Ameliorative potentials of *Persea americana* leaf extract on toxicants - induced oxidative assault in multiple organs of wistar albino rat

Temidayo Ogunmoyole¹*, Iretiogo Dada² and Oluwatosin Adebukola Adebamigbe²

**Abstract**

**Background:** *Persea americana* (PA) is a popular medicinal plant in folkloric medicines. The present study therefore investigates the ameliorative potentials of its leaves extract on carbon tetrachloride and rifampcin-induced toxicity in the liver, kidney and heart of albino rat. This was aimed at assessing the potentials of the plant in the management of liver, kidney and heart diseases.

**Methodology:** Forty (40) rats were randomly divided into eight (8) groups of five animals each. Groups I and II were administered with only distilled water and carbon tetrachloride (CCl₄) respectively. Groups III and IV animals received 3.0 ml/kg bw of CCl₄ and were treated with the extract at 50 mg/kg bw and 100 mg/kg respectively, while group V received 100 mg/kg bw. of silymarin orally for 14 days. Groups VI animals were administered with rifampcin (250 mg/kg bw.) only, while groups VII and VIII animals received rifampcin and were treated with 50 mg and 100 mg/kg bw of the extract respectively. Activities of creatine kinase, aspartate amino transferase, alanine amino transferase, alkaline phosphatase, superoxide dismutase, catalase as well as levels of urea, uric acid, bilirubin and malondialdehyde (MDA) were assayed. Lipid profiles and histopathological examination of liver and kidney slices were also performed.

**Result:** Treatment with *P. americana* significantly \((p < 0.05)\) restored all deranged biochemical parameters (creatine kinase, aspartate amino transferase, alanine amino transferase, alkaline phosphatase, urea, uric acid, bilirubin, MDA, lipid profile as well as superoxide dismutase and catalase) in a dose-dependent manner. Normal hepatic and renal histoarchitecture were also restored following treatment with *P. americana*.

**Conclusion:** Amelioration of distorted cardiac, hepatic and renal histoarchitecture as well as restoration of lipid profile, biomarkers of liver and kidney injury and antioxidant enzymes (catalase and superoxide dismutase) affirm the potential usefulness of *P. americana* in the management of liver, kidney and heart diseases.

**Keywords:** *Persea americana*, Ameliorative, Antioxidant, Oxidative damage, Organs

* Correspondence: ogunmoyoledayo@yahoo.com

1Department of Medical Biochemistry, College of Medicine, Ekiti State University, Ado Ekiti, Ekiti State, Nigeria

Full list of author information is available at the end of the article

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Introduction

The liver, being the major organ responsible for biotransformation of xenobiotics, is exposed to a wide array of toxicants, making it susceptible to multiple attacks, ultimately resulting in chemically-induced hepatic disorders [1]. Liver diseases now constitute major health challenge of emerging global concern. In developed world, about 20,000 deaths are traceable to liver disease, while over 0.25 million new cases are usually reported annually. The situation is even more alarming in developing countries [2]. Similarly, heart-related diseases are also on the increase in recent times [3]. Cardiovascular diseases (CVDs) now constitute a major threat to global health [4, 5]. It is the leading cause of death, hampering the attainment of sustainable human development [5]. Among the non-communicable diseases (NCDs), CVD is the major leading cause of mortality and morbidity worldwide [6, 7]. Specifically, the number of deaths caused by CVD has increased by 13% about a decade ago [8]. Reports have indicated that CVD accounts for approximately 33% of all deaths globally, while burden may be higher in developing countries like Nigeria. Kidney disease is another life-threatening pathological condition attracting global research attention [7]. Chronic kidney diseases (CKDs) are the most common form of kidney diseases, with a global prevalence of 10.4 and 11.8% in men and women respectively [8]. Annually, about 5.3 and 10.5 million people undergo dialysis or transplantation, while several others who cannot afford these treatments die especially in developing nations due to poor economic realities [9]. It has been reported that at least 13.3 million people suffer acute kidney injury (AKI) which may resolve or degenerate to chronic kidney disease later in life [9].

Medicinal plants have been recognized as veritable alternative to conventional drugs in the treatment of diseases [10–12]. Their vast medicinal importance is intrinsically linked to the presence of phytochemicals, which are synthesized primarily by plants for their protection against predators and other stressors in the ecosystem. Phytochemicals have been exploited in the treatment of several pathological conditions [11], with proven capacity as potential therapeutic alternative in the treatment and/or management of diseases. Medicinal plants present a lot of advantages: they are readily available, biologically friendly (being natural), cost-effective and therapeutically potent [13, 14].

*Persea americana* Mill. (Lauraceae) is a subtropical tree with several medicinal potentials that have been exploited in folkloric medicine [15]. Its oil has been used as a topical remedy for wounds [16] and skin diseases [17]. Its leaves extract exhibit analgesic [15], anti-inflammatory [18], anticonvulsant as well as cholesterol-lowering activities in experimental animals [18]. Reports have indicated the potential usefulness of *P. americana* as a remedy for gastric ulcerations as well as its antiviral [19], anti-hyperlipidemic [20] and anti-hyperglycemic effects [21]. Presently, available drugs used for the management of liver, kidney and heart related diseases are expensive and often trigger some adverse effects. Considering the ever-increasing global burden of liver, kidney and heart diseases, there is a dire need to investigate the potential of *P. americana* leaves extract as viable and affordable therapeutic alternative to the conventional drugs currently used for the management of these disorders.

Materials and methods

Plant collection, preparation and extraction

Leaves of *P. americana* were obtained from a local farm in Ado Ekiti and authenticated at the Department of Plant Science, Ekiti State University, Ado Ekiti, Nigeria. Voucher specimen with herbarium number UHAE2020071 was deposited at the University herbarium.

Reagents and chemicals

Adrenaline, malondialdehyde (MDA), phosphotungstic acid, magnesium acetate, creatine phosphate, potassium phosphate, hydrogen peroxide, ethylene diamine tetraacetate (EDTA), Ellman’s reagent, reduced glutathione (GSH) and other chemicals and reagents used were of analytical grade obtained from standard commercial suppliers. All diagnostic kits were products of Randox Chemical Ltd. England.

Preparation of extract

Fresh leaves of *P. americana* were rinsed with distilled water and air-dried. The dried leaves were pulverized using warring blender. Five hundred grams (500 g) of the powdered leaves was extracted with 3000 ml of 80% ethanol for 72 h. The supernatant was carefully decanted and filtered using cheese cloth. The clear supernatant was thereafter freeze-dried to obtain a crude extract which was kept airtight in readiness for reconstitution with distilled water.

Experimental animals

Forty (40) male wistar albino rats of average weight 180 g were obtained from the animal house of the College of Medicine, Ekiti State University, Ado-Ekiti. They were acclimatized for 2 weeks, housed in clean wire meshed cages under standard conditions of temperature (24 ± 1°C), relative humidity, and 12 /12-h light and dark cycle. Animals were allowed to have free access to food (commercial palletized diet from Vital Feed Mill) and drinking water ad libitum daily. The rat beddings were changed and replaced every day throughout the...
Experimental period. The 40 rats were randomly placed into eight groups with the following treatment:

| Group | Treatment                                      |
|-------|-----------------------------------------------|
| I     | Food and distilled water only                 |
| II    | 3 ml/kg bw CCl₄ only                         |
| III   | 3 ml/kg bw CCl₄ + 50 mg/kg bw P. americana   |
| IV    | 3 ml/kg bw CCl₄ + 100 mg/kg bw P. americana  |
| V     | 3 ml/kg bw CCl₄ + 100 mg/kg bw silymarin     |
| VI    | 250 mg/kg bw rifampicin only                 |
| VII   | 250 mg/kg bw rifampicin + 50 mg/kg bw P. americana |
| VIII  | 250 mg/kg bw rifampicin + 100 mg/kg bw P. americana |

These treatments were administered every day for 14 days. Thereafter, all animals were fasted for 24 h before decapitation.

**Preparation of organs homogenate**

Animals were decapitated under cold-ether anesthesia and quickly dissected to obtain the liver, heart and kidney as well as the serum. Ten percent (10%) homogenate of each organ were then prepared in 6.7 mM potassium phosphate buffer, (pH 7.4) using the Teflon homogenizer. The homogenate was then centrifuged at 10,000 rpm for 10 min at 4°C to obtain a clear supernatant which was stored at 4°C and used for measurement of biochemical parameters.

**Preparation of serum**

Blood was collected through cardiac puncture into samples bottles, allowed to coagulate and centrifuged at 3000 rpm for 15 min to obtain a clear supernatant which was carefully decanted and placed on ice for the estimation of serum biochemical parameters.

**Determination of biochemical parameters**

Creatine kinase was estimated according to the method described by Mattenheimer [22]. Aspartate aminotransferase (AST) activity was determined following the principle described by Reitman and Frankel [23], while activity of alanine amino transferase (ALT) and alkaline phosphatase (ALP) were assayed according to Reitman and Frankel [23] and Englehardt et al. [24] respectively.

Total cholesterol level, triglycerides, HDL and LDL were measured by the method of Trinder [25], Tietz [26], Grove [27] and Friedewald et al. [28] respectively. Activity of catalase and superoxide dismutase (SOD) were assayed by the method Sinha [29] and Misra and Fridovich [30] respectively. Beutler et al. [31] was followed in estimating the level of reduced glutathione (GSH) while total protein in the samples was determined by Biuret method as modified by Weichselbaum [32]. Amount of MDA was measured according to the method of Okhawa et al. [33].

**Statistical analysis**

All values are expressed as mean ± SD. Statistical evaluation was done using One Way Analysis of Variance (ANOVA) followed by Duncan’s Multiple Range Test (DMRT) by using SPSS 11.09 for windows. The significance level was set at $p < 0.05$.

**Results**

**General observation**

Administration of CCl₄ and rifampicin caused a significant derangement in hepatic, cardiac, renal and serum lipid profile (Fig. 1a-h). This derangement was restored (in a dose-dependent manner) to a level comparable to that of the standard drug (silymarin) following the administration of P. americana extract (Fig. 1a-h).

Alkaline phosphatase (ALP), alanine aminotransferase (ALT) and aspartate aminotransferase (AST) activities were significantly depleted following the administration of CCl₄ (Fig. 2a, c, e and g) and rifampicin (Fig. 2b, d, f and h) relative to the positive control animals. However, introduction of the extract caused a restoration of the enzymes to levels comparable with the positive control animals (Fig. 2a-h). Specifically, the restorative ability of the extracts compared favorably with the standard drug, silymarin.

Total bilirubin, urea and uric acid in the serum and kidney homogenate were significantly increased in the positive control animals (Table 1). The increase was however restored to values comparable to the negative control and animals treated with standard drug, although in a dose dependent fashion (Table 1). Exposure to rifampicin and CCl₄ toxicity caused a decrease in animal body weight but an increase in organ weight of affected animals (Table 2). Treatment with P. americana extract however restored the body and organ weights in a dose dependent manner (Table 2).

Superoxide dismutase, catalase as well as creatine kinase were significantly depleted in animals administered with CCl₄ and rifampicin only (Table 1), while treatment with the extract resulted in a dose-dependent restoration of the antioxidant enzymes’s activity. This restoration was comparable to that obtained from the administration of standard drug (Table 1). The same trend was observed regardless of tissue employed.

Similarly, GSH and total protein (Table 1) respectively was significantly decreased in the serum and other tissue homogenates of experimental animals administered with CCl₄ and rifampicin only (Table 1). Administration of P. americana extract resulted in a dose-dependent restoration of GSH level back to levels comparable with the negative control and animals treated with silymarin.

Finally, MDA level, which was significantly increased by the administration of CCl₄ and rifampicin (Fig. 3)
respectively was brought back to values comparable with the negative control animals.

Normal renal corpuscle with typical cellular delineation, distribution, density and staining intensity. No apparent histopathological alteration

**Discussion**

Reports has established that the etiology of almost all known pathological conditions have been linked to oxidative stress [34]. In the present study, administration of CCl4 caused a significant increase in serum...
Fig. 2 Effect of *P. americana* leaf extract on selected biomarkers of albino rats exposed to CCl₄ and rifampicin toxicity. Data shows mean ± SEM values of four independent experiments performed in triplicate. 'b', 'c', 'd' and 'e' represent significant difference (*p* < 0.05) from ('a') - the positive control (NC); PC- negative control; PA- *P. americana*; SA- Silymarin. Rf- Rifampicin. ALP- a and b are liver of CCl₄ and rifampicin- challenged rats respectively. c and d are heart of CCl₄ and rifampicin-challenged rats respectively; e and f are kidney of CCl₄ and rifampicin-challenged rats respectively; g and h are serum of CCl₄ and rifampicin challenged rats respectively.
cholesterol in the liver, kidney and serum of experimental animals.

The underlying mechanism of chronic liver diseases have been suggested [35, 36]. Complications of oxidative stress in the liver have been identified as the most crucial molecular event responsible for hepatocellular damage. This involves events such as overproduction of reactive oxygen species (ROS) by the mitochondrial electron transport chain as the major subcellular source (Ortiz [37]). Whenever oxidative stress is prolonged,
there is an attendant alteration in several signaling mechanisms which ultimately induce deleterious effects on the organs involved. In the present study, exposure of experimental animals to CCl₄ and rifampicin, caused a significant increase in cholesterol, triglycerides and LDL relative to the positive control animals. Report have indicated that obese patients [38] exhibits a characteristic depletion in the highly unsaturated hepatic $n-3$ long-chain polyunsaturated fatty acids ($n-3$ LCPUFAs) that promotes free radical-dependent oxidative reactions. Depletion in LCPUFAs triggers an up-regulation in the hepatic lipogenic sterol regulatory element binding protein 1-c (SREBP-1c) as well as a down-regulation in the peroxisome proliferator-activated receptor-$\alpha$ (PPAR-$\alpha$) linked to fatty acid oxidation [39–41]. The consequence of the upregulation and down-regulation of SREBP-1c and PPAR-$\alpha$ respectively is the enhancement of SREBP-1c/PPAR-$\alpha$ ratios ultimately leading to low fatty acid oxidation and accumulation of fat in the liver [39]. Hepatic oxidative stress has been suggested to activate the redox-sensitive nuclear factor kappa B (NF-κB) [42, 43]. When activated, NF-κB triggers the expression of several pro-inflammatory factors such as tumour necrosis factor-$\alpha$ (TNF- $\alpha$), interleukin (IL)-1$\beta$ and IL-6 [42]. Activation of NF-κB is then reinforced by the synergistic effects of other factors, culminating in the up-regulation of the NOD-like receptor protein-3 (NLRP3) inflammasome. Specifically, upregulation of NLRP3 promotes inflammatory reactions [44]. Reports have established the central role of inflammatory cytokines, particularly continuous activation of NF-κB as the major pathogenic basis of liver diseases [45–48].

Treatment with graded doses of P. americana resulted in a dose-dependent restoration of total cholesterol, triglycerides and LDL-cholesterol in a manner comparable to the negative control and animals treated with the standard drug. This restoration of lipid profile is traceable to the prevention of Nf-kB activation and subsequent expression of other inflammatory cytokines. The prevention of Nf-kB activation by extract of P. americana could be attributed to the high content of polyphenols with potent antioxidant potentials [15–17]. Anti-inflammatory activity of polyphenols has been previously studied [49–51]. Flavonoids act by down-regulating inflammatory transcriptional factors. This downregulation is achieved by the activation of transcription factor-3, activator protein-1 and CREB binding proteins. Hepato-protective effect of P. americana can be attributed to the polyphenol-induced activation of TNF-induced NF-kB inhibition [49–52].

High-density lipoproteins (HDLs) are majorly involved in reverse cholesterol transport, removing cholesterol from macrophages within arterial walls and transporting

### Table 2: Effect of P. americana extract on body weight and organs' weight in albino rats exposed to CCl₄ and rifampicin toxicity

|                          | Negative control | Positive control I | 3ml CCl₄ | 3ml CCl₄ + PA | 3ml CCl₄ + PA CCl₄+Sil | Rif (250 mg/kg bw) | Rif (250 mg/kg bw) + P₄ (50 mg/kg bw) | Rif. (250 mg/kg bw) + (100mg/kg) |
|--------------------------|------------------|--------------------|----------|--------------|------------------------|-------------------|-------------------------------------|---------------------------------|
| **Animal weight (g)**    |                  |                    |          |              |                        |                   |                                     |                                 |
| Initial                  | 205±2.21         | 202±2.05           | 205±2.50 | 206±2.41     | 205±2.20               | 207±2.15          | 208±2.11                           | 209±2.50                        |
| Final                    | 208±2.40         | 195±1.55           | 206±1.05 | 207±2.35     | 208±2.05               | 197±1.25          | 210±1.85                           | 212±1.77                        |
| **Organ weight (g)**     |                  |                    |          |              |                        |                   |                                     |                                 |
| Liver                    | 8.56±0.11        | 11.05±0.15         | 9.82±0.20 | 9.65±0.10    | 8.90±0.12              | 11.10±0.15        | 10.15±0.14                         | 9.08±0.13                       |
| Kidney                   | 0.85±0.05        | 1.05±0.07          | 0.95±0.04 | 0.89±0.03    | 0.86±0.05              | 1.10±0.07         | 0.95±0.06                          | 0.90±0.05                       |
| Heart                    | 0.25±0.01        | 0.30±0.02          | 0.28±0.01 | 0.25±0.02    | 0.25±0.01              | 0.34±0.01         | 0.30±0.00                          | 0.26±0.01                       |
| **Organ weight/Animal body weight (%)** |                   |                    |          |              |                        |                   |                                     |                                 |
| Liver                    | 4.19             | 5.67               | 4.77     | 4.37         | 4.28                   | 5.63              | 4.83                               | 4.28                            |
| Kidney                   | 0.41             | 0.54               | 0.46     | 0.43         | 0.41                   | 0.56              | 0.45                               | 0.43                            |
| Heart                    | 0.10             | 0.15               | 0.14     | 0.12         | 0.12                   | 0.17              | 0.14                               | 0.12                            |

Data showed mean ± SEM of weights of animals in the same group (n = 5). PA- P. americana, Rif rifampicin, Sil silymarin
it to the liver for excretion, thereby preventing atherosclerosis [53]. Empirical epidemiological data have suggested that high HDL-C plasma concentrations correlates with lower cardiovascular risk [53]. In the present study, administration of CCl₄ caused a significant decrease in HDL-C relative to the control animals. However, treatment with *P. americana* extract restored (in a dose-dependent manner) the HDL-C content both in

**Fig. 3** Effect of *P. americana* leaf extract on hepatic and renal lipid peroxidation in albino rats exposed to CCl₄ and rifampicin toxicity. Data shows mean ± SEM values of four independent experiments performed in triplicate. ‘b’, ‘c’, ‘d’ and ‘e’ represent significant difference (*p* < 0.05) from ‘a’ - the positive control (NC); PC- negative control; PA- *Pearse americana*; SL- Silymarin. Rf- Rifampicin. MDA- a and b are liver and kidney of CCl₄ – challenged rats respectively, c and d are liver and kidney of rifampicin-challenged rats respectively.
the serum and organ homogenates, to a level comparable with animals treated with the standard drug. This suggests that *P. americana* is a potential antioxidant candidate that can be exploited in the management of multiple organs disorders.

On the other hand, low density lipoprotein (LDL)-cholesterol was significantly increased in the serum and organ homogenates of animals administered with CCl₄ without treatment. Under normal physiological conditions, cholesterol is transported through blood and gets trapped in target tissues by LDL receptor-mediated endocytosis. On binding to its receptor on the plasma membranes, caveolae, (a complex of caveolin and its receptor proteins) are invaginated via clathrin-coated pits and vesicles. Following endocytosis, LDL receptor recycles to the coated pits while the cholesterol moiety is transported to lysosomes, where apo-B protein is enzymatically degraded to amino acids while the remaining component- cholesterol esters, are cleaved to cholesterol and free fatty acids [54]. The cholesterol so formed as a result of the enzymatic cleavage is either incorporated into the cell membrane or re-esterified and stored as lipid droplets [54]. Free radicals can attack the LDL receptor, thereby impeding normal uptake of LDL by liver, leading to familial hypercholesterolemia (FH) with markedly increased LDL cholesterol levels. Numerous studies have shown a positive relationship between both LDL-cholesterol and the composition of circulating LDL and the risk for atherosclerosis. In the present study, LDL-cholesterol level was significantly (*P < 0.05*) increased in animals challenged with CCl₄ without treatment. However, administration of avocado extract caused a dose-dependent restoration of LDL (in serum and organ homogenates) to level comparable with the negative control and animals treated with silymarin. It is an indication that *P. americana* leaf extract exhibited its antioxidant potentials in the restorative route involving LDL-C, suggesting that avocado leaf is a promising medicinal plant that can give hope to patients suffering from liver, kidney and heart related disorders.

Aspartate aminotransferase (AST) and alanine aminotransferase (ALT) and alkaline phosphatase (ALP) are enzyme biomarkers confined within cells of specific organs under normal conditions. However, they may be released into the blood stream in response to oxidative assault to the hepatocytes. Elevations in any of these enzymes are the quick indicator of organ damage. Although ALT is considered a more specific indicator of liver disease, the concentration of AST may be a more sensitive indicator of liver injury in conditions such as alcohol-related liver disease and in some cases of autoimmune hepatitis (AIH) [55, 56]. Levels of ALT, AST and ALP activity were significantly elevated in the serum, suggesting an oxidative attack on the liver, kidney and heart. Treatment with *P. americana* restored, (in a dose dependent manner) ALT activity both in the serum and organ homogenates to level comparable with the standard drug. The role of redox sensitive nuclear factor (erythroid-derived 2)-like 2 (Nrf2), as the major regulator and/or mediator of cellular responses during oxidative stress has been suggested [57] Previous reports have indicated that Nrf2 was critical for the regulation of about 250 genes directly linked with cellular homeostasis, such as antioxidant proteins, drug-metabolizing enzymes, drug transporters, and several proteins involve in cytoprotection [58–60]. Nrf2 targets genes that code for proteins involved cellular defense such as antioxidant response elements (ARE), drug-metabolizing enzymes and molecular chaperones among others [61, 62]. In the absence of oxidative stress, Nrf2 is normally bound to a regulatory protein- Kelch-likeECH-associated protein 1 (Keap1) in the cytosol, thereby maintaining Nrf2 at basal level [63–65]. This complex also allows for continuous proteasomal degradation of Nrf2 via ubiquitination [65]. However, when an oxidative stressor is introduced to the cell, Keap1 senses it via the conjugation of its redox-sensitive cysteine residues (Cys151, Cys273, Cys288). Consequently, Nrf2 is released from Keap1- Nrf2 complex [66, 67], thereby preventing ubiquitination of Nrf2 by increasing its half-life from 0.25 to 3 h [68, 69]. After its dissociation in the cytoplasm, Nrf2 is translocated to the nucleus where it forms a complex with coactivators and binds to the promoter region antioxidant response elements (AREs), inducing the transcription of cytoprotective and detoxifying genes [70–72]. Obviously, the mechanism involved in the restoration of ALT, ALP and ALT levels by *P. americana* administration will involve the activation of Nrf2 by the polyphenols in its extract. Nrf2 activation eventually allowed its release from Nrf2 complex and subsequent binding to promoter region of AREs in the nucleus. Consequently, there was an up-regulation in the expression of detoxifying enzymes that were eventually mobilized to remedy the toxicity initially imposed by rifampicin and CCl₄.

Bilirubin, the product of hemoglobin catabolism within the reticuloendothelial system is usually transported to the liver in its insoluble unconjugated form. In the liver, UDP-glucuronyltransferase conjugates it to glucuronic acid and conjugated bilirubin in readiness for excretion into the bile [73]. Treatment of animals whose livers have been assaulted as result of CCl₄ administration, with *P. americana* extract caused a dose-dependent restoration of the total bilirubin level to an amount comparable with animals that were not challenged at all. In fact, the extract competes favorably with silymarin, the standard drug administered for treatment (Table 1).
Urea, a water-soluble end product of protein and nitrogen metabolism has been traditionally used as a biomarker of uremic retention as well as adequacy of intradialytic solute removal in chronic kidney disease (CKD) in the blood of uremic patient [74, 75]. Serum urea level was significantly increased in animals administered with CCl₄ without treatment suggesting that free radicals were in excess of the body’s antioxidant capacity to mop them leading to oxidative attack on the kidney and increasing urea retention. However, treatment with avocado extract restored the serum urea level to amount comparable to normal animals and assaulted animals treated with standard drug respectively (Table 1). This is an indication that avocado offers a promising potential in the management of kidney diseases.

Uric acid, the end product of purine metabolism in humans has been identified as the major culprit in the onset and progression of gout [76]. Recently, hyperuricemia has been linked to progressive renal insufficiency, hypertension [77], diabetes mellitus [78], hypertriglyceridemia and obesity [79, 80]. In the present study, uric acid was significantly higher in animals assaulted with CCl₄ relative to normal animals (Table 1). This established the fact that the toxicant generated radicals that attacked purine metabolism. However, treatment with avocado leaves extract alleviated the stress caused by the toxicant in a manner similar to animals treated with standard drug. The relief brought by treatment with avocado leaf extract can best be attributed to its constituent antioxidants phytochemicals.

GSH is a redox molecule considered as one of the most effective cellular non-enzymatic antioxidants in the body. Its redox status is under the control of a biological mechanism involving both glutathione peroxidase (GPx) which catalyzes the oxidation of GSH and glutathione reductase (GRd) which catalyzes the reduction of oxidized form of GSH, using NADPH as a hydrogen donor [81]. Hence, the hepatic activities of these enzymes (GPx and GRd) together with the level of GSH are used as markers for oxidative stress and cytotoxicity. GSH is also very essential for detoxification of certain xenobiotics by conjugation reactions in phase II metabolism. Conjugation reactions of GSH are catalyzed by GST in the cytosol and they represent an important mechanism of eliminating electrophilic xenobiotics in the liver. In this regard, it could be suggested that, the reduction in GSH and its associated enzymes, in tissues of rats treated with the toxicants in the present study might represent a part of the mechanisms of rifampicin and CCl₄-induced hepatotoxicity. When treated with avocado leaves extract, the GSH level was restored (in a dose-dependent manner), to level comparable with the positive control animals (Table 1).

Creatine phosphokinase (CK) is an enzyme, released into the blood stream on muscle cell disintegration. It exists in three isomeric forms: CK-MM present in muscles, CK-MB present in heart, and CK-BB present in kidneys and brain. Administration of CCl₄ resulted in a significant increase in CK (Table 1). This observation is not strange in the light of the fact that CK is normally released during muscle breakdown. In this case, CCl₄ must have caused oxidative wounds to muscles of assaulted rats. However, treatment with avocado leaf extract caused a dose-dependent restoration of creatine kinase activity, suggesting that some components of the extract acts in synergy to enhance the activity of the enzyme.

Free radical scavenging enzymes like SOD and catalase (CAT) protects the biological system from oxidative stress [82]. SOD is an important enzyme involved in the dismutation of superoxide radical. The mechanism involved SOD-catalyzed conversion of superoxide radical to hydrogen peroxide which is eventually scavenged by catalase, thereby preventing the formation of hydroxyl radical [83]. Overproduction of ROS is critical to liver mitochondrial dysfunction, traceable to an interruption of the electron flow through the mitochondrial electron chain. This alteration favors the direct transfer of electrons to molecular oxygen leading to the production of superoxide radicals (O₂⁻) and hydrogen peroxide (H₂O₂) [84]. The significant increase in SOD activity in the serum, liver, kidney and heart (Table 1) observed in silymarin and avocado treated rats respectively when compared to the control suggests that the extract exhibited a dose-dependent activation of SOD activity thereby offering better protection against superoxide anions radicals. This effect could be due to activation of NrF2 by the polyphenols present in the extract.

Catalase catalyzes the decomposition of hydrogen peroxide to less reactive molecules [83]. Hydrogen peroxide is a harmful by-product of many metabolic processes which must be quickly scavenged to prevent the formation of hydroxyl radical and eventual oxidative assault. The significant decrease in liver, serum, kidney and heart catalase activities of animals administered with CCl₄ without treatment (Table 1) may be attributed to the generation of H₂O₂ as one of the products of CCl₄ metabolism. Catalase activity was however significantly restored in the serum and organ homogenates of assaulted animals after treatment with silymarin (100 mg/kg b.w.) and avocado leaf extracts (50 mg/kg and 100 mg/kg) respectively. By implication, treatment with avocado leaf extracts restored the antioxidant scavenging activity of assaulted animals viz-a-viz the activation of catalase. Since catalase is an antioxidant enzyme, the restoration of its activity by treatment with P. americana could have been triggered by upregulation of NrF2.
Fig. 4 (See legend on next page.)
One major macromolecule susceptible to free radicals’ attack is polyunsaturated fatty acids (PUFAs). Free radicals - mediated lipid peroxidation is the major route for the formation of the lipid hydroperoxides and aldehydes. These toxic agents serve as secondary molecules in the onset of oxidative stress which has been identified as the basis of all known pathological conditions. Recent studies have shown that lipid peroxidation is intricately linked to some human diseases including cancer, diabetes, cardiovascular, neurological and various inflammatory diseases [84]. Specifically, some aldehydic products of lipid peroxidation act as biomarkers of Alzheimer’s and Parkinson’s disease [82, 85]. Lipid peroxidation can be described generally as a process under which oxidants such as free radicals attack lipids containing carbon-carbon double bond(s), especially polyunsaturated fatty acids (PUFAs). Over the last four decades, an extensive body of literature regarding lipid peroxidation has shown its important role in cell biology and human health [82, 85]. In the present study, administration of CCl₄ caused a significant increase in MDA in serum and tissue homogenates of experimental animals (Fig. 3a-d), suggesting that one of the mechanisms of oxidative assaults of the toxicant is via lipid peroxidation.

Excess ROS is a major culprit of lipid peroxidation with deleterious products such as malondialdehyde and 4-hydroxynonenal acting as potent cytotoxicity-cytotoxicity inhibitors [86]. ROS have also been suggested to destabilize critical protein complexes of the electron transport chain by the oxidation of cardiolipin [87]. Specifically, increased TNF-α levels in the blood of obese mice [42, 43] and steatohepatitis patients have been reported and patients. This has been linked to an impairment in complex III of during mitochondrial respiration resulting in increased ROS formation and ATP depletion. Besides, several reports have suggested a direct oxidative attack and alteration in the critical protein complexes and mitochondrial DNA [42, 87]. Since mitochondrial DNA lacks protective histones and DNA repair potentials, they are susceptible to ROS attack with deleterious effects such as depletion in electron flow and ATP synthesis [42, 87].

The derangement in lipid profile and leakage of specific liver biomarker enzymes to the blood earlier reported in this study, following the administration of CCl₄ and rifampicin is due to lipid peroxidation. Worthy of mention is the fact that treatment with *P. americana* leaf extract caused a dose-dependent reversal of lipid peroxidation to a level comparable with animals treated with silymarin. This indicates that *P. americana* leaves extract is a potentially viable alternative in the management of multi-organ disorders. The molecular mechanism involved in the inhibition of lipid peroxidation by treatment with *P. americana* is thought to involve an upregulation in Nrf2. This effect can be attributed to the polyphenols in the extract.

Histopathological staining of the liver (Fig. 4a-d) and kidney (Fig. 4e-g) tissues from the various groups substantially established the therapeutic potentials of *P. americana* as a promising candidate for the management of liver and kidney disorders. Administration of the toxicant caused a significant distortion in normal architecture of the liver (Fig. 4a-d) and kidney (Fig. 4e-g) cells. However, treatment with *P. americana* extract resulted in a dose dependent restoration of distorted architecture to their native form. In fact, treatment with the standard drug also restored normalcy to the distorted tissues.
Worthy of mention is the fact that, apart from attacking the liver cells, CCl_4 also caused oxidative injury to kidney and cardiac tissues. This implies that, although the toxicant is routinely used as one of the models of hepatotoxicity in experimental animals, it exhibits multiple organ toxicity. Similarly, rifampicin has been routinely used to induce kidney damage, however, in the present study; rifampicin also caused significant oxidative assaults to the liver and heart, suggesting that rifampicin is toxic to other tissues apart from kidney.

Conclusion

*P. americana* leaf extract ameliorated all biochemical parameters such lipid profile, lipid peroxidation, liver function and kidney function in a manner comparable to the standard drug. Leaf extract of *P. americana* can compete favorably with commercially available drugs used for the treatment of liver, kidney and heart diseases. Hence, *P. americana* leaf is a potential herbal remedy that can be exploited in the management of kidney and liver diseases.

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Authors’ contributions

Ogunmoyole T, designed the work, analyzed the data, interpreted the data and wrote the manuscript. Dada Iretiogo and Oluwatosin Adebamigbe performed the experiment. The author(s) read and approved the final manuscript.

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Ethics approval and consent to participate

The present study was done in accordance with the guidelines for the care and use of experimental animals as approved by the Committee on the Use and Care of Experimental Animals, Ekiti state University, Ado-Ekiti, Ekiti State, Nigeria.

Consent for publication

Not applicable.

Competing interests

Authors declare that there is no conflict of interest of any kind.

Author details

1Department of Medical Biochemistry, College of Medicine, Ekiti State University, Ado Ekiti, Ekiti State, Nigeria. 2Department of Science Laboratory Technology, Faculty of Science, Ekiti State University, Ado Ekiti, Ekiti State, Nigeria.

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References

1. Raj B, Singh SD, Samual VJ, John SS. Hepatoprotective and antioxidant activity of *Cassuthall* farnsis against CCl_4-induced hepatic damage in rats. *J Pharm Res.* 2013;7:15–9.
2. Subramanian M, Balakrishnan S, Chinnaiyan SK, Sekar VK, Chandu AN. Hepatoprotective effect of leaves of *Morinda tinctoral* Roxb. Against paracetamol induced liver damage in rats. *Drug Invent Today.* 2013;5:223–8.
3. World AA, Health Organization. Global status report on non-communicable diseases 2010. Geneva: World Health Organization; 2011.
4. Clark H. NCDs: a challenge to sustainable human development. Lancet. 2013;381:510–1.
5. World Health Organization. Who NCD Action Plan 2013–2020. Geneva: WHO Publishers; 2013.
6. Bello AK, Levin A, Tonelli M, Okpechi IG, Feehally J, Harris D. ISN global kidney health atlas. Brussels: International Society of Nephrology; 2017. Available from: https://www.theisn.org/images/ISN_Biennial_Report_20112013/GKHAtlas_Linked_Compressed1.pdf.
7. GBD Mortality and Causes of Death Collaborators. Global, regional, and national age-sex specific all-cause and cause-specific mortality for 240 causes of death, 1990-2013: a systematic analysis for the global burden of disease study. Lancet. 2013;380(9859):117–71.
8. Liyanage T, Ninomiya T, Jha V, Neal B, Patrice HM, Okpechi I. Worldwide access to treatment for end-stage kidney disease: a systematic review. *Lancet.* 2015;385(9965):1975–82. https://doi.org/10.1016/S0140-6736(14)61601-9 PMID: 25777665.
9. Jokar NK, Noorhosseins A, Allahyari MS, Damalas CA. Consumers’ acceptance of medicinal herbs: an application of the technology acceptance model (TAM). *J Ethnopharmacol.* 2017;207:203–10. https://doi.org/10.1016/j.jep.2017.06.017.
10. Juthe R, Heinrich M, Helmsdatter A, Langhöst J, Meng S. Herbal medicine: product-evidence and tradition from a historical perspective. *J Ethnopharmacol.* 2017;207:220–5.
11. Yea SJ, Kim BY, Kim C, Yi MY. A framework for the targeted selection of herbs with similar efficacy by exploiting drug repositioning technique and curbed biomedical knowledge. *J Ethnopharmacol.* 2017;208:117–28. https://doi.org/10.1016/j.jep.2017.06.048.
12. Hassani FV, Shrians K, Hosseinzadeh H. Rosemary (*Rosmarinus officinalis*) as a potential therapeutic plant in metabolic syndrome: a review. *Naunyn Schmieideberg’s Arch Pharmacol.* 2016;389:331–49.
13. Izzo AA, Hoon-Kim S, Radhakrishnan R, Williamson EM. A critical approach to evaluating clinical efficacy, adverse events and drug interactions of herbal remedies. *Phytother Res.* 2016;30:691–700.
14. Larijani K, Rustaiyan A, Azar PA, Nematollahi F, Taban S. Composition of essential oil of leaves of *Persea americana* cultivated in Iran. *Cham Nat Compd.* 2010;46:489–90. https://doi.org/10.1006/1090-010-9655-9.
15. Oliveira AP, Franco Ede S, Rodrigues BR, Cordeiro DP, de Mello RG, de Aquino CM, Maia MB. Effect of semisolid formulation of *Persea americana* mill (avocado) oil on wound healing in rats. *Evid Based Complement Alternat Med.* 2013. https://doi.org/10.1155/2013/472382.
16. Narel YP, Rainer WB, Carolina R. Avocado (*Persea americana*) essential oil of leaves of *Persea americana* mill (avocado) oil on wound healing in rats. *Evid Based Complement Alternat Med.* 2013. https://doi.org/10.1155/2013/472382.
17. Lee TH, Tsai YF, Huang TT, Chen PC, Liang WL, Lee CK. Hepaticanols from the leaves of *Persea americana* Mill. *Var. Am Food Chem.* 2012;132:921–4.
18. Wu YH, Tseng CK, Wu HC. Avocado (*Persea americana*) fruit extract (2R,4R)-1,2,4-trithydroxyheptadec-16-yn-7-ol inhibits dengue virus replication via upregulation of NF-κB-dependent induction of antiviral interferon responses. *Sci Rep.* 2019;9:423. https://doi.org/10.1038/s41598-018-3674-4.
19. Monika P, Geetha A. Effect of hydroalcoholic fruit extract of *Persea americana* mill on high fat diet induced obesity: a dose response study in rats. *Indian J Exp Biol.* 2016;54(6):370–8.
20. Tabeshpour J, Razavi BM, Hossein H. Effects of avocado (*Persea americana*) on metabolic syndrome: a comprehensive systematic review. *Phytother Res.* 2017. https://doi.org/10.1002/pr.5805.
21. Mattenheimer H. Urinary enzyme measurements in the diagnosis of renal disorders. *Ann Clin Lab Sci.* 1981;11(3):189–201.
22. Reitman S, Frankel S. Glutamic oxaloacetic transaminase. *Am J Clin Pathol.* 1957;28:56–60.
23. Englehardt A. Measurement of alkaline phosphatase. *Aerztl Labor.* 1970;16:42.
24. Mattenheimer H. Urinary enzyme measurements in the diagnosis of renal disorders. *Ann Clin Lab Sci.* 1981;11(3):189–201.
25. Trinder H. A simple Turbidimetric method for the determination of serum cholesterol. *Ann din Biochem.* 1969;165.
26. Tietz NW. Clinical guide to laboratory tests. 3rd ed. Philadelphia: Saunders & Co; Publishers; 1995.
26. Gouve TH. Effect of reagent pH on determination of high-density lipoprotein cholesterol by precipitation with sodium phosphotungstate-magnesium. Clin Chem. 1979;25(4):560–4.

27. Friedewald WT, Levy RJ, Fredrickson DS. Estimation of the concentration of low-density lipoprotein cholesterol in plasma, without use of the preparative ultracentrifuge. Clin Chem. 1972;18:499–502.

28. Sinha AK. Colorimetric assay of catalase. Anal Biochem. 1972;47:389–94.

29. Misra HP. The role of superoxide anion in the autoxidation of epinephrine and a simple assay for superoxide dismutase. J Biol Chem. 1972;247(15):3170–5.

30. Beutler E, Duron O, Kelly BM. Improved method for the determination of blood glutathione. J Lab Clin Med. 1963;61:882–90.

31. Weichselbaum TE. An accurate and rapid method for the determination of protein in small amount of blood, serum. Am J Clin Pathol. 1995;16:40.

32. Okhawa H, Oishi H, Yagi K. Assay for lipid peroxidation in animal tissues by thiobarbituric acid reaction. Anal Biochem. 1979;95:351–8.

33. Yeung AN, El-Tawil T, Simona OS, Mohamed GB, Atanas MA. Antioxidants: scientific literature landscape analysis. Oxidative Med Cell Longev. 2019;8:728454. https://doi.org/10.1155/2019/8278454.

34. Sanjay AJ. Past, present and future perspectives in nonalcoholic fatty liver disease. Nat Rev Gastroenterol Hepatol. 2019;16:377–86.

35. Pettinelli P, Obregón AM, Videla LA. Molecular mechanisms of steatosis in non-alcoholic fatty liver disease. Nutr Hosp. 2011;26:441–50.

36. Ortiz M, Sandra AS, Paula O, Alejandra E, Cristian C, Sandra L, Miguel AR, Paola I, Rodrigo V, Luis A. Suppression of high-fat diet-induced obesity–associated liver mitochondrial dysfunction by docosahexaenoic acid and hydroxytyrosol co-administration. Dig Liver Dis. 2020. https://doi.org/10.1016/j.dld.2020.04.019.

37. Abenavoli L, Milanović M, Milic N, Luzzo F, Guiffre AM, Olive oil antioxidants and non-alcoholic fatty liver disease. Exp Rev Gastroenterol Hepatol. 2019;13:37–49.

38. Valenzuela R, Espinosa A, Llanos P, Hernández-Rodas MC, Carrera C, Vergara D. Anti-steatotic effects of an n-3 LCPUFA and extra virgin olive oil mixture in the liver of mice subjected to high-fat diet. Food Funct. 2016;7:140–50.

39. Osei-Hyiaman D, Liu J, Zhou L, Godlewski G, Harvey-White J, Jeong WI. Hepatic CBF1 receptor is required for development of diet-induced steato sis, dyslipidemia, and insulin and leptin resistance in mice. J Clin Invest. 2008;118:3160–9.

40. Osei-Hyiaman D, DePetris M, Pacher P, Liu J, Radaeva S, Bátkai S. Endo.

41. Schuster S, Cabrera D, Arrese M, Feldstein AE. Triggering and resolution of inflammation and fibrosis via modulation of the NF-κB and non-alcoholic fatty liver disease. Exp Rev Gastroenterol Hepatol. 2019;1016/j.dld.2020.04.019.

42. Rader DJ, Hovingh GK. HDL and cardiovascular disease. Lancet. 2014;384:1618–25.

43. Lee S, Parekh T, King SM, Reed B, Chui HC, Krauss RM, Yassine HN. Low-density lipoprotein particle size subfractions and cerebral amyloidosis. J Alzheimers Dis. 2019;68(3):985–90.

44. Connell MA, Hayes JD. The Keap1/Nrf2 pathway in health and disease. Trends Mol Med. 2016;22:758–68.

45. Kariyawasam HM, Venkateswaran B, Subbannayagam R. Understanding the role of thiol antioxidant enzymes in neurodegeneration. Cell Mol Neurobiol. 2018;38:471–82.

46. Schauer PA, Santos R, Zhao Y, Li J, Li Y. The Keap1/Nrf2 pathway in health and disease. Trends Mol Med. 2013;19:374–84.

47. Abenavoli L, Milanovic M, Casini M, Giuffre AM, Olive oil antioxidants and non-alcoholic fatty liver disease. Exp Rev Gastroenterol Hepatol. 2019;13:739–49.

48. Schuster S, Cabrera D, Arrese M, Feldstein AE. Triggering and resolution of inflammation and fibrosis via modulation of the NF-κB and non-alcoholic fatty liver disease. Exp Rev Gastroenterol Hepatol. 2019;13:739–49.

49. Niture SK, Kaspar JW, Shen J, Jaiswal AK. Nrf2 signaling and cell survival. Toxicol Appl Pharmacol. 2012;244:37–42.

50. Kerr F, Sofola-Adesakin O, Ivanov DK, Gatif J, Gomez PB, Bertrand HC, Martinez P, Callard R. Direct Keap1–Nrf2 disruption as a potential therapeutic target for Alzheimer’s disease. PLoS Genet. 2017;13:e1006593.

51. Lee S, Parekh T, King SM, Reed B, Chui HC, Krauss RM, Yassine HN. Low-density lipoprotein particle size subfractions and cerebral amyloidosis. J Alzheimers Dis. 2019;68(3):985–90.

52. Anthony CB, Vyas RP, Jennifer N, Jalpan NR, Zachary GD, Rahul BG, Elliot BT. A multicenter study into causes of severe acute liver injury. Clin Gastroenterol Hepatol. 2018. https://doi.org/10.1016/j.cgh.2018.08.016.

53. Howden R. Nrf2 and cardiovascular defense. Oxidative Med Cell Longev. 2013;104308.

54. Ma Q, He X. Molecular basis of electrophilic and oxidative defense: promises and perils of Nrf2. Pharmacol Rev. 2012;64:1055–81.

55. Björnsson HK, Olafsson S, Bergmann OM, Björnsson ES. A prospective study on the causes of notably raised alanine aminotransferase (ALT). Scand J Gastroenterol. 2016;51:594–600. https://doi.org/10.3109/00365521.2015.1121516.

56. Guo Z, Yan M, Chen L, Jiang P, Li Z. NRF2-dependent antioxidant response mediated the protective effect of tanshinone IIA on doxorubicin-induced cardiotoxicity. Exp Therap Med. 2018;16:3333–44. https://doi.org/10.3892/etm.2018.6564.

57. Howden R. Nrf2 and cardiovascular defense. Oxidative Med Cell Longev. 2013;104308.
78. Patlevic P, Janka Vasková PSJ, Vasko L, Svorc P. Reactive oxygen species and antioxidant defense in human gastrointestinal diseases. Int Med Res. 2016; 5(4):250–8.
79. Zhang LB, Feng MG. Antioxidant enzymes and their contributions to biological control potential of fungal insect pathogens. Appl Microbiol Biotechnol. 2018;102:4995–5004. https://doi.org/10.1007/s00253-018-9033-2.
80. Nandi A, Liang-Jun Y, Chandan KJ, Nilanjana D. Role of catalase in oxidative stress- and age-associated degenerative diseases. Oxidative Med Cell Longev. 2019. https://doi.org/10.1155/2019/9613090.
81. Gebicka L, Justyna K. The role of catalases in the prevention/promotion of oxidative stress. J Inorganic Biochem. 2019;197. https://doi.org/10.1016/j.jinorgbio.2019.110699.
82. Kota VR, Srivasta S, Singhal SS. Lipid Peroxidation Products in Human Health and Disease. Oxidative Med Cell Longev. 2019. https://doi.org/10.1155/2019/9613090.
83. Wei Y, Rector RS, Thyfault JP, Ibdah JA. Nonalcoholic fatty liver disease and mitochondrial dysfunction. World J Gastroenterol. 2008;14:193–9.
84. Tebay LE, Robertson H, Durant ST, Vitale SR, Penning TM, Dinkova-Kostova AT, Hayes JD. Mechanisms of activation of the transcription factor Nrf2 by redox stressors, nutrient cues, and energy status and the pathways through which it attenuates degenerative disease. Free Radic Biol Med. 2015;88(Pt B):108–46.
85. Parmies G, Paradies V, Ruggiero FM, Petrosillo G. Oxidative stress, cardiolipin and mitochondrial dysfunction in nonalcoholic fatty liver disease. Word J Gastroenterol. 2014;20:14205–18.
86. Pirez-Cameras M, Del Hoyo P, Martín MA, Rubio JC, Martin A, Castellano G. Defective hepatic mitochondrial respiratory chain in patients with non-alcoholic steatohepatitis. Hepatology. 2003;38:999–10 07.
87. Begriche K, Igoudjil A, Pessayre D, Fromenty B. Mitochondrial dysfunction in NASH: causes, consequences and possible means to prevent it. Mitochondrion. 2006;6:1–28.

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