



Hepatoprotective Effects of Piperine on Thioacetamide-Induced Hepatotoxicity in Rats: A Lipid Profile Analysis

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Authors' contributions

This work was carried out in collaboration among all authors. All authors read and approved the final manuscript.

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ABSTRACT

Piperine is an alkaloid primarily found in the fruits of *Piper nigrum* L. (black pepper) and *Piper longum* L. (long pepper), which belong to the Piperaceae family. It is also present in smaller amounts in the roots of these plants. They possess bio-enhancing properties, has a long history

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of traditional use in revitalizing the liver and treating various hepatic ailments. Therefore, the current investigation aimed to determine the hepatoprotective potential of Piperine following oral administration in albino rats with liver damage induced by thioacetamide. In this study, thirty rats were divided into five equal groups, each groups containing 6 rats and experimented for eighth weeks. Group I (control): received normal saline @ 0.9 % p.o daily. Group II (diseased): received a single dose of Thioacetamide (TAA@ 150 mg/kg), twice per week. Group III: received Piperine (PIP @ 50 mg/kg b.d wt p.o daily) orally. Group IV: received TAA (@ 150 mg/kg i.p. twice/week) + PIP (@ 50 mg/kg b.d wt p.o daily). Group V (standard group): TAA (@ 150 mg/kg i.p. twice/week) +standard drug (Silymarin @ 50 mg/kg p.o daily). At the end of the experiment (57th day) all rats were sacrificed. The thioacetamide-treated group (group II) exhibited severe changes in the lipid profile parameters (total cholesterol, triglyceride, high-density lipoprotein (HDL) and low-density lipoprotein (LDL) cholesterol and glucose level. Based on the observed results in piperine-treated groups (IV) compared to the thioacetamide group (II), the study suggests piperine's potential for hepatoprotection against thioacetamide-induced hepatotoxicity.

Keywords: Piperine; thioacetamide; lipid profile; hepatoprotection; silymarin.

1. INTRODUCTION

Liver fibrosis is a major health concern with no standard treatment due to its complex causes with significant morbidity and mortality [1]. This chronic condition is characterized by the excessive deposition of extracellular matrix (ECM) by activated hepatic stellate cells (HSCs), leading to a progressive distortion of the normal liver architecture and impaired function [2]. Inflammation, often triggered by oxidative stress, is a key driver of HSC activation [3]. Pro-inflammatory cytokines, chemokines, and adhesion molecules further contribute to this process, creating a complex web of signaling pathways that promote fibrosis [4]. The absence of effective treatment options underscores the urgent need for novel therapeutic strategies to target liver fibrosis. Medicinal plants have been used for centuries as a source of food, spices, and remedies for many diseases. Black pepper (*Piper nigrum*), a member of the *Piperaceae* family, is one of the most commonly used spices in the world. It has a distinct sharp flavor due to the presence of Piperine, a phytochemical. Piperine (1-piperoyl piperidine) is a major alkaloid of *Piper nigrum* Linn. (*Piperaceae*) and

Piper longum Linn. (*Piperaceae*) and has been reported to possess bioavailability enhancing activity by increasing absorption various drug molecule [5, 6]. This might be achieved due to alteration in membrane lipid dynamics and change in the conformation of enzymes in the intestine. Piperine was also reported to possess numerous benefits including antioxidant [7], antimicrobial [8], neuroprotective [9], antiparasitic [10], anticancer [11], analgesic [12], anti-inflammatory [13] anti-apoptotic [14], hepatoprotective [15], antitumor [16], immunomodulatory [16], antimutagenic [17] and antimetastatic [18].

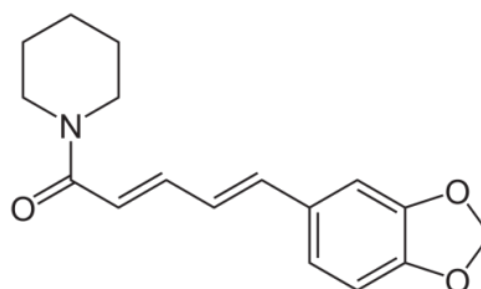


Fig. 1. Structure of Piperine [19]

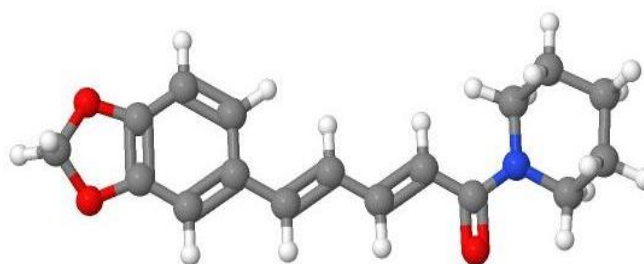


Fig. 2. Structure of Piperine 3D Model (Ball and Stick) [20]

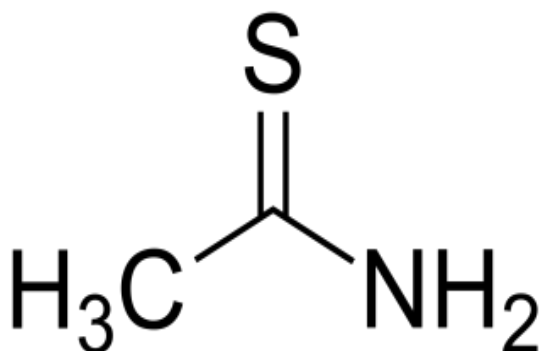


Fig. 3. Chemical Structure of thioacetamide [21]

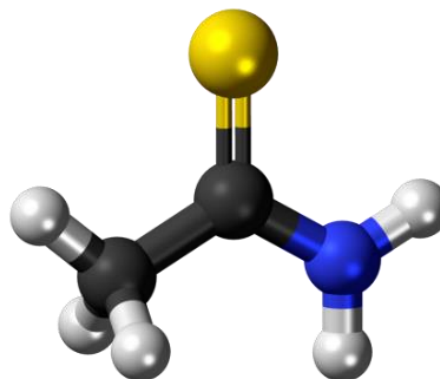


Fig. 4. Interactive Chemical Structure 3D Model of thioacetamide [22]

2. MATERIALS AND METHODS

This study was conducted at the Department of Veterinary Pharmacology and Toxicology, College of Veterinary Science, P.V. Narsimha Rao Telangana Veterinary University, Hyderabad, Telangana.

Adult, inbred albino rats of either sex, weighing 150–200 g, were used in this study. The rats were housed in clean polycarbonate cages at the College of Veterinary Science, Hyderabad, Telangana, with ad libitum access to water and a regular pellet diet. Following a two-week acclimation period under close veterinary supervision to ensure good health, the animals were subjected to the experiment. All procedures were conducted in accordance with ethical guidelines to minimize stress. The study was approved by the Institutional Animal Ethics Committee (IAEC) with approval number (02/26/C.V.Sc, Hyd. IAEC). All procedures adhered to the Committee for the Purpose of Control and Supervision of Experiments on Animals (CPCSEA) guidelines for animal care

and use. Table demonstrates the experimental design of the research work.

2.1 Experimental Design

Thirty healthy, inbred albino rats (150-200 g) were randomly divided into five groups (n=6/group). The chemicals used were Piperine (PIP, 50 mg/kg body weight/day, oral), thioacetamide (TAA, 150 mg/kg body weight, intraperitoneal injection twice/week), and normal saline (0.9 %, oral). The groups were as follows:

Body weight: The body weight changes were recorded weekly for 8 weeks. Individual body weights of all rats were recorded on 0th, 7th day, 14th day, 21st day, 28th day, 35th day, 42nd day, 49th day and 56th day of the total 8 weeks of experiment.

Organ weight: On the 56th day of the study, rats were euthanized with a CO₂ chamber, and liver and kidney weights were measured. The relative organ weight was calculated as organ weight (mg) per body weight (g).

Table 1. Different experimental groups and their treatment

Groups	Treatments	No. of animals
I	Control (Normal Saline @ 0.9 % p.o daily)	6
II	Disease control Thioacetamide (TAA @ 150 mg/kg i.p. twice/week)	6
III	Piperine (PIP @50 mg/kg b.d wt p.o daily)	6
IV	TAA (@ 150 mg/kg i.p. twice/week) + PIP (@ 50 mg/kg b.d wt p.o daily)	6
V	TAA (@ 150 mg/kg i.p. twice/week) +Standard drug (Silymarin @ 50 mg/kg p.o daily)	6

Lipid profile parameters: This study investigated the potential of Piperine, a nutraceutical from black pepper (*Piper nigrum*), against thioacetamide (TAA)-induced liver fibrosis in mice. Silymarin served as a reference antifibrotic drug. Piperine @ 50 mg/kg significantly improved liver function by reducing total cholesterol, triglyceride, HDL and LDL cholesterol and glucose. These improvements were confirmed by body weight and liver index (%) changes in rats.

Statistical Analysis: For group wise comparisons of means was analyzed in Statistical Package for Social Sciences (SPSS, version 29.0.2.0). The data between the groups over the weeks were statistically analyzed using one-way ANOVA followed by LSD (least significant difference) test.

3. RESULTS AND DISCUSSION

The present study employed prolonged (8 weeks) TAA administration in wistar rats, resulting in observable visual and quantifiable changes in body weight (Table 1) and body weight gain (Table 2), TAA administration in the toxic group resulted in a significantly reduced body weight gain compared to the normal control group. The observed decrease in body weight suggests a state of sustained catabolism. However, it remains to be elucidated whether this reduction is a direct consequence of TAA-induced hepatotoxicity or an indirect effect mediated by liver injury. Thioacetamide (TAA) administration induced marked toxicity in rats, as evidenced by their impaired body weight gain. The body weight in Group II (TAA) animals was observed to be significantly lower than in all other groups on 56th day of experiment, this finding aligns with previous studies suggesting that TAA exposure reduces nutrient absorption and metabolic efficiency, thereby hindering growth rate [23-25]. Interestingly, the body weight measurements in group IV (TAA+PIP) demonstrated a significant recovery compared to group II (TAA) exposed only to thioacetamide (TAA). This finding suggests that piperine treatment (PIP) may mitigate the body weight loss associated with TAA-induced hepatic toxicity. The combine affect of curcuming and piperine against thioacetamide induced hepatotoxicity found to have increase body weight in rats demonstrated by Shivhare et al. [26]. The treatment groups receiving TAA combined with PIP (Group IV) exhibited a statistically significant increase in body weight gain relative to the TAA group alone,

corroborating findings by Zaidi and Masood [27]. As previously demonstrated by Álvarez-Mercado et al. [28], they observed hepatomegaly in TAA-treated rats is a well-established indicator of hepatic lesions and associated liver damage resulting from the well-documented toxicological effects of TAA. Hsieh et al. (2008) reported a significant increase in liver weight in rats following thioacetamide administration, a well-established model of hepatotoxicity [29]. Furthermore, the formation of ECM in fibrotic livers offers the higher liver-to-body weight ratio (liver index). This explains the elevated liver index observed in the TAA group [30].

Our results of lipid profile test demonstrated a significant decrease in HDL cholesterol levels within the TAA-exposed group compared to the control group. Conversely, groups IV (TAA + PIP) exhibited a significant increase in HDL (high-density lipoprotein cholesterol) cholesterol and total cholesterol levels compared to the TAA-exposed group. These observations suggest that TAA toxicity induces significant alterations in plasma and hepatic metabolism. Plasma analysis reveals hypoglycemia (decreased blood glucose), decreased HDL cholesterol (the "good" cholesterol), and a reduction in total protein. Conversely, plasma levels of triglycerides, total cholesterol, and LDL (low-density lipoprotein cholesterol) cholesterol (the "bad" cholesterol) and total cholesterol are elevated. Hepatic analysis demonstrates disrupted metabolic protein profiles alongside dysregulation of both carbohydrate and lipid metabolism [31-33].

The liver serves as a central metabolic hub, act as the regulator of carbohydrate, protein, and lipid metabolism. A critical function of the liver is the storage and metabolism of glycogen as a readily available energy source. This process ensures glucose homeostasis during fasting periods, particularly for tissues with a preferential or obligate reliance on glucose, such as neurons and erythrocytes [34]. In our findings the glucose level was reduced (on both 28th and 56th day of experiment) as compare to the TAA induced rats as compare to the normal control group, but the treatment group TAA+PIP (Group IV) showed significantly higher in glucose level as compare to the TAA toxic group. TAA toxicity likely induces a biphasic response in blood glucose regulation. Initially, TAA may promote glycogenolysis (breakdown of liver glycogen), leading to a temporary increase in blood glucose.

Table 2. Mean ± body weight (g) in different groups of rats in different weeks

Groups	Weeks								
	0	1 st	2 nd	3 rd	4 th	5 th	6 th	7 th	8 th
I	167.33 ± 6.96 ^a	175.17 ± 3.22 ^a	213.67 ± 3.27 ^a	242.50 ± 9.50 ^a	267.83 ± 3.58 ^a	282.83 ± 6.00 ^a	298.00 ± 5.75 ^a	329.33 ± 7.07 ^a	357.17 ± 3.82 ^a
II	166.83 ± 6.15 ^a	168.00 ± 7.84 ^a	185.67 ± 3.77^{*c}	206.50 ± 5.53 ^b	225.17 ± 5.13^{*c}	234.50 ± 12.38^{*b}	241.50 ± 12.26^{*b}	253.50 ± 5.32^{**c}	265.50 ± 10.00^{*b}
III	163.00 ± 9.38 ^a	174.33 ± 8.87 ^a	204.83 ± 5.60 ^{ab}	229.50 ± 6.87 ^{ab}	244.00 ± 5.97 ^{bc}	265.67 ± 6.62 ^a	274.17 ± 7.45 ^a	322.00 ± 2.86 ^a	343.00 ± 14.73 ^a
IV	166.33 ± 8.98 ^a	173.00 ± 7.37 ^a	187.17 ± 7.63^{*bc}	222.67 ± 12.88 ^{ab}	231.33 ± 7.36^{*bc}	262.33 ± 12.31 ^a	271.50 ± 11.53 ^a	274.83 ± 11.54^{*bc}	311.17 ± 17.66 ^a
V	165.50 ± 7.17 ^a	175.50 ± 8.64 ^a	197.17 ± 7.26 ^{abc}	223.50 ± 8.50 ^{ab}	249.17 ± 5.16 ^{ab}	278.33 ± 8.09 ^a	290.67 ± 11.35 ^a	303.50 ± 18.07 ^{ab}	320.83 ± 16.54 ^a

Values are mean±SEM, one-way ANOVA with Duncan's post hoc test (SPSS), means bearing different alphabets in the column indicates significant difference (p<0.05). *- Significant at p < 0.05, **- Highly significant at p < 0.01

Table 3. Relative body weight (%), liver weight and liver index (%)

Groups	Treatment	Relative body weight (%)	Mean liver weight (g)	Relative liver weight or liver index (%)
I	Control	115.71 ± 10.98 ^a	11.52 ± 0.42 ^{ab}	3.22 ± 0.11 ^b
II	Thioacetamide control	61.02 ± 10.78^{**b}	10.75 ± 0.21 ^b	4.09 ± 0.24^{a*}
III	Piperine <i>per se</i>	112.04 ± 8.80 ^a	11.44 ± 0.75 ^{ab}	3.33 ± 0.17 ^b
IV	Thioacetamide + Piperine	90.45 ± 17.12 ^{ab}	10.43 ± 0.37 ^b	3.41 ± 0.23 ^{ab}
V	Thioacetamide + Standard (Silymarin)	94.14 ± 7.15 ^{ab}	10.94 ± 0.37 ^{ab}	3.45 ± 0.17 ^{ab}

Values are mean±SEM, (n=6) in one-way ANOVA with Duncan's post hoc test (SPSS), means bearing different alphabets in the column indicates significant difference (p<0.05). *- Significant at p < 0.05, **- Highly significant at p < 0.01

Table 4. Triglycerides concentration (mg/dL) in different groups of rats

Groups	Treatment	28 th day	56 th day
I	Control	69.19 ± 3.46 ^b	72.50 ± 3.60 ^b
II	Thioacetamide control	145.83 ± 13.33^{***}	177.03 ± 7.60^{a**}
IV	Piperine <i>per se</i>	73.38 ± 3.60 ^b	74.41 ± 2.67 ^b
VI	Thioacetamide + Piperine	86.50 ± 9.97 ^b	86.17 ± 9.57 ^b
VII	Thioacetamide + Standard (Silymarin)	89.67 ± 9.20 ^b	85.00 ± 6.86 ^b

Values are mean±SEM, (n=6) in one-way ANOVA with Duncan's post hoc test (SPSS), means bearing different alphabets in the column indicates significant difference (p<0.05). **- Highly significant at p < 0.01

Table 5. HDL Cholesterol concentration (mg/dL) in different groups of rats

Groups	Treatment	28 th day	56 th day
I	Control	33.17 ± 1.30 ^a	37.93 ± 4.78 ^a
II	Thioacetamide control	15.50 ± 1.71^{ab}	14.27 ± 2.11^{b**}
III	Piperine <i>per se</i>	40.00 ± 5.21 ^a	39.33 ± 4.53 ^a
IV	Thioacetamide + Piperine	32.83 ± 5.64 ^a	30.67 ± 3.09 ^a
V	Thioacetamide + Standard (Silymarin)	38.67 ± 8.22 ^a	37.67 ± 3.24 ^a

Values are mean±SEM, (n=6) in one-way ANOVA with Duncan's post hoc test (SPSS), means bearing different alphabets in the column indicates significant difference (p<0.05). *- Significant at p < 0.05, **- Highly significant at p < 0.01

Table 6. LDL Cholesterol concentration (mg/dl) in different groups of rats

Groups	Treatment	28 th day	56 th day
I	Control	58.75 ± 4.86 ^{ab}	58.67 ± 4.84 ^b
II	Thioacetamide control	75.50 ± 5.36 ^a	82.33 ± 5.40^{a**}
IV	Piperine <i>per se</i>	52.00 ± 6.85 ^b	48.17 ± 2.44 ^b
VI	Thioacetamide + Piperine	63.67 ± 9.61 ^{ab}	54.50 ± 7.54 ^b
VII	Thioacetamide + Standard (Silymarin)	54.33 ± 7.72 ^b	57.17 ± 7.94 ^b

Values are mean±SEM, (n=6) in one-way ANOVA with Duncan's post hoc test (SPSS), means bearing different alphabets in the column indicates significant difference (p<0.05). **- Highly significant at p < 0.01

Table 7. Total Cholesterol concentration (mg/dl) in different groups of rats

Groups	Treatment	28 th day	56 th day
I	Control	77.00 ± 2.90 ^{bc}	74.95 ± 8.03 ^a
II	Thioacetamide control	97.67 ± 3.26^{a*}	127.33 ± 13.54^{b**}
IV	Piperine <i>per se</i>	70.20 ± 5.32 ^c	72.22 ± 5.53 ^a
VI	Thioacetamide + Piperine	76.33 ± 4.72 ^c	82.00 ± 8.45 ^a
VII	Thioacetamide + Standard (Silymarin)	77.83 ± 8.96 ^{bc}	85.50 ± 8.84 ^a

Values are mean±SEM, (n=6) in one-way ANOVA with Duncan's post hoc test (SPSS), means bearing different alphabets in the column indicates significant difference (p<0.05). *- Significant at p < 0.05, **- Highly significant at p < 0.01

Table 8. Glucose concentration (mg/dl) in rats of different groups

Groups	Treatment	28 th day	56 th day
I	Control	103.42 ± 4.85 ^a	125.98 ± 3.30 ^a
II	Thioacetamide control	64.83 ± 9.80^{b**}	71.83 ± 11.36^{c**}
III	Piperine <i>per se</i>	88.80 ± 10.72 ^{ab}	111.88 ± 8.42 ^a
IV	Thioacetamide + Piperine	88.17 ± 12.43 ^{ab}	87.50 ± 8.98^{bc**}
V	Thioacetamide + Standard (Silymarin)	93.67 ± 9.83 ^{ab}	112.17 ± 7.16 ^a

Values are mean±SEM, (n=6) in one-way ANOVA with Duncan's post hoc test (SPSS), means bearing different alphabets in the column indicates significant difference (p<0.05). **- Highly significant at p < 0.01

This could potentially stimulate pancreatic β -cells and subsequent insulin secretion. However, with prolonged exposure (e.g., by the 8th week observed by Ebrahim et al. [35], TAA-induced hepatotoxicity may deplete hepatic glycogen stores, resulting in hypoglycemia despite elevated serum insulin levels.

4. CONCLUSION

Piperine may effect the production of total cholesterol, triglycerides, LDL, HDL, glucose level and may improve the function of hepatocytes, which are responsible for many important tasks, such as detoxification. Experimentally proven pharmacological effects are aimed at stabilising the functional state of the liver. The analysis of the obtained experimental data may be the basis for further in-depth studies of the functioning of the liver and the hepatobiliary system as a whole, to identify biomarkers of enzymatic nature to prove the presence of membrane-stabilising, antioxidant, anti-inflammatory activity of Piperine and its probable mechanisms of pharmacological action.

DISCLAIMER

Author(s) hereby declare that NO generative AI technologies such as Large Language Models (ChatGPT, COPILOT, etc) and text-to-image generators have been used during writing or editing of manuscripts.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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