

Remedial impact of hesperidin on dichlorvos-occasioned pulmonary dysfunction in male Wistar rats

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Abstract

Dichlorvos (DDVP) is a widely used organophosphate insecticide, but it may pose public health concerns when found in food products. Hesperidin, a citrus flavonoid, is known for its antioxidant properties and ability to maintain redox balance and cytoplasmic membrane integrity. This study evaluated the remedial effects of hesperidin on DDVP-evoked pulmonary toxicity using animal model. Forty-two rats were randomized into seven groups (6 rats/group): control, DDVP alone (8 mg.kg⁻¹day⁻¹); DDVP with hesperidin (50 and 100 mg.kg⁻¹day⁻¹); DDVP with atropine (0.2 mg.kg⁻¹day⁻¹); and hesperidin alone (50 and 100 mg.kg⁻¹day⁻¹). The rats were treated with DDVP orally for one week, followed by two weeks of hesperidin intervention. Blood and lung samples were collected post-treatment. Hesperidin significantly (p<0.05) reduced DDVP-induced increases in pulmonary cholesterol, phospholipids, hydrogen peroxide, nitric oxide, and malondialdehyde levels and mitigated decreases in lung triacylglycerol, reduced glutathione concentrations and activities of glutathione S-transferase, superoxide dismutase, catalase, glutathione peroxidase, alanine aminotransferase, aspartate aminotransferase, alkaline phosphatase, and lactate dehydrogenase-3. Histological studies also confirmed the ameliorative effects of hesperidin on DDVP-induced pulmonary damage. Overall, hesperidin was able to counteract DDVP-induced lung impairments possibly by reversing oxidative stress and lipid dysmetabolism.

Keywords: Hesperidin, Dichlorvos, Pulmonary toxicity, Antioxidants, Dyslipidemias

Abbreviations

A	Atropine	GST	Glutathione S-Transferase
Ach	Acetylcholine	iNOS	Inducible Nitric Oxide Synthase
AChE	Acetylcholinesterase	LDH	Lactate Dehydrogenase
ALP	Alkaline Phosphatase	MDA	Malondialdehyde
ALT	Alanine Aminotransferase	NO	Nitric Oxide
AST	Aspartate Aminotransferase	NOS	Nitric Oxide Synthases
CAT	Catalase	OPs	Organophosphates
CHOL	Cholesterol	PHLS	Phospholipids
COPD	Chronic Obstructive Pulmonary Disease	RNS	Reactive Nitrogen Species
DDVP	Dichlorvos	ROS	Reactive Oxygen Species
eNOS	Endothelial Nitric Oxide Synthase	SOD	Superoxide Dismutase
GPx	Glutathione Peroxidase	TAG	Triacylglycerol
GSH	Reduced Glutathione	TP	Total Protein

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1. Introduction

The escalating demand for food production, driven by population growth has necessitated adoption of agricultural practices, such as pesticide use, to enhance crop yield and quality [1]. However, these practices present a double-edged sword for food safety. While pesticides enhance crop yields and quality, they raise concerns about potential contamination [2]. Organophosphates (OPs) constitute a significant portion (approximately 33%) of globally used pesticides, which stands at around 2 million tons annually [2-3]. Dichlorvos (DDVP), a potent broad-spectrum insecticide, exemplifies this trend. Despite being banned in developed countries for safety reasons, DDVP remains popular in various applications across agriculture, households, and veterinary medicine in many developing nations [4]. Unfortunately, underdeveloped countries often bear the brunt of pesticide poisoning incidents and fatalities due to inadequate safety practices, improper application techniques, and deficiencies in regulatory frameworks [5-6]. The affordability, accessibility, and effectiveness of OPs like DDVP pose significant health threats to both occupational workers and the general population through exposure to contaminated food and water sources [2,7]. Such exposure can lead to a myriad of acute and chronic health problems, exacerbated by the long-term persistence of pesticide residues in the environment [4, 8].

The mechanism of toxicity associated with DDVP primarily involves inhibition of acetylcholinesterase (AChE), an enzyme essential for terminating signals at nerve junctions. This inhibition leads to accumulation of the neurotransmitter acetylcholine, overstimulating cholinergic receptors and triggering harmful effects like seizures and respiratory failure [9-10]. AChE inhibition elicited myriads of consequences, including perspiration, nausea, lacrimation, bloating, loose stool, increased bronchial discharge, and mortality, which can result from disrupted parasympathetic autonomic nervous system cholinergic neurotransmission [11]. Muscle cramps, fasciculation, weakness, and flaccidity can result from motor nerve fibre effects in skeletal muscles. Cholinergic central nervous system effects include sleepiness, weariness, cognitive disorientation, migraines, seizures, unconsciousness, and mortality [12].

The mammalian brain cannot withstand more than 20% acetylcholinesterase suppression, and DDVP acute sickness mainly involves cholinesterase inhibition [13]. Furthermore, DDVP exposure has been linked to the production of reactive oxygen species (ROS) and reactive nitrogen species (RNS), culminating in oxidative and nitrative stress, respectively [14], further exacerbating cellular damage. Pulmonary fibrosis, resulting in lung damage, is the most common and fatal consequence of DDVP intoxication. However, other organs, such as the liver, kidney, heart, and central nervous system, can also be damaged [15]. Given the mounting concerns over DDVP toxicity and the limitations of conventional antidotes like atropine, which are hindered by their short half-lives, challenging dosing schedules, and potential cytotoxicity [16,17], it is crucial to urgently explore alternative treatment strategies.

Hesperidin ($C_{28}H_{34}O_{15}$), a bioflavonoid found naturally in vegetables, herbs, legumes, and citrus fruits such as tangelos (*Citrus sinensis*) and synthesized artificially [18,19], holds significant promise as a potential therapeutic agent. Its antioxidant properties and ability to modulate inflammatory and lipid metabolism pathways make it a compelling candidate for mitigating DDVP-induced pulmonary toxicity [20-21] with the hope that it would abate DDVP lung toxicosis. Hence, the present study aims to assess the remedial effects of hesperidin on DDVP-evoked pulmonary dysfunction in rats.

2. Materials and methods

2.1 Chemicals and reagents

Dichlorvos (DDVP, $CCl_2=CHOPO(OCH_3)_2$, CAS No. 62-73-7), hesperitin-7-rhamnoglucoside ($C_{28}H_{34}O_{15}$, CAS No. 520-26-3), ketamine hydrochloride ($C_{13}H_{17}Cl_2NO$, CAS No. 1867-66-9), xylazine hydrochloride ($C_{12}H_{17}ClN_2S$, CAS No. 23076-35-9), total protein kit (TP, Randox, Cat. No. TP 245), alanine aminotransferase kit (ALT, Randox, Cat. No. AL 1200), aspartate aminotransferase kit (AST, Randox, Cat. No. AS 1202), alkaline phosphatase kit (ALP, Randox, Cat. No. AP 542), lactate dehydrogenase kit (LDH, BioSystems, COD 12580), triacylglycerol kit (TAG, Labkit, Ref. 30360), cholesterol kit (CHOL, Labkit, Ref. 30180), phospholipids kit (PHLS, Labkit, Ref. 30320), methenyl trichloride ($CHCl_3$, CAS No. 67-66-3), methyl hydroxide (CH_3OH , CAS No. 67-56-1), potassium monochloride (KCl, CAS No. 7447-40-7), 2,2,2-trichloroacetic acid (TCA, Cl_3CCOOH , CAS No. 76-03-9), monobasic potassium phosphate (KH_2PO_4 , CAS No. 7778-77-0), dibasic potassium phosphate (K_2HPO_4 , CAS No. 7758-11-4), hydrogen peroxide (H_2O_2 , CAS No. 7722-84-1), p-sulphanilic acid ($NH_2C_6H_4SO_3H$, CAS No. 121-57-3), anhydrous phosphoric acid (H_3PO_4 , CAS No. 7664-38-2), N-1-Naphthalenyl-1,2-ethanediamine dihydrochloride ($C_{12}H_{16}Cl_2N_2$, CAS No. 1465-25-4), L-glutathione (GSH, $H_2NCH(CO_2H)CH_2CH_2CONH_2$, CAS No. 70-18-8),

dithionitrobenzoic acid (DTNB, $[-SC_6H_3(NO_2)CO_2H]_2$, CAS No. 69-78-3), 2,4-Dinitrophenyl chloride (DNCB, $C_6H_3ClN_2O_4$, CAS No. 97-00-7), tris-base ($C_4H_{11}NO_3$, CAS No. 77-86-1), hydrogen chloride (HCl, CAS No. 7647-01-0), trihydroxybenzene ($C_6H_3(OH)_3$, CAS No. 87-66-1), edetic acid ($C_{10}H_{16}N_2O_8$, CAS No. 60-00-4), diammonium dioxomolybdenum $[(NH_4)_2MoO_4]$, CAS No. 13106-76-8), sodium azide (NaN_3 , CAS No. 26628-22-8), 2-sulfanylidene-1,3-diazinane-4,6-dione ($C_4H_4N_2O_2S$, CAS No. 504-17-6), formalin solution (neutral buffered, 10%, CAS No. HT501128-4L), hemotoxylin ($C_{16}H_{14}O_6 \cdot xH_2O$, CAS No. 517-28-2), sodium eosine ($C_{20}H_6Br_4Na_2O_5$, CAS No. 17372-87-1), and light photomicroscope. These chemicals and reagents are products of Randox Laboratories Limited, Crumlin, UK; Biosystems Diagnostics, Costa Brava, Barcelona, Spain; Chemelex S.A. Diagnostics, Barcelona; Solarbio Science & Technology Company Limited, Beijing, China and Sigma-Aldrich Chemical Co., St. Louis, MO 63118, US. In this investigation, all compounds were pure and of analytical grade.

2.2 Animal regime

In this inquiry, pathogen-free forty-two male Wistar rats (12 weeks old, 183 ± 7 g mean weight) were secured from the College of Biosciences, Federal University of Agriculture, Abeokuta (FUNAAB). The rats were housed in adequately aired suspended plastic cages with enough aspen bedding; in temperature-moderated ($29 \pm 2^\circ C$) and humidity-checked ($49 \pm 3\%$) surroundings with a standard 12:12 light-dark cycle. The animals were nurtured with regular rodent feed and had unrestricted access to good quality drinking water. The animals were acclimatized for a week before the start of the experiment, and they were provided with compassionate treatment according to the regulations endorsed by the FUNAAB Ethical Committee and the United States of America National Institute of Health [22]. In addition, the institution authorized the study protocol with the ethical number FUNAAB/COLBIOS/BCH/PG/17/0544.

2.3 Experimental layout

Randomization was used to allocate forty-two acclimatized rats into seven groups of six animals as follows:

- Group 1 (control): 2 mL/kg of distilled water (7 days) + 2 mL/kg of olive oil (14 days)
- Group 2: 8 mL/kg of DDVP (7 days) + 2 mL/kg of olive oil (14 days)
- Group 3: 8 mL/kg of DDVP (7 days) + 0.2 mL/kg of atropine (14 days)
- Group 4: 8 mL/kg of DDVP (7 days) + 50 mg/kg of hesperidin (14 days)
- Group 5: 8 mL/kg of DDVP (7 days) + 100 mg/kg of hesperidin (14 days)
- Group 6: 2 mL/kg of distilled water (7 days) + 50 mg/kg of hesperidin (14 days)
- Group 7: 2 mL/kg of distilled water (7 days) + 100 mg/kg of hesperidin (14 days)

All administrations were completed between 8:00 a.m. and 9:00 a.m. daily. Hesperidin (50 and $100 \text{ mg.kg}^{-1}\text{day}^{-1}$) and DDVP ($8 \text{ mg.kg}^{-1}\text{day}^{-1}$) corresponds to one-tenth of oral LD50, according to earlier studies [23-25]. Similarly, sub-acute treatment durations for DDVP and hesperidin were picked based on a previous experiment [23-25].

2.4 Collection and processing of samples (blood and lung)

Twenty-four hours after the last intervention (day twenty-two), rats were anesthetized intraperitoneally with $100 \text{ mg.kg}^{-1}\text{day}^{-1}$ and $10 \text{ mg.kg}^{-1}\text{day}^{-1}$ of ketamine and xylazine, respectively as designated by Wellington et al. [26]. Blood was collected through retro-orbital perforation veins into 10 mL **lithium heparinized** tubes. **Plasma** was obtained by centrifugation for 15 minutes for biochemical investigations. The rats were then humanely dissected, and the lungs were excised and washed in 1.15% of ice-cold potassium chloride medium to clear blood stains, blotted dry with blotting paper, and weighed. A slice (0.2 g) of the lungs tissue was homogenized in 1.8 mL of potassium phosphate solution (0.1 M, pH 7.4, $2^\circ C$) i.e. (10% w/v) to form 10% homogenate and spun for 15 min at $10,000 \times g$ to obtain lung homogenate. The supernatant was extracted at $4^\circ C$ and stored at $-20^\circ C$ for biochemical assays. In addition, 10% formalin was used to fix a piece of the lung for histomorphological investigation.

2.5 Biochemical assays

Total protein content, the activities of ALT, AST, ALP, and LDH were determined in lung homogenate and plasma according to the instructions provided by the Randox/Biosystem kits [27, 28]. According to the LABKIT handbook, lung triacylglycerol, cholesterol, and phospholipids concentrations were determined [27]. Standard methods were used to determine reduced glutathione (GSH), glutathione-S-transferase (GST), catalase (CAT), superoxide dismutase (SOD), and glutathione peroxidase (GPx) [31-35]. Lipid peroxidation in the lungs was determined by measuring malondialdehyde (MDA) concentration [36].

2.6 Histological studies

Slices of lung slices were preserved in 10% formalin and then encased in paraffin wax. The lung tissue was cut into sections of 5 μm thick and then mounted on slides. These sections were stained with hematoxylin and eosin to identify and analyze the morphology of cells using a light photomicroscope.

2.7 Statistical analysis

Quantitative variables were expressed as mean $\pm$ S.E.M. of six replicates per group. ANOVA was utilized to determine group homogeneity while Duncan Multiple Range Test separated diverse groups. A 0.05 p-value was acknowledged as significant. All statistics were done with SPSS 20.0 and graphs were generated with GraphPad Prism 8.0.

3. Results

The impacts of DDVP ($20 \text{ mg kg}^{-1} \text{ day}^{-1}$), DDVP combined with hesperidin supplementation (at doses of 50 and $100 \text{ mg kg}^{-1} \text{ day}^{-1}$), or reference atropine (at a dose of $0.2 \text{ mg kg}^{-1} \text{ day}^{-1}$), and hesperidin unaccompanied (at doses of 50 and $100 \text{ mg kg}^{-1} \text{ day}^{-1}$), on lung activities of ALT, AST, ALP, and LDH are depicted in Figure 1. Exposure to DDVP resulted in significant decreases ($p < 0.05$) in lung ALT by 17.65%, AST by 45.91%, and LDH by 57.58% compared to the control group. However, there was no significant difference ($p > 0.05$) in ALP levels compared to the control. Post-treatment with atropine or hesperidin (at doses of 50 and $100 \text{ mg kg}^{-1} \text{ day}^{-1}$) following DDVP exposure significantly mitigated the declines provoked by DDVP. Specifically, ALT levels decreased by 15.48%, 19.05%, and 17.86% with atropine and hesperidin treatments, respectively. AST levels decreased by 36.05%, 47.67%, and 73.26%, and LDH levels decreased by 69.54%, 67.33%, and 41.94% with the same treatments. Furthermore, in rats supplemented with hesperidin alone at doses of 50 and $100 \text{ mg kg}^{-1} \text{ day}^{-1}$, all assayed enzyme activities were not statistically different ($p > 0.05$) from those of the standard control.

Figure 2 represents the influence of different treatments on the levels of triacylglycerol (TAG), cholesterol (CHOL), phospholipids (PHLS), and the cholesterol/phospholipids ratio in the lung. Exposure of rats to DDVP alone at a dose of $8 \text{ mg kg}^{-1} \text{ day}^{-1}$ caused a significant ($p < 0.05$) reduction ($p < 0.05$) in TAG levels by 59.27%, while CHOL and PHLS levels increased significantly ($p < 0.05$) by 184.56% and 157.36%, respectively, compared to the control group. However, the CHOL/PHLS ratio in DDVP-treated rats was not significantly different ($p > 0.05$) from that of the control group. Following supplementation with either atropine (at a dose of $0.2 \text{ mg kg}^{-1} \text{ day}^{-1}$) or hesperidin (at doses of 50 and $100 \text{ mg kg}^{-1} \text{ day}^{-1}$) alongside DDVP exposure, there was a significant attenuation ($p < 0.05$) of the decrease in TAG levels by 47.31%, 59.98%, and 63.89%, respectively. Additionally, these treatments significantly attenuated ($p < 0.05$) the increases in CHOL by 29.12%, 32.38%, and 35.46%, respectively, and PHLS by 29.02%, 32.21%, and 38.69%, respectively, triggered by DDVP. Moreover, when rats were solely supplemented with hesperidin, there were no significant differences ($p > 0.05$) in the levels of the assessed lipids compared to the control group of normal rats.

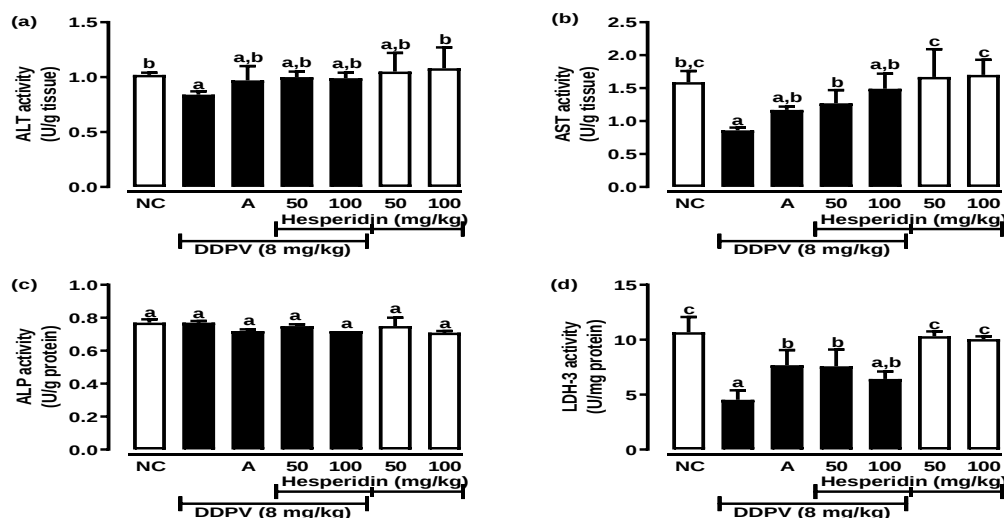


Figure 1: The effect of 14 days subacute hesperidin treatment on the activities of pulmonary ALT (a), AST (b), ALP (c), and LDH (d) in rats exposed to dichlorvos for 7 days. NC symbolizes normal control and letter 'A' symbolizes atropine. Results are expressed as mean $\pm$ SEM of six determinations. Bars with different lower case letters differ significantly ($P < 0.05$).

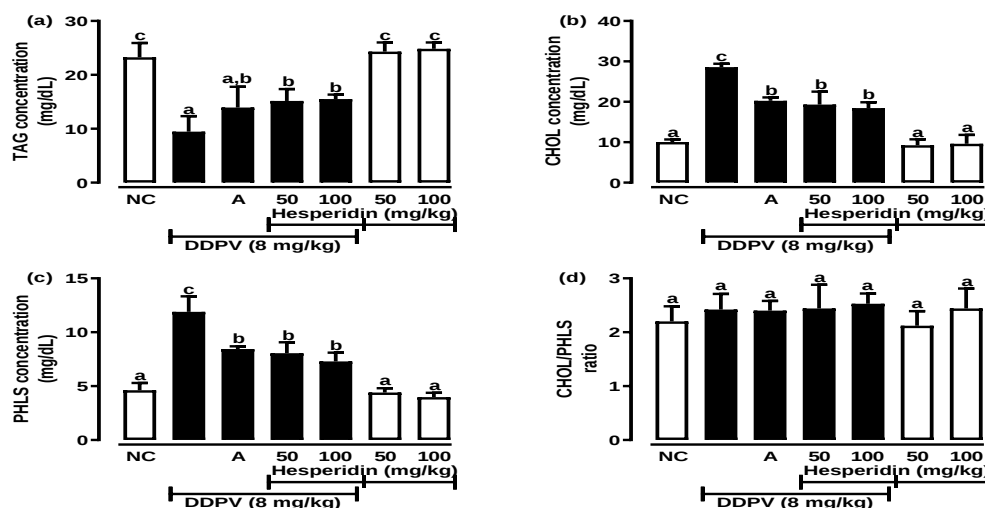


Figure 2: The effect of 14 days subacute hesperidin treatment on the concentrations of pulmonary triacylglycerol (a), cholesterol (b), phospholipids (c), and cholesterol/phospholipids ratio (d) in rats exposed to dichlorvos for 7 days. NC symbolizes normal control and letter 'A' symbolizes atropine. Results are expressed as mean $\pm$ SEM of six determinations. Bars with different lower case letters differ significantly ($P < 0.05$).

The consequences of DDVP ($8 \text{ mg kg}^{-1} \text{ day}^{-1}$), DDVP supplemented with hesperidin (50 and $100 \text{ mg kg}^{-1} \text{ day}^{-1}$), or the reference prescription atropine ($0.2 \text{ mg kg}^{-1} \text{ day}^{-1}$), as well as hesperidin alone (50 and $100 \text{ mg kg}^{-1} \text{ day}^{-1}$), on lung hydrogen peroxide (H_2O_2) and nitric oxide (NO) levels are presented in Figure 3. In DDVP-treated rats, the hydrogen peroxide level (Figure 3a) surged significantly ($p < 0.05$) by an impressive 360.94%, while the nitric oxide content (Figure 3b) rose significantly ($p < 0.05$) by 110.53% compared to the control group. Conversely, after administration of atropine or hesperidin (at doses of 50 and $100 \text{ mg kg}^{-1} \text{ day}^{-1}$) to DDVP-treated rats, there was a significant ($p < 0.05$) reversal of the DDVP-induced elevations in both H_2O_2 (by 44.75%, 48.64%, and 41.53%, respectively) and NO (by 50%, 56.25%, and 52.50%, respectively) levels. Furthermore, administration of hesperidin alone (at doses of 50 mg and $100 \text{ mg kg}^{-1} \text{ day}^{-1}$) did not show any significant ($p > 0.05$) difference in H_2O_2 and NO levels relative to the control group.

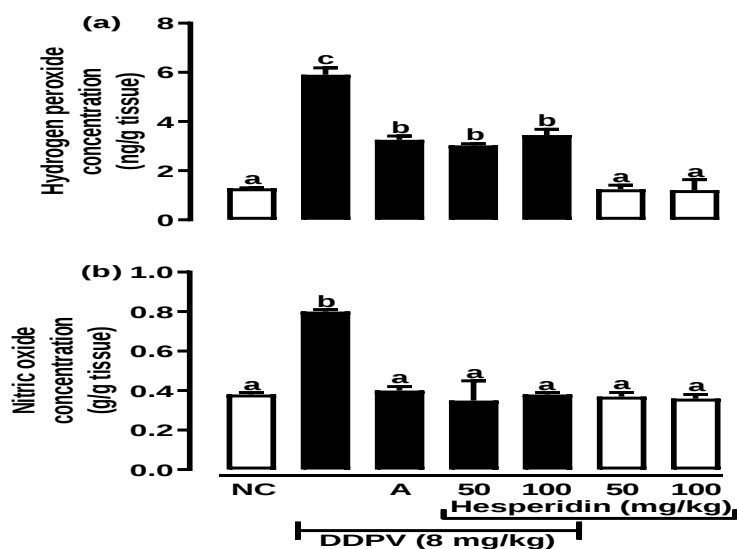


Figure 3: The effect of 14 days subacute hesperidin treatment on the concentrations of pulmonary H_2O_2 (a) and NO (b) in rats exposed to dichlorvos for 7 days. NC symbolizes normal control and letter 'A' symbolizes atropine. Results are expressed as mean $\pm$ SEM of six determinations. Bars with different lower case letters differ significantly ($P < 0.05$).

Figure 4 presents the impact of various treatments on the concentrations of reduced glutathione (GSH) and malondialdehyde (MDA) in the lung of rats exposed to DDVP. There was a significant reduction ($p < 0.05$) in lung GSH concentration (Figure 4a) by 29.11% and a significant increase ($p < 0.05$) in MDA concentration (Figure 4b) by 1227.27% compared to the control group. However, treatment with atropine or hesperidin (at doses of 50 and 100 mg $\text{kg}^{-1} \text{ day}^{-1}$) mitigated the decline in GSH levels by 18.47%, 36.47%, and 39.07%, respectively. Moreover, the interventions reduced the DDVP-induced increase in MDA levels by 60.96%, 58.90%, and 61.64%, respectively. Notably, there were no significant differences ($p > 0.05$) in GSH and MDA between rats receiving hesperidin supplementation and the control group.

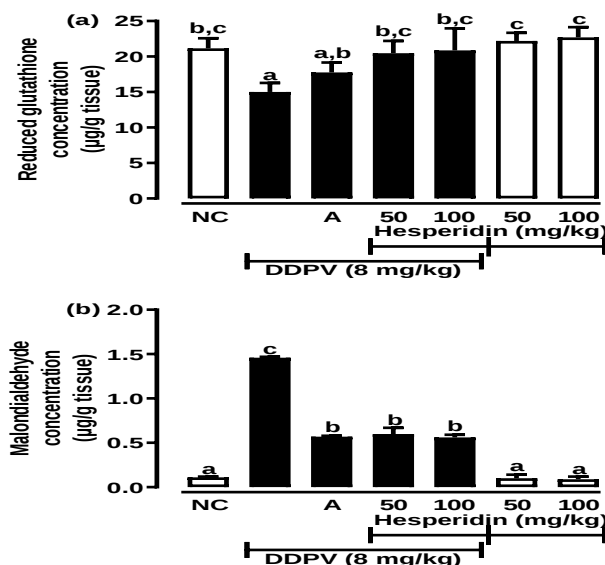


Figure 4: The effect of 14 days subacute hesperidin treatment on the concentrations of GSH (a) and MDA (b) in the lung of rats exposed to dichlorvos for 7 days. NC symbolizes normal control and letter 'A' symbolizes atropine. Results are expressed as mean $\pm$ SEM of six determinations. Bars with different lower case letters differ significantly ($P < 0.05$).

Figure 5 depicts the effect of various treatments on lung enzymatic antioxidants. DDVP exposure resulted in significant ($p < 0.05$) reduction in lung activities of glutathione S-transferase (Figure 5a), superoxide dismutase (Figure 5b), catalase (Figure 5c), and glutathione peroxidase (Figure 5d) by 60%, 52.09%, 57.62%, and 40.43%, respectively. Nevertheless, treatment with atropine or hesperidin (at doses of 50 and 100 mg $\text{kg}^{-1} \text{ day}^{-1}$) following DDVP exposure significantly ($p < 0.05$) attenuated the decreases in GST activity by 100%, 155.26%, and 207.89%; SOD activity by 71.79%, 95.38%, and 67.18%; CAT activity by 64.79%, 74.41%, and 60.65%; and GPx activity by 25%, 21.43%, and 25.45%, respectively. Notably, there were no significant ($p > 0.05$) differences in the assayed enzymatic antioxidants between rats receiving hesperidin supplementation and the control group.

Figure 6 illustrates the effects of various treatments on lung histopathology. While no abnormalities were observed in the control group, dichlorvos caused significant effects, including necrosis, desquamation of bronchial epithelial cells, presence of mucus in the bronchial lumen (indicated by an arrow), and thickening of the interstitium due to inflammatory exudates (marked by an arrowhead). When dichlorvos was co-administered with atropine (0.2 mg/ml), thickening of the interstitium by inflammatory exudates (indicated by an arrow) and presence of inflammatory exudates in alveolar spaces were observed. Combining dichlorvos with hesperidin at 50 mg $\text{kg}^{-1} \text{ day}^{-1}$ resulted in moderate thickening of the interstitium by inflammatory exudates (indicated by an arrow) and necrosis of bronchial epithelial cells (marked by an arrowhead). At a higher dose of hesperidin (100 mg $\text{kg}^{-1} \text{ day}^{-1}$) following dichlorvos administration, thickening of the interstitium persisted, accompanied by mucus and desquamated epithelial cells in bronchioles (indicated by an arrow) and alveolar air spaces (indicated by an arrowhead). Hesperidin alone at 50 mg $\text{kg}^{-1} \text{ day}^{-1}$ displayed interstitial thickening due to inflammatory exudates (indicated by an arrow), while hesperidin alone at 100 mg $\text{kg}^{-1} \text{ day}^{-1}$ showed moderately thickened interstitium by inflammatory exudates (shown by an arrow) and presence of mucus in the bronchial lumen (epitomized by the label). These observations stem from histological analysis of the cerebrum as part of an experimental design.

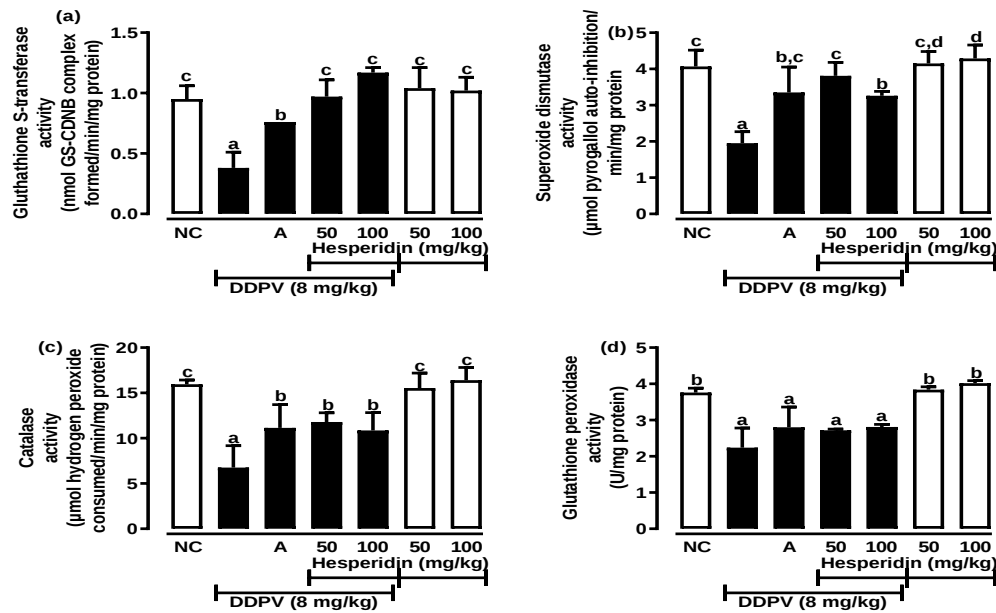


Figure 5: The effect of 14 days hesperidin subacute treatment on selected pulmonary enzymatic antioxidants activities GST (a), SOD (b), catalase (c) and GPx (d) in rats exposed to dichlorvos for 7 days. NC symbolizes normal control and letter 'A' symbolizes atropine. Results are expressed as mean $\pm$ SEM of six determinations. Bars with different lower case letters differ significantly ($P < 0.05$).

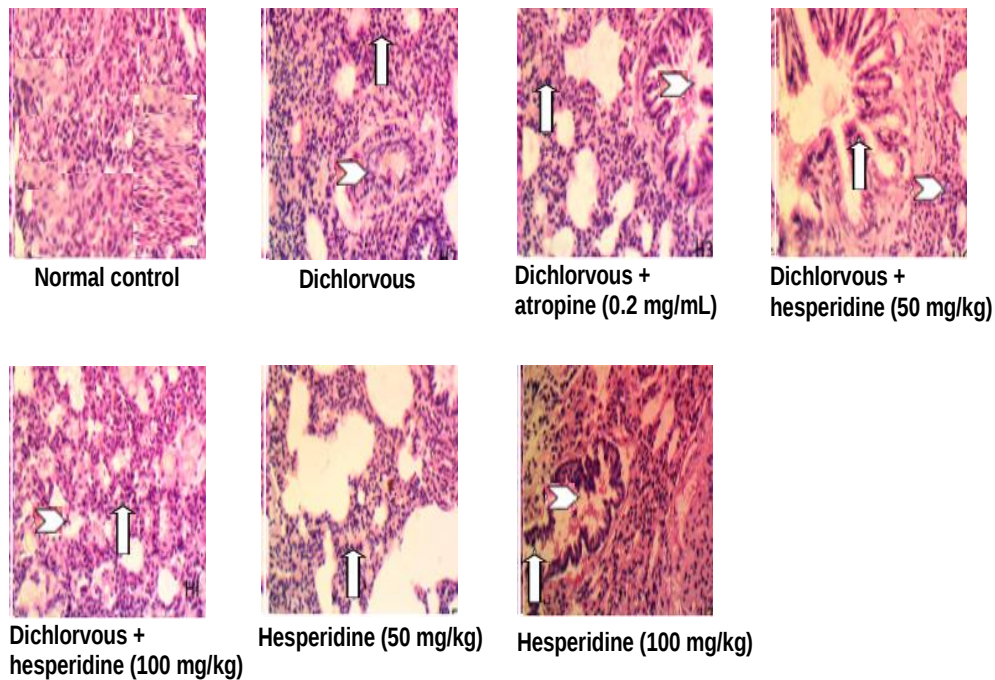


Figure 6: Photomicrographs (x 400) depicting the influence of 14 days of subacute hesperidin administration on dichlorvos-treated rat lung architecture.

Figure 7 illustrates the proposed mechanism of remedial impact of hesperidin on dichlorvos-evoked pulmonary dysfunction in rats. Exposure of experimental animals to DDVP led to derangement of enzyme action via leakage as well as generation of ROS and RNS. These reactive species caused cellular damage and malfunction by inducing oxidative stress and lipid dyshomeostasis, which were attenuated by hesperidin.

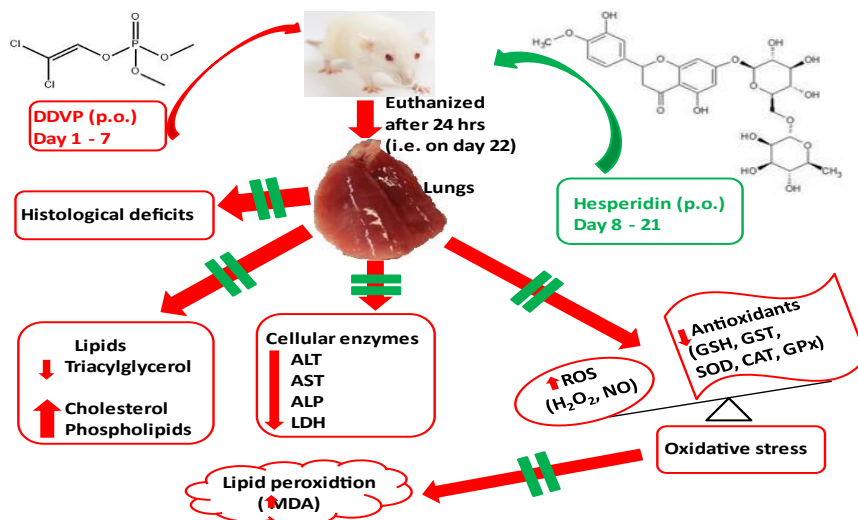


Figure 7: Graphical abstract and the proposed mechanism of the remedial impact of hesperidin on dichlorvos-evoked pulmonary dysfunction in rats. Red arrows signify the reaction pathways of the negative impact of DDVP, while the green symbol exemplified the inhibition by hesperidin intervention.

4. Discussion

The current research examined possible remedial impact of hesperidin on dichlorvos-occasioned lung perturbation in rat models. The data elucidated the complications underlying the mechanisms by which DDVP exerts its toxicosis and the therapeutic potential of atropine, a known AChE inhibitor, and hesperidin, a bioflavonoid with antioxidant and anti-inflammatory properties, in ameliorating its negative repercussions.

Findings from this study revealed that DDVP remarkably triggered deleterious effects by altering lung ALT, AST, and LDH enzymatic actions. These enzymes maintain cellular integrity, and their diminution indicates DDVP-enhanced impaired cellular integrity, membrane permeability, and lung injury. Our results aligned with prior investigations [10, 37], further emphasizing DDVP multi-organ toxicity. Interestingly, post-administration of atropine and hesperidin annulled the DDVP-engendered reductions in enzyme actions, suggesting probable adjunctive therapeutic strategies and mitigatory function against DDVP-prompted impaired cellular integrity, membrane permeability, and lung injury. Hesperidin has been reported to reverse leakage enzyme perturbation [38, 39].

The dysmetabolism in lipid homeostasis may be an indication that DDVP evoked a disruption in metabolic processes within the lung tissue and could contribute partly to compromised lung function and potentially increased the risks of cardiovascular complications. This submission agrees with the previous report that DDVP stimulates dyslipidemia [40]. Remarkably, despite the DDVP-instigated perturbations in the individual lipid profile concentrations, the cholesterol/phospholipids molar ratio stayed unperturbed, signifying a prospective compensatory mechanism or a differential response to DDVP-evoked intoxication among lipid subclasses. Nonetheless, atropine and hesperidin supplementation markedly attenuated DDVP-evoked decrease in TAG. Both compounds also enhanced CHOL and PHLs levels, alluding to a promising protective role against DDVP-motivated lipid dysmetabolism [41]. Of particular interest is the fact that hesperidin supplementation alone did not elicit any significant changes in lipid levels compared to the control group. This result suggests that hesperidin may not directly impact lung lipid metabolism under normal physiological conditions but could function as a potent protective drug candidate against DDVP-triggered dyslipidemia when administered concurrently.

The present study found that DDVP exposure led to marked disruptions in various oxidative stress biomarkers in the lungs of experimental animals. Specifically, there was a remarkable augmentation in H_2O_2 and NO contents, revealing heightened oxidative stress. Conversely, DDVP incited diminutions in lung GSH content and the activities of antioxidant enzymes, including GST, SOD, CAT, and GPx, further suggesting oxidative stress. Additionally, MDA content was substantially elevated, denoting enhanced lipid peroxidation and oxidative damage. Our findings agree with prior reports that, in addition to inhibiting AChE, DDVP exerts its toxicosis via the generation of ROS and RNS, depleting antioxidant defenses and contributing to lipid peroxidation and oxidative damage in the lungs [42, 43].

The lungs are particularly vulnerable to oxidative stress-provoked injury [44]. Alterations in biomarkers such as H_2O_2 , NO, GSH, SOD, CAT, and MDA can significantly impact lung function and integrity. H_2O_2 is generated in the lungs through normal cellular mitochondrial metabolism. Elevated H_2O_2 levels induce oxidative damage by oxidizing biomolecules, disrupting cellular signaling pathways, promoting inflammation, and contributing to tissue injury, ultimately compromising lung function [45]. The enhanced H_2O_2 may be attributed to disruption of mitochondrial electron transport chain, leading to electron leakage and subsequent formation of H_2O_2 .

NO is produced in the lung primarily by a family of enzymes called nitric oxide synthases (NOS), including inducible NOS (iNOS or NOS2) and endothelial NOS (eNOS or NOS3). eNOS-derived NO helps regulate vascular tone, promotes vasodilation, and maintains pulmonary blood flow distribution, contributing to normal lung function [46]. While NO plays essential physiological roles in the lung, dysregulated or excessive NO production, particularly by iNOS during inflammatory conditions, can provoke detrimental effects such as oxidative stress, inflammation, and pulmonary dysfunction. It may also contribute to pulmonary vascular dysfunction and airway hyperresponsiveness, as seen in myriads of pulmonary diseases such as asthma, chronic obstructive pulmonary disease (COPD), and pulmonary hypertension [47].

GSH is a crucial antioxidant and detoxifying tripeptide in animal and human lungs. GSH depletion in the lungs of DDVP-treated rats could mediate significant consequences, including increased oxidative stress, impaired detoxification, a weakened immune response, and exacerbating lung diseases. The observed GSH decrease in the lung could be that DDVP inhibits GSH synthesis, depletes GSH via enhanced ROS/RNS generation, accelerates GSH turnover rate, or disrupts GSH recycling via glutathione inhibition [48]. Detoxification in cells, including the lungs, entails GST activity. The decline in GST activity following DDVP exposure could propagate marked drawbacks, including impaired xenobiotic conjugation detoxification. This may lead to xenobiotic accumulation in the lungs, pronounced oxidative stress, compromised lung function, susceptibility to infection, and development or exacerbation of respiratory diseases [49]. The observed diminution in lung GST activities could be credited to DDVP-induced direct GST imbibition by binding to its active site, indirect inhibition via depletion of lung GSH, an essential cofactor for GST activity, inhibition of gene coding for GST expression, or epigenetic modification, including DNA methylation and histone modification [50].

SOD and CAT protect cells, tissues, and organs, including the lungs, from oxidative stress. While SOD converts superoxide radicals ($O_2^{\bullet-}$) into oxygen and H_2O_2 ; CAT, on the other hand, converts H_2O_2 into water and oxygen [51]. Lung SOD and CAT downregulation after DDVP exposure could trigger marked abnormalities, including accumulation of $O_2^{\bullet-}$ and H_2O_2 , respectively. $O_2^{\bullet-}$ and H_2O_2 -provoked cellular component oxidation enhance oxidative stress, inflammation, respiratory dysfunction, coughing, wheezing, decreased lung capacity, susceptibility to respiratory diseases and lung cancer. Various investigators have shown that OPs can evoke SOD and CAT inhibition [16]. The observed decline in lung SOD activity following exposure to DDVP may be attributed to direct inhibition of SOD activity via active site binding, indirect impact via depletion of SOD and CAT due to enhanced $O_2^{\bullet-}$ and H_2O_2 challenge, interruption of the SOD coding gene leading to decreased synthesis, or conformational modification of the SOD and CAT three dimensional structure and function [16, 51].

The high level of MDA observed in the lung, following exposure to DDVP, may be indication that ROS and RNS have attacked the membrane. This possibly led to lipid peroxidation and oxidative damage to lung cell membranes thereby compromising their integrity and function. The oxidative stress occasioned by elevated MDA can also invoke lung inflammatory response, exacerbating asthma or COPD, respiratory impairment, and infection susceptibility [52, 53]. The DDVP-induced elevated MDA level could be a result of enhanced free radical generation (H_2O_2 and NO) as well as the observed inhibition of GSH, GST, SOD, and CAT. The effect could also be linked to inflammation or mitochondrial dysfunction which stimulate ROS generation and oxidative stress [52, 53].

Histology assessment further validated the adverse effects of DDVP on lung tissue integrity, revealing necrosis, desquamation of bronchial epithelial cells, thickening of the interstitium, and inflammatory exudates which corroborates previous study [54]. The present study emphasized the brutality of DDVP-activated pulmonary toxicity and highlighted the urgent need for effective therapeutic antidotes.

The mechanisms by which hesperidin reverses the DDVP-prompted perturbation could be by scavenging ROS and RNS, enhancing GSH levels, up-regulation of antioxidant proteins, and inhibition of lipid peroxidation toxicosis [55-57]. Overall, this present study confirmed hesperidin as a potent therapeutic candidate against DDVP-induced pulmonary toxicity by virtue of its ability to mitigate disrupted enzymatic activities, dyslipidemia, and oxidative stress in lung tissue as well as improving histopathological outcomes.

5.0 References

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