

Journal of Biomedical and Pharmaceutical Research, Volume 3, Issue 5, 2014, 08-17

**RESEARCH ARTICLE** 

# STUDY OF OVARIAN MORPHOLOGY IN HIGH FRUCTOSE FED MICE

#### Ekambaram Gnanadesigan\*<sup>1</sup>, D. Raj kumar<sup>1</sup>, U.Manohar<sup>2</sup>, T.Balasubramanian<sup>3</sup>

<sup>1</sup>Division of Physiology, Rajah Muthiah Medical College, Annamalai University, <sup>2</sup>Division of Pathology, Rajah Muthiah Medical College, Annamalai

University, <sup>3</sup>Department of Physiology, RVS Dental College, Coimbatore, India

#### Received 20 August 2014; Accepted 31 August 2014

### ABSTRACT

**Objective:** The objective of our present study is to assess the histological changes in the ovary of mice fed refined and unrefined high sugar diet

**Methods:** Thirty six Female albino mice (15-25g) of age 21 days were randomly divided into six groups (6 animals in each group). The mice are fed unrefined high sugar diet (Palm jaggery diet), refined high sugar diet (High fructose diet), normal control diet tap water ad libitum. Animals were maintained in the respective diet for 60 and 90 days. The animals were monitored closely and weighed every day from 21 day age onwards. At the end of the experimental period (i.e. 60<sup>th</sup> day, and 90<sup>th</sup> day) the animals were sacrificed. The body weight (before sacrifice the animal) and weight of the ovaries were measured. The ovaries were fixed in 10 % buffered formalin and stained with haematoxylin and eosin. The histoarchitecture of ovary was studied.

**Results:** the ovary of mice fed high fructose diet shows degenerating cystic follicles, many preantral follicles, and reduced number of corpora lutea. There were no significant changes in histoarchitecture of mice fed palm jaggery diet and normal control diet.

**Conclusion:** This study concludes that chronic exposure to high fructose diet (HFD) in female mice induces a reproductive phenotype resembling features observed in women with PCOS

Key wards: female albino mice, refined high sugar diet, unrefined high sugar diet, corpora lutea.

### INTRODUCTION:

Polycystic ovary syndrome (PCOS) is a common endocrine disorder that affects 5-10% of reproductive age women (1, 2). Approximately one in 15 women experiences PCOS (3), and an enlarged ovary is observed on ultrasound in 22% of women (4) during their reproductive years. This syndrome is a heterogeneous disorder characterized by chronic ovulatory dysfunction and hyperandrogenism (5) and, consequently, infertility (6, 7). Although the mechanism of anovulation remains uncertain, it is known that genetic and environmental factors play a role in the origin and development of this disorder (8-10).

Polycystic ovaries, the presence of multiple (> 10) cysts in an ovary (11) is caused by the arrest of follicle development at an immature stage. PCOS is named in reference to this morphological change. As the development of these follicles is arrested well before the point of dominant follicle selection, and therefore positive estrogen feedback to the hypothalamus and pituitary axis is lacking, the LH surge is absent in PCOS patients (12-14). Consequently, ovulation and menstrual cycles are interrupted (oligovulation and oligoamenorrhea, respectively). PCOS is associated with features of the metabolic syndrome. Consequently, studies involving women with PCOS are often confounded by coexisting obesity, insulin resistance and other features of the metabolic syndrome. The cellular and molecular mechanisms of insulin resistance in PCOS have not yet been elucidated, but they are considered to be distinct from those of other diseases associated with insulin resistance (15). Insulin resistance is considered the most important pathophysiological factor in PCOS (16-18). It affects 70% of PCOS women (19-21).

The etiology of PCOS is unclear. The clinical and metabolic changes characteristic of polycystic ovary syndrome are mainly related to hyperandrogenism and insulin resistance with compensatory hyperinsulinemia. The Compensatory hyperinsulinemia is important in the development of metabolic abnormalities and also contributes to the high androgen levels observed in women with PCOS (22–27). hyperandrogenism and

polycystic ovaries (assessed by ultrasound and chronic anovulation) are major characteristics in PCOS patients.

The main driving forces for the increased prevalence of insulin resistance are modern Westernized diets and patterns of eating associated with the dramatic rises in obesity. Insulin resistance is often linked to the macronutrient content in the diet. In the past, diets high in saturated fats have been shown to induce weight gain, insulin resistance, and hyperlipidemia in humans and animals (28-31). Recent research suggests that a high intake of refined carbohydrates may also increase the risk of insulin resistance (32-35). In addition, diets specifically high in fructose have been shown to contribute to a metabolic disturbance in animal models resulting in weight gain, hyperlipidemia (36), and hypertension (37). Studies have shown that high dosage of fructose induces hyperinsulinemia, hypertriglyceridemia, impaird glucose tolerance in rats (38, 39).

Some studies have shown that insulin resistance is one of the important reasons for reproductive problems. We hypothesizes that unrefined sugar (palm jaggery) diet is a good alternate to refined high sugar diet (high fructose diet). Studies have shown that Hyperinsulinemia affects granulosa cells in small follicles and theca cells (40). Palm jaggery is reported to be more beneficial than fructose diet. Although the use of palm jaggery is known from the ancient past, however the scientific literatures regarding its health benefits particularly in relation to reproductive system are considerably limited. In this study we studied the histology of mice ovary in response to refined sugar diet, unrefined sugar diet and normal control diet.

#### **MATERIALS AND METHODS:**

This study was conducted in the Division of Physiology, Rajah Muthiah Medical College, (RMMC), Annamalai University, Chidambaram, Tamil Nadu, India.

#### **EXPERIMENTAL ANIMALS:**

Female albino mice (Wistar strain) of three weeks old, weighing approximately 15-25g were selected. The animals were maintained in the Central Animal House, Rajah Muthiah Medical College, Annamalai University. They were housed in an animal room under controlled conditions on a 12 hour light/dark cycle at  $25^{0}\pm2^{0}$ C. The animals were provided with control diet, experimental diet and water ad libitum. The experiment were carried out as per the guidelines of Committee for the Purpose of Control and Supervision of Experiments on Animals (CPCSEA), New Delhi, India, and approved by the Institutional Animal Ethics Committee (IAEC), Annamalai University (Approved number: 160/1999/CPCSEA/1072).

#### **EXPERIMENTAL GROUPS:**

The animals were divided into six groups. Each group consists of six animals.

**Group 1** Control diet (normal diet) - 60 days: Animals fed normal control diet for 60 days.

**Group 2** Control diet (normal diet) - 90 days: Animals fed normal control diet for 90 days.

**Group 3** unrefined high sugar diet – 60 days: Animals fed Palm jaggery diet for 60 days.

**Group 4** unrefined high sugar diet – 90 days: Animals fed Palm jaggery diet for 90 days.

**Group 5** refined high sugar diet – 60 days: Animals fed High fructose diet for 60 days.

**Group 6** refined high sugar diet – 90 days: Animals fed High fructose diet for 90 days

#### **EXPERIMENTAL DIETS:**

Diets (41) were formulated based on American institute of nutrition 93G (AIN-93G) (and modified for our study) to meet recommended nutrients levels for mice as showed in table 1. Fructose, casein, vitamin mix and mineral mix was purchased from SDFCL, Mumbai, NICE CHEMICALS Pvt, Ltd, Kerala, India. All other food ingredients were purchased from local market, Chidambaram. Diets were prepared fresh daily.

#### SAMPLE COLLECTION:

At the end of the experimental period, the animals were placed supine on the dissecting board following dislocation of the spine at the cervical region. With a pair of forceps and scissors, the lower abdominal region was cut open. This incision was extended upwards into the upper abdominal region and subsequently into the thoracic region, to expose the contents of the abdomen and the thorax. The Ovaries and uterus were removed and separated from surrounding tissue. The weight of the dissected ovaries and uterus was measured and stored in 10 % formalin (fixation) for histological examination.

### HISTOLOGICAL PROCEDURE:

After fixation, the piece of ovary was dehydrated by bathing it successfully in graded mixture of ethanol and water (70-100%). The ethanol was then replaced with a solvent miscible with the embedding medium (xylene). As the tissues were infiltrated with xylene, they became transparent (clearing). Once the tissue has been impregnated by xylene it was placed in melted paraffin in an oven maintained at 58°-60°C (embedding). The heat caused the solvent to evaporate and the spaces within the tissues became filled with paraffin. The tissue together with its impregnating paraffin hardened after it had been taken out of the oven. The hard block containing the tissue was then taken to the microtome (Rotatory microtome). Thin sections (5µm), were cut

using a Rotatory microtome (LEICA RM2125RTS). The sections were then floated on water and transferred to a glass slide and stained with heamatoxylin and eosin. The slides were viewed under light microscope with high power magnification. Light photograph of histological slides of ovaries were taken by a Nikon camera attached to light microscope.

#### **STATISTICAL ANALYSIS:**

Statistical analysis was performed with SPSS (version 17.0). Values are expressed as mean  $\pm$  SD. The student's't' test was used to compare mean values. A value of P <0.05 was considered statistically significant.

#### **RESULTS:**

All control group mice ovaries show normal histology and contained fresh corpora lutea, (figure 1) indicative of recent ovulations. And also shows large number of developing follicles in cortex region (figure 2). We observed compact stromal tissue between developing follicle and we also observed antral follicle with antral cavity, oocyte with normal healthy morphology surrounded by granulosa cells, corona radiata, cumulus oophorus and compact theca cell layer. Medullar region in the center of ovary shows normal vessels network. The weight of ovary of mice fed high fructose diet for 90 days duration (HFD 90) was increased significantly than compare to control mice (P < 0.05) and palm jaggery fed mice (PJD 60, PJD 90 day duration). Ovaries of mice fed high fructose diet for 60 days duration (HFD 60) tended to have an increased weight, although this failed to reach significance. No change in weight of palm jaggery fed mice ovary. The size of the ovary was also increased in high fructose fed mice (HFD 90 day duration). It shows very less number of corpora lutea, Graafian follicle and also shows Atretic follicle, few numbers of cystic degenerating follicles (figure 3), and these cyst like follicles were larger in size and contains fluid filled antrum. We observed these changes only in HFD 90 day's group mice. This was never observed in control group, high fructose diet 60 days duration, palm jaggery group mice. We noted macrophages in the antral fluid. We also observed enlarged vessels network and dispersed theca cell layer (figure 4) in both group (HFD 90, HFD 60 days duration). Some of the HFD 90 ovaries show thin theca cell layer which is normal in control and both groups (PJD 60, PJD 90 day duration) of Palm jaggery fed mice. Mice belongs to this palm jaggery diet shows normal ovarian changes as that of control mice (figure 5, 6).



Figure 1: (H & E × 400) Light micrograph of ovarian section of mice fed normal control diet for 90 days duration showing numerous luteal cells.

Page L

### EkambaramGnanadesigan, et al. Journal of Biomedical and Pharmaceutical Research 3 (5) 2014, 08-17



Figure 2: (H & E × 400) Light micrograph of ovarian section of mice fed normal control diet for 60 days duration showing normal developing follicles (Arrow).



Figure 3: (H & E × 400) Light micrograph of ovarian section of mice fed high fructose diet for 90 days duration showing dispersed theca layer (Big Arrow), macrophages (small arrow), and Cystic degenerating follicle (C).

### EkambaramGnanadesigan, et al. Journal of Biomedical and Pharmaceutical Research 3 (5) 2014, 08-17



Figure 4: (H & E × 400) Light micrograph of ovarian section of mice fed high fructose diet for 60 days duration showing the presence of atretic follicle.



Page 12

Figure 5: (H & E × 400) Light micrograph of ovarian section of mice fed palm jaggery diet for 90 days duration showing the presence of Developing follicle (DF), antral follicle (A), Granulosa cell (GC), Theca externa (TE), Theca Interna (TI).

### EkambaramGnanadesigan, et al. Journal of Biomedical and Pharmaceutical Research 3 (5) 2014, 08-17



Figure 6: (H & E × 400) Light micrograph of ovarian section of mice fed palm jaggery diet for 60 days duration showing the presence of Granulosa cell (GC), antral follicle (A).

Ingredients	HFD	PJD	CONT	
Corn starch	-	-	60	
High fructose	60	-	-	
Palm jaggery	-	60	-	
Casein(fat free)	20	20	20	
Methionine	0.7	0.7	0.7	
Groundnut oil	5	5	5	
Unrefined sesame oil	-	-	-	
Refined sesame oil	-	-	-	
Wheat bran	10.6	10.6	10.6	
Salt mixture 뢒	3.5	3.5	3.5	
Vitamin mixture*	0.2	0.2	0.2	

#### Table: 1 Composition of diets (g/100g)

HFD - High fructose diet

PJD - Palm jaggery diet

**CONT** - Control diet

Un.S - Unrefined sesame oil diet

Re.S - Refined sesame oil diet

♣The composition of mineral mix (g/kg) MgSO<sub>4</sub>. 7H<sub>2</sub>O-30.5; NaCl -65.2; KCl - 105.7; KH<sub>2</sub>PO<sub>4</sub>-200.2; MgCO<sub>3</sub> - 3.65; Mg (OH)<sub>2</sub>. 3H<sub>2</sub>O - 38.8; FeC<sub>6</sub>H<sub>5</sub>O<sub>7</sub>.5H<sub>2</sub>O - 40.0; CaCO<sub>3</sub>-512.4; KI-0.8; NaF-09.CuSO<sub>4</sub>.5H<sub>2</sub>O-1.4; MnSO<sub>4</sub>-0.4, and CONH<sub>3</sub>-0.05.

\*One kilogram of vitamin mix contained thiamine mononitrate, 3g; riboflavin, 3g; Pyridoxine HCl, 3.5g; nicotinamide, 15g;d-calcium pantothenate, 8g; folic acid, 1g; d- biotin, 0.1g; cyanocobalamin, 5 mg; Vitamin A acetate, 0.6g;  $\alpha$ -tocopherol acetate, 25g, and choline chloride, 10g.

Page.

Groups	Body Weight(g)	Weight of the Ovary(g)
Group 1	24.33±1.21	0.01±0.00
Group 2	31.00±1.78	0.01±0.00
Group 3	25.83±2.32	0.01±0.00
Group 4	29.67±2.16	0.01±0.00
Group 5	28.17±2.04*	0.02±0.00*
Group 6	34.17±2.48*	0.03±0.00*

Table 2: Body Weight and weight of the Ovary in Control and Experimental Groups.

Data are means  $\pm$  SD. \* P < 0.05 compared with the control group

#### DISCUSSION:

In the present study mice fed high fructose diet for 90 days ovaries but it was not significant statistically (45, 49). group shows many degenerating follicles, few cystic Furthermore, our results show that the mice fed high follicles. And also shows more number of atretic follicles fructose diet (HFD 90 Days) had an increased body weight, and less number of corpora lutea (42-45) which was never and their ovaries also enlarged than palm jaggery diet, observed in control group, palm jaggery diet group and control group mice ovaries (42). Which is in accordance high fructose diet 60 days duration group mice. High with earlier findings (50, 51, 45, 52, 53). The increased fructose diet group mice show characteristic features of weight of ovary was due to presence of many preantral polycystic ovary syndrome, particularly HFD 90 day's follicles. It indicates the follicles were arrested in that duration group mice. The wall of cyst like degenerating stage. This is a well-known morphological feature of follicles shows thick layer of theca cells (theca interna) (45). women with infertility associated with polycystic ovaries. Furthermore, our results show that the mice fed high (54,55). In the present study the HFD 90, 60 day mice ovary fructose diet had an increased body weight (table 2), and shows less corpora lutea than compare to palm jaggery their ovaries also enlarged than palm jaggery diet, control (PJD), control group mice. It indicates disturbances in group mice ovaries. E. Leonie A.F et al (57) reported that ovulation and decreased frequency of estrous cyclicity (56, DHT (dihydrotestosterone)-treated mice, ovarian weights 52, 53). This is one of the important characteristic features tended to be increased. Androgens are synthesised in of poly cystic ovary syndrome (PCOS). theca cells and then transported to the granulosa cells In the present study, it was observed that the ovarian where P450 aromatase converts the androgens to estrone histology shows structural disparity in mature follicle, and and E2 (Estradiol) (46). An increase in theca cells in HFD 90 the number of mature graffian follicles and corpus lutea group mice therefore suggests greater androgen were significantly reduced in HFD group mice. As graffian production and a decrease in granulosa cells suggests follicle is indicative of active folliculogenesis, we suggest it conversion of androgen to estrogen is impaired. Therefore, might be arrested in preantral stage during development of the antral follicle morphology in these animals supports follicles. Our study indicates excess amount of fructose the expectation that their androgen production might be might have affects follicular development through increased (47). It is in agreement with previous studies alterations in hormonal balance via insulin resistance that showing that androgen treatment in rats resulted in a lead to ovarian dysfunctions. pronounced thickening of the theca cell layer (17, 24). The fluid in the cystic degenerating follicle shows macrophages. Dying apoptotic cells in degenerating follicles can secrete soluble factors that recruit macrophages (48) which appear in the follicular fluid during degeneration or atresia. The macrophages can then cross and disrupt the basement membrane separating the vascular granulosa membrane from the theca cell layer (45).

The weight of ovaries was significantly increased in HFD 90 day duration group mice than compare to control group.

HFD 60 day duration group also shows increased weight of

#### **CONCLUSION:**

This study concludes that chronic exposure to high fructose diet (HFD) in female mice induces a reproductive phenotype resembling features observed in women with PCOS, such as irregular cycle or acyclicity and large degenerating follicles with a cyst-like structure. In our study, mice fed high fructose diet (HFD) might have interfered with ovarian function through insulin resistance. It needs further analysis to clarify that HFD mice is a

suitable animal model to assess pathogenesis of polycystic 15. Dunaif A, Segal KR, Futterweit W, Dobrjansky A. ovary syndrome (PCOS).

## **BIBLIOGRAPHY:**

- 1. Dunaif A, Thomas A. Current concepts in the polycystic 16. Dunaif A. Insulin resistance and the polycystic ovary ovary syndrome. Annu Rev Med 2001; 52:401-419.
- 2. Asuncion M, Calvo RM, San Millan JL, Sancho J, Avila S, Escobar-Morreale HF. A prospective study of the 17. Ciampelli M, Fulghesu AM, Cucinelli F, et al. Impact of prevalence of the polycystic ovary syndrome in unselected Caucasian women from Spain. J Clin Endocrinol Metab 2000;85:2434-2438.
- 3. Norman RJ, Dewailly D, Legro RS, Hickey TE. Polycystic 18. Franks S. Polycystic ovary syndrome. N Engl J Med ovary syndrome. Lancet 2007; 370(9588): 685-97.
- 4. Hart R, Hickey M, Franks S. Definitions, prevalence and 19. Freeman, R. Pollack, R. Rosenbloom, E. (2010). symptoms of polycystic ovaries and polycystic ovary syndrome. Best Pract Res Clin Obstet Gynaecol 2004; 18(5): 671-83.
- 5. Diamanti-Kandarakis E. Polycystic ovarian syndrome: pathophysiology, molecular aspects and clinical 20. Farrell, K. Antoni, MH. (2010). Insulin resistance, implications. Expert Rev Mol Med 2008; 10:e3.
- 6. Ehrmann, D. A., Barnes, R. B., and Rosenfield, R. L. (1995) Endocr. Rev.16, 322-353.
- 7. Legro, R. S., Spielman, R., Urbanek, M., Driscoll, D., 21. Ovalle, F. Azziz, R. (2002). Insulin resistance, polycystic Strauss, J. F., III, and Dunaif, A. (1998) Recent Prog. Horm. Res.53, 217-256.
- Franks S, Gharani N, Waterworth D, Batty S, White D, 22. Barbieri RL, Makris A, Randall RW, Daniels G, Kistner 8. Williamson R, McCarthyM: The genetic basis of polycystic ovary syndrome. Hum Reprod1997, 12:2641-2648.
- 9. Kahsar-Miller M, Azziz R: The development of the polycystic ovary syndrome: family history as a risk 23. Nestler JE, Powers LP, Matt DW, et al. A direct effect of factor. Trends Endocrinol Metab1998,9: 55-58.
- 10. Escobar-Morreale HF, Luque-Ramirez M, San Millan JL:The molecular-genetic basis of functional hyperandrogenism polycystic and the ovary syndrome.Endocr Rev2005,26:251-282.
- 11. Shah B, Parnell L, Milla S, Kessler M, David R: Endometrial thickness, uterine. and ovarian ultrasonographic features in adolescents with polycystic ovarian syndrome. J Pediatr Adolesc Gynecol 23:146-152, 2010.
- 12. Mitwally MF, Casper RF: Aromatase inhibition reduces the dose of gonad-otropin required for 25. Codner E, Iniguez G, Villarroel C, et al. Hormonal profile controlled ovarian hyperstimulation. J Soc Gynecol Investig 11:406-415, 2004.
- 13. Hall JE, Taylor AE, Hayes FJ, Crowley WF Jr: Insights into hypothalamic-pituitary dysfunction in polycystic ovary 26. Codner E, Escobar-Morreale HF. Clinical review: hypersyndrome. J Endocrinol Invest 21:602-611, 1998.
- 14. Barnes RB: Pathophysiology of ovarian steroid secretion in polycystic ovary syndrome. Semin Reprod Endocrinol 15:159-168, 1997.

- Profound peripheral insulin resistance, independent of obesity, in the polycystic ovary syndrome. Diabetes 1989; 38: 1165-1174.
- syndrome: mechanism and implications for pathogenesis. Endocr Rev 1997; 18: 774-800.
- insulin and body mass index on metabolic and endocrine variables in polycystic ovary syndrome. Metabolism 1999; 48: 167-172.
- 1995; 333: 853-861.
- Assessing impaired glucose tolerance and insulin resistance in Polycystic Ovarian Syndrome with a muffin test: Alternative to glucose tolerance test. Endocr Pract. 1-24.
- obesity, inflammation, and depression in polycystic ovary syndrome: biobehavioral mechanisms and interventions. Fertil Steril. 94:1565-1574.
- ovary syndrome, and type 2 diabetes mellitus. Fertil Steril.77:1095-1105.
- RW, Ryan KJ. Insulin stimulates and rogen accumulation in incubations of ovarian stroma obtained from women with hyperandrogenism. J Clin Endocrinol Metab 1986;62: 904-910.
- hyperinsulinemia on serum sex hormone-binding globulin levels in obese women with the polycystic ovary syndrome. J Clin Endocrinol Metab 1991; 72: 83-89.
- 24. Nestler JE, Jakubowicz DJ, de Vargas AF, Brik C, Quintero N, Medina F. Insulin stimulates testosterone biosynthesis by human thecal cells from women with polycystic ovary syndrome by activating its own receptor and using inositolglycan mediators as the signal transduction system. J Clin Endocrinol Metab 1998: 83: 2001-2005.
- in women with polycystic ovarian syndrome with or without type 1 diabetes mellitus. J Clin Endocrinol Metab 2007; 92: 4742-4746.
- androgenism and polycystic ovary syndrome in women with type 1 diabetes mellitus. J Clin Endocrinol Metab 2007; 92:1209-1216.
- 27. Diamanti-Kandarakis E, Argyrakopoulou G, Economou F, Kandaraki E, Koutsilieris M. Defects in insulin

signaling pathways in ovarian steroidogenesis and 40. Sakumoto, Tetsurou. Insulin resistance/ other tissues in polycystic ovary syndrome (PCOS). J Steroid Biochem Mol Biol 2008; 109:242-246.

- 28. Feskens EJ, Virtanen SM, Rasanen L, Tuomilehto J, Dietary factors determining diabetes and impaired glucose tolerance. A 20-year follow-up of the Finnish and Dutch cohorts of the Seven Countries Study. Diabetes Care1995, 18:1104-1112.
- 29. Hill JO, Lin D, Yakubu F, Peters JC: Development of dietary obesity in rats: influence of amount and composition of dietary fat. Int J Obes Relat Metab Disord1992, 16:321-333.
- 30. Kromhout D, Menotti A, Bloemberg B, Aravanis C, S, Jansen A, et al.: Dietary saturated and trans fatty acids and cholesterol and 25-year mortality from coronary heart disease: the Seven Countries Study. Prev Med1995, 24:308-315.
- 31. Romieu I, Willett WC, Stampfer MJ, Colditz GA, Energy intake and other determinants of relative weight. Am J Clin Nutr1988, 47:406-412.
- 32. Liu S, Manson JE: Dietary carbohydrates, physical inactivity, obesity, and the 'metabolic syndrome' as Lipidol2001, 12:395-404.
- 33. Jenkins DJ, Wolever TM, Taylor RH, Barker H, Fielden H, Baldwin JM, Bowling AC, Newman HC, Jenkins AL, Goff DV: Glycemic index of foods: a physiological basis for 366.
- 34. Jenkins DJ, Jenkins AL: The glycemic index, fiber, and the dietary treatment of hypertriglyceridemia and diabetes. J Am Coll Nutr1987, 6:11-17.
- 35. Miller JC: Importance of glycemic index in diabetes. Am J Clin Nutr1994, 59:747S-752S.
- 36. Kasim-Karakas SE, Vriend H, Almario R, Chow LC, Goodman MN: Effects of dietary carbohydrates on glucose and lipid metabolism in golden Syrian hamsters. J Lab Clin Med1996, 128:208-213.
- 37. Hwang IS, Ho H, Hoffman BB, Reaven GM: Fructose-Hypertension 1987, 10:512-516.
- 38. Thorburn AW, Storlein LH, Jenkins AB, Khouri S, resistance and elevated plasma triglyceride levels in rats. Am J Clin Nutr 1989; 49: 1155-1163.
- 39. Dai S, Todd ME, Lee S, McNeill JH. Fructose loading induces cardiovascular and metabolic changes in non-1994; 72: 771-781.

- hyperinsulinemia and reproductive disorders in infertile women. Reproductive Medicine & Biology; Dec 2010, Vol. 9 Issue 4, p185.
- Stengard J, Pekkanen J, Nissinen A, Kromhout D: 41. Reeves, P.G., F.H. Nielson and G.C. Fahmy, 1993. Reports of American Institute of Nutrition, adhocwiling committee on reformulation of the AIN 93. Rodent diet. J.Nutr., 123:1939-1951.
  - 42. Anderson E & Lee GY 1997 The polycystic ovarian (PCO) condition: apoptosis and epithelialization of the ovarian antral follicles are aspects of cystogenesis in dehydroepiandrosterone (DHEA)-treated rat the model. Tissue & Cell 29 171-1 89.( doi:10.1016/S0040-8166(97)80017-1)
- Blackburn H, Buzina R, Dontas AS, Fidanza F, Giampaoli 43. Lara HE, Dissen GA, Leyton V, Paredes A, Fuen zalida H, Fie dler JL & Ojeda SR 2000 An increased intraovarian synthesis of nerve growth factor and its low affinity receptor is a principal component of steroid-induced polycystic ovary in the rat. Endocr inology 141 1059-1072.
- Sampson L, Rosner B, Hennekens CH, Speizer FE: 44. Baravalle C, Salvetti NR, Mira GA, Pezzone N & Ortega HH 2006 Microscopic characterization of follicular structures in letrozole-induced polycystic ovarian syndrome in the rat. Archives of Medical Research 37 830-839.
- predictors of coronary heart disease. Curr Opin 45. Manneras, L., Cajander, S., Holmang, A., Seleskovic, Z., Lystig, T., Lonn, M. and Elisabet. (2007). A new rat model exhibiting both ovarian and metabolic characteristics of polycystic ovary syndrome. Endocrinology, 148: 3781-3791.
- carbohydrate exchange. Am J Clin Nutr1981, 34:362- 46. McNatty KP, Makris A, Degrazia C, Osathanondh R & Ryan KJ. (1979). Production of progesterone, androgens, and estrogens by granulosa cells, thecal tissue and stromal tissue from human ovaries in vitro. Journal of Clinical Endocrinology & Metabolism 49, 687-699.
  - 47. Sullivan SD & Moenter SM. (2004). Prenatal androgens alter GABAergic drive to gonadotropin-releasing hormone neurons: Implications for a common fertility disorder. Proceedings of the National Academy of Sciences of the United States of America 101, 7129-7134.
- induced insulin resistance and hypertension in rats. 48. Ravichandran KS 2003 "Recruitment" signals from apoptotic cells: invitation to a quiet meal. Cell 113 817-820.
- Kraegen EW. Fructose induced in vitro insulin 49. Mamata Jadhav, Sasikumar Menon & Sunita Shailajan. (2013). In vivo evaluation of mimosa pudica linn. In the management of Polycystic ovary using rat model. International Journal of Applied Biology and Pharmaceutical Technology, Vol 4, issue 1.
- diabetic and diabetic rats. Can J Physiol Pharmacol 50. Desai, B.N., Maharjan, R.H. and Nampoothiri, L.P. (2012). Aloe barbadensis Mill. formulation restores

Page L

ovarian syndrome rat model. Pharmacognosy Research, 4(2): 109–115.

- 51. Maharjan, R., Nagar, P.S., and Nampoothiri, L. (2010). Letrozole induced polycystic ovarian syndrome rat model. Journal of Ayurveda and Integrative Medicine, 1(4): 273-279.
- 52. Rezvanfar, M.A., Rezvanfar, M.A., Ahmadi, A., Shojaeimechanism of a novel Selenium based complementary medicine which confers protection against hyperandrogenism induced polycystic ovary, Theriogenology, 78: 620-631.
- 53. Sasikala, S. L., and shamila, S. (2009). A novel ayurvedic medicine- asokarishtam in the treatment of letrozole induced pcos in rat. Journal of Cell and Tissue Research Vol. 9(2) 1903-1907

- lipid profile to normal in a letrozole-induced polycystic 54. Herter LD, Magalhae s JA & Spritzer PM 1996 Relevance of the determination of ovarian volume in adolescent girls with menstrual disorders. Journal of Clinical Ultrasound 24 243-248.
- Effect of Aloe Barbedensis Mill. Formulation on 55. Carmina E, Orio F, Palomba S, Longo RA, Lombardi G & Lobo RA 2005 Ovarian size and blood flow in women with polycystic ovary syndrome and their correlations with endocrine parameters. Fertility and Sterility 84 413-4 19.
- Saadi, H.A., Baeeri, M., Abdollahi, M. (2012). Molecular 56. Brawer, J.R., Munoz, M., Farookhi, R. (1986). Development of the polycystic ovarian condition (PCO) in the estradiol valerate-treated rat, Biology of Reproduction, 35: 647-655.
  - 57. E. Leonie A.F. Reproductive and Metabolic Phenotype of a Mouse Model of PCOS. Endocrinology, April 2012, 153(4).