

UNIVERSITI PUTRA MALAYSIA

Amaranthus viridis L. AS ALTERNATIVE TREATMENT FOR HYPERCHOLESTEROLEMIA AND ATHEROSCLEROSIS

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FBSB 2016 19



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By
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Thesis Submitted to the school of Graduate Studies, Universiti Putra Malaysia, in fulfilments of the Requirements for the Doctor of Philosophy



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DEDICATION

This thesis is dedicated to my dearest husband (Dr. Baskaran) and our both parents (Mr. Salvamani and Mrs. Mageswari) and (Mr. Gunasekaran and Mrs. Ramani) for their unconditional love, prayers and blessings throughout my studies. I also would like to dedicate this thesis to my supervisor (Dr. Siti Aqlima Ahmad) who has been a great support during my PhD study.



Amaranthus viridis L. AS ALTERNATIVE TREATMENT FOR HYPERCHOLESTEROLEMIA AND ATHEROSCLEROSIS

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May 2016

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Inflammation and oxidative stress are involved in the pathology of several chronic diseases including hypercholesterolemia and atherosclerosis. Oxidized low density lipoprotein (LDL) accumulation leads to atherosclerotic plaque formation, which contributes to myocardial infarction and cardiovascular diseases. Synthetic drug, statins, causes adverse effects on liver and muscles, thus 3-hydroxy-3-methylglutarylcoenzyme A (HMG-CoA) reductase inhibitors from plant origin are needed. Amaranthus viridis (A. viridis) has been used for its medically beneficial properties from ancient time. Thus, the focus of this study was on A. viridis leaf extract; its phytochemicals, safety, antioxidant, anti-inflammatory, hypocholesterolemic and antiatherosclerotic properties. In this study, the different parts of A. viridis (leaf, stem and seed) were evaluated for anti-HMG-CoA reductase activity. A. viridis leaf extract showed the highest inhibitory effect, about 72%. Therefore, A. viridis leaf extract was examined in order to investigate its phytocomponents. Gas chromatography-tandem mass spectrometry (GC-MS/MS) analysis detected 30 compounds while reverse phasehigh performance liquid chromatography (RP-HPLC) revealed the presence of ascorbic acid, rutin, quercetin and catechin. In vitro cytoxicity effect of A. viridis extract was estimated using sulforhodamine B (SRB) assay on Vero and WRL-68 cells lines. SRB assay revealed non cytotoxic effect of A. viridis with IC50 value of more than 1000 µg/ml. Acute and subchronic toxicity study in rats for 14 and 90 days, respectively, showed no significant elevation in biochemical and haematological parameters compared to the control group. Histopathological examination revealed no harmful effects observed in heart, lung, liver, kidneys and spleen. Cytotoxicity, acute and subchronic toxicity studies confirmed that A. viridis extract is non toxic and can be utilized as a therapeutic agent. The antioxidant and anti-inflammatory activities of the extract were analyzed in various in vitro assays. A. viridis extract exhibits high antioxidant activity in inhibiting radicals like hydroperoxides, 2,2-diphenyl-1picrylhydrazyl (DPPH), nitric oxide (NO) and ferric ions. Anti-inhibitory activity of A. viridis extract on hyaluronidase, xanthine oxidase and lipoxygenase enyzmes revealed a desirable anti-inflammatory properties. The experimental data indicated that A. viridis leaf is a potent antioxidant and anti-inflammatory agent. Animal model study was performed on twenty New Zealand white rabbits that were randomly divided into 5 groups and fed with normal diet, 2% high cholesterol diet (HCD), 2% HCD + 10 mg/kg

simvastatin, 2% HCD + 100 mg/kg *A. viridis* extract and 2% HCD + 200 mg/kg *A. viridis* extract, respectively. The supplementation with *A. viridis* extract significantly reduced total cholesterol, LDL and triglycerides levels, and increased high density lipoprotein (HDL) and antioxidant enzymes [superoxide dismutase (SOD) and glutathione peroxidase (GPx)] levels. The elevated levels of aspartate aminotransferase (AST), alanine aminotransferase (ALT) and creatine kinase (CK) in hypercholesterolemic control and simvastatin-treated groups indicate liver and muscle injuries. Treatment with *A. viridis* extract also diminished the development of aortic plaque and decreased the intima: media ratio as observed in simvastatin-treated rabbits. The *in vivo* study on *A. viridis* leaf extract further confirms its potential as an alternative therapeutic agent for hypercholesterolemia and atherosclerosis.



Amaranthus viridis L. SEBAGAI RAWATAN ALTERNATIF UNTUK HIPERKOLESTEROLEMIA DAN ATEROSKLEROSIS

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Keradangan dan tekanan oksidatif yang terlibat dalam patologi terdiri daripada beberapa penyakit kronik termasuk hiperkolesterolemia dan aterosklerosis. Pengumpulan lipoprotein berketumpatan rendah (low density lipoprotein, LDL) teroksida membawa kepada pembentukan plak atherosklerotik yang menyumbang kepada serangan jantung dan penyakit kardiovaskular. Ubat sintetik, statin, menyebabkan kesan buruk kepada hati dan otot, oleh itu perencat 3-hidroksi-3metilglutaril-koenzim A (3-hydroxy-3-methylglutaryl-coenzyme A, HMG-CoA) reduktase daripada tumbuhan diperlukan. Amaranthus viridis (A. viridis) telah digunakan untuk ciri-ciri perubatan yang bermanfaat dari zaman purba. Oleh itu, fokus kajian ini adalah terhadap ekstrak daun A. viridis; sifat-sifat fitokimia, keselamatan, antioksidan, anti-radang, hipokolesterolemik dan anti-aterosklerosis. Dalam kajian ini, bahagian-bahagian A. viridis (daun, batang dan benih) telah dinilai untuk aktiviti anti-HMG-CoA reduktase. Ekstrak daun A. viridis menunjukkan kesan rencatan tertinggi, iaitu sebanyak 72%. Oleh itu, ekstrak daun A. viridis telah dikaji untuk menyelidik komponen-komponen fitokimianya. Analisis Kromatografi Gas-Spektrometri Jisim (Gas Chromatography-Mass Spectrometry, GC-MS/MS) mengesan 30 sebatian, manakala Kromatografi Cecair Prestasi Tinggi Fasa Berbalik (Reverse Phase-High Performance Liquid Chromatography, RP-HPLC) mendedahkan kehadiran asid askorbik, rutin, quercetin dan katechin. Ujian kesitotoksikan in vitro ekstrak A. viridis terhadap titisan sel Vero dan WRL-68 dijalankan dengan menggunakan asai sulforhodamin B (sulforhodamine B, SRB). SRB asai mendedahkan kesan bukan sitotoksik A. viridis dengan nilai IC₅₀ yang lebih daripada 1000 μg/ml. Ujian ketoksikan akut dan subkronik pada tikus selama 14 dan 90 hari, tidak menunjukkan sebarang peningkatan yang ketara pada parameter-parameter biokimia dan hematologi berbanding dengan kumpulan kawalan. Pemeriksaan histopatologi menunjukkan ketiadaan sebarang kesan berbahaya pada jantung, paru-paru, hati, buah pinggang dan limpa. Kajian kesitotoksikan, ketoksikan akut dan subkronik mengesahkan bahawa ekstrak A. viridis adalah tidak toksik dan boleh digunakan sebagai agen terapeutik. Aktiviti antioksidan dan anti-radang ekstrak dianalisis dalam pelbagai asai in vitro. Ekstrak A. viridis mempamerkan aktiviti antioksidan yang tinggi dalam merencat bahan radikal seperti hidroperoksida, 2,2-difenil-1-pikrilhidrazil (2,2-diphenyl-1picrylhydrazyl, DPPH), nitrik oksida (nitric oxide, NO) dan ion ferik. Aktiviti anti radang oleh ekstrak A. viridis terhadap enzim hialuronidase, oksidase xantina dan lipoksigenase mendedahkan aktiviti anti-radang yang diingini. Data eksperimen menunjukkan bahawa daun A. viridis adalah agen antioksidan dan anti-radang yang kuat. Kajian model haiwan telah dilakukan ke atas dua puluh ekor arnab putih New Zealand yang telah dibahagikan secara rawak kepada 5 buah kumpulan dan masingmasing telah diberikan makanan dengan diet normal, 2% diet berkolesterol tinggi (HCD), 2% HCD + 10 mg/kg simvastatin, 2% HCD + 100 mg/kg ekstrak A. viridis dan 2% HCD + 200 mg/kg ekstrak A. viridis. Suplementasi dengan ekstrak A. viridis menurunkan paras jumlah kolesterol, LDL dan trigliserida dengan ketara, dan meningkatkan paras lipoprotein berketumpatan tinggi (high density lipoprotein, HDL) dan enzim antioksidan, superoksida dismutase dan glutation peroksidase (superoxide dismutase, SOD; glutathione peroxidase, GPx). Peningkatan tahap aspartat aminotransferase (aspartate aminotransferase, AST), alanina aminotransferase (alanine aminotransferase, ALT) dan kreatina kinase (creatine kinase, CK) dalam kumpulan kawalan hiperkolesterolemik dan kumpulan simvastatin menunjukkan kecederaan hati dan otot. Rawatan dengan ekstrak A. viridis juga mengurangkan pembentukan plak aorta dan mengurangkan nisbah intima dan media seperti yang diperhatikan dalam kumpulan simvastatin. Kajian in vivo daun A. viridis mengesahkan potensinya sebagai agen terapeutik alternatif bagi merawat hiperkolesterolemia dan aterosklerosis.

ACKNOWLEDGEMENT

This thesis is a completion of my PhD study which started on 6th September 2013 at Lab 204, Department of Biochemistry, Faculty of Biotechnology and Biomolecular Sciences, UPM. Undertaking this PhD has been an amazing and life-changing experience for me. Foremost, I praise divine mother and Baba for their blessings in completing the study successfully. I am very glad and thankful to my beloved parents, Mr. Salvamani and Mrs. Mageswari, and my supportive parents-in-law, Mr. Gunasekaran and Mrs. Ramani for all their unconditional love, care and prayers.

I owe my deepest appreciation to my husband and love of my life, Dr. Baskaran for his prayers, unfailing love, endless guidance, faithful support and remarkable patience throughout my PhD study. This PhD would have never been possible without you, my dear. You are my all time inspiration!!

I would like to express my most sincere gratitude to my supervisor Dr. Siti Aqlima Ahmad for her continuous support in my PhD study, for her invaluable guidance, advices and constructive suggestions that helped me throughout the research. Besides my main supervisor, I would like to thank the supervisory committee members: Assoc. Prof. Dr. Mohd. Yunus Abdul Shukor, Dr. Noor Azmi Shaharuddin and Prof. Dr. Md. Zuki Abu Bakar for their insightful comments and guidance.

My heartfelt thanks to my sisters (Kavithra, Yuvashini and Diviya), brother-in-law (Shamalan), good friend (Parveen Devi) and well wisher (Dr. Sharmili) for all their moral support, encouragement and kindness. I also would like to express my gratitude to all the good souls (rabbits and rats) that have been sacrificed during this study.

Shamala Salvamani, 2016

I certify that a Thesis Examination Committee has met on 18 May 2016 to conduct the final examination of Shamala a/p Salvamani on her thesis entitled "Amaranthus viridis L. as Alternative Treatment for Hypercholesterolemia and Atherosclerosis in accordance with the Universities and University Colleges Act 1971 and the Constitution of the Universiti Putra Malaysia [P.U.(A) 106] 15 March 1998. The Committee recommends that the student be awarded the Doctor of Philosophy.

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LIST OF ABBREVIATIONS

Ab_b Absorbance of blank

Ab_c Absorbance of control

Absorbance of sample

ACE Angiotensin converting enzyme

ALP Alkaline phosphatase

ALT Alanine aminotransferase

ANOVA Analysis of variance

AOAC Association of Official Analytical Chemists

AST Aspartate aminotransferase

ATP Adenine trinucleotide phosphates

A. viridis Amaranthus viridis

°C Degree Celcius

CETP Cholesterol ester transfer protein

CK Creatine kinase

cm Centimetre

CO₂ Carbon dioxide

CVDs Cardiovascular diseases

Da Dalton

dH₂O Distilled water

DMEM Dulbecco's modified eagle medium

DNA Deoxyribonucleic acid

DPPH 2,2-Diphenyl-1-picrylhydrazyl

DW Dry weight

EDTA Ethylenediaminetetraacetic acid

eV Electron volt

GAE Gallic acid equivalent

FDA Food and Drug Administration

FID Flame ionization detector

fl Femtoliters

FPP Fornesylpyrophosphate

FRAP Ferric-reducing antioxidant power

FRIM Forest Research Institute Malaysia

FTC Ferric thiocyanate

g Gram

GAG Glcosoaminoglycans

GC-MS/MS Gas chromatography mass spectrometry

GGPP Geranylgeranyl pyrophosphate

GPx Glutathione peroxidase

HA Hyaluronan

Hb Haemoglobin

HCD High cholesterol diet

HDL High-density lipoprotein

H&E Hematoxylin and eosin

HMG-CoA 3-Hydroxy-3-methylglutaryl-coenzyme A

HPLC High performance liquid chromatography

IACUC Institutional Animal Care and Use Committee

IC₅₀ Inhibitory concentration 50%

ICAM -1 Intercellular cell adhesion molecule-1

ICP-OES Inductively couple plasma-optical emission spectrometry

ID Inner diameter

IDL Intermediate density lipoprotein

IL Interleukin

kcal Kilocalorie

kg Kilogram

L Liter

LCAT Lecithin-cholesterol acyltransferase

LDL Low density lipoprotein

LOXs Lipoxygenases

LTB4 Leukotriene B4

M Metre

mm Millimetre

mM Millimolar

mg Milligram

min Minute

ml Milliliter

Mw Molecular weight

m/z Mass-to-charge ratio

NaCl Sodium chloride

nm Nanometer

NO Nitric oxide

OECD Organization for Economic Cooperation and Development

O₂- Superoxide

ONOO- Peroxynitrite

pg Pictogram

PGE2 Prostaglandin E2

pH Puissance hyrogene

ROS Reactive oxygen species

RP-HPLC Reverse phase-high performance liquid chromatography

rpm Revolution per minute

RT Retention time

s Second

SD Standard deviation

SOD Superoxide dismutase

SPSS Statistical package for social sciences

SRB Sulforhodamine B

SREBP Sterol regulatory element binding protein

TBA Thiobarbituric acid

TBIL Total bilirubin

TC Total cholesterol

TFC Total flavonoid content

TG Triglyceride

TPC Total phenolic content

μg Microgram

μl Microlitre

U Unit

μm Micromolar

VCAM -1 Vascular cell adhesion molecule-1

VLDL Very low density lipoprotein

v Volume

WHO World Health Organization

W Weight

CHAPTER 1

INTRODUCTION

Hypercholesterolemia is a primary cause of morbidity and mortality in most developed countries (Kaup *et al.*, 2011; Vogel, 1997). Hypercholesterolemia plays an essential role in the development of atherosclerosis and is generally identified as a risk factor for cardiovascular diseases (CVDs). The significant elevation of blood cholesterol leads to the increased levels of liver and kidney enzymes which indicates the development of fatty liver (Assy *et al.*, 2000) and renal injury (Quyyumi, 1998). Accumulation of cholesterol causes endothelial dysfunction which further leads to low density lipoprotein (LDL) oxidation, monocyte and platelet adhesion, vasoregulation and smooth muscle cell proliferation (Adaramoye *et al.*, 2005; Shaila *et al.*, 1995). Although several factors like age, improper diet, lifestyle and hypertension have been reported to cause heart failure (Schaefer *et al.*, 1995), hypercholesterolemia is principally responsible for CVDs. Therefore, reducing the prevalence of hypercholesterolemia conditions is considered to be a crucial therapeutic approach (Ali *et al.*, 2000).

Statins are widely prescribed synthetic drugs that competitively inhibit HMG-CoA reductase, the enzyme that catalyzes the rate-limiting step in the cholesterol biosynthesis. Generally, statins are well tolerated and effective in cholesterol lowering. The most common adverse effects of statins are muscle and liver toxicity (Bradford *et al.*, 1991). This occurs due to increase of liver transaminases (greater than three-fold) in the body. If this happens, the statins therapy should be immediately stopped; the elevated levels of transaminases usually take about three months to return to the baseline (Maron *et al.*, 2000). Another side effect of statins is myopathy, defined as muscle pain or weakness associated with the increased level of creatine kinase (CK) more than ten times the upper limit of normal. Symptoms may include fever, malaise and increased statin concentration in the serum. Rhabdomyolysis and acute renal failure may result if myopathy is not recognized and the statin is continued (Bellosta *et al.*, 2004).

Due to the serious effects of synthetic drugs, attention is now directed to alternative medicine of plant origin (Loke *et al.*, 2010). Over the decades, the use of medicinal plants represents the interaction between human with the environment (Sasidharan *et al.*, 2011). Medicinal plants that can scavenge or inhibit free radicals and lower serum cholesterol have gained wide therapeutic benefits. The therapeutic effects of plants have been the main focus of many dietary studies and great efforts have been made to decrease the risk of CVDs through the regulation of cholesterol (Baskaran *et al.*, 2016b; Zhang *et al.*, 2007a; Prasad, 2005).

Consequently, attempts were conducted to identify the antihypercholesterolemia effects of various medicinal plants. *Amaranthus viridis* L. (*A. viridis*) is a branched glabrous herb that belongs to the family of Amaranthaceae. *A. viridis* which is known as green amaranth and *Bayam pasir* locally is distributed in most of the tropical countries (Girija

and Lakshman, 2011). A. viridis has been traditionally used to reduce labour pain and as antipyretic in India and Nepal. A. viridis has been traditionally used as analgesic, antiulcer, antirheumatic, antileprotic and antiemetic (Agra et al., 2008). It is also believed to treat eye deseases, respiratory problems, asthma, eczema and psoriasis (Kumar et al., 2010b). A. viridis has been scientifically proven to possess medicinal effects like antimicrobial, antidiabetic, antinociceptive and antipyretic activities (Sowjanya et al., 2014).

The hypocholesterolemic effects of *A. viridis* have not been well researched up to date. Therefore, this study focuses on the potential of *A. viridis* leaf extract as an alternative source of therapeutic against hypercholesterolemia and atherosclerosis. The specific objectives of this study were:

- 1) To screen the HMG-COA reductase inhibitory of different parts of *A. viridis* (leaf, stem and seed).
- 2) To examine the phytocomponents of *A. viridis* leaf methanolic extract using gas chromatography-tandem mass spectrometry (GC-MS/MS) and reverse phase-high performance liquid chromatography (RP-HPLC) analysis.
- 3) To determine the toxicity of *A. viridis* leaf extract using cytotoxicity test on Vero and WRL-68 cell lines, acute and subchronic oral toxicity on rats.
- 4) To evaluate the antioxidant and anti-inflammatory activities, proximate and mineral composition, and heavy metal analysis of *A. viridis* leaf extract.
- 5) To investigate the hypocholesterolemic and anti-atherosclerotic effects of *A. viridis* leaf extract in hypercholesterolemia-induced rabbits.

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