

Screening of Protein Tyrosine Phosphatase 1B Inhibitory Activity from Some Vietnamese Medicinal Plants

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Abstract – Protein tyrosine phosphatase 1B (PTP1B), a negative regulator of insulin signaling, has served as a potential drug target for the treatment of type 2 diabetes. The MeOH extracts of twenty-nine medicinal plants, traditionally used in Vietnam as anti-diabetes agents, were investigated for PTP1B inhibitory activity *in vitro*. The results indicated that, most materials showed moderate to strong inhibitory activity with IC₅₀ values ranging from 3.4 µg/mL to 35.1 µg/mL; meanwhile, eleven extracts (37.9%) could demonstrate PTP1B activity with IC₅₀ values less than 15.5 µg/mL; sixteen extracts (55.2%) could demonstrate PTP1B activity with IC₅₀ values ranging from 15.5 µg/mL to 35.1 µg/mL. The study may provide a proof, at least in a part, for the ethno-medical use in diabetes disease of these plants.

Keywords – Vietnamese medicinal plants, Protein tyrosine phosphatase 1B (PTP1B), diabetes

Diabetes mellitus, often simply referred to as diabetes is a condition in which a person has high blood sugar, either because the body does not produce enough insulin, or because cells do not respond to the insulin that is produced. The characteristic symptoms are excessive urine production (polyuria), excessive thirst and increased fluid intake (polydipsia), and increased food intake (polyphagia). More than 80% of people with type 2 diabetes will live in developing countries (White and Rafique, 2002). Those of underdeveloped countries including Vietnam cannot afford the increasing burden of chronic renal failure and blindness. The large poor populations has lower prevalence rates than the rich, but have higher rates of complications because of later diagnosis, inaction on risk factors, and poor management. In 1990s, about 1 - 1.5% Vietnamese people were affected by diabetes which would increased to 4% by 2001 but at least 70% patients were clearly not excavated and had right treatment (Vietnam National Diabetes Federation

Conference, June 2003). Therefore, there is an urgent need to develop necessary therapies for these diseases.

The reversible protein tyrosine phosphorylation by protein tyrosine kinases (PTK) and protein tyrosine phosphatases (PTP) is a key element of the signaling pathways induced by environmental stimuli (Wang *et al.*, 2003; Tonks, 2003).

One of the intracellular PTPase, PTP1B has been implicated in negative regulation of the insulin signaling by dephosphorylating the insulin receptor (IR) as well as its substrate IRS-1 and IRS-2 (Kenner *et al.*, 1996; Seely *et al.*, 1996). The protein levels are increased in insulin-resistant diabetes patients and the deletion of PTP1B in mice has been shown to increase insulin sensitivity (Ahmad *et al.*, 1995; Elchebly *et al.*, 1999; Klaman *et al.*, 2000). Inhibiting PTP1B action using antisense oligonucleotides and small molecule inhibitors represents novel therapeutic approach for the treatment of insulin resistance (Zinker *et al.*, 2002; Xie *et al.*, 2003). It is well established that insulin signaling, in particular activation of insulin receptor and insulin receptor substrates, is impaired in most patients with type 2 diabetes (Johnson *et al.*, 2002). Protein tyrosine phosphatases (PTPs) are

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responsible for the dephosphorylation of tyrosine residues, and are considered negative regulators of insulin signaling. Several PTPs such as PTP- α , leukocyte antigen-related tyrosine phosphatase (LAR), and SH2-domain containing phosphotyrosine phosphatase (SHP2) have been implicated in the regulation of insulin signaling, there is substantial evidence supporting protein tyrosine phosphatase 1B (PTP1B) as the critical PTP-controlling insulin signaling pathway (Johnson *et al.*, 2002). In addition, in cultured cells, overexpression of PTP1B markedly inhibits insulin effect on its receptor phosphorylation (Kenner *et al.*, 1996). A study with PTP1B knockout mice has shown that PTP1B knockout resulted in mice with marked increase in insulin sensitivity and which are resistant to diet induced obesity (Enchebly *et al.*, 1999). Based on these various findings, PTP1B is considered as one of promising targets in the treatment of diabetes but also obesity, and several classes of plant-derived secondary metabolites have been described as PTP1B inhibitors (Tonks, 2003).

Natural products are tremendous sources of lead compounds in the search for new medicaments for the treatment of disease. The largest present underexplored source of such materials lies in tropical and subtropical regions of the world. In these areas, a long tradition of ethno-botanical medicine often exists and offers a rich and relatively untapped source for the discovery of new drugs from natural products. Vietnamese, a Southeast Asian tropical country, has a rich plant biodiversity, with over 12,000 plants and no less than 2,500 species have been used in ethno-medicine (Chi, 1997; Loi, 2004). Thus, as part of a permanent screen program searching for Vietnamese medicinal plants and natural products, the aim of this study was to discover whether there was some scientific basis for the reputed efficacy of selected traditional medicinal plants from Vietnam in treatment of anti-diabetes. Selection was based on literature research of traditional medicinal plant usage in Vietnam (Loi, 2004).

Materials and Methods

Plant materials – Vietnamese medicinal plants used in this study were collected in the North of Vietnam in spring, 2010. The botanical samples were identified (Table 1) by Prof. Pham Thanh Ky, Department of Botany, Hanoi University of Pharmacy, Vietnam, where the voucher specimens were deposited. The plants were dried for 7 - 10 days in the shade at environmental temperatures. The dried plants were then ground and transfer to the laboratory for preparation of the plant extracts.

Preparation of samples – The air-dried and powdered parts of different amount of plants were extracted with methanol at room temperature (25 °C) by maceration process for 72 hr. The crude extracts were obtained after evaporation of solvent under reduced pressure at 40 °C. Percentage yields (w/w) were calculated (Table 1). All extracts were stored at –20 °C prior to screening.

Protein Tyrosine Phosphatase 1B inhibitory activity assay – PTP1B (human, recombinant) was purchased from BIOMOL® International LP (USA) and the enzyme activity was measured using *p*-nitrophenyl phosphate (*p*-NPP) as a substrate. To each 96-well (final volume: 200 μ L) were added 2 mM *p*-NPP and PTP1B (0.05 - 0.1 μ g) in a buffer containing 50 mM citrate (pH 6.0), 0.1 M NaCl, 1 mM EDTA, and 1 mM dithiothreitol (DTT) with or without test compounds. Following incubation at 37 °C for 30 min, the reaction was terminated with 10 M NaOH. The amount of produced *p*-nitrophenol was estimated by measuring the absorbance at 405 nm. The nonenzymatic hydrolysis of 2 mM *p*-NPP was corrected by measuring the increase in absorbance at 405 nm obtained in the absence of PTP1B enzyme.

Statistical analysis – The results were expressed as mean \pm SD of three determinations at each concentration for each sample. The inhibitory concentration 50% (IC₅₀) was calculated using Microsoft Excel program. Statistical significance was calculated by one-way analysis of variance (ANOVA), followed by Dunnett's test.

Results and Discussion

The plants are listed in alphabetical order of their scientific name, family name, local name, part used and also therapeutic application (Table 1). In the present study, twenty-nine plants species which belonging to twenty-two families were selected, and total of twenty-nine extracts were investigated based on their ethno-medical use for the treatment of diabetes and related diseases by the natives of Vietnamese folk medicinal system (Loi, 2001). The inhibitory effect of twenty-nine extracts on PTP1B activity is summarized (Table 2). Of the twenty-nine extracts assayed, twenty-seven extracts (93.1%) could demonstrate PTP1B activity with IC₅₀ values no higher than 36.0 μ g/mL (Table 2). The result revealed that the extract of *Morus sp.* possessed the most potent effect with IC₅₀ as 3.4 μ g/mL followed by radix *Glycyrrhizae* (IC₅₀ = 3.7 μ g/mL), *Phyllanthus reliculatus* (IC₅₀ = 4.5 μ g/mL), *Tetracera scandens* (IC₅₀ = 5.2 μ g/mL), *Erythrina variegata* (IC₅₀ = 7.4 μ g/mL), *Dioscorea persimilis* (IC₅₀ = 7.5 μ g/mL), *Eurya nitida* (IC₅₀ = 8.7 μ g/mL), *Plantago asiatica*

Table 1. Vietnamese Medicinal Plants used in this study

No	Plant species	Family	Part used	Local name	Yield (%) ^a
01	<i>Arctium lappa L.</i>	Asteraceae	Fruit	Nguu bang	2.13
02	<i>Asparagus cochinchinensis (Lour.)</i>	Liliaceae	Root	Thien mon	2.61
03	<i>Atractylodes macrocephala</i>	Asteraceae	Rhizome	Bach truat	1.25
04	<i>Biophytum sensitivum (Lour.)</i>	Oxalidaceae	Leaf	La chua me	0.92
05	<i>Carthamus tinctorius L.</i>	Asteraceae	Flower	Hong hoa	3.41
06	<i>Catharanthus roseus</i>	Apocynaceae	Whole plant	Dua can	5.39
07	<i>Cinnamomum cassia</i>	Lauraceae	Bark	Que	4.68
08	<i>Curcuma longa L.</i>	Zingiberaceae	Rhizome	Nghe	3.26
09	<i>Cynara scolymus L.</i>	Asteraceae	Leaf	Actiso	2.11
10	<i>Cyrtomium fortunei</i>	Polypodiaceae	Rhizome	Quan hung	1.75
11	<i>Dioscorea persimilis</i>	Dioscoraceae	Rhizome	Hoai son	1.27
12	<i>Erythrina variegata</i>	Papilionaceae	Leaf	Vong nem	2.81
13	<i>Eurya nitida Korth</i>	Theaceae	Leaf	Che Sum	3.23
14	<i>Eurylale ferox Salisb</i>	Nymphaeaceae	Seed	Khiem thuc	1.33
15	<i>Radix Glycyrrhizae</i>	Leguminosae	Root	Cam thao	6.12
16	<i>Gynostemma pentaphyllum</i>	Cucurbitaceae	Whole plant	Giao Co Lam	1.31
17	<i>Imperata cylindrica</i>	Poaceae	Rhizome	Co tranh	1.26
18	<i>Leonurus heterophyllus Sweet.</i>	Lamiaceae	Aerial part	Ich mau	2.16
19	<i>Lycium chinensis Mill</i>	Solanaceae	Rhizome	Dia cot bi	0.82
20	<i>Momordica charantia</i>	Cucurbitaceae	Fruit	Muop dang	1.61
21	<i>Morus sp.</i>	Moraceae	Leaf	Dau	3.25
22	<i>Phyllanthus reticulatus Poir.</i>	Euphorbiaceae	Aerial part	Phen den	2.61
23	<i>Plantago asiatica</i>	Plantaginaceae	Root, stem	Ma de	3.52
24	<i>Polygonum multiflorum Thunb</i>	Polygonaceae	Rhizome	Ha thu o do	3.17
25	<i>Poria cocos Wolf</i>	Polyporaceae	Aerial part	Phuc linh	1.24
26	<i>Rehmannia glutinosa Libosch</i>	Scrophulariaceae	Rhizome	Sinh dia hoang	0.17
27	<i>Taraxacum officinale</i>	Asteraceae	Whole plant	Bo cong anh	1.42
28	<i>Tetracera scandens L.</i>	Dilleniaceae	Branches	Chac chiu	2.81
29	<i>Xanthium strumarium L.</i>	Asteraceae	Fruit	Ke dau ngua	3.51

^a Percentage extract yield (w/w) was calculated as (dry extract weight/dry starting material weight) × 100.

(IC₅₀ = 9.2 µg/mL), *Polygonum multiflorum* (IC₅₀ = 10.2 µg/mL), *Carthamus tinctorius* (IC₅₀ = 10.5 µg/mL), *Gynostemma pentaphyllum* (IC₅₀ = 11.9 µg/mL). Some other plant extracts such as *Atractylodes macrocephala*, *Cinnamomum cassia*, *Curcuma longa*, *Cynara scolymus*, *Momordica charantia*, *Leonurus heterophyllus*, *Poria cocos*, *Taraxacum officinale*, and *Xanthium strumarium* expressed inhibitory activity with IC₅₀ values ranging from 13.7 µg/mL to approximately 35.1 µg/mL. In this study, RK-682 (5.0 ± 0.5 µM) and ursolic acid (3.9 ± 0.3 µM) were used as positive control. Two other plants (*Eurylale ferox* and *Lycium chinensis*) were apparently inactive or very weak activity with IC₅₀ > 50 µg/mL.

Morus species has been used in traditional medicine for treating diabetes, diuretic, expectorant, and laxative agents (Loi, 2004). Chemical and pharmacological investigations

on *Morus sp.* have resulted in the isolation of series of prenylated flavonoids, benzofurans, and other phenolic compounds (Fukai, 1985; Nomura, 1983) which have been found to exhibit cytotoxicity and inhibition of COX-1, COX-2, NO production and HIF1 (Shi, 2001; Sohn, 2004; Dat, 2009) and also several flavonoids were isolated and reported as PTP1B inhibitors (Cui, 2006; Hoang, 2009).

Licorice, the roots and rhizomes of some *Glycyrrhiza* species (Leguminosae) has been used by human being for at least 400 years. Clinical studies of licorice make it one of the most thoroughly studied herbs, which includes antimutagenic activity (Ngo *et al.*, 1992; Zani F., 1993), anti-ulcer effect (Takagi K., 1967), protective action for hepatotoxicity (Nose M., 1994) antitumor promoting activity (Nishino H., 1986), antimicrobial effect (Haraguchi H.,

Table 2. PTP1B Inhibitory Activity of Vietnamese Medicinal Plants

Plant	Inhibitory activity (IC ₅₀ µg/mL) ^a
<i>Arctium lappa</i>	32.4 ± 1.3
<i>Asparagus cochinchinensis</i>	29.6 ± 0.9
<i>Atractylodes macrocephala</i>	19.5 ± 1.2
<i>Biophytum sensitivum</i>	26.7 ± 1.1
<i>Carthamus tinctorius</i>	10.9 ± 0.9
<i>Cinnamomum cassia</i>	16.8 ± 0.7
<i>Curcuma longa</i>	17.8 ± 1.1
<i>Cynara scolymus</i>	13.7 ± 0.7
<i>Cyrtomium fortunei</i>	21.7 ± 0.8
<i>Dioscorea persimilis</i>	7.5 ± 0.7
<i>Erythrina variegata</i>	7.4 ± 0.6
<i>Eurya nitida</i> Korth	8.7 ± 0.8
<i>Euryale ferox</i> Salisb	> 50
<i>Radix Glycyrrhizae</i>	3.7 ± 0.4
<i>Gynostemma pentaphyllum</i>	11.9 ± 1.2
<i>Imperata cylindrica</i>	27.6 ± 1.1
<i>Leonurus heterophyllus</i>	25.2 ± 0.9
<i>Lycium chinensis</i>	> 50
<i>Momordica charantia</i>	15.6 ± 1.5
<i>Morus sp.</i>	3.4 ± 0.4
<i>Phyllanthus reticulatus</i>	4.5 ± 0.3
<i>Plantago asiatica</i>	9.2 ± 0.5
<i>Polygonum multiflorum</i>	10.2 ± 0.6
<i>Poria cocos</i>	23.3 ± 0.9
<i>Rehmannia glutinosa</i>	35.1 ± 2.1
<i>Taraxacum officinale</i>	25.5 ± 0.8
<i>Tetracera scandens</i>	5.2 ± 0.7
<i>Xanthium strumarium</i>	28.5 ± 1.2
RK-682 ^b	5.0 ± 0.5
Ursolic acid ^b	3.9 ± 0.3

^a IC₅₀ values were determined by regression analyses and expressed as mean ± SD of three replicates.

^b Positive control (Na et al., 2006).

1998), etc. Much of the recent research on licorice constituents has revealed the pharmacological importance of phenolic compounds. Many studies on the flavonoid constituents of *Glycyrrhiza* species have been carried out, and more than sixty phenolic compounds have been isolated from the underground parts of *Glycyrrhiza*. Glabridin, the major flavonoid of licorice was investigated on abdominal fat accumulation and blood glucose level in obese diabetic KK-Ay mice (Nakagawa, 2004).

The natural resource of wild *Glycyrrhiza* is about exhaustion. Therefore, this plant is cultivated in a large scale in the Inner Mongolia area, China and other Asia countries.

Some of the other plants presented interesting activities against PTP1B enzyme such as *Carthamus tinctorius*, *Cynara scolymus*, *Cinnamomum cassia*, *Dioscorea persimilis*, *Eurya nitida*, *Gynostemma pentaphyllum*, *Momordica charantia*, *Plantago asiatica*, *Polygonum multiflorum*, *Rehmannia glutinosa*, and *Tetracera scandens*. *Catharanthus roseus* is an important medicinal plant which can act against normal and streptozotocin-induced diabetic rat models by blood sugar lowering capacity, and its antidiabetic activity seems to be a result of increase in glucose utilization (Chattopadhyay, 1999; Singh, 2001). The rich of flavonoids and indole alkaloids containing in this plant may have revealed corresponding for these activities (Schroder, 2004). For the plant *C. tinctorius*, the anti-diabetic composition comprises shows a high antihyperglycemic effect and a maltase-inhibitory or reducing effect (Satoru, 2005). These activities could be linked to the presence and structural transformation of lignans, quinochalcone and flavonoid in the petals (Nose, 1992; Meselhy, 1993). *M. charantia* was used in various systems of traditional medicine for diabetes and its complications as nephropathy, cataract, insulin resistance (Grover and Yadav, 2004; Ahmed, 2001; Welihinda, 1986). *G. pentaphyllum* is a traditional agent for treatment of elevated cholesterol (Djang, 2005). Its extract inhibited α -glucosidase activity, and has effectiveness in obese Zucker fatty diabetic rat model (Megalli, 2006). Recent published paper showed that phanoside, a gypenoside isolated from this plant, stimulates insulin secretion from rat pancreatic islets (Hoa, 2007). The radix of *R. glutinosa* is one component of the Seishin-kanro-to which used in patients with diabetes traditional medicine (Miura, 1997). In alloxan-induced diabetic rats, its oligosaccharide showed a significant decrease in blood glucose level, hepatic glucose-6-phosphatase activity with an increase in hepatic glycogen content, raised plasma insulin level and lowered plasma corticosterone level (Zhang, 2004).

In Vietnam, the use of those medicinal plants and herbal therapy has been practiced long before recorded history. However, the potential use of them or other anti-diabetes plants as the source of new drugs is still poorly explored. In most cases, only pharmacological screening or preliminary studies have been carried out. It is possible to note that alkaloids, flavonoids, terpenoids, lignans and/or other phytochemical constituents containing in those plants play an important role for their biological activities. In this study, some of the selected plants could not manifest the ability effects but some of them presented interesting in vitro activities against PTP1B enzymes. This may suggest that these plant extracts might be interacting with the

enzymes in different mechanisms.

This is the first time the inhibitory activity of *C. roseus*, *C. tinctorius*, *M. charantia*, *G. pentaphyllum*, *T. scandens*, *Glycyrrhiza*, *R. glutinosa*, in PTP1B were exhibited. Specially, *G. pentaphyllum* extract reportedly have many effects, such as lowered cholesterol, immunopotential, as well as antitumor, antioxidant, and hypoglycemic effects. A large group of substances in this extract is saponins as gypenosides which can be representatives of gypenosides from ginseng (Norberg et al., 2004). Other example may be listed with *T. scandens* which are mainly used for treatment of inflammation; it is possible that this extract may reduce the effect of inflammatory cytokine release during diabetes, and in the 2008, Lee et al. reported some flavonoids were isolated from *T. scandens* stimulate glucose uptake in L6 myotubes, one of the causative agents for the tissue distraction and insulin resistance.

It is intended to provide an anti-diabetic drug containing active ingredient originating in natural plant which can be obtained and taken in daily diet, inhibits hyperglycemia after eating to thereby efficaciously relieve the onset of diabetes or the symptoms thereof, and is highly safe and less expensive. In conclusion, we have carried out a systematic investigation of some Vietnamese medicinal plants for PTP1B inhibitory activity. The results indicate a number of medicinal plants that may be useful for the treatment of diabetes, and provide the basis for further investigation on these medicinal plant species to isolate active constituents and drug development.

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