

Betanin Ameliorates Triclosan-Induced Spermatogenic Dysfunction and Testicular Damage in Prenatally Exposed Wistar Rats

Eneh Chidera Amanda¹, Idoko Gabriel Owoicho¹, Kiekwe Vershima¹, Akunna Godson Gabriel¹ & Saalu Linus Chia¹

¹ Department of Anatomy, Faculty of Basic Medical Sciences, Benue State University, Makurdi, Benue State, Nigeria

Correspondence: Akunna Godson Gabriel, Department of Anatomy, Faculty of Basic Medical Sciences, Benue State University, Makurdi, Benue State, Nigeria.

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Abstract

Aims: To investigate the effects of betanin on reproductive hormones, sperm parameters, testicular histology and testicular damage induced by prenatal TCS exposure in Wistar rats. **Study Design:** Experimental study design, using a Randomized Controlled Trial (RCT) approach with animal subjects (Wistar rats). **Place and Duration of Study:** Department of Anatomy, Faculty of Basic Medical Sciences, College of Health Sciences, Benue State University Makurdi, between August and October 2024. **Methodology:** Sixty Wistar rats were divided into ten groups (n=6/group). Groups received varying doses of TCS (5, 10, and 20 mg/kg), betanin (5, 10, and 20 mg/kg), or a combination of both for 31 days. Hormone levels, sperm count and morphology, and testicular histology were assessed. **Results:** TCS exposure significantly reduced testosterone levels (20 mg/kg TCS: 1.35 ± 0.31 ng/ml) and LH (20 mg/kg TCS: 1.10 ± 0.14 mIU/ml), sperm count (20 mg/kg TCS: $74.00 \pm 29.69 \times 10^6$ /ml), and normal sperm morphology (20 mg/kg TCS: 29.65%). Betanin co-administration partially mitigated these effects, with the 20 mg/kg betanin + 20 mg/kg TCS group showing near-control levels of testosterone (3.77 ± 0.74 ng/ml) and LH (2.70 ± 0.29 mIU/ml), and improved sperm count (5 mg/kg TCS + 5 mg/kg betanin: $97.20 \pm 3.11 \times 10^6$ /ml) and morphology. Histological analysis revealed severe testicular damage in TCS-exposed groups, which was partially ameliorated by betanin. **Conclusion:** Prenatal TCS exposure impairs male reproductive function. Betanin offers partial protection, suggesting its potential therapeutic role against TCS-induced reproductive toxicity.

Keywords: triclosan, betanin, spermatogenesis, testicular damage, prenatal exposure, Wistar rats

1. Introduction

Male infertility, a significant contributor to the global health concern of infertility, affects millions worldwide and carries profound social, psychological, and physical consequences (Hipwell et al., 2019; Chigrinets et al., 2020). While both male and female factors are implicated, male infertility, often characterized by disrupted spermatogenesis and poor semen quality (Aoun et al., 2021), accounts for a substantial portion of cases. Defined as the inability to conceive with a fertile partner after at least one year of regular, unprotected intercourse (PCASRM, 2008), it contributes to approximately 20% of all infertility cases and plays a role in an additional 30-40% (Hull et al., 2005). The etiology of male infertility is diverse, encompassing endocrine disorders, sperm transport issues, primary testicular defects, and idiopathic causes (Winter & Walsh, 2014). Despite often being under-prioritized in Sub-Saharan African health policies (Van, 2000; Sundby & Jacobus, 2001; Butler, 2003; NPCN, 2006), the social and psychological burden, particularly for women, is considerable (Okonofua, 1997; Aghanwa et al., 1999; Orji et al., 2002; Umezulike & Efezie, 2004; Dyer, 2004; Dyer, 2005).

The increasing prevalence of male infertility, coupled with the widespread presence of environmental pollutants

like triclosan (TCS), underscores the need for research into preventative and therapeutic strategies. TCS, a ubiquitous antibacterial compound found in various personal care products (Russell, 2004; Ahn et al., 2008; Ramos, 2009), has become a pervasive environmental contaminant (Chu & Metcalfe, 2007; Bedoux et al., 2012). Human exposure occurs primarily through topical absorption and ingestion (Moss et al., 2000; Sandborgh-Englund et al., 2006; Queckenberg et al., 2010), with studies reporting elevated urinary TCS concentrations, especially in children (Calafat et al., 2007). The detection of TCS in breast milk (Adolfsson-Erici et al., 2002) and umbilical cord blood (Pycke et al., 2014) raises concerns about its potential impact on fetal and reproductive development. As an endocrine disruptor (ED), TCS has been associated with antifertility effects, including reduced sperm production and sperm toxicity (Kumar et al., 2008; Crawford & De Catanzaro, 2012; Lan et al., 2015; Feng et al., 2016; Ibtisham et al., 2016; Jurewicz et al., 2018), as well as antiandrogenic activity and disrupted steroidogenesis (Chen et al., 2007; Kumar et al., 2009).

Dietary interventions, particularly the consumption of fruits and vegetables, offer numerous health benefits, including protection against chronic diseases (Mikolajczyk-Bator & Pawlak, 2016). These benefits are often attributed to phytochemicals, such as betalains (Koubaier et al., 2014). Beetroot (*Beta vulgaris*), a functional food rich in betalains (Georgiev et al., 2010; Ninfali & Angelino, 2013), has demonstrated promise in promoting health and preventing disease (Clifford et al., 2015; Guldiken et al., 2016). Betanin, a potent betalain isolated from beetroot, exhibits antioxidant, anti-inflammatory, and anti-carcinogenic properties, suggesting its potential to mitigate the reproductive toxicity of TCS (Guldiken et al., 2016). While beetroot and its constituents have shown protective effects in various contexts, limited research has explored their impact on male reproductive health, particularly against environmental endocrine disruptors. This study, therefore, investigates the morphological, molecular, and physiological effects of betanin on the testes of male Wistar rats prenatally exposed to TCS, aiming to contribute to the development of natural therapeutic strategies for mitigating the adverse effects of environmental contaminants on reproductive health.

2. Material and Methods

2.1 Experimental Animals

Sixty (60) adult Wistar rats were obtained from the animal house of the College of Health Sciences, Benue State University, Makurdi. Rats were housed in groups of six in 30cm × 20cm plastic cages with *ad libitum* access to standard rat pellets and water. Rats were weighed at the beginning of acclimatization, before treatment, and at the end of the experiment using an electronic weighing balance.

2.2 Experimental Plant: Beetroot

Four kilograms of beetroot (*Beta vulgaris*) bulbs were purchased from Wadata market in Makurdi. The bulbs were air-dried at $33 \pm 2^\circ\text{C}$ and ground into a fine powder for betanin extraction.

2.3 Experimental Drug: Triclosan

Seventy-five grams of triclosan were purchased from Mernex Pharmacy, Makurdi. A triclosan solution was prepared and stored at optimal temperature in a refrigerator at the College of Health Sciences animal house until administration.

2.4 Animal Housing and Feed

Six 30cm × 20cm plastic cages were used for housing, acclimatization, and feeding throughout the experiment. Standard rat pellets (Vital Feed) were purchased from a feed store in the Wadata area of Makurdi and stored at optimal temperature in the animal house.

2.5 Other Materials

Additional materials included gloves, sterile bottles, syringes and needles, a dissecting board and kit, 10% formalin fixative, hematoxylin and eosin (H&E) stain, cover slips, glass slides, microscopes, a microtome, a centrifuge, distilled water, feeding plates, and water bottles.

2.6 Betanin Extraction

Four kilograms of beetroot were washed, peeled, cut, dried, and mashed (Ravichandran et al., 2013). Betanin was extracted via maceration using distilled water as a solvent. The mixture was shaken/stirred for 1 hour at room temperature. Following the optimized method of Stintzing & Carle (2004), the extract was filtered to remove solids. The filtrate was centrifuged (Pyo & Jin, 2004) to remove remaining particulate matter. The crude extract was purified using ion-exchange chromatography (Wybraniec & Nowak, 2007). Betanin was identified and quantified using High-Performance Liquid Chromatography (HPLC) (Kaur & Buttar, 2020).

2.7 Experimental Design

The sixty (60) Wistar rats were randomly divided into ten (10) groups A – J, with six (6) rats in each group, and group A serving as the control group. The experimental animals in each group were administered varying doses

of triclosan and betanin isolate (E162) as described in the table below:

Table 1. Treatment and Administration Protocol

Group	Dose (kg body weight [b.wt])	Route of Administration	Period (Days)	No of rats (N)
A: Control	5ml/kg of distilled H ₂ O	Oral	31	6
B: Low dose	5ml/kg b.wt of low dose TCS	Oral	31	6
C: Middle dose	10ml/kg b.wt of middle dose TCS	Oral	31	6
D: High dose	20ml/kg b.wt of high dose TCS	Oral	31	6
E: Low dose	5ml/kg b.wt of low dose E162	Oral	31	6
F: Middle dose	10ml/kg b.wt of middle E162	Oral	31	6
G: High dose	20ml/kg b.wt of high dose E162	Oral	31	6
H: Low dose treatment	5ml/kg b.wt of low dose of TCS + 5ml/kg b.wt of low dose E162	Oral	31	6
I: Middle dose treatment	10ml/kg b.wt of high dose of TCS + 10ml/kg b.wt of high dose E162	Oral	31	6
J: High dose treatment	20ml/kg b.wt of high dose of TCS + 20ml/kg b.wt of high dose E162	Oral	31	6

Ei62 = Betanin Isolate of *Beta vulgaris*; TCS = Triclosan; b.wt = Body Weight.

2.8 Animal Sacrifice

On day 31, rats were fasted overnight, weighed, and anesthetized via chloroform inhalation. Blood samples were collected via cardiac puncture into heparinized tubes for biochemical evaluation. Testes were excised and weighed using an electronic analytical balance. Testicular volume was determined by water displacement (Archimedes' principle). Testes were fixed in 10% formaldehyde for histological analysis.

2.9 Serum Hormone Assays

Blood collected in plain containers was allowed to clot and centrifuged at 1000 rpm for 10 minutes. Serum was aliquoted, labeled, and stored at -20°C. Serum luteinizing hormone (LH) was measured using enzyme immunoassay (EIA) following the WHO matched reagent program protocol (1998) with kits supplied by NIADDK-NIH (USA). Testosterone concentrations were determined by competitive EIA (Tietz, 1995). Briefly, goat anti-rabbit IgG-coated wells were incubated with testosterone standards, controls, samples, testosterone-horseradish peroxidase conjugate, and rabbit anti-testosterone reagent. After incubation and washing, tetramethylbenzidine was added. The reaction was stopped with 1N hydrochloric acid, and absorbance was measured spectrophotometrically at 450nm. Testosterone concentrations were calculated from a standard curve.

2.10 Histological Processing

Testes fixed in 10% formalin were processed for H&E staining. Tissues were dehydrated through graded alcohols (70%, 80%, 90%, 95%, absolute), cleared in xylene, and embedded in paraffin. Paraffin blocks were sectioned at 3µm using a rotary microtome. Sections were mounted on slides, deparaffinized, hydrated, and stained with H&E. The staining procedure involved dewaxing, hydration, hematoxylin staining, differentiation, bluing, eosin counterstaining, dehydration, clearing, and mounting with DPX.

2.11 Statistical Analysis

Data were analyzed using IBM SPSS version 23. Mean and Standard Deviation (SD) were calculated. One-way ANOVA with LSD multiple range tests were used to compare groups. Statistical significance was set at $P = .05$.

3. Results

3.1 Reproductive Hormones

Figures 1 and 2 shows the analysis of reproductive hormone levels in male Wistar rats exposed to triclosan (TCS) and treated with betanin isolates (E162) from *Beta vulgaris* compared on one-way ANOVA. Triclosan exposure (Groups B, C, and D) led to a dose-dependent reduction in testosterone and LH levels, with the highest dose (20 mg/kg) showing the most pronounced suppression (1.35 ± 0.31 ng/ml for testosterone and 1.10 ± 0.14 ng/ml for LH).

mIU/ml for LH). This suggests that TCS disrupts endocrine function, potentially impairing testicular steroidogenesis.

Conversely, betanin treatment alone (Groups E, F, and G) resulted in varied hormonal responses. The 10 mg/kg dose (Group F) showed levels comparable to the control group, indicating a potential restorative effect. However, the highest dose (20 mg/kg, Group G) led to a decline in testosterone, despite an increase in LH, suggesting a possible feedback mechanism or dose-dependent toxicity.

Co-administration of TCS and betanin (Groups H, I, and J) partially mitigated TCS-induced hormonal suppression. The combination at 20 mg/kg (Group J) exhibited near-control levels of testosterone and LH (3.77 ± 0.74 ng/ml and 2.70 ± 0.29 mIU/ml, respectively), highlighting the potential protective role of betanin against TCS toxicity.

These results indicate that prenatal exposure to TCS disrupts male reproductive hormones, but betanin isolates may offer a dose-dependent protective effect, with moderate doses appearing most effective.

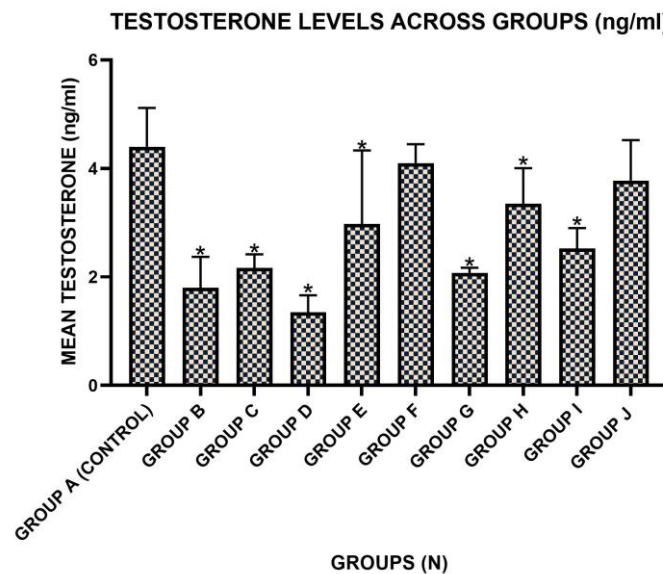


Figure 1. Simple Bar Chart Showing the Mean Testosterone Levels across Groups

Note: N = 6; * = Statistically Significant Difference in Mean at $P = .05$ Compared to the Control Group.

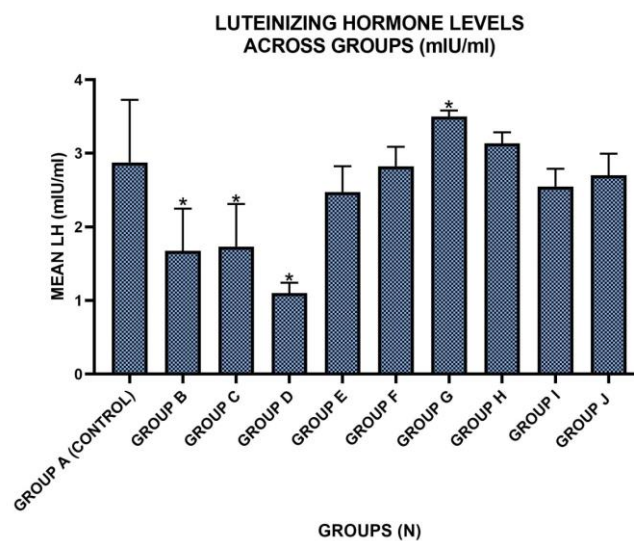


Figure 2. Simple Bar Chart Showing the Mean Luteinizing Hormone Levels across Groups

Note: N = 6; * = Statistically Significant Difference in Mean at $P = .05$ Compared to the Control Group.

3.2 Sperm Count

The results from Figure 3 indicate that prenatal exposure to Triclosan (TCS) significantly reduced sperm count in male Wistar rats compared to the control group. Groups B, C, and D, which received 5 mg/kg, 10 mg/kg, and 20 mg/kg TCS, respectively, showed marked reductions in sperm count, with the highest TCS dose (20 mg/kg) resulting in the lowest sperm count ($74.00 \pm 29.69 \times 10^6/\text{ml}$). This suggests a dose-dependent adverse effect of TCS on spermatogenesis.

Conversely, administration of Betanin isolates (E162) alone (Groups E, F, and G) resulted in sperm counts comparable to or even slightly higher than the control group, suggesting no adverse effects on sperm production and a potential protective or enhancing effect.

Co-administration of TCS and E162 (Groups H, I, and J) demonstrated partial mitigation of TCS-induced sperm count reduction at the lowest dose (5 mg/kg TCS + 5 mg/kg E162), with a sperm count of $97.20 \pm 3.11 \times 10^6/\text{ml}$. However, higher combined doses (Groups I and J) still showed significant reductions in sperm count compared to the control, indicating that while Betanin isolates may exert some protective effects; they may not fully counteract the spermatotoxic impact of higher TCS exposure.

These findings suggest that prenatal exposure to TCS negatively affects sperm production, while Betanin isolates may offer some protective effects, particularly at lower doses.

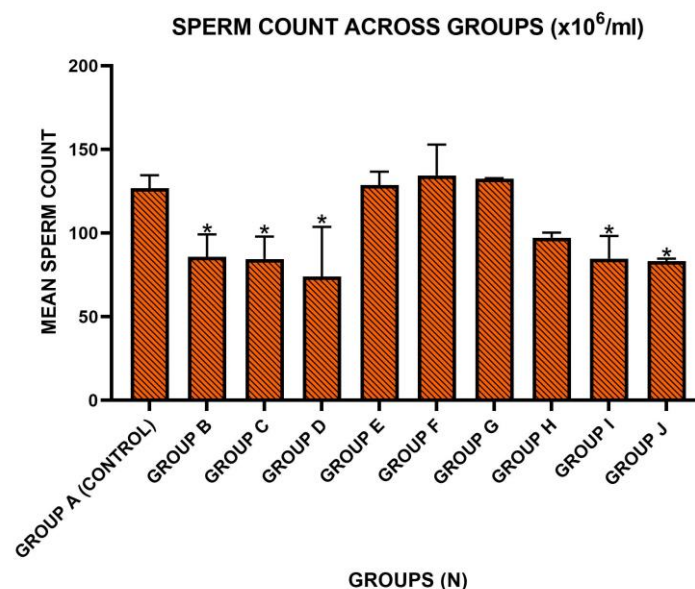


Figure 3. Simple Bar Chart Showing the Mean Sperm Count across Groups

Note: N = 6; * = Statistically Significant Difference in Mean at $P=.05$ Compared to the Control Group.

3.3 Sperm Morphology

The results of sperm morphology assessment as shown in figures 4 and 5 reveal that prenatal exposure to Triclosan (TCS) induces significant morphological abnormalities in sperm cells, with a dose-dependent increase in abnormal sperm morphology. Control animals (Group A) exhibited 87.20% normal sperm morphology, while rats exposed to 5mg/kg (Group B), 10mg/kg (Group C), and 20mg/kg (Group D) of TCS showed a progressive decline in normal sperm morphology (66.40%, 64.80%, and 29.65%, respectively) and a corresponding increase in abnormal morphology, which was statistically significant ($P=.05$).

Conversely, groups treated with Betanin isolates (E162) alone (Groups E, F, and G) maintained normal sperm morphology comparable to the control (ranging between 86.40% and 88.75%), suggesting no adverse effects on sperm integrity. However, co-administration of Betanin with TCS (Groups H, I, and J) resulted in only partial restoration of normal sperm morphology (66.90%–68.35%), indicating that while Betanin provided some protective effects, it did not fully mitigate TCS-induced sperm damage.

The result implies that TCS exposure significantly disrupts sperm morphology, while Betanin exhibits protective properties, though not completely reversing TCS-induced abnormalities at the tested dosages.

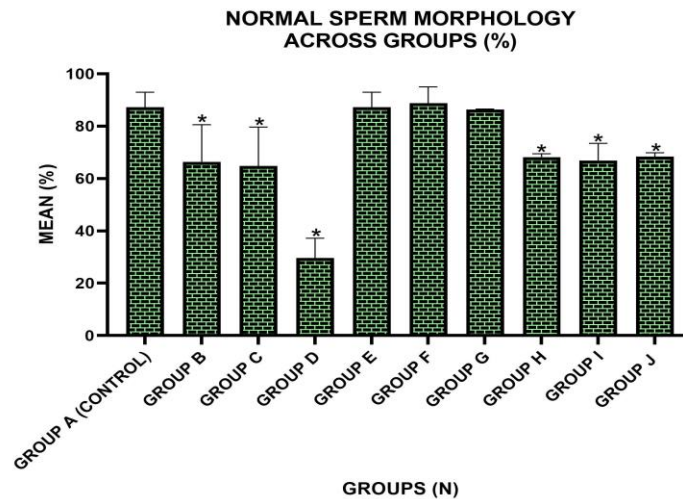


Figure 4. Simple Bar Chart Showing the Mean Normal Sperm Morphology across Groups
 Note: N = 6; * = Statistically Significant Difference in Mean at $P=.05$ Compared to the Control Group.

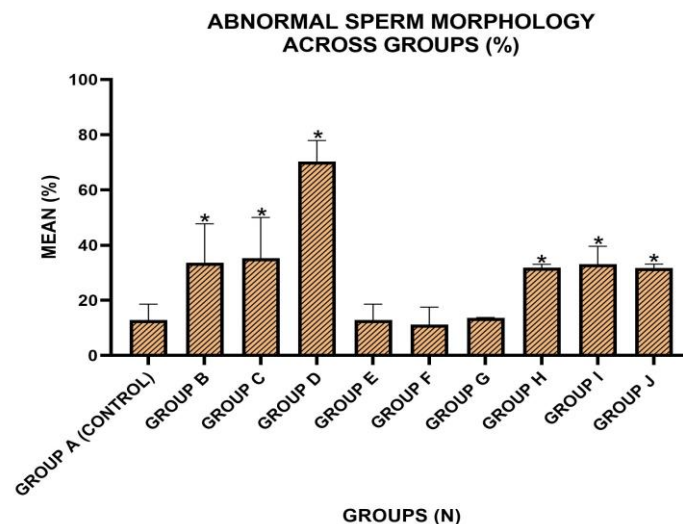


Figure 5. Simple Bar Chart Showing the Mean Abnormal Sperm Morphology across Groups
 Note: N = 6; * = Statistically Significant Difference in Mean at $P=.05$ Compared to the Control Group.

3.4 Histological Profile

Histological examination of the testicular tissue in Groups A, E, F, and G revealed a normal histological profile indicative of preserved spermatogenesis and testicular integrity. The seminiferous tubules exhibited a well-organized arrangement of germ cells at various stages of maturation, culminating in the presence of numerous mature spermatozoa radiating toward the lumen. Leydig cells in the interstitial spaces appeared intact and healthy, with no signs of degeneration or morphological abnormalities. Occasional spermatid retention was noted within the seminiferous tubules; however, this did not compromise the overall structural integrity or functionality of the testicular tissue in these groups.

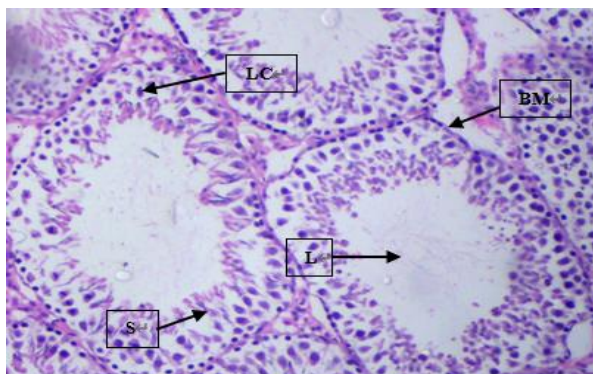
In contrast, Groups B, C, and D displayed varying degrees of histopathological alterations, indicating significant disruptions in testicular morphology. The seminiferous tubules in these groups exhibited abnormal features such as pronounced spermatid retention, tubular atrophy, and a disorganized arrangement of germ cells. The orderly progression of spermatogenic cells was disrupted, resulting in a chaotic cellular organization. The interstitial spaces were markedly reduced or completely absent, and the Leydig cells showed degenerative changes. Additionally, evidence of necrosis was observed, further underscoring the severity of the tissue damage in these groups.

Microscopic examination of Groups B through D further revealed profound cellular disruptions. Several maturing spermatogenic cells within the seminiferous tubules displayed ruptured nuclear membranes and fragmentation of nuclei (karyorrhexis), which are indicative of cellular apoptosis or necrosis. Spermatogonia cells with hyperchromatic (darkly stained) nuclei were frequently observed, alongside degenerative changes in surrounding germ cells. While occasional seminiferous tubules retained normal characteristics, such as intact radiating spermatozoa, many tubules exhibited thickened and hyalinized basement membranes, indicative of chronic damage.

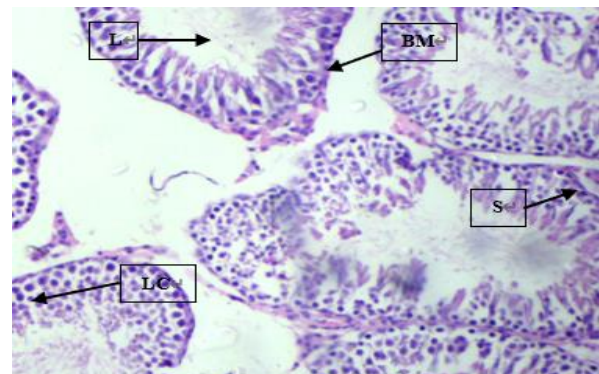
Groups H, I, and J exhibited histomorphological features distinct from those of Groups B through D but not as normal as those observed in Groups A, E, F, and G. The seminiferous tubules in these groups showed intermediate changes, with mild disorganization of germ cells and occasional tubular atrophy. Although the interstitial spaces were largely preserved, some areas displayed minor degeneration and reduced Leydig cell density. These findings suggest a partial disruption in spermatogenesis that is less severe than in Groups B through D but deviates from the normal histo-profile of Groups A, E, F, and G.

Notably, the lumens of the seminiferous tubules in Groups B through D and H through J were often filled with debris from degenerated cells. This accumulation of shredded cellular material reflects impaired spermatogenesis and the breakdown of cellular elements within the seminiferous epithelium. While these findings in Groups H through J bore similarities to those in Groups B through D, the intermediate level of disruption precluded direct comparison.

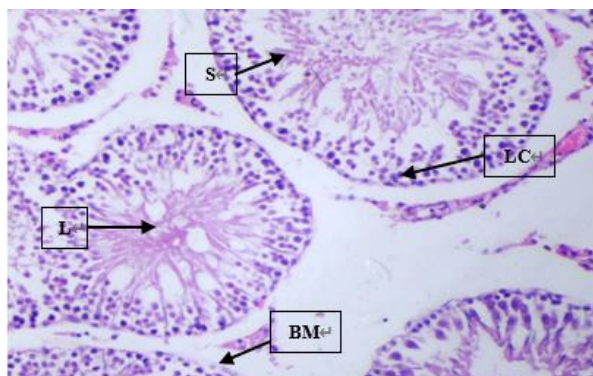
Thus, Groups A, E, F, and G demonstrated consistent normal histological profiles, with well-preserved testicular architecture and function. Groups B through D exhibited severe degenerative changes, including atrophy, disorganization, and necrosis, whereas Groups H through J displayed moderate alterations, representing a transitional pattern of histomorphological disruption. These findings highlight a spectrum of testicular histological responses across the experimental groups, emphasizing the variability in the degree of testicular impairment.



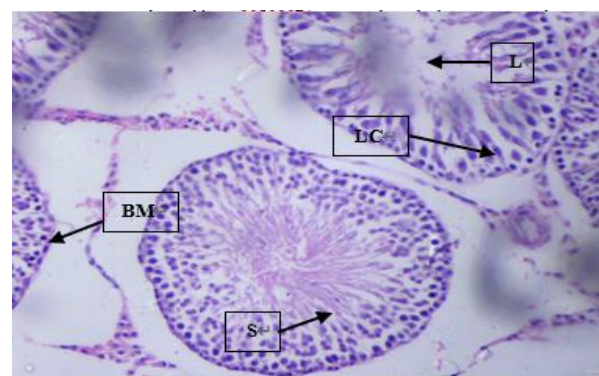
A: Testicular Section of Group A showing spermatozoa (S), lumen (L), basement membrane (BM), & Leydig cells (LC) (H&E x40)



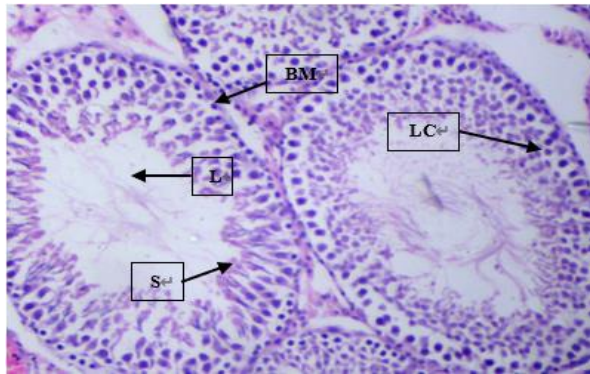
B: Testicular Section of Group B showing spermatozoa (S), lumen (L), basement membrane (BM), & Leydig cells (LC) (H&E x40)



C: Testicular Section of Group C showing spermatozoa (S), lumen (L), basement membrane (BM), & Leydig cells (LC) (H&E x40)

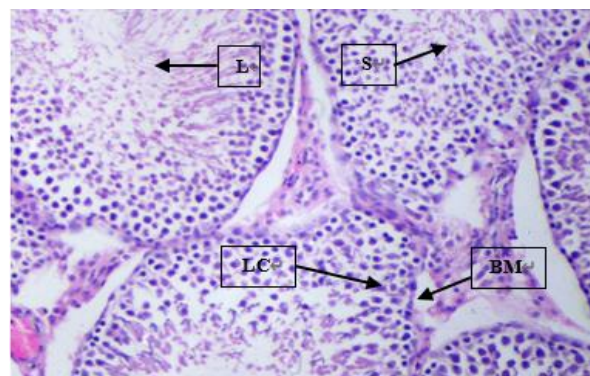


D: Testicular Section of Group D showing spermatozoa (S), lumen (L), basement membrane (BM), & Leydig cells (LC) (H&E x40)

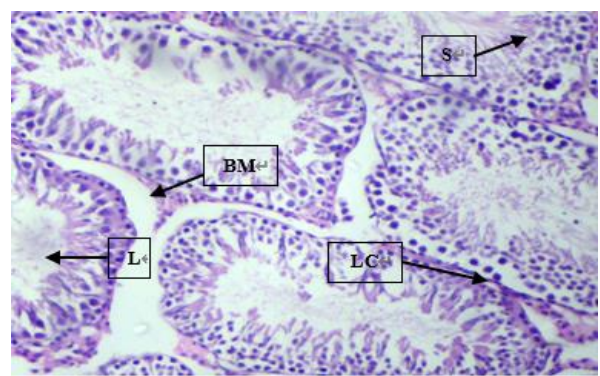


E: Testicular Section of Group E showing spermatozoa (S), lumen (L), basement membrane (BM), & leydig cells (LC) (H&E x40)

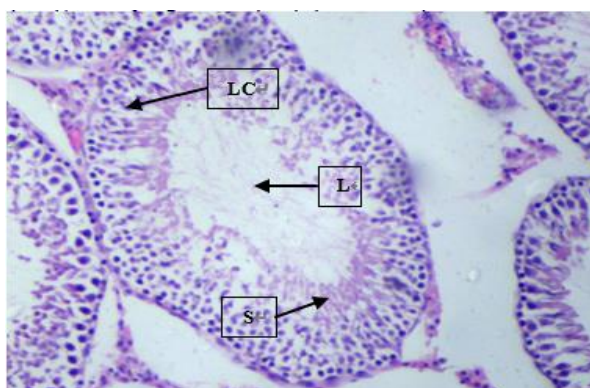
Figure 6. (A – E). Photomicrographs of Testes of Rats from Groups A – E showing Spermatozoa (S), Lumen (L), Basement Membrane (BM), and Leydig Cells (L) (H&E x40)



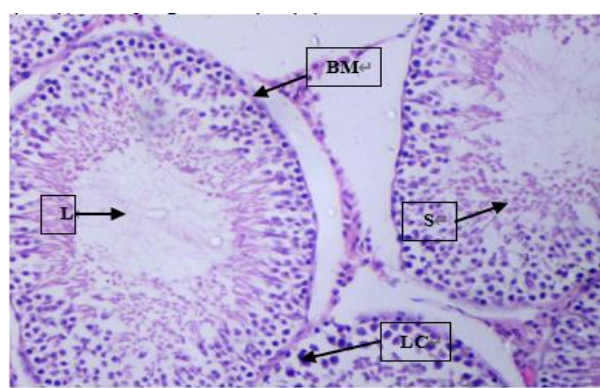
F: Testicular Section of Group F showing spermatozoa (S), lumen (L), basement membrane (BM), & Leydig Cells (LC) (H&E x40)



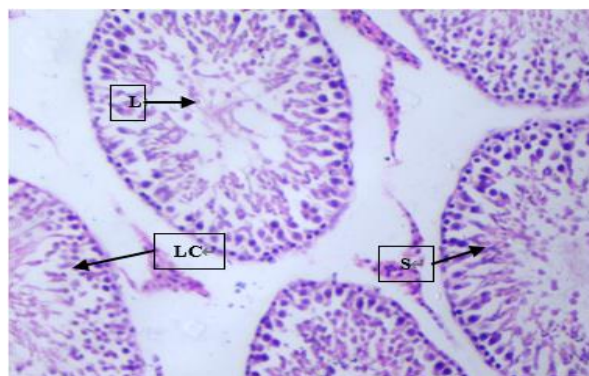
G: Testicular Section of Group G showing spermatozoa (S), lumen (L), basement membrane (BM), & Leydig Cells (LC) (H&E x40)



H: Testicular Section of Group H showing spermatozoa (S), lumen (L) & Leydig Cells (LC) (H&E x40)



I: Testicular Section of Group I showing spermatozoa (S), Lumen (L), Basement Membrane (BM), & Leydig Cells (LC) (H&E x40)



J: Testicular Section of Group J showing spermatozoa (S), Lumen (L), Basement Membrane (BM), & Leydig Cells (LC) (H&E x40)

Figure 7. (F – J). Photomicrographs of Testes of Rats from Groups F – J showing Spermatozoa (S), Lumen (L), Basement Membrane (BM), and Leydig Cells (L) (H&E x40)

4. Discussion

This study investigated the protective effects of betanin isolates (E162) against triclosan (TCS)-induced spermatogenic dysfunction and testicular damage in prenatally exposed Wistar rats. The findings demonstrate that TCS exposure disrupts male reproductive function by significantly reducing reproductive hormone levels, impairing spermatogenesis, altering sperm morphology, and inducing histopathological damage to the testes. However, betanin administration, particularly at moderate doses, mitigated these effects, indicating a potential ameliorative role against TCS-induced toxicity.

Results of this study reveal that prenatal exposure to TCS results in a dose-dependent decline in testosterone and luteinizing hormone (LH) levels, with the highest dose (20 mg/kg) exerting the most profound suppressive effects. This aligns with previous studies demonstrating that TCS disrupts endocrine homeostasis by interfering with steroidogenic enzyme activity and androgen biosynthesis (Zhao et al., 2022). Similarly, Wang et al. (2021) reported a significant decrease in testosterone levels following TCS exposure, attributing it to oxidative stress-induced Leydig cell dysfunction.

Betanin administration alone exhibited a biphasic response, with 10 mg/kg restoring testosterone and LH levels to near-control values, whereas 20 mg/kg led to a decline in testosterone despite increased LH. This suggests a potential dose-dependent feedback mechanism. Similar protective effects have been reported for other antioxidant-rich plant extracts, such as curcumin and quercetin, which enhance steroidogenesis by reducing oxidative stress (Zhu et al., 2023). Furthermore, co-administration of betanin with TCS partially restored hormone levels, especially at 20 mg/kg, suggesting its role in mitigating endocrine disruption, as seen in previous studies on phytochemical interventions against toxicant-induced reproductive dysfunction (Yang et al., 2024).

TCS exposure significantly reduced sperm count in a dose-dependent manner, with the highest dose (20 mg/kg) leading to the most pronounced decline. This is consistent with prior research indicating that TCS impairs spermatogenesis by inducing oxidative stress and disrupting Sertoli cell function (Li et al., 2021). Reduced sperm count following prenatal TCS exposure has also been reported by Chen et al. (2023), who attributed it to mitochondrial dysfunction in germ cells.

Betanin administration alone had no adverse effects on sperm count, with levels comparable to or slightly exceeding the control, reinforcing its potential spermatoprotective properties. This corroborates findings by Khalil et al. (2022), who demonstrated that betanin enhances sperm quality by scavenging reactive oxygen species and modulating apoptotic pathways. Co-administration of betanin with TCS partially mitigated TCS-induced reductions in sperm count, particularly at lower doses, suggesting an optimal therapeutic range for counteracting TCS toxicity without excessive antioxidant burden.

Sperm morphology assessment revealed a dose-dependent increase in abnormal sperm forms following TCS exposure, consistent with previous studies that linked TCS to DNA damage and cytoskeletal disruptions in spermatozoa (Xiao et al., 2023). The significant increase in head, midpiece, and tail abnormalities in TCS-exposed groups suggests oxidative stress-mediated sperm structural defects, as previously reported by Deng et al. (2021).

Conversely, betanin-treated groups exhibited normal sperm morphology, consistent with control levels,

indicating that betanin does not induce structural sperm anomalies. This is in agreement with prior research demonstrating that antioxidant-rich dietary phytochemicals preserve sperm integrity by modulating lipid peroxidation and DNA fragmentation (González-Salazar et al., 2024). However, co-administration of betanin and TCS resulted in only partial restoration of normal sperm morphology, suggesting that while betanin offers protection, it may not fully counteract the teratogenic effects of high-dose TCS exposure.

Histological examination revealed severe degenerative changes in the testicular architecture of TCS-exposed groups, including seminiferous tubule atrophy, disorganization of germ cells, and Leydig cell degeneration. These findings are consistent with those of Zhang et al. (2022), who reported similar histopathological alterations in rodent models following endocrine-disrupting chemical exposure. The observed nuclear fragmentation and necrotic changes further confirm apoptotic processes induced by TCS, as noted by Zhao et al. (2023).

Betanin-treated groups exhibited preserved testicular architecture with well-organized spermatogenic layers, indicating its protective role. This aligns with previous reports showing that betanin enhances testicular histoarchitecture by upregulating antioxidant defense mechanisms and reducing oxidative stress (Hassan et al., 2023). Co-administration of betanin and TCS partially ameliorated histopathological damage, with mild disorganization and occasional atrophic tubules observed in these groups. This intermediate response suggests that while betanin mitigates TCS-induced testicular damage, complete histological recovery may require longer exposure to the protective agent or combination therapies, as suggested by other studies evaluating antioxidant-mediated testicular protection (Wu et al., 2024).

Overall, the findings confirm that prenatal exposure to TCS significantly disrupts male reproductive function by impairing hormonal balance, reducing sperm count, inducing morphological abnormalities, and causing testicular histopathological damage. Betanin administration, particularly at moderate doses, offers significant protective effects against these toxicities, likely through its potent antioxidant and anti-inflammatory properties. However, its efficacy in fully counteracting TCS-induced testicular damage remains dose-dependent.

5. Conclusion

In conclusion, this study demonstrates that prenatal triclosan exposure significantly impairs male reproductive function in Wistar rats, affecting hormone levels, spermatogenesis, sperm morphology, and testicular histology. Betanin administration, particularly at moderate doses, offers partial amelioration of these toxic effects, suggesting its potential as a protective agent against triclosan-induced reproductive damage. However, complete protection, especially against high-dose triclosan exposure, was not achieved, highlighting the need for further investigation into optimal betanin dosages and potential combination therapies.

Competing Interests

The authors declare that there are no competing interests, and that all reference sources have been duly cited.

Ethical Approval

All procedures were conducted according to the guidelines of the Ethical Committee of the College of Health Sciences, Benue State University, Makurdi. The research proposal was approved by the committee.

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