**Research Article** 



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# PHARMACOLOGICAL EVALUATION OF ANTI ATHEROSLEROTIC ACTIVITY OF POLYGONUMGLABRUM IN ANIMAL MODELS

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# ABSTRACT

**Objective:** To investigate the anti-atherosclerotic activity of ethanol extract of Polygonum galbrum in male Wistar rats. **Material and methods:** In that model regarding atherosclerosis, 30 adult male wistar rats were always broken in 5 groups. Group-1 then Group-2 served namely untreated yet model controls respectively, whilst Group-3, four or 5 were the redress agencies which have been simultaneously treated including standard, 200 and four hundred mg/kg eliminate respectively alongside along High Fat Diet. On remaining day, blood samples because biochemical parameters, have been obtained below inhaled diether anaesthesia. **Results:** HFD induced atherosclerosis as evidenced by marked elevation in cholesterol, Triglycerides, LDL, VLDL and decrease in HDL ranges. Co-management of extract with HFD decreased upward thrust ldl cholesterol, Triglycerides, LDL, VLDL and increase in HDL tiers. **Conclusion:** It changed into observed that the ethanol extract of Polygonum galbrum conferred Anti- atherosclerotic interest by way of biochemical remark towards HFD triggered atherosclerosis in rats. Within the near destiny could constitute a result in discovery of a singular drug for remedy of drug brought on atherosclerosis.

# **KEYWORDS**

Polygonumglabrum and Anti- atherosclerotic activity.

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# INTRODUCTON

Herbal drugs generally observed as seasonerism or phytotherapy, is that the use of herbs for his or her therapeutic or healthful price. Associate herb could be a plant or natural object valued for its healthful, aromatic quality. Herb plants manufacture and contain a spread of chemical substances that impact the body. Herbalists use the leaves, flowers, stems, berries, and roots of plants to forestall, relieve, and

treat unwellness. From a "scientific" perspective, several seasoner treatments are thought-about experimental. The truth is, however, that seasoner drugs incorporates a long and revered history. Several acquainted medications of the 20<sup>th</sup> century were developed from ancient healing traditions that treated health issues with specific plants. Today, science has isolated the healthful properties of an oversized variety of botanicals, and their healing elements are extracted and analyzed. Several plant elements are currently synthesized in massive laboratories to be used in pharmaceutical preparations. As an example, periwinkle plant derivative (an antitumour drug), digitalis (a heart bronchodilator regulator). and (a medicine accustomed decrease metastasis congestion) were all originally discovered through analysis on plants<sup>1,2</sup>.

Rather than employing a whole plant, pharmacologists determine, isolate, extract, and synthesize individual elements, so capturing the active properties. This may produce issues, however. Additionally to active ingredients, plants contain minerals, vitamins, volatile oils, glycosides, alkaloids, bio-flavanoids, and alternative substances that are necessary in supporting a selected herb's healthful properties. These parts additionally offer a vital natural safeguard Isolated or synthesized active compounds will become virulent in comparatively tiny doses; it always takes a far bigger quantity of an entire herb, with all of its elements, to succeed in a virulent level. Herbs are medicines, however, and that they will have powerful effects. They must not tee taken gently. The suggestions for flavourer treatments during this book don't seem to be supposed to substitute for consultation with a professional health care professional, however rather to support and assist you in understanding dealing with your and along physician's recommendation<sup>3,4</sup>.

# HERBAL MEDICINES TODAY

The World Health Organization (WHO) estimates that four billion individuals, eightieth of the planet population, presently use flavoring drugs for a few side of primary health care. Flavoring drugs could Available online: www.uptodateresearchpublication.com be a major part altogether autochthonic peoples' ancient drugs and a typical component in Ayurveda, homeopathic, naturopathic, ancient oriental, and Native yank Indian drugs. United Nations agency notes that of 119 plant-derived pharmaceutical medicines, regarding seventy four are utilized in trendy drugs in ways in which related to directly with their ancient uses as plant medicines by native cultures. Major pharmaceutical corporations ar presently conducting in depth analysis on plant materials gathered from the rain forests and alternative places for his or her potential medicative worth<sup>5,11,12</sup>.

# **Excess Lipids Introduction**

Excess lipids a broad term, conjointly referred to as excess proteins, may be a upset, specifically characterised by alterations occurring in bodily fluid supermolecule and compound protein profile thanks to magnified concentrations of Total cholesterin (TC), Low Density compound protein cholesterin (LDL-C), Very rarity compound protein cholesterin (VLDL-C) and Triglycerides (TG) with a concaminant decrease within the concentrations of High Density compound protein cholesterin (HDL-C) within the blood circulation. It's a typical disorder in developed countries and is that the major explanation for coronary cardiopathy. It results from abnormalities in supermolecule metabolism or plasma supermolecule transport or a disorder within synthesis degradation of plasma the and lipoproteins. The term "dyslipidaemia" currently a days is progressively getting used to explain abnormal changes in super molecule profile, replacement the previous term high lipids. Excess lipids means that abnormally high levels of fats within the blood. These fats embody cholesterin and triglycerides. These are vital for our bodies to perform however once they are high, they'll cause cardiopathy and stroke. Excess lipids is manifested as hypercholesteremia and/or hypertriglycerolemia. However, hypercholesteremia is that the commonest excess lipids. The lipids that are concerned in hypercholesteremia are cholesterin, a vital part of semipermeable membrane and a precursor of steroid synthesis and triglycerides, a crucial energy supply. They're transported in blood as lipoproteins. The

consequence of high lipids is that with time it will cause coronary-artery disease, and so the chance of coronary cardiopathy and stroke is magnified. However, in step with the newer scientific read, the cholesterin level alone isn't the full story. The chance of cardiopathy in future conjointly depends on several different factors that influence the health of a person's blood vessels and circulation<sup>6,7</sup>.

### **Classes of Lipoprotein**

Since blood and different body fluids square measure watery, thus fats want a special transport system to travel round the body. They're carried from one place to a different intermixture with macromolecule particles, referred to as lipoproteins. There are four forms of lipoproteins, every having terribly distinct job. These lipoproteins square measure delineated as follows.

#### Chylomicrons

Chylomicrons square measure created by the intestines for carrying new fatto the body's cells. These carry largely triglycerides. Chylomicrons carry exogenous lipids to liver, adipose, internal organ and striated muscle tissue wherever their lipid parts square measure free by the activity of the catalyst referred to as conjugated protein enzyme. Consequently, molecule remnants square measure left behind that square measure concerned by the liver. The density of these particles is less than 0.95 g/ml for chylomicrons and 1.006 g/ml for chylomicron remnants.

#### **Very-Low-Density Lipoproteins (VLDL)**

Very Low Density Lipoproteins are made by the liver and intestine, to carry fats around the body. These carry mostly triglycerides.

#### Low-Density Lipoproteins (LDL)

Low Density Lipoproteins square measure created by the liver to move steroid alcohol to the body's cells and tissues. LDL might type deposits on the walls of arteries and different blood vessels. So they're thought-about because the lazy or dangerous steroid alcohol<sup>8-10</sup>.

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#### MATERIAL AND METHODS Materials Plant material

The plant material used for the study is

The ethanolic extract of *Polygonum glabrum* plant. Collection of plant material

The aerial part of *Polygonum glabrum* was collected from Tirumala hills, Tirupati, Andhra Pradesh, India.

#### Methods

#### Preparation of the plant extract

#### Preparation of Polygonum glabrum extract

The collected whole plant was dried at temperature, powdered by a mechanical grinder, sieved through 40mesh.

About 100g of small-grained materials were extracted with plant product (90%) exploitation soxhlet equipment.

The extraction was distributed till the extractive becomes colourless.

The extracts is then targeted and dried underneath reduced pressure.

The solvent free solid mass so obtained is dissolved in tween eighty and used for the experiment.

#### Preliminary phytochemical analysis

The crude and ordered extracts were tested for the subsequent phytoconstituents, sugar, alkaloids, glycosides, tannins, flavonoids, phytosterols, fats and oils by customary procedures as represented by khandelwal and kokate.

The extracts were subjected to the subsequent chemical check for the identification of varied active constituents.

# Test for alkaloids

#### **Dragondroff's test**

To 1ml of the extract, add 1ml of Dragondroff's reagent, an orange red precipitate indicates the presence of alkaloids.

#### Mayer's test

To 1ml of the extract, add 2ml of Mayer's reagent, a cream coloured precipitate reveal the presence of alkaloids.

#### Wagner's test

To 1ml of the extract, add 2ml of Wagner's reagent, the formation of reddish brown precipitate indicates the presence of alkaloids.

# Hager's test

To 1ml of the extract, add 3ml of Hager's reagent the formation of yellow precipitate confirms the presence of alkaloids.

# Test for carbohydrates

#### Molisch test

To 2ml of the extract, add 1ml of  $\alpha$ -naphthol resolution so add targeted concentrated sulphuric acid through the edges of the tube, purple or cherry violet ring at the junction of the 2 reveals the presence of carbohydrates.

# Fehling's test

To 1ml of the extract, add an equal quantity of Fehling's solution A and B and warmth. The formation of the burnt sienna precipitate indicates the presence of carbohydrates.

# **Benedict's test**

To 5ml of Benedict's chemical agent add 1ml of extract resolution and boil for 2 minutes and funky. Formation of a red precipitate shows the presence of carbohydrates.

#### **Barfoed's test**

To 5ml of Barfoed's chemical agent, add 1ml of the extract resolution and warmth to boil, a red precipitate of copper oxide was fashioned and confirms the presence of carbohydrates within the check extract.

# Test for steroids and sterols

# Libermann Burchard test

Dissolve the extract in 2ml of chloroform in an exceedingly dry tube. Add 10 drops of acetic anhydride and 2 drops of targeted concentrated sulphuric acid. The answer becomes red, then blue and eventually blue inexperienced, indicating the presence of steroids.

# Salkowaski test

Dissolve the extract in chloroform and add volume of concentrate sulphuric acid. Formation of blue red to redness colourise chloroform layer and whereas the acid layer assumes marked inexperienced efflorescence, represents the steroid and sterol parts within the tested extract.

# Test for glycosides

# Legal test

Dissolve the extract in alkali and add freshly ready sodium metal nitroprusside solution to form it base-

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forming. The formation of pink to red color shows the presence of organic compound.

### Baljet test

To 1ml of the check extract add 1ml metal sodium picrate resolution and also the yellow to orange color reveals the presence of glycoside.

# **Borntrager's test**

Add a couple of cubic centimetre of diluted sulphuric acid to 1ml of the extract solution. Boil, filter and also the filtrate extract with chloroform. Separate the chloroform layer and treat with 1ml ammonia. The formation of red color shows the presence of anthraquinone organic compound.

#### Keller Mililani test

Dissolve the extract in ethanoic acid containing traces of ferrous chloride and transfer to a tube containing sulphuric acid. At the junction, formation of a reddish brown color, that step by step becomes blue, confirms the presence of deoxy sugar hooked up to the a glycon a part of organic compound.

# **Test for saponins**

#### Foam test

About 1ml of alcoholic extract, dilute on an individual basis with 20ml of H<sub>2</sub>O and shake in an exceedingly graduate for quarter-hour. A 1cm layer of froth indicates the presence of saponins.

To 1ml of the extract, add alcoholic vanillin chemical compound solution and a couple of drops of concentrated sulphuric acid. A deep violet color confirms the presence of saponins.

#### **Test for flavonoids**

#### Shinoda test

To 1ml of the extract, add metal turnings and 1-2 drops of targeted acid. Formation of pink or red color shows the presence of flavonoids.

To 1ml of extract, add 1ml of ferrous chloride, the formation of brown color confirms the presence of flavonoids.

#### **Test for triterpenoids**

Dissolve two or three granules of tin metal in 2ml of thionyl chloride solution. Then add 1ml of the extract into test tube. The formation of a pink colour indicates the presence of triterpenoids.

#### Detection of phenolics and tannins Ferric chloride test

The extract was treated with few drops of neutral ferric chloride solution. The formation of blue black color indicates the presence of phenolic resin nucleus.

### Gelatin test

To the extract, 1% gelatin solution containing common salt sodium chloride was more. The formation of white precipitate indicates the presence of tannins.

#### Lead acetate test

The extract was treated with few drops of lead acetate solution. Formation of yellow precipitate indicates the presence of flavonoids.

#### Test for protein and amino acid Biuret test

To 1ml of the extract ad 1ml of 40% sodium hydroxide solution and 2 drops of 1% copper sulphate solution. Formation of violet color indicates the presence of protein macromolecule.

# Ninhydrine test

Add 2 drops of freshly ready 0.2% Ninhydrine chemical agent to the extract resolution and warmth. Development of a purple color reveals the presence of proteins and amino acids.

# Xanthoprotein test

To 1ml of the extract add 1ml of concentrated nitric acid. The formation of white precipitate confirms the presence of amino acid.

#### Test for fixed oils

#### Spot test

Press atiny quantity of extract between 2 filter paper. Oil stains on paper indicates the presence of fatty oil.

# Acute toxicity studies

#### Animal selection

A complete of thirty male Wistar rats were obtained from the animal facility and administration and used for the study. All rats were certified with healthiness at the time of receiving. Age of the animals at the beginning of the treatment was about 8 to 12 weeks.

# Acclimatization

Owen Wister rats were allowed to adapt to experimental area conditions for a amount of ten

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days before randomisation and treatment. Throughout the acclimation amount the rats square measure ascertained for the clinical signs.

# **Environmental conditions**

The rats were maintained within the separate polypropene cages. within the experimental area, temperature of  $23\pm2^{\circ}$ C, controlled wetness (50-55%), twelve hrs of artificial lightening and twelve hrs of darkness cycle were maintained. The experimental area was clean and mopped with a disinfectant daily.

#### Housing conditions

The rats were housed supported the cluster size per polycarbonate cage. Every cage was fastened with a polypropene bottle with chrome steel nozzle. Feed was provided impromptu throughout the study. The litter was modified daily.

#### **Feeding conditions**

Rats were given 150gms of feed and sterilized water. Rat feed and provided water was modified on different days. The amounts of the feed consumed by the rats were calculated on the ordered days.

#### **Atherogenic diet composition**<sup>13</sup>

# **Dosing of animals**

The animals were treated with the check and also the customary medicine orally supported the body weights of the animals. The animals were treated with the extracts for concerning fourteen days. Throughout dosing of animals, the body weights of the animals and also the food consumed by the animals were taken on ordered days.

# Grouping of animals: Ant atherosclerosis

The animals were divided into four groups. Each group contains five animals.

Grouping is as follows:

**Group 1:** Normal Group (Tween 80)

**Group 2:** Control Group (HFD)

**Group 2:** Extract I- *Polygonum glabrum* + HFD (200 mg/kg)

**Group 3:** Extract II- *Polygonum glabrum* + HFD (400 mg/kg)

**Group 4:** Standard-Atorvastatin + HFD (10 mg/kg) **Dosing of animals** 

The animals were dosed with the test and the standard drugs orally based on the body weights of the animals. The animals were dosed with the

extracts for about 14 days. During dosing of animals, the body weights of the animals and the food consumed by the animals were taken on successive days.

The rats were treated with test and standard drugs by oral gavage for 14 days.

After this time i.e., 20 hrs after the last application of the test compounds the animals are anaesthetized with anaesthetic ether and 1.2ml of blood is withdrawn by retro orbital puncture.

The blood samples will be collected on the 14<sup>th</sup> day for estimating biochemical parameters

The blood samples were taken from the rats after overnight fasting.

Biochemical parameters were determined after treatment.

The serum was labeled with the animal number and the estimations were made. The serum enzymes SGOT, SGPT and ALP cholesterol HDL, LDL, VLDL and triglyceride level and the lipid profile (total level) and total protein was determined enzymatically on prietest bio chemistry analyser. SOD, GSH, MDA were determined by using UV Spectrophotometer

# RESULTS

#### **Plant Extract**

The contemporary aerial components of *Polygonum* glabrum were dried below shade and powdered in grinder. 300gm of powder was extracted with methanol (MEDB) by soxhletion in soxhlet apparatus. The yield of extract was 30.27 gm and the percentage yield was 15.13%. The extract was hold on in air tight instrumentality and additional used for pharmacological screening.

# **Preliminary Phytochemical Screening**

Phytochemical screening of *Polygonum glabrum* was done treatment with Methanol, the extract showed the presence of Alkaloids, carbohydrates, glycosides, saponins, flavonoids and tannins. Results are shown in the following table.

# Acute toxicity studies

The acute toxicity studies of *Polygonum glabrum* was applied as per OECD pointers 423. There was no gross evidence of any abnormalities ascertained up to a amount of 4-6hrs and no mortality was

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ascertained at the utmost tolerated dose (MTD) level of 2000mg/kg bw. Per oral. The utmost tested dose was 2000mg/kg body weight. Further pharmacological screenings were applied with two dose ranges i.e. 1/10 of MTD (200 mg/kg bw p.o.), 1/5 of MTD (400mg/kg bw p.o.). They were taken as Test doses T<sub>1</sub> and T<sub>2</sub> respectively.

#### Effect of ethanolic extract of *polygonum glabrum* on HFD, atherosclerosis profile in rats Biological parameters

#### Body Weights

HFD and MSG fed rats significantly gained weight compared to the normal rats. Oral administration of EEPG had reduced the weight gained. EEPG at a dose of 200 mg/kg b.w. p.o. significantly decreased (p<0.05) weights, while EEPG at 400 mg/kg b.w. p.o. and orlistat had decreased the body weight significantly (p<0.01) at the end of week 4. Results are presented in the following Table No.4, depicted in Graph No.1.

#### Liver Weights

The livers in negative control group were enlarged and produced a yellow color, indicating liver steatosis and increased weights. The livers were appeared yellow and bulky due to presence of fat. On the other hand group given with orlistat reversed the conditions of liver to remain normal and healthy. Significant reduction (p<0.05) was seen with EEPG at 200mg/kg whereas significant reduction (p<0.01) was observed with EEPG at 400mg/kg and orlistat. Presented in Table No.5 and depicted in Graph No.2.

# Biochemical parameters Serum Lipid Profile

Rats fed with high fat diet (HFD) showed impairment in normal lipid profile, leading to increased total cholesterol, triglyceride, LDL-C, VLDL-C while HDL-C was decreased. EEPG at 200mg/kg bw showed significant reduction (p<0.05). while. EEPG at 400mg/kg bw significantly decreased (p<0.01) the total cholesterol levels were highly significant reduction of p<0.001 was observed with orlistat at 50mg/kg bw.

Significant reduction of triglycerides, p<0.05 was seen with EEPG 200 mg/kg bw and the values were

found to be <0.01 with EEPG 400 mg/kg bw whereas highly significant reduction p<0.001 was seen with orlistat at 50mg/kg bw.

LDL and VLDL were significantly reduced p<0.05 with EEPG at 200mg/kg bw but with EEPG 400 mg/kg bw and orlistat at 50mg/kg bw the value of LDL was found to be p<0.01. Whereas HDL-C levels were significantly increased with EEPG 400 mg/kg bw and orlistat at 50mg/kg bw p<0.01 when compared to normal and untreated groups.

# **Liver Function Test**

Animals treated with high fat diet (HFD) showed increased levels of marker enzymes SGOT, SGPT and ALP but upon administration of EEPG significantly reduced the levels. P<0.05 was seen with EEPG 200 mg/kg bw and p<0.01 was seen with EEPG 400 mg/kg bw and orlistat at 50mg/kg bw p<0.01. P<0.01 value was seen in the levels of ALP with administration of EEPG at 200mg/kg bw and EEPG 400 mg/kg bw but p<0.001 was seen with orlistat at 50mg/kg bw.

# Hepatic morphology and histopathology

The livers of untreated groups were found to be yellow in color and appeared bulky, whereas livers of the treated groups were found to be normal and less bulky. Histological analysis is shown in the figure, where liver of untreated rats exhibited a typical signs of fatty mass i.e. Showing accumulation of fat droplets through the liver acini. When treated with EEPG and Orlistat smaller degree of lipid accumulation and fewer pathological signs were observed in a dose dependent manner.

#### **Cardiac Risk Indicator**

Atherogenic index of plasma and % protection of HFD treated animals were calculated from their Triglycerides and HDL-C values. There was a dose dependent reduction in atherogenic index of plasma with EEPG administered at all two doses (200 and 400 mg/kg bw p.o.) and Orlistat exhibited maximum reduction in AIP which is as follows:

### In HFD Model

 $T_1 - 2.93$  $T_2 - 2.64$ Orlistat - 2.35.

S.No	Composition	Normal diet (%)	Atherogenic diet (%)
1	Protein (Milk powder)	12	10
2	Carbohydrates (Wheat flour)	71	61
3	Sugar	05	05
4	Fat (Butter)	05	16
5	Salts	04	04
6	Vitamins	01	02
7	Fibers	02	01
8	Cholesterol		01
9	Total Weight	100g	100 g

 Table No.1: Atherogenic diet composition

Table No.2: Preliminary Phytochemical Analysis					
S.No	TEST	RESULT			
	ALKALOIDAL TEST				
	a. Dragondroffs test	Positive			
1	b. Mayer's test	Positive			
	c. Wagner's test	Positive			
	d. Hager's test	Positive			
	CARBOHYDRATES TEST				
	a. Molish's test	Positive			
2	b. Fehling's test	Positive			
	c. Benedict's test	Positive			
	d. Baeford's test	Positive			
	STEROIDS TEST				
3	a. Libermann Buchard test	Negative			
	b. Salwoski test	Negative			
	GLYCOSIDES TEST				
	a. Legal test	Positive			
4	b. Baljet test	Positive			
	c. Killerkilaini test	Positive			
	d. Borntagers test	Positive			
5	SAPONINS TEST				
3	a. Foam test	Positive			
6	FLAVONOIDS TEST				
6	a. Shinoda test	Positive			
7	TRITERPINOIDAL TEST	Negative			
	TANNINS TEST				
0	a. Ferric chloride test	Positive			
8	b. Gelatin test	Positive			
	c. Lead acetate test	Positive			
	PROTIEN and AMINOACIDS TEST				
0	a. Buret's test	Negative			
9	b. Ninhydrin test	Negative			

#### Table No.2: Preliminary Phytochemical Analysis

Alertness		$\downarrow$
Stereotypy		-
Irritability		$\downarrow$
Fearfulness	Behavioral Responds	<u></u>
Touch responds		1
Analgesia	bo d	N
Spontaneous activity		Ļ
Grooming	Be Be	$\uparrow$
Restfulness	]   • • •	$\uparrow$
Inclined plane test		1
Body Temperature		$\uparrow$
<b>Righting responds</b>		-
Limb tone		N
Grip strength		+
twitching		-
Abdominal tone		+
Pinnal reflex		N
Corneal reflex		N
Straub tail		+
Tremors	Neurological Responds	-
Convulsions		-
Catalepsy		-
Writhing		+
Defecation		1
Urination		<u>↑</u>
Piloerection		+
SMA	Autonomic Responds	N
Respiration		$\uparrow$
Pupil size	Autono Respoi	N
Cyanosis	l j j	N
Heart rate		N
Ataxia		+
Ptosis		-
Salivation	]	-
Lachrymation	1	-

#### Table No.3: Acute toxicity study results

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	Table No.4: Effect of E	EPG on body	weights of rats	(HFD MODEL)		
		Differences in body weights (gm)				
S.No				(Mean ± SEM)		
	Group (n=5)	Week 1	Week 2	Week 3	Week 4	
1	Group I				$41.20 \pm 1.0$	
	Normal	$33.2 \pm 1.92$	$36.8 \pm 0.9$	$38.2 \pm 1.9$		
	control group					
2	Group II	$33.4 \pm 1.89$	$77.6 \pm 3.5$	$102.3 \pm 4.0$	$112.6 \pm 3.9$	
	Negative control group HFD					
3	Group III	$22.4 \pm 1.96$	$60.4 \pm 2.0$	02 ( + 4 5		
3	Positive control group	$33.4 \pm 1.86$	$68.4 \pm 3.8$	$92.6 \pm 4.5$	$84.4 \pm 4.6$	
	Orlistat 50mg/kg b.w. p.o Group IV					
4	1	$33.2 \pm 4.5$	$79.6 \pm 3.1$	$99.1 \pm 4.3$	$95.3 \pm 4.1$	
	T <sub>1</sub> – EEPG 200mg/kg b.w. p.o Group V					
5	$T_2 - EEPG 400 mg/kg b.w. p.o$	$33.8 \pm 1.6$	$77.4 \pm 5.4$	$97.4 \pm 2.8$	$89.54 \pm 4.8$	
	Table No.5: Effects of l	FFPG on liver	weights of rate	(HFD MODFL)		
				Liver weights	(g)	
S.No	<b>Groups</b> ( <b>n = 5</b> )	Groups (n = 5)		(Mean ± SEM)		
1	Group I			$5.92 \pm .23$		
1	Normal control					
	Group II			6.79 ± 0.15		
2	Negative control					
	HFD					
3	Group III-Positive con	trol		6.15 ± 0.23**		
5	Orlistat 50mg/kg b.w.	p.o.	$0.15 \pm 0.23^{**}$			
4	Group IV			$6.57 \pm 0.17^{\circ}$	k	
т	$T_1 - MEDB-200mg/kg b.$	w. p.o		0.57 = 0.17		
5	Group V		$6.29 \pm 0.16^{**}$		*	
5	$T_2 - MEDB-400mg/kg b.$	<u>.</u>				
	Table No.6: Effect of EEPG on					
S.No	Groups $(n = 5)$		Cholesterol		Triglycerides	
	(mg/dl) M		Mean ± SEM	(mg/dl)	(mg/dl) Mean ± SEM	
1	Group I Normal control	82.1	$3 \pm 2.98$	$71.05 \pm 1.98$		
	Group II					
2	Negative control	138	$43 \pm 2.13$	1/1	$.87 \pm 3.12$	
2	(HFD)	150.	+3 - 2.13	141	$1.87 \pm 3.12$	
3	Group III				78.91 ± 3.89***	
	Positive control	96.98	$\pm 2.04^{***}$	78 91		
	Orlistat 50mg/kg b.w. p.o	20.20		, 0.7		
4	Group IV	105		100	00 + 0 1 6*	
	$T_1 - EEPG 200mg/kg b.w. p.o$	125.4	$-3 \pm 3.65^*$	$\pm 3.65^{*}$ 109.98 $\pm 3.16^{*}$		
_	Group V	110 /	1 2 0 1 * *			
5	$T_2 - EEPG 400 mg/kg b.w. p.o.$	118.5	$5 \pm 2.91$ **	89.6	$.63 \pm 3.87 **$	

# Table No.4: Effect of EEPG on body weights of rats (HFD MODEL)

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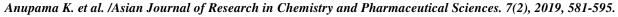
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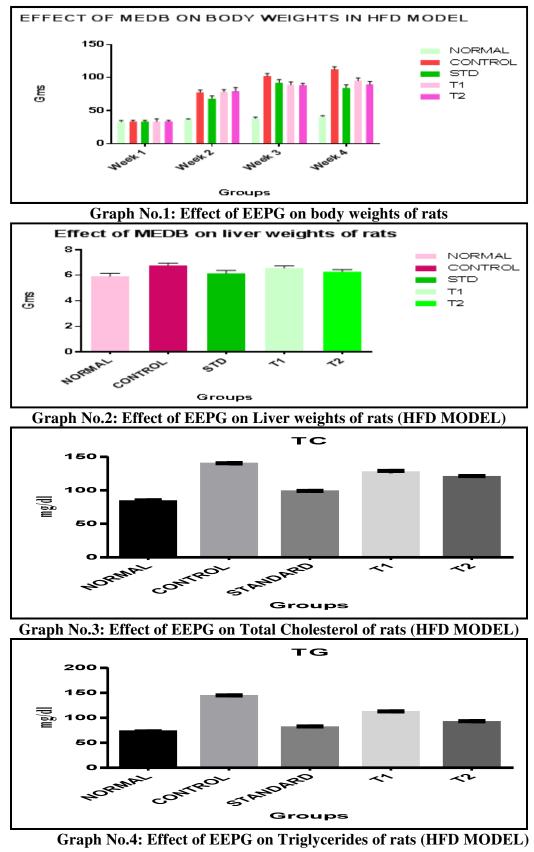
Image: 1Group I Normal control2.091Normal control2.09Group IIS.632Negative control3Group III3Positive control $Orlistat 50mg/kg b.w. p.o$ 2.354Group IV T <sub>1</sub> – MEDB 200mg/kg b.w. p.o5Group V	Table No.7: Effect of EEPG on HDL, LDL AND VLDL levels in rats					
1         Normal control $32.62 \pm 2.12$ $34.34 \pm 2.01$ $13.39 \pm 1.07$ 2         Regative control $23.87 \pm 3.39$ $88.09 \pm 3.12$ $27.59 \pm 3.39$ 3         Group III $30.45 \pm 3.97^{**}$ $49.67 \pm 3.96^{**}$ $17.29 \pm 1.87^{**}$ 4         Group IV $74.98 \pm 2.12^{*}$ $23.24 \pm 1.18^{**}$ $19.36 \pm 2.25^{**}$ 5         Group V $27.42 \pm 1.89^{*}$ $74.98 \pm 2.12^{*}$ $23.24 \pm 1.18^{*}$ 5         Group V $28.91 \pm 2.98^{**}$ $71.02 \pm 4.14^{**}$ $19.36 \pm 2.25^{**}$ Table No.8: Effect of EPG on SGOT, SGPT AND ALP levels in rats           S.No         Group I $17.34 \pm 3.67$ $22.42 \pm 3.65$ $87.49 \pm 4.93$ 1         Group II $17.34 \pm 3.67$ $22.42 \pm 3.65$ $87.49 \pm 4.93$ 2         Negative control $42.28 \pm 2.87$ $52.85 \pm 5.98$ $246.59 \pm 2.98$ 4         Group II $17.34 \pm 3.67$ $22.42 \pm 3.65$ $87.49 \pm 4.93$ 3         Positive control $42.28 \pm 2.87$ $52.85 \pm 5.98$ $246.59 \pm 2.98$ HFD $Group$ II $21.84 \pm 2.91$	S.No		(mg/dl)	(mg/dl)	(mg/dl)	
$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$	1	Normal control	$32.62 \pm 2.12$	34.54 ± 2.01	15.39 ± 1.07	
3         Positive control Orlistat 50mg/kg b.w. p.o         30.45 $\pm 3.97^{**}$ 49.67 $\pm 3.96^{**}$ 17.29 $\pm 1.87^{**}$ 4         Group IV T <sub>1</sub> - EEPG 200mg/kg b.w. p.o         27.42 $\pm 1.89^{**}$ 74.98 $\pm 2.12^{**}$ 23.24 $\pm 1.18^{**}$ 5         Group V T <sub>2</sub> - EEPG 400mg/kg b.w. p.o         28.91 $\pm 2.98^{**}$ 71.02 $\pm 4.14^{**}$ 19.36 $\pm 2.25^{**}$ Table No.8: Effect of EEPG on SGOT, SGPT AND ALP levels in rats           SGOT (IUL) Mean $\pm$ SEM         Mean $\pm$ SEM         Mean $\pm$ SEM           1         Group I         17.34 $\pm 3.67$ 22.42 $\pm 3.65$ 87.49 $\pm 4.93$ 2         Negative control         42.28 $\pm 2.87$ 52.85 $\pm 5.98$ 246.59 $\pm 2.98$ 4         Group II         21.84 $\pm 2.91^{**}$ 23.78 $\pm 5.92^{**}$ 97.31 $\pm 5.24^{***}$ 5         Group IV         21.84 $\pm 2.91^{**}$ 23.78 $\pm 5.92^{**}$ 97.31 $\pm 5.24^{***}$ 5         Group IV         21.84 $\pm 2.91^{**}$ 32.78 $\pm 5.02^{**}$ 123.09 $\pm 4.63^{**}$ Table No.9: Atherogenic index and percentage protection with EEPG: (HFD MODEL)           SNo           Group II           2.09           Orl	2	Negative control	23.87 ± 3.39	88.09 ± 3.12	2 27.59 ± 3.39	
4 $T_1 - EEPG 200mg/kg b.w. p.o$ $27.42 \pm 1.89^{s}$ $74.98 \pm 2.12^{s}$ $23.24 \pm 1.18^{s}$ 5       Group V $28.91 \pm 2.98^{s*}$ $71.02 \pm 4.14^{s*}$ $19.36 \pm 2.25^{s*}$ Table No.8: Effect of EEPG on SGOT, SGPT AND ALP levels in rats         SGOT (IU/L)       Mean ± SEM       Mean ± SEM         1       Group I $17.34 \pm 3.67$ $22.42 \pm 3.65$ $87.49 \pm 4.93$ 2       Negative control $42.28 \pm 2.87$ $52.85 \pm 5.98$ $246.59 \pm 2.98$ 3       Positive control $21.84 \pm 2.91^{s*}$ $23.78 \pm 5.92^{s*}$ $97.31 \pm 5.24^{s*s}$ 4       Group II $Group IV$ $24.56 \pm 3.75^{s*}$ $32.78 \pm 5.92^{s*}$ $97.31 \pm 5.24^{s*s}$ 5       Group IV $T_1 - EEPG 200mg/kg b.w. p.o$ $24.56 \pm 3.75^{s*}$ $32.78 \pm 5.02^{s*}$ $123.09 \pm 4.63^{s*s}$ 5       Group IV $T_2 - EEPG 400mg/kg b.w. p.o$ $24.56 \pm 3.75^{s*s}$ $32.78 \pm 5.02^{s*s}$ $123.09 \pm 4.63^{s*s}$ Table No.9: Atherogenic index and percentage protection with EEPG: (HFD MODEL)         S.No       Group II $2.09$ 1       Group II $2.09$ $4.63^{s*s}$ $159.93 \pm 3.61^{s*s}$	3	Positive control	30.45 ± 3.97**	49.67 ± 3.96*	** 17.29 ± 1.87**	
5 $T_2 - EEPG \ 400mg/kg \ b.w. p.o$ $28.91 \pm 2.98^{**}$ $71.02 \pm 4.14^{**}$ $19.36 \pm 2.25^{**}$ Table No.8: Effect of EEPG on SGOT, SGPT AND ALP levels in rats         SGOT (IUL)       MEP (IU/L)         Mean $\pm$ SEM       Mean $\pm$ SEM       Mean $\pm$ SEM       Mean $\pm$ SEM         1       Group I       17.34 $\pm$ 3.67       22.42 $\pm$ 3.65       87.49 $\pm$ 4.93         2       Negative control       42.28 $\pm$ 2.87       52.85 $\pm$ 5.98       246.59 $\pm$ 2.98         HFD       Group II       21.84 $\pm$ 2.91**       23.78 $\pm$ 5.92**       97.31 $\pm$ 5.24***         3       Positive control       21.84 $\pm$ 2.91**       23.78 $\pm$ 5.92**       97.31 $\pm$ 5.24***         4       Group IV       31.59 $\pm$ 3.66*       37.39 $\pm$ 4.03*       159.93 $\pm$ 3.61**         5       Group IV       24.56 $\pm$ 3.75**       32.78 $\pm$ 5.02**       123.09 $\pm$ 4.63**         Table No.9: Atherogenic index and percentage protection with EEPG: (HFD MODEL)       S.No       Group II       2.09         1       Normal control       2.09       19.30 $\pm$ 4.63**       123.09 $\pm$ 4.63**         1       Normal control       2.09       1000000000000000000000000000000000000	4	-	27.42 ± 1.89*	74.98 ± 2.12	* 23.24 ± 1.18*	
S.No         Groups (n = 5)         SGOT (IU/L) Mean ± SEM         SGPT (IU/L) Mean ± SEM         ALP (IU/L) Mean ± SEM           1         Group I Normal control         17.34 ± 3.67         22.42 ± 3.65         87.49 ± 4.93           2         Negative control HFD         42.28 ± 2.87         52.85 ± 5.98         246.59 ± 2.98           3         Group II Orlistat 50mg/kg b.w. p.o         21.84 ± 2.91**         23.78 ± 5.92**         97.31 ± 5.24***           4         Group IV T <sub>1</sub> - EEPG 200mg/kg b.w. p.o         31.59 ± 3.66*         37.39 ± 4.03*         159.93 ± 3.61**           5         Group V T <sub>2</sub> - EEPG 400mg/kg b.w. p.o         24.56 ± 3.75**         32.78 ± 5.02**         123.09 ± 4.63**           1         Group IV T <sub>2</sub> - EEPG 400mg/kg b.w. p.o         24.56 ± 3.75**         32.78 ± 5.02**         123.09 ± 4.63**           5         Group IV T <sub>2</sub> - EEPG 400mg/kg b.w. p.o         24.56 ± 3.75**         32.78 ± 5.02**         123.09 ± 4.63**           6         Group IV T <sub>2</sub> - EEPG 400mg/kg b.w. p.o         2.09         Percentage protection         Percentage protection           1         Group II         2.09         4         Group II         2.09         Percentage protection           1         Group III         3         Positive control         5.63         59.7 %           <	5	1	28.91 ± 2.98**	71.02 ± 4.14*	** 19.36 ± 2.25**	
S.No         Groups (n = 5)         Mean $\pm$ SEM         Mean $\pm$ SEM         Mean $\pm$ SEM         Mean $\pm$ SEM           1         Group I Normal control         17.34 $\pm$ 3.67         22.42 $\pm$ 3.65         87.49 $\pm$ 4.93           2         Negative control HFD         42.28 $\pm$ 2.87         52.85 $\pm$ 5.98         246.59 $\pm$ 2.98           3         Group III Positive control         21.84 $\pm$ 2.91**         23.78 $\pm$ 5.92**         97.31 $\pm$ 5.24***           4         Group IV T <sub>1</sub> - EEPG 200mg/kg b.w. p.o         31.59 $\pm$ 3.66*         37.39 $\pm$ 4.03*         159.93 $\pm$ 3.61**           5         Group V T <sub>2</sub> - EEPG 400mg/kg b.w. p.o         24.56 $\pm$ 3.75**         32.78 $\pm$ 5.02**         123.09 $\pm$ 4.63**           Table No.9: Atherogenic index and percentage protection with EEPG: (HFD MODEL)           S.No         Group (n=5)         Atherogenic Index of Plasma (AIP)         Percentage protection           1         Normal control         2.09         123.09 $\pm$ 4.63**           2         Negative control         5.63         59.7 %           3         Positive control         2.35         59.7 %           4         Group II         2.93         49.2 %           4         Group IV         2.93         49.2 %		Table No.8: Effect of E	EPG on SGOT, SGPT	AND ALP level	s in rats	
1         Normal control $17.34 \pm 3.67$ $22.42 \pm 3.65$ $87.49 \pm 4.93$ 2         Group II $42.28 \pm 2.87$ $52.85 \pm 5.98$ $246.59 \pm 2.98$ 3         Positive control $21.84 \pm 2.91^{**}$ $23.78 \pm 5.92^{**}$ $97.31 \pm 5.24^{***}$ 4         Group IV $21.84 \pm 2.91^{**}$ $23.78 \pm 5.92^{**}$ $97.31 \pm 5.24^{***}$ 5         Group IV $31.59 \pm 3.66^{*}$ $37.39 \pm 4.03^{*}$ $159.93 \pm 3.61^{**}$ 5         Group V $24.56 \pm 3.75^{**}$ $32.78 \pm 5.02^{**}$ $123.09 \pm 4.63^{**}$ Table No.9: Atherogenic index and percentage protection with EEPG: (HFD MODEL)           S.No         Group (n=5)           Atherogenic Index of Plasma (AIP)         Percentage protection           1         Origit control $2.09$ 1         Group II $2.09$ 2         Negative control $5.63$ HFD $5.63$ $49.2\%$ 4         Group III $2.93$ 3         Positive control $2.64$ 4         Group IV $2.93$ 4         Group IV<	S.No	Groups (n = 5)			, , , , , , , , , , , , , , , , , , ,	
$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$	1	1	$17.34 \pm 3.67$	$22.42 \pm 3.65$	5 87.49 ± 4.93	
3         Positive control Orlistat 50mg/kg b.w. p.o $21.84 \pm 2.91^{**}$ $23.78 \pm 5.92^{**}$ $97.31 \pm 5.24^{***}$ 4         Group IV T <sub>1</sub> - EEPG 200mg/kg b.w. p.o $31.59 \pm 3.66^{*}$ $37.39 \pm 4.03^{*}$ $159.93 \pm 3.61^{**}$ 5         Group V T <sub>2</sub> - EEPG 400mg/kg b.w. p.o $24.56 \pm 3.75^{**}$ $32.78 \pm 5.02^{**}$ $123.09 \pm 4.63^{**}$ 5         Group I T <sub>2</sub> - EEPG 400mg/kg b.w. p.o $24.56 \pm 3.75^{**}$ $32.78 \pm 5.02^{**}$ $123.09 \pm 4.63^{**}$ Table No.9: Atherogenic index and percentage protection with EEPG: (HFD MODEL)           Solution Group (n=5)           Atherogenic Index of Plasma (AIP)           97         Percentage protection           1         Group I $2.09$ 1         Group II $2.09$ 2         Negative control $5.63$ HFD $5.63$ $59.7\%$ 4         Group IV $2.93$ $49.2\%$ 4         Group IV $2.93$ $49.2\%$ $55.22.0\%$	2	Negative control	$42.28 \pm 2.87$	52.85 ± 5.98	3 246.59 ± 2.98	
$ \begin{array}{ c c c c c c c c c } \hline 4 & Group IV & 31.59 \pm 3.66^{*} & 37.39 \pm 4.03^{*} & 159.93 \pm 3.61^{**} \\ \hline & & Group V & 24.56 \pm 3.75^{**} & 32.78 \pm 5.02^{**} & 123.09 \pm 4.63^{**} \\ \hline & & & & & & & & & & & & & & & & & &$	3	Positive control	21.84 ± 2.91**	23.78 ± 5.92*	** 97.31 ± 5.24***	
5 $T_2 - EEPG 400 mg/kg b.w. p.o$ $24.56 \pm 3.75^{**}$ $32.78 \pm 5.02^{**}$ $123.09 \pm 4.63^{**}$ Table No.9: Atherogenic index and percentage protection with EEPG: (HFD MODEL)S.NoGroup (n=5)Atherogenic Index of Plasma (AIP)Percentage protection1Group I2.0912Normal control2.0912Negative control5.6313Positive control2.3559.7 %4Group IV2.9349.2 %5Group V2.6455.22 %	4	Group IV	31.59 ± 3.66*	$37.39 \pm 4.03$	* 159.93 ± 3.61**	
S.NoGroup (n=5)Atherogenic Index of Plasma (AIP)Percentage protection1Group I $2.09$ $2.09$ 0Group II $2.09$ $1000000000000000000000000000000000000$	5	T <sub>2</sub> – EEPG 400mg/kg b.w. p.o				
$ \begin{array}{ c c c c c c } \hline 1 & Group I & 2.09 & & & \\ \hline & Normal \ control & & & \\ \hline & Group II & & & \\ 2 & Negative \ control & & 5.63 & & & \\ \hline & HFD & & & & \\ \hline & Group III & & & \\ 3 & Positive \ control & & 2.35 & 59.7 \% & \\ \hline & Orlistat \ 50mg/kg \ b.w. \ p.o & & & & \\ \hline & & Group IV & & 2.93 & 49.2 \% & \\ \hline & & & & \\ \hline & & & & \\ \hline & & & & &$		Table No.9: Atherogenic index			(HFD MODEL)	
INormal control $2.09$ Group IIGroup IINegative control $5.63$ HFD $5.63$ Group III $2.35$ Source control $5.7\%$ Orlistat 50mg/kg b.w. p.o $2.93$ 4Group IV $T_1 - MEDB 200mg/kg b.w. p.o$ $2.64$	S.No	· · ·	Atherogenic Index of	Plasma (AIP)	Percentage protection	
2Negative control HFD5.633Group III Positive control Orlistat 50mg/kg b.w. p.o2.354Group IV T <sub>1</sub> – MEDB 200mg/kg b.w. p.o2.935Group V2.64	1	Normal control	2.09			
3Positive control Orlistat 50mg/kg b.w. p.o2.3559.7 %4Group IV $T_1 - MEDB 200mg/kg b.w. p.o$ 2.9349.2 %5Group V2.6455.22 %	2	Negative control	5.63			
4 $T_1 - MEDB \ 200 mg/kg \ b.w. \ p.o$ 2.93     49.2 %       5     Group V     2.64     55.22 %	3	Positive control	2.35		59.7 %	
	4	1	2.93		49.2 %	
$1_2 - EEPG 400 \frac{1}{12} kg 0.w. p.0$	5		2.64		55.32 %	

Table No.7: Effect of EEPG on HDL, LDL AND VLDL levels in rats

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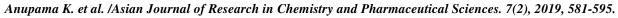


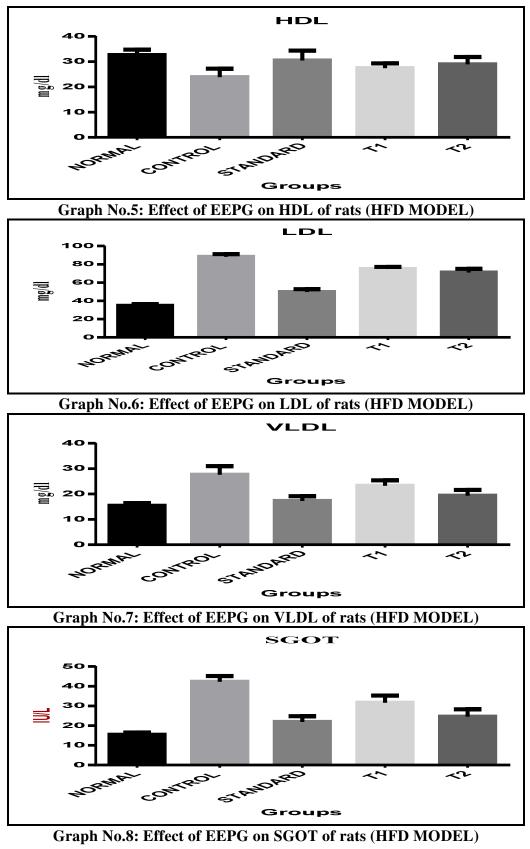


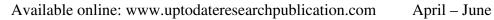
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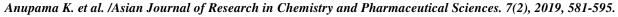
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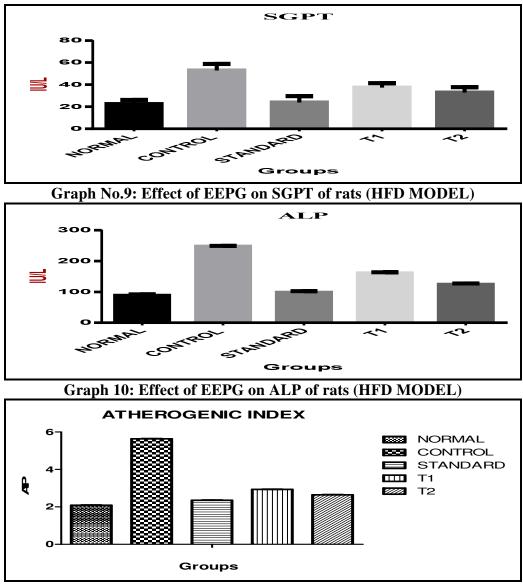
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Graph No.11: Effect of EEPG on Atherogenic Index of rats (HFD MODEL)

#### CONCLUSION

Phytochemical screening of the extract shows the presence of chemical constituents like Alkaloids. steroids, fixed oils, cardio tonic aglycones, saponins, carbohydrates, proteins, flavonoids. resins. Acute toxicity tests were performed in step with the OECD guide line No.423, LD50 worth was found to be 200mg/kg and 400mg/kg. Anti atherosclerotic activity was performed bv victimisation the high fat diet iatrogenic methodology. In the present study an increase in plasma HDL-cholesterol with a concomitant

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percentage decrease from other lipid was observed. It can be concluded from the present data that the levels of total serum cholesterol, triglyceride and MDA which are actually raised in atherogenic diet, can be lowered significantly with Polygonum glabrum. And total proteins and antioxidant parameters SOD, GSH which are actually lowered in atherogenic diet can be raised significantly with Polygonum glabrum. From this we are able to conclude that the extract (Polygonum glabrum.) Showed the anti-atherosclerotic activity.

# ACKNOWLEDGEMENT

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# **CONFLICT OF INTEREST**

We declare that we have no conflict of interest.

# BIBILIOGRAPHY

- 1. American Heart Association, 2001 Heart and stroke statistical update, *Dallas (TX): American Heart Association*, 2000.
- 2. Humphrey L L, Fu R, Rogers K, Freeman M, Helfand M. Homocysteine level and coronary heart disease incidence: a systematic review and meta-analysis, *Mayo Clin Proc*, 83(11), 2008, 1203-1212.
- 3. Fowkes F G, Murray G D, Butcher I, *et al.* Ankle brachial index combined with Framingham risks core to predict cardio vascular events and mortality: a metaanalysis, *JAMA*, 300(2), 2008, 197-208.
- 4. Fleming C, Whitlock E P, Beil T L, Lederle F A. Screening for abdominal aortic aneurysm: A best-evidence system atic review for the U.S. Preventive Services Task Force, *Ann Intern Med*, 142(3), 2005, 203-211.
- 5. Lederle F A. Management of small abdominal aortic aneurysms, *Ann Intern Med*, 113(10), 1990, 731-732.
- 6. Herbal Information Center, http://www.kcweb.com/herb/herbmain.html.
- 7. Herbal Garden, http://www.herbalgardens.com/.
- 8. Kent K C, Zwolak R M, Jaff M R *et al.* screening for abdominal aortic aneurysm: a consensus statement, *J Vasc Surg*, 39(1), 2004, 267-269.

- Mayfield J A, Reiber G E, Sanders L J, Janisse D, Pogach L M. Preventive foot care in diabetes, *Diabetes Care*, 27(1S), 2004, S63-S64.
- Hardman, Limbard, Gilman. Goodman and Gilman's pharmacological basis of therapeutics, *McGraw Hill medical publishers*, 10<sup>th</sup> Edition, 2018, 977-986.
- Rang, Dale, Ritter, Flower and Henderson. A Text Book of Rang and Dale's Pharmacology, *Elsevier churchillivingstone publishers*, 7<sup>th</sup> Edition, 2015, 285-293, 604.
- 12. Henriette's Herbal, http://metalab.unc.edu/hermed/.
- Ranjan Kumar Giri. Hypolipidemic Activity of Spinacia Oleracea L. in Atherogenic Diet Induced Hyperlipidemic Rats, *Journal of Biomedical and Pharmaceutical Research*, 1(1), 2012, 39-43.

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