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**Hypoglycemic Effect of D-Chiro-Inositol in Type 2 Diabetes Mellitus Rats
through the PI3K/Akt Signaling Pathway**

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1 **Abstract:** In this investigation, a model of type 2 diabetes mellitus (T2DM) was used
2 on Sprague-Dawley (SD) rats to clarify more details of the mechanism in the therapy
3 of T2DM. D-chiro-inositol (DCI) was administrated to the diabetic rats as two doses
4 [30, 60 mg/ (kg·body weight·day)]. The biochemical indices revealed that DCI had a
5 positive effect on hypoglycemic activity and promoted the glycogen synthesis. The
6 rats in DCI high-dosage group had a blood glucose reduction rate of 21.5% after 5
7 weeks of treatment, and had insulin content in serum about 15.3 ± 2.37 mIU/L which
8 was significantly decreased than diabetes control group. Real-time polymerase chain
9 reaction (RT-PCR) results revealed that DCI gave a positive regulation on glycogen
10 synthase (GS) and protein glucose transporter-4 (Glut4). Western blotting suggested
11 that DCI could up-regulated the expression of the phosphatidylinositol-3-kinase
12 (PI3K) p85, PI3Kp110, GS as well as the phosphorylation of protein kinase B (Akt)
13 both in the liver and the skeletal muscle. The results also revealed that DCI enhanced
14 the Glut4 expression on skeletal muscle. Above all, DCI played a positive role in
15 regulating insulin-mediated glucose uptake through the PI3K/Akt signaling pathway
16 in T2DM rats.

17 **Key words:** D-chiro-inositol; diabetes mellitus; PI3K/Akt signaling pathway; liver
18 tissue; skeletal muscle

19 Introduction

20 There has been a sharp increase of diabetes across the world in recent decades, and
21 diabetes has become the third largest non-communicable diseases followed by tumor
22 and cardiovascular disease, which is a serious damage to human health and even
23 life-threatening. 90% of the diabetes cases are T2DM which is known as
24 non-insulin-dependent diabetes mellitus. (Zhang and Moller, 2000, Buse, 2011) T2DM is
25 characterized by insulin resistance (Hsu, Shih, Chang et al., 2015) and impaired insulin secretion
26 due to β -cell dysfunction, (Sharma, Bharti, Goyal et al., 2011) which is a state where insulin has a
27 reduced ability to mediate glucose homeostasis in its major target tissues, such as
28 skeletal muscle, adipose tissue and liver. (Kahn, 2003) T2DM has many related
29 complications, including hyperglycemia, dyslipidemia, abdominal obesity,
30 hypertension etc. (Salas-Salvadó, Martínez-González, Bulló et al., 2011) At present, while there are
31 many effective drugs for the treatment of diabetes, the side effects and adverse
32 reactions of them cannot be ignored for most of these drugs would cause damage to
33 multiple organs when they play the treatment function. Therefore, it is necessary to
34 find a new natural active component for the treatment of diabetes with assured safety
35 and efficiency. (Hu, Xia, Wang et al., 2014)

36 Many researches had shown some natural plant extracts with an effect of enhancing
37 insulin sensitivity to the insulin resistant experimental animals. (Chang, Chou, Liao et al., 2015)
38 DCI, a kind of isomers of inositol, was rich in many *leguminosae* plants and animal
39 viscus. For the past few years, DCI was regarded as a kind of food additives (or food
40 fortifier) and was allowed to be added into some functional health care products in
41 some of the western countries. Some research reports pointed out, DCI plays a crucial
42 role in insulin signaling processes and insulin resistance would be caused by a lack of
43 enough DCI in vivo. (Jones and Varela-Nieto, 1999) Therefore, many DCI-enriched foods were
44 recommended to the diabetes or prediabetes subjects by the doctor aim to assist the
45 diabetic treatment. DCI helped to regulate the body's physiological function and
46 metabolic balance, to reduce the prevalence of diabetes, (Larner, Brautigam and Thorner, 2010)
47 however, its functional mechanisms of hypoglycemic effect remains to be inquired.

48 Liver is the most predominant visceral organ to regulate the glucose metabolism by
49 means of plenty of signaling pathways. PI3K/Akt pathway is one of the most primary
50 signaling pathways which thought to be a major mechanism involved in insulin
51 resistance. (Avramoglu, Basciano and Adeli, 2006) Glut4 plays an explicit role in regulating
52 glucose homeostasis through translocation and activation in skeletal muscle, triggered
53 by insulin dependent PI3K/Akt pathway. (Watson, Kanzaki and Pessin, 2004) Therefore,
54 therapeutic approaches target on these specific metabolic indexes in the management
55 of T2DM are advocated. In this study, high-fat diet (HFD) fed-streptozotocin (STZ) -
56 induced T2DM rats were used to clarify the effect of DCI on T2DM and its
57 mechanisms, with focusing on the improvement of DCI on insulin sensitivity and the
58 identification of the role of DCI in the critical pathway of insulin sensitivity.

59 Materials and Methods**60 Chemicals**

61 D-chiro-inositol (95%) used in this study was purchased from Shanghai Newgenco
62 Bioscience Co., Ltd. (Shanghai, China). STZ was purchased from Sigma Chemical Co.
63 (St. Louis, MO, USA). Insulin was obtained from Dingguo Changsheng
64 Biotechnology Co., Ltd. (Beijing, China). Trizol was purchased from TransGen
65 Biotech Co., Ltd. (Beijing, China). Antibodies PI3Kp85, PI3Kp110, Akt, phospho-Akt,
66 GSK-3 β , GS and Glut4 were obtained from Cell Signaling Technology Inc. (Danvers,
67 MA, USA), secondary antibody was obtained from ZSGB-BIO Technology Co., Ltd.
68 (Beijing, China). RIPA was bought from Solarbio Science & Technology Co., Ltd.
69 (Beijing, China). ECL was bought from Advansta Inc. (Menlo Park, CA, USA).
70 Others laboratory chemicals were of analytical grade.

71 Materials

72 A blood glucose meter and blood glucose test strips were obtained from Johnson &
73 Johnson, Co. (New Brunswick, NJ, USA). A rat insulin ELISA kit was purchased
74 from Dingguo Changsheng Biotechnology Co., Ltd. (Beijing, China). Glycogen Assay
75 Kit was obtained from Dingguo Changsheng Biotechnology Co., Ltd. (Beijing, China).
76 PrimeScriptTM RT reagent kit and SYBR Premix Ex TaqTM II (Tli RNaseH Plus) kit
77 were bought from TaKaRa Biotechnology Co., Ltd. (Dalian, China). Nitrocellulose
78 membrane was bought from Solarbio Science & Technology Co., Ltd (Beijing, China).
79 An SABC (Rabbit IgG - POD) kit was bought from Solarbio Science & Technology
80 Co., Ltd. (Beijing, China).

81 Animals

82 Male SD rats (200 \pm 20 g) chosen in our experiment were purchased from the animal
83 house of Beijing University Science Center. All rats were housed in internally
84 flawless animal rooms with constant temperature (23 \pm 2 °C) and humidity (55 \pm 10 %).
85 The room kept 12 h light/dark cycle with unrestricted food and water. The animals
86 were approved by the Animal Care and Use Committee, and all of the animal facilities
87 and experimental procedures were carried out according to the Technical Standards
88 for Testing & Assessment of Health Food (2003).

89 **Induction of T2DM in Rats and Medicinal Dosage**

90 The animals were divided into normal chow diet group (20 rats included) and HFD
91 group randomly after adapted to the laboratory environment for a week. A month later,
92 the HFD rats were injected intraperitoneally with STZ solution at a dose of 30 mg /
93 (kg·body weight (bw)) and the normal chow diet group rats received the vehicle only.
94 Seventy-two hours after injection, the HFD rats with blood glucose level ≥ 11.1
95 mmol/L were considered as T2DM rats and used in the future experiments.<sup>(Jiang, Wu,
96 Wang et al., 2015, Srinivasan, Viswanad, Asrat et al., 2005, Wu, Wen, Qi et al., 2012)</sup> Then the T2DM rats were
97 divided into three groups at random and each group contained 10 rats to receive
98 treatment. The Recommended Daily Allowances (RDA) of DCI was 300 mg to 600
99 mg per day in a 60 kg human and the dose of samples given to the rat should be 6
100 times than humans' because of its larger surface area. After calculating, the
101 experiment set a first group (low-dosage group, LD) received DCI at 30 mg / (kg·bw)
102 per day, the second group (high-dosage group, HD) received DCI at 60 mg / (kg·bw)
103 per day and the last one received distilled water only (diabetes control group, DC).
104 Ten rats were chosen from the NC group to receive DCI at 60 mg / (kg·bw) per day as
105 the normal high-dosage control group (NH), in order to inspect the side-effect of DCI
106 to the normal rats.

107 **Oral Glucose Tolerance Test (OGTT) and Insulin Tolerance Test (ITT)**

108 OGTT were performed in overnight-fasted rats from every group. NC and DC
109 groups were administered with distilled water orally. LD, HD and NH groups were
110 given 30 mg/kg, 60 mg/kg and 60 mg/kg DCI separately. Twenty minutes later, all the
111 rats were orally administered glucose at a dose of 2g/kg. Blood was withdrawn from
112 the tip of the tail at 0, 30, 60 and 120 min from all five groups to measure the blood
113 glucose level.

114 ITT were performed in overnight-fasted rats from all groups 72h after the OGTT.
115 Twenty minutes after administration of the vehicle (distilled water) and DCI, the rats
116 were injected insulin at 0.15 U/kg intraperitoneally. Similar to the procedure for
117 OGTT has shown that the blood samples were withdrawn at 0, 30, 60 and 120 min
118 after the injection of insulin, and the blood glucose level was measured.

119 Biochemical Analysis

120 Rats were sacrificed at the end of the experiment and blood samples and viscera
121 organs were stored at -80°C in the refrigerator for future use. The fasting blood
122 glucose (FBG) level was determined by using the blood glucose meter and test strips
123 each week. The fasted serum insulin (FINS) was determined by ELISA kit. The
124 concentrations of glycogen in liver and skeletal muscle were tested by Glycogen
125 Assay Kit. All the parameters were performed according to the manufacture's
126 instructions.

127 RT-PCR Analysis

128 The viscera organs were stored at -80°C in the refrigerator for RT-PCR analysis.
129 RT-PCR was performed to determine the effect of DCI on gene level. Total RNA was
130 extracted from liver using Trizol reagent, and the concentration of the total RNA was
131 determined by the ultraviolet spectrophotometer. The RNA was converted to cDNA
132 by using RT-PCR kits. The specific primers which include both sense and antisense
133 were used for the amplification of DNA (Table1).

134 Western Blot Analysis

135 The viscera organs were stored at -80°C in the refrigerator for Western blot
136 analysis. The expression of proteins including PI3Kp85 (85 kDa), PI3Kp110 (110
137 kDa), Akt (60 kDa), p-Akt (60 kDa), GSK-3 β (46 kDa), GS (81-85 kDa) and Glut4
138 (50 kDa) were analyzed by Western blot. In brief, 100 mg tissue was homogenized
139 in RIPA buffer for 10 min, followed by centrifugation at 4°C 10000 r/min for 5 min.
140 Then transferred the supernatant to a new clean centrifuge tube and used the Bradford
141 colorimetric method to determine the concentration of the total protein. The tissue
142 protein (50-70 μg) was subjected to 10% SDS-PAGE for 1 h at 80 V and for 2 h at
143 100 V, in order to separate the target protein from the others. Proteins were transferred
144 to a nitrocellulose membrane for 3 h at 300 mA by a wet transfer. The membrane was
145 incubated in blocking solution containing 5% nonfat dried milk for 2 h at room
146 temperature. Subsequently, the membrane was exposed to the desired the primary
147 antibodies, phosphate buffer saline (PBS) containing PI3Kp85 antibody (1:1000),
148 PI3Kp110 antibody (1:1000), Akt antibody (1:1000), p-Akt (Ser473) antibody

149 (1:2000), GSK-3 β antibody (1:1000), GS antibody (1:1000) and Glut4 antibody
150 (1:1000), incubated with the membrane at 4 °C overnight; β -actin (43 kDa) was used
151 as control protein. After incubation with the secondary antibody for 2 h at room
152 temperature, the membrane was exposed to chemiluminescent reagent (ECL) for
153 about 5-10 min. The expressions of the proteins on the membranes with fluorescence
154 were exposed to X-ray photographic films in a darkroom and the band densities were
155 quantified.

156 **Immunohistochemistry**

157 Liver tissues were put into 4% formaldehyde solution for 12 h and placed into 80%
158 alcohol for immunohistochemistry use. Liver tissues embedded in paraffin were
159 performed on 5 μ m paraffin sections for immunohistochemical staining. The paraffin
160 sections were dewaxed and rehydrated before being dipped into 0.01 M citrate buffer
161 (pH 6.0) with a boiling water reaction to retrieve antigen. The paraffin sections were
162 incubated with 3% H₂O₂ to quench the activity of endogenous peroxidase. Then the
163 sections were incubated in the solution containing 3% BSA to block nonspecific
164 binding sites whereas endogenous avidin-binding activity was inhibited by continuous
165 treatment with avidin-biotin. The following steps of the immunodetection experiment
166 was according to the manufacture's instruction for the SABC (rabbit IgG) - POD Kit.
167 For each antibody, a negative control was included in which the primary antibody was
168 replaced with PBS.

169 **Statistical Analysis**

170 All of the data were presented as means \pm SD. The ANOVA with post-hoc
171 comparisons were used to exhibit the significance of differences between samples and
172 these differences were considered significant when $p < 0.05$, whereas $p < 0.01$ was
173 regarded as very significant (SPSS version 20.0, Statistical Package for the Social
174 Sciences Software, SPSS Inc., Chicago, IL, USA).

175 Results**176 Effects of DCI on Increasing Body Weight and Reducing FBG**

177 Table 2 reveals the body weight of all the SD rats. Body weight was measured each
178 week and diabetic rats were very significantly lower than the normal ones after
179 establishing the T2DM model ($p<0.01$). The DC group was very significantly lower
180 than that of the NC group during the whole experiment ($p<0.01$). The body weight of
181 LD and HD groups were significant higher than that of the DC group after treated
182 with DCI for 5 weeks ($p<0.05$).

183 The FBG levels of all experimental rats were listed on Table 3. The diabetic rats
184 had a very significant higher level of FBG than that of normal rats ($p<0.01$). The FBG
185 levels of treated groups showed a 9.60% decrease in LD group and 21.50% decrease
186 in HD group after 5-week-treatment. Besides, compared with the DC group, the FBG
187 level of LD group showed a significant decrease ($p<0.05$) and the HD group showed a
188 very significant decrease after 5 weeks of treatment ($p<0.01$).

189 As the results in Table 2 and Table 3 showed, the indexes in NH group exhibited no
190 significant differences compared with NC group.

191 DCI Improved OGTT and ITT of Diabetic Rats

192 OGTT was performed after 4 weeks of treatment with DCI and all the experimental
193 rats were fasted overnight. The blood glucose level increased when the rats were
194 given to the glucose (2 g/kg) orally, and reached to the peak within 30 to 60 min. The
195 blood glucose level of the normal rats dropped to the initial level after 120 min.
196 However, the concentration of blood glucose stayed a high level in diabetic rats
197 during the OGTT experiments. Treatment with DCI (60 mg / kg·bw) in diabetic rats
198 inhibited the rise in blood glucose levels significantly after oral glucose
199 administration (Figure 1A). The overall area under curve of glucose (AUG) over 120
200 min and the result of AUG expressed that HD group was very significant less than
201 that of DC group (Figure 1B, $p<0.01$).

202 ITT was performed three days after OGTT and all rats were intraperitoneally
203 injected insulin at 0.5 U/kg. The changes of the blood glucose levels at 30, 60 and 120
204 min were revealed in Figure 2A, and the AUG of the ITT was also calculated and

205 exhibited in Figure 2B. The LD and HD groups both had a very significant difference
206 with the DC group ($p<0.01$) in blood glucose decreasing level, which suggested that
207 DCI increased the utilization of insulin, and improved the insulin sensitivity of the
208 diabetic rats as well.

209 As the results of OGTT and ITT experiments revealed that there was no
210 significance between NH group and NC group.

211 **DCI Enhanced Insulin Sensitivity of T2DM Rats**

212 The insulin-sensitizing activity of DCI had been studied and the results were as the
213 Figure 3 revealed. DC group had a very significant higher concentration of FINS than
214 that of NC group ($p<0.01$). The supplementation of DCI given a significant decrease
215 in concentration of FINS in LD group ($p<0.05$) and a very significant decrease in HD
216 group ($p<0.01$), compared with DC group separately. The results also proved that DCI
217 has a beneficial effect on enhancing insulin sensitivity. The concentration of FINS in
218 NH group had no significance compared with NC group.

219 **DCI Promoted the Synthesis of Hepatic Glycogen and Muscle Glycogen**

220 It was proved that DCI had a beneficial effect on the synthesis of hepatic glycogen
221 and muscle glycogen in this research. Rat suffered from diabetes had a lower
222 concentration of glycogen than that of in normal rats. As the result suggested in
223 Figure 4A, the content of hepatic glycogen was very significantly increased in HD
224 group compared with DC group ($p<0.01$). The content of muscle glycogen (Figure 4B)
225 showed an increasing tendency in treated groups but had no significant difference
226 compared with DC group. Besides, both of the hepatic glycogen and muscle glycogen
227 concentrations in NH group showed no significant difference with NC group.

228 **DCI Enhanced the Expression of GS and Glut4 in Gene Level**

229 The RT-PCR results in Figure 5A and 5B revealed that LD groups exhibited a
230 significant increase on the expression of gene GS both in liver and skeletal muscle
231 compared with DC group ($p<0.05$). Meanwhile, there were very significant
232 differences between HD group and DC group ($p<0.01$). DCI had an ability to
233 aggrandize the mRNA expression of Glut4 to accelerate the glucose transportation
234 (Figure 5C). The mRNA expressions of GS and Glut in NH group showed no

235 significant difference compared with NC group.

236 **DCI Enhanced the Expression of Main Proteins in PI3K/Akt Pathway**

237 In this investigation we evaluated the expression of the main proteins in the
238 PI3K/Akt pathway. PI3K is a kind of phosphatidylinositol kinase which comprises a
239 catalytic subunit (p110) and a regulatory subunit (p85). The p85 subunit is coupled
240 with tyrosine-phosphorylated receptor tyrosine kinases and the p110 subunit is
241 required for G-protein-mediated activation of PI3K. The main proteins in PI3K/Akt
242 signaling pathway on liver were estimated in Figure 6. DCI significantly increased the
243 expression of p110 and p85 in diabetic rats (Figure 6A, B, $p < 0.05$). Akt and p-Akt
244 were measured in this study to determine whether PI3K downstream signaling was
245 affected by DCI in diabetic rats. The results in Figure 6C, D suggested that DCI
246 treatment was associated with a significant increase in phosphorylation of Akt in liver
247 tissue compared with the DC group ($p < 0.05$). To gain some insight into the molecular
248 mechanism for the effect of DCI on glycogen synthesis, we assessed the levels of
249 GSK-3 β protein and GS protein (Figure 6E, F). The expression quantity of GSK-3 β
250 protein was decreased remarkably in DCI treated groups, and the expression of GS
251 protein was increased.

252 The main proteins in PI3K/Akt signaling pathway on skeletal muscle were
253 evaluated in Figure 7, DH group showed significant difference compared with the DC
254 group. It is suggested that DCI significantly enhanced the expression of p110, p85,
255 p-Akt and Glut4 in skeletal muscle. It meant that DCI accelerated the transportation
256 and metabolism of glucose on skeletal muscle.

257 The expressions of all the proteins in NH group revealed no significant difference
258 in NC group.

259 **Immunohistochemistry Test on Paraffin Sections**

260 In order to enhance the argument and to prove the results directly,
261 immunohistochemistry staining was brought in to observe the phosphorylation of Akt.
262 Figure 8 showed that all tissues were completely stained in each group and there was
263 no obvious difference in the staining of Akt in all tissues. However, deeper
264 immunostaining of p-Akt was observed in liver tissues of normal control rats, whereas

265 the staining of p-Akt was markedly diminished in the DC group. Deeper
266 immunostaining for p-Akt in the HD group than that in DC group could be observed
267 which meant DCI promoted the phosphorylation of Akt in diabetic rats. Furthermore,
268 NH group showed no significant staining difference compared with DC group.

269 **Discussion**

270 DCI is one of the nine stereoisomers of inositol and its structure is similar to the
271 pH_{2.0} insulin mediator. Lacking of DCI may cause insulin resistance or even T2DM.
272 It is reported that DCI has an ability to increase the insulin sensitivity of the body.
273 (Giménez-Bastida and Zieliński, 2015, Lazarenko, Geisler, Bayliss et al., 2014) Besides, it did well in treating
274 with T2DM as well as its chronic complications.^(Fonteles, Almeida and Lerner, 2000) In the
275 current study, we demonstrated that treatment with DCI for 5 weeks ameliorated
276 blood glucose level, oral glucose tolerance and insulin tolerance in STZ-induced
277 insulin resistant rats, which were associated with the reduction in serum insulin level.
278 The results exhibited that DCI could significantly reduce blood glucose level and
279 relieved insulin resistance.

280 DCI has a similar structure to the pH_{2.0} insulin mediator and the mediator is able to
281 promote the synthesis of glycogen. Therefore, we picked PI3K/Akt signaling pathway,
282 the main pathway for glycogen synthesis, to investigate the molecular mechanism of
283 DCI in relieving insulin resistance and treating T2DM. PI3K/Akt pathway plays an
284 important role in insulin's metabolic function,^{(Jiang, Ren, Li et al., 2014, Varela, Saldanha, Camaforte et}
285 ^{al., 2014)} and Akt/PKB is a critical node in the downstream of the PI3K/Akt pathway.
286 Any fluctuation of Akt activation causes the pathophysiological properties of various
287 complex diseases.^(Liu, Chang and Chiang, 2010, Manning and Cantley, 2007)

288 In this study, the expression of the main genes related to glycogen synthesis and
289 glucose transportation were evaluated. The genes of hepatic glycogen synthase,
290 muscle glycogen synthase and Glut4 were obviously increased in DCI treated groups.
291 These indicated that DCI probably had an ability to promote the synthesis of glycogen,
292 the similar function of pH_{2.0} insulin mediator. Moreover, DCI could give an impetus
293 to convey glucose from extracellular to intracellular, to make it in further metabolism.

294 The expressions of PI3Kp85 and PI3Kp110 subunits in DCI treated groups showed
295 a dose-dependent increasing tendency. During the experiment, stimulated with high
296 density insulin can cause up-regulation of PI3Kp85 protein, which would give a
297 negative feedback on insulin sensitivity in return, and affect the activity of
298 downstream molecules to inhibit the continuous conduction of signal.^{(Nolan, Damm and}

299 ^{Prentki, 2011)} DCI also increased the amounts of phosphorylated of Akt at Ser473 in a
300 dose-dependent manner, and p-Akt inhibited the GSK-3 β protein directly. GSK-3 β
301 had a negative effect on regulating GS, which could decrease the synthesis of
302 glycogen indirectly. The inhibiting the GSK-3 β 's expression through DCI meant GS
303 was enhanced and the concentration of glycogen in liver was increased. The result of
304 western blot in Figure 6F exhibited the protein concentration of GS in liver was in
305 accordance with the consequence in Figure 4A. It meant that the ability of DCI in
306 adding hepatic glycogen synthesis was proved both in macroscopic and microcosmic.

307 PI3K/Akt signaling pathway is the main way to regulate the absorption and
308 metabolism of the glucose, besides, balance the concentration of the glucose in blood.
309 ^(Frøsig, Rose, Treebak et al., 2007) Insulin stimulates the skeletal muscle's uptake of the glucose
310 and synthesis of muscle glycogen. ^(Langfort, Viese, Ploug et al., 2003) Skeletal muscle promotes
311 the insulin to combine with the cytomembrane receptor and activate the
312 phosphorylation of Akt in PI3K/Akt signaling pathway. The up-regulated
313 phosphorylation of Akt increased Glut4 transmembrane to transport glucose, in order
314 to accelerate glycometabolism. ^(Gandhi, Jothi, Antony et al., 2014)

315 The main proteins in PI3K/Akt signaling pathway on skeletal muscle had been
316 detected. The results suggested that DCI increased the expressions of p110, p85,
317 p-Akt, GS and Glut4 in skeletal muscle, however, decreased GSK-3 β . It is suggested
318 that the protein concentration of GS in skeletal muscle was in keeping with the data in
319 Figure 4B, which meant the ability of DCI in increasing muscle glycogen synthesis
320 was proved macroscopicly and microcosmicly. Accordingly, it could be summarized
321 that DCI promoted the transportation and the metabolism of blood glucose.

322 On the other hand, according to the immunohistochemistry, the expression level of
323 Akt showed none obviously difference between normal rats and diabetic rats.
324 However, the DCI treated groups exhibited darker ground than the DC group through
325 the microscope. Immunohistochemistry technique was based on the high specificity
326 between antibodies and antigens, the fluorochrome was added to the samples in order
327 to bond with antigens-combined-antibodies and emit light. Therefore, the more
328 antigens the samples had, the deeper the microphotograph performed. ^{(Schofield, Lewis and}

329 ^{Austin, 2014)} In our results (Figure 8, a-e), DH group had a deeper brown than the DC one
330 which explained that samples in DH group had more p-Akt antigens than the DC
331 group. It indirectly proved that DCI enhanced the phosphorylation of Akt, sequentially,
332 promoted the expression of Glut4.

333 In this investigation, a NH group was set up to explore the effect of DCI on normal
334 rats. According to the data in the results section, there was no significant difference
335 between NH group and NC group. This indicated that DCI had no adverse effect on
336 normal rats.

337 **Conclusion**

338 In conclusion, DCI relieves the insulin resistance through the PI3K/Akt pathway,
339 thereby reducing the concentration of blood glucose. This study investigated the
340 mechanism of DCI in relieving symptom of T2DM, and DCI could be developed into
341 an effective drug for the treatment of T2DM when sufficient further researches on
342 DCI would be performed.

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Tables

Table1. Designed Primer Sets for RT-PCR

gene	primer	5'-3'	size (bp)
Glut4	sense	GACCTCAGGGACAGGCAAAG	270
	antisense	TGTTGCCCTGTGGTCAAGTT	
GS	sense	TTGCCAGAATGCACGCAGAA	125
	antisense	TGCCTGCATCATCTGTTGAC	
β -actin	sense	GATCGATGCCGGTGCTAAGA	367
	antisense	TCCTATGGGAGAACGGCAGA	

Primer sets designed for RT-PCR to evaluate the expressions of Glut4 and GS at gene level and we picked β -actin as the house-keeping gene. The specific primers which include both sense and antisense were designed separately and followed the designing principles.

Table2. Effect of DCI on Body Weight of Experimental Rats

group	body weight (g)			
	0 week	3 week	4 week	5 week
NC	426 \pm 14.1	479 \pm 21.6 ^{**}	502 \pm 23.6 ^{**}	497 \pm 27.2 ^{**}
DC	420 \pm 28.6	375 \pm 26.0	381 \pm 26.9	381 \pm 30.7
LD	409 \pm 25.1	420 \pm 46.5 [*]	431 \pm 56.2 [*]	433 \pm 37.0 [*]
HD	413 \pm 20.1	419 \pm 30.8 [*]	433 \pm 22.8 [*]	434 \pm 18.0 [*]
NH	407 \pm 46.3	467 \pm 66.1	471 \pm 67.7	461 \pm 63.7

Data in this table showed the effect of DCI on body weight. After treatment with DCI, the rats in LD and HD groups had a significantly higher body weight than the ones in DC group. We evaluated (^{*}) $p < 0.05$ as significant and (^{**}) $p < 0.01$ as very significant compared with DC group. Values are the means \pm SD, and each group contained 10 rats.

Table3. Effect of DCI on Fasting Blood Glucose of Experimental Rats

group	fasting blood glucose (mmol/l)				reduction rate (%)
	0 week	3 week	4 week	5 week	
NC	5.00±0.570**	5.00±0.560**	5.30±0.560**	4.80±1.18**	
DC	18.6±3.00	23.1±6.25	20.9±3.16	21.1±4.31	
LD	19.8±1.10	21.3±2.56	18.9±1.41	17.9±2.07*	9.60
HD	20.0±0.980	22.5±3.38	17.7±1.64**	15.7±2.72**	21.5
NH	4.60±0.480	5.60±0.650	5.10±0.630	4.40±0.330	

The effect of DCI on FBG level of the rats in LD and HD groups had a tendency to reduce during the treatment. The LD group had a significant difference compared with DC group and HD group had a very significant difference compared with DC group. We evaluated (*) $p < 0.05$ as significant and (**) $p < 0.01$ as very significant. Values are the means \pm SD and each group contained 10 rats.

Graphics

Figure 1.

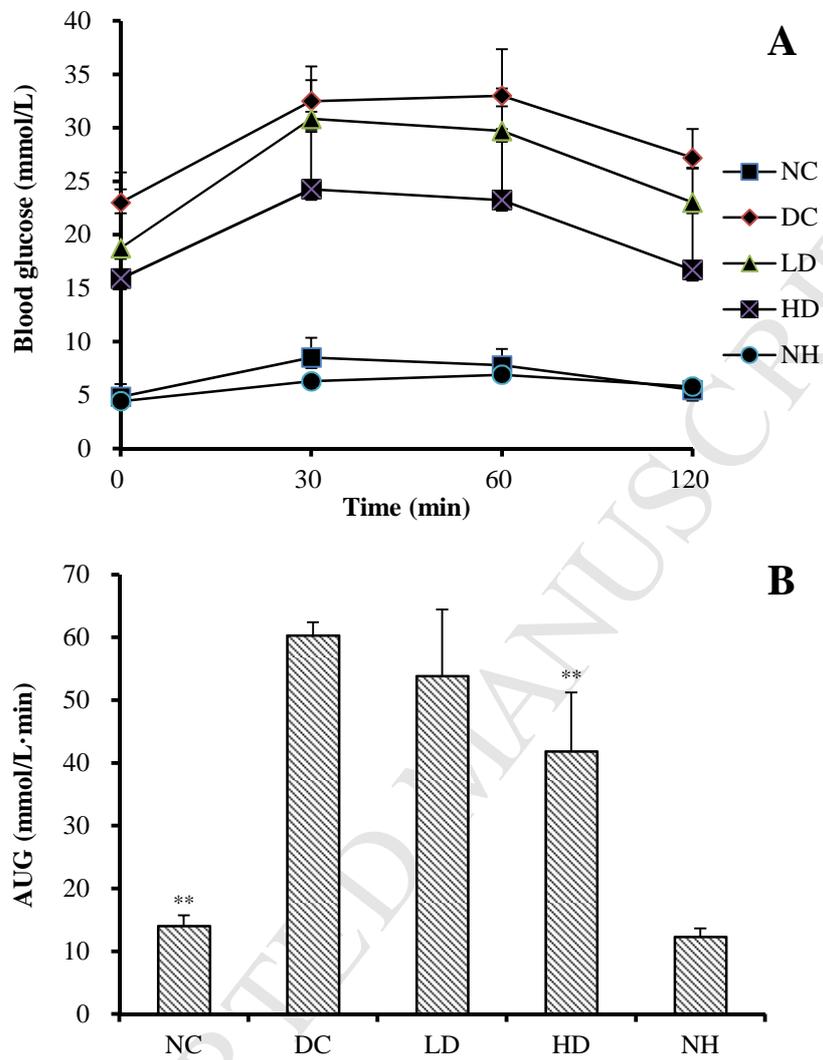


Figure 2.

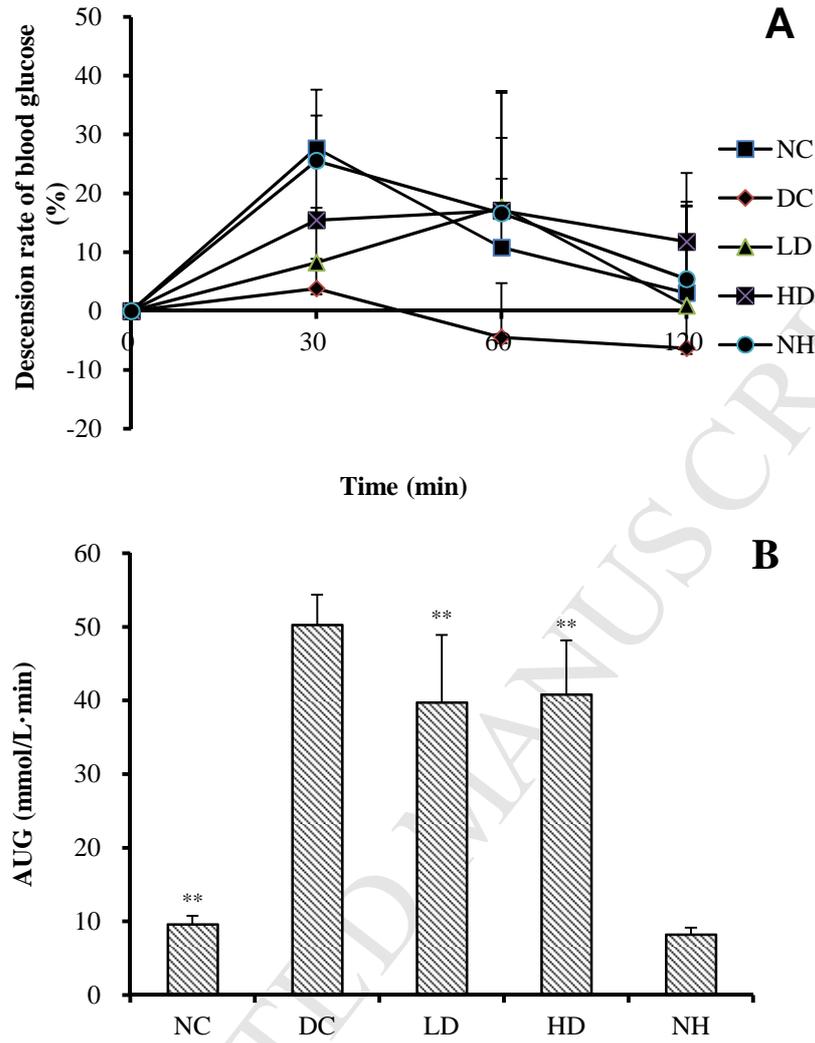


Figure 3.

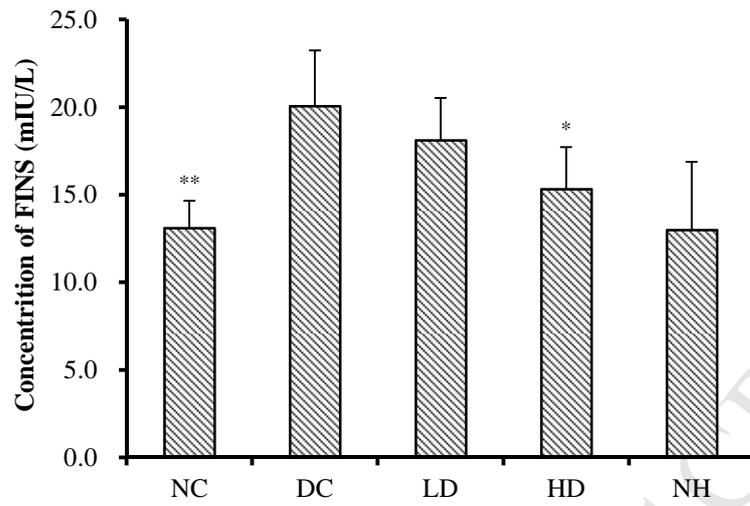


Figure 4.

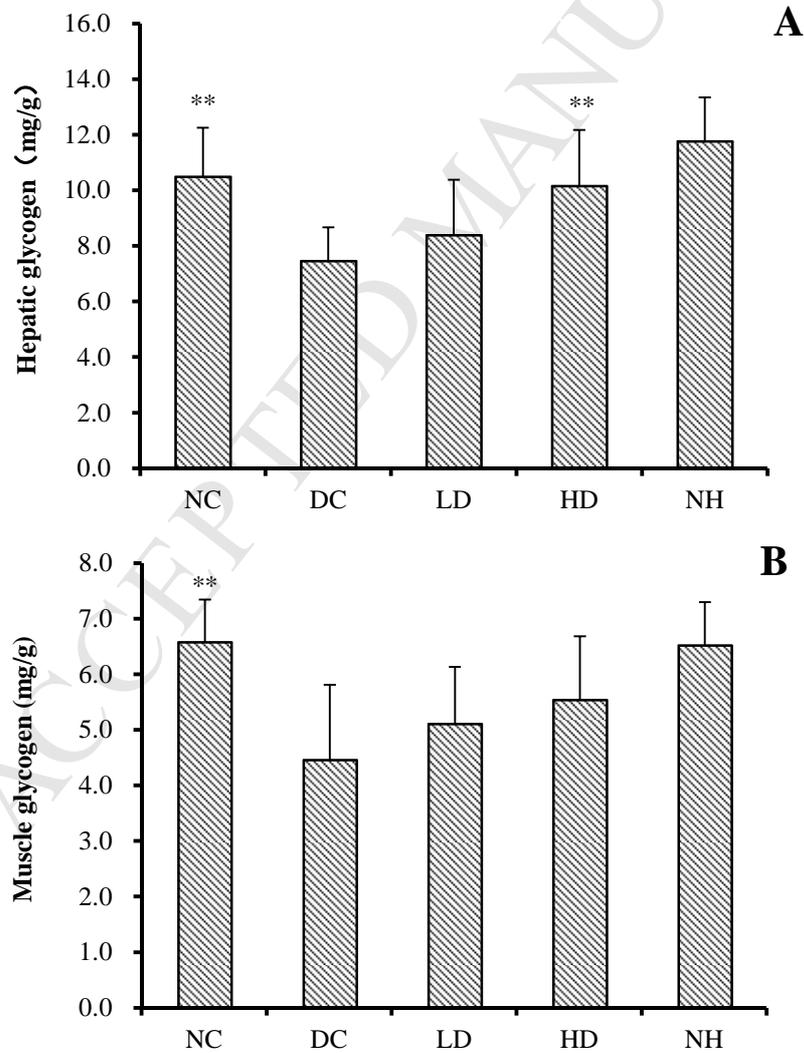


Figure 5.

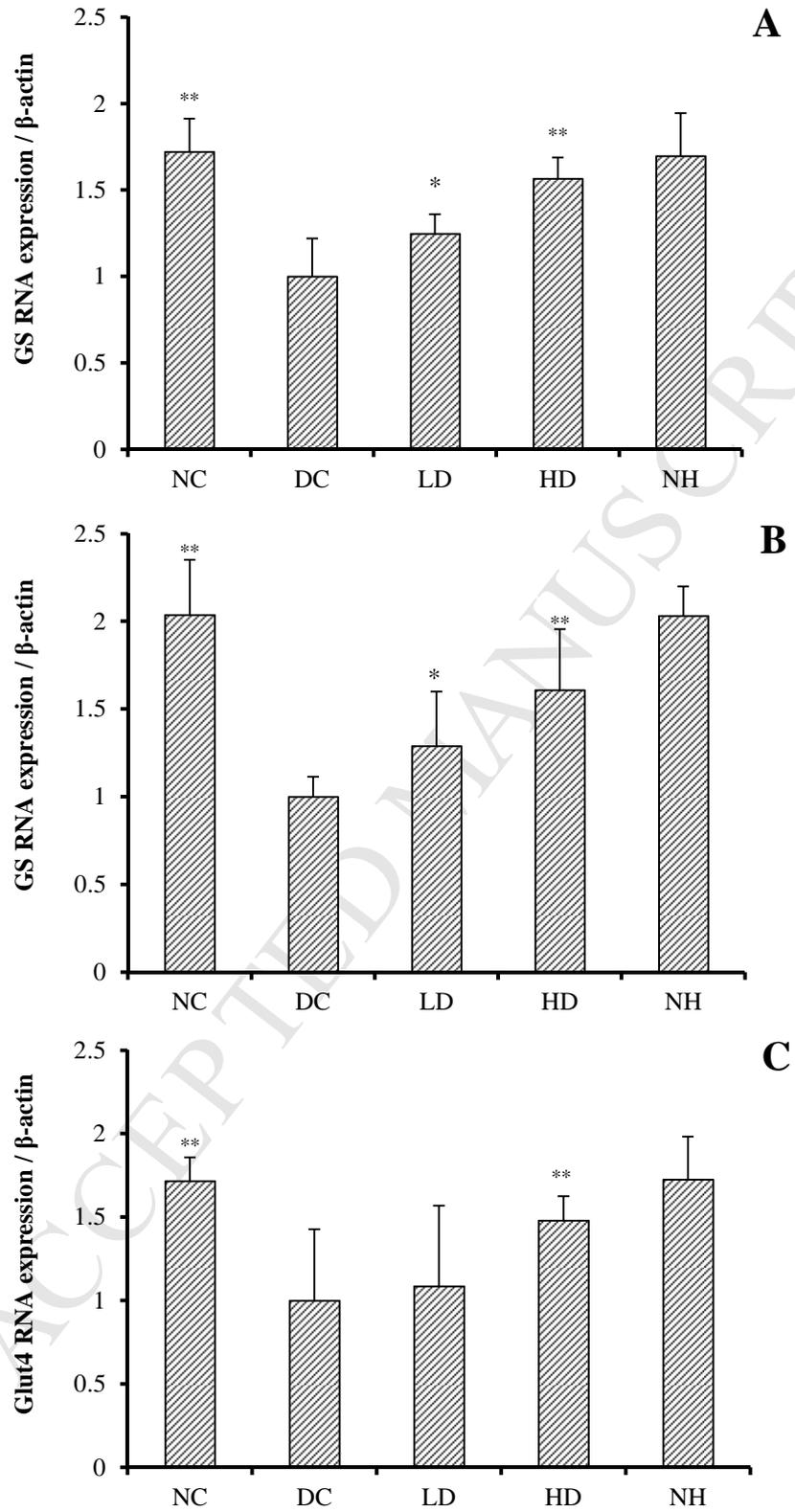


Figure 6.

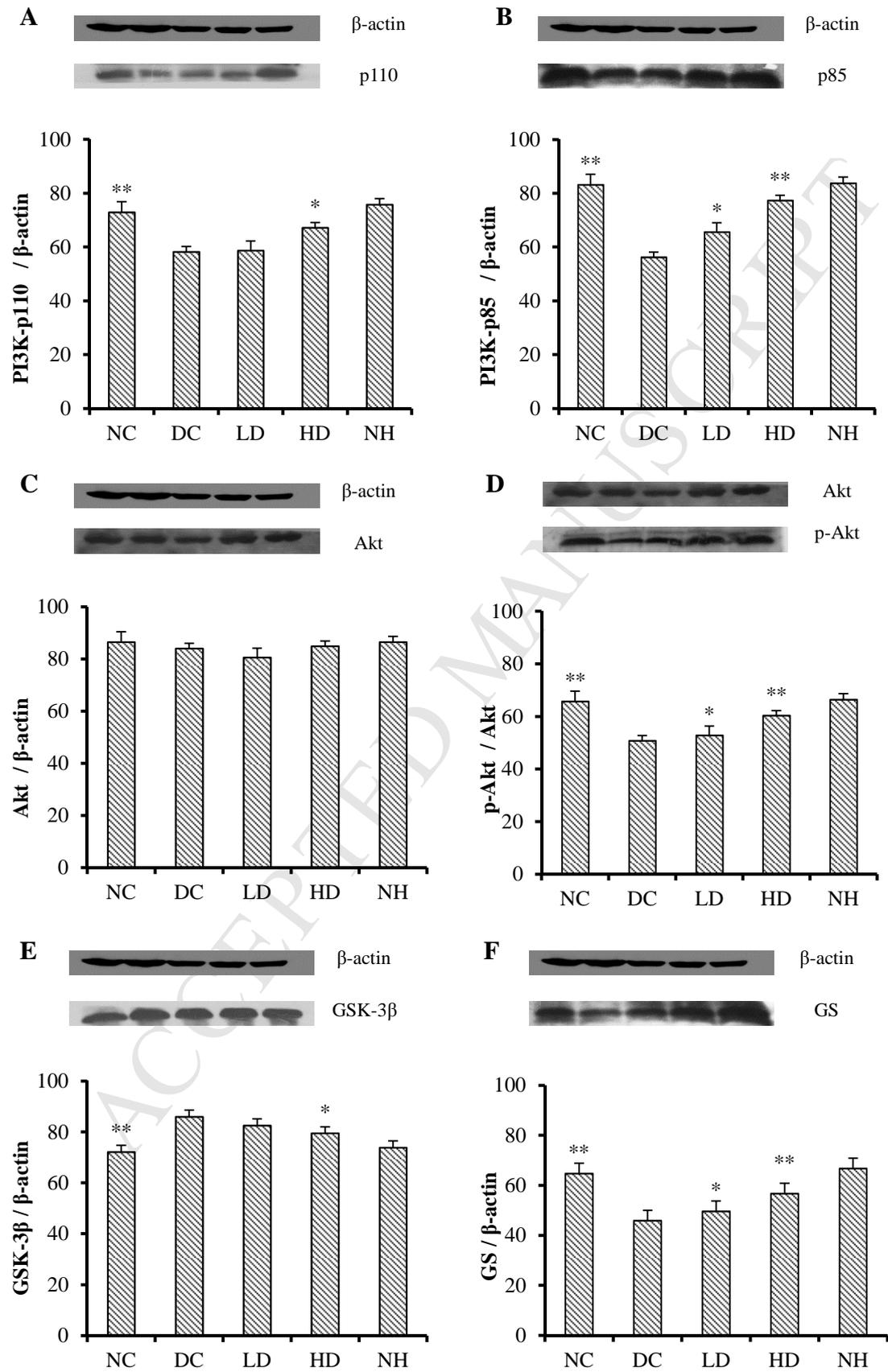
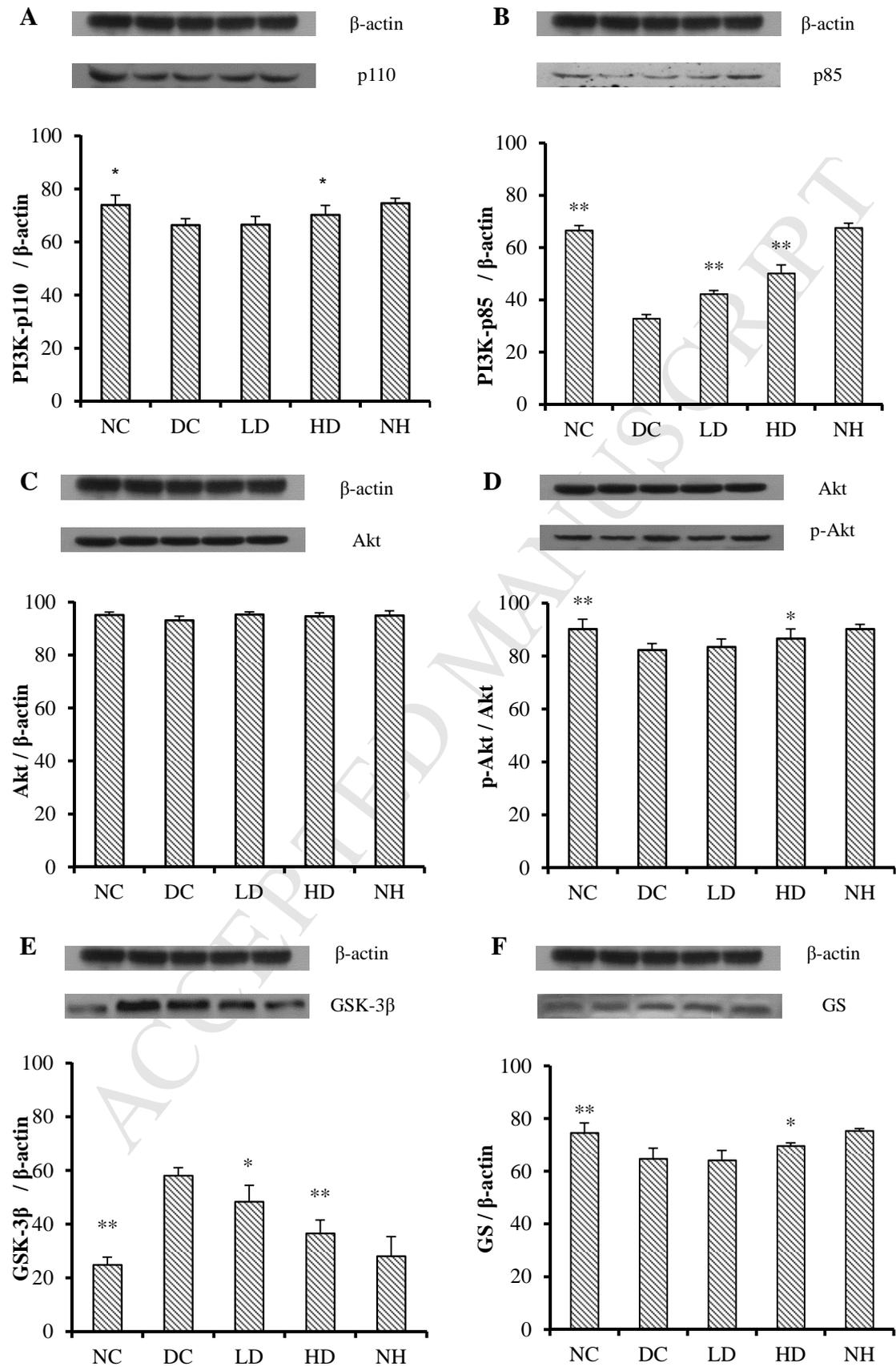


Figure 7.



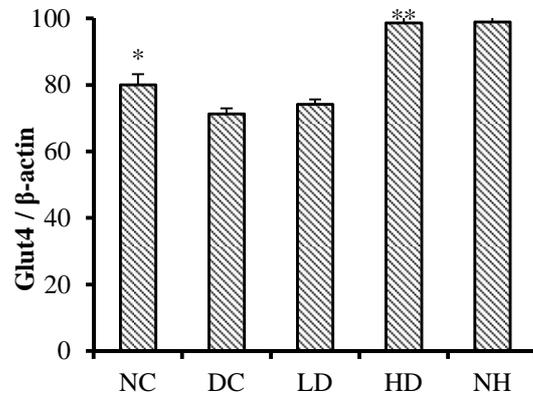
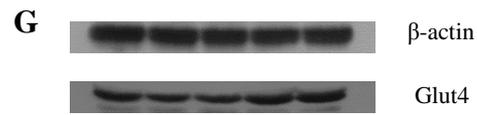
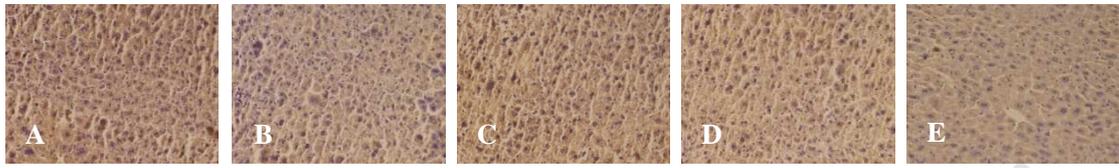


Figure 8.

Akt (60kDa)



p-Akt (60kDa)

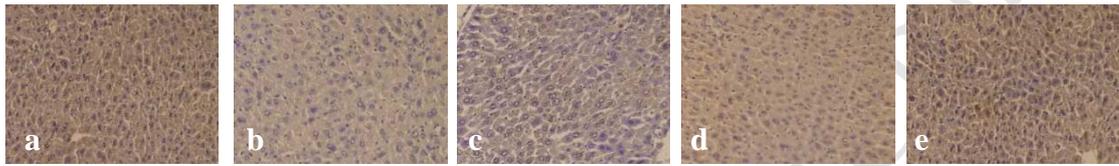


Figure Legends

Figure 1. OGTT was performed on all experimental animals after 4 weeks of treatment. DCI were administrated to the rats in LD, HD and NH groups orally and the NC and DC groups received vehicle only. Glucose at dosage of 2 g/kg were given to all the groups 20 minutes after receiving DCI. Blood glucose were tested at 0, 30, 60 and 120 minutes after giving glucose and made the curves. Each time point in Figure 1A is the means \pm SD of 10 separated rats, and the area under curve of Figure 1A were calculated and revealed in Figure 1B. (*) $p < 0.01$ was very significantly different compared with the DC group.

Figure 2. ITT was carried out 3 days after OGTT. DCI were administrated to the rats in LD, HD and NH groups orally and the NC and DC groups received vehicle only. Insulin with 0.15 U/kg was injected to the experimental rats intraperitoneally and then blood glucose were tested at 0, 30, 60 and 120 minutes after injection. Each time point in Figure 2A is the means \pm SD of 10 separate rats, and the area under curve of Figure 2A was calculated and showed in Figure 2B. (**) $p < 0.01$ was very significantly different compared with the DC group.

Figure 3. Data in this figure suggested that rats in DC group had a higher concentration of insulin in serum than that in normal groups. DCI helped to lower the contents of FINS in LD and HD groups. (*) $p < 0.05$ was considered as significant and (**) $p < 0.01$ as very significant compared with the DC group. Values are the means \pm SD and each group contained 10 rats.

Figure 4. The concentrations of hepatic glycogen (Figure 4A) and muscle glycogen (Figure 4B) were tested and the results were exhibited in this figure. DCI had a positive effect on aggrandizing hepatic glycogen and HD group showed a significant difference from DC group. (*) $p < 0.05$ was considered as significant, values are the means \pm SD and each group contained 10 rats.

Figure 5. Total RNA was extracted from liver using Trizol reagent, and the concentration of the total RNA was determined by the ultraviolet spectrophotometer. RT-PCR was operated according to the manufacturer's instructions of the RT-PCR kits and the results in this figure demonstrated the effect of DCI on the genes of GS and

Glut4, β -actin was selected as the house-keeping gene. (*) $P < 0.05$ compared with the DC group was considered as significant difference. Values are the means \pm SD and each group contained 10 samples.

Figure 6. Western blot was used to evaluate the expression of the key protein in PI3K/Akt pathway on liver tissue. The proteins of p85 (A), p110 (B), Akt (C), p-Akt (D), GSK-3 β (E), and GS (F) in liver tissue were extracted by RIPA and separated by 10% SDS-PAGE. Similar results were obtained in 3 independent experiments and the photos in this figure were representative images. Values in the figure are given as the means \pm SD. (*) $p < 0.05$ compared with the DC group was considered as significant difference. (**) $p < 0.01$ was very significantly different compared with the DC group.

Figure 7. The proteins of p85 (A), p110 (B), Akt (C), p-Akt (D), and Glut4 (E) in skeletal muscle were tested by Western blot analysis. The proteins were extracted by RIPA and separated by 10% SDS-PAGE. Each photo in this figure was the representative image from the results of 3 independent experiments. Values in the figure are given as the means \pm SD. (*) $p < 0.05$ compared with the DC group was considered as significant difference. (**) $p < 0.01$ was very significantly different compared with the DC group.

Figure 8. Immunohistochemical staining was performed on the 5- μ m paraffin sections which embedded with liver tissues. All the steps of the staining were operated according to the manufacture's instruction of SABC (rabbit IgG) – POD Kit. A & a for NC group, B & b for DC group, C & c for LD group, D & d for HD group, and F & f for NH group. The staining outcomes were observed by microscope at the magnification of 200 times.

Highlights

1. In this study, the mechanism of DCI on hypoglycemic effect was investigated.
2. This study evaluated the effect of DCI on enhancing the synthesis of hepatic glycogen in liver through PI3K/Akt signaling pathway.
3. This study evaluated the effect of DCI on enhancing the synthesis of muscle glycogen in skeletal muscle through PI3K/Akt signaling pathway.
4. This study evaluated the effect of DCI on promoting the expression of Glut4 in skeletal muscle through PI3K/Akt signaling pathway.