

# The Mineral Preparation Dibeston: The Effect on the State of Excretory Kidney Function in Diabetes Mellitus

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## Abstract

Diabetes mellitus is one of the most common diseases in modern society, and by 2030, according to the World Health Organization, it may reach the seventh place in the ranking of the main causes of death of the population. To optimize the treatment of diabetes mellitus, various mineral complexes can be used. This scientific article reveals the potential of the action of the new mineral preparation Dibeston on the state of excretory kidney function in alloxan diabetes. An experiment was conducted on 40 white laboratory rats divided into five groups: group 1 - intact; group 2 - controls with alloxan diabetes; group 3 - alloxan diabetes - Dibeston; group 4 - alloxan diabetes + Asparkam; group 5 - alloxan diabetes + selenium preparation. The levels of glycemia, creatinine, polyuria, and proteinuria were studied. It was found that the drug Dibeston has a pronounced beneficial effect in case of impaired kidney function against the background of alloxan diabetes mellitus.

**Keywords:** Diabetes mellitus, Alloxan diabetes, Excretory kidney function, Asparkam, Selenium, Dibeston

## INTRODUCTION

According to the International Diabetes Federation, there are about 450 million diabetic patients in the world, and their number doubles every 12-15 years [1, 2]. According to forecasts of the World Health Organization, by 2030 diabetes mellitus will reach the seventh place among the causes of death [3]. The impaired excretory function of the kidneys (diabetic nephropathy) is a frequent complication of diabetes mellitus, leading, along with others, to disability and death of patients [4-6]. Thus, in type 2 diabetes mellitus (at its debut in puberty), the incidence of diabetic nephropathy is about 45% [7].

Typical signs of type 2 diabetes mellitus (DM2), along with weight gain and dyslipidemia, are reduced glucose tolerance, hyperinsulinemia, hyperleptinemia, impaired incretin response to glucose loading, endocrine system dysfunction, including changes in thyroid and sex steroid hormone levels [8-11]. This is due to impaired metabolic processes in tissues, increased oxidative stress and inflammation in them, and dysregulation of the functional activity of the hypothalamic links of the endocrine system [12, 13]. An important role in this regulation is played by insulin and leptin, which enter the central nervous system through the blood-brain barrier using receptor-mediated mechanisms [14, 15]. However, in conditions of prolonged hyperglycemia and insulin and leptin resistance, the transport of insulin and leptin in the central nervous system is disrupted, which leads to their deficiency

in the hypothalamus and other parts of the brain in DM2 [16, 17].

The weakening of insulin and leptin signaling in the hypothalamus is one of the primary causes of a decrease in the expression and secretion of hypothalamic-releasing factors – tyroliberin and gonadoliberin, stimulating the release of thyroid-stimulating hormone and gonadotropins by the adenohypophysis [18-20]. A decrease in the activity of insulin and leptin pathways in the hypothalamus and other parts of the brain leads to eating disorders and central regulation of carbohydrate and lipid metabolism [21-23].

To optimize the treatment of diabetes mellitus and prevent the development of severe complications, new medicines are

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being sought, as well as additional elements of antidiabetic therapy. Various vitamin and mineral complexes, antioxidants, and phytopreparations can be used for this purpose [24, 25].

The purpose of this scientific study is to evaluate the effect of a complex of mineral additives consisting of compounds of magnesium, sodium, potassium, and selenium on the level of glycemia and the state of excretory kidney function in rats with alloxan diabetes.

## MATERIALS AND METHODS

The current experiment was performed on laboratory white Wistar rats. All animals were kept in the same optimal conditions: nutrition, wakefulness, and sleep patterns met the standards for these animals [26]. 40 mature male rats weighing 200-250 g were divided into 5 groups: group 1 – intact; group 2 – alloxan diabetes mellitus; group 3 – alloxan diabetes mellitus + Dibeston complex of mineral additives; group 4 - alloxan diabetes mellitus + Asparkam drug; group 5 - alloxan diabetes mellitus + selenium drug.

The model of diabetes mellitus was reproduced by subcutaneous administration of a freshly prepared aqueous 10% solution of alloxanhydrate at a dose of 100 mg /kg against the background of 18-hour starvation of animals.

Dibeston composition: sodium chloride 28%, potassium chloride 22%, potassium citrate 12%, potassium bromide 1%, magnesium sulfate 14%, calcium asparaginate 6%, magnesium asparaginate 8%, glutamic acid 5%. Rats received dibeston in the form of a 1% solution for free drinking.

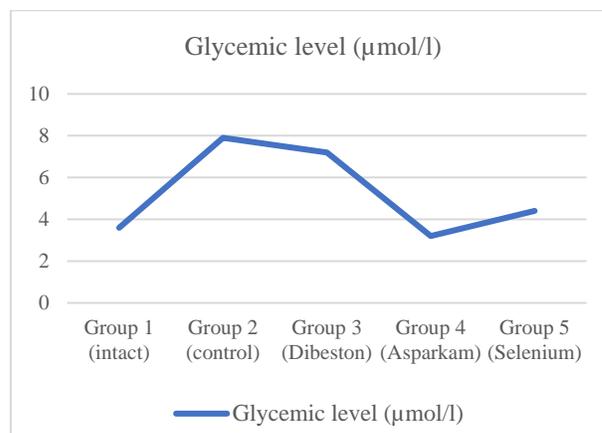
Rats received the drug Asparkam in the form of a drinking solution in ampoules of 10 ml. The drug was injected through a probe into the stomach (0.1 ml / 100 g) for 10 days before the administration of alloxan.

Selenium preparation (selenopyran) is a selenium compound packaged in 1 g. Selenopyran solution was administered intramuscularly to rats (0.04 mg selenium / 100 g) 3 days before and the next day after alloxan administration.

A 10% aqueous solution of alloxanhydrate was administered subcutaneously at a dose of 100 mg/kg, after which the use of mineral compositions was continued for another 10 days. Then the animals were placed in exchange cages for 24 hours, after which they were slaughtered. Daily diuresis, drinking activity, protein content in urine, glucose, and creatinine in blood and urine were determined, and glomerular filtration rate and water reabsorption were calculated according to standard methods [27-30]. Statistical processing was carried out using the program "Statistics".

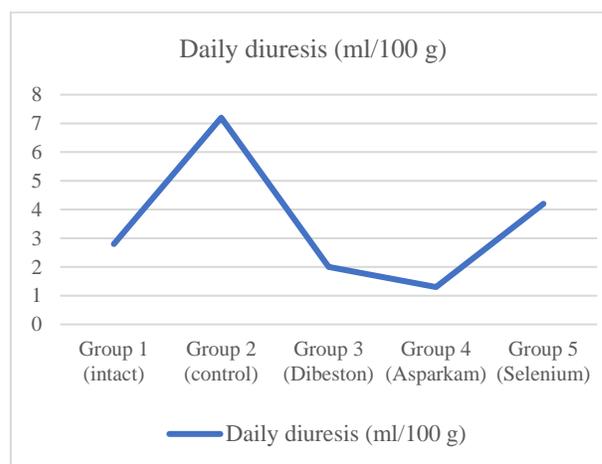
## RESULTS AND DISCUSSION

A significant hypoglycemic effect of Asparkam and selenopyran was established (glycemic levels, respectively,  $3.37 \pm 0.30$  and  $4.71 \pm 0.35$   $\mu\text{mol/l}$  versus  $8.0 \pm 0.22$   $\mu\text{mol/l}$  in group 2 rats); Dibeston did not cause a statistically significant hypoglycemic effect (**Figure 1**).

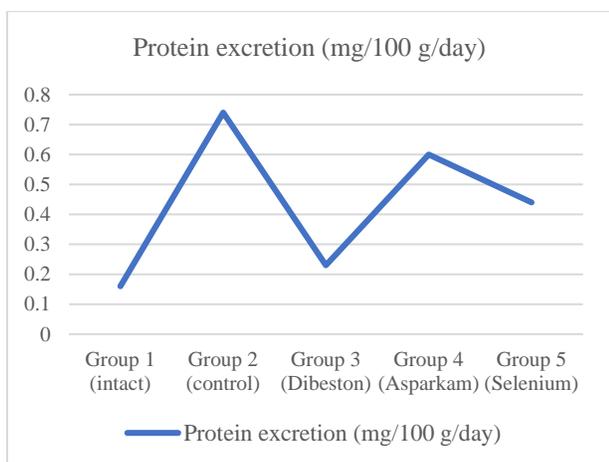


**Figure 1.** The level of glycemia in rats after administration of mineral supplements

The development of alloxan diabetes was accompanied by renal manifestations: polyuria ( $7.34 \pm 0.60$  ml/100 g versus  $3.2 \pm 0.50$  ml/100 g in intact patients), polydipsia, glucosuria, proteinuria, some decrease in glomerular filtration and reabsorption of water, increased blood creatinine ( $152.80 \pm 10.30$   $\mu\text{mol/l}$  versus  $93.10 \pm 2.20$   $\mu\text{mol/l}$  in intact rats). The use of mineral additives reduced the severity of polyuria (**Figure 2**), polydipsia (especially pronounced in the Dibeston and Asparkam groups, in which diuresis was, respectively,  $2.00 \pm 0.24$  ml/100 g and 1.48 ml/100 g), glucosuria. In addition, the use of hyposol led to a significant decrease in proteinuria (protein excretion per day  $0.24 \pm 0.02$  mg/100 g versus  $0.75 \pm 0.27$  mg/100 g in group 2) (**Figure 3**).

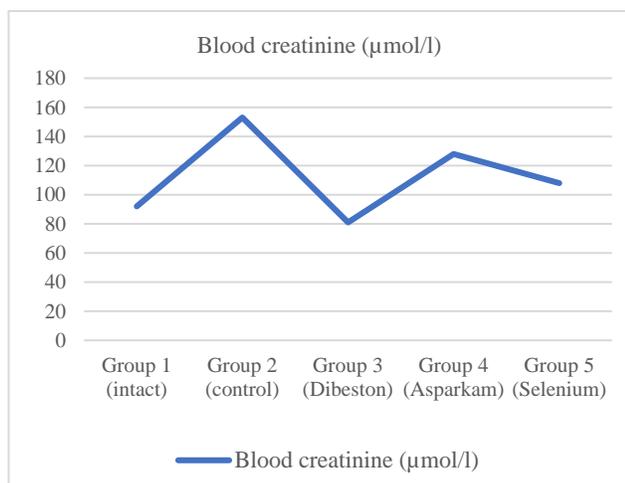


**Figure 2.** Severity of polyuria in rats after administration of mineral supplements



**Figure 3.** Changes in the level of proteinuria in rats after administration of mineral supplements

The use of hyposol and selenopyran also led to a decrease in blood creatinine concentrations ( $82.0 \pm 1.0 \mu\text{mol/l}$  and  $110.2 \pm 5.5 \mu\text{mol/L}$ , respectively, versus  $152.8 \pm 9.3 \mu\text{mol/L}$  without treatment) (**Figure 4**).



**Figure 4.** Changes in blood creatinine concentration in rats after administration of mineral supplements

The beneficial effect of the studied compounds on the state of renal excretory function may be partially due to hypoglycemic action (reduction of polyuria, polydipsia, glucosuria when using Asparkam and selenopyran); with pronounced antioxidant activity (selenopyran) [31, 32] and with a decrease in increased activity of the renin-angiotensin-aldosterone system, which leads to a decrease in intraculular hypertension (Dibeston) [33].

## CONCLUSION

As a result of the experiment, data were obtained on the effect of compounds of various minerals on the state of the excretory function of rats with alloxan diabetes. The studied mineral compounds, especially Dibeston, and selenopyran, have a beneficial effect on impaired renal function against the

background of alloxan diabetes mellitus. The identified effects can be used in the development of drugs for the complex treatment of diabetes mellitus, including those accompanied by nephropathy.

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**ETHICS STATEMENT:** The protocol for experiments with laboratory animals complied with the requirements of the European Convention for the Protection of Vertebrate Animals used for Experimental and other Scientific Purposes.

## REFERENCES

1. Whicher CA, O'Neill S, Holt RIG. Diabetes in the UK: 2019. *Diabet Med.* 2020;37(2):242-7. doi:10.1111/dme.14225
2. Nomura A, Noguchi M, Kometani M, Furukawa K, Yoneda T. Artificial intelligence in current diabetes management and prediction. *Curr Diab Rep.* 2021;21(12):61. doi:10.1007/s11892-021-01423-2
3. Kasim S, Al-Dabbagh B, Mustafa Y. A review on the biological potentials of carbazole and its derived products. *J Med Pharm Chem Res.* 2022;4(6):495-512.
4. Thipsawat S. Early detection of diabetic nephropathy in patient with type 2 diabetes mellitus: A review of the literature. *Diab Vasc Dis Res.* 2021;18(6):14791641211058856. doi:10.1177/14791641211058856
5. Sagoo MK, Gnudi L. Diabetic nephropathy: An overview. *Methods Mol Biol.* 2020;2067:3-7. doi:10.1007/978-1-4939-9841-8\_1
6. Opazo-Ríos L, Mas S, Marín-Royo G, Mezzano S, Gómez-Guerrero C, Moreno JA, et al. Lipotoxicity and diabetic nephropathy: Novel mechanistic insights and therapeutic opportunities. *Int J Mol Sci.* 2020;21(7):2632. doi:10.3390/ijms21072632
7. Kolarčić V, Svirčević V, Bijuk R, Zupančić V. Chronic complications of diabetes and quality of life. *Acta Clin Croat.* 2022;61(3):520-7. doi:10.20471/acc.2022.61.03.18
8. Harreiter J, Roden M. Diabetes mellitus: Definition, classification, diagnosis, screening and prevention (Update 2023). *Wien Klin Wochenschr.* 2023;135(Suppl 1):7-17. [In German]. doi:10.1007/s00508-022-02122-y
9. Ma CX, Ma XN, Guan CH, Li YD, Mauricio D, Fu SB. Cardiovascular disease in type 2 diabetes mellitus: Progress toward personalized management. *Cardiovasc Diabetol.* 2022;21(1):74. doi:10.1186/s12933-022-01516-6
10. Kiss LZ, Bagyura Z, Vadas R, Polgár L, Lux Á, Édes E, et al. Signs of subclinical atherosclerosis in asymptomatic patients at increased risk of type 2 diabetes mellitus. *J Diabetes Complications.* 2017;31(8):1293-8. doi:10.1016/j.jdiacomp.2017.05.007
11. Dulyapach K, Ngamchaliew P, Vichitkunakorn P, Sornsenee P, Choomalee K. Prevalence and associated factors of delayed diagnosis of type 2 diabetes mellitus in a tertiary hospital: A retrospective cohort study. *Int J Public Health.* 2022;67:1605039. doi:10.3389/ijph.2022.1605039
12. Zhou Z, Sun B, Yu D, Zhu C. Gut microbiota: An important player in type 2 diabetes mellitus. *Front Cell Infect Microbiol.* 2022;12:834485. doi:10.3389/fcimb.2022.834485
13. Crețu D, Cernea S, Onea CR, Pop RM. Reproductive health in women with type 2 diabetes mellitus. *Hormones (Athens).* 2020;19(3):291-300. doi:10.1007/s42000-020-00225-7
14. Boucsein A, Kamstra K, Tups A. Central signaling cross-talk between insulin and leptin in glucose and energy homeostasis. *J Neuroendocrinol.* 2021;33(4):e12944. doi:10.1111/jne.12944
15. Amjad Hashim H, Al-Shammaa NMJ. The role of Irisin level hormone and some biochemical parameters in Iraqi diabetic type 2 with hypothyroidism. *J Med Pharm Chem Res.* 2022;4(9):900-9.
16. Vatier C, Jéru I, Fellahi S, Capeau J, Bastard JP, Vigouroux C, et al. Leptin, adiponectin, lipodystrophic and severe insulin resistance syndromes. *Ann Biol Clin (Paris).* 2020;78(3):261-4. [In French]. doi:10.1684/abc.2020.1551

17. Russo B, Menduni M, Borboni P, Picconi F, Frontoni S. Autonomic nervous system in obesity and insulin-resistance-the complex interplay between leptin and central nervous system. *Int J Mol Sci.* 2021;22(10):5187. doi:10.3390/ijms22105187
18. Hong S, Shinya Y, Trejo-Lopez JA, Gruber LM, Erickson D, Bendok BR, et al. The clinical presentation of PIT1 positive pituitary neuroendocrine tumor immunonegative for growth hormone, prolactin, and thyroid stimulating hormone with analysis of clinical and immunostaining dissociation. *Clin Neurol Neurosurg.* 2024;236:108075. doi:10.1016/j.clineuro.2023.108075
19. Prévot V, Tena-Sempere M, Pitteloud N. New horizons: Gonadotropin-releasing hormone and cognition. *J Clin Endocrinol Metab.* 2023;108(11):2747-58. doi:10.1210/clinem/dgad319
20. Sadovoy VV, Selimov M, Shchedrina T, Nagdalian AA. Nutritional supplement for control of diabetes. *J Excip Food Chem.* 2017;8352017:1843.
21. Ferreira-Hermosillo A, de Miguel Ibañez R, Pérez-Dionisio EK, Villalobos-Mata KA. Obesity as a neuroendocrine disorder. *Arch Med Res.* 2023;54(8):102896. doi:10.1016/j.amed.2023.102896
22. Murray SL, Holton KF. Post-traumatic stress disorder may set the neurobiological stage for eating disorders: A focus on glutamatergic dysfunction. *Appetite.* 2021;167:105599. doi:10.1016/j.appet.2021.105599
23. Cascino G, Monteleone AM. Early traumatic experiences and the hypothalamus-pituitary-adrenal axis in people with eating disorders: A narrative review. *Psychoneuroendocrinology.* 2024;159:106665. doi:10.1016/j.psyneuen.2023.106665
24. Nauck MA, Wefers J, Meier JJ. Treatment of type 2 diabetes: Challenges, hopes, and anticipated successes. *Lancet Diabetes Endocrinol.* 2021;9(8):525-44. doi:10.1016/S2213-8587(21)00113-3
25. Sadovoy VV, Selimov MA, Shchedrina TV, Nagdalian AA. Usage of biological active supplements in technology of prophilactic meat products. *Res J Pharm Biol Chem Sci.* 2016;7(5):1861-5.
26. Lyashenko EN, Uzbekova LD, Polovinkina VV, Dorofeeva AK, Ibragimov SS, Tatamov AA, et al. Study of the embryonic toxicity of TiO<sub>2</sub> and ZrO<sub>2</sub> nanoparticles. *Micromachines (Basel).* 2023;14(2):363. doi:10.3390/mi14020363
27. Verevkinina M, Goncharov V, Nesmeyanov E, Kamalova O, Baklanov I, Pokhilko A, et al. Application of the Se NPs-Chitosan molecular complex for the correction of selenium deficiency in rats model. *Potr S J Food Sci.* 2023;17(1):455-66. doi:10.5219/1871
28. Belyaev NG, Rzhepakovsky IV, Timchenko LD, Areshidze DA, Simonov AN, Nagdalian AA, et al. Effect of training on femur mineral density of rats. *Biochem Cell Arch.* 2019;19(2):3549-52.
29. El Sadik A, Alrehaili J, Elzainy A. Comparison of the therapeutic role of sublethal doses of selenium nanoparticles in renal inflammation and apoptosis. *J Med Pharm Chem Res.* 2024;6(11):1725-39. doi:10.48309/jmper.2024.453230.1194
30. Amalia A, Hendarto H, Mustika A. Nigella sativa ameliorates folliculogenesis disorders due to exposure to cigarette smoke through gnrh, mda expression, estrogen expression, GDF-9 expression, apoptosis expression, and ovarian follicles. *J Med Pharm Chem Res.* 2024;6(7):997-1009. doi:10.48309/jmper.2024.444235.1122
31. Salemkour Y, Yildiz D, Dionet L, 't Hart DC, Verheijden KAT, Saito R, et al. Podocyte injury in diabetic kidney disease in mouse models involves TRPC6-mediated calpain activation impairing autophagy. *J Am Soc Nephrol.* 2023;34(11):1823-42. doi:10.1681/ASN.0000000000000212
32. Pugliese G, Penno G, Natali A, Barutta F, Di Paolo S, Reboldi G, et al. Diabetic kidney disease: New clinical and therapeutic issues. Joint position statement of the Italian diabetes society and the Italian society of nephrology on "The natural history of diabetic kidney disease and treatment of hyperglycemia in patients with type 2 diabetes and impaired renal function". *Nutr Metab Cardiovasc Dis.* 2019;29(11):1127-50. doi:10.1016/j.numecd.2019.07.017
33. Jia G, Sowers JR. Hypertension in diabetes: An update of basic mechanisms and clinical disease. *Hypertension.* 2021;78(5):1197-205. doi:10.1161/HYPERTENSIONAHA.121.17981