Research Article

A Drug-Target Network-Based Approach to Evaluate the Efficacy of Medicinal Plants for Type II Diabetes Mellitus

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The use of plants as natural medicines in the treatment of type II diabetes mellitus (T2DM) has long been of special interest. In this work, we developed a docking score-weighted prediction model based on drug-target network to evaluate the efficacy of medicinal plants for T2DM. High throughput virtual screening from chemical library of natural products was adopted to calculate the binding affinity between natural products contained in medicinal plants and 33 T2DM-related proteins. The drug-target network was constructed according to the strength of the binding affinity if the molecular docking score satisfied the threshold. By linking the medicinal plant with T2DM through drug-target network, the model can predict the efficacy of natural products and medicinal plant for T2DM. Eighteen thousand nine hundred ninety-nine natural products and 1669 medicinal plants were predicted to be potentially bioactive.

1. Introduction

Type II Diabetes mellitus (T2DM) has been a major global health problem and affects a large population worldwide [1, 2]. T2DM is a multifactorial and genetically heterogeneous disease caused by various risk factors such as insulin resistance, β-cell dysfunction, and obesity [2–5]. Moreover, T2DM may cause acute cardiovascular disease, retinopathy, nephropathy, neuropathy, and kidney-related complications [5–7]. Therefore, it demands effective drugs with minimal toxicity. The herbal medicines have been used for T2DM for thousands of years and accumulated a great deal of clinical experience. A herbal formula comprises several medicinal plants or animals and thus can affect the biological system through interactions between compounds and cellular targets [3, 8–17]. The main mechanisms of herbal medicines in treating T2DM are that it increases insulin secretion and the sensitivity of insulin, inhibits glucose absorption, and reduces radicals caused by lipid peroxidation [8]. However, the major problem of herbal medicines is lack of scientific and clinical data to evaluate their efficacy and safety.

Network pharmacology proposed by Hopkins is a holistic approach to understand the function and behavior of a biological system at systems level in the context of biological networks and would be the next paradigm for drug discovery [18–20]. Several efforts have been made to explore the mechanism of herbal medicines such as prediction of the active ingredients and potential targets [21–26] and screening synergistic drug combinations [21, 27, 28]. The drug-target network (DTN) which connects drugs and their target proteins is an important biological network and provides an overview of polypharmacology of drugs [29–32]. Since medicinal plants have multiple compounds and a compound would have several target proteins, the DTN may bridge the gap between medicinal plants and diseases. In this work, we developed a computational approach based on DTN to evaluate the efficacy of medicinal plants.

2. Materials and Methods

2.1. Data Collection and Molecular Docking. The pathogenesis of T2DM is concerned with various proteins. We retrieved the information of these proteins from KEGG Pathway database [33] and DrugBank [34] (Figure 1). The pathway of T2DM was downloaded from the KEGG website (http://www.genome.jp/dbget-bin/www_bget?hsa04930), and the information of T2DM-related proteins was collected.
In DrugBank, we first retrieved the FDA-approved drugs for T2DM and then found the target proteins for each drug. Then we searched the ligand-protein complex structure (x-ray or NMR) for each protein from RCSB protein data bank (http://www.rcsb.org/pdb/home/home.do). Finally, thirty-three proteins and their information were listed in Table S1, see Table S1 in Supplementary Material available online at http://dx.doi.org/10.1155/2013/203614), and 35076 edges (Supplementary Table S2). The glucocorticoid receptor (P04150) did not have any compounds. The compounds were derived from 1669 medicinal plants distinguished by Latin names. The DTN of potentially active compounds and proteins related with T2DM was used as a bridge to build the relationship between compound or medicinal plant and T2DM.

2.3. Chemical Space Analysis. The analysis of the distribution of compounds in the chemical space was conducted by principal component analysis (PCA) module in Discovery Studio. The PCA model was built with 8 descriptors: $A \log P$, molecular weight, number of hydrogen-bond donors, number of hydrogen-bond acceptors, number of rotatable bonds, number of rings, number of aromatic rings, and molecular fractional polar surface area. The variances of PC1, PC2, and PC3 for compounds in Figure 2 were 0.488, 0.186, and 0.145, respectively. The PCA of 25 FDA-approved small-molecule drugs retrieved from DrugBank was performed in the same process as above.

2.4. Prediction Model. Natural products are multitarget agents. The average number of target proteins was 1.84 in the DTN. Therefore, we proposed that the prediction efficacy (PE) of a compound for T2DM was the sum of its all edge values (docking scores) in the DTN:

$$PE_{\text{compound}} = \sum_{j \in P} \text{score}_j,$$

where $P$ was the set of proteins related to T2DM and $\text{score}_j$ was the docking score between this compound and $j$th protein. The $PE_{\text{compound}}$ for each compound was listed in Table S3.

Similarly, the prediction efficacy of a medicinal plant was defined as the sum of PE of compounds contained in this plant:

$$PE_{\text{plant}} = \sum_{i} N \cdot PE_{\text{compound}},$$

where $N$ denoted the number of compounds contained in the medicinal plant. The $PE_{\text{plant}}$ for each medicinal plant was listed in Table S4.

3. Results and Discussion

3.1. Drug-Likeness of Medicinal Natural Products for T2DM. The natural products contained in medicinal plants for T2DM had good drug-like properties. Lipinski CA and colleagues proposed the “rule of five” (molecular weight (MW) less than 500 Da, the number of hydrogen bond acceptors (HBA) less than 10, the number of hydrogen bond donors (HBD) less than 5, and octanol-water partition coefficient ($A \log P$) less than five) [59, 60] to estimate solubility and permeability of compounds in drug discovery. That is, a compound was unlikely to be a drug if it disobeyed the rules. The mean and median of MW, HBA, HBD, and $A \log P$ of these compounds were 540.43, 494.62; 6.3, 5; 2.5, 2; and 4.94,
### Table 1: List of 33 proteins related with T2DM for molecular docking.

| Index | UniProt entry | PDB entry | Protein name                                      |
|-------|---------------|-----------|--------------------------------------------------|
| 1     | O43451        | 3CTT      | Maltase-glucoamylase, intestinal                  |
| 2     | P01308        | 1TYM      | Insulin                                          |
| 3     | P01375        | 2AZ5      | Tumor necrosis factor alpha                       |
| 4     | P04150        | 3H52      | Glucocorticoid receptor                           |
| 5     | P04746        | 1XDO      | Pancreatic alpha-amylace                          |
| 6     | P05121        | 3UT3      | Plasminogen activator inhibitor 1                 |
| 7     | P06213        | 3EKN      | Insulin receptor                                  |
| 8     | P07339        | 1LYW      | Cathepsin D                                      |
| 9     | P08069        | 3I81      | Insulin-like growth factor 1 receptor             |
| 10    | P14747        | 3K6P      | Steroid hormone receptor ERR1                    |
| 11    | P13569        | 3GD7      | Cystic fibrosis transmembrane conductance regulator |
| 12    | P14410        | 3LPP      | Sucrase-isomaltase, intestinal                    |
| 13    | P14618        | 3BJF      | Pyruvate kinase isozymes M1/M2                   |
| 14    | P14735        | 3E4A      | Insulin-degrading enzyme                          |
| 15    | P19367        | 1DGK      | Hexokinase-1                                     |
| 16    | P27361        | 2ZOQ      | Mitogen-activated protein kinase 3               |
| 17    | P27487        | 3G0D      | Dipetidyl peptidase 4                            |
| 18    | P27986        | 4A55      | Phosphatidylinositol 3-kinase regulatory subunit alpha |
| 19    | P28482        | 3ISZ      | Mitogen-activated protein kinase 1               |
| 20    | P30613        | 2VGF      | Pyruvate kinase isozymes R/L                     |
| 21    | P35557        | 3IMX      | Glucokinase                                      |
| 22    | P35568        | 2Z8C      | Insulin receptor substrate 1                     |
| 23    | P37231        | 3H0A      | Peroxisome proliferator-activated receptor gamma |
| 24    | P42336        | 3HHM      | Phosphatidylinositol 4,5-bisphosphate 3-kinase catalytic subunit alpha isoform |
| 25    | P42345        | 1FAP      | Serine/threonine-protein kinase mTOR              |
| 26    | P43220        | 3C59      | Glucagon-like peptide 1 receptor                 |
| 27    | P45983        | 3PZE      | Mitogen-activated protein kinase 8               |
| 28    | P45984        | 3NPC      | Mitogen-activated protein kinase 9               |
| 29    | P48736        | 3SD5      | Phosphatidylinositol 4,5-bisphosphate 3-kinase catalytic subunit gamma isoform |
| 30    | P53779        | 3TTI      | Mitogen-activated protein kinase 10              |
| 31    | P62508        | 2P7A      | Estrogen-related receptor gamma                   |
| 32    | Q9BYF1        | 1R4L      | Angiotensin-converting enzyme 2                   |

5.07; respectively. It indicated that most compounds would be drug-like. The wide distribution of natural products in chemical space (Figure 2) showed that there would be vast property (structural and functional) diversity. Moreover, the large overlap between natural products and 25 FDA-approved small-molecule drugs for T2DM demonstrated that natural products contained in these medicinal plants had a hopeful prospect for drug discovery for T2DM.

### 3.2. Prediction Efficacy of Natural Product and Medicinal Plant.

Herb medicines could simultaneously target multiple physiological processes through interactions between multiple compounds and cellular target proteins. For example, there were 105 distinct compounds contained in *Hypericum perforatum*, and 21 compounds existed in DTN. The herbal medicines could influence the biological system through interactions between multi-component and multi-target and thus reverse the biological networks from disease state to health state. Since a group of compounds contained in the herbal medicine could play a therapeutic role, the dosage could be reduced to reduce toxicity and side effects. For example, UNPD43323 (ormojine), UNPD94973 (ormosinin), and UNPD94973 (strychnohexamine) were the top three potential compounds (Supplementary Table S3). ormojine, ormosinin, and strychnohexamine had 27, 24, and 23 targets, respectively. The polypharmacology of natural products was very common.

The predicted efficacy of the top twenty medicinal plants for T2DM was listed in Table 2. There were five plants (*Hypericum perforatum*, *Ganoderma lucidum*, *Holarrhena antidysenterica*, *Celastrus orbiculatus*, and *Murraya euchrestifolia*) where prediction efficacy was higher than 1000. We searched the literatures which reported the anti-T2DM bioactivities of the top twenty medicinal plants (Table 2) and found that 15 medicinal plants had information of definite effectiveness against T2DM. For example, Arokiyaraj and
Table 2: Top twenty potential medicinal plants.

| Rank | Latin name               | \( \text{PE}_{\text{plant}} \) | Reported bioactivity |
|------|--------------------------|-------------------------------|---------------------|
| 1    | Hypericum perforatum     | 1777.81                       | [35, 36]            |
| 2    | Ganoderma lucidum        | 1560.05                       | [37]                |
| 3    | Holarrhena antidysenterica | 1147.22                     | [38, 39]           |
| 4    | Celastrus orbiculatus    | 1089.44                       | N/A                |
| 5    | Murraya euchrestifolia   | 1066.97                       | N/A                |
| 6    | Melia azedarach          | 980.47                        | [40]                |
| 7    | Datura metel             | 894.36                        | [41, 42]           |
| 8    | Ficus microcarpa         | 837.65                        | [43]                |
| 9    | Tripterygium wilfordii   | 785.30                        | [44]                |
| 10   | Pachysandra terminalis   | 740.38                        | N/A                |
| 11   | Calendula officinalis    | 729.77                        | [45]                |
| 12   | Vitis vinifera           | 719.77                        | [46]                |
| 13   | Melia toosendan          | 711.49                        | N/A                |
| 14   | Mangifera indica         | 677.08                        | [47]                |
| 15   | Piper nigrum             | 667.41                        | [48]                |
| 16   | Solanum dulcamara       | 667.12                        | [49]                |
| 17   | Garcinia hanburyi        | 641.41                        | N/A                |
| 18   | Momordica charantia      | 632.37                        | [50, 51]           |
| 19   | Lantana camara           | 625.64                        | [52]                |
| 20   | Ceriops tagal            | 623.13                        | [53]                |

Figure 2: The distribution in chemical space according to PCA of natural products contained in medicinal plants and 25 FDA-approved drugs for T2DM. The black dots and green triangles represent natural products and FDA-approved drugs, respectively.

colleagues evaluated the antihyperglycemic activity of Hypericum perforatum in diabetic rats, and it produced significant reduction in plasma glucose level [35].

3.3. Clinical Herbal Formula. Tangminling which was a widely used herbal formula in China to treat T2DM comprised eleven medicinal herbs (Trichosanthes kirilowii, Citrus sinensis, Bupleurum chinense, Rheum officinale, Astragalus membranaceus, Pinellia ternata, Scutellaria discol, Crataegus pinnatifida var. major, Paonia albiflora, Prunus mume, and Picrorhiza kurroa) [3]. The prediction efficacy of each medicinal plant was 493.04, 199.26, 36.06, 29.08, 15.12, 14.80, 783, 707, 706, and 704, respectively. It indicated that all plants could play a role in the treatment of T2DM. However, the prediction efficacy of eleven herbs differed considerably from each other. It meant that Trichosanthes kirilowii and Citrus sinensis played major roles (sovereign herbs). Meanwhile, The others worked as assistants which may strengthen the efficacy of sovereign herbs or reduce the toxicity.

4. Conclusions

Medicinal plants are potentially important for novel therapeutic drugs. It is currently estimated that approximately 420,000 plant species exist in nature [61]. However, only 10,000 of all plants have documented medicinal use [62]. Therefore, there are potentially many more important pharmaceutical applications of plants to be exploited. Traditional method (from selecting plants to separating compounds following bioassay) is time-consuming. In this work, we developed a molecular docking score-weighted prediction model based on drug-target network to evaluate the efficacy of natural products and medicinal plants for T2DM. Natural products contained in the medicinal plants would target several cellular target proteins. The prediction efficacy of this model took into account all potential interactions between multicomponents and targets. Therefore, the prediction efficacy was an overall evaluation at systems level. Fifteen out of the top twenty medicinal plants had reported bioactivity...
against T2DM in literatures. This approach may promote the research on the use of medicinal plants to treat T2DM and drug discovery from natural products.

Conflict of Interests

The authors declare that they have no conflict of interests.

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