

## **HYDROGEN PEROXIDE EFFECTS ON IMMUNE RESPONSES (CELLULAR AND HUMERAL ) IMMUNITY OF ADULT MALE RABBITS**

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### **ABSTRACT**

This study was designed to investigate the effects of 0.5% hydrogen peroxide H<sub>2</sub>O<sub>2</sub> and levamisole drug on immune response of adult male rabbits. Twenty four mature male newzeland were randomly divided into two groups and were treated as follow for four weeks: Control group(C) and H<sub>2</sub>O<sub>2</sub> treated group (GI) which were daily intubated with 0.5% H<sub>2</sub>O<sub>2</sub> in drinking water. After cessation of H<sub>2</sub>O<sub>2</sub> intubation (4weeks), animals of GI group where intubated (each 72 hrs) with levamisole (5mg /Kg B.W.) in drinking water for another four weeks . Blood samples were taken at zero, 4 and 8 weeks of the experiment to determine some blood and immune response parameters including: differential leukocytes count, total leukocytes count (TLC), active and T- lymphocytes, neutrophil/lymphocyte (N/L) index, platelets count , phagocytic activity and IgG concentration. The results conducted that H<sub>2</sub>O<sub>2</sub> treated group showed significant decrease (p<0.05) in some blood and immune response parameters manifested by leucopenia, lymphocytopenia, thrombocytopenia and a significant increase (P <0.05) in N/L index with significant suppression in the percentage of active and total lymphocyte, phagocytic activity and serum IgG concentration. On the other hand, levamisole treatment leading to a significant increase (P<0.05) in the immune response parameters and a significant decrease (P0.05) in N/L index.

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**Key words:** H<sub>2</sub>O<sub>2</sub>, IgG, Immune response, ROS.

## تأثيرات بيروكسيد الهيدروجين على الاستجابة المناعية (الخلطية و الخلوية) في ذكور الأرانب البالغة

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### الخلاصة

صممت هذه التجربة لمعرفة تأثير بيروكسيد الهيدروجين بتركيز 0.5% وعقار الليفاميزول على الاستجابة المناعية في ذكور الأرانب البالغة. تم استخدام 24 أرنباً بالغاً، قسمت عشوائياً إلى مجموعتين متساويتين وعوملت لمدة 4 أسابيع كالتالي: أعطيت المجموعة الأولى (السيطرة -C) ماء الشرب الاعتيادي؛ أما المجموعة الثانية (G) فقد أعطيت ماء الشرب الاعتيادي مضافاً إليه بيروكسيد الهيدروجين بتركيز 0.5% ثم جرعت حيوانات هذه المجموعة بعقار الليفاميزول (كل 72 ساعة) وبجرعة (5 ملغم / كغم من وزن الجسم) لمدة أربعة أسابيع أخرى و تم بعد ذلك سحب عينات الدم للأسابيع 0، 4، 8 من التجربة لغرض إجراء الفحوص المناعية الآتية: العدد الكلي والتفريقي لخلايا الدم البيض و النسبة المئوية للخلايا اللمفاوية التائية (الفعالة والكلية) ومعامل الخلايا العدلة/اللمفاوية و أعداد الأقراص الدموية و فعالية البلعمة وتركيز الكلوبولين المناعي G. لقد أظهرت النتائج حدوث انخفاض معنوي ( $P < 0.05$ ) في المعايير المناعية تمثلت بانخفاض في أعداد خلايا الدم البيض والخلايا اللمفاوية والأقراص الدموية مع حدوث ارتفاع معنوي في معامل الخلايا العدلة /الخلايا اللمفاوية وانخفاض في النسبة المئوية للخلايا اللمفاوية التائية (الفعالة والكلية)، فضلاً عن حدوث انخفاض في معامل البلعمة وتركيز الكلوبولين المناعي IgG في مصل الدم. كما أشارت النتائج إلى الدور المناعي لليفاميزول تمثلت بحدوث ارتفاع معنوي في جميع المعايير المناعية المدروسة ( $P < 0.05$ ) وانخفاض في معامل الخلايا العدلة/اللمفاوية. يستنتج من هذه الدراسة إلى دور الليفاميزول المتمثل بحدوث ارتفاع معنوي بجميع معايير المناعة.

## INTRODUCTION

Reactive oxygen species (ROS) including radical species such as superoxide anion, hydroxyl radical, singlet oxygen and non radical species, such hydrogen peroxide can be generated in vivo by exogenous factors such as imbalance in diet, tobacco, smoke, exposure to strong pollutant or an oxidant or from endogenous sources such as lipid peroxidation, inflammation, secondary lesions and biochemical reaction (1,2,3). Besides, free radicals (FRs) are produced by the cells of immune system as weapons against foreign invader, where generation of ROS, product of oxidant burst, represent an essential elements for microbial killing (4, 5, 6, 7). At physiological concentration endogenous ROS help to maintain homeostasis, and there is delicate balance between the amount of FRs production in the body and the antioxidant needed for provide protection against them (8,9,10,11), however, on excess FRs production for prolonged period of time or lack of antioxidant defences can shift this balance resulting in a state of oxidative stress with adverse tissue damage (12,13,14).

Different stress condition (nutritional, environmental, viral and bacterial infections) is associated with over production of ROS (15, 16, 17, and 18). Besides, abundance of FRs, appear to be produce as side effect of immune cell activation (19,20 ). Immune cell contain higher concentration of polyunsaturated fatty acids (PuFA), which are vulnerable to oxidation by FRs resulting to various type of tissue damage in and within the cell with subsequent depression in the immune system function (21,22). An increase in ROS, to which H<sub>2</sub>O<sub>2</sub> is belonged, can trigger activation of stress sensitive proteins signalling pathway or inflammatory activated kinases, such as JNK (stress protein) which may play an important in the pathogenesis of oxidation stress –induced immunosuppressant effect ( 23,24 ).

Pi and his coworkers (25) revealed that provision to exogenous H<sub>2</sub>O<sub>2</sub> or dimethyl malate resulted in raises intracellular level of H<sub>2</sub>O<sub>2</sub> leading to disturbing in metabolic signals for insulin secretion, hyperglycemia, glucose toxicity, lipid and protein glycation with subsequent decrease in immunity.

On conclusion, there are two sides of immune system and FRs, although the germicidal role of H<sub>2</sub>O<sub>2</sub> is well established, a hypothetical regulatory functions either promote or inhibit immunity is still controversial. To these aims, the investigation is dedicated.

## MATERIALS AND METHODS

Twenty four mature ( four to six months old ) adult Newzeland male rabbits were randomly divided into two groups ( each of 12 ), group C , they had free access to food and water and served as control, group I (GI), animals in this group were subjected to ad libitum supply of drinking water containing 0.5% H<sub>2</sub>O<sub>2</sub> (35% of hydrogen peroxide solution were diluted 70 times), then after four weeks, groupG1 were subjected to oral intubation of (5mg/kg B.W.) of levamisole each 72hr. for four weeks. Blood samples were collected by heart puncture technique at 0, 4, and 8 weeks of the experiment for measuring the following parameters:

Blood sample were used immediately for measuring the percentage of T-lymphocyte by Erythrocyte-rosette test as described by Braganza and his coworkers (26), total white blood cells (TLC), the percentage of WBC differential count, platelet count as described by Johnstone and Robin (27).

Neutrophil / lymphocyte (N/L) index was measured as described by Campell (28). While phagocyte activity (%) was measured according to Metcalf and his coworkers (29). Besides, serum sample were collected for measuring immunoglobulin G ( IgG ) ng/ml by Enzyme Linked Immuno Sorbent Assay ( ELISA ) as described by Newkirk and his coworkers (30).

Differences between experimental groups were evaluated using two-way analysis of Variance (ANOVA). Specific group differences were determined using least significant differences (LSD). For all analysis, a P value 0.05 was considered to be significant (31).

## RESULTS

The effect of 0.5% H<sub>2</sub>O<sub>2</sub> and levamisole on cellular and humeral immunity of male rabbits was shown in tables (1, 2, 3, and 4). Table (1) showed percentage of N/L index and differential leukocyte count in normal and H<sub>2</sub>O<sub>2</sub> treated rabbits. The results revealed that exposure of animals to H<sub>2</sub>O<sub>2</sub> for four weeks produce significant decrease ( $P < 0.05$ ) in percentage of lymphocyte comparing to control. A significant increase in this parameter was observed after levamisole treatment in H<sub>2</sub>O<sub>2</sub> treated group (GI) comparing to pretreated period. Non significant ( $P > 0.05$ ) differences were observed in monocyte and neutrophil percentage in G I and control before treatment with levamisole. While treatment with levamisole significantly increase monocyte percentage ( $P < 0.05$ ) and decreased in neutrophil percentage in G I comparing to pretreated period. The results also revealed non significant differences ( $P > 0.05$ ) in percentage of eosinophil and basophil along the different period of experiment. A significant increase in N/L index were shown after H<sub>2</sub>O<sub>2</sub> treatment comparing to control ( $P < 0.05$ ), while levamisole treatment caused significant decrease in this index ( $P < 0.05$ ) in G I comparing to pretreated period.

**Table (1): Effect of 0.5% H<sub>2</sub>O<sub>2</sub> and Levamisole on differential Leukocytes count (%) and Neutrophil/Lymphocytes index in male rabbits.**

Group Treatment		Control (C)	H <sub>2</sub> O <sub>2</sub> treatment (GI)
Before treatment with Levamisole	Neutrophil/ Lymphocytes Index	0.73 ± 0.01 A a	0.95 ± 0.04 B a
	Lymphocytes	51.0 ± 0.7 A a	47.0 ± 0.5 B a
	Neutrophil	43.0 ± 0.6 a	45.0 ± 1.2 a
	Monocyte	4.6 ± 0.7 A a	5.0 ± 0.5 A a
	Basophil	1.0 ± 0.1	1.0 ± 0.1
	Eosinophil	1.0 ± 0.2	1.6 ± 0.3
After Treatment with Levamisole	Neutrophil/ Lymphocytes Index	0.67 ± 0.03 A b	0.80 ± 0.03 B b
	Lymphocytes	54.0 ± 1.0 A b	51.0 ± 0.6 B b
	Neutrophil	37.0 ± 1.3 A b	38.0 ± 0.6 A b
	Monocyte	7.0 ± 0.5 b	8.0 ± 0.4 b
	Basophil	1.0 ± 0.1	1.0 ± 0.1
	Eosinophil	1.0 ± 0.1	1.6 ± 0.2

Values expressed as means ± SE. n = 12/ group.

Capital letters denote between groups differences, P < 0.05 vs control

Small letters denote within groups differences, P < 0.05 vs control

Table (2) showed significant decrease (P<0.05) in total leukocyte count and platelets count following H<sub>2</sub>O<sub>2</sub> intubation comparing to control group before treatment with levamisole. Meanwhile, treatment with levamisole cause significant increase in both parameters (p<0.05) comparing to pretreated period, however, levamisole treatment failed to normalized the values. The effect of H<sub>2</sub>O<sub>2</sub> on percentage of active and total lymphocyte was observed in table (3). Significant suppression in these two parameters were observed in G I comparing to control before levamisole treatment. While , a significant elevation in active and total T-lymphocyte were observed in GI group due to levamisole treatment comparing to pretreatment period. Significant differences within group were exist (P<0.05).

**Table (2): Effect of 0.5% H<sub>2</sub>O<sub>2</sub> and Levamisole on total Leukocytes and platelets counts in male rabbits.**

groups treatment		Control (C)	H <sub>2</sub> O <sub>2</sub> treatment (GI)
Before treatment	Total WBC (x10 <sup>9</sup> cell/L)	8.806 ± 0.332 A a	2.591 ± 0.121 B a
	platelets (x10 <sup>6</sup> cell/L)	411.0 ± 20.0 A a	107.0 ± 18.0 B a
Treatment period	Total WBC (x10 <sup>9</sup> cell/L)	12.315 ± 0.421 A b	5.812 ± 0.210 B b
	platelets (x10 <sup>6</sup> cell/L)	521.0 ± 14.0 A b	298.0 ± 16.0 B b

Values expressed as means ± SE. n =12/ group,

Capital letters denote between groups differences, P < 0.05 vs control,

Small letters denote within groups differences, P < 0.05 vs control

**Table (3): Effect of 0.5% H<sub>2</sub>O<sub>2</sub> and Levamisole on percentage of active and total T-lymphocytes count in male rabbits .**

groups treatment		Control (C)	H <sub>2</sub> O <sub>2</sub> treatment (GI)
Before treatment with Levamisole	Active T- lymphocyte %	30.0 ± 1.7 A a	10.0 ± 0.2 B a
	Total T- lymphocyte %	35.0 ± 1.9 A a	13.0 ± 0.4 B a
Treatment period	Active T- lymphocyte %	45.0 ± 0.5 A b	21.0 ± 0.4 B b
	Total T- lymphocyte %	47.0 ± 1.1 A b	25.0 ± 0.2 B b

Values expressed as means ± SE. n = 12/ group

Capital letters denote between groups differences, P < 0.05 vs control

Small letters denote within groups differences, P < 0.05 vs control

Table (4) pointed to significant depression ( $p < 0.05$ ) in serum IgG concentration and phagocytic activity in H<sub>2</sub>O<sub>2</sub> treated groups comparing to control before treatment with levamisole. While after levamisole treatment significant increase ( $p < 0.05$ ) in phagocytic activity were observed in GI comparing to pretreated period. However, levamisole treatment failed to correct IgG concentration in group I in spite of the non significant increase in IgG value in GI following levamisole treatment comparing to pretreatment period, it seems that levamisole failed to correct IgG value.

**Table (4): Effect of 0.5% H<sub>2</sub>O<sub>2</sub> and Levamisole on serum IgG(ng/ ml) concentration and phagocytic activity in male rabbits.**

Groups treatment		Control (C)	H <sub>2</sub> O <sub>2</sub> treatment (GI)
Before treatment with Levamisole	IgG concentration	107.0 ± 1.0 A	13.0 ± 0.2 B
	Phagocytic activity %	12.0 ± 0.5 A a	2.0 ± 0.1 B a
Treatment period	IgG concentration	110.0 ± 1.2 A	17.0 ± 0.2 B
	Phagocytic activity %	19.0 ± 1.2 A b	8.9 ± 0.7 B b

Values expressed as means ± SE. n = 12 / group.

Capital letters denote between groups differences,  $P < 0.05$  vs control

Small letters denote within groups differences,  $P < 0.05$  vs control

## DISCUSSION

In this investigation oral intubations of 0.5% of H<sub>2</sub>O<sub>2</sub> to male rabbits caused immunosuppressant effects manifested by leucopenia, lymphocytopenia, thrombocytopenia, significant decrease in total and active lymphocyte percentage, reduction in phagocytic activity and serum IgG concentration with significant elevation in N/L index. The influence of exogenous exposure of animals to H<sub>2</sub>O<sub>2</sub> (in vivo study) on immune system has not been well characterized. Few results were obtained from cell culture (14, 16, 17, and 32).

The role of ROS on lymphocyte proliferation is controversial, on one hand small amount (10 – 20 mM / L) of reactive oxygen intermediate (ROI) including H<sub>2</sub>O<sub>2</sub> act as an important competence signals in T- lymphocyte including gene expression as well as cell proliferation when applied under reducing condition in vitro (33,34), however, at high concentration (>20 Mm / L), it has inhibitory effect (35,36) where excess of

ROI can damage DNA and cell membrane integrity (32,37) with subsequent depression in immune system (22,38,39,40) .

One possible explanation to the findings in this study (immunosuppressant effect of H<sub>2</sub>O<sub>2</sub> ) may be attributed to oxidative stress produced due to over production of ROS particularly hydroxyl radical (41,42,43,44,45) after H<sub>2</sub>O<sub>2</sub> intubations .

It has been mentioned that exogenous exposure to high concentration of H<sub>2</sub>O<sub>2</sub> cause oxidative stress in animals model (46,47) .Interestingly ,comparing to other cell type , immune cell may be at high risk of oxidative damage with an increased sensitivity to apoptosis and damaging cell membrane , where receptors for IL-Ks , hormones and IgG are placed leading impairment in crucial immune response (48,49).

Besides, high risk oxidative damage may be due to additional ROS generation through elevated NADPH oxidase activity (19,50) after H<sub>2</sub>O<sub>2</sub> intubation. Meanwhile, hydrogen peroxide may stimulate macrophages for production of a variety of stress intracellular signaling pathway such as JNK and NF-KB leading to cellular damage (38,51). We can also estimated that the case of stress which may be induced by exposure to H<sub>2</sub>O<sub>2</sub> may lead to over secretion of cortisol, the well- known immunosuppressant agent (52).

It has been mentioned that adequate vitamins E and C supplementation is necessary for maintaining perfect immune function , through stimulation of interleukin-2 production T-lymphocyte proliferation , depletion of platelets aggregation (53,54,55,56,57) .

Accordingly we can suppose that deficiency of these antioxidant vitamins may occur due to oxidative stress induced by H<sub>2</sub>O<sub>2</sub> intubations in this study leading to depression in immune function index.

Concerning humeral immunity, in this study, H<sub>2</sub>O<sub>2</sub> intubations caused significant depression in serum IgG concentration .Protein glycation due to exogenous H<sub>2</sub>O<sub>2</sub> exposure may be responsible for such depression. The very aggressive hydroxyl radical which are produced from H<sub>2</sub>O<sub>2</sub> can oxidize apolipoprotein and other plasma protein leading to suppression immunoglobulins including IgG (58, 59, 60) .Meanwhile, the SH group of protein can be attacked and undergo degradation by ROS leading to peroxidation of protein (61). Rendering protein highly susceptible to proteolysis (62), with subsequent reduction in plasma protein and IgG.

This investigation also pointed to the role of levamisole in ameliorating the immunosuppressant effect of H<sub>2</sub>O<sub>2</sub>. Levamisole has been found to be an immunostimulant both in experimental animals and in human being , and it has been used in immunosuppressant state (63,64).It has been mentioned that administration of levamisole increase guanine monophosphate (GMP ) levels both in monocyte and neutrophils and enhance hexose monophosphate shunt activity , therefore, stimulate phagocytosis and increase chemotactic response(65,66). Levamisole stimulate production of alpha & beta interferon and cytokine macrophages secretion (interleukin-1- and 6) which play an important role in T-lymphocyte function. Besides,it induced proliferation of these cells ( monocyte and lymphocyte ) in bone marrow (67) . Meanwhile, according to the ability of levamisole to boost depressant immune system and elevation the number of lymphocyte, subsequent depression in N/L index were observed in this study.



## REFERENCES

1. Young, I.S. and Woodside, J.V. (2001). Antioxidant in health and disease. *J.Clin. Pathol.* 54: 170 – 186.
2. Valko, M.; Morris, H. and Cronin, M. (2005). Metal toxicity and oxidative Stress. *Curr. Med. Chem.*, 12(10):1161-1208.
3. Valko, M.; Leibfritz, D.; Monocol, J.; Cronin, M.T.; Mazur, M. and Telser, J. (2007). Free radicals and antioxidants in normal physiological functions and human disease. *Int. J. Biochem. Cell. Biol.*, 39:44-48.
4. Forman, H.J. and Torres, M. (2002). Reactive oxygen species and cell Signaling: *Med.* 166: S 4-S8.
5. Liu, Y.W.; Hao, I.M.; Leliembre, S.W.; Walters, S.; Kulanga, M.; Neumann, H. and Fassbender, K. (2006 ). Suppression of microglial inflammatory Activity by myelin phagocytosis: Role of Pu7 – PHox – mediated generation of reactive oxygen species. *J. Neuro. Sci.* 26 (50): 12904– 12913.
6. Bedard, K. and Krause, K.H. (2007). The Nox family of ROS- Generating NADPH oxidases Physiology and Pathophysiology. *Physiol. Rev.* 87 (1): 245 – 313.
7. De Fillippo, K.; Robbert, B.; Henderson, L.; Melanie, L. and Nancy, H. (2008). Neutrophil chemokines KC and macrophage-inflammatory Protein -2 are newly synthesized in tissue macrophages using distinct TLR signaling pathway . *J. Immunol.* 180: 4308-4315.
8. Droge, W. (2002). Free radicals in the physiological control of cell function *Physiol, Rev.* 82: 47-95.
9. Nakamura, H. (2005). Thioredoxin and its related molecules "up date 2005". *Antioxidant and Redox Signaling*, 7(6-5): 823-832.
10. Ree, S.G. (2006). Cell signalling : H<sub>2</sub>O<sub>2</sub>, a necessary evil for cell signaling *Science*, 312: 1882-1883.
11. Medard, J.M. (2000). The evolution of free radical and oxidative stress. *Am. J. Med.* 108:625-627.
12. Turners, J.F. (2003). Mitochondrial formation of reactive oxygen species. *J. Physiol*; 522: 335-344.
13. Hulter, E.; Skovbro, M.; Lener, B.; Prats, C.; Rabol, R.; Deta, F. and Toner- Durr, P. (2007). Oxidative stress and mitochondrial impairment can be Separated from lipofuscin accumulation in aged human skeletal muscle. *Aging. Cell*, 6:245-256.
14. Qiao, I.; Yu, J.; Dent, P. and Farrell, G. (2005). NF-Kappa protects rat ARL-6hepato cellular carcinoma cells against hydrogen peroxide induced apoptosis. *Cancer. Biol. Ther*, 4 (11): 1195-1202.
15. Schwarz, K.B. (1996). Oxidative stress during viral infection .A review. *Free.Radic.Biol.Med*, 21: 641-648.
16. Lekstrom –Himes, J.A. and Kuhns, D.B. (2005) . Inhibition of human neutrophil IL-8 production by hydrogen peroxide and desgranulation in chronic granulomatous disease . *The J. Immunol*, 174 : 414 – 417 .

17. De Oliveria-Margues, V.; Cyme, L.; Susana, M. H. and Fernado, A. (2007). The quantitative study of NF-KB activation by H<sub>2</sub>O<sub>2</sub> :Relevance in inflammation and synergy with TNF-alpha . *J. Immunol.* 178: 3893-3902.
18. Zmijewski, J. W; Zhao, X.; Yu ,Z. and Abraham, E. (2007). Exposure to hydrogen peroxide diminishes NF-(Kappa)B activation , I (Kappa) B- (alpha) degradation and proteasome activity in neutrophils. *Am. J. Physiol. Cell . Physiol.* 1293( 1 ) : C255-C266 .
19. Babior, B.M.(2004). NADPH oxidase . *Curr . Opin . Immunol*; 16:42-47.
20. Yu, J.H.; Kim, K.H. and Kim, H.(2006). Role of NADPH oxidase and calcium in cerulein –induced apoptosis :involvement of apoptosis inducing factor . *Ann NY Scand Sci.* 1090:292-297.
21. Kaneto, H.; Fujii, N.; Kim,S.; Bonner-weir, S and Weir, G.C.(2002). Involvement of c-jun N-terminal kinase in oxidative stress-mediated suppression of insulin gene expression. *J.Boil.Chem.*277: 30010-30018.
22. Evans, J.L.; Maddux, B.A. and Goldfine, I.D.( 2005). The molecular basis for oxidative stress – induced insulin resistance . *Antioxid Redox Signal.* 7:1040-1052.
23. Kenato, H.; Nakatan. Y. Kawamori, D.; Miyatsuka, T.; Matsuoka, T. A.; Matsushia, M. and Yamasaki, Y. (2006). Role of oxidative stress , endoplasmic reticulum stress , and c-jun N. terminal kinase in pancreatic beta cell dysfunction and in insulin resistance .*Int. J. Biochem. Cell. Biol.* 38: 782-793.
24. Zang, J.; Johnston G.; Stebler, B. and Keller, E. T. (2001). Hydrogen peroxide activates NF-Kappa B and interlukins-6-prpmpor through NF- Kappa B-inducing kinase. *Antioxidant Redox Signal*, 3(2):493-504.
25. Pi, J.; Bal, Y.; Zhang, Q.; Wong, N.; Floering, L.M.; Kiefer, D.; Reece, J. M.; Deeney, J. T.; Andersen, M.E; Corkey, B. E. and Collins, S.(2007). Reactive oxygen species as signals in glucose stimulated insulin secretion. *Diabetes*, 56: 1783- 1791.
26. Braganza, C. M.; Stathopolus, A. B.; Davies, A. J.; Elliot, E. V. and Krebel, R. S.(1975). Lymphocytes in variety of mammalian species. *Cell*, 4:103- 106.
27. Johnstone, A. and Robin, T.(1982). *Immunochemistry In Practice*. Black Well Scientific Publication .Oxford.
28. Campbell,T.W.(1988). *Avian Hematology and cytology* . 1<sup>st</sup> .ed .Iowa State University Press/ Ames.
29. Metcalf, J. A.; Gollin, J. I.; Nanseef, M. and Root, R. K.(1986). *Laboratory manual of neutrophiles function*. Rav en Press .New York.
30. Newkirk, M. M.; Raphaela, G. M.; Jennifer, L. and Joseph, H. (2003). Advanced glycation end-product (AEG)- damaged IgG and IgM auto antibodies to IgG- AGE in patients with early synovitis . *Research and Therapy* ,5(2): R82-R89.
31. Steel, R .G. and Torrie, J.H.(1980). *Priciples and procedures of statistics*. 2<sup>nd</sup> ed. MacGraw Hill Book .Co. New York. USA.
32. Nakabeppu, Y.; Sakumi, K.; Sakamoto, K.; Tuschimoto, D. ; Tsuzuki, T. and Nakatsu, X .(2006). Mutagenesis and carcinogenesis caused by oxidation of nucleic acid . *Biol .Chem.* 387 ( 4 ) : 373 – 379 .

33. Marini, M.; Frabetti, F.; Muslani, D. and Franceschi, C.(1996). Oxygen radicals induce stress proteins and tolerance to oxidative stress in human lymphocyte. *Int. J. Radical.Biol.*70: 337-350
34. Giston, V.; Williams, M.A.; Newland, A.C. and Winyand, P.G.(2001). Hydrogen peroxide and tumor necrosis factor –alpha induce NF-Kappa B-DNA binding in primary human T-lymphocyte in addition to T-cell lines. *Free. Radic. Res.* 35(6): 681-691.
35. Staite, N.; Messner, R. and Zoschke, D.C.(1987). Inhibition of human T-lymphocytes Erosette formation by neutrophil and hydrogen peroxide. *J. Immunol.*139: 2424-2430.
36. LoS, M.; Drog, W.; Striker, K.; Baeuerle, P. and Schulze-Oshthoff, K.(1995). Hydrogen peroxide as a potent activator of T-lymphocyte function . *Eur. J. Immunol.* 25: 159-165.
37. Evans, M. D.; Dizdaroglu, M. and Cook, M.S. (2004). Oxidative DNA damage and disease induction , Repair and Significanc. *Mutat. Res.* 567:1 -16.
38. Allen, R.G.endTresini, M.(2000). Oxidative stress and gene regulation. *Free Radic. Biol. Med.*28: 463-499.
39. Valk, M.; Izakovic, M.; Mazur, M.; Rhodes, C.; and Telser, J. (2004). Role of oxygen radical in DNA damage and cancer incidence. *Mol. Cell Biochem.* 260(1-2): 37-56.
40. Qureshi, S. T; Zang, X; Aberg, E.; Bousette, N.; Giaid, A; Shan, P; Medzhitov, R.M. and Lee , P.J.( 2006 ). Inducible activation of TLR4 confers resistance to hyperoxia induced apoptosis . *Immunol.* 176(8): 4950 – 4958
41. Fariss, M. W.; Chan, C. B.; Patel, M.; Van Houten, B. and Orrenius, S. (2005). Role of mitochondria in chronic oxidative stress.*Mol. Inter.* 5(2):94-111.
42. Newsholme, P. A.; Haber, E. P.; Hibrara, S.M.; Rebelato, E. L. O.; Procopio, J.; Morgan, D.; Oliveria-Emitio, H. C.; Carpinelli, A. R. and Curi, R.(2007). Diabetes and associated cell stress and dysfunction : role of mitochondrial and non mitochondrial ROS production and activity. *Diabetes.* 56(7): 1783- 1791 .
43. Schumaker, P. (2006). Reactive oxygen species in cancer cell. Live by the sward, die by sward. *Cancer Cell*,10(3):175-176.
44. Robertson, P.P.(2007).Glucose oxidative stress as a control mechanism for glucose toxicity in pancreatic islet beta cell in diabetes. *J. Biol. Chem.* 279: 42351-42354.
45. Tang, C.; Han, P.; Oprescu, A.I.; Lee, S. C.;Gyuikhanyan, A. V.; Chani, G. N. Y.; Wheeler, M.B. and Giacca, A.(2007). Evidence for a role of superoxide generation in glucose –induced (beta)-cell dysfunction in v. *Diabetes.* 56(11): 2722 – 2731.
46. Tritto, L.; Golan, E. and Santoro, G. (1998). A short burst of oxygen radicals at reflow induces stained release of oxidized glutathione from post-ischemic heart. *Free. Radic. Biol. Med,* 24(2): 290-297.

47. Kudhaier, K. K. (2000). The role of aqueous extract of Olive (*Olea europaea*) leaves and garlic (*Allium sativum*) in ameliorating the effect of experimentally induced atherosclerosis in rats. Ph.D. Thesis, College of Veterinary Medicine, University of Baghdad.
48. Hana, D.; Hanawa, N.; Saberi, B. and Kaplowitz, N. (2006). Hydrogen peroxide and redox modulation sensitize primary mouse hepatocytes to TNF- induced apoptosis. *Free. Radic. Biol. Med.* 41(4): 627-639.
49. Maies, K.; Morhan, S. D. and Chang, Z. Z. (2007). Oxidative stress biology and cell injury during type I and type II diabetes mellitus. *Curr. Neurovasc. Res.* 4: 63-71.
50. Babior, B. M. (2002). The activity of NAPH oxidase: regulation by P4PHOX and serine residues. *Antioxidant Redox Signal*, 4: 35-38.
51. Schoonbroodt, S. and Piette, J. (2000). Oxidative stress interference with the Nuclear factor Kappa-B-activation pathway. *Biochem. Pharmacol.* 60:1075-1083.
52. Ganong, W. F. (2005). Review of medical Physiology. 22<sup>nd</sup> (ed). Lang. Medical Book/McGraw-Hill. Boston. Toronto, New Jersey.
53. Meydani, S. N.; Medyani, M.; Blumberg, J. B.; Leka, L. S.; Siber, G.; Loszewski, R.; Thompson, C.; Pedrosa, M. C.; Diamon, R. D.
54. Lee, C. Y. J. and Wan, F. (2000). Vitamin E supplementation improves cell mediated immunity and oxidative stress of Asian men and woman. *J. Nutr.* 130: 2932-2937.
55. Rivera, J. D.; Duft, G. C.; Galyean, M. L.; Walker, D. A. and Nunnery, G. A. (2002). Effect of supplementation of vitamin E on performance health and humeral immune response of beef cattle. *J. Anim. Sci.* 80: 933-936.
56. Lauridsen, C. and Jensen, S. K. (2005). Influence of supplementation of all- rac-alpha-tocopheryl acetate pre weaning and vitamin C post weaning on alpha-tocopherol and immune responses of pigs. *J. Anim. Sci.* 83:1276-1280.
57. Schaffer, S.; Moller, W. E. and Eckert, E. P. (2005). Tochtotrienols: Constituents in aging and diseases. *J. Nutr.* 135:135-151.
58. Du, X. L.; Edelstein, D.; Rossetti, L.; Fantus, I. G.; Goldberg; Ziyadeh, F.; Wu, Y. and Brownlee, M. (2000). Hyperglycemia-induced mitochondria superoxide over production activates hexoseamine pathway and induces plasmogen activator inhibitor-expression by increasing glycosylation. *Proc. Nat. Acad. Sci. USA*, 97: 12222-12226.
59. Melov, S. (2000). Mitochondrial oxidative stress: Physiological Consequences and potential for a role in aging. *Ann. NY Acad. Sci.* 908: 215-225.
60. Finkle, T. and Hollbrook, N. (2000). Oxidants, oxidative stress and biology of aging. *Nature*, 408 :239-247.
61. Rattan, S. (2000). Theories of biological aging : genes ,protein and free Radicals. *Free. Radic. Res.* 40(12): 1230-1238.
62. Sohal, R. (2002). Role of oxidative stress and protein oxidation in aging process. *Free. Radic. Boil. Med.* 33(1): 37-44.

63. SZeto, C.; Gillespie, K. M. and Mathieson, P.W.(2000). Levamisole induced IL-8 and shifts type I- type II Cytokine balance . *Immunol.*100(2): 217- 224.
64. Khalel ,L. W. ( 2007 ).The influence of some immunostimulators on Physiological changes in immune response in alloxan induced diabetic Rabbits. Ph.D. Thesis, College of Veterinary Medicine /University of Baghdad.
65. Marlton, P. and Kurzrock, R. (1993).Biologic therapy. *Med. Oncology*, 49: 437-439.
66. Demicrt, F.; Ziya, B.; Murata, K.; Yavuz, C. and Lkay, K. (2005). Immunomodulatory effects of HBS Ag vaccine and levamisole in chronic hepatitis B and hepatitis B carrier children. *Turk. J. Gastroenterol*, 16 (4): 183 – 193.
67. Sun, A.; Wang, J. T.; Chia, J. S. and Chinay, C. P.(2006). Levamisole can Modulate the serum tumor necrosis factor - alpha level in patients with Recurrent aphthous ulceration. *J.Oral.Pathol.&Medi*; 35(2): 116-119.