

HYPOLIPIDAEMIC EFFECT OF *Allium sativum* AND *Emblica officinalis* IN RABBITS

By

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THESIS

Submitted in partial fulfilment of the
requirement for the degree

Master of Veterinary Science

Faculty of Veterinary and Animal Sciences
Kerala Agricultural University

Department of Pharmacology and Toxicology
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1992

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DECLARATION

I hereby declare that this thesis entitled Hypolipidaemic effect of *Allium sativum* and *Embllica officinalis* in rabbits is a bonafide record of research work done by me during the course of research and that the thesis has not previously formed the basis for the award to me of any degree diploma associateship, fellowship, or other similar title of any other University or Society

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Certified that this thesis, entitled Hypolipidaemic effect of Allium sativum and Embllica officinalis in rabbits' is a record of research work done independently by Dr. K. P. Mini under my guidance and supervision and that it has not previously formed the basis for the award of any degree, fellowship or associateship to her

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*Dedicated to
my beloved parents*

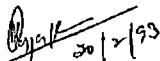
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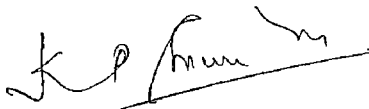


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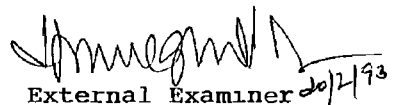
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ACKNOWLEDGEMENTS

I express my profound gratitude to Dr N Gopakumar Associate Professor Department of Pharmacology and Toxicology and Chairman Advisory Committee for his meticulous guidance constant encouragement and valuable help rendered throughout the course of study

I express my deep sense of gratitude to Dr M K Rajagopalan Professor and Head Department of Pharmacology and Toxicology and Dr Jacob V Cheeran, Professor Department of Pharmacology and Toxicology for their practical suggestions and inspiring guidance at various stages of this work as members of the Advisory Committee

My sincere thanks are due to Dr K P Surendranathan Professor Department of Physiology and Biochemistry, for the abiding interest and constructive criticism rendered during the course of the work

I am deeply indebted to late Dr K P Sadanandan Professor Department of Physiology and Biochemistry for the valuable advice and help rendered by him as a member of the Advisory committee

I gratefully acknowledge the constant encouragement and timely help extended by Dr Zacharias Cherian Dr P Marykutty Dr A M Chandrasekharan Nair, Dr P T A Usha Mr V R Reghunandanan, Dr K Venugopalan Dr Aravindan Vallachira Department of Pharmacology and Toxicology

I am thankful to Dr K C George Professor and Head, Department of Statistics for the help rendered in the statistical analysis of the data

I am grateful to Dr A Rajan Professor and Head, Centre of Excellence in Pathology for the unstinted help rendered by him

I sincerely thank Dr G Nirmalan Dean-in-charge for providing the facilities to carry out this study

With a deep sense of gratitude I thank Suresh B Viju George Rajeev K Raj Menon Shyam Venugopal Krupesh Sharma John Martin, Deepak T , Mary John , Latha C , Fabiana Lobo Vahida A M Bindu K A Mini Bharathan Mini Jose for the great help rendered by them

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Introduction

INTRODUCTION

There has been an increasing recognition in recent years that diet plays a major role in causing disease particularly diseases of Western Civilization. Nutrition is presently regarded as a major factor in the development of both cancer and cardiovascular disease. This notion is well supported by the finding that there is a strong association between dietary intake of cholesterol fats, development of hypercholesterolaemia and risk of coronary heart disease. Cholesterol is found to be a pivotal element in the etiology of cardiovascular disease. Risk of developing the coronary heart disease increases exponentially with the serum cholesterol concentration. For every 1-mg/dl reduction in plasma cholesterol, one per cent risk of coronary heart disease is reduced. Due to the putative linkage of serum cholesterol level to incidence of atherosclerosis, dietary manipulation of serum cholesterol has become a public health issue. Cholesterol and its esters are among the many substances contributing to the plaque on the inner valves of arteries in atherosclerosis. The cholesterol in the plaques has

been shown to originate from cholesterol carried in the blood stream by the low density lipoproteins (LDL). Clinical concern arises because an elevated concentration of such lipoproteins can accelerate the development of atherosclerosis with its dual sequelae of thrombosis and infarction.

Usually only total plasma cholesterol is measured to assess the hypercholesterolaemic status, but it is often useful to determine its distribution in the different lipoprotein fractions. Plasma cholesterol and triglycerides are transported in lipoproteins, which are large globular particles that contain an inner core of cholesteryl esters or triglycerides surrounded by a polar coat of phospholipids, free cholesterol and apoproteins. Some lipoproteins have shown association with cardiovascular disease while others do not. It is the LDL and HDL (High density lipoprotein) which are thought to be of particular importance in atherosclerosis and coronary heart disease. When there is a high concentration of LDL, with a deficiency in LDL receptors, cholesterol accumulation can occur. The HDL fraction on the other hand, is a scavenger lipoprotein responsible for removal of excess cholesterol from tissues. Thus the LDL/HDL ratio is a convenient method of assessing the

extent of atherogenicity of an individual's plasma lipoproteins (Thomas, 1988)

A more potent dietary influence on blood cholesterol concentration is the relative proportion of polyunsaturated (PS) to saturated (S) fatty acids in the diet. Experimentally it has been shown that saturated fatty acids are about twice potent in raising the blood cholesterol concentration as polyunsaturated fatty acids are in lowering it. A ratio of PS/S fatty acids of about 0.5 stabilizes blood cholesterol.

Drug therapy is indicated in patients who have failed to achieve lower serum levels of cholesterol in spite of diet and life style modifications, and here the choice is between a drug that lowers cholesterol and one that lowers triglycerides.

One of the commonly used categories of hypocholesterolaemic drug is, bile acid sequestrants namely Cholestyramine and Colestipol.

Another group of drug is the arylloxyisobutyric acid derivatives such as Clofibrate, Gemfibrozil, Fenofibrate and Bezafibrate. Clofibrate was widely used in the treatment of hypertriglyceridaemia. Later its use

became increasingly circumscribed because it has been proven to increase death rates Gemfibrozil which is related to Clofibrate chemically and therapeutically is the currently used drug It effectively lowers plasma triglycerides and reduces very low density lipoproteins (VLDL) and apoprotein B production in the liver

Nicotinic acid is also used as a hypo-lipoproteinaemic agent which lowers VLDL and LDL concentrations It also reduces triglycerides (Thomas, 1991)

Since time immemorial herbs have been an integral part of the health care Research on medicinal plants is an important facet of biomedical research in India because the country has an estimated number of 20,000 plant species of which 2,500 are of medicinal value (Vohora, 1989) Compared to synthetic drugs herbal drugs are less expensive and easily available In the case of synthetic drugs, their adverse side effects and occasionally toxicities overshadow their potency and thereby limit their usage in unhealthy conditions Hence it is particularly appropriate at the present moment when the pharmaceutical companies of the world are emitting an unceasing flow of new synthetic drugs, that attention should be turned to the possible remedies that may be found among indigenous herbs of this country

Review of Literature

REVIEW OF LITERATURE

2.1 Plants in general

Attempts were made to study the hypolipidaemic activity of several plants in general. This included plants like Commiphora mukul (guggulu), Phaseolus mungo, Phaseolus vulgaris, Helenium amaram, Vigna sinensis, Aloe barbedensi, Medicago sativa, Plumbago zeylanica and several others.

Commiphora mukul (Gum guggulu) has been reported to possess hypocholesterolaemic and hypolipidaemic properties (Satyavathi, 1966). Gupta et al (1974) have found that ether extract of gum guggulu could prevent the hyperlipidaemia induced in chicks.

Long term clinical studies on the hypolipidaemic effect of ether extract of gum guggulu in patients with hyperlipoproteinaemia showed that it was comparable to clofibrate in lowering serum cholesterol and triglyceride significantly (Malhotra et al, 1977).

Steroid fraction of gum guggulu decreased total cholesterol, triglyceride, phospholipids and non esterified fatty acids to a greater extent than clofibrate (Bhargava, 1984).

Satyavathi (1988) reported on the hypolipidaemic effect of gum-guggulu. It was found that the drug had a profound effect in hyperlipidaemia due to disorder of lipid metabolism with special reference to atherosclerosis and obesity.

The effect of gum-guggulu in hyperlipidaemic patients with special reference to High density lipoprotein cholesterol (HDL-C) was investigated by Verma and Bordia (1988). Gum-guggulu was found to decrease total cholesterol and triglyceride significantly. Significant increase in HDL-C levels together with a distinct decrease in low density lipoprotein cholesterol (LDL-C) and very low density lipoprotein-cholesterol (VLDL-C) was reported.

Sharma (1979) evaluated the effect of the various isoflavones of some commonly used legumes (Cicer arietinum, Phaseolus aureus, Phaseolus mungo, Cajanus cajan and Cicer kabuliam) on lipid levels in triton treated rats. The isoflavones biochanin A, formononetin and pratensien showed hypolipidaemic activity.

Hall et al (1980) noticed that Helenalin from Balduina angustifolia, tenulin and aromaticin from Helenium amaram, deoxyelephantopin from Elephantopus

carolinians and Fupahyssopin from Eupatorium hyssopifolium reduced the serum cholesterol by 30 per cent and serum triglyceride by 25 per cent in mice

Dixit and Joshi (1983) studied the hypolipidaemic effect of aqueous extract of Aloe barbedensis and observed that aloe was efficient in reducing the triton induced hyperlipidaemia in Presbytis monkeys. The percentage reduction in blood parameters like cholesterol triglyceride phospholipid and non esterified fatty acids was more significant with aloe when compared to clofibrate

Kedar and Chakrabarthi (1983) found that Jambolan seed when given to streptozotocin induced diabetic rabbits was capable of reducing blood sugar cholesterol free fatty acids and triglyceride level comparable to phenformin

In rats fed with Zingiberis officinale along with cholesterol added ginger restrained the increase of blood cholesterol and hepatic cholesterol levels significantly (Giri et al 1984)

Aqueous extract and residual Vigna sinensis seed meal were found to decrease serum cholesterol significantly in hypercholesterolaemic rats (Joshi et al ,1984)

Dixit and Joshi (1985) have reported the anti-atherosclerotic effects of alfalfa meal ingestion in chicks fed high cholesterol diet to be similar to that obtained with clofibrate

Administration of Khellin and Khelloside isolated from Ammi visnaga decreased low density lipoprotein cholesterol and increased high density lipoprotein cholesterol in female cynomologus monkeys Total cholesterol also reduced Very low density lipoprotein and triglyceride did not change (Stevens et al , 1985)

The effect of Phaseolus vulgaris (locust bean) gum on total cholesterol in rats has been studied by Nandy et al (1987) Hepatic and serum cholesterol in rat was reduced by 30 and 13 per cent respectively

Goswami (1988) found that ingestion of Isapgul decreased the total serum cholesterol by 9.62 per cent and triglyceride by 8.6 per cent

Hypolipidaemic effect of guar gum obtained from the beans of Cyamopsis tetragonoloba guar seeds and splits were evaluated for their hypolipidaemic activity in rats and rabbits by Singh and Nityanand (1988) Guar gum produced significant reduction in serum cholesterol and

triglycerides and liver lipids whereas guar seeds and splits were devoid of this activity

Sharma et al (1989) evaluated raw Trichosanthus dioica whole fruit and pulp in normal and mild diabetic human volunteers in relation to lipid profile and has been found to exert significant hypocholesterolaemic, hypotriglyceridaemic and hyperphospholipidaemic effects in both the subjects. High density lipoprotein-cholesterol was increased whereas low density lipoprotein-cholesterol and very low density lipoprotein-cholesterol were reduced

Hypolipidaemic effects of Medicago sativa seed extract was studied by Dixit and Jain (1990) in rabbits. They have found out that the low density lipoprotein-cholesterol decrease was maximum when the seed extract was fed without cholesterol in hypercholesterolaemic rabbits

Srivastava and Joshi (1990) observed that whole seed diet of Phaseolus mungo (black gram) produced a significant reduction in blood glucose, serum total lipids, triglyceride and esterified fraction of cholesterol in alloxan induced diabetic guinea pigs. Total cholesterol to phospholipid ratio decreased in both the normal and diabetic groups which indicated the antiatherogenic nature of black gram

Rao et al (1992) conducted a study on the anti hypercholesterolaemic activity of a mannogalactan obtained from the seeds of Strychnos potatorum in diet induced hypercholesterolaemic rats and found that its effect was 1/10th of clofibrate in terms of triglyceride reduction

Plumbagin (2 methyl-5-hydroxy 1 4 naphthoquinone) isolated from the roots of Plumbago zeylanica when administered to hyperlipidaemic rabbits reduced serum cholesterol and low density lipoprotein cholesterol. Treatment with plumbagin prevented the accumulation of cholesterol and triglycerides in liver and aorta and regressed atheromatous plaques of thoracic and abdominal aorta (Sharma et al 1991)

Gupta et al (1966) have reported that addition of Allium cepa (Onion) to fatty diet could protect against changes like rise in serum cholesterol and lowering of fibrinolytic activity in individuals who reacted adversely to fatty diet but had little effect in normal individuals

Lipid lowering effect of allylpropyl disulphide isolated from A cepa on long term feeding to normal rats was reported by Augusti (1974). A significant decrease in serum and liver lipids was noticed

Onion juice and essential oil of onion was found to have protective action against fat induced increase in serum cholesterol and decrease in coagulation time as well as fibrinolytic activity in ten healthy subjects (Bordia et al 1974a)

Singh and Chaturvedi (1974) carried out a study on anticoagulant and fibrinolytic effects of three drugs namely Allium cepa, Allium sativum and Allium ascalonicum in male albino rabbits. It was found that all the three drugs increased the whole blood coagulation time in the rabbits and was most significant with A cepa group. A significant reduction in serum cholesterol level was also produced by these three drugs.

Long term effect of onion on experimentally induced hypercholesterolaemia and consequently decreased fibrinolytic activity was studied in rabbits by Sharma et al (1975). It was found that onion reduced serum cholesterol and brought back the decreased fibrinolytic activity to its normal.

Sharma et al (1975) found that both raw and boiled onion given along with butter fat meal significantly reduced serum cholesterol in man.

2. Allium sativum (Garlic)

Thiersch (1937) reported that garlic oil inhibited the development of arteriosclerosis in rabbits fed cholesterol

The effects of the essential oil and juice of Allium sativum (garlic) on serum cholesterol plasma fibrinogen whole blood coagulation time and fibrinolytic activity in five healthy subjects was studied by Bordia and Bansal (1973) It was found that garlic had a very significant protective action against hyperlipaemia and blood coagulation changes

Crystals of s allyl cysteine sulfoxide and s methyl cysteine sulfoxide isolated from garlic depressed the increase in plasma and liver cholesterol levels of rats fed a high cholesterol diet (Itokawa et al 1973)

The effect of A sativum juice and essential oil on alimentary hyperlipaemia and blood coagulation changes induced on feeding butter was studied in ten healthy subjects Both forms of garlic were found to have significant protective action against fat induced increase in serum cholesterol and plasma fibrinogen and decrease in fibrinolytic activity as well as coagulation time (Bordia et al 1974b)

The effect of onion and garlic in experimental cholesterol induced atherosclerosis in rabbits was studied by Jain (1976) Supplementation of garlic resulted in significant lower levels of total free ester cholesterol and phospholipids but onion was not found to produce this effect

Sharma et al (1976) evaluated the effect of raw and boiled A sativum on blood cholesterol in butter fat induced lipaemia in ten healthy individuals It was found that both the forms of garlic reduced the serum cholesterol level significantly

Garlic oil was found to be very effective in experimentally induced atherosclerosis in rabbits and it also reduced serum cholesterol and triglycerides (Bordia et al 1977)

Extracts from raw or boiled garlic reduced the rise in serum cholesterol and triglycerides in rabbits fed cholesterol (Sharma et al 1977)

The effect of raw A sativum on normal blood cholesterol level in adult males was studied by Bhushan et al (1979) Blood cholesterol level decreased significantly in all the subjects of the experimental group

Sainani et al (1979) studied the effect of dietary garlic and onion on serum lipid profile in Jain community People who totally abstained from onion and garlic had significantly higher levels of serum cholesterol, triglyceride and phospholipids whereas people who took small amounts and liberal amounts of onion and garlic maintained their serum lipid at low levels

Chang and Johnson (1980) studied the effect of A sativum on lipid synthesis and observed that incorporation of ^{14}C acetate into lipids or triglycerides and free fatty acids in liver and to total lipids in serum was lower with garlic diet than with the control atherogenic diet

Ten healthy individuals were given raw A sativum and its effect on blood lipids and blood glucose was investigated by Mahanta et al (1980) At the end of one month reduction in mean values of glucose total cholesterol phospholipids triglycerides free fatty acids and total fatty acids were noticed

Sainani et al (1980) observed that garlic and onion significantly inhibited the rise in serum cholesterol and triglycerides in hypercholesterolaemic rabbits

The effect of long term use of A sativum in healthy controls and patients with ischaemic heart disease was investigated by Arora et al (1981) Garlic therapy did not cause appreciable changes in serum cholesterol triglyceride lipoprotein plasma fibrinogen and coagulation time

Baldwa et al (1981) treated several cases of hyperlipidaemia with A sativum pearls guggul and clofibrate Fifteen days of treatment with the above drugs produced a fall in serum cholesterol level but the decrease was significant with garlic and guggul only after one month

The effect of giving garlic oil to normal as well as patients with Coronary Heart Disease (CHD) was studied by Bordia (1981) Serum cholesterol and triglycerides were found to decrease in both normal as well as CHD patients

Bordia et al (1982) reported that administration of A sativum oil checked the rise in serum cholesterol and serum triglycerides produced by fatty diet in man Fibrinolytic activity also increased in the drug treated group

Sainami et al (1982) reported the effectiveness of A sativum pearls in the treatment of hyperlipidaemia in man. Serum cholesterol level was brought down to normal range in most of the patients.

Hypocholesterolaemic activity of A sativum have been reviewed by Kamanna and Chandrasekhara (1983). A sativum powder was found to counteract the rise in serum cholesterol and low density lipoprotein in rats fed a cholesterol containing diet.

Effect of A sativum on the lipid composition and lipid biosynthesis in the tissues of rabbits during experimental atherosclerosis was studied by Mirhadi et al (1983). It was observed that the atherogenic diet containing garlic decreased the biosynthesis of fatty acids.

Bakhsh and Chughtai (1985) observed that inclusion of onion and A sativum in the diet of rats decreased the weight gain, serum cholesterol and liver cholesterol.

Hypolipidaemic effect of a fraction derived from garlic has been reported by Dixit and Sinha (1985) in albino rats, house rats and gerbils. Significant depletion of total cholesterol, phospholipids, triglycerides and non esterified fatty acids occurred in garlic fed animals.

Farva et al (1986) found that daily administration of garlic oil to diabetic rats decreased the raised blood sugar cholesterol triglycerides in serum , liver and total lipid and proteins in liver very significantly

The mechanism of hypolipidaemic effect of garlic oil extract in rats fed high sucrose and alcohol diets was studied by Adoga (1987)

Arora et al (1987) showed that Lipotab a poly pharmaceutical herbal drug (a combination of three plants viz Nepeta hindostana Allium sativum and Curcuma longa) could produce a mean reduction in cholesterol and triglyceride levels in hyperlipidaemic patients

Hypolipidaemic effect of garlic extract mixed with three per cent ethanol was reported in rats fed sucrose high fat diet by Ikpeazu et al (1987)

The protective effect of garlic in preventing aortic atherosclerosis in sheep was shown by Mirhadı and Singh (1987)

Faul and Prasad (1990) have given some evidence on the hypocholesterolaemic and anti atherosclerotic effects of garlic in goats They found that the increase in the concentration of serum lipid and total cholesterol was less significant in those goats which received garlic

along with high cholesterol diet Atherosclerotic lesions were also minimal in the garlic treated group

Mirhadi et al (1991) have found that supplementation of A sativum to cholesterol rich diet reduced the severity and extent of atherosclerosis in rabbits A sativum also decreased the plasma cholesterol considerably

2 Embllica officinalis (Indian gooseberry , Amla)

Quadry et al (1962) have reported that fruit pulp of amla is a rich source of ascorbic acid and that it is the most stable form among naturally occurring sources of ascorbic acid

A relationship between vitamin C and blood lipids was corroborated by Bates et al (1977) It was found that vitamin C increased plasma HDL cholesterol which has a protective role against hyperlipidaemia

Vijayakumar and Vasudevan (1980) found out from their study that administration of ascorbic acid resulted in a significant reduction of serum cholesterol levels both in normal and diabetic patients

The effect of Chyavanprash the principal constituent of which is amla in the reduction of serum

triglyceride significantly was reported by Bordia et al (1981) Serum cholesterol was also reduced

The effect of amla fruit and vitamin C on cholesterol induced hypercholesterolaemia and atherosclerosis was studied by Thakur and Mandal (1984) Both reduced serum cholesterol levels significantly Aortic sudanophilia was minimal in the group fed with cholesterol and amla fruit

Bordia et al (1985) have reported that amla juice amla pulp and vitamin C could prevent the increase in serum cholesterol serum triglyceride and experimental atheroma in cholesterol fed rabbits Amla juice and pulp were found to be significantly superior than Vitamin C

Shebib et al (1986) found that reversal and regression of experimental atherosclerosis and hypercholesterolaemia in rabbits was possible by administration of Vitamin C Vitamin C induced a significant reduction in the total serum cholesterol level

The development of experimental atherosclerosis with high cholesterol diet was superimposed by chronic ascorbic acid deficiency in guinea pigs Chronic ascorbic acid deficiency resulted in a significant increase in serum and hepatic lipids (Satinder et al 1987)

The effect of administration of vitamin C to guinea pigs fed on a high cholesterol diet was studied by Sharma et al (1988) It was observed that vitamin C exerted a significant hypolipidaemic effect by reducing all the elevated lipid fractions in the hypercholesterolaemic guinea pigs

2 Gemfibrozil

Brown (1987) reported that since 1962 a series of aryloxyisobutyric acids were found to be effective in reducing plasma concentrations of triglyceride and cholesterol The first compound used in this group was clofibrate Subsequently its use became increasingly circumscribed because it has not been proven to be effective for the prevention of atherosclerosis Since the mid 1970 s Gemfibrozil which is chemically and therapeutically related to clofibrate has been used extensively in the United States and Europe It proved to be less toxic and more effective for the treatment of hypertriglyceridaemia and hypercholesterolaemia than clofibrate

The mechanism of action of fibric acids remains controversial Their primary effect is to increase the

activity of lipoprotein lipase which in turn promotes the catabolism of the triglyceride rich lipoproteins VLDL and IDL (Intermediate density lipoprotein) Gemfibrozil is currently the drug of choice for patients with hypertriglyceridaemia with or without hypercholesterolaemia

Present Investigation

PRESENT INVESTIGATION

Eversince hyperlipidaemia was identified as an important risk factor in the development of atherosclerosis leading to Ischaemic Heart Disease (IHD) and other complications there has been a continuous search for agents which can lower the serum lipids

Scrutiny of the literature would reveal that several chemical agents having hypolipidaemic effect have been identified and are extensively used clinically. But information available on the efficacy of herbal agents to bring down the level of lipids including cholesterol is far from complete. Bulk of the findings on these seem to be exploratory in nature more so with Allium sativum and Embllica officinalis. As such further studies in this area are definite to yield rich dividends. Therefore it was thought worthwhile to probe into the effects of these chosen herbal agents namely A sativum and E officinalis in rabbits and assess their efficacy in comparison with Gemfibrozil, an established chemical drug in this field. Feasible way to demonstrate the hypolipidaemic effect is to try these agents in animals with experimentally induced hyperlipidaemia.

The present study is done in rabbits with a view to gather details on the development of hypercholesterolaemia with dietary supplementation of cholesterol and fat. Hypolipidaemic effect of the preparations tested were aqueous extract of A sativum and aqueous extract as well as pulverised form of E officinalis

The main objectives of study are

- 1 To detect an economic and potent indigenous hypolipidaemic agent
- 2 To compare the efficacy of the indigenous agents with a known hypolipidaemic drug namely Gemfibrozil

Materials and Methods

MATERIALS AND METHODS

4.1 Pattern of the Experiment

The experiment was carried out in rabbits in two stages. The first stage was to induce hypercholesterolaemia in all the rabbits. The second part of the study was to assess the hypolipidaemic effect of aqueous extract of Allium sativum and fruit pulp as well as aqueous extract of Embllica officinalis in hypercholesterolaemic rabbits.

Stage I

Thirty Newzealand White adult male rabbits were procured from Small Animal Breeding Station, College of Veterinary and Animal Sciences, Mannuthy. The average body weight of the animals were 1.5 kg. They were housed in cages designed for the purpose.

The rabbits were given feed with the following composition:

| | |
|-----------------|-------------|
| Bengal gram | 50 per cent |
| Groundnut cake | 15 |
| Wheat | 10 |
| Rice polish | 23 |
| *Supplevite (M) | 1.5 |
| Salt | 0.5 |

* Supplevite M Sarabhai Chemicals BARODA

Each rabbit received 200 g mixed feed per day To render them hypercholesterolaemic the ration was supplemented daily with 100mg ^{*}cholesterol and 8 g Vanaspathi ^{*}(DALDA) per rabbit They were maintained on this ration under ideal conditions for 60 days when they developed hypercholesterolaemia as evidenced by blood analysis

Stage II

The rabbits rendered hypercholesterolaemic were subjected to experimentation to assess the hypolipidaemic effect of herbal agents (Allium sativum and Embllica officinalis) in comparison with Gemfibrozil For this purpose periodical blood analysis for cholesterol and triglycerides were conducted at regular intervals and at the end of the period histopathological studies were undertaken to demonstrate structural changes in tissues

4.2 Preparation of herbal agents

A sativum bulbs and fruits of E officinalis were procured from the local market

Allium sativum

The outer scaly leaves of garlic were removed and dried for a short time Two grams of this dried garlic

* DALDA - Manufactured by Lipton India Ltd CALCUTTA

* Cholesterol crystalline powder Sisco Research Laboratories Pvt Ltd BOMBAY

| | |
|-----------|--|
| Group III | Fruit pulp of <u>E officinalis</u> 1 g/kg body weight orally |
| Group IV | Aqueous extract of <u>E officinalis</u> 1 g fruit pulp in 10 ml of water/kg body weight orally |
| Group V | Gemfibrozil (LOPID) 120 mg/kg orally |

The drugs were administered continuously for 75 days. All the drug preparations except Gemfibrozil were administered using stomach tube once daily. The diet supplemented with cholesterol and vanaspathi was continued throughout the period of study.

4.4 Collection of Plasma

Blood was collected from the central ear vein of each rabbit with addition of anticoagulant ethylene diamine tetra acetic acid (EDTA) at the rate of 1 mg/ml. The blood was centrifuged at an RCF of 2260 G_r for 20 minutes and plasma was separated. The plasma was stored in the refrigerator at 4°C.

* Gemfibrozil (LOPID) Parke-Davis HYDERABAD

Each capsule contains Gemfibrozil 300 mg

Plasma cholesterol and triglycerides were estimated initially and then fortnightly to determine whether the animals became hypercholesterolaemic or not. The estimations were carried out during the course of administration of drugs in order to detect the changes produced by the drugs on the above parameters.

Cholesterol was estimated according to the method described by Zak (1957)

Triglyceride level in plasma was estimated by Trigazyme TM - enzymatic kit (GPO PAP method) (Werner et al 1981)

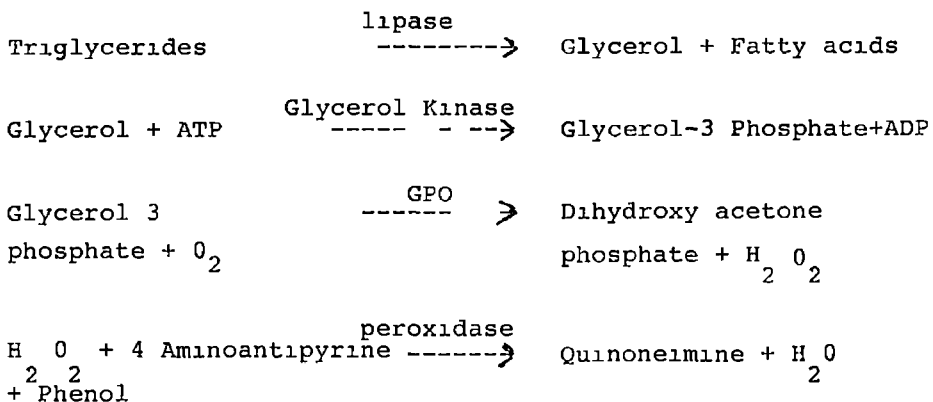
Principle

Triglycerides are hydrolysed by lipase and liberated glycerol is phosphorylated with the help of glycerol kinase in presence of ATP to glycerol 3 phosphate. Glycerol 3 phosphate is then oxidized in presence of glycerol phosphate oxidase (GPO) to dihydroxyacetone phosphate and hydrogen peroxide. Phenol and 4 amino antipyrine then combines with hydrogen peroxide by oxidative condensation in presence of peroxidase to produce red coloured quinoneimine which shows

* Kit obtained from Ortho Diagnostic Systems

a maximum absorbance at 500 nm (500-530 nm) filter. The intensity of the colour thus produced is directly proportional to triglyceride concentration.

Reaction



Readings were taken in Spectrophotometer at wavelength 530 nm.

The data obtained were analysed statistically using Student's t test (Das and Giri, 1979).

4.5 Histopathological studies

In order to conclude the findings of the study at the end of the period two animals from each group were selected at random and sacrificed by cervical dislocation.

Selective samples of aorta and liver were collected and preserved in neutral buffered formalin.

Tissue collected was processed by routine paraffin embedding technique. The sections were stained using Haematoxylin and Eosin (Luna, 1968) and examined under light microscope. Changes noticed were recorded on photomicrographs.

Results

RESULTS

The values obtained for cholesterol and triglyceride in plasma of rabbits in various groups during the course of the experiment are presented in Tables 1-10. Details of statistical analysis are given in Tables 11-20 and Figures 1 and 2. Observations made in the histopathological studies have been taken on photomicrographs and are presented in Plates 1 to 8.

Table 1 Plasma Cholesterol level (mg/100 ml) of rabbits in Group I*

| S No | Pre Treatment Period | | | Treatment Period | | | | |
|------------|----------------------|-------------|--------------|------------------|--------------|--------------|--------------|--------------|
| | 0-day | 30th day | 60th day | 15th day | 30th day | 45th day | 60th day | 75th day |
| 1 | 70 00 | 98 00 | 125 00 | 142 85 | 145 16 | 150 16 | 163 26 | 170 91 |
| 2 | 55 50 | 132 14 | 150 00 | 238 77 | 245 16 | 251 61 | 280 12 | 280 00 |
| 3 | 52 50 | 64 10 | 138 88 | 178 58 | 184 54 | 190 32 | 193 46 | 210 40 |
| 4 | 45 00 | 50 00 | 100 00 | 103 57 | 163 46 | 190 01 | 230 46 | 242 15 |
| 5 | 50 00 | 74 35 | 85 71 | 138 88 | 164 52 | 213 40 | 242 00 | 263 00 |
| Mean \pm | 54 60 \pm | 83 71 \pm | 119 92 \pm | 160 52 \pm | 180 57 \pm | 199 10 \pm | 221 86 \pm | 233 29 \pm |
| S E | 0 45 | 14 45 | 11 96 | 22 8 | 17 30 | 16 60 | 20 14 | 19 44 |

*Group I - Control group

Table 2 Plasma Triglyceride level (mg/100 ml) of rabbits in Group I *

| S No | Pre Treatment Period | | | Treatment Period | | | | |
|-------------------|----------------------|--------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|
| | 0 day | 30th day | 60th day | 15th day | 30th day | 45th day | 60th day | 75th day |
| 1 | 50 00 | 90 00 | 170 00 | 210 00 | 243 75 | 300 00 | 343 21 | 360 10 |
| 2 | 107 00 | 100 00 | 229 99 | 260 00 | 276 47 | 293 04 | 310 10 | 327 04 |
| 3 | 46 87 | 80 00 | 90 00 | 232 40 | 235 29 | 254 54 | 270 00 | 279 50 |
| 4 | 46 87 | 53 00 | 55 00 | 175 50 | 222 72 | 226 10 | 264 00 | 293 00 |
| 5 | 50 00 | 65 62 | 74 35 | 200 00 | 232 63 | 279 00 | 304 00 | 354 00 |
| Mean _± | 60 14 _± | 77 72 _± | 123 86 _± | 215 58 _± | 242 17 _± | 270 53 _± | 298 26 _± | 322 72 _± |
| S E | 11 73 | 8 42 | 32 96 | 14 30 | 9 20 | 13 55 | 14 43 | 16 04 |

Group 1 Control group

Table 3 Plasma Cholesterol level (mg/100 ml) of rabbits in Group II*

| S No | Pre Treatment Period | | | Treatment Period | | | | |
|------------|----------------------|-------------|--------------|------------------|-------------|-------------|-------------|-------------|
| | 0 day | 30th day | 60th day | 15th day | 30th day | 45th day | 60th day | 75th day |
| 1 | 75 00 | 96 00 | 138 80 | 106 80 | 89 28 | 63 47 | 40.01 | 37 14 |
| 2 | 30 00 | 60 01 | 119 44 | 78 84 | 53 24 | 40 01 | 31 51 | 22 91 |
| 3 | 48 75 | 48 00 | 147 36 | 100 44 | 78 71 | 61 49 | 44 23 | 22 50 |
| 4 | 56 25 | 70 00 | 228 70 | 169 90 | 114 00 | 84 00 | 80 01 | 56 66 |
| 5 | 76 25 | 76 00 | 283 87 | 192 30 | 142 85 | 80 95 | 62 00 | 52 01 |
| 6 | 72 00 | 70 00 | 178 66 | 78 84 | 68 41 | -- | - | - |
| Mean \pm | 59 70 \pm | 70 00 \pm | 182 81 \pm | 124 52 \pm | 91 07 \pm | 65 98 \pm | 51 55 \pm | 38 24 \pm |
| S E | 7 46 | 6 57 | 25 52 | 21 50 | 13 30 | 7 92 | 8 70 | 7 13 |

* Group II Treated with aqueous extract of Allium sativum

Table 4 Plasma triglyceride level (mg/100 ml) of rabbits in Group II *

| S No | Pre Treatment Period | | | Treatment Period | | | | |
|------------|----------------------|--------------|--------------|------------------|--------------|--------------|-------------|-------------|
| | 0 day | 30th day | 60th day | 15th day | 30th day | 45th day | 60th day | 75th day |
| 1 | 157 14 | 260 00 | 302 80 | 238 80 | 203 76 | 152 14 | 105 22 | 93 74 |
| 2 | 80 00 | 90 00 | 170 00 | 150 00 | 98 76 | 72 36 | 57 36 | 52 94 |
| 3 | 160 00 | 160 71 | 200 00 | 153 08 | 119 00 | 102 27 | 80 54 | 44 11 |
| 4 | 142 86 | 185 70 | 249 90 | 191 10 | 162 00 | 126 23 | 93 73 | 70 58 |
| 5 | 142 86 | 196 00 | 499 99 | 290 07 | 158 82 | 127 00 | 90 00 | 70 02 |
| 6 | 85 71 | 117 10 | 218 18 | 108 66 | 87 14 | | | |
| Mean \pm | 128 09 \pm | 168 25 \pm | 273 47 \pm | 188 61 \pm | 137 24 \pm | 116 00 \pm | 85 37 \pm | 66 27 \pm |
| S E | 14 61 | 24 53 | 48 96 | 27 06 | 18 09 | 13 49 | 8 06 | 8 55 |

* Group II Treated with aqueous extract of Allium sativum

Table 5 Plasma Cholesterol level (mg/100 ml) of rabbits in Group III *

| S No | Pre Treatment Period | | | Treatment Period | | | | |
|-------------------|----------------------|--------------------|---------------------|--------------------|--------------------|--------------------|--------------------|--------------------|
| | 0 day | 30th day | 60th day | 15th day | 30th day | 45th day | 60th day | 75th day |
| 1 | 58 92 | 77 12 | 161 29 | 140 23 | 90 00 | 32 00 | 29 01 | 27 00 |
| 2 | 46 15 | 48 75 | 85 55 | 61 32 | 45 32 | 37 09 | 35 00 | 32 10 |
| 3 | 44 40 | 74 00 | 161 29 | 142 85 | 138 28 | 102 04 | 67 04 | 61 19 |
| 4 | 32 20 | 40 00 | 139 47 | 98 00 | 73 00 | 64 28 | 37 00 | 33 03 |
| 5 | 33 30 | 50 00 | 86 11 | 61 11 | 48 07 | 45 01 | 40 07 | 31 05 |
| 6 | 72 91 | 74 00 | 79 94 | 63 00 | 60 00 | 49 03 | 33 04 | 31 56 |
| Mean _± | 47 98 _± | 60 64 _± | 118 94 _± | 94 41 _± | 75 77 _± | 54 92 _± | 40 19 _± | 35 98 _± |
| S E | 6 38 | 6 60 | 16 05 | 15 97 | 14 21 | 10 45 | 5 58 | 5 11 |

*Group III Treated with fruit pulp of Embllica officinalis

Table 6 Plasma Triglyceride level (mg/100 ml) of rabbits in Group III *

| S No | Pre Treatment Period | | | Treatment Period | | | | |
|-------------------|----------------------|---------------------|---------------------|---------------------|---------------------|--------------------|--------------------|--------------------|
| | 0 day | 30th day | 60th day | 15th day | 30th day | 45th day | 60th day | 75th day |
| 1 | 96 00 | 103 12 | 360 00 | 230 00 | 130 00 | 44 11 | 36 01 | 32 00 |
| 2 | 125 71 | 125 00 | 160 00 | 142 70 | 109 09 | 66 04 | 57 48 | 46 07 |
| 3 | 142 90 | 142 00 | 399 99 | 218 18 | 152 94 | 150 00 | 114 60 | 99 03 |
| 4 | 100 00 | 107 00 | 231 81 | 200 00 | 123 40 | 114 68 | 65 62 | 54 54 |
| 5 | 50 00 | 100 00 | 250 00 | 195 45 | 90 10 | 64 10 | 60 02 | 47 91 |
| 6 | 126 00 | 126 00 | 210 00 | 200 00 | 153 22 | 99 23 | 77 84 | 53 71 |
| Mean _± | 106 76 _± | 117 18 _± | 268 63 _± | 197 72 _± | 126 45 _± | 89 69 _± | 68 62 _± | 58 54 _± |
| S E | 13 44 | 6 71 | 37 66 | 12 25 | 10 10 | 5 16 | 10 17 | 9 30 |

*Group III - Treated with fruit pulp of Emblīca officīnalis

Table 7 Plasma Cholesterol level (mg/100 ml) of rabbits in Group IV*

| S No | Pre Treatment Period | | | Treatment Period | | | | |
|-------------------|----------------------|--------------------|---------------------|---------------------|--------------------|--------------------|--------------------|--------------------|
| | 0 day | 30th day | 60th day | 15th day | 30th day | 45th day | 60th day | 75th day |
| 1 | 56 25 | 60 00 | 83 92 | 65 27 | 40 74 | 36 53 | 28 57 | 25 07 |
| 2 | 32 25 | 130 00 | 159 29 | 153 22 | 135 71 | 73 6 | 32 50 | 32 05 |
| 3 | 70 00 | 89 50 | 134 21 | 116 12 | 96 42 | 70 00 | 43 29 | 23 69 |
| 4 | 52 50 | 62 00 | 127 77 | 101 00 | 80 00 | 46 42 | 37 34 | 30 01 |
| 5 | 40 00 | 50 00 | 131 94 | 96 42 | 93 54 | 60 01 | 57 50 | 31 07 |
| 6 | 64 00 | 89 74 | 189 74 | 80 00 | 60 00 | 35 80 | -- | - |
| Mean _± | 52 50 _± | 82 20 _± | 137 81 _± | 102 00 _± | 84 40 _± | 53 70 _± | 39 84 _± | 28 38 _± |
| S E | 5 83 | 11 98 | 14 39 | 12 50 | 13 39 | 6 74 | 5 06 | 1 68 |

* Group IV - Treated with aqueous extract of Embluca officinalis

Table 8 Plasma Triglyceride level (mg/100 ml) of rabbits in Group IV*

| S No | Pre Treatment Period | | | Treatment Period | | | | |
|-------------------|----------------------|---------------------|---------------------|---------------------|---------------------|--------------------|--------------------|--------------------|
| | 0 day | 30th day | 60th day | 15th day | 30th day | 45th day | 60th day | 75th day |
| 1 | 114 28 | 163 00 | 179 00 | 139 99 | 109 09 | 60 03 | 44 11 | 38 04 |
| 2 | 99 29 | 180 00 | 390 00 | 207 14 | 163 63 | 101 38 | 44 11 | 36 41 |
| 3 | 80 00 | 100 00 | 189 99 | 153 81 | 113 81 | 87 39 | 60 09 | 40 00 |
| 4 | 71 43 | 80 00 | 150 00 | 100 00 | 79 41 | 45 71 | 39 46 | 20 00 |
| 5 | 80 00 | 80 00 | 349 90 | 230 00 | 154 54 | 139 9 | 129 86 | 82 09 |
| 6 | 117 10 | 110 00 | 300 00 | 115 90 | 85 62 | 60 82 | | |
| Mean _± | 93 80 _± | 118 83 _± | 251 77 _± | 157 80 _± | 117 68 _± | 82 53 _± | 63 52 _± | 43 30 _± |
| S E | 7 92 | 17 45 | 40 89 | 20 88 | 14 2 | 14 14 | 16 99 | 10 35 |

Group IV - Treated with aqueous extract of Embllica officinalis

Table 9 Plasma Cholesterol level (mg/100 ml) of rabbits in Group V*

| S No | Pre Treatment Period | | | Treatment Period | | | | |
|-------------------|----------------------|--------------------|---------------------|---------------------|--------------------|--------------------|--------------------|--------------------|
| | 0 day | 30th day | 60th day | 15th day | 30th day | 45th day | 60th day | 75th day |
| 1 | 70 00 | 70 00 | 83 87 | 63 7 | 51 71 | 40 01 | 38 93 | 29 04 |
| 2 | 70 00 | 79 00 | 228 00 | 165 22 | 131 22 | 72 12 | 43 12 | 32 12 |
| 3 | 56 25 | 148 00 | 178 00 | 148 04 | 107 04 | 61 53 | 40 81 | 33 09 |
| 4 | 62 50 | 66 00 | 83 33 | 74 31 | 66 21 | 50 09 | 44 25 | 29 50 |
| 5 | 75 00 | 70 00 | 195 55 | | | | | |
| 6 | 51 25 | 70 00 | 161 77 | -- | -- | -- | | -- |
| Mean _± | 64 16 _± | 83 83 _± | 143 46 _± | 112 82 _± | 89 04 _± | 55 93 _± | 41 77 _± | 30 93 _± |
| S E | 3 73 | 12 95 | 24 34 | 25 63 | 18 29 | 6 95 | 1 18 | 0 98 |

* Group V Treated with Gemfibrozil

Table 10 Plasma triglyceride level (mg/100 ml) of rabbits in Group V *

| S No | Pre Treatment Period | | | Treatment Period | | | | |
|------------|----------------------|--------------|--------------|------------------|--------------|--------------|-------------|-------------|
| | 0 day | 30th day | 60th day | 15th day | 30th day | 45th day | 60th day | 75th day |
| 1 | 200 00 | 214 27 | 220 00 | 177 50 | 139 43 | 123 32 | 83 41 | 61 76 |
| 2 | 114 30 | 200 00 | 531 00 | 390 00 | 276 41 | 153 21 | 104 25 | 47 54 |
| 3 | 53 00 | 183 00 | 219 99 | 160 00 | 134 00 | 122 72 | 74 21 | 52 94 |
| 4 | 85 71 | 160 00 | 190 00 | 163 54 | 109 09 | 86 09 | 63 04 | 52 04 |
| 5 | 257 14 | 300 00 | 369 99 | -- | -- | -- | -- | - |
| 6 | 171 43 | 140 0 | 219 77 | -- | -- | -- | -- | - |
| Mean \pm | 130 26 \pm | 199 54 \pm | 290 24 \pm | 222 76 \pm | 164 73 \pm | 121 33 \pm | 81 22 \pm | 53 57 \pm |
| S E | 43 55 | 22 87 | 54 52 | 55 52 | 37 80 | 13 73 | 8 73 | 2 97 |

* Group V-Treated with Gemfibrozil

Table No 11 CH 15 days

ANOVA Table

| Source | DF | SSX | SSY | SPXY |
|--------|----|----------|----------|----------|
| Treats | 4 | 15712 44 | 14275 63 | 529 37 |
| Error | 22 | 51888 19 | 40984 47 | 37193 25 |
| Total | 26 | 67600 63 | 55260 10 | 37722 63 |

** F 7 29 F4 21 1° = 4 37 GH = Cholesterol

Table No 12 CH 30 days

ANOVA Table

| Source | DF | SSX | SSY | SPXY |
|--------|----|----------|----------|----------|
| Treats | 4 | 15712 44 | 38229 72 | 7344 09 |
| Error | 22 | 51888 19 | 26762 00 | 27689 56 |
| Total | 26 | 67600 63 | 64991 72 | 20345 47 |

** F 20 54

Table No 13 CH 45 days

ANOVA Table

| Source | DF | SSX | SSY | SPXY |
|--------|----|----------|----------|----------|
| Treats | 4 | 14271 25 | 81582 56 | 11799 69 |
| Error | 21 | 51867 53 | 11991 91 | 10745 44 |
| Total | 25 | 66138 78 | 93574 47 | 1054 25 |

**F 42 90

Table No 14 CH 60 days

ANOVA Table

| Source | DF | SSX | SSY | SPXY |
|--------|----|----------|-----------|----------|
| Treats | 4 | 14902 63 | 128057 20 | 13484 66 |
| Error | 20 | 48631 69 | 11083 91 | 5968 72 |
| Total | 24 | 63534 32 | 139141 10 | 7515 94 |

**F 58 69

Table No 15 CH 75 days

ANOVA Table

| Source | DF | SSX | SSY | SPXY |
|--------|----|----------|-----------|----------|
| Treats | 4 | 14902 63 | 159749 50 | 16746 16 |
| Error | 20 | 48631 69 | 9422 88 | 4983 72 |
| Total | 24 | 63534 32 | 169172 30 | 11762 44 |

** F - 84 25

Table No 16 TR 15 days

ANOVA Tables

| Source | DF | SSX | SSY | SPXY |
|--------|----|-----------|----------|-----------|
| Treats | 4 | 91068 88 | 13753 13 | 11477 50 |
| Error | 22 | 264190 90 | 81144 50 | 127376 90 |
| Total | 26 | 355259 80 | 94897 62 | 115899 40 |

** F -9 94 TR = Triglyceride

Table No 17 TR 30 days
ANOVA Table

| Source | DF | SSX | SSY | SPXY |
|--------|----|-----------|----------|----------|
| Treats | 4 | 91068 88 | 53481 00 | 61455 88 |
| Error | 22 | 264190 90 | 38426 75 | 74929 38 |
| Total | 26 | 355259 80 | 91907 75 | 13473 50 |

** F = 22 69

Table No 18 TR 45 days
ANOVA Table

| Source | DF | SSX | SSY | SPXY |
|--------|----|-----------|-----------|----------|
| Treats | 4 | 94038 00 | 123099 40 | 99397 62 |
| Error | 21 | 260521 40 | 23213 44 | 44331 75 |
| Total | 25 | 354559 40 | 146312 90 | 55065 88 |

** F = 38 96

Table No 19 TR 60 days

ANOVA Table

| Source | DF | SSX | SSY | SPXY |
|--------|----|-----------|-----------|-----------|
| Treats | 4 | 92846 12 | 202646 70 | 131084 40 |
| Error | 20 | 258583 60 | 15584 38 | 30633 81 |
| Total | 24 | 351429 80 | 218231 10 | 100450 60 |

** F 70 55

Table No 20 TR 75 Days

ANOVA Table

| Source | DF | SSX | SSY | SPXY |
|--------|----|-----------|-----------|-----------|
| Treats | 4 | 92846 12 | 288526 90 | 157763 00 |
| Error | 20 | 258583 60 | 11439 13 | 17564 44 |
| Total | 24 | 351429 80 | 299966 00 | 140199 10 |

** F 108 38

Table No 21 Plasma Cholesterol level mean values (mg/100 ml)

| Duration | Control | Aq Ex <u>A</u> <u>s</u> | Pulv <u>E</u> <u>o</u> | Aq Ex <u>E</u> <u>o</u> | Gemfibrozil |
|----------|---------|-------------------------|------------------------|-------------------------|-------------|
| 0 day | 119 92 | 182 81 | 118 94 | 137 81 | 143 46 |
| 15 days | 160 53 | 124 52 | 94 41 | 102 00 | 112 82 |
| 30 days | 180 57 | 91 07 | 75 77 | 84 40 | 89 04 |
| 45 days | 199 10 | 65 98 | 54 92 | 53 70 | 55 93 |
| 60 days | 221 86 | 51 55 | 40 19 | 39 84 | 41 77 |
| 75 days | 233 29 | 38 24 | 35 98 | 28 38 | 30 93 |

Aq Ex A s

Aqueous extract of A sativum

Pulv E o

Pulverised E officinalis

Aq Ex E o

Aqueous extract of E officinalis

Fig. No. 1

TOTAL PLASMA CHOLESTEROL (mg./100ml.)- COMPARATIVE EFFECT OF DIFF. TREATMENTS

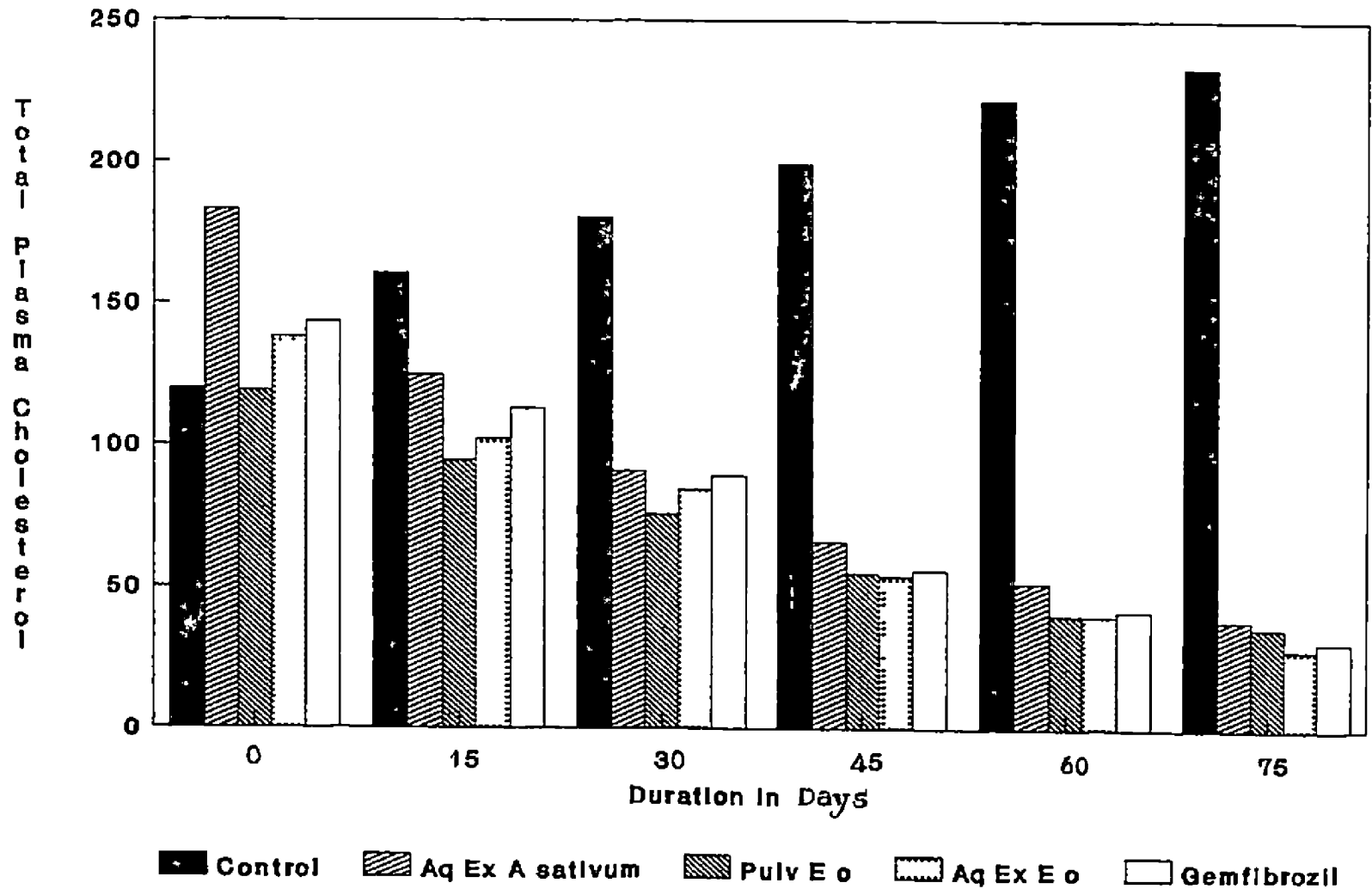


Table No 22 Triglyceride - mean values (mg/100 ml)

| Duration | Control | Aq Ex <u>A</u> <u>s</u> | Pulv <u>E</u> <u>o</u> | Aq Ex <u>E</u> <u>o</u> | Gemfibrozil |
|----------|---------|-------------------------|------------------------|-------------------------|-------------|
| 0 day | 123 86 | 273 47 | 268 63 | 251 77 | 290 24 |
| 15 days | 215 58 | 188 61 | 197 72 | 157 80 | 222 76 |
| 30 days | 242 17 | 137 24 | 126 45 | 117 68 | 164 73 |
| 45 days | 270 53 | 116 00 | 89 69 | 82 53 | 121 53 |
| 60 days | 298 26 | 85 37 | 68 62 | 63 52 | 81 22 |
| 75 days | 322 72 | 66 27 | 55 54 | 43 30 | 53 57 |

Aq Ex A s

Aqueous extract of A sativum

Pulv E o

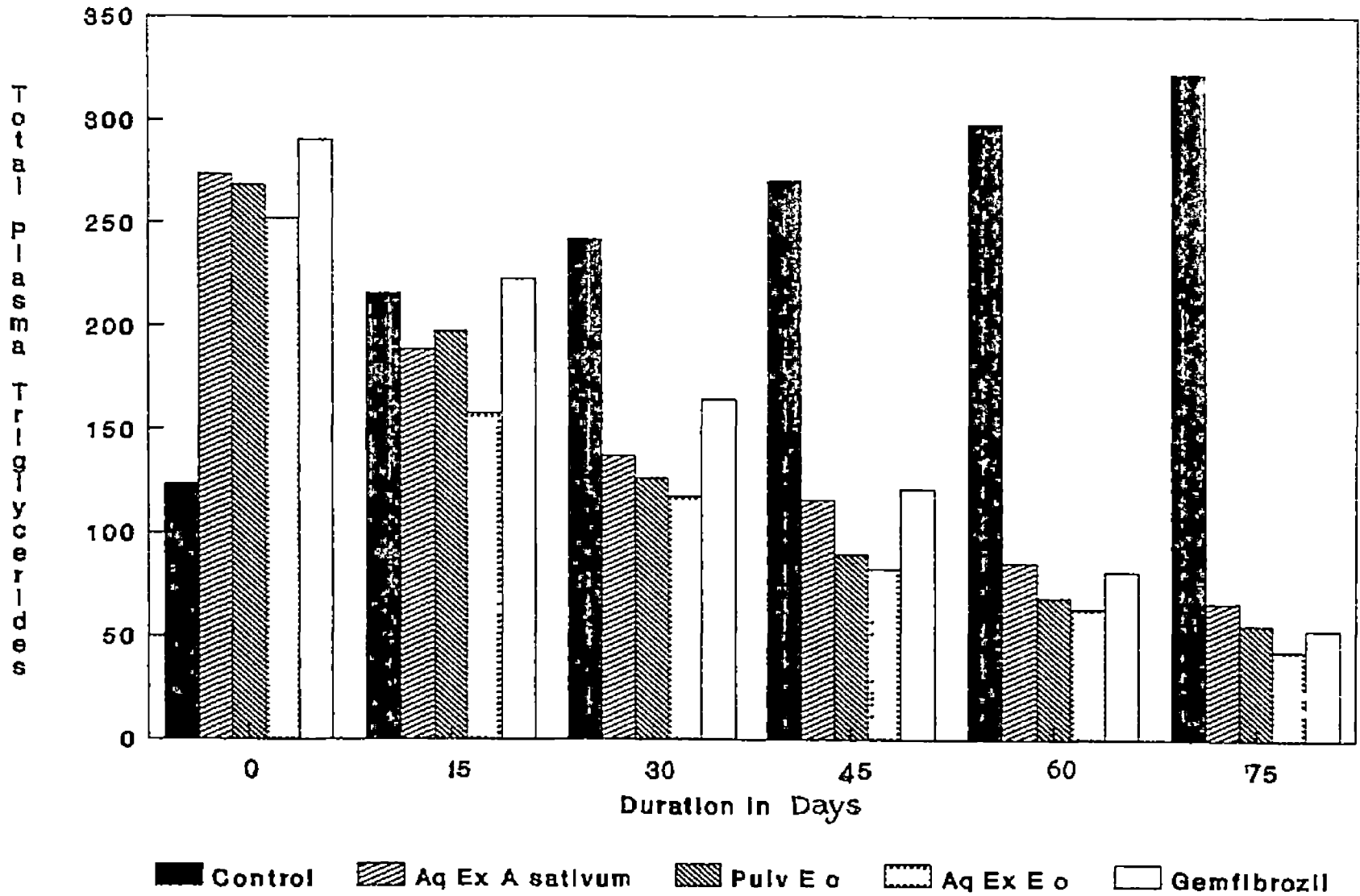
Pulverised E officinalis

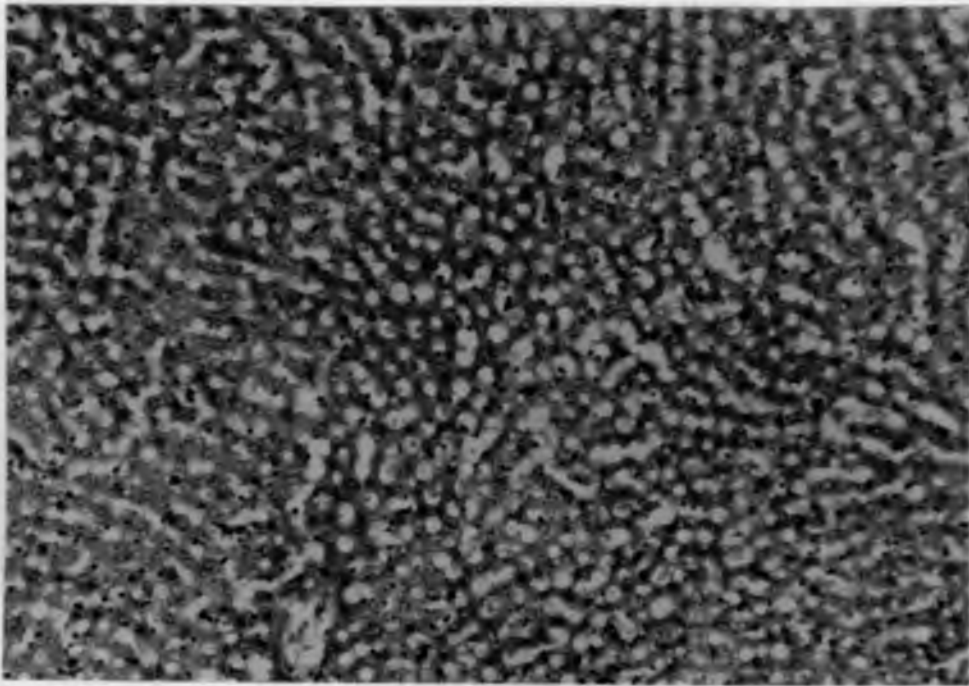
A Ex E o

Aqueous extract of E officinalis

Fig. No. 2

TOTAL PLASMA TRIGLYCERIDES (mg /100ml.)- COMPARATIVE EFFECT OF DIFF TREATMENTS





51

170360



Plate No. 1

Group I - Rabbit liver - Diffused fatty changes
H & E x 250

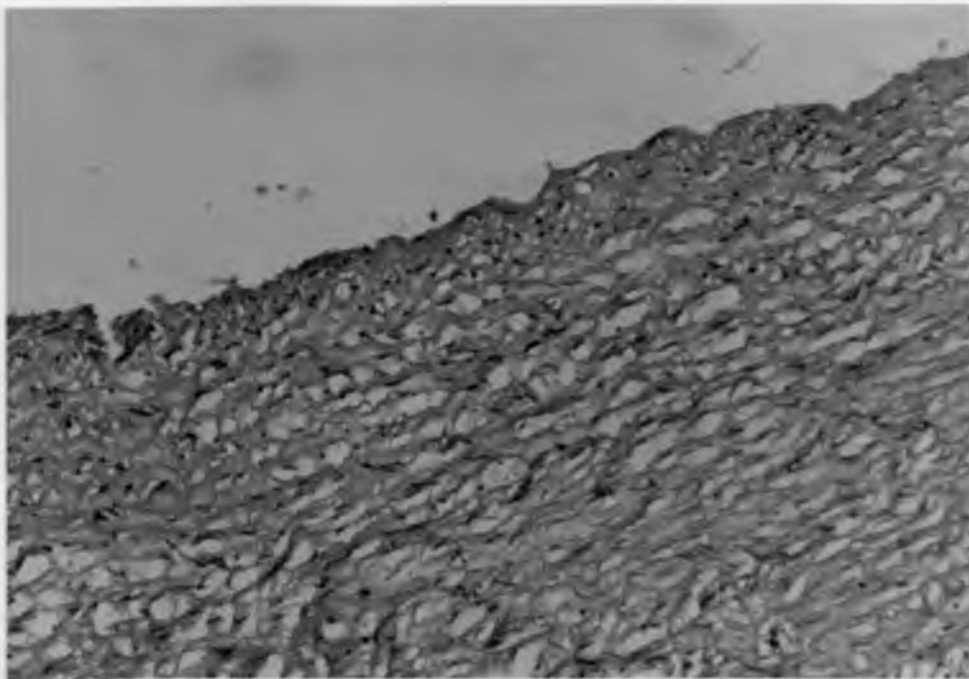


Plate No.2

Group I - Rabbit aorta - Diffused fatty changes
H & E x 250

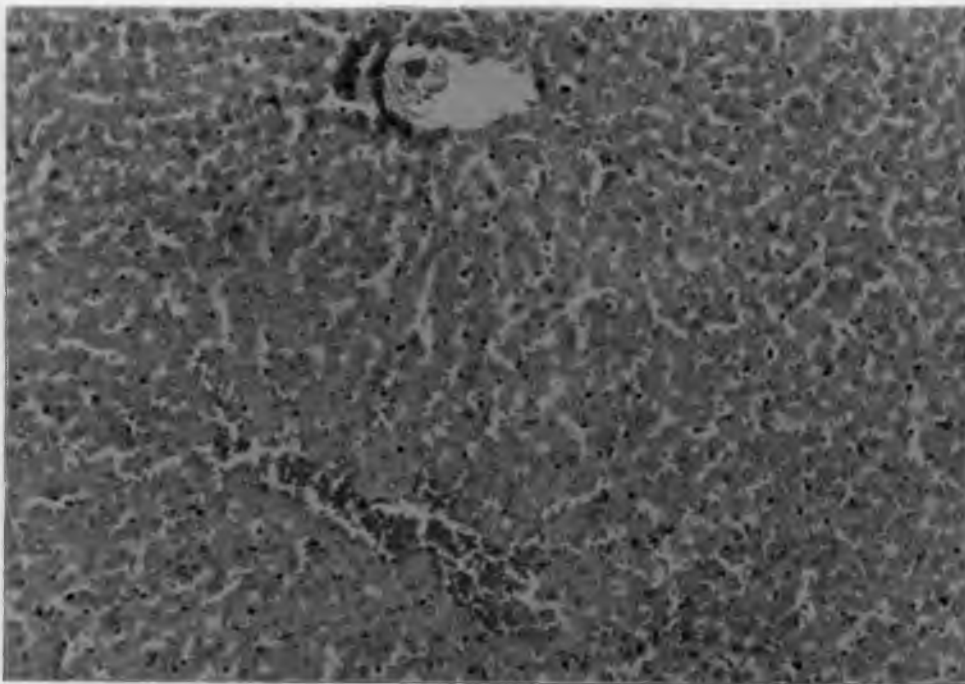


Plate No. 3
Group II - Rabbit liver - Mild degree of fatty change
H & E x 250

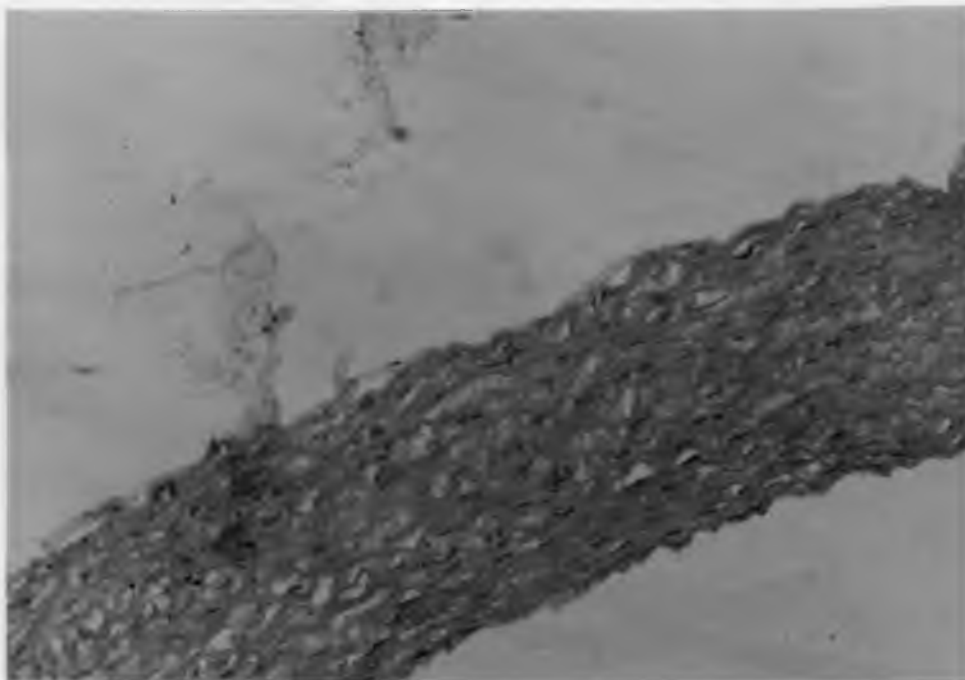
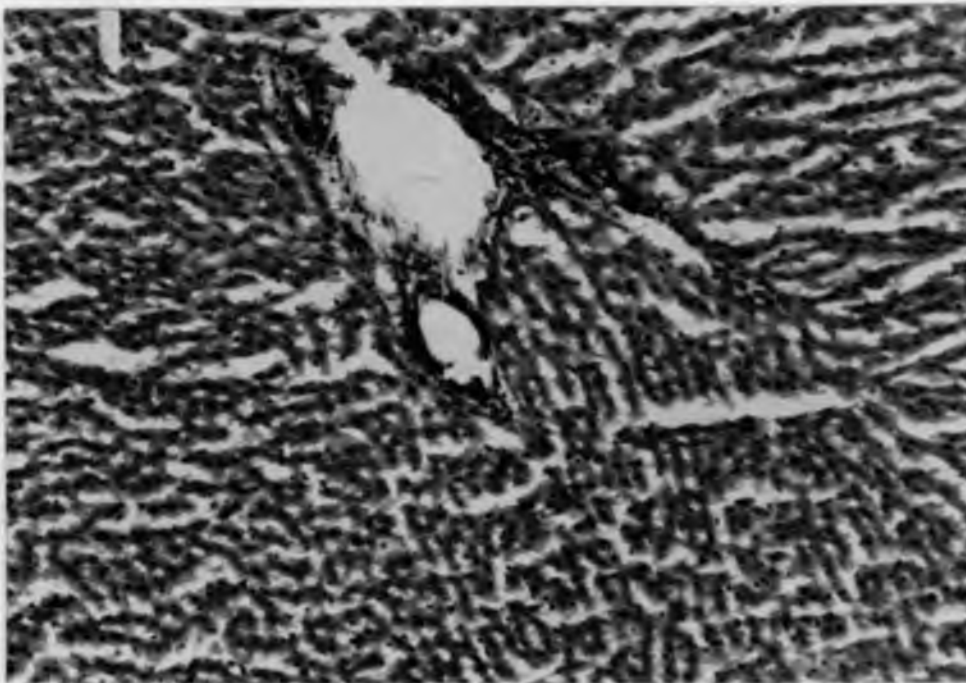


Plate No. 4
Group II - Rabbit aorta - Mild degree of fatty change
H & E x 250



53

Plate No.5
Group III - Rabbit liver - Moderate degree of fatty change
H & E x 250

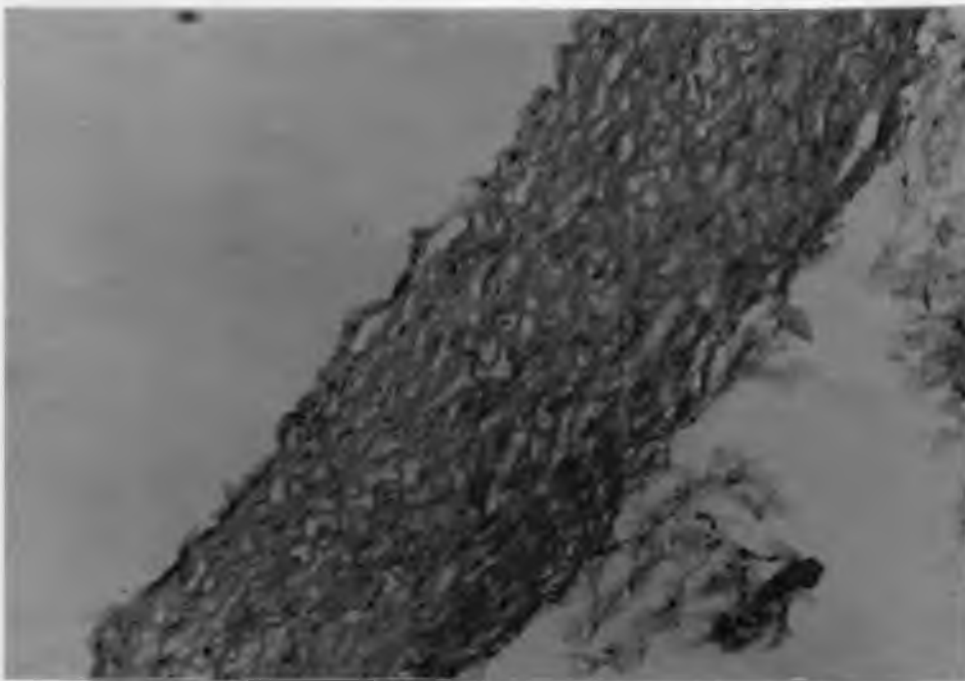


Plate No. 6
Group III- Rabbit aorta - Moderate degree of fatty change
H & E x 250

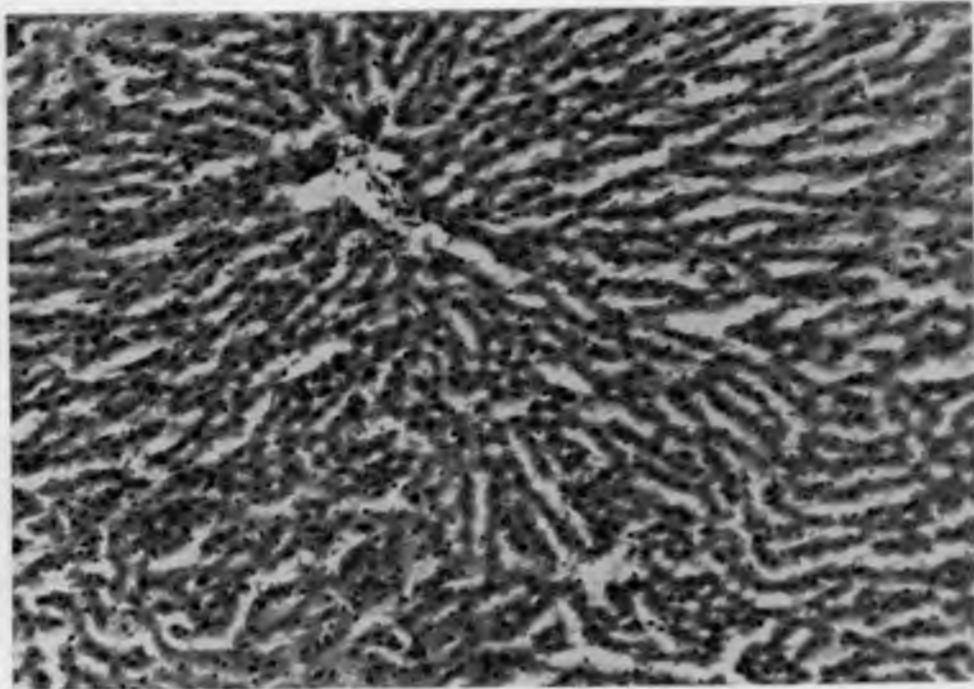


Plate No. 7
Group V - Rabbit Liver - Moderate degree of fatty change
H & E x 250

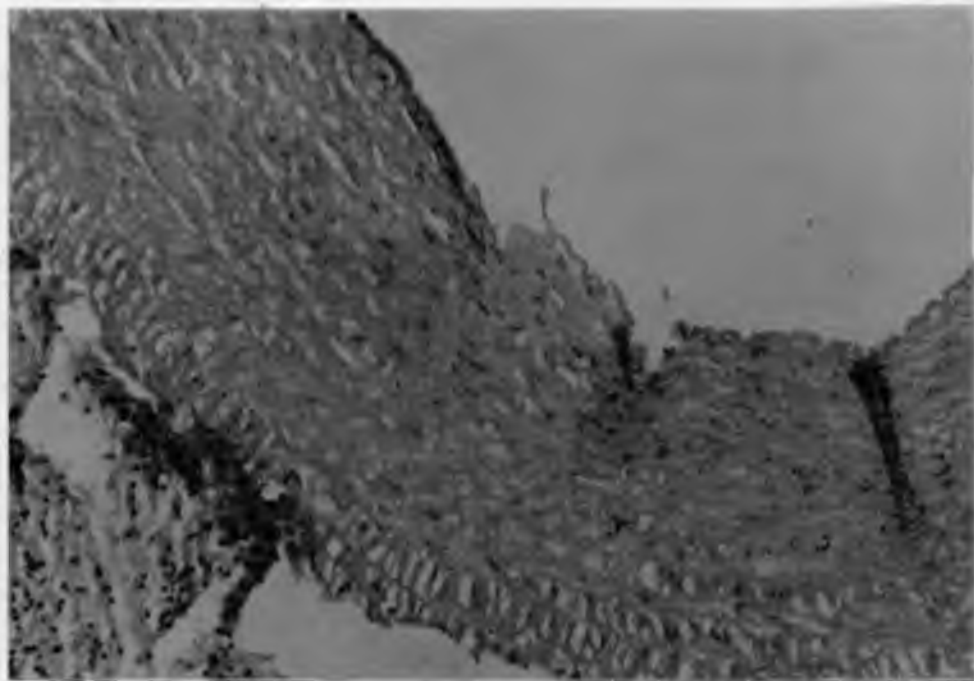


Plate No. 8
Group V - Rabbit aorta - Moderate degree of fatty change
H & E x 250

RESULTS

5.1 Group I Control

Tables 1 and 2 show the effect of atherogenic diet on plasma cholesterol and triglyceride levels (mg/100 ml) of control group animals in the serial order.

In the hypercholesterolaemic state the animals in the control group showed a mean plasma cholesterol value of 119.92 mg/100 ml and triglyceride value of 23.86 mg/100 ml from the initial values of 54.6 and 60.14 mg/100 ml respectively. On continuation of the atherogenic diet throughout the period of study the plasma levels of above parameters continued to increase significantly. As shown in the tables the average maximum value of plasma cholesterol attained after 135 days was 233.29 mg/100 ml and that of triglycerides was 322.72 mg/100 ml. The increase in the plasma levels of the above parameters was significant ($P < 0.01$) (Anova Tables 11-20).

Histopathological changes were observed in the liver and aorta of animals which belonged to the control group (Plate No. 1 and 2). Moderate to diffused fatty change was noticed in the liver. The hepatocytes were filled with fat and the nucleus was pushed towards one

side The aorta on examination showed that the continuity of elastic tissue was lost due to accumulation of fat between elastic tissue The continuity of endothelial lining was lost due to fat deposition

5.2 Group II - Treated with aqueous extract of Allium sativum (Garlic)

Tables 3 and 4 show the effect of aqueous extract of A sativum on plasma cholesterol and triglyceride levels (mg/100 ml) in hypercholesterolaemic rabbits

The animals of this group had on an average plasma cholesterol level of 182.81 mg/100 ml and triglyceride level of 273.47 mg/100 ml in the pre-cholesterolaemic state Fifteen days after the administration of aqueous extract of garlic orally at a dose rate of 2g/kg prepared in 10 ml of water the levels of the above parameters were found to be 124.52 mg/100ml and 188.61 mg/100 ml respectively On further administration of the drug the plasma levels of cholesterol and triglyceride continued to decrease After 75 days of continued administration of the drug the plasma cholesterol level decreased to a minimum of 38.24 mg/100ml and 66.27 mg/100 ml in the case of triglyceride The decrease in the plasma level of above parameters were found to be significant ($P < 0.01$) (Anova Tables 11-20)

The sections of liver and aorta taken from animals in the group which was given aqueous extract of A sativum did not show pathological changes (Plate No 3 and 4) The degree of fatty changes noticed in the liver of garlic treated animals were very mild compared to that of the control group Aorta did not reveal prominent changes due to fat accumulation Compared to the control group the lining of the wall of aorta was more intact and only very little fatty infiltration could be seen

5.3 Group III - Treated with fruit pulp of Emblica officinalis (Indian Gooseberry)

Tables 5 and 6 show the effect of fruit pulp of E officinalis on plasma cholesterol and triglyceride levels (mg/100 ml) in hypercholesterolaemic rabbits

Fifteen days of continued administration of the above drug at a dose rate of 1g/kg body weight orally to this group of animals brought down their plasma cholesterol level to 94.41 mg/100 ml from a value of 118.94 mg/100 ml which was attained in the hypercholesterolaemic state Similarly the triglyceride level was found to decrease from 268.63 to 197.72 mg/100 ml The decrease in the plasma values of the above parameters on continued administration of the drug at the same dose

for 75 days was to a minimum of 35.98 mg/100 ml of plasma cholesterol and 58.54 mg/100 ml of plasma triglyceride. The decrease in the plasma values were found to be significant at one per cent level ($P < 0.01$) (Anova Tables 11 to 20).

5.4 Group IV - Treated with aqueous extract of Embluca officinalis

The effect of administration of aqueous extract of E. officinalis on plasma cholesterol and triglyceride levels (mg/100 ml) in hypercholesterolaemic rabbits is evident from Tables 7 and 8.

The mean plasma cholesterol and triglyceride levels of the animals of this group in the hypercholesterolaemic state were 137.81 and 251.77 mg/100 ml respectively. They reduced to 102.00 and 157.80 mg/100 ml respectively after 15 days of administration of the above drug orally at a dose rate of 1g/kg body weight prepared in 10 ml of water. Seventy five days of administration of the above preparation at the same dose, further decreased the above values to a minimum of 28.38 mg/100 ml of cholesterol and that of triglyceride to 43.30 mg/100 ml. The reduction brought about by the aqueous extract of E. officinalis during the period of study was found to be significant at one per cent level ($P < 0.01$) (Anova Tables 11 to 20).

The groups which were given fruit pulp and aqueous extract of E officinalis did not show much histopathological changes (Plate No 5 and 6) The sections of liver showed only mild to moderate degree of fatty change The degree of fat infiltration in between the lining of wall of aorta was also very mild when compared to that of the control group

5.5 Group V - Treated with Gemfibrozil

Tables 9 and 10 show the effect of administration of Gemfibrozil on plasma cholesterol and triglyceride level (mg/100 ml) in hypercholesterolaemic rabbits

Gemfibrozil when given at a dose rate of 120 mg/kg body weight orally for 15 days reduced the plasma cholesterol level to 112.82 from the initial hypercholesterolaemic value of 143.46 mg/100 ml and that of triglycerides from 290.24 to 222.76 mg/100 ml After 75 days of treatment with Gemfibrozil the cholesterol and triglyceride levels were reduced to 30.93 mg/100 ml and 53.57 mg/100 ml respectively The reductions brought about by the drug were found to be significant at one per cent level ($P < 0.01$) (Anova Tables 11-20)

Histopathological examination of liver and aorta of animals in the group treated with Gemfibrozil revealed that fat accumulated in the liver and aorta only in a mild to moderate degree compared to the control group (Plate No 7 and 8)

The comparison between the effects produced by different treatments with that of the control group has been represented in the figures 1 and 2. The mean values represented in the figures have been given in Tables 21 and 22. Analysis of the results obtained in the present study revealed that all the treatments were effective in producing the hypolipidaemic effect, but there was no significant difference between the treatments, as evident from the figures 1 and 2.

Discussion

DISCUSSION

Cholesterol is an important structural component of all cellular and intracellular membranes as well as of plasma lipoproteins. The cholesterol present in plasma is only a small fraction of the total present in the body but is important in many respects. Patients with hypercholesterolaemia have a greater risk of developing atherosclerosis of the coronary arteries. Conversely, reduction in plasma cholesterol may reduce the risk of death from myocardial infarction. Elevation of plasma cholesterol is assumed to increase the rate of deposition of cholesterol in the arterial intima which is the site of atherosclerotic lesions. Attempts to decrease plasma cholesterol by diet or drugs are based on the hope that reduction in the rate of deposition of cholesterol may retard the development of lesions and the risk of myocardial infarction (Sodhi, 1975).

From the results obtained, it is obvious that the agents tried namely aqueous extract of Allium sativum fruit pulp as well as aqueous extract of Embllica officinalis have reduced the plasma cholesterol and triglycerides similar to that of the known hypocholesterolaemic drug used in the study namely Gemfibrozil,

whereas the control group which received no treatment remained hypercholesterolaemic and hypertriglyceridaemic throughout the period of study

6.1 Control Group

The control group of animals had their mean plasma cholesterol and triglyceride values 54.6 and 60.14 mg/100ml initially. In the hyperlipidaemic state these values increased to 119.92 and 123.86 mg/100 ml respectively. At the end of the period of study the control group animals accumulated plasma cholesterol and triglyceride to a maximum value of 233.29 and 322.72 mg/100 ml respectively. The increase observed in these parameters were significant at one per cent ($P < 0.01$) (Anova Tables 11-20)

Histopathological changes were observed in the liver and aorta of animals which belonged to the control group (Plate No 1 and 2). Moderate to diffused fatty change was noticed in the liver. The hepatocytes were filled with fat and the nucleus was pushed towards one side. The aorta on examination showed that the continuity of elastic tissue was lost due to accumulation of fat in between the elastic tissue. The continuity of endothelial lining was lost due to fat deposition.

6.2 Group treated with Gemfibrozil

On analysis of the results of the study it can be seen that Gemfibrozil the current drug of choice in the treatment of hyperlipidaemia in human beings when given

orally to the positive control group of animals at a dose rate of 120 mg/kg for 75 days reduced the plasma cholesterol from a mean value of 143.46 mg/100 ml to 30.93 mg/100 ml and triglyceride level from 290.24 mg/100 ml to 53.37 mg/100 ml. The percentage reduction produced was 78.43 with respect to cholesterol and 81.54 in the case of triglyceride which were statistically significant ($P < 0.01$) (Anova Tables 11-20). The percentage reduction obtained in the case of triglyceride and cholesterol is similar to that reported in human beings by Brown (1987). Clinical use in human beings has revealed that it effectively lowers plasma triglycerides and reduce very low density lipoprotein and apoprotein B production in the liver.

Histopathological examination of liver and aorta of animals in the Gemfibrozil treated group (Plate No 7 and 8) revealed that fat accumulated in these tissues only in a mild to moderate degree compared to the control group which shows reparative process in the treated group.

6.3. Group treated with A. sativum

Aqueous extract of A. sativum at a dose rate of 2g/kg given orally decreased the level of plasma cholesterol from 182.8 mg/100 ml to 38.24 mg/100 ml within a period of 75 days treatment. The triglyceride value decreased from 273.47 mg/100 ml to 66.27 mg/100 ml. The

percentage reduction produced by this agent was 79.08 per cent with cholesterol and 75.76 per cent with triglycerides. Both the reductions were significant ($P < 0.01$) as shown in the Anova Tables (11-20).

In the case of animals treated with aqueous extract of A. sativum, the liver and aorta did not show much pathological changes (Plate No 3 and 4). The degree of fatty changes noticed was very mild compared to that of the control group. The lining of the wall of aorta was more intact and only very little fatty infiltration could be seen.

Though there was a significant difference between the control group and the group treated with aqueous extract of A. sativum, no significant difference was observed in between the group treated with A. sativum and the positive control namely Gemfibrozil which is evident from Figures 1 and 2.

Similar lipid lowering activity of garlic in rabbits has been reported by many workers previously (Jain 1976, Bordia et al 1977, Sharma et al 1977, Sainani et al 1980, Mirhadi et al 1983 and Mirhadi et al 1991). Most of these studies have also given due recognition to garlic as a powerful antiatherosclerotic element.

Jain (1976) observed that supplementation of garlic to cholesterol fed rabbits caused a significant lowering of total free, ester cholesterol and phospholipids and the degree of atherosclerosis was also found to be less Augusti (1974) and Sharma et al (1975) noticed that addition of onion to fatty diet produced a significant reduction in serum cholesterol and triglyceride In these studies it was further stated that the hypolipidaemic activity of onion was due to the allylpropyldisulphide present in its volatile oil The observation made that onion acts as a choloretic agent also accounts for its hypolipidaemic activity

Jain (1976) suggested that the mechanism of action of garlic responsible for its lipid lowering effect to be the increased excretion of cholesterol end products in faeces which is well supported by a progressive increase in the excretion of total bile acids A diminished endogenous synthesis of cholesterol was also stated as a possibility

Bordia and Bansal (1973) concluded that the hypolipidaemic activity of garlic resides in the essential oil which chemically is a combination of sulphur containing compounds The above finding in human beings gained further support from the studies conducted by

Sharma et al , 1976 Sainani et al , 1979 Mahanta et al , 1980 and Bordia 1981

Certain studies conducted in rats also revealed that the sulphur containing compound present in the volatile oil were responsible for the hypolipidaemic effect of garlic (Itokawa et al , 1973 Farva et al ,1986 and Adoga, 1987)

Sharma et al (1976) also demonstrated that the essential oil was bound in garlic in such a form that garlic when boiled in water for 30 minutes does not extract it

Sainani et al (1979) observed from their study that people who totally abstained from garlic and onion had significantly higher levels of serum cholesterol, triglycerides, β -lipoproteins and phospholipids compared to those who consumed liberal amounts of garlic and onion in their diet

Bordia (1981) also suggested that administration of garlic oil not only caused a significant reduction in serum cholesterol and triglyceride levels, but also was accompanied by an increase in HDL in normal as well as patients with coronary heart disease and that withdrawal of the oil caused all the serum components to revert to the original levels The above mentioned studies have

also shown that garlic oil prevented the increase in β and pre β lipoproteins and the decrease in α -lipoproteins produced by cholesterol feeding

Itokawa et al (1973) isolated crystals of S allylcysteine sulphoxide (SACS) and S-methyl cysteine sulphoxide (SMCS) from garlic and found that administration of these agents decreased the elevated plasma cholesterol level of rats and also the liver total and free cholesterol. The rationale proposed for the hypolipidaemic activity of SACS and SMCS was the increased faecal sterol and cholic acid excretion observed in rats under study

Farva et al (1986) and Adoga (1987) explained the reduction in serum lipids and liver lipids to be due to the unsaturated disulphide bonds of the garlic oil. Adoga (1987) also remarked that the active principle diallyl disulphide in active enzymes and substrates containing thiol groups, increased hydrolysis of triacylglycerols in an exchange reaction. An increased activity of the lipase enzyme by the oil was also suggested

Alterations produced in the fatty acid biosynthesis and enzyme activities in rabbits by administration of garlic has been put forward as an explanation for the hypolipidaemic activity of garlic (Mirhadı et al

1983 and Mirhad et al 1991) It was evident from these studies that garlic supplementation to the atherogenic diet decreased the biosynthesis of fatty acids from 2^{-14}C -acetate and of glycerolipids from 1^{-14}C palmitate. The beneficial role of garlic in hyperlipidaemia was also attributed to the increased activity of phospholipase induced in liver and aorta.

The antiatherosclerotic effect of garlic in rabbits has been reported by earlier workers (Thiersch, 1937 Jain, 1976 Sainani et al 1980 Mirhad and Singh 1987 Kaul and Prasad 1990 and Mirhad et al 1991). Thiersch was probably the first to report that garlic oil inhibited the development of atherosclerosis in rabbits fed cholesterol. Jain (1976) also found that atherosclerosis was produced experimentally in rabbits by prolonged cholesterol feeding and that addition of garlic to cholesterol caused only a lesser degree of atherosclerosis, which was evident from visual grading itself. Sainani et al (1980) also made the same remark. Mirhad and Singh (1987) studied the effect of garlic extract on in vitro uptake of calcium and orthophosphate ions by matrix of sheep aorta. It was observed that addition of garlic to the system completely inhibited the uptake of calcium and orthophosphate ions and this effect increased proportionately with the quantity of garlic

extract used Hence it was suggested that ingestion of fresh garlic may reduce calcification of aorta which is an integral part of atherosclerosis

Kaul and Prasad (1990) also shared the above opinion that garlic proved to be antiatherosclerotic in goats The aortic intimal surface area involvement by fatty spots or streaks found to be minimum in kids fed cholesterol and garlic and maximum in kids fed cholesterol alone

Mirhadi et al (1991) associated the anti atherosclerotic effect of garlic to its action on certain enzymes, namely phospholipase and lecithin cholesterol acyl transferase An increase in the activities of these enzymes was reported

Most of the above mentioned studies were conducted with different forms of garlic such as raw, boiled, aqueous extract, essential oil and crushed paste and a major proportion of the results of these studies have attributed the hypolipidaemic activity of A sativum due to its allylpropyl disulphide content in the essential oil Hence these studies help to reach a conclusion that the essential oil is not destroyed in any of the above used preparations Since aqueous extract of A sativum was used in the present study and the results obtained

were almost similar to that of the previous studies it can be suggested that the hypolipidaemic activity of A sativum is probably due to the unsaturated allylpropyl disulphide content of the garlic oil

The above stated findings are well supported by the histopathological findings of the present study. The histopathological changes produced by the high cholesterol diet in the control group and the changes noticed in the Gemfibrozil treated group as compared to the garlic treated group showed that garlic was effective in counteracting the fatty changes produced in the liver and aorta to a large extent. The significant decrease in the values of cholesterol and triglycerides bears testimony for the reparative efficacy of garlic.

6.4 Groups treated with E officinalis

The results also revealed that the fruit pulp & aqueous extract of E officinalis were effective in lowering the high plasma cholesterol and triglyceride levels in hypercholesterolaemic rabbits.

Fruit pulp of E officinalis given at a dose rate of 1 g/kg body weight orally for a period of 75 days reduced the plasma cholesterol from the initial value of

118.94 mg/100 ml to 35.98 mg/100 ml and triglyceride from 268.63 mg/100 ml to 58.54 mg/100 ml. The percentage reduction in cholesterol and triglyceride were 69.74 and 78.20 respectively.

Aqueous extract of E officinalis when given at a dose rate of 1g/kg prepared in 10 ml of water also proved to be hypolipidaemic in the present study. Treatment using this agent caused reduction in plasma cholesterol from 137.81 mg/100 ml to 28.38 mg/100 ml, the percentage reduction being 79.40 per cent. The triglyceride level decreased from a maximum value of 251.77 mg/100 ml to 43.30 mg/100 ml which accounted for a percentage reduction of 82.80 per cent. The reductions produced by both the forms of E officinalis were significant ($P < 0.01$) as evident from the above Tables (11-20).

The groups which were given fruit pulp and aqueous extract of E officinalis did not show much histopathological changes. The sections of liver showed only mild to moderate degree of fatty change. The degree of fat infiltration in between the lining of wall of aorta was also very mild when compared to that of the control group.

On the basis of the present study it can be said that the hypolipidaemic activity of E officinalis was

highly significant and also comparable to that produced by the known drug, Gemfibrozil. Another feature noticed was that, the difference in cholesterol and triglyceride levels produced by E officinalis was not statistically significant from that of the positive control drug but both the groups differed significantly from that of the control group, which remained hyperlipidaemic throughout the course of study. It is evident from the figures 1 and 2 that there was no significant difference in the hypolipidaemic activity between the treatments.

The hypolipidaemic activity of E officinalis observed in this study is in agreement with that reported by many previous workers (Thakur and Mandal 1984, Bordia et al, 1985). Thakur and Mandal (1984) observed that both Vitamin C and E officinalis reduced serum cholesterol levels significantly in rabbits fed high cholesterol diet. Bordia et al (1985) also achieved the same results with juice as well as fruit pulp of E officinalis and Vitamin C in cholesterol fed rabbits. E officinalis was found to be superior to Vitamin C. All the above workers have attributed the hypolipidaemic activity of E officinalis to its high content of Vitamin C which in turn is strongly supported by studies conducted by several other workers (Vijayakumar and Vasudevan 1980).

Bordia et al , 1981 Shebib et al , 1986 and Sharma et al , 1988)

Hypocholesterolaemic effect of ascorbic acid was reported in both normal and diabetic patients by Vijayakumar and Vasudevan (1980) The impairment in glucose metabolism in ascorbic acid deficiency is thought to cause an increase in serum cholesterol levels Bordia et al (1981) also thought that Chyavanprash , the principal constituent of which is E officinalis produced characteristic hypolipidaemic activity due to the high content of Vitamin C in it Administration of this ayurvedic medicine was found to increase serum ascorbic acid to a statistically significant level in healthy adults, which was accompanied by a distinct fall in serum triglyceride and cholesterol The hypocholesterolaemic activity of ascorbic acid has been further approved in the studies conducted by Shebib et al (1986) in rabbits and Sharma et al (1988) in guinea pigs Sharma et al (1988) observed that high cholesterol diet when fed to guinea pigs, which like human beings could not synthesise Vitamin C, resulted in a significant increase in all the lipid fractions Vitamin C was thought to exert its hypolipidaemic effect by increasing the mobilisation and transport of cholesterol to the liver which inturn was brought about by the HDL fraction This view is supported

by the finding that Vitamin C administration caused a relative increase in HDL cholesterol. Vitamin C - was also found to have a beneficial role in enhancing the conversion of cholesterol to bile acids in the liver and their eventual excretion. Bates et al (1977) corroborated such a Vitamin C blood lipid relationship and reported a positive correlation between Vitamin C and plasma HDL cholesterol which has a protective role against hyperlipidaemia.

Several scientists have reported on the anti atherosclerotic effect of E officinalis and Vitamin C. Thakur and Mandal (1984) studied the effect of E officinalis in cholesterol induced atherosclerosis in rabbits in comparison to Vitamin C. It was observed that the degree of fatty changes as indicated by Sudanophilia was less in the group treated with E officinalis compared to that treated with Vitamin C. Bordia et al (1985) reported that E officinalis juice, E officinalis pulp and Vitamin C were effective in preventing experimental atheroma in cholesterol fed rabbits. E officinalis juice and pulp were found to be significantly superior to Vitamin C and that pulp of E officinalis was even superior to the juice.

An attempt on the reversal and regression of experimental atherosclerosis in rabbits by administration of Vitamin C was carried out by Shebib et al (1986) The study revealed that Vitamin C could improve and regress the experimental lesions produced

The observation that Vitamin C influenced serum and aortic lipid profile was further substantiated by Sharma et al (1988) The histopathological changes recorded in the above study showed that cholesterol feeding significantly increased all the lipid fractions in the wall of the aorta Vitamin C supplementation did not affect phospholipids and it was suggested that plasma phospholipids stabilised the colloidal dispersion of cholesterol and thereby prevented its deposition in the arterial wall in the cholesterol fed guinea pigs

Since the finding of the present study that fruit pulp and aqueous extract of E officinalis are effective as hypolipidaemic agents is well supported by the reports given above, it may be presumed that the hypolipidaemic effect of E officinalis is mainly due to its high content of Vitamin C E officinalis is a very rich natural source of Vitamin C containing around 600-800 mg/100 g of fresh amla fruit Hence the hypolipidaemic effect can very well be ascribed to this principal constituent The

histopathological observations of the present study also points out that E officinalis has been reasonably effective in counteracting the fatty changes produced by high cholesterol diet

Based on the above details it can be concluded that the indigenous preparations tested for their hypolipidaemic efficacy in the present study namely A sativum and E officinalis were effective in lowering the plasma cholesterol and triglyceride levels significantly. The study also pointed out that the hypolipidaemic effect of the agents tried was comparable to that of Gemfibrozil in statistical significance as shown by the analysis of the results obtained. Therefore these herbal agents can well be suggested for clinical trials in animals and human beings as hypocholesterolaemic and hypolipidaemic drugs.

Summary

SUMMARY

In the present study an attempt was made to assess the hypolipidaemic efficacy of two indigenous agents namely aqueous extract of Allium sativum and fruit pulp as well as aqueous extract of Emblica officinalis in comparison with the established hypolipidaemic drug Gemfibrozil in rabbits

Thirty Newzealand White adult male rabbits were procured for the study from Small Animal Breeding Station College of Veterinary and Animal Sciences Mannuthy The average body weight of the animals were 1.5 kg They were housed in cages designed for the purpose Each rabbit received 200 g standard rabbit feed per day

The experiment was carried out in two stages The first stage was to induce hypercholesterolaemia in all the rabbits For this purpose the standard ration was supplemented daily with 100 mg cholesterol and 8 g Vanaspathi (DALDA) per rabbit They were maintained on this ration for 60 days when they developed hypercholesterolaemia as shown by blood analysis The parameters checked were plasma cholesterol and triglycerides

Plasma cholesterol and triglycerides were estimated initially and then fortnightly to assess whether the animals became hypercholesterolaemic or not

Cholesterol was estimated according to the method described by Zak (1957) Triglyceride level in plasma was estimated by Trigazyme T M - enzymatic Kit (GPO PAP method) (Werner et al 1981)

The second stage of the present study was to determine the hypolipidaemic effect of herbal agents (A sativum and E officinalis) in comparison with Gemfibrozil in the rabbits rendered hypercholesterolaemic during the first stage For this purpose the hypercholesterolaemic rabbits were divided into five groups of six each The first group was kept as control animals which did not receive treatment with any drug The second group was given aqueous extract of A sativum orally at a dose rate of 2g/kg body weight prepared in 10 ml of water The third group was treated with fruit pulp of E officinalis at a dose rate of 1g/kg body weight orally The fourth group was administered aqueous extract of E officinalis orally at a dose rate of 1g/kg body weight prepared in 10 ml of water The fifth group was taken as the positive control group which received the known hypolipidaemic drug namely, Gemfibrozil at a dose

rate of 120 mg/kg body weight orally. All the agents were tried for a period of 75 days. The diet supplemented with cholesterol and Vanaspathi was continued throughout the period of study. Plasma cholesterol and triglycerides were estimated every fortnightly during the course of administration of drugs so as to determine the changes produced by the drugs on the above parameters. At the end of the period of study histopathological studies of liver and aorta were conducted to demonstrate the structural changes in tissues produced by administration of the drugs.

From the results of the study it was evident that the control group of animals which received no treatment with drugs continued to be hypercholesterolaemic throughout the period of study. The animals of this group had a mean value of 54.6 and 60.14 mg/100 ml of cholesterol and triglyceride initially which increased upto 233.29 and 322.72 mg/100 ml respectively at the end of the period of study. The changes in the liver and aorta produced in the liver and aorta of animals of this group was also in agreement with the above findings. Moderate to diffused fatty changes were noticed in the liver. The hepatocytes were filled with fat and nucleus was pushed to one side. Due to fat accumulation in between the elastic tissue, the continuity of the wall of aorta was lost.

In the case of Group II which received aqueous extract of A sativum the ^{mean} plasma values of cholesterol and triglyceride in the hyperlipidaemic state were 182.81 and 273.47 mg/100 ml respectively which were reduced to 38.24 and 66.27 mg/100 ml after 75 days of administration of the drug. The reductions produced by the agent was statistically significant ($P < 0.01$) (Anova Tables 11-20). Histopathological examination of liver and aorta of these animals revealed not much changes. The fatty changes in the liver and aorta was only of a mild degree compared to that of the control group. The lining of the wall of aorta was also more intact and continuous without much fat accumulation in between the elastic tissue.

Group III animals which were treated with fruit pulp of E officinalis had a mean plasma cholesterol value of 118.94 mg/100 ml and 268.63 mg/100 ml of plasma triglycerides on attainment of hyperlipidaemia. Seventy five days of administration of fruit pulp of E officinalis brought down the above values to a minimum of 35.98 mg/100 ml of cholesterol and 58.54 mg/100 ml of plasma triglyceride. On statistical analysis it was found that, the decrease in plasma cholesterol and triglyceride produced by the above mentioned agent was highly significant ($P < 0.01$) (Anova Tables 11.20).

The mean plasma cholesterol and triglyceride levels of animals of Group IV which were given aqueous extract of E officinalis were 137.81 and 251.77 mg/100 ml respectively in the hyperlipidaemic condition. Administration of the drug for a period of 75 days significantly reduced the above values to a minimum of 28.38 mg/100 ml of cholesterol and 43.30 mg/100 ml of triglycerides ($P < 0.01$) (Anova Tables 11-20).

The histopathological studies of the animals treated with fruit pulp and aqueous extract of E officinalis did not reveal pathological changes like that of the control group. The fatty changes noticed in the liver and aorta were only of a mild to moderate degree. The fat accumulation in the wall of aorta was only of a mild degree compared to that of the control.

Gemfibrozil, the drug used as the reference standard, when administered to animals of Group V reduced the plasma cholesterol level from the initial hypercholesterolaemic value of 143.46 mg/100 ml to 30.93 mg/100 ml and that of triglyceride from 290.24 mg/100 ml to 53.57 mg/100 ml within a period of 75 days. The reductions produced by Gemfibrozil in both the parameters were highly significant ($P < 0.01$) (Anova Tables 11-20).

Histopathology of liver and aorta of animals of this group was more or less similar to that of the group treated with E officinalis

Based on the above mentioned observations made from the present study it may be summarised that the different preparations of A sativum and E officinalis tested for their lipid lowering effects in hyperlipidaemic rabbits, proved to have a satisfactorily beneficial role in the treatment of hyperlipidaemia. So also both A sativum and E officinalis were also effective in reducing the fatty changes induced in the liver and aorta by high cholesterol diet as evident from the histopathological studies conducted. Gemfibrozil produced an effect on the tissues more or less similar to that of E officinalis. However garlic was found to be most effective in correcting the histopathological changes.

Another observation made from the present study was that the control group differed significantly from the various treatment groups, but the different treatment groups did not differ significantly from one another. Figures 1 and 2 depict the comparative efficacy of the different treatments in lowering plasma cholesterol & triglyceride respectively. Hence it may be concluded that supplementation of high cholesterol diet causes hyperlipidaemia and that A sativum and E officinalis were as

effective as Gemfibrozil in reducing the increased lipid levels. Compared to Gemfibrozil and E officinalis garlic was found to be more effective in counteracting the histopathological changes produced on feeding high cholesterol diet as revealed by the photomicrographs.

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**HYPOLIPIDAEMIC EFFECT OF *Allium sativum*
AND *Emblica officinalis* IN RABBITS**

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ABSTRACT OF A THESIS

Submitted in partial fulfilment of the
requirement for the degree

Master of Veterinary Science

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1992

ABSTRACT

The present study was undertaken with the objective of determining the hypolipidaemic effect of Allium sativum and Embllica officinalis in hyperlipidaemic rabbits. The different forms of the indigenous agents tried were aqueous extract of A sativum and fruit pulp as well as aqueous extract of E officinalis. The effects produced by the above agents were compared with that of the known hypolipidaemic drug namely, Gemfibrozil which served as the positive control drug.

Thirty Newzealand White adult male rabbits were used for the study. The average body weight of the animals were 1.5 kg. They were housed in cages designed for the purpose. Each rabbit received 200 g standard rabbit s feed per day.

The experiment was conducted in two stages. The first step was to render all the rabbits hypercholesterolaemic. In order to achieve this goal the standard ration was supplemented daily with 100 mg cholesterol and 8 g Vanaspathi for each rabbit. The rabbits were fed on this diet continuously for 60 days when they developed hypercholesterolaemia. This was ascertained by the estimation carried out initially and

every fortnightly during this period. The parameters estimated were plasma cholesterol and plasma triglyceride.

The second part of the study was to evaluate the hypolipidaemic efficacy of the chosen indigenous preparations in comparison to that of Gemfibrozil. Each agent was tried on a separate group by dividing the hypercholesterolaemic rabbits into five groups of six each. Group I was kept as the control group which received no treatment. Group II was administered aqueous extract of A. sativum 10 ml (2g/kg b wt) orally. The animals of Group III were treated with fruit pulp of E. officinalis at a dose rate of 1g/kg orally. Group IV animals received aqueous extract of E. officinalis orally at a dose rate of 1 g/kg prepared in 10 ml of water. The Group V served as the positive control which received Gemfibrozil at a dose rate of 120 mg/kg orally. All the drugs were administered for a period of 75 days. The high cholesterol containing diet was continued throughout the period of study. The difference brought about by the above agents on plasma cholesterol and triglyceride of hyperlipidaemic rabbits was determined by routine estimations of the above parameters carried out every fortnightly. At the end of the period of study histopathological studies of liver and aorta were also

performed in order to detect the structural changes in tissues caused by the different treatments

The control group of animals increased their plasma cholesterol and triglyceride by 76.59 and 81.36% respectively. This increase was found to be statistically significant. The liver and aorta of these animals also supported the above finding on histopathological examination. Diffused fatty changes were noticed throughout the section of liver and aorta. The hepatocytes were filled with fat and the nucleus was displaced. Lining of the wall of aorta also showed severe fatty infiltration in the control group.

It was found that administration of aqueous extract of A sativum reduced plasma cholesterol by 79.08 per cent and plasma triglycerides by 75.76 per cent within a period of 75 days. Both the reductions were highly significant. Compared to the control group, the histopathological findings of this group showed that garlic was very effective in counteracting the fatty changes induced by high cholesterol diet in rabbits. The fatty changes of liver were only of a mild degree and the fatty infiltration of aorta was also very mild.

The percentage reduction obtained in the case of fruit pulp of E officinalis was 69.74 and 78.20 with

respect to cholesterol and triglycerides which was also statistically significant. Aqueous extract of E officinalis administered to the fourth group of animals could produce a reduction in plasma cholesterol and triglyceride by 79.40 per cent and 82.80 per cent respectively.

The histopathological studies conducted in the above two groups showed almost similar findings. Compared to the control group, the degree of fatty changes was only mild to moderate. Infiltration of fat into the elastic tissues of aorta was also very mild. Hence, it can be suggested that E officinalis is capable of counteracting the fatty changes in liver and aorta partially.

Gemfibrozil, which served as the positive control, brought about a percentage reduction of 78.43 with respect to cholesterol and 81.54 per cent in the case of triglyceride, both were found to be highly significant. The above observation was well supported by the photomicrographs of liver and aorta taken from the animals of this group. Mild to moderate degree of fatty changes was noticed in the liver and aorta. Aorta did not reveal prominent changes like that of the control group due to fatty infiltration. The histopathological observation made in the case of Gemfibrozil resembles that of E officinalis.

From the results of the present study it can be inferred that aqueous extract of A sativum and fruit pulp as well as aqueous extract of E officinalis are effective as hypolipidaemic agents and this finding is further asserted by the simultaneous histopathological studies carried out. Both the indigenous agents were capable of correcting the fatty changes produced by the fat containing diet to a considerable extent and garlic was found to be superior to E officinalis in this respect. The efficacy of these agents in lowering plasma cholesterol and triglyceride was comparable to that of Gemfibrozil as shown by the statistical analysis of the results obtained. Hence these agents prove to be of value as hypolipidaemic agents in the future clinical trials that can be carried out in animals and also in human beings.

