

A Study of the In-Vitro Protoscolicidal Potential of Mallotusphilippinesis Fruit Glandular Hairs on Hydatid Cysts Echinococcusgranulosus

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Abstract - Secondary metabolites found in MPE are responsible for its antihelmintic properties, according to this new study. A last benefit of MPE is that it is absolutely safe and doesn't do any damage. Next generation protoscolicidal medications may be screened, isolated, and characterised using MP extracts, which are a step closer to the ideal anti-heminthic agent. In addition to the aforementioned uses, this plant has also been investigated as a possible anti-parasitic and anthelmintic in traditional medicine. It has been noted that *M. philippinensis* leaf extract has anthelmintic and anti-filarial properties. Some medicinal plants' protoscolicidal activity against *Echinococcus granulosus* has been reported, however none have been discovered for *M. philippinensis* glandular hair extract. Current research was designed to test *Mallotus philippinensis* fruit glandular hair (MPE) extract's in vitro protoscolicidal abilities on *Echinococcus granulosus* cysts.

Keywords - In-vitro, Fruit glandular hairs, *Mallotusphilippinesis*, Hydatid cysts *Echinococcusgranulosus*

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INTRODUCTION

Clinical experiences, observations, or accessible data form a beginning point in Ayurvedic medicine research, while it arrives at the end of conventional medication development. As a result, "reverse pharmacology" is used in the drug development process based on Ayurveda. However, all essential pharmacopoeial tests, including those for heavy metals, pesticides, and microbiological contamination, must adhere to international standards. Making ensuring that all Ayurvedic medications are made in compliance with current good manufacturing practises for herbal products is crucial. Concerns have been raised concerning the safety and quality standards of herbal medications.

Due to their extensive biological activity, better safety margin than synthetic pharmaceuticals, lower prices, and strong demand, herbal medicines are found in both developed and developing nations. Herbal medications are susceptible to contamination, degradation, and composition fluctuation since they are made from ingredients with a plant origin. This results in herbal products of lower quality and little to no medicinal benefit. In the Indian medical system, a variety of herbal medicines are used to treat a variety of chronic conditions that are caused by a person's way of life, including arthritis, wound and inflammation, analgesic usage, and associated consequences.

These preparations' multi-targeted action is due to the phytomolecules that are included in them. This is one of their modes of action since free radicals have been linked to various chronic illnesses and these plant compounds have been linked to free radical scavenging activities.

In comparison to contemporary synthetic pharmaceuticals, traditional herbal medicines have shown to be a superior option. These medications are said to be safer than others since they have minimal or no negative effects. There is a wealth of expertise and information about herbal medicines in our old Ayurvedic medical books. One of these ancient texts, the Charaka Samhita (1000 B.C.), offers information on 2000 herbal medicines. These plants have been used to make some extremely significant life-saving medications. The traditional therapeutic claim is the basis for the choice of the plants for this investigation. The patient feels quite at ease in the company of these practitioners since herbal medications are freely accessible in the local market and are recommended by local doctors who are active members of the community. Many of the contemporary medications we use have direct or indirect ancestry in higher plants. Although there has undoubtedly been significant progress in the area of modern medicine, herbal remedies are still used by practitioners in this day and age. One of the biggest plant families in the world, with around 300 genera

and 7,500 species, the family Euphorbiaceae is mostly composed of monoecious herbs, shrubs, and trees, sometimes succulent and cactus-like. Many of them are domesticated species with significant economic value, and many of them have nutritional and medicinal value. A broad genus of trees and shrubs with around 20 species in India belongs to the family Euphorbiaceae and is mostly found in the tropical and subtropical parts of the Old World. It is also known locally as Shendri and goes by the popular names Kamala, Kampillaka, and Kapila. The glandular hairs that are accumulated as fine, floatable powder in mature fruits are reddish brown, dull red, or madder red in hue. This plant has historically been used for its anti-tuberculosis, anti-tubercular, anti-inflammatory, immune-regulatory, antioxidant, antiradical, anti-leukaemic, anti-tumor, purgative, and anthelmintic properties, among other properties.

Ayurveda claims that leaves are cooling, bitter, and a good appetiser. Another oral contraceptive is kamala or kampillakah. In addition, Kamala powder and a few other elements are used externally to aid in the healing of wounds and ulcers. Scabies, ringworm, and herpes are just a few examples of the parasite skin conditions they are used to treat.

Only a few complaints have been made about different aspects of this institution, but there is plenty of potential for investigation. This plant's potential in the disciplines of medicine and pharmaceutical sciences must be further explored in order to create new and effective natural formulations.

MATERIAL AND METHODS

Chemicals

The following items were purchased from HiMedia Laboratories Pvt. Ltd., Mumbai, India: Hanks balanced salt solution (HBSS), RPMI-1640, phosphate buffered saline (PBS), ethanol, trypan blue dye, Praziquantel, and sodium cacodylate buffer. Optical and scanning electron microscopes were used for all microscopic investigation (Zeiss EVOLS-10).

Plant material

Mallotus philippinensis fruit glandular hairs extract in 50% ethanol was employed in the investigation.

Cysts Collection

When the sick cattle were slaughtered in an Indian slaughterhouse and their liver and lungs were retrieved aseptically, researchers discovered the *E. granulosus* hydatid cysts in the organs. They were delivered to the enteric lab at the Department of Microbiology, Institute of Medical Sciences, Banaras Hindu University, Varanasi, India within three hours after being stored in an ice box. According to Smyth et al., in 1980, protoscoleces and hydatid fluid were collected. Repeated washings in sterile, phosphate-buffered sodium chloride solution at pH 7.2 were

performed on cysts (PBS). To sterilise the cyst surfaces, we used 70% ethanol to remove the metacestode tissue and the host adventitia from the protoscolece-containing vesicle fluid. After the vesicle fluid had been drained, it was required to remove the cyst's germinal layer. It may stick to the protoscoleces-rich fluid after the germinal layer is washed away. It was possible to detect free protoscoleces in cysts using a wet mount drop and muscle movements.

Protoscoleces preparation and culture

At normal temperature, a mixture of 15 ml Falcon tubes containing hydatid fluid and protoscoleces was allowed to settle without centrifugation. Before being kept in RPMI-1640, the protoscoleces were rinsed in Hanks balanced salt solution (HBSS). The trypan blue exclusion method was used to determine the viability and vitality of the protoscoleces before the experiment. One hundred and one microliters of pooled protoscoleces were added to the trypan blue dye and allowed to sit on the slide for five minutes before being evaluated. In the past, stain-free protoscoleces were thought to be possible, but they turned out to be useless (Smyth et al., 1980). Further testing is considered necessary when the sediments contain 95% or more live protoscoleces.

In vitro scolicidal activity

Using MPE (10 and 20 mg/ml) in 0.9% phosphate buffer saline (PBS) at pH 7.3, the vitality of protoscoleces was studied for 10, 20, 30, and 60 minutes. Filling a test tube with two cc of each concentration of MPE (10 mg/ml and 20 mg/ml) was done. The tube was then gently swirled with a drop of sediment rich in protoscoleces. Ten, 20, 30, and 60 minutes later, the tubes were held at ambient temperature. After that, the solution's supernatant was removed using a pipette while being careful not to disturb any already-existing protoscoleces. 2 ml of 0.1 percent trypan blue dye, softly mixed, and incubated at 37°C were then fed to the remaining settling protoscoleces. Incubation was followed by removal of excess stain with 0.9 percent PBS and removal of the supernatant. Protoscoleces that had settled on the glass slide were spread out and covered with a cover glass before being examined under a microscope for viability. Stain-free protoscoleces were assumed to be viable, while stained protoscoleces were not. The proportion of dead protoscoleces in each trial was determined by counting viable protoscoleces in comparison to the control group (0.9 percent PBS) and the standard treatment, praziquantel (PZQ, 1 g/ml). Two ml of MPE (10 mg/ml) and (20 mg/ml) concentrations were added to a test tube, which was then shaken. The tube was then gently swirled with a drop of sediment rich in protoscoleces. Ten, 20, 30, and 60 minutes later, the tubes were held at ambient temperature. Once the solution's supernatant had been removed, a pipette was used to extract any protoscoleces that had formed. Protozoa were then given 2 ml of 0.1% trypan blue dye, mixed, and incubated at 37°C for

another 24 hours. Incubation was followed by removal of excess stain with 0.9 percent PBS and removal of the supernatant. Protoscoleces that had settled on the glass slide were spread out and covered with a cover glass before being examined under a microscope for viability. Stain-free protoscoleces were assumed to be viable, while stained protoscoleces were not. Percentage of dead protoscoleces was determined by counting live protoscoleces in each experiment's control group and standard-treated (PZQ, 1 g/ml) groups.

Study of ultrastructural changes

Silver paint was used to attach dried samples on aluminium stubs that had been coated with the paint (Agar scientific Ltd, Essex, UK). The pump was turned on and left running for 10 minutes to generate a vacuum. The right knob was set to HT when the Argon indicator crossed the vacuum mark. As soon as 2.5 volts were dialled in, the coating could commence and it was allowed to climb to 18-20 volts for around 60 seconds before being shut off. The suction was released as soon as the power was turned off. For scanning electron microscopy, the specimens were coated with gold (SEM). An EVO-LS-10 scanning electron microscope was used to examine gold-coated samples that had been dried. In order to process the pictures, the SmartSEM® VS10 imaging software was used.

Statistical analysis

The two concentrations were tested for goodness of fit toward scolicidal activity at various incubation times using the statistical programme UNISTAT®. The significance between the test and control groups was examined using the goodness of fit test.

RESULTS AND DISCUSSION

In comparison to the well-known standard medicine Praziquantel, MPE demonstrated substantial scolicidal action against *E. granulosus* in in vitro experiments. After 60 minutes of treatment, we observed 97 to 99 percent mortality at 10 and 20 mg/ml concentrations (Table 1; Fig. 1). At 10 minutes, 20 mg/ml MPE demonstrated 93% mortality, and at 2 or more hours, 100% death. Based on our early in-vitro evaluation of protoscoleces' vitality and viability, MPE treatment resulted in a considerable loss of viability, morphological tegumental changes, and protoscolece disintegration.

Table 1- Scolicidal effects on mortality rate at different time exposure of MPE

Concentration	Exposure time (min)	Protoscoleces	Dead protoscoleces	Mortality rate (%)
MPE (10 mg/ml)	10	456 ± 21.1	363 ± 6.97	79.6
	20	728 ± 25.2	564 ± 31.0	77.5
	30	811 ± 20.5	772 ± 5.88	95.2
	60	508 ± 62.0	494 ± 14.0	97.2
MPE (20 mg/ml)	10	762 ± 17.5	713 ± 12.9	93.6
	20	913 ± 17.7	840 ± 5.90	92.0
	30	372 ± 7.37	367 ± 7.48	98.6
	60	534 ± 17.0	530 ± 22.6	99.2
PZQ (1µg/ml)	10	370 ± 13.7	351 ± 7.78	94.9
	20	618 ± 16.9	604 ± 12.7	97.7
	30	838 ± 20.4	830 ± 16.7	99.1
	60	598 ± 22.3	596 ± 9.74	□100
Control (0.9% PBS)	10	930 ± 26.2	7.66 ± 1.69	11.7
	20	650 ± 30.5	8.33 ± 2.49	1.7
	30	475 ± 42.1	16.0 ± 5.09	5.1
	60	759 ± 26.2	9.66 ± 2.49	1.6

Results are mean ± SEM (n=6). Values in parenthesis indicate percent of respective values.

The hydatid cyst wall, which is made up of an exterior protective acellular layer and an interior cellular layer (germinal layer), surrounds the metacestode (hydatid cyst) (laminated layer). The cyst cavity receives cellular buds from the germinal layer (GL), which after vesiculating into brood capsules (BC), bud inside of them to produce protoscoleces (Fig. 2a). Each of these bud-like structures contains several additional protoscoleces, and when they mature and are discharged from the GL, they serve as daughter cysts DC (Fig. 2b). Protoscoleces in their earliest stages in preservation media were largely invaginated, strongly turgid, and had fast movements, according to Fig. 2, which represents the preliminary viability assessed against MPE using the trypan blue exclusion test. Protoscoleces from the PBS control group seemed turgid, but the germinal layer appeared intact. However, all of the protoscoleces were stained with trypan blue after MPE treatment, which indicated that they had lost a significant amount of their vitality. In addition, the MPE therapy reduced cyst motility and turgidity significantly (Fig. 2c). Anti-cestodal drug PZQ also shown similar morphological changes (Fig. 2b-d). MPE treatment resulted in turgidity loss in the protoscoleces, which was connected to damaged germinal layers, loss of hooks (free hooks can be observed in the preservation medium), and tegument vacuolization (Fig. 3a) (Fig. 3a). Microtriches and hooks at the scolex region were shown to be loosening due to age-related degenerative changes, reducing protoscoleces' capacity to attach to host tissues and the virulence of cyst infections (Fig).

Furthermore, the cysts' scolex region was completely eradicated (Fig).

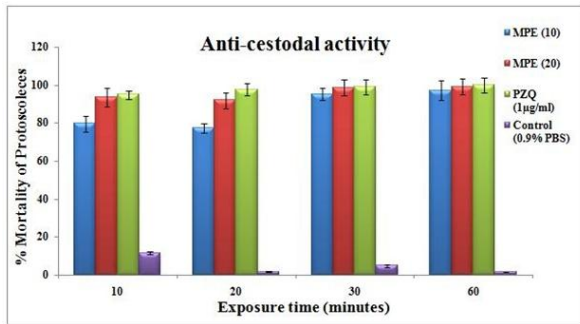


Fig. 1- Effect on percentage mortality of protoscolices of MPE and PZQ

Results are mean ± SEM (n=6).

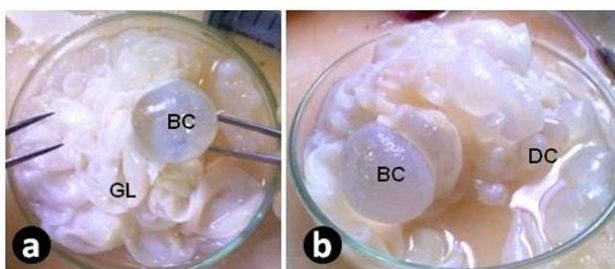


Fig. 2: the *Echinococcus granulosus* metacystode (cystecerosis) stage. (a) The BC, brood capsule, which is joined to the GL, germinal layer, the inside layer of the cyst, are bubble-like buds or bladders. (a) The germinal layer exhibits a large number of released protoscolices that serve as daughter cysts.

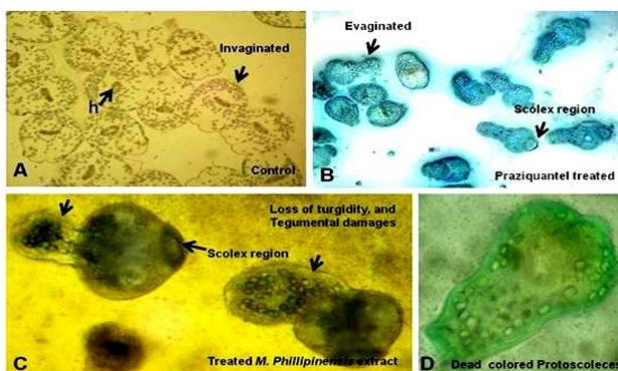


Fig. 3- Effect of MPE on the viability of *Echinococcus granulosus* protoscolices (10 X) (a) Use moist mount drop to control the hydatid cyst's unstained invaginated protoscolices (b) Positive control hydatid cysts treated with praziquantel (1 g ml⁻¹) lost vitality and became blue (trypan blue exclusion). Dead stained protoscolices following MPE treatment are seen in (c, d). Both the control and MPE demonstrated different morphological aberrations and degenerative consequences, such as decreased motility, the shedding of hooks and calcareous corpuscles, etc.

We utilise scanning electron microscopy to better understand the extent of damage induced by the treatment of MPE since surface alterations were previously proven to be the major cause of the loss of viability in protoscolices. An SEM study of MPE-treated protoscolices revealed that the sucker region (SR), substantial contractions of soma, and rupture of the rostellor cone were clearly apparent. There was turgidity loss and cellular leakage in the soma region (BR) because to substantial tegument layer degradation in this area (Fig. 4a). Because of the loss of hooks (H) and microtriches (R), the parasite's ability to adhere to the host intestinal wall was also damaged (Fig. 4b). rostellor instability and the death of microtriches may be a crucial component in the loss of viability of protoscolices, since they rapidly participate in food absorption and defence. Figure 4c-f shows the extent of tegumental damage in addition to the complete loss of suckers in the soma region, which are necessary for attaching to the host's interior intestinal wall. Many bleb and microtriches protrude from the soma region of *E. granulosus*, giving it its unique hook structure (Figs.). Hydatid cysts were unable to maintain their integrity or viability as a result of all of these structural defects, proving the efficacy of MPE.

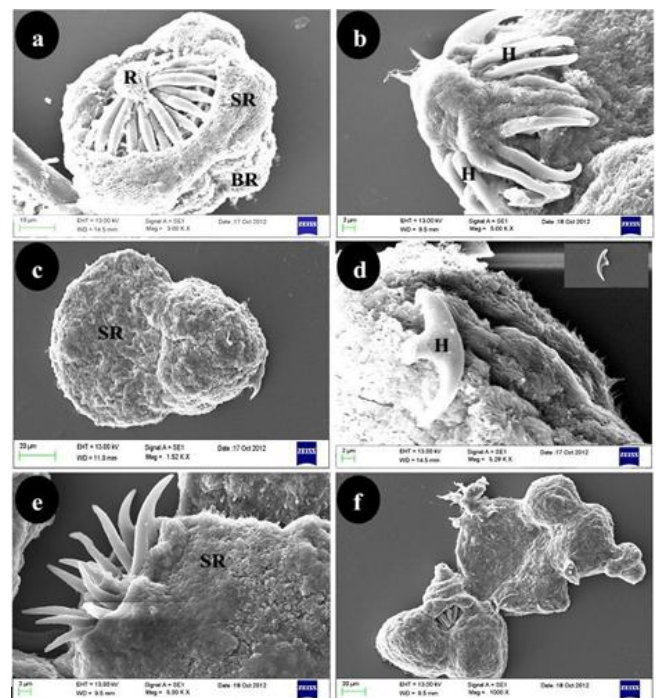


Fig. 4- Scanning electron microscopy evidence of ultrastructural damage after MPE treatment Protoscolices in (a) exhibit total disarray in the SR, scolex, and BR body regions, whereas (b) evaginated hooks H exhibit total disarray in the RR rostellor area (c) Soma region bursting indicates tegumental integrity loss, which results in osmoregulatory impairment. (d) At RR, the rostellor region, loss of H, hooks and microtriches was also seen. (e) Rosteller cone disarray is clearly apparent, and SC, the Scolex area, and suckers have sustained substantial damage. (f) the soma area bursts, indicating a

loss of tegumental integrity that damages the osmoregulatory system

CONCLUSION

Research shows that MPE contains a number of secondary metabolites that have antihelmintic effects. Aside from being risk-free, MPE has no negative side effects. Protoscolicidal compounds that are closer to ideal anti-heminthic agents may thus be screened, isolated, and characterised using MP extract, which provides great platform for this work.

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