

Cytotoxic Screening of Some Tanzania Medicinal plants

M.J. MOSHI*¹, A. KAMUHABWA², Z. MBWAMBO¹ AND P. DE WITTE³

¹*Institute of Traditional Medicine, Muhimbili University College of Health Sciences, P.O. Box 38009, Dar es salaam, Tanzania.*

²*Department of Pharmacognosy, School of Pharmacy, Muhimbili University College of Health Sciences, Box 65001, Dar es Salaam, Tanzania.*

³*Laboratorium voor Farmaceutische Biologie en Fytofarmacologie, Faculteit Farmaceutische Wetenschappen, Katholieke Universiteit Leuven, Van Evenstraat 4, B-3000 Leuven, Belgium.*

Twenty plants that are used in traditional medicine in Iringa, Tanzania, were tested for *in vitro* cytotoxic activity on human bladder carcinoma (RT-4), colon adenocarcinoma (HT29), and skin carcinoma (A431) cell lines. At 100 µg/ml *Albizia harveyi*, *Albizia anthelmintica*, *Dalbergia nitidula*, *Euphorbia grantii* and *Rauvolfia caffra* reduced cell proliferation to 50% or more of the three cell lines. *Albizia harveyi* showed a significant cytotoxic activity on the RT-4 cell line (percentage survival 23%) at 10µg/ml. It showed a weak cytotoxic activity on the HT-29 cell line. *Dalbergia nitidula* showed a weak cytotoxic activity with percentage death of the RT-4 and HT-29 cell lines of 39 and 34%, respectively, at the 10 µg/ml level. These results show that 19 (95%) of the plant extracts tested are non-toxic. One plant (5%), *Albizia harveyi* showed cytotoxic activity on one of the cell lines used, which was in agreement with the accepted detection level of biological activity by chance. Bioassay guided fractionation of the plant extracts to identify active compound(s) is suggested.

Keywords: Cytotoxicity, human cancer cell lines, plant extracts

INTRODUCTION

Tanzania has a wealth of flora comprising over 10,000 plant species, of which 1122 are endemic [1,2]. Many of these plants are used as medicines by the rural populations [3]. It has also been reported that 21% of the people who utilize public health services in Dar es Salaam consult a traditional healer before doing so [4]. This finding indicates the popularity of traditional medicines and point to the possibility that some of these plants may indeed be effective, although most of them are yet to be exploited.

One of the ways in which these therapies could be identified and utilized is by conducting disease-related ethnobiomedical surveys. This is an interdisciplinary approach which involves the collaboration of medical doctors, ethnobotanists, indigenous healers and communities [5,6,7]. The establishment of such a team permits the physician to interact with the healers in evaluation of the clinical diagnosis, while at the same time the ethnobotanist can identify the plants being used as medicines [7]. The information collected can then be compared with that in literature to assist in developing a

list of priority plants for both phytochemical and pharmacological studies.

In this study, twenty plants used by traditional healers in Iringa region (Tanzania), were evaluated for cytotoxic activity on three human cancer cell-lines.

MATERIALS AND METHODS

Materials

RT-4 (human bladder carcinoma), HT29 (human colon adenocarcinoma) and A431 (human skin carcinoma) cell lines were obtained from American Type Culture Collection (Rockville, MD, USA), 3-(4,5-dimethylthiazol-2-yl)-2,5-diphenyl-tetrazolium bromide (MTT) was bought from Sigma (St. Louis, MO, USA), the cell culture media and ingredients and phosphate-buffered saline (PBS) were obtained from Gibco (Gibco BRL, Paisley, Scotland). Microtitre tissue culture plates were bought from Falcon (NJ, USA) and dimethylsulfoxide (DMSO) was obtained from Sigma (Poole, Dorset, England).

* Author to whom correspondence may be addressed.

Collection of Plant Materials

Plants used in this study identified by the voucher numbers are indicated in Table 1. They were collected by Mr. E.B. Mhoro, and their respective voucher specimens were deposited in the Herbarium of the Institute of Traditional Medicine, Muhimbili University College of Health Sciences, Dar es Salaam, Tanzania.

Plant Preparation

The plant materials were dried in open air under the sun, ground into powders and then 50 g extracted with 20% aqueous ethanol. The extracts were dried by rotary evaporation and the remaining traces of water were removed by freeze-drying. The dry extracts, ranging from 0.5 to 1.0 g/50 g of starting material were stored in plastic containers at -20°C , until needed for testing.

Cell culture

Human bladder carcinoma (RT-4), human colon adenocarcinoma (HT29), and human skin carcinoma (A431) cells were grown at 37°C in humidified 5% CO_2 and 95% air atmosphere in Minimum Essential Medium (MEM) with Earle's Salt containing 2 mM L-glutamine, 1% antibiotic/antimycotic solution, 1% non-essential amino acids, 1% anti-PPLO agent, and 10% fetal calf serum.

Antiproliferative assay

Extracts were first dissolved in DMSO to make stock solutions and then diluted in culture medium to yield an extract solution with a final DMSO concentration of 0.1% v/v. This concentration of DMSO did not affect cell viability. Cells were seeded onto 96-well microtitre tissue culture plates at 5×10^3 cells per well and incubated for 24 h at 37°C . The medium was replaced with fresh medium containing different concentrations of extracts (100 $\mu\text{g}/\text{ml}$ and 10 $\mu\text{g}/\text{ml}$) or the vehicle. The cells were then incubated at 37°C for 72 h. Afterwards, the extract-containing medium was removed and cell proliferation was determined. Cell proliferation was determined by using the MTT dye reduction assay. MTT was dissolved in phosphate buffered saline (PBS, 0.01M; pH 7.4) and added to the cells (1 mg/ml) and the plates were incubated at 37°C for 4 h. MTT was

carefully removed and the resulting formazan crystals were dissolved in DMSO and added onto the wells (100 $\mu\text{l}/\text{well}$). The plates were placed on a shaker for 2 h and then read on a microtitre plate reader (SLT, Salzburg, Austria) at 550 nm. The results are expressed as percentage cell survival as compared to controls. All experiments were performed at least three times.

RESULTS

Table 1 shows the names of the twenty plants used, voucher numbers, the parts collected, and the ethnomedical claims for which they were collected. The ethnomedical uses included malaria (40%), epilepsy (40%), diabetes (30%), bilharzia (25%), hypertension (20%), HIV (15%), cancer (15%), and skin diseases (15%). Sixty percent (60%) of the plants had more than one ethnomedical use. Three of the plants collected, *Asparagus africanus*, *Cassia abbreviata* and *Ziziphus abyssinica* were claimed to be used for the treatment of cancer. Table 2 shows the effect of the plant extracts on cell lines. At 100 $\mu\text{g}/\text{ml}$ *Albizia harveyi*, *Albizia anthelmintica*, *Dalbergia nitidula*, *Euphorbia grantii* and *Rauwolfia caffra* exhibited up to 50% cytotoxicity on the three cell lines. Only one plant, *Albizia harveyi* showed a significant cytotoxic activity on the RT-4 cell line (percentage survival 23%) at 10 $\mu\text{g}/\text{ml}$. The other plant which performed well at 10 $\mu\text{g}/\text{ml}$ is *Dalbergia nitidula*, with 39 and 34% cytotoxicity on RT-4 and HT-29 cells, respectively.

DISCUSSION

Three of the plants in this study, *Asparagus africanus*, *Cassia abbreviata* and *Ziziphus abyssinica* are used by the local communities in Iringa for the treatment of cancer, but they did not show activity on the three human cancer cell lines. *Lannea stuhlmannii*, which has similar claims [8], also gave negative results like two earlier studies, one using brine shrimps [9] and another using HeLa (cervical carcinoma cell line) and A431 cell lines [10]. *Ximenia caffra* and *Cassia abbreviata* have also been retested but, it seems the two plants growing in Iringa were not as active as was expected from the previous study [10]. *Ximenia caffra* was inactive on the 3 cell lines at 10 and 100 $\mu\text{g}/\text{ml}$. The results for *Ximenia caffra* are

Table 1. The list of the plants, parts used and the diseases for which they were collected

Binomial name (Family)	Voucher no.	Vernacular name	Part collected	Disease for which collected
<i>Acacia kirkii</i> Oliv. (Mimosaceae)	IMPP 001-0031	Mbata/mgunga	Roots	Malaria, HIV, bilharzia, skin diseases
<i>Albizia harveyi</i> E. Fourn. (Mimosaceae)	MJ.152	Msisina/msisimizi	Roots	Skin diseases
<i>Albizzia anthelmintica</i> Brogn. (Mimosaceae)	MJ.98	Mfuleta	Stem bark	Diabetes
<i>Asparagus africanus</i> Lam. (Asparagaceae)	IMPP 001-0054	Mkalakanga	Roots	Hypertension, cancer, epilepsy
<i>Cassia abbreviata</i> Oliv. (Caesalpiniaceae)	IMPP 001-0010	Mmulimuli	Roots	Malaria, cancer, diabetes
<i>Catunaregum spinosa</i> (Thunb) Tirvengadam ssp. <i>taylori</i> (S. Moore) Verdc. (Rubiaceae)	IMPP 001-0022	Mpongolo	Roots	Epilepsy, skin diseases, HIV
<i>Combretum molle</i> G. Don (Combretaceae)	MJ.155	Mlama/mbadilo	Roots	Malaria, epilepsy
<i>Dalbergia nitidula</i> Kabll. (Fabaceae)	IMPP 001-0030	Mlengwe	Roots	Epilepsy
<i>Euphorbia candelabrum</i> Kotschy var. <i>bilocularis</i> (N.E.Br) S.Carter Euphorbiaceae)	IMPP 001-0047	Mnangali	Roots	Hypertension
<i>Euphorbia grantii</i> Oliv. (Euphorbiaceae)	IMPP 001-0057	Kidwenyi	Roots	Diabetes, bilharzia
<i>Gardenia ternifolia</i> Schumach & Thonn. ssp. <i>Jovistonantis</i> (Welw.)Verdc. (Rubiaceae)	IMPP 001-0028	Kilemandembwe	Roots	Epilepsy, hypertension
<i>Lannea stuhlmannii</i> Engl. (Anacardiaceae)	MJ.214	Mumbu	Stem	NIDDM
<i>Momordica calantha</i> Gilg. (Cucurbitaceae)	IMPP 001-0040	Mtundwa	Leaves	Epilepsy, bilharzia
<i>Myrica salicifolia</i> Hochst. (Myritacea)	IMPP 001-0007	Mkufwa	Roots	Bilharzia, malaria, diabetes
<i>Piliostigma thornningii</i> (Schumach.) Milne-Redh (Caesalpiniaceae)	MJ.159	Msegese	Stem	-
<i>Rauvolfia caffra</i> Sond. (Apocynaceae)	IMPP 001-0023	Mvelevele	Roots	Malaria, epilepsy
<i>Strychnos cocculoides</i> Baker. (Loganiaceae)	IMPP 001-0001	Mtangadasi	Fruits	Malaria
<i>Vepris glomerata</i> (H. Hoffm.) Engl. var <i>glomerata</i> (Rutaceae)	IMPP 001-0012	Mtulisege	Roots	Malaria
<i>Ximenia caffra</i> Sond. (Olaceae)	MJ.113	Mdunula	Roots	Bilharzia, hypertension, epilepsy
<i>Ziziphus abyssinica</i> A.Rich. (Rhamnaceae)	IMPP 001-003	Mtanula	Roots	Cancer, malaria, HIV, diabetes

Table 2: Cytotoxicity (MTT) assay of plant extracts (100 and 10 µg/ml) on human carcinoma cell lines (RT-4, HT-29 and A431). The results are expressed as percentage cell proliferation as compared to control cell lines. The results are an average of three independent experiments

20 % aqueous ethanol extract of	RT-4		HT-29		A431	
	100 µg/ml	10 µg/ml	100 µg/ml	10 µg/ml	100 µg/ml	10 µg/ml
<i>Acacia kirkii</i>	79	87	89	95	67	92
<i>Albizia harveyi</i>	21	23	58	69	75	87
<i>Albizia anthelmintica</i>	55	97	36	91	8	106
<i>Asparagus africanus</i>	100	88	57	86	63	83
<i>Cassia abbreviata</i>	100	88	67	110	92	96
<i>Catunaregum spinosa</i>	89	113	98	100	81	106
<i>Combretum molle</i>	79	81	67	100	51	74
<i>Dalbergia nitidula</i>	32	61	56	66	25	80
<i>Euphorbia candelabrum</i>	100	76	94	84	71	71
<i>Euphorbia grantii</i>	31	100	51	86	21	100
<i>Gardenia ternifolia</i>	100	94	96	100	98	102
<i>Lannea stuhlmannii</i>	100	98	99	98	92	88
<i>Momordica calantha</i>	100	100	32	100	47	90
<i>Myrica salicifolia</i>	75	100	98	100	65	97
<i>Piliostigma thonningii</i>	100	89	98	93	69	81
<i>Rauvolfia caffra</i>	32	72	11	90	17	83
<i>Strychnos cocculoides</i>	89	85	98	90	100	100
<i>Vepris glomerata</i>	73	85	66	93	71	102
<i>Ximenia caffra</i>	100	91	85	96	100	83
<i>Ziziphus abyssinica</i>	100	88	88	98	69	102

also in disagreement with a previous study which gave an LC₅₀ of 0.7 µg/ml on brine shrimps [9]. *Gardenia ternifolia* [11,12], *Momordica calantha* [13], *Rauvolfia caffra* [14], *Dalbergia nitidula* [15, 16], and *Euphorbia candelabrum* [13] are used for treatment of swellings, external tumors or for dressing wounds. At 10 µg/ml the only plant which inhibited cell proliferation by more than 50 % was *Albizia harveyi*, while *Euphorbia grantii*, *Dalbergia nitidula* and *Rauvolfia caffra* showed reasonable inhibition at 100 µg/ml.

CONCLUSION

The results show that 19 (95%) of the plant extracts tested are non toxic. One plant (5%), *Albizia harveyi* showed cytotoxic activity on one of the cell lines used, in agreement with the accepted detection level of biological activity by chance. Bioassay guided fractionation of the plant extracts to identify active compound(s) is suggested.

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REFERENCES

- [1] R.M. Polhill. Tanzania. In: I. Hedberg and O. Hedberg (Eds), Conservation of vegetation in Africa South of the Sahara. Acta Phytogeographica Suecica. 54 (1968) 320.
- [2] J.M.P. Brenan. Annals of the Missouri Botanical Garden 65 (1978) 437-478.
- [3] C. Schlage. *et al.* Plant Bio.1 2(2000) 83-92.
- [4] P.M. Kilima, I. Ostermayer, M. Shija, M.M. Wolff and P.J. Evans. DUHP, Swiss Tropical Institute, Basel. 1993, p19.
- [5] S.R. King and M.S. Tempesta. In: D.J. Chadwick, J. Marsh (eds). Ethnobotany and the search for new drugs. Ciba Foundation Symposium 185. John

- Wiley and Sons chichester/NewYork (1994) pp 197-213.
- [6] P. A. Cox, and M. J. Balick. Scientific American June, (1994) pp 82-87.
- [7] S.R. King, and T. Carlson. The experience of Shaman Pharmaceuticals 1995.
- [8] S.C. Chhabra, R.L.A. Mahunnah and E.N. Mshiu. I. Pteridophytes and angiosperms (Acanthaceae to Canellaceae). J. Ethnopharmacol. 21 (1987) 253-277
- [9] A.Y. Masseur and C.M. Nshimo. E. Afr. Med. J. 72 (1995) 661-663.
- [10] A. Kamuhabwa, C. Nshimo, and P. de Witte. J. Ethnopharmacol. 70 (2000) 143-9.
- [11] K.J. Achola, J.W. Mwangi and R.W. Munenge. Int. J. Pharmacog. 33 (1995) 250-252.
- [12] S.C. Chhabra, R.L.A. Mahunnah and E.N. Mshiu. (Passifloraceae to Sapindaceae) J. Ethnopharmacol. 33 (1991) 143-157.
- [13] I. Hedberg, O. Hedberg, P.J. Madati, K.E. Mshigeni, E.N. Mshiu and G. Samuelsson. J. Ethnopharmacol. 9 (1983) 105-127
- [14] S.C. Chhabra and F.C. Uiso. Fitoterapia 62 (1991) 499-503.
- [15] N.Z. Nyazema. Cent Afr. J. Med. 30 (1984) 80-83.
- [16] F.R. Van Heerden, E.V. Brandt and D.G. Roux. J. Chem. Soc. Perkin Trans. I. 1978 (1978) 137-139.
- [17] R.I. Geran, N.H. Greenberg, M.M. McDonald and B.J. Abbott. Cancer Chemotherapy Reports, Part 3, 3 (1972) 1-17.
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