

**ANTI-ARTHRITIC ACTIVITY OF A HERBAL FORMULATION
(JOINTEEZ) USED IN NIGERIA**

ABSTRACT

Aim: This study evaluated the anti-arthritis activity of a herbal formulation used in the management of rheumatoid arthritis in Nigeria.

Design: Thirty-five (35) albino wistar rats were used. They were divided into seven groups of seven rats each, with Group A serving as negative control while Group B was the positive control. Groups B, C, D and E were induced with rheumatoid arthritis by injecting 0.1ml of Complete Freund's Adjuvant into the right hind paw of each rat. The rats were treated with the standard drug and herbal formulation respectively for 28 days as follows: Group C (treated with a standard drug, Celebrex), Group D (treated with the herbal drug, Jointeez), Group E (treated with a combination therapy of Jointeez and Celebrex). At the end of the 28-day treatment period, the rats were anaesthetized with chloroform and sacrificed through puncture of the jugular vein. Five millilitres (5ml) of blood samples were put into plain bottles for the analysis of biochemical parameters.

Place and duration of study: This study was conducted in the Department of Medical Laboratory Science, Rivers State University, from September to December, 2018.

Methodology: The inflammatory markers, TNF- α , IL-6 and C-reactive protein, were analysed using ELISA technique.

Results: The levels of TNF- α ($p < 0.001$), IL-6 ($p = 0.01$) and C-reactive protein ($p < 0.001$) were significantly reduced in the treated rats compared to the positive control group. There were significant reduction in the paw diameters of the treated rats ($p < 0.001$). The combination therapy used in this study did not offer significantly different therapeutic advantage over the monotherapies used in this study. The herbal formulation used in this study offered similar therapeutic activities as the orthodox drug used in this study.

Conclusion: The herbal formulations can be used as safe therapies for the management of rheumatoid arthritis in our population. It is recommended that herbal formulations be integrated into our healthcare system in the management of rheumatoid arthritis.

KEYWORDS: Anti-arthritis, herbal formulation, Complete Freund's Adjuvant, Rheumatoid Arthritis, Nigeria, Jointeez

INTRODUCTION

Rheumatoid arthritis is a chronic, autoimmune disease that affects the joints and also has extra-articular as well as systemic manifestations (Choy, 2012). Rheumatoid arthritis causes severe pain, swelling, early morning stiffness of the joint, and often there may be loss of function (Okoronou *et al.*, 2016).

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41 The aetiology of rheumatoid arthritis is not known, but some factors have been reported to be the
42 likely causative or predisposing factors. These include genetic, environmental and hormonal
43 factors (Gibofsky, 2012). The Genome Wide Association Studies (GWAS) have enabled
44 researchers to identify the genetic risk factors for many human diseases including rheumatoid
45 arthritis. The greatest risk of the disease lies within the HLA (Human Leukocyte Antigen)
46 region which codes for HLA – DRB1 *04 molecule (Yarwood *et al.*, 2016). HLA – DRB1 * 01
47 and HLA – DRB1 *04 have been associated with the susceptibility of individuals to rheumatoid
48 arthritis (Kurko *et al.*, 2013). Similarly, non-HLA genes have been associated with rheumatoid
49 arthritis. Single nucleotide polymorphisms in PTPN22, IL23R, TRAF1, CTLA4 and others have
50 been linked with the pathogenesis of rheumatoid arthritis (de Vries, 2011).

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52 Environmental risk factors are also known to predispose to rheumatoid arthritis. The strongest
53 known of these environmental factors is smoking. This risk is higher in predisposed individuals
54 who are anti-citrullinated peptide antibody (ACPA) – positive or rheumatoid factor – positive
55 (Liao *et al.*, 2009). This gene-environment interaction further increases the risk by the number
56 of shared epitopes. The shared epitope refers to a sequence of amino acids on the HLA – DRB1
57 allele (Liao *et al.*, 2009). It has been reported that smoking accounts for about 20 – 30% of
58 environmental risks of rheumatoid arthritis (Klareskog *et al.*, 2010). Another environmental risk
59 factor is exposure to silica or industrial dust (Liao *et al.*, 2009).

60 There is a growing popularity of CAM among the general population. In many developed
61 countries, about 70 – 80% of the population use CAM (WHO, 2008). In spite of this,
62 phytotherapeutics, or the use of herbs for medicines has not been accepted into mainstream

63 healthcare delivery, probably due to lack of knowledge by orthodox practitioner (Carmona &
64 Pereira, 2013).

65 It is known that many human diseases have been treated using herbal remedies all through
66 human history (Balasundaram *et al.*,2011). Thus, it is possible to discover new, effective and
67 more affordable drugs for the treatment of human diseases (Kalita *et al.*, 2012). Herbal
68 formulations are being used for improving health and for the treatment or prevention of human
69 diseases (Vieira & Huang, 2012). This widespread acceptance and use can be attributed to the
70 notion that herbal medicines are generally safe and non-toxic (Calitz *et al.*, 2015). This is more
71 so as it has been reported that about 80% of hospital admissions in the United States of America
72 alone are due to the toxicity of synthetic drugs (Philomena, 2011).

73 The renewed and growing interest of the world population for use of alternative medicines is
74 predicated on several factors. Some of these factors include high cost and side effects of
75 orthodox drugs amongst other factors (Ekor, 2013). In the case of rheumatoid arthritis, the drugs
76 used for its treatment have been reported to cause a number of safety and efficacy problems.
77 Some of the side effects of conventional anti-arthritis drugs include stomatitis, myelosuppression
78 (common with DMARDs like methotrexate), GIT problems, renal problems, haematological
79 abnormalities (common with NSAIDs) (Wadekar *et al.*, 2015). The effort to search for affordable
80 and safer alternatives for these conventional drugs is the major driving force for the increased
81 interests in the use of herbal formulations (Patel *et al.*, 2013).

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83 **MATERIALS AND METHODS**

84 **Experimental Animals**

85 Thirty-five (35) female Albino Wistar rats, weighing 150-200g were used for this study.

86 The rats were housed in compartmentalized cage and allowed to acclimatize for two weeks, in a
87 daily 12-hourly light and dark cycle. They were allowed access to standard feed and water *ad*
88 *libitum*.

89 **Experimental Drugs**

90 The standard drug used for this study was Celebrex (Celecoxib), a product of Pfizer
91 Pharmaceuticals, Puerto Rico. The used herbal formulation used for this study was Jointeez
92 (product of Kedi Healthcare Industries Limited, Nigeria).

93 **Determination of Therapeutic Doses**

94 The rat doses of the herbal formulations and orthodox drugs were extrapolated from the human
95 therapeutic doses based on body surface area ratio, using the Paget and Barnes (1964) conversion
96 table.

97 The daily dose of both the standard drug and the herbal formulations were determined based on
98 OECD's Guidelines (OECD, 2001).

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100 **Acute Toxicity Testing of the Herbal Drugs**

101 This was done using the Fixed Dose Procedure (OECD, 2001).

102 Three rats were put in a cage, fasted overnight, and then given 2000mg/kg of

103 Jointeez. They were observed for three days for signs of toxicity of the drugs.

104 **Experimental Design**

105 Thirty-five (35) rats were put into seven (7) groups of seven (7) rats each as follows:

106 a) Group A was not induced, and served as negative control group.

107 b) Group B was induced with rheumatoid arthritis using Complete Freund's Adjuvant, and
108 given distilled water. This was the positive control group.

109 c) Group C was induced with rheumatoid arthritis using Complete Freund's Adjuvant, and
110 treated with 36mg/kg body weight of the standard drug, Celecoxib (commonly known as
111 Celebrex).

112 d) Group D was induced with rheumatoid arthritis using Complete Freund's Adjuvant, and
113 treated with 126mg/kg body weight of Jointeez

114 e) Group F was induced with rheumatoid arthritis using Complete Freund's Adjuvant and
115 treated with a combination therapy of Jointeez and Celebrex at therapeutic doses
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117 **Induction of Rheumatoid Arthritis**

118 Rheumatoid arthritis was induced in the rats in groups B, C, D, and E, using 0.1ml (100µl) of
119 Complete Freund's Adjuvant (CFA). This induction was done using the method of Foyet *et al.*,
120 (2015). Briefly, each rat was given 0.1ml of the adjuvant in the subplantar region of the right foot
121 and observed for 14 days before commencement of therapy.

122 The paw diameter of the induced rats was measured using Vernier Calipers before the induction,
123 and once every week during the period of the study. The dorsoventral area of the paw was
124 measured according to the method of Hussein *et al.*,(2012).

125 **Treatment**

126 The rats that were induced with rheumatoid arthritis were treated for four (4) weeks after
127 induction of the arthritis. The treatment, using the herbal formulations and the standard drugs,
128 was given by oral gavage once daily for four weeks.

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130 **3.8 Morphological Assessment**

131 The morphological assessment (arthritis score) was done using the method of Vijayalaxmi *et al.*,
132 (2015). Briefly, scoring for morphological assessment was done as follows:

133 Normal paw = 0, mild swelling and erythema of digits = 1, moderate swelling and erythema of
134 digits = 2, severe swelling and erythema = 3, gross deformity and inability to use limbs = 4. The
135 maximum score for both paws is 8

136 The morphological assessment was done once weekly for the duration of study.

137 **Sample Collection**

138 The rats were sacrificed after an overnight fast. They were anaesthetized using chloroform.
139 Blood samples were collected by puncture of the jugular vein and put into plain bottles for the
140 analysis of TNF- α , IL-6 and C- reactive protein.

141 **Laboratory Analysis**

142 TNF- α , IL-6 and C-reactive protein were assayed using ELISA technique

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144 **Data Analysis**

145 Data from this study were analyzed using SPSS version 23. P-values less than 0.05 were
146 considered statistically significant in this study.

147 RESULTS

148 4.1 Acute Toxicity Study

149 The result of the acute toxicity study of the herbal drug shows that there was no mortality or any
150 sign of toxicity observed after three days of administration of the herbal formulation. The herbal
151 formulation was therefore considered safe and non-toxic up to 2000mg/kg body weight.

152 4.2 Biochemical Parameters

153 The results of the biochemical parameters are as shown in the table below:

154 **Table 1: Mean \pm SD of Biochemical Parameters**

Groups	TNF- α (pg/ml)	CRP (ng/ml)	IL-6 (pg/ml)
Group A (NC)	13.96 \pm 2.58 ^a	217.73 \pm 8.08 ^a	7.32 \pm 0.30 ^a
Group B (PC)	20.15 \pm 0.92 ^b	251.72 \pm 15.34 ^b	11.31 \pm 2.74 ^b
Group C (CB)	15.67 \pm 2.49 ^a	214.35 \pm 25.36 ^a	6.75 \pm 1.32 ^a
Group D (JZ)	16.61 \pm 0.72 ^a	216.62 \pm 17.39 ^a	7.15 \pm 1.66 ^a
Group E (CB + JZ)	15.18 \pm 3.21 ^a	213.44 \pm 9.34 ^a	6.80 \pm 0.98 ^a
<i>p</i> -value	< .001	< .001	0.010
F-value	7.840	6.956	4.124

155 ANOVA, followed by Tukey's multiple comparison.

156 a = significantly different compared with positive control ($p < 0.05$)

157 b = significantly different compared with negative control ($p < 0.05$)

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4.3 Paw Volume of Rats

The changes in the paw diameters are as shown in the table below:

Table 2: Mean \pm SD of Paw Volume of Rats

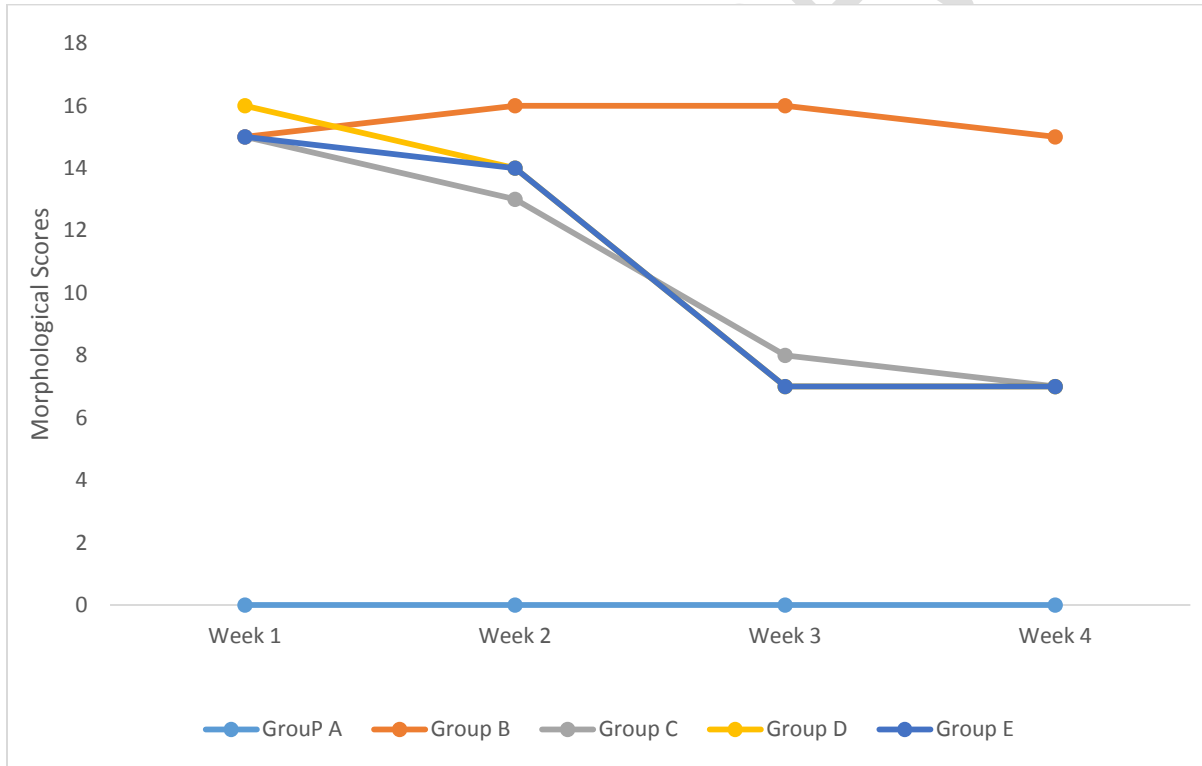
	Group A	Group B	Group C	Group D	Group E
Week 1	0.36 \pm 0.05	0.60 \pm 0.07	0.72 \pm 0.05	0.70 \pm 0.06	0.67 \pm 0.08
Week 2	0.36 \pm 0.05 ^a	0.61 \pm 0.07 ^a	0.69 \pm 0.07 ^b	0.65 \pm 0.10 ^b	0.64 \pm 0.05 ^a
Week 3	0.34 \pm 0.05 ^a	0.61 \pm 0.08 ^a	0.54 \pm 0.10 ^b	0.59 \pm 0.07 ^b	0.47 \pm 0.06 ^b
Week 4	0.36 \pm 0.05 ^a	0.61 \pm 0.10 ^a	0.44 \pm 0.08 ^b	0.46 \pm 0.06 ^b	0.43 \pm 0.05 ^b
<i>p</i> -value	0.79	0.42	< .001	< .001	< .001
F-value	15.322	11.514	4.312	2.388	8.037

ANOVA, followed by Dunnet's multiple comparison test against week 1.

a= No significant difference at $p < 0.05$.

b= significantly different at $p < 0.05$

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191 **Fig. 4.1: Morphological Scores of the Rats according to Weeks**

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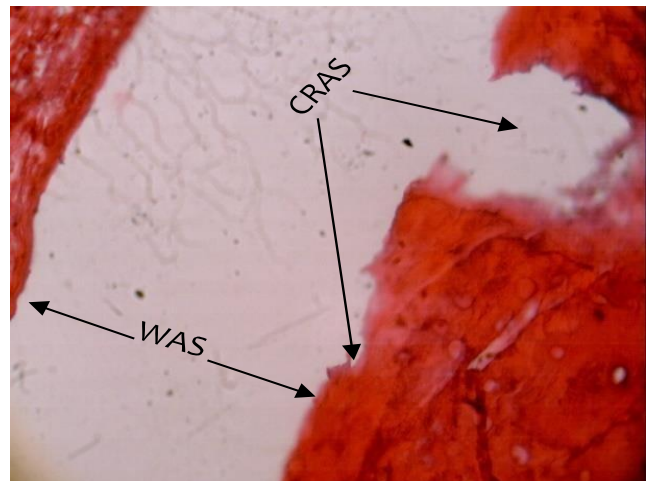
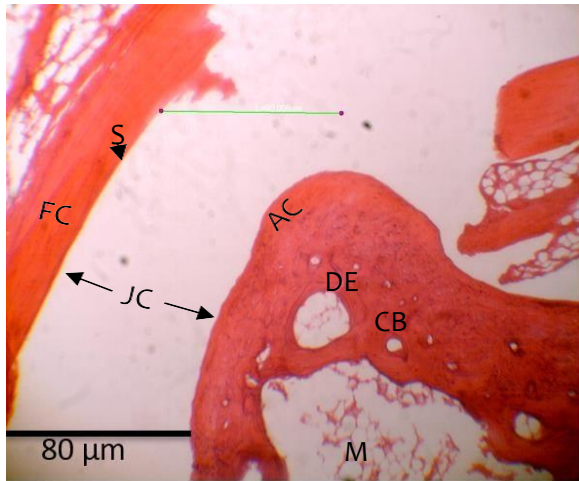
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203 **Group A**

Group B

204 Fig. 4.2: Histology of Femororbital Joints of Group A and Group B Rats (x400)

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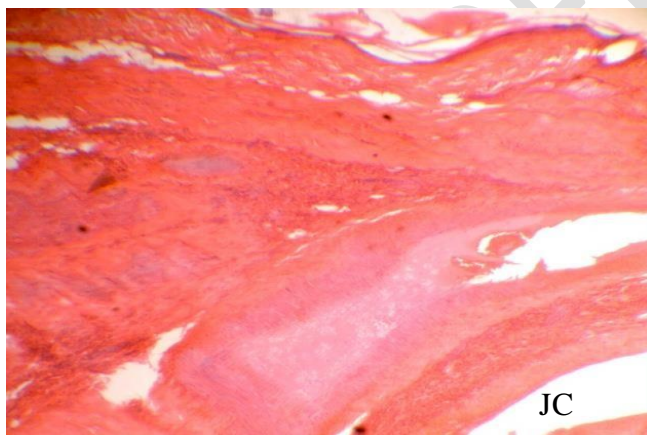
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213 **Group C**

Group B

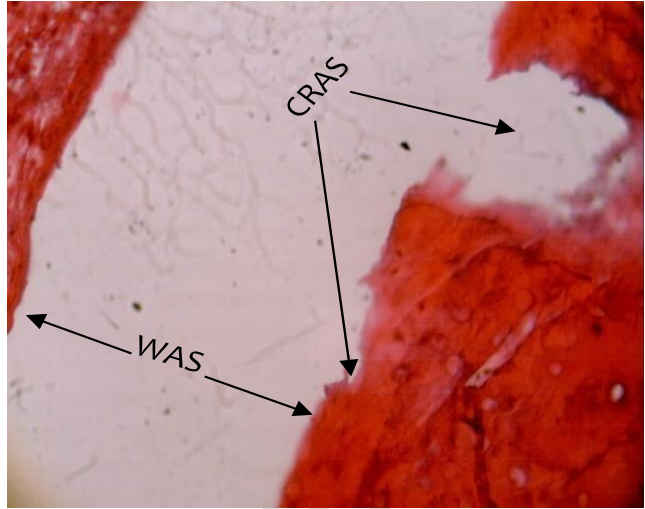
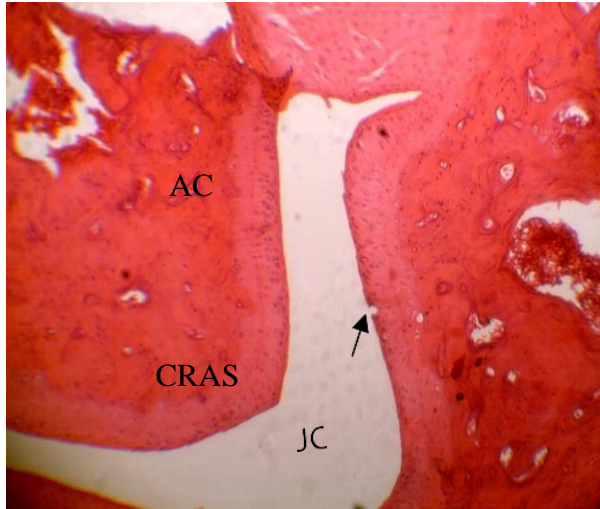
214 Fig. 4.3: Histology of Femororbital Joints of Group C and Group B Rats (x400)

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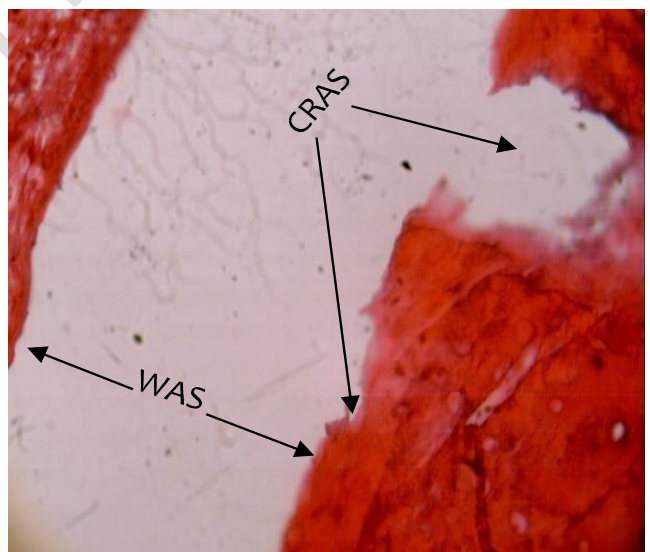
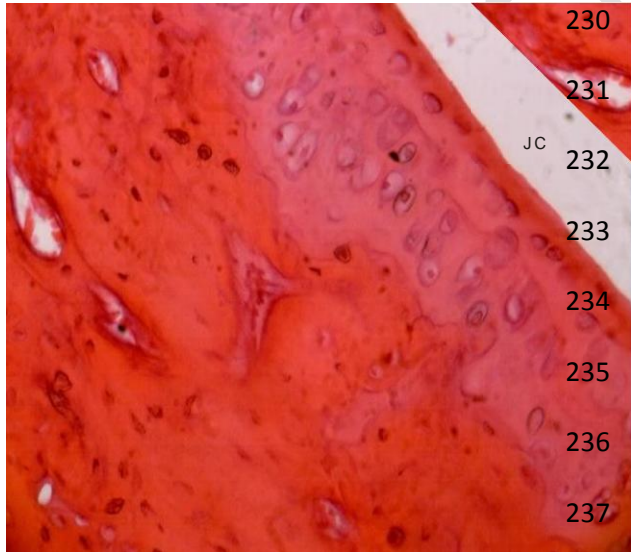
Group D

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Fig. 4.4: Histology of Femororbital Joints of Group D and Group B Rats (x400)

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Group E

Group B

Fig. 4.5: Histology of Femororbital Joints of Group E and Group B Rats (x400)

242 **Discussion**

243 This study evaluated the anti-arthritic activity of a herbal formulation used in the treatment of
244 rheumatoid arthritis in Nigeria. The result of the acute toxicity study on the herbal formulation
245 indicates that it is safe and non-toxic at therapeutic doses. This result is consistent with the work
246 of Sundera *et al.*, (2013), who evaluated the anti-inflammatory activity of Dazzle Capsule,
247 another polyherbal formulation used in India.

248 There were significant reduction in the paw diameters of the rats treated with the herbal
249 formulations. In rheumatoid arthritis, there is infiltration of the paw tissues by immune cells,
250 chiefly neutrophils and macrophages. The reduction in the paw diameters may be due to
251 inhibition of the infiltration by the herbal formulations (Nargarkar & Jagtap, 2017) as well as
252 inhibition of pannus formation and bone erosion (Bhatt & Maithani, 2017). This effect was
253 comparable to that observed in the rats treated with the orthodox drug, Celebrex.

254 The levels of the inflammatory markers were significantly reduced in the groups treated with the
255 herbal formulations, compared to the arthritic control group. This finding is probably due to the
256 inhibitory effects of the herbal formulations on the production of inflammatory markers (Maladi
257 *et al.*, 2018). The anti-inflammatory effects of the herbal formulations were comparable with that
258 observed with the orthodox drug.

259 Acute phase reactants such as C-reactive proteins are usually produced during inflammation such
260 as in rheumatoid arthritis (Jain *et al.*, 2011). Also, immune cells, which are usually attracted to
261 the inflamed synovium, produce TNF- α , IL-6 and other pro-inflammatory cytokines, and these
262 contribute greatly to the pathology of rheumatoid arthritis (Alghashan & Rasheed, 2014).

263 The combination therapy did not significantly reduce the parameters compared to the results
264 obtained using the herbal drug alone or the orthodox drug alone.

265 Anti-arthritic herbal formulations can be used as effective therapeutic alternative for the
266 management of rheumatoid arthritis. It may be necessary to consider them for integration into the
267 regular health system.

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269 **CONFLICT OF INTEREST:** There was no conflict of interest.

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