PHS Scientific House

International Journal of Pharma Research and Health Sciences

Available online at www.pharmahealthsciences.net



Original Article

Evaluation of Antihyperglycemic Activity of Zizyphus spina Fruit Pulp in Streptozotocin Induced Diabetic Rats

S P Likitha Rao^{1,*}, KSSN Neelima²

¹ Azad College of pharmacy, Hyderabad, Telangana State, India.

² Vikas institute of pharmaceutical sciences, Rajahmundry, Andhra Pradesh, India.

ARTICLE INFO

Received: 02 Jan 2018 Accepted: 17 Feb 2018

In the present study the selected plant extract have been screened for its anti-hyperglycemic potential and thereby for its possible role in inhibition of the pathways leading to diabetic complications in STZ induced diabetic rats. The herb namely leaves of Zizipus spina (SC). Initially hypoglycemic studies were conducted without inducing of diabetes mellitus. The extract which is showing % reduction of glucose between 30 -50% were selected in order to avoid hypoglycemic shock. Treatment with the selected plant extract significantly increased the body weight and decreased food and water intake in a dose dependent manner. The selected plant extractwas found to decrease glucose levels at 3rd and 8th hours and standard drug was found to decrease glucose levels at 1st & 6th hours significantly after every week (biphasic reduction). The selected plant extractwas found to increase insulin levels at same time intervals where there is peak reduction of glucose.

ABSTRACT

Keywords: Diabetes mellitus (DM), Diabetic complications,Zizipus spina (SC), Streptozocin (STZ)

Corresponding author * S P Likitha Rao Azad College of pharmacy, Hyderabad, Telangana State, India Email: psrao_19@yahoo.co.in

1. INTRODUCTION

Diabetes mellitus is group of syndrome characterized by hyperglycemia, altered metabolism of lipids, carbohydrates and proteins with an increased risk of complications such as retinopathy and nephropathy vascular disease etc., ¹it is of mainly two types. **Type1Diabetes mellitus**: It is also called as "Insulin Dependent Diabetes Mellitus" and **Type2 Diabetes Mellitus**:It is said to be Non –Insulin Diabetes Mellitus. Diabetes mellitus is a most common endocrine disorder, affecting more than 300million people worldwide. For this, therapies developed along the principles of western

Int J Pharma Res Health Sci. 2018; 6 (1): 2314-19

medicine (allopathic) are often limited in efficacy, carry the risk of adverse effects, and are often too costly, especially for the developing world². Therefore, treating diabetes mellitus with plant derived compounds which are accessible and do not require laborious pharmaceutical synthesis seems highly attractive. The field of pharmacology and therapeutics to develop evidence-based alternative medicine to cure different kinds of diabetes in man and animals. Isolation & identification of active constituents from these plants, preparation of standardized dose & dosage regimen can play a significant role in improving the hypoglycemic action^{3, 4}.

Zizipus spina

It is also known as Indian gentian is a robust annual herb, which grows upto about 1.5meters in height. It has leaves in opposite pair about 10 cm long, without stalks, pointed at the tip. The plant has numerous flowers, pale green in colour, tinged with purple, with long white orpink hairs and minutes sharp pointed fruits. Two bitter principles are ophelic acid(C13H20O10), and chiratin (C26H48O15), the former being in largestamount. Ophelic acid is a hygroscopic, noncrystalline, yellow, viscid body, having an odor faintly suggestive of gentian, and an acidulous, bitter taste which is persistent.Boiled with hydrochloric acid it splits into ophelic acid, water, and chiratogenin (C13H24O3), a bitter, amorphous, brown body, not soluble In water, but freely so in alcohol. It is unaffected by tannin.5Chirayatra is an effective drug for reducing fevers. It is especially beneficial in the treatment of malarial fevers. Itis also effective in hysteria and convulsion. The herb is an excellent drug for strengthening thestomach and promoting its action. It is used in the treatment of dyspepsia and diarrhoea.⁶



Fig 1: Leaves of Zizipus spina

The selected plant extract have been evaluated for Antihyperglycemic activity in the present study by estimation of blood glucose, serum insulin levels. Streptozotocin (STZ; *N*-nitro derivative of glucosamine) is a cytotoxic chemical that is particularly toxic to the pancreatic, insulin producing beta cells in mammals³ used for inducing diabetes. Normalization of blood glucose by intensive insulin therapy reduces the risk of development of diabetic complications. The selected plant extract was administered once daily orally to STZ induced diabetic rats. The study period was maintained for 4 weeks to get the induction of diabetes^{7, 8} At the end of each week of 4 week study period change in body weight, food and water intake, serum glucose estimation and insulin levels were measured to evaluate antihyperglycemic activity.

2. MATERIALS AND METHODS Induction of diabetes mellitus

The animals fasted overnight and diabetes was induced by a single intra peritoneal injection of freshly prepared STZ (60 mg/kg body weight of rats) in 0.1 M citrate buffer (pH 4.5). The animals were allowed to drink 5% glucose solution overnight to overcome the drug-induced hypoglycemia. The animal housing and handling were in accordance with CPSCEA guidelines and was approved by CPSCEA for conducting animal experiments with the registration No. 516/01/A/CPCSEA. The prior permission for the study was obtained from our institutional Animal Ethical Committee (IAEC). Control rats were injected with citrate buffer alone. The animals were considered as diabetic, if their blood glucose values were above 250 mg/dL on the third day after the STZ injection. The treatment started on the fourth day after the STZ injection and this day was considered the first day of treatment. The treatment was continued for 30 days by using above extracts through oral route. Since the extract is aqueous, water is used as vehicle for administration of extract. After 30 days of treatment⁹.

a). Acute toxicity studies: Acute toxicity studies were performed according to OECD guidelines 423^{10} .

b). Estimation of Glucose:

Glucose estimation was done in all the groups at the end of the day of each week of study i.e. 8^{th} , 15^{th} , 22^{nd} , and 29^{th} days at 0, 1,2,3,4,6,8,10 and 12 hour intervals.

Reagents

- Enzymatic (GOD / POD) Merck kit
- Distilled water
- Anhydrous glucose (500 gm) Merck
- Washing solution

Steps of measuring glucose oxidase method:

- Draw 2-3 ml of blood from retro orbital vein in a clean dry test tube.
- After 10 minutes centrifuge it at 3000 RPM for 3 minutes.
- Separate serum and within one hour perform glucose estimation.

	Test	Standard	Blank
Working	3 ml	3 ml	3 ml
Solution			
Serum	0.02ml	-	-
Standard	-	0.02ml	-
Distilled water	-	-	0.02ml

Mix and incubate at 37°C for 15 minutes or at room temperature for 30 minutes. Read the absorbance of the test

Glucose concentration (mmol/l) = Absorbance of test/ Absorbance of standard X Conc. of Standard Int J Pharma Res Health Sci. 2018; 6 (1): 2314-19

and standard against blank at 505 nm.

c). Estimation of serum Insulin:

Serum Insulin estimation was done at the time intervals where there is a peak % reduction in blood glucose levels and also at final hour. The estimations were carried out at the end of every week of treatment. For standard, control and disease control groups insulin was estimated at zero, 1st, 6th, and final hour intervals. All the treatment groups shown the peak % reduction in glucose levels at 3rd and 8th levels. So, insulin levels were estimated at zero, 3rd, 8th, and final hours. Insulin estimation was done by ELISA method using steps of the manual given in Mercoida rat insulin assay kit¹¹.

3. RESULTS

Table: 1 Effect of selected plant extract on percentage increase of body weight in rats

S.No	Group	1 st week	2 nd week	3 rd week	4 th week
1.	Normal control	0.11 ± 0.03	0.71 ± 0.94	0.28 ± 0.21	0.51 ± 0.08
2.	Diabetic control	15.27±	$18.81\pm$	26.73±	$32.52 \pm$
		0.73 [@]	$0.84^{@}$	1.25 [@]	1.18 [@]
3.	Diabetic	23.76 ± 0.14	18.38 ± 0.93^{x}	10.82 ± 0.94^{y}	0.97 ± 0.08^{cz}
19.	SC (100 mg/Kg)	22.64 ± 0.92	18.41 ± 1.19^{x}	14.46 ± 1.83^{x}	3.38 ± 0.87^{by}
20.	SC (200 mg/Kg)	24.29±1.13	16.93 ± 1.84^{x}	12.63 ± 1.93^{x}	1.19 ± 0.10^{cz}
21.	SC (400 mg/Kg)	21.62 ± 0.94	15.42 ± 0.94^{x}	11.16 ± 1.14^{y}	0.37 ± 0.03^{cz}

Data were expressed as Mean \pm SEM (gm) and analyzed by performing two ways ANOVA with significant value at P > 0.05. 1st week values are compared with 2nd, 3rd and 4th weeks in every group. For each week, % of change in body weight of every group is compared with control group, and a non-parametric test (Dunntte's multiple comparison test) was applied for multiple comparisons.

- @ = Normal control group is compared with disease control
- > a = *, b = ** and c = ***, within each group change in body weight after 2nd, 3rd and 4th weeks was compared with change in body weight.
- \blacktriangleright x = #, y = ## and z = ###, whereas change in body weight all groups were compared with control group after every week of treatment.



Fig 1: Effect of selected plant extracts on percentage increase of body weight

Table2: Effect of extracts on percentage reduction in food intake	
---	--

S.No	Group	0 week	1st week	2 nd week	3 rd week	4 th week
			(Average)	(Average)	(Average)	(Average)
1.	Normal control	00.00	0.64	0.63	0.13	3.40
2.	Diabetic control	00.00	10.12 [@]	8.32 [@]	6.38 [@]	4.06 [@]
3.	Diabetic standard	00.00	8.13	11.92 ^x	24.29 ^y	31.38 ^{cz}

4.	SC (100 mg/Kg)	00.00	10.95 ^x	11.78 ^x	23.76 ^x	29.10 ^{by}
5.	SC (200 mg/Kg)	00.00	11.43 ^x	12.59 ^x	26.39 ^x	30.17 ^{cz}
6.	SC (400 mg/Kg)	00.00	14.94 ^x	16.14 ^x	30.68 ^y	34.46 ^{cz}

Data were expressed as Mean and analyzed by performing two way ANOVA with significant value at P > 0.05. 1st week values are compared with 2nd, 3rd and 4th weeks in every group. For each week, % reduction in food intake of every group is compared with control group, and a non-parametric test (Dunntte's multiple comparison test) was applied for multiple comparisons.

- > @ = Normal control group is compared with disease control
- > a = *, b = ** and c = ***, within each group change in intake of food and water after 2nd, 3rd and 4th weeks was compared with change intake of food and water after 1st week.
- \Rightarrow x = #, y = ## and z = ###, whereas change in intake of food and water of all groups were compared with control group after every week of treatment



Fig 2: Effect of selected plant extracts on percentage reduction of food intake

Table3: Effect of extracts on percentage reduction in water intake

S.No	Group	0 week	1 st week (Average)	2 nd week (Average)	3 rd week (Average)	4 th week (Average)
1.	Normal control	00.00	1.21	1.28	0.78	4.05
2.	Diabetic control	00.00	8.04 [@]	7.97 [@]	6.03 [@]	5.71 [@]
3.	Diabetic standard	00.00	11.94 ^x	12.57 ^x	24.94 ^y	32.03 ^{cz}
4.	SC (100 mg/Kg)	00.00	11.04 ^x	12.43 ^x	24.41 ^x	29.75 ^{by}
5.	SC (200 mg/Kg)	00.00	12.05 ^x	13.24 ^x	27.04 ^x	30.82 ^{cz}
6.	SC (400 mg/Kg)	00.00	14.56 ^x	16.79 ^x	31.33 ^y	35.11 ^{cz}

Data were expressed as Mean and analyzed by performing two way ANOVA with significant value at P > 0.05. 1st week values are compared with 2nd, 3rd and 4th weeks in every group. For each week, % reduction in water intake of every group is compared with control group, and a non-parametric test (Dunntte's multiple comparison test) was applied for multiple comparisons.

- @ = Normal control group is compared with disease control
- a = *, b = ** and c = ***, within each group change in intake of food and water after 2nd, 3rd and 4th weeks was compared with change intake of food and water after 1st week.
- x = #, y = ## and z = ###, whereas change in intake of food and water of all groups were compared with control group after every week of treatment.



Fig 4: Effect of selected plant extracts on percentage reduction of water intake

Table 4: Effect of selected plant extracts on percentage reduction values of glucose after 1st week

Treatme	Time in	tervals					
nt							
Group	1 st Hr	2 nd Hr	3 rd Hr	4 th Hr	6 th Hr	8 th Hr	10 th Hr
Normal	-1.89±	8.17±0.	6.13±	9.22±	15.76±	3.63 ± 0.46	16.93±
Control	0.46	47	0.64	0.59	0.43		0.49
Diabetic	1.11±0.	2.12±0.	3.50±0.	5.03±0.	9.85±0.8	10.72±1.0	11.32±0.9
control	20	52	53	65	8 [@]	1 [@]	8 [@]
Diabetic	31.65	19.78	12.13±	6.66±	30.08±	16.13±	7.41 ± 0.97
standard	±0.47	±1.26	1.84	1.19	0.47	0.95	
SC (100	8.98±	13.12±	21.79±	14.20±	7.74±	21.79±	9.63 ± 0.95
mg/Kg)	0.50	0.88	0.51	1.32	0.74	0.50	
SC (200	9.09±	$14.47\pm$	30.83±	15.42±	9.17±	29.73±	13.45±
mg/Kg)	0.92	0.74	0.26	1.09	1.15	0.38	0.41
SC (400	9.85±	16.55±	34.49±	19.49±	12.06±	33.35±	15.57±
mg/Kg)	0.62	1.04	0.34	1.72	0.62	0.76	1.28



Fig 5: Effect of selected plant extracts on percentage reduction of glucose levels after 1st week

 Table 5: Effect of selected plant extracts on percentage reduction values of glucose after 2nd week

Treatme	l'ime intervals								
nt Group	1 st Hr	2 nd Hr	3 rd Hr	4 th Hr	6 th Hr	8 th Hr	10 th Hr		
Normal	3.76±	4.26±	4.03±	5.30±	6.13±	7.29±	3.34±		
Control	2.09	0.73	1.63	1.79	2.68	2.61	4.48		
Diabetic	1.02 ± 0.2	2.04 ± 0.4	2.89±0.4	3.69±0.5	7.23±0.8	7.95±0.71	8.91±0.6		
control	0	9	4	1	0	@	1		
Diabetic	32.81±	21.26±	14.98±	10.14±	32.06±	16.78±	10.49±		
standard	0.66	1.53	1.56	1.52	1.64	1.11	1.60		
SR (100	9.92±	13.41±	21.85±	13.45±	$8.58\pm$	21.32±	11.86±		
mg/Kg)	0.34	0.61	0.25 ^a	0.79	1.02	0.42 ^a	0.95		

SR (200	10.75±	$18.07 \pm$	30.00±	9.30±	5.99±	28.93±	10.92±
mg/Kg)	0.88	0.76	0.40 ^b	1.56	1.47	0.56 ^b	1.29
SR (400	10.17±	23.23±	37.49±	29.75±	20.05±	37.37±	23.26±
mg/Kg)	0.52	0.56	0.38 ^b	0.69	0.86	0.12 ^b	0.95



Fig 6: Effect of selected plant extracts on percentage reduction of glucose levels after 2^{nd} week

Table 6: Effect	of selected j	plant extracts	on percentage	reduction	values
of glucose after	3 rd week				

Treatmen	tTime i	nterval	s				
Group							
	1 st Hr	2 nd Hr	3 rd Hr	4 th Hr	6 th Hr	8 th Hr	10 th Hr
Normal	$1.16\pm$	1.79±	-3.02±	2.45±	-	2.94 ± 2.14	$-0.40\pm$
Control	3.09	2.19	2.03	3.25	5.27±3.23		1.65
Diabetic	$0.98\pm$	1.93±	2.51±	2.96±0.28	4.33±	5.19±0.28 [@]	6.61±0.48
control	0.17	0.18	0.24		0.28		
Diabetic	44.94±	21.43±	12.83±	6.53±	45.34±	20.71±	11.43±
standard	0.15 ^d	0.92	1.27	1.03	0.20 ^d	0.86	0.49
SC (100	10.18±	15.58±	22.62±	16.08±	11.20±	23.78±	12.11±
mg/Kg)	1.00	0.82	0.67 ^b	0.99	0.54	0.37 ^b	1.13
SC (200	18.05±	24.27±	31.62±	20.16±	14.15±	31.40±	19.44±
mg/Kg)	1.40	0.81	0.59°	0.90	0.98	1.00 ^c	0.44
SC (400	15.06±	27.34±	44.93±	19.21±	13.58±	44.51±	22.49±
mg/Kg)	0.46	1.14	0.34 ^d	0.71	1.18	0.33 ^d	2.00



Fig 7: Effect of selected plant extracts on percentage reduction of glucose levels after 3^{rd} week

Table 7: Effect of selected	plant extracts or	n percentage reduction va	lues
of glucose after 4 th week			

Treatme	Time intervals						
nt Group	1 st Hr	2 nd Hr	3 rd Hr	4 th	6 th Hr	8 th Hr	10 th Hr
				Hr			
Normal	-1.80 ± 2.55	-	-3.41±3.36	-	-2.09 ± 2.63	-9.17 ± 3.20	-5.35±
Control		0.51±2.8		2.26±			2.37
		2		3.43			
Diabetic	0.79 ± 0.16	1.59±	2.35 ± 0.21	2.72±	3.52 ± 0.26^{d}	4.36 ± 0.32^{d}	5.01±0.3

Int J Pharma Res Health Sci. 2018; 6 (1): 2314-19

control		0.22		0.23 ^b			5
Diabetic	50.96±0.98	23.19±	15.51±	7.39±	49.29±0.84	23.99±	12.44±
standard	d#	0.55	0.86	1.10	d#	0.89	1.70
SC (100	10.89±	16.18±	24.57±	16.73	10.23±	$24.20 \pm$	12.57±
mg/Kg)	1.04	0.98	0.41 ^b	±	1.16	0.45 ^b	0.69
				0.80			
SC (200	14.31±	22.18±	35.05±	25.70	16.59±	34.00±	21.53±
mg/Kg)	1.21	1.10	0.30 ^d	±	1.36	1.10 ^d	1.43
				1.34			
SC (400	16.31±0.85	26.01±	46.96±0.60	33.23	23.00±	46.28±0.44	21.79±
mg/Kg)		1.43	d#	±	1.21	d#	2.29
				0.75			

Data were expressed as Mean± SEM (mg/dL) and analyzed by performing two way ANOVA with significant value at P > 0.05. 1st week values are compared with 2nd, 3rd and 4th weeks and a non-parametric test (Dunntte's multiple comparison test) was applied for multiple comparisons. a= *, b= **, c=***and d= ****. Values compared in between weeks and hour intervals of each group individually. # = Values compared of high doses of all extracts compared with control group at 4th week of the study. Where, # = x, ## = y and ### = z. @ = % reduction of glucose levels of Normal control group were compared with Disease control.



Fig 8: Effect of selected plant extracts on percentage reduction of glucose levels after 4th week

 Table 8: Percentage increase values of insulin levels after 1st week

S.No. Treatment groups		Time intervals			
		First peak	Second peak	Final hour	
1.	Normal Control	0.15 ± 0.11	0 ± 0.00	0.60 ± 0.11	
2.	Diabetic control	7.28 ± 0.04	10.53± 0.09 [@]	2.19 ± 0.15	
3.	Diabetic standard	37.14 ± 0.54	57.63 ± 0.77	1.70 ± 0.14	
4.	SC (100 mg/Kg)	$34.65{\pm}0.14$	46.94 ± 0.16^{x}	11.32 ± 0.14	
5.	SC (200 mg/Kg)	$40.64{\pm}0.34$	54.42 ± 0.15^{x}	13.42 ± 0.03	
6.	SC (400 mg/Kg)	44.84 ± 0.35	61.73 ± 0.18^{x}	16.83 ± 0.13	

Table 9: Percentage increase values of insulin levels after 2nd week

S.No. Treatment groups		Time intervals			
		First peak	Second peak	Final hour	
1.	Normal Control	0.13±0.02	0.24 ± 0.03	0.51 ± 0.04	
2.	Diabetic control	5.21±0.11 [@]	4.32±0.10	2.54 ± 0.17	
3.	Diabetic standard	$41.84{\pm}0.06$	61.42 ± 0.31^{a}	2.84 ± 0.12	
4.	SC (100 mg/Kg)	38.36±0.31	50.95 ± 0.13^{ax}	13.52 ± 0.21	
5.	SC (200 mg/Kg)	44.85±0.25	58.03 ± 0.84^{ax}	14.93 ± 0.39	
6.	SC (400 mg/Kg)	48.30±0.14	65.85 ± 0.07^{ay}	17.37 ± 0.82	

 Table 10: Percentage increase values of insulin levels after 3rd week

S.No.	Treatment groups	Time intervals		
		First peak	Second peak	Final hour
1.	Normal Control	0.34 ± 0.2	0.45 ± 0.94	0.60 ± 0.30
2.	Diabetic control	5.02 ± 0.05	$7.53 \pm 0.04^{@}$	1.19 ± 0.43
3.	Diabetic standard	41.84 ± 0.06	61.42 ± 0.31	3.57 ± 0.10
4.	SC (100 mg/Kg)	43.46 ± 0.92	55.11± 0.54 ^{ax}	$14.23{\pm}0.94$
5.	SC (200 mg/Kg)	49.95 ± 0.64	70.01 ± 0.21^{ax}	15.63 ± 0.09
6.	SC (400 mg/Kg)	53.40±0.92	72.19 ± 0.64^{by}	$18.03{\pm}0.93$

Table 11: Percentage increase values of insulin levels after 4th week

S.No.	Treatment groups	Time intervals			
		First peak	Second peak	Final hour	
1.	Normal Control	0.14 ± 0.04	0.64 ± 0.08	0.81±0.15	
2.	Diabetic control	4.24± 0.14 [@]	2.35±0.14	1.53±0.23	
3.	Diabetic standard	50.99 ± 0.73	68.70 ± 0.81^{a}	3.86 ± 0.03	
4.	SC (100 mg/Kg)	47.51±0.94	58.23 ± 0.05^{ax}	14.52 ± 0.11	
5.	SC (200 mg/Kg)	54.00± 0.83	73.13± 0.94 ^{bz}	15.92±0.19	
6.	SC (400 mg/Kg)	57.45 ± 0.72	75.31 ± 0.83^{bz}	18.32 ± 0.28	



Fig 9: Effect of selected plant extracts on peak percentage increase of insulin levels

4. DISCUSSION

In STZ induced diabetic rats body weight was found to be decreased and food and water intake were found to be increased. Treatment with the selected plant extract significantly increased the body weight and decreased food and water intake in a dose dependent manner. The increase in food and water intake in diabetic rats might be due to excessive thirst and hunger (Polyphagia and Polydypsia). Excessive food and water intake in diabetes might be due to glucose sensors that are present on hypothalamus are directly linked to the nerves which regulates energy equilibrium. The glucose sensors on hypothalamus are connected to nerves of the portal vein and carotid body, which can increase eating and drinking habits in diabetes Weight loss in diabetic rats might be due to increase in muscle wasting as described by, catabolism of fats and proteins, due to insulin deficiency and decreased protein content in muscular tissue by proteolysis The decrease in food intake, water intake and increase in body weight with the treatment of selected plant extract.

Int J Pharma Res Health Sci. 2018; 6 (1): 2314-19

5. CONCLUSION

In this study the aqueous extract of the herb namely leaves of *Zizipus spina* (*SC*), is evaluated for antihyperglycemic activity and further for the role in the inhibition of development of diabetic complications. The literature review revealed that the active constituents (polyphenols) were more in the respective selected parts. Hence in the present study, a respective part of selected plant is evaluated for the beneficial role in diabetes and diabetes induced complications.

The doses of the selected plant extract is fixed by performing acute toxicity studies according to OECD 425 guidelines and same doses were fixed as low dose (100mg/Kg), mid dose (200mg/Kg) and high dose (400mg/Kg) for the selected plant extract and also evaluated for antihyperglycemic activities and the role in preventing diabetic complications in STZ induced diabetic rats.

6. REFERENCES

- Goodman and Gilman. The Pharmacological Basis of Therapeutics 5th ed. New York: McGraw-Hill; 1996. p. 1286-1289.
- King H, Aubert RE, Herman WH. Global burden of diabetes, 1995-2025: Prevalence, numerical estimates, and projections. Diabetes Care 1998; 21: 1414-1431.
- 3. William's textbook of endocrinology (12th Ed.). Philadelphia: Elsevier/Saunders. pp. 1371–1435.
- 4. http://www.mercola.com/diabetes.aspx"Simple treatment to cure diabetes". January 20, 2014.
- J. Yamahara, M. Kobayashi, H. Matsuda, S. Aoki. Anticholinergic action of Swertia japonica and an active constituent. Journal of Ethnopharmacology 1991; 33(1-2): 31-35.
- S. Hongfa, D. Jing-Ye, Zhiwu xuebao. Swertia (Gentianaceae): Chemical and Pharmacological Aspects. Chemical Abstracts 1981; 96: 119-124.
- Nadkarni KM. Indian Materia Medica 3rd ed. Bombay: Bombay Popular Prakashan; 2007. p. 335-337.
- Hayashi K, Kojima R, Ito M. Strain differences in the diabetogenic activity of streptozotocin in mice. Biol Pharmaceut Bull 2006; 29: 1110-1119.
- Oishi N, Kubo E, Takamura Y, Maekawa K, Tanimoto T, Akagi Y. Correlation between erythrocyte aldose reductase level and human diabetic retinopathy. British Journal of Ophthalmology 2002; 86:1363-1366.
- A. Akbarzadeh, D. Norouzian, M. R. Mehrabi, Sh. Jamshidi, A. Farhangi, A. Allah Verdi, S. M. A. Mofidian, and B. Lame Rad Induction of diabetes by Streptozotocin in rats. 2007; 22(2): 60–64.
- 11. https://ntp.niehs.nih.gov/iccvam/suppdocs/feddocs/oecd/ oecd_gl423.pdf

Conflict of Interest: None Source of Funding: Nil