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PHARMACOLOGICAL EVALUATION OF ANTI DEPRESSANT ACTIVITY OF *ALANGIUM SALVIIFOLIUM (L. F.) WANGERIN* LEAVES IN ANIMAL MODELS

Nallagangul Aajaykumar Reddy*[1], Dr. L. Harikiran[2]
Department Of Pharmacology, Princeton College Of Pharmacy In Pocharam, Hyderabad, Telangana.

Abstract:
The objective was to investigate the antidepressant activity of methanolic extract of leaves of Alangium Salviifolium (L. F.) Wangerinin mice. To study the effect of Alangium Salviifolium (L. F.) Wangerin on anti depressant activity of brain. The results from the present study confirm the antidepressant activity of hibiscus, since it reduced the immobility in both FST and TST. In the present study, Alangium Salviifolium (L. F.) Wangerin is significantly increased the frequency of 5-HTP induced head twitches, Clonidine induced aggression and L-DOPA induced hyperactivity and aggressive behavior indicating its enhanced activity on serotonergic, noradrenergic and dopaminergic pathways respectively. Our results also confirm the involvement of serotonergic, noradrenergic and dopaminergic path ways in depression. Pre treatment with hibiscus, also significantly increased the levels of SOD and Catalase with simultaneous decrease in LPO levels in mice brain, suggesting its strong antioxidant activity. Since oxidative stress is reported to play an important role in depression, the antioxidant activity of Alangium Salviifolium (L. F.) Wangerin is might be a part of the mechanism for its antidepressant activity. Results from behavioral experiments indicate that the antidepressant activity of Alangium Salviifolium (L. F.) Wangerin is, might be due to the facilitatory effect on serotonergic, noradrenergic and dopaminergic systems apart from the anti depressant activity.
Keywords: Depression, Alangium Salviifolium (L. F.) Wangerin etc.

Corresponding author:
Nallagangul Aajaykumar Reddy,
Department of Pharmacology, Princeton college of Pharmacy, Pocharam, Hyderabad
Mobile:
Email Id: *princeton.pharmacy@gmail.com*

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INTRODUCTION:

Depression is the most common of the affective disorders (disorders of mood rather than disturbances of thought or cognition); it may range from a very mild condition, bordering on normality, to severe (psychotic) depression accompanied by hallucinations and delusions. There are two types and they are Unipolar and Bipolar Unipolar depression is commonly (about 75% of cases) non-familial, clearly associated with stressful life-events and accompanied by symptoms of anxiety and agitation; this type is sometimes termed reactive depression. Other patients (about 25%, sometimes termed endogenous depression) show a familial pattern, unrelated to external stresses, and with a somewhat different symptomatology[2]. This distinction is made clinically, but there is little evidence that antidepressant drugs show significant selectivity between these conditions. Bipolar depression, which usually appears in early adult life, is less common and results in oscillating depression and mania over a period of a few weeks. There is a strong hereditary tendency, but no specific gene or genes have been identified either by genetic linkage studies of affected families, or by comparison of affected and non-affected individuals.[3,4]

Depression is one of several disorders affecting mood, along with mania, hypomania, and bipolar disorders. The present chapter focuses on behavioral assessment of antidepressant action in animals with a focus on simple tests performed in rodents. Many of the primary symptoms of depression (depressed mood, low self-esteem, guilt, difficulty in concentration, suicidal ideation, thoughts of death) are by their nature difficult to model in animals. This problem is further confounded by their unknown etiology. Several theories have been proposed but most theories of depression concur in suggesting that stressful life events play an important role. There is also a small genetic component, as demonstrated by substantially increased risk in families with heritability being estimated at between 40% and 70%, leading to a much greater incidence than observed in the general population, which is nevertheless very high at around 10%.[5,6]

If little is known about the etiology of depression, even less is known about mania and bipolar disorders. The genetic component appears to be greater than for unipolar depression. Modeling the cycling, recurrent nature of bipolar disorder in animals has not even been attempted. There are, however, some models for mania that present an interesting pharmacology, in particular the combined amphetamine-chlordiazepoxide hyperactivity model, although the few publications on these models and their lack of reproducibility from one laboratory to another make an overview of their utility difficult. They will not be further discussed in this chapter.[7,8]

The clinical diagnosis of depression requires the presence of several “core” symptoms (depressed mood, decreased pleasure) often accompanied by more variable symptoms such as irritability, changes in weight, sleep disturbance, feelings of guilt, poor concentration, thoughts of death, suicidal ideation, etc. It is clearly not possible to reproduce in animals all symptoms observed clinically. Below Table shows the principal symptoms observed in depressed patients and suggests analogous signs that can be observed in animals. These signs can be used as dependent variables (end point measures) allowing behavioral assessment in different animal models of depressive states.[9,10]

Table 1. Human Symptoms of Depressive States, Animal Behavioral Signs, Preclinical Tests

Human Symptom	Behavioral Sign	Preclinical Test
Depressed mood	Resignation	Forced swimming
		Tail suspension
		Learned helplessness
Decreased pleasure	Anhedonia	Sucrose consumption
		ICSS
		Sexual behavior
		Novelty seeking
		Chronic mild stress
Irritability	Aggressiveness	Muricidal behavior
		Social behavior

Human Symptom	Behavioral Sign	Preclinical Test
		Olfactory bulbectomy
Changes in weight	Body weight	Body weight
		Food and water intake
Sleep disturbance	Sleep architecture	EEG
		Circadian rhythms
Psychomotor disturbance	Locomotor activity	Activity meter
	Impulsivity	DRL
Feelings of guilt	No sign identified	Not applicable
Poor concentration	No sign identified	Not applicable
Suicidal ideation	No sign identified	Not applicable
Thoughts of death	No sign identified	Not applicable

Note: DRL, differential reinforcement of low rate; EEG, electroencephalograph; ICSS, intracranial self-stimulation.

The forced swim and tail suspension procedures are best viewed as simple tests for antidepressants rather than as models of depression, because the dependent variable (immobility) is a direct reaction to the test itself and does not persist outside the test situation. There is no obvious induction of a "depressive state," although there are elements of construct validity (stressful inducing conditions, decreased behavioral output). The learned helplessness procedure, where prior exposure to the aversive stress induces a more long lasting change in that animals are subsequently less able to learn appropriate escape responses, can be considered closer to a model of depression. The above procedures have nonetheless been used not only to assess potential antidepressant activity of test substances, but also to study possible neurobiological substrates of depression. The most obvious difference between these tests is the duration and frequency of the initiating factors. Prolonged and repeated stress is probably necessary for inducing a lasting change that could be construed as a "depressive state."[11,12]

The decreased sensitivity and lack of interest in pleasure observed in depressed patients has some analogy to anhedonia as measured in animals. Anhedonia can be assessed by a variety of tests including the consumption of palatable food (such as sucrose), intracranial self-stimulation (ICSS), preference for novel objects or situations, or frequency of sexual interactions. Several of these tests have been used to assess the effects of chronic mild stress and olfactory bulbectomy. Preference for sucrose is the most widely used measure of anhedonia. Other tests for anhedonia are technically challenging (ICSS) and are thus less widely used. Of all the available models, the chronic mild stress procedure possesses the greatest number of attributes of clinical depression, including putative inducing conditions and a wide variety of long-lasting behavioral changes. Rats (or mice) submitted to a series of mild stressors, such as food and water deprivation, soiled cages, and light cycle shifts, show clear and enduring signs of anhedonia (absence of preference for palatable foods or for novel objects, higher thresholds for ICSS, lowered sexual activity) and other signs (decreased food and water intake, weight loss, decreased locomotion, sleep disturbance). On the other hand, chronic mild stress procedures are very time consuming—a single study could last 2–3 months are frequently subject to methodological bias, and are reportedly difficult to reproduce from one laboratory to another.

The olfactory bulbectomy model in rats also induces several long-lasting behavioral changes (increased locomotor activity, passive avoidance deficit, mouse killing, and intra-specific aggressiveness as observed in dyadic social interaction tests), together with a variety of neurochemical changes. Although most of these bear little direct relation to the clinical symptoms of depression, it is of more concern for this model that there is no clear analogy between the inducing conditions (olfactory bulbectomy) and the kind of life events thought to induce or favor depressive states in humans. The usefulness of the olfactory bulbectomy model therefore resides largely on its predictive validity, in that most clinically effective antidepressants show activity in the test.

Another approach to assessing the potential antidepressant action of novel substances is to look at

their effects on different behavioral signs that are observed in clinical depression, but are not necessarily linked to an induced "depressive" state in the animal. Although problems of body weight loss or gain feature prominently in depression, and tests for assessing changes in food/water intake or body weight gain present no major technical difficulty, no specific effects of antidepressants on these parameters have been described. Sleep architecture, which is comparable between humans and animals, can be studied by electroencephalographic (EEG) analysis, or more simply by measurement of circadian changes in locomotor activity. On the other hand, although it is known that antidepressants affect sleep architecture in rats, there are no data demonstrating the specificity of such changes to antidepressant action. Few data are available on sleep disturbance in animal models of depressive states.[13,14]

Another behavior, the capacity of animals to repress a response over a predefined duration, which is assessed by the differential reinforcement of low rate (DRL) operant schedule, is thought to represent a measure of impulsivity. An abundant amount of literature has shown that numerous antidepressants show a characteristic profile in this test (moderate decreases in the number of responses accompanied by clear increases in the number of reinforcements), which can been interpreted as suggesting anti-impulsive activity. It is less clear whether anti-impulsivity characterizes clinical antidepressant activity.

Depression is a state of low mood and aversion to activity that affects person's thoughts, behavior, feelings and physical well-being. Depressed people feel sad, anxious, empty, hopeless, helpless, worthless, guilty, irritable, or restless. They may lose interest in activities that once were pleasurable, experience loss of appetite or overeating, or problems concentrating, remembering details or making decisions; and may contemplate or attempt suicide. Insomnia, excessive sleeping, fatigue, loss of energy, or aches, pains or digestive problems that are resistant to treatment may be present Depressed mood is not necessarily a psychiatric disorder. Depressed mood is a normal reaction to certain life events, a symptom of some medical conditions, and side-effect of some medical treatments. Depressed mood is also a main or common feature of certain psychiatric syndromes.[15,16]

Depressed mood can be the result of a number of infectious diseases and physiological problems including Addison's disease, Lyme disease, multiple sclerosis, sleep apnea and disturbed circadian rhythm. It is often one of the early symptoms of hypothyroidism (reduced activity of the thyroid gland). A number of psychiatric syndromes feature depressed mood as a main symptom. The mood disorders are a group of disorders considered to be primary disturbances of mood. These include major depressive disorder (MDD), commonly called major depression or clinical depression, where a person has at least two weeks of depressed mood or a loss of interest or pleasure in nearly all activities; and dysthymia, a state of chronic depressed mood, the symptoms of which do not meet the severity of a major depressive episode. Another mood disorder, bipolar disorder, features one or more episodes of abnormally elevated energy levels, cognition and mood, but may also involve one or more depressive episodes. Outside the mood disorders, borderline personality disorder commonly features depressed mood, and adjustment disorder with depressed mood is a mood disturbance appearing as a psychological response to an identifiable event or stressor, in which the resulting emotional or behavioral symptoms are significant but do not meet the criteria for a major depressive episode

PREVALENCE [17-19]

Centers for Disease Control and Prevention analysis of Behavioral Risk Factor Surveillance System survey data from 2006 and 2008 found nine percent of 2,35,067 adults surveyed in 45 states, District of Columbia, Puerto Rico, and US Virgin Islands

3.4% met the criteria for current depression (defined as meeting criteria for either major depression or "other depression" during the 2 weeks preceding the survey). By state, age-standardized estimates for current depression ranged from 4.8% in North Dakota to 14.8% in Mississippi according to Centre for disease control and Prevention, 2010.

PATHOPHYSIOLOGY OF DEPRESSION [20-25]

The underlying pathophysiology of major depressive disorder has not been clearly defined. Clinical and preclinical trials suggest a disturbance in central nervous system (CNS) serotonin (5-HT) activity as an important factor. Other neurotransmitters implicated include norepinephrine (NE) and dopamine (DA)

The role of CNS 5-HT activity in the pathophysiology of major depressive disorder is suggested by the efficacy of selective serotonin reuptake inhibitors (SSRIs) in the treatment of major depressive disorder. Furthermore, studies have shown that an acute, transient relapse of depressive symptoms can be produced in research subjects in remission using tryptophan depletion, which causes a temporary reduction in CNS 5-HT levels. Serotonergic neurons implicated in affective disorders are found in the dorsal raphe nucleus, the limbic system, and the left prefrontal cortex. Seasonal affective disorder is a form of major

depressive disorder that arises during the winter and resolves during the spring and summer. Studies suggest that seasonal affective disorder is also mediated by alterations in CNS levels of 5-HT and appears to be triggered by alterations in circadian rhythm and sunlight exposure.

Vascular lesions contribute to depression by disrupting the neural networks involved in emotion regulation in particular, fronto striatal pathways that link dorso lateral prefrontal cortex, orbito frontal cortex, anterior cingulate, and dorsal cingulate cortex Other components of limbic circuitry, in particular the hippocampus and amygdala, have been implicated in depression. Functional neuro imaging studies support the hypothesis that the depressed state is associated with decreased metabolic activity in neocortical structures and increased metabolic activity

6. MATERIALS AND METHODS:

Materials

Drugs and Chemicals

Thiobarbituric acid and DTNB reagent (Hi Media Laboratories Ltd., Mumbai), Trichloro acetic acid (Qualigens Fine Chemicals, Mumbai), Riboflavin (Astra IDL, Bangalore), Sodium dihydrogen phosphate and Disodium hydrogen phosphate (S.D. Fine Chemicals, Mumbai), Lorazepam (Ranbaxy, India), 1,1,3,3,-Tetraethoxy propane, O-Dianisidine, Imipramine hydrochloride, 5-Hydroxy Tryptophan (5-HTP), Clonidine and L-DOPA (Sigma, St. Louis, USA) were used in the study. The other chemicals and solvents used were of analytical grade and purchased from commercial suppliers. Imipramine (IMP), 5-HTP, clonidine, L-DOPA, Lorazepam was administered intraperitoneal by dissolving in normal saline.

METHODOLOGY

Collection and Authentification of Plant Material

The Aerial Parts of *Alangium Salviifolium (L. F.) Wangerin* were collected and authenticated

Extraction of Plant Material

The plant leaves are grinded in to a coarse powder with the help of suitable grinder.

Cold Extraction (Ethanol Extraction)[38]

In this work the cold extraction process was done with the help of ethanol. About 45-60gms of powdered material was taken in a clean, flat bottomed glass container and soaked in 750ml of ethanol. The container with its contents were sealed and kept for period of 7days accompanied by continuous shaking with the shaker. The whole mixture then went under a coarse filtration by apiece of a clean, white cotton wool.

Evaporation of Solvent

The filtrates (ethanol extract) obtained were evaporated using Rotary evaporator in a porcelain dish. They rendered a gummy concentrate of greenish black. The extract was kept in vacuum desiccators for 7 days.

Preliminary Phytochemical Screening

Preliminary phytochemical screening of the *Alangium Salviifolium (L. F.) Wangerin* extract was carried out for the analysis of Alkaloids, Carbohydrates, Tannins, Saponins, Steroids, Phenols, Flavonoids. as per the standard methods[40].

1. Detection of Alkaloids: Extracts were dissolved individually in dilute Hydrochloric acid and filtered.

a).Mayer'sTest: Filtrates were treated with Mayer's reagent (Potassium Mercuric Iodide).Formation of a yellow coloured precipitate indicates the presence of alkaloids.

b).Wagner'sTest: Filtrates were treated with Wagner's reagent (Iodine in Potassium Iodide). Formation of brown/reddish precipitate indicates the presence of alkaloids.

c).Dragendroff'sTest: Filtrates were treated with Dragendroff's reagent (solution of Potassium Bismuth Iodide). Formation of red precipitate indicates the presence of alkaloids.

d).Hager'sTest: Filtrates were treated with Hager's reagent (saturated picric acid solution).Presence of alkaloids confirmed by the formation of yellow coloured precipitate.

2.Detection of Carbohydrates: Extracts were dissolved individually in 5ml distilled water and filtered. The filtrates were used to test for the presence of carbohydrates.

a).Molisch'sTest: Filtrates were treated with 2 drops of alcoholic α-naphthol solution in a test tube. Formation of the violet ring at the junction indicates the presence of Carbohydrates.

b).Benedict'sTest: Filtrates were treated with Benedict's reagent and heated gently. Orange red precipitate indicates the presence of reducing sugars.

c).Fehling'sTest: Filtrates were hydrolysed with dil. HCl, neutralized with alkali and heated with Fehling's A&B solutions. Formation of red precipitate indicates the presence of reducing sugars.

3. Detection of saponins

a). FrothTest: Extracts were diluted with distilled water to 20ml and this was shaken in a graduated cylinder for15 minutes. Formation of 1cm layer off a am indicates the presence of saponins.

b).FoamTest:0.5gm of extract was shaken with 2ml of water. If foam produced persists forten minutes it indicates the presence of saponins.

4.Detectionofsteroids.

a).Salkowski'sTest: Extracts were treated with chloroform and filtered. The filtrates were treated with few drops of Conc. Sulphuri cacid, shaken and allowed to stand. Appearance of golden yellow colour indicates the presence of triterpenes.

b).Libermann Burchard'stest: Extracts were treated with chloroform and filtered. The filtrates were treated with few drops of acetic anhydride,boiled and cooled. Conc. Sulphuric acid was added. Formation of brown ring at the junction indicates the presence of phytosterols.

5.Detection of Phenols

Ferric Chloride Test: Extracts were treated with 3-4 drops of ferric chloride solution. Formation of bluish black colour indicates the presence of phenols.

6. Detection of Tannins

GelatinTest: To the extract,1 %gelatin solution containing sodium chloride was added. Formation of white precipitate indicates the presence of tannins.

7. Detection of Flavonoids

Alkaline ReagentTest: Extracts were treated with few drops of sodium hydroxide solution. Formation of intense yellow colour, which becomes colourless on addition of dilute acid,indicates the presence of flavonoids.

LeadacetateTest: Extracts were treated with few drops of lead acetate solution. Formation of yellow colour precipitate indicates the presence of flavonoids.

Animals

Healthy Adult Male mice of 5 weeks old with Average weight in the range of 20-25gms were selected. Animals are housed 4 percage in temperature controlled (27^0C±3^0c) room with light/dark cycle in a ratio of 12:12hrs is to be maintained. The Animals are allowed to acclimatize to the environment for seven days and are supplied with a standard diet and water *adlibitum*. The prior permission was sought from the Institutional Animal Ethics Committee (IAEC) for conducting the study.

Acute toxicity studies

Acute toxicity studies will be performed for Ethanolic extract according to the acute toxic classic method as per OECD guidelines. Male mice were used for acute toxicity study. The animals were kept fasting for overnight providing only water, after which the extract will be administered orally at the dose of 300mg/kg and observed for14days. If mortality was observed in two animals out of three animals, then the dose administered was assigned as toxic dose. If the mortality was observed in one animal, then the same dose was repeated to confirm the toxic dose. If mortality was not observed, the procedure was repeated for further higher doses such 50,200 &2000mg/kg body weight. The animals were observed for toxic symptoms for 72h.

***IN VIVO* MODELS OF DEPRESSION EMPLOYED IN THE STUDY**

1. Forced swimming test (FST)
2. Tail suspension test (TST)
3.5-HTPinduced head twitches in mice
4. Clonidine-induced aggression in mice
5. L-DOPA-induced hyperactivity and aggressive behaviorin mice (LHA)

1. Forced swimming test (FST)

Principle : Behavioral despair was proposed as a model to test for anti depressant activity. It was suggested that mice or mice forced to swim in a restricted space from which they cannot escape are induced to a characteristic behavior of immobility. This behavior reflects a state of despair which can be reduced by several agents which are therapeutically effective in human depression.

Advantages of the method are the relative simplicity and the fact that no interaction with other drugs is necessary. Like in other behavioral tests, e.g.the catalepsy test in chicken, not only antidepressants and monoamine oxidase inhibitors but also central stimulants give positive results.

Procedure: The procedure was described by Porsoltetal. (1978) was used. Swimming sessions were conducted by placing mice in individual glass cylinders (45cm high×20cm in diameter) containing (25±2°C) water 38cm deep.

RESULTS:

Preliminary Phytochemical Screening

Investigation revealed the presence of steroid, Alkaloid, saponins, Tannins, phenols & Flavonoid in Ethanolic Extract of *Alangium Salviifolium (L. F.) Wangerin.*

Acute toxicity studies

As per (OECD) draft guidelines 423 Female albino mice were administered *Alangium Salviifolium (L. F.) Wangerin*and doses was be selected in the sequence (1.75- 5000) using the default dose progression factor, for the purpose of toxicity study. Animals are observed individually at least once during the first 30 minutes after dosing, periodically during the first 24 hours and daily thereafter, for a total of 14 days,. In all the cases, no death was observed within 14 days. Attention was also given to observation of tremors and convulsions, salivation, diarrhoea, lethargy, sleep and coma. Overall results suggested the LD_{50} value as 2000 mg/kg. Hence therapeutic dose was calculated as $1/10^{th}$ and $1/20^{th}$ i.e. 100mg/kg and 200 mg/kg of

the lethal dose for the purpose anti depressant investigations.

1. Forced Swim Test (FST)

The results (Table. 1) showed that both EEASW (100, 200 and 400 mg/kg, p.o.) and imipramine (15 mg/kg, i.p.) significantly decreased the duration of immobility time in a dose dependent manner in FST model. Post-hoc analysis showed that the EEASW (100, 200 and 400 mg/kg) and Imipramine (IMP) treated groups were significantly different (p<0.001) from the vehicle treated group (Fig. 1).

Table. 2. Effect of *Alangium Salviifolium (L. F.) Wangerin* and Imipramine (IMP) on forced swim test (FST) in mice.

Group no.	Treatment (dose in mg/kg)	Immobility period (sec) Mean ± SEM
I	Control (0.3% CMC) + FST	135.1±5.1
II	*EEASW* (100 mg/kg, p.o.) + FST	122.5±8.5
III	*EEASW* (200 mg/kg, p.o.) + FST	96.3±2.7*
IV	*EEASW* (400 mg/kg, p.o.) + FST	80.1±5.2*
V	Imipramine (15 mg/kg, i.p.) + FST	73.2±8.1*

Each column represents mean ± S.E.M. of immobility period (sec), n = 6. * = p<0.001 compared to control

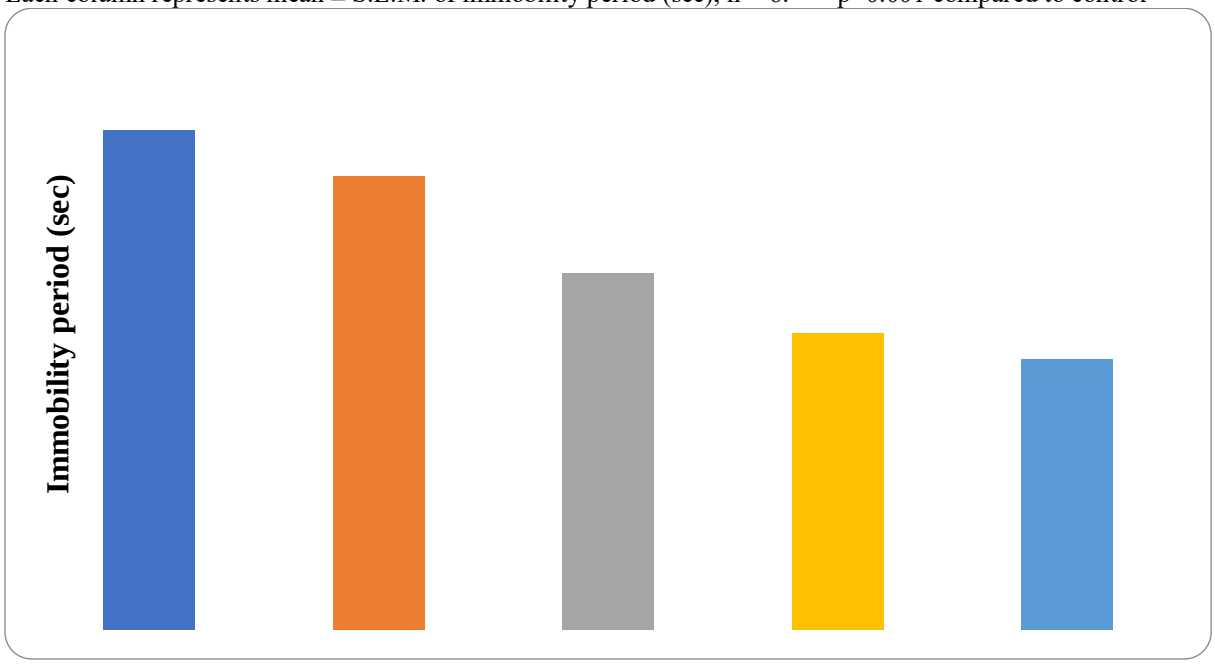

Figure. 2. Effect of *Alangium Salviifolium (L. F.) Wangerin* (100, 200 and 400 mg/kg, p.o.) and Imipramine (IMP; 15 mg/kg) on forced swim test (FST) in mice. Each column represents mean ± S.E.M. of immobility period (sec), n = 6. *= p<0.001 compared to control.

2) Tail Suspension Test (TST)

The results (Table. 2) showed that both EEASW (100,200,400 mg/kg, p.o.) and imipramine (15 mg/kg, i.p.) significantly decreased the duration of immobility time in a dose dependent manner in TST model. Post-hoc analysis showed that the EEASW (100, 200 and 400 mg/kg) and IMP treated groups were significantly different (p<0.001) from the vehicle treated group.

Table.3. Effect of *Alangium Salviifolium (L. F.) Wangerin* and Imipramine (IMP) on tail suspension test (TST) in mice

Group no.	Treatment (dose in mg/kg)	Immobility period (sec)
I	Control (0.3% CMC) + TST	137.1±8.1
II	*EEASW* (100 mg/kg, p.o.) + TST	113.2±02.1[a]
III	*EEASW* (200 mg/kg, p.o.) + TST	96.2±7.2[a]
IV	*EEASW* (400 mg/kg, p.o.) + TST	82.1±5.2 [a]
V	Imipramine (15 mg/kg, i.p.) + TST	62.5±1.4 [a]

Each column represents mean ± S.E.M. of immobility period (sec), n = 6. a = p<0.001 compared to control

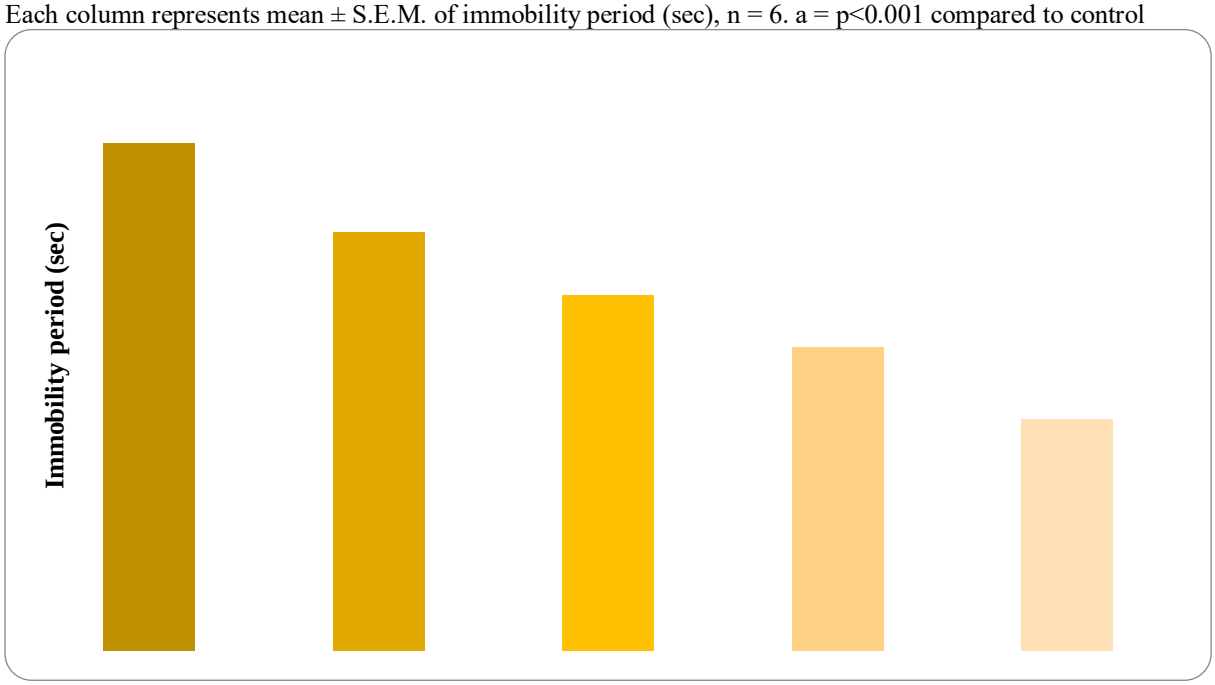

Figure. 3. Effect of *Alangium Salviifolium (L. F.) Wangerin* (100, 200 and 400 mg/kg, p.o.) and Imipramine (IMP; 15 mg/kg) on tail suspension test (TST) in mice. Each column represents mean ± S.E.M. of immobility period (sec), n = 6. a = p<0.001 compared to control.

3) 5-HTP induced head twitches in mice

Table.3. illustrates the effect of *Alangium Salviifolium (L. F.) Wangerin* and IMP on 5-HTP-induced head twitches in mice. Post-hoc analysis revealed that three doses of *Alangium Salviifolium (L. F.) Wangerin* (100, 200 and 400 mg/kg, p<0.01, p<0.001) significantly increased the 5-HTP-induced head twitches in comparison to control group. Further, the dose of 400 mg/kg was more effective than 100, 200 mg/kg. Similarly, IMP treated group showed significant increase (p<0.001) in the 5-HTP-induced head twitches compared to control. However, the effect of 400 mg/kg of *Alangium Salviifolium (L. F.) Wangerin* was significantly higher than IMP (p<0.001) (Fig. 3).

Table. 4. Effect of *Alangium Salviifolium (L. F.) Wangerin* on 5-HTP-induced head twitches in mice.

Group no.	Treatment (dose in mg/kg)	Head twitches Mean ± SEM

I	Control (0.3% CMC)	11.9±2.1
II	*EEASW* (100 mg/kg, p.o.)	28.5±1.2[a]
III	*EEASW* (200 mg/kg, p.o.)	26.1±3.2[b]
IV	*EEASW* (400 mg/kg, p.o.)	35.5±2.1 [b]
V	Imipramine (15 mg/kg, i.p.)	23.1±1.1 [b]

Each column represents mean ± S.E.M. of number of head twitches, n = 6. a = p<0.01, b = p<0.001 compared to control

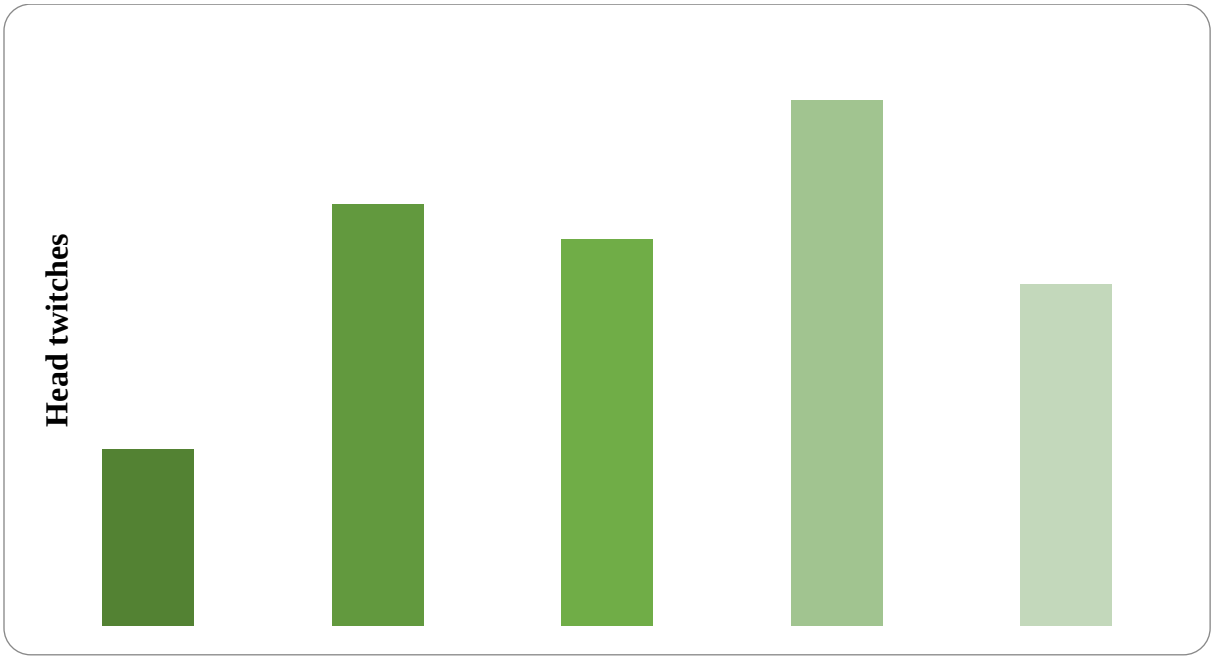

Figure. 4. Effect of *Alangium Salviifolium (L. F.) Wangerin* (100, 200 and 400 mg/kg, p.o.) and Imipramine (IMP; 15 mg/kg) on 5-HTP-induced head twitches in mice. Each column represents mean ± S.E.M. of number of head twitches, n = 6. a = p<0.01, b = p<0.001, compared to control

4) L-DOPA induced hyperactivity and aggressive behavior in mice

The effect of *Alangium Salviifolium (L. F.) Wangerin* and lorazepam on L-DOPA-induced hyperactivity and aggressive behavior is shown in Table 4. Post-hoc analysis revealed that three doses of *Alangium Salviifolium (L. F.) Wangerin* (100,200 and 400 mg/kg, p<0.001) significantly increased the L-DOPA-induced hyperactivity and aggressive behavior (LHA) in comparison to control group.

Table.5. Effect of *EEASW* and Lorazepam on L-DOPA-induced hyperactivity and aggressive behavior in mice.

Group o.	Treatment (dose in mg/kg)	Behavioral score
I	Control (0.3% CMC)	1
II	*EEASW* (100 mg/kg, p.o.)	2.1 ± 0.2[a]
III	*EEASW* (200 mg/kg, p.o.)	2.3 ± 0.2 [a]

IV	*EEASW* (400 mg/kg, p.o.)	2.2 ± 0.2 [a]
V	Lorazepam (2.5 mg/kg, i.p.)	2.2 ± 0.2 [a]

Each column represents mean ± S.E.M. of number of head twitches, n = 6. a = p<0.001, compared to control

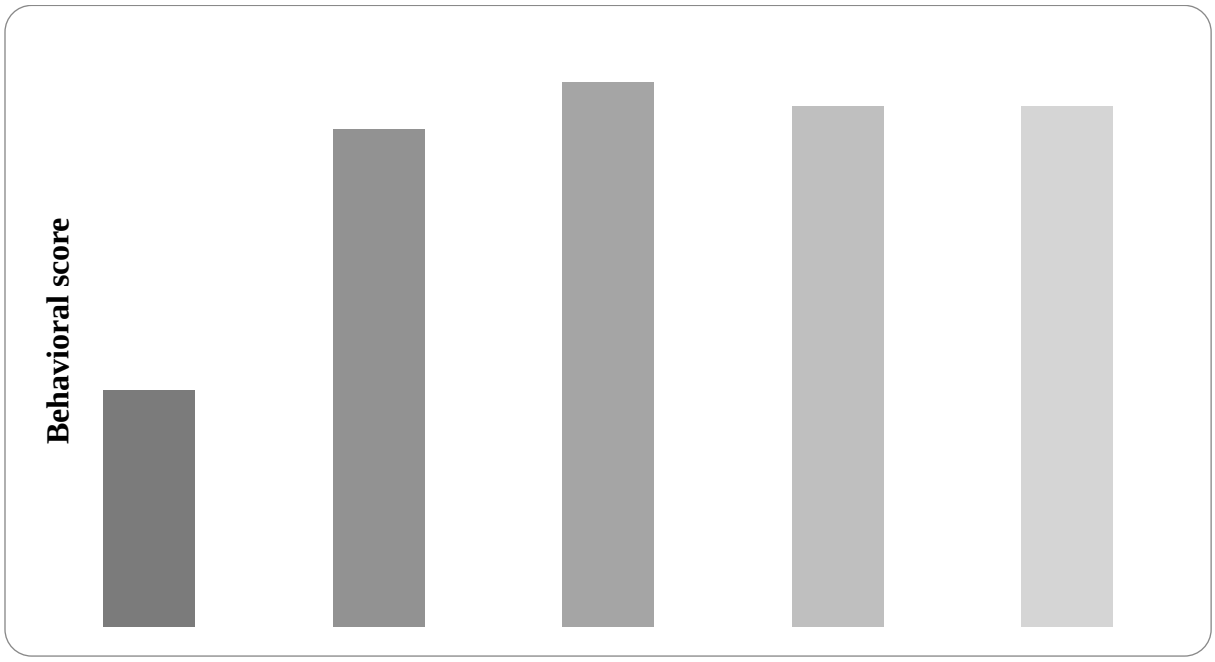

Figure. 5. Effect of *Alangium Salviifolium (L. F.) Wangerin* (100, 200 and 400 mg/kg, p.o.) and Lorazepam (2.5 mg/kg) on L-DOPA-induced hyperactivity and aggressive behavior in mice. Each column represents mean ± S.E.M. of number of head twitches, n = 6. a = p<0.001, compared to control

5) Clonidine induced aggression in mice

Table. 5. indicates the effect of *Alangium Salviifolium (L. F.) Wangerin* (100, 200 and 400 mg/kg, p.o.) and lorazepam (LA; 2.5 mg/kg) on the latency to first attack and the number of bouts in the clonidine induced aggressive behavior in mice. Post-hoc analysis showed that *Alangium Salviifolium (L. F.) Wangerin* (p<0.001) significantly increased the latency to first attack and decrease the no. of bouts compared to control.

CONCLUSION:

- ✓ The results from the present study confirm the antidepressant activity of *Alangium Salviifolium (L. F.) Wangerin* since it reduced the immobility in both FST and TST.
- ✓ In the present study, *Alangium Salviifolium (L. F.) Wangerin* significantly increased the frequency of 5-HTP induced head twitches, Clonidine induced aggression and L-DOPA induced hyperactivity and aggressive behavior indicating its enhanced activity on serotonergic, noradrenergic and dopaminergic pathways respectively. Our results also confirm the involvement of serotonergic, noradrenergic and dopaminergic pathways in depression.
- ✓ Pretreatment with hibiscus, also significantly increased the levels of SOD and Catalase with simultaneous decrease in LPO levels in mice brain, suggesting its strong antioxidant activity. Since oxidative stress is reported to play an important role in depression, the antioxidant activity of *Alangium Salviifolium (L. F.) Wangerin* might be a part of the mechanism for its antidepressant activity.
- ✓ Results from behavioral experiments indicate that the antidepressant activity of *Alangium Salviifolium (L. F.) Wangerin*, might be due to the facilitatory effect on serotonergic, noradrenergic and dopaminergic systems apart from the antioxidant activity.

BIBLIOGRAPHY:

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