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RESEARCH ARTICLE

COMPARATIVE STUDY ON THE INFLUENCE OF DIFFERENT DRUGS AND NUTRIENTS AGAINST ALUMINIUM- INDUCED NEPHROTOXICITY AND HEPATOTOXICITY IN RATS

^{1, *}Azza A. Ali, ¹Toqa M. Elnahhas, ²Abeer I. Abd El-Fattah, ¹Mona M. Kamal and ¹Karema Abu-Elfotuh

¹Department of Pharmacology and Toxicology, Faculty of Pharmacy, Al-Azhar University, Cairo, Egypt ²Department of Biochemistry, Faculty of Pharmacy, Al-Azhar University, Cairo, Egypt

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ABSTRACT

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Corresponding author:* Azza A. Ali, Department of Pharmacology and Toxicology, Faculty of Pharmacy, Al-Azhar University, Cairo, Egypt. **Background: Environmental pollution with the different aluminium (Al) containing compounds especially those in industrial waste water exposes people to higher than normal levels of Al that represents an environmental risk factor. Cosmetics, Al ware and containers are also sources of Al besides some foods and food additives. In addition to its known neurotoxicity, Al affects other body structures like skeletal system, blood cells, liver and kidney. Accumulation of Al in kidney and liver induces nephrotoxicity and hepatotoxicity. Coenzyme Q10 (CoQ10) is a pseudo-vitamin substance primarily present in the mitochondria. It is a powerful antioxidant and acts as radical scavenger. Wheat grass is a natural product that contains carbohydrates, proteins, vitamins, minerals, enzymes and has antioxidant, anti-inflammatory, anticancer and cardiovascular protection activities. Cocoa is an excellent source of iron, potent antioxidants and can protect against many diseases. Vinpocetine is an antioxidant and anti inflammatory while zinc is an essential trace element involved in cell division and its deficiency is observed in many types of liver disease. **Objective:** To evaluate and compare the potency of different drugs and nutrients (CoQ10, wheatgrass, cocoa, vinpocetine and zinc) against nephro- and hepato-toxicity induced by Al in rats.

Methods: Rats were divided to seven groups and received daily for three weeks either saline for control group or AlCl₃ (70 mg/kg, IP) for Al-toxicity model groups. Five groups of Al-toxicity model (treated groups) were orally received together with Al each of the following; CoQ10 (200mg/kg), wheat grass (100mg/kg), cocoa powder (24mg/kg), vinpocetine (20mg/kg) or zinc (32mg/kg). Biochemical changes in the serum levels of Alanine aminotransferase (ALT), aspartate aminotransferase (AST), alkaline phosphatase (ALP), lactate dehydrogenase (LDH) as well as total bilirubin, cholesterol, triglycerides, glucose, creatinine and urea were measured. Liver and kidney specimens from all groups were also collected for the assessment of hepatic and nephrotic level of inflammatory mediators (TNF- , IL-6 , nuclear factor kappa B (NF- B), Caspase-3, oxidative parameters (MDA, SOD, TAC, NO) and DNA fragmentation. Histopathological changes in liver and kidney were also evaluated.

Results: Three weeks of AlCl₃ (70 mg/kg, IP) exposure induced nephro- and hepato-toxicity in rats. Treatment by the all used drugs showed protection against hazards of AlCl₃. The protective effects were indicated by the significant decrease in ALT, AST, ALP, LDH as well as total bilirubin, cholesterol, triglycerides, glucose, creatinine and urea levels which were increased by Al. Liver and kidney of the treated groups showed decrease in MDA, NO, TNF- , IL-6 , NF- B, caspase-3 and DNA fragmentation which were increased by Al, together with significant increase in SOD and TAC which were decreased by Al. The protection against both nephro- and hepato-toxicity was more pronounced especially with CoQ10 and wheat grass than the other used drugs. Histopathological examinations confirmed the biochemical results of toxicity and of protection.

Conclusion: Protection from nephrotoxicity, hepatotoxicity and the consequent degenerations induced by Al can be achieved by using different drugs as CoQ10, wheatgrass, cocoa, vinpocetine and zinc, but CoQ10 as well as wheat grass possesses the most superior protection.

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INTRODUCTION

Aluminum (Al) is regarded as the third most abundant element and the most common metal in the earth's crust (Farina *et al.*, 2002). Exposure to Al is principally through drinking water, food (spices, corn and yellow cheese), pharmaceutical compounds (antacids, deodorants, vaccines and allergen injections), utensils and the environment (Yokel *et al.*, 2008, and Exley, 2011). Aluminum is considered an environmental and industrial pollutant that causes a broad spectrum of toxicity. The kidney is the main organ for Al excretion (Exley

et al., 1996). Early reports revealed that Al was not toxic with regard to kidney function (Tariq et al., 1999). Later reports demonstrated that plasma biochemical alterations, renal atrophy and morphological changes of the Bowman's capsule and several different renal tubules resulted from Al toxicity (Belaïd-Nouira et al., 2013). Impairment of renal function occurred as a consequence of these pathological changes in the kidney structure, as disturbance in the normal anti-oxidative system was induced through the formation of reactive oxygen species (ROS) (Campbell et al., 2004). Lipid peroxidation in liver as well as in kidney was induced by Al toxicity (El-Demerdash, 2004 and Kaneko et al., 2004). Chinoy & Patel (1999) and Moumen et al. (2001) reported that hepatotoxicity and changes in the oxidative status have also been reported after Al exposure. Additionally, Neill et al. (1996) and Wilhelm et al. (1996) reported hepatic Al accumulation immediately after either an intravenous or oral administration both in experimental animals and human beings. As Al binds to DNA, RNA, and inhibits hexokinase, alkaline phosphatases (ALPs) and phospho-oxidase activities (Ochmanski & Barabasz, 2000).

Coenzyme Q10 (CoQ10) is known to be an electron carrier in the electron transport chain. CoQ10 synthesized in the body cells from tyrosine amino acid in the presence of adequate levels of vitamins such as folic acid (VranesiÄ-Bender, 2010). It has been reported that CoQ10 have antioxidant and antiapoptotic activities by regeneration of other antioxidants, so it has been used as anti-aging and is effective in the treatment of cognitive disorders (Spindler et al., 2009 and Dumont et al., 2011). Vinpocetine is known to be an inhibitor of cyclic GMP phosphodiesterase, a powerful legend of peripheral benzodiazepine binding sites and also can act as a blocker of NaV1.8 sodium channel activity (Ahn et al. 1989, Zhou et al. 2003 and Gulyás et al. 2005). Besides, vinpocetine has an antiinflammatory action that can inhibit tumor necrosis factoralpha (TNF-), inducing nuclear factor-kappa B (NF- B) activation and the induction of pro-inflammatory mediators (Jeon et al. 2010). Zinc is an essential trace element which required in a number of biological actions and is nontoxic at physiological doses (Betholf, 1988). Several reports have indicated the valuable actions of zinc under the conditions of oxidative damage (Cagen &Klassen, 1979, Cabre et al., 1995, Goel et al., 2007 and Rishi et al., 2008). Zinc stabilizes the cell membrane structure through its antioxidant effects, which may be as a result of its ability to regulate the levels of metallothioneins (Kang, 1999). On the other hand, wheatgrass (Triticum aestivum L.) is known to be a broadly used health food, consumed commonly as fresh juice or as capsules, tablets and liquid concentrates. Formulations of wheatgrass possess different pharmacological effects such as antioxidant (Falcioni et al., 2002), tumor suppressor (Arya and Kumar, 2011), hypoglycemic (Mohan et al., 2013) and neuro-protective effects (Jang et al., 2010). Wheat grass is considered an potent source of antioxidant enzymes, antioxidant vitamins such as A, B, C, E and minerals like potassium, sulfur, zinc, calcium, cobalt, iron, phosphorus (Leoncini et al., 2012 and Stevenson et al., 2012). Cocoa is known as a one of the richest flavonoidcontaining foods available, it contains antioxidant polyphenols called flavonols that may exert hepato protective effects (Amin et al., 2004, Serafini, 2004 and Cordero-Herrera et al., 2015) and anti malarial effects (Addai, 2010 and Amponsah et al., 2012). It is fortunately that the antioxidant activities of cocoa unchanged after different manufacturing processes (Stahl et al., 2009 and Maleyki & Ismail, 2010).

Since, kidney and liver are of the target tissues of aluminum toxicity as they involved in its elimination or in the metabolism and detoxification (Exley *et al.*, 1996 and Ogueche *et al.*, 2014). So, the essence of the present study was to evaluate the biochemical and histopathological alteration in the kidney and the liver of rats exposed to Al. Additionally, to compare the potency of different drugs and nutrients as CoQ10, vinpocetine, zinc, wheatgrass and cocoa in the protection against nephrotoxicity and hepatotoxicity induced by Al.

MATERIALS AND METHODS

Animals

Seventy male Sprague Dawley rats were used. Rats weighing 260- 280 g were obtained from Nile Co. for Pharmaceuticals and Chemical Industries, Cairo, Egypt. They were housed in stainless-steel cages (four per cage) under the same adequate conditions, with alternatively 12 hour light and dark cycles, at a temperature of $25 \pm 1^{\circ}$ C. Rats were kept under the same adequate conditions and provided with their daily dietary requirements of standard diet pellets (El-Nasr, Abu Zaabal, Cairo, Egypt) contained not less than 20% protein, 5% fiber, 3.5% fat, 6.5% ash and a vitamin mixture, water was given ad-libitum. Rats were taken to test situation one hour before each experiment for adaptation and after removing food and water from the cages. The study was conducted in the period from March to July, 2016 in accordance with ethical guidelines of Al-Azhar University (Faculty of Pharmacy), Egypt.

Drugs and chemicals

From Sigma Chemical Co. (St. Louis, MO, USA); CoQ10 and Aluminum chloride - hydrated (AlCl₃.6H2O) were purchased. AlCl₃ was freshly dissolved in distilled water while CoQ10 was suspended in 1% aqueous solution of Tween 80; suspensions were freshly prepared every day. All other solvents and chemicals were of the highest gradecommercially available. Vinpocetine was suspended in 1% aqueous solution of Tween 80; suspensions were freshly prepared every day. Wheatgrass was freshly dissolved in distilled water as well as coca and zinc sulphate.

Experimental design

Methods

Rats were randomly assigned to seven groups and received daily for three weeks either saline for control group or injected (I.P) with 70 mg/kg AlCl₃.6H2O (Ali *et al.*, 2015) for aluminum toxicity model groups. Five groups of Al-toxicity model (treated groups) were orally received together with Al each of the following; 200mg/kg of CoQ10 (Andreassen *et al.*, 1999), 100mg/kg of wheat grass (Veera *et al.*, 2014), 24mg/kg of cocoa powder (Rozan *et al.*, 2007), 20mg/kg of vinpocetine (Ralf 7 Josef, 1991) or 32mg/kg of zinc sulphate (Agnieszka *et al.*, 2016).

A-Biochemical Investigations

Blood sampling

At the end of the three weeks, blood samples were collected via eye puncture from each rat before scarification into serum separator tubes, allowed to stand (30 min), centrifuged (3000 rpm for 15 min), serum collected and stored at -20°C until the assay of the studied biochemical parameters.

I- Blood biomarkers

i-Estimation of renal functions

Blood urea nitrogen (BUN) and serum creatinine were measured using quantitative colorimetric urea determination (QuantiChromTM urea assay kit) (Bioassay Systems, Hayward, CA, USA) and quantitative colorimetric creatinine determination (QuantiChromTM creatinine assay kit).All procedures were performed according to the manufacturers' instructions.

ii-Estimation of hepatic functions

Hepatic function biomarker serum levels namely; Serum alanine aminotransferase (ALT), serum aspartate aminotransferase (AST), and total bilirubin were estimated by colorimetric assay kits (Biomed-diagnostics, Cairo, Egypt), according to the methods described by Tietz (1976) and Malloy and Evelyn (1937). Also, alkaline phosphatase (ALP) was estimated using k-assay ELISA kit (Kamiya Biomedical, Seattle, WA, USA). Stanbio Laboratory Kits (Boerne, TX, USA) were utilized for the determination of the serum albumin levels. All procedures were performed according to the manufacturers' instructions.

Estimation of LDH: LDH was determined according to the method of Tietz (1976) (Biosystems S.A, Barcelona, Spain).

iii-Estimation of cholesterol and triglycerides

Colorimetric assay kits for the measurement of serum cholesterol (total and HDL- cholesterol) and triglycerides (Biomed-diagnostics, Cairo, Egypt), were used in this study.

iv-Estimation of glucose levels

Stanbio Laboratory Kits (Boerne, TX, USA) were utilized for the determination of the serum glucose levels.

II-Tissue biomarkers

At the end of the three weeks, rats were sacrificed by decapitation then livers and kidneys were dissected and washed with ice-cold saline. Liver and kidney tissues were kept frozen at -80°C till the time of analysis. They were homogenized in saline then the homogenates were used to assess the oxidative stress markers; as superoxide dismutase (SOD), total antioxidant capacity (TAC), lipid peroxides which were expressed as malondialdehyde (MDA) as well as Nitric oxide (NO) was also determined. Anti-inflammatory markers were assessed; by measuring the levels of tumor necrosis factor- (TNF-), interleukin -6 (IL-6) and natural factor (NF -B) .Assessment of apoptotic marker; by kappameasuring Caspase-3 activity. Finally, DNA fragmentation was done as well as histopathological examinations; by taking specimens from all kidney and liver areas from different groups.

i-Renal and hepatic oxidative stress estimation

In the kidney and liver homogenates, MDA and SOD as well as TAC were measured. Lipid peroxidation can be determined as MDA, by estimating the level of thiobarbituric acid reactive substances (TBARS), according to the method of Satoh, (1978) using (Biodiagnostic, Cairo, Egypt). SOD content was assessed, relying on the ability of the enzyme to inhibit the phenazine methosulphate mediated reduction of nitroblue tetrazolium dye (Nishikimi et al., 1972), where the increase in absorbance at 560 nm for 5 min was measured. On the other hand, determination of TAC is performed through the reaction with a defined amount of exogenously provide H_2O_2 . The residual H₂O₂ is colorimetrically determined by the enzymatic reaction that involves the conversion of 3, 5-dichloro-2hydroxybenzene sulphonate to a colored product (Koracevic et al., 2001). For NO estimation, vanadium trichloride was used to reduce nitrate to nitrite (Miranda et al., 2001). The method of nitrite estimation is based on Griess reaction that was performed using the kit provided by Biodiagnostic (Cairo, Egypt). All procedures were performed according to the manufacturers' instructions.

ii-Assessment of inflammatory markers.

The involvement of inflammation was assessed by measuring the levels of (TNF-, IL-6 and NF -B) in kidney and liver homogenate of all groups, utilizing the commercially available rat Quantikine®Rat TNF- ELISA Kits (R&D Systems, MN, USA), RayBio®Rat IL-6 (RayBiotech, Inc., USA) and rat NF -B ELISA kit Cusabio Biotech (Cusabio Life Science, Inc., China) respectively.

iii-Assessment of apoptotic markers

Caspase-3 activity was detected in the kidney and liver homogenates using ELISA kit (MyBioSource San Diego, California, USA). The manufacturer's instructions were followed precisely and the developed color was measured spectrophotometrically at 450 nm immediately.

iv-Assessment of DNA fragmentation.

DNA fragmentation% assay was conducted using the procedure supplied by Qiagen kit (Hilden, Germany) .To detect DNA fragmentation. The DNA in the gel was visualized and photographed under UV light(R). In DNA laddering assay, low molecular weight fragments of DNA are extracted selectively from the cells whereas the higher molecular weight DNA stays associated with the nuclei. The isolated DNA is separated by electrophoresis and visualized using ethidium bromide. DNA was electrophoresed using 2% agarose gel and visualized by ultraviolet light following ethidium bromide staining.

B-Histopathological examination of the kidney and liver.

In 10% formalin for 24 h, kidney and liver specimens were fixed then they were washed with tap water, they were prepared and stained for light microscopy (Bancroft and Stevens, 1996). For dehydration; serial dilutions of alcohol were used (methyl, ethyl and absolute ethyl). In hot air oven at 56°C for 24 h, specimens were cleared in xylene embedded in paraffin. By using microtome at 4 microns thickness, paraffin bees wax tissue blocks were sectioned. Then, sections were collected on glass slides and deparaffinized. They were stained for routine histological examination using Hematoxylin and Eosin stain for routine histopathological examination.

Statistical Analysis

Data are presented as mean \pm SEM. Multiple comparisons were performed using one-way ANOVA followed by Tukey Kramer as a post hoc test. Unpaired t-test was used to compare two different treatments. The 0.05 level of probability was used as the criterion for significance. All statistical analyses were performed using Instat (version 3) software package. Graphs were sketched using GraphPad Prism (ISI[®], USA) software (version 5).

RESULTS

Serum Enzymes Activities

AlCl₃ induced about two-fold marked increase of liver enzymes ALT and AST activities in the blood, compared with control Fig.1 & Fig.2 respectively. Administration of zinc, Q10, vinpocetine, cocoa, and wheat grass, was found effective to reduce that increase significantly by (58%, 38%, 61%, 41% and 44% respectively) of ALT enzyme activity, and by (52%, 350%, 54%, 44% and 56% respectively) of AST enzyme activity as compared to AlCl₃ group. With regard to ALP enzyme activity, 76% significant increase was observed with AlCl₃ treatment, while (24%, 13%, 33%, 16% and 14%) marked decrease noticed in zinc, Q10, vinpocetine, cocoa, and wheat grass treated groups respectively Fig.3.



Values were expressed as mean \pm SEM. a: Significant difference from the control group at p <0.05, b: Significant difference from Al- treated group at p <0.05.



Serum Total Bilirubin

As shown in Fig. 4 AlCl₃ increased total bilirubin level significantly by 36%, but zinc, Q10, vinpocetine, cocoa, and wheat grass supplementation ameliorated it registering significant decrease of (54%, 46%, 85%, 53% and 54% respectively). Results revealed (30% and 34%) significant increase in cholesterol, and triglyceride levels respectively in the AlCl₃ treated group Fig.5 & 6. A significant decrease (34%) in HDL level was presented in Fig.7 as compared with control group. Co-administration with the protective drugs zinc, Q10, cocoa, or wheat grass ameliorated the previous hyperlipedemic changes significantly with AlCl₃ treated group (7%, 15%, 19% and 18% respectively) except vinpocetine, which had no significant change in cholesterol level. Similarly, the significant reduction in triglyceride level (20%, 18%, 41%,

29% and 16%) was presented after treatment with zinc, Q10, vinpocetine, cocoa and wheat grass respectively. On the other hand, (13%, 28%, 17%, 31% and 25%) significant increase in the HDL level with zinc, Q10, vinpocetine, cocoa and wheat grass treatment respectively as compared with Al intoxicated group.



Values were expressed as mean \pm SEM. a: Significant difference from the control group at p <0.05, b: Significant difference from Al- treated group at p <0.05.





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Values were expressed as mean \pm SEM. a: Significant difference from the control group at p <0.05, b: Significant difference from Al- treated group at p <0.05.

Fig. 4. Effect of both Al alone and in combination with Zn, CoQ10, Vinpocetine, Cocoa or Wheat grass on serum Total bilirubin level in rats

Serum Lipid Profile



Values were expressed as mean \pm SEM. a: Significant difference from the control group at p <0.05, b: Significant difference from Al- treated group at p <0.05.





Values were expressed as mean \pm SEM. a: Significant difference from the control group at p <0.05, b: Significant difference from Al- treated group at p <0.05.

Fig. 6. Effect of both Al alone, and in combination with Zn, CoQ10, Vinpocetine, Cocoa, or Wheat grass on serum Triglycerides level in rats



Values were expressed as mean \pm SEM. a: Significant difference from the control group at p <0.05, b: Significant difference from Al- treated group at p <0.05.

Fig. 7. Effect of both Al alone and in combination with Zn, CoQ10, Vinpocetine, Cocoa, or Wheat grass on serum HDL-C level in rats



Values were expressed as mean \pm SEM. a: Significant difference from the control group at p <0.05, b: Significant difference from Al- treated group at p <0.05.

Fig. 8. Effect of both Al alone and in combination with Zn, CoQ10, Vinpocetine, Cocoa, or Wheat grass on blood Glucose level in rats

Glucose Level in Blood

Fig.8 revealed (36%) significant increase of $AlCl_3$ treated group compared with control. Zinc co-administration, increased glucose level significantly (14%). While cocoa, decreased it significantly (8%). Neither significant difference was found with vinpocetine or with wheat grass as compared to $AlCl_3$ -intoxicated group.

Albumin level

Albumin level decreased significantly in AlCl₃ intoxicated group by 39%. Treatment with zinc, Q10, vinpocetine, cocoa, and wheat grass succeeded to increase it by (21%, 30%, 27%, 30% and 30% respectively) Fig.9.

Renal Toxicity Blood Markers

AlCl₃ (70 mg/kg, IP) for three weeks in rats, induced significant increase in the blood markers of renal toxicity BUN, and creatinine concentrations (half- fold, and 3 -folds respectively) compared with control. The BUN concentration in Fig.10 was significantly decreased in rats treated with zinc, Q10, vinpocetine, cocoa and wheat grass (17%, 36.5%, 30.6%, 28% and 36% respectively) as compared to AlCl₃-intoxicated group. Likewise, the serum creatinine level in Fig.11 was significantly decreased in rats treated with zinc, Q10, vinpocetine, cocoa and wheat grass (30%, 25%, 22%, 38% and 24% respectively) as compared to AlCl₃ toxicated group.



Values were expressed as mean \pm SEM. a: Significant difference from the control group at p<0.05, b: Significant difference from Al- treated group at p<0.05.

Fig. 9. Effect of both Al alone and in combination with Zn, CoQ10, Vinpocetine, Cocoa or Wheat grass on serum Albumin level in rats

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Values were expressed as mean \pm SEM. a: Significant difference from the control group at p <0.05, b: Significant difference from Al- treated group at p <0.05.





Values were expressed as mean \pm SEM. a: Significant difference from the control group at p <0.05, b: Significant difference from Al- treated group at p <0.05.



Inflammatory mediators (Tissue specimens, kidney & Liver)

TNF- level as shown in Fig.12A, 12B presented about one and half-fold significant increase in both kidney and liver tissues after treatment with AlCl₃ compared to control., The decrease was significantly in kidney tissue by (12%, 20%, 53%, 17%, and 9%) of Zinc, Q10, vinpocetine, cocoa, and wheat grass treatments respectively. No significant difference with Q10 in liver tissue, while zinc, vinpocetine, cocoa, and wheat grass treatments decreased the cytokine level by (20%, 28%, 25%, and 16% respectively) of liver tissue, compared to AlCl₃ treated group. IL-6 level increased relatively one and half- fold in kidney tissue, after treatment withAlCl₃ compared to control as shown in Fig.13A, 13B.



Values were expressed as mean \pm SEM. a: Significant difference from the control group at p<0.05 b: Significant difference from Al- treated group at p<0.05.

Fig. 12. Effect of both Al alone and in combination with Zn, CoQ10, Vinpocetine, Cocoa or Wheat grass on renal and hepatic TNF- level (pg/mg protein) in rats

The inflammatory mediator level decreased significantly in both kidney tissues by (41%, 36%, 47%, 55% and 44%), and liver tissues by (36%, 26%, 41%, 32% and 28%) with the coadministration of zinc, Q10, vinpocetine, cocoa and wheat grass respectively as compared to AlCl₃ treated group. NF-_kB level increased one and half-fold in kidney tissues, while increased to great extent in liver tissues five-fold, versus after AlCl₃ treatment compared to control Fig.14A,14B the elevated nuclear factor level reduced markedly by the drugs zinc, Q10, vinpocetine, cocoa, and wheat grass administration(15%, 15%, 19%, 23%, and 15%) in kidney tissues, and (43%, 62%, 40%, 60% and 29%) in liver tissues respectively as compared to AlCl₃ treated group. Caspase-3 apoptotic mediator level was enhanced triple-fold significantly in kidney, but quietly significant increase one and half-fold in liver homogenate, under the effect of AlCl₃ treatment compared to control Fig.15A, 15B all the drug treatments zinc, Q10, vinpocetine, cocoa, and wheat grass had beneficial effect on the elevated mediator by (57%, 29%, 48%, 45% and 37%) decrease in kidney tissues. However, only zinc, Q10 and vinpocetine, succeeded to reduce the elevated level significantly by (20%, 12% and 24% respectively) in liver tissues as compared to AlCl₃ treated group.



Values were expressed as mean \pm SEM. a: Significant difference from the control group at p < 0.05, b: Significant difference from Altreated group at p < 0.05.





Values were expressed as mean \pm SEM. a: Significant difference from the control group at p < 0.05, b: Significant difference from Altreated group at p < 0.05.





Values were expressed as mean \pm SEM. a: Significant difference from the control group at p < 0.05, b: Significant difference from Altreated group at p < 0.05.

Fig. 15. Effect of both Al alone and in combination with Zn, CoQ10, Vinpocetine, Cocoa or Wheat grass on renal and hepatic Caspase-3 level in rats



Values were expressed as mean \pm SEM. a: Significant difference from the control group at p < 0.05, b: Significant difference from Al- treated group at p < 0.05.

Fig. 16. Effect of both Al alone and in combination with Zn, CoQ10, Vinpocetine, Cocoa or Wheat grass on renal and hepatic MDA level in rats.



Values were expressed as mean \pm SEM. a: Significant difference from the control group at p < 0.05, b: Significant difference from Al- treated group at p < 0.05.

Fig. 17. Effect of both Al alone and in combination with Zn, CoQ10, Vinpocetine, Cocoa or Wheat grass on renal and hepatic SOD activity in rats.



Values were expressed as mean \pm SEM. a: Significant difference from the control group at p < 0.05, b: Significant difference from Al- treated group at p < 0.05.

Fig. 18. Effect of both Al alone and in combination with Zn, CoQ10, Vinpocetine, Cocoa or Wheat grass on renal and hepatic TAC level in rats



Values were expressed as mean \pm SEM. a: Significant difference from the control group at p < 0.05, b: Significant difference from Al- treated group at p < 0.05.



Antioxidant parameters kidney & liver (Tissue specimens)

MDA level in AlCl₃ treated group was increased significantly by about two-folds in kidney tissue homogenate and threefolds in liver tissue homogenate Fig.16A, 16B as compared with control. Treatment with zinc, Q10, vinpocetine, cocoa and wheat grass decreased it significantly by (16%, 7%, 24%, 17% and 11% respectively) of kidney tissue and by (32%, 39%, 37%, 14% and 37% respectively) of liver tissue compared to AlCl₃ treated group. SOD activity markedly reduced 65% in kidney tissue and 55% in liver tissue Fig. 17A, 17B by the influence of AlCl₃ intoxication, compared with control. Reversed results obtained after treatment with zinc, Q10, vinpocetine, cocoa, and wheat grass by significant elevation to (39%, 141%, 105%, 129%, and 68% respectively) of kidney tissue, and to (46%, 54%, 54%, 69% and 38% respectively) of liver tissue compared to AlCl₃ treated group. TAC was decreased significantly in both kidney and liver tissue homogenate 37%, and 44% respectively upon exposure toAlCl₃ compared to control Fig. 18A, 18B Zinc, Q10, vinpocetine, cocoa and wheat grass treatment came back to within normal range toto (36%, 59%, 29%, 18% and 53% respectively) of kidney tissue and (38%, 39%, 47%, 41%) and 27% respectively) of liver tissue compared to AlCl₃ treated group. NO produced greatly about six-folds in kidney tissue and four-fold increase in liver tissue as a result of AlCl₃ treatment as compared to control Fig. 19A, 19B.

DNA Fragmentation

1- Kidney fragment Fig.20 A



An agarose gel electrophoresis show DNA fragmentation Lane M: DNA marker with 100bp Group C: Control there are no streaks

Lane D: shows DNA streaks (Groups of AL)

(Induced toxicity which found in the model (M) laddering shape)

Group P: there are no streaks groups of treatment

2- Liver fragment Fig.20 B



An agarose gel electrophoresis show DNA fragmentation Lane M: DNA marker with 100bp

Group C: Control there are no streaks

Lane D: shows DNA streaks (Groups of AL)

(Induced toxicity which found in the model (M) laddering shape)

Group P: there are no streaks groups of treatment

On the other hand, Zinc, Q10, vinpocetine, cocoa, and wheat grass treatments were able to reduce the elevated level by (68%, 41%, 66%, 63% and 51% respectively) of kidney tissue, and by (52%, 75%, 42%, 73% and 60% respectively) of liver tissue compared to AlCl₃ treated group.

Histopathological changes of kidney & liver

Normal histological structure appeared of the structure of the glomeruli and tubules at the cortexand also normal histological of central vein and surrounding hepatocytes in the parenchyma control rats group Fig.21.



Fig. 21. Histopathological changes in rats tissues of control group



b: Kidney tissue



B: liver tissue

Fig. 22. Effect of Al on histopathological changes of rats tissues

Fig.22b showed oedema with fibrosis. Detected in the thick renal capsule (b1), degeneration in the lining tubular epithelium (b2), Hyperplasia & dysplasia were noticed in the lining epithelium of some focal tubules (b3) in the Al treated groups. While Fig.22B Showed thickening in the hepatic capsule.By inflammatory cells infiltration and fibroblastic cells proliferation (B1) between the hepatocytes in the hepatic parenchyma (B2, B3). Inflammatory cells infiltration (B4) in the portal area, diffusekupffer cells, proliferation between the hepatocytes (B5). Fig.23c showed renal tubules showed degeneration. Chang and coagulative necrosis (c1,c2), focal area of the tubules showed hyperplasia and dysplasia in the lining epithelium (c3), focal haemorrhage and inflammatory cells infiltration in cortico-medullary junction (c4,5) of Al treated group plus zinc administration. While Fig.23C Showed Capsule was thick by fibrous Connective tissue proliferation (C1), fibrosis with inflammatory cells infiltration between the hepatocytes in the parenchyma (C2) & Fatty changes in hepatocytes.



c: Kidney tissue



C: liver tissue

Fig. 23. Effect of Al and Zinc on histopathological changes of rats tissues



Fig. 24. Effect of Al and COQ10 on histopathological changes of rats tissues

No histopathological alteration in kidney tissues in Al group treated with COQ10 as shown in Fig.24d. While Fig.24D Showed thickening in the hepatic capsule by oedema and inflammatory cells infiltration. Thickening in the renal capsule by oedema and inflammatory cells infiltration are shown in Fig.25e of Al treated group administered with vinpocetine. Fig.25E Showed thickening of hepatic capsule, by oedema and inflammatory cells infiltration, hepatocytes showed apoptosis (E1), inflammatory cells infiltration and fibrosis were detected in the portal area (E2). In Fig.26f kidney tissues showed, thickening in the capsule by inflammatory cells infiltration and fibroblastic cells proliferation. Fig.26F Showed inflammatory cells infiltration and fibroblastic cells proliferation in the thick capsule (F1), collagen fibers extended between hepatocytes in the parenchyma (F2), Apoptosis in some individual hepatocytes surrounding the central vein (F3, F4), congestion in the portal areas, periductal inflammatory cells infiltration and oedema (F5).



e: Kidney tissue



E: liver tissue

Fig. 25. Effect of Al and vinpocetine on histopathological changes of rats tissues







Fig. 26. Effect of Al and cocoa on histopathological changes of

rats tissues Kidney tissues in Fig.27 g Showed tubules degeneration and coagulative necrosis (g1,g2). While Fig.27 G Showed thickening in the hepatic capsule by oedema and inflammatory cells infiltration (G1) extended in the parenchyma between the

hepatocytes (G2). Congestion in the portal vein (G3) was

DISCUSSION

present.

Aluminum accumulation is common in all tissues of mammals, such as the kidneys, liver, blood, bones, heart, and brain (Al-Kahtani, 2010) and it was reported that the toxic actions of Al were prominent in the kidney as well as the liver (Abubakar et al., 2004 and Jianyu et al., 2016). In the present study, injection of rates by AlCl3 (70 mg/kg, IP) daily for consecutive three weeks induced a significant increase in blood urea nitrogen (BUN) and serum creatinine concentrations in the AlCl3-intoxicated group when compared to control. These

findings were in accordance with El-Demerdash, (2004) reported that Al exposure induces changes in kidney function. Recently, Jianyu et al. (2016) also reported that BUN alterations indicate that suppression of glomerular filtration function occurred as a result of AlCl3 exposure. On the other hand, the current study revealed a significant increase in the serum levels of ALT, AST, ALP, LDH, total bilirubin and significant decrease in serum albumin in the AlCl3-intoxicated group when compared to control. As a matter of fact, the increase in transaminases levels are encountered in conditions inducing hepatocellular damage, cell membrane functional integrity loss and necrosis (Ninh et al., 2003). Cell necrosis induces an increase in LDH enzyme concentrations in serum and tissue.

The LDH released into the medium considered an index of cell death and membrane permeability to LDH as a result of cell membrane disintegration and enzyme leakage (Shen et al., 1995 and Lindell et al., 1996). Gonzalez et al. (2007) and Tripathi et al. (2008) demonstrated also that interactions between oxidative stress and hepatic damage may enhance the progression of chronic hepato-degenerative diseases. Additionally, the present work revealed a significant elevation in serum lipid profile (manifested by a significant increase in serum TG and TC with a significant decrease in HDL-C) in AlCl₃-intoxicated group compared to the control group. This came in accordance with other studies reported that Altriggered dyslipidemia may lead to a variety of hepatic abnormalities. Li et al. (2006) and Mailloux et al. (2007) reported an accumulation of lipids in the liver in chronic kidney disease resulting from Al overload. There is a balance between the oxidants (reactive oxygen species [ROS]) and antioxidants in healthy individuals. If this balance is altered as a result of over production of ROS, oxidative stress may occur, which affects oxidative damage to organs (Joshi et al., 2013). In parallel to these results, the oxidative markers of the current study in renal and hepatic tissues, showed a significant elevation in renal and hepatic MDA and NO while a significant decline in antioxidant activity of renal and hepatic SOD and TAC were also reported. These results are in accordance with Ferretti et al. (2003), Candan & Tuzmen (2008) and Mailloux et al. (2011), demonstrated that altered redox status and raised lipid peroxidation are considered hallmarks of an oxidative environment, and these dysfunctions are all linked to the Al toxicity. Therefore, the suggested mechanism by which Al can inflict its toxic effects is; creating free radicals in the body. It causes a toxic action due to its ability to transfer electrons which can affect cell integrity, producing lipid peroxidation in the intracellular membranes, affecting also its permeability of subcellular organelles, the structure and functions of proteins and nucleic acids (Taus et al., 2013). Additionally, Abubakar et al. (2003) ascertained that even minute quantities of aluminum in hepatocytes associated with ROS increase and peroxidation. Newairy et al. (2009) supported this suggestion also as an increase in the level of thiobarbituric acid reactive substance (TBARS) and a decline in the activities of GST, SOD and CAT in liver, kidney and brain of rats treated with (34 mg/kg body weight AlCl3 daily for 70 days) were reported. Garrel et al. (1994) and Bondy et al. (1998) have reported that aluminum-enhanced peroxidation may be related to aluminum-induced nitric oxide synthase (NOS) activity and raised NO products in rat brain tissue and microglial cells. NO is generated from L-arginine by the aid of NOS enzyme which formed in a variety of tissues and included in various physiological and pathological processes (Moncada et al.,

1991). Ward *et al.* (2001) suggest another mechanism for Al toxicity, as Al exposure could enhance disruptions in the mineral balance, leading to Al ions replacing iron and magnesium, which would then result in a decline in Fe^{+2} binding to ferritin. Hence, Al-induced free iron ions releasing from biological complexes can catalyze hydroperoxides decomposition to hydroxyl radicals through Fenton's reaction. The initiation of lipid peroxidation, causing membrane damage occurred as a result of this high hydroxyl radical reactivity.

Regarding the relationship between AlCl3 and immune function in rats, the current results exhibited significant elevations in the levels of pro-inflammatory cytokines; including TNF- and IL-6 and NF -B in kidney and liver tissues of AlCl3- intoxicated group, which fits with the results of Mannaa *et al.* (2013) who mentioned that chronic inflammatory process might contribute to AlCl3 toxicity. Kuo *et al.* (2011) illustrated the role of Nuclear factor kappa beta (NF- B) in the inflammation as it controls the expression of different genes encoding pro-inflammatory cytokines, and inducible enzymes such as cyclooxygenase-2 (COX-2) and inducible nitric oxide synthase (iNOS) leading to NO and TNF- production.

The elevated inflammatory state in our emerging data confirmed with histopathological examination of the kidney and liver sections of the AlCl3 - intoxicated group. Firstly, the kidney homogenate showed oedema with fibrosis and thickening of renal capsule, degeneration in the lining tubular epithelium, hyperplasia and dysplasia were noticed in the lining epithelium of some focal tubules. These findings were in agreement with previous results of in vivo and in vitro studies demonstrating that AlCl3 increases the thickness of Bowman's capsule basement membrane, resulted in atrophy of glomerulus capillaries and proximal and distal tubules damage (Stacchiotti et al., 2006 and Sargazi et al., 2006). Secondly, the histopathological examination of liver tissues in the present study confirmed the previous results, as it revealed a thickening in the hepatic capsule by inflammatory cells infiltration and fibroblastic cells proliferation between the hepatocytes in the hepatic parenchyma. Besides, inflammatory cells infiltrations in the portal area, kupffer cells diffusion, proliferation between the hepatocytes were also reported. These findings were in accordance with Bogdanovic et al. (2008) reported a congestion of central vein, sinusoidal dilatation and lipid accumulation in liver. To explore the mechanism by which AlCl3-induce apoptosis, caspase-3 protein level was measured in kidney and liver homogenates. The current work showed a significant elevation in the level of renal and hepatic caspase 3 in AlCl3- intoxicated group. These results potentiated by observing DNA fragmentation in liver and kidneyin AlCl3- intoxicated group (Lane D: shows DNA streaks, Fig. 20A & 20B). The hallmark of apoptosis is DNA fragmentation (Nagata, 2000). Zou et al. (1997) suggested the molecular mechanisms underlying apoptosis including cytochrome release, caspases activation, condensation of chromatin, DNA fragmentation as well as dead cells phagocytosis, and debris by scavenger cells. Therefore, AlCl₃ induced apoptosis through the activation of caspase-3, by the following consequences; reactive oxygen species (ROS) increase the mitochondrial membrane permeability leading to mitochondrial failure (Huang et al. 2008). The mitochondrial membrane permeability is dependent upon the mitochondria permeability transition pore that results in cytochrome c release from the mitochondria and into the cytosol (Yang et al.

2014). Once released, cytochrome cbinds A paf-1 in the cytoplasm forming a complex that can activate caspase-9 with subsequent activation of death-inducingcaspase-3. (Ghribi *et al.* 2002). Due to the previous nephrotoxic effects of injection of $AlCl_3$ (70 mg/kg, IP) for successive three weeks, the present study was designed to evaluate and compare the potency of different drugs and nutrients(CoQ10, vinpocetine, zinc, wheatgrass and cocoa) against nephrotoxicity induced by Al in rats.

The nephro-protective potency of the studied drugs and nutrients against Al toxicity revealed a significant improvement in the kidney function activity in Al-treated groups with different drugs and nutrients as CoQ10 (200mg/kg), wheat grass (100mg/kg), cocoa powder (24mg/kg), vinpocetine (20mg/kg) or zinc (32mg/kg) when compared with Al-toxicity model. There was a significant decline in the serum levels of BUN and creatinine. Additionally, CoQ10 treated group showed the more significant decline in the serum level of BUN when compared to the other treated groups. These findings came in agreement with several studies have demonstrated that some of the renal protective effect of CoQ10 in rats with renal dysfunction probably related to its antioxidant effect (Manning et al., 2005 and Liu et al., 2006). CoQ10 is known to be a member of the mitochondrial electron transport chain, which can accept either one or two electrons. It acts as a powerful natural antioxidant, oxygen-derived free radical scavenger and as membrane stabilizer (Ostrowski, 1999).

Regarding the oxidative stress markers in kidney homogenate, the current study demonstrated a significant decline in renal MDA and NO, while a significant increase in renal SOD and TAC was also reported in Al-treated groups with different drugs and nutrients when compared with Al-toxicity model. Interestingly, there was a predominant significant increase in level of renal SOD in CoQ10 treated group when compared to other treated ones. Additionally, there was a predominant significant increase in level of renal TAC in CoQ10 followed by wheat grass treated group when compared to other treated ones. These results are in parallel with McCarthy et al. (2004) reported that in animal models, CoQ10 have protective activities against toxin-induced oxidative stress. The recent study of Sayed et al. (2015) also proposed that CoQ10 might be valuable as a potent cellular defense against oxidative damage after aluminum toxicity. He believed that in the presence of Al induced cell toxicity, CoQ10 can increase cytochrome c oxidasea activity; consequently, should help to restore mitochondrial activity and ATP production. To interpret the present nephro-protective results of wheat grass treated group, Khan et al. (2013) suggested that the antioxidant enzymes present in wheat grass helps rid of free radicals via the regulation of cellular homeostasis and augmentation of self-defense to oxidative stress. For the evaluation of the antiinflammatory and anti-apoptotic properties of the studied drugs and nutrients, the present work revealed a significant decrease in renal TNF, IL-6, NF-B and caspase 3 in Al-treated groups with different drugs and nutrients when compared with Al-toxicity model. These findings were confirmed by DNA fragmentation in the kidney as, Lane D: shows DNA streaks (Groups of AL-induced toxicity which found in the model (M) laddering shape) Group P: there are no streaks groups of treatment (Fig. 20A).

Additionally, the current results revealed a more significant decrease in renal TNF level in vinpocetine followed by CoQ10treated groups when compared with other treated groups. These results came in accordance with Jeon et al. (2010) who reported that Vinpocetine exerts an antiinflammatory action inhibiting (TNF-)-induced nuclear factor-kappa B (NF- B) activation, and the induction of proinflammatory mediators. In accordance with these findings also, Schmelzer et al. (2007) suggests that CoQ10 has a number of independent anti-inflammatory activities. The novelty of the present results of nephroprotective evaluation that the histopathological examination of kidney revealed that the most nephroprotective drug was CoQ10 as, no histopathological alteration was observed which suggest that CoQ10of prominent protection against the nephrotoxic effects of Al toxicity. In contrast with other drugs which showed thickening in the renal capsule by oedema and inflammatory cells infiltration. These results came in accordance with several studies which suggest the anti-inflammatory mechanism of CoQ10 by reduction of pro-inflammatory cytokines secretion in monocytes and lymphocytes after an inflammatory stimulus through an influence on the expression of NF -B -dependent genes(Sohet et al., 2009, Bentinger et al., 2010 and Mohseni et al., 2014). Furthermore, in a series of reports in patients with coronary artery disease, CoQ10 used as a treatment(60-300 mg CoQ10/10day for 12 weeks), to reduce oxidative stress and improve the antioxidant enzyme activity as well as lowering inflammation as assessed by plasma levels of inflammatory markers such as tumor necrosis factor (TNF)- and interleukin (IL)-6 (Lee et al., 2012a, 2012b and 2013). Similarly, dietary CoQ10 (diet supplemented with 0.07%-0.7% (w/w) CoQ10 for26 weeks) was accompanied with a decline in plasma oxidative stress and inflammatory markers in a rat model of the metabolic syndrome (Kunitomo et al., 2008). There are also, a lot of animal studies which suggest that antioxidant activities of CoQ10have beneficial effects on kidney disease (Manning et al., 2005, Nagase et al., 2006 and Liu et al., 2009).

Secondly, the hepatoprotective potency of the studied drugs and nutrients against Al toxicity revealed a significant improvement in the liver function activity in Al-treated groups with different drugs and nutrients [CoQ10 (200mg/kg), wheat grass (100mg/kg), cocoa powder (24mg/kg), vinpocetine (20mg/kg) or zinc (32mg/kg)] when compared with Al-toxicity model. As there was a significant decline in the serum levels of ALT, AST, ALP, LDH as well as total bilirubin and significant increase in hepatic synthetic function in treated groups (measured by serum albumin). These results were in parallel with other studies of Bhasin et al. (2014) and Lamuela-Ravent' et al. (2005) suggested that zinc and cocoa have antioxidant activity, so be useful in preventing the toxic effects of Al on the liver. These results are in continuation of earlier studies observed a remarkable improvement in the levels of transaminases following zinc administration (Dhawan et al., 1992; Dhawan and Goel, 1994). The protective effect is related to the role of zinc in the protein metabolism regulation, which in turn regulates the levels of trans aminases. The current study demonstrated a significant decline in hepatic MDA and NO, while a significant increase in antioxidant hepatic SOD and TAC was also reported in Al-treated groups with different drugs and nutrients when compared with Al-toxicity model. In accordance with these results Adaramoye et al. (2008) reported that Al increases oxidative stress via increasing the level of superoxides (O2-) and peroxides (H2O2). Since these oxides were not measured in this work, but it is believed that ROS can

bind and react with hepatic cellular components inducing hepatic injury, and sodeteriorating liver function (Adekunle *et al.*, 2009). Taking these mechanisms into consideration. Adekunle *et al.* (2009) also stated that drugs that have antioxidant effect or have the ability to decrease oxidative stress can be of valuable role in inhibiting the bad effects of Al on the liver. Similar observations have also been reported by Esparza *et al.* (2005) in experimental animals treated with zinc after Al exposure. This could be related to the antioxidant character of zinc, which was able to normalize the activity of SOD.

The present results also showed the more prominent hepatoprotective effect of CoQ10 (200mg/kg), to Al toxicity model rather than other treated groups, as a significant decrease in hepatic MDA and NO levels was reported when compared to other treated groups. These results came in accordance with Ostrowski, (1999) stated that CoQ10 acts as a potent natural antioxidant, oxygen-derived free radical scavenger and as membrane stabilizer (Ostrowski, 1999). In addition, CoQ10 exerts inhibiting character on mitochondrial ROS generation and inner mitochondrial depolarization (Kwong et al., 2002). Moreover, CoQ10 supplementation protects plasma membrane against oxidative stress (Gómez-Díaz et al., 2003). The above mentioned effects of CoQ10 permit this coenzyme to exhibit an improvement in each of the oxidative stress markers as investigated in the present study. The present work revealed a significant decrease in hepatic TNF, IL-6, NF-B and caspase 3 in Al-treated groups with different drugs and nutrients when compared with Al-toxicity model. These findings were confirmed by DNA fragmentation in the liver as, Lane D: shows DNA streaks (Groups of Al) (induced toxicity which found in the model (M) laddering shape) while group P: there is no streaks in the groups of treatment (Fig.20B).

Additionally, Co enzyme Q10 (200mg/kg), treated group showed the more significant decline in the level of hepatic NF -B when compared to the other treated groups. Besides, the histopathological examination of Co enzyme Q10 treated group showed also slight thickening in the hepatic capsule by oedema and inflammatory cells infiltration when compared to Al toxicity model which can indicate possible hepatoprotective role of Co enzyme Q10 supplementation against Al toxicity in rats. These results were in agreement with several studies demonstrated that supplementation of the diet with CoQ10 has been found to affect plasma antioxidant and inflammatory markers in healthy individuals(Gökbel et al., 2010) and animal studies have demonstrated effects on liver oxidative stress and lipid metabolism (Cano et al., 2009, Sohet et al., 2009, Safwat et al., 2009). In conclusion, this study showed a protective effect of using different drugs and nutrients as CoQ10, wheatgrass, cocoa, vinpocetine and zinc against AlCl3 induced renal and hepatic damage. Interestingly, CoQ10 as well as wheat grass possess the most superior protection. It is our belief that CoQ10 should be able to not only alleviate oxidative stress at the level of the mitochondria and consequently increase cell survival, but is also likely to help to resolve liver and kidney dysfunction present in patients with aluminum toxicity. Reduction of oxidative stress and inflammation may be considered as the main pathways of action. However, further experiments at the molecular levels are required to illustrate clearly the mechanism by which these drugs and nutrients reverse AlCl₃ induced nephrotoxicity and hepatotoxicity.

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