

Meral AŞÇIOĞLU<sup>1</sup>  
Çiğdem ÖZESMİ<sup>1</sup>  
Pakize DOĞAN<sup>2</sup>  
Figen ÖZTÜRK<sup>3</sup>

## Effects of Acute Grayanotoxin-I Administration on Hepatic and Renal Functions in Rats

Received: January 25, 1999

Departments of Physiology<sup>1</sup>, Faculty of Medicine, Erciyes University Kayseri, Department of<sup>2</sup> Biochemistry, Faculty of Medicine, Hacettepe University Ankara and Department of<sup>3</sup> Pathology Faculty of Medicine, Erciyes University, Kayseri-Turkey

**Abstract:** The effects of acute Grayanotoxin-I (GTX-I) administration on hepatic and renal functions in rats were investigated. GTX-I was administered to the animals of groups 1, 2 and 3 at a single i.p. dose of 1 mg/kg, 0.5 mg/kg and 0.25 mg/kg respectively, and group 4 (control) received i.p. saline (0.9 %) solution only. One hour following the administration of GTX-I or saline, urine analysis (leukocytes, urobilinogen, protein, pH, blood, ketone, glucose, nitrites) was performed and serum was evaluated for activities of glutamic pyruvic transaminase (GPT),  $\gamma$ -glutamyl transferase ( $\gamma$ -GT) and isoenzymes of lactate dehydrogenase (LDH) (as a percentage of total LDH activity),

transferrin, ceruloplasmin and total protein concentrations and histopathologic changes in the liver and kidney. A single dose of GTX-I produced proteinuria and hematuria and decreased GPT, LDH<sub>3</sub>, LDH<sub>4</sub>, and  $\gamma$ -GT. But the loss of GPT, LDH<sub>3</sub> and LDH<sub>4</sub> partially disguised by hepatic enzyme leakage which was the result of hepatic damage occurred with increasing doses of GTX-I. Hepatic damage was also detected by light microscopy.

**Key Words:** Grayanotoxin, glutamic pyruvic transaminase (GPT),  $\gamma$ -glutamyl transferase ( $\gamma$ -GT), lactate dehydrogenase (LDH)<sub>3</sub> serum total protein

### Introduction

Grayanotoxins (GTXs) are toxic constituents isolated from the leaves or flowers of various *Rhododendron* species belonging to the family Ericaceae. These toxins are contained in the toxic honey produced by bees from the collected nectar of these plants (1). Toxic honey has been known since ancient times. In 400 BC, Xenophon in the Anabasis reported the poisoning of his troop by the honey of *Rhododendron ponticum* flowers. GTXs (GTX-I, GTX-II, GTX-III), mainly GTX-I, occurring in Ericaceae plants are the compounds responsible for poisoning. Pharmacological and physiological studies have demonstrated that GTXs have a wide range of acute systemic effects including hypotension, arrhythmias, respiratory depression, nausea vomiting, dizziness and induced amystotic postures indicating a central nervous system effect (2), and they have been shown to depolarize the sodium dependent excitable membranes (3-5). On the other hand, it has reported that subchronic and chronic exposure to GTX-I cause hepatotoxicity and nephrotoxicity (6, 7). However, the acute effects of GTXs on hepatic and renal functions have seldom been studied. Nishikawa et al studied the effects of a single dose of

GTX-III on liver and renal functions (8). But poisonings from honey originating from *Rhododendron* and other Ericaceae plants have generally been assumed to be due to GTX-I (9). In addition, GTX-I has been positively identified in various toxic honey samples (1, 9). Therefore, we investigated the effects of acute GTX-I administration on hepatic and renal functions in rats, because these tissues are most susceptible to organotoxicity when exposed to any drug.

### Materials and Methods

GTX-I, kindly provided by Dr. Tadamasu Terai (Department of Applied Chemistry, Osaka Institute of Technology, Osaka - JAPAN) was dissolved in physiological saline solution at a concentration of 0.15 mg/0.3 ml (to administer 0.3 ml GTX-I solution to an animal weighing 300 g in the highest dose group).

Fifty-12-week-old male Swiss albino rats weighing 160-250 g were divided into 4 groups. Animals in group 1, 2 and 3 received single i.p. doses that would cause acute effects of GTX-I (1, 0.5 or 0.25 mg/kg respectively), and group 4 (control) received saline

solution i.p. 0.9%. The groups contained 10, 15, 10 and 15 animals respectively. One hour after the administration of GTX-I or saline solution, urine analysis for leukocytes, urobilinogen, protein, pH, ketone, blood, glucose and nitrites was performed with Multistix 10-SG (Bayer Diagnostic, Ames Co., Division of Miles laboratories, USA) according to the manufacturer's instructions (10). Then the animals were sacrificed and blood was collected into tubes. Serum was obtained for determination of the following: activities of glutamic pyruvic transaminase (GPT),  $\gamma$ -glutamyl transferase ( $\gamma$ -GT) and isoenzymes of lactate dehydrogenase (LDH) as a percentage of total LDH activity and transferrin, ceruloplasmin, and total protein concentrations. Determinations of these parameters were carried out with colorimetric in vitro diagnostic test reagents of Randox (GPT), Stanbio ( $\gamma$ -GT), Helena (LDH isoenzymes electrophoresis procedure on cellulose acetate), Bayer-ames-Serapak (transferrin) and p-phenyldiamine oxidase procedure (ceruloplasmin) (11), and Peter's procedure (total protein) (12). Some parameters could not be obtained for all rats because of insufficient sera and urine.

In order to determine histopathologic changes, the liver and kidney were excised and immediately fixed in 3% formalin, stained with hematoxylin and eosin, and examined by light microscopy.

One-way analysis of variance and Kruskal Wallis variance analysis was done for significance. Individual comparison within the groups was carried out by

Scheffe's procedure. In all cases a difference was considered significant when  $p < 0.05$ .

**Results**

The results showed that the administration of GTX-I at a single low dose caused a decrease in serum GPT, LDH<sub>3</sub>, LDH<sub>4</sub> and  $\gamma$ -GT activities in rats. However, the decrease in GPT activity and LDH<sub>3</sub>, LDH<sub>4</sub> activities as a percentage of total LDH activity disappeared at a high dose of GTX-I. In addition, serum total protein level was markedly reduced and this effect was proportional to the dose of GTX-I. No significant changes were observed in serum LDH<sub>1</sub>, LDH<sub>2</sub> and LDH<sub>5</sub> activities as a percentage of total LDH activity or in ceruloplasmin and transferrin concentrations in serum. The data are presented in Table 1.

Urine analysis findings are presented in Table 2. Urine analysis showed that the acute GTX-I administration produced proteinuria and hematuria. In addition, urine keton bodies expressed a decrease in the rats of groups 1 and 2.

The results of histopathologic examinations on the excised livers were as follows: livers of rats that received GTX-I at a dose of 0.25 or 0.5 mg/kg had no significant histopathologic differences from control livers (Figure 1), while the livers of rats that received GTX-I at a dose of 1 mg/kg had significant changes in central vein dilatation, congestion, focal necrosis, inflammatory cell infiltration in portal tract and parenchyma (Figure 2). Histopathological examinations of the kidney revealed no significant histopathologic alterations.

Table 1. Effects of Acute GTX-I Administration on Biochemical Serum Data of Rats

I.p. dose of GTX-I	GPT (U/Liter)	g-GT (U/Liter)	LDH1	LDH2	LDH3	LDH4	LDH5	Transferrin (mg/100 ml)	Ceruloplasmin (g/Liter)	Total protein (g/Liter)
Group 1 1 mg/kg	21.4±7.0 (8) *†‡	3.1±1.0(3) *	6.8±4.8(8)	7.2±2.7(8)	8.3±3.2(8) ‡	14.3±5.0(8) ‡	63.0±13.0(8)	98.1±53.3(9)	0.5±0.2(7)	7.8±0.4(8) *
Group 2 0.5 mg/kg	13.2±6.5(15) *†‡	8.0±1.6(13)	7.0±4.0(8)	7.0±2.0(8)	10.3±4.0(8) ‡	13.3±5.7(8) ‡	62.2±9.5(8)	120.2±37.3(15)	0.5±0.1(11)	8.0±0.4(13) *†
Group 3 0.25 mg/kg	10.7±3.7(8) *††	6.7±2.7(10)	8.5±7.3(7)	8.0±4.3(7)	5.3±2.0(7) *††	5.6±3.0(7) *††	72.3±13.0(7)	126.8±31.4(10)	0.5±0.1(10)	8.8±0.2(10) *†
Group 4 Control	34.8±4(15)	11.1±4.2(13)	6.5±5(11)	7.7±4(11)	9.7±3.8(11)	12.8±5(11)	63.0±12.5(11)	117.4±26(13)	0.5±0.3(14)	8.9±0.5(13)

Data are expressed as the mean±S.D. One-way analysis of variance analysis of Kruskal Wallis was performed for significance, then Scheffe's procedure was used for individual comparison within the groups (Number of animals given in parantheses).

\*:  $p < 0.05$  when compared with control

†:  $p < 0.05$  when compared with group 1

‡:  $p < 0.05$  when compared with group 2

‡:  $p < 0.05$  when compared with group 3

Table 2. Effects of Acute GTX-I Administration on Urine Data of Rats

I.p. dose of GTX-I	Leucocytes (counts/ $\mu$ l)	Urobilinogen (mg/100 ml)	Protein pH	(g/liter)	Ketone (Erythrocytes/ $\mu$ l)	Blood (g/liter)	Glucose (mg/100 ml)	Nitrities
Group 1 (n=6) 1 mg/kg	200 $\pm$ 132	0.20 $\pm$ 0.00	300 $\pm$ 36*	7.60 $\pm$ 0.68	0* <sup>‡</sup>	78 $\pm$ 29* <sup>+</sup>	Negative	Negative
Group 2 (n=8) 0.5 mg/kg	167 $\pm$ 120	0.20 $\pm$ 0.00	253 $\pm$ 45*	7.80 $\pm$ 0.64	0* <sup>‡</sup>	36 $\pm$ 12.2	Negative	Negative
Group 3 (n=8) 0.25 mg/kg	128 $\pm$ 81	0.20 $\pm$ 0.00	220 $\pm$ 32* <sup>†</sup>	7.15 $\pm$ 0.51	0.16 $\pm$ 0.09	22.6 $\pm$ 9* <sup>†+</sup>	Negative	Negative
Group 4 Control	100 $\pm$ 56	0.20 $\pm$ 0.00	61 $\pm$ 9	7.20 $\pm$ 0.61	0.20 $\pm$ 0.11	Negative	Negative	Negative

Data are given as the mean $\pm$ S.D. Kruskal Wallis procedure was performed to compare the values, then Scheffe's procedure was used in order to compare the groups with one another.

\* : p<0.05 when compared with control

† : p<0.05 when compared with group 1

+ : p<0.05 when compared with group 2

‡ : p<0.05 when compared with group 3

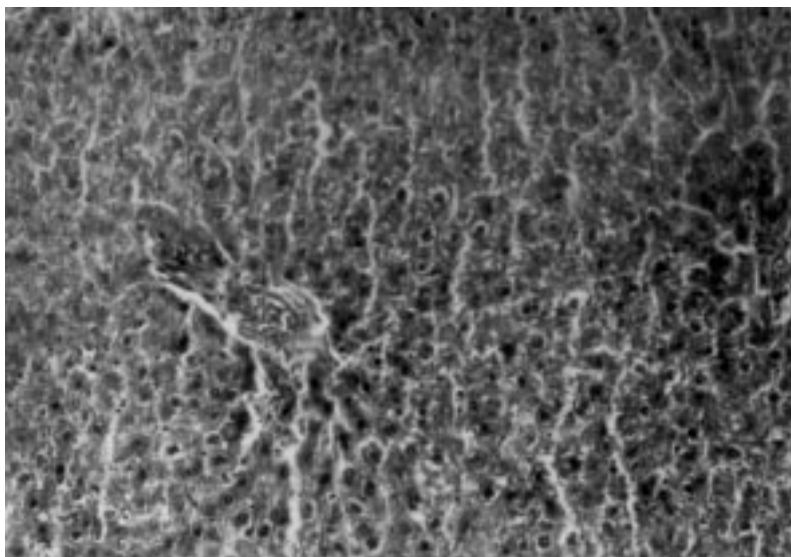


Figure 1. Representative light micrograph of liver of a rat from control group, showing no significant lesions (H & E. x 40)

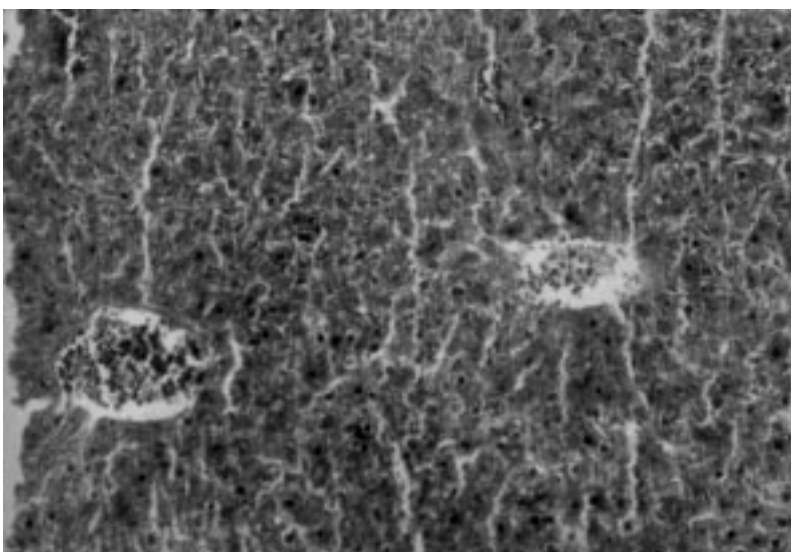


Figure 2. Representative light micrograph of liver of a rat from group 1, which received GTX-I at a dose of 1 mg/kg, showing central vein dilatation, congestion, focal necrosis (H & E. x 40)

## Discussion

Recent studies have shown that nephrotoxicity is characterized by proteinuria, hematuria, glucosuria, etc. (13-16). Therefore, the proteinuria and hematuria observed in our study may be ascribed to a nephrotoxic effect of acute GTX-I administration. On the other hand, it is well known that intermediate-sized proteins such as albumin, erythropoietin, IgG and hormone binding proteins, and low molecular weight inhibitors of the clotting cascade, are lost in the urine by proteinuria and their concentrations in serum are reduced in nephrotoxicity (17). Therefore, our findings of proteinuria, reduced serum total protein level and some enzyme activities (GPT, LDH<sub>3</sub>, LDH<sub>4</sub>,  $\gamma$ -GT) were consistent with the findings mentioned above. However, in consideration of the fact that there were no significant histopathologic changes in the tissue detectable by light microscopy, it was suggested that this nephrotoxicity may have caused ultrastructural changes in cells.

It is known that the hepatic damage is characterized by decreases in the enzyme levels in hepatocytes and increases in serum because of hepatic enzyme leakage (18-20), and numerous studies undertaken to examine hepatotoxicity induced by drugs and chemical substances in rats have shown that hepatotoxicity, resulting oxidative stress and hepatic damage led to an increase in the serum GPT levels (18, 21-24). On the other hand, Kalapos et al. (1993) have reported increased LDH release in relation to hepatotoxicity in their study (25). In addition, it is well known that the decrease in liver functions leads to impaired fatty acid oxidation and a decrease in levels of plasma and urine ketone bodies (26). In our study, the administration of GTX-I at a single low dose caused a decrease in serum GPT, LDH<sub>3</sub>, LDH<sub>4</sub> and  $\gamma$ -GT activities in rats. The decrease in serum GPT,  $\gamma$ -GT, LDH<sub>3</sub>, and LDH<sub>4</sub>

activities, observed at low-dose levels of GTX-I, may be ascribed to a nephrotoxic effect of acute GTX-I administration. However, the decrease in GPT activity and LDH<sub>3</sub>, LDH<sub>4</sub> activities as a percentage of total LDH activity disappeared at a high dose of GTX-I. These results indicate that exposure to low doses level of GTX-I does not cause a hepatic damage, but exposure to high doses produce hepatotoxicity. That is why the decrease of serum GPT, LDH<sub>3</sub>, LDH<sub>4</sub> activities observed at low doses of GTX-I was disguised by hepatic enzyme leakage, which was the result of hepatic damage caused by increasing doses of GTX-I. This was supported by significant histopathologic changes, including central vein dilatation, congestion, focal necrosis, inflammatory cell infiltration in portal tract, and parenchyma in the liver only in rats that received high doses of GTX-I.

When the results of this study were evaluated in the light of the previous studies mentioned above (13-16, 18-25), it was concluded that exposure to a single dose of GTX-I led to nephrotoxicity characterized by hematuria and proteinuria together with reduced serum total protein level and hepatotoxicity, which occurred at only high doses.

In conclusion, it should be remembered that the poisonings from honey originating from *Rhododendron* and other Ericaceae plants may affect the functions of the kidney and liver and cause nephrotoxicity and hepatotoxicity.

## Acknowledgement

We wish to express our sincere thanks to Dr. Tadamasu Terai (Dept. of Applied Chemistry, Osaka Institute of Technology, Osaka - JAPAN) for his generous supply of GTX-I samples.

## References

1. Aşçıoğlu M, Özemesi Ç: Grayanotoxin content of honey samples from Black Sea Region of Turkey. Hamdard Medicus 38: 42-47, 1995
2. Ellenhorn MJ, Barceloux DG: Natural toxins: Rhododendron and toxic species of the heat family introduction. In: Medical Toxicology, Part V, Elsevier, New York, pp. 1246-1250, 1982.
3. Narahashi T, Seyema I: Mechanism of nerve membrane depolarization caused by grayanotoxin-I. J. Physiol. (Lond.) 242: 471-487, 1974.
4. Özemesi Ç, Aydoğan S, Aşçıoğlu M: Effects of honey containing grayanotoxin-I on frog gastrocnemius muscle. Vet Hum Toxicol 36: 117-119, 1994.
5. Aşçıoğlu M, Özemesi Ç: Effects of grayanotoxin-I on threshold intensity and compound action potential of frog sciatic nerve. J Physiol Pharmacol. 47: 342-349, 1996.
6. Hikino H, Ohizumi Y, Konno C, Hashimoto K, Wakasawa H: Subchronic toxicity of ericaceous toxins and Rhododendron leaves. Chem Pharm Bull 27: 874-879, 1979.

7. Aşçıoğlu M, Özesmi Ç, Doğan P, Öztürk F: Effects of Chronic Grayanotoxin-I Administration on Hepatic and Renal Functions in Rats. *Tohoku J Exp Med* 179: 47-53, 1996.
8. Nishikawa Y, Fukumoto K, Tetsumi T, Katai M, Meyuri H: Effects of grayanotoxin-III on liver function and renal functions in Rats. *Yakagaku Zasshi* 109: 340-343, 1989.
9. Scott PM, Coldwell BB, Wiberg GS: Grayanotoxins. Occurance and analysis in honey and a comparison of toxicities in mice. *Fd Cosmet Toxicol* 9: 179-184, 1971.
10. Paguignon A, Tran G, Provost JP: Evaluation of the Clinitek 200 urinary test strip reader in the analysis of dog and rat urines in pre-clinical toxicology studies. *Lab Anim* 27: 240-246, 1993.
11. Sünderman FW, Nomoto S: Measurement of human serum ceruloplasmin by its p-phenylenediamine oxidase activity. *Clin Chem* 16: 903-910, 1970.
12. Silverman LM, Christenson RH: Amino acids and proteins. *Textbook of Clinical Chemistry*, (Ed: N.W.Tietz) WB Saunders Comp. Philadelphia 1994, pp: 625-734.
13. Candenas A, Ramis I, Hotter G, Rosello J, Gelpi E, Roels H, Bernard A, Lauwerys R: Human and experimental studies on renal eicosanoid response to long term cadmium exposure. *Toxicol Appl Pharmacol* 116: 155-160, 1992.
14. Harris DC, Tay C, Nankivell BJ: Lysosomal iron accumulation and tubular damage in rat puromycin nephrosis and ageing. *Clin Exp Pharmacol Physiol* 21: 73-81, 1994.
15. Pedraza-Chaverri J, Torres-Rodriguez GA, Cruz C, Mainero A, Tapia E, Ibarra-Rubio ME, Silencio JL: Copper and zinc metabolism in aminonucleoside-induced nephrotic syndrome. *Nephron* 66: 87-92, 1994.
16. Rankin GO, Valentovic MA, Nicoll DW, Ball JG, Anestis DK, Wang RT, Brown PI: In vivo and in vitro 4-amino-2, 6-dichlorophenol nephrotoxicity and hepatotoxicity in the Fisher 344 rat. *Toxicology* 90: 115-128, 1994.
17. Kaysen GA: Plasma composition in the nephrotic syndrome. *Am J Nephrol* 13: 347-359, 1993.
18. Shibayama Y: Hepatotoxicity of heated and oxygenated corn oil. *Exp Toxicol Pathol* 44: 255-258, 1992.
19. Visen PKS, Shukla B, Patnaik GK, Dhawan BN: Prevention of Galactosamine-Induced hepatic damage by picroliv: Study on bile flow and isolated hepatocytes (ex vivo). *Planta Med* 59: 37-41, 1992.
20. Muriel P, Quintana ME, Perez-Alvarez V: Effect of colchicine on acetaminophen-induced liver damage. *Liver* 13: 217-221, 1993.
21. Xia L, Yu T: Study of the relationship between the hepatotoxicity and free radical induced by 1, 1, 2-trichloroethane and 1, 1, 1-trichloroethane in rat. *Biomed Environ Sci* 5: 303-313, 1992.
22. Metha R, Campbell S, Laver GW, Stapley R, Mueller R: Acute hepatic response to aflatoxin B1 in rats fed a methyl-deficient, amino acid-defined diet. *Cancer Lett* 69: 93-106, 1993.
23. Pispirigos SK, Catsoulakos P, Karakiulakis G: Evaluation of kidney and liver subacute toxicity of antitumor agents using serum biochemical parameters in rats. *Biochem Mol Biol Int* 31: 565-573, 1993.
24. Stein HJ, Oosthuizen MMJ, Hinder RA, Lamprechts H: Effect of verapamil on hepatic ischemia/reperfusion injury. *Am J Surg* 165: 96-100, 1993.
25. Kalapos M.P, Littauer A, Groot, H: Has reactive oxygen a role in methylglyoxal toxicity? A study on cultured rat hepatocytes. *Arch Toxicol* 67: 369-372, 1993.
26. Mayes PA: Oxidation of fatty acids: Ketogenesis. *Harper's Biochemistry* (Eds: RK Murray, DK Granner, PA Mayes, VW Rodwell) Typopress, Lebanon 1991, pp: 206-217.