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Research

Pharmacological Evaluation Of Anti Depressant Activity Of Caesalpinia Pulcherrima In Animal Models

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|  | Abstract |
| Published on: 13 Nov 2024 | <p><i>Caesalpinia pulcherrima</i>. Belongs to the family Fabaceae. Depressions are widespread psychiatric disorders affecting around 5% of the population. Furthermore, it is difficult to predict which patient will respond to any given treatment. In the traditional systems of medicine, many plants have been used to treat anxiety and depression for thousands of years. The present study was designed to evaluate the antidepressant activity of the alcoholic and aqueous extracts of <i>Caesalpinia pulcherrima</i> leaves in rodents. The antidepressant activity was tested by using forced swim test and Open Field Test. The results infer that reduced immobility time elicits antidepressant activity. It was concluded that alcoholic and aqueous extracts of <i>Caesalpinia pulcherrima</i> leaves having antidepressant activity. Alcoholic extract of <i>Caesalpinia pulcherrima</i> leaves showing more significant activity over the aqueous extract.</p> |
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| | Keywords: <i>Caesalpinia pulcherrima</i> , Antidepressant activity, forced swim test, Open Field Test |

INTRODUCTION

Medicinal plants are various plants thought by some to have medicinal properties, but few plants or their phytochemical constituents have been proven by rigorous science or approved by regulatory agencies such as the United States Food and Drug Administration or European Food Safety Authority to have medicinal effects. World Health Organization (WHO) has provided a definition of medicinal plants, that is “A medicinal plant is any plant which, in one or more of its organs, contains substances that can be used for therapeutic purposes or which are precursors for synthesis of useful drugs.”¹

World Health Organization (WHO) reported that 80% of the world's population depends on medicinal plants for their primary health care. In the Plant Kingdom, Medicinal plants form the largest single grouping of plants. It is estimated that 30,000 species worldwide fall in this group, of which around 33% are trees² Plants are known to be the source of many chemical compounds. Medicinal plants were used by people of ancient cultures without knowledge of their active ingredients. The common practice of taking crude extract orally is laden with hazards as the extracts may contain some toxic constituents. There is an ever increasing need to limit toxic clinical drugs. In modern times, the active ingredients and curative actions of medicinal plants were first investigated through the use of European Scientific methods³. The most important ingredients present in plant communities turn out to be alkaloids, terpenoids, sterioids, phenols glycosides and tannins².

The information obtained from extracts of medicinal plants makes pharmacological studies possible. The mode of action of plants producing therapeutic effects can also be better investigated if the active ingredients are characterized. Infectious diseases are the leading cause of death worldwide. The clinical efficiency of many existing antibiotics is being threatened by the emergence of multidrug resistant pathogens. Bacterial pathogens have evolved numerous defense mechanisms against antimicrobial agents and resistance to old and newly produced drug is on the rise. The increasing failure of chemotherapeutics and antibiotic resistance exhibited by pathogenic microbial infectious agents has led to the screening of several medicinal plants for their potential antimicrobial activity⁴.

There are several reports in the literature regarding the antimicrobial activity of crude extracts prepared from plants⁵. Plants produce a diverse range of bioactive molecules making them a rich source of different types of medicines. Higher plants as sources of medicinal compounds have continued to play a dominant role in the maintenance of human health care since ancient times. Over 50% of all modern clinical drugs are of natural product origin and natural products play a vital role in modern drug development in the pharmaceutical industry⁶.

History of plants in medicine⁷

The earliest known medical document is a 4000-year-old Sumerian clay tablet that recorded plant remedies for various illnesses. The ancient Egyptian Ebers papyrus from 3500 year ago lists hundreds of remedies. The Punt-sao contains thousands of herbal cures attributed to Shennung, China's legendary emperor who lived 4500 years ago. In India, herbal medicine dates back several thousand years to the Rig-Veda, the collection of Hindu sacred verses. The Badianus Manuscript is an illustrated document that reports the traditional medical knowledge of the Aztecs. Western medicine can be traced back to the Greek physician Hippocrates, who believed that disease had natural causes and used various herbal remedies in his treatments. Early Roman writings also influenced the development of western medicine, especially the works of Dioscorides, who compiled information on more than 600 species of plants with medicinal value in *De Materia Medica*. Many of the herbal remedies used by the Greeks and Romans were effective treatments that have become incorporated into modern medicine (e.g., willow bark tea, the precursor to aspirin). Dioscorides' work remained the standard medical reference in most of Europe for the next 1500 years.

The beginning of the Renaissance saw a revival of herbalism, the identification of medicinally useful plants. This coupled with the invention of the printing press in 1450 ushered in the Age of Herbals. Many of the herbals were richly illustrated; all of them focused on the medicinal uses of plants, but also included much misinformation and superstition. The Doctrine of Signatures, for example, held that the medicinal use of plants could be ascertained by recognizing features of the plant that corresponded to human anatomy. For example, the red juice of bloodwort suggests that it should be used for blood disorders; the lobed appearance of liverworts suggests that it should be used to treat liver complaints; the "humanoid" form of mandrake root suggests that it should be used to promote male virility and ensure conception.

Many of the remedies employed by the herbalists provided effective treatments. Studies of foxglove for the treatment of dropsy (congestive heart failure) set the standard for pharmaceutical chemistry. In the 19th century, scientists began purifying the active extracts from medicinal plants (e.g. the isolation of morphine from the opium poppy). Advances in the field of pharmacology led to the formulation of the first purely synthetic drugs based on natural products in the middle of the 19th century. In 1839, for example, salicylic acid was identified as the active ingredient in a number of plants known for their pain-relieving qualities; salicylic acid was synthesized in 1853, eventually leading to the development of aspirin. It is estimated that 25% of prescriptions written in the U.S. contain plant derived ingredients (close to 50% if fungal products are included); an even greater percentage are based on semisynthetic or wholly synthetic ingredients originally isolated from plants.

While Western medicine strayed away from herbalism, 75% to 90% of the rural population of the rest world still relies on herbal medicine as their only health care. In many village marketplaces, medicinal herbs are sold alongside vegetables and other Wares. The People's Republic of China is the leading country for incorporating traditional herbal medicine into a modern health care system; the result is a blend of herbal medicine, acupuncture, and Western medicine. Plantations exist in China for the cultivation of medicinal plants, and thousands of species are

thus available for the Chinese herbalist; prescriptions are filled with measured amounts of specific herbs rather than with pills or ointments. In India, traditional systems have remained quite separate from Western medicine. In addition to Ayurvedic medicine, which has a Hindu origin, Unani medicine, with its Muslim and Greek roots, is another widely practiced herbal tradition in India. The renewed interest in medicinal plants has focused on herbal cures among indigenous populations around the world, especially those in the tropical rain forests. It is hoped that these investigations will add new medicinal plants to the world's pharmacopoeia before they are lost forever. In addition to the destruction of the forests, the erosion of tribal cultures is also a threat to herbal practices.

Traditional medicine

Traditional medicine is the synthesis of therapeutic experience of generations of practicing physicians of indigenous systems of medicine. Traditional preparation comprises medicinal plants, minerals and organic matters etc. Herbal drug constitutes only those traditional medicines that primarily use medicinal plant preparations for therapy. The ancient record is evidencing their use by Indian, Chinese, Egyptian, Greek, Roman and Syrian dates back to about 5000 years.

About 500 plants with medicinal use are mentioned in ancient texts and around 800 plants have been used in indigenous systems of medicine. Indian subcontinent is a vast repository of medicinal plants that are used in traditional medical treatments⁸, which also forms a rich source of knowledge. The various indigenous systems such as Siddha, Ayurveda, Unani and Allopathy use several plant species to treat different ailments⁹. In India around 20,000 medicinal plant species have been recorded recently, but more than 500 traditional communities use about 800 plant species for curing different diseases¹⁰. Currently 80 % of the world population depends on plant-derived medicine for the first line of primary health care for human alleviation because it has no side effects. Plants are important sources of medicines and presently about 25% of pharmaceutical prescriptions in the United States contain at least one plant-derived ingredient. In the last century, roughly 121 pharmaceutical products were formulated based on the traditional knowledge obtained from various sources.

The use of traditional medicine has increased in developed countries also, mainly due to the failure of modern medicine to provide effective treatment for chronic diseases and emergence of multi-drug resistant bacteria and parasites. The adverse effects of chemical drugs, questioning of the approaches and assumptions of allopathic medicine, their increasing costs and greater public access to information on traditional medicine has also led to an increase in interest in alternative treatments (WHO 2002). Plant extracts have become a source of hope as a wide group of medicinal plant preparations are available that have been used over the centuries almost exclusively on the basis of empirical evidence. Hence, it has become necessary to revisit the importance of these herbal medicines.

Traditional medicine is the sum total of knowledge, skills and practices based on the theories, beliefs and experiences indigenous to different cultures that are used to maintain health, as well as to prevent, diagnose, improve or treat physical and mental illnesses. Traditional medicine that has been adopted by other populations (outside its indigenous culture) is often termed alternative or complementary medicine. Herbal medicines include herbs, herbal materials, herbal preparations, and finished herbal products that contain parts of plants or other plant materials as active ingredients.

Trends of using traditional medicine

In some Asian and African countries, 80% of the population depend on traditional medicine for primary health care. In many developed countries, 70% to 80% of the population has used some form of alternative or complementary medicine (e.g. acupuncture). Herbal treatments are the most popular form of traditional medicine, and are highly lucrative in the international marketplace. Annual revenues in Western Europe reached US\$ 5 billion in 2003-2004. In China sales of products totaled US\$ 14 billion in 2005. Herbal medicine revenue in Brazil was US\$ 160 million in 2007¹¹.

Modern medicine from medicinal plants

Medicinal plants play a vital role for the development of new drugs. During 1950-1970 approximately 100 plants based new drugs were introduced in the USA drug market including deserpidine, reseinnamine, reserpine, vinblastine and vincristine which are derived from higher plants. From 1971 to 1990 new drugs such as ectoposide, Eguggulsterone, teniposide, nabilone, plaunotol, Z-guggulsterone, lectinan, artemisinin and ginkgolides appeared all over the world. 2% of drugs were introduced from 1991 to 1995 including paciltaxel, toptecan, gomishin, irinotecan etc.

Plant based drugs provide outstanding contribution to modern therapeutics; for example: serpentine isolated from the root of Indian plant *Rauwolfia serpentina* in 1953, was a revolutionary event in the treatment of hypertension and lowering of blood pressure. Vinblastine isolated from the *Catharanthus rosesus* is used for the treatment of

Hodgkins, choriocarcinoma, nonhodgkins lymphomas, leukemia in children, testicular and neck cancer. Vincristine is recommended for acute lymphocytic leukemia in childhood advanced stages of hodgkins, lymphosarcoma, small cell lung, cervical and breast cancer¹². Phophyllotoxin is a constituent of Phodophyllum emodi currently used against testicular, small cell lung cancer and lymphomas. Indian indigenous tree of Nothapodytes nimmoniana (*Mappia foetida*) are mostly used in Japan for the treatment of cervical cancer. Plant derived drugs are used to cure mental illness, skin diseases, tuberculosis, diabetes, jaundice, hypertension and cancer.

MATERIALS AND METHODS

Materials

The designing of methodology involves a series of steps taken in a systematic way in order to achieve the set goal(s) under the prescribed guidelines and recommendations. It includes in it all the steps from field trip to the observation including selection and collection of the medicinal plant, selection of dose value, standardization of protocol, usage of instruments, preparation of reagents, selection of specific solvents for extraction, formation of protocols and final execution of the standardized protocol. All this requires good build of mind and a good and soft technical hand to handle the materials and procedure in a true scientific manner.

Drugs and Chemicals

Drugs and Chemicals used in this study were of analytical grade and of highest purity procured from standard commercial sources in India.

Table 1: Drugs and Chemicals

| S.No | Materials | Company Name |
|------|-----------|----------------------|
| 1. | Diazepam | Nicholos Piramal Ltd |

Instruments

Following instruments were required for the study:

Table 2: List of Instruments used for study

| Name of the instrument | Source |
|------------------------------|------------------------|
| Centrifuge | Dolphin |
| Digital weighing balance | Horizon |
| Glucometer | Horizon |
| Heating mantle | ASGI® |
| Refrigerator | Videocon |
| Actophotometer | Dolphin |
| Elevated Plus maze apparatus | Dolphin |
| Glass cylinder | ASGI® |
| Adhesive tape | YVR medivision Pvt Ltd |
| Thread | YVR medivision Pvt Ltd |
| Stop watch | ASGI® |
| Syringes | YVR medivision Pvt Ltd |
| Needles | YVR medivision Pvt Ltd |
| Soxhlet extractor | ASGI® |
| Condenser | ASGI® |
| Burette stand | Dolphin |
| Round bottom flask | ASGI®, Amar |
| Mixer | Videocon |
| Oven | ASGI® |
| Water bath | ASGI® |
| Stirrer/glass rod | ASGI® |
| Watch glass | ASGI® |

| | | |
|-----------------------|------------------------|----------------|
| Whatmann filter paper | Manipore Ghaizabad. | microproducts, |
| Butter paper | ASGI® | |
| Spatula | ASGI® | |
| Rubber pipes | ASGI® | |

Experimental animals

Wistar rats (150-200 g) and Swiss albino mice (18-22g) of either sex selected for the study. Animals were housed in appropriate cages in uniform hygienic conditions and fed with standard pellet diet (Amrul Laboratory Animal Diet) and water ad libitum. All the animals were maintained under standard conditions, that is room temperature $26 \pm 1^\circ\text{C}$, relative humidity 45 - 55% and 12:12 h light – dark cycle. Animal studies had approval of IAEC.

Plant Material Collection

The fresh leaves of *Caesalpinia pulcherrima* was collected from local market. The plant material was cleaned, reduced to small fragments, air dried under shade at room temperature and coarsely powdered in a mixer. The powdered material was stored or taken up for extraction process.

Preparation of plant extracts

Preparation of Aqueous Extract

Fresh leaves of *Caesalpinia pulcherrima* were collected and washed under tap water. The leaves extract used was prepared by taking 20gms of finely cut leaves into 250ml beaker containing 200ml of water. The contents were mixed well and then the mixture was boiled up to $80-100^\circ\text{C}$ for 4-5hrs. Further the extract was filtered with whatmann filter paper. The filtrate was boiled until the concentrated residue is formed. The concentrated product was sealed in sample covers and stored under room temperature and used for further experiment to check the activities.

Preparation of Alcoholic Extract

Fresh leaves of *Caesalpinia pulcherrima* leaves were collected and washed under tap water. The leaves extract used was prepared by taking 20gms of finely cut leaves into 250ml beaker containing 200ml of alcohol. The contents were mixed well and then the mixture was boiled up to $50-60^\circ\text{C}$ for 4-5hrs. Further the extract was filtered with whatmann filter paper. The filtrate was boiled until the concentrated residue is formed. The concentrated product was sealed in sample covers and stored under room temperature and used for further experiment to check the activities.

Selection of dose for animal study

The dose considered for the experiment on rats was obtained from conversion of human dose of *Caesalpinia pulcherrima* (3-5 g/kg). The conversion factor of human dose (per 200 g body weight) is 0.018 for rats and 0.002 for mice (Ghosh 1984). Hence the calculated dose for the rats (considering human dose 3 and 5 g/kg) is 200 mg/kg and for mice is 20 mg/kg. Acute toxicity was done at dose of 2000mg/kg body weight.

Preparation of extracts

The aqueous and alcoholic extracts of *Caesalpinia pulcherrima* suspended in water in presence of 3%v/v Tween-80 solution. All the drugs were administered orally for experimental purpose. Each time preparations of the extracts were prepared when required. The drugs were administered at a constant volume of 10ml/kg for each animal.

Acute Oral Toxicity

The acute oral toxicity of aqueous and alcoholic extracts of *Caesalpinia pulcherrima* was determined by using rats and mice which were maintained under standard conditions. The animals were fasted 12 hour prior to the experiment, up and down procedure OECD guideline no. 425 were adopted for toxicity studies. Animals were administered with single dose of individual extract up to 2000mg/kg and observed for its mortality during 2days and 7days study period (short term) toxicity and observed up to 7days for their mortality, behavioral and neurological profiles.

Screening For Antidepressant Activity

The aqueous and alcoholic extracts of *Caesalpinia pulcherrima* leaves were tested for antidepressant activity using despair swim test and tail suspension test.

Treatment

Animals were divided into four (I-IV) groups.

Group I - Control group received distilled water (1ml, p.o).

Group II - Standard group received Diazepam (10mg/kg i.p).

Group III - Test group received aqueous extract of *Caesalpinia pulcherrima* (200mg/kg p.o).

Group IV - Test group received alcoholic extract of *Caesalpinia pulcherrima* (200mg/kg p.o).

Procedure for Antidepressant Activity

Despair Swim Test Apparatus

For the determination of antidepressant activity, forced swim test (FST) protocol was employed. During the test, animals were individually placed in a glass cylinder (20 cm in height, 14 cm in diameter) filled with water up to a height of 10cm, at $25 \pm 2^\circ\text{C}$. All animals were forced to swim for 5 min and the duration of immobility was observed and measured during the 5 min interval of the test. Immobility period was regarded as the time spent by the rats to float in water with no struggle and making only those movements necessary to keep its head above the water. In order to check the fitness level of each test animal, a pre-test was carried out 24 h before the FST by subjecting each test animal to a session of 15 min swimming.

Open field test (OFT)

This test was carried out on mice's to evaluate the effects of investigational drug on mobility of animal. Open field equipment was made of plywood which is white in colour and measured 72 by 72 and wall is 36cm long In this test mice's were treated individually with DMSO, standard drug Diazepam (10mg/kg) and testing drugs ethanolic extracts of *Caesalpinia pulcherrima* L. (200/ml). Then placed them independently in the middle of the open field for 5 minutes to count Total Locomotion (TL) i.e. the total number of square crossed both outer and inner ones, Peripheral Locomotion (PL), and Central Locomotion (CL) respectively. The other factors, which were also evaluated, are number of rearing, leaning, grooming and defecation

Statistical analysis

The values were expressed as mean \pm SEM data was analyzed using one-way ANOVA followed by T-test. Two sets of comparison had made. i.e. Normal control Vs All treated groups. Differences between groups were considered significant at $P < 0.001$ and $P < 0.05$ levels.

RESULTS

Antidepressant Activity Of *Allium Cepa*

Forced Swim Test

Antidepressant activity of aqueous and alcohol solvent soluble fraction of the leaves of *Caesalpinia pulcherrima* studied at a dose of 200 mg/Kg, using Forced Swim Test experiment. The anti-depressant activity of AQECP and ALECP was assessed using Forced Swimming Test in Swiss albino rats were illustrated in Table 3. It was observed that AQECP and ALECP at a dose of 200mg/kg exhibited significant reduction in immobility time when compared to control in dose dependent manner. Similarly the animals treated with diazepam (10mg/kg) as expected showed significant decrease in immobility time.

Table 3: Effect of extracts of *Caesalpinia pulcherrima* on Anti-depressant activity

| S.No | Group | Dose(i.p; mg/kg) | Immobility period | | % change in activity |
|------|----------|------------------|-------------------|-------|----------------------|
| | | | Before | After | |
| 1 | Control | 5ml/kg | 130 | -- | --- |
| 2 | Diazepam | 10mg/kg | 183 | 65 | 65.73% |
| 3 | AQECP | 200mg/kg | 175 | 69 | 61.93% |
| 4 | ALECP | 200mg/kg | 303 | 197 | 35.14% |

The results are expressed as means \pm S.E.M Differences in mean values between groups were analyzed by a one-way analysis of variance (ANOVA). Statistical significance was assessed as $p < 0.05$.

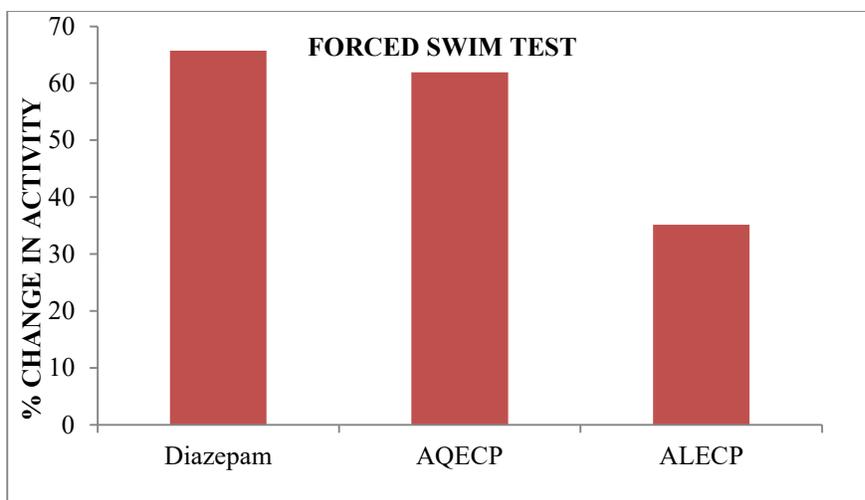


Fig 1: Effect of extracts of *Caesalpinia pulcherrima* on Anti-depressant activity

Open Field Test

Antidepressant activity of aqueous and alcohol solvent soluble fraction of the leaves of *Caesalpinia pulcherrima* studied at a dose of 200 mg/Kg, using Forced Swim Test experiment. In tail suspension test, the alcoholic and aqueous extracts of leaves of *Caesalpinia pulcherrima* at a dose of 200 mg/kg i.p. significantly decreased the immobility time. The magnitude of the antidepressant effects of 200 mg/kg i.p. of alcoholic and aqueous leaves of *Caesalpinia pulcherrima* was comparable to that of Diazepam 10 mg/kg i.p. (Table 4).

Table 4: Effect of Ethanolic and Aqueous Extracts of *Caesalpinia pulcherrima* Leaves on Open Field TEST in Mice at Different Time Intervals

| S.No | Treatment | Dose (mg/kg) | Duration of immobility | | %change in activity |
|------|-----------|--------------|------------------------|-------|---------------------|
| | | | Before | After | |
| 1. | Control | --- | 39 | ---- | ----- |
| 2. | Standard | 10 | 22 | 122 | 85.31% |
| 3. | ALECP | 200 | 43 | 183 | 76.9% |
| 4. | ALECP | 200 | 56 | 165 | 65.6% |

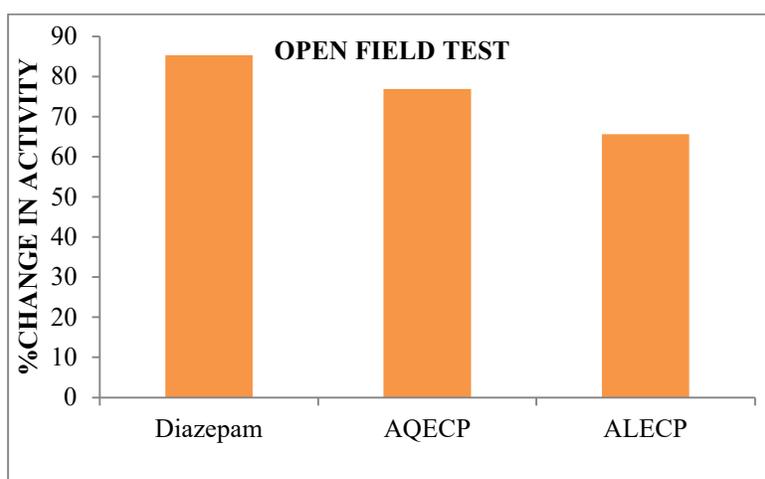


Fig 2: Effect of extracts of *Caesalpinia pulcherrima* on Anti-depressant activity

Table 5: Effects of *Caesalpinia pulcherrima* on duration of immobility time in open field test (OFT)

| Treatments | Dose (mg/kg) | TL | CL | PL | L | G | D |
|------------|--------------|------------|-----------|------------|-----------|-----------|-----------|
| Control | --- | 140.1±3.1 | 30.1±6 | 110.1±5.14 | 8.0±1 | 1.5±1.51 | 0.31±1.00 |
| Diazepam | 10 | 152.6±2.72 | 36±2.08 | 116.6±2.33 | 9.0±1.52 | 0.33±0.32 | 0.0±0.0 |
| AQEMP | 200 | 119.3±5.24 | 24.3±2.4 | 95.0±5.5 | 11.3±2.02 | 1.33±0.32 | 0.0±0.0 |
| ALEMP | 200 | 135.6±13.5 | 27.3±5.04 | 27.3±5.04 | 10.3±1.20 | 2.33±1.20 | 0.0±0.0 |

Values are expressed as Mean ± S.E.M (n=10). *P <0.05, **P<0.01, ***P<0.001 when compared with control groups. TL: Total Locomotion, PL: Peripheral Locomotion, CL: Central Locomotion (CL), L: leaning, G: grooming, D: defecation.

For the open field test number of line crosses and the frequency of rearing are usually used as measures of locomotor activity, but are also measures of exploration and anxiety. A high frequency of these behaviors indicates increased locomotion and exploration and/or a lower level of anxiety. The number of central square entries and the duration of time spent in the central square are measures of exploratory behavior and anxiety. A high frequency/duration of these behaviors indicates high exploratory behavior and low anxiety levels.

DISCUSSIONS

Phytochemical Analysis

The Phytoconstituents are known to play an important role in bioactivity of medicinal plants. In qualitative phytochemical analysis reveals the presence of alkaloids, flavonoids, tannins, Terpenoids and saponins have associated with various degree of anti-microbial, anti-bacterial, anti-fungal, anti-oxidant and anti-termites. Therefore, the anti-diabetic, hypoglycemic, anti-depressant, anti-anxiety, skeletal muscle relaxant property, locomotor activity, anti-inflammatory, analgesic and diuretic activities were observed in this study may be due to the presence of chemical constituents in both aqueous and alcoholic extracts of *Caesalpinia pulcherrima*.

Behavioural Activities

Anti-Depressant Activity

Open Field Test

Open field behavioral model was used to study exploratory and locomotor activity in this investigation. Reported studies have shown that stress factors account for the decreases in mobility and functional responses against novel environment. The purpose of including this test was to assess the general activity of the animals after performing FST. The results observed in the open field test showed that i.p administration of aqueous and alcoholic extracts of *Caesalpinia pulcherrima* (200 mg/kg) did not significantly increase the locomotor activity in unstressed groups of rats as compared with their control groups. However, aqueous and alcoholic *Caesalpinia pulcherrima* administered rats following the exposure to repeated restraint stress showed significant (p<0.01) increases in locomotor / exploratory activity on an open field arena. It is therefore, suggested that the extract has the ability to reverse or normalize the locomotor suppressant behavior in laboratory animals and hence may help to cope with immobility factor associated with depression in humans. In the present study that administration of aqueous and alcoholic *Caesalpinia pulcherrima* at the dose of 200 mg/kg significantly altered the behavioral deficits induced by injections of atypical neuroleptic, haloperidol and increased brain serotonin metabolism in mice. The results are in general agreement with our previous studies in continuation to this plant and indicating its antidepressant-like activity in behavioral models of depression.

Forced Swim Test

Mood disorders are one of the most common mental illnesses, with a lifetime risk of 10% in general population. Prevalence of depression alone in general population is estimated to be around 5% with suicide being one of the most common outcomes. Commonly used Antidepressants often cause adverse effects, and difficulty in tolerating these drugs is the most common reason for discontinuing an effective medication, for example the side-effects of Selective Serotonin Reuptake Inhibitor (SSRIs) include: nausea, diarrhea, agitation, headaches. Sexual side-effects are also common with SSRI's. The Food and Drug Administration requires Black Box warnings on all SSRIs, which state that they double suicidal rates (from 2 in 1,000 to 4 in 1,000) in children and adolescents. Side effects of Tricyclic Antidepressants (TCA's) include drowsiness, anxiety, emotional blunting (apathy/anhedonia), confusion,

restlessness, dizziness, akathisia, hypersensitivity, changes in appetite and weight, sweating, sexual dysfunction, muscle twitches, weakness, nausea and vomiting, hypotension, tachycardia, and rarely, irregular heart rhythms.

In the present study we have evaluated the antidepressant activity of *Caesalpinia pulcherrima* of both aqueous and alcoholic extracts in FST. The development of immobility when rodents are placed in an inescapable cylinder of water during FST reflects the cessation of their persistent escape-directed behavior. Conventional drugs reliably decrease the duration of immobility in animals during this test. This decrease in duration of immobility is considered to have a good predictive value in the evaluation of potential antidepressant agents. Exact mechanisms underlying the antidepressant action cannot be concluded at the moment due to the presence of large number of Phytochemical in the *Caesalpinia pulcherrima*. However, the antidepressant activity may be attributed to the presence of saponins, flavonoids and tannins in the extract. It is possible that the mechanism of anxiolytic action of AQMP and ALMP could be due to the binding of any of these phytochemical to the GABA_A-BZD_S complex.

CONCLUSION

The results obtained in this study indicate that the n-hexane, ethyl acetate and methanol fractions of the leaves of *Caesalpinia pulcherrima* have significant CNS Depressant activities in animal model systems. The medicinal values of the plant leaves may be related to their constituent phytochemical. So, further detailed investigations are needed to isolate and identify the active compounds present in the plant extract and its various fractions and their efficacy need to be done. It will help in the development of novel and safe drugs for the treatment of different types of CNS disorders.

REFERENCES

1. Sofowora, A., 1982, Medicinal Plants and Traditional Medicine in Africa, John Wiley and Sons Ltd., Chichester. New York. Toronto. Singapore, pages 6,10,11,74,114,256.
2. Abayomi, S (1993). Historical review of traditional medicine in Africa, Spectrum Book ltd pp: 9-25. Ibadan.
3. Herborn, J.B (1998). Phytochemical methods, A guide to modern techniques of plant analysis, pp. 5-11, 2nd edition.
4. Colombo, M.L and Bosisio, E (1996). Pharmacological activities of chelidonium majus L (papveraceae), Pharmacol. Res 33: 127-134.
5. El-seedi, H.R., Ohara, T., Sata, N. and Nishiyama, S (2002). Antimicrobial terpenoids from Eupatorium glutinosum (Asteraceae), J. Ethnopharmacol 81:293-296.
6. Baker, J.E., Brotz, H., Leichert, L.I.O., Labischinski, H and Hecker, M (2003). Proteomic approach to understanding antibiotic action, Antimicro. Agents. Chemotherapy 47: 948-955.
7. Levetin and McMahon, (2003), Plants and Society, 3rd edition.
8. Chopra, R.N., Nayar, S.L. and Chopra, I.C. (1956) In Glossary of Indian medicinal plants, Vol. I. Council of Scientific and Industrial Research, New Delhi, pp. 197.
9. Rabe T, Staden JV (1997): Antibacterial activity of South African plants used for medicinal purposes. J. Ethnopharmacol. 56: 81-87.
10. Kamboj VP (2000): Herbal medicine. Cur. Sc. 78(1): 35-39.
11. Ghani, A. (1998). Medicinal Plants of Bangladesh: Chemical Constituents and Uses. Asiatic Society of Bangladesh, Dhaka.
12. Farnsworth, N.R., Akerele, O., Medicinal plants in therapy. Bull. World Health. Org.. v.63, n.6, p.965-981, 1985.
13. Chatterjee, I. Chakravarty, A.K., Gomesa A., (2006) Daboia russellii and Naja kaouthia venom neutralization by lupeol acetate isolated from the root extract of Indian sarsaparilla Hemidesmus indicus R.Br . Journal of Ethnopharmacology 106(1), 38-43.
14. Ramadan, Mohammad A., and N. A. Safwat. Antihelicobacter activity of a flavonoid compound isolated from Desmostachya bipinnata. Australian Journal of Basic & Applied Sciences 3.3 (2009): 2270-2277.
15. Kumar, K. Ashok, et al. Chemical composition and antimicrobial activity of the essential oil of Desmostachya bipinnata linn." International Journal of Phytomedicine 2.4 (2011).
16. Gupta, S. R., and J. S. Singh. "Soil respiration in a tropical grassland. Soil Biology and Biochemistry 13.4 (1981): 261-268.
17. Rao, D. L. N., and S. K. Ghai. "Urease and dehydrogenase activity of alkali and reclaimed soils." Soil Research 23.4 (1985): 661-665.

18. Gulzar, Salman, M. A. Khan, and Xiaojing Liu. Seed germination strategies of *Desmostachya bipinnata*: a fodder crop for saline soils. *Rangeland Ecology & Management* 60.4 (2007): 401-407.
19. Bajwa, Rukhsana, et al. Antifungal activity of allelopathic plant extracts II: In vitro control of *Fusarium moniliforme* and *F. oxysporum* by aqueous extracts of four allelopathic grasses. *Integrated plant disease management. Proceedings of 3rd National Conference of Plant Pathology, NARC, Islamabad, 1-3 Oct. 2001*. Pakistan Phytopathology Society, 2002.
20. Shrestha, Sabina, et al. "Sterols from the leafy culms of *Desmostachya bipinnata*." *Chemistry of Natural Compounds* 47.5 (2011): 852-853.