

1 RESEARCH ARTICLE

2 Dose-Dependent Inhibitory Effect of Ferulic Acid, A 3 Dietary Antioxidant on Nicotine-Induced Tissue 4 Oxidative Stress in Experimental Rats

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10 **ABSTRACT**

11 The present study was aimed at elucidating the protective effect of ferulic acid (FA), a natural polyphenol,
12 against nicotine-induced tissue damage, including damages to lung, liver and kidney of experimental rats.
13 Female albino rats of Wistar stain were used for the experimental study. Lung toxicity was induced by
14 subcutaneous injection of nicotine at a dose of 2.5 mg/kg body weight (5 days a week, for 22 weeks) and
15 FA was given simultaneously by intragastric intubations for 22 weeks. To establish the most effective pro-
16 tective support, we have used three different doses of FA (10, 20 and 40 mg/kg body weight). The levels
17 of lipid peroxidative indices viz., thiobarbituric acid reactive substances and hydroperoxides, nitric oxide
18 and protein carbonyl content in lung, liver and kidney of nicotine-treated rats increased significantly in
19 nicotine-treated rats when compared to control, which were brought down to near normal in FA-treated
20 groups. The body weight gain of rats and endogenous antioxidant status viz., superoxide dismutase, catalase,
21 glutathione peroxidase and reduced glutathione were found to be significantly decreased in lung, liver and
22 kidney of nicotine-treated group, which were significantly increased in FA-administered groups. The dose 20
23 mg/kg body weight of FA was found to be more effective than the other two doses. Our data suggest that FA
24 exerts its protective effect by modulating lipid peroxidation and augmenting antioxidant defense system in tis-
25 sues.

26 **Keywords:** *Antioxidants, Ferulic acid, Lipid peroxidation, Nicotine*

27 Nicotine, an alkaloid composed of a pyridine and a
28 pyrrolidine ring is found in the plant kingdom through-
29 out a wide range of families [1, 2]. Tobacco abuse and
30 nicotine replacement therapies are the main sources of
31 human exposure to nicotine [3]. Oxidative stress in the
32 cells or tissues refers to enhanced generation of reactive
33 oxygen species (ROS) and/or depletion in antioxidant
34 defense system causing an imbalance between pro-
35 oxidants and antioxidants [4]. Nicotine is a potential
36 oxidant and has been shown to induce free radical gen-
37 eration and lipid peroxidation, which cause severe dam-
38 age to tissues [5]. In addition, nicotine has also been
39 found to disturb the antioxidant defense mechanisms in
40 rats fed a high fat diet [6].

41 Phenolic acids are naturally occurring polyphenolic
42 compounds that are widely distributed in fruits, vegeta-
43 bles, whole grains and beverages such as red wine and
44 tea. They attract special attention because they are con-
45 sumed daily in considerable amounts and exhibit a wide
46 variety of health-protective properties such as free radi-
47 cal scavenging, metal-chelation, modulation of enzymic
48 activity and more recently, to effect signal transduction,
49 activation of transcription factors and gene expression
50 [7-10]. These facts have directed us to focus presently
51 on investigating the antioxidant capability of ferulic
52 acid (FA), a most abundant natural phenolic compound
53 in fruits and grains, against nicotine-induced toxicity.
54 Ferulic acid (3-methoxy-4-hydroxy cinnamic acid) is a
55 phytochemical commonly found in fruits and vegetables
56 such as tomatoes, sweet corn, and rice bran [11]. It
57 arises from metabolism of phenylalanine and tyrosine
58 by Shikimate pathway in plants. FA is a strong mem-
59 brane antioxidant in humans and known to protect
60 against cancer, cold, flu, influenza, skin aging and mus-
61 cle wasting [12]. FA can be characterized as a natural
62 antioxidant and a chemopreventive agent, as it has been
63 reported to suppress experimental carcinogenesis in fore-
64 stomach, lungs, skin, tongue and colon [12].

Table 1. Changes in the levels of body weight gain

S. No	Groups	Weight gain (g)
1	Control	150.5 ± 13.45a
2	Nicotine	59.33 ± 6.28 ^e
3	Nicotine+ FA (10 mg/kg b.w)	85.33 ± 5.93 ^d
4	Nicotine+ FA (20 mg/kg b.w)	134.66 ± 4.38 ^b
5	Nicotine+ FA (40 mg/kg b.w)	102.32 ± 5.32 ^c

Values are mean ± S.D from 6 rats in each group.

The data were compared by ANOVA followed DMRT. Values that are not sharing the common superscript differ significantly at $p \leq 0.05$.

Table 2a. Changes in the levels of TBARS in lung, liver and kidney

S. No	Groups	Lung (U ^a)	Liver (U ^a)	Kidney (U ^a)
1	Control	0.63 ± 0.02 ^e	0.72 ± 0.02 ^e	0.45 ± 0.03 ^c
2	Nicotine	1.21 ± 0.02 ^a	1.13 ± 0.05 ^a	0.67 ± 0.03 ^a
3	Nicotine+ FA (10 mg/kg b.w)	0.96 ± 0.02 ^b	1.01 ± 0.05 ^b	0.62 ± 0.03 ^{ab}
4	Nicotine+ FA (20 mg/kg b.w)	0.72 ± 0.01 ^d	0.81 ± 0.04 ^d	0.49 ± 0.05 ^c
5	Nicotine+ FA (40 mg/kg b.w)	0.81 ± 0.03 ^c	0.93 ± 0.03 ^c	0.58 ± 0.01 ^b

Table 2b. Changes in the levels of HP in lung, liver and kidney

S. No	Groups	Lung (U ^b)	Liver (U ^b)	Kidney (U ^b)
1	Control	51.21 ± 1.29 ^e	40.19 ± 0.81 ^e	32.28 ± 1.53 ^e
2	Nicotine	79.78 ± 0.82 ^a	65.44 ± 1.25 ^a	47.59 ± 1.15 ^a
3	Nicotine+ FA (10 mg/kg b.w)	71.87 ± 1.05 ^b	60.76 ± 1.81 ^b	45.81 ± 1.47 ^b
4	Nicotine+ FA (20 mg/kg b.w)	54.46 ± 1.13 ^d	44.30 ± 2.34 ^d	35.27 ± 1.38 ^d
5	Nicotine+ FA (40 mg/kg b.w)	62.82 ± 1.18 ^c	52.73 ± 1.83 ^c	40.94 ± 1.07 ^c

(U^a) and (U^b) - mmole/100 g tissue

Values are mean ± S.D from 6 rats in each group.

The data were compared by ANOVA followed DMRT. Values that are not sharing the common superscript differ significantly at $p \leq 0.05$

65 FA is an effective scavenger of free radicals and it has
66 been approved in certain countries as a food additive to
67 prevent lipid peroxidation. Rukkumani et al. [13] have
68 also reported that FA is an efficient hepatoprotective
69 agent against alcohol and heated polyunsaturated fatty
70 acid (PUFA)-induced liver damage.

71 Although the effect of FA on prooxidant/antioxidant
72 status in circulation has been evaluated during nicotine-
73 induced toxicity [14], this effect has been not evaluated
74 on tissue oxidative stress. Hence, the present study was
75 designed to examine the effect of FA on lipid peroxida-
76 tion and antioxidant status during nicotine-induced tox-
77 icity in lung, liver and kidney of Wistar rats.

MATERIALS AND METHODS

Maintenance of animals

80 Thirty female albino rats, Wistar strain of body
81 weight ranging from 145-165g, were bred in the central
82 Animal House, Rajah Muthiah Medical College, Tamil
83 Nadu, India. The animals were housed in polypropylene
84 cages (47 × 34 × 18 cm) in an air-conditioned room
85 with controlled temperature (25 ± 2°C) and automatic

86 lighting (alternating 12 h periods of light and dark). The
87 animals were fed on the standard pellet diet (Hindustan
88 Lever Limited, Mumbai, India) and water was given ad
89 libitum. The standard pellet diet comprised 21% protein,
90 5% lipids, 4% crude fiber, 8% ash, 1% calcium, 0.6%
91 phosphorus, 3.4% glucose, 2% vitamins and 55% nitro-
92 gen free extract (carbohydrates). It produces a metabo-
93 lisable energy of 3600 Kcal. The animals used in the
94 present study were maintained in accordance with the
95 guidelines of the National Institute of Nutrition, Indian
96 Council for Medical Research, Hyderabad, India and
97 approved by the Animal Ethical Committee, Annamalai
98 University (Reg. No.160/1999/CPSEA) (Approval
99 number: 360)

Chemicals

101 Nicotine, FA and other fine chemicals were obtained
102 from Sigma Chemical Company, St Louis, USA. All the
103 chemicals and reagents used were of analytical grade.

Experimental induction of nicotine toxicity

105 Nicotine (2.5mg/kg body weight) was dissolved in
106 physiological saline and the pH was adjusted to 7.2 with

Table 3. Changes in the levels of NO in lung, liver and kidney

S. No	Groups	Lung (U ^a)	Liver (U ^a)	Kidney (U ^a)
1	Control	6.54 ± 0.60 ^c	10.43 ± 0.40 ^e	4.95 ± 0.50 ^e
2	Nicotine	12.46 ± 1.13 ^a	22.04 ± 2.04 ^a	8.03 ± 0.19 ^a
3	Nicotine+ FA (10 mg/kg b.w)	10.95 ± 0.82 ^b	19.59 ± 0.89 ^b	7.43 ± 0.41 ^b
4	Nicotine+ FA (20 mg/kg b.w)	7.11 ± 0.64 ^c	12.59 ± 1.32 ^d	5.18 ± 0.33 ^d
5	Nicotine+ FA (40 mg/kg b.w)	9.93 ± 0.78 ^b	15.76 ± 1.27 ^c	6.67 ± 0.42 ^c

(Ua)- x 10⁻³ μM of nitrite/mg protein

Values are mean ± S.D from 6 rats in each group.

The data were compared by ANOVA followed DMRT. Values that are not sharing the common superscript differ significantly at p≤0.05.

Table 4. Changes in the levels of PCC in lung, liver and kidney

S. No	Groups	Lung (U ^a)	Liver (U ^a)	Kidney (U ^a)
1	Control	3.98 ± 0.13 ^d	4.51 ± 0.41 ^c	2.34 ± 0.24 ^e
2	Nicotine	10.64 ± 0.61 ^a	12.99 ± 0.64 ^a	8.43 ± 0.51 ^a
3	Nicotine + FA (10 mg/kg b.w)	8.55 ± 0.75 ^b	10.54 ± 0.80 ^b	7.11 ± 0.17 ^b
4	Nicotine + FA (20 mg/kg b.w)	4.66 ± 0.49 ^d	5.50 ± 0.42 ^d	3.57 ± 0.37 ^d
5	Nicotine + FA (40 mg/kg b.w)	7.48 ± 0.51 ^c	7.65 ± 0.45 ^c	6.16 ± 0.19 ^c

(Ua)- nmol/mg protein

Values are mean ± S.D from 6 rats in each group.

The data were compared by ANOVA followed DMRT. Values that are not sharing the common superscript differ significantly at p≤0.05.

sterile 0.1N HCl to ensure the stability of the chemical. (30 mg/kg body wt.). The lung, liver and kidney were
 Nicotine was injected subcutaneously for 5 days a week excised, blood was cleared off by several washings with
 for 22 weeks [15]. phosphate buffered saline (1X PBS) and the tissues

Treatment with ferulic acid

Ferulic acid was dissolved in water and administered (30 mg/kg body wt.). The lung, liver and kidney were
 to the rats through intragastric intubations at different (30 mg/kg body wt.). The lung, liver and kidney were
 doses - 10 mg/kg body weight, 20 mg/kg body weight, (30 mg/kg body wt.). The lung, liver and kidney were
 40 mg/kg body weight daily for 22 weeks [14]. Most of (30 mg/kg body wt.). The lung, liver and kidney were
 the previous studies used 20 mg/kg body weight of FA (30 mg/kg body wt.). The lung, liver and kidney were
 against different pathological conditions, including al- (30 mg/kg body wt.). The lung, liver and kidney were
 trichloroacetic acid precipitation by the method of (30 mg/kg body wt.). The lung, liver and kidney were
 cohol and heated PUFA and CCL₄-induced toxicity in (30 mg/kg body wt.). The lung, liver and kidney were
 Lowry [18]. (30 mg/kg body wt.). The lung, liver and kidney were

Wistar rats [16, 17]. So, we used this range of FA to fix

the effective dose. Daily FA was administered immedi- **Biochemical investigations**

ately after administration of nicotine at 10.00 am.

Experimental design

The animals were randomized into five groups of six (30 mg/kg body wt.). The lung, liver and kidney were

Group 1: Control (Received 1 ml of physiological saline (30 mg/kg body wt.). The lung, liver and kidney were

Group 2: Nicotine (Received subcutaneously at the dose (30 mg/kg body wt.). The lung, liver and kidney were

Group 3: Nicotine + FA (10 mg/kg b. wt., Given orally (30 mg/kg body wt.). The lung, liver and kidney were

Group 4: Nicotine + FA (20 mg/kg b. wt., Given orally (30 mg/kg body wt.). The lung, liver and kidney were

Group 5: Nicotine + FA (40 mg/kg b. wt., Given orally (30 mg/kg body wt.). The lung, liver and kidney were

Preparation of tissue homogenate

At the end of the experimental period of 22 weeks, (30 mg/kg body wt.). The lung, liver and kidney were
 the rats were kept fasting overnight and sacrificed by (30 mg/kg body wt.). The lung, liver and kidney were
 cervical dislocation after anaesthetizing the animals (30 mg/kg body wt.). The lung, liver and kidney were
 with intramuscular injections of ketamine hydrochloride (30 mg/kg body wt.). The lung, liver and kidney were

group. A difference with p value ≤ 0.05 was considered to be statistically significant.

RESULTS

Body weight gain

Table 1 gives the changes in body weight. There was a significant decrease in the body weight of nicotine-treated rats when compared to control rats. Treatment with FA significantly improved the weight gain when compared to nicotine group. Treatment with 20mg/kg b. wt. was found to be more effective than 10 and 40mg/kg b. wt.

Extent of lipid peroxidation

As Table 2a and 2b show, the levels of lipid peroxidative markers- TBARS and HP were significantly increased in lung, liver and kidney of nicotine-treated group when compared to control. FA treatment effectively brought back the TBARS and HP levels to near normal, further middle dose showed better effect.

Levels of nitric oxide

As illustrated in Table 3, the NO levels were elevated in lung, liver and kidney of nicotine-treated animals, when compared to control group. The levels of NO were significantly decreased in all three tissues of FA-treated animals when compared to nicotine-treated animals. The effect of FA on NO was more prominent at 20mg/kg b.wt. concentration.

Protein carbonyl content levels

Table 4 depicts the Protein carbonyl content (PCC) levels in lung, liver and kidney of control and experimental rats. PCC levels were significantly elevated in lung, liver and kidney of nicotine-treated rats when compared with control. FA treatments effectively brought back the PCC levels to near normal in all the tissues, but middle dose was more promising.

Endogenous antioxidant status

Table 5 demonstrates the activities of SOD (Tab. 5a), CAT (Tab. 5b) and GPx (Tab. 5c) and levels of GSH (Tab. 5d) in lung, liver and kidney of control and experimental rats. The activities of SOD, CAT and GPx and levels of GSH were significantly decreased in all three tissues of nicotine-treated rats when compared to control. Treatment of FA at different doses effectively enhanced the antioxidant status in lung, liver and kidney when compared to nicotine-treated rats, but middle was (20 mg/kg b. wt.) more effective than other two doses.

DISCUSSION

Nicotine is known to cause severe damage to the tissues including lung, liver and kidney characterized by

inflammation and fibrosis. The generation of reactive oxygen species (ROS) has contributed to this injury, which could be partially prevented by antioxidants and free radical scavengers.

Effects of FA on the body weight gain

Nicotine, an active ingredient in tobacco is known to influence body weight. In our study, the initial body weight of rats was of 145-160g. Our results showed a significant decrease in weight gain of nicotine-treated rats when compared to control at the end of the experimental period. The weight loss during nicotine treatment may include one or more of the following reasons: (i) stimulation of the metabolic rate [27]; (ii) activation of lipoprotein lipase [28]; (iii) suppression of glycolysis [29]. Moreover, nicotine affects almost all organs of the body by its potent oxidant capacity, which in turn may reflect indirectly on the body weight gain [30].

Treatment with FA, especially 20 mg/kg body weight showed a significant improvement in body weight gain. This might be due to the antioxidant property of FA, which neutralizes free radicals, reduces the tissue damage and thus helps in the improvement of body weight. It has been reported that supplementation of FA in combination with weight training improves strength and increase the lean muscle mass [13].

Effects of FA on the lipid peroxidative index

The presence of oxidative stress in response to nicotine is supported by an increase in lipid peroxidation. In our study, we estimated the levels of lipid peroxidation in the lung, liver and kidney. The lung is primary organ exposed to cigarette smoke, the liver is the major metabolism site of nicotine, and the kidney is the organ that involves in the elimination of toxic nicotine metabolites. Nicotine increases the free radical production by various mechanisms. It has been reported that nicotine disrupts the mitochondrial respiratory chain leading to an increased generation of superoxide anions and hydrogen peroxide [31]. In addition free radicals might be generated through the increased activity of CYP450 enzymes during the intracellular metabolism of nicotine [32] leading to increased formation of lipid peroxidative products including TBARS and HP.

Administration of FA caused a significant decrease in the levels of TBARS and HP in the lung, liver and kidney of FA treated rats. It may be due to effective antioxidant property of FA. As shown in Figure 1, FA possesses distinct structural motifs that can possibly contribute to the antioxidant property of this compound. The presence of electron donating groups on the benzene ring [3-methoxy and more importantly 4-hydroxyl] of FA gives additional property for terminating free radical chain reaction. The next functionality – the carboxylic acid group in FA with adjacent unsaturated C=C double bond can provide additional attack sites for free radicals and thus prevent them from attacking the mem

Table 5a. Changes in the activities of SOD in lung, liver and kidney

S. No	Groups	Lung (U ^a)	Liver (U ^a)	Kidney (U ^a)
1	Control	12.68 ± 0.74 ^a	9.38 ± 0.67 ^a	8.30 ± 0.40 ^a
2	Nicotine	6.27 ± 0.43 ^e	5.65 ± 0.35 ^d	4.47 ± 0.31 ^e
3	Nicotine+ FA (10 mg/kg b.w)	8.38 ± 0.64 ^d	6.64 ± 0.35 ^c	5.42 ± 0.42 ^d
4	Nicotine+ FA (20 mg/kg b.w)	11.68 ± 0.88 ^b	8.85 ± 0.68 ^a	7.50 ± 0.28 ^b
5	Nicotine+ FA (40 mg/kg b.w)	9.92 ± 0.65 ^c	7.31 ± 0.38 ^b	6.13 ± 0.25 ^c

Table 5b. Changes in the activities of CAT in lung, liver and kidney

S. No	Groups	Lung (U ^b)	Liver (U ^b)	Kidney (U ^b)
1	Control	42.45 ± 1.58 ^a	75.38 ± 1.10 ^a	20.79 ± 1.23 ^a
2	Nicotine	24.80 ± 0.97 ^e	50.42 ± 1.56 ^e	10.33 ± 0.91 ^e
3	Nicotine+ FA (10 mg/kg b.w)	29.89 ± 1.30 ^d	55.33 ± 1.04 ^d	12.14 ± 0.97 ^d
4	Nicotine+ FA (20 mg/kg b.w)	40.20 ± 1.19 ^b	72.55 ± 1.43 ^b	18.36 ± 1.06 ^b
5	Nicotine+ FA (40 mg/kg b.w)	33.55 ± 1.14 ^c	63.27 ± 1.78 ^c	14.88 ± 1.03 ^c

Table 5c. Changes in the activities of GPx in lung, liver and kidney

S. No	Groups	Lung (U ^c)	Liver (U ^c)	Kidney (U ^c)
1	Control	14.62 ± 0.56 ^a	10.52 ± 0.79 ^a	9.60 ± 0.32 ^a
2	Nicotine	8.66 ± 0.55 ^e	7.45 ± 0.31 ^e	5.62 ± 0.49 ^e
3	Nicotine+ FA (10 mg/kg b.w)	9.45 ± 0.36 ^d	9.05 ± 0.18 ^d	6.51 ± 0.39 ^d
4	Nicotine+ FA (20 mg/kg b.w)	12.65 ± 0.60 ^b	9.67 ± 0.38 ^b	8.55 ± 0.44 ^b
5	Nicotine+ FA (40 mg/kg b.w)	10.82 ± 0.40 ^c	8.16 ± 0.20 ^c	7.20 ± 0.28 ^c

Table 5d. Changes in the levels of GSH in lung, liver and kidney

S. No	Groups	Lung (U ^d)	Liver (U ^d)	Kidney (U ^d)
1	Control	119.65 ± 7.26 ^a	131.88 ± 6.35 ^a	95.81 ± 4.39 ^a
2	Nicotine	71.35 ± 2.85 ^e	81.82 ± 4.77 ^e	65.46 ± 3.4 ^d
3	Nicotine+ FA (10 mg/kg b.w)	81.39 ± 4.50 ^d	92.89 ± 4.02 ^d	73.05 ± 2.96 ^c
4	Nicotine+ FA (20 mg/kg b.w)	108.20 ± 7.30 ^b	122.40 ± 5.68 ^b	91.96 ± 4.77 ^a
5	Nicotine+ FA (40 mg/kg b.w)	98.54 ± 4.43 ^c	103.59 ± 3.98 ^c	81.93 ± 4.24 ^b

(U^a) – enzyme required for 50% inhibition of nitroblue tetrazolium reduction/min/mg protein,

(U^b) - μmoles of hydrogen peroxide utilised/min/mg protein.

(U^c) - μmoles of GSH utilized/min/mg protein.

(U^d) – mg/100 g tissue

Values are mean ± S.D from 6 rats in each group.

The data were compared by ANOVA followed DMRT. Values that are not sharing the common superscript differ significantly at $p \leq 0.05$

brane. In addition, the carboxylic acid group also acts as an anchor of FA by which it binds to the lipid bilayer providing some protection against lipid peroxidation. The presence of electron donating substituents enhances the antioxidant properties of FA [33]. Despite the direct scavenging of ROS, FA can chelate the ferrous ion and decreases the formation of hydroxyl radical via inhibition of iron-dependent Fenton's reaction [34]. Thus FA effectively quenches the free radicals, prevents them from attacking the membrane and thus protects the membrane. In our study, higher levels of nitric oxide were observed in nicotine treated rats. Nitric oxide is a Ca²⁺ calmodulin requiring enzyme. Ca²⁺ influx causes activation of nitric oxide synthase and thus produces high levels of nitric oxide. Rosecrans et al., [37] have reported that nicotine cholinergic receptors activation by nicotine leads to enhanced entry of Ca²⁺ into the cell. Thus, by increasing the influx of Ca²⁺, nicotine elevates the level of nitric oxide.

Effects of FA on nitric oxide

Nitric oxide, a highly reactive free radical is formed from L-arginine by nitric oxide synthase. NO in excess can cause organ damage either directly or by reacting with superoxide anion to yield peroxynitrate [35], a powerful oxidant and nitrosating agent, which may account for the increased toxicity in nicotine-treated rats. In our study, higher levels of nitric oxide were observed in nicotine treated rats. Nitric oxide is a Ca²⁺ calmodulin requiring enzyme. Ca²⁺ influx causes activation of nitric oxide synthase and thus produces high levels of nitric oxide. Rosecrans et al., [37] have reported that nicotine cholinergic receptors activation by nicotine leads to enhanced entry of Ca²⁺ into the cell. Thus, by increasing the influx of Ca²⁺, nicotine elevates the level of nitric oxide.

FA in nicotine treated rats showed significantly reduced levels of NO in lung, liver and kidney. It might be due to (i) electron-donating methoxy group, which has a greater ability to quench the unpaired electron of

NO in its outer shell orbital and (ii) also undergoing of GSH in the in lung, liver and kidney. This may be nitration reaction due to the presence of an aromatic due to the antioxidant sparing action of FA. Being an ring there by preventing the peroxynitrite-mediated ni-effective antioxidant, FA has been reported to scavenge tration of amino acids [38]. Thus in our study, we found free radicals [46]. Reports have shown that FA normal-decreased levels of NO in FA treated group.

Effects of FA on protein carbonyl content

Reactive oxygen species (ROS) and reactive nitro-greater than that of vitamin C, a well-proved antioxi-gen species (RNS) are known to damage all types of and, against LDL-oxidation. Thus, in our study, FA by biological molecules including proteins [39]. An in-its antioxidant sparing action might have decreased the creased level of protein carbonyl groups was observed utilization of antioxidants and thus restored their activi-in lung, liver and kidney during nicotine treatment. ties in lung, liver and kidney.

Nicotine can oxidize amino acids of proteins forming more number of carbonyl groups by oxidation proc-

Dose response protection of FA

In our study, the lower dosage 10mg/kg body weight was not effective, because its concentration might not be enough to compensate all free radicals generated by nicotine. The high dose 40 mg/kg body weight was not as effective as medium dose 20mg/kg body weight, be-cause at higher concentration, FA might interact with some ligands in the system and thus might not be com-pletely available for quenching free radicals [16]. Based upon our results, FA at the dosage of 20 mg/kg body wt. which it might reduce the attack of ROS and RNS on amino acids and thus diminish the production of car-

bonyl groups [40]

Treatment with FA caused a significant reduction in the levels of protein carbonyl groups. FA has been re-ported to scavenge ROS and RNS [41, 42 and 15] by which it might reduce the attack of ROS and RNS on amino acids and thus diminish the production of car-

Effects of FA on the endogenous antioxidant status

Humans have evolved a highly sophisticated and complex antioxidant protection system to protect the cells and organ systems of the body against ROS. To investigate the oxidative stress inducing action of nico-tine, we have also quantified the degree of oxidative and proteins, and also improvement of endogenous anti-oxidant status. The protective effect appears to be dose-dependent. However, the mechanisms and probable mode of action of FA need to be studied in great detail.

Husain *et al.*, [43] have also reported that chronic administration of ethanol and nicotine decreases

the activities of GPx, SOD and CAT in the lung and kidney. Nicotine was reported to increase substantial

amount of H₂O₂, which may be released into circulation and/or transferred to the kidney for detoxification [44].

The production of H₂O₂ by nicotine leads to oxidative damage to liver and kidney, which may be counteracted

by SOD. The decreased activity of CAT is suggestive of enhanced synthesis of superoxide anion during the in-

gestion of nicotine since superoxide anion is a powerful inhibitor of CAT [44]. In our study, we found decreased

activity of GPx in lung, liver and kidney during nicotine treatment. GPx scavenges and decomposes excess hy-

droperoxides, including H₂O₂, formed under oxidative stress. Previous reports have shown that chronic admini-

stration of ethanol and nicotine decreases the activities of GPx in lung and kidney [43]. Decreased GSH levels

may be due to increased utilization of GSH to counter-act the free radicals produced by nicotine. Previous re-

ports have also suggested decreased level of GSH dur- ing nicotine induction in the tissues [45].

Administration of FA to nicotine treated rats in- creased the activities of SOD, CAT and GPx and levels

CONCLUSION

The present findings demonstrate that FA could ex-ert its protective effects against nicotine-induced toxic-ity through scavenging of free radicals and reactive oxygen species, there by inhibition of oxidation of lipids and proteins, and also improvement of endogenous anti-oxidant status. The protective effect appears to be dose-dependent. However, the mechanisms and probable mode of action of FA need to be studied in great detail.

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