

**Mechanism of Spasmogenic Activity Stimulated by Aqueous Ethanolic Leaf Extract of *Mucuna pruriens* on Isolated Uterine Muscle of Albino Rats.**

**Aims:** To investigate the effect of aqueous ethanolic leaf extract of this medicinal plant on isolated uterine smooth muscle strips of the rat and to determine its mechanism of action.

**Study design:** Mention the design of the study here.

**Place and Duration of Study:** The study was carried out in the Department of Veterinary Physiology and Biochemistry of Michael Okpara University of Agriculture, Umudike, Nigeria, Department of Pharmacology and Toxicology of the Faculty of Pharmacy, University of Nigeria, Nsukka, and the Department of Veterinary Physiology and Pharmacology, University of Nigeria, Nsukka, Nigeria between June and October 2014.

**Methodology:** Fresh leaves of *Mucuna pruriens* were identified and collected by a taxonomist from Nsukka, Nigeria. The leaves were then air dried and pulverized into powder. This was then subjected to cold extraction using petroleum ether (70-90) and 70% aqueous ethanol, after which the extract was left today at room temperature. Estrogenised uterine strips (12mm) were harvested from non-pregnant, sexually matured albino rats (180g -250g) and suspended in a 35ml organ bath containing Krebs' physiological salt solution. The organ bath was connected to an isometric electronic force displacement transducer and a physiograph. Drugs such as Salbutamol, Isoprenaline, Adrenaline, Propranolol, Atipamezole and Prazosin were used as either agonists or antagonists to determine the mechanism of action of the extract. Atropine sulphate and cyproheptadine were also used as test drugs. Concentrations of these drugs presented in the body of this work represent the final nutrient bath concentrations.

**Results:** *M. pruriens* caused a dose -dependent increase in uterine muscle contraction with a maximum peak in amplitude produced by 0.57 mg/ml of the extract, and an EC<sub>50</sub> of 0.882.9 mg/ml, +SEM, n=4. The contraction was unaffected by atropine sulphate (0.042 µmol), but abolished by salbutamol (0.012-0.4 µmol), isoprenaline (0.06-0.23 µmol), and adrenaline (16 nmol). The uterine muscle contractions were enhanced by propranolol (1 µmol) in a dose- dependent manner. Prazosin (0.069-0.14 µmol) and atipamezole (3.3-13.7 nmol) were unable to abolish contractions stimulated by the extract. However, 0.2 µmol of cyproheptadine caused 80% suppression of the extract -induced uterine contraction

**Conclusion:** It is concluded that aqueous ethanolic leaf extract of *M. pruriens*, has ability to cause uterine smooth muscle contraction hence, justifies its reported use traditionally as a uterine stimulant. This contraction is most likely exerted via the 5-HT receptor activation (activated by low concentrations of serotonin).

**Keywords:** *Mucuna pruriens*, myometrium, uterine contraction, spasmogenic, uterus, extract.

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## 1. INTRODUCTION

*Mucuna pruriens* is of the family Fabaceae, sub- family Leguminosae consisting of various species of climbing vines and shrubs (Umberto, 2000). Different parts of the plant have been reported to be useful in traditional medicine in various parts of the world (Gill and Nyawuame, 1994); plants have proven to be very good therapeutic agents just like the orthodox drugs, but unlike the orthodox drugs, are said to exhibit only minimal or no side/ adverse effects (Costa et al., 2011). It is noteworthy that in many cultures, modern medicine complements traditional practices, as is obtainable in industrialized societies such as China and India (Odugbemi and Akinsulire, 2006. The medicinal values of plants have been claimed to lie in their phytochemical components which produces definite physiological action in the body (Hanh et al., 2011). Traditional medicine relies on the use of certain herbal plants and other remedies for beneficial effects during pregnancy, to induce labour, in the removal of retained placenta and management of post-partum bleeding (Christian and Margaret, 2011).

Complications of pregnancies can be managed via the use of uterotonics or tocolytics. Tocolytic agents are drugs designed to inhibit myometrial contractions or relax the uterus (Clouse et al., 2007). On the other hand, uterine stimulants (uterotonics) are medications that trigger contraction or increase the frequency/intensity of an existing contraction (Coelius et al., 2012). The use of uterotonics have been recommended by WHO for prevention of post-partum haemorrhage during third stage of labour (WHO, 2018). Uterotonins are also indicated in the induction of labour or termination of pregnancy, and augmentation of insufficient contraction/slow labour (Arrowsmith et al., 2010). Though there is an array of information available on traditionally used herbs to treat gynecological problems (Nabila et al., 2013; Omodamiro et al., 2012), there is a need for continuous research to find new substances that are cost effective, readily accessible and without side effects.

*Mucuna pruriens* (*M.pruriens*) is of the family Fabaceae, sub- family Leguminosae consisting of various species of climbing vines and shrubs (Umberto, 2000). It is an important legume cultivated as forage and fallow crop (Kavitha and Vidavel, 2007), and also for food (Diallo et al., 2002). All parts of the plants are said to be medicinal (Sathiyarayanan, and Arulmozhi, 2007). The powdered hairs on the pod are used in combination with honey as a deworming agent (Gill and Nyawume, 1994). It is useful in the relief of constipation, nephropathy, dysmenorrhea, amenorrhoea, elephantiasis, dropsy, neuropathy, ulcers, helminthiasis, fever and delirium (Warrier et al., 1996). In southeastern Nigeria, the leaves of *M. pruriens* are considered excellent natural herbal blood booster, used especially for acute blood loss and blood deficiency diseases (Obadoni and Ochuko, 2001). It is also used as uterine stimulant and an aphrodisiac (Amin et al., 1996). It is used in the treatment of male infertility (Rahmatullah M, 2011).

A lot of work has been done on various activities of *M. pruriens* including its effect on male reproduction, yet there is paucity of information on its effect on the female reproductive system. Even though Amin et al., (1996) made a mention of its stimulatory effect on the myometrium, the extent of this effect is not known. Therefore, the present study was an attempt to investigate the effect of aqueous ethanolic leaf extract of this medicinal plant on isolated uterine smooth muscle strips of the rat and to determine its mechanism of Vasudeva and Shanpru, 1991; Chikagwa-Malunga et al., 2009; Lieu et al., 2010; Warrier et al., 1996). In southeastern Nigeria, the leaves of *M. pruriens* are considered excellent natural herbal blood booster, used especially for acute blood loss and blood deficiency diseases (Obadoni and Ochuko, 2001). Since, in traditional medicine, this plant is also used as uterine stimulant (Amin et al., 1996), the present study was an attempt to investigate the effect of aqueous ethanolic leaf extract of this medicinal

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plant on isolated uterine smooth muscle strips of the rat and to determine its mechanism of action.

## 2. MATERIAL AND METHODS

### 2.1 Extraction studies

Fresh leaves of *Mucuna pruriens* were identified and collected by a taxonomist -Mr A.O. Ozioko of Bioresource Development and Conservation Center (BDCC), Aku road Nsukka, Enugu state of Nigeria with voucher No-INTERCEDD/1569. The leaves were air dried and pulverised into fine powder, using a conventional hammer mill. This was subjected to cold extraction initially using petroleum ether (70-90) for 72 hours and later with 70% aqueous ethanol for 48 hours with intermittent shaking at two (2) hours interval. The extracts were allowed to dry at room temperature and subsequently stored in the refrigerator at 4°C.

### 2.2 Animals

Non-pregnant Albino rats of breeding age, weighing between 180 g and 250 g were used for the *in vitro* bioassay studies. The rats were supplied by a breeder and kept at the Laboratory Animal Unit of the Department of Veterinary Physiology, Micheal Okpara University of Agriculture, Umudike, Nigeria. Standard commercial pelleted feed (Vital feeds, Nigeria) and clean drinking water were given to the animals *ad libitum*. Each of the rats received 0.1mg/kg stilboestrol in paraffin oil administered subcutaneously 24 hours prior to the experiments.

### 2.3 Tissue Preparation and Isometric contraction studies

The animals were sacrificed by stunning and decapitation. About 12 mm segment of uterine horn was removed and attached by ligatures at one end to a specimen holder and at the other to an isometric force displacement transducer (Forte transducer Medicaid, India) connected to a physiograph. This was suspended vertically in a 35 ml conventional organ bath containing physiological solution of the following composition (mmol): KCl (4.7); NaCl (118); CaCl<sub>2</sub> (2.5); KH<sub>2</sub>PO<sub>4</sub> (1.2); NaHCO<sub>3</sub> (2.5); MgSO<sub>4</sub> (1.2); and glucose (11); and perfused continuously with a gas mixture of 95% O<sub>2</sub> and 5% CO<sub>2</sub>, maintained at 37°C. All uterine strips were put under a little amount of tension and experiments started within 40 minutes following development of stable rhythmic, spontaneous uterine contractions. The extract and or experimental drugs at different concentrations were applied and a minimum of one (1) minute was allowed for tissue contact in each experiment following which the physiograph readings was paused and the preparation washed three (3) times with the physiological solution in preparation for subsequent experiment. Concentrations of the test substances presented in the body of this work represent the final nutrient bath concentrations unless otherwise stated.

### 2.4 Statistical Analysis of Data

Some datas generated were analyzed using student t-test and one-way Analysis of Variance (ANOVA) where necessary, and the results presented as mean ± standard error of the mean (SEM). Differences between the means of the control and experimental groups were considered significant where P=0.05.

## 3. RESULTS

### 3.1 Concentration-Response Relationship and EC<sub>50</sub> of *M. pruriens*.

**Comment [BC2]:** Introduction too short, author must introduce the medical use of uterine stimulation such as its use in gynecology-obstetrics:

- Triggering work on unfavorable neck triggering labor during childbirth.

- IVG voluntary termination of pregnancy in combination with mifepristone, as well as in medical interruptions of pregnancy. Author should also list the traditional use of the plant

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*Mucuna pruriens* elicited uterine smooth muscle contractions in the physiological salt solution. The contractions were single, transient and concentration- dependent. The  $EC_{50}$  was calculated as 0.88 mg/ml (Fig. 1) elicited uterine smooth muscle contractions in the physiological salt solution. These contractions were single, transient and concentration- dependent. The maximal uterine smooth muscle contraction (in terms of amplitude of contraction) was observed with 0.57 mg/ml. Thereafter, further increase in concentration did not elicit higher amplitude of contraction (Fig. 1). The  $EC_{50}$  was calculated as 2.9 mg/ml + SEM.

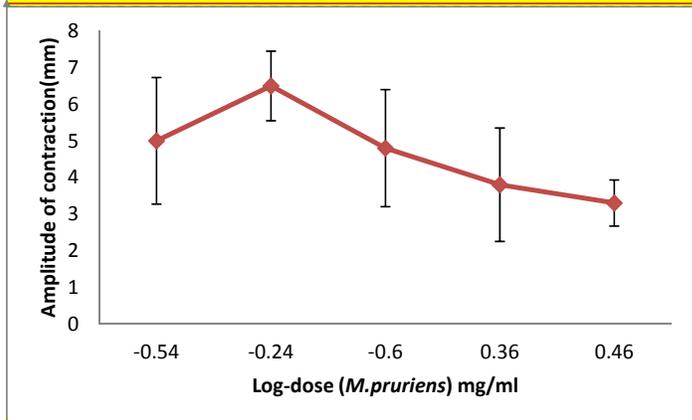
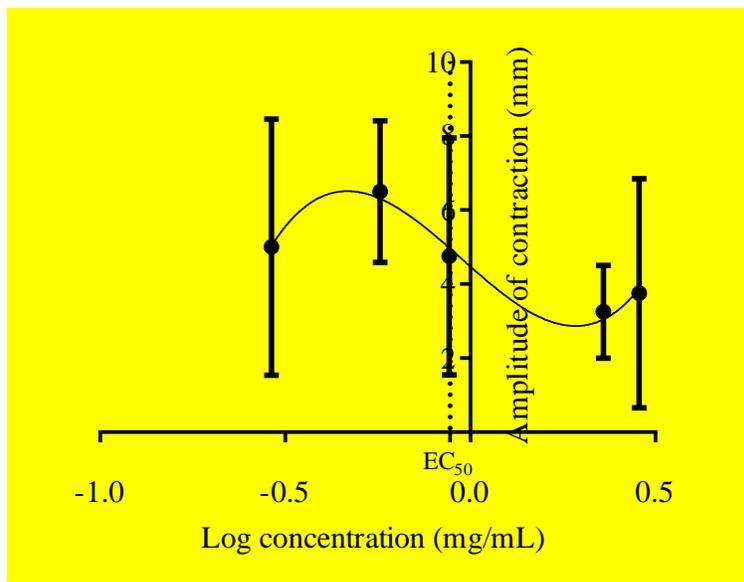


Fig. 1: Effective concentration ( $EC_{50}$ ) of the extract.

### 3.2 Effects of Selective and Non- Selective $\beta$ - Adrenergic Agonists on *M. pruriens* Contractile Activity.

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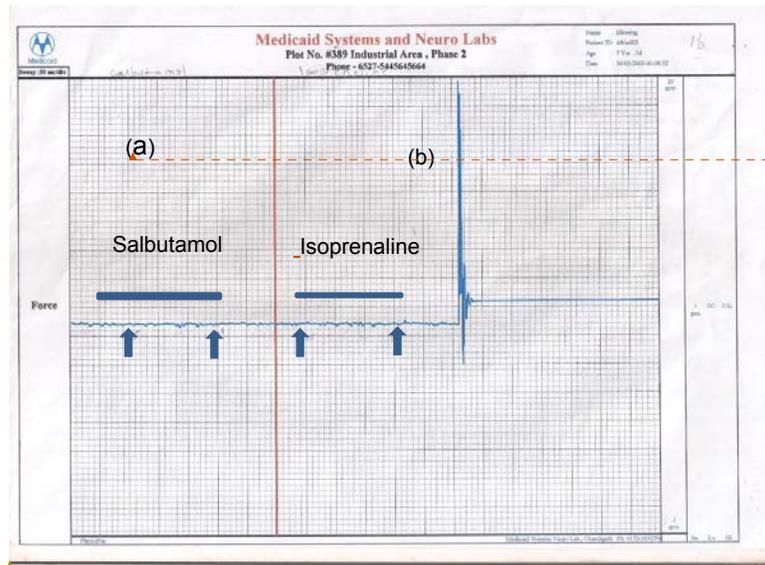
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Comment [M6]: It is log of concentration (final organ bath concentration)

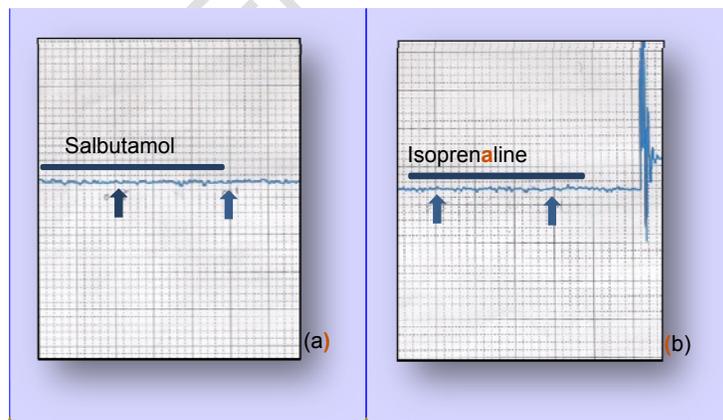
Application of both salbutamol (0.012 - 0.4  $\mu\text{mol}$ ) and isoprenaline (0.06 - 0.23  $\mu\text{mol}$ ) as a selective and non-selective  $\beta$ -adrenergic agonist respectively, followed simultaneously by *M. pruriens* (0.86 mg/ml) resulted in complete inhibition (100% inhibition,  $P < 0.05$ ) of *M. pruriens* mediated uterine smooth muscle contractions (Figs. 2a and 2b). Adrenaline (16 nmol) also caused a complete inhibition of *M. pruriens* (0.86 mg/ml) mediated contractions (Fig. 3). However, propranolol (1  $\mu\text{mol}$ ), a  $\beta$ -adrenergic antagonist was able to reverse (56%) the inhibitory effect of isoprenaline (0.06  $\mu\text{mol}$ ) on the extract-stimulated contractions (Fig. 4a). Moreover, non-cumulative concentrations of propranolol (0.5 - 3  $\mu\text{mol}$ ) introduced before a fixed concentration of *M. pruriens* (0.86 mg/ml), potentiated the frequency of spikes in the burst of uterine smooth muscle contractions induced by the extract in a dose-related manner (Fig. 4b).

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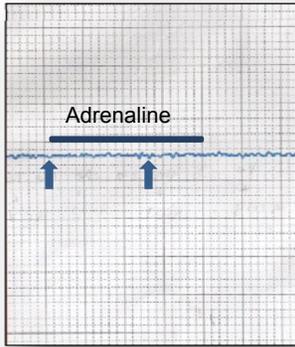
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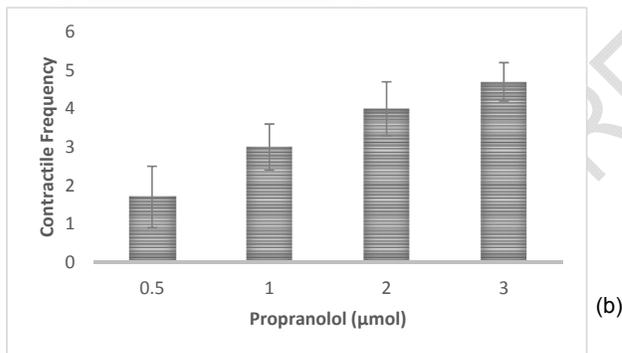
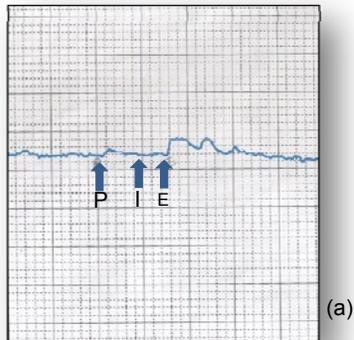
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**Fig. 2:** Inhibitory effects of (a) salbutamol (0.012  $\mu\text{mol}$ ) and (b) isoprenaline (0.06  $\mu\text{mol}$ ) on uterine smooth muscle contractions stimulated by *M. pruriens* (Concentration???). Arrows indicate point of application of extract.



**Fig. 3:** Effect of adrenaline (16 nmol) on *M. pruriens* (0.86mg/ml) induced uterine smooth muscle contractions. Arrows indicate point of addition of extract.

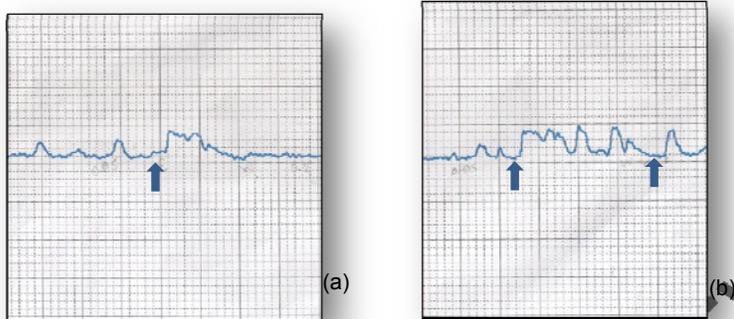
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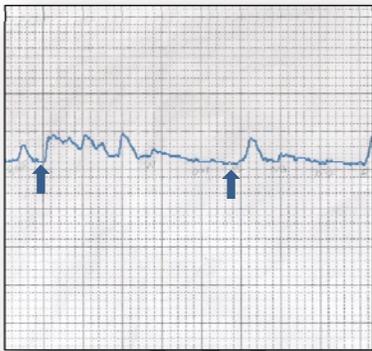
**Fig. 4:** (a) Effect of propranolol (1μmol) on the inhibitory action of isoprenaline (0.06μmol) on *M. pruriens* (0.86mg/ml) induced uterine force. P = propranolol, I = isoprenaline and E = *M. pruriens*. (b) Effect of propranolol (0.5- 3 μmol) on the frequency of spikes in the burst of contraction stimulated by *M. pruriens* (0.86mg/ml); result represent the mean ± SE (n= 3).

### 3.3 Effects of $\alpha_1$ and $\alpha_2$ - adrenoceptor antagonists on *M. pruriens* mediated uterine smooth muscle contraction.

Prazosin (0.069 and 0.14 μmol) was incubated two minutes prior to introduction of *M. pruriens* (0.86 mg/ml). There was an immediate response of the uterine tissue characterised by a burst of contractions upon introduction of the extract (Fig. 5a). Contractile response of the uterine smooth muscle strips to the same concentration of *M. pruriens* (0.86 mg/ml) in the presence of atipamezole (3.3- 13.7 nmol), was not significantly different (P = 0.78) from that observed with prazosin (Fig. 5b). Moreover, phenylephrine (0.84 - 3.41 μmol) did not potentiate the contractile force induced by this extract (Fig. 6).



**Fig. 5:** Effects of (a) prazosin ( $0.14 \mu\text{mol}$ ) and (b) atipamezole ( $13.7 \text{ nmol}$ ) on *M. pruriens* ( $0.86 \text{ mg/ml}$ ) induced uterine force. *M. pruriens* was applied 2min after incubation with prazosin and atipamezole at points indicated by arrows.



**Fig. 6:** Effect of phenylephrine ( $3.41 \mu\text{mol}$ ) on *M. pruriens* ( $0.86$ ) induced uterine force. Arrows indicate point where the extract was added 2 min after phenylephrine was incubated in the media.

### 3.4 Effect of Atropine Sulphate on *M. pruriens* and Carbachol Induced Uterine Smooth Muscle Contractions.

Uterine muscle contractions stimulated by *M. pruriens* ( $0.86 \text{ mg/ml}$ ) was not altered in the presence of atropine sulphate ( $0.042 \mu\text{mol}$ ). The contractions were similar to those induced by *M. pruriens* alone. However, this same concentration of atropine caused a complete inhibition ( $100\%$ ;  $P = .05$ ) of carbachol ( $3 \mu\text{mol}$ ) induced myometrial contractions (Fig. 7).

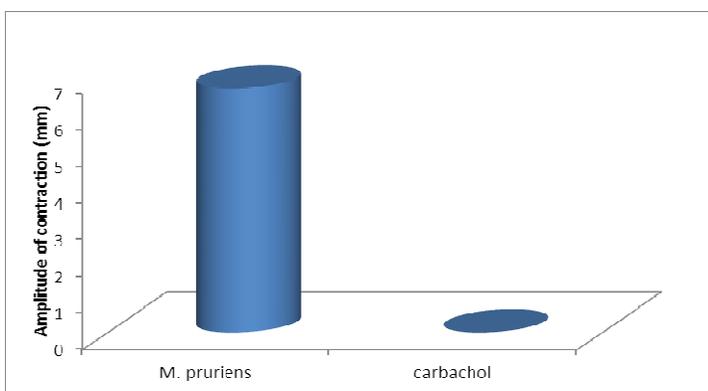


Fig. 7: Effect of atropine sulphate (0.042  $\mu$ mol) on *M. pruriens* (0.86 mg/ml) and carbachol (3  $\mu$ mol) induced uterine smooth muscle contraction.

### 3.5 Effects of 5-HT Receptor Antagonist on *M. pruriens* Mediated Uterine Smooth Muscle Contractions.

To test for possible involvement of 5-HT receptor, cyproheptadine (antihistaminic) was applied in graded concentrations (0.04 - 0.2  $\mu$ mol). Antagonism of *M. pruriens* (0.86 mg/ml) - induced uterine smooth muscle contractions by cyproheptadine was concentration dependent, with 0.2  $\mu$ mol of the antagonist causing a significant (80%;  $P = .05$ ) decrease in the amplitude of contractions (Fig. 8).

Table 1: Effect of Cyproheptadine on *M. pruriens* (0.86 mg/ml) stimulated uterine smooth muscle contractions. Cypro= cyproheptadine. Values are the mean  $\pm$  SEM.

Drug/ Extract	Uterine responses to <i>M. pruriens</i> and Cypro (mm)
<i>M. pruriens</i> (0.86mg/ml) Control n=4	6.50 $\pm$ 0.96
Cypro (0.04 $\mu$ mol) + <i>M. pruriens</i> n=3	4.67 $\pm$ 0.33
Cypro (0.08 $\mu$ mol) + <i>M. pruriens</i> n=3	3.00 $\pm$ 0.56
Cypro (0.2 $\mu$ mol) + <i>M. pruriens</i> n=3	1.30 $\pm$ 0.33

Table 1: Effect of Cyproheptadine on *M. pruriens* (0.86 mg/ml) stimulated uterine smooth muscle contractions. Cypro= cyproheptadine. Values are the mean  $\pm$  SEM.

## 4. DISCUSSION

The present study demonstrates that the aqueous ethanolic leaf extract of *M. pruriens* induced uterine smooth muscle contraction. This contractile effect was concentration - dependent, and was found to be more effective at lower concentrations than at higher concentrations of the extract. The decrease in myometrial contraction seen at higher concentrations of the extract (1.14 - 2.86 mg/ml) could be due to receptor desensitization or increase in concentration of other substances present in the plant extract that may be antagonistic to its contractile effect. Similar effects were observed in isolated saphenous vein

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Comment [M12]: This suggests that the extract acts via serotonin or histamine receptors.

of the dog where serotonin caused contraction of this muscle at low concentrations, and was attributed to a direct action of serotonin on 5-HT<sub>1</sub>-like receptors of the smooth muscle cells (Sumner et al., 1992).

Under normal physiological conditions, activation of  $\alpha_1$ -adrenergic receptors present in the plasma membrane of the uterine muscle cells elicits uterine smooth muscle contraction whereas stimulation of its  $\beta_2$  adrenergic receptors inhibits uterine smooth muscle contraction. In the present study, both salbutamol and isoprenaline, well known  $\beta_2$  adrenergic selective and non-selective agonists respectively abolished uterine responses to *M. pruriens* (Fig. 2a and 2b). Studies on the responsiveness of the uterus to  $\beta_2$ -adrenergic receptor agonists, as well as characterisation of myometrial  $\beta$ -adrenergic binding sites in several species (human, rat, and guinea pig), have indicated that  $\beta_2$  is the dominant subtype of adrenergic receptors present in this tissue (Pennefather and Molenaar, 1986; Maltier and Legrand, 1988). The inability of the extract to stimulate uterine smooth muscle contraction in the presence of these  $\beta$ -adrenergic receptor agonists indicate that *M. pruriens* was unable to compete with these agonists for the  $\beta_2$ -adrenergic receptor sites. Propranolol, a non-selective  $\beta$ -adrenergic receptor blocker (Young and Glennon, 2009), was able to reverse this inhibition and hence promoted the stimulatory activity of the extract on the uterine muscle preparation in the present study.

We also found that the  $\alpha$ -adrenergic receptor antagonists, prazosin and atipamezole were not able to inhibit uterine muscle responses to *M. pruriens* (Fig.5) most likely due to the fact that the contractile response to *M. pruriens* was mediated by mechanisms other than  $\alpha$ -adrenergic receptor activation. Neither was the extract able to potentiate phenylephrine induced myometrial contraction. That is, no additive response was achieved. Phenylephrine a selective  $\alpha_1$ -adrenergic receptor agonist has been shown to open receptor-operated channels (Fasolato et al. 1994), by involving a second messenger coupled to phospholipase-C activation (Fasolato et al., 1994; Barritt, 1999).

Smooth muscle relaxation has also been accomplished by atropine sulfate -a muscarinic receptor antagonist (Hiromasa et al., 1976) However, it did not inhibit contractile effect of the extract on the uterine smooth muscle preparation but completely inhibited the contractions caused by carbachol - a muscarinic cholinergic agonist. This suggests that the contractile effect of aqueous ethanolic leaf extract of *M. pruriens* is not mediated through muscarinic cholinergic receptor activation.

Cyproheptadine is a serotonin and histamine receptor antagonist. Administration of cyproheptadine (0.2  $\mu$ mol) resulted in 86% suppression of uterine smooth muscle contractions stimulated by *M. pruriens* (Table 1). This observation is in agreement with the findings of other investigators where cyproheptadine was reported to cause powerful inhibition of serotonin induced contraction (Wahab et al., 2008; Katerere and Parry, 2000; Lin et al., 2014). Thus, the contractile activity of *M. pruriens* in the present study, may have been derived from its serotonin content and its direct stimulation of 5-HT receptors at a low concentration. It has been shown that the main 5-HT receptors responsible for modifying vascular tone are the 5-HT<sub>1</sub>, 5-HT<sub>2</sub>, and 5-HT<sub>7</sub> receptors. However, in many arterial beds such as that of the rat and mouse aorta, the 5-HT<sub>2A</sub> receptor is the primary receptor mediating 5-HT-induced contraction (McKune and Watts, 2001; Russell et al., 2002). It may well be that stimulation of these 5-HT receptor subtypes is responsible for *M. pruriens* mediated contractions present study demonstrates that the aqueous ethanolic leaf extract of *M. pruriens* induced uterine smooth muscle contraction. This contractile effect was concentration -dependent, and was found to be more effective at lower concentrations than at higher concentrations of the extract. The decrease in myometrial contraction seen at higher concentrations of the extract (1.14 – 2.86 mg/ml) could be due to receptor desensitization or increase in concentration of other

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substances present in the plant extract that may be antagonistic to its contractile effect. Similar effects were observed in isolated saphenous vein of the dog where serotonin caused contraction of this muscle at low concentrations, and was attributed to a direct action of serotonin on 5-HT<sub>1</sub>-like receptors of the smooth muscle cells (Sumner et al., 1992).

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Under normal physiological conditions, activation of  $\alpha_1$ -adrenergic receptors present in the plasma membrane of the uterine muscle cells elicits uterine smooth muscle contraction whereas stimulation of its  $\beta_2$  adrenergic receptors inhibits uterine smooth muscle contraction. In the present study, both salbutamol and isoprenaline, well known  $\beta_2$  adrenergic selective and non-selective agonists respectively abolished uterine responses to *M. pruriens* (Fig. 2a and 2b). Studies on the responsiveness of the uterus to  $\beta_2$ -adrenergic receptor agonists, as well as characterisation of myometrial  $\beta$ -adrenergic binding sites in several species (human, rat, and guinea pig), have indicated that  $\beta_2$  is the dominant subtype of adrenergic receptors present in this tissue (Pennefather and Molenaar, 1986; Maltier and Legrand, 1988). Beta - adrenergic receptor agonists exert their relaxatory effects by activating  $G_s$  proteins, and their  $G\alpha_s$  subunit stimulates adenylyl cyclase leading to the elevation of cyclic adenosine monophosphate (cAMP) levels, leading to phosphorylation of the myosin light chain kinase (MLCK) via a cAMP -dependent protein kinase enzyme (Robert and Judit, 2013). The inability of the extract to stimulate uterine smooth muscle contraction in the presence of these  $\beta$ -adrenergic receptor agonists indicate that *M. pruriens* was unable to compete with these agonists for the  $\beta_2$ -adrenergic receptor sites and thus influence the ability of these agonists to cause elevation of intracellular cAMP levels which is necessary for uterine smooth muscle relaxation. Propranolol, a non-selective  $\beta$ - adrenergic receptor blocker (Young and Glennon, 2009), was able to reverse this inhibition and the associated rise in cAMP and hence promoted the stimulatory activity of the extract on the uterine muscle preparation in the present study.

Comment [BC13]: I do not understand while author did this experiment. It was do not understand while author did this experiment. It was clear that the beta agonists will relaxe the préparation. An other explanation, is that the extract contain beta agoniste compounds who are blocked by propranolol which potentiate the contraction.

We also found that the  $\alpha$ -adrenergic receptor antagonists, prazosin and atipamezole were not able to inhibit uterine muscle responses to *M. pruriens* (Fig.5) most likely due to the fact that the contractile response to *M. pruriens* was mediated by mechanisms other than  $\alpha$ -adrenergic receptor activation. Neither was the extract able to potentiate phenylephrine induced myometrial contraction. That is, no additive response was achieved. Phenylephrine a selective  $\alpha_1$ -adrenergic receptor agonist has been shown to open receptor-operated channels (Fasolato et al., 1994), by involving a second messenger coupled to phospholipase-C activation (Fasolato et al., 1994; Barritt, 1999).

Comment [M14]: The possible presence of an agonist in the extract may be the subject of further studies.

Smooth muscle relaxation has also been accomplished by atropine sulfate -a muscarinic receptor antagonist (Hiromasa et al., 1976) However, it did not inhibit contractile effect of the extract on the uterine smooth muscle preparation but completely inhibited the contractions caused by carbachol - a muscarinic cholinergic agonist. This suggests that the contractile effect of aqueous ethanolic leaf extract of *M. pruriens* is not mediated through muscarinic cholinergic receptor activation.

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However, in many arterial beds such as that of the rat and mouse aorta, the 5-HT<sub>2A</sub> receptor is the primary receptor mediating 5-HT-induced contraction (McKune and Watts, 2001; Russell et al., 2002). It may well be that stimulation of these 5-HT receptor subtypes is responsible for *M. pruriens* mediated contractions.

## 5. CONCLUSION

In conclusion, we have shown that aqueous ethanolic leaf extract of *M. pruriens* causes uterine smooth muscle contraction. This contraction is most likely exerted via the 5-HT-receptor activation (activated by low concentrations of serotonin) as indicated by cyproheptadine antagonism. Therefore, the use of *Mucuna pruriens* as a uterine stimulant by the natives has some scientific basis.

## CONSENT

Not applicable.

## ETHICAL APPROVAL (WHERE EVER APPLICABLE)

All authors hereby declare that "Principles of laboratory animal care" (NIH publication No. 8523, revised 1985) were followed, as well as specific national laws where applicable.

## REFERENCES

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