



IJPPR

INTERNATIONAL JOURNAL OF PHARMACY & PHARMACEUTICAL RESEARCH
An official Publication of Human Journals

ISSN 2349-7203




Human Journals

Research Article


July 2022 Vol.:24, Issue:4

© All rights are reserved by Chandrashekar K et al.

Evaluation of Incretin Enhancers (Exenatide and Liraglutide) on Intra-Oral Wound Healing in Wistar Albino Rats



IJPPR
INTERNATIONAL JOURNAL OF PHARMACY & PHARMACEUTICAL RESEARCH
An official Publication of Human Journals



ISSN 2349-7203

**Chandrashekar K^{*1}, Saritha MK², Torgal S³,
Ganesan R⁴**

*¹Professor and head department of pharmacology
Karwar institute of medical sciences Karwar
Karnataka, India.*

*² Professor and head department of dentistry Karwar
institute of medical sciences Karwar Karnataka, India.*

*³Professor department of pharmacology Jnmc Belgaum
Karnataka, India.*

*⁴Professor department of surgery Chettinad health
research institute Chennai, India.*

Submitted: 24 June 2022
Accepted: 29 June 2022
Published: 30 July 2022

Keywords: Evaluation of Incretin Enhancers, Exenatide, Liraglutide, Wound Healing, Wistar Albino Rats

ABSTRACT

Wound healing is an essential survival mechanism in humans. It comprises the following complexly regulated phases: hemostasis, inflammation, proliferation, and remodeling. An effective wound healing occurs if each phase progresses in an organized manner at an optimal rate, which may differ from species to species. To evaluate the wound healing activity 24 Adult Wistar albino rats were selected, divided into 3 groups of 8 each. Group1 served as control and received vehicle (normal saline-10 ml/kg, s.c), Group 2 and group 3 received Exenatide (250 micg/ml s.c) and Liraglutide (0.6mg/ml.s.c) respectively. The results of the present experimental study would be of some clinical relevance if they could be extrapolated to humans. Among experimented Incretin enhancers (Exentide and Liraglutide) had a wound pro-healing effect. Thus, they become the drug of choice in diabetic wound management, promoting wound healing, yet controlling blood sugar.



www.ijppr.humanjournals.com

INTRODUCTION:

Wound healing is an essential survival mechanism in humans. It comprises the following complexly regulated phases: hemostasis, inflammation, proliferation, and remodeling. An effective wound healing occurs if each phase progresses in an organized manner at an optimal rate, which may differ from species to species. Many local and systemic factors can impair oral wound healing. Successful oral soft tissue management requires knowledge about intraoral wound healing and its morphologic features. Tissues in the oral cavity follow an essentially identical pattern to complete the healing process without scar formation. In addition, the oral cavity serves as a unique setting whereby wound healing takes place in a saliva-filled environment containing millions of microorganisms.

Daily, dentists perform procedures such as exodontia and implant placement that rely on adequate wound healing. An improved understanding of the local and systemic factors that can impair oral wound healing can help clinicians to control these factors more accurately, resulting in improved patient outcomes.

Due to the pathological and physiological complexity of the healing process, the perfect regeneration of tissues is difficult to achieve. Therefore, the assessment of new treatments are needed and as well as the use of new strategies. The drugs, which decrease inflammation and enhance wound healing and their combinations have been suggested as promising treatments because they accelerate the healing process. Several drugs and chemicals have been studied to assess their wound healing property; many of them are promising for wound healing.

Early in the healing process, initiation of re-epithelialization is a critical step in the closure of the wound. The effect of insulin on wound healing has been confirmed in various animal and wound models, including cutaneous ulcerations, incision wounds, and fracture wounds. Insulin was found to enhance wound healing by faster wound contraction and re-epithelialization. Its pro-healing property in nondiabetic individuals is compromised by its hypoglycaemic side effects. Incretin enhancers could be useful in non-diabetic individuals as they act by increasing endogenous insulin secretion. However, Incretin enhancers are not investigated for their effect on non-diabetic individuals. Some of the literature has information about the pro-healing effect of Incretin enhancers on non-diabetic wounds in the oral cavity. Hence, the present study was planned to evaluate the wound healing property of Exenatide and Liraglutide on intraoral wound healing in non-diabetic Wistar albino rats.

AIM AND OBJECTIVE:

To evaluate wound healing property of Exenatide and Liraglutide on intra-oral wounds in non-diabetic Wistar albino rats.

MATERIALS AND METHODS

Animals

Healthy Wistar albino rats of either sex weighing 150-180 g were procured from the central animal house of the institute. The rats were housed in a clean polypropylene cage kept in experimental condition with 12 h alternate natural light and night cycles at a temperature maintained 23-25°C, with a relative humidity of 50-60%, and allowed free access to standard pellet food and water *ad libitum*. The study was initiated after obtaining approval from the Institutional Animal Ethics Committee (IAEC) (No. IAEC2/Desp.No.58/Dt. 3.01.14).

To evaluate the wound healing activity 24 Adult Wistar albino rats were selected, divided into 3 groups of 8 each. Group1 served as control and received vehicle (normal saline-10 ml/kg, s.c), Group 2 and group 3 received Exenatide (250 micg/ml s.c) and Liraglutide (0.6mg/ml.s.c) respectively.

| Groups | Treatment |
|-------------|-----------------------------|
| Control | Normal saline 10 ml/kg, s.c |
| Exenatide | 250 micg/ml s.c |
| Liraglutide | 0.6 mg/ml s.c |

Method:

Excision wound

The rats were kept starved overnight with free access to water. The animals were anesthetized as described by Kamper *et al.* under halothane anesthesia. The skin of the impressed area was excised to full thickness to obtain a wound area of about 500 mm². Measures were taken to control the bleeding and infection. Wound closure rate was assessed by tracing the wound on polythene paper and getting its imprints on graph paper, on wounding day (0), followed by the 4th, 8th, 12th, and 16th day and subsequently on every alternate day till complete closure has occurred. Falling off the scab without any raw area indicated the time for complete

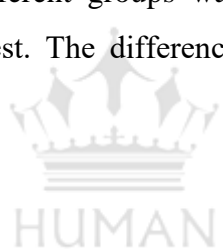
epithelialization and the same was noted. Similarly, scars were traced to assess wound contraction by noting scar size and shape.

Excision wound healing was assessed by:

- 1) Planimetry, scar shape, scar size, and time of epithelialization.
- 2) Biochemical analysis: 3 ml of blood was collected from a sacrificed animal of each group on the 8th and 16th day of the experiment, and the plasma was separated by centrifugation and stored at -90°C and subjected for the estimation of hydroxyproline content was measured by Elisa kit, following the rat-specific kit protocols (Cusabio, China).
- 3) Blood glucose estimation using a glucometer.

Statistical Analysis

All the results were expressed as mean ± standard error of the mean and the significant difference between the mean of different groups was analyzed using one-way ANOVA followed by a post-doc (Tukey's) test. The differences in values at level P < 0.05 were considered statistically significant.



RESULTS AND DISCUSSION:

Table No. 1: Percentage closure of excision wound on 4th, 8th, 12th, and 16th day

| Day | Control | Liraglutide | Exentide |
|------------------|------------|-------------|-------------|
| 4 th | 20.07±1.76 | 37.12±0.68* | 38.27±0.86* |
| 8 th | 63.57±3.04 | 84.53±1.71* | 82.12±1.49* |
| 12 th | 82.28±2.96 | 96.23±1.83* | 93.20±1.80* |
| 16 th | 86.87±1.63 | 98.81±1.0* | 96.22±2.46* |

Values Mean ±SEM* denotes significance (p<0.05) in of data Exenatide and Liraglutide, compared to control various time points studied.

Table No. 2: Time for complete epithelization and scar area

| Days | Control | Liraglutide | Exentide |
|---|-----------|-------------|-------------|
| Time for complete epithelization (days) | 21±0.4 | 16±0.2 | 15±0.2 |
| Scar area (mm ²) | 42.84±4.5 | 24.33±1.75* | 25.00±1.58* |

Values Mean ±SEM* denotes Significant (p<0.05) decrease in time (days) for epithelization in Exentide and Liraglutide compared to control.

Table No. 3: Effect of Drug on the normal wound healing rats Hydroxyproline levels plasma ng/ml

| Day | Control | Liraglutide | Exentide |
|------------------|-------------|---------------|---------------|
| 8 th | 491.36 ± 57 | 498.14 ± 1.75 | 480.86 ± 1.58 |
| 16 th | 504.79 ± 57 | 651.39± 1.75* | 670.01± 1.58* |

Values Mean ±SEM* denotes a Significant (p<0.05) Increase in hydroxyproline (HYP) content in Exentide and Liraglutide compared to control.

Table No. 4: Blood glucose level (mg/dl) on day 0, 8 and 16

| Day | Control | Liraglutide | Exentide |
|------------------|---------|-------------|----------|
| 0 | 110 | 106 | 108 |
| 8 th | 105 | 101 | 99 |
| 16 th | 101 | 98 | 97 |

In this study, Exenatide and Liraglutide have been investigated for their influence on intra-oral wounds in non-diabetic Wistar albino rats.

When compared to the control, Exentide and Liraglutide treated groups showed a significant percentage of wound closure at the 4th, 8th, 12th, and 16th days respectively with the level of significance $P \leq 0.5$ and that showed their pro-wound healing property (Table 1).

The epithelialization was considered to be complete, once the scab falls off without any raw area. Total time for complete epithelialization taken was 16 ± 0.2 and 15 ± 0.2 days with 24.33 ± 1.75 and 25.00 ± 1.58 of scar area (mm²) with Exentide and Liraglutide -treated groups respectively when compared with 21 ± 0.4 days and 42.84 ± 4.5 scar area of the

control group. Thus, early and small scar areas of Exentide and Liraglutide groups indicated better collagenases (Table 2).

As far as biochemical parameters were concerned, on day 16, in line with earlier results, the serum estimation showed again Exentide and Liraglutide groups having significant ($P < 0.05$) serum hydroxyproline concentration, suggesting enhanced collagen synthesis and increased vascularity of the wound tissue, respectively (Table 3).

No significant differences in blood glucose levels (mg/dl) were observed after 8 or 16 days of drug treatment in all treatment groups (Table 4).

The present study attempted to explore their pro-healing activity on the non-diabetic wound and also to throw some light on their mechanism of action for the same. It was angiogenesis (\uparrow iNOS) and collagenases (\uparrow hydroxyproline), that mediated their wound pro-healing action. However, the variable pro-wound healing property of Incretin enhancers could be explained based on the pharmacokinetic and pharmacodynamic properties of the drug. However, the present study would have included more wound models and direct evidence of tissue remodeling from the wound biopsied tissue rather than from serum. The findings of the present study appear to have some clinical relevance, if they could be extrapolated to humans, to treat non-healing wounds in non-diabetic patients in the oral cavity. Further studies are required to state the wound pro-healing activity of these drugs further clinical trials to evaluate intraoral wound healing is in need.

CONCLUSION

The results of the present experimental study would be of some clinical relevance if they could be extrapolated to humans. Among experimented Incretin enhancers (Exentide and Liraglutide) had a wound pro-healing effect. Thus, they become the drug of choice in diabetic wound management, promoting wound healing, yet controlling blood sugar. They could be prescribed even in non-diabetics with intraoral wounds, exploiting their pro-healing activity. However, further clinical studies are required for their new role.

REFERENCES

1. Greaves MW, Jorgen S, Gibson MW. Recovery of prostaglandins in human cutaneous inflammation. *Br Med J.* 1971; 2:258-260.
2. Walton Van Winkle Jr. The fibroblast on wound healing. *Surg Gynaecol Obstet.* 1967; 124:369-386.
3. Frank, kamper, Lucia. A Dipietnoamine, L. Burns. Wound healing methods and protocol. Humana Press, pages no 6-18.

4. Galkowska, wogewodzka. Chemokines, cytokines and growth factor in keratinocytes and dermal endothelial cells in the margin of diabetes foot ulcer wound repair 2016; 14: 558-65.
5. Chia Cw Egan Jam special features; incretin-based therapies in type 2 diabetes. J Clin Endocrinol Metab 2008; 93; 3703-3716D.
6. Heiko kamper, Ronald Schmidt. Wound inflammation in diabetic ob/ob mice. Diabetes vol. 54 May 2005.
7. Birgit stallmeyer, Heikokampfer. The function of nitric oxide in wound repair; inhibition of inducible nitric oxide-synthase severely impairs wound reepithelialisation the journal for investigative dermatology. Volume 113 no 6 December 1999.
8. Dunphy JE, Udupa KN. Chemical and histochemical sequences in the normal healing of wounds. NEMJ. 1955; 253:847-859.
9. Van Winkle W Jr. The fibroblast in wound healing. Surg Gynaec Obstet. 1967; 124:369-386.
10. Madden JW, Peacock EE Jr. Studies on the biology of collagen during wound healing: Rate of collagen synthesis and deposition in cutaneous wounds in rats. Surgery. 1968; 64:288-293.
11. Madden JW, Smith HC. The rate of collagen synthesis and deposition in dehiscence and resutured wounds. Surg Gynaec Obstet. 1970; 130:487-493.
12. Peacock EE, Wrinkle WV. Wound repair 2nd edition. Philadelphia W.B. Saunders and Co.1976.
13. Cohen IK, Johnson ML. Effect of corticosteroids on collagen synthesis. Surgery 1977; 82:15-20.
14. Bullough WS, Laurence EB. The control of epidermal oixitotic activity in the mouse. Proc Rov Soc. 1959; 151:517-536.
15. Winkle WV Jr. The tensile strength of wound and the factors that influence it. Surg Gynaec Obstet. 1970; 129:819-842.
16. Bullough WS. The control of mitotic activity in adult mammalian tissues. Biol Rev. 1962; 37:307-342.
17. Abercrombie M. Contact inhibition and biological implications. Nat Cancer Inst. Monogo 1966; 26:249.
18. Gupta v. Pleotropic effects of incretin. Indian j endocrine Metab. 2012, 16(7), 47-56.
19. Drucker DJ, Nauck MA. The incretin system: Glucagon-like peptide-1 receptor agonists and dipeptidyl peptidase-4 inhibitors in type 2 diabetes. Lancet 2006; 368: 1696-705.
20. Arakawa M, Mita T, Azuma K. Inhibition of monocyte adhesion to endothelial cells and attenuation of atherosclerotic lesion by a glucagon-like peptide-1 receptor agonist, Exenedin-. Diabetes, 2010; 59:1030.
21. Chia Cw Egan Jam special features; incretin-based therapies in type 2 diabetes. J Clin Endocrinol Metab 2008; 93;3703-3716D.
22. Gillian S. Ashcroft, Michael A. Horan, and Mark W. J. Ferguson. The effects of aging on wound healing: immunolocalization of growth factors and their receptors in a murine incisional model. J Anat. 1997 April; 190(Pt 3): 351–365.
23. Kasper, Fauci, Hauser, Longo, Jameson, Loscalzo, Harrison's principles of internal medicine 21 edition Mc Graw hill education page number 2407.
24. Kasper, Fauci, Hauser, Longo, Jameson, Loscalzo, Harrison's principles of internal medicine 20 edition Mc Graw hill education page number 2335.
- 25 Laurence l, Brunton, John S. Lazo, Keith l. Parker, Goodman, and Gilman are the pharmacological basis of therapeutics 13 edition Mc Graw hill education page number 1613.
- 26 KD Tripathi. Essentials medical pharmacology 8 edition Jaypee brothers medical publisher page number
- 27 Drucker DJ, Nauck MA. The incretin system: glucagon-like peptide -1 receptor agonists and dipeptidyl peptidase -4 inhibitors in type 2 diabetes. Lancet 2006; 368 1696-705.
- 28 Schilling JA. Wound healing physiology Rev.1968; 48:375-423.
- 29 Cotran RS, Kumar V, Robbins SL. Pathologic basis of disease 5th ed. Banglore: Prism book Pvt Ltd; 1994.