

## ANTIHISTAMANIC ACTIVITY OF EXTRACT OF *ACHYRANTHES ASPERA*

RR. Romde<sup>1\*</sup>, Mahesh Ningwal<sup>1</sup> and RK. Kaurav<sup>2</sup>

<sup>1</sup>Pest Control and Ayurvedic Drug Research Lab. S.S.L. Jain P.G. College Vidisha, Madhya Pradesh, India.

<sup>2</sup>Government, PG. College Dadawara Narsingpur Madhya Pradesh, India.

### INTRODUCTION

The history of medicine dates back perhaps to the origin of human civilization. From the earliest times mankind has used plants in an attempt to cure diseases and relieve their sufferings. Primitive people in all ages have had some knowledge of medicinal plants. Most savage people believed that diseases were due to the presence of evil spirits in the body and could drive by the use of disagreeable substances found in nature.

Plants have been the basis of many traditional medicines throughout the world for thousands of years and continue to provide new remedies to mankind. Plants have been one of the important sources of medicines since the beginning of human civilization. The recent resurgence of plant remedies resulted from several factors, such as effectiveness of plant medicines and lesser side effects compared with modern medicines. Indigenous herbs are used as remedies against various diseases in the traditional system of medicine or in ethno medical practices. For the past few decades, compounds from natural sources have been gaining importance because of the vast chemical diversity they offer. This has led to a phenomenal increase in the demand for herbal medicine in the last 2 decades. They are relatively safe, easily available, and affordable to the masses. These drugs have given important lead in drug research, resulting in the discovery of novel molecules.

Asthma is a disease of the human respiratory system in which the airways constrict and become narrow, often in response to a trigger such as exposure to an allergen, cold air, exercise, or emotional stress (Prasad et al., 2009). Asthma affects 7% of the total population and approx 300 million worldwide (Christopher and Fanta, 2009). During attacks the smooth muscle cells in

the bronchi constrict, and the airways become inflamed, swollen and breathing become difficult. The term *asthma* actually comes from the Greek word *panos*, which means to pant or to breathe with an open mouth. In Ayurveda, it is considered to originate from the affliction of the stomach and other parts of gastro-intestinal tract. In most of the cases, therefore, either in the beginning of the disease or before each attack, the patient suffers from indigestion, constipation or even diarrhea. The seat of manifestation of the disease is lungs (Dash, 2001).

*Achyranthes aspera* L. (Latjeera) is an erect or procumbent, annual or perennial herb of about 1-2 meter in height, often with a woody base. Stems angular, ribbed, simple or branched from the base, often with tinged purple colour, branches terete or absolutely quadrangular, striate, pubescent, leaves thick, 3.8 – 6.3 X 2.5 – 4.5 cm, ovate – elliptic or obovate – rounded, finely and softly pubescent on both sides, entire, petiolate, petiole 6 – 20 mm long, flowers greenish white, numerous in axillary or terminal spikes up to 75 cm long, seeds subcylindric, truncate at the apex, rounded at the base, reddish brown.

### MATERIALS AND METHODS

Plant material of *Achyranthes aspera* L. of family Moraceae was collected from the local villages of Ratlam district. The plant was identified and authenticated by the taxonomist of botany department of Bherulal Patidar Govt. P.G. College, Mhow (M.P.). A voucher specimen of the plant material was procured in the herbarium data sheet of the laboratory. The plant material was washed thoroughly with water and then air dried in shade at room temperature  $25 \pm 2^\circ\text{C}$  for more than 15 days. The air dried plant material was grinded to

powder about 40 – 60 mesh size. The 50gm of the powdered material was loaded into Soxhlet apparatus separately for extraction with the solvent of increasing order of polarity (n-Hexane, Chloroform and Methanol). The extract was filtered through Whatman's filter paper. Then the crude extract was concentrated in the vacuum rotary evaporator. The crude extract obtained from plant was applied in asthmatic rats and stabilization of mast cells was observed.

### OBSERVATION AND RESULTS

In the present study, anti-histaminic or mast cell stabilizing activity was evaluated using active fractions of *Achyranthes aspera* in anaphylactic Wistar albino rats. Mast cells play a crucial role in the development of many physiological changes during allergic conditions of asthma. When the foreign particles come in to contact of mast cells, it triggers a number of dramatic actions in the mast cells because they work as antigens. During dramatic actions mast cells release a variety of chemicals like histamine that is a vasodilator which dilates blood vessels in the body. Another is serotonin which constricts blood vessels. Heparin is an anticoagulant but it doesn't play a role in asthmatic conditions. After histamine, leukotrienes and other substances also play an important role in allergic and asthmatic conditions. However, the body always develops immunity against antigen through increasing the production of antibody. Immunoglobulin E (IgE) is an antibody which always binds histaminic receptors on the surface of mast cells during asthma and allergy. It is the antigen-antibody (IgE) reaction which controls the mast cells to release histamine, leukotrienes and other substances. However, the body requires supportive drugs for the increment of immunity. Hence, active fractions of *Achyranthes aspera* were tried for the control of asthma through inhibiting the release of histamine from mast cells which is possible to stabilize the mast cells by using selected plant extract purified active fractions. For the anti-histaminic activity, all the groups were sensitized by injecting subcutaneously

0.5ml of 2% Alum along with 0.5 ml of triple antigen containing 20,000 million *Bordetella pertussis* bacteria. The sensitized rats were divided into four groups. Group I was served as control and have received water with *ad-libitum* but not treated and sacrificed for the observation of mast cells which were found  $15.50 \pm 2\%$  intact and  $88.20 \pm 2\%$  disrupted. Mast cells were observed carefully and percentage of intact and disrupted mast cells were calculated. Table below showed the effect of active fractions of *Achyranthes aspera* extract on sensitized rats. In the II group which was treated with active fraction of *Achyranthes aspera* extract, it was noticed that when the dose of 50 mg/kg body weight were given orally with water by using oral feeding tube needle, the disruption of mast cells were found  $29.80 \pm 2\%$  disrupted and intact mast cells were found  $71.20 \pm 2\%$ . In another dose of 100 mg/kg body weight for the same plant, the disruption of mast cells was found  $24.70 \pm 2\%$  and intact mast cells were found  $81.10 \pm 2\%$ . In the IV group 10 mg/kg b.w. standard drug Dexamethasone was given intramuscularly, it was observed that the disruption of mast cells was  $20.40 \pm 2\%$  and intact mast cells was found  $84.50 \pm 2\%$  which was quite similar to the maximum 100 mg/kg b. w. of herbal extract.

### CONCLUSION

It appears that the disruption of mast cells is dose dependent. It is inversely proportional to the doses, as the doses increase, the disruption of mast cells decreases. However, intact mast cells percentage is similar to the doses, as the doses increase the intact mast cells percentage also increases. Hence, the anti-histaminic activity is directly proportional to the doses because the number of intact mast cells was found to be increasing simultaneously with increasing the doses. The result when compared to the control seem to be quite significant at  $p < 0.05\%$  when student "t" test was applied. All the values obtained after the treatment by plant extract were highly significant.

**Table: Effect of active fraction of plant extract on albino rats**

Group	Treatment	Dose (mg/kg b. w.)	Route of administration	Mast cells de-granulation	
				Disrupted %	Intact %
I	Control Sensitized	--	Not given	88.20±2%	15.50± 2%
II	Treated with <i>Tinosporacordifolia</i> extract	50	Orally	29.80±2%	71.20±2 %
III	Treated with <i>Tinosporacordifolia</i> extract	100	Orally	24.70±2%	81.10±2 %
IV	Standard drug Dexametasone	10	Intra muscular	20.40±2%	84.50±2%

*P value* 0.05, \* SEM

## REFERENCES

1. Agrawal B and Mehta A. Efficacy ansafety of seed kernel of Moringaoleiferainthe treatment of bronchial asthma. Indian J Pharmacol. 2008;40(1): 28-31.
2. Ahirwar B, Ahirwar D and Ram A. Antihistaminicactivity of AVB-01- A polyherbal formulation. Phcog. Mag. 2008;4(15): S 46- S 49.
3. Ballaha B and Chaurasia OP. Medicinalplants of cold desert Laddak used in thetreatment of stomach disorders. Indian J Traditional Knowledge. 2009;8(2):185-190.
4. Barnes PJ. Anti-inflammatory therapy forasthma. Ann Rev Resp Med. 1993;44:229-249.
5. Dash Bhagwan. Ayurvedic cures for common diseases. A complete book of Ayurvedic remedies. Hind Pocket Books Publication, Delhi.
6. Ejaz-ur-Rehman. Indigenous Knowledge ofmedicinal plants village Bareli Kass& itsallied area district Kothli, Azad J & K, Pakistan. <http://www.siv.edu>
7. Elujoba AA, Odeley OM and Ogunyemi CM. Traditional medicinesdevelopment for medical and dentalprimary health care delivery system in Africa. African Journal of Traditional, Complementary and Alternative Medicines. 2005;2:46-61.
8. Gupta YK, Katyal Jatinder, Kumar Gajendra, Mehla Jogender, Katiyar CK, Sharma Naveen and Yadav Satpal. Evaluation of Antitussive activity of formulations with herbal extract in sulphurdioxide induced cough model in mice. Indian J Physiol Pharmacol. 2009;53(1):61-66.
9. Hannaway Paul J. The asthma self helfbook. Orient paper Backs, Delhi, 1996;235.
10. Harborne JB. Phytochemical methods A guide to modern techniques ofplant analysis.2nd edn. Chapman and Hall Publ. London, 1984;1-128.
11. Havsteen B. Flavonoids A class of naturalproducts of high pharmacological potency. Biochem Pharmacol. 1983;32:1141-1148.
12. Iqbal M. International trade in nonwoodforest products. An Overview – Rome, FAO, 1933.
13. Jain AK and Vairale MG. Some Threatened Angiospermic Taxa of Chambal Eco-region. Phytotaxonomy. 2007;107-110.
14. Jha RK. Ethno-medical plants used againstasthma at Chotanagar, Jharkhand, India. Ad Plant Sci. 2001;14 (1):95-97.
15. Kabelitz L, Gruen T and Celot P. References substances. Product List. PhytoLab. GmBh & Co. Kg. Vestenbergs greuth Lab. Addipharma. 2003;1-58.
16. Prasad R, Lawania RD, Manvi and Gupta R. Role of herbs in the management of asthma. Phcog Rev. 2009;3:247-58.
17. Raghunathan K. PreliminaryTechno-economic survey of naturalresources and herbal wealth of Ladakh. CRIMH Publication, New Delhi. 1976;1-12.
18. Saxena RC. Anti-histamnicactivity of the Saponin isolated from *Achyranthes aspera* Linn. Paper presented in 3rd World congress on Medical and Aromatic Plants (WOCMAP), from 3-7 Feb. Chiang Mai, 2003.