HYPOGLYCEMIC AND HYPOLIPIDEMIC ACTIVITY OF VALSARTAN IN NORMAL AND STREPTOZOTOCIN-NICOTINAMIDE INDUCED DIABETIC RATS

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SUMMARY

Present study was designed to evaluate effect of Valsartan on serum glucose, HbA1c and lipid profile in normal and Streptozotocin-Nicotinamide induced diabetic in rats. Valsartan (8 mg/kg, p.o) was administered for 28 days in rats injected with single dose of Streptozotocin (65 mg/kg, i.p, STZ) and Nicotinamide (110 mg/kg, i.p, NIC). Administration of STZ–NIC in rats showed a significant ($p<0.001$) increased in the levels of serum glucose, glycosylated heamoglobin (HbA1c), Total Cholesterol (TC), Triglycerides (TG) and High density lipoprotein (HDL) whereas the levels of Low density lipoprotein (LDL)) were found to be non significant. Treatment with Valsartan significantly ($P<0.001$) decreased LDL and ($P<0.05$) decreased TC and TG level but no significantly change HbA1c, glucose level and HDL in compared to diabetic control group. We concluded that Valsartan (2 mg/kg, p.o) was improves lipid profile in diabetic rats without any effective in blood glucose and HbA1c levels.

KEYWORDS: Valsartan, Streptozotocin, Nicotinamide, lipid profile

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INTRODUCTION

Three major metabolic abnormalities contribute to the development of hyperglycemia in Type 2 diabetes mellitus such as impaired insulin secretion in response to glucose, increased hepatic glucose production and decreased insulin-stimulated glucose uptake in peripheral tissues. The latter 2 abnormalities are primarily due to insulin resistance (1, 2). Non insulin dependent diabetic mellitus has also been associated with an increased risk for premature arteriosclerosis due to increase in triglycerides and low density lipoprotein levels. About 70-80 % of deaths in diabetic patients are due to vascular diseases. An ideal treatment for diabetes would be a drug that not only controls the glycemic level but also prevent the development of arteriosclerosis and other complication of diabetes.

Recent evidence suggest that blockade of the rennin-angiotensin system ameliorates diabetes induced cardiac dysfunction. Because activation Valsartan (VAL) - Angiotensin II receptor (AT 1) blocker blocks the vasoconstrictor and aldosterone-secreting effects of angiotensin II by selectively blocking the binding of angiotensin II to the AT1 receptor in many tissues, such as vascular smooth muscles and the adrenal gland. Recent evidence suggests that blockade of the renin-angiotensin system ameliorates diabetes-induced cardiac dysfunction. Angiotensin receptor antagonists are widely used as antihypertensive in diabetic and non diabetic patients. Valsartan is reported for its renoprotective activity in diabetic rats.

Literature survey showed that, there was no report regarding the effect of VAL on glucose, HbA1c and lipid parameter in diabetic rats. Hence, the purpose of the present study was to instigate the effect Valsartan on serum glucose, HbA1c and lipid profile in normal and Streptozotocin-Nicotinamide induced diabetic in rats.

MATERIALS AND METHOD

Drugs and Chemicals

Valsartan was obtained as a gift sample from Alembic Pharmaceuticals Pvt. Ltd., Baroda, India. STZ and NIC were obtained from SIGMA, St. Louis, MO, USA. All other chemicals and reagents used in the study were of analytical grade.

Experimental Animals

All experiments and protocols described in present study were approved by the Institutional Animal Ethics Committee (IAEC) of Dharmaj Degree Pharmacy College, Anand.

Sprague Dawley rats (205 ± 15 g) were housed in-group of 3 animals per cage and maintained under standardized laboratory conditions (12- h light/dark cycle, 24°C) and provided free access to palleted CHAKKAN diet (Nav Maharashtra Oil Mills Pvt., Pune) and purified drinking water *ad libitium*.

Experimental Induction of Type 2 Diabetes in Rats

Type 2 Diabetes was induced in rats by a single intraperitoneal (i.p) injection of Streptozotocin (65 mg/kg, STZ) in overnight fasting rats or mice followed by the i.p administration of Nicotinamide (110 mg/kg, NIC) after 15 minutes. STZ was dissolved in citrate buffer (pH 4.5) and NIC was dissolved in normal saline. After 7 days following STZ and NIC administration, blood was collected from retro-orbital puncture and serum samples were analyzed for blood glucose (3). Animals showing fasting blood glucose higher than 300 mg/dL were considered as diabetic and used for the further study.

Experimental Protocol

Animals were divided into following groups, each group containing 6 animals and the treatment period for whole study was 4 weeks.

Group 1: Non-diabetic control [0.5 % Sodium CMC (1 ml/kg/day, p.o) as vehicle for 4 weeks (**ND-CON**)].

Group 2: Non-diabetic control treated with VAL (8 mg/kg/day, p.o) as a suspension [0.5 % Sodium CMC for 4 weeks (**ND-VAL**)].

Group 3: STZ-NIC diabetic control [0.5 % Sodium CMC (1 ml/kg/day, p.o) as vehicle for 4 weeks (**D-CON**)].

Group 4: STZ-NIC diabetic rats treated with VAL (8 mg/kg/day, p.o) as a suspension [0.5 % Sodium CMC for 4 weeks (**D-VAL**)]

BIOCHEMICAL ESTIMATIONS

Characterization of Type 2 Diabetes Model

Type 2 diabetes was confirmed by measuring fasting serum glucose using standard diagnostic kit (SPAN diagnostics Pvt., India) and the degree of uncontrolled diabetic state was confirmed by measuring HbA1c (Ion Exchange Resin method). After 4 weeks, diabetes was confirmed by measuring glucose and HbA1c as mentioned above.

Estimation of Serum Markers

On 4th week blood samples were collected from retro-orbital plexus under light ether anesthesia and centrifuged at 2500 rpm for 20 minutes to separate serum. Glucose, HbA1c, TC, TG, HDL and LDL were estimated using diagnostic kits (SPAN Diagnostics Pvt. India).

Statistical Analysis

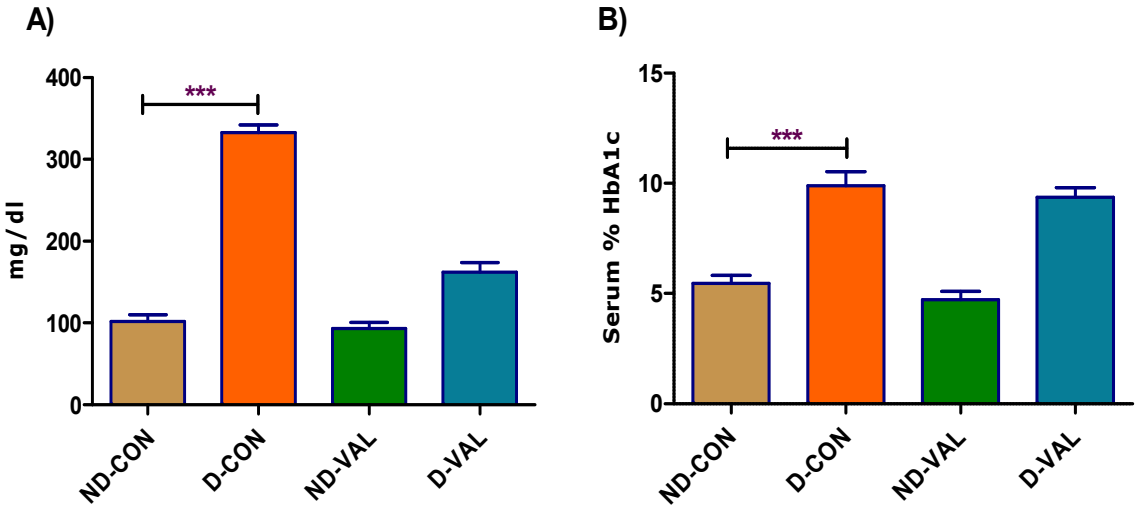
All of the data are expressed as mean ± SEM. Statistical significance between more than two groups was tested using one-way ANOVA followed by the Bonferroni multiple comparisons test or unpaired two-tailed student's t-test as appropriate using a computer-based fitting program (Prism, Graphpad 5). Differences were considered to be statistically significant when $p < 0.05$.

RESULTS

CHARACTERIZATION OF TYPE 2 DIABETES

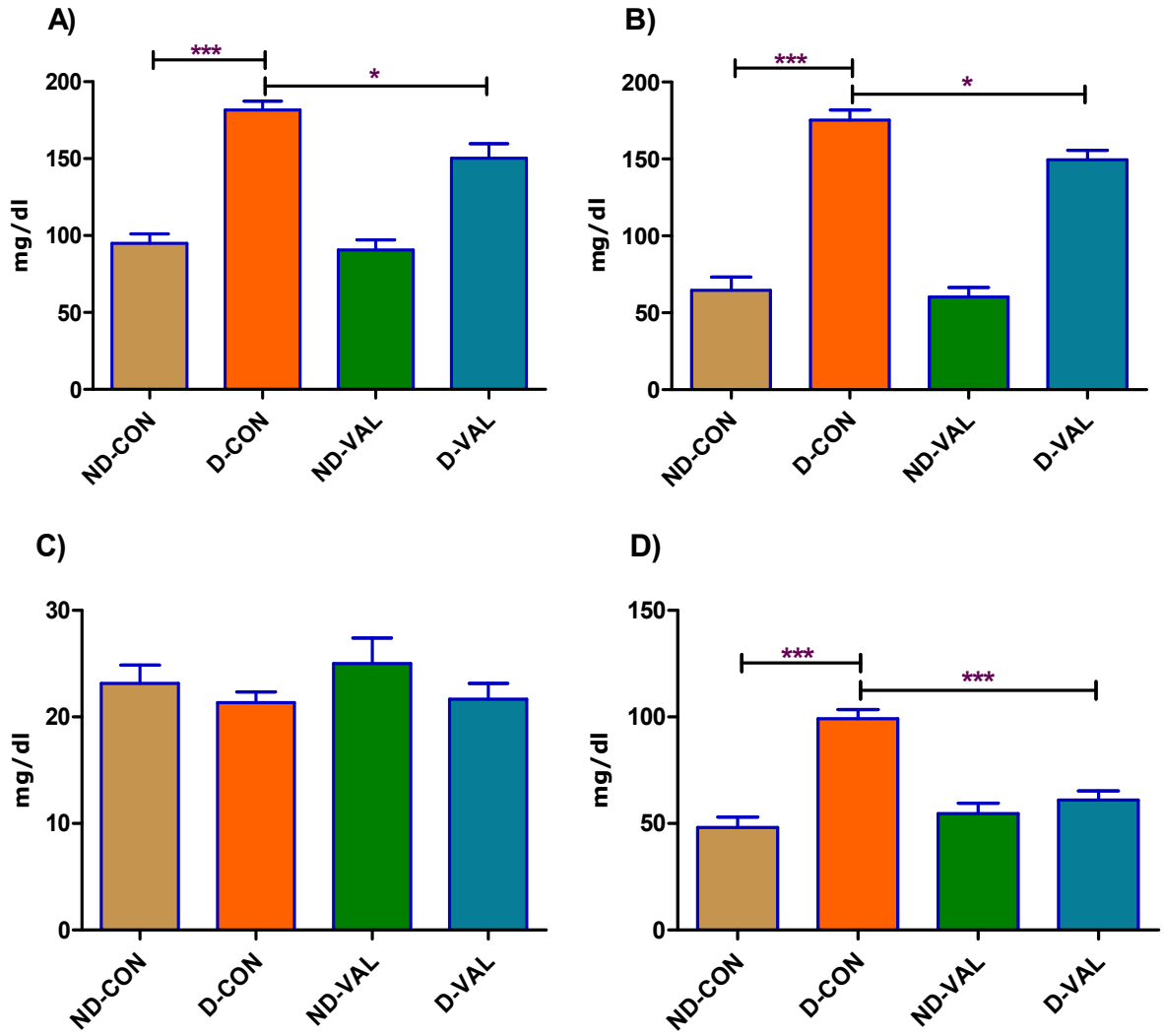
Single intraperitoneal (i.p) injection of Streptozotocin (65mg/kg) followed by i.p administration of Nicotinamide (18mg/kg) to rats produced severe hyperglycemia and increased HBA1C in 70 to 80 % the animals.

Figure 1. Effect of Valsartan (8mg/kg/day, p.o) on changes in serum glucose and HbA1c level in normal and STZ-NIC induced diabetic rats.



Values are expressed as mean ± SEM for six animals in the group. ***P<0.001 considered statistically significant as compared to Control group.

Figure 2. Effect of Valsartan (8 mg/kg/day, p.o) on changes in serum Total Cholesterol (A), Triglycerides (B), High density lipoprotein (C) and Low density lipoprotein (D) level in normal and STZ-NIC induced diabetic rats.



Values are expressed as mean ± SEM for six animals in the group. * P<0.05, **P<0.001, ***P<0.001 considered statistically significant as compared to Control group.

EFFECT OF VAL ON SERUM ENZYMES

There was a significant (p<0.001) increase in blood glucose and HbA1c level of STZ-NIC injected animals compared to ND-CON group (Fig. 1). Serum total cholesterol, LDL and triglyceride were significant (p<0.001) increase in STZ-NIC diabetic rats as compared to non-

diabetic rats. Administration of Valsartan in STZ-NIC diabetic rats (D-NOB) no significant on blood glucose and HbA1c, while it significantly ($p<0.05$) reduced serum total cholesterol, triglyceride and LDL ($p< 0.001$) in D-NOB group as compared to D-CON group but there was no significant changes in the levels of HDL (Fig. 2).

DISCUSSION

The present study was under taken with the objective of exploring the hypoglycemic and hypolipidemic of VAL in STZ-NIC induced diabetic rats. Recent studies have suggested that prevalence of type 2 diabetes is rapidly increasing.

Diabetes mellitus is a chronic disorder caused by partial or complete insulin deficiency, which produces inadequate glucose control and leads to chronic complication. Premature and extensive arteriosclerosis involving renal, peripheral, and cardiovascular vessels remain the major complication of diabetes mellitus. Alteration in the serum lipid profile is known to occur in diabetes and this is likely to increase the risk for coronary heart disease. A reduction in serum lipids, particularly of the LDL and VLDL fraction and TG, should be considered as being beneficial for the long term prognosis of these patients. Lower of blood glucose and plasma lipid levels thought dietary modification and drug therapy seem to be associated with a decrease in the risk of vascular disease.

In the present study, an increase in the levels of serum glucose and HbA1c in STZ-NIC treated rats confirmed the induction of diabetes mellitus. Significant decrease was observed in the glucose and HbA1c level in diabetic rats after treatment with VAL (2 mg/kg) when compared with D-CON rats at the end of experimental period. STZ causes diabetes by the rapid depletion of β-cells and thereby brings about a reduction in insulin release. HbA1c level has been reported to be increased in patients with diabetes mellitus (4). It was reported that during diabetes mellitus, the excess of glucose present in the blood reacts with hemoglobin to form HbA1c (5).The level of HbA1c is always monitered as a reliable index of glycemic control in diabetes (6). Elevated levels of HbA1c observed in our study reveal that diabetes animals had prior high blood glucose level.

The chronic diabetic state was also associated with dyslipedemia. Administration of STZ caused increase in serum TC, TG and LDL but treatment of Valsartan (8 mg/kg, p.o) could reduce them. This study concluded that Valsartan (8 mg/kg, p.o) was improves lipid profile in diabetic rats without any effective in blood glucose and HbA1c levels.

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