To examine antidepressant impact of Aloe Vera and Fluoxetine in Mice

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Abstract

Aim: The current examination was attempted to research the pharmacological screening of depressant action for hydroalcoholic extract of aloe vera on mice.

Material and Methods: The hydroalcoholic concentrate of aloe vera were make the diverse measurements type of 150mg/kg and 300mg/kg given to mice (p.o) of test gathering Fluoxentine 20mg/kg given to mice (i.p) of standard gathering and controlled gatherings were directed refined water as vehicle (10ml/kg). The idleness time were recorded for six minutes in creature screening model of constrained swimming test and tail suspension test model.

Results: In FST model of sadness, mean idleness time in seconds in Fluoxetine (20mg/kg) treated gathering was 94.00, 92.00 and 90.00 seconds on day first, seventh and fourteenth day. In Hydro alcoholic concentrate of Aloe Vera (150mg/kg) treated gathering was 88.00, 86.50 and 82.50 seconds on day first, seventh and fourteenth day, while in Hydro alcoholic concentrate of Aloe Vera (300mg/kg) treated gathering was 81.00, 73.00 and 69.90 seconds on day first, seventh and fourteenth day. In TST model of melancholy, mean fixed status time in seconds in Fluoxetine (20mg/kg) treated gathering was 100.015, 95.50 and 90.00 seconds on day first, seventh and fourteenth day. In Hydro alcoholic concentrate of Aloe Vera (150mg/kg) treated gathering was 100.015, 95.50 and 90.00 seconds on day first, seventh and fourteenth day. In Hydro alcoholic concentrate of Aloe Vera (150mg/kg) treated gathering was 96.885, 93.50 and 90.00 seconds on day first, seventh and fourteenth day, while in Hydro alcoholic concentrate of Aloe Vera (300mg/kg) treated gathering was 90.435, 86.00 and 80.00 seconds on day first, seventh and fourteenth day. 14.

Conclusion: The impact of Hydro alcoholic concentrate of Aloe Vera (150mg/kg and 300mg/kg) with standard medication Fluoxetine (20mg/kg) showed good upper consequences for mice (p < 0.0005). Better impacts were seen by utilizing this medication. So, the current examination recommends the better impact of Hydro alcoholic concentrate of Aloe Vera about the stimulant impact in correlation with Fluoxetine.

Keywords: Aloe vera, Fluoxetine, Forced swimming test, Tail suspension test, Antidepressant.

INTRODUCTION

Sadness is a problem of important general wellbeing significance, "regarding its pervasiveness and the anguish, brokenness, grimness, and financial weight". Gloom is fundamentally described as a disease with enthusiastic manifestations, for example, nervousness and vegetative side effects, for example, rest disturbances. [1] It can be a

diligent, repeating ailment that can cause tremendous individual languishing over people and their families. As of now, incapacity brought about by gloom is assessed to be the fourth most significant reason for overall death toll years and it is conceivable that it will increment to the second generally significant inside 20 years. [2]

The psychopathological state includes a ternion of indications with low or discouraged mind-set and low energy or weariness. Melancholy is certifiably not a homogeneous issue; however, an unpredictable wonder, which has numerous subtypes and presumably more than one etiology. It incorporates an inclination to long winded and frequently reformist temperament aggravations, contrasts in symptomatology going from gentle to extreme indications with or without maniacal highlights, and communications with other mental and substantial issues. [3]

"The report on Global Burden of Disease gauges the guide predominance of unipolar burdensome scenes toward be 1.9% for men and 3.2% for ladies, and the one-year commonness has been assessed to be 5.8% for men and 9.5% for ladies. It is assessed that continuously 2020 if latest things for segment and epidemiological progress proceed, the weight of despondency will increment to 5.7% of the all-out weight of illness and it would be the subsequent driving reason for incapacity changed life years, second just to ischemic heart disease". [4]

An about 3.4% of Indian's public 100 crores of population have more mental disease and above 7.8 of population have miner burdensome issues. Contrasted with men, ladies are twice as prone to experience the ill effects of misery and the seriousness of indications by and large increments with the age. [5]

Late investigations recommend a rising frequency of sadness in more youthful age gatherings, especially youngsters, which might be connected to the overall ascent in self destruction rates. It is described by the shortfall of beneficial outcomes (loss of interest and happiness in customary things and diminished energy) other normal side effects incorporate helpless fixation, decreased self. certainty, sensation of blame, cynicism, thoughts of self-mischief or self-destruction, upset rest and modified hunger. [6]

Notwithstanding the huge self-destruction hazard, discouraged people are bound to pass on from different causes, like coronary illness or malignant growth. Disposition and tension issues are the most widely recognized psychological instabilities, each influencing up to 10% of everybody sooner or later in their lives6. It is answerable for the biggest extent of illness trouble owing to non-deadly wellbeing results, representing practically 12% of complete years lived with inability overall. [7]

Patients with wretchedness have diminished social, word related, and instructive working. Besides, they have high clinical grimness and are regularly tormented with more torment and actual disease than everyone. It has been assessed that 15% of patients with extreme burdensome scenes end it all. An exact determination followed by powerful treatment can improve this outcome. [8]

2.1-MATERIALS AND METHOD

2.1.1-Materials: The leaves of aloe barbadensis were gathered from the territory of Azamgarh U.P INDIA, and were verified by the DEPARTMENT OF BOTONY in BHU INDIA.

2.1.2-Drugs: Fluoxentine was acquired from Cadila drugs, Samba, India, as a blessing test. Fluoxentine was broken up in refined water and controlled intra peritoneal course with dosing 20mg/kg body weight.

2.1.3-Animal: Mice (75gm) of either sex were utilized for the examination. Creatures were gotten from Asia Scientific Emporium Varansi 221001. The investigation was directed as per the rules gave by CPCSEA a position managing creature analyzes and was endorsed by the Institutional Animal Ethics Committee.

2.2 METHADOLOGY

Entire leaves were cleaned by washing them independently with refined water and water with 0.5% chlorine. The spikes and edges were taken out prior to cutting the leaf at that point dried at 45°C for three to five days. Dried Aloe vera leaves were ground to powder structure and put away in a firmly fixed holder. The Soxhlet contraption and technique was utilized for extraction. the powdered leaves were embedded into the Soxhlet principle chamber and shut. 500ml of 70% ethanol was filled into the Soxhlet principle chamber and connected to the Soxhlet mechanical assembly, which was warmed at 70°C until the dissolvable fume filled the fundamental chamber. The dissolvable fume at that point dense and trickled down into the chamber containing the Aloe vera leaf remove. The ethanolic remove was separated and kept in a hot air stove at 40°C for 24 hours to vanish the ethanol, lastly, a buildup was gotten. The last buildup was put in an impermeable compartment and put away in a profound cooler till future use.

GROUPING OF ANIMALS

Control Group was given typical saline (0.1ml/10gm)

Standard Group was regulated with Fluoxetine (20mg/kg, i.p.) for 14 days.

Group III and IV (Test drug) were treated with Hydro alcoholic concentrate of Aloe Vera (150mg/kg and 300mg/kg body weight, i.p)

RESULTS

Tail suspension test on 1st day

	Ν	Minimum	Maximum	Mean	Std. Deviation
Control	6	125.43	132.16	128.795	2.88970
Fluoxetine (20	6	99.00	101.00	100.015	3.76386
mg/kg)					
Aloe Vera extract	6	95.00	98.00	96.885	3.34664
(150mg /kg)					
Aloe Vera extract	6	89.00	91.00	90.435	2.99564
(300mg /kg)					
Total	24	89.00	132.16	111.015	15.40865

TABLE 1: Tail su	spension time amo	ong various gat	thering on day 1

F=149.658, The mean at the level 0.05 is significant. Immobility time in secs.

DAY 1 - In Control group mean of immobility time is- 128.795 seconds, in Fluoxetine group – 100.015, in Aloe Vera extract (150mg /kg) group - 96.885 seconds, Aloe Vera extract (300mg /kg) group - 90.435 seconds. Aloe Vera extract (300mg /kg) group shows the lowest immobility time while Fluoxetine group shows highest immobility time after the control and in total mean of immobility time is 111.015 seconds (Table 1)

Table 2. Tail suspension time among unterent group on day 7						
	Ν	Minimum	Maximum	Mean	Std. Deviation	
Control	6	119.92	128.66	124.29	2.99129	
Fluoxetine	6	94.00	97.00	95.50	3.68782	
(20mg/kg)						
Aloe Vera extract	6	92.00	95.00	93.50	3.74166	
(150mg /kg)						
Aloe Vera extract	6	84.00	88.00	86.00	3.12547	
(300mg /kg)						
Total	24	84.00	128.66	106.33	17.23934	

 Table 2: Tail suspension time among different group on day 7

F=179.052, The mean at the level 0.05 is significant. Immobility time in secs

DAY 7 - In Control group mean of immobility time is- 124.29 seconds, in Fluoxetine group – 95.50, in Aloe Vera extract (150mg /kg) group - 93.50 seconds, Aloe Vera extract (300mg /kg) group - 86.00 seconds. Aloe Vera extract (300mg /kg) group shows the lowest immobility time while Fluoxetine group shows highest immobility time after the control and in total mean of immobility time is 106.33 seconds (Table 2).

	Ν	Minimum	Maximum	Mean	Std. Deviation
Control	6	112.76	118.09	115.42	5.14376
Fluoxetine	6	88.00	92.00	90.00	2.60768
(20mg/kg)					
Aloe Vera extract	6	84.00	90.00	87.00	4.77493
(150mg /kg)					
Aloe Vera extract	6	79.00	81.00	80.00	3.89745
(300mg /kg)					
Total	24	79.00	118.09	98.545	18.86372

Table 3: Tail suspension time among different group on day 14th

F=171.142, The mean at the level 0.05 is significant. **Immobility time in secs**

DAY 14 - In Control group mean of immobility time is- 115.425 seconds, in Fluoxetine group – 90.00, in Aloe Vera extract (150mg /kg) group - 87.00 seconds, Aloe Vera extract (300mg /kg) group - 80.00 seconds. Aloe Vera extract (300mg /kg) group shows the lowest immobility time while Fluoxetine group shows highest immobility time after the control and in total mean of immobility time is 98.545 seconds (Table 3).

Analysis of variance (ANOVA test) was applied and we found that the mean immobility time of forced swim test was significantly different among different test groups on 1, 7 and 14th day.

	Ν	Minimum	Maximum	Mean	Std. Deviation
Control	6	116.00	121.00	118.50	1.78885
Fluoxetine	6	92.00	96.00	94.00	3.34664
(20mg/kg)					
Aloe Vera extract	6	86.00	90.00	88.00	3.12490
(150mg /kg)					
Aloe Vera extract	6	78.00	84.00	81.00	2.99875

 Table 4: Force swim test on 1st day

(300mg /kg)					
Total	24	78.00	121.00	99.50	12.56460

F=186.294, The mean at the level 0.05 is significant. Immobility time among different group on day 1

DAY 1 - In Control group mean of immobility time is - 118.50 seconds, in Fluoxetine group – 94.00, in Aloe Vera extract (150mg /kg) group - 88.00 seconds, Aloe Vera extract (300mg /kg) group - 81.00 seconds. Aloe Vera extract (300mg /kg) group shows the lowest immobility time while Fluoxetine group shows highest immobility time after the control and in total mean of immobility time is 99.50 seconds (Table 4).

Tuble 5.1 of ce swill test on 7 day						
	Ν	Minimum	Maximum	Mean	Std. Deviation	
Control	6	114.00	118.00	116.00	2.09762	
Fluoxetine	6	90.00	94.00	92.00	2.00849	
(20mg/kg)						
Aloe Vera extract	6	85.00	88.00	86.50	1.31421	
(150mg /kg)						
Aloe Vera extract	6	72.00	74.00	73.00	1.02145	
(300mg /kg)						
Total	24	72.00	118.00	95.00	19.52340	

Table 5: Force swim test on 7th day

F=178.094, The mean at the level 0.05 is significant. Immobility time among different group on day 7

DAY 7 - In Control group mean of immobility time is- 116.00 seconds, in Fluoxetine group – 92.00, in Aloe Vera extract (150mg /kg) group - 86.50 seconds, Aloe Vera extract (300mg /kg) group - 73.00 seconds. Aloe Vera extract (300mg /kg) group shows the lowest immobility time while Fluoxetine group shows highest immobility time after the control and in total mean of immobility time is 95.00 seconds (Table 5).

	Ν	Minimum	Maximum	Mean	Std. Deviation		
Control	6	110.00	116.00	113.00	1.21421		
Fluoxetine	6	88.00	92.00	90.00	2.11421		
(20mg/kg)							
Aloe Vera extract	6	82.00	83.00	82.50	2.66025		
(150mg /kg)							
Aloe Vera extract	6	68.00	70.00	69.00	2.89546		
(300mg /kg)							
Total	24	68.00	116.00	92.00	22.27532		

Table 6: Force swim test on 14th day

F=172.201, The mean at the level 0.05 is significant. Immobility time among different group on day 14

DAY 14 - In Control group mean of immobility time is - 113.00 seconds, in Fluoxetine group – 90.00, in Aloe Vera extract (150mg /kg) group - 82.50 seconds, Aloe Vera extract (300mg /kg) group - 69.90 seconds. Aloe Vera extract (300mg /kg) group shows the lowest immobility time while Fluoxetine group shows highest immobility time after the control and in total mean of immobility time is 92.00 seconds (Table 6).

Analysis of variance (ANOVA test) applied, and we find out the mean immobility time of forced swim test was significantly different, among different test groups on 1, 7 and 14th day.

DISCUSSION

Discouragement is a psychological instability portrayed by significant and determined sensation of bitterness or despair as well as lesser of interest in anything's that were once pleasurable. The existence time danger of wretchedness differs from 5.1% to 12.1% in men another hand 10.1% to 25.1% in women. State of mind issues, for example, gloom can be treated with changing the capacity of synapses in light of the fact that the smallest change in the capacity of cerebrum synapses can be viable in its capacity. Clinically different gatherings of medications are utilized including average and abnormal stimulant Allopathic medications, however none of them are liberated from ADRs [9].

Various energizer drugs are accessible for the treatment of misery, however clinical assessment of these medications has shown occurrence of backslides, results, and medication collaborations. Tricyclic antidepressants regularly produce unfriendly autonomic reactions, to some degree identified with their moderately powerful antimuscarinic impacts. These incorporate dry mouth and a harsh or metallic taste, gastric trouble, clogging, wooziness, increase in heart rate, pulse rate increase, obscured in eye visions and urination maintenance. Cardiovascular impacts incorporate hypotension, sinus tachycardia (increase in heart rate), and increase heart rate times which the potential for arrhythmias, especially with overdoses. MAO inhibitors can prompt sedation or social excitation and have a high danger of actuating postural hypotension, here and there with supported gentle rises of diastolic pulse [10].

More up to date antidepressants by and large present lesser or distinctive results and poisonous dangers than more established Tricyclic and MAO inhibitors. As a gathering, the SSRIs have a high danger of queasiness and regurgitating, cerebral pain, and sexual brokenness, remembering repressed discharge for men and impeded climax in ladies. Some SNRIs have danger of a sleeping disorder, tachycardia and uneasiness. A few SSRIs and maybe Fluoxetine specifically, have been related with unsettling and fretfulness that takes after akathisia [11].

Due to the inadequacies of the accessible energizer drugs, endeavours are in progress to investigate some upper medication with novel stimulant action and lesser results. These medications have been utilized to treat human sicknesses related with misery in view of unwanted results of other gathering of medication [12].

Mind-set problems are perhaps the most widely recognized psychological sickness, with a daily existence time danger of 10 % in everyday populace. Pervasiveness of sorrow alone overall populace is assessed to be around 5% with self-destruction being perhaps the most well-known results. The greater part of the medication that is right now being utilized in the treatment of sadness has unfriendly impacts that influence the personal satisfaction of the patient. This prompts the patient's rebelliousness to the drug, which further confounds the issue. These medications referenced are utilized in the treatment of mental problems and are professed to have a superior result profile, then traditional medications, yet clinical examinations are restricted to validate these cases.

In this investigation, the energizer impacts of Hydro alcoholic concentrate of Aloe Vera were contrasted and the Fluoxetine in treated and the benchmark groups of mice utilizing Forced-swimming test and Tail suspension tests. The mice were assessed in Four gatherings (control, taking Hydro alcoholic concentrate of Aloe Vera 150mg/kg, Hydro

alcoholic concentrate of Aloe Vera 300mg/kg and Fluoxetine at a portion of 20 mg/kg) by the Forced-swimming test and Tail suspension tests on first, seventh, and fourteenth days. In light of the consequences of the Forced-swimming test and Tail suspension tests, Hydro alcoholic concentrate of Aloe Vera has great upper impacts on mice when contrasted with the Fluoxetine treated and the benchmark groups and the better impacts were seen by utilization of this medication.

The point was to assess the stimulant impact of Hydro alcoholic concentrate of Aloe Vera utilizing Tail suspension test and Forced swim test in mice. The i.p. organization of Hydro alcoholic concentrate of Aloe Vera at 150mg/kg and 300mg/kg individually showed better upper movement contrasted with that of standard medication (Fluoxetine) and control gathering.

In the current examination in TST model of wretchedness, mean fixed status time in seconds in Fluoxetine (20mg/kg) treated gathering was 100.015 seconds on day 1, 95.50 seconds on day 7 and 90.00 seconds on day 14 and in Hydro alcoholic concentrate of Aloe Vera (150mg/kg) treated gathering was 96.885 seconds on day 1, 93.50 seconds on day 7 and 90.00 seconds on day 14 while in Hydro alcoholic concentrate of Aloe Vera (300mg/kg) treated gathering was 90.435 seconds on day 1, 86.00 seconds on day 7 and 80.00 seconds on day 14. These discoveries were in logical inconsistency to the discoveries of Patten SB et al. [13]

Likewise in the current examination in FST model of gloom, mean stability time in seconds in Fluoxetine (20mg/kg) treated gathering was 94.00 seconds on day 1, 92.00 seconds on day 7 and 90.00 seconds on day 14 and in Hydro alcoholic concentrate of Aloe Vera (150mg/kg) treated gathering was 88.00 seconds on day 1, 86.50 seconds on day 7 and 82.50 seconds on day 14 while in Hydro alcoholic concentrate of Aloe Vera (300mg/kg) treated gathering was 81.00 seconds on day 1, 73.00 seconds on day 7 and 69.90 seconds on day 14. These discoveries were practically as per the discoveries McGirr A et al. [14]

In the current examination, the impact of Hydro alcoholic concentrate of Aloe Vera (150mg/kg and 300mg/kg) with standard medication Fluoxetine (20mg/kg) showed positive energizer consequences for mice (p< 0.0005). Better impacts were seen by utilizing this medication. So, the current investigation recommends the better impact of Hydro alcoholic concentrate of Aloe Vera about the energizer impact in correlation with Fluoxetine.

CONCLUSION

Depression is a psychological sickness described by significant and industrious sensation of bitterness and despair and potentially undesired of interest in substance/things that were once desirable. The existence time danger of discouragement changes from 5%-12% in gents and 10%- 25% in ladies.

In this examination, upper impacts of Hydro alcoholic concentrate of Aloe Vera (150mg/kg and 300mg/kg) were contrasted and the Fluoxetine (20mg/kg) treated and the control tests by FST and TST tests on the creature model (mice). As indicated by the FST and TST technique results most energizer impacts were acquired from Hydro alcoholic concentrate of Aloe Vera (150mg/kg and 300mg/kg) portion on first, seventh, fourteenth days. Likewise, antidepressants impacts of Hydro alcoholic concentrate of Aloe Vera (150mg/kg and 300mg/kg) were more than the benchmark groups.

REFERENCES

- Mulrow, C.D., Williams, J.W. jr., Trivedi, M., Chiquette, E., Aguilar, C., Cornell, J.E., Badgett, R., Noel, P.H., Lawrence, V., Lee, S., Luther, M., Ramirez, G., Richardson, W.S., Stamm, K. (1998) Treatment of depression – newer pharmacotherapies. Psychopharmacol. Bull. 34(4):409-795.
- Akiskal HS. Mood disorders: Historical introduction and conceptual overview. Kaplan and sadock's comphrehensive textbook of psychiatry, 8th edn. Lippincott Williams & Wilkins, 2005, 1559-1575.
- 3. Gyanes BN, Rush AJ, Trivedi MH, Wisniewski SR, Spencer D, Fava M. The STAR D study: treating depression in real world. Cleve. Clin J. Med. 2008; 75, 57-66.
- 4. Brannon GE, Stone KD. The use of mirtazapine in a patient with chronic pain. J Pain symptom manage 1999; 18:382-5.
- Laurance LB, John SL, Keith LP. Characterization of depressive & anxiety disorders. Goodman & Gilman's the pharmacological basis of therapeutics, 11th edition. Mc Graw-Hill, 2006, 450.
- 6. Sullivan PF, Nealc MC, Kendler KS. Genetic epidemiology of major depression: Review and meta analysis. Am J Psychiatry 2000;157:1552-1562.
- 7. Stahl SM. Blue genes and the monoamine hypothesis of depression. J Clin Psychiatry 2000; 61:77-78.
- 8. Delgado PL. Depression: The case for a monoamine deficiency. J Clin psychiatry 2000;61(Suppl 6):7-11.
- 9. Baldessarini RJ. Drugs and the treatment of psychiatric disorders: Depression and anxiety disorders. In: Hardman JG, Limrid LE, Goodman A, et al. eds. Goodman and Gilman's The Pharmacological Basis of Therapeutics, 10th ed. New York: McGraw-Hill, 2000:447-484.
- 10. Stahl SM, Blue genes and mechanism of action of antidepressants. J Clin Psychiatry 2000; 61:164-165.
- Ordway GA, Klimek V, Mann JJ. Neurocircruitry of mood disorders In: Davis KL, Charney D, Coyle JT, Nemeroff C, eds. Neuropsychopharmacology: The fifth generation of progress. American college of Neuropsychopharmacology. Lippincott Williams and wilkin: Philadelphia, 2002:1051-1064.
- 12. Sofuoglu M, Dudish-Poulsen S, Poling J, et al. The effect of individual cocaine withdrawal symptoms on outcomes in cocaine users. Addict behave 2005; 30:1125-1134.
- 13. Patten SB, Barbui C. Drug-induced depression: A systematic review to inform clinical practice. Psychoth Psychosom 2004; 73:207-215.
- 14. McGirr A, Renaud J, seguin M, et al. An experimentation of DSM-IV depressive symptoms and risk for suicide completion in major depressive disorder: A Psychological autopsy study. J Affect Disord 2007;97:203-209.