ORIGINAL ARTICLE

A STUDY OF OXIDANTS-ANTIOXIDANTS BALANCE IN ASTHMATIC PATIENTS

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ABSTRACT: This study was done to observe the serum/plasma oxidant-antioxidant status among asthmatic patients. Plasma MDA (Malon-di-aldehyde), an oxidant and Serum SOD (superoxide dismutase), an antioxidant, were assayed among asthmatic patients and their mean values were compared with healthy volunteer controls. Values were also observed in different age groups. The difference in mean pMDA level was found statistically significantly among cases and control, higher among asthmatic patients. Likewise, s-SOD level was significantly reduced among asthmatic patients. Clearly, there was an imbalance between oxidants and antioxidants levels among asthmatic patients and this consideration may be helpful in proper planning of basket of anti-asthma interventions. Future studies are recommended.

KEYWORDS: Oxidative stress, Bronchial asthma.

INTRODUCTION: An imbalance between oxidants and antioxidants, in favour of the oxidants, potentially leading to damage at cellular level, is termed as “oxidative stress”. Oxidants are formed as a normal product of aerobic metabolism but can be produced more, under various pathophysiological conditions. Oxidative stress is increased in asthmatic airways and this may contribute to its pathogenesis. Free radical injury specially lipid peroxidation is believed to contribute to pathophysiology of asthma.(¹) Free Radicals due to their unstable and transient nature are difficult to measure directly. Their tendency to cause lipid peroxidation has been correlated and used as indirect measure. Malon-di-aldehyde (MDA) is a widely used marker of lipid peroxidation.(²,³)

The formation of lipid peroxidation products is normally prevented or scavenged by enzymatic and non-enzymatic antioxidants. These include Vitamin E, vit A and vit C, as well as enzymes glutathione peroxidase, glutathione reductase, superoxide dismutase (SOD) and catalase. SOD and Catalase prevent formation of cytotoxic hydroxyl radicals and protect against harmful effect of superoxide free radicals The loss of SOD activity likely reflects increased oxidative stress in asthmatic airways and indirectly, serum SOD may serve as a marker of asthma severity.(²,³)

This study was planned to understand and confirm the induced biochemical changes influencing oxidant-antioxidant balance in asthmatic patients. The objective of the study was to determine lipid peroxidation (plasma malon-di-aldehyde) and antioxidant enzymes (serum superoxide-dismutase) level in asthmatic patients as compared to healthy individuals.

METHODOLOGY: This study has been conducted in Department of Chest-TB and Department of medical biochemistry, Gandhi Medical College, Bhopal. After clearance and permission of institutional ethical committee, Fifty confirmed adult cases of mild to moderate acute bronchial asthma were selected randomly as study subjects-cases and 50 healthy volunteers were selected from staff members and visitors in hospital. Purpose of study and methodology was explained and informed
consent was obtained from all of them. Smokers and the patients having other cardio-respiratory disorders as well as diabetes were excluded from study groups.

Blood sample was obtained aseptically and processed. Plasma was separated for the estimation of MDA by thiobarbiturate (manual) method described by Jean CD et al. Serum was separated for SOD assay from manual method as per description of Mishra HP et al. The mean values of both these along with relation to different age and sex groups was statistically observed and compared.

OBSERVATIONS AND RESULTS: The present study comprised of 50 normal healthy control (M:F=1.7:1) and 50 patients (M:F=1.9:1) with confirm diagnosis of mild to moderate acute bronchial asthma. The age of all study subjects ranged between 18-65 years in both the groups. Table 1 and 2 show that there is significant difference observed among case v/s control in both the parameters (pMDA and s-SOD) and the same trend is seen when age wise and sex wise comparison was done among cases and control.

In the age group 18-29, 30-39, 40-49 and >50, the mean values of pMDA found was 4.64±0.78nm/ml, 4.78±0.68nm/ml, 5.17±0.86nm/ml and 5.42±0.86nm/ml respectively. When compared between cases of different age groups, highly significant variation was found between all age groups (p<0.001), as also seen in table 3. Also, statistically significant (p<0.05) difference was observed when mean value of pMDA in younger age group (18-29) was compared with older (>50 years).

Likewise, the mean value of S-SOD in patients of all these age groups were 9.13±0.43, 9.32±0.52, 9.23±0.52 and 9.22±0.48 U/mg Protein/ml, respectively. Statistically highly significant variation (p<0.001) was observed between cases and control in all the age groups (Table 3).

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Control gp</th>
<th>cases</th>
<th>t-value</th>
<th>p-value</th>
<th>significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>pMDA</td>
<td>N=50</td>
<td>N=50</td>
<td>timer</td>
<td>p-value</td>
<td></td>
</tr>
<tr>
<td>nm/ml</td>
<td>2.99+-0.46</td>
<td>4.98+-0.84</td>
<td>14.808</td>
<td>&lt;0.001</td>
<td>HS</td>
</tr>
<tr>
<td>s-SOD</td>
<td>13.69+-1.53</td>
<td>9.22+-0.47</td>
<td>19.723</td>
<td>&lt;0.001</td>
<td>HS</td>
</tr>
</tbody>
</table>

Table 1: Mean levels of oxidant-antioxidant among cases and control

<table>
<thead>
<tr>
<th>Parameter</th>
<th>sex</th>
<th>Control gp</th>
<th>cases</th>
<th>t-value</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>pMDA</td>
<td>M</td>
<td>3.02+0.48</td>
<td>5.06+-0.81</td>
<td>10.635</td>
<td>&lt;0.001HS</td>
</tr>
<tr>
<td></td>
<td>F</td>
<td>2.97+-0.45</td>
<td>4.92+-0.87</td>
<td>10.055</td>
<td>&lt;0.001HS</td>
</tr>
<tr>
<td>s-SOD</td>
<td>M</td>
<td>13.94+-1.39</td>
<td>9.15+-0.39</td>
<td>15.89</td>
<td>&lt;0.001HS</td>
</tr>
<tr>
<td></td>
<td>F</td>
<td>13.53+-1.65</td>
<td>9.27+-0.53</td>
<td>12.697</td>
<td>&lt;0.001HS</td>
</tr>
</tbody>
</table>

Table 2: Sex-wise mean values of these parameters and their comparison
<table>
<thead>
<tr>
<th>Age group (in years)</th>
<th>parameter</th>
<th>Case v/s control: t-value</th>
<th>Case v/s control: p-value</th>
<th>Inference</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-29</td>
<td>p-MDA</td>
<td>7.298</td>
<td>&lt;0.001</td>
<td>HS</td>
</tr>
<tr>
<td></td>
<td>s-SOD</td>
<td>13.216</td>
<td>&lt;0.001</td>
<td>HS</td>
</tr>
<tr>
<td>30-39</td>
<td>p-MDA</td>
<td>7.795</td>
<td>&lt;0.001</td>
<td>HS</td>
</tr>
<tr>
<td></td>
<td>s-SOD</td>
<td>8.323</td>
<td>&lt;0.001</td>
<td>HS</td>
</tr>
<tr>
<td>*Highest mean value among cases</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>40-49</td>
<td>p-MDA</td>
<td>7.265</td>
<td>&lt;0.001</td>
<td>HS</td>
</tr>
<tr>
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<td>s-SOD</td>
<td>11.761</td>
<td>&lt;0.001</td>
<td>HS</td>
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<td>&gt;50</td>
<td>p-MDA</td>
<td>7.922</td>
<td>&lt;0.001</td>
<td>HS</td>
</tr>
<tr>
<td></td>
<td>s-SOD</td>
<td>10.881</td>
<td>&lt;0.001</td>
<td>HS</td>
</tr>
<tr>
<td>*Highest mean value among cases</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 3: Age-group-wise comparison in mean values of these parameters

**DISCUSSION:** Lipid peroxidation due to free radicals generated in the body was reflected by determining the concentration of pMDA. In control group, pMDA was found in range from 2.30 to 3.75 nm/ml with a mean value of 2.99±0.46nm/ml. Among cases, it ranged from 3.94 to 6.32 nm/ml with a mean value of 4.98±0.84nm/ml. The difference was found to be significant (p<0.001) when cases were compared with control. This shows oxidative stress among asthmatic patients.

Serum- SOD, which protects the cells by dismutating superoxide radicals among controls, it was found in range between 11.68±16.32U/mg Protein/ml with a mean value of 13.69±1.53U/mg Protein/ml. Among cases, it ranged between 8.56±9.98U/mg Protein/ml with a mean value of 9.22±0.47 U/mg Protein/ml. This difference was also highly significant (p<0.001) and suggest decreased antioxidant levels in asthmatics.

Previous studies also observed the same fact and concluded that oxidative stress remains increased among asthmatics with low levels of antioxidant activity.(4-13)

Both p-MDA and S-SOD levels were found to vary in different age groups, there was statistically significant difference observed among cases and control in all age groups. There was no significant difference observed between both sexes among cases and controls. MDA level was found to increase with age, but this was not statistically significant except when the mean values for more than 50 years was compared to that of less than 30 years age group. P-MDA was found highest in the age group 50 and above. This shows that oxidative stress increases with advanced age. Mean S-SOD was found to be highest in the age group 30-39 yrs, however, SOD activity was not significantly different among different age groups (p>0.05).

Thus, it can be proposed to maintain balance between oxidants-antioxidants among asthmatic patients through therapeutic intervention for their healthy living. Whether Intervening through antioxidants could be a therapeutic option for asthmatic patients, further research is advocated!

**CONCLUSION:** The finding of raised level of oxidants and simultaneously decreased level of antioxidants suggests the presence of excessive oxidative stress in asthmatic airways. Probably, controlling this phenomenon, at appropriate time may be critical for effective control of bronchial asthma. However, further studies are needed on this subject.
REFERENCES:


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