

## Original Research Article

# Effect of *Scrophularia ningpoensis* extract on diabetes in rats

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## Abstract

**Purpose:** To investigate the effect of *Scrophularia ningpoensis* extract (SNE) on streptozotocin-induced diabetic rats.

**Methods:** SNE was obtained by steeping the dried *Scrophularia ningpoensis* in water at 60 °C three times, each for 1 h, before first drying in an oven at 100 °C and then freeze-drying the last extract thus obtained. Diabetic rats were prepared by a single intraperitoneal injection of a freshly prepared solution of streptozotocin (50 mg/kg). The rats were randomly divided into 6 groups of ten rats each: negative control group, control group, reference group (glibenclamide 1 mg/kg body weight) as well as SNE groups, (50, 100 and 200 mg/kg). Blood glucose and plasma insulin levels were evaluated in order to determine antihyperglycemic effect. Oxidative stress was evaluated in liver and kidney by antioxidant markers, viz, lipid peroxidation (LPO), superoxide dismutase (SOD), reduced glutathione (GSH), glutathione peroxidase (GPx) and catalase (CAT); blood serum levels of creatinine and urea were determined in both diabetic control and treated rats.

**Results:** Compared with diabetic rats, oral administration of SNE at a concentration of 200 mg/kg daily for 30 days showed a significant decrease in fasting blood glucose to  $120.21 \pm 3.37$  mg/dL ( $p < 0.05$ ) and increased insulin level to  $13.31 \pm 0.67$  uU/mL ( $p < 0.05$ ). Furthermore, it significantly reduced biochemical parameters (serum creatinine,  $0.86 \pm 0.24$  mg/dL,  $p < 0.05$ ) and serum urea ( $41.86 \pm 1.59$  mg/dL,  $p < 0.05$ ).

**Conclusion:** The results suggest that SNE may effectively normalize impaired antioxidant status in streptozotocin-induced diabetes in a dose-dependent manner. SNE has a protective effect against lipid peroxidation by scavenging free radicals and is thus capable of reducing the risk of diabetic complications.

**Keywords:** *Scrophularia ningpoensis*, Diabetic, Antihyperglycemic, Antioxidant Oxidative stress, Fasting blood glucose

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## INTRODUCTION

Diabetes mellitus is a metabolic disease that manifests due to insulin insufficiency and/or insulin resistance and has become a serious

health problem worldwide. In 2010, approximately 285 million adults between 20 and 79 years of age in the world were affected by diabetes and it is expected that 439 million adults will have diabetes by 2030. The primary goals for

the management of diabetes include the tight regulation of glucose levels in the blood and the prevention of diabetic complications [1]. Hyperglycemic control is crucial for the prevention and delay of the progression of diabetic complications.

Though diabetes is a non-communicable disease, it is considered to be one of the five leading causes of death in the world [2]. The disease is a complex metabolic disorder of the endocrine system. It is characterized by high blood glucose levels (hyperglycemia) due to the inability of the body cells to utilize glucose properly [3]. The increased blood glucose levels in diabetes produce superoxide anions, which generate hydroxyl radicals via Haber–Weiss reaction, resulting in peroxidation of membrane lipids and protein glycation. This leads to oxidative damage of cell membranes. These radicals further damage other important biomolecules including carbohydrates, proteins and deoxyribonucleic acid (DNA) [4-7].

Medicinal plants are widely used by the people of developing countries as alternative therapy. In China, hundreds of plants are used traditionally for the management of diabetes. Unfortunately, only a few of such Chinese medicinal plants have received scientific scrutiny. Despite the long traditional use of *Scrophularia ningpoensis* in diabetes [8,9], no systematic pharmacological work has been carried out on this plant. The present study was therefore designed to study the hypoglycemic effect of *Scrophularia ningpoensis* extract against streptozotocin induced diabetic rats.

## EXPERIMENTAL

### Plant material and extraction

Samples of *Scrophularia ningpoensis* were collected from Liuzhou City, Guangxi Province in China in March 2016. Taxonomic identification of the plant was performed by Professor Zhi Liu of Shandong University in China. A voucher specimen (no. SNE 20160308) was deposited in the herbarium of College of Pharmacy, Shandong University, China for future reference.

The whole plant of *Scrophularia ningpoensis* was dried in an oven at 100 °C for 12 h. SNE was obtained by steeping the dried *Scrophularia ningpoensis* in water at 60 °C for three times. The procedure was repeated for 1 h each. The final extract was obtained after it had been dried in the oven. One gram powder was obtained from about 2.0 g dried sample, i.e., a yield of 50.0 %.

### Animals

SPF male Wistar rats, weighing 200 - 220 g, were provided by the Experimental Animal Center of Shandong Province (certificate no. SYXK2005 - 0002). The animals had free access to food and water, and were allowed to acclimatize for at least one week before use. The rat experiment was approved by the Animal Care and Use Committee of Shandong University (approval ref no. 20101004) and was carried out in compliance with Directive 2010/63/EU on the handling of animals used for scientific purposes [10].

### Animal groups

The rats were randomly divided into 6 groups of ten rats each: negative control group, model group, reference group (glibenclamide 1 mg/kg body weight) as well as SNE groups, namely, 50, 100 and 200 mg/kg body weight. Treatments (in aqueous solution) were given orally once daily for 30 days.

### Preparation of experimental diabetes

The animals were fasted overnight and diabetes was induced by a single intraperitoneal injection of a freshly prepared solution of streptozotocin (50 mg/kg) in citrate buffer (pH 4.5) [11,12]. After three days of STZ-injection, the rats were fasted for 6 h and blood was withdrawn by retroorbital puncture under ether anesthesia. Rats with moderate diabetes having hyperglycemia (that is, with blood glucose of 250–400 mg/dL) were used for the experiment [13].

### Biochemical analysis

Rats were fasted overnight and the blood was withdrawn by retro orbital puncture under light ether anesthesia on the 1<sup>st</sup>, 15<sup>nd</sup> and 30<sup>th</sup> day post induction to determine blood glucose and plasma insulin level. The change in body weight was observed throughout treatment period in the experimental animals. At the end of 30 days, the animals were sacrificed by cervical decapitation for serum biochemical parameters examination (hemoglobin, glycosylated Hb, total protein, serum creatinine, serum urea). Blood was collected from the heart in two different tubes, i.e. one with anticoagulant for plasma, and another with anticoagulant for serum separation. Serum was separated by centrifugation 3500 rpm at 25 °C for 10 min. Fasting blood glucose was estimated by O-toluidine method [14]. Plasma insulin level was assayed by the radio-immunoassay method. All biochemical tests were

carried out using commercial kits obtained from Erba diagnostic Mannheim GmbH, Germany.

### Oral glucose tolerance test

The rats were divided into four groups of 10 animals each. Group I served as control and received distilled water. Group II served as diabetic control and received distilled water. Group III served as positive control, received glibenclamide (1 mg/kg b.w.). Group IV received SNE 100 gm/kg orally. The rats were fasted for 18 h and the test performed following oral administration of glucose (2 g/kg) to diabetic and normal rats 30 min after dosing. Blood samples were collected from the retro-orbital (under light ether anesthesia) immediately (0 h), 30, 60, 90, and 120 min after the glucose administration and the blood glucose levels were estimated.

### Statistical analysis

Data are presented as mean  $\pm$  standard deviation (SD), and were analyzed by one-way ANOVA followed by Tukey's multiple comparison using SPSS 17.0 software for Windows. Differences were considered statistically significant at  $p < 0.05$ .

## RESULTS

### Effect of SNE on blood glucose and plasma insulin

Fasting blood glucose levels in the negative group remained unchanged during the course of the experiment. Compared to normal group, level of fasting blood glucose was significantly ( $p < 0.01$ ) higher and the plasma insulin level was significantly decreased in diabetic groups ( $p < 0.01$ ). On the other hand, administration of SNE for 30 days was found to lower the blood glucose and increase the insulin level significantly ( $p < 0.01$ ) in a dose dependent manner when compared with control groups (Tables 1 and 2).

### Effect of SNE on biochemical parameters

STZ induced significant ( $p < 0.05$ ) elevations in serum creatinine and urea levels and decrease in total protein when compared to normal group.

However, treatment with different doses of SNE significantly ( $p < 0.05$ ) reduced serum creatinine and serum urea level and increased total protein when compared to those of diabetic control groups (Table 3).

**Table 1:** Effect of SNE on blood glucose level in rats (mean  $\pm$  SD, n = 10)

Group	Dose (mg/kg)	Blood glucose (mg/dL)		
		Initial	Day 15	Day 30
Negative	—	61.34 $\pm$ 2.46	92.18 $\pm$ 3.26**	79.15 $\pm$ 2.76**
Model	—	276.22 $\pm$ 2.23	334.51 $\pm$ 3.38	324.13 $\pm$ 4.22
GLI	1	282.45 $\pm$ 2.17	169.26 $\pm$ 3.17**	114.33 $\pm$ 2.75**
SNE-L	50	276.34 $\pm$ 3.25	254.29 $\pm$ 3.45*	223.08 $\pm$ 3.54*
SNE-M	100	289.15 $\pm$ 2.43	229.14 $\pm$ 4.26**	159.25 $\pm$ 3.26**
SNE-H	200	267.24 $\pm$ 2.32	227.46 $\pm$ 3.23**	120.21 $\pm$ 3.37**

**Key:** \* $P < 0.05$ , \*\* $p < 0.01$  vs. control group. GLI: glibenclamide; SNE-L: low dose of SNE; SNE-M: middle dose of SNE; SNE-H: high dose of SNE

**Table 2:** Effect of SNE on plasma insulin level in rats (mean  $\pm$  SD, n=10)

Group	Dose (mg/kg)	Plasma insulin (uU/mL)		
		Initial	Day15	Day 30
Negative	—	22.38 $\pm$ 0.74	17.68 $\pm$ 0.81**	18.27 $\pm$ 0.51**
Model	—	6.51 $\pm$ 0.48	5.26 $\pm$ 0.54	2.46 $\pm$ 0.49
GLI	1	5.25 $\pm$ 0.49	13.36 $\pm$ 0.74**	12.53 $\pm$ 0.59**
SNE-L	50	6.42 $\pm$ 0.52	6.28 $\pm$ 0.68*	8.24 $\pm$ 0.73*
SNE-M	100	5.84 $\pm$ 0.54	11.24 $\pm$ 0.84**	12.18 $\pm$ 0.72**
SNE-H	200	6.27 $\pm$ 0.46	10.73 $\pm$ 0.76**	13.31 $\pm$ 0.67**

**Key:** \* $P < 0.05$ , \*\* $p < 0.01$  vs. control group. GLI: glibenclamide; SNE-L: low dose of SNE; SNE-M: middle dose of SNE; SNE-H: high dose of SNE

**Table 3:** Effect of SNE on biochemical parameters in rats (mean  $\pm$  SD, n = 10)

Group	Dose (mg/kg)	Hemoglobin (mg/dL)	Glycosylated Hb (Hb%)	Serum creatinine (mg/dL)	Serum urea (mg/dL)	Total proteins (g/dL)
Negative	—	13.41 $\pm$ 2.25	6.76 $\pm$ 0.75	0.89 $\pm$ 0.18	31.23 $\pm$ 1.76	8.35 $\pm$ 1.41
Model	—	8.28 $\pm$ 1.54	17.56 $\pm$ 1.14	2.62 $\pm$ 0.25	83.45 $\pm$ 2.21	4.18 $\pm$ 1.26
GLI	1	10.53 $\pm$ 2.34	13.39 $\pm$ 0.79	0.94 $\pm$ 0.22	35.53 $\pm$ 1.37	7.47 $\pm$ 1.39
SNE-L	50	9.78 $\pm$ 1.34	14.25 $\pm$ 0.77	1.68 $\pm$ 0.18	76.18 $\pm$ 2.25	6.52 $\pm$ 1.27
SNE-M	100	10.69 $\pm$ 1.56	10.26 $\pm$ 0.71	1.23 $\pm$ 0.17	57.38 $\pm$ 1.76	6.84 $\pm$ 1.16
SNE-H	200	11.78 $\pm$ 1.76	8.26 $\pm$ 0.75	0.86 $\pm$ 0.24	41.86 $\pm$ 1.59	7.89 $\pm$ 1.25

**Key:**  $P < 0.05$ ,  $**p < 0.01$  vs. control group. GLI: glibenclamide; SNE-L: low dose of SNE; SNE-M: middle dose of SNE; SNE-H: high dose of SNE

**Table 4:** Effect of SNE on fasting blood glucose level in rats (mean  $\pm$  SD, n = 10)

Group	Dose (mg/kg)	Fasting blood glucose level (mg/dL)				
		0 h	0.5 h	1 h	1.5 h	2 h
Negative	—	93.5 $\pm$ 0.6	112.3 $\pm$ 1.2	122.6 $\pm$ 1.1	134.8 $\pm$ 1.3	138.7 $\pm$ 1.5
Model	—	241.2 $\pm$ 1.2	265.1 $\pm$ 0.9	284.3 $\pm$ 1.3	282.5 $\pm$ 1.1	308.2 $\pm$ 1.3
GLI	1	256.7 $\pm$ 1.1	263.4 $\pm$ 1.4	267.4 $\pm$ 1.4	276.5 $\pm$ 1.2	264.5 $\pm$ 1.2
SNE-H	200	255.2 $\pm$ 1.4	257.3 $\pm$ 1.2	265.7 $\pm$ 1.2	284.6 $\pm$ 1.2	267.2 $\pm$ 1.3

**Key:**  $P < 0.05$ ,  $**p < 0.01$  vs. control group. GLI: glibenclamide; SNE-H: high dose of SNE

### Effect of SNE on oral glucose tolerance test (OGTT)

The results indicated that the SNE (200 mg/kg) and glibenclamide (1 mg/kg) reduced blood glucose level significantly ( $p < 0.05$ ) after 120 min of oral administration, when compared to diabetic control (Table 4).

## DISCUSSION

Diabetes is a metabolic disorder of carbohydrate, fat and protein, affecting a large number of population in the world [1]. Diabetes mellitus is not a single disorder but it is a group of metabolic disorder characterized by chronic hyperglycemia, resulting from defects in insulin secretion, insulin action, or both. Increased thirst, increased urinary output, ketonemia and ketonuria are the common symptoms of diabetes mellitus, which occur due to the abnormalities in carbohydrate, fat, and protein metabolism. Chinese medicinal herb have been shown to exert hypoglycemic activities through stimulation of insulin release [15]. It is assumed that *Scrophularia ningpoensis* extract could be responsible for stimulation of insulin and the restoration of metabolic activity.

Diabetic hyperglycemia induces elevation of serum level of urea and creatinine, which were considered as significant markers of renal dysfunction [16]. Increase in serum level of urea and creatinine levels in STZ-diabetic rats may indicate diminished ability of the kidney to filter these waste products from the blood and excrete them in the urine. The results indicate that

treatment of diabetic group with *Scrophularia ningpoensis* extract significantly reduced serum urea and creatinine level. Based on these findings, SNE may enhance the ability of the kidney to remove these waste products from the blood in diabetic rats.

Catalase has been shown to be responsible for the detoxification of  $H_2O_2$ , and protect the tissues from highly reactive hydroxyl radicals [19]. The decrease in CAT activity could have resulted from inactivation by glycation of enzyme [20]. In the present study, extract-treated groups showed a significant increase in the hepatic and renal SOD and CAT activities of the diabetic rats. This means that the extracts can reduce the potential glycation of enzymes or they may reduce reactive oxygen free radicals and improve the activities of antioxidant enzymes. This result clearly shows that *Scrophularia ningpoensis* contains free radical scavenging activity, which could exert a beneficial action against pathological alteration caused by the presence of superoxide radicals and hydrogen peroxide radical.

## CONCLUSION

The findings of the study indicate that SNE exerts pronounced antidiabetic activity in rats. Thus, it has a potential for clinical application for the treatment of diabetes. Therefore, further studies are required to develop the extract for use in humans.

## DECLARATIONS

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### Conflict of Interest

No conflict of interest associated with this work.

### Contribution of Authors

The authors declare that this work was done by the authors named in this article and all liabilities pertaining to claims relating to the content of this article will be borne by them.

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## REFERENCES

- Shaw JE, Sicree RA, Zimmet PZ. Global estimates of the prevalence of diabetes for 2010 and 2030. *Diabetes Res Clin Pract* 2010; 87: 4-14.
- Rahati S, Shahraki M, Arjomand G, Shahraki T. Food pattern, lifestyle and diabetes mellitus. *Int J High Risk Behav Addict* 2014; 3: e8725-8726.
- Kurakane S, Yamada N, Sato H, Igarashi K. Anti-diabetic effects of *Actinidia arguta* polyphenols on rats and KK-Ay mice. *Food Sci Technol Res* 2011; 17: 93-102.
- Baynes JW. Role of oxidative stress in development of complications in diabetes. *Diabetes* 1991; 40: 405-412.
- Oberley LW. Free radicals and diabetes. *Free Rad Biol Med* 1988; 5: 113-124.
- Jacob RA. The integrated antioxidant system. *Nutrit Res* 1995; 15: 755-767.
- Baynes JW. Reactive oxygen in the etiology and complications of diabetes. In: Ioannides C, Flatt PR, Eds, *Drug, Diet and Disease: Mechanistic Approach to Diabetes*, vol. 2. Ellis Horwood Limited, Hertfordshire, 1995. 203-231.
- Sha WJ, Lu H. The research progress of astragalus in regulating blood glucose steady state of diabetes patients. *Int J Trad Chin Med* 2015; 37: 87-89.
- Gao Y, Guo J, Ren SP. Effect of *Radix Astragali* on blood glucose, TG, HDL-C, LDL-C and insulin levels in diabetic rats. *Chin J Ger* 2008; 28: 1676-1677.
- European Commission [homepage on the internet]. Directive 2010/63/EU on the protection of animals used for scientific purposes [cited 2013 Jan 16]. Available from: [http://ec.europa.eu/environment/chemical\\_s/lab\\_animals/legislation\\_en.htm](http://ec.europa.eu/environment/chemical_s/lab_animals/legislation_en.htm).
- Hemalatha S, Wahi AK, Singh PN, Chansouria JP. Hypoglycemic activity of *Withania Coagulans* Dunal in streptozotocin induced diabetic rats. *J Ethnopharmacol* 2004; 93: 261-264.
- Balasubramaian R, Kasiappan R, Vengidusamy N, Muthusamy K, Sorimuthu S. Protective effect of macrocyclic binuclear oxovanadium complex on oxidative stress in pancreas of streptozotocin induced diabetic rats. *Chem Biol Interact.* 2004; 149: 9-21.
- Burcelin R, Eddouks M, Maury J, Kande J, Assan R, Girard J. Excessive glucose production, rather than insulin resistance, account for hyperglycemia in recent onset streptozocin-diabetic rats. *Diabetologia* 1995; 35: 283-290.
- Sasaki T, Matzy S, Sonal A. Effect of acetic acid concentration on the colour reaction in the O-toluidine boric acid method for blood glucose estimation. *Rinsh Kagaku* 1972; 1: 346-353.
- Prince PSM, Menon VP. Hypoglycemic and other related action of *Tinospora cordifolia* roots in alloxan rats. *J Ethnopharmacol* 2000; 70: 19-25.
- Almdal TP, Vilstrup H. Strict insulin treatment normalizes the organic nitrogen contents and the capacity of urea-N synthesis in experimental diabetes in rats. *Diabetologia* 1988; 31: 114-118.
- Carrascosa JM, Molero JC, Fermín Y, Martínez C, Andrés A, Satrustegui J. Effects of chronic treatment with acarbose on glucose and lipid metabolism in obese diabetic Wistar rats. *Diabetes Obes Metab* 2001; 3: 240-248.
- Fujita H, Yamagami T. Fermented soybean-derived Touchi-extract with anti-diabetic effect via alpha-glucosidase inhibitory action in a long-term administration study with KKAY mice. *Life Sci* 2001; 70: 219-27.