## **ORIGINAL ARTICLE**



# **Phytochemical profling, antioxidant, cytotoxic, and anti‑infammatory activities of** *Plectranthus rugosus* **extract and fractions: in vitro, in vivo, and in silico approaches**

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# **Abstract**

**Background** Infammation is a key biological reaction that comprises a complex network of signals that both initiate and stop the infammation process.

**Purpose** This study targets to evaluate the anti-infammatory potential of the leaves of the *Plectranthus rugosus (P. rugosus)* plant involving both *in vitro* and *in vivo* measures. The current available drugs exhibit serious side efects. Traditional medicines impart an essential role in drug development. *P. rugosus* is a plant used in traditional medicine of Tropical Africa, China, and Australia to treat various diseases*.*

**Methods** Lipopolysaccharide (LPS), an endotoxin, kindles macrophages to discharge huge quantities of pro-infammatory cytokines like TNF- $\alpha$  and IL-6. So, clampdown of macrophage stimulation may have a beneficial potential to treat various infammatory disorders. The leaves of the *P. rugosus* are used for swelling purpose by local population; however, its use as an anti-infammatory agent and associated disorders has no scientifc evidence.

**Results** The extracts of the plant *Plectranthus rugosus* ethanolic extract (PREE), *Plectranthus rugosus* ethyl acetate extract (PREAF), and the compound isolated (oleanolic acid) suppress the pro-infammatory cytokines (IL-6 and TNF-α) and nitric oxide (NO), confrming its importance in traditional medicine.

**Conclusion** The pro-infammatory cytokines are inhibited by *P. rugosus* extracts, as well as an isolated compound oleanolic acid without compromising cell viability.

**Keywords** *Plectranthus rugosus* · Anti-infammatory · Oleanolic acid · Infammatory cytokines · TNF-α · Antioxidants

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## **Introduction**

Infammation occurs when cells in an organism respond to a threat, such as an infection or tissue injury, by producing infammatory cytokines. It seeks to get rid of pathogens, pinpoint the damage, and get normal tissue function back (Chen et al. [2018\)](#page-11-0). Even though adaptive immunity may not be directly triggered during infammation, it is nonetheless predicated on the activation of innate immune mechanisms. In most cases, it progresses swiftly, stays contained, and disappears with the elimination of the causative agents. Infammation can have benefcial efects in most situations, but in extreme cases (serious infection or trauma, poor regulation), it can have detrimental efects, including death (Barton [2008](#page-11-1)). Cancer, metabolic syndrome, diabetes, atherosclerosis, and various forms of neurodegeneration are only few of the clinical disorders for which there is mounting evidence that infammatory processes play a central role (Libby [2002](#page-12-0); Karin and Greten [2005](#page-12-1); Schett [2006;](#page-12-2) Afendi Raja Ali and John Egan [2011;](#page-11-2) Scharl and Rogler [2012](#page-12-3); Mir et al. [2021\)](#page-12-4). This emphasizes the need for research into effective antiinfammatory medicines and the signifcance of gaining a detailed understanding of the mechanisms underlying infammation. Two types of infammation are recognized: acute infammation and chronic infammation. The body's frst line of defense against foreign invaders and damaged tissues is acute infammation, which speed up the delivery of plasma and leukocytes to the infected area. Acute infammation is characterized by a rapid onset of redness, heat, discomfort, edema, and dysfunction (Charles et al. [2008;](#page-11-3) Hortelano [2009](#page-12-5)). In contrast, chronic infammation develops when the body's own defenses against infection are unable to restore balance. Continual exposure to chemicals, the persistence of foreign bodies, and repeated attacks of acute infammation are also major contributors to this condition (Perrone et al. [2016\)](#page-12-6). Furthermore, infammation can play a supporting role in a wide variety of illnesses. In the case of atherosclerosis, or hardening of the arteries, for instance, plaque formation in the arteries can develop from persistent infammation of the walls of the blood vessels. There is mounting evidence that chronic infammation contributes to not only pain but also poor sleep, obesity, physical impairment, and a general decline in quality of life (Cotran [1999\)](#page-11-4).

Macrophages are the body's first line of defense against bacteria and other pathogens (Dunn et al. [1987](#page-12-7)). These cells use pattern recognition receptors to identify molecular patterns associated with pathogens. Monocytes and macrophages make up what is called the mononuclear phagocyte system (Geissmann et al. [2010\)](#page-12-8). Miniature white blood cells called monocytes are found in the circulation and are produced from myeloid progenitor cells. Once released into the bloodstream, monocytes undergo a process of diferentiation into macrophages, which are bigger and exhibit a greater variety of immunological receptors. In addition to their activities in innate and adaptive immunity, macrophages play numerous other roles in tissue homeostasis, such as the removal of damaged cells and the synthesis of vital enzymes. Recent research has shown that in addition to their proinfammatory action, macrophages play a crucial role in the regulation of infammation (Lawrence and Fong [2010](#page-12-9); Fujiwara and Kobayashi [2005](#page-12-10)). Infammation is a multifaceted phenomenon afecting the whole organism, yet it has its origins in the infammatory responses of certain cells. Suppressing the infammatory activation of macrophages may be an efective treatment strategy against numerous diseases due to their central role in both acute and chronic infammation. Numerous medications, including non-steroidal anti-infammatory medicines (NSAIDs), corticosteroids, immunosuppressants, and biologicals, are used to treat infammatory illnesses. Although efective, toxicities to the digestive tract, the kidneys, and the cardiovascular system are among the most often reported unwanted efects of these medications (Rainsford [1999](#page-12-11); Whelton [2000](#page-13-0); Rao and Knaus [2008;](#page-12-12) Sibilia [2003](#page-13-1); Barnes [2006](#page-11-5); Duncan et al. [2007](#page-11-6)). These drawbacks of existing anti-infammatory medications highlight the need for the research and development of new anti-infammatory medications. Natural products, such as those found in plants, play a preeminent role in the creation of medicines for the treatment of human diseases, and plants are a rich supply of such compounds (Folmer et al. [2008](#page-12-13); Newman and Cragg [2007;](#page-12-14) Shah et al. [2021](#page-12-15)). Therefore, at the moment, studies are focusing primarily on locating chemicals in plants that can treat various illnesses.

The use of herbs as a therapy modality has a solid basis in herbal medicine. For infammation, many people turn to herbal remedies, many of which have their origins in traditional Chinese medicine, and Ayurvedic medicine. India has an abundance of plants that can be used to treat various illnesses (Ernst [2000](#page-12-16)). Ancient Indian medical traditions including Ayurveda, Unani, and Tibbi list more than 2000 plants of therapeutic signifcance. More than 2000 plant species used for therapeutic purposes have been documented for use in Ayurveda alone, the oldest medical system in India and the Indian subcontinent. Some plants used in Ayurvedic medicine, called Rasayana Drugs, are thought to delay the aging process, enhance life expectancy and improve resistance to disease by strengthening the immune system. Some additional plants, like Ashwagandha, are extensively utilized as a cure for a variety of maladies and employed as ingredients in various formulations tailored for a wide range of musculoskeletal issues, enhancing health and lifespan,

and preventing disease in athletes, pregnant women, and the elderly. Similarly, the Siddha and Unani medical traditions both make use of a variety of indigenous Indian herbs (Patwardhan [2005;](#page-12-17) Mir et al. [2022](#page-12-18)). Due to a lack of written records and relatively low revenue in these traditions, traditional knowledge systems have begun to fade over time. In recent years, belief in herbal medicine has grown due to its perceived less adverse efects compared to allopathic medication. This has led to a renaissance of interest in medicinal plants (Patwardhan and Gautam [2005\)](#page-12-19). Drugs derived from therapeutic plants are in high demand, with yearly growth rates of 15–25 percent. The World Health Organization predicts that by 2050, the market for such plants would be worth more than \$5 trillion. It has been estimated that India's annual medicinal plant trade is worth around \$1 billion (Kala et al. [2004](#page-12-20)).

Traditional uses of some plants believed to have immunomodulatory or anti-infammatory properties have been verifed through global research eforts. Their potential is being investigated, evaluated, and utilized in new areas, and many have been reassigned to do so. Some instances include the following: *Turbinaria ornata* is a type of brown algae that is found all over the south and east coasts of India, and it has been found to have strong anti-infammatory efects in living organisms. Inhibition of nitric oxide and carrageenaninduced paw edema was observed (Ananthi et al. [2010;](#page-11-7) Mir and Masoodi [2020](#page-12-21)). Similarly, *Zataria multifora* extracts from the plant's aerial parts have showed anti-infammatory benefts in animal models of both acute and chronic infammation (Hosseinzadeh et al. [2000](#page-12-22)). Safron, *Crocus sativus* (Iridaceae), is utilized in many traditional medicines and is cultivated widely from Kashmir to the northern United States, Greece, and Spain. Crocetin and carotenoids, two of the components of safron stigma, have been linked to their anti-infammatory properties (Hosseinzadeh and Younesi [2002](#page-12-23)). The correct screening of biologically active natural products leads to the discovery of several bioactive compounds and medicines (Grabley and Sattler [2003](#page-12-24); Lee [2010](#page-12-25); Gautam and Jachak [2009](#page-12-26); Li and Lou [2018;](#page-12-27) Nance [2015](#page-12-28); Freire and Van Dyke [2013\)](#page-12-29). So, at the moment, scientists can only focus on fnding plant-based compounds to treat various illnesses.

In this respect, we have looked into the mechanism behind the anti-infammatory efects of *P. rugosus*, which has been reported to have a wide range of therapeutic efects (Ahmad et al. [2014](#page-11-8); Khan and Khatoon [2007](#page-12-30); Adnan et al. [2012a;](#page-11-9) Shuaib et al. [2014](#page-13-2); Lukhoba et al. [2006;](#page-12-31) Weyerstahl et al. [1983a;](#page-13-3) Akhtar et al. [2013\)](#page-11-10). The fowering plant *P. rugosus* (Lamiaceae) can be found in many diferent places of the world, but it is most commonly associated with Asia, Tropical Africa, and Australia. Its typical range in India ranges from Kashmir to Garhwal, at an average elevation of 900–2800 m. *P. rugosus* is a wild plant that stands tall (between 160 and 180 cm) and releases a distinct scent (Shuaib et al. [2015](#page-13-4); Akhtar et al. [2013;](#page-11-10) Sabeen and Ahmad [2009](#page-12-32); Tuchscherer et al. [2012](#page-13-5); Adnan et al. [2012b](#page-11-11)). Despite widespread anecdotal reports of success in treating infammation and associated disorders, there is currently no scientifc evidence to support the use of *P. rugosus* leaves for any of these conditions. The current investigation seeks to assess anti-infammatory potential by analyzing several *in vitro* and *in vivo* parameters. We did a preliminary phytochemical analysis of the ethanolic leaf extract and its components. To the author's knowledge, no one has yet tried to investigate the *in vitro* and *in vivo* anti-infammatory activities of *P. rugosus*. Taking this into account, as well as the therapeutic value of *P. rugosus*, the current research intends to investigate the anti-infammatory properties of both the ethanolic (PREE) and ethyl acetate (PREAF) extracts of the plant, as well as the isolated component (PROA).

# **Materials and methods**

#### **Collection of plant material**

The leaf part of *P. rugosus* was collected from Tangmarg area (Kashmir), India in 2018 and identifed at department of taxonomy at Kashmir University with specimen number 2685-(KASH) by Prof. Akhtar H. Malik. For future use, a sample specimen of the obtained material was placed in the herbarium. The aerial parts were instantly shade dried and powdered. 4 kg of the powdered material was extracted with ethanol, fltered with Whatman flter paper, and concentrated in a rotary evaporator. Hexane, ethyl acetate, and n-butanol were used for the ethanolic extract's liquid–liquid extraction (LLE). To fnd the secondary metabolites, preliminary phytochemical screening was done on the plant material.

#### **Cells and cell culture**

In Dulbecco's Eagle's medium with fetal bovine serum supplemented at 10% with 1% Streptomycin and Penicillin, respectively. The RAW 264.7 cell line was cultured after being bought from ATCC, USA.

#### **Chemicals used**

In the current investigation, all of the chemicals and reagents are of the highest quality. PBS and DMEM were procured from Sigma, UK. Invitrogen (USA) supplied the ELISA kits. LPS from *Escherichia coli* was purchased from Calbiochem (USA), and fetal bovine serum was purchased from GIBCO (USA). The Griess Reagent and MTT were acquired from respective manufacturers, Promega, and Calbiochem, respectively. In addition, all of the substances utilized in the investigation were of laboratory quality. Chloroform, glacial acetic acid, and ferric chloride were all acquired from the CDH (central drug house). From Merck, we obtained ascorbic acid, methanol, sodium chloride, DPPH, sucrose, and trichloroacetic acid. Hydrochloric acid, peroxide, and potassium dihydrogen phosphate were all acquired from Qualigens. Butylated hydroxytoluene was acquired from Sisco research laboratories (SRL), and ethyl acetate and hexane were purchased from Rankem.

# **Antioxidant activity**

#### **ABTS radical cation scavenging activity**

Radical cation decolorization experiment was used to determine whether or not PREAF, PREAE, and compound (PROA were effective in scavenging ABTS (Re et al. [1999](#page-12-33)). Aliquots (0.1 ml) of PREE, PREAF, and PROA compound at various concentrations (20, 40, 60, 80, and 100 g/ml) were mixed with 2.9 ml of ABTS, incubated at 300 °C for 20 min, using ascorbic acid as a standard, and absorbance was measured at 734 nm. To determine PREE, PREAF, and PROA's reducing potential to the ABTS cation radical, the following formula was utilized:

Scavenging % =  $\frac{(Ac - Aa)}{Ac} \times 100$ 

## **DPPH activity**

PREE, PREAF, and PROA were tested for their ability to scavenge free radicals using the oxidizing agent (DPPH). Diferent plant extract concentrations (20, 40, 60, 80, and 100) were added to a 3 ml (DPPH) solution, and the absorbance at 520 nm was determined with methanol as a control and ascorbic acid as a reference after 30 min. The following formula was used to determine the percentage of inhibition of free radicals by the extracts and compounds (Braca et al. [2001](#page-11-12)).

$$
\% Inhibition = \frac{(Ao - At)}{Ao} \times 100
$$

## **Cell viability by MTT assay**

Cell survival was measured using an MTT reduction test. Briefy, 96-well plates were seeded with RAW 264.7 cells at a density of 16000 cells/well, and the plates were placed in a CO<sub>2</sub> incubator at 37  $\mathrm{^{\circ}C}$  for 24 h to promote cell adhesion. Once the cells had been incubated for 24 h, they were treated with the extract (0–100 M/ml) and isolated compounds for additional 24 h with LPS. 20 μL of MTT reagent were then added, and the mixture was incubated for an additional four hours at 37 °C, and DMSO 100 µL was applied to each well. Absorbance at 570 nm was determined using a Synergy Mx plate reader. There were three replicates for each treatment (Xu et al. [2014](#page-13-6)).

#### **Nitric oxide assay**

The quantity of nitrite in the supernatant was quantifed as an indication of NO generation in RAW 264.7 cells using the Griess reaction. The RAW 264.7 macrophage cells  $(2 \times 10^5$ cells/well) were cultured for 24 h before LPS treatment and then treated with varying doses of extract and compound 1 h before LPS treatment. The use of dexamethasone in varying dosages served as a positive control. The absorbance was checked at 540 nm with the use of a Synergy Mx plate reader. Concentration of nitrite was computed with reference to the standard sodium nitrite concentration curve (NaNo2) (Joo et al. [2014\)](#page-12-34).

NO % inhibition was estimated using this formula.

NO inhibition (
$$
\%
$$
) =  $\frac{(NO_2) \text{ control} - (NO_2) \text{ sample}}{(NO_2) \text{ control}}$  × 100

#### **Cytokines production in RAW 264.7 cells**

The ELISA kit was used to measure the PREE, PREAF, and PROA's ability to suppress cytokine production. RAW 264.7 cells were seeded at a density of  $2 \times 10^5$  cells/well into a 96-well plate, and the plate was then incubated overnight. Afterward, the cells were treated with PREE, PREAF, and PROA for 1 h before being stimulated with LPS for 24 h to generate infammation. Once the desired concentration of TNF- $\alpha$  and IL-6 was reached, the culture plate was centrifuged at 1500 rpm to collect the supernatant, which was then tested in accordance with the manufacturer's (Invitrogen) protocol. The entire study was replicated three times.

## **Molecular docking analysis**

Using the (MOE) 2019.01 docking program, we positioned oleanolic acid and dexamethasone on IL-1β (PDB ID: 3O4O) and TNF-α (PDB ID: 2AZ5). All the cracks in the structures of TNF- $\alpha$  and IL-1 $\beta$  were patched once they were retrieved from Protein database. The partial charges were introduced into the proteins after they had been desiccated and hydrogen substituted. Minimizing their three-dimensional protein structures in MOE-2019.01 with the help of the OPLS force feld allowed for the best possible results. Oleanolic acid and dexamethasone's three-dimensional structure was obtained from the NCBI PubChem database, translated to the mol2 format using Open Babel 2.4.1. Co-crystallization of TNF-α with ligands oleanolic acid and dexamethasone was achieved after protein and ligand synthesis. For IL-1β, the binding site was discovered using the Meta Pocket 2.0 server. Docking of oleanolic acid and dexamethasone at the designated location was performed after scoring function and literature-based confrmation of the binding site. Using RMSD and scoring, we generated 100 solutions for both the TNF- $\alpha$  and IL-1 $\beta$  docking situations and subsequently clustered them. The most populous group was chosen to have a representative member displayed. Oleanolic acid and dexamethasone interact with tumor necrosis factor-α and interleukin-1 $\beta$ , as depicted by the docking position. Cyscore 2.0 was used to determine oleanolic acid's and dexamethasone's binding affinities with tumor necrosis factor-α and interleukin-1β. Our in vitro results corroborate the fndings from docking score and cyscore analysis, showing that oleanolic acid has a higher affinity for TNF- $\alpha$ and IL-1β than dexamethasone.

# *In vivo* **anti‑infammatory activity**

#### **Animals**

In this study, BALB/c mice (female 7–8 weeks old, weight 20–25 g) were used. The protocol for the experiment was approved by the IAEC **(**Registration No. 801/GO/Re/2003/ CPCSEA). The animals were housed in accordance with accepted laboratory practices (12/12 h light and dark cycles) and fed with standard pellet diet, as well as water ad libitum. By higher inhalation dose of diethyl ether, the animals were subjected to euthanasia and fnally disposed of by incineration after experimentation.

#### **Animal study design**

Healthy BALB/c mice were selected and were acclimatized for a period of 7 days. A total of ten groups were created with each group containing 5 animals. Group I receives only normal saline and serves as a negative control. Group II which is a control group receives LPS (20 µg/mice i.p). Group III receives dexamethasone (10 mg/kg) and serves as a positive control. Group IV receives L-NAME (10 mg/ kg). Groups V and VI receive PREE (10 and 30 mg/kg). Groups VII and VIII receive PREAF (10 mg/kg and 30 mg/ kg). Groups IX and X receive PROA (10 and 30 mg/kg). Six hours after LPS injection, retro-orbital punctures were used to collect blood samples and centrifuged for 10 min at 5000 rpm at 4 ℃ in order to separate the serum for determination of (NO). The survival state of each group was recorded at diferent intervals. After experimentation, liver tissue was sliced and washed in saline. Then in 10% formalin, the samples were kept for a period of 24 h. With diferent concentrations of ethanol (70, 80, 85, 95, and 100%), they were dehydrated and finally embedded in paraffin to obtain a section of 5 µM thickness by using microtome. On glass microscope slides, hematoxylin and eosin (H and E) were used to stain the samples after sectioning. Finally, light microscope under 20X magnifcation the tissue sections were observed for histopathological changes.

## **Statistical analysis**

All the experiments were conducted in triplicates (both in vitro and in vivo). The histograms were plotted using GraphPad Prism (version 5.01, California Corporation, USA) and one-way analysis of variance (ANOVA) was performed, followed by Tukey's multiple comparison test. *P*<0.05 was considered statistically significant.

**Plant material of** *Plectarnthus rugosus* **(3.8 kg) Extracted with Ethanol (yield 270 g) Maceration Partitioning using solvents Hexane extract 55 g Ethylactate extract 65 g** *n***-Butanol extract 10 g Residual aqueous fraction**

<span id="page-4-0"></span>**Fig. 1** Extraction and fractionation of *Plectranthus rugosus*

<span id="page-5-0"></span>**Table 1** Preliminary phytochemical screening of *Plectranthus rugosus*



Borntrager's + + + + + Legals  $+$   $+$   $+$   $+$   $+$   $+$ 

*PREE Plectranthus rugosus* ethanolic extract, *PRHE Plectranthus rugosus* hexane extract, *PREAE Plectranthus rugosus* ethyl acetate extract, *PRBE Plectranthus rugosus* butanolic extract, *PRAE Plectranthus rugosus* aqueous extract, (+): Present (\_\_): Absent Flavonoids Shinoda + – + + –

Salkowski + – + +

Glycosides Keller Kiliani + + + + +

Steroids and Terpenoids Liebermann + – +

# **Results**

# **Preliminary phytochemical screening**

A wide range of diferent phytochemicals were found in the *P. rugosus* extracts (Fig. [1](#page-4-0)) that were studied for their phytochemical potential. As shown in Table [1](#page-5-0), the

Carbohydrates

# following key components can be found in hexane, ethyl acetate, and n-butanol extracts.

# **Isolation of compounds from** *Plectranthus rugosus*

The ethyl acetate extract (PREAF, 25 g) was put to chromatography on silica gel (60–120) and run in n-hexane and ethyl acetate (from 0 to 100%). Six fractions (Fig. [2\)](#page-5-1) were collected and were analyzed on TLC with n-hexane–ethyl



<span id="page-5-1"></span>**Fig. 2** HPTLC Analysis of ethyl acetate extract at 254, 366, 560 nm

<span id="page-6-0"></span>

<span id="page-6-1"></span>**Fig. 4** HPLC purity profle of oleanolic acid (PROA)



acetate in altered ratios (7:3, 6:4, 1:1). Fractions which exhibited related TLC profle were combined and were further subjected to Silica gel (230–400) chromatography and eluted with hexane:ethyl acetate. The fraction obtained with hexane:ethyl acetate (6:4) was refned by recrystallization in ethanol to get oleanolic acid (Fig. [3](#page-6-0))  $(C_{30}H_{48}O_3)$ , having purity more than 95% as shown in (Fig. [4](#page-6-1)). ESI–MS m/z 456 [M + H] <sup>+</sup>:<sup>1</sup>H NMR (400 MHz, CDCl<sub>3</sub>, δ, ppm, J/Hz):5.31(H-12), 3.18(H-3), 2.79(H-12), 0.89(H-23), 0.69  $(CH_3-24)$ , 0.68 (CH<sub>3</sub>-25), 0.91 (CH<sub>3</sub>-26), 1.21 (CH<sub>3</sub>-27), 0.89 (CH<sub>3</sub>-29), 0.88 (CH<sub>3</sub>-30). <sup>13</sup>C NMR (100 MHz, CDCl<sub>3</sub>,  $\delta$ , ppm): 184.19 (C-28), 142.59 (C-13), 123.58 (C-12), 78.09 (C-3), 54.19 (C-5), 46.71 (C-9), 45.61 (C-17), 44.06 (C-19), 40.71 (C-14), 41.89 (C-18), 38.09 (C-8), 37.07 (C-1), 38.19 (C-10), 34.90 (C-21), 34.11 (C-29), 33.61 (C-22), 31.61

(C-7), 32.77 (C-20), 29.89 (C-23), 26.07 (C-15), 26.09 (C-2), 24.33 (C-27), 22.91 (C-30), 24.55 (C-16), 24.89 (C-11), 19.22 (C-6), 16.27 (C-26), 16.23 (C-25), 14.83  $(C-24)$ .

#### **Antioxidant activity**

The ABTS radical scavenging activity of PREE, PREAF, and PROA is shown in (Fig. [5](#page-7-0)a). With respect to standard ascorbic acid (91.02 $\pm$ 3.21), the extracts PREE (57.93 $\pm$ 3), PREAF (60.99 $\pm$ 3.55), and compound PROA (72.13 $\pm$ 4) reveal substantial ABTS radical scavenging activity at a concentration of 100 µg/ml. The ethanolic extract (PREE), ethyl acetate extract (PREAF), and isolated compound (PROA) of *P. rugosus* also showed dose-dependent scavenging of DPPH



<span id="page-7-0"></span>**Fig. 5 a**: ABTS activity by PREE, PREAF, and PROA measured at 517 nm. Each value represents Mean $\pm$ SEM. ns (non-significant) *P*>0.05, \**P*<0.05, \*\**P*<0.01, \*\*\**P*<0.001. **b**: DPPH free radical by PREE, PREAF, PROA, and ascorbic acid measured at 517 nm. Each value represents Mean $\pm$ SEM. ns (non-significant)  $P > 0.05$ , \**P*<0.05, \*\**P*<0.01, \*\*\**P*<0.001

free radical. It was observed that in ethyl acetate fraction the maximum DPPH scavenging was highest at  $87.23 \pm 2.5\%$ , followed by ethanolic extract  $(84.32 \pm 1.3\%)$  and the isolated compound  $(55.43 \pm 1.6\%)$  at concentration of 100 µg/ ml, whereas ascorbic acid shows percentage inhibition of  $94.23 \pm 4$  at the same concentration as shown in Fig. [5](#page-7-0)b.

#### **Efect on cell viability**

Raw cells were exposed to diverse concentrations (1-100 µM) of PREE, PREAF, and PROA for 48 h. At low concentrations  $(1-10 \mu M)$ , cell viability was greater than 80% (Fig. [6\)](#page-7-1). So, to explore the anti-infammatory activity of PREE, PREAF, and PROA, our data are non-toxic at a  $(1-10 \mu M)$  concentration.

## **Nitric oxide in RAW 264.7 cells stimulated by LPS**

The nitric oxide production was suppressed by extracts (PREE, PREAF) and the isolated compound (PROA) more extensively (Fig. [7\)](#page-8-0). For nitric oxide release, highest



<span id="page-7-1"></span>**Fig. 6** Cell viability after 24 h treatment with PREE, PREAF, and PROA. Each value represents  $Mean \pm SEM$ . ns (non-significant) *P*>0.05, \**P*<0.05, \*\**P*<0.01, \*\*\**P*<0.001

inhibition was witnessed in PREE (58.33% $\pm$ 3) followed by PROA (55.23% $\pm$ 2) and PREAF (51.4% $\pm$ 4) at 10 µM.

# **Determination of pro‑infammatory cytokines production in RAW 264.7 cells**

In RAW 264.7 cells, stimulated by LPS, the extracts and the isolated compound were examined for TNF- $\alpha$  and IL-6. From the results (Fig. [8a](#page-8-1), b), it is apparent that PROA exhibited highest TNF- $\alpha$  inhibition of 67% at 10  $\mu$ M concentration. Besides, PROA displayed the highest IL-6 suppression up to 57% at 10 µM concentration. For PREAF, the highest TNF- $\alpha$  and IL-6 inhibition of 51 and 47%, respectively, were observed at 10  $\mu$ M concentration. For PREE, TNF- $\alpha$ 48% and IL-6 45% were observed at 10 µM concentration (Ammon [2010](#page-11-13); Lin and Lin [2010\)](#page-12-35).

#### **Molecular docking**

Oleanolic acid and dexamethasone interact with  $TNF-\alpha$  and IL-1β, as shown in the docking position (Fig. [9\)](#page-9-0). Cyscore 2.0 was utilized to ascertain the binding affinity of oleanolic acid and dexamethasone with TNF- $\alpha$  and IL-1 $\beta$  (Fig. [10](#page-9-1)). Oleanolic acid was found to have higher affinity for TNF- $\alpha$ and IL-1 than dexamethasone, as measured by docking score and cyscore analysis (Table [2\)](#page-10-0). This fnding was further supported by in vitro data.

## **Histopathology**

Liver hepatocyte architecture was found to be normal upon microscopic inspection in vehicle-treated mice. In LPStreated animals, the liver showed accumulation of infammatory cells, infltration of neutrophils, and bleak necrotic reaction. However, PREE, PREAF, and PROA ameliorate LPS-induced tissue injury particularly neutrophil infltration,

<span id="page-8-0"></span>**Fig. 7** Efect of extracts (PREE, PREAF) and isolated compound (PROA) on production of nitric oxide. Each value represents Mean $\pm$ SEM. ns (non-significant)  $P > 0.05$ ,  $*P < 0.05$ , \*\**P*<0.01, \*\*\**P*<0.001



degeneration of parenchymal cells in hepatic lobules, and necrosis in a dose-dependent manner (5 mg, 10 mg, and 30 mg doses (Fig. [11\)](#page-10-1), respectively. All the treated groups (PREE, PREAF, PROA) manifested rejuvenation of hepatocytes, followed by normalization of necrosis process and less infltration of neutrophils. The hepatoprotective potency of PROA at 30 mg was comparable to that of dexamethasone and L-Nitroarginine methyl ester (L-NAME), respectively.

## **Discussion**

Infammation, a key process in the host defense system, is spatially and temporally restricted by a tightly controlled regulatory mechanism. Rheumatoid arthritis, chronic infammatory bowel disease, neurological problems, and septic shock syndrome are only few of the illnesses that might result from a lack of control (Nathan and Ding [2010](#page-12-36); Stark and Massberg [2021;](#page-13-7) Hou et al. [2021](#page-12-37)). The prevalence of infammatory illnesses is rising in the world's aging populations. Anti-infammatory medications used in clinical practice have the drawback of unpleasant side efects and high treatment costs (Ho et al. [2018](#page-12-38); Moore et al. [2006](#page-12-39)). To address this issue, researchers are focusing on fnding more potent anti-infammatory drugs with fewer or no negative efects. Multiple target-oriented approaches, such as those used to create herbal medicine or to isolate an active component, are necessary for the successful development of anti-inflammatory medications derived from plant resources (Shaikh et al. [2016;](#page-12-40) Mahesh et al. [2021](#page-12-41)). Despite this, choosing the right plant for pharmacological research is a crucial and signifcant phase in the process.



<span id="page-8-1"></span>**Fig. 8 a**: Suppression of TNF-α production in RAW 264.7 cells. Each value represents Mean $\pm$ SEM. ns (non-significant) P > 0.05, \**P*<0.05, \*\**P*<0.01, \*\*\**P*<0.001. **b**: Suppression of IL-6 production in RAW 264.7 cells. Each value represents Mean $\pm$ SEM. ns (non-signifcant) *P*>0.05, \**P*<0.05, \*\**P*<0.01, \*\*\**P*<0.001





<span id="page-9-0"></span>**Fig. 9** Oleanolic acid docked on co-crystallized ligand site in TNF-α and IL-1β



<span id="page-9-1"></span>**Fig. 10** Interaction of oleanolic acid ligand site TNF-α and IL-1β

There is also the possibility of creating structural analogs with enhanced pharmacological activity and reduced negative effects by semi-synthesis methods of novel compounds generated by molecular alteration of the functional groups of lead drugs (Wahyuni et al. [2022\)](#page-13-8). Infammation and the consequences are rapidly becoming one of the humanity's most pressing health concerns on a global scale. It is the most common sickness that afects many diferent parts of the body. Therapeutic options for persons with infammationrelated diseases have been revolutionized as our understanding of their pathophysiology has grown. The infammatory response can be slowed down with the help of non-steroidal

<span id="page-10-0"></span>Table 2 Docking score and cyscore to ascertain the binding affinity of oleanolic acid and dexamethasone with TNF-α and IL-1β

Compound	Docking score		(Binding affinity)	
	TNF- $\alpha$	IL-1 $\beta$	TNF- $\alpha$	IL-1 $\beta$
Dexamethasone	5.19	136.14	$-1.89$	$-1.23$
Oleanolic acid	5.35	133.64	$-1.88$	$-1.25$

anti-infammatory drugs (NSAIDs). Aside from the direct consequences for NSAIDs therapy, a few NSAIDs components cause substantial side efects such as vulnerability to common and opportunistic infection, demyelinating illness, cancer, and blood count fuctuation. There is a pressing need for the rapid development of safer and more efective medications, particularly those of herbal/natural origin, in response to this problem, which carries a high socio-economic cost and no complete treatment with major irreversible bad efects. Therefore, we examined the efects of *P. rugosus* extracts on LPS-stimulated RAW 264.7 murine macrophages' production of pro-infammatory mediators in the present study. Because of the plant's potential importance as a medicine for treating a wide range of conditions, this study was carried out (Weyerstahl et al. [1983b](#page-13-9); Razdan et al. [1982\)](#page-12-42). *P. rugosus* has a long history of medicinal usage, including as a remedy for bronchitis, toothaches, wounds, rheumatism, and fever. In addition, there is evidence that it can combat free radicals and slow the aging process in the feld of contemporary medicine (Singh et al. [2019;](#page-13-10) Irshad et al. [2012;](#page-12-43) Tiwari et al. [2008](#page-13-11)). However, no attempts have been undertaken to investigate its anti-infammatory properties. The current study therefore provides with an evaluation of *P. rugosus's* anti-infammatory properties.

The effects of *P. rugosus* extracts on lipopolysaccharide (LPS)-induced TNF- $\alpha$  and IL-6 production in RAW 264.7 murine macrophages were analyzed. After LPS stimulation, RAW 264.7 cells secrete IL-6 and TNF-α. LPS, a component of the cell wall of Gram-negative bacteria, activates macrophages and monocytes, which play a crucial role in the innate immune response. LPS stimulation of RAW 264.7 cells causes a cascade of intracellular processes that result in the release of cytokines and other infammatory mediators, which together make up the pro-infammatory response. Pro-inflammatory cytokines (IL-6 and TNF- $\alpha$ ) are downregulated in RAW 264.7 cells after pretreatment with *P. rugosus* extracts at diferent doses and followed by



<span id="page-10-1"></span>**Fig. 11** Histological analysis of liver stained with hematoxylin and eosin (20X). All the treated groups (PREE, PREAF, PROA) manifested rejuvenation of hepatocytes, followed by normalization of necrosis process and less infltration of neutrophils. **A** Normal BALB/c mice liver section. **B** LPS-stimulated BALB/c mice liver section. **C** Dexamethasone (10 mg/kg)+LPS-stimulated BALB/c mice liver section (**D**) L-NAME (10 mg/kg)+LPS-stimulated BALB/c mice liver section. **E** PREE extract (5 mg/kg)+LPS-stimulated BALB/c mice liver section. **F** PREE extract (10 mg/kg)+LPS-

stimulated BALB/c mice liver section. **G** PREE extract (30 mg/ kg)+LPS-stimulated BALB/c mice liver section. **H** PREAF (5 mg/ kg)+LPS-stimulated BALB/c mice liver section (**I**) PREAF (10 mg/ kg)+LPS-stimulated BALB/c mice liver section (**J**) PREAF (30 mg/ kg)+LPS-stimulated BALB/c mice liver section. **K** PROA (5 mg/ kg)+LPS-stimulated BALB/c mice liver section (**L**) PROA (10 mg/ kg)+LPS-stimulated BALB/c mice liver section (**M**) PROA (30 mg/ kg)+LPS-stimulated BALB/c mice liver section

a 24 h LPS treatment. Both the extracts and the isolated substance demonstrated signifcant cytokine inhibition at 10 g/ml. Cells that had not been exposed to LPS had undetectable amounts of IL-6 and TNF- $\alpha$ , making them useful as a control. In addition, the MTT assay demonstrated that the extracts did not have any efect on the viability of RAW 264.7 cells at concentrations up to 10 g/ml. Further, NO generation is inhibited by both the extracts (PREE, PREAF) and the isolated molecule (PROA), which is also generated during infammation to activate diferent macrophages. The inhibitory potential of extracts and the isolated molecule was investigated in relation to the gold standard medication dexamethasone. In addition, data analysis using docking scores and cyscores further confrmed that oleanolic acid (PROA) binds to TNF- $\alpha$  and IL-1 $\beta$  with higher affinity than dexamethasone.

# **Conclusion**

Plants provide a rich resource of novel bioactive secondary metabolites, and natural products have long played a major role in the discovery and development of medicines to treat human illnesses. In this regard, we have studied how *P. rugosus* exerts its anti-inflammatory effects, which has been reported to possess various therapeutic activities. Based on this strategy our research group investigated the anti-infammatory properties of both the ethanolic (PREE) and ethyl acetate (PREAF) extracts of the *P. rugosus*, as well as the isolated component (PROA). The pro-infammatory cytokines (IL-6 and TNF- $\alpha$ ) and NO are inhibited by *P*. *rugosus* extracts, as well as an isolated chemical without compromising cell viability. These results were also confrmed by docking studies. So, our research demonstrated that *P. rugosus* leaf extracts have anti-infammatory properties, supporting its use in traditional medicine. The fndings further promote research into the underlying molecular pathways, further supporting the molecular basis of the antiinfammatory activity. The results provide an ideal natural plant to treat various infammatory diseases.

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**Data availability** All data generated or analyzed during this study are included in this article.

**Ethics approval** The protocol for the experiment was approved by the Institutional Animal ethics committee (Registration No. 801/GO/ Re/2003/CPCSEA), University of Kashmir, India.

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