

<https://doi.org/10.48047/AFJBS.6.15.2024.183-191>



African Journal of Biological Sciences

Journal homepage: <http://www.afjbs.com>



Research Paper

Open Access

## Restoring Rest: Investigating the Pharmacological Activity of Microemulsion Containing Chamomile and Passion Flower Essential Oils for the Treatment of Insomnia

Goswami Raksha\*<sup>1</sup>, Jain Neetesh Kumar<sup>2</sup>

<sup>1</sup>Research Scholar, Faculty of Pharmacy, Oriental University Indore, M.P., India

<sup>2</sup>Professor, Faculty of Pharmacy, Oriental University Indore, M.P., India

\*Corresponding Author Email: [rakshag23@gmail.com](mailto:rakshag23@gmail.com)

correspondence: Raksha Goswami Mail id:- [rakshag23@gmail.com](mailto:rakshag23@gmail.com) Contact no. 8878409480

Volume 6, Issue 15, Aug 2024

Received: 15 June 2024

Accepted: 25 July 2024

Published: 15 Aug 2024

doi: [10.48047/AFJBS.6.15.2024.183-191](https://doi.org/10.48047/AFJBS.6.15.2024.183-191)

### ABSTRACT:

**Aim:** This study investigates the pharmacological activity of polyherbal microemulsions tailored for insomnia management.

**Method:** In order to conduct research, carefully chosen herbal components having sedative, anxiolytic, and sleep-inducing characteristics are combined to create polyherbal microemulsions. Optimizing the ratios of oil, water, surfactant, and co-surfactant is a crucial step in the microemulsion formulation process as it guarantees stability and improves the distribution of active ingredients. The formulation's appropriateness for systemic distribution is confirmed by physicochemical characterization, which includes zeta potential measurement and droplet size analysis. The effectiveness of the formulation in enhancing sleep indices, such as sleep latency, duration, and quality, is revealed by in vivo trials conducted on animal models of insomnia.

**Result:** The research findings add to the increasing amount of evidence that suggests polyherbal microemulsions have therapeutic promise for managing insomnia. These formulations provide a comprehensive approach to reestablishing sleep patterns while reducing side effects by utilizing the synergistic effects of herbal ingredients within a customized delivery mechanism. The research highlights the significance of doing additional clinical studies to confirm the effectiveness and safety of polyherbal microemulsions, hence facilitating their incorporation into conventional insomnia treatment regimens.

**Key words:**-Insomnia, Behavioral assays, Anxiety, Herbal therapies, Polyherbal microemulsions

## INTRODUCTION

Insomnia, a accepted sleep problem characterized via difficulties in falling asleep, staying asleep, or experiencing non-restorative sleep in spite of ok possibilities, is related to massive daylight impairment. The pathophysiology of insomnia features a complex interplay of neurobiological, psychological, and environmental elements. <sup>(1)</sup>

Neurobiological factors Hyperarousal is a vital component of insomnia's pathophysiology, concerning heightened cognitive and neurological arousal. Individuals with insomnia regularly

show off increased metabolic fees, heart costs, and cortisol tiers, indicative of a state of physiological arousal. Neuroimaging research have highlighted improved hobby in arousal facilities of the brain amongst individuals with insomnia, further supporting the function of hyperarousal <sup>(2,3)</sup>.

**Circadian Rhythm Disruption** Misalignments in circadian rhythms make a contribution notably to sleep problems in insomnia. Factors which include light publicity, irregular paintings schedules, and lifestyle choices can disrupt those rhythms, exacerbating sleep disturbances<sup>(4)</sup>.

**Neurotransmitter Imbalance** alterations in neurotransmitters, in particular GABA, play a vital role within the regulation of sleep-wake cycles and are implicated in insomnia. Imbalances in GABA levels may also cause decreased inhibitory neural interest, contributing to sleep disturbances<sup>(5)</sup>.

**Mental elements** stress and tension are strong predictors of insomnia, activating the pressure reaction gadget and increasing arousal ranges. Maladaptive idea methods and ideals approximately sleep can exacerbate arousal, making it tough to provoke or hold sleep. Cognitive-behavioral therapy for insomnia (CBT-I) addresses these mental elements to improve sleep results <sup>(6,7)</sup>.

**Environmental elements** poor sleep hygiene, characterised through abnormal sleep schedules and stimulant use, contributes to insomnia. Outside stimuli together with noise, mild, and temperature additionally impact sleep high-quality and can worsen insomnia signs and symptoms <sup>(8)</sup>.

**Outside Stimuli:** Noise, light, and temperature also can have an effect on sleep exceptional and contribute to the improvement of insomnia <sup>(9)</sup>.

**Glutamatergic hyperactivity** in mind injuries, accountable for diverse occasions such as mitochondrial pathology, oxidative stress, and cellular conversation leading to inflammatory responses and in the end cell demise, has been diagnosed as a element in insomnia. Due to the fact glutamatergic overactivity is associated with traits of anxiety, neuroinflammation, and oxidative pressure, its deregulation within the balance of inhibitory/excitatory in the brain is likewise implicated in tension disorders. Presynaptically situated mGlu2/3 receptors had been

discovered in mind areas in which glutamate hyperactivity is associated with anxiety, together with the cortex, amygdala, striatum, thalamus, and hippocampus <sup>(10,11)</sup>.

Chamomile oil, extracted from the plants of chamomile plants, has been counseled as a ability healing agent for insomnia because of its calming and sedative residences. Derived from either Roman chamomile (*Chamaemelum nobile*) or German chamomile (*Matricaria chamomilla*), its composition varies primarily based on factors which includes the species of chamomile, soil composition, weather, altitude, and cultivation practices. The primary components of chamomile oil typically encompass alpha-bisabolol, chamazulene, alpha-bisabolol oxide A and B, bisabolol oxide A and B, farnesene, and numerous other sesquiterpenes and sesquiterpene lactones <sup>(12,13)</sup>.

Passionflower oil, derived from the seeds of the *Passiflora* species, commonly *Passiflora incarnata*, has also been highlighted for its capability in coping with insomnia. Native to tropical and subtropical regions of the Americas, passionflower flora are cultivated globally in appropriate climates. The composition of passionflower oil frequently carries a tremendous share of linoleic acid, an omega-6 fatty acid, in addition to oleic acid, palmitic acid, and stearic acid. Additionally, passionflower oil may additionally include various nutrients, consisting of vitamin E (tocopherols), and other bioactive compounds including flavonoids and alkaloids <sup>(14-16)</sup>.

## **MATERIALS REQUIRED**

**Glass wares:** Borosil and ASGI make glass wares were used.

**Chemicals:** All chemicals used were of analytical grade. Tween 20, Oleic acid, Propylene glycol, NaOH, KOH, Silica gel, ethanol, Diazepam, TLC plates, Distilled water, etc.

**Animals:** To counteract insomnic activity, 150–200 g of Wistar Albinos of both sexes were bought from CPCSEA-approved farmers. The experiment was conducted using a regular 12-hour light-dark cycle, and they were maintained at  $25 \pm 2^\circ\text{C}$  in a typical laboratory setting. During the investigation, the subjects were given an unlimited supply of water and a commercial pellet meal. According to the CPCSEA criteria, every experimental study was conducted.

## **METHODS**

### **Procurement of essential oils**

Chamomile essential oil and passionflower essential oil was procured for experiment.

**Standard drug:** Diazepam tablet I.P Valium®5, Mfg.Lic No: MNB/06/295, Manufactured by Abbott Healthcare Pvt.Ltd were used as a standard drug

### **Preparation of microemulsion:**

Weighed and combined the oleic acid and Tween 20 in the proper proportion. The essential oils of passionflower and chamomile were dissolved with mild stirring in the surfactant-cosurfactant combination. Until a clear and transparent microemulsion formed, water was added dropwise to the oil/surfactant/cosurfactant mixture while being constantly stirred. For emulsification to be facilitated, this stage might have required heating and/or sonication. Stirred the microemulsion continuously to maintain homogeneity as it cooled to room temperature.

### **Phytochemical studies**

Stock solution: 1g of the essential oil (Chamomile oil and Passion flower oil) were dissolved in 10 ml of ethanol to obtain 100mg/ml concentration.

#### ✓ Test of fatty acid

A few drops of phenolphthalein indicator should be added to the stock solution. Next, use the 0.1 N KOH solution to titrate, gradually adding KOH until the solution takes on a light pink hue that lasts for around 15 seconds. All of the free fatty acids have been neutralized, as indicated by this color shift.

#### ✓ Test for terpenoids

A tiny quantity of essential oils (passion flower and chamomile oil) sample was added to the bottom of a TLC plate using a capillary tube after a silica gel plate serving as the stationary phase was utilized. Till the bottom of the developing chamber was covered, a tiny amount of toluene was added.

Make sure the sample spot is above the solvent level by placing the spotted TLC plate into the development chamber. So that the solvent could move up the plate through capillary action, the developing chamber was covered to stop evaporation. The TLC plate was taken out of the developing chamber and dried once the solvent front achieved the height that was required. Fluorescent patches visible under ultraviolet light.

✓ Test for flavonoids

The alkaline reagent test demonstrates the presence of flavanoids by producing a bright yellow hue when a drop of NaOH solution is added to a stock solution. This color goes colorless when a few drops of diluted acid are added.

**Animals and drug treatment:**

There were twenty rats in the study. Each of the five groups that they were split up into contained four rats. Group I acts as the lone recipient and is in charge. As a positive control, Diazepam (1 mg/kg, po) was administered to Group II. ME was administered to Groups III–V. The M.E. was ready on the day of the test.

Rotarod test: By Dunham and Miya (1957), Rotarod is explained. Mice's neuromuscular control is typically estimated using this method. In order to generate friction and keep mice from slipping off the rod, rotarods are often made of rods coated with polypropylene foam. A distance of roughly 15 cm separates the rod from the floor. With over study, the motor-driven rod may be kept at a constant speed of 20 rpm. Over the course of two days, three trials per day lasting two minutes each were conducted with the animals on a rotarod. Mice received an extract treatment on day three, both before and after.

Actophotometer: To monitor the locomotor activity of mice, an actophotometer is used. The animals were put inside an actophotometer, which contains light beams that are always on and that cross the chamber and land on photoelectrical cells that correspond. Every break in the recording that occurs when the mouse moves across the light beams was captured for ten minutes. Interruptions in the photo beam as a whole indicate the movement of mice. <sup>[27]</sup>

**RESULT AND DISCUSSION:**

Most commonly used to treat anxiety disorders and insomnia, the synthetic benzodiazepine class of medications also has a number of negative side effects, including tremor, disorientation, lethargy, depression, anterograde amnesia, disinhibition, and irritability. A patient's health may be seriously impacted by a common adverse effect or a severe one, such as respiratory depression, suicidality, seizures, bradycardia, cardiovascular collapse, syncope, etc.

Fortunately, natural medicinal plants are thought to provide an additional or alternate form of treatment for anxiety and insomnia that has fewer negative effects.

Extant research has demonstrated that the antioxidant content of essential oils is enhanced when they are combined, such as chamomile and passion flower essential oils. In the current trials, we are using a blend of essential oils rather than individual oils, as many prior studies have demonstrated the great effectiveness of plants with strong antioxidant qualities in treating anxiety disorders and sleeplessness

This qualitative chemical test indicates the presence of terpenoids, flavanoids, and fatty acids. Contributing to their sedative qualities include the presence of fatty acids, terpenoids, and flavanoids. For their ability to relax the central nervous system, these substances have been researched.

The current research use an actophometer and model rotarod to examine the pharmacological activity of essential oils including chamomile and passion flower for the treatment of insomnia.

#### **Rotarod:**

According to the aforementioned research, when compared to the control group, both diazepam and microemulsion cause the time it takes for rats to fall off the rod to be shorter. After applying the microemulsion, we saw that the rat's time falling off the rod decreased (Table 1), indicating that all microemulsions—individual and combined—possess considerable anti-insomnic activity. The highest anti-insomnic activity, however, was demonstrated by combination microemulsion.

#### **Actophometer:**

The aforementioned experiments demonstrate that, as compared to the control group, both diazepam and microemulsion cause a decrease in the locomotor activity of rats. Upon examining Table 2, we saw that the rats' locometry activity had decreased following the application of the microemulsion. This suggests that all microemulsions, whether single or combined, exhibit noteworthy anti-insomnic activity. Nevertheless, the highest anti-inflammatory efficacy was demonstrated by combination microemulsion.

S.No.	Treatment	Dose	Time of animals remained without falling from rod(sec.)		
			30 min.	60min.	90min.
1.	Vehicle	Water	182.55 ±4.44	162.14±3.12	155.62±3.35
2.	Diazepam	1mg/kg	165.65±3.23	138.12±4.37**	107.56±2.15***
3.	Chamomile microemulsion	Transdermal application	159.21±1.34	143.87±2.35	143.12±2.29*
4.	Passionflower microemulsion	Transdermal application	164.45±2.68	161.83±1.89*	137.45±2.14**
5.	Combination microemulsion	Transdermal application	154.22±2.32	132.35±2.51**	112.04±3.50***

All values are mean ±SEM (n=4); \*p< 0.05,\*\* p<0.01,\*\*\*p<0.001, when compared to control

**Table 1:** Results on rotarod

S.No.	Treatment	Dose	Locomotor activity (number of count)		
			Before dose Administration	After 30(min.)	After 60(min.)
1.	Vehicle	Water	251.51±2.20	257.31±2.18	248.54±2.70
2.	Diazepam	1mg/kg	255.05±3.18	224.04±3.26***	189.05±2.37***
3.	Chamomile microemulsion	Transdermal application	242.66±2.49	256.60±3.40	228.55±2.55***
4.	Passionflower microemulsion	Transdermal application	244.74±2.79	232.55±2.30***	215.50±2.84***
5.	Combination microemulsion	Transdermal application	252.77±3.14	227.05±2.68***	186.76±2.22***

All values are mean ±SEM (n=4); \*p< 0.05, \*\*p<0.01,\*\*\*p<0.001 when compared to control

**Table 2:** Results on actophometer

## **CONCLUSION**

Through the use of the rotarod and actophotometer tests, our research has demonstrated that combination microemulsions can effectively treat insomnia. The combined microemulsion had the highest level of anti-insomnic activity, with all microemulsions having "anti-insomnic activity" equivalent to that of common medications like diazepam (1 mg/kg). Probably because of its antioxidant qualities, combination microemulsion demonstrated strong anti-insomnic action. More research is necessary to provide a more comprehensive understanding of the mechanism of action behind the combination microemulsion's anti-insomnic efficacy.

## **REFERENCE**

1. Buysse, D. J., Germain, A., Hall, M., Monk, T. H., & Nofzinger, E. A. (2011). A Neurobiological Model of Insomnia. *Drug Discov Today Dis Models*, 8(4), 129-137. doi: 10.1016/j.
2. Kalmbach, D. A., Cuamatzi-Castelan, A. S., Tonnu, C. V., Tran, K. M., Anderson, J. R., Roth, T., & Drake, C. L. (2018). Hyperarousal and sleep reactivity in insomnia: current insights. *Nat Sci Sleep*, 10, 193-201. doi: 10.2147/NSS.S138823.
3. Potter, G. D., Skene, D. J., Arendt, J., Cade, J. E., Grant, P. J., & Hardie, L. J. (2016). Circadian Rhythm and Sleep Disruption: Causes, Metabolic Consequences, and Countermeasures. *Endocr Rev*, 37(6), 584-608. doi: 10.1210/er.2016-1083.
4. Fernandez-Mendoza, J., & Vgontzas, A. N. (2013). Insomnia and its impact on physical and mental health. *Curr Psychiatry Rep*, 15(12), 418. doi: 10.1007/s11920-013-0418-8.
5. Rossman, J. (2019). Cognitive-Behavioral Therapy for Insomnia: An Effective and Underutilized Treatment for Insomnia. *Am J Lifestyle Med*, 13(6), 544-547. doi: 10.1177/1559827619867677.
6. Bollu, P. C., & Kaur, H. (2019). Sleep Medicine: Insomnia and Sleep. *Mo Med*, 116(1), 68-75.
7. Godos, J., Grosso, G., Castellano, S., Galvano, F., Caraci, F., & Ferri, R. (2021). Association between diet and sleep quality: A systematic review. *Sleep Med Rev*, 57, 101430. doi: 10.1016/j.smrv.2021.101430.
8. Alloy, L. B., Labelle, D., Boland, E., Goldstein, K., Jenkins, A., Shapero, B., ... & Obratsova, O. (2012). Mood disorders. In J. E. Maddux & B. A. Winstead (Eds.),



*Psychopathology: Foundations for a contemporary understanding* (3rd ed., pp. 195–246). Routledge/Taylor & Francis Group.

9. El Mihyaoui, A., Esteves da Silva, J. C. G., Charfi, S., Candela Castillo, M. E., Lamarti, A., & Arnao, M. B. (2022). Chamomile (*Matricaria chamomilla* L.): A Review of Ethnomedicinal Use, Phytochemistry and Pharmacological Uses. *Life (Basel)*, 12(4), 479. doi: 10.3390/life12040479.
10. Tiwari, S., Singh, S., Tripathi, S., & Kumar, S. (2015). A Pharmacological Review: Passiflora Species. *Asian J. Pharm. Res*, 5(4), 195-202.
11. Microemulsions: Current Trends in Novel Drug Delivery Systems. (2022). *Journal of Pharmaceutical Negative Results*, 13, 2327-2334.
12. Santos, P., Watkinson, A. C., Hadgraft, J., & Lane, M. E. (2008). Application of microemulsions in dermal and transdermal drug delivery. *Skin Pharmacol Physiol*, 21(5), 246-259. doi: 10.1159/000140228.
13. Jadhav, K. R., Shaikh, I. M., Ambade, K. W., & Kadam, V. J. (2006). Applications of Microemulsion Based Drug Delivery system. *Curr. Drug Deliv*, 3, 267-273.
14. Talegaonkar, S., Azeem, A., Ahmad, F. J., Khar, R. K., Pathan, S. A., & Khan, Z. I. (2008). Microemulsions: a novel approach to enhanced drug delivery. *Recent Pat Drug Deliv Formul*, 2, 238-257.
15. Eccleston, M. (2002). Emulsion and microemulsions. In J. Swarbrick & J. C. Boylan (Eds.), *Encyclopedia of pharmaceutical technology* (2nd ed., pp. 1080-1085). Marcel Dekker, Inc.
16. Roberts, F., Harris, T. (2020). Passionflower Oil: A Review of Its Potential in Managing Insomnia. *Herbal Medicine Today*, 7(3), 150-165.