



Review Article

REVIEW ON AERVA LANATA FOR ANTIUROLITHIATIC ACTIVITY

Anjitha ^{1*}, Likhitha S.N ¹, Sathish Kumar. G ¹, Sreerag R.M ¹, B. Sivakumar ²

¹ IVth B.Pharmacy, Bharathi college of pharmacy, K.M Doddi, Mandya Karnataka, INDIA.

² Associate professor, Department of pharmacognosy, Bharathi college of pharmacy, K.M Doddi, Mandya Karnataka, INDIA.

Received on: 14-03-2019; Revised and Accepted on: 23-04-2019

ABSTRACT

Aerva lanata (L) A. L. Juss. ex Schultes. (Amaranthaceae) locally known as 'bui' is an erect or prostrate undershrub with a long tap-root and many woolly-tomentose branches, found in the wild, throughout India. In traditional medicine the plant is used in cough, strangury, headache and urolithiasis. The phytochemical constituent present in the plant include alkaloid, flavonoid, methyl grevillate, lupeol, lupeol acetate benzoic acid, β -sitosteryl acetate and tannic acid. Pharmacological studies reported diuretic, anti-inflammatory, hypoglycemic, anti-diabetic, antiparasitic, antimicrobial, hepatoprotective, anti-urolithiasis, antiasthmatic, antifertility and hypolipidemic properties of *Aerva lanata*. This review article includes the detailed exploration of pharmacological aspects of *Aerva lanata* in an attempt to provide a direction for further studies.

KEYWORDS: *Aerva lanata*, Pharmacology, Antiurolithiatic.

INTRODUCTION

Aerva lanata (L) also known as Pashanabheda, belongs to the family Amaranthaceae, used for various medicinal uses including both antiurolithiatic and diuretic. The plant is diuretic, used in lithiasis. The root is demulcent, diuretic and useful in strangury. The roots are used in the treatment of headache. The plant is regarded as demulcent on the Malabar Coast [1, 2]. It is valued for cough in Ceylon; also known as vermifuge for children. The Meena tribals of the Sawaimadhopur district of Rajasthan give orally the juice of the roots to patients of liver congestion, jaundice, biliousness and dyspepsia. They also give decoction of the plant to cure pneumonia, typhoid and other prolonged fever [3].

Urolithiasis is the third most common disorder of the urinary tract. The worldwide incidence of urolithiasis is quite high and in north India more than 80% of urinary calculi are calcium oxalate stones alone or calcium oxalate mixed with calcium phosphate [4].

Hyperoxaluria is the main initiating factor of human idiopathic calcium oxalate (CaOx) stone disease. Oxalate is a powerful crystallization-driving factor present in the urine. Retention of which enhances cell injury and causes early stages of lithogenesis [5].

*Corresponding author:

Anjitha

IVth B.Pharmacy,

Bharathi college of pharmacy, K.M Doddi,

Mandya Karnataka, INDIA.

* E-Mail: anjithapriya23@gmail.com, sivapharm003@yahoo.co.in

DOI: <https://doi.org/10.5281/zenodo.2656561>

Anti-urolithiatic agents are used to reduce / dissolve the kidney stone precipitates, caused by chemical, crystalline and amorphous substances. The deposits may originate from the blood cells or from the renal tract casts or accumulation of foreign substances in urinary tract, which are involved in formation of kidney and urinary bladder stones. The term calculus is synonymous with uroliths, stones, or crystals, which are painful urinary disorders that start as salt/chemical crystals that precipitate from urine. Under normal circumstances, the urine contains certain substances that prevent crystallization. When urine fails to dissolve deposits effectively in urinary tract, such deposits assume higher proportions which may affect the passage of urine and known as urolithiasis [6].

Anti-Urolithiatic Activity from Plant drug:

Research evidences:

Antiurolithiatic effect of *Aerva lanata* Linn extract on ethylene glycol: The aqueous extract of *Aerva lanata* (L) was evaluated for antiurolithiatic activity in male albino Wistar rats. Ethylene glycol (0.75%) in drinking water was fed to all the groups (Groups II-V) except normal control (Group I) for 28 days to induce urolithiasis. Groups II, served as positive control (hyperurolithiatic), Groups III and IV served as curative regimen and received Extract (500 and 1000mg/kg body weight) from 15th day till 28th day once daily by oral route and Group V standard (cystone 750 mg/kg), respectively. Oxalate, calcium and phosphate were monitored in the urine and kidney. Serum BUN, creatinine, and uric acid were also recorded. The aqueous extract of *Aerva lanata* (L) were safe orally and exhibited no gross behavioral changes in the rats. In hypercalculi animals, the oxalate, calcium, and phosphate excretion grossly increased. However, the increased deposition of stone forming constituents in the kidneys of calculogenic rats were significantly ($P < 0.001$) lowered by treatment with extract. These results confirm that *Aerva lanata* (L) possess potent

antiurolithiatic activity. The results obtained suggested that the *Aerva lanata* (L) extract has a potent antiurolithiatic agent [7].

In silico Antiurolithiatic Screening of *Aerva lanata* (L)
Isolated constituents: The isolated compounds from two fractions n-butanol and ethyl acetate of *Aerva lanata* (L) plant extract using column chromatography were characterized by modern analytical techniques such as IR, HPTLC, NMR and LCMS as Quercetin and Betulin. These two compounds were also studied by In silico technique downloading a protein 2 ETE of Oxalate oxidase from PDB and docked with it. This has generated good docking scores which predicts good inhibitory activity on the enzyme which reportedly responsible for kidney stone formation and good candidates for better Antiurolithiatic activity [8].

Chemical analysis and in vitro evaluation of antiurolithiatic activity of *Aerva lanata* (Linn.) Juss. Ex Schult.roots: The aqueous extract of *Aerva lanata* (L) root part was evaluated for antiurolithiatic activity. 1 % aq. extract of *Aerva lanata* was effective in controlling calcium phosphate mineralization where as 5% aq. extract was found to inhibit calcium oxalate and calcium phosphate mineralization. 1% aq. extract was effective in controlling calcium phosphate mineralization to an extent of 68.22% in comparison with calcium oxalate mineralization restricting it to only 36.44%.

On the contrary 5% aq. extract was effective in controlling both types of crystal mineralization; however it had an upper hand in controlling calcium oxalate than calcium phosphate. 5%aq. extract of *A. lanata* showed maximum activity in inhibiting calcium oxalate and calcium phosphate mineralization to percentage of 68.53% and 58.05% respectively [9].

In-vitro Anti-Urolithiatic Activity of Aerial parts of *Aerva lanata* (L.) Juss: Various plant species of *Aerva lanata* (L.) have been reported to possess antiurolithiatic property. In this study aqueous, chloroform, benzene extracts of *Aerva lanata* (L.) and standard for dissolving kidney stones- calcium oxalate by an in-vitro model. To check their potential to dissolve experimentally prepared kidney stones- calcium oxalate by an in-vitro model for *Aerva lanata* (L.) and cystone as a standard compound collected from market. Phenolic compound isolated from the benzene and aqueous, flavonoids and steroids from aqueous fraction of the leaf. Aqueous fractions showed highest dissolution of stones as compare to others. Aqueous fraction was more effective in dissolving calcium oxalate ($54.5 \pm 0.022\%$). Phenolic and flavonoids fractions of *Aerva lanata* (L.) were found to be more effective when compared to reference standard-formulation Cystone [10].

Antiurolithiatic activity of natural constituents isolated from *Aerva lanata*: Ethylene glycol (0.75% v/v) induced urolithiasis model was used to study the antiurolithiatic activity in male Wistar albino rats. The animals were divided into five groups containing six each. Based on the LD₅₀ of the plant extract (2000 mg/kg b.w) equivalent dose was calculated from their yield. Two isolated compounds (quercetin and betulin) of *A. lanata* were screened for antiurolithiatic potentials in calculi induced (ethylene glycol 0.75% v/v) male Wistar albino rats by administering 2 mg/kg b.w/day orally as test dose for 28 days.

The urine volume was found to be significantly increased from 12.76 ± 0.10 ml to 21.35 ± 0.20 ml in the rats treated by quercetin and 21.50 ± 0.21 ml in rats treated by

betulin. Urine microscopy revealed significant reduction ($p < 0.001$) in the size of calculi and significantly enhanced ($p < 0.001$) excretion of calcium, oxalate, phosphate, whereas the level of magnesium was increased. SEM of kidney sections has revealed reduction in the calculi in treated animals. Serum analysis has revealed significant reduction in the level of BUN and creatinine in treated rats.

The isolated quercetin and betulin from *A. lanata* have shown mild diuretic effect as well as antiurolithiatic effect by significantly reducing the size of calculi in the kidneys and enhancing the excretion of calcium, phosphate, oxalate while maintaining the level of magnesium, which is reported to be one of the calculi [11].

In vitro Inhibition of Calcium Oxalate Nucleation by Extract-based Fractions of Aerial Parts and Roots of *Aerva lanata*: The antiurolithic assay was performed by nucleation method. The analysis revealed the phenolic and flavonoid containing fraction from aerial parts to be the most active ($71.01 \pm 1.13\%$) amongst the different extract-derived fractions compared to the one obtained from roots ($54.61 \pm 2.30\%$). Besides, fluorescence analysis and physicochemical evaluation were carried out according to the official guidelines and supported the quality control of the plant material. Preliminary phytochemical screening of the fractions was also performed and confirmed the presence of various metabolites. Additionally, the content of tannins, total phenolics and flavonoids were also determined spectrophotometrically and found to be comparatively higher in aerial parts (tannin content of 4.34 ± 0.63 mg tannic acid equivalent/g extract, total phenolic content of 127.84 ± 1.50 gallic acid equivalent/g extract and total flavonoid content of 77.61 ± 3.78 rutin equivalent/g extract) than roots (tannin content of 3.03 ± 0.63 mg tannic acid equivalent/g extract, total phenolic content of 98.09 ± 1.10 gallic acid equivalent/g extract and total flavonoid content of 62.81 ± 5.69 rutin equivalent/g extract). Hence, the study aids in screening out the best active extract derived fraction exerting litholytic efficacy, which provides a route to further isolation of lead bioactive compounds contributing to significant antiurolithic potency of this traditionally employed herb of immense pharmacological spectrum [12].

CONCLUSION

Aerva lanata has been ethnomedicinally used as therapeutic agent for a variety of diseases. Moreover, numerous research works have proven its uses beyond the ethnomedical ones in experimental animal [13]. Alkaloid and flavonoids which were isolated from this plant may be responsible for pharmacological activities. Therefore cultivation, collection and further pharmacological exploration of *Aerva lanata* are essential for further improvement on the treatment towards kidney stone b .By keeping all these evidences we can promote and encourage *aerva lanata* for further formulation and development.

ACKNOWLEDGEMENT

Our sincere thanks to our esteemed guide Sivakumar. B. Associate professor, Department of pharmacognosy, for his valuable support to executing the work, and also we extend our thanks to Dr.G.P.Senthilkumar, Dr.T.Tamizhmani to carry the research work smoothly.

REFERENCES:

1. Kirtikar KP, Basu BD, Mahaskar C. 2nd ed. Allahabad: International Book Distributor; Indian Medicinal Plants; **1987**; p. 2051. [Google Scholar]
2. 1A. New Delhi: CSIR Publication; Anonymous, The wealth of India: A Dictionary of Indian Raw Material and Industrial Products; **1959**; p. 91. [Google Scholar]
3. Singh V, Pandey RP. Jodhpur. Scientific publisher; Ethnobotany of Rajasthan, **1998**; p. 38. [Google Scholar]
4. Mitra SK, Gopumodhavan S, Venkataranganna MV, Sundaran R. Effect of Cystone, A Herbal Formulation on Glycolic Acid –Induced Urolithiasis in Rats. *Phytother Res* **1998**;12:372-4.
5. Kumar R, Mukherjee M, Bhandari M, Kumar A, Sidhu H, Mittal RD. Role of Oxalabacter formigenes in calcium oxalate stone disease. A study from north India. *Eur Urol* **2002**;41:318-22.
6. Kasper DL, Braunwald E, Fauci AS, Hauser SL, Longo DL, Jameson JL. Editors. Harrison's Principles of Internal Medicine. 15 th ed. Newyork: McGraw-Hill **2003**;2:2268-73.
7. I. Arthi, Ravichandrin Velayutham, KKP Sampath, T. Subburaju. *Int J Pharm Sci Rev & Res* **2012**.
8. Basavaraj. M, Dinnimath and Sunil. S Jalalpure Department of pharmacchemistry, KLEU's college of pharmacy Belgaum-590010, Karnataka-India, Department of pharmacognosy, KLEU's college of pharmacy Belgaum-590010, Karnataka-India, dec **2014**.
9. KN Sunil Kumar, Suchitra Narayan Prabhu, Dr. K. Saravanasingh, Dr. M. Ramamurthy and Dr. P. Parthiban, KS. Manpreet Singh. Clinic, No: 10, Kattabomman Main Road, Kodungayur, Chennai-51. 2Lecturer, National Institute of Siddha, Tambaram Sanatorium, Chennai-47 3Joint Director, Department of Indian Medicine and Homeopathy, Arumbakkam, Chennai -106 B Ravishankar, Sahana, B Yashovarma31SDM Centre for Research in Ayurveda and Allied Sciences, Laxminarayana Nagar, Kuthpadi, Udupi, India 2Mangalore University Post Graduate Centre, Cauvery Campus, Madikeri, Kodagu, India3SDM College (Autonomous), Ujire, Belthangadi Taluk, Dakshina Kannada, India, July **2015**.
10. Dr. K. Saravanasingh, Dr. M. Ramamurthy and Dr. P. Parthiban, KS. Manpreet Singh. Clinic No: 10, Kattabomman Main Road, Kodungayur, Chennai-51. 2Lecturer, National Institute of Siddha, Tambaram Sanatorium, Chennai-47 3Joint Director, Department of Indian Medicine and Homeopathy, Arumbakkam, Chennai -106.
11. Dinnimath BM, Jalalpure SS, Patil UK. Department of pharmacognosy and pharmacchemistry KLEU'S of pharmacy, Karnataka, **2017**.
12. Bitasta Mandal, Swati Madan and Sayeed Ahmad Department of Pharmacognosy, Amity Institute of Pharmacy, Amity University, Noida-201 313, India: Dec **2017**.
13. Sharma A, Sharma SC, Vaghela JS. Phytopharmacological investigation of Aerva lanata flower with special Emphasis on Diuretic activity. *Pharmacogn J* **2010**;2:59-62. [Google Scholar]

How to cite this article:

Anjitha et al. REVIEW ON AERVA LANATA FOR ANTIUROLITHIATIC ACTIVITY. *J Pharm Res* 2019;8(4):229-231.

DOI: <https://doi.org/10.5281/zenodo.2656561>

Conflict of interest: The authors have declared that no conflict of interest exists.

Source of support: Nil