



Anti-ulcerative colitis effect of *Moringa oleifera* seeds and Egyptian propolis methanol extracts in a rat model.

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Abstract:

To analyze the phytochemical constituents, and to explore potential protective effect of the methanol extract of *Moringa oleifera* (*M. oleifera*) seeds and Egyptian propolis, each alone or concurrently administered on acetic acid-induced ulcerative colitis in rats. Methods: Eight groups of 5 rats each were used: normal control group with distilled water, model group, two groups with *M. oleifera* seeds (100 and 200 mg/kg), two groups with propolis (50 and 100 mg/kg), one group with concurrent administration of both, and one group with prednisolone (reference drug). Macro-and microscopic picture, ulcer index and lesion scores, oxidative markers, inflammatory mediators, in vitro activity of the inflammatory enzymes and 1, 1-diphenyl-2-picrylhydrazyl free radicals scavenging activity were evaluated. The phytochemical constituents of both extracts were explored by GC-MS analysis. Results: Both treatments modulated the macro-and microscopic picture, decreased the ulcerative index, lesion score, oxidative markers and inflammatory mediators, and inhibited the COX-1 and COX-2 enzymes. Propolis appeared to be powerful free radicals scavenger. A powerful synergistic effect of both treatments in modulating the course of the disease was reported. GCMS analysis of methanol extract of *M. oleifera* seeds and propolis revealed the presence of 50 and 34 compounds, respectively. Conclusions: *M.*



oleifera seeds and propolis methanol extracts have modulated the course of acetic acid-induced ulcerative colitis. Moreover, both treatments induce a good synergistic effect against the disease. Isolation of the active constituents is recommended.

Biography:

Shima A H Atta, faculty member for Pharmacology currently living in Egypt, the Doctor of Pharmacy Program at Duquesne U. With an expansive resume, no doubt I could make an impact in a project for promoting a new role of pharmacists counseling patients regarding their medications and being reimbursed for their efforts. In January 1st, 2006, the Medicare Prescription Part D Plan was enacted that made this new role a reality. Pharmacists in retail settings began to work with clinics (managed by a nurse practitioner)

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