

# Study of Silymarin and Vitamin E Protective Effects on Silver Nanoparticle Toxicity on Mice Liver Primary Cell Culture

Firouz Faedmaleki<sup>1</sup>, Farshad H Shirazi<sup>2</sup>, Shahram Ejtemacimehr<sup>3</sup>, Soghra Anjarani<sup>4</sup>,  
Amir-Ahmad Salarian<sup>5</sup>, Hamidreza Ahmadi Ashtiani<sup>6,7</sup>, and Hossein Rastegar<sup>1,6,7</sup>

<sup>1</sup>Department of Basic Science, Science and Research Branch, Islamic Azad University, Tehran, Iran

<sup>2</sup>Pharmaceutical Sciences Research Center, Shahid Beheshti University of Medical Sciences, Tehran, Iran

<sup>3</sup>Department of Pharmacology, Tehran University of Medical Sciences, Tehran, Iran

<sup>4</sup>Health Reference laboratories, Ministry of Health and Medical Education, Tehran, Iran

<sup>5</sup>Department of Toxicology, Aja University of Medical Science, Tehran, Iran

<sup>6</sup>Pharmaceutical Sciences Branch, Islamic Azad University, Tehran, Iran

<sup>7</sup>Cosmetic Products Research Center, Iran Food and Drug Administration, Ministry of Health and Medical Education, Tehran, Iran

Received: 05 May 2014; Accepted: 21 Sep. 2014

**Abstract-** Nanotechnology is a most promising field for generating new applications in medicine, although, only few nano products are currently in use for medical purposes. A most prominent nanoproduct is nanosilver. Nano-silver has biological properties which are significant for consumer products, food technology, textiles, and medical applications (e.g. wound care products, implantable medical devices, in diagnosis, drug delivery, and imaging). For their antibacterial activity, silver nanoparticles (Ag NPs) are largely used in various commercially available products. The use of nano-silver is becoming more and more widespread in medicine and related applications, and due to its increasing exposure, toxicological and environmental issues need to be raised. Cytotoxicity induced by silver nanoparticles (AgNPs) and the role that oxidative stress plays in this process were demonstrated in human hepatoma cells AgNPs agglomerated in the cytoplasm and nuclei of treated cells, and they induced intracellular oxidative stress. AgNP reduced ATP content of the cell and caused damage to mitochondria and increased production of reactive oxygen species (ROS) in a dose-dependent manner. Silymarin was known as a hepatoprotective agent that is used in the treatment of hepatic diseases including viral hepatitis, alcoholic liver diseases, Amanita mushroom poisoning, liver cirrhosis, toxic and drug-induced liver diseases. It promotes protein synthesis, helps in regenerating liver tissue, controls inflammation, enhances glucuronidation, and protects against glutathione depletion. Vitamin E is a well-known antioxidant and has hepatoprotective effect in liver diseases. In this study, we investigated the cytotoxic effects of Ag NPs on primary liver cells of mice. Cell viability (cytotoxicity) was examined with MTT assay after primary liver cells of mice exposure to AgNPs at 1, 10, 50, 100, 150, 200, 400 ppm for 24h. AgNPs caused a concentration- dependent decrease of cell viability (IC50 value = 121.7 ppm or µg/ml). Then the hepatoprotective effect of silymarin and vitamin E were experimented on silver nanoparticle toxicity on mice liver primary cell culture. The results showed that silymarin at 600µg/ml and vitamin E at 2500µmol/l have protective effects on silver nanoparticle toxicity on mice liver primary cell culture. Viability percentage of the primary liver cell of the mouse were exposed to silver nanoparticles at 121.7ppm and co-treatment of silymarin, and vitamin E is more than viability percentage of the primary liver cell of the mouse were exposed to silver nanoparticles and silymarin or silver nanoparticles and vitamin E.

© 2015 Tehran University of Medical Sciences. All rights reserved.

*Acta Med Iran*, 2016;54(2):85-95.

**Keywords:** Silver nanoparticle; Silymarin; Vitamin E; MTT assay

## Introduction

Nanotechnology and nanoparticles have great

potential applications in medical healthcare and consumer products, aerospace engineering, nano-electronics, and environmental remediation (1-3).

**Corresponding Author:** H. Rastegar

Cosmetic Products Research Center, Iran Food and Drug Administration, Ministry of Health and Medical Education, Tehran, Iran  
Tel: +98 21 66406174, Fax: +98 21 66404330, E-mail address: mhrastegar2@yahoo.com

## Silver nanoparticle toxicity on mice

Nanoparticles are structures that have one dimension in the 1–100 nm range (4,5).

Nanosilver is one of the nano-materials most commonly used in consumer products (6). Surgical instruments, wound dressings, contraceptive devices, bandages, and bone prostheses all coated or embedded with nanosilver (7,8). Silver nanoparticles have been used in textiles for the manufacture of clothing, underwear, and socks (8,10,11,16). Other uses of Silver nanoparticles are in detergent, antibacterial sprays, respirators, household water filters, cosmetics, dietary supplements, cutting boards, shoes, cell phones, laptop, keyboards, and children's toys so the use of silver nanoparticles because of antimicrobial properties of silver nanomaterials is going to widespread in world (3,8,12,13,14).

More importantly is the potential for the application of Ag NP in the treatment of diseases that require maintenance of circulating drug concentration or targeting of specific cells or organs (3). For example, Ag NPs have been shown to interact with the HIV-1 virus and inhibit its ability to bind host cells in vitro (3). Therefore, exposure to nanosilver in the body is becoming increasingly widespread and intimate. So, silver in the form of nanoparticles has gained increasing access to tissues, cells, and biological molecules within the human body.

Their small size, high surface area per unit mass, chemical composition, and surface property effects may be important factors in NP-induced toxicity (18), and nonspecific oxidative damage is one of the greatest concerns (4,9,21).

Despite their widespread application of silver, comprehensive biologic and toxicological information is insufficient.

The cytotoxicity study in human macrophages indicates toxicity of silver nanoparticles (14). Oral toxicity, genotoxicity, and gender-related tissue distribution of AgNPs in the rat were investigated (17). Subchronic inhalation toxicity of AgNPs was also investigated which showed increases in lesions related to silver nanoparticle exposure (19,22). The toxicity of AgNPs has been investigated in some cell types that illustrated toxicity of silver nanoparticles, including BRL3A rat liver cells (4,23), PC-12 neuroendocrine cells (4,24), human alveolar epithelial cells (4,25) and germline stem cells (4,26).

In earlier studies, Takenaka *et al.*, (7,15) reported that liver appears to be a major accumulation site of circulatory silver nanoparticles. A recent clinical report also described absorption of nano-silver into the

circulation following the use of nano-silver coated dressings for burns (27). In such cases, primary cells isolated from target tissues are desirable for cytotoxicity testing to simulate the in vivo situation more closely. Further, primary cultured liver cells (rodent or human origin) also represent a useful tool for studying toxicity, drug metabolism and enzyme induction (7,28).

Therefore, the materials can use in cases to apply of Ag-nanoparticles on the human body that protect or decrease the toxicity of nanosilver in the body.

Milk thistle or *Silybum marianum* is a herb that have been used to treatment of hepatic diseases and gallbladder disorders for more than 2000 years (29, 30,31). Seeds of this herb contain silymarin. Silymarin useful for treatment of hepatitis, jaundice and cirrhosis (29,30,32-40,59,69,70). Silymarin has protectant effects against liver poisoning from *Amanita phalloides* (37,40,48,56,57), Ethanol (29,37,46,55,65,66,68,99), Paracetamol (29,30,36,54), carbontetrachloride (35,52,53,60) galactosamine (61,62,67,71) thioacetamide (45,47,50,51), halothane, (63,64,72) and snake bites (42,43,44,45).

This compound also protects hepatocytes from injury caused by radiation, ischemia, iron overload and viral hepatitis (29,33,36,37,39,40,58,75,80).

Silymarin has strong antioxidative properties and acts as a free radical scavenger reducing free radicals, ROS, and lipid peroxidation in patients with alcoholic cirrhosis (36,37,41,49,60,73,85,86,87,88).

Silymarin enhances levels of glutathione and superoxide dismutase, two primary antioxidants in the liver (35,89,90,91,92).

Vitamin E, which is a well-known antioxidant and cytoprotectant have been used for the treatment of liver damage in viral infections, cirrhosis and *Amanita phalloides* poisoning (43,74,76-79,84).

In this study, we investigated toxic effects of Ag-NPs on primary hepatocyte of mice that were exposed to Ag-NPs at different doses and for toxicity evaluations, cell viability using with MTT assay were assessed under exposed conditions and IC50 of silver nanoparticles on this cell cultures was calculated. Then, we studied silymarin and vitamin E effects on silver nanoparticle toxicity on mice liver primary cell culture and we calculated hepatoprotection doses of silymarin and vitamin E on silver nanoparticle toxicity on mice liver primary cell culture and was compared effect of only silymarin or only vitamin E in this case and too cotreatment effects of silymarin together with vitamin E were investigated on silver nanoparticles toxicity on mice liver primary cell culture.

## Materials and Methods

### Nanoparticle preparation

AgNPs (Nanocid L2000) were provided by Nanonash Pars co. They were a clear colloidal aqueous suspension with a concentration of 4000PPM (or mg/l), and particles size was 20-40Nm. The particles could be stably diluted with distilled water (no color change and no precipitation), and Then, this solution was diluted with deionized water and sterilized with microfilter (0.22 micron).

### Silymarin preparation

Silymarin powder was purchased from Sigma Chemical Co. Silymarin powder was dissolved in DMSO then were diluted with complete medium (DMEM/F12).

### Vitamin E preparation

Vitamin E were purchased from Sigma Chemical Co. 230mg Vitamin E were diluted to complete medium (DMEM/F12) with 0.5% ethanol 98% that total volume of stock reach to 2ml then vitamin E were provided in 0, 50, 250, 500, 1000, 2500, 5000  $\mu\text{mol/l}$  concentrations.

### Isolation and culture of primary mouse hepatocytes

Swiss albino mice (7-10 day old) were euthanized with an intraperitoneal injection of ketamine and xylazine, and heparin was injected into them by intraperitoneal route; then mice were sterilized with 70% ethanol. For the isolation of liver cells, the excised liver was minced with a scalpel, and tissue fragments of liver were washed with Hanks buffer. Tissue particles were washed once with PBS(phosphate buffered saline) then tissue fragment of liver was transferred to a solution of Hanks with collagenase (17mg collagenase in 25ml hanks solution) in a flask, incubated and agitated at 37°C in shaker incubator for 2 hours. This solution of the cells was transferred to a 50ml centrifuge tube and then centrifuged for 10 minutes at 500rpm, the supernatant was removed, and the cells were re-suspended in complete medium (DMEM/F12) supplemented with 15% heat-inactivated fetal calf serum and 3% (v/v) penicillin-streptomycin. The viability of the hepatocytes was 95–100% as determined by Trypan Blue exclusion. Freshly isolated liver cells of mice were seeded at a density of 15000 cells/well in 96-well plates. Wells were already coated with 15 microliter poly-D-lysine. Cells were incubated in a humidified incubator at 37°C containing 5% CO<sub>2</sub> and 95% air for 24 hours.

### MTT assay

#### Silver nanoparticles treatment stage

Cell viability was tested using MTT assay which is based on the cleavage of the tetrazolium salt (MTT) by metabolically active cells to form a formazan dye that is water-insoluble. The insoluble dye formed in MTT assay was solubilized using DMSO. The MTT assay was performed according to a modification of the method described by Mosmann (1983). Cells were seeded in 96-well tissue culture plates (15000cell/well in the 100 $\mu\text{l}$  culture medium, DMEM/F12) and incubated overnight at 37°C and 5% CO<sub>2</sub>, and then morphology of cells was observed in invert microscope before exposure to silver nanoparticles. After overnight growth, supernatants in the culture plates were aspirated out and then 10 $\mu\text{l}$  silver nanoparticles solutions that diluted with deionized water were added in concentrations 1, 10, 50, 100, 150, 200, 400ppm to primary liver cells of mice in each well of 96-well tissue culture plates. To grow cells, 90 $\mu\text{l}$  of culture medium (DMEM/F12) to each well was added. Treated cells were incubated for 24 hours at 37°C and 5% CO<sub>2</sub>. Morphology of cells was observed in invert microscope after exposure to different concentrations of silver nanoparticles. After overnight, supernatants were aspirated out and 10 $\mu\text{l}$  MTT solution (50mg/10ml PBS) was added to each well then 90 $\mu\text{l}$  of culture medium (DMEM/F12) to each well was added and the plates were incubated for 6h in primary liver cells of mice then supernatants were replaced by 100 $\mu\text{l}$  DMSO and plates were shaken at 37°C in shaker incubator for 15 minutes then absorbance at two wavelengths (570 nm and 650 nm) was recorded using ELISA reader. All absorbance values were corrected against blank wells which contained growth media alone. Each assay involved six wells per condition. After that, the IC<sub>50</sub> of silver nanoparticles was calculated in primary liver cells of mice.

#### Silver nano-particles and silymarin treatment stage

Cells were seeded in 96-well tissue culture plates (15000cell/well in the 100 $\mu\text{l}$  culture medium, DMEM/F12) and incubated overnight at 37°C and 5% CO<sub>2</sub>. After overnight growth, supernatants in the culture plates were aspirated out and then were added 10 $\mu\text{l}$  silver nanoparticles solution at 121.7  $\mu\text{g/ml}$  (IC<sub>50</sub> value of silver nanoparticles was calculated in primary liver cells of mice) and silymarin in concentrations 0, 50, 100, 200, 400, 600, 720  $\mu\text{g/ml}$  to primary liver cells of mice in each well of 96-well tissue culture plates then culture medium (DMEM/F12) to each well was added that

## Silver nanoparticle toxicity on mice

volume of each well reaches to 100  $\mu$ l. Treated cells were incubated for 24 hours at 37°C and 5% CO<sub>2</sub>. After overnight, following procedures of MTT assay were performed as in above were described.

### Silver nanoparticles and vitamin E treatment stage

Cells were seeded in 96-well tissue culture plates (15000cell/well in the 100 $\mu$ l culture medium, DMEM/F12) and incubated overnight at 37°C and 5% CO<sub>2</sub>. After overnight growth, supernatants in the culture plates were aspirated out and then were added 10 $\mu$ l silver nanoparticles solution at 121.7  $\mu$ g/ml (IC<sub>50</sub> value of silver nanoparticles was calculated in primary liver cells of mice) and vitamin E in concentrations 0,50,250,500,1000,2500,5000  $\mu$ mol/l to primary liver cells of mice in each well of 96-well tissue culture plates then culture medium (DMEM/F12) to each well was added that volume of each well reaches to 100  $\mu$ l. Treated cells incubated for 24 hours at 37°C and 5% CO<sub>2</sub>. After overnight, following procedures of MTT assay were performed as in above were described.

### Silver nanoparticles and silymarin and vitamin E treatment stage

Cells were seeded in 96-well tissue culture plates (15000cell/well in the 100 $\mu$ l culture medium, DMEM/F12) and incubated overnight at 37°C and 5% CO<sub>2</sub>. After overnight growth, supernatants in the culture plates were aspirated out and then were added 10 $\mu$ l silver nano-particles solution at 121.7  $\mu$ g/ml (IC<sub>50</sub> value of silver nanoparticles was calculated in primary liver cells of mice) and silymarin in concentrations 0,50,100,200,400,600,720  $\mu$ g/ml and vitamin E in concentrations 0, 50, 250, 500, 1000, 2500, 5000  $\mu$ mol/l to primary liver cells of mice in each well of 96-well tissue culture plates then culture medium (DMEM/F12) to each well was added that volume of each well reaches to 100  $\mu$ l. Treated cells incubated for 24 hours at 37°C and 5% CO<sub>2</sub>. After overnight, following procedures of MTT assay were performed as in above were described.

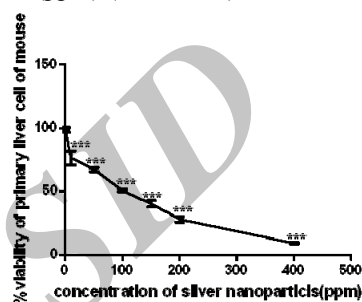
### Statistical analysis

All the experiments were carried out three times, independently. The data obtained were expressed in terms of 'mean  $\pm$  standard deviation' values. Wherever appropriate, the data were also subjected to one-way ANOVA using with software GraphPad Prism 5. A value of  $P < 0.0001$  was considered as significant.

## Results

The result of MTT assays showed a dose-dependent decrease in viability percentage of primary liver cells of mice after 24h exposure to AgNPs (Figure1).

Viability percentage was measured by MTT assay on a primary liver cell of mice exposed to 0,1,10,50,100,150,200, 400ppm of AgNPs for 24h represents a dose-response pattern as is shown in Figure 2. Data were reported as mean  $\pm$  SD of three independent experiments performed in quadruplicate. Using the dose-response curves, IC<sub>50</sub> was calculated to be 121.7 $\mu$ g/ml (ppm) ( $P < 0.0001$ ).

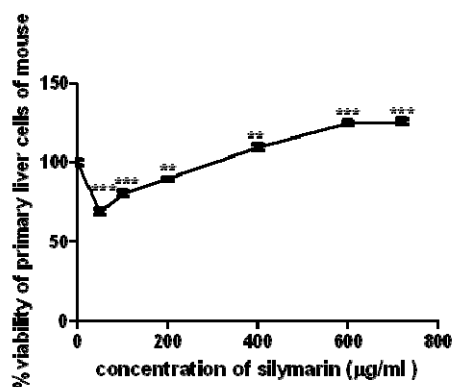


**Figure 1.** Viability percentage measured by MTT assay on a primary liver cell of mice exposed to 0, 1, 10, 50, 100, 150, 200, 400ppm of AgNPs for 24h. An OD value of control cells (unexposed cells) was taken as 100% viability (0% cytotoxicity). Data were reported as mean  $\pm$  SD of three independent experiments performed in quadruplicate. The relative cell viability related to control was calculated by [OD] test/ [OD] control  $\times$  100. Using the dose-response curves, IC<sub>50</sub> was calculated to be 121.7 $\mu$ g/ml (ppm). (\*\*\*)  $P < 0.0001$ .

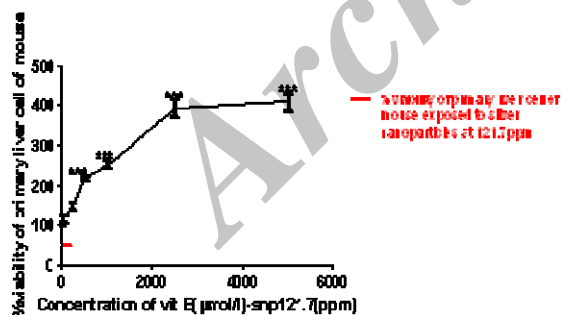
Viability percentage measured by MTT assay on a primary liver cell of mice exposed to 0,50,100,200,400,600,720  $\mu$ g/ml of silymarin and 121.7 $\mu$ g/ml (ppm) of AgNPs for 24h is shown in Figure 2. An OD value of control cells (unexposed cells) was taken as 100% viability (0% cytotoxicity). Data were reported as mean  $\pm$  SD of three independent experiments performed in quadruplicate. The relative cell viability related to control was calculated by [OD] test/ [OD] control  $\times$  100. Using the dose-response curves, a protective dose of silymarin on silver nanoparticle toxicity on mice liver primary cell culture at 121.7 $\mu$ g/ml (ppm) was calculated to be 600 $\mu$ g/ml. (\*\*\*)  $P < 0.0001$ , \*\*  $P 0.0001$  to 0.01).

Viability percentage measured by MTT assay on primary liver cells of mice exposed to vitamin E in concentrations 0,50,250,500,1000,2500,5000  $\mu$ mol/l and 121.7 $\mu$ g/ml (ppm) of AgNPs for 24h is shown in Figure 3. An OD value of control cells (unexposed cells) was taken as 100% viability (0% cytotoxicity). Data

were reported as mean  $\pm$  SD of three independent experiments performed in quadruplicate. The relative cell viability related to control was calculated by [OD] test/ [OD] control  $\times$ 100. Using the dose-response curves, a protective dose of vitamin E on silver nanoparticle toxicity on mice liver primary cell culture at 121.7 $\mu$ g/ml (ppm) was calculated to be 2500  $\mu$ mol/l (\*\* $P$ <0.0001).



**Figure 2.** Viability percentage measured by MTT assay on a primary liver cell of mice exposed to 0, 50, 100, 200, 400, 600, 720  $\mu$ g/ml of silymarin and 121.7 $\mu$ g/ml (ppm) of AgNPs for 24h. An OD value of control cells (unexposed cells) was taken as 100% viability (0% cytotoxicity). Data were reported as mean  $\pm$  SD of three independent experiments performed in quadruplicate. The relative cell viability related to control was calculated by [OD] test/ [OD] control  $\times$ 100. Using the dose-response curves, a protective dose of silymarin on silver nanoparticle toxicity on mice liver primary cell culture was calculated to be 600 $\mu$ g/m. (\*\* $P$  < 0.0001, \*\*  $P$  0.0001 to 0.01).



**Figure 3.** Viability percentage measured by MTT assay on a primary liver cell of mice exposed to vitamin E in concentrations 0, 50, 250, 500, 1000, 2500, 5000  $\mu$ mol/l and 121.7 $\mu$ g/ml (ppm) of AgNPs for 24h. An OD value of control cells (unexposed cells) was taken as 100% viability (0% cytotoxicity). Data were reported as mean

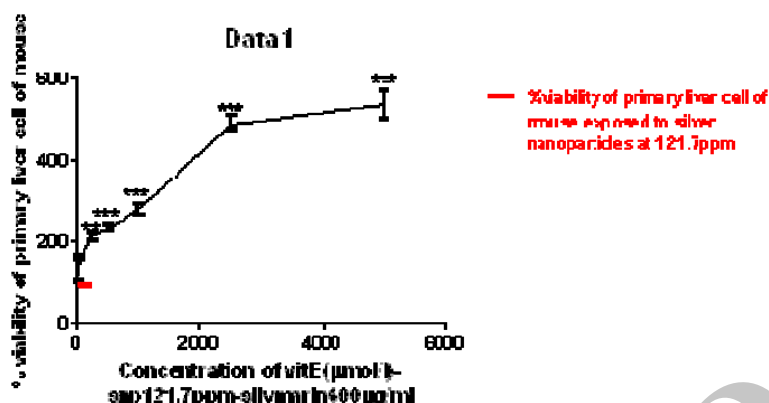
$\pm$  SD of three independent experiments performed in quadruplicate.

The relative cell viability related to control was calculated by [OD] test/ [OD] control  $\times$ 100. Using the dose-response curves, a protective dose of vitamin E on silver nanoparticle toxicity on mice liver primary cell culture at 121.7 $\mu$ g/ml (ppm) was calculated to be 2500  $\mu$ mol/l (\*\* $P$ <0.0001).

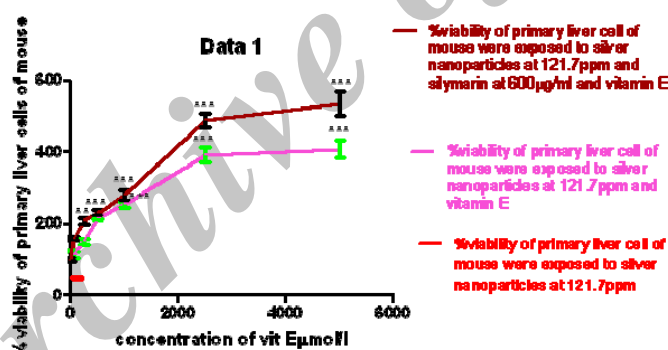
Viability percentage measured by MTT assay on a primary liver cell of mice exposed to vitamin E in concentrations 0, 50, 250, 500, 1000, 2500, 5000  $\mu$ mol/l, silymarin at 600  $\mu$ g/ml and 121.7 $\mu$ g/ml (ppm) of AgNPs for 24h is shown in Figure 4. An OD value of control cells (unexposed cells) was taken as 100% viability (0% cytotoxicity). Data were reported as mean  $\pm$  SD of three independent experiments performed in quadruplicate. The relative cell viability related to control was calculated by [OD] test/ [OD] control  $\times$ 100. Using the dose-response curves, a protective dose of vitamin E on silver nanoparticle toxicity on mice liver primary cell culture while silymarin at 600  $\mu$ g/ml were used together with vitamin E to reduce silver nanoparticle toxicity at 121.7 $\mu$ g/ml (ppm) was calculated to be 2500 $\mu$ mol/l (\*\* $P$ <0.0001, \*\*  $P$  0.0001 to 0.01).

Figure 5 represents viability percentage measured by MTT assay on primary liver cell of mice exposed to vitamin E in concentrations 0, 50, 250, 500, 1000, 2500, 5000  $\mu$ mol/l, silymarin at 600  $\mu$ g/ml and 121.7 $\mu$ g/ml (ppm) of AgNPs for 24h (above curve) and viability percentage measured by MTT assay on primary liver cell of mice exposed to vitamin E in concentrations 0, 50, 250, 500, 1000, 2500, 5000  $\mu$ mol/l and 121.7 $\mu$ g/ml (ppm) of AgNPs for 24h (below curve). An OD value of control cells (unexposed cells) was taken as 100% viability (0% cytotoxicity).

Data were reported as mean  $\pm$  SD of three independent experiments performed in quadruplicate. The relative cell viability related to control was calculated by [OD] test/ [OD] control  $\times$ 100. Using the dose-response curves, a protective dose of vitamin E on silver nanoparticle toxicity on mice liver primary cell culture while silymarin at 600  $\mu$ g/ml were used with vitamin E to reduce silver nanoparticle toxicity at 121.7 $\mu$ g/ml (ppm) was calculated to be 2500 $\mu$ mol/l. Viability percentage in above curve is more than below curve (\*\* $P$  < 0.0001, \*\*  $P$  0.0001 to 0.01).



**Figure 4.** Viability percentage measured by MTT assay on a primary liver cell of mice exposed to vitamin E in concentrations 0, 50, 250, 500, 1000, 2500, 5000  $\mu\text{mol/l}$ , silymarin at 600  $\mu\text{g/ml}$  and 121.7  $\mu\text{g/ml}$  (ppm) of AgNPs for 24h. An OD value of control cells (unexposed cells) was taken as 100% viability (0% cytotoxicity). Data were reported as mean  $\pm$  SD of three independent experiments performed in quadruplicate. The relative cell viability related to control was calculated by  $[\text{OD}]_{\text{test}} / [\text{OD}]_{\text{control}} \times 100$ . Using the dose-response curves, protective dose of vitamin E on silver nanoparticle toxicity on mice liver primary cell culture while silymarin at 600  $\mu\text{g/ml}$  were used with vitamin E to reduce silver nanoparticle toxicity at 121.7  $\mu\text{g/ml}$  (ppm) was calculated to be 2500  $\mu\text{mol/l}$  (\*\* $P < 0.0001$ , \*\*  $P = 0.0001$  to 0.01).

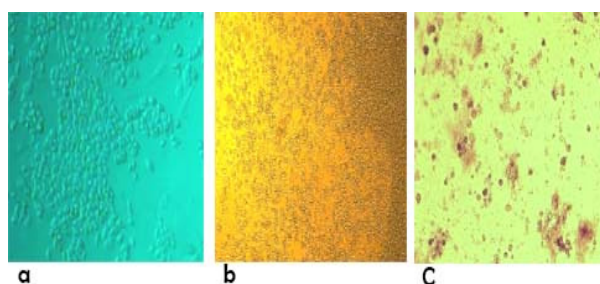


**Figure 5.** Viability percentage measured by MTT assay on primary liver cell of mice exposed to vitamin E in concentrations 0, 50, 250, 500, 1000, 2500, 5000  $\mu\text{mol/l}$ , silymarin at 600  $\mu\text{g/ml}$  and 121.7  $\mu\text{g/ml}$  (ppm) of AgNPs for 24h (above curve) and viability percentage measured by MTT assay on primary liver cell of mice exposed to vitamin E in concentrations 0, 50, 250, 500, 1000, 2500, 5000  $\mu\text{mol/l}$  and 121.7  $\mu\text{g/ml}$  (ppm) of AgNPs for 24h (below curve). An OD value of control cells (unexposed cells) was taken as 100% viability (0% cytotoxicity). Data were reported as mean  $\pm$  SD of three independent experiments performed in quadruplicate. The relative cell viability related to control was calculated by  $[\text{OD}]_{\text{test}} / [\text{OD}]_{\text{control}} \times 100$ . Using the dose-response curves, a protective dose of vitamin E on silver nanoparticle toxicity on mice liver primary cell culture while silymarin at 600  $\mu\text{g/ml}$  were used together with vitamin E to reduce silver nanoparticle toxicity at 121.7  $\mu\text{g/ml}$  (ppm) was calculated to be 2500  $\mu\text{mol/l}$ . Viability percentage in above curve is more than below curve (\*\*\* $P < 0.0001$ , \*\*  $P = 0.0001$  to 0.01).

### Effects of Ag NPs on cellular morphology

Figure 1 represents morphological changes of primary liver cells of mice exposed to AgNPs at 121.7 ppm for 24h. Changes in cell morphology were examined using inverted microscope. Compared to control cell

morphology significant morphological changes of cell death, including cell shrinkage, restricted spreading patterns, and increased floating cells were observed in primary liver cells of mice exposed to AgNPs at 121.7 ppm.



**Figure 1.** Morphological characterization of primary liver cells of mice: a: untreated primary liver cells of mice, b: untreated primary liver cells of mice with high confluency, c: treated primary liver cells of mice at 121.7 ppm of AgNPs for 24h.

## Discussion

Silver nanoparticles have great applications in medicine. Antibacterial activity is one of the important uses of silver nanoparticles. The present study indicated that silver nanoparticles have toxicity effects on primary cell culture of mice as shown in Figure 1 and can decrease the toxicity of silver nanoparticles in primary cell culture of mice by use silymarin and vitamin E as shown in Figures 2,3,4,5. Toxicity effects of silver nanoparticles already by another works have been illustrated in different cells, including: In vitro exposure of human peripheral blood mononuclear cells (PBMCs) to silver nanoparticles (1-2.5 nm, 72 h) resulted in inhibition of phytohemagglutinin (PHA) induced proliferation (at a concentration 15 ppm) (93). Hussain *et al.*, (23) evaluated the in vitro toxicity of several nanoparticles, including nano-silver (15 and 100 nm) on a rat liver derived cell line (BRL 3A). Following 24h after exposure the mitochondrial function and membrane integrity (measured as LDH leakage) were significantly decreased (at 5 mg/ml and 10 mg/ml, respectively). LDH leakage was dose dependent and more severe for 100 nm than for 15 nm silver nanoparticles. The observed cytotoxicity was attributed to be mediated by oxidative stress, as indicated by the detection of GSH depletion, reduced mitochondrial potential, and increased reactive oxygen species (ROS) levels. A similar concentration-dependent cytotoxicity was observed when the effects of the same nano-silver particles on a mouse cell line with spermatogonial stem cell characteristics were studied (26). In HaCaT cells, 24h exposure to AgNPs caused reduction of mitochondrial function, as measured by the MTT assay, at the highest concentrations tested (11 and 36 $\mu$ g/ml). Similar results have been reported investigating the effect of AgNPs on different cell lines, such as human

(0.5–3  $\mu$ g/ml) and rat (10–50  $\mu$ g/ml) liver cells, alveolar macrophages (10–75  $\mu$ g/ml), mice dermal fibroblasts and liver cells (30  $\mu$ g/ml) or mouse germline stem cells (10 $\mu$ g/ml) (4,7,23,26,94).

Silver nanoparticles were absorbed by the gastrointestinal tract; they will be transported to the liver by the portal vein. In general, the liver is able to actively remove compounds from the blood and transform them into chemical forms that can easily be excreted.

Silymarin was shown as a hepatoprotective compound. Cytoprotective effect of silymarin was observed in various studies (29,30,32,33,37,40,42,,44,46 ,49,57,59,61,69,70,75,80).

Hepatoprotective properties of silymarin: Antioxidant properties; silymarin has antioxidant effect, inhibition of lipid peroxidation, regeneration of intracellular glutathione content, (29,30,35,36,38,39,54,95,96,97), free radical scavenging including ROS(reactive oxygen species ), O<sub>2</sub>- and H<sub>2</sub>O<sub>2</sub>, increasing of superoxide dismutase activity in liver cells (29,30,35,98,99,100).

Protein synthesis-inducing properties; silymarin increase production and synthesis of proteins in liver cells by inducing of activation of RNA polymerase I in the nuclei of hepatocytes, thus increase the synthesis rate of rRNA and stimulates liver regeneration (29,30,35,101).

Membrane-stabilizing properties; silymarin stabilizes cellular membranes and regulates membrane permeability that inhibits from the entrance of toxins into hepatocytes (29,30,35,82).

Antifibrogenic properties; silymarin inhibits fibrogenesis in liver by inhibition of stellate cell

Proliferation and its further transformation into myofibroblasts (29,30,35).

Vitamin E has cytoprotectant and antioxidative properties; scavenger of free radicals in the treatment of

## Silver nanoparticle toxicity on mice

liver damage from *Amanita phalloides* poisoning, viral infections, and cirrhosis (43,74,76,77,78,79,84).

The results of this study in Figure 1 demonstrated

that silver nanoparticle is a toxic agent at high doses ( $IC_{50}=121.7\mu\text{g/ml}$ ) on a primary liver cell of mice. The results are shown in Figures 2,3,4,5.

**Table 1. Viability percentage measured by MTT assay on primary liver cell of mice exposed to vitamin E in concentrations 0, 50, 250, 500, 1000, 2500, 5000  $\mu\text{mol/l}$ , silymarin at 600  $\mu\text{g/ml}$  and 121.7 $\mu\text{g/ml}$  (ppm) of AgNPs for 24h and viability percentage measured by MTT assay on primary liver cell of mice exposed to vitamin E in concentrations 0, 50, 250, 500, 1000, 2500, 5000  $\mu\text{mol/l}$  and 121.7 $\mu\text{g/ml}$  (ppm) of AgNPs for 24h.**

Concentration of vitamin E ( $\mu\text{mol/l}$ )	0	50	250	500	1000	2500	5000
viability percentage on a primary liver cell of mice exposed to Vitamin E-silver nanoparticles	100	115.673	149.517	216.698	253.890	392.297	408.730
viability percentage on primary liver cell of mice exposed to Vitamin E-silymarin-silver nanoparticles	100	158.022	207.565	230.272	279.735	489.448	535.392

Illustrated that silymarin and vitamin E increase viability percentage of primary liver cells of mice exposed to silver nanoparticles and they inhibit mortality of these cells.

viability percentage in primary liver cells of mice that treated to silymarin and vitamin E together is more than viability percentage in primary liver cells of mice that treated to only silymarin or only vitamin E as shown in Table 1; therefore, use of only silymarin or only vitamin E or silymarin together with vitamin E while use of nano-silver on the body can decrease toxicity of silver nanoparticles and they can be hepatoprotectant agents against toxicity of silver nanoparticles in the body.

## References

1. Gerber C, Lang HP. How the doors to the nano-world were opened. *Nat Nanotech* 2006;1(1):3-5.
2. Singh N, Manshian B, Jenkins GJ, et al. NanoGenotoxicology: the DNA damaging potential of engineered nanomaterials. *Biomaterials* 2009;30(23-24):3891-914.
3. Ahamed M, Alsalhi MS, Siddiqui MK. Silver nanoparticle applications and human health. *Clin Chem Acta* 2009;411(23-24):1841-8.
4. Soohee Kim, Ji Eun Choi, Jinhee Choi, Kyu-Hyuck Chung, Kwangsik Park, Jongheop Yi, Doug-Young Ryu, Oxidative stress-dependent toxicity of silver nanoparticles in human hepatoma cells. *Toxicol Vitro* 2009;23(6):1076-84.
5. Chaloupka K, Malam Y, Seifalian Am. Nanosilver as a new generation of nanoparticle in biomedical applications. *Trends Biotechnol* 2010;28(1):580-8.
6. Woodrow Wilson International Center for Scholars. A nanotechnology consumer products inventory (2007) Available from: URL: [www.nanotechproject.org/consumerproducts](http://www.nanotechproject.org/consumerproducts).
7. Arora S, Jain J, Rajwade JM, et al. Interactions of silver nanoparticles with primary mouse fibroblasts and liver cells. *Toxicol Appl Pharmacol* 2009;236(3):310-8.
8. Chen X, Schluesener HJ. Nanosilver: a nanoparticle in medical application. *Toxicol Lett* 2008;176(1):1-12.
9. Nel A, Xia T, Madler L, et al. Toxic potential of materials at the nanolevel. *Science* 2006;311(5761):622-7.
10. Vigneshwaran N, Kathe AA, Varadarajan PV, et al. Functional finishing of cotton fabrics using silver nanoparticles. *J Nanosci Nanotechnol* 2007;7(6):1893-7.
11. Lee KS, El-Sayed MA. Gold and silver nanoparticles in sensing and imaging: sensitivity of plasmon response to size, shape, and metal composition. *J Phys Chem* 2006;110(39):19220-5.
12. Zanette C, Pelin M, Crosera M, et al. Silver nanoparticles exert a long-lasting antiproliferative effect on human keratinocyte HaCaT cell line. *Toxicol In Vitro* 2011;25(5):1053-60.
13. Lee YS, Kim DW, Lee YH, et al. Silver nanoparticles induce apoptosis and G2/Marrest via PKC $\delta$ -dependent signaling in A549 lung cells. *Arch Toxicol* 2011;85:1529-40.
14. Haase A, Tentschert J, Jungnickel H, et al. Toxicity of silver nanoparticles in human macrophages: uptake, intracellular distribution and cellular responses. *J Phys* 2011;304(1):012030.
15. Takenaka S, Karg E, Roth C, et al. Pulmonary and systemic distribution of inhaled ultrafine silver particles in



- rats. *Environ Health Perspect* 2001;109(Suppl 4):547-51.
16. Lee HY, Park HK, LeeYM, et al. Apractical procedure for producing silver nanocoated fabric and its antibacterial evaluation for biomedical applications. *Chem Commun (Camb)* 2007;(28):2959-61.
  17. Kim YS, Kim JS, Cho HS, et al. Twenty eight day oral toxicity, genotoxicity, and gender-related tissue distribution of silver nanoparticles in Sprague-Dawley Rats. *Inhal Toxicol* 2008;20(6):575-83.
  18. Wallace WE, Keane MJ, Murray DK, et al. Phospholipid lung surfactant and nanoparticle surface toxicity: Lessons from diesel soots and silicate dusts. *J Nanopart Res* 2007;9(1):23-38.
  19. Ji JH, Jung JH, Kim SS, et al. Twenty-eight-day inhalation toxicity study of silver nanoparticles in Sprague-Dawley rats. *Inhal Toxicol* 2007;19(10):857-71.
  20. Arora S, Jain J, Rajwade JM, et al. Interactions of silver nanoparticles with primary mouse fibroblasts and liver cells. *Toxicol Appl Pharmacol* 2009;236(3):310-8.
  21. Colvin VL. The potential environmental impact of engineered nanomaterials. *Nat Biotechnol* 2003;21(10):1166-70.
  22. Sung JH, Ji JH, Yun JU, et al. Lung function changes in Sprague-Dawley rats after prolonged inhalation exposure to silver nanoparticles. *Inhal Toxicol* 2008;20(6):567-74.
  23. Hussain SM, Hess KL, Gearhart JM, et al. In vitro toxicity of nanoparticles in BRL 3A rat liver cells. *Toxicol In Vitro* 2005;19(7):975-83.
  24. Hussain SM, Javorina AK, Schrand AM, et al. The interaction of manganese nanoparticles with PC-12 cells induces dopamine depletion. *Toxicol Sci* 2006;92(2):456-63.
  25. Park S, Lee YK, Jung M, et al. Cellular toxicity of various inhalable metal nanoparticles on human alveolar epithelial cells. *Inhal Toxicol* 2007;19(Suppl 1):59-65.
  26. Braydich-Stolle L, Hussain S, Schlager JJ, et al. In vitro cytotoxicity of nanoparticles in mammalian germline stem cells. *Toxicol Sci* 2005;88(2):412-9.
  27. Trop M, Novak M, Rodl S, et al. Silvercoated dressing acticoat caused raised liver enzymes and argyria-like symptoms in burn patient. *J Trauma* 2006;60(3):648-52.
  28. (28) Zurlo J, Arterburn LM. Characterization of a primary hepatocyte culture system for toxicological studies. *In Vitro Cell Dev Biol* 1996;32(4):211-20.
  29. Gazák R, Walterová D, Kren V. Silybin and Silymarin – New and Emerging Applications in Medicine. *Curr Med Chem* 2007;14(3):315-38.
  30. Fernando A, Crocenzi and Marcelo G. Roma, Silymarin as a New Hepatoprotective Agent in Experimental Cholestasis: New Possibilities for an Ancient Medication. *Curr Med Chem* 2006;13(9):1055-74.
  31. Crocenzi FA, Sanches Pozzi EJ, Pellegrino JM, et al. Beneficial Effects of Silymarin on Estrogen-Induced Cholestasis in the Rat: A Study In Vivo and in Isolated Hepatocyte Couplets. *Hepatology* 2001;34(2):329-39.
  32. Rainone F. Milk Thistle. *Am Fam Physician* 2005;72(7):1285-92.
  33. Mayer KE, Myers RP, Lee SS. Silymarin treatment of viral hepatitis: a systematic review. *J Viral Hepat* 2005;12(6):559-67.
  34. Ferenci P, Drapsirs B, Dittrich H, et al. Randomized controlled trial of silymarin treatment in patients with cirrhosis of the liver. *J Hepatol* 1989;9(1):105-13.
  35. Fraschini F, Demartini G, Esposti D. Pharmacology of silymarin. *Clin Drug Invest* 2002;22(1):51-65.
  36. Pradhan SC, Girish C. Hepatoprotective herbal drug, silymarin from experimental pharmacology to clinical medicine. 2006;124(5):491-506.
  37. Karimi G, Vahabzadeh M, Lari P, et al. "Silymarin", a Promising Pharmacological Agent for Treatment of Diseases. *Iran J Basic Med Sci* 2011;14(4):308-17.
  38. Křen V, Walterová D. Silybin and silymarin – new effects and applications. *Biomed Papers* 2005;149(1):29-41.
  39. Ligeret H, Brault A, Vallerand d, ET AL. Antioxidant and mitochondrial protective effects of silibinin in cold preservation–warm reperfusion liver injury. *J Ethnopharmacol* 2008;115(3):507-14.
  40. Hikino H, Kiso Y, Wagner H, et al. Antihepatotoxic actions of flavonolignans from *Silybum marianum* fruits. *Planta Med.*1984;50(3):248-50.
  41. Wu YF, Fu SL, Kao CH, et al. Chemopreventive Effect of Silymarin on Liver Pathology in HBV X Protein Transgenic Mice. *Cancer Res* 2008;68(6):2033-42.
  42. Luper S. A review of plants used in the treatment of liver diseases: Part 1. *Altern Med Rev* 1998;3(6):410-21.
  43. Hajiani EP, Hashemi SJ. Comparison of therapeutic effects of silymarin and vitamin E in nonalcoholic fatty liver disease: Results of an open-label, prospective, randomized study. *Jundishapur J Nat Pharmaceut Prod* 2009;4(1):8-14.
  44. Flora K, Hahn M, Rosen H, et al. Milk thistle (*Silybum marianum*) for the therapy of liver disease. *J Gastroenterol* 1998;93(2):139-43.
  45. Saller R, Meier R, Brignoli R. The use of silymarin in the treatment of liver diseases. *Drugs* 2001;61(14):2035-63.
  46. Vailati A, Aristia L, Sozze E, et al. Randomized open study of the dose-effect relationship of a short course of IdB 1016 in patients with viral or alcoholic hepatitis. *Fitoterapia* 1993;64:219-31.
  47. Thakur SK. Silymarin- A hepatoprotective agent. *Gastroenterol Today* 2002;6:78-82.
  48. Carducci R, Armellino MF, Volpe C, et al. Silibinin and

## Silver nanoparticle toxicity on mice

- acute poisoning with *Amanita phalloides*. *Minerva Anestesiologica* 1996;62(5):187-93.
49. Srivastava S, Srivastava AK, Srivastava S, Patnaik GK, Dhawan BN. Effect of picroliv and silymarin on liver regeneration in rats. *Indian J Pharmacol* 1994;26(1):19-22.
  50. Schopen RD, Lange OK, Panne C. Searching for a new therapeutic principle. Experience with hepatic therapeutic agent legalon. *Medical Welt* 1969;20(15):888-93.
  51. Sharma A, Chakraborti KK, Handa SS. Anti hepatotoxic activity of some Indian herbal formulations as compared to silymarin. *Fitoterapia* 1991;62:229-35.
  52. Muriel P, Mourelle M. Prevention by silymarin of membrane alterations in acute CCl<sub>4</sub> liver damage. *J Appl Toxicol* 1990;10(4):275-9.
  53. Ramellini G, Meldolesi J. Liver protection by silymarin: In vitro effect on dissociated rat hepatocytes. *Arzneimittelforschung* 1976;26(1):69-73.
  54. Campos R, Garrido A, Guerra R, et al. Silybin dihemisuccinate protects against glutathione depletion and lipid peroxidation induced by acetaminophen on rat liver. *Planta Med* 1989;55(5):417-9.
  55. Wang M, Grange LL, Tao J. Hepatoprotective properties of *Silybum marianum* herbal preparation on ethanol-induced liver damage. *Fitoterapia* 1996;67:167-71.
  56. Desplaces A, Choppin J, Vogel G. The effects of silymarin on experimental phalloidine poisoning. *Arzneimittelforschung* 1975;25(1):89-96.
  57. Vogel G, Tuchweber B, Trost W. Protection by silibinin against *Amanita phalloides* intoxication in beagles. *Toxicol Appl Pharmacol* 1984;73(3):355-62.
  58. Wu CG, Chamuleau RA, Bosch KS. Protective effect of silymarin on rat liver injury induced by ischemia. *Virchows Arch B Cell Pathol Incl Mol Pathol* 1993;64(5):259-63.
  59. Kropacova K, Misurova E, Hakova H. Protective and therapeutic effect of silymarin on the development of latent liver damage. *Radiats Biol Radioecol* 1998;38(3):411-5.
  60. Kosina P, Kren V, Gebhardt R, et al. Antioxidant properties of silybin glycosides. *Phytother Res* 2002;16(Suppl 1):S33-9.
  61. Miguez MP, Anundi I, Sainz-Pardo LA, et al. Hepatoprotective mechanism of silymarin: no evidence for involvement of cytochrome P4502E1. *Chem Biol Interact* 1994;91(1):51-63.
  62. Miller AL. Antioxidant flavonoids: Structure, function and clinical usage. *Altern Med Rev* 1996;1(2):103-11.
  63. Dehmlow C, Eahard J, Goot HD. Inhibition of Kupffer cells as an explanation for the hepatoprotective properties of silibinin. *Hepatology* 1996;23(4):749-54.
  64. Salmi HA, Sarna S. Effects of silymarin on chemical, functional and morphological alterations of the liver. A double-blind controlled study. *Scand J Gastroenterol* 1982;17(4):517-21.
  65. Feher I, Deak G, Muzes G. Liver protective action of silymarin therapy in chronic alcoholic liver diseases. *Orv Hetil* 1989;130(51):2723-7.
  66. Trinchet IC, Coste T, Levy VG. Treatment of alcoholic hepatitis with silymarin. A double-blind comparative study in 116 patients. *Gastroenterol Clin Biol* 1989;13(2):120-4.
  67. Ferenci P, Dragosics B, Dittrich H, et al. Randomized controlled trial of silymarin treatment in patients with cirrhosis of the liver. *J Hepatol* 1989;9(1):105-13.
  68. Pares A, Planas R, Torres M, et al. Effects of silymarin in alcoholic patients with cirrhosis of liver: results of a controlled double-blind randomized and multicenter trial. *J Hepatol* 1998;28(4):615-21.
  69. Khan MH, Farrell GC, Byth K, et al. Which patients with hepatitis C develops liver complications? *Hepatology* 2000;31(2):513-20.
  70. Velussi M, Cernigoi AM, De Monte A, et al. Long-term (12 months) treatment with an antioxidant drug (silymarin) is effective on hyperinsulinemia, exogenous insulin need and malondialdehyde levels in cirrhotic diabetic patients. *J Hepatol* 1997;26(4):871-9.
  71. *Silybum marianum* (Milk thistle). *Alt Med Rev* 1999;4(4):272-4.
  72. Jacobs BP, Dennehy C, Ramirez G, et al. Milk thistle for the treatment of liver disease: A systematic review and meta-analysis. *Am J Med* 2002;113(6):506-15.
  73. Bosisio E, Benelli C, Pirola O, et al. Effect of the flavanolignans of *Silybum marianum* L. on lipid peroxidation in rat liver microsomes and freshly isolated hepatocytes. *Pharmacol Res* 1992;25(2):147-54.
  74. Harrison SA, Torgerson S, Hayashi P. Vitamin E and vitamin C treatment improves fibrosis in patients with nonalcoholic steatohepatitis. *Am J Gastroenterol* 2003;98(11):2485-90.
  75. Gordon A, Hobbs DA, Bowden DS, et al. Effects of *Silybum marianum* on serum hepatitis C virus RNA, alanine aminotransferase levels and well-being in patients with chronic hepatitis C. *J Gastroenterol Hepatol* 2006;21(1 Pt 2):275-80.
  76. Daryani NE, Mirmomen Sh, Farahvash MJ, et al. Vitamin E in the treatment of patients with nonalcoholic steatohepatitis: a placebo- controlled double- blind study. *Gut* 2002;51(Suppl III):A15.
  77. Levine JE. Vitamin E treatment of nonalcoholic steatohepatitis in children: a pilot study. *J Pediatrics* 2000;136(6):734-8.
  78. Harrison SA, Torgerson S, Hayashi P. Vitamin E and vitamin C treatment improves fibrosis in patients with nonalcoholic steatohepatitis. *Am J Gastroenterol*

- 2003;98(11):2485-90.
79. Ersoz G, Gunsar F, Karasu Z, et al. Management of fatty liver disease with vitamin E and C compared to ursodeoxycholic acid treatment. *Turk J Gastroenterol* 2005;16(3):124-8.
  80. Masini A, Ceccarelli D, Giovannini F, et al. Iron-induced oxidant stress leads to irreversible mitochondrial dysfunctions and fibrosis in the liver of chronic iron-dosed gerbils. The effect of silybin. *J Bioenerg Biomembr* 2000;32(2):175-82.
  81. Valenzuela A, Garrido A. Biochemical bases of the pharmacological action of the flavonoid silymarin and of its structural isomer silibinin. *Biol Res* 1994;27(2):105-12.
  82. Munter K, Mayer D, Faulstich H. Characterization of a transporting system in rat hepatocytes: studies with competitive and non-competitive inhibitors of phalloidin transport. *Biochem Biophys Acta* 1986;860:91-8
  83. Boerth J, Strong KM. The clinical utility of milk thistle (*Silybum marianum*) in cirrhosis of the liver. *J Herb Pharmacother* 2002;2(2):11-7.
  84. Harrison SA, Torgerson S, Hayashi P, et al. Vitamin E and vitamin C treatment improves fibrosis in patients with nonalcoholic steatohepatitis. *Am J Gastroenterol* 2003;98(11):2485-90.
  85. Feher J, Lang I, Nekam K, et al. In vivo effect of free radical scavenger hepatoprotective agents on superoxide dismutase (SOD) activity in patients. *Tokai J Exp Clin Med* 1990;15(2-3):129-34.
  86. Vecera R, Zacharova A, Orolin J, et al. The effect of silymarin on expression of selected ABC transporters in the rat. 2011;56(2):59-62.
  87. Metwally MAA, El-Gellal AM, El-Sawaisi SM. Effects of Silymarin on Lipid Metabolism in Rats. *World Appl Sci J* 2009;6(12):1634-7.
  88. Dvorak Z, Kosina P, Walterova D, et al. Primary cultures of human hepatocytes as a tool in cytotoxicity studies: cell protection against model toxins by flavonolignans obtained from *Silybum marianum*. *Toxicol Lett* 2003;137(3):201-12.
  89. Farghali H, Kamenikova L, Hynie S, et al. Silymarin effects of intracellular calcium and cytotoxicity: a study in perfused rat hepatocytes after oxidative stress injury. *Pharmacol Res* 2000;41(2):231-7.
  90. Davila JC, Lenherr A, Acosta D. Protective effect of flavonoids on drug-induced hepatotoxicity in vitro. *Toxicology* 1989;57(3):267-86.
  91. Valenzuela A, Barria T, Guerra R, et al. Inhibitory effect of the flavonoid silymarin on the erythrocyte hemolysis induced by phenylhydrazine. *Biochem Biophys Res Commun* 1985;126(2):712-8.
  92. Valenzuela A, Guerra R, Garrido A. Silybin dihemisuccinate protects rat erythrocytes against phenylhydrazine-induced lipid peroxidation and hemolysis. *Planta Med* 1987;53(5):402-5.
  93. Shin SH, Ye MK, Kim HS, et al. The effects of nanosilver on the proliferation and cytokine expression by peripheral blood mononuclear cells. *Int Immunopharmacol* 2007;7(13):1813-8.
  94. Carlson C, Hussain S, Schrand A, et al. Unique cellular interaction of silver nanoparticles: size-dependent generation of reactive oxygen species. *J Phys Chem B* 2008;112(43):13608-19.
  95. Basaga H, Poli G, Tekkaya C, et al. Free radical scavenging and antioxidative properties of 'silibin' complexes on microsomal lipid. *Cell Biochem Funct* 1997;15(1):27-33.
  96. Baer-Dubowska W, Szafer H, Krajka-Kuzniak V. Inhibition of murine hepatic cytochrome P450 activities by natural and synthetic phenolic compounds. *Xenobiotica* 1998;28(8):735-43.
  97. Kim DH, Jin YH, Park JB, et al. Silymarin and its components are inhibitors of beta-glucuronidase. *Biol Pharm Bull* 1994;17(3):443-5.
  98. Mira L, Silva M, Manso CF. Scavenging of reactive oxygen species by silibinin dihemisuccinate. *Biochem Pharmacol* 1994;48(4):753-9.
  99. Feher J, Lang I, Nekam K, et al. Effect of free radical scavengers on superoxide dismutase (SOD) enzyme in patients with alcoholic cirrhosis. *Acta Medica Hungarica* 1988;45(3-4):265-76.
  100. Varga Z, Czompa A, Kakuk G, et al. Inhibition of the superoxide anion release and hydrogen peroxide formation in PMNLs by flavonolignans. *Phytother Res* 2001;15(7):608-12.
  101. Sonnenbichler J, Goldberg M, Hane L, et al. Stimulatory effect of silibinin on the DNA synthesis in partially hepatectomized rat livers, non-response in hepatoma and other malignant cell lines. *Biochem Pharmacol* 1986;35(3):538-41.