

Effects of diabetogenic agent Streptozotocin on hematological parameters of albino wistar rats

“An experimental study”

Abstract:

Background: Diabetes mellitus has remained the major concern for medical sciences researches due its deleterious effects on general, physical and mental health of patients. To understand the pathophysiology and to explore better treatment options for such kind of metabolic disorders it is necessary to generate the experimental animal models. To create diabetic animal models, streptozotocin has shown predominance in selectivity as a diabetogenic agent. While studying effects of any intervention in the diabetic animal models, being a cytotoxic drug streptozotocin may affect the study results by inhibiting highly replicating cells especially hematopoietic cells.

Aims: The aim of study was to analyze the effects of streptozotocin on various cellular components of blood such as RBCs, WBCs (Lymphocytes, Neutrophils, Eosinophils), Hb%, HCT and Platelets, at baseline, 5th day and 15th day without any intervention.

Study design: Animal based Experimental study.

Place and duration of study: The study was conducted at animal house of faculty of Pharmacy Ziauddin University Karachi, while laboratory work was performed at MDRL-1 Ziauddin University.

Methodology: In Group A normal saline and in group B and C 60mg / kg streptozotocin diluted in normal saline was administered intraperitoneally. After the confirmation of induction of Diabetes in rats, on fifth day blood samples were drawn from Group A and B and were analyzed. While blood samples from group C were drawn on fifteenth day.

Results: Analysis of various hematological parameters on 5th day revealed that there was a decrease in the levels of Hb, HCT, RBCs and WBCs with an increase in platelet count in group B in comparison to group A (control). On the other hand, in Group C (15th day), blood cell counts (Hb, HCT, RBCs, WBCs, Lymphocytes, Neutrophils and platelets) seemed to recover from streptozotocin induced decline that was observed in group B, however did not reach the baselines as in group A(control).

Conclusion: It is concluded that change in hematological parameters of rats after administration of streptozotocin is reversible. The blood parameters may recover near to baseline values without any intervention within two weeks.

Key Words: Streptozotocin, Animal Model, Hematological parameters

Introduction:

41 Diabetes mellitus has remained the major concern for medical sciences researches not only
42 due to its high incidence and prevalence rate but also due its deleterious effects on general,
43 physical and mental health of patients (1). To understand the pathophysiology and to explore
44 better treatment options for such kind of metabolic disorders it is necessary to generate the
45 experimental animal models (2). To create diabetic animal models, surgical (pancreatectomy)
46 and pharmacological (alloxan monohydrate and streptozotocin) options have been used in
47 research but pharmacological options particularly use of streptozotocin has shown
48 predominance in selectivity as a diabetogenic agent (3) (4). Chemically, streptozotocin is a
49 derivative of synthetic Nitrosoureido Glucopyranose and has been used for cancer
50 chemotherapies,(5) being its potential to inhibit DNA synthesis in bacterial and mammalian
51 cells (6). While its diabetogenic effect is thought to be attributed to its ability to cause pancreatic
52 β cells' death by DNA alkylation and hence used to induce diabetes mellitus in experimental
53 animals (7) (8).

54 The methods to induce diabetes in animal models by streptozotocin fall under three categories
55 1. Multiple small doses (i.e. 40mg/kg) of streptozotocin over a period of several days 2. A
56 single moderate dose (i.e. 60mg/kg) of streptozotocin or 3. A single large dose (100mg/kg) of
57 streptozotocin produce diabetes in 48-72 hours. Usually a single large dose of streptozotocin is
58 used to induce diabetes in experimental models as reported by Ito et al. 100mg / kg of
59 streptozotocin produced non-insulin dependent diabetes mellitus in experimental animals (9).
60 Streptozotocin can be administered by various routes including subcutaneous and
61 intramuscular routes but intraperitoneal and intravenous administration routes are preferred.
62 (10). After 3-4 days of streptozotocin administration fasting blood glucose levels are obtained to
63 confirm the accuracy of procedure (11) and on 5th day when 180-500 mg/dl serum glucose
64 levels are obtained experimental animals are considered as diabetic (12).

65 Though streptozotocin is preferred pharmacological method for induction of diabetes (13),
66 many studies have reported spontaneous recovery from hyperglycemia due to reactive
67 hyperinsulinemia insulinoma (14) (15) (16). Streptototozin, not only affects pancreas and cause
68 diabetes in experimental animals but also have a potential to produce toxic effects on other
69 body tissues as well. It has been learnt through a number of studies that streptozotocin is
70 associated with high incidence of hepatic and renal tumors (17), increase in permeability of
71 blood brain barrier (18), renal hypertrophy (19) and retinal damage in experimental animal
72 models (20). As already discussed that streptototozin damages DNA by alkylation and
73 produces free radicals, therefore it may harm any organ system of animals(21). Despite of
74 aforementioned, streptozotocin is still employed in various researches for the induction of
75 diabetes mellitus all over the world. While studying effects of any intervention (eg drugs, herbs,
76 dietary modifications etc.) in the diabetic animal model, being a cytotoxic drug streptozotocin
77 may affect the study results by inhibiting highly replicating cells especially hematopoietic cells.
78 Moreover it is also unknown whether streptozotocin induced changes are corrected over the
79 time or permanent. Hence in order to achieve unbiased results in the diabetic model it is
80 necessary to analyze the immediate and delayed effects of streptozotocin on various
81 hematological parameters before any intervention. Therefore, this study was conducted to
82 analyze the effects of streptozotocin on various cellular components of blood such as RBCs,
83 WBCs (Lymphocytes, Neutrophils, Eosinophils), Hb%, HCT and Platelets, at baseline,5th day
84 and 15th day without any intervention.

85 **Materials and Methods:**

86 **Study design:**

87 It was an Animal based Experimental study.

88 **Study settings and Duration:**

89 The study was conducted at animal house of faculty of Pharmacy Ziauddin University Karachi,
90 while laboratory work was performed at MDRL-1 Ziauddin University.

91 **Animals:**

92 Eighteen, male albino wistar rats of 12 weeks age, weighing 300- 400g were purchased from
93 Animal house of Agha Khan University.

94 **Ethical approval:**

95 The study was approved by Animal Ethics committee Ziauddin University and Protocol No.
96 2018-003 was allotted. All the animals were given twelve-hour light and dark cycle, and before
97 start of treatment animals were acclimatized with the environment. Animals were dealt through
98 all procedures according to CARE guidelines 2010 (22).

99 **Induction of Diabetes Mellitus:**

100 60mg / kg (6mg / 100g) streptozotocin diluted in normal saline was administered
101 intraperitoneally. (23). Rats were kept deprived of their feed and water for twelve hours before
102 administration of streptozotocin. Blood glucose levels were obtained after 72 hours by using
103 @Abbott Free Style Optium Xceed glucometer. Rats with blood glucose level >180mg/dl were
104 considered as diabetic.

105

106 **Blood sample collection:**

107 1 ml blood were drawn from lateral tail vein of all the rats in EDTA containing vacutainer tubes,
108 and was transferred to MDRL-1 for the analysis of RBCs, WBCs, Hb, HCT, Platelets,
109 Lymphocytes, Neutrophils and Eosinophils

110 **Grouping of Animals:**

111 Animals were randomly selected for grouping.

112 Group A: Control group (streptozotocin untreated)

113 Group B: Streptozotocin Treated Diabetic Group 1(5th day)

114 Group C: Streptozotocin Treated Diabetic Group 2 (15th day)

115 **Experiment:**

116 In Group A normal saline was administered intraperitoneally as this was our control group, and
117 in group B and C 60mg / kg (6mg / 100g) streptozotocin diluted in normal saline was
118 administered intraperitoneally. After the confirmation of induction of Diabetes in rats, on fifth
119 day blood samples were drawn from Group A and B and were analyzed. While blood samples
120 from group C were drawn on fifteenth day and were analyzed by @sysmex automated cell
121 counter.

122 **Statistical analysis:**

123 Data entry and analysis were conducted on SPSS version 20. Anova followed by post hoc
124 tukey's test was applied for inter and intra group comparison of various hematological
125 parameters. P value less than 0.05 was considered as significant.

126 **Results:**

127 We found that after the administration 60mg/kg streptozotocin, diabetic profile was achieved in
128 group B and C, when compared with controls with a significant p value (i.e. 0.000). Analysis of

129 various hematological parameters on 5th day revealed that there was a decrease in the levels
 130 of Hb, HCT, RBCs and WBCs with an increase in platelet count in group B in comparison to
 131 group A (control). On the other hand, in Group C (15th day), blood cell counts (Hb, HCT, RBCs,
 132 WBCs, Lymphocytes, Neutrophils and platelets) seemed to recover from streptozotocin
 133 induced decline that was observed in group B, however did not reach the baselines as in group
 134 A(control) as shown in Table 1. While monocytes and eosinophils remained unchanged in
 135 Group C. Intergroup comparison of all animal groups showed significant P values i.e.<0.05 for
 136 FBS, Hb, HCT, RBCs, WBCs, Lymphocytes, Neutrophils and Platelets count, while the
 137 difference among all groups for Eosinophils and Monocytes was non-significant, p values (1.00
 138 and 0.905) respectively as shown in Figure 1.

139

140

141

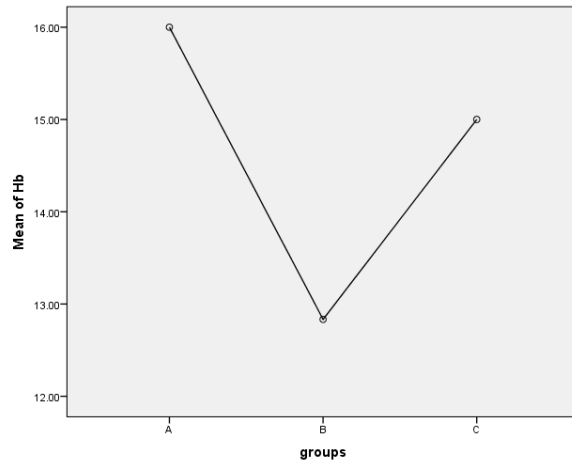
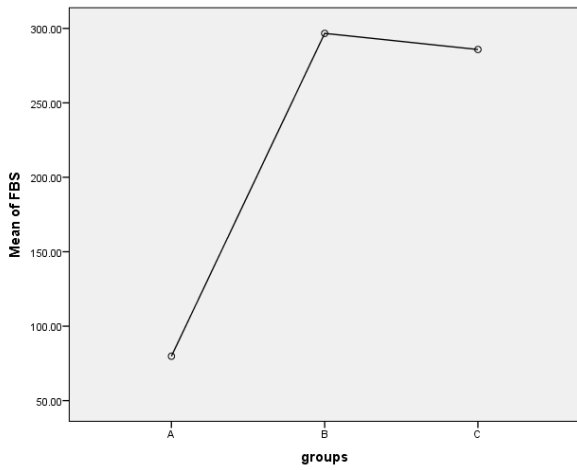
142 **Table 1. Means of variables in all groups.**

Hematological Parameter	Group A Control (mean ± sd)	Group B STZ* treated 5 th day (mean ± sd)	Group C STZ* treated 15 th day (mean ± sd)	P value
FBS Levels (mg/dl)	79.83 (± 8.7)	296.6 (±24.8)	285.83 (±8.9)	0.000
Hb (g/dl)	16 (± 1.2)	12.8 (±1.1)	15 (± 0.632)	0.000
RBCs / μ l	10.41 x 10 ⁶ (± 0.81)	7.12 x 10 ⁶ (± 0.35)	9.8 x 10 ⁶ (± 0.46)	0.000
	8.85 x 10 ³ (± 0.89)	6.95 x 10 ³ (± 0.50)	8.41 x 10 ³ (± 0.86)	0.002
Platelets x 10 ³ / μ l	708.16 +- (± 16.4)	879.33 x 10 ³ / μ l (± 30.14)	676.5 x 10 ³ / μ l (± 26.48)	0.000

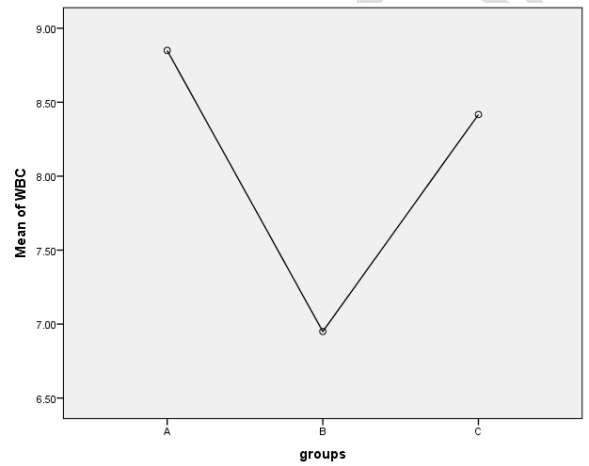
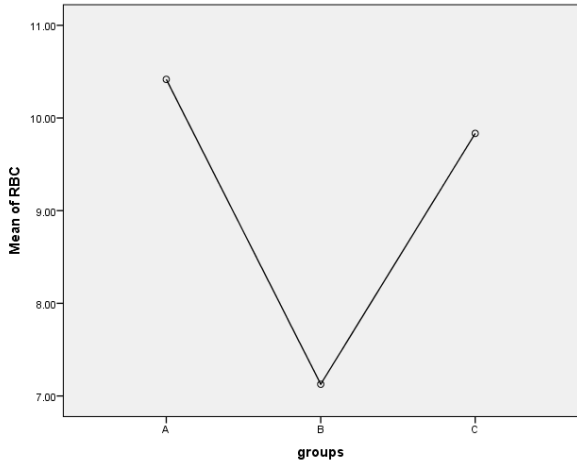
143 Table 1. Represents the means of variables (i.e. sum of values of all samples / n= 6) in all
 144 groups and p value after Anova. Graphical representation for each variable is shown through
 145 mean plots.

146 Following are the means plots of hematological parameters of Albino wistar rats.

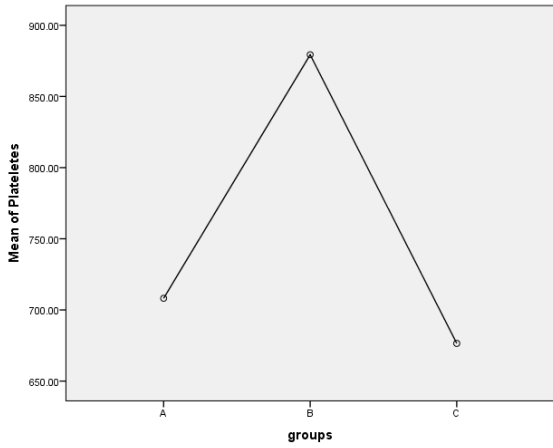
147



148



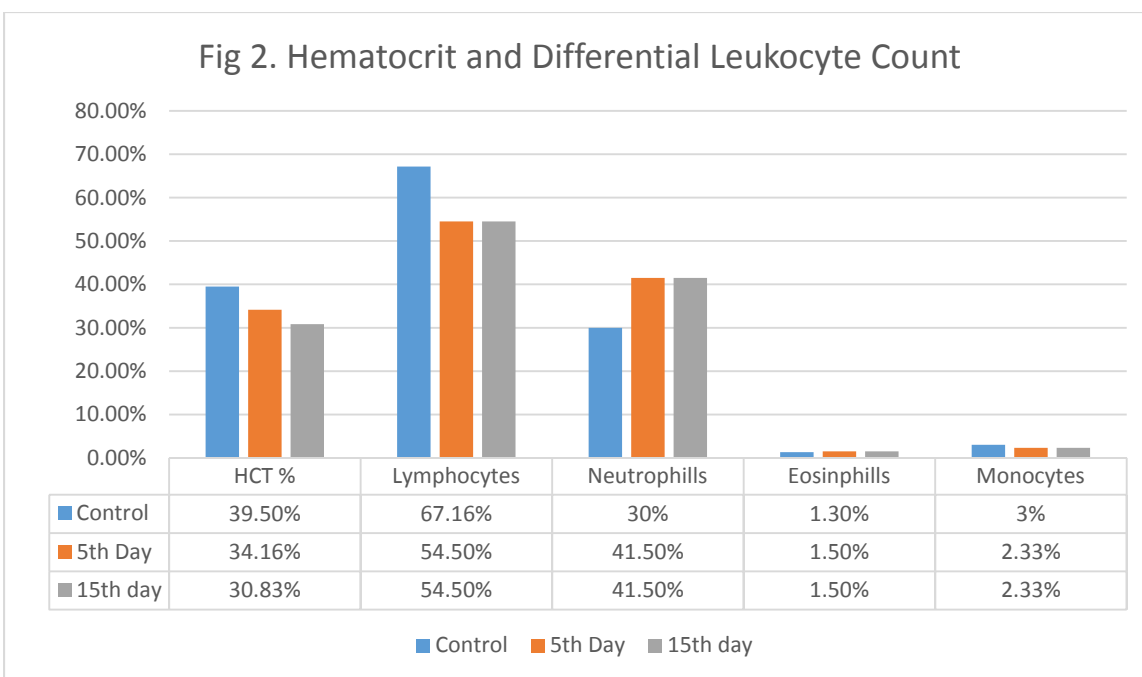
149



150
151
152
153

Figure 1. Hematocrit and differential leukocyte count of all the groups.

Fig 2. Hematocrit and Differential Leukocyte Count



154
155
156
157

158

Discussion:

159
160
161
162
163
164
165
166
167
168
169
170
171
172
173
174
175
176
177
178
179
180
181
182
183
184
185
186

Glucose is a basic fuel and an essential nutrient required by almost all body cells, its abnormal concentrations may lead to change in biochemical and hematological parameters of individuals (24). Streptozotocin is highly recommended drug for induction of diabetes mellitus in animals (11) (13), after its intraperitoneal administration hyperglycemic profile was achieved in both the groups i.e. B and C at 60mg/kg dose. The results of our study (Table 1 group B) are parallel with the findings of many studies in which they have reported the decline of RBCs, WBCs and increase in platelet count after few days of administration of streptozotocin (25) (26) (27) but at the same time our study is showing variation in group C (Table 1 group C). The findings in group C (15 days) are somehow different from the previous researches as they have associated the recovery in cell count of blood parameters with different herbal and allopathic medications (28, 29) on the other hand we in our study have found that the recovery in blood parameters is a normal phenomenon that can happen with the advancement of time after administration of streptozotocin. However in accordance to other studies, no major changes in the number of lymphocytes, monocytes and neutrophils were displayed in our study results (26, 27). It was observed in a study that the change in hematological parameters is due to increase in blood viscosity that occur because of water deprivation before streptozotocin administration and change in glucose concentration after streptozotocin administration (30). It is seen that after administration of streptozotocin confirmation of diabetes mellitus is analyzed by glucometer (27, 29) and when the readings are found to be significant animal model is considered as a perfect model to carry out research, according to our study it is not true. Yeom et., al. in 2016 has highlighted that the change in hematological parameters specially in platelets after administration of streptozotocin is not a direct effect that is produced in response to its administration but this change is attributed to change in environment of body of animals due to induction of diabetes (31). According to our study it seems like that the recovery in blood parameters is a normal physiologic mechanism that is happening in the body of animals few days after the administration of streptozotocin and this reversal specially in hematological parameter should not be regarded as an attribution of any medication. This practice may give us biased results that can be a disaster in medical field because after animal based

187 experimental trials humans based trails are the next step. So if in animals we are having
188 unclear and biased results how will we prove the efficacy and toxicity of medication in humans.

189 **Conclusion:**

190 It is concluded that change in hematological parameters of rats after administration of
191 streptozotocin is reversible. The blood parameters may recover near to base line values
192 without any intervention within two weeks. Therefore to get unbiased results after any
193 intervention (drugs/herbs/alteration in diet etc.), the aforementioned should be administered at
194 least two weeks after strepto administration in diabetic model.

195 **Limitations:**

196 In our study the major limitation was that the animals were observed only for 15 days and blood
197 samples from three different animal groups (i.e. Control (A), Streptozotocin treated 5th (B) and
198 15th(C) days) were taken into consideration, rather than observing and following the same
199 animal on various days

200 **Suggestions:**

201 Further studies should be performed in which animals should be observed for more than 15
202 days. There should be a follow-up of single group with more than 10 animals and analyzation
203 of hematological parameters of same animals should be performed on different days. We
204 suggest that while working on diabetic animal models there must be a gap of least 15 days
205 after administration of streptozotocin to get unbiased results in further experiments. To rule out
206 the mystery of this alteration we recommend animal based experimental trials to identify the
207 molecular pathways responsible for decrease in hematological parameters after streptozotocin
208 administration and their self-recovery from that declination period.

209
210 **Declaration of conflict of Interest:** There was no conflict of interest.

211
212 **Ethical Approval:** Animal ethics committee of Ziauddin University approved the study.

213 **Patients consent form:** Not applicable.

214

215

216 **References:**

- 217 1. Beretta AJL, Haes. Campanha de prevencao e diagnostico do diabetes realizada pela
218 UNIARARAS e prefeitura municipal na cidade de Araras. 2001;22(131):188-200.
- 219 2. Macedo C, Capelletti S, Mercadante M, Padovani C, Spadella CJP, laboratory of plastic
220 surgery, Sao Paulo–Paulista School of Medicine. Experimental model of induction of diabetes
221 mellitus in rats. 2005:2-5.
- 222 3. Federiuk IF, Casey HM, Quinn MJ, Wood MD, Ward KWJCM. Induction of type-1 diabetes
223 mellitus in laboratory rats by use of alloxan: route of administration, pitfalls, and insulin
224 treatment. J Comparative medicine
225 2004;54(3):252-7.
- 226 4. Thatte UJlJop. Still in search of a herbal medicine.... Indian journal of pharmacology
227 2009;41(1):1.
- 228 5. Srinivasan K, Ramarao PJIJoMR. Animal model in type 2 diabetes research: An overview.
229 Indian Journal of Medical Research
230 2007;125(3):451.

- 231 6. Holemans K, Aerts L, Van Assche FAJ, JotSfGI. Fetal growth restriction and consequences
232 for the offspring in animal models. *Journal of the Society for Gynecologic Investigation*
233 2003;10(7):392-9.
- 234 7. Szkudelski TJPr. The mechanism of alloxan and streptozotocin action in B cells of the rat
235 pancreas. *J Physiological research*
236 2001;50(6):537-46.
- 237 8. Lenzen SJD. The mechanisms of alloxan-and streptozotocin-induced diabetes. *J*
238 *Diabetologia*
239 2008;51(2):216-26.
- 240 9. ITO M, KONDO Y, NAKATANI A, NARUSE AJB, Bulletin P. New model of progressive non-
241 insulin-dependent diabetes mellitus in mice induced by streptozotocin. *J Biological*
242 *Pharmaceutical Bulletin*
243 1999;22(9):988-9.
- 244 10. Tay Y-C, Wang Y, Kairaitis L, Rangan GK, Zhang C, Harris DCJKi. Can murine diabetic
245 nephropathy be separated from superimposed acute renal failure? 2005;68(1):391-8.
- 246 11. Akbarzadeh A, Norouzi D, Mehrabi M, Jamshidi S, Farhangi A, Verdi AA, et al. Induction
247 of diabetes by streptozotocin in rats. *Indian Journal of Clinical Biochemistry*
248 2007;22(2):60-4.
- 249 12. Etuk EJABJA. Animals models for studying diabetes mellitus. *J Agric Biol JN Am*
250 2010;1(2):130-4.
- 251 13. Balamurugan A, Gu Y, Miyamoto M, Wang W, Inoue K, Tabata YJP. Streptozotocin (STZ)
252 is commonly used to induce diabetes in animal models. *J Pancreas*
253 2003;26:102-3.
- 254 14. Steiner H, Oelz O, Zahnd G, Froesch EJD. Studies on islet cell regeneration, hyperplasia
255 and intrainsular cellular interrelations in long lasting streptozotocin diabetes in rats.
256 1970;6(6):558-64.
- 257 15. Yamagami T, Miwa A, Takasawa S, Yamamoto H, Okamoto HJCr. Induction of rat
258 pancreatic B-cell tumors by the combined administration of streptozotocin or alloxan and poly
259 (adenosine diphosphate ribose) synthetase inhibitors. 1985;45(4):1845-9.
- 260 16. Iwase M, Nuno K, Wakisaka M, Kikuchi M, Maki Y, Sadoshima S, et al. Spontaneous
261 recovery from non-insulin-dependent diabetes mellitus induced by neonatal streptozotocin
262 treatment in spontaneously hypertensive rats. 1991;40(1):10-4.
- 263 17. Kazumi T, Yoshino G, Fujii S, Baba SJCr. Tumorigenic action of streptozotocin on the
264 pancreas and kidney in male Wistar rats. 1978;38(7):2144-7.
- 265 18. Huber JD, VanGilder RL, Houser KAJAJoP-H, Physiology C. Streptozotocin-induced
266 diabetes progressively increases blood-brain barrier permeability in specific brain regions in
267 rats. *American Journal of Physiology-Heart*
268 *Circulatory Physiology*
269 2006.
- 270 19. Olbricht CJ, Geissinger B, Gutjahr EJKi. Renal hypertrophy in streptozotocin diabetic rats:
271 role of proteolytic lysosomal enzymes. 1992;41(4):966-72.
- 272 20. Crouch R, Kimsey G, Priest D, Sarda A, Buse MJD. Effect of streptozotocin on erythrocyte
273 and retinal superoxide dismutase. 1978;15(1):53-7.
- 274 21. Bolzán AD, Bianchi MSJMRRiMR. Genotoxicity of streptozotocin. 2002;512(2-3):121-34.
- 275 22. Council NR. Guide for the care and use of laboratory animals: National Academies Press;
276 2010.

- 277 23. Jiao Y, Wang X, Jiang X, Kong F, Wang S, Yan CJJoe. Antidiabetic effects of Morus alba
278 fruit polysaccharides on high-fat diet-and streptozotocin-induced type 2 diabetes in rats.
279 Journal of ethnopharmacology. 2017;199:119-27.
280 24. Singh M, Shin S. Changes in erythrocyte aggregation and deformability in diabetes
281 mellitus: a brief review. 2009.
282 25. ONDEROGLU S, SOZER S, Erbil KM, ORTAC R, LERMIOGLU FJJoP, Pharmacology.
283 The Evaluation of Long-term Effects of Cinnamon Bark and Olive Leaf on Toxicity Induced by
284 Streptozotocin Administration to Rats. 1999;51(11):1305-12.
285 26. Oyedemi S, Adewusi E, Aiyegoro O, Akinpelu DJAPjotb. Antidiabetic and haematological
286 effect of aqueous extract of stem bark of Afzelia africana (Smith) on streptozotocin-induced
287 diabetic Wistar rats. 2011;1(5):353-8.
288 27. Sellamuthu PS, Arulselvan P, Fakurazi S, Kandasamy MJPJPS. Beneficial effects of
289 mangiferin isolated from Salacia chinensis on biochemical and hematological parameters in
290 rats with streptozotocin-induced diabetes. 2014;27(1):161-7.
291 28. Verma N, Amresh G, Sahu P, Mishra N, Singh AP, Rao CVJAPjotm. Antihyperglycemic
292 activity, antihyperlipidemic activity, haematological effects and histopathological analysis of
293 Sapindus mukorossi Gaerten fruits in streptozotocin induced diabetic rats. 2012;5(7):518-22.
294 29. Çolak S, Geyikoğlu F, Aslan A, Deniz GYJT, health i. Effects of lichen extracts on
295 haematological parameters of rats with experimental insulin-dependent diabetes mellitus.
296 2014;30(10):878-87.
297 30. Cho YI, Mooney MP, Cho DJJJods, technology. Hemorheological disorders in diabetes
298 mellitus. 2008;2(6):1130-8.
299 31. Yeom E, Byeon H, Lee SJJsr. Effect of diabetic duration on hemorheological properties
300 and platelet aggregation in streptozotocin-induced diabetic rats. 2016;6:21913.

301