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Original Research



Antimalarial Activity of n-Hexane, n-Butanol Fractions of *Spilanthes filicaulis* in Swiss Mice Infected with *Plasmodium berghei*

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ABSTRACT

Malaria, a serious disease that can be fatal if left untreated, is caused by Plasmodium parasites. Malaria poses a significant life threat due to growing parasite resistance to drugs and the prohibitive cost of treatment, particularly in high-prevalence African countries. The prospect offered by the exploration of botanicals as alternatives necessitated this study to examine the antimalarial activities of the nhexane fraction of Spilanthes filicaulis (HFSF) and its butanol fraction (BFSF) on Plasmodium berghei-infected mice. Swiss mice of both genders were infused with a chloroquine-sensitive P. berghei (NK-65) strain intraperitoneally. Antimalarial activity (in vivo) of S. filicaulis fractions was evaluated against early and established infection employing 4-day suppressive and curative antimalarial models at 250, 500 and 750 mg/kg dose levels respectively. Rectal temperature (RT), packed cell volume (PCV), body weight (BW), parasitemia level and mean survival time (MST) were variables determined. Findings herein demonstrated marked prevention of BW, RT, and PCV reduction at the treated doses relative to the untreated controls. Moreover, both fractions significantly suppressed parasitemia dose-dependently. The highest antimalarial chemosuppression was demonstrated by the HFSF producing 60.59%, 69.29% and 71.17% inhibition in the 4-day suppression and the BFSF yielded 45.44%, 43.96% and 47.97% chemosuppression in the curative, at the treated doses respectively. Similarly, the fractions delayed the mean survival duration of treated infected mice relative to the untreated group. Therefore, the results herein suggest that both fractions demonstrate dose-dependent and statistically significant suppression of parasitemia and improved clinical parameters in mice infected with *P.berghei* against murine malaria.

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INTRODUCTION

Malaria continues to pose a major public health challenge to people of sub-Saharan African countries despite the elephantine efforts towards its eradication (Ofeniforo *et al.*, 2024a). It is an infection commonly associated with high morbidity

and mortality rates in young ones lower than age five and expectant women (Wondafrash et al., 2019). In humans, this mosquito-borne disease is engendered by five species of *Plasmodium* namely, *P. falciparum*, *P. vivax*, *P. ovale*, *P. malariae*, and *P. knowlesi*. However, *P. falciparum* and *P. vivax*

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cause the greatest lethality and the majority of malaria infections worldwide (Misganaw *et al.*, 2020). This disease could be preventable and curable if adequately controlled (WHO 2020). Common controlled measures include the use of treated mosquito nets, insecticide indoor spray, antimalarial medications, bush clearing, and removal of stagnant water (Alaribe *et al.*, 2020).

Nature is as old as human existence providing us not just with food but also with medicines in abundance, such that humans could eat their food as medicine prevalent in plants (Adeleke and Ndah, 2022). Secondary metabolites are the most striking and promising elements in plants on which humans depend (Osuntokun and Faniyi, 2020). The cultural trust, readily availability and direct accessibility of medicinal herbs within the environment, and poor economy relative to the high cost of over-the-counter antimalarial drugs, may have encouraged the local populations of Southwestern States of Nigeria to continue to practice the use of traditional medicines.

The genus Spilanthes commonly distributed in the tropics has over 300 species (Jayaraj et al., 2013). Spilanthes filicaulis belongs to the Asteraceae family. The aerial part of this small creeping plant (Spilanthes filicaulis) is orally administered and local traditional healers utilize the plant material in their practice in Igbara-Odo Ekiti Nigeria where it is envisaged that a high prevalence of this disease occurs. However, Akinwunmi, Ofeniforo, and Omisore (2018) reported limited scientific information regarding the antimalarial activity of the crude methanolic extract of S. filicaulis. Therefore, given the increasing resistance conventional antimalarial drugs and the traditional use of S. filicaulis in malaria treatment among local populations in Ekiti State, this study aimed to evaluate the in vivo antimalarial potential of its n-hexane and n-butanol fractions in Plasmodium berghei-infected mice. This will provide a scientific basis for its traditional use and contribute to the search for new plant-based antimalarial agents.

MATERIALS AND METHODS

Chemicals/reagents for this study were sourced from reputable and certified vendors (Sigma-Aldrich, HPLC grade). Fresh aerial parts of S. filicaulis were collected from Igbara-Odo Ekiti, Ekiti State, Southwest Region of Nigeria (December 2022). It was identified and authenticated at IFE Herbarium, Obafemi Awolowo University Ile-Ife, Nigeria with voucher specimen number IFE/17571. The aerial parts were thoroughly washed, air-dried at room temperature and grounded into smooth powder using an electric miller. The smooth granular material (800 g) underwent extraction using maceration process with 2.5 L of 80% methanol for 72 hours at room temperature. Thereafter, the plant extract was lyophilized to a solid mass known as crude methanolic extract of S. filicaulis (MESF). 50g portion of MESF was later fractionated by solventsolvent extraction with n-hexane followed by nbutanol successionally. Respective fractions at 40 °C were concentrated *in-vacuo* to get the HFSF and BFSF. The percentage yield was calculated using the equation below.

Percentage yield =
$$\frac{W2 - W1}{W0} \times 100$$

Where W2 is the weight of the extract and the Petri dish, W1 is the weight of the petri dish alone and W0 is the total weight of the sample partitioned.

To pinpoint constituents in HFSF and BFSF preparatory qualitative screening of secondary metabolites was done using basic known methods (Senthilkumaran *et al.*, 2024). Methods that are well-known were also used to determine phytoconstituents quantitatively: alkaloids (Shubhra *et al.*, 2019), terpenes (Das *et al.*, 2022), Saponins (Chen *et al.*, 2010), tannins (Devi *et al.*, 2019), steroids (Oyawaluja *et al.*, 2024), flavonoids (Madaan *et al.*, 2011) and glycosides (Ademoye, Lajide, and Owolabi, 2018).

Ninety-six adult Swiss mice (weighing 18-25g) were sourced from the Department of Pharmacology Animal Breeding Unit, University of Ibadan, Oyo State Nigeria. All the mice for this study were kept in well-ventilated cages (plastic) and acclimatized for seven days. The mice were housed in a temperature controlled room (temperature 25-30 °C), with a relative humidity of 40-45%, and a 12-hour light-dark cycle, with unlimited access to pelletized growers mash and water at all times.

At the Institute of Advanced Medical Research and Training (IAMRAT), College of Medicine, University of Ibadan, Ibadan, Nigeria; a chloroquine-sensitive strain of P. berghei (NK-65) was obtained. Blood was taken from the heart of a donor mouse exhibiting increasing parasitemia levels of 25-30% through cardiac puncture using a sterile needle inserted into the left ventricle and the collected blood in the syringe was transferred into a capillary tube containing 0.1 ml of Acid Citrate Dextrose (ACD). The blood was subsequently diluted with 0.9 % physiological saline, taking into account the parasitemia level of the donor mouse. An intraperitoneal injection of 0.2 ml of diluted parasitized erythrocytes was administered to the experimental mice, which is equivalent to 1×10^7 red blood cells infected with P. berghei.

Infected mice were randomly grouped into five groups of six mice (n=3 female and n=3 male) each immediately after inoculation. Treatment administration in each group consisted of:

Group I (Negative control group): Infected untreated mice with 0.2 ml *P. berghei* thus serving as negative control (received pelletized feed and water).

Group II (Positive control group): Infected mice with 0.2 ml *P. berghei* but later treated with 10 mg/kg body weight chloroquine.

Group III-V (Test group): Mice infected with 0.2 ml *P. berghei* but later receive treatment with

250, 500, and 750 mg/kg body weight respectively of HFSF and BFSF extracts.

Early Infection (4-Day Suppressive Treatment)

The model was carried out using the method of Nureye et al. (2018). Adult Swiss mice (18-25 g) were randomly assigned to 5 groups (n=6) and were inoculated with 0.2 ml of parasitized blood containing (1 x 10⁷), P. berghei NK-65 intraperitoneally (i.p.) on day zero D₀. Treatment with HFSF, BFSF extract and chloroquine started 3 hours after inoculation orally, once a day for 4 days. On the fifth day of study (D₄), thin blood smears were made from the tail blood of each mouse onto a clean slide, fixed with methanol and stained with 5% Giemsa, washed under a running tap, and allowed to dry. Microscopic examination was used to count the number of parasitized cells as described by Aarthi and Murugan (2011). On days 6 and 8 postinoculation, additional smears were taken.

Established Infection (Curative Treatment)

The model was carried out using the method of Nureye et al., (2018). Adult Swiss mice (18-25 g) were randomly assigned to 5 groups (n=6) and were inoculated with 0.2 ml of parasitized blood containing (1 x 10⁷) parasites, P. berghei NK-65 intra-peritoneally (i.p.) on day zero D₀. Treatment with HFSF, BFSF extract and chloroquine commenced orally once daily 72 hours (D₃) after infection and it continued for 4 consecutive days. By the fourth day which is now (day D₇), thin smears of blood were prepared, methanol-fixed, and stained with 5% Giemsa stain. Thereafter, microscopic examination was used to count the number of parasitized cells as described by Aarthi and Murugan (2011). On days 8 and 10 post-inoculation, additional smears were taken.

Parasitemia Evaluation

The prepared blood films were mounted on the microscope stage, and a drop of immersion oil was gently applied. It was observed using an x100 objective lens, to locate a suitable field for enumeration of parasitized and unparasitized erythrocytes. The total number of red blood cells (TRBC) and total number of parasitized red blood cells (PRBC) were counted in a particular field. Parasitemia suppression was estimated to be a percentage for each tested dose by comparing the level of parasitemia in the untreated group with its treated counterpart.

Parasitemia percentage in each field was calculated as reported by Mengiste et al., 2012 thus.

% Parasitemia = <u>Total number of PRBC</u> x 100% Total number of TRBC

 $PR (\%) = \frac{\% Poc - \% Pot}{\% Poc} \times 100$

Description:

Poc = Parasitemia of control

Pot = Parasitemia of test

Mean Survival Time (MST) Determination

Mortality rate in days was assessed daily at the onset of inoculation of the parasite until death was recorded for all mice across all groups. MST for all groups was estimated as described by Mengiste *et al.* (2012) thus;

MST = <u>Sum of survival time (Days) of all mice in a group</u>
Total number of mice in the group

Body Weight (BW) Determination

BW of each mouse was determined, to check whether HFSF and BFSF extracts prevented weight loss or not, as described by Belay, Gurmu, and Wubneh (2018). Briefly, the BW of the individual mouse across all groups was checked before to infection with the parasite (day 0) and on the fifth day after infection (day 4) in the suppressive treatment, while days 3 and 7 after infection will be used for curative treatment using a sensitive electronic balance.

 $BW = \frac{Sum \text{ of BW of mouse in each group (g)}}{Total \text{ number of mice in group (g)}}$

Rectal Temperature (RT) Determination

The RT of mice was assessed with a digital handheld thermometer with a flat probe to ascertain the effect of HFSF and BFSF extract on averting body temperature reduction due to malaria. The colonic temperature attained was measured by inserting a probe >2 cm deep through the mouse anus which gives a measure of deep (core) body temperature. Briefly, the RT of mice across all groups was checked prior infection with the parasite (day 0) and on the fifth day after infection (day 4) in the suppressive treatment, while days 3 and 7 after infection used for curative treatment as reported by Kumar *et al.*, 2017.

 $RT = \frac{Sum \text{ of RT of mouse in each group (°C)}}{Total \text{ mice per group (g)}}$

Packed Cell Volume (PCV) Determination

The PCV was also assessed before and after treatments. In determining the PCV, samples of blood were taken from the terminal tail tip region of each mouse (from each group during suppressive and curative tests) using heparinized capillary tubes for microhematocrit analysis. The capillary tubes were filled to the desired volume (three-fourths) with blood and closed with plasticin at their outlet. It was later spun at 11,000 rpm for 10 minutes using a microhematocrit centrifuge. Finally, the sealed tubes were removed and PCV was estimated with the help of a hematocrit reader and the percentage PCV was calculated as reported by Mengiste *et al.*, (2012) using the formula below.

PCV (%) = <u>Erythrocytes volume fraction (ml)</u> x 100 Total blood volume examined (ml)

Data Analysis

Results of our investigation were reported as mean \pm standard error of mean (SEM) for six mice per group. The arithmetic mean value of parasitemia suppression, BW, RT, PCV and MST significance between groups was computed by one-way ANOVA. Duncan's *post hoc* multiple comparisons were used to analyze and compare the results at a 95% confidence level. Values of p < 0.05 were considered significant.

RESULTS AND DISCUSSION

Phytochemical screening of HFSF and BFSF extracts gave positive tests for the presence of steroids, alkaloids, flavonoids, tannins, saponins, terpenoids, and cardiac glycosides but their quantities vary (Table 1). The efficiency of extraction is a determinant of the method of extraction, extraction timing, the phytochemicals composition, temperature and the used solvent (Ngo et al., 2017), thus our investigation used n-hexane and butanol to partition the hydromethanolic extract of S. filicaulis. The percentage yield resulted in BFSF (22.56%) and HFSF (16.98%). The highest extraction yield was observed in BFSF suggesting itis a better solvent for the extraction of S. filicaulis phytoconstituents.

The therapeutic promise of plants is attributed to the presence of a diverse combination of varying secondary metabolites such as flavonoids, glycosides etc., that may act singly, collectively, or synergetic to establish an effect that may be harmful or beneficial to health (Merlin et al., 2019). Results from our study showed that HFSF and BFSF are rich in phytochemicals but in contrasting concentrations (Table 1). The abundance of some of the phytoconstituents in HFSF may have accorded better antimalarial activity than its counterpart, this supports the notion that the quality of bioactive content is more important than the quantity of

these phytoconstituents fractions. However, identified have been reported to attribute antiplasmodial activities (Ibukunoluwa, 2017). Thus validating earlier reports of Agbafor who reported that Spilanthes is rich in phenolic compounds, tannins, alkaloids, flavonoids and glycosides (Agbafor et al., 2015). Albeit the fact that medicinal plants are perceived to be beneficial and safe, some are toxic potentially (Jothy et al., 2011). To substantiate this fact, a report on an earlier acute toxicity test on crude methanolic extract of S. filicaulis by Akinwunmi, Ofeniforo, and Omisore, (2018), showed that the evaluated median lethal dose (LD₅₀) was \geq 5000 mg/kg bwt on laboratory mice.

Analysis of BW and RT of parasitized untreated control group in suppressive treatment showed a significant loss in BW and RT. All treated dose levels of HFSF and BFSF exhibited dosedependently protection in opposition to BW loss and RT reduction which is significant at (p<0.05). The highest BW and reduction in temperature protection was demonstrated by the BFSF at the highest dose of 750 mg/kg bwt administered in comparison to its HFSF (Figure 1-4). HFSF produced peak PCV protection at 750 mg/kg bwt (Figure 5-6). In comparison to the parasitized untreated group, all treated dose levels of HFSF and BFSF in the curative treatment exhibited a dose-dependently protection in opposition to BW loss and RT reduction which is significant at (p<0.05). The highest BW and temperature reduction in protection demonstrated by the BFSF at 750 mg/kg bwt (Figure 7-10). The HFSF and BFSF protected PCV infection-induced reduction with the BFSF at 750 mg/kg bwt producing the highest protection (Figure 11-12), and the least protection of the two fractions was demonstrated by HFSF at 250 mg/kg bwt (Figure 11).

Table 1. Phytochemicals Composition in HFSF and BFSF

Dhata shaminala	Table Column Head		
Phytochemicals	HFSF	BFSF	
Steroid	10.38 ± 0.32	19.65 ± 0.80	
Glycosides	0.08 ± 0.15	0.94 ± 0.23	
Flavonoid	49.46 ± 1.02	31.07 ± 0.36	
Terpenoids	16.92 ± 0.04	7.19 ± 0.85	
Tannins	1.78 ± 0.15	0.82 ± 0.05	
Saponins	2.63 ± 0.11	1.08 ± 0.02	
Alkaloids	14.27 ± 0.42	11.21 ± 0.28	

Values are expressed as the mean of three replicates \pm S.E.M

Table 2. Effects of oral administration of HFSF on *Plasmodium berghei* (NK65)-infected mice (4-day Suppressive Test)

Treatment	% Parasitemia (% Inhibition)			MST
	Day 4º	Day 6°	Day 8°	NIS I
Control	6.62 ± 0.41	7.85 ± 0.30	9.77 ±1.23	10.50 ± 0.87
10 mg/kg bwt CQ	$1.72 \pm 0.11 \ (74.07)$	$0.81 \pm 0.23 \ (89.57)$	$0.12 \pm 0.12 \ (98.74)$	28.75 ± 0.63
250 mg/kg bwt extract	$4.87 \pm 0.32 \ (26.49)$	$4.62 \pm 0.36 \ (40.81)$	3.85 ± 0.15 (60.59)	14.00 ± 1.47
500 mg/kg bwt extract	$3.65 \pm 0.57 \ (44.86)$	$4.17 \pm 0.66 \ (46.49)$	$3.00 \pm 0.70 \ (69.29)$	17.75 ± 2.87
750 mg/kg bwt extract	$3.45 \pm 0.10 \ (47.89)$	$3.27 \pm 0.12 \ (58.03)$	2.82 ± 0.15 (71.17)	18.25 ± 2.86

CQ = chloroquine; bwt = body weight; o = post-inoculation day. Values showed as the mean of six replicates \pm S.E.M

Table 3. Effects of oral administration of BFSF on *Plasmodium berghei* (NK65)-infected mice (4-day Suppressive Test)

Treatment	% Parasitemia (% Inhibition)			MST
	Day 4°	Day 6°	Day 8°	NIS I
Control	6.62 ± 0.41	7.85 ± 0.30	9.77 ± 1.23	10.50 ± 0.87
10 mg/kg bwt CQ	$1.72 \pm 0.11(74.07)$	$0.81 \pm 0.23 \ (89.57)$	$0.12 \pm 0.12 \ (98.74)$	28.75 ± 0.63
250 mg/kg bwt extract	$5.63 \pm 0.61 \ (14.90)$	4.19 ± 0.33 (46.19)	$3.81 \pm 0.38 \ (61.00)$	14.75 ± 1.25
500 mg/kg bwt extract	$4.84 \pm 0.34 \ (26.84)$	4.31 ± 0.22 (44.78)	$3.68 \pm 0.13 \ (62.38)$	15.50 ± 1.85
750 mg/kg bwt extract	$4.15 \pm 0.58 (37.36)$	$3.96 \pm 0.54 $ (49.23)	$3.92 \pm 0.18 (59.88)$	17.00 ± 2.16

CQ = chloroquine; bwt = body weight; o = post-inoculation day. Values showed as the mean of six replicates \pm S.E.M

Table 4. Effects of oral administration of HFSF on *Plasmodium berghei* (NK65)-infected mice (Curative Test)

Treatment -	% Parasitemia (% Inhibition)			MST
	Day 4º	Day 6°	Day 8°	MIST
Control	5.05 ± 0.53	9.04 ± 0.24	10.16 ± 0.32	9.75 ± 0.48
10 mg/kg bwt t CQ	6.13 ± 0.81	$1.67 \pm 0.33 \ (81.56)$	$0.36 \pm 0.17 \ (96.42)$	26.75 ± 0.95
250 mg/kg bwt extract	6.76 ± 0.79	$6.31 \pm 0.15 (30.19)$	5.95 ± 0.62 (41.44)	13.25 ± 0.48
500 mg/kg bwt extract	6.70 ± 0.28	$6.03 \pm 0.64 (33.93)$	$6.10 \pm 0.55 \ (39.93)$	13.75 ± 0.47
750 mg/kg bwt extract	5.95 ± 0.41	$6.1 \pm 0.39 (32.52)$	$5.63 \pm 0.74 (44.59)$	15.25 ± 1.89

CQ = chloroquine; bwt = body weight; o = post-inoculation day. Values showed as the mean of six replicates \pm S.E.M

Table 5. Effects of oral administration of BFSF on *Plasmodium berghei* (NK65)-infected mice (Curative Test)

Treatment -	% Parasitemia (% Inhibition)			MST
	Day 4º	Day 6°	Day 8°	IVIS I
Control	5.05 ± 0.53	9.04 ± 0.24	10.16 ± 0.32	9.75 ± 0.48
10 mg/kg bwt CQ	6.13 ± 0.81	$1.67 \pm 0.33 \ (81.56)$	$0.36 \pm 0.17 \ (96.42)$	26.75 ± 0.95
250 mg/kg bwt extract	6.08 ± 0.35	$6.03 \pm 0.62 \ (33.26)$	$5.54 \pm 0.84 \ (45.44)$	13.50 ± 0.96
500 mg/kg bwt extract	6.62 ± 0.87	$5.77 \pm 0.18 (36.17)$	$5.69 \pm 0.80 (43.96)$	14.00 ± 2.09
750 mg/kg bwt extract	6.48 ± 0.86	$5.16 \pm 0.49 $ (42.92)	$5.29 \pm 0.51 (47.97)$	15.75 ± 1.19

 \overline{CQ} = chloroquine; bwt = body weight; o = post-inoculation day. Values showed as the mean of six replicates \pm S.E.M.

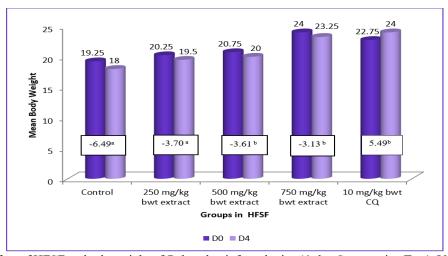


Figure 1. Effect of HFSF on body weight of *P. berghei*-infected mice (4-day Suppressive Test). Values showed as mean of six replicates \pm S.E.M (n= 6). Column means with the same letter do not differ significantly (p<0.05). D0=Day 0, D4=Day 4, CQ= Chloroquine diphosphate. The numbers in rectangles between the graphs show the change in mean body weight between D0 and D4.

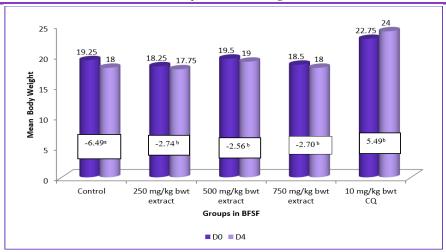


Figure 2. Effect of BFSF on body weight of *P. berghei*-infected mice (4-day Suppressive Test). Values showed as mean of six replicates \pm S.E.M (n= 6). Column means with the same letter do not differ significantly (p<0.05). D0=Day 0, D4=Day 4, CQ= Chloroquine diphosphate. The numbers in rectangles between the graphs show the change in mean body weight between D0 and D4.

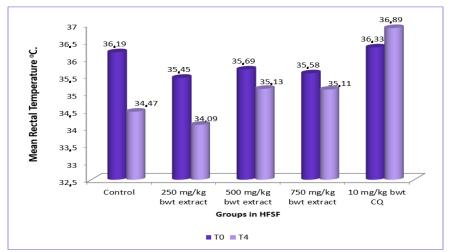


Figure 3. Effect of HFSF on Rectal temperature of *P. berghei*-infected mice (4-day Suppressive Test). Values showed as mean of six replicates \pm S.E.M (n= 6). Column means with the same letter do not differ significantly (p<0.05). T0=Day 0, T4=Day 4, CQ= Chloroquine diphosphate. The numbers in rectangles between the graphs show the change in Rectal temperature between D0 and D4.

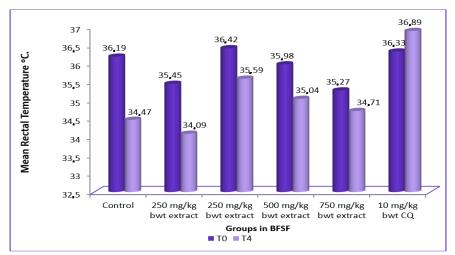


Figure 4. Effect of BFSF on Rectal temperature of *P. berghei*-infected mice (4-day Suppressive Test). Values showed as mean of six replicates \pm S.E.M (n= 6). Column means with the same letter do not differ significantly (p<0.05). T0=Day 0, T4=Day 4, CQ= Chloroquine diphosphate. The numbers in rectangles between the graphs show the change in Rectal temperature between D0 and D4.

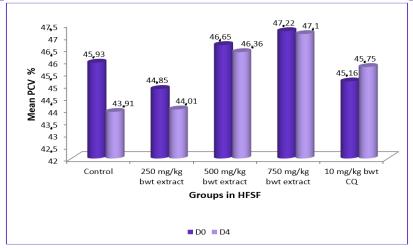


Figure 5. Effect of HFSF on packed cell volume of *P. berghei*-infected mice (4-day Suppressive Test). Values showed as mean of six replicates \pm S.E.M (n= 6). Column means with the same letter do not differ significantly (p<0.05). D0=Day 0, D4=Day 4, CQ= Chloroquine diphosphate. The numbers in rectangles between the graphs show the change in packed cell volume between D0 and D4.

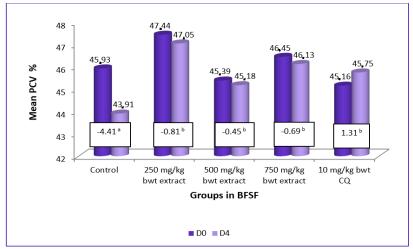


Figure 6. Effect of BFSF on packed cell volume of P. berghei-infected mice (4-day Suppressive Test). Values showed as mean of six replicates \pm S.E.M (n= 6). Column means with the same letter do not differ significantly (p<0.05). D0=Day 0, D4=Day 4, CQ= Chloroquine diphosphate. The numbers in rectangles between the graphs show the change in packed cell volume between D0 and D4.

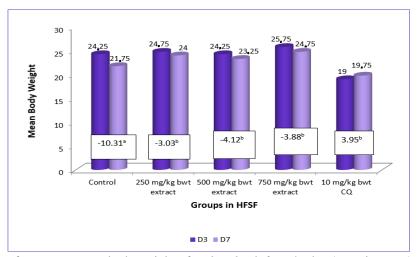


Figure 7. Effect of HFSF on mean body weight of *P. berghei*-infected mice (Curative Test). Values showed as mean of six replicates \pm S.E.M (n= 6). Column means with the same letter do not differ significantly (p<0.05). D3=Day 3, D7=Day 7, CQ= Chloroquine diphosphate. The numbers in rectangles between the graphs show the change in mean body weight between D3 and D7.

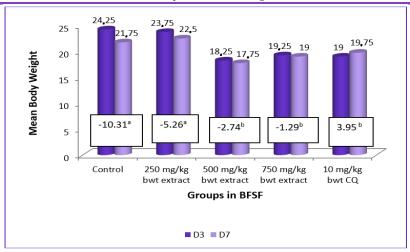


Figure 8. Effect of BFSF on mean body weight of *P. berghei*-infected mice (Curative Test). Values showed as mean of six replicates \pm S.E.M (n= 6). Column means with the same letter do not differ significantly (p<0.05). D3=Day 3, D7=Day 7, CQ= Chloroquine diphosphate. The numbers in rectangles between the graphs show the change in mean body weight between D3 and D7.

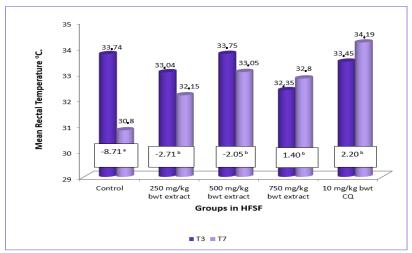


Figure 9. Effect of HFSF on Rectal temperature of *P. berghei*-infected mice (Curative Test). Values showed as mean of six replicates \pm S.E.M (n= 6). Column means with the same letter do not differ significantly (p<0.05). T3=Day 3, T7=Day 7, CQ= Chloroquine diphosphate. The numbers in rectangles between the graphs show the change in Rectal temperature between T3 and T7.

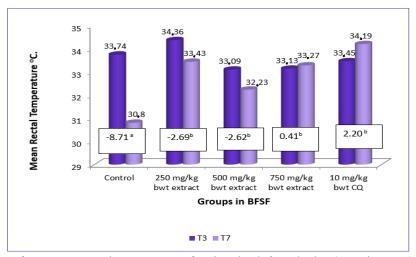


Figure 10. Effect of BFSF on Rectal temperature of *P. berghei*-infected mice (Curative Test). Values showed as mean of six replicates \pm S.E.M (n= 6). Column means with the same letter do not differ significantly (p<0.05). T3=Day 3, T7=Day 7, CQ= Chloroquine diphosphate. The numbers in rectangles between the graphs show the change in Rectal temperature between T3 and T7.

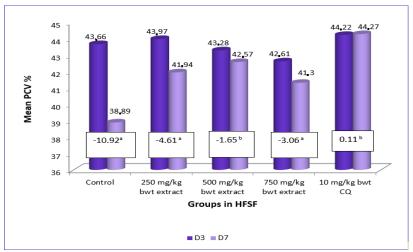


Figure 11. Effect of HFSF on packed cell volume of *P. berghei*-infected mice (**Curative Test).** Values showed as mean of six replicates \pm S.E.M (n= 6). Column means with the same letter do not differ significantly (p<0.05). D3=Day 3, D7=Day 7, CQ= Chloroquine diphosphate. The numbers in rectangles between the graphs show the change in packed cell volume between D3 and D7.

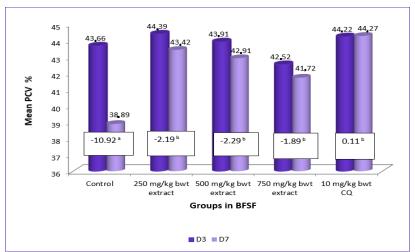


Figure 12. Effect of BFSF on packed cell volume of *P. berghei*-infected mice (Curative Test). Values showed as mean of six replicates \pm S.E.M (n= 6). Column means with the same letter do not differ significantly (p<0.05). D3=Day 3, D7=Day 7, CQ= Chloroquine diphosphate. The numbers in rectangles between the graphs show the change in packed cell volume between D3 and D7

BW and RT are key health metrics that should be closely monitored in laboratory animals. In human malaria, fever is one key manifestation but in mouse models infected with P. berghei malaria is accompanied with reduction in body temperature (Mengiste et al., 2012). Reduction in BW and RT is one of the common pointer subsequent to the appearance of an adverse effect in mice infected with P. berghei as decrease in BW and RT arises from the rise in parasitemia and this reduction process could be averted by plants that have antimalarial properties (Bantie et al., 2014). The fractions of S. filicaulis significantly prevented BW and RT loss dose-dependent figure on D4 as compared to D_0 for the 4-day suppressive treatment. Likewise, dose-dependent activity was reported in the curative treatment on day 7 in relative to day 3. Mengiste reported that infected mice displayed a decreasing metabolic rate before consequential to a drop in core body temperature and weight (Mengiste et al., 2012). Active principle(s) in plants are expected to obviate the rapid falling of BW and RT. In 4-day suppressive and curative treatment, the highest administered doses in the HFSF and BFSF showed a noticeable increment in BW and RT in comparison to the untreated infected mice. The improved activity might have come from the enhancement in BW, RT, PCV and clearance of parasite in treated mice which agrees with the work reported by Jacob *et al.* (2016) and Ofeniforo *et al.*, (2024b).

Haematological abnormalities ranging from destruction of the erythrocytes by reticuloendothelial cell action by the spleen or parasite multiplication resulting from many abnormal erythrocytes energizing the spleen to generate numerous phagocytes are considered a major hallmark of malaria (Qaiser et al., 2025). Opajobi et al., (2022) reported that P. berghei increases erythrocyte fragility thus resulting in a significant reduction of PCV in mice. This reduction occurred approximately two days post-infection

(Mace *et al.*, 2015). These attributes altogether are the chief cause of malaria-induced anaemia in animals.

Antimalarial plants are anticipated to avert a reduction in PCV secondary to averting haemolysis. Interestingly, results from this study notes that HFSF and BFSF substantially prevented abatement in PCV in 4-day suppressive and in curative treatments dose dependently relative to the untreated group (Figure 5-6, & 11-12). This change in PCV abatement by the fractions may be associated with its ability to decrease parasitemia of infected mice which may be attributed to the abundance of flavonoids, alkaloids, steroids, and other metabolites which have antioxidant and membrane protecting effects. This study's results align with an earlier report by Balogun et al. (2012) who reported an improved PCV, hemoglobin (Hb) and RBC of P. bergheiinduced alteration in infected mice. However, in untreated mice parasitemia level escalated, resulting in reduced PCV level on daily basis until their death, this agrees with observed previous studies reports (Asrade et al 2017; Olanlokun et al., 2021).

Based on the percentage parasitemia suppression the efficiency of an *in vivo* antimalarial test could be categorized into three distinct groups viz; moderate (≥ 50 % parasitemia suppression at 500-250 mg/kg bwt), good (≥ 50 % parasitemia suppression at 250-100 mg/kg bwt) and very good (≥ 50 % parasitemia suppression at < 100 mg/kg bwt) (Nureye *et al.*, 2018). Moreover, the effectiveness of test materials in standard screening tests could also be determined if a test material could delay mortality in treated mice in comparison to the untreated group which agrees with our findings.

The HFSF exhibited partial suppressive antimalarial activity causing less than 50% chemosuppression reduction against infected mice on the 4th and 6th days following inoculation. Improved antimalarial activity beyond 50% chemosuppression was shown by the peak treated dose of 750 mg/kg bwt on the 6th day after inoculation and all other tested doses on the 8th day after inoculation. Optimal chemo suppressive response was 71.17% on day 8 post-inoculation at 750 mg/kg bwt (Table 2). The BFSF exhibited inactive antimalarial activity against P.berghei NK-65 causing below 30% chemosuppression on day 4 after inoculation. An enhancement in partial activity was noted on day 6 after inoculation at all treated doses, but on the 8th day after inoculation all doses showed good antimalarial activity with the highest chemosuppression of 62.38% at 500 mg/kg bwt (Table 3). The HFSF exhibited partial curative antimalarial on days 8 and 10 post-inoculation at all doses causing less than 50% chemosuppression on P. berghei NK-65 infected mice. The highest chemosuppression was 44.59% at the 750 mg/kg bwt treatment level (Table 4). The BFSF exhibited partial antimalarial activity causing less than 50% chemosuppression at all treatment level on the 8th and 10th day after inoculation. Optimal chemo suppressive response of 47.97% was reported at 750 mg/kg bwt (Table 5).

In the four-day suppressive tests, administered fractions suppressed parasitemia dose-dependently indicating that HFSF and BFSF have antimalarial activity. However, HFSF results in higher percentage chemosuppression probably as a result of higher abundance of phytoconstituents which agrees with study by Amelo, Nagpal, and Makonnen (2014).

Complementing the demonstrated parasitemia suppression of both fractions in the 4-day suppressive treatment, our investigation brings to light that categories of animals that were administered with the various fractions have a prolonged life than the untreated control group. Longest survival period of 18 days for the HFSF was associated with the maximum parasitemia inhibition of 71.17% (Table 2). Nevertheless, the extract-treated mice had reduced survival times relative to the chloroquine control. This possibly stems from the quick elimination phase of the fractioned extracts.

Results obtained in the curative treatment revealed that the fractions suppressed parasitemia dose-dependently confirming the antimalarial properties of the plant. The BFSF exhibited the best curative activity on day 10 post-inoculation with maximum parasitemia inhibition of 47.97% and a MST of 15 days (Table 5). Generally, overall higher suppressive activity in this study relative to curative activity of the fractions agrees with reports from other related findings where bioactive compounds showed higher pronounced activity on early antimalarial infection relative to their established counterpart (Olorunniyi, 2013; Taherkhani et al., 2013). In the curative treatment, the fractions exerted significant parasitemia suppression after the administration of the second dose. However, chloroquine onset its effects immediately after the first dose. A possible explanation for the delayed activity may be reflective for a certain amount of cumulative starting dosage or possibly the extract may be having a slower commencement effect in clearing the parasite compared to chloroquine.

Chloroquine, a standard antimalarial drug used in this study subdued parasitemia to a non-detectable level, which agrees with an earlier report by Nureye *et al.* (2018) and Madara *et al.* (2010). Accordingly, all tested doses of the extract fractions restrain parasitemia levels and extended survival period of infected mice demonstrating both suppressive and curative activities dose-dependently which agrees with the findings of Balogun *et al.* (2010) and Akinwunmi, Ofeniforo, and Omisore, (2018).

Previous phytochemical studies of S. reported the presence filicaulis have alkaloids, flavonoids, terpenoids, saponin as the the plant major bioactive component of (Akinwunmi, Ofeniforo, and Omisore, 2018). Alkaloids inhibit protein and DNA synthesis in Plasmodium parasites, hindering their growth and replication (Zareen et al. 2021). Terpenoids disrupt isoprenoid biosynthesis and membrane function, compromising parasite survival. Similarly,

flavonoids scavenge free radicals, reducing oxidative stress (Adesina et al., 2020). The observed antimalarial activity of the extracts could be attributed to its rich phytoconstituents profile, which may act singly or synergistically to target various stages of the Plasmodium life cycle (Vanaja et al., 2025). Likewise, the significant reduction in parasitemia levels and improvement in PCV, survival time, and body weight suggest that S. filicaulis extracts may be interfering with the parasite's ability to invade and replicate within the erythrocyte. Therefore, the promising antimalarial activity exhibited by HFSF and BFSF suggests its potential as a natural candidate against early and established malarial infection at which the first line of malaria onset could be managed.

CONCLUSION

Conclusively, HFSF and BFSF demonstrated quality antimalarial activity, with the former demonstrating a higher level of parasitemia suppression relative to chloroquine. Specifically, the fractions exhibited highest parasitemia reduction rates of 71.17% and 62.38% and significantly prolonged survival times, reduced PCV loss, averted temperature, and weight loss. Given these promising results, further bio-guided isolation of lead compound/(s) is recommended to unlock the latent medicinal value of *S. filicaulis* for futuristic development of innovative antimalarial therapies.

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AUTHORS' CONTRIBUTIONS

This work was carried out by all authors. BEO: conceptualization, original draft writing, editing & review, investigation and methodology. OBO: data curation, investigation, methodology, review of manuscript. IOA: conceptualization, writing, drafting and editing of manuscript. EAB: Supervision and Review of Manuscript.

CONFLICT OF INTEREST

Authors declare no conflicts of interest with respect to the research, authorship, and/or publication of this article.

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