

International Journal of Advanced Research in Science, Communication and Technology



International Open-Access, Double-Blind, Peer-Reviewed, Refereed, Multidisciplinary Online Journal



Volume 5, Issue 4, May 2025

Pharmacological Evaluation of Anti-Diabetic Activity of Dioscorea alata Leaves in Animal Model

Mr. Prashant R. Wagh, Dr. Abhijit Shrirao, Dr. Deepak S. Mohale, Dr. Nitin I. Kochar, Dr. A. V. Chandewar

Department of Pharmacology Pataldhamal Wadhwani College of Pharmacy, Yavatmal

Abstract: The current study investigated the anti-diabetic potential of Dioscorea alata extract in streptozotocin-induced diabetic rats. Diabetes was induced in rats by a single intraperitoneal injection of streptozotocin (60mg/kg). The diabetic rats were treated with low (100 mg/kg) and high (200 mg/kg) doses of Dioscorea alata extract. The study assessed the effect of the extract on body weight and blood glucose levels. The results showed that Dioscorea alata extract significantly reduced blood glucose levels and attenuated weight loss in diabetic rats. These findings suggest that Dioscorea alata possesses anti-diabetic activity and may be a potential source of therapeutic agents for managing diabetes mellitus.

Keywords: Dioscorea alata, Diabetes, Streptozotocin, Blood glucose, Body weight, Phytochemicals

I. INTRODUCTION

Diabetes mellitus is a prevalent endocrine disorder characterized by persistent hyperglycemia. The disease results from the pancreas's inability to produce sufficient insulin or the body's ineffective use of the insulin it produces.1This metabolic dysfunction can lead to a range of acute symptoms, including increased thirst, frequent urination, unexplained weight loss, and blurred vision, and if left unmanaged, can result in severe long-term complications such as cardiovascular, ocular, renal, and neurological damage.2

The global incidence of diabetes is rising, with approximately 537 million adults affected worldwide as of 2021. Type 2 diabetes mellitus accounts for around 90% of these cases, posing a significant health and economic burden, with global health expenditures estimated at \$760 billion annually.5

Current management strategies for diabetes include lifestyle modifications, oral antidiabetic drugs, and insulin therapy. However, there's growing interest in exploring alternative therapies, including herbal medicines, for their potential in managing diabetes. This study investigates the anti-diabetic potential of Dioscorea alata, a plant traditionally used in herbal medicine, in an animal model.7

II. MATERIALS AND METHOD

2.1 Materials

2.1.1 Chemicals and reagents used during study

Petroleum Ether, Methanol, Chloroform, Streptozotocin, Molish's Reagent, Mayers Reagent, Sulphuric Acid, Lead Acetate, Ferric Chloride, α – Napthol, Glacial Acetic Acid, Ninhydrin solution, Ammonia solution, Glucose Diagnostic Kit.

2.1.2 Experimental Animals

Healthy Sprague Dawley rats (8 weeks old, weighing 150-250 gm) were housed under standard laboratory conditions (temperature $22 \pm 2^{\circ}$ C, humidity 55-60%, 12-hour light/dark cycle) with free access to standard pellet diet and water. All experimental procedures were approved by the Institutional Animal Ethical Committee (IAEC) with reference no.

Copyright to IJARSCT www.ijarsct.co.in



DOI: 10.48175/IJARSCT-26453





International Journal of Advanced Research in Science, Communication and Technology

International Open-Access, Double-Blind, Peer-Reviewed, Refereed, Multidisciplinary Online Journal

Volume 5, Issue 4, May 2025



650/PO/Re/S-2002/2025/CPCSEA/08 and conducted in accordance with the guidelines of the Committee for the Purpose of Control and Supervision of Experiments on Animals (CPCSEA).

2.1.3 Apparatus and Instruments

Cooling centrifuge, Semiautomatic Biochemistry auto-analyzer, Desiccators, Micropipette, Digital weighing balance and Glasswares, Glucometer.

2.2 Method

2.2.1 Plant Material and Extraction:

Fresh leaves of Dioscorea alata plant were collected from local area of Toranmal, Maharashtra. and authenticated by a botanist (Reference No. (ACDo /Certificate/37/2025). The leaves were shade-dried, coarsely powdered, and subjected to Soxhlet extraction using petroleum ether to remove fatty components, followed by maceration in methanol. The methanolic extract was concentrated by evaporation at 40°C.

2.2.2 Phytochemical Screening:

The methanolic extract of Dioscorea alata leaves (MEDA) was subjected to qualitative phytochemical screening using standard procedures to detect the presence of various secondary metabolites, including alkaloids, carbohydrates, cardiac glycosides, tannins, proteins and amino acids, phenolic compounds, flavonoids, anthraquinones, saponins, and terpenoids.

2.2.3 Induction of Diabetes:

Diabetes was induced in rats (except the normal control group) by a single intraperitoneal injection of streptozotocin (STZ) at a dose of 60 mg/kg body weight, dissolved in freshly prepared ice-cold citrate buffer (0.1 M, pH 4.5). Negative control rats received an equivalent volume of citrate buffer. Blood glucose levels were measured using a glucometer (Ambica Diagnostic) 72 hours post-STZ injection, and rats with fasting blood glucose levels \geq 150 mg/dL were considered diabetic.

2.2.4 Experimental Groups:

The rats were divided into five groups (n=6 per group): Group 1 (Vehicle Control): Non-Diabetic Rats treated with normal saline. Group 2 (Negative Control): Diabetic Rats treated intraperitoneally with STZ (60mg/kg) Group 3 (Low Dose MEDA): Diabetic Rats treated orally with MEDA (100 mg/kg). Group 4 (High Dose MEDA): Diabetic Rats treated orally with MEDA (200 mg/kg). Group 5 (Standard): Diabetic rats treated orally with glibenclamide (5 mg/kg).

2.2.6 Statistical Analysis:

All data were expressed as the mean \pm standard deviation. For statistical Analysis of the rats, group mean were compared by one-way (ANOVA) followed by Dunnett's test, p<0.01 was considered as significant value.

III. RESULTS

3.1 Phytochemical Screening:

Phytochemical screening of the methanolic extract of Dioscorea alata leaves revealed the presence of alkaloids, carbohydrates, cardiac glycosides, tannins, proteins and amino acids, phenolic compounds, flavonoids, anthraquinones, saponins, and terpenoids (Table 1).

Copyright to IJARSCT www.ijarsct.co.in



DOI: 10.48175/IJARSCT-26453





International Journal of Advanced Research in Science, Communication and Technology

International Open-Access, Double-Blind, Peer-Reviewed, Refereed, Multidisciplinary Online Journal

Volume 5, Issue 4, May 2025



Table No. 1: Phytochemicals Screening of MEDA

Sr.No	Phytoconstituents	Test	Hydro Alcoholic extract
1	Alkaloid	Mayer'sTest	+
		Dragendroff'sTest	+
2	Flavonoids	Ferric ChlorideTest	+
		Lead Acetate Test	+
3	Carbohydrates	Molisch Test	+
		Fehling Test	-
		Benedict's Test	+
4	Steroid	Salkowski's Test	+
		Libermann Barchared	+
		test	
5	Tannins	Lead Acetate Test	+
		Gelatin Test	+
6	Proteins	Xantho protein test	+
		Biuret Test	+
		Lead Acetate Test	+
7	Glycoside	Keller Kiliani Test	+

+ Present, - Absent

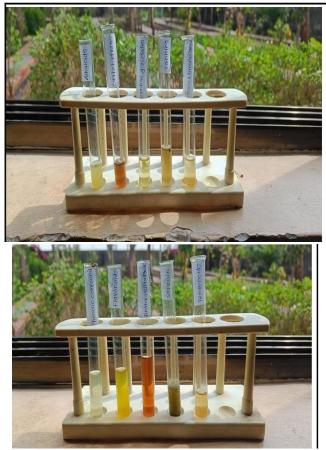


Figure No.1: Phytochemicals screening of MEDA

Copyright to IJARSCT www.ijarsct.co.in



DOI: 10.48175/IJARSCT-26453







International Journal of Advanced Research in Science, Communication and Technology

International Open-Access, Double-Blind, Peer-Reviewed, Refereed, Multidisciplinary Online Journal

Volume 5, Issue 4, May 2025



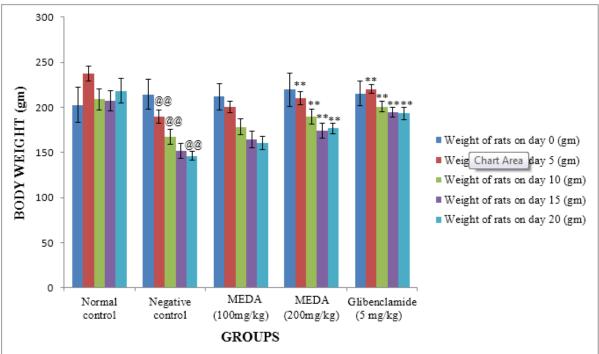
3.2 Effect of MEDA on Body Weight:

Table No 2: Evaluation of body weight of rats on day 0, 5, 10, 15 and 20.

Groups	Body weight (gm)					
	Days					
	0 Day	5 days	10 days	15 days	20 days	
Normal control	202.75 ± 19.75	237.25 ± 8.26	208.75 ± 11.41	207.50 ± 13.87	218.25 ± 18.52	
Negative control	$214.5 \pm 16.13^{\text{ns}}$	$189.75 \pm 7.14^{@@}$	$167.25 \pm 8.46^{@@}$	$151.75 \pm 4.92^{@@}$	$146 \pm 7.83^{@@}$	
MEDA (100mg/kg)	211.75 ± 14.52^{ns}	200.25 ± 6.45^{ns}	$178.25 \pm 8.96^{\rm ns}$	$164.50 \pm 7.23^{\rm ns}$	$160.75 \pm 7.13^{\rm ns}$	
MEDA (200mg/kg)	219.75 ± 18.44^{ns}	$210 \pm 7.07^{**}$	$189.5 \pm 8.35^{**}$	$174.50 \pm 5.80^{**}$	$176.75 \pm 8.77^{**}$	
Glibenclamide	$215.25 \pm 13.59^{\text{ns}}$	$220.25 \pm 5.12^{**}$	$200.75 \pm 5.56^{**}$	$194.50 \pm 6.81^{**}$	$193.25 \pm 4.86^{**}$	

The result were expressed as Mean \pm SD (n = 4)

ns (not significant) = p>0.05, @@p<0.01 when compared to normal control group of rats ns (not significant) = p>0.05, **p<0.01 when compared to negative control group of rats



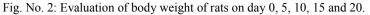


Table No. 2 and Figure No. 2 Shows the effect of Dioscorea alata on body weight of Streptozotocin induced diabetic rats. There was significant (p<0.01) decrease in body weight in negative control group compared to Normal control group of rats on day 5 to day 20. After the confirmation of diabetes, rats were treated with methanolic extract of Dioscorea alata. After treatment, there was a significant reduction (p<0.01) in body weight in high dose group (200mg/kg) and Standard dose group compared to negative control groups on day 5 to day 20.

Copyright to IJARSCT www.ijarsct.co.in



DOI: 10.48175/IJARSCT-26453





International Journal of Advanced Research in Science, Communication and Technology

International Open-Access, Double-Blind, Peer-Reviewed, Refereed, Multidisciplinary Online Journal

Volume 5, Issue 4, May 2025



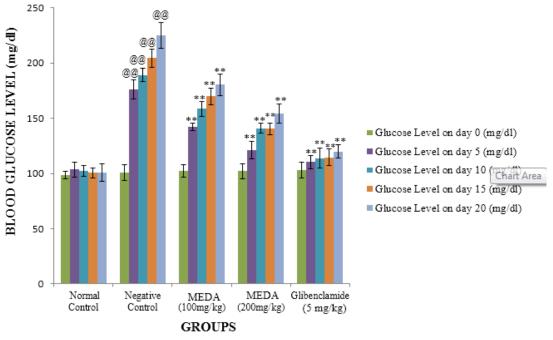
3.3 Effect of MEDA on Blood Glucose level:

Table No 3: Estimation of blood glucose level of rats on day 0, 5, 10, 15 and 20.

	Blood glucose level (mg/dl)						
Groups	Days						
	0 Day	5 days	10 days	15 days	20 days		
Normal control	98.75 ± 3.59	103.50 ± 6.81	102.25 ± 4.65	100.50 ± 4.43	101 ± 7.80		
Negative control	$101 \pm 7.07^{\rm ns}$	$176.25 \pm 8.62^{@@}$	$189 \pm 6.05^{@@}$	$204.50 \pm 8.23^{@@}$	$225 \pm 11.34^{@@}$		
MEDA (100mg/kg)	$102.25 \pm 5.68^{\rm ns}$	$142 \pm 3.37^{**}$	$158.50 \pm 6.66^{**}$	$169.75 \pm 7.72^{**}$	$180.25 \pm 9.53^{**}$		
MEDA (200mg/kg)	$102 \pm 6.98^{\rm ns}$	$121.25 \pm 8.02^{**}$	$140.75 \pm 4.50^{**}$	$140.50 \pm 5.20^{**}$	$154.25 \pm 8.58^{**}$		
Glibenaclamide	$103 \pm 7.07^{\rm ns}$	$110.25 \pm 6.30^{**}$	$114 \pm 9.20^{**}$	$114.75 \pm 7.63^{**}$	$120 \pm 6.05^{**}$		

The result were expressed as Mean \pm SD (n = 4)

ns (not significant) = p>0.05, @@p<0.01 when compared to normal control group of rats ns (not significant) = p>0.05, **p<0.01 when compared to negative control group of rats



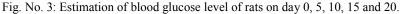


Table no.3 and Figure no 3 Shows the effect of Dioscorea alata on blood glucose level of Streptozotocin induced diabetic rats. There was significant (p<0.01) increase in the blood glucose level in negative control group compared to Normal control group of rats on day 5 to day 20. After the confirmation of diabetes, rats were treated with methanolic extract of Dioscorea alata. After treatment, there was a significant reduction (p<0.01) in the Blood glucose level in MEDA (100mg/kg), MEDA (200mg/kg) and Standard dose group compared to negative control groups on day 5 to day 20.

Copyright to IJARSCT www.ijarsct.co.in



DOI: 10.48175/IJARSCT-26453





International Journal of Advanced Research in Science, Communication and Technology

International Open-Access, Double-Blind, Peer-Reviewed, Refereed, Multidisciplinary Online Journal





IV. DISCUSSION

The findings of this study indicate that Dioscorea alata extract possesses significant anti-diabetic potential. The streptozotocin-induced diabetic rats showed characteristic hyperglycemia and weight loss, which are consistent with the pathophysiology of diabetes mellitus. The administration of Dioscorea alata extract effectively reduced blood glucose levels and attenuated weight loss in the diabetic rats.

These results align with previous research demonstrating the anti-diabetic effects of various plant extracts in animal models. The precise mechanism by which Dioscorea alata exerts its anti-diabetic effect requires further investigation, but it may involve enhanced insulin secretion, improved insulin sensitivity, or reduced glucose absorption.

V. CONCLUSION

This study provides evidence for the anti-diabetic activity of Dioscorea alata extract in streptozotocin-induced diabetic rats. The extract effectively reduced blood glucose levels and attenuated weight loss. These findings suggest that Dioscorea alata may be a potential source of therapeutic agents for managing diabetes mellitus.

VI. ACKNOWLEDGEMENT

First and foremost, I thank God Almighty for the strength and blessings that helped me complete this research successfully. We thank to management of P. Wadhwani College of Pharmacy, Yavatmal, for giving support and infrastructure during the course of study

REFERENCES

- [1]. Blair M. Diabetes mellitus review. Urologicnursing.2016Jan 1; 36 (1).
- [2]. Eisenbarth GS. Type I diabetes mellitus. New England journal of medicine. 1986 May 22;314(21):1360-8.
- [3]. Alam U, Asghar O, Azmi S, Malik RA. General aspects of diabetes mellitus. Handbook of clinical neurology. 2014 Jan 1; 126:211-22.
- [4]. Katsarou A, Gudbjörnsdottir S, Rawshani A, Dabelea D, Bonifacio E, Anderson BJ, Jacobsen LM, Schatz DA, Lernmark Å. Type 1 diabetes mellitus. Nature reviews Disease primers. 2017 Mar 30; 3 (1):1-7.
- [5]. Goyal, Rajeev, and Ishwarlal Jialal."Diabetes mellitus type 2."(2018).
- [6]. Buchanan TA, Xiang AH. Gestational diabetes mellitus. The Journal of clinical investigation. 2005 Mar 1;115 (3):485-91.
- [7]. Todd JA. Etiology of type1 diabetes. Immunity. 2010 Apr 23;32(4):457-67.
- [8]. Taylor R. Type 2 diabetes: etiology and reversibility. Diabetes care. 2013 Apr 1;36 (4):1047-55.
- [9]. Buchanan TA, Xiang AH. Gestational diabetes mellitus. The Journal of clinical investigation. 2005 Mar 1;115 (3):485-91.
- [10]. Plows JF, Stanley JL, Baker PN, Reynolds CM, Vickers MH. The pathophysiology of gestational diabetes mellitus. International journal of molecular sciences. 2018 Oct 26;19 (11):3342.
- [11]. Visweswara Rao P, Hua Gan S. Recent advances in nanotechnology-based diagnosis and treatments of diabetes. Current drug metabolism. 2015 Jun 1;16 (5):371-5.
- [12]. Guthrie RA, Guthrie DW. Pathophysiology of diabetes mellitus. Critical care nursing quarterly. 2004 Apr 1;27 (2):113-25.
- [13]. Modi P. Diabetes beyond insulin: review of new drugs for treatment of diabetes mellitus. Current drug discovery technologies. 2007 Jun 1;4 (1):39-47.
- [14]. Ali S, Zameer S, Yaqoob M. Ethnobotanical, phytochemical and pharmacological properties of Tricholepis glaberrima (Asteraceae): A review. Tropical Journal of Pharmaceutical Research. 2017 Dec 1;16 (12).
- [15]. Ripanda A, Luanda A, Sule KS, Mtabazi GS, Makangara JJ. Tricholepis glaberrima (Cav.): A comprehensive review on ethnomedicinal, phytochemical and pharmacological studies. Heliyon. 2023 Feb 8.
- [16]. Damalas CA. Distribution, biology, and agricultural importance of Tricholepis glaberrima (Asteraceae). Weed Biology and Management. 2008 Sep;8 (3):147-53.

[17]. Poretsky L, Kalin MF. The gonadotropic function of insulin. Endocrine reviews. 1987 May 1;8 (2):132-41.

Copyright to IJARSCT www.ijarsct.co.in



DOI: 10.48175/IJARSCT-26453





IJARSCT

ISSN: 2581-9429

International Journal of Advanced Research in Science, Communication and Technology

International Open-Access, Double-Blind, Peer-Reviewed, Refereed, Multidisciplinary Online Journal

Volume 5, Issue 4, May 2025



- [18]. Golbidi S, Alireza Ebadi S, Laher I. Antioxidants in the treatment of diabetes. Current diabetes reviews. 2011 Mar 1;7 (2):106-25.
- [19]. Musselman DL, Betan E, Larsen H, Phillips LS. Relationship of depression to diabetes types 1 and 2: epidemiology, biology, and treatment. Biological psychiatry. 2003 Aug 1;54 (3):317-29.
- [20]. DeCauwer B., et al. Effects of soil and crop management practices and pedo- hydrological conditions on the seed bank size of in organic vegetable fields. December. 2021:55–67. doi: 10.1111/wre.12457. 2019
- [21]. amesar S., Baijnath H., Govender T., Mackraj I. Angiotensin I-converting enzyme inhibitor activity of nutritive plants in KwaZulu-Natal. J. Med. Food. 2008;11(2):331–336.doi: 10.1089/jmf.2007.569.Jun.
- [22]. Ripanda A, Luanda A, Sule KS, Mtabazi GS, Makangara JJ. Dioscorea alata (Cav.): A comprehensive review on ethnomedicinal, phytochemical and pharmacological studies. Heliyon. 2023 Feb 1;9 (2).
- [23]. Shetty AK, Kumar GS, Sambaiah K, Salimath PV. Effect of bitter gourd (Momordica charantia) on glycaemic status in streptozotocin induced diabetic rats. Plant Foods for Human Nutrition. 2005;60 (3):109– 112.
- [24]. Sunmonu TO, Afolayan AJ. Evaluation of antidiabetic activity and associated toxicity of Artemisia afra aqueous extract in wistar rats. Evidence-Based Complementary and Alternative Medicine. 2013 Jan 1;2013.
- [25]. SilbernagelE, Spreitzer H, Buchbauer G. Non-volatile constituents of Artemisia afra .Monatshefte für Chemie Chemical Monthly. 1990;121 (5):433–436.
- [26]. Al-Shamaony L, Al-Khazraji SM, Twaij HAA. Hypoglycaemic effect of Artemisia herba alba.II.Effect of a valuable extract on some blood parameters in diabetic animals. Journal of Ethnopharmacology. 1994;43(3):167–171.
- [27]. Brewer HB., Jr. Hypertriglyceridemia: changes in the plasma lipoproteins associated with an increased risk of cardio vascular disease. American Journal of Cardiology. 1999;83 (9):3F–12F.
- [28]. Porter JR, Barrett TG. Monogenic syndromes of abnormal glucose homeostasis: clinical review and relevance to the understanding of the pathology of insulin resistance and beta cell failure. Journal of medical genetics 2005;42 (12):893-902.
- [29]. Wang TJ, Larson MG, Vasan RS, Cheng S, Rhee EP, McCabe E, etal. Metabolite profiles and the risk of developing diabetes. Nature medicine 2011;17 (4):448-53.
- [30]. Bacha F, Lee S, Gungor N, Arslanian SA. From pre-diabetes to type 2 diabetes in obese youth: pathophysiological characteristics along the spectrum of glucose dysregulation. Diabetes care 2010;33 (10):2225-31.
- [31]. Tripathi V, Verma J, J. Current updates of Indian antidiabetic medicinal plants. Int Pharm Chem 2014;4:114-8.
- [32]. MendezJD, Ramos HG. Animal models in diabetes research. Archives of medical research 1994;25(4):367-75.
- **[33].** Iranloye BO, Arikawe AP, Rotimi G, Sogbade AO. Anti-diabetic and anti-oxidant effects of Zingiber officinale on alloxan induced and insulin-resistant diabetic male rats. Nigerian journal of physiological sciences: official publication of the Physiological Society of Nigeria 2011;26(1):89-96.
- [34]. Halim D, Khalifa K, Awadallah R, El-Hawary Z, El-Dessouky EA. Serum mineral changes in dithizoneinduced diabetes before and after insulin treatment. Zeitschrift fur Ernahrungswissenschaft 1977;16(1):22-6



DOI: 10.48175/IJARSCT-26453

