



(RESEARCH ARTICLE)



Ethnobotanical and comparative study of the antioxidant and anti-inflammatory potential of three organs of *Zanthoxylum zanthoxyloides*, a plant used in the traditional treatment of sickle-cell disease in Bamako

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GSC Biological and Pharmaceutical Sciences, 2023, 25(01), 019–030

Publication history: Received on 19 August 2023; revised on 02 October 2023; accepted on 05 October 2023

Article DOI: <https://doi.org/10.30574/gscbps.2023.25.1.0402>

Abstract

The literature reports that the sickle cell patients frequently use plants to manage their recurrent attacks. The aim of the present study was to contribute to a better understanding of the medicinal plants used in the management of that disease. An ethnobotanical survey was conducted in and around Bamako. The most frequently cited species was selected: *Zanthoxylum zanthoxyloides* Lam. Zepernick. & Timler, and the *in vitro* antioxidant and anti-inflammatory potential of their leaf, fruit and root extracts were assessed. A total of 39 people were surveyed, including 21 herbalists, 6 traditional health practitioners and 12 sickle-cell patients. Analysis of the survey forms revealed 19 plant species belonging to 16 families, including *Z. zanthoxyloides*, which had the highest frequency of citation (20.51%). The phytochemical screening of this species revealed the presence of alkaloids, phenolic compounds (flavonoids, tannins, coumarins), saponins and terpenes. The hydroethanolic extracts of *Z. zanthoxyloides* fruits showed the best DPPH free radical scavenging activity with an inhibitory concentration (IC₅₀) of 20.80±0.11 µg/mL followed by hydroethanolic extracts of bark with IC₅₀=22.9±0.14 µg/mL. In the phosphomolybdate test, the aqueous fruit extracts with a value of 537.70±0.05 mg AAE/100g exhibited the highest antioxidant potential. At a concentration of 1 mg/mL extracts, the aqueous fruit extracts demonstrated the most effective protein denaturation rates (92.66±0.66%) followed by the ethanolic root extracts (92.95±1.10%). This study showed that the fruits exhibit the highest promising anti-free radical and anti-inflammatory potential.

Keywords: Sickle cell disease; *Zanthoxylum zanthoxyloides*; Antioxidant; Anti-inflammatory

1. Introduction

The sickle cell disease (SCD) stands as a global health challenge, affecting millions of people around the world. It is a genetic disorder that not only causes significant suffering to those afflicted but also places a considerable burden on healthcare systems and societies at large. SCD is characterized by the abnormal shape of red blood cells, which can lead to a multitude of health complications and a reduced quality of life for those affected.

Today, this pathology has become an international problem due to migratory flows and the brewing of genes within populations [1]. It is the most common genetic disorder in the world, with approximately 500,000 new cases annually, with roughly half of these occurrences recorded in the African continent alone. In Mali, the statistics showed an average sickle cell gene prevalence of 12% and an annual number of sickle cell births between 5000 and 6000 [2]. The SCD inflicts a range of debilitating crises on those it afflicts. These include respiratory crises, triggered by altered oxygen

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transport; inflammatory crises, resulting from the release of inflammatory proteins; and oxidative crises, induced by an excess of reactive oxygen species. Together, these crises significantly impact the health and well-being of individuals living with SCD [3][4]. In addition to these crises, patients see themselves as "burdens" for their families. With their low incomes, these families faced a daily dilemma i.e. choosing between the expense of caring for a sickle cell child and the survival and education needs of other children [2].

Various therapeutic options have been proposed to combat sickle cell disease, in order to lighten the suffering of patients and their families. However, it has to be recognized that all these therapeutic approaches have side effects and are often inaccessible to low-income populations. That's why, progress has been made through phytotherapeutic approaches. The *in vitro* antifalcemic activity of several plant species used in traditional African medicine against sickle cell disease has been validated [1][5][6] and a few active molecules have been isolated [7][8]. Several anti-sickle cell improved traditional medicines have achieved this success: "VK500" in Benin, "Faca" in Burkina Faso and "Fagara" in Mali. However, the majority of these phytomedicines are derived from the bark and roots of a highly coveted species: *Zanthoxylum zanthoxyloides* Lam. Zepern. & Timler. Without gene therapy, these bark- and root-based phytomedicines enhance the management of oxidative and inflammatory crises due to their abundant antioxidant and anti-inflammatory compounds [5][9].

Nevertheless, the use of these two organs has harmful effects, such as blocking sap transport [10], increasing the risk of insect attack [11] and could lead to the disappearance of the species. Regardful about the threat to the *Z. zanthoxyloides* species, this study was initiated to conduct a comparative study of the *in vitro* antioxidant and anti-inflammatory potential of extracts from its organs, including fruit.

2. Material and methods

2.1. Sites of survey

The survey was carried out at five sites in Bamako and Kati (Figure 1). Bamako was represented by the Commune III, Commune V, Commune VI and Kati was represented by Banankoro.

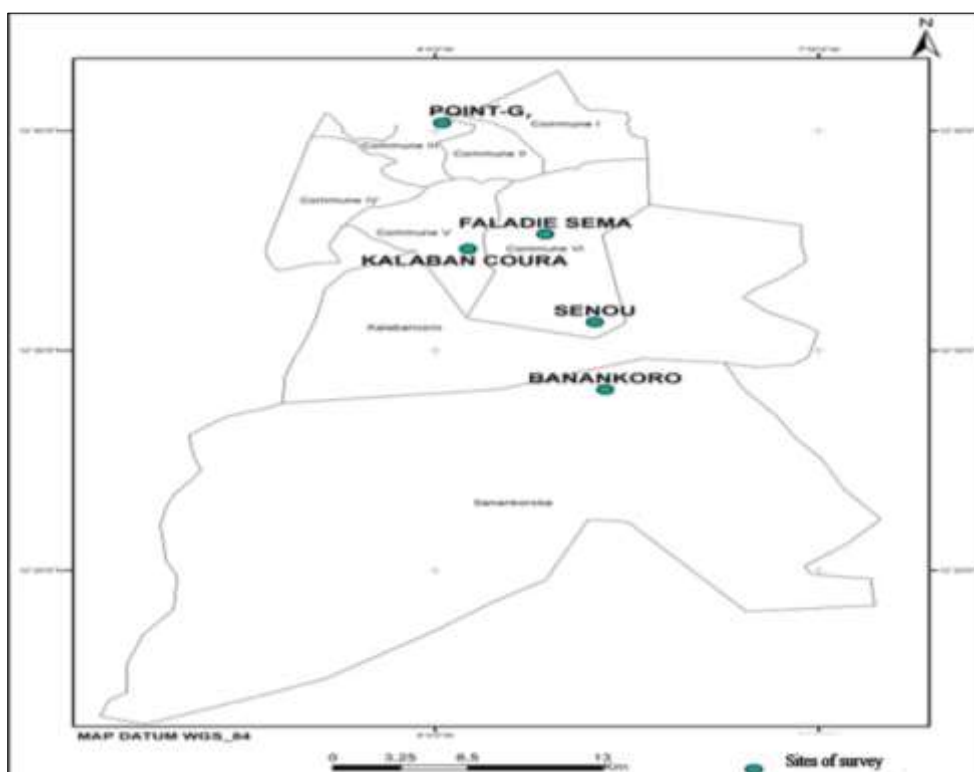


Figure 1 Survey sites

2.2. Plant material

The plant material consisted of fruits, roots and trunk bark of *Z. zanthoxyloides*, harvested in Banankoro. Samples were carefully washed, dried at room temperature, powdered and then stored in a dark and dry place.

2.3. Methods

2.3.1. Ethnobotanical survey

The ethnobotanical survey took place from July to October 2021. Data were collected using a questionnaire form and individual interviews. The local language "Bamanakan" was used for the interviews. The targeted individuals who had given their verbal consent were interviewed.

The questionnaire considered the socio-demographic characteristics of the respondents (age, sex, ethnic group, etc.), the local names of the plants used to treat sickle cell disease, the parts used, and their preparation and administration methods. Botanical and Ecotoxicology Laboratory of University of Sciences, Techniques and Technologies of Bamako (USTTB) identified the plant species mentioned.

2.3.2. Experimental study

Preparation of extracts

The extracts were obtained by maceration of 10% (w/v) powder of each organ in solvent (distilled water or 70% ethanol). The mixture was placed under magnetic stirring at room temperature for 24 h, then filtered under vacuum. The residue obtained was subjected to the same operation again. The recovered filtrates were concentrated using an evaporator and stored in a cool place for subsequent analysis.

Phytochemical composition

The phytochemical screening of extracts was carried out using qualitative characterization techniques, according to standard methods described by Harbone [12] and Bruneton [13]. The total phenolic compounds and flavonoid contents were estimated by spectrophotometry, using respectively Folin Ciocalteu and aluminum chloride tests reported by Konaré et al. [14]. The results were expressed in milligrams ascorbic equivalents per gram of dry matter (mg AAE/g DM) for phenolic compounds and milligrams quercetin equivalents per gram of dry matter (mg QE/g DM) for flavonoids.

Antioxidant activity

- Total antioxidant capacity (TAC) or Phosphomolybdate test (PPM)

The total antioxidant capacity (TAC) of plant extracts was assessed by the phosphomolybdate method used by Konaré et al. [14]. A volume of 0.1 mL of each extract was mixed with 0.9 mL of reagent solution (0.6 M sulfuric acid, 28 mM sodium phosphate and 4 mM ammonium molybdate). Tubes are incubated at 90°C for 90 min. After cooling, the absorbances of the solutions were read at 695 nm against a distilled water blank. The calibration line is based on a standard quercetin solution treated under the same conditions as the extracts. Total antioxidant capacity was expressed in equivalent milligrams of ascorbic acid per 100 grams of dry matter (mg AAE/100g DM).

- DPPH test

The DPPH (2,2-diphenyl-1-picryl-hydrazyl) test was used according to the protocol described by Brand-Williams [15], slightly modified by Togola et al. [16]. Briefly, 50 µL of each ethanolic solution at different concentrations is added to 1.95 mL of DPPH ethanolic solution (0.024 g/L). At the same time, a negative control was prepared by mixing 50 µL of ethanol with 1.95 mL of DPPH ethanolic solution. Absorbance readings were taken using a spectrophotometer against a blank at 515 nm after 30 min incubation in the dark at room temperature. The positive control is represented by a solution of a standard antioxidant, ascorbic acid. The free radical scavenging activity of the DPPH radical was expressed in inhibition rate calculated from the absorbances obtained according to the following formula:

$$\text{Inhibition rate (\%)} = [1 - (\text{Sample Absorbance} / \text{Blank Absorbance})] \times 100 \quad (1)$$

- Anti-inflammatory activity: Protein denaturation test

The anti-inflammatory activity of the extracts was estimated based on the bovine serum albumin (BSA) denaturation assay according to the protocol reported by Fetni and Bertella [17]. The reaction mixture consisted of 1 mL bovine serum albumin (BSA) solution, 3 mL phosphate-buffered saline (PBS, pH 6.4) and 1 mL of variable extract concentrations (0 to 1000 µg/mL). A similar volume of distilled water served as control (blank). The mixtures were incubated at 37° C for 15 min, then heated to 70°C for 5 min. After cooling, the absorbances were read at 660 nm. Diclofenac sodium was used as the reference molecule. The negative control represents 100% protein denaturation. The percentage inhibition of protein denaturation was calculated using the following formula:

$$\% \text{ Inhibition} = \left(1 - \frac{\text{Absorbance of sample}}{\text{Absorbance of negative control}}\right) \times 100 \quad (2)$$

3. Results

3.1. Ethnobotanical survey

3.1.1. Socio-demographic characteristics of respondents

The main data collected in the Communes of Bamako and the Cercle of Kati are the socio-demographic characteristics of the people surveyed. The Table 1 shows the distribution of respondents by gender, district and status.

Table 1 Distribution of respondents by gender, location and status

Variables	Sites	Frequencies (%)		
		Male	Female	Total
Zones of survey	Point G	10.26	20.51	30.77
	Faladie Sema	5.13	15.38	20.51
	Kalaban Coura	2.56	10.26	12.82
	Senou	7.69	12.82	20.51
	Banankoro	5.13	10.26	15.38
	Total	30.77	69.23	100.00
Status of respondents	Sickle cell patients	10.26	20.51	30.77
	Traditional healers	10.26	5.13	15.38
	Sellers of medicinal plant	10.26	43.59	53.85
	Total	30.77	69.23	100.00

A total of 39 people were surveyed, with 12 from Point G (Commune III), 5 from Kalaban Coura (Commune IV), 8 from Faladie Sema and Senou (Commune VI) and 6 from Banankoro (Kati). Among these interviewed people, 12 were sickle cell patients (30.77%), 6 traditional healers (15.38%) and 21 local plant sellers (53.85%). The Table 1 also indicated a predominance of women in the survey (69.23%).

3.1.2. Medicinal plants recorded

The Figure 2 shows a list of different species identified during the ethnobotanical survey, and their number of citations.

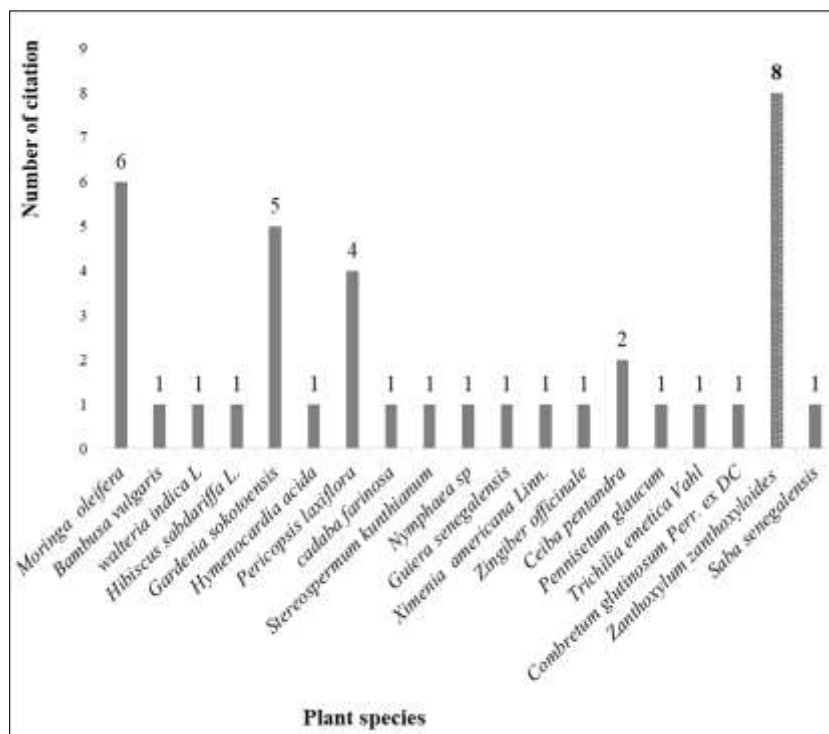


Figure 2 Listed species and their number of citations

The survey allowed to record 19 species belonging to 16 families traditionally used to treat sickle cell crises. The most cited species was *Zanthoxylum zanthoxyloides* with 20.51% of citation (Figure 2), hence the choice of this species for biological activities.

3.1.3. Plant distribution according to botanical families

The different plant families identified during the survey are shown in Figure 3. The Combretaceae, Malvaceae and Poaceae families are the most represented, with 2 species each.

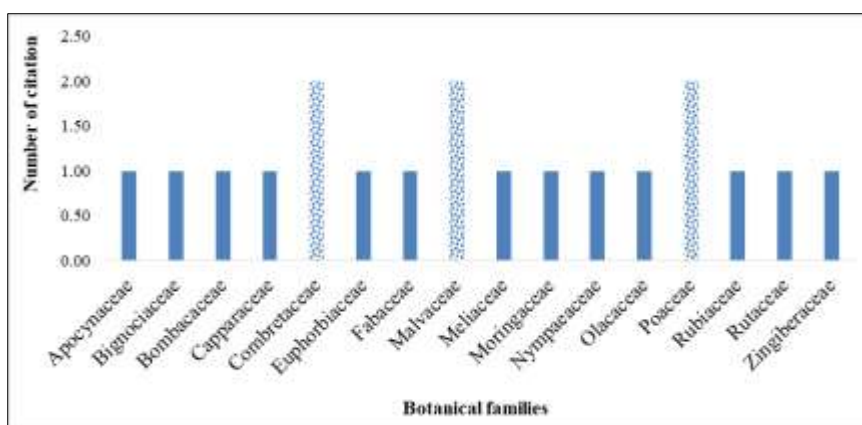


Figure 3 Distribution of species by botanical family

3.1.4. Plant organs used

The different organs used in the traditional treatment of sickle-cell anemia are summarized in Figure 4.

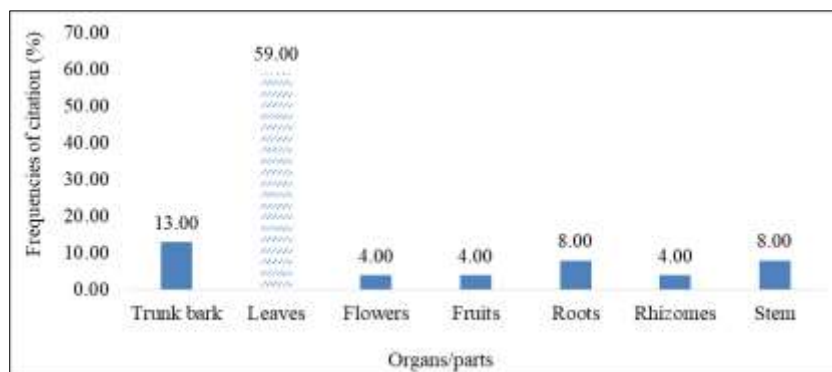


Figure 4 Frequencies of used organs

Among the various plant parts used by sickle-cell patients, the leaves (59%) were the most used, followed by trunk bark (13%), roots and stems.

3.1.5. Preparation methods and routes of administration

The Figures 5 and 6 illustrate the different preparation methods and routes of administration for the listed species.

The analysis of Figure 5 shows that decoction is the most popular preparation method with 75%, followed by infusion and maceration/granulation. In this survey, the most common route of administration was oral (53%), followed by bathing, fumigation and use of cataplastm (Figure 6).

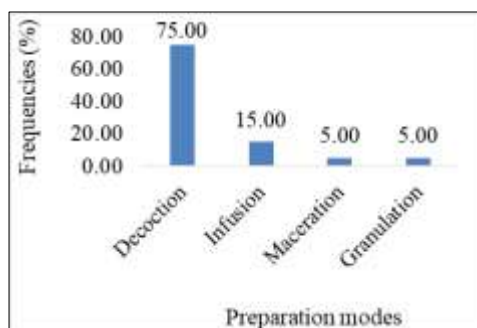


Figure 5 Modes of preparation

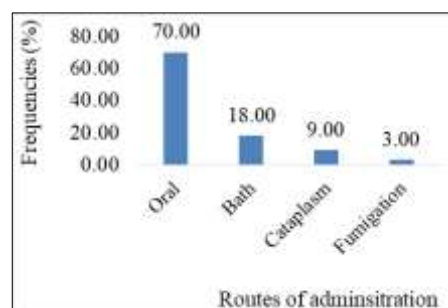


Figure 6 Modes of administration

3.2. Phytochemical composition

Table 2 Phytochemical composition

Chemical Groups	Organs and extracts					
	Fruits		Trunk bark		Roots	
	Aqueous	hydroethanolic	Aqueous	hydroethanolic	Aqueous	hydroethanolic
Alkaloids	+	+	+	+	+	+
Tannins	+	+	+	+	+	+
Flavonoids	+	+	+	+	+	+
Saponines	-	-	-	-	+	+
Coumarins	+	+	+	+	+	+
Terpenes	+	+	+	+	+	+

*Presence: (+) Absence: (-)

The results of phytochemical screening of the various extracts from the three organs of *Z. zanthoxyloides* are presented in Table 2. The results for total phenolic compounds and flavonoids are shown in Table 2.

The Table 2 shows the presence of alkaloids, tannins, coumarins, flavonoids and terpenes in all extracts. In contrast, saponins were exclusively detected in root extracts.

The data in Table 3 show that the aqueous extract of trunk bark contained the highest amount of total phenolic compounds (234.00 ± 0.001 mg EAG/g), and the lowest was recorded in the hydroethanolic extract of roots (99.00 ± 0.009 mg GAE/g). As for flavonoids, the aqueous fruit extract showed the highest level with 12.60 ± 0.017 mg QE/g against 3.30 ± 0.006 mg QE/g for the aqueous root extract.

Table 3 Total phenolic compounds and flavonoid content of extracts

Organs	Extracts	Phenolic compounds (mg GAE/g)	Flavonoids (mg QE/g)
Fruits	Aqueous	$192,00 \pm 0,010^b$	$12,6 \pm 0,017^a$
	Hydroethanolic	$158,00 \pm 0,005^c$	$11,80 \pm 0,034^a$
Trunk barks	Aqueous	$234,00 \pm 0,001^a$	$5,60 \pm 0,010^c$
	Hydroethanolic	$178,00 \pm 0,009^b$	$3,40 \pm 0,007^d$
Roots	Aqueous	$152,00 \pm 0,010^c$	$3,30 \pm 0,006^d$
	Hydroethanolic	$99,00 \pm 0,009^d$	$9,4 \pm 0,022^b$

*Different letters (a-d) for the same parameter show a significant difference between means at 0.05.

3.3. *In vitro* antioxidant potential

3.3.1. Total antioxidant capacity (TAC)

The Figure 7 shows the results for total antioxidant capacity.

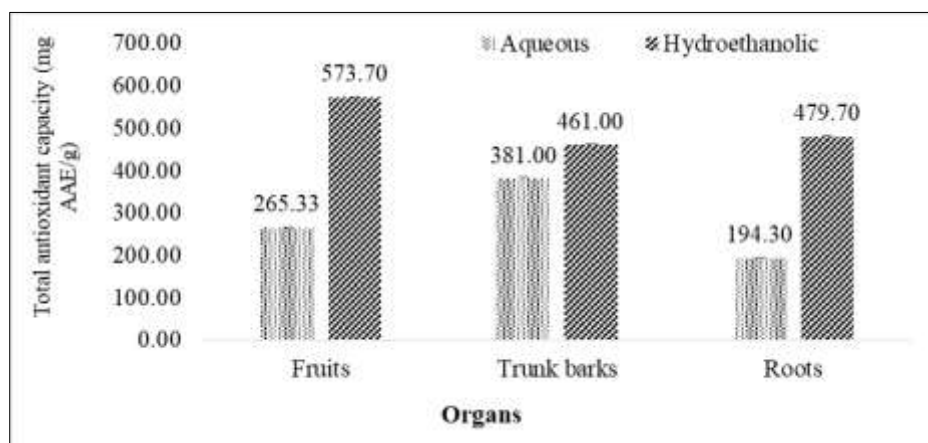


Figure 7 Diagrams expressing total antioxidant capacity of extracts

This figure reveals that TAC varied according to extracts and organs. The highest activity was registered in the fruit hydroethanolic extract with 537.7 ± 0.05 mg AAE/100g DM, and the lowest in the root aqueous extract with 194.3 ± 0.05 mg AAE/100g DM.

3.3.2. DPPH test

The results obtained with the DPPH Test are translated into 50% inhibitory concentrations (IC_{50} expressed in $\mu\text{g/mL}$) (Table 2).

Table 4 Anti-radical activity expressed as IC₅₀

Organs	Extracts	IC ₅₀ (µg/mL)
Fruits	Aqueous	23.70±0.11 ^c
	Hydroethanolic	20.83±0.11 ^d
Trunk barks	Aqueous	22.93±0.14 ^c
	Hydroethanolic	25.80±0.56 ^a
Roots	Aqueous	24.97±0.25 ^b
	Hydroethanolic	24.72±0.15 ^b

*For each extract, means do not share any letter are significantly different at the 0.05 threshold.

The results of the DPPH test showed that the ethanolic fruit extracts with the lowest IC₅₀ (20.80±0.11 µg/mL) were the richest in antioxidants.

3.4. Anti-inflammatory activity: effect of protein denaturation

The inhibitory effects of extracts from different organs at different concentrations on protein denaturation are shown in Table 5. This table reveals that the aqueous and ethanolic extracts of the different organs of *Z. zanthoxyloides* exhibited good inhibition of protein denaturation, with variation in the inhibition rate from one extract to another and from one organ to another (p-value < 0.05). The aqueous fruit extract and hydroethanolic root extract at 1000 µg/mL showed the highest inhibition rates of 92.66±0.66% and 92.95±1.10%. These results are statistically similar to those observed with Diclofenac sodium (93.33±1.53%), the positive control.

Table 5 Inhibitory effects of protein denaturation of extracts

Extracts	Organs	Concentrations (µg/mL)						p-value
		31,25	62,5	125	250	500	1000	
Aqueous	Fruits	70.92±0.44 ^{Ec}	72.27±0.44 ^{Ee}	77.78±0.7 ^{Dc}	80.77±0.60 ^{Cd}	89.95±1.93 ^{Bb}	92.66±0.66 ^{Aa}	0.001E-8
	Barks	73.04±0.77 ^{Ebc}	75.65±1.33 ^{Dcd}	78.55±1.33 ^{Cc}	81.84±0.73 ^{Bcd}	84.25±0.73 ^{Bd}	85.12±0.44 ^{Ac}	0.001E-5
	Roots	73.04±1.16 ^{Fbc}	74.98±0.44 ^{Ede}	78.16±1.60 ^{Dc}	82.71±0.44 ^{Cc}	85.12±0.44 ^{Bcd}	86.86±1.37 ^{Ab}	0.001E-5
Hydro-ethanolic	Fruits	73.04±1.16 ^{Cbc}	79.71±1.05 ^{Bb}	83.38±1.60 ^{Ab}	84.73±0.60 ^{Ab}	84.73±0.60 ^{Accd}	84.54±0.67 ^{Accd}	0.003E-5
	Barks	75.75±1.70 ^{Bab}	77.97±3.05 ^{Bbc}	81.93±1.70 ^{Ab}	82.90±0.29 ^{Ac}	83.38±0.58 ^{Ad}	83.19±0.58 ^{Ad}	0.0002
	Roots	78.07±3.13 ^{Da}	84.25±1.43 ^{Ca}	89.37±0.33 ^{Ba}	90.72±0.50 ^{ABa}	91.79±0.44 ^{ABa}	92.95±1.10 ^{Aa}	0.003E-4
positive control	Diclofenac	44.35±3.05 ^{Ed}	62.22±1.77 ^{Df}	74.98±2.53 ^{Cd}	78.36±1.02 ^{Ce}	88.21±1.89 ^{Bc}	93.33±1.53 ^{Aa}	0.002E-8
P-value		0.001E-7	0.001E-5	0.005E-4	0.001E-7	0.001E-3	0.003E-6	

*For each extract, the means sharing no capital letters are significantly different. For each concentration, the means sharing no lower-case letters are significantly different.

4. Discussion

4.1. Ethnobotanical survey

The results of the ethnobotanical survey revealed that sickle cell patients living in and around Bamako use 19 plant species belonging to 16 families for the management of sickle cell crises. The most cited species was *Z. zanthoxyloides*,

called "Wo" in the local Bamanakan language, with 20.51% as frequency of citation. The leaves were the most frequently used organs (59%), followed by the barks (13%) and the roots (8%). These results are in agreement with the work of Dembélé [6], who during a survey of sickle cell patients members of AMLUD (Malian Association for the Fight against Sickle Cell Disease) in Bamako, showed that the *Z. zanthoxyloides* species was widely used and that the leaves were the most cited organs in the treatment of sickle cell disease. Mpiana et al. [1] have also reported the very frequent use of *Z. zanthoxyloides* leaves in the management of sickle cell disease. On the other hand, the literature reports an abusive use of the barks and roots of this species in the design of numerous phytomedicines in Africa [5][6][9]. This interest in leaves by sickle-cell patients could be linked to their richness in bioactive compounds. This use should be encouraged insofar as it is very important not only for the survival of the species but also the leaves are easily and abundantly renewed [18].

4.2. Phytochemical composition

The phytochemical screening of the three organs studied revealed the presence of several secondary metabolites such as alkaloids, phenolic compounds (flavonoids, tannins, coumarins) and terpenes. In opposite to other compounds, saponins were found only in root extracts. The presence of these metabolites had already been reported in some previous works of Olushola-siedoks et al. [19] and Cisse et al. [9]. However, Dembélé [6] has reported the presence of saponins in root and bark extracts and the absence of flavonoids in roots and trunk bark of the same species. The literature reports that intraspecific differences may be multifactorial in origin (geographical origin of the species, harvesting period, maturity stage, etc.).

These data reveal that the organs of *Z. zanthoxyloides* are very rich in secondary metabolites, and this pharmacological richness could justify their use in the traditional treatment of sickle cell disease. The work of Cisse et al. [9] reported that the fruits, barks and leaves of this species were used in the treatment of anemia, thanks to their fairly high iron content (1 to 7 mg/L). This could justify the use of these organs in sickle cell patients who regularly suffer from anemia attacks.

All these compounds are known for their physiological activities and medicinal properties. For instance, the alkaloids, tannins and flavonoids have been shown to promote tissue regeneration, reduce the permeability of blood capillaries and enhance their resistance to hemolysis [20][21]. These molecules are involved in the management of several diseases such as sickle cell disease [22].

The spectrophotometric assay showed that aqueous extracts of bark contained the highest levels of phenolic compounds (234.00 ± 0.001 mg GAE/g), followed by fruit (192.00 ± 0.010 mg GAE/g), and the lowest levels were recorded in hydroethanolic extracts of roots (99.00 ± 0.009 mg GAE/g). These values are higher than those obtained by Phuyal et al. [23] with methanolic extracts, which were 185.15 ± 1.22 mg GAE/g for barks and 185.15 ± 1.22 mg GAE/g for fruits of *Zanthoxylum armatum* species. In contrast, the levels reported by Ouedraogo et al. [24] with methanolic extracts of *Z. zanthoxyloides* bark (7.85 ± 0.32 mg GAE/100mg) are lower than ours.

As for flavonoids, the aqueous extracts showed the highest levels (p-value < 0.05), with 12.6 ± 0.017 mg QE/g for fruits against 3.30 ± 0.006 mg QE/g for roots. These data are good news insofar as the aqueous form, which is not or is less toxic, remains the main form of medicinal plant use [25][26]. Ouedraogo et al. [24] reported less interesting flavonoid contents with ethanolic bark extracts (1.12 ± 0.01 mg QE/100 mg). On the other hand, flavonoid contents reported by Tine et al. [27] with methanolic extracts of fruits of the same species (49.61 mg QE/mg) are higher than ours.

The phenolic compounds, particularly the flavonoids, are known for their antioxidant, anti-inflammatory, anticancer and antitumor properties [28][29]. With these significant levels of flavonoid, the fruits could potentially replace barks and roots in traditional use, reducing the pressure on plant species at risk of disappearing. The work of Ouattara et al. [7] in Burkina Faso aroused a new interest in roots, with the isolation of three new bioactive compounds (known as Burkinabins A, B and C) from root bark extracts. While these compounds were able to reduce the number of sickle cells from 11.4% to 67.3%, studies have shown that these anti-sickle cell properties are due to the involvement of other chemical groups such as phenolic compounds. The phenolic compounds, and singularly the flavonoids, are known for their antioxidant, anti-inflammatory, anticancer, antitumor and antisickling properties [28][30]. Based on these amounts of flavonoid, the fruits of *Z. zanthoxyloides* could be suggested as an alternative to replace barks and roots, whose current use would undoubtedly lead to the species' extinction.

4.3. Antioxidant et anti-inflammatory potential

The respiratory and inflammatory crises are very frequent in sickle cell patients as a result of excessive production of active oxygen derivatives (AODs) [3] and denatured proteins [4] respectively. Consequently, the management of these

crises involves those of these AODs and denatured proteins through anti-inflammatory and antiradical agents contained in plant extracts.

The evaluation of free radical scavenging capacity showed the highest activity in the hydroethanolic fruit extracts with 537.7 ± 0.05 mg AAE/100g DM for the phosphomolybdenum test, and the lowest in the aqueous root extract with 194.3 ± 0.05 mg AAE/100g DM. The same trends were confirmed by the results of DPPH test, which showed that the hydroethanolic fruit extracts had the lowest IC_{50} (20.80 ± 0.11 $\mu\text{g/mL}$), and therefore the highest antioxidant content. Our results are higher than those of Tanoh [31], who obtained an IC_{50} of 58.10 ± 1.20 $\mu\text{g/mL}$ with *Z. mezoneurispinosum* trunk bark, and also with *Z. psammophilum* roots (45.80 ± 0.10 $\mu\text{g/mL}$) and *Z. leperieurii* fruits (103.55 ± 0.35 $\mu\text{g/mL}$). Similarly Ayoka et al. [32] have reported low levels in *Z. zanthoxyloides* leaves (94.41 ± 0.18 $\mu\text{g/mL}$). In their studies on isolated mitochondria Adekunle et al. [33] had demonstrated the ability of *Z. zanthoxyloides* extracts to scavenge free radicals, thus reducing the production of reactive oxygen species inside these mitochondria.

Known for their antioxidant activity, the presence of the phenolic compounds, especially flavonoids, is believed to play a crucial role in the antioxidant properties of plants used to treat sickle cell disease in traditional medicine. These properties would stabilize the membrane of SS erythrocytes and reduce the $\text{Fe}^{3+}/\text{Fe}^{2+}$ ratio [1][21]. Likewise, other studies have shown that phenolic compounds, due to their acylation capacity, possess the ability to reduce the number of sickle cells (S red blood cells) from 75% to 30%. This reduction would increase the affinity of hemoglobin for oxygen [8]. Thus, the investigated extracts, with their significant levels in these compounds, could contribute to a better management of respiratory crises in sickle cell patients.

During the inflammation, many of the involved proteins are denatured. This is why the protein anti-denaturation assay is used to estimate the anti-inflammatory activity of plant extracts. The aqueous and hydroethanolic extracts of *Z. zanthoxyloides* fruits, barks and roots showed good inhibition of protein denaturation, ranging from $70.92 \pm 0.44\%$ to $92.95 \pm 1.10\%$. These inhibitory effects were extract and organ-dependent (p -value < 0.05). At 1000 $\mu\text{g/mL}$, aqueous fruit extract with $92.66 \pm 0.66\%$ and hydroethanolic root extract with $92.95 \pm 1.10\%$ showed the best inhibition rates, statistically similar to that observed with Diclofenac sodium ($93.33 \pm 1.53\%$). These data corroborate those reported by Thejashwini et al. [34] with methanolic extracts of *Z. rhetsa* fruits, which had a protein inhibition rate of 85%. Numerous studies have shown that polyphenols inhibit the enzymatic activities of lipid metabolism and reduce the production of inflammatory mediators such as nitrogen monoxides, prostaglandins and leukotrienes [35][30]. The polyphenols are therefore responsible for anti-inflammatory activities, hence their use as chemopreventive agents.

The anti-inflammatory effect of sterols, terpenes and saponins has also been reported and may be due to an inhibition of cyclooxygenase and the release of pro-inflammatory cytokines [22]. The fruits with their high content in phenolic compounds could be a potential candidate to replace validly the barks and roots. The work of Diatta et al. [36] had already suggested the use of *Z. zanthoxyloides* leaves in place of roots, in pathologies such as sickle cell disease, in view of their efficacy on inflammation and pain. These data support the conclusions formulated by Togola et al. [16] to replace the bark of *Anarcadium occidentale*, widely used against hypertension and diabetes in Mali, with its leaves. This hypothesis was also based on the wealth of phenolic leaves and antioxidant agents.

5. Conclusion

The data from this study showed that several plant species are used by local populations in Bamako in the management of sickle cell disease. Among these plant species used, *Z. zanthoxyloides* was the most coveted. The phytochemical investigations carried out on this species highlighted its richness in bioactive compounds. The leaf, fruit and root extracts were also found to have interesting antioxidant and anti-inflammatory potential. The hydroethanolic and aqueous fruit extracts showed the best free radical scavenging properties and protein denaturation inhibition rates at 1000 $\mu\text{g/mL}$. Based on these interesting activities recorded with the fruits, they could be suggested to replace the barks and roots in the formulation of phytomedicines for a better safeguarding of the species. To validate this hypothesis, it would be necessary to carry out further tests evaluating the antisickling and antihemolytic activities of fruit extracts.

Compliance with ethical standards

Acknowledgments

The authors express sincere gratitude to all the interviewed people who gave their consent and then accepted freely to share their knowledges. We also thank the team of Botanical and Ecotoxicological Laboratory of University of Sciences, Techniques and Technologies of Bamako (USTTB) for their contribution in species identification.

Disclosure of conflict of interest

The authors declare that there is no conflict of interest in the present work. All authors read and approved the final version of the manuscript.

Statement of ethical approval

The present research work does not contain any studies performed on animals/humans subjects by any of the authors.

Statement of informed consent

Informed consent was obtained from all individual participants included in the study.

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