Immunohistopathological Studies on Rats Injected with CCl4 and Treated with Propolis and Honey Bee

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Abstract

**Background:** The liver and kidneys play a pivotal role in the metabolism of nutrients, drugs, hormones, metabolic waste products and thereby maintaining body homeostasis. The present study was planned to demonstrate the favorable hepatoprotective effect of honey or propolis against CCl4 histopathological, histochemical and immunohistochemistry.

**Material and methods:** Rats were randomly divided into 4 groups:

- The first group of 10 rats serves as control.
- The second were maintained as CCl4 group: injected ip with CCl4
- The third and fourth maintained as honey and propolis respectively for period of experiment (6 weeks).
- Pieces of liver and kidney were subjected to histopathological and immunohistochemistry procedures and the obtained sections (5 µm thick) were stained with H&E also with silver nitrate stain and anti lamine antibody for immuno- histochemistry.

**Result:** Marked histopathological alteration were observed in the studied sections under the influence of CCl4. The most common changes were cloudy swelling of hepatocytes, fatty changes, clear vacuolation of renal cells and congested blood vessels. After treated with honey and propolis showed improvement of hepatocytes and renal tissues.

**Conclusion:** This study indicated that CCl4 has a toxic effect on liver and kidney. Honey and propolis improve the structural integrity of the cell membrane and ameliorates histopathological, histochemical and immunohistochemistry changes.

Introduction

Carbon tetrachloride is widely used as hepatotoxic compound for screening the anti-hepatotoxic/hepatoprotective activity of drugs in experimental models. It is an analogue of liver injury caused by a variety of hepatotoxicity in man. It has been generally reported and accepted that CCl4-induced hepatotoxicity due to its hepatotoxic metabolites and trichloromethyl free radicals (●CCl3) induced lipid peroxidation [1,2]. Therefore, one of the therapeutic strategies against liver injury is to find antioxidative compounds that are able to block liver injury through scavenging of trichloromethyl free radicals generated by CCl4 [2].

Propolis is a resinous hive product collected by honey bees from exudates and buds of plants and mixed with wax and bee enzymes [3,4]. It also contained flavonoids, sugar, and aliphatic acids. Flavonoids are thought to be responsible for many of its biological and pharmacological activities including antitumor [5], anti-inflammatory [6] and antioxidant effects [7]. Propolis has several biological and pharmacological properties, as antimicrobial [8], anti-inflammatory [9], antioxidant [10,11], antiparasitic [12], immune modulatory and immune stimulant effects and it increased the percentage of protected animals suggesting its use in vaccines as an adjuvant [13,14]

Honey is one of honey bees’ products which are used in medicine in many cultures since ancients’ times. Honey is the main source of concentrated sweetness in the diet of many people and contained about 80% carbohydrate, 20% water and traces of protein and ash [15]. Honey is known to exhibit a broad spectrum of activities including antiviral, antibacterial and immunostimulant [16]. It was found to have antioxidant activity due to its high content of flavonoids [17,18]. The aim of the present study is to determine the pathological findings in liver and kidney tissues due to CCl4 toxicity and the therapy of honey and propolis. Also, Immuno-staining of laminin in kidney and liver tissues before and after therapy.

The human body is exposed nowadays to increasing attacks by toxic compounds in polluted air, industrially processed foods, alcohol and drug consumption that increase liver toxicity, leading to more and more severe cases of hepatic disorders [19].

Material and Methods

**Animals**

Forty male albino Wister rats weighing 120-140 g were purchased from Helwan animal station, Ministry of Health, Egypt. Animals were allowed to adapt for two weeks and housed in animal house of Zoology Department, Faculty of Science, Damietta University, Egypt. CCl4 used in the present study purchased from Modern lab Co. for Chemicals, Egypt. Honey were purchased from general markets in New Damietta City, Damietta, Egypt. Propolis was purchased from local pharmacy.

**Preparation of propolis**

The method was done according to [20], briefly, the propolis was prepared by dissolving 16.8 mg in 10 ml of distilled water. After shaking for 10 minutes, the water extract was centrifuged at 1000 rpm for 10 minutes. The supernatant of the water extract was used for the treatment of rats.

**Experimental groups**

Rats were divided into 4 groups each of 10 rats. Normal control group: Fed in standard food and water. CCl4 group: injected ip with CCl4 for 10 minutes. The supernatant of the water extract was used for the treatment of rats.

**Preparation of honey**

Honey was purchased from general markets in New Damietta City, Damietta, Egypt. Honey was divided into two groups, the first group was not treated with any treatment and the second group was treated with CCl4.

**Statistical analysis**

Statistical analysis was done by using Analysis of Variance (ANOVA) test followed by Bonferroni posttest. The level of significance was considered to be P<0.05.

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0.5 mg/kg of b. wt. of CCl₄ twice weekly for six weeks. Honey group: injected ip with 0.5 mg/kg of b. wt. of CCl₄ twice weekly for six weeks and treated with 10% honey bee in drinking water daily. Propolis group: injected ip with 0.5 mg/kg of b. wt. of CCl₄ twice weekly for six weeks and treated with propolis orally, (40 µl/rat/day) day after day for six weeks.

**Histological study**

For light microscopic examination: Liver and kidney samples were collected and fixed in 10% buffered formalin for 24 hours. Serial 5 µm paraffin sections were prepared for pathological study, with hematoxylin and eosin (H&E), Masson Trichrome (MT), silver nitrate and immunohistochemical examination with anti laminin antibody.

**H/E stain**

Liver tissue specimens were fixed in 10% formalin and embedded in paraffin wax and 5 micrometer thickness were cut. Sections were stained with H/E stain according to Drury and Wallington [21].

**Masson trichrome stain**

The method was done according to Carson [22]. Briefly, liver specimens were fixed in Zinker solution for 24 hours, washed in 50% alcohol and treated with diluted iodine solution, then washed in 3% sodium thiosulphate. Sections were stained firstly with haematoxylen, then with Masson A solution for 5 minutes. They were washed in distilled water and stained with Masson B solution for 5 minutes and differentiated in 1% phosphomolydbic acid for 5 minutes, stained with 2.5% fast green solution for 2 minutes, then differentiated in 1% glacial acetic acid. Sections were dehydrated, cleared in xylene and mounted with DPX.

**Silver stain**

Many methods of silver staining have been developed. Two general classifications are :-1) silver amine or alkaline method, and 2) silver nitrate or acidic method [23]. Detection levels of proteins using the various staining methods are determined by how quickly the back-ground develops. The silver amine methods usually have lower background than the silver nitrate methods and, therefore, have typically been more sensitive. A drawback to the use of the silver diammine method is the use of glutaraldehyde for fixing and sensitization [24,25]. Glutaraldehyde is not compatible with matrix-assisted laser desorption/ion- ization mass spectrometry (MALDI-MS) [26-28] because it causes protein-protein cross-linkages. The use of various types of sensitizers with the silver nitrate method has been shown to decrease the background and increase detection sensitivity. The ProteoSilver™ Kits are silver nitrate-based with a unique sensitizer solution and optimized protocols which produces better sensitivity (0.1 ng/mm²) than typically claimed using a silver amine method, but is MALDI-MS compatible [29,30]. The ProteoSilver Plus Kit also contains destaining solutions for removal of silver ions from excised bands for enhanced MALDI-MS sensitivity [31].

**Immunohistochemistry**

Hepatic tissues were processed to paraffin blocks. Sections were dewaxed in xylene and rehydrated in descending grades of alcohol. Microwave antigen retrieval in 10 mM sodium citrate at pH 6 was carried out for 20 minutes. Sections were subsequently covered with 3% hydrogen peroxide for 10 minutes. Sections were hydrated in descending series of alcohol. Sections were covered with 100 µl of PBS containing 10% normal swine serum for 1 hour in humified chamber to reduce unspecific background staining. 100 µl of rabbit anti-laminin (Muri Lab Prep) (diluted 1:50 in blocking buffer) were applied to slides overnight at 4°C in humified chamber, then sections washed in PBS 3 times. 100 µl of biotinylated swine anti-rabbit antibody diluted 1:500 in blocking buffer were applied for 2 hours in humified chamber. After washing in PBS, 100 µl of Avidin –Biotin complex was added for two hours in humified chamber. 100 µl of freshly prepared diaminobezidine-HCl (Sigma) were added to devlope colour for 12 minutes. Sections were washed in running water to stop colour development. Sections were dehydrated, counterstained and coverslip in Permount [32]. Assessment of HBeAg and its antibodies may be an important predictor of which chronic carriers of HBV will develop chronic active liver disease [33].

**Results**

**Liver histopathology**

**H/E stain:** The hepatocytes showed acidophilic cytoplasm with single central rounded vesicular nuclei and some of the cells were binucleated (Figure 1). In group II (CCl₄ alone group), most of the hepatocytes contained multiple, large cytoplasmic vacuoles and some hepatocytes had deeply acidophilic cytoplasm and deeply stained nuclei (Figure 2). After P and H administration, remarkable improvement in the hepatocytes was noticed as they appeared nearly similar to that of the control rats. Only few hepatocytes appeared with slight vacuolated cytoplasm (Figure 3). On the other hand, in the CCl₄/recovery group the liver was still markedly affected. Hepatocytes appeared with highly vacuolated cytoplasm and deeply stained nuclei (Figure 4).

**Masson’s trichrome stain:** In Masson’s trichrome stained sections
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The parenchyma of the liver in control groups appeared to be supported with a stroma of very delicate meshwork of collagenous fibers. Few collagenous fibers surrounding the central veins, in portal area and in capsules were seen (Figure 5). In subgroupIIA (CCl4 alone group), the stroma was well defined. There was thick connective tissue capsule and an apparent increase in the collagen fibers around the central veins, in between hepatocyte cords and in portal areas (Figure 6). In CCl4/P and H groups, few collagen fibers were detected (Figure 7) while in the CCl4/recovery group the collagen fibers were very numerous (Figure 8).

Silver stain: In silver nitrate stained sections, Histology of liver sections of normal control animals (group 1) showed normal liver architecture with central vein, and cytoplasm and prominent nucleus and nucleolus were preserved (Figure 9). The liver sections of CCl4 treated animals (group 2) showed degeneration in sinusoids and become as vacuoles (Figure 10). Honey bee and propolis treatment (group 3,4) appeared to significantly prevent the CCl4 toxicity as revealed by the hepatic cells which were preserved cytoplasm. This also caused a marked decrease in inflammatory cells (Figures 11 and 12).

Kidney histopathology

H/E stain: In Heamatoxilin and eosin stained sections, CCl4 administration alone caused prominent histopathological damage in the kidney compared with the control rats (Figure 13). The kidney sections from the control- and honey-treated groups showed normal glomeruli, and tubulointerstitial cells (Figure 14). In contrast, the

Figure 3: After 6 weeks CCl4 rat treated with honey bee showing improvement of hepatic architecture.

Figure 4: After 6 weeks CCl4 rat treated with propolis showing normal lobular architecture with well brought out central vein and prominent nucleus and nucleolus.

Figure 5: Light photograph of liver section after control untreated rat showing central vein (CV) lined by endothelial cells (en), hepatic cells (hp), kupffer cells (K) and narrow sinusoid (S). (Masson Trichrom, 400x).

Figure 6: Liver section after 6 weeks CCl4 treated rat showing degeneration of sinusoids that become as vacuoles (arrow).

Figure 7: Liver section after 6 weeks CCl4 treated with honey bee showing improvement of general hepatic architecture.

Figure 8: After 6 weeks CCl4 treated with propolis showing regeneration in hepatic architecture nearly as seen in control group and vaculation decreased.
kidneys of CCl₄-treated rats showed marked deleterious histological changes. The kidney sections showed significant glomerular and tubular degenerations varying from, glomerular basement thickening, interstitial inflammation, tubular cell swelling, pyknotic nuclei, medullary vascular congestion and moderate to severe necrosis (Figure 15). propolis-treated group of rats preserved normal morphology of the kidney and shows normal architecture of the kidney (Figure 16).

**Masson trichrome stain:** In masson trichrome stained sections, histology of Kidney sections of normal control animals (group 1) showed normal kidney architecture (Figure 17). The kidney sections of CCl₄ treated animals (group 2) showed clear vacuolation of cells and dilation in space of bowman’s capsule (Figure 18). Honey bee and propolis treatment (group 3,4) appeared to significantly prevent the CCL₄ toxicity with regeneration in glomeruli and interstitial spaces nearly as seen in normal control (Figures 19 and 20).

**Silver nitrate:** In silver nitrate stained sections Histopathological changes in Kidney sections of normal control animals (group 1) showed normal structure of glomerulus and bowman capsule (Figure 21). The kidney sections of CCl₄ treated animals (group 2) showed clear vacuolation of cells and dilation in space of bowman’s capsule (Figure 22). Honey bee and propolis treatment (group 3,4) appeared to significantly prevent the CCl₄ toxicity with regeneration in glomeruli and interstitial spaces nearly as seen in normal control (Figures 23 and 24).

**Immunohistochemical examination:**

- Figure 9: Photomicrograph of liver section from control untreated rat showing stained reticular fibers displaying central vein (cv) lined by endothelial cells(en), kupffer cells(k) and narrow sinusoids(s). (Silvernitrate.400X).
- Figure 10: Liver section after 6 weeks CCl₄ treated rats showing stained reticular fibers displaying increase in vacuoles (arrows) and mononuclear cells degeneration.
- Figure 11: Liver section after 6 weeks CCl₄ treated with honey bee showing improvement of general hepatic architecture and normal prominent nucleus (n).
- Figure 12: Liver section from 6 weeks CCl₄ treated with propolis showing normal liver lobular architecture with well brought out central vein and prominent nucleus and nucleolus.
- Figure 13: Photomicrograph of a T.S in kidney section of control untreated rat displaying the normal structure of the glomerulus (G), Boman’s capsule (bc), uniferous tubules (ut),collecting tubules (ct) and cubical cells. (H.E.400X).
- Figure 14: After 6 weeks ccl₄ of treated rat showing clear vacuolation of cells, cubical cell become vacuolated and toxicity with congested blood vessels is present (arrow).
of the control liver tissues stained with anti-laminin showed normal structure of the liver (Figure 25 a). In CCl₄ injected rats, hepatic tissues stained with anti-laminin showed extensive hepatocellular necrosis (Figure 25 b).

The pathology of hepatic tissues stained with anti-laminin in CCl₄ injected rats and treated with honey showed improvement of general hepatic architecture and slight hepatocellular fibrosis (Figure 25 c).

The pathology of hepatic tissues stained with anti-laminin in CCl₄ injected rats and treated with propolis showed normal liver lobular architecture with slight hepatocellular fibrosis (Figure 25 d).
Discussion

The present study showed that, CCl₄ administration for six weeks, resulted in loss of the usual hepatic architecture, many vacuoles with dark stained nuclei in most of the liver cells. This structural damage was due to edema of the organelles [33].

Liver fibrosis was clearly evidenced, in the present work, by a significant increase in area percentage of the collagen fibers in Masson trichrome stained section. It was explained that hepatic fibrosis is usually initiated by hepatocytes damage leading to activation of Kupffer cells and subsequent release of cytokines and growth factors. These factors activate HSCs which proliferate and transform into myofibroblasts-like cells that deposit large amounts of connective tissue components [34]. Moreover, CCL4 causes oxidative stress that activates HSCs [35].

One of the structural glycoproteins is a high molecular weight molecule called laminin [31]. It is well known from previous immunohistochemical studies that laminin and type IV collagen are permanent constituents of the basement membrane of late and early chorionic villi and of placental blood vessels [36-38]. It has also been reported that basement membrane components such as type IV collagen and laminin can be synthesized by trophoblastic cells [39]. The basement membranes may control selective permeability for macromolecules as well as providing structural tissue support. Laminin, which binds to itself, to type IV collagen, to heparin, and to cell surface receptors, is able to promote the adhesion and growth of various epithelial cells and tumour cells [40,41], as well as the outgrowth of neurites [42]. The interactions of cells with various tissue matrices may result in quite different cellular responses, and modification of the extracellular matrix structure is likely to play an important role in the regulation of cell behaviour during developmental processes laminin might be an essential constituent of placental basement membranes and might play an important role in the function and structure of the villi. In addition, significantly enhanced laminin expression in the basement membrane beneath the trophoblastic epithelium might modulate the characteristics of the trophoblastic cells in hydatidiform moles in an autocrine and/or paracrine fashion. Serum laminin P-1 concentrations are reported to be high in patients with fibrosis of the liver, e.g. chronic hepatitis, liver cirrhosis, alcoholic liver disease [43-45], various malignant tumours [46-49], and pregnancy. In the case of liver fibrosis, increased deposition of basement membrane components, such as type IV collagen and laminin, in the peri-sinusoidal walls of the liver has been reported [50-53]. In the case of malignancy, [50] reported that serum laminin P-1 values were increased in ~50% of cancer patients. This increase may be due to the destruction of the basement membrane by tumour invasion and increased synthesis of fibrous components surrounding the tumour.

![Figure 22](image1.png)
Figure 22: After 6 weeks CCl₄ of treated rat showing presence of clear vacuoles of cells and dilation in space of bowman’s capsule (arrow).

![Figure 23](image2.png)
Figure 23: After 6 weeks CCl₄ treated with honey bee showing normal morphology with exception of only small vacuoles.

![Figure 24](image3.png)
Figure 24: After 6 weeks CCl₄ treated with propolis showing almost normal morphology and architecture of kidney, glomeruli and tubules appeared to be regenerated.

![Figure 25](image4.png)
Figure 25: Anti-laminin immunostaining of liver section. (a) Control rats showed normal tissue and no positive stain. (b) CCl₄ injected rats, showed strong positive stain of laminin (arrow) (c) CCl₄ and treated with honey showed no positive laminin. (d) CCl₄ injected rats and treated with propolis showed weak positive laminin (arrow). stain:munoperoxidase×250.
References


