

# **RESEARCH ARTICLE**

# STUDY THE EFFECT OF SILIBININ ON EXPERIMENTALLY INDUCED MEMORY IMPAIRMENT IN MALE RATS.

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#### Abstract

**Aim of the work**: is to study the effect of different doses of silibinin on D-galactose induced memory impairment in male rats.

**Methods:**60 male rats were divided into four groups, the first three groups were (10 rats each) and the fourth group (30 rats) was subdivided in to three subgroups (10 rats each)I-Control group was injected subcutaneously by physiological saline once daily for six weeks II- D-galactose group was injected subcutaneously by 150 mg/kg of D-galactose once daily for six weeks III-Placebo group 10 ml/kg of 0.5 % carboxymethylcellulose solution was injected intraperitonealy once daily for six weeks IV-Silibinin group include IVa(2 mg/kg),IVb(20mg/kg),IVc(200 mg/kg), silibinin was suspended in 10ml/kg of 0.5 % carboxymethylcellulose solution and injected intraperitonealy once daily for six weeks.

**Results:** D-galactose group produced significant decrease step-through latency, increase time in the dark and increase in tissue malondialdehyde, nitrite, acetylcholine esterase, tumor necrosis factoralpha level and caspase activity, it produced significant decrease in tissue catalase activity and brain-derived neurotrophic factor level when compared to control group. There was insignificant change in placebo group and silibinin (2 mg/kg) when compared to D-galactose group. While, it produced significant change in silibinin (20 mg/kg) and (200 mg/kg) when compared to placebo group, but it still produced significant change in silibinin (2 mg/kg) and (200 mg/kg) when compared to control group, it produced insignificant change in silibinin (20 mg/kg) when compared to control group, it produced insignificant change in silibinin (200 mg/kg) when compared to control group.

**Conclusion**: Silibinin has role in memory disorders which develops efficient therapeutic approaches.

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## Introduction:-

Silibinin (INN) is a flavonoid extracted from the medicinal plant Silybum marianum (milk thistle), is the principal component of silymarin(Song et al., 2018).Some studies show that INN has neuroprotective effects in many disorders as parkinsonism and cerebral ischemia.However,very little is known about its physiological role as neuroprotective in memory disorders which need further studies (Pandima Devi et al., 2017).Memory disorders as aging, Alzheimer's disease (AD) and related forms are among the main medical and social problems in the

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economically developed countries (Stone et al., 2015). Aging is an important physiological form of memory impairment which lead to several cognitive disorders, there are many theories that explain the mechanism of memory , impairment in aging, however, the potential mechanisms underlying them need further studies (Ali et al., 2015). D-galactose (D-gal) a physiological nutrient which is a reducing sugar that at higher levels is converted to oxidizing agents, these changes are considerably similar to the normal aging process and represent a model demonstrating memory impairment (Hao et al., 2014). The present study aimed to investigate the effect of silibininin at different doses against D-galactose-induced memory impairment in rats and to explore the possible mechanism of its action.

## Materials & Methods:-

The current work was carried out at Medical Physiology Department, in accordance to the guidelines of the Ethical Committee of Medical Research, Faculty of Medicine, Tanta University, Egypt to minimize animal suffering.

#### **Reagents and drugs:**

Materials including silibinin,D-galactose and carboxymethylcellulose were supplied by Sigma-Aldrich Co., USA.. Malondialdehyde (MDA), Catalase (CAT) and niyrite/nitrate reagent kits were supplied by Bio-Diagnostics Co., Giza, Egypt. Rat Tumor necrosis factor alpha (TNF-) and acetylcholine esterase ELISA kit was supplied by (Shanghai Sunred Biological Technonlgy Co., China). Rat Brain derived neurotropic factor (BDNF) ELISA kit was supplied by My BioSourceCo. USA.Caspase-3 reagent kits were supplied by Ray Biotech.

#### Animal management:

The present work was carried out on 60 adult male Albino rats of the local strain weighing (150-200 g). All rats were housed in isolated animal cages in room temperature in a standard animal house with free access to water and food all over the period of work. Animals were kept for two weeks for acclimatization.

#### **Experimental procedure:**

The rats were divided into three main groups as follows:

- 1. Group I: Control group: injected subcutaneously by1.5 ml physiological saline once daily for 6 week.
- 2. Group II: D-galactose group: 150 mg/kg of D-gal was subcutaneously injected once daily for 6 weeks(Ji et al., 2015).
- 3. Group III:(Placebo group): Carboxymethylcellulose (CMC) solution group: 10 ml/kg of 0.5 % CMC solution was given by intraperitoneal injection once daily for 6 weeks starting from the first day of D-gal injection(Duan et al., 2015).
- 4. Group IV: Silibinin treated group: Silibinin was given by intraperitoneal injection once daily for 6 weeks starting from the first day of D-gal injection was subdivided in to three subgroups according to the dose of silibinin (10 rats each):
- 5. Group Iva: Silibinin was suspended in10ml/kg of 0.5% CMC solution and was given by intraperitoneal injection once daily at the dose of 2 mg/kg(Duan et al., 2015).
- 6. Group Ivb: Silibinin was suspended in 10ml/kg of 0.5 % CMC solution and was given by intraperitoneal injection once daily at the dose of 20 mg/kg (Duan et al., 2015).
- 7. Group Ivc: Silibinin was suspended in 10ml/kg of 0.5 % CMC solution and was given by intraperitoneal injection once daily at the dose of 200 mg/kg(Duan et al., 2015).

#### At the end of the experiment:

Behavioral test was done in form of passive avoidance test to test memory function in all groups(*Ji et al., 2015*), the step through latency and time in the dark were estimated.

Passive avoidance test was performed using a two compartment chamber, one compartment was illuminated, the other was dark .At first there was training period during which each rat was received 3 trial of training with 30 minutes pause between them, in which each rat was first placed in the illuminated compartment (*Ji et al., 2015*). As soon as each rat entered the dark compartment, an electric shock with (frequency 50 Hz, duration 2 second and intensity 0.8 mA) was immediately delivered to the grid floor.

After 24 hour of training, each rat in the illuminated compartment, the time to enter the dark compartment (stepthrough latency in seconds) was estimated. Also, the time the rats spent in the dark compartment were estimated (Time in the dark in seconds) Then the rats of all groups were sacrificed, the hippocampus was dissected and following parameters were measured in its tissue:

The sacrificed animals were packed in a special package according to safety precautions and infection control measures and were sent with hospital biohazard.

#### **Biochemical analysis:**

The following parameters were measured in prepared hippocampus homogenate for all groups:MDA level: which was measured by colorimetric method (Ohkawa et al., 1979), CAT activity: which was measured by colorimetric method (Aebi, 1984), Nitrite/Nitrate level: which was measured by colorimetric method (Montgomery &Dymock, 1961), Tumor Necrosis Factor Alpha (TNF-  $\alpha$ ) assay: which was measured by ELISA (Brouckaert et al., 1993), Brain Derived Neurotrophic factor (BDNF) assay: which was measured by ELISA (Baker-Herman et al., 2004), Caspase-3 level: which was measured by ELISA (Porter &Janicke, 1999), Acetylcholinesterase enzyme (AChE) level: which was measured by colorimetric method (Magnottl et al., 1987).

#### Statistical analysis:-

Results were expressed as Mean  $\pm$  SD and all statistical comparisons were made by means of one-way ANOVA test, followed by Tukey's post hoc analysis, and p values less than 0.05 were considered statistically significant. Analysis was performed by statistical package for the social science software (SPSS version 22.0).

#### **Results:-**

Biochemical results from the present work revealed that D-galactose group produced statistically significant decrease step-through latency, significant increase time in the dark ands tatistically significant increase in tissue MDA, nitrite, AChE, TNF- $\alpha$  level and caspase 3 activity. But it revealed statistically significant decrease in tissue catalase activity and BDNF level when compared to control group.

However, there was statistically insignificant change between these parameters in placebo group when compared to D-galactose group.

Also, there was statistically insignificant change in silibinin (2 mg/kg) group when compared to placebo group. While, silibinin (20 mg/kg) and (200 mg/kg) groups produced statistically significant increase step-through latency, significant decrease time in the darkand decrease in tissue MDA, nitrite, AChE, TNF- $\alpha$  level and caspase activity. But it produced statistically significant increase in tissue catalase activity and BDNF level when compared to placebo group.

In addition, silibinin (20 mg/kg) and (200 mg/kg) groups produced same statistically significant change of these parameters when compared to silibinin (2 mg/kg) group, also silibinin (200 mg/kg) group produced same statistically significant change when compared to silibinin (20 mg/kg) group.

However, silibinin (20 mg/kg) and silibinin (2 mg/kg) groups still produced statistically significant change of these parameters as compared to control group, but silibinin (200 mg/kg) group produced insignificant change as compared to control group.

#### **Discussion:-**

Chronic high dose D-gal causes significant decrease in step-through latency and significant increase time in the dark indicating deterioration of memory and cognitive skills (Zhong et al., 2016) which could be due to increase osmotic pressure with cell swelling and membrane lipid impairment with nerve degeneration caused by galactitol one of metabolites of D-gal (Wei et al., 2017) .D-gal may also results in neurological damage by  $A\beta$  accumulation( Dong et al., 2017).

High dose of D-gal also produces significant decrease in tissue BDNF level as compared to control group .Pratchayasakul et al., (2017)reported that BDNF is a biomarker for neurocognitive disorders. Oxido nitrosative stress with significant increase in nitrite induced by high dose D-gal lead to increase NOS expression which causes diminished BDNF. Also, increased pro inflammatory cytokines productions activate NF-κb which inhibits BDNF production(Sulakhiya et al., 2014).

Another mechanism, that cognitive impairment in the D-gal model has been shown to be caused by generation of ROS, This overproduction of ROS cause memory impairment by increase in oxidative damage to many molecules including lipid, protein and DNA, also it cause lipid peroxidation, protein carbonyl formation and genome instability (Vida et al., 2014). This is evidenced by significant increase in tissue MDA (Aydın et al., 2016). Over production of free radicals show increase peroxynitrite level with also significant increase in nitrite (Pratchayasakul et al., 2017). Lu et al., (2012) added that NO production catalyzes a high-output pathway of NO production that is capable of causing neuronal peroxynitrite-mediated damage and dysfunction which share in memory damage , also the increase in production of ROS can be detoxified by endogenous antioxidants, causing their cellular stores to be depleted resulting insignificant decrease in catalase activity (Jangra et al., 2015).

Moreover, increase oxidative stress caused by D-gal can activate procaspase-3 resulting in apoptosis(Shahroudi et al., 2017)also the administration of D-gal increased the Bax/Bcl2 ratio and the level of caspase-3 in brain tissues which lead to a shrinkage of the cell's nucleus, to dense chromatin cells, and to apoptosis in the hippocampal neurons (Arnberg, 2015)with functional impairment of neuronal cells and eventually deterioration of memory and cognitive skills ((Shahroudi et al., 2017)

D-gal also causes inflammation as evidenced by significant increase in TNF alpha level in neuronal cells (Rehman et al., 2017).

Another mechanism of memory impairment is cholinergic neuro-degeneration that occur due to ACh depletion evidenced by significant increase in tissue AchE level (Wei et al., 2017)

The results of the present work reveal that silibinin (INN) when injected with D- gal ina low dose of, 2 mg/kg does not cause any improvement in all parameters studied compared to D-gal alone. lu et al.,(2009)reported that low dose of INN do not affect memory and cognitive skills.

However, 20and 200 mg/kg INN causes dose dependent improvement in all parameters studied compared to D-gal alone .The improvement with INN 200 mg/kg significantly reverse the effect of D-gal nearly reaching the level of the control.

20 and 200 mg/kg INN produced significant increase in step-through latency and significant decrease time in the dark during passive avoidance test indicating that INN treatment causes improvement of memory and cognitive functions (Raza et al., 2011). The protective effect of INN was supported by dose dependent significant increase BDNF, 31.36% with 20 mg/kg INN and 63.07% with200 mg/kg INN.

Yan et al., (2015) stated that INN maintain BDNF through suppression of oxido nitrosative stress and inhibition of NOS expression which are mediators for inhibition of BDNF. Other mechanism reported by Duan et al., (2015)that INN increase concentration of BDNF via reducing the A $\beta$  peptide level. Another point of view was that INN ameliorated inflammatory response and activated ROS–BDNF–TrkB pathway in the rat hippocampus which mean that INN decrease ROS so decrease BDNF (Song et al., 2016).

INN treatment produced significant decrease in tissue MDA 20 mg/kg 9.2%, and 200 mg/kg 17.4% on the other hand significant increase in catalase activity10. 8 with20 mg/kg INN and %21.02% with200 mg/kg.

The mechanisms underlying the neuroprotective effect of INN in D-gal groups might be attenuating oxidative damage via decreasing ROS formation(Surai, 2015). INN has transition metal ion chelating properties, due to the formation of chelates with the Fe2+ and inhibition of the Fenton reaction that help formation of free radicals (Gaur and Kumar, 2010).

Regoldi et al., (2017)reported thatINN increase antioxidant activityby activating a range of antioxidant enzymes and non-enzymatic antioxidants, mainly via activation of nuclear factor (erythroid-derived 2)-like 2...Also, INN significantly increase nitrite level ,Jangra et al., (2015), stated that INN dose-dependently decreases NO production and counter balances its oxidative damage caused by chronic high dose D-gal. Lu et al., (2009) suggested thatINN can decrease nitrite level by achieving balance between free radicals and antioxidant level by removing free radicals which is necessary for formation of peroxynitrite.

INN dose-dependently decrease tissue caspase3 activity that INN (200 mg/kg) decrease tissue caspase activity by38.08% more than INN (20 mg/kg) which decrease its activity by20. 2 % .This could be explained that INN

suppress the expression levels of JNK/Bax/caspase-3 signaling pathway which play a critical role in activation apoptotic pathways (Bai et al., 2017), also Chauhan et al.,(2017) reported that INN inhibit oxidative stress that activate caspase 3.In addition, the anti apoptotic role of INN is due to diminishing the signal generated via either integral membrane death receptor proteins or via mitochondrial cytochrome-C release pathway, and finally reducing the expression of effector caspase-3. Results of this work also revealed that INN (200 mg/kg) decrease tissue AChE level 13.95 compared to7.01% With INN (20 mg/kg).

Administration of INN could significantly restoring cholinergic neurotransmission via decreasing AChE activity( Duan et al., 2015) These result could be explained that INN alter the ACh level in cholinergic synapses by binding to the catalytic site of AChE, also Bourne et al., (2003) reported that INN binds to both the entral active site and to peripheral aniotic site of AChE via hydrogen bonds, this hydrogen binding residues between AChE and INN decrease activity of AChE.

Other possible mechanism is that the effect of INN could be attributed to its potent antioxidant effects, alterations in AChE activity may be induced by the increased free radical formation which could provoke lipid peroxidation of cerebellar membranes causing changes in the conformational state of the AChE molecule and consequently inhibit its activity (Chtourou et al., 2012).

The significant decrease in tissue TNF $\alpha$  level in INN(20 and 200 mg/kg) could be explained by that NF-kB induces expression of pro inflammatory cytokines such as IL-1b and TNF $\alpha$ , so inhibition of the NF- $\kappa$ B signaling pathway by INN also plays an important role in its anti-inflammatory effect (Song et al., 2016). Additionally, INN has an important ability to attenuate the levels of TNF- $\alpha$  induced by activated microglia and so decrease inflammatory responses in brain (Jung et al., 2014). Also, Jangra et al., (2015) stated that INN can ameliorate inflammatory response by reduction of oxidative stress which are mediators for inflammatory markers.

We can conclude that INN can be used as therapeutic agents in the treatment of memory disorders and cognitive dysfunction.

·	Control	D-gal	Placebo	INN	INN	INN
Groups	Group	Group	Group	2 mg/kg	20 mg/kg	200 mg/kg
	I	II	III	Group IVa	Group IVb	Group IVc
Mean	95	37.1	38.2	46.2	65.3	87
±SD	±4.397	±9.480	±9.126	±7.099	±11.412	±5.793
P value						
P1		S	S	S	S	NS
P2			NS	NS	S	S
P3				NS	S	S
P4					S	S
P5						S

**Table 1:-**Step-through latency (seconds) in all studied groups:

- 1. P1 is obtained in comparison to Group I.
- 2. P2 is obtained in comparison to Group II.
- 3. P3 is obtained in comparison to Group III.
- 4. P4 is obtained in comparison to Group IVa.
- 5. P5 is obtained in comparison to Group IVb.

	Control	D-gal	Placebo	INN	INN	INN
Groups	Group	Group	Group	2 mg/kg	20 mg/kg	200 mg/kg
	I	П	Ш	Group IVa	Group IVb	Group IVc
Mean	10	98.1	89.5	82.2	26.8	13.6
±SD	±4.372	±8.711	±8.910	±7.480	±5.138	±7.058
P value						
P1		S	S	S	S	NS
P2			NS	NS	S	S
P3				NS	S	S
P4					S	S
P5						S

**Table 2:-**Time in the dark (seconds) in all studied group:

1. P1 is obtained in comparison to Group I.

2. P2 is obtained in comparison to Group II.

3. P3 is obtained in comparison to Group III.

4. P4 is obtained in comparison to Group IVa.

5. P5 is obtained in comparison to Group IVb.

(P value >0.05 is insignificant,  $P \le value 0.05$  is significant)

**Table 3:-**Tissue MDA level (nmol/g) in all studied groups:

	Control	D-gal Group	Placebo	INN	INN	INN
Groups	Group	II	Group	2 mg/kg	20 mg/kg	200 mg/kg
	I		Ш	Group IVa	Group IVb	Group IVc
Mean	6.255	8.016	7.95	7.519	7.216	6.565
±SD	±0.3132	±0.3270	±0.4599	±0.5836	±0.4129	±0.5692
P. value						
P1		S	S	S	S	NS
P2			NS	NS	S	S
P3				NS	S	S
P4					S	S
P5						S

1. P1 is obtained in comparison to Group I.

2. P2 is obtained in comparison to Group II.

3. P3 is obtained in comparison to Group III.

4. P4 is obtained in comparison to Group IVa.

5. P5 is obtained in comparison to Group IVb.

	Control	D-gal	Placebo	INN	INN	INN
Groups	Group	Group	Group	2 mg/kg	20 mg/kg	200 mg/kg
	I	II	Ш	Group IVa	Group IVb	Group IVc
Mean	8.876	7.172	7.182	7.789	7.958	8.692
±SD	±0.6571	±0.6247	±0.5377	±0.4583	±0.5044	±0.5110
P. value						
P1		S	S	S	S	NS
P2			NS	NS	S	S
Р3				NS	S	S
P4					S	S
P5						S

**Table 4:-**Tissue catalase activity (U/g) in all studied groups:

1. P1 is obtained in comparison to Group I.

2. P2 is obtained in comparison to Group II.

3. P3 is obtained in comparison to Group III.

4. P4 is obtained in comparison to Group IVa.

5. P5 is obtained in comparison to Group IVb.

(P value >0.05 is insignificant,  $P \le value 0.05$  is significant)

	Control	D-gal	Placebo	INN	INN	INN
	Control	D-gai	riacebo			
Groups	Group	Group	Group	2 mg/kg	20 mg/kg	200 mg/kg
	I	II	111	Group IVa	Group IVb	Group IVc
Mean	27.532	28.707	28.727	28.529	28.104	27.669
±SD	±0.3482	±0.1925	±0.2386	±0.1663	±0.2836	±0.3847
P. value						
P1		S	S	S	S	NS
P2			NS	NS	S	S
P3				NS	S	S
P4					S	S
P5						S

1. P1 is obtained in comparison to Group I.

2. P2 is obtained in comparison to Group II.

3. P3 is obtained in comparison to Group III.

4. P4 is obtained in comparison to Group IVa.

5. P5 is obtained in comparison to Group IVb.

**Table 6:-**Tissue caspase activity (OD/microgram protein) in all studied groups:

	Control	D-gal	Placebo	INN	INN	INN
Groups	Group	Group	Group	2 mg/kg	20 mg/kg	200 mg/kg
	I	II	III	Group IVa	Group IVb	Group IVc
Mean	0.737	1.293	1.271	1.237	1.014	0.787
±SD	±0.05945	±0.2283	±0.2827	±0.1565	±0.08003	±0.05832
P. value						
P1		S	S	S	S	NS
P2			NS	NS	S	S
Р3				NS	S	S
P4					S	S
P5						S

1. P1 is obtained in comparison to Group I.

2. P2 is obtained in comparison to Group II.

3. P3 is obtained in comparison to Group III.

4. P4 is obtained in comparison to Group IVa.

5. P5 is obtained in comparison to Group IVb.

(P value >0.05 is insignificant,  $P \le value 0.05$  is significant)

**Table 7:-**Tissue AChE level (mU/ml/g) in all studied groups:

	Control	D-gal	Placebo	INN	INN	INN
Groups	Group	Group	Group	2 mg/kg	20 mg/kg	200 mg/kg
	I	II		Group IVa	Group IVb	Group IVc
Mean	895.96	897.377	897.269	897.128	896.64	896.017
±SD	±0.0620	±0.5064	±0.5095	±0.5027	±0.4985	±0.06634
P. value						
P1		S	S	S	S	NS
P2			NS	NS	S	S
P3				NS	S	S
P4					S	S
P5						S

1. P1 is obtained in comparison to Group I.

2. P2 is obtained in comparison to Group II.

3. P3 is obtained in comparison to Group III.

4. P4 is obtained in comparison to Group IVa.

5. P5 is obtained in comparison to Group IVb.

	Control	D-gal Group	Placebo	INN	INN	INN
Groups	Group	П	Group	2 mg/kg	20 mg/kg	200 mg/kg
	I		III	Group	Group IVb	Group IVc
				IVa		
Mean	1641.714	1625.535	1629.273	1633.438	1634.383	1639.549
±SD	±3.576	±4.102	±3.503	±3.266	±4.072	±3.851
P. value						
P1		S	S	S	S	NS
P2			NS	NS	S	S
P3				NS	S	S
P4					S	S
P5						S

**Table 8:-**Tissue BDNF level(pg/g) in all studied groups:

1. P1 is obtained in comparison to Group I.

2. P2 is obtained in comparison to Group II.

3. P3 is obtained in comparison to Group III.

4. P4 is obtained in comparison to Group IVa.

5. P5 is obtained in comparison to Group IVb.

(P value >0.05 is insignificant,  $P \le value 0.05$  is significant)

**Table (9):-**Tissue TNF- $\alpha$  level (pg/g) in all studied groups:

	Control	D-gal	Placebo	INN	INN	INN
Groups	Group	Group	Group	2 mg/kg	20 mg/kg	200 mg/kg
	I	П	111	Group IVa	Group IVb	Group IVc
Mean	328.177	355.298	353.2	349.982	339.786	331.168
±SD	±5.022	±7.576	±6.686	±8.011	±4.285	±6.451
P. value						
P1		S	S	S	S	NS
P2			NS	NS	S	S
P3				NS	S	S
P4					S	S
P5						S

1. P1 is obtained in comparison to Group I.

2. P2 is obtained in comparison to Group II.

3. P3 is obtained in comparison to Group III.

4. P4 is obtained in comparison to Group IVa.

5. P5 is obtained in comparison to Group IVb.

	INN	INN	INN
	2 mg/kg	20 mg/kg	200 mg/kg
Step-through latency (seconds)	20.9%	70.9%	127.7%
Time in the dark (seconds)	8.15%	70.05%	84.8%
Tissue MDA level (nmol/g)	5.4%	9.2%	17.4%
Tissue catalase activity (U/g)	8.45%	10.8%	21.02%
Tissue nitrite level (μmol / g)	0.69%	2.16%	3.68%
Tissue caspase activity (OD/ microgram	2.67%	20. 2 %	38.08%
protein)			
Tissue AChE level (mU/ml/g)	1.6%	7.01%	13.95%
Tissue BDNF level(Pg/g)	25.5%	31.36%	63.07%
Tissue TNF-α level (pg/g)	0.911%	3.79%	6.23%

Table 10:-Mean percentage of change in all studied parameters:

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