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## Effect of curcumin supplemented diet (CSD) on haematological parameters of *Cirrhinus mrigala* against *Edwardsiella tarda* infection

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### Abstract

The aim of the current study was to evaluate the effect of CSD on haematological parameters of *Cirrhinus mrigala* fingerlings fed on four CSD viz: T1 (0.25%), T2 (0.5%), T3 (1.0%), T4 (1.5%), and a control group (0% curcumin level), and the experimental was carried for 45 days. The sampling was done by taking blood on 0, 15, 30, and 45 days interval from different treatment groups. After 45 days of the experimental period, fifteen fishes from each replicate were challenged with virulent *Edwardsiella tarda*. Mortality was recorded up to 14 days post challenged. The experimental results showed that there was a significant ( $p>0.05$ ) difference in all treatment group in all haematological parameters in compared to control group. However, among treatment groups there was insignificant differences was observed in haematological parameters. The mean corpuscular volume (MCV), mean corpuscular haemoglobin (MCH) and mean corpuscular haemoglobin concentration (MCHC) showed no significant ( $p>0.05$ ) difference among the treatment group. Total erythrocyte count (TEC) and haemoglobin (Hb) was, also not significantly difference in all treatment group. However, total leukocyte count (TLC) was significantly ( $p>0.05$ ) different among the treatment groups. The high values were observed in T4 followed by T3, T2, and T1, respectively. Dietary supplement curcumin at 1.5% (T4) showed significantly ( $p<0.05$ ) higher percentage survival (80%) against *Edwardsiella tarda* challenged than control. Thus, the study has concluded that curcumin supplement diet fed to fish showed no any significant difference among treatments but it improves the immunity of the fish because of an increase in TLC.

**Keywords:** Curcumin, Haematology, *Libero rohita*, *Edwardsiella tarda*

### 1. Introduction

Haematology is a branch of science concerned with the study of physiology and pathology of the cellular elements of blood [1, 2]. Haematological parameters in teleost constitute of haemoglobin concentration (Hb), haematocrit (Hct), Erythrocytes (Red Blood Cell) and Leukocytes (White Blood Cell), platelet (PLT), Packed cell volume (PCV), Mean Corpuscular Volume (MCV), Mean Corpuscular Hemoglobin (MCH), and Mean Corpuscular Haemoglobin Concentration (MCHC) [3-5]. All these haem parameters can be altered by intrinsic and external element affecting the appearance of blood cells and its quantitative [5, 6].

Haematological indices affect physiological and cellular elements status, provide a significant indication on well-being of the fish health [7] and are used as important diagnostic tools to assess the health status of fish [2, 8].

The Turmeric (*Curcuma longa*) is a rhizomatous herbaceous perennial herbal plant of the ginger family, Zingiberaceae [9]. It is native to southeast India, and well grow at the temperatures between 20 °C and 30 °C (68 °F and 86 °F) [10]. The active turmeric compound such as curcumin is believed to have a wide range of biological effects including antibacterial, antifungal, anti-inflammatory, antioxidant, antitumor and immunostimulant activities [11, 12].

*Edwardsiella tarda* is one of the most important disease-causing pathogens [13] which caused high mortality in freshwater, brackish water, and marine fish population [14]. The infected fish developed extensive skin lesions, affecting internal organs (liver, kidney, spleen), and epidermal tissues [12, 15]. This bacterium also a zoonotic in nature, causing gastroenteritis and generalized infections in human and animal [16].

Therefore, the objective of the present study was to evaluate the effect of curcumin supplemented diet on the haematological parameters and percentage survival against *Edwardsiella tarda* in *Cirrhinus mrigala*.

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## 2. Methods

### 2.1 Experimental animals

The experiment was conducted for a period of 45 days in Aquatic Animal Health Management Laboratory of the Central Institute of Fisheries Education (CIFE), Mumbai. Animals used for experimental purpose were advanced fingerlings of Indian major carp (*Cirrhinus mrigala*) with an average weight of  $10.5 \pm 1.4$  gm. The fishes were procured from Namdev Fish Farm, near Titwala Ganesh Mandir, Mumbai, Maharashtra. The fishes were transported in 21 L polythene packing with sufficient oxygen (15 fish /pack). On reaching the wet laboratory, the fish were treated with Potassium permanganate ( $\text{KMnO}_4$ ) @ 2ppm for 30 second, and carefully transferred to a big circular cement tank (1000L capacity) and were left undisturbed for whole night with sufficient aeration. To check any kind of bacterial infection they were given antibiotic using Oxytetracycline @ 15 ppm (APHA) for first three days. The stock was acclimatized under aerated conditions for a period of 20 days and was fed with commercial floating fish diet (FISHER GOLD: crude protein 32 %, carbohydrate-34%, crude fat-5%, fibre-5% and moisture-10%) at the rate of 3% body weight. The water quality parameters were monitored regularly and maintained at an optimum level throughout the research period [17].

### 2.2 Experimental design and sampling

The experimental animals were maintained in rectangular plastic tubs ( $80 \times 57 \times 42$  cm, 150 L capacity) covered with perforated lids and the water used for rearing was drawn from bore well. The tubs were initially washed and filled with potassium permanganate solution @ 4ppm that was left overnight. They were flashed out the following day and tubs were thoroughly washed with clean water. The total volume of the water in each tube was maintained at 100L throughout the experimental period. The aeration was provided round the clock. The aeration pipe in each tub was provided with an air stone and a regulator valve to control the air pressure uniformly in all the tubs. Two hundred and seventy (270) fingerlings of *Cirrhinus mrigala* were randomly distributed into five distinct experimental groups. Each group was having three replicates following a completely randomized design (CRD), fifteen fish (18) were stocked in each tub. Fishes were sampled on 0<sup>th</sup> day (before feeding trial), 15<sup>th</sup>, 30<sup>th</sup> and 45<sup>th</sup> day for haematological study. Nine fishes were taken for blood from each treatment, respectively.

### 2.3 Herbal extract and diet preparation

The curcumin was procured from Multi Enterprise Pvt Ltd., Mumbai, India. The experimental diet was prepared as per the previous study [12].

### 2.4 Bacteria

The *E. tarda* (ATCC 15947) used in the present study was obtained from ATCC, USA. The *E. tarda* were revived using brain heart infusion broth (BHI Broth). Briefly, the broth was incubated for 18–20 h at 37 °C, culture was then streaked on sterile Salmonella-Shigella agar (SS-agar) plate and incubated at 28 °C. The single black colony was picked up with a sterile loop and inoculated in BHI broth at 28 °C for 20 h [12].

### 2.5 Collection of blood

Six fish from each treatment group were selected randomly and anaesthetized with clove oil @50 µl/L of water before taking blood from fish. Blood was taken from Vena caudal is

using a medical syringe which was previously rinsed with 2.7% EDTA solution. Blood collected was then transferred immediately to test tube containing thin layer of EDTA powder (as an anticoagulant) and shaken well in order to prevent haemolysis of blood.

### 2.6 Total erythrocyte count (TEC)

Blood (20µl) mixed with 3980 µl of RBC diluting fluid in a clean test tube. The mixture was shaken well to suspend the cells uniformly in the solution. A small drop of this mixture was charged to Neubauer's counting chamber of haemocytometer then counted in five groups of squares. All the cells lying inside the five small squares were counted under high power (40X) of compound light microscope. The following formula is used to calculate the number of RBC per  $\text{mm}^3$  of the blood sample:

$$\text{Number of RBC/mm}^3 = \frac{N \times \text{dilution}}{\text{Area counted} \times \text{Depth of fluid}}$$

$$= N \times 200 / 0.2 \times 0.1$$

$$= N \times 10000$$

Where, N is the total number of red blood cells counted in 5 squares of the haemocytometer. 0.2 is the area counted and 0.1 is depth of fluid.

### 2.7 Total Leukocyte Count (TLC)

In TLC count, 20 µl of blood was mixed with 3980 µl of WBC diluting fluid in a clean glass vial. The mixture was shaken well to suspend the cells uniformly in the solution. Care was taken that here were no air bubbles trapped. The numbers of cells were counted in four big squares under high power (40X) magnification of compound light microscope. The number of WBC per  $\text{mm}^3$  of the blood sample was calculated using the following formula:

$$\text{Number of WBC/mm}^3 = N \times \text{dilution} / \text{Area counted} \times \text{depth}$$

$$= N \times 200 / 4 \times 0.1$$

$$= N \times 500$$

Where, N denotes the total number of white blood cells counted in 4 squares of the haemocytometer.

### 2.8 Packed cell volume (PCV) / Haematocrit value

PCV was determined by drawing non-dotted blood by capillary action into micro haematocrit tubes. One end of the tube was sealed with synthetic sealant. The sealed tubes were centrifuged in a micro haematocrit centrifuge for 5 mins at 10,500 rpm. The PCV measured using micro haematocrit reader and expressed as percentage.

### 2.9 Haemoglobin content (Hb)

The haemoglobin level of blood was analysed following the Cyanmethemoglobin method using Drabkin's Fluid (Qualigens). Blood (20µl) was mixed with 5ml of Drabkin's working solution. The absorbance was measured using a spectrophotometer at wavelength of 540 nm. The final concentration was calculated by comparing with the standard cyanmethemoglobin (Qualigens Diagnostics). The haemoglobin concentration was then calculated by using the following formula:

$$\text{Haemoglobin content (\%)} = \frac{\text{OD (T)} \times 251 \times 60}{\text{OD (S)} \times 1000}$$

Where, OD (T) = Absorbance of test

OD (S) = Absorbance of standard

### 2.10 MCV, MCH and MCHC

The Mean Corpuscular Volume (MCV), Mean Corpuscular Haemoglobin (MCH) and Mean Corpuscular Haemoglobin Concentration (MCHC) were measured according to the following equation

$$\text{MCV (fl)} = \text{Hct (\%)} \times 10 / \text{RBC (million/mm}^3\text{)}$$

$$\text{MCH (pg)} = \text{Hb (gm/dl)} \times 10 / \text{RCB (million/mm}^3\text{)}$$

$$\text{MCHC (\%)} = \text{Hb (gm/dl)} \times 100 / \text{Hct (\%)}$$

### 2.11 Challenge study

After days 45 days, 5 fishes from each replicate (n=15) were selected for the challenge test. The fishes were injected intraperitoneal (IP) with the virulent strain of *E. tarda* suspended in 200  $\mu\text{L}$  ( $5.4 \times 10^5 \text{ CFU}^{-1}$ ). The challenged fishes were kept under observation for 14 days and subsequently, percentage survival was estimated as described in previous study [12].

### 2.12 Percentage survival

Survival at the end of 14 days post infection was calculated using the following formula

$$\text{Survival (\%)} = \frac{\text{Total number of fish survived}}{\text{Total number of fish injected}} \times 100$$

### 2.13 Statistical Analysis

The data were statistically analysed by using statistical package SPSS version 16 in which data were subjected to one-way ANOVA and Duncan's multiple range tests was used to determine the significant differences between the means. Student t-test was also used to determine the significant difference among the mean of pre- and post-challenge condition. Comparisons were made at the 5% probability level.

## 3. Results

### 3.1 Diet preparation

Experimental diet and water quality parameters analysis was described in our previous study [12].

### 3.2 Collection of blood

Blood was taken from vena caudal using a 1 mL tuberculin syringe (Fig.1), and blood collected was then transferred immediately to test tube containing thin layer of EDTA powder and shaken well in order to prevent haemolysis of blood.



Fig 1: Blood collecting from caudal vein

### 3.3 Total Erythrocyte Count (TEC)

The effect of curcumin enriched diet on total erythrocyte count of the different treatment groups are presented in Fig.2. There was no significant difference noticed among the different treatment groups on 0-day sampling. However, on 15<sup>th</sup> day significant ( $p < 0.05$ ) difference was noticed in different treatment groups in to control group. Similarly, slight increasing trend of TEC was observed in subsequent days of sampling day.

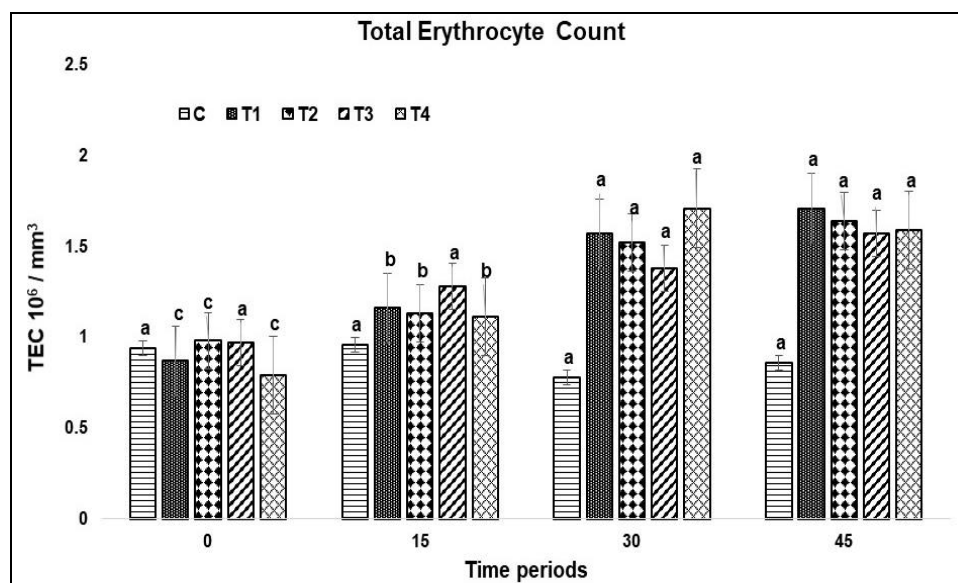


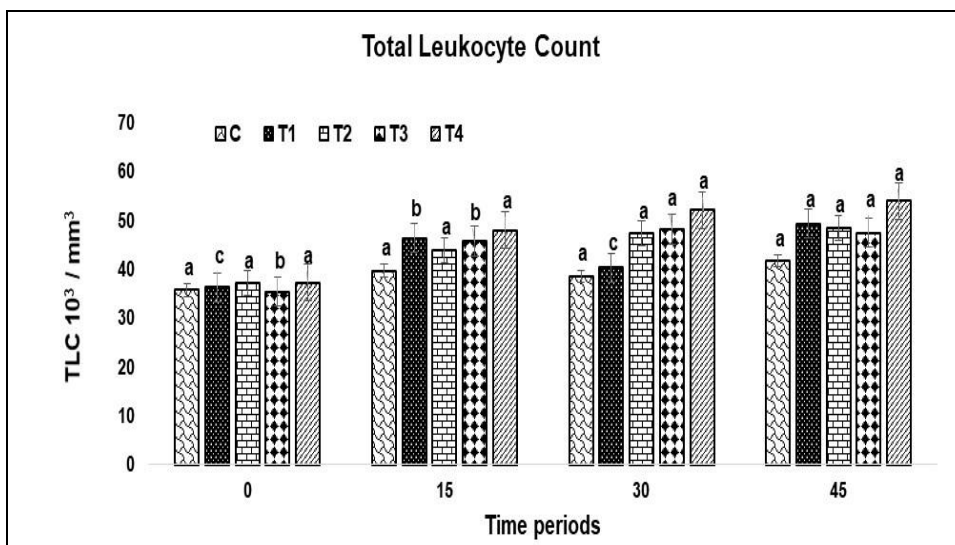
Fig 2: Total Erythrocyte Count (TEC 10<sup>6</sup> / mm<sup>3</sup>) of *C. mrigala* in different treatment groups fed with diet containing various levels of Curcumin.



### 3.4 Total Leukocyte Count (TLC)

The effect of curcumin enriched diet on total leukocyte count of the different treatment groups are given in Fig.3. There was no significant difference ( $p < 0.05$ ) among the various treatment groups on 0 day. However, on 15<sup>th</sup> and 30<sup>th</sup> day, the significant ( $p < 0.05$ ) difference was noticed in treatment fed

with curcumin enriched diet compared to control, and significant difference was also observed in subsequent 45<sup>th</sup> days also. The highest TLC level was observed in T4 treatment group and lowest in control group on 15<sup>th</sup>, 30<sup>th</sup>, and 45<sup>th</sup> day, respectively.

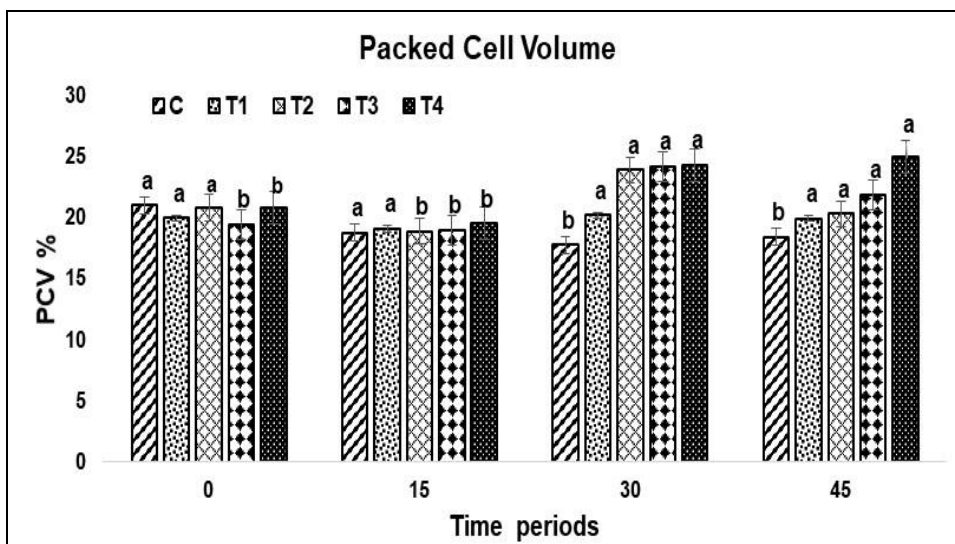


**Fig 3:** Total Leukocyte Count (TEC  $10^3 / \text{mm}^3$ ) of *C. mrigala* in different treatment groups fed with diet containing various levels of Curcumin.

### 3.5 Packed Cell Volume (PCV)

The effect of curcumin enriched diet on PCV content in the different treatment groups are presented in Fig.4. As TEC same trend was observed in PCV also. However, significant difference ( $p < 0.05$ ) was noticed on 30<sup>th</sup> and 45<sup>th</sup> days. The

highest value was observed in T4 ( $24.33 \pm 1.23$ ) and lowest value in control group ( $17.79 \pm 1.22$ ) on 30<sup>th</sup> day. On 45<sup>th</sup> day sampling the highest PVC value was observed in T4 ( $34.98 \pm 1.17$ ) and lowest in T5 ( $26.39 \pm 1.28$ ).

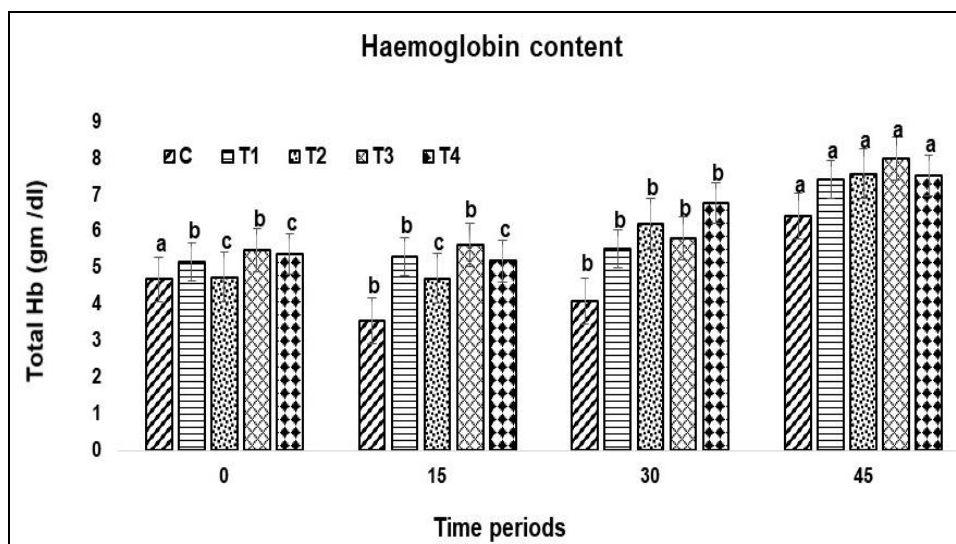


**Fig 4:** Packed cell volume (PCV %), of *C. mrigala* in different treatment groups fed with diet containing various levels of Curcumin.

### 3.6 Haemoglobin content (Hb)

The effect of curcumin enriched diet on haemoglobin content in different treatment groups are presented in Fig. 5. No significant difference was noticed between control and the treatment groups on 0-day sampling. However, there was significant difference ( $p < 0.05$ ) found between control and

treatment groups on 15<sup>th</sup> day sampling and subsequent sampling days. The highest value being observed was in T5 ( $6.27 \pm 0.09$ ) and lowest in control group ( $3.53 \pm 0.12$ ). The highest value was recorded in T4 ( $9.50 \pm 0.06$ ) and lowest in control group ( $6.40 \pm 0.06$ ) on 45<sup>th</sup> day of sampling.



**Fig 5:** Haemoglobin content (Total Hb) (gm / dl) of *C. mrigala* in different treatment groups fed with diet containing various levels of Curcumin.

### 3.7 Mean Corpuscular Volume (MCV)

Effect of curcumin on MCV value of *C. mrigala* is represented in table 1. MCV value of experimental groups were not differed significantly ( $p < 0.05$ ) with control on 0 day and 15<sup>th</sup> day sampling. On day 30<sup>th</sup>, the value of MCV was

observed significantly ( $p < 0.05$ ) differed between control and treatment groups and highest value being observed in control group and lowest in T4 group. Similarly, on day 45<sup>th</sup>, the MCH value was noticed highest in control group and lowest in T2 treatment.

**Table 1:** Mean Corpuscular Volume (MCV) (in fl), of *C. mrigala* in different treatment groups fed with diet containing various levels of Curcumin

Treatment	Time periods			
	0 <sup>th</sup> day	15 <sup>th</sup> day	30 <sup>th</sup> day	45 <sup>th</sup> day
Control	141.67 <sup>a</sup> ±0.88	157.33 <sup>a</sup> ±1.45	183.02 <sup>a</sup> ±0.58	186.01 <sup>a</sup> ±0.58
T1	144.67 <sup>a</sup> ±1.45	154.01 <sup>a</sup> ±0.58	170.33 <sup>b</sup> ±0.88	182.33 <sup>b</sup> ±2.60
T2	142.67 <sup>a</sup> ±2.33	155.33 <sup>a</sup> ±1.20	167.01 <sup>c</sup> ±1.15	171.33 <sup>c</sup> ±0.88
T3	139.01 <sup>a</sup> ±1.73	153.01 <sup>a</sup> ±1.53	180.01 <sup>a</sup> ±0.58	183.67 <sup>b</sup> ±1.45
T4	140.67 <sup>a</sup> ±2.40	154.67 <sup>a</sup> ±1.45	166.67 <sup>c</sup> ±0.88	172.03 <sup>c</sup> ±1.73

The means with no superscript letter in common per factor indicates significant difference. If the effects were significant, ANOVA was followed by Duncan multiple range test.  $p < 0.05$ . Values are presented as mean ± SE.

### 3.8 Mean Corpuscular Haemoglobin (MCH)

Effect of curcumin on MCH value of *C. mrigala* is represented in table 2. MCH value of experimental groups were not differed significantly ( $p < 0.05$ ) in all treatment group compare to control group. The highest value among the experimental groups was found in control group on 30<sup>th</sup> and 45<sup>th</sup> days.

**Table 2:** Mean corpuscular haemoglobin (MCH) (in pg), of *C. mrigala* in different treatment groups fed with diet containing various levels of Curcumin

Treatment	Time periods			
	0 <sup>th</sup> day	15 <sup>th</sup> day	30 <sup>th</sup> day	45 <sup>th</sup> day
Control	41.47 <sup>b</sup> ±0.91	45.56 <sup>a</sup> ±0.58	44.42 <sup>abc</sup> ±0.36	47.78 <sup>a</sup> ±0.58
T1	42.51 <sup>ab</sup> ±1.25	44.27 <sup>b</sup> ±0.62	43.62 <sup>ab</sup> ±0.64	46.76 <sup>b</sup> ±0.29
T2	44.47 <sup>a</sup> ±0.34	41.09 <sup>b</sup> ±0.62	42.17 <sup>c</sup> ±1.18	46.79 <sup>b</sup> ±0.44
T3	41.49 <sup>b</sup> ±0.69	41.20 <sup>b</sup> ±1.20	43.05 <sup>bc</sup> ±0.79	45.62 <sup>b</sup> ±0.46
T4	44.70 <sup>a</sup> ±0.46	45.54 <sup>ab</sup> ±0.73	42.71 <sup>a</sup> ±0.53	46.85 <sup>b</sup> ±0.58

The means with no superscript letter in common per factor indicates significant difference. If the effects were significant, ANOVA was followed by Duncan multiple range test.  $p < 0.05$ . Values are presented as mean ± SE.

### Mean Corpuscular Haemoglobin Concentration (MCHC)

Effect of curcumin on MCHC value of *C. mrigala* is represented in table 3. MCHC value of experimental groups were also not differed significantly ( $P < 0.05$ ) in control and treatment group on 0<sup>th</sup>, 15<sup>th</sup> and 30<sup>th</sup> days, respectively. But

there was a significantly ( $p < 0.05$ ) differed in between control and treatment groups on 45<sup>th</sup>. The highest value being observed on 45<sup>th</sup> day was in T4 (27.05<sup>a</sup>±3.62) and lowest in T1 (23.86<sup>b</sup>±0.09).

**Table 3:** Mean Corpuscular Haemoglobin Concentration (MCHC) (in %), of *C. mrigala* in different treatment groups fed with diet containing various levels of Curcumin.

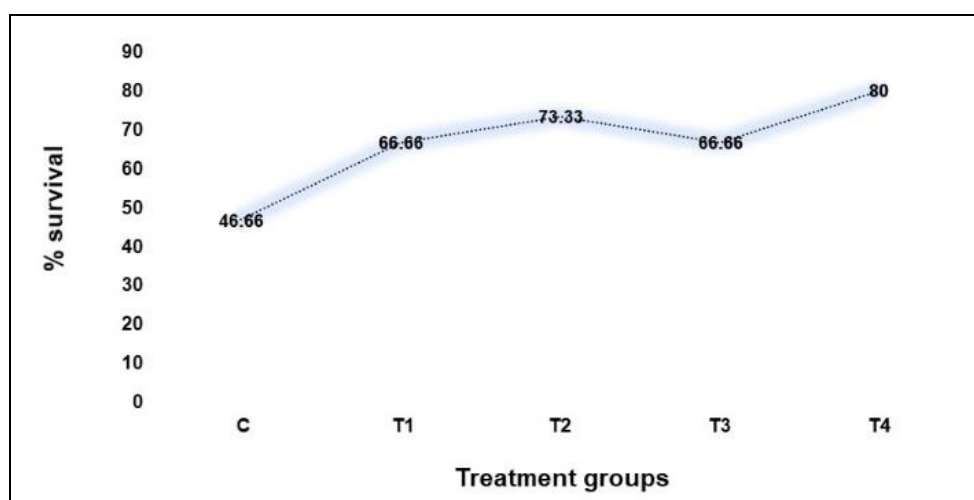
Treatment	Time periods			
	0 <sup>th</sup> day	15 <sup>th</sup> day	30 <sup>th</sup> day	45 <sup>th</sup> day
Control	29.59 <sup>b</sup> ±0.55	26.93 <sup>a</sup> ±0.33	26.42 <sup>a</sup> ±0.61	24.61 <sup>b</sup> ±0.60
T1	29.47 <sup>b</sup> ±0.42	26.86 <sup>cd</sup> ±0.40	25.6 <sup>ab</sup> ±0.56	23.86 <sup>b</sup> ±0.09
T2	28.97 <sup>b</sup> ±0.73	25.62 <sup>d</sup> ±0.63	24.17 <sup>b</sup> ±0.37	26.78 <sup>a</sup> ±0.35
T3	29.33 <sup>b</sup> ±0.79	26.62 <sup>bc</sup> ±0.64	24.66 <sup>ab</sup> ±0.26	24.16 <sup>b</sup> ±0.19
T4	28.64 <sup>b</sup> ±0.35	26.98 <sup>c</sup> ±0.67	25.90 <sup>ab</sup> ±0.44	27.05 <sup>a</sup> ±3.62

The means with no superscript letter in common per factor indicates significant difference. If the effects were significant, ANOVA was followed by Duncan multiple range test.  $p < 0.05$ . Values are presented as mean  $\pm$  SE.

### 3.10 Challenge and percentage survival

After 45 days of feeding trial, fish were challenged with *E. tarda* at the rate of 200  $\mu$ L ( $5.4 \times 10^5$  CFU<sup>-1</sup>/fish) through intraperitoneal injection. The mortality and morbidity of

challenged fish were observed till 14 days post-challenge. Significantly higher percentage survival was recorded in T4 (80%), followed by T3 group (73.33%), and T2, T1 (66.66 %), respectively (Fig. 6).



**Fig 6:** Percentage survival of different treatment groups after challenged with *E. tarda* ( $5.4 \times 10^5$  CFU<sup>-1</sup>/ fish).

## 4. Discussion

Haematological parameters in fish including Erythrocytes (RBC), Leukocytes (WBC), Haematocrit (Hct) / Packed cell volume (PCV), Haemoglobin concentration (Hb), Mean Corpuscular Volume (MCV), Mean Corpuscular Haemoglobin (MCH), and Mean Corpuscular Haemoglobin Concentration (MCHC) [3-5]. These haem parameters can be influenced by internal and external factors, affecting the quality and the quantitative values of cells [6]. The any changes in blood parameters is considered as a prognostic or diagnostic which gives primary warning signal of the abnormalities in homeostatic and defence system of fish [6].

The fish erythrocytes are usually elliptical or ovoid, but species have varied in erythrocytes dimensions such as length 10–20  $\mu$ m and 6–10  $\mu$ m in width [2, 18]. The primary function of RBCs is the carrier of oxygen by the high concentrations of the respiratory pigment Haemoglobin (Hb) and pH regulation [18]. Fish fed with probiotic-supplemented diets increased RBCs levels of fish compared to control fish, reported previously [19]. However, our finding was not agreed with this report, where we observed that there was not significantly increased in RBC number. But our result was agreement with the finding of Bhole *et al.* [20] where, they reported that, there was a decrease in the erythrocytes count with increase of Moringa above 10% inclusion rate in feed.

Fish leukocytes role is to involved in defence system against the invading antigens. In our study, the leukocytes results showed significantly different in treatment groups, compared to control group, which was supported by others studies [21, 22].

The high values of erythrocytes may be an indicator that the fish feeding on supplemented curcumin diet have high immune response and will have effective against pathogens [23].

Haematocrit (hct) or Packed cell volume (PCV) is the measure of blood capacity to carry oxygen [24]. The higher the PCV value, the higher the blood's moving ability of oxygen [2]. In our finding the PCV was observed no significant ( $p > 0.05$ ) difference in all treatment groups on 0<sup>th</sup> and 15<sup>th</sup> days. However, on 30<sup>th</sup> and 45<sup>th</sup> days, significant ( $p > 0.05$ ) difference was recorded and highest PCV was showed in T3 followed by T4, T2, and T1 respectively. The Hb, MCV, MCH, and MCHC were also showed similar trends as like PCV value.

## 5. Conclusion

The present study concluded that curcumin supplement diet did not show much significance differences in all treatment group in terms of mean corpuscular volume (MCV), mean corpuscular haemoglobin (MCH), mean corpuscular haemoglobin concentration (MCHC) and total erythrocytes. However, there was significant differences observed in treatment group in compared to control group in total leukocyte numbers which may help in protection against *Edwardsiella tarda* infection.

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