

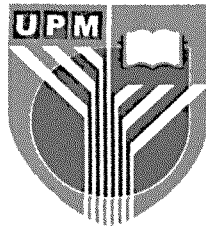


UNIVERSITI PUTRA MALAYSIA

***ANTINOCICEPTIVE ACTIVITY OF
BOESENBERGIA ROTUNDA (L.) MANSF. HEXANE EXTRACT
AND ITS MECHANISMS OF ACTIONS IN MICE***

NOR 'ADILAH BINTI MAKHTAR

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UNIVERSITI PUTRA MALAYSIA
BERILMU BERBAKTI

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BOESENBERGIA ROTUNDA (L.) MANSF. HEXANE EXTRACT
AND ITS MECHANISMS OF ACTIONS IN MICE**

By

NOR 'ADILAH BINTI MAKHTAR

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

July 2014

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

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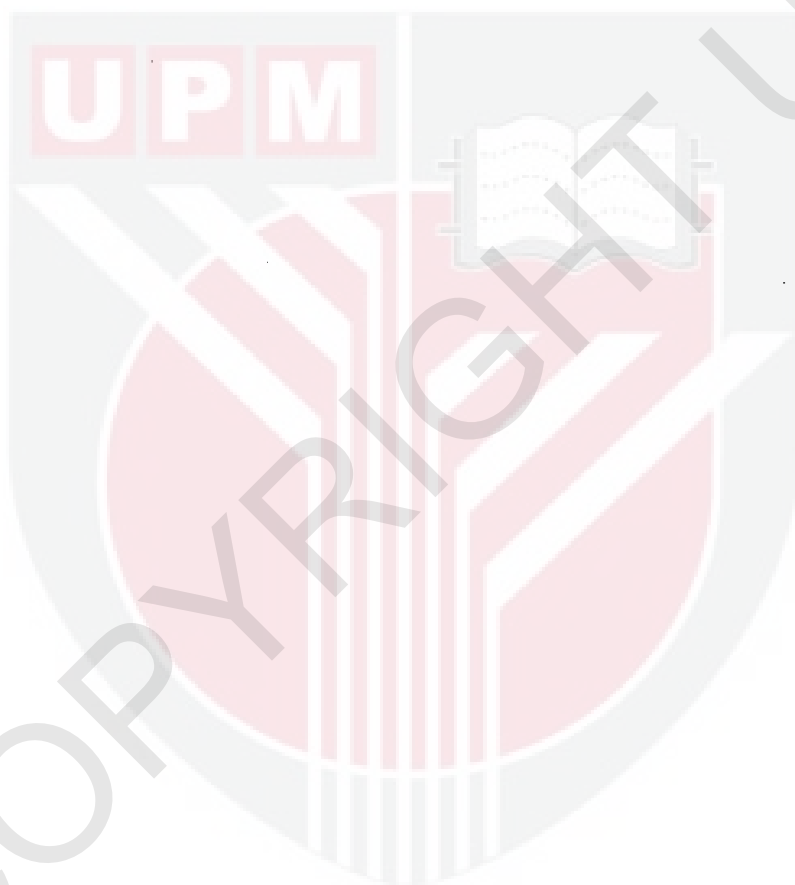
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July 2014

Chair : Goh Yong Meng, PhD
Faculty : Veterinary Medicine

Boesenbergia rotunda, fingerroot or locally known as “temu kunci” is commonly used in Southeast Asia as food ingredient and folk medicine for relieving pain related to the stomach, abdomen, joint, and muscle. Currently, there is lack of studies on the analgesic properties of the plant. Hence this study is an attempt to investigate the antinociceptive activity of the *Boesenbergia rotunda* hexane extract (BRHE) using various models of chemicals- and thermal-induced nociception in mice and thus promote and support the analgesic claim of *B. rotunda*. Results from the antinociceptive study showed that oral administration of BRHE produced significant ($p<0.05$) inhibition of mice writhing response with the highest dose of 300 mg/kg resulting in 82.19% inhibition. Results from the hot plate test also showed that BRHE produced significant ($p<0.05$) increase in the latency time compared to control groups. Additionally, in the formalin test, the nociceptive activity was inhibited significantly ($p<0.05$) at both phases by BRHE with the highest dose 300 mg/kg resulting in 67.7% inhibition of the first phase and 85.9% inhibition of the second phase. Oral administration of BRHE also significantly ($p<0.05$) reduced nociceptive activity caused by capsaicin and glutamate with the highest dose 300 mg/kg causing inhibition of 92.3% and 92% respectively. Pretreatment of the mice with naloxone (non-selective opioid antagonist), beta-funaltrexamine (mu opioid receptor antagonist), norbinaltorphimine (kappa opioid receptor antagonist), L-arginine (kappa opioid receptor antagonist), tetraethylammonium (non-selective voltage-dependent K^+ channel blocker), and charybdotoxin (large conductance Ca^{2+} activated K^+ channel blocker) at designated doses significantly ($p<0.05$) reversed BRHE-induced antinociception (300 mg/kg) in the acetic acid-induced writhing test. Together, these results suggested that BRHE may exert its antinociceptive activity through activation of mu opioid receptor and kappa opioid receptor. It also indicates that BRHE-induced antinociception was possibly related to its ability to inhibit the L-arginine/nitric oxide pathway, together with the activation of voltage-dependent K^+ channel and Ca^{2+} activated K^+ channel. In addition, no signs of toxicity or mortality were observed in the preliminary acute toxicity test. Furthermore, no significant alteration of mice motor

performance in rota-rod test was exhibited, ruling out the sedative effect of BRHE. The antinociceptive action demonstrated in the present study supports, at least in part, the ethnomedical uses of this plant.



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

**AKTIVITI ANTINOSISEPTIF EKSTRAK HEKSANA
BOESENBERGIA ROTUNDA (L.) MANSF.
DAN MEKANISMA TINDAKANNYA DALAM MENCIT**

Oleh

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Boesenbergia rotunda, atau pun temu kunci biasanya digunakan di kawasan Asia Tenggara sebagai bahan makanan dan ubatan tradisional bagi kesakitan yang berkaitan dengan perut, abdomen, sendi dan otot. Pada masa ini, kajian terhadap aksi analgesik tumbuhan ini adalah kurang. Keputusan daripada kajian antinosiseptif menunjukkan bahawa administrasi oral ekstrak heksana *Boesenbergia rotunda* (BRHE) menyebabkan penyekatan signifikan ($p < 0.05$) respon penggeliatan mencit dengan dos tertinggi 300 mg/kg menghasilkan sekatan sebanyak 82.19%. Keputusan daripada ujian plat panas juga menunjukkan bahawa BRHE menghasilkan peningkatan signifikan ($p < 0.05$) pada kependaman respon berbanding dengan kumpulan kawalan. Tambahan pula, dalam ujian formalin, aktiviti nosiseptif disekat secara signifikan ($p < 0.05$) pada kedua-dua fasa oleh BRHE dengan dos tertinggi 300 mg/kg menghasilkan penyekatan sebanyak 67.7% pada fasa pertama dan 85.9% pada fasa kedua. Administrasi oral BRHE juga mengurangkan aktiviti nosiseptif yang diaruhkan oleh kapsaisin dan glutamat secara signifikan ($p < 0.05$) dengan dos tertinggi 300 mg/kg menghasilkan penyekatan masing-masing 92.3% dan 92%. Mencit yang diprarawat dengan naloxone (antagonis opioid tidak selektif), beta-funaltrexamine (reseptor antagonis opioid mu) dan nobinaltorphimine (reseptor antagonis opioid kappa), L-arginin (prekursor nitrik oksida), tetraethyl-ammonium (penyekat tidak selektif terusan potassium yang diaktifkan oleh voltan), dan charybdotoxin (penyekat terusan kalium konduktan besar yang diaktifkan oleh ion kalsium) pada dos yang digunakan menyongsangkan antinosisepsi yang dihasilkan oleh BRHE secara signifikan ($p < 0.05$) pada ujian penjilatan tapak kaki yang diaruhkan oleh asid asetik. Sekali gus, keputusan-keputusan mencadangkan BRHE mungkin menjalankan aktiviti antinosiseptif melalui pengaktifan reseptor opioid mu dan kappa. Keputusan juga menunjukkan antinosisepsi yang diaruhkan oleh BRHE mungkin berkaitan dengan keupayaan BRHE untuk menyekat laluan L-arginin/ nitrik oksida, bersama-sama dengan pengaktifan terusan kalium yang diaktifkan oleh voltan dan ion kalsium, tanpa melibatkan cGMP. Disamping itu, tiada tanda-tanda toksik atau kematian dilihat pada ujian toksik akut. Tambahan pula, tiada perubahan persembahan motor

mencit meminggirkan kesan sedatif BRHE. Kesan antinosiseptif yang ditunjukkan pada kajian ini menyokong sekurang-kurangnya sebahagian daripada kegunaan etnomedikal tumbuhan ini.



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Declaration by graduate student

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LIST OF ABBREVIATIONS

AMPA	α -Amino-3-hydroxy-5-methyl-4-isoxazolepropionic acid
ANOVA	analysis of variance
ASA	acetylsalicylic acid
Ca ²⁺	calcium
cGMP	cyclic guanosine monophosphate
CGRP	calcitonin gene-related peptide
CNS	central nervous system
COX	cyclooxygenase
DH	dorsal horn
DRG	dorsal root ganglion
Fig.	Figure
H ⁺	hydrogen
BRHE	<i>Boesenbergia rotunda</i> hexane extract
i.p.	intraperitoneal
i.pl.	intraplantar
K ⁺	potassium
KA	kainate
L-NOARG	L-NG-nitro arginine
LTP	long-term potentiation
min	minutes
Na ⁺	sodium
NF- κ B	nuclear factor kappa-light-chain-enhancer of activated B cells
NMDA	N-Methyl-D-aspartic acid
NO	nitric oxide
NSAIDs	non-steroidal anti-inflammatory drugs
PAF	peripheral afferent fibre
p.o.	<i>per os</i>
PGE ₂	prostaglandin E ₂
S.E.M	standard error mean
TGF- α	transforming growth factor alpha
TRPV1	transient receptor potential vanilloid receptor

CHAPTER 1

INTRODUCTION

The International Association for The Study of Pain (IASP) characterized pain as ‘an unpleasant sensory and emotional experience associated with actual or potential tissue damage (Loeser and Treede, 2008). Pain is very essential to human survival. It serves as protective function by signaling the presence of harmful, tissue-damaging conditions (Tortora and Derrickson, 2006). A withdrawal reflex response to an acute noxious stimulus is an apprehensible and crucial reaction that has an obvious protective function (Clarke and Harris, 2004). Moreover, the experience of pain may lead to the avoidance of potentially detrimental situations and possible injury. Immobility and withdrawal due to pain may assist to accommodate an environment in which healing and recovery of function can occur. Thus the severe deformities developed by individuals with a rare congenital insensitivity to pain portray the useful protective function provided by the sensation of pain (Hudspith *et al*, 2005).

However, chronic pain such as that following nerve injury, the pain associated with migraine, or where pain persists after healing of injury chronic pain serves no biological function and rather than being the symptom of a disease process, chronic pain is itself a disease process (Hudspith *et al*, 2005). Pathologic pain can be a major problem and greatly affect quality of life, and it is essential for patients to obtain relieve from the pain.

Nociception, the perception of noxious stimuli, is initiated by stimuli that activate the peripheral terminals of nociceptors, a highly specialized subset of primary sensory neurons that respond only to intense stimuli. Any agent or substance that is able to suppress the perception of pain is said to have antinociceptive properties.

Medicinal herbs with antinociceptive properties have been used as a form of therapy for the relief of pain throughout history (Almeida *et al*, 2001). Treatment of diseases by plants or extracts thereof is as old as the history of mankind. As early as 400 BC, Hippocrates recommended leaves of the willow tree for medical purposes (Schrör, 2008a). Essentially, natural products in general and medicinal plants in particular, are believed to be an important source of new chemical substances with potential therapeutic efficacy.

In Asia, various spices, herbs, and condiments have been utilized not only to flavor food but also to maintain health and promote wellness. *Boesenbergia rotunda* (L.) Mansf. (local name: temu kunci), is a perennial rhizomatous herb of the family Zingiberaceae distributed from north-eastern India to south-east Asia, especially in Indonesia, Thailand

and Malaysia (Ng *et al*, 2013). The fresh rhizomes have a characteristic aroma and a slightly pungent taste. It is commonly used in Southeast Asia as a food ingredient, a folk medicine for the treatment of several diseases such as aphthous ulcer, dry mouth, stomach discomfort, leukorrhea, and dysentery (Ching *et al*, 2007).

The rhizomes of *Boesenbergia rotunda* have been reported to contain essential oil (Sukari *et al*, 2008), pinostrobin (Tan, 2005), cardamonin (Shindo *et al*, 2006), boesenbergin A (Sukari *et al*, 2007), 3,5,7-Trimethoxyflavone (Jaipetch *et al*, 1983), 1,8-cineole (Sukari *et al*, 2008), and panduratin A (Tewtrakul *et al*, 2009). *B. rotunda* and its constituents have been shown to exhibit anti-inflammatory (Tuchinda *et al*, 2002), anti-amoebic (Sawangjaroen *et al*, 2005), anti-carcinogenesis (Kirana *et al*, 2007), suppression of melanogenesis (Cho *et al*, 2009) and inhibition of HIV-1 protease activity (Tewtrakul *et al*, 2009).

Currently, two major classes of drugs are used in the pharmacological therapy of pain, namely non-steroidal anti-inflammatory drugs, and opioids. However, undesirable adverse effects such as gastrointestinal damage, renal toxicity, sedation, tolerance and respiratory depression has led to a search for new pharmacologically potent analgesic compounds with minimum adverse effects compared to current pharmacological therapy of pain.

Pharmacologically, any effective anti-inflammatory treatment in turn will also inhibit the accompanying event of pain (Schrör, 2008b). Since *B. rotunda* have been pharmacologically proven to exhibit anti-inflammatory action, it is of interest to examine the antinociceptive properties of *B. rotunda*. Moreover, the basis for the traditional use of this plant in the management of pain related conditions is yet to be scientifically verified. The present study was aimed at investigating the possible antinociceptive activity of *B. rotunda* oil and to explore its possible mechanism of action using chemical and thermal models of nociception, thus verifying its traditional use as pain reliever.

1.1 General Objective

To investigate the antinociceptive effect of BRHE in various models of induced-nociception and its possible mechanism(s) of action.

1.2 Specific Objectives:

1. To investigate the antinociceptive effects of *Boesenbergia rotunda* (Roxb.) Schltr.'s hexane extract (BRHE) against central and peripheral nociception in mice.

2. To investigate the involvement of BRHE in endogenous opioid antinociceptive mechanism.
3. To investigate the participation of TRPV1 receptor and glutamatergic system in the BRHE antinociceptive mechanism.
4. To explore BRHE's antinociceptive interaction with NO-cyclic GMP/potassium channel pathway.

1.3 Hypothesis

Boesenbergia rotunda hexane extract exerts dose-dependent antinociceptive effect against central and peripheral nociception in mice through modulation of the endogenous opioid antinociceptive mechanism and NO/cGMP/K⁺ pathways.

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