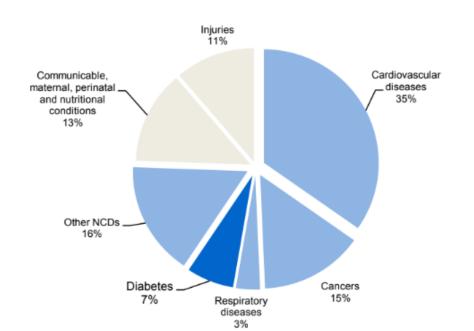
Germinated Triticum Aestivium under microgravity : A new candidate for type 1 diabetes therapy



- Every 10 seconds, one person dies from diabetes-related complications.
- Diabetes mellitus is a major risk factor for cardiovascular disease which is the first leading cause of death.



Proportional mortality (% of total deaths, all ages)*

 Due to high mortality rate from diabetic complications and current diabetes medications may lead to kidney and liver complications

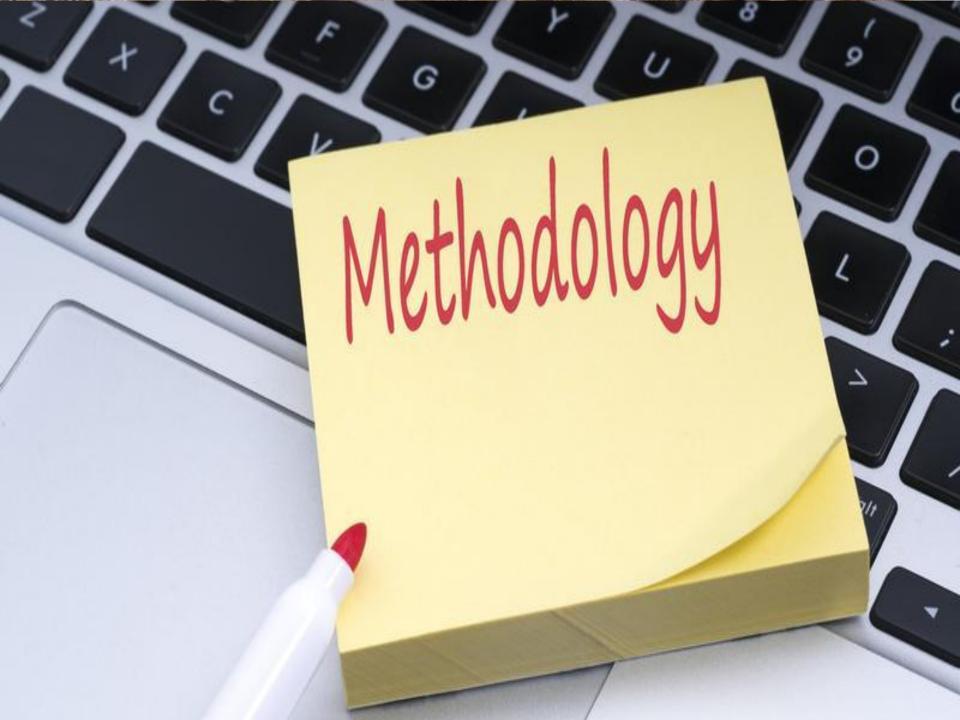
 we looked for a local natural plant germinated under microgravity to be used as an alternative therapy.



Importance of microgravity studies

No research had been done in therapeutic potential of germinated *Triticum aestivum* under microgravity conditions.

Although germinated Triticum aestivum under normal condition (under gravity) showed promising results, our results under microgravity conditions showed high concentrations of <u>natural polyphenols</u> and <u>flavonoids</u> with high antioxidant activities.



A 3D- clinostat (built in our lab) will be used at different rotations/ minute revolving plants in three-dimensions to create a microgravity conditions.



Grains of *T. aestivum* will be germinated under gravity and microgravity at 4 rotations/ minute conditions for10 days.

Suitable amounts of the powdered plant materials will be extracted by soxhlet extraction technique. The antioxidant activity of the extracts will be evaluated using hydrogen peroxide and nitric oxide scavenging activities.

Diabetes was induced in rats by single intraperitoneal administration of STZ (65 mg/kg body weight). Plant extracts at the doses of 100 mg/kg body weight was orally administered to both diabetic and nondiabetic animals for a period of 24 days. After completion of experimental duration serum, liver and pancreas were used for evaluating biochemical (glucose, insulin, lipid profile, kidney function and liver function parameters) and histopathological changes. 8



Figure: 1 Total Phenolic content of germinated Tritium aestivum grains

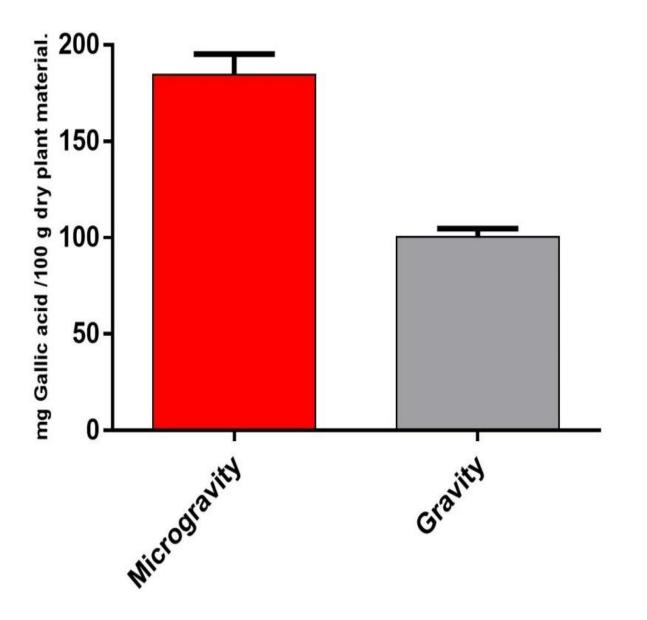


Figure: 2 Total flavonoid content of germinated Triticum aestivum grains

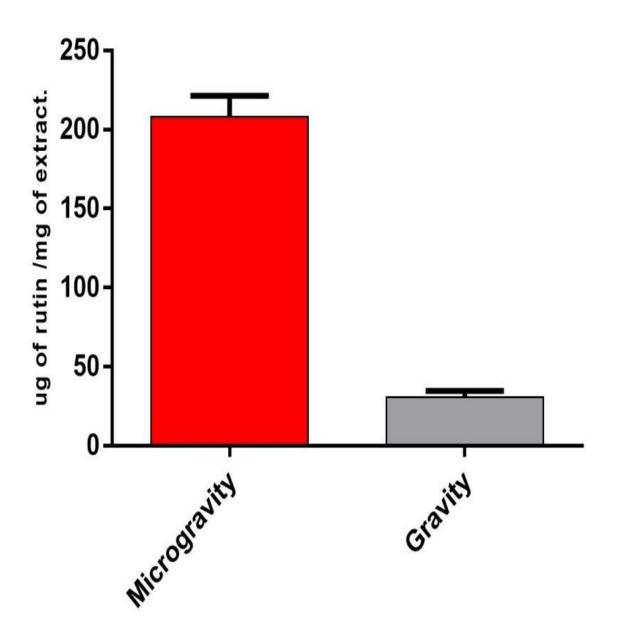
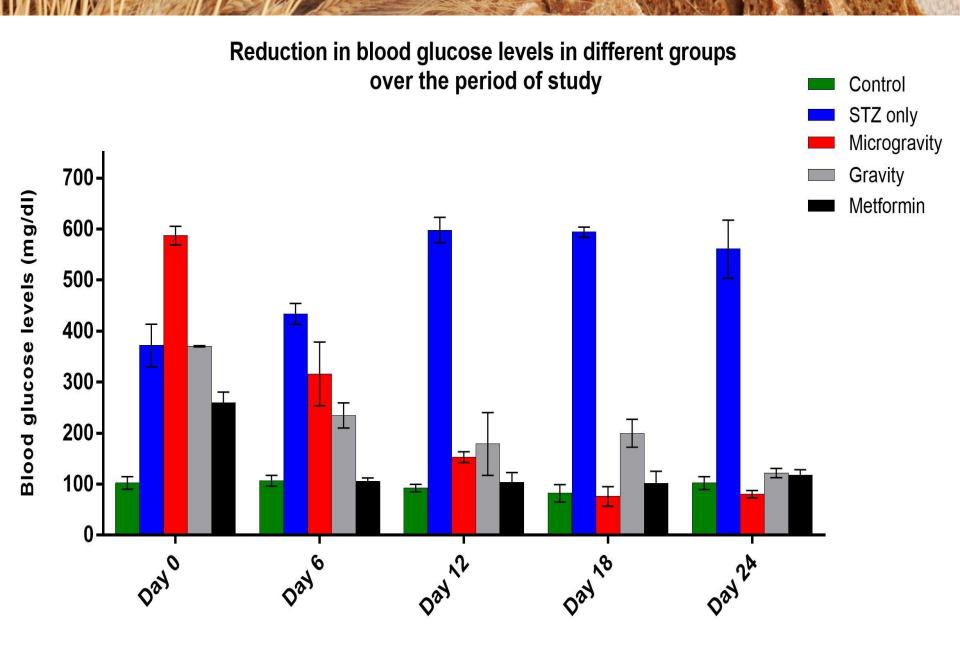




Table 1: Antioxidant Potential of Triticum aestivum

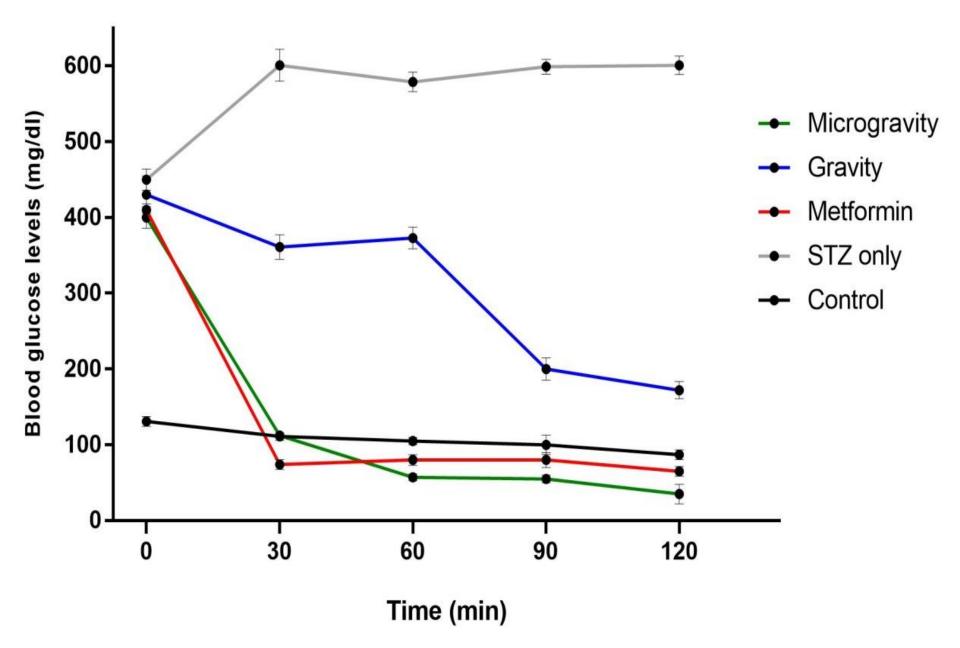
Plant	H_2O_2 Scavenging	NO-scavenging IC ₅₀ (μg / ml)	
extracts	IC ₅₀ (μg/ ml)		
Germinated under Gravity	25±3.9	55±7.68	
Germinated under Microgravity	13±5.8	34±4.69	
Ascorbic acid	44±2.1	58±2.4	

**Values represented in the results are mean \pm SD (n=3); linear regression analysis was used to calculate IC₅₀ value.



Days of treatment

Oral glucose tolerance curves

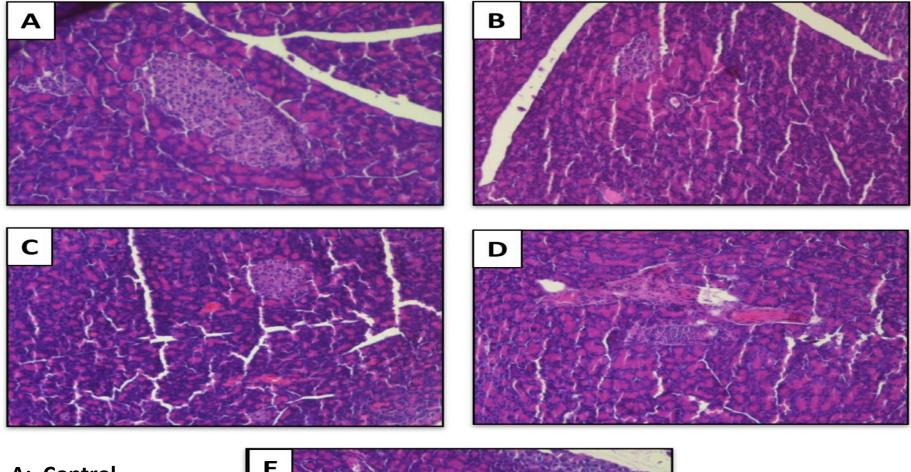


Effect of germinated *Triticum aestivum* on the lipid profile, liver functions and kidney function parameters

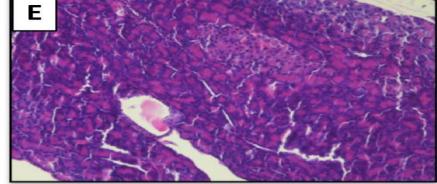
Test	Control	STZ only	Microgravity	Gravity	Metformin
Triglycerides	0.63±0.08	0.85±0.17	0.6±0.15	0.55±0.06	0.6±0.1
cholesterol	1.68±0.19	2.18±0.34	1.75±0.31	1.86±0.33	1.64±0.14
HDL	0.98±0.06	1.47±0.24	1.14±0.12	1.14±0.10	0.97±0.04
LDL	1.08±0.29	2.06±0.35	1.11±0.19	1.16±0.62	1.31±0.13
creatinine	34.4±0.13	100.6±8.50	37.8±2.03	43.2±1.43	34.1±1.08
urea	6±0.8	25.8±2.3	10.6±1.2	9.1±2.1	8.2±1.7
SGOT	129±10.2	373.5±16.3	132.4±11.6	160.5±17.2	158.6±14.3
SGPT	63±4.20	210.7±14.1	45.2±3.60	59.4±6.10	62.3±7.20

Effect of germinated *Triticum aestivum* on the glycosylated hemoglobin, insulin and C-peptide levels

Group	Glycosylated Hemoglobin (HbA1C) %	Insulin (µLU/mL)	C-peptide (ng/mL)
Control	5.55±0.21	2.6±0.2	0.047±0.0032
Microgravity	5.45±0.33	3.04±0.35	0.053±0.0022
Gravity	6.02±0.23	2.4±0.12	0.040±0.0021
Metformin	5.65±0.14	2.54±0.21	0.045±0.0010
Streptozotocin	8.85±0.24	1.2±0.03	0.039±0.0015



- A: Control
- B: STZ
- C: Microgravity
- D: Gravity
- E: Metformin





- Our results in germinated *Triticum* aestivum under microgravity showed a promising new drug without any side effects and with less manufacturing cost for diabetic treatment.
- This method can be used to explore the therapeutic potential for other diseases.



References

- World Health Organization, n.d. Cancer. Available at: http://www.who.int/mediacentre/factsheets/fs297/en/ [Accessed 2 August 2017
- Abdel-Razeq, H., Attiga, F. and Mansour, A., 2015. Cancer care in Jordan. *Hematology/oncology and stem cell therapy*, 8(2), pp.64-70.
- Hurria, A., Togawa, K., Mohile, S.G., Owusu, C., Klepin, H.D., Gross, C.P., Lichtman, S.M., Gajra, A., Bhatia, S., Katheria, V. and Klapper, S., 2011. Predicting chemotherapy toxicity in older adults with cancer: a prospective multicenter study. Journal of Clinical Oncology, 29(25), p.3457.
- Alitheen, N.B., Oon, C.L., Keong, Y.S., Chuan, T.K., Li, H.K. and Yong, H.W., 2011. Cytotoxic effects of commercial wheatgrass and fiber towards human acute promyelocytic leukemia cells (HL60). Pakistan journal of pharmaceutical sciences, 24(3).

5. Bar-Sela, G., Tsalic, M., Fried, G. and Goldberg, H., 2007. Wheat grass juice may improve hematological toxicity related to chemotherapy in breast cancer patients: a pilot study. *Nutrition and cancer*, *58*(1), pp.43-48.

6. Mohan, Y., Jesuthankaraj, G.N. and Ramasamy Thangavelu, N., 2013. Antidiabetic and antioxidant properties of Triticum aestivum in streptozotocininduced diabetic rats. Advances in pharmacological sciences, 2013.

7. Kulkarni, S.D., Tilak, J.C., Acharya, R., Rajurkar, N.S., Devasagayam, T.P.A. and Reddy, A.V.R., 2006. Evaluation of the antioxidant activity of wheatgrass (Triticum aestivum L.) as a function of growth under different conditions. Phytotherapy Research: An International Journal Devoted to Pharmacological and Toxicological Evaluation of Natural Product Derivatives, 20(3), pp.218-227.

8. Sethi, J., Yadav, M., Dahiya, K., Sood, S., Singh, V. and Bhattacharya, S.B., 2010. Antioxidant effect of Triticum aestivium (wheat grass) in high-fat dietinduced oxidative stress in rabbits. *Methods and findings in experimental and clinical pharmacology*, *32*(4), pp.233-235.

9- Liu, Y.J., Zhan, J., Liu, X.L., Wang, Y., Ji, J. and He, Q.Q., 2014. Dietary flavonoids intake and risk of type 2 diabetes: a meta-analysis of prospective cohort studies. Clinical Nutrition, 33(1), pp.59-63.

10- Guasch-Ferré, M., Merino, J., Sun, Q., Fitó, M. and Salas-Salvadó, J., 2017. Dietary polyphenols, Mediterranean diet, prediabetes, and Type 2 diabetes: A narrative review of the evidence. *Oxidative Medicine and Cellular Longevity*, 2017.