

MITIGATION OF ALLOXAN INDUCED RENAL DYSFUNCTION BY HYDROETHANOLIC EXTRACT OF *FLEURYA AESTUANS* IN WISTAR RATS

ABSTRACT

The effect of *F. aestuans* extract on diabetic renal dysfunction (DRD) in an alloxan-induced type 2 diabetes rat model was investigated in this work. Thirty-five (35) male Wistar rats were split into seven (7) groups at random. The control group (CG) was Group 1. The negative control group (NCG) was Group 2. Group 3 was the extract group with the lowest dose (LDEG). The medium dose extract group (MDEG) was Group 4. Group 5 was the extract group with the highest dose (HDEG). Positive control group 1 (PCG1) was made up of rats from group 6. Positive control group 2 (PCG2) was made up of rats from Group 7. FAE at lowest, medium and highest doses given for 30 days resulted in significant reductions in high electrolyte markers. In diabetic rats treated with FAE, urea and creatinine clearance were likewise declined. Histological experiments were also used to uncover the extract's potential structural impacts. In conclusion, we have correctly anticipated that the bioactive elements of FAE may reduce the progression of renopathy using the ALX model. *F. aestuans* may operate as a possible adjuvant for antidiabetic therapy and should be further researched.

Keywords: *FlEURYA aestuans*, Alloxan, Diabetes, Renal dysfunction.

Introduction

Diabetic renal dysfunction (DRD) is one of the most common causes of death among diabetics (1). The thickening of the basement membrane, the proliferation of mesangial cells, fibrosis, and death of podocytes all contribute to morphological and functional problems. In diabetic individuals, renal cell dysfunction causes increased excretion of urine albumin, urea, uric acid, and creatinine, fluid retention, glomerular lesions, and a reduction in glomerular filtration rate (GFR). Furthermore, chronic hyperglycemia and oxidative stress are two important contributors to the development of diabetic complications. Under normal circumstances, the hexokinase enzyme phosphorylates glucose for energy production, however persistent hyperglycemia causes hexokinase saturation. As a result of this saturation, extra glucose enters pathways like the polyol pathway. Chronic hyperglycemia causes oxidative stress by raising the number of reactive oxygen species in the body (ROS). As a result, changes in the metabolic pathways indicated above cause structural and functional abnormalities in nephrons, eventually leading to diabetic renopathy (2, 3).

Many diabetic patients choose complementary and alternative therapies in addition to the existing diabetes interventions such as oral hypoglycemic medications and insulin therapy, which has increased the demand for alternative therapies for diabetes control (4).

FlEURYA aestuans is a plant that belongs to the Urticaceae family. It is known by a variety of Nigerian names, including *fiyafiya* and *ofuefue* (Yoruba), *bulsum fage* (Hausa), and *ile-nkita* (Igbo) as one of the unique herbal plants prized for its nutritional and therapeutic benefits (5). Traditional medicine

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systems employ the leaves of this plant to treat a variety of ailments. Tetrahydroxyflavone, flavonoids (quercetin and isoquercetin, rutin), terpenes (limonin), terpenoids, polyphenols, fatty acids, tannins, sterols, vitamin C, and tocopherols, among others, may be responsible for *Fleurya aestuans*' medicinal activity (6). Antidyslipidemic and anti-inflammatory properties are among the pharmacological properties of *Fleurya aestuans* (6, 7). Due to its widespread use in everyday food, *Fleurya aestuans* could be regarded a functional plant. Furthermore, its pharmacological benefits in treating a variety of ailments encourage its use as a functional plant (7).

The current study was designed to explore hydroethanolic extract of *Fleurya aestuans* leaf for attenuation of diabetic renal failure, following the trend of employing safe natural products along with functional plants, their bioactive ingredients, and therapeutic capabilities.

Materials and methods

Preparation of extract

Fresh leaves of *Fleurya aestuans* (West Indian wood nettle) were collected from the University of Port-botanic Harcourt's farm and scientifically defined by the herbarium of the Department of Plant Sciences, Faculty of Sciences, University of Port-Harcourt, Choba, Nigeria, with the reference number UPH/P/263. The leaves were washed thoroughly and allowed to dry at room temperature. A plastic jar was used to store the dried leaves. The extract was prepared using Al-Attar and Abu Zeid's (8) method with certain changes.

Ethical approval

Our institutional ethical committee reviewed and approved the study, which was given the reference number UPH/CEREMAD/REC/MM78/052.

Lethal dose (LD₅₀) of the extract.

Lorke's (9) approach was used to determine the extract's lethality, with slight modifications.

Induction of Experimental Diabetes

Diabetes was produced in all of the test groups by injecting 150mg/kg body weight of alloxan monohydrate intraperitoneally (10).

Experimental design

For the investigation, thirty-five (35) male Wistar rats were employed. The rats ranged in weight from 180.4 to 210.9 grams. They were purchased from the Madonna University Animal House in Elele, Nigeria. Prior to the start of the experiment, the animals were housed in plastic cages and fed commercial rat feed and water ad libitum for a week to acclimate. The animals were split into seven (7) groups, each with five (5) animals. What is the reason for determining low, medium and high doses? why choose 50, 75 and 200? What is the reason for determining 100 mg of tetrahydroxyflavone

Did the group 3,4,5,6,7 receive ALX?

Group 1 functioned as the control group (CG), receiving unlimited rat food and water.

Group 2 was the negative control group (NCG), receiving ALX only.

Group 3 was the low dose extract group (LDEG), receiving 50 milligrams per kilogram of body weight of *Fleurya aestuans* leaf extract for 30 days.

Group 4 was the medium dosage extract group (MDEG), receiving 75 milligrams per kilogram of body weight of *Fleurya aestuans* leaf extract for 30 days.

Group 5 was the high dose extract group (HDEG), given 200mg/body weight of *Fleurya aestuans* leaf extract for 30 days.

Group 6 was the positive control group 1 (PCG1) rats, given 600 mg of glibenclamide per kilogram of body weight for 30 days.

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Group 7 was the positive control group 2 (PCG2) rats, given 100 mg of tetrahydroxyflavone per kilogram of body weight for 30 days.

Collection of Blood Samples

Rats were given chloroform anesthesia and sacrificed by cutting the jugular vein. Blood was collected into heparinized bottles and centrifuged for 10 minutes at 3000rpm; the supernatant (serum) was collected and stored in the refrigerator for future use.

Determination of sodium (Maruna and Trider method) mmol/L. please state the citation number

The current method is based on the reaction of sodium with a selective chromogen, which results in a chromophore whose absorbance fluctuates in direct proportion to the sodium concentration in the test sample.

Determination of potassium (Tiets N.W method) unit mmol/L

The amount of potassium in a colloidal suspension is determined by using sodium tetraphenylboron in a specially prepared combination. The sample's turbidity is proportional to the potassium concentration.

Determination of Chloride: (Levinson S.S Method) unit mmol/L

The calorimetric displacement of thiocyanate by chloride from mercuric thiocyanate, as well as the subsequent production of red ferric thiocyanate complexes, is measured.

Determination of bicarbonate (HC03) (Back Titration Method)

Excess standard HCL reacts with serum HCo3. Back titrates the leftover HCL with standard NaOH using phenol red as an indicator.

Determination of urea (Urease-Berthelot Method) mmol/L

In the presence of urease, urea in serum is hydrolyzed to ammonia. Berthelot's reaction is then used to measure ammonia photometrically.

Determination of creatinine (Direct End-Point Method) umol/L

In an alkaline solution, creatinine interacts with picric acid to generate a colored complex. The amount of complex produced is proportional to the concentration of creatinine.

Histological Examination

Following the procedure indicated by Bancroft and Gamble (11) for fixation, tissue processing, staining, and photomicrography, samples of kidney from all groups of rats were histologically processed.

Statistical Analysis

All data was expressed as mean + S.E.M. and statistical analysis was performed. A one-way analysis of variance was used to compare the two groups (ANOVA). When P 0.05, values were considered significant.

Results

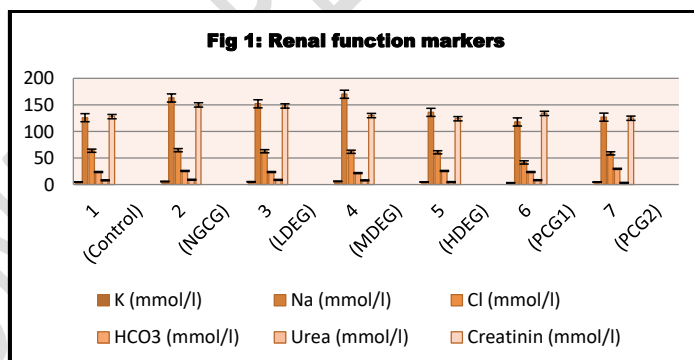
When compared to the control group, the negative control group showed a significant increase in renal function parameters. When compared to the negative control group, the extract at 200mg/kg caused a significant decrease ($p<0.05$) in plasma sodium ions and creatinin (Table 1?). When compared to the negative control group, glibenclamide at 600mg/kg induced a significant decrease ($p<0.05$) in plasma potassium, sodium, and chlorine ions. When compared to the negative control group, tetrahydroxyflavone at 100mg/kg induced a significant decrease ($p<0.05$) in soduim, chlorine ions, urea, and creatinin.

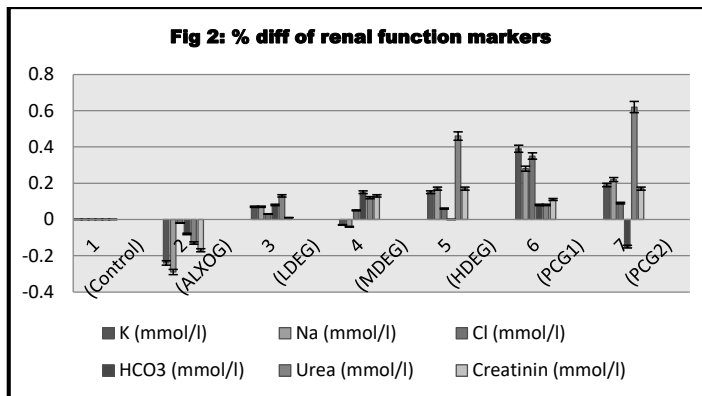
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Table 1: Values of renal function markers of study animals.

GROUPS	K (mmol/l)	Na (mmol/l)	Cl (mmol/l)	HCO ₃ (mmol/l)	Urea (mmol/l)	Creatinin (mmol/l)
1 (Control)	5.0±0.00	126±0.20	64±0.03	24±0.00	8.40±0.00	128±0.01
2 (NCG)	6.2±0.00	163±1.00 ^a	65±0.01	26±0.00	9.50±0.00 ^a	150±0.04 ^a
3 (LDEG)	5.8±0.00	152±0.20	63±0.00	24±0.20	9.20±0.01	148±0.00
4 (MDEG)	6.4±0.00	170±0.00	62±0.00	22±0.00	8.30±0.07	130±0.03
5 (HDEG)	5.3±0.00	136±0.10 ^b	61±0.20	26±0.08	5.10±0.10	124±0.00 ^b
6 (PCG1)	3.8±0.00 ^b	118±0.10 ^b	42±0.00 ^b	24±0.00	8.70±0.00	134±0.07
7 (PCG2)	5.0±0.00	127±0.00 ^b	59±0.30 ^b	30±0.00	3.6±0.00 ^b	125±0.00 ^b

KEY: Values are presented as mean ± sem. n= 5. **a** = mean values are statistically significant compared to control. **b** = mean values are statistically significant to ALX group (group 2?)





How about histopathology result? Please give brief explanation (Figure Plate 1-7)

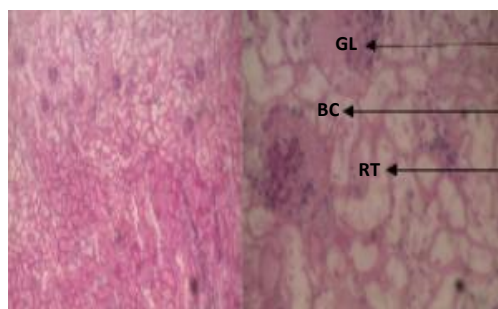


Plate 1 - CG (H&E) x 600

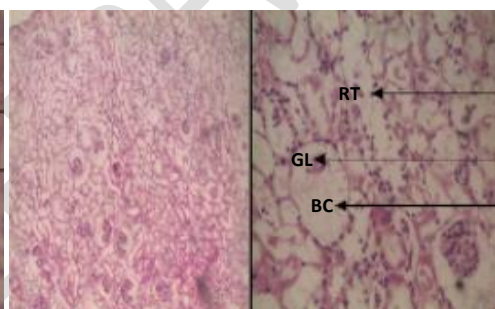


Plate 2 - NCG (H&E) x 600

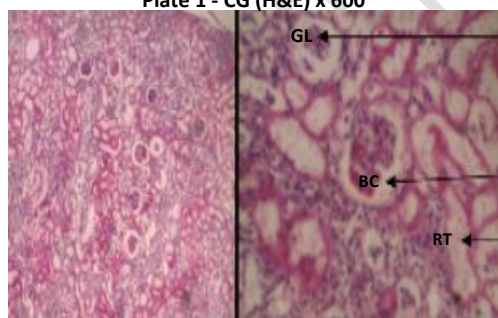


Plate 3 - LDEG (H&E) x 600

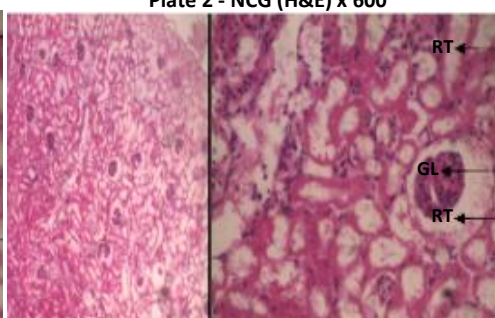


Plate 4 - MDEG (H&E) x 600

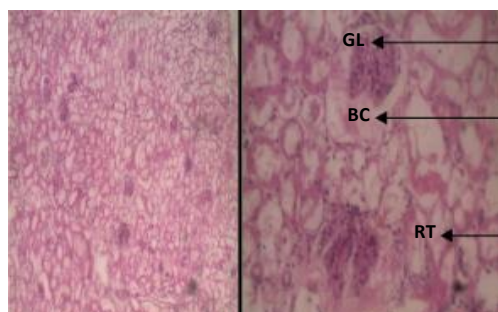


Plate 5 - HDEG (H&E) x 600

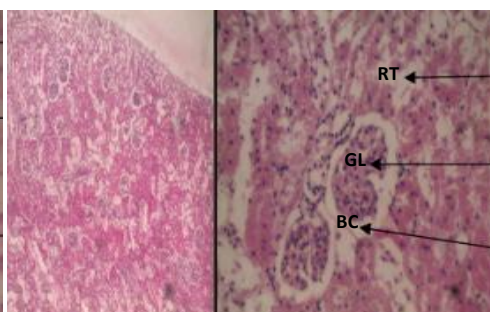


Plate 6 - PCG1 (H&E) x 600

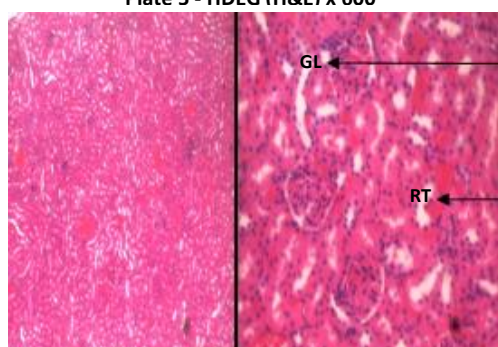


Plate 7 - PCG2 (H&E) x 600

Discussion

Diabetic kidney disease is the decline of kidney function over time in people who have diabetes. Protein loss in the urine owing to glomeruli destruction can become large, resulting in a low serum albumin level, which can lead to generalized body swelling (edema) and the nephrotic syndrome. Similarly, the estimated glomerular filtration rate (eGFR) may gradually decrease from a normal of over 90 ml/min/1.73m² to less than 15, indicating that the patient has end-stage renal disease [6]. It normally progresses slowly over time. Pathophysiologic problems begin with blood glucose levels that have been poorly regulated for a long time (12).

Hippocrates, the father of medicine as a logical discipline, researched and summarized many therapeutic characteristics of plants. Throughout history, many traditional systems, including Nigerian traditional medicine systems, have used plants as medicine. A plant must include biologically active components that contribute to improved health or reduced illness risk in addition to being nourishing

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in order to be medicinally active or useful. These are well-thought-out plants that would be found in a typical diet.

Biomarkers such serum urea and creatinine were observed to be higher in the negative control group in the current investigation, indicating the development of diabetic nephropathy. The elevated renal parameters were reversed when *Fleurya aestuans* was given orally, and the mitigating effects were dose dependant. In comparison to normal control rats, diabetic rats (NCG) have higher electrolyte concentrations. Treatment with *Fleurya aestuans* extract considerably lowered these levels.

The start of diabetic nephropathy is marked by functional abnormalities such as elevated electrolytes, urea, and creatinine levels. Uremia (excess urea in the urine) is associated with diabetic nephropathy (13). In diabetic rats (NCG), a significant increase in urine urea and creatinine levels indicates poor kidney function and a change in electrolyte metabolism. As a result, treatment with *Fleurya aestuans* stabilized these levels, demonstrating its therapeutic effect in the treatment of renal dysfunctions.

The histoarchitecture of the kidneys is normal in Plate 1 (CG). Plate 2 (NCG) depicts aberrant renal corpuscles with glomerular degeneration and an enlarged Bowman's capsule capacity. Plate 3 (LDEG) revealed that the epithelial lining of the renal tubules has been lost. Hypertrophied renal corpuscles (RC) with normal glomeruli and increased Bowman's capsule capacity. Plates 4 (MDEG), 5 (HDEG), 6 (PCG1), and 7 (PCG2) reveal that the renal corpuscles (RC) and renal tubules (RT) of the rat kidney are normal, indicating that the diabetic nephropathy produced by ALX medication has been reversed.

Chronic hyperglycemia and oxidative stress cause structural and functional changes in the body. In ALX-diabetic rats (NCG), structural anomalies in the kidney (basement membrane thickening, mesangial expansion, and hypertrophy) result in an elevated kidney parameters (14). Oral delivery of FAE to diabetic groups greatly reduced diabetic kidney dysfunctions, which is consistent with Donate research (2).

Conclusion

Overall, this study suggests that *Fleurya aestuans* leaves could be beneficial in the treatment of diabetic renal impairment caused by hyperglycemia in individuals.

Consent

It isn't appropriate.

References

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