



Antihistaminic Activity of the Paediatric Siddha Formulation Kana Ennai: An Ex Vivo Study Using a Guinea Pig Model

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(Received: 16 December 2025)

Revised: 20 December 2025

Accepted: 25 December 2025

KEYWORDS:

Childhood bronchial asthma, Ex vivo antihistaminic activity, Kana Ennai, Paediatric Siddha formulation, Histamine receptor blockade.

ABSTRACT:

Childhood bronchial asthma and other allergy-related disorders remain significant health concerns due to the limited availability of effective and conclusive treatments in paediatric care. This situation has increased interest in traditional Siddha formulations for managing such conditions. The present study aimed to evaluate the antihistaminic activity of the Siddha paediatric herbal formulation Kana Ennai (KE) using an ex-vivo guinea pig model of bronchial hyperresponsiveness. In this experimental study, guinea pigs were euthanized with ketamine, and 1-cm ileal segments were mounted in a 30-mL organ bath containing aerated Tyrodes solution maintained at 37°C. Contractile responses were induced by cumulative addition of histamine at concentrations of 5, 10, 20, 40, and 80 µg until submaximal contractions were achieved. After treatment with Kana Ennai (KE), the ileal responses to the same histamine concentrations were recorded and compared. The results demonstrated that Kana Ennai (0.2%) significantly reduced histamine-induced contractions and effectively blocked hyper-responsive histamine receptors in ileal smooth muscle, as evidenced by changes in the histamine concentration–response curve. These findings suggest that Kana Ennai possesses notable antihistaminic activity and therapeutic potential in the management of bronchial asthma. Further experimental investigations and clinical trials are required to confirm its efficacy and elucidate its mechanism in histamine receptor blockade.

Abbreviations:

KE: Kana Ennai; CRC for concentration response curve; NaCl stands for sodium chloride; KCl for potassium chloride; CaCl₂ for calcium chloride; MgCl₂ for magnesium chloride; H₂O for dihydrogen monoxide; NaHCO₃ for sodium bicarbonate; NaH₂PO₄ for monosodium phosphate or sodium dihydrogen phosphate;

1. Introduction

The prevalence of allergies and asthma has increased despite recent improvements in the general health of the population [1]. In addition to bronchial constriction, swelling, and increased mucus secretion brought on by exposure to stimuli including dust, pollen, animal fur, smoke, and air pollution, asthma is characterized by

recurring episodes of air route obstruction. Asthma comes in two primary kinds. Allergies and/or allergic illnesses (such as allergic rhinitis and atopic dermatitis) are frequently linked to early-onset asthma, which begins in childhood or adolescence [2]. In addition to causing continuous inflammation in the respiratory tract, childhood bronchial asthma is an inflammatory disease of the airway that is characterized by recurring bouts of



wheezing, dyspnea, chest tightness, and coughing, especially at night or early in the morning [3]. The airway and pulmonary tissue have been shown to contain four different types of histamine receptors, including H1, H2, H3, and H4 [4-7]. One of the most well-known physiologic effects of histamine in the respiratory system is the bronchoconstriction of smooth muscle, which is mediated by H1 receptors [8]. The body's primary source of histamine is mast cells, which are multipurpose tissue-dwelling cells generated from bone marrow [9]. The function of lymphocytes, immunoglobulins, mast cells, and different autacoids in the etiopathogenesis of allergic diseases has been extensively studied during the past few decades [10]. The Indian traditional medical system (AYUSH) records a number of natural formulations that have shown promise as treatments for bronchial asthma and allergy disorders [11]. The data gathered indicates that the trial medication's constituents have anti-inflammatory, anti-histaminic, immunomodulatory, and anti-asthmatic qualities [12-18]. Therefore, it was decided to evaluate this trial medication experimentally in order to determine its antihistaminic effect [19-20].

2. Materials and Methods

According to the classical Siddha text *Chikitsaratna Deepam*, "Kana Ennai" (KE) is a traditional polyherbal pediatric formulation prepared based on documented textual evidence and is commonly recommended for the management of *Kana Soodu* (childhood bronchial asthma).



Figure 1. *Solanum nigrum L.*



Fig 2. Juice of *Solanum nigrum L.*

Ingredients

Table 1. Ingredients of the Study Medicine Kana Ennai

S. N O	COMMON NAME	BOTANICAL NAME	QTY.
1.	Manathakkalisaaru	<i>Solanum nigrum L.</i>	87.5ml
2.	Vengayarasam	<i>Allium cepa L.</i>	87.5ml
3.	Vilvailaikozhundhirasam	<i>Aegle marmelos L.</i>	87.5ml
4.	Vendhayam	<i>Trigonella foenum-graecum L.</i>	44grams
5.	Chitramannakuennai	Castor oil	700ml

Identification, Confirmation and Collections of raw drugs

Before the preparation of the trial medicine, all the raw drugs were collected and authenticated by Dr. R. Duraisami, M.Pharm., Ph.D., Head, Department of Pharmacognosy, Nandha College of Pharmacy, Erode (Ref. No.: NCP/General/195/2026).



Figure 3. *Aegle marmelos L.*

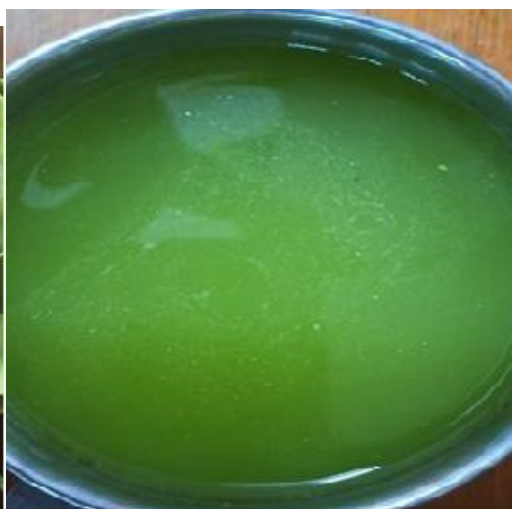


Figure 4. Juice of *Aegle marmelos L.*



Figure 5. *Trigonella foenum-graecum L.*



Figure 6. Paste of *Trigonella foenum-graecum L.*



Figure 7. Castor oil



Figure 8. *Allium cepa L.*



Figure 9. Boiling study medicine



Figure 10. Wax particle forming consistency



Figure 11. Study medicine – Kana Ennai

Purification of ingredients

All the herbal ingredients were thoroughly cleaned using normal (potable) water to remove dirt and impurities, except castor oil.

Method of Drug Preparation:

As per the Siddha classical text *Chikitsaratna Deepam*, after purification of all the ingredients, the fenugreek seeds were soaked overnight and ground thoroughly. The

paste was then blended well with castor oil and the other juices listed above. The mixture was heated until the required consistency (wax particle formation stage) was achieved, after which it was carefully filtered.

Indications: Kana Soodu (Childhood Bronchial Asthma).

Experimental Animals for *Ex vivo* Anti-Histaminic Activity of (KE)



The study employed healthy adult guinea pigs weighing between 300 and 350 grams. The animal came from the Kerala Veterinary and Animal Science University's animal house in Mannuthy, Kerala. After arriving, the animal was put in a polypropylene cage with dried grass bedding at the JKKMMRF'S Annai JKK Sampoorani Ammal College of Pharmacy animal house, Komarapalayam, Namakkal, Tamil Nadu for acclimation. The temperature and relative humidity of the animals' housing were $24 \pm 2^\circ\text{C}$ and 30–70%, respectively. There was a light: dark cycle of 12:12. Every animal was fed regular commercial pelleted rat chaw (Hindustan Lever Ltd., Mumbai) and had free access to water.

Ethical Clearance of this Research Study

The Institutional Animal Ethics Committee (1158/PO/Re/S/07/CPCSEA) examined all experimental techniques and protocols utilized in this work to ensure they complied with IAEC guidelines.

Anti-histaminic activity of KE

Treatment Protocol

Guinea pigs were used to evaluate antihistaminic activity. Adult male guinea pigs weighing 300–350 g were fasted overnight prior to the experiment. The animals were euthanized by an overdose of injectable ketamine. The abdomen was opened, and the terminal ileum was excised. A 1-cm segment of the ileum, taken 10–15 cm proximal to the ileocecal junction, was isolated and mounted according to the method described by Carvalho *et al.* (2009). The isolated ileum was suspended in a 30-mL organ bath containing aerated normal Tyrode solution (composition in mM: NaCl, KCl, CaCl_2 , $\text{MgCl}_2 \cdot \text{H}_2\text{O}$, NaHCO_3 , NaH_2PO_4 , and glucose; pH 7.4) and maintained at 37°C . The tissue was allowed to equilibrate for 60 minutes, with continuous aeration. The mechanical responses of the ileum were recorded using a frontal writing lever. Cumulative concentration–response curves to histamine were obtained until submaximal contractions were achieved. The test drug (KE) was then incubated with the isolated ileum for 45 minutes [22]. Following incubation, the contractile responses of the ileum to the same concentrations of histamine were recorded in the presence of KE.



Figure 12. Experimental setup of isolated ileum preparation in organ bath



Figure 13. Mounting of ileal tissue in organ bath holder

3. Results

Effect of Kana Ennai On Concentration Response Curve of Histamine using Guinea Pig Ileum

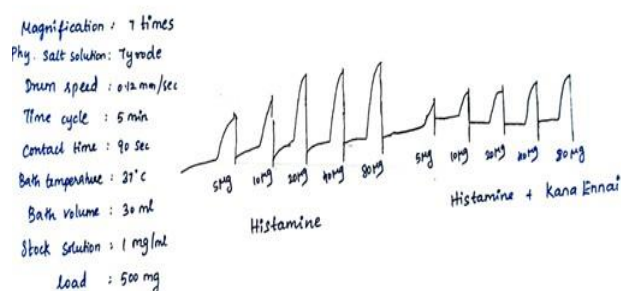
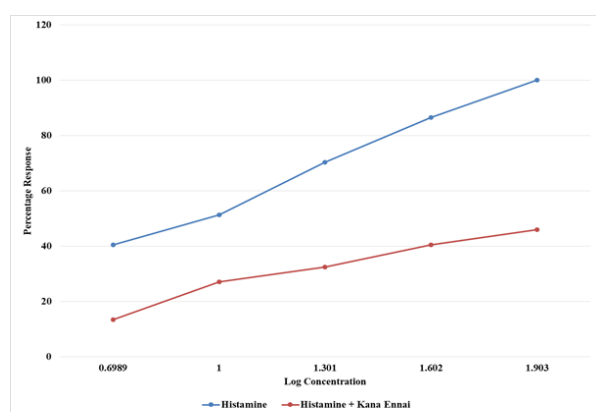


Figure 14. Effect of "Kana Ennai" on concentration response curve of histamine using guinea pig ileum



Table 2. Effect of "Kana Ennai" on concentration response curve of histamine using guinea pig ileum

S · n o	Concentration of Histamine (µg)	Log Concentration	Histamine		Histamine+ Kana Ennai	
			Response (mm)	Percentage Contraction	Response (mm)	Percentage Contraction
1	5	0.6989	15	40.54	5	13.51
2	10	1.000	19	51.35	10	27.03
3	20	1.3010	26	70.27	12	32.43
4	40	1.6020	32	86.49	15	40.54
5	80	1.9030	37	100	17	45.95



Graph 1. Effect of "Kana Ennai" on concentration response curve of histamine using guinea pig ileum

4. Discussion

In asthma, multiple mediators are produced and released, leading to bronchoconstriction, airway wall restructuring, and airway obstruction. These mediators encompass a broad range of molecules, including histamine, leukotrienes, prostaglandins, cytokines, and chemokines [23]. Antigen exposure triggers histamine release from mast cells and basophils, leading to smooth muscle contraction, enhanced vascular permeability, and increased mucus secretion [24]. The histamine-induced contraction of isolated guinea pig ileum via H_1 receptor activation is a well-established and reliable experimental model for evaluating antihistaminic and bronchodilatory agents. The H_1 receptors in guinea pig ileal smooth

muscle are pharmacologically comparable to those in human bronchial smooth muscle. In both tissues, receptor activation couples to $G_{\alpha q/11}$ proteins, stimulates phospholipase C, and increases intracellular Ca^{2+} , leading to smooth muscle contraction. Because of this similarity in receptor behavior and signaling pathways, guinea pig ileum serves as a validated surrogate model for screening potential anti-asthmatic drugs. Selective antagonists play a role in asthma therapy, particularly antihistamines, leukotriene (LT) receptor antagonists, antimuscarinic agents, and endothelin (ET)-1 receptor antagonists [25]. *Ex vivo* experiments, especially those utilizing isolated organ bath preparations, are well-established and widely accepted methods for assessing ileal contractile responses and gastrointestinal motility [26]. Smooth muscle of study animal expresses H_1 receptors, and their activation by histamine produces a contractile response. This contractile property of the isolated ileum was used to evaluate the antihistaminic potential of the test drug, Kana Ennai (KE). The results are represented in Figure 14, Graph 1 and Table 2. The concentration–response curve (CRC) of histamine alone (5, 10, 20, 40, and 80 µg) in isolated experimental ileum showed a dose-dependent leftward shift, reflecting the responsiveness of H_1 receptors present on the ileal smooth muscle, which resulted in muscle contraction. The highest concentration of histamine produced a maximal response corresponding to 100% contraction.

5. Conclusion

This research on “Kana Ennai” establishes its antihistaminic property in guinea pig model. The guinea pig ileum contains a high density of H_1 histamine receptors on its smooth muscle, which are functionally and pharmacologically similar to human H_1 receptors. Therefore, responses to histamine and antihistaminic drugs closely resemble those seen in humans. Hence, the medicine “Kana Ennai” may serve as an effective treatment for Kana Soodu (childhood bronchial asthma). The Siddha paediatric formulation “Kana Ennai” can be beneficial in managing bronchial asthmatic complications in children, such as shortness of breath, chest tightness, and dyspnoea. Further research is required to clarify the precise medicinal benefits of the trial medicine for children and its role in reducing allergic responses.



Acknowledgements

In sincerely thank Dr. S. Mathukumar, Member, Board of Unani, Siddha & Sowa-Rigpa; Dr. M. Pitchai Kumar, MD(S), PGDCR, Assistant Professor, Government Siddha Medical College, Palayamkottai, Tirunelveli, Dr. Sengottuvelu, M.Pharm., Ph.D., Professor and Head, Department of Pharmacology, Nandha College of Pharmacy, Erode and Dr. Manikgantan E. M, Associate Professor, Department of Siddha, The Tamil Nadu Dr. M.G.R. Medical University, Chennai, for their valuable guidance and support in the preparation of this article.

Funding

This research received no external funding.

Conflict of Interest

The authors declare no conflict of interest.

Author's contribution

Vadivelan S. served as the Primary Investigator and was responsible for the conduct of the preclinical study, assessment, treatment planning, and data collection. Sarojini T. contributed to data analysis, data interpretation, manuscript editing, and article drafting. Manikgantan E. M and Vennila K were involved in manuscript review and manual grammar checking. All authors reviewed and approved the final manuscript.

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