

Lipolysis assay in adipocytes acacia leaf In-Vitro study

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ABSTRACT

Introduction: Lipolysis plays a central role in the regulation of energy balance which is defined as the process of hydrolysing the triglycerides (TG) into glycerol and free fatty acids. Free fatty acids (FFA) are released through this process into the bloodstream with the aim of traveling to other tissues and accordingly exerting other effects throughout the body or re-esterifying by the adipocyte. **Methods and Materials:** Cell culture- 3T3L1 pre-adipocytes were obtained from NCCS, Pune. Substances were extracted from Acacia leaves (known as the wattles or acacias, belonging to the subfamily Mimosoideae of the pea family Fabaceae) by boiling in 50% v/v alcohol/water for 3 hours. Following centrifugation at 2,000g for 10 minutes, the extracted substances were concentrated and different concentrations were prepared. **Results:** The addition of extract increased the glycerol content significantly ($p < 0.001$) at concentrations 1µg/ml, 10µg/ml and 100µg/ml. The response of acacia extract was in concentration dependent manner. Thus, acacia leaf extract promotes lipolysis in differentiated adipocytes. **Conclusions:** Acacia leaf extract promotes lipolysis in differentiated adipocytes. It is a natural, effective and non-toxic treatment for obesity and diabetes mellitus among others.

Keywords: Lipolysis; acacia leaf, glycerol, adipocytes, diabetes mellitus.

Introduction

Lipolysis is the biochemical pathway responsible for the catabolism of triacylglycerol (TAG) stored in cellular lipid droplets. The hydrolytic cleavage of TAG generates non-esterified fatty acids, which are subsequently used as energy substrates, essential precursors for lipid and membrane synthesis, or mediators in cell signalling processes. Consistent with its central importance in lipid and energy homeostasis, lipolysis occurs in essentially all tissues and cell types, it is most abundant, however, in white and brown adipose tissue^[1].

Agents of natural origin with very little side effects are required as substitute for the chemical therapeutics. A vast range of these natural products and medicinal plants, including crude extracts and isolated compounds from plants can be used to regulate carbohydrate metabolism^[2].

Increases in adipose tissue mass and adipocyte volume have other broad metabolic consequences including reduced mitochondrial function, increased ER stress, impaired insulin signalling, and higher rates of basal lipolysis^[3-6].

A large proportion of the Indian population for their physical and psychological health needs depend on traditional system of medicine. Medicinal plants have become the focus of intense study in term of conservation as to whether their traditional uses are supported by actual pharmacological effects or merely based on folklore. Herbal medicines are free from side effects and less costly when compared to synthetic drugs^[7]. Use of various plant parts like leaves, bark, flowers, fruits, seeds, roots or the whole plant as such for medicinal purpose has a long tradition in different culture. The diverse culture of our country is a rich source of traditional medicines, many of which are of plant origin. Scientific data on such plant derivatives could be of clinical use^[8,9,10].

As the prevalence of obesity and Diabetes mellitus are very common in our society, research on plants with antidiabetic and antihyperlipidaemic action has great value in modern therapeutics^[9,11,12,13].

Herbs, which are powerful healing agents, must be used appropriately. Medicinal plants contain active ingredients that may interact negatively with prescribed medications or other remedies^[10,14,15].

Acacia catechu, commonly known as catechu, cachou and black catch is an important medicinal plant and an economically important forest tree^[11,16,17]. Acacia Catechu belongs to a family

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Mimosaceae. It has been traditionally used for the treatment of diarrhoea, dysentery, ulcers, skin eruptions [12,18,19]. The diverse culture of our country is a rich source of traditional medicines, many of which are of plant origin. Scientific data on such plant derivatives could be of clinical use [13,20,21]. Catechu or cutch (Katha in Hindi and Manipuri), the extract prepared from the hard wood of *Acacia catechu* [14,22,23]. Catechu contains catechuic acid, catechutannic acid (25%-33%), acacatechin (10%-12%), catechu red, quercetin, catechin (2%-12%), epicatechin, phlebotanin (25%-33%), gummy matter, quercitrin, quercitin and moisture. Quercitin is a phe-nolic flavonoid and catechu of acacia is a pseudotannin. Catechu and epicatechin usually accompany other flavonoids [14, 15,24]. It is reported that *Acacia catechu* has hypoglycaemic activity [16,25].

Catechu was used in the treatment of diarrhoea and throat infection [17,26] because the tannin and polyphenols present in it impart astringent activity. Considering the above facts, the present study was undertaken to evaluate the lipolytic effects of *Acacia Catechu* on adipocytes.

Materials and Methods

Cell culture

3T3L1 pre-adipocytes were obtained from NCCS, Pune and maintained in DMEM high glucose media with 10% FBS supplemented with penicillin (5units/mL), streptomycin (5µg/mL). Two days' post confluence, 3T3L1 pre adipocytes were switched to differentiation media containing 0.5mM of IBMX, 0.25µM of DEX and 1mg/l of insulin in DMEM medium with 10% FCS. After three days of induction differentiation media was replaced with maintenance medium containing 1mg/mL insulin alone which was replaced with fresh culture medium (DMEM with 10% FCS) after 2 days.

3T3L1 differentiation

3T3L1 pre-adipocytes were cultured in 48 well plate. Two days' post-confluence switched to differentiation medium containing 0.25µM DEX, 0.5 mM IBMX and 1 mg/L of insulin in DMEM medium with 10% FBS to induce differentiation (day 0). After 72hrs of induction, the differentiation medium was replaced with maintenance medium containing 1 mg/mL insulin for 48hrs (day 5). The medium was subsequently replaced again with fresh culture medium (DMEM with 10% FBS) after 2 days. Alternatively, pre adipocytes were maintained with fresh growth every other day throughout the experiment.

Preparation of Acacia leaf extract

Substances were extracted from *Acacia* leaves by boiling in 50% v/v alcohol/water for 3 hours. Following centrifugation at 2,000g for 10 minutes, the extracted substances were concentrated and different concentrations were prepared.

Measurement of lipolysis

Lipolytic activity was measured by assaying glycerol released from cells into incubation buffer. Briefly, on days 8 to 10, the medium was removed and the differentiated adipocytes were incubated for 10 minutes in serum-free medium with 1% BSA and Krebs- Ringer phosphate (KRP) buffer (128 mM NaCl, 4.7 mM KCl, 1.25 mM CaCl₂, 1.35mM MgSO₄, and 10mM disodium hydrogen phosphate [Na₂HPO₄] pH 7.4) containing 1 U/mL adenosine deaminase. Various concentrations of acacia leaf extract in KRP buffer at concentrations of 0.001, 0.01, 0.1,

1, 10, 100 and 1000µg/mL were then added to cells for 6 hours. The incubation mixture was aspirated and used to assay glycerol.

Glycerol assay

Glycerol was assayed enzymatically as described previously. The glycerol assay reagent contained 5mM MgSO₄, 0.9mM ATP, 0.9mM Phospho Enol Pyruvate, 6 U pyruvate kinase, 2 U lactate dehydrogenase, and NADH to a final absorbance at 340 nm of 0.9 to 1.0 in potassium phosphate buffer, pH 7.0. The absorbance at 340nm was proportional to the concentration of glycerol.

Results

The physiological effect of acacia leaf extract on lipid storage in differentiated adipocytes was analysed. Ten days after differentiation was induced, 3T3-L1 adipocytes were cultured in the presence of acacia leaf extract (0.001–100µg/mL). After incubation with acacia extract for 24h, the amount of glycerol released into the culture medium was measured. The addition of extract increased the glycerol content significantly ($p < 0.001$) at concentrations 1µg/ml, 10µg/ml and 100µg/ml. The response of acacia extract was in concentration dependent manner. Thus, acacia leaf extract promotes lipolysis in differentiated adipocytes.

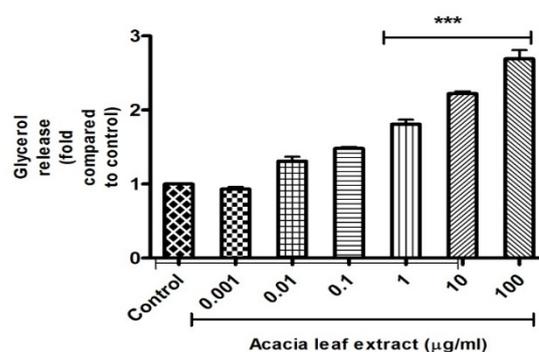


Figure 1

Values are expressed as Mean \pm SEM. *** $P < 0.001$ considered significant Control Vs. Acacia extract (figure 1)

Discussion

The results of this study showed that the extracts at different concentrations released glycerol into the culture medium.

The main finding in this study was that as the *Acacia* leaf extract concentration was increased, the glycerol released was also increased. When the concentration of *Acacia* leaf extract was 0.001µg/mL the glycerol released into the culture medium was almost equal to the control which is seen to be less than 1. There is a gradual increase in the amount of glycerol released into the culture medium when the *Acacia* leaf extract concentration was increased upto 100µg/mL. The largest amount of glycerol released was when the concentration of acacia leaf extract was 100µg/mL.

Medicinal plants contain diversity of phytochemicals that serve to protect them against pathogens. These phytochemicals have a proven history in the treatment of various diseases in humans and have served as a source for proven templates for drug

development^[3]. Phenols are a diverse group of polar compounds attributed to the treatment and management of various conditions including; haemorrhagic shock, ageing, ischemia, Alzheimer, Parkinson's disease, arthritis, gastrointestinal disorders, carcinogenesis, atherosclerosis and most importantly diabetes mellitus^[27-29].

In a study conducted by^[30], it was shown that NP induces a lipolytic effect in subcutaneous fat cells and ANP increases lipid mobilization in obese women. However, hypocaloric diet promoted both an increase of NP-induced lipolysis in fat cells and of ANP-mediated lipid mobilization. This shows that natriuretic peptides have a lipolytic effect^[30].

In another study, the methanol leaf, root/bark extracts of *Acacia nilotica*, *Sida cordifolia*, *Tinospora cordifolia*, *Withania somnifera* and *Ziziphus mauritian* showed the activity against *B. subtilis*, *E. coli*, *P. fluorescens*, *S. aureus*, *X. axonopodis* pv. *malvacearum*, *A. flavus*, *D. turcica* and *F. verticillioides* and Plant based products have been effectively proven for their utilization as source for antimicrobial compounds^[31].

Literature review on *Acacia catechu* shows that it has antipyretic, Antidiarrhoeal, Hyperglycemic, Hepatoprotective, Immunomodulatory, and Anti mycotic activities^[32-37].

Conclusion

Acacia leaf extract promotes lipolysis in differentiated adipocytes. It is a natural, effective and non-toxic treatment for obesity and diabetes mellitus among others. More research is indicated to determine the full potential that alternative medicine has to offer in the management of Obesity. With the increasing numbers of patients suffering from obesity and conventional medicine failing to effectively control the problem, alternative therapies can be effectively helpful.

References

- Lass, A., Zimmermann, R., Oberer, M. and Zechner, R. (2018). Lipolysis – A highly regulated multi-enzyme complex mediates the catabolism of cellular fat stores.
- Chang, C., Lin, Y., Bartolome, A., Chen, Y., Chiu, S. and Yang, W. (2018). Herbal Therapies for Type 2 Diabetes Mellitus: Chemistry, Biology, and Potential Application of Selected Plants and Compounds.
- Duncan RE, Ahmadian M, Jaworski K, Sarkadi-Nagy E, Sul HS. Regulation of lipolysis in adipocytes. *Annu Rev Nutr.* 2007; 27:79–101. doi: 10.1146/annurev.nutr.27.061406.093734.
- Ozcan U, et al. Endoplasmic reticulum stress links obesity, insulin action, and type 2 diabetes. *Science.* 2004;306(5695):457–461. doi: 10.1126/science.1103160.
- Sutherland LN, Capozzi LC, Turchinsky NJ, Bell RC, Wright DC. Time course of high-fat diet-induced reductions in adipose tissue mitochondrial proteins: potential mechanisms and the relationship to glucose intolerance. *Am J Physiol Endocrinol Metab.* 2008;295(5):E1076–E1083. doi: 10.1152/ajpendo.90408.2008.
- Kahn SE, Hull RL, Utzschneider KM. Mechanisms linking obesity to insulin resistance and type 2 diabetes. *Nature.* 2006;444(7121):840–846. doi: 10.1038/nature05482.
- Lakshmi.T, Anitha Roy, Durgha K, Manjusha.V “Coping with Hypertension Using Safer Herbal Medicine – A Therapeutic Review”, *Int. J. Drug Dev.& Res.*, July-Sep 2011, 3(3):31-57.
- Gupta SS. Prospects and perspectives of natural plants products in medicine. *Indian J Pharmacol* 1994; 26:1-12.
- Anitha Roy, Geetha RV, Lakshmi T, “Averrhoa bilimbi Linn–Nature’s Drug Store a Pharmacological Review”, *Int. J. Drug Dev. & Res.*, July-Sep 2011, 3(3):101-106.
- V, S. (2018). Antibacterial activity of the three essential oils on *Streptococcus mutans*- an in-vitro study.
- Negi, B.S. and Dave, B.P., 2010. In Vitro antimicrobial activity of *Acacia catechu* and its phytochemical analysis. *Indian journal of microbiology*, 50(4), pp.369-374.
- Saini M, Saini R, Roy S, kumar A. Comparative pharmacognostical and antimicrobial studies on *acacia* species(Mimosaceae). *Journal of medicinal Plants Research* 2008;2(12):378-386.
- Gupta SS. Prospects and perspectives of natural plants products in medicine. *Indian J Pharmacol* 1994; 26:1-12. 2.
- Kirtikar KR, Basu BD. *Acacia* (Tourn.) Linn. In: Blatter E, Caius JF, and Mhaskar K, editors. *Indian Medicinal Plants*. 2nd ed. Dehradun: International Book Distributors, Book Sellers and Publishers; 1935. p.919-35.
- Wallis TE. *Cutch*. Text book of Pharmacognosy. 5th ed. London: J. and A. Churchill Ltd; 1967.
- Singh KN, Mittal RK and Barthwal KC. Hypoglycemic activity of *Acacia catechu*, *Acacia suma*, *Albizia odoratissima* seed diets in normal albino rats. *Indian J Med Res* 1976; 64:754-7.
- Usher G. *Acacia catechu* Willd (Catechu, Dark catechu). A dictionary of plant. 1st ed. Delhi: CBS publishers and distributors; 1984.
- Farrokh-Eslamlou H, Oshnouei S, Alinejad V. Novel restricted access to vasectomy in Iran: addressing changing trends in vasectomy clients' characteristics over 16 years in northwestern Iran. *Contraception.* 2015 Nov;92(5):488-93. doi: 10.1016/j.contraception. 2015.07.010. Epub 2015 Jul 28.
- Beheshtifar, M., Hoseinifar, H., Moghadam, M.N. Effect procrastination on work-related stress. . 2011. *European Journal of Economics, Finance and Administrative Sciences*. Issue 38 (2011), p59-64.
- Keshtkar MM, Gandjalikhan Nassab SA, Nasr MRJ. Heat transfer characteristics of a cylindrical porous radiant air heater under the influence of a two-dimensional axisymmetric radiative field. *Proceedings of the Institution of Mechanical Engineers, Part A: Journal of Power and Energy.* Vol 223, Issue 8, 2009.p913-923.
- Saei Ghare Naz M, Ozgoli G, Aghdashi MA, Salmani F. Prevalence and Risk Factors of Osteoporosis in Women

- Referring to the Bone Densitometry Academic Center in Urmia, Iran. *Glob J Health Sci.* 2015 Nov 18;8(7):135-45. doi: 10.5539/gjhs.v8n7p135.
22. Aghdashi MA, Aghdashi MM, Rabiepoor M. Osteopoikilosis: pain as a presenting symptom in three family members. *Clin Med Insights Arthritis Musculoskelet Disord.* 2011 May 2;4:29-32. doi: 10.4137/CMAMD.S7035.
 23. Nahidi F, Kariman N, Simbar M, Mojab F. The Study on the Effects of *Pimpinella anisum* on Relief and Recurrence of Menopausal Hot Flashes. *Iran J Pharm Res.* 2012 Fall;11(4):1079-85.
 24. Kariman N, Simbar M, Ahmadi F, Vedadhir AA. Socioeconomic and emotional predictors of decision making for timing motherhood among Iranian women in 2013. *Iran Red Crescent Med J.* 2014 Feb;16(2):e13629. doi: 10.5812/ircmj.13629. Epub 2014 Feb 5.
 25. Haidari M, Nazer MR, Ahmadinejad M, Almasi V, Khorramabadi MS, Pournia Y. Honey in the treatment of Fournier's gangrene as an adjuvant: a cross sectional study. *J Pak Med Assoc.* 2014 May;64(5):571-3.
 26. Hemmati L, Rojhani-Shirazi Z, Ebrahimi S. Effects of Plantar Flexor Muscle Static Stretching Alone and Combined With Massage on Postural Balance. *Ann Rehabil Med.* 2016 Oct;40(5):845-850. Epub 2016 Oct 31.
 27. Njanje, I., Bagla, V., Beseni, B., Mbazima, V., Lebogo, K., Mampuru, L. and Mokgotho, M. (2018). Defatting of acetone leaf extract of *Acacia karroo* (Hayne) enhances its hypoglycaemic potential
 28. Qader SW, Abdulla MA, Chua LS, Najim N, Zain MM, Hamdan S. Antioxidant, total phenolic content and cytotoxicity evaluation of selected Malaysian plants. *Molecules.* 2011; 16:3433–43.
 29. Bagchi D, Bagchi M, Stohs S, Das D, Ray S, Kuszynski C, Joshi S, Pruess H. Free radicals and grape seed proanthocyanidin extract: importance in human health and disease prevention. *Toxicology.* 2000; 148:187–97.
 30. Singh N, Gupta M. Effect of ethanolic extract of *Syzygium cumini* seed powder on pancreatic islets of alloxan diabetic rats. *Indian J Exp Biol.* 2007; 45:861–7.
 31. Seneges, C., Stich, V., Berlan, M., Hejnova, J., Lafontan, M., Pariskova, Z. and Galitzky, J. (2018). Increased lipolysis in adipose tissue and lipid mobilization to natriuretic peptides during low-calorie diet in obese women.
 32. Mahesh, B. and Satish, S., 2008. Antimicrobial activity of some important medicinal plant against plant and human pathogens. *World journal of agricultural sciences*, 4(5), pp.839-843.
 33. Murakami, S., Muramatsu, M. and Otomo, S., 1992. Gastric H⁺, K⁺-ATPase inhibition by catechins. *Journal of pharmacy and pharmacology*, 44(11), pp.926-928.
 34. Mabe, K., Yamada, M., Oguni, I. and Takahashi, T., 1999. In vitro and in vivo activities of tea catechins against *Helicobacter pylori*. *Antimicrobial agents and chemotherapy*, 43(7), pp.1788-1791.
 35. Khandelwal, K., 2008. *Practical pharmacognosy*. Pragati Books Pvt. Ltd.