

Piperine, an Alkaloid Component of Nigerian Propolis, Improves the Glomerular Filtration Rate (GFR) and other Markers of Renal Health in Nephropathic Diabetic Rats

Mustafa Ibrahim Oladayo, Ph.D.¹, Iyomo Kayode Williams, M.Sc.²,
Ebiwonjumi Adetunji Segun, M.Sc.³, Ajibola Toheeb Adesumbo, M.Sc.³

¹Department of Physiology, Faculty of Basic Medical Science, Federal University Oye-Ekiti, Ekiti 373, Nigeria.

²Department of Physiology, Faculty of Basic Medical Sciences, Bingham University Karu, Nasarawa 961105, Nigeria.

³Department of Anatomy, Faculty of Basic Medical Science, Federal University Oye-Ekiti, Ekiti 373, Nigeria.

Received 21 March 2025 • Accepted 12 April 2025 • Published online 27 June 2025

Abstract:

Objective: This study investigated the effects of piperine isolated from Nigerian propolis on renal function in nephropathic diabetic rats and evaluated its efficacy when combined with the antidiabetic drug metformin.

Materials and Methods: Male Wistar rats were induced with diabetes using streptozotocin and subsequently developed nephropathy. The rats were divided into 5 groups: a healthy control group, a diabetic (untreated) control group, a piperine-treated group, a metformin-treated group, and a group receiving a combination of piperine and metformin. Each treatment group received its respective interventions for 6 weeks. Renal function was assessed by measuring glomerular filtration rate (GFR) using inulin clearance tests. Biochemical markers of kidney injury and inflammation were also analyzed.

Results: The results indicate that the combination of piperine and metformin was more effective at improving renal function in nephropathic diabetic rats compared to either treatment alone. The rats receiving the combined therapy exhibited significantly higher GFR values and reduced markers of kidney injury and inflammation. In contrast, the individual treatments with piperine or metformin alone produced only moderate improvements. The untreated diabetic control group had substantially impaired renal function compared to all the treatment groups, while the healthy control group maintained normal GFR levels.

Contact: Mustafa Ibrahim Oladayo, Ph.D.
Department of Physiology, Faculty of Basic Medical Science, Federal University Oye-Ekiti,
Ekiti 373, Nigeria.
E-mail: oladayo.mustafa@fuoye.edu.ng

J Health Sci Med Res
doi: 10.31584/jhsmr.20251237
www.jhsmr.org

© 2025 JHSMR. Hosted by Prince of Songkla University. All rights reserved.
This is an open access article under the CC BY-NC-ND license
(<http://www.jhsmr.org/index.php/jhsmr/about/editorialPolicies#openAccessPolicy>).

Conclusion: The synergistic effects of piperine from Nigerian propolis and metformin significantly enhanced GFR in nephropathic diabetic rats compared to either treatment alone. The combination therapy appears to offer a more effective approach for improving renal function in diabetic nephropathy.

Keywords: diabetic nephropathy, glomerular filtration rate, metformin, Nigerian propolis, Piperine

Introduction

Diabetes is a prevalent chronic metabolic disorder^{1,2} that can lead to a range of complications, including nephropathy^{3,4}. Diabetic nephropathy (DN) is a major cause of end-stage renal disease^{5,6} and is characterized by a progressive decline in glomerular filtration rate^{7,8}. Identifying effective treatments to preserve and enhance kidney function in diabetic patients is a critical public health priority.

Propolis, a natural resin produced by honeybees^{9,10}, possesses various pharmacological properties^{11,12}, including anti-inflammatory¹³, antioxidant^{14,15}, antimicrobial¹⁶, and antidiabetic^{17,18} effects. Propolis constituents are highly varied based on the geographic origin and plant sources^{19,20}, hence the need for standardization^{21,22} and isolation of specific bioactive compounds^{23,24}.

Piperine, an alkaloid component found in *Piper nigrum* (black pepper), has been attracting attention for its potential therapeutic applications^{25,26}. Studies have suggested that piperine may have beneficial effects on various disease states²⁷⁻²⁹, including diabetes and its complications^{30,31}. However, its impact on kidney function in the context of diabetic nephropathy remains understudied. This study aimed to examine the impact of piperine, alone and in combination with the antidiabetic drug metformin, on the glomerular filtration rate in a rat model of diabetic kidney disease. By shedding light on the potential renoprotective properties of piperine, this research may help in the development of new therapeutic approaches in order to maintain kidney health in individuals with DN.

Material and Methods

Induction of nephropathic diabetes in rats

Male Wistar rats were rendered diabetic by administering streptozotocin intraperitoneally at a dose of 60 mg/kg body weight. Diabetes was confirmed by measuring the blood glucose levels, and only animals with blood glucose levels exceeding 300 mg/dL were included in the diabetic model. The development of nephropathy, characterized by progressive renal dysfunction and reduced glomerular filtration rate, was subsequently confirmed by evaluating various markers of kidney function before the initiation of treatment.

Experimental design and treatments

The study utilized a randomized, controlled experimental design to investigate the effects of piperine, both alone and in combination with metformin, on the glomerular filtration rate in a rat model of nephropathic diabetes. The nephropathic diabetic rats were randomly divided into 5 groups: a healthy control group, a diabetic control (untreated) group, a piperine-treated group, a metformin-treated group, and a group receiving a combination of piperine and metformin. The piperine-treated group received 50 mg/kg body weight of piperine per day, the metformin-treated group received 150 mg/kg body weight of metformin per day, and the combination group received both piperine and metformin at the same doses. All treatments were administered orally for 6 weeks. This experimental design allowed for comparison between the effects of the individual treatments and the combination

therapy on the glomerular filtration rate, and other markers of kidney function in the nephropathic diabetic rats.

Determination of glomerular filtration rate

The glomerular filtration rate was determined using the inulin clearance method, which is considered the gold standard for assessing kidney function. Rats were placed in metabolic cages and allowed to acclimatise for a 24-hour period. During this acclimation period, the animals had unrestricted access to water while fasting to ensure accurate collection of urine samples. After the acclimation period, an intravenous infusion of inulin was initiated. Blood and urine samples were collected at regular intervals, and the concentration of inulin in these samples was measured using established analytical techniques. The glomerular filtration rate (GFR) was then calculated using the standard formula: $GFR = (U \text{ inulin} \times V) / P \text{ inulin}$, where U inulin is

the urine inulin concentration, V is the urine flow rate, and P inulin is the plasma inulin concentration.

The study was approved by Ahmadu Bello University Ethical Committee on the use of animals for research.

Isolation and characterization of piperine

Propolis samples were collected from the Ibadan region of Southern Nigeria. The piperine compound was isolated from the propolis using a multistep extraction and purification process. The chemical structure and purity of the isolated piperine were confirmed using a combination of mass spectrometry (MS) and high-performance liquid chromatography (HPLC) (Figure 1 and Table 1). Further analyses were conducted to evaluate the bioavailability and pharmacokinetic properties of the purified piperine compound, ensuring its suitability for the in vivo experiments.

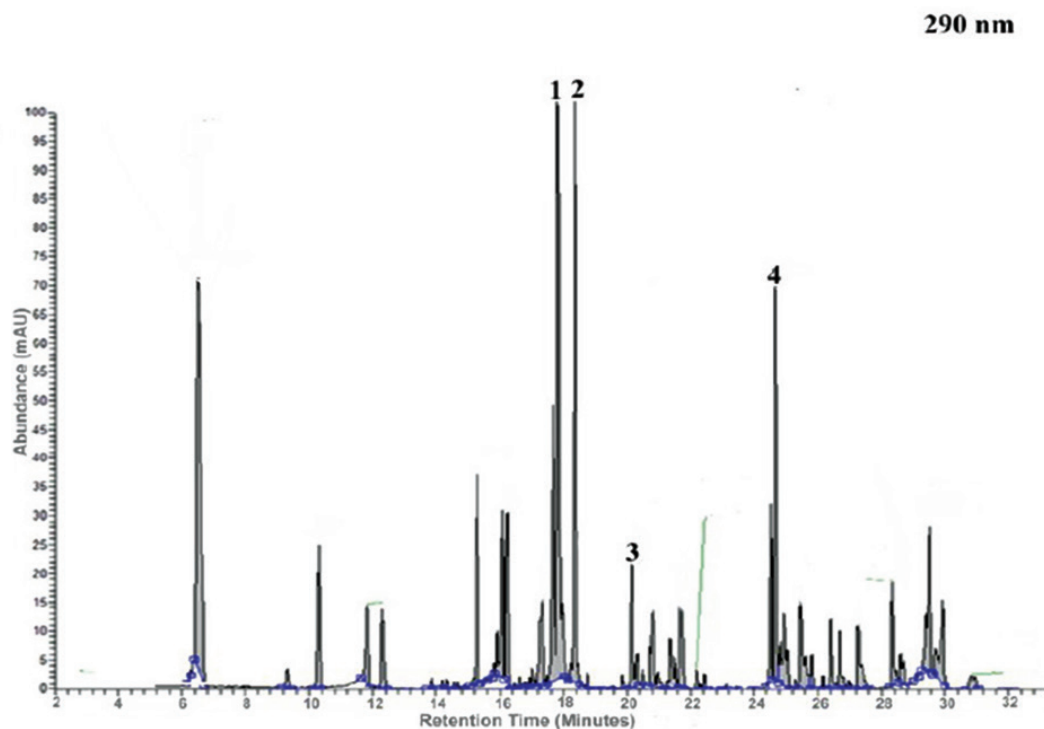


Figure 1 High-performance liquid chromatography chromatogram of the isolation of piperine from Nigerian propolis. The peak labelled “3” is piperine.

Table 1 Properties of some of the characterized constituents of Nigerian propolis

	Height (mAU)	Area	Retention time (minutes)	Class	Molecular formula	Peak name
1	99.96	109036	17.8	Flavonoid	$C_{15}H_{12}O_4$	Pinocembrin
2	99.94	86500	18.5	Flavonoid	$C_{15}H_{10}O_4$	Chrysin
3	23.08	30007	20.3	Alkaloid	$C_{17}H_{19}NO_3$	Piperine
4	73.23	39012	24.6	Saponin	$C_{42}H_{62}O_{16}$	Glycyrrhizin

Biochemical analyses

Biochemical analyses were conducted to evaluate the effects of the treatment interventions on various markers of kidney function. Serum and urine samples were collected at regular intervals throughout the study period and analyzed for key parameters, including blood urea nitrogen (BUN) (using the BUN Assay Kit from Sigma–Aldrich), serum creatinine (using the Creatinine Assay Kit from Abcam), and albumin–to–creatinine ratio (ACR) (using the Albumin–to–Creatinine Ratio Assay Kit from Cayman Chemical). These biomarkers provided insights into the overall renal health of the animals and the potential protective effects of piperine, alone and in combination with metformin, against the progression of DN.

Statistical analysis

Statistical analyses were performed using one–way analysis of variance, followed by Tukey’s post–hoc test, to compare the effects of the different treatment groups. The threshold for statistical significance was set at p -value < 0.05, and all data are presented as mean \pm standard error of mean (SEM).

Results

Glomerular filtration rate

The results of the study showed that treatment with piperine, either alone or in combination with metformin, significantly increased the glomerular filtration rate in the nephropathic diabetic rats compared to treatment with metformin alone. The combination of piperine and metformin

appeared to be particularly effective in improving glomerular filtration when compared to the diabetic control group (Figure 2).

Blood urea nitrogen and creatinine

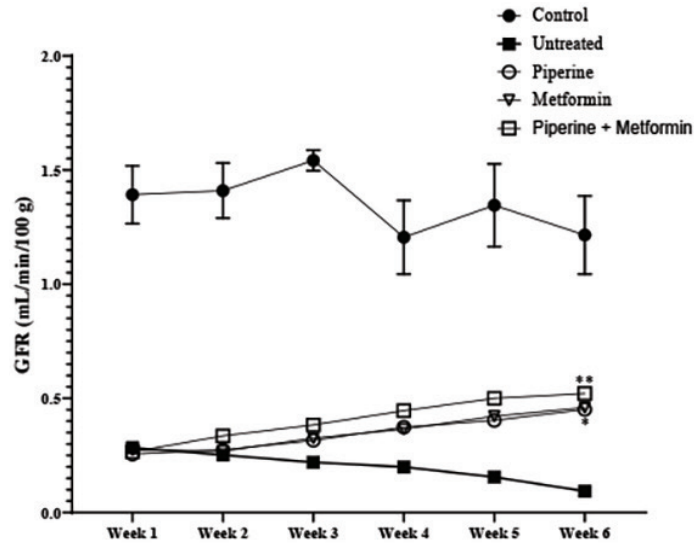
Biochemical analyses revealed that piperine treatment, both alone and in combination with metformin, significantly reduced blood urea nitrogen (BUN) and serum creatinine levels in the nephropathic diabetic rats compared to the diabetic control group (Figure 3 and Figure 4). The combination therapy was more effective in improving these markers of kidney function than either piperine or metformin alone.

Albumin–to–creatinine ratio

The ACR, a marker of kidney damage, was substantially lower in the piperine–treated groups compared to the diabetic control group. The combination of piperine and metformin was the most effective in reducing the ACR (Figure 5).

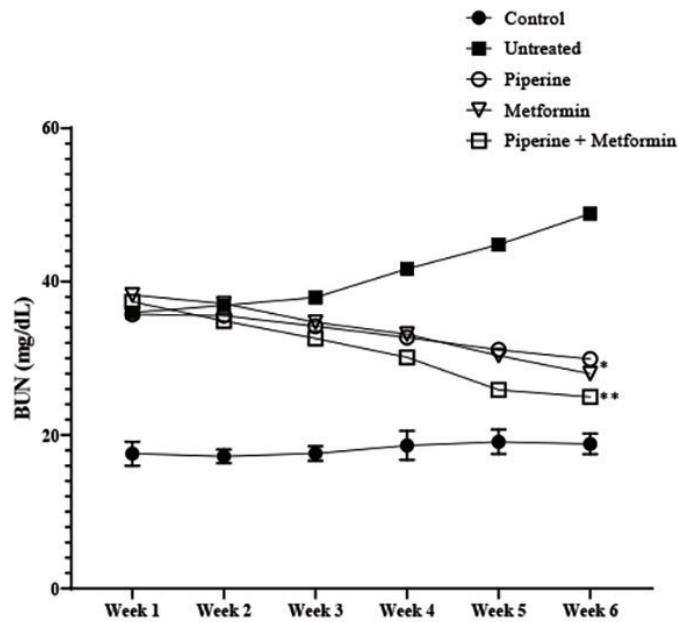
Discussion

The results of this study provide important insights into the potential therapeutic applications of piperine, an alkaloid component of Nigerian propolis, for the management of diabetic nephropathy. The finding that piperine, either alone or in combination with metformin, significantly improved the glomerular filtration rate and biomarkers of renal health in nephropathic diabetic rats suggests that this natural compound has beneficial effects on kidney function in the context of this debilitating diabetes complication.



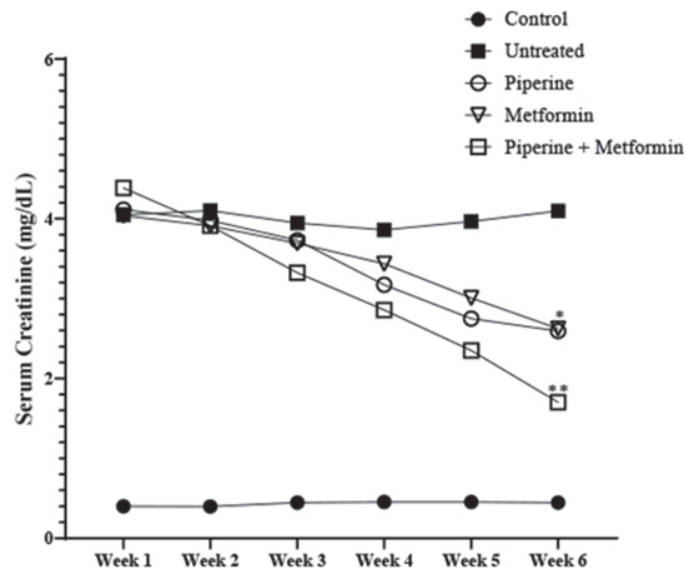
A p-value<0.05 was accepted as statistically significant. (*) signifies p-value<0.01 compared with the untreated while (**) signifies p-value<0.001 compared with the untreated.

Figure 2 Glomerular filtration rate improved in the treatment groups. Results are presented as mean±SEM.



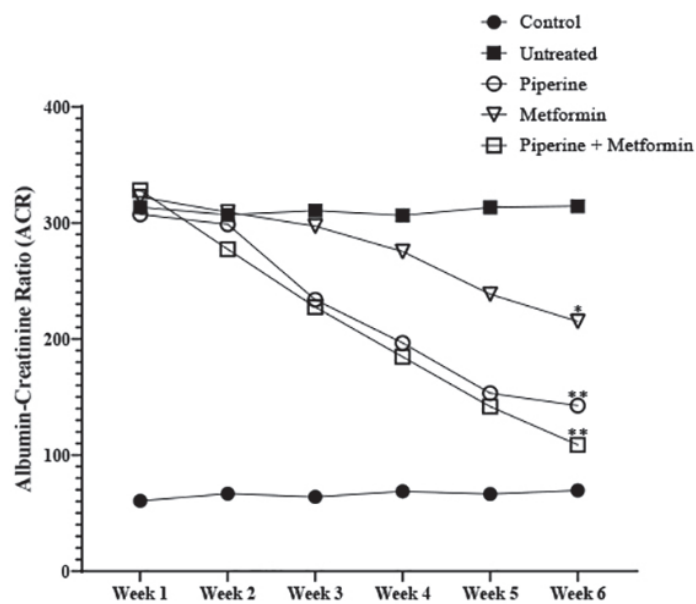
Data are presented as mean±SEM with p-value<0.05 accepted as statistically significant. (*) p-value<0.01 compared with the untreated group. (**) p-value<0.001 compared with the untreated group.

Figure 3 Piperine treatment reduced blood urea nitrogen over the course of the experiment



Data are presented as mean±SEM with p-value<0.05 accepted as statistically significant. (*) p-value<0.05 compared with the untreated group. (**) p-value<0.01 compared with the untreated group.

Figure 4 Piperine treatment reduced serum creatinine over the course of the experiment



A p-value<0.05 was accepted as statistically significant. (*) p-value<0.01 compared with the untreated group. (**) p-value<0.001 compared with the untreated group.

Figure 5 Piperine treatment (alone, or with metformin) significantly improved the albumin-creatinine ratio over the course of experiment. Data are presented as mean±SEM.

The observed improvements in glomerular filtration rate with piperine treatment are particularly noteworthy, as preserving and improving kidney function is a critical goal in the management of DN. The progressive decline in glomerular filtration rate is a hallmark of this condition^{32,33}, eventually leading to end-stage renal disease if left unchecked³⁴. Therefore, the ability of piperine to raise the glomerular filtration rate in this animal model indicates that it may have valuable renoprotective properties that could be leveraged to benefit diabetic patients at risk of or already experiencing nephropathy.

Moreover, the synergistic effects observed with the combination of piperine and metformin are particularly promising. The enhanced improvements in glomerular filtration rate suggest that piperine may be able to potentiate the benefits of standard antidiabetic therapies, potentially offering a novel adjunctive treatment approach for diabetic nephropathy. This could be an important finding, as many diabetic patients may require a multi-pronged treatment strategy to effectively manage their kidney complications³⁵. Furthermore, BUN and creatinine levels are known to be elevated in diabetic nephropathy³⁶, and the observed reductions in these biomarkers with piperine treatment indicate that this compound may have a protective effect on overall kidney health. Also, compromise of the glomerular filtration membrane in DN leads to proteinuria³⁷. The appearance of albumin in the urine^{7,38} causes an increase in the ACR³⁹. The lower ACR found in the piperine-treated groups further supports the idea that piperine may help preserve the glomerular filtration barrier, preventing the excessive leakage of albumin into the urine that is characteristic of this disease.

While the current study was limited to an animal model, the results lay the groundwork for further investigations into the mechanisms by which piperine exerts its renoprotective effects and its potential translation to human clinical applications. Elucidating the underlying

pathways and evaluating the efficacy and safety of piperine in diabetic patients with nephropathy are the next crucial steps necessary to fully harness the therapeutic potential of this natural compound. Additionally, exploring the optimal dosing and timing of piperine administration, both alone and in combination with standard treatments, will be important for optimizing its clinical utility.

Conclusion

This study has demonstrated that treatment with piperine, an alkaloid component of Nigerian propolis, can significantly raise the glomerular filtration rate in nephropathic diabetic rats undergoing treatment with metformin. The synergistic effects observed with the combination of piperine and metformin suggest that piperine may be a promising adjunctive therapy for the management of diabetic nephropathy.

Conflict of interest

No conflict of interest declared.

References

1. Forbes JM, Cooper M E. Mechanisms of diabetic complications. *Physiol Rev* 2013;93:137–88.
2. Chaudhary N, Tyagi N. Diabetes mellitus: an overview. *J Res Dev Pharm Life Sci* 2018;7:3030–3.
3. Cooper ME. Pathogenesis, prevention, and treatment of diabetic nephropathy. *Lancet* 1998;352:213–9.
4. Sharma DK, Bhattacharya P, Kalia K, Tiwari V. Diabetic nephropathy: new insights into established therapeutic paradigms and novel molecular targets. *Diab Res Clin Prac* 2017;128:91–108.
5. Perneger T, Brancati, FL, Whelton, PK, Klag MJ. End-stage renal disease attributable to diabetes mellitus. *Ann Internal Med* 1994;121:912–8.
6. Leon BM, Maddox TM. Diabetes and cardiovascular disease: epidemiology, biological mechanisms, treatment recommendations and future research. *World J Diab* 2015;6:1246–58.
7. Zmalauski-Tucker MJ, Springate JE, Liew JBV, Noble B, Feld

- L. Glomerular function in spontaneously diabetic rats. *Exp Biol Med* 1992;199:59–64.
8. López-Giacoman S, Madero M. Biomarkers in chronic kidney disease, from kidney function to kidney damage. *World J Nephrol* 2015;4:57–73.
 9. Chavda VP, Chaudhari AZ, Teli D, Balar PC, Vora LK. Propolis and their active constituents for chronic diseases. *Biomedicines* 2023;11:259.
 10. Marcucci MC. Propolis: chemical composition, biological properties and therapeutic activity. *Apidologie* 1995;26:83–99.
 11. Miguel MG, Antunes MDC. Is propolis safe as an alternative medicine? *J Pharm Bioallied Sci* 2011;3:479–95.
 12. Hossain R, Quispe C, Khan RA, Saikat ASM, Ray P, Ongalbek D, et al. Propolis: an update on its chemistry and pharmacological applications. *Chin Med* 2022;17:100.
 13. Al-Hariri M. Immune's-boosting agent: immunomodulation potentials of propolis. *J Fam Comm Med* 2019;26:57–60.
 14. Yang H, Dong Y, Du H, Shi H, Peng Y, Li X. Antioxidant compounds from propolis collected in Anhui, China. *Molecules* 2011;16:3444–55.
 15. Xu W, Han L, Yuan Y, Deng Z, Zheng L, Li H. The antioxidant and anti-inflammatory effects of flavonoids from propolis via Nrf2 and NF- κ B pathways. *Foods* 2022;11:2439.
 16. Waldner-Tomic N, Vanni R, Belibasakis GN, Thurnheer T, Attin T, Schmidlin PR. The in vitro antimicrobial efficacy of propolis against four oral pathogens: a review. *Dent J* 2014;2:85–97.
 17. Mustafa IO. Nigerian propolis improves blood glucose, glycated hemoglobin A1C, very low-density lipoprotein, and high-density lipoprotein levels in rat models of diabetes. *J Int Ethnopharm* 2016;5:233–8.
 18. Syaife PH, Harisna AH, Nasution MAF, Arda AG, Nugroho D, Jauhar MM. Computational study of asian propolis compounds as potential anti-type 2 diabetes mellitus agents by using inverse virtual screening with the DIA-DB web server, tanimoto similarity analysis, and molecular dynamic simulation. *Molecules* 2022;27:3972.
 19. Silva-Carvalho R, Baltazar F, Aguiar CA. Propolis: a complex natural product with a plethora of biological activities that can be explored for drug development. *Evid Compl Alt Med* 2015;2015:1–29.
 20. Falcão SI, Lopes MTR, Vilas Boas M. A first approach to the chemical composition and antioxidant potential of Guinea-Bissau propolis. *Nat Prod Comm* 2019;14. doi: 10.1177/1934578X19844138.
 21. Bankova V. Chemical diversity of propolis and the problem of standardization. *J Ethnopharm* 2005;100:114–7.
 22. Bankova V, Trusheva B, Popova M. Propolis extraction methods: a review. *J Apicul Res* 2021;60:734–43.
 23. Aminimoghadamfarouj N, Nematollahi A. Propolis diterpenes as a remarkable bio-source for drug discovery development: a review. *Int J Mol Sci* 2017;18:1290.
 24. Gardana C, Scaglianti M, Pietta P, Simonetti P. Analysis of the polyphenolic fraction of propolis from different sources by liquid chromatography–tandem mass spectrometry. *J Pharm Biomed Analysis* 2007;45:390–9.
 25. Mgbeahurike E, Yrjönen T, Vuorela H, Holm Y. Bioactive compounds from medicinal plants: focus on Piper species. *S Afr J Botany* 2017;112:54–69.
 26. Salehi B, Zakaria ZA, Gyawali R, Ibrahim SA, Rajković J, Shinwari ZK. Piper species: a comprehensive review on their phytochemistry, biological activities and applications. *Molecules* 2019;24:1364.
 27. Sriwiriyan S, Tedasen A, Lailerd N, Boonyaphiphat P, Nitiruangjarat A, Deng Y, et al. Anticancer and cancer prevention effects of piperine-free piper nigrum extract on N-nitrosomethylurea-Induced Mammary Tumorigenesis in rats. *Cancer Prev Res* 2016;9:74–82.
 28. Lloyd M, Demayo CG, Meve U, Liede Schumann S, Alejandro GJD. Molecular confirmation, constituents and cytotoxicity evaluation of two medicinal Piper species used by the Manobo tribe of Agusan del Sur, Philippines. *Phytochem Letters* 2020; 36:24–31.
 29. Bhambhani S, Kondhare KR, Giri AP. Diversity in chemical structures and biological properties of plant alkaloids. *Molecules* 2021;26:3374.
 30. Ahmad N, Fazal H, Abbasi BH, Farooq S, Ali M, Khan MA. Biological role of *Piper nigrum* L. (black pepper): a review. *Asian Pac J Trop Biomed* 2012;2:S1945–53.
 31. Njeri LK, Njagi E. Anti-diabetic activity in mice of Piper capence used traditionally in the management of diabetes mellitus in Kenya. *J Diab Metab* 2017;8. doi: 10.4172/2155–6156.1000737.
 32. Sedor JR, Kang HM, Hostetter TH, Suszták K. Molecular mechanisms of diabetic kidney disease. *J Clin Invest* 2014; 124:2333–40.

33. Haneda M, Utsunomiya K, Koya D, Babazono T, Moriya T, Makino H, et al. A new classification of diabetic nephropathy 2014: a report from joint committee on diabetic nephropathy. *J Diab Invest* 2015;6:242–6.
34. Alicic RZ, Rooney MN, Tuttle KR. Diabetic kidney disease. *Clin J Amer Soc Nephrol* 2017;12:2032–45.
35. Jain K, Mottl AK. Comprehensive care for people with diabetic kidney disease. *Diab Spectr* 2015;28:187–92.
36. Bispo JAM, Vieira EEDS, Silveira L, Fernandes AB. Errata: correlating the amount of urea, creatinine, and glucose in urine from patients with diabetes mellitus and hypertension with the risk of developing renal lesions by means of Raman spectroscopy and principal component analysis. *J Biomed Optics* 2016;21:59801.
37. Wu T, Ding L, Andoh V, Zhang J, Chen L. The mechanism of hyperglycemia-induced renal cell injury in diabetic nephropathy disease: an update. *Life* 2023;13:539.
38. Vieira EEDS, Silveira L, Carvalho HC, Bispo JAM, Fernandes FB, Fernandes AB. Biochemical analysis of urine samples from diabetic and hypertensive patients without renal dysfunction using spectrophotometry and raman spectroscopy techniques aiming classification and diagnosis. *Bioengineering* 2022;9:500.
39. Mirić D, Kisić B, Puhalo–Sladoje D, Mirić B, Rašić D, Dragojević I, et al. Relationship between ACR and other determinants of microalbuminuria in T2DM patients. *Praxis Medica* 2020;49:1–6.