

Phytochemical screening and *in-vivo* evaluation of anti-inflammatory and antiarthritic potential of *Sterculia foetida L*. bark

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ORIGINAL RESEARCH ARTICLE	ABSTRACT				
	Background: In the study, we investigated phytochemical composition, anti- inflammatory activity and anti-arthritic potential of <i>Sterculia foetida L</i> . bark extract for the first time.				
	Material and Methods: Phytochemical evaluation of bark extract was done by standard procedures. Anti-inflammatory activity was tested against carrageenan induced rat paw edema. Acute non-immunological Arthritis was induced by injecting formaldehyde on 1 st and 3 rd day in right hind paw of female Wistar rats; paw width and height were measured on alternate days up to 10 th day. Animals were sacrificed on 10 th day and haematological parameters, Erythrocyte Sedimentation Rate (ESR),				
*Author for correspondence E-mail: <u>imadpharma111@gmail.com</u>	vascular permeability were measured. Results: Phytochemical evaluation revealed the presence of alkaloids, cardiac glycosides, carbohydrates, tannins, flavonoids, saponins and phytosterols. In				
Article ID 98	carrageenan induced rat paw edema model methanolic extract of S. Foetida bark (MESF) 1000 mg/kg showed highly significant anti-edematogenic effect at 3 rd hr with % oedema inhibition of 50%. In Acute non-immunological Arthritis model, MESF 500 and 1000 mg/kg showed maximum inhibition of paw edema, width and height on 6 th day of study. Results of haematological parameters, ESR and vascular permeability provide further support to anti-arthritic activity of MESF. Conclusion: Hence our results confirmed Anti-Arthritic potential of S. Foetida bark and supports the traditional use of bark in rheumatism. Keywords: Rheumatoid arthritis, Sterculia foetida, Formaldehyde, Carrageenan, edema, Vascular permeability. Biomedjournal © Copyright 2013, All rights reserved. Biomedjournal Privacy Policy.				

INTRODUCTION

Rheumatoid arthritis (RA) is a progressive, chronic, multisystem, autoimmune disorder with unidentified cause distressing about 1.3 million people worldwide manifested by discomfort, edema and painfulness of synovial joints (Lipsky, 2005). Treatment of RA is of pivotal concern the existing treatment involves use of NSAIDs, corticosteroids, immunosuppressant's, DMARD and also newer biological agents such as TNF- α and monoclonal antibodies(Smolen et al., 2007; Simon, 2005). Although long term use of NSAIDs causes gastrointestinal disorders such as bleeding and ulceration, cardiovascular disorders such as myocardial infarction. Some NSAIDs were withdrawn from the market because of increased risk of heart attacks and some were distributed in black box indicating risk of stroke (Pennings et al., 1997).

DMARDs and biological agents have increased risk of immunosuppression. Therefore an alternative treatment for RA is still a major concern of research however use of herbal drugs reduces the risk of adverse effects.

S. foetida L. (Malvaceae) is a tropical, soft wooded tree that can grow up to 115 feet tall commonly known as "Java olives" (English), "jangli badam" (Hindi) found in various parts of India (Sharma and Sanjappa, 1993). The striking characteristic of *S. foetida* is its seeds holds anti-bacterial (Kudle et al., 2013), anti-haemolytic (Schmid and Patterson, 1988) properties. Seed oil holds chemosterilant, anti-fertility action (Sheehan and Vavich, 1965). *S. foetida* gum was used as an excipient as natural polymer in preparation of ophthalmic mini tablets (Paresh et al.,

2010). The leaves hold mitogenic activity (Scarpelli, 1974), anti-fungal (Schmid and Patterson, 1988), antimicrobial and also used in poultry for pink egg formation also act as anti-feedant (Usharani and RajasekharReddy, 2009), anti-oxidant (Manivannan et al., 2011) and CNS depressant (Mujumdar et al., 2000). Many claims are still undetermined and are of keen interest (Rupesh and Nitin, 2012). Likewise Peng Fei et al., in 2009 isolated 46 compounds which includes 33 flavonoids, 4 coumarins, 6 organic acids and 3 steroids among which 4 compounds namely "hypolaetin 3'-methyl ether 8-O-B-D- glucuronide 6"methyl ester", "hypolaetin 8-O-B-D-glucuronide 6"ethyl ester", chrysoeriol 7-O-B-D-glucuronide", "Iuteolin 7-O-B-D-glucuronide" showed obvious antiinflammatory activities against croton oil-induced rat ear edema at 20 mg/kg (Pengfei et al., 2009). Moreover leaves of S. Foetida containsTaraxer-14-en-3-beta-ol as active constituent which was claimed to have anti-inflammatory property (Naik et al., 2004). Furthermore, it was also divulged that methanolic extract of bark of *S. foetida*showed anti-inflammatory potential against in-vitro model (Imad uddin et al., 2015). The main rationale of present work, was to develop the drugs with fewer side effects and to overcome the plight of synthetic drugs.

MATERIALS AND METHODS

Collection of plant material

Fresh *S. foetida* bark was collected from local areas of Moinabad, India during the month of December 2016. Taxonomically plant was authenticated by Scientist, In-Charge, Botanical Survey of India, Deccan Regional Centre, Hyderabad Unit, Telangana and was deposited with a specimen No. MAKCP/2016/010.

Extraction of plant material

The bark was pared from the stems and cut into small pieces, further it was dried under shade for 13 days and minced in grinder to procure coarse powder. Initially the powder was defatted by Petroleum Ether (40-60 °C) and then successive extraction was done by Chloroform (61.15 °C), Ethyl acetate (56 °C), Methanol (64.7 °C) and Water (100 °C) by Soxhlet extractor (Nikhal et al., 2010). Obtained extracts were dried and preserved in air tight containers for future use.

Phytochemical screening

Phytochemical evaluation was done by using standard procedures as described by Khandelwal and varundasethi, 2009, Sofowara, 1993, and Trease and Evans, 1989.

Animals

Experiments were performed in accordance with the direction of IAEC, on healthy female Wistar rats (130-150 gm) and female Swiss albino mice (18-28g) obtained from animal house of Sanzyme PVT. LTD.

Hyderabad, Telangana (India). All the animals were kept under standard husbandry conditions (Temp. 22- 28° C; relative humidity 65 ±10%) for 12 hr dark and 12 hr light cycle respectively in standard propylene cages.

Chemicals and drugs

Formaldehyde and Acetone (S.D. Fine Chemicals Limited, Hyderabad), Carrageenan (Hi-media laboratories, Mumbai) Evans blue (Oxford laboratories Pvt Ltd, Mumbai), Tri sodium citrate and Sodium sulphate (Accord labs, Hyderabad). Diclofenac sodium (Zuche Pharmaceuticals Pvt. Ltd, New Delhi). All other chemicals of laboratory grade were obtained from The Scientific syndicate, Hyderabad.

Acute oral toxicity test

Acute oral toxicity study of MESF was performed on female Swiss albino mice (18-28g) according to OECD guideline No. 423. Animals were divided in to two groups with 3 animals in each, all animals were fasted for 4hrs and to first and second group, saline (1 ml/kg) and MESF 2000 mg/kg was administered orally, respectively. After oral administration all animals were monitored for first 4hrs for autonomic and neurobehavioral indications, death and then for 14 days for weight loss and mortality. Absence or presence of compound-related mortality of the animals dosed at one step will determine the next step. All observations are systematically recorded with individual records being maintained for each animal. Additional observations will be necessary if the animals continue to display signs of toxicity. (OECD, 2001)

Carrageenan induced hind paw oedema in rats

Female Wistar rats were divided into 5 groups with 4 in each. Normal control group (Group I) and Negative control group (Group II) received Normal Saline (NS) 1 ml/kg. Positive control group (Group III) and treated groups (Group IV & Group V) received Diclofenac Sodium (DS) 10 mg/kg, MESF 500 mg/kg and MESF 1000 mg/kg, respectively. DS, extracts and NS were all administered orally to overnight starved animals. 0.1ml of Carrageenan solution (1.0% w/v NS) was injected into sub-plantar region of the right hind paw after 1hr of drug administration to all groups except normal control group. Paw volume was measured by plethysmometer before injection (0 hr) and at 0.5, 1, 2, and 3 hr after carrageenan injection (Araico et al., 2009).

The percentage inhibition of paw edema volume was calculated by the equation, Percentage (%) inhibition = $(Vc-Vt / Vc) \times 100$; where, Vt =mean paw volume of treated group and Vc=mean paw volume of control group.

Formaldehyde induced acute non-immunological Arthritis in rats

Female Wistar rats were divided in to 5 groups with 4 in each. Group I (Normal control), Group II (Negative control) received tween 80, (2% v/v, orally),), group III received DS (10 mg/kg BW/rat/day, orally), group IV and V received MESF (500 and 1000 mg/kg BW/rat/day, orally), respectively for 10 days. Arthritis was induced in sub plantar (S.P) region of right hind paw by injecting 0.2ml formaldehyde (2.5% v/v) after 30 min of drug administration in all except group 1 animals and was repeated on 3rd day. Arthritis was assessed by measuring the mean increase in paw volume, paw height and Paw width on 2nd,4th,6th,8th, and 10th day (Manjusha et al., 2014).

Parameters assessed

Paw volume, height and width

Right hind paw volumes were measured by using mercury plethysmometer (Fereidoni *et al.*, 2000). Whereas right hind paw height and width was measured by using Vernier calliper (Anderson et al., 2004). All these assessments were done just before formaldehyde injection on day 0 and after formaldehyde injection on alternate days i.e., 2^{nd} , 4^{th} , 6^{th} , 8^{th} and 10^{th} day.

Haematological parameters and ESR assessment

On 10th day the blood was withdrawn from each animal through retro orbital plexus. For ESR measurement 1 part of sodium citrate solution (3.8%) was mixed with 4 parts of blood. Mixed blood was taken into Westrengren's pipette up to 0 mark and time was noted. ESR reading as mm/hr was taken at the end of 1 hour (Drabkin and Austin, 1932 and Wintrobe et al., 1974). For other haematological valuation blood was taken into EDTA tubes and parameters like RBC, Hemoglobin, MCV, PCV, MCH, MCHC, WBC and differential leucocytes i.e., neutrophils, basophils, eosinophils, lymphocytes and monocytes were assessed (Huxtable 1990 and Raghuramulu et al., 1983).

Vascular permeability

Evans Blue Dye (EBD) 50 mg/kg was administered via jugular vein into anaesthetized animals. After 4hr of EBD administration, rats were sacrificed by high dose of anaesthetic ether, anterior and posterior synovial capsules and fat pad were dissected from each knee joint and cut into smaller pieces followed by mixing them with acetone & 1% sodium sulphate in the ratio of 7:3.Samples were shaken gently and continuously for 24 hr at room temperature by using magnetic stirrer (Model no. 3v05016, Sisco, Delhi, India) to extract dye. Later it was centrifuged for 10 min at 2000 rpm and 3 ml of the supernatant was separated

for measurement of absorbance at 620 nm using UVspectrophotometer (Model no. G6860A cary 60 uv-vis, Agilent technologies, Hyderabad, India). The amount of dye recovered was calculated by extrapolating with standard curve prepared with different concentrations of EBD solution (Franchis *et al.*, 2004) Percentage inhibition was calculated by using the formula:

Percentage (%) inhibition = ($v_c - v_t / v_c$) ×100; Where $v_{t=}$ % inhibition of treated group; $v_{c=}$ % inhibition of control group

Statistical analysis

The results were expressed as Mean \pm SEM. Statistical comparison was made between treated groups and control group. Statistical difference between two means was determined by one-way ANOVA followed by Dunnett's multiple comparison test using Graph pad prism 6.01 software. Only those mean values showing statistical difference p<0.0001, p<0.001, p<0.01, p<0.01, p<0.05 were considered as statistical significant and p>0.05 was considered as non-significant.

RESULTS

Phytochemical screening

Percentage yield was determined by using formula, % Extract =Weight of extract in grams/Weight of sample in grams X 100. Percentage yield of Petroleum Ether extract, Chloroform Extract, Ethyl Acetate Extract, Methanolic Extract and Water Extract was found to be 0.48%, 4.08%, 0.32%, 19.5% and 8.15% respectively. Preliminary phytochemical assessment of all extracts was found to contain alkaloids, cardiac glycosides, carbohydrates, saponins, tannins, flavonoids, and phytosterol while phenols, proteins and amino acids were not detected (Table 1).

Acute oral toxicity test

In accordance with OECD guidelines-423, there were no perceptible changes in the autonomic and behavioural patterns of animals on oral administration of MESF with a maximum dose of 2000mg/kg. Therefore LD50 of MESF was calculated as greater than 5000mg/kg. A well below dose .i.e. 1/10th (500 mg/kg) and 1/5th (1000mg/kg) dose of LD50 value was selected for screening of anti-inflammatory and antiarthritic potential.

Carrageenan induced hind paw oedema in rats

Increase in joint diameter was measured in terms of oedema at different intervals like 0 hr, $\frac{1}{2}$ hr, 1st hr, 2nd hr and 3rd hr. MESF (500 and 1000 mg/kg) inhibited significantly (p<0.001) increase in edema only at 3rd hr. DS also decreased edema (p<0.01) during 2nd hr only. %of edema inhibition at 3rd hr of DS, MESF 500 and 1000 mg/kg was found to be 35.7%, 46.4 % and 50% respectively (Figure 1a).

Table 1: Phytochemical screening of S. Foetida.

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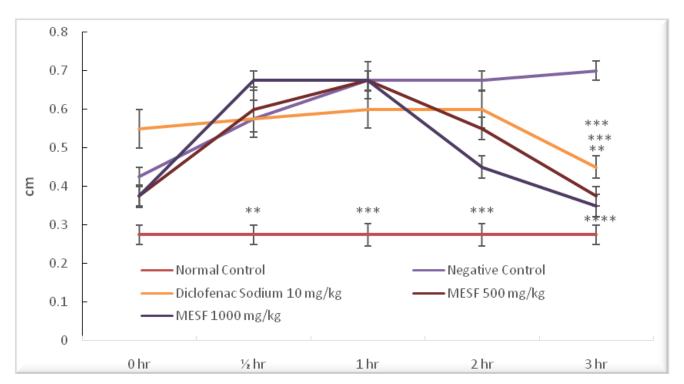


Figure1a: Effect of MESF and DS on carrageenan induced paw edema height in rats, All values are expressed as Mean \pm SEM, n=4, analysed by One way Analysis of Variance (ANOVA) followed by Dunnett's multiple comparison test; *p<0.05, **p<0.01, ***p<0.001, ****p<0.0001 as compared to control group; ns= non-significant.

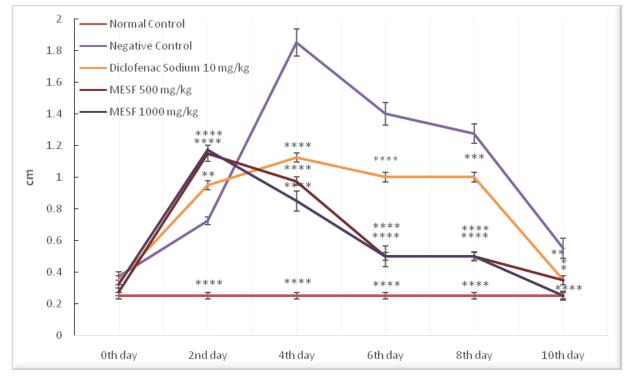
Formaldehyde induced acute non-immunological Arthritis in rats

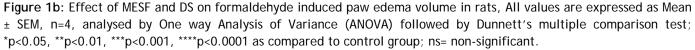
Effect of MESF and DS on paw volume, width and height

Injection of formaldehyde in S.P region on 1st and 3rd day in right hind paw increased joint diameter which reached maximum on 4th day and thereafter decreased

up to 10th day. DS and MESF significantly inhibited paw edema and paw width from day 2 to day 10 and paw height only on day10, after formaldehyde injection. % of edema inhibition of DS, MESF 500 and 1000mg/kg was found to be 36.3%, 36.3% and 54.54% respectively (Figure1b, 1c &1d).

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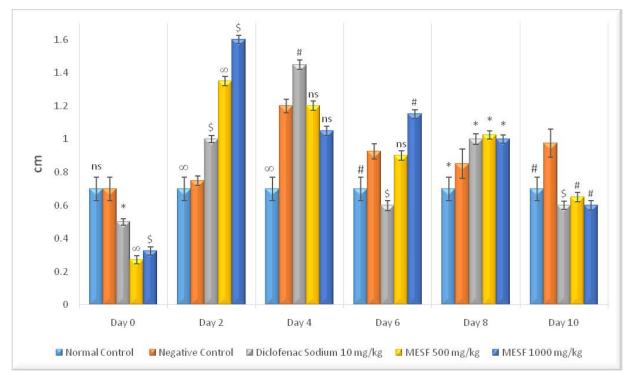


Figure 1c: Effect of MESF on formaldehyde induced paw edema height in rats. All values are expressed as Mean \pm SEM, n=4, analysed by One way Analysis of Variance (ANOVA) followed by Dunnett's multiple comparison test; * p<0.05, # p<0.001, \$ p<0.001, ∞ p<0.0001 as compared to control group; ns= non-significant.

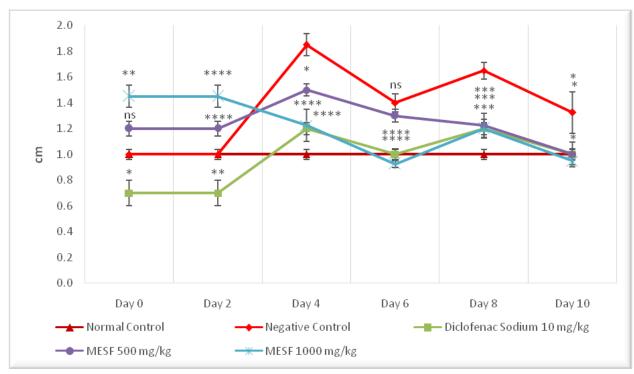


Figure 1d: Effect of MESF on formaldehyde induced paw width in rats. All values are expressed as Mean \pm SEM, n=4, analysed by One way Analysis of Variance (ANOVA) followed by Dunnett's multiple comparison test; *p<0.05, **p<0.01, ***p<0.001, ****p<0.0001 as compared to control group; ns= non-significant.

Effect of MESF and DS on Haematological parameters and ESR assessment

Treatment with DS and MESF (500 & 1000 mg/kg) showed a significant decrease in the levels of ESR, WBC, neutrophils, lymphocytes, monocytes,

eosinophils and basophils as compared to negative control group. Whereas haematological parameters like RBC, PCV, MCH, MCHC, and haemoglobin increased significantly in MESF (500 & 1000 mg/kg) and DS treated groups as compared to negative control group (Table 2 and Table 3).

Table 2: Effect of MESF and DS on RBC, Haemoglobin, MCV, PCV, MCH, MCHC and WBC.

Groups	PARAMETERS ASSESSEED						
Groups	RBC (millions/ cm ³)	HAEMOGLOBIN (g/dl)	PCV (%)	MCV (%)	MCH (g/dl)	MCHC (g/dl)	WBC (thousands/ cm ³)
Normal control	8.500±0.1 4 ^{****}	12.73± 0.22 ****	38.5± 0.27 ^{****}	45.3± 0.6	14.93±0.2 8 ^{****}	33.± 0.3****	10090 _{****} ±13.5
Negative control (2.5%, 0.2ml formaldehyde)	6.900±0.0	11.10± 0.0	36.00±0.0	46.70±0.0	13.20±0.0	28.4± 0.0	16703 ±4.33
Positive control (DS 10 mg/kg)	8.700±0.0	12.00± 0.0 ^{*****}	40.0± 0.57 ^{****}	59.00±0.0	17.80±0.0 4 ^{****}	30.0± 0.0	11400± 2.041 ^{****}
MESF (500mg/kg)	9.450±0.0 2 ^{****}	12.60± 0.0 ^{*****}	46.0± 0.0****	49.33±0.6 7 ^{****}	13.30±0.0	29.7± 0.0 ^{***}	14205± 4.564 ^{****}
MESF (1000mg/kg)	8.700±0.0	12.00± 0.00 ^{****}	40.7± 0.25 ^{****}	62.2± 0.37 ^{****}	14.10±0.0 3 ^{***}	29.2± 0.0 [*]	12799± 3.146

All values are expressed as Mean ± SEM, n=4, analysed by One way Analysis of Variance (ANOVA) followed by Dunnett's multiple comparison test; *p<0.05, **p<0.01, ****p<0.001, ****p<0.0001 as compared to control group; ns= non-significant.

Effect of MESF and DSon vascular permeability

For preparing standard graph of EBD stock solution [1000µg EBD in 20ml i.e. 50µg/ml] and dilutions were made and absorbance of each concentration was observed at 620nm (Figure2). Oral administration of MESF extract evoked a mild dose related inhibition of vascular permeability on formaldehyde induced arthritis in rats. Negative control group has showed significant increased infiltration indicated by increased Evans blue extravasations which is due to increased endothelial gap of vascular components at knee joint of rats as compared to vehicle treated rats. Treated groups showed significant reduced infiltration i.e., DS 10 mg/kg (P<0.01), MESF 500mg/kg (P<0.01) and MESF1000 mg/kg (P<0.001) when compared to

negative control group. % inhibition of joint infiltration of DS, MESF- 500 and 1000mg/kg was found

to be 59.5%, 62.7% and 72.3% respectively [Table 3].

	Differential leukocytes count					Concentration of Evans blue-µg/ml	E.S.R.
Groups	Neutrop hils	Lymphoc ytes	Monocy tes	Eosinop hils	Basophils	(% inhibition of joint infiltration)	value
Normal control	25.00±0. 57 ^{****}	67.50±1. 25 ^{**}	3.00±0. 40 ^{**}	3.25±0. 47 ^{**}	1.25± 0.25 ^{ns}	4.500±0.287 ^{***} (80.8%)	0.100± 0.0 ^{****}
Negative control (2.5%, 0.2ml formaldehyde)	36.00±0. 0	62.00±0. 0	4.00±0. 0	2.00±0. 0	1.00± 0.0	23.500±5.485	0.400± 0.0
Positive control (DS 10 mg/kg)	34.00±0. 0***	57.75±1. 31 [*]	2.00±0. 0 ^{****}	0.75±0. 25 ^{**}	0.0±0.0****	9.500±0.288 ^{**} (59.5%)	0.300± 0.0****
MESF (500mg/kg)	31.00±0. 0 ^{****}	56.50±0. 86**	3.00±0. 0**	1.00±0. 0 [*]	0.0±0.0****	8.750±0.433 ^{**} (62.7%)	0.200± 0.0 ^{****}
MESF (1000mg/kg)	32.50±0. 28 ^{****}	55.00±0. 57 ^{***}	3.00±0. 0**	1.00±0. 0 [*]	0.0±0.0****	6.500±0.000 ^{***} (72.3%)	0.225± 0.025 ^{****}

All values are expressed as Mean ± SEM, n=4, analysed by One way Analysis of Variance (ANOVA) followed by Dunnett's multiple comparison test; *p<0.05, **p<0.01, ****p<0.001, ****p<0.0001 as compared to control group; ns= non-significant.

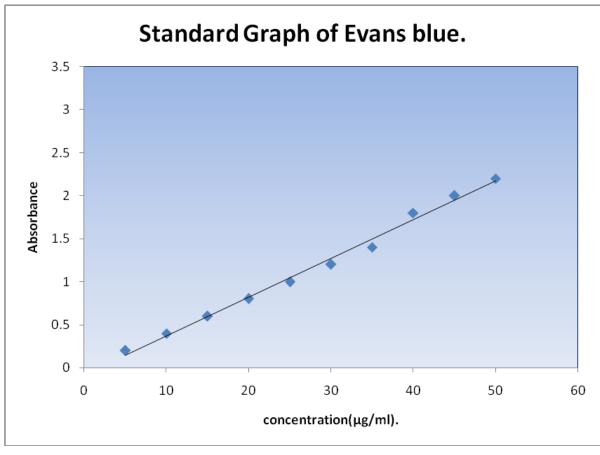


Figure 2: Standard graph of Evans blue.

DISCUSSION

Phytochemical screening divulged the constituents present in various extracts of *S. foetida*. Among them constituents with anti-arthritic interest are flavonoids, cardiac glycosides, saponins, tannins and phytosterols. Their potential in treatment of arthritis was evidenced in different studies as follows. Flavonoids anti-

arthritic action was evidenced in a study conducted by Rovensky et al., in 2009, in this study use of detralex (flavonoid) alone and in combination with methotrexate decreased adjuvant induced arthritis complications in rats (Rovensky et al., 2009). Cardiac glycosides, Digoxin anti-arthritic action was reported in collagen induced arthritis (CIA) in mice by suppressing pathogen Th 17 production (Lee et al., 2015). Moreover, many studies evidenced the role of saponins in the treatment of RA. Xiao-Bo Sun et al., confirmed anti-arthritic activity of total saponins extracted from clematis henryi oliv in CIA in rats (Xiao-Bo Sun et al., 2016). Anti-arthritic activity of tannins was established by use of hydrolysable tannins rich pomegranate extract in CIA in mice (Meenakshi et al., 2008). Furthermore, anti-arthritic potential of phytosterols was also reported by Bigoniya in adjuvant induced arthritis model (Bigoniya et al., 2013).

The acute oral toxicity testing was done to obtain information on the biologic activity of a chemical and gain insight into its mechanism of action. LD50 value was determined, it defined as the statistically derived dose that, when administered in an acute toxicity test, is expected to cause death in 50% of the treated animals in a given period, is currently the basis for toxicological classification of chemicals (Chan and Hayes, 1994).

The anti-inflammatory activity of MESF on carrageenan induced paw edema was probably due to their inhibitory effect on enzymes involved in the production of the chemical mediators of inflammation and metabolism of arachidonic acid. Carrageenan induced rat paw edema model is a well-recognized acute inflammatory model, which is commonly applied to assess the anti-inflammatory activity of plant extracts or chemical compounds. In this model, inhibition of inflammation was evaluated by measuring anti-edematogenic effect of testing compound (Thomazzi et al., 2010). Sub-plantar injection of carrageenan induced edema which is bi-phasic event. Usually edema formation starts at 1st hr and continues up to 5th hr (Khan et al., 2009) and reaches maximum at 3rd hr. So 3rd hr is taken as the point of time where maximum edema is produced in the injected animals (Lino et al., 1997). In initial phase, non-phagocytic edema was formed lasting up to 1hr or 1.5 hr due to the action of released inflammatory mediators like bradykinin, serotonin and histamine on vascular permeability (Zhu et al., 1997). While in the second phase of carrageenan induced edema prostaglandins (Yang et al., 1996) protease, lysosomes (Vinegar et al., 1969) nitric oxide are released, which reaches to their peak levels up to 3rd hr after sub-plantar injection. This second phase edema may be due to induction of cox-2 enzyme at the site of injection which causes the amplification of PGs. Macrophages also play a role at the site of injection by inducing the release of interleukin-1 from insulted tissue (Fujiwara Nand Kobayashi, 2005). This released interleukin-1 causes the accumulation of polymorphic nuclear cells (PMNs). When these PMNs are activated they causes the release of lysosomal enzymes and active oxygen species in the form of superoxide, which induces edema by causing the destruction of connective tissue (Nikolaus, 1997). MESF 500 mg/kg and MESF 1000 mg/kg inhibit paw edema in 3rd hr of study predominantly due to inhibition of COX-2 enzyme

is for of which responsible amplification prostaglandins followed by induction of edema. When compared to standard drug MESF showed dose dependent protection and it was found to be equivalent to DS in inhibiting the development of edema. This inhibition of edema was also evidenced in Analgesic and anti-inflammatory studies of cyclopeptide alkaloid fraction of leaves of Ziziyphus nummularia (ManojGoyal et al., 2013).

Formaldehyde induced acute non-immunological arthritis in rat paw edema is a well-recognized chronic inflammatory model, which is commonly applied to assess the anti-arthritic activity. Induction of formaldehyde causes the paw to swell and becomes red. The formalin induced arthritis has two distinctive phases - early phase and late phase. The early and late phases of formalin have obvious different properties (Guo et al., 2008). The early (acute) phase is due to direct stimulation of nociceptors (also called neurogenic phase) and the late phase is mainly inflammatory in origin (also called inflammatory phase). The early phase reflects centrally mediated pain while the pain in the late phase is due to release of inflammatory mediators (Kale et al., 2007). The development of edema in the paw of the rat after injection of formaldehyde is due to the release of histamine, serotonin and the prostaglandin like substances at the site of injection (Kore et al., 2011). Formaldehyde induces arthritis by denaturing protein at the site of administration, which produces immunological reaction against the degraded product (Telang et al., 1999). Swelling around the ankle joint and paw of arthritic rat is considered to be due to the edema of particular tissue such as ligament and capsule (Buadonpri et al., 2009). The paw edema was evaluated by measuring paw width, paw height and paw volume increase in these parameters after the induction indicates the release of inflammatory mediators resulting in arthritis. MESF 500mg/kg and 1000 mg/kg significantly decreases the paw width, paw height and paw volume indicating the antiarthritic potential of MESF.

Hemopoesis is the key function to determine the abnormalities. functional In arthritis normal hemopoesis is disturbed, it is accompanied with decrease in RBC leading to anemia and abnormal increase in WBC and differential leucocytes leading to leucocytosis and also increased ESR (Martí-Carvajal et al., 2014). ESR is defined as the rate in which RBC sediment in a period of 1 hr. It is expressed as mm/hr, shown by the height of the column of clear plasma at the end of one hour. In this test, a tall, thin tube holds a sample of blood. The speed at which the RBC fall to the bottom of the tube was measured. Inflammation can cause abnormal proteins to appear in our blood. These proteins cause RBC to clump together. This makes them fall more quickly. ESR higher than normal is associated with autoimmune disorders, such as RA (Jens and Henrik, 1995). Treating with MESF 500 mg/kg and 1000mg/kg increased RBC count and decreased WBC count and ESR indicating its anti-arthritic potential.

Vascular permeability, is often in the form of capillary permeability or microvascular permeability, characterizes the capacity of a blood vessel wall to allow for the flow of small molecules (drugs, nutrients, water, ions) or even whole cells (lymphocytes on their way to the site of inflammation) in and out of the vessel (Dovark, 2003). The swelling of joint knees, causes increased blood vascular permeability (Ramesh et al., 2013). Evans blue extravasations method is used to assess for plasma protein extravasations in the rat knee joint, because Evans blue has high binding affinity to plasma proteins. Normally, large plasma proteins and bound EBD cannot pass through the endothelial gaps and therefore gets restricted in the vascular component (Nagy et al., 2003). Endothelial cells undergo activation, expressing adhesion molecules and presenting chemokine's, leading to enlargement of endothelial gaps as a result plasma protein and EBD complex can escape to the interstitial tissues. The measurement of the amount of EBD in the synovial capsule can provide us an index of the relative vascular permeability. The decreased extravasations reported for MESF-500mg/kg and 1000mg/kg and diclofenac-10mg/kg was due to decreased endothelial gaps which are caused by decreased expression of adhesion molecules.

CONCLUSION

Use of either crude extract or isolated lead compounds from medicinal plants provided remedy for many human ailments with negligible toxic effects as compared to chemically synthesized drugs. In response to this supposition, this study was piloted to identify phytochemical composition of S. Foetida bark extract. Results of pharmacological screening concluded antiarthritic potential of MESF may be due to prevention of cartilage destruction, decreasing vascular permeability and protection of synovial membrane. As MESF is equipotent with diclofenac sodium, action produced may be due to inhibition of COX-2 mediated PG production. Conclusion of present study postulates further research to isolate and characterise lead compounds as potent anti-inflammatory and antiarthritic agents from S. Foetida bark.

CONFLICT OF INTEREST

None declared.

REFRENCES

Araico MC, Terencio MJ, Alcaraz JN, Dominguez C. Evaluation of the analgesic and anti-inflammatory activity of Me- UCH9, A dual cyclooxygenase - 2/5lip.o.xygenase inhibitor. Life Sciences. 2007; 80: 2108-2117.

Anderson ML, Eduardo HRS, Maria de Lourdes VS, Ana ABS, Seirgo T. Evaluation of acute and chronic treatments with Harpagophytum procumbenson Freunds adjuvantinduced arthritis in rats. Journal of Ethnopharmacology. 2004; 91: 325-330.

Bigoniya P, Thakur AS, Singh S. Analgesic, antiinflammatory and anti-arthritic activity of Euphorbia thymifolia Linn phytosterol fraction. BioMedRx 2013;1(2),130-134

Buadonpri W, Wichitnithad W, Rojsitthisak P, Towiwat P, Synthetic Curcumin inhibits carrageenan-induced Paw edema in rats. Journal of Health and Research. 2009; 23(1), 11-16.

Chan PK, and HayesAW. Chap. 16. Acute Toxicity and Eye Irritancy. Principles andMethods of Toxicology. Third Edition. A.W. Hayes, Editor. Raven Press, Ltd., New York, USA.1994.

Drabkin DL, and Austin JM. Spectrophotometric constants for common hemoglobin derivatives in human, dog and rabbit blood. Journal of Biological Chemistry. 1932; 98: 719-733.

Dvorak HF. How tumors make bad blood vessels and stroma. American Journal of Pathology. 2003; 162: 1747-1757.

Franchis FYL, Hilda HLW, Ethel S.K.N. Time course and substance P effects on the vascular and morphological changes in adjuvant induced mono-arthritis rats. International Journal of Immunology. 2004; 4:299-310.

Fereidoni MA, Ahmadiani S, Semnanian and Javan M. An accurate and simple method for measurement of paw edema. Journal of Pharmacological and Toxicological Methods. 2000; 43: 11-14.

Guo L, Ye C, Chen W, Ye H, Zheng P, Li J, et al. Antiinflammatory and analgesic potency of carboxyamidotriazole, a tumorostatic agent. Journal of Pharmacology and Experimental Therapeutics. 2008; 325(1): 1016.

Huxtable RJ.Activation and pulmonary toxicity of pyrrolizidine alkaloids. Pharmacology and Therapeutics. 1990; 47: 371-389.

Imad uddin MD,Rubina NS, Mubeen MA, Kiran N, Vijay P, Asma butool S. Phytochemical Screening and invitro AntiInflammatory Activity of Methanolic Extract of Sterculia foetida L. IOSR Journal of Pharmacy and Biological Sciences. 2016; 11: 2319-7676.

Jens GH, Henrik S, Jorn R, Elisabeth L. (22 July 1995). Predicting acute maxillary sinusitis in a general practicepopulation. BioMed Journal. 1995; 311:233-236.

Kore KJ, Shete RV, Desai NV. Anti-Arthritic activity of Hydro alcoholic extract of Lawsonia Innermis.

International Journal of Drug & Development Research. 2011; 3(4): 217-224.

Khan I, Nisar M, Ebad F, Nadeem S, Saeed M, Khan H. Anti-inflammatory activities of Sieboldogenin from Smilax china Linn.: Experimental and computational studies. Journal of Ethnopharmacology. 2009;121:175-7.

Khandelwal KR and vrundasethi DR. Practical pharmacognosy techniques and experiments twentieth edition, 2009.

Kale M, Misar AV, Dave V, Joshi M, Mujumdar AM. Antiinflammatory activity of Dalbergia lanceoloria bark ethanol extract in mice and rats. Journal of Ethnopharmacology. 2007; 112: 300-304.

Kudle KR, Donda MR, Kudle MR, Merugu R, Prashanthi Y, Rudra MPP. Fruit (epicarp and endocarp) extract mediated synthesis of silver nanoparticles from sterculia foetida plant and evaluation of their antimicrobial activity. Nanoscience and Nanotechnology: An International Journal. 2013; 3(3): 56-59.

Lee J, Baek S, Lee J, Lee J, Lee DG, Park MK, Cho ML, Park SH, Kwok SK. Digoxin ameliorates autoimmune arthritis via suppression of Th17 differentiation. International Journal of Immunopharmacology. 2015; 26(1):103-11.

Lino CS, Taveira ML, Viana GSB, Matos FJA. Analgesic and antiinflammatory activities of Justicia pectoralis Jacq and its main constituents: coumarin and umbelliferone. Phytotherapeutics.1997; 11: 211-215.

Lipsky PE. RA. In: Kasper DL, Braunwald E, Fauci AS, Hauser SL, Longo DL, Jameson JL, eds. Harrison's Principles of Internal Medicine. New York, NY: McGraw Hill; 2005:1968e1977.

Manivannan E, Kothai R, Arul B, Rajaram S. Invitro antioxidant properties of Sterculia foetida Linn. Research Journal of Pharmaceutical, Biological and Chemical Sciences. 2011; 2(3): 43-51

Mujumdar AM, Naik, Waghole RJ, Kulkarni DK, Kumbhojkar MS. Pharmacological studies on sterculia foetida leaves. Pharmaceutical Biology. 2000; 38(1): 13-17.

Manoj Goyal, Manik Ghosh, B.P. Nagori, D. Analgesic and anti-inflammatory studies of cyclopeptide alkaloid fraction of leaves of Ziziyphus nummularia Sasmal. Saudi Journal of Biological Sciences. 2013; 20: 365-371.

Martí-Carvajal, Arturo J, Agreda Pérez, Luis H, Solà, Ivan, Simancas-Racines, Daniel. Erythropoiesisstimulating agents for anemia in RA. Cochrane Database of Systematic Reviews. 2013; 1-43.

Manjusha Choudhary, Vipin Kumar, Pankaj Gupta, and Surender Singh. Investigation of Antiarthritic Potential of *Plumeria alba* L. Leaves in Acute and Chronic Models of Arthritis. BioMed Research International. 2014 (2014), Article ID 474616, 1-12.

Meenakshi S, Kalpana G, Zafar R, Khursheed AK, Tariq MH. Consumption of Hydrolyzable Tannins Rich Pomegranate Extract (POMx) Suppresses Inflammation and Joint Damage In Rheumatoid Arthritis. Nutrition. 2008; 24(7-8): 733-743.

Nikhal SB, Dambe PA, Ghongade DB, Goupale DC. Hydro alcoholic extraction of Mangifera indica (leaves) by Soxhletion. International Journal of Pharmaceutical Sciences. 2010; 2 (1): 30-32.

Nagy JA, Dvorak AM, Dvorak HF. VEGF-A(164/165) and PIGF: roles in angiogenesis and arteriogenesis. Trends Cardiovascular Medicine. 2003; 13: 169-175.

Nagatoshi Fujiwara and Kazuo Kobayashi. Macrophages in inflammation. Current Drug Targets Inflammation Allergy. 2005: 4(3); 281-286.

Nikolaus S, Bauditz J, Gionchetti P, Witt C, Lochs H, Schreiber S. Increased secretion of pro-inflammatory cytokines by circulating polymorphonuclear neutrophils and regulation by interleukin 10 during intestinal inflammation. Gut 1998;42:470-476.

Naik DG1, Mujumdar AM, Waghole RJ, Misar AV, Bligh SW, Bashall A, Crowder J. Taraxer-14-en-3beta-ol, an anti-inflammatory compound from *Sterculia foetida* L. Planta Medica. 2004;70(1):68-9.

OECD guideline for testing of chemicals 423 adopted: 17th december 2001; 1-14.

Paresh A. Prajapati Sushilkumar S. Poddar Madhabhai M. Patel Balkrishna K. Patel, Ophthalmic Minitablet with Natural Polymer: *Sterculia Foetida* Gum. Der Pharmacia Lettre. 2010; 2 (1): 467-474.

Pennings EJ, Verkes RJ, Koning JDE et al. Tranylcypromine intoxication with malignant hyperthermia, delirium, and thrombocytopenia. Journal of Clinical Psychopharmacology. 1997; 17: 430-432.

Pengfei XIA, Shuang S, Ziming F, PeichengZ. Chemical constituents from leaves of Sterculia foetida. China Journal of Chinese Materia Medica. 2009; 34(20): 2604-2606.

Rupesh.M and Nitin.D Studies on the medicial uses of wild trees of Nagpur district. International Journal of Life Sciences and Pharma Research. 2012; 2(1): 21-24.

Ramesh BN, Mahalakshmi AM, Mallappa HS, Biradar BS, ImadUddin MD. Role of Inflammatory Mediators as Therapeutic Targets for RA: An Updated Review. World Journal of Pharmacy and Pharmaceuical Sciences. 2013;2(5):2526-2538.

Raghuramulu N, Madhavan K, and Kalyana SS, Hematological Techniques. A Manual of Laboratory Techniques, Silver Prints, Hyderabad, India, 1983. Rovensky J, Stancikova M, Rovenska E, Stvrtinova V, Svik K. Treatment of rat adjuvant arthritis with flavonoid (Detralex), methotrexate, and their combination. Annals of the New York Academy of Sciences. 2009; 1173:798-804.

Sofowara EA, Medicinal Plants and Traditional Medicine in Africa. Spectrum Books Ltd., 1993 (Ibadan, Nigeria) pp. 191-289.

Smolen JS, Aletaha D, Koeller M, Weisman MH, Emery P. New therapies for treatment of RA. Lancet. 2007;370:1861-74.

Simon LS. DMARDs in the treatment of RA:current agents and future developments. International Journal of Clinical Practice.2005;54:243-9.

Schmid KM, Patterson GW. Effects of cyclopropenoid fatty acids on fungal growth and lipid composition. Lipids.1988; 23(3): 248-52.

Sheehan ET and Vavich MG. Delay of sexual maturity of the female rat by Sterculia foetida oil. Journal of Nutrition. 1965, 8-12.

Sharma BD, Sanjappa M (1993). Flora of India. Vol. 3. Botanical Survey of India Publication, Calcutta, pp. 459-462.

Scarpelli DG. Mitogenic activity of Sterculic acid, a Cyclopropenoid fatty acid. Science. 185(4155), 1974, 958-960.

Thomazzi SM, Silva CB, Silveira DCR, Vasconcellos CLC, Lira AF, Cambui EVF, et al. Antinociceptive and antiinflammatory activities of Bowdichia virgilioides (sucupira). Journal of Ethnopharmacology. 2010;127:451-6.

Telang RS, Chatterjee S, Varshneya C, Studies on analgesic and antiinflammatory activities of Vitex negundo. Indian Journal of Pharmacology. 1999; 31(5): 363-366.

Trease GE, Evans WC. Pharmacognosy, 11th ed. 1989 (Bailliere Tindall, London) pp. 45-50.

UsharaniP and Rajasekharreddy P.Toxic and antifeedant activity of Sterculia foetida L.seed crude extract against Spodoptera litura F and Achaea janata L. Journal of Biopesticide. 2009; 2(2): 161-164.

Univestin: A New Treatment for Arthritis, 1st International Conference on polyphenols, Vichy, France, Paul Clayton, Oct 2003.

Vinegar R, Schreiber W, Hugo R. Biphasic development of carrageenan edema in rats. Journal of Pharmacology and Experimental Therapeutics. 1969; 166: 96-103.

Wintrobe MM, Lee GR, Boggs, et al. Thrombosis and antithrombotic therapy in Clinical Hematology, MM Wintrobe, Ed., Lea and Febiger, Philadelphia, Pa, USA, 1974. Xiao-Bo Sun, Yi-Ping Liu, Yong-Yu Yang, Xin-Yi Liu, Da-Xiong Xiang. Anti-arthritic effect of total saponins fromClematis henryi Oliv. on collagen-induced arthritis rats. European Journal of Inflammation. 2016; 14: 271-77.

Yang, LC, Marsala M, Yaksh TL. Characterization of time course of spinal amino acids, citrulline and PGE2 release after carrageenan/kaolin-induced knee joint inflammation: a chronic microdialysis study. Pain. 1996; 67: 345-354.

Zhu ZZ, Ma KJ, Ran X, Zhang H, Zheng CJ, Han T, et al. Analgesic, anti-inflammatory and antipyretic activities of the petroleum ether fraction from the ethanol extract of Desmodium podocarpum. Journal of Ethnopharmacology. 2011;133:1126-31.