

*Full length Research Paper*

# Effect of L-arginine on selected markers of metabolic syndrome related to oxidative stress, glucose metabolism and nitric oxide synthesis in female Wistar albino rats

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Female gender is an independent risk factor for the development of metabolic syndrome (MES) (a cluster of features indicating metabolic disorders), that is associated with oxidative stress, insulin resistance and a significant reduction in nitric oxide (NO), a major metabolite of L-arginine (ARG). This study aimed to ascertain the effect of ARG on selected markers of MES related to glucose metabolism, oxidative stress and nitric oxide synthesis, in female Wistar albino rats. Two groups of rats were given 3 ml/kg body weight (bw) of distilled water, DW and 60 mg/kg bw of ARG, respectively as control and treated groups. Exposing ARG to female rats evoked a significant reduction ( $p < 0.01$ ) in fasting blood glucose ( $20.13 \pm 2.35$  mg/ 100 ml), malondialdehyde (MDA) ( $6.42 \pm 0.29$  mg/ 100 ml) and uric acid ( $7.96 \pm 0.23$  mg/ 100 ml) concentrations but a significant increase ( $p < 0.01$ ) in calcium ion ( $\text{Ca}^{2+}$ ) ( $77.04 \pm 1.19$  mmol/l) concentration in the rats' serum. MDA, uric acid and fasting blood glucose concentrations correlated positively ( $\rho = 0.01$ ), but negatively ( $\rho = 0.01$ ) with  $\text{Ca}^{2+}$  concentration, indicating association of enhanced antioxidant activity and glucose metabolism with elevated nitric oxide synthesis. Thus, ARG elicited hypoglycaemic and antioxidant activity in the female rats probably *via* enhanced nitric oxide synthesis.

**Keywords:** Metabolic syndrome, nitric oxide, malondialdehyde, uric acid, calcium ion, insulin resistance, antioxidant, glucose metabolism.

## INTRODUCTION

Metabolic syndrome (MES) is a cluster of cardiovascular risk factors that is characterized by obesity, atherogenic dyslipidemia, and hypertension (Deedwania and Gupta, 2006; Gallagher *et al.*, 2010). It is not a disease entity. MES is a cluster of medical disorders in an individual that could predispose animals to further health challenges. These include type 2 diabetes mellitus (Wilson *et al.*, 2005; Azhar, 2010), cancer (Siddiqui, 2011; Pelucchi *et al.*, 2010; Rosato *et al.*, 2011; Capasso *et al.*, 2011) and obstructive sleep apnea (Mugnai, 2010).

Therefore, MES could contribute to significant premature mortality (Kozumplik *et al.*, 2010). Its scourge is pandemic, and the pattern cuts across every

age, location and gender hence is of global public health concern (Gotto *et al.*, 2006; Grundy, 2008). However, MES is more prevalent in developed nations, urban areas, female gender and with increasing age than otherwise (Mangat *et al.*, 2010; Kilic *et al.*, 2010).

The association of a significant reduction in NO with the pathophysiology of MES (Garlichs, *et al.*, 2000) suggested that L-arginine (ARG), a major precursor in the synthesis of NO (Moncada *et al.*, 1991), may improve MES in animals. Insulin, the key hormone in the regulation of glucose homeostasis, is the main pathogenic factor of type 2 diabetes mellitus and the main feature of obesity which are major components of MES (Lann and LeRoith, 2007). In a normal condition, insulin stimulates glucose transport, uptake and utilization by cells, inhibits hepatic gluconeogenesis, and decreases adipose-tissue lipolysis and hepatic production of very-low-density lipoproteins (Gallagher *et al.*, 2010).

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ARG could enhance the production and release of insulin (Harold, 2006). It could reduce hypertension (Alexander *et al.*, 2004), probably by its potential to induce vasodilatation (Rang *et al.*, 2003). Previous studies revealed that ARG administration improved endothelium function in animal models of diabetes mellitus (Pieper *et al.*, 1997), and hypercholesterolaemia (Kawano *et al.*, 2002). Furthermore, ARG increased polyamines production (Mendez and Arreola, 1992) and decreased oxidative stress in diabetic rat models (El-Missiry, *et al.*, 2004).

The present study aimed to ascertain the effect of ARG on selected markers of MES related to glucose metabolism, oxidative stress and nitric oxide synthesis. This study sought to achieve the stated aim through the specific objectives of studying the effect of ARG on the concentration of uric acid, malondialdehyde calcium ion and fasting blood glucose, using female rats as model.

## MATERIALS AND METHODS

### Chemicals and reagents

The chemicals used in this study were of analytical grade and were products of reputable companies based in Europe and America.

### Concentration determination/justification

The test concentration, ARG (60 mg/kg body weight, bw) was calculated and adjusted based on the WHO reported daily ARG oral intake (Marshal, 1994) and the concentration used in earlier studies (Olney, 1969; Alexander *et al.*, 2004; Egbuonu *et al.*, 2010a,b,c).

### Equipment/instruments

The Department of Biochemistry, University of Nigeria, Nsukka and Bishop Shanahan Memorial Hospital, Nsukka provided standard equipment and instruments used in the course of this study. These include the following, Bench centrifuge (Wisterfuge model 1384), UV/Vis Spectrophotometer (JENWAY 6205), Spectrophotometer (NOVASPEC LKB Biochrome, model 4049, Germany), Accu-Chek<sup>®</sup> glucometer (Roche Diagnostic, GmbH, Germany).

### Experimental design

#### Animals and treatment

Procurement of female weanling Wistar rats used in this study was from the animal house of the Faculty of Biological Sciences University of Nigeria, Nsukka. The

i.e, rats weighed 60-80g. The animal study was according to International guidelines for the care and use of lab animals in Biomedical Research (APS, 2002).

The rats acclimatized for a week and immediately thereafter were randomized into two groups with sample size of eight rats each. Group B rats were exposed to ARG (60 mg/kg bw) whereas Group A rats were given distilled water (DW) (3 ml/kg bw). Exposure route was by oral intubation, which was consecutive for 28 days.

The rats, housed in a well-ventilated stainless steel cages at room temperature ( $28\pm 2^{\circ}\text{C}$ ) and tropical humid condition, were maintained under standard natural photoperiodic condition of twelve hours of light alternating with twelve hours of darkness. In compliance with the ethical guidelines for treating laboratory animals, the rats were allowed unrestricted access to tap water and standard rat chow (Grand Cereals and Oil Mills Limited, Jos, Nigeria) for the experimental period.

### Sample collection and preparation

The animals were fasted overnight before sacrifice after 28 days. Collection of the respective blood samples of animals was by ophthalmic venous plexus or retro orbital sinus venipuncture. This involved inserting a sterile capillary tube into the medial canthus of the eye of the rat to puncture the retro-bulbar plexus resulting in out flow of blood into clean glass sample tubes: (i) non-anticoagulated tube for serum tests and (ii) anticoagulated tubes for whole blood test (fasting blood glucose concentration).

Centrifugation of clotted blood at 3000 rpm for 10 minutes yielded the serum. Thereafter, the serum (aspirated separately into stoppered polystyrene tubes) was stored in a deep freezer for subsequent use in determining the selected serum biochemical markers of metabolic syndrome (MDA, uric acid and calcium ion concentrations).

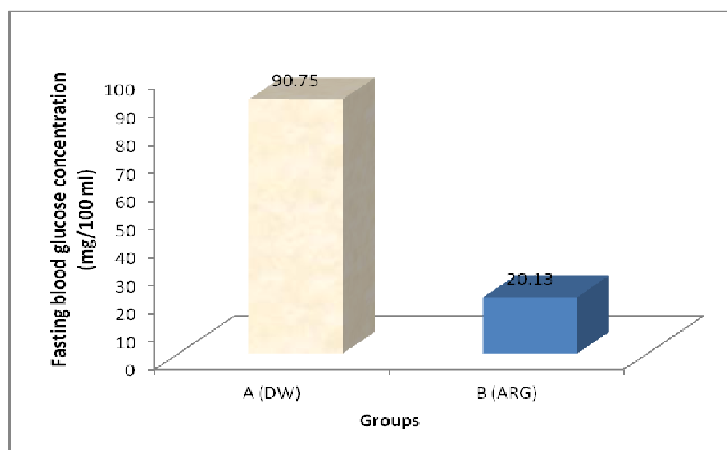
### Parameters determined

#### Fasting blood glucose

Measurement of the fasting blood glucose was on the whole blood samples collected from each rat. The measurement was with Accu-Chek<sup>®</sup> glucometre (Roche Diagnostic, Germany). Calibration of the glucometre was with the standard test strips supplied by the manufacturer.

#### Serum malondialdehyde (MDA) concentration

The malondialdehyde concentration determination in



**Figure I.** Influence of DW and ARG on fasting blood glucose concentration of rats

serum was by the method of Wallin *et al.* (1993). The method was based on the principle that malondialdehyde, a thiobarbituric acid reacting substances (TBARS), reacts with thiobarbituric acid (TBA) to give a red or pink colour which absorbs maximally at 532 nm.

#### Serum uric acid

The uric acid concentration determination in serum was by the Caraway method as described (Ochei and Kolhatkar, 2008). The method was based on the principle that uric acid is readily oxidized to allantoin and so can function as a reducing agent in many chemical reactions forming colored product that is measureable at 650-700 nm.

#### Serum calcium ion ( $\text{Ca}^{2+}$ ) concentration

The measurement of calcium ion was by a standard method described earlier (Ochei and Kolhatkar, 2008). This method based on the principle of colorimetric estimation at 612 nm of deep blue color formed by calcium ions complex with methylthymmol under acidic conditions.

#### Statistical Analysis

Analysis of data to determine the significant differences in means was by Student's t-test, using the Statistical Package for the Social Sciences (SPSS) for Windows version 16.0 (SPSS Inc., Chicago, IL., USA). Results were expressed as mean and standard deviation (Mean $\pm$ SD) of eight rats per group at significance level of  $p < 0.01$ . Furthermore, correlation of the results for

possible association among the studied parameters was by Pearson's bivariate method ( $p = 0.01$ ).

## RESULTS

#### Fasting blood glucose concentration

Administration of ARG to rats reduced the fasting blood glucose concentration of the rats ( $20.13 \pm 2.35$  mg/100 ml) in contrast with the control animals ( $90.75 \pm 3.28$  mg/100 ml). This observation represented a decrease of 77.82 % and was statistically significant ( $p < 0.01$ ) (Figure I).

#### Serum malondialdehyde (MDA) concentration

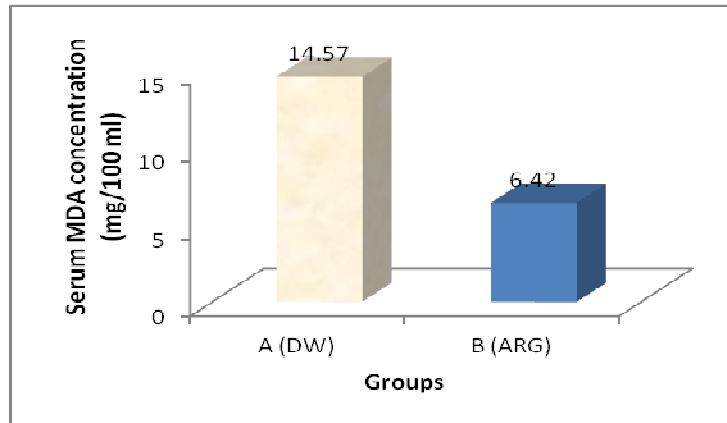
The serum MDA concentration decreased in the ARG-treated rats ( $6.42 \pm 0.29$  mg/100 ml) compared with the control rats ( $14.57 \pm 0.46$  mg/100 ml). This is a decrease of 55.94 % relative to the control and was significant at 0.01 probability level (Figure II).

#### Serum uric acid concentration

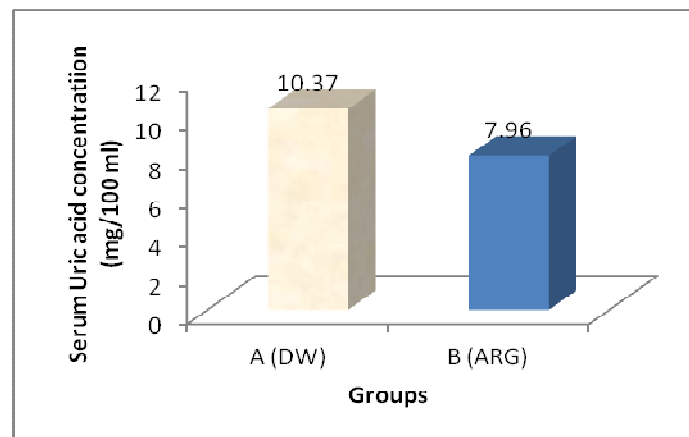
As shown in Figure III, the serum uric acid concentration of rats exposed to high concentration of ARG ( $7.96 \pm 0.23$  mg/100 ml) significantly decreased ( $p < 0.01$ ) in contrast to the control rats ( $10.37 \pm 0.37$  mg/100 ml). This represents a decrease of 23.24 % relative to the control.

#### Serum calcium ion ( $\text{Ca}^{2+}$ ) concentration

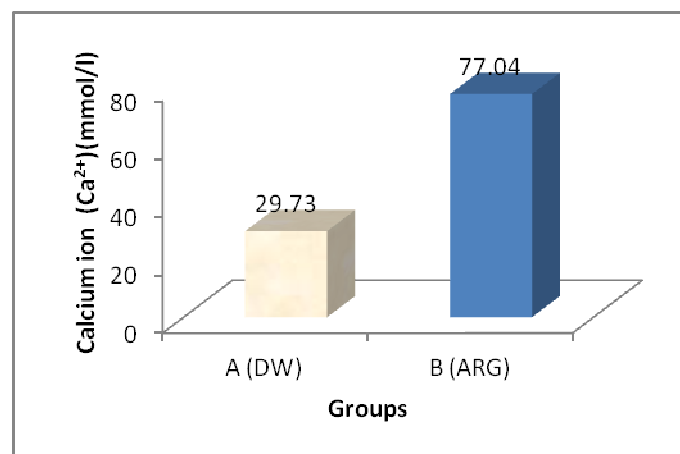
The results of this study presented in Figure IV reveal that the serum calcium ion in the ARG-treated rats



**Figure II.** Influence of DW and ARG on serum MDA concentration of rats



**Figure III.** Effect of DW and ARG on serum uric acid concentration of rats



**Figure IV.** Influence of DW and ARG on serum calcium ion (Ca<sup>2+</sup>) concentration of rats

**Table I.** Spread sheet showing Pearson two-tailed correlation analysis of MDA, Calcium ion, Uric acid and Fasting blood glucose concentrations

		MDA Concentration	CALCIUM Concentration	ION URIC Concentration	ACID FASTING GLUCOSE Concentration	BLOOD Concentration
MDA Concentration	Pearson Correlation	1	-.991**	.967**	.993**	
	Sig. (2-tailed)		.000	.000	.000	
	N	16	16	16	16	
CALCIUM Concentration	ION Pearson Correlation	-.991**	1	-.965**	-.997**	
	Sig. (2-tailed)	.000		.000	.000	
	N	16	16	16	16	
URIC Concentration	ACID Pearson Correlation	.967**	-.965**	1	.958**	
	Sig. (2-tailed)	.000	.000		.000	
	N	16	16	16	16	
FASTING BLOOD GLUCOSE Concentration	Pearson Correlation	.993**	-.997**	.958**	1	
	Sig. (2-tailed)	.000	.000	.000		
	N	16	16	16	16	

\*\* . Correlation is significant at the 0.01 level (2- tailed).

(77.04±1.19 mmol/l) increased above that of the control rats (29.73±1.79 mmol/l). The observed increase of 159.13 % was significant at 0.01 probability level.

### Correlation of the paramaters

As presented in Table I, calcium ion concentration correlated negatively ( $p = 0.01$ ) with MDA, uric acid and fasting blood glucose concentrations. However, MDA, uric acid and fasting blood glucose concentrations correlated positively ( $p = 0.01$ ).

### DISCUSSION

The female gender is an independent risk factor for the development of MES (Kilic *et al.*, 2010; Ravikiran *et al.*, 2010). The syndrome predisposes animals to further health risks (Lerman-Garber, *et al.*, 2010; Szosland, 2010; De Flines and Scheen, 2010; Brietzke 2010; Zambon *et al.*, 2010). The association of pathogenesis of MES with insulin resistance (Ezeanyika and Egbuonu, 2011) and significant reduction in NO availability (Garlichs *et al.*, 2000) suggested that ARG, a precursor in the synthesis of NO (Moncada *et al.*, 1991) and insulin (Harlod, 2006), may improve MES in animals. Therefore, the aim of this study is to ascertain

the effect of ARG on selected markers of MES related to glucose metabolism, oxidative stress and nitric oxide synthesis, using female albino rats as model.

Elevated fasting blood glucose predicted MES in animals (Tang *et al.*, 2010). Consistent with previous report (Vasilijević *et al.*, 2007), exposing ARG to the rats reduced their fasting blood glucose concentration, indicating enhanced glucose metabolism that could protect against diabetes and obesity which are major components and risk factors of MES. The result was as expected since ARG enhanced the synthesis of insulin (Harold, 2006) which perhaps facilitated efficient glucose transport, uptake and utilization by cells resulting to reduced blood glucose concentration as observed in this study. Thus, ARG may improve MES related to hyperglycaemia in the female rats.

Calcium ion concentration in serum had a direct relationship with NO synthesis (Garlichs *et al.*, 2000). Thus, in this study, NO synthesis was assessed *in vivo* by measuring the calcium ion ( $Ca^{2+}$ ) concentration in serum. ARG is the major precursor in the synthesis of NO (Moncada *et al.*, 1991), thus, as would be expected, ARG ingestion by rats increased ( $p < 0.01$ ) the serum  $Ca^{2+}$  concentration, implying enhanced NO synthesis. The pathophysiology of MES is associated with a significant reduction in NO by way of endothelial dysfunction (Ezeanyika and Egbuonu, 2011), a situation of impaired function of the endothelium in maintaining balance between vascular dilatation and vascular

constriction, where increased vascular constriction results to high blood pressure. Thus ARG may be useful in the management of MES related to reduced NO synthesis perhaps *via* enhanced NO synthesis.

Stress was a factor in the development of insulin resistance *via* increased oxidative stress (Rayssiguier *et al.*, 2010). It has been reported to increase MES components, including type 2 diabetes (Bonora, 2006; Kyrou and Tsigos, 2007). In particular, increased oxidative stress was associated with physiological dysfunctions in animals (Mezzetti *et al.*, 2000; Rayssiguier *et al.*, 2010), including MES (Holvoet, 2008). Consistent with earlier reports that arginine attenuated oxidative stress in animal models (Kawano *et al.*, 2002; El-missiry *et al.*, 2004; Dasgupta, *et al.*, 2006), the serum MDA concentration in the present study decreased ( $p < 0.01$ ) in the ARG-treated group relative to the control. This suggests antioxidant or free radical scavenging potential of ARG in the female rats.

Furthermore, uric acid, a product of purine metabolism, and a strong reducing agent with over half the antioxidant capacity of blood plasma in humans (Baillie *et al.*, 2005) is excreted *via* the kidney thus, may serve as an antioxidant and renal function markers. In line with the present study on MDA, ARG ingestion by rats decreased ( $p < 0.01$ ) uric acid concentration in serum relative to the control, further suggesting antioxidant or free radical scavenging potential of ARG and absence of varied pathologies in the female rats. Uric acid is a marker for varied biochemical disorders. For instance, elevated serum uric acid concentration indicated renal insufficiency (Ochie and Kolhatkar, 2008; Ghazavi *et al.*, 2008; See *et al.*, 2011), obesity (Gil-Campos, *et al.*, 2009), cardiovascular diseases (Cai *et al.*, 2009; Borges *et al.*, 2010; Kuo *et al.*, 2010; Saito *et al.*, 2010) and MES in females (Ogbera and Azenabor, 2010).

The observation on these markers of oxidative stress is quite remarkable because NO, the major metabolite of ARG, that is associated with the pathophysiology of MES (Garlichs *et al.*, 2000), is an inorganic free radical that could, depending on concentration, exert both antioxidant and prooxidant activities in animals. Thus, it appears that ARG as used in this study enhanced the synthesis of optimal concentration of NO, warranting the expression of its antioxidant effect in the rats.

Generally, Pearson's correlation analysis showed that MDA, uric acid and fasting blood glucose concentrations correlated positively ( $\rho = 0.01$ ), but negatively ( $\rho = 0.01$ ) with  $\text{Ca}^{2+}$  concentration, indicating association of enhanced antioxidant activity and glucose metabolism with elevated nitric oxide synthesis.

In conclusion, this study suggests that ARG elicited hypoglycaemic and antioxidant activity in the female rats probably *via* enhanced nitric oxide synthesis. Results of this study highlighted possible effect of L-arginine on selected markers of metabolic syndrome related to glucose metabolism, oxidative stress and

nitric oxide synthesis in female Wistar rats. Harnessing insights gained from this study in dietary food choice or in nutraceutical or pharmafood formulations may improve MES in especially female animals.

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## REFERENCES

- Alexander BT, Llinas MT, Kruckeberg WC, Granger JP (2004). L-Arginine attenuates hypertension in pregnant rats with reduced uterine perfusion pressure. *Hypertension* 43(4): 832-836.
- American Physiological Society (APS) (2002). Guiding principles for research involving animals and human beings. *Am. J. Physiol. Regul. Integr. Comp. Physiol.* 283: 281-283.
- Azhar S (2010). Peroxisome proliferator-activated receptors, metabolic syndrome and cardiovascular disease. *Future Cardiol.* 6(5): 657-691.
- Bonora E (2006). The metabolic syndrome and cardiovascular disease. *Ann. Med.* 38: 64-80.
- Borges RL, Ribeiro AB, Zanella MT, Batista MC (2010). Uric acid as a factor in the metabolic syndrome. *Curr. Hypertens. Rep.* 12(2): 13-19.
- Brietzke SA (2010). A personalized approach to metabolic aspects of obesity. *Mt. Sinai J. Med.* 77(5): 499-510.
- Cai Z, Xu X, Wu X, Zhou C, Li D (2009). Hyperuricemia and the metabolic syndrome. *Asia Pac. J. Clin. Nutr.* 18(1): 81-87.
- Capasso I, Esposito E, Pentimalli F, Crispo A, Montella M, Grimaldi M, De Marco M, Cavalcanti E, D'Aiuto M, Fucito A, Frasci G, Maurea N, Esposito G, Pedicini T, Vecchione A, D'Aiuto G, Giordano A (2011). Metabolic syndrome affects breast-cancer risk in postmenopausal women: National Cancer Institute of Naples experience. *Cancer Biol. Ther.* 10(12): 1240-1243.
- Dasgupta T, Hebbel RP, Kaul DK (2006). Protective effect of arginine on oxidative stress in transgenic sickle mouse models. *Free Radic. Biol. Med.* 41(12): 1771-1780.
- Deedwania PC, Gupta R (2006). Management issues in the metabolic syndrome. *J. Assoc. Physicians India* 4: 797-810.
- De Flines J, Scheen AJ (2010). Management of metabolic syndrome and associated cardiovascular risk factors. *Acta. Gastroenterol. Belg.* 73(2): 261-266.
- Egbuonu ACC, Obidoa O, Ezeokkonko CA, Ejikeme PM, Ezeanyika LUS (2010a). Some biochemical effects of sub-acute oral administration of L-arginine on monosodium glutamate-fed Wistar albino rats 1: Body weight change, serum cholesterol, creatinine and sodium ion concentrations. *Toxicol. and Environ. Chem.* 92(7): 1331-1337.
- Egbuonu ACC, Ezeokkonko CA, Ejikeme PM, Obidoa O, Ezeanyika LUS (2010b). Some biochemical effects of sub-acute oral administration of L-arginine on monosodium glutamate-fed Wistar albino rats 2: Serum alkaline phosphatase, total acid phosphatase and aspartate aminotransferase activities. *Asian J. Biochem.* 5(2): 89-95.
- Egbuonu ACC, Ezeanyika LUS, Ejikeme PM, Obidoa O (2010c). Histomorphologic alterations in the liver of male Wistar rats treated with L-arginine glutamate and monosodium glutamate. *Res. J. Environ. Toxicol.* 4(4): 205-213.
- El-Missiry MA, Othman AI, Amer MA (2004). L-Arginine Ameliorates Oxidative Stress in Alloxan-induced Experimental Diabetes Mellitus. *J. Appl. Toxicol.* 24: 93-97.
- Ezeanyika LUS, Egbuonu ACC (2011). Impact of nitric oxide and insulin resistance on the pathophysiology of the metabolic syndrome: Possible role of L-arginine and glutamate. *J. Med. and*

- Med. Sci. 2(2): 657-662.
- Gallagher EJ, Leroith D, Karnieli E (2010). Insulin resistance in obesity as the underlying cause for the metabolic syndrome. *Mt. Sinai J. Med.* 77(5): 511-523.
- Garlrichs CD, Beyer J, Zhang H, Schmeisser A, Plötze K, Mügge A, Schellong S, Daniel WG (2000). Decreased plasma concentrations of L-hydroxy-arginine as a marker of reduced NO formation in patients with combined cardiovascular risk factors. *J. Lab. Clin. Med.* 135(5): 419-425.
- Ghazavi, AG, Mosayebi E, Mashhadi MA, Shariat Z, Rafiei M (2008). Association of uric acid and c-reactive protein with severity of preeclampsia in Iranian women. *J. Medical Sci.* 8: 239-243.
- Gil-Campos M, Aguilera CM, Cañete R, Gil A (2009). Uric acid is associated with features of insulin resistance syndrome in obese children at prepubertal stage. *Nutr. Hosp.* 24(5): 607-613.
- Gotto AM Jr, Blackburn GL, Dailey GE, Garber AJ, Grundy SM, Sobel B.E (2006). The metabolic syndrome: A call to action. *Coron. Artery Dis.* 17: 77-80.
- Grundy SM (2008). Metabolic syndrome pandemic. *Arterioscler. Thromb. and Vasc. Biol.* 28(4): 629-636.
- Harold B (2006). The 20 Amino Acids. Available @:(<http://www.your-own-boss/amino.html>). Accessed June 30, 2006.
- Holvoet P (2008). Relations between metabolic syndrome, oxidative stress inflammation cardiovascular disease. *Verh. K. Acad. Geneeskd. Belg.* 70(3): 193-219.
- Kawano H, Motoyama T, Hirai N, Kugiyama K, Yasue H, Ogawa H (2002). Endothelial dysfunction in hypercholesterolemia is improved by L-arginine administration: possible role of oxidative stress. *Atherosclerosis* 161: 375-380.
- Kilic S, Yilmaz N, Erdogan G, Aydin M, Tasdemir N, Doganay M, Batioglu S (2010). Effect of non-oral estrogen on risk markers for metabolic syndrome in early surgically menopausal women. *Climacteric* 13(1): 55-62.
- Kozumplik O, Uzun S, Jakovljević M (2010). Metabolic syndrome in patients with psychotic disorders: diagnostic issues, comorbidity and side effects of antipsychotics. *Psychiatr. Danub.* 22(1): 69-74.
- Kuo CF, Yu KH, Luo SF, Ko YS, Wen MS, Lin YS, Hung KC, Chen CC, Lin CM, Hwang JS, Tseng WY, Chen HW, Shen YM, See LC (2010). Role of uric acid in the link between arterial stiffness and cardiac hypertrophy: a cross-sectional study. *Rheumatology (Oxford)* 49(6):1189-1196.
- Kyrou I, Tsigos C (2007). Stress mechanisms and metabolic complications. *Horm. Metab. Res.* 39: 430-438.
- Lann D, LeRoith D (2007). Insulin resistance as the underlying cause for the metabolic syndrome. *Medical Clinics of North America* 91(6): 1063-1077.
- Lerman-Garber I, Aguilar-Salinas C, Tusia-Luna T, Velasquez D, Lobato-Valverde M, Osornio-Flores M, Gamez-Perez FJ, Granados-Arreola J, Villa AR, Velasco ML, Rull-Rodrigo JA (2010). Early-onset type 2 diabetes mellitus. The experience from a third level medical institution. *Gac. Med. Mex.* 146(3): 179-184.
- Mangat C, Goel NK, Walia DK, Agarwal N, Sharma MK, Kaur J, Singh R, Singh G (2010).
- Metabolic Syndrome: a challenging health Issue in highly urbanized Union Territory of north India. *Diabetology & Metabolic Syndrome* 2: 19. doi:10.1186/1758-5996-2-19.
- Marshal WE (1994). Amino acids, peptides and proteins. In: *Functional Foods: Designer Foods, Pharmafoods, Nutraceuticals.* Goldberg, I., (Eds.). Chapman and Hall, Thomson Publishing, New York. pp: 242-260. ISBN: 0-412-98851-8
- Mendez JD, Arreola MA (1992). Effect of L-arginine on pancreatic arginase activity and polyamines in alloxan treated rats. *Biochem. Int.* 28: 569-575.
- Mezzetti A, Cipollone F, Cucurullo F (2000). Oxidative stress and cardiovascular complications in diabetes. *Cardiovas. Res.* 47: 475-488.
- Moncada S, Palmer RM, Higgs EA (1991). Nitric oxide: physiology, pathophysiology and pharmacology. *Pharmacol. Rev.* 43(2): 109-142.
- Mugnai G (2010). Pathophysiological links between obstructive sleep apnea syndrome and metabolic syndrome. *G. Ital. Cardiol. (Rome)* 11(6): 453-459.
- Ochie J, Kolhatkar A (2008). *Medical Laboratory Science: Theory and Practice.* Tata McGraw-Hill Publishing Company Limited, New Delhi, India. pp. 1-1338. ISBN-13:978-0-07-463223-9.
- Ogbera AO, Azenabor AO. (2010). Hyperuricaemia and the metabolic syndrome in type 2 DM. *Diabetol. Metab. Syndr.* 2: 24. doi: 10.1186/1758-5996-2-24.
- Pelucchi C, Negri E, Talamini R, Levi F, Giacosa A, Crispo A, Bidoli E, Montella M, Franceschi S, La Vecchia C (2010). Metabolic syndrome is associated with colorectal cancer in men. *Eur. J. Cancer* 46(10): 1866-1872.
- Pieper GM, Siebeneich W, Moore-Hilton G, Roza AM (1997). Reversal by L-arginine of a dysfunctional arginine/nitric oxide pathway in the endothelium of the genetic diabetic BB rat. *Diabetologia* 40: 910-915.
- Rang HP, Dale MM, Ritter JM, Moore PK (2003). *Pharmacology 5th edition.* Churchill Livingstone Pp. 212-561.
- Ravikiran M, Bhansali A, Ravikumar P, Bhansali S, Dutta P, Thakur JS, Sachdeva N, Bhadada S, Walia R (2010). Prevalence and risk factors of metabolic syndrome among Asian Indians: A community survey. *Diabetes Res. Clin. Pract.* 89(2): 181-188.
- Rayssiguier Y, Libako P, Nowacki W, Rock E (2010). Magnesium deficiency and metabolic syndrome: stress and inflammation may reflect calcium activation. *Magnes. Res.* 23(2): 73-80.
- Rosat V, Zucchetto A, Bosetti C, Maso LD, Montella M, Pelucchi C, Negri E, Franceschi S, La Vecchia C (2011). Metabolic syndrome and endometrial cancer risk. *Ann. Oncol.* 22(4): 884-889.
- Saito J, Matsuzawa Y, Ito H, Omura M, Ito Y, Yoshimura K, Yajima Y, Kino T, Nishikawa T (2010). The alkali citrate reduces serum uric Acid levels and improves renal function in hyperuricemic patients treated with the xanthine oxidase inhibitor allopurinol. *Endocr. Res.* 35(4): 145-154.
- See LC, Kuo CF, Chuang FH, Shen YM, Ko YS, Chen YM, Yu KH (2011). Hyperuricemia and metabolic syndrome: associations with chronic kidney disease. *Clin. Rheumatol.* 30(3): 323-330.
- Siddiqui AA (2011). Metabolic Syndrome and its association with colorectal cancer: A review. *Am. J. Med. Sci.* 341(3): 227-231.
- Szosland D (2010). Shift work and metabolic syndrome, diabetes mellitus and ischaemic heart disease. *Int. J. Occup. Med. Environ. Health.* 23(3): 287-291.
- Tang L, Kubota M, Nagai A, Mamemoto K, Tokuda A. (2010). Hyperuricemia in obese children and adolescents: the relationship with metabolic syndrome. *Pediatric Reports* 2(1): e12. doi:10.4081/pr.2010.e12.
- Vasilijević A, Buzadić B, Korać A, Petrović V, Janković A, Korać B (2007). Beneficial effects of L-arginine-nitric oxide-producing pathway in rats treated with alloxan. *J. Physiol.* 584(3): 921-933.
- Wallin B, Rosengren B, Shetzer HG, Cameja G (1993). Lipid oxidation and measurement of thiobarbituric acid reacting substances (TBARS) formation in a single microtitre plate: its use for evaluation of antioxidants. *Anal. Biochem.* 208: 10-15.
- Wilson WF, Agostino R, Parise H, Sullivan L, Meigs J (2005). Metabolic Syndrome as a precursor of Cardiovascular Disease and Type 2 Diabetes Mellitus. *Circulation* 112: 3066-3072.
- Zambon JP, Mendonça RR, Wroclawski ML, Karam Jr. A, Santos RD, Carvalho JA, Wroclawski ER (2010). Cardiovascular and metabolic syndrome risk among men with and without erectile dysfunction: case-control study. *Sao Paulo Med. J.* 128(3): 137-140.