

# International Journal of Current Research and Academic Review

ISSN: 2347-3215 Volume 2 Number 10 (October-2014) pp. 37-47

www.ijcrar.com



# An experimental study to evaluate the potentiating effect of Selenium and Vitamin-E as supplement to Sulfonylureas on Alloxan induced diabetic rats

Jagadishchandra.S. Ratnakar<sup>1</sup>, Mayakka R Doddamani<sup>2</sup>, B.V.Patil<sup>3</sup> and L.Vijay<sup>1</sup>

<sup>1</sup>Department of Pharmacology, Belgaum Institute of Medical Sciences, Belgaum, Karnataka, India

<sup>2</sup>Consultant OBG, Belgaum, Karnataka, India

<sup>3</sup>Department of Pharmacology, Mahadevappa Rampure Medical College, Gulbarga, Karnataka, India

\*Corresponding author

#### **KEYWORDS**

# Alloxan induced diabetes; Rats; Selenium;

Vitamin E; Glibenclamide; Hypoglycemic activity

#### ABSTRACT

Selenium has a significant role in the defense against oxidative stress and is essential for carbohydrate and lipid metabolism. Vitamin E found to have hypoglycemic property when used in type 2 diabetes. Suflonylureas are very commonly used oral hypoglycemic agents. Effect of these drugs and their potentiating effect on the blood glucose levels when used in combination was compared and studied. The study was conducted according to NISA (The Indian National Science Academy) guidelines. Adult albino rats weighing 200–250grams obtained from the central animal house of M.R. Medical College were divided into 5 groups as per the protocol Alloxan monohydrate was used to induce diabetes in albino rats. Diabetic rats which were divided into four groups of six animals each and one group containing six normal rats were control. This study was carried out over a period of 21 days with daily oral administration of drugs and at the end of the study blood glucose levels were tested using glucometer. A comparison between group IV and group V showed that the decrease in blood glucose levels in group V was equal to that of group IV.

# Introduction

Diabetes mellitus is a group of disorders with different etiologies. It is characterized by derangements in carbohydrate, protein and fat metabolism, caused by the complete or relative insufficiency of insulin secretion, insulin action or both. Since rapid urbanization and industrialization has resulted in economic prosperity and better living standards to many, it has also resulted in considerable increase in lifestyle related

diseases like diabetes (Ramaiya, 2005). The aim of therapy for diabetes mellitus is to manage complications of diabetes like retinopathy, cardiovascular disease, nephropathy, neuropathy and other complications (Gonec *et al.*, 2005; Erdmann, 2005). Along with these mainline drugs, several add – ons like multivitamins, trace minerals and native herbal medicines are used in the therapy. Selenium is an essential

trace element in human and animal nutrition. It is involved in the defense against the oxygen toxicity of reactive species (oxidative stress), in the regulation of thyroid hormone metabolism and regulation of the redox state of cells (Ozeren et al., 2003; Alaejos et al., 2000). It has an important role to play in the carbohydrate and lipid metabolism in the body. Several studies have suggested that it potentiates the action of insulin and some studies have shown that it mimics the insulin like actions (Stapleton, 2000). Also epidemiological studies have shown an inverse relationship between coronary heart disease and selenium intake by possible antiatherogenic activity due to its antioxidant activity by protecting LDL from oxidation leading to decrease of body fat and triglyceride levels (Kardinaal et al., 1997). Vitamin E a fat soluble vitamin, is useful in diabetes because of its antioxidant and hypoglycemic properties, which are well Some studies suggest that, documented. vitamin E reduces the risk of cardiovascular diseases and microvascular complications in people with diabetes (Lonn et al., 2002).

A combined administration of vitamin E with selenium will act synergistically, moreover selenium and vitamin E supplementation will modulate fatty acid composition in heart, kidney and aorta. Both selenium and vitamin E have been associated with insulin like properties.

An attempt has been made by this study to find out any potentiating and synergestic effect on the control of blood glucose concentration, when these three drugs i.e sulfonylurea, selenium and vitamin E are used in combination, than when they are used alone on alloxan induced diabetic rats. The main objectives of the study are to study

the potentiation of the hypoglycemic effect of glibenclamide with selenium and vitamin E in Alloxan induced diabetic rats and to compare the potentiation of the hypoglycemic effects of above mentioned drugs with that of the standard diabetic control group.

#### Materials and methods

The study was carried out at the Department of Pharmacology M.R.Medical College, Gulbarga on adult albino rats from central animal house of M.R. Medical College after obtaining institution ethics committee approval to undertake this study. The study was conducted according to NISA (The Indian National Science Academy) guidelines. Adult albino rats weighing 200-250grams obtained from the central animal house of M.R. Medical College were divided into 5 groups as per the protocol Alloxan monohydrate obtained from Loba – Chemie Indoaustralian Co., Mumbai, India. Glibenclamide obtained from Dr. Reddy's Laboratories, Hyderabad.Selenium obtained from Omkar Chemicals, Badlapur 421503, Maharastra. Vitamin E obtained from Microlabs, Queens Road, Bangalore.

#### **Induction of diabetes mellitus**

A single dose (150mg/kg i.p) of freshly prepared solution of alloxan monohydrate 5% (dissolved in 5% Dextrose, pH 4.5) was administered for induction of type 2 diabetes mellitus in the rats. The animals under study were maintained at a temperature of  $25 \pm$ 1°C in a well ventilated animal house under natural photoperiod conditions. They were provided with standard diet and water ad libitum. Blood sample for estimation was collected from the tip of rat's tail (Mueller and Pallauf, 2006; Jelodar et al., 2005). In a well restrained rat, the tail

was embedded in 45°C water bath and about 1mm of its end was cut and a drop of blood was collected directly on the strip placed in the glucometer (one touch). Blood glucose is estimated by using a glucometer. The test drugs Selenium, Vitamin E, Glibenclamide and Normal saline were administered orally to the diabetic and non – diabetic rats by using a polythene tubing sleeved on 18-20 gauge blunted hypodermic needle (or Eustacean Catheter), according to the group to which they belonged

**Grouping of animals:** Diabetic rats with blood glucose levels in the range 250–300 mg / dl were selected for the study. They were divided in to four groups of six animals each and one group (Group I) containing six normal animals.

Group – I (6 Rats) : Normal

control: were given saline

Group – II (6 Rats) : Diabetic

control: were given saline

Group -III (6 Rats) : Diabetic:

were given Glibenclamide

Dose – 5mg /kg/day, oral route

Group - IV (6 Rats) : Diabetic: were

given Glibenclamide and Selenium

Dose -

Glibenclamide 5 mg / kg /day, oral route Selenium - 0.54

µg/100gm/day, oral route

Groups - V (6 Rats) : Diabetic: were given Glibenclamide, Selenium and Vitamin

Dose – Glibenclamide 5 mg / kg /day, oral route

Selenium - 0.54 µg/100gm/day, oral route

Vitamin E -135µg/100gm/day, oral route

The study was carried out over a period of 21 days with daily oral administration of drugs. The blood glucose concentrations

were monitored on the first day and at the end of the study. Groups III, IV and V were compared to Group II. Handling and care of animals was according to CPSEA guidelines. Care during the animal study using diabetic animal models included food, water, shelter, prevention of infection, etc.,

**Statistical methods:** Statistical evaluation was done using student 't' test, ANOVA test (F test) value of less than 5% (p < 0.05) was considered statistically significant.

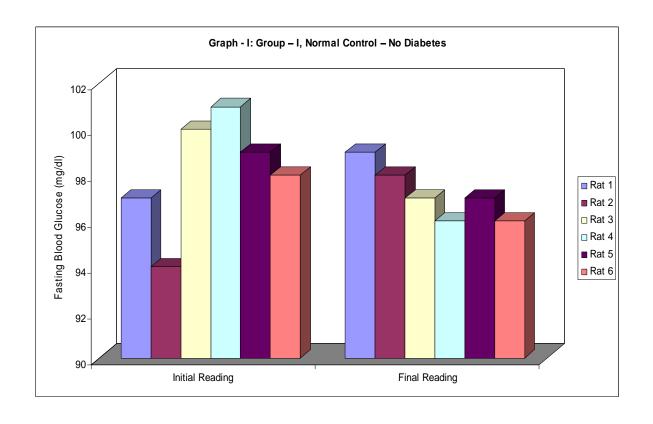
### **Results and discussion**

The study was conducted on four groups of albino rats consisting of six animals each. One group acted as the normal control without any diabetes (Table 1). The second group of animals with diabetes acted as diabetic control (Table 2). Drugs (Glibenclamide, Selenium) were administered to the remaining groups of diabetic animals as per protocol. Effect of these drugs on the blood glucose levels, and their potentiating effect when they are used in combination were studied. Animals treated with Glibenclamide alone (Group – combination (Table 3) and Glibenclamide & Selenium (Group IV) (Table 4) led to a decrease in blood glucose which statistically highly levels was significant (p < 0.001) and a combination of Glibenclamide, Selenium & Vitamin E (Group V) (Table 5) led to a decrease in blood glucose levels which was statistically highly significant (p < 0.001) as compared with animals who have not any treatment received.

This present study was aimed to study a potentiation of hypoglycemic effect when Glibenclamide, Selenium and Vitamin E are used in combination as compared with Glibenclamide alone in Alloxan induced diabetic rats.

**Table.1** This table represents the blood glucose levels in normal control rats without diabetes Group – I, Normal Control – No Diabetes

Fasting Blood Glucose (mg/dl)		
Rats	Initial Reading	Final Reading (After 21 days)
1	97	99
2	94	98
3	100	97
4	101	96
5	99	97
6	98	96

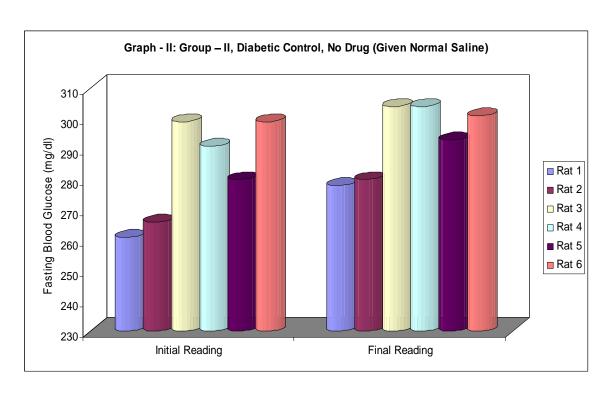


**Table.2** The difference between the initial readings and the final readings in group II is statistically insignificant.

Group – II, Diabetic Control, No Drug (Given Normal Saline)

Fasting Blood Glucose (mg/dl)		
Rats	Initial Reading	Final Reading (After 21 days)
1	261	278
2	266	280
3	299	304
4	291	304
5	280	293
6	299	301

$$(n = 6)$$
  $t = 1.84$   $p > 0.05$ 

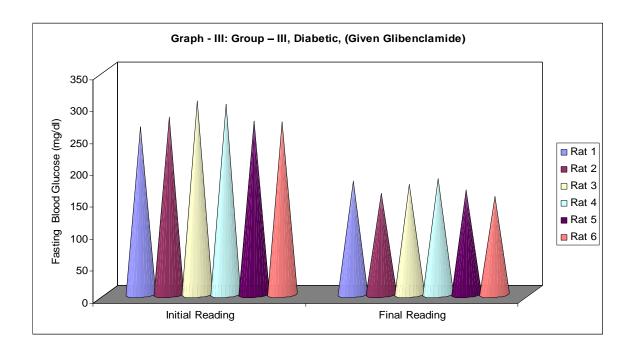


**Table.3** The difference between the initial readings and the final readings in the group III is statistically highly significant

Group – III, Diabetic Rats (Given Glibenclamide)

Fasting Blood Glucose (mg/dl)		
Rats	Initial Reading	Final Reading (After 21 days)
1	263	177
2	278	158
3	303	173
4	298	181
5	272	163
6	270	154

$$(n=6)$$
  $t=18:59$   $p<0.001$ 

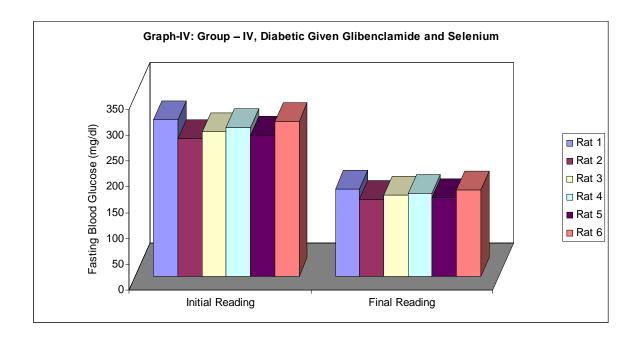


**Table.4** The difference between the initial readings and the final readings in the group IV is statistically highly significant

Group – IV, Diabetic Rats (Given Glibenclamide and Selenium)

Fasting Blood Glucose (mg/dl)		
Rats	Initial Reading	Final Reading (After 21 days)
1	302	168
2	266	148
3	280	156
4	288	160
5	273	152
6	299	166

$$(n = 6)$$
  $t = 47.83$   $p < 0.001$ 

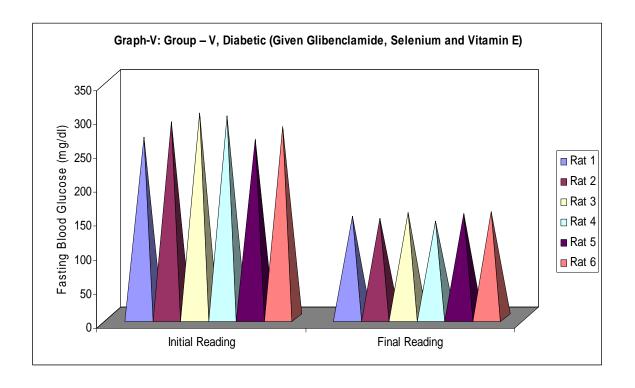


**Table.5** The difference between the initial readings and the final readings and the reading in the group V is statistically highly significant

Group – V, Diabetic Rats (Given Glibenclamide, Selenium and Vitamin E)

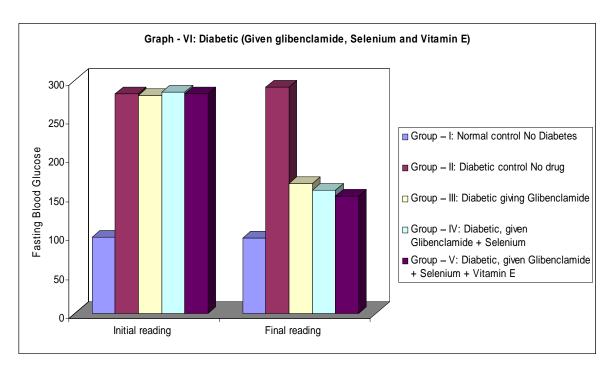
Fasting Blood Glucose (mg/dl)		
Rats	Initial Reading	Final Reading (After 21 days)
1	266	150
2	288	146
3	301	155
4	297	142
5	263	154
6	282	157

$$(n=6)$$
  $t=17.77$   $p<0.001$ 



**Table.6** Comparison of the effect of Glibenclamide, Glibenclamide and Selenium, and Glibenclamide, Selenium and Vitamin E on the blood glucose levels of alloxan induced diabetic rats

Fasting Blood Glucose (mg/dl)		
Group	Initial reading $(X \pm SD)$	Final reading (X ± SD)
Group – I: Normal control, No Diabetes	98.17 ± 2.48	97.17 ± 1.17
Group – II: Diabetic control, No drug	282.67 ± 16.48	290.67 ± 10.69
Group – III: Diabetic, given Glibenclamide	280.67 ± 16.17	167.67 ± 10.91
Group – IV: Diabetic, given Glibenclamide + Selenium	284.67 ± 14.31	$158.33 \pm 7.84$
Group – V: Diabetic, given Glibenclamide + Selenium + Vitamin E	282.83 ±15.72	$150.67 \pm 5.79$
F – Ratio	0.06	320.93
P Value	p > 0.05 Not significant	p < 0.05 Significant



## **Final Reading**

Group II Vs Group III	t = 19.93, $p < 0.0001$ - Highly significant
Group II Vs Group IV	t = 24.45, $p < 0.001$ – Highly significant
Group II Vs Group V	t = 28.21, $p < 0.001$ – Highly significant
Group III Vs Group IV	t = 1.73, $p < 0.02$ - Significant
Group III Vs Group V	t = 3.43, $p < 0.01$ - Significant
Group IV Vs Group V	t = 1.93, $p < 0.01$ – Significant

Glibenclamide inhibits hepatic glucose production and promotes utilization of glucose in the peripheral tissues, muscles adipose tissue significantly by influencing these pathogenic on all mechanisms which characterize type 2 diabetes, namely, I - Decrease in the number of insulin receptors, II- Post-receptor defects, III - Diminished binding of insulin to the receptors, IV - A quantitative insulin deficiency with increased hepatic glucose output. It was observed that rats of Group-III which given Glibenclamide 5 were mg/kg/day, oral route, showed a statistically highly significant (p < 0.001) decrease in blood glucose levels.

The inorganic form of Selenium, Selenate mimics insulin like activity in experimental models by phosphorylation of the thyrosyl residues present on cellular and ribosomal proteins which are involved in insulin postreceptor effects like translocation of glucose transporter to the plasma membrane. Hypoglycemic effect of selenium is also due to the acceleration of glucose metabolism and inhibition of glucose synthesis in liver. Muller and Pallauf (2006) had found out in their study that the dose of oral diabetic medications and insulin may need to be reduced when administered along with Selenium. On comparison between Group III and Group IV we found that the blood glucose levels decreased to a much lower level when a combination of Glibenclamide mg/kg/day and Selenium

 $\mu$ g/100gm/day, oral route was used rather when Glibenclamide was used alone.

Excessive oxidative stress in diabetes leads to increase in Liver thiobarbituric acid reactive substance (TBARS) and generation of malondialdehyde (MDA) leading to cytotoxic actions and DNA/protein alterations. Combination of selenium vitamin E preserves oxidative status and polyunsaturated content of tissues by accelerating detoxification of malondialdehyde (MDA).

Diabetic rats belonging to the Group V were given a combination of glibenclamide (5mg/kg/day), Selenium (0.54  $\mu$ g/100gm/day) and vitamin E (135 $\mu$ g/100gm/day). The decrease in the blood glucose levels of all animals were statistically significant (p < 0.001) (Table 6).

Apart from the synergistic effect, both vitamin E have been selenium and associated with insulin like properties thus forming a promising combination (Gallaher et al., 1993). On comparison between Groups III, IV and V we found that there is maximum decrease in the blood glucose levels when the combination of all the three drugs was used (glibenclamide, selenium & vitamin E) and is statistically highly significant. Therefore the combination of these drugs could be synergistic in leading to a potentiation of action in the decrease of blood glucose levels in diabetic rats.

#### References

- Alaejos, M.S., Romero, F.J.D., Romero, C.D. 2000. Selenium and cancer: Some nutritional aspects. *Nutrition*, 16: 376–383.
- Erdmann, E. 2005. Diabetes and cardiovascular risk markers. *Curr. Med. Res. Opin.*, 21(Suppl. 1): 521–528.
- Gallaher, D.D., Csallauy, A.S., Shoeman, D.W., Olson, J.M. 1993. Diabetes increases excretion of urinary malondialodehyde conjugate in Rats. *Lipids*, 28: 663 666.
- Gonec, A., Tokgoz, D., Aslan, S. 2005. Oxidative stress in relation to lipid profiles in different stages to chronic diseases. *Indian J. Biochem. Biophys.*, 42: 190–194.
- Jelodar, G.A., Maleki, M., Motadyen, M.H., Sirus, S. Effect of fenugreek, onion and garlic on blood glucose and histopathology of pancreas of alloxan induced diabetic rats. *Indian J. Med. Sci.*, 59: 64–69.
- Kardinaal, A.F., Kok, F.J., Kolmeier, L., *et al.* 1997. Association between toenail selenium and risk of acute myocardial infarction in European men. The EURAMIC study. European Antioxidant Myocardial infarction and Breast Cancer. *Am. J. Epidemiol.*, 145: 373–379.
- Lonn, E., Yusuf, S., Hoogwerf, B., Pogue, J., Yi, Q., Zinman, B., *et al.* 2002. Effects of vitamin E on cardiovascular and microvascular out comes in highrisk patients with diabetes: results of the HOPE study and MICRO-HOPE sub study. *Diabetes Care*, 25: 1919–1927.
- Mueller, A.S., Pallauf, J. 2006. Compendium of the antidiabetic effects of supra nutritional selenate doses; in vivo and in vitro

- investigations with type II diabetic db/db mice. *J. Nutr. Biochem.*, 17: 548–560.
- Ozeren, M., Kaya, M., Kar, M. 2003. Coronary artery disease incidence between type -2 diabetic and non diabetic patients with Leriche syndrome. *Indian J. Med. Sci.*, 57(10): 442–448.
- Ramaiya, K. 2005. Tanzania and diabetes. A model for developing countries, Br. Med. J., 330(19): 679–680.
- Stapleton, S.R. 2000. Introduction: The selenium conundrum. *Cell. Mol. life Sci.*, 57: 13–14.