

Ameliorative Effects of Monofloral *Cistus Creticus* Bee Pollen on the Oxidant-Antioxidant Systems in Streptozotocin-Induced Diabetic Rats

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ABSTRACT

This study investigated the influence of *Cistus creticus* bee pollen (CCP) on oxidative stress and metabolic changes in streptozotocin (STZ)-induced diabetic rats. Twenty-eight healthy male Wistar rats were split into four groups: control (C), CCP-treated C (C+CCP), diabetes (D), and CCP-treated D (D+CCP) groups. To induce diabetes in rats, a single dose intraperitoneal injection of STZ (65 mg/kg) was administered. CCP (350 mg/kg/day) was applied to the drinking water of the rats for four weeks after diabetes was established. Serum glucose, insulin, total cholesterol (TC), triglyceride (TG), and high-density lipoprotein-cholesterol (HDL-C) levels were evaluated by an autoanalyzer. Malondialdehyde (MDA) levels in both plasma and tissues (heart, kidney, liver, and skeletal muscle) were by spectrophotometric method. Commercial kits were used to detect serum paraoxonase (PON), arylesterase (ARE), superoxide dismutase (SOD), and blood glutathione peroxidase (GSH-Px) enzyme activities. In the D+CCP group, serum glucose, TC, and TG levels decreased, and insulin levels increased significantly ($p < 0.05$). In the groups designated as C+CCP and D+CCP, the study revealed a significant decrease in malondialdehyde (MDA) levels in plasma, kidney, liver, and muscle tissues, alongside a significant increase in serum paraoxonase (PON) and arylesterase (ARE) enzyme activities ($p < 0.05$). These findings support our hypothesis that CCP strengthens the antioxidant system and improves oxidative stress and metabolic chaos in diabetes. In conclusion, our study suggests a potential benefit of CCP as a therapeutic and/or adjunctive agent that improves diabetes mellitus and its related complications.

Keyword: Diabetes mellitus; oxidative stress; hyperlipidemia; *Cistus creticus*; bee pollen.

INTRODUCTION

Bee pollen is a raw material that honeybees transport to the hive for feeding larvae by collecting from flowering plants and mixing bee secretions and nectar. Since ancient times, it has been used as a food supplement as well as to treat or prevent many diseases [1]. Bee pollen contains proteins, carbohydrates, lipids, fatty acids, amino acids, minerals, vitamins, and bioactive molecules, such as flavonoids and phenolic compounds [2, 3]. Honeybees usually bring pollen granules to the hive from various and most efficient pollen sources, depending on the floral structure of the region. Therefore, pollen granules of a wide variety of plants are

transported to the hive at the same time, and commercially, they are often marketed as mixtures. For this reason, the use of mixtures of pollen granules belonging to different plant species in research makes it impossible to work with standard material. Standard quality pollen with minimal variations, obtained by collecting bee pollen from a single plant taxon, is termed monofloral pollen [4]. Monofloral bee pollen has the potential to be a reliable alternative or supplement in medicinal practice [5] and for this reason, research is being done to distinguish pollen granules according to their types and to bring monofloral pollen granules (a purity of more than 90%) to the market for medical use [6].

Cistus creticus L. is a densely branched, evergreen dwarf shrub in the Cistaceae family, which can grow up to 1 meter in height. Its natural distribution area is the Mediterranean basin; the south of Europe and Turkey is the natural distribution areas. The genus *Cistus* includes self-incompatible compulsory xenogamous, insect-pollinated species [7, 8]. *C. creticus* is considered an exclusive source of pollen for honeybees and is highly gathered to the hives in the blooming period [9], particularly in the Mediterranean basin.

Diabetes mellitus is a complex disease multivariate disease accompanied by disorders in carbohydrate, lipid, and protein metabolism characterized by a complete or relative inadequacy in insulin action and/or insulin secretion [10].

In the diabetic state, many metabolic abnormalities occur, such as hyperglycemia, activation of the polyol pathway, an enhancement of glycation end products, activation of protein kinase C, and non-enzymatic glycation of proteins and lipids [11]. These pathophysiological processes cause enhanced formation of reactive oxygen species (ROS) and after all oxidative stress [12]. Oxidative stress can lead to a progressive vicious cycle such as increased lipid peroxidation, cell mitochondrial damage, various epigenetic modifications in antioxidant defense system genes, and consequently weakening of the antioxidant defense system. All these physiopathological processes in diabetes can cause many clinical conditions such as cardiovascular diseases, retinopathy, nephropathy, and acute-chronic inflammation [13].

The human organism tries to overcome oxidative stress by antioxidant enzymes such as glutathione peroxidase (GPx), catalase (CAT), superoxide dismutase (SOD), and glutathione reductase (GR). In addition, antioxidant-acting vitamins (eg, C, E, B1, and B6) [14-16], polyphenols, and flavonoids are compounds that have important effects in the fight against oxidative stress, and they are recommended to be used as supportive treatment in diseases such as diabetes that cause oxidative stress [17].

Diabetes is a disease that requires lifelong treatment, but current treatments inevitably

have some side effects. To reduce these side effects [18] and to avert or slow down the progress of complications of diabetes, interest in natural-origin herbal products with antioxidant properties has increased. The seeds/leaves of herbal products or pollen are natural products that people can easily access and have low cost. It is noteworthy that in recent years, there has been an increasing interest in bee products due to their nutritional properties as well as their strong antioxidant properties [18]. In addition, polyphenols showed antidiabetic effects by inhibiting enzyme activities such as α -amylase and α -glucosidase, which are effective in carbohydrate digestion, as well as by affecting glucose transporters such as SGLT1, GLUT2, and GLUT4, and by reducing postprandial hyperglycemia [19-21]. Due to the richness of CCP in polyphenols and flavonoids [22-25], which have cardioprotective [26], anti-carcinogenic [27], antibacterial, antioxidant [28], anti-inflammatory [29], and antidiabetic effects [30]. Moreover, polyphenols and flavonoids exert powerful antioxidant action for protection against reactive oxygen species and cellular oxidative stress in the prevention of oxidative stress-related diseases. Clinical and pre-clinical investigations strongly approved that long-term consumption of flavonoids and polyphenols offers protection against the development of various illnesses, including diabetes, infections, inflammations, cardiovascular, cancer, and neurodegenerative diseases [31]. Therefore, was suggested that the CPP may have antihyperglycemic and oxidative stress reducing effects.

Besides, we found that *Brassica nigra* [30] pollen grains have positive effects on metabolic disorders and oxidative stress in STZ-induced diabetes. There are few studies examining the effects of various monofloral honeybee pollen on diabetes, and there was a critical lack of CCP, which is highly involved in honeybee-produced human dietary supplements in the Mediterranean basin.

Based on this dataset, our research endeavors to assess the impact of CCP on metabolic and oxidative stress parameters in streptozotocin (STZ)-induced diabetic rats. This is accomplished by examining its influence on metabolic alterations, including serum levels of total cholesterol (TC), high-

density lipoprotein cholesterol (HDL-C), triglycerides (TG), insulin, and blood glucose. Additionally, it aims to investigate the effects of CCP on oxidative status through the assessment of malondialdehyde (MDA) levels in plasma and various tissues (heart, muscle, liver, and kidney). Furthermore, it aims to study the antioxidant status of CCP in rats by measuring serum paraoxonase (PON), arylesterase (ARE), superoxide dismutase (SOD), and glutathione peroxidase (GSH-Px) enzyme activities.

Materials and methods

Palynological purity analysis

To acquire pollen loads, we used many colonies of *Apis mellifera* Anatolia placed in Langstroth-type hives in the Bursa/Türkiye lowland area. We collected pollen loads in the heavy pollen season of the *Cistus creticus* flowers. We removed the accumulated pollen loads from the bottom pollen drawers and kept in at -20°C until the application. To test the amount of *C. creticus* pollen in the samples taken, 10 parallel samples were prepared from the whole mix by homogenizing pollen pellets with 70% ethyl alcohol. Slides prepared by using the Wodehouse [32] method and unacetolysed pollen grains were examined by light microscopy to determine the purity of the samples. A thousand pollen grains were identified randomly from each of the slides and CCP purity was calculated as 99,96 %.

Experimental design

Twenty-eight healthy male Wistar rats with an average weight of 350 g were obtained from the Bursa Uludağ University animal house. Four rats were housed in each cage and standard humidity (55±5%), temperature (25±2°C), and light/dark cycle (12/12 hours) conditions were kept. The rats were divided into four groups (n:7); control rats (C), control rats given CCP (C+CCP), diabetic rats (D), and diabetic rats given CCP (D+CCP).

Induction of diabetes

To induce diabetes, streptozotocin (STZ) (Sigma-Aldrich Chemicals, USA) was dissolved in citrate buffer (pH 4.5) and a single dose of 65 mg/kg was administered intraperitoneally to D and D+CCP groups. For rats, blood glucose levels above 200 mg/dL

were well-considered diabetic and used for the experimental process. Blood glucose values were determined by a glucometer (Abbott, USA) in a drop of blood cut from the tail end of the rats once a week.

Cistus creticus pollen treatment

Seven days after injection of STZ, CCP (350 mg/kg/day) was introduced into the drinking water of the groups C+CCP and D+CCP for 30 days. Drinking water containing CCP was prepared daily. Daily food and water consumption of all experimental groups were followed and body weights were measured once a week.

Sample collection and estimation of biochemical parameters

Thirty days after the experimental procedure, blood samples were drawn via cardiac puncture under light ether anesthesia. The blood was then centrifuged at 3000 rpm for 15 minutes to obtain the blood supernatant. Lipid profile, insulin, and antioxidant enzyme analyses were conducted on the blood supernatant. Blood samples were collected into tubes containing EDTA for MDA (Malondialdehyde) analysis.

Plasma and serum samples were stored at -20°C until they were analyzed. After the blood draw, tissues from the gastrocnemius muscle, heart, kidney, and liver were dissected for further evaluation. The dissected tissues were rinsed with cold standard saline solution and then stored at -20°C for MDA analysis.

Serum total cholesterol (TC), triglycerides (TG), and HDL-cholesterol (HDL-C) levels were measured using an Architect C8000 autoanalyzer (Abbott Laboratories, IL, USA). Superoxide dismutase (SOD) and glutathione (GSH) enzyme activities, as well as serum insulin levels, were determined using ELISA kits from Bioassay Technology Laboratory, China. Serum paraoxonase (PON) and arylesterase (ARE) enzyme activities were measured with commercial kits from Rel Assay Diagnostics, Turkey, using the Architect C8000 device. Tissue MDA levels were studied following the method defined by Ohkawa *et al.* [33] and the results were expressed as nmol/mg tissue. Plasma MDA concentrations were determined using the

Plasma and tissue MDA levels were found to be significantly increased in group D than in group C. Plasma and tissue MDA

levels (except the muscle in C+CCP) were significantly decreased in the C+CCP and D+CCP groups compared to those of the C and D groups, respectively.

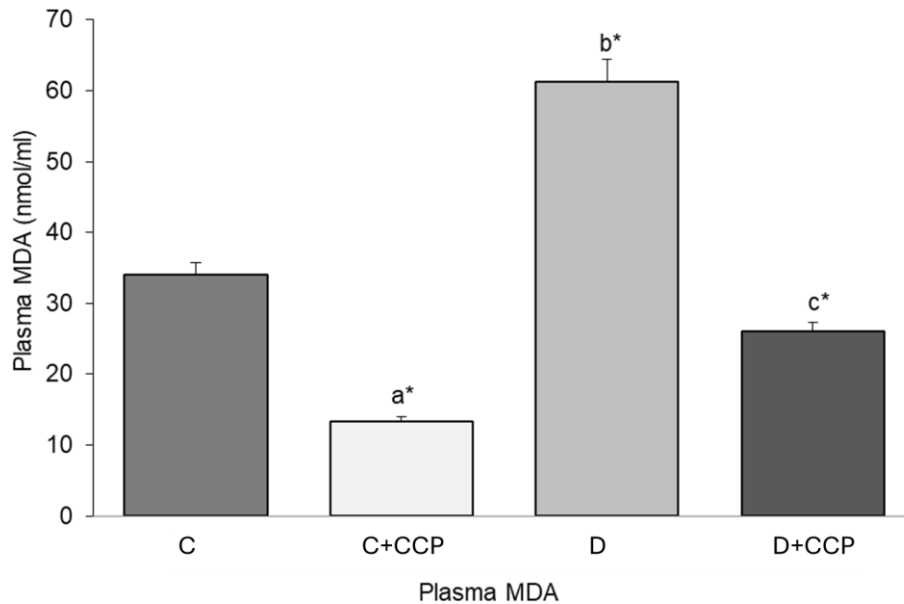


Figure (1): Plasma malondialdehyde (MDA).

Values are given as mean±SEM (standard error of the mean) Statistical comparison: ^aC vs C+CCP, ^bC vs D, ^cD vs D+CCP. Statistical

significance, * $p < 0.05$ for abbreviations of study groups, see Table 1.

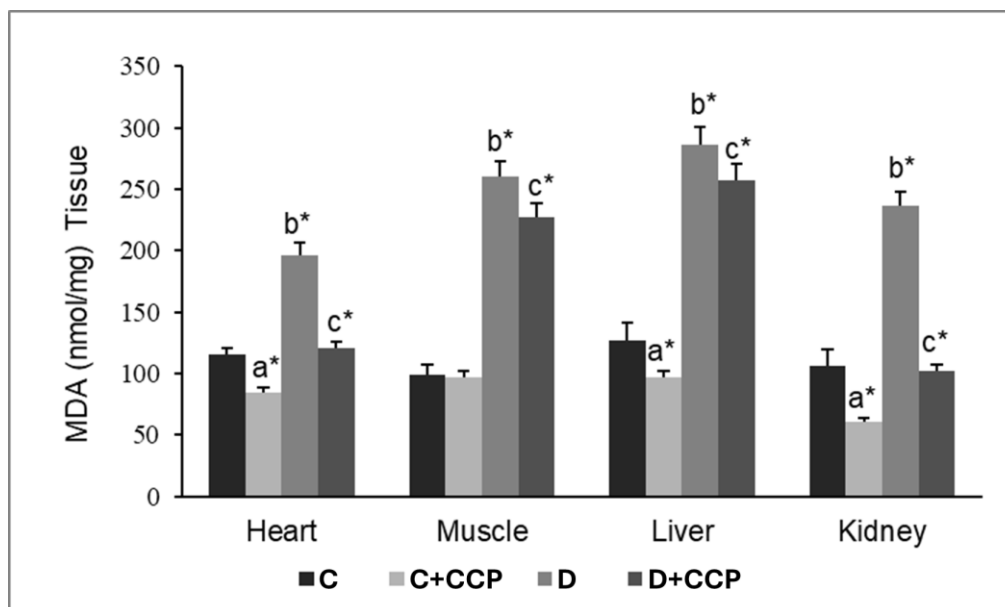


Figure (2): Tissue malondialdehyde (MDA) levels. Values are given as mean±SEM (standard error of the mean). Statistical comparison: ^aC vs C+CCP, ^bC vs D, ^cD vs D+CCP. Statistical significance, * $p < 0.05$, for abbreviations of study groups, see Table 1.

improvement in oxidative stress related to the antihyperglycemic, antihyperlipidemic, and antioxidant effects of CCP. However, the increased PON and ARE activities observed in the C+CCP group may also indicate a direct antioxidant effect of CCP. In addition, the decreased plasma MDA levels observed in the C+CCP group may be another clue to the direct antioxidant effect of the pollen.

The CCP exhibits potential effects in lowering blood sugar levels, reducing lipid levels, and mitigating oxidative stress, which may introduce confounding factors like diet and exercise that could have influenced the outcomes.

The limitations of our study are clinical and preclinical investigations, which are needed to approve our study findings and to recognize the CCP pharmacokinetic and dynamic efficacy in addition to the phytochemical screenings, which are necessary to identify the molecules in CCP responsible for their hypoglycemic, hypolipidemic, and oxidative stress-reducing effects.

CONCLUSION

The current study findings suggest a potential benefit of CCP as an antihyperglycemic, antihyperlipidemic, and antioxidant agent and may be a promising adjunctive agent in the treatment of diabetes and/or reducing diabetes-related complications. However, since there is no previous study of monofloral CCP in diabetes, we propose the need for additional research to illustrate the therapeutic and supportive potential, as well as to uncover the underlying mechanisms responsible for its beneficial impacts in diabetes and other conditions linked to metabolic disruptions.

Authors' contributions

Sibel Taş, Ayca Tosunoğlu, Emre Sarandöl and Melehat Dirican designed and conducted the study, including data collection, data analysis and interpretation. Cansu Nur Tekin collected some of the manuscript data. Ayca Tosunoğlu worked on the concept of the study. Sibel Taş, Ayca Tosunoğlu and Emre Sarandöl prepared the manuscript. All authors approved the final manuscript.

Ethical approval

All experimental procedures involving animal use adhered to approved ethical policies and procedures. (Bursa Uludağ University, Ethics approval number: 2019-04/08).

Consent for publication

All the authors have read and approved the manuscript for publication

Competing interest

The authors declare that there is no conflict of interest.

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