



# Research Journal of Pharmaceutical, Biological and Chemical Sciences

# Evaluation of *In-vitro* Anti-Arthritic Potential of Aerial Parts of *Ipomoeapes-caprae* (L.) R.Brand Establishment of Its Mechanism of Action

N Deepak Venkataraman\*<sup>1</sup>, W Clement Atlee<sup>1</sup>, T Purushoth Prabhu<sup>2</sup>, G Surya<sup>3</sup>, R Kannan<sup>1</sup>, I Sheik Nasar<sup>1</sup>

#### **ABSTRACT**

pomoea pes-caprae (IP) is a fabulous plant which was traditionally used in various inflammatory conditions such asRheumatoid arthritis, Alkylosing spondylitis, Osteoarthritis, Gout etcand also in conditions such asPain,Ulcer, Cancer and Wounds. The antinociceptive, anti-inflammatory and anti-oxidant activities of IP have already been scientifically proven. The presentinvitro anti-arthritic study ofethanolic extract of leaves and stems ofIPwas undertaken to substantiate its folkloric uses in the treatment of arthritis. The ethanolic extract of leaves of IP (EELIP) was found to possess potent invitroanti-arthritic potential whereas stem extract (EESIP) was found to be moderately effective when compared with the standard diclofenac sodium. The percentage inhibitions of EELIP and EESIP at the dose of 2000 mcg/kg were found to be 82.94 and 55.47 respectively. Preliminary phytochemical studies revealed the presence of tannins. The immunosuppressive effect of tannins could be a reason for the anti-arthritic activity.

**Keywords:** Ipomoea pes-caprae, Rheumatoid arthritis, Anti-arthritic, Anti-inflammatory, Antinociceptive, Immunosuppressive effect.

<sup>&</sup>lt;sup>1</sup>Dept. Of Pharmacology, C.L.Baid Metha College of Pharmacy, Chennai-97

<sup>&</sup>lt;sup>2</sup>Dept. Of Pharmacognosy, C.L.Baid Metha College of Pharmacy, Chennai-97

<sup>&</sup>lt;sup>3</sup>Dept. Of Pharmaceutical Analysis, C.L.Baid Metha College of Pharmacy, Chennai-97



#### INTRODUCTION

Rheumatoid Arthritis is a chronic systemic disease primarily of the joints, usually polyarticular, marked by inflammatory changes in the synovial membranes and articular structures and by atrophy and rarefaction of the bones. It is characterized by inflammation, pain and over activation of the immune system. It affects approximately 1% and 0.9% of the world and indian populations respectively [1]. Market available many steriodal and nonsteroidal anti-inflammatory analgesic medications are currently used to treat RA along with disease-modifying antirheumatic drugs (DMARDs) such as anti-tumour necrosis factor (TNF)-α therapy (etanercept, infliximab and adalimumab), anti-CD20 therapy (rituximab) and abatacept. But all these agents are less appropriate or associated with many side effects. Plant remedies are often sought after because they have multiple mechanisms of action, fewer side effects and are cost effective. Ipomoea pes-caprae(IP) is a valuable medicinal plant, distributed in the tropics and subtropics regions and used in folk and tribal medicines. It is a pan tropical, trailing vine that routinely colonizes on sand dunes. It grows just above the high tide line along coastal beaches, forming large mats that assist in stabilizing sands. This is an evergreen perennial with a large, thick root that can be 10ft long and 2 inch in diameter. The entire plant is glabrous and somewhat fleshy. The stem runs along the ground rooting at the nodes with only the flowers being erect. [2] Traditionally Ipomoea pes-capraeis used in different ways like; the juice from the succulent leaves has been used as a first aid to treat jellyfish stings. Some Indians use it in ritual baths to alleviate evil spells. Leaves are used in rheumatism, and as stomachic and tonic. The extract of the leaves have the astringent, diuretic and laxative properties. It has biological activity like antioxidant, analgesic and anti-inflammatory, antispasmodic, anticancer, antinociceptive, antihistaminic, insulogenic and hypoglycemic[3]. It is also used in inhibition of platelet aggregation, diarrhoea, vomiting, and piles[4]. The invivo&invitro anti-inflammatory have been reported [4]. The anti-nociceptive activities of IP have already been proved. [6]The compounds responsible for the anti-inflammatory and anti-nociceptive actions have also been isolated. 2-hydroxy-4,4,7-trimethyl-1(4H)-naphthalenone, (-)-mellein, eugenol and 4-vinylguaiacol were the Compounds inhibiting prostaglandin synthesis isolated from IP [7]. Compounds such as glochidone, betulinic acid, alpha- and beta-amyrin acetate, isoquercitrin isolated from IP were found to be responsible for its anti-nociceptive properties. [8]IP was found to also possess hypoglycemic, anti-haemolytic, antispasmodic, anti-histamine, anticancer activities. [9]This study focuses on the invitro anti-arthritic potentials of ethanolic extracts of leaf (EELIP) and stem (EESIP) of Ipomoea pes-caprae.

#### **MATERIALS AND METHODS**

# **Preparation of Extract**

Whole plant of IP were collected from coastal areas of district, Tamil Nadu and authenticated by Dr.P.Jayaraman (Botanist), Director PARC, West Tambaram, Chennai. The leaves and stems were segregated, dried, powdered and were extracted separately with ethanol using soxhlet apparatus for 48 hrs. The solvent was distilled at lower temperature



under reduced pressure and concentrated on water bath to get the crude extract which is stored in desiccator for future use.

## **Preliminary Phytochemical Tests**

The ethanolic extracts were subjected to phytochemical chemical tests to identify the phytoconstituents using standard qualitative reagents. (Table: 1) [10-11]

# In-vitro Anti-Arthritic Activity by Inhibition of Protein Denaturation Method

- The Test solution (0.5ml) consist of 0.45ml of Bovine serum albumin (5%W/V aqueous solution) and 0.05ml of test solution (250mcg/ml).
- Test control solution (0.5ml) consist of 0.45ml of bovine serum albumin (5%W/V aqueous solution) and 0.05ml of distilled water.
- Product control (0.5ml) consists of 0.45ml of distilled water and 0.05 ml of test solution (250mcg/ml).
- Standard solution (0.5ml) consists of 0.45ml of Bovine serum albumin (5%w/v aqueous solution) and 0.05ml Of Diclofenac sodium (250mcg/ml). All the above solutions were adjusted to pH 6.3 using 1N HCl. The samples were incubated at 37°c for 20minutes and the temperature was increased to keep the samples at 57°c for 3minutes. After cooling, add 2.5 ml of phosphate buffer to the above solutions. The absorbance was measured using UV-Visible spectrophotometer at 416nm. [12-13]

The percentage inhibition of protein denaturation can be calculated as,

PERCENTAGE INHIBITION = [100-(OPTICAL DENITY OF TEST SOLUTION – OPTICAL DENSITY OF PRODUCT CONTROL)  $\div$  (OPTICAL DENSITY OF TEST CONTROL)]  $\times$ 100.

The control represents 100% protein denaturation .The results were compared with standard Diclofenac sodium. The percentage inhibition of protein denaturation of different concentration was tabulated in (Table:2& Fig: 1)



# **RESULTS AND DISCUSSION**

**Table 1: Preliminary Phytochemical Analysis** 

S.NO	TEST	EELIP	EESIP
I.	ALKALOIDS		
	Mayer's reagent	-	-
	Dragendorff's reagent	+	+
	Hager's reagent	+	+
	Wagner's reagent	-	-
II	CARBOHYDRATES		
	Molisch's test	+	+
	Fehling's test	+	+
	Benedict's test	+	+
III	GLYCOSIDES		
	Anthraquinone	+	+
	Cardiac	-	-
	Cyanogenetic	-	-
	Coumarin	-	-
IV	PHYTOSTEROLS		
	Salkowski test	+	+
	LibermanBurchard's test	+	+
V	SAPONINS	+	+
VI	TANNINS	+	+
VII	PROTEINS AND FREE AMINO ACIDS		
	Millon's test	+	+
	Biuret test	+	+
VIII	GUMS AND MUCILAGE	-	-
IX	FLAVANOIDS	+	+

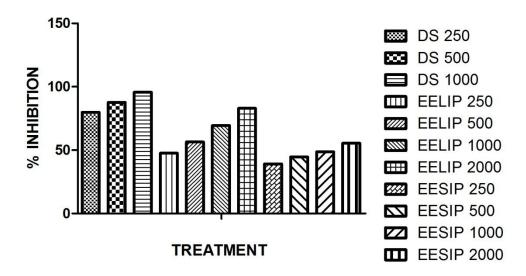
The preliminary phytochemical analysis revealed the presence of alkaloids, carbohydrates, glycosides, flavonoids, tannins, sterols, terpenoids and glycosides both in EELIP and EESIP (Table 1).



**Table 2: Percentage Inhibition Of Protein Denaturation** 

TREATMENT	CONCENTRATION (mcg/ml)	% INHIBITION
Diclofenac sodium	250	79.82
	500	87.71
	1000	95.63
EELIP	250	47.57
	500	56.39
	1000	69.46
	2000	82.94
EESIP	250	39.17
	500	44.63
	1000	48.67
	2000	55.47

Fig 1: Percentage Inhibition Of Eelip & Eesip On Protein Denaturation



The ethanolic extract leaves of IP exhibits significant activity at 2000µg/ml (82.94 %)by inhibition of protein denaturation as opposed to the standard drug Diclofenac sodium. The production of auto antigen (like Rheumatoid Factor) in certain arthritic disease is because of protein denaturation[14-16]. Hence we can conclude that theethanolic extract of both leaves and stems of IP are capable of controlling the production of auto antigen and inhibits protein denaturation in rheumatoid arthritis. (Table: 2, Fig: 1)

### **CONCLUSION**

Invitro studies on leaves and stems ofdemonstrate suppression of arthritis. The presence of active entities possessing immunosuppressive activities may be responsible for the invitro anti-arthritic effect. The preliminary screening study, revealed the presence oftannins. Tannins are also discussed for their implication of immune response such as immunosuppressive activity. [17] Hence the inhibition of protein denaturation mediated



through suppression of autoantigens may be due the presence of tannins. Thus it can be concluded that both leaf and stem extracts of *Ipomoea pes-caprae* have potent *invitro* antiarthritic effects, further investigation is required to explore the *invivo* antiarthritic potentials of the extracts.

#### REFERENCES

- [1] Parle Milind and Kaura Sushila. Int Res J pharm 2012, 3(3).
- [2] Umamaheshwari G, T Ramanathan, and R Shanmugapriya. Int J Pharm Tech Research 2012;4(2):848-851.
- [3] Kirtikar Basu. A text book of Indian Medicinal Plant Vol. III, second edition, fourth reprint, Publish by Lalit Mohan Basu, Allahabad, India: 2006, p 1726
- [4] Premanathan M, Nakashima H, Kathiresan K, Rajendran N, Yamamoto N. Ind J Med Research 1996; 130: 276-279.
- [5] U Pongprayoon, L Bohlin, P Soonthornsaratune, S Wasuwat. Phytother Res 2006; 5(2):63 66.
- [6] M M de Souza, A Madeira, C Berti, R Krogh, R A Yunes, V Cechinel-Filho. J Ethnopharmacol 2000;69(1):85-90.
- [7] Pongprayoon U, Baeckström P, Jacobsson U, Lindström M, Bohlin L. Planta Med 1991;57(6):515-8.
- [8] Br.Krogh R, Kroth R, Berti C, Madeira AO, Souza MM, Cechinel-Filho V, Delle-Monache F, Yunes RA. Pharmazie 1999;54(6):464-6.
- [9] Marilena Meira, Eliezer Pereira da Silva, Jorge M David, Juceni P David. Rev Bras 2012;22(3):
- [10] Kokate CK. Practical Pharmacognosy. Vallabh Prakashan, Delhi. 2005;4<sup>th</sup> Edn:20-30.
- [11] Khandelwal KR. Practical Pharmacognosy Technique and Experiments. Nirali Prakashan, Pune. 2006; 16thEdn: 15-29, 149-56.
- [12] Mizushima Y and Kobayashi M. J Pharm Pharmacol 1968; 20:69-73.
- [13] Aruoma O I. J American Oil Chemists Society 1998; 75: 199-212.
- [14] Gutteridge JM. Clinical Chem 1995; 41:1819-1828.
- [15] KahkonenM.P et al. J Agric Food Chem 1999; 47, 3954-3962.
- [16] Kris-Etherton PM, Lefevre M, Peecher GR, Gross MD. Annual Rev Nut 2004; 24:511-538.
- [17] D. Boustaa, A. Faraha, Elyoubi-EL Hamsasa, L. EL Mansourib, SH Soidroua, J Benjilalia, I Adadia, H Grechea, M Lachkarc, M Alaoui Mhamdi. Int J of Phytopharmacol 2013;4(1):12-17.