

**Letter to Editor****I Suitable Concentration of Anti-Inflammatory Herbal Extracts in Cell Culture**Moulazadeh A^{1*}, Kouhpayeh SA²

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Dear Editor in chief

Medicinal plants are a rich source of phenolic acids, flavonoids and other secondary metabolites, therefore much research is being done on their anti-inflammatory effects (1). Evaluation of inflammatory responses and immune cells behavior is one of the most important areas of anti-inflammatory activity of herbal extracts. That is usually done in cell culture experiments. Cell culture actually provides an artificial microenvironment to study the immune cells responses and their behavior. The anti-inflammatory effects of herbal extracts in the suppression of signaling pathways and inflammatory mediators (IL-1B, TNF- α , NO, etc.) production is usually investigated in this artificial microenvironment (2, 3). Using appropriate concentration of herbal extract for evaluation of their anti-inflammatory effects is critical. Herbal extracts should not have any inhibitory effect on immune cells viability. It is clear that total production of inflammatory mediators decreases with cell death and damage. Therefore, the reduction of inflammatory mediators cannot be attributed to the anti-inflammatory effects of medicinal plants, definitely (4). In addition, multiple DAMPs¹ are created with cell damage and disrupt the rate and pattern of immune responses in the remaining cells (5).

Recently, an article entitled “Antimicrobial Activity of Scabiosa olerifera Extract and Its Effect on TNF- α and IL-1 Expression in Human Peripheral Blood Cells (PBMCs)” was published in the valued journal of Fasa University of

Medical Sciences (6). In the mentioned article, the PBMCs had been treated with two concentrations (4 and 8 mg/ml) of Scabiosa olerifera extract. However, the Scabiosa olerifera extract not only significantly reduced the TNF- α and IL-1 production from PBMCs, but also led to the reduction of the cell viability by 10% and 30% (in MTT assay) respectively in the concentration of 4 and 8 mg/ml. Therefore, the observed anti-inflammatory effects on the production of TNF- α and IL-1 cannot be definitely attributed to the therapeutic effects of the plant. In fact, the herbal concentrations without cytotoxic effect should be used in the evaluation of anti-inflammatory effects. The concentration of herbal medicine within the IC₅₀ value of cell viability has been used in the field of anti-proliferation effects of cancer and medicinal plants. The purpose of the research is to induce apoptosis and cell cycle arrest (7).

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¹ Damage Associated Molecular Patterns

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Author's Response to the letter to editor

Dear Editor

Inflammation is a very dynamic process, which can be recognized as the first protective response of the immune system. This involves complex interactions of soluble mediators, stationary cells, as well as infiltrating cells and molecules belonging to the extracellular matrix. Successful and controlled inflammatory response is a beneficial process that leads to the clearance of harmful stimuli and the restoration of normal physiology that is precisely regulated by a complex molecular cascade (1). Like all immune responses, it must be controlled, otherwise it can lead to acute diseases such as septic shock and chronic diseases such as atherosclerosis, rheumatoid arthritis, and cancer (2). Note that inhibiting inflammation by removing or inactivating effective inflammatory mediators and cells allows the host to repair damaged tissue

(3). Herbal extracts have been used for centuries as a popular remedy for several health disorders. In the field of natural product biology, it has received renewed attention in recent years (4,5). Over the past decade, studies on in vitro and in vivo inflammatory models have led to the identification of natural extracts with proven anti-inflammatory activity (6, 7).

Medicinal plants have anti-inflammatory, anticancer, and antioxidant activities (8). Various studies have shown that plant extracts have different effects depending on which part of the plant is prepared and by which solvent (9, 10). For example, Kotakadi et al. have shown that leaf extract of *Ginkgo biloba EGb 761* can suppress the activation of macrophages and drives apoptosis of the CD4+ effector T cell population (11). Earlier studies have also proven the apoptotic effects of *Arctium lappa* L. dichloromethane and hydroethanolic root extracts [12,13] Gurunanselage et al. also showed that apart from the anti-inflammatory effect, the extract of *Arctium lappa* L. can cause apoptosis in Jurkat human leukemic T cells (14). Another study showed that *Terminalia Arjuna* prevents the formation of foam cells and increases the apoptosis of foam cells and macrophage (15). Therefore, different results show that the effect of plant extracts on cells in the same concentrations can be different, and as mentioned before, the most important way to control inflammation and repair damaged tissues is to remove or inactivate effective inflammatory mediators and cells (3).

In our study, we used all plant components (roots, flowers, stems and leaves). The main purpose of this study was to obtain the concentration of the extract to investigate the effect on healthy and cancer cells (data not shown).

Therefore, the results of this study showed that even if IC50 concentration is used, the viability percentage of PBMCs decreases. Since PBMCs are a collection of lymphocytes and monocytes, determining which cell is most affected requires further research, such as flow cytometric analysis.

Therefore, the decrease in the level of inflammatory cytokines such as TNF- α and IL-1 may be due to decrease in cell number or decrease in cell activity, which in any case will reduce the inflammatory process.

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