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Exploitation of aqueous *Rosmarinus officinalis* extract as a protective agent in the hippocampus of lead acetate-exposed rats

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ABSTRACT

Background: Hippocampal dysfunction can result from defects, degeneration, or toxins like lead (Pb), which crosses the blood-brain barrier, disrupts calcium signaling, and causes oxidative stress, leading to cognitive decline. Dietary antioxidants may help counteract this oxidative injury and protect hippocampal function. **Objective:** This study investigated the protective activity of aqueous *Rosmarinus officinalis* leaf extract on lead acetate induced hippocampal toxicity. **Materials and Methods:** Forty-eight adult Wistar rats were divided into six groups: A (control), B (100 mg/kg Pb only), C (100 mg/kg Pb + 100 mg/kg *R. officinalis*), D (100 mg/kg Pb + 200 mg/kg *R. officinalis*), E (100 mg/kg *R. officinalis* only), and F (200 mg/kg *R. officinalis* only). All administrations, via an orogastric tube, lasted for twenty-eight (28) days. Neurobehavioral tests (Novel Object Recognition, Y-maze, Elevated Plus Maze) were evaluated, after which hippocampi were collected to assess lead levels, antioxidant activity, lipid peroxidation, acetylcholinesterase (AChE), nitric oxide (NO), histology, and apoptosis. **Results:** Pb-exposed rats showed significant ($p < 0.05$) weight loss, cognitive and memory deficits, disrupted antioxidant and AChE activity, increased lipid peroxidation, elevated hippocampal NO and lead levels, along with neuronal atrophy and caspase-3 upregulation, indicating apoptosis. Pretreatment with *R. officinalis* significantly ($p < 0.05$) mitigated weight loss, oxidative stress, lipid peroxidation, neuronal damage, and levels of hippocampal lead, NO, AChE, and caspase-3, highlighting its antioxidant, metal-chelating, NO-scavenging, anti-cholinesterase, and anti-apoptotic effects against Pb-induced neurotoxicity. **Conclusion:** Consequently, this study provides novel evidence supporting *R. officinalis* as a promising neuroprotective agent with potential for drug development against hippocampal dysfunction.

Keywords: *Rosmarinus officinalis*, Lead Acetate, Hippocampus, Neuroprotection, Oxidative Stress, Neurotoxicity.

INTRODUCTION

Lead (Pb) exposure continues to pose a major global public health challenge owing to its environmental persistence, bioaccumulative nature, and multisystem toxicity [1]. As a non-biodegradable heavy metal, Pb persists in soil, water, and air, primarily originating from mining, industrial emissions, and fossil fuel combustion [2,3]. Although regulatory interventions have curtailed Pb usage in several developed regions, exposure levels remain alarmingly high in many low- and middle-income countries where enforcement mechanisms are inadequate. In 2021, Pb exposure was estimated to account for approximately 1.5 million deaths worldwide, with the greatest burden observed among socioeconomically disadvantaged populations [4,5]. Following absorption, Pb is distributed to soft tissues and subsequently sequestered in bone, serving as a long-term reservoir that can gradually release the metal into circulation, thereby sustaining chronic toxicity [6].

The brain, particularly the hippocampus, is exceptionally susceptible to toxic insults owing to its critical role in cognition, emotional regulation, and synaptic plasticity, as well as its high metabolic demand [7,8]. Lead (Pb) exerts neurotoxicity primarily by mimicking calcium ions, thereby disrupting neuronal signalling, synaptic transmission, and neurotransmitter release through interference with calcium-dependent processes [9,10].

In addition, Pb exposure precipitates oxidative stress, characterized by excessive generation of reactive oxygen species (ROS) and depletion of endogenous antioxidant defenses [11]. This oxidative imbalance damages cellular macromolecules, promotes neuroinflammation, and induces mitochondrial dysfunction and neuronal apoptosis [10]. Collectively, these pathological events contribute to the onset and progression of neurodegenerative disorders, including Alzheimer's and Parkinson's diseases, in which hippocampal degeneration is a defining neuropathological feature [11-13].

Given the irreversible nature of many Pb-induced neurotoxic effects, there is an urgent need to identify sustainable and cost-effective interventions to mitigate its impact on the brain, particularly in vulnerable populations. In this context, plant-based antioxidants have emerged as promising therapeutic agents due to their capacity to scavenge ROS, upregulate endogenous antioxidant enzymes, and modulate inflammatory responses [14-16]. Among these, *R. officinalis* L. (commonly known as rosemary) has garnered significant scientific interest. Belonging to the Lamiaceae family, *R. officinalis* is a hardy, aromatic shrub native to the Mediterranean region and traditionally used in culinary and folk medicine [17,18].

Its bioactive profile is characterized by a high concentration of phenolic compounds such as rosmarinic acid, carnosic acid, and carnosol, which are recognized for their strong antioxidant properties [18,19]. These compounds exert their protective actions by directly neutralizing free radicals, inhibiting lipid peroxidation, and enhancing the activity of endogenous antioxidant enzymes. Beyond its antioxidant properties, *R. officinalis* has demonstrated a broad spectrum of pharmacological activities including anti-inflammatory, antinociceptive, antiulcerogenic, antidepressant, anxiolytic, and hepatoprotective effects [20-22]. Despite its promise, the effects of *R. officinalis* specifically against Pb-induced hippocampal damage remain underexplored. Accordingly, this study aimed to investigate the activity of aqueous *R. officinalis* leaf extract on Pb-induced hippocampal toxicity in adult Wistar rats.

MATERIAL AND METHODS

Chemicals and Reagents

Normal saline was manufactured by Unique Pharmaceuticals, Sango-Otta, Nigeria, and lead acetate (99% purity) by Loba Chemie Pvt. Ltd, Mumbai, India. Other reagents were all of the analytical grades.

Extraction of the Aqueous Extract of *Rosmarinus officinalis*

Packets of dried *R. officinalis* leaves were bought at a local market in Benin City, Nigeria, with NAFDAC Number A1-9793 and batch number 206211. Plant extraction was performed as previously described by Enogieru and Iyoha [23], with minor modifications. A total of 5 kg of dried leaf material was pulverized into a fine powder using a mechanical blender. Aliquots of 10 g of the powdered sample were extracted with distilled water using either three successive macerations (3 × 50 mL, 24 hours each at room temperature) or a single decoction step (1 × 50 mL, 10 minutes at 95 °C). Following extraction, the mixtures were filtered using Whatman No. 1 filter paper, and the resulting aqueous extracts were freeze dried. The dried extracts were stored in the dark at 4 °C until further use. Prior to experimentation, the freeze-dried extract was reconstituted in distilled water to the desired working concentration.

Procurement and Care of Animals

Wistar rats used for this study were procured and bred in the Animal House, Department of Anatomy, University of Benin. The rats were fed with standard rat chow (Chikun Feed Grower Mash, Olam Agri Holdings Pte Ltd., Lagos State, Nigeria) and water throughout the entire study period. They were weighed weekly before commencement and throughout the experiment using a digital weighing scale calibrated in grams and recorded to the nearest whole

number. The animals received humane care following the principle of humane care and the use of laboratory animals. Ethical approval was obtained from the Research Ethics Committee of the College of Medical Sciences, University of Benin, Benin City, Nigeria (Approval No. CMS/REC/2021/172).

Research Design

Following acclimatization, forty-eight (48) adult Wistar rats weighing between 140 g to 160 g were divided into six (6) groups of eight (8) animals each. Group A served as Control; Group B was given 100 mg/kg body weight of lead acetate only; Group C was given 100 mg/kg body weight of *R. officinalis* extract + 100 mg/kg body weight of lead acetate; Group D was given 200 mg/kg body weight of *R. officinalis* extract + 100 mg/kg body weight of lead acetate; Group E was given 100 mg/kg body weight of *R. officinalis* extract only; Group F was given 200 mg/kg body weight of *R. officinalis* extract only.

Administration lasted for twenty-eight (28) days. All administrations were carried out via oral route using an orogastric tube. Treatment groups were pre-treated with *R. officinalis* extract, 1 h before the administration of lead acetate.

Neurobehavioral Assessments

Novel Object Recognition Test

This test was carried out in a wooden open box device (80 × 60 × 40 cm), as previously described [24]. Here, rats explored the device for a 2-minute session of familiarization on the 27th day of the experiment. On the 28th day, a first 5 min sample trial test (T1) was carried out, with two similar objects (named familiar objects FO1 and FO2) placed at the corners of the box. In the second 5-minute test (T2), FO2 presented in T1 was substituted with a novel object (NO), and the exploration times for FO1 and NO were recorded. The discrimination between FO1 and NO during T2 was determined by equating the time spent exploring FO1 and NO [18,19]. For quality control, a discrimination index (DI) was calculated as follows: $DI = \frac{NO - FO1}{NO + FO1}$.

Y-Maze Test

This test was carried out in a wooden apparatus consisting of three identical arms (33×11×12cm each) which are symmetrically separated at 120° with an equilateral triangular central area, as previously described [25]. The rats were placed at the end of one arm and allowed to move freely through the maze for 5 min after which every session was stopped. An arm entry was recorded when the hind paws of the rat were completely within the arm and spontaneous alternation behaviour was defined as three consecutive entries in three different arms. An alternation was defined as entries in all three arms on consecutive occasions. The percentage of alternation was calculated as the:

$$\text{Total of alternations} / (\text{total arm entries} - 2 \times 100).$$

Elevated Plus Maze Test

According to Carobrez and Bertoglio [26], the Elevated Plus Maze (EPM) is commonly employed to assess anxiety-like behavior in laboratory rodents, though it can also be utilized to evaluate cognitive function. The apparatus consists of two open arms (50 × 10 cm) and two closed arms of the same dimensions, with the closed arms enclosed by 30 cm high walls. These arms are arranged in a plus-shaped configuration and connected by a central platform (10 × 10 cm), with the entire maze elevated 60 cm above the ground. Each rat was placed at the center of the maze facing an open arm and allowed to explore freely for 5 minutes. During this period, transfer latency parameters were recorded. Transfer latency is defined as the time taken for the animal to move from the open arm into a closed arm upon initial placement in the maze, often interpreted as an index of

cognitive function or exploratory motivation. An arm entry was recorded when all four paws of the animal (or at minimum, both hind paws) were fully within the arm. To prevent olfactory cues from affecting behavior, the maze was cleaned with 70% ethanol between trials [27,28].

Antioxidant Enzymes and Lipid Peroxidation Assessment

Following the sacrifice of rats under low-level chloroform anaesthesia before cervical dislocation, the brains of experimental rats were removed and the hippocampus was dissected for biochemical and histological investigations. The harvested hippocampus was washed twice in cold phosphate-buffered saline (PBS), homogenized in ice-cold 20 Mm Tris-HCl buffer (pH 7.4), and centrifuged at 10,000 g for 10 minutes at 4 °C [16,23]. The supernatant was collected and assessed for Malondialdehyde (MDA) [29], Catalase (CAT) [30], Superoxide Dismutase (SOD) [31], Glutathione peroxidase (GPx) [32] and Glutathione (GSH) [33].

Histological Assessment

The hippocampi were fixed in 10% buffered formal saline for 72 h and processed through the Hematoxylin and Eosin staining methods as previously described [34].

Statistical Analysis

The obtained data were analyzed, and graph production was carried out, using GraphPad Prism software, version 9.0 (GraphPad Software, San Diego, CA, USA). All values were analyzed for normality of data using the Shapiro-Wilk test and homogeneity of variance with the Levene test, as previously reported [35]. The data demonstrated normal distribution and homogeneity of variance. Statistical significance was then determined by one-way analysis of variance (ANOVA) for all parameters. Tukey's posthoc test was performed to determine groups involved in statistical differences and results were expressed as mean $\pm$ S.E.M. A p -value of < 0.05 was defined as statistically significant.

RESULTS

Effect of Treatment on Neurobehavioral Activity

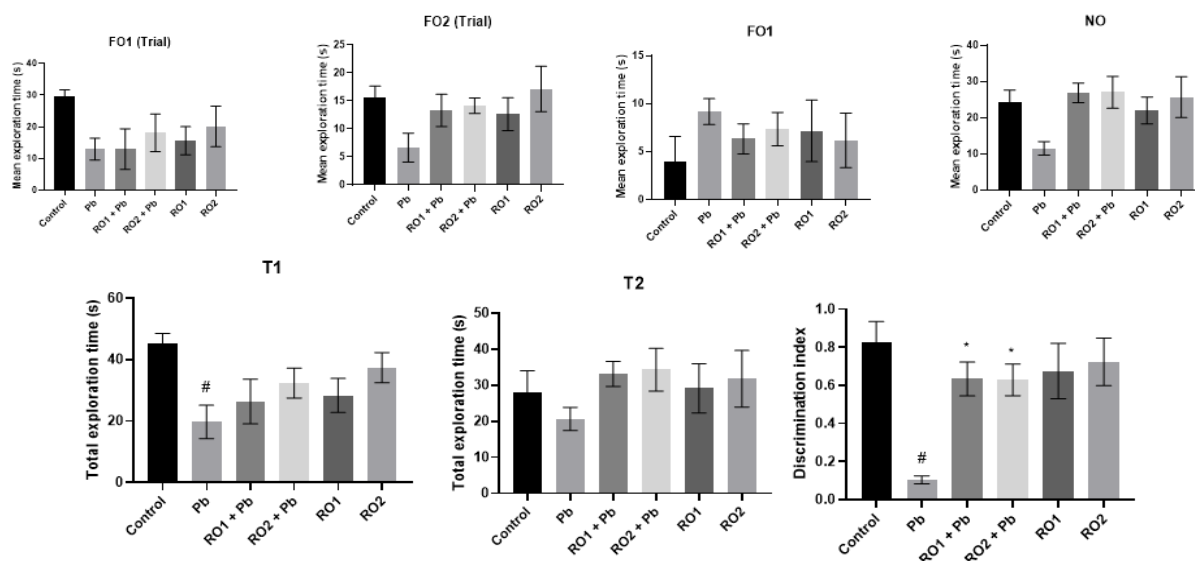


Figure 1: NOR Parameters of control and treatment groups after 28 days. Values are given as mean $\pm$ SEM of each group. # $p < 0.05$ compared with the control group; * $p < 0.05$ compared with Pb group

Figure 1-3 shows the findings on cognition and memory from the NOR, Y-Maze and EPM tests respectively. In Pb-exposed rats, a significant decrease ($p < 0.05$) was observed in the total exploration time and discrimination index when compared to control. However, a significant increase ($p < 0.05$) was observed in pre-treated rats (RO1 + Pb and RO2 + Pb) when compared to Pb-only. Similarly, there was a significant decrease ($p < 0.05$) in total arm entries and spontaneous alternation in Pb-exposed rats compared to control. However, a significant increase ($p < 0.05$) in discrimination index was observed in pre-treated rats (RO1 + Pb and RO2 + Pb) when compared to Pb-only.

Effect of Treatment on Oxidative Stress

Figure 4 shows the effect of treatment on oxidative parameters. There was significant decrease ($p < 0.05$) in hippocampal SOD, CAT, GPx, and GSH and a corresponding increase ($p < 0.05$) in MDA, in Pb-exposed rats when compared to control. However, there was a significant decrease ($p < 0.05$) in SOD, CAT, GPx, and GSH and a corresponding decrease ($p < 0.05$) in MDA, in Pb-exposed rats pre-treated with *R. officinalis* when compared to Pb-only group.

Effect of treatment on AChE, Pb accumulation, NO and Caspase-3

There was a significant increase ($p < 0.05$) in AChE, Pb concentration, NO in Pb-exposed rats when compared to control. There was also an upregulation of Caspase-3 activity in Pb-exposed rats when compared to control. However, there was a significant decrease ($p < 0.05$) in AChE, Pb accumulation, NO and down-regulation of Caspase-3 in Pb-exposed rats pretreated with *R. officinalis* when compared to Pb-only group.

Effect of Treatment on Histology of the Hippocampus

Plate 1 (A-F) shows the histology of the hippocampus (CA1) of rats across experimental groups. Pb-exposed rats showed significant alterations exhibited as atrophy and vacuolated pyramidal cells and astrocytes. However, Pb-exposed rats pretreated with *R. officinalis* showed relatively normal histological structures.

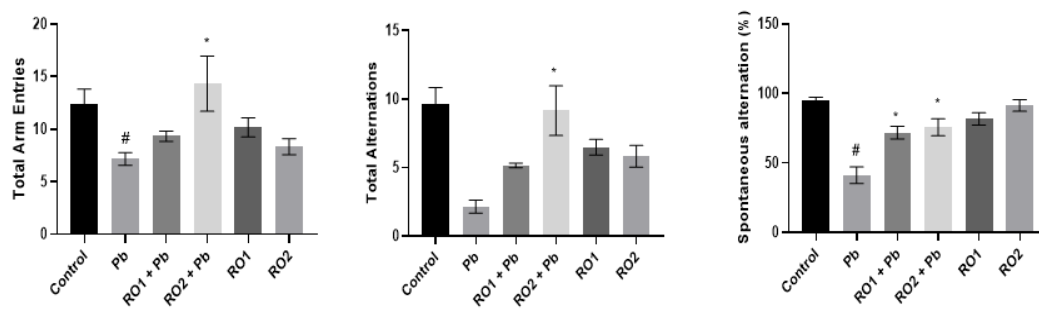


Figure 2: Y-maze Parameters of control and treatment groups after 28 days. Values are given as mean $\pm$ SEM of each group. # $p<0.05$ compared with the control group; * $p<0.05$ compared with Pb group

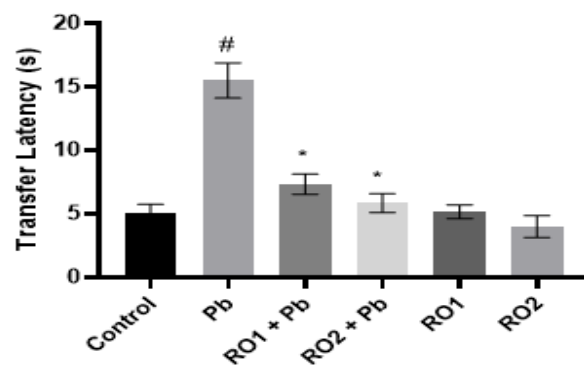


Figure 3: Transfer latency across experimental groups. Values are given as mean $\pm$ SEM of each group. # $p<0.05$ compared with control group; * $p<0.05$ compared with Pb only group.

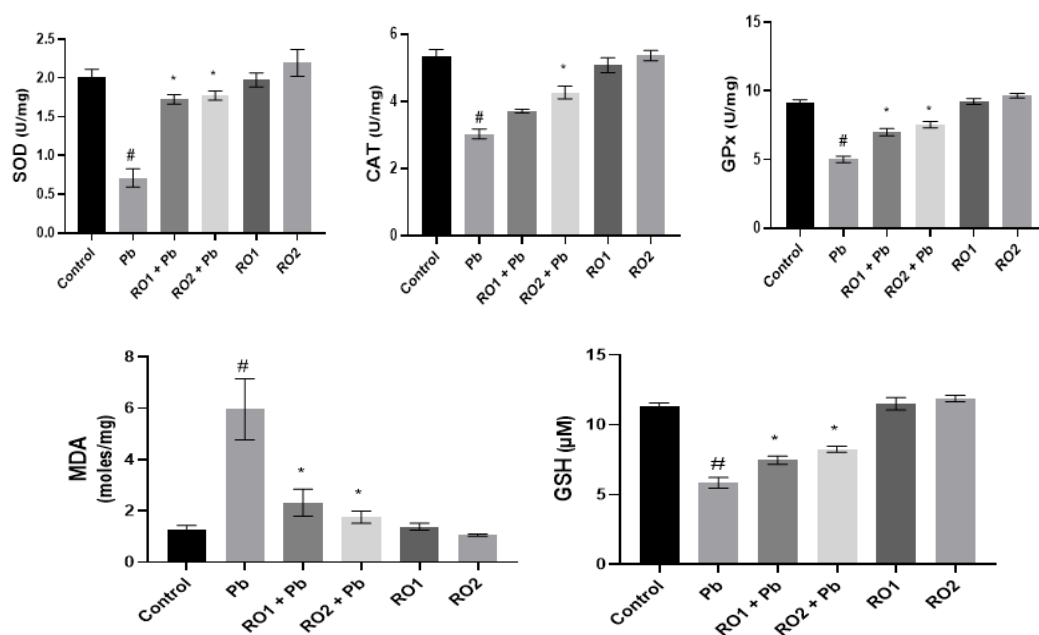


Figure 4: Oxidative Stress Parameters in the hippocampus of control and treatment groups after 28 days. Values are given as mean $\pm$ SEM of each group. # $p<0.05$ compared with the control group; * $p<0.05$ compared with Pb group.

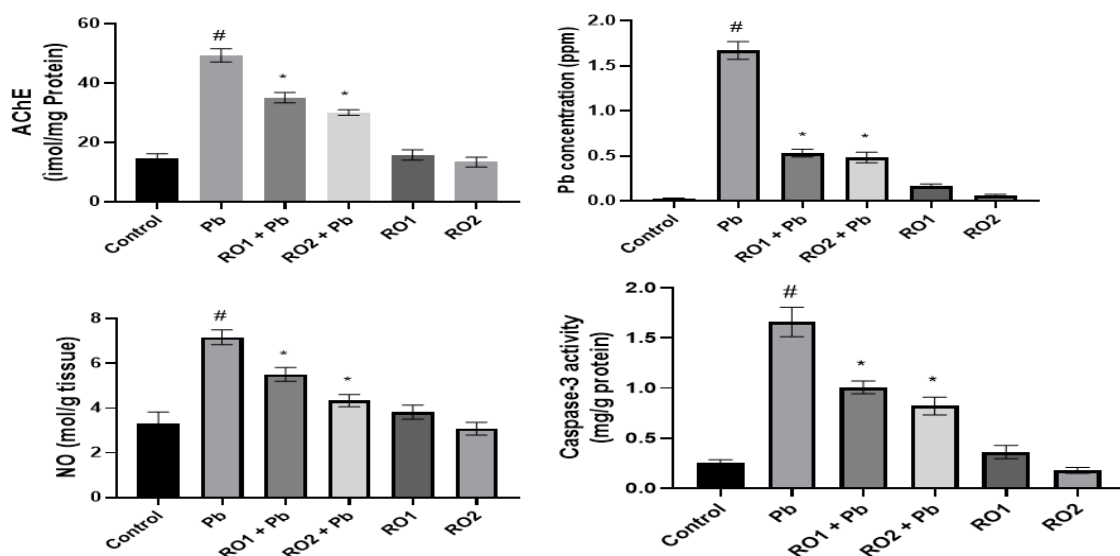


Figure 5: AChE, Pb accumulation, NO and Caspase-3 assessments in the hippocampus of control and treatment groups after 28 days. Values are given as mean $\pm$ SEM of each group. # $p < 0.05$ compared with the control group; * $p < 0.05$ compared with Pb group.

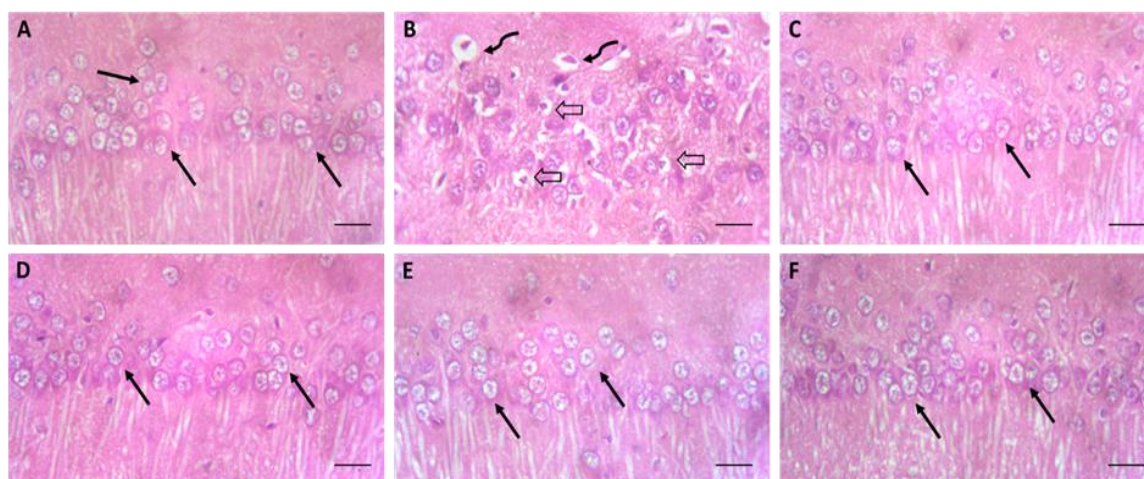


Plate 1: Representative histology of the hippocampus CA1 in control and treatment rats. (A) Control group revealing normal structure of pyramidal cells (arrows). (B) Pb-treated rats showing atrophy and vacuolated pyramidal cells (transparent double arrows) and astrocytes (curved arrows). (C-F) Relatively normal histological structure of the hippocampus observed. (HandE; Scale bar: 25 μ m)

DISCUSSION

This study investigated the potential neuroprotective effect of *R. officinalis* against Pb-induced hippocampal toxicity in Wistar rats. The hippocampus plays a central role in memory formation, spatial learning, and emotional regulation, making it highly susceptible to neurotoxic damage [36]. Understanding its vulnerability to lead exposure is essential for developing strategies to preserve cognitive function and prevent metal-induced neurodegeneration.

Behavioral tests are key for detecting neurotoxic effects, providing early insights into CNS dysfunction [37,38]. Pb, a known neurotoxin, impairs cognition, mood, and motor skills [10]. The Novel Object Recognition (NOR) test, reliant on hippocampal and prefrontal cortex function, evaluates recognition memory [39,40]. Pb exposure reduced exploration time and the discrimination index (DI), indicating memory and attention deficits [41-43]. *R. officinalis* pretreatment significantly improved DI, suggesting protection against Pb-induced memory loss. The Y-maze assesses hippocampal-dependent spatial memory. Pb-only rats showed reduced total arm entries and spontaneous alternation, indicating impaired working memory and exploration [44-46]. *R. officinalis* restored these behaviors, enhancing cognitive performance. The Elevated Plus Maze (EPM) test, measuring transfer latency, reflects learning and anxiety levels [47,48].

Pb increased transfer latency, consistent with hippocampal dysfunction, anxiety, and synaptic impairment [44,49,50]. *R. officinalis* pretreatment significantly reduced latency, indicating cognitive improvement and anxiety reduction. Overall, Pb disrupts hippocampal-dependent behaviors, impairing recognition and spatial memory as well as stress response. *R. officinalis* effectively mitigated these effects, demonstrating antioxidant and neuroprotective properties, and highlighting its therapeutic potential against Pb-induced neurotoxicity.

Oxidative stress is a primary mechanism by which heavy metals, including Pb, induce neurotoxicity [13]. Pb enhances reactive oxygen species (ROS) production, disrupting the balance between oxidative agents and antioxidant defenses [51,52]. Excess ROS interact destructively with lipids, proteins, and DNA due to their unpaired electrons [53]. The brain, with its high oxygen consumption and lipid content, is particularly susceptible to oxidative injury [54]. Pb crosses the blood-brain barrier, impairing enzyme systems crucial for brain function [55]. Antioxidants—particularly superoxide dismutase (SOD), catalase (CAT), and glutathione (GSH)—are the body's main defense against ROS [56,57]. SOD converts superoxide radicals into hydrogen peroxide [58], which CAT then breaks down into water and oxygen, preserving SOD function and preventing tissue damage [59,60]. GSH directly neutralizes free radicals, while malondialdehyde (MDA), a

lipid peroxidation by-product, serves as a biomarker for oxidative stress [61]. This study observed decreased SOD, CAT, and GPx activity, reduced GSH levels, and increased MDA concentrations in Pb-exposed rats, consistent with previous reports linking Pb neurotoxicity to oxidative stress [13,62,63]. However, pretreatment with *R. officinalis* significantly restored antioxidant enzyme activity, increased GSH, and reduced MDA levels, demonstrating its strong antioxidant properties and potential in mitigating Pb-induced oxidative damage.

Acetylcholinesterase (AChE) terminates synaptic transmission by hydrolyzing acetylcholine, a process essential for cholinergic signaling, especially in the hippocampus [64,65]. Pb exposure increases hippocampal AChE activity, accelerating acetylcholine breakdown, reducing cholinergic signaling, and impairing synaptic plasticity and cognition [66]. This study found elevated AChE activity in the hippocampus of Pb-exposed rats, indicating cholinergic disruption and neuronal stress. Pre-treatment with *R. officinalis* significantly reduced AChE activity, suggesting its neuroprotective role in restoring cholinergic balance. Pb also accumulates in the hippocampus, causing neurochemical changes and structural damage linked to learning deficits [13]. Chelators, which bind metals for excretion, are explored to counter Pb neurotoxicity [67-69]. This study showed *R. officinalis* significantly lowered hippocampal Pb levels, likely due to its flavonoids and polyphenols forming stable Pb complexes, limiting its absorption and brain deposition [70,71]. Nitric oxide (NO), synthesized mainly by neuronal nitric oxide synthase (nNOS), has dual roles in neuroprotection and neurotoxicity [72,73]. Excess NO forms reactive species, contributing to oxidative stress and neuroinflammation via inducible NOS (iNOS) in glial and immune cells [74-77]. This study observed increased NO levels in the hippocampus of Pb-exposed rats, which were significantly reduced by *R. officinalis*, indicating its potential to scavenge NO and mitigate inflammation.

Apoptosis is a controlled form of cell death crucial for development, immune regulation, and tissue homeostasis [78,79]. In neurodegenerative diseases like Alzheimer's, Parkinson's, and ALS, apoptosis contributes to progressive neuronal loss [80,81]. Key mechanisms include caspase activation, protein misfolding, and calcium imbalance [82,83]. Caspase-3, a central executioner of apoptosis, is activated via extrinsic (death receptor-mediated) or intrinsic (mitochondrial) pathways, both converging on substrate cleavage and cell death [84-87]. Caspase-3 expression is elevated in the hippocampus of Alzheimer's patients, linking apoptosis to neurodegeneration [88,89]. This study similarly found increased hippocampal caspase-3 levels in Pb-exposed rats, consistent with Pb-induced apoptotic damage [62,90-92]. However, *R. officinalis* pretreatment significantly reduced caspase-3 expression, indicating its potential anti-apoptotic and neuroprotective effects [93].

The hippocampus is particularly vulnerable to Pb toxicity due to its complex neural circuits and sensitivity to cellular damage [10,94]. Pyramidal neurons, essential for learning and memory, are especially susceptible, with Pb exposure impairing synaptic transmission and cognitive function [23,95]. Results from this study showed significant histological damage in the hippocampus of Pb-exposed rats, including atrophy, vacuolated pyramidal cells, and reactive astrocytes—indicative of disrupted neuronal integrity and impaired connectivity [96,97]. In contrast, rats pre-treated with *R. officinalis* showed preserved hippocampal structure with minimal damage. This aligns with prior research on the neuroprotective effects of plant-derived antioxidants [16,98]. The protective effects of *R. officinalis* may stem from its phenolic and flavonoid content, which help reduce oxidative stress and inflammation, preserving neuronal architecture [74,99,100].

CONCLUSION

Findings from this study indicate that *R. officinalis* attenuates Pb-induced hippocampal toxicity primarily through its antioxidant, metal-chelating, anti-cholinesterase, and anti-apoptotic effects. Therefore, *R. officinalis* may be a promising candidate for developing novel

therapeutic agents to manage Pb neurotoxicity and its associated cognitive impairments.

Author Contributions

CCO carried out the animal experiments, plant extraction, and data collection. JEA prepared the first draft of the manuscript and participated in manuscript editing. FOT conducted the behavioural assessments and biochemical assays. ARO and OUI contributed to data collection and laboratory assistance. ABE conceived the study, designed the methodology, performed the statistical analysis, interpreted the data, and supervised the research. All authors approved the final version of the manuscript.

Data Availability Statement

The data that support the findings of this study are available and will be made available upon request.

Use of AI in Drafting of Manuscript

The authors declare that they have not used any generative AI/AI-assisted technologies in the writing of this manuscript.

Conflict of interest

The authors declared no conflict of interest.

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