

Seabuckthorn (*Hippophae rhamnoides* and *Hippophae salicifolia*) Seed Oil in Combating Inflammation: A Mechanistic Approach

Suchita Dubey, M. V. Ramana, Anuradha Mishra¹, Pushpraj S. Gupta², Himani Awasthi

Department of Pharmacology, Amity Institute of Pharmacy, Amity University, Lucknow Campus, ¹Department of Pharmacology, Faculty of Pharmacy, Integral University, Lucknow, ²Department of Pharmacy, Faculty of Health and Allied Sciences, SHIATS, Formerly Allahabad Agricultural University, Allahabad, Uttar Pradesh, India

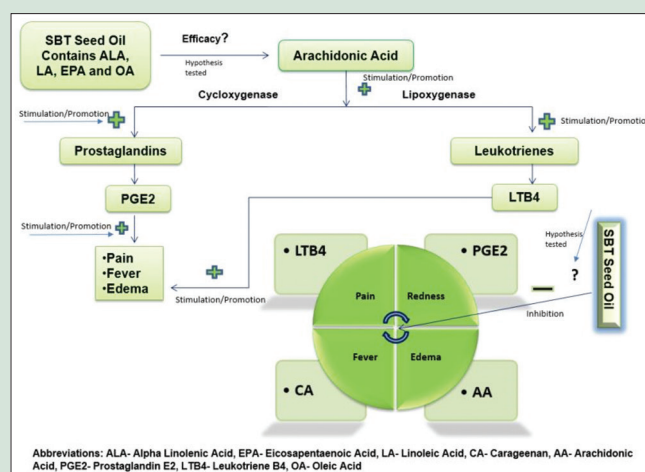
ABSTRACT

Objective: This study assessed and compared *in vivo* anti-inflammatory activity of *Hippophae rhamnoides* (HR) and *Hippophae salicifolia* (HS) seed oil. **Materials and Methods:** HR and HS seed oil was extracted by Soxhlet apparatus and characterized using gas chromatography mass spectroscopy. Wistar rats were used for predicting anti-inflammatory activity. **Results:** HR and HS (2 and 4 ml/kg, respectively) exhibited dose-dependent inhibition of carrageenan-, histamine-, prostaglandin-, bradykinin-, and arachidonic acid (AA)-induced paw edema. Significant leukotriene-induced inhibition was observed in HR. Myeloperoxidase (MPO) and lipid-peroxidase (LPO) assays were performed and HR and HS seed oil significantly decreased the level of MPO and LPO at 4 ml/kg dose ($P < 0.001$). **Conclusion:** Dual inhibition of AA metabolism in HR and cyclooxygenase inhibition in HS was observed that might be attributed to the presence of polyunsaturated fatty acids (PUFAs), specifically, a correct balance of n-3 and n-6 PUFAs. However, the findings should be interpreted in the light of limitation of this study. Detailed experimentation at enzymatic levels would further help in substantiating the results inferred in this study.

Key words: Antibradykinin, antihistaminic, arachidonic acid, leukotriene, polyunsaturated fatty acid, prostaglandin

SUMMARY

- In summary, this study provides an important insight into the anti-inflammatory potential of *Hippophae rhamnoides* and *Hippophae salicifolia* seed oil. This study not only evaluates and compares the potential of these seed oil but also provides a plausible mechanistic and biochemical explanation behind the therapeutic potential.



Abbreviations Used: AA: Arachidonic acid, ALA: Alpha linolenic acid, COX: Cyclooxygenase, EPA: Eicosapentaenoic acid, GCMS: Gas chromatography-mass spectroscopy, HR: *Hippophae rhamnoides*, HS: *Hippophae salicifolia*, ip: Intraperitoneal, LOX: Lipoxygenase, LPO: Lipid peroxidase, LTB₄: Leukotriene B₄, LTs: Leukotrienes, MPO: Myeloperoxidase, PGE₂: Prostaglandin E₂, PGs: Prostaglandins, PUFA: Poly unsaturated fatty acid, SBT: Seabuckthorn

Correspondence:

Dr. Himani Awasthi,
Department of Pharmacology, Amity Institute of Pharmacy, Amity University, Lucknow Campus, Lucknow, Uttar Pradesh, India.
E-mail: hawasthi@lko.amity.edu
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INTRODUCTION

Arachidonic acid (AA) (20:4 n-6) is one of the most influential polyunsaturated fatty acids (PUFAs) in positively modulating the inflammatory process.^[1] Dietary long-chain n-3 PUFAs can decrease tissue AA levels and eicosanoid production, both *in vitro* and *in vivo*. This decrease results in alteration of plasma phospholipid fatty acid composition. In addition, n-3 PUFAs increase competition for cyclooxygenase (COX) and lipoxygenase (LOX) enzymes, thereby decreasing pro-inflammatory prostaglandins (PGs) and leukotrienes (LTs), which subsequently can result in anti-inflammatory activity.^[2] Treatment of inflammation includes extensive use of nonsteroidal anti-inflammatory drugs (NSAIDs). However, their use makes the patients more vulnerable to gastrointestinal and liver toxicities.^[3,4] Therefore, herbal anti-inflammatory treatments having alternative mechanisms are preferred as substitutes to NSAIDs. Seabuckthorn (SBT) is a parasol term used for most of the plant species of genus *Hippophae*, family Elaeagnaceae. Two of the most

prominent Indian species of this plant are *Hippophae rhamnoides* (HR) and *Hippophae salicifolia* (HS), henceforth collectively referred to as SBT.^[5] Previous studies have revealed the presence of considerable amount of n-3 and n-6 fatty acids, namely, alpha linolenic acid (ALA), linoleic acid (LA), and oleic acid (OA) in HR and HS seed oil which are precursors of other PUFAs such as AA and eicosapentaenoic acid (EPA) in SBT seed oil.^[6,7] In view of the above, this study aimed to evaluate and

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compare the anti-inflammatory potential of HR and HS seed oil with standard of care. In addition, this study aimed to assess the probable role of HR and HS in AA inflammatory cascade.

MATERIALS AND METHODS

The details about the procurement of plant material, SBT seed oil extraction, characterization of SBT seed oil, physicochemical characteristics, and preparation of the sample have been reported in our previous study.^[8] National Botanical Research Institute, Lucknow, via letter number NBRI/CIF/494/2015 and NBRI/CIF/528/2016, authenticated the HR and HS seeds, respectively, and seed oil was extracted using Soxhlet apparatus by slightly modifying the method of Cenkowski *et al.*, 2006.^[9] To characterize the HR and HS seed oil, physicochemical and fatty acid profiling was performed. Wistar strain albino rats (142–150 g) were procured from Central Animal House facility of SHIATS, Allahabad. Animal Ethical Committee (IAEC/SHIATS/212) endorsed the experimental protocol.

Anti-inflammatory activity was performed using slight modifications in methods described by Kaithwas *et al.*, 2011.^[10] Various phlogistic agents were used to induce paw edema, against their specific standard of care and the test, for drawing an inference about the plausible mechanism of action of HR and HS seed oil. Myeloperoxidase (MPO) and lipid peroxidase (LPO) assays were performed using slight modifications in methods described by Morumpudi *et al.*, 2014^[11] and Ohkawa *et al.*, 1979.^[12]

Statistical analysis was carried out using Graph pad prism software (5.0) (San Diego, CA). Data were presented as mean \pm standard error of mean and analyzed by one-way ANOVA followed by Bonferroni/Student's Newman test. * $P < 0.05$, ** $P < 0.01$, and *** $P < 0.001$ were considered statistically significant.

RESULTS

The density, specific gravity, color, iodine value, acid value, and saponification value of HR and HS seed oil were measured for characterization and qualitative assessment of the samples. The gas chromatography-mass spectroscopy (GCMS) analysis of HR seed oil confirmed the presence of palmitoleic acid (6.72%), eicosanoic acid (11.18%), ALA (24.2%), and LA (39.71%). Around 34.93% of 9-octadecenoic acid, methyl ester (E), OA, and 26.7% ALA were found in HS.

The results of carrageenan-induced paw edema evinced a statistical ($P < 0.05$) significance among all the study groups when compared using Bonferroni multiple comparison test [Table 1]. HR and HS seed oil (2 and 4 ml/kg, each) exhibited dose-dependent inhibition of carrageenan (HR [39.7%, 76.9%]; HS [42.6%, 80.8%] $P < 0.05$), histamine (HR [55.6%, 64.5%]; HS [46.1, 46.1%] $P < 0.05$), PG (HR [19.1%, 73.5%]; HS [42.6%, 80.8%] $P < 0.05$), bradykinin (HR [71.0%, 78.3%]; HS [67.4%, 74.4%] $P < 0.05$),

and AA (HR [61.4%, 41.6%]; HS [44.9%, 40.1%] $P < 0.05$)-induced paw edema. Significant LT-induced inhibition (HR [63.0%, 75.3%]; HS [12.3%, 9.6%] $P < 0.05$) was observed in HR.

The LT-induced paw edema model had a contrasting result as compared to other models. HR exhibited a statistically significant percentage inhibition of paw edema (63.01%; 75.34%; at 2 and 4 ml/kg of the dose, respectively) at all the doses as compared to HS (12.32%; 09.58%; at 2 and 4 ml/kg of the dose, respectively) which did not exhibit any significant difference ($P > 0.05$). These results were compared to normal control and positive control (ketoconazole [LT antagonist]) and the difference among groups was found to be statistically significant ($P < 0.05$).

The cumulative table for anti-inflammatory models showed consistent paw edema inhibition at 4 ml/kg dose for HR and HS seed oil. Percentage inhibition in aspirin (against PG, LT, and bradykinin-induced paw edema), chlorpheniramine maleate (against AA, histamine, and bradykinin-induced paw edema), cyproheptadine chloride (against AA-induced paw edema), and ketoconazole (against LT- and AA-induced paw edema) was statistically different ($P < 0.05$). Comparative analyses of both the doses across all phlogistic agents are illustrated in Figure 1. The results of biochemical estimation revealed that HR and HS significantly decreased the level of MPO and LPO at 4 ml/kg dose ($P < 0.001$) [Figure 2].

DISCUSSION

This study delineated the effect of HR and HS seed oil on overall inflammatory cascade with the objective of providing an insight into the plausible mechanism of action. The results of density, specific

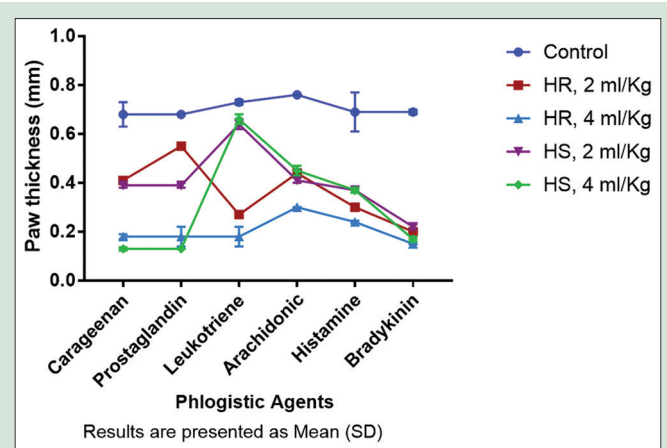
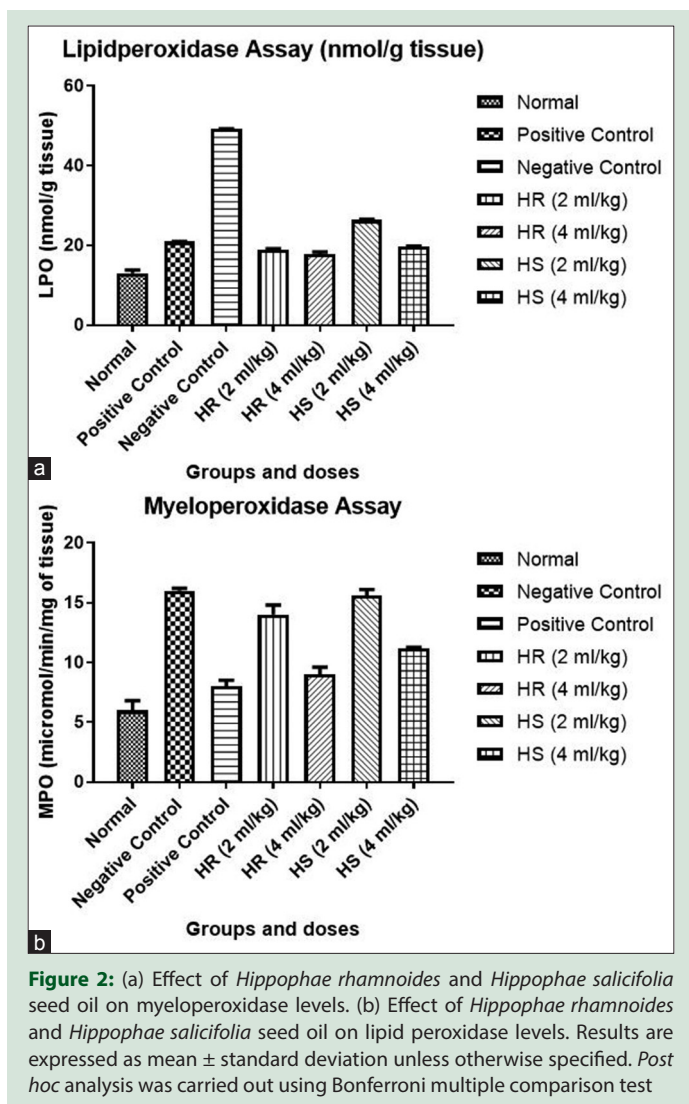


Figure 1: Effect of study groups on mean paw thickness against various phlogistic agents; results are presented as mean (standard deviation)

Table 1: Percentage inhibition of paw edema amongst study groups

	Aspirin	CPR	CHD	KTZ	HR (2 ml/kg)	HR (4 ml/kg)	HS (2 ml/kg)	HS (4 ml/kg)
Carrageenan	-	-	-	-	39.7*	76.9*	42.6*	80.9*a
Prostaglandin	79.2*	-	-	-	19.1	73.5*	42.6*a	80.9*a
Leukotriene	32.3*	-	-	82.2*	63.0*	75.3*	12.3 ^a	09.6 ^a
Arachidonic Acid	13.2	63.7*	71.6*	61.4*	41.6*	59.5*	44.9*a	40.1*a
Histamine	-	72.7*	-	-	55.5*	64.5*	46.1*a	46.1*a
Bradykinin	52.7*	64.2*	-	-	71.0*	78.3*	67.4*a	74.4*a

CPR, chlorpheniramine; CHD, cyproheptadine; KTZ, Ketoconazole. *Statistical significance for all experimental groups vs. control ($P < 0.05$) by Bonferroni multiple comparison test. ^aStatistical significance for all dosage of HR vs. HS ($P < 0.05$) by Bonferroni multiple comparison test where each dose of HR was compared to its equivalent dose in HS. The dosage of the study groups are as follows: control (1.5 ml/kg tween 80 + 1.5 ml/kg normal saline (ip)); Aspirin, 100 mg/kg; Chlorpheniramine, 25 mg/kg; Cyproheptadine, 25 mg/kg; Ketoconazole, 14 mg/kg)



gravity, and other parameters such as color, iodine value, acid value, and saponification value of both the seed oil samples were in corroboration with the previous studies.^[13,14] The result of GCMS profiling is discussed in detail in our previously published study.^[8] The corroboration of GCMS findings with previous reports substantiates the characterization and authentication of obtained oil samples.

There has been a lot of focus on fixed oils in the recent past in terms of analyzing their therapeutic potential since these are rich in PUFAs. Our study makes a holistic effort to analyze the mechanism behind the anti-inflammatory potential of HR and HS seed oil. SBT seed oil contains the 18-carbon n-3 fatty acid, ALA, which could be converted after ingestion into the 20-carbon n-3 fatty acid, EPA. EPA may act as a competitive inhibitor of AA conversion to PGE₂ and LTB₄, thereby decreasing the synthesis of one or both of these eicosanoids. Similar to the effect of n-3 fatty acids, inclusion of the 20-carbon n-9 fatty acid, eicosatrienoic acid, and OA in the diet also results in decreased synthesis of LTB₄.^[15,16]

Carrageenan is a nonspecific phlogistic agent and does not help in comprehending any specific phase inhibition. In addition, it does not provide any insight as to how the anti-inflammatory action is mechanized. In the biphasic response of carrageenan, the first phase is associated with the release of histamine, serotonin, and bradykinin. The

second phase is attributed to the overproduction of PG and release of bradykinin, protease, and lysosomal enzymes in tissues.^[17] Hence, we focused on subsequently released mediators that induced inflammation to understand the overall pattern of response.

The oil significantly inhibited the LT-, histamine-, and bradykinin-induced inflammation, whereas, aspirin, a COX inhibitor, failed to inhibit LT and bradykinin-induced inflammation. Tissue inflammation originates from AA, which is metabolized by COX and LOX pathways. Activation of COX pathway produces PGs, while LOX pathway yields LTs, and both PGs and LTs are pro-inflammatory. Both HR and HS oil inhibited inflammation caused by exogenous PGs. Only HR inhibited LOX pathway.

Since AA is a substrate for production of PGs and LTs, the effect of oil was evaluated against inflammation induced by AA. In AA-induced edema, significant edema inhibition was observed with the oil, chlorpheniramine, cyproheptadine, and ketoconazole, while aspirin did not inhibit the edema formation, and the inhibitory effect of oil was much greater than the rest. The edema inhibition by chlorpheniramine (antihistaminic) and cyproheptadine (antihistaminic/antiserotonin agent) appears to be due to inhibition of mast cell mediator release, indicating that mast cell mediator release may partly contribute toward AA-induced paw edema. The results suggest that HR is a dual inhibitor of AA metabolism. HS specifically gives motivating results as a specific COX inhibitor. Further, antihistaminic and antibradykinin effects of the oil, also, could contribute toward anti-inflammatory effect.

Evidently, MPO, a hemoprotein abundantly expressed by polymorphonuclear neutrophils and secreted during activation, possesses potent pro-inflammatory properties and may contribute directly to tissue injury.^[18] Zhang *et al.*, 2002, demonstrated a principal role for MPO in the promotion of oxidant stress at sites of inflammation.^[19] The significant decrease by HR and HS seed oil in MPO levels suggests that the fixed oil may have additional anti-inflammatory action as well. Generation of LPO is also known to cause inflammation.^[20] LPO levels were decreased by HR and HS seed oil. A majority of studies do not indicate that n-3 PUFAs increased LPO.^[21] A diet rich in n-3 PUFAs could balance reactive substances under low oxidative conditions.^[22] HR and HS seed oil, being rich in n-3 PUFAs, decreases the LPO levels across all doses (2 and 4 ml/kg, respectively).

CONCLUSION

Our study results show that HR and HS seed oil, at 4 ml/kg intraperitoneal dose, responds positively against all the inflammatory mediators except HS in LT-induced inflammatory response. This may be due to lack of positional specificity of the constituents in HS. This study also substantiates the role of PUFAs in HR and HS seed oil in mediating inflammation. However, further investigation is required to comment on this finding more precisely.

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Conflicts of interest

There are no conflicts of interest.

REFERENCES

1. Meirer K, Steinhilber D, Proschak E. Inhibitors of the arachidonic acid cascade: Interfering with multiple pathways. *Basic Clin Pharmacol Toxicol* 2014;114:83-91.
2. Calder PC. N-3 polyunsaturated fatty acids and inflammation: From molecular biology to the clinic. *Lipids* 2003;38:343-52.
3. Wolfe MM, Lichtenstein DR, Singh G. Gastrointestinal toxicity of nonsteroidal antiinflammatory drugs. *N Engl J Med* 1999;340:1888-99.
4. Langman MJ, Weil J, Wainwright P, Lawson DH, Rawlins MD, Logan RF, *et al.* Risks of bleeding peptic ulcer associated with individual non-steroidal anti-inflammatory drugs. *Lancet* 1994;343:1075-8.
5. Ranjith A, Kumar KS, Venugopalan VV, Arumughan C, Sawhney RC, Singh V. Fatty acids, tocopherols, and carotenoids in pulp oil of three sea buckthorn species (*Hippophae rhamnoides*, *H. salicifolia*, and *H. tibetana*) grown in the Indian Himalayas. *J Am Oil Chem Soc* 2006;83:359-64.
6. Basu M, Prasad R, Jayamurthy P, Pal K, Arumughan C, Sawhney RC, *et al.* Anti-atherogenic effects of seabuckthorn (*Hippophae rhamnoides*) seed oil. *Phytomedicine* 2007;14:770-7.
7. Salem N Jr., Wegher B, Mena P, Uauy R. Arachidonic and docosahexaenoic acids are biosynthesized from their 18-carbon precursors in human infants. *Proc Natl Acad Sci U S A* 1996;93:49-54.
8. Suchita D, Ramana MV, Anuradha M. comparison of fatty acid profiling and rbc membrane stabilization activity of seabuckthorn (*Hippophae rhamnoides* and *Hippophae salicifolia*) seed oil. *Pharmacog J* 2017;9:329-35.
9. Cenkowski S, Yakimishen R, Przybylski R, E. Muir W. Quality of extracted sea buckthorn seed and pulp oil. *Can Biosyst Eng* 2006;48:9-16.
10. Kaithwas G, Mukherjee A, Chaurasia AK, Majumdar DK. Anti-inflammatory, analgesic and antipyretic activities of *Linum usitatissimum* L. (flaxseed/linseed) fixed oil. *Indian J Exp Biol* 2011;49:932-8.
11. Morampudi V, Bhinder G, Wu X, Dai C, Sham HP, Vallance BA, *et al.* DNBS/TNBS colitis models: Providing insights into inflammatory bowel disease and effects of dietary fat. *J Vis Exp* 2014;84:e51297.
12. Ohkawa H, Ohishi N, Yagi K. Assay for lipid peroxides in animal tissues by thiobarbituric acid reaction. *Anal Biochem* 1979;95:351-8.
13. Abid H, Hussain A, Ali S. Physicochemical characteristics and fatty acid composition of sea-buckthorn (*Hippophae rhamnoides* L) oil. *J Chem Soc Pak* 2007;29:256-9.
14. Raj Kumar GP, Chaurasia OP, Singh SB. Phytochemical and pharmacological profile of seabuckthorn oil: A review. *Res J Med Plants* 2011;5:491-9.
15. James MJ, Gibson RA, Cleland LG. Dietary polyunsaturated fatty acids and inflammatory mediator production. *Am J Clin Nutr* 2000;71:343S-8S.
16. Carrillo C, Cavia Mdel M, Alonso-Torre S. Role of oleic acid in immune system; mechanism of action; a review. *Nutr Hosp* 2012;27:978-90.
17. Singh S, Kaur M, Singh A, Kumar B. Pharmacological evaluation of anti-inflammatory and anti-ulcer potential of heartwood of *Santalum album* in rats. *Asian J Biochem Pharm Res* 2014;4:140-53.
18. Anatoliotakis N, Deftereos S, Bouras G, Giannopoulos G, Tsounis D, Angelidis C, *et al.* Myeloperoxidase: Expressing inflammation and oxidative stress in cardiovascular disease. *Curr Top Med Chem* 2013;13:115-38.
19. Zhang R, Brennan ML, Shen Z, MacPherson JC, Schmitt D, Molenda CE, *et al.* Myeloperoxidase functions as a major enzymatic catalyst for initiation of lipid peroxidation at sites of inflammation. *J Biol Chem* 2002;277:46116-22.
20. Manca D, Ricard AC, Tra HV, Chevalier G. Relation between lipid peroxidation and inflammation in the pulmonary toxicity of cadmium. *Arch Toxicol* 1994;68:364-9.
21. Kelley NS, Yoshida Y, Erickson KL. Do n-3 polyunsaturated fatty acids increase or decrease lipid peroxidation in humans? *Metab Syndr Relat Disord* 2014;12:403-15.
22. Mahecha L, Dannenberger D, Nuernberg K, Nuernberg G, Hagemann E, Martin J, *et al.* Relationship between lipid peroxidation and antioxidant status in the muscle of German Holstein bulls fed n-3 and n-6 PUFA-enriched diets. *J Agric Food Chem* 2010;58:8407-13.