

**Studies on fate and toxicity of nanoalumina in male albino rats: 2. Oxidative stress in the brain, liver and kidney**

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Abstract:	<p>The present work aimed to evaluate the oxidative stress of nanoalumina (aluminium oxide nanoparticles, Al<sub>2</sub>O<sub>3</sub>-NPs) with a diameter &lt;13nm (9.83±1.61 nm) as assessed by the perturbations in the enzymatic and non-enzymatic antioxidant as well as lipid peroxidation (LPO) in the brain, liver and kidney of male albino rats, after two days of injection of a single-acute dose (3.9g or 6.4g or 8.5g Al<sub>2</sub>O<sub>3</sub>/kg), and a sub-lethal dose of 1.3g Al<sub>2</sub>O<sub>3</sub>/kg/2day, over a periods of 28 days. According to two-ways ANOVA, superoxide dismutase (SOD), catalase (CAT) and glutathione peroxidase (GPx) activities as well as the levels of glutathione (GSH) and LPO were significantly affected by the injected-doses, organs and their interactions. On the other hand, in sub-lethal experiments, these parameters were affected by the experimental periods, organs and their interactions. Regression analysis confirmed that the activities of SOD, CAT, GPx and GSH levels in the brain, liver and kidney were inversely proportional with the acute doses, the experimental periods, and aluminium accumulated in these tissues, whereas levels of LPO exhibited a positive relationship. Correlation coefficient indicated that oxidative stress mainly depends on aluminium accumulated in the studied organs, followed by injected doses and the experimental periods. In comparison with the corresponding controls, the acute and sub-lethal doses of Al<sub>2</sub>O<sub>3</sub>-NPs caused significant inhibition of the brain, hepatic and renal SOD, CAT, GPx activities and a severe marked reduction in the concentrations of GSH that were associated with a significant elevation in the levels of malondialdehyde MDA (LPO). In conclusion, our data indicated that rats-injected with nanoalumina suffered from the oxidative stresses that were dose and time dependent. In addition, Al<sub>2</sub>O<sub>3</sub>-NPs released into the biospheres could be potentiating a risk to the environment and causing hazard effects on living organisms, including mammals.</p>

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### 6 **Abstract**

7 The present work aimed to evaluate the oxidative stress of nanoalumina (aluminium oxide  
8 nanoparticles, Al<sub>2</sub>O<sub>3</sub>-NPs) with a diameter <13nm (9.83±1.61 nm) as assessed by the  
9 perturbations in the enzymatic and non-enzymatic antioxidant as well as lipid peroxidation  
10 (LPO) in the brain, liver and kidney of male albino rats, after two days of injection of a  
11 single-acute dose (3.9g or 6.4g or 8.5g /kg), and a sub-lethal dose of 1.3g /kg/2day, over a  
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20 oxidative stress mainly depends on aluminium accumulated in the studied organs, followed  
21 by injected doses and the experimental periods. In comparison with the corresponding  
22 controls, the acute and sub-lethal doses of Al<sub>2</sub>O<sub>3</sub>-NPs caused significant inhibition of the  
23 brain, hepatic and renal SOD, CAT, GPx activities and a severe marked reduction in the  
24 concentrations of GSH that were associated with a significant elevation in the levels of  
25 malondialdehyde MDA (LPO). In conclusion, our data indicated that rats-injected with  
26 nanoalumina suffered from the oxidative stresses that were dose and time dependent. In  
27 addition, Al<sub>2</sub>O<sub>3</sub>-NPs released into the biospheres could be potentiating a risk to the  
28 environment and causing hazard effects on living organisms, including mammals.  
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### 44 **Keywords**

45 Nanoalumina; rats; oxidative stress; acute; sub-lethal  
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## Introduction

Nanoparticles (NPs) may be defined as materials that have at least one dimension less than 100nm (Balasubramanyam et al., 2009). Because of their unique chemical, mechanical, and biological properties, they are desirable for industrial and healthcare applications (Oberdörster et al., 2005). However, the increased surface area of NPs may exhibit greater biological activity, such as an increased generation of reactive oxygen species (ROS) when compared with the large particles at equivalent mass (Liu et al., 2010). Usually cells respond to these ROS by stimulating their antioxidant defence system in order to protect themselves (Prabhakar et al., 2012). Nevertheless, if the defence system fails to neutralize the oxidative burden, the ROS will oxidize cellular proteins, DNA and lipids, and inactivate specific enzymes by oxidation of cofactors, leading to a state called oxidative stress (Patlolla et al., 2011).

Nanoparticles universally, aluminium oxide nanoparticle ( $\text{Al}_2\text{O}_3\text{-NPs}$ ) is one of the most important nanomaterial products because of its promising technological applications (Sadiq et al., 2009). Aluminium (Al) and  $\text{Al}_2\text{O}_3\text{-NPs}$  are widely used in drug delivery systems to increase solubility (Maquieira et al., 2012). They are also used in explosives, ammunition, artillery surface coatings, lithium batteries, resistant coatings on propeller shafts, fuels in boosters, missiles and rockets, gelled fuels, the ceramic industry, scratch- and abrasive-resistant coatings on sunglasses, car finishing and flooring, and orthopaedic implants (Monteiro-Riviere et al., 2010). Further, it was reported that  $\text{Al}_2\text{O}_3\text{-NPs}$  enhanced the anticancer effects of immunotherapy (Sun et al., 2010). Unfortunately, few studies have demonstrated that the administration of  $\text{Al}_2\text{O}_3\text{-NPs}$  may lead to adverse effects, such as genotoxicity (Balasubramanyam et al., 2009), inflammatory response (Oesterling et al., 2008), carcinogenicity (Dey et al., 2008), cytotoxicity (Di Virgilio et al., 2010) and mitochondrial dysfunction (Chen et al., 2008). Generally, the brain was reported to be especially vulnerable to oxidative stress because of its high metabolic rate and poor antioxidant defence system (Ma et al., 2010). The liver is the main site for detoxification of most chemicals resulting in free radical production that leads to lipid peroxidation and hepatotoxicity (Patlolla et al., 2011). Moreover, a very active oxidative metabolism in the kidneys results in generation of ROS that may cause major damage in cellular components (Mahieu et al., 2009).

Since the information about the toxicity of nanoalumina in tissues of mammals is limited, the present study aimed to evaluate the ability of  $\text{Al}_2\text{O}_3\text{-NPs}$  to induce oxidative stress in the

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3 brain, liver and kidney of male albino rats as mammalian model, during acute and sub-lethal  
4 administration.  
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## 7 **Materials and Methods**

### 8 **Experimental animals**

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10 Healthy adult male albino rats, weighing  $115 \pm 5$ g, were used as experimental model for the  
11 present work. Rats were purchased from the animal house of National Research Centre  
12 (NRC), Giza, Egypt. Rats were acclimatized to the laboratory conditions for two weeks prior  
13 to experiments, and housed in polyethylene cages, in air conditioned animal house  
14 (temperature  $23 \pm 1^\circ\text{C}$ , relative humidity 20.37%, and cyclic day light on 12h/day). The  
15 experimental animals had access *ad libitum* water and a balanced commercial pelleted diet.  
16 The food debris and faeces were removed daily, to keep sawdust dry throughout the course of  
17 experiments. The present experimental procedures were conducted, in accordance with the  
18 general international guidelines principles on the use of living laboratory animals in scientific  
19 research (Council of European Communities, 1986), and approved by the Ethical Committee  
20 of Cairo University, Faculty of Sciences.  
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### 30 **Chemicals**

31 Aluminium oxide nanoparticles (**Al<sub>2</sub>O<sub>3</sub>-NPs**) was purchased from Sigma-Aldrich (Ward  
32 Hill, MA; 99.98% purity, Product number 718475, CAS number 1344-28-1, pH 9.4-10.1,  
33 boiling point  $2.980^\circ\text{C}$ , melting point  $2.040^\circ\text{C}$  and density  $4.0\text{g}/\text{cm}^3$ ). Nanoalumina was used  
34 in the ultrasonicated form, with diameter  $<13\text{nm}$  ( $9.83 \pm 1.61\text{ nm}$ ), and their identification and  
35 characterization was done according to method described by Ali (2013).  
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### 41 **Experimental Design**

42 For acute experiments, twenty rats were divided randomly into four groups, each with five  
43 rats. Rats of the group I (control) were intraperitoneally-injected with saline, whereas those of  
44 the groups II, III and IV were injected with a single acute dose of 3.9g (30% of LD<sub>50</sub>), 6.4g  
45 (50% of LD<sub>50</sub>) and 8.5g (65% of LD<sub>50</sub>) of **Al<sub>2</sub>O<sub>3</sub>-NPs**/kg b. wt., respectively. For sub-lethal  
46 experiments, fifty rats were divided into two groups V and VI, each with 25 rats. Rats of  
47 group V (controls) were intraperitoneally-injected with saline, whereas those of group VI  
48 were injected with a sub-lethal dose of 1.3 g of **Al<sub>2</sub>O<sub>3</sub>-NPs** (10% of LD<sub>50</sub>), every two days,  
49 over a period of 28 days. The median lethal dose, for male albino rats, at 48 h (LD<sub>50</sub>=12.88  
50 g/kg b. wt.) was measured by Ali (2013). The full design, for acute and sub-lethal  
51 experiments, is summarized in table 1.  
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**Table 1:** The experimental design to evaluate the oxidative stresses of ultrasonicated Al<sub>2</sub>O<sub>3</sub>-NPs, in male albino rats, during the acute and sub-lethal experiments

Experimental Conditions	Acute groups				Sub-lethal groups	
	I	II	III	IV	V	VI
Saline	+++	---	---	---	+++	---
Al <sub>2</sub> O <sub>3</sub> -NPs (g/kg b. wt.)	---	3.9 <sup>A</sup>	6.4 <sup>B</sup>	8.5 <sup>C</sup>	---	1.3 <sup>D</sup>
Dosing	Single				Day after day	
Sample size (n) /group	Five rats				25 rats	
Sampling (after last dose)	2 days				1, 3, 7, 14, 28 days	

<sup>A,B,C,D</sup>: equivalent to 30%, 50%, 65% and 10% of LD<sub>50</sub>, at 48 h

Rats were fasted 12 h prior to the sampling, with free access to water. At the sampling time, the experimental animals were sacrificed after being anesthetized with chloroform, and then dissected quickly to obtain the brain, liver and kidneys that were rinsed in ice cold physiological saline. In order to prepare the tissue homogenate, a considerable weight of the organ was homogenized in 5 ml potassium phosphate buffer solution (PH 7.4) and centrifuged at 10000 rpm for 15 min. in ice cool centrifuge (-4°C). The supernatant was drawn by Pasteur pipette and stored at -40°C for further antioxidants and lipid peroxidation assays.

### Bioassay of enzymatic and non-enzymatic antioxidants

The enzymatic (superoxide dismutase, SOD; catalase, CAT; glutathione peroxidase, GPx) and non-enzymatic (glutathione, GSH) antioxidants were estimated in the homogenate of the brain, liver and kidney of controls male albino rats and those administered a single acute or repeated sub-lethal doses of nanoalumina. Activities of SOD, CAT and GPx were assayed by Biodiagnostic kits, according to the methods described by Nishikimi *et al.* (1972), Aebi (1984) and Paglia and Valentine (1967) respectively. Activities of antioxidant enzymes were expressed as units of SOD per gram of tissue (U/g).

The concentrations of GSH in tissue homogenates were estimated as described by Beutler *et al.* (1963), and expressed as milligrams GSH per gram of tissue (mg/g).

### Lipid Peroxidation

The lipid peroxidation was measured according to the method described by Ohkawa *et al.* (1979), by using Biodiagnostic kits. This method was based on estimation of the released malondialdehyde (MDA) molecules, as a result of oxidative damage of cell membranes. The

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3 concentrations of MDA were expressed as nanomole of MDA per gram of tissue (nmol/g  
4 tissue).

### 6 **Statistical Analysis**

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8 The present data were statistically analysed by aid of Statistical Package for the Social  
9 Sciences (SPSS) version 20 package software. Two-ways ANOVA was used to test the effect  
10 of doses (3.9, 6.4, 8.5 g **Al<sub>2</sub>O<sub>3</sub>-NPs**), types of organs and their interactions (in acute  
11 experiments), and the experimental periods, organs and their interaction (in sub-lethal  
12 experiments) on the studied parameters in tissues. Regression analyses and correlation  
13 coefficient were applied to fit the relationships between the different studied variables. Least  
14 significant difference (LSD) was used to compare between the various studied variables. Data  
15 were represented as mean  $\pm$  standard error of mean (SEM). N.B., all the computed  
16 relationships between various variables were executed on the raw data.  
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### 24 **Results**

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26 Two-ways ANOVA revealed that the activities of SOD, CAT, GPx as well as the levels of  
27 GSH and MDA in the brain, liver and kidneys of groups II, III and IV were significantly  
28 affected by the injected-acute doses of **Al<sub>2</sub>O<sub>3</sub>-NPs** (3.9, 6.4, 8.5 g), types of organs (brain,  
29 liver, kidney) and their interaction together, except GPx activity didn't affect by doses-organs  
30 interaction (Table 2). In table 3, the fitting equations derived from the regression analyses,  
31 revealed that the injected-acute doses of nanoalumina were inversely proportional with either  
32 the brain, hepatic and renal SOD, CAT, GPx activities, and GSH contents with negative  
33 correlation coefficients, whereas the levels of MDA exhibited a direct positive relation with  
34 positive correlation coefficients. This indicated that the activities of SOD, CAT, GPx,  
35 concentrations of GSH in the brain, liver and kidney decreased significantly with increasing  
36 the values of injected doses, whereas the levels of MDA were markedly increased. According  
37 to LSD, after two days of injection of a single acute dose of **Al<sub>2</sub>O<sub>3</sub>-NPs**, the brain, hepatic  
38 and renal SOD, CAT, GPx activities and the GSH contents of group II, III and IV were  
39 significantly decreased, except for the brain's GSH content, in comparison with the  
40 corresponding controls (group I), whereas the concentrations of MDA were elevated, (Table  
41 3). The highest percentage of changes, in relation to controls, for activities of SOD (-89.7%)  
42 and GPx (-73.4%) were recorded in kidney and CAT (-80.7%) in the brain of group IV  
43 (Table 3). In addition, the highest percentage changes, in comparison with group I, for the  
44 levels of GSH (-84.5%) and MDA (+142.7%) were recorded in the kidney and liver of group  
45 IV, respectively (Table 3).  
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3 Table 4 revealed that in rats of group V (controls), during sub-lethal experiments, the  
4 concentrations of GSH, MDA and activities of SOD, CAT and GPx, in all studied tissues, were  
5 significantly affected by the types of organs but neither affected significantly by the  
6 experimental periods or their interactions with the type of organs, whereas those of group VI  
7 were markedly affected by the experimental periods (time), types of organs, and their  
8 interactions together (Table 4). In rats of group VI, The experimental periods exhibited  
9 negative relationship with the activities of SOD, CAT, GPx (Table 5), levels of GSH in the  
10 brain, liver and kidney with negative correlation coefficients (Table 6), whereas, MDA content  
11 showed a positive correlations (Table 6). The brain, hepatic and renal activities of SOD, CAT  
12 and GPx were significantly decreased and became severely less than the corresponding controls  
13 (group V), at all the experimental periods, except GPx, in all tissues, after one day (Table 5). In  
14 comparison with the corresponding controls, the concentrations of GSH in the brain, liver and  
15 kidney, of group VI, were significantly decreased, at all experimental periods, but after one day  
16 of injection the brain's GSH content was not significantly differed (Table 6). On the contrary,  
17 the concentrations of MDA, in all the studied tissues of group VI, were significantly higher  
18 than the corresponding controls, at most experimental periods excluding after one day, in the  
19 brain and liver, as well as after three days in the brain only (Table 6). In descending order, the  
20 percentage of change for the hepatic, brain and renal GSH contents, in relation to controls, were  
21 -88.97%, -79.96 , -75.75%, and the MDA levels in the kidney, liver and the brain, after 28  
22 days, were +680%, 302.09% and 95.44% respectively (Table 6). In addition, the highest  
23 percentage of changes, in relation to corresponding controls, for SOD, CAT and GPx activities  
24 were recorded after 28 days in the liver, -84.8; the brain, -95.5%; and the kidneys, -75.4%  
25 respectively (Table 5).

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Regression analysis and correlation coefficients (Table 7), in both acute and sub-lethal  
experiments, revealed that aluminium accumulated in the brain, hepatic and renal tissues  
were inversely proportional with either the activities of SOD, CAT, GPx or the  
concentrations of GSH in these tissues, whereas, the levels of MDA exhibited a positive  
correlation. This indicated that the activities of SOD, CAT, GPx, concentration of GSH  
decreased significantly with increasing the concentrations of aluminium accumulated in the  
brain, hepatic and renal tissues, whereas, the levels of MDA markedly increased.

## Discussion

The present data, in the acute and sub-lethal experiments, demonstrated that the brain, hepatic and renal GPx, CAT and SOD are potential targets for Al<sub>2</sub>O<sub>3</sub>-NPs toxicity, leading to



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3 significant reduction in the activities of these antioxidant enzymes as a result of Al  
4 accumulated in these tissues. In addition, the significant effects of injected doses of  
5 nanoalumina, types of organs, experimental periods and their interaction together indicated  
6 that their activities were doses, organs, and time dependants. This lead to suggest that the  
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8 recorded inhibition of SOD, GPx and CAT activities may be attributed to: 1)- the depletion in  
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10 the levels of total protein necessary for synthesis of antioxidant enzymes, 2)- the alteration in  
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12 gene expression related to these enzymes, 3)- the reduction of essential elements such as Se,  
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14 Cu, Mn and Zn, that act as cofactors for antioxidant enzymes, 4)- the damage of the brain,  
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16 hepatic and renal tissues as a result of over-production of ROS.

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18 Proteins are necessary for enzyme synthesis, and any factor blocks the process of protein  
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20 synthesis will be in turn reduces the synthesis of enzymes, including antioxidant enzymes,  
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22 and consequently lead to the inhibition of these enzymes (Albendea et al., 2007). Ali (2013)  
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24 reported significant depletion in serum total protein content of rats injected with Al<sub>2</sub>O<sub>3</sub>-NPs,  
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26 and was negatively correlated with administered doses as demonstrated in acute experiments  
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28 and with the experimental time as shown in sub-lethal experiments. The depletion of protein  
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30 synthesis, necessary for the synthesis of antioxidant enzymes, was attributed to nanoalumina  
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32 that might enhance the generation of ROS that damaged mitochondria and endoplasmic  
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34 reticulum necessary for energy production and protein synthesis, respectively (Ali, 2013).  
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36 Accordingly, the reduction of protein synthesis and excessive generation of free radicals  
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38 reduced the production of antioxidant enzymes and consequently their activities (Newairy et  
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40 al., 2009).

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42 The inhibition of enzymes may also be referred to the effect of Al that alters and/or disturbs  
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44 the expression of mRNA of endogenous antioxidants (Gonzalez et al., 2007). Hamad (2012)  
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46 reported that titanium oxide nanoparticles caused a significant severe damage to DNA in the  
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48 brain, liver and kidney, leading to the production of abnormal strands of mRNA that control  
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50 the synthesis of antioxidant enzymes in cells, and consequently reduce their production. Ali  
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52 (2013) reported that Al accumulated in the brain, hepatic and renal cells, after injection of  
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54 acute and sub-lethal doses of Al<sub>2</sub>O<sub>3</sub>-NPs, were directly correlated with comet parameters (tail  
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56 intensity, tail moment and olive tail moment). Thus, in the present work, the disturbance in  
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58 DNA molecules, under the effect of Al<sub>2</sub>O<sub>3</sub>-NPs may alter and disturbed the expression of  
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60 mRNA causing a significant depletion in the synthesis of the intracellular proteins, leading to  
the shortage in protein precursor necessary for antioxidant synthesis. Moreover, the inhibition  
of antioxidant enzymes, in the studied tissues may be also related to the depletion of some  
essential elements such as Fe, Zn, Cu and Mn that function as cofactor to the antioxidant

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3 enzymes, especially SOD, and consequently inhibit these enzymes (Flora et al., 2008). As  
4 lead metal, Al is known to inhibit heme synthesis by liberating its ionic core of ferritin, and  
5 since CAT is a heme-containing enzyme, it causes CAT activity to decrease (Mylroie et al.,  
6 1984). Copper ions appear to have a functional role in the reaction by undergoing alternate  
7 oxidation whereas zinc ions seem to stabilize the enzyme in the cytosol (Halliwell and  
8 Gutteridge, 1989).

9  
10 Biochemically, acute and sub-lethal doses, of Al<sub>2</sub>O<sub>3</sub>-NPs, caused renal failure that confirmed  
11 by the histological and physiological alterations (Ali, 2013). As previously confirmed by  
12 recent work, the renal failure is usually associated with significant increase in the rate of  
13 essential element, cofactors for antioxidant enzyme, elimination from the body, leading to  
14 decrease their levels in tissues and serum, and consequently inhibit Cu/Zn-SOD in cytoplasm  
15 and Mn-SOD in mitochondria (El-Khawaga and El-Sayed, 2012). Tripathi et al. (2009)  
16 reported that Al accumulated in the tissues of rats was accompanied with a significant  
17 decrease in the levels of Se, Cu and Mn. In general, the inhibition of SOD activity could be  
18 due to the high flux of superoxide radicals resulting in H<sub>2</sub>O<sub>2</sub> production in cells (Li et al.,  
19 2010). The H<sub>2</sub>O<sub>2</sub> in cells is further responsible for the changes observed in the activities of  
20 antioxidant enzymes. Particularly high levels of H<sub>2</sub>O<sub>2</sub> up regulate CAT activity and down-  
21 regulate the activity of SOD (Nehru and Anand, 2005).

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23 Prabhakar et al. (2012) demonstrated a significant increase in MDA levels and CAT activity  
24 accompanied by marked decrease in SOD activity with no marked change in GPx activity in  
25 the brain, liver, kidneys and heart of rats, after 14 days following oral administration of 0.5,  
26 1.0 and 2.0 g Al<sub>2</sub>O<sub>3</sub>-NPs/kg b. wt.. They concluded that Al<sub>2</sub>O<sub>3</sub>-NPs might induce free  
27 radical generation that further initiated the process of lipid peroxidation and damaging  
28 cellular components. In addition, CAT and GPx share the same substrate, H<sub>2</sub>O<sub>2</sub>, but with  
29 different affinities, since GPx is more effective at low levels of H<sub>2</sub>O<sub>2</sub> whereas CAT is more  
30 effective at high levels of H<sub>2</sub>O<sub>2</sub>, and the reduction of SOD activity may be related to the high  
31 generated levels of H<sub>2</sub>O<sub>2</sub> (Powers and Jackson 2008). However, it may be suggested that the  
32 increased production of H<sub>2</sub>O<sub>2</sub> may lead to increased utilization of CAT and GPx and  
33 naturally their compensation will be very slowly due to the shortage of protein (Albendea et  
34 al., 2007) and some essential elements (El-Khawaga and El-Sayed, 2012), as a result of  
35 intracellular accumulation of Al, causing a reduction in their synthesis, concentrations and  
36 consequently inhibit these enzymes activities, as demonstrated in the present work.

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38 The current data revealed that the concentrations of GSH in all the studied tissues were  
39 significantly reduced except in the brain of rats of group II, III and IV, after 48 h and those of  
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3 group VI, at 24 h post-injection. Several authors have demonstrated that GSH is decreased in  
4 the brain, liver, kidney of rats exposed to micro-sized Pb, Al, Cisplatin and Cd (Shrivastava,  
5 2011; Afifi, 2010; Al-Hashem et al., 2009). Glutathione reductase (GR) is a flavoprotein  
6 which reduces glutathione disulphide (GSSG) to GSH, thereby supporting the antioxidant  
7 defence system (Franco et al., 2008). GR has a disulphide bond in its active site, and Al may  
8 interfere and react with the disulphide bond, inhibit the GR activity (Newairy et al., 2009),  
9 and inhibit the conversion of GSSG to GSH, making cells more susceptible to oxidative  
10 damage (Othman and El Missiry, 1998), leading to marked depletion in the levels of GSH. In  
11 addition, GSH is known to protect cells against oxidative stress and any alteration in GSH  
12 levels (either a decrease or an increase) indicates a disturbed oxidant status, and when cells  
13 are oxidatively challenged, GSH synthesis increases (Li et al., 2010). As oxidative stress  
14 continues and the tissue protein contents significantly depleted, as a result of the total protein  
15 oxidation by the Al in these tissues, GSH synthesis cannot efficiently supply the demand;  
16 therefore, GSH depletion occurs (Khan et al., 2012). Several studies reported GSH depletion  
17 in tissues, after administration of micro-sized Cd & Al and the titanium oxide nano-powder,  
18 TiO<sub>2</sub> (Karmakar et al., 1998; Shrivastava, 2011, Hamad, 2012). Orihuela et al. (2005)  
19 reported that high doses of Al induced free radicals and resulted in reduced GSH synthesis by  
20 decreasing glutathione synthase activity. From the present data, it was observed that Al<sub>2</sub>O<sub>3</sub>-  
21 NP toxicity was mainly mediated through the altered antioxidant status of the cells.  
22 The estimated significant increases in the levels of MDA in the brain, liver and kidney of  
23 rats injected with acute or sub-lethal doses of Al<sub>2</sub>O<sub>3</sub>-NPs, were the results of lipid  
24 peroxidation (LPO) which is the main manifestation of oxidative damage (Abdel Wahab,  
25 2012 and El-Demerdash, 2004). The concentrations of MDA, in all studied tissues, were  
26 dose- (during acute experiments), time- (in sub-lethal experiments) and organs- dependent,  
27 suggesting that the injected nanoalumina might have induced generation of active free  
28 radicals that further initiated lipid peroxidation, signifying that the experimental rats  
29 suffered severe oxidative stress condition (Hamad, 2012). The toxicity of nanoalumina can  
30 be attributed to the physical (nano-diameter, 13<nm; high surface tension) and chemical  
31 (hyperactivity of surface) properties of the injected Al<sub>2</sub>O<sub>3</sub>-NPs, that facilitate the process of  
32 penetration to intracellular organelles across the cell membrane and emission of free Al ions  
33 from the hyperactive surface of nanoalumina (Chang et al., 2012), respectively. Thus,  
34 nanoalumina may exerts its toxicity by: (1)- the direct interaction with cell organelles,  
35 formation of chemical compounds with DNA, RNA, proteins, etc. and (2)- its accumulation  
36 in cells, tissues and organs, leading to oxidative damage of organs. Specifically, we thought  
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3 that Al ions liberated from outer surface of nanoalumina, chemically interacted with the iron  
4 in different tissues liberating the redox-active free iron (Gutteridge et al., 1985). Mahieu et  
5 al. (2000) reported that Al uptake could be facilitated as iron binds to transferrin and  
6 compete with the ferric ions, leading to the utilization of the Fe uptake route for entry into  
7 erythrocytes, and this explains the significant increase in zinc protoporphyrin (ZPP),  
8 indicating mild anaemia (Flora et al., 2003). Thus, there is a probability that aluminium may  
9 interfere with iron metabolism in the event of aluminium overload and the elevation of ZPP  
10 could be attributed to the lower iron requirement as a result of reduced heme synthesis after  
11 the competition with Al (Mahieu et al., 2000). Oshiro et al. (2000) reported that aluminium  
12 binds directly with iron regulatory protein to disrupt iron metabolism in rat cortical cells.  
13 Accordingly, in the present work, the liberation of the redox-active ferrous and ferric ions,  
14 leads to redox cycling resulting in excessive production of ROS ( $\text{HO}^\bullet$ ,  $\text{ROO}^\bullet$  &  $\text{H}_2\text{O}_2$ ),  
15 causing oxidative stress (Flora et al., 2003). In addition, Al has a modulatory role on the  
16 non-iron induced lipid peroxidation (Verstraeten and Oteiza, 2000); non-iron-mediated  
17 oxidation of NADH (Kong et al., 1992); and non-iron-mediated formation of the hydroxyl  
18 radical (Méndez-Álvarez et al., 2002). The released ferrous and ferric ions are able to  
19 activate the molecular oxygen and other compound to produce reactive oxygen radicals.  
20 A significant increase in whole brain thiobarbituric acid reactive substances, a marker of  
21 LPO, after stimulation by aluminium salts was observed by Julka and Gill (1996). The  
22 finding that  $\text{Fe}^{2+}$  caused a significant increase in the MDA content of the brain agreed with  
23 earlier report where  $\text{Fe}^{2+}$  was shown to be a potent initiator of lipid peroxidation in the brain  
24 (Obloh et al., 2007). The increased lipid peroxidation in the presence of  $\text{Fe}^{2+}$  could be  
25 attributed to the fact that  $\text{Fe}^{2+}$  can catalyse one electron transfer actions that generates ROS,  
26 such as the reactive  $\text{OH}^\bullet$ , which is formed from  $\text{H}_2\text{O}_2$  through the Fenton's reaction. Iron  
27 also decomposes lipid peroxides, thus generating peroxy and alkoxy radicals, which favours  
28 the propagation of lipid oxidation (Zago et al., 2000). The ionic radii of  $\text{Al}^{3+}$  most closely  
29 resemble those of  $\text{Fe}^{3+}$ ; therefore, the appearance of  $\text{Al}^{3+}$  in  $\text{Fe}^{3+}$  sites is probable, and Al is  
30 known to be bound by the  $\text{Fe}^{3+}$  carrying protein transferrin thus reducing the binding of  $\text{Fe}^{3+}$   
31 (Nehru and Anand, 2005). The increase in free intracellular  $\text{Fe}^{3+}$  causes the peroxidation of  
32 membrane lipids and thus causes membrane damage. Moreover, Fleming and Joshi (1987)  
33 have reported that the amount of aluminium found in ferritin extracted from Alzheimer's  
34 disease affected brains was 5.6 times higher than in ferritin from matched control samples.  
35 This increase may be due to a general increase in the availability of aluminium to the brain of  
36 patients with Alzheimer's disease, and raised the possibility that aluminium releases iron as  
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3  $Fe^{3+}$ . Inside the living cells, the increased concentrations of Al could increase the chance of  
4 interaction between Al and superoxide anion leading to formation of Al superoxide ( $AlO_2^{\bullet 2+}$ )  
5 that is more potent oxidant than  $O_2^{\bullet -}$  in attacking lipids, causing increased LPO (El-  
6 Demerdash et al., 2004; Sánchez-Iglesias et al., 2009). This was confirmed, in present study,  
7 by the positive relationships between the bioaccumulation of Al and the concentrations of  
8 MDA in the studied organs.  
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10 The mitochondrial respiration as the major source of ROS is promoted by lipid peroxidation  
11 and therefore enhances oxidative stress induced by metal toxicity (Ayres et al., 2008; Hamad,  
12 2012). Throughout our acute experiments, the insignificant decrease in GSH content of the  
13 brain could be explained on basis of reduced GPx activity in the brain leading to less  
14 utilization of GSH in detoxification of free radicals and consequently accumulation of this  
15 antioxidant (Sánchez-Iglesias et al., 2009). This is in agreement with Abubakar et al. (2004)  
16 who reported, after 21 days of intra-peritoneal injection of 5 mg Al/kg b. wt./day, no  
17 significant change in the concentrations of GSH in the brain of rats were recorded. They  
18 suggested that at low concentrations of Al, it may act as antioxidant. Flora et al. (2003)  
19 observed a significant increase in TBARS accompanied with no change in GSH level,  
20 following exposure to Al nitrate.  
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22 Our data of sub-lethal experiments showed that, after one day, the lowest recorded  
23 concentration of Al was associated with insignificant change in the levels of MDA and GSH,  
24 in the brain of rats of group VI. This was followed by significant reduction in the levels of  
25 GSH without any marked elevation in MDA, at the third day post-injection. However, on the  
26 seventh day, significant decrease in the GSH content was recorded in association with  
27 marked elevation in MDA in the brain of group VI. This could be attributed to the very low  
28 concentrations of Al accumulated in the brain, after one day, which weren't enough to induce  
29 lipid peroxidation or elicit the anti-oxidative response of GSH. On the other hand, on the  
30 third day post-injection, the concentrations of Al in the brain were significantly higher than  
31 the first day to the degree that disrupt the synthesis of GSH, by reducing the proteins required  
32 for its production (Gonzalez et al., 2007), and this was confirmed by the depletion of serum  
33 total protein content (Ali, 2013), at the third day post-injection, in our present study.  
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35 However, from the seventh day till the end of experiment, LPO was potentiated as a response  
36 to the significant accumulation of Al in the brain, leading to more reduction in the brain GSH  
37 content that consumed as antioxidant (El-Demerdash, 2004). This was supported by negative  
38 relationships between the concentrations of MDA and GSH, in the studied organs of group  
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3 VI, in the present study. These data is in accordance with several other studies using different  
4 nanoparticles (NPs) that have reported the ability of NPs to induce oxidative stress in vivo  
5 and in vitro. Nano-titanium dioxide (TiO<sub>2</sub>-NPs), injected in the abdominal cavity of mice,  
6 caused significant increased LPO, decreased GSH levels and altered antioxidant enzyme  
7 activity in a dose-dependent way (Hamad, 2012; Ma et al., 2010). Similarly, an in vitro study  
8 on primary mouse embryo fibroblast cells treated with carbon nanotubes, carbon black,  
9 silicon dioxide and zinc oxide showed significant increase in the LPO and decrease in GSH  
10 content as well as SOD activity, in a dose-dependent manner (Yang et al., 2009). Zhu et al.  
11 (2008) showed that nano and submicron-sized Fe<sub>2</sub>O<sub>3</sub> intra-tracheal instillation produced  
12 oxidative stress whereas nano-Fe<sub>2</sub>O<sub>3</sub> increased cell damage in the lung epithelium and  
13 affected blood coagulation parameters more significantly than submicron-sized Fe<sub>2</sub>O<sub>3</sub>. Our  
14 results are also in agreement with Al-bulk administered in the form of AlCl<sub>3</sub> through oral  
15 gavage, which showed significant induction in LPO in the tissues as compared with normal  
16 controls (Bhalla and Dhawan, 2009).  
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## 28 Conclusion

29 The present results show that Al<sub>2</sub>O<sub>3</sub>-NPs have exerted the following effects:

- 30 1). It induced a marked increase in ROS level, as indicated by increasing process of lipid  
31 peroxidation (expressed in the levels of MDA), thereby causing oxidative stress in the brain,  
32 hepatic and renal tissues.  
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- 34 2). It produced oxidative imbalance in the brain, liver and kidney, probably because these  
35 organs are more sensitive to Al<sub>2</sub>O<sub>3</sub>-NPs.  
36
- 37 3). Aluminium accumulated in the studied tissues was positively correlated with the oxidative  
38 stress that proved by inversely relationships between activities of SOD, CAT, GPx, levels of  
39 GSH and the Al accumulated in the same tissues, whereas MDA exhibited positive  
40 correlation.  
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- 42 4). Oxidative stresses induced by nano-alumina were dose, time and organs dependent, and  
43 the first factor that induced tissues damage is the levels of aluminium accumulated in tissues,  
44 followed by the injected doses.  
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**Table 2.** Two-ways ANOVA to analyse the effects of the injected acute-doses, types of organs and their interaction (int.) on activities of SOD, CAT, GPx, the concentrations of GSH and MDA in the brain, liver and kidneys of group II, III and IV, during acute experiments. df: degree of freedom.

Source	Sum of squares	df	Mean squares	F <sub>calculated</sub>	P-value
<b>Doses:</b>					
SOD	5887292.90	2	2943646.45	1135.41	<0.0001
CAT	6.94	2	3.47	360.87	<0.0001
GPx	383.95	2	191.98	208.49	<0.0001
GSH	287.97	2	143.98	40.66	<0.0001
MDA	555.24	2	277.62	174.05	<0.0001
<b>Organs</b>					
SOD	3305961.94	2	1652980.97	637.58	<0.0001
CAT	9.77	2	4.89	507.83	<0.0001
GPx	985.46	2	492.73	535.11	<0.0001
GSH	2262.06	2	1131.03	319.38	<0.0001
MDA	1394.33	2	697.17	437.09	<0.0001
<b>Doses-Organ Int.</b>					
SOD	2477623.97	4	619405.99	238.92	<0.0001
CAT	8.93	4	2.23	232.12	<0.0001
GPx	3.15	4	0.79	0.86	>0.05
GSH	264.07	4	66.02	18.64	<0.0001
MDA	30.35	4	7.59	4.76	<0.01
<b>Error</b>					
SOD	93332.85	36	2592.58		
CAT	0.35	36	0.01		
GPx	33.15	36	0.92		
GSH	127.49	36	3.54		
MDA	57.42	36	1.60		

P>0.05: insignificant effect; P<0.01 and P<0.0001: significant effect at  $\alpha=0.01$  and 0.0001, respectively.

**Table 3.** Activities of SOD ( $\times 10^3$ ), CAT, GPx (U/g), the concentrations of GSH (mg/g) and MDA (nmol/g) in the brain, liver and kidneys of controls male albino rats (groups I) and those injected with a single low (group II), medium group III) or high (group IV) acute doses, of nanoalumina, after two days of injection. Each value is a mean of five rats  $\pm$  SEM. % change: percentage of change with the corresponding controls.

Parameters and organs		Group I	Group II	% change	Group III	% change	Group IV	% change	Regression analysis <sup>(1)</sup> (Fitting equations)	(r)
SOD	Brain	2.01 $\pm$ 0.05	1.70 $\pm$ 0.02*	-15.3%	0.92 $\pm$ 0.03*	-54.2%	0.56 $\pm$ 0.05*	-71.9%	y= -1471ln(x)+3686.4	-0.98
	Liver	0.48 $\pm$ 0.01	0.45 $\pm$ 0.01*	-6.8%	0.43 $\pm$ 0.01*	-10.5%	0.35 $\pm$ 0.002*	-26.6%	y=560.2e <sup>-0.051x</sup>	-0.82
	Kidney	2.06 $\pm$ 0.04	1.61 $\pm$ 0.02*	-21.9%	0.74 $\pm$ 0.01*	-64.3%	0.21 $\pm$ 0.002*	-89.7%	y= -1787ln(x)+4042.8	-0.99
CAT	Brain	2.96 $\pm$ 0.15	2.87 $\pm$ 0.01	-3.0%	2.56 $\pm$ 0.03*	-13.5%	0.57 $\pm$ 0.05*	-80.7%	y=-0.488x+5.054	-0.90
	Liver	1.62 $\pm$ 0.14	0.91 $\pm$ 0.04*	-43.8%	0.88 $\pm$ 0.03*	-45.7%	0.84 $\pm$ 0.03*	-48.2%	y=-0.016x+0.975	-0.38
	Kidney	3.23 $\pm$ 0.17	1.80 $\pm$ 0.06*	-44.3%	1.61 $\pm$ 0.07*	-50.2%	1.45 $\pm$ 0.04*	-55.1%	y=-0.077x+2.102	-0.78
GPx	Brain	33.16 $\pm$ 1.07	22.51 $\pm$ 1.01*	-32.1%	19.35 $\pm$ 0.36*	-41.7%	14.77 $\pm$ 0.38*	-55.5%	y=32.6e <sup>-0.09x</sup>	-0.91
	Liver	12.25 $\pm$ 0.09	11.11 $\pm$ 0.34*	-9.3%	9.29 $\pm$ 0.35*	-24.2%	4.37 $\pm$ 0.19*	-64.3%	y=-1.441x+17.29	-0.93
	Kidney	23.37 $\pm$ 0.36	12.89 $\pm$ 0.24*	-44.8%	10.39 $\pm$ 0.18*	-55.5%	6.21 $\pm$ 0.09*	-73.4%	y=-1.441x+18.86	-0.97
GSH	Brain	15.38 $\pm$ 0.24	14.96 $\pm$ 1.21	-2.7%	14.59 $\pm$ 0.22	-5.2%	14.01 $\pm$ 0.56	-8.9%	y=-0.205x+15.80	-0.24
	Liver	14.83 $\pm$ 0.48	8.74 $\pm$ 0.40*	-41.1%	6.52 $\pm$ 0.54*	-56.0%	5.62 $\pm$ 0.28*	-62.1%	y= -4.05ln(x)+14.19	-0.83
	Kidney	116.24 $\pm$ 1.93	32.22 $\pm$ 1.48*	-72.3%	22.58 $\pm$ 1.33*	-80.6%	18.04 $\pm$ 0.25*	-84.5%	y=87.68x <sup>-0.737</sup>	-0.92
MDA	Brain	15.99 $\pm$ 0.79	19.09 $\pm$ 0.12*	+19.4%	24.73 $\pm$ 1.03*	+54.7%	29.02 $\pm$ 0.84*	+81.5%	y=9.229x <sup>0.533</sup>	+0.93
	Liver	5.93 $\pm$ 0.56	7.41 $\pm$ 0.11*	+25.0%	10.50 $\pm$ 0.45*	+77.1%	14.39 $\pm$ 0.14*	+142.7%	y=4.202e <sup>0.144x</sup>	+0.98
	Kidney	9.54 $\pm$ 0.04	12.49 $\pm$ 0.32*	+30.9%	14.20 $\pm$ 0.68*	+48.9%	21.25 $\pm$ 0.54*	+122.8%	y=7.619e <sup>0.114x</sup>	+0.89

•, \*, \*\*: significant difference in comparison with the corresponding controls (group I), at  $\alpha = 0.05$  ( $P < 0.05$ ), 0.01 ( $P < 0.01$ ), 0.0001 ( $P < 0.0001$ ), respectively. <sup>(1)</sup>: Relationship between the administered acute doses (3.9, 6.4, 8.5 g) and the corresponding parameter in each organ, with correlation coefficient (r).

**Table 4.** Two-ways ANOVA to analyse the effects of the experimental time, organs (brain, liver, kidney) and their interaction (int.) on the activity of SOD, CAT, GPx, the concentrations of GSH and MDA in male albino rats of groups V and VI. df: degree of freedom.

Source	Group V (controls)					Group VI (injected with Al <sub>2</sub> O <sub>3</sub> -NPs)				
	Sum squares	df	Mean squares	F <sub>calculated</sub>	P-value	Sum squares	df	Mean squares	F <sub>calculated</sub>	P-value
<b>Time:</b>										
SOD	9282.485	4	2320.621	0.319	> 0.05	4584717.83	4	1146179.46	189.387	< 0.0001
CAT	0.348	4	0.087	1.189	> 0.05	9.48	4	2.371	79.587	< 0.0001
GPx	3.393	4	0.848	0.672	> 0.05	1985.31	4	496.33	553.392	< 0.0001
GSH	9.851	4	2.463	0.799	> 0.05	2244.08	4	561.02	410.062	< 0.0001
MDA	1.105	4	0.276	0.474	> 0.05	11374.60	4	2843.65	2105.665	< 0.0001
<b>Organs:</b>										
SOD	43150385.98	2	21575192.99	2964.71	< 0.0001	6006698.60	2	3003349.30	496.254	< 0.0001
CAT	38.98	2	19.492	266.07	< 0.0001	10.61	2	5.306	178.096	< 0.0001
GPx	5340.10	2	2670.048	2115.13	< 0.0001	1951.83	2	975.92	1088.124	< 0.0001
GSH	164707.58	2	82353.79	26707.00	< 0.0001	19858.41	2	9929.20	7257.471	< 0.0001
MDA	1653.89	2	826.95	1418.61	< 0.0001	13344.69	2	6672.34	4940.732	< 0.0001
<b>Time-Organ int.:</b>										
SOD	7234.817	8	904.352	0.124	> 0.05	2685839.91	8	335729.99	55.474	< 0.0001
CAT	0.730	8	0.091	1.245	> 0.05	3.390	8	0.424	14.225	< 0.0001
GPx	13.355	8	1.669	1.322	> 0.05	435.38	8	54.423	60.680	< 0.0001
GSH	10.984	8	1.373	0.445	> 0.05	616.57	8	77.072	56.333	< 0.0001
MDA	2.652	8	0.332	0.569	> 0.05	5183.22	8	647.902	479.758	< 0.0001
<b>Error:</b>										
SOD	436640.999	60	7277.350			363122.657	60	6052.04		
CAT	4.396	60	0.073			1.788	60	0.030		
GPx	75.741	60	1.262			53.813	60	0.897		
GSH	185.016	60	3.084			82.088	60	1.368		
MDA	34.976	60	0.583			81.029	60	1.350		

P>0.05: insignificant effect; P<0.0001: significant effect at  $\alpha=0.0001$

**Table 5.** Activities of SOD ( $\times 10^3$ ), CAT, GPx (U/g), in the brain, liver and kidneys of control male albino rats (group V) and those administered 1.3 g **Al<sub>2</sub>O<sub>3</sub>-NPs**/kg (group VI), after 1, 3, 7, 14 and 28 days post-injection. Each value is a mean of five rats  $\pm$  SEM.  $\blacktriangleright$ % change: percentage of change with the corresponding controls.

Parameters and organs			Experimental Periods (days)					Regression analysis <sup>(1)</sup> (Fitting equations)	r
			1	3	7	14	28		
SOD (U/g)	Brain	Group V	2.05 $\pm$ 0.006	2.05 $\pm$ 0.077	2.04 $\pm$ 0.023	2.07 $\pm$ 0.063	2.08 $\pm$ 0.012	----- y= 1.642x <sup>-0.377</sup>	----- -0.71
		Group VI	1.85 $\pm$ 0.109*	0.97 $\pm$ 0.008*	0.70 $\pm$ 0.026*	0.62 $\pm$ 0.005*	0.51 $\pm$ 0.007*		
		$\blacktriangleright$ (%Change)	(-9.79 %)	(-52.89 %)	(-65.56 %)	(-70.24 %)	(-75.69 %)		
	Liver	Group V	0.46 $\pm$ 22.64	0.48 $\pm$ 0.012	0.47 $\pm$ 0.015	0.45 $\pm$ 0.010	0.49 $\pm$ 0.006	----- y= -0.010+0.38	----- -0.98
		Group VI	0.35 $\pm$ 0.012*	0.33 $\pm$ 0.016*	0.33 $\pm$ 0.007*	0.27 $\pm$ 0.008*	0.07 $\pm$ 0.001*		
		$\blacktriangleright$ (%Change)	(-25.05 %)	(-30.24 %)	(-29.41 %)	(-43.06 %)	(-84.77 %)		
Kidney	Group V	2.11 $\pm$ 0.019	2.08 $\pm$ 0.038	2.08 $\pm$ 0.039	2.11 $\pm$ 0.080	2.11 $\pm$ 0.025	----- y= 1.042e <sup>-0.03x</sup>	----- -0.95	
	Group VI	1.06 $\pm$ 0.062*	0.84 $\pm$ 0.005*	0.82 $\pm$ 0.004*	0.79 $\pm$ 0.030*	0.41 $\pm$ 0.009*			
	$\blacktriangleright$ (%Change)	(-49.64 %)	(-59.36 %)	(-60.76 %)	(-62.38 %)	(-80.41 %)			
CAT (U/g)	Brain	Group V	2.97 $\pm$ 0.15	2.89 $\pm$ 0.19	2.93 $\pm$ 0.15	2.97 $\pm$ 0.03	3.13 $\pm$ 0.09	----- y= -0.041x+1.27	----- -0.99
		Group VI	1.33 $\pm$ 0.24*	1.09 $\pm$ 0.03*	0.92 $\pm$ 0.02*	0.72 $\pm$ 0.04*	0.14 $\pm$ 0.01*		
		$\blacktriangleright$ (%Change)	(-55.22%)	(-62.28%)	(-68.60%)	(-75.76%)	(-95.53%)		
	Liver	Group V	1.66 $\pm$ 0.05	1.62 $\pm$ 0.14	1.41 $\pm$ 0.14	1.72 $\pm$ 0.06	1.56 $\pm$ 0.12	----- y= 0.905x <sup>-0.126</sup>	----- -0.67
		Group VI	0.96 $\pm$ 0.06*	0.73 $\pm$ 0.04*	0.64 $\pm$ 0.01*	0.62 $\pm$ 0.01*	0.62 $\pm$ 0.05*		
		$\blacktriangleright$ (%Change)	(-42.17%)	(-54.94%)	(-54.60%)	(-63.95%)	(-60.26%)		
Kidney	Group V	3.46 $\pm$ 0.09	3.39 $\pm$ 0.11	3.13 $\pm$ 0.15	3.08 $\pm$ 0.11	3.10 $\pm$ 0.11	----- y= 2.459x <sup>-0.283</sup>	----- -0.78	
	Group VI	2.64 $\pm$ 0.09*	1.58 $\pm$ 0.01*	1.39 $\pm$ 0.08*	1.31 $\pm$ 0.08*	0.92 $\pm$ 0.22*			
	$\blacktriangleright$ (%Change)	(-23.70%)	(-53.40%)	(-55.59%)	(-57.47%)	(-70.32%)			
GPx (U/g)	Brain	Group V	31.81 $\pm$ 0.49	33.35 $\pm$ 0.79	33.14 $\pm$ 0.45	32.37 $\pm$ 1.24	33.91 $\pm$ 0.77	----- y= 30.179x <sup>-0.257</sup>	----- -0.80
		Group VI	30.02 $\pm$ 1.08	24.60 $\pm$ 0.52*	16.85 $\pm$ 0.49*	14.43 $\pm$ 0.68*	13.75 $\pm$ 0.24*		
		$\blacktriangleright$ (%Change)	(-5.63%)	(-26.24%)	(-49.16%)	(-55.42%)	(-59.45%)		
	Liver	Group V	12.37 $\pm$ 0.09	12.16 $\pm$ 0.35	12.11 $\pm$ 0.09	12.63 $\pm$ 0.18	12.21 $\pm$ 0.04	----- y= -2.082ln(x)+11.6	----- -0.87
		Group VI	12.12 $\pm$ 0.20	8.25 $\pm$ 0.39*	7.79 $\pm$ 0.21*	6.55 $\pm$ 0.05*	4.52 $\pm$ 0.43*		
		$\blacktriangleright$ (%Change)	(-2.02%)	(-32.15%)	(-35.67%)	(-48.14%)	(-62.98%)		
Kidney	Group V	24.20 $\pm$ 0.21	24.19 $\pm$ 0.23	23.52 $\pm$ 0.23	23.57 $\pm$ 0.48	23.86 $\pm$ 0.08	----- y= 20.009x <sup>-0.41</sup>	----- -0.63	
	Group VI	25.08 $\pm$ 0.08	9.59 $\pm$ 0.07*	8.26 $\pm$ 0.03*	6.81 $\pm$ 0.02*	5.87 $\pm$ 0.24*			
	$\blacktriangleright$ (%Change)	(+3.64%)	(-60.36%)	(-64.88%)	(-71.11%)	(-75.40%)			

\*: significant difference in comparison with the corresponding group V, at  $\alpha = 0.0001$  ( $P < 0.000$ ). <sup>(1)</sup>: Relationship between the experimental periods and the corresponding parameter in each organ of rats of group VI, with correlation coefficient ( r ).

**Table 6.** Concentrations of GSH and MDA in the brain, liver and kidney of control male albino rats (group V) and those administered 1.3g **Al<sub>2</sub>O<sub>3</sub>-NPs**/kg (group VI). Each value is a mean of five rats  $\pm$  SEM.  $\blacktriangleright$ % change: percentage of change with the corresponding controls.

Parameters and organs			Experimental Periods (days)					Regression analysis (Fitting equations)	<i>r</i>
			1	3	7	14	28		
GSH (mg/g)	Brain	Group V	14.9 $\pm$ 0.68	15.2 $\pm$ 0.48	15.4 $\pm$ 0.05	16.0 $\pm$ 0.05	15.0 $\pm$ 0.66	----- $y = 14.718e^{-0.063x}$	----- -0.92
		Group VI	14.4 $\pm$ 0.04	13.0 $\pm$ 0.19*	11.2 $\pm$ 0.03*	3.9 $\pm$ 0.19*	3.0 $\pm$ 0.21*		
		$\blacktriangleright$ (%Change)	(-3.48 %)	(-14.58 %)	(-27.30 %)	(-75.61 %)	(-79.96 %)		
	Liver	Group V	15.4 $\pm$ 0.30	15.1 $\pm$ 0.28	14.6 $\pm$ 0.62	15.2 $\pm$ 0.36	14.6 $\pm$ 0.32	----- $y = -2.252\ln(x)+8.92$	----- -0.87
		Group VI	9.2 $\pm$ 0.16*	5.8 $\pm$ 0.08*	5.1 $\pm$ 0.24*	2.6 $\pm$ 0.16*	1.6 $\pm$ 0.14*		
		$\blacktriangleright$ (%Change)	(-40.00 %)	(-61.82 %)	(-64.96 %)	(-83.09 %)	(-88.97 %)		
Kidney	Group V	114.0 $\pm$ 1.11	115.7 $\pm$ 1.63	113.6 $\pm$ 1.72	115.1 $\pm$ 0.65	114.4 $\pm$ 0.24	----- $y = -7.786\ln(x)+55.4$	----- -0.96	
	Group VI	53.6 $\pm$ 0.58*	48.35 $\pm$ 0.44*	41.8 $\pm$ 0.53*	35.0 $\pm$ 1.09*	27.8 $\pm$ 1.36*			
	$\blacktriangleright$ (%Change)	(-52.98 %)	(-58.21 %)	(-63.16 %)	(-69.60 %)	(-75.75 %)			
MDA (nmol/g)	Brain	Group V	17.4 $\pm$ 0.18	17.8 $\pm$ 0.22	17.7 $\pm$ 0.51	17.53 $\pm$ 0.57	17.8 $\pm$ 0.25	----- $y = 0.685x+16.66$	----- +0.98
		Group VI	17.4 $\pm$ 0.21	17.6 $\pm$ 0.34	21.0 $\pm$ 0.03*	28.8 $\pm$ 0.02*	34.8 $\pm$ 0.68*		
		$\blacktriangleright$ (%Change)	(-0.34 %)	(-1.12 %)	(+19.21 %)	(+64.29 %)	(+95.44 %)		
	Liver	Group V	6.5 $\pm$ 0.43	6.7 $\pm$ 0.32	6.2 $\pm$ 0.44	6.8 $\pm$ 0.47	6.7 $\pm$ 0.22	----- $y = 6.933x^{0.407}$	----- +0.97
		Group VI	6.6 $\pm$ 0.06	12.2 $\pm$ 0.11*	14.2 $\pm$ 0.03*	20.5 $\pm$ 0.34*	26.9 $\pm$ 0.43*		
		$\blacktriangleright$ (%Change)	(+1.24 %)	(+84.16 %)	(+129.89 %)	(+203.56 %)	(+302.09 %)		
Kidney	Group V	9.3 $\pm$ 0.31	9.4 $\pm$ 0.30	9.8 $\pm$ 0.17	9.0 $\pm$ 0.19	9.7 $\pm$ 0.13	----- $y = 19.45\ln(x)+12.36$	----- +0.88	
	Group VI	19.0 $\pm$ 0.24*	20.8 $\pm$ 0.15*	52.0 $\pm$ 1.40*	69.9 $\pm$ 0.23*	75.5 $\pm$ 1.00*			
	$\blacktriangleright$ (%Change)	(+104 %)	(+123 %)	(+432 %)	(+680 %)	(+680 %)			

\*: significant difference in comparison with the corresponding control, at  $\alpha = 0.0001$  ( $P < 0.000$ ). <sup>(1)</sup>: Relationship between the experimental periods and the corresponding parameter in each organ of rats of group VI, with correlation coefficient (*r*).



**Table 7.** The relationships between aluminium,<sup>(1)</sup> accumulated in the brain, liver and kidney of group II, III, IV(acute experiments) and group VI (sub-lethal experiments) with the activities of SOD, CAT, GPx, concentrations of GSH and MDA organs.

Parameters	Acute Experiments		Sub-lethal experiments	
	Fitting equation	<i>r</i>	Fitting equation	<i>r</i>
<b>SOD (U/g)</b>				
Brain	$y = -776.5\ln(x) + 131.5$	-0.93	$y = -586\ln(x) + 881.2$	-0.89
Liver	$y = 1005.9x + 555.9$	-0.75	$y = -128.3x + 419.5$	-0.55
Kidney	$y = -1329.7x + 2356.3$	-0.92	$y = -310.8 + 1149.1$	-0.87
<b>CAT (U/g)</b>				
Brain	$Y = -4.61 + 3.58$	-0.94	$y = -0.61x + 1.55$	-0.79
Liver	$y = 0.242x^{-0.68}$	-0.57	$y = -0.16\ln(x) + 0.7$	-0.81
Kidney	$y = 1.68x - 0.302$	-0.65	$y = -0.7\ln(x) + 1.51$	-0.65
<b>GPx (U/g)</b>				
Brain	$y = 12.13x^{-0.38x}$	-0.94	$y = -9.79x + 31.4$	-0.91
Liver	$y = -59.99x + 16.9$	-0.83	$y = -3.39x + 12.4$	-0.91
Kidney	$y = -12.4x + 24.49$	-0.89	$y = 9.07x^{-0.63}$	-0.51
<b>GSH (mg/g)</b>				
Brain	$y = -2.26 + 15.4$	-0.21	$y = -6.69x + 16.9$	-0.85
Liver	$y = -90.43 + 20.5$	-0.80	$y = -4.11x + 9.67$	-0.93
Kidney	$y = -39.6\ln(x) + 29.9$	-0.90	$y = -14.28x + 57.99$	-0.80
<b>MDA (nmol/g)</b>				
Brain	$y = 6.74 + \ln(x) + 32.3$	+0.93	$y = 14.61e^{0.39x}$	+0.83
Liver	$y = 3.31e^{7.83x}$	+0.88	$y = 5.91e^{0.76x}$	+0.83
Kidney	$y = 8.59e^{0.52x}$	+0.80	$y = 34.91x + 6.65$	+0.74

<sup>(1)</sup>: Data from Ali (2013).