



# **UNIVERSIDAD DE INVESTIGACIÓN DE TECNOLOGÍA EXPERIMENTAL YACHAY**

**Escuela de Ciencias Biológicas e Ingeniería**

**TÍTULO: Determination of the anti-inflammatory activity of  
Ecuador's natural products**

Trabajo de integración curricular presentado como requisito para  
la obtención del título de Biólogo

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Urcuquí, octubre 2021.

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Darío Castro I.

## Resumen

El proceso de inflamación es una respuesta natural inmunitaria ante estímulos dañinos del exterior donde se genera una cascada de señalizaciones liberando sustancias proinflamatorias como citoquinas con la finalidad de activar más células inmunitarias para contrarrestar y eliminar el estímulo causante de la inflamación. El problema con este proceso es cuando se liberan en exceso estas sustancias generando malestar con síntomas como enrojecimiento, dolor e incluso fiebre. Es por esto que la comunidad científica en la actualidad se esfuerza en desarrollar nuevas soluciones para disminuir o desaparecer la inflamación, la cual es recurrente en ciertas patologías como la artritis. Para poder evaluar en el laboratorio la actividad antiinflamatoria de nuevas moléculas ya sean sintéticas o naturales se han desarrollado protocolos estandarizados *in vitro* basados en la estabilización de la membrana del eritrocito, la cual es similar a la membrana del lisosoma que en procesos inflamatorios se rompe liberando su contenido y contribuyendo a la inflamación. Actualmente se está tratando de comprobar el potencial antiinflamatorio de plantas conocidas siendo estas alternativas que contribuyan a disminuir o eliminar la inflamación. Ecuador al ser un país mega diverso posee especies de plantas con un gran potencial medicinal y antiinflamatorio, es por ello que se analizó *in vitro* el potencial antiinflamatorio de plantas existentes en el Ecuador obteniendo resultados positivos y alentadores.

**Palabras claves:** Inflamación, antiinflamatorio, estabilización de membrana, natural.

## Abstract

The inflammation process is a natural immune response to harmful stimuli from the outside. Therefore, a signaling cascade is generated, releasing pro-inflammatory substances such as cytokines to activate more immune cells to counteract and eliminate the stimulus causing the inflammation. The problem with this process is when these substances are released in excess, generating discomfort with symptoms such as redness, pain, and even fever. The scientific community is currently developing new solutions to reduce or eliminate inflammation, which is recurrent in certain pathologies such as arthritis. To evaluate the anti-inflammatory activity of new synthetic or natural molecules in the laboratory, standardized *in vitro* protocols have been developed based on the stabilization of the erythrocyte membrane, which is similar to the lysosome membrane that is in inflammatory processes ruptures, releasing its contents and contributing to inflammation. Currently, researchers are trying to prove the anti-inflammatory potential of known plants as these alternatives that reduce or eliminate inflammation. As a mega-diverse country, Ecuador has plant species with great medicinal and anti-inflammatory potential; that is why the anti-inflammatory potential of existing plants in Ecuador was analyzed *in vitro*, obtaining positive and encouraging results.

**Keywords:** Inflammation, anti-inflammatory, membrane stabilization, natural.



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## 1. Title

Determination of the anti-inflammatory activity of Ecuador's natural products

## 2. Introduction

Inflammation is a defense mechanism of the organism against dangerous stimuli such as pathogens, cell damage, and toxic elements. The immune system mediates this mechanism and cells not belonging to it to eliminate the stimulus that causes damage and begin the process of recovery and repair<sup>1,2,3</sup>.

Even though inflammation is a natural process that causes redness, pain, and swelling, the damage is generated in tissues and can lead to the loss of its function; in addition, there are changes in the tissue's microcirculation due to a change in the permeability of the blood vessels. That is why decreasing the effects of this process helps to recover tissue homeostasis and prevent, in some cases that inflammation from becoming a chronic disease<sup>1,4</sup>.

In response to this problem, drugs with anti-inflammatory capabilities have been developed whose origin dates back to the ancient cultures of China, India, among others, which through the use of plants such as the different species of *Salix*, treated pain and inflammation<sup>5</sup>.

In our current century, interest in pharmacological products of plant origin has increased. The use of medicinal plants is considered the future for health care management<sup>6</sup>. According to the World Health Organization (WHO), it is estimated that 80% of the world's population sees traditional medicine as the first choice for their health care<sup>7</sup>.

Additionally, this international organization encourages developing countries to use non-toxic plants to support traditional medicine<sup>8</sup>. Because according to their data, about 25% of modern medicines come from medicinal plants, and many other drugs are synthetic analogs of compounds isolated from plants<sup>6</sup>.

This new interest in medicinal plants is considered the "Back to Natural." These plants beneficial to humans have been employed for millennia to prevent disease and cure

ailments by ancestral peoples<sup>6</sup>. In Latin America, these practices are a standard in indigenous groups which transmit this knowledge through different generations<sup>9, 10</sup>.

There is a great diversity in the flora of Ecuador being quite recognized and studied, having up to 17 000 species of plants indexed in the country. Being part of the top ten most diverse countries worldwide, this country has great potential in various useful plants, including medicinal ones, documented more than 3000 species used to treat different diseases<sup>11</sup>. In Ecuador, it is estimated that 80% of the population uses and depends on herbal medicine as the primary mechanism to treat different diseases<sup>12, 13</sup>.

## 2.1 Inflammation process

The inflammation process is due to regulatory pathways in cells at the tissue level and in inflammatory cells in the blood. Inflammation is a common symptom in chronic diseases such as cardiovascular problems, diabetes, arthritis, and cancer. This inflammatory response depends on the stimulus received and where it was received<sup>1</sup>.

Immune cells such as neutrophils, eosinophils, and macrophages are activated and travel to the damaged area with the mission of suppressing the stimulus causing the inflammation, however in the process, pro-inflammatory molecules such as cytokines are released: tumor necrosis factor (TNF) and interleukin-1 $\beta$  which activate more neutrophils and macrophages<sup>14, 15, 16</sup>.

When cytokines are released in large quantities into the bloodstream due to the inflammatory process, they can generate an endocrine effect and induce specific physiological responses such as platelet activation, fever, fatigue, among others. Another function of cytokines is to facilitate the entry of immune cells by activating endothelial cells; however, this can also generate adverse effects such as vasodilatation, hypotension. In addition, the activated immune cells in the bloodstream and the release of cytokines in the body also start the production of prostaglandins molecules that play an essential role in inflammation and are responsible for some of the symptoms that this process entails<sup>17</sup>.

Prostaglandins are generated by a family of enzymes called Cyclooxygenases (COX), having two main isoforms, which are COX-1 and COX-2, being this one quite studied nowadays<sup>18, 19</sup>. Knowing the metabolic pathway that synthesizes an influential group of

molecules responsible for inflammation and subsequent symptoms have allowed us to develop drugs such as non-steroidal anti-inflammatory drugs (NSAIDs), which inhibit the COX enzyme, relieving symptoms and contributing to worsening the inflammatory episode<sup>20, 21</sup>.

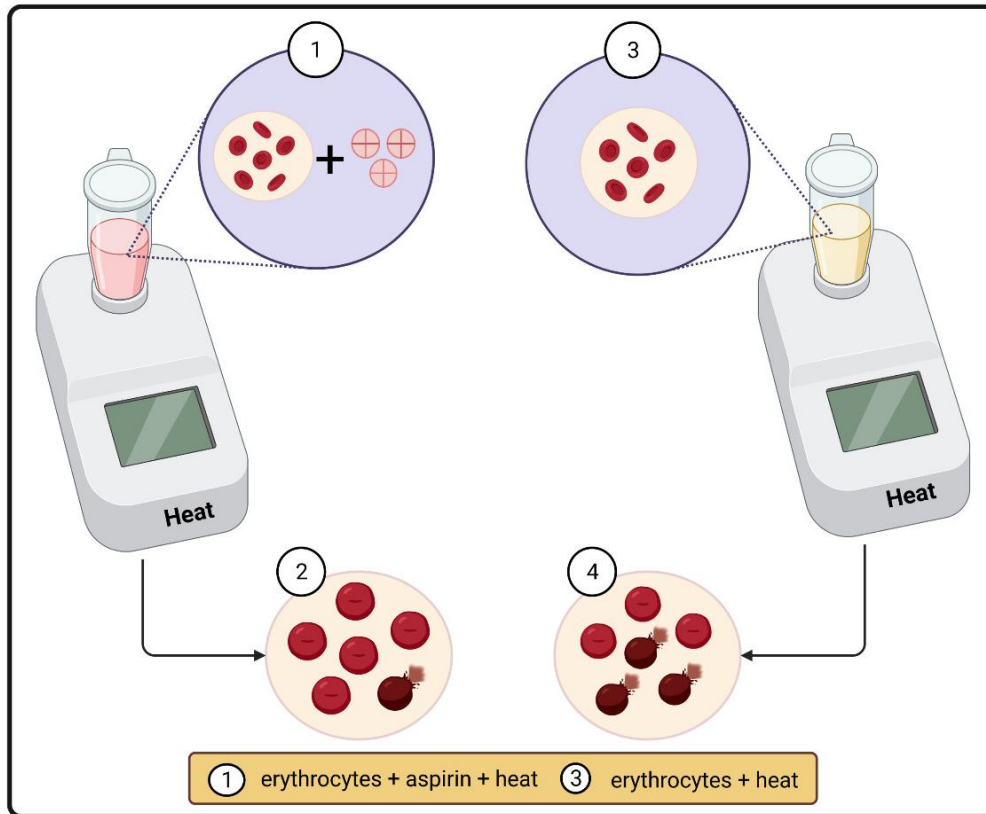
## 2.2 Anti-inflammatory essays for new molecules

### 2.2.1 Erythrocyte Membrane stabilization

The stabilization of the erythrocyte membrane is based on the similarity with the lysosome membrane. Therefore, there is cellular damage in inflammation whereby lysosomes rupture and spill their contents, promoting cellular damage and inflammation<sup>19, 22</sup>.

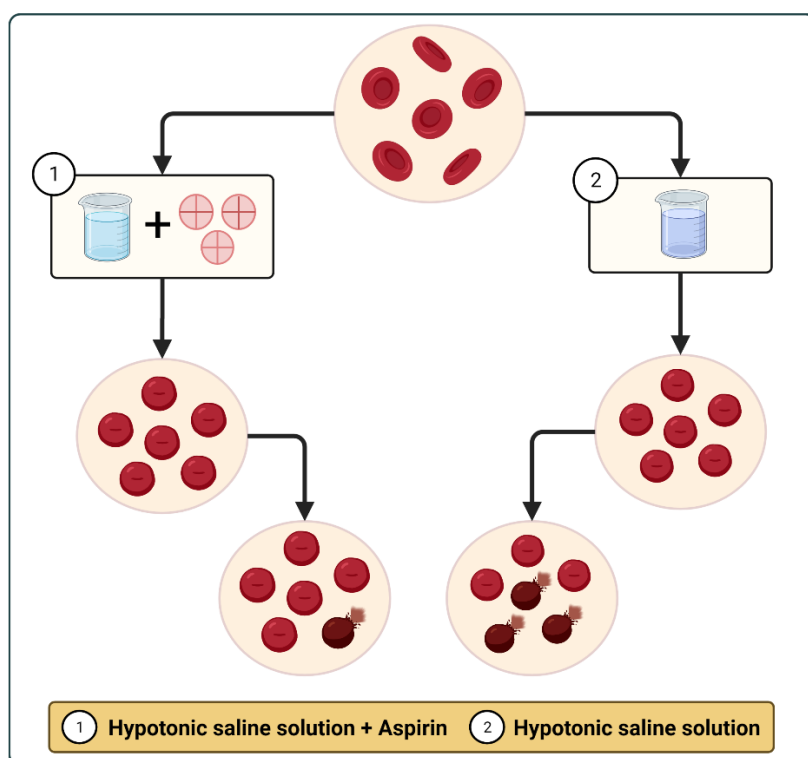
For testing the anti-inflammatory potential of different natural or synthetic compounds, erythrocytes exposed to situations that promote their lysis, either a hypotonic medium or heat, are used; these models have been widely used in various preliminary studies<sup>23</sup>.

Inducing hemolysis by heat (Figure 1), the samples will be incubated at temperatures ranging from 60 °C to 54 °C for half an hour; this is how the erythrocytes will be broken, releasing hemoglobin which spectrophotometric techniques will measure.



**Figure 1.** Heat-induced hemolysis. 1.- Erythrocyte suspension with anti-inflammatory or the substance to be tested in the heating plate, 2.- The erythrocytes are hemolyzed releasing hemoglobin, having the anti-inflammatory inhibits hemolysis and maintains the integrity of most of the erythrocytes. 3.- The erythrocyte solution is heated in the plate. 4.- Since there is no compound that maintains the stability of the membrane, the erythrocytes are hemolyzed.

In the case of a hypotonic medium (Figure 2), it is possible to use different solutions such as hypo-saline solution or distilled water, which enter into reaction with the erythrocytes producing their lysis, releasing the hemoglobin and being able to quantify it by spectroscopy<sup>24</sup>.



**Figure 2** Hypotonic induced hemolysis. In this method, we have 2 ways of treatment for the erythrocytes, 1.- The red blood cells are exposed to a Hypotonic media with an anti-inflammatory or the compound to be tested, swell due to the action of the hypotonic medium until they are lysed; however, due to the action of the anti-inflammatory, the percentage of hemolysis is low because of the stability that this provides to the membrane. Erythrocytes are exposed to a hypotonic solution without any other compound, so they swell until their lysis, having a significant number of broken erythrocytes in comparison to the medium with anti-inflammatory; this is due to the fact that there is no stabilizer in the membrane

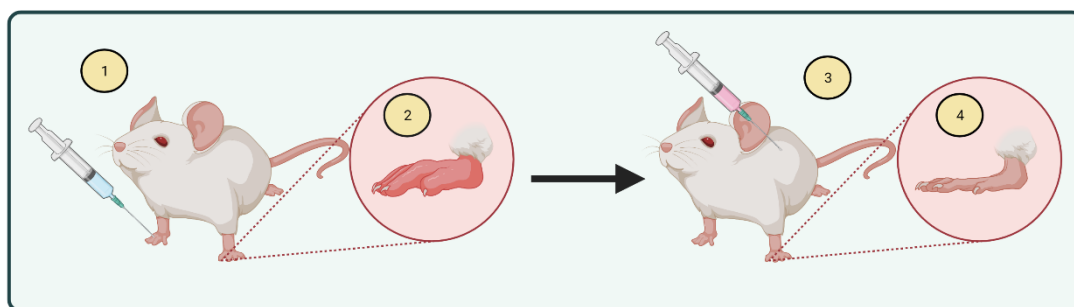
For this type of research, it is necessary to use a positive control, which is an already known anti-inflammatory drug. In this case, one of the most used is Aspirin or Diclofenac; because they are considered drugs of the first order and have an acceptable tolerance and become an example and mold for the rest of non-steroidal anti-inflammatory drugs<sup>25, 26</sup>.

### 2.2.2 Paw edema

Another method to corroborate the anti-inflammatory activity of new compounds *in vivo* is through the carrageenan-induced edema test (Figure 3). This method is used as an experimental animal model to corroborate the anti-inflammatory potential in acute inflammations. This method is based on two phases, the first one where pro-inflammatory agents such as cytokines are released due to the injection of carrageenan and a second



phase where prostaglandins and lysosomal content are released, in this phase is where the best results are obtained in the test of anti-inflammatory compounds<sup>27, 28</sup>.



**Figure 3** Paw edema by carrageenan. 1.- The mice get an injection of the carrageenan, 2.- the inflammation starts in the paw of the mice, 3.- The compound to be tested is injected in the rat, 4.- The inflammation in the paw of the mice is gone.

### 2.3 Plants as anti-inflammatory drugs

Products of natural origin have attracted the scientific community's attention due to the few side effects they represent. These products are employed for a wide field of diseases, including anxiety, depression, bacterial infections, fungal infections, and anti-inflammatory drugs<sup>29</sup>.

Many medicinal plants are still currently employed as the primary source of biomolecules (Table 1), as is the case of Aspirin with its anti-inflammatory/analgesic activity widely studied and known around the world; this bio compound was extracted from plants belonging to the genus *Salix spp* and *Papulus spp*<sup>30</sup>.

In Ecuador, approximately 13% of the species described as medicinal in the "Encyclopedia of Useful Plants of Ecuador" possess the anti-inflammatory potential, of which mostly we have the families Asteraceae, Solanaceae, and Malvaceae. There are records of treating external inflammatory processes (in the body) and internal (visceral problems such as kidneys, liver, and other organs)<sup>11, 31</sup>.

*In vivo* studies in mice were carried out with different species of plants used in Ecuador where extracts of *Bonafousia sp*, *Croton methodorum* were administered and where the anti-inflammatory effect declared by the population was tested<sup>32</sup>.

**Table 1** Some examples of plants species with chemical compounds that have anti-inflammatory activity

<b>Plant species</b>	<b>Common name</b>	<b>Drug</b>	<b>Reference</b>
<i>Salix sp.</i>	Willow	Salicylic acid	(30)
<i>Garcinia mangostana</i>	Mangosteen	Isogarcinol	(33)
<i>Glycyrrhiza uralensis</i>	C. liquorice	Glycyrol	(34)
<i>Malus domestica</i>	Apple	Ursolic acid	(35)
<i>Zanthoxylum piperitum</i>	Japanese pepper	ZPDC glycoprotein	(36)
<i>Olea europaea</i>	Olive	Maslinic acid	(37)
<i>Aesculus hippocastanum</i>	Horsechestnut	Aescin	(38)

#### 2.4 Extraction methods

Extraction methods are used mainly to separate active compounds (secondary metabolites) with medicinal properties (Table 2) housed in plant tissues using different solvents depending on their polarity. During this process, solvents that have been chosen diffuse into the solid material of the plant tissue, diluting and extracting the components with the biological activity of interest<sup>39</sup>.

**Table 2** Most common secondary metabolites in plants with an essential and relevant biological activity<sup>40</sup>.

<b>Secondary metabolite</b>	<b>Biological activity</b>
<b>Phenols</b>	Antimicrobial and Anti-inflammatory
<b>Tannins</b>	Antidiarrheals, urinary antiseptic, and antidote in poisoning
<b>Coumarins</b>	Anti-inflammatory, anticoagulant, and anticancer
<b>Flavonoids</b>	Anti-inflammatory, antiallergic, antithrombotic, and vasoprotective
<b>Chromones and xanthenes</b>	Antifungal activity

<b>Alkaloids</b>	Analgesia effect, local anesthesia, vasoconstriction, and muscle relaxation
<b>Saponins</b>	Antitumor activity, expectorant, antitussive agent, and anti-inflammatory
<b>Terpenes</b>	Antibacterial, antifungal, and anti-inflammatory.

One of the most used and easy extraction methods is Maceration, a solid-liquid extraction process where soluble compounds of interest are extracted from plant tissues. For this, the plant material must be finely ground either with dry or fresh material, and a solvent is selected depending on its polarity (Table 3), which can be with lower polarity hexane, petroleum ether, ethyl acetate, or chloroform and for higher polarity methanol, ethanol or water for 5 days with constant stirring<sup>41, 42</sup>.

**Table 3** Solvents used for separation of different secondary metabolites<sup>39</sup>.

<b>Solvents</b>	<b>Secondary metabolite</b>
Water	Tannins, Saponins, Terpenoids
Ethanol	Tannins, Phenols, Terpenoids, Flavonoids, Alkaloids
Methanol	Terpenoids, Saponins, Tannins, Flavonoids, Phenols.
Chloroform	Terpenoids, Flavonoids
Ether	Alkaloids, Terpenoids, Coumarins
Acetone	Phenols, Flavonoids

### 3. Problem statement

The pharmaceutical field has shown great interest in the anti-inflammatory activity, especially in developing new active compounds that can curb diseases with underlying inflammatory processes. As a result, there has been a wave of new scientific studies to understand the different mechanisms and molecules related to inflammatory processes in recent years. Understanding how the inflammatory process works in the body is key to developing new effective methods to inhibit or attenuate the effects of the inflammatory response, which is why studies have focused on evaluating the anti-inflammatory

response of new compounds, whether natural or synthetic, using *in vitro* and *in vivo* models<sup>43, 44</sup>.

## 4. Objectives

### 4.1 General objective

Standardize *in vitro* experimental protocol of the anti-inflammatory potential of different natural products from Ecuador.

### 4.2 Specific objectives

- Employ *in vitro* techniques based on stabilizing the erythrocyte membrane to determine the anti-inflammatory activity of extracts.
- Compare the anti-inflammatory potential between current synthetic drugs such as Aspirin and extracts of natural origin.

## 5. Methodology

### 5.1 Extraction process

8 grams of leaves from D – 001 and D - 002 are used, which are stored separately in a 500 mL beaker; 200 mL of methanol are added and left to rest at room temperature for 14 days, then filtered to separate the methanol extracts from the solid residues, the resulting extract it is rotary evaporated, finally obtaining 680 mg of solid final extract.

### 5.2 Preparation of the extracts

To prepare D-001 extract samples, a stock dilution was made with dimethyl sulfoxide, and later dilutions with water were made to obtain the required concentrations of 0.1mg/mL and 0.25 mg/mL (Annex 2).

To prepare the samples of the D-002 extract, a stock dilution was made with distilled water, and later the dilutions were obtained with the required concentrations of 0.1 mg/mL, 0.25 mg/mL, and 0.05 mg/mL (Annex 3).

### 5.3 Blood extraction.

Blood is collected from a volunteer who has not consumed any anti-inflammatory drug two weeks before the study; a cap, needles, and vacutainer tubes with 5 ml EDTA are

used; 3 dips are made slowly for a homogeneous mixture of the blood and the anticoagulant. The tubes are centrifuged at 3000 rpm for 5 minutes (Annex 1); the supernatant is discarded. The cell suspension was washed with 0.9% saline using the same volume as the discarded supernatant and centrifuged at 3000 rpm for 5 minutes; this procedure was repeated 3 times, leaving a transparent supernatant. The resulting cellular material was reconstituted in a 40% (v / v) solution of PBS; then, it is refrigerated at 4 ° C until the experiment with a maximum of 24 h<sup>45</sup>.

#### 5.4 Anti-inflammatory activity by heat

In 15 mL falcon tubes, 3 mL of each of the extract solutions are added in the concentrations previously obtained in the extraction process, 100 µL of the 40% erythrocyte suspension is added, positive controls are also prepared with Aspirin at the same concentrations of the extracts to be tested, the negative control is added distilled water instead of the active compound, each one of the samples was reproduced in triplicate except the negative control. All samples were incubated at 54 ° C for 20 minutes; they were centrifuged at 3000 rpm for 10 minutes (Annex 4). Finally, the absorbance of the supernatant was measured in a spectrophotometer at 560 nm (Annex 5)<sup>46</sup>.

With the data obtained, the percentage of hemolysis inhibition is calculated with the following formula:

$$\% \text{ Inhibition of haemolysis} = 100 \times \left[ 1 - \frac{OD_I - OD_{WI}}{OD_{NC} - OD_{WI}} \right]$$

*Where:*

*OD<sub>I</sub> = Optical density of sample with incubation.*

*OD<sub>NC</sub> = Optical density of the negative control*

*OD<sub>WI</sub> = Optical density of the sample without incubation.*

#### 5.5 Anti-inflammatory activity by hypotonicity.

The protocol consists of adding 1 mL of the extracts to be analyzed, 2 mL of hypotonic saline solution, 1 mL of PBS, and 500 µL of the red blood cell solution. Depending on the extracts to be studied, a negative control was added dimethyl sulfoxide in the case of D-001 extracts and distilled water in the case of D-002 instead extracts. In addition, a positive control is prepared with Aspirin instead of extract in the same concentration; all tubes were prepared in duplicates except for the negative control.

All tubes were incubated at 37 ° C for 30 minutes and subsequently centrifuged at 3000 rpm for 20 minutes (Annex 4); the supernatant of the tubes was analyzed using a UV-VIS spectrophotometer at a wavelength of 560 nm (Annex 5)<sup>45</sup>. The data obtained are used to calculate the percentage of inhibition of hemolysis using the following formula:

$$\% \text{ Inhibition of haemolysis} = 100 \times \left[ OD_{wh} - \frac{OD_h}{OD_{wh}} \right]$$

*Where:*

$OD_{wh}$  = *Optical density without sample in hypotonic media.*

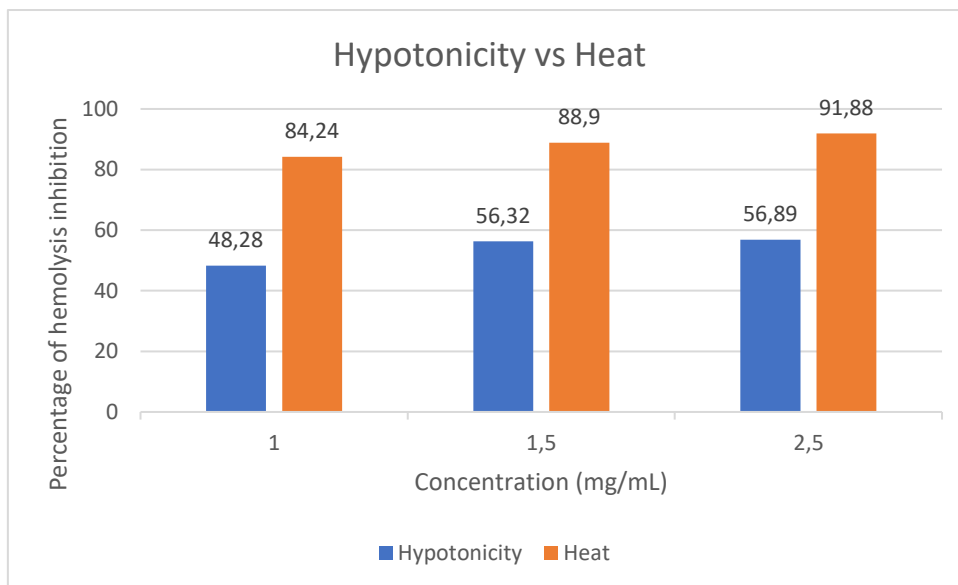
$OD_h$  = *Optical density with the sample in hypotonic media.*

## 6. Results and discussion.

### 6.1 Comparison between heat and hypotonicity.

Considering the existence of both protocols to test the anti-inflammatory activity of various plant extracts, they were compared with positive control groups (Aspirin) to determine the viability during the experimental process.

In graph 1, the protocol that employs heat as a hemolytic factor generates better results than hypotonic media. However, the resources necessary to be able to carry out this protocol repeatedly generate a problem due to the availability of extract; according to the protocol exposed by Anosike (2012), it is necessary to use large amounts of these (3 mL per tube) this makes the realization of this protocol more costly and complex if the amount of sample is scarce. On the other hand, the protocol proposed by Parvin requires one-third of the sample amount compared to the heat protocol.



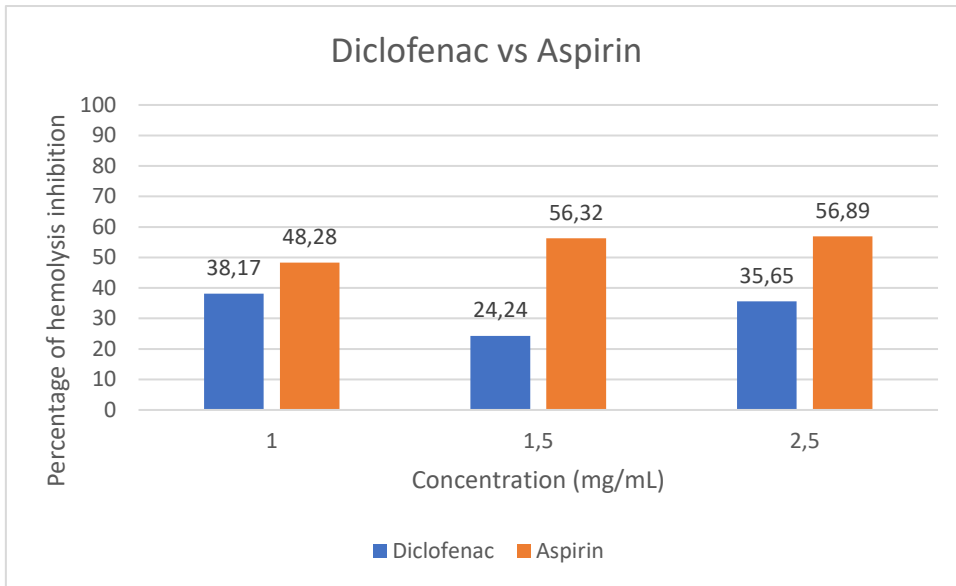
**Graph 1.** Comparison between both membrane stabilization protocols to determine the anti-inflammatory activity of new compounds.

These results can also be seen in comparative studies such as the one elaborated by Yesmin (2020) or Ranasinghe (2012), who, by using both analytical techniques, obtained a difference in the percentage of hemolysis inhibition by heat and hypotonicity of the erythrocyte membrane, where greater sensitivity is reported in the methodology where heat is used as a trigger of erythrocyte rupture<sup>47, 48</sup>.

Both protocols allow us to test the anti-inflammatory activity of various compounds in a fast and simple way, which is why both are widely used by different researchers around the world obtaining positive and encouraging results to discover new molecules with this characteristic. We have several examples of plant extracts that have been tested with this methodology such as *Schinus polygama*, *Acmelia uliginosa*, *Acalypha indica*<sup>49,50,51</sup>.

## 6.2 Comparison between aspirin and diclofenac (hypotonicity protocol)

To standardize the protocol and determine the best positive control between both drugs available in the laboratory, the capacity to inhibit hemolysis using a hypotonic medium was compared, and it was found that Aspirin has a greater capacity to stabilize the erythrocyte membrane in the 3 concentrations tested of 1mg/mL, 1.5mg/mL and 2.5 mg/mL (Figure 2). Aspirin is a widely used drug due to its anti-inflammatory and analgesic capacity and tolerance to side effects<sup>25</sup>.

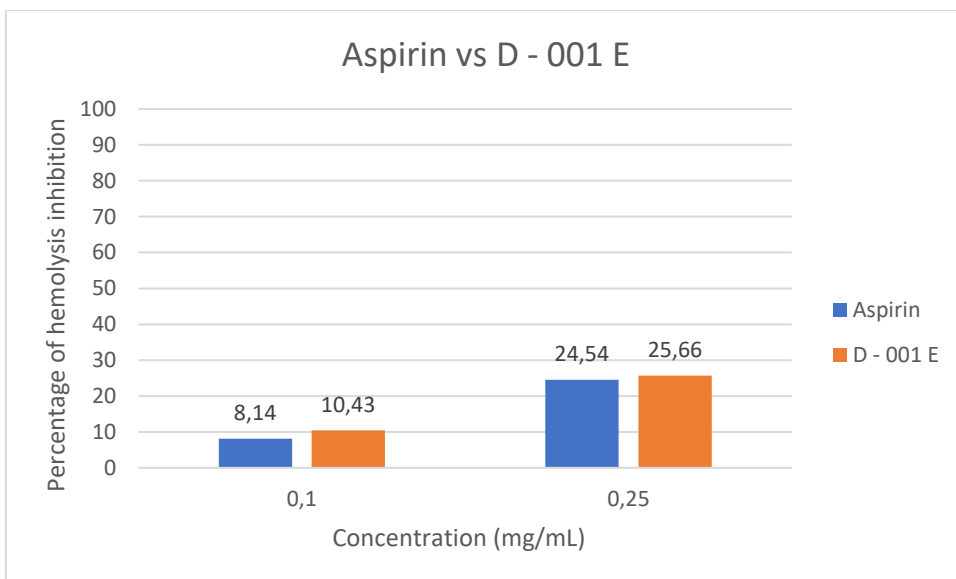


**Graph 2.** Comparison of the anti-inflammatory activity of two NSAIDs (Aspirin and Diclofenac) using membrane stabilization by hypertonicity.

### 6.3 Comparison between plant extract and positive controls.

For the analysis of the extracts D - 001 and D - 002, the protocol of inhibition of hemolysis by hypotonicity was chosen.

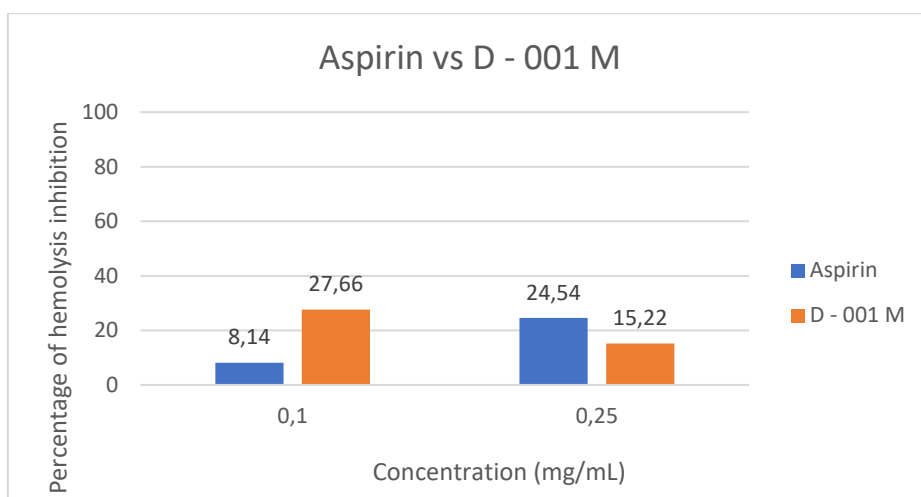
In graph 3, the anti-inflammatory response of the extract D - 001 in an ethanolic solvent has similar values to the positive control group (Aspirin), having a percentage of hemolysis inhibition at a concentration of 0.1 mg/mL of 10.43% and in concentrations of 0.25 mg/mL of 25.46%.



**Graph 3.** Result of anti-inflammatory activity of the ethanolic extract D - 002 comparing its effectiveness with Aspirin for commercial use.

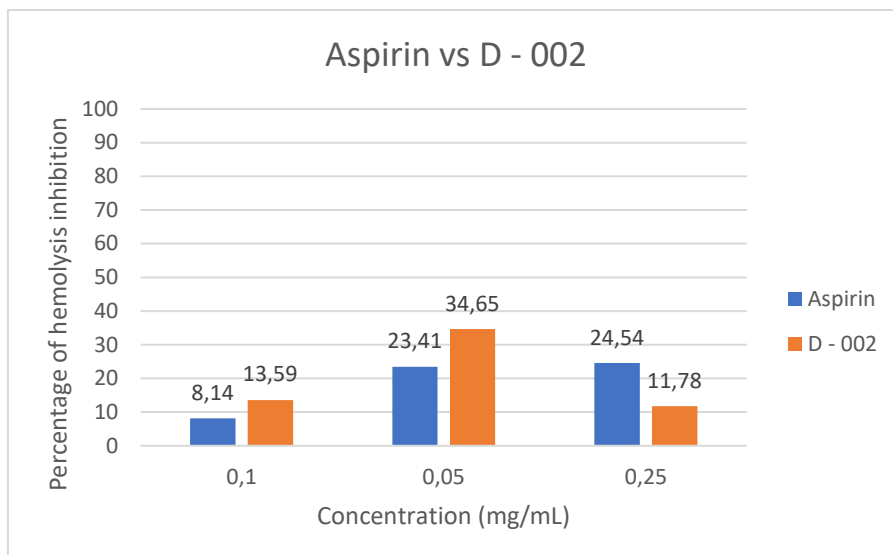


In the analysis of the methanolic extract of D - 001 shown in graph 4, it can be observed by just a simple comparison that at a concentration of 0.1 mg/mL a higher percentage of inhibition of hemolysis of the extract against the positive control, having a 27.66% of D - 001 M while Aspirin at the same concentration has a value of 8.14%. On the other hand, at a slightly higher concentration of 0.25 mg/mL we have a value of 15.22% in our extract, while Aspirin has a value of 24.54% at the same concentration.



**Graph 4.** Result of membrane stabilization by hypotonic medium of methanolic extract D -001 against Aspirin.

Graph 5 shows the results obtained with the ethanolic extract D - 002 as an anti-inflammatory compound. A better anti-inflammatory activity than Aspirin is registered at concentrations of 0.1 mg/mL with a value of 13.59% of inhibition against 8.14% registered by Aspirin at the same concentration, at a concentration of 0.05 mg/mL the extract also registers higher values than Aspirin having 34.65% in contrast to the 23.41% achieved by Aspirin. At a slightly higher concentration of 0.25 mg/mL, Aspirin recorded a higher value of 24.54%, while the extract had 11.78%.



**Graph 5.** Results of the anti-inflammatory analysis of the ethanol extract D - 002 by means of the protocol of membrane stabilization by hypotonicity making a comparison with Aspirin.

The stabilization of the erythrocyte membrane as a methodology to confirm the anti-inflammatory activity of new compounds is ideal. Because the lysosomal membrane is similar, by being able to have more excellent stability in this membrane, the content of the lysosome is not poured into the extracellular space, thus avoiding the progress of the inflammation process, based on this getting higher values in the percentage of hemolysis inhibition the membrane stability rises also having a more significant anti-inflammatory effect<sup>52, 53, 54, 55</sup>.

## 7. Conclusions and Recommendations

### 7.1 Conclusions

- The protocol was staged and found to be ideal for testing erythrocyte membrane stabilization to test the anti-inflammatory activity of naturally occurring extracts.
- Aspirin shows a more remarkable ability to stabilize the erythrocyte membrane than diclofenac, resulting in an anti-inflammatory response.
- It was determined that the extracts D - 001 and D - 002 have anti-inflammatory properties due to stabilizing the erythrocyte membrane.

## 7.2 Recommendations.

- To screen the secondary metabolites of the extracts D - 001 and D - 002.
- Quantify the number of secondary metabolites present in the samples.
- To verify the secondary metabolite responsible for the anti-inflammatory activity of the extracts.
- To elaborate encapsulations of the secondary metabolites responsible for the anti-inflammatory activity to facilitate their manipulation.

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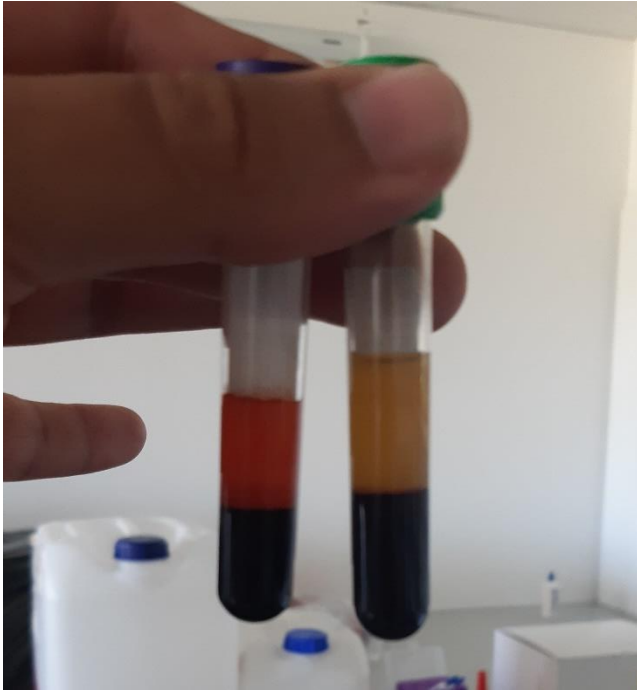
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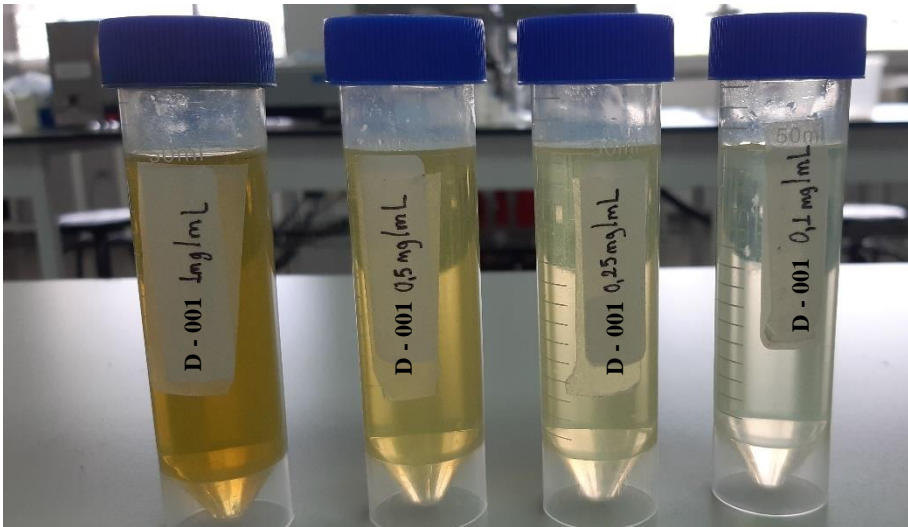
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## Annex

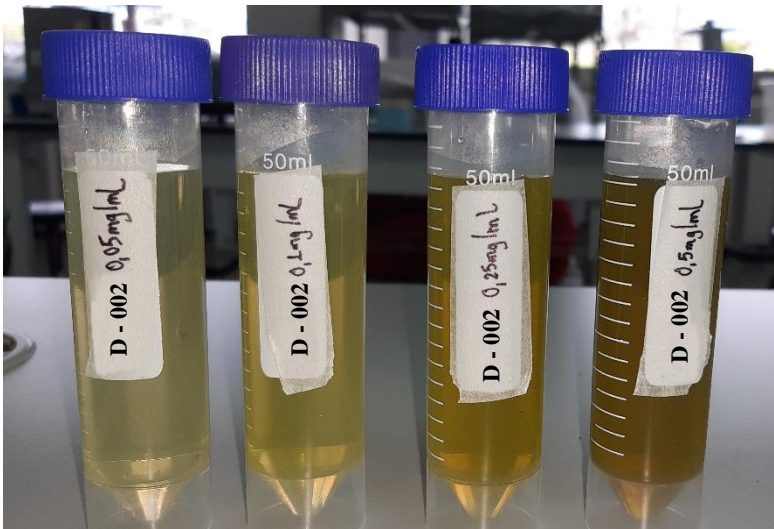
**Annex 1.** Blood samples after centrifugation.



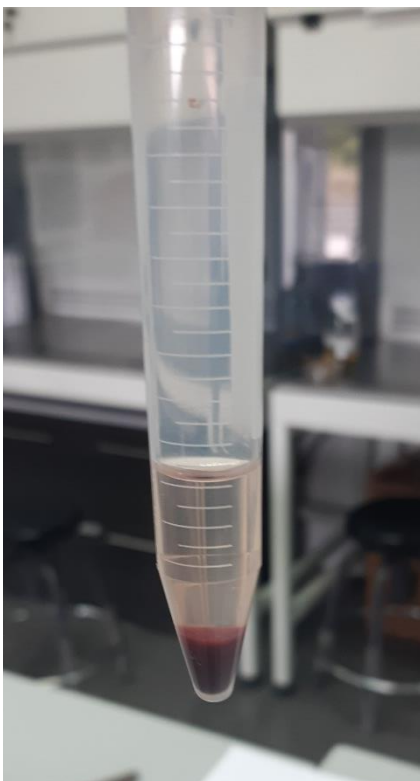
**Annex 2.** Prepared extract samples D - 001



**Annex 3.** Prepared extract samples D – 002



**Annex 4.** Final test tube before absorbance measurements



**Annex 5. Absorbance measurements.**

