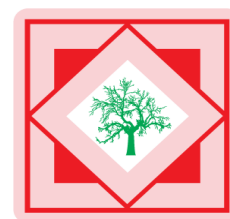




**Pelagia Research
Library**

Pelagia Research Library

Der Pharmacia Sinica, 2010, 1 (3): 64-68



Der Pharmacia Sinica

**ISSN: 0976-8688
CODEN (USA): PSHIBD**

Hypolipidemic effect of *Allium Cepa*. Linn (onion) in lead acetate intoxicated male albino rats

P. Vinoth Kumar^{1*}, A. Amala Pricy², Ch. Sudheer kumar^{3a}, V. Vimal^{3b} and V. Veera Thamarai Selvi⁴

¹*Department of Biotechnology, J.J college of Arts and Science, Pudukottai, India*

²*Department of Biotechnology, Bharathidasan University, Trichy, India*

^{3a}*School of Life Sciences, Department of Biotechnology, University College of Engineering, JNTU, Kakinada, Andhra Pradesh, India*

^{3b}*Department of Biotechnology, Bishop Heber College, Trichy, India*

⁴*Department of Biochemistry, J.J college of Arts and science, Pudukottai, India*

ABSTRACT

*The present study was undertaken to examine the inhibitory effect of the Bulbs part of Onion (*Allium cepa*.L) on Lead acetate induced hepatotoxicity in Liver. Enhanced synthesis of Total cholesterol and decreased synthesis of HDL cholesterol were observed in the liver of Lead acetate poisoned rats. Administration of the Paste of *Allium cepa* 500 mg/kg body weight effectively suppressed the synthesis of cholesterol in the liver, thus controlling the effect of Lead acetate. The results suggest that *Allium cepa* may exert a protection effect by inhibiting the synthesis of cholesterol and the vitamins induced by Lead acetate.*

Key words: Lead acetate intoxication, Onion (*Allium cepa*.L), Cholesterol, Lipoprotein.

INTRODUCTION

Onion (*Allium cepa*.Linn), commonly used in our daily diet has been extensively studied for its therapeutic uses. Onion extract has been reported to effectively decrease the lipid levels in experimental animals [1,2].

There is an explosion of global awareness concerning increasing imbalances in natural ecosystem. Therefore various measures are being taken up to correct the root cause of the imbalances. Metals play an important role in biological process. They are essential components of life, but are harmful when present in excess [3]. Lead toxicity has emerged as an important

global problem with public health consequences particularly in children [4]. Lead represents an exclusive case (among cumulative metal contaminants) because of its ubiquitous presence in the environment and easy recognition of its major sources, which give rise to environmental pollution [5]. Lead especially Lead acetate and Lead phosphate has been anticipated to be a carcinogen (possible human carcinogen) by DHAS, IARC, EPA, and WHO [6]. Profiles of lipids and lipoproteins are of paramount importance for their role in maintaining membrane integrity and in regulating cellular process. Profound alterations in the composition and morphology of RBC'S have been observed in a variety of pathological conditions [7,8,9]. Plasma lipid levels and lipoprotein patterns are labile and affected by diet etc, which may be reflected in the lipid composition of the membrane.

MATERIALS AND METHODS

Animals

Male albino rats aged 8-10 weeks were obtained from Indian Institute of sciences (IIT), Bangalore, India, were housed six in a polypropylene cage and provided with food and water *ad libitum*. The animals were maintained in a controlled environment under standards conditions of temperature and humidity with an altering 12hr light/dark cycles. All animals were fed with standard pellet diet (Hindustan Level Limited, India).

Treatment Schedule

The animals were randomised into experimental and control groups and divided into 4 groups of six animals each. Animals in

Group-I were control which had free access of double deionised water alone.

Group-II Animals were Lead acetate given animals which had free access of lead acetate in deionized water in a concentration of 200 ppm for 90 days.

Group-3 Animals received Lead acetate in water for 90 days and then they were treated with the extract of *Allium cepa* .L orally at a dose of 500mg/kg body weight orally daily for 21 days.

Group-4 Animals received the extract of *Allium cepa* .L orally at a dose of 500mg/kg body weight orally daily for 21 days.

Estimations

Blood samples were collected in heparinized tubes and were centrifuged at 1000 g for 15 mins, to separate the plasma. Lipids in plasma were estimated by the method of Parekh and Jung [10] (Total cholesterol), Phospholipids [11], Triglycerides [12] and HDL cholesterol [13].

Statistical analysis

The data are presented as means \pm S.D statistical significance was calculated using students "t"-Test.

RESULTS AND DISCUSSION

Table: 1 Plasma lipid profiles (mg/dL⁻¹) of Normal, Control and Treated animals

S. No	Parameters	Control	Lead acetate	Lead acetate + <i>Allium cepa</i> .L	<i>Allium cepa</i> .L
1	Total cholesterol	57.3±2.97	69.7±1.61*	33.8±1.69*a	55.6±4.76*
2	Phospholipids	192.02±10.41	172.8±9.17*	102.4±5.92*a	190.8±8.21*
3	HDL cholesterol	16.6±0.79	9.9±0.47*	8.4±1.12*a	16.2±0.52*
4	LDL cholesterol	4.4±0.21	17.2±6.84*	3.6±1.85*a	8.8±2.84*
5	VLDL cholesterol	15.66±0.88	29.36±1.6*	17.16±1.25*a	14.3±1.44*
6	Triglycerides	78.3±3.92	146.8±7.35*	85.8±4.29*a	80.6±5.66*

Means±S.D

*→As compared with Normal<0.005; P<0.001(Student t-test).

a→As compared with Normal<0.001(Student t-test).

NS→Not significant.

Table-1 shows the plasma lipid profiles of normal, control and Lead acetate treated animals. Total cholesterol, HDL Cholesterol and Phospholipids were significantly lower whereas LDL Cholesterol, VLDL cholesterol and TG's were significantly higher. Lead acetate treated groups showed a pattern of significant difference which proves the therapeutic effect of the drug.

Table 2: Plasma, Vit- E and Vit-C (mg/dL⁻¹) contents of Normal, Control and Treated animals

S. No	Parameters	Control	Lead acetate	Lead acetate + <i>Allium cepa</i>	<i>Allium cepa</i>
1	Vit-E	3.25±0.49	2.57±0.18**	3.28±0.47*** ^a	3.75±0.68**
2	Vit-C	1.38±0.29	0.68±0.03***	1.17±0.42*** ^a	1.25±0.34***

Means±S.D

*→As compared with Normal<0.005; P<0.001(Student t-test).

a→As compared with Normal<0.001(Student t-test).

NS→Not significant.

Vit-E and Vit-C contents in plasma of control animals showed significant decreases when compared to normal and a marked increases in the drug treated animals which is indirectly related to the lipid profiles in Table-1.

DISCUSSION

Our study suggest shows that *Allium cepa* have hypolipidemic effects. The various serum lipids like total cholesterol, triglycerides, VLDL and LDL cholesterol decreases in both in normal and lead acetate treated rats after administration of *Allium cepa*. Our results are in concordance with the report of Sharma [14] shows a decreased level of total cholesterol, LDL, VLDL cholesterol and triglycerides in lead acetate treated with *Allium cepa*. The enhanced plasma cholesterol level can cause a rise in plasma LDL, in which cholesterol is the predominant lipid. An elevated cholesterol level causes a suppression of LDL receptor activity, being increasing the plasma LDL level which in turn raises the plasma cholesterol level [15]. A reduction in plasma HDL cholesterol has been reported in Lead acetate control animals. The decreased in HDL cholesterol in the present study may be due to either increased LDL cholesterol, VLDL, TGs or diminished Lecithin cholesterol acyl transferase (LCAT) activity. It is well reported that an increase in the de novo synthesized fatty acids may contribute to not only increase the hepatic TGL synthesis, but also HDL secretion after high carbohydrate diets. HDL is known to be involved in the

transport of cholesterol from tissues to the liver for its catabolism [16]. The increase in plasma cholesterol observed in our study is in agreement with the previous findings Krishnakumar [17].

Vitamin-E as a lipid soluble, chain breaking antioxidant [18], plays a major protective role against oxidative stress [19] and prevents the production of lipid peroxide by scavenging free radicals in biological membrane [20]. In the tissue of vitamin E deficient animals, it is reported that lipid peroxidation is enhanced suggesting that vitamin-E plays a role as physiological antioxidant on its chemical properties, and prevent oxidation of low density lipoprotein. While vitamin-C the most abundant water-soluble antioxidant in the body acts primarily in cellular fluid of particular in combating free radical for caused by pollution furthermore vitamin-C help vitamin-E to return to its active form [21]. The decrease in Vit-E and Vit-C levels in lead acetate intoxicated control animals was observed. Hence the increased total cholesterol and decreased HDL cholesterol seen in the present study may be related to deficiency of Vit-E and Vit-C.

CONCLUSION

In this present study we suggest that *Allium cepa*.L may be implicated as a biopotency agent for therapeutic purposes. However, more mechanistic studies are essential to elucidate the specific mechanisms by which *Allium cepa* .L protect against the Lead acetate induced liver Toxicity.

Acknowledgement

Authors are thankful to J.J College of arts and science for providing the facilities for me. I would thank to Mr. J.Arul Joshva, Mr.J. Soosai, Mr.Raja and Miss.Karthike Mary Albert and Miss. Sharmaila John peter, for encouraging me to do my project. I would like to thank A.Vmal for providing fund to me carrying out my project.

REFERENCES

- [1] Bordia A, Bansal HC, Arora SK & Singh SV. *Atherosclerosis* **1975**;21:15-19.
- [2] Bordia A, Verma SK & Vyas AK. *Atherosclerosis* **1977**;26:375-386.
- [3] Ashok K Tiwari. *Current science* **2001**; 81: 9-10.
- [4] Indian Paediatrics, vol 35. March **1998**(Editorial).
- [5] Hymavathi V and Rao LM. *Bulletin of pure and applied sciences* **2000**;19A:1-15.
- [6] World Health Organisation (W.H.O) .Lead –Environmental aspects. Environmental Health Criteria No.85, Geneva, W.H.O.**1989**.
- [7] Wahi PN. *Bulletin of the world health organization* **1968**;38:495-521.
- [8] Cooper RA, Leslie MH, Knight D and Detweiler DK. *J.Lipid Res* **1980**; 21:1082-1089.
- [9] Cooper RA. *N.Engl.J.Med* **1977**;29:371-377.
- [10] Parekh AC and Jung DH. *Anal.chem* **1970**; 42:1423-1427.
- [11] Zilversmit DB and Davies AK. *J.Lab.clin.Med* **1950**;35:155-160.
- [12] Rice EW. In:Roderick,P. and Mac Donald,R.P(eds).*Standard methods of clinical chemistry* **1970**;6:215-222.Academic press,Newyork.
- [13] Gidez IT, Miller GJ, Burstein M. *J.Lipid Res* **1982**; 23:1206-1223.
- [14] Sharma RD,Raghuram TC, Rao NS.*Eur J Clin nutr* **1990**;44:301-306.
- [15] Zilva JF. Plasma lipids and lipoprotein. In : Zilva JF, Peters RP and Philip DM.(eds),*Clinical chemistry in Diagnosis and treatement* **1988**:236-240,Lioyol-luke,London.

- [16] Mathew S, menon VP and Kurp PA. *Indian J Biochem Biophy.* **1981**; 18-731.
- [17] Krishnakumar K, Augusti KT and Vijayammal M. *Med Sci Res* **2000**;28:65-67.
- [18] Kagan VE, Bakalova RA, Hoynova GM, Tyurin VA, Serbinova EA, Petkov W. *Springer-Verlag Berlin.***1992**;49-61
- [19] Fraga CG, Arias RF, Liesuy SF, Koch OR, Boveris A. *Chemiluminescence Biochem J.* **1987**;242:332-386.
- [20] Suga, T, Watanabe, T, Matsumoto, Y, Hories S. *Biochimica et Biophysica Acta.***1984**; 794:18-241.
- [21] Zhang J, Jiang S, Watson R. *Environ Health Persp.* **2001**;109:1007-1009.