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Original Research Article

#### Antihyperglycemic Potential of Antioxidant Luffa and acutangula Fruit Extract in Streptozotocin-induced Diabetic **Rats**

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#### ABSTRACT:

Our earlier study demonstrates that the Research treatment of acrude extract of Luffaacutangula (L.) Roxb. (Family: Cucurbitaceae), a folkloric hypoglycaemic plant widely used in the southern part of India which reduces glucose level in blood under high glucose load, and in STZ-provoked <sup>2</sup> School of Chinese Medicine, LKS diabetes in rats. This study was carried out to establish the antioxidant effects of crude extracts of L. acutangula (50 and 100 mg/kg) in STZprovoked diabetic animals. Regular treatment of the fruit extracts of L. acutangula (50 and 100 mg/kg) for 28 days ensued noteworthy decrease in the levels of plasma TBARS, hydroperoxide, and ceruloplasmin and a substantial increase in plasma GSH, vitamins C and α-tocopherol. Based on the findings, L. acutangulais potential antihyperglycemic agents and restored all the antioxidant factors close to normal range. Thus, our outcomes open new prospects for advanced studies, including, a clinically based study to appraise the antidiabetic potential of the herbs.

> Luffaacutangula, Kevwords: Streptozotocin, Antioxidant Enzymes, Antidiabetic Effect.

## INTRODUCTION

Diabetes is a chronic metabolic syndrome, described by a complex and heterogeneous etiology, with greater risk factors at the levels of social, behavioral, environmental, and genetic predisposition (Ganesan Xu, 2019; Thatchinamoorthi et al., 2021). It is linked to serious impacts, which severely impair peoples' quality of life and is attributed to several life-threatening problems. However, the early diagnosis and initiation of the treatment may avert or impede the onset of long-term impediments.

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It is projected to be an extremely widespread non-communicable disease by 2025 (Ganesan et al., 2018a). In the Indian traditional medicine, many herbs are employed as antidiabetics. In practice, it is well established that the traditional system of medicine is an alternative contemporary strategy to medicine (Jayachandran et al., 2018). According to the World Health Organization, the practice of herbal medicine is required to be helpful, particularly in nations where the modern therapy of diabetes is not satisfactory (Zhang et al., 2018, 2020).

Nowadays several studies have been attention on oxidative stress, which triggers various diseases including, diabetes mellitus from the inequality between free radical generation and systems of radical hunting components (Ganesan et al., 2020a; Kumar et al., 2006; Kumar et al., 2009). In diabetes, glucose toxicity, autooxidation, and protein glycationmay produce enormous amounts of free radicals, resulting in lipid peroxidation (Ganesan et al., 2018b; Ganesan et al., 2017; Ganesan and Xu, 2017a).

Recent investigations have demonstrated the increased lipid peroxidation in various diabetic animal models (Ganesan et al., 2013; Ganesan et al., 2020b; Sharmila Banu et al., 2007), impaired metabolism of glutathione (Sukalingam et al., 2018), and reduced ascorbic acid level (Ganesan et al., 2006; Ganesan et al., 2007d). The quantities of peroxidation in the cell are generally defense by several cellular functions viz., enzymatic, and non-enzymatic scavenging mechanisms (Ganesan and Xu, 2017c, d). The effectiveness of these defense mechanisms is distorted during diabetes and other disease conditions( Ganesan and Xu, 2017b, e)indicating that inadequate free radical scavenging may perform important functions resulting in various tissue damages (Ganesan et al., 2008b; Ganesan et al., 2007c). Type 2 diabetes is nowadays assertive with a high rate of 3-4 new incidents every 10 seconds and is being diagnosed at a younger age of the adolescents (Ganesan et al., 2007e). The intake of exogenous insulin is greatly

recognized as the safest choice of prescription for therapy in a diabetic individual. However, the linked mission and their effect particularly on insulin resistance people in DM are still inadequate.

Luffa acutangula (L.) Roxb. (family: Cucurbitaceae) has been extensively used by various populations in India, South Asia and various parts of the world for therapy of several ailments, including, diabetes, bacterial and fungal infections, dysentery, headache, renal stone, leprosy, ringworm infection. Various experimental studies have also shown that the crude extracts of *L. acutangula* exhibited potent antioxidant (Sulaiman et al., 2013), hepato protective (Jadhav et al., Ulaganathan et al., 2010), gastro protective (Pimple et al., 2012), cardio and nephro protective (Jadhav et al., 2013), antihyperglycemic and antihyperlipidemic (Sharmin et al., 2012), antidiabetic (Raj et 2012) anticancer (Shendge Belemkar, 2018; Vanajothi et al., 2012), analgesic (Quanico et al., 2008), antiinflammatory (Gill et al., 2011), antibacterial (Nallappan, 2016), anthelmintic (Rahman, 2014), antimicrobial (Hunashal and D., 2012), and CNS depressant (Misar et al., 2004).

Phytochemical analyses have also been and detected around screened compounds, including alkaloids, flavonoids, triterpene. anthraguinones. saponins, volatile compounds, and other active phytoconstituents (Jun-kai, 2002; Nagarajaiah and Prakash, 2015; Shendge and Belemkar, 2018). Our preliminary study outcome was greatly promising as it showed the glucose levels in blood, which was significantly reduced after treatment of crude fruit extracts of L. acutangulain normal, and high glucose load situations and STZ-provoked diabetes in rats. To our understanding, inadequate studies have been undertaken to emphasize on the antioxidant potential of L. acutangula fruit extract and thus this study describes the antidiabetic effect of Luffaacutangula and examines the impact of the test agent on blood antioxidants.

### MATERIALS AND METHODS

#### Plant materials

The fruit of *L.acutangula* was obtained from the neighboring market in Namakkal, Tamilnadu, India, and authenticated by a taxonomist, and the Voucher Herbarium specimens were kept in the Rapinat Herbarium, Tiruchirappalli, Tamilnadu for future references. The dried raw fruits of L.acutangula (1Kg) were skinned, cleaned, cut into tiny pieces, and stirred in warring mixer using distilled water (2 liters). The extraction of the fruits was undertaken at a room temperature (26 ± 1°C) with continual stirring during the night. The obtained homogenate percolated was cheesecloth and spined at 4000 rpm for 15 min. The obtained supernatant was the tested drug(yield 21% w/w) was stored at 4°C until use.

#### **Animals**

The investigation was undertaken on both sexes of Wistar albino rats (180-220a). The rats were kept in the Animal unit, Muthayammal College of Arts and Science, Namakkal. Animals were initially adapted for a week in lab environments and supplied a standard chow diet with water ad libitum. The animal studies were undertaken according to the animal guidance of the NIH (Council, 2011). The animals were distributed into 5 groups containing 6 animals each. Group I received as vehicle alone (gum acacia (2%), control. Group II served streptozotocin (STZ). Group III and IV served the crude extracts of fruit (50mg, 100mg/kg b.w, p.o) mixed in a vehicle and administered a single dose of STZ. Group V received glibenclamide (0.6mg/kg/b.w, p.o) and administered a single dose of STZ. Initial food, water intake and body weight were measured. After end of the treatment, blood was drawn at 30m. 60m, and 90m time interval for the quantification of glucose in the plasma, and the testing was continued to examine the effect of fruit extract on antioxidant status in the plasma of STZ induced diabetic rats.

#### Induction of diabetes

The rats were established diabetes by the intraperitoneal administration of a STZ (60mg/kg, which was kept in citrate buffer,

0.1M, pH 4.5). After Forty-eight hours, blood was drawn, and levels of plasma glucose were examined to validate the development of diabetes. The animals with glucose levels at above 260mg/dl were used for the experiments.

# Biochemical analysis

After 28 days of fruit extract treatment, the animals were sacrificed, and blood was drawn into heparinized tubes. Then, the plasma was obtained, followed by the determination of biochemical parameters: plasma glucose by glucose Oxidase method (Trinder, 1969),OGTT (du Vigneaud and Karr, 1925), plasma TBARS (Niehaus and Samuelsson, 1968), hydroperoxide (Jiang et al., 1992), ceruloplasmin (Ravin, 1961), reduced glutathione (GSH)(Beutler et al., 1963), α-tocopherol (vitamin E)(Baker et al., 1951) and ascorbic acid (vitamin C)(Roe and Kuether, 1943). The percentage of glycemic changes was determined by using the formula-

Percentage of glycemic changes =  $\frac{Gx - Go}{Go}$ 

Where

Go - initial glycemic values:

 $G_{x}$ - Glycemic values at x time interval (hours).

### Statistical analysis

The values were shown as Mean ± SD. The data were analyzed using one way-ANOVA and group means were compared with Duncan's multiple comparison test (DMRT) with 95% confidence. For the statistical analysis, SPSS software package was used.

# **RESULTS**

The effect of fruit extracts of *L.acutangula* (50, 100 mg/kg) in STZ diabetic rats is shown in Table 1. The plasma glucose levels in STZ induced diabetic rats was 240-260 mg/dl during fasting conditions. The initial significant decrease of blood sugar was noticed 2h after treatment of L.acutangula fruit extract. Similarly, a decrease in body weight was detected in STZ diabetic rats, but when the animals were administered orally with Lacutangula fruit extract (50,100 mg/kg), the decrease body weight was significantly improved(Table 2).

Table 1: Effect of fruit extracts of *L. acutangula* on blood glucose in normal and experimental groups

Groups	Treatment	Blood glucose (mg/dl)					
	(g/kg b.w.)	Fasting	1h	2h	3h		
I	Control	64.2 ± 5.27	66.1 ± 3.9 <sup>a</sup> (2.96)	65.3 ± 2.4 <sup>a</sup> (1.71)	64.3 ± 5.2 <sup>a</sup> (0.16)		
II	Diabetic control	253.5 ± 9.2 <sup>a</sup>	249.5± 5.8 <sup>bc</sup> (–1.58)	246.8 ± 9.9 <sup>b</sup> (-2.64)	244.2 ± 6.8 <sup>b</sup> (-3.67)		
III	Diabetic + L. acutangula 50	247.1 ± 8.3 <sup>a</sup>	242.6 ± 6.4 <sup>b</sup> (–1.82)	231.5 ± 9.5° (-6.31)	221.5 ± 8.3° (–10.36)		
IV	Diabetic + L. acutangula 100	250.3 ± 8.8 <sup>a</sup>	247.9 ± 8.9 <sup>bc</sup> (-0.96)	224.6 ± 11.2 <sup>cd</sup> (–10.27)	213.8 ± 7.6 <sup>d</sup> (–14.58)		
V	Diabetic + glibenclamide 0.6	252.4 ± 9.2 <sup>a</sup>	245.8 ± 9.4° (-2.61)	219.6 ± 10.3 <sup>d</sup> (–12.96)	209.4 ± 8.4 <sup>d</sup> (–17.03)		

Values are expressed as Means  $\pm$  SD. Values in parenthesis show the percentof glycemic alteration. Values not sharing a common superscript vary significantly at p<0.05, Duncan's Multiple Range Test (DMRT)

Table 2: Effect of fruit extracts of *L. acutangula* on body weight changes, food, and water intake in experimental groups.

Groups	Treatment	Bodyweight		Bodyweight	Food intake	Water intake
	(g/kg b.w.)	Initial	Final	changes (g)	(g/week)	(L/week)
I	Control	182.5 ±	221.5 ±	+ 39.0 ± 5.8	85.5 ± 5.34a	4.89 ± 0.67a
		5.5	5.6a			
П	Diabetic control	185.8 ±	170.8 ±	-15.0 ± 4.8	70.4 ± 4.34b	7.57 ± 0.96 <sup>b</sup>
		5.7	6.8b			
Ш	Diabetic + L.	180.8 ±	183.3 ±	+2.5 ± 3.4	78.7 ± 4.89 <sup>ab</sup>	$6.54 \pm 0.37$ bc
	acutangula 50	4.8	4.6 <sup>c</sup>			
IV	Diabetic + L.	188.2 ±	185.3 ±	+2.9 ± 2.6	86.4 ± 5.34a	$6.51 \pm 0.98$ bc
	acutangula 100	3.9	5.6 <sup>c</sup>			
V	Diabetic +	181.7 ±	187.5 ±	+5.8 ± 4.1	87.5 ± 4.58 <sup>a</sup>	5.94 ± 0.67c
	glibenclamide 0.6	3.8	6.2 <sup>c</sup>			

Values are expressed as Means ± SD. The values not sharing a common superscript vary significantly at p<0.05, Duncan's Multiple Range Test (DMRT)

Table 3confirms that changes in the levels of plasma glucose, thiobarbituric acid reactive substances, ceruloplasmin, and hydroperoxide in normal and experimental animals. All these parameters were significantly increased in experimental diabetic groups when compared to control groups. Treatment of *L.acutangula* fruit extracts (50,100 mg/ kg), or glibenclamide (standard drug, 0.6 mg/kg) induced a significant decrease in the content of plasma ceruloplasmin and hydroperoxide when compared to STZ diabetic animal

groups. Table 4indicates the levels of the plasma GSH, vitamin E and vitamin C, which were considerably decreased in STZ induced diabetic rats when compared to normal animal groups, Administration of *L.acutangula* fruit extracts (50,100 mg/kg, p.o.), or glibenclamide (0.6 mg/kg, p.o.) drastically elevated the levels of GSH, vitamin E and vitamin Cwhen compared to STZ induced diabetic animals.

Table 3: Effect of fruit extracts of *L. acutangula* on blood glucose, plasma TBARS, hydroperoxide, and ceruloplasmin in experimental groups.

Groups	Treatment (g/kgb.w.)	Blood (mg/dl)	glucose	Plasma TBARS	Hydroperoxide (nmol/ml)	Ceruloplasmin (mg/dl)
		Initial	Final	(nmol/ml)		
1	Control	67.34 ± 5.11	71.56 ± 5.78 <sup>a</sup>	2.8± 0.8 <sup>a</sup>	1.4± 0.6 <sup>a</sup>	28.3± 3.9a
II	Diabetic control	259.45 ± 10.33	322.88 ± 14.12 <sup>b</sup>	3.5± 0.3b	2.1± 0.4b	43.5± 5.4b
III	Diabetic + <i>L.</i> acutangula 50	248.77 ± 9.78	161.58 ± 10.44 <sup>c</sup>	3.2± 0.9bc	2.0± 0.5b	35.5± 4.9°
IV	Diabetic + <i>L.</i> acutangula 100	254.14 ± 10.67	131.55 ± 9.36 <sup>d</sup>	2.8± 0.7ac	1.5± 0.8 <sup>a</sup>	32.7± 4.7°
V	Diabetic + glibenclamide 0.6	257.55 ± 9.84	111.86± 9.18 <sup>e</sup>	2.6± 0.2 <sup>a</sup>	1.4± 0.9a	31.8± 3.8ac

Values are expressed as Means ± SD. The values not sharing a common superscript vary significantly at p<0.05, Duncan's Multiple Range Test (DMRT)

Table4: Effect of fruit extracts of *L. acutangula* on blood GSH,vitamin Eandvitamin Cincontrolandexperimentalanimals.

Groups	Treatment (g/kg b.w.)	Blood GSH (mg/dl)	Vitamin E (mg/dl)	Vitamin C (mg/dl)
I	Control	28.4± 3.5 <sup>a</sup>	1.6± 0.85 <sup>a</sup>	2.4± 0.27a
П	Diabetic control	20.1± 3.8b	1.1± 0.37b	1.6± 0.24b
111	Diabetic + L. acutangula 50	23.2± 3.4°	1.3± 0.85b	2.0± 0.36 <sup>ab</sup>
IV	Diabetic + L. acutangula 100	26.2± 3.3a	1.5± 0.15ª	2.2± 0.38a
V	Diabetic + glibenclamide 0.6	28.1± 3.7 <sup>a</sup>	1.5± 0.19 <sup>a</sup>	2.3± 0.29a

Values are expressed as Means  $\pm$  SD. The values not sharing a common superscript vary significantly at p<0.05, Duncan's Multiple Range Test (DMRT)

#### DISCUSSION

Based on the hypothesis of the current investigation, it was to validate the hypoglycemic effect and to assess the antioxidant activities of *L.acutangula*, well-known vegetables on STZ induced-diabetic animals. The present outcomes indicate that the treatment of crude fruit extracts of *L.acutangula* diminishes the levels of plasma glucose in glucose-loaded and experimental animals. The standard

drug, glibenclamide also note worthily enhances the glucose tolerance in normal and experimental animals. Glibenclamide is a sulphonyl urea agent, a clinically known drug that lowers the levels of blood glucose by accelerating  $\beta$ -cells of the Langerhans and discharge an adequate amount of insulin (Ganesan et al., 2007b; Jayachandran et al., 2019; Kumar et al., 2007). Streptozotocin-induced diabetic model and destroying  $\beta$ -cells of the Langerhans have previously been well

recognized. STZ is widely used for the induction of diabetes with concomitant insulin deficiency. Among rodent models of diabetes, the STZ rat was recognized as the precious tool to investigate both pathophysiological mechanisms of type II diabetes and the hypoglycemic activity of medicinal plants (Ganesan et al., 2008a, 2011; Kumar and Murugesan, 2008). In the current situation, there has been hard to determine the underlying mechanism of anti-hyperglycemic effect of L.acutangula fruit extracts. Nevertheless, according to the former reports, the possible mechanism of underlying antihyperglycemic effects could be made. It has been stated that administration of *L.acutangula* prevents the absorption of blood glucose from the gut(Pimple et al., 2012). It is highly possible to obstruct the absorption of intestinal glucose which could be accountable for the inhibition of hyperglycemia in high-glucosefed rats.

Furthermore, *L. acutangula* provokes an extra-pancreatic action practicably by activating the glucose consumption in peripheral tissues or increasing the activation of glycolytic/glycogenic enzymes in peripheral tissues or diminish the production of the antagonist hormones, including, glucagon, growth hormones and cortisol, and (Ganesan and Gani, 2014; Sukalingam and Ganesan, 2015; Sukalingam et al., 2013).

Treatment of aqueous fruit extracts of L. acutangula (50 and 100 mg/kg, p.o.) has exhibited possible antioxidant effects in experimental animals. In the current investigation, we have noticed an escalation in the levels of hydroperoxide and TBARS, as an indicators of lipid peroxidation in the experimental animals. These findings provea high chance that the fruit extract primarily involves in the safeguard of all major tissues including, brain, pancreas, liver. and kidney, resulting hyperglycemia. Elevated levels of plasma lipid peroxides and TBARS are mostly considered to be the result of tissue toxicity which upsurge the generation discharge into the portal circulation(Kumar et al., 2004; Sharmila Banu et al., 2009a, b; Sukalingam et al., 2015; Sukalingam et

al., 2017). The defense machinery of the antioxidant system is drastically changed during diabetes mellitus. Ceruloplasmin is an oxidase enzyme that operates to carry Cu<sup>2+</sup> into the tissues, which has been involved in the chain-smashing activity with enabling to hunt most of the radicals in the cytoplasm (Kumar et al., 2005; Kumar et al., 2007). During diabetes, the level of ceruloplasmin was note worthily elevated when matched with normal control groups and this process may be due to the accelerating hunting potential on peroxide radical groups.

Ascorbic acid is an exceptional vitamin cum antioxidant, which mostly involves the scavenging actions of oxygen radicals. It has been recognized that vitamin C involves almost 25% of the complete peroxide radical scavenging antioxidant effects (Kumar et al., 2005; Kumar et al., 2007). In the current investigation, we have detected a reduced level of plasma vitamin C in the experimental diabetic animals. These reduced levels may be because of the enhanced consumption of ascorbic acid for inactivation of the ROS or reduce the level of GSH as the cytosolic GSH is necessary for the reusing of ascorbic acid(Ganesan et al., 2005; Islam et al., 2019). GSH is known to be a metabolic watchdog and a wellestablished marker of a healthy individual. In the present study, we detected a decreased plasma GSH in experimental diabetic animals. It shows the increased levels of glucose produce more oxygen free radicals and thus enhanced consumption of GSH. Similarly, the previous study was also reliable with the existing investigation that decreased levels of plasma GSH in experimental diabetic animals (Ganesan et al., 2020b; Jayachandran et al., 2019; Xu et al., 2020).

The well-known antioxidant in the plasma membrane is  $\alpha$ -tocopherol, known as vitamin E, it generally breaks the cascade lipid peroxidation mechanism by countering with peroxide radicals, hence shielding the cell architecture on cell injury (Ganesan et al., 2020b; Jayachandran et al., 2019; Xu et al., 2020). The reduced level of  $\alpha$ -tocopherol noticed in the experimental groups compared with the control groups,

which might be because of the elevated oxidative stress that associates with the reduction of antioxidants resulting in the occurrence of hyperglycemia.

In this perspective, Ganesan et al. (Ganesan et al., 2007a)described the reduced plasma a-tocopherol in experimental animals. A decrease in food intake, water intake and body weight were noted in experimental animals, however, administration of fruit extract of L. acutangula (50 and 100 mg/kg) improved the food intake, water consumption and body weight in the diabetic animals. This study was consistent with the earlier reports (Ganesan et al., 2013; Zhang et al., 2020). From the fruits of L. acutangula, numerous phytochemicals, polyphenol, anthraguinones, including alkaloids, proteins, saponins, triterpene, volatile components, fibers, and other phytoconstituents have been found and characterized. It is fascinating to mention that in many medicinal herbs, polyphenol has been described to show hypoglycemic and antioxidant effects (Ganesan and Xu, 2017a, c, d; Ganesan and Xu, 2018). the possible mechanism of However, flavonoids as the hypoglycemic and antioxidant can only be recognized after the validation of pharmacological trials.

#### CONCLUSION

This report confirms the hypoglycemic and antioxidant effect of fruit of *Luffa acutangula* in normal and offers antioxidant protection in diabetic experimental animals. Based on the current findings, we can recommend that aqueous fruit extract of *L. acutangula* be considered as antidiabetic agents for diabetic individuals.

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