

Pharmacological effect of Panax ginseng against oxidative stress that induced by shigella in rats

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Abstract

The current study aimed to show the Pharmacological effect of Panax ginseng against oxidative stress that induced by shigella in rats. 24 rats (wt 200-250 gm with age 4-6 month) were used in current work and divide as follow; Control group: male rats received standard diet. Infected group: administrated with 1×10^9 S. flexneri. Root extract group: administrated with root extract 150mg/kg for month. Treated group: administrated with 1×10^9 S. flexneri and treated with root extract 150mg/kg for month. The results demonstrated significant ($P < 0.05$) increased in levels of malondialdehyde (MDA) with significant ($P < 0.05$) decreased in levels of glutathione (GSH) and catalase in an infected group compared with control group. The findings of Root extract group and treated group demonstrated non-significant ($P < 0.05$) difference in oxidative status compare with control group when using C. azarolus extract. It was concluded from present study that Panax ginseng extract has been role against S. flexneri.

Keywords: Panax ginseng; S. flexneri; oxidative status; antioxidants.

Introduction

Panax ginseng (family: Araliaceae), is a perennial herbaceous and half-shaped plant is traditionally used as an important herbal medicine in East Asian medicine for centuries [1-2]. A lot of research has focused on individual ginsenosides instead of whole ginseng against many disease conditions [3-8]; among these ginsenosides, Rb1, Rg1, Rg3, Re, and Rd are most often studied [8]. Cardiovascular disease is the major cause of morbidity and mortality and includes various diseases such as vascular disease, heart failure, coronary artery disease, cardiac ischemia, and hypertension [9]. Cardiac risk factors, such as cigarette smoking, increased low-density lipoprotein cholesterol, decreased level of high-density lipoprotein cholesterol, diabetes, and hypertension, are the main causes of cardiovascular disease [10]. Many researchers have shown that inflammation of blood vessels can result in atherosclerosis and

coronary artery dysfunction [11]. Endothelial injury of blood vessels can be initiated by dangerous factors involved in cardiovascular disease [12]. *Shigella* sp. is a Gram-negative bacterium; a facultative anaerobic bacterium belongs to the family Enterobacteriaceae and is considered an etiological agent of shigellosis or bacillary dysentery [13-14]. Infection with *Shigella* causes bacillary dysentery and has been recognized as a major cause of inflammatory diarrhoeal disease in endemic regions. The low infective dose and faecal-oral route of transmission facilitates spread through contaminated food and water and personal contact. *Shigella* infections remain problematical for young children in endemic regions, travellers and deployed military personnel [15-16].

Materials & methods

Animal model

In current work 24 rats, (wt 200-250 gm with age 4-6 month) obtained from Science College/ Tikrit University. The study was done in laboratories of University of Samarra, Iraq.

Shigella isolates

Shigella isolates were obtained from Kirkuk University/ college of science/ department of biology.

Preparation of the Extract

The roots of *Panax ginseng* were collected from Tikrit market, cut into small pieces. The dried roots (by oven) were then grinded to obtain a fine powder. The powder was again dried by using oven and was ready for use. The grinded powder was then extracted with 1000ml double distilled water containing 3-4 drops of chloroform for 48h. The extract was then concentrated at temperature less than 45°C. The residue was then dried and refrigerated [17-18]. The extract was orally used at a concentration (150mg) as a single dose per day.

Experimental design

24 rats (male) were used in current study and then distributed as follow (six rats in each group):

- A. Control group: male rats received standard diet only for seven days and then killed.
- B. Infected group: administrated with 1×10^9 *S. flexneri*.
- C. Root extract group: administrated with root extract 150mg/kg for month.
- D. Treated group: administrated with 1×10^9 *S. flexneri* and treated with root extract 150mg/kg for month.

Measurements

MDA was measured according to reaction of colorimetric with thiobarbituric acid (TBA) using spectrophotometer device [19]. GSH measured by mixed buffer (2.3 ml)

with of serum (0.2ml) and then added 0.5ml of compound called 5,5-dithio-bis-(2-nitrobenzoic acid) (DTNB). The mixture of compounds and serum was analyzed by device of spectrophotometer [20].

Statistical analysis

Current data were analyzed by using program known as Minitab (statistical program). A statistical change between the groups means were analyzed using one-way analysis of variance.

Results

The levels of MDA show significant increased ($P < 0.05$) in an infected group (2.07 ± 0.24) compare with control group (1.28 ± 0.31). After treatment, third and fourth groups (1.41 ± 0.13 ; 1.28 ± 0.65 respectively) show non-significant changes compare with control group as shown in figure (1). The levels of GSH and catalase show significant decreased ($P < 0.05$) in an infected group (0.217 ± 0.026 ; 0.81 ± 0.07 respectively) compare with control group (0.352 ± 0.034 ; 1.53 ± 0.19 respectively). After treatment, third (0.336 ± 0.017 ; 1.42 ± 0.1 respectively) and fourth (0.369 ± 0.04 ; 1.49 ± 0.95 respectively) groups show non-significant changes compare with control group as shown in figure (2& 3).

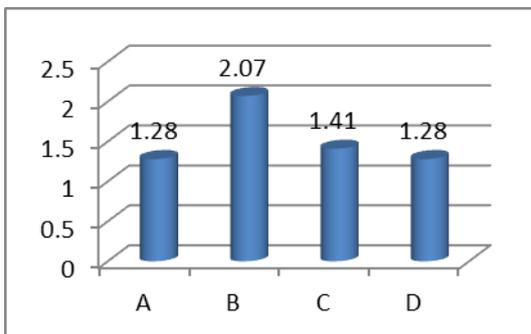


Figure (1): MDA (nm/L) levels in all groups

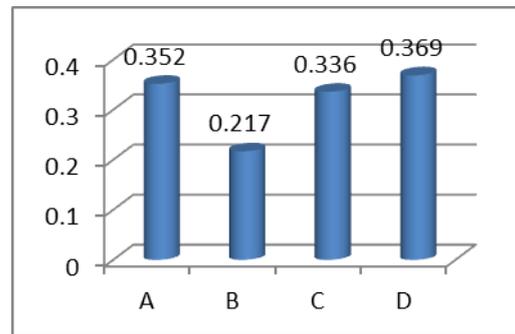


Figure (2): GSH (nm/L) levels in all groups

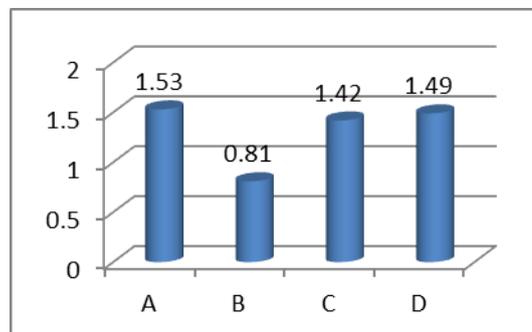


Figure (3): catalase (nm/L) levels in all groups

Discussion

Shigella infection is characterized by a pronounced pro-inflammatory response that causes intense stress in host tissues, particularly the intestinal epithelium, which constitutes the first barrier against *Shigella* colonization [21]. Multiple animal models of shigellosis have been established. Rabbani et al [22] infected the rabbit intestine with *Shigella* using the ligated ileal loop assay and found that it caused inflammation within the colon. Fernandez et al [23] established a mouse model of shigellosis by orally infecting four-day-old mice with *Shigella* and found similar pathological changes to those of human bacterial dysentery and inflammation. Martino et al [24] provided a streptomycin-treated murine model in which *Shigella* are able to reach their natural tissue target: colon. Shim et al [25] established a guinea pig model by inoculating *S. flexneri* 2a or 5a in the rectum. Jeong et al [26] established a piglet model of acute gastroenteritis with *Shigella* type I and found that piglets are highly sensitive to *Shigella* and demonstrate clinical signs such as acute diarrhea, anorexia, and dehydration. Barman et al [27] established a shigellosis in the guinea-pig model infected with *Shigelladysenteriae* into the cecocolic junction after ligation of the distal cecum without any preparatory treatment, which induced acute inflammation. Yang et al [28] established an adult mice model of Shigellosis by intraperitoneal infection. This study showed that *Shigella* lead to oxidative stress in rats and decrease in antioxidant enzymes. [29]

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