Farrag EM, Ismail MF, Barakat MM, Mohamed NZ, Shaker SE

¹Therapeutical Chemistry Department, National Research Center, Dokki, Cairo, Egypt. ² Biochemistry Department Faculty of Pharmacy, Cairo University, Kasr El-Eini Street, Cairo, Egypt.

(Received 21st October 2013. Revised 28th October 2013. Accepted. Published *Online* 27th December 2013.)

Correspondence: Sylvia Edward Shaker Email: sylvia_nrc@hotmail.com

Possible improvement of praziquantel side effects by micronutrient supplementation

Objectives: Schistosomiasis is still one of the most important parasitic diseases in Egypt. Treatment of schistosomiasis depends almost exclusively on praziquantel (PZQ). Although it was regarded as safe generally, the comprehensive use of praziquantel induced several common adverse reactions. **Methods:** This study aimed to clarify the modulatory effect of micronutrients (in the form of oral syrup named Vitamount) on low (250 mg/Kg) and high dose (500 mg/Kg) of PZQ in reducing praziquantel side effects on one hand and increasing its efficacy on the other hand. *In vitro* and *in vivo* study of a new synthetic compound: 2-(3-Benzofuran-2-yl)-1-phenyl-1*H*-pyrazol-4-yl)-3- p- tolylthiazolidin-4-one (BPPT) was evaluated as anti schistosomal drug.

Results: Data obtained from the present study showed that group taking PZQ (500 mg/kg) plus Vitamount achieved the best reduction in worm burden and ova count in addition to achieving the best improvement in hepatic antioxidant enzymes when compared with all other treatments. Such combination restored the alterations in all parameters exerted by *Schistosoma* infection towards normal levels. **Conclusion:** It was previously known that PZQ (500 mg/kg) is effective in eradicating worm burden and ova count. The present study proved that co-administration of Vitamount guard against PZQ side effects by enhancing the antioxidant status.

Keywords: Schistosoma mansoni, Praziquantel, oxidative stress, BPPT.

INTRODUCTION

Schistosomiasis remains a significant many parts of the particularly where health resources are most limited (King, 2010).Of the 239 million people with active Schistosoma infection in 2009 (Barros et al., 2009), 85% lived in sub-Saharan estimated Africa, where 150,000 an deaths/year were attributable schistosomiasis (Van der Werf and De Vlas, 2001; King et al., 2011). Schistosomiasis tops all the endemic parasitic diseases world-wide particularly in Egypt (Shenawy, Soliman and Revad, 2008).

Chemotherapy is the mainstav οf schistosomiasis control and is carried largely through the use of praziquantel (PZQ) (Sayed et al., 2008). It is considered the current drug of choice against schistosomiasis. PZQ, а pyrazinoisoguinoline anthelmintic compound, is active against all schistosome species and is also effective against other trematode and cestode infection (Greenberg, 2005). Because of these advantages over other chemotherapeutics, PZQ has, in recent years, become effectively the only antischistosomal commercially available drug (Hagan et al., Tens of millions receive annual treatments of PZQ (Sayed et al., 2008; Fenwick A. 2006). PZQ administration can result in significant side effects including dizziness. meningism headache. sleepiness. vertigo. abdominal fatigue. pain. cramps. nausea, vomiting, diarrhoea, bloody stools, low back pain and urticaria/rash (José Carlos et al., 2010), seizures and transient increase in liver enzymes (Beck et al., 2001; Ali, 2011). Besides, it was reported that praziquantel induce hemorrhage in the lung tissue of the host (Flisser and Mclaren 1989).

Micronutrients are those vitamins minerals required in minuscule amounts. these substances enable the body to produce hormones and other substances enzymes, essential for proper growth and development. Schistosoma infection may enhance host malnutrition which may influence parasite establishment, maturation, survival and expulsion. The relationship between malnutrition and parasite infection can synergistic, which means that a preexisting malnutrition lowers host resistance infection or increases duration or severity of the infection. The opposite, or antagonistic type of interaction, results in an infectious process that is less severe in a mal-nourished host than in a well-nourished one (Olsen, Nawiri and Friis, 2000).

The aim of the present study was to improve the efficacy of PZQ through some micronutrients supplementation on one hand and to reduce its side effect on the other hand. This was done by studying the effects of PZQ and micronutrients either alone or in combination on several parasitological and biochemical parameters in clean and infected mice with *Schistosoma mansoni*. As a trial to introduce a new antischistosomal drug, the efficacy of BPPT was studied.

MATERIALS AND METHODS

Chemicals: Chemicals used were purchased from Adwic, Fluka, Sigma Aldrich Co. (St. Louis, MO, USA), EIPICO and Amoun (Egypt).

Animals: Laboratory-bred female Swiss albino mice, each weighing 18-20 g, were used in the study. They were maintained in conditioned rooms at 21°C on sterile water ad libitum and balanced dry food.

Cercariae: *Schistosoma mansoni* cercariae suspension was obtained from SBSP/TBRI. Infection was performed by subcutaneous injection of 80 *S. mansoni* cercariae for each mouse (Stirewalt and Dorsey, 1974).

This study was conducted in accordance with legal ethical guidelines of the Ethical Committee of the Federal Legislation and National Institute of Health Guidelines in USA and approved by the Ethics Committee of the National Research Center in Egypt.

Drug regimen

- PZQ: It was kindly gifted from Egyptian International Pharmaceutical Industries Co. (EIPICO). The drug was freshly prepared and orally administered to mice using a stainless steel oral cannula. Two doses of PZQ were tested (250 and 500 mg/kg b.w.) for two consecutive days.
- Vitamount: A multi micronutrient syrup (Amoun Pharmaceutical Company) containing (Vitamin A 1800 i.u., Vitamin E 30 i.u., Vitamin C 60 mg, Vitamin B1 2.5 mg, Vitamin B2 1.7 mg, Vitamin B3 20 mg, Vitamin B6 2 mg, Vitamin B12 6 μg, Vitamin D 400 i.u., biotin 300 μg, calcium pantothenate 10 mg, iodine 150 μg iron 9 mg, zinc 3 mg, manganese 25 mg and chromium 25 μg per 15 ml) was administered in a dose of 2.6 ml/kg body weight (Olsen, Nawiri and Friis, 2000; Paget and Barnes, 1964).
- New compound under exploration: 2-(3-Benzofuran-2-yl)-1-phenyl-1H-pyrazol-4-yl)-3-p- tolylthiazolidin-4-one (BPPT), is a new compound prepared in our laboratories (NRC laboratories, Therapeutical Chemistry Department). The tested dose was 50 mg/kg

body weight for two consecutive days (75 % of LD_{50}).

vitro assessment of the possible In antischistosomal effect of BPPT: To determine the LC₅₀ of BPPT, a stock solution of 2-(3-Benzofuran-2yl)-1-phenyl-1*H*-pyrazol-4-yl)-3- *p*- tolylthiazolidin-4one (BPPT) was prepared in dimethyl sulfoxide (DMSO), diluted with RPMI media to produce test solutions of different concentrations ranging from 10-100 μg/ml. Three replicates were used for each concentration, 12 worms, males and females equally represented, were placed in each vial using sterilized tissue forceps. Incubation was maintained at 37°C. Positive (praziquantel, 0.1 µg/ml) and negative (DMSO) controls were similarly performed. Examination for worm viability was done after 24 h using a stereomicroscope. Worms showing no signs of motility for 1 min were considered dead.

In vivo determination of LD_{50} for 2-(3-Benzofuran-2-yl)-1-phenyl-1H-pyrazol-4-yl)-3-p-tolylthiazolidin-4-one (BPPT)

Median lethal dose (LD_{50}) was determined orally according to the method of Behrens and Karber (1970).

Experimental design: Animals were divided into ten groups. Twenty mice were allocated for each infected group and 12 mice for each clean non infected group. Groups 1-5 were infected mice that were kept for 6 weeks after infection. Groups 6-10 represented clean non infected mice. Group 1 served as control infected, groups 2-5 were orally administered praziquantel (500 mg/kg), praziquantel (500 mg/kg) + Vitamount , praziquantel (250 mg/kg) Vitamount and BPPT, respectively. Vitamount was given 4 weeks before infection then mice were infected and Vitamount supplementation continued for another 6 weeks (groups 3, 4 only) then treatments (PZQ or BPPT) was given for 2 consecutive days. Mice were sacrificed after 2 weeks. The clean non infected groups (6-10) were administered their respective treatments simultaneously alongside with the infected treated groups.

Sampling: At the end of the experimental period, animals were sacrificed. Liver perfusion of 5 mice from each infected group was separately performed for worm counting. At the end of perfusion, the liver was removed and divided into 3 fragments for ova count. Liver of the remaining animals from each group were separately homogenized using an electrical homogenizer and the resulting homogenates were centrifuged at 3000 r.p.m. for 15 min in a refrigerated centrifuge and the

supernatants were stored at – 20°C to be used for enzymatic assays.

Parasitological parameters

Worm count: Worms were recovered by hepatic perfusion and percent of reduction in worm number was calculated by the method of Tendler *et al.*, (1986). **Ova count:** The liver was dissected and divided into 3 fragments for ova count according to the method of Cheever and Andeson (1971).

Determination of hepatic antioxidant enzymes:

Determination of glutathione reductase (GR) was performed according to the method of Carlberg and Mannervik (Carlberg, Mannervik B. 1975). Thioredoxin reductase (Thrxs), was assessed according to the method of Holmgren and Björsnstedt (1995). Determination of glutathione peroxidase (GPX) and glutathione-S-transferase were performed according to the method of Lawrence and Burk (1976) and Habig, Pabst and Jacoby (1974), respectively.

Statistical analysis:

The results were presented as mean \pm standard deviation (S.D.) for 9 mice in each group. Results were analyzed statistically by one way analysis of variance (ANOVA) using SPSS (Statistical Package for the Social Sciences, version 9) software. When an overall significance was indicated by the F value, differences were considered statistically significant at p < 0.05.

RESULTS

Parasitological studies:

In vitro studies

In vitro schistosomicidal activity of 2-(3-Benzofuran-2-yl)-1-phenyl-1*H*-pyrazol-4-yl)-3-*p*-tolylthiazolidin-4-one (BPPT) on *Schistosoma mansoni* adult worms

Different concentrations of BPPT and its corresponding % mortality were represented in Tab.I. It showed that LC $_{50}$ of BPPT in worms is 30 $\mu g/mI$.

In vivo studies

Effect of different treatments on worm load and ova count in infected mice

In vivo studies showed that co-administration of Vitamount with PZQ 500 mg/kg achieved the best reduction in worm burden followed by PZQ 500 mg/kg alone reaching 99.5% and 94.7%, respectively (Tab.II). Results of worm load were supported by results of ova count where simultaneous administration of Vitamount with PZQ 500 mg/kg succeeded in recording the best ova count reduction (83.5%), in comparison with PZQ 500

mg/kg alone that achieved only 77.1% reduction in ova count.

Biochemical studies:

Effect of different treatments in clean and infected mice on antioxidant enzyme activities in liver homogenates

A significant decrease in hepatic antioxidant enzvme activities due to infection measured. The best recovery in different antioxidant enzyme activities among all groups was apparent in the group treated with PZQ 500 mg/Kg + Vitamount. Supplementation of Vitamount with PZQ did not succeed in decreasing the used dose of PZQ as shown in the group treated with PZQ 250 mg/Kg + **BPPT** Vitamount. Although significantly increased antioxidant enzyme activities but the enhancement was very low when compared with PZQ 500 mg/Kg.

In clean mice, the co-administration of Vitamount with either doses of PZQ (PZQ 500 mg/kg or PZQ 250 mg/kg) exerted no significant change in all antioxidant enzyme activities when compared with non treated group. On the other hand, PZQ alone induced significant decrease in all antioxidant parameters measured followed by BPPT when compared with non treated group (Tab.III).

DISCUSSION

Given the extend of schistosomiasis problem, and the fact that treatments relies on a single drug , praziquantel , which raises issues with respect to resistance and some side effects, there is a need for more studies on PZQ . In this work we first use the supplementation of some micronutrients in form of Vitamount to improve the side effects of PZQ on one hand and to compensate the decrease micronutrients due to Schistosoma infection on the other hand. Second, we tried to find out a new drug for treating schistosomiasis.

The present work showed that PZQ 500 mg/kg body weight, administered to infected mice, induced reduction of total worm burden (94.7%) and decrease in ova count (77%), which is supported by Morsy (2009) who determined a reduction in both worm burden (99%) and egg count (63.69%) when using the same dose and duration of PZQ. Hendawy et al., (2010) confirmed that PZQ (500 mg/kg for consecutive days) caused a marked reduction in worm burden reaching 95.6%, the oogram pattern after PZQ treatment showed a complete disappearance of all immature ova from the wall of the intestine. Mantawy, Ali and Rizk (2011) found that treatment with praziguantel (500 mg/kg b.w.)

successive days after 45 days of infection resulted in significant reduction in worm burden (95.8%) accompanied with significant increase in percentage of dead ova (87.3%) and a decrease in the percentage of mature ova stages (12.7%), reduction in hepatic and intestinal oogram by 90.7% and 93.8%, respectively. Damage caused by PZQ increases exposure of antigens on the worm surface, particularly over male worm tubercles and this in turn renders the worms more susceptible to antibody attack. This drug-induced antigen exposure is assumed to account for the synergistic effect between PZQ and host antibodies in killing worms in vivo (Doenhoff, 2010).

It was reported that Schistosoma infection induces a decrease in some micronutrients. Saleh and Shehata (1979) measured a decrease in thiamine, pantothenic acid, and niacin levels due to schistosomiasis. Mikhail and Mansour (1982) and Kaestel et al., (1999) reported that infected patients subnormal levels of plasma vitamin A, retinol binding protein, prealbumin and zinc when compared to the control group. Berhe et al., (2007) found that serum retinol concentrations were inversely related to intensity of S. mansoni infection. retinol Serum transiently be low due to reduced production of retinol binding protein, which is often observed as part of acute-phase response to (Thurnham. McCabe. Clewes, Nestel, 2003). Therefore, there was a great need of micronutrients supplementation during Schistosoma infection to compensate their decrease. Maraini et al., (2009) reported multivitamin-mineral daily used supplements formulated at about RDI levels can significantly raise the plasma levels of many of the nutrients included in such supplements.

In the current work, co-administration of multi-micronutrient (Vitamount) to PZQ 500 mg/kg induced more reduction of total worm burden (99.5%) and more decrease in ova count (83%) than that achieved from either PZQ 250 mg/kg + Vitamount or PZQ 500 mg/kg alone.

Treating the clean mice with PZQ negatively affect all measured antioxidant parameters. The addition of Vitamount improved these negative effects which is an evidence of the positive effect of using it.

The data obtained in the present study showed significant decrease in antioxidant enzyme activities including GR, GPX, Thrxs and GST in infected mice. These results coincide with those of Farrag and Faddah (1998). They found

that glutathione peroxidase and glutathione -S- transferase activities were decreased in infected mice compared to non infected animals. Also, Sheweita et al. (1998 and 2010) found that the activity of GST was decreased in human and mice infected with S. mansoni. Similar results were reported by Gharib, Abd-Allah, Dessein and De-Reggi (1999). They measured a decrease in GPX activity in livers of mice infected with S. mansoni. Also, Mantawy, Ali and Rizk (2011) found significant decrease in GPX activity due to Schistosoma infection. The decrease in antioxidant enzyme activities can be referred to schistosomiasis which induces different symptoms in the host such as anemia and inflammation. The increase in free schistosomiasis is radicals during attributed to these two symptoms as well as their induction during phagocytosis (Martin et al., 2004). Other proposed mechanism for the decrease in antioxidant enzyme activities seems, at least in part, to be a specific effect of protein deficiency that can alter the turnover of some enzymes. The mentioned hypothesis is supported by Gharib, Abd-Allah, Dessein and De-Reggi (1999). They attributed the decrease in antioxidant enzyme activities Schistosoma infection to several mechanisms that may account for such discrepancy such as increased cytotoxicity with H2O2 which is produced as a result of inhibition glutathione reductase that keeps glutathione in its reduced form and decreased translation of mRNA into protein. This again is supported by El-Rigal and Hetta (2006) and El-Ansary, Ahmed and Aly (2007). They reported a decrease in protein content in infected host. They attributed it to mRNA degradation. Huang and Fwu (1992) demonstrated that low protein not only retards animal growth but also changes the metabolism via modification of the hormonal profile. As a result, turnover of some enzyme protein could be specifically altered. For example, the liver microsomal enzyme detoxification activities inducibility were shown to be lowered by low protein levels (Kato, Tard and Yoshida, 1980).

Another factor for the decrease in antioxidant enzyme activities may be due to the depletion of the cofactors, in this case, NADPH which can be attributed to the inhibition of glucose-6-phosphate dehydrogenase (G6PDH). GPx and GR act in consort, with G6PDH supplying reducing equivalent (NADPH). NADPH is needed for GR activity which in turn maintains adequate concentration of GSH required for GPx activity. Also, there is a decrease in glutathione synthetase activity required for GSH synthesis (Chitra and Devi, 2008).

Unavailability of GSH can also cause a reduction in the activity of GPx and GST (Chitra and Devi. 2008).

Data obtained from the present work showed that PZQ 500 mg/kg induced significant increase in antioxidant enzyme activities when compared with infected mice. Similar findings were reported by Sheweita et al. (2010) who showed that Praziguantel treatment of S. mansoni infected mice succeeded normalization of glutathione reductase and glutathione -S- transferase. Mantawy, Ali and Rizk (2011) also supported our findings where they found that glutathione peroxidase level showed significant increase after treatment. The amelioration in antioxidant status may be attributed to reduction in worm load as a consequence of PZQ treatment.

Best improvement achieved in our study was after Vitamount co administration with PZQ 500 mg/kg. All biomarkers of oxidative stress were changed in the treated groups indicating the efficacy and the protective effect of the antioxidant supplementations against oxidative insult derived from infection. Despite that some reviews and studies point out that antioxidant intervention with micronutrients in different human diseases failed to show positive effects (Halliwell, Rafter and Jenner, 2005; Hercberg, 2006;__Block et al., 2006; Brigelius-Flohé, 2009; Halliwell, 2009), in the present study the antioxidant therapy with Vitamount (which includes Vitamin A, Vitamin E, Vitamin C, zinc and chromium) was effective in improving the liver antioxidant parameters associated with Schistosoma infection. Therefore, such nutritional intervention might be recommended for subjects exposed to S. infection. Our mentioned assumption was supported by several authors where Castenmiller et al. (1999), reported an increase in GR activity after 3 weeks of dietary intervention with carotenoids which is known to deactivate singlet oxygen. Esen and Tekeli that trivalent suggest chromium supplementation increase antioxidant enzyme Filho activities. Moreover, et al., (2010) revealed that after supplementation vitamins C and E all biomarkers of oxidative stress were improved in human exposed to occupational airborne contamination from coal mining extraction and incineration of hospital residues. The interception of the peroxyl radical (RO2ullet) by α -tocopherol results in the formation of the tocopheroxyl radical, which is regenerated back α-tocopherol to ascorbate or reduced glutathione. In fact, ascorbate can act either directly in cellular membranes by blocking the beginning of the lipoperoxidation process, or indirectly by regeneration of tocopheroxyl radical to vitamin E (Traber and Atkinson, 2007; Zingg, 2007). This indicates the efficacy of the protective effect of antioxidant supplementations against the oxidative insult derived from schistosomiasis.

Combining PZQ 250 mg/kg with Vitamount is not sufficient to achieve significant amelioration in all parameters measured in infected mice. It can be attributed to the fact that PZQ 250 mg/kg is not a sufficient curative dose. The remained viable worms induce oxidative damage in the host.

Results of the current study demonstrated that, in vitro assay of different concentrations of BPPT revealed its schistosomicidal activity where 100, 80, $\mu g/ml$ and 30 $\mu g/ml$ succedded in achieving 100%, 91.6% and 50 % mortality respectively. BPPT consists of 3 rings: Benzofuran, Pyrazol and Thiazolidinone where the last is the most important ring regarding anthelmintic activity. Several studies reported that different thiazolidine derivatives considered potent anthelminthic as compounds (Silva, SilvaGoes, De Lima, Souza (2007) Mala. 2003). Taha and Soliman tegumental alterations documented in S. mansoni worms induced by a thiazolidine containing chemical compound administration of different doses to infected mice resulted in extensive loss of spines and tubercles lost their normal shape and fused together forming bubble-like lesion in some areas.

Due to the promising *in vitro* results of BPPT, *in vivo* studies were performed. *In vivo* BPPT administration induced reduction in worm load (81.5%) and ova count (75.66%) in infected mice but this reduction was not efficient as that achieved by PZQ (500 mg/kg) alone or PZQ (500 mg/kg) + Vitamount.

Regarding antioxidant parameters, BPPT showed significant improvement in all antioxidant enzyme activities; however, its efficacy is lower when compared with either PZQ (500 mg/kg) alone or PZQ (500 mg/kg) with Vitamount.

CONCLUSION

The curative dose of Praziquantel (500 mg/kg) was able to eradicate schistosomiasis and should not be decreased even in the presence of other supplements. The present study supported the coadministration of micronutrients to the treatment protocol beside PZQ. The addition of Vitamount to PZQ counteracted some of the side effect of the PZQ on one hand. On the other hand, Vitamount is

very effective in attenuating the oxidative insult associated with *Schistosoma mansoni* infection. In addition; the compound under investigation (BPPT) did not show the expected *in vivo* efficacy when compared with either its *in vitro* one or that of PZQ.

ACKNOWLEDGEMENTS

This work is financially supported by the National Research Centre, Dokki, Cairo, Egypt. The funder had no role in study design, data collection and analysis, decision to publish, or preparation of the manuscript, and the content is solely the responsibility of the authors. We sincerely thank Prof. Soheir Mahmoud (SBSP/TBRI) for *in vitro* and parasitological work. We also sincerely thank Ass. Pof. Somaia Sayed Abd El-Karaim (NRC, Therapeutical Chemistry Department) for supplying us with BPPT.

REFERENCES

- 1. Ali SA. 2011. Natural products as therapeutic agents for schistosomiasis. Res. J. Med. Plant. 5: 1-20.
- Barros L, Costa-Silva M, Biolchini CL, Neves RH, Machado-Silva JR. 2009. Effect of praziquantel administration on hepatic stereology of mice infected with Schistosoma mansoni and fed on low protein diet. Braz. J. Med. Biol.Res. 42: 812-815.
- Beck L, Favre TC, Pieri OS, Zani LC, Domas GG, Barbosa CS. 2001. Replacing oxamniquine by praziquantel against Schistosoma mansoni infection in a rural community from the sugar-cane zone of northeast Brazil: An epidemiological follow-up. Mem. Inst. Oswaldo. Cruz. 96: 165-167.
- Behrens B, Karber G. 1970. Chemotherapy of Neoplastic diseases. Selli C, Ckhardt S and Nmeth L (eds.) Budapest, The publishing house of the Hungarian Academy. P. 37.
- Berhe N, Bente LH, Thomas EG, Bjorn M, Svein GG, Rune B. 2007. Reduced serum concentration of retinol and -tocopherol and high concentrations of hydroperoxides are associated with community levels of S. mansoni infection and Schistosomal periportal fibrosis in ethiopian school children. Am. J. Trop. Med. Hyg. 76:943-994.
- Block KI, Koch AC, Mead MN, Tothy PK, Newman RA, Gyllenhaal C. 2008. Impact of antioxidant supplementation on chemotherapeutic toxicity: a systematic review of the evidence from randomized controlled trials. Int. J. Cancer. 123:1227-1239.
- Brigelius-Flohé 2009. R. Vitamin E: the shrew waiting to be tamed. Free. Radic. Biol. Med. 46:543-554.
- 8. Carlberg, Mannervik B. 1975. Purification and characterization of the flavoenzyme glutathione reductase from rat liver. J. Biol. Chem. 250: 5475-5480.
- 9. Castenmiller JJ, Lauridsen ST, Dragsted LO, Van het Hof KH, Linssen JP, West CE. 1999. Beta-carotene does not change markers of enzymatic and non

- enzymatic antioxidant activity in human blood. J. Nutr. 129:2162-2169.
- Cheever AW, Andeson LA. 1971. Rate of destruction of S. mansoni eggs in tissues of mice. Am. J. Trop. Med. Hyg. 20: 62-68.
- Chitra S, Devi CS. 2008. Effect of alpha-tocopherol on pro-oxidant and antioxidant enzyme status in radiation-treated oral squamous cell carcinoma. Indian. J. Med. Sci. 62:141-148.
- Doenhoff MJ, Hagan P, Cioli D, Southgate V, PicaMattocia L, Botros S, Coles G, Tchuem TCHU, Mbaye A, Engels D. 2010. Praziquantel: its use in control of schistosomiasis in sub-Saharan Africa and current research needs. Parasitology 136: 1825-1835.
- El Shenawy NS, Soliman MF, Reyad SI. 2008. The effect of antioxidant properties of aqueous garlic extract and Nigella sativa as anti-schistosomiasis agents in mice. Rev. Inst. Med. Trop. Sao Paulo. 50: 29-36.
- EL-Ansary KA, Ahmed SA, Aly SA. 2007.
 AntiSchistosomal and liver protective effects of Curcuma longa extract in Schistosoma mansoni infect mice. Indian. J. Exp. Biol. 45:791-801.
- El-Rigal N, Hetta MH. 2006. Effect of Citrus reticulate on serum protein fractions of mice after Schistosoma mansoni infection. J. Appl. Sci. 6:1447-1455
- Esen GF, Tekeli SK. 2009. The effects of feeding with different levels of zinc and chromium on plasma thiobarbituric acid reactive substances and antioxidant enzymes in rats. Pol. J. Vet. Sci. 12:35-39
- Farrag E, Faddah LM. 1998. Selenium and vitamin E supplementation provide a good defense mechanism against oxidative stress caused by Schistosoma infection. Bull. Egypt .Soc. Physiol. Sci. 18:394-405.
- Fenwick A. 2006. New initiatives against Africa's worms. Trans. R. Soc. Trop. Med. Hyg. 100: 200– 207
- Filho DW, Parisotto EB, Junior SA, Moratelli AM, Possamai FP, Garlet TR, Inacio DB, Torres MA, Colepicolo P, Dal-Pizzol F. 2010. Antioxidant therapy attenuates oxidative stress in the blood of subjects exposed to occupational airborne contamination from coal mining extraction and incineration of hospital residues. Ecotoxicology. 19:1193–1200.
- Flisser A, Mclaren DJ. 1989. Effect of praziquantel treatment on lung stage larvae of Schistosoma mansoni in vivo. Parasitol. 98: 203-211.
- Gharib B, Abd-Allah OM, Dessein H, De-Reggi M. 1999. Development of eosinophil peroxidase activity and concomitant alteration of the antioxidant defenses in the liver of mice infected with Schistosoma mansoni. J. Hepatol. 30:594-602.
- 22. Greenberg RM. 2005. Are Ca2- channels targets of praziquantel action? Int. J. parasitol. 35: 1-9.
- 23. Habig WH, Pabst MJ, Jacoby WB. 1974. Glutathione S-transferases: the first enzymatic step in mercapturic acid formation. J. Biol. Chem. 249: 7130-7139.
- 24. Hagan P, Appleton CC, Coles GC, Kusel JR, Tchuem-Tchuente LA. 2004. Schistosomiasis control: keep taking the tablets. Trends Parasitol. 20: 92–97.

- Halliwell B, Rafter J, Jenner A. 2005. Health promotion by flavonoids, tocopherols, tocotrienols, and other phenols: direct or indirect effects? Antioxidant or not? Am. J. Clin. Nutr. 81:268-276.
- 26. Halliwell B. 2009. The wanderings of a free radical. Free. Radic. Biol. Med. 46:531-542.
- Hendawy MA, Ibrahim RB, Ali E, Hedaya MS, Nosseir MF. 2010. Effect of Diphenyl Dimethyl Bicarboxylate and Dexamethasone on Immunological and parasitological parameters in murine Schistosomiasis mansoni. Indian. J. Exp. Biol. 44: 781-785.
- 28. Hercberg S. 2006. The SU.VI.MAX study, a randomized, placebo-controlled trial on the effects of antioxidant vitamins and minerals on health. Ann. Pharm. Fr. 64:397-401.
- Holmgren A, Bjorsnstedt M. 1995. Thioredoxin and thioredoxin reductase. Methods Enzymol. 252: 199– 208.
- Huang CJ, Fwu ML. 1992. Protein insufficiency aggravates the enhanced lipid peroxidation and reduced activities of antioxidative enzymes in rats fed diets high in polyunsaturated fat. Nutr. 122:1182-1189.
- 31. José Carlos S, Joyce P, Matthew D, Martha B, David R, Antonio M, Francis K, Kabatereine NB, Stothard JR. 2010. Treatment of intestinal schistosomiasis in Ugandan preschool children: best diagnosis, treatment efficacy and side-effects, and an extended praziquantel dosing pole. Int. Health. 2: 103–113.
- Kaestel P, Lewis FJ, Willingham AL, Bøgh HO, Eriksen L, Michaelsen KF, Sandström B. Høy CE, Friis H. 1999. Schistosoma japonicum infection and serum and tissue concentrations of retinol and zinc in pigs. Ann. Trop.Med. Parasitol. 93:489-499.
- Kato N, Tard T, Yoshida A. 1980. Effect of dietary level of protein on liver microsomal drugmetabolizing enzymes, urinary ascorbic acid and lipid metabolism in rats fed PCB containing diets. J. Nutr. 110:1686-1694.
- 34. King CH, Olbrych SK, Soon M, Singer ME, Carter J, Colley DG. 2011. Utility of Repeated Praziquantel Dosing in the Treatment of Schistosomiasis in High-Risk Communities in Africa: A Systematic Review. Plos. Negl. Trop. 5: 1321.
- 35. King CH. 2010. Parasites and poverty: the case of schistosomiasis. Acta. Trop.; 113: 95–104.
- Lawrence RA, Burk RF. 1976. Glutathione peroxidase activity in selenium-deficient rat liver. Biochem. Biophys. Res. Commun. 71:952-958.
- Mantawy MM, Ali HF, Rizk MZ. 2011. Therapeutic Effects of Allium sativum and Allium cepa in Schistosoma mansoni experimental infection. Rev. Inst. Med. Trop. S. Paulo. 53: 155-163.
- Maraini G, Williams SL, Sperduto RD, Ferris FL, Milton RC, Clemons TE, Rosmini F, Ferrigno L. 2009. Effects of multivitamin/mineral American Clinical Trial of Nutritional Supplements and Agerelated Cataract. Ann. Ist. Super. Sanita. 45: 119-127.
- Martin F, Penet M, Malergue F, Lepidi H, Dessein A, Galland F, De Reggi M, Naquet, Gharib B. 2004. Vanin-1—mice show decreased NSAID- and Schistosoma-induced intestinal inflammation

- associated with higher glutathione stores. Clin. Invest. 113:591–597.
- Mikhail MM, Mansour MM. 1982. The interaction of zinc and vitamin A in human schistosomiasis. Eur. J. Clin. Invest 12:345-350.
- 41. Morsy GH. 2009. Parasitological and histopathological studies on schistosomiasis mansoni infected mice and treated with praziquatel and/or oltipraz. J. Egypt. Soc. Parasitol. 39: 687-701.
- 42. Olsen A, Nawiri J, Friis H. 2000. The impact of iron supplementation on reinfection with intestinal helminths and Schistosoma mansoni in western Kenya. Trans. R. Soc. Trop. Med. Hyg. 94: 493-499.
- 43. Paget GE, Barnes JM. 1964. Interspecies dosage conversion schem in evaluation of results and quantitative application in different species.

 Academic press, London and New York, P. 160.
- Saleh S, Shehata M. 1979. The effect of Schistosoma mansoni infection, and of oxamniquine, a new antiSchistosomal drug on some vitamins in the livers of hamsters. Pol. J. Pharmacol. Pharm. 6:555-561.
- Sayed AA, Simeonov A, Thomas GJ, Inglese J, Austin CP, Williams DL. 2008. Identification of oxodiazoles as new drug leads for the control of schistosomiasis. Nat. Med. 14: 407 – 412.
- Sheweita SA, Hassan M, Bahashwan SA. 2010. Schistosoma mansoni changes the activity of phase II drug-metabolizing enzymes: role of praziquantel as antibilharzial drug. Drug. Metab .Lett. 4:134-138.
- Sheweita SA, Mangoura SA, El-Shemi AG. 1998. Different levels of Schistosoma mansoni infection induce changes in drug-metabolizing enzymes. J. Helminthol. 72: 71-77.
- Silva AAR, SilvaGoes AJS, De Lima WT, Souza Mala MB. 2003. Anti edematogenic activity of two thiazolidine derivatives: Ntryptophyl-5-(3,5-di-tertbutyl-4-hydroxybenzylidene) rhodanine (GS26) and N-tryptophyl-5-(3,5-di-tert-butyl-4hydroxybenzylidene)-2,4 thiazolidinedione (G 28). Chem. Pharm. Bull. 51:1351–1355.
- 49. Stirewalt MA, Dorsey CH. 1974. Schistosoma mansoni: cercarial penetration of host epidermis at the ultrastructural level. Exp. Parasit. 35: 1-15.
- Taha HA, Soliman MI. 2007. AntiSchistosomal activity of 3 substituted-5-(2-aryl-2-oxoethyl)-2, 4 dioxo-1, 3-thiazolidine (Ro-354). Int J. Agric. Biol. 0.87-03
- Tendler M, Pinto RM, Oliveira LA, Gebara G, Katz N. 1986. Schistosoma mansoni vaccination with adult worm antigens. Int. J. Parasitol. 16: 347-352.
- Thurnham DI, McCabe GP, Northrop-Clewes CA, Nestel P. 2003. Effects of sub-clinical infection on plasma retinol concentrations and assessment of prevalence of vitamin A deficiency. Lancet 362:2052– 2058
- 53. Traber MG, Atkinson J. 2007. Vitamin E, antioxidant and nothing more. Free. Radic. Biol. Med. 43:4–15.
- 54. Van der Werf MJ, De Vlas SJ. 2001. Morbidity and infection with schistosomes or soil-transmitted helminths. Report for WHO Parasitic Diseases and Vector Contol. Rotterdam: Erasmus University, P.103.
- 55. Zingg JM. 2007. Vitamin E: an overview of major research directions. Mol. Asp. Med. 28:400–422.

Table I. Effect of different concentrations of BPPT on S. mansoni adult worm viability.

Concentration(µg/ml)	Number of total worms	Number of dead worms	% Mortality	
100	12	12	100%	
80	12	11	91.6%	
60	12	11	91.6%	
50	12	10	83.3%	
40	12	9	75%	
30	12	6	50%	
20	12	1	8.3%	
10	12	0	0%	

Table II. Effect of different treatments on worm load in infected mice.

Animal groups		Worm burde	n	Total worm burden	Ova count	
	Male	Female	Couples			
Control infected	11.6 ± 2.07	2.8 ± 0.83	12.8 ± 1.92	40 ± 15.81	23208 ± 4290.84	
PZQ 500 mg/kg	0.7 ± 0.89	0.4 ± 0.54	0.5 ± 0.85	2.1 ± 0.7 ^a	5320 ±1505.65°	
(%Reduction)	93.96 %	85.71 % 96.09 %		94.7 %	77.07%	
PZQ 500 mg/kg + V.	0.2 ± 0.44	0 0		0.2 a	3939.2 ± 885.25 ^a	
(%Reduction)	98.72%	100 %	100 %	99.5%	83.02%	
PZQ 250 mg/kg + V.	250 mg/kg + V. 2.2 ± 0.83		2.8 ± 0.83	9 ± 0.00 °	6909.8 ± 1077.4 a	
(%Reduction)	81.03 %	57.14 %	78.12 %	77.5 %	70.22%	
BPPT(0.14 mg/kg)	1.8 ± 0.83		2.4 ± 1.14	7.4 ± 2.79 ^a	5648.4 ± 1153.19 °	
(%Reduction)	84.4 %	71.42 %	81.25 %	81.5 %	75.66 %	

Values are means \pm S.D, each group consists of 5 mice, ^a P < 0.05 compared to control infected group. PZQ = Praziquantel, BPPT = 2-(3-Benzofuran-2-yl)-1-phenyl-1H-pyrazol-4-yl)-3- p-tolylthiazolidin-4-one, V. = Vitamount

Table III. Effect of different treatments in clean and infected mice on antioxidant enzyme activities in liver homogenates.

Groups Parameters	Clean control	Control infected	Infected PZQ 500 mg/kg+V	Infected PZQ 250 mg/kg+V	Infected PZQ 500 mg/kg	Infected BPPT	Clean PZQ 500 mg/kg+V	Clean PZQ 250 mg/kg+V	Clean PZQ 500 mg/kg	Clean BPPT
GR	86 ± 5.63	26.1 ±5.27°	74.7 ± 4.7 b	46.4 ±5.1 ab	65.1 ± 5.32 ab	45.1 ± 4.6 ab	77.1 ±5.25 ^b	84.6 ± 5.54 b	68.66 ± 4.71 ^{ab}	55.5 ± 5.68 ab
Thrxs	47 ±5.09	13 ± 3.9 °	37 ±4.5 ab	29.6 ± 3.8 ab	33.2 ±4.57 ^{ab}	35.7 ± 3.9 ab	42.3 ± 3.8 b	45.5 ± 4.77 b	39.3 ± 4.58 ab	44.6 ± 3.27 b
GPX	3.6 ±0.46	2.25 ±0.4°	3.15 ± 0.33 b	2.65 ± 0.43 ab	2.88 ± 0.38 ab	2.86 ± 0.33 ab	3.42 ±0.49 ^b	3.6 ± 0.45 b	2.98 ± 0.26 ab	2.96 ± 0.29 ab
GST	0.4 ±0.03	0.13±0.04°	0.3 ±0.04 ab	0.2 ± 0.036 ab	0.3 0.045 ab	0.24 ± 0.03 ab	0.313 ± 0.04	0.334 ± 0.035 ab	0.257 ± 0.027 ^{ab}	0.25 ± 0.032 ab

Values are means \pm S.D, each group consists of 9 mice, ^a P < 0.05 compared to clean control group and ^b P < 0.05 compared to control infected group. PZQ = Praziquantel, BPPT = 2-(3-Benzofuran-2-yl)-1-phenyl-1*H*-pyrazol-4-yl)-3- *p*- tolylthiazolidin-4-one, V = vitamount.