

## BIOLOGICAL ACTIVITIES OF LONG TERM TREATMENTS WITH *HALOXYLON SALICORNICUM* AND GLIBENCLAMIDE IN NORMAL AND ALLOXAN HYPERGLYCEMIC DIABETIC RABBITS

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### ABSTRACT

Hypoglycemic activity of *Haloxylon salicornicum* and Glibenclamide were studied in normal and diabetic rabbits. The drugs were administered once daily at dose of 1g / Kg at *H. salicornicum* and 10 mg / Kg at Glibenclamide by gavage for one month. Serum glucose level, creatinine level, total bilirubine and total protein were reduced significantly in 15-30 days. The serum Transaminase (AST and ALT activities) had effect on the treated groups.

### INTRODUCTION

A new wave of research interest in traditional practices which might be used to alleviate the symptoms of diabetes mellitus has been stimulated by the renewed attention to natural therapies, and by the recommendation of the world health organization expert committee which stated that traditional methods for treatment of diabetes mellitus should be thoroughly investigated ( 22 ).

The relevant literature on plants which are known to be used in folk-medicine of different culture for their hypoglycemic properties (i.e., decreasing blood glucose concentration) and therefore used in the treatment of diabetes mellitus have been reviewed extensively ( 3).

*Haloxylon salicornicum* is adesert plant which belongs to *Chenopodiaceae* family The plant is typical of aride regions and represents xerophytic species adapted to extremes of salinity, temperature, moisture fluctuations and wide variety of endemic factors. A wide variety of nutrition and multiple stress to learns shrubs. This plant species, though slow growing, respond very well to the favorable climatic condition particularly the timely rains and produce ample fodder (1,2). This plant grows in sandy soil ( 23). It contains various chemical constituents such as sodium (28.48 %), potassium (9.49 %) carbonate (61.06 %) and it's distributed in Iraq, Syria, Kuwait, Iran, Afghanistan and Pakistan ( 8,23).

In the traditional system of medicine, it is recommended in a wide range of ailments including antibacterial (5), diuretics activity (21) and antinuclear (8). In addition, the powder of *Haloxylon salicornicum* used forms a common house hold remedy for disease treatment.

However, no scientific studies of this preparation have been undertaken so far.

In the present investigation, an attempt has been made to study the effect of this herbal powder preparation on blood glucose level, serum AST,ALT, total bilirobine, total protein and creatinine levels in normal and diabetic rabbits. The doses chosen for this study were emoirically based on that used by local diabetic subjects and compared with Glibenclamide.

### MATERIALS AND METHODS

Plant Material :

Dried plant of *Haloxylon salicornicum* was purchased from local market of Basrah and identified. Plant was kept in a sealed container at room temperature until used. The

aqueous extract prepared by infusion 50g of the plant was extracted with (500 ml) of distilled water over night till complete exhaustion and the filtrate was combined and concentrated under reduced pressure on a rotary evaporator below 40°C ( 10).

**Animals :**

A (36) adult rabbits of both sexes weighting 1.5-2 Kg respectively, obtained from local market. The animals were maintained on a 12 hour light - dark cycle with given regular laboratory stock diet and evaluated after over night fast for the pre-dose blood analyses. Biochemical analysis of serum was done in normal and diabetic rabbits.

Following a single i.p. dose of alloxan monohydrate (England BDH) 150 mg / Kg as 10 % saline solution, rabbits with blood glucose levels above 400 mg / 100ml were included in the experiment.

**Experimental design :**

Normal and alloxan diabetic rabbits were divided into 3 groups (6) rabbits for each. The first group was kept as a control and given 3ml of normal saline for 30 successive days. The Glibenclamide was given to the 2<sup>nd</sup> group ( 10mg/ Kg) dissolved in 3ml of normal saline. Third group was administered (1g / Kg) of aqueous extract of plant dissolved in 3ml of normal saline.

Sampling blood was carried out only on the day 30<sup>th</sup> immediately following administration of the last dose of the extract to overnight fasted rabbits. Blood samples were collected from the heart at 0,1,4,6,24h,15 & 30days after administration of the last dose. Glucose was determined in serum obtained from collected blood samples by the glucose oxidase method ( 7, 20), using liquid glucose GOD-PAP Kit. For revealing the changes in the activity of some enzymes in normal and diabetic, after treatments enzymes AST and ALT were determined photometrically as described by ( 16). The level of total bilirubin, total protein and creatinine in serum was measured according to the method explained by ( 19, 11) and ( 12) respectively.

**Statistical Analysis :**

Significant differences between different treatment were calculated using ANOVA test as appropriate. The results were reported as mean  $\pm$  SD mean with N= number of animals used in the experiments.

## RESULTS

**Hypoglycemic Activity:**

In normal rabbits, the glucose level was reduced significantly ( $P < 0.05$ ) after 4-6 hour treatments (table 1). Highly significant decrease ( $P < 0.01$ ) in glucose levels was noticed in both treatment aqueous extract and glibenclamide after 24 hour- 30 days.

In alloxan diabetic rabbits, the aqueous extract of plant ameliorated the diabetic condition. The aqueous extract dose (1g / Kg) reduced the glucose level (50%) after 6hour ( $P < 0.05$ ). Also after 30 days the reduction was upto (50 %) ( $P < 0.01$ ) almost to the same extent as did glibenclamide. In addition, aqueous extract reduce the glucose level better than the other drugs. Hence it can be summarized that the beneficial effect of aqueous extract could be due to hypoglycemic action.

**Biochemical Analysis of Serum in Normal and Diabetic Rabbits :**

The tested aqueous extract plant had effect on ALT and AST activities in all treated groups (table 2). Total bilirubine and total protein were not altered in both normal and diabetic rabbits during the 1<sup>st</sup> 24 hour, while it's value was reduced between significant ( $P < 0.05$ ) and highly significant ( $P < 0.01$ ) after 15- 30 days (table 3). Creatinic concentration was significantly reduced in normal treated groups after 1 hour till the end of treatments ( $P < 0.01$ ). On the contrary, the creatinine level was increased significantly in treated diabetic rabbits at the same time (table 3). However, these values decreased significantly after 30 days of treatments.

**Table 1 : The effect of aqueous extract of plant and Glibenclamide on blood serum glucose level (mg / 100 ml) in normal diabetic rabbits (Mean  $\pm$  SD), N = 6, N.S\* = Normal saline.**

Condition	0 time		1 hour		4 hour		6 hour		24 hour		15 days		30 days	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Normal control 3ml N.S	140.18	0.85	140.17	±	140	±	138	±	136.23	±	136	±	138.32	±
	a		1.30	a	1.20	a	0.79	a	0.41	a	a		a	
Normal 10mg/ Kg Glibenclamide	142.23	±	139.32	±	115.33	±	101.67	±	91.31	±	90.33	±	79.50	±
	2.10	a	1.42	a	1.09	A	1.03	A	1.05	B	1.05	B	1.51	B
Normal 1g /Kg aqueous extract	141.30	±	130.33	±	110.12	±	92.15	±	80.56	±	72.30	±	60.30	±
	1.30	a	1.02	a	1.70	A	1.51	A	1.78	B	1.78	B	1.76	B
Diabetic control 3ml N.S*	390	±	386.19	±	385	±	385.20	±	326.27	±	360.27	±	335.24	±
	0.82	a	0.80	a	1.16	a	2.11	a	2.90	a	2.80	a	3.10	a
Diabetic 10mg/Kg Glibenclamide	385.67	±	300.17	±	278.28	±	253.16	±	173.60	±	170.60	±	100.43	±
	3.61	a	3.11	a	0.9	a	2.13	a	2.90	b	4.12	b	4.15	b
Diabetic 1 g /Kg aqueous extract	355.10	±	293.45	±	272.40	±	240.20	±	165.12	±	161.40	±	94.81	±
	3.59	a	3.39	a	2.09	a	1.80	a	2.09	b	1.70	b	2.33	b

A: p< 0.05 , B: p< 0.01 vs corresponding control.

a : (non significant )

b : p<0.01 vs corresponding diabetic control.

Table (2) : The effect of aqueous extract of plant and Glibenclamide on serum AST and ALT activities unit / L in normal and diabetic rabbits. (Mean  $\pm$  SD, N = 6, N.S = normal saline).

Condition	0 time	1 hour	4 hour	6 hour	24 hour	15 days	30 days	
Normal control 3ml N.S	10.3 $\pm$ 2.6	10.2 $\pm$ 1.7	10 $\pm$ 2.3	9.8 $\pm$ 2.5	10.8 $\pm$ 1.3	10.4 $\pm$ 1.2	11 $\pm$ 2.1	AST
	13 $\pm$ 3.2	13.4 $\pm$ 1.8	12.7 $\pm$ 1.7	13.2 $\pm$ 1.5	14.5 $\pm$ 1.4	13.8 $\pm$ 1.2	14 $\pm$ 2.5	ALT
Normal 10mg/ Kg Glibenclamide	14 $\pm$ 2.1 a	14.2 $\pm$ 1.3 a	10.5 $\pm$ 2.4 a	14.2 $\pm$ 1.6 a	12.5 $\pm$ 1.7 a	13.7 $\pm$ 1.8 a	14 $\pm$ 1.7 a	AST
	11.00 $\pm$ 0.7 a	9.2 $\pm$ 0.9 a	8.5 $\pm$ 1.3 a	9.7 $\pm$ 0.4 a	9.4 $\pm$ 3.1 a	10.00 $\pm$ 1.4 a	10.4 $\pm$ 1.7 a	ALT
Normal 1g /Kg aqueous extract	12.1 $\pm$ 0.8 a	13.7 $\pm$ 0.9 a	12.3 $\pm$ 1.9 a	12.7 $\pm$ 0.3 a	14.2 $\pm$ 0.4 a	11.9 $\pm$ 2.3 a	12.8 $\pm$ 3.4 a	AST
	8.4 $\pm$ 1.3 a	9.6 $\pm$ 0.5 a	10.2 $\pm$ 0.9 a	11.7 $\pm$ 1.4 a	12.1 $\pm$ 0.3 a	12.3 $\pm$ 1.2 a	11.9 $\pm$ 0.8 a	ALT
Diabetic control 3ml N.S	47.7 $\pm$ 1.3 a	47.1 $\pm$ 1.1 a	44.3 $\pm$ 1.7 a	44.5 $\pm$ 0.7 a	51.3 $\pm$ 1.9 a	62.3 $\pm$ 1.1 a	80.5 $\pm$ 0.1 a	AST
	30.4 $\pm$ 1.8 a	33.2 $\pm$ 0.6 a	34.00 $\pm$ 1.2 a	33.1 $\pm$ 0.7 a	30.7 $\pm$ 1.6 a	36.1 $\pm$ 0.3 a	32.1 $\pm$ 2.1 a	ALT
Diabetic 10 mg /Kg Glibenclamide	53.3 $\pm$ 2.00 a	51.0 $\pm$ 0.7 a	38.2 $\pm$ 1.9 A	30.3 $\pm$ 1.2 A	24.4 $\pm$ 2.5 B	16.2 $\pm$ 2.8 B	14.3 $\pm$ 1.0 B	AST
	33.1 $\pm$ 2.00a	30.00 $\pm$ 0.3 a	25.2 $\pm$ 0.6 A	19.2 $\pm$ 0.4 A	14.8 $\pm$ 0.1 A	12.00 $\pm$ 0.3 B	10.2 $\pm$ 1.5 B	ALT
Diabetic 1 g/Kg aqueous extract	44.00 $\pm$ 1.6 a	40.5 $\pm$ 0.7 a	31.00 $\pm$ 0.2 A	26.2 $\pm$ 0.4 A	20.00 $\pm$ 0.8 B	15.3 $\pm$ 1.6 B	10.00 $\pm$ 1.4 B	AST
	26.2 $\pm$ 0.4 a	24.7 $\pm$ 1.2 a	21.00 $\pm$ 0.5 A	18.1 $\pm$ 1.3 A	12.4 $\pm$ 0.2 B	10.00 $\pm$ 0.5 B	8.5 $\pm$ 1.1 B	ALT

A : P<0.05 . B : P< 0.01 vs corresponding control .  
a : (non significant )

**Table (3) : The effect of Aqueous extract of plant on serum total bilirubine (mg / dl), total protein (g / dl) and creatinine concentration (mg %) in normal and alloxan diabetic rabbits (Mean  $\pm$  SD), N=6, N.S = normal saline.**

Condition	0 time	1 hour	4 hour	6 hour	24 hour	15 days	30 days
Normal control 3ml N.S	0.37 $\pm$ 0.035	0.38 $\pm$ 0.024	0.39 $\pm$ 0.029	0.37 $\pm$ 0.023	0.24 $\pm$ 0.012	0.20 $\pm$ 0.010	0.18 $\pm$ 0.014
	7.40 $\pm$ 0.80	7.42 $\pm$ 0.71	7.30 $\pm$ 0.71	7.21 $\pm$ 0.90	7.00 $\pm$ 0.65	7.11 $\pm$ 0.30	6.79 $\pm$ 0.8
	1.47 $\pm$ 0.066	1.65 $\pm$ 0.025	1.65 $\pm$ 0.022	1.58 $\pm$ 0.028	1.53 $\pm$ 0.020	1.46 $\pm$ 0.020	1.40 $\pm$ 0.021
Normal 10 mg / Kg Glibenclamide	0.034 $\pm$ 0.021	0.40 $\pm$ 0.027	0.42 $\pm$ 0.026	0.39 $\pm$ 0.022	0.23 $\pm$ 0.017	0.19 $\pm$ 0.10	0.15 $\pm$ 0.009
	7.00 $\pm$ 0.74	7.17 $\pm$ 0.63	7.00 $\pm$ 0.50	6.92 $\pm$ 0.42	6.11 $\pm$ 0.31	5.21 $\pm$ 0.21 A	4.5 $\pm$ 0.10A
	1.38 $\pm$ 0.009	1.43 $\pm$ 0.018A	1.44 $\pm$ 0.005A	1.40 $\pm$ 0.019A	1.43 $\pm$ 0.019A	1.23 $\pm$ 0.023B	1.04 $\pm$ 0.14B
Normal 1g /Kg aqueous extract	0.33 $\pm$ 0.020	0.13 $\pm$ 0.021	0.34 $\pm$ 0.023	0.32 $\pm$ 0.020	0.20 $\pm$ 0.011	0.15 $\pm$ 0.008A	0.11 $\pm$ 0.005A
	7.15 $\pm$ 0.16	7.05 $\pm$ 0.21	7.00 $\pm$ 0.32	6.57 $\pm$ 0.25	6.00 $\pm$ 0.16	5.12 $\pm$ 0.11A	4.00 $\pm$ 0.13B
	1.29 $\pm$ 0.018A	1.25 $\pm$ 0.019B	1.27 $\pm$ 0.023B	1.36 $\pm$ 0.021	1.36 $\pm$ 0.021B	1.29 $\pm$ 0.030A	1.25 $\pm$ 0.028B
Diabetic control 3ml N.S	0.25 $\pm$ 0.013	0.27 $\pm$ 0.014	0.30 $\pm$ 0.020	0.36 $\pm$ 0.023	0.31 $\pm$ 0.025	0.25 $\pm$ 0.014	0.19 $\pm$ 0.010
	7.19 $\pm$ 0.76	7.06 $\pm$ 0.51	6.98 $\pm$ 0.43	6.81 $\pm$ 0.31	6.51 $\pm$ 0.20	6.00 $\pm$ 0.12	5.7 $\pm$ 0.16
	1.45 $\pm$ 0.025	1.47 $\pm$ 0.023	1.50 $\pm$ 0.027	1.52 $\pm$ 0.014	1.42 $\pm$ 0.023	1.44 $\pm$ 0.24	1.45 $\pm$ 0.025
Diabetic 10 mg /Kg Glibenclamide	0.29 $\pm$ 0.016	0.32 $\pm$ 0.013	0.22 $\pm$ 0.012	0.21 $\pm$ 0.015	0.19 $\pm$ 0.010	0.10 $\pm$ 0.007A	0.08 $\pm$ 0.005A
	7.12 $\pm$ 0.61	7.02 $\pm$ 0.41	6.90 $\pm$ 0.71	6.72 $\pm$ 0.45	6.41 $\pm$ 0.18	6.00 $\pm$ 0.12A	5.2 $\pm$ 0.72B
	1.52 $\pm$ 0.025	1.79 $\pm$ 0.025B	2.50 $\pm$ 0.046B	1.88 $\pm$ 0.013B	1.78 $\pm$ 0.034A	0.21 $\pm$ 0.023B	1.18 $\pm$ 0.20B
Diabetic 1 g/Kg aqueous extract	0.27 $\pm$ 0.011	0.26 $\pm$ 0.017	0.21 $\pm$ 0.014	0.30 $\pm$ 0.013	0.20 $\pm$ 0.011	0.08 $\pm$ 0.006B	0.066 $\pm$ 0.010B
	7.00 $\pm$ 0.41	7.02 $\pm$ 0.32	7.00 $\pm$ 0.15	6.92 $\pm$ 0.52	6.32 $\pm$ 0.30	5.9 $\pm$ 0.10A	5.00 $\pm$ 0.08B
	1.83 $\pm$ 0.021B	2.14 $\pm$ 0.029B	2.16 $\pm$ 0.031	3.32 $\pm$ 0.051B	1.48 $\pm$ 0.43	1.22 $\pm$ 0.025B	1.14 $\pm$ 0.012B

A : p < 0.05 , B : p < 0.01 vs corresponding control and diabetic control.

## DISCUSSION

The observed hypoglycemia in normal rabbits may be due to effect of great portion of alkaloids and flavonoids presence in aqueous extract influencing hypoglycemia as reported ( 14). The administration of aqueous extract for 30 days at the dose (1g / kg) caused a significant reduction of serum glucose level in diabetic rabbits better than the other drugs and didn't show any side effect of plant as compared with Glibenclamide this result in agreement with (4) and (17) they said the extract of *H. salicornicum* persistent hypoglycemic effect and more than glibenclamide .These results may be justified by the presence of the inorganic sulphide in the extract which seem to be remove insuline inactivating compounds by competing with insuline, of flavonoids that improve the vascularization of pancreas ( 15). Some constituent of plant increase the an aerobic glycolysis and decrease glyconeogenesis, therefore; increasing the rate of transfer of glucose from blood to tissue ( 18). The plant may be accelerate the passage of food through the upper gastrointestinal tract and due to it's viscosity, could delay access of glucose to the intestinal epithelium ( 6). Reported that sulfonyle urea including Glibenclamide produced hypoglycemic response by stimulating beta pancreatic cells to release more insulin into the blood stream( 13). Reported that the aqueous extract of plant reduce the elevation of blood glucose ( 5).

In normal rabbits, treatment had no effect on serum AST and ALT. In alloxan diabetic rabbits, serum AST and ALT levels were significantly higher than normal values (table 2). The gluconeogenic action of AST and ALT could represent a compensatory response by providing new supplies of glucose precursors. In this study, the treatment of alloxan diabetic rabbits with aqueous extract of this plant caused lower of serum AST and ALT levels. ( 9) found that the liver was necrotized in alloxan diabetic rabbits. This supports the view that the hypoglycemic phase of alloxan poisoning may be results of liver damage ( 9). Therefore the high levels of transaminase enzymes found in the study may be due to hepatotoxic effect of alloxan. Total billirubin, total protein and creatinine levels were reduced significantly in all treated groups. In diabetic rabbits significant increase in creatinine levels was observed. These observation may be due to the effect of alloxan on liver and kidney which may irritate the renal tissue and excessive irritation may lead to inflammation which increased creatinine level. In alloxan diabetic rabbits, microscopic pictures of kidney tissues showed interstitial nephritis with degenerative changes in epithelial cells of the renal tubules ( 9).The aqueous extract of this plant(1g/kg)was administration daily observation of rabbits during the study had no toxic effect (did not show any visible signs of toxicity .i.e. no excitement, restlessness, respiratory distress, convulsions or coma regardless of the dose used. Moreover ,the treated rabbits appeared to remain in good health.

دراسة الفعاليات البيولوجية ذات المدى الطويل للأرانب المعاملة مع نبات الشنآن *Haloxylon*

*salicornicum* ودواء Glibenclamide الطبيعية والمستحدث بها داء السكر بواسطة الألوكان

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الخلاصة

في هذا البحث تمت دراسة الأثر الفعال لنبات الشنآن *Haloxylon salicornicum* ودواء Glibenclamide

لخفض مستويات السكر في الدم للأرانب الطبيعية والمصابة بمرض السكر نتيجة لحقتها بجرعات من الألوكان.

وتم إعطاء 1غم/كغم من نبات الشنان و10 ملغم / كغم من Glibenclamide يوميا لمدة شهر واحد .  
في هذه الدراسة لوحظ انخفاض مستوى السكر ما بين معنوي وعالي المعنوية خلال فترة المعاملة لمدة شهر بالنسبة  
للأرانب الطبيعية والمصابة بالسكر و كذلك بالنسبة لتركيز الكريبتين .  
أما بالنسبة لمستوى البروتين الكلي والبايولوربين الكلي لوحظ الانخفاض فقط خلال فترة 15-30 يوم .  
بالنسبة لتركيز أنزيمات AST و ALT لوحظ تغيير معنوي في المجاميع المعاملة للأرانب المصابة بداء السكر .

## REFERENCES

1. Akbar, G. and Arshad, M. (2002). Developing sustainable strategies for cholistan desert : opprtunities and perespectives. Science vision, 5:77-85.
2. Akbar, G. and Khan, T.N. and Arshad, M. (1996). Cholistan desert, pakistan. Rangland 18 : 124-128.
3. Al-Hader, A.A.; Aqel, M.B. and Hasan, Z.A. (1993). Hypoglycemic effects of the volatile oil of *Nigella sativa* seeds. Int. J. Pharmacogn. 31: 96-100.
4. Ali, B.H. (1997). The effect on plasma glucose, insulin and glucagon on level of treatment of diabetic rats with the medicinal plant *Rhazya stricta* and with Glibenclamide alone and in combination. J. Pharmacol. 49(10) : 1003 – 1007.
5. Al-saeed, A.H.M. (2002). Study the effect of some extracts of *Haloxylon sp.* on blood glucose level in normal and hyperglycemic rabbits induced by alloxan. A thesis of master of science in chemistry. College of science, university of Basrah.
6. Blackburn, N.A.; Holgate, A.M. and Read, N.W. (1984). Effect of medicinal plant on the absorption of food through the upper gastrointestinal tract.
7. Barham, D. and Trinder, P.(1972). An improved color reagent for determination of blood glucose by oxidase system. J. Analyst. 97 : 142 - 145.
8. Chakravarty, H.L. (1976). Plant wealth of Iraq. A dictionary of economic plant vol.1 Government press. Baghdad. 505 p.p.
9. Eskander, E.F.; June, H.W.; Ibrahim, K.A. and Abdela, W.E. (1995). Hypoglycemic effect of a herbal formulation in alloxan induced diabetic rats. Egyp. J. Pharm. Sci., 36 : no. 1 – 6, p.p 253 – 270.
10. Harborne, J.B. (1984). Phytochemical methods. Chapman and Hall, London, U.K.
11. Henry, R.J.; Canon, D.C. and Winkelman, J.W. (1974). Clinical chemistry principles and technique. Harper and Raw, 2<sup>nd</sup> Ed.
12. Husdan, A. and Rapoport, A. (1968). Estimation of creatinine by the Jaffe reaction. A comparison of 3 methods. Clin. Chem. ,14 . 222.
13. Koramo, J.H. and Lange, J. (1982). Medical publications, California, pp. 464.
14. Marles, R.J. and Fransworth, N. (1996). Antidiabetic plants and thier active constituents. An update Prot. J. Bot. Med. 1(3): 85 – 135.
15. Osuntkun, B.O. (1975). West African Med. J. 124 – 133.
16. Reitman, S. And Frankel, S. (1957). Determination of serum glutamic oxaloacetic and glutamic pyrovic transaminase. Amer. J. Clin. Path. 28: 50-60.

17. Shabana, M.M.; Mirhom, Y.W.; Genenah, A.A.; Aboutabl, E.A. and Amer, H.A. (1990). Study into wild Egyptian plants potential medicinal activity. Ninth communication: Hypoglycemic activity of some selected plants in normal fasting and alloxanid rats. Arch. Exp. Veterinar. Med., 44(3) : 389 - 394.
18. Sharma, R.D.; Raghuram, T.C. and Rao, N.S. (1990). Study effect of some constituents of plants on increasing the rate of trasfer of glucose from blood to tissue.
19. Shull, D.C. (1980). Practical Clinical Biochemistry. pp. 22 - 26.
20. Teuscher, A. and Richerich, P. (1971). News Swiss Guidelines for the diagnosis of diabetes mellitus. Schweiz Mwd. Wschr. 101 : 345 - 352.
21. Twaji, H.A.A.; Eisha, E.E. and Al-Jeboory, A.A. (1985). Screening of Iraq medicine plants for diuretic activity. India J. Pharmac. 73 : 73 - 76.
22. The WHO Expert committee on Diabetes mellitus. (1980). Second report. Technical report. Series 646. pp. 61: WHO, Geneva.
23. Zafar Iqbal, M. and Shafiq, M. (1996). Plant communities on the sandy areas of karachi university campus. J. IAS. Vol. 9, No. 3.