

ANATOMICAL STUDY AND ANTI PYRETIC ACTIVITY OF ZANTHOXYLUM LIMONELLA FRUIT

ARUNKUMAR.V*¹ AND M..PARIDHAVI²¹ Research scholar karpagamuniversity,Coimbatore,TN,²Dpt.pharmacognosy,Rajiv Gandhi institute of harmacy,trikaripur,kerala, Email: arunsgenome@yahoo.co.in

Received:22 January 2013, Revised and Accepted:3 March 2013

ABSTRACT

In holistic tradition, herbs aren't used to reduce fever unless there is also some positive benefit in treating the infection or inflammation that is causing the fever. Many alternative practitioners see fever as the body's natural response to a pathogen. Herbs such as willow, meadowsweet, black haw, cramp bark, birch, black cohosh and Indian pipe contain some derivatives of salicylic acid, and are often called "herbal aspirins". While aspirin and its chemical relatives are harsh on the stomach, the salicylin found in herbs is not nearly as strong as acetylsalicylic acid (aspirin) and the action of herbs for fever reduction is much different from synthetic aspirin. Like aspirin, herbs can act as inhibitors for inflammation-causing prostaglandins, but often they achieve this by addressing the imbalance that lead to an elevated incidence of prostaglandins. In the present pharmacological evaluation the fruit extract (ethanolic) of Zanthoxylum limonella plant was extensively investigated for its antipyretic activity against Brewer's yeast induced pyrexia model in rats. At the end of our study, a strong conclusion can be drawn that the ethanolic extract of Zanthoxylum limonella.

Keywords: Zanthoxylum limonella, Antipyretic, Salicylin, Aspirin.

INTRODUCTION

Contrary to what you may believe based upon what you may have been told-a fever is not sickness, but healing. A fever is the body's attempt to heal itself using heat for purposes of elimination via perspiration. A fever uses the body's skin and the function of perspiration to eliminate toxins from the body via the skin. Medically speaking, a fever is elevation of body temperature. The natural human body temperature is 98.6 degrees. A body temperature over 100.4 is considered pathological. Most fevers bring with them a natural fasting period, which is why the appetite usually disappears when a fever is on the scene. Metaphysically speaking, a fever denotes anger. Anger causes heat and heat is present during a fever; this is why the body temperature rises. **Fever** (also known as **pyrexia**^[1,2,3]) is a common medical sign characterized by an elevation of body temperature above the normal range of 36.5–37.5 °C (98–100 °F) due to an increase in the temperature regulatory set-point.^[4,5,6] This increase in set-point triggers increased muscle tone and shivering. As a person's temperature increases, there is, in general, a feeling of cold despite an increasing body temperature. Once the new temperature is reached, there is a feeling of warmth. A fever can be caused by many different conditions ranging from benign to potentially serious. There are arguments for and against the usefulness of fever, and the issue is controversial. With the exception of very high temperatures, treatment to reduce fever is often not necessary; however, antipyretic medications can be effective at lowering the temperature, which may improve the affected person's comfort. Fever differs from uncontrolled hyperthermia,^[1,7,8,9] in that hyperthermia is an increase in body temperature over the body's thermoregulatory set-point, due to excessive heat production and/or insufficient thermoregulation.^[10,11,12]

MEDICATIONS

Medications that lower fevers are called *antipyretics*. The antipyretic ibuprofen is effective in reducing fevers in children.¹⁵ It is more effective than acetaminophen (paracetamol) in children. Ibuprofen and acetaminophen may be safely used together in children with fevers.^{16,17} The efficacy of acetaminophen by itself in children with fevers has been questioned.^[18] Ibuprofen is also superior to aspirin in children with fevers.^[19] Additionally, aspirin is not recommended in children and young adults (those under the age of 16 or 19 depending on the country) due to the risk of Reye's syndrome.^[20]

There are a number of medicinal herbs that have a long history of use as a natural treatment for fever, as well as traditional herbal

combinations that are pleasant to the taste and provide a number of benefits when suffering from fever and chills.

Herbal treatment

In holistic tradition, herbs aren't used to reduce fever unless there is also some positive benefit in treating the infection or inflammation that is causing the fever. Many alternative practitioners see fever as the body's natural response to a pathogen. Fever has been shown to stimulate immune system production of antibodies and may also enhance the body's elimination of toxins. Fevers accomplish much for the body through stimulation of the circulation of both blood and lymph, bringing lymphocytes, immune globulins, and other infection-fighting agents to fight the cause of the disease. Fever also enhances the removal of lysed cells (cell death by breaking of the cellular membrane, often by viral or osmotic mechanisms), spent and infected cells, to be processed by the liver, spleen and lymph nodes. Other than those cases where a fever is too high, if a fever is suppressed, the individual loses the advantages from the body's natural defense system, and the illness may last longer. Therefore, herbalists try to use herbs that support the immune system and enhance other cleansing processes of the body. Diaphoretics help to lower body temperature by promoting perspiration; but they also help to detoxify the body. Circulatory stimulants increase blood flow to the skin and enhance the cleansing sweat. Alteratives may act through an anti-microbial action, through stimulation of the immune system, and help the body clear out the toxins.

Herbs such as willow, meadowsweet, black haw, cramp bark, birch, black cohosh and Indian pipe contain some derivatives of salicylic acid, and are often called "herbal aspirins". While aspirin and its chemical relatives are harsh on the stomach, the salicylin found in herbs is not nearly as strong as acetylsalicylic acid (aspirin) and the action of herbs for fever reduction is much different from synthetic aspirin. Like aspirin, herbs can act as inhibitors for inflammation-causing prostaglandins, but often they achieve this by addressing the imbalance that lead to an elevated incidence of prostaglandins.

Anatomical study

Collection specimens^{21,22,23}

The plant specimens for the proposed study were collected from Delhi, Mumbai and Kerala and authenticated by NISCAIR Delhi. Care was taken to select healthy plants and normal organs. The required samples of organs were cut and removed from the plant fixed in FAA (Formalin-5ml+Acetic acid-5ml+70% ethyl alcohol-90ml). After

24hrs of fixing, the specimens were dehydrated with graded series of tertiary Butyl alcohol as per the schedule given by Sass, 1940. Infiltration of the specimens was carried by gradual addition of paraffin wax (melting point 58-60 C) until TBA solution attained super saturation. The specimens were cast into paraffin blocks.

Sectioning^{24,25,26,27}

The paraffin embedded specimens were sectioned with the help of Rotary Microtome. The thickness of the sections was 10-12micrometer. Dewaxing of the sections was by customary procedure(Johansen, 1940).The sections were stained with Toluidine blue as per the method published by O'Brien et al.(1964). Since Toluidine blue is apolychromatic stain. The staining results were remarkably good; and some cytochemical reactions were also obtained. The dye rendered pink colour to the cellulose walls, blue to the lignified cells, dark green to suberine, violet to mucilage, blue to the protein bodies etc. wherever necessary sections were also stained with safranin and Fast-green and IKI(for starch)

For studying the stomatal morphology, venation pattern and trihoma distribution paradermal section (section taken parallel to the surface of leaf) as well as clearing of leaf with 5% sodium hydrosulfide epidermal peeling of partial maceration employing Jaffry's maceration fluid(Sass, 1940) were prepared. Glycerine mounted temporary preparations were made for macerated/cleared materials. Powdered materials of different parts were cleared with NaOH and mounted in glycerine medium after staining. Different cell component were studied and measured.

Photomicrographs^{28,29,30,31}

Microscopic descriptions of tissues are supplemented with micrographs wherever necessary. Photographs of different magnifications were taken with Nikon lab photo 2 microscopic unit For normal observations bright field was used. For the study of crystals, starch grains and lignified cells polarized light were employed. Since these structures have birefringent property under polarized light they appear bright under dark background. Magnification of the figures are indicated by the scale bars. Descriptive terms of the anatomical features are as given in the standard anatomy book(Easu, 1964)

HPTLC analysis

Sample were applied in duplicate on pre-coated silica gel 60GF254 aluminium sheets [(3x10) cm] with the help of Linomat 5 applicator attached to CAMAG HPTLC system, which was programmed through WIN CATS software. Development of chromatogram After the application of spots, the chromatogram was developed in twin trough glass chamber [(20 x 10) cm saturated with respective solvents for specified time. Detection of spots The air-dried plates were viewed in ultra violet radiation of 366nm and 544nm after derivitisation in iodine chamber. The chromatograms were scanned and photo documentation were done. The Rf values and fingerprint data were recorded by WINCATS software. Peak development of different extracts

Two separate concentrations of 2.5µ L and 5µL of each extract were performed separately, and separate track was maintained for each concentration with separate peak development for each extract with two concentrations separately. Alcoholic, aqueous, chloroform and petroleum ether extract were collected and subjected to HPTLC. The test plates used were HPTLC pre-coated, silica gel 60F 254(Merk), format 10/10cm, thickness 200micro meter, spotting volume 5 micro liter, separation technique ascending, separation chamber twin tough glass chamber 10/10cm(camag), mobile phase: water alcohol, chloroform and petroleum ether, Relative humidity: 55, temperature 30, Mode: absorbance/reflectance, wavelength: 254, slide dimension 0.3/4cm.

Antipyretic Activity

Antipyretic activity was studied according to (Rao et al). Pyrexia was induced in rats by injecting 20% w/v aqueous suspension of

Breweriz yeast intramuscularly. After 18hr, the animals developed 0.5 degree to 1 degree rise in the rectal temperature. The animals were distributed in four groups of 6 each. Plant extract in the doses of 200mg/kg and 500mg/kg was administered to group 2nd & group 3rd orally. Group 4 was administered with acetyl salicylate (100mg/kg) through I.P. and the control group (group 1) was given 0.5ml normal saline i.p. Rectal temperature was noted at different time intervals. Percentage reduction in rectal temperature was calculated by considering the total fall in temperature to normal level as 100%.

$$\text{Percentage reduction} = \frac{(B-C) \times 100}{B-A}$$

Where 'A' denotes normal temperature, 'B' denotes temperature 18hrs after yeast induction & 'C' denotes temperature at time intervals such as 1st h, 2nd h & 3rd h.

Statistical analysis: The data were statistically analyzed using one way ANOVA followed by Dumettz test for individual comparison of groups with control. 'P' values below 0.05 were considered as significant. Here all values of statistical analysis are expressed as Mean ± SEM.

TRANSVERSE SECTION RESULTS

The fruit is a capsular cocci. It is dry deliscent fruit breaking vertically along the sutures. The fruit is 1 mm thick along the pericarp. The pericarp consist of parenchymateous mesocarp consists of parenchyma, mesocarp and sclerotic endocarp (figure 1.1). The mesocarp has outer boundary of epidermis which is broken and disintegrated at several places, but retained at certain places (fig 2.1) The epidermis of the mesocarp is 20 micro metre thick and has thick cuticle. The tissues of the mesocarp include thin walled. Compact parenchyma cells. These are wide circular lysigenous secretory cavities distributed all along the circumference of the pericarp (1.1, 2.1) There are also circular vascular strands situated in the mesocarp, the vascular strand consists of a central core of phloem and outer ring of xylum. The vascular strand is ensheathed by a thick cylinder of sclerenchyma cells (fi. 2.1, 2). The sclerotic endocarp is 500 micro meter thick. It consists of inner zone of radially elongated, thick walled cells with wide lumen (fig. 1.2). anarrow zone of squarish or polygonal sclerenchyma cells is located along the inner part of sclerotic region (fig. 1.2, 2.1). The elongated cells occupy 400 micro meter width and squarish cells are 100 micro meter wide.

POWDER MICROSCOPIC RESULTS

The powder preparation of the fruit exhibits the following elements when viewed under microscope.

- 1) Fragments of epicarp of the fruit are seen scattered in the powder. They appear in surface view (fig.3.1). The cells are polygonal, thin walled and compact, the walls are straight. The cells are 20 x 70 micro meter in size.
- 2) The inner part of the pericarp which is Sclerenchymatous are also seen in fragments. The cells are small, thick walled and angular in outline (fig. 3.2). They are 60 micro meter in diameter.
- 3) Isolated brachyscleroids are seen scattered with powder. They are rectangular in shape and have thick lignified secondary walls and prominent circular simple pits (Fig. 4.1, 2.3). The scleroids are 100 micrometer long and 25 micrometer thick. The cell lumen is wide and have no cell contents (fig. 5.1).
- 4) Fibrescleroid (fig. 5.2). These elements are occasionally seen in the powder, they are along, narrow and tapering at tip. They resemble the fibres but their cell walls have dense canal like pits, the cell lumen is wider than that of fibres.

Different types of scleroids (elongated and rectangular types and squarish types), where studies under the polarised light microscope. The scleroids appear bright against dark back ground, which exhibits lignified nature of their cell walls, (fig. 6.1, 2.3).

ANATOMY RESULTS

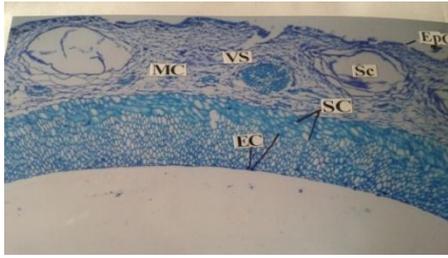


Figure 1.1 – TS of Pericarp of the fruit

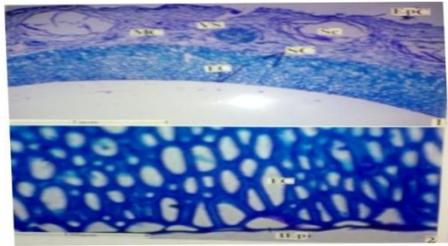


Figure 2 – Inner sclerotic endocarp of the fruit.
 (EC: Endocarp; E//pc.Epicarp, I Ep: Inner Epidermis of the endocarp ; MC.

Mesocarp; VS: Vascular strand)

Fig 2.1 : pericarp- a sector enlarged.

Fig 2.2 : vascular strand of the mesocarp - enlarged.(EP : Epidermis of the pericarps , EC : Endocarp , SC : secretory cavity ; Ph : phloem ; VS : Vascular strand' , X : xylem)

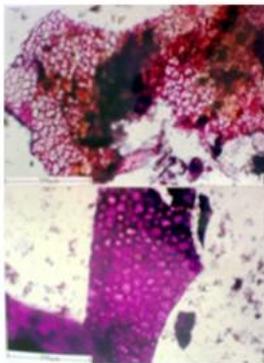


Figure:3 Powder Microscopy

1.surface view of the epicarp 2. surface view of the endocarp (EP : Epicarp, SC : elerenehymatous endocarp

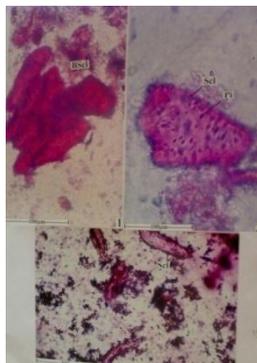
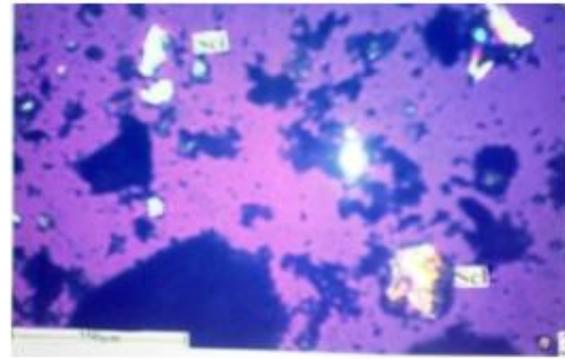


Figure: 4.1, 4.2, 4.3
 Fiig 4.1 Elongated scleroid;

Fig 4.2 polyhedral brachyscleroid
 Fig 4.3 Elongated scleroids



(BscL : Braehyscleroid; Pi : pit; Sol : scleroid)

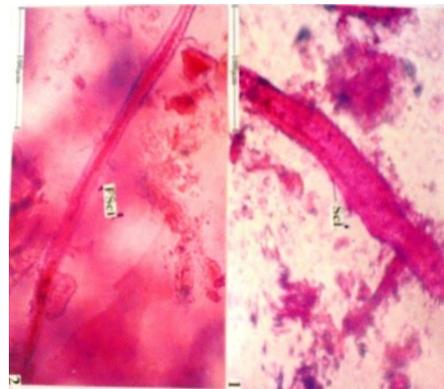


Fig 5.1 : one elongated scleroid - enlarged.
 Fig 5.2 :fibrescleroid

(FScl : fibrescleroid; Scl : scleroid)

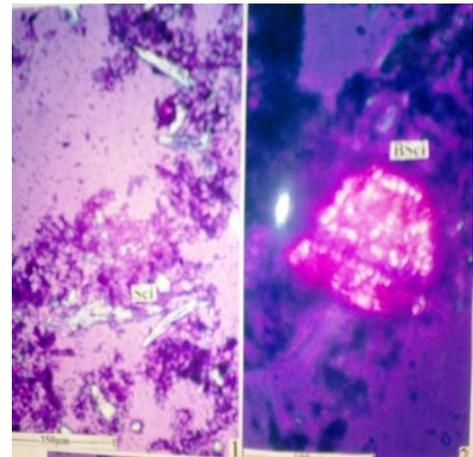
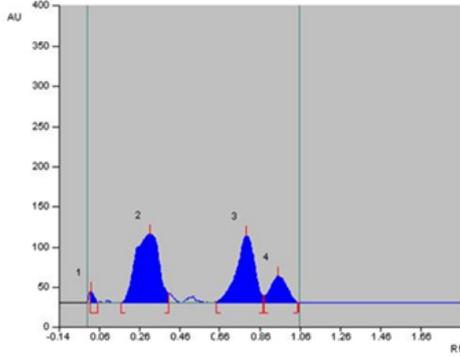


Figure: 6.1,6.2

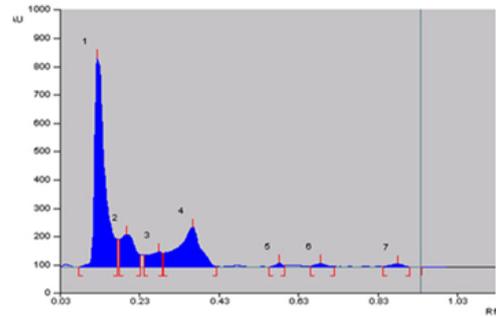
Figure: 6.3
 Fig 6.1 - 3: scleroid as seen under the polarized light showing bright lignified wails
 (BscL - Bracscleroid; Sc1: scleroid).

HPTLC RESULTS

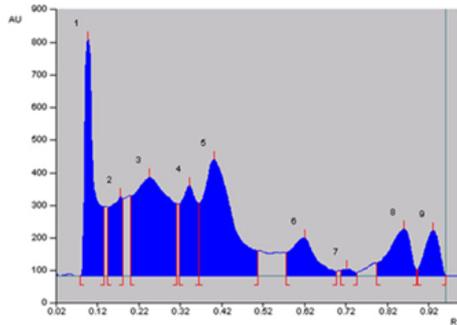
HPTLC of alcoholic extract



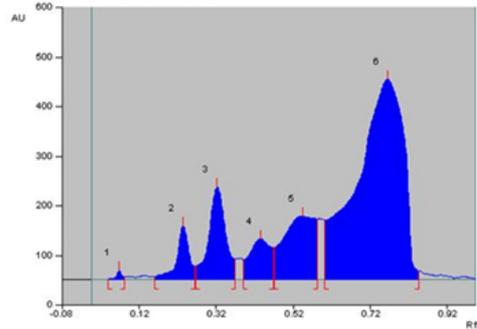
HPTLC of petroleum ether extract



HPTLC of chloroform extract



HPTLC of aqueous extract



Sl.no	Extract	Mobile phase	Detection	No. Of spots and Rf value
1	Alc.extract	100%chloroform	UV254	3(0.31,0.79 0.95)
2	Chloroformextract	Chloroform:benzene (2:8)	UV254	9(0.1,0.18,0.25,0.35,0.40,0.62,0.72,0.86,0.93)
3	Pet.ether extract	Pet.ether:diethyl ether (6:4)	UV254	7(0.12,0.19,0.28,0.36,0.58,0.68 0.88.)
4	Aques extract	Butanol:aceticacid:water 6:1:3	UV254	5(0.24,0.33,0.44,0.55, 0.77)

ANTYPYRETIC ACTIVITY

Group	Treatment	Dose	Rectal Temperature(°C)		Rectal Temperature(°C)		
			Normal	18hrs after yeast induction	1 hr	2 hr	3 hr
Group 1	control		37.84±.04	38.91 ±.004 ^a	38.91±.003 ^b	39.02±.007 ^b	39.04±.004 ^b
Group2	Plant ext 1	200mg/kg	37.77±.01	38.90±.006 ^a	38.49±.005 ^b (19.24%)	37.82±.007 ^b (50.70%)	37.61±.002 ^b (46.94%)
Group3	Plant ext 2	500mg/kg	37.83±.01	38.83±.03 ^a	38.78±.01 ^b (25%)	38.31±.004 ^b (26%)	37.90±.006 ^b (46.5%)
Group4	standard	100mg/kg	37.74±.01	38.88±.003 ^a	37.80±.01 ^c (94.7%)	36.61±.004 ^c (199.1%)	37.56±.01 ^c (115.7%)

Mean±SEM 'p' value(V/s control by ONEWAY ANNOVA followed by Dunnett's test) is a<0.05 ,b<0.01 , c<0.001

CONCLUSION

The anatomical study and HPTLC indicates a large number of compounds in the plant *Zanthoxylum limonella*. In the present pharmacological evaluation the fruit extract (ethanolic) of *Zanthoxylum limonella* plant was extensively investigated for its antipyretic activity against Brewer's yeast induced pyrexia model in rats. At the end of our study, a strong conclusion can be drawn that the methanolic extract of *Zanthoxylum limonella*. Antipyretic activity more or less depending on the dose levels. The methanolic extract of the plant at a dose level of 200mg/kg and 5200mg/kg exhibited competent, potent and comparable results promoting *Zanthoxylum limonella*. The mechanism of action of antipyretic study can be detected by intense molecular study.

ACKNOWLEDGEMENT

Authors extends their sincere thanks to Karpagam University, Coimbatore and Rajiv Gandhi institute of

pharmacy, Trikaripur. We also extend our sincere thanks MCOPS, Manipal & Prof. Jayaraman, Chennai for their valuable help.

REFERENCE

- Axelrod YK, Diringner MN (May 2008). "Temperature management in acute neurologic disorders". *NeuroClin* 26 (2): 585-603, xi. doi:10.1016/j.ncl.2008.02.005. PMID 18514828.
- Karakitsos D, Karabinis A (September 2008). "Hypothermia therapy after traumatic brain injury in children". *N. Engl. J. Med.* 359 (11): 1179-80. doi:10.1056/NEJMc081418. PMID 18788094.
- Marx, John (2006). *Rosen's emergency medicine: concepts and clinical practice*. Mosby/Elsevier.p. 2239. ISBN 9780323028455.
- Laupland KB (July 2009). "Fever in the critically ill medical patient". *Crit. Care Med.* 37 (7 Suppl): S273-8. doi:10.1097/CCM.0b013e3181aa6117. PMID 19535958.
- Manson's Tropical Diseases: Expert Consult. Saunders. 2008. pp. 1229. ISBN 9781416044703.

6. Trautner BW, Caviness AC, Gerlacher GR, Demmler G, Macias CG (July 2006). "Prospective evaluation of the risk of serious bacterial infection in children who present to the emergency department with hyperpyrexia (temperature of 106 degrees F or higher)". *Pediatrics* 118 (1): 34-40. doi:10.1542/peds.2005-2823. PMC 2077849. PMID 16818546.
7. //www.ncbi.nlm.nih.gov/pmc/articles/PMC2077849/.
8. Barone JE (August 2009). "Fever: Fact and fiction". *J Trauma* 67 (2): 406-9. doi:10.1097/TA.0b013e3181a5f335. PMID 19667898.
9. Sund-Levander M, Forsberg C, Wahren LK (June 2002). "Normal oral, rectal, tympanic and axillary body temperature in adult men and women: a systematic literature review". *Scand J Caring Sci* 16 (2): 122-8. doi:10.1046/j.1471-6712.2002.00069.x. PMID 12000664.
10. Harrison's principles of internal medicine. (18th ed.). New York: McGraw-Hill. 2011. pp. 4012. ISBN 978-0-07-174889-6.
11. Muhammad, Inayatullah; Shabbir Ahmad Nasir (May 2009). *Bedside Techniques: Methods of clinical examination*. Saira Publishers and Salamatlqbal Press, Multan.
12. Hilsenrath AJ (July 1995). "Pel-Ebstein fever". *N. Engl. J. Med.* 333 (1): 66-7. doi:10.1056/NEJM199507063330118. PMID 7777006. They cite Richard Asher's lecture Making Sense (*Lancet*, 1959, 2, 359)
13. Rolla L. Thomas (1906) [1906]. *The eclectic practice of medicine*. The Scudder Brothers Company. p. 261. <http://books.google.com/books?id=HglMAAAAMAAJ>.
14. Fauci, Anthony (2008). *Harrison's Principles of Internal Medicine* (17 ed.). McGraw-Hill Professional. pp. 117-121. ISBN 978-0-07-146633-2.
15. Chapter 58 in: Walter F., PhD. Boron (2003). *Medical Physiology: A Cellular And Molecular Approach*. Elsevier/Saunders. p. 1300. ISBN 1-4160-2328-3.
16. Perrott DA, Piiira T, Goodenough B, Champion GD (June 2004). "Efficacy and safety of acetaminophen vs ibuprofen for treating children's pain or fever: a meta-analysis". *Arch Pediatr Adolesc Med* 158 (6): 521-6. doi:10.1001/archpedi.158.6.521. PMID 15184213.
17. Hay AD, Redmond NM, Costelloe C et al. (May 2009). "Paracetamol and ibuprofen for the treatment of fever in children: the PITCH randomised controlled trial". *Health Technol Assess* 13 (27): iii-iv, ix-x, 1-163. doi:10.3310/hta13270 (inactive 2010-09-13). PMID 19454182.
18. Southey ER, Soares-Weiser K, Kleijnen J (September 2009). "Systematic review and meta-analysis of the clinical safety and tolerability of ibuprofen compared with paracetamol in paediatric pain and fever". *Curr Med Res Opin* 25 (9): 2207-22. doi:10.1185/03007990903116255. PMID 19606950.
19. Meremikwu M, Oyo-Ita A (2002). Meremikwu, Martin M. ed. "Paracetamol for treating fever in children". *Cochrane Database Syst Rev* (2): CD003676. doi:10.1002/14651858.CD003676. PMID 12076499.
20. Autret E, Reboul-Marty J, Henry-Launois B et al. (1997). "Evaluation of ibuprofen versus aspirin and paracetamol on efficacy and comfort in children with fever". *Eur. J. Clin. Pharmacol.* 51 (5): 367-71. doi:10.1007/s002280050215. PMID 9049576.
21. *Antiplatelet drugs*. British National Formulary for Children. British Medical Association and Royal Pharmaceutical Society of Great Britain. 2007. pp. 151.
22. Easu, K. 1964. *Plant Anatomy* John Wiley and sons. New York. Pp.767. Easu,
23. K. 1979. *Anatomy of seed Plants*. John Wiley and sons. New York. Pp. 550.
24. Gamble, J.S 1935. *Flora of the Presidency of Madras*. Vol. I, II, & III. Botanical Survey of India, Calcutta, India.
25. Henry, A.N; Kumari, Q.R. and Chitra, V. 1987. *Flora of Tamilnadu, India*. Vol.3
26. *Botanical Survey of India, Southern Circle, Coimbatore, India*. pp-258.
27. Johnsen, D.A. 1940. *Plant Microtechnique*. McGraw Hill Book Co, New York Pp.523.
28. Mathew, K.M. 1983. *The Flora of Tamil Nadu Karnatic* Vol.1. Polypetalae. pp:688. Vol.3. Gamopetalae & Monochlamydae - pp.689-1540.
29. Metcalfe, C.R. and Chalk, L. 1950. *Anatomy of the Dicotyledons*. Clarendon Press, Oxford.
30. Metcalfe, C.R. and Chalk, L. 1979. *Anatomy of the Dicotyledons*. Vol.1. Clarendon Press, Oxford. pp.276.
31. O'Brien, T.P; Feder, N. and Mc-Cull, M.E. 1964. *Polychromatic Staining of Plant Cell walls by toluidine blue-O*. *Protoplasma*; 59:364-373.
32. Sass, J.E. 1940. *Elements of Botanical Microtechnique*. McGraw Hill Book Co; New York. pp.222.
33. Wallis, T.E. 1985. *Text Book of Pharmacognosy*, CBS Publishers and Distributors, Shahdara, Delhi, India.
34. Yoga Narasimhan, S.N. 2000. *Medicinal Plants of India*. Vol.1. II Tamilnadu. Regional Research institute (Ay.) Bangalore, India. p.71 5