

Phytochemical Screening, Acute Toxicity and Antidiabetic Activity of Ethanolic Extract of *Salvia officinalis* L. in Wistar Rat

Rachida BOUTELDJA^{1,2} (✉)

Radhouane DOUCENE³

Hebib AGGAD¹

Fatima Zohra ABDI⁴

Hamza BELKHODJA⁴

Aicha BELAL⁵

Mustapha ABDALI¹

Khaled ZIDANE³

Summary

Salvia officinalis L. is an aromatic herb that is widespread in the Tiaret region of Algeria where it plays a major role in the translational pharmacopoeia. This work aims at phytochemical screening, studying of acute toxicity and evaluation of antidiabetic activity of ethanolic extract of *S. officinalis* in Wistar rat induced by a diabetogen "Alloxan". First, the phytochemical characterization was carried out by determination of the main bioactive compounds. It was followed by studying of acute toxicity in Wistar rat. Then, the evaluation of antidiabetic activity was performed by induction of diabetes in Wistar rat with Alloxan. The results showed the richness of the ethanol extract of *S. officinalis* in different bioactive compounds such as tannins, flavonoids, cardiac glycosides and alkaloids. The absence of serious clinical signs or dead rats during the observation period indicates that the ethanol extract of *S. officinalis* administered *per os* is devoid of acute toxicity in rats at 2000 mg kg⁻¹ body weight. For the antidiabetic activity, results reported a highly significant reduction in blood glucose, cholesterol levels at a dose of 300 mg kg⁻¹ in diabetic rats.

Key words

Salvia officinalis L., diabetes, alloxan, polyphenols, toxicity, antidiabetic activity

¹ Laboratory of Hygiene and Animal Pathology, Institute of Veterinary Sciences, University of Tiaret, Algeria

² Faculty of Natural and Life Sciences. Ibn Khaldoun University of Tiaret, Algeria

³ Laboratory Reproduction of Farm Animals, Institute of Veterinary Sciences, University of Tiaret, Algeria

⁴ Laboratory of Bioconversion, Microbiology Engineering and Health Safety, University of Mustapha Stambouli, Mascara, Algeria

⁵ Laboratory of Medical Analysis, Tiaret, Algeria

✉ Corresponding author: bouteldjarachida.92@gmail.com

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Introduction

Diabetes mellitus is a real health problem that affects all categories of humans characterized by chronic hyperglycemia accompanied by disturbances in carbohydrate, lipid and protein metabolism resulting from impaired insulin function through absence or deficiency (Kahn, 2005). This pathology is linked to several agents including environmental factors, smoking, alcohol consumption, lack of physical activity, exposure to enteroviruses and immune cell damage (Frank et al., 2001; Raman, 2016). Thus, it may be related to oxidative stress causing molecular damage from the oxidation of lipids, proteins and nucleic acids (Favier, 2006).

Several chronic complications cause this disease, including damage to small blood vessels including retinopathy or eye disease, kidney disease called nephropathy and neural lesions or neuropathy. Chronic complications of diabetes also include depression, dementia and sexual dysfunction (Forbes et Cooper, 2013). To reduce these complications and minimize the side effects of conventional drugs, researchers are moving towards the use of more reliable natural sources through the application of medicinal plants thanks to their wealth of bioactive compounds. Several studies prove the chemo-preventive effect of these products against several pathologies such as cancer, diabetes, obesity and Alzheimer's disease. (Ben Younes, 2018; Hartman, 2018).

Sage (*Salvia officinalis* L.) is a shrubby perennial herb native to the Mediterranean and Balkan regions. Their extracts are used in the medical field thanks to their antioxidant, antibacterial, anti-inflammatory, anti-cancer and anti-diabetic effects and because they are rich in bioactive compounds (Ghorbani et Esmaeilzadeh, 2017). This work aims to study the polyphenolic extract of *S. officinalis* by phytochemical screening, determination of their toxicity and antidiabetic activity in vivo in an animal model induced with a chemical diabetogen.

Materials and Methods

Plant Material

Leaves and flowers of *S. officinalis* was collected in April in the region of Tiaret (Algeria) (35° 23' 17" North, 1° 19' 22" East). It was identified at the botanical laboratory of the National Superior School of Agronomy (Algiers). It was washed and then dried in the open air, crushed with an electric grinder and stored at room temperature, away from humidity and light.

Animals of Experimentation

24 adult male Wistar rats with a weight of 246.87 ± 22.88 g were provided from the Pasteur Institute of Algiers. The rats were placed for 15 days at the laboratory of Animal Hygiene and Pathology at the Institute of Veterinary Sciences "Tiaret-Alger", under well controlled conditions: temperature of 20 ± 2 °C and a light/dark cycle 12h/12h under a standard commercial diet. The procedures used during these studies were in accordance with the European Directive Concerning Animal Testing (Directive 2010/63/EU) (decision N°: L276/33).

Preparation of Ethanolic Extract

The ethanolic extract was prepared by maceration with a ratio of 5 g of powder mixed with 50 ml of ethanol (80%) under agitation for 24 hours at room temperature. Then, the mixture was filtered on filter paper and the filtrate evaporated and dried at 40 °C (Ghezlbash et al., 2015).

Phytochemical Screening

The phytochemical characterization of ethanolic extract of *S. officinalis* was carried out by different classical methods as shown in table 1.

Acute Toxicity Test

The acute toxicity test of ethanolic extract of *S. officinalis* was performed according to the Organization for Economic Co-operation and Development (OECD). A single dose of 2000 mg kg⁻¹ body weight of ethanolic extract of *S. officinalis* was administered *per-os*. A total of 8 rats were divided into two groups of four rats each: Group 1: control group that received distilled water (CG). Group 2: received ethanolic extract of *S. officinalis* (GTES). After the administration of extract, rats were observed for any changes in behavior, color of the fur, mucous membranes and eyes after 30 min, 1, 2, 3 and 24 hours and then daily observed up to 14 days (Raju et Reddy, 2017). After 14 days, the rats were sacrificed and blood samples were taken for biochemical analyses: blood glucose, cholesterol, triglycerides, glutamate-oxaloacetate-transaminase (GOT), glutamate-pyruvate-transaminase (GPT), urea and creatinine. Organs (kidneys, heart, lung, small intestine and colon) were taken for macroscopic examination and lesions determination.

Antidiabetic Activity

Diabetes was induced by the administration of a single dose of a diabetogenic chemical solution (Alloxan) at a dose of 120 mg kg⁻¹ body weight intraperitoneally. After 72 hours, a fasting blood glucose test was performed using a Glucometer (BIONIME GM 550). Rats with blood glucose levels above 200 mg dL⁻¹ were selected for experimentation. 16 rats were divided into four groups, four rats each. Group 01: Control group (non-diabetic rats) received distilled water (CG); Group 02: Diabetic rats without treatment (GDW); Group 03: Diabetic rats treated with glibenclamide (10 mg kg⁻¹ body weight) (GDGL) and Group 04: Diabetic rats treated with ethanolic extract of *S. officinalis* at a dose of 300 mg kg⁻¹ body weight (GDES). Body weight, food intake and blood glucose levels were measured weekly. These treatments were applied during a month, when the blood glucose test was performed. 15 days later, the rats were sacrificed and the blood tests were achieved (glycemia, urea, creatinine, cholesterol, triglycerides, glutamate-oxaloacetate-transaminase (GOT) and glutamate-pyruvate-transaminase (GPT)).

Statistical Analysis

The results were presented as an average \pm SEM. The statistical processing of the data was carried out using STATISTICA software (version 8.0.725.0). $P < 0.05$ was used as the significance level.

Table 1. Phytochemical analyses of ethanolic extract of *S. officinalis* L.

| Bioactive compounds | Methods | Results |
|---------------------|--|---|
| Alcaloids | Bouchardat test : 2 mL of an extract solution + 2 drops of BOUCHARDAT reagent (Soni et Sosa, 2013). Wagner test : 2 mL Extract + 2 mL Wagner reagent (Bagre et al., 2007). | A reddish-brown precipitation |
| Tanins | 2 ml of extract +1 to 2 drops of ferric chloride solution (FeCl ₃) diluted at 0,1% (Harborne, 1998). | A dark green color for catechic tannins and blue-green for gallic tannins |
| Saponins | 10 ml of extract in a test tube. The tube is shaken for 15s and then left to stand for 15 min (Bidie et al., 2011) | A height of persistent moss, greater than 1cm |
| Terpenoids | salkowski test: 0.2 g of extract plus 2 mL of chloroform + 3 mL of concentrated sulfuric acid (Mujeeb et al., 2014) | Formation of a rusty coloration layer at the interface |
| Cardiac glycosides | 2 mL of extract was dissolved with 2 mL of chloroform and concentrated sulfuric acid (Soni et Sosa, 2013) | A dark reddish-brown interfacial layer formation |
| Anthocyanines | 1 mL extract + 3 mL H ₂ SO ₄ (10%) and 1 mL NH ₄ OH (10%) | A coloration turns to blue |
| Flavonoids | Extract was treated with a few drops of lead acetate solution (Tiwari et al., 2011) | The formation of yellow precipitate |
| Mucilages | 1 mL of extract is added to 5 ml of absolute ethanol (Noudogbessi et al., 2013) | The appearance of a flaky precipitate |

Results and Discussion

Phytochemical Screening

Phytochemical screening results for ethanolic extract of *S. officinalis* are presented in Table 2.

Table 2. Phytochemical screening results of ethanolic extract of *S. officinalis* L.

| Bioactive compounds | Results |
|---------------------|---------|
| Tanins | + |
| Flavonoids | + |
| Terpenoids | - |
| Mucilages | - |
| Anthocyanines | - |
| Alcaloids | + |
| Cardiac glycosides | + |
| Saponins | - |

Note: +: presence ; - : absence.

The results were in agreement with those obtained by El Ouali et al. (2016). These confirmed the richness of the ethanolic extract of *S. officinalis* in flavonoids, tannins, glycosides, mucilages. Khare

et al. (2019) reported the presence of glycosides, alkaloids and flavonoids in the methanolic extract of *S. officinalis*. Other research revealed the richness of the methanolic and aqueous extracts of *S. aegyptiaca* L. in alkaloids, flavonoids, steroids, glycosides, tannins, terpenoids and saponins (Krimat et al., 2015; Pratrma et al., 2017). The work of Kadhim et al. (2016) revealed that the aqueous extract of *S. officinalis* was rich in bioactive compounds such as tannins, alkaloids, flavonoids, cardiac glycosides, steroids and saponins.

Acute Toxicity Test

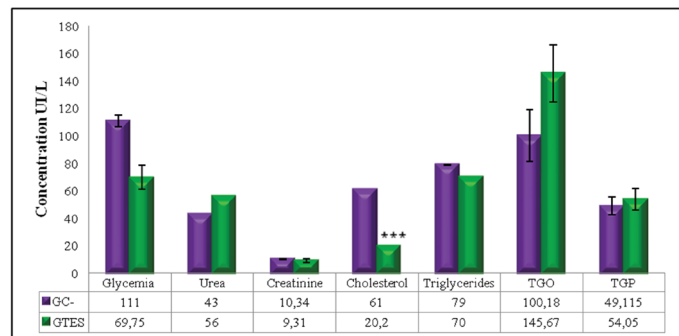
The rats used to evaluate the toxic effect of ethanolic extract of *S. officinalis* had an initial weight of 266.67 ± 14.3 g and were treated for a period of four weeks with a standard diet. At the end of the experiment the groups (CG⁻) and (GTES), reached a weight and food intake according to plan , as presented in table 3. On the other hand, blood tests are shown in Fig. 1.

Results showed a highly significant decrease with $P \leq 0.001$ GTES vs GT⁻ for blood glucose and cholesterol (111 ± 8.04 vs 69.75 ± 17.63 mg dL⁻¹) and (61 ± 11 vs 20.25 ± 13.91 mg dL⁻¹). This reduction can be explained by the hypoglycemic and hypocholesterolemic effect of ethanolic extract of *S. officinalis* (Alarcon-Aguilar et al., 2002). On the other hand, no significant differences were observed for urea, creatinine, triglycerides, TGO and TGP (56 ± 13 mg dL⁻¹; 9.31 ± 2.60 mg dL⁻¹; 70 ± 5 mg dL⁻¹; 145.68 ± 41.85 IU/l and 54.05 ± 15.91 IU/l, respectively) and (43 ± 3 mg dL⁻¹; 10.34 ± 0.92 mg dL⁻¹; 79 ± 21 mg dL⁻¹; 100.19 ± 37.86 IU/l and 49.15 ± 13.4 IU/l, respectively) for GTES and GC, respectively.

Table 3. Evaluation of experimental rats mass and food intake during the experiment

| | Initial weight (g) | Final weight (g) | Weight Gain (g) | Food Intake (g per week) |
|------|--------------------|------------------|-----------------|--------------------------|
| GC | 273.6 ± 11.74 | 271.21 ± 5.1 | -2.39 | 248.51 ± 10.09 |
| GTES | 259.74 ± 14.54 | 273.71 ± 13.03 | -13.97 | 210.88 ± 17.63 |

Note: GC - control group; received distilled water; GTES - group 2 Received ethanolic extract of *Salvia officinalis* L.



Note: glycemia, urea, cholesterol and triglycerides are expressed in mg dL⁻¹. Creatinine in mg L⁻¹ and TGO with TGP in IU/L; *** - a highly significant difference of GTES group vs GC

Figure 1. The results of the balance of the analyses after the sacrifice (means ± SEM with n = 4)

These results were similar to those obtained in the study of Li et al. (2010) which confirmed the non-toxicity of ethanolic extract of *S. przewalskii* Maxim. The administration of aqueous extract of *S. scutellarioides* at a dose of 2000 mg kg⁻¹ did not cause any adverse effects in rats and mice, including behavioral changes, weight variation, loss of appetite, imbalance in blood sugar, creatinine, cholesterol and triglyceride levels and macroscopic organ abnormalities (Ramirez et al., 2007).

Gebru et al. (2014) showed that observation of mice for 24 hours up to 14 days after administration of methanolic extract of the aerial part of *S. tiliifolia* Vahl at a dose of 2000 mg kg⁻¹ provided no signs of toxicity including weight loss, lack of appetite and cases of death. In the light of these results, it was concluded that the administration of ethanolic extract of *S. officinalis* at a dose of 2000 mg kg⁻¹ body weight did not declare any toxicity (behavioral changes, loss of appetite, agitation, digestive disorders and blood balance) with the total absence of mortalities during the 15 days of experimentation.

Antidiabetic Activity

Evolution of Body Weight

The body weight monitoring showed a highly significant weight reduction ($P \leq 0.001$) in the groups of diabetic rats without treatment (GDW), treated with glibenclamide (GDGL) and the group receiving the ethanolic extract of *S. officinalis* (GDES) compared to the control (GC). At the same time, a highly significant increase in the amount of food ingested was reported in the group of diabetic rats without treatment (GDW) compared to the group of diabetic rats treated with glibenclamide (GDGL)

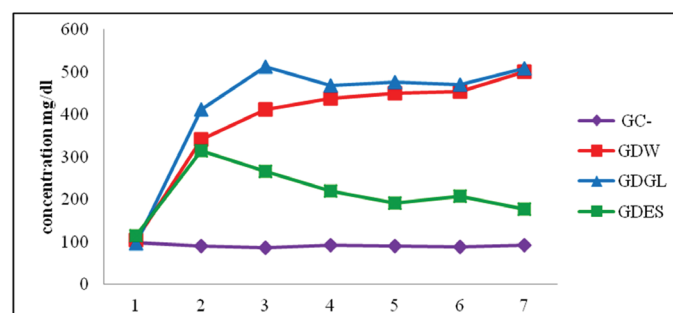
and the group of rats receiving the ethanolic extract of *S. officinalis* (GDES) and significant with the negative control group (GC) (Table 4).

These results were corroborated with the work of Ewenighi et al. (2018). It was reported that the chemical induction of diabetes caused an increase in food intake with weight loss in diabetic rats. At the same time, a slight increase in weight was observed in rats receiving the ethanolic extract of *S. officinalis*. This was confirmed by Eidi et al. (2011) who exposed the protective effect of ethanolic extract of *S. verticillata* against weight loss in diabetic rats.

Marcelo et al. (2017) explained that the exaggerated dietary ratio due to glucose loss in the urine caused the body to demand more calories from the food ingested, while the decrease in weight may be due to the degradation of structural protein and muscle tissue (Oliveira et al., 2013).

Biochemical Parameters

Results of glycemia levels during experimentation showed a highly significant increase ($P \leq 0.001$) in the groups of diabetic rats without treatment and the group treated with glibenclamide (GDW and GDGL) compared to the Control group (GC) of (393.85 ± 127 versus 93.93 ± 7.6 mg dL⁻¹) and (420.32 ± 146 versus 93.93 ± 7.6 mg dL⁻¹) respectively. A significant reduction ($P \leq 0.05$) was seen between the group of rats that received ethanolic extract of *S. officinalis* (GDES) of 213.03 ± 64.16 mg dL⁻¹ versus (GDW) and (GDGL) (Fig. 2).



Note: GC - negative control groups, GDW - diabetic groups without treatment. GDGL - diabetic group + glibenclamide, GDES - diabetic group + the ethanolic extract of *S. officinalis*

Figure 2. Evolution of glycemia during experimentation (means ± SEM with n = 4)

Otherwise, regarding the results of biochemical assessment (Table 5), it was noted that there occurred a highly significant increase in urea, creatinine, cholesterol and TGP in the group (GDW) and group (GDGL) against the group of control group

Table 4. Evolution of experimental rats weight and food intake during experimentation

| | Initial weight (g) | Final weight (g) | Weight Gain (g) | Food intake (g per week) |
|------|--------------------|-------------------|-----------------|--------------------------|
| GC | 304.25 ± 2.49 | 333.02 ± 4.01 | +28.77 | 248.06 ± 12.05 |
| GDW | 309.6 ± 6.74 | 241.6 ± 12.88*** | -68 | 275.55 ± 14.56###//# |
| GDGL | 299.52 ± 5.43 | 195.1 ± 18.5*** | -104.42 | 232.41 ± 25.75 |
| GDES | 287.66 ± 3.52 | 279.23 ± 28.61*** | -8.43 | 237.25 ± 23.48 |

Note: Results are presented as means ± SEM with n = 4); GC: negative control groups; GDW - diabetic group without treatment; GDGL - diabetic group + glibenclamide; GDES - diabetic group + the ethanolic extract of *S. officinalis*; *** - a highly significant difference between GC vs GDW, GDGL and GDES; ### - a highly significant difference between GDW vs GDGL and GDES. # - a highly significant difference between GDW vs GC.

Table 5. Blood test results of experimental rats for antidiabetic activity (means ± SEM with n = 4)

| | Urea | Creatinine | Cholesterol | Triglycerides | TGO | TGP |
|------|-------------------|----------------|---------------|---------------|----------------|----------------|
| GC | 43 ± 1.87 | 10.45 ± 0.45 | 61 ± 5.7 | 79.57 ± 10.84 | 100.18 ± 18.93 | 50.15 ± 5.75 |
| GDW | 121.75 ± 10.59*** | 18.6 ± 0.45*** | 97 ± 5.14*** | 86 ± 1.96 | 161.6 ± 20.02 | 81.76 ± 3.7*** |
| GDGL | 143.25 ± 22.5 | 18.83 ± 0.63 | 103.75 ± 8.75 | 81.5 ± 7.12 | 162.85 ± 19.08 | 89.26 ± 2.63 |
| GDES | 84 ± 18# | 14.58 ± 2.02# | 82.25 ± 6.32# | 86.25 ± 10.92 | 145.15 ± 28.97 | 76.47 ± 5.48 |

Note: glycemia, urea, cholesterol and triglycerides in mg dL⁻¹. Creatinine in mg L⁻¹ and TGO with TGP in IU/L). GC - negative control groups; GDW - diabetic group without treatment; GDGL - diabetic group + glibenclamide, GDES - diabetic group + the ethanolic extract of *S. officinalis*; *** - a highly significant difference between GC vs GDW and GDGL; # - a significant difference between GDES vs GDGL and GDW.

GC. On the other hand, the GDES group reported a significant decrease in urea, creatinine and cholesterol compared to the GDW group. For triglycerides and TGO, a non-significant difference was shown between the four groups GC, GDW, GDGL and GDES.

Results presented an increase in blood glucose, urea, creatinine, cholesterol, triglycerides and TGP in diabetic rats. It can be explained by the administration of the effect of chemical diabetogen "Alloxan" which induced lipid, carbohydrate and protein damage accompanying oxidative stress applied to insulin-producing cells (Jayant and Srivastava, 2015). Previous studies showed that high urea and creatinine levels in diabetics indicated renal dysfunction caused by high protein breakdown. This led to an accumulation of amino acids in the serum and consequently to an increase in the concentration of serum enzymes (TGO and TGP) (Marella et al., 2015; Mirmohammadlu et al., 2015; Sirivole and Eteri, 2017; Zhang et al., 2017). In diabetics, the increase in cholesterol due to fatty acids released peripheral deposits in the absence of insulin action which was involved in the inhibition of fat storage in adipose tissue by the hormone-sensitive lipase (Vergès, 2001; Mariee et al., 2009; Hossein et al., 2013). At the same time, the increased concentration of serum enzymes (TGO and TGP) in the serum of diabetics can be explained by an exaggerated degradation of proteins leading to an accumulation of amino acids in the serum. This indicated liver damage due to a loss of membrane permeability (Hossein et al., 2013; Marella et al., 2015; Mirmohammadlu et al., 2015). Sharma et al. (2006) explained the productive power of free radicals due to hyperglycemia. Another study showed that the oxidative stress provided by hyperglycemia

could lead to disturbances in the metabolism of proteins, lipids and carbohydrates (Jamaludin et al., 2016). The obtained results were fully consistent with the work of Eidi et al. (2009) who noted that the administration of ethanolic extract (80%) of *S. officinalis* caused a decrease in blood sugar, cholesterol, urea and creatinine levels. Aqueous and ethanolic extracts of sage caused a significant decrease in blood sugar, cholesterol and triglyceride levels (Ghowsi et al., 2019).

Khashan and Al-Khefaji (2015) exposed that aqueous and ethanolic extracts of sage at a dose of 100 mg kg⁻¹ administered over a period of 14 days were capable of entering a significant reduction in blood sugar levels, cholesterol and triglyceride compared to the drug "Glibenclamide". In addition, several studies confirmed that consumption of sage tea led to a reduction in blood glucose and cholesterol (Bassil et al., 2015; Ghowsi et al., 2019). It has been known that *S. officinalis* has pharmacological properties including antioxidant, anti-inflammatory, antimicrobial, antidiabetic and hypolipidemic (Ghorbani and Esmaeilzadeh, 2017; Ben Khaeder et al., 2018). However, the hypoglycemic power of ethanolic extract of *S. officinalis* can be explained by its richness in bioactive compounds (Ghorbani and Esmaeilzadeh, 2017) known for their antidiabetic effect of polyphenols, flavonoids, tannins and alkaloids. In addition, flavonoids and tannins caused the reduction of blood glucose, cholesterol and triglyceride in diabetic rats (Velayutham et al., 2012; Obafemi et al., 2017). Flavonoids affected blood glucose levels, where they acted directly on pancreatic β - cells and through their regeneration and prevention of destruction led to increased insulin secretion or indirectly through inhibition of α -

glucosidase in the intestine and improved glycogen storage in the liver (Belmouhoub et al., 2017; Marella, 2017). On the other hand, alkaloids were also involved in this process by reducing glucose transport through the intestinal epithelium and improving liver glycogen content (Sani, 2015; Aba and Asuzu, 2018).

Conclusion

The richness of ethanolic extract of *Salvia officinalis* with bioactive compounds provided a major role in reducing hyperglycemia in diabetics at the same time stabilizing cholesterol, urea, creatinine, triglycerides and TGP compared to glibenclamide. As a result, it demonstrated the power of using ethanolic extract of *S. officinalis* as a natural medicine for the treatment of diabetes and its complications.

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