

1 **Supporting Information (SI)**

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3 **Simple but novel icariin-loaded pro-glycymicelles as functional food: physicochemical**  
4 **characteristics, in vitro biological activities, and in vivo experimental hyperlipidemic**  
5 **prevention evaluations**

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19 **SI Method**

20 **Materials**

21 ICA was purchased from Aladdin Co. LTD (Shanghai, China). Dipotassium glycyrrhizinate (DG;  
22 two potassium salt derivatives of glycyrrhizin) was obtained from Shanxi Fujie Pharmaceutical Co.,  
23 Ltd. (Sanyuan, China). Trypan blue (TB) was obtained from Solarbio, Co. LTD (Beijing, China).  
24 Cholesterol esterase,  $\alpha$ -glucosidase, pancreatic lipase, 4-nitrophenyl- $\alpha$ -Dglucopyranoside and p-  
25 nitrophenyl butyrate were purchased from Shanghai yuanye Bio-Technology Co., LTD (Shanghai,  
26 China).

27 **Characterizations of ICA-PG in solid state**

28 **In vitro release assay**

29 The in vitro release profiles of ICA from pro-glycymicelles were explored with a previous dialysis  
30 bag method<sup>1</sup>. Briefly, 1 mg/ml ICA-PG solution (1 ml) or 1 mg/ml ICA solution (1 ml) was closed in  
31 dialysis bags (Mw cut-off 3.5 kDa) and incubated in 100 ml pH 6.8 PBS at 37 °C. At each time  
32 point (0.5, 1, 1.5, 2, 2.5, 3, 3.5, 4, 5, 6, 7, 8, 12, 24 h), 1 ml release medium was extracted, and 1  
33 ml blank buffer solution was used to replenish the release medium. The cumulative release  
34 contents of ICA from bare ICA samples and from ICA-PG were measured by the HPLC method<sup>2</sup>.  
35 Briefly, an Agilent Technologies 1100 chromatography system had a quaternary pump, a G1314A  
36 UV detector (detection at a maximum of 270 nm), and a G1367A Injector. The assay was  
37 conducted at 26°C using a 250 × 4.6 mm column filled with 5 µm-reversed phase C18 (Agilent  
38 ZORBAX SB-C18, Agilent, US). The flow rate was fixed at 1.0 ml/min of a 70:30 v/v mixture of  
39 acetonitrile-water. The injection volume was 20 µl. ICA had a retention time 4.3 ~ 4.6 min. The  
40 regression equation for ICA was  $C = 0.0225A + 0.0035$  ( $R^2 = 0.999$ ) for ICA concentration range  
41 0.0488-0.3906 µg/ml, and  $C = 0.029A - 0.1693$  ( $R^2 = 1$ ) for ICA concentration range 0.3906-25.00  
42 µg/ml, which was a good linear relationship between ICA concentration and peak area.

#### 43 **Hemolysis evaluation**

44 Hemolysis evaluation was performed with free ICA, DG, DG&ICA, and ICA-PG as reported  
45 method<sup>3</sup>. TritonX-100 was set as positive control, and normal saline was set as negative control.

#### 46 **Hen's egg test on chorioallantoic membrane (HET-CAM)**

47 HET-CAM evaluation was performed as reported protocol<sup>4</sup>, and 1 mg/ml and 5 mg/ml ICA-PG,  
48 DG&ICA (1 mg/ml ICA and 15 mg/ml DG), 15 mg/ml DG solution, 1 mg/ml ICA suspension were  
49 tested with 0.9% NaCl solution as negative control and 0.1 M NaOH solution as positive control.  
50 After 5-minute exposures, trypan blue (TB) solution (1 mg/ml) was used to quantitatively determine  
51 the damages of tested solution to the CAM as reported method<sup>4</sup>.

#### 52 **In vitro digestion assay and bioaccessibility**

53 A protocol for simulating the human digestive system was used to explore the bioaccessibility of  
54 ICA-PG<sup>5</sup>. Briefly, ICA-PG and ICA were digested in the in vitro artificial digestive solutions  
55 simulating different phases after oral administration at 37 °C with continuous shaking. In the mouth  
56 phase, the tested powders 20 mg were dissolved in 10 ml phosphate buffer (pH=6.8) containing 2

57 mg  $\alpha$ -amylase and incubated with 5 min simulating the good mobility solution in the mouth phase.  
58 After the mouth phase, the pH value of the tested solution was adjusted to 2, then, 1,330 mg pepsin  
59 was added and completely dissolved to simulate stomach phase. And this solution was incubated  
60 for 1 h subsequently. After the stomach phase, the pH value was adjusted to 7.0, followed by  
61 dissolving 250 mg lipase and 50 mg bile salts to simulate intestinal phase, and then this solution  
62 was incubated for 2 h. Finally, all the samples before and after each phase were collected and  
63 centrifuged at 10,000 rpm for 30 min. The supernatant was mixed with methanol, and then a  
64 second centrifugation was performed. The level of ICA in the supernatant was measured with  
65 HPLC.

66 Bioaccessibility was calculated as the following equation.

$$67 \text{ Bioaccessibility(\%)} = M_{ss}/M_{st} \times 100\%.$$

68 Where  $M_{ss}$  was the amount of ICA in supernatant and  $M_{st}$  was the amount of ICA in total.

#### 69 **Antioxidant activity evaluations in HepG2 cells**

70 Cell viability after different concentrations of  $H_2O_2$  (0.4 mM, 0.5 mM, 0.6 mM, 0.7 mM, 0.8 mM,  
71 0.9 mM, 1 mM, 2 mM, 4 mM, 8 mM) 24 h incubation was tested with MTT assay<sup>6</sup>. Concentrations  
72 of Vc 31.3  $\mu\text{g/ml}$ , DG 468.8  $\mu\text{g/ml}$ , ICA 31.3  $\mu\text{g/ml}$ , ICA 31.3  $\mu\text{g/ml}$ &DG 468.8  $\mu\text{g/ml}$ , and ICA-PG  
73 31.3  $\mu\text{g/ml}$  in MEM were used in this evaluation as no obvious cytotoxicity were observed after 48  
74 h incubation based on the results of cytotoxicity assay. Cells were pre-treated with these solutions  
75 for 24 h, then  $H_2O_2$  was added into each well with the final concentration of 1 mM. A further 24 h  
76 incubation was performed to evaluate the protection abilities of these tested against  $H_2O_2$ -induced  
77 oxidative damages. Cells treated with MEM in the whole test were set as negative control, and  
78 cells treated with MEM for 24 h and followed by  $H_2O_2$  for the next 24 h were set as positive control.  
79 The protection abilities of these tested solutions against  $H_2O_2$ -induced oxidative damages were  
80 evaluated with cell viability evaluation, and the intracellular ROS level and SOD level were also  
81 measured with assay kits.

#### 82 **ICA levels in plasma after ICA-PG oral given in rats**

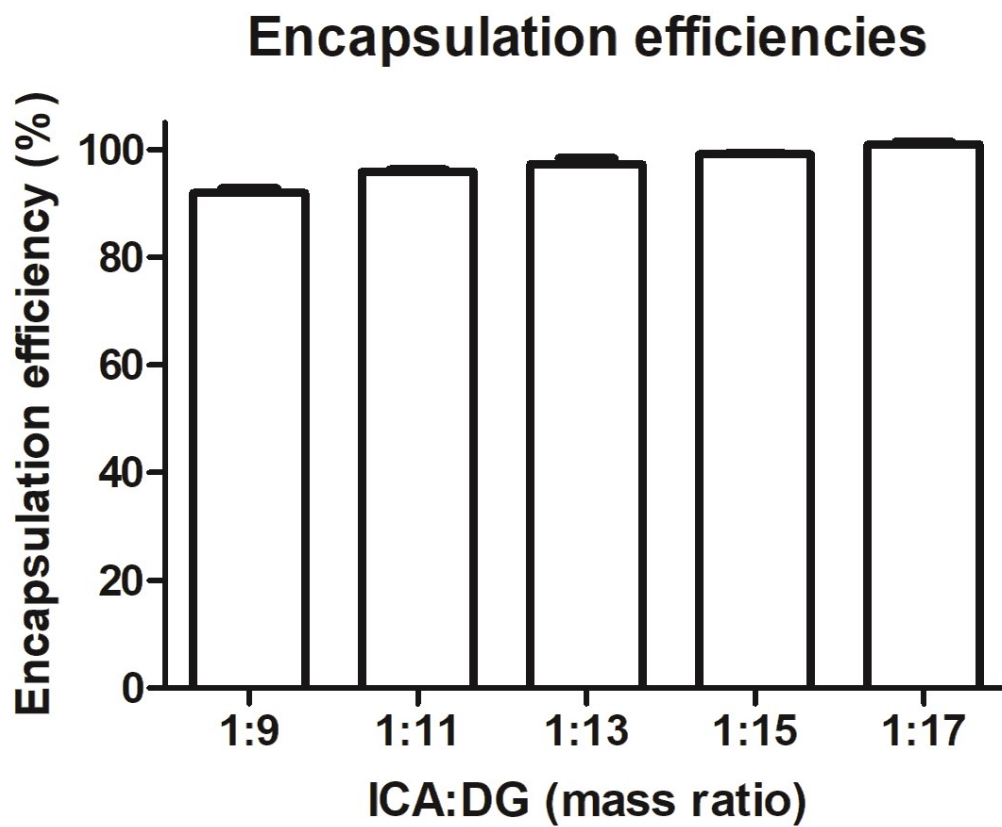
83 ICA levels in plasma after ICA-PG was orally given were assessed in SD rats. ICA-PG with an  
84 ICA:DG mass ratio of 1:15 was tested here. Before the experiment, we fasted the animals for 12

85 h but allowed them free access to water. Then, we separated the rats randomly and equally into  
86 two groups of four animals per group. A concentration of 60 mg/ml of bare ICA and ICA-PG were  
87 orally given to the rats with oral doses of 60 mg/kg ICA. After the oral administration, we drew  
88 blood samples of 0.3 ml from the tail vein into a heparinized tube at 0.25, 0.75, and 1 h post-  
89 administration. We obtained the rats' blood plasma by centrifuging the samples at 8000 rpm for 10  
90 min. We then preserved the plasma at -20 °C until using it for further analysis.

91 ICA concentration in plasma samples was analyzed by the HPLC method. The instrument  
92 information of HPLC was consistent with the above in vitro release determination. Briefly, we used  
93 100 µl of an acetonitrile solution containing 1 mg/ml chlorzoxazone as an internal standard and  
94 then added the solution to 100 µl of plasma. Next, using a vortex mixer, we mixed the samples for  
95 2 min. Then, all samples were centrifuged at 8000 rpm for 10 min to obtain the supernatant for the  
96 HPLC analysis. The flow rate was fixed at 1.0 ml/min of a 50:50 v/v mixture of acetonitrile-water.  
97 The injection volume was 20 µl. The standard curve for ICA was  $C = 506.29A - 0.0738$  ( $R^2 =$   
98  $0.9999$ ) for the ICA concentration range 21.8 – 15600.0 ng/ml. ICA had a retention time of ~ 9.2  
99 min, and chlorzoxazone (internal standard) had a retention time of ~ 6.2 min.

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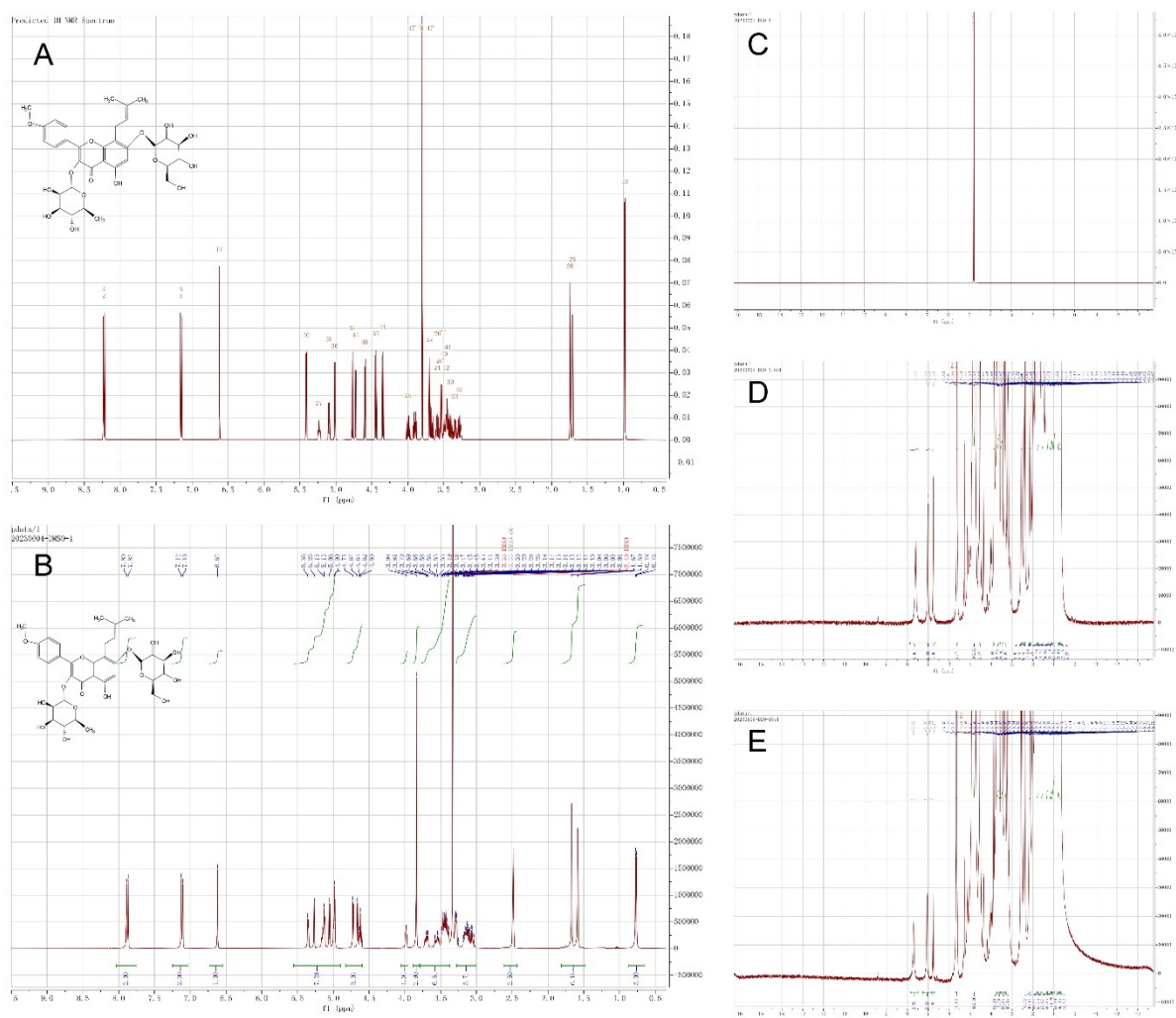
## 101 **SI Results and Figures**



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103 **Figure S1 Encapsulation efficiency vs. mass ratio of ICA and DG.** DG: dipotassium

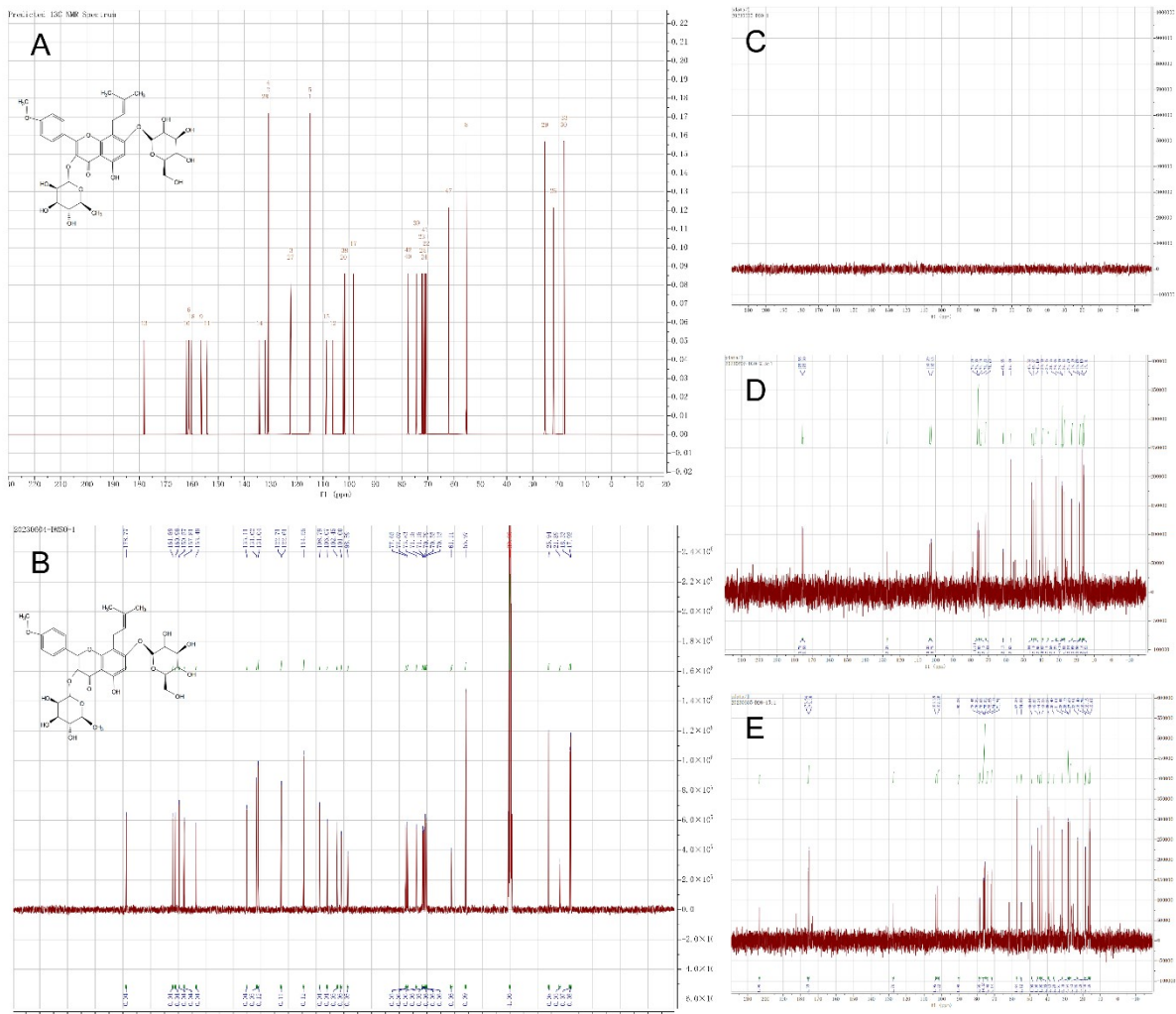
104 glycyrrhizinate; ICA: icariin.



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106 **Figure S2**  $^1\text{H}$  NMR spectra of (A) predicated ICA (B) ICA in  $\text{DMSO-d}_6$ , (C) in  $\text{D}_2\text{O}$ ; (D) 1:7.5 ratio  
 107 of ICA-PG in  $\text{D}_2\text{O}$ , and (E) 1:15 ratio of ICA-PG in  $\text{D}_2\text{O}$ . All NMR spectra were recorded at  $27^\circ\text{C}$ .

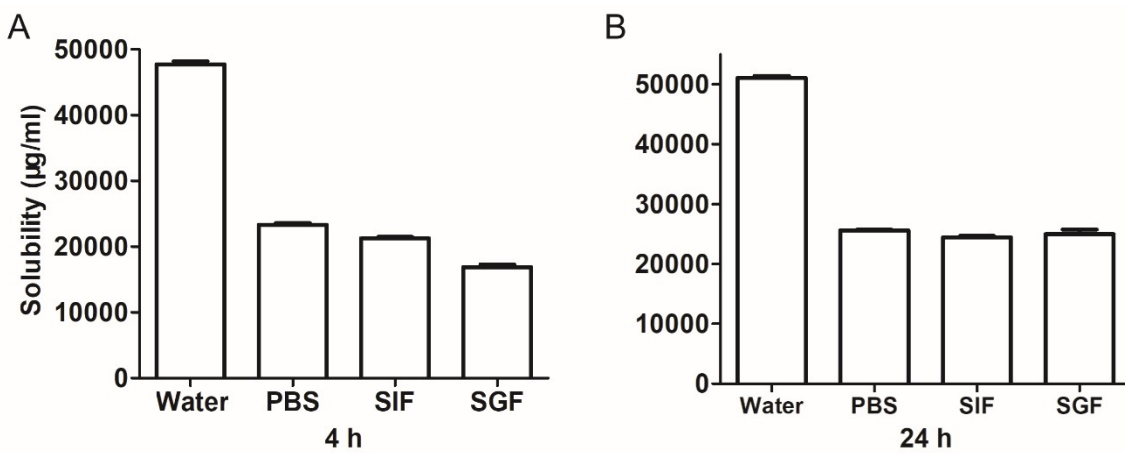
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110 **Figure S3**  $^{13}\text{C}$  NMR spectra of (A) predicted ICA (B) ICA in  $\text{DMSO-d}_6$ , (C) in  $\text{D}_2\text{O}$ ; (D) 1:7.5 ratio  
 111 of ICA-PG in  $\text{D}_2\text{O}$ , and (E) 1:15 ratio of ICA-PG in  $\text{D}_2\text{O}$ . All NMR spectra were recorded at 27 °C.

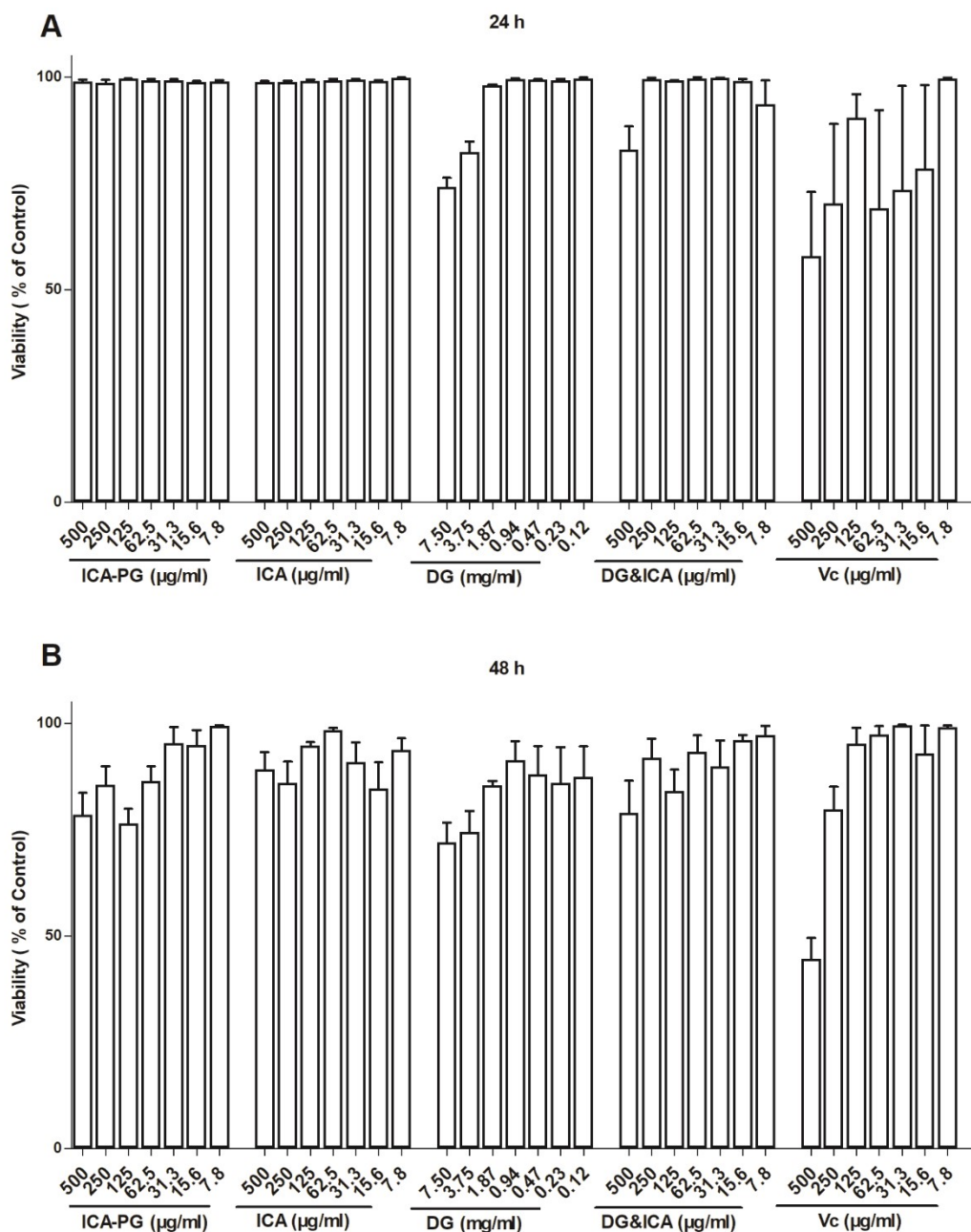
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114 **Figure S4 Solubility profiles of ICA&PG.** Apparent solubility of ICA in ICA&PG in different  
 115 solutions after (A) 4 h and (B) 24 h of incubation (n = 3).

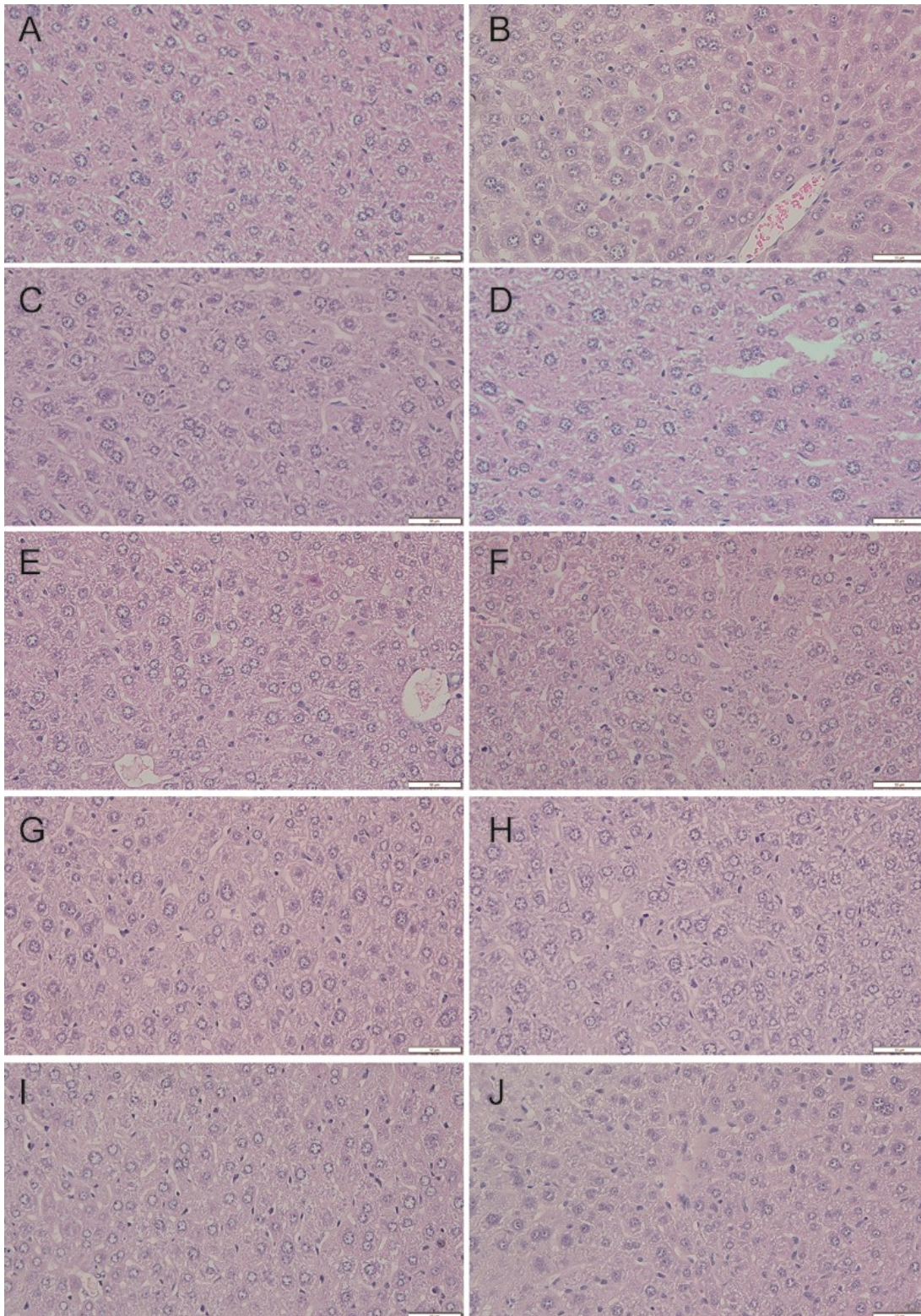
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118 **Figure S5 Cytotoxicity evaluation of ICA-PG in HepG2 cells.** n = 3. Cytotoxicity evaluation of  
 119 tested solutions with (A) 24 h and (B) 48 h incubation.



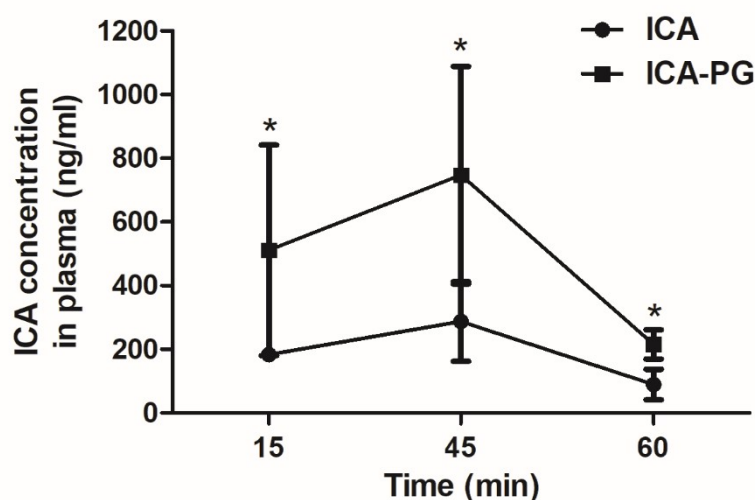


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121 **Figure S6 H&E staining of liver tissue.** (A) Normal control group; (B) NS group; (C) FEN group;

122 (D) SIM group; (E) ICA group; (F) DG group; (G) DG&ICA; (H) 20 mg/kg ICA-PG; (I) 40 mg/kg ICA-

123 PG; (J) 60 mg/kg ICA-PG.



125

126 **Figure S7 ICA levels in plasma after ICA-PG oral given in rats (n=4).**

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128 The levels of ICA in plasma after oral administration of bare ICA and ICA-PG are shown in Figure  
 129 S7. At 0.25, 0.75, and 1 h after given, the ICA levels were 1.78, 1.59, and 1.41 times higher in the  
 130 ICA-PG group than in the bare ICA group, respectively ( $P < 0.05$ ). These data indicated that ICA-  
 131 PG enhanced the oral absorption of ICA in rats.

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