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The Protective Role Of *Panax ginseng* On Hepatotoxicity Induced By Carbon Tetrachloride In Male Rats

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Abstract

The present study aimed to investigate the possible protective effects of *Panax ginseng* C. A. MEYER (Araliaceae) on liver damage caused by carbon tetrachloride in rats. The histopathological changes and certain liver enzymes were investigated. The results showed that carbon tetrachloride causes elevated serum alanine aminotransferase (ALT), aspartate aminotransferase (AST) and alkaline phosphatase (ALP) levels production of the liver and decreased nuclear area and nuclear volume in the liver of CCl₄-treated rats. Histopathological observations indicated severe damage in the liver. *Panax ginseng* co-treatment to the CCl₄-administered rats attenuated the increase of the liver enzymes and restored the mean values of the nuclear area and nuclear volume and the morphological damage in the liver was reduced. It is therefore suggested that the *Panax ginseng* can provide a protective effect against acute hepatic injury caused by CCl₄ in rats.

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Introduction

Carbon tetrachloride (CCl₄) is a colorless, volatile, non-inflammable liquid that is produced by the mixture of chlorine with chloroform in the presence of light. CCl₄ is a common environmental pollutant. Workers are at high risk of exposure to high levels through inhalation and dermal contact. Carbon tetrachloride (CCl₄) is widely used in the dry-cleaning industry and is a highly toxic chemical agent. CCl4 causes cellular damage in multiple organs, mostly in the liver, kidneys, and lungs (Teschke et al., 2018). The toxic effects of CCl₄ on the liver have been extensively studied. The overproduction of free radicals is toxic to hepatocytes and initiates reactive oxygen species causing hepatocyte death and hepatic damage. It is the common model for highly reactive free radicals that can induce liver injury as liver necrosis, hepatocyte apoptosis and fibrosis (Fan et al., 2018; Simeonova et al., 2001; Zhu et al., 2021). Weber et al., 2003 mentioned that CCL₄ causes acute liver damage like necrosis and steatosis. This action is due to free radicals release, which are trichloromethyl and peroxy trichloromethyl radicals. Anti-oxidative Treatment was proposed to be a potential means of preventing or attenuating toxic liver injury (Higuchi and Gores, 2003; Singh, 2005; We et al., 2022). Antioxidative Treatment was proposed to be a potential means of preventing or attenuating toxic liver injury. In recent years, there has been a worldwide trend toward the use of the natural phytochemicals present in berry crops, teas, herbs, oilseeds, beans, fruits and vegetables (Wang and Jiao, 2000). Ginseng is one of the most widely used medicinal plants, particularly in traditional oriental medicine, and has a wide range of pharmacological and physiological actions and antioxidant activity that protects from toxic substances. Ginseng is a traditional herbal remedy used in Chinese medicine for thousands of years (Loo et al., 2004). One of the most commonly used and researched ginsengs is Panax ginseng. The main active components of Panax ginseng are ginsenosides, which have been shown to have a variety of beneficial effects, including antiinflammatory, antioxidant, and anticancer effects (Kampen et al., 2003). Moreover, it was found that

ginseng protects from toxic substances (Lee *et al.*, 2005) and human diseases (Yang *et al.*, 1993) by several different mechanisms. Recent studies have demonstrated that ginseng intake is associated with reduced risk factors for cancers (Xiaoguang *et al.*, 1998). Many authors demonstrated that ginseng could recover the liver damage produced by toxins (Lin *et al.*, 2003; Gum *et al.*, 2007).

The aim of the current research was to assess the toxic effect of CCL₄ on the liver of adult male albino rats and the possible protective role of Ginseng.

Materials and methods

Experimental animals

Twenty-four adult male Sprague–Dawley rats weighing about 120 - 150 g were obtained from the animal house. The animals were housed in individual suspended stainless steel cages at 22 ± 2 °C with a 12 hours light/dark cycle and allowed to acclimatize for a period of 15 days prior to experimental use. Throughout the experiment, the rats were allowed free access to feed.

The rats were divided into four different groups comprising six animals each:

Group I: normal control has received an injection of vehicle (olive oil) alone once daily.

Group II: received orally *Panax ginseng* extract (20 mg/kg b.w) suspended in corn oil.

Group III: received subcutaneous injections of CCl_4 in olive oil at a dose of 3 ml/kg twice a week to induce toxicity (Basu *et al.*, 2003).

Group IV: received subcutaneous injections of CCl_4 in olive oil at a dose of 3 ml/kg twice a week to induce toxicity. Rats were pretreated orally with *Panax ginseng* extract (20 mg/kg b.w) once daily and six hours before the dose of CCl_4 .

Sample collection

Animals were sacrificed 24 h after the last injection. Blood was collected, allowed to clot and centrifuged at $3000 \times g$ for 10 min to obtain serum. All serum samples were kept at -70 °C before the determination of the biochemical parameters. Serum levels of (ALT) and (AST) as markers of hepatic function were determined according to the method of Reitman and Frakel (1957) and the activity of serum alkaline phosphatase (ALP) was determined according to the method of Kind and King (1954).

Histological examination

Animals were sacrificed, liver tissues were removed immediately and fixed in 10% neutral formalin solution for at least 24 h, then processed, embedded in paraffin wax and sectioned (5μ m) thickness for histopathological examination. Sections were stained with haematoxylin and eosin (H&E) using the standard techniques and then analyzed under a light microscope.

Histomorphometrical measurements

For the morphometrical study, three slides from the liver of each group (6 sections per slide) were measured. Liver measurements included nuclear area and nuclear volume. Histological sections were studied by using a research microscope equipped with a video camera and connected to a PC-based image

Table 1. Liver functions of rats of the different groups.

analysis system. Sigma Scan Pro (version 5.0, Jendel Scientific, SPSS Inc., Chicago, USA) was used for image analysis and morphometrical data acquisition.

Statistical analysis

For statistical analysis, univariate analysis of variance was used to test differences between values. All values are given as means \pm standard error. The values were considered significant when *p*<0.05. All statistical analyses were performed using SPSS.

Results

Liver function (Table 1)

Serum ALT and AST and ALP levels were elevated at 24 h following CCl4 administration. Elevation of ALT, AST, and ALP was significant (p<0.05) in comparison with the normal control group. Pretreatment with *Panax ginseng* extract remarkably decreased the levels of serum ALT, AST and ALP in the liver of CCl4-treated rats, although the enzyme levels were still higher than in the control. Differences were significant at (p<0.05) compared with the CCl₄ group.

parameters	ALT	AST	ALP
Groups	μ/ml	µ/ml	µ/l
Control group	82.27 ± 2.33	198.73 ±5.98	75.46 ±2.02
Extract group	83.7 ± 2.21	201.54 ± 5.38	78.12
CCl ₄ group	165.37 ± 1.78 *	297.12 ± 5.95 *	124.7 ± 1.65 *
Extract & CCl ₄ group	112.62 ± 1.81**	241.63 ± 4.21 **	111.71 ± 2.62 **

Data presented as means \pm Standard Error

* Significant difference at P<0.05 compared with control group.

** Significant difference at P<0.05 compared with CCl4 group.

Histopathological findings

The microscopic examinations of sections of the liver of control and extract-treated rats showed the normal structure of the hepatic lobule. The central vein is surrounded by hepatocytes with eosinophilic cytoplasm and distinct nuclei.

The hepatic sinusoids are shown between the hepatocytes (Fig. 1A). The histopathological examination of the liver of CCl₄-treated rats revealed obvious changes versus control animals. The

arrangement the anastomosing of plates of disrupted hepatocytes was and there was disorganization of the hepatic cords and severe hepatocyte necrosis. In the central vein region, many liver cells were ballooned with multiple vacuolations in their cytoplasm and invasion of infiltrative inflammatory cells (Fig. 1B).

Treatment with extract was able to ameliorate the CCl₄-induced liver injuries and improved typical histological appearance (Fig. 1C).

Histomorphometrical findings

Data obtained from histomorphometrical measurements of the liver (Table 2) revealed that CCL4 administration reduced the mean value of nuclear area (27%) compared to those of controls. Statistically, the inhibition was significant (p<0.05). Extract Treatment to the CCl₄-administered rats

restored the nuclear area (14%); the stimulation was statistically significant (p<0.05). The nuclear volume was reduced by (30%), in the CCl₄-treated rats versus those of controls. Statistically, the inhibition was significant with a level of p<0.05. Co-treatment with extract restored the nuclear volume (16%). The stimulation was statistically significant (p<0.05).

parameters	Nuclear area	Nuclear volume
Groups	(sq pixel)	(cubic pixel)
Control group	365 ± 18	3544 ± 320
Extract group	358 ± 17	3497 ± 332
CCl ₄ group	$266 \pm 20^{*}$	$2475 \pm 287^{*}$
% Reduction vs. control	27%	30%
Extract & CCl4 group	308 ± 21**	$2935 \pm 255^{**}$
% Stimulation vs. CCl4 -treated	14%	16%

Table 2. Histomorphometry of the liver.

Data presented as means ± Standard Error

* Significant difference at P<0.05 compared with control group.

** Significant difference at P<0.05 compared with CCl4 group.

Discussion

Theoxidant-antioxidant system is in equilibrium in normal healthy conditions. Disturbance of this balance may cause tissue injury and oxidative damage to membrane lipids and other cellular components (Wolf, 1999). Liver injury was associated with oxidative stress, a cellular imbalance between the production and elimination of free radicals (Amin and Hamza, 2005). Cleavage of carbon-chloride bond of carbon tetrachloride leads to the formation of trichloromethyl peroxy radical, which can cause pathogenesis of liver injury (Cheeseman et al., 1985). The CCl₃ radical alkylates cellular proteins and polyunsaturated fatty acids in the presence of oxygen to produce lipid peroxides, leading to liver damage (Bishayee et al., 1995). The overproduction of free radicals resulting from oxidative stress could directly injure the hepatocellular membrane by lipid peroxidation, followed by the massive release of inflammatory mediators or cytokines, which eventually lead to liver injuries. Our results showed that CCl₄ administration caused severe acute liver

damage in rats, demonstrated by significant elevation of serum AST, ALT levels and histopathological changes, which was consistent with the findings of other investigators (Basu, 2003). Histological observations basically support the results obtained from serum enzyme assays. The liver of CCl₄intoxicated rats showed massive fatty changes, necrosis, infiltration of lymphocytes around the central vein and loss of cellular boundaries. The abnormally higher level of serum ALT, AST and ALP observed in our study is the consequence of carbon tetrachloride-induced liver dysfunction and denotes the damage to the hepatic cells (Singh et al., 1999). In accordance with (Wang et al., 1997), results stated that the serum ALT and AST levels were significantly increased at 12, 24 and 48 h in the CCl₄-treated mice. It has been reported that fatty accumulation in the liver following CCl₄ poisoning is the result of an imbalance between lipid synthesis and degradations and failure of triglycerides to move as very low-density lipoproteins from the liver to the circulation (Boll et al., 2001a, b).





Fig. 1B. A photomicrograph of a T.S. of liver of CCl₄-administration rats showing dilated vein , disrupted of hepatocytes, distinct area of necrosis (N). and the lymphocytic infiltration (arrow). (H & E, X 400)

Fig. 1C. A photomicrograph of a T.S. of liver of CCl₄-administratiom rats treated with *Panax ginseng* extract showing that the hepatocytes are more or less as control. (H & E, X 400).

In the present study, animals treated with CCl_4 plus ginseng showed a marked improvement in all the tested biochemical parameters as well as the histological picture of the liver. This is in accordance with Kim *et al.*, 1997 reported that ginseng has a potent protective action against CCl4-induced toxicity. Also, Mannaa *et al.*, 2006 reported that ginseng has protective effects against toxic substances such as PCBs-induced liver. Ginseng extracts may increase the biosynthesis of protein and nucleic acid and enhance the reduction and elimination of toxic effects as well as stimulates the regeneration of cells and improves inflammation (Kim *et al.*, 1997; Mannaa *et al.*, 2006). Zhang *et al.*, 1996 showed that hydroxyl radicals formed by the Fenton reaction were inhibited by ginseng extract.

Conclusion

In conclusion, the current study revealed that CCl₄ induced severe toxic effects on the liver, as indicated by the elevation of serum biochemical parameters as well as pathological and morphometric alterations of hepatocytes. *Panax ginseng* extract exhibits a potential protective effect against CCl₄ -induced stress.

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References

Amin A, Hamza AA. 2005. Oxidative stress mediates drug-induced hepatotoxicity in rats: a possible role of DNA fragmentation. Toxicology **208**, 367–375. https://doi.org/10.1016/j.tox.2004.11.039.

Basu S. 2003 Carbon tetrachloride-induced lipid peroxidation: eicosanoid formation and their regulation by antioxidant nutrients. Toxicology **189**, 113-127.

https://doi.org/10.1016/S0300-483X(03)00157-4.

Bellisle F, Blundell JE, Dye L, Fantino M, Fern E, Fletcher RJ, Lambert J, Roberfroid M, Specter S, Westenhofer J, Westerterp-Plantenga MS. 1998 Functional food science and behaviour and psychological functions. British. Journal of Nutrition **80**, 173–193.

Bishayee A, Sarkar A, Chatterjee M. 1995. The hepatoprotective activity of carrot (Daucas carota L.) against carbon tetrachloride intoxication in mouse liver. Journal of Ethnopharmacology **47**, 69–74.

Boll M, Weber LWD, Becker E, Stampfl A. 2001a Hepatocyte damage induced by carbon tetrachloride: inhibited lipoprotein secretion and changed lipoprotein composition. Naturforsch **56**, 283–290.

Boll M, Weber LWD, Becker E, Stampfl A. 2001b Pathogenesis of carbon tetrachloride-induced hepatocyte injury bioactivation of CCl₄ by cytochrome P450 and effects on lipid homeostasis. Naturforsch **56**, 111–121.

Cheeseman KH, Albano F, Thomasi A, Slater T. 1985 Biochemical studies on the metabolic activation of halogenated alkanes. Environmental Health Perspectives **64**, 85-89.

Fan J, Chen Q, Wei L, Zhou X, Wang R, Zhang H. 2018. Asiatic Acid Ameliorates Ccl4-Induced Liver Fibrosis in Rats: Involvement of Nrf2/Are, Nf- Kappab / Ikappabalpha, and Jak1/Stat3 Signaling Pathways. Drug 12, 3595–3605.

https://doi.org/10.2147/DDDT.S179876.

Gum SI, Ahn SJ, Kim SH, Kim JJ, Shin HM, Cho MK. 2007 The potent protective effect of wild ginseng (*Panax ginseng* C.A. Meyer) against benzo(alpha) pyrene-induced toxicity through metabolic regulation of CYPIAI and GSTs. Journal of Ethnopharmacoogy **112**, 568–576. https://doi.org/10.1016/j.jep.2007.05.014.

Higuchi H, Gores GJ. 2003 Mechanisms of liver injury: an overview. Current Molecular Medicine **3**, 483–490.

https://doi.org/10.2174/1566524033479528.

Kampen JV, Robertson H, Hagg T, Drobitch R. 2003. Neuroprotective actions of the ginseng extract G115 in two rodent models of Parkinson's disease. Experimental Neurology **184**, 512-529. https://doi.org/10.1016/j.expneurol.2003.08.002.

Kim HJ, Chun YJ, Park JD, Kim SI, Roh JK, Jeong TC. 1997. Protection of rat liver microsomes against carbon tetrachloride-induced lipid peroxidation by red Ginseng saponin through cytochrome P450 inhibition. Planta Medical **63**, 415-418.

Lee HU, Bae EA, Han MJ, Kim DH. 2005. Hepatoprotective effect of 20(S)-ginsenoside Rg3 and its metabolite 20(S)-ginsenoside Rh2 on hydroperoxideinduced liver injury. Biology Pharmacology. Bulletin **28**, 1992–1994.

https://doi.org/10.1248/bpb.28.1992.

Lin CF, Wong K.L, Wu RS, Huang TC. 2003. Protection by hot water extract of *Panaxnoto ginseng* on chronic ethanol-induced hepatotoxicity. Phytother Research **17**, 1119–1122.

Int. J. Biosci.

Mannaa FM, Abdel-Wahhab A, Ahmed HH, Park MH. 2006. Protective role of *Panax ginseng* extract standardized with ginsenoside Rg3 against acrylamide - induced neurotoxicity in rats. Journal of Applied Toxicology **26**, 198-206.

Reitman S, Frankel S. 1957. A colorimetric method for the determination of serum glutamic oxaloacetic and glutamic pyruvic transaminase. American. Journal of Clinical Pathology **28**, 56-63.

Simeonova PP, Gallucci RM, Hulderman T, Wilson R, Kommineni C. 2001. The role of tumor necrosis factoralpha in liver toxicity, inflammation, and fibrosis induced by carbon tetrachloride. Toxicology and Applied Pharmacology 177, 112-120.

Singh U, Devaraj S, Jialal I. 2005. Vitamin E, oxidative stress, and inflammation. Annual Review of Nutrition **25**, 151–174.

Teschke R. 2018. Liver Injury by Carbon Tetrachloride Intoxication in 16 Patients Treated with Forced Ventilation to Accelerate Toxin Removal via the Lungs: A Clinical Report. Toxics **6(2)**. https://doi.org/10.3390/toxics6020025.

Wang PY, Kaneko T, Tsukada H, Nakano M, Nakajima T, Sato A. 1997. Time courses of hepatic injuries induced by chloroform and by carbon tetrachloride: comparison of biochemical and histopathological changes. Arch. Toxicology **71**, 638-645.

Wang SY, Jiao H. 2000. Correlation of antioxidant capacities to oxygen radical scavenging enzyme activities in blackberry.Journal of Agricultural and Food Chemistry **48**, 5672–5676.

Weber L, Boll M, Stampfl A. 2003. Hepatotoxicity and mechanism of action of haloalkanes: Carbon tetrachloride as a toxicological model. Critical Reveiw Toxicology **33**, 105-136.

Wei YY, Fan M, Yuan, YY, Ga, Zhang YN, Han JC, Hao ZH. 2022. Protective Effect of Aqueous Extract of Yinshanlian on Acute Liver Injury Induced by Carbon Tetrachloride in Mice. Acta Veterinria. Zootech **53**, 2333–2342.

Wolf PL. 1999. Biochemical diagnosis of liver diseases. Indian Journal of Clinical Biochemistry **14**, 59-90.

Xiaoguang C, Hongyan L, Xiaohong L, Zhaodi F, Yan L, Lihua T, Rui H. 1998. Cancer chemoprevention and therapeutic activities of red ginseng. Journal of Ethnopharmacology **60**, 71–78.

Yang LL, Yu WC, Yen KY. 1993. Immunopotentiator in Chinese medicinal ginsengs. In: Proceedings of the Sixth International Ginseng Symposium, 49–51.

Zhu Z, Hu, R, Li J, Xing X, Chen J, Zhou Q, Sun J. 2021. Alpinetin Exerts Anti-Inflammatory, Anti-Oxidative and Anti-Angiogenic Effects through Activating the Nrf2 Pathway in Carbon Tetrachloride-Induced Liver Fibrosis. Intennational Immunopharmacology **96**, 107660.

https://doi.org/10.1016/j.intimp.2021.107660.