

Effects of diabetogenic agent Streptozotocin on hematological parameters of Wistar albino 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

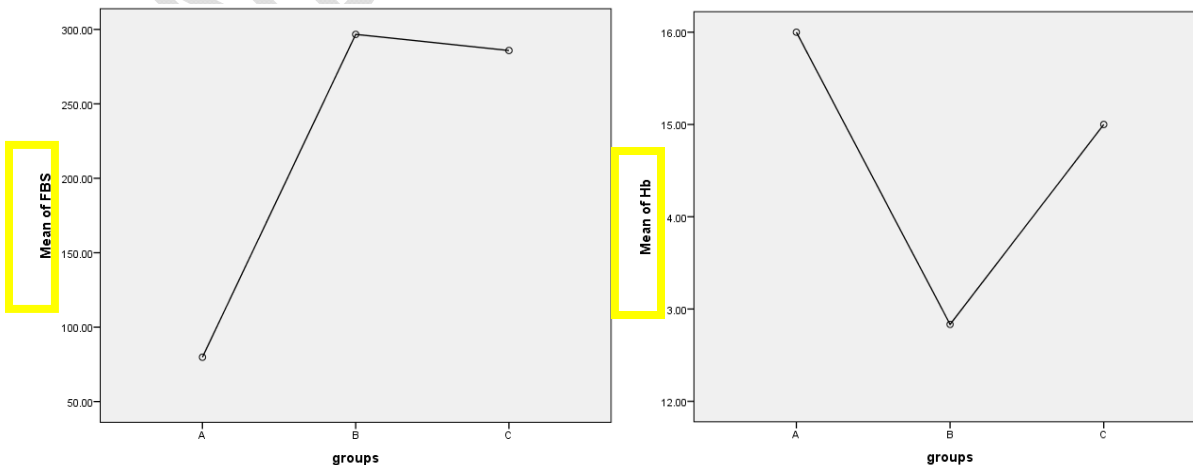
Table 1. Means of variables in all groups.

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 x 10 ⁶ / μl	10.41 (± 0.81)	7.12 (± 0.35)	9.8 (± 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 / μl	708.16 (± 16.4)	879.33 (± 30.14)	676.5 (± 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.

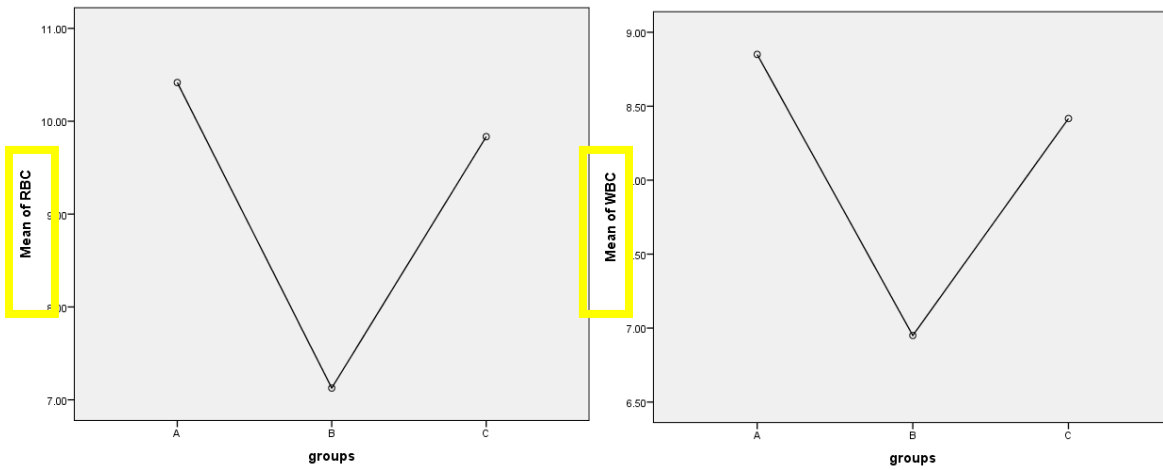
146 Following are the means plots of hematological parameters of Albino wistar rats.

147



148

149



150
151
152
153

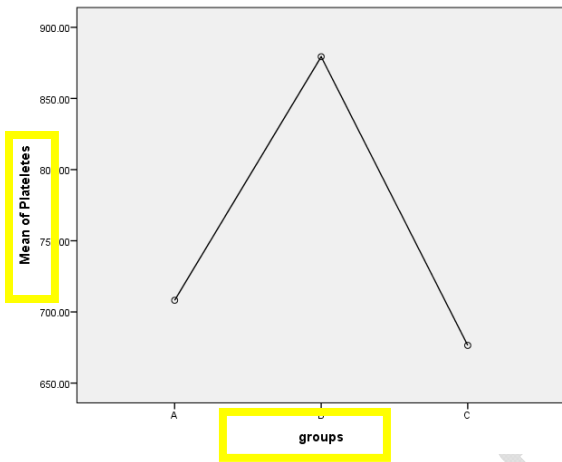
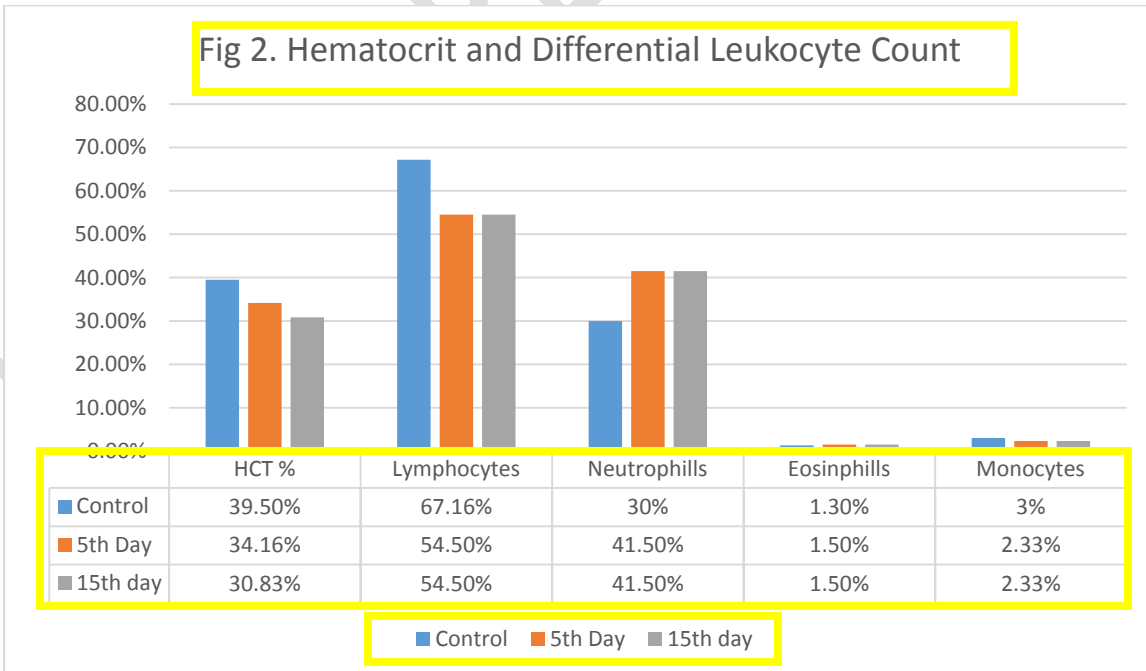


Figure 1. Hematocrit and differential leukocyte count of all the groups.

Fig 2. Hematocrit and Differential Leukocyte Count



154
155
156
157

158

Discussion:

159 Glucose is a basic fuel and an essential nutrient required by almost all body cells, its abnormal
160 concentrations after administration of streptozotocin may lead to change in biochemical and
161 hematological parameters of individuals (24). Streptozotocin is highly recommended drug for
162 induction of diabetes mellitus in animals (11) (13), after its intraperitoneal administration
163 hyperglycemic profile was achieved at 60mg/kg dose in both the groups i.e. B and C. The
164 results of our study (Table 1 group B) are parallel with the findings of many studies in which
165 they have reported the decline of RBCs, WBCs and increase in platelet count after few days of
166 administration of streptozotocin (25) (26) (27) whereas, at the same time our study is showing
167 variation in group C (Table 1 group C). The findings in group C (15 days) are somehow
168 different from the previous researches as they have associated the recovery in cell count of
169 blood parameters with different herbal and allopathic medications. In studies conducted by
170 Verma N et., al and Colak S et., al. they have attributed the reversal in blood parameters to
171 *Sapindus mukorossi* Gaerten fruits & lichen extracts respectively (28, 29) on the other hand we
172 in our study have found that the recovery in blood parameters is a normal phenomenon that
173 can happen with the advancement of time. However in accordance to other studies, no major
174 changes in the number of lymphocytes, monocytes and neutrophils were displayed in our study
175 results (26, 27). It was observed in a study that the change in hematological parameters
176 particularly in platelets is due to increase in blood viscosity that occur because of water
177 deprivation before streptozotocin administration and change in glucose concentration after
178 streptozotocin administration (30). Yeom et., al. in 2016 has highlighted that the change in
179 hematological parameters specially in platelets after administration of streptozotocin is not a
180 direct effect that is produced in response to its administration but this change is attributed to
181 change in environment of body of animals due to induction of diabetes (31). It is seen that after
182 administration of streptozotocin confirmation of diabetes mellitus is analyzed by glucometer
183 (27, 29) and when the readings are found to be significant animal model is considered as a
184 perfect diabetic model to carry out research, according to our study it is not true. As
185 streptozotocin belongs to nitrosoureido glucopyranose group and it is used as
186 chemotherapeutic agent it may impose its harmful effects on cells including blood cells so there
187 should be a base line level in all parameters for further intervention. According to our study it
188 seems like that the recovery in blood parameters is a normal physiologic mechanism that is
189 happening in the body of animals few days after the administration of streptozotocin and this
190 reversal specially in hematological parameter should not be regarded as an attribution of any
191 medication. This practice may give us biased results that can be a disaster in medical field
192 because after animal based experimental trials humans based trails are the next step.

193

Conclusion:

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

199

Limitations:

200 In our study the major limitation was that the animals were observed only for 15 days and blood
201 samples from three different animal groups (i.e. Control (A), Streptozotocin treated 5th (B) and
202 15th(C) days) were taken into consideration, rather than observing and following the same
203 animal on various days

204

Suggestions:

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

213
214 **Declaration of conflict of Interest:** There was no conflict of interest.

215
216 **Ethical Approval:** Animal ethics committee of Ziauddin University approved the study.
217 **Patients consent form:** Not applicable.

218

219

220 **References:**

- 221 1. Beretta AJL, Haes. Campanha de prevencao e diagnostico do diabetes realizada pela UNIARARAS e
222 prefeitura municipal na cidade de Araras. 2001;22(131):188-200.
- 223 2. Macedo C, Capelletti S, Mercadante M, Padovani C, Spadella CJP, laboratory of plastic surgery, Sao
224 Paulo–Paulista School of Medicine. Experimental model of induction of diabetes mellitus in rats. 2005:2-5.
- 225 3. Federiuk IF, Casey HM, Quinn MJ, Wood MD, Ward KWJCM. Induction of type-1 diabetes mellitus in
226 laboratory rats by use of alloxan: route of administration, pitfalls, and insulin treatment. J Comparative
227 medicine
228 2004;54(3):252-7.
- 229 4. Thatte UJjop. Still in search of a herbal medicine.... Indian journal of pharmacology
230 2009;41(1):1.
- 231 5. Srinivasan K, Ramarao PJJJoMR. Animal model in type 2 diabetes research: An overview. Indian
232 Journal of Medical Research
233 2007;125(3):451.
- 234 6. Holemans K, Aerts L, Van Assche FAJJoSfGI. Fetal growth restriction and consequences for the
235 offspring in animal models. Journal of the Society for Gynecologic Investigation
236 2003;10(7):392-9.
- 237 7. Szkudelski TJPr. The mechanism of alloxan and streptozotocin action in B cells of the rat pancreas. J
238 Physiological research
239 2001;50(6):537-46.
- 240 8. Lenzen SJD. The mechanisms of alloxan-and streptozotocin-induced diabetes. J Diabetologia
241 2008;51(2):216-26.
- 242 9. ITO M, KONDO Y, NAKATANI A, NARUSE AJB, Bulletin P. New model of progressive non-insulin-
243 dependent diabetes mellitus in mice induced by streptozotocin. J Biological
244 Pharmaceutical Bulletin
245 1999;22(9):988-9.
- 246 10. Tay Y-C, Wang Y, Kairaitis L, Rangan GK, Zhang C, Harris DCJKi. Can murine diabetic nephropathy be
247 separated from superimposed acute renal failure? 2005;68(1):391-8.

- 248 11. Akbarzadeh A, Norouzian D, Mehrabi M, Jamshidi S, Farhangi A, Verdi AA, et al. Induction of
249 diabetes by streptozotocin in rats. *Indian Journal of Clinical Biochemistry*
250 2007;22(2):60-4.
- 251 12. Etuk EJABJA. Animals models for studying diabetes mellitus. *J Agric Biol JN Am*
252 2010;1(2):130-4.
- 253 13. Balamurugan A, Gu Y, Miyamoto M, Wang W, Inoue K, Tabata YJP. Streptozotocin (STZ) is
254 commonly used to induce diabetes in animal models. *J Pancreas*
255 2003;26:102-3.
- 256 14. Steiner H, Oelz O, Zahnd G, Froesch EJD. Studies on islet cell regeneration, hyperplasia and
257 intransular cellular interrelations in long lasting streptozotocin diabetes in rats. 1970;6(6):558-64.
- 258 15. Yamagami T, Miwa A, Takasawa S, Yamamoto H, Okamoto HJCr. Induction of rat pancreatic B-cell
259 tumors by the combined administration of streptozotocin or alloxan and poly (adenosine diphosphate
260 ribose) synthetase inhibitors. 1985;45(4):1845-9.
- 261 16. Iwase M, Nunoi K, Wakisaka M, Kikuchi M, Maki Y, Sadoshima S, et al. Spontaneous recovery from
262 non-insulin-dependent diabetes mellitus induced by neonatal streptozotocin treatment in spontaneously
263 hypertensive rats. 1991;40(1):10-4.
- 264 17. Kazumi T, Yoshino G, Fujii S, Baba SJCr. Tumorigenic action of streptozotocin on the pancreas and
265 kidney in male Wistar rats. 1978;38(7):2144-7.
- 266 18. Huber JD, VanGilder RL, Houser KAJAJoP-H, Physiology C. Streptozotocin-induced diabetes
267 progressively increases blood-brain barrier permeability in specific brain regions in rats. *American Journal*
268 *of Physiology-Heart*
269 *Circulatory Physiology*
270 2006.
- 271 19. Olbricht CJ, Geissinger B, Gutjahr EJKi. Renal hypertrophy in streptozotocin diabetic rats: role of
272 proteolytic lysosomal enzymes. 1992;41(4):966-72.
- 273 20. Crouch R, Kimsey G, Priest D, Sarda A, Buse MJD. Effect of streptozotocin on erythrocyte and retinal
274 superoxide dismutase. 1978;15(1):53-7.
- 275 21. Bolzán AD, Bianchi MSJMRRiMR. Genotoxicity of streptozotocin. 2002;512(2-3):121-34.
- 276 22. Council NR. Guide for the care and use of laboratory animals: National Academies Press; 2010.
- 277 23. Jiao Y, Wang X, Jiang X, Kong F, Wang S, Yan CJJoe. Antidiabetic effects of Morus alba fruit
278 polysaccharides on high-fat diet-and streptozotocin-induced type 2 diabetes in rats. *Journal of*
279 *ethnopharmacology*. 2017;199:119-27.
- 280 24. Singh M, Shin S. Changes in erythrocyte aggregation and deformability in diabetes mellitus: a brief
281 review. 2009.
- 282 25. ONDEROGLU S, SOZER S, Erbil KM, ORTAC R, LERMIOGLU FJJoP, Pharmacology. The Evaluation of
283 Long-term Effects of Cinnamon Bark and Olive Leaf on Toxicity Induced by Streptozotocin Administration to
284 Rats. 1999;51(11):1305-12.
- 285 26. Oyedemi S, Adewusi E, Aiyegoro O, Akinpelu DJAPjotb. Antidiabetic and haematological effect of
286 aqueous extract of stem bark of *Azelaia africana* (Smith) on streptozotocin-induced diabetic Wistar rats.
287 2011;1(5):353-8.
- 288 27. Sellamuthu PS, Arulselvan P, Fakurazi S, Kandasamy MJJPJS. Beneficial effects of mangiferin
289 isolated from *Salacia chinensis* on biochemical and hematological parameters in rats with streptozotocin-
290 induced diabetes. 2014;27(1):161-7.
- 291 28. Verma N, Amresh G, Sahu P, Mishra N, Singh AP, Rao CVJAPjotm. Antihyperglycemic activity,
292 antihyperlipidemic activity, haematological effects and histopathological analysis of *Sapindus mukorossi*
293 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 haematological
295 parameters of rats with experimental insulin-dependent diabetes mellitus. 2014;30(10):878-87.
296 30. Cho YI, Mooney MP, Cho DJJods, technology. Hemorheological disorders in diabetes mellitus.
297 2008;2(6):1130-8.
298 31. Yeom E, Byeon H, Lee SJSr. Effect of diabetic duration on hemorheological properties and platelet
299 aggregation in streptozotocin-induced diabetic rats. 2016;6:21913.

300

UNDER PEER REVIEW