

The effect of crude extract of *Cyathula prostrata* leaves on serum c-reactive proteins levels of normal albino Wistar rats after an administration period of 7 days

Ombu Sunita Etta ^{1,*}, Oyom Bright Bassey ¹, Uroko Emmanuel Augustine ² and Canice Peace Jerimoth ³

¹ Department of Biochemistry, Cross River University of Technology, Calabar, Nigeria.

² Department of Physics, Ahmadu Bello University, Zaria, Nigeria.

³ Department of Biochemistry, Bingham University, Auta-Balefi, Nigeria.

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Abstract

Food fortification is considered a sustainable public health strategy because it can reach wider populations through existing food delivery systems without requiring major changes in existing consumption patterns (Das et al., 2013). C-reactive Protein (CRP) is a major acute phase reactant synthesized primarily in the liver hepatocytes. CRP shows the strongest association with cardiovascular events. It is detectable on the surface of about 4% of normal peripheral blood lymphocytes. This research was designed to study the effects of the administration of graded doses (100mg/kg and 200mg/kg) of crude extracts of *Cyathulaprostrata* leaves on albino *Wistar* rats after a period of 7 days. The animals were sacrificed after the experimental period and blood collected and prepared for analysis to access the level of blood C-reactive protein. After the study, it was observed that the blood C-reactive protein levels for groups II and III animals were elevated significantly, indicating that there was tissue damage due to toxicity of xenobiotics. This research has led to the conclusion that the consumption of *Cyathulaprostrata* leaves extract was safe though it generated oxidative stress. Results show that experimental animals of group II, and III indicated elevated C-reactive protein levels (3.21 ± 0.19 and 3.14 ± 1.11 mg/dL respectively) significantly at $p < 0.5$ when compared to experimental animals of group 1 (control, 2.38 ± 1.04 mg/dL) significantly at $p < 0.05$.

Keywords: *Cyathulaprostrata*; C-reactive Protein; Oxidative stress; Oxidative stress; Xenobiotics

1. Introduction

Micronutrient deficiencies and the negative consequences of a diet lacking in essential vitamins and minerals/trace elements continue to pose significant public health problems for many low- and middle-income country (LMIC) populations. This hidden hunger is more prevalent in vulnerable populations, including women of reproductive age and young women (Yang and Huffman, 2011), and female adolescents (Thurnham, 2013).

It is estimated that at least 1.6 billion people around the world suffer from anaemia (McLean et al., 2009). Globally approximately 2 billion suffer from chronic micronutrient deficiencies (Muthayya et al., 2013), with the most common forms of micronutrient malnutrition being caused by a lack of iron, folate, iodine, vitamin A, and zinc overall, micronutrient malnutrition has significant health and economic consequences (Fletcher et al., 2004; Horton et al., 2008; Bhutta et al., 2013; Black et al., 2013). Micronutrient deficiencies alone have been estimated to cost an annual GDP loss of 2% - 5% in low and middle-income countries (LMIC) (Ming et al., 2014; Dary, 2008; Taylor et al., 2015), with direct costs estimated between US \$20 to \$30 billion every year (~ = N=7.22 to 10.83 trillion). Consider anaemia, which is estimated to cause a 17% reduction in productivity in heavy manual labour, as well as an estimated 2.5% loss of earnings due to lower cognitive skills (Horton et al., 2008).

* Corresponding author: Ombu Sunita Etta.

Annually, 40-60% of children 6 – 24 months of age in LMIC are at risk of impaired cognitive development due to iron deficiency, while anaemia during pregnancy contributes to 20% of all maternal deaths, and reduced work productivity in adults (Black *et al.*, 2013). Iodine deficiency causes some 35 million newborns to be born intellectually impaired (UNICEF, 2015) as a result of poor maternal iodine status. The estimated intellectual losses for these newborns range from 7.4 to 15 IQ points (Canadian Public Health Association - CPHA – 2015).

Insufficient intake of vitamin A results in an estimated 250,000 to 500,000 cases of childhood blindness every year. An estimated 250 million preschool children are vitamin A deficient (8), leading to a compromised immune system and increased mortality risk. In 2013, it was estimated that, annually, 2.3% and 1.7% of all childhood deaths can be attributed to deficiencies in vitamin A and zinc. Approximately 300,000 children are born each year with severe birth deficits due to maternal folate deficiency.

The World Health Organization (WHO) and the Food Agriculture Organization of the United Nations (FAO) have identified four main strategies for improving micronutrient malnutrition: Nutrition education leading to diets that are more diverse and better quality, Food fortification and bio-fortification, Supplementation, Disease control measures.

Each of these strategies has a place in eliminating micronutrient malnutrition. To achieve maximum impact, the appropriate mix of these strategies should be in place simultaneously to promote consumption and utilization of an adequate diet for all people in the world (WHO/FAO, 2006).

Food fortification is considered a sustainable public health strategy because it can reach wider at-risk populations through existing food delivery systems without requiring major changes in existing consumption patterns (Das *et al.*, 2013). Compared to other interventions, food fortification is likely to be more cost-effective, and – if fortified foods are regularly consumed – it has the advantage of maintaining steady body stores (WHO/FAO, 2006).

In 2006, the WHO published evidence-informed guidelines for various aspects of fortification. These guidelines included the appropriate selection of vehicles and fortificants; how to determine fortification levels; and the implementation of effective and sustainable food fortification programmes (WHO/FAO, 2006). Today, 10 years after the WHO guidelines were published, this report will provide an objective overview of the state of large-scale food fortification in the world, with particular emphasis on the fortification of staple foods. Typically, the fortification of staple foods is mandatory, but voluntary programmes are included where appropriate. The report will describe essential components of successful fortification programmes and describe remaining technical challenges and barriers. This will inform how to prioritize recommendations and next steps, which will be discussed and conclusions drawn. The report focuses on mass fortification and does not address home fortification, bio-fortification or specialized fortified foods for specific target groups (for example, fortified complementary foods for infants and young children who typically cannot consume enough of fortified family foods to match their dietary requirements (Dewey, 2013). An initial expanded version of this report was presented at the #Future Fortified Global Summit on Food Fortification, which took place in Arusha, Tanzania in September, 2015. This synopsis report summarizes the initial version and includes some of the recommendations from the summit, which have been described in details in other publications (Sight & Life, 2016).

2. Materials and methods

2.1. Materials

Mature leaves of *Cyathulaprostrata* were collected washed and further dried under ambient conditions and then crushed and blended with an electric blender and subjected through Soxhlet extraction method using petroleum ether as solvent. The extract was subsequently concentrated to about 10 percent of its original volume.

2.1.1. Chemicals

All chemicals and reagent kits were standard chemicals from the Cross-River University of Technology laboratory and of appropriate concentrations purchased from No. 121 Dan Archibong Street, Calabar, Cross River State.

2.1.2. Collection and preparation of plant materials

The whole plants of *Cyathulaporstrata* were collected from the Botanic Garden, Department of Biological Science, Cross River University of Technology, Calabar, during the months of August – September, 2017. The plant was identified by the taxonomist in the Biological Science Department, Cross River University of Technology, Calabar.

The leaves of *Cyathulaprostrata* were washed thoroughly, separated and dried under ambient conditions. The dried materials were shredded and further pulverized to very fine powder by pounding with the aid of a mortar and pestle. The powdered leaves samples obtained were stored separately in airtight containers until needed.

The powdered leaves were extracted with petroleum ether using a Soxhlet extractor. The extracts were filtered to obtain particulate free filtrates. The filtrates obtained were concentrated using a Rotary vacuum evaporator. The resulting dark semisolid material obtained was stored at a temperature (4 °C), until use (Vijayakumar, 2014).

2.2. Methods

2.2.1. Animal experimentation

30 (thirty) albino rats of *Wistar* strain weighing between 150-250 grams, obtained from the animal house of the Department of Biological Sciences, Cross River University of Technology, Calabar, were used. The animals were acclimatized for one week and their weights noted before, during and on the last day of experimental treatments. Groups of 10 animals each were housed in cages with the normal day lighting pattern of about 12 hours light (0630 – 1830 hours) and 12 dark. Animals had free access to standard livestock feed and tap water and *libitum* throughout the experimental period of 7 days.

2.2.2. Experimental procedures

The thirty albino *Wistar* rats weighing 150-250 g were randomly grouped into three (3) experimental groups of ten (10) rats each. Rats were fed 1.0ml crude extracts of 100 mg/kg body weight (F1) and 200mg/kg body weight (F2) in normal saline by gavage. The experimental animals for a period of 7 days as follows:

Groups	Administration
I	Control, 1.0ml 0.9 normal saline (n = 10)
II	100mg/kg body weight 1.0ml F1 (n=10)
III	200mg/kg body weight 1.0ml F2 (n=10)

The experimental treatment lasted for a period of seven (7) days. On the eight (8th) day, the animals were sacrificed and the tissue of interest were collected and stored accordingly for analysis.

2.2.3. Collection and preparation of tissues for analyses

At the end of the experimental treatments the animals were sacrificed and the blood tissue collected were thereafter centrifuged at 2000g for 5 minutes and the serum decanted for analysis.

2.3. Principles and procedures for biochemical estimation

2.3.1. Estimation of plasma C-reactive proteins levels

Principles

The Cohesion Bioscience Human C-Reactive Protein ELISA (Enzyme-Linked Immunosorbent Assay) kit is an in vitro enzymelinked immunosorbent assay for the quantitative measurement of Human C- Reactive Protein in Cell Culture Supernatants, Serum, Plasma. This assay employs an antibody specific for Human C-Reactive Protein coated on a 96 well plate. Standards and samples are pipette into the wells by the immobilized antibody. The wells are washed and biotinylated anti-Human C-reactive protein antibody is added. After washing away unbound biotinylated antibody, HRP-conjugated streptavidin is pipette to the wells. The wells are again washed, a TMB substrate solution is added to the wells and color develops in proportion to the amount of C-reactive protein bound. The Stop Solution changes the color from blue to yellow, and the intensity of the color is measured at 450nm.

- | | |
|---|---------------|
| • Component | Volume |
| • 96 well Plate Coated with Anti-Human C-Reactive Protein | 12x8 stripes |
| • Antibody | |

• Human C-Reactive Protein Standard	10 ng x 2
• Biotin-Labelled Detection Antibody (100x)	120 pl
• Streptavidin – HRP (100x)	120pl
• Standard/Sample Diluent	30 ml
• Detection Antibody Diluent	12 ml
• Streptavidin HRP Diluent	12 ml
• Wash Buffer (20x)	30 ml
• TMB Substrate Solution	12 ml
• Stop solution	12 ml
• Plate Adhesive Strips	3 Stips
• Technical Manual	1 Manual

2.3.2. Storage and Stability

All kit components are stable at 2 to 8°C. Standard (recombinant protein) should be stored at -20 °C or -80 °C (recommended at -80 or 0C) after reconstitution. Opened Microplate Wells or reagents may be stored for up to 1 month at 2 to 80 °C. return unused wells to the pouch containing desiccant pack, reseal along entire edge. Note: the kit can be used within one year if the whole kit is stored at -20 °C. avoid repeated freeze-thaw cycles.

2.4. Statistical Analysis

The data obtained were analyzed statistically using analysis of variance (ANOVA) and students' T-test. Data were expressed as \pm mean standard deviation. Values of $p < 0.05$ were regarded as being significant.

3. Results

Table 1 shows the C-reactive protein levels in the serum of experimental animals challenged with acute toxicity from fumes of pesticides.

Table 1 C-reactive protein levels in the serum of experimental animals challenged with acute toxicity from fumes of pesticides.

Experimental Animal groups	Group I	Group II	Group III
C-reactive protein levels (mg/dl)	2.38 \pm 1.04	3.21 \pm 0.19	3.14 \pm 1.11

4. Discussion

Results show that experimental animals of groups II, and III indicated elevated C-reactive protein levels (3.21 \pm 0.19 and 3.14 \pm 1.11 mg/dl respectively) significantly at $p < 0.5$ when compared to experimental animals of group I (control, 2.38 \pm 1.04 mg/dL) significantly at $p < 0.05$.

C-Reactive protein (CRP) is a major acute phase reactant synthesized primarily in the liver hepatocytes. CRP shows the strongest association with cardiovascular events. It is detectable on the surface of about 4% of normal peripheral blood lymphocytes. Acute phase reactant CRP is produced in the liver. Displays several functions associated with host defense: it promotes agglutination, bacterial capsular swelling, phagocytosis and complement fixation through its calcium-dependent binding to phosphorylcholine. Can interact with DNA and histones and may scavenge nuclear material released from damaged circulating cells.

4.1. Summary

This research was designed to study the effects of the administration of graded doses (100mg/kg and 200mg/kg) of crude extracts of *Cyathulaprostrata* leaves on albino *Wistar* rats after a period of 7 days. The animals were sacrificed after the experimental period and blood collected and prepared for analysis to access the level of blood C-reactive protein. After the study, it was observed that the blood C-reactive protein levels for groups II and III animals were elevated significantly, indicating that there was tissue damage due to toxicity. This assumption is rife because high levels of C-reactive protein are associated with necrosis and myocardial infection, probably due to oxidative stress emanating from toxicity of xenobiotics.

5. Conclusion

This research has led to the conclusion that the consumption of *Cyathulaprostrata* leaves extract was safe though it generated oxidative stress. This is due to the inherent route of metabolism of xenobiotics which generates free radicals.

Recommendation for further studies

Further research should be conducted to understudy the active ingredients within the extract that may be responsible for the observed elevation.

Compliance with ethical standards

Disclosure of conflict of interest

No conflict of interest to be disclosed.

Statement of ethical approval

Ethical approval for the treatment and handling of experimental animal and human subjects was obtained from the Faculty Animal Research Ethics Committee on Use and Care of Experimental Animals, Faculty of Basic Medical Sciences, Cross River University of Technology, Okuku Campus with the approval number/code; CRUTECH/FBMS/IREC/2023-C1002.

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