



Beneficial Effect Of Manilkara Hexandra Extract On Letrozole-Induced Polycystic Ovary Syndrome (PCOS) In Female Rats

Dr. Jignesh I. Patel^{1*}, Parth N. Surana², Adarsh V. Kevdiya³

¹B.K.Mody Government Pharmacy College, Rajkot, India. Email: jigneshmpharma@yahoo.com.

²Email: parthsurana11@gmail.com.

³Email: adarshkevdiya@gmail.com.

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ABSTRACT

This study investigates the therapeutic potential of the methanolic extract of Manilkara hexandra leaves (MEMH) in managing letrozole-induced polycystic ovary syndrome (PCOS) in female rats. The rats were divided into six groups, with varying letrozole and MEMH doses administered over 66 days. Daily vaginal smears, food, water measurements, and weekly assessments of blood glucose and body weight were conducted. At the study's conclusion, various parameters including hormonal levels, lipid profile, liver profile, and histopathology were evaluated. Letrozole induction resulted in hormonal imbalance, elevated blood sugar, and lipid levels, mimicking PCOS. Clomiphene citrate, the standard drug, showed positive effects. MEMH administration demonstrated dose-dependent improvements, decreasing testosterone levels, elevating progesterone and estrogen, and regulating glucose and lipid levels. The methanolic extract exhibited potential therapeutic benefits attributed to phytoestrogens like quercetin and myricetin. The research highlights MEMH's positive impact on letrozole-induced PCOS, indicating its potential as a novel therapeutic agent for PCOS.

Keywords: Polycystic ovary syndrome (PCOS), Letrozole, methanolic extract of Manilkara hexandra leaves (MEMH), clomiphene citrate

Introduction

Polycystic ovary syndrome (PCOS) is a prevalent endocrine disorder affecting a significant proportion of women globally, with a particularly high incidence of approximately 35% among women of fertility age in India. (Sawant A, 2017) In 1935, Stein and Leventhal were pioneers in the modern medical era, providing the first description of this condition as "young married peasant women, moderately obese and infertile, with two larger than normal ovaries, bumpy, shiny, and whitish, just like pigeon eggs". (Homburg, 2008) The Rotterdam 2003 criteria define PCOS based on the presence of any 2 of 3 key criteria: oligoovulation and anovulation, hyperandrogenism, and polycystic ovaries (PCOS). (Farquhar, 2007) This complex disorder is associated with a spectrum of adverse health outcomes, including menstrual dysfunction, infertility, hirsutism, acne, obesity, and an increased risk of type 2 diabetes and cardiovascular disease. (Whitaker, 2011), (Soumya, 2021)

Current pharmacological interventions for PCOS primarily focus on managing clinical signs and symptoms but fall short of providing a definitive cure. Commonly prescribed medications, including clomiphene citrate, metformin, thiazolidinediones, spironolactone and oral contraceptives (OCs), come with their own set of side effects ranging from gastrointestinal issues to potential risks of cardiovascular disease, hepatic toxicity, and bone density loss. (Whitaker, 2011), (Soumya, 2021)

Amidst the existing pharmaceutical approaches, there is a growing interest in exploring alternative treatments for PCOS. Several studies, including randomized controlled trials, case studies, and animal experiments, have delved into the potential of herbal drugs in managing PCOS. Rodent models, notably the Letrozole-Induced PCOS Model, have played a crucial role in comprehending the biochemical and histological aspects of PCOS. (Soumya, 2021), (Kafali Hasan, 2004), (Shi, 2012)

Letrozole, an aromatase inhibitor, induces PCOS in rats by decreasing aromatase activity, resulting in increased ovarian androgen production and decreased estrogen levels, mirroring the hormonal imbalance observed in human PCOS. This model closely replicates the histological and biochemical findings seen in PCOS patients. (Soumya, 2021)

One herbal candidate under scrutiny for its potential in PCOS management is *Manilkara hexandra*. Belonging to the Sapotaceae family and native to India and Southeast Asian countries, *Manilkara hexandra* has been traditionally used to treat various ailments and is noted for its anti-inflammatory, anti-diabetic, antioxidant, ulcer, anti-arthritis, and anti-diabetic properties. (Shastri, 1994) The leaves of *Manilkara hexandra* boast a diverse chemical composition, including sterols, tannin, saponin, triterpenic alcohol, and flavonoids such as quercetin and myricetin. (Jahan, 2018), (Hu, 2018). These flavonoids, known for their positive activity against PCOS, particularly in restoring healthy follicles and regulating the menstrual cycle, make *Manilkara hexandra* a compelling candidate for further investigation.

This study aims to evaluate the effects of *Manilkara hexandra* extract on letrozole-induced PCOS in female rats. Leveraging the plant's rich chemical composition and focusing on its flavonoid content, especially quercetin and myricetin, which have shown positive effects against PCOS, this research endeavors to provide valuable insights into the potential therapeutic benefits of *Manilkara hexandra* in PCOS management. The study seeks to address the current limitations of pharmacological approaches and pave the way for future therapeutic interventions in the management of PCOS.

2 Materials and methods

2.1. Collection and authentication of the plant material

Fresh leaves of *Manilkara hexandra* collected from Dhanvantari Botanical Garden located at B.K. Mody Government Pharmacy College, Rajkot, Gujarat. Plant authentication was done by Dr. V.S. Thaker (Department of Bioscience), Saurashtra University, Rajkot and specimen submission number is SU/BIO/44339.

2.2. Preparation of extracts of MEMH leaves

Manilkara hexandra leaves underwent a 7-10 day drying process, followed by grinding to obtain powdered consistency. The powder was sieved through no. 40 and no. 80 sieves, yielding a fine flower powder stored for extraction. For methanolic extraction, 100 gm of dried powder was used in a Soxhlet apparatus with 500 ml methanol at 65 °C. Filtration through Whatman filter paper No.1 and subsequent methanol evaporation produced a dark green, solid extract. This served as the research study's foundation for further analyses. (Monisha SI, 2017)

2.3. Phytochemical analysis of plant extracts

All the prepared extracts underwent a battery of qualitative tests to identify the presence of distinct phytoconstituents, including alkaloids, flavonoids, saponins, carbohydrates, sterols, terpenoids, anthraquinone glycosides, and flavonoids. (Monisha SI, 2017). Thin-layer chromatography (TLC) was conducted to identify the chemical constituents present in the methanolic extract of *Manilkara hexandra* leaves. (Meena MC, 2008). In total phenolic content assessment, 1 ml of 300 µg/ml sample reacted with 5 ml Folin-Ciocalteu reagent, followed by 4 ml 7.5% w/v Na₂CO₃. After 30 minutes, the blue reaction color was measured at 765 nm against Gallic Acid. Total phenolic content was expressed as mg of Gallic acid equivalent per gram of dry weight, calculated using a calibration curve. In total flavonoid assessment, a 100 µg/ml sample was mixed with H₂O, followed by sequential additions. The solution, adjusted to 10 ml, developed a pink color. Absorbance at 510 nm was measured. Flavonoid content was expressed in mg of quercetin per gram of dry leaves. The procedure was conducted in triplicate. (Shanmugapriya, 2011)

2.4. Animal Protocol Proposal and selection of animals

All experiments and protocol described in present study was submitted for the approval to the Institutional Animal Ethics Committee (IAEC) and with permission from Committee of Control and Supervision of Experiments on Animals (CCSEA), Ministry of Social Justice and Empowerment, Government of India. Proposal Approval No. BKMGP/IAEC29/RP98/2022 Female, non-pregnant, 4-5 days regular estrous cycle Sprague Dawley rats (100200 gm) were used and maintained under standardized conditions (12hr light/dark cycle, 35 to 60% humidity) and provided free access to pelleted diet and drinking water.

2.5. Selection of doses

In accordance with OECD Guidelines 420, the study protocol entailed administering MEMH at 2000 mg/kg to the test group comprising 5 female rats, while the vehicle control group (5 female rats) received 0.5 CMC%. Monitoring for toxic signs and mortality was conducted at 1, 2, 4, and 6 hours post-oral MEMH treatment, followed by daily assessments for 14 days. Rats that survived were sacrificed at the study's conclusion, and necropsy, along with pathological examinations of major internal organs, was performed. Notably, a single oral dose of MEMH at 2000 mg/kg did not result in fatality during the observation period, and no signs of toxicity or behavioral changes were evident. Subsequent doses of 100 mg/kg (low), 200 mg/kg (medium, 1/10th of the

highest dose), and 400 mg/kg (high) were chosen for further investigation, ensuring a comprehensive exploration of potential effects.

2.6. Experimental design

Female rats were divided into six groups (N=6) for a 66-day study. Group 1 received the vehicle only throughout the experiment. Group 2 rats were administered 1 mg/kg letrozole (P.O.) for 21 days, followed by vehicle from day 22 to 66. In Group 3, rats were given 1 mg/kg letrozole for 21 days and then 1 mg/kg clomiphene citrate dissolved in 0.5% CMC for the subsequent 45 days. Groups 4, 5, and 6 were administered 1 mg/kg letrozole for 21 days, followed by low dose (100 mg/kg), intermediate dose (200 mg/kg), and high dose (400 mg/kg) of MEMH for the next 45 days, respectively. The study duration was 66 days, encompassing the entire experimental protocol. (Kakadia, 2019)

2.7. Blood collection

Following 21 days of treatment, animals in the normal and disease control groups were anesthetized in accordance with CCSEA guidelines. Blood samples were obtained via retro-orbital puncture, collected in plain sterile Eppendorf tubes, and left to clot at room temperature. Serum was isolated through centrifugation at 4°C and 5000 RPM for the assessment of hormones, lipid levels, and liver parameters. The identical procedure was replicated after the completion of the 66-day treatment period for all animals in both standard and treatment groups, ensuring consistency in the research protocol.

2.8. Parameters to be assessed

2.8.1. Physical parameters

The body weight of each animal was assessed at the initiation of the study, and subsequent changes were documented on the 7th, 14th, 21st, 28th, 35th, 42nd, 49th, 56th, and 66th days. This periodic recording of body weight allowed for a comprehensive analysis of weight fluctuations throughout the study duration, contributing valuable data to the research investigation.

2.8.2. Vaginal smear test

For estrous cycle assessment, clean earbuds were immersed in saline or distilled water. The rat was gently held with one hand around the thorax, ventral surface uppermost, while the other hand restrained the tail for additional support and to minimize animal resistance. The earbud tip was then gently inserted into the vagina at a depth of 2-5 mm, and a small amount of the cell suspension was expelled onto a labelled glass slide. The four fundamental stages of the estrous cycle—estrus, metestrus, diestrus, and proestrus, denoted as E, M, D, and P—were identified by examining the presence, absence, or proportional quantities of epithelial cells (two types), cornified (keratinized) cells, and leucocytes on the glass slide. This method facilitated a detailed understanding of the rat's reproductive cycle stages, enabling comprehensive observations for the research study. (Cora MC, 2015)

2.8.3. Biochemical parameters estimation

2.8.3.1. Serum hormonal assay

The concentrations of serum estrogen, progesterone, testosterone, luteinizing hormone (LH), and follicle-stimulating hormone (FSH) were evaluated using Electrochemiluminescent Immunoassay on the Cobas e 411 analyser (Roche Diagnostics GmbH, Germany) at Sanjivani Laboratory, Ahmedabad. This analytical method allowed for precise measurement of hormone levels, contributing to the scientific rigor and reliability of the research study.

2.8.3.2. Lipid profile assessment

Low-density lipoproteins (LDL), high-density lipoproteins (HDL), very low-density lipoproteins (VLDL), triglycerides (TGs), and total cholesterol levels were quantified using diagnostic kits from Biosystem Diagnostics Ltd.

2.8.3.3. Liver profile assessment

Serum glutamic pyruvic transaminase (SGPT), serum glutamic oxaloacetic transaminase (SGOT), and serum alkaline phosphatase (ALP) levels were measured utilizing diagnostic kits sourced from Biosystem Diagnostics Ltd.

2.8.3.4. Blood glucose level

The baseline blood glucose levels of each animal were determined at the commencement of the study, and subsequent changes were documented on the 7th, 14th, 21st, 28th, 35th, 42nd, 49th, 56th, and 66th days.

2.8.4. Histopathology of the ovary and uterus

After blood collection, the animals were euthanized, and the ovaries and uterus were excised, cleaned, air-dried, weighed, and the length of the uterus was measured. The harvested ovaries and uterus were preserved in 10% formalin for subsequent histopathological examination. Haematoxylin–eosin-stained sections were prepared and analyzed under a light microscope, adhering to established research protocols. This method facilitated a detailed histopathological assessment of the ovaries and uterus in the study.

2.9. Statistical analysis

The results are expressed as mean \pm SEM. The statistical significance of the data was determined by one and two-way analysis of variance (ANOVA) followed by Dunnett post hoc test. The level of significance was set at $p < 0.05$. The statistical analysis of data was performed using Prism 8.0 software (Graphpad Software Inc., California, USA).

3. Result and Discussion

3.1. % Yield of methanolic extract of Manilkara hexandra leaves

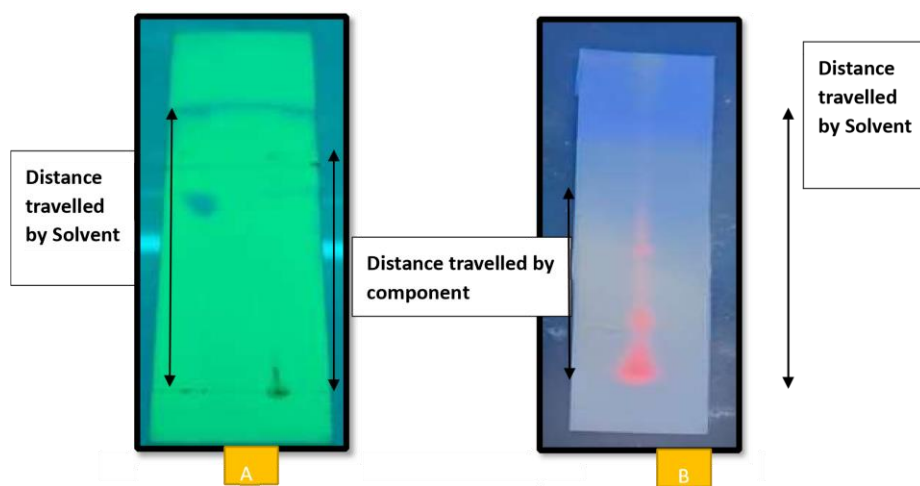


Figure 1 Thin layer chromatography of A) Quercetin B) Myricetin

Compound	Quercetin	Myricetin
Identification	Yellowish green spot	Brown spot
R _f value	0.79	0.67
Standard R _f value	0.82	0.73

Table 1 Reported standard value of quercetin and myricetin.

The percentage yield of the methanolic extract from 100 grams of dried powdered Manilkara hexandra was determined to be 16.86% w/w.

3.2. Result of Preliminary Phytochemical Screening

Preliminary phytochemical screening of methanolic extract of Manilkara hexandra leaves showed various phytoconstituents such as flavonoids, steroids, tannins, proteins, terpenoids, saponins and glycoside.

3.3. Result of Thin layer chromatography for detection of phytoconstituents The methanolic extract of Manilkara hexandra exhibited R_f values for quercetin and myricetin closely matching standard values, confirming the presence of these phytoconstituents. Chromatographic analysis through TLC revealed bands at R_f values of 0.79 and 0.67, corresponding to quercetin and myricetin, respectively, indicating the presence of flavonoids in the leaf extract.

3.4. Result of total phenolic content and total flavonoids content

Total phenolic content in methanolic extract of Manilkara hexandra leaves was 138.46 ± 4.92 mg/gm equivalent to gallic acid. Total flavonoid content in methanolic extract of Manilkara hexandra leaves was 148.11 ± 3.69 mg/gm equivalent to quercetin.

3.5. Effect of MEMH on estrus cycle of female rats

Phases of estrus cycle were obtained during 66 days study in female rats. Which are shown in figure 2.

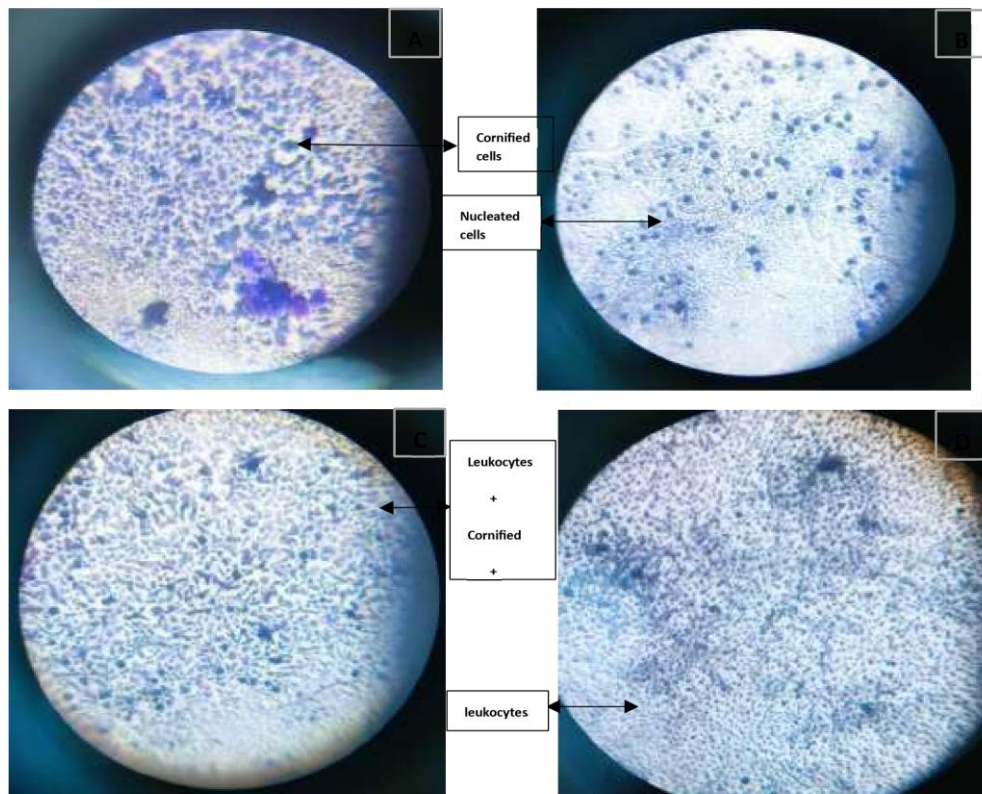


Figure 2 A) Estrus phase B) Proestrus phase C) Metestrus phase D) Diestrus phase

Administration of letrozole (1 mg/kg P.O.) to female rats disrupted estrus cycle regulation, leading to an elevated frequency of diestrus phase observed through vaginal smear assessment over 66 days. The irregular estrus cycle, termed acyclic estrus, was quantified by evaluating diestrus phase frequency in each group. Figure 3 illustrates the observed diestrus phases in female Sprague Dawley rats throughout the study, providing a visual representation of the disrupted estrus cycle.

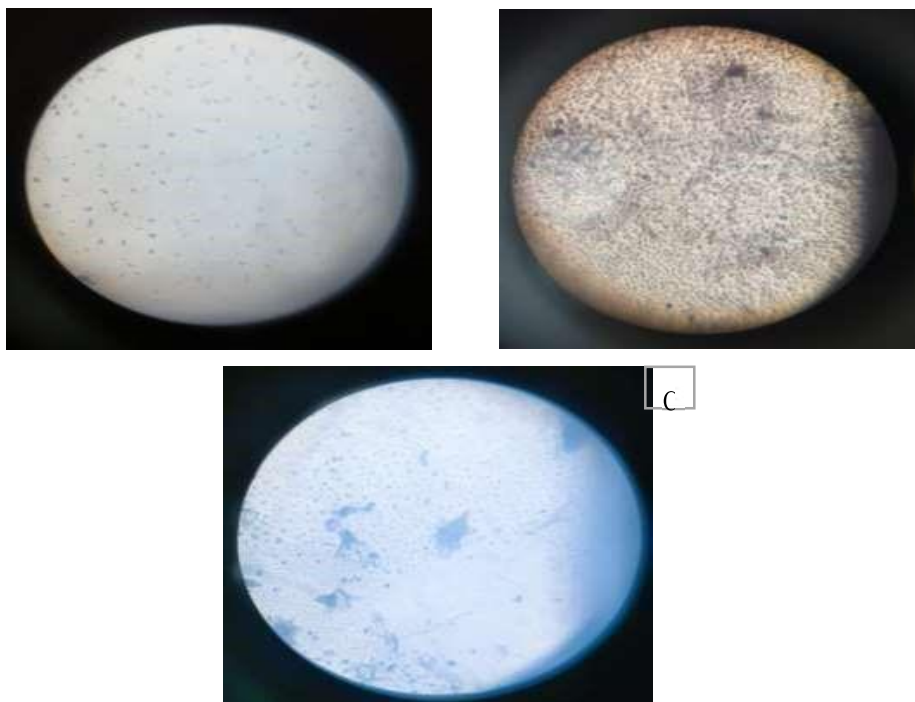


Figure 3 A) Diestrus phase in normal rat (Day 1) B) Diestrus phase in disease control rat (Day 21) C) Diestrus phase in treatment control rat (Day 66)

Letrozole induced irregular estrus cycles in the disease control group, elevating diestrus phase frequency significantly after 66 days (40.83 ± 0.79). Clomiphene citrate in the standard control group reduced diestrus

phase frequency (29 ± 0.86). MEMH at 100 mg/kg, 200 mg/kg, and 400 mg/kg demonstrated a dose-dependent reduction in diestrus phase frequency (34 ± 0.58 , 29.17 ± 0.31 , 28.17 ± 0.74 , respectively), indicating potential for normalizing the estrus cycle in female rats.

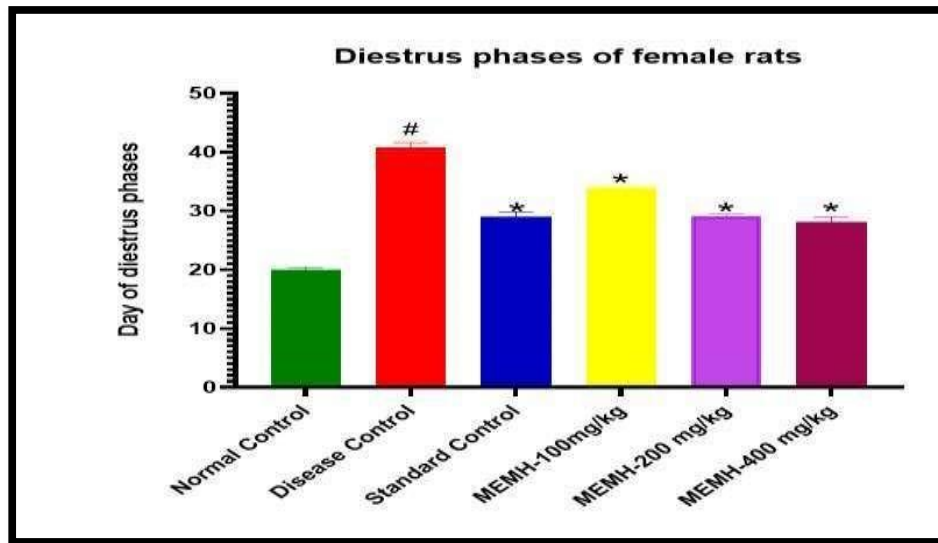


Figure 4 Effect of MEMH on frequency of diestrus phase of female rats

All values represent Mean \pm SEM; (n=6)

* - Significant different from disease control ($P < 0.05$)

- Significant different from normal control ($P < 0.05$)

3.6. Effect of MEMH on body weight of female rats

Administration of letrozole (1 mg/kg P.O.) for 21 days significantly increased body weight in PCOS-induced rats compared to the normal control group. This weight gain is attributed to hormonal changes causing insulin resistance, increased testosterone, decreased estrogen and progesterone, and elevated blood lipid levels. Clomiphene citrate (1 mg/kg P.O.) for 45 days in the standard control group reduced body weight by normalizing testosterone levels and addressing insulin resistance and hyperlipidemia following PCOS induction in female rats. Treatment with low dose of MEMH (100mg/kg P.O.), intermediate dose of MEMH (200mg/kg p.o.) and higher dose of MEMH (400mg/kg P.O.) for 45 days showed statistically significant difference in body weight compared to disease control female rats.

3.7. Effect of MEMH on blood glucose level of female rats

Letrozole (1mg/kg P.O.) for 21 days in the disease control group significantly increased blood glucose levels (7th day: 144.67 ± 6.89 , 14th day: 145.67 ± 10.99 , 21st day: 151.00 ± 19.97 , 66th day: 179 ± 8.72) compared to the normal control group (7th day:

135.33 ± 2.03 , 14th day: 128.33 ± 2.40 , 21st day: 123.00 ± 2.65 , 66th day: 122.67 ± 0.88). Clomiphene citrate (1mg/kg P.O.) for 45 days in the standard control group significantly decreased blood glucose at the 66th day (118.67 ± 2.19) compared to the disease control (66th day: 179 ± 8.72). After letrozole, low dose MEMH (100mg/kg P.O.), intermediate dose MEMH (200mg/kg P.O.), and higher dose MEMH (400mg/kg P.O.) for 45 days showed variable effects on blood glucose. On the 66th day, two MEMH groups demonstrated a significant decrease compared to the disease control. MEMH's flavonoids and phenolic compounds likely contribute to its dose-dependent hypoglycemic activity. Detailed blood glucose comparisons are in Figure 5.

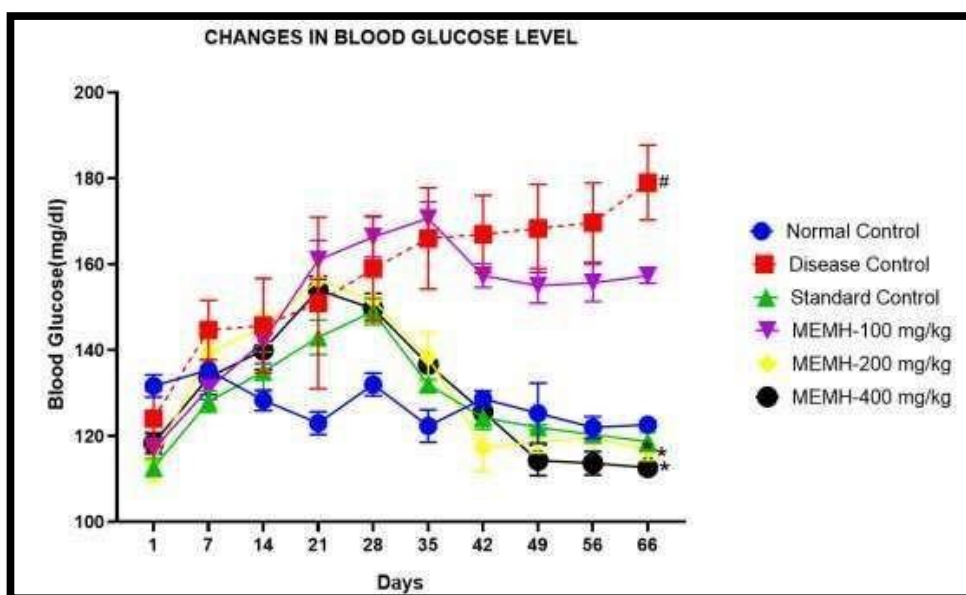


Figure 5 Effect of MEMH on blood glucose level in female rats

All values represent Mean ± SEM; (n=6)

* - Significant different from disease control (P<0.05)

- Significant different from normal control (P<0.05)

3.8. Effect of MEMH on serum estrogen level in female rats

Following 21 days of letrozole (1 mg/kg P.O.) administration, blood estrogen levels significantly decreased in the disease control group (77.95±4.81) compared to the normal control group (112.75±4.38) in female rats. The standard control group, treated with Clomiphene citrate (1 mg/kg P.O.) for 45 days, exhibited an increase in serum estrogen levels (134.89±1.87) compared to the disease control group (77.95±4.81). In contrast to the disease control group, treatment with low, intermediate, and high doses of MEMH (100 mg/kg P.O., 200 mg/kg P.O., and 400 mg/kg P.O., respectively) led to an increase in serum estrogen levels (98.02±2.77, 112.29±3.15, and 123.71±3.80, respectively) in a dose-dependent manner. These results are illustrated in Figure 6 of the research article.

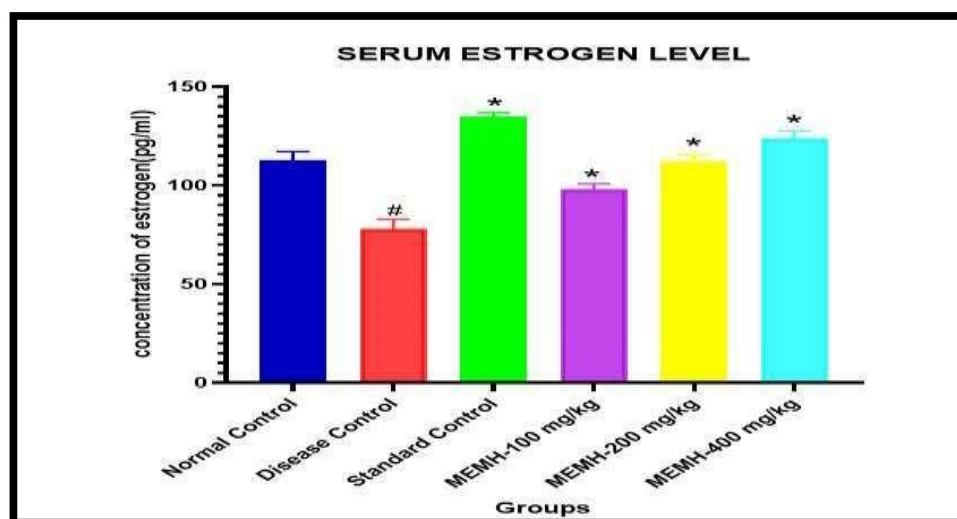


Figure 6 Effect of MEMH on serum estrogen level in female rats

All values represent Mean ± SEM; (n=6)

* - Significant different from disease control (P<0.05)

- Significant different from normal control (P<0.05)

Increase in serum estrogen level in treatment groups is due to the presence of phytoestrogen such as, myricetin and quercetin in methanolic extract of Manilkara hexandra leaves which blocks the estrogen receptors in our body and which induced a negative feedback mechanism and increased the secretion of estrogen in female rats.

3.9. Effect of MEMH on serum progesterone level in female rats

Following 21 days of letrozole administration (0.1 mg/kg P.O.), a significant decrease in serum progesterone levels was observed in female rats of the disease control group (12.51 ± 1.52) compared to the normal group (31.49 ± 1.92). The standard control group, treated with Clomiphene citrate (1 mg/kg P.O.) for 45 days post-PCOS induction, exhibited an increase in serum progesterone levels (33.48 ± 1.70) compared to the disease control group (12.51 ± 1.52). Relative to the disease control group, treatment with low doses of MEMH (100 mg/kg P.O.), intermediate doses of MEMH (200 mg/kg P.O.), and high doses of MEMH (400 mg/kg P.O.) resulted in a dose-dependent increase in serum progesterone levels (21.68 ± 1.73 , 25.15 ± 2.31 , and 30.4 ± 1.8 , respectively). These findings are illustrated in Figure 7 of the research article.

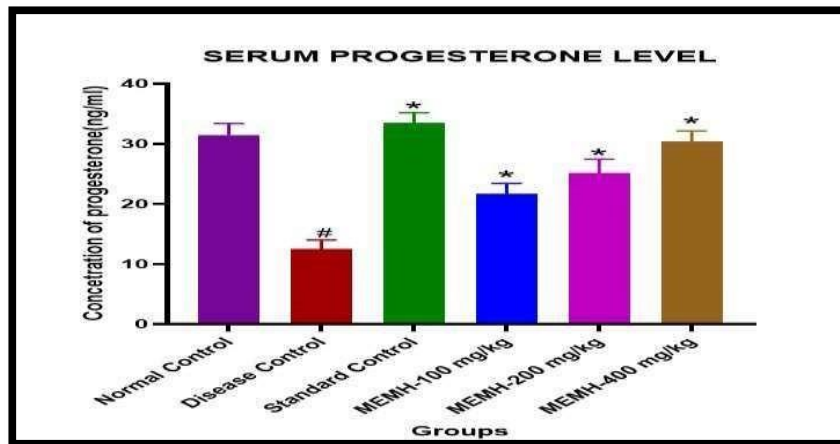


Figure 7 Effect of MEMH on serum progesterone level in female rats

All values represent Mean \pm SEM; (n=6)

* - Significant different from disease control ($P < 0.05$)

- Significant different from normal control ($P < 0.05$)

3.10. Effect of MEMH on serum testosterone level in female rats

After 21 days of letrozole administration (0.1 mg/kg P.O.), a significant reduction in serum progesterone levels was observed in female rats of the disease control group (12.51 ± 1.52) compared to the normal group (31.49 ± 1.92). The standard control group, receiving Clomiphene citrate (1 mg/kg P.O.) for 45 days post-PCOS induction, demonstrated an elevation in serum progesterone levels (33.48 ± 1.70) relative to the disease control group (12.51 ± 1.52). In comparison to the disease control group, treatment with low, intermediate, and high doses of MEMH (100 mg/kg P.O., 200 mg/kg P.O., and 400 mg/kg P.O., respectively) resulted in a dose-dependent increase in serum progesterone levels (21.68 ± 1.73 , 25.15 ± 2.31 , and 30.4 ± 1.8 , respectively). These outcomes are visually presented in Figure 8 of the research article.

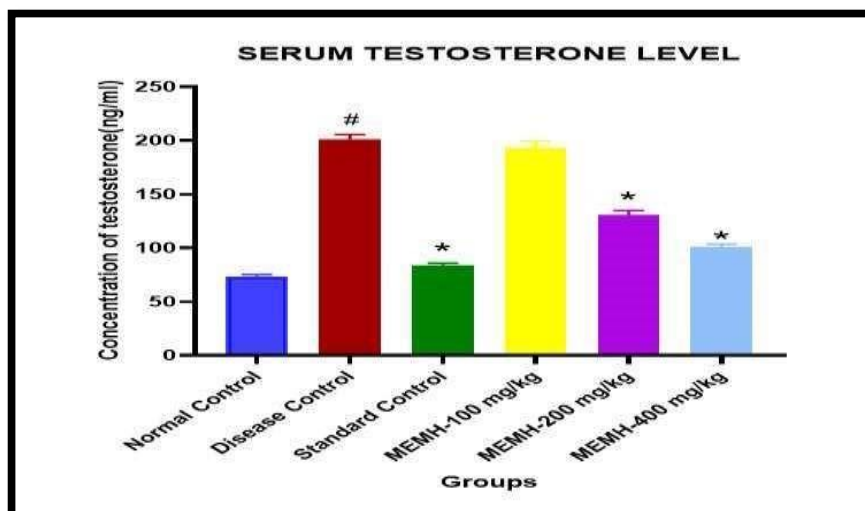


Figure 8 Effect of MEMH on serum testosterone level in female rats

All values represent Mean \pm SEM; (n=6)

* - Significant different from disease control ($P < 0.05$)

- Significant different from normal control ($P < 0.05$)

3.11. Effect of MEMH on serum FSH level in female rats

Following 21 days of letrozole administration (1 mg/kg P.O.), a significant increase in serum FSH levels was observed in female rats of the disease control group (34.58 ± 1.56) compared to the normal group (15.27 ± 1.26). The rise in serum FSH levels is attributed to letrozole administration, impacting GnRH levels and disrupting the FSH and LH ratio in female rats. The standard control group, treated with Clomiphene citrate (1 mg/kg P.O.) for 45 days post-PCOS induction, exhibited a decline in serum FSH levels (15.55 ± 1.29) compared to the disease control group (34.58 ± 1.56). Relative to the disease control group, treatment with low, intermediate, and high doses of MEMH (100 mg/kg P.O., 200 mg/kg P.O., and 400 mg/kg P.O., respectively) resulted in a dose-dependent decrease in serum FSH levels (26.46 ± 1.56 , 19.64 ± 1.23 , and 16.22 ± 0.62 , respectively). These results are visually depicted in Figure 9 of the research article.

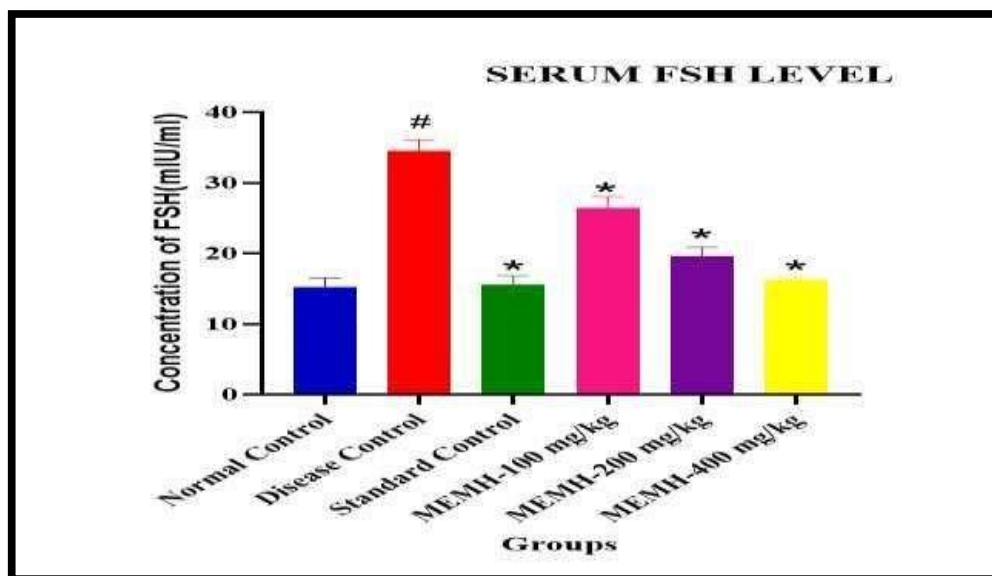


Figure 9 Effect of MEMH on serum FSH level in female rats

All values represent Mean \pm SEM; (n=6)

* - Significant different from disease control ($P < 0.05$)

- Significant different from normal control ($P < 0.05$)

3.12. Effect of MEMH on serum LH level in female rats

Following 21 days of letrozole administration (1 mg/kg P.O.), a significant increase in serum LH levels was observed in female rats of the disease control group (24.29 ± 2.91) compared to the normal group (8.70 ± 2.44). The elevation in serum LH levels is a consequence of letrozole administration, which disrupts GnRH levels and the FSH/LH ratio in female rats, leading to an increase in serum LH. In the standard control group, treated with Clomiphene citrate (1 mg/kg P.O.) for 45 days post-PCOS induction, a decrease in serum LH levels (10.29 ± 1.78) was noted compared to the disease control group (24.29 ± 2.91). Relative to the disease control group, treatment with low, intermediate, and high doses of MEMH (100 mg/kg P.O., 200 mg/kg P.O., and 400 mg/kg P.O., respectively) resulted in a dose-dependent decrease in serum LH levels (20.37 ± 2.62 , 18.29 ± 1.39 , and 14.61 ± 3.54 , respectively). These findings are visually depicted in Figure 10 of the research article.

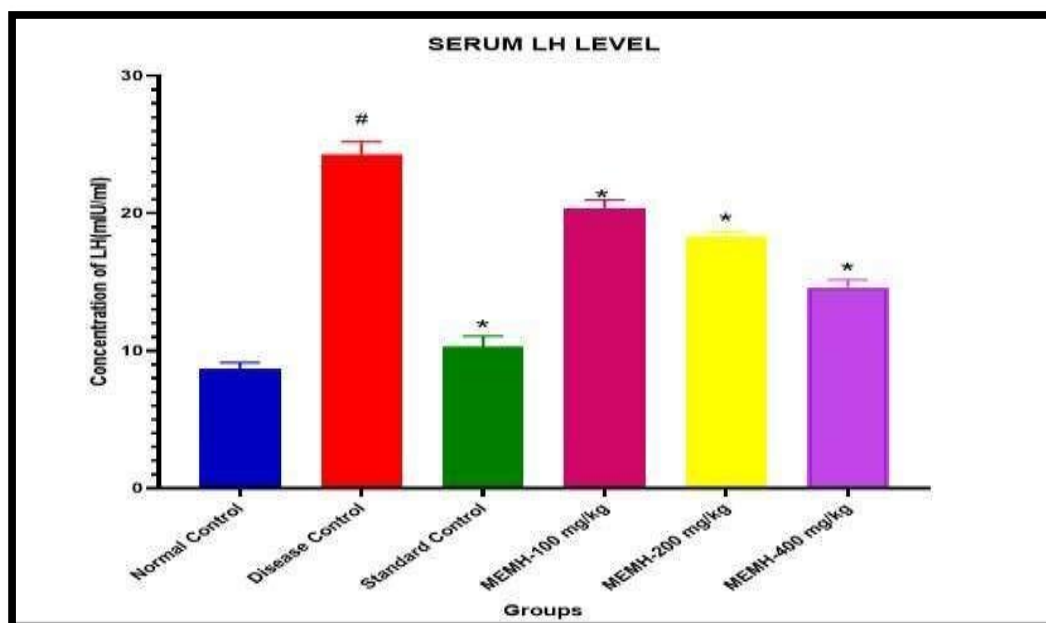


Figure 10| Effect of MEMH on serum LH level in female rats

All values represent Mean \pm SEM; (n=6)

* - Significant different from disease control (P<0.05)

- Significant different from normal control (P<0.05)

3.13. Effect of MEMH on lipid profile in female rats: Total Cholesterol (TC), Triglyceride (TGs), HDL, LDL, VLDL

At the study's conclusion, the disease control group of female rats exhibited a significant increase in mean total cholesterol, triglyceride, LDL, and VLDL levels, accompanied by a significant decrease in HDL levels compared to the normal control group. The standard control group, administered Clomiphene citrate (1 mg/kg P.O.) for 45 days post-PCOS induction, demonstrated a decrease in serum total cholesterol, triglyceride, LDL, and VLDL levels, with a significant increase in HDL levels. In comparison to the disease control group, treatment with intermediate doses (200 mg/kg P.O.) and high doses (400 mg/kg P.O.) of MEMH resulted in a dose-dependent decrease in serum total cholesterol, triglyceride, LDL, and VLDL levels, while HDL levels increased. Conversely, treatment with low doses of MEMH (100 mg/kg P.O.) showed no significant difference in total cholesterol, triglyceride, HDL, LDL, and VLDL compared to the disease control group. These outcomes present a comprehensive view of the lipid profile alterations induced by MEMH in the context of PCOS.

3.14. Effect of MEMH on liver profile in female rats

Upon completion of the study, the disease control group of female rats exhibited a significant increase in mean SGOT (122.43 ± 7.22), SGPT (95.91 ± 4.86), and ALP (334.39 ± 10.01) compared to the normal control group. The standard control group, treated with Clomiphene citrate (1 mg/kg P.O.) for 45 days post-PCOS induction, demonstrated a decrease in serum SGOT (70.17 ± 4.57), SGPT (70.85 ± 4.30), and ALP (256.13 ± 23.29) compared to the disease control group. In comparison to the disease control group, treatment with intermediate doses (200 mg/kg P.O.) and high doses (400 mg/kg P.O.) of MEMH resulted in a decrease in serum SGOT levels in female rats. However, treatment with low doses of MEMH (100 mg/kg P.O.) showed no significant difference in serum SGOT levels. Similarly, regarding serum SGPT levels, treatment with low doses (100 mg/kg P.O.), intermediate doses (200 mg/kg P.O.), and high doses (400 mg/kg P.O.) of MEMH resulted in a decrease compared to the disease control group. While treatment with low, intermediate, and high doses of MEMH (100 mg/kg P.O., 200 mg/kg P.O., and 400 mg/kg P.O., respectively) led to a decrease in serum ALP levels in female rats compared to the disease control group, statistical significance was not achieved. These results offer valuable insights into the hepatoprotective potential of MEMH in the context of PCOS.

3.15. Effect of MEMH on ovarian weight in female rats

After 21 days of Letrozole (1 mg/kg P.O.) administration, a significant increase in the weight of the right (77.78 ± 2.66) and left ovaries (74.33 ± 2.79) was observed in the disease control group of female rats compared to the normal control group [Right ovary (44.53 ± 2.96) and Left ovary (43.86 ± 2.71)]. The standard control group, treated with Clomiphene citrate (1 mg/kg P.O.) for 45 days, exhibited a decrease in ovarian weight [Right ovary (46.56 ± 3.46) and Left ovary (45.22 ± 2.98)] compared to the disease control group [Right ovary (77.78 ± 2.66) and

Le ovary (74.33 ± 2.79), as presented in Table 7-13. In comparison to the disease control group, treatment with intermediate doses of MEMH (200 mg/kg P.O.) and high doses of MEMH (400 mg/kg P.O.) resulted in a decrease in ovarian weight in female rats. However, treatment with low doses of MEMH (100 mg/kg P.O.) showed no significant difference in ovarian weight in female rats.

3.16. Effect of MEMH on uterine weight in female rats

After 21 days of Letrozole (1 mg/kg P.O.) administration, there was a significant increase in the length of the uterine (4.8 ± 0.15) in female rats in the disease control group compared to the normal control group of uterine length (3.47 ± 0.15). The standard control group, treated with Clomiphene citrate (1 mg/kg P.O.) for 45 days, exhibited a decrease in uterine length (3.13 ± 0.20) when compared to the disease control group (4.8 ± 0.15). MEMH contains different phytoestrogens that act through estrogen receptors to regulate hormone levels, normalize ovarian and uterine function, and increase uterine weight in female rats in a dose-dependent manner. In comparison to the disease control group, treatment with low doses of MEMH (100 mg/kg P.O.), intermediate doses of MEMH (200 mg/kg P.O.), and high doses of MEMH (400 mg/kg P.O.) all led to a decrease in uterine length in female rats.

3.17. Histopathology of ovary of female rats

Histopathology of normal female rat ovaries displayed primordial, primary, secondary, tertiary follicles, and corpus luteum (Figure A). In contrast, Letrozole-induced PCOS ovaries in the disease control group exhibited sub-capsular cysts, resembling human polycystic ovaries. However, treatment with MEMH (100 mg/kg, 200 mg/kg, 400 mg/kg P.O.) resulted in a reduction in cyst numbers and an increase in mature follicles compared to the disease control group (Figure C, D, E).

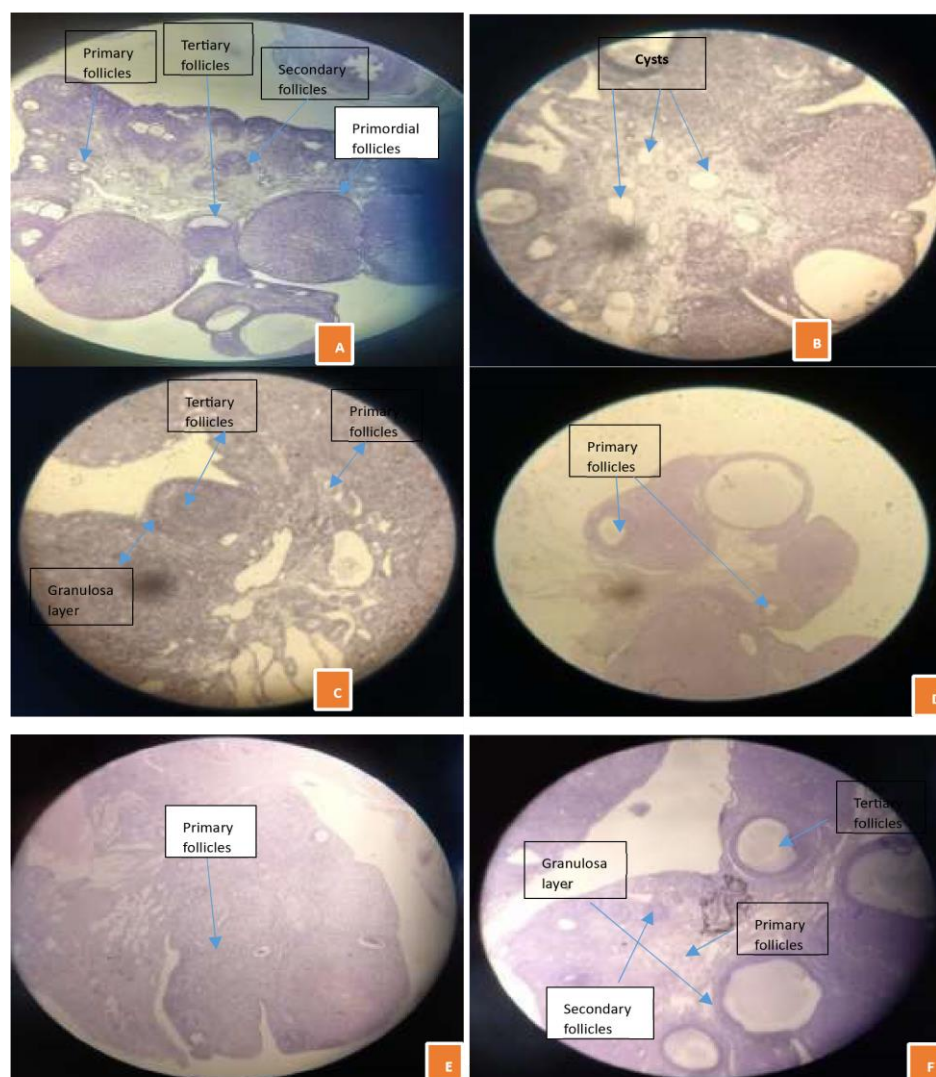
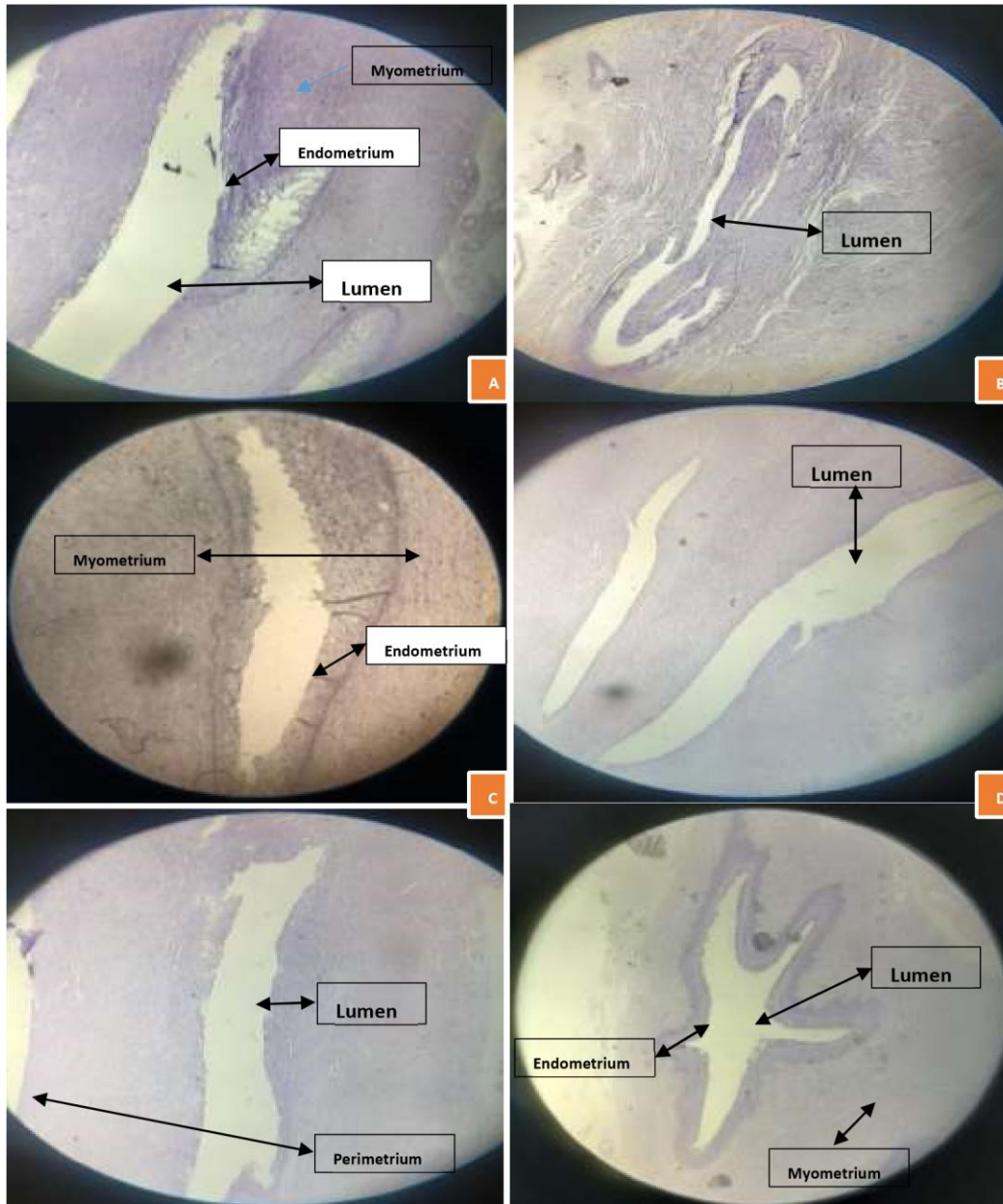


Figure 11 Histopathology of ovary of female rats A) Normal control B) Disease control C) standard control D) 100 mg/kg MEMH E) 200 mg/kg MEMH F) 400 mg/kg MEMH

3.18. Histopathology of uterus of female rats

Histopathology of the uterus in normal rats reveals the presence of endometrium, myometrium, perimetrium, and lumen, as depicted in Figure A. Conversely, the histopathology of PCOS-induced rats demonstrates endometrium hyperplasia and a reduction in the lumen proportion of the uterus, as shown in Figure B. In comparison to the disease control group, treatment with low doses of MEMH (100 mg/kg P.O.), intermediate doses of MEMH (200 mg/kg P.O.), and high doses of MEMH (400 mg/kg P.O.) all resulted in an increased lumen proportion and decreased endometrium hyperplasia.

Figure 12 Histopathology of uterus of female rats



A) Normal control B) Disease control C) standard control D) 100 mg/kg MEMH E) 200 mg/kg MEMH F) 400 mg/kg MEMH

4. Conclusion

Polycystic ovary syndrome includes menstrual disorders such as oligomenorrhea/amenorrhea, anovulation with this hormonal imbalance and hyperandrogenism, which results in an increase in testosterone levels, which cause a decrease in estrogen and progesterone levels and also it affects the FSH/LH ratio. Moreover, PCOS increases the weight of ovaries and length of uterine. According to the current study, methanolic extract of *Manilkara hexandra* leaves had a positive effect in treatment of letrozole-induced PCOS. It has a range of pharmacological effects, including estrogenic activity, progesterone activity, and decrease the level of androgen and also it has hepatoprotective activity, and hypoglycaemic activity, all of which are directly related to the allopathic therapy of PCOS. The methanolic extract of *Manilkara hexandra* leaves may have such

pharmacological effects due to presence of a variety of phytoestrogens, including quercetin, myricetin and gallic acid. Based on the discovery that a methanolic extract of *Manilkara hexandra* leaves has a broadly beneficial impact on polycystic ovary syndrome (PCOS).

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