

PROTECTIVE EFFECT OF COENZYME Q₁₀ AGAINST CARBON TETRACHLORIDE-INDUCED LIVER INJURY

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INTRODUCTION

Hepatotoxicity of carbon tetrachloride (CCl₄) was caused by its lipoperoxidative action.¹⁾ Administration of α -tocopherol, a conventional anti-oxidant, was revealed^{2,3)} to be effective in preventing liver injury induced by CCl₄.

We demonstrated⁴⁾ that Coenzyme Q₁₀ (CoQ₁₀) has anti-oxidative activity, as well as α -tocopherol. This experiment was done to investigate whether or not CoQ₁₀ prevents liver injury induced by CCl₄.

MATERIALS AND METHODS

Female Wister strain rats were used. Rats were divided into 4 groups. Group 1(7 rats): The control: without any treatment. Group 2(8 rats): CCl₄ administered per os. Group 3 (8 rats): CoQ₁₀ and CCl₄ administered. Group 4 (6 rats): CoQ₁₀ administered. Rats in all groups were fed by standard rat-food for 3 days. CoQ₁₀ (10 mg/kg) was injected to rats in group 3 and 4 in three successive days. On the 3rd day, CCl₄-parafin liq. (1:1, v/v, 2.5 ml per kg) was administered to rats in group 2 and 3. Three hours after CCl₄ administration, liver was isolated and homogenated using teflon Potter Elvehjem homogenizer. Rats in group 1 and 4 were also killed on the day and their livers were isolated and homogenized. Lipoperoxides in liver homogenates were measured by Yagi's method.⁵⁾ Blood in all rats was taken immediately before liver isolation. Serum GOT and GPT levels were measured by Lippi and Guidi method.⁶⁾

RESULTS

Lipoperoxides in liver homogenates and serum GOT and GPT levels in all groups are shown in Table I. Administration of CCl₄ elevated lipoperoxides in liver homogenates. Serum GOT and GPT were also elevated simultaneously by administration of CCl₄. When CoQ₁₀ was pre-administered, despite subsequent administration of CCl₄, both the increase in lipoperoxides in liver homogenates and the elevation of serum GOT and GPT were well prevented.

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Table 1. The quantity of lipoperoxides and serum GOT and GPT levels in four groups

	Lipoperoxides (n mole/mg protein)	GOT	GPT
Group 1 (The control)	1.5±0.4	136.4±39.1	36.7±5.5
Group 2 (CCl ₄ administered)	4.9±2.6**	2026.9±174.5**	960.6±404.7**
Group 3 (CoQ ₁₀ , CCl ₄ administered)	2.1±0.4 [#]	731.9±479.8 ^{##}	117.5±72.4 ^{##}
Group 4 (CoQ ₁₀ administered)	1.6±0.4	157.7±28.6	35.7±5.4

(mean ± S.D.) **,##: P<0.01, #: P<0.05
 **: Group 1 vs. Group 2
 #,##: Group 2 vs. Group 3

DISCUSSION

Mellors and Tappel⁷⁾ had been reported that CoQ₆ has an anti-oxidant activity *in vitro*, and suggested that ubiquinones might be effective in the relief of certain vitamin E deficiency syndrome. However, anti-oxidative action of ubiquinones has been scarcely studied because of its shortage of supply. Recently, as the supply of CoQ₁₀ was much improved, anti-oxidative action of CoQ₁₀ has been reconsidered.

Recknagel *et al.*¹⁾ reported that unsaturated fatty acids were attacked by free radicals arising from CCl₄ metabolism and that liver injury was caused by CCl₄-induced lipoperoxidation. It is revealed that administration of CoQ₁₀ prevented the increase in lipoperoxides and serum GOT and GPT level. This result suggests that CoQ₁₀ as well as α -tocopherol, protects unsaturated fatty acids against attacks by the free radicals, and prevents liver injury induced by CCl₄ administration. CoQ₁₀ might be effective to prevent the pathological disorders based on lipid peroxidation, and its clinical usage are expected much more.

SUMMARY

Administration of CCl₄ induced the increase of lipoperoxides in liver and elevated serum GOT and GPT simultaneously. Pre-medication of CoQ₁₀ prevents both the increase of lipoperoxides induced by CCl₄ administration and the elevation of serum GOT and GPT.

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