

ANTI-DIABETIC EFFECT OF *ANTHOCLEISTA VOGELII* AQUEOUS ROOT EXTRACT IN STREPTOZOTOCIN INDUCED DIABETIC RATS.

*¹Sunday, R. M., ²Ilesanmi, O. R., ³Obuotor, E. M., ⁴Ibeh, A. J. and ⁴Ayannuga, O. A.

¹Medicinal Plant Unit, Bioresources Development Centre, National Biotechnology Development Agency, Ogbomosho, Nigeria.

²Department of Pharmacology, Faculty of Pharmacy, Obafemi Awolowo University, Ile-Ife, Nigeria.

³Department of Biochemistry, Faculty of Biological Sciences, Obafemi Awolowo University, Ile-Ife, Nigeria.

⁴Department of Anatomy and Cell Biology, Obafemi Awolowo University, Ile-Ife, Nigeria.

*Corresponding author; E-mail: reetersun@gmail.com

Telephone: +2347038571077

(Received: 9th October, 2015; Accepted: 26th October, 2015)

ABSTRACT

Anthocleista vogelii is one of the major constituents of herbal preparations traditionally used in the management of diabetes mellitus in the South western part Nigeria. This study was carried out to evaluate the potential anti-diabetic effect of *Anthocleista vogelii* aqueous root extract in streptozotocin-induced diabetic rats with a view of scientifically validating its ethno-medicinal properties. Albino rats of both sexes were randomly divided into five groups in glucose loaded (GL) rats (10 g/kg glucose p.o.); Group 1 (control) diabetic untreated rats (10 ml/kg distilled water), group 2-4 diabetic treated rats (100, 200 and 400 mg/kg *A. vogelii* aqueous root extract [AVR]) and group 5 (5 mg/kg glibenclamide [GB]) while in streptozotocin (STZ)-induced diabetic rats (60 mg/kg; i.p.), Albino rats were randomly divided into three groups; Group 1 (control) diabetic untreated rats (10 ml/kg distilled water), group 2 diabetic treated rats (200 mg/kg AVR) and group 3 diabetic treated rats (5 mg/kg GB). Fasting blood glucose levels (FBGL) of the diabetic rats were determined at intervals of 30, 60, 120 and 240 minutes in GL rats and on days 4, 7, 10 and 14 in STZ-induced diabetic rats. After two weeks, the levels of serum cholesterol (CHOL), triglyceride (TRIG), high density lipoprotein (HDL), low density lipoprotein (LDL), alanine aminotransferase (ALT), aspartate aminotransferase (AST) and creatinine (CRT) of STZ-induced diabetic rats were analyzed. The LD₅₀ of AVR was ≥ 5000 mg/kg in rats (p.o.). 200 mg/kg exerted a more significant reduction in FBGL in GL rats when compared with the control; hence only 200 mg/kg of AVR was used in STZ-induced diabetic rats. The extract exerted a significant ($P < 0.05$) reduction in FBGL, CHOL, TRIG, LDL, ALT, AST and CRT levels and an increase in serum HDL when compared to the control in STZ-induced diabetic rats. The photomicrograph of the pancreatic tissues of the control group showed general distortion of the pancreatic histoarchitecture while in the treatment group the photomicrograph showed interlobular connective tissue septa with normal serous acini and zymogen cells. The study concluded that AVR is safe when administered orally. It has anti-diabetic and anti-hyperlipidaemic effect when administered for fourteen days in STZ-induced diabetic rats.

Keywords: *Anthocleista vogelii*, Diabetes, Streptozotocin, Root.

INTRODUCTION

Diabetes mellitus is a metabolic disorder, that has to do with high fasting blood glucose level (hyperglycaemia), either because the beta cells of the islet of langerhans found in the pancreas do not produce insulin, or the beta cells do not produce enough insulin or because the cells in the body are not sensitive to the insulin that is being produced by the beta cells (Murray *et al.*, 2003). This metabolic disorder is common in developed and developing countries, affecting both the young and old. A number of medicinal plants have been used traditionally in various herbal preparations for the management of diabetes mellitus. Despite considerable progress in the treatment of diabetes with synthetic

hypoglycaemic agents, search for plants with hypoglycaemic and anti-hyperlipidaemic properties is an area that draws attention of researchers. Studies have shown that medicinal plants are potential sources of hypoglycaemic drugs and plant derived compounds (herbs) have been used in the treatment of diabetes (Katerere and Eloff, 2005; Balde *et al.*, 2006). *A. vogelii* is a medicinal plant used in ethno-medicine for the treatment of syphilis, chest pain, fever and diabetes (Noumi and Eloumou, 2011; Jegede *et al.*, 2011; Igoli *et al.*, 2005; Soladoye *et al.*, 2012). Hence, this study evaluates the anti-diabetic property of the aqueous root extract of *A. vogelii* in streptozotocin-induced diabetic rats.

MATERIALS AND METHODS

The animal experiments were performed according to the approved guidelines of Obafemi Awolowo University research ethics committee.

Plant Collection and Extraction

A. vogelii root was collected from the premises of National Biotechnology Development Agency, Bioresources Centre, Ogbomosh, Nigeria and were authenticated at IFE-Herbarium where a voucher specimen (No. 17399) was deposited. *A. vogelii* root was washed, oven dried at 40 °C, pulverized and macerated in distilled water for 72 hours before undergoing filtration using muslin cloth and cotton wool in funnel. The filtrate was then concentrated into a solid paste *in vacuo* at 45 °C using a rotary evaporator (Okokon and Nwafor, 2009) and then freeze dried in a freeze drier. The dried extract was stored in a refrigerator at 4 °C till when it was needed for use.

Animals

Albino rats (both sexes) weighing between 150-200g were obtained from the Animal House, Department of Pharmacology, Faculty of Pharmacy, Obafemi Awolowo University, Ile-Ife, Nigeria. They were kept in well ventilated aluminium cages and fed with Vita feeds and were given water *ad libitum*. The rats were allowed to acclimatize with the environment at ambient temperature (36 °C) under natural day light/night conditions for two weeks before the start of the experiment.

Acute Toxicity Studies (Median Lethal Dose [LD₅₀] Determination)

The (LD₅₀) of the root extract was determined in albino rats through oral route (p.o.) using the method of Lorke (1983).

Glucose Loading

10 g/kg body weight of glucose was administered (p.o.) to Albino rats that were fasted overnight. After 30 minutes of glucose administration, the blood glucose level was checked using glucometre and glucose strip [Accu-Check Active Glucometer, model: GC0088, Mannheim Germany] (Etuk, 2010). Rats with blood glucose level above 7.0 mmol/L were taken for the test.

Induction of Diabetes Using Streptozotocin

(STZ)

The Albino rats were fasted overnight and diabetes was induced by a single intraperitoneal injection of freshly prepared solution of STZ (60 mg/kg). The animals were given food and water immediately after induction to overcome the drug induced hypoglycaemia. Seventy two hours later rats with fasting blood glucose levels (FBGL) above 11.1 mmol/L (200 mg/dL) were considered diabetic and selected for the experiment (Lenzen and Munday, 1991; Etuk, 2010).

Administration of Dose

In glucose loaded rats; Group 1 (control) diabetic untreated rats (10 ml/kg distilled water), group 2-4 diabetic treated rats (100, 200 and 400 mg/kg *A. vogelii* aqueous root extract) and group 5 (5 mg/kg glibenclamide). 200 mg/kg exerted a more significant reduction in FBGL in glucose-loaded rats when compared with the control; hence only 200 mg/kg of AVR was used in STZ-induced diabetic rats. In STZ-induced diabetic rats; Group 1 (control) diabetic untreated rats (10 ml/kg distilled water), Group 2 diabetic treated rats (200 mg/kg *A. vogelii* aqueous root extract) and group 3 diabetic treated rats (5 mg/kg glibenclamide). Administration was once in glucose loaded rats and daily for 14 days in STZ-induced diabetic rats.

Reagents

Assay kits for the estimation of serum alanine aminotransferase (ALT), aspartate aminotransferase (AST), creatinine (CRT), cholesterol (CHOL), triglyceride (TRIG) and high density lipoprotein (HDL) concentration were purchased from Randox Laboratories Limited, U.K.

Determination of Biochemical Parameters

The FBGL was measured at 0, 30, 60, 120 and 240 minutes in glucose-loaded rats and on day 1, 4, 7, 10 and 14 in STZ-induced diabetic rats (Adebajo *et al.*, 2007; Okokon and Nwafor, 2009) using glucometer and glucose strips (Accu-Check Active Glucometer, model: GC0088, Mannheim Germany). The animals were fasted overnight on the 14th day before they were sacrificed on the 15th day. On the 15th day, the rats one at a time were euthanized in an air-tight glass chamber saturated with diethyl ether; they were dissected

and blood samples were collected by cardiac puncture into plain bottles. The blood samples were centrifuged at 2500 rpm for 25 minutes and the serum was used for biochemical analysis these include, CHOL (Abbelet *et al.*, 1952, Richmond, 1973, Roeschlau *et al.*, 1974 and Trinder, 1969), TRIG (Tietz, 1990; Trinder, 1969 and Koditschek *et al.*, 1969), HDL (Jacobs *et al.*, 1990), CRT (Bartels and Bohmer, 1972 and Schirmeister *et al.*, 1964), AST and ALT (Reitman and Frankel, 1957, Schmidt and Schmidt, 1963).

Histopathology

The sections of the liver, kidney and pancreas were placed in a tissue cassette and fixed in 10 % buffered formalin. The tissues were then processed routinely and were embedded in paraffin wax. Histological sections were cut at 5-6 μm and stained with routine Haematoxylin and Eosin for microscopic assessment. Photomicrograph was taken at X 400 magnification.

Statistical Analysis

All quantitative data were expressed as the mean \pm standard error of mean (SEM). Statistical analysis was carried out using One Way Analysis of Variance and significant difference between means was assessed using Bonferroni T-test at 95% level of significance using Primer (version 3.01).

RESULTS

Acute Toxicity Results of *A. vogelii* Aqueous Root Extract

The $\text{LD}_{50} \geq 5000$ mg/kg body weight *A. vogelii* aqueous root extract (p.o.).

Effect of *A. vogelii* Aqueous Root Extract on % FBGL

The aqueous extract and glibenclamide exerted a significant decrease in FBGL in both glucose loaded (Table 1) and STZ-induced diabetic rats (Table 2) when compared with the control.

Effect of Aqueous Root Extract of *A. vogelii* on Lipid Profile in Streptozotocin-induced Diabetic Rats

The aqueous extract and glibenclamide elicited a

significant ($P < 0.05$) decrease in CHOL, TRIG and LDL levels and an increase in HDL level when compared with the control (Figure 1).

Effect of Aqueous Root Extract of *A. vogelii* on Biochemical Parameters in Streptozotocin-induced Diabetic Rats

The aqueous extract and glibenclamide also elicited a significant ($P < 0.05$) decrease in ALT, AST and CRT levels when compared with the control (Figure 2).

Effect of Aqueous Root Extract of *A. vogelii* on the Histology of the Pancreas of Streptozotocin-induced Diabetic Rats

The photomicrograph of the pancreatic tissues of normoglycemic rats (Plate 1A) shows well aligned acini with zymogen cells; the control group (Plate 1B) shows general distortion of the pancreatic histoarchitecture; 200 mg/kg of *A. vogelii* aqueous extract group (Plate 1C) and in glibenclamide group (Plate 1D) shows interlobular connective tissue septa (black arrow) with normal serous acini and zymogen cells.

Effect of Aqueous Root Extract of *A. vogelii* on the Histology of the Kidney of Streptozotocin-induced Diabetic Rats

The photomicrograph of the kidney tissues of normoglycemic rats (Plate 2A) shows normal cortical architecture with normal glomerulus (GM); the control group (Plate 2B) shows degenerating glomerulus with no glomerular space; 200 mg/kg aqueous extract group (Plate 2D) and glibenclamide group (Plate 2C) shows regenerating cortical architecture with regenerating glomerulus.

Effect of Aqueous Root Extract of *A. vogelii* on the Histology of the Liver of Streptozotocin-induced Diabetic Rats

The photomicrograph of normoglycemic rats liver tissue (Plate 3A) shows well aligned hepatic architecture around the central vein (CV); the control group (Plate 3B) shows general disruption of hepatic architecture around a central vein; 200 mg/kg of *A. vogelii* aqueous extract group (Plate 3C) and glibenclamide group (Plate 3D) shows regenerating hepatocytes around a central vein.

Table 1: Effect of *A. vogelii* aqueous root extract on % FBGL in glucose loaded rats.

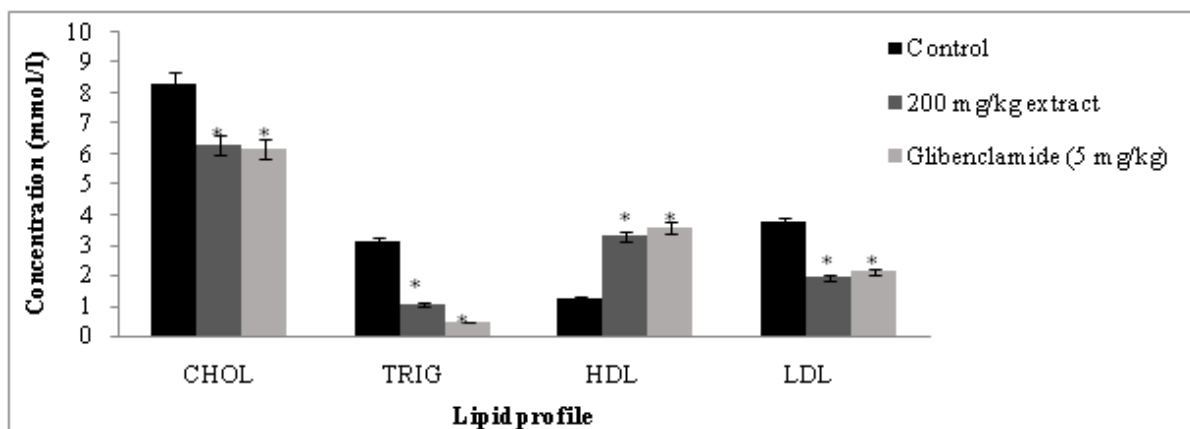
Groups/Time	0 minute	30 minutes	60 minutes	120 minutes	240 minutes
Control	100.0 ± 1.0	100.0 ± 0.8	90.5 ± 0.5	85.3 ± 0.3	71.6 ± 0.4
100 mg/kg Extract	100.0 ± 0.8	88.1 ± 0.6* [#]	88.1 ± 0.3* [#]	82.1 ± 0.4* [#]	70.6 ± 0.6 [#]
200 mg/kg Extract	100.0 ± 0.7	93.9 ± 0.3*	87.8 ± 0.7* [#]	74.4 ± 0.9* [#]	48.9 ± 0.3*
400 mg/kg Extract	100.0 ± 0.1	90.8 ± 0.3*	89.1 ± 0.3 [#]	85.5 ± 0.3 [#]	76.3 ± 0.4* [#]
Glibenclamide (5 mg/kg)	100.0 ± 0.4	92.3 ± 0.4*	76.9 ± 0.3*	60.3 ± 0.1*	48.7 ± 0.1*

Values are given as Mean ± SEM (n = 5); *: P < 0.05 comparison of values vs that of control at T; #: P < 0.05 comparison of values vs that of glibenclamide at T; T: Percentage of FBGL at 0, 30, 60, 120 and 240 minutes.

Table 2: Effect of aqueous root extract of *Anthocleista vogelii* on % FBGL in streptozotocin-induced diabetic rats.

Groups/Days	DAY 1	DAY 4	DAY 7	DAY 10	DAY 14
Control	100.0 ± 1.4	111.9 ± 1.6	112.4 ± 1.8	114.9 ± 1.8	116.3 ± 1.8
200 mg/kg Extract	100.0 ± 2.2	80.2 ± 3.3*	69.8 ± 2.1* [#]	49.5 ± 2.8* [#]	42.9 ± 2.6* [#]
Glibenclamide (5 mg/kg)	100.0 ± 1.4	85.3 ± 1.0*	53.9 ± 1.5*	30.9 ± 0.2*	25.7 ± 0.5*

Values are given as Mean ± SEM (n = 5); *: P < 0.05 comparison of values vs that of control at D; #: P < 0.05 comparison of values vs that of glibenclamide at D; D: Percentage of FBGL on day 4, 7, 10 and 14.

Figure 1: Effect of aqueous root extract of *A. vogelii* on lipid profile in streptozotocin-induced diabetic rats.

Values are given as Mean ± SEM (n = 5); *: P < 0.05 comparison of values vs that of control; #: P < 0.05 comparison of values vs that of glibenclamide; CHOL: Cholesterol; TRIG: Triglyceride; HDL: High density lipoprotein; LDL: Low density lipoprotein.

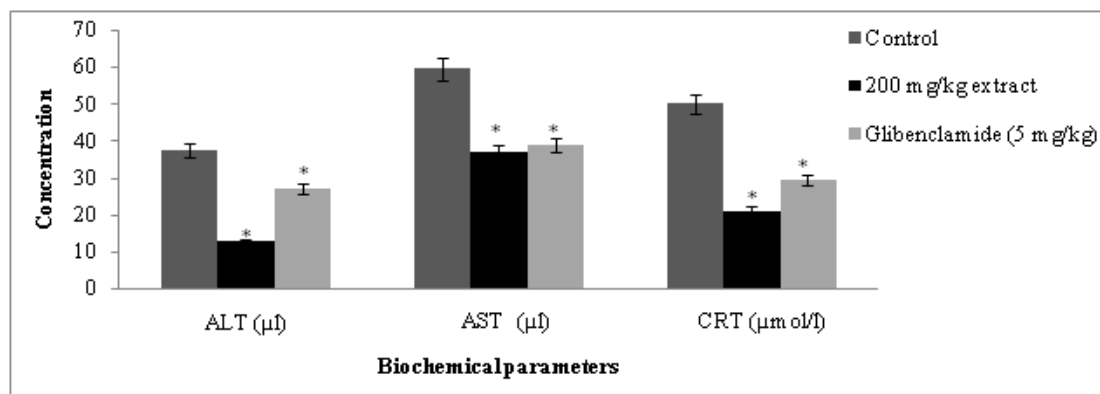


Figure 2: Effect of aqueous root extract of *A. vogelii* on biochemical parameters in streptozotocin-induced diabetic rats.

Values are given as Mean \pm SEM (n =5); *: P < 0.05 comparison of values vs that of control; #: P < 0.05 comparison of values vs that of glibenclamide; ALT: Alanine aminotransferase; AST: Aspartate aminotransferase; CRT: Creatinine



Plate 1A: Normoglycemic rat

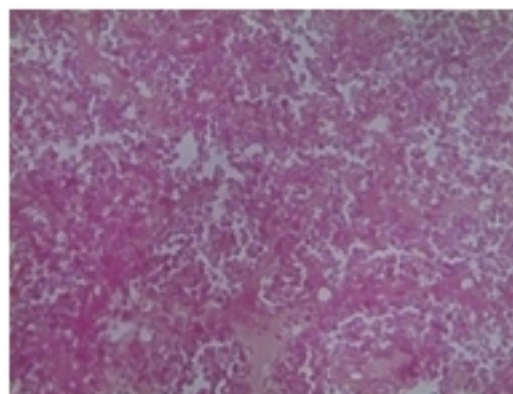


Plate 1B: Control

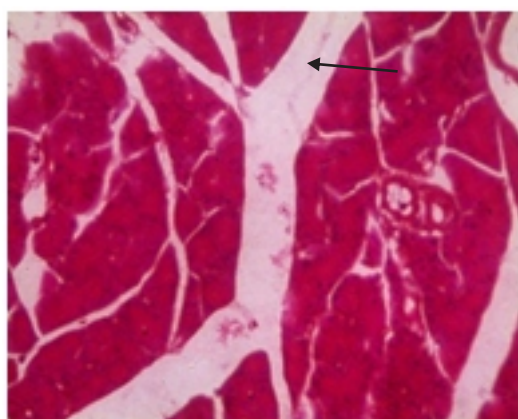


Plate 1C: 200 mg/kg extract

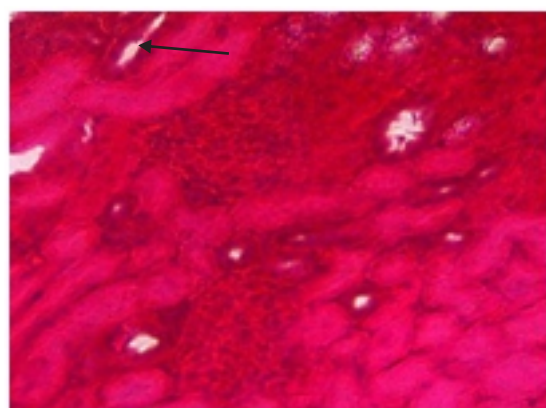


Plate 1D: Glibenclamide (5 mg/kg)

Effect of Aqueous Root Extract of *A. vogelii* on the Histology of the Pancreas of Streptozotocin-induced Diabetic Rats

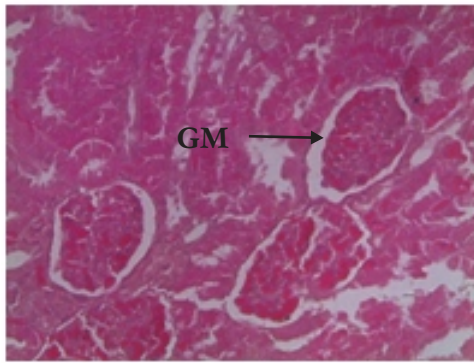


Plate 2A: Normoglycemic rats

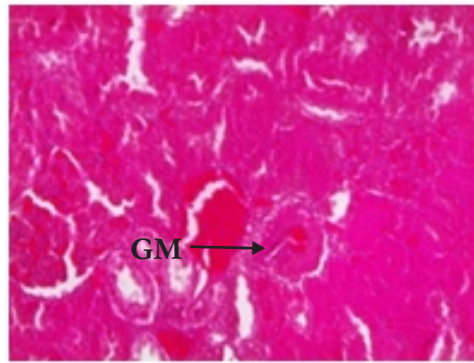


Plate 2B: Control

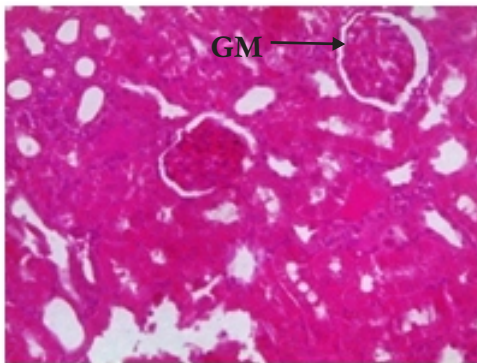


Plate 2C: 200 mg/kg extract

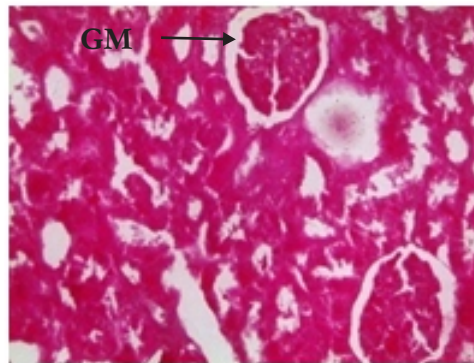


Plate 2D: Glibenclamide (5 mg/kg)

Effect of Aqueous Root Extract of *A. vogelii* on the Histology of the Kidney of Streptozotocin-induced Diabetic Rats

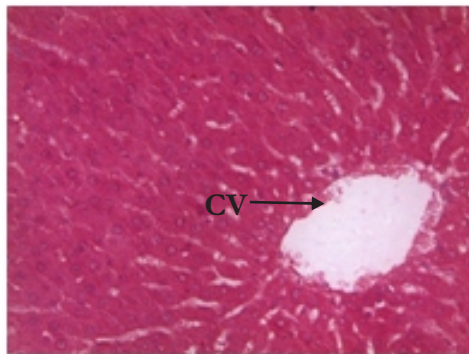


Plate 3A: Normoglycemic rat

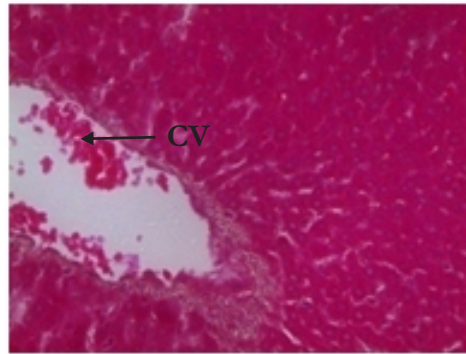


Plate 3B: Control

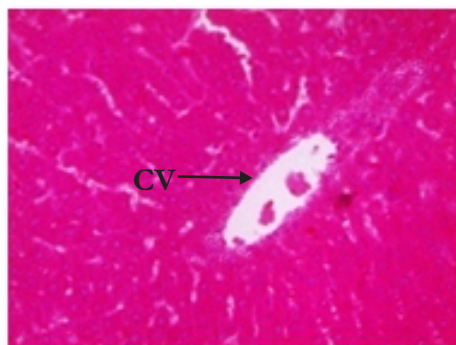


Plate 3C: 200 mg/kg extract

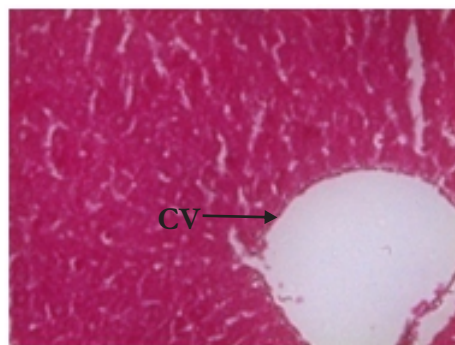


Plate 3D: Glibenclamide (5 mg/kg)

Effect of Aqueous Root Extract of *A. vogelii* on the Histology of the Liver of Streptozotocin-induced Diabetic Rats

DISCUSSION

Investigation of the acute toxicity is the first step in the investigation of an unknown substance in order to determine a safe dose for administration. The LD₅₀ (p.o.) result shows that *A. vogelii* aqueous root extract is safe.

Diabetes mellitus arises from a deficient production of insulin by the beta cells of the pancreatic islets which lead to the complete or relative insufficiency of insulin secretion and or insulin action (Balkau *et al.*, 2000). Several animal models have been developed for testing anti-diabetic agents. In this study, two models were employed in the induction of hyperglycaemia; these models include oral glucose loading (physiological induction of diabetes mellitus) and streptozotocin-induced diabetes model (chemical induction of diabetes mellitus) (Etuk, 2010). Oral glucose loading model has to do with the induction of hyperglycaemia in the presence of intact pancreas while streptozotocin is a beta cytotoxin, which induces diabetes in a wide variety of animal species by damaging the insulin-secreting pancreatic beta cells resulting in a decrease in endogenous insulin release which paves the way for the decreased utilization of glucose by the tissues (Yamamoto *et al.*, 1981). Streptozotocin not only destroys the pancreatic beta cells, it also causes significant renal and hepatic toxicity (Rerup, 1970; Weiss, 1982). Glibenclamide has been widely accepted as a standard drug in diabetic animal experiments. Glibenclamide produces anti-diabetic effects through secretion of insulin associated with mild or moderate hyperglycaemia (Sokolovska *et al.*, 2012). The FBGL of *A. vogelii* treated diabetic rats was reduced significantly at 30 minutes in glucose loaded rats and on the 4th day onwards all through the period of the experiment in streptozotocin-induced diabetic rats. There have been reports that *A. vogelii* contain phytochemicals such as alkaloid, saponin, tannin, steroid flavonoids and cardiac glycosides (Anyanwu *et al.*, 2013; Jegede *et al.*, 2011). Studies have shown that the presence of flavonoids in plants helps in the reduction of fasting blood glucose levels since flavonoids have been found to stimulate the secretion of insulin (Owolabi *et al.*, 2011).

Diabetes mellitus is usually associated with high

levels of serum lipids and such an increase causes a risk factor for coronary heart disease (Nathan *et al.*, 2005). Streptozotocin-induced diabetic rats also developed hyperglycaemia which is in agreement with previous observations (Fatima, *et al.*, 2012). In diabetic state, insulin deficiency also contributes to derangements of various metabolic and regulatory mechanisms in the body. The result of this study reveals that the administration of *A. vogelii* aqueous extract not only lowered serum CHOL, TRIG, LDL, CRT, ALT and AST level, but also enhanced serum HDL level. This may be due to the anti-hyperglycaemic potency of the extract in diabetic rats. The result of serum lipid concentration suggests that the extract have the potential of reducing the risk of hypercholesterolemia that may lead to coronary atherosclerosis and other related cardiovascular diseases (Alabi *et al.*, 2013).

The possible mechanism of action in relation to reduction of FBGL might be that it; stimulates the pancreatic beta cells to secrete insulin, improves insulin sensitivity (Bosenberg and van Zyl, 2008), slows down absorption of carbohydrate and hence slows down glucose production (Kruger and Gloster, 2004) or it slows down gastric emptying and increases satiety (VanDeKoppel *et al.*, 2008). *A. vogelii* ethanolic root extract exerted anti-diabetic effect may be by virtue of the phytochemicals found present in it.

CONCLUSION

The study concluded that *A. vogelii* aqueous root extract is safe when administered acutely (p.o.), it has anti-diabetic, anti-hyperlipidaemic activities and has no toxic effect on biochemical parameters (ALT, AST and CRT) when administered for fourteen days in streptozotocin-induced diabetic rats. This justifies the use of the plant roots in ethno-medicine for the treatment of diabetes.

REFERENCES

- Abbel, L. L., Levey, B. B., Brodie, B. B. and Kendall, F. E. 1952. Histopathological changes in rats and pigs fed rapeseed oil. *Journal of Biological Chemistry* 195: 357-366.
- Adebajo, A. C., Olawode, E. O., Omobuwajo, O. R., Adesanya, S. A., Begrow, F., Elkhawad, A., Akanmu, M. A., Edrada, R., Proksch, P., Schmidt, T. J., Klaes, M. and Verphohl,

- E. J. 2007. Hypoglycaemic constituents of *Stachytarpheta cayennensis* leaf. *Planta medica* 73 (3): 241-250.
- Alabi, M. A., Sunday, R. M., Olowokere, T., Kareem, F. A. and Osanaiye, F. 2012. Effect of bitters on the body weight, lipid profile, catalase and lipid peroxidation in experimental animals. *Journal of Medical Sciences* ISSN: 1682-4474.
- Anyanwu, G.O., Onyeneke, E. C., Usunobun, U. and Adegbegi, A. J. 2013. Impact of *A. vogelii* root bark ethanolic extract on weight reduction in high carbohydrate diet induced obesity in male Albino rats. *African Journal of Biochemistry Research* 7 (11): 225-232.
- Balde, N. M., Youla, A., Balde, M. D., Kake, A., Diallo, M. M., Balde, M. A. and Maugendre, D. 2006. Herbal medicine and treatment of diabetes in Africa: an example from Guinea. *Diabetes Metabolism* 32: 171-175.
- Balkau, B., Charles, M. A. and Eschwege, E. 2000. Epidemiological discourse on new criteria on diabetes. *Molecular Endocrinology* 2: 229-234.
- Bartels, H. and Bohmer, M. 1972. *Clinical Chemistry Acta*; 37: 193.
- Bosenberg, L. H. and van Zyl, D. G. 2008. The mechanism of action of oral antidiabetic drugs: A review of recent literature. *Journal of Endocrinology, Metabolism and Diabetes of South Africa* 13 (3): 80 - 88.
- Etuk, E. U. 2010. Animals models for studying diabetes mellitus. *Agriculture and Biology Journal of North America*; 1 (2): 130-134.
- Fatima, S.S., Rajasekhar, M.D., Kumar, K.V., Kumar, M.T.S., Babu, K.R. and Rao, C.A., 2010. Antidiabetic and antihyperlipidaemic activity of ethylacetate: Isopropanol (1:1) fraction of *Vernonia anthelmintica* seeds in streptozotocin induced diabetic rats. *Food Chemistry Toxicology* 48 (2): 495-501.
- Igoli, J. O., Ogaji, O. G., Tor-Anyiin, T. A. and Igoli, N. P. 2005. Traditional Medicine Practice Amongst the Igede People of Nigeria. Part II. *African Journal of Traditional Complementary and Alternative Medicines* 2 (2): 134-152.
- Jacobs, D. S., Kasten, B. L., De Mott, W. R. and Wolfson, W. L. 1990. In *Laboratory and Test Handbook*; Eds; Lexi-Comp Inc: Hudson (Cleaveland). Pp. 219.
- Jegede I. A., Ibrahim, J. A. and Kunle O. F. 2011. Phytochemical and pharmacognostic studies of the leaf and stem-bark of *A. vogelii* Planch (Loganiaceae). *Journal of Medicinal Plants Research* 5 (26): 6136-6139.
- Katerere, D. R. and Eloff, J. N. 2005. Management of diabetes in African traditional medicine. In: Soumyanath, A. (ed.), *Traditional medicines for modern times anti-diabetic plants*. CRC Press. pp. 203-218.
- Koditschek, L. K. and Umbreit, W. W. 1969. *Journal of Bacteriology* 98: 1063-1068.
- Kruger, D. F. and Gloster, M. A. 2004. PramLintide for the treatment of insulin-requiring diabetes mellitus. *Drugs* 63 (13): 1419-1432.
- Lenzen, S. and Munday, R. 1991. Thiol-group reactivity, hydrophilicity and stability of alloxan, its reduction products and its N-methyl derivatives and a comparison with ninhydrin. *Biochemical Pharmacology* 42: 1385-1391.
- Lorke, D. 1983. A new approach to practical acute toxicity testing. *Archives of Toxicology* 54: 275-287.
- Murray, R., Mayes, P. A. and Rodwell, V. W. 2003. *Harper's Biochemistry*. McGraw-Hill Companies.
- Nathan, D. M., Cleary, P. A., Backlund, J. Y., Genuth, S. M., Lachin, J. M., Orchard, T. J., Raskin, P. and Zinman, B. 2005. Diabetes Control and Complications Trial/Epidemiology of Diabetes Interventions and Complications (DCCT/EDIC) Study Research Group. Intensive diabetes treatment and cardiovascular disease in patients with type 1 diabetes. *The New England Journal of Medicine* 353 (25): 2643-2653.
- Noumi, E. and Eloumou, M. E. R. 2011. Syphilis ailment: Prevalence and herbal remedies in Ebolowa subdivision (South region, Cameroon). *International Journal of Pharma and Bio Sciences* 2 (1): 20-28.
- Okokon, J. E. and Nwafor, P. A. 2009. Antiplasmodial activity of ethanolic root extract and fractions of *Croton zambesicus*. *Journal of Ethnopharmacology* 121: 74-78.

- Owolabi, O.J., Amaechina, F. C. and Okoro, M. 2011. Effect of ethanol leaf extract of *Newboulda laevis* on blood glucose levels of diabetic rats. *Tropical Journal of Pharmaceutical Research* 10 (3): 249-254.
- Reitman, S. and Frankel, S. 1957. A colorimetric method for the determination of serum glutamic oxalacetic and glutamic pyruvic transaminases. *American Journal of Clinical Pathology* 28: 56-63.
- Rerup, C. C. 1970. Drugs producing diabetes through damage of the insulin secreting cells. *Pharmacology* 7: 89-96.
- Richmond, W. 1973. Preparation and Properties of Cholesterol. *Clinical Chemistry*. 19: 1350-1356.
- Roeschlau, P., Bernt, E. and Gruber, J. W. 1974. Enzymatic colorimetric end point method with cholesterol oxidase-peroxidase. *Clinical Chemistry and Clinical Biochemistry* 12: 403-407.
- Schirmeister, J., H. Willmann and H. Kiefer, 1964. [Plasma creatinine as rough indicator of renal function]. *Dtsch. Med. Wochenschr.*, 89: 1018-1023, (In German).
- Schmidt, E. and Schmidt, F. W. 1963. Determination of serum GOT and GPT activities. *Biologica et Clinica* 3: 1-52.
- Sokolovska, J., Isajevs, S., Sugoka, O., Sharipova, J., Paramonova, N. and Isajeva, D. 2012. Comparison of the effects of glibenclamide on metabolic parameters, GLUT1 expression and liver injury in rats with severe and mild streptozotocin-induced diabetes mellitus. *Medicina (Kaunas)* 48 (10): 532-543.
- Soladoye, M. O., Chukwuma, E. C. and Owa, F. P. 2012. An 'Avalanche' of Plant Species for the Traditional Cure of Diabetes mellitus in South-Western Nigeria. *Journal of Natural Products and Plant Resources* 2 (1): 60-72.
- Tietz, N. W. 1990. *Clinical Guide to Laboratory Tests*, Second Edition Saunders, W. B. Company, Philadelphia, USA. Pp. 554-556.
- Trinder, P. 1969. Cholesterol. *Annals of Clinical Biochemistry* 6: 24-27.
- VanDeKoppel, S., Choe, H. M. and Sweet, B. V. 2008. Managed care perspective on three new agents for type 2 diabetes. *Journal of Managed Care Pharmacy* 14 (4): 363-380.
- Weiss, R. B. 1982. Streptozotocin: a review of its pharmacology, efficacy and toxicity. *Cancer Treatment Reports* 66: 427-438.
- Yamamoto, H., Y. Uchigata and H. Okamoto, 1981. Streptozotocin and streptozotocin induces DNA strand breaks and poly (ADP ribose) synthase in pancreatic islet. *Nature* 294: 284-286.