consideration about the possible adverse effects of the consumption of its crude extracts. In this study, effects of repeated oral administration of aqueous extract of *Tithonia diversifolia* leaves (100 and 200 mg/Kg body weight) for seven days on concentrations of serum electrolytes and biomolecules and the activities of alkaline phosphatase, alanine aminotransferase and aspartate aminotransferase in serum, heart, liver and kidney of rats were investigated. The extract significantly increased concentrations of serum calcium ion, potassium ion and HDL-cholesterol but reduced serum albumin concentration at both doses administered compared to controls. At 200 mg/Kg body weight, the extract significantly increased alkaline phosphatase activities in the liver and heart. The results of this study suggest that the extract may exert adverse effects on the functions of the liver, heart and kidney.

**Keywords:** Extract, Heart, Kidney, Liver, *Tithonia diversifolia*, Toxicity

## INTRODUCTION

*Tithonia diversifolia* (Hemsl) A. Gray is an impressive member of the sunflower family, Asteraceae. It is native to Central America and the West Indies, although it has become naturalized around the tropics. It serves various indigenous medicinal uses in many countries. In Nigeria, the decoctions of its various parts are used for the treatment of malaria, diabetes mellitus, sore throat, liver and menstrual pains (1-3). An oral decoction of the leaves and stem is used for the treatment of hepatitis in Taiwan and gastrointestinal disorders in Kenya and Thailand (4). In Costa Rica, the dried leaves are applied externally on wounds (5) while in Cameroon, an infusion of the leaves is used for the treatment of measles (6).

Some of these indigenous medicinal uses have been scientifically authenticated. *T. diversifolia* has been reported to exhibit analgesic and anti-inflammatory properties (2, 7). The antibacterial and antiparasitic activities of the various parts of the plant have been demonstrated (1, 8-10). The plant has been reported to contain tagitinins A, B, C and F with diversifol, tirtundin, tithonine, and sulphurein (11-13). Tagitinin

C, a sesquiterpene lactone, has been reported as the main antiparasitic constituent of the plant (12).

Due to presumptive treatment of diseases by indigenous people, coupled with the wide use of this plant for the preparation of indigenous medicine, it is necessary to evaluate possible risks that the consumption of crude preparations of various parts of this plant may pose to the health of indigenous people. The present study has been aimed at evaluating the effect of repeated oral administration of the aqueous extract of *Tithonia diversifolia* leaves (the most common indigenous preparation of the plant in Nigeria) on some biochemical parameters in rats which could serve as indices of functions of specific organs.

## MATERIALS AND METHODS

### Animals and reagents

Fifteen adult male Wistar rats with an average weight of 150 g, obtained from the small Animal Holding Unit of the Department of Biochemistry, University of Ilorin, Ilorin, Nigeria, were used for this study. They were fed with rat pellet (Bendel Feeds Ltd, Ewu, Nigeria) and given water *ad libitum*. A twelve hour day and

night cycle and temperature of  $25 \pm 5$  °C were maintained in the animal house. The assay kits for total cholesterol and HDL-cholesterol concentrations were obtained from Randox laboratories Ltd. (Co. Antrim, U.K) while all other reagents used for this study were of analytical grade and were prepared in all glass-distilled water.

#### **Plant extract preparation**

*Tithonia diversifolia* leaves were collected in Odo-Okun village, Ilorin, Kwara State, Nigeria. The leaves were air dried at room temperature ( $25 \pm 5$  °C) under shade after which they were pulverized into powder. The powder (50 g) was percolated in the 600 ml of distilled water for 48 hr after which it was filtered and evaporated into dryness at 60 °C in a water bath.

#### **Extract administration**

The animals were randomly divided into the following groups with 5 rats per group:

Group I: received an appropriate volume of sterile distilled water,

Group II: received the aqueous preparation of the extract (100 mg/kg body weight daily), and

Group III: received the aqueous preparation of the extract (200 mg/kg body weight daily).

The administration of the extract lasted for seven days.

#### **Sample preparation**

At the end of the experimental period, venous blood was collected from the experimental animals using the method of Narayanan *et al.* (14). The clotted blood was centrifuged at 3000rpm for 5 minutes (15) and a Pasteur pipette was used to collect the supernatant (i.e. the serum) which was stored frozen until needed for analysis. The heart, liver and kidneys of the animals were quickly isolated, cleaned of blood, weighed, suspended in ice-cold 0.25M sucrose solution (1:5 w/v) and homogenized. The homogenates were kept frozen overnight to ensure maximum release of the enzymes (16).

#### **Biochemical assays**

Concentrations of serum sodium and potassium ions were determined by flame photometry using the Jenway Clinical PFP7 flame photometer (17). Serum urea concentration was estimated by the diacetylmonoxime assay (18). Serum creatinine concentration was determined using Jaffe's reaction (19). Serum albumin concentration was estimated using the albumin-bromocresol green reaction method (20). Serum phosphate ion and calcium ion concentrations were determined by the methods of Goldenberg *et al.* (21) and Sarkar and Chauhan (22)

respectively. Alkaline phosphatase (ALP) activity was determined by the method of Wright *et al* (23) while the activities of aspartate and alanine aminotransferases (AST and ALT respectively) were assayed as per Reitman and Frankel (24). Serum total cholesterol and HDL-cholesterol concentrations were determined by the methods of Frederickson *et al* (25) and Albers *et al* (26) respectively.

#### **Statistical analysis**

Data were analyzed using Duncan multiple range test following one-way analysis of variance (ANOVA) using SPSS 10.0 computer software package (SPSS Inc., Chicago, U.S.A). Differences at  $P < 0.05$  were considered significant.

### **RESULTS**

#### **Serum electrolytes and biomolecules**

The extract did not significantly alter ( $P > 0.05$ ) serum concentrations of sodium ion, phosphate ion, urea, creatinine, and total cholesterol at both doses administered compared to controls (Tables 1 and 2). However, the extract significantly increased ( $P < 0.05$ ) serum concentrations of calcium ion, potassium ion and HDL-cholesterol but significantly reduced ( $P < 0.05$ ) serum albumin concentration at both administered doses compared to controls (Tables 1 and 2).

#### **Enzyme activities**

The two doses of extract administered in this study had no significant effect ( $P > 0.05$ ) on Kidney ALP and serum AST and ALT activities while the dose of 200 mg/Kg body weight significantly increased ( $P < 0.05$ ) heart and liver ALP activities compared to controls (Table 3).

### **DISCUSSION**

Increased serum HDL-cholesterol concentration without alteration in the total cholesterol concentration at both doses of *T. diversifolia* leaf extract suggest its likelihood of protecting against diseases such as atherosclerosis. Since the plant is used to treat diabetes mellitus in folkmedicine, this may be one of the possible mechanisms by which it alleviates complications of diabetes e.g cardiovascular disease (27). However, the increased serum potassium ion concentration may be a threat to normal heart function. Increased serum potassium ion level may be attributed to kidney dysfunction possibly by a defective mechanism of tubular potassium excretion (28). This may lead to abnormal heart rhythms and impairment in the functions of smooth and skeletal muscles in various organs (28).

Increased serum calcium ion concentration in the

**Table 1: Effects of aqueous extract of *T. diversifolia* leaves on serum electrolytes**

Groups	Concentration (mmol/L)			
	Na <sup>+</sup>	K <sup>+</sup>	Ca <sup>2+</sup>	PO <sub>4</sub> <sup>3-</sup>
Control	142.80 ± 1.24 <sup>a</sup>	4.10 ± 0.11 <sup>a</sup>	1.87 ± 0.06 <sup>a</sup>	1.10 ± 0.13 <sup>a</sup>
100 mg/Kg	141.80 ± 2.27 <sup>a</sup>	4.72 ± 0.21 <sup>b</sup>	2.13 ± 0.07 <sup>b</sup>	0.82 ± 0.07 <sup>a</sup>
200 mg/Kg	145.00 ± 1.52 <sup>a</sup>	4.88 ± 0.06 <sup>b</sup>	2.13 ± 0.07 <sup>b</sup>	1.04 ± 0.08 <sup>a</sup>

Values are mean ± SEM. Values in the same column with different alphabet superscripts are significantly different at *P* < 0.05.

**Table 2: Effects of aqueous extract of *T. diversifolia* leaves on serum biomolecules**

Groups	Urea Conc. (mmol/L)	Creatinine Conc. (μmol/L)	Albumin Conc. (g/L)	HDL-Chl Conc. (mmol/L)	Total Chl Conc. (mmol/L)
Control	8.44 ± 0.44 <sup>a</sup>	69.80 ± 1.50 <sup>a</sup>	31.60 ± 0.75 <sup>a</sup>	0.800 ± 0.07 <sup>a</sup>	2.38 ± 0.29 <sup>a</sup>
100 mg/Kg	7.92 ± 0.50 <sup>a</sup>	68.60 ± 3.22 <sup>a</sup>	26.00 ± 1.52 <sup>b</sup>	1.020 ± 0.07 <sup>b</sup>	2.40 ± 0.21 <sup>a</sup>
200 mg/Kg	8.80 ± 0.47 <sup>a</sup>	76.80 ± 5.32 <sup>a</sup>	26.00 ± 1.48 <sup>b</sup>	1.080 ± 0.09 <sup>b</sup>	2.32 ± 0.32 <sup>a</sup>

Values are mean ± SEM. Values in the same column with different alphabet superscripts are significantly different at *P* < 0.05.  
HDL-Chl = HDL- cholesterol ; Total Chl = Total cholesterol.

**Table 3: Effects of aqueous extract of *T. diversifolia* leaves on enzyme activities**

Groups	Enzyme activities (IU/L)				
	Serum ALT	Serum AST	Heart ALP	Liver ALP	Kidney ALP
Control	36.20 ± 9.37 <sup>a</sup>	109.80 ± 19.94 <sup>a</sup>	57.75 ± 9.98 <sup>a</sup>	53.75 ± 2.56 <sup>a</sup>	1800.00 ± 197.87 <sup>a</sup>
100 mg/Kg	29.80 ± 3.65 <sup>a</sup>	81.40 ± 20.59 <sup>a</sup>	73.00 ± 9.06 <sup>a</sup>	53.00 ± 4.81 <sup>a</sup>	1707.00 ± 316.48 <sup>a</sup>
200 mg/Kg	40.20 ± 2.35 <sup>a</sup>	93.00 ± 13.36 <sup>a</sup>	86.75 ± 13.62 <sup>b</sup>	103.50 ± 17.00 <sup>b</sup>	1781.50 ± 136.23 <sup>a</sup>

Values are mean ± SEM. Values in the same column with different alphabet superscripts are significantly different at *P* < 0.05.

extract treated mice suggests increased intestinal absorption of calcium (29). This may result from increased conversion of vitamin D to the active form, 1,25-dihydroxyvitamin D<sub>3</sub>, which has been reported to be the primary hormone that mediates calcium absorption in the intestine (30). Vitamin D is first hydroxylated in the liver to 25- hydroxyvitamin D<sub>3</sub> which is further hydroxylated in the kidney to 1, 25- hydroxyvitamin D<sub>3</sub> by hydroxylases (31). 1, 25- dihydroxy vitamin D<sub>3</sub> has been reported to stimulate the production of the transport protein necessary for calcium transport across the epithelium of the small intestine (31). Thus, the extract may possess the potential of causing an imbalance in homeostatic regulation of calcium ion in subjects. However, hypocalcemia is a common feature of malaria (32, 33). Ability of the extract to increase serum calcium level suggests one of the possible mechanisms by which it alleviates complications of malaria, being a disease for which it is also used in folkmedicine.

Reduction in serum albumin concentration by the extract suggests impairment in the role of the liver to synthesize the protein (20). Decrease in serum albumin

level has adverse consequences. Albumin in conjunction with other plasma proteins (being large colloidal molecules) cannot diffuse through the thin capillary wall membranes as most other plasma solutes. Thus they are entrapped in the vascular system and exert a colloidal osmotic pressure, which serves to maintain a normal blood volume and normal water content in the interstitial fluid and the tissues (20). Albumin fraction is the most important in maintaining this normal colloidal osmotic or oncotic pressure in blood. Thus decrease in serum albumin concentration, if not checked, implies that water will diffuse from the blood vessels and enter interstitial fluid and the tissues, leading to accumulation of water in such tissues (20).

Alkaline phosphatase, alanine and aspartate aminotransferases in tissues and blood are important marker enzymes which are used to assess the integrity of the cell membrane, cytosolic activity and cell death (34, 35). Increased ALP activities in the heart and liver suggests the possibility of the extract causing membrane damage in these organs at higher concentrations or longer period of exposure of the

animals to the extract than those used in this study, though there was no alteration in serum AST and ALT activities at the concentrations used in this study. This observation is reflective of the response of the cellular systems to offset the stress imposed on the enzyme by exposure to the extract which may result from the inhibition of the enzyme activity *in situ* (36). Increased ALP activity is needed during stress to produce adequate amount of phosphate groups for oxidative phosphorylation to generate ATP which, in turn, is required for the phosphorylation of some biomolecules like ethanolamine and choline to form phosphatidyl ethanolamine and phosphatidyl choline, which are vital phospholipid components of the plasma membrane (37), thereby trying to stabilize the integrity of the membrane.

Presumptive treatment is common in traditional medicine practice. Indiscriminate consumption of the crude extracts of *T. diversifolia* leaves may cause grave consequences. The results of the present study suggest that the administration of aqueous extract of *T. diversifolia* leaves may adversely affect liver, heart and kidney functions. Thus indiscriminate use of the plant should be discouraged.

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