

## Original article

# Berberine ameliorates malathion-triggered rat brain cholinergic dysfunction besides attenuation of oxidative stress, pyroptosis, and apoptosis

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### Abstract

**Objective:** Exposure to pesticides such as malathion induces neurotoxic effects that may lead to brain injury. Berberine, a bioactive alkaloid isolated from *Coptis chinensis*, has demonstrated significant neuroprotective properties. This study aimed to evaluate the protective effects of berberine against malathion-induced brain injury in rats.

**Materials and methods:** Adult male rats were assigned to four groups: control, malathion, malathion + berberine 10 mg/kg, and malathion + berberine 50 mg/kg. Malathion (100 mg/kg/day, i.p.) was administered for two weeks to induce neuronal injury. Berberine was given orally daily for the same period. Oxidative stress parameters including malondialdehyde (MDA), reactive oxygen species (ROS), and glutathione (GSH) levels, and superoxide dismutase (SOD) and catalase (CAT) activities were assessed. Acetylcholinesterase (AChE) activity was measured as an index of cholinergic function. Moreover, caspase 1 and caspase 3 enzymatic activities were determined, and hippocampal CA1 pyramidal neuron density was evaluated histologically.

**Results:** Malathion exposure significantly impaired antioxidant activity and cholinergic function while increasing oxidative stress, pyroptosis, and apoptosis markers. Berberine treatment, particularly at 50 mg/kg, significantly reversed these malathion-induced alterations by restoring SOD, CAT, and AChE activities and reducing MDA and ROS levels, along with caspase 1 and caspase 3 activities. Although berberine improved GSH levels and CA1 neuronal density compared to the malathion group, these effects did not reach statistical significance.

**Conclusion:** Berberine exerts neuroprotective effects against malathion-induced brain injury by attenuating cholinergic dysfunction, oxidative stress, and pyroptotic and apoptotic pathways. These findings suggest that berberine may represent a promising therapeutic candidate for pesticide-induced neurotoxicity.

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## Introduction

Malathion, a widely employed organophosphate insecticide, exerts its effects through irreversible acetylcholinesterase inhibition, resulting in acetylcholine accumulation at synaptic junctions and subsequent cholinergic neurotransmission disruption (Elmorsy et al. 2022). Recent investigations have provided insights into malathion neurotoxicity beyond cholinergic mechanisms, demonstrating its ability to provoke oxidative stress, mitochondrial impairment, neuroinflammation, and neuronal apoptosis. Research indicates that malathion triggers apoptotic cell death via enhanced lysosomal membrane permeabilization, thereby exacerbating progressive neurological pathologies (Massoud et al. 2022; Venkatesan et al. 2017; Yadav et al. 2025). For instance, Narasimhamurthy et al. showed that combined low-dose malathion exposure and radiation disrupts critical neural processes including synaptic transmission and plasticity, ultimately driving neurodegeneration in murine models. Together, these observations underscore malathion diverse neurodegenerative pathways, positioning it as a key environmental contributor to neurological disease risk (Narasimhamurthy et al. 2024).

Berberine, a naturally occurring isoquinoline alkaloid extracted primarily from the roots, stems, and bark of plants such as *Coptis chinensis*, has been extensively investigated for its broad pharmacological profile encompassing anti-inflammatory, antitumor, and metabolic regulatory activities (Cheng et al. 2025). Although rooted in traditional medicine, recent findings highlight berberine therapeutic promise in addressing chronic conditions including diabetes, cardiovascular disease, and neurodegeneration. These effects stem from its modulation of pivotal cellular processes governing energy homeostasis, oxidative balance, and inflammatory signaling, positioning it as a compelling candidate for

clinical translation (Fan et al. 2025). Berberine profoundly influences cellular energy dynamics via AMP-activated protein kinase (AMPK) activation, thereby alleviating oxidative injury and neuroinflammatory responses to confer neuroprotection (Tian et al. 2023). Furthermore, it dampens neuroinflammation by suppressing proinflammatory cytokines and inhibiting nuclear factor kappa-light-chain-enhancer of activated B cells (NF- $\kappa$ B) pathway activation—a cornerstone of neurodegenerative cascades. In addition to free radical scavenging and anti-inflammatory actions, berberine safeguards neurons by modulating apoptosis and pyroptosis through regulation of Bcl-2 family proteins and caspase activity, thereby promoting neuronal survival in the context of neurodegenerative insults (Begh et al. 2025; Zhang et al. 2025). It concurrently attenuates nicotinamide adenine dinucleotide phosphate (NADPH) oxidase function to curb reactive oxygen species (ROS) generation while bolstering endogenous antioxidants such as superoxide dismutase (SOD) and glutathione peroxidase (GPx), thereby countering neural oxidative stress (Fan et al. 2019).

Therefore, this study aimed to evaluate berberine neuroprotective efficacy against malathion-induced cerebral impairments.

## Materials and Methods

### Animals

Male albino Wistar rats (10–12 weeks old, 200–240 g), obtained from the Pasteur Institute of Tehran (Iran), were acclimatized and housed in the animal facility under standard laboratory conditions (21–23°C, 30–40% humidity, 12-hr light/dark cycle). Animals had free access to standard commercial pellet diet and tap water *ad libitum*. All experimental procedures were conducted in accordance with ethical guidelines designed to minimize animal numbers and suffering.

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### Experimental groups

Neurotoxicity was induced by daily intraperitoneal injection of malathion (100 mg/kg/day) for 14 consecutive days. The experimental groups consisted of: (1) control (intraperitoneal malathion vehicle + oral Kolliphor EL); (2) malathion (intraperitoneal malathion + oral Kolliphor EL); (3) malathion + berberine 10 (intraperitoneal malathion + oral berberine 10 mg/kg); and (4) malathion + berberine 50 (intraperitoneal malathion + oral berberine 50 mg/kg). Berberine hydrochloride (Santa Cruz Biotechnology, USA) was administered daily throughout the experimental period according to the protocol described by Akbarizadeh-Mashkani et al. (Akbarizadeh-Mashkani et al. 2025).

### Tissue homogenate preparation

Rats were deeply anesthetized via intraperitoneal administration of ketamine (150 mg/kg) and xylazine (10 mg/kg). Transcardial perfusion with ice-cold phosphate-buffered saline was conducted, followed by careful brain extraction and processing. Right hippocampus tissues were homogenized in ice-cold 150 mM Tris-HCl buffer (pH 7.4), while left hemispheres were immersion-fixed in 10% neutral buffered formalin for histological examination. Homogenates were centrifuged at 5000 rpm for 15 min at 4°C, and the resulting supernatants were collected for subsequent biochemical assays (Asgari et al. 2025).

### Determination of hippocampal MDA concentration

Assessment of lipid peroxidation was carried out by measuring malondialdehyde (MDA) through the thiobarbituric acid reactive substance (TBARS) method. Briefly, supernatant aliquots were mixed with trichloroacetic acid solution, followed by the addition of TBARS reagent. The resulting mixtures were incubated in boiling water (100°C) for 80 min, cooled immediately on ice, and thereafter,

centrifugation was carried out at  $1000 \times g$  for 10 min. The optical density of the clear supernatant was monitored at 532 nm using a spectrophotometer. Final results were calculated as MDA equivalents by comparison with a calibration curve generated from known concentrations of tetraethoxypropane (Sedaghat et al. 2014).

### Determination of hippocampal ROS level

ROS levels were quantified using the non-fluorescent probe dichlorofluorescein diacetate (DCFDA), which is hydrolyzed by intracellular esterases and subsequently oxidized by ROS to yield the fluorescent product 2',7'-dichlorofluorescein (DCF). Fluorescence intensity was measured with excitation at 488 nm and emission at 525 nm. Quantification was achieved using a calibration curve generated from DCF standards of known concentrations (Tayanloo-Beik et al. 2022).

### Measurement of hippocampal SOD activity

Superoxide dismutase (SOD) activity in hippocampal homogenates was quantified using a commercially available assay kit (Kiazist, Iran) according to the manufacturer's instructions. Briefly, tissue homogenates were prepared and incubated with the provided reaction mixture containing xanthine oxidase and a chromogenic substrate at 37°C for 20–30 min. Enzymatic activity was determined by measuring the inhibition of superoxide radical formation, reflected by the reduction in absorbance at 450 nm using a microplate reader. SOD activity was subsequently calculated based on the degree of inhibition and is expressed as units per milligram of protein (Faryadras et al. 2025).

### Measurement of hippocampal catalase activity

Catalase (CAT) enzymatic activity, which catalyzes the decomposition of hydrogen peroxide, was measured

according to the protocol of Claiborne. Hydrogen peroxide was mixed with potassium phosphate buffer and sample supernatant, and its decomposition rate was monitored by measuring the decrease in absorbance at 240 nm (Claiborne 1985).

### Determination of hippocampal GSH concentration

The GSH concentration, representing a key non-enzymatic antioxidant, was evaluated according to previously described protocol (Sedlak and Lindsay 1968). Briefly, supernatant was subjected to a second centrifugation step in the presence of 5% trichloroacetic acid (TCA). The resulting clear supernatant was then mixed with phosphate buffer (pH 8.4), 5,5'-dithiobis-(2-nitrobenzoic acid) (DTNB), and distilled water. GSH levels were quantified by measuring absorbance spectrophotometrically at 412 nm.

### Determination of acetylcholinesterase activity

Following two weeks of treatment, rats were euthanized and serum samples were collected. Acetylcholinesterase (AChE) activity was quantified using the Ellman assay. This assay measures the rate of acetylthiocholine iodide hydrolysis by monitoring thiol release at 405 nm, where thiols react with DTNB to produce a chromogenic product. Absorbance was recorded at 30-sec intervals over 2 min. Cholinesterase activity was calculated using the formula: Cholinesterase activity (mU/ml at 25°C) =  $\Delta$ absorbance/30 sec  $\times$  23400 (Gorun *et al.* 1978).

### Determination of caspase 1 activity

Caspase 1 activity was evaluated using a specific assay kit from Abcam following the manufacturer's instructions. In brief, 100  $\mu$ l of reaction buffer containing 10 mM dithiothreitol (DTT) was prepared, and 25  $\mu$ l of the sample supernatant was added and maintained on ice. Subsequently, 10  $\mu$ l of 2 mM Tyr-Val-Ala-Asp-p-nitroanilide (YVAD-p-NA) substrate was introduced,

and the mixture was incubated at 37°C for 1 hr in the dark. Finally, absorbance value was measured at 405 nm using a microplate reader (Tashakori-Miyanroudi *et al.* 2022).

### Determination of caspase 3 activity

For the assessment of the activity of caspase 3, an apoptosis indicator, was measured with the Asp-Glu-Val-Asp-p-nitroanilide (DEVD-p-NA) substrate. Production of the chromophore p-nitroaniline was monitored and quantified by measuring absorbance at 405 nm, and results are presented as optical density (OD) values (Fahanik-Babaei *et al.* 2019).

### Protein assay

The total protein content was assessed via the bicinchoninic acid (BCA) method, a colorimetric technique based on the reduction of copper ions by protein in alkaline conditions, resulting in a color change proportional to protein concentration. Absorbance was measured at 560 nm, and protein levels were determined by comparison to a standard curve generated from known protein standards (Lowry *et al.* 1951).

### Histological studies

Hippocampal tissue blocks were processed, embedded in paraffin, and sectioned into 5- $\mu$ m coronal slices using a rotary microtome (DidSabz, Urmia, Iran). Cresyl violet acetate staining was applied to alternate tissue sections. For each sample, pyramidal neurons specifically located in the CA1 subfield of the hippocampus were counted across multiple evenly spaced sections, with counts performed twice and averaged. Only cells exhibiting clearly defined boundaries and nucleoli were included. Quantification was performed using ImageJ software version 1.49 (NIH) (Baluchnejadmojarad and Roghani 2024).

### Statistical analysis

Data were analyzed using GraphPad Prism version 10.4 software. Results are presented as mean  $\pm$  standard error of the

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mean (SEM). Statistical analysis of variables across groups was performed using one-way ANOVA followed by Tukey's *post hoc* test. Statistical significance was set at  $p < 0.05$ .

### Results

#### The effect of berberine on hippocampal indices of oxidative stress and antioxidants

In hippocampal tissue, malathion significantly elevated MDA levels compared to control ( $p < 0.001$ ). Both berberine treatment groups (10 and 50 mg/kg) showed significantly increased MDA levels relative to control ( $p < 0.001$  and  $p < 0.05$ , respectively). Berberine at 50 mg/kg significantly reduced MDA levels compared to the malathion-only group ( $p < 0.05$ ) (Figure 1A).

Malathion administration markedly increased ROS levels in the hippocampus compared to the control group ( $p < 0.01$ ). Malathion-exposed rats treated with berberine at 10 mg/kg also showed increased hippocampal ROS accumulation compared to controls ( $p < 0.05$ ). Berberine at 50 mg/kg significantly lowered ROS levels in malathion-treated rats compared to the malathion group ( $p < 0.05$ ) (Figure 1B).

In malathion-treated rats, SOD enzymatic activity in hippocampal tissue was significantly reduced compared to controls ( $p < 0.001$ ). This decrease persisted following berberine treatment at 10 and 50 mg/kg ( $p < 0.001$ ,  $p < 0.05$ , vs. control group, respectively). However, berberine at 50 mg/kg significantly increased SOD activity compared to the malathion-only group ( $p < 0.01$ ) (Figure 2A).

In malathion-intoxicated animals, CAT activity was significantly decreased compared to controls ( $p < 0.001$ ). Neither berberine dose (10 nor 50 mg/kg) restored hippocampal CAT activity in malathion-exposed rats ( $p < 0.001$  and  $p < 0.05$  vs. control, respectively). However, berberine at 50 mg/kg significantly increased CAT

activity compared to malathion alone ( $p < 0.05$ ) (Figure 2B).

GSH levels were significantly reduced in rats receiving malathion alone compared to controls ( $p < 0.01$ ). Co-administration of berberine at 10 mg/kg also significantly decreased GSH levels ( $p < 0.05$  vs. control group), although this reduction did not differ significantly from that observed with malathion alone ( $p > 0.05$ ). Berberine at 50 mg/kg showed no significant effect on GSH content in malathion-injected rats ( $p > 0.05$  vs. malathion group) (Figure 2C).

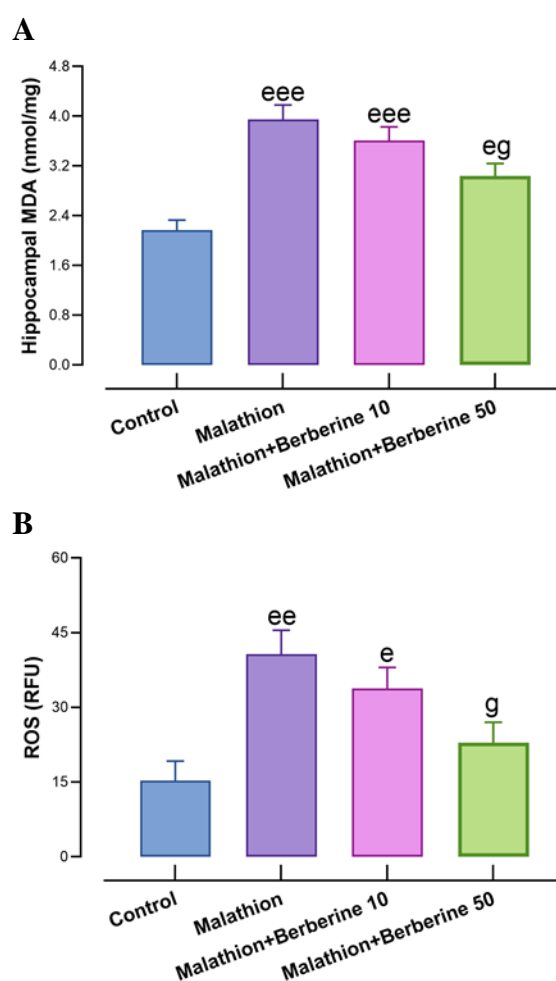


Figure 1. Data of oxidative stress factors comprising malondialdehyde (MDA) (pane A), and reactive oxygen species (ROS) (pane B). Berberine effectively reduced the oxidative stress caused by malathion, as demonstrated by one way ANOVA followed by Tukey's *post hoc* test. Statistical significance: e ( $p < 0.05$ ), ee ( $p < 0.01$ ), and eee ( $p < 0.001$ ) vs. control; g ( $p < 0.05$ ), vs. malathion (Means  $\pm$  SEM,  $n = 7$ /group).

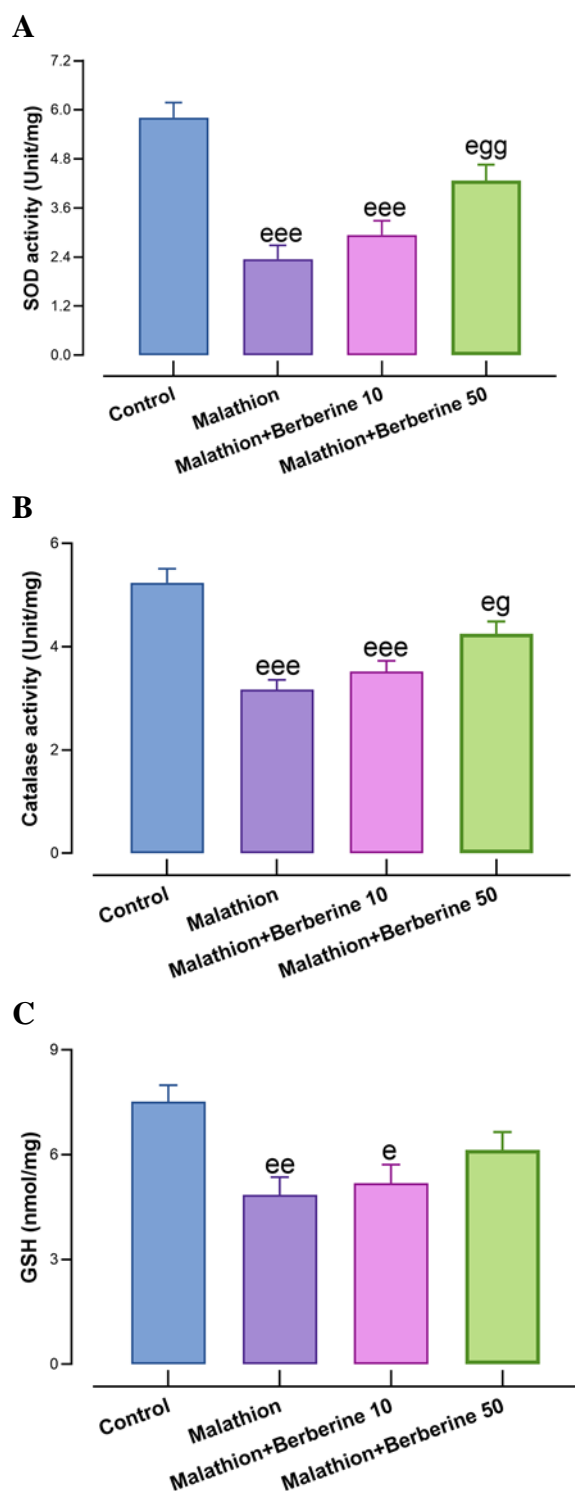


Figure 2. Data of antioxidant factors comprising superoxide dismutases (SOD) activity (pane A), catalase activity (pane B), and glutathione (GSH) level (pane C). Berberine effectively increased levels of antioxidants other than GSH, as demonstrated by one way ANOVA followed by Tukey's *post hoc* test. Statistical significance: e ( $p < 0.05$ ), ee ( $p < 0.01$ ), and eee ( $p < 0.001$ ) vs. control; g ( $p < 0.05$ ), gg ( $p < 0.01$ ), and ggg ( $p < 0.001$ ) vs. malathion (Means  $\pm$  SEM,  $n = 7$ /group).

### The effect of berberine on hippocampal indices of cholinergic activity

A significant decline in AChE enzymatic activity was observed in the malathion and malathion + berberine 10 groups compared to control animals ( $p < 0.01$  and  $p < 0.05$ , respectively). In contrast, administration of the higher berberine dose (50 mg/kg) to malathion-treated rats significantly enhanced AChE activity relative to the malathion-only group ( $p < 0.05$ ), achieving levels comparable to controls ( $p > 0.05$ ) (Figure 3).

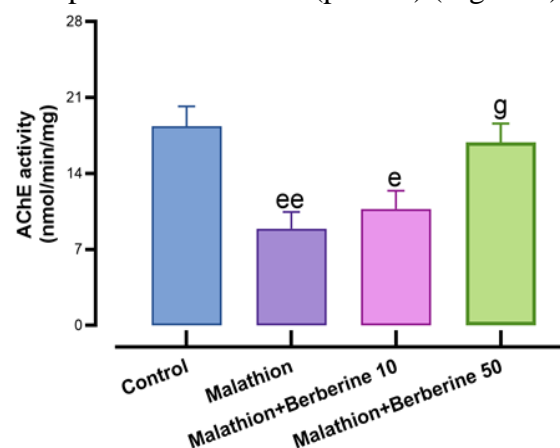


Figure 3. Data for hippocampal level of acetylcholinesterase (AChE) activity, as analyzed by one way ANOVA and Tukey tests. Berberine treatment at the higher dose modulates AChE activity in malathion-exposed group. Statistical significance: e ( $p < 0.05$ ), ee ( $p < 0.01$ ) vs. control; g ( $p < 0.05$ ), vs. malathion (Means  $\pm$  SEM,  $n = 7$ /group).

### The effect of berberine on hippocampal indices of pyroptosis and apoptosis

For the detection of pyroptotic inflammatory mediated cellular death, we estimated caspase 1 activity. The malathion only and malathion given berberine at 10 mg/kg rats experienced a significantly higher levels of caspase 1 activity when compared to control group ( $p < 0.001$ ,  $p < 0.01$ , respectively). In contrast, co-administration of malathion with berberine at 50 mg/kg resulted in significantly lower caspase 1 activities ( $p < 0.05$  vs. malathion group) (Figure 4A).

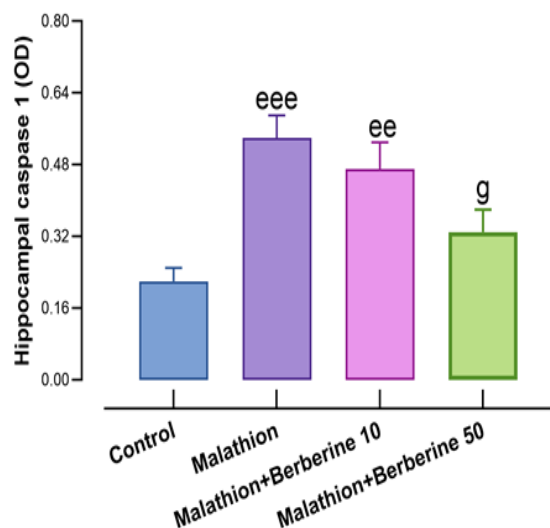
To assess apoptotic cell death, we measured caspase 3 activity. Compared to the control group, rats treated with

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malathion alone and those received malathion followed by berberine at a dose of 10 mg/kg exhibited a significant increase in caspase 3 activity ( $p < 0.01$  and  $p < 0.05$ , respectively). However, compared to the malathion group, rats receiving malathion

and berberine at 50 mg/kg showed significantly decreased caspase 3 activity ( $p < 0.05$ ) (Figure 4B).

A



B

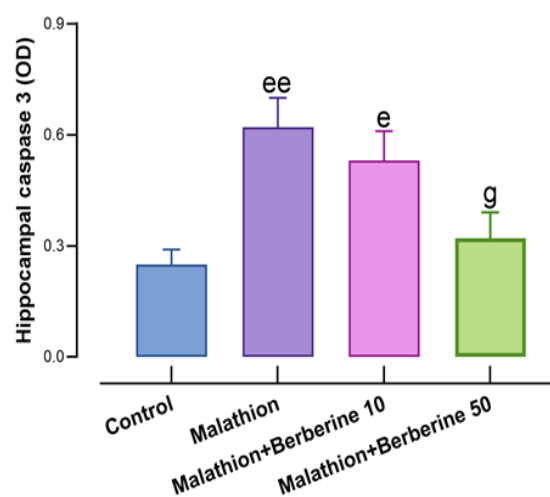
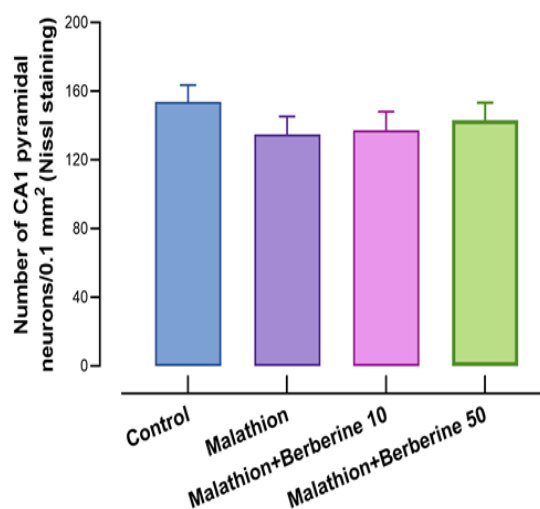


Figure 4. Data for hippocampal level of caspase 1 (pane A) and caspase 3 (pane B), as analyzed by one way ANOVA and Tukey tests. Berberine reversed malathion-induced changes in all factors. Statistical significance: e ( $p < 0.05$ ), ee ( $p < 0.01$ ), eee ( $p < 0.001$ ) vs. control; g ( $p < 0.05$ ), vs. malathion. (Means  $\pm$  SEM,  $n = 7$ /group).

### The effect of berberine on the number of CA1 pyramidal neurons

In the malathion group, microscopic examination revealed degenerative alterations characterized by pyramidal neuron damage within the CA1 hippocampal subfield, although these changes failed to reach statistical significance ( $p > 0.05$ ). Concurrent treatment with berberine at 10 and 50 mg/kg doses produced a modest, non-significant attenuation of these malathion-induced neurodegenerative effects compared to the malathion-only group ( $p > 0.05$ ) (Figure 5).

A



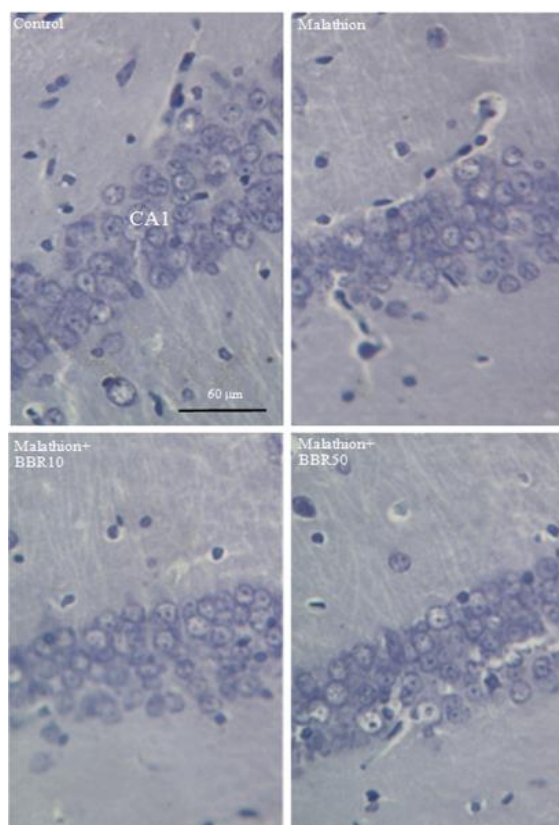
**B**

Figure 5. Quantification of CA1 pyramidal neuron density through Nissl staining, as analyzed by one way ANOVA and Tukey tests (pane A) and representative photomicrographs (pane B). No significant differences were observed among groups; neither malathion exposure nor berberine (BBR) treatment caused significant changes in the number of CA1 pyramidal neurons (Means  $\pm$  SEM,  $n = 4/\text{group}$ ).

## Discussion

Pesticide intoxication has become a major public health concern in many developing nations. Widespread overuse and inappropriate application of these chemicals are responsible for severe poisoning cases and contribute to millions of fatalities (Nurulain *et al.* 2013). Malathion constitutes a globally prevalent organophosphate insecticide, extensively employed in agricultural and veterinary sectors to manage vector-borne diseases, particularly those propagated by mosquitoes (Organization 2016). Farmers and veterinary workers commonly

encounter malathion toxicity through occupational exposure (Suratman *et al.* 2015).

Malathion and other organophosphates manifest neurotoxicity across both acute and chronic exposure paradigms. Prolonged organophosphate exposure correlates strongly with cognitive decline, manifesting as disruptions in mnemonic function, attentional capacity, visuospatial learning proficiency, and sensorimotor filtering mechanisms (Middlemore-Risher *et al.* 2010). The neurotoxic profile of organophosphates stems primarily from synergistic processes involving neuroinflammation, ROS generation, and consequent neuronal injury (Coban *et al.* 2015). Given the brain's pronounced lipid content and substantial oxygen demands, cerebral tissue exhibits heightened vulnerability to oxidative insults (Bodhinathan *et al.* 2010), which can precipitate cognitive deterioration and progression toward neurodegenerative pathologies (Kishida and Klann 2007).

Under normal physiological circumstances, the production of ROS is tightly controlled. Oxidative stress occurs when the equilibrium between ROS generation and the cell's antioxidant defense systems is disrupted (Mooli *et al.* 2022). Malathion exposure disrupts the pro-oxidant/antioxidant balance, leading to cellular damage through dual mechanisms: first, the oxidative conversion of malathion to its more toxic metabolite, malaoxon; and second, the consumption of GSH stores during phase II detoxification, thereby compromising the cellular antioxidant defense capacity. These processes enhance ROS formation and diminish antioxidant reserves, as reflected by elevated MDA levels and reduced GSH content (Althobaiti 2025). Malathion exposure in rats has been shown to promote apoptosis and pyroptosis, characterized by increased levels of caspase 3, Bax, NOD-like receptor protein 3 (NLRP3), and caspase 1, alongside a decrease in Bcl-2 protein levels (Saati 2024).

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Increasing evidence indicates that organophosphate compounds can disrupt intracellular calcium homeostasis (Meijer et al. 2014), which may be partly linked to changes in mitochondrial respiratory chain activity (Hargreaves 2012). Redox imbalance constitutes a major driver of the toxic actions of malathion. The neurotoxic effects of this pesticide are strongly associated with oxidative damage. Upon acute exposure, malathion enhances cholinergic signaling by suppressing AChE activity, which is considered the main pathological pathway underlying its toxic effects. Beyond cholinergic pathways, malathion also contributes to neuronal loss through noncholinergic mechanisms observed in neurodegenerative conditions. By disrupting both enzymatic and nonenzymatic antioxidant defenses in the brain, malathion promotes mitochondrial dysfunction, triggers DNA damage, and interferes with normal apoptotic responses to oxidative damage mediated by free radical formation such as lipid peroxidation (Fortunato et al. 2006; Varol et al. 2015). Nevertheless, inhibition of AChE alone does not seem to fully account for the broad spectrum of toxic effects arising from malathion exposure.

Oxidative stress is regarded as the primary contributor to both the acute and chronic adverse effects of this pesticide. Because of its strong lipophilicity, malathion can easily associate with cell membrane phospholipids, promoting membrane instability and excessive free radical formation (Ozsoy et al. 2016). Experimental findings also indicate that malathion elevates MDA concentrations, increases oxidative stress burden, and weakens antioxidant defenses, as reflected by alterations in total antioxidant capacity (TAC) and SOD activities (Mohammadzadeh et al. 2020). In agreement with these reports, our results showed that intraperitoneal administration of malathion at 100 mg/kg enhanced lipid peroxidation (MDA), ROS production, and

the activities of caspase 3 and caspase 1, while decreasing antioxidant enzymes.

Recent investigations have shown that, persistent oxidative stress induced by malathion can initiate autophagy, DNA fragmentation, and mitochondrial dysfunction, culminating in apoptotic cell death. In hippocampal tissue, malathion has been shown to elevate mitochondrial ROS generation and impair the activities of respiratory chain complexes I, II, and IV. This disruption compromises cellular bioenergetics and creates an imbalance between oxidant generation and antioxidant protection (Karami-Mohajeri et al. 2014). Earlier reports have indicated that malathion can impair the antioxidant defense system, manifested as lowered activity of critical enzymes like SOD, GSH, and GPx (Ullah et al. 2018). Such dysfunction is particularly critical in the brain due to its high metabolic demand and relatively weak antioxidant defense.

Oxidative damage to DNA and mitochondria can further drive apoptosis. Malathion exposure has been reported to lower the expression of anti-apoptotic proteins such as phosphorylated protein kinase B (AKT) and Bcl-2, while simultaneously increasing the Bax/Bcl-2 ratio and caspase 3 activity in brain tissue (Salama et al. 2019). Evidence showed that treatment of rats with malathion caused increased oxidative stress and inflammation, hyperphosphorylation of tau protein and apoptotic effects, as well as cognitive impairment (Mohammadzadeh et al. 2020). Dermal exposure to malathion, alone or with NN-diethyl-m-toluamide (DEET) and permethrin, significantly reduced neuronal density in the CA1 region of the hippocampus. Since CA1 is essential for learning and memory, this degeneration likely contributes to the observed behavioral deficits. These findings indicate that malathion toxicity may not be limited to cholinesterase inhibition but could also involve additional pathways including redox imbalance and neuroinflammation (Abdel-Rahman et al. 2004). Previous

studies have reported that exposure to malathion leads to neuronal loss in the granular layer and dislocation of the CA1 cellular layers in the hippocampus of rats (N'Go *et al.* 2021). The current investigation revealed no significant change in the population of CA1 pyramidal neurons following malathion exposure, which may be attributed to its tendency to activate programmed cell death pathways such as apoptosis and pyroptosis, as well as increased oxidative stress. These mechanisms might induce biochemical and cellular damage without leading to a substantial reduction in the total neuron count.

Berberine, the bioactive isoquinoline alkaloid derived from natural sources, continues to attract intensive investigation for its promising applications in neurodegenerative and CNS-related pathologies (Cheng *et al.* 2022). Through potent suppression of neuroinflammatory signaling, attenuation of oxidative damage, and modulation of endoplasmic reticulum stress pathways, it confers robust neuroprotection alongside antioxidant and anti-inflammatory benefits, thereby limiting neuronal degeneration and apoptotic cascades (Zhang *et al.* 2020). A growing body of research robustly affirms its efficacy in mitigating cognitive decline across varied experimental paradigms (Fang *et al.* 2020; Yao *et al.* 2023; Zhang *et al.* 2021). Recently, many investigations across various countries have explored the pharmacological effects and underlying mechanisms of berberine. These studies have demonstrated that berberine exerts distinctive pharmacological actions on several body systems, including the cardiovascular, nervous, and endocrine systems (Phogat *et al.* 2024).

Cha and colleagues have demonstrated that berberine significantly mitigates neurotoxic effects triggered by 6-hydroxydopamine (6-OHDA) through the suppression of oxidative damage, enhancement of mitochondrial performance, and normalization of

autophagic processes in both *in vitro* and *in vivo* Parkinson's disease models (Cha *et al.* 2025). A separate investigation evaluated berberine protective role against cardiomyopathy induced by doxorubicin (DOX). The findings revealed that berberine markedly inhibited the development of cardiac diastolic impairment and fibrotic remodeling, leading to a decrease in cardiac MDA levels and ROS production, and an increase in antioxidant SOD activity in DOX-treated rats (Wang *et al.* 2023). Yardim *et al.* studied the possible protective effects of berberine on bortezomib-induced peripheral neuropathy. Investigations on the sciatic nerve and spinal cord revealed that bortezomib-induced oxidative stress elevated MDA concentrations as well as mRNA expression levels of nuclear factor erythroid 2-related factor 2 (Nrf2), heme oxygenase 1 (HO-1), NAD(P)H:quinone oxidoreductase 1 (NQO1), glutamate-cysteine ligase catalytic subunit (GCLC), and glutamate-cysteine ligase modulatory subunit (GCLM). Subsequent administration of berberine effectively lowered these oxidative stress markers. Additionally, antioxidant defenses including SOD, CAT, GPx, and GSH were significantly enhanced following berberine treatment. Bortezomib was also found to provoke inflammatory responses by upregulating pro-inflammatory cytokines such as NF- $\kappa$ B, tumor necrosis factor alpha (TNF- $\alpha$ ), interleukin-1-beta (IL-1 $\beta$ ), and interleukin-6 (IL-6), whereas berberine therapy successfully suppressed these cytokines, leading to reduced inflammation (Yardim *et al.* 2022). Studies have shown that berberine treatment improves learning and memory, and reduces hyperglycemia, oxidative stress, and acetylcholinesterase activity in diabetic rats (Bhutada *et al.* 2011).

In the present study, oral administration of berberine at 50 mg/kg body weight to the malathion-exposed group significantly diminished markers of oxidative damage (MDA and ROS) while enhancing the

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activity of antioxidant enzymes (CAT and SOD) and acetylcholinesterase relative to the malathion-exposed group.

Li et al. demonstrated that berberine suppressed ROS generation, blocked programmed cell death, and preserved mitochondrial function in their cellular model. These observations indicate berberine capacity to mitigate cardiac aging via antioxidant and anti-apoptotic mechanisms, potentially mediated through modulation of the Klotho/SIRT1 signaling axis (Li et al. 2022). Research has shown that berberine significantly counteracts the elevation of TNF- $\alpha$ , IL-6, caspase 3, and Bax along with the rise in plasma cTn-T and serum MDA levels; furthermore, berberine significantly attenuates cardiac injury by significantly increasing cardiac IL-10 and serum GSH. Consequently, berberine mitigates cardiac ischemia/reperfusion damage in male rats through modulation of inflammation and suppression of programmed cell death (Abdulredha et al. 2021). Berberine can reduce oxidative stress damage and counteract the damage caused by inflammation in diabetic nephropathy by regulating antioxidant Nrf2 and subsequently regulating NLRP3-Caspase 1-GSDMD signaling to inhibit pyroptosis and reduce caspase 1 (Ding et al. 2021). Consistent with the above studies, we found that berberine treatment at a dose of 50 mg/kg reduced apoptosis (caspase 3) and pyroptosis (caspase 1) compared to the malathion group.

In a study, Nissl staining results demonstrated that berberine treatment in APP/PS1 mice reduced neuronal damage in the hippocampal CA1 region (Yang and Wang 2022). Additionally, findings from a study showed the potential of berberine to protect neurons in the CA1 region and the blood-brain barrier, increase antioxidant activity, and reduce memory impairments caused by global cerebral ischemia (Mehboodi et al. 2024). In our study, berberine treatment did not produce a significant effect on the number of neurons in the CA1 region following malathion-

induced brain injury. This contrasts with previous reports indicating a neuroprotective effect of berberine on hippocampal neurons, which may be attributed to differences in experimental conditions such as injury models, dosage, treatment duration, or timing of assessment. Further investigations are needed to clarify these discrepancies.

Berberine treatment at 50 mg/kg significantly attenuated malathion-induced neurotoxicity, as demonstrated by enhanced antioxidant capacity, diminished apoptosis, and reduced pyroptosis. These findings position berberine as a promising neuroprotective agent against malathion toxicity. The present study comprehensively evaluated oxidative stress markers, antioxidant enzyme activities, apoptotic signaling, and pyroptotic pathways within hippocampal tissue. The present study limitations include the absence of detailed molecular pathway analyses, necessitating targeted future investigations. Furthermore, the examination was confined to the hippocampus, precluding evaluation of berberine potential effects across other cerebral territories or cellular populations susceptible to malathion toxicity. More comprehensive brain-wide assessments in future studies will provide deeper mechanistic insights.

### **Conflicts of interest**

The authors have no relevant financial or non-financial interests to disclose.

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### **Ethical Considerations**

All issues were reviewed by the review board and ethics committee of Shahed University of medical sciences, and the ethics code is IR.SHAHED.REC.1401.075.

### **Code of Ethics**

IR.SHAHED.REC.1401.075.

### Authors' Contributions

Saeid Iranzadeh: Investigation, Funding, Acquisition of data, Statistical analysis, Interpretation of data, Drafting of the manuscript and revision. Reza Sedaghat: Study concept and design, Methodology, Supervision, Acquisition of data, Statistical analysis, Interpretation of data, Drafting of the manuscript and revision. Mahdiah Taheri: Statistical analysis, Interpretation of data, Drafting of the manuscript and critical revision. Mehrdad Roghani: Study concept and design, Methodology, Supervision, Acquisition of data, Statistical analysis, Interpretation of data, Drafting of the manuscript and revision.

### Data availability

The datasets can be obtained from the corresponding author if requested with a valid reason.

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