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## Insulin Secretion, Transaminase Activities And Alterations In Liver Histology In Experimental Type II Diabetic Albino (Wistar) Male Rats Following Treatment With *Mangifera Indica*

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### Abstract

Male albino (Wistar) rats were used to study the ameliorative effects of *Mangifera indica* (*M. indica*) ethanolic extract at doses of 200 and 400 mg/kg respectively, glibenclamide (05 mg/kg) and sitagliptin (10 mg/kg) were used as standard drugs in streptozotocin (45 mg/kg) induced diabetic rats (positive control). The aim of the research study was to assess the biochemical changes in type II diabetic rats model treated with different doses of ethanolic leaves extract of *M. indica*. Biochemical parameters were included serum insulin concentration, serum transaminase levels, bilirubin levels and evaluate the histopathological examination of the liver. The results of the investigation revealed that the significant ( $p < 0.001$ ) increment of the serum insulin level in 200 and 400 mg/kg ethanolic extract of *M. indica* (treated groups). In streptozotocin diabetic rats, the activities of liver enzymes in serum were increased and after 28 days of treatment with 200 and 400 mg/kg ethanolic extract of *M. indica*, transaminase levels were effectively reduced. Histopathological study revealed hepatic histological changes which were more noticeable in diabetic inducer group. *M. indica* leaves extract have positive effective results on biochemical parameters in diabetic type II rats. The biochemical protective effects of *M. indica* were associated with improved histological hepatocellular integrity and architecture.

**Keywords:** Animal model, Streptozotocin, Type II diabetes, *Mangifera indica*, Insulin assay, Liver enzymes assay

### INTRODUCTION

The metabolism of carbs, fats, and proteins is disturbed by diabetes, a complex and multivarious group of disorders [1] marked by elevated fasting and postprandial blood glucose levels. Two primary types of diabetes; type 1 and type 2. Type 1 diabetes occurs by deficiency of insulin release due to autoimmune destruction of the beta cells of the pancreas. While, type 2 diabetes is caused by resistance to insulin action and secretion [2].

For the medical community, managing diabetes without any side effects is still an obstacle. Several medications, including sulfonylurea, thiazolidines [3] and biguanides [4] are currently available to treat diabetes and reduce blood glucose level. Many scientists working in the field of diabetes research have recently examined the therapeutic potential of numerous plant extracts [5].

Mangiferin, phenolic acids, benzophenones, and other antioxidants such flavonoids, ascorbic acid, carotenoids, and tocopherols are just a few of the phytochemicals that have been linked to the health benefits of mango plant leaves. The biological effects of *M. indica* extracts, such as their anti-cancer, anti-diabetic, anti-oxidant, anti-microbial, anti-obesity, lipid-lowering, and anti-diarrheal properties, have been investigated [6]. The aim of the research work was to evaluate the ability of *M. indica* leaves extract to reduce the biochemical activities in diabetes type II induced rats and also investigate the histopathological examination of the liver.

### MATERIALS AND METHODS

#### Plant material collection

*Mangifera indica* (MI) leaves were collected from cultivated trees at the University of Karachi's Department of Botany. Plant leaves were identified as voucher specimens for the herbarium by a plant taxonomist; G H. NO. 95717.

#### Reagents and instruments

Ethanol (Analytical grade 99.99%), Streptozotocin (BioShop Canada, Lot No. 5K40517), Standard drugs (glibenclamide and sitagliptin), Ethanolic extract of *M. indica* (200 and 400 mg/kg), ELISA kit (Crystal Chem Cat # 90060), AST kit (Cat. No:

5.17520.0001), ALT kit (Cat. No: 5.17530.0001), ALP kit (Cat. No: 5.17640.0001), GGT kit (Cat. No: 5.17526.0001) Bilirubin Direct (Cat. No: 5.17646.0001), Bilirubin Total (Cat. No: 5.17645.0001).

The following instruments were used in the research work; Rotary evaporator (EYELA N-1000, Tokyo Rikakikai Co., Tokyo, Japan), Glucometer (Exactive vital), Eppendorf centrifuge machine (5810 R), Automatic selectra ProM chemical analyzer (ELITech Group - Clinical Systems).

### Extraction of *Mangifera indica* leaves

*M. indica* leaves were collected and washed to remove dust particles and subsequently air-dried in a shaded area. Following the drying process, the leaves were grated, ground, and subjected to ethanol extraction. The ethanol was then removed from the plant extract using a rotary evaporator, resulting in the formation of a dense, dark greenish gummy residue [7,8].

### Selection of animals

Male albino (Wistar) rats, with a weight range of 180-200±5 grams, were obtained from the animal house of the Baqai Institute of Pharmaceutical Sciences (BIPS), Baqai Medical University in Karachi, Pakistan. The rats were provided with a standard diet and had unrestricted access to water. They were housed in a controlled environment with a 12-hour light-dark cycle, maintaining a temperature of approximately 25±2°C and a relative humidity of 55–65% [9].

### Ethical consideration

The research was authorized under reference # BMU-EC/02-2021 by the Board of Advanced Studies and Research (BASR) at Baqai Institute of Pharmaceutical Sciences (BIPS), Baqai Medical University, Karachi, Pakistan.

### Induction of diabetes in albino male rats

Streptozotocin (STZ) was freshly dissolved in 0.1 M citrate buffer (pH = 4.5) at a dose of 45 mg/kg and administered intraperitoneally within 15 minutes of dissolution. The assessment of fasting glucose concentration on the 3-5 days after STZ treatment was used to confirm diabetes. Albino rats with glucose levels more than 200 mg/dl were diagnosed with Type II diabetes and ready for the experiment.

### Experimental design

The rats were divided into six groups, each consisting of 12 albino male rats. Over a period of 28 days, extract and standard drugs were administered orally according to the following schedule: Group A (control group) received distilled water; Group B (diabetic inducer group) was given a single dose of streptozotocin at 45 mg/kg via the intraperitoneal route [10]. Group C and D (streptozotocin-induced Type II diabetic rats) were treated with standard drugs; glibenclamide (5 mg/kg) [11] and sitagliptin (10 mg/kg) [12], respectively. Group E and F (streptozotocin-induced Type II diabetic rats) received the ethanolic leaves extract of *M. indica* at doses of 200 and 400 mg/kg, respectively.

### Biochemical examination

After completion of the 28-day treatment period, rats were anesthetized using ketamine at a dose of 87.5 mg/kg (Aledani et al., 2020). Blood samples were then collected and allowed to coagulate at room temperature, followed by centrifugation at 3000 rpm for 15 minutes (Iheanacho et al., 2017). The clear, non-hemolyzed supernatant serum was promptly separated and divided into two portions, one for insulin assay and the other for enzymes assay.

**Insulin assay:** The serum insulin level was measured by ELISA kit. **Enzyme assay:** aspartate aminotransferase (AST), alanine aminotransferase (ALT), and gamma glutamyl transferase (GGT) activities were determined by IFCC method. Alkaline phosphatase (ALP) activity was determined according to the recommendation of the German clinical chemistry association. Total bilirubin (TB), and direct bilirubin (DB) were determined by Malloy-Evelyn modified method.

### Preparation of liver tissue for histopathological examination

The animal tissues were rinsed with saline and immersed in 10% normal buffer formalin for subsequent histopathological assessment. After 24 hours, the tissues underwent standard protocol embedding in paraffin wax. Sections of five micrometers in thickness were cut from these blocks, placed on poly-L-lysine coated glass slides, and stained with hematoxylin and eosin using standard procedures and histopathological changes in all groups were then examined under a light microscope [18,19].

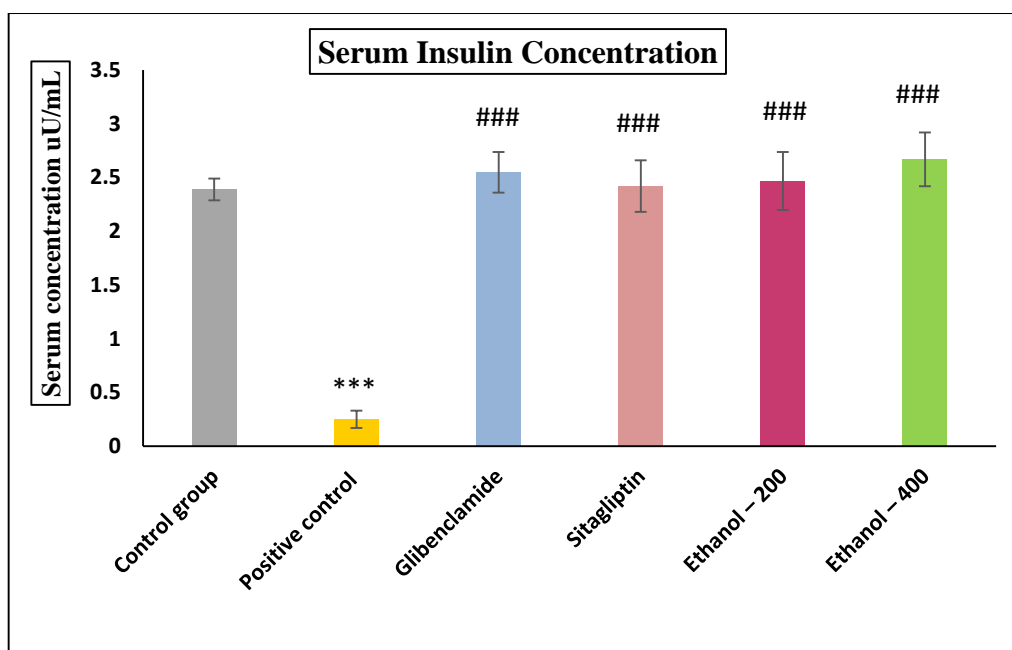
### Statistical Analysis

The data were subjected to analysis using the one-way ANOVA test in SPSS version 21. The results were presented as Mean±SEM. Statistical significance was determined at  $p < 0.05$ .

## RESULTS

### Effect of ethanolic leaves extract of *Mangifera indica* on serum insulin concentration

Comparing the control group with diabetic inducer group, the serum insulin level decreased highly significantly ( $p < 0.001$ ). After the treatment with ethanolic leaves extract of *M. indica*, serum insulin level increased highly significantly ( $p < 0.001$ ) as compared with diabetic inducer group (Graph 1). The ethanolic extract of *M. indica* (treated groups: 200 and 400 mg/kg) showed comparable elevation in serum insulin level as control group and standard groups (glibenclamide and sitagliptin).



**Graph 1. Effect of ethanolic leaves extract of *Mangifera indica* on serum insulin level:** Comparison of serum insulin level between control, positive control, standard group (glibenclamide and sitagliptin) and treated groups (ethanolic leaves extract of *M. indica*).

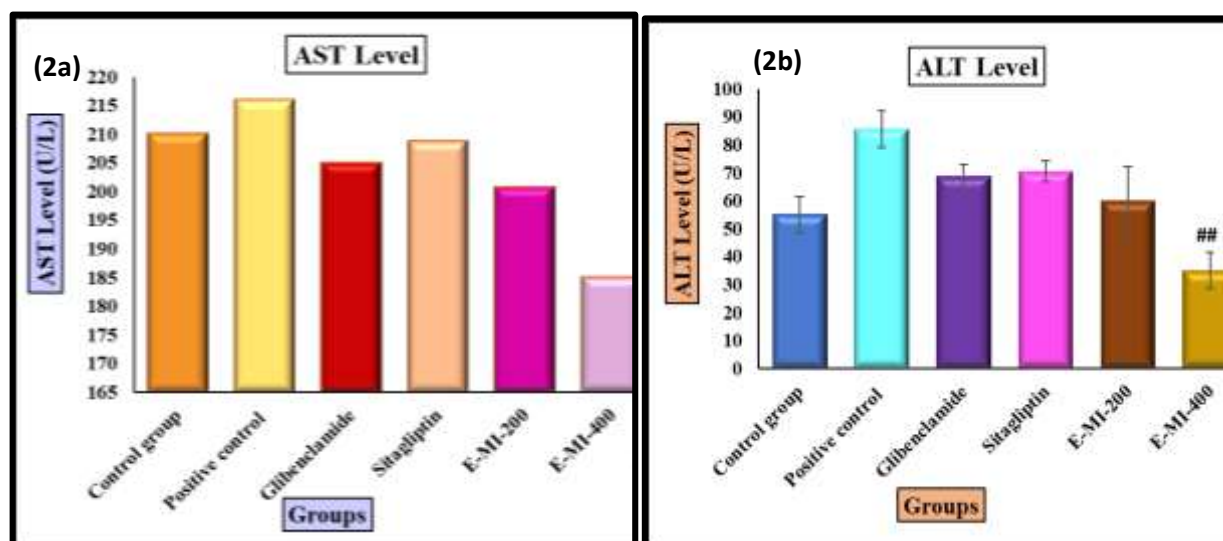
Values shown as Mean $\pm$ SEM

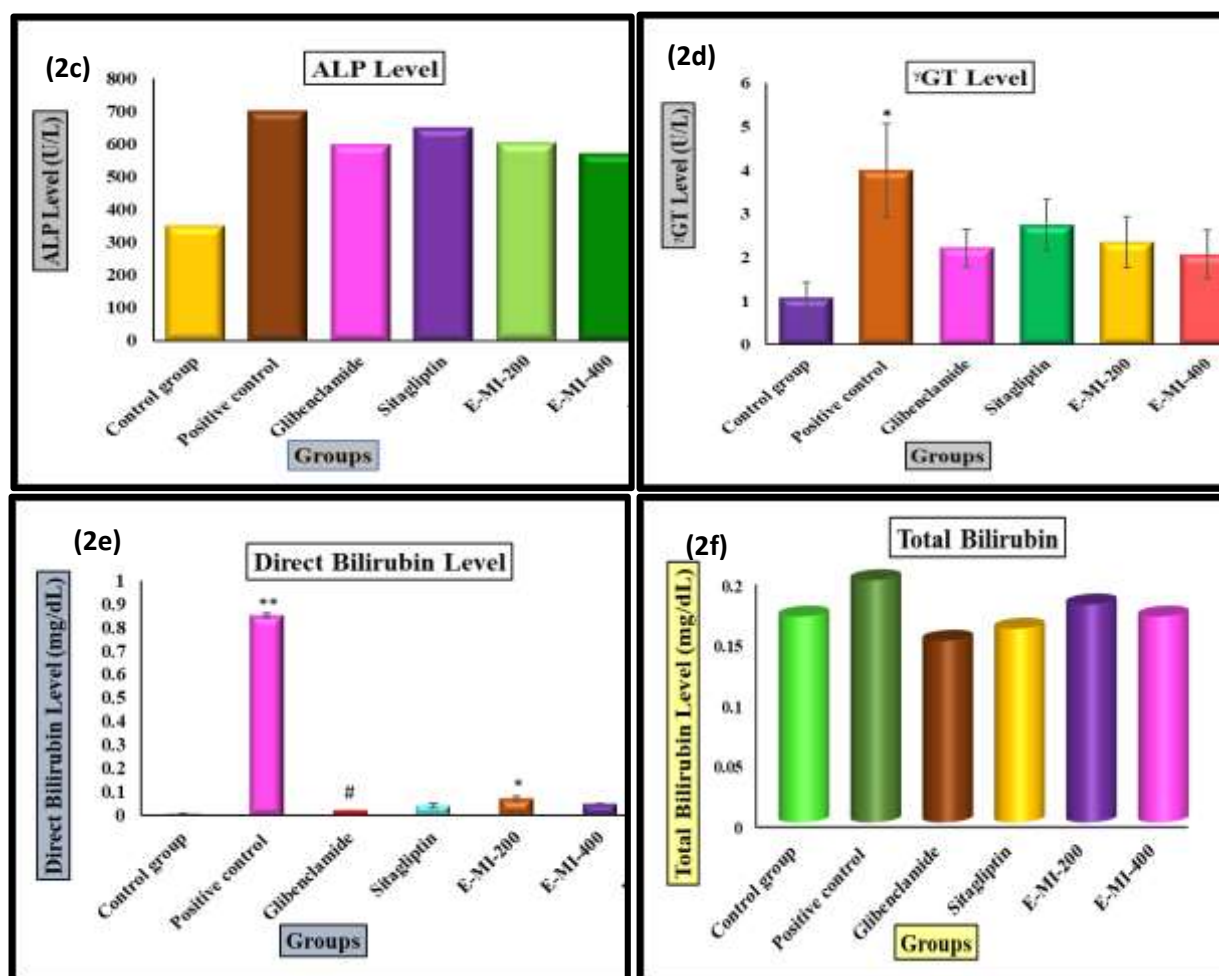
Level of significance  $p < 0.001$ \*\*\* = All groups compared with control group

Level of significance  $p < 0.001$ ### = All groups compared with positive control group

#### Effect of ethanolic leaves extract of *Mangifera indica* on liver function profile

Graph 2, shows the effect of oral administration of ethanolic extract of *M. indica* leaves at doses of 200 mg/kg and 400 mg/kg on serum AST, ALT, ALP, GGT and bilirubin activities in all experimental groups. As shown in graph 2a, the diabetic inducer group showed the highest AST activity, which was non-significantly higher than treated groups, and standard groups. The AST levels in the treated groups did not exhibit any significant alterations compared to the control group. As indicated in the graph 2b, there was an observed increase in ALT activity following streptozotocin administration; however, this increase did not reach statistical significance when compared to the control group. Notably, ALT activity demonstrated significant ( $p < 0.01$ ) decrease following the administration of dose 400 mg/kg of the *M. indica* extract as compared with the positive control group. The diabetic inducer group exhibited the increased ALP level and GGT ( $p < 0.05$ ) level as compared with the control group. However, administration of *M. indica* leaves extract to diabetic rats showed reduction but this reduction non-significant to the control group (graph 2c, 2d). Bilirubin (direct and total) was reduced in the treated groups of both doses; this reduction was statistically insignificant as compared with the positive control group (graph 2e, f) however, near to the standard groups, which confirm and reflect its effectiveness in improving liver functions without negative effects.





Graph 2. Effect of ethanolic extract of *M. indica* (200 mg/kg and 400 mg/kg) on liver enzymes in albino rats: (a) Aspartate aminotransferase (AST), (b) Alanine aminotransferase (ALT), (c) Alkaline phosphatase (ALP), (d) Gamma glutamyl transferase (GGT), (e) Direct bilirubin (DB), and (f) Total bilirubin (TB).

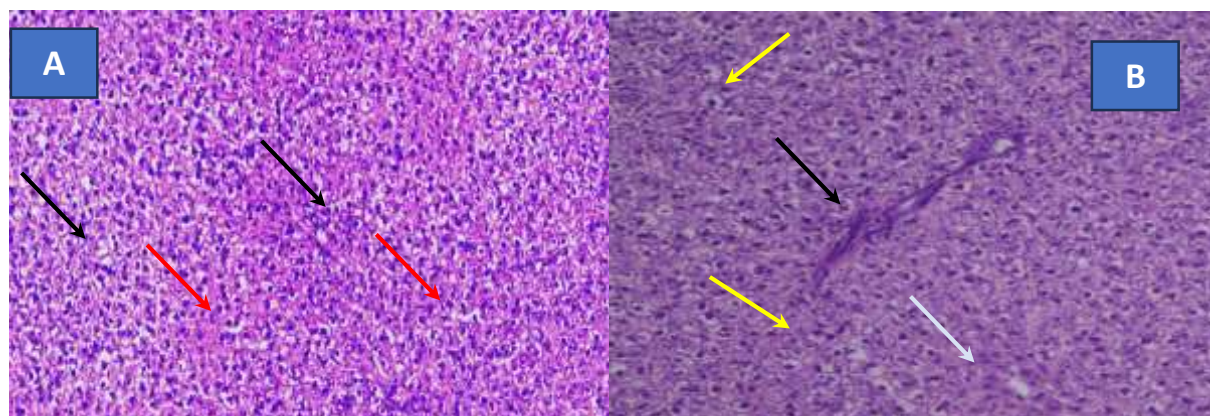
Level of significance  $p < 0.05^*$ ,  $p < 0.01^{**}$  = All groups compared with control group

Level of significance  $p < 0.05^\#$ ,  $p < 0.01^{##}$  = All groups compared with positive control group

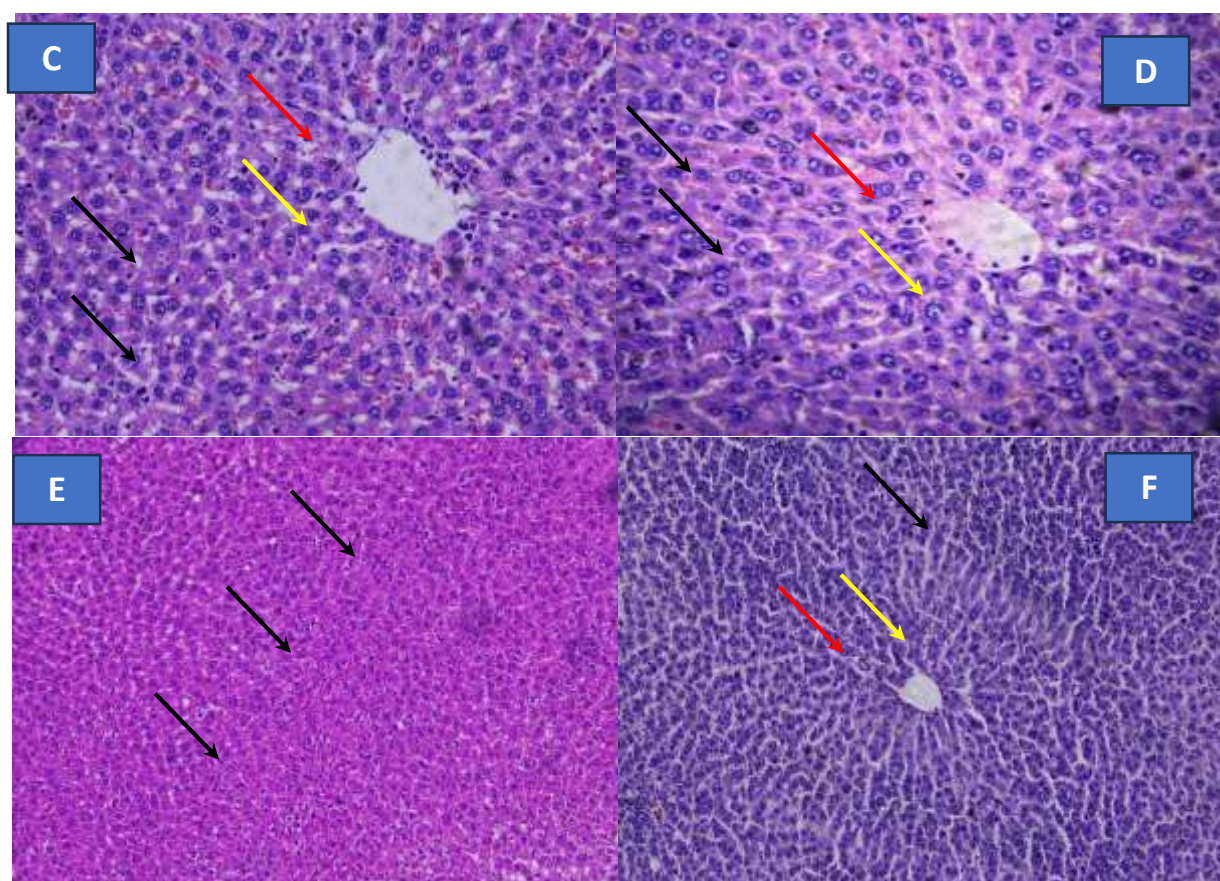
E-MI = Ethanolic extract of *M. indica*

### Histopathology evaluation

Slide A displays a photomicrograph of a liver section from the control group, revealing a normal lobular pattern with intact hepatocytes. In slide B, the liver section from the diabetic positive control group shows degeneration of hepatocytes, vacuolization of cytoplasm, swelling, and congested central vein. Slides C and D illustrate liver sections from rats treated with the standard drugs glibenclamide and sitagliptin, respectively, showcasing restored hepatocyte morphology, a preserved centrilobular vein, and minimal sinusoidal disruption. Slide E representing rats treated with *M. indica* at a dose of 200 mg/kg, displays improvement in hepatocyte distortion. Slide F depicting rats treated with *M. indica* at a dose of 400 mg/kg, exhibits significant recovery of hepatocyte distortion and sinusoidal integrity.







**Figure 1.** Liver sections of normal control rats A showing normal histological structure, regular distinct hepatocytes (black arrow) with sinusoidal spaces (red arrow). B. Streptozotocin induced diabetes (positive control rats) showing (yellow arrow) degeneration of hepatocytes, vacuolization of cytoplasm, congested central vein (black arrow) and portal vein (sky-blue arrow). C and D standard groups glibenclamide and sitagliptin showing restoration of liver architecture, hepatocytes (black arrow), sinusoid (yellow arrow) and normal central vein (red arrow). E. Diabetic rats treated with *M. indica* extract (200 mg/kg) showing with less pathological changes and regenerating hepatocytes (black arrow). F. Diabetic rats treated with *M. indica* extract (400 mg/kg) illustrating improved histological structure of hepatocyte (black arrow), central vein (red arrow) and sinusoid (yellow arrow). (A, B C, D, E and F, magnification X-10 and 40).

## DISCUSSION

Diabetes mellitus is a metabolic disorder characterized by the loss of glucose homeostasis and the absence of insulin secretion [20]. Certain herbal extracts have been proven to effectively treat diabetes and prevent its long-term complications without any adverse effects. *M. indica* is known for its anti-diabetic, antioxidant, anti-viral, and anti-inflammatory properties [21]. This study assessed the hepatoprotective properties of *M. indica* extract in a STZ-diabetic rats model. Changes in different biochemical parameters, including serum insulin concentration, liver enzymes and histopathological slides were determined in the diabetic rats treated with *M. indica* extract, and compared with positive control group, control group, and standard drugs (glibenclamide and sitagliptin). The treatment of *M. indica* extract showed significant hypoglycemic effects after 28 days, consistent with previous reports of hypoglycemic effects from various parts of the *M. indica* extract [22, 23, 24]. In research study, STZ-induced diabetic rats showed significant ( $p < 0.001$ ) reduction in insulin concentration as compared with control group, these results correlate well with the observation of previous study, STZ's diabetogenic effect, which results in the destruction of  $\beta$ -cells and a decrease in insulin containing secretory granules, may be responsible for this [25, 26]. After 28 days of treatment with *M. indica* extract showed significant ( $p < 0.001$ ) elevation in insulin concentration as compared with the positive control group. ALT, AST, and ALP are specific markers used to assess hepato-cellular damage leading to liver cell necrosis [27]. In research study, ALT, AST, ALP, GGT and bilirubin enzyme activities were elevated in diabetic rats which is consistent with the findings of previous studies [28,29,30]. The activity of transaminases and bilirubin in the diabetic rats was decreased after treatment with ethanolic leaves extract of *M. indica* in dose dependent manner. This decrease suggests that the *M. indica* may have a hepatoprotective effect. The number of hepatic inflammatory reactions to diabetes mellitus have been documented [31]. The liver sections of STZ diabetic rats showed significant histopathological changes, including central vein congestion, hepatocyte degeneration, inflammation, and cytoplasmic vacuolization. The study results align with previous research indicating similar histopathological changes following diabetes induction using STZ injection [32, 33]. *M. indica* ethanolic extract and standard drugs (glibenclamide and sitagliptin) treatment showed protective effects against hepatic changes associated with diabetes in diabetic rats, resulting in less pathological changes and improved liver architecture as compared with diabetic inducer group. Consequently, *M. indica* extract exhibits hepatoprotective effects and this might be due to the presence of phytochemical constituents in the leaves part of the plant.

## Conclusion

The study findings suggested that *M. indica* leaves ethanolic extract had antidiabetic effects in type II diabetic rats and may be a promising nutritional therapy for the treatment of type II diabetes. *M. indica* leaves extract is regarded as a safe medication because it did not have any negative effects on the liver as compared with diabetic inducer rats.

**Conflict of interest:** The authors declare no conflict of interest

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