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# **Research Article**

# Phytochemical screening and gastroprotective effect of aqueous leaf extract of *Saccharum spontaneum* in Aspirin-induced mucosal ulceration in rats

Usman B.,<sup>1,2\*</sup>, Wulgo, A. M.<sup>3</sup>, Timta, M. H.<sup>2</sup>, Waziri, A.<sup>4</sup>, Maina, U. A.<sup>5</sup>, Abdulsalam, H.<sup>4</sup>, Jibril, I.<sup>6</sup>, Idowu, A.<sup>1</sup>

<sup>1</sup>Department of Biochemistry, Ahmadu Bello University, Zaria, Nigeria.
 <sup>2</sup>Department of Veterinary Physiology and Biochemistry, University of Maiduguri, Nigeria.
 <sup>3</sup>Department of Veterinary Anatomy, University of Maiduguri, Nigeria.
 <sup>4</sup>Department of Veterinary Pathology, University of Maiduguri, Nigeria.
 <sup>5</sup>Department of Veterinary Pharmacology and Toxicology, University of Maiduguri, Nigeria.

<sup>6</sup>Department of Science Laboratory Technology, Federal Polytechnic Bauchi, Nigeria \***Corresponding author's Email**: abbalaushi@unimaid.edu.ng, doi.org/10.55639/607.02010022

# ARTICLE INFO: ABSTRACT

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Saccharum spontaneum is a medicinal herb used to treat gastritis, diuresis, and anaemia, but its preventive action against stomach mucosal injury remains unknown. The study investigates the phytochemical screening and gastroprotective effect of aqueous leaf extract of Saccharum spontaneum in aspirin-induced mucosal ulceration in rats. Thirty-five adult rats were randomly divided into five groups (n=7 per group). Group A (control group); Group B was given 200 mg/kg of aspirin; Group C was administered 10 mg/kg of omeprazole; Group D and E received 200 and 400 mg/kg of AESS, respectively. Prophylactic treatment was carried out orally for 14 consecutive days before aspirin administration. The rats were anaesthetized with chloroform and sacrificed by cervical dislocation at the end of the study. Stomachs were harvested for ulcer index and histopathological assessment. The extract showed significant phytoconstituents, including alkaloids (5.01%), flavonoids (10.13%), phenols (13.89%), saponins (5.78%), and tannins (12.07%). Aspirin significantly (P≤0.05) increased the mean ulcer index (5.75  $\pm$  0.50). Pretreatment with AESS (200 mg/kg and 400 mg/kg) significantly reduced the mean ulcer index (2.75  $\pm$  0.50 and 2.00  $\pm$  0.96, respectively) compared to the aspirin-ulcerated group ( $5.75 \pm 0.50$ ). Extensive mucosal erosions, loss of lining epithelium, haemorrhages, inflammatory infiltration, and deep ulceration were observed in the gastric tissue of aspirin-treated rats. Administration of AESS-protected aspirin-induced gastric mucosal injury with no ulcer craters, haemorrhage, or mild abrasion on the lining epithelium. In conclusion, Saccharum spontaneum can partly protect the gastric mucosa against aspirin-induced damage to a degree similar to the classical omeprazole.

Corresponding author: Usman B., Email: abbalaushi@unimaid.edu.ng

Department of Veterinary Physiology and Biochemistry, University of Maiduguri, Nigeria

# INTRODUCTION

The gastric mucosa is highly vulnerable to injury due to the stomach's particular position and functional characteristics. This damage can cause stomach mucosal erosion, bleeding, and even ulcers, which are intimately related to the development of gastric cancer (Mera et al., 2018; Lee *et al.*, 2016). The pathophysiology of gastric injury associated with NSAID administration depends partly on cvclooxygenase inhibition and partly on cyclooxygenase-independent mechanisms. which result mainly from local direct actions (Scarpignato & Hunt, 2010). Cyclooxygenase blockade increases the susceptibility of gastric mucosa to NSAID-induced lesions by suppressing several prostaglandin-mediated functions. For protective instance. prostaglandins reduce the activation of neutrophils and the local release of reactive oxygen species (ROS) (Fornai et al., 2011). Remarkably, multifactorial determinants are implicated in the development of gastric ulcers, such as smoking, alcohol, Helicobacter infection, psychological stress, and excessive use of nonsteroidal anti-inflammatory drugs (NSAIDs) (Awaad et al.. 2013). The imbalance between these harmful factors in the gastric lumen and protective mechanisms in the gastroduodenal mucosa led to severe gastric irritation and gastrointestinal (GI) ranging from uncomplicated symptoms dyspepsia to potentially fatal GI bleeding and perforations (Almuzafar, 2018). Aspirin use has been linked to potentially serious dosedependent gastrointestinal complications such as gastrointestinal ulceration and localized mucosal tissue infiltration, blood vessel congestion, as well as bleeding in the stomach, duodenum, and colon (Goldstein & Cryer, 2015; Lucchi et al., 2012). Consequently, these medicines have been used to produce experimental ulcers in rats, and physicians and biomedical scientists are looking for prophylactic drugs to combat this dangerous side effect of such a valuable drug (Rafaniello et al., 2016).

Gastric ulcers affect about 25–30% of the world's population, with a mortality rate of approximately one death per 10,000 cases (Carneiro *et al.*, 2018; Zhang *et al.*, 2011). In Nigeria, it is estimated to cause 5090 deaths annually (Kuna, 2019). The primary therapeutic remedy for this condition is antisecretory medicine, such as irreversible

proton pump inhibitors (Bi et al., 2017; Cryer, 2015). Goldstein & However, successful long-term use of these medications might create major consequences and worsen the illness (Kangwan et al., 2014), which highlights the need for safer and more effective antiulcer agents. In experimental models of stomach ulcers, a wide range of chemical compounds, herbs, and plant extracts are therapeutic. These substances or extracts have antisecretory, cytoprotective, antiinflammatory, and antioxidant activities that contribute to their gastroprotective effects (Li et al., 2013; Antonisamy et al., 2015; Balogun et al., 2015).

Saccharum spontaneum Linn is regarded as a promising medicinal plant in traditional systems of medicine and is used to cure ulcers in northern Nigeria. Thus, developing an antiulcerogenic medicine from plant origins while maintaining efficacy and safety will assist millions of suffering individuals (Oluranti *et al.*, 2012; Celestina *et al.*, 2018).

#### MATERIALS AND METHODS Identification of Plant

The leaves of *Saccharum spontaneum* were obtained from Samaru, Sabongari local government area, Kaduna State, Nigeria. The plant was authenticated at the herbarium unit of the Department of Botany, Ahmadu Bello University, Zaria, Nigeria (Voucher number: 900111). The leaves were washed, air-dried, pounded into a fine powder with a wooden mortar and pestle and stored in sealed plastic containers until needed.

## **Preparation of Plant Extract**

A successive extraction of the dried powdered leaves of Saccharum spontaneum was carried out for 2-3 days (Farnsworth, 1988). Precisely 600 grams of the powdered leaves were soaked in 2.5 litres of distilled water in an extractor for 48 hours at room temperature while stirring frequently and sieved using a muslin cloth to obtain the aqueous extracts. To prevent solvent evaporation at ambient pressure, the extractor is sealed. The resulting extract was filtered with Whatman number 1 filter paper. The extract was concentrated in a water bath at 40–45oC. The *Saccharum* extract was transferred into a glass beaker, which was subsequently sealed with foil paper and placed in a fridge for storage at 4°C for future use. **Experimental Animals** 

# 1

Thirty-five (35) adult male albino rats weighing between 200 and 250 g were collected from the animal house, Department of Biochemistry, Faculty of Life Sciences, University. Kaduna State То avoid coprophagy, the animals were confined in cages with high flooring made of broad wire mesh. The habitat was clean and conducive for the animals. Standard pelleted feed and water were provided in abundance. They were exposed to the laboratory setting for two weeks to acclimate before the experiment began.

## **Animal Groupings**

Thirty-five (35) adult male rats were divided randomly into five groups, each comprising seven (7) rats. Ulcers were induced from group B-E by oral aspirin administration (200 mg/kg). Rats were treated with the extracts and standard drug following the dose and mode of administration of Berenguer *et al.* (2006) for two weeks and fasted 48 hours before ulcer induction. The specific doses (200 mg/kg and 400 mg/kg) of *Saccharum spontaneum* extract used in this study reflect 4% and 8% of the highest dose (5000 mg/kg) from preliminary acute toxicity experiments of the plant extract. The different groups were assigned as described below:

Group A (Normal control): Administered a vehicle (water) P.O.

Group B (Positive control): Administered aspirin (200 mg/kg) P.O.

Group C: Administered Omeprazole (10 mg/kg) and aspirin (200 mg/kg) P.O.

Group D: Administered AESS (200 mg/kg) and aspirin (200 mg/kg) P.O.

Group E: Administered AESS (400mg/kg) and aspirin (200 mg/kg) P.O.

**Induction of Gastric Ulcer** 

Aspirin, a nonsteroidal anti-inflammatory medicine (NSAID), was utilized as an ulcerogenic agent at 200 mg/kg body weight (Rao & Vijayakumar, 2007). After four hours of administering aspirin, the rats were anaesthetized with chloroform and sacrificed by cervical dislocation using a clean razor blade. The abdomen of the rats was exteriorized to harvest the stomach. The stomach of each rat was cut open along the greater curvature, and the gastric portion was removed and washed in a physiological saline solution. Ulcers were assessed in the glandular portion of the stomach using the modified method of Magistretti *et al.* (1988).

## **Phytochemical Screening**

According to the methods described by Santhi et al. (2015) and Longbap et al. (2018), a phytochemical qualitative analysis was performed on the aqueous extract to screen for alkaloids, flavonoids, tannins, glycosides, anthraquinones, triterpenoids. saponins, phenols, and steroids, while quantitative estimation of the phytoconstituents was carried out according to the methods described by Krishnaiah et al. (2009) and Sathya et al. (2013) to estimate alkaloids, flavonoids, saponins. tannins and total phenolics. respectively.

#### **Estimation of Ulcer Index**

According to the method described by Magistretti *et al.* (1988), gastric lesions in the glandular region of the stomach were located, and an arbitrary scoring system of 0–6 points was used to grade the incidence and severity of the lesions. 0 = no lesions, 1 = 1-3 small lesions, 2 = 1-3 large lesions, 3 = 1-3 thick lesions, 4 = more than 3 small lesions, 5 = more than 3 large lesions, and 6 = more than 3 thick lesions. The mean ulcer index (UI) was calculated by adding the total severity values in each group of rats and dividing by the number of animals.

# Preparation of Tissue for Histopathological Studies

About 1cm of gastric tissue was collected from each group and immediately fixed in a 10% buffered formalin solution for 48 hours. The fixed tissues were routinely processed and dehydrated at graded alcohol levels (70%, 95%, and 100%) using an automatic tissue processor. The tissue samples were cleared using xylene-embedded tissues, and а microtome knife was affixed to a microtome apparatus. Subsequently, the sliced tissue sections were carefully placed onto a greasefree, pristine surface for further analysis. The glass slide was exposed to the surrounding environmental conditions to facilitate the drying process, and a staining procedure was performed with hematoxylin and eosin stain (H and E). The histological slides were examined on a microscope x100 magnification (Luna, 1960).

## **Statistical Analysis**

The data obtained were presented as mean  $\pm$  SD. A one-way analysis of variance (ANOVA) was employed to determine significant differences between groups using SPSS version 20 software (Statistical Package

for Social Sciences, Inc., Chicago, IL, USA), followed by the Duncan Multiple Range Test (DMRT) for multiple comparisons. Significant differences were defined as Pvalues less than or equal to 0.05 ( $P \le 0.05$ ).

#### **Ethical Statement**

Ethical clearance was obtained from the Ahmadu Bello University Committee on Animal Use and Care with approval number ABUCAUC/2016/124, Zaria, Nigeria. The ethical guidelines of the Council for Medical International Organizations of Sciences (2015) and the International Council for Laboratory Animal Science (2012) were strictly followed.

#### RESULTS

#### Phytochemical Screening of S. spontaneum Extract

The preliminary qualitative phytochemical screening of S. spontaneous aqueous leaf extract indicated the presence of alkaloids, carbohydrates, flavonoids, glycosides, phenols, saponins, steroids, tannins, and triterpenoids, but no anthraquinone, as shown in Table 1.

#### Quantitative Phytochemical Analysis of S. spontaneum Extract

Quantitative estimations of the phytoconstituents of aqueous extract of S. spontaneum showed considerable alkaloids, flavonoids, saponins, tannins and phenols (table 2).

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**Table 1:** Preliminary phytochemical contents of S. spontaneum extract
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Dragendorff's	+
Borntrager's	-
Molisch's	+
L-Buchard's	+
NaOH	+
Evan's	+
Frothing's	+
Evan's	+
Ferric chloride	+
Evan's	+
	Borntrager's Molisch's L-Buchard's NaOH Evan's Frothing's Evan's Ferric chloride

Key + = Present; - = Absent

Table 2: Phytochemical estimations S. spontaneum explored         Phytochemical Constituent	Amount (%)
Alkaloids	5.01
Flavonoids	10.13
Phenols	13.89
Saponins	5.78
Tannins	12.07

Table 2: Phytochemical estimations S. spontaneum extract	ct
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Groups	Treatment	Dose (mg/kg)	Mean Ulcer Index (MUI)
А	Control	10	0.00
В	Aspirin	200	$5.75\pm0.50^{\mathrm{a}}$
С	Omeprazole	10	$1.5\pm0.58^{\mathrm{b}}$
D	AESS	200	$2.75 \pm 0.50^{b}$
E	AESS	400	$2.00\pm0.96^{b}$

Table 3: Effect of S. spontaneum extract on aspirin induced gastric lesions

Values are mean  $\pm$  SD of 7 rats per group. Different superscript in the same column are Significant at (P<0.05) using one way analysis of variance (ANOVA) followed by Duncan Multiple Range Test (DMRT). **AESS** = Aqueous extract of *S. spontaneum*.

NB: Animals were treated with extracts for 14 days before administration of Aspirin.

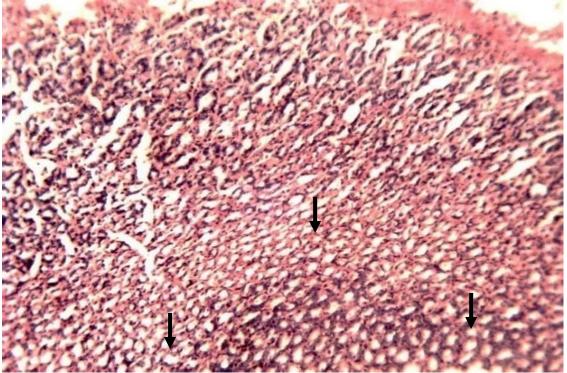
a = No statistical significance with Aspirin treated group at p<0.05.

b = Significantly different from Aspirin treated group but no statistical significance with omeprazole and extract treated group at p<0.05.

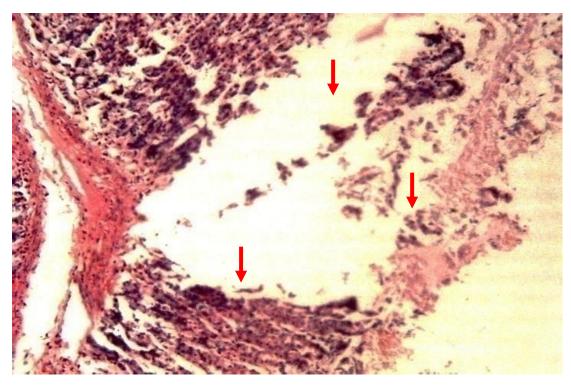
#### **Histopathological Examinations**

The gastroprotective efficacy of *S. spontaneum* was assessed by microscopic analysis of the rat's stomach mucosa. Plate 1 shows a standard histological characteristic of the stomach mucosa. Oral aspirin treatment (200 mg/kg) caused significant mucosal necrosis, blood vessel congestion, haemorrhages, loss of lining epithelium, numerous ulcers, and an inflammatory response marked by neutrophil infiltration (Plate 2). Omeprazole (10 mg/kg) improved stomach mucosal protection, with

modest blood vessel congestion, mild tissue infiltrations, and no bleeding (Plate 3). Similarly, rats treated with 200 mg/kg and 400 mg/kg of the aqueous extract showed modest superficial excoriation on the lining epithelium, minimal apical necrosis, and no bleeding (Plates 4 and 5). Changes in the gastric wall and discontinuity of the epithelial lining in the glandular region with no ulcer craters were observed in a dose-dependent manner in rats administered with the extracts.



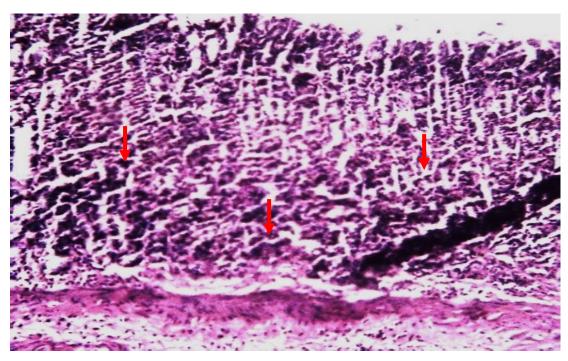
**Plate 1:** Photomicrograph showing normal features of gastric mucosa of Wister rats (Black arrow). H & E x100.



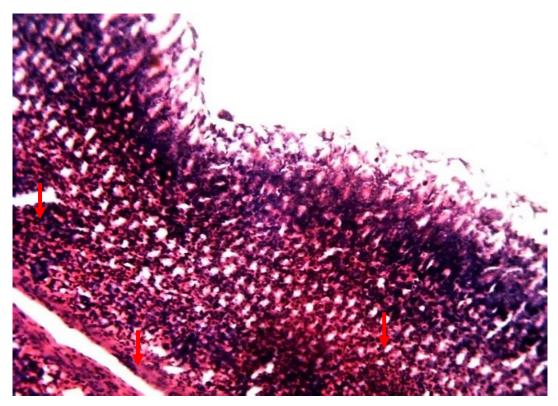
**Plate 2:** Photomicrograph of gastric mucosa of Wister rats showing intense mucosal necrosis, loss of lining epithelium, hemorrhages, infiltration and deep ulceration (Red arrow). H & E x100



**Plate 3:** Photomicrograph of gastric mucosa of Wister rats showing mild superficial excoriation on lining epithelium with no ulceration (Black arrow). H &  $E \times 100$ .



**Plate 4:** Photomicrograph of gastric mucosa of Wister rats showing moderate superficial abrasion of submucosal layer with no ulcer (Red arrow). H & E x100



**Plate 5:** Photomicrograph of gastric mucosa of Wister rats exhibiting slight mucosal epithelial change with no ulcer (Red arrow). H & E x100.

# DISCUSSION

Gastric ulcer is one of the most upsetting health disorders, seeking alternate therapy after the failure of most antiulcer drugs. Several factors contribute to gastric ulcers, the most common being nonsteroidal antiinflammatory medications, Н. pylori, environmental factors, alcohol consumption, and lifestyle factors (Pradhan et al., 2013). The standard medications were ranifidine. omeprazole, and sucralfate from different classes, and their significant findings are of other consistent with the research investigators (Urumarudappa et al., 2023; Balmik et al., 2019; Zangeneh et al., 2019).

Globally, herbal medications are currently in great demand for primary healthcare due to their low cost, greater cultural acceptability, improved bodily compatibility, and low side effects.

Our study reported that the pretreatment with *S. spontaneum* L. leaves displayed a significant gastroprotective effect in aspirininduced gastric ulcers. Bioactive components in medicinal plants, such as tannins, alkaloids, phenols, and flavonoids, enhance their effectiveness in treating ulcer diseases. These constituents are frequently chosen for their lack of unpleasant side effects (Jhansi *et al.*, 2017). Additionally, they prevent gastric lesions and protect the mucosa from necrotic agents (Alanko *et al.*, 1999).

Flavonoids have shown gastroprotective and antiulcer effects, according to studies by Zhang et al. (2020) and Maury et al. (2012). These effects are crucial for resisting aggressive factors (gastric acid, pepsin, and oxidative stress) and bolstering protective factors (mucus, bicarbonate, prostaglandins, and antioxidant enzymes). Therefore, the gastroprotective potential of S. spontaneum has been substantiated by the presence of flavonoids in its leaves. Tannins promote the creation of gastric mucosa and reduce acid output while inhibiting pepsinogen production, decreasing ulcerogenic lesions, burns, and inflammation (La Casa et al., 2000). According to our findings, the plant has a high tannin content, which may be related to its ability to lessen the adverse effects of aspirin. Tannin also interferes with the gastric proton pump (H+/K+ - ATPase) in the final step of gastric acid secretion located in the gastric membrane vesicles, which catalyzes the

electro-neutral exchange of intracellular hydrogen and extracellular potassium (Shin *et al.*, 2006).

According to a recent study by Mota et al. (2009), the combination of flavonoids and tannins can treat stomach ulcers through several mechanisms, including their ability to scavenge free radicals and their antioxidant properties; they can also protect the gastric mucosa from substances that cause ulcers. increase the production of mucus and their antisecretory activity, and stop the growth of Helicobacter pylori. Additionally, after pretreatment with phenolic compounds in indomethacin-induced gastric mucosal damage, histological changes, free and total acidity levels, ulcer index, and gastric juice volume were found to decrease (Katary & Salahuddin, 2017). Based on these findings, the high phenol content of S. spontaneum gastroprotective supports its effect. Consequently, the abundance of these phytochemicals in the leaves of S. spontaneum suggests their therapeutic effects for humans. This is because the benefits of plants for human health depend on the availability of active ingredients (Aguoru et al., 2016; Nduche et al., 2015).

Furthermore, the histological results concurred with Alazzouni et al. (2021) and confirmed the earlier findings. The stomach mucosa was severely damaged by aspirin, exhibiting hemorrhagic injury, mucosal degradation, loss of epithelial cells, necrosis, and infiltration of inflammatory cells. On the surfaces of endothelial cells, aspirin may stimulate the expression of cell adhesion molecules, damage the stomach mucosa and recruit leukocytes to inflammatory and hemorrhagic areas. Leukocyte adhesion has been demonstrated to impair microcirculation, causing ischemia and mucosal injury that form ulcers (Eamlamnam et al., 2006). Due to the acidic environment, a small dose of aspirin causes GI mucosal and systemic effects via inhibiting COX-1. In the absence of natural prostaglandins that encourage the creation of bicarbonate and mucus, aspirin remains non-ionized, causing it to accumulate in stomach mucosal cells, changing their permeability, and leading to ulceration within minutes of administration (Cryer & Mahafey, 2014). S. spontaneum exhibited an intact histological structure of the mucosa and reduced inflammation, especially

at high doses, by reducing the ulcerative lesion index and histological damage and enhancing vascular permeability in the stomach. Inflammation is an intricate immune system response to tissue damage defined by increased proinflammatory cytokines from immune cells (Wu et al., 2018). The ameliorative effect of S. spontaneum on gastric mucosal damage is evidence of its therapeutic potential, and the mechanism might be attributed to the cytoprotective properties of the extract's phytoconstituents. These results offer empirical support for a traditional application of the S. spontaneum. Nonetheless, further research is necessary to clarify the exact mechanism(s) of action and identify the bioactive components accountable for the extract's gastroprotective properties.

# CONCLUSION

The current study assessed the potential gastroprotective effect of *Saccharum spontaneum* leaves against aspirin-induced gastric ulcers in rats. Data presented a significant protective effect of the plant against gastric ulcers as it reduced gastric mucosal injury with potential cytoprotective properties in its active principles. Therefore, it may be considered a promising therapeutic agent for preventing or treating gastric ulceration.

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#### **CONFLICT OF INTEREST**

There is no conflict of interest in the current study.

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