

2 **Evaluation of Microbial Purity and acute and sub-**  
3 **acute toxicities** of a Nigerian Commercial Polyherbal  
4 **Formulation used in the Treatment of Diabetes**  
5 **Mellitus**

6 **S. O. Ogbonnia<sup>1</sup>, G. O. Mbaka<sup>2\*</sup>, A. M. Nwozor<sup>1</sup>, H. N. Igbokwe<sup>3</sup>, A.**  
7 **Usman<sup>3</sup> and P. A. Odusanya<sup>3</sup>**

8  
9  
10 <sup>1</sup>Department of Pharmacognosy, Faculty of Pharmacy, University of Lagos,  
11 Idi- Araba, Lagos, Nigeria

12 <sup>\*2</sup>Department of Anatomy, Lagos State University College of Medicine, Ikeja,  
13 Lagos, Nigeria

14 <sup>3</sup>Department of Pharm-Technology and Pharm-Microbiology, Faculty of  
15 Pharmacy, University of Lagos, Idi-Araba, Lagos Nigeria

16  
17  
18  
19  
20 **ABSTRACT**

**Objective:** This study evaluated acute and sub-acute toxicities in rodents and microbial purity of a polyherbal formulation, Bobwell<sup>®</sup> popular among the natives for the management of diabetes mellitus (DM). It was prepared with unspecified quantities of the following plant materials viz. *Gongronema latifolium*, *Garcinia kola*, *Vernonia amygdalina*, *Sphenocentrum jollyanum* and *Kigelia Africana* leaves.

**Material and Methods:** Microbial purity was evaluated on some bacterial and fungal organisms using appropriate diagnostic media. Toxicity of the polyherbal preparation was evaluated in Swiss albino mice by administering to the animals graded oral doses of the lyophilized preparation in the ranges of 1.0 to 20.0 g/kg **body weight (bwt)** and observed for changes. Wistar rats were also fed with different doses of the lyophilized formulation for 30 days and the effects on the biochemical profiles and haematological parameters were evaluated.

**Results:** The purity evaluation test revealed presence of some bacterial organisms with the load within officially acceptable limits except *Escherichia coli* having a load of  $1.50 \times 10^2$  cfu/ml while no fungal organisms were observed. The median acute toxicity value ( $LD_{50}$ ) of the polyherbal medicine was determined to be 15.2 g/kg bwt. **There was significant increase ( $P \leq 0.05$ ) in the body weight of the animals treated with the highest dose of the formulation compared to the control.** The biochemical parameters showed marked decrease in the plasma glucose level compared to the control. Increase in creatinine level was observed only in the animals that received the highest dose of the formulation while aspartate aminotransferase (AST) decreased significantly. **On the other hand,** alanine aminotransferase (ALT) **exhibited significant increased ( $P \leq 0.05$ )** at the highest dose. The photomicrograph of hepatic tissue showed focal necro-inflammation around the portal hepatics. There was marked increase in the haemoglobin level and in the **red blood cell (RBC)** count at the highest doses. There was also significant increase in **white blood cells (WBC)**.

**Conclusion:** The high  $LD_{50}$  value indicated that the polyherbal preparations could be safe for use but its safety was negated by high presence of *E coli* load. Although the formulation showed good hypoglycaemic activity and beneficial effects on cardiovascular risk factors, at the highest dose, the formulation exhibited deleterious effect on the hepatic tissue.

21  
22

**Keywords:** Microbial purity, acute, **sub-acute, toxicity**, polyherbal formulation.

\* Corresponding author Email: mbaaka@yahoo.com

23 **1. INTRODUCTION**

24

25 Diabetes mellitus (DM) is a group of metabolic disordered diseases resulting from absolute  
26 or relative defects in insulin secretion or action or both. It is defined as “a state of premature  
27 cardiovascular death which is associated with chronic hyperglycemia and also associated  
28 with blindness and renal failure” (Barnett and O’Gara, 2003). Oral hypoglycemic drugs  
29 including suphonylureas, biguanides and thiazolidinediones, have been employed in the  
30 treatment of the disease without achieving a total cure and are without some undesired side  
31 effects. Attention is, therefore, now focused on the use of alternative therapy for the disease  
32 treatment with plant and plant derived medicines as the best option. Plant derived medicine  
33 is known as herbal medicine and is currently being used by about 60% of the world  
34 population both in the developing and in the developed countries where modern medicines  
35 are predominantly used (Rickert *et al.*, 1999; Ogonnia *et al.*, 2008).

36

37 The increasing popularity in the use of herbal remedies could be attributed to their  
38 advantages of being efficacious and a cheap source of medical care. Secondly, there is a  
39 growing disillusionment with modern medicine and also misconception that herbal remedy  
40 being natural may be devoid of adverse and toxic effects associated with allopathic  
41 medicines. More often, and due to the misconception, herbal drugs are administered in most  
42 disease conditions over a long period of time without proper dosage monitoring and  
43 consideration of toxic effects that might result from such prolonged usage. The danger  
44 associated with the potential toxicity of such therapy and other herbal therapies used over a  
45 long period of time demand that the practitioners be kept abreast of the reported incidence of  
46 renal and hepatic toxicity resulting from the ingestion of medicinal herbs (Tédong *et al.*,  
47 2007).

48

49 Herbal preparations could be contaminated with microbiological and foreign materials, such  
50 as heavy metals, pesticide residues or even aflatoxins. Contaminants when present in an

51 herbal preparation may lead to serious health defects underscoring the claimed safety. An  
52 increase in the morbidity and mortality associated with the use of herbal or the so called  
53 traditional medicines has raised universal attention in the last few years (Bandaranayake,  
54 2006; Ogbonnia *et al.*, 2010). Upon exposure, the clinical toxicity may vary from mild to  
55 severe and even life threatening making the safety and toxicity evaluations of these  
56 preparations imperative. Also lack of standardization is a major concern regarding the use of  
57 medicinal herbal medicines (Angell and Kassier, 1998).

58

59 Herbal medicine is most often a 'polyherbal' preparation from mixtures of many plant parts  
60 obtained from various plant species and families and may contain multiple bioactive  
61 constituents that could be difficult to characterize (Ogbonnia *et al.*, 2010). The bioactive  
62 principle(s) in most herbal preparations are not always known and there could be  
63 possibilities of interaction with each other in solution. The quality as well as the safety criteria  
64 for herbal drugs may be based, therefore, on a clear scientific definition of the raw materials  
65 used for such preparations.

66

67 The aim of the study was to evaluate the safety of a polyherbal preparation, Bobwell,<sup>®</sup> an  
68 antidiabetic, formulation sold openly in the markets and widely consumed locally for the  
69 treatment of DM in most Nigerians south western states for microbial purity and also to carry  
70 out **its toxicity profile studies** in rodents. Bobwell<sup>®</sup> was claimed to be prepared with  
71 unspecified quantities of the following plant material constituents: *Gongronema latifolium*  
72 (Asclepiadaceae), *Garcinia kola* Heckle (Guttiferaceae), *Vernonia amygdalina*  
73 Del(Asteraceae), *Sphenocentrum jollyanum* (Menispermaceae), and *Kigelia africana* (Lam).  
74 Benth (Bignoniaceae).

75

## 76 **2. MATERIAL AND METHODS**

77

### 78 **2.1 Material**

79 The antidiabetic polyherbal formulation Bobwell® (a liquid dosage form, 1.5L) a slightly thick,  
80 non viscous brownish coloured liquid was selected on the basis of its local consumption rate  
81 and was procured from the Mushin market in Lagos suburb. The un-tampered procured  
82 polyherbal formulation bottle was stored in a refrigerator at 4- 6°C until the quantity needed  
83 for the purity test was aseptically taken. 1000 ml of the formulation was filtered and the  
84 resulting 875 ml was freeze dried which yielded 37.5 g gel. The prescribed dose for human  
85 adult was 30 ml daily. The label indicated only the plant material constituents used in the  
86 formulation without specifying the quantity of each used, and also there was no indication of  
87 the batch number, the manufacturing and expiring dates.

88

## 89 **2.2 Animals**

90 Swiss albino mice (20 – 25 g) of either sex were used for the acute toxicity study, while adult  
91 Wistar rats (130±15g) were used for the **sub-acute** toxicity profiling. The animals were  
92 obtained from the animal house of the College of Medicine of the University of Lagos. **They**  
93 **were randomly selected with no preference for sex and were fed with a standard animal diet**  
94 **(Pfizer Feeds Ltd, Nigeria) and had access to water *ad libitum*.** **The animals** were maintained  
95 in separate (**both sexes**) spacious polypropylene cages in well ventilated animal house with  
96 12 hrs dark and light cycle and were acclimatized for a week before the commencement of  
97 the study. The use and care of the animals, and the experimental protocol were in strict  
98 compliance with the Institute of Laboratory Animal Research (ILAR) guidelines on the use  
99 and care of animals, in experimental studies (ILAR, 1996).

100

## 101 **2.3 Determination of microbial purity**

102 The microbial load of the preparation was determined using the standard plate method  
103 (Fontana *et al.*, 2004). Various diagnostic media-Tryptone Soya Agar (TSA), Salmonella-  
104 Shigella Agar (SSA), Eosin Methylene Blue Agar (EMBA), MacConkey Agar (MAC), Nutrient  
105 Agar (NA), Manitol Salt Agar (MSA), Sabouraud Dextrose Agar (SDA) - were used to culture

106 the test products. Each of the media was prepared according to manufacturers' instruction  
107 and sterilized at 121 °C for 15 minutes.

108

109 Three fold serial dilutions ( $10^{-1}$ ,  $10^{-2}$  and  $10^{-3}$ ) were made using sterile distilled water. The  
110 media were allowed to cool to 45 °C and 1ml each of the dilutions seeded in 25 ml each of  
111 the sterile culture media swirled and left to solidify. The bacterial media were incubated at 37  
112 °C for 3 days while the fungal medium (SDA culture) was incubated at ambient temperature  
113 for 7 days. They were examined 24 hourly during this period for the colonies and the results  
114 recorded (Table 1). The purity of the formulations for proteus organisms was evaluated using  
115 the 1/10 dilution, a loopful was taken and dropped aseptically at the centre of nutrient agar  
116 plate. The site of inoculation was swabbed. The triplicate plates were prepared, covered and  
117 incubated in inverted position at 37 °C and observed daily for 3 days for swarming of  
118 proteus.

119

#### 120 **2.4 Assay of antimicrobial activity**

121 The antimicrobial activity of the preparation was investigated using the cup diffusion method  
122 on Mueller Hinton Agar for bacterial organisms and Sabouraud Dextrose Agar (SDA) for  
123 fungal organisms (Raghavendra, 2006).  $10^6$  cfu/ml of the overnight clinical cultures of  
124 *Escherichia coli*, *Pseudomonas aeruginosa*, *Klebsiella species*, *Shigella species* was seeded  
125 in 25 ml Mueller Hinton Agar respectively while *Candida albican* was seeded in Sabouraud  
126 Dextrose Agar. Wells were bored in each of the culture media using a sterile 12 mm cork  
127 borer and various dilutions (100 %, 50 %, 25 % and 12.5 %) of the test material were  
128 prepared using sterile water. 0.5 ml of each dilution was respectively seeded in wells made  
129 in inoculated plates with a blank well in each of the plates seeded with 0.5 ml sterile distilled  
130 water to serve as a control standard. The cultures were incubated at 37 °C for 24 hrs for  
131 bacterial cultures and at ambient temperature for 7 days for fungal cultures and observations  
132 were made for zones of inhibitions (NCCLS, 1997).

133

## 134 **2.5 Acute Toxicity Study**

135 The toxicity study was carried out using thirty-five (35) male and female Swiss albino mice  
136 (weighing 20 – 25 g) obtained from the Laboratory Animals Center, College of Medicine,  
137 University of Lagos. The animals were randomly distributed into: one control group and six  
138 treated groups, containing five animals per group. **The rationale for five mice per group was**  
139 **to obtain more reliable mortality information following the polyherbal administration.** They  
140 were maintained on animal cubes (Feeds Nigeria Ltd), provided with water *ad libitum* and  
141 were allowed to acclimatize for seven days to the laboratory conditions before the  
142 experiment. After the overnight fasting, the control group received 0.3 ml of acacia solution  
143 (2 %) orally. The doses 1.0, 2.5, 5.0, 10.0, 15.0 and 20.0 g/kg **bwt** were respectively  
144 administered orally to the groups from acacia solution of the extract gel which was prepared  
145 by dispersing 16 g of the gel with 7 ml of the acacia solution in a 100 ml beaker and  
146 transferred to a 20 mL volumetric flask. The beaker rinsed with the acacia solution was  
147 transferred to the volumetric flask and the volume made to mark with the acacia solution. The  
148 animals were observed continuously for the first 4 hrs and then for each hour for the next 24  
149 hrs and at 6 hourly interval for the next 48 hrs after administering the extract to observe any  
150 death or changes in general behaviour and other physiological activities (Shah *et al.*, 1997;  
151 Bürger *et al.*, 2005).

152

## 153 **2.6 Determination of LD<sub>50</sub>**

154 The LD<sub>50</sub> of the extract by oral route was estimated using the method of Lorke (1983). The  
155 LD<sub>50</sub> was calculated as the geometrical mean of the maximum dose producing 0 % mortality  
156 and the minimum dose producing 100 % mortality.

157

158

159

160 **2.7 Sub-acute study**

161 Male and female Wistar rats weighing 130 g  $\pm$  20 g were used. They were allowed to  
162 acclimatize to the laboratory conditions for seven days. The animals were maintained on  
163 standard animal feeds and provided with water *ad libitum*. The animals were weighed and  
164 divided into four groups of five animals each and after the overnight fast of the animals the  
165 control group received a dose of 0.6 ml of acacia solution (2 %) orally once a day for 30  
166 days. The three treated groups respectively received the following doses: 200 mg/kg, 300  
167 mg/kg and 600 mg/kg bwt of the gel orally once a day for 30 days (Pieme *et al.*, 2006; Joshi  
168 *et al.*, 2007; Mythilypriya *et al.*, 2007). The gel suspension (12 %w/v) was prepared by  
169 dispersing the gel (12 g) with 45 ml of acacia (2 %) solution in a beaker, and transferred to a  
170 100 mL volumetric flask. Then the beaker was rinsed with the solution and the content  
171 transferred to the volumetric flask and volume made to mark with the acacia solution.

172

173 The animals were weighed every five days, from the start of the treatment, to note any  
174 weight variation. At the end of the experiment, the animals were starved overnight and on  
175 the 26th day, they were made unconscious by cervical dislodgement. The blood was  
176 collected via cardiac puncture in three tubes: one with EDTA for analysis of hematological  
177 parameters and the blood chemistry, Fluoride oxalate tube for glucose analysis and with  
178 heparin to separate plasma for biochemical profiles. The heparinized blood was centrifuged  
179 within 5 min of collection at 4000 g for 10 min to obtain plasma which was analyzed for total  
180 cholesterol, total triglyceride, and HDL-cholesterol levels by modified enzymatic procedures  
181 from Sigma Diagnostics (Wasan *et al.*, 2001). LDL-cholesterol levels were calculated using  
182 Friedwald equation (Crook, 2006). Plasma was analyzed for Alanine aminotransferase  
183 (ALT), aspartate aminotransferase (AST), and creatinine by standard enzymatic assay  
184 methods (Sushruta *et al.*, 2006). Plasma glucose contents and protein contents were  
185 determined using enzymatic spectroscopic methods (Hussain and Eshrat, 2002).  
186 Haematocrit was estimated using the method as described by (Ekaidem *et al.*, 2006).



187 Haematocrit tubes were filled with whole blood to the mark by capillary action and the bottom  
188 of the tubes sealed with plasticide and centrifuged for 4-5 minutes using haematocrit  
189 centrifuge. The percentage cell volume was read by sliding the tube along a “critocap” chart  
190 until the meniscus of the plasma intersected the 100 % line. Hemoglobin contents were  
191 determined using Cyanmethaemoglobin (Drabkin) method (Ekaidem *et al.*, 2006).

192

### 193 **2.8 Tissue histology**

194 The organs were fixed in 10 % formal saline for ten days before embedding in paraffin wax.  
195 Each organ tissue was sectioned at 5 µm and stained with Haematoxylin and Eosin (H and  
196 E) stain (Mbaka *et al.*, 2012). The slide specimens were examined under light microscope at  
197 high power magnification for changes in organ architecture and photomicrographs were  
198 taken.

199

200 **2.9 Statistical analysis:** Significant differences were determined using a Student’s t-test.

201 Differences were considered significant if  $p < 0.05$ . All data were expressed as mean  $\pm$

202 standard error of the mean.

203

## 204 **3. RESULTS AND DISCUSSION**

205

206 The microbial purity evaluation of the formulation (Table 1) showed no growth of bacterial  
207 and fungal organisms in the first 24 hrs in the various diagnostic media used. The growth of  
208 *Bacillus subtilis* ( $1.0 \times 10^2$  cfu/ml) were observed in Tryptone Soy Agar culture and of other  
209 coli forms ( $2.25 \times 10^2$  cfu/ml) observed in MacConkey agar culture after 72 hrs but all were  
210 within acceptable official limit (Fontana *et al.*, 2004). There was no growth observed on  
211 Sabouraud Dextrose Agar even on the 6th and 7th day of incubation indicating the absence  
212 of fungal organisms. In the Eosine Methylene Blue Agar medium showed the growth of *E.*  
213 *coli* ( $1.5 \times 10^2$  cfu/ml) which was above the acceptable microbial limit for aqueous herbal  
214 formulations according to World Health Organization guidelines for the assessment of the

215 safety, efficacy, and quality of herbal medicines as a prerequisite for global harmonization  
 216 (W H O, 1966). An increase in *E. coli* level above the acceptable limit can cause serious  
 217 diarrheal infection which could be bloody or watery diarrhea depending on the *E. coli* patho-  
 218 type of toxin produced.

219 **Table 1: Microbial Purity test of the polyherbal formulation**

MEDIA	<i>S. typhi</i>	<i>Bacillus</i> species x 10 <sup>2</sup>	<i>Shigella</i> species	Other Coliforms x 10 <sup>2</sup>	<i>Proteus</i> species	<i>P aeruginosa</i>	<i>S. aureus</i>	<i>E. coli</i> x 10 <sup>2</sup>	TYMC	TACC x 10 <sup>2</sup>	TO TA L
SSA	0	-	0			-	-	-	-	-	0
MAC	-	-	-	2.25	-	-	-	-	-	-	2.25x10 <sup>2</sup>
NA	-	-	-	-	0	-	-	-	-	-	0
CA	-	-	-	-	-	0	-	-	-	-	0
MSA	-	0	-	-	-	-	0	-	-	-	0
EMBA	-	-	-	-	-	-	-	1.50	-	-	1.50x10
SDA	-	-	-	-	-	-	-	-	0	-	0
TSA	-	1.0x10 <sup>2</sup>	-	-	-	-	-	-	-	9.93	1.093x10 <sup>3</sup>

220 N=5; values = m ± sem \* P<0.05; \*\* P<0.01 vs. control group

221 Targeted organisms: *Salmonella typhi* 0, *Shigella species* 0, Other *Coli* forms 2.25x10<sup>2</sup>, *Proteus species* 0,  
 222 *Pseudomonas aeruginosa* 0, *Staphylococcus aureus* 0, *Escherichia coli* 1.50x10<sup>2</sup>, Mould and Yeast 0 and *Bacillus*  
 223 *species*1.0x10<sup>2</sup>  
 224 CA - Cetrimide Agar, EMBA - Eosine Methylene Blue Agar, MAC- MacConkey Agar , NA-Nutrient Agar, SDA-  
 225 Sabouraud Dextrose Agar, SSA - Salmonella Shigella Agar, TSA- Tryptone Soya Agar, TNTC-To numerous to count  
 226 TYMC Total yeast and mould count

227

228 In the acute toxicity study (Table 2) of the formulation no changes in the behaviour and in the  
 229 sensory nervous system responses were observed in the animals. Also no adverse  
 230 gastrointestinal effects were observed in the male and female mice used in the experiment.  
 231 All the animals that received 5.0 g/kg bwt dose survived beyond the 24 hrs of observation

232 while four of the mice that received 20.0 g/kg **bwt** dose of the extract died within 4 hrs. The  
 233 median acute toxicity value (LD<sub>50</sub>) of the formulation was determined to be 15.2 g/kg bwt.  
 234 According to World Health Organization (WHO) toxicity index of 2 g/kg **bwt** (Ghosh.1984;  
 235 Klassen *et al.*, 1995) the extract could be classified as being non toxic, since the LD<sub>50</sub> was  
 236 found to be above 15.0 g/kg **bwt** translating to 1064 g equivalence dose in human adult. This  
 237 is a very high value making the preparation relatively safe for use. The viscera of the dead  
 238 animals did not show any macroscopic changes that could point to the cause of the death  
 239 neither did the animals convulse before dying. It could therefore, be postulated that the  
 240 formulation did not kill the mice by the action on the nervous system (Ogwal- Okeng *et al.*,  
 241 2003).

242

243 **Table 2: Acute toxicity evaluation of the polyherbal formulation in mice**

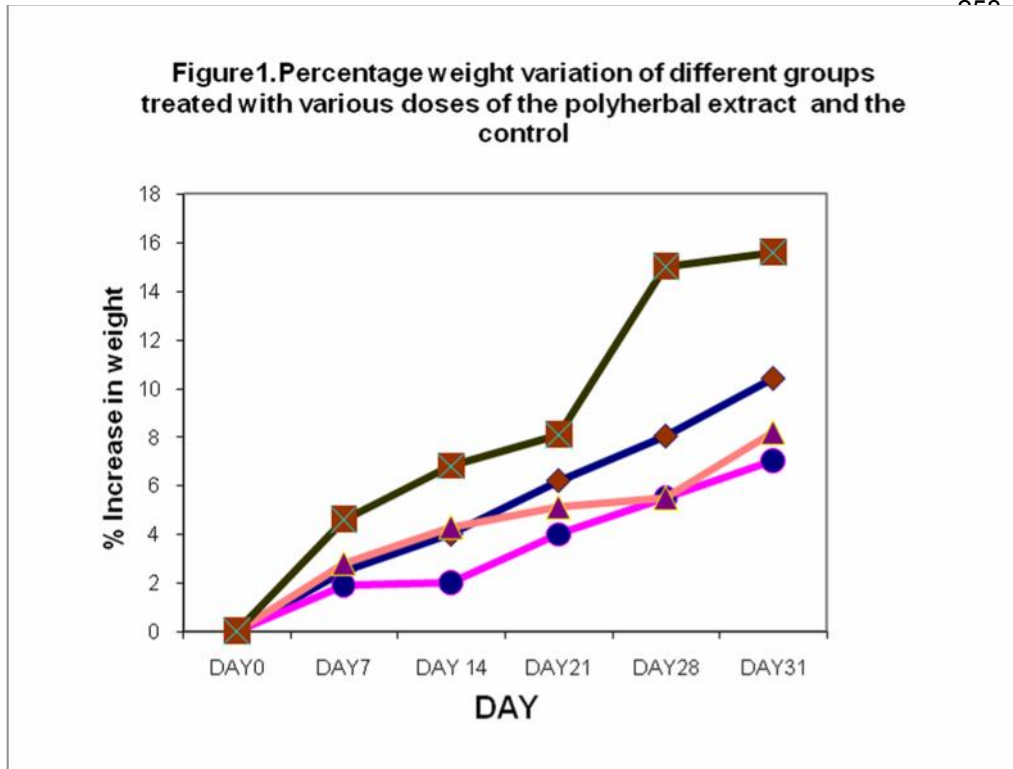
Doses of drugs g/kg	Number of Animals	Number of animals dead	% cumulative Death
Control	0	0	0
0.5	5	0	0
1.0	5	0	0
2.5	5	0	0
5.0	5	0	0
10.0	5	1	14.3
15.0	5	2	24.8
20.0	5	4	100

244 Control received 0,3ml of Acacia (2%w/v) solution

245

246 The effects of the formulation on the body weight of the animals treated with various doses  
 247 are summarized in Fig. 1. Significant ( $P \leq 0.05$ ) increase in the body weight was observed  
 248 only in animals that received the highest dose (600 mg/kg bwt) of the lyophilized extract  
 249 while no significant ( $P \geq 0.05$ ) increase occurred in the weight of animals treated with lower  
 250 doses of the polyherbal formulation compared to the control. The appreciable weight gain of  
 251 the animals that received the highest dose of the formulation suggested the ability of the  
 252 polyherbal formulation to have the tendency to stimulate appetite at high dosage. **Although**

253 the amount of food and water made available to the animals were not quantified, the animals  
254 that received the highest extract dose were observed to have consumed more food and as  
255 well as had more water intake.  
256  
257



271 ♦GPI –Control group treated with 0.5ml Acacia (2%w/v) solution., ●GPII Animals treated  
272 with the extract 200mg/kg body weight, ▲ GPIII Animals treated with the extract 300mg/kg  
273 body weight, X GPIV Animals treated with the extract 600mg/kg body weight  
274

275 Effects of the polyherbal formulation on the biochemical profiles were summarized in Table  
276 3. There was a remarkable decrease in the plasma glucose levels especially in the animals  
277 treated with the highest dose of the formulation compared to the control. This clearly  
278 indicated the presence of hypoglycaemic components in the formulation and gives credence  
279 to the use of the polyherbal formulation as a hypoglycaemic agent. Significant ( $P \leq 0.05$ )  
280 increase in creatinine level was observed only in the animals that received the highest dose  
281 of the formulation (600 mg/kg bwt). The elevation in the plasma creatinine concentration

282 could suggest inflammatory activity in the kidney, specifically by renal filtration mechanism  
 283 (Wasan *et al.*, 2001). There was significant decrease in AST level at all the doses. The ALT  
 284 level except at the lowest extract dose showed progressive increase that was significant at  
 285 the highest dose compared to the control. An elevation in plasma concentration of ALT is  
 286 usually due to liver damage while increase in AST level could be linked to damage to either  
 287 cardiac or hepatic tissues or damage to both (Wasan *et al.*, 2001; Crook, 2006). The marked  
 288 increase in ALT at the highest dose was therefore indicative of inflammatory challenge of the  
 289 formulation on the liver. The decrease in the plasma total cholesterol (TC) and triglyceride  
 290 (TG) levels might be attributable to the presence of hypolipidaemic agents in the extract. A  
 291 significant increase in HDL-cholesterol levels and a reduction in LDL-cholesterol levels  
 292 observed in all the treated animals was an indication that the formulation has the tendency to  
 293 reduce the cardiovascular risk factors which contribute to death of diabetic subjects (Barnett  
 294 and O’Gara, 2003). The ability of the formulation to exert a decrease in cardiovascular risk  
 295 factors lent further support for its use as a hypoglycaemic agent.

296

297 **Table 3: Plasma glucose level and other biochemical profiles of animals treated**  
 298 **respectively with various doses of polyherbal formulation extract for 30 days and the**  
 299 **control**

PARAMETER	Group I	Group II	Group III	Group IV
Glucose(mmol/l)	4.1±0.2	3.2±0.4**	2.7±0.2*	2.2±0.3*
Cholesterol(mmol/l)	2.0±0.3	1.4±0.1*	1.6±0.2**	1.3±0.5*
Triglyceride(mmol/l)	0.5±0.0	0.4±0.0	0.3±0.0*	0.2±0.0*
HDL(mmol/l)	1.5±1.0	2.0±0.5**	2.0±0.6**	2.0±0.7**
Creatinine(mmol/l)	59.6±0.3	67.6±0.1	57.8±0.0	130.9±2.5*
AST(IU/L)	304.0±0.5	244.7±5.0**	208.7±0.4*	205.3±0.0*
ALT(IU/L)	66.7±2.0	59.9±0.2	68.8±0.3	79.4±0.2*

\* Corresponding author Email: mbaaka@yahoo.com

LDL(mmol/l)	1.3±0.5	0.8±0.3**	1.0±0.2**	0.6±0.2*
-------------	---------	-----------	-----------	----------

300 N=5, values =  $m \pm \text{sem}$  \* $P < 0.05$ ; \*\*  $P < 0.01$  vs. control group. Control group received 0.5

301 ml Acacia (2 %w/v) solution.

302 GP I (Control), GPII (200mg/kg), GP III (300mg/kg), GP IV (600mg/kg)

303 HDL- High density lipoprotein; LDL - Low density lipoprotein; AST - Aspartine

304 aminotransferease; ALT- Alanine aminotransferease

305

306

307 The photomicrograph of hepatic tissue of the animals administered with the highest dose of

308 the formulation showed focal necro-inflammation around the portal hepatics. It was obvious

309 the inflammatory changes in the hepatic tissue precipitated an increase in the ALT level. The

310 photomicrograph of renal and testicular tissues on the other hand showed normal

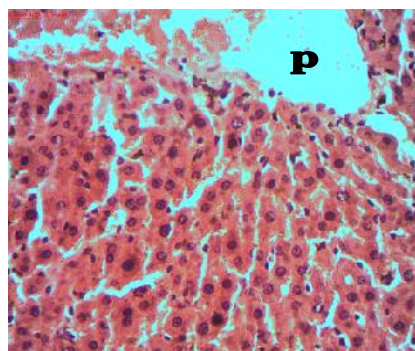
311 appearance. Therefore, the cause of marked increase in creatinine level at the highest dose

312 of the formulation is likely due to other remote factors.

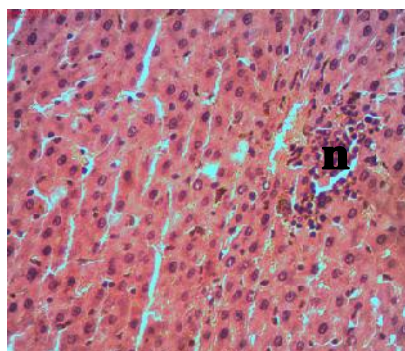
313

314

315



316 Fig. 2a: Photomicrograph of normal hepatic tissue indicating portal area (p) and radially arranged cords of hepatocytes separated by sinusoids. (H&E stain) Mag. X400



317 Fig. 2b: Photomicrograph of hepatic tissue treatment with 600mg/kg of the formulation indicating focal necro-inflammation (n) around portal hepatics. (H&E stain) Mag. X400



318

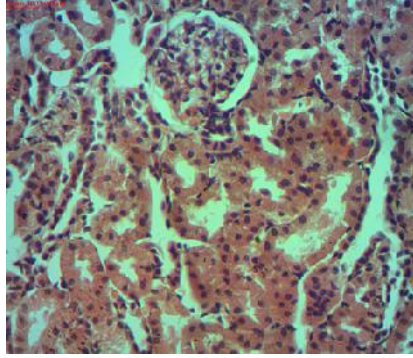


Fig. 3a: Photomicrograph of a cross section of cortical region of the renal tissue of the control indicating renal corpuscles and convoluted tubules. (H&E stain) Mag. X400

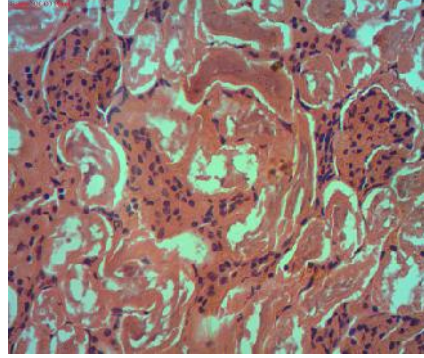


Fig. 3b: Photomicrograph of a cross section of cortical region of the treated animals (600mg/kg) showing normal appearance. (H&E stain) Mag. X400

320

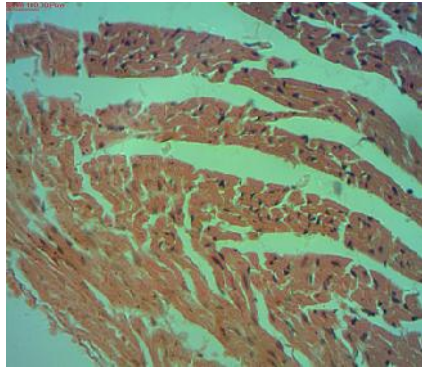


Fig. 4a: Photomicrograph of a cross section of cardiac muscle of the control group showing the branched network of muscle fibres. (H&E stain) Mag. X400

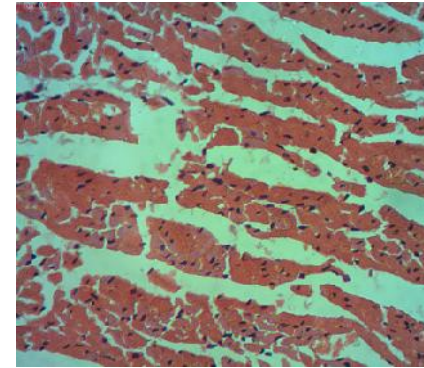


Fig. 4b: The cross section of cardiac muscle of animal treated with 600mg/kg of the formulation indicating no abnormality. (H&E stain) Mag. X400

321

322

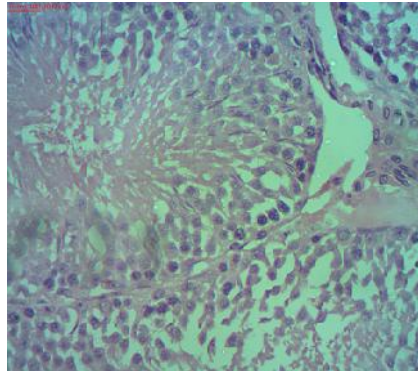


Fig. 5a: The histology of testes of the control group showing cross sections of seminiferous tubules and interstitial cells. (H&E stain) Mag. X400

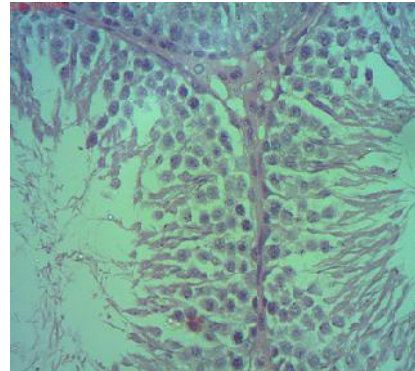


Fig. 5b: The cross section of seminiferous tubules of testis treated with 600mg/kg of the polyherbal drug showing no abnormality. (H&E stain) Mag. X400

324

325

326

327 Although the haematocrit level at the highest dose of treatment showed no significant  
328 variation compared to the control, the marked increase in the haemoglobin level and in the  
329 RBC count at the highest dose was indicative that the polyherbal formulation does possess  
330 active principle that can enhance RBC production (erythropoiesis) (Sanchez-Elsner *et al.*,  
331 2004). This potential haematinic property emphasized the beneficial effect of the formulation  
332 to the general well being of the animals. The haematinic effect of the formulation could be  
333 due to the activity of *Sphenocentrum jollyanum*, a constituent of the formulation reported to  
334 be rich in haematinic property (Mbaka *et al.*, 2010; Mbaka and Adeyemi, 2010). This study  
335 showed that there was no significant change in MCHC in the treated animals compared to  
336 the control. Low MCHC is associated with iron deficiency anaemia where microcytic  
337 hypochromic red cells are produced as a result of lack of iron to support haemoglobin  
338 synthesis (Agbor *et al.*, 2005). There was also no significant change in MCV. However, there  
339 was a significant increase in WBC count which is known to rise as body defense in response  
340 to toxic environment (Ngogan, 2005). Also, lymphocyte, the main effector cell of the immune  
341 system (Mc Knight *et al.*, 1999; Tegua *et al.*, 2007) recorded marginal increase implying that  
342 the formulation might not have exerted challenge on the immune system of the animals.

343

344 **Table 4: Haematological and blood differential profiles of animals treated respectively**  
345 **with various doses of polyherbal formulation extract for 30 days and the control**

PARAMETER	Group I	Group II	Group III	Group IV
RBC x 10 <sup>3</sup>	6.0±0.0	6.7±0.3	6.3±0.2	8.1±0.4*
WBC(10 <sup>6</sup> )	4.5±0.1	9.0±0.1*	7.0±0.3*	8.9±0.2*
MCV(fl)	64.1±0.3	52.8±0.1*	54.6±0.2*	53.9±0.5*
HCT (%)	44.0±1.0	39.7±0.5	38.9±0.7	44.6±0.6

\* Corresponding author Email: mbaaka@yahoo.com



PLT (%)	451.0±2.0	527.0±5.0	292.1±0.5	502.0±0.7
PCT (%)	0.3±0.0	0.3±0.1	0.2±0.0	0.3±0.0
Hb (g/dl)	12.8±0.2	61.9±1.5	14.9±0.1	15.9±0.5**
MCH(pg)	21.6±1.0	19.8±0.5	20.5±0.7	19.7±0.6
MCHC (g/dl)	33.7±0.5	37.4±0.6	37.5±1.0	36.6±0.5
LYM (%)	69.2±2.0	61.9±1.5	81.3±0.5	70.2±0.3

346

347 N=5 m ± sem\**P* <0.05; \*\* *P* <0.01 vs. control group. Control group received 0.5 Acacia (2

348 %w/v) solution

349 KEY GP I (Control), GP II (200mg/kg), GP III (300mg/kg), GP IV (600mg/kg)

350

351

352 **Table 5: The effects on the weights on kidney, heart, liver and brain of animals treated**

353 **with various doses of the polyherbal formulation extract for 30 days and the control in**

354 **the sub-acute toxicity study.**

ORGAN /100gkgbw	GPI	GPII	GPIII	GPIV
Heart(g)	0.5±0.2	0.5±0.1	0.5±0.0	0.5±0.0
Liver(g)	3.4±0.1	3.6±0.5	3.6±0.5	3.7±0.6
Kidney(g)	0.8±0.0	0.9±0.0	0.7±0.0	0.9±0.0
Brain(g)	1.5±0.1	1.5±0.1	1.3±0.0	1.5±0.0

355

356 N=5 values= (m ± sem)\*P <0.05; \*\* P <0.01 vs. control group. Control group received 0.5  
357 Acacia (2 %w/v) solution  
358 GP I (Control), GPII (200mg/kg), GP III (300mg/kg), GP IV (600mg/kg)

359

#### 360 **4. CONCLUSION**

361 The high LD<sub>50</sub> value (15.2 g/kg) obtained clearly indicated that the polyherbal preparations  
362 could be safe for use but its safety was negated by the presence of *E coli* load above  
363 officially accepted limit for liquid herbal preparation. The study showed that the formulation  
364 had some hypoglycaemic activity and good reducing effects on cardiovascular factors and  
365 did not provoke toxic effects to the animals' heart tissues. Furthermore, the presence of  
366 haematinic agent emphasized the beneficial effect of the formulation. However, at highest  
367 dose used, the formulation exhibited deleterious effect on the hepatic tissue thus  
368 necessitating for a cautious use. It could therefore be estimated that 300mg/kg bwt was the  
369 highest dose the herbal formulation did not exert an observed toxic effect to the animals.

370

#### 371 **ETHICAL APPROVAL**

372 All authors hereby declare that "Principles of laboratory animal care" (NIH publication No.  
373 85-23, revised 1985) were followed, as well as specific national laws where applicable. All  
374 experiments have been examined and approved by the appropriate ethics committee of our  
375 Institution". All authors hereby declare that all experiments have been examined and  
376 approved by the appropriate ethics committee and have therefore been performed in  
377 accordance with the ethical standards laid down in the 1964 Declaration of Helsinki.

378

379 **COMPETING INTEREST:** There is no conflict of financial interest in connection with the  
380 submitted manuscript.

381

382 **AUTHORS' CONTRIBUTIONS:** Author A designed the experiment, the protocol for the  
383 study and also partook in the manuscript preparation and statistical analysis. Author B  
384 undertook the tissue processing and analysis as well as partook in the write up and editing of  
385 the manuscript. Author C conducted the laboratory work and did part of the literature search.  
386 Authors D, E&F evaluated the microbial purity of the formulations and did part of the  
387 literature search.

388

389

390

391

## 392 **REFERENCES**

393 Agbor, G. A., Oben J. E., Ngogang J. Y. (2005). Haematinic activity of *Hibiscus cannabinus*.  
394 Afri. J. Biotech. 4, 833-837.

395 Angell, M. and Kassier, J. P. (1998). Alternative medicine –the risk of untested and  
396 unregulated remedies. N. Engl. J. Med. 339, 839-841.

397 Bandaranayake, W. M., (2006). Modern Phytomedicine. Turning medicinal plants into drugs.  
398 Ahmad, I., Aqil F. and Owais M. Edn. Wiley-VCH Verlag GmbH and Co. KGaA, Weinheim.

399 Barnett, H. A. and O'Gara, G. (2003). Diabetes and the heart. clinical practice series.  
400 Churchill Livingstone. Edinburgh UK, p. 11-32.

401 Bürger, C., Fischer, D. R., Cordenunzi, D. A., Batschauer de Borba, A. P., Filho, V. C,  
402 Soares dos Santos A. R. (2005). Acute and sub-acute toxicity of the hydro alcoholic extract  
403 from *Wedelia paludosa* (Acmela brasiliensis) (Asteraceae) in mice. J. Pharm. Sci.  
404 (www.cspsCanada.org) 8(2), 370-373.

405 Crook, M. A. (2006). Clinical chemistry and metabolic medicine. 7th Edition. Hodder Arnold,  
406 London: p. 426.

407 Ekaidem, I. S., Akpanabiatu, M. I., Uboh, F. E, Eka, O.U. (2006). Vitamin b12  
408 supplementation: effects on some biochemical and haematological indices of rats on  
409 phenytoin administration. *Biokemistri*. 18 (1), 31- 37.

410 Fontana, R., Mendes, M. A., de Souza, B. M., Konno, K, Cesar, L. M. N. (2004). Jelleines, a  
411 family of antimicrobial peptides from the royal jelly of honey bees (*Apis mellifera*) peptides  
412 25, 919-928.

413 Ghosh, M. N. (1984). Toxicity studies .In: *Fundamentals of experimental pharmacology*, 2<sup>nd</sup>  
414 ed. Scientific Book Agency, Calcutta: p. 153-158.

415 Hussain, A and Eshrat, H. M. (2002). Hypoglycemic, Hypolipidemic and Antioxidant  
416 properties of combination of Curcumin from *Curcuma longa* Linn and partially purified  
417 product from *Abroma augusta* Linn in streptozotocin induced diabetes. *Indian J. Clin.*  
418 *Biochem*. 17 (2), 33-43.

419 ILAR, 1996 (Institute of Laboratory Animal Research). Commission on life science. National  
420 research council. [www.edu/openbook.php?record\\_id=5140](http://www.edu/openbook.php?record_id=5140).

421 Joshi, C. S., Priya, E. S, Venkataraman, S. (2007). Acute and sub acute studies on the  
422 polyherbal antidiabetic formulation Diakyur in experimental animal model. *J. Health Sci*.  
423 53(2), 245-249.

424 Klassen, C. D., Amdur, M. O., Doull, J. (1995). *Casarett and Doull's Toxicology: The basic*  
425 *science of poison*. 8th ed. Mc Graw Hill, USA.p. 13-33.

426 Lorke, D. (1983). A new approach to practical acute toxicity testing. *Arch. Toxicol*. 54, 275-  
427 287.

428 Mbaka, G. O., Adeyemi, O. O., Oremosu, A. A. (2010). Acute and sub-chronic toxicity  
429 studies of the ethanol extract of the leaves of *Sphenocentrum jollyanum* (Menispermaceae).  
430 *Agric. Biol. J. N. Am* 1 (3), 265-272.

431 Mbaka, G. O. and Adeyemi, O. O. (2010). Toxicity study of ethanol root extract of  
432 *Sphenocentrum jollyanum* (Menispermaceae) Pierre. Asian J. Exp. Biol. Sc .1 (4), 860-874.

433 Mbaka, G.O., Ogonnia, S. O., Oyeniran, K. J., Awopetu, P. I. (2012). Effect of *Raphia*  
434 *hookeri* seed extract on blood glucose, glycosylated haemoglobin and lipid profile of alloxan  
435 induced diabetic rats. British J. Med. & Med. Res., 2(4), 621-635.

436  
437 Mc Knight, D. C., Mills, R. G., Bray, J. J., Crag, P. A. (1999). Human Physiology. 4<sup>th</sup> Edition,  
438 Churchill Livingstone.

439 Mythilypriya, R., Shanthi, P., Sachdanandam, P. (2007). Oral acute and sub acute toxicity  
440 studies with Kalpaamruthaa, a modified indigenous preparation, on rats. J. Health Sci. 53(4),  
441 351-358.

442 Ngogang, J. Y. (2005). Haematinic activity of *Hibiscus cannabinus*. Afr. J. Biotech. 4, 833-  
443 837.

444 National Committee for Clinical Laboratory Standards (NCCLS) (1997). Methods for dilution  
445 antimicrobial susceptibility tests for bacteria that grow aerobically. 4th Edition. Approved  
446 standard M7-A4, 17, No. 2, Villanova PA.

447 Ogonnia, S. O., Odimegwu, J. I., Enwuru, V. N. (2008). Evaluation of hypoglycaemic and  
448 hypolipidaemic effects of aqueous ethanolic extracts of *Treculia africana* Decne and  
449 *Bryophyllum pinnatum* Lam. And their mixture on streptozotocin (STZ)-induced diabetic rats.  
450 Afr. J. Biotech. 7(15), 2535-2539.

451 Ogonnia, S. O., Mbaka, G. O., Igbokwe, N. H., Anyika, E. N., Alli, P., Nwakakwa, N.  
452 (2010). Antimicrobial evaluation, acute and subchronic toxicity studies of Leone  
453 Bitters, a Nigerian polyherbal formulation, in rodents. Agric. Biol. J. N. Am., 1(3), 366-  
454 376.

455 Ogwal-Okeng, W. J., Obua, C., Anokbonggo, W. W. (2003). Acute toxicity effects of the  
456 methanolic extract of *Fagara zanthoxyloides* (Lam.) root-bark. Afr. Health Sci. 3(3), 124-126.

457 Pieme, C. A, Penlap, V.N, Nkegoum, B., Taziebou, C. L., Tekwe, E. M., Etoa, F. X.,  
458 Ngongang, (2006). Evaluation of acute and subacute toxicities of aqueous ethanol extract of  
459 leaves of *Senna alata* (L.) Roxb (Ceasalpiniaceae). Afr. J. Biotech., 5: (3), 283-289.

460 Raghavendra, M. P., Satish, S., Raveesha. K. A. (2006). In-vitro evaluation of anti-bacterial  
461 spectrum and phytochemical analysis of *Acacia nilotica*. J. Agric. Tech. 2(1): 77 – 88.

462 Rickert, K., Martinez, R. R., Martinez, T. T. (1999). Pharmacist knowledge of common  
463 herbal preparations. Proc. West. Pharmacol. Soc., 42, 1-2.

464 Shah, L. P., Patil, S. P., Patil, J. (1997). Observations on clinical evaluation of indigenous  
465 herbal drugs in the treatment of mental illness. Indian J. Pharmacol., 29, 347-349.

466 Sanchez-Elsner, T., Ramirez, J. R., Rodriguez-Sanz, F., Varela, E., Bernabew, C., Botella,  
467 L. M. (2004). A cross talk between hypoxia and TGF-beta orchestrates erythropoietin gene  
468 regulation through SPI and SMADS. J. Mol. Biol. 36, 9-24.

469 Sushruta K., Satyanarayana S., Srinivas N., Sekhar R. J (2006). Evaluation of the blood–  
470 glucose reducing effects of aqueous extracts of the selected Umbellifereous fruits used in  
471 culinary practice. Trop. J. Pharmaceutical Res. 5(2), 613- 617.

472 Tédong, L., Dzeufiet, P. D. D., Dimo, T., Asongalem, E. A., Sokeng, S. N., Flejou, J. F.,  
473 Callard, P., Kamtchouing, P. (2007). Acute and Sub chronic toxicity of *Anacardium*  
474 *occidentale* Linn (Anacardiaceae) leaves hexane extract in mice. Afr. J. Tradit. Altern. Med.  
475 4(2), 140-147.

476 Teguiá, A., Telefo, P. B., Fotso, R. G. (2007). Growth performances, organ development and  
477 blood parameters of rats fed graded levels of steeped and cooked taro tuber (*Colocasia*  
478 *esculenta var esculenta*) meal. Livestock Res. Rural Dev. 19 (6), 1-7.

479 Wasan, K. M., Najafi, S., Wong, J., Kwong, M. (2001). Assessing plasma lipid levels, body  
480 weight, and hepatic and renal toxicity following chronic oral administration of a water soluble  
481 phytosterol compound FM-VP4, to gerbils. J Pharmaceutical Science  
482 (www.ualberta.ca/~csp) 4(3), 228-234.

483 WHO, (1966). Specifications for identity and purity and toxicological evaluation of food

484 colours. WHO/Food Add/66.25 Geneva, WHO.

\* Corresponding author Email: [mbaaka@yahoo.com](mailto:mbaaka@yahoo.com)