

The Journal of Phytopharmacology

(Pharmacognosy and phytomedicine Research)

Research Article

ISSN 2320-480X

JPHYTO 2016; 6(4): 205-209

July- August

Received: 06-06-2017

Accepted: 25-08-2017

© 2017, All rights reserved

Emmanuel Onuka Agbai

Department of Human Physiology,
School of Basic Medical Sciences,
Federal University of Technology, PMB 1526
Owerri, Imo State, Nigeria

Chisomaga Chiwukem Eke

Department of Prosthetics and Orthotics,
School of Health Technology, Federal
University of Technology, PMB 1526
Owerri, Imo State, Nigeria

Collins Okechukwu Nwanegwo

Department of Prosthetics and Orthotics,
School of Health Technology, Federal
University of Technology, PMB 1526
Owerri, Imo State, Nigeria

Ugochukwu Bond Anyaehie

Department of Physiology, College of
Medicine, Imo State University Owerri,
Imo State, Nigeria

Correspondence:

Emmanuel Onuka Agbai

Department of Human Physiology,
School of Basic Medical Sciences,
Federal University of Technology, PMB
1526 Owerri, Imo State, Nigeria
Email: emmanuelagbai7[at]gmail.com

Comparison of inhibitory effect of ibuprofen with *Piper guineense* Schumach and Thonn. on some reproductive hormones in female rats

Emmanuel Onuka Agbai*, Chisomaga Chiwukem Eke, Collins Okechukwu Nwanegwo, Ugochukwu Bond Anyaehie

ABSTRACT

The aim of the present study was to compare the inhibitory effect of ibuprofen with oral administration of *Piper guineense* leaf extract on follicle-stimulating hormone, luteinizing hormone, progesterone and estrogen in female rats irrespective of the estrous cycle. The animals were randomly assigned to four groups (n = 7): group A (control), Group B, 180 mg^{-kg} of ibuprofen, Group C, 200 mg^{-kg} of *Piper guineense* extract, Group D, 180 mg^{-kg} of ibuprofen and 200 mg^{-kg} of *Piper guineense* extract. At the end of two weeks administration, rats were sacrificed under urethane anesthesia and hormones measured using enzyme-linked immunosorbent assay method. Results showed significant reduction in serum follicle-stimulating hormone and luteinizing hormone following ibuprofen administration in Group B rats at P < 0.05. *Piper guineense* extract treated Group C rats caused significant reduction in serum luteinizing hormone and progesterone at P < 0.05. In contrast, serum follicle stimulating hormone significantly increased in Group D rats at P < 0.05 whereas serum luteinizing hormone and progesterone were markedly reduced at P < 0.05. Serum estrogen level remained unchanged among groups. In conclusion, results obtained suggested that extract inhibited luteinization of follicles thus could impair ovulation, therefore the extract can be used as oral contraceptive in family planning.

Keywords: estrogen, follicle-stimulating hormone, ibuprofen, luteinizing hormone, *Piper guineense*, progesterone.

INTRODUCTION

Reproductive hormones are central to normal female ovulatory cycle. The hypothalamic-pituitary-ovarian axis has been shown to control the processes necessary for induction of ovulation and fertility^[1]. Because normal ovulation principally determines female fertility^[2], therefore alteration in the ovulation processes by hypothalamic-pituitary-ovarian hormone dysfunction could result in infertility. Several plants such as *Tetraptera tetrapleura*, *Mormordica charantia*, *Cuminum cyminum*, *Nelumbonucifera* and *Cnidioscolousaconitifolius* have been shown to alter reproductive hormone secretion thus can be used as contraceptives^[3-6].

The plant, *Piper guineense* is commonly used as condiment in the preparation of pepper soups in West African cuisines based on its spicy, flavoured piperine constituent responsible for sexual arousal in rats^[7]. The seed and leaf extracts are rich in phytochemical constituents such as saponins and tanins^[8]. In Southern Nigeria, *Piper guineense* seed and leaf are used in the preparation of postpartum tonics to enhance expulsion of debris although study has shown that the extract enhances uterine muscle contraction in order to expel debris postpartum^[9]. Because the leaves are locally used for female infertility^[10] led to our recent study that showed *Piper guineense* leaf extract caused elevation of follicle-stimulating hormone (FSH) level during diestrus phase of estrous cycle^[11]. Moreover, increased serum FSH levels has been implicated in impairment of ovarian function associated with decreased number of follicles^[12]. These recent findings aroused our interest to investigate its effect randomly and in comparison with ibuprofen.

Ibuprofen is a non-steroidal anti-inflammatory drug (NSAID) that suppresses prostaglandin synthesis through its inhibition of cyclooxygenase activity although cyclooxygenase-2 is believed to set alarm for ovulatory clock^[13, 14]. It has been reported that NSAIDs inhibit ovulation and reduce progesterone levels in young women^[15]. Because ibuprofen exhibits inhibitory action on female reproductive hormones thus it becomes a good model of comparison with *Piper guineense*. Therefore, the present study compared the inhibitory effect of Ibuprofen with *Piper guineense* leaf extract on FSH, LH, estrogen and progesterone

levels irrespective of the estrous cycle in female Wistar rats.

MATERIALS AND METHODS

Animals

Twelve weeks old 28 non-pregnant female Wistar rats weighing 250 - 300 g were used in the study. They were obtained from Animal House unit of Department of Pharmacology, University of Port Harcourt, Rivers State and transported to Animal House unit of Department of Human Physiology, Madonna University, Rivers State, Nigeria where they were housed. They were kept in cages (Henan, China) and acclimatized for 2 weeks under room temperature between 27 °C and 33 °C. They had access to tap water *ad libitum* and normal rat chow.

Animals received humane care according to criteria outline in the Guide for Care and the Use of Laboratory Animals prepared by the National Academy Science and published by National Institute of Health^[16].

Experimental design

The rats were randomly selected (n = 7) irrespective of their estrous cycle. Group A rats were used as normal control. Group B rats received oral administration of 180 mg^{-kg} of ibuprofen (high dose) as published in Pfizer Data Sheet^[17]. Group C rats received oral administration of 200mg^{-kg} of *Piper guineense* leaf extract according to method described by Agbai and Nwanegwo^[6, 18]. Group D rats received oral administration of 180 mg^{-kg} of ibuprofen and 200 mg^{-kg} of *Piper guineense* leaf extract simultaneously.

Ibuprofen preparation

Two packets of ibuprofen (Bristol UK) containing 56 coated tablets (400 mg per tablet) were purchased over the counter at pharmacy shop Owerri, Imo State and ground into a powdered form. The grounded form was soaked in ethanol (Sigma Aldrich, USA), sieved using whatman paper and extracted and excipients were carefully collected on the filter paper and removed. The filtrate was considered as ibuprofen.

Piper guineense leaf extraction

Fresh leaves of *Piper guineense* were purchased from Afor Ogbé market in Mbaise, Imo State on 08/06/2015 and were identified in the Department of Pharmacognosy with voucher number (MUE/PGSY/004). The leaves were sorted, cleaned, sun-dried for six days and ground into a coarse powdered form in a mortar. 100 g of the powdered form was collected and suspended in 100 ml of ethanol (Sigma Aldrich, USA) and stirred continuously to make soxhlet mixture. The mixture was filtered using Whatman paper (No. 1). The filtrate was dried with Rotatory evaporator (Buchi) in a semi solid mass and stored in air tight container and kept in a refrigerator at a temperature of 4 °C. The extraction lasted for 2 days.

Hormone measurement

At the end of two weeks administration, the rats were anesthetized

with urethane soaked with a cotton wick put in a glass chamber. About 5 ml of blood was collected from the rats via cardiac puncture and stored in a well labeled EDTA bottles to avoid blood coagulation. FSH, LH, estrogen and progesterone levels were measured using Enzyme-linked Immunosorbent Assay (ELISA) method.

Statistical analysis

Results were expressed as Mean ± Standard Error of Mean (SEM). Statistical significance of difference observed between control and experimental Groups was analyzed using one way Analysis of Variance (ANOVA). Any significant ANOVA was analyzed by Tukey's post hoc test using SPSS version 18. P values < 0.05 were considered statistically significant.

RESULTS

Results showed ibuprofen caused statistical reduction (P < 0.05) in FSH levels (0.15 ± 0.02 miU^{-ml}) compared to control group A rats (0.34 ± 0.08 miU^{-ml}). *Piper guineense* leaf extract treated Group C rats did not cause any significant difference in FSH level (0.26 ± 0.02 miU^{-ml}) compared with control group A at P > 0.05. Ibuprofen plus *Piper guineense* leaf extract treated Group D rats caused statistically significant increase in FSH level (0.54 ± 0.09 miU^{-ml}) compared to control group A rats at P < 0.05.

Table 1: The comparison of inhibitory effect of ibuprofen with *Piper guineense* leaf extract on some reproductive hormones

Groups	FSH (miU ^{-ml})	LH (miU/ml)	Progesterone (ng/ml)	Estrogen (pg/ml)
Group A	0.34 ± 0.08	1.05 ± 0.41	16.66 ± 0.29	28.00 ± 0.78
Group B	0.15 ± 0.02 [*]	0.33 ± 0.14 [*]	20.71 ± 0.51	35.84 ± 1.62
Group C	0.26 ± 0.02	0.24 ± 0.02 [*]	13.65 ± 0.24 [*]	25.55 ± 0.47
Group D	0.54 ± 0.09	0.32 ± 0.04 [*]	13.12 ± 0.05 [*]	21.82 ± 0.23

Data is represented as Mean ± SEM; (^{*}) denotes P < 0.05 statistically significant compared to control (Group A).

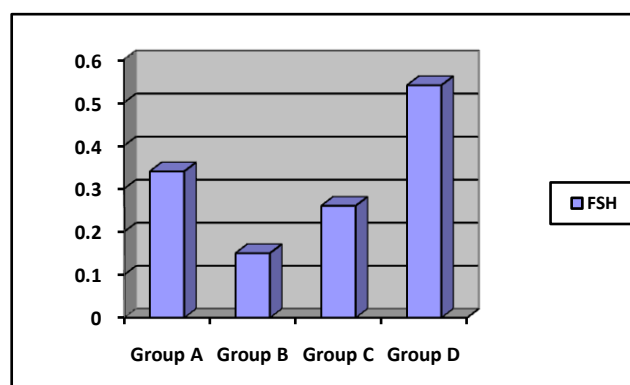


Figure 1: The effects of ibuprofen and/or *Piper guineense* leaf extract on serum follicle-stimulating hormone

There was statistically significant reduction in LH levels (P < 0.05) of experimental Groups B, C and D rats (0.33 ± 0.14, 0.24 ± 0.02 and 0.32 ± 0.04) miU^{-ml} compared to control group A (1.05 ± 0.41 miU^{-ml}).

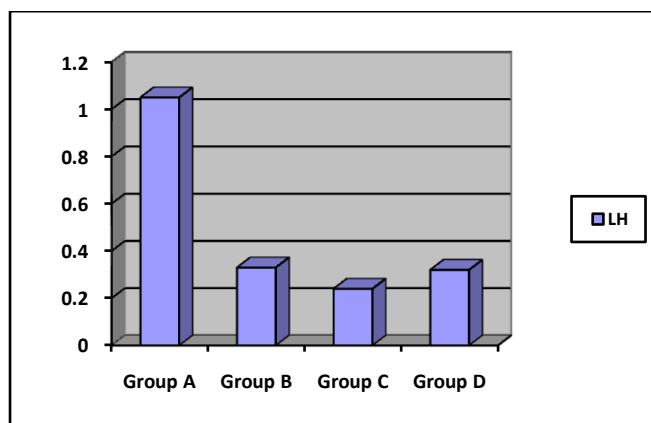


Figure 2: The effects of ibuprofen and/or *Piper guineense* leaf extract on serum luteinizing hormone

There was also statistically significant reduction in ($P < 0.05$) progesterone levels of Group C and D (13.65 ± 0.24 and 13.12 ± 0.05 $\text{ng}^{-\text{ml}}$) compared to control group A (16.66 ± 0.29 $\text{ng}^{-\text{ml}}$). However, there was no statistically significant ($P > 0.05$) between control group A and Group B (20.71 ± 0.51 $\text{ng}^{-\text{ml}}$).

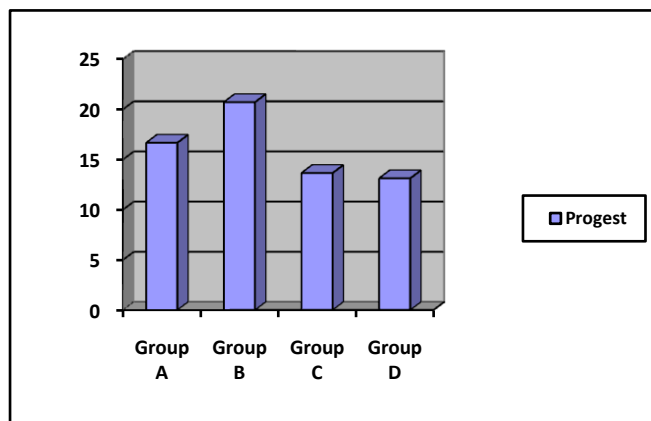


Figure 3: The effects of ibuprofen and/or *Piper guineense* leaf extract on serum progesterone level. (progesterone = progesterone).

There was no statistically significant difference in estrogen levels ($P > 0.05$) between control group A (28.00 ± 0.78 $\text{pg}^{-\text{ml}}$) and experimental Groups B, C and D (35.84 ± 1.62 , 25.55 ± 0.47 and 21.82 ± 0.23 $\text{pg}^{-\text{ml}}$).

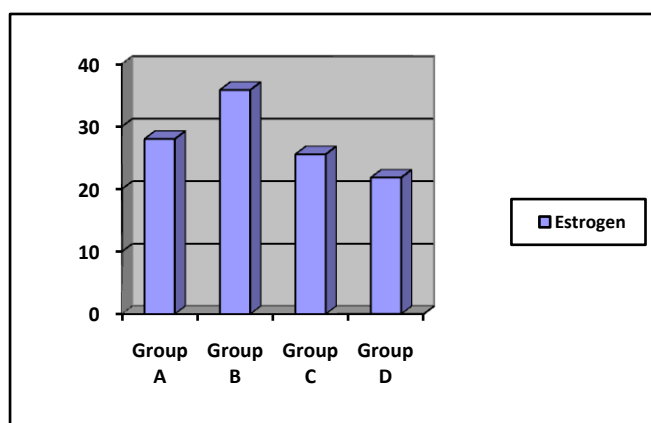


Figure 4: The effects of ibuprofen and/or *Piper guineense* leaf extract on serum estrogen level.

DISCUSSION

Effect of ibuprofen on the serum FSH, LH and estrogen level

As expected, result in Fig. 1 ibuprofen caused significant reduction in FSH and LH levels compared to normal control. Studies have shown that ibuprofen targets cyclooxygenase-2 enzyme responsible for synthesis of prostaglandins^[19]. These prostaglandins are inflammatory mediators that trigger follicular rupture and are important in ovulation^[14]. Studies by Sirois and colleagues have shown the importance of preovulatory LH surge in cyclooxygenase-2 synthesis by the granulosa cells^[20, 21]. Since ibuprofen blocks cyclooxygenase-2, it shows that the importance of preovulatory surge is rendered unsuccessful thus resulting in failure in the biosynthesis of follicular prostaglandins which in turn inhibit inflammatory cascade necessary for follicular rupture prior to ovulation^[22]. The outcome could result in anovulation. Studies have also shown that anovulation is associated with reduction in estrogen, progesterone and LH peak^[23, 24], thus supporting the present result that showed significant reduction in serum LH levels in ibuprofen-treated rats.

Apart from the possible anovulation that could result from ibuprofen administration, FSH was significantly reduced in the ibuprofen-treated Group B rats implying follicle development and maturation could be attenuated because FSH is implicated in the early ovarian cycle processes as it initiates and maintains the development of many antral follicles during which the dominant follicle is selected^[25]. Moreover, follicle development and maturation is dependent on LH and FSH^[26], since low serum FSH and LH levels was observed suggested ibuprofen could impair follicle development and maturation. Studies have shown that follicular dysfunction or hypothalamic-pituitary-ovarian dysfunction could impair ovulation^[27].

Fig. 4 showed estrogen levels remained normal despite the reduction in FSH levels. FSH is not only central in the control of ovarian follicle development but steroidogenesis processes^[28]. FSH binds to granulosa cells and activates aromatase enzyme which converts androgen from theca cells into estrogen and failure to bind results in follicular atresia^[29]. Since estrogen level remained normal implied that ibuprofen might not alter steroidogenesis irrespective of the small titre of the serum FSH (0.15 ± 0.02 $\text{mIU}^{-\text{ml}}$).

Although it is the function of the hypothalamic-pituitary-ovarian mechanism to fine tune the estrogen levels that is characterized by an initial rise in estrogen levels followed by a fall^[30], the present result showed that estrogen remained unchanged in the ibuprofen-treated rats compared to control group A rats in the face of ibuprofen-attenuated FSH and LH levels. On the other hand, serum progesterone levels in Fig. 3 also remained normal similar to estrogen in ibuprofen treated rats. Because ibuprofen caused reduced serum LH and FSH levels (Fig. 2) with the possibility of follicle development and maturation impairment and impairment, it is surprising that serum progesterone level remained unchanged because ovulation precedes progesterone production. LH surge has been shown to facilitate progesterone production^[31]. In regard to the unchanged serum levels of estrogen and progesterone, it appeared that ibuprofen mediated its action on the gonadotropins without attenuating the ovarian hormone secretion. Adrenal glands have been implicated as major sources of progesterone in ovariectomized deer^[32], and released in response to stress during low ovarian output follicular phase of menstrual cycle in naturally cycling women^[33]. There could be possibility of extra-ovarian progesterone constituting to the serum progesterone pool.

Effect of *Piper guineense* leaf extract on the serum FSH, LH and estrogen level.

In *Piper guineense* extract treated Group C rats, FSH remained normal whereas LH was significantly reduced in contrast with the results of our recent study that showed that the extract caused increased FSH levels and LH peak during the diestrus phase of the estrous cycle^[11]. Although the present study evaluated serum FSH and LH levels irrespective of the estrous cycle, the differences in serum FSH and LH levels could be dependent on the estrous cycle since the rats received the same doses of *Piper guineense* leaf extract (200 mg^{kg}). The hypothalamic gonadotropin-releasing hormone is released into the anterior pituitary via the hypothalamic-hypophysial portal vessel to trigger the release of FSH and LH during the follicular and diestrus phase. The FSH rises prior to luteal/proestrus phase that is characterized by the increased LH that subsequently peaks in the luteal phase. It is obvious that the reduction in serum LH levels is a function of the *Piper guineense* leaf extract.

The reduction in LH levels in extract treated Group C rats was associated with significant reductions in serum progesterone level and normal serum estrogen level compared to control group A rats. It is evident that the reduction in LH could have attenuated follicle development and maturation resulting in anovulation. The granulosa cells mature into corpus luteum following follicle rupture and release of the ovum. The corpus luteum secretes progesterone^[34]. It has been reported that progesterone secretion is largely dependent on the LH and FSH^[35, 36]. Therefore the failure for the formation of corpus luteum and significant reduction of LH could cause the low level of progesterone in the present study since LH surge is responsible for inflammation of follicle and rupture (Epsley and Lipner, 1994)^[37]. Although extra-ovarian progesterone secretion could be implicated but it appeared the extract inhibited progesterone secretion as evident with the low level of progesterone in figure 3. Studies have shown that drugs that reduce progesterone level usually block the conversion of pregnenolone to progesterone^[38]. The extract may block the conversion of pregnenolone to progesterone although the present study did not measure the pregnenolone level. Nevertheless, studies have shown that flavonoids inhibit 3beta-hydroxysteroid dehydrogenase enzyme^[39], responsible for conversion of pregnenolone to progesterone. Because *Piper guineense* extract is rich in flavonoids^[11, 40], the study therefore suggests that flavonoid content of the extract caused significant reduction in the serum progesterone level.

However, the unchanged serum estrogen level observed in *Piper guineense* Group C correlated with the serum FSH level. The synthesis of estrogen occurs in the ovaries especially in the granulosa cells, theca cells and corpus luteum but corpus luteum is exonerated, therefore, the production of the estrogen solely rests on the granulosa and theca cell. The granulosa cells synthesize estrogen under LH stimulation^[41]. Via synthesis and secretion of pregnenolone which diffuses into the theca cells and pregnenolone is converted to androstenedione^[42]. The androstenedione in turn reenters into the granulosa cells where it is converted to estrone by aromatase enzyme and subsequently estradiol by 17beta-hydroxysteroid dehydrogenase^[43]. Both aromatase enzyme and 17beta-hydroxysteroid dehydrogenase are controlled by the FSH stimulation^[36, 44], and normal FSH level proportionate estrogen normal level.

Results of Group D rats treated with *Piper guineense* leaf extract and ibuprofen showed significant increase in FSH. It could be

hypothesized that this elevation in serum FSH level could be a summation of inhibitory action of ibuprofen and the action of the extract on FSH secretion. These could lead to disinhibition of gonadotrope and possible hyperstimulation of the gonadotropes thus causing over-production of FSH. As aforementioned ibuprofen blocked FSH and LH levels and could result in the failure to generate cyclooxygenase-2 that leads to biosynthesis of prostaglandins. Prostaglandin plays an important role in follicle rupture thus failure to secrete prostaglandin results in the inability of selected follicle to ovulate^[37]. Another plausible reason for the increased serum FSH in Group D rats could involve extragonadal tissue secretion of activin that stimulates FSH biosynthesis and release from the gonadotrope cells via autocrine-paracrine mechanism^[45].

On the other hand, significant reduction in serum LH level occurred due to synergistic inhibitory action of both ibuprofen and the extract. The serum estrogen level was not significantly different from the normal control group A and could be based on the actions of ibuprofen and *Piper guineense* leaf extract since both did not cause any significant change in the serum estrogen level. The serum progesterone level was markedly reduced. The reduction could be dependent on the hypothalamic-pituitary dysfunction evoked by both treatments because this dysfunction is often responsible for alteration of ovarian hormone production^[46].

In conclusion, the results obtained in this study suggested the use of *Piper guineense* leaf extract in contraception since it caused inhibition of LH and progesterone secretion indicating possible anovulation. This research has also thrown new light on the inhibiting action of ibuprofen on the gonadotropins and the sparing effect on the ovarian hormone secretion.

Limitations

The inhibitory actions of the extract and ibuprofen were not related to proestrus/estrus phase in the randomized experimental animals thus we cannot extrapolate our findings to the potential use of *Piper guineense* extract in contraception.

Acknowledgments

This work was carried out in the laboratory of Department of Human Physiology, Madonna University Nigeria. We are grateful to the management of the University and technologists of the Department.

REFERENCES

1. Adams GP, Ratto MH. Ovulation inducing factor in seminal plasma: a review. *Anim Reprod Sci.* 2013; 136:148-156.
2. Wilcox AJ, Dunson D, Baird DD. The timing of the "fertile window" in the menstrual cycle: day specific estimates from a prospective study. *BMJ.* 2001; 322(7277):28.
3. Mutreja A, Agarwal M, Kushwaha S, Chauhan A. Effect of *Nelumbo nucifera* seeds on the reproductive organs of female rats. *Iran J Reprod Med.* 2008; 6:7-11.
4. Yakubu MT, Akanji MA, Oladiji AT, Olatinwo AO, Adesokan AA, Yakubu MO, *et al.* Effect of *Cnidioscolous aconitifolius* (Miller) I. M. Johnston leaf extract on reproductive hormones of female rats. *Iranian J Reprod Med.* 2008; 6(3):149-155.
5. Raj A, Singh A, Sharma A, Singh N, Kumar P, Bhatia V. Antifertility activity of medicinal plants on reproductive system of female rat. *Int J Biol-Eng Sci Technol.* 2011; 2(3):44-50.
6. Agbai EO, Nwanegwo CO, Njoku CJ, Onyebuagu PC, Ekezie J, Nwafor AC. *Tetrapleura tetraptera* extract inhibited luteinizing hormone and estrogen secretion in clomiphene citrate treated female Wistar albino rats. *EJMP.* 2016; 29103 (in press).

7. Rahmawati N, Bachri MS. The aphrodisiac effect and toxicity of combination *Piper retrofractum* L., *Centella asiatica*, and *Curcuma domestica* infusion. Health Sci Indones, 2012; 1:19-22.
8. Ijeh II, Njoku OU, Ekenze EC. Medicinal evaluation of extracts *Piper guineense* and *Telfairia occidentalis*. Journal of Medicinal and Aromatic Plant Sciences. 2003; 26:44-47.
9. Udoh FV, Ekanem AP, Eyo VO. Pharmacodynamic effect of methanolic extract of *Piper guineense* leaf on uterine physiology. Pharmacologia, 2012; 3:200-203.
10. Noumi E, Amvan ZPH, Lontsi D. Aphrodisiac plants used in Cameroon. Fitoterapia, 1998; 69:125-134.
11. Agbai EO, Onyebuagu PC, Njoku CJ, Ekezie J, Eke CC, Nwanegwo CO, et al. *Piper guineense* leaf extract elevates serum follicle stimulating hormone level in the diestrus phase in non-pregnant female albino Wistar rats. JOCAMR. 2017; 2(4):1-8.
12. Lee HW, Lee M, Ahn C, Kang HY, Tran DN, Jeung EB. Parabens accelerate ovarian dysfunction in a 4-vinylcyclohexane diepoxide-induced ovarian failure model. Int J Environ Res Public Health. 2017; 14:161.
13. Sibonga JD, Bell NH, Turner RT. Evidence that ibuprofen antagonizes selective actions of estrogen and tamoxifen on rat bone. J. Bone. Mineral Res. 1998; 13(5):863-870.
14. Sirois J, Sayasith K, Brown KA, Stock AE, Bouchard N, Dore M. Cyclooxygenase-2 and its role in ovulation: a 2004 account. Human Reprod Update, 2004; 10(5):373-385.
15. European League Against Rheumatism (EULAR). Non-steroidal anti-inflammatory drugs inhibit ovulation after just 10 days. ScienceDaily, 2015; 1.
16. National Institute of Health. Public health service policy on humane care and the use of laboratory animals. US Department of Health and Humane Services, Washington DC, USA. 1986; Pp. 99-158.
17. Pfizer Data Sheet on global environment, health and safety operation. Acute toxicity of ibuprofen: species, route, end-point and dose. Pfizer Data Sheet Version 2014; 1:1-11.
18. Agbai EO, Nwanegwo CO. Effect of methanolic extract of *Xylopia aethiopica* and *Piper guineense* on prolactin in bromocriptine induced hypoprolactinemia. J Med Biol Sci. 2013; 3(2):43-49.
19. Ricciotti E, Fitzgerald GA. Prostaglandins and inflammation. Arterioscler Thromb Vasc Biol. 2011; 31(5):986-1000.
20. Sirois J. Induction of prostaglandin endoperoxide synthase-2 by chorionic gonadotropin in bovine preovulatory follicles *in vivo*. Endocrinology, 1994; 135:841-848.
21. Sirois J, Dore M. The late induction of prostaglandin G/H synthase-2 in equine preovulatory follicles supports its role as a determinant of ovulatory process. Endocrinology, 1997; 138:4427-4434.
22. Murdoch WJ, Hansen TR, McPherson LA. A review - role of eicosanoids in vertebrate ovulation. Prostaglandins, 46:85-115.
23. Buckler HM, Evans CA, Mamtora H, Burger HG, Anderson DC. Gonadotropin, steroid, and inhibin levels in women with incipient ovarian failure during anovulatory and ovulatory rebound cycles. J Clin Endocrinol Metab. 1991; 72:116-124.
24. Hambridge HL, Mumford SL, Schisterman EF. The influence of sporadic anovulation on hormone levels in ovulatory cycles. Hum Reprod. 2013; 28(6):1687-1694.
25. Mihm M, Gangooly S, Muttukrishna S. The normal menstrual cycle in women. Anim Reprod Sci. 2011; 124:229-236.
26. Raju GAR, Chavan R, Deenadayal M, Gunasheela D, Gutgotia R, HariPriya G. Luteinizing hormone and follicle-stimulating hormone synergy. A review or role in controlled ovarian hyperstimulation. J Hum Reprod Sci. 2013; 6(4):227-234.
27. Johansson J, Sterner-Victorin E. Polycystic ovary syndrome: effect and mechanism of acupuncture for ovulation induction. Evid Based Complement Alternat Med. 2013; 2013:762615
28. Padmanabhan V, Karsch FJ, Lee JS. Hypothalamic, pituitary and gonadal regulation of FSH. Reprod Suppl. 2002; 59:67-82.
29. Peluso JJ, Steger RW. The role of FSH in regulating granulosa cell division and follicular atresia in rats. J Reprod Fertil. 1978; 54(2):275-278.
30. Miro F, Aspinall LJ. The onset of the initial rise in follicle stimulating hormone during the human menstrual cycle. Human Reprod. 2005; 20(1):96-100.
31. Tanaka N, Espey LL, Kawano T, Okamura H. Comparison of inhibitory actions of indomethacin and epostane on ovulation in rats. Am J Physiol. 1991; 260(2):170-174.
32. Asher GW, Peterson AJ, Duganzich D. Adrenal and ovarian sources of progesterone secretion in young female fallow deer, *Dama dama*. J Reprod Fert. 1989; 85:667-675.
33. Herrera AY, Nielsen SE, Mather M. Stress-induced increases in progesterone and cortisol in naturally cycling women. Neurobiology of Stress, 2016; 3:96-104.
34. Graham JD, Clarke CL. Physiological action of progesterone in target tissues. Endocr Rev. 1997; 18(4):502-519.
35. Marsh JM, Butcher RW, Savard K, Sutherland EW. The stimulatory effect of luteinizing hormone on adenosine 3,5- monophosphate accumulation in corpus luteum slices. J Biol Chem. 1966; 241:5436-5440.
36. Oktem O, Akin N, Bildik G, Yakin K, Alper E, Balaban B, Urman B. FSH promotes progesterone synthesis and output from human granulosa cells without luteinization. Hum Reprod. 2017; 32(3):643-652.
37. Epsey LL, Lipner H. Ovulation. In Knobil E., and Neill J. D. (eds). Physiology of Reproduction, Raven Press, New York, 1994; 1:725-781.
38. Le Roux PA, Tregoning SK, Zinn PM, van der Spuy ZM. Inhibition of progesterone secretion with trilostane for mid-trimester termination of pregnancy: randomized controlled trials. Hum Reprod. 2002; 17(6):1483-1489.
39. Ohno S, Matsumoto N, Watanabe M, Nakajin S. Flavonoid inhibition of overexpressed human 3beta-hydroxysteroid dehydrogenase type II. J Steroid Biochem Mol Biol. 2004; 88(2):175-182.
40. Ekpo IA, Osuagwu AN, Agbor RB, Okpako EC, Ekanem BE. Phytochemical composition of *Aframomum melegueta* and *Piper guineense* seed. World J Appl Environ Chemistry. 2012; 2(1):17-21.
41. Simpson ER, Misso M, Hewitt KN, Hill RA, Boon WC, Jones ME, et al. Estrogen. The good, the bad, and the unexpected. Endocr Rev. 2005; 26(3):322-300.
42. Miller WL, Auchus RJ. The molecular biology, biochemistry and physiology of human steroidogenesis and its disorders. Endocr Rev., 2011; 32(1):81-151.
43. Burger HG. Androgen production in women. Fertil Steril. 2002; 77(4):3-5.
44. Stocco C. Aromatase expression in the ovary: hormonal and molecular regulation. Steroids, 2008; 73(5):473-487.
45. Gregory SJ, Kaiser UB. Regulation of gonadotropins by inhibin and activin. Semin Reprod Med. 2004; 22(3):253-267.
46. Whirledge S, Cidlowski JA. Minerva Endocrinol. Glucocorticoid, stress and fertility. 2010; 35(2):109-125.

HOW TO CITE THIS ARTICLE

Agbai EO, Eke CC, Nwanegwo CO, Anyaehie UB. Comparison of inhibitory effect of ibuprofen with *Piper guineense* Schumach and Thonn. on some reproductive hormones in female rats. J Phytopharmacol 2017;6(4):205-209.