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PROGRAMA DE PÓS-GRADUAÇÃO EM FARMACOLOGIA E BIOQUÍMICA

DANIELLA BASTOS DE ARAÚJO

**AVALIAÇÃO ANTICONVULSIVANTE E PRÓ-
CONVULSIVANTE DE ÓLEOS ESSENCIAIS DE *LIPPIA*
ORIGANOIDES E *ROSMARINUS OFFICINALIS* EM RATOS:
UM ESTUDO ELETROFISIOLÓGICO**

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Orientador(a): Prof. Dr. MOISÉS HAMOY

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RESUMO

A epilepsia é um distúrbio neuronal caracterizado pela excitabilidade anormal do cérebro, levando a convulsões. Apenas cerca de 66% dos pacientes epiléticos respondem adequadamente ao tratamento com os anticonvulsivantes convencionais existentes, tornando necessária a investigação de novos medicamentos antiepiléticos. A crescente pesquisa sobre produtos naturais e suas propriedades farmacológicas tem se tornado cada vez mais promissora, particularmente no estudo dos óleos essenciais, já amplamente utilizados na cultura popular para o tratamento de diversas doenças. Os presentes estudos avaliaram os efeitos anti e pró-convulsivante dos óleos essenciais de *Lippia origanoides* (LOEO) e *Rosmarinus officinalis* (EORO) em ratos wistar. Avaliamos o óleo essencial de *Lippia origanoides* (LOEO) (100 mg/kg i. p.) em comparação ao diazepam (DZP) (5 mg/kg i. p.) e à administração combinada dessas duas substâncias para controlar convulsões induzidas por pentilenotetrazol (PTZ) (60 mg/kg i. p.). Essa avaliação foi realizada utilizando 108 ratos Wistar machos, que foram divididos em dois experimentos. Experimento 1 – Avaliação comportamental e experimento 2 – Avaliação eletrocorticográfica. Já com o óleo essencial de alecrim avaliamos altas doses em 54 ratos Wistar, com peso entre 180 e 200 g. O estudo consistiu em três experimentos: 1) monitoramento comportamental dos animais após administração de 500 mg/kg i.p.; 2) registros eletrocorticográficos após administração do fármaco; 3) reação a fármacos anticonvulsivantes, onde foram aplicados fenitoína, fenobarbital e diazepam (10 mg/kg i.p.). Com o LOEO os animais apresentaram uma diminuição mais intensa da frequência respiratória quando combinados com LOEO + DZP. Os registros de EEG mostraram uma redução na amplitude de disparo nos grupos tratados com LOEO. O tratamento combinado com diazepam resultou em aumento dos efeitos anticonvulsivantes, já com o EORO os resultados demonstraram aumento do tempo de latência para o aparecimento de crises clônicas isoladas sem perda do reflexo postural. Os animais apresentaram uma diminuição mais intensa da frequência respiratória quando combinados com LOEO + DZP. Os registros de EEG mostraram uma redução na amplitude de disparo nos grupos tratados com LOEO. O tratamento combinado com diazepam resultou em aumento dos efeitos anticonvulsivantes. O tratamento com LOEO foi eficaz no controle das convulsões, e sua combinação com diazepam pode representar uma opção futura para o tratamento de convulsões de difícil controle, já o tratamento com EORO demonstra uma atividade excitatória relacionada a redução da atividade GABAérgica.

Palavras-chave: Óleo essencial, *Lippia origanoides*, *rosmarinus officinalis*, eletrofisiologia, eletrocorticograma

ABSTRACT

Epilepsy is a neuronal disorder characterized by abnormal brain excitability, leading to seizures. Only about 66% of epileptic patients respond adequately to treatment with existing conventional anticonvulsants, making it necessary to investigate new antiepileptic drugs. The growing research on natural products and their pharmacological properties has become increasingly promising, particularly in the study of essential oils, already widely used in popular culture for the treatment of several diseases. The present studies evaluated the anti- and pro-convulsant effects of the essential oils of *Lippia organoides* (LOEO) and *Rosmarinus officinalis* (EORO) in Wistar rats. We evaluated the essential oil of *Lippia organoides* (LOEO) (100 mg/kg i. p.) in comparison with diazepam (DZP) (5 mg/kg i. p.) and the combined administration of these two substances to control seizures induced by pentylenetetrazole (PTZ) (60 mg/kg i. p.). This evaluation was carried out using 108 male Wistar rats, which were divided into two experiments. Experiment 1 – Behavioral evaluation and Experiment 2 – Electrocorticographic evaluation. With rosemary essential oil, we evaluated high doses in 54 Wistar rats, weighing between 180 and 200 g. The study consisted of three experiments: 1) behavioral monitoring of the animals after administration of 500 mg/kg i.p.; 2) electrocorticographic recordings after drug administration; 3) reaction to anticonvulsant drugs, where phenytoin, phenobarbital and diazepam (10 mg/kg i.p.) were administered. With LOEO, the animals presented a more intense decrease in respiratory rate when combined with LOEO + DZP. EEG recordings showed a reduction in firing amplitude in the groups treated with LOEO. Combined treatment with diazepam resulted in increased anticonvulsant effects, while with EORO, the results demonstrated an increase in the latency time for the onset of isolated clonic seizures without loss of the postural reflex. The animals showed a more intense decrease in respiratory rate when combined with LOEO + DZP. EEG recordings showed a reduction in firing amplitude in the groups treated with LOEO. Combined treatment with diazepam resulted in increased anticonvulsant effects. Treatment with LOEO was effective in controlling seizures, and its combination with diazepam may represent a future option for the treatment of difficult-to-control seizures, while treatment with EORO demonstrated an excitatory activity related to the reduction of GABAergic activity.

Keywords: Essential oil, *Lippia organoides*, *rosmarinus officinalis*, electrophysiology, electrocorticogram

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LISTA DE SIGLAS E SÍMBOLOS

DAE's

Drogas antiepléticas

SNC

Sistema Nervoso Central

GABA

Ácido gama-aminobutírico

EO's

Óleos essenciais

PTZ

Pentilenotetrazol

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1. VISÃO INTEGRADORA DO PROBLEMA

A epilepsia é um distúrbio neurológico caracterizado por crises convulsivas recorrentes causadas por uma atividade neural exacerbada resultando em descargas elétricas excessivas, sincrônicas e desordenadas. É uma das doenças cerebrais mais comuns em todo o mundo, afetando mais de 70 milhões de pessoas, com cerca de 80% vivendo em países de baixa renda, como o Brasil (Yacubian, 2008; Gallucci e Marchetti, 2005; Costa; Brandão; Segundo, 2020).

Nas últimas décadas, houveram avanços significativos em relação ao tratamento farmacológico das epilepsias. Estes avanços resultaram da maior elucidação dos mecanismos básicos da doença, levando ao desenvolvimento de um grupo de drogas antiepiléticas chamadas de primeira geração, e posteriormente de um novo grupo de drogas, conhecidas como de nova geração. Entretanto, quando a questão é o impacto clínico das drogas antiepiléticas de um modo geral, ainda são poucos os indivíduos cujas crises, que não são controladas com as drogas antiepiléticas convencionais, terão um controle satisfatório com o uso das novas drogas (Garzon, 2002; Loscher, 2011) (Fernandes, 2013; Rektor et al., 2013; Costa; Brandão, 2020)..

Aproximadamente 30-40% dos portadores de epilepsia não conseguem o controle adequado de suas crises no uso de terapias farmacológicas já disponíveis, sendo estas classificadas como epilepsias refratárias. Essa falta de controle em quadros epiléticos refratários pode culminar em déficits cognitivos, motores, psicológicos e sociais a seus portadores (Kwan et al., 2002; Hermann et al., 2006; Jacoby e Baker, 2008; Costa; Brandão; Segundo, 2020).

Neste contexto, é importante o estabelecimento de novas drogas antiepiléticas, porém, que são dependentes de novos modelos animais para o quadro de epilepsia refratária, que apesar de ser uma necessidade já conhecida, ainda não vem sendo muito explorada (Loscher, 2011).

Paralelamente, observa-se o crescimento de estudos criteriosos e sistemáticos relacionados a plantas medicinais e produtos naturais, visando avaliar suas ações farmacológicas e toxicológicas. Dentre as plantas medicinais, destaca-se um grupo denominado plantas aromáticas, que em sua composição contêm os chamados óleos essenciais. O potencial biológico dessa classe de plantas é conhecido há mais de seis mil anos pelos egípcios e vem se expandindo desde então.

Os óleos essenciais (EOs) são compostos bioquímicos naturais e voláteis extraídos da parte aromática de diversas plantas, como flores, folhas, troncos,

galhos, raízes, casca de frutos e outros órgãos vegetais. São utilizados na indústria da perfumaria, cosméticos, culinária, medicina natural e aromaterapia. Diversas propriedades são atribuídas aos óleos essenciais como antibacteriano, antiinflamatório, antiviral e relaxante. São utilizados para promover relaxamento, reduzir estresse e melhorar o humor.

Plantas com atividade psicoativa exercem efeitos importantes no sistema nervoso central (SNC) e têm sido utilizadas para fins terapêuticos. Na medicina tradicional, bem como na terapêutica, plantas que contêm derivados terpênicos apresentam efeitos sedativos e anticonvulsivantes. Muitos óleos voláteis apresentam uma variedade de atividades farmacológicas, como ansiolíticas, anticonvulsivantes e antinociceptivas. Compostos como linalol, limoneno e citronelol apresentam ação anticonvulsivante, enquanto mentol e mirceno, atividade analgésica, e muitos derivados monoterpênicos demonstraram atividades no SNC (Pergentino de Souza et al., 2007; Sousa et al., 2007; Perazzo et al., 2007, 2008; Leite et al., 2008).

O gênero *Lippia* (Verbenaceae) é bem conhecido por seu caráter aromático e compreende cerca de 200 espécies de ervas, arbustos e pequenas árvores distribuídas do sul da América do Norte ao norte da América do Sul, com ocorrência proeminente na região Amazônica e Nordeste do Brasil, Guianas, Venezuela e Colômbia (Terblanché e Kornelius, 1996). Na medicina tradicional tem sido relatado seu uso no tratamento de doenças gastrintestinais, infecções de garganta, pele e couro cabeludo, além de apresentar analgésicos, sedativos, atividade expectorante e doenças respiratórias (O'Leary et al., 2012, Oliveira et al., 2007, Oliveira et al., 2014, Santos et al., 2004, Albuquerque et al., 2007, Pascual et al., 2001, Barreto et al., 2014, Oliveira et al., 2014, Coelho et al., 2015, Oliveira et al., 2007, Damasceno et al., 2011, Lobo et al., 2010; Amorati et al., 2013).

Rosmarinus officinalis (alecrim), pertencente à família botânica Lamiaceae, é uma planta aromática cultivada em diferentes regiões do mundo, tendo o Mediterrâneo como centro de origem (Murata et al., 2013; Oliveira et al., 2019). O alecrim é usado para acelerar a digestão, desobstruir as vias nasais, estimular o crescimento capilar e aliviar dores reumáticas, bem como mialgias, neuralgias e fadiga física e mental.

Sendo assim, este trabalho objetiva-se em avaliar a possível atividade anticonvulsivante ou pró-convulsivante de óleos essenciais de *Lippia origanoides* e *Rosmarinus officinalis* em ratos wistar, através do modelo de pentilenotetrazol (PTZ) e

avaliar os tempos de latências para o aparecimento dos comportamentos avaliando posteriormente os padrões de convulsões após aplicação de óleos essenciais.

2. ARTIGO 1: O óleo essencial de *Lippia origanoides* possui efeito anticonvulsivante em convulsões induzidas por pentilenotetrazol em ratos: um estudo comportamental, eletroencefalográfico e eletromiográfico



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Lippia origanoides essential oil possesses anticonvulsant effect in pentylenetetrazol-induced seizures in rats: a behavioral, electroencephalographic, and electromyographic study

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Epilepsy is a neuronal disorder characterized by abnormal excitability of the brain, leading to seizures. Only around 66% of the epileptic patients respond adequately to treatment with existing conventional anticonvulsants, making it necessary to investigate new antiepileptic drugs. The growing research into natural products and their pharmacological properties has become increasingly promising, particularly in the study of essential oils, which are already widely used in popular culture for treating various diseases. The present study evaluated the anticonvulsant effects of *Lippia origanoides* essential oil (LOEO) (100 mg/kg i. p.) compared to diazepam (DZP) (5 mg/kg i. p.), and the combined administration of these two substances to control convulsions induced by pentylenetetrazol (PTZ) (60 mg/kg i. p.). This evaluation was carried out using 108 male Wistar rats, which were divided into two experiments. Experiment 1—Behavioral assessment: The animals were divided into 4 groups ($n = 9$): (I) saline solution + PTZ, (II) DZP + PTZ, (III) LOEO + PTZ, (IV) LOEO + DZP + PTZ. The convulsive behavior was induced 30 min after the administration of the tested anticonvulsant drugs, and the observation period lasted 30 min. Experiment 2—Electrocorticographic evaluation: The animals were divided into 8 groups ($n = 9$): (I) saline solution; (II) LOEO; (III) DZP; (IV) LOEO + DZP; (V) saline + PTZ, (VI) DZP + PTZ (VII) LOEO + PTZ, (VIII) LOEO + DZP + PTZ. PTZ was administered 30 min after LOEO and DZP treatments and electrocorticographic activity was assessed for 15 min. For the control groups, electromyographic recordings were performed in the 10th intercostal space to assess respiratory rate. The results demonstrated that *Lippia origanoides* essential oil increased the latency time for the appearance of isolated clonic seizures without loss of the postural reflex. The animals had a more intense decrease in respiratory rate when combined with LOEO + DZP. EEG recordings showed a reduction in firing amplitude in the LOEO-treated groups. The combining treatment with diazepam resulted in increased anticonvulsant

effects. Therefore, treatment with *Lippia organoides* essential oil was effective in controlling seizures, and its combination with diazepam may represent a future option for the treatment of difficult-to-control seizures.

KEYWORDS

seizures, pentylenetetrazol, electrocorticographic recordings, essential oil, *Lippia organoides*

1 Introduction

Epilepsy is a neurological disorder that affects around 45.9 million people globally and is characterized by a predisposition to suffer spontaneous seizures (Fisher et al., 2014). Its pathophysiology consists of the appearance of abnormal foci of cerebral electrical activity caused by the imbalance between excitatory and inhibitory neurotransmitters in the central nervous system, in such a way as to make it prone to functioning in an excessive oscillatory pattern. Conventional antiepileptic drugs act through these two pathways, either by enhancing inhibitory neurotransmitters or reducing excitatory signaling (Fisher et al., 2005; Sultana et al., 2021).

Currently available drug therapies are effective in only 66% of cases in developed countries (Duncan et al., 2006; Brodie et al., 2012) and are associated with various side effects (Perucca and Gilliam, 2012), highlighting the need for research to identify alternative treatments that target seizure mechanisms and have minimal side effects (Sultana et al., 2021).

One promising option is the use of essential oils (EOs) in the treatment of epilepsy. Essential oils are volatile substances extracted from plant parts, made up of a mixture of various components with therapeutic properties, widely used in popular culture to treat various ailments (de Almeida et al., 2011; Dobetsberger and Buchbauer, 2011). Recent studies have shown that several essential oils from aromatic plants have potential neuroprotective effects in age-related neurodegenerative diseases such as Alzheimer's and dementia and other neurological diseases such as anxiety, depression, epilepsy and seizures (Ayaz et al., 2017; Rashed et al., 2021; Sattayakhom et al., 2023).

Behavioral assessment and electrocorticography are of paramount importance in evaluating and comparing the changes caused by neuronal discharge that trigger seizures and epilepsy. In recent studies using natural products with potential anticonvulsant activities, data have shown that in the behavioral assessment, there were increases in seizure latencies and in the seizure threshold, confirmed by electrocorticographic records, along with a decrease in the peak and energy of the waves (Souza-Monteiro et al., 2015; Hamoy et al., 2018; Nascimento et al., 2022; Muto et al., 2022).

Lippia organoides is a shrub with a strong aroma found mainly in the Amazon territory (Pascual et al., 2001; Oliveira et al., 2014) with medicinal properties well-known in popular culture (Siqueira-Lima et al., 2019). In Central America and Colombia, it is used to treat respiratory diseases, gastrointestinal discomfort such as gastralgia, nausea and antiseptic. In the countryside of Pará, in Brazil, *Lippia organoides*, known as “salva-do-marajó,” is commonly administered to combat intestinal colic, indigestion, diarrhea, burns, vaginal discharge, menstrual cramps, and fever (Oliveira et al., 2014). It is also notable for its use in food preparation, and in Venezuela, it is employed as an appetite stimulant (Morton, 1981).

Regarding the anticonvulsant properties of LOEO (*Lippia organoides* essential oil), no studies have been found directly linking this plant to such effects. However, there are articles that suggest anticonvulsant effects of *Lippia alba* due to the high presence of flavonoids in its composition (Zétola et al., 2002; Neto et al., 2009; Siqueira-Lima et al., 2019), as well as *L. Citriodora* (Rashidian et al., 2016).

In this context, the objective of the present work was to evaluate the treatment with essential oil of *L. organoides* in the control of seizures triggered by pentylenetetrazol and compare its effects with those of diazepam, through behavioral analysis, electrocorticography and assessment of respiratory movements (electromyogram).

2 Materials and methods

2.1 Animals

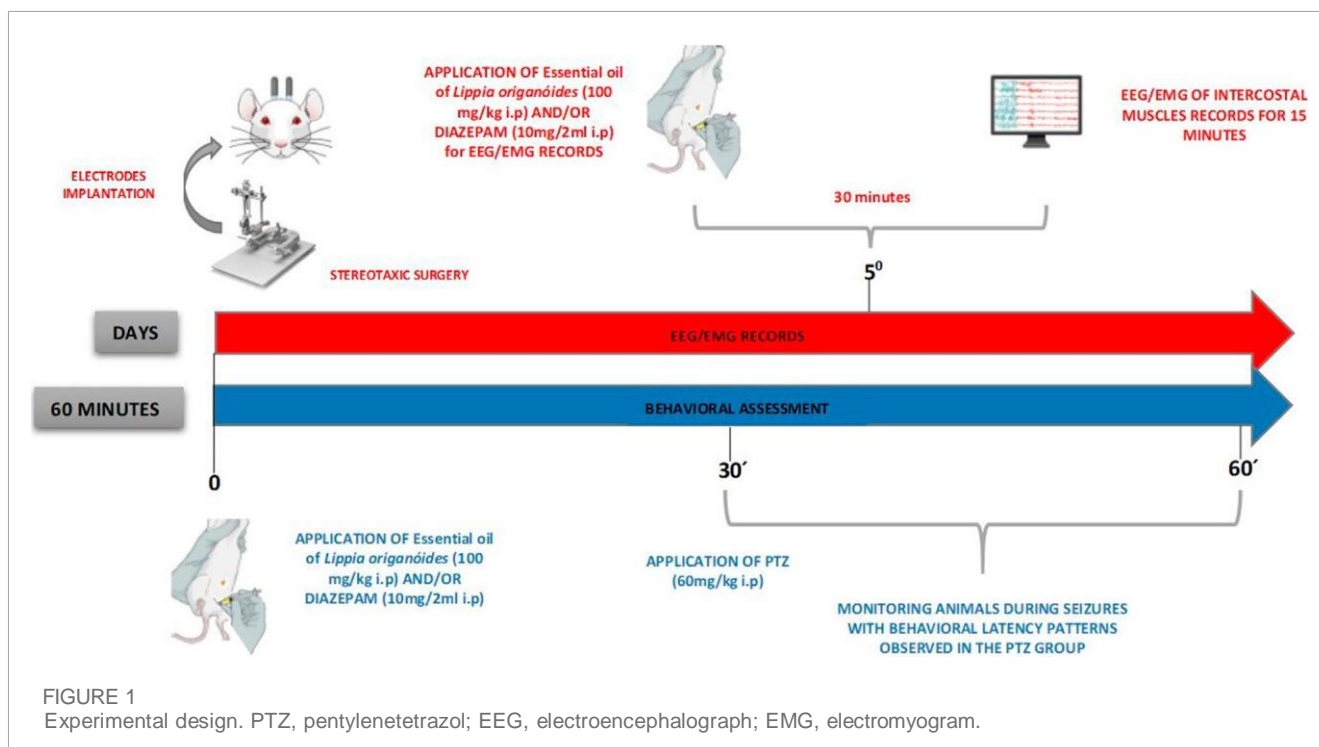
For the execution of this research, 108 adult Wistar rats were obtained from the Central Bioterium of the Federal University of Pará. All animals were housed under controlled conditions, with a temperature of approximately 23°C–25°C and a light-dark cycle of 12/12 h, receiving filtered water and rat food on free demand. The work was performed at the Laboratory of Pharmacology and Toxicology of Natural Products (Laboratório de Farmacologia e Toxicologia de Produtos Naturais)—ICB—UFPA. The project was approved by the Animal Ethics Committee (CEUA—UFPA) number 1395260821.

2.2 Drugs used

Lippia organoides essential oil (LOEO) was purchased from Olinda pharmaceutical company (essential oils) and administered intraperitoneally at a dose of 100 mg/kg, while Diazepam (DZP) 10 mg/2 mL (União Química, Embu-Guaçu, SP, Brazil), was administered at a dose of 5 mg/kg intraperitoneally (i.p.). Ketamine hydrochloride (50 mg/kg i. p.) was purchased from Köing Laboratory (Santana de Parnaíba, SP, Brazil), xylazine hydrochloride (5 mg/kg i. p.) was purchased from Vallée Laboratory (Montes Claros, MG, Brazil), while the local anesthetic lidocaine was obtained from Hipolabor Laboratory (Sabará, MG, Brazil). Pentylenetetrazol (PTZ) was obtained from Sigma Chemical Co. (St. Louis, MO, United States) and administered intraperitoneally at a dose of 60 mg/kg (Santos et al., 2021; Muto et al., 2022).

2.3 Test to obtain the dose of LOEO used

To obtain the dose used of *Lippia Organoides* extract (LOEO), a fixed time of 30 min was considered to achieve muscle relaxation



and animal sedation behavior at tested doses of 50 mg/kg, 100 mg/kg, 150 mg/kg, and 200 mg/kg i. p. the best response obtained was 100 mg/kg i. p. as higher doses caused myorelaxation with manifestation of respiratory depression. Therefore, a dose of 100 mg/kg i. p. was used 30 min before the onset of the seizure using PTZ (60 mg/kg).

2.4 Experimental design

The animals were kept at the research center for at least 7 days before the experiment for adaptation and acclimatization. The electrodes were implanted in the cortex 5 days before the application of the treatments. For the behavioral assessment the animals were divided into 4 groups ($n = 9$): (I) saline + PTZ, (II) DZP + PTZ, (III) LOEO + PTZ, (IV) LOEO + DZP + PTZ. The convulsant drug PTZ was administered 30 min after administration of the drugs tested as anticonvulsants and the observation time for behavior analysis was 30 min (Figure 1).

For electrocorticographic evaluation, animals were divided into 8 groups ($n = 9$): (I) saline; (II) LOEO; (III) DZP; (IV) LOEO + DZP; (V) saline + PTZ, (VI) DZP + PTZ (VII) LOEO + PTZ, (VIII) LOEO + DZP + PTZ. PTZ was administered 30 min after treatments and electrocorticographic activity was assessed for 15 min (Figure 1).

2.5 Evaluation of respiratory activity during sedation

For the analysis of respiratory frequency and muscle contraction power (Santos et al., 2021), electrodes were conjugated 2 mm apart and were prepared with a length of 2 mm and a diameter of 0.2 mm. These electrodes were inserted into the 10th intercostal space to

record muscle activity. The recordings were conducted for a duration of 5 min for the Control, LOEO, DZP, and LOEO/DZP groups.

2.6 Description of seizure related behavior

The animals' behavior was monitored during the seizures and compared with latency patterns of behaviors observed in the PTZ-induced group (de Almeida. et al., 2020). Latency was measured concerning the initiation of the following behaviors: (I) whisker piloerection, (II) orofacial movements, (III) generalized tremor, (IV) anterior limb spasms, (V) isolated clonic seizures without loss of postural reflex, (VI) generalized clonic seizures with transient loss of postural reflex, and (VII) tonic-clonic seizures with complete loss of postural reflex.

2.7 Electrocorticographic recordings and data analysis

The animals were anesthetized and placed in a stereotaxic apparatus for the implantation of electrodes (with an exposed tip diameter of 1.0 mm) onto the dura mater above the prefrontal cortex at the coordinates of bregma -0.96 mm and ± 1.0 mm lateral. The electrodes were secured using dental acrylic cement. Data were recorded using the electrodes with the assistance of a digital data acquisition system composed of a high-impedance amplifier (Grass Technologies, P511, United States), set with a filtering range of 0.3 Hz to 0.3 KHz. The data were monitored using an oscilloscope (Protek, Model 6510) and continuously digitized at a rate of 1 KHz by a computer equipped with a data acquisition board (National Instruments, Austin, TX).

During the recording sessions, the animals were confined within acrylic boxes (20 cm × 45 cm × 15 cm), and ECoG activity was recorded for 15 min immediately after the application of PTZ or physiological solution. The data collected through the digital data acquisition system were analyzed offline. The analyses were performed in frequencies up to 40 Hz and then divided into five bands: delta (1–4 Hz), theta (4–8 Hz), alpha (8–12 Hz), beta (12 Hz–28 Hz), and gamma (28 Hz–40 Hz) [30].

The characterization of the aspects of neuronal hyperexcitability in seizures caused by PTZ, as well as the reversal of the condition by the control drugs, were performed using the Signal[®] 3.0 and Pyton 5.0 programs, which allowed the analysis of the frequency domain of brain waves, in addition to the visual inspection of wave patterns.

2.8 Chromatographic analysis of *Lippia organoides* essential oil

Gas Chromatography-Mass Spectrometry (GC-MS) analysis, with Agilent Model MSD 5977B apparatus, was carried out by the company Olinda (essential oils) to certify the chromatographic analysis of *Lippia organoides*. The analysis was performed on a batch with manufacturing date of February 2022, labeled as lot: 180002.

Organoleptic Properties: The essential oil appeared as a liquid with a golden-yellow color, free of impurities. It exhibited a pungent, fresh, and herbal scent, and had a density of 0.935 at 20°C. It originated from Brazil and was obtained through steam distillation.

The components were identified based on the Chemical Abstracts Service (CAS) registry number, which assigns a unique number to each chemical compound described in literature. The major components identified were Thymol (57.46%) and Carvacrol (1.42%).

2.9 Statistical analysis

The results were subjected to descriptive statistics, including mean and standard deviation. One-way Analysis of Variance (ANOVA) was employed, followed by Tukey's *post hoc* test. A significance level of $*p < 0.05$, $**p < 0.001$, and $***p < 0.0001$ was adopted. The analyses were performed using GraphPad Prism, version 9 (GraphPad Software Inc., San Diego, CA, United States).

3 Results

3.1 Respiratory evaluation after administration of isolated and associated drugs

There was a reduction in respiratory rate when compared to the control group ($60.22 \pm 2.906/\text{minute}$), LOEO group ($52.44 \pm 2.78/\text{minute}$), DZP group ($52.89 \pm 3.480/\text{minute}$) and LOEO/DZP group ($45.33 \pm 3.162/\text{minute}$). The LOEO and DZP groups did not show a significant difference ($p = 0.990$), however, there was a decrease in

respiratory frequency for the LOEO/DZP combination (Figures 2A–E).

To evaluate the muscle contraction power of the 10th intercostal muscle during treatment, it was observed that the control group had a mean power ($3.215 \pm 0.196 \text{ mV}^2/\text{Hz} \times 10^{-1}$) and presented greater power compared to the other groups: LOEO group ($2.254 \pm 0.3382 \text{ mV}^2/\text{Hz} \times 10^{-1}$), DZP group ($2.523 \pm 0.2479 \text{ mV}^2/\text{Hz} \times 10^{-1}$) and LOEO/DZP group ($1.976 \pm 0.1767 \text{ mV}^2/\text{Hz} \times 10^{-1}$). The LOEO and DZP groups did not show a significant difference ($p = 0.1181$). The LOEO and LOEO/DZP groups were also similar ($p = 0.1023$). The muscle contraction power of the DZP group was greater than that of the LOEO/DZP group (Figure 2F).

3.2 Behavioral assessment

The behavioral assessment of the animals was conducted to determine the progression of seizures (Table 1). Animals treated with PTZ rapidly progressed to tonic-clonic seizures with loss of postural reflex.

The group treated with DZP + PTZ exhibited the longest latency to the onset of convulsive seizures compared to the LOEO + PTZ group. However, when compared to the LOEO/DZP + PTZ combination, it showed significantly shorter latency. In the LOEO + PTZ group, animals did not progress to generalized clonic seizures. In the LOEO/DZP + PTZ group, animals only displayed whisker piloerection and generalized tremor, indicating greater stabilization of convulsive symptoms compared to DZP + PTZ. These results suggest that LOEO, when combined with DZP, can provide effective control of convulsive seizures by potentiating its effects.

3.3 Electrocorticographic evaluation

The animals in group I (physiological saline) exhibited amplitudes below 0.1 mV in the trace, and it can be observed in the corresponding spectrogram that the highest energy concentrations are below 10 Hz (Figure 3A). Group II (LOEO) showed little variation compared to the control group, although the spectrogram displayed greater intensity in oscillations up to 40 Hz (Figure 3B). Group III (DZP) displayed oscillations with amplitudes below 0.5 mV in the trace, with energy concentration below 10 Hz (Figure 3C). These groups did not maintain statistical differences and showed trace characteristics similar to the control group. In contrast, group IV (LOEO/DZP) (Figure 3D) displayed oscillations with amplitudes below 0.5 mV in the trace, and energy concentration below 15 Hz. On the other hand, group V (PTZ) exhibited significant alterations in the EEG trace, with peak amplitudes exceeding 0.5 mV, and activities characterized by constant levels of high-frequency and high-amplitude wave peaks (Figure 3E).

For group VI (LOEO + PTZ), the electrocorticographic trace did not show variations above 0.5 mV in amplitude, indicating seizure control. The spectrogram demonstrated an increase in power below 20 Hz (Figure 3F). For group VII (DZP + PTZ), the electrocorticographic trace did not show variations above 0.1 mV

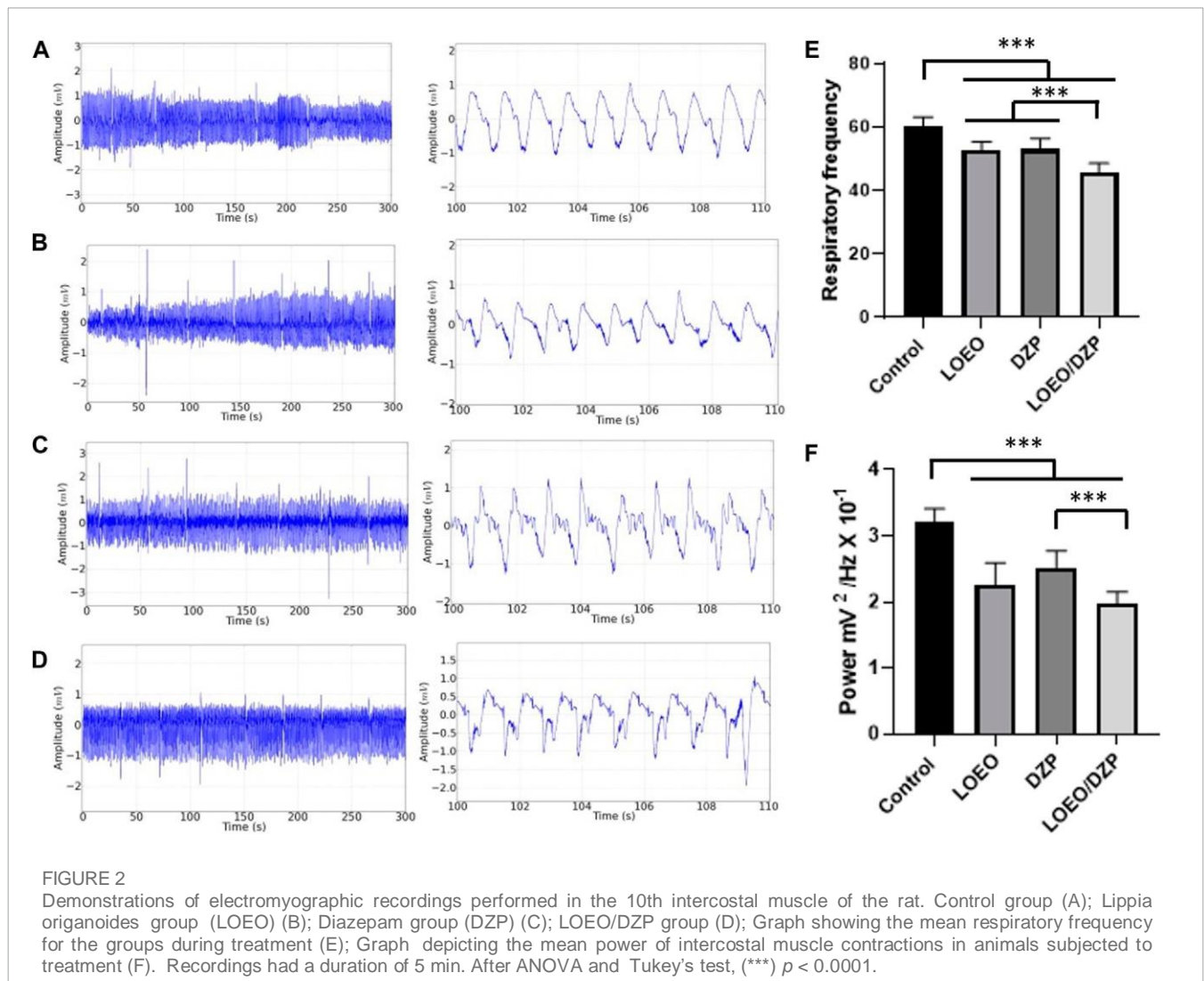


TABLE 1 Behavioral Characterization for Latencies of Excitability Behaviors Induced by PTZ (control group), Diazepam followed by PTZ application, and LOEO followed by PTZ application. (*) indicates statistical difference for the PTZ group, (#) represents statistical difference for the DZP + PTZ group, and (+) represents statistical difference for the LOEO group. After ANOVA followed by Tukey's test, a significance level of $*p < 0.05$, $**p < 0.001$, and $***p < 0.0001$ was adopted.

Comportamento/ Latência (S)	Whisker piloerection	Orofaciais movements	Generalized tremor	Anterior limb espasms	Isolated clonic seizure without loss of postural reflex	Generalizes clonic seizure with transiente loss of postural reflex	Tonic-clonic seizure with loss of postural reflex
PTZ	59.0 ± 5.809	74.11 ± 8.738	84.67 ± 6.164	96.33 ± 4.637	113.1 ± 8.860	161.1 ± 22.74	207.43 ± 16.32
DZP + PTZ	131.6 ± 19.17***	180.9 ± 10.88***	242.6 ± 25.49***	304.2 ± 40.17***	—	—	—
LOEO + PTZ	117.7 ± 7.14***	153.0 ± 12.96***/###	193.4 ± 12.07***/###	280.3 ± 10.65***	338.7 ± 34.7***	—	—
LOEO/DZP + PTZ	172.0 ± 16.47***/ ###/+++	—	296.3 ± 21.17***/###/+++	—	—	—	—
F-value and p-value	$F(3,34) = 108.9$ $p < 0.0001$	$F(2,24) = 228.3$ $p < 0.0001$	$F(2,24) = 228.2$ $p < 0.0001$	$F(2,24) = 199.8$ $p < 0.0001$	—	—	—

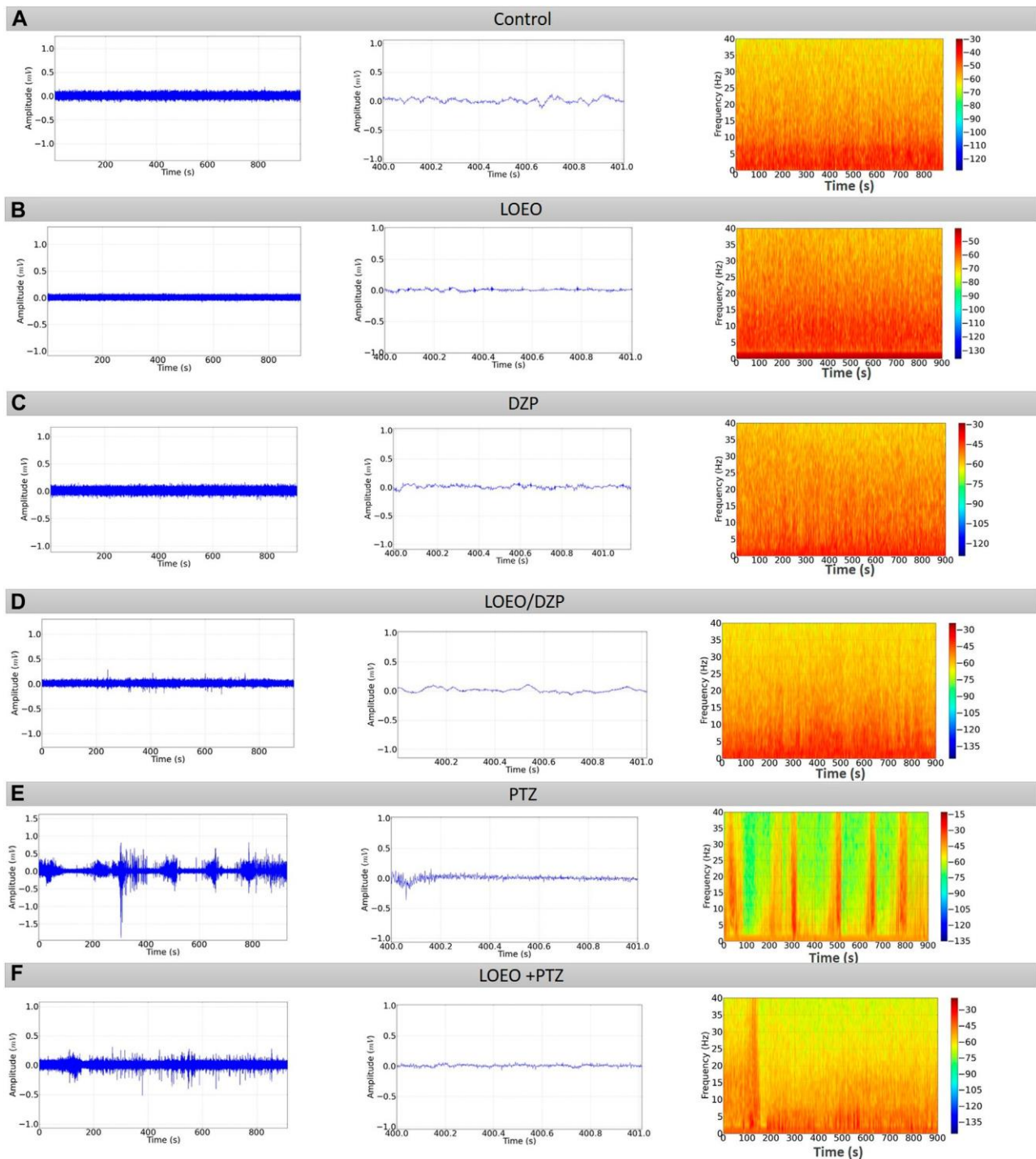


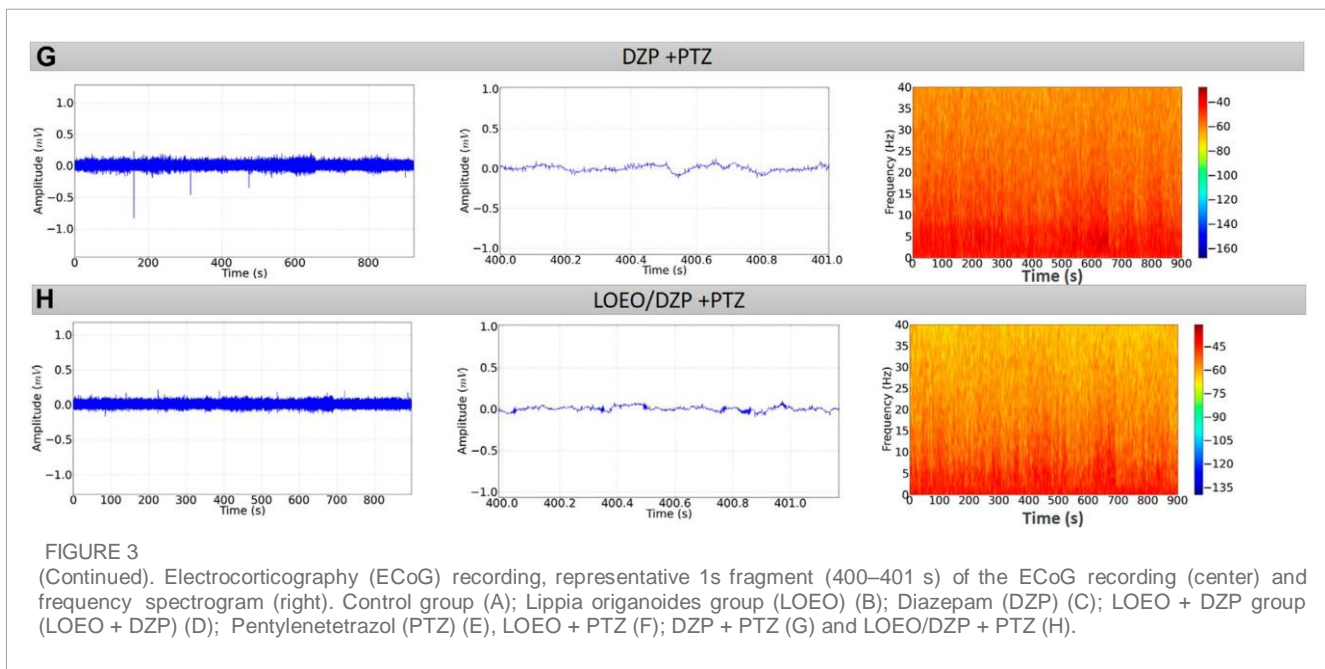
FIGURE 3

(Continued)

in amplitude, indicating seizure control. However, the spectrogram displayed an increase in power below 20 Hz (Figure 3G).

In group VIII, (LOEO/DZP + PTZ), the electrocorticographic trace did not show variations above 0.1 mV in amplitude, possibly indicating potentiation of the effect of DZP when combined with LOEO. The spectrogram displayed an increase in power below 15 Hz (Figure 3H).

Total power varied significantly between groups: group I $0.6268 \pm 0.1064 \text{ mV}^2/\text{Hz} \times 10^{-3}$ and group II $0.1946 \pm 0.06929 \text{ mV}^2/\text{Hz} \times 10^{-3}$ ($p = 0.0012$), group VI $0.9680 \pm 0.1696 \text{ mV}^2/\text{Hz} \times 10^{-3}$ ($p = 0.0211$). However, groups III $0.5868 \pm 0.06176 \text{ mV}^2/\text{Hz} \times 10^{-3}$ ($p > 0.9999$), group IV $0.6718 \pm 0.1204 \text{ mV}^2/\text{Hz} \times 10^{-3}$ ($p = 0.9998$), group VII $0.7690 \pm 0.1624 \text{ mV}^2/\text{Hz} \times 10^{-3}$ ($p = 0.9998$).



Hz $\times 10^{-3}$ ($p = 0.8363$), and group VIII 0.4031 ± 0.09328 mV²/Hz $\times 10^{-3}$ ($p = 0.3313$) no showed a difference to the saline control group. The administration of PTZ 2.215 ± 0.5042 mV²/Hz $\times 10^{-3}$ (group V) resulted in a significant increase in power and presented a statistical difference in relation to all groups [$F(7,64) = 77.25$; $p < 0.001$] (Figure 4A).

Significant variation was found between groups II and VI (LOEO and LOEO + PTZ), groups II and VII (LOEO/DZP + PTZ), and between group VI and VIII (LOEO + PTZ and LOEO/DZP + PTZ).

For delta oscillations, the control group presented an average power of 0.1609 ± 0.02492 mV²/Hz $\times 10^{-3}$, showing significant variation between the following groups: group II with 0.02884 ± 0.004213 mV²/Hz $\times 10^{-3}$ ($p = 0.0276$) and group VII with 0.2948 ± 0.03959 mV²/Hz $\times 10^{-3}$ ($p = 0.0241$). However, it was similar to groups III with 0.1624 ± 0.01824 mV²/Hz $\times 10^{-3}$ ($p > 0.9999$), group IV with 0.1487 ± 0.03489 mV²/Hz $\times 10^{-3}$ ($p > 0.999$) and group VIII with 0.1313 ± 0.03135 mV²/Hz $\times 10^{-3}$ ($p = 0.9949$). However, significant differences were observed between groups V with 0.7095 ± 0.2105 mV²/Hz $\times 10^{-3}$ and VI with 0.4827 ± 0.08197 mV²/Hz $\times 10^{-3}$, for the other groups (Figure 4B).

For theta oscillations, group I presented an average power of 0.1626 ± 0.01493 mV²/Hz $\times 10^{-3}$ and showed no statistical difference with group III 0.1272 ± 0.01868 mV²/Hz $\times 10^{-3}$ ($p = 0.3057$), group IV 0.1275 ± 0.02840 mV²/Hz $\times 10^{-3}$ ($p = 0.3139$) and group VI 0.2043 ± 0.03789 mV²/Hz $\times 10^{-3}$ ($p = 0.1322$). Significant statistical differences were observed between groups II 0.1626 ± 0.01493 mV²/Hz $\times 10^{-3}$, V 0.5975 ± 0.06429 mV²/Hz $\times 10^{-3}$ and VII 0.2595 ± 0.03483 mV²/Hz $\times 10^{-3}$ and group VIII 0.1142 ± 0.01620 mV²/Hz $\times 10^{-3}$ ($p = 0.0470$) (Figure 4C).

For alpha oscillations, group I presented an average linear power of 0.07834 ± 0.01241 mV²/Hz $\times 10^{-3}$ and showed no statistical difference with group III (0.06866 ± 0.01372 mV²/Hz $\times 10^{-3}$, $p = 0.9226$), group VI (0.05895 ± 0.008050 mV²/Hz $\times 10^{-3}$, $p = 0.2384$) and group VII (0.08349 ± 0.01473 mV²/Hz $\times 10^{-3}$, $p = 0.9980$). Significant statistical differences were observed between groups II (0.02046 ± 0.002646 mV²/

Hz $\times 10^{-3}$), group IV (0.03024 ± 0.008092 mV²/Hz $\times 10^{-3}$) and group V (0.3096 ± 0.03782 mV²/Hz $\times 10^{-3}$) and group VIII (0.05244 ± 0.003926 mV²/Hz $\times 10^{-3}$). The PTZ group had a higher mean linear power in alpha oscillations (Figure 4D).

For beta oscillations, the control group exhibited an average linear power of 0.08061 ± 0.01036 mV²/Hz $\times 10^{-3}$, with no statistical difference observed in comparison to group III (0.08187 ± 0.01351 mV²/Hz $\times 10^{-3}$, $p > 0.9999$), group IV (0.02291 ± 0.007150 mV²/Hz $\times 10^{-3}$, $p = 0.6753$), group VI (0.08120 ± 0.01311 mV²/Hz $\times 10^{-3}$, $p > 0.9999$), group VII (0.1060 ± 0.01166 mV²/Hz $\times 10^{-3}$, $p = 0.9948$), and group VIII (0.06128 ± 0.01399 mV²/Hz $\times 10^{-3}$, $p = 0.9991$). Significant statistical difference was observed only in group V (0.5655 ± 0.1993 mV²/Hz $\times 10^{-3}$) (Figure 4E).

For gamma oscillations, the control group exhibited an average linear power of 0.02402 ± 0.004807 mV²/Hz $\times 10^{-3}$, with no statistical difference observed for group II (0.007608 ± 0.003549 mV²/Hz $\times 10^{-3}$, $p = 0.9667$), group III (0.03010 ± 0.004594 mV²/Hz $\times 10^{-3}$, $p > 0.9999$), group IV (0.009768 ± 0.002647 mV²/Hz $\times 10^{-3}$, $p = 0.9849$), group VI (0.01174 ± 0.001755 mV²/Hz $\times 10^{-3}$, $p = 0.9938$), group VII (0.01953 ± 0.003204 mV²/Hz $\times 10^{-3}$, $p > 0.9999$), and group VIII (0.01391 ± 0.002762 mV²/Hz $\times 10^{-3}$, $p = 0.9982$). Significant statistical difference was observed only in group V (0.2121 ± 0.09447 mV²/Hz $\times 10^{-3}$) (Figure 4F).

4 Discussion

In this study, we have demonstrated, for the first time, that the essential oil of *Lippia origanoides* was able to increase the convulsive threshold induced by PTZ in rats. This was achieved through the analysis of behavior, electroencephalographic (EEG) and electromyographic patterns after the administration of LOEO alone, as well as the evaluation of the LOEO/DZP combination and its response compared to diazepam.

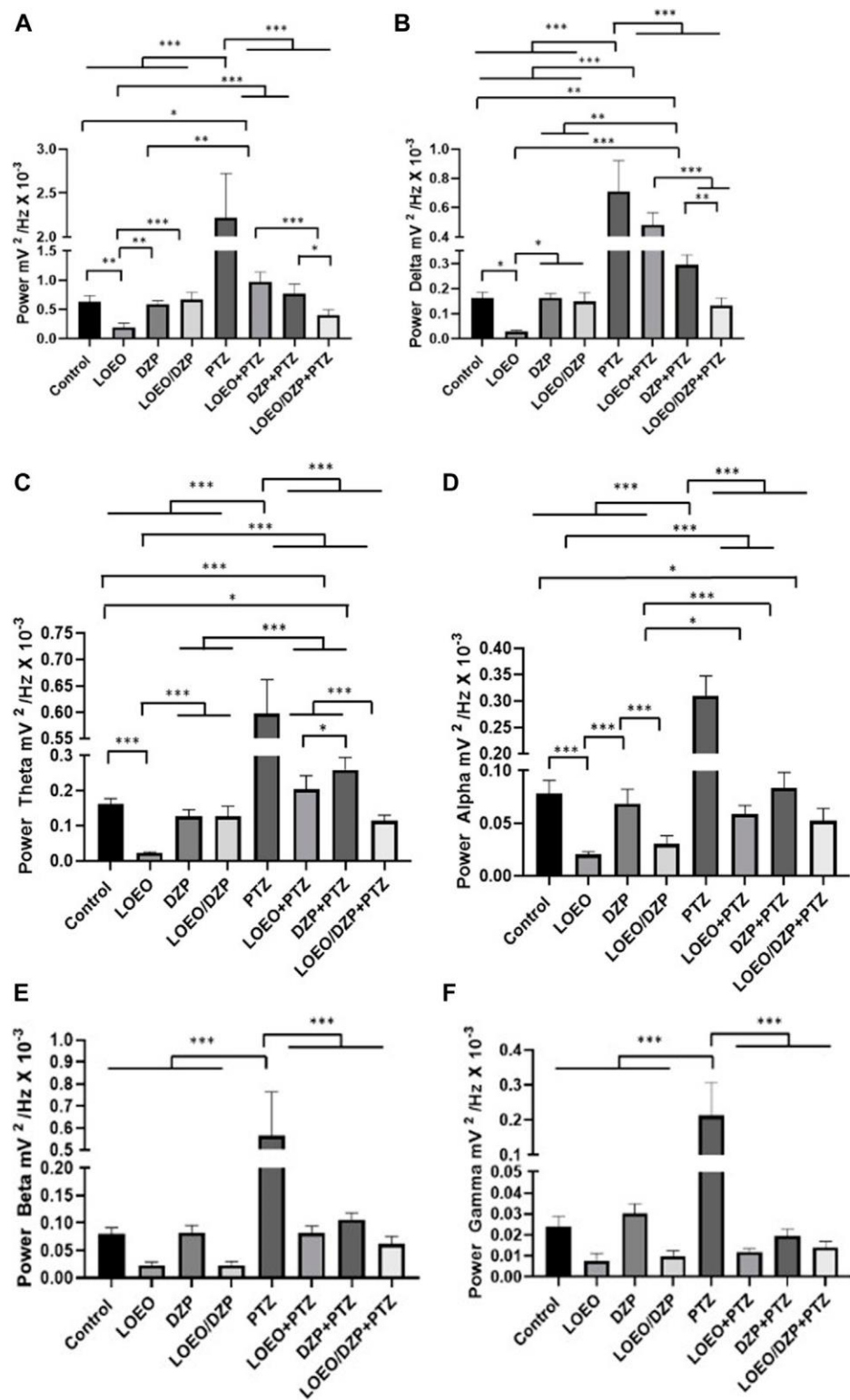


FIGURE 4
Total linear power analysis of brain waves up to 40 Hz (A) and quantitative linear frequency distribution of brain waves: (B) delta waves; (C) theta waves; (D) alpha waves; (E) beta waves and (F) gamma waves, recorded by electrocorticography. Data show drugs associated and not associated with pentylenetetrazole (* $p < 0.05$, ** $p < 0.001$ and *** $p < 0.0001$).

The present study demonstrated significant differences in the respiratory frequency depression of the group treated with LOEO in combination with DZP compared to the other groups in relation to respiratory behavior patterns, as assessed through electromyography of the 10th intercostal muscle.

These respiratory depressant effects caused by the LOEO/DZP combination suggest various therapeutic targets. Some anesthetic medications are known respiratory depressants, such as propofol, sevoflurane, and midazolam, acting as GABA receptor agonists and NMDA receptor antagonists (Pattinson, 2008).

The depressant respiratory response shown in our results by the LOEO/DZP combination suggests the need for further investigations to elucidate the underlying mechanisms triggering the decrease in respiratory frequency after its combined administration.

In recent a study (Hamoy et al., 2018), behavioral and electrocorticographic assessments were extremely useful to evaluate and compare the changes arising from disordered neuronal excitability that generate seizures and consequent epileptic conditions. In this research, the electrocorticogram of rat cortex was examined and it was demonstrated that the administration of PTZ in rats presented continuous discharges and high amplitude waves, being this effect reversed by conventional anticonvulsants (phenobarbital, phenytoin and diazepam). Our results corroborate with the whole protocol of this study, using diazepam as conventional antiepileptic.

Thymol (2-isopropyl-5-methylphenol), the most abundant constituent (57.46%) in LOEO and several other essential oils, is an isomer of carvacrol (2-methyl-5-1 methylethylphenol), a monoterpene also present in LOEO (1.42%). Thymol can manifest as a white crystalline powder or colorless crystals and are constituents of the essential oils of several plants (Nunes et al., 2005; Guillen et al., 2007).

The effects of thymol that have been studied and described in the literature include its antimicrobial and antiseptic actions (Matos et al., 2000; Kachur and Suntres, 2020). Both carvacrol and thymol exhibit high antioxidant activity, serving as natural food preservatives that inhibit peroxidation of phospholipid liposomes and demonstrating antifungal activities (Milos et al., 2000; Teissedre and Waterhouse, 2000; Mastelic et al., 2008). Other natural monoterpenoids have a wide range of pharmacological properties, such as local anesthetic, anticancer, antihistaminic, anti-inflammatory, antiviral, and neuroprotective activities (Volcho et al., 2018).

In previous studies on the central action of carvacrol, its effects on experimental models of anxiety and depression in mice were demonstrated, suggesting involvement of the GABAergic system through the GABA-A receptor, similarly to benzodiazepines that have high affinity for these receptors. In evaluating the antidepressant effects of carvacrol, the mechanism of action was shown to be associated with the dopaminergic system, possibly through stimulation of D1 and D2 receptors (Melo et al., 2010; Melo et al., 2011). Other studies have also shown central nervous system actions of monoterpenes, exhibiting anxiolytic and antidepressant effects (Umezū and Morita, 2003; Silva et al., 2007).

In a study the authors suggested that the mechanism of action of the isomers carvacrol and thymol is related to the modulation of GABAergic ionotropic receptors with Cl⁻ channels, as the monoterpenes bound to GABA receptors increased the uptake of ³⁶Cl⁻ (Tong and Coats, 2010).

Analogues of carvone, such as carvacrol, were able to inhibit neuronal excitability in the sciatic nerve of rats, probably by blocking

voltage-dependent sodium channels. The authors also observed that the structure of the compounds interfered with their ability to block channels. This capability of these compounds to alter their chemical structures can be effective in delivering drugs that act directly on their targets, without affecting other organisms (Gonçalves et al., 2010).

To evaluate the mechanisms by which carvacrol promoted the inhibition of neuronal excitability, the authors demonstrated through several tests that carvacrol is able to block neuronal excitability in a reversible and concentration-dependent manner through direct inhibition of voltage-dependent sodium channels, which suggests its effect as a local anesthetic (Joca et al., 2012).

Studies using oils and plant extracts have demonstrated the potentiation of GABAergic pathways in the control of convulsive crises triggered by pentylenetetrazole (de Oliveira et al., 2022; Muto et al., 2022; Nascimento et al., 2022). This effect is allosterically potentiated by benzodiazepines such as Diazepam, which favors the hyperpolarization of the neuronal membrane (Aburawi et al., 2021). LOEO demonstrated the ability to mitigate the intensity of PTZ-induced seizures, increasing the latency for the onset of behavior, as evidenced by ECoG. It was observed that the anticonvulsant activity of LOEO increased seizure control when associated with Diazepam, which demonstrated a potentiating effect on seizure control.

In summary, the outcomes of this study underscore the potential utility of LOEO in managing convulsive seizures, while its synergistic combination with DZP opens a promising pathway for the development of new agents targeting refractory epilepsy. Moreover, these findings contribute significantly to the deeper comprehension of the mechanisms underlying epilepsy.

5 Conclusion

The current study revealed that treatment with LOEO led to distinct alterations in electrocorticographic tracings, showcasing attributes of a potent anticonvulsant agent. Moreover, the combination of LOEO with diazepam yielded a more favorable response compared to any individual drug administration, resulting in increased convulsive threshold and respiratory depression. This finding holds significant implications, as the synergistic effect of *Lippia origanoides* essential oil with diazepam may represent a valuable therapeutic approach for the treatment of epilepsy, enhancing therapeutic efficacy while minimizing adverse effects.

Data availability statement

The original contributions presented in the study are included in the article/supplementary material, further inquiries can be directed to the corresponding authors.

Ethics statement

The animal study was approved by the Animal Ethics Committee (CEUA—UFPA) number 1395260821. The study was

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Author contributions

Conceived and designed the experiments: D.B.d.A., M.H. Performed the experiments: D.B.d.A., A.L.G.d.A., G.B.B., M.K.O.H and M.H. Wrote the paper: all authors. Financial support and administrative support: M.H and V.J.d.M. All authors have read and agreed to the published version of the manuscript.

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Conflict of interest

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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3. ARTIGO 2: Óleo essencial de *Rosmarinus officinalis* desencadeia depressão seguida de excitabilidade do SNC em ratos Wistar



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Rosmarinus officinalis essential oil triggers depression followed by CNS excitability in Wistar rats

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The essential oil of rosemary (*Rosmarinus officinalis*) (EORO) is widely used in folk medicine and has proven therapeutic effects. Our research evaluated high doses of rosemary essential oil in 54 Wistar rats between 180 and 200 g. The study consisted of three experiments: 1) behavioral monitoring of the animals after administration of 500 mg/kg i.p.; 2) electrocorticographic records after drug administration; 3) anticonvulsant drug reaction, where phenytoin, phenobarbital, and diazepam 10 mg/kg i.p. were applied. The results showed that the application of EORO presented two phases. Phase 1 was characterized by the appearance of myorelaxation and a reduction in the power of the electrocorticogram in low-frequency cerebral oscillations. Phase 2 was characterized by increased excitability, with the appearance of convulsions and the increased power of electrocorticographic recordings in cerebral oscillations up to 40 Hz. In this phase, three tracing patterns were observed. Beta oscillations were the most prevalent and were better controlled by diazepam, which demonstrates that the excitatory activity of EORO is related to the reduction of GABAergic activity.

KEYWORDS

ethnopharmacology, electrocorticographic record, behavioral 7. characterization, rosemary essential oil, *Rosmarinus officinalis*

1 Introduction

Essential oils and their constituents have been presented as possible modulators of the central nervous system (CNS) (Figuêredo et al., 2019), and the presence of components such as terpenes in their constitutions is known to have anxiolytic, antidepressant, analgesic, and anticonvulsant activities, and to provoke excitability of the central nervous system (de Sousa et al., 2015; Chen et al., 2020). *Rosmarinus officinalis* (rosemary), belonging to the Lamiaceae botanical family, is an aromatic plant cultivated in different regions worldwide, with the Mediterranean as its center of origin (Murata et al., 2013; Oliveira et al., 2019). Rosemary is used to accelerate digestion, clear nasal passages, stimulate hair

growth, and relieve rheumatic pain, as well as myalgias, neuralgias, and physical and mental fatigue.

Essential oil of *R. officinalis* (EORO) is also used as a memory and cognition stimulator, have antidiabetic, anti-inflammatory, and hepatoprotective properties, relieve dyslipidemia, and protect against glial cell tumors (Rašković et al., 2014; Rodrigues et al., 2020; Olah et al., 2017; Ozdemir and Goktuk, 2018; Borges et al., 2019; Allegra et al., 2020; Bao et al., 2020; Chen et al., 2020; Zappalà et al., 2021). According to Bellumori et al. (2021), Ahmed and Babakir-Mina (2020) and Paixão and de Carvalho (2021), rosemary has immunomodulatory and antimicrobial activity against bacteria (*Staphylococcus epidermidis*, *S. aureus*, *Bacillus subtilis*, *Proteus vulgaris*, *Pseudomonas aeruginosa*, and *Escherichia coli*) and fungi (*Candida albicans* and *Aspergillus niger*). Several studies have demonstrated the interactive relationship of EORO with the CNS, having activity in the cholinergic and dopaminergic pathways (Park et al., 2010; Sasaki et al., 2012; Borrás-Linares et al., 2014; Kayashima et al., 2020). Studies of stimulant effects are related to the components 1,8-cineole (oxide) and α -pinene (monoterpene) which, through sympathetic activity, stimulate the autonomic nervous system and increase blood pressure and respiratory rate measurements (Howes and Houghton, 2003; Sasaki et al., 2012; Kayashima et al., 2020). In line with these studies, Schriever et al., 2017 and DeGuzman et al., 2020 recorded by electroencephalography a significant decrease in the power of alpha waves in the bilateral middle frontal regions; they associated this result with increased alertness they clinically observed.

It is known that despite advances in the understanding of epilepsy, the mechanisms responsible for the epileptic phenomenon and its cellular bases are still not fully understood, although existing studies indicate that EORO interacts with the CNS. The behavioral and electrocorticographic characterization during these interactions caused by EORO have never been described and can help us understand the pathophysiological mechanisms that underlie epilepsies.

2 Materials and methods

2.1 Animals

For this study, 54 heterogeneous male Wistar rats, aged 8–10 weeks and weighing 180–200 g were used. They originated from the Central Animal Facility of the Federal University of Pará ICB (UFPA) and accommodated in the vivarium of its Laboratory of Pharmacology and Toxicology of Natural Products (LFTPN/UFPA). The animals were acclimatized to laboratory conditions 5 days before the experimental manipulation in boxes measuring 50 cm \times 60 cm \times 20 cm (height \times width \times depth) with wood shavings, at a temperature adjusted to 25–28 °C, 12-h light/dark cycle, receiving rodent food and filtered water during the tests. The experimental procedures followed the guidelines of the Ethics Committee in Research with Experimental Animals of the Federal University of Pará – (CEPAE–UFPA) under CUS approval number 6301260821.

2.2 Acquisition and composition of essential oil

Essential oil of *R. officinalis* (EORO) was purchased from Harmonie Aromatherapy (Florianópolis, SC, Brazil, CNPJ: 11.938.821/0001-90). It was extracted by steam distillation and analyzed by high-performance gas chromatography on an AGILENT 7820A Gas Chromatograph under the following conditions. Column: Rxi-5MS 30 m \times 0.25 mm \times 0.25 μ m (Restek). Temp.: column: 50 °C (0 min), 3 °C/min at 200 °C; injector: 200 °C split: 1/50; FID detector: 220 °C. Vol. injection: 1 μ L (1% in ethyl acetate) (Figure 1). The phytoconstituents that make up the oil are eucalyptol (47.5%), camphor (19.3%), α -pinene (12.2%), β -pinene (7.8%), and β -caryophyllene (4.6%) (Table 1).

2.3 Drugs used

The drugs were acquired as follows: ketamine hydrochloride from König (Santana de Parnaíba, SP, Brazil); xylazine hydrochloride from Vallée (Montes Claros, MG, Brazil); phenobarbital anticonvulsant compounds from Aventis-Pharma (Ribeirão Preto, SP, Brazil), and phenytoin and diazepam from União Química (Embu-Guaçu, SP, Brazil).

2.4 Experimental design

2.4.1 Experiment I: Behavioral characterization

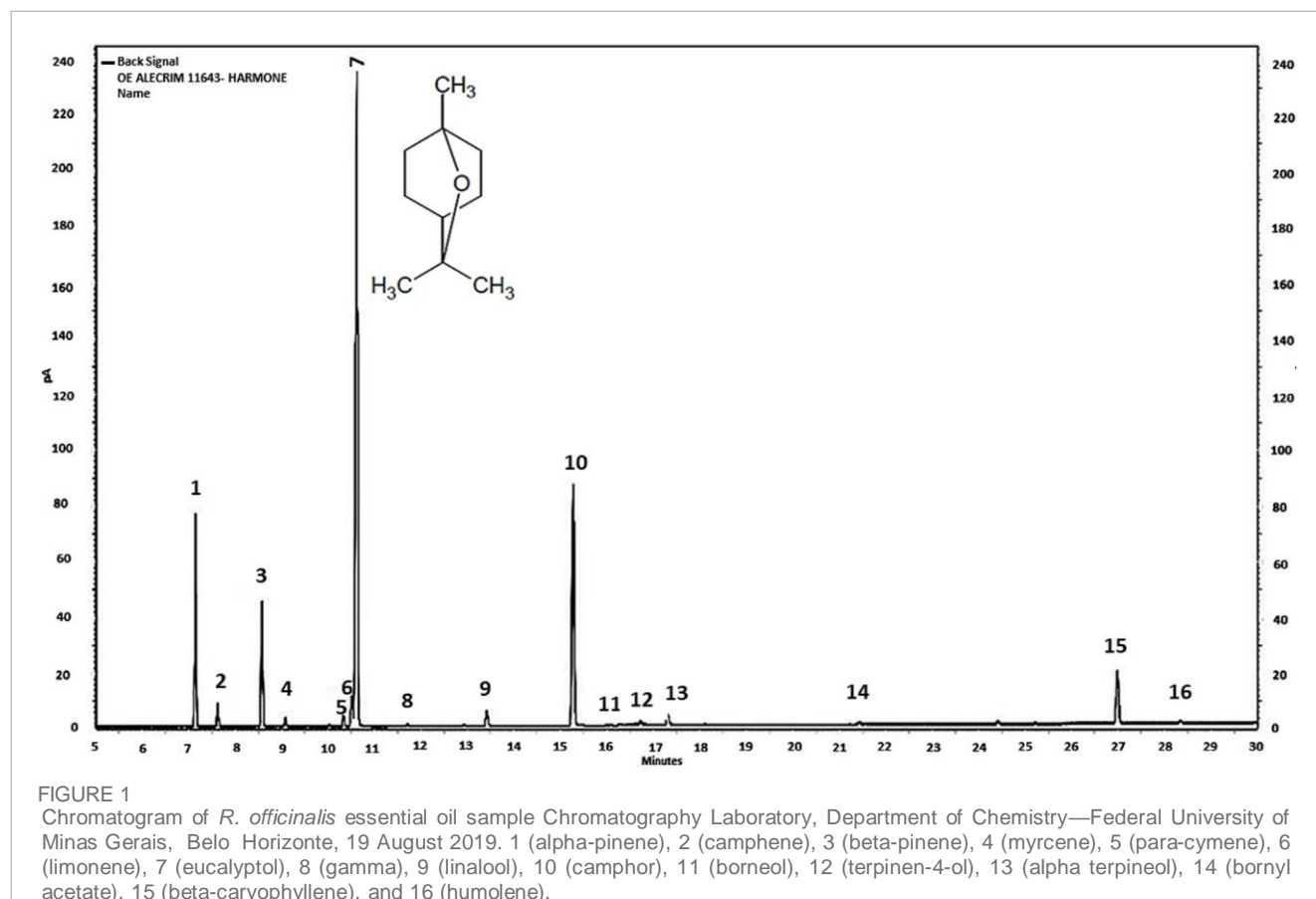
The convulsant doses used were 300 mg/kg and 600 mg/kg i.p.; through linear regression, considering the behavior of clonic seizure with partial loss of posture reflex, the indicated dose was 500 mg/kg. The drug was previously diluted in reconstituted peanut oil at 10% (100 mg/mL). The control group just with the injection of peanut oil in a volume equivalent did not present any behavioral alterations. The animals were submitted to behavioral analysis to evaluate the latency period of the appearance of behaviors after the administration of 500 mg/kg i.p. EORO for 60 min (n = 9). Preliminary tests made it possible to determine the effective dose (ED50) at 500 mg/kg to trigger seizures with loss of postural reflex.

2.4.2 Experiment II: Electrocorticographic characterization

Five days after electrode implantation, electrocorticograms (ECoGs) were performed for 50 min after the injection of EORO 500 mg/kg i.p. This experiment was designed as follows. The control group received i.p. of 0.9% saline solution in equivalent volume, then ECoG recording was performed (n = 9). The animals in the EORO group received an EORO injection of 500 mg/kg i.p., then ECoG recording was performed (n = 9).

2.4.3 Experiment III: Action of anticonvulsants

EORO-induced seizures were attenuated with three different anticonvulsants: phenytoin (PHT) 10 mg/kg i.p., phenobarbital (PBT) 10 mg/kg i.p., and diazepam (DZP) 10 mg/kg i.p. The

TABLE 1 Chemical composition of *Rosmarinus officinalis* essential oil.

Retention index	Identification	Percentage (%)	Peak
1003	Eucalyptol	47.5	7
1121	Camphor	19.3	10
913	Alpha-pinene	12.2	1
950	Beta-pinene	7.8	3
1425	Beta-caryophyllene	4.6	15
1000	Limonene	2.3	6
925	Camphene	1.4	2
1073	Linalool	1.2	9
1174	Alpha terpineol	1.0	13
995	Para-cymene	0.7	5
963	Myrcene	0.5	4
1159	Terpinen-4-ol	0.3	12
1281	Bornyl acetate	0.2	14
1461	Humolene	0.2	16
1031	Gamma terpinene	0.1	8
1148	Borneol	0.1	11
	Others	0.2	

groups were organized as follows. a) EORO (500 mg/kg i.p.) 10 min before the application of phenytoin at a dose of 10 mg/kg i.p. followed by the ECoG recording for 30 min. b) EORO (500 mg/kg i.p.) 10 min before application of phenobarbital at a dose of 10 mg/kg i.p. followed by the ECoG recording for 30 min. c) EORO (500 mg/kg i.p.) 10 min before the application of diazepam at a dose of 10 mg/kg i.p. followed by the ECoG recording for 30 min. To evaluate the seizure control by anticonvulsants, the animals were submitted to the same electrocorticographic recording protocol as step two and received intraperitoneal EORO and 10 min later received phenytoin, phenobarbital, and diazepam, followed by ECoG recording for 30 min.

2.5 Surgery for electrode implantation

The animals were anesthetized by intraperitoneal injection of an association of ketamine hydrochloride at a dose of 100 mg/kg and xylazine hydrochloride at a dose of 10 mg/kg. The degree of anesthetic depth was evaluated. After anesthesia, the animals were placed in a stereotaxic apparatus. Stainless steel electrodes, with an exposed tip 1.0 mm in diameter, were placed on the dura above the frontal cortex at the bregma coordinates -0.96 mm and ± 1.0 mm laterally (Hamoy et al., 2018) in the motor cortex region. A screw was fixed in the skull, and the electrodes were fixed with dental acrylic cement (self-curing acrylic).

Phase	Behavior	Latency (seconds)
Phase 1	1. Immobility	301.2 ± 42.78
	2. Myorelaxation	458.9 ± 62.20
Phase 2	1. Head and neck spasms	974.0 ± 49.64
	2. Clonic seizures of the forelimbs	1084 ± 68.71
	3. Generalized clonic seizure with transient loss of posture reflex	1213.0 ± 93.18
	4. Generalized clonic seizure with loss of posture reflex	1348.0 ± 49.92

2.6 Electroencephalography record

The recordings were obtained through a differential amplifier with high impedance AC input (Grass Technologies, Model P511) adjusted with 0.3 Hz and 0.3 KHz filtering, monitored with an oscilloscope (Protek, Model 6510), and continuously digitized at a 1 KHz rate by a computer equipped with a data acquisition card (National Instruments, Austin, TX). The analyses were performed using a tool built using the Python programming language (version 5.0). The “Numpy” and “Scipy” libraries were used for mathematical processing, and the “matplotlib” library was used to obtain graphs and plots. The results were submitted to descriptive statistics as mean and standard deviation. One-way analysis of variance (ANOVA) was used, followed by the Tukey test. A significance index of $*p < 0.05$, $**p < 0.01$, and $***p < 0.001$ was adopted. Analyses were performed at a frequency of up to 40 Hz, and divided into bands according to Jalilifar et al. (2018) in beta (1–4 Hz), theta (4–8 Hz), alpha (8–12), beta (12–28), and gamma (28–40 Hz) for the interpretation of dynamics during the development of crises.

3 Results

3.1 Behavioral characterization

The behavioral observations obtained after the administration of essential oil of *R. officinalis* (EORO) at a dose of 500 mg/kg i.p. were characterized by two phases: CNS depression (phase 1) followed by CNS excitability (phase 2) (Table 2). In phase 1, it is possible to perceive two distinct stages: immobility and myorelaxation. Immobility starts after approximately 5 min, with a latency of 301.2 ± 42.78 s. Myorelaxation, in turn, starts at approximately 8 min, with a latency of 458.9 ± 62.20 s (Table 2). Phase 2 begins approximately 15 min after the application of EORO, characterized by excitability and the appearance of generalized clonic convulsion. The convulsion observed in animals demonstrated four characteristics: head and neck spasms, clonic convulsion of the thoracic limbs, generalized clonic convulsion with transient loss of postural reflex, and generalized clonic convulsion with loss of postural reflex (Table 2).

3.2 ECoG according to phases of depression and cerebral excitability with different tracing patterns caused by EORO

The animals in the control group walked normally, showed ECoG characteristics with low tracing amplitude (Figure 2A, left), and revealed a frequency spectrogram with energy intensity concentrated at frequencies below 10 Hz (Figure 2A, right). During phase 1, which occurred shortly after the application of EORO, muscle relaxation was observed in behavioral analysis. Furthermore, the ECoG recorded a decrease in the amplitude of the trace (Figure 2B, left), with a slight reduction of the energy level in the frequency oscillations up to 40 HZ (Figure 2B, right) compared to the control spectrogram (Figure 2A, right). During phase 2, much larger amplitude traces can be noticed (Figure 2C, left) with signal intensification according to the frequency spectrogram achieved (Figure 2C, right), contrasting with the patterns observed in control and during phase 1. The behavioral responses were in line with the two distinct phases observed in the ECoG analysis (Figure 3). In phase 2, three tracing patterns were observed: pattern A characterized by a change in the tracing at the beginning of excitability with an amplitude below 0.5 mV; pattern B characterized by a polypoint wave that repeats with an amplitude of 2 mV but at a lower frequency than pattern A; Pattern C that presents a high-frequency polypoint with a burst firing pattern of potentials with an amplitude of 4 mV (Figures 3A,B).

3.3 Analysis of brain oscillations during the phases and tracing patterns observed in phase 2

The linear power between control and phase 1 were similar ($p = 0.999$). However, the control group was smaller than the other groups in phase 2. Phase 2 of the registration was similar to pattern B ($=0.9551$). Linear power was increased according to patterns A, B, and C (Figure 4A). For linear power in delta oscillations, the control group was similar to phase 1 ($p = 0.9701$) and pattern A group ($p = 0.9785$). The phase 1 group was similar to pattern A ($p = 0.6673$). Phase 2 was larger than pattern A and smaller than patterns B and C (Figure 4B). For theta oscillations, the animals in the control group were similar to phase 1 ($p = 0.9988$) and pattern A group ($p = 0.5503$). The phase 1 group and firing pattern A were similar ($p = 0.2806$). The power of the recordings in phase 2 was greater than the control, phase 1, and standard A groups. The groups of patterns B and C presented the highest powers recorded in theta oscillations (Figure 4C). For alpha oscillations, the control group was similar to phase 1 ($p = 0.999$), and it was similar to standard group A ($p = 0.5765$). Phase 1 was similar to pattern A (0.5068), as was phase 2 ($p = 0.3406$). Patterns A, B, and C showed an increase in alpha power according to the evolution of the recording (Figure 4D). For beta oscillations, recordings from animals that received EORO showed greater beta wave power in phase 2 than the control and phase 1 groups. Phase 2 was similar to standard group A ($p = 0.0867$). The control group showed oscillations in the beta band similar to the group in phase 1 ($p = 0.999$). Standard groups B and

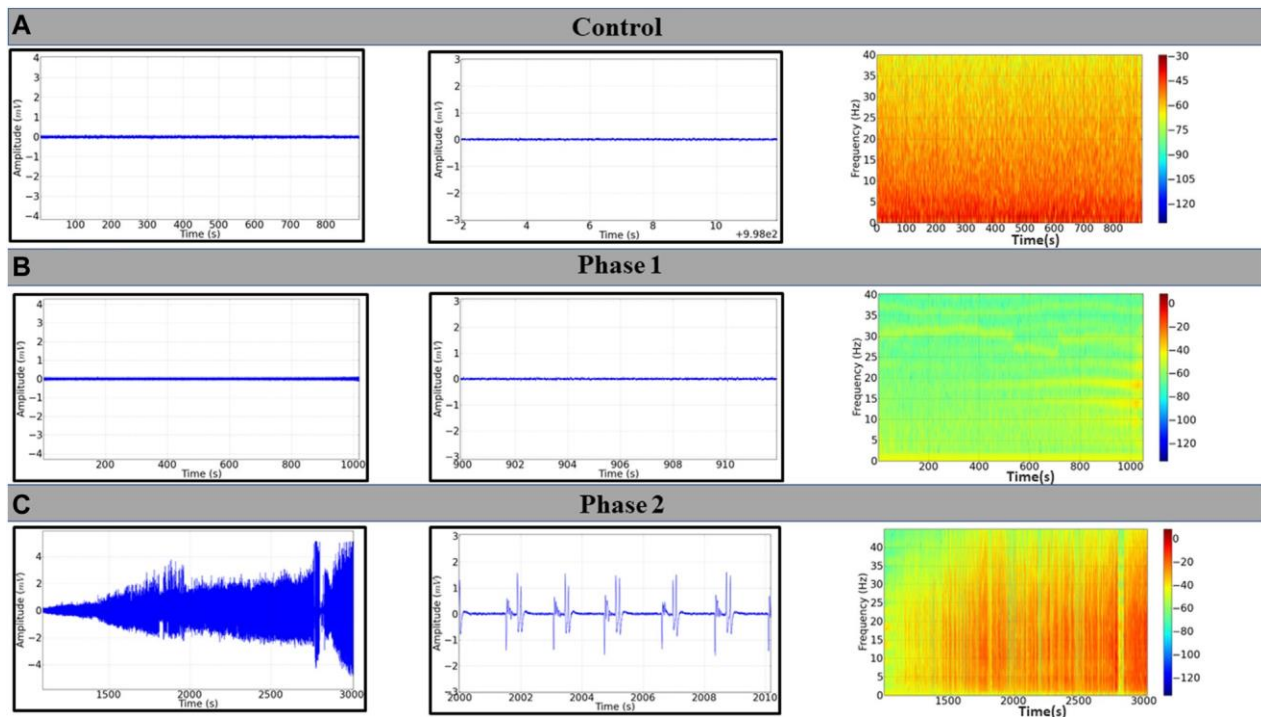


FIGURE 2

Electrocorticographic (ECoG) tracings of Wistar rat after application of 500 mg/kg i.p. of EORO. (A) ECoG traces of the control group; (B) ECoG registration during Phase 1; (C) seizure pattern in Phase 2. Corresponding records are shown on the central panels (10 s); frequency spectrograms are shown on the right.

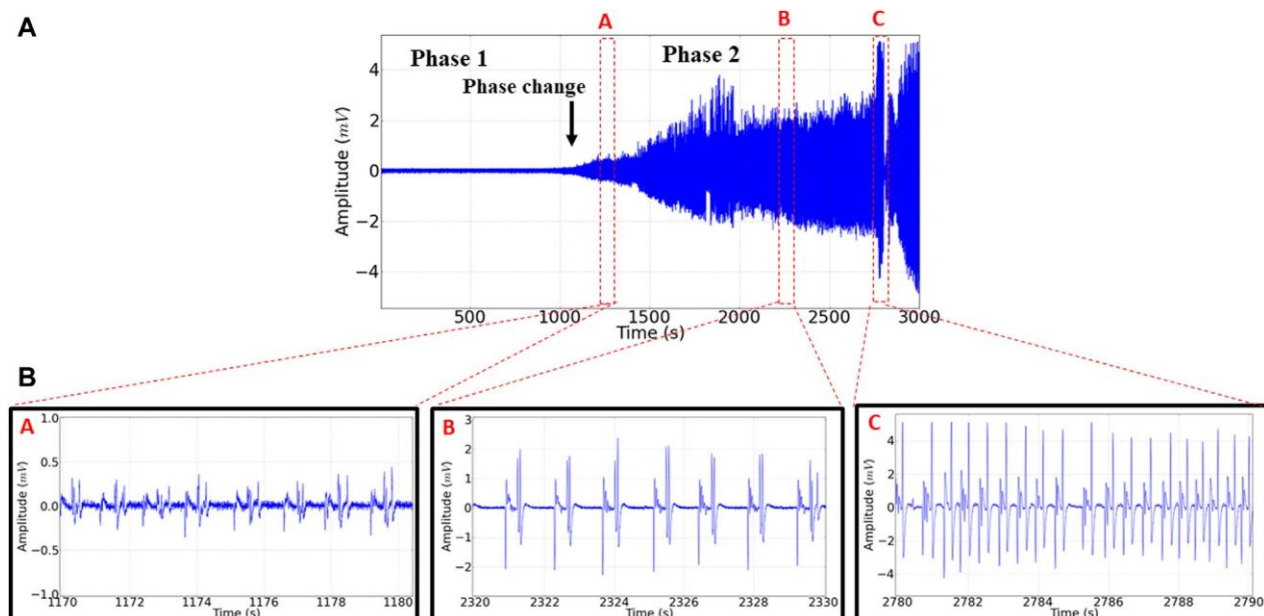


FIGURE 3

(A) Electrocorticographic recording (ECoG) obtained after application of EORO at 500 mg/kg i.p. showing phases 1 and 2. The black arrow indicates the beginning of phase 2. Three ECoG tracing patterns were identified in the second phase, shown as red dots: pattern (A) (1,170–1,180 s), pattern (B) (2,320–2,330 s), and pattern (C) (2,780–2,790 s). All with 10 s recording in phase 2.

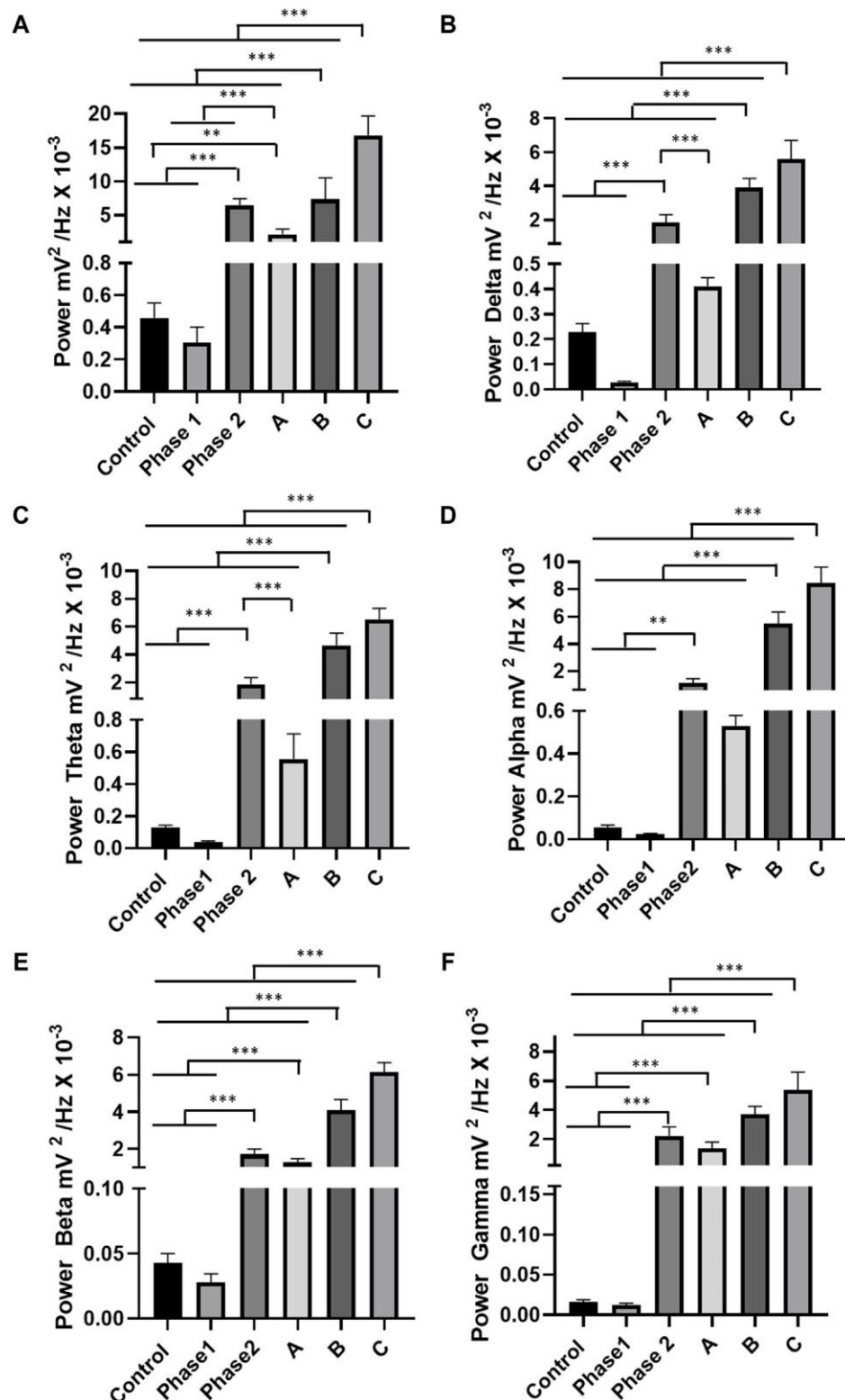


FIGURE 4

Quantitative linear frequency distribution of brain waves: For oscillations of 0–40 Hz in phases 1 and 2 and patterns A, B, and C of the tracings (A); delta oscillations (1–4 Hz) (B); theta oscillations (4–8 Hz) (C); alpha oscillations (8–13 Hz) (D); beta oscillations (13–28 Hz) (E); gamma oscillations (28–40 Hz) (F). The test used was one-way ANOVA. Data expressed as mean \pm SD ($n = 9$ animals per group; * $p < 0.05$, ** $p < 0.01$, and *** $p < 0.001$).

C showed greater beta potency (Figure 4E). For gamma oscillations, the phase 2 group showed greater power in relation to the control and phase 1 groups. The control group

and phase 1 were similar ($p = 0.999$). Phase 2 was similar to standard group A, ($p = 0.0632$). Groups B and C presented the highest average power in gamma oscillations (Figure 4F).

3.4 Evaluation of anticonvulsant drugs

To assess the control of the seizures observed in phase 2, anticonvulsants were applied after EORO administration: phenytoin (10 mg/kg i.p.), phenobarbital (10 mg/kg i.p.), and diazepam (10 mg/kg i.p.). The recording patterns obtained with the use of anticonvulsants are shown in Figure 5 A, B, and C. Oscillations in the beta band showed an increase in phase 2 characterized by seizures; thus, the action of anticonvulsant drugs has been tested for oscillations in beta (12–28 Hz). For the control group, the fluctuations in beta were lower than the other groups, except for the group treated with diazepam ($p = 0.7758$). Registration in phase 2 was higher than the other groups. The group treated with phenytoin was larger than the groups treated with phenobarbital and diazepam. The diazepam-treated group was similar to the phenobarbital-treated group ($p = 0.0879$) (Figure 5D).

4 Discussion

Many substances contained in essential oils have anticonvulsant effects and may benefit people with epilepsy. Compounds such as carvone, citral, eugenol, or linalool are present as promising agents with antiepileptic activity. However, some essential oils are proconvulsant or are even present anticonvulsant and proconvulsant compounds in the same essential oil (Filho et al., 2006; Lopes et al., 2008; Quintans-Júnior et al., 2008; Sousa et al., 2008; Subhan et al., 2008; Bahr et al., 2019; de Oliveira et al., 2020; Mathew et al., 2021; de Oliveira et al., 2022; de Araújo et al., 2023). The behavior of the animals after the application of EORO initially showed depression of the central nervous system with the presence of intense myorelaxation that characterized the first phase of the behavior. However, a phase of excitability was revealed with the appearance of convulsive crises in the second phase, which demonstrated to the same components of the essential oil a decrease of excitability in the initial period and then an increase of excitability. A similar behavior was observed in the ethanolic extract of *Nerium oleander*, but with different components—in this case oleandrin, which corresponds to a digitaloid (de Melo et al., 2020). Figüredo et al. (2019) studied the effects of 1,8-cineol (eucalyptol 50 mg/kg)—the key phytochemical component of EORO—in the CNS of mice through the analysis of a behavioral model, finding that the latency of death was significantly prolonged in the groups which were submitted to convulsion induced by PTZ, which is a power stimulant of CNS due to its inhibitory capacity of the receptor GABAA in the control group. This corroborates our phase 1 results that EORO seems to act as a depressor of CNS. A study on the essential oil of *Ocimum basilicum* also suggested the hypnotic and anticonvulsant activities of this oil in the presence of terpene like the 1,8—cineole and linalool (Ismail, 2006). Camphor, the second biggest key phytochemical component of EORO, was studied by Ferreira et al. (2020) through electrocardiographic analysis where moderate neuronal hyperexcitability, fast evolution to tonic-clonic convulsion, and alterations in the electrocardiographic registers presented

characters of epileptiform activity with an increase in the total power of the wave, revealing an increase in the delta and theta waves. This corroborated our phase 2 results that the EORO was a CNS exciter, and therefore a proconvulsant. In the phytochemical analysis of the oil used in the study, the compound linalool was identified. This is an acyclic monoterpene that is well-known for its potential in aromatherapy and cosmetics. It is a compound that has anxiolytic potential in animal models capable of potentiating the function of GABA in the GABA A receptor (Milano et al., 2017) and inhibiting the excitatory action of glutamate receptors (Elisabetsky et al., 1999; Kessler et al., 2012; Ohkuma et al., 2002). Linalool derivatives and metabolites including linalool oxide, linalyl acetate, eight-oxolinalyl acetate, 8-carboxylinalyl acetate, and 8-oxolinalool also increase GABAergic activity and may have anticonvulsant effects (Linck et al., 2009; Vatanparast et al., 2017; Bahr et al., 2019) (Table 1). Hydroxylation at C8 of linalyl acetate led to reduced GABAergic responses (Granger et al., 2005; Milanos et al., 2017). The possible oxidation of linalool by P450 system oxidases may have contributed to the formation of different oxygenated byproducts that express distinct affinities and properties regarding the activation of GABA receptors (Boachon et al., 2015). The hydrophobicity of linalool favors greater allosteric interaction with GABA, since these receptors are embedded in the hydrophobic lipid bilayer of neurons (Khom et al., 2007). The oxidation of these compounds results in reduced modulation of the GABAA receptor (Khom et al., 2007). The linalool metabolism can thus directly contribute to the onset of seizures, reducing its effects on GABA, since other substances such as camphor and eucalyptol are found in the essential oil. These are known to promote epileptic events in humans, possibly due to their significant presence (Teis and Koren, 1995; Zibrowski et al., 1998; Pearce, 2008; Culić et al., 2009; Ferreira et al., 2020). This context justifies the two antagonistic phases dependent on the time of contact with the EORO, which can be observed in the electrocorticogram. During phase 2, there are characteristic peaks of asynchronous brain activity (Figure 2) with low amplitude patterns and high frequency, low frequency and high amplitude with polypoint wave, and high amplitude and high frequency with similar morphographic elements between shots with an increase in recorded power, demonstrating the intensity of the convulsive condition (Figures 3A,B). The evaluation of brain band oscillations during phase 1 showed a decrease in delta oscillations (1–4 Hz) in relation to the control group. For phase 2, all oscillations up to 40 Hz showed an increase in potency, but beta oscillations showed greater amplitude during seizures. According to Jalilifar et al. (2018) and Hamoy et al. (2018), who studied different pro-convulsant substances, there is an increased preponderance of beta oscillations in the electrocorticogram. All anticonvulsants tested reduced beta oscillations during seizures, although phenobarbital and diazepam performed better, demonstrating the inhibition of the GABAergic pathway by EORO. Research has already described the ability of camphor to induce seizures (Dubovsky, 1995; Pearce, 2008; Burkhard et al., 1999; Ferreira et al., 2020). EORO has components capable of initially depressing and subsequently causing excitability in the central

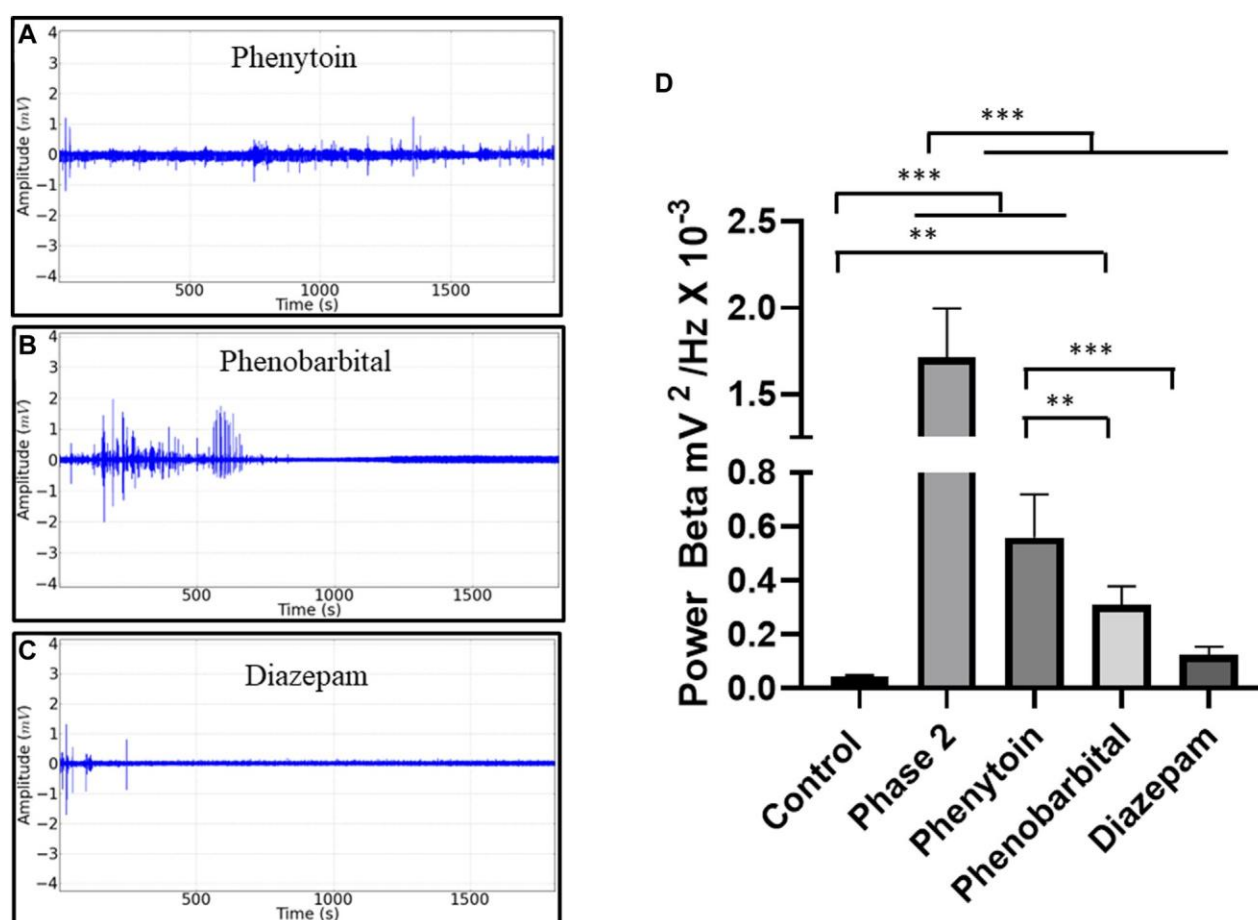


FIGURE 5

Electrocorticographic recordings (ECoG) obtained in phase 2 in beta brain oscillations after anticonvulsant application. Demonstration of the recording pattern found after application of phenytoin 10 mg/kg i.p. (A), phenobarbital at 10 mg/kg ip (B), diazepam at 10 mg/kg ip (C), and mean potency values showing the seizure activity in Phase 2 (D) ANOVA and Tukey's test ($n = 9$). The p values between the mean amplitudes are represented by asterisks (* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$)

nervous system with characteristic recording patterns that are repeated during the ECoG tracing. The excitability phase is related to the decrease in GABA activity, which can be reversed more effectively with the use of diazepam. EORO has antagonistic effects that can be observed depending on the time of contact with the body.

The study was conducted in accordance with the local legislation and institutional requirements.

Data availability statement

The original contributions presented in the study are included in the article/supplementary materials; further inquiries can be directed to the corresponding authors.

Ethics statement

The animal study was approved by Ethics Committee in Research with Experimental Animals of the Federal University of Pará—CEPAE—UFPA under CUS approval number 6301260821.

Author contributions

DB: Methodology, writing—original draft, writing—review and editing. YR: Methodology, writing—original draft, writing—review and editing. MO: Methodology, writing—original draft. LV: Methodology, writing—original draft. PP: writing—original draft, writing—review and editing. RG: Methodology, writing—original draft. LS: Methodology, writing—original draft. LL: Methodology, writing—original draft. MF: Methodology, writing—original draft. YS: Methodology, writing—original draft. RC: writing—original draft, writing—review and editing. RV: Methodology, writing—original draft. GB: Methodology, writing—original draft. MH: Methodology, writing—original draft, writing—review and editing, Data curation, Supervision, Conceptualization, Funding acquisition, Resources, Visualization, Software, Formal analysis, Project administration, Validation, Investigation.

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