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## Possible Therapeutic Role Of *Ginkgo biloba* Loaded On Gold Nanoparticles Against Potassium Bromate-Induced Hepatotoxicity In Rats.

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### ABSTRACT

The present study investigated the effects of *Ginkgo biloba* extract (GBE) and *Ginkgo biloba* extract loaded on gold nanoparticles (GBE AuNPs) in attenuating potassium bromate (KBrO<sub>3</sub>) induced hepatotoxicity. Rats were divided into eight groups (control, GBE, AuNPs, GBE AuNPs, KBrO<sub>3</sub>, KBrO<sub>3</sub> /GBE, KBrO<sub>3</sub>/AuNPS and KBrO<sub>3</sub>/GBE AuNPs). KBrO<sub>3</sub> administration resulted in significant elevations in the level of serum alanine aminotransferase (ALT) aspartate aminotransferase (AST), alkaline phosphatase (ALP), total protein (TP), albumin (Alb), total bilirubin (TB), direct bilirubin (DB), total cholesterol (TC), triglycerides (TG), high density lipoprotein cholesterol (HDL-C), low density lipoprotein cholesterol (LDL-C), creatinine, urea and uric acid. KBrO<sub>3</sub> also caused degeneration at the periphery of the hepatic lobules, accompanied by increased hepatic oxidative stress markers malondialdehyde (MDA), protein carbonyl (PC) and nitric oxide (NO) concomitant with exhausting the hepatic antioxidant molecules superoxide dismutase (SOD), catalase (CAT), glutathione-S-transferase (GST) and reduced glutathione (GSH). Treatment with (GBE, AuNPS or GBE AuNPS) reduced the extent of liver damage induced by KBrO<sub>3</sub> as indicated by decreased ALT, AST, ALP, TP, Alb, TB, DB, creatinine, urea, uric and lipid profile levels. These treatments ameliorated also the histopathological alternations of the liver tissue induced by KBrO<sub>3</sub>. In conclusion: *Ginkgo biloba* extract loaded on gold nanoparticles was the most efficient in attenuating KBrO<sub>3</sub> induced hepatotoxicity, and this is the first study to demonstrate this.

**Keywords:** *Ginkgo biloba* extract; *Ginkgo* loaded on gold nanoparticles; potassium bromate; hepatotoxicity; Oxidative stress

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## INTRODUCTION

Potassium bromate ( $\text{KBrO}_3$ ) is a water-soluble white crystalline powder used in laboratory reagents, oxidizing agents and explosives, fermented beverages, and fish paste in many countries. It is also used as neutralizing agent in cold wave hair lotions and cosmetics (Li *et al.*, 2017).  $\text{KBrO}_3$  is often used in food industry as a food additive, especially in bread production (Öztürk *et al.*, 2020). This ionic compound, consisting of potassium and bromate salts, is a strong oxidizing agent, it has no medicinal importance but is added to flour as a maturing agent. Bromate was first discovered to cause tumors in rats in 1982, and subsequent studies validate its damage to the liver and other organs (Busuyi Kolade *et al.*, 2020).

Administration of  $\text{KBrO}_3$  to rats was found to induce oxidative stress and passively impaired the antioxidant power (Bayomy *et al.*, 2016). Hepatocyte degeneration and necrosis, congestion and swelling of tubular cells were observed in rats treated with  $\text{KBrO}_3$  (Gheth *et al.*, 2019).  $\text{KBrO}_3$  causes primary DNA oxidative damage and increases 8-hydroxydeoxyguanosine (8-OHDG) which is the most abundant oxidized DNA lesion. It also caused structural chromosomal aberrations in bone marrow cells of rats (Starek & Starek-Świechowicz, 2016).

Potassium bromate ( $\text{KBrO}_3$ ) in various consumer items poses mild to severe toxicity to critical organs liver, and brain in the living systems. It has been categorized as a potential class II B carcinogen for humans, while it is confirmed as a carcinogen in the experimental animals attributed to its extensive oxidizing property and mutagenicity. For these harmful effects, its usage in food products is banned in many countries of the European Union, Canada, and many south American, African, and Asian countries, including India, China, and Sri Lanka, yet it is used in countries like the USA and Japan with certain limitations (Ajarem *et al.*, 2016). Also, it is restrictively or illegally used in many other countries.

The increasing rate of herbal medicine use is gaining approval in both the public and medical world. One of such herbal products is GBE. *Ginkgo biloba* leaf has been used in traditional Chinese medicine to treat various conditions for several years and it is one of the top selling herbs in USA. *Ginkgo biloba* (maidenhair tree) is one of the oldest herbal medicines that have been used as therapeutic agents in modern pharmacology. GBE contains flavonoids and flavone glycosides, lactone derivatives (ginkgolides), bilobalide, ascorbic acid, iron-based superoxide, 6-hydroxykinuretic acid, protocatechuic acid, sterols and vanillic acid. The major classes of active ingredients are the ginkgolides and bilobalides (also known as terpenes) and the flavonoid (Olubunmi *et al.*, 2017).

*Ginkgo biloba* reduced significantly ALT and AST of liver, reversed oxidative damage induced by mercury in liver and relieved the hepatocyte swelling and necrosis (Şener *et al.*, 2007).

Abdul-Hamid *et al.* (2018) reported that the GBE decreased the liver abnormalities induced by amiodarone in male albino rats. In these studies, the protective properties of GBE were associated with the active ingredients such as 6% terpenoids such as ginkgolides and bilobalides and 24% flavonoid glycosides such kaempferol, quercetin, and isorhamnetin, these active compounds are reported to prevent LPO, reduce oxidative stress and apoptosis, histopathological damages, and inhibit inflammation (Singh *et al.*, 2019; Yalçın *et al.*, 2020).

After the advent of nanotechnology, there is a growing trend about the design, synthesis, and use of engineered nanoparticles (NPs) in different areas including medicine, cosmetics, coating, bioremediation, paints, electronics, and food industry. Recently, gold nanoparticles (AuNPs) have been regarded as promising candidates for optical sensors, imaging, drug delivery, and therapeutic applications due to their size and shape dependent physical properties and their inherent biocompatibility compared with other metallic nanoparticles (Ibrahim *et al.*, 2018).

Gold nanoparticles (AuNPs) are versatile tools, highly used in biomedical applications, including targeted transport of some drugs. AuNPs inorganic nanoparticles, present physicochemical properties that cannot be found in organic-inorganic hybrid nanostructures. The small diameter of AuNPs can be irreversibly bound to the cellular DNA. Kupffer cells present an increased capacity to assimilate the nanomaterials and for this reason they can be used as target-cells in case of drug delivery coupled with administration of AuNPs. Therefore, AuNPs were proposed in liver fibrosis therapy, reducing liver fibrosis. AuNPs proved their beneficial

effects in alcohol-methamphetamine-induced liver injury and acetaminophen induced hepato-renal injury in rats (Clichicia *et al.*, 2020).

Based on these data, the present study aimed to evaluate the possible therapeutic effect of GBE, AuNPs and GBE loaded on AuNPs against  $\text{KBrO}_3$  induced hepatotoxicity in rats, and to investigate the mechanisms underlying their effects.

## MATERIALS AND METHODS

### Experimental animals

Forty-eight healthy male Spargue Dawely (SD) rats with 6–7 weeks old, with average weight of 95g were used for experiment. Rats were obtained from Egyptian Institute for Serological and Vaccine production, Helwan, Egypt and were housed in the animal house of the Department of Zoology, Faculty of Science, Kafr El-Sheikh University. Rats were placed in stainless steel cages containing wood-chip bedding, renewed every day. They were kept in a temperature-controlled environment with a 12 h light/dark cycle. All rats were acclimatized to the place for one week before the commencement of the experiments. All rats were provided with normal diet and water was allowed *ad libitum* during the study. The experimental protocol was carried out in accordance with the guide of the National Research Council for the Care and Use of Laboratory Animals and was approved by the local experimental animal ethics committee of the Department of Zoology, Faculty of Science, Kafr El-Sheikh University.

### Animal grouping and mode of treatment

After one week of acclimatization period, animals were divided into eight groups, each consisting of six animals as follows:

1. **Control group:** Rats of this group did not receive any treatment.
2. ***Ginkgo biloba* extract (GBE) treated group:** Rats were administered GBE (100mg/kg bw) by intragastroluminal gavage (i.g.) twice weekly for 4 weeks. The chosen dose of GBE (100 mg/kg bw) was according to the previous study of **Lebda *et al.* (2018)**.
3. **Gold nanoparticles (AuNPs) treated group:** Rats were administered AuNPs (5 $\mu\text{g}$  Au/Animal) by i.g. twice weekly for 4 weeks. The chosen dose of AuNPs (5 $\mu\text{g}$  Au/Animal) was according to the previous study of **Ibrahim *et al.* (2018)**.
4. ***Ginkgo biloba* extract loaded on gold nanoparticles (GBEAuNPs) treated group:** Rats were administered GBE AuNPs (100 mg/kg bw) by i.g. twice weekly for 4 weeks. The chosen dose of GBEAuNPs (100 mg/kg bw) was according to previous studies of **Yallapragada & Velaga (2015)**.
5. **Potassium bromate ( $\text{KBrO}_3$ ) treated group:** Rats were administered  $\text{KBrO}_3$  (100mg/kg bw) by i.g. twice weekly for 4 weeks. The dose of  $\text{KBrO}_3$  (100 mg/kg bw) was chosen according to previous studies of **Moubarak *et al.* (2020)**.
6. **Potassium bromate and *Ginkgo biloba* extract ( $\text{KBrO}_3$  + GBE) treated group:** Rats were administered  $\text{KBrO}_3$  (100 mg/kg bw) by i.g. twice weekly for 4 weeks alone, then rats were administered GBE (100 mg/kg bw) twice weekly for another 4 weeks after termination of  $\text{KBrO}_3$  administration.
7. **Potassium bromate and Gold nanoparticles ( $\text{KBrO}_3$  + AuNPs) treated group:** Rats were administered by i.g.  $\text{KBrO}_3$  (100 mg/kg bw) twice weekly for 4 weeks alone, then rats were administered (5 $\mu\text{g}$  Au/Animal) twice weekly for another 4 weeks after termination of  $\text{KBrO}_3$  administration.
8. **Potassium bromate and *Ginkgo biloba* extract loaded on gold nanoparticles ( $\text{KBrO}_3$  + GBEAuNPs) treated group:** Rats were by i.g. administered  $\text{KBrO}_3$  (100 mg/kg bw) twice weekly for 4 weeks, then rats were administered GBEAuNPs (100 mg/kg bw) twice weekly for another 4 weeks after termination of  $\text{KBrO}_3$  administration.

### Chemicals

Potassium bromate ( $\text{KBrO}_3$ ) is an odorless white crystalline powder. It was obtained in powder form from El-Gomhouria Chemicals Company, (Cairo, Egypt),  $\text{KBrO}_3$  was dissolved in distilled water.

*Ginkgo biloba* extract (GBE) was obtained from EMA Pharm Company for Pharmaceuticals and Medicinal Plants (Pharma Plaza building, Asma Fahmy Street, Nozha, Nasr City, Cairo, Egypt). GBE was dissolved in distilled water.

Gold nanoparticles (AuNPs) is a suspension of a spheroidal to rod shape. It was obtained from Nano Gate Company (25 Ibrahim Abo Elnaga-street, Abbas ElAkkad, Nasr City, Cairo, Egypt).

#### **Formation of gold nanoparticles**

1 mM solution of 100 ml chloroauric acid (0.034 g) at concentration of  $10^{-3}$  M was done according to the method described by **Arulkumar and Sabesan, (2010)** ; **Arundoss and Ar, (2013)**.

#### **Structural characterization of NPs, gold concentration and size**

It was carried out using the method of **Ibrahim et al. (2018)**.

#### **Methods**

##### **Blood sampling and liver tissue preparation**

At the end of the experimental period (9 weeks) rats were fasted overnight, sacrificed 24 hrs after the last treatment and blood samples were collected in clean centrifuge glass tubes, left to clot then centrifuged at 3000 rpm for 15 min. The clear nonhemolyzed supernatant was quickly collected. In labeled Eppendorf's tubes, the sera were divided in aliquots and frozen at  $-20^{\circ}\text{C}$  for different biochemical analysis. Liver samples were cleaned and homogenized (10% w/v) in cold saline. The homogenate was kept at  $-20^{\circ}\text{C}$  in labeled Eppendorf's tubes till used for biochemical estimations. Other samples of liver tissue were stored in neutral buffered formalin (10%) for histopathological studies.

##### **Biochemical assays**

Total protein (TP) was estimated using the Biuret method of **Doumas (1975)**. Albumin (Alb) was evaluated according to the method of **Doumas et al. (1997)**. Total bilirubin (TB) and direct bilirubin (DB) was evaluated according to **Abd Elhalem et al. (2016)**. The levels of alanine aminotransferase (ALT) and aspartate aminotransferase (AST) were accomplished using the method of **Schumann and Klauke (2003)**. Alkaline phosphatase (ALP) level was measured according to the method of **Belfield and Goldberg (1970)**. Serum urea (Ur) level was determined by **Mohamed and Ashour (2019)** and creatinine (Cr) concentration were calculated according to **Slot (1965)**. Moreover, serum Total cholesterol (TC) was determined as described by **Iwata et al. (1990)**. Triglycerides (TG) were determined by the method of **Rojkin et al. (1974)**.

##### **Estimation of antioxidant markers**

Superoxide dismutase (SOD) activity was determined by measuring the inhibition of autoxidation of epinephrine at pH 10.2 and  $30^{\circ}\text{C}$  according to **Misra and Fridovich (1972)**. Catalase (CAT) activity was measured using hydrogen peroxide as the substrate according to the method previously described by **Manubolu et al. (2014)**. Reduced glutathione (GSH) was determined according to the method of **Jollow et al. (1974)**. The determination of glutathione-S-transferase (GST) activity was assayed according to the method of **Habig et al. (1974)**.

##### **Estimation of oxidative stress markers**

Malondialdehyde (MDA) level was assayed according to the method of **Dođru-Abbasođlu et al. (1997)**. The levels of NO production were measured according to the method of **Yousef and Hussien (2015)**. The levels of PC according to the method of **Levine et al. (1990)**.

### Histopathological examination

Liver specimens were dehydrated in ascending grades of ethyl alcohol (70 %, 90 % and 100 %), cleared in xylene and impregnated and embedded in paraffin wax. Serial sections of 4-5 micrometers thick were obtained using a rotary microtome and stained with Harris's Haematoxylin and Eosin stain for general histological examination (Harris, 1900).

### Statistical analysis

All statistical analyses were conducted using Graph pad prism 5.0 software (Graph pad prism software Inc., San Diego, California, USA). Results are presented as mean  $\pm$  standard error of the mean (SEM) (n=6). Statistical Comparisons were made by one-way analysis of variance (ANOVA) followed by Neuman-Keuls post-hoc test (Armitage *et al.*, 2008). A significant difference was considered when the P value was  $\leq$  0.05 and any greater significance level was noted.

## RESULTS

### Characterization of AuNPs

Nanoparticles characteristics were monitored by UV-VIS spectrophotometer and by Transmission Electron Microscope (TEM). The identification results are presented in Fig.(1& 2). For the UV-VIS data, the absorbance was detected between  $\lambda$  200:800 nm Fig.(1) which ensures the presence of the AuNPs in the suspension (Gowri, *et al.*,2013). On the other hand, the TEM images Fig.(2) have shown a majority of nearly spherical AgNPs with diameters ranging from 59.9:81.4 nm. Presently, there have been stunning effort to improve the synthesis of nanoparticles with anticipated sizes and characteristics to grow their biomedical applications, TEM is one of the reliable methods to detect AuNPs sizes (Gowri, *et al.*,2013).

### Effect of different treatments on lipid profile levels

As shown in Table (1), administration of KBrO<sub>3</sub> resulted in significant increases in serum levels of total cholesterol (TC), triglycerides (TG) and low density lipoprotein cholesterol (LDL-C) as compared to normal control group. On the other hand, KBrO<sub>3</sub> administration resulted in a significant reduction in serum level of high density lipoprotein cholesterol (HDL-C) as compared to normal control group. Treatment with either GBE, AuNPs or GBE/AuNPs significantly reduced serum levels of TC, TG and LDL-C and caused significant increase in HDL-C as compared to KBrO<sub>3</sub> group.

### Effect of different treatments on liver function tests

As shown in Table (2), administration of KBrO<sub>3</sub> resulted in significant increases in serum levels of alanine aminotransferase (ALT), aspartate aminotransferase (AST), alkaline phosphatase (ALP), total bilirubin (TB) and direct bilirubin (DB) as compared to normal control group. On the other hand, KBrO<sub>3</sub> administration resulted in a significant reduction in serum levels of total protein (TP) and albumin (Alb) as compared to normal control group. Treatment with either GBE, AuNPs or GBE/AuNPs significantly reduced serum levels of ALT, AST, ALP, TB, DB and caused significant increase in serum levels of TP, Alb as compared to KBrO<sub>3</sub> group.

### Effect of different treatments on kidney function tests

As shown in Table (3), administration of KBrO<sub>3</sub> resulted in significant increases in serum levels of creatinine (Cr), urea (Ur), uric acid (UA) as compared to normal control group. Treatment with either GBE, AuNPs or GBE/AuNPs significantly reduced serum levels of Cr, Ur, UA as compared to KBrO<sub>3</sub> group.

### Effect of different treatments on oxidative stress markers in hepatic tissue

As shown in Table (4), administration of KBrO<sub>3</sub> resulted in significant increases in hepatic tissue contents of malondialdehyde (MDA), protein carbonyl (PC), nitric oxide(NO) as compared to normal control group. On the other hand, KBrO<sub>3</sub> administration resulted in a significant reduction in superoxide dismutase (SOD), catalase (CAT), glutathione-S-transferase (GST), reduced glutathione (GSH), as compared to normal

control group. Treatment with either GBE, AuNPs or GBE/AuNPs significantly reduced tissue contents of MDA, PC and NO and caused significant increase in tissue contents of SOD, CAT, GST and GSH as compared to KBrO<sub>3</sub> group.

**Histological examinations**

The normal hepatic lobules are the structural units of the liver; each is formed of cords of hepatocytes and blood sinusoids in-between. The hepatocytes are polyhedral cells with one or rarely two spherical nuclei and abundant cytoplasm. The cytoplasm of such cells is granular and strongly eosinophilic. The nuclei of the hepatocytes are large with peripherally dispersed chromatin and prominent nucleoli. Hepatocytes are oriented in cords composed of a single row of cells separated from vascular sinusoids by endothelial cells. The central vein joins to the hepatic vein to carry blood out from the liver. A distinctive component of a lobule is the portal triad (portal space), which was found running along each of the lobule's corners. The portal area, consists of five structures: a branch of the hepatic artery, a branch of the hepatic portal vein and a bile duct, as well as lymphatic vessels and a branch of the vagus nerve. **Fig.(3-A,B)** control group show architecture of hepatic lobule with normal hepatocytes, portal vein and sinusoids. **Fig.(4-A,B)** GBE group show normal sized, intact central vein (CV) and intact blood sinusoid, intact polyhedral shaped hepatocytes with centrally located nucleus, separated by blood sinusoids. **Fig.(5-A,B)** AuNPs group showed intact CV and hepatocytes arranged in cord like pattern, separated by blood sinusoids, at higher magnification of liver showing hepatic cords, separated by blood sinusoids and portal area. **Fig.(6-A,B)** GBE AuNPs group showed normal hepatic architecture with normal CV (asterisk), normal blood sinusoid and normal hepatic cord. **Fig.(7-A,B)** KBrO<sub>3</sub> group showed dilated centro-lobular blood sinusoid, degeneration at the periphery of the lobules, Congestion of the portal vein with inflammatory cells infiltration at the portal area. **Fig.(8-A,B)** KBrO<sub>3</sub>+GBE group showed mild to moderate dilation of CV and blood sinusoids beside intact hepatocytes, B higher magnification of A. **Fig.(9-A,B)** KBrO<sub>3</sub>+AuNPs group showed mild dilation of CV and blood sinusoids, beside intact hepatocytes, B higher magnification of A. **Fig.(10-A,B)** KBrO<sub>3</sub>+GBE/AuNPs group showed intact hepatocytes, radiating from normal sized CV and separated by blood sinusoids.

**Table (1): lipid profiles of control and different treated rat groups.**

Animal groups Parameter	C	GBE	AuNPs	GBE AuNPs	KBrO <sub>3</sub>	KBrO <sub>3</sub> + GBE	KBrO <sub>3</sub> + AuNPs	KBrO <sub>3</sub> + GBE/AuNPs
TC (mg/dl)	72.4 ±1.22	70.1 ±0.64	71.3 ±0.88	69.0 ±1.16	211 ±5.13 <sup>a</sup>	164.8 ±9.67 <sup>ab</sup>	172.0 ±9.32 <sup>ab</sup>	100.3 ±12.41 <sup>b</sup>
TG (mg/dl)	65.7 ±4.28	54.6 ±3.90	62.9 ±5.90	54.0 ±5.02	178.9 ±7.63 <sup>a</sup>	133.2 ±14.29 <sup>ab</sup>	147.7 ±7.81 <sup>a</sup>	84.7 ±3.15 <sup>ab</sup>
HDL-C (mg/dl)	27.8 ±1.42	29.1 ±1.68	27.1 ±0.96	31.2 ±1.07	14.1 ±1.47 <sup>a</sup>	22.0 ±0.83 <sup>ab</sup>	20.6 ±1.20 <sup>ab</sup>	27.1 ±0.96 <sup>b</sup>
LDL-C (mg/dl)	41.6 ±3.93	40.3 ±1.45	39.8 ±1.42	34.9 ±3.13	126.4 ±10.63 <sup>a</sup>	96.9 ±8.14 <sup>a</sup>	99.1 ±8.46 <sup>a</sup>	67.8 ±6.86 <sup>b</sup>

Results are presented as mean ±SE for 6 rats in each group.

C: Control, GBE: *Ginkgo biloba* extract, AuNPs: Gold nanoparticles, GBE AuNPs: *Ginkgo biloba* extract loaded on gold nanoparticles, KBrO<sub>3</sub>: Potassium bromate.

a and b: significant as compared to control and KBrO<sub>3</sub> groups, respectively at P≤0.05.

**Table (2): liver function tests of control and different treated rat groups.**

Animal groups Parameter	C	GBE	AuNPs	GBE AuNPs	KBrO <sub>3</sub>	KBrO <sub>3</sub> + GBE	KBrO <sub>3</sub> + AuNPs	KBrO <sub>3</sub> + GBE/AuNPs
ALT (U/L)	36.0 ±1.85	35.9 ±3.25	36.0 ±2.40	27.7 ±2.51	126.6 ±9.07 <sup>a</sup>	64.8 ±5.87 <sup>ab</sup>	69.2 ±6.72 <sup>ab</sup>	47.1 ±5.17 <sup>ab</sup>
AST (U/L)	51.6 ±3.136	49.7 ±1.715	51.4 ±4.513	48.5 ±1.893	193.5 ±5.60 <sup>a</sup>	97.3 ±1.76 <sup>ab</sup>	111.4 ±6.18 <sup>ab</sup>	79.5 ±3.32 <sup>ab</sup>
ALP (U/L)	143.8 ±7.16	140.7 ±3.32	142.1 ±5.88	108.8 ±12.00	247.1 ±7.43 <sup>a</sup>	212.8 ±6.71 <sup>ab</sup>	230.5 ±21.42 <sup>ab</sup>	194.1 ±4.55 <sup>b</sup>
TP (g/dl)	6.0 ±0.26	6.8 ±0.35	6.7 ±0.20	7.2 ±0.18	3.7 ±0.26 <sup>a</sup>	5.2 ±0.23 <sup>a</sup>	4.7 ±0.32 <sup>b</sup>	5.6 ±0.24 <sup>b</sup>
Alb (g/dl)	4.1 ±0.12	4.1 ±0.21	3.94 ±0.07	4.1 ±0.05	1.5 ±0.18 <sup>a</sup>	3.3 ±0.25 <sup>b</sup>	3.2 ±0.25 <sup>b</sup>	3.9 ±0.09 <sup>b</sup>
TB (mg/dl)	0.2 ±0.03	0.2 ±0.02	0.2 ±0.02	0.1 ±0.01	0.9 ±0.11 <sup>a</sup>	0.6 ±0.09 <sup>ab</sup>	0.7 ±0.05 <sup>ab</sup>	0.4 ±0.02 <sup>b</sup>
DB (mg/dl)	0.1657 ±0.012	0.1467 ±0.012	0.1543 ±0.011	0.133 ±0.001	0.41 ±0.021 <sup>a</sup>	0.3083 ±0.009 <sup>ab</sup>	0.3267 ±0.015 <sup>a</sup>	0.21 ±0.006 <sup>b</sup>

Results are presented as mean ±SE for 6 rats in each group.

C: Control, GBE: *Ginkgo biloba* extract, AuNPs: Gold nanoparticles, GBE AuNPs: *Ginkgo biloba* extract loaded on gold nanoparticles, KBrO<sub>3</sub>: Potassium bromate.

a and b: significant as compared to control and KBrO<sub>3</sub> groups, respectively at P≤0.05.

**Table (3): Kidney function tests of control and different treated rat groups.**

Animal groups Parameter	C	GBE	AuNPs	GBE AuNPs	KBrO <sub>3</sub>	KBrO <sub>3</sub> + GBE	KBrO <sub>3</sub> + AuNPs	KBrO <sub>3</sub> + GBE/AuNPs
Cr (mg/dl)	0.7 ±0.04	0.7 ±0.05	0.7 ±0.03	0.6 ±0.04	1.4 ±0.16 <sup>a</sup>	0.7 ±0.04 <sup>b</sup>	0.7 ±0.04 <sup>b</sup>	0.7 ±0.06 <sup>b</sup>
Ur (mg/dl)	18.8 ±2.14	17.3 ±2.03	18.9 ±1.678	15.7 ±2.03	46.7 ±2.03 <sup>a</sup>	35.3 ±2.03 <sup>ab</sup>	36.0 ±2.65 <sup>ab</sup>	24.0 ±1.16 <sup>ab</sup>
UA (mg/dl)	3.2 ±0.50	2.9 ±0.39	3.1 ±0.36	2.2 ±0.34	8.8 ±0.26 <sup>a</sup>	7.0 ±0.38 <sup>a</sup>	7.9 ±0.35 <sup>a</sup>	4.7 ±0.32 <sup>b</sup>

Results are presented as mean ±SE for 6 rats in each group.

C: Control, GBE: *Ginkgo biloba* extract, AuNPs: Gold nanoparticles, GBE AuNPs: *Ginkgo biloba* extract loaded on gold nanoparticles, KBrO<sub>3</sub>: Potassium bromate.

a and b: significant as compared to control and KBrO<sub>3</sub> groups, respectively at P≤0.05.

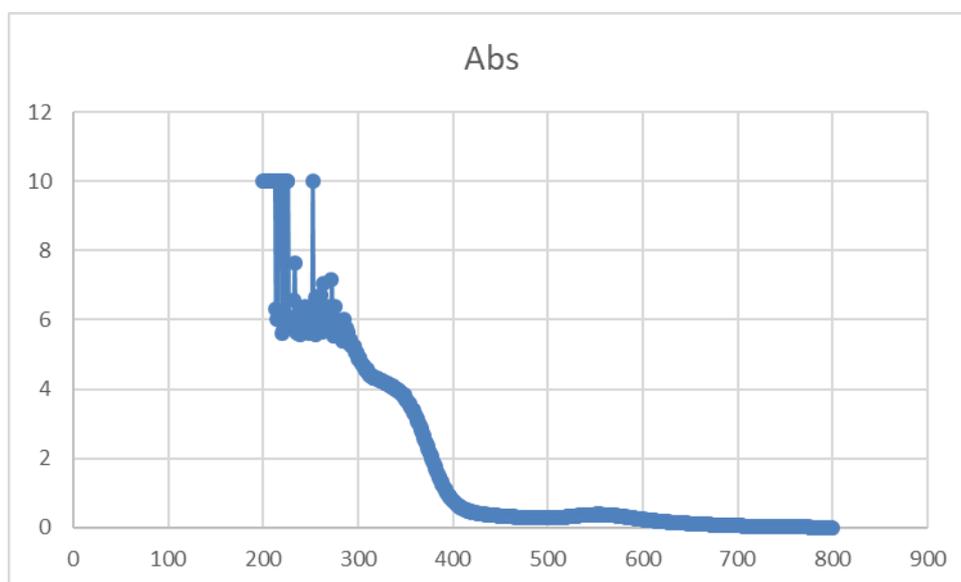
**Table (4): Oxidative stress and antioxidant markers in hepatic tissue of control and different treated rat groups.**

Animal groups Parameter	C	GBE	AuNPs	GBE AuNPs	KBrO <sub>3</sub>	KBrO <sub>3</sub> + GBE	KBrO <sub>3</sub> + AuNPs	KBrO <sub>3</sub> + GBE/AuNPs
MDA (nmol/g)	1437 ±36.07	1236 ±42.75	1353 ±46.39	1128 ±38.27	2278 ±17.63 <sup>a</sup>	2027 ±46.97 <sup>a</sup>	2079 ±79.66 <sup>a</sup>	1701 ±136.10 <sup>b</sup>
PC (µmol DNPH / mg)	1.1 ±0.27	1.0 ±0.22	1.1 ±0.22	0.8 ±0.07	4.5 ±0.25 <sup>a</sup>	3.1 ±0.38 <sup>a</sup>	4.0 ±0.05 <sup>a</sup>	2.3 ±0.28 <sup>ab</sup>
NO (mg/g)	79.3 ±5.75	62.7 ±11.21	75.2 ±8.98	60.5 ±3.15	142.2 ±10.03 <sup>a</sup>	105.4 ±5.13 <sup>b</sup>	124.3 ±3.55 <sup>a</sup>	93.7 ±3.41 <sup>b</sup>
SOD (U/g)	192.6 ±7.32	198.7 ±6.96	192.0 ±6.03	214.0 ±5.57	67.03 ±4.08 <sup>a</sup>	145.2 ±3.08 <sup>ab</sup>	123.3 ±5.99 <sup>ab</sup>	176.9 ±7.70 <sup>b</sup>
CAT (U/g)	187.5 ±2.21	195.0 ±4.70	193.4 ±3.48	204.5 ±10.17	126.6 ±2.15 <sup>a</sup>	174.3 ±4.90 <sup>b</sup>	149.8 ±10.58 <sup>a</sup>	184.3 ±3.60 <sup>b</sup>
GST (U/g)	5.2 ±0.19	5.8 ±0.14	5.3 ±0.21	6.1 ±0.22	2.94 ±0.18 <sup>a</sup>	4.6 ±0.31 <sup>a</sup>	3.9 ±0.16 <sup>b</sup>	4.8 ±0.28 <sup>b</sup>
GSH (mg/g)	80.9 ±5.68	85.8 ±8.90	81.6 ±9.00	96.9 ±8.44	25.6 ±3.71 <sup>ab</sup>	52.0 ±4.38	47.3 ±5.76 <sup>a</sup>	64.8 ±5.46 <sup>b</sup>

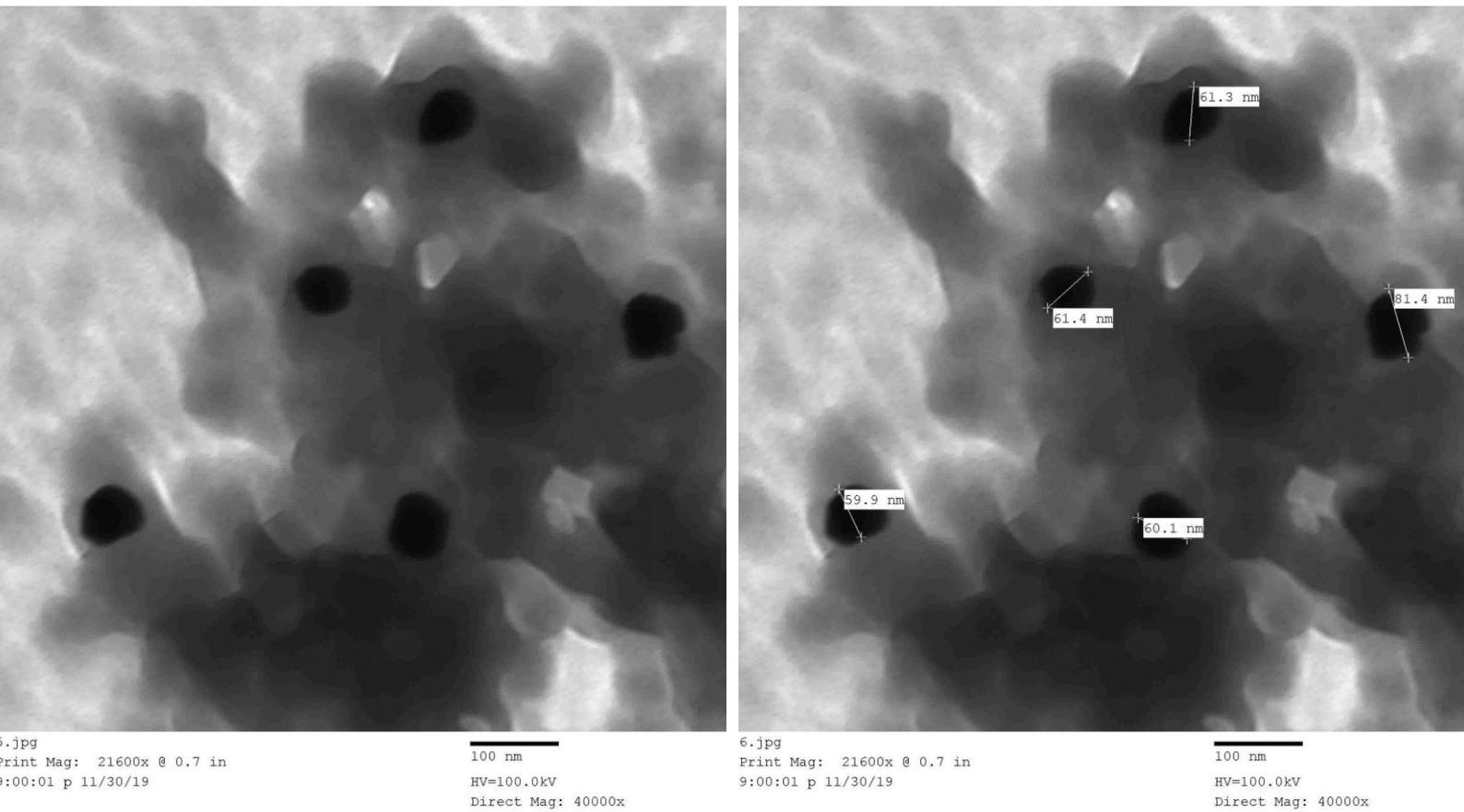
Results are presented as mean ±SE for 6 rats in each group.

**C:** Control, **GBE:** *Ginkgo biloba* extract, **AuNPs:** Gold nanoparticles, **GBE AuNPs:** *Ginkgo biloba* extract loaded on gold nanoparticles, **KBrO<sub>3</sub>:** Potassium bromate.

a and b: significant as compared to control and KBrO<sub>3</sub> groups, respectively at P≤0.05.

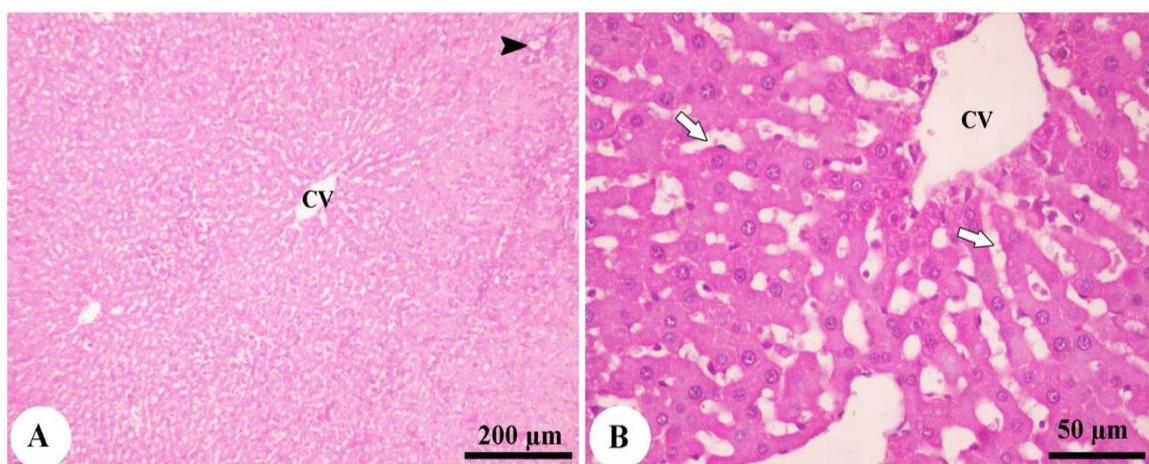


**Fig.(1): AuNPs were examined by UV/VIS spectrophotometer Particles absorbance was maintained at range between 200:800 nm.**

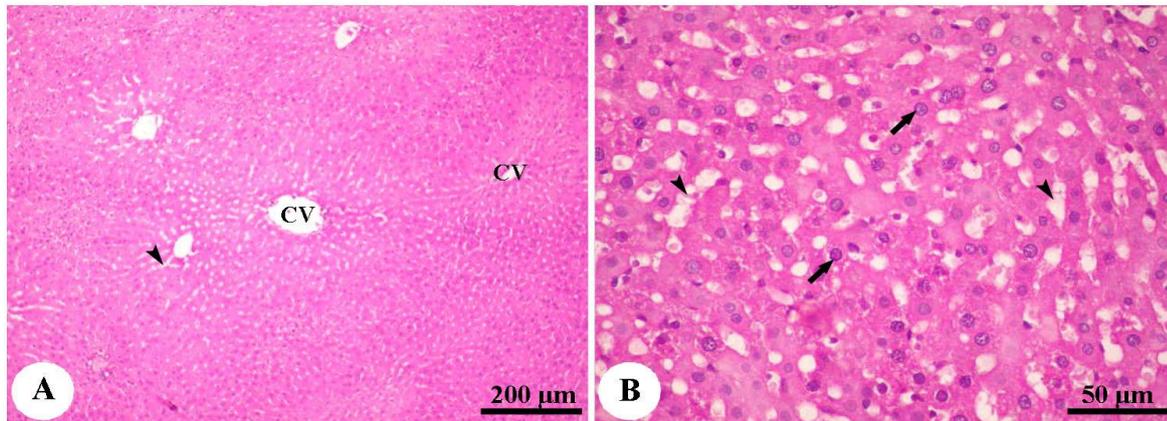


**Fig.(2):** Electron micrograph of AuNPs suspension on Transmission Electron Microscopy (TEM) showing majority of almost spheroidal to rod shaped gold nanoparticles with diameters ranging between 59.9:81.4 nm.

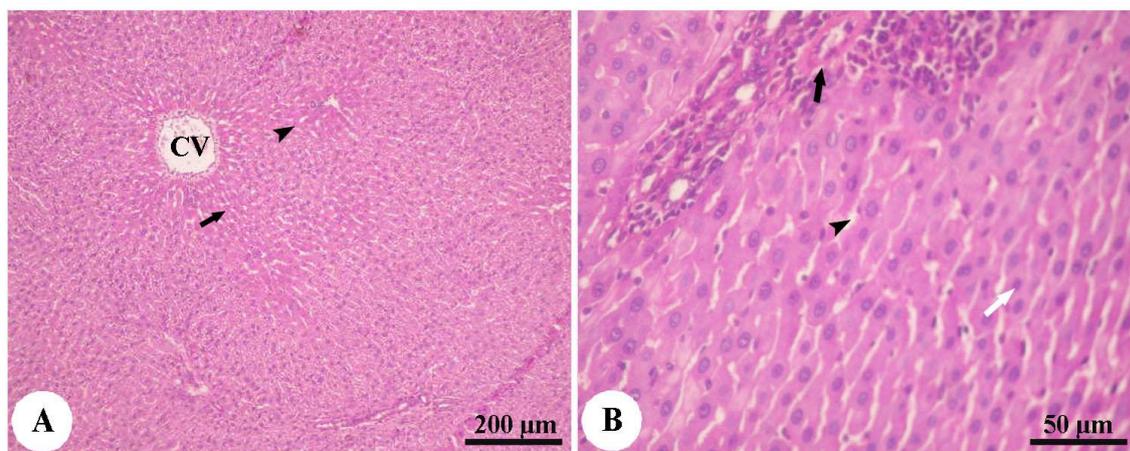
**Histological examinations**



**Fig (3)** Photomicrograph of liver from group normal control showing; A, normal architecture of liver tissue including, central vein (CV), portal area with portal vein (arrow head), B, normal hepatic cords with normal blood sinusoid (white arrow). H&E



**Fig (4)** Photomicrograph of liver from group GBE showing; A, normal sized, intact central vein (CV) and intact blood sinusoid (arrow head). B, intact polyhedral shaped hepatocytes with centrally located nucleus (arrow) separated by blood sinusoids (arrow head). H&E.



**Fig (5)** Photomicrograph of liver from group AuNPs showing; A, intact central vein (CV) and hepatocytes arranged in cord like pattern (arrow) separated by blood sinusoids (arrow head). B, higher magnification of liver showing hepatic cords (white arrow) separated by blood sinusoids (arrow head) and portal area (black arrow). H&E.

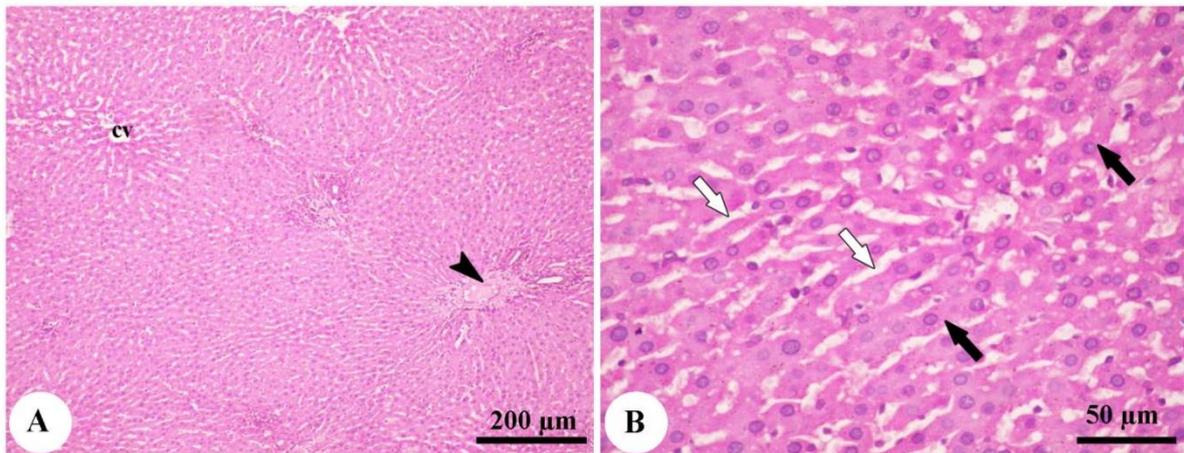


Fig (6) Photomicrograph of liver from group GBE/AuNPs showing; A, normal hepatic architecture with normal central vein (asterisk ) B, normal blood sinusoid ( white arrow ) , normal hepatic cord ( black arrow).

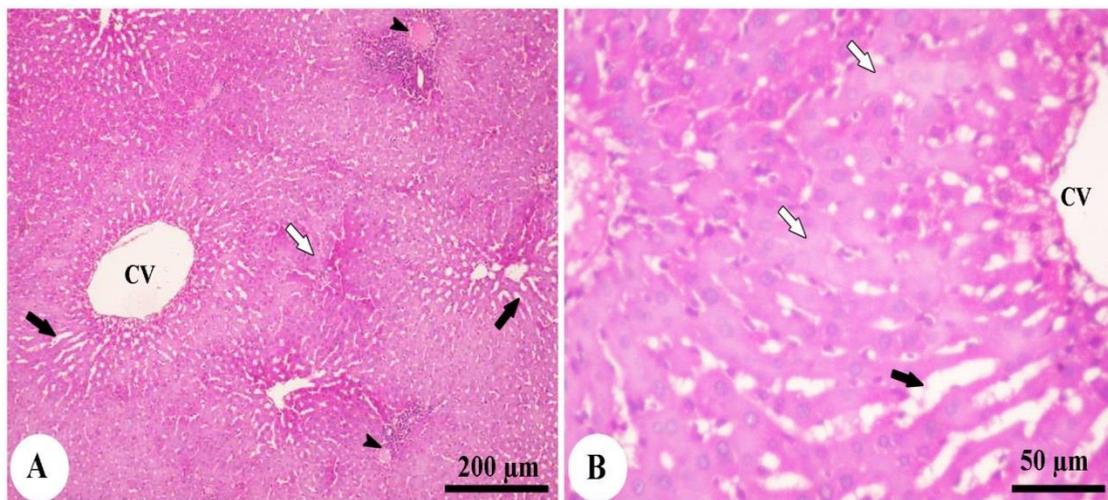
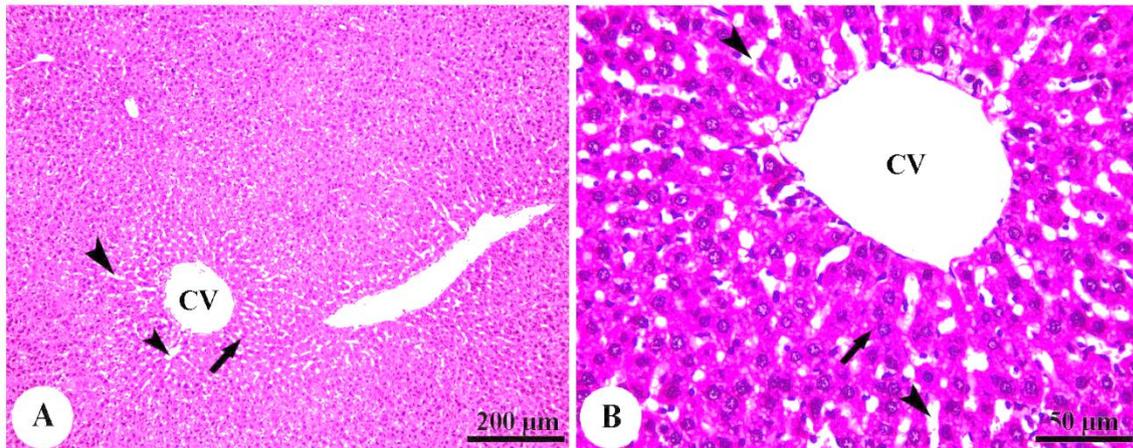
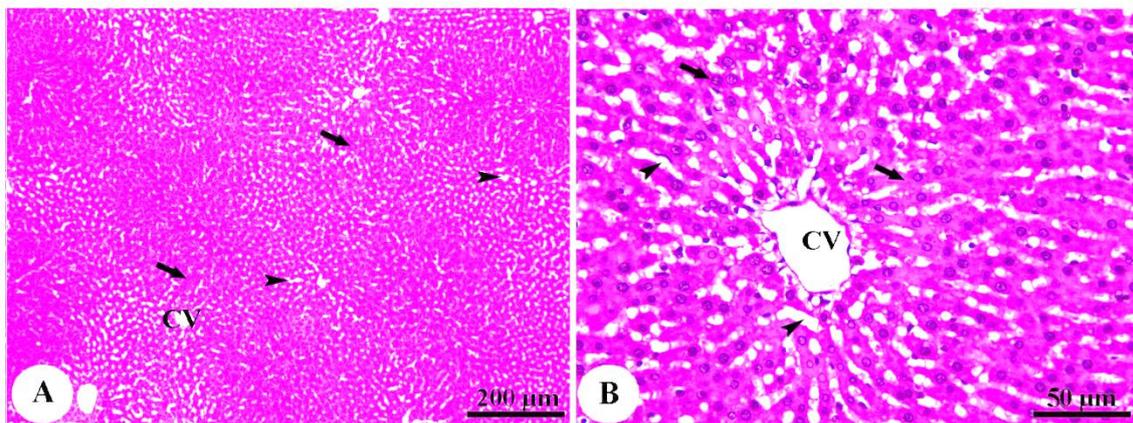


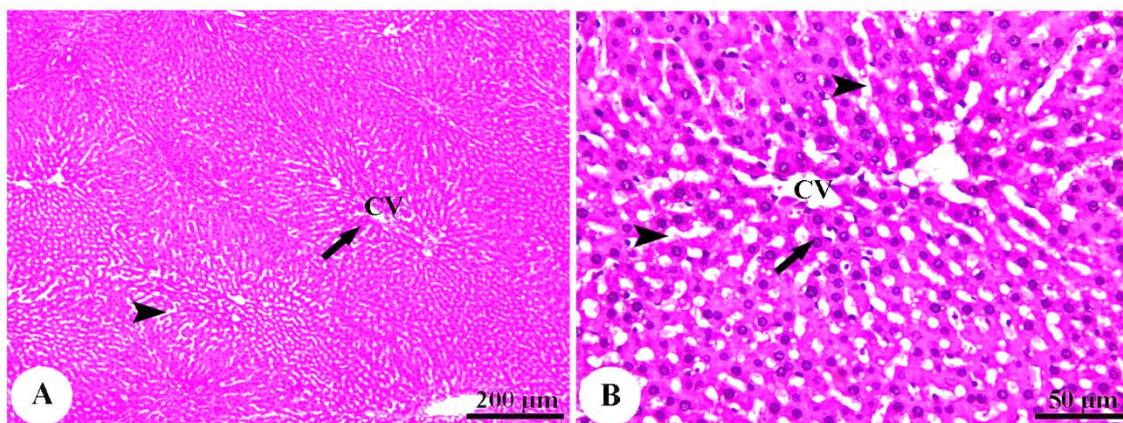
Fig (7) Photomicrograph of liver from group KBrO<sub>3</sub> showing; A, dilated centro-lobular blood sinusoid (black arrow), degeneration at the periphery of the lobules(white arrow). B, Congestion of the portal vein with inflammatory cells infiltration at the portal area (arrow head).



**Fig (8)** Photomicrograph of liver from group  $\text{KBrO}_3$ +GBE showing; mild to moderate dilation of central vein (CV) and blood sinusoids (arrow head) beside intact hepatocytes (arrow) B, higher magnification of A. H&E.



**Fig (9)** Photomicrograph of liver from group  $\text{KBrO}_3$ + AuNPs showing A, mild dilation of central vein (CV) and blood sinusoids (arrow head) beside intact hepatocytes (arrow). B, higher magnification of A. H&E.



**Fig (10) Photomicrograph of liver (A&B) from group  $\text{KBrO}_3$ +GBE AuNPs showing intact hepatocytes (arrow) radiating from normal sized central vein (CV) and separated by blood sinusoids (arrow head). H&E.**

### DISCUSSION

Various studies showed that  $\text{KBrO}_3$  is a strong oxidizing agent that generates free radicals during xenobiotic metabolism. It perturbs the redox balance in the cells damaging the structural and functional status of the target tissues and macromolecules. Such derogatory effect, if prolonged, can cause many diseases, including cancer, depending on the dose, duration, and concurrent circumstances in the exposed organisms (Hassan *et al.*, 2020).

The present study investigated the potential therapeutic effects of GBE, AuNPs and GBE AuNPs on  $\text{KBrO}_3$  induced hepatotoxicity.

In the current study,  $\text{KBrO}_3$  administration significantly increased TC, TG and LDL-C while decreased HDL-C compared to control group. These results are in agreement with other previous studies (Altoom *et al.*, 2018; Ben Saad *et al.*, 2016; Rezaq, 2019). While treatment groups (GBE, AuNPs, GBEAuNPs) showed significant decrease in TC, TG and LDL-C, and significantly improved HDL-C. Similar results were obtained by Dubey *et al.* (2005) as they registered elevated levels of serum TC, TG, LDL-C and decreased HDL-C that induced by Coconut oil was used as a vehicle for cholesterol feeding, that were returned towards normal values by GBE. Also, Wei *et al.* (2013) reported that simvastatin elevated levels of serum TC, TG, LDL-C and decreased HDL-C but were returned towards normal values by GBE. Also, Vinodhini *et al.* (2014) reported elevated levels of serum TC, TG, LDL-C and decreased HDL-C that induced by isoproterenol and returned towards normal values by AuNPs.

$\text{KBrO}_3$  significantly increased serum level of ALT, AST, ALP, TB and DB while significantly decreased TP and Alb compared to control group.

ALT and AST levels increased in the current study by  $\text{KBrO}_3$  as compared to control group and in agreement with Omer *et al.* (2008) ; Oseni *et al.* (2015). While treatment groups showed significant improvement in ALT and AST levels. Similar results were obtained by Chávez-Morales *et al.* (2011) who reported that there were elevated levels of serum ALT and AST induced by carbon tetrachloride that were returned towards normal values by GBE. Also, Parimoo *et al.* (2014) reported elevated levels of serum ALT and AST induced by lantadenes that returned towards normal values by GBE. Also, Vinodhini *et al.* (2014) reported that elevated levels of serum ALT and AST induced by isoproterenol that returned towards normal values by AuNPs.

Similarly, ALP level was significantly increased by  $\text{KBrO}_3$  administration compared to control group, this agrees with other previous studies (Farombi *et al.*, 2002; Oseni *et al.*, 2015). While treatment groups showed significant improvement in ALP level. Ding *et al.* (2005) reported that the elevated level of serum ALP

by carbon tetrachloride was returned towards normal value by GBE. Also, **Parimoo et al. (2014)** reported elevated level of serum ALP induced by lantadenes that were returned towards normal values by GBE. Moreover **Abdelhalim and Moussa (2013)** reported that AuNPs decrease the level of serum ALP compared to control group.

In the current study,  $\text{KBrO}_3$  significantly reduced TP and Alb that may be due to liver cell damage which resulted in reduction of TP and Alb synthesis compared to control group. This was consistent with data obtained by **Diachenko and Warner (2002)** ; **Omer et al. (2008)** ; **Saad et al. (2016)** ; **Stuti and D'Souza (2013)**. On the other hand, treatment groups showed significant improvement in Alb and TP levels. Similar results were obtained by other authors working on different toxic materials such as **Zhang et al. (2004) and Ding et al. (2005)** who reported that the elevated level of serum Alb and TP induced by carbon tetrachloride were returned towards normal values by GBE. In this line **Zhang et al. (2011)** reported that treatment by AuNPs improved the levels of serum Alb and TP compared to control group.

Elevations of total bilirubin (TB) and direct bilirubin (DB) in the current study, are indicators of liver injury, cholestasis, and hepatic dysfunction. This effect was consistent with the previous study of **Ben Saad et al. (2016)**. While treatment groups showed significant decrease in TB and DB levels. These data are in accordance with **Ding, Yu et al. (2005) and Chávez-Morales, Jaramillo-Juárez et al. (2011)** reported elevated level of serum TB and DB induced by carbon tetrachloride were returned towards normal values by GBE. **Zhang et al. (2011)** reported that AuNPs improve level of serum TB and DB compared to control group.

Increased creatinine, urea, and uric acid levels resulted from an impairment in protein metabolism which accumulate in the blood, hence causing uremia, high levels of creatinine a byproduct of creatinine phosphate and an indicative of progression of renal damage. In the current study, renal function was deteriorated caused by  $\text{KBrO}_3$  administration compared to control group, a result that consistent with other previous studies **Khan, Khan, et al. (2012a)** ; **Kanadi et al. (2019)** ; **Akomolafe et al. (2020)** . While treatment groups showed significant improvement in renal function. Similar results were obtained by **Okuyan, Izzettin et al. (2012)** who reported elevated level of serum creatinine, urea, and uric acid induced by Cisplatin were returned towards normal values by GBE. Also, **Chang et al. (2020)** reported elevated level of serum creatinine, urea, and uric acid induced by Streptozotocin were returned towards normal values by GBE. **Zhang et al. (2011)** reported that AuNPs improved the levels of serum creatinine, urea, and uric acid compared to control group.

Oxidative stress is caused by destructive and progressive modifications in one or more body tissues, leading to dysfunction of organs, premature aging, and sometimes diseases and death. It is a natural and fundamental process of the body, but it also involves the acceleration of destructive modifications over time, not only at the cellular level but also at the molecular level (**de Souza et al., 2020**).

In the current study,  $\text{KBrO}_3$  induced hepatotoxicity have been identified to involve oxidative stress among others. The increased concentration of MDA in liver tissues of rats are suggestive of facilitated LPO resulting in tissue damage and failure of body's antioxidant defense mechanisms to hinder the formation of excessive free radicals.

In the current study, MDA was significantly increased by  $\text{KBrO}_3$  administration compared to control group. This is consistent with other previous studies (**Akanji et al., 2008; Bayomy et al., 2016**). While treatment groups showed significant decreased level of hepatic MDA tissue. Similar results were obtained by **Aljadaani et al. (2016)** who reported elevated level of hepatic MDA tissue induced by carbon tetrachloride were returned towards normal values by GBE. Also, **Yalçın et al. (2020)** reported elevated level of hepatic MDA tissue induced hydrogen peroxide ( $\text{H}_2\text{O}_2$ ) were returned towards normal values by GBE. Also **Dkhil et al. (2015)** reported elevated level of hepatic MDA tissue that induced by schistosomiasis were returned towards normal values by AuNPs. Mean while, **Tian et al. (2019)** reported effect of GBE exopleura extract and chitosan coating against elevated level of hepatic MDA tissue.

Alternatively, PC has been found to be sensitive to antioxidant intervention. PC is the most commonly measured end product of ROS-induced protein oxidation in biological samples, and this modification is known for its deleterious effects on protein function and structure, is implicated in several diseases (**Shacter, 2000**).

In the current study, PC was significantly increased by  $\text{KBrO}_3$  compared to control group, as shown in previous studies (**Ahlborn et al., 2009; Ahmad et al., 2015; Ben Saad et al., 2016; Saad et al., 2016**). While treatment groups significantly decreased level of hepatic PC tissue. Similar results were obtained by **Yallapragada and Velaga (2015)** reported elevated level of hepatic PC tissue induced lead were returned towards normal values by GBE. Also, **Li et al. (2019)** reported elevated level of hepatic PC tissue induced D-Gal-Induced Aging were returned towards normal values by GBE. **Lopez-Chaves et al. (2018)** reported elevated level of hepatic PC tissue that induced by hydrogen peroxide were returned towards normal values by AuNPs.

In fact, increased levels of NO induce nitrosative stress. NO is known to react with superoxide radicals to form the damaging peroxynitrite, a reactive nitrogen species. In the current study, NO was significantly increased by  $\text{KBrO}_3$  compared to control group, These results agree with previous reports (**Ahmad & Mahmood, 2012, 2016**). While treatment group showed significant decrease in NO level. Similar results were obtained by **El-Boghdady (2013)** who reported elevated level of hepatic No tissue induced by adriamycin, were returned towards normal values by GBE. Also, **Al Kury et al. (2020)** reported elevated level of hepatic No tissue induced by methotrexate were returned towards normal values by GBE and **Dkhil et al. (2015)** reported elevated level of hepatic NO tissue that induced by schistosomiasis, were returned towards normal values by AuNPs.

However, antioxidant enzymes play important role in detoxification of oxidative damages and constitute a mutually supportive team of defense against ROS. The oxidative stress is produced as a result of an imbalance between reactive oxygen species and antioxidant defense system. SOD, CAT, GST and GSH represents an armory of antioxidants produced by the body to neutralize or 'mop up' free radicals that can harm the cells and hence defend it against oxidative stress. The ability of the body to produce these antioxidants is controlled by genetic makeup and influenced by exposure to environmental factors such as diet and chemicals (**Dwivedi & Sarkar, 2010**).

Potassium bromate ( $\text{KBrO}_3$ ) results in significant reduction in the levels and activities of non-enzymatic and enzymatic antioxidant molecules including reduced SOD, CAT, GST and GSH in the liver and many other organs (**Tsuchiya et al., 2018**). The involvement of ROS such as  $\text{H}_2\text{O}_2$ , hydroxyl radicals ( $\text{OH}^\cdot$ ) and superoxide anion ( $\text{O}^{2-}$ ) in  $\text{KBrO}_3$  induced hepatotoxicity has been reported thereby culminating in oxidative stress, which is one of the important mechanisms for several pathological conditions including hepatic injury, tissue wasting, neoplastic transformation, and tumor generation (**Adewale et al., 2019**).

In the current study, SOD was significantly decreased by  $\text{KBrO}_3$  compared to control group, This is consistent with other previous studies (**Sahin et al., 2012; Ahmad et al., 2015; Adewale et al., 2019; Mohamed & Ashour, 2019**). While treatment groups showed significant improvement, as shown in previous studies. Similar results were obtained by **Chávez-Morales et al. (2011)** who reported decrease level of hepatic SOD tissue induced carbon tetrachloride were returned towards normal values by GBE. Also, **Wahby et al. (2017)** reported decreased level of hepatic SOD tissue induced by Bisphenol were returned towards normal values by GBE and **Vinodhini et al. (2014)** reported decreased level of hepatic SOD tissue induced by isoproterenol were returned towards normal values by AuNPs. while **Arulkumar and Sabesan (2010)** reported decreased level of hepatic SOD tissue induced by restrain stress were returned towards normal values by GBEAuNPs.

In the current study, CAT was significantly decreased by  $\text{KBrO}_3$  compared to control group. Previous studies confirmed this (**Sahin et al., 2012; Ahmad et al., 2015; Adewale et al., 2019**). While treatment groups showed significant improvement in CAT levels. Similar results were obtained by **Chávez-Morales et al. (2011)** reported decreased levels of hepatic CAT tissue induced by carbon tetrachloride, were returned towards normal values by GBE. Also, **Wahby et al. (2017)** reported decreased levels of hepatic CAT tissue induced by Bisphenol, were returned towards normal values by GBE and **Vinodhini et al. (2014)** reported decreased levels of hepatic CAT tissue induced by isoproterenol were returned towards normal values by AuNPs. **Arulkumar and Sabesan (2010)** reported decreased levels of hepatic CAT tissue induced by restrain stress, were returned towards normal values by GBEAuNPs.

In the current study, GSH was significantly decreased by  $\text{KBrO}_3$  compared to control group, in consistent with previous reports (**Adewale et al., 2019; Ahmad et al., 2015; Mohamed & Ashour, 2019**). While treatment groups showed significant improvement in GSH levels. Similar results were obtained by **Abd El-Maksoud et al. (2019)** who reported decreased level of hepatic GSH tissue induced by silver nanoparticles were

returned towards normal values by GBE. Also, **Al Kury et al. (2020)** reported decreased level of hepatic GSH tissue induced methotrexate were returned towards normal values by GBE. Also, **Yalçın et al. (2020)** reported decrease level of hepatic GSH tissue induced by H<sub>2</sub>O<sub>2</sub> were returned towards normal values by GBE. While **Vinodhini et al. (2014)** reported decrease level of hepatic GSH tissue induced by isoproterenol were returned towards normal values by AuNPs and **Arulkumar and Sabesan, (2010)** reported decreased level of hepatic GSH tissue induced by restrain stress were returned towards normal values by GBEAuNPs.

In the current study, GST activity was significantly decreased by KBrO<sub>3</sub> compared to control group, other previous studies support this finding (**Murata et al., 2001; Arulkumar and Sabesan, 2010; Khan, Khan, et al., 2012b; Ahmad et al., 2015**). While treatment groups showed significant improvement in GST levels. Similar results were obtained by **Wahby et al. (2017)** who reported decreased level of hepatic GST tissue induced by Bisphenol were returned towards normal values by GBE. Also, **Al Kury et al. (2020)** reported decreased level of hepatic GST tissue induced methotrexate were returned towards normal values by GBE. Moreover **Abdelhafidh et al. (2018)** reported that AuNPs improved the level of hepatic GST tissue compared to control group and **Arulkumar and Sabesan (2010)** reported decreased level of hepatic GST tissue induced by restrain stress were returned towards normal values by GBEAuNPs.

In the current study, histological examination showed inflammation and necrosis to liver caused by KBrO<sub>3</sub> compared to control group, as supported by other previous studies (**Omer et al., 2008; Oyewo et al., 2017; Gheth et al., 2019**). While treatment groups exhibited improved histological structure towards normal. Similar results were obtained by **Olubunmi et al. (2017)** reported improvement effect of GBE against cadmium. Also, **Abdul-Hamid et al. (2018)** reported improvement effect of GBE against amiodarone.

## CONCLUSION

The results show that treatment groups ameliorated the hepatotoxic effect produced by KBrO<sub>3</sub>. This observation indicated the treatment group could be a potential therapeutic agent in the treatment of toxic effects of KBrO<sub>3</sub>. GBEAuNPs treated group had more effect as compared to GBE treated group and AuNPs treated group.

## Conflict of Interest

The authors declare that there is no conflict of interest.

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