

ANTI-INFLAMMATORY EFFECT OF ANTIDIABETIC MIXTURE ON A MODEL OF CARRAGEENAN EDEMA

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Abstract

The association between hyperglycemia, inflammation and vascular complications in DM is now well established. Antidiabetic mixture of different medicinal plants can relieve inflammation due to the various biologically active substances present in it.

The aim of our study was to investigate an anti-inflammatory activity of antidiabetic mixture, which consists of *Equiseti arvensis herba*, *Sambuci flores*, *Inulae rhizomata et radices*, *Hyperici herba*, *Tiliae flores*, *Polygoni avicularis herba*, *Myrtilli folium*, *Urticae folia*.

Anti-inflammatory properties were studied on male albino rats weighing between 180 g and 200 g by carrageenan-induced pleurisy. The inflammation was induced in rats by a subplantar injection of 0.1 mL of carrageenan suspension (100 µg/paw). The rats were orally treated with diclofenac (8 mg/kg) and aqueous extracts of antidiabetic mixture at doses of 9 mL/kg, 12 mL/kg and 25 mL/kg.

An aqueous extracts of antidiabetic mixture at a dose of 9 mL/kg did not show significant anti-edema effect during the experiment.

After 6 hours, an aqueous extracts of antidiabetic mixture in doses of 12 mL/kg and 25 mL/kg showed significant ($p < 0.05$) an anti-inflammatory effect, it was 43.1% and 41.6%, respectively. The highest activity was observed in diclofenac, as standard nonsteroidal anti-inflammatory drug, and it was 69.6%.

Keywords: *antidiabetic herbal mixture, anti-inflammatory, edema, carrageenan, diabetes mellitus*

Introduction

The prevalence of diabetes mellitus (DM) is on the rise, with 415 million people affected worldwide according to recent data from the International Diabetes Federation [1, 2]. This number is predicted to increase further, with 642 million people expected to develop DM by 2040 [2, 3, 4]. While many factors are known to contribute to the development of DM and its complications, the involvement of the immune system in the pathogenesis of metabolic diseases has been gaining interest [5, 6, 7]. It has long been appreciated that inflammation is central to the pathology of the pancreatic islet in DM type 1 [8, 9, 10, 11]. However, growing evidence suggests that inflammation also plays a key role in the pathogenesis of DM type 2, including obesity-related insulin resistance, impaired insulin secretion, and diabetes-related vascular complications [12, 13, 14, 15]. Existing research suggest that anti-inflammatory treatments may improve glycemia, β -cell function, and/or insulin resistance in patients with DM type 2 [16, 17, 18, 19, 20]. In DM, hyperglycemia and elevated free fatty acids may promote inflammation by stimulating glucose utilization along with alterations in oxidative phosphorylation [21, 22, 23, 24]. Glucotoxicity and lipotoxicity might also exert oxidative and endoplasmic reticulum stress, which in turn elicits an inflammatory response [25, 26, 27, 28, 29]. Therefore, the optimization of pharmacotherapy, searching and study of new drugs with anti-inflammatory activity for the prevention and treatment of DM type 2 and its dangerous complications is a top issue of pharmacy and medicine [30, 31, 32, 33, 34, 35].

One of these areas is phytotherapy, as it has several advantages over traditional therapy with using oral synthetic agents, namely, it is low-toxic, has a mild pharmacological effect and possibility to be used for long time without significant side effects [36, 37, 38, 39, 40], is well combined with other drugs, has a complex activity through a numerous of biologically active compounds [41, 42, 43, 44, 45, 46]. The combination of different medicinal plants deserves special attention because such herbal mixtures are expected to have more biologically active substances that influence on all

links of the pathogenetic mechanism of DM type 2 and its complications development [47, 48, 49, 50, 51, 52, 53]. One of such combinations is an antidiabetic herbal mixture (*Equiseti arvensis herba*, *Sambuci flores*, *Inulae rhizomata et radices*, *Hyperici herba*, *Tiliae flores*, *Polygoni avicularis herba*, *Myrtilli folium*, *Urticae folia*) with previously studied antidiabetic activity *in vivo* [54].

Plant biocompounds have a wide range of pharmacological action and a variety influencing mechanisms on DM type 2 development and its angiopathies [55, 56, 57, 58].

Therefore, the aim of our study was to investigate an anti-inflammatory activity of antidiabetic mixture, which consists of *Equiseti arvensis herba*, *Sambuci flores*, *Inulae rhizomata et radices*, *Hyperici herba*, *Tiliae flores*, *Polygoni avicularis herba*, *Myrtilli folium*, *Urticae folia*.

Methods

Plant materials: The herbal raw materials harvested in June to August 2017 in Ternopil region and Charpathians (*Vaccinium myrtillus* leaf) (Ukraine) were used. After harvesting, the raw materials were dried, crushed and stored according to the general GACP requirements [59]. The plants were identified by Prof. S. M. Marchyshyn. The voucher specimens of herbal raw materials have been deposited in Herbarium of Pharmacognosy with Medical Botany Department, I. Horbachevsky Ternopil National Medical University, Ternopil, Ukraine.

Extraction procedure: The sample of the herbal raw material was grinded into a powder by laboratory mill. Then 10 g of powdered herbal mixture was put into a 100 mL conical flask and 120 mL of distilled water was added. The aqueous extract was obtained by heating in the boiling water bath for 30 min. The extract was filtered using Whatmann filter paper No. 1. Then the filtrate was evaporated by rotary evaporator and was lyophilized to dryness. The lyophilized powder of herbal mixture was stored at 4 °C for further use.

Experimental Protocol: The study was performed on male albino rats weighing between 180 g and 200 g, which were bred at the animal house of the Central Research Laboratory of I. Horbachevsky Ternopil National Medical University, where they

were kept under appropriate conditions (at a constant room temperature of 22 ± 1 °C, 40-70 % humidity conditions and a 12-hour light/dark cycle). Throughout the experimental period, the animals received standard rat diet and water *ad libitum*. The animals were treated in accordance with the internationally accepted standard ethical guidelines for laboratory animal use and care as described in the European Community Guidelines [60]. All protocols for animals' experiment were approved by the animal ethical committee of I. Horbachevsky Ternopil National Medical University.

Carrageenan-induced pleurisy in rats: According to the described method of Winter et al. [61], 30 rats equally were divided into five groups of six; they were fasted for 6 hours for experimentation. The initial volume (V_0) of the right hind paw was measured for each rat.

The rats were orally treated with diclofenac as standard anti-inflammatory drug (8 mg/kg) (reference group), water (control group) or aqueous extracts of antidiabetic mixture at doses of 9 mL/kg, 12 mL/kg and 25 mL/kg (experimental groups). After 1 hour of treatment, the inflammation was induced in rats by a subplantar injection of 0.1 mL of carrageenan suspension (100 µg/paw). The paw volumes were determined hourly using a plethysmometer for 6 hours. The paw edema rate and inhibition rate of each group were calculated as follows:

$$\text{Paw edema rate (\%)} = V_t - V_0/V_0$$

$$\text{Inhibition rate (\%)} = E_c - E_t/E_c,$$

where V_t is the paw volume of the rat after carrageenan injection and V_0 is the paw volume of the rat before carrageenin injection; E_c is the edema rate of the control group and E_t is the edema rate of the treated group.

Statistical analysis: Statistical evaluation was carried out with StatView. Data were expressed as mean \pm SEM. Statistical differences were evaluated by One-way ANOVA and the Student's *t*-test. *P* values <0.05 were considered statistically significant.

Results and Discussion

The presence of DM type 2 causes the development of several metabolic disorders in the body, primarily carbohydrate metabolism, as well as

protein and lipid with subsequent changes in immune status. This forms the basis for frequent exacerbations of inflammatory processes [62, 63]. Therefore, it is necessary to study an anti-inflammatory activity of the presented herbal antidiabetic mixture.

Given that the initial stage of any inflammatory process is exudation, it was advisable to study the anti-inflammatory properties of herbal antidiabetic mixture in the model of acute exudative inflammation.

In the pathogenesis of acute inflammation caused by carrageenan, in the first 30-90 minutes involved biogenic amines - serotonin and histamine. In the interval between 1.5-2.5 hours - the system of kinins (bradykinin, fragments of complement), and between 2.5-5.5 hours - leukotrienes and prostaglandins. The role of free radicals in the development of acute inflammation caused by carrageenan has also been proven [64].

The anti-inflammatory activity of the studied objects was determined by their ability to reduce the development of foot edema in rats and was displayed as a percentage compared to the control group.

As shown by the results of the experiment (Table 1), during the 1st hour of the experiment, the most pronounced anti-inflammatory activity was found by diclofenac (60.7%). An aqueous extracts of antidiabetic mixture at doses of 12 mL/kg, 25 mL/kg showed only a tendency to anti-inflammatory action. At the 2nd hour, an aqueous extracts of antidiabetic mixture at doses of 12 mL/kg and 25 mL/kg and diclofenac contributed to a significant ($p < 0.05$) reduction in paw edema in experimental animals. The highest activity was observed in diclofenac (69.6%).

An aqueous extracts of antidiabetic mixture at a dose of 9 mL/kg did not show significant anti-edema effect for 2-3 hours of the experiment. At the end of the 3rd hour, the studied extract of antidiabetic mixture at a dose of 25 mL/kg (25.1%) showed a significant ($p < 0.05$) anti-edematous effect. After 6 hours, an aqueous extracts of antidiabetic mixture at doses of 12 mL/kg and 25 mL/kg showed high an anti-inflammatory effect (43.1% and 41.6%, respectively).

Thus, the maximum anti-inflammatory activity of aqueous extracts of antidiabetic mixture was shown

at a dose of 12 mL/kg and 25 mL/kg, at which it was inferior to diclofenac.

Conclusions

It was conducted the study of anti-inflammatory activity of the herbal antidiabetic mixture, which consists of *Equiseti arvensis herba*, *Sambuci flores*, *Inulae rhizomata et radices*, *Hyperici herba*, *Tiliae flores*, *Polygoni avicularis herba*, *Myrtilli folium*, *Urticae folia*, on male albino rats by a subplantar injection of 0.1 mL of carrageenan suspension (100 µg/paw).

Research has shown that an aqueous extracts of antidiabetic mixture at a dose of 9 mL/kg did not show significant anti-edema effect, but an aqueous extracts of antidiabetic mixture at doses of 12 mL/kg and 25 mL/kg showed significant ($p < 0.05$) an anti-inflammatory effect, it was 43.1% and 41.6%, respectively. The highest activity was observed in diclofenac, as standard nonsteroidal anti-inflammatory drug, and it was 69.6%.

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Table 1. Anti-inflammatory activity of an aqueous extracts of antidiabetic mixture and standard drug diclofenac

Group of animals		Vo	Vt			
			1 hour	2 hours	3 hours	6 hours
Control group	ΔV	46.6±1.2	57.8±1.2	61.4±1.3	67.3±1.5	82.6±1.8
	E, %		4.5	12.8	1.0	36.7
Aqueous extract of antidiabetic mixture, 9 mL/kg	ΔV	45.3±1.1	56.0±2.7*	62.0±2.2	66.2±1.3	68.1±1.9*
	E, %		20.5	25.7	10.1	43.1
Aqueous extract of antidiabetic mixture, 12 mL/kg	ΔV	46.2±1.3	55.1±1.7*	57.2±3.1*	64.8±2.6	66.7±2.0*
	E, %		12.5	21.0	25.1	41.6
Aqueous extract of antidiabetic mixture, 25 mL/kg	ΔV	45.4±1.4	55.2±2.2*	57.1±2.0*	60.9±2.1*	66.4±1.4*
	E, %		60.7	69.6	41.5	58.6
Diclofenac, 8 mg/kg	ΔV	45.8±1.4	50.2±2.8*	50.0±4.1*	57.9±4.3*	60.7±2.9*
	E, %		60.7	69.6	41.5	58.6

Values are expressed as mean ± SEM from 6 rats; * $p < 0.05$ with respect to Control group.