

RESEARCH ARTICLE

Annals of Biological Sciences 2014, 2 (3):48-55

Study of analgesia caused by some commonly used herbs in the kingdom of Saudi Arabia

Y.G. Gouda^{1,2*}, F.S. Hamam³, M.M. Al-Remawi⁴, M.A. Abdallah⁵, M.A. Al-Abbadi⁵, S.M. Al-Shehary⁵, R.T. Al-Gohary⁵ and K.M. Mohamed^{1,2}

¹Dept. of Pharmacognosy, College of Pharmacy, Taif Univ., Taif, Al-Haweiah, P.O. Box 888, KSA
 ²Dept. of Pharmacognosy, Faculty of Pharmacy, Assiut Univ., Assiut, 71526, Egypt.
 ³Department of Pharmacology and Toxicology, College of Pharmacy, Taif Univ., Taif, Al-Haweiah, P.O. Box 888, KSA
 ⁴Department of Pharmaceutics and Pharmaceutical Technology, College of Pharmacy, Taif Univ., Taif, Univ., Taif,

Al-Haweiah, P.O. Box 888, KSA

⁵Department of Clinical Pharmacy, College of Pharmacy, Taif Univ., Taif, Al-Haweiah, P.O. Box 888, KSA

Corresponding Email: ghallab68@yahoo.com

(Accepted on: 7-6-14)

ABSTRACT

(Received on:10-5-14)

The analgesic activity of the aqueous extracts of fifteen herbal drugscommonly used in folk medicine in treatment of various conditions were chosen for evaluating their analgesic activity and nothing was traced in the current literature about their analgesic effect. The selected plants arestar anise, lemon peel, halfa-bar, fennel, orange peel, becham, asafoetida, marjoram, clove, black pepper, cinnamon, benzoin, rhubarb, vanilla and Ammi-visnaga. Based on proper statistical analysis using the standard Edyys' hot plate method, the obtained results showed that some plants had analgesic effect and the most promising plants werebecham, marjoram, rhubarb and Ammi-visnagacompared to the negative control (normal saline) and positivecontrol (diclofenac sodium).

Keywords: commonly used herbal drugs; analgesic activity; hot-plate method.

INTRODUCTION

Pain is a common, highly unpleasant physical sensation caused by illness, injury or other stimuli. Analgesics or pain killers are drugs that used to achieve analgesia, it act in different ways either oncentral and/orperipheral nervous systems. Far from chemical medicaments, the search for better and safer ways of relieving pain throughout human historyled to the use of herbs as analgesic medicines. In this study, fifteen plants that are used in folk medicine in KSA for treatment of various conditions were extracted and investigated for their analgesic activity. Reviewing the current literature, nothing was traced about the analgesic activity of the selected plants. The investigated plants of this study include fruits of star anise, lemon peel, fennel, orange peel, black pepper, vanilla and *Ammi-visnaga*; aerial parts of half a-bar, barks of becham and cinnamon; leaves of marjoram; flowers of clove; rhizomes ofrhubarb; balsams of benzoin and resin combinations of asafoetida. Star anise, *Illiciumverum* Hook.(Illiciaceae),is an aromatic star-shaped fruit used as a spice and has been shown to be effective intreatment of inflammation, rheumatic pain, vomiting and insomnia. The plant is rich in lignans and sesquiterpenes which many studies have shown its neurotoxic and neurotrophic effects[1].Lemon peel is the outer part of lemon fruits of *Citrus limonL*. (Rutaceae). It

Available online at http://abiosci.com/archive.html

contains at least 2.5% of volatile oils, vitamin C, flavonoid hesperidin and other flavanone glycosides and mucilage. It is mainly used as flavouring agent and its volatile oil can be used for treatment of hypertension, dyspepsia, anaemia, acne and arthritis[2].Halfa bar, CymbopogonproximusStapf.(Graminae), is a wild perennial grass contains volatile oil and it is used in traditional medicine as a diuretic, antispasmodic and to help small stones removal from the urinary tracts[3]. The antimicrobial, antioxidant, antiemetic, hypotensive and anticonvulsant studies were done[3-5].Fennel, Foeniculumvulgare Mill.(Apiaceae), is an aromatic plant used as carminative, digestive, lactogogue, diuretic and in treating respiratory disorders. It containsphenols, phenolic glycosides and volatile oils[6].Orange peel, Citrus aurantiumL. var. sinensis (Rutaceae), containsvolatile oil and flavonoids and it is used as flavouring agent[2]. Becham, Commiphoraopobalsamum L.Engl. belongs to the family Burseraceae. It has been used for treatment of chest, stomach and kidney complaints. It is also used to relieve rheumatic pain, scurvy and jaundice. The plant containstriterpenes, flavonoids, syringic acid and volatile oils and has antihypertensive, hepatoprotective and ulcer protective activities[7-11]. Asafoetida, Ferula assa-foetida L. Qis obtained from the family Apiaceae. It consists of a mixture of volatile oil, gum and resin exudates. It has been used as a spice and as aphrodisiac, a sedative and to produce diuresis[12]. Marjoram, OriganummajoranaL.(family Lamiaceae) is a bushy widely used shrub. It contains a range of biologically active compounds, including flavonoids, phenolicterpenoids, phenolic glycosides, tannins, and sitosterol. Many studies showed that marjoram possess antiviral, bactericidal, antiseptic, antifungal, antioxidant, antitumor, hepatoprotective, pediculicides and ovicides activities [13-17].Clove, Eugenia caryophyllata Thunb. (Myrtaceae) is aromatic flower budsrich with volatile oil and used to relief toothache. Several studies demonstrated that clove has antifungal, antiviral, antimutagenic, anti-inflammatory, antiulcerogenic, antithrombotic and antiparasitic activities[18].Black pepper, Piper nigrumL., belongs to the family Piperaceae and it is one of the famous and most extensively used spices. Its activityis due to piperinealkaloid and many biological effects have been reported[19, 20]. Cinnamon, Cinnamonumzeylanicum Blume from the family Lauraceae, is an aromatic volatile oil containing plant having several applications in flavoring, perfumery, beverages and medicines[21, 22]. Biological studies showed anti diabetic, antioxidant, antifungal, antimutagenic, anticardiovascular, anti-inflammatory, antiulcer, antiviral, antihypertensive and cholesterol and lipid-lowering activities[21-26]. Benzoinis a balsamic resin obtained from the incised stem of Styrax benzoin Dry and (Styracaceae). It contains balsamic acids and their esters and triterpenoid. The tincture can be inhaled in steam for bronchitis and colds and internally, acts as an expectorant and antiseptic [2,27]. Rhubarb, Rheum palmatum L. (Polygonaceae), has been traditionally used as a laxative and an antidiarrheal agents due to the anthraquiononeand tannin contents[28, 29].Hot water extracts of rhubarb showed molluscicidal activity[30].Vanilla pod,Vanilla planifoliaAndr. (Orchidoceae) is the most popular flavoring agent in food industry. It is also used in cosmetic (perfumes) and in pharmaceutical industries due to vanillin content. The fruits of Ammi-visnaga L.Lam.(Apiaceae) isused in traditional medicine for treatment of urinary tract stones due to the presence of furanochromones[2, 31-34].

MATERIALS AND METHODS

Plant materials

The plants used in this study were purchased from a local market in Taif city which is located in the Western region of KSA. Each plant was separately air-dried in the shade and grounded.

Standard material for analgesic activity

Diclofenac sodium(Novartis, Basel, Switzerland) was obtained from local drug market.

Preparation of the crude plant extracts

Exact weight (50g) of each air-dried plant powder was separately extracted using hot water by infusion method until exhaustion. The total aqueous extract of each plant was concentrated under vacuum using rotary evaporator and lyophilized using a freeze-dryer. The dry weight obtained from each extract as follows: Star anise(4.5 g), Lemon peel (6.6 g), Half-bar (1.2 g), Fennel (3.3 g), Orange peel (6.2 g), Becham (2.6 g), Asafetida (1.9 g), Marjoram (1.9 g), Clove (9.9 g), Black pepper (1.4 g), Cinnamon (3.3 g), Benzoin (0.1 g), Rhubarb (1.2 g), Vanilla (1.1 g), Ammi-visnaga (2.6 g). All extracts were kept at -20° C till used for analgesic study.

Animals

The experiment was performed using Wistar male mice, weighing 25–30 g, obtained from animal house of King Abdul-Aziz University, Jeddah, KSA. The mice were housed in standard environmental conditions and fed standard laboratory diet with free access to water and were kept for seven days with 12 h light/ dark cycle prior conducting the analgesic study. The present work followed the Ethics guidelines of EEC999 of Europe 1982.

#	# ID		STD	CV
-ve control	Normal Saline	8.38	2.38	-
	Diclofenac			
+ve control	Sod.	15.27	4.00	-
1	Star anise	9.05	2.16	23.83
2	Lemon peel	9.78	1.09	11.14
3	Half-bar	10.48	1.32	12.56
4	Fennel	10.71	2.39	22.27
5	Orange peel	11.85	2.93	24.71
6	Becham	14.89	3.08	20.72
7	Asafoetida	10.31	0.57	5.55
8	Marjoram	15.27	2.63	17.21
9	Clove	11.21	0.79	7.09
10	Black pepper	13.12	3.83	29.2
11	Cinnamon	12.8	1.67	13.02
12	Benzoin	13.95	3.21	23.04
13	Rhubarb	14.39	3.8	26.4
14	Vanilla	12.08	1.84	15.26
15	Ammi-visnaga	15.3	2.21	14.48

Table 1: The analgesic activity of negative, positive controls and plant extracts

ID: identity AVG: averageSTD: standard deviation CV: coefficient of variation

 Table 2:Means for survival time for plants (1-12) obtained using the nonparametric estimator of the function of survival using the Kaplan Meier test

			95% Confidence Interval			
Factor	Estimate	Std. Error	Lower Bound	Upper Bound		
1- Star anise	10.311	1.488	7.394	13.227		
Diclofenac Sod.	15.272	1.787	11.770	18.774		
Overall	12.566	1.340	9.940	15.192		
2- Lemon peel	9.252	.664	7.950	10.553		
Diclofenac Sod.	15.272	1.787	11.770	18.774		
Overall	11.988	1.265	9.509	14.467		
3- Half-bar	10.484	.537	9.431	11.537		
Diclofenac Sod.	15.272	1.787	11.770	18.774		
Overall	12.660	1.108	10.489	14.832		
4- Fennel	10.712	1.066	8.622	12.802		
Diclofenac Sod.	15.272	1.787	11.770	18.774		
Overall	12.992	1.241	10.560	15.424		
5- Orange peel	11.852	1.196	9.507	14.197		
Diclofenac Sod.	15.272	1.787	11.770	18.774		
Overall	13.406	1.123	11.206	15.607		
6- Becham	14.890	1.259	12.423	17.357		
Diclofenac Sod.	15.272	1.787	11.770	18.774		
Overall	15.064	1.008	13.088	17.039		
7- Asafoetida	11.243	.951	9.380	13.107		
Diclofenac Sod.	15.272	1.787	11.770	18.774		
Overall	13.075	1.109	10.901	15.248		
8- Marjoram	14.405	1.296	11.865	16.945		
Diclofenac Sod.	15.272	1.787	11.770	18.774		
Overall	14.799	1.028	12.784	16.814		
9- Clove	11.085	.318	10.462	11.708		
Diclofenac Sod.	15.272	1.787	11.770	18.774		
Overall	12.988	1.021	10.987	14.989		
10- Black pepper	12.229	1.659	8.978	15.480		
Diclofenac Sod.	15.272	1.787	11.770	18.774		
Overall	13.612	1.249	11.164	16.061		
11- Cinnamon	12.322	.777	10.799	13.844		
Diclofenac Sod.	15.272	1.787	11.770	18.774		
Overall	13.663	.980	11.742	15.584		
12- Benzoin	13.152	1.420	10.369	15.934		
Diclofenac Sod.	15.272	1.787	11.770	18.774		
Overall	14.115	1.114	11.932	16.299		

Available online at http://abiosci.com/archive.html

				95% Confide	ence Interval	
	Factor	Estimate	Std. Error	Lower Bound	Upper Bound	
	13- Rhubarb	13.173	1.819	9.608	16.737	
	Diclorenac Sod.	15.272	1.787	11.770	18.774	
	14-Vanilla	15 300	1.202	12 791	17.809	
	Diclofenac Sod.	15.272	1.787	11.770	18.774	
	Overall	15.282	1.147	13.034	17.531	
	15- Ammi-visnaga	12.080	.921	10.275	13.885	
	Diclofenac Sod.	15.272	1.787	11.770	18.774	
	Overall	13.853	1.159	11.582	16.124	
					——— Tii	me (sec.) 25.00
	Т	_				20.00
						15.00
		 	<u>i</u>			T 10.00
						L
						0.00
Armin visnals Var	August Sector Unstron Back People	Mail AS	atetida tan Orange	peetennel toat	peel anise tena	Saine

 Table 3: Means for survival time for plants (13-15) obtained using the nonparametric estimator of the function of survival using the Kaplan Meier test

Fig. 1: The analgesic activity of negative control, positive control and different plant extracts

Analgesic study

The analgesic study was performed by the standard"hot-plate" method which is specifically used for the screening of centrally acting analgesics, according to Eddy and Leimback[35] with slight modifications. Analgesics which act centrallycause prolongation of the latency times of response i.e. jumping and licking of the paws. In this study, the mice were divided into 17 groups each of 6 mice. Group 1 (negative control) received normal saline, group 2 (positive control) received diclofenac sodium (1 mg/kg) via intraperitoneal injection and groups 3-17 received plant extracts(300 mg/kg). The mice in each group were left at room temperature for one hour period prior to pain induction using Eddys'hot plate. The mice were placed on Eddys' hot plate at a temperature of $55 \pm 0.50^{\circ}$ C in order to note the animal's reaction to heat pain (licking of the forepaws or jumping). A cut off time of 15 sec, was set to prevent any damage of the paw.

Y.G. Gouda et al

Statistical analysis

The statistical significances were examined using analysis of variance (ANOVA). All statistical analysis was conducted via SPSS program version 14.0.1. The significance of the differences was determined at a 95% confidence interval, and values of p < 0.05 were considered to be statistically significant. Survival analysis was performed using Kaplan-Meier of SPSS 14.0.1.



A: animals treated with normal saline and those treated with diclofenac sodium B: animals treated with diclofenac sodium and those received extract of Rhubarb (13) C: animals received diclofenac shows cumulative survival against time (sec) of animals treated with diclofenac sodium and those mice received extract of Marjoram (8) D: represents SA of animals received diclofenac and those received extract of Becham (6).

Available online at http://abiosci.com/archive.html





Y.G. Gouda et al

RESULTS AND DISCUSSION

The analgesic activity results are listed in Table 1 and illustrated in Fig. 1. The results showed that some plants as becham (6), marjoram (8), black pepper (10), cinnamon (11), benzoin (12), rhubarb(13) and Ammi-visnaga (15) had analegsic effect. The most promising plants are becham (6), marjoram (8), rhubarb (13) and Ammi-visnaga (15) compared to the negative control received normal saline, however, these plants showed analgesic activities but statistically insignificant (p > 0.05) compared to the positive control that received diclofenac sodium. The remaining plants didn't show singificant analgesic activity (p > 0.05) compared to the positive control. The activity of rhubarb and becham may be attributed to the tannin and terpenoid compunds respectively while in Ammi-visnagaitis attributed to furanochromone derivatives as khellin and visnagin which reported to have antiinflammatory and analgesic activities [36-38]. The activity of marjoram may be attributed to its tannin andflavonoid content.

Survival analysis was performed using Kaplan-Meier of SPSS, because the outcome factor is the time until the happening of an event of interest (licking forepaws). For example, if the event is licking of forepaws by a mouse in response to induced heat pain, then the survival time can be the time in seconds until that mouse develops a response (licking forepaws). Another advantage of using survival analysis is censoring, which is a significant issue in this kind of analysis. When an animal died before the end of the experiment and did not experience the event (licking forepaws). This animal's survival time can be censored. Furthermore, the Kaplan-Meier method can generate the characteristic "stair step" survival curves. Mean for survival analysis for the positive control and the fifteen plants are shown in Table 2 and 3. Since the most promising plants in terms of analgesic activities are becham (6), marjoram (8), rhubarb (13) and Ammi-visnaga (15), the discussion using the survival analysis (SA) will directed toward the above mentioned plants. The significance of the differences was calculated at a 95% confidence interval. SA showed confidence interval (CI) of becham (6) 12.423-14.197, while the CI of the positive control (diclofenac sodium) was 11.77-18.774 (Table 2). Upon careful testing of these two CI, it was clear that there was an overlapping among them. This overlapping was further confirmed via visual inspection of the survival curve (Figure 2C). The X- axis of the survival curve (Figures 2 & 3) showed the time (sec) to event (response), while the Y- axis showed the probability of survival. Any point on the curve indicates the possibility that any mouse of a given group will respond to the heat stimuli and remains in the study past that time. Overlapping was very clear at the upper limit of CI, this means that analgesic activity of bechamwassimilar to the positive control but statistically insignificant (p>0.05). CI of marjoram (8) was 11.865-16.945, while the corresponding CI of diclofenac sodium was 11.77-18.774 (Table 2). Results of SA clearly indicated overlapping between two CIs especially at the upper limit. This overlapping was confirmed upon testing the survival curve (Figure 2D), which pointed out that this plant displayed certain analgesic activity close to the diclofenac but still statistically insignificant (p>0.05). The same trend was noted for the rhubarb (13) and Ammi-visnaga (15) (Table 3, Figure 2B and Figure 3B).

REFERENCES

- [1] G-W Wang, W-T Hu, B-K Huang, L-P Qin, Journal of ethnopharmacology 2011, 136, 10-20.
- [2] WC Evans, Trease and Evans' pharmacognosy. Elsevier Health Sciences, 2009.
- [3] SA Selim, grasas y aceites 2011, 62, 55-61.
- [4] RN de Almeida, F Agra Mde, FN Maior, DP de Sousa, Molecules 2011, 16, 2726-42.
- [5] KE El Tahir, MS Abdel-Kader, Research Journal of Medicinal Plant 2008, 2, 53-60.
- [6] MA Rather, BA Dar, SN Sofi, BA Bhat, MA Qurishi, Arabian Journal of Chemistry 2012.

[7] T Al-Howiriny, M Al-Sohaibani, M Al-Said, K El-Tahir, S Rafatullah, Drugs under experimental and clinical research 2004, 30, 213-220.

[8] SM Al-Massarany, FA Abbas, B Demirci, KH Baser, SI Khan, AJ Al-Rehaily, JS Mossa, EA Abourashed, *Journal of Herbs, Spices & Medicinal Plants* **2008**, 13, 111-121.

[9] T Al-Howiriny, M Al-Sohaibani, M Al-Said, M Al-Yahya, K El-Tahir, S Rafatullah, *Journal of ethnopharmacology* **2005**, 98, 287-294.

[10] A-S Abdul-Ghani, R Amin, Journal of ethnopharmacology 1997, 57, 219-222.

[11] FA Abbas, SM Al-Massarany, S Khan, TA Al-Howiriny, JS Mossa, EA Abourashed, *Natural Product Research* 2007, 21, 383-391.

[12] M Iranshahy, M Iranshahi, Journal of ethnopharmacology 2011, 134, 1-10.

[13] AA Shati, Saudi Med J 2011, 32, 797-805.

[14] E Vági, E Rapavi, M Hadolin, K Vasarhelyine Peredi, A Balázs, A Blázovics, B Simándi, Journal of agricultural and food chemistry 2005, 53, 17-21.

- [15] Y-C Yang, SH Lee, JM Clark, Y-J Ahn, Journal of agricultural and food chemistry 2009, 57, 2282-2287.
- [16] A Mossa, G Nawwar, Human & experimental toxicology 2011, 30, 1501-1513.
- [17] E Vági, B Simándi, Á Suhajda, É Héthelyi, Food Research International 2005, 38, 51-57.
- [18] J Singh, A Baghotia, S Goel, Int. J. Res. Pharm. Biomed. Sci 2012, 3, 1469-1475.
- [19] K Srinivasan, Critical reviews in food science and nutrition 2007, 47, 735-748.
- [20] M Meghwal, T Goswami, Phytotherapy Research 2013, 27, 1121-1130.
- [21] GK Jayaprakasha, L Jagan Mohan Rao, KK Sakariah, *Journal of agricultural and food chemistry* **2003**, 51, 4344-4348.
- [22] G Jayaprakasha, M Ohnishi-Kameyama, H Ono, M Yoshida, L Jaganmohan Rao, *Journal of agricultural and food chemistry* **2006**, 54, 1672-1679.
- [23] Y Xing, X Li, Q Xu, J Yun, Y Lu, International Journal of Food Science & Technology 2010, 45, 1837-1842.
- [24] G Jayaprakasha, P Negi, B Jena, L Jagan Mohan Rao, *Journal of Food Composition and Analysis* 2007, 20, 330-336.
- [25] Y Shen, L Jia, N Honma, T Hosono, T Ariga, T Seki, *Journal of Traditional and Complementary Medicine* 2012, 2, 27.
- [26] P Ranasinghe, R Jayawardana, P Galappaththy, G Constantine, N de Vas Gunawardana, P Katulanda, *Diabetic Medicine* **2012**, 29, 1480-1492.
- [27] http://en.wikipedia.org/wiki/Tincture of benzoin.
- [28] Z Wang, P Ma, L Xu, C He, Y Peng, P Xiao, Chemistry Central Journal 2013, 7, 170.
- [29] J Barnes, LA Anderson, JD Phillipson, Herbal Medicines. Third ed., Editor, pharmaceutical Press, UK, 2007.
- [30] S Liu, F Sporer, M Wink, J Jourdane, R Henning, Y Li, A Ruppel, *Tropical Medicine & International Health* **1997**, 2, 179-188.
- [31] H Jouad, M Maghrani, M Eddouks, Journal of Herbal Pharmacotherapy 2002, 2, 19-29.
- [32] ZA Khan, AM Assiri, HM Al-Afghani, TM Maghrabi, *International Urology and Nephrology* **2001**, 33, 605-608.
- [33] P Vanachayangkul, K Byer, S Khan, V Butterweck, *Phytomedicine* **2010**, 17, 653-658.
- [34] P Vanachayangkul, N Chow, SR Khan, V Butterweck, Urological Research 2011, 39, 189-195
- [35] NB Eddy, D Leimback, J Pharmacol Exp Therap 1953, 107, 9.
- [36] AA. Abu-Hashem, MM. Youssef, Molecules 2011, 16, 1956-1972.
- [37] GSB Viana, MAM Bandeira, LC Moura, MVP Souza-Filho, FJA Matos, RA Ribeiro *Phytotherapy Research*, **1997**, 11, 118-122.
- [38] S Su, T Wang, JA Duan, W Zhou, YQ Hua, YP Tang, L Yu, DW Qian, *Journal of Ethnopharmacology*, **2011**, 134, 251–258.