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Protective and antioxidant effects of copper-nicotinate complex against glycerolinduced nephrotoxicity in rats

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ABSTRACT

Copper-nicotinate complex (CNC) has antioxidant activities through scavenging of free radicals formed inside the body. CNC also has anti-tumor and anti-inflammatory activities. The current study was designed to determine the effect of glycerol on rat kidney function and oxidative stress as well as, the potential nephroprotective effects of CNC. Forty male Wistar rats were randomly allocated into four equal groups. The groups of rats were as follows: GI was kept under normal control conditions; GII was orally given CNC at a dose of 0.043 mg kg⁻¹ body weight (BW), three times/week for 4 weeks; GIII was administered glycerol (topical application) at a dose of 3.15 ml kg⁻¹ BW daily for 4 weeks; and GIV was given CNC and glycerol with the same dose and route. The results revealed that CNC improves the renal dysfunctions induced by glycerol by recovering the levels of urea and creatinine to normal, as well as through the antioxidant status manifested by the normalization of catalase, superoxide dismutase, reduced glutathione, and malondialdehyde levels. Moreover, by its effect as an anti-oxidant, CNC reduces the effect of glycerol on the kidney by decreasing the fibrosis, degenerative changes and necrotic changes in the renal tubules. In conclusion, CNC could alleviate the side effects that might be caused by glycerol.

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KEYWORDS

Rats; copper-nicotinate complex; glycerol; nephroprotective; antioxidant

Introduction

The kidney is one of the major organs involved in wholebody homeostasis, with its major functions being the excretion of waste metabolites, blood pressure regulation, metabolism of lipids, secretion and degradation of hormones and production and utilization of systemic glucose (Gai *et al.* 2014). The incidence of acute kidney injury (AKI) is 4085 per million populations per year in developed nations (Ali *et al.* 2007, Hsu *et al.* 2007). AKI is induced by ischaemia, nephrotoxins and toxic agents such as mercuric chloride, aminoglycosides, cisplatin, cyclosporine and glycerol (Zager 1997) and (Baliga *et al.* 1999). Studies have shown that free radical formation and direct tubular toxicity might play important roles in the development of nephropathy (Wong *et al.* 2012), a probable pathophysiological mechanism.

Glycerol is used in cosmetics as a denaturant, fragrance ingredient, hair conditioning agent, humectant, oral care agent, oral health care drug, skin protectant, skin conditioning agent and viscosity decreasing agent, in addition to being present in tobacco (Nikitakis and Breslawec 2013). The mechanism of glycerol-induced nephrotoxicity is not completely known. However, studies have implicated that the peroxidation of lipids leads to the spread of free radical reactions; thus, lipid peroxidation (LPO) is considered a biochemical oxidative stress mechanism (Ramar *et al.* 2012). Abnormal

production of such molecules may damage macromolecules and induce cellular injury as well as necrosis (Baliga *et al.* 1998, Parlakpinar *et al.* 2003). Accordingly, the administration of compounds with antioxidant activity has been successfully used to prevent glycerol-induced nephrotoxicity (Cuzzocrea *et al.* 2002, Karahan *et al.* 2005).

Copper (Cu) is required for the function of several coenzymes essential for different physiological functions and integrated into essential biochemical pathways (Linder 1991, Vančo et al. 2008). Copper complexes can modulate Cu homeostasis in different tissues, resulting in protective effects against several degenerative diseases. Copper-nicotinate complex (CNC) [CuCl (HNA)2] was found to exhibit various bioactivities such as anti-tumour and anti-inflammatory activities (Belicchi et al. 2002). The complex has a cytoprotective effect and superoxide dismutase (SOD)-mimicking activity. It has also been found to prevent gastric congestion, prevent capillary damage, stimulate blood flow and reduce LPO and oxidative stress markers (El-Saadani et al. 1993). Additionally, the complex has significant curative effects in rats with induced rheumatoid arthritis and nonalcoholic fatty liver (Salama et al. 2007). Copper deficiency has emerged as a factor in the development of nonalcoholic fatty-liver disease (Aigner et al. 2010, Lampón and Tutor 2010) and ischaemic heart disease (Jalili et al. 1996).

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Concerning the complex pathophysiological mechanism of renal disease, this study aimed to evaluate the protective effect of the CNC on the kidney functions of Wister rats exposed to topical application of glycerol.

Materials and methods

The Institutional Animal Ethics Committee approved all experimental protocols (No. 43 at 10 April 2016) conducted at Benha University, Egypt.

Chemicals

Glycerol solution was purchased from Memphis Co., Egypt. The solution was dissolved in distilled water (75%) and administered to 30% of the body surface of rats after shaving of the hair of the back daily for 4 weeks at a dose of 3.15 ml kg^{-1} body weight (BW) (Dataset 2008).

Copper-nicotinate complex

The copper-nicotinate complex was obtained as a gift from Professor Dr Ahmed Yassen Nassar, Professor of Biochemistry, Faculty of Science, Asuite University. The complex was prepared by adding a suspension of copper (I) chloride in aqueous alcohol, to nicotinic acid dissolved in aqueous alcohol to obtain a reactant solution, from which develops a clear reddish precipitate of the nicotinic acid copper (I) chloride complex. The final mixture was allowed to stand over several hours until the crystalline precipitate was formed. The precipitate was filtered utilizing a pump and washed with ascorbic acid solution in alcohol, the solution comprising 70-90% ascorbic acid, further washings with ethanol 70–99%, acetone and then dried under vacuum (Ibraheim, 2013). It was administered to rats at a dose of 0.043 mg kg⁻¹ BW, three times per week continuously for 4 weeks, according to a previous method (Musa et al. 1987).

Experimental animals

Five-week-old male Wistar rats (120-140 g) were obtained from the Animal House, National Cancer Institute, Cairo, Egypt. All animals were housed in clean cages and given a balanced diet and water ad libitum. Their environmental condition was controlled in terms of light (12-h light-dark cycle starting at 8:00 a.m.) and room temperature $(23 \pm 3 \degree C)$. Clinical signs were recorded for all groups during the period of the experiment. At the end of the fourth week of the experiment, blood samples were collected from the retroorbital venous plexus of each rat. Each blood sample was placed in a plain centrifuge tube for separation of the serum. The serum samples were stored at -20° C for further biochemical analysis. At the end of the fourth week of the experiment, the rats were euthanized, and two portions of kidney tissue specimens were collected from five rats in each group. The first portion of kidney specimen was stored at -70 °C for evaluation of the oxidative/antioxidant parameters. The second portion of kidney specimens was collected

immediately after sacrifice and fixed in 10% formal saline for histopathological examinations.

Experimental design

Forty male Wistar rats were randomly allocated into four groups (10 rats per group). The first group (GI) was kept as the control. The second group (GII) was given CNC at a dose of 0.043 mg kg⁻¹ BW orally by a stomach tube three times per week continuously for 4 weeks. The third group (GIII) was given glycerol (topical application) dissolved in distilled water (75%) and administered daily to 30% of the body surface of rats after clipping the hair of the back for 4 weeks continuously at a dose of 3.15 ml kg^{-1} BW. The fourth group (GIV) was given CNC (0.043 mg kg⁻¹ BW) orally by stomach tube three times per week continuously for 4 weeks and 75% glycerol in distilled water at a dose of 3.15 ml kg⁻¹ BW via daily topical application on the back after clipping the hair continuously for 4 weeks. Clinical signs were recorded for all groups during the period of the experiment. Blood for serum samples was collected from the retro-orbital venous plexus, and kidney specimens were collected from all rats in each group at the end of the fourth week of the experiment for evaluation of kidney function, oxidative parameters, and histopathological changes.

Preparation of kidney homogenate

One gram of kidney tissue was collected from each rat of the different groups at the end of the fourth week of the experiment. The kidney tissue was washed in ice-cold 0.9% NaCl and homogenized in ice-cold 1.15% potassium chloride solution in 50 mmol potassium phosphate buffer solution (pH 7.4) to yield a 10% kidney homogenate solution (W/V). Homogenization was performed using a sonicator (4710 Ultrasonics Homogenizer, Cole-Parmer Instrument Co., USA). The homogenate was centrifuged at 4000 rpm for 5 min at 4 °C. The supernatant was collected and used for determination of the concentration of reduced glutathione (GSH), the activities of SOD and catalase (CAT) and LPO by-products.

Assay methods

Determination of kidney function tests

Colorimetric determination of the urea concentration in serum was performed according to Patton and Crouch (1977). Kinetic determination of creatinine in serum was also performed according to Tietz (1995).

Oxidant/antioxidant markers in kidney homogenate

The activity of CAT in kidney homogenate was performed according to Luck (1963). The enzyme activity was determined based on its ability to decompose H_2O_2 and expressed as IU mg⁻¹ protein. The activity of SOD in the kidney homogenate was determined according to Misra and Fridovich (1972). The enzyme activity was determined according to its ability to inhibit the autoxidation of epinephrine in alkaline

Table 1. Effect of CNC against glycerol effects on kidney function in different groups of the experiment after 4 weeks of treatment (mean \pm SE, n = 10).

Groups Parameters	GI (Normal control)	GII (CNC only)	GIII Glycerol	GIV CNC and glycerol
Urea (mg/dl) Creatinine (mg/dl)	26.178 ± 2.134^{b} 0.450 ± 0.032^{b}	$28.012 \pm 0.995^{b} \\ 0.452 \pm 0.039^{b}$	$\begin{array}{c} 43.826 \pm 1.643^{a} \\ 0.576 \pm 0.010^{a} \end{array}$	$31.564 \pm 2.646^{\rm b} \\ 0.398 \pm 0.038^{\rm b}$

Means with different superscripts in the same row are significantly different at p < 0.05.

medium. The activity of SOD was expressed as $IU mg^{-1}$ protein.

The reduced GSH content in the kidney homogenate was determined according to Ellman (1959). The reduced chromogen was directly proportional to the GSH concentration and its absorbance was measured at 405 nm. The concentrations of GSH were expressed as μ mol mg⁻¹ protein.

LPO by-products in the kidney tissue homogenate were analyzed according to Ohkawa *et al.* (1979) based on the reaction of thiobarbituric acid with malondialdehyde in acidic media at 95 °C for 45 min to form thiobarbituric acid-reactive substances. The resulting pink-coloured reaction product was extracted with n-butanol, and the absorbance was determined at 535 nm. The level of lipid peroxides was expressed as nmol mg⁻¹ protein.

The total protein concentration in the kidney homogenate was measured according to Miller (1959) using bovine serum albumin as a standard. A spectrophotometer (Model, JASCO 7800, UV/VIS, Japan) was used for the measurement.

Histopathological examinations

Tissue samples were taken from the kidneys of rats in the different groups and fixed in neutral buffered formalin (10%). Washing was performed using tap water; then, serial dilutions of alcohol (methyl, ethyl and absolute ethyl) were used for dehydration. Specimens were cleared in xylene and embedded in paraffin at 56 °C in a hot air oven for 24 h. Paraffin bees-wax tissue blocks were prepared for sectioning at 4-µm thickness. The obtained tissue sections were collected on glass slides, deparaffinized and stained with haematoxylin and eosin (H&E) stains (Bancroft and Cook 1994) for histopathological examination through light microscopy.

Statistical analysis

Statistical analysis was performed using the statistical software package (SPSS) for Windows (Version 20.0; SPSS Inc., Chicago, IL). The significance of differences between more than two groups was evaluated by one-way analysis of variance followed by Duncan's multiple range test (Snedecor and Cochran 1989). Differences were considered significant at the p < 0.05 level. The data were expressed as the mean ± SE.

Results

During the period of the experiment, no mortality was observed in any of the experimental groups.

The levels of urea and creatinine significantly increased in the glycerol-treated group to 43.826 ± 1.643 and 0.576 ± 0.010 mg/dl, respectively compared with the three other experimental groups after the fourth week of treatment. On the other hand, the group co-treated with glycerol and copper showed mitigation of urea and creatinine levels to 31.564 ± 2.646 and 0.398 ± 0.038 mg/dl, respectively after the fourth week of the experiment (Table 1).

Changes in the kidney antioxidant parameters

Serum urea and creatinine

The activities of CAT, SOD and GSH in the kidney tissue of glycerol-treated group decreased significantly to the $1.064 \pm 0.130 \,\text{IU} \,\text{mg}^{-1}$ protein, $0.064 \pm 0.013 \,\text{IU} \,\text{mg}^{-1}$ protein, and 0.144 \pm 0.021 $\mu mol~mg^{-1}$ protein respectively when compared with the three other experimental groups, while the group co-treated with glycerol and copper showed alleviation of these enzymatic activities to 3.092 ± 0.386 , 0.541 ± 0.063 and $0.339 \pm 0.031 \ \mu mol mg^{-1}$ protein, respectively after the fourth week of the experiment. Likewise, the levels of MDA, a marker of LPO in kidney tissue, were significantly increased in the glycerol-treated to 1.039 ± 0.044 nmol mg⁻¹ protein when compared with the three other experimental groups, while the group co-treated with glycerol and copper showed mitigation of MDA levels to 0.323 ± 0.075 nmol mg⁻¹ protein after the fourth week of the experiment (Table 2).

Histopathological examination of kidney tissue

Histopathological examinations were conducted after 4 weeks of the experiment.

Kidneys of the control group (GI) showed normal histological structures of the glomeruli and renal tubules. Moreover, there was no histopathological alteration observed in the kidneys of rats (GII) that received the CNC (Figure 1(a)). On the other hand, the kidneys of rats that received glycerol (GIII) showed renal casting, necrotic changes in the renal medulla and periglandular fibrosis with infiltration of inflammatory cells associated with degenerative changes in the renal tubules (Figure 1(b,c)). However, kidneys of rats that received both glycerol and CNC (GIV) appeared normal with some degeneration in some renal tubules (Figure 1(d)).

Discussion

This work was designated to investigate the efficacy of CNC on maintaining the kidney functions of Wister rats exposed to topical application of glycerol.

The incidence and prevalence of chronic renal failure (CRF) is on the increase in developed countries, producing a very

Table 2. Effect of CNC against glycerol effects on oxidative/antioxidative parameters in the kidney homogenates of different groups of experiment after 4 weeks of treatment (mean \pm SE, n = 10).

Groups Parameters	GI Normal control	GII CNC only	GIII Glycerol	GIV CNC and glycerol
$\overline{\text{CAT}}$ (IU mg ⁻¹ protein)	4.216 ± 0.473^{a}	4.487 ± 0.442^{a}	1.064 ± 0.130^{b}	3.092 ± 0.386^{a}
SOD (IU mg^{-1} protein)	0.551 ± 0.041^{a}	0.589 ± 0.025^{a}	0.064 ± 0.013 ^b	0.541 ± 0.063^{a}
GSH reduced (μ mol mg ⁻¹ protein)	0.403 ± 0.016^{a}	0.388 ± 0.013^{a}	0.144 ± 0.021 ^b	0.339 ± 0.031^{a}
Malondialdehyde (nmol mg ⁻¹ protein)	0.229 ± 0.070^{b}	0.283 ± 0.061^{b}	1.039 ± 0.044^{a}	0.323 ± 0.075^{b}

Means with different superscripts in the same row are significantly different at p < 0.05.



Figure 1. Kidney sections of rats from different experimental groups. (a) The negative control group (GI) and (GII) received CNC orally and showed a normal histological structure of the kidney with no abnormalities. (b,c) show kidneys of Group III rats that received glycerol (topical application). (b) Shows periglandular fibrosis with infiltration of inflammatory cells associated with degenerative changes in renal tubules, and (c) shows necrotic changes in the renal medulla. (d) Group IV received CNC and glycerol and showed normal kidneys with some degeneration in some renal tubules (H&E \times 200).

expensive and rising demand on health-care systems already burdened by scarcity of resources (James *et al.* 2010, Nugent *et al.* 2011). The disease is progressive in nature and requires involved and frequently expensive management. CRF causes serious complications such as diabetes, stroke, cardiovascular disease and other diseases and has no satisfactory treatment (Smart and Titus 2011).

In this study, the glycerol treated rats showed no apparent clinical signs of toxicity. Additionally, there was no significant effect on the BWs of these rats, giving no indication of stress on the rats due to the given doses of glycerol.

In this study, there was a significant increase in the urea and creatinine levels observed, which indicates kidney injury. The elevation in urea was almost two times that of the value measured in control groups at the end of 4 weeks of administration of glycerol. Similarly, the elevation in creatinine was statistically significant compared with that of the control groups after the fourth weeks of receiving glycerol. The elevated serum levels of urea and creatinine may have been due to impaired renal function, which is characterized by a rapid reduction in the ability of the kidney to eliminate waste products, resulting in accumulation of the normal end products of nitrogen metabolism either from the diet or normal tissue catabolism and a corresponding rise of urea and creatinine (El-Kott *et al.* 2015). A similar increase in urea and creatinine levels caused by glycerol has been reported in a previous study (Konda *et al.*, 2016, Kunak *et al.*, 2016). Glycerol is toxic to rat kidney cells, causing injury of the renal tubules and an inflammatory response in the kidney (Komada *et al.*, 2016). Glycerol-induced renal injury produces oxidative stress and catalytic effects of redox-active iron. The main mechanisms of glycerol-induced AKI in the rat model are renal vasoconstriction, intraluminal cast formation, and direct haeme -iron-induced cytotoxicity (Bosch *et al.* 2009). Iron (Fe) has been implicated to play an important role in myoglobinuric AKI (Baliga *et al.*, 1996). Haeme-Fe causes proximal tubular LPO and cytotoxicity without invoking release of free iron, and this process is due to redox cycling of the heme-Fe complex from ferrous to ferric and ferryl oxidation states (Estaphan *et al.* 2015).

There was a significant decrease in the levels of urea and creatinine when rats were co-treated with glycerol and CNC. This result might have been due to the nephroprotective activity of the CNC. A previous study reported that the kidney gained a considerable amount of the administered copper complex, and that filtered copper may undergo ligand exchange in the distal tubules, which accounts for the participation of the kidney in copper conservation (Sorenson 2012).

These results concurred with the improvement in histopathological features of the kidneys of CNC-treated rats when compared with the kidneys of glycerol-treated rats, which showed periglandular fibrosis with infiltration of inflammatory cells associated with degenerative changes in the renal tubules, in addition to necrotic changes in the renal medulla. These findings coincided with those of a previous study (El-Kott *et al.* 2015). Glycerol and CNC treatment resulted in normal kidneys with some degeneration in some renal tubules.

In this study, there was an increase in LPO indicated by an elevation in the MDA level and a decrease in the CAT, SOD and GSH activities observed in rats treated with glycerol after the fourth week of treatment. This effect might have been due to the peroxidation of membrane lipids and injury to cellular components (Abassi et al. 1998, Singh et al. 2003). Reduction of LPO (MDA) levels and increases in the CAT and SOD activities were observed when rats were co-treated with glycerol and CNC. CNC is a rich source of antioxidant activity (Tuorkey and Abdul-Aziz 2009), and its detoxifying action is attributed to its scavenging activity of free radicals (Nassar 2012). CNC exhibits SOD-mimicking et al. activity (Suksrichavalit et al. 2008). The complex has potential to decrease inflammation, exhibit antioxidant properties and control LPO (Verstraeten et al. 1997), in addition to acting as an anti-inflammatory agent in the treatment of oxidative stress- and apoptosis-associated neurodegenerative diseases (Qusti et al. 2018).

Conclusions

In this work, we provide information about the role of CNC as an antioxidant agent, which could alleviate the side effects that might be caused by glycerol application by reducing ROS production, maintaining the antioxidant potential, and significantly reducing renal damage.

Disclosure statement

No potential conflict of interest was reported by the authors.

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