Ameliorative Effect of Cimetidine and Silymarin on Acute Acetaminophen-induced Hepatotoxicity in Adult Albino Rats: An Experimental Comparative Study

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ABSTRACT

Acetaminophen is an analgesic and antipyretic drug, its overdose cause hepatotoxicity. The current antidote for acetaminophen hepatotoxicity is N-acetyl cysteine (NAC); however, NAC has been resulted in severe side effects as seizures, intracranial hypertension and cerebral edema. This study aimed to assess and compare the ameliorative effects of cimetidine and silymarin against acute acetaminophen–induced hepatotoxicity. Fifty four adult albino rats were divided into nine groups: negative control; solvent control; silymarin control; cimetidine control; cimetidine and silymarin control; acetaminophen group; acetaminophen and silymarin group; acetaminophen and cimetidine group; acetaminophen, cimetidine and silymarin group. A single dose of: acetaminophen (800 mg/kg, orally); silymarin (150mg/kg, orally) and cimetidine (150 mg/kg, intraperitoneally) were given according to study regimen. Liver histopathology, biochemical analysis of liver aminotransferases (AST & ALT) and hepatic tissue levels of oxidative stress index (MDA) and antioxidant (GSH) were assessed. Treatment with cimetidine alone gave better biochemical results as compared to treatment with silymarin alone. However combined treatment with cimetidine and silymarin showed better ameliorative effects than either of them given alone, evidenced by better improvement in histopathological examination and biochemical results as compared to other tested groups, and these results were non-significant as compared to controls. In conclusion treatment with silymarin and cimetidine in-combination for acute acetaminophen–induced hepatotoxicity showed better improvement probably due to synergistic hepatoprotective effects.

Key words: Acetaminophen, cimetidine, silymarin, hepatotoxicity.

INTRODUCTION

Acetaminophen [N-acetyl-p-aminophenol (APAP)] is an over the counter drug, known for its ability to treat fever and pain via direct inhibition of cyclooxygenase (COX)-2 (Salhanik, 2010).

The hepatotoxic effects of acetaminophen are due to the formation of N-acetyl-p-benzoquinone imine (NAPQI) -a highly toxic byproduct of acetaminophen metabolism- that results in cell injury through oxidative stress (Shan and deval, 2011).
The current antidote for APAP-induced hepatotoxicity is oral or intravenous N-acetyl cysteine (NAC) (Saito et al., 2010).

Nevertheless, N-acetyl cysteine may result in many undesirable side effects; for example: anaphylactoid reactions, seizures, nausea, vomiting, gastroesophageal reflux and cerebral edema (Heard & Schaeffer, 2011).

Cimetidine - a histamine H₂ receptor antagonist- can decrease acetaminophen toxic metabolites production by inhibition of cytochrome P450. Its side effects are well known and take place only at very high doses and its use in combination with NAC can be effective in acute acetaminophen poisoning (Ebrahimi et al., 2015).

Silymarin is a flavonoid extracted from the seed of milk thistle plant. It is an herbal medication used as a liver protective therapy due to its antioxidant activity, with very mild side effects (Anthony & Saleh, 2013; Hellerbrand et al., 2016).

Several studies were conducted to evaluate the role of cimetidine and silymarin as adjuvant therapies in acetaminophen-induced hepatotoxicity, but the comparison between them as a main line of treatment as well as their use in combination as hepatoprotective agents in acetaminophen-induced hepatotoxicity are not well assessed.

AIM OF THE WORK

The present work was conducted to assess and compare the ameliorative effects of cimetidine and silymarin (either given alone or in-combination) against acute acetaminophen–induced hepatotoxicity in adult albino rats.

MATERIALS AND METHODS

Animals:

The present work was carried out on fifty four Wistar male albino rats of 200 (±10) g. All rats were allowed for one week of adaptation (taking food & water without any medications) in their new environment at Anatomy Department, Faculty of Medicine, Benha University.

This research was accepted by the local Ethical Committee, Banha Faculty of Medicine.

Chemicals:

Silymarin powder of purity ± 99% was purchased from SEDICO, "6 October" City – Egypt. Acetaminophen powder of purity ± 99% and cimetidine powder of purity ± 99% were obtained from Sigma Chemical Co., United States. Other chemicals and reagents were of extreme analytical grade.
Animal groups:

At the beginning of the study, animals were randomly classified into nine groups (six/group):

- **Group I (negative control):** left without intervention to measure the basic parameters, free access to food and distilled water was allowed through entire period of study.
- **Group II (solvent control):** rats of this group received distilled water; either 0.5 ml intraperitoneally (three rats) or 1ml orally (three rats).
- **Group III (silymarin control):** rats of this group received a single dose of silymarin 150 mg/kg orally (Kazemifar et al., 2012)
- **Group IV (cimetidine control):** rats of this group received a single dose of cimetidine 150 mg/kg intraperitoneally (IP) (Al-Mustafa et al., 1997).
- **Group V (cimetidine + silymarin control):** rats of this group received a single dose of cimetidine 150 mg/kg IP (Al-Mustafa et al., 1997) and a single dose of silymarin 150 mg/kg orally (Kazemifar et al., 2012).
- **Group VI (acetaminophen):** rats of this group received a single toxic dose of acetaminophen 800 mg/kg orally (Kazemifar et al., 2012).
- **Group VII (acetaminophen + silymarin):** rats of this group received a single dose of acetaminophen 800 mg/kg orally followed by a single dose of silymarin 150 mg/kg orally, two hours after acetaminophen dose (Kazemifar et al., 2012).
- **Group VIII (acetaminophen + cimetidine):** rats of this group received a single dose of acetaminophen 800 mg/kg orally (Kazemifar et al., 2012) followed by a single dose of cimetidine 150 mg/kg IP, two hours after acetaminophen dose (Al-Mustafa et al., 1997).
- **Group IX (acetaminophen + cimetidine + silymarin):** rats of this group received a single dose of acetaminophen 800 mg/kg orally followed by a single dose of silymarin 150 mg /kg orally, two hours after acetaminophen dose (Kazemifar et al., 2012), and a single dose of cimetidine 150 mg/kg IP, two hours after acetaminophen dose (Al-Mustafa et al., 1997).

After 72 hours [the end of the experiment], rats were anaesthetized with ether inhalation, the abdominal cavity was opened, blood samples were collected from heart and processed for biochemical measurements. The liver was removed, cleaned and divided into 2 parts. One part was placed in 10% formalin for histopathological study. The second part was kept at -80°C and used for biochemical measurement of
malondialdehyde (MAD) and reduced glutathione (GSH), after it was homogenized in 10 ml of ice cold phosphate buffer. The homogenate was centrifuged and the clear supernatants were separated for biochemical analysis.

**Studied parameters:**

**A) Biochemical study:**

1- **Liver enzymes:**
   - Alanine aminotransferase (ALT) level was calculated spectrophotometrically using the commercial test of SGPT (ALT) with spinlab (Spinreact company), Spain.
   - Aspartate aminotransferase (AST) level was calculated spectrophotometrically using the commercial test of SGOT (AST) with spinlab (Spinreact company), Spain.

2- **Oxidative stress indices:**
   - The malondialdehyde (MDA) concentration in hepatic tissue samples was determined using the method described by *Chattopadhyay et al. (2003).*

3- **Antioxidants:**
   - Reduced glutathione (GSH) was measured using the method of *Beulter et al. (1963).*

**B) Histopathological study:**
   - Sections of hepatic tissue were examined by light microscope, after they were stained with Haematoxylin and Eosin (H&E) according to *Lamberg and Rothstein, 1978.*

**Statistical analysis:**
   The SPSS version 21 software (Spss Inc, Chicago, ILL Company) was used to analyze the collected data. The Kruskal Wallis test was used to detect difference among the studied groups. The accepted level of significance was stated at 0.05 (P <0.05 was considered significant) (*Khothari, 2004*).

**RESULTS**

**A) Biochemical study:**

In the present work negative control, solvent control, silymarin control, cimetidine control and “silymarin + cimetidine control” groups, showed a non-significant difference (p>0.05) as regard biochemical parameters (ALT, AST, MDA and GSH), as showed in table 1. So, the mean of all control groups was chosen as a representative group for the five control groups to be compared with the results of the tested groups.
A highly significant difference (p<0.001) between studied groups as regard the levels of serum ALT and ALT as well as liver tissue levels of MDA and GSH was observed, as illustrated in tables 2-5.

The present work detected a highly significant (p< 0.001) reduction in ALT and AST serum levels, and MDA liver tissue levels and a highly significant (p< 0.001) increase in GSH levels in liver tissue in group VIII (acetaminophen + cimetidine) as compared to group VII (acetaminophen + silymarin), but these levels were still higher than that of the control group (showed significant difference with controls), as showed in tables 2-5.

The present work showed a highly significant (p<0.001) decrease in levels of ALT, AST, MDA, and a highly significant (p<0.001) increase in GSH in group IX (acetaminophen + cimetidine + silymarin) as compared to group VI (acetaminophen), group VII (acetaminophen + silymarin) and group VIII (acetaminophen + cimetidine) and these results were non-significant as compared to controls, as showed in table 6.

**B) Histopathological study:**

In control groups (negative control, solvent control, silymarin control, cimetidine control and “silymarin + cimetidine”); sections from the liver tissue of rats showed similar structures with no significant histopathological changes. A Figure of the negative control group was used as a representative for other control groups, fig. (1).

Histopathological results supported the evidence of biochemical parameters analyzed in this study, as sections of rat liver treated with acetaminophen showed significant hepatotoxicity, characterized by degeneration of hepatocytes (hydropic degeneration), dilatation of the blood sinusoids and congestion of central vein. The damage extended to most of the hepatic lobule with marked loss of its normal pattern, as showed in fig. (2).

Liver sections in rat groups either treated with acetaminophen and cimetidine or acetaminophen and silymarin revealed that there was some improvement of liver regenerative changes as compared to acetaminophen treated group but failed to have the same picture observed in the normal control group, as illustrated in fig. (3 & 4).

Liver sections in rats treated with combination of silymarin and cimetidine showed better improvement in the hepatic architecture and better improvement in liver morphology than that produced by either silymarin or cimetidine alone, as showed by apparent normal hepatic architecture in fig. (5).
Table (1): Comparison between control groups regarding alanine aminotransferase (ALT), aspartate aminotransferase (AST), malondialdehyde (MDA) and reduced glutathione (GSH) [No. of each= 6]:

<table>
<thead>
<tr>
<th>Groups</th>
<th>ALT</th>
<th>AST</th>
<th>MDA</th>
<th>GSH</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean ± SD</td>
<td>Range</td>
<td>Mean ± SD</td>
<td>Range</td>
</tr>
<tr>
<td>Group I (negative control)</td>
<td>40.7 ± 0.33</td>
<td>40.3-41.2</td>
<td>45.8 ± 0.60</td>
<td>45-46.5</td>
</tr>
<tr>
<td>Group II (solvent control)</td>
<td>40.2 ± 0.63</td>
<td>39.3-41.2</td>
<td>44.8 ± 0.83</td>
<td>43.2-45.5</td>
</tr>
<tr>
<td>Group III (silymarin control)</td>
<td>40.1 ± 0.48</td>
<td>39.3-40.5</td>
<td>45.7 ± 0.38</td>
<td>45.2-46.1</td>
</tr>
<tr>
<td>Group IV (cimetidine control)</td>
<td>40.6 ± 0.75</td>
<td>39.8-41.6</td>
<td>45.7 ± 0.63</td>
<td>45-46.6</td>
</tr>
<tr>
<td>Group V (silymarin +cimetidine)</td>
<td>41.4 ± 0.89</td>
<td>40-42.4</td>
<td>45.5 ± 0.73</td>
<td>45-46.9</td>
</tr>
</tbody>
</table>

KW test→ Kruskal Wallis test, NS: non-significant

Table (2): Comparison between studied groups regarding alanine aminotransferase (ALT) serum level:

<table>
<thead>
<tr>
<th>Groups</th>
<th>ALT</th>
<th>KW test</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean ± SD</td>
<td>Range</td>
<td></td>
</tr>
<tr>
<td>Control</td>
<td>40.6 ± 0.76</td>
<td>39.3-42.4</td>
<td>39.9</td>
</tr>
<tr>
<td>Group VI (acetaminophen)</td>
<td>164.3 ± 2.58</td>
<td>160-168</td>
<td>38.3</td>
</tr>
<tr>
<td>Group VII (acetaminophen +silymarin)</td>
<td>76.8 ± 0.61</td>
<td>76-77.6</td>
<td>38.3</td>
</tr>
<tr>
<td>Group VIII (acetaminophen + cimetidine)</td>
<td>67.4 ± 1.13</td>
<td>66-69</td>
<td>38.3</td>
</tr>
<tr>
<td>Group IX (acetaminophen +silymarin +cimetidine)</td>
<td>41.4 ± 0.28</td>
<td>41.1-41.9</td>
<td>38.3</td>
</tr>
</tbody>
</table>

KW test→ Kruskal Wallis test, HS: high significant

Table (3): Comparison between studied groups regarding aspartate aminotransferase (AST) serum level:

<table>
<thead>
<tr>
<th>Groups</th>
<th>AST</th>
<th>KW test</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean ± SD</td>
<td>Range</td>
<td></td>
</tr>
<tr>
<td>Control</td>
<td>45.5 ± 0.71</td>
<td>43.2-46.9</td>
<td>38.3</td>
</tr>
<tr>
<td>Group VI (acetaminophen)</td>
<td>173.8 ± 3.06</td>
<td>170-177</td>
<td>38.3</td>
</tr>
<tr>
<td>Group VII (acetaminophen +silymarin)</td>
<td>97.6 ± 0.58</td>
<td>97-98.4</td>
<td>38.3</td>
</tr>
<tr>
<td>Group VIII acetaminophen + cimetidine)</td>
<td>79.6 ± 0.76</td>
<td>78.5-80.5</td>
<td>38.3</td>
</tr>
<tr>
<td>Group IX (acetaminophen +silymarin +cimetidine)</td>
<td>44.4 ± 1.50</td>
<td>42.3-45.8</td>
<td>38.3</td>
</tr>
</tbody>
</table>

KW test→ Kruskal Wallis test, HS: high significant
Table (4): Comparison between studied groups regarding malondialdehyde (MDA) hepatic tissue level:

<table>
<thead>
<tr>
<th>Groups</th>
<th>MDA Mean ± SD</th>
<th>Range</th>
<th>KW test</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control</td>
<td>43.2 ± 0.58</td>
<td>42.0-44.8</td>
<td>40.6</td>
<td>&lt;0.001 (HS)</td>
</tr>
<tr>
<td>Group VI (acetaminophen)</td>
<td>181.9 ± 1.42</td>
<td>180-183.3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group VII (acetaminophen + silymarin)</td>
<td>80.6 ± 0.52</td>
<td>80-81.4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group VIII (acetaminophen + cimetidine)</td>
<td>74.3 ± 1.01</td>
<td>73-75.4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group IX (acetaminophen + silymarin + cimetidine)</td>
<td>44.0 ± 0.66</td>
<td>43.2-45</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*KW test* → *Kruskal Wallis test, HS: high significant*

Table (5): Comparison between studied groups regarding reduced glutathione (GSH) hepatic tissue level:

<table>
<thead>
<tr>
<th>Groups</th>
<th>GSH Mean ± SD</th>
<th>Range</th>
<th>KW test</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control</td>
<td>10.4 ± 0.30</td>
<td>9.98-10.99</td>
<td>41.0</td>
<td>&lt;0.001 (HS)</td>
</tr>
<tr>
<td>Group VI (acetaminophen)</td>
<td>3.7 ± 0.27</td>
<td>3.46-4.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group VII (acetaminophen + silymarin)</td>
<td>5.4 ± 0.27</td>
<td>5.1-5.92</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group VIII (acetaminophen + cimetidine)</td>
<td>6.2 ± 0.14</td>
<td>6.1-6.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group IX (acetaminophen + silymarin + cimetidine)</td>
<td>10.0 ± 0.27</td>
<td>9.5-10.3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*KW test* → *Kruskal Wallis test, HS: high significant*

Table (6): Comparison between group IX (acetaminophen + silymarin + cimetidine) and other studied groups by Bonferroni test for detection of significant pairs regarding the studied parameters:

<table>
<thead>
<tr>
<th>Group IX (acetaminophen + silymarin + cimetidine)</th>
<th>Controls</th>
<th>Group VI (acetaminophen)</th>
<th>Group VII (acetaminophen + silymarin)</th>
<th>Group VIII (acetaminophen + cimetidine)</th>
</tr>
</thead>
<tbody>
<tr>
<td>P</td>
<td>P</td>
<td>P</td>
<td>P</td>
<td>P</td>
</tr>
<tr>
<td>ALT</td>
<td>1.0 (NS)</td>
<td>&lt;0.001 (HS)</td>
<td>&lt;0.001 (HS)</td>
<td>&lt;0.001 (HS)</td>
</tr>
<tr>
<td>AST</td>
<td>0.58 (NS)</td>
<td>&lt;0.001 (HS)</td>
<td>&lt;0.001 (HS)</td>
<td>&lt;0.001 (HS)</td>
</tr>
<tr>
<td>MDA</td>
<td>0.22 (NS)</td>
<td>&lt;0.001 (HS)</td>
<td>&lt;0.001 (HS)</td>
<td>&lt;0.001 (HS)</td>
</tr>
<tr>
<td>GSH</td>
<td>0.061 (NS)</td>
<td>&lt;0.001 (HS)</td>
<td>&lt;0.001 (HS)</td>
<td>&lt;0.001 (HS)</td>
</tr>
</tbody>
</table>
Fig. (1): A photomicrograph of a section from a rat's liver of negative control group showed normal hepatic plates radiating from a thin walled central vein (CV) separated by normal sized blood sinusoids (black arrows), polyhedral hepatocytes contained rounded vesicular nuclei (yellow arrows) and eosinophilia cytoplasm (H&E, x200).

Fig. (2): A photomicrograph of a section from a rat's liver of acetaminophen treated group showed dilated blood sinusoids (black arrows), hepatocytes swollen and showed severe hydropic degeneration with foamy granular cytoplasm (yellow arrows) and dilated congested central vein (CV) (H&E, x200).
Fig.(3): A photomicrograph of a section from a rat's liver of acetaminophen and cimetidine treated group showed hepatocytes around central vein (CV) which was normal with eosinophilic cytoplasm (black arrows) and the hepatocytes away from central vein still showing hydropic degeneration (yellow arrows), there was no dilatation and congestion of central vein (CV) or dilatation of blood sinusoids (H&E, x200).

Fig.(4): A photomicrograph of a section from a rat's liver of acetaminophen and silymarin treated group showed hepatocytes with hydropic degeneration with foamy granular cytoplasm (black arrows), central vein (CV) was dilated and there was no dilatation of blood sinusoids (H&E, x200).
Fig. (5): A photomicrograph of a section from a rat's liver of acetaminophen, silymarin and cimetidine treated group showed normal sized central vein (CV), normal blood sinusoids (black arrows) and normal hepatocytes with eosinophilic cytoplasm and rounded vesicular nuclei (yellow arrows) indicating regenerative changes with significant sustained hepatic architecture almost similar to control group (H&E, x200).

DISCUSSION

Acetaminophen is a common drug used to investigate the hepatoprotective role of different therapies (Suresh et al., 2006; and Abirami et al., 2015).

Silymarin has been reported to exert several mechanisms against different hepatotoxic drugs (Pandey et al., 2011).

Cimetidine is a well-known inhibitor for CYP3A4 and CYTP2D6 isoenzymes of the CYP450 enzyme system, so it is used as adjuvant therapy for acetaminophen hepatotoxicity (Jahangirvand et al., 2016).

The present work showed a highly significant (p<0.001) increase in both AST, and ALT serum levels in acetaminophen treated group, as compared to control groups.

These findings are in accordance with those achieved by Singh et al. (2012); Adebiyi and Abatan (2013); Arote et al. (2014); Hamza and Al-Harbi (2015) and Sabiu et al. (2015).

It is well recognized that serum transaminases are very sensitive as indicators of hepatocyte damage and their levels remain high as far as liver damage persist (El-Ashmawy et al., 2005 and Suleyman et al., 2015).
The marked release of transaminases into the blood stream was due to hepatocytic necrosis with cell membrane degradation (Bairwa et al., 2010).

The present work demonstrated that administration of silymarin with acetaminophen was able to suppress acetaminophen-induced hepatocellular injury as evidenced by significant (p< 0.001) reduction of serum ALT, AST levels compared to acetaminophen treated group.

These findings are in line with those detected by Datta et al. (2013) and Sabina et al. (2013) who found that silymarin diminished hepatotoxicity of acetaminophen in rats, and led to decrease in serum ALT and AST levels.

This protective effect of silymarin is due to maintaining cell membrane integrity mediated by its antioxidants activity and its ability to neutralize free radicals, thus preventing liver cell injury and leakage of enzymes to the circulation (Pradeep et al., 2007; Rajasekaran and Periyasamy, 2012).

The present work illustrated that treatment with cimetidine two hours after acetaminophen-induced hepatotoxicity gave better biochemical results as compared to treatment with silymarin, as rat group treated with acetaminophen and cimetidine demonstrated a highly significant (p< 0.001) decrease in serum levels of ALT, AST when compared to those treated with acetaminophen and silymarin, nevertheless, these levels were still higher than that of the control group (showed significant difference with controls).

These results are in agreement with Adikwu and Bokolo (2018) who found that cimetidine ameliorates the increase in serum liver enzymes (ALT, AST) due to cyclophosphamide-induced liver toxicity in albino rats.

Previous study stated that cimetidine at a dose of 400 mg/kg, is highly effective in protecting the liver against acetaminophen-induced hepatotoxicity, thus reaffirming its potential role as an antidote (Juma et al., 2015).

Mc Quaid (2003); Javad et al. (2009) and Gaafa et al., (2011) concluded that cimetidine is more useful in the treatment of acetaminophen overdose because of its hepatic microsomal enzyme system inhibitory effect mainly CYP3A4 and CYP2D6 leading to decrease in NAPQI formation even before hepatotoxicity occurs.
Cimetidine protective role could be also attributed to its antioxidant activity through the scavenging of oxidative radicals generated by acetaminophen-induced hepatotoxicity (Adikwu and Bokolo, 2018).

The present work demonstrated that combined treatment with cimetidine and silymarin for hepatotoxicity induced by acetaminophen showed better improvement than either of them given alone, as in group IX (acetaminophen + cimetidine + silymarin) there was a highly significant (p<0.001) decrease in levels of ALT, AST as compared to group VI (acetaminophen), group VII (acetaminophen + silymarin) and group VIII (acetaminophen + cimetidine) and these results were non-significant as compared to controls.

Zira et al. (2009) found that silymarin and cimetidine co-administration with acetaminophen improved the AST and ALT levels, probably due to additive hepatoprotective effect.

Malondialdehyde (MDA) is the end product of lipid peroxidation and its concentration in liver will increase in oxidative stress and liver injury (Akindele and Adeyemi, 2010; Abdel-Hady and Abdel-Rahman, 2013).

In the present work, a significant elevation in the levels of MDA in liver of acetaminophen treated group as compared to normal control group was observed.

Other reported studies done by Hamza and Al-Harbi (2015); Sabiu et al. (2015) also, showed increase in the MDA levels indicating an increase in the generation of free radicals in the paracetamol treated rats.

Navdeep et al. (2010) stated that elevation in hepatic tissue MDA levels indicates the increase in lipid peroxidation with cellular injury and failure of antioxidant defense mechanisms.

In the current study, treatment with silymarin significantly decreased liver MDA level as compared to acetaminophen treated group.

Girish et al. (2009); Galal et al. (2012) and El-Sayed et al. (2015) found that silymarin markedly recovered the changes in hepatic MDA, GSH and NO contents in rats subjected to acetaminophen-intoxication as it possibly acts as a free radical scavenger and a plasma membrane stabilizer.

The present work showed that treatment with cimetidine two hours after acetaminophen-induced hepatotoxicity demonstrated a highly significant (p< 0.001)
decrease in MDA level when compared to those of acetaminophen treated group or acetaminophen and silymarin treated group, but these levels were still higher than that of the control group (showed significant difference with controls).

**Ahmadi et al. (2011)** found that cimetidine decreased MDA level and reduce lipid peroxidation in carbon tertrachloride (CCL4) induced liver damage.

The hepatoprotective effects of cimetidine may be related to its antioxidant activity in scavenging free radicals and free oxygen species such as O$^{2-}$ and OH$^-$ (*Adikwu and Bokolo, 2018*).

**Gaafa et al. (2011)** stated that cimetidine prevents diethyldithiocarbamate (DDC) induced MDA formation due to its suppressive effect on the release of non-protein-bound iron chelates from cytochrome P450.

The present work showed that combined treatment with cimetidine and silymarin for hepatotoxicity induced by acetaminophen showed better improvement than either of them given alone, as in group IX (acetaminophen + cimetidine + silymarin) there was a highly significant (p<0.001) decrease in MDA hepatic tissue level as compared to group VI (acetaminophen), group VII (acetaminophen + silymarin) and group VIII (acetaminophen + cimetidine) and these results were non-significant as compared to controls.

The combination of silymarin and cimetidine resulted in an additive hepatoprotective effect with better improvement of MDA level (*Giannioti et al., 2006*).

Reduced glutathione (GSH) is an important non-enzymatic antioxidant that is responsible for the removal of different free radical species (*Kaplowitz, 2000; Prakash et al., 2001 and Ibrahim et al., 2010*).

The present work showed that the administration of acetaminophen produce a remarkable decrease of hepatic antioxidant GSH content. These results are in agreement with **Rasool et al. (2010); Sujata et al. (2011); Sabiu et al. (2015)** who reported a decrease in GSH activity in acetaminophen-treated animals.

The significant decrease in GSH activity in acetaminophen treated rats can be explained by its consumption during the detoxification of reactive oxygen metabolites generated due to acetaminophen, as well as consumption of liver GSH store (*Hamza and Al-Harbi, 2015*).
Jack et al. (2010) and Rousar et al. (2012) supposed that the main mechanism of acetaminophen toxicity has been attributed to NAPQI formation. This highly reactive molecule can bind with SH groups of proteins thereby acetaminophen-adducts are formed. NAPQI can also react with glutathione producing acetaminophen-GS conjugate. This conjugation might be catalyzed with glutathione-S-transferase.

In the present work, treatment with acetaminophen and silymarin significantly increased the activity of the antioxidant hepatic GSH as compared to acetaminophen treated group.

Ramakrishnan et al. (2006); Parmar and Ghandi (2008); Shaarawy et al. (2009); Rasool et al. (2010) documented the protective effect of silymarin against acetaminophen-induced lipid peroxidation.

The results of the present work showed that treatment of rats with acetaminophen and cimetidine demonstrated a highly significant (p< 0.001) increase in GSH level when compared to those of acetaminophen treated group or acetaminophen and silymarin treated group, although, these levels were still higher than that of the control group (showed significant difference with controls).

The present work is in accordance with Ahmadi et al. (2011) who found that cimetidine decreased the rate of GSH depletion.

The hepatoprotective effects of cimetidine may be related to its antioxidant activity in scavenging free radicals and free oxygen species such as O$_2^-$ and OH$^-$, In addition, cimetidine is able to reduce the iron-induced rise in lipid peroxidation (Lambat et al., 2002).

The present work showed that combined treatment with cimetidine and silymarin for hepatotoxicity induced by acetaminophen showed better improvement than either of them given alone, as in group IX (acetaminophen + cimetidine + silymarin) there was a highly significant (p<0.001) increase in GSH hepatic tissue level when compared to group VI (acetaminophen), group VII (acetaminophen + silymarin) and group VIII (acetaminophen + cimetidine) and these results were non-significant as compared to controls.

Silymarin and cimetidine administration with acetaminophen improved GSH level probably due to synergistic hepatoprotective effect against APAP-induced liver damage (Zira et al., 2009).
Administration of silymarin or cimetidine, improved the GSH level comparing to the animals that received no antidote or those that received N-acetylcysteine. The combination of the two drugs resulted in an additive hepatoprotective (Giannioti et al., 2006).

Histopathological results supported the evidence of biochemical results in this study, as sections of rat liver treated with acetaminophen showed degeneration of hepatocytes (hydropic degeneration), dilatation of the blood sinusoids and congestion of central vein with marked loss of its normal pattern.

Hamza and Al-Harbi (2015) and Sabiu et al. (2015) showed that mice liver treated with paracetamol showed markedly congested central veins and congested dilated blood sinusoids. Also Adebiyi and Abatan (2013) and Bharali et al. (2014) showed severe centrilobular necrosis and the hepatocytes surrounding central vein shows extensive necrosis with vacuolar cytoplasmic degeneration after acute acetaminophen administration.

In acetaminophen and silymarin treated group, the present work showed liver regenerative changes as compared to acetaminophen treated group but failed to have the same picture observed in the normal control group. There was mild hydropic degeneration in hepatocytes, but there was no congestion and dilatation in the blood sinusoids and central vein indicating significant silymarin hepatoprotective effect.

Galal et al. (2012) and Singh et al. (2012) concluded that the use of silymarin succeeded to show better histopathological picture of the liver after acetaminophen-intoxication but failed to have the same picture observed in the normal control group.

Liver sections of rats treated with acetaminophen and cimetidine revealed regenerative changes as compared to acetaminophen treated rats but failed to have the same picture observed in the normal control group, as there was regeneration of hepatocytes with no dilation of central vein or dilatation of sinusoids. Juma et al. (2015) found that cimetidine provide protection of the histology of the liver following acetaminophen over dosage.

Histopathological examination of rats treated with both silymarin and cimetidine showed better improvement in liver morphology than that produced by either silymarin or cimetidine alone, as it showed apparent normal hepatic architecture. The present work is in accordance with Giannioti et al. (2006) in which silymarin and cimetidine co-
administration with acetaminophen improved the histopathology probably due to additive hepatoprotective effect against acetaminophen-induced liver damage.

**In conclusion:**

1- Treatment with cimetidine two hours after acetaminophen-induced hepatotoxicity gave better biochemical results as compared to treatment with silymarin, as there was a highly significant reduction in ALT and AST serum levels, and MDA liver tissue levels and a highly significant increase in GSH levels in liver tissue in group VIII (acetaminophen + cimetidine) as compared to group VII (acetaminophen + silymarin).

2- Treatment with cimetidine and silymarin in combination for hepatotoxicity induced by acetaminophen showed better improvement [biochemical and histopathological], than either of them given alone, probably due to synergistic hepatoprotective effect, as evidenced by:

a) A highly significant decrease in ALT, AST, MDA, and a highly significant increase in GSH in group IX (acetaminophen + cimetidine + silymarin) as compared to other tested groups, and these results were non-significant as compared to controls.

b) Histopathological examination of rats treated with combination of silymarin and cimetidine showed better improvement in liver morphology than that produced by either silymarin or cimetidine alone.

**Recommendations:**

1. It is recommended to use combination of silymarin and cimetidine for treatment of chemically–induced hepatotoxicity.

2. Additionally silymarin and cimetidine may be used for production of a safe form of acetaminophen due to their hepatoprotective properties.

3. Moreover, it is required to perform further studies combining silymarin with cimetidine in attenuation of hepatic insufficiency in human subjects.

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REFERENCES


المملوکی العربية
التاثير المحسه لعقارى السيميتيدين والسيليرامين على التسمم الكبدى الحاد لعقار الاسيتامينوفين في الجرزان البيضاء البالغة: دراسة تجريبيه مقارنة

المشتركون في البحث
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الاسيتامينوفين هو دواء مسكن و خافض للحرارة، تسبب جرعته الزائدة سمية كبدية، والترياق الحالي المستخدم للسمية الكبدية لعقار الاسيتامينوفين هو الأسيتامين، والذي قد ينتج عن استخدامه بعض الآثار الجانبية الخطيرة مثل نوبات الصرع، وارتفاع ضغط الدم، والاستيقاظ بالمخ. هدفت هذه الدراسة لتقييم ومقارنة التأثيرات المحسنة للسيميتدين والسيليرامين ضد التسمم الحاد الذي يسببه الأسيتامينوفين في الجرزان البيضاء البالغة. تم تقسيم أربع وخمسمون جرزاً إلى تسع مجموعات: مجموعة سلبية ضابطة، مجموعة المذيب الضارب، مجموعة السيليرامين الضابطة، مجموعة الأسيميتدين الضابطة، مجموعة الأسيتامينوفين والسيليرامين، مجموعة الأسيميتدين والسيليرامين، مجموعة الأسيميتدين والسيليرامين، مجموعة الأسيميتدين والسيليرامين، في جميع المجموعات كانت جرعة الأسيميتدين 800 ميغ/ كإ (جرعة واحدة بالفم)، وكانت جرعة سيليرامين 150 ميغ/ ك (جرعة واحدة بالفم). في نهاية الدراسة تم فحص الأنسجة الكبدية بالميكروسكوب الضوئي، كما تم إجراء تحليلات كيميائية حيوية شملت قياس مستوي إنزيمات الكبد، قياس مستوي أحد مؤشرات إجهاد الكبد، وقياس مستوي أحد مضادات الأكسدة. أعطى العلاج بالسيميتدين وحدة نتائج كيميائية حيوية أفضل إذا ما قوّرت بالعلاج بالسيليرامين ووحدة. مع ذلك أظهر العلاج المزدوج بالسيميتدين والسيليرامين تحسن أفضل من تلك التي تنتجها المعالجة بإما السيميتدين وحدة أو السيليرامين وحدة، دل على ذلك التحسن في فحص الأنسجة الكبدية بالميكروسكوب الضوئي ونتائج التحليلات الكيميائية الحيوية مقارنة بيئيًا مجموعات الدراسة. في حين كانت هذه النتائج غير ذات أهمية إحصائية إذا ما قوّرت المجموعات الضابطة. وقد خلصت الدراسة إلى أن العلاج بالسيليرامين والسيميتدين معا له تأثير تأزيري للعقارين في حماية الكبد مما يعطي نتائج أفضل في علاج التسمم الكبدى الحاد الذي يسببه الأسيتامينوفين.