



## Full Length Research Paper

# Hypoglycemic effects of *Marrubium vulgare* (Rubia) in experimentally induced autoimmune diabetes mellitus

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### ABSTRACT

Cytokines and nitric oxide (NO) are involved in the Pathogenesis of autoimmune diabetes mellitus (DM) Type1. The aim of this study is to investigate the effectiveness of *Marrubium vulgare L* in autoimmune DM. Autoimmune DM-Type1 was induced in adult male albino mice by co-administration of cyclosporine A and multiple low doses of streptozotocin. Diabetic mice were treated daily with 2, 2 and 1mg/ml doses of *Marrubium vulgare L* (methanol, water and buthanol extract) respectively for 28 days. Blood glucose level (BGL), serum insulin level, lipid profile and pancreatic levels of tumor necrosis factor-alpha (TNF- $\alpha$ ), interferon-gamma (IFN- $\gamma$ ) and (NO) were measured. The results showed that *Marrubium vulgare L* treatment resulted in a significant decrease in the BGL and the pancreatic levels of IFN- $\gamma$  and NO compared to diabetic mice and significant decrease in total cholesterol, LDL cholesterol, VLDL cholesterol, triglycerides. The serum insulin level and HDL cholesterol level were significantly increased after *Marrubium vulgare L* treatment compared to diabetic mice. These results suggest that *Marrubium vulgare L* has a beneficial effect in the treatment of autoimmune diabetes, an effect that seemed to be a secondary consequence of its anti-inflammatory.

**Keywords:** Autoimmune diabetes, *Marrubium vulgare L*, cytokines, Streptozotocin and Antioxidant.

## INTRODUCTION

Diabetes mellitus is a metabolic disease, characterized by hyperglycemia together with impaired metabolism of glucose and other energy-yielding fuels, such as lipids and proteins (Scheen, 1997). This metabolic disorder is the result of a deficiency in insulin secretion or a resistance to insulin action, or both (Vinik *Al* and Vinik *E*, 2003). More than 220 million people worldwide have diabetes and this number is likely to more than double by the year of 2030 (Ahmed *et al.*, 2011). Diabetic patients also exhibit oxidative stress, which leads to lipid peroxidation and tissue damage including retinopathy, nephropathy, and coronary heart disease (CHD) (Lyons, 1991; Wolffe *et al.*, 1991). Dyslipidemia or hyperlipidemia is also involved in the development of cardiovascular complications, which are a major cause of morbidity and mortality (Reasner, 2008).

Herbal medicines are widely used all over the world. They are often perceived as being natural and therefore harmless. Many herbal remedies individually or in combination with different formulations such as leaf, powder, pastes, decoction, infusion, etc. had been recommended to treat various diseases. Many, if not

most of medicinal plants contain flavonoids, such compounds has been associated with several beneficial effects such as antioxidants which consider to be a fundamental property important for life (Halliwell and Gutteridge, 2010).

Some herbal alternatives are proven to provide symptomatic relief and assist in the prevention of secondary complications of the disease. Some herbs have also been proven to help in the regeneration of B-cells and in overcoming resistance. In addition to maintain normal blood sugar level. However, the hypoglycemic effects of some herbal extracts have been confirmed in human and animal models of diabetes and conventional drugs have been derived from the active molecules of these medicinal plants. Plants provide a potential source of hypoglycemic drugs and are widely used in several traditional systems of medicine to prevent diabetes. Several medicinal plants have been investigated for their beneficial use in different types of diabetes. The effects of these plants may delay the development of diabetic complications and correct the metabolic abnormalities using variety

of mechanisms (Edwan *et al.*, 2008).

*Marrubium vulgare* L. (Lamiaceae), commonly known as "Horehound", is a widespread Mediterranean plant used in folk medicine to cure a variety of diseases, and is widely distributed in Libya. *M. vulgare* has been widely used in Mexican traditional medicine for the treatment of DM (Herrera *et al.*, 2004), and its hypoglycemic effect was demonstrated during the study of the hypoglycemic effect of some Mexican and Brazilian plants (Roman *et al.*, 1998; Novaes *et al.*, 2001). The plant is reported to possess vasorelaxant (El-Bardai *et al.*, 2003), antihypertensive (El-Bardai *et al.*, 2004), analgesic (De Souza *et al.*, 2009), anti-inflammatory (Sahpaz *et al.*, 2002), and antioxidant properties (Weel *et al.*, 1999). The aim of this study was to investigate the hypoglycemic, anti-inflammatory and antidyslipidemic effects of the three extracts (methanol, water and butanol) of the whole parts of *M. vulgare* in streptozotocin-induced diabetic mice. Also, the effect of this herb on normal mice was studied during 4 weeks of treatment.

## MATERIALS AND METHODS

### MATERIALS

**Plant material:** The whole plant of *M. Vulgare* L was purchased from supermarket in Benghazi Libya (2010).

**Chemicals:** All the following chemicals were purchased from Sigma Co., USA ((Sodium citrate buffer (ph 4.5), Streptozotocin (STZ), Tetramethylene diamine (TEMED), Vanadium (III) chloride (VCl<sub>3</sub>), Griess reagent (1% sulfanilamide in 5% phosphoric acid and 0.1 % naphthyl ethylenediamine dihydrochloride in water), Butanol, Methanol, Formalin-fixed (10%). All other used chemicals were of high analytical grade.

**Experimental Animals:** A male albino mouse, aged 1-2 months, weighing 20-30 g, purchased from the animal house of the Benghazi University Faculty of medicine Benghazi, Libya were used in this study; Mice were fed on commercial standard pellet diet and allowed free access to tap water.

**Kits:** Tumor necrosis factor-alpha (TNF- $\alpha$ ) EASIA kit (Biosource, Belgium), Interferon-gamma (IFN- $\gamma$ ) EASIA kit (Biosource, Belgium), Insulin kit (Abbott Laboratories, USA).

**Drugs:** Cyclosporine A (Sandimmune injection, Sandoz, Switzerland). It is diluted with normal saline and kept at 4°C.

### METHODS

**Preparation of test herb:** The whole plant of *M. Vulgare* L Was powdered separately using 40 mesh Willey mill to

insure their complete homogeneity.

***Marrubium vulgare* L extracts:** The air dried material (20g) extracted by percolation with boiling water, methanol, butanol and acetone. The extracts were filtered concentrated under vacuum.

**Induction of autoimmune diabetes:** Mice were injected daily with cyclosporine A (CsA, 22 mg/kg/day, S.C.) for 2 weeks prior to and simultaneously with multiple low doses of streptozotocin (MLD STZ, 45 mg/kg/day, I.P.) for another 5 consecutive days (Wright *et al.*, 1995; Fraser *et al.*, 1997). STZ was dissolved in 0.1M sodium citrate buffer (PH 4.5) just before use. Mice were allowed free access to diet and water. Blood glucose level was measured every other day; diabetes mellitus was defined when the fasting blood glucose level (B.G.L.) reached more than 11.1 mmol/l (200 mg/dl) at two consecutive readings taken every other day (Papaccio *et al.*, 1999).

### Experimental design

The curative effect of different treatments on diabetic mice: In this experiment, a total of 75 mice were used. 15 mice were taken daily normal saline and served as negative control (-ve) for 4 weeks "group1". The other mice were subjected to the induction of experimental hyperglycemia for 19 days as described before. The hyperglycemic mice (60 mice) were divided randomly into equal 4 sub-groups (15 mice each) as follows: Group 2 : Mice were served as hyperglycemic animals (+ve), n=15. Group 3: Mice were injected daily with Methanol extract of *Marrubium vulgare* L (2mg/ml) for 28 days, n=15. Group 4: Mice were injected daily with Water extract of *Marrubium vulgare* L (2mg/ml) for 28 days, n=15. Group 5: Mice were injected daily with Butanol extract of *Marrubium vulgare* L (1mg/ml) for 28 days, n=15.

### Biochemical analysis

**Determination of blood glucose level:** The blood glucose level was determined by enzymatic colorimetric method (Trinder, 1969).

**Determination of Serum Insulin Level:** The insulin level in serum samples was determined using the microparticle enzyme immunoassay (MEIA), Abbott AxSYM<sup>®</sup> system.

**Determination of serum lipid profile:** Serum total cholesterol (TC), triglycerides (TG) and HDL-cholesterol (HDL-C) were determined spectrophotometrically, using commercial kits. Low density lipoprotein (LDL and VLDL) were calculated by using finely (1978) . .

**Determination of TNF- $\alpha$  and IFN- $\gamma$  content In Pancreatic Tissue:** The Pancreatic level of TNF- $\alpha$  and IFN- $\gamma$  were determined by means of ELISA kits using monoclonal antibodies specific for TNF- $\alpha$  and IFN- $\gamma$  respectively. Samples were run in duplicate according to

**Table 1.** Arithmetic mean values  $\pm$  S.D and % changes from the corresponding control of different biochemical parameters of serum and tissues before and after induction of hyperglycemia in male albino mice.

Parameters	Before induction of hyperglycemia	After induction of hyperglycemia	% change
Bl. Glucose (mg /dl)	84.2 $\pm$ 7.90	421 $\pm$ 8.39***	400 $\uparrow$
S. insulin (mu/ml)	19.6 $\pm$ 3.02	2.74 $\pm$ 1.44***	86 $\downarrow$
S. T.chol.(mg /dl)	159.1 $\pm$ 6.16	171 $\pm$ 12.9†	7.48 $\uparrow$
S.LDL-chol.(mg /dl)	93.2 $\pm$ 3.8	110 $\pm$ 7.36†	18.0 $\uparrow$
S.HDL-chol.(mg /dl)	49.2 $\pm$ 2.45	41.3 $\pm$ 0.42†	16.1 $\downarrow$
R.R (T/HDL-chol.)	3.23 $\pm$ 0.11	4.14 $\pm$ 0.41†	28.2 $\uparrow$
S. Triglyc.(mg /dl)	83.7 $\pm$ 7.26	98.7 $\pm$ 8.51†	17.9 $\uparrow$
S.VLDL-chol.(mg /dl)	16.7 $\pm$ 2.04	19.7 $\pm$ 3.26†	18.0 $\uparrow$
IFN- $\gamma$ (PG/ML)	119.6 $\pm$ 8.74	387 $\pm$ 8.54***	223.6 $\uparrow$
TNF- $\alpha$ (PG/ML)	2.00 $\pm$ 0.09	11.89 $\pm$ 0.11†	494.5 $\uparrow$
Nitric oxide (IU/ML)	22.0 $\pm$ 1.12	39.6 $\pm$ 5.33**	80 $\uparrow$

† Insignificant difference from the corresponding control at  $P > 0.1$ , \* Significant difference from the corresponding control at  $P < 0.05$ , \*\* Highly sig. difference from the corresponding control at  $P < 0.01$ , \*\*\* Very highly sig. difference from the corresponding control at  $P < 0.001$ ,  $\downarrow$  Decrease,  $\uparrow$  Increase

the manufacturer's instructions. Concentrations of cytokines were determined from standard curves using purified recombinant cytokines provided with the kits.

**Determination of NO (Measured As Nitrite/Nitrate) in Pancreatic Tissue:** The NO content of the pancreas was determined as nitrite and nitrate by spectrophotometry according to previously described method (Miranda *et al.*, 2001).

### Histopathological Examination of the Pancreas

- Hematoxylin and Eosin (H&E) staining technique: At the end of the experiment period, pancreas was excised, washed with normal saline and the fixed in 10% neutral formalin for 24 hr. Sections were embedded in paraffin wax, serially sectioned (5  $\mu$ m), stained with (H&E), then mounted in Canada balsam for examination by a light microscope. 2.6. Statistical analysis of the data: The results obtained were statistically analysed according to the methods described by Chase (1967). The probability "P" was deduced from table of "t" test according to the degree of freedom.

## RESULT

### Induction of hyperglycemia:

During the induction of hyperglycemia (mice were injected daily with cyclosporine A (CsA, 22 mg/kg/day, S.C.) for 2 weeks prior to and simultaneously with

multiple low doses of streptozotocin (MLDSTZ, 45 mg/kg/day, I.P.) for another 5 consecutive days. Table (1) illustrated the values of different parameters under investigation before and after induction of hyperglycemia. Blood Glucose was very highly significant increased by 400%. Serum insulin was very highly significant decreased by 86% after induction of hyperglycemia. The levels of Serum total, triglycerides, total cholesterol, HDL, LDL, and VLDL cholesterol did not induce any significant change after induction of hyperglycemia. Induction of hyperglycemia causes increase of IFN- $\gamma$ , TNF- $\alpha$  and Nitric oxide by ( 223.6%, 494.5% and 80%), respectively.

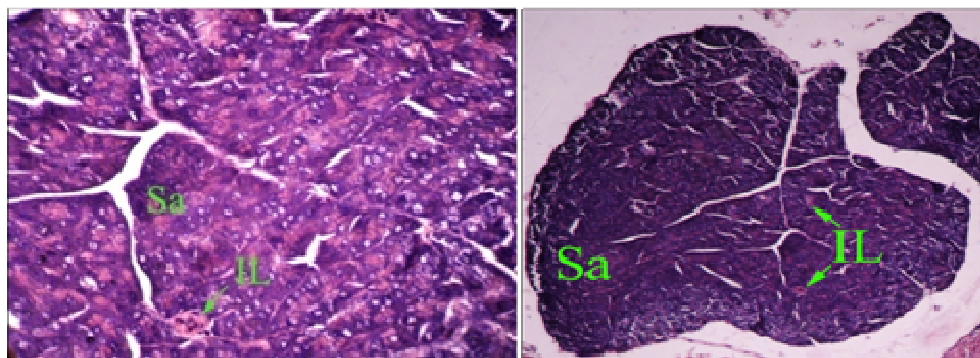
### Histopathological studies.

#### Positive control (Diabetic mice)

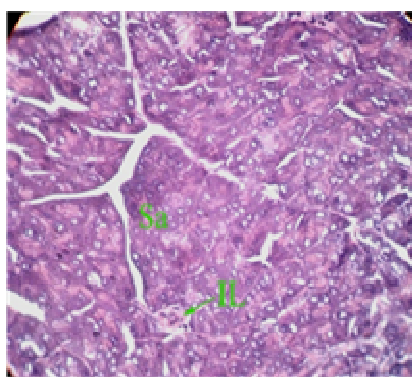
Pancreatic sections stained by (H & E) and taken from positive control diabetic mice showed the cells lining serous acini undergo sever vascular degenerative change. The islets of langerhans (IL) showed sever involution, may reach to their absence in their location between serous acini (Sa), so this area between serous acini (Sa) in some fields under light microscope appeared devoid from cells and vascular architecture figures. (1, 2, 3, 4).

Curative effect of different treatments on hyperglycemic mice

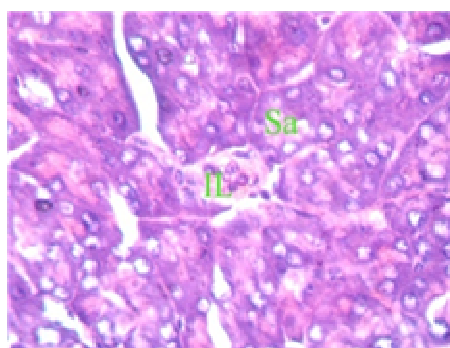
1. Curative effect of different treatments on BL. glucose and S. insulin



**Figure (1&2).** A Photomicrograph of pancreatic tissue hyperglycemic mice showing Pancreas Consisted of-The exocrine portion, containing serous acini (Sa). Some areas of the serous acini showing necrosis of its cells (N). The endocrine portion: represented by the islet's of langerhans (IL). Note the involution of the islet's of langerhans and represented only by pale staining regions that either contain few number of cells or completely devoid of cells-vacular degeneration of cells forming that acini (Sa) involution and atrophy of islet of langerhans(IL). Stain (H&E, X: 100).



**Figure 3.** A photomicrograph of pancreatic tissue hyperglycemic mice showing in High magnification of the previous figure showing atrophy of involution of islet of langerhans(IL) numerous vacuolar degeneration of serous acini (Sa) and Note the involution of the islet's of langerhans and represented only by pale staining regions that contain few number of cells. Stain (H&E, X: 1000).



**Figure 4 .** A photomicrograph of pancreatic tissue hyperglycemic mice showing the endocrine portion: represented by the islets of langerhans (IL). Note the involution of the islet's of langerhans and represented only by pale staining regions containing few number of cells Stain (H&E, X: 1000).

All doses of *Marrubium vulgare* L extracts, Methanol, Water and Butanol were very highly significant decreased

the level of bl. glucose by 64.9%, 69.7% and 74.2% compared with the (-ve) control group. Also all

**Table 2.** The curative effect of different treatments on Bl. Glucose (mg/dl  $\pm$  S.D) , S. Insulin (mu/ml  $\pm$  S.D) ,S. lipids (mg/ dl $\pm$  S.D ) and % variation from the corresponding control after induction of hyperglycemia as well as during 4 weeks of treatment in male albino mice.

Animal groups	Item	Time intervals (Wk's)		
		Before treatment	After treatment	% var.
Control	Bl. Glucose	84.2 $\pm$ 8.12	86.4 $\pm$ 4.67 $\uparrow$	2.61 $\uparrow$
	S. Insulin (mu/ml)	21.6 $\pm$ 0.19	21.2 $\pm$ 0.16 $\uparrow$	1.85 $\downarrow$
	S. T.C	165.7 $\pm$ 4.23	163.7 $\pm$ 8.54 $\uparrow$	1.21 $\downarrow$
	S. T.G	83.7 $\pm$ 7.00	85.9 $\pm$ 4.38 $\uparrow$	2.62 $\uparrow$
	S. HDL.C	45.3 $\pm$ 1.62	46.6 $\pm$ 4.60 $\uparrow$	2.87 $\uparrow$
	S. LDL.C	103.7 $\pm$ 4.23	99.9 $\pm$ 6.01 $\uparrow$	3.66 $\downarrow$
	S. VLDL.C	16.7 $\pm$ 7.00	17.2 $\pm$ 4.38 $\uparrow$	3.0 $\uparrow$
positive control	Bl. Glucose	428.6 $\pm$ 6.04	442 $\pm$ 3.21 $\uparrow$	3.27 $\uparrow$
	S. Insulin (mu/ml)	3.22 $\pm$ 0.61	2.74 $\pm$ 0.29 $\uparrow$	14.9 $\downarrow$
	S. T.C	179.9 $\pm$ 14.4	188.5 $\pm$ 9.50 $\uparrow$	4.78 $\uparrow$
	S. T.G	99.6 $\pm$ 6.15	98.7 $\pm$ 12.1 $\uparrow$	0.90 $\downarrow$
	S. HDL.C	39.2 $\pm$ 2.58	37.0 $\pm$ 0.41 $\uparrow$	5.61 $\downarrow$
	S. LDL.C	120.8 $\pm$ 3.72	131.8 $\pm$ 3.79*	9.10 $\uparrow$
	S. VLDL.C	19.9 $\pm$ 6.15	19.7 $\pm$ 12.1 $\uparrow$	1.0 $\downarrow$
Methanol extract of Marrubium L(2mg/ml.)	Bl. Glucose	416 $\pm$ 7.39	146 $\pm$ 11.5***	64.9 $\downarrow$
	S. Insulin (mu/ml)	3.12 $\pm$ 0.53	11.2 $\pm$ 2.02***	259 $\uparrow$
	S. T.C	170.9 $\pm$ 17.1	156.5 $\pm$ 4.25*	8.43 $\downarrow$
	S. T.G	97.2 $\pm$ 13.9	81.0 $\pm$ 9.28 $\uparrow$	16.7 $\downarrow$
	S. HDL.C	39.7 $\pm$ 2.36	46.8 $\pm$ 3.04*	17.9 $\uparrow$
	S. LDL.C	111.8 $\pm$ 4.00	93.5 $\pm$ 3.22*	16.4 $\downarrow$
	S. VLDL.C	19.4 $\pm$ 13.9	16.2 $\pm$ 9.28	16.5 $\downarrow$
Water extract of Marrubium L(2mg/ml.)	Bl. Glucose	422 $\pm$ 5.67	128 $\pm$ 5.52***	69.7 $\downarrow$
	S. Insulin (mu/ml)	3.24 $\pm$ 0.99	19.3 $\pm$ 4.62***	496 $\uparrow$
	S. T.C	179.6 $\pm$ 12.0	153.9 $\pm$ 9.70*	14.3 $\downarrow$
	S. T.G	98.4 $\pm$ 9.36	65.5 $\pm$ 9.48	33.4 $\downarrow$
	S. HDL.C	39.4 $\pm$ 2.06	48.4 $\pm$ 2.74*	22.8 $\uparrow$
	S. LDL.C	120.5 $\pm$ 3.99	92.4 $\pm$ 4.05**	23.3 $\downarrow$
	S. VLDL.C	19.7 $\pm$ 9.36	13.1 $\pm$ 9.48	33.5 $\downarrow$
Butanol extract of Marrubium L(1mg/ml.)	Bl. Glucose	419 $\pm$ 4.53	108 $\pm$ 7.23***	74.2 $\downarrow$
	S. Insulin (mu/ml)	3.16 $\pm$ 0.87	22.8 $\pm$ 2.98***	622 $\uparrow$
	S. T.C	176.4 $\pm$ 7.39	138.6 $\pm$ 8.83**	21.4 $\downarrow$
	S. T.G	100.2 $\pm$ 9.42	58.7 $\pm$ 10.1	70.7 $\downarrow$
	S. HDL.C	40.1 $\pm$ 3.49	53.2 $\pm$ 2.53**	32.7 $\uparrow$
	S. LDL.C	116.3 $\pm$ 6.01	73.7 $\pm$ 3.21***	36.6 $\downarrow$
	S. VLDL.C	20.0 $\pm$ 9.42	11.7 $\pm$ 10.1	41.5 $\downarrow$

$\uparrow$  Insignificant difference from the corresponding control at  $P > 0.1$ ; \* Significant difference from the corresponding control at  $P < 0.05$ ; \*\* Highly sig. difference from the corresponding control at  $P < 0.01$ ; \*\*\* Very highly sig. difference from the corresponding control at  $P < 0.001$ ;  $\uparrow$  Increase;  $\downarrow$  Decrease.

groups of different treatments were significant increased the level of serum insulin by 259%, 496% and 622%, respectively (Table 2).

## 2. Curative effect of different treatments on lipid profile.

The effect of *Marrubium vulgare* L extracts, Methanol ,Water and Butanol (2, 2,1mg/ml.), respectively on serum total cholesterol, HDL- cholesterol, LDL cholesterol, VLDL cholesterol and triglycerides in hyperglycemic mice is present in Table (2) . All parameters were decreased . Except HDL- cholesterol was increased by 17.9%, 22.8% and 32.7% for *Marrubium vulgare* L extracts, Methanol ,Water and Butanol (2, 2,1mg/ml.), respectively Also this table

indicated that serum total cholesterol was significantly decreased in all treated groups by 8.43%, 14.3% and 21.4%, respectively. All groups of different treatments were significant decreased the level of serum LDL cholesterol by (16.4%, 23.3% and 36.6%), respectively Also the levels of serum VLDL cholesterol were significant decreased in all groups of different treatments by (16.4%, 23.3% and 36.6%), respectively .Serum triglycerides in the all groups of different treatments were significant decreased by (16.5%, 33.5% and 41.5%), respectively .

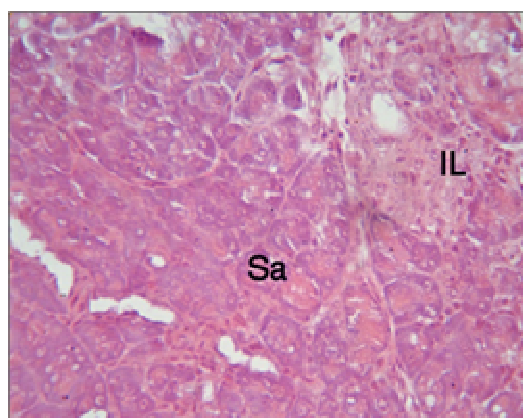
## 3. Curative effect of different treatments on Pancreatic IFN- $\gamma$ , TNF- $\alpha$ and Nitric oxide (NO) content.



**Table 3.** The curative effect of different treatments on Pancreatic IFN- $\gamma$ , TNF- $\alpha$  content (PG/ML  $\pm$  S.D) , Nitric oxide (NO) content (IU/ML  $\pm$  S.D) and % variation from the corresponding control after induction of hyperglycemia as well as during 4 weeks of treatment in male albino mice.

Animal groups	Item	Time intervals (Wk's)		
		Before treatment	After treatment	% var.
Control	IFN- $\gamma$	119 $\pm$ 2.52	121 $\pm$ 2.78†	1.68↑
	TNF- $\alpha$	1.98 $\pm$ 0.01	2.00 $\pm$ 0.02†	1.01↑
	Nitric oxide	21.9 $\pm$ 1.33	19.8 $\pm$ 1.27†	9.6↓
positive control	IFN- $\gamma$	389 $\pm$ 8.94	392 $\pm$ 7.02†	0.77↑
	TNF- $\alpha$	11.02 $\pm$ 0.06	10.90 $\pm$ 0.10†	1.08↓
	Nitric oxide	39.4 $\pm$ 1.16	38.4 $\pm$ 1.55†	2.5↓
Methanol extract of Marrubium vulgare L(2mg/ml.)	IFN- $\gamma$	377 $\pm$ 5.95	271 $\pm$ 4.32***	28.1↓
	TNF- $\alpha$	10.89 $\pm$ 0.10	6.91 $\pm$ 0.07***	36.5↓
	Nitric oxide	37.3 $\pm$ 1.32	12.4 $\pm$ 1.28***	66.8↓
Water extract of Marrubium vulgare L(2mg/ml.)	IFN- $\gamma$	382 $\pm$ 6.03	198 $\pm$ 6.25***	48.2↓
	TNF- $\alpha$	11.01 $\pm$ 0.13	5.99 $\pm$ 0.09***	45.6↓
	Nitric oxide	37.5 $\pm$ 1.12	15.4 $\pm$ 2.19***	58.9↓
Butanol extract of Marrubium vulgare L(1mg/ml.)	IFN- $\gamma$	390 $\pm$ 6.12	222 $\pm$ 4.99***	43.1↓
	TNF- $\alpha$	10.66 $\pm$ 0.04	5.300 $\pm$ 0.02***	50.3↓
	Nitric oxide	39.5 $\pm$ 1.34	27.4 $\pm$ 1.55***	30.6↓

† Insignificant difference from the corresponding control at  $P > 0.1$ ; \* Significant difference from the corresponding control at  $P < 0.05$ ; \*\* Highly sig. difference from the corresponding control at  $P < 0.01$ ; \*\*\* Very highly sig. difference from the corresponding control at  $P < 0.001$ ; ↑ Increase; ↓ Decrease.



**Figure 5.** A photomicrograph of pancreatic tissue positive treatment methanol extract of Marrubium vulgare L showing Serous acini (Sa), increase in the number of the cells that exist in the islet of langerhans (IL) after treatment. Stain (H&E, X: 1000).

Table (3) revealed the effect of different treatments on Pancreatic IFN- $\gamma$ , TNF- $\alpha$  and Nitric oxide (NO) content. This effect was highly appreciated after 4 weeks of treatment. *Marrubium vulgare* L extracts, Methanol, Water and Butanol (2, 2,1mg/ml) were significantly decrease the activity of IFN- $\gamma$  by (28.1%, 48.2% and 43.1% respectively), TNF- $\alpha$  by (36.5%, 45.6% and 50.3% respectively), Nitric oxide (NO) by (66.8%, 58.9% and 30.6% respectively).

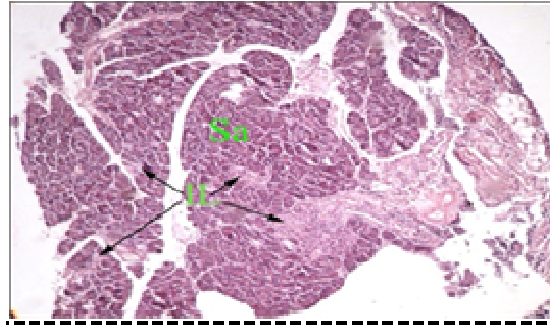
### Histopathological studies

Positive treatment methanol extract: Approximately similar to positive treatment water extract with slightly

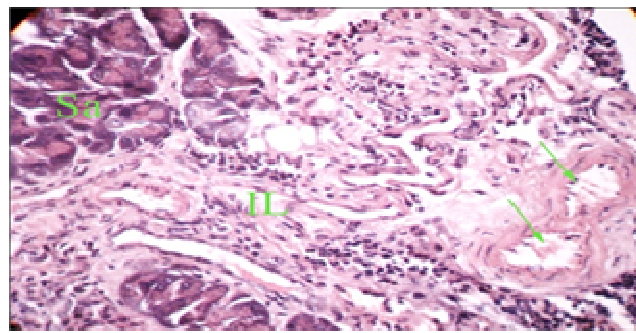
hyperplastic cells in the islet of langerhans (IL) with normal serous acini (Sa) figure. (5).

Positive treatment water extract: In positive diabetic animals received water extract of Marrubium vulgare L, the islets of langerhans showed hyperplasia in their cells which represented by pale staining area in between serous acini with slightly increase vasculature in this area. In addition, the serous acini (Sa) appeared looks like normal in the stained pancreatic sections figures. (6, 7, 8).

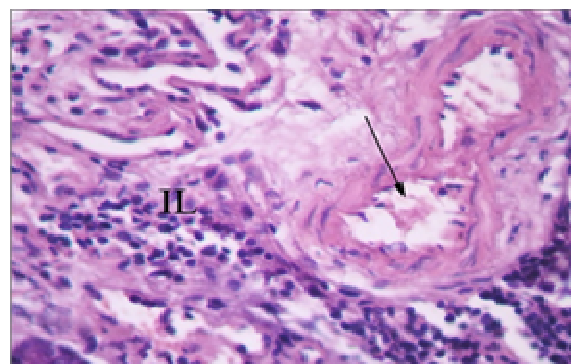
Positive treatment butanol extract : In stained paraffin pancreatic section with (H&E) from diabetic mice treated by butanol extract of Marrubium vulgare L, the pancreatic tissues showed normal appearance of pancreatic on



**Figure 6.** A photomicrograph of pancreatic tissue positive treatment water extract of Marrubium vulgare L showing Pancreas Consisted of: the exocrine portion, containing serous acini (Sa). The endocrine portion: represented by the islet's of langerhanse (IL). Note hyperplasia of the islets of langerhanse and represented only by pale staining regions that contain numerous numbers of cells. Note increased vasculature (IL) the arrows in the areas of islets of langerhanse and hyperplasia of islet of langerhans (IL) and normal appeared of (Sa). Stain (H&E, X: 100).



**Figure 7.** A photomicrograph of pancreatic tissue positive treatment water extract of Marrubium vulgare L showing high magnification of previous fig (40) showed:- 1. Increase valuation of islets langerhans (IL) explained by arrows. 2. Hyperplasic of islets langerhans (IL). 3. Normal appeared of serous acini (Sa). Stain (H&E, X: 1000).



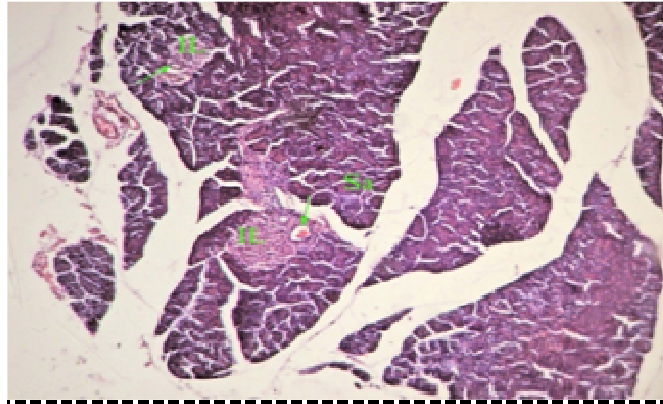
**Figure 8.** A photomicrograph of pancreatic tissue positive treatment water extract of Marrubium vulgare L showing higher magnification of previous fig (41) showed Increase valuation of islets langerhans (IL) explained by arrows. Stain (H&E, X: 1000).

serous acini (Sa), on the other hand, the islets of langerhans (IL) showed cells than those in positive treatment with water extract with slightly of vasculature. In addition to mononuclear cells are present, few number in islets of langerhans figures. (9,10, 11).

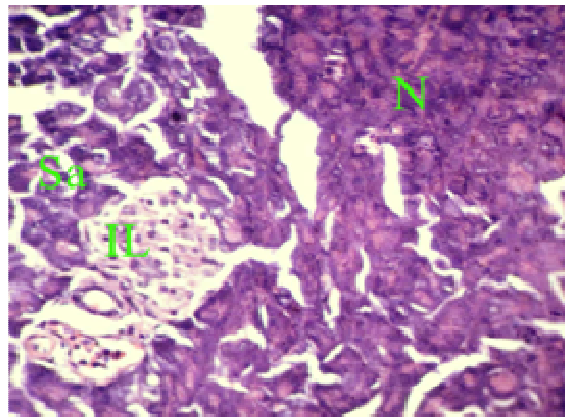
## DISCUSSION

### Induction of hyperglycemia

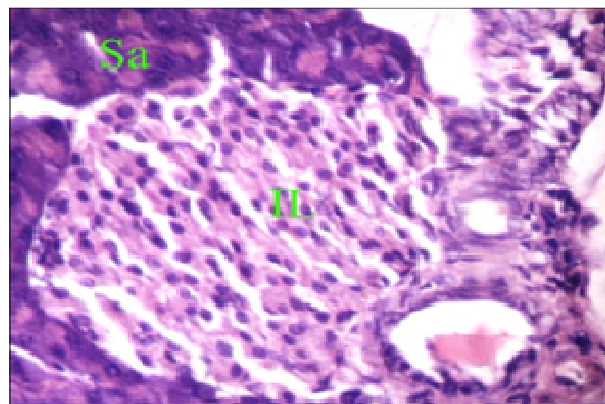
It is well known that the pathogenesis of type 1 diabetes



**Figure 9.** A photomicrograph of pancreatic tissue positive treatment butanol extract of *Marrubium vulgare* L showing Pancreas Consisted of the exocrine portion , containing serous acini (Sa). Some areas of the serous acini showing necrosis of its cells (N). The endocrine portion: represented by the islet's of langerhans (IL). Note moderate hyperplasia of the islet's of langerhans and represented only by pale staining regions that contain large number of cells Note increased vasculature (arrows) in the areas of islet's of langerhans. Stain (H&E, X: 1000).



**Figure 10.**A photomicrograph of pancreatic tissue positive treatment butanol extract of *Marrubium vulgare* L showing moderate hyperplasia of islet's of langerhans (IL) and increase vasculature of (IL). Stain (H&E, X: 100).



**Figure 11.** A photomicrograph of pancreatic tissue positive treatment butanol extract of *Marrubium vulgare* L showing higher magnification of previous fig (44) showed moderate hyperplasia of islet's of langerhans (IL) and increase vasculature of islet's of langerhans (IL). Stain (H&E, X: 1000).

mellitus (DM) involves several hypotheses where the immune system plays a major role. An infiltration of

inflammatory cells into the islets either directly or through the release of inflammatory mediators such as cytokines



or free radicals is responsible for  $\beta$ -cell destruction and death in both human type 1 diabetic subjects (Gepts and In'tveld, 1987; Santamaria *et al.*, 1992) and animal models of autoimmune diabetes (Mordes *et al.*, 2000; Carlsson *et al.*, 2000).

In this study, autoimmune type 1 DM was experimentally induced by injecting the mice with CsA plus MLDSTZ. This experimentally-induced diabetes offered a number of advantages. First, the islet lesions of MLDSTZ model closely resemble those of human disease (Herold *et al.*, 1987; Itoh *et al.*, 1993; Somoza *et al.*, 1994). Second, the mice involved are normal and don't have underlying immune abnormalities that may complicate the study (Herold *et al.*, 1990; Leiter and Serreze, 1991; Serreze *et al.*, 1993). Importantly, the onset of diabetes is controlled, so the kinetics of disease induction may be analyzed (Herold *et al.*, 1996).

Several studies have emphasized that induction of autoimmune diabetes by MLDSTZ treatment depends on the genetic susceptibility of the animal strain (Rossini *et al.*, 1977; Maclaren *et al.*, 1980). Elias *et al.*, (1994) reported that adult male albino mice were resistant to the induction of hyperglycemia by MLDSTZ.

The current study, however, clearly showed that approximately 86% of male albino mice co-treated with CsA plus MLDSTZ became diabetic after 19 days of the first dose of MLDSTZ. The serum insulin levels of the diabetic mice were significantly decreased as compared to control group. In addition, histopathological examination of the pancreatic tissue of diabetic mice examined on day 19 of the first dose of MLDSTZ revealed early vascular degeneration with mild hyalinization of pancreatic islets of langerhans. Moderate lymphocytic infiltration could be detected in the pancreatic islets.

These results were in agreement with the previous reports that emphasized the potential effect of CsA on diabetes induced by MLDSTZ (Iwakiri *et al.*, 1987; Wright *et al.*, 1995). Reported that CsA supplementation increased significantly the B.G.L. in resistant male albino mice for MLDSTZ induced diabetes.

In addition, it was found that CsA enhanced the hyperglycemia, hypoinsulinemia and  $\beta$ -cell destruction following MLDSTZ treatment in highly susceptible strain of CD-1 male mice (Sestier *et al.*, 1985; Iwakiri *et al.*, 1987).

The effect of CsA alone on the biochemical parameters (B.G.L. and serum insulin level) and histopathological findings modified during diabetes development was variable.

It was found that oral administration of 50 mg/kg of CsA to Wistar rats for 7 days caused degenerative changes in the pancreatic  $\beta$ -cells (Helmchen *et al.*, 1984). The daily I.P. injection of 20 mg/kg of CsA to CD-1 mice for 10 days reduced the pancreatic insulin content to about 50% of the control mice, thereby suggesting that pancreatic  $\beta$ -cell function deteriorated in the presence of CsA.

However, neither morphological changes in the pancreatic  $\beta$ -cells nor hyperglycemia have occurred (Iwakiri *et al.*, 1987).

On the other hand, it was found that CD-1 mice that received oral CsA (50, 25 or 12.5 mg/kg/day) alone displayed glucose intolerance, insulinopenia, and high pancreatic CsA content (Sai *et al.*, 1988).

Accordingly, the current study confirmed the potential effect of CsA on DM induced by MLDSTZ treatment. However, the discrepancy in the effect of CsA treatment alone may be due to the different doses of CsA or to the different animal species.

In the present study, the diabetes induced by CsA/MLDSTZ co-treatment may be considered type 1 DM with immune-mediated nature, due to the reduction of B.G.L. in diabetic mice below 200 mg/dl when injected with exogenous insulin. Also, the increase in the B.G.L. that occurred was parallel to the decrease in the serum insulin levels. In addition, the histopathological examination of the pancreatic tissues of diabetic mice revealed moderate insulinitis which confirm the immune-mediated component of experimental DM. In experimental models of type 1 DM, infiltration of lymphocytes into the pancreatic islets (insulinitis) was recognized as the hallmark of immune-mediated disease (Muri *et al.*, 1991; Suarez-Pinzon *et al.*, 1999).

In animal models of type 1 DM, the involvement of free radicals in the development of the disease has been clearly demonstrated (Ho and Bray, 1999). Among free radicals, the role of NO in  $\beta$ -cell destruction has been reported (Mandrup-Poulsen, 1996; Eizirik *et al.*, 1996; Thomas *et al.*, 2002).

It was found that IFN- $\gamma$  was required to stimulate iNOS expression and induced cellular damage of NOD mouse islets (Thomas *et al.*, 2002). Consistent with these findings, the combination of TNF- $\alpha$  and IFN- $\gamma$  has been shown to reduced the viability of wild-type but not iNOS-deficient mouse islets, suggesting that cytokines-induced damage is caused by NO production (Liu *et al.*, 2000).

Nitric oxide also appeared to participate, in part, in cytokines induced human islet damage. Treatment of human islet with TNF- $\alpha$  and IFN- $\gamma$  stimulated iNOS expression, nitrite production, inhibition of insulin secretion and islet cell apoptosis (Corbett *et al.*, 1993; Delaney *et al.*, 1997; Arnush *et al.*, 1998b). All of these effects are attenuated, but not completely prevented, by inhibition of iNOS.

In the present study, the pancreatic tissue content of NO in diabetic mice was significantly increased compared to normal mice. This was in agreement with several lines of research that suggested that NO production contributed to the cytotoxicity of MLDSTZ to pancreatic  $\beta$ -cells (Corbett *et al.*, 1992; Fehsel *et al.*, 1995; Kroncke *et al.*, 1995). In MLDSTZ-induced diabetes, it was found that the incidence of hyperglycemia was decreased when iNOS inhibitors were used (Kolb *et al.*, 1991). In addition, it was found that transgenic mice deficient in iNOS have

reduced sensitivity to MLDSTZ-induced diabetes (Flodstrom *et al.*, 1999).

It may be proposed that the local increase in the pancreatic content of NO together with the elevated levels of TNF- $\alpha$  and IFN- $\gamma$  can contribute to  $\beta$ -cell damage by two mechanisms. Cytokines such as TNF- $\alpha$  and IFN- $\gamma$  may directly stimulate iNOS expression and NO production by  $\beta$ -cells resulting in NO-mediated  $\beta$ -cell damage. Alternatively, cytokines may stimulate iNOS expression and release of additional cytokines by non-endocrine cells in the islets such as macrophages and in a paracrine fashion that may mediate  $\beta$ -cell damage.

The colocalization of iNOS and insulin in rat and human islets treated with IL-1 or IL-1 plus IFN- $\gamma$  respectively would support the first hypothesis (Corbett and McDaniel, 1995).

Whereas in support of the second hypothesis, it was found that resident islet macrophages activation with TNF plus LPS would lead to production and release of IL-1 that followed by IL-1-induced iNOS expression by  $\beta$ -cells (Suarez-Pinzon *et al.*, 1999). In addition, it has been documented that depletion of macrophages by previous gadolinium chloride treatment partially inhibited the generation of free radicals induced by direct, *in vivo* administration of TNF- $\alpha$  and IFN- $\gamma$  into the rat pancreas (Tabatabaie *et al.*, 2003). Therefore, it may be concluded that macrophages most likely enhanced the generation of free radicals by the  $\beta$ -cells through the release of additional cytokines.

Moreover, (Takamura *et al.*, 1998) documented that transgenic mice overexpressing iNOS in pancreatic  $\beta$ -cells have markedly reduced  $\beta$ -cell mass without infiltration of macrophages or lymphocytes, and extensive DNA strands breaks were detected in the islets. All these transgenic mice developed hypoinsulinemic diabetes and treatment with an inhibitor of iNOS, aminoguanidine prevented or delayed the development of diabetes.

Taken together, it's noteworthy how important the NO is either alone or in combination with other cytokines in the  $\beta$ -cell destruction and subsequent DM development.

## 2. Evaluation of *Marrubium vulgare* L

Our results revealed that *Marrubium vulgare* L had significant effect on normal mice and curative experiment. An ameliorative picture was shown in the experiments in all parameters during 4 weeks of treatment. These data agree with the results of many authors who stated that *Marrubium vulgare* L extract could act as hypoglycemic agent (Natural Standard, 2011; Herrera-Arellano *et al.*, 2004; Mahmoud *et al.*, 2005).

The medicinally used parts of white horehound (*Marrubium vulgare* L) are the dried leaves and flowering tops. Processed white horehound contains 0.3-1% of the bitter principle marrubiin, diterpene alcohols, alkaloids, bitter lactone, flavonoids, saponin, sterols, tannins, and vitamin C, and 0.06% of a volatile oil (Takeda *et al.*, 2000). The volatile oil of *Marrubium vulgare* L also contains monoterpenes.

Marrubiin does not exist in the fresh plant but is formed from premarrubiin during processing (De Jesus *et al.*, 2000). White horehound also contains glycosides (El Bardai *et al.*, 2004). Phenylpropanoid glycosides such as acteoside 1, forsythoside B 2, arenarioside 3, and ballotetriside 4 have been isolated from the aerial parts of *Marrubium vulgare* L (Martin-Nizard *et al.*, 2004). Sesquiterpene bitters (including marrubiin), Diterpene alcohols (marrubenol, marrubiol, peregrinol, vulgarol, phytol), flavonoids (apigenin, luteolin), small amounts of pyrrolidine alkaloids (betonicine, stachydrine), traces of volatile oil (containing alpha-pinene, sabine, camphene and p-cymol), alkaloids, ursolic and caffeic acid, tannins, saponin, mucilage, minerals (especially potassium), vitamin C, resins, wax, sterols (Rohman *et al.*, 2012).

Flavonoids, which occur in most plant species, have been shown an antibacterial, anti-inflammatory, antiallergic, antimutagenic, antiviral, antithrombotic and vasodilatory activity. The potent antioxidant activity of flavonoids may be the most important function of flavonoids. *Marrubium* flavone glycosides can be utilized in preventative and treatment of cardiovascular disease, cancer, inflammatory conditions, asthma, liver disease, cataracts and macular degeneration (Khanavi *et al.*, 2005). The flavonoids substances were considered to be responsible for the free radical scavenging properties of *Marrubium vulgare* L extract. Superoxide anion scavenging properties correlated to the presence of terpenes, addition to the scavenging of hydroxyl radicals were also reported by studies with pulse radiolysis or photolysis (Patrycja and Emilia, 2008). *Marrubium vulgare* L extract has been effective in the treatment of disorders related to oxidative stress and is commonly used to treat peripheral arterial diseases and cerebral insufficiency. *Marrubium vulgare* L extract has been described as a potent scavenger of free radicals, such as superoxide radical, hydroxyl, peroxy radicals and NO (Halliwell, 2008). Moreover, the antioxidant potency of *Marrubium vulgare* L extract appeared to be greater than that of ascorbic acid, glutathione and uric acid, and comparable with that of lipid soluble antioxidants such as retinal acetate and  $\alpha$ -tocopherol (Wolski *et al.*, 2007; Patrycja *et al.*, 2008).

A considerable attention has been devoted to the role of the different natural antioxidants as inhibitors of LDL oxidation and their possible therapeutic effects to prevent hyperlipaemia and atherosclerosis. Phenylpropanoid glycosides such as acteoside 1, forsythoside B 2, arenarioside 3, and ballotetriside 4 (which can be isolated from the aerial parts of *Marrubium vulgare* L.) have been implicated as the active constituents involved in inhibition of low-density lipoprotein (LDL) oxidation (Martin-Nizard *et al.*, 2004). The oxidation of LDL is considered by many sources to be a very important component of the development of atherosclerotic lesions (Wolski *et al.*, 2007). Circulating monocytes scavenge oxygen-modified LDL molecules

with a very high affinity up to 10 times greater than native LDL. These monocytes / macrophages penetrate into the subendothelial space and become the first stage of atherogenesis. Antioxidants which interrupt this process can be very helpful in the process of preventing and /or treating cardiovascular disease. A number of flavonoids e.g. quercetin, which present in *Marrubium*, have been shown in in-vitro studies to inhibit the oxidation of LDL (Natural Standard, 2011). Oxidation of LDL is generally used as a model of the anti-lipid peroxidation activity of flavonoids, as the LDL molecule has an outer phospholipid layer similar to cell membranes. The same authors added that the mechanism by which flavonoids inhibit LDL is thought to be reduce free radical formation, protect LDL -  $\alpha$  - tocopherol or regenerate oxidized LDL -  $\alpha$  - tocopherol, and/or sequester metal ions which participate in oxidation reactions.

Several studies have demonstrated that treatment of animals (or isolated heart) with *Marrubium*, a multi component drug with a polyvalent action, protects against myocardial ischemia – reperfusion injury (El Bardai *et al.*, 2001, and Martin-Nizard *et al.*, 2004). It is generally considered that such cardioprotection is associated with the free radical scavenging properties of *Marrubium* which have been demonstrated in in-vitro experiments and which may involve its flavonoid constituents. *Marrubium* is specially used for ameliorating peripheral vascular diseases such as intermittent claudication and cerebral insufficiency. It has been reported to prevent ischemia – induced oxidation, improve cerebral blood flow (El Bardai *et al.*, 2001), and antagonize the action of platelet – activating factor (Herrera-Arellano *et al.*, 2004). In patients with type 2 diabetes treated with *Marrubium vulgare* L, cholesterol and triglyceride levels were lowered by 4.16% and 5.78%, respectively. In this regard, the antioxidant properties of *Marrubium* are possibly related to a reduced lipid peroxidation, leading to the increase in PUFAs (poly unsaturated fatty acids) observed, since these fatty acids can both regulators and targets of oxidative damage (Herrera-Arellano *et al.*, 2004).

Animal studies and early human studies suggest that white horehound may lower blood sugar levels. White horehound has been used for diabetes in some countries, including Mexico. Further well-designed human trials are needed (Natural Standard, 2011). These actions appear to be beneficial in influencing the peripheral vascular diseases and confirmed that horehound and its major ingredient quercetin produce vasodilation via NO in the aorta of mice increasing intracellular calcium levels in the aortic endothelial cells. So horehound and quercetin can activate undefined calcium channels in endothelial cells. The resulting increase in intracellular calcium level can activate NO – synthase and enhance formation of NO. This may be involved in improvement of local circulation.

In this study, treatment of diabetic mice with

*Marrubium* extract (methanol, water and butanol) (2mg/ml, 2mg/ml, 1mg/ml) respectively for 28 days showed significant decrease in the pancreatic tissue content of both TNF- $\alpha$  and IFN- $\gamma$  compared with diabetic untreated mice. These findings were supported by the previous reports which documented that *Marrubium* through activation of PPAR- $\gamma$  could modulate inflammatory processes associated with several inflammatory diseases by reducing the expression of TNF- $\alpha$  and/or IFN- $\gamma$  (Mahmoud *et al.*, 2005; Lisa R.W. Plano *et al.*, 2008; Blumenthal *et al.*, 2000).

In the present study, treatment of diabetic mice with *Marrubium vulgare* L extracts for 28 days caused a significant decrease in the pancreatic content of NO compared to diabetic untreated mice. This effect may be explained on the basis that PPAR- $\gamma$  agonists such as *Marrubium vulgare* L have a beneficial role in inflammatory diseases through decreasing iNOS expression and NO production (Mahmoud *et al.*, 2005).

*Butanol Marrubium vulgare* L extract has been found to exert potent anti-inflammatory effects in animal models of acute inflammation (carrageenan-induced pleurisy) (De Souza *et al.*, 2009). This effect is mediated, in part, by reducing the expression of iNOS in the lungs of carrageenan-treated rats. The author also showed that *butanol Marrubium vulgare* L extract treatment reduced the development of nonseptic shock induced by zymosan in mice. *Butanol Marrubium vulgare* L extract attenuated the peritoneal exudation and the migration of polymorphonuclear cells caused by zymosan (Blumenthal *et al.*, 2000).

It was also reported that *Marrubium vulgare* L extracted a significant vascular protective effect in hypercholesterolemic rabbits, most likely by suppressing iNOS expression and reduced superoxide and NO production in the carotid arteries of the treated rabbits (Natural Standard, 2011). The decreased in iNOS expression and NO production that has been reported in the *in vivo* studies were found to be associated with the decrease in the accumulation of inflammatory cells and inflammatory mediators in the site of inflammation (Natural Standard, 2011; Herrera-Arellano *et al.*, 2004).

Therefore, it can be concluded that the decrease in NO level observed in diabetic mice that received *Marrubium vulgare* L extract may be a secondary consequence of the decreased accumulation of inflammatory cells in the pancreatic islets as well as the decreased level of TNF- $\alpha$  and IFN- $\gamma$  in the pancreatic homogenate. Overproduction of TNF- $\alpha$  and IFN- $\gamma$  by inflammatory cells were documented to increase the expression of iNOS in  $\beta$ -cell and macrophages infiltrating pancreatic islets with subsequent increase in NO production (Natural Standard, 2011).

In conclusion, in the present study the experimentally-induced diabetes mellitus by CsA/MLDSTZ co-treatment is clearly type 1 autoimmune diabetes. Our findings extend the list of known synergistic

actions of TNF- $\alpha$  and IFN- $\gamma$ , in general and on type 1 DM development as the levels of both cytokines were elevated significantly in the pancreases of diabetic mice. The increase in TNF- $\alpha$  and IFN- $\gamma$  was accompanied with significant elevation of NO level in the pancreatic tissue. In addition, the differential expression of some proteins between the pancreases of normal and diabetic mice which may play a role in the pathogenesis of type 1 DM was reported.

*Marrubium vulgare* L extracts was found to be effective in treatment of type 1 diabetes mellitus. The anti diabetic effect of *Marrubium vulgare* L extracts seemed to be a secondary consequence of its anti inflammatory effects, as *Marrubium vulgare* L extracts treatment resulted in significant decrease in the elevated level of TNF- $\alpha$ , IFN- $\gamma$  and NO.

In general, to use this plant extracts as safe curative agent, more studies should be carried out to know all the active / inactive components and their mechanism of actions whether synergistic or antagonist using different doses from these extracts and another types of experimental animals for a long period in order to judgment if these extracts could be use as safe agents or not in human therapy.

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