UNIVERSITI TEKNOLOGI MARA

EFFECTS OF NARINGENIN ON CARDIOVASCULAR CHANGES IN PROLONGED HYPERGLYCAEMIA IN FRUCTOSE-STREPTOZOTOCIN INDUCED DIABETIC RAT MODEL

NURUL HANNIM BINTI ZAIDUN

MSc

May 2020

AUTHOR'S DECLARATION

I declare that the work in this thesis was carried out in accordance with the regulations of Universiti Teknologi MARA. It is original and is the results of my own work, unless otherwise indicated or acknowledged as referenced work. This thesis has not been submitted to any other academic institution or non-academic institution for any degree or qualification.

I, hereby, acknowledge that I have been supplied with the Academic Rules and Regulations for Post Graduate, Universiti Teknologi MARA, regulating the conduct of my study and research.

Name of Student	:	Nurul Hannim binti Zaidun
Student I.D. No.	:	2016705139
Programme	:	Master of Science (Medicine) – MD780
Faculty	:	Medicine
Thesis Title	:	Effects of Naringenin on Cardiovascular Changes in
		Prolonged Hyperglycaemia in Fructose-Streptozotocin
		Induced Diabetic Rat Model
	$\left(\right)$	Vani
Signature of Student		
Date	:	May 2020

ABSTRACT

Diabetes mellitus (DM) is a metabolic disease that has become a global burden. Its complications secondary to uncontrolled hyperglycaemia cause significant increase in the morbidity and mortality rate. Numerous natural products have been studied to combat the disease. Naringenin, obtained from citrus-based fruits has shown potential effects as an anti-diabetic, anti-oxidant, anti-atherosclerotic and anti-fibrotic properties when introduced at the beginning of the diabetic disease. However, the effects of naringenin as cardiovasculoprotective agent in tissue exposed to prolonged hyperglycaemia has not been documented extensively. Thus, this study was aimed to determine the effect of naringenin on cardiovascular changes after prolonged exposure of the cardiac and aortic tissue to hyperglycaemia in a diabetic rat model. Thirty (30) adult male Sprague-Dawley rats were used in this study. Diabetic groups were induced with fructose and streptozotocin. After 4 weeks of induction, the rats were randomly divided into 5 groups each consisting of 6 animals: control, control treated with naringenin, non-treated DM, DM treated with naringenin and metformin-treated DM. Treatment with naringenin (50 mg/kg) and metformin were continued for 5 weeks. At the end of the experiment, the data on the weight, RBG, blood pressure and fasting serum lipid profile were analysed. The biochemical analysis on malondialdehyde and nitric oxide levels in the aortic tissue as well as total antioxidant and hydroxyproline levels in the cardiac tissue were evaluated. The morphological changes in the cardiac and aortic tissue present in the experimental rats were examined under light microscopy using H&E, Alcian blue and Sirius red staining besides TEM. Results showed that consumption of naringenin after prolonged hyperglycaemia (4 weeks) did not significantly improved the blood sugar, fasting serum lipid and blood pressure. However, naringenin had shown to improve malondialdehyde and total antioxidant level in the aortic and cardiac tissue respectively. No significant changes were observed on the nitric oxide level of the aorta and hydroxyproline level in the heart. Histological analysis using light and transmission electron microscopy (TEM) showed that naringenin ameliorated the changes in diabetic heart and aorta by reducing the cardiac atrophy and thickness of tunica intima and media in the diabetic aorta in the experimental animals. TEM findings showed less injury on the endothelial lining of the diabetic aorta and reduced morphological deterioration in the mitochondria of the diabetic cardiomyocytes. These findings suggest that introduction of naringenin after prolonged exposure to hyperglycaemia improved the cardiovascular changes caused by diabetes partly by reducing the oxidative stress in the diabetic aorta and heart.

ACKNOWLEDGEMENT

In the name of Allah, the Most Merciful and Most Gracious. All praise to Allah, the Almighty for giving the strength and opportunity to complete this long and challenging journey successfully.

Firstly, I would like to give my sincere gratitude to Prof Dr Azian Abd Latiff for her continuous guidance and support throughout this journey. This piece of work would not have been possible without you Prof. My very special thanks to Dr Syed Baharom bin Syed Ahmad Fuad for his time, guidance, understanding and never-ending support, and Dr Mardiana Abdul Aziz for her time, ideas and encouragement throughout this challenging journey.

My sincere thanks to all my colleagues and friends, especially Lidawani binti Lambuk for their assistance during difficult times and being generous in sharing the knowledge. Special thanks to Dr Sahema for the help and guidance especially during the begining of this research project. My appreciation also goes to the IMMB, LACU and Anatomy lab staff who provided the facilities and assistance during the research.

Finally, this thesis is dedicated to my very beautiful family. A million thanks to my husband, Irsyaduddin bin Rosli, for lending me your hands in raising our kids when I was deeply engaged and occupied with my lab work and thesis writing. I am forever indebted to you. For my mother, Salmah binti Mohamad for her continous prayers, love and support throughout my life. Last but not least, to my children, Izz Harith, Iba Haritha and Ilan Hamza. Thank you for the time you have sacrificed for me to complete this work.

TABLE OF CONTENTS

Page

CONFIRMATION BY PANEL OF EXAMINERS			ii				
AUTHOR'S DECLARATION							
ABS	TRACT		v				
ACKNOWLEDGEMENT TABLE OF CONTENTS LIST OF TABLES							
				LIST OF FIGURES			xii
				LIST	OF SY	MBOLS	xiv
LIST	OF AB	BREVIATIONS	XV				
CHA	PTER	ONE INTRODUCTION	16				
1.1	Backg	Background study					
1.2	Problem statement						
1.3	Hypot	Hypotheses					
1.4	4 Objectives of the study						
CHAPTER TWO LITERATURE REVIEW							
2.1	Anato	Anatomy of the heart and aorta					
	2.1.1	Histology of the heart	22				
	2.1.2	Histology of aorta	23				
	2.1.3	Ultrastructure of normal heart and aorta in experimental rats	24				
2.2	Diabe	Diabetes mellitus					
	2.2.1	Epidemiology	26				
	2.2.2	Clinical manifestations and diagnosis of diabetes mellitus	28				
	2.2.3	Pathophysiology of diabetic complications	29				
	2.2.4	Diabetic cardiovascular complications	30				
	2.2.5	Treatment of diabetes	36				