Review Article



The ameliorating effects of *Tinospora* species on the formation of advanced glycation end-products (AGEs) and associated oxidative stress

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ABSTRACT

Tinospora is a plant genus widely distributed in Southeast Asia, where it is used as traditional medicine. Extracts from the stem and leaves of Tinospora crispa and Tinospora cordifolia are rich in phytochemicals like flavonoids, terpenoids, alkaloids etc., which are well known for their hypoglycaemic and/or antioxidant effects. Diabetes-induced hyperglycaemia triggers an increased formation of advanced glycation endproducts (AGE) which are associated with inflammation and oxidative stress causing diabetic complications. Little is known about the effects of T. crispa and T. cordifolia on AGE formation and prevention of AGE-induced effects like oxidative stress. Therefore, we discussed the updated information on the effects of Tinospora extracts on the AGEs formation. Glucose lowering Tinospora constituents mainly belonged to the group of terpenoids e.g., borapetoside A and borapetol A, while alkaloids like berberine and palmatine reduced the AGE formation. Flavonoids showed to be protective against AGE-associated oxidative stress. Nonetheless, more in depth studies are further required to understand the protective mechanism of the extracts.

Keywords: Advanced glycation end products, diabetes, oxidative stress, *Tinospora*.

INTRODUCTION

Plants belonging to the genus Tinospora (family: Menispermaceae) are woody climbing shrubs with exstipulate alternate roundish leaves and corky barks on its stem. Out of the 34 species known today; Tinospora cordifolia, T. crispa and T. sinensis are well known for their medicinal plants uses in diabetes, jaundice, rheumatoid arthritis, fever, vomiting, anaemia, polyuria, and other disorders (Khan et al., 2016; Sharma et al., 2019).

Several clinical studies have shown that the Tinospora species possess a wide range of biological activities including anti-diabetic (Lokman et al., 2013), antioxidant (Kannadhasan and Venkataraman, 2013, Jayaprakash et al., 2015), anti-inflammatory (Philip et al., 2018, Birla et al., 2019), anti-tumorigenic (Singh et al., 2004, 2005, Ibrahim et al., 2011) and anti-osteoporotic (Kapur et al., 2008) properties. Under prolonged hyperglycaemia, the formation of advanced glycation end products (AGEs) is increased and the products accumulate in the blood and various tissues (Chang *et al.*, 2017). New studies have shown a link between AGE accumulation and diabetes related complications such as diabetic neuropathy, diabetic nephropathy, diabetic retinopathy, and diabetic atherosclerosis (Ahmed *et al.*, 2005; Sharma *et al.*, 2012; Singh *et al.*, 2014).

According to the WHO (2021), diabetes affected 422 million people worldwide in 2014, which surged from 108 million in 1980. Developing countries have been experiencing a faster increase in prevalence of diabetes than high-income countries. This trend is worrying as, in 2019, a 1.5 million deaths were attributed to diabetes and another 2.2 million deaths in 2021 were recorded associated with high level of blood glucose (World Health Organization, 2021). Adequate control of the blood sugar level is important for a healthy well-being. Since then, researchers have been an increased interest in utilizing medicinal plants with anti-diabetic or anti-hyperglycaemic properties, which can reduce or even prevent diabetes-associated abnormalities (Surya et al., 2014). In this review we will focus on Tinospora concentrate for its' diabetes, diabetes related AGEs formation and oxidative stress ameliorating properties.

Chemical constituents of *Tinospora crispa* and *Tinospora cordifolia*

Tinospora crispa, one of the species in the genus Tinospora, is known in Malaysia as "Akar patawali" and "Akar seruntum" (Noor and Ashcroft, 1989). T. crispa is widely distributed in the Southeast Asian region including Malaysia, Indonesia, Thailand, and Philippines. T. cordifolia is also widely distributed in South-East Asia but is mainly used in India and neighbouring countries. It has been used as traditional Indian medicine to treat a broad spectrum of illnesses (Chi et al., 2016). The phytochemicals of various Tinospora species have been extensively studied and many of them have been isolated and identified for different biological properties. Chi et al. (2016) stated that 223 phytochemicals have been isolated from this genus, whereby diterpenoids are the most abundant isolated phytochemicals; others include alkaloids, steroids, terpenoids, polysaccharides and C₆-C₃ derivatives. Ahmad et al. (2016) reported a total of 65 compounds isolated from T. crispa which are mainly alkaloids, flavonoids, terpenoids, lignans, nucleosides and sterols (Table 1 and Table 2).

Classification of compounds	Name of the chemical compounds	References
Terpenoids	Borapetol A	Ruan et al. (2013)
	Borapetol B	Lokman <i>et al.</i> (2013) Ruan et al (2012)
	Borapetol C	Ruan et al. (2012)
	Borapetoside D	Choudhary et al. (2010)
	Borapetoside H	Koay and Koay (2013)
	Tinocrisposide	Adnan et al. (2019)
	(5R,6S,9S,10S,12S)-15,16-Epoxy-2-oxo-6- <i>O</i> -(β-Dglucopyranosyl)- cleroda-3,7,13(16),14-tetraen-17,12-olid-18-oic acid methyl ester	Choudhary et al. (2010)
	(5R,6R,8S,9R,10S,12S)-15,16-Epoxy-2-oxo-6- <i>O</i> - (β-D-glucopyranosyl)- cleroda-3,13(16),14-trien-17,12-olid-18-oic acid methyl ester	Choudhary et al. (2010)
	$(2R,5R,6R,8S,9S,10S,12S)-15,16$ -Epoxy-2-hydroxy-6- O -{ β -D-glucopyranosyl- $(1\rightarrow 6)-\alpha$ -Dxylopyranosyl}-cleroda-3,13(16),14-trien-17,12-olid-18-oic acid methyl ester	Choudhary et al. (2010)
	(2R,5R,6R,8R,9S,10S,12S)-15,16-Epoxy-2-hydroxy-6- <i>O</i> -(β-D-glucopyranosyl) -cleroda-3,13(16),14-trien-17,12-olid-18-oic acid methyl ester	Choudhary et al. (2010)
	(5R,6R,8S,9R,10R,12S)-15,16-Epoxy-2-oxo-6- <i>O</i> -(β-D-glucopyranosyl)-cleroda-3, 13(16),14-trien-17,12-olid-18-oic acid methyl Ester	Choudhary et al. (2010)

 Table 1: Classification of compounds found in T. crispa

Classification of compounds	Name of the chemical compounds	References
	Tinocrispol A	Lam et al. (2012)
	2-O-Lactoylborapetoside B	Lam et al. (2012)
	6'-O-Lactoylborapetoside B	Lam et al. (2012)
	(3R,4R,5R,6S,8R,9S,10S,12S)-15,16-Epoxy-3,4-epoxy-6- <i>O</i> -(β-D- glucopyranosyl)-cleroda-3,13(16),14-trien-17,12-olid-18-oic acid methylester	Choudhary et al. (2010)
	(1R,4S,5R,8S,9R,10S,12S)-15,16-Epoxy-4- <i>O</i> -(β-Dglucopyranosyl)- cleroda-2,13(16),14-triene-17(12),18(1)-diolide	Choudhary et al. (2010)
	Tinotufolin C	Koay and Koay (2013)
	Tinotufolin F	Koay and Koay (2013)
	Tinotufolin E	Koay and Koay (2013)
	(2 <i>R</i> ,7 <i>S</i> ,8 <i>S</i>)-8-[(2 <i>S</i>)-2-(3,4-Dihydroxy-2,5-dimethoxytetrahydro-3-furanyl)-2- hydroxyethyl]-2,8-dimethyl-10-oxo-11-oxatricyclo [7.2.1.02,7] dodec-3-ene-3- carboxylate	Choudhary et al. (2010)
	Cycloeucalenol	Kongkathip et al. (2002)
	Cycloeucalenone	Kongkathip et al. (2002)
	Magnoflorine	Patel and Mishra (2012)
	Palmatine	Patel and Mishra (2012) Neag <i>et al.</i> (2018)
	Jatorrhizine	Patel and Mishra (2012
Alkaloids	Berberine	Patel and Mishra (2012 Neag <i>et al.</i> (2018) Xia <i>et al.</i> (2011) Yin <i>et al.</i> (2008a) Yin <i>et al.</i> (2008b)
	4,13-Dihydroxy-2,8,9-trimethoxydibenzo [a, g] quinolizinium	Yusoff et al. (2014)
	N-Formylasimilobine-2-O-β-D-glucopyranoside	Koay and Koay (2013)
	N-Acetyl nornuciferine	Praman et al. (2011)
	Higenamine	Praman et al. (2012)
	Adenine	Praman et al. (2012)
	Adenosine	
	Uridine	Praman et al. (2013)
	Salsolinol	Praman et al. (2012)
	(")-Litcubinine	Praman et al. (2012)
	Tyramine	Praman et al. (2012)
	Syringin	Praman et al. (2012)
	Tinotuberide	Koay and Koay (2013)
Flavonoids	Isoorientin 2"-O-(E)-sinapate	Chang et al. (2015)
	2"-(<i>E</i>)- <i>p</i> -coumarate	Chang et al. (2015)
	Cosmosiin 6"-(E)-ferulate	Chang et al. (2015)
	Cosmosiin 6"-(E)-cinnamate	Chang et al. (2015)

Source: Ahmad et al. (2016); Chi et al. (2016).

Classification of compounds	Name of the chemical compounds	References
Terpenoids	Tinocordin	Sivasubramanian et al. (2013)
	Tinosponone	Iqbal et al. (2005)
	Tinosporaside	Ghatpande <i>et al.</i> (2019) Choudhary <i>et al.</i> (2014)
	Amritoside A	Maurya et al. (2004)
	Amritoside B	Maurya et al. (2004)
	Amritoside C	Maurya et al. (2004)
	Amritoside D	Maurya et al. (2004)
	Tinocordioside	Maurya et al. (2004)
	Tinocordioside tetraacetate	Maurya et al. (2004)
	Tinoscorside C	Van Kiem <i>et al.</i> (2010)
	Borapetoside B	Van Kiem <i>et al.</i> (2010)
	Borapetoside F	Van Kiem et al. (2010)
	Furano diterpene glycoside	Saeed <i>et al.</i> (2020) Sharma <i>et al.</i> (2018) Pandey <i>et al.</i> (2012)
	Cordioside	Pandey et al. (2012)
	Tinosporide	Saeed et al. (2020)
	(5R,10R)-4R,8R-Dihydroxy-2S,3R:15,16-diepoxycleroda-13(16), 1712S,18,1S-dilactone	Dhanasekaran et al. (2009)
	Columbin	Saeed et al. (2020)
	Cordifolide A	Tiwari <i>et al.</i> (2018) Pan <i>et al.</i> (2012)
	Cordifolide B	Tiwari et al. (2018)
		Pan et al. (2012)
	Cordifolide C	Tiwari <i>et al.</i> (2018) Pan <i>et al.</i> (2012)
	Cordifolide D	Tiwari et al. (2018)
	Cordifolide E	Tiwari et al. (2018)
	Tinosporicide	Sharma et al. (2020)
	Tinosporaclerodanoid	Ahmad et al. (2010)
	Tinosporafuranol	Ahmad et al. (2010)
	Tinosporaclerodanol	Ahmad et al. (2010)
	Tinocordifolioside	Tiwari et al. (2018)
	Tinocordifolin	Tiwari et al. (2018)
	Angelicoidenol-2- O - β -D-apiofuranosyl-(1 \rightarrow 6)- β -D-glucopyranoside	Van Kiem et al. (2010)
	Tinosporin	Saeed et al. (2020)
Alkaloids	Tinosporic acid	Saeed et al. (2020)
	Berberine	Tiwari et al. (2018)
	Palmatine	Tiwari et al. (2018)
	Jatrorrhizine	Tiwari et al. (2018)

Table 2: Classification of compounds found in T. cordifolia

Classification of compounds	Name of the chemical compounds	References
	Magnoflorine	Tiwari et al. (2018)
	Tembetarine	Tiwari et al. (2018)
	N-trans-Feruloyl tyramine diacetate	Tiwari et al. (2018)
	Choline	Tiwari et al. (2018)
	3(a,4-dihydroxy-3-methoxybenzyl)-4-(4-hydroxy-3-methoxybenzyl) tetrahydrofuran	Tiwari et al. (2018)
Flavonoids	(–)-Epicatechin	Pushp et al. (2013)
	(+)-Catechin	Pushp et al. (2013)
Steroids	β-Sitosterol	Tiwari <i>et al.</i> (2018) Maurya <i>et al.</i> (2009)
	20α-Hydroxy ecdysone	Tiwari et al. (2018)
	Polypodine B 20,22-acetonide	Van Kiem et al. (2010)

T 1 1 A

Source: Chi et al. (2016).

Advanced glycation endproducts and their role in diabetes-induced complications

Diabetes and its complications have detrimental consequences for human health. Excessive advanced glycation endproducts (AGEs) accumulate in the body during the early stages of diabetes and bind to its receptor RAGE, impairing regulation of glucose. This in turn increased blood glucose levels in the later stages of diabetes which hasten the production of more AGEs (Xiong et al., 2020). The excessive generation of these molecules are crucial in the development of diabetes and its complications.

Advanced glycation end products or in short AGEs are a heterogeneous group of molecules, which were discovered in the early 20th century by the French chemist, Louis Camille Maillard (Maillard, 1912). The formation of AGEs follows the same process that leads to the browning of food during frying. The Maillard reaction is a natural occurring chemical process that takes place between an ε amino group of an exposed amino acid residue of a protein and an aldehyde group of a free monosaccharide such as glucose and fructose.

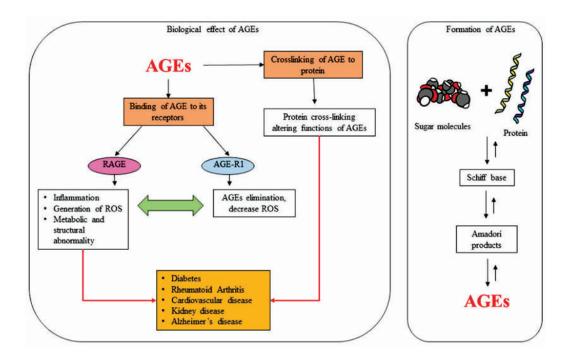
The reaction of the afore mentioned ε amino group of an exposed amino acid of a protein residue, e.g., lysine, and an aldehyde group of a free monosaccharide, e.g., glucose will cause the formation of glucosyl-lysine which undergoes a supplementary reaction to form a reversible Schiff base

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(Chaudhuri et al., 2018). The formed Schiff base is an intermediate compound that is unstable and therefore needs to undergo structural rearrangement into a more stable, covalently bound Amadori product (Yamagishi et al., 2015). Over the time, the Amadori products undergo rearrangement once again to form irreversible molecules called AGEs.

The Amadori products could either be: 1) oxidized, resulting in AGE, or 2) dehydrated and deaminated, to assemble highly reactive intermediates called reactive carbonyl compounds or α -dicarbonyl compounds (α -DC), mainly methylglyoxal (MGO), glyoxal (GO) and 3deoxyglucosone (3DG) (AL-Khateeb et al., 2018). Under long-standing hyperglycaemic conditions, these reactive carbonyl compounds are increasingly formed because they react with proteins, lipids and DNA to produce additional AGEs (Singh et al., 2014). The cells may undergo a stage of intracellular oxidative stress, which is also known as carbonyl stress depending on the amount of AGEs in the cells.

Anaerobic glycolysis, and to a lesser extent, lipid peroxidation produce α -DCs, which undergo unbiased reaction with proteins, lipids, and DNA to produce more AGEs (Rabbani and Thornalley, 2015). MGO, one of the major precursors of AGEs, is produced spontaneously during glycolysis from dihydroxyacetone phosphate and triose phosphate isomers glyceraldehyde-3 phosphate and is primarily linked to the β -elimination of a phosphate group Figure 1: The schematic diagram summarised the biological effects and the formation of AGEs. (Source: Abate et al., 2015)



from the enediolate phosphate intermediate (Kieffer *et al.*, 2014).

Receptor for advanced glycation endproducts

AGEs are biomarker molecules that play a significant role in ageing and a multitude of metabolic diseases (Chaudhuri et al., 2018). The accumulation of these heterogeneous molecules is seen in disorders like diabetes, chronic kidney disease, inflammation, neurodegeneration, and ageing (Senatus and Schmidt, 2017). RAGE or the receptor for advanced glycation end products, is a ubiquitous, 55 kDa surface protein (Popa et al., 2014) with three distinct functional structure components; (i) cytosolic, (ii) transmembrane, and (iii) extracellular regions; consisting of two C-type domains and one V-type domain (Lee and Park, 2013). Neeper et al. (1992) first characterized the receptor for advanced glycation end products (RAGE) as a type I single-pass membrane protein (receptor) of the immunoglobulin superfamily and is widely known as the signal-transducing receptor for AGEs. Other receptors, in addition to RAGE, are known to bind advanced glycation end products. However, with the exception of RAGE, these receptors may be involved in the elimination of AGE rather than signal transduction.

AGE-RAGE complex

The binding of AGE to RAGE forming an AGE-RAGE complex due to chronic hyperglycaemia evokes oxidative stress, thrombogenic and inflammatory reactions that interfere with various cell's functions, therefore, causing the onset of metabolic diseases (Aragno and Mastrocola, 2017). Once the AGE ligands bind to the RAGE, multiple signalling pathways are activated including reactive oxygen species (ROS) signalling pathway, Rat sarcoma protein 21 (Ras p21) pathway, Ras-extracellular signal-regulated kinase (Erk) pathway, Ras-related C3 botulinum toxin substrate 1 (Rac1)-mitogen activated protein-kinase kinase 6 (Mkk6) pathway, phosphoinositide 3-kinase (PI3K)-caspase 3 (Casp3) dependent pathway, Rac1-Mkk4/7 pathway, Janus kinase (JAK)-signal transducer and activator of transcription (STAT) pathway, PI3K-protein kinase B (Akt) pathway and mitogen-activated protein kinase (MAPK) mediated pathway. These pathways activate the downstream inflammatory response such as the activation of NF-KB, AP-1 and STAT-3 (Roy, 2013), which are the transcription factors of pro-inflammatory cytokines (IL-1 α , IL-6) and tumour necrosis factor (TNF- α). The generation of proinflammatory cytokines and TNF- α further increase inflammation (Ahmed, 2005) and oxidative stress resulted in excessive reactive oxygen species production leading to cell and DNA damage (Nita and Grzybowski, 2016).

AGE-RAGE signalling and oxidative stress

Oxidation stress induced by the AGE-RAGE complex further stimulate the AGEs formation and subsequently the overexpression of RAGE. The activation of RAGE then increases the production of reactive oxygen species (ROS). The protagonist role in oxidative stress and dysfunction of cells is played by the nicotinamide adenine dinucleotide phosphate (NADPH) oxidase (D'Agati and Schmidt, 2010). ROS plays an important role in the activation of NFKB signalling via phosphatidylinositol-3 kinase (PI3K)-protein kinase B (Akt) while the Pl3K-caspase-3 (Csp-3) by activating the protein kinase RNA-activated (PKR) that either induces the NFkB via the p38 MAPK pathway or activate the eukaryotic initiation factor- α (eIF α) which inhibits the synthesis of protein and decrease the rate of translation (Russel et al., 2009). In addition, ROS may also employ Ras (p38 MAPK-Erk1/2 pathway) and Rac1-Mkk6 mediated pathway to activate the NFkB activation, Rac1-Mkk4/7, and JAK-STAT mediated pathway to activate the AP1 and STAT3 respectively (Roy, 2013). The production

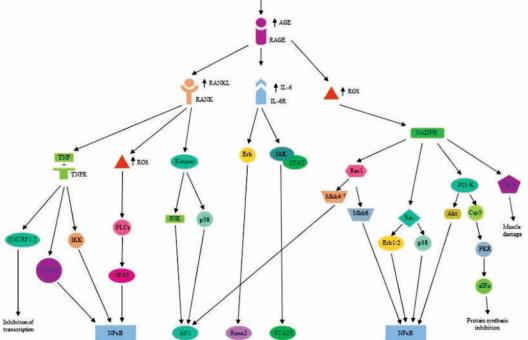
of ROS can also be directly involved in the Ca²⁺ depended pathway to accelerate the damage of muscle protein.

AGE-MEDIATED PATHWAYS THAT LEAD TO THE COMPLICATIONS OF DIABETES MELLITUS

AGE-RAGE signalling activates the JAK-STAT pathway

Under inflammatory conditions due to the accumulation of AGEs, osteoclastogenesis can occur via other pathways such as MCP-mediated, TNF-α mediated, and IL-6 mediated. As mentioned before, the expression of pro-inflammatory cytokines such as TNF- α , IL-1 and IL-6 are produced. IL-6 is thought to have the highest concentration out of all cytokines because of their involvement in various clinical and physiological conditions (Maeda et al., 2010). In osteoblast, the binding of IL-6 to IL-6R has been known to cut off the ERK pathway (Roy, 2013). Besides, the proinflammatory cytokine IL-6 has been associated as the potential cause of muscle atrophy (Haddad et al., 2005). According to Elkina et al. (2011), JAK-STAT pathway is shown to mediate IL-6 in exerting its effects in muscle atrophy or muscle wasting. The JAK-STAT pathway also has been associated with various physiological processes and

Figure 2: Various possible mechanisms and pathways which could lead to the activation of NF- κ B, AP-1 and STAT-3, the transcription factors of proinflammatory cytokines (IL-1 α , IL-6) and tumour necrosis factor (TNF- α) responsible in the complications of diabetes mellitus. (*Source:* modified from Roy, 2013).



diseases which are employed by many molecules including cytokines, interferons, and growth factors (O'Shea *et al.*, 2015).

AGE-RAGE signalling induces overexpression of RANKL and bone loss

Receptor activator for nuclear kappa-B ligand or RANKL is known as a ligand related to the TNF-related activationinduced of cytokines (TRANCE). Besides binding to RANK, RANKL also binds to osteoprotegerin (OPG), which is considered as a decoy receptor. Therefore, it is necessary to determine the ration of RANKL/OPG. If the ration of RANKL to OPG is > 1, excessive RANKL is available to bind to RANK and initiate differentiation of CD14 monocytes bone resorbing osteoclasts into (osteoclastogenesis (Ono et al., 2020). To balance the formation of bone, it is important that the activities of osteoblastic bone formation and osteoclastic bone resorption are coordinated. The AGE-RAGE signalling may activate NFkB (Peng et al., 2016) which leads to the proinflammatory cytokines and RANKL formation. Under normal condition, RANKL is an important downstream cytokine effector which regulates osteoclastogenesis and modulates osteoclastic bone resorption (Weitzmann, 2013). When RANKL is overexpressed, it may cause rapid bone resorption which causes the imbalance in bone homeostasis, leading to bone loss (Delion et al., 2016).

Chronic hyperglycaemia might lead to the overexpression of RANKL due to the accumulation of AGEs. The expression of RANKL through the binding with its receptor, RANK, will activate the signalling pathway for the TNF receptor-associated factor 6 which in turn regulates the osteoclastic differentiation by mediating activation of the NF κ B and adapter protein 1 (AP-1). The kinases such as the p38 mitogen-activated protein kinase (MAPK) and JUN Nterminal kinase (JNK)-1 are subsequently activated, which induced transcriptional activation of AP-1 family of proteins (Roy, 2013). AP-1 regulates the proliferation of cells, differentiation, and cell death in diverse cell types (Shaulian and Karin, 2001).

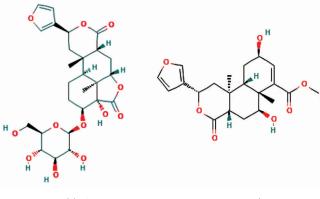
The overexpression of RANKL will also cause the binding of TNF α with its receptor, the TNF α receptor (TNFR α) which in turn activates the NF κ B through the IKK pathway and the p38 MAPK pathway subsequently

activates the NF κ B promoted transcription of inducible nitric oxide synthase (iNOS) and muscle RING-finger protein-1 (MuRF-1) gene that is responsible for the loss of muscle tissues (Hall *et al.*, 2011). ROS-phospholipase C γ (PLC γ) mediated pathway may also be activated by the TRAF or IKK mediated pathway, and the NFAT induction which activates the NF κ B signalling (Roy, 2013).

USAGE OF *TINOSPORA* EXTRACTS AND THEIR ALKALOIDS IN DIABETES TREATMENT

Terpenoids: Borapetoside A and Borapetol B

Borapetoside and borapetol are terpenoid compounds which can be isolated from the Tinospora species, mainly from T. crispa. No literature was found showing any direct binding of the two compounds to RAGE, although our own docking experiments showed that both compounds bind to RAGE (unpublished data). The effect and therefore inhibition of AGE seems more indirect at the moment. It has been shown that borapetoside A & B (Figure 3) reduce glucose in the circulation and hence there will be less AGEs formation. A study conducted by Ruan et al. (2013) has explored the anti-hyperglycaemic effects of the diterpenoids glycoside, borapetoside A, on the insulin-dependent and insulin independent signalling pathway. They have found that peripheral tissues increase their utilization of glucose through the action of borapetoside A, which eventually lowers the hepatic glucogenesis and activates the insulin



Borapetoside A

Borapetol B

Figure 3: Left to right; the 2D structure of borapetoside A, and borapetol B. (*Source:* National Centre for Biotechnology Information, 2020a; National Centre for Biotechnology Information, 2020b).

signalling pathway that causes increase in the uptake of glucose by insulin, thereafter reduces glucose in the plasma. The anti-diabetic effect of borapetol B compound isolated from *T. crispa* has also been demonstrated. A study carried out by Lokman *et al.* (2013) has provided the evidence that the oral administration of borapetol B by non-glycaemic control Wistar (W) and spontaneously type 2 diabetic Goto-Kakizaki (GK) rats ameliorate the blood glucose levels in treated versus placebo groups.

Alkaloids: Berberine and palmatine

Berberine (Figure 4) has been isolated from various extracts of medicinal plants including *Tinospora* species. It is another well-studied protoberberine alkaloid, which is known for its role in atherosclerosis, glucose metabolism as well as for its nephroprotective and immunomodulatory effects (Neag *et al.*, 2018). In a patient with atherosclerosis, berberine interrupts the process that involves inflammatory changes for the vascular wall by upregulating silent information regulator T1 (SIRT1) expression and through the inhibition of peroxisome proliferator-activated receptor- γ (PPAR γ) expression (Chi *et al.*, 2014).

Berberine was also demonstrated to improve glucose metabolism through induction of glycolysis which is likely a consequence of inhibition of glucose oxidation in mitochondria (Yin *et al.*, 2008a). This finding is further supported by Xia *et al.* (2011) who showed that the

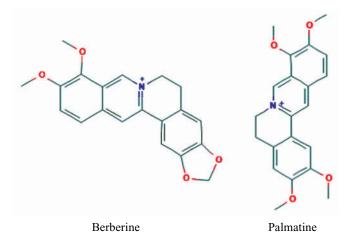


Figure 4: Left to right; the 2D structure of berberine and palmatine. (*Source:* National Centre for Biotechnology Information, 2020c; National Centre for Biotechnology Information, 2020d).

inhibition of gluconeogenesis might be due to the reduction of ATP level through mitochondrial function inhibition in the liver. Another study by Zhong *et al.* (2020) also reported that berberine impaired hyperglycaemia by regulating gluconeogenesis in diabetic mice through hepatic glucagon pathway. The impact of berberine on HbA1c is comparable with that of metformin (1500mg/day), a drug commonly used to treat hyperglycaemia in studies involving type 2 diabetes mellitus (Yin *et al.*, 2008b). Our own osteoblast cell culture experiments showed a strong reduction of AGEs and reactive oxygen species formation when the cells were incubated with Berberine (unpublished data)

Patel and Misra (2012) showed that three protoberberine alkaloids isolated from T. cordifolia, namely palmatine, magnoflorine, and jatrorrhizine can significantly reduce the plasma glucose level in rats. There have been various studies which demonstrated the potential of palmatine (Figure 4), one of the phytochemicals that can be extracted from Tinospora species, in the treatment of hyperglycaemia. In a rat study model conducted by Okechukwu et al. (2021) using the diabetes-induced Sprague Dawley rat, the chaperone proteins Calreticulin (CALR) and Glucose Regulatory Protein 78 (GRP78) were downregulated by the administration of palmatine, while peroxidoxin 4 (Prdx4), protein disulfide isomerase (PDIA2/3), Glutathione-S-Transferase (GST), and Serum Albumin (ALB) were upregulated. This indicated that antioxidant proteins in palmatine treated rats may have been activated, protecting cells against endoplasmic stress and reactive oxygen species, which could induce oxidative stress. Furthermore, Mridula et al. (2021) has also shown that palmatine may exhibit antioxidant and antiglycation properties.

CONCLUSION

Tinospora crispa and *T. cordifolia* are traditionally used in the treatment of diabetes, as both of them have a glucose lowering effect due to inhibiting gluconeogenesis. In this review, we focused on advanced glycation end-products and their receptor which play an important role in inducing oxidative stress in cells and tissues which in the end leads to cell death and other diabetes associated side effects. After reviewing the known phytochemicals found in *Tinospora* *crispa* and *T. cordifolia*, we looked into borapetoside A and B, Berberine and palmatine and if they can be utilized as inhibitor of AGEs-induced cellular stress by blocking the binding of AGEs to its receptor. The development of these beneficial phytochemicals as AGE inhibitors and as treatment of diabetes induced complication seems to be promising. Prevention of excessive AGEs formation and/or prevention of binding of AGEs to its receptor could be added as a potential treatment option for patients with diabetes mellitus. However, more evidence-based animal studies, pre-clinical and clinical trials could be important to support the use of these compounds to treat diabetes and its complications.

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Conflict of interest

The authors declare no conflict of interest

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