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## Effect of Curcumin on Helicobacter pylori in Experimental Rats

تأثير الكركمين علي جرثومة المعدة في فئران التجارب

Asmaa Mohamed Fathi Abd ELmohsen

Demonstrator of Home Economics Department, Faculty of  
Specific Education, Assiut University

Dr/ Soad Mohamed Omer

Dr/ Hend Mohamed Ali

Professor of Nutrition and  
Food Science ,Head of Home  
Economics Department ,  
Faculty of Specific Education,  
Assiut University

Emeritus Professor of Nutrition  
and Food Science, Home  
Economics Department  
,Faculty of Specific Education  
,Assiut University

Dr/ Mahmoud Ashry Ibrahim Abd El-Tawab

Associate Professor of Physiology, Zoology Department, Faculty  
of Science, Al-Azher University-Assiut Branch

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## Effect of Curcumin on *Helicobacter pylori* in Experimental Rats

### Abstract

*Helicobacter pylori* (*H. pylori*) is a spiral shaped bacterium that lives and multiplies in the lining of the stomach, and it is a common cause of many stomach diseases. This study aims to show the effect of curcumin on *Helicobacter pylori* in experimental rats. Sixty adult male albino rats, were randomly into six groups (10 rats each). as follows: **Group (١):** composed of normal rats as negative control groups(-ve), **Group (٢):** composed of rats those were subjected to oral administration of at a dose (٢٠٠ mg/kg/day) CAE. **Group (٣):** composed of rats those were subjected to oral administration of at a dose (٤٠٠ mg/kg/day) CAE. **Group (٤):** composed of rats those were subjected to injection of (١ mL/rat) twice daily) *H. pylori* act as a positive control(+ve). **Group (٥):** comprise of rats infected by *H. pylori* those were treated oral with at a dose (٢٠٠ mg/kg/day) CAE and **Group (٦):** comprise of rats infected by *H. pylori* those were treated oral with at a dose (٤٠٠ mg/kg/day) CAE, for six weeks. The results revealed that curcuma aqueous extract had ١٥ Phenolic constituents. Besides results indicated that the rats treated with CAE ٢٠٠ and ٤٠٠ mg/kg/day showed significantly decreased in serum cholesterol, triglycerides, glucose and LDL-C matched with a significant increase in serum HDL-C, In addition, at ( $p \leq 0.05$ ) there were decreased, serum ALT, AST, ALP, and GGT, Also, serum urea, creatinine, and uric acid levels, when compared with group (٤), So this study recommended using curcumin in diets for its many benefits.

### Keywords:

*Helicobacter pylori* (*H. pylori*), curcumin, Antioxidant, Lipids profile and Liver and Kidney Function

## Introduction

Medicinal plants play a crucial role in maintaining human health and contain various phytochemical compounds recognized as therapeutic active agents. The important advantages of medicinal plants include alleviating symptoms of diseases, enhancing the immune system, and even preventing certain illnesses. Additionally, the use of various medicinal plants as an alternative or complementary approach to conventional treatments can contribute to reduce side effects and toxicities associated with chemical drugs (**Farzaneh et al.**, ٢٠٢٤).

Curcumin is the main active ingredient in *Curcuma longa L* (Turmeric), a yellow indian spice (native to Southeast Asia) obtained from the ginger family (*Zingiberaceae*); it is also known as diferuloylmethane. With its dried and powdered form, it is used all over the world as a spice and coloring agent (in textiles, pharmaceuticals, confectionery, and cosmetics) (**Dai et al.**, ٢٠١٤ and **de los Angeles** , ٢٠١٨ )

Curcumin is a yellow-orange hydrophobic polyphenol obtained from the rhizome of the turmeric (*Curcuma longa L.*) plant. (**Tripathy et al.**, ٢٠٢١). It has been used for centuries for culinary and food coloring purposes, and as an ingredient for various medicinal preparations, widely used in Ayurveda and Chinese medicine. In recent decades, their biological activities have been extensively studied (**Sharifi-Rad et al.** ٢٠٢٠). In addition , Curcumin, the yellow polyphenolic pigment and the major component found in turmeric, possesses a wide spectrum of pharmacological and biological properties including antioxidant, anti inflammatory, neuroprotective, anticarcinogenic, antibacterial, antidiabetic, chemoprotective, and immunomodulatory actions. It has beneficial effects on cardiovascular disease, gastrointestinal tract, and skin as well (**Mirhadi et al.**, ٢٠٢٤)

*Helicobacter pylori* (*H. pylori*) is a strict microaerophilic bacterial species that exists in the stomach ( **Huang et al.**, ٢٠٢٤).It is a common bacterial infection that can cause various digestive issues such as gastritis, peptic ulcers, and in some cases, stomach cancer. *H. pylori* is typically transmitted through contaminated food, water, or close contact with an infected person (**Agwa et al.**, ٢٠٢٤). Also ,*H. pylori* infection is chronic and often lifelong if left untreated. It is linked to chronic gastritis, duodenal and gastric ulcers, and tumors such as intestinal type of gastric cancer and mucosa-associated lymphoid tissue (MALT) lymphoma, which led to classifying the species in the group of the strongest (Group I) carcinogens ( **Jia et al.**, ٢٠٢٢)

This study aims to show the effect of curcumin on *Helicobacter pylori* in experimental rats

## Materials and Methods

### Materials

#### Plant materials

One kilogram of curcuma (*Curcuma longa*) was obtained from a local supplier (Abd El-Rahman Harraz, Bab El-Khalk zone, Cairo, Egypt).

#### *Helicobacter pylori* (*H. pylori*) bacteria

*Helicobacter pylorus* (*H. pylori*) bacteria strain was obtained from the microbiology department, National Research Centre, Dokki, Egypt.

### Chemicals

Kits were used to determine total cholesterol (T.C), triglycerides (T.G), high density lipoprotein cholesterol (HDL-C), low density lipoprotein-cholesterol (LDL-C), glucose, alanine aminotransferases (ALT), aspartate aminotransferases (AST), alkaline phosphatase (ALP), gamma glutamyl transaminase (GGT), urea, creatinine, uric acid, were obtained from Sigma Aldrich (St. Louis, MO, USA)

### Experimental rats

Sixty adult male Wistar albino rats (*Rattus norvegicus*), weighting ( $180 \pm 10$ g), were obtained from Animal House Colony, National Research Centre, Giza, Egypt.

### Methods

#### Antioxidant of curcuma aqueous extract

Estimation of total extract yield determination according to (Ashry *et al.*, 2021)

#### Determination of total phenolic content (TPC) of curcuma extracts

The content of total phenolic compounds of the extracts was estimated spectrophotometrically by a modified Folin-Ciocalteu colorimetric method of (Jayaprakasha *et al.*, 2003)

## Determination of radical scavenging activity (RSA) of curcuma extracts

The capacity of antioxidants in the extracts to quench DPPH radicals was determined using the method of (Nogala-Kalucka *et al.*, ٢٠٠٥)

## Determination phenolic content of curcuma extract

HPLC analysis was carried out using an Agilent ١٢٦٠ series and determined using the method of (kujala *et al.*, ٢٠٠٠)

## Experimental design

Sixty adult male Wistar albino rats (*Rattus norvegicus*), weighing ( $140 \pm 10$  g) were obtained from the Animal Colony, National Research Centre, Giza, Egypt; the rats were kept in suitable plastic cages and maintained on free access to food and water for a week before starting the experiment for acclimatization; they received human care in compliance with the standard institution's criteria for the care and use of experimental rats according to the ethical committee of the Faculty of Science, Al-Azhar University, Assuit, Egypt. After the rats were acclimatized to experimental room conditions, they were divided randomly into six groups (١٠ rats each) as follows: **Group (١)**: Comprised of normal rats as negative control groups, **Group (٢)**: Comprised of rats those were subjected to oral administration of curcuma aqueous extract (CAE) at a dose (٢٠٠ mg/kg/day), **Group (٣)**: Comprised of rats those were subjected to oral administration of curcuma aqueous extract (CAE) at a dose (٤٠٠ mg/kg/day), **Group (٤)**: Comprised of rats those were subjected to injection of (١ mL/rat) twice daliy) *H. pylori* act as positive control groups, **Group (٥)**: Comprised of rat infected by *H. pylori* those were treated with oral of a dose (٢٠٠ mg/kg/day) CAE and **Group (٦)**: Comprised of rats infected by *H. pylori* those were treated with oral of a dose (٤٠٠ mg/kg/day) CAE.

## Blood sampling

At the end of the study period, rats were fasted overnight and following diethyl ether anesthesia, about ٠,٥ ml of blood sample was collected into a heparinized vacutainer tube immediately for the hematological investigations; while non-heparinized blood specimens (٣-٧ ml) from each rats were drawn from the retro-orbital plexus using sterile glass capillaries (single draw vacutainer needle) into open vacutainer collecting tubes. The non-heparinized blood specimens were left ٢٠ minutes to clot, then centrifuged at ٣٠٠٠ rpm for ١٠ minutes using a cooling centrifuge (IEC centra-٤R, International Equipment

Co., USA). The sera were separated, divided into aliquots and stored at  $-80^{\circ}\text{C}$  until biochemical measurements could be carried out as soon as possible.

### Body weight Gain

At the beginning and the end of the experimental study, each rat was weighed; and the change in body weight (body gain) was calculated according to (Ashry *et al.*, ٢٠٢١)

### Biochemical determination

#### Lipids profile

Serum total cholesterol (T.C), triglycerides (T.G), high dense lipoprotein-cholesterol (HDL-c) and low dense lipoprotein-cholesterol (LDL-c) were determined according to Cole *et al.*, (١٩٩٧); Artiss and Zak, (١٩٩٧), Lopes-Virella *et al.*, (١٩٧٧) and Wieland and Seidel, (١٩٨٣); respectively .

#### Serum glucose

Serum glucose level was determined according to the CHOP-PAP method by the photometric system described by Young (٢٠٠١)

#### Liver functions

Serum alanine aminotransferases (ALAT) , aspartate aminotransferases (ASAT), alkaline phosphatase (ALP) and gamma glutamyl transaminase (GGT) were determined according to Schumann & Klauke, (٢٠٠٣); Moss & Henderson, (١٩٩٩), IFCC, (١٩٨٣); Trinder, (١٩٦٩) & Tietz *et al.*, (١٩٨٣) , respectively.

Serum proteins and albumin were determined according to the method described by (Henry, ١٩٦٤). Serum globulin was determined according to the method described by (Dumas, ١٩٧١) .

#### Kidney functions

Serum, urea, creatinine and uric acid were determined according to the method described by Husdan and Rupoort, (١٩٦٩); and Trinder (١٩٦٩) ;and Chaney *et al.*, (١٩٦٠) , respectively.

### Statistical Analysis

The obtained data were statistically analyzed by the SPSS computer . Software expressed as mean  $\pm$  SD. Effects of different treatments were analyzed one-way (ANOVA) followed by Duncan's multiple range tests. Differences were considered significant at ( $P \leq 0,05$ ) according to Snedecor and Cochran (١٩٨٦)

## Results and discussion

### Antioxidant of curcuma aqueous extract

#### Curcuma aqueous extract yield (%), total phenolic compounds (TPC) and radical scavenging activity (RSA)

The data in Table (١) revealed that the yield was ٥,١ %, the total phenolic content (TPC) was ٨,٩% , and radical scavenging activity (RSA) was ٥١,٢% of the curcuma aqueous extract . These results agree with (Sera *et al.*, ٢٠١٩) they reported that water extract was the most efficient solvent to extract antioxidant contents such as total phenolic compounds ( $٣,٦٥ \pm ٠,٠٢$  mg GAE/g) and flavonoids ( $٤,٩٩ \pm ٠,١٧$  mg QCE/g) content. Radical-scavenging activity was also higher in water extract compared with others such as DPPH ( $٥١,١٠ \pm ٢,٢٩\%$ ) and ١٥,٥٨% yield of turmeric .This is due to the turmeric leaf extract showing potential as a functional food source from its antioxidant components such as total phenolic compounds and flavonoids that enhance radical-scavenging activity.

**Table (١): curcuma aqueous extract yield (%), (TPC) and (RSA)**

Extract	Parameters	Yield (%)	TPC (mg/g)	RSA (%)
Curcuma aqueous extract (CAE)		٥,١	٨,٩	٥١,٢

#### Phenolic constituents of the aqueous extract of curcuma

As shown in Table (٢) ١٥ phenolic constituents of the aqueous extract of curcuma were analyzed by High Performance Liquid Chromatography (HPLC) analysis. The compounds identified were found to include high contents of chlorogenic acid ,gallic acid, syringic acid and ferulic acid while, the lowest values were in methyl gallate, cinnamic acid, vanillin and daidzein . These results agree with (Wang, ٢٠٠٣) Who reported that the phenolic compounds profile of different turmeric extracts showed that the prepared turmeric had the highest content of different phenolic compounds such as gallic acid, catechin, syringic acid, ellagic acid, coumaric acid, vanillin, ferulic acid, naringenin, and cinnamic acid, in comparison of other turmeric extracts. Also, calebin-A, vanillic acid, vanillin, quercetin, and other phenolic compounds have also previously been identified from turmeric (Tanvir

*et al.*, ٢٠١٧; Mian *et al.*, ٢٠٠١; and Gupta *et al.*, ٢٠١٣). This is due to a linear correlation between the content of total phenolic compounds and their antioxidant capacity. (Katsube *et al.*, ٢٠٠٤; and Katalinic *et al.*, ٢٠٠٦).

**Table (٢) Phenolic constituents of the aqueous extract of curcuma (CAE)**

Parameters	Conc. (µg/g)
Gallic acid	٣٩٢,٣٩
Chlorogenic acid	٤٩٢,٣٤
Catechin	١٠٠,٠١
Methyl gallate	٣,١٥
Coffeic acid	*N.D
Syringic acid	١٥١,٨٧
Rutin	٣٦,٤٠
Ellagic acid	*N.D
Coumaric acid	٤١,٢٤
Vanillin	١١,٩٥
Ferulic acid	١٥٠,٩٥
Naringenin	*N.D
Rosmarinic acid	١١٣,٩٨
Daidzein	٢٥,٥٥
Quercetin	٣٥,١٧
Cinnamic acid	٧,٦١
Kaempferol	١١٨,١٧
Hesperetin	١٠٩,٩٧

\*N.D. Not detected

## Body weight gain

### Effect of *H. pylori* and curcuma aqueous extract on body weight gain in experimental rats(%) .

The effect of *H. pylori* infected and CAE on the rats' body weight is shown in **table (٣)**. These results showed that rats treated with *H. pylori* had a significant decrease in body weight; while rats treated with CAE alone showed a significant increase in body weight when compared



with the negative control group. In addition, *H. pylori* infected, treated with CAE low and high doses showed a significant increase in body weight, reflecting the protective potential of these extract. These results agreement with (Xu *et al.*, 2021) they reported that the body weight growth curve demonstrated that the body mass of rats in the control group showed a natural growth trend and was higher than that in the other groups. The model group exhibited a significant body weight loss on weeks 8, 10, and 12 compared to the control group ( $p < 0.001$ ), while the body weight of the treatment group rats was gradually increased. Hemdan and Abdulmaguid (2018) they observed a significant change in feed intake, body weight gain % and feed efficiency ratio in all treated groups compared with (-ve) control. Also, the best results were recorded by the groups treated with rosemary 2%, followed by Curcuma 2%. In this regards; treated with curcuma and rosemary adapted the appetite for rats, improved biological evaluation it could be due to improve palatability of the trial diet and effect on appetizing promoter according to Gharejanloo *et al.*, (2017)

**Table (3) effect of *H. pylori* and curcuma aqueous extract on body weight gain in experimental rats(%)**

Groups	Parameters	Body weight gain (%)
Group(1) Control(-)		22.05±0.00
Group(2) CAE (200)		23.3±0.47
Group(3) CAE (400)		23.7±0.60
Group(4) <i>H.Pylori</i> Control(+)		14.05±0.11*
Group(5) <i>H.Pylori</i> + CAE (200)		18.05±0.47#
Group(6) <i>H.Pylori</i> + CAE (400)		20.4±0.91#

The same column, means with different superscript letters are significantly different at ( $p \leq 0.05$ )

#### **Effect of curcuma aqueous extract on serum (T.C), (T.G), (HDL-c), (LDL-c) and glucose in experimental rats.**

The obtained results (Table 4) revealed that, the *H.Pylori* infected rats showed a significant increase ( $p \leq 0.05$ ) in cholesterol, triglycerides, glucose and LDL-C matched with a significant decrease in HDL-C when compared the control group; however the treatment of CAE for six weeks induced non-significant changes in serum cholesterol,

triglycerides, HDL-C and LDL-C levels. Moreover, the *H.Pylori* infected rats treated with CAE showed significant ( $p \leq 0.05$ ) decreases in serum cholesterol, triglycerides, glucose and LDL-C matched with a significant increase in serum HDL-C when compared to the *H.Pylori* infected group. These results agreement with ( **Ghobashi *et al.*, 2022**) They showed that the infected rats' serum levels of cholesterol , triglycerides , LDL and VLDL were substantially higher than non-infected rats', but HDL levels were significantly lower. Compared with the control group (GI). This is due to upregulation of the total and low-density lipoprotein-cholesterol (LDL-C) and decreasing of high-density lipoprotein cholesterol (HDL-C), which may be associated with infection, creating an atherogenic lipid profile and promoting atherosclerosis ( **Buzás, 2014**)

**Table (4): Effect of curcuma aqueous extract on serum (T.C), (T.G), (HDL-c), (LDL-c) and glucose in experimental rats.**

Parameters Groups	T.C (mg/dl)	T.G (mg/dl)	HDL-c (mg/dl)	LDL-c (mg/dl)	Glucose (mg/dl)
Group(1) Control(-)	129±8,1	141±1,4	44,6±0,6	55,1±4,8	92,3±2,4
Group(2) CAE (200)	131,0±4,0	132,0±9,1	44±0,33	56,0±3,8	92,4±4,0
Group(3) CAE (400)	124,2±4,4	131,2±0,7	44,2±0,6	53,7±4,6	88,1±0,1
Group(4) <i>H.Pylori</i> Control(+)	166,7±0,3*	221,0±7,0*	40,0±0,0*	84,1±0,4*	106,6±1,6*
Group(5) <i>H.Pylori</i> + CAE (200)	131,2±6,6#	129,7±1,7#	42,7±0,6#	62,0±7,6#	70,1±2,08#
Group(6) <i>H.Pylori</i> + CAE (400)	114,4±9,4#	121,8±0,6#	44,2±0,69#	51,02±9,2#	60,8±2,6#

The same column, means with different superscript letters are significantly different at ( $p \leq 0.05$ )

### **Effect of curcuma aqueous extract on serum ALAT, ASAT, ALP and GGT (U/L) in experimental rats**

The obtained results in **table(5)** revealed that, the **Group(4)** infected rats showed a significantly increased ( $p \leq 0.05$ ), in ALAT, ASAT, ALP and GGT activities when compared with control negative group(1); however the treatment of CAE for six weeks induced non-significant changes in serum ALAT, ASAT, ALP and GGT activities respectively. Moreover, the *H.Pylori* infected rats treated with CAE showed

significant ( $p \leq 0.05$ ) decreased serum ALAT, ASAT, ALP and GGT activities when compared to infected group(4). These results are in agreement with (White and Lee, 2019 & Dehzad *et al.*, 2023) they reported that the turmeric/ curcumin supplementation significantly reduced blood levels of ALT and AST. This is due to curcumin being a potent antioxidant; it could be presumed that its effect on improving liver function tests is derived from its free radical-scavenging properties. Various molecular mechanisms have been postulated to link the antioxidant properties of curcumin with improvement of liver function tests (Bardallo *et al.*, 2022). These results agreement with (Salehi *et al.*, 2014) they stated that shown patients' serum levels of liver enzymes alanine transaminase (ALT) and aspartate transaminase (AST) decreased after receiving an eradication regimen of H. pylori. This is due to the an association between H. pylori infection and liver dysfunction and hepatitis

**Table (5): Effect of curcuma aqueous extract on serum ALT, AST, GGT and ALP (U/L) in experimental rats**

Parameters Groups	ALT (U/L)	AST (U/L)	ALP (U/L)	GGT (U/L)
Group(1) Control(-)	56,3±6,9	85,3±7,23	185,7±5,4	3,2±0,40
Group(2) CAE (200)	47,0±6,0	83,8±5,7	181,7±8,8	3,2±0,33
Group(3) CAE (400)	48,2±2,9	85,4±9,9	177,5±10,1	3,1±0,49
Group(4) <i>H.Pylori</i> Control(+)	76,4±6,8*	147,8±16,1*	241,7±8,3*	8±0,51*
Group(5) <i>H.Pylori</i> + CAE (200)	33,9±4,7#	77,6±4,8#	125,8±7,03#	3±0,74#
Group(6) <i>H.Pylori</i> + CAE (400)	31,1±0,91#	62,08±7,01#	118,2±4,4#	3±0,69#

The same column, means with different superscript letters are significantly different at ( $p \leq 0.05$ )

## Effect of curcuma aqueous extract on serum urea, creatinine and uric acid levels in experimental rats

Data in **Table(٦)** revealed that, group(٤) infected rats showed a significant at ( $p \leq 0,05$ ) increase in creatinine, blood urea and uric acid when compared with group(١) control(-); however the treatment of CAE for six weeks induced non-significant changes in serum creatinine, urea, and uric acid respectively. Moreover, the *H.Pylori* infected rats treated with CAE showed significant decreased ( $p \leq 0,05$ ) serum creatinine, blood urea and uric acid levels when compared to the infected group(٤). These results agree with (**Saidi et al., ٢٠١٩**) they indicated that curcuma administration causes a significant reduction in uremia and serum creatinine. Additionally, it provides nephron protective effect against free radicals through motivation of antioxidant enzymes. This results agree with (**Xu et al., ٢٠٢١**) they reported that the serum level of uric acid in the rat model group was high compared to that of control group, the treatment group of curcumin (٢٠٠ mg/kg) showed decreased serum uric acid, also reduced the levels of serum creatinine. This is due to curcumin is the main active constituent of turmeric, and it is characterized by containing phenolic groups which confer antioxidant and anti-inflammatory effects (**Alvarenga et al., ٢٠٢٠**)

Table (٦): Effect of curcuma aqueous extract on serum urea, creatinine and uric acid levels on **Kidney functions** in experimental rats

Parameters Groups	Urea (mg/dl)	Creatinine (mg/dl)	Uric acid (mg/dl)
Group(١) Control(-)	٣٣,٩±١,٣	٠,٧٠±٠,١٦	٢,٩±٠,١٥
Group(٢) CAE (٢٠٠)	٣٢,٩±٣,٠	٠,٧٦±٠,٠٥	٢,٦±٠,٢٦
Group(٣) CAE (٤٠٠)	٣٠,٢±٢,٥	٠,٦٦±٠,٠٣	٢,٧±٠,١٧
Group(٤)H.Pylori Control(+)	٦١,٢±١,٣*	١,٢±٠,٠٩*	٤,١±٠,٢٠*
Group(٥)H.Pylori+CAE (٢٠٠)	١٩,٥±١,٥#	٠,٦٣±٠,٠١٦#	٢,٩±٠,٣٨#
Group(٦)H.Pylori+CAE (٤٠٠)	٢١,٧±١,٤#	٠,٦٣±٠,٠١٥#	٢,٧±٠,٣٨#

The same column, means with different superscript letters are significantly different at ( $p \leq 0,05$ )

## Conclusion

In conclusion, we found that Curcumin induced a marked amelioration in serum cholesterol, triglycerides, HDL-C, LDL-C and glucose levels, induced a marked decreased serum ALT, AST, ALP and GGT activities and induced a marked decreased serum urea ,creatinine and uric acid levels. So this study recommended to curcumin in diets for it is many benefits.

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## تأثير الكركمين علي جرثومة المعدة في فئران التجارب

## المستخلص

جرثومة المعدة هي بكتريا حلزونية الشكل تعيش وتتكاثر في بطانة المعدة، وهي سبب شائع للعديد من امراض المعدة بما في ذلك قرحة المعدة، أجريت الدراسة لتقييم تأثير الكركمين على جرثومة المعدة في فئران التجارب. ستون من ذكور الفئران الألبينو البالغة ، والتي تم تقسيمها إلى ستون من ذكور فئران الالبيو البالغة ( ٦ ) مجموعات كل مجموعة ( ١٠ ) فئران. المجموعة (١) مجموعة الكنترول وتتغذي على الوجبة الاساسية كمجموعة ضابطة سالبة . المجموعة (٢) مجموعة تتغذي على مستخلص الكركم بجرعة ( ٢٠٠ ملجم / كجم ) بالفم. المجموعة (٣) مجموعة تتغذي على مستخلص الكركم بجرعة (٤٠٠ ملجم/ كجم ) بالفم. المجموعة (٤) مجموعة الفئران التي حقنت ب (*H.pylori*) بجرعة ١مل لكل فأر كمجموعة ضابطة موجبة. المجموعة (٥) مجموعة مصابة ب (*H.pylori*) ومعالجة بمستخلص الكركم بجرعة ( ٢٠٠ ملجم / كجم ) . المجموعة (٦) مجموعة مصابة ب (*H.pylori*) ومعالجة بمستخلص الكركم بجرعة ( ٤٠٠ ملجم / كجم ) واستمرت التجربة لمدة ستة اسابيع لجميع المجموعات، في نهاية التجربة تم ذبح الفئران وجمع السيرم للتحليل الكيميائي . أظهرت النتائج ان مستخلص الكركم يحتوي علي ١٥ مركب فينولي. أظهرت النتائج أن الفئران المصابة بجرثومة المعدة المعالجة بالكركمين ٢٠٠ و ٤٠٠ ملجم/كجم ( $p < ٠,٠٥$ ) انخفاض في سيرم الكوليسترول والدهون الثلاثية والجلوكوز والكوليسترول الضار في مصل الدم وزيادة في مستويات الكوليسترول الجيد في مصل الدم ، وبالإضافة إلى ان هناك انخفاض نشاط انزيمي ALP، AST، ALT، GGT، في مصل الدم عند ( $p < ٠,٠٥$ ) وانخفاض في مستويات اليوريا والكرياتينين وحمض البوليك ، عند مقارنتها بالمجموعة رقم ( ٤ ) المصابة بجرثومة المعدة كمجموعة ضابطة موجبة، لذا أوصت هذه الدراسة باستخدام الكركمين في الوجبات الغذائية لفوائدها العديدة.

## الكلمات المفتاحية :

جرثومة المعدة ، الكركمين ، مضادات الاكسدة ،دهون الدم ، وظائف الكبد والكلي .