The renal toxicity of hydroalcoholic extract of Stachys lavandulifolia Vahl in Wistar rats

Taghikhani M¹, Nasri H¹, Asgari A¹, Afrough H¹, Namjoo AR², Ansari-Samani R¹, Shahinfard N¹ and Rafieian-kopaei¹*

¹Medical Plants Research Center, Shahrekord University of Medical Sciences, Shahrekord, Iran ²Department of Clinical Sciences, Faculty of Veterinary Medicine, Islamic Azad University, Shahrekord Branch, Shahrekord, Iran

*Corresponding author: Medical Plants Research Center, Shahrekord University of Medical Sciences, Shahrekord, Iran Email: <u>rafieian@yahoo.com</u>

ABSTRACT: Stachys lavandulifolia is used as the herbal tea in gastrointestinal disorders. It is believed that this plant has beneficial curative properties. However, more studies are needed to determine the toxic effects of plant. The aim of this study was to evaluate the nephrotoxicity of hydro-alcoholic extract of *Stachys lavandulifolia* Vahl on male Wistar rats. In this experimental study, 100 adult male Wistar rats (200-250 g) were divided into 5 groups of 20; including one control and 4 experimental groups, and injected i.p saline or *Stachys lavandulifolia* Vahl extract (50,100,150 and 200 mg/kg) for 1 month. Then sampling was done from half of the animas of each group. The left animals in each group were held without injection for one more month and then sampling was done. In the groups that *Stachys lavandulifolia* Vahl extract were used for one month, a mild degeneration of renal tubular epithelial cell was observable. However, in the second month of the study, the histologic lesions were significantly more (P<0.05). *Stachys lavandulifolia* Vahl extract has renal tubular toxicity and this toxicity may continue even following drug discontinuation. However, further studies need to evaluate renal complications of this drug in human.

[Taghikhani M, Nasri H, Asgari A, Afrough H, Namjoo AR, Ansari-Samani R, Shahinfard N and Rafieian-kopaei. **The renal toxicity of hydroalcoholic extract of Stachys lavandulifolia Vahl in Wistar rats**. Life Sci J 2012;9(4):3025-3031] (ISSN:1097-8135). http://www.lifesciencesite.com. 444 **Keywords:** Lamiaceae family, Therapeutic properties, Renal toxicity, Tubular degeneration

Introduction

For thousands of years people have used plants and herbs as curative elements (1,2). Stachys lavandulifolia (Lamiaceae) is widely used in various parts of the world as herbal tea. It is used for the treatment of gastrointestinal and respiratory disorders. The genus Stachys, which belongs to the Lamiaceae family, consists of about 280 species (3-6). Plants of this genus also exhibit dose-dependent antibacterial activities against different bacteria. The extracts are more active against Gram-positive microorganisms compared to Gram-negative bacteria (7). The plant has also some anti-tumor activity (8). This effect is attributed to flavonoids, phenylpropanoids or terpenoids of the aerial parts of this plant (9-11). Germacrene-D, betaphellandrene, beta-pinene, myrcene and alpha-pinenehave have been reported to be the main components of the essential oil of S. lavandulifolia (9-11). A phenylethanoid glycoside, lavandulifolioside

A phenylethanoid glycoside, lavandulifolioside A, lavandulifolioside B, verbascoside, leucosceptoside A, and an iridoid glycoside, 5-O- β -allopyranosyloxy-aucubin have also been isolated from the flowering aerial parts of the plant (10). The existence of flavonoids such as apigenin and luteolin are also demonstrated in aerial parts of S. lavandulifolia (11).

In spite of widespread use in Iran, the pharmacological characteristics of the Stachys lavanduifolia and its probable toxicities have not been studied in detail. Therefore, the aim of this study was to evaluate the renal effect of hydroalcoholic extract of *Stachys lavandulifolia* Vahl in male Wistar rats.

Materials and methods

Extraction method

Aerial part of *Stachys lavandulifolia* Vahl was gathered from Chaharmahal & Bakhtiyari province in Iran, in July 2011 and authenticated at the Medical Plants Research Center, Shahrekord University of Medical Sciences (Voucher no 78).

The *Stachys lavandulifolia* Vahl leaves were dried and powdered. Then, 500 grams of the powder were macerated with ethanol (70%) at 28°C for 24 hours and filtered. The extraction process continued two times and then was concentrated in a rotary evaporator under low pressure to give one third of the primary volume. The solution was then dried by oven at 40°C. The dried extract was reconstructed with distilled water to make 50, 100,150 and 200 mg/kg doses.

Experimental studies

In this experimental study, 100 adult male Wistar rats (200-250 g) were used. The animals were divided randomly into 5 groups of 20; including one control and 4 experimental groups. Five groups of animals were injected i.p saline or *Stachys lavandulifolia* Vahl extract (50,100,150 and 200 mg/kg) for 1 month. Then sampling was done from half of the animas of each group (13-16). The left animals in each group were held without injection for one more month and then sampling was done.

Histology

After the rats were anesthetized with ether, systematic method of dissection was done. Sterile incision was made in the specific location. Kidneys were removed and examined. Then a longitudinal incision was made on kidneys. One half of kidney for staining with hematoxylin and Eosin (H&E) was placed in 10% buffered formalin solution for 24 hours. The Staining routine method with H&E was done and histopathology slides were prepared. Using optical microscopy the toxicity was evaluated qualitatively (12-20). Statistical analysis was done using Chi-square test.

Results

Effects of Stachys lavandulifolia Vahl extract on renal tubular epithelial cells after first month is shown in table 1. Following one month drug usage the degeneration of renal tubular epithelial cell was mild. In the second month (one month after drug cessation) there was a significant increase in renal tubular epithelial cells degeneration compared to the first month. The results indicate that the degeneration of renal tubular epithelial cells was increased with time, even after drug cessation (P<0.05). Tabe 2 also shows that the necrosis of epithelial cells in the second month have been more than first month (P <0.05).

The result of interstitial mononuclear cell infiltration in kidneys of rats showed that the amount of infiltration in the first and the second months was almost identical (Table 3). The amounts of fibrous tissue in the medulla of the kidney tissue sections as well as the mononuclear cell interstitial tissue of rats in the first and the second month were also almost similar.

In table 4, the frequency distribution of fibrous tissue in the medulla is shown. The results of this table show that the amounts of fibrous tissue in the medulla in the first and the second months are not different.

Discussion

The results showed that injection of *Stachys lavandulifolia* Vahl with different concentrations

had toxic effects on renal tubule cells. The toxicity was substantiated after cessation of drugs for 1 month. The results also showed that the toxicity was dose dependent.

The safety profile of this plant in acute, subacute and subchronic tests was determined in Monji et al. (21). To assess the toxicity profile of this extract, female mice were administered the extract by oral gavages in acute (24 hrs), subacute (14 days) and subchronic (45 days) models. All clinical, hematological, biochemical and histopathological changes were assessed in appropriate mid points and end points and compared with control group. Doses up to 140 mg/kg were recognized as maximum tolerated dose in subchronic model. Abnormal changes in kidney and liver weight in treatment groups as well as the significant elevation of biochemical parameters in 45 study days has suggested the possible hepatic and renal toxicity potentials of S. lavandulifolia extract with doses upper than 140mg/kg. Doses up 70 mg/kg had no observable adverse effect. Therefore, it was concluded that low doses could be used in clinical trials on the possible therapeutic effects (21).

Phenylpropanoids belonging to the largest group of secondary metabolites is produced by plants, in response to biotic or abiotic stresses such as infections. It is thought that the molecular basis for the protective effect of phenylpropanoids in plants is their antioxidant and free radical scavenging properties. It was determined from other studies that potential safety issues exist if suitable doses of flavonoids and isoflavones were consumed daily. Since the protective effects of Phenylpropanoids on the liver and kidney (22-24). and nephroprotection by flavonoid, epigallocatechin gallate and phenolics, propyl gallate and nordihydroguaiaretic acid, have been demonstrated in mice. (25-27), presumably other compounds are toxic. Phenol ring-containing flavonoids, upon oxidation by peroxidases, yield phenoxyl radicals which are cytotoxic (28-30). Other specific researches are necessary to find out the exact toxic component in this plant. In this regard and based on the results of this study the consumption of this plant should be with caution.

Conclusion

It must be kept in mind that clinicians should remain cautious until more definitive studies demonstrate the safety, quality and efficacy of S. lavandulifolia (31). For these reasons, extensive pharmacological and chemical experiments, together with human metabolism will be a focus for future studies. In this study, we also found that the use of extract can cause side effects in some cases, such as damage to the kidneys, even in some cases, the damage goes far necrosis of renal tissue (32-33).

Conflict of interest

The author declared no competing interests.

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References

1-Amin Gh. Popular Medicinal Plants of Iran. Research Department of Health Ministry, Tehran (1991) 49.2-

2-Khajehdehi P. Turmeric: Reemerging of a neglected Asian traditional remedy. J Nephropathology. 2012; 1(1):17-22.

3-Işcan G, Demirci B, Demirci F, Göger F, Kirimer N, Köse YB, et al. Antimicrobial and antioxidant activities of Stachys lavandulifolia subsp. lavandulifolia essential oil and its infusion. Nat Prod Commun. 2012 Sep; 7(9):1241-4.

4-Basaran AA, Calis I, Anklin C, Nishibe S, Sticher O. Lavandulifolioside: a new phenylpropanoid glycoside from Stachys lavandulifolia. Helvetica Chimica Acta 1988; 71(6):1483-90. 5-Amin GH. Popular Medicinal Plants of Iran. Tehran: Health Ministry Press; 1991.

6-Baradaran A. Lipoprotein(a), type 2 diabetes and nephropathy; the mystery continues. J Nephropathology. 2012; 1(3):126-129.

7-Saeedi M, Morteza-Semnani K, Mahdavi MR, Rahimi F. Antimicrobial studies on extracts of four species of stachys. Indian J Pharm Sci. 2008 May-Jun; 70(3):403-6.

8-Rabbani M, Sajjadi SE, Jalali A. Hydroalcohol extract and fractions of Stachys lavandulifolia Vahl: effects on spontaneous motor activity and elevated plus-maze behaviour. Phytother Res 2005;19(10):854-8.

9-Javidnia K, Mojab F, Mojahedi SA. Chemical constituents of essential oil of Stachys lavandulifolia Vahl from Iran. Iranian J Pharm Res 2004.3: 61–63.

10-Delazar A, Delnavazi MR, Nahar L, Moghadam SB, Mojarab M, Gupta A, Williams AS, M. Rahman MM, Sarker SD. Lavandulifolioside B: a new phenylethanoid glycoside from the aerial parts of Stachys lavandulifolia Vahl. Natr. Prod. Res. (2011) 25(1): 8-16.

11-Safaei A. Identification and quantitative determination of luteolin and apigenin in the aerial parts and the extract of Stachys lavandulifolia by HPLC. Iranian J. Pharm. Res. (2004) 2:suppl. 90-90: 274.

12-Nematbakhsh M, Ashrafi F, Pezeshki Z, Fatahi Z, Kianpoor F, Sanei MH, Talebi A:A histopathological study of nephrotoxicity, hepatoxicity or testicular toxicity: Which one is the first observation as side effect of Cisplatin-induced toxicity in animal model. J Nephropathology.2012; 1(3): 190-193.

13-Rafieian-Kopaei M, Nasri H, Nematbakhsh M, Baradaran A, Gheissari A, Rouhi H, et al. Erythropoietin ameliorates genetamycin-induced renal toxicity: A biochemical and histopathological study. J Nephropathology. 2012;1(2): 109-116.

14-Tavafi M. Inhibition of gentamicininduced renal tubular cell necrosis. J Nephropathology. 2012; 1(2): 83-86.

15-Kadkhodaee M. Erythropoietin; bright future and new hopes for an old drug. J Nephropathology. 2012; 1(2): 81-82.

16-Rahimi Z. ACE insertion/deletion (I/D) polymorphism and diabetic nephropathy. J Nephropathology.2012; 1(3): 143-151.

17-Sánchez-Niño MD, Ortiz A. Is it or is it not a pathogenic mutation? Is it or is it not the podocyte? J Nephropathology. 2012; 1(3): 152-154.

18- Nasri H. Hypertension and renal failure with right arm pulse weakness in a 65 years old man. J Nephropathology. 2012; 1(3): 130-133.

19-Tolouian R, Hernandez GT. Prediction of Diabetic Nephropathy: The need for a sweet biomarker. J Nephropathology. 2013; 2(1): 4-5. DOI: 10.5812/nephropathol.8966.

20-Tavafi M. Diabetic nephropathy and antioxidants. Journal of Nephropathology. 2(1): 20-27.

21-Monji F, Hossein Tehrani H, Halvaei Z, Arbabi Bidgoli S. Acute and subchronic toxicity assessment of the hydroalcoholic extract of Stachys lavandulifolia in mice. Acta Medica Iranica. (2011)49(12): 769-775.

22- Korkina LG. Phenylpropanoids as naturally occurring antioxidants: from plant defense to human health. Cell Mol Boil. 2011; 53, 15-25

23-Sahni N, Gupta KL. Dietary antioxidents and oxidative stress in predialysis chronic kidney patients. J Nephropathology.2012; 1(3): 134-142. 24-Kari J. Epidemiology of chronic kidney disease in children. J Nephropathology. 2012; 1(3): 162-163.

25- Galati G. Dietary flavonoid/polyphenolic reactive metabolites and their biological properties. Toronto: Univ. of Toronto; 2004. [Ph.D. thesis].

26-Gheissari A, Mehrasa P, Merrikhi A, Madihi Y. Acute kidney injury: A pediatric experience over 10 years at a tertiary care center. J Nephropathology. 2012;1(2): 101-108.

27-Ardalan MR, Samadifar Z, Vahedi A. Creatine monohydrate supplement induced interstitial nephritis. J Nephropathology. 2012; 1(2): 117-120.

28-Galati G, Teng M, Moridani Y, Chan TS, O'Brien PJ. Cancer chemoprevention and apoptosis mechanisms induced by dietary polyphenolics.Drug Metab. Drug Interact.2000; 17: 311–349

29-Tayebi Khosroshahi H. Short history about renal transplantation program in Iran and the world: Special focus on world kidney day 2012. J Nephropathology. 2012; 1(1):5-10.

30-Galati G, Chan T, Wu B, O'Brien PJ. Glutathione-dependent generation of reactive oxygen species by the peroxidasecatalyzed redox cycling of flavonoids. Chem Res Toxicol. 1999; 12: 521–525

31- Galati G, Moridani MY, Chan TS, O'Brien PJ. Peroxidative metabolism of apigenin and naringenin versus luteolin and quercetin: glutathione oxidation and conjugation. Free Radic Biol Med. 2001; 31: 370–382

32-Safaei A. Identification and quantitative determination of luteolin and apigenin in the aerial parts and an extract of Stachys lavandulifolia by HPLC. Iranian J Pharm Res 2004;2:90-2.

33-Tolou-Ghamari Z. Nephro and neurotoxicity, mechanisms of rejection: A review on Tacrolimus and Cyclosporin in organ transplantation. J Nephropathology. 2012; 1(1): 23-30.

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Dose	Degeneration of renal tubular epithelial cells								
mg/kg/day	First Month			First Month			Second Month		
	moderate	noderate mild No			mild	No			
			lesion			lesion			
50	0	6	0	0	0	3			
100	0	5	1	0	0	6			
150	1	6	0	0	0	9			
200	0	7	0	0	2	3			
Total	1	24	1	0	2	21			

Table1. Frequency of renal tub	oular epithelial cell degen	eration in rats studied

Table2. Frequency of necrotic epithelial cells in kidney slices of rats

Dose	Necrosis of epithelial cells						
mg/kg/day	First Month			Second Month			
	moderate mild No			moderate	mild	No	
			lesion			lesion	
50	-	2	6	-	1	2	
100	-	2	4	-	4	2	
150	-	1	3	-	8	1	
200	-	0	2	-	5	0	
Total	-	5	15	-	18	5	

Dose	mononuclear cells in the interstitial tissue					
mg/kg/day	First Month			Second Mon	ıth	
	moderate	mild	No	moderate	mild	No
			lesion			lesion
50	-	0	6	-	-	3
100	-	1	5	-	-	6
150	-	2	5	-	-	9
200	-	0	7	-	-	5
Total	-	3	23	-	-	23

Table.3: Distribution of mononuclear cells in the interstitial tissue slices of rat kidney

Table.4: The frequency distribution of fibrous tissue in the medulla

Dose	fibrous tissue in the medulla					
mg/kg/day	First Month			Second Mon	th	
	moderate	mild	No	moderate	mild	No
			lesion			lesion
50	-	0	3	1	2	0
100	-	2	5	0	3	2
150	-	7	5	0	2	7
200	-	5	5	0	0	5
Total	-	14	18	1	7	14