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EFFECT OF GENTAMICIN - *NIGELLA SATIVA* FUSION EMULSIONS ON OSTEOBLAST CELL LINE FOR USE IN OSTEO-HEALING APPLICATIONS

BY

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ABSTRACT

An alternative osteo-healing formulation with osteo-healing properties was formulated by combining gentamicin and Nigella sativa oil (NSO) in a form of gentamicin-N. sativa fusion emulsion (GNFE). This work aims to formulate a stable emulsion and to study the effects of GNFE on UMR-106 osteoblast-like rat osteosarcoma cell line in vitro and its related mechanisms of bone healing and regeneration. Emulsion A, B, C and D had been formulated, with final concentration of gentamicin was made constant at 0.1%, whereas NSO concentration was varied at 32.5%, 35.0%, 40.2% and 46.4% in all formulations respectively. Stability studies of emulsion A, B, C and D were performed at different storage conditions (8°C, 25°C and 50°C), followed by in vitro study of MTT assay, Alizarin Red S (ARS) staining, von Kossa staining and quantification, alkaline phosphatase (ALP) quantification and quantitation of collagen type-1 and osteocalcin (qPCR). Results showed that all emulsions were stable at storage temperature of 8°C. In vitro results showed that emulsion D produced the highest cell viability (97.1%) at 72 hours of post-incubation. The highest mineral deposits (2.64 \pm 0.05) and ALP activity (2.19 \pm 0.3 nmol) was produced by emulsion D at day 21. Lastly, the highest expression of collagen type-1 (29.4 \pm 1.01 folds) and osteocalcin (1.8 \pm 0.51 folds) were expressed by the cells treated with emulsion C. Thus, stable GNFE may have the ability to promote bone formation.

خلاصة البحث

تم تصنيع صيغة بديلة لعلاج العظام ذات خصائص شافية للعظم من خلال مشاركة الجنتامايسين مع زيت الحبة السوداء بشكل مستحلب اندماجي. يهدف هذا البحث إلى تصنيع مستحلب اندماجي ثابت من الجنتامايسين وزيت الحبة السوداء ودراسة تأثيراته على خلايا سرطان العظم UMR-106 في الزجاج وكذلك آليات شفاء العظم وتجديده. صنعت المستحلبات 1، ب، ج ود، بتركيز نحائي ثابت من الجنتامايسين قدره 0.1%، بينما تركيز زيت الحبة السودار كان 32.5%، 35.0%، 40.2% و46.4% على الترتيب. أجريت دراسة الثباتية على المستحلبات ا، ب، ج ود في ظروف تخزين مختلفة (8، 25 و50 درجة مئوية)، وأتبعت بدراسة السمية الخلوية في الزجاج، صباغ الأليزارين الأحمر س، صباغ الفونكوسا مع التحديد الكمي، التحديد الكمي للفوسفاتاز القلوية و التحديد الكمي للكولاجين من النوع-1 والأوستيوكالسين (ال بي سي ر الكمي). أظهرت النتائج أن كل المستحلبات كانت ثابتة في درجة الحرارة 8 مئوية. النتائج في الزجاج أظهرت أن المستحلب د أدى إلى أعلى نسبة من حيوية الخلايا (97.1%) بعد 72 ساعة من الحضن. أعلى نسبة من الترسب المعدني (2.64 ± 0.05) وفعالية الفوسفاتاز القلوية (0.3 ± 2.19 نانومول) تم الحصول عليها من المستحلب د في اليوم 21. في النهاية، أعلى نسبة تعبير مورثي للكولاجين نوع-1 (29.4 ± 1.01 مرة) والأوستيوكالسين (1.8 ± 0.51 مرة) تمت مشاهدتما في الخلايا المعالجة بالمستحلب ج. وبمذا يمكن أن نستنتج أن المستحلب الاندماجي الثابت من الجنتامايسين وزيت الحبة السوداء يمكن أن يكون له القدرة على تحريض تشكل العظام.

ABSTRAK

Suatu formulasi alternatif untuk rawatan ortopedik dengan ciri-ciri penyembuhan tulang telah dihasilkan dengan menggabungkan gentamicin dan minyak dari Nigella sativa (NSO) dalam bentuk emulsi gentamicin-N. sativa (GNFE). Kajian ini bertujuan untuk menghasilkan emulsi yang stabil dan untuk mengkaji kesan GNFE pada sel osteoblast UMR-106 secara in vitro serta mekanisme berkaitan penyembuhan tulang. Emulsi A, B, C dan D telah dihasilkan dengan kepekatan akhir gentamicin ialah 0.1%, manakala kepekatan NSO telah dimanipulasi pada 32.5%, 35.0%, 40.2% dan 46.4% dalam setiap rumusan. Kajian kestabilan emulsi A, B, C dan D telah dijalankan pada keadaan penyimpanan yang berbeza (8°C, 25°C dan 50°C), diikuti dengan kajian in vitro iaitu MTT assay, pewarnaan Alizarin Red S (ARS), pewarnaan dan kuantifikasi von Kossa, kuantifikasi alkaline phosphatase (ALP), dan kuantitatasi gen collagen type-1 dan osteocalcin (qPCR). Hasil kajian menunjukkan bahawa semua emulsi adalah stabil pada suhu penyimpanan 8°C. Keputusan in vitro menunjukkan bahawa emulsi D menghasilkan daya maju sel tertinggi (97.1%) pada 72 jam selepas inkubasi. Penghasilan tertinggi deposit mineral (2.64 \pm 0.05) dan aktiviti ALP (2.19 \pm 0.31nmol) telah dihasilkan oleh emulsi D, pada hari ke-21. Akhir sekali, penghasilam tertinggi *collagen type-1* (29.4 \pm 1.01 *folds*) dan *osteocalcin* (1.8 \pm 0.51 *folds*) telah dihasilkan oleh sel-sel yang dirawat dengan emulsi C. Oleh itu, GNFE yang stabil telah dihasilkan dan berkemungkinan mempunyai keupayaan untuk menggalakkan pembentukan tulang.

APPROVAL PAGE

I certify that I have supervised and read this study and that in my opinion, it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Master of Health Sciences (Biomedical Science).

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DECLARATION

I hereby declare that this thesis is the result of my own investigation, except where otherwise stated. I also declare that it has not been previously or concurrently submitted as a whole for any other degrees at IIUM or other institutions.

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To my beloved family, friends and teachers,

To the inspired,

To everyone who's ever tried,

To those who hope,

To each of you,

Thank you.

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- 3.20 Cell viability was measured using MTT assay at 24 hours of 99 cell treatment. There was no statistically significant difference in percentage of cell viability between treated cells and untreated cells. Viability percentage of untreated cells was assumed as 100% (One-way ANOVA, post-hoc Tukey's test, p<0.05).
- 3.21 Cell viability was measured using MTT assay at 48 hours of 100 cell treatment. There was no statistically significant difference in percentage of cell viability between treated cells and untreated cells. Viability percentage of untreated cells was assumed as 100% (One-way ANOVA, post-hoc Tukey's test, p<0.05).

- 3.22 Cell viability was measured using MTT assay at 72 hours of 101 cell treatment. There was no statistically significant difference in percentage of cell viability between treated cells and untreated cells. Viability percentage of untreated cells was assumed as 100% (One-way ANOVA, post-hoc Tukey's test, p<0.05).
- 3.23 Cell viability was measured using MTT assay at 96 hours of 102 cell treatment. There was no statistically significant difference in percentage of cell viability between treated cells and untreated cells. Viability percentage of untreated cells was assumed as 100% (One-way ANOVA, post-hoc Tukey's test, p<0.05).
- 3.24 Cell viability was measured using MTT assay at 24, 48, 72 103 & 96 hours of cell treatment. Data presented in mean \pm standard deviation. No statistically significant difference in percentage of cell viability between untreated cells and treated cells. Viability of untreated cells was assumed as 100% (One-way ANOVA, post-hoc Turkey's test, *p*<0.05).
- 3.25 Alizarin Red S (ARS) staining was performed at day 7, 14 106 and 21 of cell treatment. Red colour staining indicates calcified mineral deposits. The stained area was more intense and broader in cell treated with positive control (Dexamethasone) followed by emulsion A, B, C and D as compared to untreated cells at day 21.
- 3.26 von Kossa staining was performed at day 7, 14 and 21 of 107 cell treatment. Black stains indicate calcified mineral deposits. The stained area was more intense and broader in cell treated with positive control (Dexamethasone) followed by emulsion A, B, C and D as compared to untreated cells at day 21.
- 3.27 Quantification of mineralization was measured at day 7 of 109 cell treatment. There was significant difference in value of optical density between treated cells and untreated cells (*) (One-way ANOVA, post-hoc Tukey's test, *p*<0.05).

3.28	Quantification of mineralization was measured at day 14 of cell treatment. There was significant difference in value of optical density between treated cells and untreated cells (*) (One-way ANOVA, post-hoc Tukey's test, $p < 0.05$).	110
3.29	Quantification of mineralization was measured at day 21 of cell treatment. There was significant difference in value of optical density between treated cells and untreated cells (*) (One-way ANOVA, post-hoc Tukey's test, p <0.05).	111
3.30	Quantification of mineralization was measured at day 7, 14 & 21 of cell treatment. Data presented in mean \pm standard deviation. There was significant difference in value of optical density between treated cells and untreated cells (*) (One-way ANOVA, post-hoc Tukey's test, <i>p</i> <0.05).	112
3.31	Alkaline phosphatase (ALP) activity was measured by concentration of p-nitrophenol released at day 7 of cell treatment. There was significant difference in quantity of released p-nitrophenol between treated cells and untreated cells (*) (One-way ANOVA, post-hoc Tukey's test, p <0.05).	115
3.32	Alkaline phosphatase (ALP) activity was measured by concentration of p-nitrophenol released at day 14 of cell treatment. There was significant difference in quantity of released p-nitrophenol between treated cells and untreated cells (*) (One-way ANOVA, post-hoc Tukey's test, p <0.05).	116
3.33	Alkaline phosphatase (ALP) activity was measured by concentration of p-nitrophenol released at day 21 of cell treatment. There was significant difference in quantity of released p-nitrophenol between treated cells and untreated cells (*) (One-way ANOVA, post-hoc Tukey's test, p <0.05).	117
3.34	Quantification of ALP activity was measured at day 7, 14 & 21 of cell treatment. Data presented in mean \pm standard deviation. There was significant difference in quantity of released p-nitrophenol between treated cells and untreated cells (*) (One-way ANOVA, post-hoc Tukey's test, p <0.05).	118

- 4.1 Relative collagen type-1 expression normalised to gapdh 136 and 18S rRNA (fold change). Result showed highest fold change of emulsion C (29-folds) when compared to untreated cells. There was significant difference in collagen type-1 expression between treated cells and untreated cells (*) (One-way ANOVA, post-hoc Tukey's test, p<0.05).
- 4.2 Relative osteocalcin expression normalised to gapdh and 137 18S rRNA (fold change). Result showed highest fold change of emulsion C (1.8-folds) when compared to untreated cells. There was significant difference in osteocalcin expression between treated cells and untreated cells (*) (One-way ANOVA, post-hoc Tukey's test, p<0.05).

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