



ORIGINAL ARTICLE

Antihyperuricemic Effects of Turmeric, Ginger, and Black Pepper in Rats

Radwa Donia^{*1}, Mona Hanfy M.², Doaa Elsabakhawi³, Ghada Soliman⁴

¹Ph.D in Biochemistry, National Nutrition Institute of Nutrition, Cairo, Egypt

²Lecturer Analytical Chemistry, National Nutrition Institute, Cairo, Egypt

³Assistant Professor of Nutrition, National Nutrition Institute Cairo, Egypt

⁴Professor of Biochemistry, National Nutrition Institute Cairo, Egypt

(Received: 22 December 2024

Accepted: 18 May 2025)

KEYWORDS

Hyperuricemia;
Spices,
Uric acid level;
Lipid profile;
Functional foods

ABSTRACT: Hyperuricemia, characterized by high uric acid levels in blood, can lead to gout and other health issues like type 2 diabetes and hypertension. This study aims to assess the Antihyperuricemic effects of turmeric, ginger, and black pepper powdered spices, individually and in combination, on rats with induced hyperuricemia. The study involved analyzing ginger, turmeric, and black pepper for microbiological safety, aflatoxins, nutritional content, and phytochemical compounds before including them in the rats' diet. Rats were adapted and then divided into six groups, with groups 2-6 induced with hyperuricemia and treated with different combinations of spices or allopurinol as medication for hyperuricemia. The experiment was conducted over a period of 8 weeks, during which body weight and dietary intake were monitored weekly. After the experiment, blood samples were analyzed. Results showed a significant reduction in uric acid, creatinine, and urea levels in the treated group, measuring 3.11 ± 0.29 , 1.69 ± 0.11 , and 30.51 ± 3.46 , respectively, compared to the untreated group, which recorded 5.73 ± 0.27 , 3.16 ± 0.19 , and 43.81 ± 3.7 . Additionally, the lipid profile parameters in the treated group, including total cholesterol, triglycerides, and low-density lipoprotein (LDL), were 87.33 ± 4.1 , 102.74 ± 5.0 , and 33.59 ± 3.5 , respectively. These values were significantly lower than those in the untreated group, which recorded 142.29 ± 6.78 , 140.8 ± 4.61 , and 85.53 ± 7.9 , respectively. Overall, the findings support the use of turmeric, ginger, and black pepper as functional foods in addressing hyperuricemia and associated comorbidities.

INTRODUCTION

Hyperuricemia is a medical condition defined by an increased concentration of uric acid in the bloodstream. Uric acid is a metabolic byproduct formed during the breakdown of purines, which are naturally present in the body and certain foods. When uric acid levels become too high, it can form sharp crystals in your joints, leading to gout, a type of inflammatory arthritis that causes sudden and severe attacks of pain, swelling, redness, and tenderness in one or more joints [1]. Comorbidities

associated with hyperuricemia increase the risk of developing type 2 diabetes mellitus, hypertension, obesity, hypertriglyceridemia, and hypercholesterolemia [2]. Dietary modifications play a crucial role in managing hyperuricemia (gout). Functional foods are dietary components that may offer health benefits beyond basic nutrition. While not a replacement for conventional therapy, some functional foods may be helpful alongside medications and dietary modifications

*Corresponding author: radwadonia86@gmail.com; radwadonia_p@sci.asu.edu.eg (R. Donia)
DOI: 10.60829/jchr.2025.1194129

for managing hyperuricemia and gout [3].

Ginger (*Zingiber officinale*) is a flowering plant belonging to the Zingiberoside family, known for its pungent, aromatic rhizome (underground stem) widely used as a spice and folk medicine. Ginger and compounds are isolated therefrom enhance immune support, cancer cell defense, anti-inflammatory, cell protective, blood sugar regulation, cholesterol control, and anti-nausea effects [4].

Ginger (*Zingiber officinale*) supplementation may be beneficial for reducing blood uric acid levels. A 2019 study published in *Nutrients* found that 2 grams of ginger per day for 12 weeks significantly lowered serum uric acid in patients with hyperuricemia [5].

Turmeric, scientifically known as *Curcuma longa*, is a perennial herbaceous plant from the Zingiberaceae family. Research indicates that *C. longa* and its bioactive constituents exhibit a wide array of pharmacological activities. These include antioxidant properties, hepatoprotective effects, anti-osteoarthritis benefits, anti-inflammatory actions, anticancer potential, anti-arthritis activity, neuroprotective effects, antidiabetic properties, relief from diarrhea, antimicrobial effects, prevention of atherosclerosis, antidepressant qualities, anti-aging properties, wound healing capabilities, and enhancement of memory. The utilization of Turmeric in traditional medicine is justified by the presence of more than 300 biologically active compounds, such as polyphenols, sesquiterpenes, diterpenes, triterpenoids, sterols, and alkaloids [6].

Bisacumol, campesterol, and stigmasterol, identified within turmeric, are vital compounds for treating gout and hyperuricemia as they potentially influence protein processing within the endoplasmic reticulum. Their involvement suggests a significant role in the management of gout [7].

Piper nigrum L., known as black pepper, is one of the earliest and most widely used spices. It is available as black and white pepper, depending on harvest time and processing. Black pepper has a long history of use in herbal medicine. It serves various purposes, including functioning as a preservative and a biocontrol agent. The essential oil or extract of black pepper which contains piperine demonstrates a range of biological activities, such as antioxidants, anti-fungal, anti-amoebic, anti-

asthmatic, anti-diabetic, and immunomodulatory effects. These properties make black pepper a valuable component not only in food but also in various therapeutic and preservation applications [8].

Spices are considered functional foods because they provide health benefits that go beyond basic nutritional needs, positively affecting specific bodily functions. This study aims to evaluate the hyperuricemia effects of three natural compounds—turmeric, ginger, and black pepper—either individually or in combination, on rats with induced hyperuricemia. The study seeks to determine the efficacy of these treatments in reducing uric acid levels and improving overall health markers associated with hyperuricemia, potentially offering insights into novel treatment strategies for such conditions in humans.

MATERIALS AND METHODS

Materials

The chemicals used for chemical and microbial analysis were obtained from Sigma-Aldrich, Germany, unless otherwise specified in the text. The used spices (turmeric, ginger, and black pepper) were sourced from the Egyptian market. In this experimental study, adult male Sprague-Dawley rats, weighing 100-120 grams (n=60), were acquired from the Helwan University Animal House. The starch, casein, vitamins, and minerals used in the rats' diet were purchased from El Nasr Pharm. Chem. Co., Egypt. The kit used for cholesterol, HDL-cholesterol, and triglyceride determination was purchased from Analyticon Biotechnologies AG, Germany, while the kit used for uric acid, urea, and creatinine determination was purchased from Biosystem, Spain. Monosodium urate and sodium pentobarbital were obtained from Sigma Chemical Company, USA (Egyptian center).

Analysis of Ginger (*Zingiber officinale*), turmeric, and black pepper:

Ginger (*Zingiber officinale*), turmeric, and black pepper were subjected to microbiological analysis following ICMSF [9] guidelines and aflatoxin assessment based on protocols from Anonymous [10-12] before inclusion in the rats' diet. Chemical analysis was conducted to

determine their nutritional composition, including macronutrients (protein, fat, ash, moisture, and dietary fiber), minerals (Sodium (Na), Potassium (K), Calcium (Ca), Magnesium (Mg), Phosphorus (P), Iron (Fe), Zinc (Zn), Copper (Cu), Manganese (Mn), Chromium (Cr)), and vitamins (vitamin C, vitamin E, vitamin B1, vitamin B2, and vitamin B3), in accordance with AOAC [13-15] standards.

Phytochemical screening and determination of phenols and flavonoids

They were submitted to qualitative chemical screening to identify the various primary classes of active chemical ingredients such as phenols, flavonoids, glycosides, phytosterols, saponins, tannins, and alkaloids using established analytical protocols [16, 17]. Total phenolic compounds were measured using a colorimetric method using the Folin-Ciocalteu reagent [18] and represented as milligrams (mg) of gallic acid equivalents (GAE) g^{-1} of dry weight extract (DW) (mg GAE g^{-1} DW). The total flavonoid compounds were determined using a colorimetric method [19] and expressed as quercetin equivalents (mg QE g^{-1}). All analyses were conducted in duplicate.

Experimental procedures

All rats were housed individually in wire-mesh cages to facilitate the weighing of the rats and their diet. All the rats were acclimated to the animal facility for ten days, where they were kept under controlled conditions, including a 12-hour light and 12-hour dark cycle, a temperature range of $25^{\circ}C \pm 2.0$, and a humidity level of $40 \pm 2\%$. A standard basal diet was introduced to the rats following Reeves et al. [20], using the AIN-93 M diet designed for adult rats.

The duration of the experiment was eight weeks. And libitum water and rat food were provided. Monosodium urate was injected into groups two through six to induce hyperuricemia. There were ten animals in each of the six groups into which the experimental animals were divided:

Group 1 (Normal Control): Fed a standard diet without treatment.

Group 2 (Positive Control): Hyperuricemic rats with no

treatment.

Group 3: Hyperuricemic rats treated with allopurinol ($60 \text{ mg} \cdot \text{kg}^{-1} \text{ BW}$).

Group 4: Hyperuricemic rats treated with turmeric ($500 \text{ mg} \cdot \text{kg}^{-1} \text{ BW}$).

Group 5: Hyperuricemic rats treated with a black pepper and ginger mixture ($500 \text{ mg} \cdot \text{kg}^{-1} \text{ BW}$ and $50 \text{ mg} \cdot \text{kg}^{-1} \text{ BW}$, respectively).

Group 6: Hyperuricemic rats treated with a combination of turmeric, ginger, and black pepper ($250 \text{ mg} \cdot \text{kg}^{-1} \text{ BW}$, $250 \text{ mg} \cdot \text{kg}^{-1} \text{ BW}$, and $25 \text{ mg} \cdot \text{kg}^{-1} \text{ BW}$, respectively).

Weekly weights and diets of rats were also documented. Body weight increase (BWG) was estimated as the difference between the beginning body weight (IBW) and the final body weight (FBW) ($\text{BWG} = \text{FBW} - \text{IBW}$).

After the experiment, the rats were fasted overnight, weighed, and sacrificed under anesthesia by Sodium Pentobarbital injection (Sigma, USA). Blood samples were collected from the hepatic portal vein. Fasting blood samples were taken in tubes. The serum was separated by centrifugation at 3,000 rpm (Relative Centrifugal Force (RCF) is approximately 5000 g) for 15 minutes and kept at $-20^{\circ}C$ for subsequent biochemical analysis; urea [21, 22], creatinine [23], uric acid [21,24], total cholesterol [25], High density lipoprotein (HDL-C) [26, 27], Low density lipoprotein LDL-C [28], Very low density lipoprotein VLDL-C {VLDLC= total cholesterol- (HDL-C+LDL-C)}, and triacylglycerol [29] using suitable kits. The organs such as kidneys from various animal types were promptly removed, cleansed with saline, dried, and weighed.

Histological examination

The kidneys were placed in 10% formalin for histological evaluation, then dehydrated, cleaned in zylol, and embedded in parablaxt. Paraffin slices will be cut serially at 6mm thickness and stained with hematoxylin and eosin (Hx & E), as reported by Drury and Wakkington [30].

Statistical analysis

Data analysis was performed using SPSS software version 21.0 (SPSS, Inc.). Results are presented as mean \pm SD. Differences between groups were assessed

using one-way ANOVA, followed by Duncan's New Multiple Range post hoc test. Statistical significance was set at $P < 0.05$ [31].

RESULTS

Table 1 clarifies the detailed nutritional facts for turmeric, ginger, and black pepper. It includes macronutrients (energy, water, protein, fat, carbohydrates, fiber, ash, and dietary fiber), minerals

iron, zinc, copper, manganese, and chromium), and vitamins (β -Carotene, vitamin C, vitamin E, and vitamins B1, B2, and B3). From the data, it's clear that all three species are rich in nutrients. Turmeric, for example, is high in energy, fiber, and contains a significant amount of β -Carotene. Ginger, on the other hand, has a good amount of vitamin B3 and a balanced mineral profile. Black pepper is high in energy and dietary fiber and contains a high amount of vitamin C.

Table 1. Macronutrients, minerals, and vitamin content of Ginger, turmeric, and black pepper.

Macronutrients g 100g ⁻¹ (Mean \pm SD)				Minerals mg 100g ⁻¹ (Mean \pm SD)				Vitamins mg 100g ⁻¹ (Mean \pm SD)			
Item	Turmeric	Ginger	Black pepper	Item	Turmeric	Ginger	Black pepper	Item	Turmeric	Ginger	Black pepper
Energy (cal)	355.5 \pm 32.5	353.3 \pm 22.3	402.7 \pm 42.3	Na	ND*	50 \pm 5.6	11.11 \pm 3.8	β Carotene	ND*	92.9 \pm 16.2	0.16 \pm 0.05
Water (g)	9.48 \pm 2.1	8.92 \pm 1.6	9.02 \pm 2.3	K	2104 \pm 107	1200.2 \pm 235	1210.2 \pm 189	vit. C	27.58 \pm 6.3	10.55 \pm 3.2	30.2 \pm 2.7
Protein (g)	10.2 \pm 1.2	9.01 \pm 2.3	10.25 \pm 2.9	Ca	175.4 \pm 23.1	100.3 \pm 17.8	410.2 \pm 32.5	Vit. E	2.91 \pm 0.4	ND	1.1 \pm 0.12
Fat (g)	3.41 \pm 0.08	3.4 \pm 0.15	10.9 \pm 0.9	Mg	212.5 \pm 33.9	200 \pm 28.9	244.2 \pm 32.6	vit. B1	0.84 \pm 0.11	0.042 \pm 0.01	0.79 \pm 0.06
Carbohydrates (g)	71.01 \pm 10.3	71.67 \pm 12.3	65.92 \pm 16.2	P	250.7 \pm 26.2	190.2 \pm 27.6	156.9 \pm 31.3	vit. B2	0.24 \pm 0.03	0.15 \pm 0.02	0.51 \pm 0.07
Fiber (g)	11.25 \pm 2.5	6.3 \pm 1.6	11.23 \pm 2.6	Fe	49.2 \pm 11.4	9.21 \pm 1.9	18.12 \pm 2.9	vit. B3	0.16 \pm 0.01	9.11 \pm 1.7	0.72 \pm 0.09
Ash (g)	5.9 \pm 0.6	7.0 \pm 1.3	3.91 \pm 0.78	Zn	4.41 \pm 0.9	3.21 \pm 0.2	1.62 \pm 0.08				
Dietary fibre(g)	22.7 \pm 5.6	12.35 \pm 1.9	24.1 \pm 2.4	Cu	0.65 \pm 0.02	4.21 \pm 0.6	0.93 \pm 0.05				
				Mn	752.25 \pm 104	30.45 \pm 4.8	22.23 \pm 3.1				
				Cr	40.23 \pm 11.5	80.02 \pm 10.5	30.25 \pm 7.5				

ND

The Data in Table 2 provides a comparative analysis of phytochemical constituents, and total phenolic, and flavonoid content of turmeric, ginger, and black pepper. Turmeric and ginger exhibit similar profiles across various phytoconstituents including alkaloids, flavonoids, saponins, tannins, phytosterol, glycosides, phenols, and sterols, while black pepper shares most of these constituents except for lactones, diterpenes, and triterpenoids. Turmeric shows the highest total phenolic content (110.56 mg GAE g⁻¹) followed by ginger (155.25 mg GAE g⁻¹) and black pepper (44.23 mg GAE g⁻¹). Similarly, turmeric exhibits the highest total flavonoid

content (11.1 mg g⁻¹ DW) compared to ginger (7.69 mg g⁻¹ DW) and black pepper (7.1 mg g⁻¹ DW). The diphenyl – picrylhydrazyl (DPPH) radical scavenging activity assay values are comparable among the three spices, indicating relatively similar antioxidant potential. Additionally, black pepper contains the highest amount of piperine (3.35 mg g⁻¹), a bioactive compound known for its various health benefits. Overall, the table highlights the rich phytochemical profiles of turmeric, ginger, and black pepper, which contribute to their potential health-promoting properties.

Table 2. Phytochemical analysis, Total phenolic and flavonoid content of Turmeric, Ginger and Black pepper.

Parameter		Turmeric	Ginger	Black pepper
Phytoconstituents*	Alkaloids	+	+	+
	Flavonoids	+	+	+
	Saponins	+	+	+
	Tannins	+	+	+
	Phytosterol	+	+	+
	Diterpenes	-	-	-
	Triterpenoids	-	-	-
	Glycosides	+	+	+
	Anthraquinones	-	-	+
	Phenols	+	+	+
	Sterols	+	+	+
	Lactones	+	-	-
Total phenolic as gallic acid (mg g ⁻¹)		110.56±6.1	155.25±12.5	44.23±8.6
Total flavonoid (mg g ⁻¹)		11.1±1.7	7.69±0.3	7.1 ±1.2
DPPH radical scavenging activity (100 µg mL ⁻¹)**		36.91±8.6	39.01±2.3	38.91±5.3
Piperine (mg g ⁻¹)				3.35±0.41

- * **Phytoconstituents:** (+) the compound is present, (-) the compound is absent
- ****DPPH activity indicates antioxidant potential.**
- The mean in same column with different superscripted letters was significantly different ($p<0.05$)

The data provided in Table 3 appears to be from a study investigating the effects of various treatments on uricemic rats. The treatments significantly influenced the rats' body weight gain (BWG), relative BWG; daily feed intake, and kidney weight. Group VI, which received a mixture of turmeric, ginger, and black pepper, showed the highest BWG and relative BWG, suggesting this combination might be the most effective in promoting

weight gain in uricemic rats. However, the kidney weight, an important indicator of renal health, was highest in the control group (Group I) and lowest in the negative control group (Group II). This suggests that while the treatments may promote weight gain, their effects on kidney health vary. Further studies are needed to fully understand these effects and their implications for treating conditions related to high uric acid levels.

Table 3. Internal body weight, Final body weight, Body weight gain, Relative body weight gain Feed efficiency ratio, kidney weight, and relative kidney weight in the different experimental groups.

Groups	Parameter	IBW (g)	FBW(g)	BWG(g)	RBWG	feed/rat/day	Kid Wt(g)	R Kid Wt(g)
G I	Mean	176.70	232.80	56.10	31.87	15.00	7.22	3.10
	± SD	9.65 ^a	11.71 ^a	8.66 ^b	5.45 ^b	1.49 ^a	0.62 ^a	0.17 ^a
G II	Mean	172.10	209.50	37.40	21.75	10.60	5.18	2.47
	± SD	5.63 ^a	5.97 ^c	2.12 ^d	1.45 ^d	0.97 ^d	0.24 ^c	0.11 ^b
G III	Mean	171.40	227.80	56.40	32.87	14.19 ^b	7.01	3.08
	± SD	6.36 ^a	11.97 ^b	7.21 ^b	3.64 ^b	1.51	0.23 ^a	0.14 ^a
G IV	Mean	174.50	224.50	50.00	28.67	12.27	6.49	2.90
	± SD	6.74 ^a	8.11 ^b	2.83 ^c	1.64 ^c	1.29 ^c	0.35 ^b	0.25 ^a
G V	Mean	172.40	222.70	50.30	29.25	12.07	6.25	2.81
	± SD	6.83 ^a	5.95 ^b	2.67 ^c	2.38 ^c	1.26 ^c	0.23 ^b	0.08 ^a
G VI	Mean	171.70	234.70	63.00	36.70	14.43	6.95	2.97
	± SD	7.42 ^a	11.37 ^a	6.32 ^a	3.46 ^a	1.40 ^{a,b}	0.19 ^a	0.12 ^a

The mean in same column with different superscripted letters was significantly different ($p<0.05$)

Table 4 compares the effects of various treatments on uricemia in rats, measured by Urea, Creatinine, and Uric Acid levels. The control group (Group I) had the lowest levels, while the untreated uricemic group (Group II) had the highest. Treatments with allopurinol (Group III), turmeric (Group IV), a ginger and black pepper mixture

(Group V), and a mixture of turmeric, ginger, and black pepper (Group VI) all resulted in reduced levels, indicating their potential effectiveness in managing uricemia. The significant differences between groups suggest that these treatments could have different levels of effectiveness.

Table 4. Kidney functions in different experimental groups

Parameter		Urea	Creatinine	Uric acid
Groups				
G I	Mean	26.49	1.07	2.96
	± SD	2.58 ^d	0.13 ^f	0.23 ^d
G II	Mean	43.81	3.16	5.73
	± SD	3.70 ^a	0.19 ^a	0.27 ^a
G III	Mean	29.85	1.33	3.08
	± SD	3.54 ^c	0.09 ^e	0.24 ^c
G IV	Mean	34.05	1.92	3.79
	± SD	1.62 ^b	0.09 ^b	0.16 ^b
G V	Mean	32.49	1.81	3.68
	± SD	2.58 ^b	0.04 ^c	0.24 ^b
G VI	Mean	30.51	1.69	3.11
	± SD	3.46 ^c	0.11 ^d	0.29 ^c

The meaning in same column with different superscripted letters was significantly different ($p < 0.05$)

The Data in Table 5 presents the effects of various treatments on cholesterol and lipid profiles in uricemic rats. Group I, the control group, had the lowest levels of cholesterol, HDL-C, LDL-C, VLDL-C, and TG. Group II, the untreated uricemic rats, had the highest levels, indicating the impact of uricemia on these parameters. Groups III to VI, which were uricemic rats treated with

allopurinol, turmeric, a mixture of ginger and black pepper, and a mixture of turmeric, ginger, and black pepper respectively, all showed reduced levels compared to Group II. This suggests that these treatments were effective in managing uricemia and improving lipid profiles.

Table 5. Lipid profile in the different experimental groups.

Parameters		Cholesterol	HDL-C	LDL-C	VLDL-C	TG
Groups						
G I	Mean	80.11	37.29	20.90	21.91	112.13
	± SD	4.90 ^c	4.07 ^a	7.80 ^d	1.26 ^c	6.88 ^c
G II	Mean	142.29	28.84	85.53	27.93	140.80
	± SD	6.78 ^a	2.30 ^d	7.95 ^a	1.31 ^a	4.61 ^a
G III	Mean	88.90	33.83	34.34	20.72	104.18
	± SD	4.92 ^c	2.04 ^b	4.27 ^c	1.67 ^c	5.87 ^{d,e}
G IV	Mean	106.50	31.42	49.14	25.94	122.21
	± SD	3.92 ^b	1.77 ^c	4.65 ^b	1.96 ^b	9.15 ^b
G V	Mean	101.49	32.11	48.51	20.87	108.49
	± SD	4.06 ^b	1.30 ^c	3.80 ^b	2.83 ^c	6.74 ^d
G VI	Mean	87.33	33.56	33.59	20.18	102.74
	± SD	4.15 ^c	2.04 ^b	3.51 ^c	1.90 ^c	5.01 ^e

The mean in the same column with different superscripted letters was significantly different ($p < 0.05$)

Figure 1 shows the renal cortex of Control Group 1, which appeared normal and serves as the baseline for comparison. Figure 2 presents kidney sections from Group 2 (uricemic rats), displaying severe vascular congestion in the renal cortex. In Figure 3, the renal cortex of uricemic rats treated with allopurinol appears normal. Figure 4, which shows the photomicrograph of

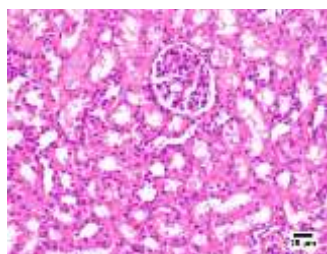


Figure 1. Photomicrograph of kidney, control group 1 showing normal renal cortex (H&E).

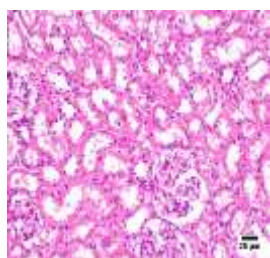


Figure 3. Photomicrograph of kidney, G 3 showing normal renal cortex (H&E).

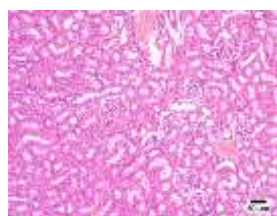


Figure 5. Photomicrograph of kidney, G 5 showing congestion of the renal cortex (H&E).

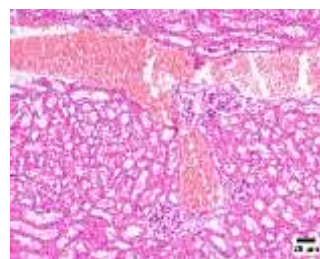


Figure 2. Photomicrograph of kidney, group 2 showing severe vascular congestion in the renal cortex (H&E).

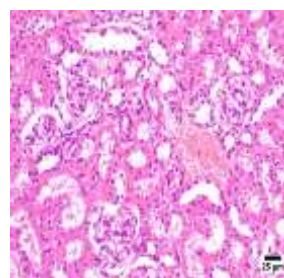


Figure 4. Photomicrograph of kidney, G 4 showing congestion of the renal cortex (H&E).

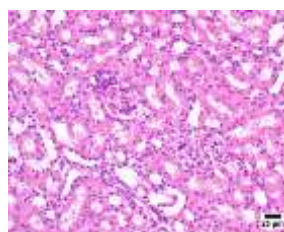


Figure 6. Photomicrograph of kidney, G 6 showing normal renal cortex (H&E).

DISCUSSION

Turmeric, ginger, and black pepper are spices that, apart from adding flavor to our dishes, also contribute to our daily nutritional intake. The data in Table 1 you provided outlines the nutritional composition of turmeric, ginger, and black pepper. These spices are rich in macronutrients, minerals, and vitamins, which contribute to their health benefits. According to a systematic review by Vázquez-Fresno et al. [32], culinary herbs and spices have been used for centuries due to their known and presumptive health benefits, including antioxidant, anti-microbial, and anti-inflammatory effects, as well as

potential protection against cardiovascular disease, neurodegeneration, type 2 diabetes, and cancer. In the context of the data, you provided, turmeric, for instance, is high in energy, fiber, and contains a significant amount of β -Carotene. Ginger has a good amount of vitamin B3 and a balanced mineral profile. Black pepper is high in energy and dietary fiber, and contains a good amount of vitamin C. However, a meta-analysis by Wang et al., [33] suggests that while spicy food intake may have a beneficial effect on hypertension, it could adversely affect overweight/obesity and blood lipid levels². These

benefits, their consumption should be balanced with other dietary components. The phytochemical analysis presented in Table 2 reveals valuable insights into the composition of turmeric, ginger, and black pepper. Turmeric (*Curcuma longa*) and ginger (*Zingiber officinale*) are renowned for their rich phytochemical profiles, containing alkaloids, flavonoids, saponins, tannins, and phenols, among others [34, 35]. These compounds have been extensively studied for their antioxidants, anti-inflammatory, and anticancer properties [36, 37]. The notably high total phenolic content in turmeric and ginger, as indicated in the table, corroborates findings from previous research highlighting their potent antioxidant activity [38]. Additionally, black pepper (*Piper nigrum*) exhibits a similar phytochemical profile to turmeric and ginger, albeit with some differences such as the absence of lactones and the presence of piperine [39]. Piperine, the major alkaloid in black pepper, has been shown to possess various pharmacological properties, including antioxidant, anti-inflammatory, and anticancer effects [40]. The antioxidant potential of black pepper, demonstrated in the DPPH radical scavenging activity assay, further underscores its therapeutic significance [40]. The data in Table 3 provided information about a study investigating the effects of various treatments on uricemic rats. The treatments significantly influenced the rats' body weight gain (BWG), relative BWG; daily feed intake, and kidney weight. Group VI, which received a mixture of turmeric, ginger, and black pepper, showed the highest BWG and relative BWG. This is consistent with studies indicating that the combination of turmeric, ginger, and black pepper can enhance absorption and provide health benefits [42]. However, the kidney weight, an important indicator of renal health, was highest in the control group (Group I) and lowest in the negative control group (Group II). This suggests that while the treatments may promote weight gain, their effects on kidney health vary. Allopurinol, used in Group III, is known to have uricosuric and hypouricemic activity [43]. It has been shown to improve kidney injury in rats [44]. The data presented in Table (4) shows the effects of different treatments on uricemia in rats, as indicated by the levels of Urea, Creatinine (Creat), and Uric Acid (Uric). The results indicated that Allopurinol

is a well-known urate-lowering drug. It has been shown to decrease serum and urine uric acid levels, which aligns with the observed reduction in the levels of these substances in Group [45]. Also, Turmeric contains curcumin, a compound with anti-inflammatory properties [46]. While there's no direct evidence of turmeric's effect on uricemia, its anti-inflammatory properties could potentially contribute to the management of uricemia. Both ginger and black pepper have been shown to have health benefits, including anti-inflammatory properties [47]. However, specific studies on their effects on uricemia are lacking. However, the combination of turmeric, ginger, and black pepper has been suggested to have enhanced anti-inflammatory effects [48]. This could potentially explain the observed reduction in the levels of Urea, Creat, and Uric in Group VI. Table 5 showed that uricemic rats with no treatment in Gp II, their cholesterol and triglyceride levels were significantly higher than in the control group, indicating the effect of uricemia on these parameters. This is consistent with studies showing that uricemia can lead to dyslipidemia [49]. The cholesterol and triglyceride levels in the Allopurinol treatment group are closer to the control group than the Negative control group, suggesting that allopurinol has a positive effect. Allopurinol is known to lower uric acid levels and can potentially improve lipid profile [50]. Group IV (Turmeric treatment) The cholesterol and triglyceride levels in this group are higher than the control group but lower than the Negative control group, suggesting that turmeric also has a positive effect, but not as strong as allopurinol. Turmeric has been reported to have hypolipidemic effects as it contains bisacurone which has the potential to reduce serum lipid levels [52]. The cholesterol and triglyceride levels in the group of rats treated with ginger and black pepper were similar to those in the turmeric-treated group, suggesting a comparable effect. Both ginger and black pepper have been reported to have hypolipidemic effects [53, 54]. The rats received a combination of Turmeric, Ginger, and Black Pepper treatments. The cholesterol and triglyceride levels in this group are the closest to the normal control group, suggesting that the combination of treatments has the most positive effect. This could be due to the synergistic effect of the three ingredients, although more research is needed to confirm this. Uricemic rat sections

of the kidney show severe vascular congestion in the renal cortex. Vascular congestion can occur when the flow of blood through the vessels is impaired, leading to an accumulation of blood. This suggests that uricemia without treatment can lead to significant kidney damage [54]. The photomicrographs of the rats that were treated with allopurinol showed a normal renal cortex, suggesting that allopurinol treatment can effectively mitigate the kidney damage caused by uricemia. This is consistent with the known effects of allopurinol, a medication that decreases high blood uric acid levels [55]. The photomicrograph in Uricemic rats treated with turmeric shows congestion of the renal cortex, indicating some level of impairment or inflammation, but not as severe as in Group 2. This suggests that turmeric has some protective effects against kidney damage, which aligns with research showing the anti-inflammatory properties of turmeric [56]. While kidney sectors in Uricemic rats treated with a mixture of ginger and black pepper showed congestion of the renal cortex, like Group 4. This suggests that the mixture of ginger and black pepper also has some protective effects against kidney damage. Uricemic rats treated with a mixture of turmeric, ginger, and black pepper showed a normal renal cortex, similar Uricemic rats treated with allopurinol, suggesting that the combination of treatments has the most positive effect on mitigating kidney damage caused by uricemia.

CONCLUSIONS

The comprehensive analysis of the data highlights the nutritional composition and potential health benefits of turmeric, ginger, and black pepper. These spices are rich in phytochemicals such as alkaloids, flavonoids, saponins, tannins, and phenols, which contribute to their antioxidant, anti-inflammatory, and anticancer properties. While individual treatments with these spices show promising effects on various physiological parameters in uricemic rats, the combination of turmeric, ginger, and black pepper appears to exert the most significant positive effects, particularly in mitigating kidney damage caused by uricemia. This synergistic effect could be attributed to the complementary mechanisms of action of the bioactive compounds present in each spice. However, further research is warranted to elucidate the underlying mechanisms and

optimize the therapeutic potential of these spice combinations. Overall, incorporating turmeric, ginger, and black pepper into the diet may offer promising strategies for promoting health and mitigating the risk of chronic diseases, but their consumption should be balanced with other dietary components to ensure overall health and well-being.

Conflicts of interest

The authors declared that there is no conflict of interest regarding the publication of this paper.

Funding Statement

This study did not receive any funding in any form.

REFERENCES

1. Kelso E.W., Moore T.L., 2020. Gout. In: Longo D.L., Fauci A.S., Kasper S.L., Hauser S.L., Jameson J.L., Loscalzo J. (Eds.), *Harrison's Principles of Internal Medicine*. 20th ed., Vol. 2, McGraw-Hill Education.
2. Luo Q., Ding R., Chen L., Bu X., Xiao M., Liu X., Wu Y., Xu J., Tang W., Qiu J., Ding X., Tang X., 2022. The association between spicy food intake and risk of hyperuricemia among Chinese adults. *Front Public Health*. 10, Article 919347.
3. Danve A., Sehra S.T., Neogi T., 2021. Role of diet in hyperuricemia and gout. *Best Practice & Research Clinical Rheumatology*. 35(4), 101723.
4. Yadav V., Yadav P., Sahu S., Yadav M., Gupta S.N., 2021. A review of the therapeutic properties and health benefits of ginger (*Zingiber officinale*). *Journal of Current Research and Technology*. 9(1). 10.12775/JEHS.2025.79.57812
5. Zhao Y., Li L., Wang J., Zhang Y., Liu J., 2019. Ginger supplementation for the management of hyperuricemia: A systematic review and meta-analysis of randomized controlled trials. *Nutrients*. 11(7), 1659.
6. Iweala E. J., Uche M. E., Dike E. D., Etumnu L. R., Dokunmu T. M., Oluwapelumi A. E., Okoro B. C., Dania O. E., Adebayo A. H., Ugbogu E. A., 2023. *Curcuma longa* (turmeric): Ethnomedicinal uses, phytochemistry, pharmacological activities and toxicity profiles—A review. *Pharmacological Research – Modern Chinese Medicine*. 6, 100222.

Okay, I can help you convert those references to the style you provided. Here's the converted list:

7. Zhang H., Jiang H., Zhao M., Xu Y., Liang J., Ye Y., Chen H., 2022. Treatment of Gout with TCM Using Turmeric and Corn Silk: A Concise Review Article and Pharmacology Network Analysis. *Evid.-Based Complement. Altern Med.* 2022, 3143733.
8. Lee J., Chae Y., Shin Y., Kim Y., 2020. Chemical Composition and Antioxidant Capacity of Black Pepper Pericarp. *Appl Biol. Chem.* 63, 1–9.
9. ICMSF: International Commission on Microbiological Specification for Foods, 1998. *Microbial Ecology of Foods*, Vol. 6: Microorganisms in Food; ICMSF: New York. pp. 356–378.
10. Anonymous, 2004. Enzyme immunoassay for the quantitative analysis of aflatoxin B1. Art. No. R. 1211 R. Biopharm GmbH, Darmstadt, Germany.
11. Anonymous, 2002. Enzyme immunoassay for the quantitative analysis of aflatoxins. Art. No. R. 4701R. Biopharm GmbH: Darmstadt, Germany.
12. Anonymous, 2005. Immuno-affinity column for sample clean-up prior to analysis of aflatoxins. Art. No. R 5001.R. Biopharm GmbH: Darmstadt, Germany.
13. AOAC, 2000. *Official Methods of Analysis of the Association of Official Analytical Chemists*, 14th ed., AOAC: Washington, D.C.
14. AOAC, 2009. *Official Methods of Analysis of the Association of Official Analytical Chemists*, 20th ed., AOAC: Washington, D.C.
15. AOAC, 2006. *Official Methods of Analysis*, 18th ed. [Revised], Association of Official Analytical Chemists: Washington, D.C.
16. Harborne J.B., 1998. *Phytochemical Methods*, 3rd ed., Chapman and Hall: New York.
17. Kokate C.K., 2001. *Pharmacognosy*, 16th ed., Nirali Prakasham: Mumbai, India.
18. Kaur C., Kapoor H.C., 2002. Antioxidant activity and total phenolic content of some Asian vegetables. *International Journal of Food Science and Technology*. 37, 153–161.
19. Piyanete C., Meechai P., Nakbanpotte W., 2009. Antioxidant activities and phenolic contents of extracts from *Salvinia molesta* and *Eichornia crassipes*. *Research Journal of Biological Sciences*. 4, 1113–1117.
20. Reeves P.G., Nielsen F.H., Fahey G.C. Jr., 1993. AIN-93 purified diets for laboratory rodents: final report of the American Institute of Nutrition ad hoc writing committee on the reformulation of the AIN-76A rodent diet. *The Journal of Nutrition*. 123(11), 1939–1951.
21. Tietz N.W., 1990. *Clinical Guide to Laboratory Tests*. 2nd Edition, W.B. Saunders Co., Philadelphia, 566.
22. Patton G., Crouch S., 1977. Colorimetric Method for the Determination of Serum Urea. *Analytical Chemistry*. 49, 464–469.
23. Tietz N.W., 1986. *Textbook of Clinical Chemistry*. W.B. Saunders Co., Philadelphia, 1271–1281.
24. Barham D., Trinder P., 1972. Improved Color Reagent for the Determination of Blood Glucose by the Oxidase System. *Analyst*. 97, 142–145.
25. Allain C.C., Poon L.S., Chan C.S., Richmond W., Fu P.C., 1974. Enzymatic determination of total serum cholesterol. *Clinical Chemistry*. 20(4), 470–475.
26. Burstein M., Scholnick H.R., Monfin R., 1970. Rapid method for the isolation of lipoproteins from human serum by precipitation with polyanions. *J Lipid Res*. 11, 585–595.
27. Lopes-Virella M.F., Stone P., Ellis S., Colwell J.A., 1977. Cholesterol determination in high-density lipoproteins separated by three different methods. *Clinical Chemistry*. 23(5), 882–884.
28. Levy R.I., 1981. Cholesterol, lipoproteins, apoproteins, and heart disease: present status and future prospects. *Clinical Chemistry*. 27(5), 653–662.
29. Bucolo G., David H., 1973. Quantitative determination of serum triglycerides by the use of enzymes. *Clinical Chemistry*. 19(5), 476–482.
30. Drury R.A., Wallington E.A., 1980. *Carleton's Histological Techniques*. 5th Edition, Oxford University Press, New York, 195.
31. Bailar J.C., Mosteller F., 1992. *Medical uses of statistics*. Boston, MA: New England Journal Medicine Books.
32. Vázquez-Fresno R., Rosana A.R.R., Sajed T., Onookome-Okome T., Wishart N.A., Wishart D.S., 2019. Herbs and Spices- Biomarkers of Intake Based on Human Intervention Studies – A Systematic Review. *Genes & Nutrition*. 14, 18.
33. Wang M., Huang W., Xu Y., 2023. Effects of spicy food consumption on overweight/obesity, hypertension

and blood lipids in China: a meta-analysis of cross-sectional studies. *Nutrition Journal*. 22(1), 29.

34. Shobana S., Naidu K.A., Chetana R., 2012. Evaluation of phytochemical composition and antioxidant capacity of selected Indian spices. *Journal of Agricultural and Food Chemistry*. 60(14), 3738–3744.

35. Prasad S., Tyagi A.K., 2015. Ginger and its constituents: Role in prevention and treatment of gastrointestinal cancer. *Gastroenterology Research and Practice*. 2015, 142979.

36. Aggarwal B.B., Yuan W., Li S., Gupta S.C., 2013. Curcumin-free turmeric exhibits anti-inflammatory and anticancer activities: Identification of novel components of turmeric. *Molecular Nutrition & Food Research*. 57(9), 1529–1542.

37. Sahebkar A., 2014. Are curcuminoids effective C-reactive protein-lowering agents in clinical practice? Evidence from a meta-analysis. *Phytotherapy Research*. 28(5), 633–642.

38. Ali A.M.A., El-Nour M.E.M., Yagi S.M., 2018. Total phenolic and flavonoid contents and antioxidant activity of ginger (*Zingiber officinale* Rosc.) rhizome, callus and callus treated with some elicitors. *Journal of Genetic Engineering & Biotechnology*. 16(2), 677–682.

39. Pradeep C.R., Kuttan G., Kuttan R., 2017. Anti-inflammatory activity of extract of the oyster mushroom, *Pleurotus ostreatus*, through its inhibitory effect on nitric oxide production and the expression of pro-inflammatory cytokines in RAW 264.7 macrophages. *Inflammopharmacology*. 25(5), 531–537.

40. Meghwal M., Goswami T.K., 2013. Piper nigrum and piperine: An update. *Phytotherapy Research*. 27(8), 1121–1130.

41. Kumar S., Suresh P.K., Vijayababu M.R., 2010. *Aronia melanocarpa* (Black Chokeberry) reduces ethanol-induced gastric damage via regulation of HSP-70, NF- κ B, and MCP-1 signaling. *Phytotherapy Research*. 24(7), 948–954.

42. Kesarwani K., Gupta R., Mukerjee A., 2013. Bioavailability enhancers of herbal origin: an overview. *Asian Pacific Journal of Tropical Biomedicine*. 3(4), 253–266.

43. Alghamdi Y., Soliman M.M., Nassan M.A., 2020. Impact of Lesinurad and allopurinol on experimental Hyperuricemia in mice: biochemical, molecular and

Immunohistochemical study. *BMC Pharmacol Toxicol*. 21, 10.

44. Wang C., Pan Y., Zhang Q.Y., Wang F.M., Kong L.D., 2012. Quercetin and allopurinol ameliorate kidney injury in STZ-treated rats with regulation of renal NLRP3 inflammasome activation and lipid accumulation. *PloS One*. 7(6), e38285.

45. Aggarwal B.B., Harikumar K.B., 2009. Potential therapeutic effects of curcumin, the anti-inflammatory agent, against neurodegenerative, cardiovascular, pulmonary, metabolic, autoimmune and neoplastic diseases. *The International Journal of Biochemistry & Cell Biology*. 41(1), 40–59.

46. Hewlings S.J., Kalman D.S., 2017. Curcumin: A review of its' effects on human health. *Foods*. 6(10), 92.

47. Mashhadi N.S., Ghiasvand R., Askari G., Hariri M., Darvishi L., Mofid M.R., 2013. Anti-oxidative and anti-inflammatory effects of ginger in health and physical activity: review of current evidence. *International Journal of Preventive Medicine*. 4(Suppl 1), S36.

48. Daily J.W., Yang M., Park S., 2016. Efficacy of turmeric extracts and curcumin for alleviating the symptoms of joint arthritis: a systematic review and meta-analysis of randomized clinical trials. *Journal of Medicinal Food*. 19(8), 717–729.

49. Johnson R.J., Nakagawa T., Jalal D., Sánchez-Lozada L.G., Kang D.H., Ritz E., 2013. Uric acid and chronic kidney disease: which is chasing which? *Nephrology Dialysis Transplantation*. 28(9), 2221–2228.

50. Ziga N., Becic F., 2013. Allopurinol effect on values of lipid profile fractions in Hyperuricemic patients diagnosed with metabolic syndrome. *Materia Socio-Medica*. 25(3), 167–169.

51. He C., Miyazawa T., Abe C., Ueno T., Suzuki M., Mizukami M., Kurihara K., Toda M., 2023. Hypolipidemic and Anti-Inflammatory Effects of Curcuma longa-Derived Bisacurone in High-Fat Diet-Fed Mice. *International Journal of Molecular Sciences*. 24(11), 9366.

52. Wang D., Zhang L., Huang J., Himabindu K., Tewari D., Horbańczuk J.O., Xu S., Chen Z., Atanasov A.G., 2021. Cardiovascular protective effect of black pepper (*Piper nigrum* L.) and its major bioactive constituent piperine. *Trends in Food Science & Technology*. 117, 34–45.

53. Salaramoli S., Mehri S., Yarmohammadi F., Hashemy S.I., Hosseinzadeh H., 2022. The effects of ginger and its constituents in the prevention of metabolic syndrome: A review. *Iranian Journal of Basic Medical Sciences*. 25(6), 664–674.
54. Hahn K., Kanbay M., Lanaspa M.A., Johnson R.J., Ejaz A.A., 2017. Serum uric acid and acute kidney injury: A mini review. *Journal of Advanced Research*. 8(5), 529–536.
55. Stamp L.K., Chapman P.T., Palmer S.C., 2019. Allopurinol and urate-lowering therapy in chronic kidney disease. *Nature Reviews Nephrology*. 15(5), 329–343.
56. Prasad S., Aggarwal B.B., 2011. Turmeric, the Golden Spice: From Traditional Medicine to Modern Medicine. In *Herbal Medicine: Biomolecular and Clinical Aspects*, 2nd ed.; Benzie, I. F. F., Wachtel-Galor, S., Eds.; CRC Press/Taylor & Francis: Boca Raton, FL.