

A Study on Oxidative Stress and Diabetic Complications and Diabetes Mellitus

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Abstract

Diabetes mellitus encompasses a group of metabolic disorders characterized by elevated blood glucose levels, resulting from either a complete or relative insufficiency of insulin secretion and disruptions in carbohydrate, fat, and protein metabolism. Emerging evidence highlights the pivotal role of oxidative stress in the pathogenesis of diabetes mellitus. The overproduction of free radicals, stemming from glucose oxidation and non-enzymatic protein glycation, is a prominent feature in diabetes.

The imbalance between abnormally high levels of free radicals and a concomitant reduction in antioxidant defense mechanisms can instigate cellular damage, including the impairment of organelles and heightened lipid peroxidation. Additionally, this imbalance contributes to the development of insulin resistance, further complicating the diabetic condition. The consequences of oxidative stress pose a significant risk for the progression of complications associated with diabetes mellitus. Natural antioxidants play a crucial role in mitigating the detrimental effects of oxidative stress in diabetes. These antioxidants, sourced from nature, work to neutralize reactive oxygen species, substantially reducing the likelihood of diabetic complications advancing. A spectrum of nutritionally significant vitamins, supplements, and components found in natural food sources, such as capers, broccoli, tomatoes, berries, grapes, spinach, carrots, nuts, etc., naturally attenuate the damage caused by oxidative stress in diabetes mellitus.

Keywords: Diabetes Mellitus, Antioxidants, Food Sources, Free Radicals.

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Introduction

Diabetes mellitus, characterized by elevated blood glucose levels, is a metabolic disorder rooted in insufficient insulin production by the pancreas's beta cells [1]. The impact of diabetes varies among individuals, influenced by factors such as health and dietary habits [2]. Globally, approximately 190 million people across different age groups grapple with diabetes mellitus, making it a leading cause of impairment and mortality worldwide [3].

The metabolic theory attributes long-term hyperglycemia to complications like endothelial and cellular damage, while the genetic theory suggests a predetermined genetic link to diabetes complications. Past practices for diabetes control emphasized maintaining blood glucose levels effectively [4]. Symptoms

of diabetes mellitus include increased hunger (polyphagia), increased thirst (polydipsia), and increased urination (polyuria). Hyperglycemia leads to malfunctioning and dysfunction of various organs, including the heart, kidneys, nerves, and eyes, resulting in complications such as myocardial infarction, diabetic nephropathy, diabetic neuropathy, and diabetic retinopathy [5, 6].

Oxidative stress in diabetes mellitus involves mitochondrial, enzymatic, and non-enzymatic pathways. The imbalance between antioxidants and free radicals, exacerbated by glucose oxidation

and non-enzymatic protein glycation, leads to cellular damage. Non-enzymatic sources, such as glucose auto-oxidation, directly increase free radicals and reactive oxygen species, contributing to oxidative stress. Enzymes like xanthine oxidase, nitric oxide synthetases, and NADPH are implicated in membrane-associated reactive oxygen species production [7].

Methods and Materials

In diabetic patients, elevated levels of pro-oxidants like ferritin and homocysteine contribute to oxidative stress. The peroxidation of arachidonic acid leads to the formation of prostaglandin-like compounds F-2 isoprostanes. The mitochondrial respiratory chain also acts as a source of reactive species. Studies indicate that superoxide production during hyperglycemia triggers oxidative stress, affecting endothelial cells and contributing to diabetes development [8-10].

Antioxidants play a crucial role in mitigating oxidative stress. They neutralize free radicals, preventing cellular damage and reducing the risk of diabetic complications. Antioxidants can be synthetic or natural, with natural antioxidants found in various foods such as fruits, vegetables, and herbs. Essential antioxidants include lycopene, beta-carotene, glutathione, flavonoids, selenium, vitamin E, and vitamin C. The plasma antioxidant potential is used as a marker for measuring oxidative stress in humans [11].

Antioxidants can be classified as synthetic or natural. Synthetic antioxidants, such as Nordihydroguaiaretic acid (NDGA), propyl

gallate, tertiary butyl hydroquinone (TBHQ), BHA, and BHT, counteract oxidative stress and free radical-related biological reactions. Natural antioxidants, including minerals, vitamins, and phytochemicals, act on lipid free radicals, breaking the chain reaction [12].

Results and Discussion

Natural sources of antioxidants include colored fruits like squash, potatoes, apricots, pumpkin, mangoes, and oranges. Other sources include leafy vegetables, fruits like lemons and amla, and antioxidants like beta-carotene found in green leafy vegetables. Selenium, crucial for antioxidant enzymes, is abundant in wheat and rice in developing countries. Retinol, found in carrots, milk, sweet potatoes, mozzarella, and egg yolks, is important for eye health. Vitamin C is found in poultry, beef, cereals, and fish. Vitamin E is present in wheat germ oil, corn oil, mangoes, almonds, and nuts [13-16].

Plasma antioxidant potential serves as a marker for oxidative stress, and its decrease in diabetic patients is associated with complications like insulin resistance and DNA damage. Low antioxidant defense in plasma contributes to issues like blindness, nerve damage, cardiovascular disease, and nephropathy (Figure 1).

Antioxidants obtained from dietary sources are crucial for maintaining stability in free radicals, preventing oxidative stress, and enhancing defense mechanisms. Non-enzymatic and

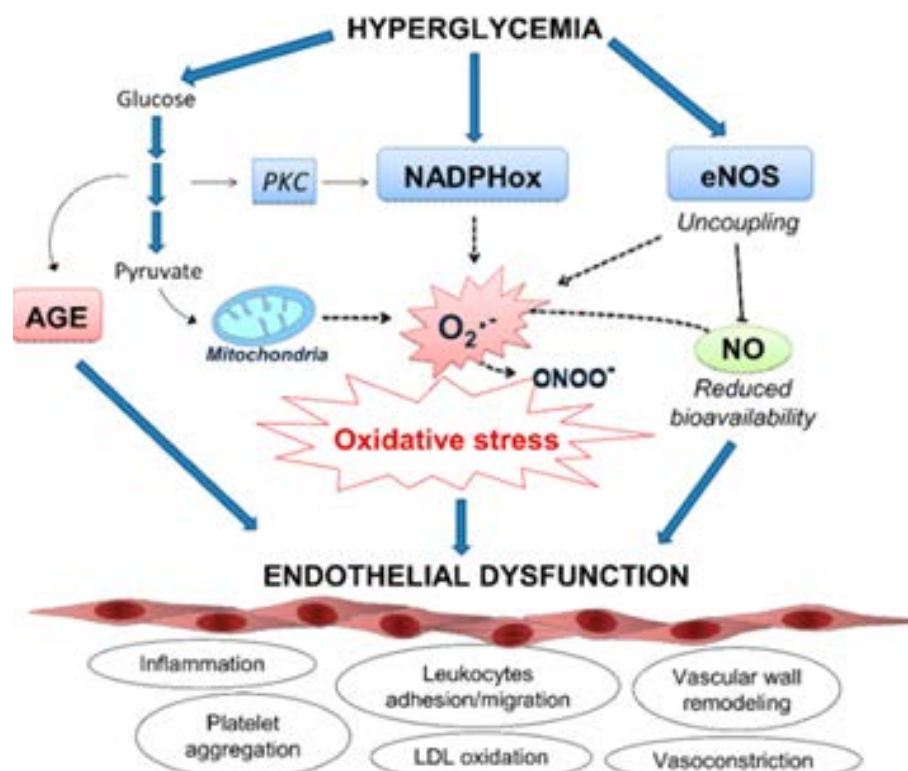


Figure 1: Oxidative stress and its consequences.

enzymatic antioxidant systems, including ascorbic acid, retinol, glutathione, carotenoids, tocopherols, selenium, copper, zinc, coenzyme Q10, uric acid, and antioxidant enzymes, play a role in neutralizing reactive oxygen species [17-19].

The human body employs various defense mechanisms against oxidative stress, including tissue repair, anticipatory mechanisms, physical resistance, and antioxidant defense. Oxidative stress induced by free radicals is implicated in various disorders, including cardiovascular diseases, renal disorders, autoimmune disorders, neurodegenerative disorders, peptic ulcers, cataracts, and lung cancer [20, 21].

Managing diabetes mellitus without side effects remains a challenge, and herbal drugs have garnered interest for their cost-effectiveness and efficiency. Herbal treatments, derived from plants with phytoconstituents like glycosides, alkaloids, glycopeptides, steroids, hypoglycans, guanidine, carbohydrates, gums, amino acids, and peptidoglycans, influence metabolic activities and glucose levels. Antioxidant formulations are studied for their potential in managing complications of diseases like Alzheimer's, stroke, cardiac arrest, cancer, atherosclerosis, Parkinson's, and diabetes mellitus [22].

Conclusion

In conclusion, recent studies highlight the potential effectiveness of integrating traditional systems of medicine, such as Siddha and Ayurveda, with modern scientific approaches. The combination of these diverse medical practices holds promise for enhanced efficacy in managing diabetes mellitus. The impact of diabetic complications, linked to oxidative stress, can be mitigated to some extent through the use of natural antioxidants. However, as of now, a flawless mechanism pinpointing the exact resolution of diabetic complications remains elusive.

Numerous clinical, epidemiological, and experimental endeavors have been undertaken to explore the potential of antioxidants in treating diabetes and other related conditions. While progress has been made in understanding the role of antioxidants, there is ongoing research to develop comprehensive strategies for the precise management of diabetic complications. As the scientific community continues to explore these avenues, the collaborative integration of traditional and modern medicinal approaches may offer more effective solutions in the quest for improved diabetes care and overall health outcomes.

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