

1 **Protective Effects of Nigella Sativa Against Acrylamide-Induced Toxicity in**
2 **Submandibular Salivary Glands of Albino Rats: A Histological and Molecular**
3 **Study**

4 **Salma Awad Taghyan^{1*}, Elham Fathy Mahmoud², Rasha Mohamed Taha², Mohamed Shamel¹**

5 ¹ Department of Oral Biology, Faculty of Dentistry, The British University in Egypt, Cairo, Egypt

6 ² Department of Oral Biology, Faculty of Dentistry, Suez Canal University, Ismailia, Egypt

7 Corresponding author*

8 **Salma Awad Taghyan**

9 Department of Oral Biology, Faculty of Dentistry, The British University in Egypt, El Sherouk City, Suez
10 Desert Road, 11837 - P.O. Box 43, Cairo, Egypt

11 Tel: +201145082680

12 Email: Salma.taghyan@bue.edu.eg
13

14 **Abstract**

15 Acrylamide (AA), a chemical compound that is a major public health concern.
16 This study aimed to evaluate the protective effect of nigella sativa (NS) oil against
17 AA induced toxicity on the submandibular salivary glands (SMGs) of Albino rats.
18 Thirty male albino rats weighing 150 – 200 gm were equally and randomly divided
19 into the control group, which received normal saline vehicle daily via oral gavage
20 for 30 days, AA group received 15 mg/kg body weight of AA dissolved in 0.2 ml
21 saline solution daily via oral gavage for 30 days. NS group received 15 mg/kg bw of
22 AA combined with 1 ml/kg bw of NS oil daily via oral gavage for 30 days. The rats
23 were euthanized, and SMGs were dissected for histological evaluation, including
24 hematoxylin and eosin staining (H&E) and immunohistochemistry for inducible
25 nitric oxide synthase (iNOS), as well as analysis for heme-oxygenase-1 gene (HO-
26 1) expression using real-time Polymerase chain reaction (RT-qPCR). The acinar and
27 ductal cells of SMG of the AA group showed signs of degeneration and toxicity in
28 the form of ill-defined outlines, pyknotic and crescent-shaped nuclei with different-

29 sized cytoplasmic vacuolations that were statistically significant, with an increase in
30 iNOS immunoexpression and HO-1 gene expression ($p < 0.0001$). NS
31 administration alleviated the toxic effect following AA exposure and down-
32 regulated the iNOS and HO-1 gene expression. The study revealed a significant
33 cytotoxic effect of AA on SMGs of albino rats ($p < 0.05$), presumably by
34 the generation of oxidative stresses and mitochondrial dysfunction. NS effectively
35 mitigated these toxic effects, suggesting its potential as a natural antioxidant.

36 **Keywords:** salivary glands, acrylamide, nigella sativa, oxidative stress

37 1. Introduction

38 Acrylamide, or acrylic amide (AA), is a solid, odorless, water-soluble
39 compound in the form of white crystals with high chemical activity (1). AA is an
40 industrial chemical compound widely used in chemical industries such as mining,
41 manufacturing of paper, cosmetics, textiles, and wastewater treatment and is
42 considered the foundation for the polymer polyacrylamide (2). Various levels of AA
43 have been reported in many dietary products, particularly fried and baked food that
44 have undergone high-temperature processing in daily life. AA is formed as a by-
45 product of deep frying or cooking of any carbohydrate-rich foods at high
46 temperatures ($>120^{\circ}\text{C}$). It has been described as a cooking-associated carcinogen
47 due to its spontaneous formation during the cooking process thus, it has become one
48 of the major public health concerns (1).

49 Acrylamide (AA) is quickly absorbed through the gastrointestinal system and
50 then distributed to other parts of the body via the bloodstream (2). In the liver, AA
51 is detoxified by combining with glutathione (GSH) with the help of the enzyme
52 glutathione S-transferase (GST). This process results in the formation of N-acetyl-
53 S-cysteine, which is then broken down and eliminated through urine. However, this

04 detoxification process reduces GSH levels, leading to decreased antioxidant capacity
05 and increased oxidative stress. Additionally, AA can be transformed by the
06 cytochrome CYP2E1 enzyme to produce Glycidamide (GA), a compound linked to
07 the harmful and cancer-causing properties of AA. The interaction between oxidative
08 stress and GA production worsens the damaging effects of AA, including its
09 mutagenic and carcinogenic properties (3).

60 Several studies indicated that AA exposure can produce neurotoxicity,
61 hepatotoxicity, nephrotoxicity, and reproductive toxicity (1,4). Moreover, numerous
62 studies have evaluated the toxic effect of AA on different oral tissues, including
63 salivary glands, tongue, and soft palate (5,6).

64 Considering the possibility of extensive oxidative stress and genotoxicity
65 caused by AA, investigating preventative measures is essential. One such measure
66 could be using *Nigella Sativa* (NS), a herbaceous plant traditionally utilized for its
67 medicinal properties. NS treats different conditions like asthma, headache, dizziness,
68 hypertension, inflammation, cough, bronchitis, diabetes, eczema, fever and
69 gastrointestinal disturbances (7). Notably, NS oil is recognized as a powerful
70 antioxidant, anti-inflammatory, immunostimulatory, and anti-apoptotic agent. These
71 properties position NS as a promising candidate for mitigating cellular damage
72 caused by oxidative stress, particularly in the context of exposure to food toxins like
73 AA (8). NS oil and its active constituents, thymoquinones, can decrease oxidative
74 stress levels while upregulating GSH and other antioxidant enzymes such as catalase
75 and superoxide dismutase (SOD) (7,8).

76 Despite the known toxicity of AA on various tissues, few studies have
77 explored its specific impact on submandibular salivary glands. This study aims to
78 fill that gap and investigate the potential protective role of NS against AA-induced
79 damage in the submandibular salivary gland of Albino rats. The null hypothesis is

that there is no significant protective effect of *Nigella sativa* (NS) oil against acrylamide (AA)-induced toxicity in the submandibular salivary glands of albino rats.

2. Materials and Methods:

2.1 Animals

This study was granted ethical approval (474/2022) from the Faculty of Dentistry, Suez Canal University. Sample size calculation was performed using G*Power version 3.1.9.2 (University Kiel, Germany). The effect size was 0.95 using α level of 0.05 and β level of 0.05, i.e., power = 95%; the estimated sample size (n) was a total of 30 rats (9). Thirty male Albino rats weighing 150–200gm were housed in a sterile, controlled environment (temperature 25 ± 2 C° and 12-hour dark/light cycles) and fed with a standard laboratory diet and tap water during the study. The rats were kept in individual cages, 5 rats per cage. The size of the cage was 20 cm in width and 40 cm in length. Following an adaptation period of 1 week, the rats were equally and randomly divided into three groups (n=10) as follows:

Control group: received normal saline vehicle daily via oral gavage for 30 days.

AA group: received 15 mg/kg body weight (bw) of AA (Advent Chembio Private Limited Company, Navi Mumbai, India (CAS No. 79-06-1) dissolved in 0.2 ml saline solution daily via oral gavage for 30 days.

AA+NS group received 15 mg/kg bw of AA dissolved in 0.2 ml saline solution, and 1 ml/kg bw of NS oil (Imtenan Health shop company, Obour City, Cairo, Egypt) after AA administration, daily via oral gavage for 30 days (10).

2.2 Histological and Immunohistochemical Procedures

1.3 Following the experiment period, animals were sacrificed via an extra dose of
1.4 anesthesia. All rats' major submandibular glands (SMG) were excised. Half the
1.5 specimens were fixed overnight in buffered 10% formalin, then embedded in
1.6 paraffin sections of 5 μ thickness and prepared for subsequent Hematoxylin & Eosin
1.7 (H&E) stain and immunohistochemical (IHC) detection of inducible Nitric Oxide
1.8 Synthase (iNOS). iNOS rabbit polyclonal antibody (Thermo Fisher scientific,
1.9 Anatomical pathology, Tudor Road, Manor Park, Runcorn, Cheshire WA7 ITA, UK
1.10 (7.0 ml) was used for reactive oxygen species (ROS) identification with brown
1.11 cytoplasmic expression. In contrast, the other half was prepared for Polymerase
1.12 chain reaction (PCR) examination. The slides were examined and photographed
1.13 under a light microscope (Leica DM 1000, Danaher Corporation, United States)
1.14 (11).

1.15 The assessment of the expression of iNOS involved determining the
1.16 proportion of cells with positive immunostaining per 100 cells in 10 fields for each
1.17 group. Image analysis was performed using Image J (1.46a, NIH, USA) software.

1.18 **2.3 Quantitative real-time Polymerase chain reaction (RT-qPCR)**

1.19 Analysis of Heme Oxygenase-1 (HO-1) gene expression using quantitative
1.20 real-time Polymerase chain reaction (RT-qPCR) was performed using RT-qPCR to
1.21 evaluate levels of ROS. Tissue Homogenization was performed using the Tissue
1.22 Ruptor II (Qiagen, Hilden, Germany) in the presence of lysis buffer for 15-90
1.23 seconds. Then, the mixture was centrifugated for 20 mins at 4000rpm. Finally, the
1.24 cell supernatant was collected for RNA extraction (12). Then, RNA extraction and
1.25 purification were performed using the RNeasy Mini kit (Qiagen, Hilden, Germany).
1.26 After that, the reverse transcription step was performed by the QuantiTect Reverse
1.27 Transcription Kit (Qiagen, Hilden, Germany), and the HO-1 gene expression level
1.28 was amplified using QuantiTect primer assay and QuantiTect SYBR Green PCR Kit

129 (Qiagen, Germany). The relative changes in gene expression between the two
130 compared sequences were calculated using the $2^{-\Delta\Delta C_t}$ method (13).

131 **2.4 Statistical analysis**

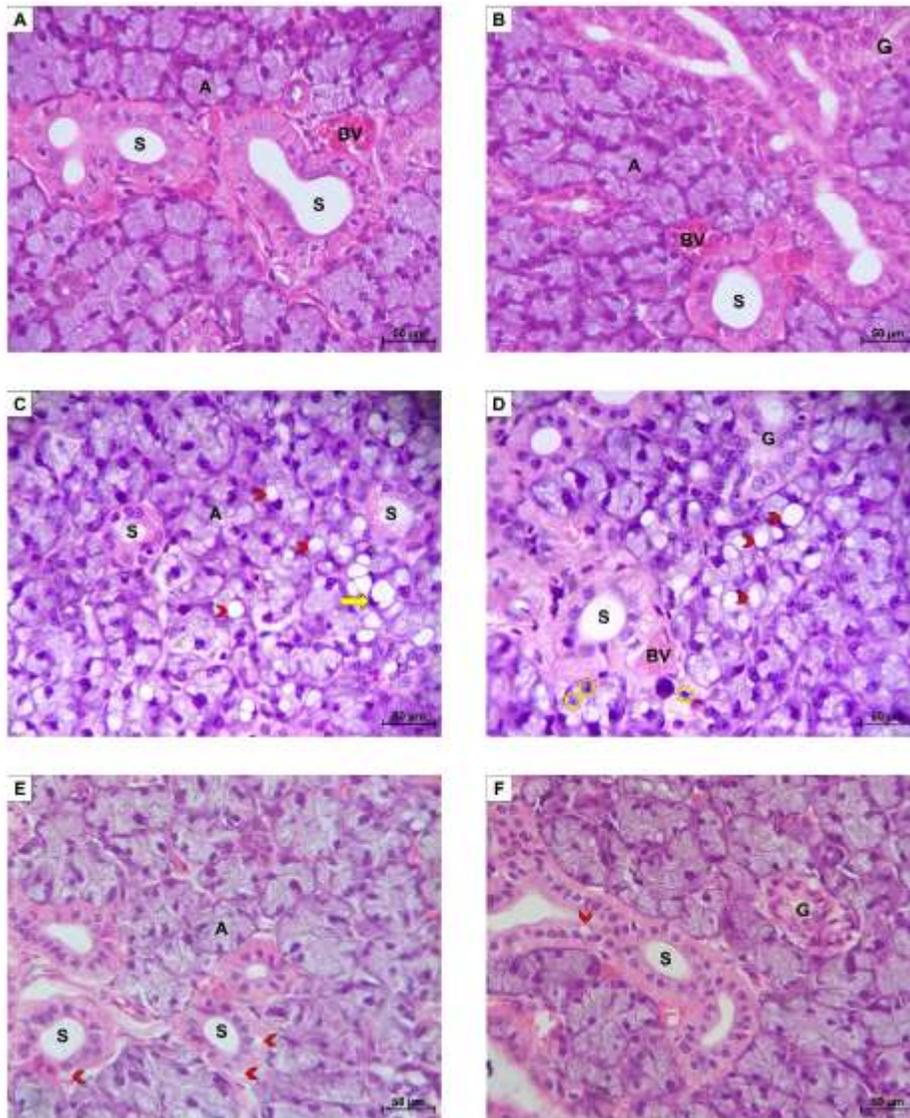
132 All data were calculated, tabulated, and statistically analyzed using
133 the computer program SPSS software for Windows version 25.0 (Statistical
134 Package for Social Science, Armonk, NY: IBM Corp) at significant levels 0.05 ($p <$
135 0.05). One-way ANOVA (Analysis of variance) was used to compare data, and
136 Tukey's post hoc test was performed to evaluate statistical significance among the
137 groups. Data were expressed as mean \pm standard deviation and range (Max-Min);
138 the value of $p < 0.05$ was considered statistically significant. Independent Student's
139 T-test was performed to compare the mean differences between the two materials
140 at the same method at p -value < 0.05 .

141 **3. Results**

142 **3.1 Histological results**

143 Histological results revealed regular histological features of the parenchymal
144 element and connective tissue (CT) stroma in the control group. In the AA group,
145 the serous acini had ill-defined outlines and pyknotic and crescent-shaped nuclei
146 with different-sized cytoplasmic vacuolations. The striated duct cells showed signs
147 of degeneration and loss of normal cell lining, basal striations, cell height with the
148 presence of cytoplasmic vacuolation within the cells. Granular convoluted tubules
149 (GCTs) showed cytoplasmic vacuolations and a marked decrease in granularity and
150 eosinophilia. On the other hand, the NS group showed SMG regained their normal
151 appearance. However, the minimum degree of atrophic changes among the acini
152 and ducts were encountered in some regions. Serous acini lined by pyramidal-
153 shaped cells with well-defined cell boundaries and apparently fewer cytoplasmic
154 vacuolations were observed. The striated ducts showed an almost normal cell lining

100 maintaining their normal basal striations with few cytoplasmic vacuolations, while
106 GCTs presented signs of degeneration (Figure 1).



107
108 **Figure 1.** Hematoxylin & Eosin (H&E) section of SMG of albino rats. (A, B) the
109 control group showed normal gland architecture. (C, D) Acrylamide (AA) group
160 showing serous acini with ill-defined outline (A) and crescent shaped nuclei (arrow),
161 pyknotic nuclei (yellow circle) and different sized cytoplasmic vacuolations (arrow
162 heads). GCTs (G) with cytoplasmic vacuolations and marked decrease in their
163 granularity and eosinophilia as well as striated ducts (S) with loss of normal cell
164 lining, basal striations and different sized cytoplasmic vacuolations associated with
165 congested blood vessels (BV) were also observed. (E, F) NS group showed serous

166 acini (A) with well-defined cell boundaries and apparently less cytoplasmic
167 vacuolations, striated ducts (S) maintaining their normal basal striations with few
168 cytoplasmic vacuolations (arrow heads) and GCTs (G) showing signs of
169 degeneration (H&E original mag.x400). A, acini; S, striated duct; G, GCTs; BV,
170 blood vessel.

171

172 **3.2 Immunohistochemical expression of iNOS**

173 The control group showed a very weak to mild immunoreactivity for iNOS
174 among all glandular elements, which slightly increased in the duct system
175 compared to the acinar portions. The AA group revealed a marked increase in the
176 cytoplasmic iNOS immunoreactivity throughout the SMG's parenchyma. The
177 acini showed moderate immunoreactivity, while the entire duct system revealed a
178 strong immunostaining intensity. As for NS treated group, a markedly reduced
179 iNOS immunoreactivity was detected throughout the whole glandular parenchyma,
180 where the acini reacted weakly to iNOS and the duct system presented a mild
181 immunoreaction to iNOS (Figure 2).

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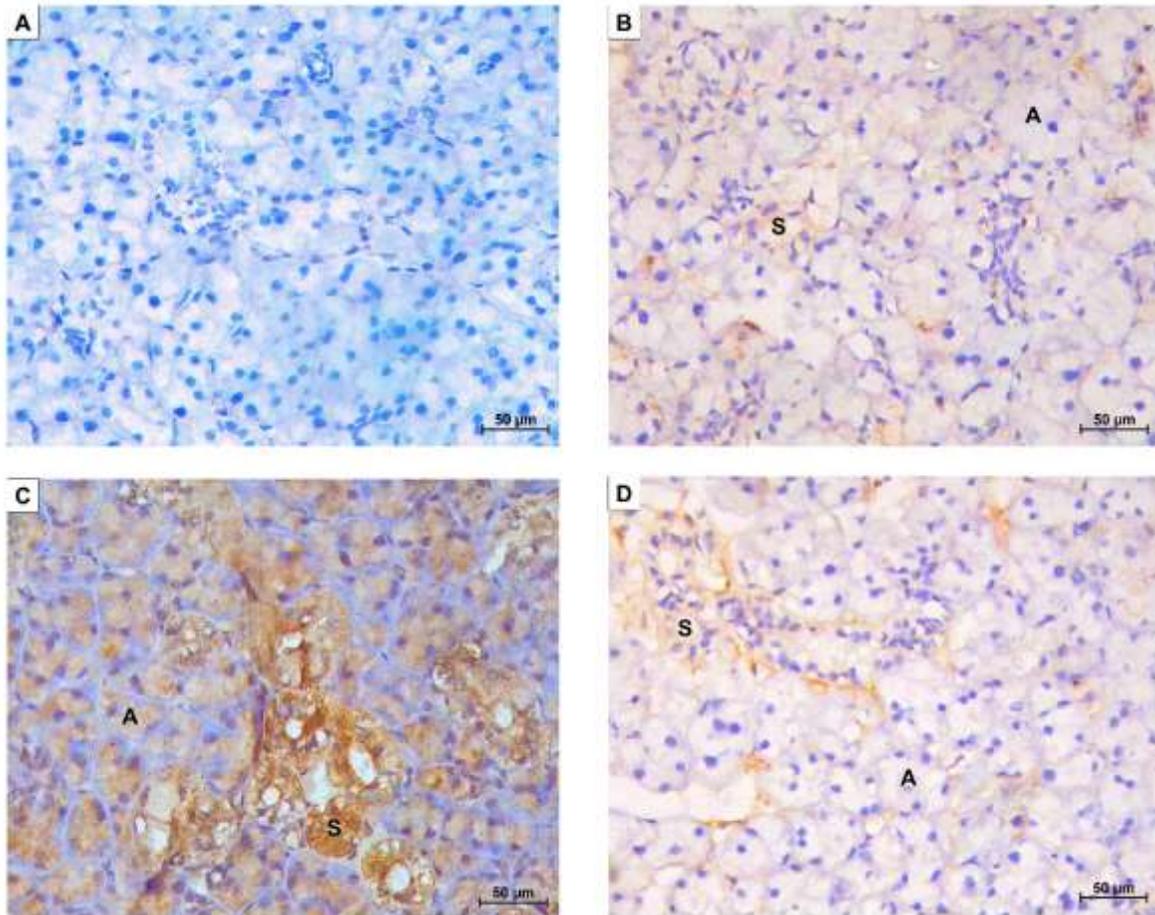
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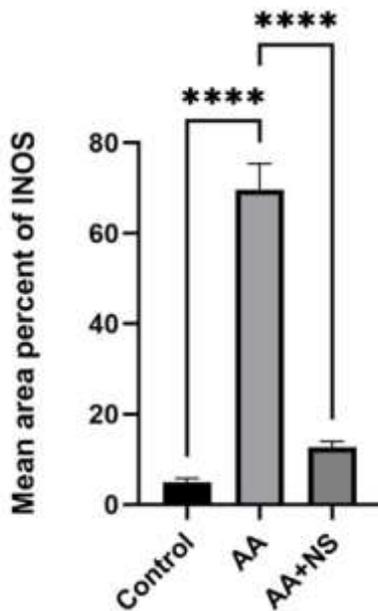
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194 **Figure 2.** An immunostained section of iNOS antibody albino rats' SMG. (A)
195 photomicrograph of the control group incubated with non-specific serum and color
196 developed by DAP showing negative staining reaction of all the gland component.
197 (B) control group showing weak to mild immunoreactivity to iNOS. (C) AA group
198 showed moderate immunoreactivity to iNOS in the acini (A), while the entire duct
199 system revealed a strong immunostaining intensity (S). (D) NS group showed weak
200 reaction to iNOS in the acini (A) and a mild immunoreaction in the duct system (S)
201 (original mag. X400).

202

203 Image analysis revealed that the AA group recorded the highest mean area %
204 of iNOS immunoexpression. In contrast, the lowest was recorded in the control

205 group, and a statistically significant difference occurred between the whole studied
206 groups ($p < 0.05$). A highly significant increase in the mean area % of iNOS
207 immunoexpression ($p < 0.0001$) was recorded by comparing the AA group to the
208 control group. Meanwhile, there was a non-significant increase in iNOS
209 immunoexpression in the AA+NS group compared to the control group ($p =$
210 0.0757). Furthermore, a highly significant decrease in the mean area % of iNOS
211 immunoexpression was recorded by comparing the AA+NS group to the AA group
212 ($p < 0.0001$) (Figure 3).

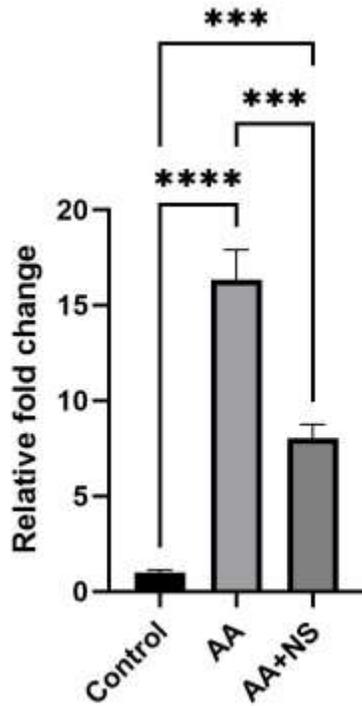


221 **Figure 3.** Bar chart of means and standard deviations of iNOS mean area percent
222 expression within experimental groups. Significance levels are **** $p < 0.0001$

223 3.3 RT-PCR

224 The highest mean HO-1 gene expression was recorded in the AA group. In
225 contrast, the lowest was recorded in the control group, and a statistically significant
226 difference occurred between the whole studied groups ($p < 0.05$). Tukey's post hoc
227 pairwise comparison revealed a highly significant increase in the mean HO-1 gene
228 expression in the AA group and AA+NS group compared to the control group ($p <$

229 0.0001). On the other hand, a significant decrease in the mean HO-1 gene
230 expression was recorded when comparing the AA+NS group to the AA group ($p <$
231 0.001) (Figure 4).



241 **Figure 4.** Bar chart of means and standard deviations of HO-1 expression within
242 experimental groups. Significance levels are as follows: *** $p < 0.001$, and **** p
243 < 0.0001

244 4. Discussion

245 Acrylamide (AA) is an unsaturated amide with a high chemical activity that
246 has been widely used in chemical industries and various consumer products. Owing
247 to its various exposure routes, small molecular size, and high-water solubility that
248 facilitate its rapid absorption and distribution throughout the body, AA toxicity has
249 been thoroughly studied on human and experimental animals on different organs and
250 systems. Given that dietary intake is considered the key source of AA exposure in
251 humans (3), it only seemed logical that oral administration should be the route of
252 choice in this study. AA dose was chosen based on the findings where it induced

chronic AA toxicity in the parotid gland of albino rats. Furthermore, the selected dose is safely below the lethal dose (LD50) for AA in rats, which is 150 mg/kg.bw (14).

In the present study, histological examination of the SMG of the AA group showed marked signs of degeneration in the parenchymal elements of the gland, suggesting that AA has a potential cytotoxic effect on the acinar and ductal cells. Similar signs of degeneration in the acini and ducts of SMG were observed in another study following AA exposure (5). Moreover, the same dose and duration of AA used in our study resulted in degenerative changes in the parotid gland architecture (15). Both studies attributed these degenerative processes to AA generating excessive oxidative stresses that lead to mitochondrial dysfunction.

Excessive oxidative stress production, in turn, impairs mitochondrial function, which is crucial for energy production and cell survival, resulting in mitochondrial membrane damage and a decline in the Bcl-2/Bax ratio, initiating the intrinsic apoptotic pathway causing cell death (16). Additionally, mitochondrial dysfunction impairs cellular metabolic processes such as glycolysis and respiration, exacerbating oxidative damage. The observed histological changes in this study in the acini as well as the loss of basal striations in the striated ducts, can be directly linked to AA-induced oxidative stress and mitochondrial dysfunction. Accumulation of oxidative stresses leads to mitochondrial degeneration and loss of basal infoldings due to AA toxicity (5). This unified mechanism of damage aligns with previous studies, further highlighting the role of ROS in AA toxicity (16,17). Moreover, the current results are consistent with the findings of Liu, Song (17), who concluded that AA hinders cell metabolic activity by suppressing the expression of complex I, III, and IV subunits and anaerobic glycolysis and mitochondrial respiration.

Different-sized cytoplasmic vacuolations observed histologically in the acinar and ductal cells in the experimental groups were consistent with other studies

280 that investigated AA toxicity on submandibular and parotid salivary glands (5,15).
281 According to Hamza, Aly (18) in cases of high oxidative stress and lipid
282 peroxidation (LPO), vacuolization reflects cellular swelling, where the failure of the
283 energy-dependent Na^+ - K^+ ion pumps in the plasma membranes occurs.
284 Consequently, this leads to intracellular accumulation of Na^+ and gradual osmolarity
285 shifts that allow water entry into the cells.

286 Nitric oxide synthases (NOSs) are a class of enzymes that convert L-arginine
287 to L-citrulline, resulting in the formation of nitric oxide (NO), a free radical and
288 essential cellular signaling molecule. Inducible nitric oxide synthase (iNOS), an
289 isoform of NOS, is produced only when a cell is activated or triggered, usually by
290 proinflammatory cytokines and/or bacterial lipopolysaccharides (19). Moreover,
291 several studies demonstrated an elevation in iNOS expression in cases of oxidative
292 stress, leading to NO generation (19). This may explain the elevation in iNOS
293 immunoexpression noted in the AA group, which supports the hypothesis that the
294 cytotoxic damage may indicate an inflammatory process and oxidative stress.

295 On the other hand, heme oxygenase-1 (HO-1) is an inducible enzyme
296 triggered by oxidative stress, catalyzing heme degradation and preventing apoptosis
297 in response to proinflammatory agonists, thereby minimizing the detrimental effects
298 of inflammation. The up-surge of HO-1 gene expression in the AA group also aligns
299 with Facchinetti (20), who reported elevated ROS or inflammatory mediators could
300 account for increased HO- 1 expression. Moreover, HO-1 expression is usually
301 minimal or nonexistent under homeostatic conditions but is dramatically upregulated
302 in response to pro-oxidant stimuli, protecting against oxidative damage (21).

303 This research chose *Nigella sativa* (NS) oil as a protective dietary component
304 against AA toxicity, owing to the reported antioxidant, anti-apoptotic, anti-
305 inflammatory, antiviral, and immunomodulatory activities. The selected dose has

306 been reportedly effective in ameliorating oxidative stress damage in different brain
307 regions of rats, including the cerebellum, cortex, and hippocampus (10). In the
308 present study, NS oil intake demonstrated a cytoprotective effect against the harmful
309 impact of AA on the SMG of rats, as evidenced by histological and
310 immunohistochemical analysis and molecular analysis. This agrees with several
311 studies investigating NS oil's effect on oxidative stress-induced toxicity in different
312 tissues (22). This cytoprotective effect of NS oil can be attributed to its anti-
313 apoptotic, antioxidative, and anti-inflammatory properties, which was evident by a
314 significant down-regulation of iNOS immunoexpression and HO-1 gene expression.
315 It was reported that NS supplementation significantly increased antioxidant enzyme
316 levels (GSH and SOD), reduced LPO levels, and down-regulated pro-inflammatory
317 mediators following AA-induced oxidative stress (23). Studies have also reported
318 the ability of NS to down-regulate iNOS immunoexpression, inhibiting NO
319 production and highlighting its powerful antioxidant ability (24,25). Moreover,
320 studies have confirmed the capacity of NS oil to mitigate oxidative stresses and
321 inflammation through a dose-dependent inhibition in HO-1 gene expression after NS
322 oil administration (26,27).

323 AA administration has a cytotoxic effect on the parenchymal element of SMG due
324 to excessive production of oxidative stress. NS oil treatment exerted an apparent
325 therapeutic effect against AA-induced toxicity on SMG making. It is a promising
326 candidate to combat oxidative stress, inflammation, and apoptosis.

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329 study.

330 **Authors' contribution**

331 Study concept and design: S.A.T, E.F.M.

332 Analysis and interpretation of data: R.M.T, M.S.

333 Investigation: S.A.T, M.S.

334 Drafting of the manuscript: S.A.T

335 Critical revision of the manuscript for important intellectual content: E.F.M, R.M.T,

336 M.S.

337 Study supervision, E.F.M, R.M.T.

338 **Ethics**

339 The research was granted ethical approval (474/2022) under the guidelines of

340 animal experimentation and reviewed by the Faculty of Dentistry's research ethics

341 committee (REC), Suez Canal University, Egypt.

342 **Conflict of interest**

343 The authors declare that they have no conflict of interest.

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347 **Data Availability**

348 The data used and/or analyzed during the current study are available from the

349 corresponding author upon reasonable request.

350

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