Original Research Article

REPRODUCTIVE TOXICITY & BIOMARKER RESPONSE TO A DAILY DOSE OF MAGGI CUBES IN MALE ALBINO RATS *(Rattus norvegicus)*

ABSTRACT

This study was designed to investigate the effect of a daily dose of tramadol on haematological parameters, sperm parameters, kidney and liver damage biomarkers in male albino rats. Clean water was served to control (group 1), and 1.6mg/kg bodyweight of tramadol was administered to group 2 (7days trtmt), group 3(14 days trtmt), group 4 (21days trtmt) and group 5 (21days trtmt +7days withdrawal). Data were analyzed using Tukey test at a level of 5% probability, using Assitat Version 7.7 en (2017). Treatment of rats with tramadol caused significant decrease (P<0.05) in WBC, Platelet and lymph. in group 2, on bicarbonate, AST and protein it showed significant decrease (P<0.05) in group 3, and on CL, AST, ALT, bicarbonate, AST, PCV, HB, RBC, WBC, Platelet, Lymphocytes and Sperm count, it showed significance decrease (P<0.05) in group 5. The study showed that Tramadol has negative effects on the body after prolonged use and hence it's administration should be done with great caution.

1.0 INTRODUCTION

Tramadol is a novel centrally, synthetic, analgesic with both opioid and non-opioid mechanisms responsible for its effects. It is mainly used for the treatment of moderate to severe pain (Nossaman *et al.,* 2010). It has been reported that other than using tramadol for pain relief, it is used for other reasons particularly, using it to relax, to sleep, to get high or to relieve boredom. Tramadol hydrochloride is attractive to drug abusers and people with addiction disorders for its pain relieving and mood-altering effects. People abuse tramadol and use the drug non-medically to produce; altered emotional state, feelings of euphoria, physical sedation (Winstock *et al.*, 2014). A Chinese study, conducted by the National Institute on Drug Dependence, Beijing, (1999), enlisted 219 subjects categorized as opiate addicts with history of tramadol abuse. Study subjects were assessed using an opiate withdrawal scale. The results indicated that tramadol resulted in euphoric effects, sedative effects, and psychotomimetic effects. 57.1% of tramadol

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abuse subjects had a craving for tramadol. The National Institute on Drug Dependence, Beijing, concludes that tramadol produced high abuse potential among opiate addicts Liu *et al*., (1999).

Although it is effective at treating mild pain, tramadol is one of the least potent painkillers available. However, tramadol can still be addictive, especially when taken for a long period of time, but rare cases of tramadol dependence have been described in patients without prior substance abuse history (Pollice, *et al.,* 2008). Studies have shown that Tramadol affects some major organs of the body such as the liver, kidney which are responsible for the metabolism and excretion leading to high risk of hepatotoxicity and nephrotoxicity (Wu *et al.*, 2001). Atici *et al.*, (2005) and Habibian *et al*., (2010) reported in a similar study that erythrocyte indices decreased after intravenous tramadol injection in sheep. Eatemad & Alaa-Eldin, (2015) in their study on histopathological and Molecular Studies on Tramadol Mediated Hepato-Renal Toxicity in Rats found hydropic degeneration, with congested central veins and necrotic signs in some hepatocytes. The emphasis of this study is on the effect of tramadol on hepato-renal functions, hematological and sperm parameters in male albino rats, to evaluate its possible effect on humans.

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2.0 MATERIALS AND METHODS

2.1 *Study population*

A total of twenty-four (24) adult male healthy albino rats weighing 250g-350g were used. The animals were housed in a well-constructed animal cage, at 24^{o}C - 26^{o}C. They were fed with a standard diet and tap water and were acclimatized for 1 week before the commencement of the study.

2.2 *Experimental setup*

A complete randomized design (CRD) was used for this research. The animals were assigned into 5 groups with replicate as follows; Group 1: control did not receive any treatment, Group 2: received 1.6mg/kg body weight of tramadol through oral administration, using 1ml syringe. They were exposed for 1 week before they were sacrificed. Group 3: received 1.6mg/kg body weight of tramadol through oral administration, using 1ml syringe. They were exposed for 2 weeks before they were sacrificed. Group 4: received 1.6mg/kg body weight of tramadol through oral administration, using 1ml syringe. They were exposed for 3 weeks before they were sacrificed. Group 5: received 1.6mg/kg body weight of tramadol through oral administration, using 1ml syringe. They were treated for 3 weeks and no treatment was given to them during the fourth week before they were sacrificed. Tramadol treatment was administered orally between 7 days and 21 days.

2.3 *Biochemical Analysis*

Standard procedures were ensured during the collection of the blood, sperm and liver samples prior to biochemical analysis. The serum electrolytes were determined using ISO 4000 Automated electrolyte analyser. SFRI, France. Biuret method was used to determine the level of total protein in the samples according to the method of Flack and Woollen (Flack and Woollen, 1984), while the plasma activity of Alkaline Phosphatase (ALP) was determined using Radox kit (colorimetric method) of Rec, (1972). The plasma activity of aspartate transaminase was determined using Reitman and Frankel method (Reitman and Frankel, 1957). The red blood cells (RBC) and total white blood cells (WBC) counts were determined by the improved Neubauer hemocytometer method. The hemoglobin (Hb) concentration was determined using the

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cyanomethaemoglobin method. The packed cell volume (PCV) was determined by the micro-haematocrit method. Schilling method of differential lecukocyte count was used to determine the distribution of the various white blood cells and the sperm motility, viability and abnormalities were determined using one step eosin method.

2.4 *Method of Data Analysis*

Data were analyzed using Tukey test at a level of 5% probability, using Assitat Software Version 7.7 en (2017).

3.0 RESULTS

3.1 Effects of tramadol on Haematological parameters

The result in Table 3.1 shows the summary of effect of tramadol on some blood parameters; it shows the mean value and Standard Deviation (STDEV) for each of the parameters. The result for Red Blood Cell (RBC), Packed Cell Volume (PCV), and Hemoglobin (Hb), in rats treated with tramadol for 7 days (week 1) showed that there was no significant difference ($p>0.05$) compared to the control, while for White Blood Cell (WBC), Platelet, and Lymphocytes, there were significant difference ($p<0.05$) in them. RBC, PCV, Hb, WBC, Platelet and Lymphocytes showed non-significant difference ($p>0.05$) in rats treated with tramadol orally for 14 days (2^{nd} week) and 21 days (3^{rd} week) compare to the control. RBC, PCV, Hb, WBC, Platelet and Lymphocytes showed significant difference ($p<0.05$) in rats treated with tramadol for 21 days + 7 days withdrawal (4^{th} week) compared to the control.

The result also showed non-significant differences ($p>0.05$) in PCV, Platelet and Hb in rats treated with tramadol orally for 7 days, while there was significant difference ($p<0.05$) in RBC, WBC and Lymphocytes of rats treated with tramadol orally for 7 days, compare to weekly

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average control. Treatment showed Non-significant difference ($p>0.05$) in RBC,WBC, PCV, Lymph, Platelet and Hb in rats treated with tramadol orally for 14 days and 21 days compare to weekly average control. Treatment effect on WBC and PCV showed non-significance difference ($p>0.05$) in rats treated with tramadol orally for 21 days+ 7 days withdrawal, While treatment showed significance difference ($p<0.05$) in RBC, Hb, Platelets and Lymphocyte in rats treated with tramadol orally 21 days + 7 days withdrawal, all compare to the weekly average control table 3.1.

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Table 3.1: Effects on hematological parameters in rats treated orally with 1.6mg/kg body weight of tramadol for7 days, 14 days, 21 days and 21 days + 7 days withdrawal.

	Treatment	Treatment	PCV (%)	Hb (g/dl)	RBC($X10^{12}$)	WBC($X10^{9}$)	PLATELET($X10^{9}$)	LYMPH. ($X10^{9}$)
I	7 DAYS TRTMT	CONTROL	26.6 ± 1.5^{a}	9.0 ± 0.3^{a}	4.36 ± 0.15^{a}	6.90 ± 2.5^{a}	270.00 ± 0.0^{b}	70.00 ± 2.0^{a}
		TEST	$28.6\pm1.5^{a,A}$	$9.5\pm0.5^{a,A}$	$4.40\pm0.1^{a,B}$	$4.30\pm0.5^{b,B}$	$315.00\pm15.0^{a,B}$	$57.50\pm2.5^{b,B}$
ii	14 DAYS TRTMT	CONTROL	32.6 ± 2.9^{a}	9.9 ± 0.9^{a}	5.56±0.7a	9.86 ± 5.6^{a}	335.66 ± 105^{a}	84.40 ± 1.4^{a}
		TEST	$29.1\pm2.4^{a,A}$	$8.9\pm0.8^{a,AB}$	$5.06\pm0.6^{a,AB}$	$7.00\pm0.1^{a,AB}$	$390.66\pm94.5^{a,AB}$	$84.30\pm4.7^{a,A}$
iii	21 DAYS TRTMT	CONTROL	32.8 ± 3.9^{a}	10.3 ± 1.2^{a}	6.04 ± 0.6^{a}	7.46 ± 2.8^{a}	423.00 ± 108^{a}	78.20 ± 1.4^{a}
		TEST	$31.3\pm2.4^{a,A}$	$9.7\pm0.9^{a,A}$	$5.81\pm0.3^{a,A}$	$6.00\pm2.3^{a,AB}$	$377.00\pm99.0^{a,AB}$	$69.10\pm13.1^{a,AB}$
iv	21 DAYS + 7 DAYS WITHDRAWAL	CONTROL	39.1 ± 2.4^{a}	13.8 ± 0.5^{a}	6.90 ± 1.6^{a}	6.26 ± 0.05^{b}	416.66 ± 3.5^{b}	84.00 ± 0.7^{a}
		TEST	$25.5\pm2.1^{b,A}$	$7.1\pm0.3^{b,B}$	$4.30\pm0.1^{b,B}$	$8.00\pm0.6^{a,AB}$	$550.66\pm26.5^{a,A}$	$56.43\pm2.25^{b,B}$
V	AVERAGE WEEKLY CONTROL	CONTROL	30.63 ± 4.18^{A}	9.75 ± 2.02^{A}	5.31 ± 1.1^{AB}	8.77 ± 3.54^{A}	343 ± 86.48^{B}	77.53 ± 3.18^{A}

[a-b] Different letters in the same column indicate significance difference ($p<0.05$) within the week

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3.2 Effects of tramadol on kidney and liver parameters

Sodium (NA+) , Chlorine (Cl) , Alanine Amino Transferase (ALT), Bicarbonate, Aspartate Alanin Transferase (AST) and potassium (K) results were non-significantly different ($p>0.05$) in rats treated with tramadol orally for 7 days and 21 days compare to their control. Sodium (NA+), Alanine Amino Transferase (ALT), potassium (K) and Chlorine (Cl) were not significantly difference ($p>0.05$), while Bicarbonate and Aspartate Amino Transferase (AST) showed significance difference ($p<0.05$), in rats treated with tramadol orally for 14 days, compare to the control. In rats treated for 21 days, Chlorine (Cl), Alanine Amino Transferase (ALT), Bicarbonate and Aspartate Alanin Transferase (AST) showed significance difference ($p<0.05$) while Sodium (NA+) and potassium (K) showed significant difference, compared to the control. NA+, ALT, AST, CL, Protein, Bicarbonate and K+ showed non-significance difference ($p>0.05$)in rats treated with tramadol orally for 7days, compare to average weekly control. Bicarbonate was significantly difference ($p<0.05$) while NA^+, ALT, AST, CL, Protein, and K^+ showed non-significance difference ($p>0.05$)in rats treated with tramadol orally for 14 days, compare to average weekly control. Treatment on Bicarbonate showed significance difference ($p>0.05$) while treatment on CL, Protein, Na^+, K^+, AST and ALT showed non-significance difference ($p>0.05$) in rats treated with tramadol orally for 21 days, compare to the weekly average control. In rats treated with tramadol orally for 21 days + 7 days withdrawal, Bicarbonate, AST and ALT showed significance difference ($p>0.05$) while CL, Protein, Na^+ and K^+ showed no significant difference ($p>0.05$), compare to weekly average control.

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Table 3.2: Effects on kidney and liver parameters in rats treated orally with 1.6mg/kg body weight of tramadol for 7 days, 14 days, 21 days and 21 days + 7 days withdrawal.

	Treatment	TRTMT	NA+ (M/mol)	K+ (M/mol)	CL (M/mol)	BICARB. (M/mol)	AST U/L	ALT (U/L)	PROTEIN (g/L)
I	7 DAYS TRTMT	CONTROL	134.0±2.0^{a}	4.06±0.3^{a}	100.6±4.5^{a}	23.6±0.5^{a}	17.6±3.5^{a}	10.6±1.5^{a}	66.04±12.2^{a}
		TEST	137.6±7.5^{a,A}	4.73±0.5^{a,A}	94.6±2.5^{a,A}	22.6±1.5^{a,B}	22.0±3.0^{a,B}	10.0±1.0^{a,B}	66.88±11.0^{a,A}
II	14 DAYS TRTMT	CONTROL	157.6±5.0^{a}	7.26±0.3^{a}	109.6±18.5^{a}	23.6±1.5^{b}	34.6±3.5^{a}	10.0±2.0^{a}	72.31±2.4^{a}
		TEST	140.0±5.0^{a,A}	4.30±2.6^{a,A}	94.6±2.5^{a,A}	29.6±0.5^{a,A}	23.0±2.0^{b,B}	9.3±1.5^{a,B}	61.93±2.4^{b,A}
III	21 DAYS TRTMT	CONTROL	136.6±10.5^{a}	5.00±0.6^{a}	86.6±4.5^{a}	24.6±3.5^{a}	23.6±5.5^{a}	11.0±4.0^{a}	69.26±2.3^{a}
		TEST	142.6±7.5^{a,A}	5.20±0.1^{a,A}	91.6±5.5^{a,A}	28.0±0.0^{a,A}	17.0±1.0^{a,B}	9.6±0.5^{a,B}	73.20±6.9^{a,A}
IV	21 DAYS + 7 DAYS WITHDRAWAL	CONTROL	149.6±0.5^{a}	106.0±1.0^{a}	23.0±1.0^{a}	23.0±1.0^{b}	13.0±1.0^{b}	73.27±2.3^{a}	5.10±0.1^{a}
		TEST	153.0±4.0^{a,A}	5.20±0.1^{a,A}	97.6±1.5^{b,A}	16.6±1.5^{b,C}	42.0±0.0^{a,A}	25.0±1.0^{a,A}	62.19±6.6^{a,A}
V	AVERAGE	CONTROL	153.0±4.0^{a,A}	5.20±0.1^{a,A}	97.6±1.5^{b,A}	16.6±1.5^{b,C}	42.0±0.0^{a,A}	25.0±1.0^{a,A}	62.19±6.6^{a,A}

$^{a-b}$ Different letters in the same column indicate significance difference ($p<0.05$) within the week

$^{A-B}$Diffferent letters in the same column indicate significance difference ($p<0.05$) across the week

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3.3 Effects of Tramadol on Sperm Count

Treatment on Sperm Count showed non-significant difference ($p>0.05$) in rats treated with tramadol orally for 7days, 14 days, and 21 days compare to the control. Treatment on sperm count also showed significance difference in rats treated with tramadol orally for 21 days + 7 days withdrawal, compare to the control. Sperm Count showed non-significance difference in rats treated with tramadol orally for 7days, 14 days, 21 days and 21 days + 7 days withdrawal, compare to average weekly control.

Table 3.3: Effect on Sperm Count in rats treated orally with 1.6mg/kg body weight of tramadol for 7 days, 14 days, 21 days and 21 days + 7 days withdrawal

	Treatment	Treatment	Sperm Count($x10^6$)
I	7 DAYS TRTMT	CONTROL	575.00 ± 25.0^{a}
		TEST	$375.00\pm125^{a,B}$
II	14 DAYS TRTMT	CONTROL	575.00 ± 25.0^{a}
		TEST	$625.00\pm25.0^{a,A}$
III	21 DAYS TRTMT	CONTROL	475.00 ± 175.0^{a}
		TEST	$550.00\pm151.5^{a,AB}$
IV	21 DAYS + 7 DAYS WITHDRAWAL	CONTROL	650.00 ± 50.0^{a}
		TEST	$475.00\pm25.0^{b,AB}$
V	AVERAGE WEEKLY CONTROL	AVERAGE CONTROL	541.7 ± 102.3^{AB}

$^{a-b}$ Different letters in the same column indicate significance difference ($p<0.05$) within the week

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4.0 DISCUSSION

The values obtained for RBC, PCV and Hb showed no significant difference ($P>0.05$) in 7, 14, and 21 days treated groups, but showed significant difference ($P<0.05$) in those treated for 21 days +7days withdrawal. This is an indication that there was no destruction of red blood cells and no change in the rate of production of RBC (erythropoiesis). It also shows that tramadol does not have the potential to stimulate erythropoietin release from the kidneys, which is the humoral regulator of RBC production. The non-significant ($P>0.05$) effect of treatment of rats with tramadol also indicate that there were no changes in the oxygen-carrying capacity of the blood and the amount of oxygen delivered to the tissues since RBC and haemoglobin (Hb) are very important in transferring respiratory gases. This is contrary to the result gotten by Rita *et al.,* (2015) which showed a marked decrease in erythrocytic variables in rats. This difference may be because in the study, tramadol was injected into the blood stream directly.

The result revealed no significant increase ($P>0.05$) on WBC, Platelet and lymphocyte, in 14 and 21 days tramadol treated groups and revealed significance increase ($P<0.05$) in 7 days and 21day +7 days withdrawal groups. The non-significant ($P>0.05$) change in lymphocyte count suggests that the acquired immune responses of the body have not been compromised by tramadol. Also, the non-significant change in the platelet count caused by tramadol could be an indication that it does not have the potential to stimulate thromboplastin production with the hemostatic capability of the blood maintaining the *status quo* since platelets mediate in the blood–clotting mechanism. The significant increase ($P<0.05$) in RBC of rats in the group that received tramadol for 21days+7days withdrawal might be the consequence of reduced feed intake and repeated tramadol use.

There was significance decrease on protein in rats treated with tramadol for 14 days, but non-significant change in rats treated for 7days, 21days and 21days+7days.

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ALT and Chlorine levels showed no significance increase in 7, 14 and 21 days tramadol treated groups and showed significance increase in 21day +7 days withdrawal group. The increase in the level of ALT indicated the malfunctioning and damage of liver tissues. A significant elevated level of ALT has been found in rats receiving morphine and tramadol for a long time compared to control group (Atici *et al.*, 2005). These results were comparable with the findings of reports of increased ALT, AST activities in rats after acute and long-term administration of morphine like agent Levo-alpha- acetylmethadol HCL (LAAM) and in chronic heroin users (Borzelleca *et al.,* 1994). Similar to the results of El-Gaafarawi *et al.,* (2005) who recorded a significant increase in the ALT and AST activities in rats after administration of 40 mg/kg bodyweight and 80 mg/kg bodyweight tramadol than control treatment. Cellular injury may persist as indicated by increased AST and ALT, level. The findings of this study are in agreement with those of Sebnem *et al.*, (2005) who reported that the levels of ALT and AST is significantly higher in rats exposed to acute and gradual increasing doses of morphine till reaching dependency when compared to the control group.

Result of this study showed no significant difference ($P>0.05$) of sperm count in 7, 14 and 21 days tramadol treated groups, but showed significance difference ($P<0.05$) of sperm count in 21days +7days withdrawal group. The significant increase ($P<0.05$) proved that tramadol can be a potential source of sperm reduction in male due to constant intake and dependency. This is similar to the report of Oyedeji *et al.*, (2013), who stated that treatment of rats with paracetamol also caused significant decrease in sperm motility and sperm count but did not produce any pathological lesions on the testes.

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5.0 CONCLUSION

Tramadol was observed in this study to have an overall negative effect on the body after prolonged use, hence both medical and non-medical uses of tramadol should bear in mind it's potential adverse effect on the body.

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6.0 REFERENCES

Comment [h106]: Put all the references using the journals style of referencing.

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