

## Effectiveness test of *Diploknema oligomera* extracts to the decrease in glucose levels in alloxan-induced BALB/c male mice

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**Abstract.** Faizah S, Eriani K, Rosnizar. 2023. Effectiveness test of *Diploknema oligomera* extracts to the decrease in glucose levels in alloxan-induced BALB/c male mice. *Nusantara Bioscience* 15: 143-148. People with diabetes mellitus usually consume chemical drugs to lower their blood glucose levels which cause side effects and require a reasonably high cost. Therefore, alternative natural medicines (phytopharmaceuticals) that are safer and more affordable are needed. Puntii fruit (*Diploknema oligomera* H.J Lam) has the potential as an antihyperglycemic agent that can lower glucose levels in the blood because the puntii fruit contains flavonoid compounds, tannins, terpenoids, and saponins. These secondary metabolites can reduce blood glucose levels. This research used an experimental method with a completely randomized design, six treatments, and four replications. This study used 24 BALB/C (*Mus musculus* Linnaeus, 1758) male mice grouped into six treatments, namely normal control treatment (P1), negative control by giving alloxan 150 mg/kg bw (P2), positive control by giving glibenclamide dose of 0.65 mg/kg body weight (bw) (P3), ethanol extract of puntii fruit dose of 250 mg/kg bw (P4), ethanol extract of puntii fruit dose of 500 mg/kg body weight (P5) and ethanol extract of puntii fruit dose of 1,000 mg/kg bw (P6). The results proved that administering puntii extract (P3, P4, P5) for 14 could reduce blood glucose levels in male diabetic mice with a percentage reduction of 33.6%, 37.4%, and 52.7%, and treatment-positive control decreased blood glucose by 32.6%. The conclusion showed that the ethanol extract of puntii fruit at a dose of 1,000 mg/kg bw could effectively reduce blood glucose levels in diabetic mice compared to a dose of 250 mg/kg bw, 500 mg/kg bw and 0.65 mg/kg glibenclamide kg bw. Therefore, puntii fruit can be used as a drug candidate to be developed as phytopharmaceuticals in treating diabetes mellitus.

**Keywords:** Antioxidant, blood glucose, diabetes mellitus, hyperglycemia, hypoglycemia

### INTRODUCTION

Hyperglycemia is one of the causes of Diabetes Mellitus (DM). It is a degenerative disease that causes the most deaths in the world. Based on the International Diabetes Federation (IDF), there were 425 million people with diabetes worldwide in 2007, and Indonesia was ranked seventh with 10.7 million DM sufferers in 2019. The number increased by 19.5 million in 2021 and was ranked fifth worldwide (IDF 2021; Sun et al. 2022); hyperglycemia of DM sufferers is caused by diet. Widiyanto and Rahayu's (2019) research result on 17 respondents at the Sidomulyo Health Center in Pekanbaru indicated that 51.5% of respondents had irregular eating patterns. Rahati et al. (2014) stated that consuming foods containing excess carbohydrates has a high risk of diabetes mellitus. The high consumption of carbohydrates results in a buildup of glucose in the blood (Hawash et al. 2020), which causes the pancreas to work harder to produce insulin (Rahman et al. 2021). If this happens continuously, the pancreas will be damaged, and insulin cannot be produced optimally. These conditions lead to diabetes mellitus (Feinman et al. 2015).

Moreover, people with diabetes mellitus must lower their blood glucose levels by consuming chemical drugs, such as glibenclamide, acarbose, and metformin. However, metformin has side effects: impaired liver and kidney

function and digestive disorders, such as flatulence, vomiting, abdominal pain, diarrhea, and constipation (Ghosal and Ghosal 2019). Likewise, glibenclamide's side effects include diarrhea, nausea, vomiting, and constipation (Rani et al. 2014). In addition, chemical drugs take longer and are quite expensive to treat hyperglycemia. Therefore, alternative therapeutic solutions from plants that are safer, more affordable, and effective in dealing with hyperglycemia in diabetes mellitus patients are needed.

One of the plants with the potential to an antihyperglycemic is puntii (*Diploknema oligomera* H.J. Lam). Puntii contains secondary metabolites, such as phenolic compounds, flavonoids, saponins, tannins, and terpenoids (Furqan and Putri 2020). These secondary metabolites can lower blood glucose (Lisdiani et al. 2022) by increasing insulin secretion (Martin and Ramos 2021) and/or regenerating pancreatic  $\beta$  cells (Ghorbani et al. 2019). In addition, these secondary metabolites also lower blood glucose by increasing insulin sensitivity through the stimulation of insulin receptors (Xu et al. 2018) on insulin target cells, such as adipose cells (Kang and Chiang 2022), liver cells, and muscle cells (Hu et al. 2014).

Several studies have investigated various plants' activity with secondary metabolites in reducing blood glucose levels. For example, Njogu et al. (2018) reported that *Kigelia africana* (Lam.) Benth. leaves have hypoglycemic activity due to phytochemicals detected in leaf powder.

These phytochemical compounds include phenolics, saponins, tannins, flavonoids, and alkaloids. Likewise, Morada et al. (2016) found that tannins extracted from *Sonneratia alba* Sm. leaves (16 mg/g body weight) were given to hyperglycemic mice for 6 hours and 12 hours; it showed a significant decrease in blood glucose levels (39,6% and 56,4%). Meanwhile, Nardia et al. (2020) reported the ethanol extract of *Persea americana* Mill. seeds contain polyphenols, tannins, flavonoids, triterpenoids, quinones, monoterpenoids, and sesquiterpenoids. Furthermore, these phytochemicals proved in these secondary metabolites could lower blood glucose in diabetic mice.

Another study conducted by Song et al. (2022) revealed that terpenoid compounds extracted from the bark of *Dillenia indica* L could stimulate insulin receptors so that they have the potential as antihyperglycemic agents. Meanwhile, research by Latief et al. (2021) showed that the ethanol extract of Sungkai leaves (*Peronema canescens* Jack) contains alkaloids, steroids, terpenoids, flavonoids, saponins, tannins, and phenolics. These phytochemicals could reduce glucose levels by inhibiting the  $\alpha$ -glucokinase enzyme, increasing antioxidant enzyme activities, and regenerating pancreatic  $\beta$  cells. It is in line with research by Yuliana et al. (2021) that the ethanol extract of *karamunting* (*Rhodomyrtus tomentosa* (Aiton) Hassk.) leaves could reduce blood glucose levels in diabetic rats. The *karamunting* leaves contain phenolic compounds, such as flavonoids, saponins, tannins, steroids, and triterpenoids (Dona et al. 2020). Matusin et al. (2021) examined the methanol extract of *Dillenia excelsa* leaves. These leaves have antihyperglycemic properties because of the triterpenoid compound effects: flavonoids, tannins, and phenolics (Lisdiani et al. 2022). Meanwhile, Furqan and Putri's (2020) found that the ethanol extract of punti contains flavonoids, terpenoids, phenolics, tannins, and saponins. However, punti as an antihyperglycemic agent has not been studied scientifically. Therefore, research on punti (*D. oligomera*) as an antihyperglycemic is paramount so that the findings can later provide information regarding the treatment of diabetes mellitus.

## MATERIALS AND METHODS

### Sample extractions

Punti powder of 150 g was soaked in one liter of 96% ethanol and then allowed to stand for three days in a glass container protected from light. Then it was filtered with filter paper to get the filtrate. The filtrate was then concentrated using a rotary evaporator at 60°C for  $\pm$  3 hours.

### Management of experimental animals

The experimental animals used in this study were 24 BALB/c male mice weighing 20-30 g. All experimental animals were given water and all feed-4 based on body weight (ad libitum) and placed in cages 20 cm x 13 cm x 10 cm covered with sawdust. The cage was enclosed with iron wire measuring 35 cm x 35 cm and cleaned every two

days.

### Diabetes induction in experimental animals

Before intraperitoneal induction of alloxan monohydrate (Sigma-Aldrich, USA), BALB/c male mice fasted for 24 hours. Alloxan with a 150 mg/kg BW dose was dissolved in 1 mL of 0.9% NaCl (Widastuti et al. 2017). After 72 hours of induction, the blood glucose levels of BALB/c male mice were checked with the EasyTouch GCU. The positive control and treatment groups included blood glucose values above  $> 200$  mg/dL.

### Experimental animal treatments

Experimental animals were divided into six groups consisting of four BALB/c male mice. The normal control group was given water and all feed-4 (P1). In comparison, alloxan monohydrate (P2) induced the negative control group. The positive control group was induced by alloxan monohydrate and glibenclamide administration of 0.65 mg/kg bw (P3). Groups P4, P5, and P6 were induced by alloxan and given punti extracts orally at a dose of 250 mg/kg bw for P4, 500 mg/kg bw for P5, and 1,000 mg/kg bw for P6. All treatments were carried out at 10.00 WIT for 14 days.

### Measurement of glucose levels

Blood samples were taken by cutting a small part of BALB/c male mice's tails. The tails were cleaned first with cotton given 70% alcohol. Then, the blood from the tail vein was dripped onto the strips attached to the Easy Touch GCU glucometer. Blood measurements were carried out on days 0, 4, 11, and 18. Blood sugar levels on day zero were glucose levels after fasting for 16 hours before alloxan was induced. Meanwhile, on the fourth day, it was diabetic blood sugar levels after alloxan induction and recovery blood sugar levels after treatment of punti extracts and glibenclamide administration on the 11<sup>th</sup> and 18<sup>th</sup> days.

### Data analysis

Blood glucose levels obtained were analyzed using the SPSS 25 software with a one-way Analysis of Variance (ANOVA) test. The ANOVA test aims to determine differences in blood glucose levels between treatments. If there is a significant difference, proceed with Duncan's multiple range test at a 5% confidence level (Eriani et al. 2021).

## RESULTS AND DISCUSSION

The results of the 6 treatments showed blood glucose levels in mice for 18 days of treatment, as shown in Figure 1. After 72 hours of alloxan induction, the blood glucose examination with a dose of 150 mg/kg body weight to the treatment (P2, P3, P4, P5, and P6) showed that blood glucose levels increased by  $> 200$  mg/dL on the 4<sup>th</sup> day. The highest increase in blood glucose levels was found in the negative control treatment on day 11 and day 18, with an average of  $442.5 \pm 66.28$  mg/dL and  $455.50 \pm 38.46$  mg/dL. Duncan's 5% confidence level test showed that the

average glucose levels on day 11 and day 18 in the negative control treatment were significantly different from the other treatments (Table 1).

The positive control treatment with glibenclamide of 0.65 mg/kg in diabetic mice showed a decrease in blood glucose levels of  $401.75 \pm 58.60$  mg/dL on day 11 and continued to decrease to  $269.75 \pm 38.87$  mg/dL on day 18, reduced by 32.9%. In addition, the results of Duncan's multiple range test with a 5% confidence level showed that the average blood glucose levels on day 11 and day 18 in the positive control treatment significantly differed from the negative control treatment (Table 1).

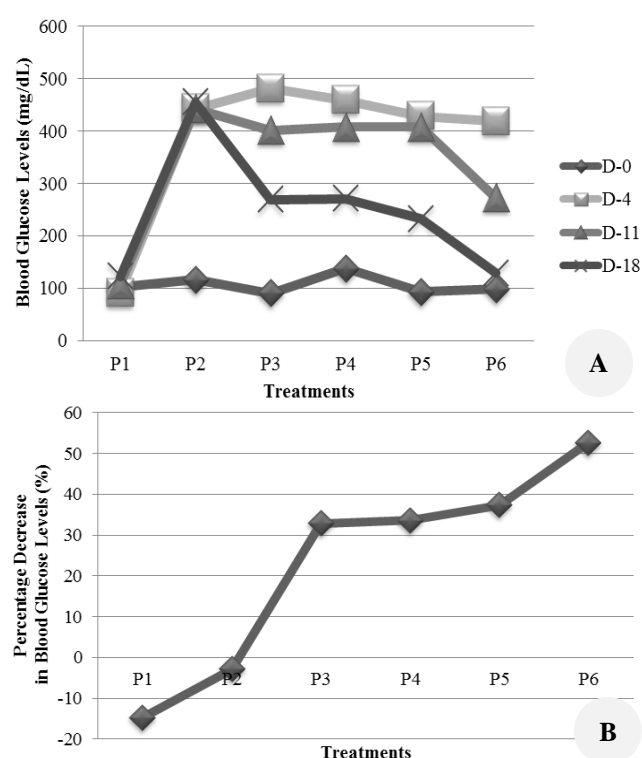
The examination of blood glucose levels in diabetic mice after adding punti fruit ethanol extract in the treatments (P4, P5, and P6) showed a decrease in blood glucose levels on the 11th and 18th days by 33.6%, 37.4%, and 52.7%, respectively. The percentage value of decreasing blood glucose was measured by subtracting the average blood glucose levels from day 11 to day 18. The reduction results were then divided by 100% to obtain the percentage value of decreasing blood glucose levels (Chandrika et al. 2006). The Duncan test with a 5% confidence level proved that the punti fruit ethanol extract treatment (P4, P5, P6) significantly differed from the negative control treatment (Table 1).

The admission of punti ethanol extract to diabetic mice in treatment (P6) for 14 days showed a higher decrease by 52.7% compared to the positive control treatment (32.9%). For other treatments (P4 and P5), it was 33.6% and 37.4%. These percentages indicated treatment 6 had the highest blood glucose reduction compared to the positive control treatment (P4 and P5). The Duncan test with a 5% confidence level also revealed that, on average, blood glucose levels at P6 significantly differed from the positive control treatments (P4 and P5) (Table 1).

## Discussion

This study proved that mice induced with alloxan starting from 150 mg/kg showed an increase in blood glucose levels  $>200$  mg/dL on the 4<sup>th</sup> day. That aligns with Widastuti et al. (2017) reported that alloxan at 150 mg/kg increased blood glucose levels in mice  $>200$  mg/dL on day 4. The increase in blood glucose levels is due to the alloxan mechanism. Alloxan's structure is similar to glucose; it can enter pancreatic  $\beta$  cells via glucose transporter 2 (GLUT2)

(Berraouan et al. 2015). In addition, alloxan also perforates the pancreatic  $\beta$  cells through the cell membrane because the structure of alloxan consists of substituted N atoms bound to lipophilic alkyl groups, easily penetrating all parts of the cell membrane. Furthermore, the lipophilic nature of alloxan leads to free radical toxicity (Ighodaro et al. 2017), which occurs through Reactive Oxygen Species (ROS). ROS undergo dismutation into hydrogen peroxide ( $H_2O_2$ ) and hydroxyl radicals ( $*OH$ ). Hydroxyl radicals are more reactive, so these radicals destroy pancreatic  $\beta$  cells (Eguchi et al. 2021), leading to reduced insulin production (Udia et al. 2016) and hyperglycemia (Abdulgani et al. 2014).



**Figure 1.** Blood glucose levels of 1 to 6 treatments A. Average blood glucose levels during the 18 days of treatment, B. Percentage reduction in average blood glucose levels from day 11 to day 18

**Table 1.** Analysis of average blood glucose levels in BALB/c male mice during the treatments

Treatments	Blood glucose levels (mg/dL) ( $\bar{x} \pm SD$ )				Decrease %
	0 day	4 <sup>th</sup> day	11 <sup>th</sup> day	18 <sup>th</sup> day	
P1	102.75 $\pm$ 16.68	91.750 $\pm$ 22.90	107.25 $\pm$ 27.60 <sup>a</sup>	123.00 $\pm$ 27.30 <sup>a</sup>	-14.68
P2	116.25 $\pm$ 30.33	443.00 $\pm$ 77.59	442.50 $\pm$ 66.28 <sup>c</sup>	455.50 $\pm$ 38.46 <sup>c</sup>	-2.9
P3	90.00 $\pm$ 7.300	481.25 $\pm$ 34.1	401.75 $\pm$ 58.60 <sup>b</sup>	269.75 $\pm$ 38.87 <sup>b</sup>	32.9
P4	137.75 $\pm$ 42.5	458.75 $\pm$ 96.2	408.00 $\pm$ 90.80 <sup>b</sup>	270.75 $\pm$ 81.70 <sup>b</sup>	33.6
P5	93.50 $\pm$ 28.55	428.50 $\pm$ 26.51	408.00 $\pm$ 90.80 <sup>b</sup>	233.00 $\pm$ 44.02 <sup>b</sup>	37.4
P6	98.50 $\pm$ 11.26	418.75 $\pm$ 9.630	272.75 $\pm$ 78.40 <sup>a</sup>	129.00 $\pm$ 59.50 <sup>a</sup>	52.7

Note: Numbers followed by different letters in the same column state significant difference at  $\alpha$  of 0,05 (Duncan). P1 = Normal control, P2 = Negative control, P3 = Positive control, P4 = Mice given *punti* fruit extract 250 mg/kg BW, P5 = Mice given *punti* fruit extract 500 mg/kg BW, P6 = Mice given *punti* fruit extract 1,000 mg/kg BW

Adding glibenclamide to diabetic mice in the positive control treatment decreased the average blood glucose level due to its mechanism. Glibenclamide could lower blood glucose through sulfonylurea 1 (SUR1) receptor inhibition, which closes the ATP-sensitive potassium channels (KATP) in the pancreatic  $\beta$  cell membrane. That causes depolarization of the pancreatic  $\beta$ -cell membrane and  $\text{Ca}^{2+}$  channels opening. As a result,  $\text{Ca}^{2+}$  ions enter the cell and increase the intracellular  $\text{Ca}^{2+}$  ions. The increasing  $\text{Ca}^{2+}$  in pancreatic  $\beta$  cells will stimulate insulin-carrying granules; therefore, insulin is released, and blood glucose decreases (Yau et al. 2021).

In this study, punti fruit was extracted using ethanol solvent. According to Yusnawan (2013), using polar solvents (ethanol) for maceration can produce a diverse group of secondary metabolites. Furthermore, polar solvents include alcohol groups generally used to extract secondary metabolites in plants. Polar solvents can increase cell permeability and penetrate the cell, resulting in extraction of more endocellular secondary metabolites, both polar and less polar compounds, than non-polar solvents (Seidel 2012). Research by Azmir et al. (2013) reported that ethanol, as a polar solvent, can attract polyphenolic compounds, tannins, and terpenoids. Meanwhile, research conducted by Hikmawanti et al. (2021) proved that ethanol solvent could attract phenolic and flavonoid compounds in the *katuk* leaf plant (*Sauropus androgynus* (L.) Merr.). Likewise, Furqan and Putri's research (2020) reported that ethanol solvents produced saponin, tannin, phenolic, and flavonoid compounds in punti fruit plants.

The administration of punti ethanol extract to diabetic mice in the treatments (P4, P5, and P6) reduced the average blood glucose level. That is presumably due to the effects of the flavonoids, terpenoids, saponins, and phenolic compounds in the ethanol extract of punti. Xu et al. (2018) reported that saponin compounds could increase insulin sensitivity through the stimulation of insulin receptors (insulin receptor substrate-1 (IRS-1)). IRS-1 stimulation activates phosphoinositide 3-kinase (PI3K) phosphorylation and protein kinase B (PKB)/AKT activation. PKB/AKT activation can also be done by phenolic flavonoids (Deng et al. 2020) and terpenoids (Song et al. 2022). Hu et al. (2014) argued that IRS-1 stimulation with PI3K and AKT activation could cause GLUT4 translocation to cell membranes, increasing glucose uptake in liver and skeletal muscle cells and decreasing blood glucose.

Saponins and phenolic compounds also lower blood glucose by stimulating adenosine 5' monophosphate-Activated Protein Kinase (AMPK), causing glucose absorption in adipose tissue and affecting blood glucose reduction (Xu et al. 2018; Kang and Chiang 2022). Meanwhile, tannin lowers blood glucose with its ability to inhibit glucose-6-phosphatase, increases glucose absorption in hepatocyte cells and myoblast cells, and acts as an inhibitor of the  $\alpha$ -glucosidase enzyme that can delay glucose absorption in the small intestine wall (Sheikh et al. 2019). Saponin and flavonoids also can inhibit the  $\alpha$ -glucosidase enzyme (Sohretoglu et al. 2018; Nabil et al. 2019).

Flavonoid also increases insulin secretion (Khedher et al. 2018) through the effect of regenerating pancreatic  $\beta$  cells (Ghorbani et al. 2019), which in turn lowers blood glucose (Kasmawati et al. 2019). Flavonoids carry out the regeneration mechanism of pancreatic  $\beta$  cells from the flavone group. Flavones consist of rings C (C2, C3) and B (C4), which are thought to stimulate glucagon-like peptide-1 (GLP-1) (Wang et al. 2018). The activation of GLP-1 leads to PI3K and AKT phosphorylation (Campbell and Drucker 2013). In addition, Phosphorylated AKT will increase the expression of the pancreatic duodenum homeobox-1 (PDX-1) gene. This gene can regulate the regeneration of pancreatic  $\beta$  cells through the processes of proliferation, differentiation, and transdifferentiation (Seeberger et al. 2014; Guney and Lorberbaum 2020). In addition, the pancreatic  $\beta$  cell regeneration activity can increase the amount of insulin secretion, decreasing blood glucose (Campbell and Drucker 2013).

Furthermore, phenolic can act as an antioxidant by protecting pancreatic  $\beta$  cells from damage caused by alloxan (Adiba et al. 2021). Phenolic has hydroxyl groups of one or more aromatic ring structures (Singh et al. 2015). Based on the number of hydroxyl groups, it is grouped into several compounds, such as tannins and flavonoids (Singh et al. 2016). Phenolic compounds, such as flavonoids with hydroxyl groups ( $\text{OH}^-$ ), can donate hydrogen atoms (H) to stabilize free radicals (Vo et al. 2019). In addition, free radicals are unstable and highly reactive compounds (Kia et al. 2020) that can cause cell damage (Yu et al. 2012). Phenolic can deactivate free radicals, stopping damage to pancreatic  $\beta$  cells (Hasanah 2016) and decreasing blood glucose levels (Golovinskaia and Wang 2023).

The Duncan test results with a 5% confidence level in the punti ethanol extract treatment (P6) showed a significant difference from other treatments (P4 and P5). The content of secondary metabolites in P4 (dose 250 mg/kg bw) and P5 (500 mg/kg bw) was at a low concentration to improve the performance of pancreatic  $\beta$  cells so that the reduction in blood glucose levels had not yet reached the maximum effect. Nasution (2015) argued that administering the dose required an optimal condition to achieve the desired effect. Thus, the dose of punti ethanol extract to best reduce blood glucose levels is 1,000 mg/kg body weight.

The Duncan test with a 5% confidence level on the average blood glucose level in the punti ethanol extract treatment (P6) and the positive control treatment (P3) also indicated a significant difference. Glibenclamide only works to lower blood glucose (Liem et al. 2015) through the release of insulin by pancreatic  $\beta$  cells (Yau et al. 2021) without increasing the regeneration of pancreatic  $\beta$  cells (Ibrahim et al. 2021).

In conclusion, the ethanol extract of punti of 1,000 mg/kg body weight improved blood glucose levels in diabetic mice by 52.7% compared to Glibenclamide administration (32.9%). Therefore, the ethanol extract of punti at a dose of 1,000 mg/kg BW works more optimally in lowering blood glucose than glibenclamide. This study's findings prove that punti can be used as a drug candidate in treating diabetes mellitus.

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