



**UNIVERSITI PUTRA MALAYSIA**

***ANTI-ARTHRITIC ACTION OF CARDAMONIN IN RHEUMATOID  
ARTHRITIS-INDUCED RAT MODEL***

**VOON FUI LING**

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By

**VOON FUI LING**

**Thesis Submitted to the School of Graduate Studies, Universiti Putra  
Malaysia, in Fulfilment of the Requirements for the Degree of Master of  
Science**

**May 2016**

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Abstract of thesis presented to the Senate of Universiti Putra Malaysia in fulfillment of the requirement for the degree of Master of Science

## ANTI-ARTHRITIC ACTION OF CARDAMONIN IN RHEUMATOID ARTHRITIS-INDUCED RAT MODEL

By

VOON FUI LING

May 2016

**Chairman: Professor Mohd Roslan Sulaiman, PhD**  
**Faculty: Medicine and Health Sciences**

Rheumatoid arthritis (RA) is a chronic autoimmune disease which causes joint deformity. The well-being and productivity of RA patients are negatively affected as they constantly experience painfulness in their swollen joints. Current treatments for RA such as disease-modifying anti-rheumatic drugs (DMARDs), glucocorticoids, and non-steroidal anti-inflammatory drugs (NSAIDs) cause adverse effects such as bone marrow suppression, gastrointestinal upset, etc. Therefore, novel substances that possess potential anti-arthritis effect are of research interest. Cardamonin (2',4'-dihydroxy-6'-methoxychalcone) is a naturally occurring chalcone. It is frequently found in plants of Zingiberaceae family such as ginger, a common cooking ingredient for Asians. Cardamonin was reported to suppress the secretion of tumour necrosis factor- $\alpha$  (TNF- $\alpha$ ) and interleukin-1 $\beta$  (IL-1 $\beta$ ) in induced cell lines. Also, cardamonin had shown antinociceptive activity in chemical-induced mice abdominal writhing test. Thus, cardamonin was chosen to investigate its anti-arthritis effect on complete Freund's adjuvant (CFA)-induced RA rat model of joint inflammation. Preliminary studies included acetic acid-induced abdominal writhing test, carrageenan-induced acute paw inflammation test, and repeated dose 28-day toxicity test. Anti-arthritis experiment utilised six groups ( $n=6$ ) of male *Sprague Dawley* rats weighing 200g to 250g. RA was induced in the rats through intraplantar (i.pl.) injection of CFA at the right hind paws. On the ninth day after arthritis induction, treatments at dosages of 0.625, 1.25, 2.5, and 5.0 mg/kg were given daily for 22 days through intraperitoneal (i.p.) injection. The positive control group was treated with dexamethasone (3.0mg/kg, i.p.) while the negative control group was given only vehicle (10.0ml/kg, i.p.). CFA-induced inflammatory response was evaluated via volume of paw oedema using plethysmometer, while pain response was evaluated via mechanical allodynia using von Frey anesthesiometer as well as thermal hyperalgesia using plantar test instrument. Evaluation of paw volume, mechanical allodynia, and thermal hyperalgesic responses were done at three-day intervals

throughout the experiment. Blood samples were collected at the end of the experiment to investigate the blood components and systemic cytokines of cardamonin-treated rats. Right hind paws of the rats were harvested for histological examination. Cardamonin significantly inhibited acetic acid-induced abdominal writhing in experimental animals. Also, cardamonin significantly reduced the acute paw inflammation in carrageenan-induced acute paw inflammation test. Repeated dose 28-day toxicity test showed that 5.0mg/kg of cardamonin did not cause toxicity effect in rats. In anti-arthritic study, plethysmometry, von Frey anesthesiometry, and plantar test measurement showed that cardamonin resulted in significant inhibition on CFA-induced inflammatory and pain responses at the doses of 0.625, 1.25, 2.5, and 5.0 mg/kg (i.p.). The complete blood count showed that cardamonin caused significant effect on the blood components of CFA-induced rats. Enzyme-linked immunosorbent assay (ELISA) demonstrated that there was significant inhibition in TNF- $\alpha$ , IL-1 $\beta$ , and IL-6 in cardamonin-treated RA rats. Besides, histological study showed that cardamonin has the potential to suppress the growth of pannus invasion in the joint cavity. The present study revealed that 0.625, 1.25, 2.5, and 5.0 mg/kg of cardamonin caused significant inhibition on CFA-induced RA rats.

Abstrak tesis yang dikemukakan kepada Senat Universiti Putra Malaysia  
sebagai memenuhi keperluan untuk ijazah Sarjana Sains

## TINDAKAN ANTI-REUMATIK CARDAMONIN KE ATAS ARTRITIS REUMATOID YANG DIARUH DALAM MODEL TIKUS

Oleh

**VOON FUI LING**

Mei 2016

**Pengerusi: Profesor Mohd Roslan Sulaiman, PhD**  
**Fakulti: Perubatan dan Sains Kesihatan**

Arthritis reumatoid (RA) merupakan penyakit autoimun kronik yang menyebabkan kecacatan sendi. Tahap kesihatan dan produktiviti pesakit RA adalah terjejas kerana mereka sentiasa mengalami kesakitan pada sendi yang bengkak. Rawatan untuk RA seperti ubat-ubatan pengubahsuaian penyakit anti-reumatik (DMARDs), glukokortikoid, dan ubat anti-radang bukan berasaskan steroid (NSAID) menyebabkan kesan buruk seperti menghalang pertumbuhan sumsum tulang, gangguan gastrousus, dan lain-lain. Oleh itu, bahan-bahan baru yang berpotensi untuk memberikan kesan anti-arthritis adalah penting. Cardamonin (2',4'-dihydroxy-6'-methoxychalcone) adalah chalcone yang wujud secara semula jadi. Ia biasanya terdapat dalam tumbuhan dari keluarga Zingiberaceae seperti halia, sejenis bahan masak yang digunakan oleh orang Asia. Cardamonin dilaporkan telah menyekat rembesan tumor nekrosis faktor- $\alpha$  (TNF- $\alpha$ ) dan interleukin-  $1\beta$  (IL- $1\beta$ ) dalam sel teraruh. Juga, cardamonin telah menunjukkan kesan anti-sakit dalam ujian menggeliat perut yang diaruh dengan bahan kimia dalam mencit. Oleh itu, cardamonin telah dipilih untuk dikaji kesan anti-arthritisnya dalam model tikus keradangan sendi yang diaruh oleh Freund adjuvan lengkap (CFA). Kajian awal termasuk ujian menggeliat perut yang diaruh oleh asid asetik, ujian keradangan akut yang diaruh oleh carrageenan, dan ujian toksisiti 28 hari dos berulang. Eksperimen anti-reumatik menggunakan enam kumpulan ( $n=6$ ) tikus jantan *Sprague Dawley* seberat 200g ke 250g. RA telah diaruh dalam tikus melalui suntikan CFA secara intraplantar (i.pl.) pada tapak kaki kanan. Pada hari kesembilan selepas arthritis diaruh, rawatan pada dos 0.625, 1.25, 2.5, dan 5.0 mg/kg diberikan setiap hari selama 22 hari melalui suntikan intraperitoneal (i.p.). Kumpulan kawalan positif dirawat dengan dexamethasone (3.0mg/kg, i.p.) manakala kumpulan kawalan negatif hanya diberikan pembawa (10.0ml/kg, i.p.). Tindak balas keradangan yang diaruh oleh CFA dinilai melalui isipadu edema pada kaki tikus dengan menggunakan pletismometer, manakala tindak balas kesakitan dinilai melalui alodinia

mekanikal menggunakan von Frey anesthesiometer serta hiperalgesia haba menggunakan instrumen ujian plantar. Penilaian isipadu kaki tikus, alodinia mekanikal, dan tindak balas haba hiperalgesia dilakukan selang tiga hari sepanjang eksperimen. Sampel darah telah diambil pada akhir eksperimen untuk menilai komponen darah dan sitokin sistemik tikus yang telah dirawat dengan cardamonin. Kaki kanan belakang tikus diambil untuk penilaian histologi. Cardamonin telah mengurangkan penggeliatan perut yang diaruh dengan asid asetik dalam haiwan kajian. Juga, cardamonin telah mengurangkan keradangan kaki tikus yang diaruh carrageenan. Ujian toksisiti 28 hari dos berulang menunjukkan 5.0mg/kg cardamonin tidak menghasilkan kesan keracunan terhadap tikus. Dalam kajian anti-arthritis, ujian pletismometer, von Frey anesthesiometer, dan pengukuran ujian plantar menunjukkan cardamonin telah mengurangkan tahap keradangan serta tindak balas kesakitan yang diaruh CFA pada dos 0.625, 1.25, 2.5, dan 5.0 mg/kg (i.p.). Kiraan darah lengkap telah menunjukkan kesan yang ketara dalam rawatan cardamonin ke atas komponen-komponen darah tikus RA. Esei yang berkaitan dengan enzim imunoserapan (ELISA) telah menunjukkan bahawa terdapat kesan perencatan yang ketara dalam TNF- $\alpha$ , IL-1 $\beta$ , dan IL-6 dalam plasma darah tikus RA yang telah dirawat dengan cardamonin. Selain itu, kajian histologi menunjukkan bahawa cardamonin mempunyai potensi untuk menyekat penumbuhan pannus dalam rongga sendi. Kajian ini menunjukkan bahawa 0.625, 1.25, 2.5, dan 5.0 mg/kg cardamonin mampu menghasilkan kesan signifikan dalam merencat RA yang diaruh oleh CFA dalam tikus.

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I certify that a Thesis Examination Committee has met on 13 May 2016 to conduct the final examination of Voon Fui Ling on her thesis entitled 'Anti-arthritis Action of Cardamonin in Rheumatoid Arthritis-induced Rat Model' 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 Master of Science.

Members of the Thesis Examination Committee were as follows:

**Sharida Fakurazi, PhD**

Associate Professor Datin Hajah  
Faculty of Medicine and Health Sciences  
Universiti Putra Malaysia  
(Chairman)

**Mohamad Taufik Hidayat Baharuldin, PhD**

Associate Professor  
Faculty of Medicine and Health Sciences  
Universiti Putra Malaysia  
(Internal Examiner)

**Ahmad Rohi Ghazali, PhD**

Associate Professor  
Faculty of Allied Health Sciences  
Universiti Kebangsaan Malaysia  
Malaysia  
(External Examiner)

---

**ZULKARNAIN ZAINAL, PhD**

Professor and Deputy Dean  
School of Graduate Studies  
Universiti Putra Malaysia

Date: 28 June 2016

This thesis was submitted to the Senate of Universiti Putra Malaysia and has been accepted as fulfilment of the requirement for the degree of Master of Science. The members of the Supervisory Committee were as follows:

**Mohd Roslan bin Sulaiman, PhD**

Professor  
Faculty of Medicine and Health Sciences  
Universiti Putra Malaysia  
(Chairman)

**Daud Ahmad bin Israf Ali, PhD**

Professor  
Faculty of Medicine and Health Sciences  
Universiti Putra Malaysia  
(Member)

**Ahmad Akira Omar Farouk, PhD**

Senior Lecturer  
Faculty of Medicine and Health Sciences  
Universiti Putra Malaysia  
(Member)

**Enoch Kumar Perimal, PhD**

Senior Lecturer  
Faculty of Medicine and Health Sciences  
Universiti Putra Malaysia  
(Member)

**Lee Ming Tatt, PhD**

Assistant Professor  
Faculty of Pharmaceutical Sciences  
UCSI University  
(Member)

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## LIST OF ABBREVIATIONS

ACPA	Anti-citrullinated peptide antibodies
AMPA	$\alpha$ -amino-3-hydroxy-5-methyl-4-isoxazolepropionic
ANOVA	Analysis of variance
APC	Antigen-presenting cell
B19	Human parvovirus B19
cAMP	Cyclic adenosine monophosphate
CBC	Complete blood count
CFA	Complete Freund's adjuvant
CNS	Central nervous system
COX	Cyclooxygenase
CREB	cAMP response element-binding
DC	Dendritic cell
DHODH	Dihydroorotate dehydrogenase
DMARDs	Disease-modifying Anti-rheumatic Drugs
DMSO	Dimethyl sulfoxide
DNA	Deoxyribonucleic acid
DRG	Dorsal root ganglion
EBV	Epstein - Barr virus
ECM	Extracellular matrix
ED <sub>50</sub>	Median effective dose
EDTA	Ethylenediaminetetraacetic acid
ELAM-1	Endothelial-leukocyte adhesion molecule-1
ELISA	Enzyme-linked immunosorbent assay
Fc	Fragment crystallisable
FLS	Fibroblast-like synoviocyte
GLUT-4	Glucose transporter type 4
GM-CSF	Granulocyte-macrophage colony-stimulating factor
Hb	Haemoglobin
HIV-1	Human immunodeficiency virus type 1
HLA	Human leukocyte antigen
H&E	Haematoxylin and eosin
i.p.	Intraperitoneal
i.pl.	Intraplantar
ICAM-1	Intercellular adhesion molecule-1
IFN- $\gamma$	Interferon-gamma
Ig	Immunoglobulin
IL	Interleukin
IL-1 $\beta$	Interleukin-1 beta
IL-1Ra	Interleukin-1 receptor antagonist
IL-6	Interleukin-6
iNOS	Inducible nitric oxide synthase
LOX	Lipoxygenase
LPS	Lipopolysaccharide
MHC	Major histocompatibility complex
MMP	Matrix metalloproteinase
NF $\kappa$ B	Nuclear factor-kappa B
NK	Natural killer
NMDA	N-methyl-D-aspartate

NO	Nitric oxide
NSAIDs	Non-steroidal anti-inflammatory drugs
PBQ	Phenylbenzoquinone
PG	Prostaglandin
PGE <sub>2</sub>	Prostaglandin E <sub>2</sub>
PGI <sub>2</sub>	Prostacyclin
PMN	Polymorphonuclear leukocyte
p.o.	Oral administration - per os
QKRAA	glutamine-leucine-arginine-alanine-alanine
RA	Rheumatoid arthritis
RANK	Receptor activator of nuclear factor kappa-B
RANKL	Receptor activator of nuclear factor kappa-B ligand
RBC	Red blood cell
RF	Rheumatoid factor
SE	Shared epitope
S.E.M.	Standard error of mean
Th1	T helper cells type 1
TNF	Tumour necrosis factor
TNFR	Tumour necrosis factor-alpha receptor
TNFSF11	Tumour necrosis factor ligand superfamily member 11
TRPV1	Transient receptor potential vanilloid 1
VCAM-1	Vascular cell adhesion molecule-1
VEGF	Vascular endothelial growth factor
WBC	White blood cell

## CHAPTER 1

### INTRODUCTION

Rheumatoid arthritis (RA) is an autoimmune disease which causes chronic systemic joint inflammation. RA patients experience swollen and painful joints which seriously affect their normal well-being. As RA develops into the later stage, the cartilage and bones start to erode due to the attacking of the autoimmune cells, leading to joint deformity. About 1% of the population worldwide is currently affected by RA while 5 out of 1000 Malaysians are diagnosed with this disease (Arthritis Foundation Malaysia, 2012; Gibofsky, 2012; Chandirasekar *et al.*, 2015).

The early symptoms of RA include joint pain and stiffness, malaise, as well as the symmetrical occurrence of joint inflammation in both the left and right side of the body (Suresh, 2004). Smaller joints at wrists and fingers are usually the first target, followed by larger joints. However, not all patients will show these clear symptoms during the onset of the disease. Some of the patients may present only asymmetrical joint inflammation and thus the early onset of RA is not easy to be detected. As a consequence, many patients miss the chance to inhibit the rapid worsening of RA (Fautrel *et al.*, 2011).

Current treatments available for RA could not totally cure this disease. They are only able to reduce pain as well as slow down the progress of joint damage. The common drug therapies for RA include non-steroidal anti-inflammatory drugs (NSAIDs), glucocorticoids, and disease modifying anti-rheumatic drugs (DMARDs). In the past, these drugs were prescribed according to the 'pyramid therapeutic' sequence, in which patients were initially suggested to take NSAIDs, and when the condition deteriorated, glucocorticoids and DMARDs would be given. However, the therapeutic procedure for RA has changed in recent years. Rheumatologists are no longer following the 'pyramid therapeutic' sequence, instead, more robust drugs such as DMARDs or cocktail regimens are prescribed once RA is diagnosed in order to achieve earlier improvement and less joint damage (Kavanaugh, 2007; Upchurch and Kay, 2012). Nevertheless, drugs especially DMARDs are not prescribed for long term usage as the drugs could be very toxic (Emery, 2006).

Researchers are now shifting their attention to find alternatives for treating RA in a more effective way. Besides identifying the real cause of RA, new drug discovery is also in the list of research interest today so that patients could be offered with more choices of drugs other than the three main RA prescriptions (Quan *et al.*, 2008). Natural products and their extracts or compounds are given priority in RA research as their therapeutic potential in medical field has yet to be fully unlocked (Sen and Samanta, 2015).

In the present research, cardamonin was chosen as the treatment compound for chemical induced-rheumatoid arthritis in animal model. Cardamonin is a compound commonly found in Zingiberaceae plant species (Israfi *et al.*, 2007). It has been reported that cardamonin produced favourable results in antinociceptive as well as anti-inflammatory studies (Park *et al.*, 2014; Li *et al.*, 2015). Therefore, cardamonin might possess anti-arthritic activity and this study was carried out on RA-induced rat model to find out the possible therapeutic effect of cardamonin as the first step in discovering a better anti-arthritic drug option for RA patients.

### **1.1 Objectives**

This research was conducted to evaluate the anti-arthritic effect of cardamonin on complete Freund's adjuvant (CFA)-induced rheumatoid arthritis in rat model.

The specific objectives of this study include the following:

1. To evaluate the anti-oedematous effect of cardamonin on complete Freund's adjuvant (CFA)-induced RA rat paws.
2. To evaluate the pain-reduction effect of cardamonin on mechanical allodynia and thermal hyperalgesia in CFA-induced RA rat paws.
3. To assess the effect of cardamonin on complete blood count (CBC) of CFA-induced RA rats specifically on red blood cell (RBC), haemoglobin (Hb), lymphocyte, and monocyte count.
4. To investigate the effect of cardamonin on the systemic cytokines specifically tumour necrosis factor- $\alpha$  (TNF- $\alpha$ ), interleukin-1 $\beta$  (IL-1 $\beta$ ), and IL-6 in CFA-induced RA rats.
5. To investigate the effect of cardamonin on the histopathological changes of CFA-induced RA rat joints.

### **1.2 Hypothesis**

Cardamonin was postulated to present anti-arthritic effects by reducing the paw oedema, mechanical allodynia, thermal hyperalgesia, as well as the systemic pro-inflammatory cytokines (TNF- $\alpha$ , IL-1 $\beta$ , and IL-6) in CFA-induced RA rat model.

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