

Cheminformatics bioprospection and experimental validation of corn silk for interventive type 2 diabetes therapeutics

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August 2024

Declaration

It is hereby declared that the work in this dissertation submitted by me for the qualification of Master of Applied Science Degree in Biotechnology at the Durban University of Technology is my independent work and has not previously been submitted by me for qualification at another Institution of higher education. The copyright of this thesis is hereby ceded in favour of the Durban University of Technology.

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As the candidate's supervisor, I agree to the submission of this thesis.

Professor Saheed Sabiu

Date

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1. **Lukman, H.Y.**, Aribisala, J.O., Akoonjee, A., Sulyman, A.O., Wudil, A.M. and Sabiu, S., 2024. Modulation of dipeptidyl peptidase IV by rooibos tea metabolites towards type 2 diabetes care: Evidence from molecular dynamics simulation and density functional theory. *Scientific African*, 24, 2173-2187.
2. **Balogun, F.O.**, Singh, K., Rampadarath, A., Akoonjee, A., Naidoo, K. and Sabiu, S., 2023. Cheminformatics identification of modulators of key carbohydrate-metabolizing enzymes from *C. cujete* for type-2 diabetes mellitus intervention. *Journal of Diabetes and Metabolic Disorders*, 22, 1299-1317.
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Conference proceedings

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General abstract

Diabetes mellitus (DM) is one of the oldest known human diseases, with type 2 diabetes mellitus (T2DM) being the most prevalent form. Type 2 diabetes mellitus (T2DM) is characterized by elevated blood glucose levels due to defective insulin production and/or resistance to insulin. If left untreated, it can lead to severe complications affecting various body systems. While synthetic medications are commonly used to treat T2DM, their associated drawbacks, such as high cost, inaccessibility and side effects, mitigate their application in managing T2DM. Consequently, there has been a growing interest in natural products with antidiabetic potential. Natural products, including medicinal plants and plant-derived products, have been used for centuries, and their active compounds continue to be explored for therapeutic applications. For example, corn silk (CS), a waste material of corn cultivation, possesses several therapeutic properties, including antidiabetic potential. Although, studies reporting the promising hypoglycaemic potentials of CS exist, its exact mechanism of action remains incompletely elucidated, a research gap that was fulfilled in this study through metabolomics, cheminformatics bioprospection and *in vitro* experimental validation.

To identify the constituents in CS, ultra-performance liquid chromatography-mass spectrometry analysis and principal component analysis was performed on its three extracts (aqueous, hydro-ethanolic and ethanolic) at two developmental growth stages (premature and mature). A library consisting of 128 metabolites was generated from all the samples of CS with qualitative and quantitative variations observed between the two growth stages of CS and the type of solvent used for extraction. Specifically, the mature CS had a higher abundance of most metabolites, with the hydro-ethanolic extract of CS being the most metabolites-rich compared to the aqueous and ethanolic extracts of CS. These metabolites were thereafter subjected to bioprospection against the therapeutic targets, such as enzymes and genes implicated in the pathogenesis of T2DM using computational techniques.

The modulatory role of CS metabolites on six enzymes implicated in the pathogenesis of T2DM and its secondary complication, particularly alpha-amylase (AA), alpha-glucosidase (AG), aldose reductase (AR), dipeptidyl peptidase-4 (DPP-4), protein tyrosine phosphatase 1B (PTP1B) and sorbitol dehydrogenase (SDH), was analysed using molecular docking complemented with molecular dynamics (MD) simulation. Molecular docking analysis identified aesculin (-8.1 kcal/mol), austriacin (-7.8 kcal/mol), (6E)-1-(4-hydroxyphenyl)-7-phenylhepta-4,6-dien-3-one (-9.9 kcal/mol), (-)-11-hydroxy-9,10-dihydrojasmonic acid 11-beta-D-glucoside (-8.6 kcal/mol), phaseic acid (-6.0 kcal/mol), and erythronolide B (-9.2 kcal/mol) as compounds with the most negative scores against AA, AG, AR, DPP-4, PTP1B and SDH, respectively. However, a further insight into the binding free energy (ΔG_{bind}) calculations of the putative leads against each enzyme over a 150-ns simulation period revealed that R-7-butyl-6,8-dihydroxy-3-[(3e)-pent-3-en-1-yl]-3,4-dihydroisochromen-1-one (BHP), 1-O-vanilloyl-beta-D-glucose (VBJ), (-)-11-hydroxy-9,10-dihydrojasmonic acid 11-beta-D-glucoside (HDJ), p-coumaroyl malic acid (CMA), 2-hydroxydecanedioic acid (HDA), and (-)-11-hydroxy-9,10-dihydrojasmonic acid 11-beta-

D-glucoside (HDJ) hold remarkable therapeutic promise as modulators of AA, AG, AR, DPP-4, PTP1B, and SDH, respectively. The post-MD dynamic simulation analysis and interaction plots in each case revealed the formation of thermodynamically stable complexes suggestive of the putative leads as potential modulators of the respective investigated enzymes and their possible applications in the management of T2DM and its secondary complications. Density functional theory (DFT) analysis was used to determine the molecular characteristics of the top ranked CS metabolites identified to modulate the investigated enzyme targets. Although the lower energy gaps, higher softness and lower chemical hardness of the metabolites did not correlate with their high negative binding free energy (potentially due to the observed relative residue fluctuations and increased surface area of the targets upon ligand binding), their electrophilicity indices which were above 1.5 electron volt (eV) alluded to their strong electrophilic potential. This highlights their ability to interact with amino acids with nucleophilic side chains of the target enzymes that is indicative of enhanced specificity and binding to the enzymes.

Subsequently, a network pharmacology study was conducted to elucidate the relationship between CS constituents and signaling pathways implicated in T2DM. The analysis identified the cAMP pathway as the central signaling pathway, with adenosine receptor A1 (*ADORA1*), hydroxycarboxylic acid receptor 2 (*HCAR2*) and gamma-aminobutyric acid type B subunit 1 (*GABBR1*) as key therapeutic targets. Gallicynoic acid (-48.74 kcal/mol), dodecanedioic acid (-34.53 kcal/mol), and tetradecanedioic acid (-36.80 kcal/mol) interacted effectively with *ADORA1*, *HCAR2*, and *GABBR1*, respectively, relative to the reference standards (metformin and resveratrol) and formed thermodynamically stable complexes, as indicated by post-MD analysis results. These findings suggest the compounds as potential drug candidates for T2DM through modulation of cAMP pathway genes. The cAMP pathway is implicated in the pathogenesis of T2DM through various levels including glucagon and epinephrine-stimulated cAMP production, increased glucose release from the liver, modulation of insulin signaling, insulin resistance and the regulation of gut hormone secretion, including glucagon-like peptide-1.

To complement and validate the results obtained through network pharmacology as a further way of elucidating the mechanism of antidiabetic action of CS, experimental validation employing the use of HepG2 cells was performed. The effect of different CS formulations on HepG2 cells was firstly assessed using the 3-(4,5-dimethylthiazol-2-yl)-2,5-diphenyltetrazolium bromide (MTT) viability and glucose consumption assays, followed by real-time polymerase chain reaction (RT-qPCR) to understand the effect of CS on the expression of *ADORA1* and *GABBR1*, the top two target genes modulated by the CS metabolites as identified by the network pharmacology study. For the MTT assay, CS extracts at concentrations 75 – 100 µg/mL promoted viability of HepG2 cells, with the ethanolic extract of the mature CS being the most viable relative to the controls (insulin- and metformin-treated) and the untreated cells. Generally, higher HepG2 cell viability and glucose uptake were observed following treatment with mature CS extracts compared to premature CS. Specifically, the most significant and enhanced glucose uptake level was observed with both normal and insulin-resistant HepG2 cells following treatment with the aqueous extracts of mature CS extract compared to the controls. Furthermore, compared to

the untreated cells, as well as insulin- and metformin-administered cells, treatment with CS extracts remarkably inhibited the expression of *ADORA1* and *GABBR1* in insulin-resistant HepG2 cells with the most prominent effect observed with the aqueous extract of premature CS. These observation with the CS aqueous extracts may be attributed to their relatively higher abundance of the profiled metabolites such as gallicynoic acid B and tetradecanedioic acid, which were more than 40% each by composition in both the mature and premature extracts. These findings regarding the high concentrations of gallicynoic acid B and tetradecanedioic acid in CS aqueous extracts are not only significant in modulating the expression of *ADORA1* and *GABBR1*, resulting in increased glucose uptake in the treated cells but consistent with the results of MD simulation that profiled the two compounds as putative leads against the two most significant therapeutic targets in the cAMP signalling pathway associated with T2DM. Overall, the findings from this study have contributed to the elucidation of the mechanisms of antidiabetic action of CS metabolites which would be vital in the development of CS as a therapeutic agent for the management of T2DM and its associated secondary complications.

Keywords: Computer-aided drug design; Corn silk; Network pharmacology; Molecular dynamics simulation; Type 2 diabetes mellitus

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Chapter one
General Introduction

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Chapter one

1. Introduction

Diabetes mellitus (DM), a chronic metabolic disease characterized by elevated blood glucose levels, is a significant contributor to morbidity, mortality, and health costs worldwide (Mazibuko-Mbeje *et al.*, 2022). In 2024, approximately 540 million adults between the ages of 20 – 79 years were diabetic globally, and this figure is expected to rise to 783 million by 2045, if no practical solution is provided (IDF, 2024). Just like the global trends, the rapidly increasing prevalence of DM in South Africa is also alarming, especially since DM is the leading underlying cause of death in women and the second highest cause of death for the entire South African population (Sifunda *et al.*, 2023). Approximately 55.5% of South Africans are living in poverty (Statistics South Africa, 2024) and when coupled with the already overburdened healthcare system, the economic toll of DM on the country is tremendous (Sifunda *et al.*, 2023). Among several factors that contribute to the rising prevalence of DM in South Africa, sedentary lifestyles, unhealthy diets, obesogenic environments, urbanization and an aging population are the most pertinent (Pheiffer *et al.*, 2018). Accounting for approximately 90% of cases, type 2 diabetes mellitus (T2DM) remains the most prevalent form of DM (Lankatillake *et al.*, 2019) and its untreated cases have culminated in severe complications such as kidney disease, ocular damage, cardiovascular disease, heart attack, stroke, bone fracture risks, nerve damage, skin conditions, foot related complications (ulcers, loss of feeling, amputation etc.), increased risk of Alzheimer's disease and hearing impairment (Xiao *et al.*, 2019; Yagasaki *et al.*, 2022).

To improve the health and quality of life of patients suffering from T2DM, mitigate the onset of T2DM-related secondary complications, minimize the number of hospitalizations, alleviate the strain on healthcare systems, and reduce the risk of premature death, effective T2DM management is imperative (Michaelidou *et al.*, 2023). Lifestyle modifications (a healthy diet, regular physical exercise, weight management therapy), constant blood sugar monitoring and regular healthcare visits to monitor overall health and prevention of secondary complications can be used in the management of T2DM (Dludla *et al.*, 2020). However, the long-term application and sustainability of these approaches are usually not feasible for several patients (Lankatillake *et al.*, 2019). Consequently, there is a significant reliance on the use of conventional oral antidiabetic medications to achieve and maintain glycaemic control (Sabiou *et al.*, 2019). However, the long-term regimens, cost, accessibility, lower therapeutic efficacy,

differing individual variability, low drug solubility and permeability, lack of target specificity and low potency are major drawbacks associated with the use of conventional synthetic drugs in T2DM management therapy (Padhi *et al.*, 2020). In addition, prolonged usage of T2DM synthetic medications results in drug resistance and unwanted side effects such as weight fluctuations, nausea, diarrhoea, hypoglycaemia, liver and kidney failure, cardiovascular complications and lactic acidosis (Michaelidou *et al.*, 2023; Yao *et al.*, 2024). Consequently, several anti-hyperglycaemic agents with promising antidiabetic potentials have been identified as alternatives or complementary adjuncts to synthetic medications (Padhi *et al.*, 2020).

Natural products, such as plants, herbs and organic materials with promising antidiabetic properties have served as abundant sources of non-synthetic anti-hyperglycaemic compounds that can be used to maintain blood glucose concentration, reduce the impact of side effects and prevent secondary complications associated with T2DM (Xiao *et al.*, 2018; Sukhikh *et al.*, 2023). Among the various crops produced in South Africa, corn stands out as a predominant field crop as it is an economical staple food consumed by most of the population (ADAMA, 2023). While the edible corn kernels are the main product produced by corn cultivation, a by-product of corn proliferation is corn silk (CS) which is often treated as waste and discarded (Hasanudin *et al.*, 2012). However, CS is an abundant, low-cost natural plant material with promising therapeutic properties (Sabiou *et al.*, 2019; Wang *et al.*, 2019), and has been used as a traditional medicine to treat several diseases including T2DM (Zhang *et al.*, 2015; Dardouk *et al.*, 2019; Alimin L, 2020). Corn silk (CS) consists of several metabolites, including flavanoids, saponins, alkaloids, tannins, phytosterols, terpenoids, steroids, polysaccharides, cerebrosides, allantoin and vitamins (Thoudam *et al.*, 2011), many of which are responsible for its reported bioactivities including antidiabetic (Singh *et al.*, 2022; Fougere *et al.*, 2023). Despite several studies reporting CS as a promising antidiabetic material (Chen *et al.*, 2013; Zhang *et al.*, 2015; Jia *et al.*, 2020; Chaudhary *et al.*, 2022; Dong *et al.*, 2022; Liang *et al.*, 2024), its mechanism of anti-hyperglycaemic action has not been fully elucidated to date, a gap in research that needs to be further explored.

A major challenge in T2DM therapy involves the optimization of current T2DM therapies (conventional and non-conventional), which is crucial for the development of promising antidiabetic agents for the effective maintenance of blood glucose levels (Padhi *et al.*, 2020). With technological advancements, researchers can identify plant secondary metabolites, which can be used to further investigate the pharmacological potential such as antidiabetic

properties of a plant (Yao *et al.*, 2024). This is crucial for the isolation and/or synthesis of lead compounds that can serve as a foundation for future drugs (Rahman *et al.*, 2022). Metabolomic profiling is a powerful technique used to comprehensively analyse metabolites present in a plant allowing investigations on its developmental stages, responses to external stresses, and genetics (Desai *et al.*, 2013) as well as its pharmacological properties and mechanisms of action (Lu *et al.*, 2013). For instance, metabolomic studies can offer insights on the potential role of plant-derived metabolites in modulating insulin resistance and glucose homeostasis (Hu *et al.*, 2014; Wang *et al.*, 2020).

Among the high throughput tools used in metabolomic studies, mass spectrometry (MS) and proton nuclear resonance spectroscopy remain the most used techniques (Nicholson *et al.*, 1999). Hailed as the most frequently used technique in metabolomics, MS provides information on mass-to-charge ratio which enables the structure of a compound to be determined, allowing for its detection and quantification in a biological sample (Hasanpour *et al.*, 2020; Lu *et al.*, 2013). It is usually coupled with other suitable analytical techniques such as gas chromatography (GC) and liquid chromatography (LC) to enhance the detection of distinct metabolite classes (Lu *et al.*, 2013). da Hora *et al.* (2021) employed high performance liquid chromatography-mass spectrometry (HPLC-MS) analysis and GC-MS to identify 34 metabolites in different organic solvent extractions of CS (da Hora *et al.*, 2021). Ultra-high performance liquid chromatography-mass spectrometry (UHPLC-MS) of a 50% ethanolic extract of Martinique CS revealed the detection of 104 therapeutic compounds consisting of 55 flavonoids, 13 organic acids, 29 lipids and 7 nitrogenous compounds (Fougere *et al.*, 2023). Although there has been increasing efforts in terms of exploring the phytochemical composition of CS, a comprehensive phytochemical profile of CS could be further improved, particularly in terms of investigating various types and varieties of corn, and establishing correlations between CS metabolites and reported biological activities, which could be improved using computational approaches.

Integrating metabolomic data with computational approaches allows for identification of novel therapeutics through drug targets prediction and biomarkers' identification, which will enable drug repurposing, understanding of drug mechanisms, drug response predictions, investigating drug-drug interactions and optimizing drug combinations as well as enabling personalized medicine (Pang *et al.*, 2023). Through the constant evolution of technology, computational techniques have revolutionized the field of drug discovery, accelerating the process and expanding the possibilities for identifying, designing and developing new drug

agents (Koparde *et al.*, 2023). Network pharmacology, an interdisciplinary field encompassing pharmacology, network science, systems biology and computational biology, allows for the study of drug leads, targets and biological systems at a network level (Leung *et al.*, 2013). The integration of distinct largescale datasets from heterogenous sources in network pharmacology allows for the construction of disease-specific networks (Agamah *et al.*, 2020), and to foster a genome-centric strategy which can be used to elucidate crucial nodes that can serve as potential targets, owing to their influence within the network (Katsila *et al.*, 2016).

Together with network pharmacology, computer-aided drug design (CADD) approaches such as structure-based drug design, structure-based pharmacophore modelling, virtual screening, quantum mechanical modelling (density functional theory), molecular docking, ligand-based drug design, quantitative structure–activity relationship models, ligand-based pharmacophore modelling and molecular dynamics (MD) simulation can be used to further explore the relationship between targets and lead drugs (Asadi *et al.*, 2013; Xin *et al.*, 2021; Hasan *et al.*, 2022; Wang *et al.*, 2022). Through CADD, the discovery and development of lead compounds by employing theoretical calculations, simulations and prediction of relationships between drug leads and target receptors is made possible, accelerating the process of drug discovery (Gu *et al.*, 2023; Sharma *et al.*, 2023).

While computational approaches have offered valuable insights into the discovery and development of therapeutic agents for T2DM, experimental validation to ensure the reliability, accuracy, efficacy, and safety of potential drugs and/ or treatments is imperative (Shalaby *et al.*, 2014; Ponnulakshmi *et al.*, 2019; Kifle *et al.*, 2020). Of the experimental validation strategies, the use of mammalian cell lines has been identified as one of the most reliable ways to screen potential drug candidates in providing insights into their safety profiles and possible mechanisms of action (Jaroch *et al.*, 2018, Venkateswaran *et al.*, 2020; Feraco *et al.*, 2021). While numerous studies have reported the anti-hyperglycaemic properties of CS using animal models (Zhao *et al.*, 2012; Zhang *et al.*, 2015; Pan *et al.*, 2017; Han *et al.*, 2019; Sheng *et al.*, 2021), there is limited reports on the use of mammalian cell lines investigating the effect of CS on T2DM and its related secondary complications. The only available cell line studies on the mechanism of antidiabetic action of CS are through the restoration of beta-cell function, reduction of pathological oxidative stress, inhibition of protein glycation, reduction of advanced glycation end-product formation, inhibition of extracellular matrix, induction of glucose uptake and enhancing the translocation of glucose transporter type 4 (Chang *et al.*, 2016; Guo *et al.*, 2019; Wang *et al.*, 2019; Hamzah *et al.*, 2021). Out of the mammalian cells

exploring the anti-hyperglycaemic activities of CS, there is no reports validating the antidiabetic potentials of CS using HepG2 cells. HepG2 is a human hepatoma cell derived from human foetal liver tumour cells and is one of the commonly used cells in studies related to DM (Liu *et al.*, 2017). While the use of HepG2 cell line studies have been employed to investigate the relationship between many plants and their chemical components on the pathogenesis of T2DM and the prevention of secondary complications associated with T2DM (Huang *et al.*, 2015; Mokashi *et al.*, 2017; Chen *et al.*, 2019; Aladejana *et al.*, 2020; Bourebaba *et al.*, 2021; Yarahmadi *et al.*, 2021), there is no information available validating the antidiabetic potentials of CS using a HepG2 cells, one of the knowledge gaps this project aims to fulfil.

This study focuses on exploring the antidiabetic mechanism of action (MoA) of CS, an abundant natural waste product that remains underutilized in South Africa, through metabolomics, computational and experimental validation approaches. Ultra-performance liquid chromatography-mass spectrometry was utilized to identify the metabolites present in different formulations of CS at two developmental growth stages. Thereafter, computational approaches such as network pharmacology, molecular docking and MD simulation were employed to unearth the antidiabetic MoA of CS by exploring the relationship between its metabolites and therapeutic targets implicated in the pathogenesis of T2DM. Subsequently, a HepG2 cell line study aimed at investigating the effect of CS on glucose uptake and expression of target genes implicated in the pathogenesis of T2DM, was performed to validate the anti-hyperglycaemic potential of CS *in vitro*.

2. Research problem

Type 2 diabetes mellitus (T2DM) is a complex metabolic disorder that affects millions globally (Lankatillake *et al.*, 2019). If left untreated, it can lead to serious complications, such as cardiovascular disease, stroke, kidney damage, blindness, and even limb amputation (Michaelidou *et al.*, 2023). The high cost, long-term regimen and adverse side effects associated with the currently available oral antidiabetic drugs make the disease difficult to manage (Padhi *et al.*, 2020). Plants serve as sources of various phytochemicals which have been reported with promising antidiabetic properties (Rahman *et al.*, 2014; Zhang *et al.*, 2015). Although, studies have reported the antidiabetic properties of CS, the exact MoA are not fully elucidated. Seeking to understand the underlying mechanism of antidiabetic action of CS prompted this study.

3. Aim and objectives of the study

The aim of this study was to determine the metabolite profiles and molecular mechanism of action of corn silk as an interventive therapy in the management of T2DM using computational and experimental approaches.

This aim was achieved through these specific objectives:

- i. Metabolomic profiling of the metabolites presented in different extracts of CS of a commonly consumed corn in South Africa at two different developmental stages (premature and mature) using ultra performance liquid chromatography-mass spectrometry and principal component analysis;
- ii. Establishment of the structural mechanism of interaction between CS metabolites and the key enzymes (alpha-amylase, alpha-glucosidase, dipeptidyl peptidase-4, aldose reductase, sorbitol dehydrogenase and protein tyrosine phosphatase 1B) implicated in the pathogenesis of T2DM using molecular dynamic (MD) simulation approach;
- iii. Investigation of the relationship between CS metabolites with the signalling pathways and genes implicated in T2DM using network pharmacology-based strategy complemented with MD simulation; and,
- iv. Validation of the molecular mechanism of antidiabetic potential of CS in vitro using HepG2 cells.

4. Organization of dissertation

The dissertation includes a contribution of a published article as well as submitted articles for publication. Chapter one provides the general background to the study with details on the core research problem and aim of the study, while Chapter two focused on the literature review assessing information available on the medicinal properties, particularly the antidiabetic potential of CS. Chapter three explores the intermolecular mechanism of interaction between CS metabolites identified through metabolomics against the key enzymes implicated in the pathogenesis of T2DM using molecular docking and MD simulation approaches. Chapter four on the other hand focused on elucidating the relationship between CS metabolites and therapeutic genes as well as signaling pathways implicated in the pathogenesis of T2DM through integrated network pharmacology and advanced computation approaches. The findings on the experimental validation of the anti-hyperglycemic potentials of CS using HepG2 cells are presented in Chapter five. In Chapter six, the general discussion and conclusions to consolidate the overall results obtained from the study are presented.

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Chapter two

Literature review

1. Introduction

Diabetes mellitus (DM), a chronic metabolic disease resulting from abnormal glucose metabolism, is responsible for significant morbidities, mortalities and economic expenditures worldwide (Pheiffer *et al.*, 2018). In 2021, approximately 537 million adults (between 20-79 years old) were living with DM globally, and this number is expected to rise to 783 million by 2045 if no practical solution is provided (Yagasaki *et al.*, 2022). The prevalence of DM in South Africa has surged significantly, nearly tripling from 4.5% in 2010 to 12.7% in 2019 (Grundlingh *et al.*, 2022). An estimated 52.4% of the 4.58 million individuals aged 20 to 79 years old with DM in South Africa in 2019 were undiagnosed (Grundlingh *et al.*, 2022). The alarming rise in the prevalence of DM in South Africa is a cause for concern (Khan *et al.*, 2020), particularly considering that DM is the primary natural cause of death in women and the second-highest cause of death in the entire South African population (Sifunda *et al.*, 2023). Comprising of approximately 90% of DM cases, type 2 diabetes mellitus (T2DM) is the most widespread form of DM (Lankatillake *et al.*, 2019) and sadly if not properly treated, can result into a number of significant complications such as renal disease, damage to the eyes, cardiovascular disease, heart attacks, strokes, heightened risks of bone fractures, nerve damage, skin conditions, complications related to the feet (ulcers, loss of sensation, amputation), increased risk of Alzheimer's disease, and hearing impairment (Xiao *et al.*, 2019; Yagasaki *et al.*, 2022).

Lifestyle modifications, such as a healthy diet, regular physical exercise, weight management therapy, constant blood sugar monitoring and regular healthcare visits to monitor overall health and prevent the occurrence of complications can be used for the effective management of T2DM (Dludla *et al.*, 2020). However, the long-term application and sustainability of these approaches are usually not feasible for several patients (Lankatillake *et al.*, 2019), who therefore become reliant on the use of synthetic medications to uphold glycemic control (Sabiu *et al.*, 2019). However, the drawbacks associated with conventional synthetic drugs in the management of T2DM are significant. These include the need for long-term regimens, high costs, limited accessibility, lower therapeutic efficacy, individual variability, poor drug solubility and permeability, lack of target specificity, and low potency (Padhi *et al.*, 2020). In addition, prolonged use of these medications can lead to drug resistance and a range of unwanted side effects, such as weight

fluctuations, nausea, diarrhea, hypoglycemia, liver and kidney failure, cardiovascular complications, and lactic acidosis (Michaelidou *et al.*, 2023; Yao *et al.*, 2024). As a result, there is growing interest in exploring alternative or complementary approaches to synthetic medications, focusing on anti-hyperglycemic agents from natural sources with promising antidiabetic potential (Padhi *et al.*, 2020).

When searching for these alternative agents, it's important to recognize the role plants play in treating several diseases and illnesses including T2DM (Lankatillake *et al.*, 2019). Natural products, including plants, herbs, and organic materials (Rahman *et al.*, 2022), offer ample reservoirs of non-synthetic anti-hyperglycemic compounds that exhibit promising antidiabetic properties. These natural compounds can help regulate blood glucose levels, mitigate the effects of side effects, and deter secondary complications associated with T2DM (Xiao *et al.*, 2018; Sukhikh *et al.*, 2023). The ethnopharmacological knowledge available on natural products in traditional African medicine systems serves as a means to uncover and develop novel antidiabetic drug candidates is gaining traction in Africa (Mohammed *et al.*, 2022), which is fueled by the recognized high nutritional and therapeutic worth of native African plants (Hostettman *et al.*, 2000). Although there has been increasing interest in the therapeutic properties of South African flora, many plants or plant materials with pharmacological potential have been overlooked or underutilized when searching for novel therapeutic agents (Sabiou *et al.*, 2016). An example of an underutilized plant material in South Africa is corn silk (CS), an abundant waste product discarded following corn cultivation, which has been traditionally used for the treatment of many diseases and illness (Sabiou *et al.*, 2019). Several studies report the therapeutic properties of CS including antioxidant, anti-inflammatory, anti-hypertensive, anti-cancer, anti-microbial and antidiabetic (Hasanudin *et al.*, 2012; Chen *et al.*, 2013; Žilić *et al.*, 2016; Chaiittianana *et al.*, 2017; Wang *et al.*, 2019; Shalihah *et al.*, 2020; Chaudhary *et al.*, 2022). In this review, an overview of DM is covered, with a particular focus on T2DM, its associated complications, and both conventional and non-conventional T2DM therapies, including the utilization of the waste material CS as an antidiabetic agent. The nutritional, phytochemical, and biological properties of CS are thoroughly examined, underscoring the significance of this waste material as a pharmacological asset, particularly in combating T2DM. This comprehensive review is essential for evaluating CS as a potential therapeutic candidate against T2DM and for advocating the exploration of novel therapies as viable treatment options for T2DM, complementing existing conventional treatment modalities. It is

believed that this will contribute significantly to the advancement of novel antidiabetic agents, which is vital in the fight against the ever-increasing prevalence of T2DM and will contribute towards the improvement of T2DM management systems.

2. Methodology for the review

Information was gathered from published journals, books, reports from national, regional and international institutions, conference proceedings and other intellectual resources. Keywords such as “diabetes mellitus”, “classifications of diabetes mellitus”, “prevalence of diabetes mellitus”, “type 2 diabetes mellitus”, “type 2 diabetes mellitus in South Africa”, “complications of type 2 diabetes mellitus”, “type 2 diabetes mellitus therapy”, “conventional treatment for type 2 diabetes mellitus”, “antidiabetic plants”, “corn silk”, “corn silk in healthcare”, “pharmacological properties of corn silk”, “antidiabetic compounds in corn silk” were used to retrieve information from online databases such as Google, Google Scholar, PubChem, Elsevier, Consensus and Science Direct.

3. Review of diabetes mellitus

3.1. Brief history of diabetes mellitus

The earliest observations of clinical features resembling those of DM such as weight loss and polyuria, date back over 3000 years to ancient Egyptian records wherein concoctions of bowes, wheat, and earth were recommended by the Egyptians to alleviate the symptoms (Ahmad, 2002). The association between polyuria and sweet tasting urine was documented in Indian literature between the 5th and 6th centuries AD by Sushruta (Peumery, 1987). Aretus of Cappadocia, Greece (81 AD – 133 AD), was the first to identify excessive thirst and abnormal urine production as symptoms of a condition he termed polyuria, which aligns with modern-day symptoms of DM (Kaul *et al.*, 2012). Ancient Chinese medical texts, around the years 160–219, described polyuria, polydipsia, and weight loss as indicative of a specific (but unclassified) disease. Additionally, in the 7th century AD, a disorder called ‘Hsiao kho ping’ was characterized by symptoms resembling those of DM, including sweet-tasting urine and intense thirst (Karamanou *et al.*, 2016). From the 8th century onwards, physicians noted the propensity of diabetic patients to develop skin infections, ulcers, furuncles, and visual impairments (Karamanou *et al.*, 2016). The modern terminology of diabetes mellitus emerged in 1675 when Thomas Willis of Britain introduced the term "mellitus" (Latin for honey) to describe the condition due to the presence of excess sugar in the urine and blood of afflicted patients (Ahmad, 2002). This

term continues to serve as a hallmark of typical diabetic symptoms to this day (Kaul *et al.*, 2012). Two significant milestones in understanding the pathogenesis of DM occurred in medical history: firstly, the application of chemistry for diagnostic purposes in the 18th century, and secondly, the pioneering work of Claude Bernard (1813-1878) and Charles-Édouard Brown-Séquard (1817-1895), which laid the foundation for the emergence of endocrinology as a medical discipline (McGrew, 1985). In the 19th century, Oskar Minkowski and Joseph von Mering played pivotal roles in the discovery of the relationship between the pancreas and diabetes, particularly in understanding the role of the pancreas in glucose metabolism. A major collaborative action that took place in the early 20th century between Frederick Banting, Charles Best, James Bertram Collip and John Macleod led to the discovery of insulin, a hormone crucial for regulating blood sugar levels in the body (Karamanou *et al.*, 2016). A summarized timeline highlighting major contributions to the history of DM is depicted in Figure 1.

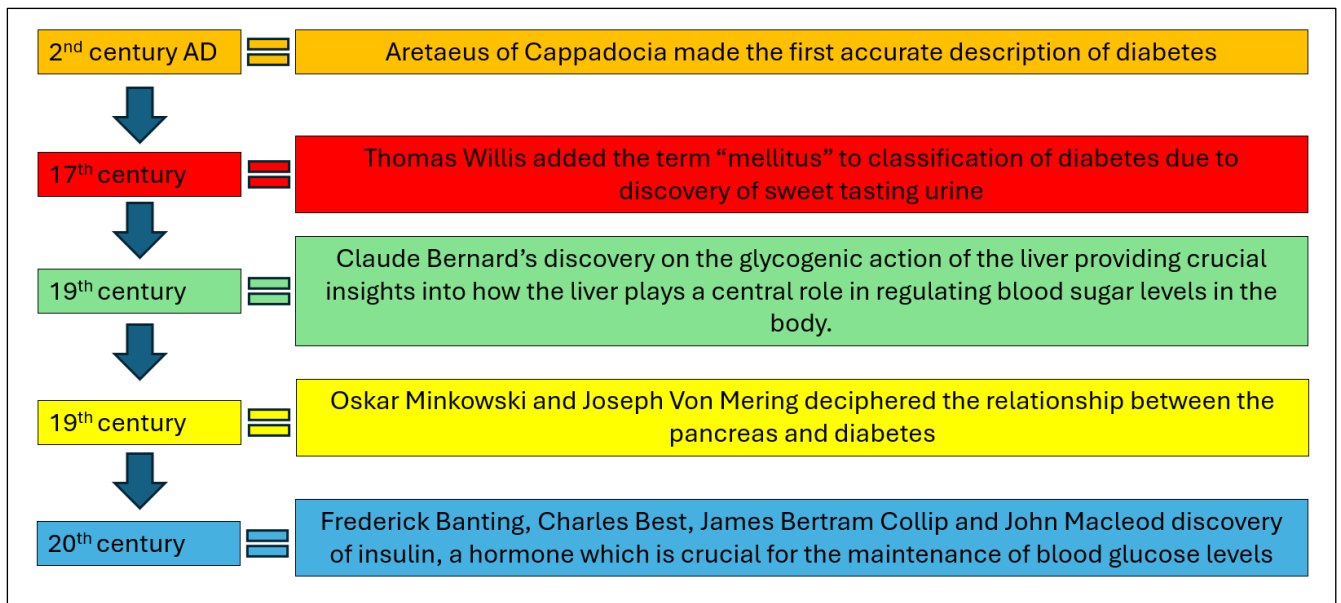


Figure 1: Major contributions made in the history of diabetes mellitus

3.2. Overview and prevalence of diabetes mellitus

Several systems and pathways in the human body function synergistically to bring about and maintain a healthy physiological state, however, an aberration to the stable state can result in dire consequences to the body, including injury (Kaul *et al.*, 2012). Diabetes mellitus (DM), regarded as the epidemic of the century (Kharroubi *et al.*, 2015), is a group of chronic and complex metabolic diseases characterized by impaired blood glucose control

due to defective insulin production and/or action resulting in dysfunctional glucose metabolism (Patel *et al.*, 2012; Yagasaki *et al.*, 2022). The emergence of DM as a global epidemic is closely correlated to the onset of industrialization worldwide as well as the staggering rise in the prevalence of obesity (Kaul *et al.*, 2012). According to the International Diabetes Federation (IDF), approximately 537 million people have DM in the world, with around 24 million adults (aged 20-79 years) affected in Africa alone (IDF, 2023). Interestingly, out of the 24 million African adults with DM, 13 million are undiagnosed (Mthembu *et al.*, 2022). Projections suggest a staggering 134% increase in DM prevalence across the African continent by 2045, making it the region with the highest percentage increase globally (IDF, 2021). In 2021, the IDF reported that 416,163 deaths of individuals aged 20-79 years old in Africa were attributed to DM (IDF Diabetes Atlas, 2021). In South Africa, a country where roughly 55.5% of the population lives in poverty (Sulla, 2020), an estimated 4,234,000 adults are reported to have DM, leading to significant social, health, and economic burdens (IDF, 2023). The surge in the prevalence of DM in South Africa is driven by various factors including an aging population, economic transition, urbanization, genetic predisposition, lifestyle choices (such as poor diet, sedentary behavior, and obesity), insulin resistance, advancing age, specific ethnicities, pregnancy, and other health-related condition (hormonal disorders) (Pheiffer *et al.*, 2017; Yagasaki *et al.*, 2022). For the early detection and treatment of DM, identifying the occurrence of symptoms associated with the disease is crucial (McAulay *et al.*, 2001). The most commonly observed symptoms associated with DM include polyuria, polydipsia (increased thirst), polyphagia (increased hunger), unexplained weight loss, fatigue, blurry vision, slow wound healing, frequent urinary and/or genital infections, frequent skin infections (cellulitis, styes, folliculitis, candidiasis and skin ulcers), neuropathy, increased incidence of foot ulcers and darkened skin patches (Ramachandran, 2014; Cloete, 2021). The symptoms experienced by individuals with DM vary based on the stage of the disease, the type of DM, and the overall health status of the patient (McAulay *et al.*, 2001). Recognizing the specific type of DM is essential for effectively managing the condition, preventing complications, and enhancing long-term health outcomes (Kharroubi *et al.*, 2015).

The classification of DM is important; allowing for proper treatment, it is however a difficult task because many patients do not easily fit into a single class especially younger adults (Kharroubi *et al.*, 2015). In 1997, the American Diabetes Association proposed three major types of DM: type 1 diabetes mellitus (T1DM), type 2 diabetes mellitus (T2DM) and gestational diabetes mellitus (GDM) (American Diabetes Association, 2014), each distinguished by unique characteristics and underlying causes as discussed further (Surya *et al.*, 2023).

3.3.Types of diabetes mellitus

3.3.1. Gestational diabetes mellitus

Gestational diabetes mellitus (GDM) is a type of DM that develops during pregnancy, typically during the second or third trimester, and usually resolves after childbirth (McIntyre *et al.*, 2019). Gestational diabetes mellitus (GDM) is characterized by elevated blood glucose levels, a condition known as hyperglycemia, which occurs due to hormonal fluctuations and heightened insulin demands associated with pregnancy (Glovacie *et al.*, 2019). Woman suffering from GDM have reduced insulin response to nutrients resulting in hyperglycemia in comparison to woman who do not have GDM (Petry *et al.*, 2023). Additionally, woman who previously suffered with GDM reported a significant defect in pancreatic β -cell function in comparison to woman with normal pregnancies (Kautzky-Willer *et al.*, 1997). Several risk factors contribute to the development of GDM, including being overweight or obese, environmental factors (overeating and a sedentary lifestyle), family history, age, and previous history of GDM in prior pregnancies, along with specific ethnic backgrounds (Turgut *et al.*, 2022). Certain ethnic groups, particularly women from South Asia and Southeast Asia, have historically exhibited a higher prevalence of GDM compared to Caucasian, African-American, and Hispanic communities (Schiavonem *et al.*, 2016). In 2021, the IDF reported that approximately 1 in every 8 live births are affected by GDM (IDF, 2021). If left uncontrolled, GDM not only increases the risk of maternal and fetal complications during pregnancy but also raises the risk of long-term complications for both mother and child (Schneiderman, 2010). Gestational diabetes mellitus (GDM) has been linked to an increased risk of pre-eclampsia, cardiovascular disease, and T2DM in affected mothers (Chiefari *et al.*, 2017), while the fetus may face obstetrical and neonatal complications such as pre-term delivery, polyhydramnios, macrosomia, shoulder dystocia,

neonatal respiratory distress syndrome, fetal hypoglycemia, and hyperbilirubinemia (Lende *et al.*, 2020). A long-term follow-up study by Kim *et al.* (2002) revealed that most, but not all, woman with GDM progress to DM following pregnancy (Kim *et al.*, 2002). Long-term complications, such as high blood pressure, obesity, insulin resistance, impaired glucose tolerance and dyslipidemia have been reported in offsprings of GDM patients (Chiefari *et al.*, 2017). Antepartum care for GDM involves the use of standard antidiabetic treatments such as nutritional changes, regular healthcare visits, regular exercise, constant blood glucose monitoring, exogenous insulin therapy and administration of selected oral antidiabetic agents, all of which aim to normalized pre- and postprandial glucose levels (Buchanan *et al.*, 2005; CDC, 2020). Post-pregnancy care in patients with GDM includes minimizing the risk of DM and detecting and treating DM if it were to occur (Buchanan *et al.*, 2005).

3.3.2. Type 1 diabetes mellitus

Type 1 diabetes mellitus (T1DM) is a chronic heterogenous disorder characterized by autoimmune destruction of insulin-producing pancreatic β -cells, culminating in an absolute deficiency of insulin, leading in elevated blood glucose levels (Padhi *et al.*, 2020; Parviainen *et al.*, 2022). While T1DM is less prevalent compared to T2DM, it accounts for approximately 5-10% of DM diagnoses (Glovacie *et al.*, 2019) and still impacts a considerable number of individuals globally who require lifelong management (Patterson *et al.*, 2019). According to IDF, the number of youth (0-20 years old) diagnosed with type 1 DM worldwide in 2022 was 8.75 million people (IDF, 2022). Several factors, including genetic and environmental, contribute to the prevalence of T1DM, including genetic predisposition, viral factors such as congenital rubella and infection with enterovirus, rotavirus, herpes virus, cytomegalovirus and endogenous retrovirus, low vitamin D levels, prenatal exposure to pollutants, early infant nutrition and obesity (Stene *et al.*, 2010; Kharroubi *et al.*, 2015). Type 1 diabetes mellitus (T1DM) tends to develop suddenly and symptoms such as frequent urination, excessive thirst, inability to control urination, unexplained weight loss, increased hunger, fatigue, slow-healing wounds, blurred vision, recurrent infections as well as severe dehydration and diabetic ketoacidosis are experienced by children and adolescents (Parviainen *et al.*, 2022). In comparison to adults, children and adolescents develop more severe symptoms and are often more likely to develop other autoimmune disorders such as Graves' disease, Hashimoto's thyroiditis, Addison's disease, vitiligo, celiac sprue, autoimmune hepatitis, myasthenia gravis, and pernicious anemia

(Kharroubi *et al.*, 2015). Additionally, the incidence of T1DM cases continues to increase worldwide which results in higher prevalence of serious short-term and long-term complications, such as diabetic retinopathy, macular oedema, diabetic nephropathy, microalbuminuria, diabetic neuropathy (carpal tunnel syndrome, peroneal nerve and third cranial nerve palsies, proximal nerve conditions), foot complications (foot ulcers and foot infections), hypertension, lactic acidosis, metabolic acidosis, hyperketonemia, anxiety, depression, and cardiovascular disease (Daneman *et al.*, 2006). The overall goals for the management of T1DM includes setting of realistic goals which consider factors such as patient's age, developmental status, family involvement, social and economic situation and medical history, near normalization of blood glucose levels and hemoglobin A1C measurements, prevention of diabetic ketoacidosis, avoidance of severe hypoglycemia, maintenance of normal growth, development and maturation of children, provision of nutritional and psychological support, prevention of microvascular and macrovascular complications (Haller *et al.*, 2005). Along with continuous glucose monitoring, patients with T1DM require lifelong insulin therapy in the form of rapid, short, intermediate and long-acting insulin preparations, making the disease easier to manage and preventing the risk of complications (Khardori *et al.*, 2023).

3.3.3. Type 2 diabetes mellitus

Type 2 diabetes mellitus (T2DM) is a metabolic disorder characterized by the body's resistance to insulin and/or insufficient insulin production, causing an accumulation of glucose in the body and giving rise to significant healthcare complications (Lankatillake *et al.*, 2019). Alongside insulin resistance and defective insulin synthesis in the pancreas, a decreased metabolic response to insulin in several tissues, including adipose tissue, the liver and skeletal muscle, is observed in T2DM (Daryabor *et al.*, 2020). Among the types of DM, T2DM distinguishes itself as the most widespread form, accounting for approximately 90-95% of all DM cases (Galicía-García *et al.*, 2020). Globally, most individuals with T2DM fall within the age bracket of 40-59 years old (Grundlingh *et al.*, 2022), and there is a higher prevalence of T2DM reported in males compared to females (Kharroubi *et al.*, 2015). Approximately 80% of global T2DM diagnoses are in low and middle-income countries (Kharroubi *et al.*, 2015), particularly in African countries such as South Africa (Sabiú *et al.*, 2019), where the epidemic is occurring at an alarming rate (Khan *et al.*, 2020). Interestingly, South Africa holds the top position among all African countries in terms of T2DM prevalence (Kharroubi *et al.*, 2015), with an observed 22% prevalence of T2DM in

2022 (Grundlingh *et al.*, 2022). A staggering 67% of South Africans were found to be pre-diabetic without previously being tested, thus a large proportion of South African population remain undiagnosed (Grundlingh *et al.*, 2022). The increased incidence in the number of T2DM cases is influenced by many factors, including a genetic predisposition, rapid urbanization, a sedentary lifestyle, an unhealthy diet, obesity and body fat composition, insulin resistance, age, and other medical conditions like hypertension, dyslipidaemia, and hormonal disorders (Chandler-Laney *et al.*, 2011; Yagasaki *et al.*, 2022). The pathogenesis of T2DM is due to insulin resistance (inability to use insulin produced by the pancreas) and/or defective insulin production in the body resulting in abnormally high and persistent plasma glucose levels, a condition known as hyperglycaemia (Galicía-García *et al.*, 2020) (Figure 2). While symptoms of T2DM is not limited to increased thirst, frequent urination, increased hunger, unintended weight loss, fatigue, blurred vision, slow-healing sores, frequent infections, numbness or tingling in the hands or feet and areas of darkened skin (armpits or neck), if poorly managed or left untreated T2DM cases can lead to a range of serious complications that negatively impact diverse areas of the body and in severe cases, mortality (Lankatillake *et al.*, 2019).

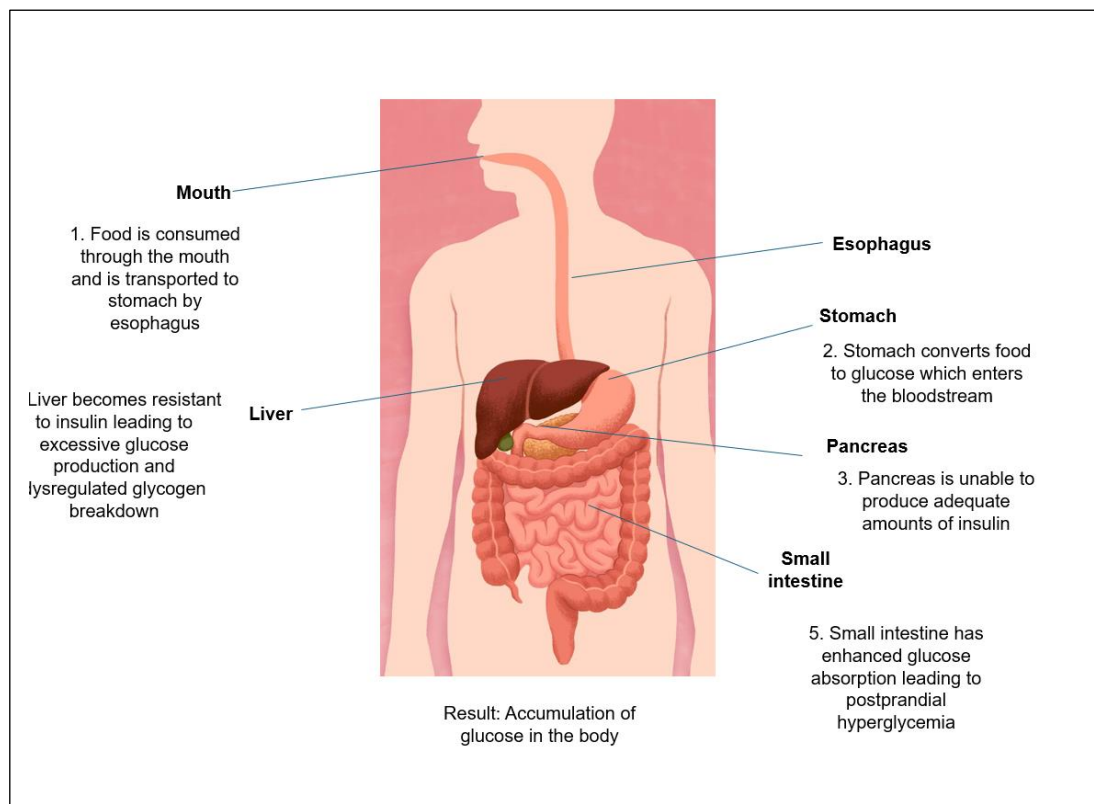


Figure 2: The pathogenesis of type 2 diabetes mellitus which affects diverse areas of the human body. Under T2DM conditions, the pancreas is unable to produce enough insulin and the liver

becomes resistant to insulin produced. Therefore, large amounts of glucose enter the bloodstream, resulting in severe secondary complications which affect diverse areas of the human body

3.3.3.1. Secondary complications associated with type 2 diabetes mellitus

The inflammatory state resulting from chronic hyperglycemia can affect every organ system in the human body including the circulatory system, pancreas, liver, gastrointestinal tract and skeletal muscle, although the degree of organ damage primarily hinges on the severity and duration of the disease (Guimaraes *et al.*, 2014; Daryabor *et al.*, 2020). Delayed and ineffective management of T2DM results in the occurrence of severe secondary complications (Lankatillake *et al.*, 2019). These secondary complications include cardiovascular complications (including coronary heart disease, myocardial infarction, hypertension, atherosclerosis and stroke), diabetic neuropathy (numbness, tingling and loss of sensation in extremities), nephropathy (chronic kidney disease and kidney failure), diabetic retinopathy (blurred vision and blindness), liver cirrhosis, heightened susceptibility to infections (urinary tract infections, skin infections and frequent yeast infections), slow wound healing, sexual dysfunction and mental health-associated problems (depression and heightened anxiety) (Lankatillake *et al.*, 2019; Galicia-Garcia *et al.*, 2020). Therefore, to minimize the risk of secondary complications as well as prevent premature mortality, effective management of this disease is crucial (Lankatillake *et al.*, 2019).

3.4. Conventional treatments for type 2 diabetes mellitus

The main objective of the various treatment options for T2DM is to address the chronic hyperglycaemia, mitigate the risk of associated complications, and above all enhance the overall health and well-being of patients (Paddy *et al.*, 2014). Non-pharmacological T2DM treatment is achieved through various components including lifestyle modifications like adopting a healthy diet, engaging in regular physical activity, weight management therapy, receiving education and support (therapy visits) and attending regular healthcare visits to monitor overall health and prevent the occurrence of secondary complications (Lankatillake *et al.*, 2019; Dłudla *et al.*, 2020). However, the long-term application and sustainability of these approaches are usually not feasible for several patients (Lankatillake *et al.*, 2019). Consequently, the use of synthetic medications become necessary for the alleviation of hypoglycaemia (Paddy *et al.*, 2014; Sabiu *et al.*, 2019). Biguanides (metformin), sulfonylureas, thiazolidinediones, meglitinides, dipeptidyl peptidase-4 (DPP-

4) inhibitors, sodium-glucose co-transporter 2 (SGLT-2) inhibitors, glucagon-like peptide-1 (GLP-1) receptor agonists and injectable insulin are among the varying classes of orthodox treatment options employed in the management of T2DM (Paddy *et al.*, 2014; Michaelidou *et al.*, 2023). Each of these medications exerts its effects through distinct mechanism of action as illustrated in Figure 3 (Kokil *et al.*, 2015; Tyagi *et al.*, 2021; Michaelidou *et al.*, 2023).

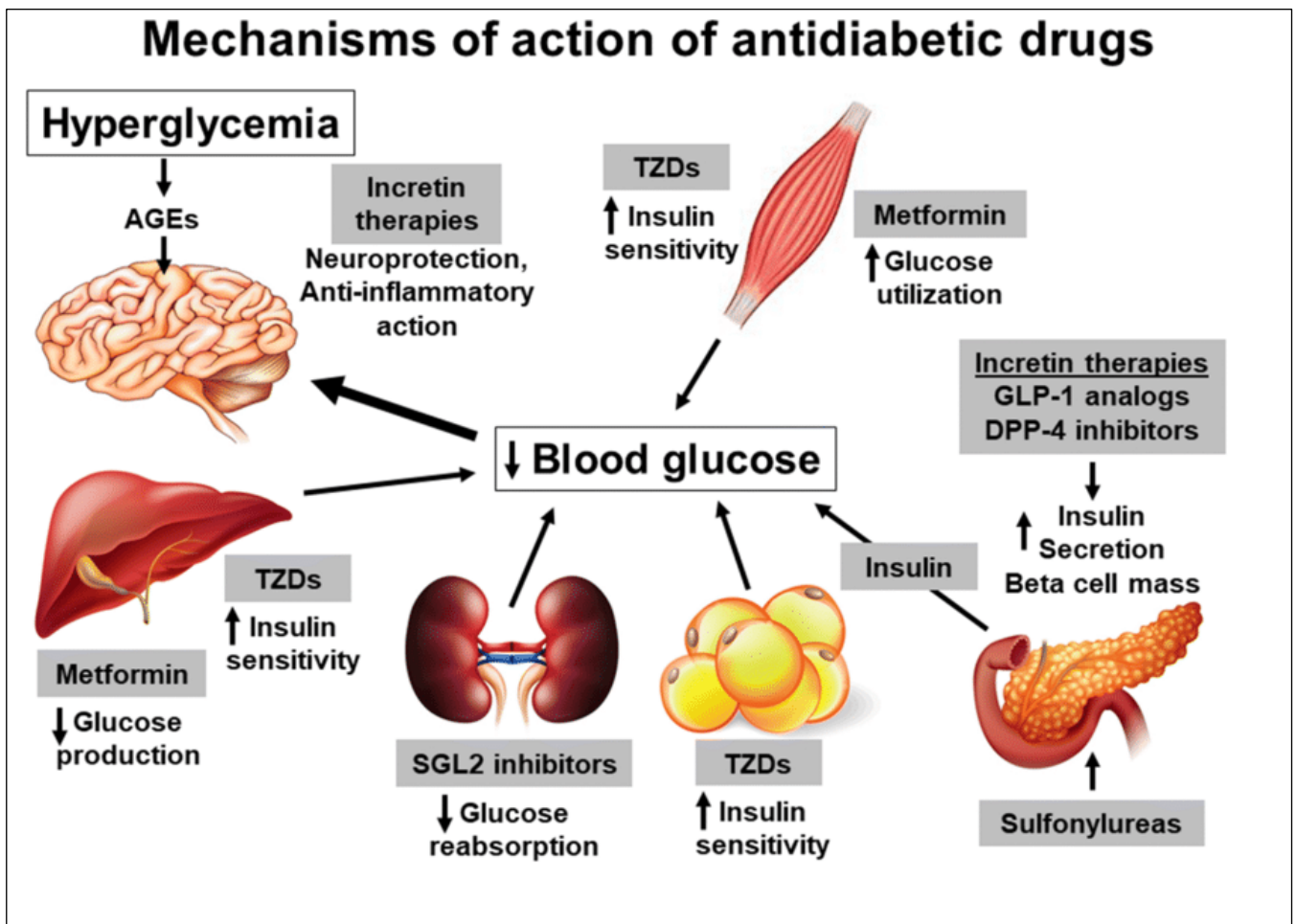


Figure 3: The mechanism of action of oral hypoglycaemic agents. Incretin therapies, such as glucagon-like peptide-1 (GLP-1) receptor agonists and dipeptidyl peptidase-4 (DPP-4) inhibitors affect the gastrointestinal system and target the incretin system, including hormones releases from the gut in response to food intake, resulting in an increase in insulin secretion and β -cell mass. Additionally, incretin therapies have neuroprotective and anti-inflammatory action. TZDs (thiazolidinediones) improve insulin sensitivity in adipose tissue, muscle, liver, pancreas and the cardiovascular system. Metformin reduces the production of glucose in the liver and increase the utilization of glucose in the body's muscle muscle. SGL2 (sodium-glucose co-transporter 2 inhibitors) decrease the absorption of glucose in the kidneys. Insulin and sulfonylureas exert their action primarily in the pancreas and result in the stimulation of insulin secretion and increase in β -cell mass (Tyagi *et al.*, 2021)

3.4.1. Biguanides

Three potent biguanides, namely phenformin, buformin and metformin, were discovered in the 1950s and have been used for the treatment of T2DM as well as to prevent secondary complications associated with the disease (Meneses *et al.*, 2015). However, due to the high risk of lactic acidosis associated with their use, phenformin and buformin are discontinued in many countries, leaving metformin as the primary example of biguanide medication used worldwide (Michaelidou *et al.*, 2023). Metformin is commonly prescribed as the initial medication for managing T2DM, particularly in newly diagnosed patients, in conjunction with dietary adjustments and exercise (Sabiou *et al.*, 2019). It functions by reducing glucose production in the liver and improving insulin sensitivity in muscle tissues (Paddy *et al.*, 2014). Additionally, metformin aids in glucose uptake by cells and may affect gut hormones involved in blood sugar regulation (Paddy *et al.*, 2014; Sabiou *et al.*, 2019). Combining metformin with lifestyle modifications is acknowledged as a preventive strategy for T2DM in individuals at high risk (Sabiou *et al.*, 2019; Michaelidou *et al.*, 2023). The adverse reactions associated with the use of metformin include diarrhoea, vomiting, dyspepsia, flatulence, metallic taste, weight loss, lactic acidosis and megaloblastic anaemia (Mane *et al.*, 2012). Contraindications implicated in the use of metformin are renal disease, heart failure, hypoxia, acute or chronic metabolic acidosis and active liver disease (Bosenberg *et al.*, 2008; Mane *et al.*, 2012).

3.4.2. Sulfonylureas

Since their discovery in 1942, sulfonylureas have stood out as the most commonly employed medications in the treatment of patients with T2DM (Sabiou *et al.*, 2019). Sulfonylureas lower blood glucose levels by stimulating insulin secretion endogenously, enhancing peripheral insulin receptor sensitivity and reducing glycogenolysis (Moher *et al.*, 2018). Initially, sulfonylureas such as tolbutamide, chlorpropamide, acetohexamide, and tolazamide were commonly used for T2DM therapy, but were largely replaced by the newer second-generation sulfonylureas such as gliclazide, glipizide, glibenclamide (glyburide) and the latest addition to the class glimepiride (Meneses *et al.*, 2015). While sulfonylureas are generally well tolerated, the incidence of side effects has been reported with its use (Rendell, 2004). The side effects include hypoglycaemia, weight gain, gastrointestinal disturbances (nausea, upset stomach and diarrhoea), skin reactions (rashes, itching, erythema multiforme, exfoliative dermatitis and photosensitivity), allergic

reactions (hives, swelling, breathing difficulties, anaphylaxis), liver dysfunction and cardiovascular complications (Rao *et al.*, 2008; Sola *et al.*, 2015).

3.4.3. Thiazolidinediones

Glitazones, more commonly known as thiazolidinediones are a class of anti-hyperglycaemic medications that work by activating a nuclear receptor known as peroxisome proliferator-activated receptor-gamma (PPAR-gamma), which plays a role in regulating glucose and lipid metabolism (Sabiou *et al.*, 2019). Through PPAR-gamma activation, these medications improve insulin sensitivity in peripheral tissues, including adipose tissue and skeletal muscle (Paddy *et al.*, 2014; Sabiou *et al.*, 2019). The two main types of thiazolidinediones used in T2DM therapy are pioglitazone and rosiglitazone, which works by increasing insulin sensitivity in muscle and adipose tissues (Lebovitz, 2019). Although periodically used as a monotherapy, thiazolidinediones are more frequently used in combination with other oral antidiabetic agents and/or insulin in patients who are unable to maintain glycaemic control with just one form of medication (Lebovitz, 2019). The adverse reactions associated with thiazolidinedione use include weight gain, oedema, hypoglycaemia, hepatic failure, heart failure, anaemia, increased fluid retention, increased peripheral fractures and bone loss (Bosenberg *et al.*, 2008; Lebovitz, 2019).

3.4.4. Meglitinides

In the late 1970s, meglitinides were developed through the addition of a carboxyl (COOH) group to the non-sulfonylurea end of a glibenclamide molecule (Banwari *et al.*, 2023). Repaglinide and nateglinide, which are the two commonly known meglitinides, are short-acting hypoglycaemic insulinotropic agents used for treating adults with T2DM (Sabiou *et al.*, 2019). This class of drug acts similarly to sulfonylureas by binding to ATP-sensitive potassium channels in pancreatic β -cells which causes calcium ion influx and increased insulin secretion (Timmons *et al.*, 2022). One of the significant advantages of using meglitinides as a therapy in T2DM treatment is the fact that the drug is excreted mainly by hepatic clearance making it safe for patients suffering with chronic kidney disease (Ritz *et al.*, 2013). Another advantage of meglitinide use is the lack of sulphur in its composition, making it safe for patients with a sulphur allergy (Ray *et al.*, 2023). Although effective in managing hyperglycaemia, the most frequent adverse effects associated with its use include hypoglycaemia, weight gain, gastrointestinal disturbances (nausea, upset stomach, diarrhoea), upper respiratory infections, headache, joint or muscle pain, allergic reactions

(hives, itching, swelling and difficulty breathing) and liver dysfunction (Blahova *et al.*, 2021).

3.4.5. Dipeptidyl peptidase-4 (DPP-4) inhibitors

Sitagliptin, saxagliptin, linagliptin, alogliptin and vildagliptin form part of a class of prescription anti-hyperglycaemic drugs known as DPP-4 inhibitors that have been approved for use in the treatment of T2DM in adults since 2006 by the Food and Drug Administration and the European Medicine Agency (Kasina *et al.*, 2023). Although often available as a single-ingredient product taken once a day following a meal, DPP-4 inhibitors can sometimes be used in combination with metformin (Kasina *et al.*, 2023). Dipeptidyl peptidase-4 inhibitors inhibit DPP-4, an ubiquitous enzyme that degrades incretin hormones such as glucagon-like peptide-1 (GLP-1), thus increasing the levels of GLP-1 and glucose-dependent insulinotropic peptide, resulting in the elevation of incretin which facilitates insulin release, decreases glucagon secretion, decelerates gastric emptying, and fosters a sense of satiety (Sabiou *et al.*, 2019). Adverse reactions associated with the use of DPP-4 inhibitors include nasopharyngitis, nausea, diarrhoea, vomiting, hypoglycaemia, decreased appetite, weight loss, acute pancreatitis, abdominal pain/discomfort, severe joint pain, muscle weakness, muscle spasms, upper respiratory tract infections, peripheral oedema, headache and dizziness (Gilbert *et al.*, 2020).

3.4.6. Sodium-glucose co-transporter 2 inhibitors

Ipragliflozin, dapagliflozin, canagliflozin, empagliflozin, luseogliflozin, and tofogliflozin form part of a class of prescription oral anti-hyperglycaemic agents known as sodium-glucose co-transporter 2 (SGLT-2) inhibitors which are employed in T2DM therapy for adults. The drugs work by inhibiting the SGLT-2, a transporter responsible for the absorption of glucose in renal tubules (Sabiou *et al.*, 2019; Sohail *et al.*, 2021). The blocking of SGLT-2 prevents the reabsorption of glucose, leading to increased urinary excretion of glucose and thus lowering blood glucose levels (Paddy *et al.*, 2014). The use of SGLT-2 inhibitors, along with diet and exercise, for T2DM patients with chronic kidney disease and/or heart failure is approved by the Food and Drug Association and has been found to reduce the risk of kidney failure and death in people with chronic kidney disease and T2DM (National Kidney Foundation, 2023). Although as an effective anti-hyperglycaemic agent, it does not rule out the development of adverse effects including hypoglycaemia, nausea, abdominal pain, ketonuria, ketonemia, urinary tract infections, mycotic genital infections, diabetic

ketoacidosis, lower limb amputation, low blood pressure and dehydration (Nagahisa *et al.*, 2019).

3.4.7. Glucagon-like peptide 1 receptor agonists

Exenatide, liraglutide, dulaglutide and semaglutide form a class of oral and injectable medicines known as glucagon-like peptide 1 (GLP-1) receptor agonists which are used to treat T2DM by mimicking the actions of GLP-1, an incretin hormone naturally released by the intestines in response to food intake (Ahrén, 2011). Glucagon-like peptide-1 (GLP-1) help the body to produce more insulin, thus reduce the amount of glucose produced in the liver, and the rate of digestion of food reducing the amount of glucose absorbed in the blood as well as reduction in appetite (Müller *et al.*, 2019). In addition, GLP-1 receptors agonists bind to the GLP-1 receptor stimulating the release of insulin from the pancreatic β -cells, reduce glucagon secretion, slow down gastric emptying, and promote a feeling of fullness (Sabiú *et al.*, 2019; Michaelidou *et al.*, 2023). There are currently four GLP-1 agonists that are used in T2DM therapy, namely exenatide, liraglutide, dulaglutide and semaglutide (Helmstädter *et al.*, 2021). Although, GLP-1 agonists are generally well-tolerated and have a favourable safety profile, however, the incidence of adverse reactions has been reported with its use. These include nausea, vomiting, diarrhoea, constipation, injection-site reactions, antibody formation, increased heart rate, acute pancreatitis, weight loss, gallstone formation (Meier, 2012; Wharton *et al.*, 2022).

3.4.8. Insulin therapy

Insulin therapy is one component of a treatment plan commonly used in the management of T2DM when other treatment modalities are insufficient or unlikely to achieve adequate blood sugar control (Paddy *et al.*, 2014). Insulin treatment involves administering exogenous insulin (a hormone that ensures that sugar from foods are correctly utilized and stored in the body) via subcutaneous injections or insulin pumps to supplement and/or replace the body's natural insulin production, with the goal of regulating blood glucose levels and preventing and/or minimizing complications (Wallia *et al.*, 2014; Sabiú *et al.*, 2019). The type of insulin used is dependent on the type of diabetes one suffers from, the blood glucose levels, differences in blood sugar levels during the day and the lifestyle of T2DM patients (American Diabetes Association, 2023). The adverse reactions associated with insulin therapy for the management of T2DM include hypoglycaemia, weight gain, fluid retention, oedema, injection site reactions, lipodystrophy, allergic reactions (skin

rashes, itching and difficulty breathing) and insulin resistance (Mane *et al.*, 2012; Sorli *et al.*, 2014).

3.5.Challenges of synthetic medications used in type 2 diabetes mellitus therapy

Despite the array of synthetic medications employed in T2DM therapy, it is noteworthy that they do not offer a definitive cure for the disease (Kokil *et al.*, 2015). Alternatively, their effects can be regarded as potentially postponing or delaying the onset of secondary complications associated with different degrees of the disease (Lankatillake *et al.*, 2019; Sabiu *et al.*, 2019). These synthetic medications are not able to consistently achieve satisfactory blood glucose levels in all patients (Paddy *et al.*, 2014; Sukhikh *et al.*, 2023), and individuals who are able to maintain satisfactory blood glucose levels using synthetic medication may develop secondary symptoms related to T2DM (He *et al.*, 2019; Sukhikh *et al.*, 2023). The use of these synthetic medications is linked with several drawbacks, including long-term regimens, cost, inaccessibility, lower therapeutic efficacy, differing individual variability among individuals, low drug solubility and permeability, lack of target specificity and low potency (Padhi *et al.*, 2020). The prolonged usage of these medications is linked to the occurrence of undesirable side effects in many individuals (Lankatillake *et al.*, 2019), as depicted in Figure 4, many of which are concerning as it can affect the overall well-being and quality of life of individuals with T2DM (Lankatillake *et al.*, 2019; Yao *et al.*, 2024). The limitations of the synthetic medication pose challenges for patients in terms of tolerability and adherence to treatment (He *et al.*, 2019; Singh *et al.*, 2022b). Consequently, an advent of novel anti-hyperglycaemic agents with promising antidiabetic potentials have been identified as alternatives or complimentary additions to synthetic medications (Padhi *et al.*, 2020), many of which have been discovered in products of natural origin like medicinal plants (Salehi *et al.*, 2019).



Figure 4: Synthetic oral hypoglycaemic agents and their associated side effects

3.6. Medicinal plants as alternative medicines

Natural products, especially those of plant origin, are abundant sources for drug lead candidates and play a fundamental role in drug discovery and development programs worldwide (Salehi *et al.*, 2019). A medicinal plant harbors substances that possess therapeutic and/or medicinal properties (Sofowora *et al.*, 2013). Several cultures, including Chinese, Indian, European, African, Korean, Middle Eastern, American (North, South and Central) and Australian, have employed medicinal plants for the treatment and/or alleviation of a variety of health conditions (Van Wyk *et al.*, 2018). Employing medicinal plants to treat DM has been highly accepted as a form of medical intervention, mainly due to their efficacy, probable fewer side effects and affordability (Hasani-Ranjbar *et al.*, 2008). In developing countries, medicinal plants are an acceptable alternative to the high cost of western medicine (Salehi *et al.*, 2019). Through centuries of using medicinal plants to treat diseases and illnesses in traditional medicine system, an extensive repository of information on therapeutic properties of many medicinal plants has been culminated (Rahman *et al.*, 2014; Zhang *et al.*, 2015). Several attributes place immense value on medicinal plants as cogent sources for the development of effective and culturally relevant antidiabetic agents (Mushtaq *et al.*, 2018). Firstly, indigenous communities and traditional healers possessed deep-rooted ethnobotanical knowledge, which provides a deep foundation for identifying plants with potential antidiabetic properties (Rahman *et al.*, 2014; Sabiu *et al.*, 2019). Secondly, the chemical diversity found in these plants or natural products, encompassing alkaloids, flavonoids, terpenoids, phenolic compounds, etc., containing a wide array of bioactive constituents with likelihood to exhibit promising pharmacological activities (in this case antidiabetic effect) (Rahman *et al.*, 2014). Thirdly, plant-based remedies often have a history of safe usage and are perceived as natural and potentially safer alternatives to synthetic drugs (Singh *et al.*, 2022a). Fourthly, plants are renewable resources that can be sustainably sourced, making them accessible for research and developmental purposes (Chen *et al.*, 2016). Lastly, the cultural acceptance of plant-based remedies in managing diseases particularly T2DM arises from the beliefs and practices of many of these different cultures; fostering increased acceptance and adherence among patients (Sabiu *et al.*, 2016; Sabiu *et al.*, 2019). The field of ethnopharmacology, which consists of investigating the biological activities of herbal medicines has contributed to the development of several therapeutic agents (Suntar, 2020). Naturally derived therapeutic agents allicin (anti-inflammatory), artemisinin (anti-malarial), berberine (hepatoprotective and antimicrobial), morphine (pain relieving), taxol (anti-tumour), codeine (pain relieving and cough

suppressing), cocaine (pain relieving, mood stimulating, anesthetic inducing), digitoxin (used in heart conditions), quinine (anti-malarial and anti-parasitic), vinblastine (anti-cancer) and vincristine (anti-cancer) (Balunas *et al.*, 2005; Shakya, 2016), as well as antidiabetic agent metformin were developed using ethnopharmacological knowledge available on medicinal plants (Mohammed *et al.*, 2022). Using the ethnopharmacological knowledge available on natural products in traditional systems of medicine as a tool for the discovery and development of novel antidiabetic drug candidates is becoming increasingly popular in Africa (Mohammed *et al.*, 2022), which is attributed to the high nutritional and therapeutic value of native African plants (Hostettman *et al.*, 2000).

3.6.1. African medicinal plants

Africa's exceptional plant biodiversity, combined with its rich and dynamic tradition of cultural medicine, provides a promising foundation for discovering and developing novel therapeutic agents. These resources offer immense potential for creating new treatments, drawing from both traditional knowledge and modern scientific research (Mohammed *et al.*, 2022; 2023). Several native African flora have a fundamental role in African traditional systems of medicine used for the treatment of DM and its associated complications (Odeyemi *et al.*, 2018). In North and West Africa, several plant species including *Gongronema latifolium*, *Momordica charantia*, *Allium cepa*, *Vernonia amygdalina*, *Moringa oleifera*, *Hyphaene thebaica*, *Balanites aegyptiaca* and *Cymbopogon citratus* in Nigeria (Ugochukwu *et al.*, 2002; Abo *et al.*, 2008; Gbolade, 2009; Popoola *et al.*, 2013; Shinkafi *et al.* 2015; Oguntibeju. 2019), *Zygophyllum coccineum*, *Acacia albida* and *Lupinus albus* in Morocco (Soumyanath; 2005; Chaachouay *et al.*, 2019; Mechchate *et al.*, 2020), *Allium sativum*, *Aloe sinkatana* and *Guiera senegalensis* in Sudan (Mohammed *et al.*, 2022), *Dichrostachys glomerata* and *Allium sativum* in Guinea (Diallo *et al.* 2012), have been used as a traditional medicine for the management of DM, including T2DM (Mohammed *et al.*, 2022). Among the plant species in South Africa, *Aloe vera*, *Artemisia afra*, *Brachylaena discolor*, *Brachylaena elliptica*, *Bulbine frutescens*, *Carpobrotus edulis*, *Catharanthus roseus*, *Catha edulis*, *Chilianthus olearaceus*, *Chironia baccifera*, *Chironia baccifera*, *Cissampelos capensis*, *Cnemaspis Africana*, *Dicoma anomala*, *Eriocephalus punctulatus*, *Gnidia deserticola*, *Hypoxis hemerocallidea*, *Laseria frutescens*, *Leonotis Leonurus*, *Momordica foetida*, *Momordica cymbalaria*, *Ornithogalum longibracteatum*, *Ruta graveolens*, *Sclerocarya birrea*, *Tarchonanthus camphoratus*, *Tulbaghia violacea* and *Xysmalobium undulatum* are some of the many plants that are used as traditional

antidiabetic medicine (van de Venter *et al.*, 2008; Afolayan *et al.*, 2010; van Huyssteen *et al.*, 2011; Balogun *et al.*, 2016; Davids *et al.*, 2016; Oguntibeju, 2019; Sagbo *et al.*, 2022). Although, South Africa has a wide array of medicinal plants that are used for the treatment of DM, a scientific understanding behind these plants' reported bioactivities is still largely unexplored (van de Venter *et al.*, 2008). For example, a study performed in the Eastern Cape of South Africa identified 48 plant species as widely used antidiabetic therapeutic agents, but knowledge on the mechanism of action of those plant species was lacking (Sagbo *et al.*, 2022). Despite the huge potential the African continent possesses in the drug discovery field, only a limited number of drugs have been commercialized globally (Atawodi, 2005). Although, there has been an increasing number of publications in the scientific literature focusing on assessing the effectiveness of medicinal plants from South Africa, which are thought to play a significant role in maintaining health and introducing new treatments, many plants or plant materials with pharmacological potential have been overlooked or underutilized (Sabiou *et al.*, 2016). An example of an underutilized plant material in South Africa is corn silk (CS), an abundant waste product with promising therapeutic properties (Hasanudin *et al.*, 2012). *Zea mays*, commonly known as corn plays a crucial role in food security in many African countries, including South Africa where it is one of the top five cereal crops produced each year, in addition to sorghum, rice, wheat, and millet (Kamer, 2022; Shahbandeh, 2023). Following the proliferation of the edible corn kernels, an excessive amount of waste biomass is generated in the corn cultivation industry in South Africa, forfeiting huge potentials for the generation of valuable products (Mohlala *et al.*, 2016).

3.7.Corn silk: a waste product with therapeutic potential

3.7.1. Descriptive and physiological characteristics of corn silk

The Food and Agriculture Organization (FAO) of the United Nations estimates that approximately 2.819 million tonnes of cereal crops were produced globally from January to July 2023 (FAO, 2023). Among the different cereal crops cultivated in Africa, corn is notably one of the most extensively grown (Shahbandeh, 2023). While the edible corn kernels are the primary product of corn cultivation, other parts of the plant, such as the husk and silk are typically considered by-products and often discarded as agricultural waste (Zhang *et al.*, 2015). Corn silk (CS) are tufts of hair-like strands that form part of the elongated stigmas from the female flower of the maize plant as shown in Figure 5 (Sabiou *et al.*, 2015). Corn silk (CS) serves as fine hair-like strands which trap pollen for pollination,

allowing for the production of corn kernels (Hasanudin *et al.*, 2012; Singh *et al.*, 2022a). The coloration of CS varies according to the developmental stage of the plant, initially displaying lighter green hues and transitioning to shades of yellow, red and light brown as it matures (Sabiou *et al.*, 2015). The growth of corn can be categorized into two main phases: the vegetative stage and the reproductive stage. During the vegetative stage, which includes germination, leaf emergence, node development, root growth, stem elongation, and tasseling, the plant focuses on establishing its structure and foliage (Figure 6a). Conversely, the reproductive stage involves silking, blistering, milking, doughing, and denting phases, where the plant transitions to producing and maturing kernels (Figure 6b). Ultimately, the growth process culminates in physiological maturity (Singh *et al.*, 2022a).

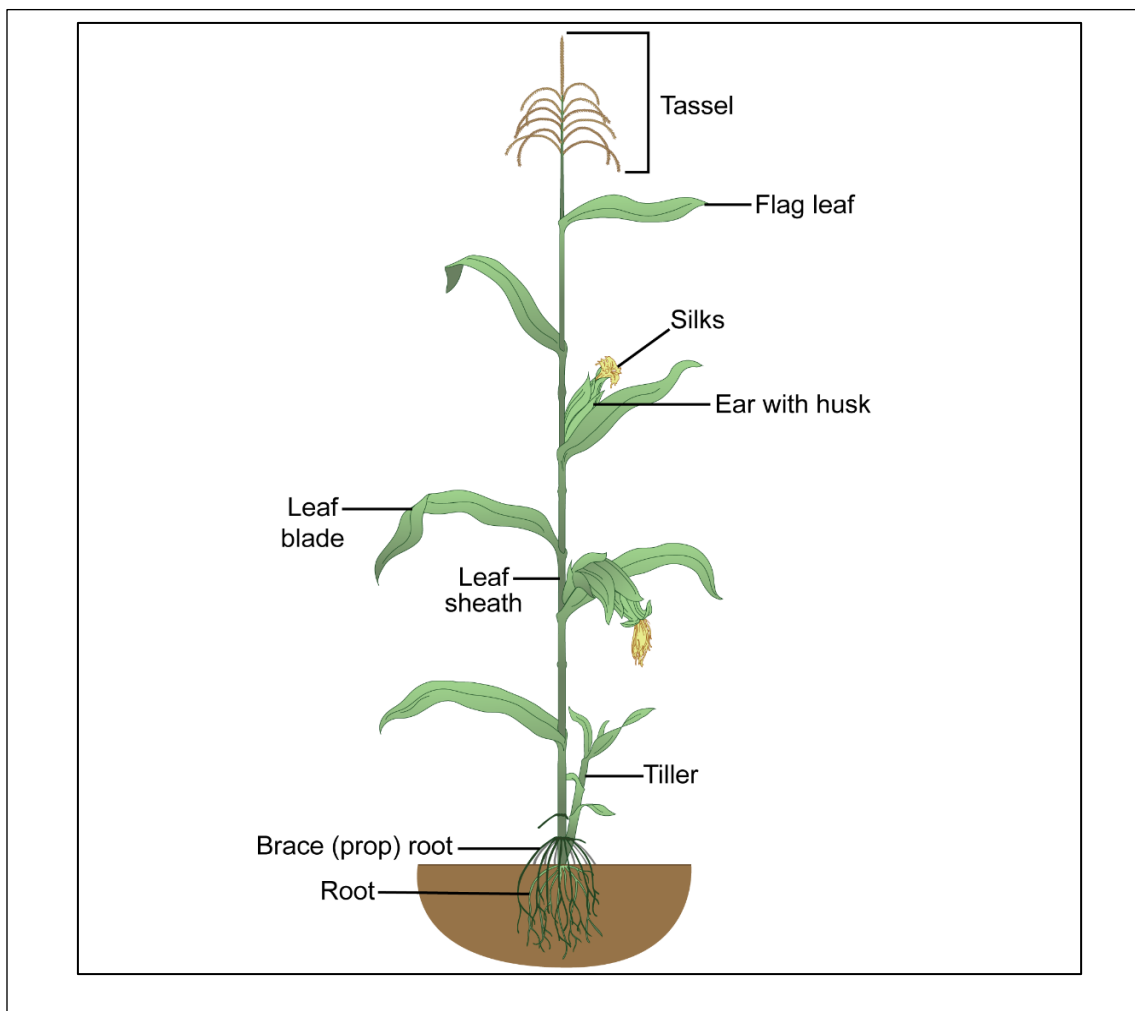


Figure 5: Mature corn plant showing corn silks circled in red (Paleontological Research Institution, 2021)

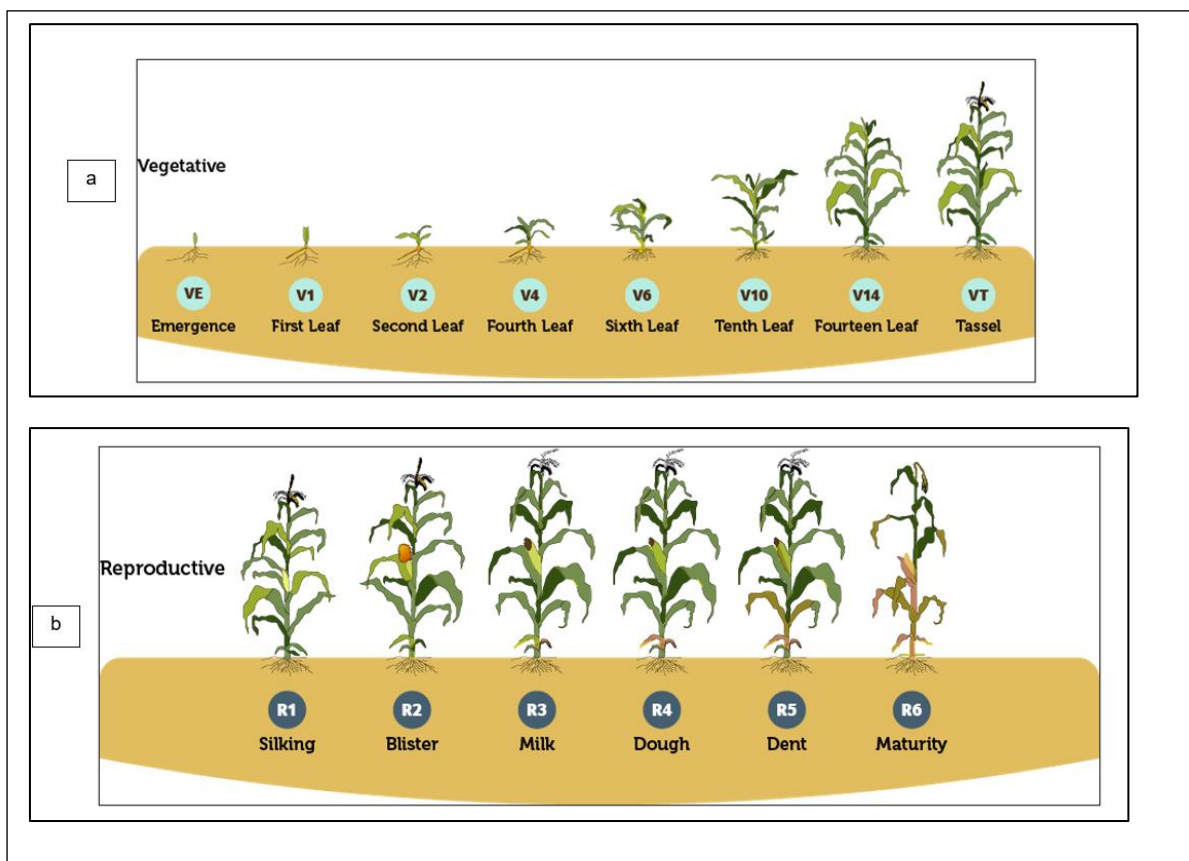


Figure 6: Stages of growth of corn: a) vegetative stage and b) reproductive stage (eKonomics news team, 2023). The vegetative stage of corn begins with the emergence of the radicle (first root), followed by the emergence of the coleoptile (protective sheath), which pushes through the soil surface during the VE (vegetative emergence) stage. This allows the first true leaf to emerge. The plant's growth during the vegetative stages is tracked by the number of fully developed leaves (V1-Vn). The final stage of vegetative growth, known as the VT (vegetative tasselling) stage, is characterized by the full emergence of the tassel, the male reproductive structure, at the top of the plant. The reproductive stage of corn begins with the R1 (silking) stage, where silks emerge for pollination. This is followed by the R2 (blister) stage, with small, fluid-filled kernels, and the R3 (milk) stage, where kernels fill with a milky fluid as they develop. In the R4 (dough) stage, kernels thicken with accumulating starch. The R5 (dent) stage then occurs, where kernels harden and form a dent, indicating maturity is near. The final R6 (physiological maturity) stage marks full kernel development, with maximum dry weight and a black layer signalling readiness for harvest

3.7.2. Nutritional composition of corn silk

Corn silk consists of various nutritional components including water, protein, lipid, crude fibre, carbohydrates, essential vitamins (including A, D, E and K) and minerals (calcium, magnesium, potassium, sodium, copper, iron, manganese, zinc) (Kaur *et al.*, 2023). The moisture content and water activity of CS are closely linked to its shelf stability and microbiological safety, both of which are low and fall within acceptable ranges for shelf stability (Singh *et al.*, 2022a). Aside from environmental factors (atmosphere, soil type, irrigation and fertigation type etc.), differences in the type of CS—including cultivar, stage

of maturity, processing methods, and storage conditions—contribute to the nutrient and mineral composition of CS (Rahman *et al.*, 2014; Singh *et al.*, 2022a). When powdered and dried, CS consists of a significant amount of soluble dietary fibres, such as pectin, glucan, and glucomannan, and insoluble dietary fibres such as cellulose, hemicellulose, and lignin as well as crude protein and carbohydrates (Nawaz *et al.*, 2018). Investigating the variations in nutrient composition between three different varieties of CS: Sweet L. var. corn (*Zea mays* L. var. *saccharata*), Sweet corn (*Zea mays saccharata*), Waxy corn (*Zea mays ceratina*), revealed that sweet corn exhibited the highest moisture, protein, and fat content. Conversely, waxy corn demonstrated the highest ash and fibre content, while Sweet L. var. corn displayed the highest carbohydrate content (Hongsuwan *et al.*, 2019). A study on the nutrient composition of dried and powdered Indian CS of the variety G5417 obtained during the silking stage was revealed the content of moisture, carbohydrate, fibre, protein, ash and fat was 7.89 %, 56.16 %, 14.82 %, 15.29 %, 5.29% and 0.55% respectively (Singh *et al.*, 2022a). Differences in the nutrient composition between premature and mature Malaysian sweet-processed CS showed higher levels of moisture, lipids, and proteins, with slightly lower levels of ash, dietary fibre, and carbohydrates in CS obtained during the premature stage compared to the mature stage (Rahman *et al.*, 2014). Additionally, there were discrepancies in the mineral composition between premature and mature CS, with elevated levels of certain minerals including calcium, magnesium, copper, and zinc, and reduced levels of potassium, sodium, manganese, and iron observed in premature CS compared to mature CS (Rahman *et al.*, 2014). Corn silk (CS) can serve as a supplementary ingredient in various food products (such as pasta, bread, different types of flours, meat products) to enhance their protein, ash, and dietary fibre content, thereby boosting their nutritional value (Hasan *et al.*, 2021; Rozan *et al.*, 2022).

3.7.3. Phytochemical composition of CS

Phytochemicals are naturally existing non-nutritional compounds predominantly found in fruits, vegetables, medicinal plants and/ or natural products (Guo *et al.*, 2018). These plant constituents play a crucial role in numerous processes including growth and development of a plant, protection against viruses, bacteria, fungi and parasites while contributing to various plant characteristics, such as colour, fragrance, flavour, and texture of a plant (Martinez *et al.*, 2017; Kaur *et al.*, 2023). Corn silk consists of diverse phytochemicals, such as polyphenols, phenolic acids, flavonoids, anthocyanins, carotenoids, sterols, tannins, volatile compounds, sugars, vitamins, minerals, polysaccharides, proteins, amino acids,

glycosides, terpenoids and peptides (Nawaz *et al.*, 2019; Wang *et al.*, 2019; Shalihah *et al.*, 2020) which are responsible for the biological effects of the plant material (Hasanudin *et al.*, 2012; Wang *et al.*, 2019). The wide array of bioactive metabolites found in CS significantly enhance its medicinal value, underscoring its importance as a pharmaceutical agent (Nawaz *et al.*, 2019). Corn silk contains a significant amount of flavonoids, a diverse group of polyphenolic compounds, which confer various biological activities including antidiabetic antioxidant, antibacterial, antiviral and anti-inflammatory nature (Hasanudin *et al.*, 2012). The isolation and identification of reduced derivatives of maysin and 3'-methoxymaysin were found to be abundant in CS obtained from several corn inbreds (Snook *et al.*, 1995). The isolation and identification of two novel flavone glycosides, a subclass of flavonoids namely 2''-O- α -L-rhamnosyl-6-C-3''-deoxyglucosyl-3-methoxyluteolin and 6,4'-dihydroxy-3'-methoxyflavone -7-O-glucoside was performed using high performance liquid chromatography-mass spectrometry analysis on 16 samples of air-dried Chinese CS (HPLC-MS) (Ren *et al.*, 2009). Singh *et al.* (2022a) determined the total phenolic content (94.01 mg of gallic acid equivalent (GAE)/g), total flavonoid content (163.93 mg quercetin equivalent (QE)/g), ascorbate content (270 mg/100g) of CS of the G5417 variety of *Zea mays*, due to their role in the quality, nutritional value and biological activity of CS (Singh *et al.*, 2022a). Several studies investigated the different classes of metabolites in CS, identifying key phytochemical components and the estimated amounts present as indicated in Table 1. Among the different phytochemical classes, CS contains a significant portion of terpenoids (99% of which are volatile compounds) (El-Ghorab *et al.*, 2007). Although terpenoids are typically used in perfumery and flavour applications (soaps, household products and cosmetics) (Hasanudin *et al.* 2012), their diverse chemical structure and biological properties make them promising candidates for various healthcare applications (Yang *et al.*, 2020), including anti-inflammatory, antioxidant, antimicrobial, anti-viral and antidiabetic (El-Ghorab *et al.*, 2007; Masyita *et al.*, 2022). The generation of maize specialised metabolome networks revealed the presence of organ-preferred metabolites, in which 21 amino acids, 22 benzenoids, 22 indoles and 77 mixed glycosides were found to be more abundant in the silks of corn in comparison to the leaves, ears, stem and corn cobs (Desmet *et al.*, 2021).

Table 1: The type and amount of phytochemical constituents and biological activities of different phytochemical classes of CS

Class of phytochemicals	Phytochemical components	Amount of phytochemicals estimated	Biological activities of phytochemical class	Reference
Polyphenols	Tannins, flavonoids, saponins, alkaloids, cardiac glycosides, steroids, anthocyanins, allantoin, hesperidin and resins, antioxidant	Total phenolics: 8101.6 ± 73.5 to 10,160.8 ± 250 mg CGAE/100 g Flavonoid: 5565 ± 40.9 to 6478.3 ± 409.9 mg CE/100 g Anthocyanins: 192.9 ± 0.3 mg CGE/100 g Proanthocyanidins: 69.4 ± 6.6	Antioxidant, antidiabetic, antimicrobial anti-inflammatory, prebiotic property and act as vasodilator	Žilić <i>et al.</i> (2016)
Phenolic acids	Para-aminobenzoic acid (PABA), vanillic acid, p-coumaric acid, chlorogenic acid, protocatechuic acid, caffeic acid, ferulic acid, maizenic acid, hydroxycinnamic acid ester, 3-O-caffeoylquinic acid, quinic acid, p-	3-O-caffeoylquinic acid: 22.6 ± 0.9 to 49.9 ± 1.4 mg/100 g	Antimicrobial activity, anti-inflammatory, anti-allergic properties, antidiabetic, inhibit oxidative damage diseases including coronary heart diseases, cancer, stroke	Žilić <i>et al.</i> (2016)

	coumaric acid, gallic acid			
Flavonoids	Catechin, procatechin, quercetin, rutin, 3, 4, 5, 7-hydroxy flavones and isoflavones, cardiac glycosides, Maysin derivatives, methoxymaysin derivative	Rutin: 0.1398 mg/L Quercetin: 0.11 mg/L Maysin derivatives: 1.1 ± 3.6 Methoxymaysin derivative: 1.2 ± 0.1 to 4.9 ± 0.3	Anti-cancer, prevents coronary heart diseases, osteoporosis, neurodegenerative diseases and postmenopausal bone loss, antidiabetic, antimicrobial	Ismael <i>et al.</i> (2017)
Carotenoids	B-carotene and zeaxanthin	Total carotenoid count: 11.3 mg CGAE/100 g dry weight (ethanolic extract)	Treat cardiovascular diseases, cancer, eye related disorders, protects skin and show high antioxidant power and reduces oxidative stress	Laeliocattleya <i>et al.</i> (2014)
Sterols	Phytosterols such as stigmasterol and β -sitosterol	Stigmasterol: 10.5886 mg/g Beta-sitosterol: 963.86 ± 198.39 mg/g to 1783.37 ± 57.70 mg/g	Regulation of membrane permeability and fluidity, control metabolic process, substrate for synthesis of secondary metabolites and precursor in	Haslina <i>et al.</i> (2017)

			cellular and developmental process	
Tannins	Gallotannins and phlobatannins	–	Improves cardiovascular health, inhibit atherogenesis, treat ischemia, reduce platelet aggregation, modulate immune responses and lipid peroxidation	Hu <i>et al.</i> (2010)
Vitamins	Vitamin C, Vitamin K and Vitamin E	–	Reduces oxidative stress, helps in collagen synthesis, prevents cancer, sepsis and neurodegenerative diseases, prevents blood clotting and oxidation of low density lipoprotein	Rahman <i>et al.</i> (2014)
Minerals	Sodium, Potassium, Calcium, Magnesium, Copper, Iron, Manganese, Zinc	Sodium- 12.5 ± 0.5 to 28.9 ± 0.3 mg/100 g Potassium- 1359.9 ± 46.6 to 1832.6 ± 37.5 mg/100 g	-	Žilić <i>et al.</i> (2016)

		Calcium- 0.1465 mg/g Magnesium- 0.1602 mg/g Copper- 0.0072 mg/g Iron- 0.0198 mg/g Manganese- 0.0187 mg/g Zinc- 0.0136 mg/g		
Sugars	Fructose, glucose, sucrose	Fructose: 14.20 ± 0.12 Glucose: 22.20 ± 1.10 Sucrose: 4.40 ± 0.20	Effective treatment for hypoglycaemia (abnormally low blood glucose levels)	Rosli <i>et al.</i> (2015)
Miscellaneous compounds	Polysaccharides (galactan), terpenoids, apigenin, anthraquinones, xanthoproteins	–	-	Singh <i>et al.</i> (2022b)

Key: CGAE: catechin or gallic acid equivalents, CE: catechin equivalent, mg/L: milligram per litre, mg/g: milligram per gram.

Several factors, such as developmental stage, extraction time, solvent used for extraction, cultivar type and environmental conditions play a role in the type and amount of metabolites detected when analysing CS (Sarepoua *et al.*, 2013; Nurraihana *et al.*, 2018; Singh *et al.*, 2022b; Fougere *et al.*, 2023). Fougere *et al.* (2023) investigated the phytochemical characterization of 50 % ethanolic extract of CS obtained from sweet corn cultivated in Martinique using ultra-performance liquid chromatography-mass spectrometry (UPLC-MS) analysis in which allowed the detection of 104 compounds, including 7 nitrogenous, 28 lipidic and 67 phenolic compounds (Fougere *et al.*, 2023). Yucharoen *et al.* (2023) investigated the variations in total phenolic content in extracts of CS made using two

different solvents, ethanol and ethyl acetate, which showed a phenolic content of 28.27 and 12.81 mg GAE/g respectively. Moreover, the total flavonoid content of ethanolic and ethyl acetate extracts of CS were 4.71 and 2.23 ± 0.57 mg QE/g extract, respectively (Yucharoen *et al.*, 2023). Nurraihana *et al.* (2018) revealed that ethanolic and ethyl acetate fractional extracts of CS was found to be rich in flavonoid compounds such as flavones, flavonols, flavanols, flavone C-glycosides, flavonols, flavonol O-glycosides, and isoflavonoids, many of which can be useful for application in both nutraceutical and pharmaceutical sectors (Nurraihana *et al.*, 2018). In addition to the 22 flavonoid compounds (mirificin, isoorientin 7-o-rhamnoside, violanthin, chrysoeriol 7-neohesperidoside, 8-c-beta-d-glucofuranosylapigenin 2''-o-acetate, 3'-o-methylmaysin, pectolinarin, acacetin 7-(2''-acetylglucoside), gossypetin 7,4'-dimethyl ether 8-acetate, irisolone, theaflavanin, torosaflavone D, 6a,7-dihydroxymedicarpin, 5,7,4'-trihydroxy-3'-c-methylflavone 4'-rhamnoside, gallocatechin 3-o-gallate, epicatechin monogallate, epiafzelechin 3-o-gallate, epigallocatechin 3-o-(3-o-methylgallate), wedelolactone, epicatechin 3-O-(4-O-methylgallate) and (-)-acanthocarpanm) identified in the CS, 1 bis-coumarin derivative (daphnoretin), 1 fatty acid (9S,10S,11R-trihydroxy-12Z-octadecenoic acid), 1 chalcone (okanin 4-methyl ether 3'-glucoside) and 2 alkaloids (theobromine and 1,3,7-trimethyluric acid) were identified (Nurraihana *et al.*, 2018). da Hora *et al.* (2021) identified thirty four metabolites (15-oxo-18Z-tetracosenoic acid, 1-cinnamoylpiperidine, 1-diphenyl-2-(4-methoxyphenyl) propene (4), 1-propenyl 1-(1-propenylthio)propyl disulfide, 2-keto-1-gluconic acid, 2-O- α -1-rhamnosyl-6-C-3- deoxyglucosyl-3'-methoxyluteolin, 6,4'-dihydroxy-3'-methoxyflavone-7-O-glucoside, 7-(methylthio)heptanenitrile, 7',8'-dihydro-8'-hydroxycitraniaxanthin, 9,12-octadecadienoic acid, aloperine, argenteane, cassaidine, erythritol, glucosamine, glucose, glyceric acid, hexadecanoic acid, lactic acid, linoleic acid, lycoperside D, malvidin, notoginsenoside R10, panaxydol linoleate, peonidin, phenethyl rutinoside, piperitine, pyruvic acid, rhamnose, sinapoylspermine, syntaxanthin, tetradecanoic acid, and yiamoloside B) in different extracts (ethanol. Hexane and ethyl acetate) of CS obtained from the corn variety AG1051, with variations in the type and amount of metabolites between different extracts (da Hora *et al.*, 2021). Analysis of aqueous extract of CS unveiled a total of 76 compounds, encompassing caffeic acid and nine of its derivatives, (E)-p-coumaric acid and two of its derivatives, ferulic acid and four of its derivatives, five flavones, along with various other metabolites (Wang *et al.*, 2019). Apart from the type of solvent utilized, the phytochemical diversity of CS changes throughout the different growth stages of CS, affecting several different factors including the nutrient

composition, antioxidant and biological activity as well as mineral composition as depicted in Figure 7 (Singh *et al.*, 2022b). Sarepoua *et al.* (2013) reported variations in the total phenolic content, total flavonoid content and antioxidant activity of CS obtained from different corn varieties (Sarepoua *et al.*, 2013). Rahman *et al.* (2014) reported differences in the total polyphenol content between three different extracts of CS (aqueous, ethanol and ethyl acetate) at two different growth stages (premature and mature) wherein ethanol and water were reported the highest total polyphenol content in premature and mature respectively whereas aqueous extract reported the highest total flavonoid content in both premature and mature CS (Rahman *et al.*, 2014). Despite the growing interest in exploring the phytochemical composition of CS, this field remains underdeveloped, particularly in terms of systematically evaluating phytochemical profiles, investigating various types and varieties of corn, and establishing correlations between CS metabolites and reported biological activities. The constituents of CS offer a diverse array of advantages, making them valuable natural resources for industry and healthcare applications due to their extensive range of pharmacological properties including antioxidant, diuretic and kaliuretic effects, antidiabetic, anti-hyperlipidemic, antibacterial, anti-cancer, antihypertensive, and potential reduction of nephrotoxicity (Sabiou *et al.*, 2019; Singh *et al.*, 2022; Kaur *et al.*, 2023).

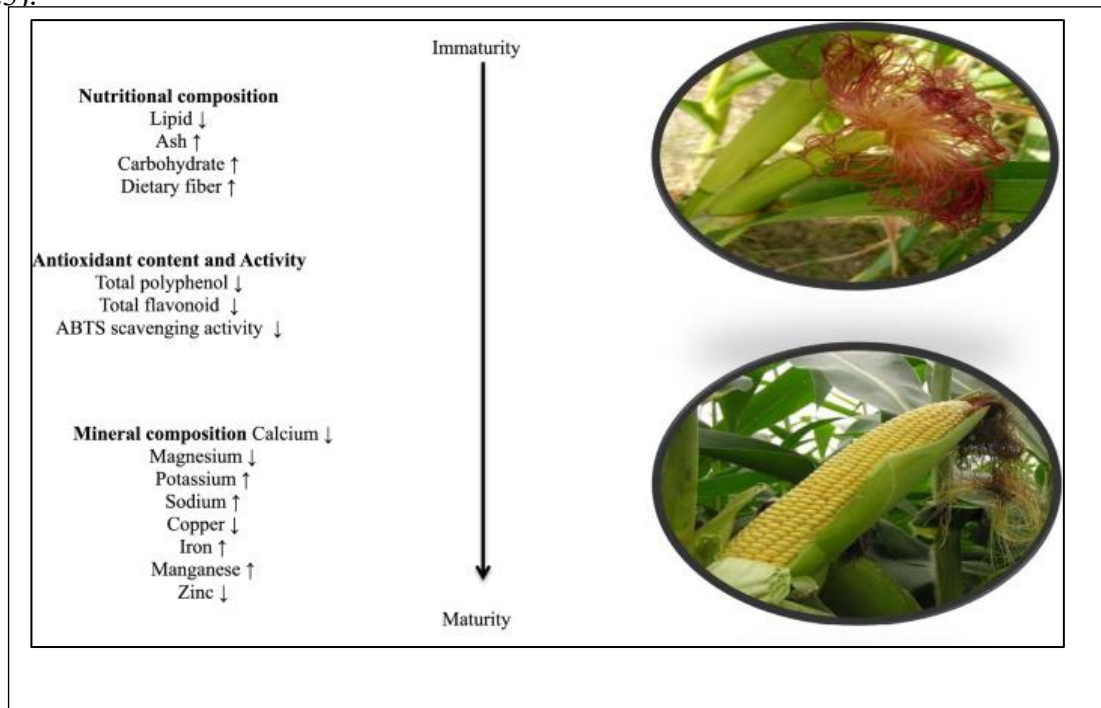


Figure 7: Variations that occur in biological activity, nutritional, phytochemical and mineral composition during the growth of corn silk from immature to mature (Singh *et al.*, 2022b).

Arrow facing up indicates increase in content, composition or activity, whereas arrow facing down indicates decrease in content, composition or activity (Singh *et al.*, 2022b)

3.7.4. Pharmacological properties of corn silk

Many cultures, such as Chinese, Korean, Turkish, French, and Native American, use CS as a traditional medicine to address a wide range of illnesses and diseases, such as cystitis, jaundice, kidney disorders (kidney stones), oedema, gout, rheumatism, arthritis prostate disorders, heart disorders, malaria, hyperglycaemia, bladder and urinary infections, psychological conditions (such as depression and anxiety), cancer, microbial and fungal infections, as well as obesity (Chen *et al.*, 2013; Wang *et al.*, 2019; Chaudhary *et al.*, 2022). The possible therapeutic properties of CS have been explored in several research exploits which uncovered a range of beneficial properties such as diuretic, antihyperlipidemic, antihypertensive, anti-obesity, anti-microbial, neuroprotective, anti-cancer, anti-depressant, antioxidant, anti-inflammatory, and antidiabetic (Hasanudin *et al.*, 2012; Chen *et al.*, 2013; Chaiittianana *et al.*, 2017; Shalihah *et al.*, 2020), as detailed in Table 2.

Table 2: Selected biological activities of corn silk

Biological activity	Findings	Reference
Antioxidant	Aqueous-ethanol (1:1) extract of CS (1.6 mg/mL) exhibited 92.6% scavenging activity against 1,1-diphenyl-2-picryl hydrazyl (DPPH) radicals and 2 mg/mL of extract demonstrated chelating activity by interfering with the formation of ferrous and ferrozine complexes, indicating its ability to chelate metal ions. CS extract (522 mg/mL) reduced the production of antioxidant ions as well as had significant iron-reducing power at concentrations of 0.8 and 1.6 mg/mL. Moreover, CS extract 0.4 mg/mL inhibited lipid peroxidation, as determined by the ferric thiocyanate method.	Ebrahimzadeh <i>et al.</i> (2008)
	Kunming mice (fed normal diet and water) treated with 100 and 400 mg/kg of crude	Hu <i>et al.</i> (2011)

	flavonoids obtained from ethanolic (60%) extract of CS elevates exercise tolerance in the mice and provides protection against oxidative stress induced by exhaustive exercise by inhibiting lipid per-oxidation and increasing antioxidant enzymes levels.	
	Investigated fractions (N-butanol, petroleum, acetic ether and water) of CS showed potent total antioxidant activity. Petroleum ether fraction had the highest DPPH radical scavenging activity (307.75 µg/mL), reducing power (149 µg/mL) and iron chelating capacity (382.30 µg/mL) including in comparison to control at EC ₅₀ (ascorbic acid). isoorientin-2'''-O-α-l-rhamnoside and 3'-methoxymaysin were identified as two antioxidant compounds present in the N-butanol fraction of CS.	Liu <i>et al.</i> (2011)
	Ethanolic (80%) extract of CS relatively high total antioxidant activity (EC ₅₀ :102.4 µg/mL), reducing power (113.9 ± 11.0 µg/mL), greater DPPH reducing activity (116.2 ± 14.6 µg/mL) and higher hydroxyl radical scavenging activity (130.4 ± 8.7 µg/mL), in comparison to positive control (ascorbic acid: 0.22%).	Wang <i>et al.</i> (2019)
	Corn silk (CS) contains a high concentration of bioactive compounds, including phenolic acids, flavonoids (maysin, luteolin, quercetin etc.), polysaccharides, terpenoids, and steroids (sitosterol, stigmasterol etc.), many of which exhibit potent antioxidant potentials	Lapcik <i>et al.</i> (2023)
Antimicrobial	Extracts of CS [petroleum ether (1.1%), chloroform (1.2%) and methanol (6.5%)] and	Nessa <i>et al.</i> (2012).

	<p>flavonoid glycosides [maysin and maysin-3'-methyl ether (2.0 mg/mL)] showed significantly ($p < 0.05$) higher sensitivity against bacterial cultures <i>Bacillus cereus</i>, <i>Bacillus subtilis</i>, <i>Staphylococcus aureus</i>, <i>Pseudomonas aeruginosa</i>, <i>Enterobacter aerogenes</i>, <i>Salmonella typhi</i>, <i>Salmonella paratyphi</i>, <i>Escherichia coli</i>, <i>Shigella sonnei</i>, <i>Shigella flexneri</i>, <i>Proteus vulgaris</i> and <i>Proteus mirabilis</i> revealed using agar hole-plate diffusion method compared to gentamycin (5 μg/mL).</p>	
	<p>Most effective antibacterial activity of ethanolic extract of CS against urinary tract infection pathogens (<i>Proteus mirabilis</i>, <i>Klebsiella pneumoniae</i>, <i>Escherichia coli</i> and <i>Staphylococcus aureus</i>) was determined at 900 μg. Additionally, isolated fungi from spoiled vegetables (<i>Aspergillus niger</i>, <i>Aspergillus flavus</i>, <i>Aspergillus brasiliensis</i>) had 100% inhibition at 3 mg/20mL of CS extract.</p>	<p>Abirami <i>et al.</i> (2021)</p>
	<p>Ethanolic (80%) extract of corn silk exhibited significant inhibitory activity against Gram-positive bacteria, including <i>Bacillus subtilis</i>, <i>Staphylococcus aureus</i>, and <i>Streptococcus pyogenes</i> in the agar well diffusion assay. 80% ethanol and methanol extracts from CS demonstrated substantial inhibitory activity against <i>Aspergillus flavus</i> ON470194 and <i>Aspergillus niger</i> (ATCC 16888) in fungal biomass method.</p>	<p>Sahana <i>et al.</i> (2023)</p>
	<p>Using agar plated diffusions and tube continuous dilution methods, <i>Staphylococcus aureus</i>, <i>Bacillus subtilis</i> and <i>Candida albicans</i></p>	<p>Feng <i>et al.</i> (2011)</p>

	were inhibited by aqueous extract of CS (500 mg/mL) when compared to <i>Andrographis paniculata</i>	
	Ethanollic extract of CS (500 mg/mL) inhibited microbial activity against bacterial microorganisms such as <i>Staphylococcus aureus</i> , <i>Pseudomonas aeruginosa</i> , <i>Bacillus cereus</i> , <i>Bacillus coli</i> and <i>Candida albicans</i> as determined by agar plated diffusion and tube continuous dilution methods.	Feng <i>et al.</i> (2012)
Anti-hyperlipidaemic effects	50 mg/kg BW, 100 mg/kg BW, and 150 mg/kg BW CS ethanollic (96%) extract administered to male wistar rats (fed high-fat diet and administered propylthiouracil for seven days to induce high cholesterol) significantly decreased cholesterol by 46-51%, reduced low density lipoprotein by 57-67%, decreased triglycerides by 60-67% and increased high density lipoprotein by 21-28%.	Nessa <i>et al.</i> (2023)
	Streptozotocin-induced diabetic mice were administered 500 mg/kg of ethanollic (80%) extract of CS for 28 days revealed reduction in total cholesterol, triacylglycerol and low-density lipoprotein cholesterol and increase in high density lipoprotein cholesterol level.	Zhang <i>et al.</i> (2015)
Diuretic effect	Malaysian aqueous CS extract showed a diuretic activity in elevating urine and sodium content at dosages 500-800 mg/kg in Sprague Dawley male adult rats.	Solihah <i>et al.</i> (2015)
Anti-cancer effect	Maysin isolated from methanollic extract of CS (obtained from Korean corn) dose-dependently reduced the PC-3 cell viability, with an 87%	Lee <i>et al.</i> (2014)

	reduction at 200 µg/mL. Maysin (150 and 200 µg/mL) significantly induced apoptotic cell death, DNA fragmentation, depolarization of MMP, and reduction in Bcl-2 and pro-caspase-3 expression levels	
	Aqueous extract of CS caused inhibition of cell proliferation, loss of mitochondrial membrane potential, release of calcium ions and release of cytochrome C from the mitochondria into the cytosol in LoVo and HT-29 human colon cancer cells and MGC-803 human gastric cancer cells.	Guo <i>et al.</i> (2017)
	Methanolic (80%) CS extract induced reactive oxygen species and lipid peroxidation, decreased glutathione resulting in cell apoptosis in MCF-7 cells. Effect of CS extract on matrix metalloproteinases (MMP) levels in MCF-7 cells was analysed using Rhodamine-123 fluorescence dye clearly showed a concentration-dependent decrease in the MMP levels in MCF-7 cells whereby a significant decrease of 10%, 35%, and 60% was found at 250, 500, and 1000 µg/mL of CS extract, respectively. In addition, CS extract (250-1000 µg/mL) upregulated the mRNA expression of p53, caspase-3, caspase-9, and Bax and downregulated the Bcl-2, which leads to apoptosis.	Al-Oqail <i>et al.</i> (2019)
	Polysaccharide CSP-S-2, derived from the ethanolic (95%) fraction of the aqueous extract of CS originating from Jilin province, China, demonstrated substantial inhibition of HeLa cell proliferation, indicative of its potential	Li <i>et al.</i> 2020

	anti-cancer activity. Maximum inhibition of HeLa cells was observed after 48 hours of treatment with CSP-S-2 at a concentration of 800 µg/mL.	
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Key: EC₅₀: half maximal effective concentration; GAE: gallic acid equivalent; kg BW: kilogram body weight, ATCC: American Type Culture Collection, CS: corn silk.

3.7.5. Antidiabetic properties of corn silk

For decades, CS was employed as a traditional medicine for the treatment of various conditions due to its potential health benefits and medicinal properties, including as a therapeutic agent for the treatment of T2DM (Hasanudin *et al.*, 2012). Numerous studies propose that CS can regulate blood glucose levels, improve glucose tolerance, influence blood glucose uptake, stimulate insulin secretion and action, promote the recovery of damaged β-cells, and inhibit key enzymes (such as alpha-amylase and alpha-glucosidase), all of which are crucial for the regulation of glucose metabolism (Guo *et al.*, 2017; Chaudhary *et al.*, 2022; Singh *et al.*, 2022a; 2022b). Table 3 resents the results of some of the promising results reported by these studies.

Table 3: Studies investigating the antidiabetic effect of corn silk between 2009 and 2023

Study	Reported antidiabetic activity of CS	Reference
1	For 45 days, diabetic mice induced with alloxan (75 mg/kg) were treated with aqueous extracts of CS at doses of 2.0 and 4.0 g/kg. Compared to both the control group (saline) and the Xioke pill group (traditional Chinese medicine), mice treated with CS exhibited reduced levels of blood glucose and haemoglobin A1C. The study suggests that the hypoglycaemic effect of CS may be attributed to increased insulin levels and the regeneration of damaged β-cells.	Guo <i>et al.</i> (2009)
2	Polysaccharides extracted from the ethanolic fraction of CS were administered to streptozotocin-induced diabetic mice at a dosage of 500 mg/kg body weight for four weeks.	Zhao <i>et al.</i> (2012)

	The mice treated with CS exhibited significantly lower blood glucose levels compared to the control group (saline) and positive control (dimethyl biguanide). Administration of 400-500 mg/kg of CS polysaccharides showed improved glucose tolerance, evidenced by significantly lower glucose levels at 0, 30, and 120 minutes post-administration	
3	Crude CS polysaccharide obtained from aqueous extract of CS modified by carboxymethylation had alpha-amylase inhibitory potential when compared to acarbose.	Chen <i>et al.</i> (2013)
4	Five-week-old rabbits, fed normal diets, were administered aqueous and methanolic extracts of CS at a dosage of 400 mg/kg/day for three weeks showed significantly lower plasma glucose levels compared to the control group which was not treated with CS following 1 week of treatment.	Olaniyan <i>et al.</i> (2014)
5	Ethyl acetate (19.6%) fraction of CS reported antidiabetic bioactivity through preventing the formation of advanced glycation end products and through protection of insulin-secreting cells from glucotoxicity	Chang <i>et al.</i> (2016)
6	Aqueous extract of CS demonstrated strong inhibitory effects against α -amylase and moderate inhibitory effects against α -glucosidase at IC ₅₀ of 5.89 mg/mL and 0.93 mg/mL, respectively.	Sabiu <i>et al.</i> (2016)
7	Crude CS polysaccharide (PCS) isolated from aqueous extract inhibited carbohydrate-metabolizing enzyme alpha-amylase. Streptozotocin (90 mg/kg)-induced diabetic mice treated with PCS (200 mg/kg) reported lower fasting blood glucose after 120 minutes. Following PCS2 administration (200-800 mg/kg) the	Pan <i>et al.</i> (2017)

	levels of insulin in the serum were decreased compared with control group (rosiglitazone).	
8	Polysaccharides and phenolic compounds from an ethanolic (80%) fraction extracted from different varieties of CS using cold precipitation and vacuum solvent evaporation respectively. Subsequently, CS extracts (50 ul) (IC ₅₀ values ranging from 857 µg/mL - 38470 µg/mL) decreased the activity of α-glucosidases in contrast to acarbose (IC ₅₀ : 126 µg/mL). CS compounds maysin, methoxymaysin, apymaysin and luteolin reported higher negative docking scores in contract to acarbose and p-nitrophenyl-alpha-D-glucopyranoside and were recognized as potential inhibitors of alpha-glucosidase.	Alvarado-Díaz <i>et al.</i> (2019)
9	Non-toxic polysaccharides from CS (CSP: CSP1, CSP2 and CSP3) were investigated for their hypoglycaemic action. CSP2 reported higher inhibition of alpha-amylase and alpha-glucosidase with IC ₅₀ values of 0.13 mg/mL and 1.21 mg/mL, respectively, both of which were significantly higher when compared to acarbose. In contrast to the control (untreated) and metformin (positive control), 100, 300 µg/mL of CSP1 and CSP2 reported a higher percentage glucose uptake. The results from determining the effect of CSP on PI3K/Akt signalling pathway in L6 skeletal muscle myotube suggested that CSP1, CSP2 and CSP3 could regulate the PI3K/Akt signalling pathway and increase glucose uptake. In addition, CSP1, CSP2 and CSP3 promoted the GLUT4 translocation from intercellular vesicles to the plasma membrane.	Guo <i>et al.</i> (2019)
10	Ethanol extract derived from CS underwent liquid-liquid fractionation to yield distinct fractions	Wang <i>et al.</i> (2019)

	<p>[petroleum ether fraction (PCS), ethyl acetate fraction (ECS), n-butanol fraction (BCS), and water fraction]. Both ECS and BCS demonstrated a noteworthy anti-hyperglycaemic effect by significantly inhibiting alpha-amylase and alpha-glucosidase in enzymatic assays. In the BSA-glucose model, ECS and BCS effectively impeded the formation of advanced glycation end products. Moreover, the assay assessing antidiabetic nephropathy activity showed that ethanolic extract of CS, ECS, and BCS significantly curtailed the production of collagen IV, fibronectin, and interleukin-6 in high-glucose-stimulated mesangial cells at a concentration of 200 µg/mL.</p>	
11	<p>The study examined the impact of crude flavonoids (CSFs) derived from the ethanolic extract of CS on streptozotocin-induced diabetic mice in at doses of 100, 300, and 500 mg/kg. Administration of 300 mg/kg and 500 mg/kg CSFs resulted in reduced blood glucose levels in diabetic mice and 500 mg/kg dose of CSFs offered protection against liver and kidney damage in diabetic mice in comparison to streptozotocin (positive control) and tap water (negative control).</p>	Zhang <i>et al.</i> (2019)
12	<p>Four polysaccharides' (CSP20, CSP40, CSP60 and CSP80) isolated from ethanolic fraction of CS inhibited alpha-glucosidase. CSP80 (obtained from 80% ethanolic CS) inhibited alpha-glucosidase at lowest IC₅₀ (0.04 ± 0.01 mg/mL) compared to other polysaccharides and ascorbic acid (positive control).</p>	Jia <i>et al.</i> (2021)
13	<p>The antidiabetic potential of 26 bioactive compounds present in CS against therapeutic targets protein tyrosine phosphatase 1-B, glucose transporter-1, dipeptidyl peptidase-4, alpha-glucosidase, and alpha-amylase was accessed <i>in silico</i> using molecular</p>	Chaudhary <i>et al.</i> (2022)

	docking analysis in which flavones, β -Carotene, gallotannins, 3-O-caffeoylquinic acid and stigmasterol were found to possess higher affinity towards the particular targets respectively.	
14	Ethanollic (80%) extract of CS displayed an IC ₅₀ value of 0.70 ± 0.02 and 0.71 ± 0.01 mg against α -amylase and α -glucosidase, respectively in comparison to their respective standards.	Sahana <i>et al.</i> (2023)

Key: IC₅₀: half-maximal inhibitory concentration.

Although the antidiabetic potential of CS is well documented, its precise mechanism of action remains incompletely understood, particularly its relationship with targets implicated in the pathogenesis of T2DM and its secondary complications .

3.8. Computational approaches in drug discovery

Understanding the different mechanisms of antidiabetic action of natural products, such as increased pancreatic secretion of insulin, insulin sensitization, inhibition of carbohydrate digestion, inhibition of intestinal glucose absorption, enhanced glucose uptake by the muscle and adipose tissues, antioxidant activity, anti-inflammatory activity, gluconeogenesis regulation and the inhibition of T2DM-related complication (Zaid *et al.*, 2018), is crucial for treatment development, therapy optimization, efficacy and safety assessment, new drug targets identification, personalized medicine enablement, and healthcare providers and patients education (Shanak *et al.*, 2019; Alam *et al.*, 2022). This applies to the development of CS as a therapeutic agent for the treatment of T2DM (Sawangwong *et al.*, 2024). The elucidation of mechanism of antidiabetic action of several natural products, including the plant species *Nigella sativa*, *Momordica charantia*, *Helicteres isora*, *Panax ginseng*, *Allium cepa*, *Azadiracta indica*, *Eugenia jambolana*, and *Medicago sativa*, has been contributed to the development of the abovementioned plants as antidiabetic therapeutic agents (Emeka *et al.*, 2016). However, identifying and developing pharmacologically active natural products efficiently and systematically is challenging due to challenges in isolation and purification procedures, minimal available amounts of lead compounds, difficulty in synthesizing natural products with high structural complexity, and associated synthesis scale-up issues (Franco *et al.*, 2021). In addressing these obstacles, a wide array of computational methodologies has emerged in recent times, with a rising trend

in utilizing these approaches to enhance and expedite the process of natural product-based drug discovery (Franco *et al.*, 2021). These techniques include network pharmacology (Leung *et al.*, 2013), molecular docking and molecular dynamics simulation (Hasan *et al.*, 2022; Wang *et al.*, 2022), which be discussed in detail further.

3.8.1. Network pharmacology

The recent application of cutting-edge technologies in analytical chemistry and chemical biology to characterize commonly used herbal medicine has facilitated the means to identify the active ingredients in traditional systems of medicine and their relationship with corresponding biological targets (Shao *et al.*, 2013). In comparison to the expensive and time-consuming traditional drug discovery approaches (Shaker *et al.*, 2021), network-based drug discovery is becoming an increasingly popular and promising approach that enables cost-effective drug development (Wu *et al.*, 2008). Network pharmacology, an approach which combines systems biology, bioinformatics, high-throughput histology, pharmacology and information networks, can allow for the identification of drug leads, targets and biological systems on a network level (Zhan *et al.*, 2018), in a time-efficient and cost-effective manner (Zhang *et al.*, 2013; Chandan *et al.*, 2017). Employing network pharmacology for the development of novel therapeutic agents offers several benefits, including regulation of signalling pathways through multiple channels, enhancing drug efficacy, minimizing side effects of drugs, improving the success rate of clinical trials, and lowering the costs associated with drug discovery (Zhang *et al.*, 2013; Zhou *et al.*, 2020). A field which has greatly benefited from the use of network pharmacology is traditional Chinese medicine systems in which the pharmacological effects of drugs on diseases and their mechanisms of action has been reported (Liu *et al.*, 2017; Guo *et al.*, 2019; Han *et al.*, 2019). Several studies have elucidated the mechanism of antidiabetic action of several natural products, including plants such as *Potentilla discolor* bunge, *Lobelia chinensis*, *Duranta repens* L, *Caesalpinia sappan* L. Wood and *Rhizoma Coptidis*, using network pharmacology analysis (Wang *et al.*, 2019; Adnan *et al.*, 2020; Ge *et al.*, 2020; An *et al.*, 2021; Khanal *et al.*, 2021). Using network pharmacology to identify the mechanism of action of CS as a therapeutic against several diseases, including Alzheimer's, obesity and gout has been reported (Oh *et al.*, 2021; Zhang *et al.*, 2022; Tao *et al.*, 2023). However, the relationship between CS metabolites and therapeutic targets implicated in T2DM using network pharmacology analysis has not been elucidated to date. If network pharmacology was performed on CS, the identification of therapeutic targets implicated in T2DM and the

identification of the top lead drug candidates can be performed. This approach allows for a more comprehensive understanding of CS's potential in managing diabetes and highlights key bioactive components involved.

3.8.2. Molecular docking and molecular dynamics simulation analysis

In tandem with network pharmacology, computer-aided drug design (CADD) methodologies, including structure-based drug design, structure-based pharmacophore modelling, virtual screening, molecular docking, ligand-based drug design, quantitative structure–activity relationship models, ligand-based pharmacophore modelling, and molecular dynamics (MD) simulation, can be utilized to further investigate the correlation between targets and potential drug candidates (Xin *et al.*, 2021; Hasan *et al.*, 2022; Wang *et al.*, 2022). Through CADD, the identification and development of lead compounds are facilitated by employing theoretical calculations, simulations, and the prediction of interactions between drug candidates and target receptors, thereby expediting the drug discovery process (Gu *et al.*, 2023; Sharma *et al.*, 2023). Molecular docking is a cost-effective and fast computational tool utilized for predicting and analysing the interactions between a specific molecule and a macromolecular target (typically a protein) at an atomic level (Tran *et al.*, 2022). This technique enables the examination of how small molecules behave within the binding sites of target proteins and aids in elucidating essential biochemical processes (McConkey *et al.*, 2002). Molecular docking aids in understanding the binding mechanism, predicting the binding affinity, identifying potential drug candidates by screening large libraries of compounds against target proteins and optimizing drug leads, (Gaba *et al.*, 2010; Eweas *et al.*, 2014). Molecular docking analysis has been used previously to elucidate the mechanism of action of CS metabolites (Sawangwong *et al.*, 2024), including targets implicated in T2DM (Alvarado *et al.*, 2019; Chaudhary *et al.*, 2022). Alvarado *et al.* (2019) and Chaudhary *et al.* (2022) investigated the relationship between CS metabolites, and therapeutic target enzymes implicated in T2DM (α -glucosidase, protein tyrosine phosphatase 1-B, dipeptidyl peptidase-4 and α -amylase). Both studies reported good binding affinity between the therapeutic targets and CS metabolites, highlighting their value as modulators of the therapeutic targets (Alvarado *et al.*, 2019; Chaudhary *et al.*, 2022). Molecular docking can be integrated with molecular dynamic simulations, a powerful computational tool that allows one to explore the dynamic interactions within protein-ligand complexes (De Vivo *et al.*, 2016; Agu *et al.*, 2023). These simulations aid in comprehending the conformational changes induced by ligand binding

and assessing the stability of the complex (Agu *et al.*, 2023). To date, molecular dynamics simulation serves as a modern-day tool to screen, determine and predict therapeutic agents against known druggable targets (Shode *et al.*, 2022). Several studies have used molecular docking and molecular dynamics simulation to investigate the mechanism of antidiabetic action of natural plants such as *Aegle marmelos*, *Helianthus annuus* (sunflower) seed, *Momordica charantia*, *Englerophytum magalismontanum*, *Azadirachta indica*, *Aspalathus linearis* and *Trigonella foenum-graecum* (fenugreek) (Rampogu *et al.*, 2018; Arif *et al.*, 2021; Akoonjee *et al.*, 2022; Olaokun *et al.*, 2022; Sharma *et al.*, 2022; Abdullah *et al.*, 2023; Rampadarath *et al.*, 2023) as well as plant compounds such as chlorogenic acid, luteolin and dihydropyrimidinone derivatives (Singh *et al.*, 2021; Ilyas *et al.*, 2022; Kahksha *et al.*, 2023). Landeros-Martinez *et al.* (2023) used molecular docking and molecular dynamics simulation to investigate the potential inhibition of human sucrase-isomaltase by two CS flavonoid compounds (luteolin and maysin), to identify potential candidates as an alternative treatment against T2DM (Landeros-Martinez *et al.*, 2023). In addition to molecular docking and MD simulation, density functional theory serves a valuable tool for assessing the antidiabetic properties of CS.

3.8.3. Density functional theory

Density functional theory (DFT) is a strong and affordable computational quantum mechanical modelling technique which is employed in physics, chemistry and materials science to study the electronic or nuclear structure (including the ground state) of many-body systems (system that consist of many interacting particles), such as atoms, molecules and condensed phases (Hohenberg *et al.*, 1964; Assadi *et al.*, 2013). The central concept of DFT is that the ground state energy and of a many-electron system can be uniquely determined by its electronic density instead of its wave function, which is a more complex entity (Hohenberg *et al.*, 1964). Through the use of DFT, the ground state and properties of a many-electron system, including molecules, can be evaluated through the use of functionals (i.e. the functions of another function) (Kohn *et al.*, 1965). The ground state energy functional is composed of three main components: the kinetic energy and potential energy, the interaction between nuclei and electrons along with the Coulomb interaction between electron distributions, and the exchange-correlation energy, which accounts for both exchange and correlation effects (Kohn *et al.*, 1965). Density functional theory (DFT) is a powerful tool in the discovery and development of drugs, playing a crucial role in understanding molecular properties, interactions, and mechanisms at an atomic level, while

also providing essential information about the energetic properties of drug molecules (Zhu *et al.*, 2019; Kim *et al.*, 2020). There are numerous applications of DFT in drug discovery, such as modelling drug-receptor interactions and mechanisms of drug action, optimizing molecular structure and geometry, predicting the chemical reactivity and spectroscopic properties of drug candidates, correlating structural features with drug activity, elucidating reaction mechanisms, and evaluating the various conformations of drug molecules (LaPointe *et al.*, 2007; Adekoya *et al.*, 2020). While there is limited information regarding the investigation of CS metabolites using DFT, Landeros-Martinez *et al.* (2023) employed DFT to investigate the interactions between human sucrase-isomaltase and the CS metabolites maysin and luteolin. The DFT analysis revealed that maysin and luteolin act as novel inhibitors of sucrase-isomaltase, suggesting them as potential alternative candidates for treating T2DM (Landeros-Martinez *et al.*, 2023). In addition to DFT, network pharmacology, molecular docking and MD simulation can be used to elucidate the antidiabetic mechanism of action of CS metabolites, an area that is lacking at present that would greatly improve the development of CS as a therapeutic agent against T2DM.

3.9. Experimental validation of the antidiabetic activity of corn silk

Experimental validation, such as *in vitro* and *in vivo* validation, is imperative to ensure reliability, accuracy, efficacy and safety of potential drug candidates (Shalaby *et al.*, 2014). Among the array of experimental validation approaches, employing mammalian cell lines stands out as a particularly robust method for assessing potential drug candidates. This approach offers valuable insights into the safety profiles and potential mechanisms of action of these candidates (Jaroch *et al.*, 2018; Venkateswaran *et al.*, 2020; Feraco *et al.*, 2021). Despite numerous studies highlighting the anti-hyperglycaemic effects of CS in animal models (Zhao *et al.*, 2012; Zhang *et al.*, 2015; Pan *et al.*, 2017; Han *et al.*, 2019; Sheng *et al.*, 2021), there is a lack of information (limited number of published research) on using mammalian cell lines to investigate the impact of CS on the pathogenesis of T2DM and its associated complications. The toxicity analysis of CS obtained from two cultivars (yellow sweet corn silk and purple waxy corn silk) reported no effects on the viability of mouse 3T3-L1 pre-adipocytes at concentrations of 250-1000 parts per million, and was considered a safe therapeutic agent for obesity management (Chaitianan *et al.*, 2016). Chaitianan *et al.* (2017) explored the cytotoxicity of purple CS, in which the CS demonstrated low to no toxicity at concentrations of 125-1000 µg/mL when tested on mouse 3T3-L1 pre-adipocytes. It was concluded that the purple CS was considered safe

and could be used for further experimentation (Chaitianan *et al.*, 2017). Maysin, abundant in CS, was isolated from Korean hybrid corn (Kwangpyeongok) and revealed increased viability of human neuroblastoma SK-N-MC cells following treatment of 5–50 µg/mL of maysin for 2 hours with doses (Choi *et al.*, 2014). Cell line studies, including clonal rat pancreatic β-cell line, rat L6 skeletal muscle myotubes, rat mesangial cells and human umbilical vein endothelial cells, have been used to elucidate the mechanism of antidiabetic action of CS. These studies report that CS exerts its antidiabetic effects through various mechanisms, including beta-cell function restoration, mitigation of oxidative stress, inhibition of protein glycation, reduction of advanced glycation end product formation, extracellular matrix inhibition, glucose uptake induction, and enhancement of glucose transporter type 4 translocation (Chang *et al.*, 2016; Guo *et al.*, 2019; Wang *et al.*, 2019). Although there is existing research on the antidiabetic action of CS using mammalian cell lines, there is currently a lack of studies confirming its antidiabetic potentials using the HepG2 cell line, which is a commonly employed human hepatoma cell line derived from foetal liver tumour cells and frequently utilized in diabetes-related studies (Liu *et al.*, 2017). HepG2 cell line studies have been instrumental in exploring the relationship between various plants and their chemical constituents in T2DM pathogenesis and the prevention of associated complications (Huang *et al.*, 2015; Mokashi *et al.*, 2017; Chen *et al.*, 2019; Aladejana *et al.*, 2020; Bourebaba *et al.*, 2021; Yarahmadi *et al.*, 2021). For example, Bourebaba *et al.* (2021) demonstrated the potential action of *Laurus nobilis* ethanolic extract on enhancing insulin sensitivity and shielding liver cells from apoptosis, mitochondrial dysfunction, oxidative stress, and inflammation in HepG2 cells; all of which are considered as major changes that occur due to insulin resistance. It was revealed that the ethanolic extract of *Laurus nobilis* was an insulin sensitizing and hepatoprotective agent, which improved insulin sensitivity, reduced oxidative stress and inhibited caspases and had anti-apoptotic effects (Bourebaba *et al.*, 2021). At present, there is a notable gap in knowledge regarding the validation of antidiabetic properties of CS in HepG2 cells, information that can be useful for the development of CS as a therapeutic agent against T2DM.

Generally, efforts about increasing the awareness on the severity of T2DM and its associated complications in communities and among health care professionals is crucial to better understand, manage and treat T2DM. Although there are many ways to effectively treat T2DM via medication, diet, exercise etc., however some of these components are not

always sustainable for most patients to effectively manage the disease. The present review highlights the importance of searching for novel antidiabetic therapeutic agents that can be used as an affordable, safe alternative and/or complementary aid against T2DM. Among many plants used in traditional South African herbal medicine systems against T2DM, CS remains an underutilized plant material with extensive therapeutic potentials for the treatment of many diseases and illnesses, including T2DM. The nutritional, functional, phytochemical and pharmacological aspects of CS have been well documented including its remarkable biological attributes highlighting the antidiabetic bioactivity of CS which. Although the antidiabetic potentials of CS are well reported, however, it's mechanism of action against T2DM is not yet well established, which identifies a grey area that may be further explored with computational techniques, such as network pharmacology, molecular docking and molecular dynamics simulation. Thereafter, the antidiabetic potential of CS can be experimentally validated through cell culture studies.

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Chapter three

Metabolomics and computational bioprospection of corn silk against key enzymes implicated in type 2 diabetes mellitus and its complications

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Metabolomics and computational bioprospection of corn silk against key enzymes implicated in type 2 diabetes mellitus and its complications

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Abstract

The rising prevalence of type-2 diabetes mellitus (T2DM) and the side effects associated with synthetic hypoglycaemic agents highlight the urgent need to explore new lead compounds with promising antidiabetic properties. Although corn silk (CS) has been proven to be antidiabetic, its mechanism of action remains unknown. This study investigated the potential of CS constituents in modulating six key enzymes [α -amylase (AA), α -glucosidase (AG), aldose reductase (AR), dipeptidyl peptidase-4 (DPP-4), protein tyrosine phosphatase 1B (PTP1B), and sorbitol dehydrogenase (SDH)] involved in T2DM pathogenesis and its complications using computer-aided drug design techniques. Using ultra-performance liquid chromatography-mass spectrometry, 128 metabolites were identified across three CS extracts (aqueous, hydro-ethanolic, and ethanolic) from two developmental (premature and mature) stages. The mature CS had higher relative abundance of most of the metabolites compared to premature CS. Among the extracts, the hydro-ethanolic extract of the mature CS had a higher relative abundance of most metabolites. Molecular docking of the identified metabolites against the six enzymes revealed top five compounds with the highest negative scores in each case. Further insight into the binding energy calculations over a 120-ns molecular dynamics (MD) simulation identified R-7-butyl-6,8-dihydroxy-3-[(3E)-pent-3-en-1-yl]-3,4-dihydroisochromen-1-one (BHP) (-40.30 kcal/mol), 1-O-vanilloyl-beta-D-glucose (VBJ) (-34.17 kcal/mol), (-)-11-hydroxy-9,10-dihydrojasmonic acid 11-beta-D-glucoside (HDJ) (-44.13 kcal/mol), p-coumaroyl malic acid (CMA) (-34.40 kcal/mol), 2-hydroxydecanedioic acid (HDA) (-19.71 kcal/mol) and HDJ (-36.61) as having the highest negative binding free energy against AA, AG, AR, DPP-4, PTP1B, and SDH, respectively. Post-MD simulation analysis assessed the stability, flexibility, and compactness of the CS metabolites-enzyme complexes, confirming the formation of more thermodynamically stable final complexes in comparison to the respective reference standard-enzyme complexes and the unbound enzymes. A greater number of ligand-receptor interactions following a 120-ns simulation highlighted superior

binding between the CS metabolite-enzyme complexes, compared to the respective standard-enzyme complexes. The outcomes produced from this study highlight the ability of CS to modulate the activity of enzymes associated with T2DM pathogenesis and its secondary complications, allowing for the development of CS as an alternative agent to manage T2DM.

Keywords: Corn silk metabolites; Metabolomics; Molecular docking; Molecular dynamics simulation; Solvent variation; Type 2 diabetes mellitus

1. Introduction

Type 2 diabetes mellitus (T2DM), a major cause of morbidity and mortality globally, is a chronic metabolic disease characterized by impaired insulin production and/or insulin resistance resulting in high blood glucose levels (Pheiffer *et al.*, 2018; Yagasaki *et al.*, 2022). Living with T2DM for prolonged period or inadequate management may culminate in severe secondary complications including kidney disease, ocular damage, cardiovascular disease, heart attacks, strokes, nerve damage, skin conditions, and foot ulcers (Yagasaki *et al.*, 2022) and eventual death in serious or severe cases (Xiao *et al.*, 2019). Besides its secondary complications, T2DM imposes substantial physiological and psychological burdens on patients and exerts a significant financial strain on both public and private healthcare systems worldwide (Kharroubi *et al.*, 2015; Lin *et al.*, 2020). While T2DM is a non-communicable disease, its increasingly high prevalence irrespective of gender and age is a cause for concern (Animaw *et al.*, 2017).

The consistent maintenance of blood glucose levels using lifestyle changes, such as a healthy diet, regular physical exercise, consistent blood glucose monitoring, regular medical check-ups and weight management is often unattainable for many patients. This has necessitated reliance on synthetic medications to effectively manage diabetes and its complications (Lankatillake *et al.*, 2019). While the potency of the synthetic oral hypoglycaemic medications is undoubtable, the associated adverse side effects, compliance with complex dosing schedule and cost have undermined their application in clinical practice (Lankatillake *et al.*, 2019; Singh *et al.*, 2022a; Singh *et al.*, 2022b). Therefore, the development of alternative or/and complementary therapeutics with promising antidiabetic potentials, is imperative.

The increased activity of alpha-amylase (AA) and alpha-glucosidase (AG) accelerates the breakdown of carbohydrates to simple sugars resulting in a rapid influx of glucose in the bloodstream, contributing to postprandial hyperglycaemia (Sabiou *et al.*, 2021). Unlike AA

and AG, dipeptidyl peptidase-4 (DPP-4) plays a role in breaking down glucagon-like peptide-1, an incretin hormone that stimulates insulin release and inhibits glucagon release. These two hormones are essential in regulating blood glucose levels (Gilbert *et al.*, 2020). Similarly, protein tyrosine phosphatase-1B (PTP1B) is involved in the dephosphorylation of insulin receptors and insulin receptor substrates, influencing the insulin signalling pathway (Thareja *et al.*, 2012). In T2DM, elevated PTP1B activity hinders insulin signalling by excessively dephosphorylating insulin receptors, which results in decreased glucose uptake in cells, leading to elevated blood glucose levels (Balogun *et al.*, 2023). On the other hand, aldose reductase (AR) and sorbitol dehydrogenase (SDH) play crucial roles in the polyol pathway, a metabolic route responsible for converting glucose into sorbitol and sorbitol to fructose, respectively (Ramana *et al.*, 2011; Moemen *et al.*, 2020). In T2DM, the activity of AR and SDH intensifies, resulting in the buildup of sorbitol and fructose respectively, within cells (Sabiou *et al.*, 2017). Hence, accumulation of sorbitol and fructose can induce osmotic stress, causing cellular damage and dysfunction, thereby contributing to the development of secondary complications like neuropathy, nephropathy, and diabetic retinopathy (Tang *et al.*, 2012; Omotosho *et al.*, 2014). These six enzymes play crucial roles in the pathogenesis of T2DM or its related diabetic complications through various factors, not limited to glucose production and absorption, interference of insulin signalling, glucagon release, breakdown of glycogen, increasing of incretin concentration, accumulation of sorbitol among others (Oboh *et al.*, 2014; Sharma *et al.*, 2021; Thakur *et al.*, 2021; Balogun *et al.*, 2022). Therefore, the effective modulation of the specific activity of these enzymes is crucial in the discovery and development of novel antidiabetic compounds and emerging target-based therapies (Sabiou *et al.*, 2021; Su *et al.*, 2023).

Due to the rich and diverse presence of metabolites, medicinal plants serve as cogent source for the development of effective and culturally relevant therapeutic agents against several diseases including T2DM (Lankatillake *et al.*, 2019; Sabiou *et al.*, 2019). Corn silk (CS) is an underutilized plant material that consists of diverse phytochemicals, such as phenolic acids, flavonoids, carotenoids, sterols, tannins, volatile compounds, sugars, vitamins, minerals, polysaccharides, proteins, and peptides (Nawaz *et al.*, 2019; Singh *et al.*, 2022a), many of which have contributed to its significant therapeutic properties (Wang *et al.*, 2019; Shalihah *et al.*, 2020). Although CS is often discarded as a waste material (Hasanudin *et al.*, 2012), it has several pharmacological properties including antioxidant, anti-inflammatory, diuretic, kaliuretic, anti-hyperlipidemic, anti-microbial, anti-cancer, anti-

hypertensive and antidiabetic (Kaur *et al.*, 2023), making it ethnopharmacologically relevant (Sabiou *et al.*, 2019). Studies have shown the antidiabetic potential of CS (Guo *et al.*, 2009; Zhao *et al.*, 2012; Chang *et al.*, 2016; Lee *et al.*, 2016; Sabiou *et al.*, 2016; Vijitha *et al.*, 2017; Haldar *et al.*, 2019); however, there is limited information on the mechanism of action behind its antidiabetic therapeutic properties, particularly its relationship with the key enzymes implicated in T2DM pathogenesis.

Understanding the relationship between plant secondary metabolites, such as those present in CS, and enzymes implicated in the pathogenesis of T2DM can be useful for the development of targeted therapeutic approaches (Xu *et al.*, 2019; Tran *et al.*, 2020). This, will in turn, contribute to the development of novel antidiabetic therapeutics and the emerging field of target-based therapies, which expectedly will contribute to the effective management of T2DM (Tiwari *et al.*, 2014). To this extent, the study explored metabolomic profiling and computational techniques in the identification of CS secondary metabolites and their molecular interactions with key enzymes implicated in T2DM and its complications in an effort to identify possible novel compounds with antidiabetic potentials.

2. Materials and methodology

2.1. Corn silk collection and processing for the preparation of extracts

Fresh CS of a commonly consumed South African commercial corn hybrid ILHYB22 was collected at two developmental stages [premature (collected 18/03/2022) and mature (collected 30/05/2022)] at the Cedara College of Agriculture, KwaZulu-Natal, South Africa. The processing and preparation of CS from both developmental stages to produce three extracts (aqueous, hydro-ethanolic, and ethanolic) were carried out as described in Figure 1 (Akoonjee *et al.*, 2023). The powdered CS and the prepared extracts were stored (4°C) until needed (Taiwong, 2020).

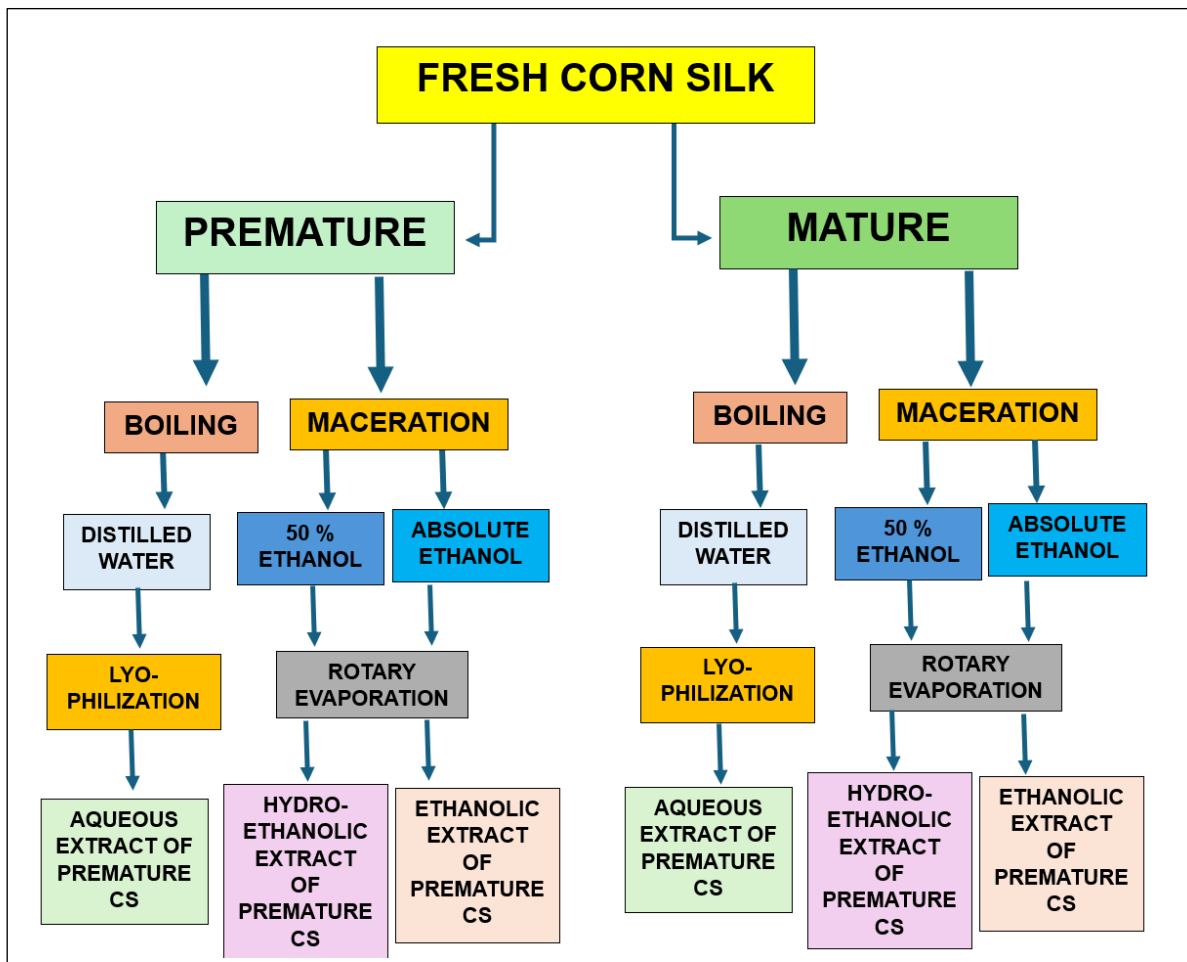


Figure 1: Preparation of aqueous, hydro-ethanolic and ethanolic extracts of mature and premature corn silk (CS)

2.2. Metabolomic profiling of corn silk

Ultra-performance liquid chromatography-mass spectrometry (UPLC-MS) analysis was performed on the raw (dried CS) and extracts (aqueous, hydro-ethanolic, and ethanolic) of mature and premature CS as previously reported (Magangana *et al.*, 2021; Magangana *et al.*, 2022). A Water Synapt G2 quadruple time-of-flight mass spectrometer connected to a Waters Acquity UPLC-combined with photo diode array detector (Milford, MA, United States of America) was used to analyze the samples. Briefly, 2 g of each sample was subjected to ultrasonic-assisted extraction (SS-6508T, Sunshine, India) using a solvent system of 50% methanol and 0.1% formic acid for 24 h at room temperature (Magangana *et al.*, 2021). The samples were then centrifuged (mySPIN 12, Thermo Scientific, United States of America) for 5 min at 14 000 rpm and the resulting supernatant in each case was used for further analysis. Acquisition and confirmation of data were performed using Masslynx 4.1 while MS-DIAL and MS-FINDER 2.0 software (RIKEN Center for Sustainable Resource Science: Metabolome Informatics Research Team, Kanagawa,

Japan). Metaboanalyst (<https://www.metaboanalyst.ca/MetaboAnalyst/>) (accessed on 1 July 2022) was utilized for statistical analysis between the samples of CS where principal component analysis (PCA), partial-least squares discriminant analysis (PLS-DA), orthogonal partial-least squares discriminant analysis (OPLS-DA) and a hierarchical heat map were generated (Magangana *et al.*, 2022). Relative abundance of the metabolites present in CS were performed based on peak height percentage (Macel *et al.*, 2019).

2.3. Pharmacokinetics screening of corn silk metabolites

To identify orally bioavailable compounds, the drug-likeness properties of the metabolites present in CS were subjected to Lipinski's rule of five (Ro5) as previously described (Oh *et al.*, 2020). The Simplified Molecular Input Line Entry System (SMILES) of the metabolites were obtained from the PubChem database (<https://pubchem.ncbi.nlm.nih.gov/>; accessed on 30 July 2022) and input into the SwissADME server (<http://www.swissadme.ch/>; accessed on 30 July 2022). Compounds with ≤ 2 violations of the Lipinski's rule (molecular weight ≤ 500 g/mol, < 5 hydrogen bond donors, ≤ 10 hydrogen bond acceptors and partition coefficient $\text{Log } P < 5$) were selected for subsequent analysis.

2.4. Molecular docking of corn silk metabolites against key enzymes implicated in T2DM

Following pharmacokinetic screening, the identified metabolites and selected enzymes were subjected to molecular docking. The X-ray crystal structures of the six enzymes namely: AA (protein data bank (PDB) ID 4W93), AG (3W37), AR (3RX3), DPP-4 (1WCY), PTP1B (1SUG), and SDH (1PL8), were obtained from Research Collaboratory for Structural Bioinformatics Protein (RSCB) Protein Data Bank (<https://www.rcsb.org/>; accessed 1 September 2022). The enzymes were prepared using UCSF Chimera v 1.16 (Pettersen *et al.*, 2004). The 3D conformers of the metabolites and the reference standards (acarbose for AA and AG, epalrestat for AR, ursolic acid for PTP1B, sitagliptin for DPP-4, and 4-[2-(1R-hydroxy-ethyl)-pyrimidin-4-yl]piperazine-1-sulfonic acid dimethylamide for SDH) were obtained from PubChem (<https://pubchem.ncbi.nlm.nih.gov/>; accessed 1 September 2022) and subsequently optimized on UCSF Chimera v 1.16 by addition of Gasteiger charges and non-polar hydrogen atoms (Balogun *et al.*, 2022). Identification of grid box coordinates (x-y-z) and grid box size (x-y-z) of the native ligand for each enzyme was determined on UCSF Chimera v 1.16. These were then used to dock the CS metabolites

to the active site of the enzymes using the Autodock Vina Plugin on Chimera v 1.16 (Balogun *et al.*, 2022). To prevent pseudo-positive binding conformations, the docking protocol was validated as previously detailed (Aribisala and Sabiu,2022), by measuring the root mean square deviation (RMSD) of docked ligands from the reference pocket bearing the native ligands in the co-crystal structures of AA (Figure 2a), AG (Figure 2b), AR (Figure 2c), DPP-4 (Figure 2d), PTP1B (Figure 2e) and SDH (Figure 2f), following optimal superimposition. The RMSD of the docked ligands from the native inhibitor in the 3D structures of all six enzymes was 0.5 Å which indicates similar binding orientation, ultimately validating the protocol employed.

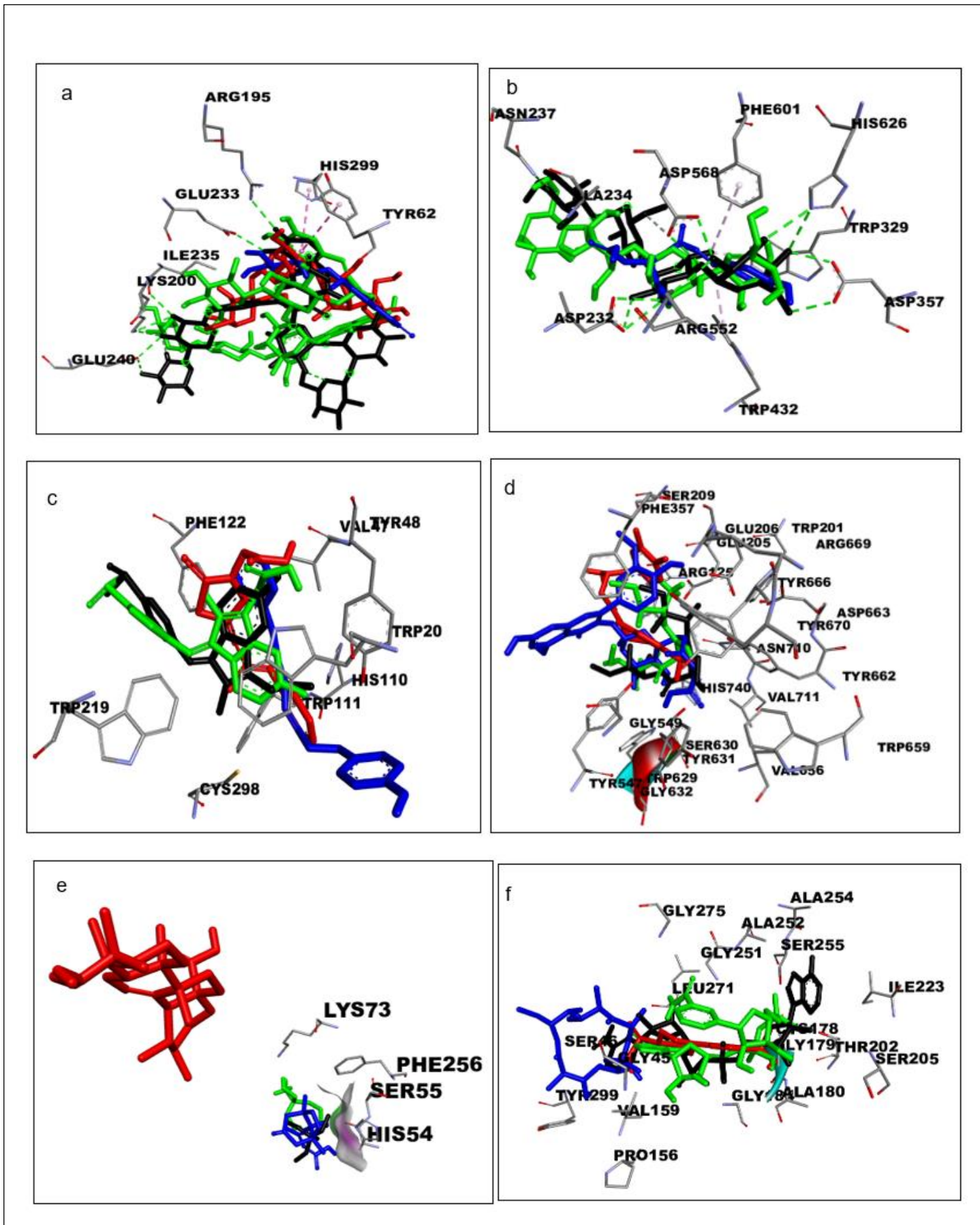


Figure 2. Superimposition on co-crystallized structure of a) alpha amylase: native ligand (black), superimposed docked native ligand (green), reference standard (red) and

compound with highest docking score (blue). Root Mean Square Deviation (RMSD) value of 0.5 Å. Grid box co-ordinates: centre (X = -11, Y = 4, Z = -22) and size (X = 20, Y = 18, Z = 13); b) alpha glucosidase: native ligand (black), superimposed docked native ligand and standard (green) and compound with highest docking score (blue). RMSD value of 0.5 Å. Grid box co-ordinates: centre (X = 0.2, Y = -3, Z = -23) and size (X = 11, Y = 22, Z = 12); c) aldose reductase: native ligand (black), superimposed docked native ligand (green), reference standard (red) and compound with highest docking score (blue). RMSD value of 0.5 Å. Grid box co-ordinates: centre (X = -10, Y = 9, Z = 17) and size (X = 11, Y = 22, Z = 12); d) dipeptidyl peptidase 4: native ligand (black), superimposed docked native ligand (green), reference standard (red) and compound with highest docking score (blue). RMSD value of 0.5 Å. Grid box co-ordinates: centre (X = 56, Y = 62, Z = 35) and size (X = 13, Y = 10, Z = 7); e) protein tyrosinase phosphatase-1B: native ligand (black), superimposed docked native ligand (green), reference standard (red) and compound with highest docking score (blue). RMSD value of 0.5 Å. Grid box co-ordinates: centre (X = 44, Y = -3, Z = -4) and size (X = 7, Y = 6, Z = 7) and f) sorbitol dehydrogenase: native ligand (black), superimposed docked native ligand (green), reference standard (red) and compound with highest docking score (blue). RMSD value of 0.5 Å. Grid box co-ordinates: centre (X = 97, Y = 31, Z = 26) and size (X = 9, Y = 15, Z = 13)

2.5.Molecular dynamics (MD) simulation of corn silk metabolites against the target enzymes

Following validation of the docking protocol, the top five complexes with the best pose (most negative docking score) against each enzyme were selected for further analysis through a 120-ns MD simulation, as detailed by Sabiu *et al.* (2022). The simulation was conducted using the GPU force field in AMBER 18 software in which the Force field 18SB variant of the AMBER force field was used. Using Restrained Electrostatic Potential (RESP) and the General Amber Force Field (GAFF) methods of the ANTECHAMBER, the atomic partial charges for the compounds were obtained. The leap module of AMBER 18 neutralized the system through the addition of hydrogen atoms and Na⁺ and Cl⁻ counter ion. The residues were numbered 1–495, 1-913, 1-315, 1-729, 1-299 and 1-356 for AA, AG, AR, DPP-4, PTP1B and SDH, respectively. The system in each case was then lowered implicitly within an orthorhombic box of TIP3P water molecules such that all atoms were within 8Å of any box edge. The simulation was carried out with the Leap module SHAKE algorithm employed to constrict the expansion of all chemical bonding, such as hydrogen

atoms. The step size of each simulation was 2 fs, and an SPFP precision model was used. The simulations align with the isobaric-isothermal ensemble (NPT); having randomized seeding, Berendsen barostat maintains 1 bar constant pressure, 2 ps pressure-coupling constant, 300 K temperature and Langevin thermostat with a collision frequency of 1.0 ps. Using the CPPTRAJ module in the AMBER 18 suite, post-dynamics data [RMSD, root mean square fluctuation (RMSF), radius of gyration (RoG), solvent accessible surface (SASA) and number of hydrogen bonds] were computed (Aribisala *et al.*, 2021). The binding free energy (ΔG_{bind}) was calculated using the Molecular Mechanics/GB Surface Area (MM/GBSA) method wherein ΔG_{bind} was averaged over 100 000 snapshots extracted from the 120 ns trajectory (Ylilauri and Pentikäinen, 2013). The equations below represent the method for the calculation of the average ΔG_{bind} for each molecular species (complex, ligand, and protein):

$$\Delta G_{\text{bind}} = E_{\text{gas}} + G_{\text{sol}} - TS \quad [1]$$

$$\Delta G_{\text{bind}} = G_{\text{complex}} - G_{\text{receptor}} - G_{\text{ligand}} \quad [2]$$

$$E_{\text{gas}} = E_{\text{int}} + E_{\text{vdw}} + E_{\text{ele}} \quad [3]$$

$$G_{\text{sol}} = G_{\text{GB}} + G_{\text{SA}} \quad [4]$$

$$G_{\text{SA}} = \gamma \text{SASA} \quad [5]$$

The complexes' (ligand-receptor) interaction at the active site of each enzyme was examined at 0 ns, 60 ns and 120 ns using Discovery Studio version 21.1.1 (Biovia, 2021).

2.6. Quantum chemical calculations

The molecular characteristics of the lead compounds were predicted using Density Functional Theory (DFT) via quantum chemical calculations. The widely used 6-31 + G(d,p) basis set combined with the Becke3-Lee-Yang-Parr (B3LYP) method (Kruse *et al.*, 2012) was adopted to optimize the lead compounds using the Gaussian 16 suite of the CHPC, Cape Town, South Africa and the resulting files were then visualized using GaussView 6 software V 6.0.16. The study assessed the conceptual DFT (cDFT), namely the frontier molecular orbitals comprising of the highest occupied molecular orbital (HOMO) and the lowest unoccupied molecular orbital (LUMO) (Calais, 1993), taking into consideration the Parr and Pearson interpretation of DFT and Koopmans theorem (Luo *et al.*, 2006). The equations below were used to compute other chemical descriptors, including

energy gap (ΔE), ionization energy (I), electron affinity (A), chemical hardness (η), softness (δ), electronegativity (χ), chemical potential (Cp), global electrophilicity (Ω).

$$\Delta E = E_{\text{LUMO}} - E_{\text{HOMO}} \quad (1)$$

$$I = -E_{\text{LUMO}} \quad (2)$$

$$A = -E_{\text{HOMO}} \quad (3)$$

$$\eta = \frac{\Delta E}{2} \quad (4)$$

$$\delta = \frac{1}{\eta} \quad (5)$$

$$\chi = \frac{(I+A)}{2} \quad (6)$$

$$\text{Cp} = -\chi \quad (7)$$

$$\Omega = \frac{\chi^2}{\Delta E} \quad (8)$$

3. Results

3.1. Metabolomic profiling of corn silk metabolites

The metabolites identified through UPLC-MS analysis (Supplementary Table S1) were confirmed on the chromatograms produced from MassLynx (Supplementary Figures S1-S4). Altogether, 128 metabolites (compounds C1 – 128) were identified in all the CS samples investigated. The highest amount of variation between the two developmental stages was 63.95 (41.1% in principal component 1 and 22.8% in principal component 2) with the compounds found to cluster majorly in two distinct positions (Figure 3a). The top 15 compounds responsible for the high chemical diversity between the different developmental stages are presented in Figure 3b. Thirteen out of the 15 metabolites were found to be highly present in the mature CS, whereas C103 (Pandangolide 1) and C74 (3-hydroxysebaic acid) were more prevalent in the premature CS (Supplementary Table S1). The use of different extraction solvent produced variation in the type of metabolites extracted in both the premature and mature CS. Between the different samples of CS, there was 62.4% quantitative and qualitative variation of metabolites (42.1% in principal component 1 and 20.3% in principal component 2) (Figure 4a). The top 15 metabolites responsible for the high chemical diversity between the eight samples of CS are presented in Figure 4b, where caffeoyl tartaric acid (C105) was the most variant between the samples.

The top 15 CS metabolites were less abundant in the aqueous extracts of CS while out of the 15 metabolites which contributed to the highest variation between the extracts, a total of 5, 1, 4, 2, and 3 metabolites were highly abundant in raw premature CS, raw mature CS, hydro-ethanolic extract of premature CS, hydro-ethanolic extract of mature CS, and ethanolic extract of mature CS, respectively (Figure 4b).

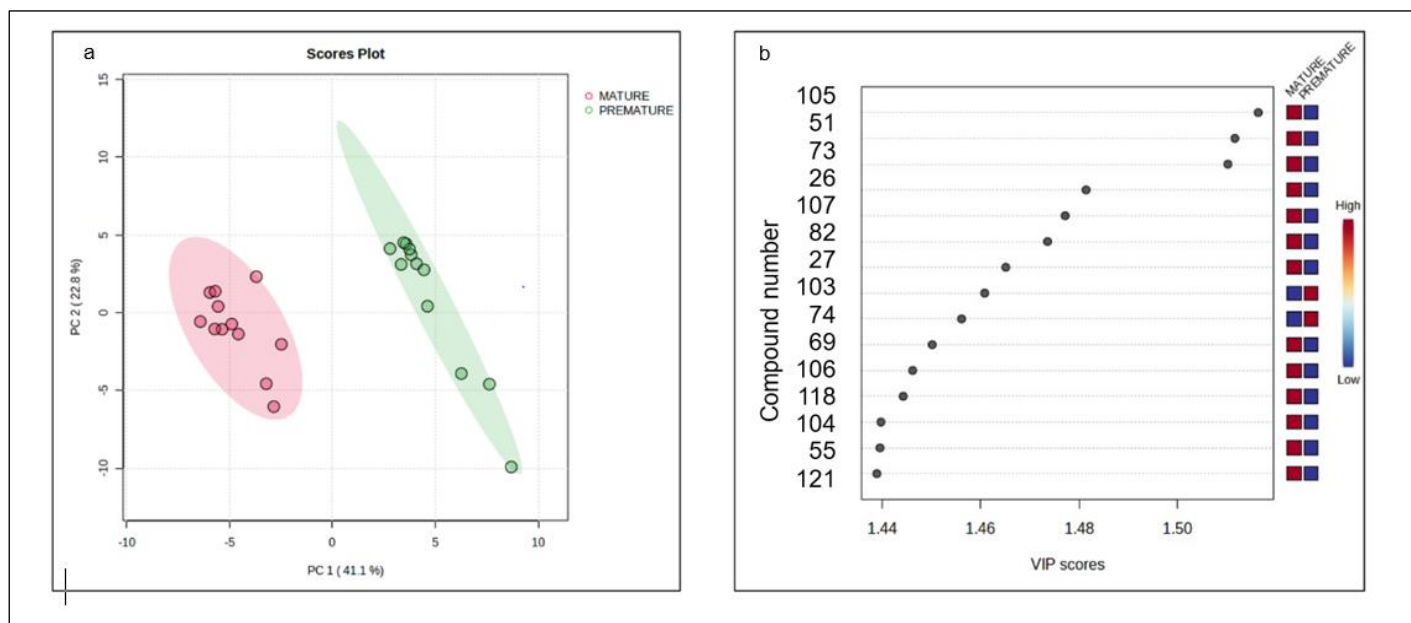


Figure 3. a) Principal component analysis (PCA) plot showing the percentage of chemical diversity of metabolites between the two different developmental growth stages [premature (light green) and mature (light red) of corn silk; b) Orthogonal partial least squares-discriminant analysis (OPLS-DA) loadings plot showing the top fifteen metabolites that were the most chemically diverse between the two different developmental growth stages (premature and mature) of corn silk with red showing high prevalence and blue showing low prevalence. PC: principal component, compound identities: C105: tetradecanedioic acid, C51: methyl geranate, C73: UNPD230015, C26: diaportinic acid, C107: genistin, C82: diaportinol, C27: benzyl-O-beta-D-glucopyranoside, C103: pandangolide 1a, C74: 3-hydroxysebacic acid, C69: dodecanedioic acid, C106: (R)-7-butyl-6,8-dihydroxy-3-[(3E)-pent-3-en-1-yl]-3,4-dihydroisochromen-1-one, C118: ginsenoside E, C104: 4-hydroxynonenal, C55: daldiniapyrone and C121: UNPD205010

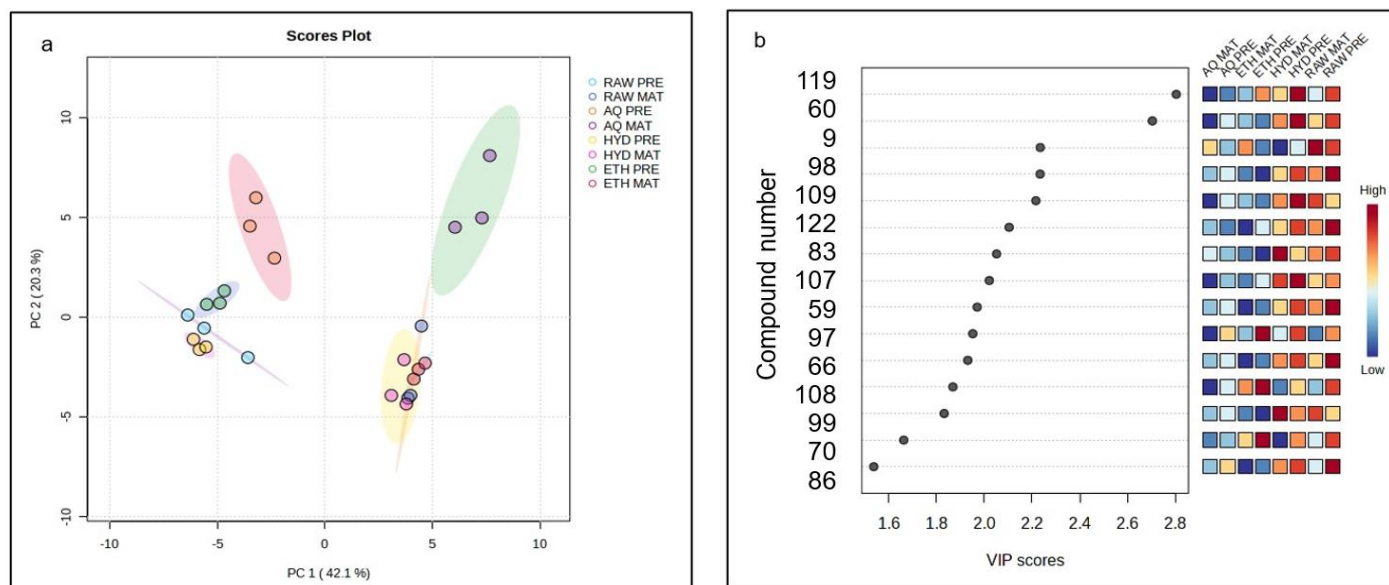


Figure 4: a). Principal component analysis (PCA) scores plot showing the percentage of chemical diversity of metabolites between eight samples of CS [raw extract of premature CS (light blue circle), raw extract of mature CS (dark blue circle), aqueous extract of premature CS (orange circle), aqueous extract of mature CS (purple circle), hydro-ethanolic extract of premature CS (yellow circle), hydro-ethanolic extract of mature CS (pink circle), ethanolic extract of premature CS (green circle) and ethanolic extract of mature CS (light red circle)]; b) Partial least squares-discriminant analysis (PLS-DA) loadings plot showing the top fifteen metabolites that were the most chemically diverse between the eight samples of CS [raw and three extracts (aqueous, hydro-ethanolic and ethanolic) at two different developmental stages (premature and mature)] with red showing high prevalence and blue showing low prevalence. PC: principal component AQ MAT: aqueous extract of mature CS, AQP; aqueous extract of premature CS, ETH MAT: ethanolic extract of mature CS, ETH PRE: ethanolic extract of premature CS, HYD MAT: hydro-ethanolic extract of mature CS, HYD PRE: hydro-ethanolic extract of premature CS, RAW MAT: raw extract of mature CS, RAW PRE: raw extract of premature CS. Compound identities: C119: caffeoyl tartaric acid, C60: quercitrin, C9: D-2-hydroxyglutaric acid, C98: 5,7,4'-trihydroxy-3'-methoxyflavone, C109: kaempferol 3-[2''-acetyl-alpha-L-arabinopyranosyl-(1->6)-galactoside], C122: maysin 3'-methyl ether, C83: herbacetin 7-(6''-quinoylglucoside), C107: genistin, C59: apiin, C97: maysin, C66: UNPD19396, C108: p-coumaroyl malic acid, C99: quercetin 3-O-(6''-acetyl-glucoside), C70: kaempferitrin and C86: mirificin

The relative abundance of the metabolites in the different samples of CS are presented in Supplementary Figure S5 (compounds C1 – C65) and Supplementary Figure S6 (compounds C66 – C128) as well as Supplementary Table S2. Majority of the metabolites

were found to be more abundant in the hydro-ethanolic extract of mature CS except compounds C3, C8, C21, C32, C33, C38, C42, C58, C105, C124 (more abundant in aqueous extract of mature CS), compounds C1, C3, C8, C21, C32, C33, C92, C100, C102 (more abundant in aqueous extract of premature CS) C47, C48, C61, C76, C82, C88, C89, C99, C103, C106 (more abundant in ethanolic extract of mature CS), C36, C54, C70, C90, C96, C108, C125, C126, C127 (more abundant in ethanolic extract of premature CS), C5 (more abundant in hydro-ethanolic extract of premature CS) and C65 (more abundant in raw extract of premature CS). Percentage yield of the 128 metabolites between the different samples of CS (aqueous, hydro-ethanolic and ethanolic) extracts of premature and mature CS is presented in Supplementary Figure S7, in which the hydro-ethanolic extract of mature CS (37%) had the highest yield, followed by the hydro-ethanolic extract of premature CS (12%) and aqueous extract of premature CS (12%), with the raw sample of mature CS (5%) sample having the lowest yield.

3.2. Drug-likeness filtering of corn silk metabolites

Out of the 128 metabolites identified in the different samples of CS, 110 passed Lipinski's Ro5, while 18 compounds exhibited more than 2 violations and were excluded from further analysis (Supplementary Table S3).

3.3. Molecular docking of corn silk metabolites against enzyme targets

The results of the molecular docking analysis of the top five CS metabolites against the enzyme targets are presented in Table 1. Aesculin (AES), austriacin (AUS), (6E)-1-(4-hydroxyphenyl)-7-phenylhepta-4,6-dien-3-one (HPH), (-)-11-hydroxy-9,10-dihydrojasmonic acid 11-beta-D-glucoside (HDJ), phaseic acid (PHA) and erythronolide B (ETB) had the highest negative docking scores against AA, AG, AR, DPP-4, PTP1B and SDH, respectively. The docking scores of the remaining 105 CS metabolites against the enzyme targets can be found in Supplementary Table S4.

Table 1. Molecular docking results of CS metabolites with the five highest negative docking score (best pose) and reference standards against each of the enzyme targets

Target enzymes	Compound number	Identity	Compound Abbreviation	Docking score (kcal/mol)
AA	C31	Aesculin	AES	-8.1
	C106	(R)-7-butyl-6,8-dihydroxy-3-[(3e)-pent-3-en-1-yl]-3,4-	BHP	-8.0

		dihydroisochromen-1-one		
	C88	Curvularol	CUR	-7.9
	C14	(6e)-1-(4-hydroxyphenyl)-7-phenylhepta-4,6-dien-3-one	HPH	-7.8
	C64	Austricin	AUS	-7.7
	-	Acarbose*	ACA	-6.9
AG	C64	Austricin	AUS	-7.8
	C12	Glutaric acid	GTA	-7.7
	C16	1-O-vanilloyl-beta-D-glucose	VBG	-7.5
	C51	Methyl geranate	MGN	-7.4
	C37	(-)-11-hydroxy-9,10-dihydrojasmonic acid 11-beta-D-glucoside	HDJ	-7.4
	-	Acarbose*	ACA	-7.3
AR	C14	(6E)-1-(4-hydroxyphenyl)-7-phenylhepta-4,6-dien-3-one	HPH	-9.9
	C106	(R)-7-butyl-6,8-dihydroxy-3-[(3E)-pent-3-en-1-yl]-3,4-dihydroisochromen-1-one	BHP	-8.6
	C31	Aesculin	AES	-8.5
	C64	Austricin	AUS	-8.5
	C37	(-)-11-hydroxy-9,10-dihydrojasmonic acid 11-beta-D-glucoside	HDJ	-8.5
	-	Epalrestat*	EPA	-6.3
DPP-4	C37	(-)-11-hydroxy-9,10-dihydrojasmonic acid 11-beta-D-glucoside	HDJ	-8.6
	C119	Caffeoyl tartaric acid	CTA	-8.0
	C106	(R)-7-butyl-6,8-dihydroxy-3-[(3E)-pent-3-en-1-yl]-3,4-dihydroisochromen-1-one	BHP	-7.8
	C81	Phaseic acid	PHA	-7.8
	C108	p-Coumaroyl malic acid	CMA	-7.7
	-	Sitagliptin*	SGT	-6.2
PTP1B	C81	Phaseic acid	PHA	-6.0
	C105	Tetradecanedioic acid	TDA	-5.8
	C52	2-Hydroxydecanedioic acid	HDA	-5.4
	C4	Methylisocitric acid	MCA	-5.2
	C69	Dodecanedioic acid	DCA	-5.2

	-	Ursolic acid*	URS	-5.2
SDH	C72	Erythronolide B	ETB	-9.2
	C111	(+)-Cnicin	CNI	-8.7
	C100	Blennin D	BLD	-8.5
	C37	(-)-11-hydroxy-9,10-dihydrojasmonic acid 11-beta-D-glucoside	HDJ	-8.4
	C106	(R)-7-butyl-6,8-dihydroxy-3-[(3E)-pent-3-en-1-yl]-3,4-dihydroisochromen-1-one	BHP	-8.3
	-	4-[2-(1R-hydroxy-ethyl)-pyrimidin-4-yl]piperazine-1-sulfonic acid dimethylamide*	HPS	-5.0

*: reference standards against target enzyme. AA: alpha-amylase; AG: alpha-glucosidase; AR: aldose reductase; DPP-4: dipeptidyl peptidase-4; PTP1B: protein tyrosine phosphatase-1B; SDH: sorbitol dehydrogenase

3.4. Molecular dynamics simulation of identified CS metabolites against the target enzymes

The thermodynamic components of the top five CS compounds against each of the investigated enzyme following a 120-ns of MD simulation are presented in Table 2. The lowest change in Van der Waals energy (ΔE_{vdW}) was observed for several CS compounds, including CUR, MGN, DCA, and BLD against AA, AG, PTP1B, and SDH following the 120 ns simulation. The lowest change in electrostatic energy (ΔE_{elec}) following the 120 ns simulation was observed for several CS compound-enzyme complexes, particularly AA-AUS, AG-MGN, AR-AUS, and SDH-BLD. Following the 120 ns simulation, AUS, MGN, DCA, and BLD exhibited the lowest changes in gas-phase energy (ΔG_{gas}) when bound to the enzyme targets AA, AG, PTP1B, and SDH. A lowest change in solvation free energy (ΔG_{solv}) was identified for multiple CS compounds interacting with enzyme targets, with the most notable complexes being AA-AUS, AG-MGN, AR-AUS, and PTP1B-DCA. Metabolites BHP, VBG, HDJ, CMA, HAD and HDJ had the highest negative ΔG_{bind} against AA, AG, AR, DPP-4, PTP1B and SDH, respectively. Except for AA-BHP complex (-40.30 ± 7.35 kcal/mol) which had lower negative ΔG_{bind} compared to AA-acarbose (49.08 ± 7.99 kcal/mol), others had higher negative ΔG_{bind} than their respective standards.

Table 2. Thermodynamic components of top 5 identified secondary metabolites present in CS against target enzymes

Thermodynamic energy components (kcal/mol)					
Complex	ΔE_{vdW}	ΔE_{elec}	ΔG_{gas}	ΔG_{solv}	ΔG_{bind}
Alpha-amylase					
AES	-28.64 ± 4.67	-38.73 ± 14.93	-67.37 ± 15.14	39.07 ± 8.41	-28.31 ± 8.24
BHP	-36.06 ± 3.95	-48.13 ± 14.03	-85.20 ± 14.41	45.17 ± 7.85	-40.30 ± 7.35
CUR	-24.89 ± 3.08	-27.14 ± 6.24	-52.03 ± 5.91	22.88 ± 3.75	-29.15 ± 3.74
HPH	-28.16 ± 4.81	-14.85 ± 6.56	-43.00 ± 6.46	19.40 ± 4.34	-23.55 ± 5.30
AUS	-24.98 ± 3.25	-10.72 ± 9.37	-35.69 ± 10.80	17.24 ± 7.93	-18.45 ± 4.04
ACA	-51.81 ± 5.29	-132.83 ± 15.05	-184.60 ± 14.87	135.57 ± 10.04	-49.08 ± 7.99
Alpha-glucosidase					
AUS	-24.10 ± 3.30	-44.02 ± 23.29	-68.12 ± 23.36	46.91 ± 18.00	-21.21 ± 7.72
GTA	-26.16 ± 4.32	-31.61 ± 22.53	-57.78 ± 23.27	35.19 ± 13.17	-22.57 ± 12.05
VBG	-23.42 ± 3.54	-72.98 ± 14.48	-96.40 ± 14.00	62.22 ± 8.84	-34.17 ± 6.08
MGN	-11.98 ± 9.58	-7.45 ± 8.63	-18.21 ± 16.09	11.29 ± 9.94	-6.92 ± 7.00
HDJ	-27.81 ± 4.45	-52.92 ± 14.77	-80.73 ± 13.48	52.10 ± 9.52	-28.63 ± 5.74
ACA	-31.64 ± 5.13	-161.95 ± 22.72	-193.60 ± 23.49	177.05 ± 20.09	-16.54 ± 6.71
Aldose reductase					
HPH	-35.06 ± 3.18	-25.23 ± 7.03	-60.30 ± 8.03	26.16 ± 3.87	-34.13 ± 5.05
BHP	-47.41 ± 2.95	-19.07 ± 4.47	-66.49 ± 5.16	25.64 ± 3.38	-40.85 ± 3.44
AES	-43.04 ± 5.01	-27.19 ± 9.85	-70.23 ± 11.30	33.01 ± 5.68	-37.22 ± 8.40
AUS	-35.07 ± 3.27	-13.42 ± 11.84	-48.50 ± 12.88	17.47 ± 7.66	-31.02 ± 5.99
HDJ	-58.97 ± 4.97	-33.08 ± 8.12	-92.06 ± 10.51	47.92 ± 5.78	-44.13 ± 6.75
EPA	-21.18 ± 5.82	-9.73 ± 8.05	-30.91 ± 9.94	15.80 ± 6.48	-15.10 ± 5.02
Dipeptidyl peptidase-4					
HDJ	-16.28 ± 12.70	-20.99 ± 25.20	-37.27 ± 33.50	25.26 ± 23.85	-12.00 ± 10.42
CTA	-23.08 ± 3.41	-49.31 ± 16.10	-72.39 ± 15.32	55.70 ± 12.05	-16.69 ± 4.72
BHP	-36.40 ± 4.65	-46.36 ± 12.31	-82.77 ± 13.24	49.54 ± 8.24	-33.22 ± 6.24
PHA	-27.98 ± 3.30	-51.07 ± 8.92	-79.06 ± 8.45	57.26 ± 6.46	-21.79 ± 4.06

CMA	-18.45 ± 3.76	-77.1195 ± 8.25	-95.58 ± 7.62	61.16 ± 5.38	-34.40 ± 4.17
HDJ	-39.63 ± 4.59	-254.13 ± 12.21	-293.75 ± 12.39	262.99 ± 11.01	-30.77 ± 4.71
Protein tyrosine phosphatase B					
PHA	-16.47 ± 5.83	-11.47 ± 8.38	-27.94 ± 11.01	19.30 ± 8.62	-8.64 ± 3.49
TDA	-20.88 ± 6.79	-18.80 ± 13.35	-39.68 ± 16.18	21.95 ± 11.27	-17.72 ± 6.72
HDA	-21.31 ± 4.27	-20.75 ± 10.38	-42.07 ± 11.85	22.36 ± 7.68	-19.71 ± 5.86
MCA	-16.76 ± 3.66	-29.90 ± 14.68	-46.66 ± 16.42	33.19 ± 12.75	-13.47 ± 4.53
DCA	-13.54 ± 7.80	-13.76 ± 10.83	-27.30 ± 15.28	14.77 ± 8.80	-12.52 ± 8.06
URS	-30.78 ± 3.51	-13.01 ± 6.23	-36.19 ± 6.89	20.15 ± 5.79	-16.03 ± 4.03
Sorbitol dehydrogenase					
ETB	-28.90 ± 3.75	-23.10 ± 14.35	-52.01 ± 15.71	31.37 ± 10.29	-20.63 ± 7.06
CNI	-27.87 ± 5.69	-22.19 ± 14.26	-50.06 ± 14.79	27.99 ± 9.04	-22.06 ± 7.03
BLD	-23.54 ± 5.45	-12.27 ± 7.63	-35.82 ± 10.79	17.13 ± 6.44	-18.69 ± 7.07
HDJ	-40.01 ± 6.01	-56.06 ± 9.90	-96.08 ± 13.13	59.46 ± 7.41	-36.61 ± 7.39
BHP	-32.12 ± 4.05	-35.79 ± 8.64	-67.92 ± 9.72	40.60 ± 5.70	-27.31 ± 5.25
HPS	-36.62 ± 5.69	-12.81 ± 6.22	-44.43 ± 9.35	8.19 ± 5.02	-34.24 ± 9.18

Key: ΔE_{vdW} : Van der Waals energy; ΔE_{elec} : electrostatic energy; ΔE_{gas} : gas-phase free energy; ΔG_{solv} solvation free energy and ΔG_{bind} : total binding free energy. AES: aesculin; BHP: (R)-7-butyl-6,8-dihydroxy-3-[(3e)-pent-3-en-1-yl]-3,4-dihydroisochromen-1-one; CUR: curvularol; HPH: (6e)-1-(4-hydroxyphenyl)-7-phenylhepta-4,6-dien-3-one; AUS: austriecin; ACA: acarbose; GTA: glutaric acid; VBG: 1-O-vanilloyl-beta-D-glucose; MGN: methyl geranate; HDJ: (6e)-1-(4-hydroxyphenyl)-7-phenylhepta-4,6-dien-3-one; EPA: epalrestat; CTA: caffeoyl tartaric acid; PHA: phaseic acid; CMA: p-coumaroyl malic acid; SGT: sitagliptin; TDA: tetradecanedioic acid; HDA: 2-hydroxydecanedioic acid; MCA: methylisocitric acid; DCA: dodecanedioic acid; URS: ursolic acid; ETB: erythronolide B; CNI: cnicin; BLD: blennin D; HPS: 4-[2-(1R-hydroxy-ethyl)-pyrimidin-4-yl]piperazine-1-sulfonic acid dimethylamide

The alterations in structure and conformation resulting from the interactions of the top-ranked metabolites of CS with the enzymes during the simulation periods are presented in Tables 3 and Figures 5 – 10. All CS metabolites-AA complexes had higher average RMSD values than apo-AA (1.57 Å), except for AA-AES (1.52 Å) displaying the lowest average RMSD among the metabolite-AA complexes (Table 3). Following equilibration at 10 ns, RMSD of all AA complexes fluctuated between 1.10 Å and 2.25 Å throughout the remaining simulation, while AA-CUR fluctuated to 2.50 Å from 70 ns till the end of the simulation (Figure 5a). Conversely, both apo-AA (0.94 Å) and AA-ACA (0.97 Å) exhibited lower mean RMSF values than all AA

complexes, except for CUR (0.70 Å) (Table 3). Additionally, the complexes displayed random fluctuations in RMSF between 0.5 Å and 2.5 Å, with major fluctuations observed in various residues, including 120 – 140, 180 – 200, 240 – 320, 340 – 400, 405 – 410, and 450 – 495 swaying between 0.5 Å and 5.75 Å (Figure 5b). Similarly, all AA-complexes exhibited lower mean ROG values compared to apo-AA except CUR- (23.38 Å) and AUS- AA complexes (23.45 Å) (Table 3). After 5 ns, a stable ROG plot for all the bound complexes between 23.9 Å and 23.6 Å was observed except for ACA, which exhibited random fluctuations at 30, 80, and 100 ns (Figure 5c). A marginal increase in the mean number of hydrogen bonds formed in the CS metabolites complexes relative to the apo-enzyme was observed [BHP (266.49), CUR (267.01), and AES (267.39) compared to apo-AA (266.48)]. Interestingly, except for AUS (258.22), all AA complexes exhibited a higher mean number of hydrogen bonds than ACA (260.75) (Table 3). There was a slight fluctuation between 230 and 310 in number of hydrogen bonds formed during the 120 ns simulation period otherwise, no major fluctuations were observed (Figure 5d). Among the complexes, AA-AUS formed a greater number of hydrogen bonds compared to the other AA complexes (Figure 5d). Regarding SASA, an increase in the mean value was observed for all complexes compared to apo-AA (17130.45 Å) and ACA (17301.00 Å) (Table 3). Following a steady increase during the initial 5 ns of the simulation, all AA complexes exhibited a stable and continuous increase within the range of 16000 Å and 19000 Å (Figure 5e).

Table 3. Mean post-molecular dynamics parameters of top 5 identified metabolites of corn silk against the target enzymes

Complex	RMSD (Å)	RMSF (Å)	ROG (Å)	Number of H-Bonds	SASA (Å)
AA (apo-enzyme)	1.57 ± 0.15	0.94 ± 0.41	23.31 ± 0.09	266.48 ± 11.04	17130.45 ± 426.56
AA-AES	1.52 ± 0.14	1.01 ± 0.50	23.28 ± 0.09	267.39 ± 10.24	17547.30 ± 595.29
AA-BHP	1.89 ± 0.22	1.04 ± 0.68	23.20 ± 0.07	266.49 ± 10.61	17413.58 ± 411.68
AA-CUR	1.78 ± 0.30	0.70 ± 0.31	23.38 ± 0.11	267.01 ± 10.31	17492.10 ± 512.41
AA-HPH	1.67 ± 0.16	1.05 ± 0.56	23.27 ± 0.09	260.07 ± 10.67	17815.54 ± 514.36
AA-AUS	1.85 ± 0.25	1.20 ± 0.64	23.45 ± 0.14	258.22 ± 10.70	18410.21 ± 602.75
AA-ACA	1.82 ± 0.47	0.97 ± 0.25	23.28 ± 0.09	260.75 ± 10.62	17301.00 ± 421.52
AG (apo-enzyme)	1.61 ± 0.19	1.07 ± 0.55	27.77 ± 0.06	427.02 ± 12.77	29619.23 ± 477.95

AG-AUS	1.73 ± 0.18	0.85 ± 0.38	27.96 ± 0.09	413.94 ± 13.26	30865.47 ± 658.70
AG-GTA	2.20 ± 0.23	1.03 ± 0.57	27.83 ± 0.06	410.42 ± 12.99	30623.51 ± 540.63
AG-VBG	1.95 ± 0.25	1.09 ± 0.63	27.76 ± 0.10	405.92 ± 13.50	29917.13 ± 566.38
AG-MGN	1.81 ± 0.19	1.09 ± 0.56	27.99 ± 0.11	411.04 ± 15.87	30951.06 ± 584.89
AG-HDJ	1.70 ± 0.12	1.06 ± 0.46	28.05 ± 0.09	415.38 ± 13.28	31439.30 ± 660.19
AG-ACA	1.65 ± 0.10	1.00 ± 0.44	27.84 ± 0.08	427.01 ± 13.66	29417.32 ± 532.42
AR (apo-enzyme)	1.59 ± 0.23	1.05 ± 0.64	19.33 ± 0.06	138.95 ± 8.05	13387.83 ± 284.35
AR-HPH	1.49 ± 0.22	1.07 ± 0.66	19.17 ± 0.09	142.29 ± 8.19	12864.95 ± 380.00
AR-BHP	1.24 ± 0.14	0.91 ± 0.51	19.11 ± 0.07	142.32 ± 7.87	12525.95 ± 307.21
AR-AES	1.57 ± 0.21	1.09 ± 0.59	19.27 ± 0.06	140.52 ± 7.99	12884.81 ± 275.19
AR-AUS	1.36 ± 0.14	1.03 ± 0.58	19.29 ± 0.09	134.74 ± 8.28	13134.07 ± 315.08
AR-HDJ	1.58 ± 0.29	0.76 ± 0.32	19.18 ± 0.06	143.24 ± 8.04	12661.33 ± 326.55
AR-EPA	2.00 ± 0.31	1.12 ± 0.73	19.45 ± 0.08	137.55 ± 7.96	13339.97 ± 304.39
DPP-4 (apo-enzyme)	1.81 ± 0.14	1.14 ± 0.59	27.04 ± 0.10	387.26 ± 12.43	29772.27 ± 407.99
DPP-4-HDJ	2.20 ± 0.42	1.30 ± 1.67	27.36 ± 0.21	380.75 ± 12.55	30518.02 ± 471.31
DPP-4-CTA	1.81 ± 0.18	1.23 ± 0.70	27.12 ± 0.09	376.11 ± 14.39	30495.52 ± 488.42
DPP-4-BHP	2.23 ± 0.33	1.30 ± 0.65	27.29 ± 0.11	387.35 ± 12.78	30644.12 ± 571.00
DPP-4-PHA	2.12 ± 0.28	1.14 ± 0.75	27.19 ± 0.10	383.89 ± 12.19	29588.14 ± 407.11
DPP-4-CMA	2.49 ± 0.23	1.14 ± 0.52	27.28 ± 0.12	382.29 ± 12.21	30372.92 ± 431.08
DPP-4-SGT	2.32 ± 0.32	1.23 ± 0.84	27.23 ± 0.14	385.80 ± 12.28	29879.51 ± 471.52
PTP1B (apo-enzyme)	1.47 ± 0.23	1.15 ± 0.54	19.37 ± 0.07	159.89 ± 8.32	13132.84 ± 295.15
PTP1B-PHA	1.44 ± 0.20	1.13 ± 0.88	19.49 ± 0.13	156.33 ± 9.00	13899.21 ± 563.67
PTP1B-TDA	1.39 ± 0.19	0.99 ± 0.53	19.36 ± 0.09	155.92 ± 8.78	13415.10 ± 338.21
PTP1B-HDA	1.15 ± 0.10	1.01 ± 0.52	19.33 ± 0.06	163.00 ± 8.44	13039.12 ± 293.12
PTP1B-MCA	1.14 ± 0.14	0.99 ± 0.54	19.25 ± 0.06	161.67 ± 8.17	13059.97 ± 422.08
PTP1B-DCA	1.70 ± 0.28	1.14 ± 1.55	19.47 ± 0.11	155.44 ± 8.57	13903.14 ± 284.06
PTP1B-URS	1.15 ± 0.10	1.00 ± 0.42	19.27 ± 0.06	159.76 ± 8.62	13136.17 ± 295.29

SDH (apo-enzyme)	2.48 ± 0.44	1.35 ± 1.01	20.72 ± 0.15	131.92 ± 7.41	12222.97 ± 332.44
SDH- ETB	2.41 ± 0.30	1.33 ± 0.99	21.16 ± 0.16	133.65 ± 7.69	12433.06 ± 250.00
SDH-CNI	3.15 ± 0.38	1.50 ± 1.25	21.22 ± 0.19	131.58 ± 7.58	12389.66 ± 331.358
SDH-BLD	2.42 ± 0.43	1.29 ± 0.81	21.02 ± 0.16	168.23 ± 8.86	14797.04 ± 277.96
SDH-HDJ	2.85 ± 0.51	1.44 ± 1.00	21.21 ± 0.22	133.37 ± 7.85	12145.93 ± 288.83
SDH-BHP	2.79 ± 0.28	1.37 ± 0.90	20.90 ± 0.12	161.22 ± 8.57	14975.50 ± 359.245
SDH-HPS	2.91 ± 0.55	1.35 ± 0.94	21.17 ± 0.19	166.34 ± 8.38	14759.29 ± 301.96

RMSD: root mean square deviation; RMSF: root mean square fluctuation; ROG: radius of gyration; H-bonds: hydrogen bonds; SASA; solvent accessible surface area; AA: alpha-amylase; AG: alpha-glucosidase; AR: aldose reductase; DPP-4: dipeptidyl peptidase-4; PTP1B: protein tyrosine phosphatase 1B; SDH: sorbitol dehydrogenase; AES: aesculin; BHP: (R)-7-butyl-6,8-dihydroxy-3-[(3e)-pent-3-en-1-yl]-3,4-dihydroisochromen-1-one; CUR: curvularol; HPH: (6e)-1-(4-hydroxyphenyl)-7-phenylhepta-4,6-dien-3-one; AUS: austriecin; ACA: acarbose; GTA: glutaric acid; VBG: 1-O-vanilloyl-beta-D-glucose; MGN: methyl geranate; HDJ: (6e)-1-(4-hydroxyphenyl)-7-phenylhepta-4,6-dien-3-one; EPA: epalrestat; CTA: caffeoyl tartaric acid; PHA: phaseic acid; CMA: p-coumaroyl malic acid; SGT: sitagliptin; TDA: tetradecanedioic acid; HDA: 2-hydroxydecanedioic acid; MCA: methylisocitric acid; DCA: dodecanedioic acid; URS: ursolic acid; ETB: erythronolide B; CNI: cnicin; BLD: blennin D; HPS: 4-[2-(1R-hydroxy-ethyl)-pyrimidin-4-yl]piperazine-1-sulfonic acid dimethylamide.

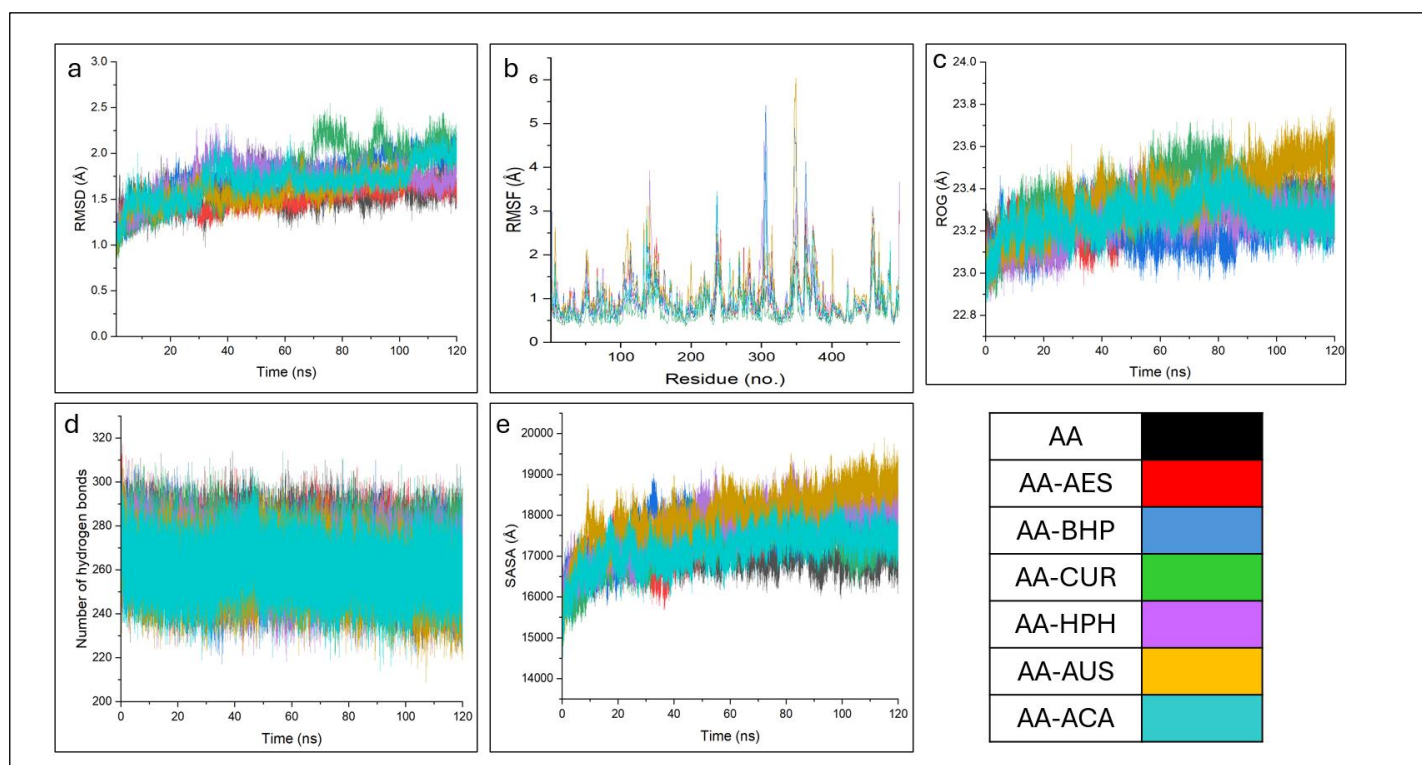


Figure 5: Post-dynamic component plots resulting from the binding of CS metabolites to AA presented as a) root mean square deviation (RMSD), b) root mean square fluctuation (RMSF),

c) radius of gyration (ROG), d) number of hydrogen bonds and e) solvent accessible area (SASA). AA: alpha-amylase; AES: aesculin; BHP: (R)-7-butyl-6,8-dihydroxy-3-[(3e)-pent-3-en-1-yl]-3,4-dihydroisochromen-1-one; CUR: curvularol; HPH: (6e)-1-(4-hydroxyphenyl)-7-phenylhepta-4,6-dien-3-one; AUS: austriecin; ACA: acarbose

All AG complexes exhibited a higher average RMSD compared to both apo-AG (1.61 Å) and apo-ACA (1.65 Å) (Table 3). Following equilibration at 5 ns, fluctuations within the range of 0.75 Å to 2.5 Å persisted until the end of the simulation in all the bound complexes, (Figure 6a). The mean RMSF of apo-AG (1.07 Å) exceeded that of the AG-CS metabolites complexes apart from VBG (1.09 Å) and MGN (1.09 Å). Notably, the AG-AUS complex displayed the lowest average RMSF (0.85 Å) among all the complexes (Table 3). Upon binding to AG, all investigated compounds exhibited random fluctuations between 0.5 Å and 6 Å, with major fluctuations occurring sporadically across various amino acid residues (Figure 6b). Similarly, except for VBG (27.76 Å), all AG complexes demonstrated higher mean ROG values compared to apo-AG (27.77 Å), (Table 3). The ROG of all AG complexes fluctuated between 27.5 Å and 28.2 Å, with a decrease in ROG plot for VBG complex observed between 40 ns and 50 ns, as shown in Figure 6c. In contrast to apo-AG (427.02), a reduction in the mean number of hydrogen bonds was observed for all AG complexes (Table 3). Throughout the 120 ns simulation, the number of hydrogen bonds formed between AG complexes ranged from 360 to 470, showing no significant fluctuations in the plot (Figure 6d). However, higher average SASA values were observed for all AG complexes relative to apo-AG (29619.23 Å) and AG-ACA (29417.32 Å) (Table 3). After an equilibration in the SASA plot at 10 ns and 27 000 Å, all AG complexes fluctuated between 28000 Å and 32500 Å till the end of the simulation (Figure 6e).

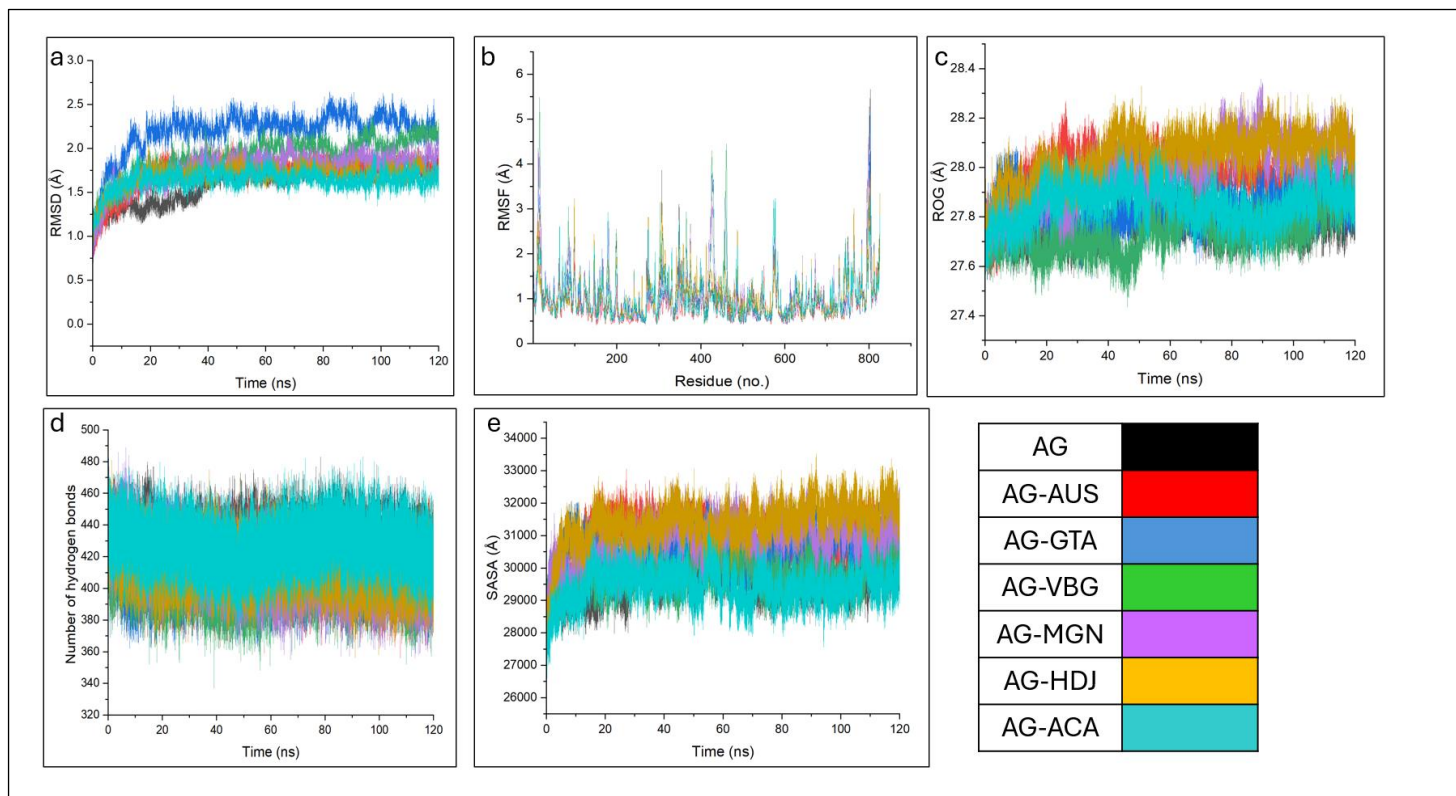


Figure 6: Post-dynamic component plots resulting from the binding of CS metabolites to AG presented as a) RMSD, b) RMSF, c) ROG, d) number of hydrogen bonds and e) SASA. AG: alpha-glucosidase; AUS: austriecin; ; GTA: glutaric acid; VBG: 1-O-vanilloyl-beta-D-glucose; MGN: methyl geranate; HDJ: (6e)-1-(4-hydroxyphenyl)-7-phenylhepta-4,6-dien-3-one; ACA: acarbose

A decrease in the mean RMSD was noted for all AR complexes compared to the apo-AR (1.59 Å), except for EPA (2.00 Å), which exhibited an increase in the mean RMSD (Table 3). Following a steady rise in RMSD from 0.5 Å during the initial 5 ns of the simulation, the system reached equilibrium, and the RMSD of all AR complexes varied between 0.9 Å and 2.5 Å (Figure 7a). All examined AR complexes displayed a decline in the average RMSF, with HDJ exhibiting the lowest mean RMSF (0.76 Å) compared to apo-AR (1.05) and AR-EPA (1.12) (Table 3). After an initial decrease in RMSF during the first 5 ns of the simulation, all AR complexes fluctuated between 0.5 Å and 5 Å, with notable fluctuations observed in residues 25 – 50, 50 – 60, 75 – 90, 130 – 150, and 215 – 250 (Figure 7b). Similarly, all AR complexes demonstrated a decrease in their average ROG values compared to apo-AR (19.33), except for EPA, which exhibited an increase (19.45 Å) (Table 3). Throughout the simulation, the ROG fluctuated between 19.8 Å and 19.75 Å, with higher variations observed in EPA and AR-HDJ (Figure 7c). All AR complexes displayed a higher number of hydrogen bonds compared to apo-AR (138.95), except for AUS (134.74) (Table 3). The number of hydrogen bonds for all AR complexes ranged from 110 to 170, with no major fluctuations observed

(Figure 7d). In contrast to apo-AR (13387.83 Å), all AR complexes exhibited a decrease in mean SASA values, except for EPA (13339.97 Å) (Table 3). Following an initial increase in SASA during the first 5 ns, all AR complexes fluctuated between 11500 Å and 14500 Å, without significant variations (Figure 7e).

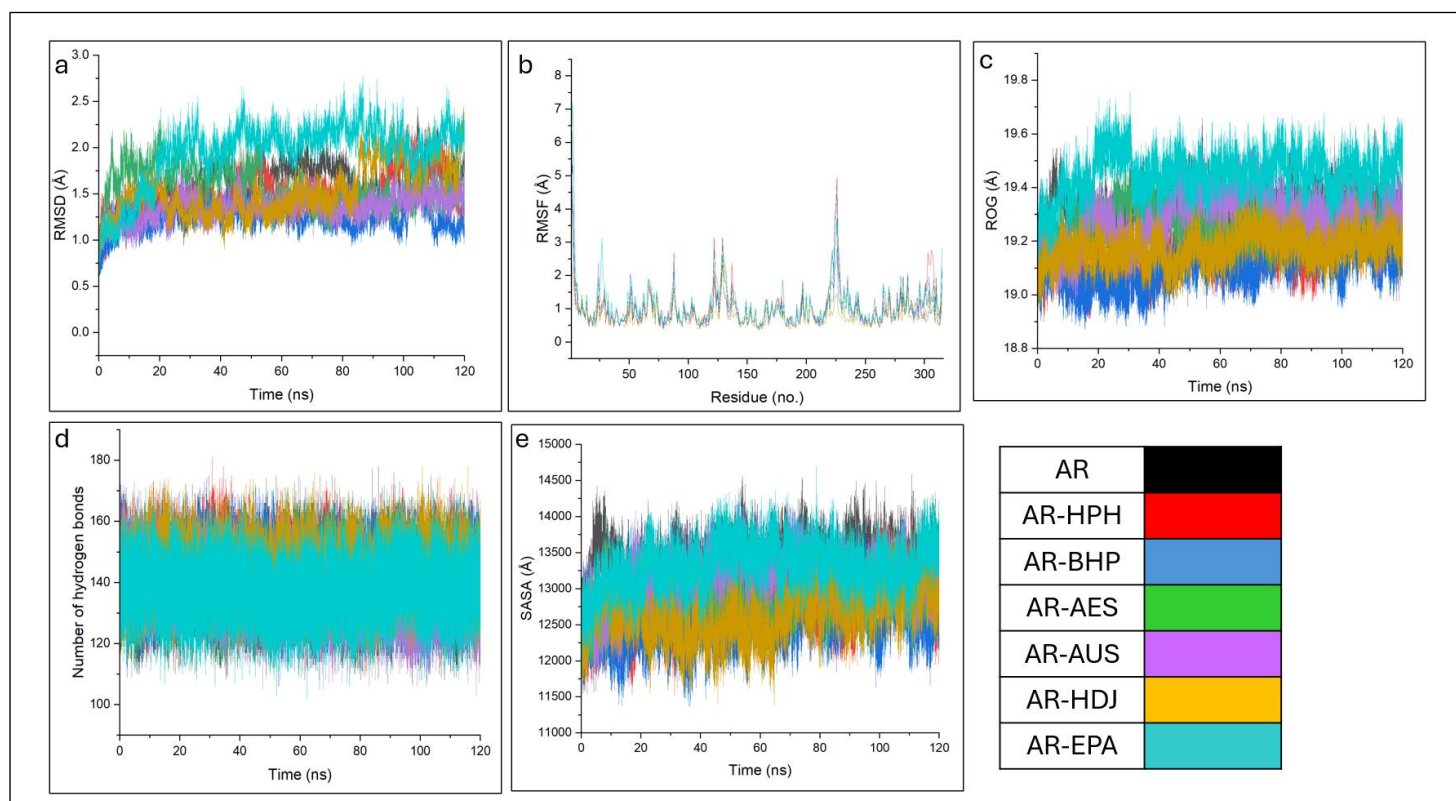


Figure 7. Post-dynamic component plots resulting from the binding of CS metabolites to AR presented as a) RMSD, b) RMSF, c) ROG, d) number of hydrogen bonds and e) SASA. AR: aldose reductase; HPH: (6e)-1-(4-hydroxyphenyl)-7-phenylhepta-4,6-dien-3-one; BHP: (R)-7-butyl-6,8-dihydroxy-3-[(3e)-pent-3-en-1-yl]-3,4-dihydroisochromen-1-one; AES: aesculin; AUS: austriecin; HDJ: (6e)-1-(4-hydroxyphenyl)-7-phenylhepta-4,6-dien-3-one; EPA: epalrestat

All DPP-4 complexes exhibited higher average RMSD values relative to the apo-DPP-4 (1.81 Å) except for CTA (1.81 Å) which reported an equal value (Table 3). After an initial increase in RMSD from 0.5 Å, all DPP-4 complexes fluctuated between 1.25 Å and 3.5 Å with CMA and HDJ showing major fluctuations at 8 ns and 50 ns respectively (Figure 8a). In contrast to apo-DPP-4 (1.14 Å), all DPP-4 complexes had higher mean RMSF, except PHA(1.14 Å) and CMA (1.14 Å) with equal average RMSF value (Table 3). The RMSF of all DPP-4 complexes fluctuated between 0.5 – 3.5 Å, except for a major fluctuation increase to 8 Å between residues 200 – 240 (Figure 8b). All DPP-4 complexes showed an increase in mean ROG in comparison

to apo-DPP-4 (27.04 Å) (Table 3). After an increase in ROG from 26.6 Å during the first 5 ns, all DPP-4 complexes fluctuated between 26.8 Å and 27.3 Å except for HDJ and BHP which had increases ranging between 27.8 – 28.1 Å between 20 ns to 40 ns and 50 ns to 60 ns respectively (Figure 8c). All DPP-4 complexes showed a reduction in the mean number of hydrogen bonds in comparison to apo-DPP-4 (387.26), except for BHP (387.35) which had an increase (Table 3). The number of hydrogen bonds fluctuated between 320 and 440 throughout the 120 ns simulation (Figure 8d). In comparison to apo-DPP-4 (29772.27 Å), all DPP-4 complexes showed an increase in mean SASA except for PHA (29588.14 Å) (Table 3). Once the complexes equilibrated after 10 ns, the SASA of all DPP-4 complexes fluctuated between 28500 – 32500 Å (Figure 8e).

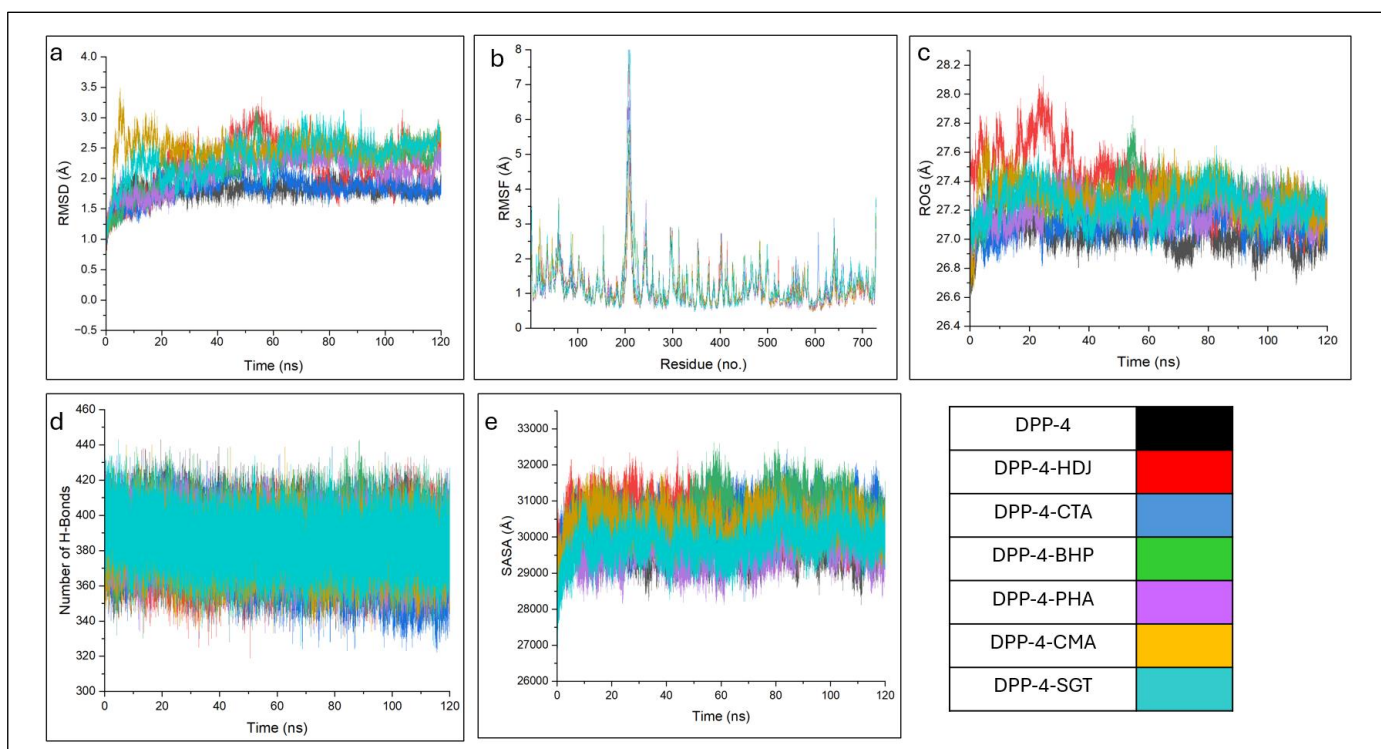


Figure 8. Post-dynamic component plots resulting from the binding of CS metabolites to DPP-4 presented as a) root mean square deviation (RMSD), b) root mean square fluctuation (RMSF), c) radius of gyration (ROG), d) number of hydrogen bonds and e) solvent accessible area (SASA). DPP-4: dipeptidyl peptidase-4; ; HDJ: (6e)-1-(4-hydroxyphenyl)-7-phenylhepta-4,6-dien-3-one; CTA: caffeoyl tartaric acid; ; BHP: (R)-7-butyl-6,8-dihydroxy-3-[(3e)-pent-3-en-1-yl]-3,4-dihydroisochromen-1-one; PHA: phaseic acid; CMA: p-coumaroyl malic acid; SGT: sitagliptin

When bound to PTP1B, all compounds exhibited a reduction in mean RMSD in comparison to apo-PTP1B (1.47 Å), except for DCA (1.70 Å). Notably, MCA displayed the lowest mean

RMSD of 1.14 Å when bound to PTP1B, lower than the PTP2B-URS complex (1.15 Å) (Table 3). Following an initial increase during the first 10 ns of the simulation, all PTP1B complexes exhibited fluctuations within the range of 0.75 – 2.00 Å, except for DCA, which fluctuated to 2.5 Å between 85 ns and 105 ns (Figure 9a). In comparison to the apo-PTP1B (1.15 Å), all PTP1B complexes had lower RMSF values, with MCA and TDA exhibiting the lowest mean RMSF of 0.99 Å, both notably comparable to URS (1.00 Å) (Table 3). The RMSF for all complexes varied within the range of 0.5 Å to 4.00 Å. Notably, DCA, TDA, and PHA displayed an increase in RMSF, ranging from 5.80 Å to 9.80 Å, specifically at residues 280 – 299. (Figure 9b). The mean ROG of all PTP1B complexes were comparably lower in comparison to apo-PTP1B (19.37 Å), with exception to PHA (19.49 Å) and DCA (19.47 Å). Interestingly, MCA (19.25 Å) exhibited the lowest mean RMSF, which was marginally less than URS (19.27 Å) (Table 3). During the 120 ns simulation the ROG of all PTP1B complexes fluctuated between 19.05 Å to 19.75 Å, except DCA, TDA and PHA with terminal fluctuations ranging from 19.90 Å to 20.10 Å between 110 – 120 ns (Figure 9c). The average number of hydrogen bonds formed between the PTP1B complexes compared to apo-PTP1B (159.89) decreased during the simulation, with exception to MCA (161.67) and HDA (163.67) which were comparably higher (Table 3). The number of hydrogen bonds formed between all the PTP1B complexes ranged between 120 – 190 during the 120 ns simulation (Figure 9d). All PTP1B complexes revealed a higher average SASA in contrast to apo-PTP1B (13132.84 Å²), except for HDA (13039.12 Å²) and MCA (13059.97 Å²) which were notably lower (Table 3). After an increase in the SASA values during the initial 5 ns, all PTP1B complexes fluctuated between 12250 – 145000 Å² with PHA and DCA increasing to 15250 Å² during the final 20 ns of the simulation (Figure 9e).

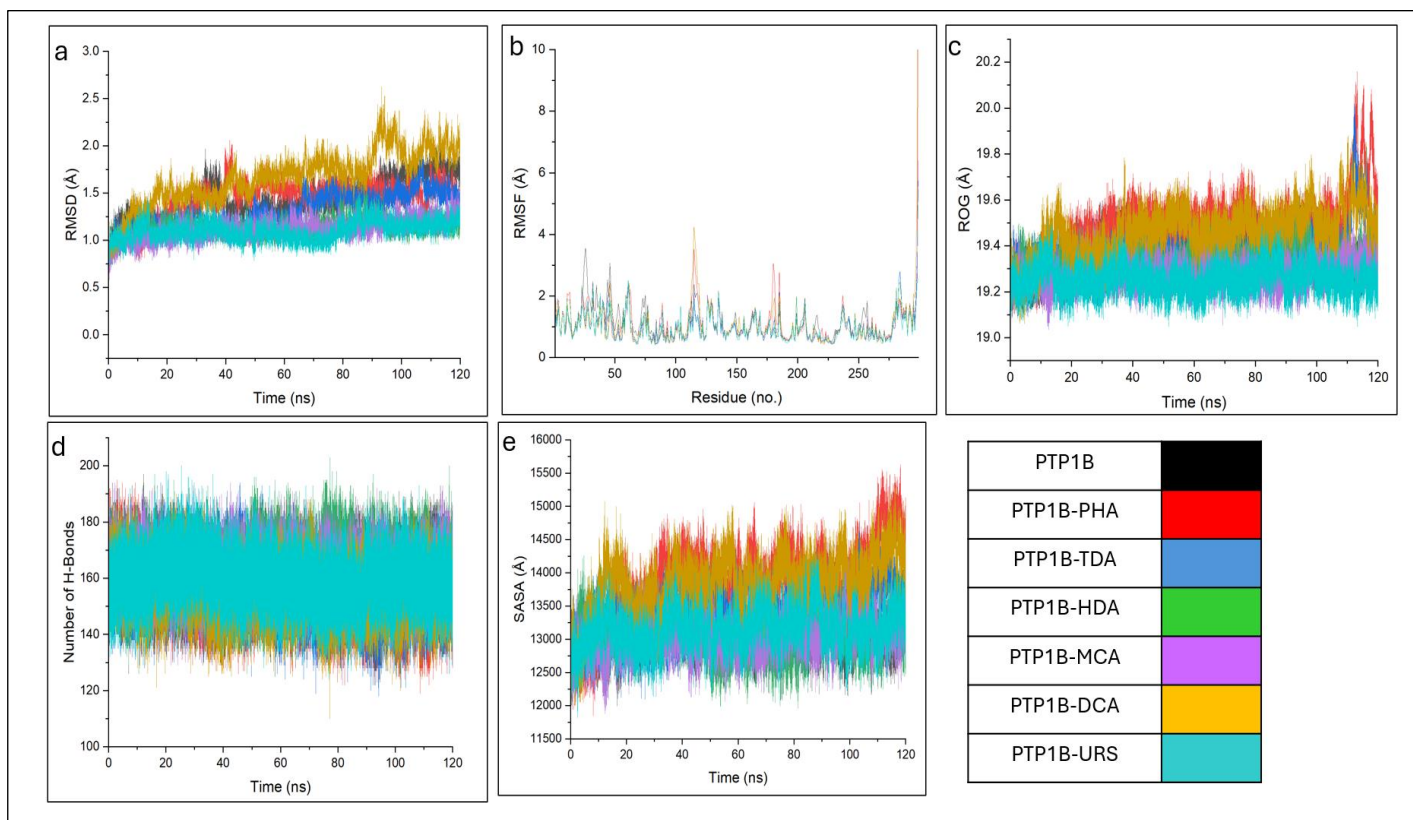


Figure 9. Post-dynamic component plots resulting from the binding of CS metabolites to PTP1B presented as a) root mean square deviation (RMSD), b) root mean square fluctuation (RMSF), c) radius of gyration (ROG), d) number of hydrogen bonds and e) solvent accessible area (SASA). PTP1B: protein tyrosine phosphatase 1B; PHA: phaseic acid; TDA: tetradecanedioic acid; HDA: 2-hydroxydecanedioic acid; MCA: methylisocitric acid; DCA: dodecanedioic acid; URS: ursolic acid

When bound to SDH, the investigated compounds displayed elevated mean RMSD values than apo-SDH (2.48 Å), with exception to ETB (2.41 Å) and BLD (2.45 Å), both of which exhibited lower values. In comparison to the AA-HPS (2.91 Å) (standard) complex, all SDH-CS complexes had lower mean RMSD, except for CNI (3.15 Å) (Table 3). The examined SDH complexes had RMSD values ranging from 1.00 Å to 4.00 Å during the simulation (Figure 10a). The mean RMSF of apo-SDH (1.35 Å) complex and SDH-HPS (1.35) complex were lower in comparison to the SDH-CS metabolite complexes, except for ETB (1.33 Å) and BLD (1.29 Å). Following a decline in the range of residues 0 – 10, the RMSF of the scrutinized SDH complexes exhibited fluctuations spanning from 0.50 Å to 3.00 Å at until residue 350. Pronounced variations were noted particularly between residues 40 – 75, 100 – 125, and 260 – 300, culminating in a significant surge in RMSF to 8.30 Å observed within residues 350 – 356 (Figure 10b). In comparison to apo-SDH (20.72 Å), the investigated SDH complexes

demonstrated higher mean ROG values. However, CS metabolites BHP (20.90 Å) and BLD (21.02 Å) had lower mean ROG when bound to SDH in comparison to the standard HPS (21.17 Å) (Table 3). Throughout the 120 ns simulation, fluctuations in ROG were observed, with the complexes showcasing a range between 20.30 Å and 22.10 Å (Figure 10c). Regarding the mean number of hydrogen bonds formed among the SDH complexes, all displayed an increase compared to apo-SDH (131.92), except CNI (131.58), which demonstrated a relatively similar number of hydrogen bonds. Interestingly, BLD (168.23) exhibited a higher number of hydrogen bonds in comparison to HPS (166.34) (Table 3). Throughout the 120 ns simulation, the number of hydrogen bonds exhibited fluctuations ranging between 100 and 200 for the SDH complexes. Notably, HPS and BLD stood out by displaying a higher number of hydrogen bonds when bound to SDH, as illustrated in Figure 10d. Among the SDH complexes, several displayed an increase in the mean SASA when compared to apo-SDH (12222.97 Å²), except for HDJ (12145.93 Å²) which showcased the lowest mean SASA value (Table 3). The SASA of all SDH complexes varied from 11250 to 16500, with the larger values attributed to BHP and HPS (Figure 10e).

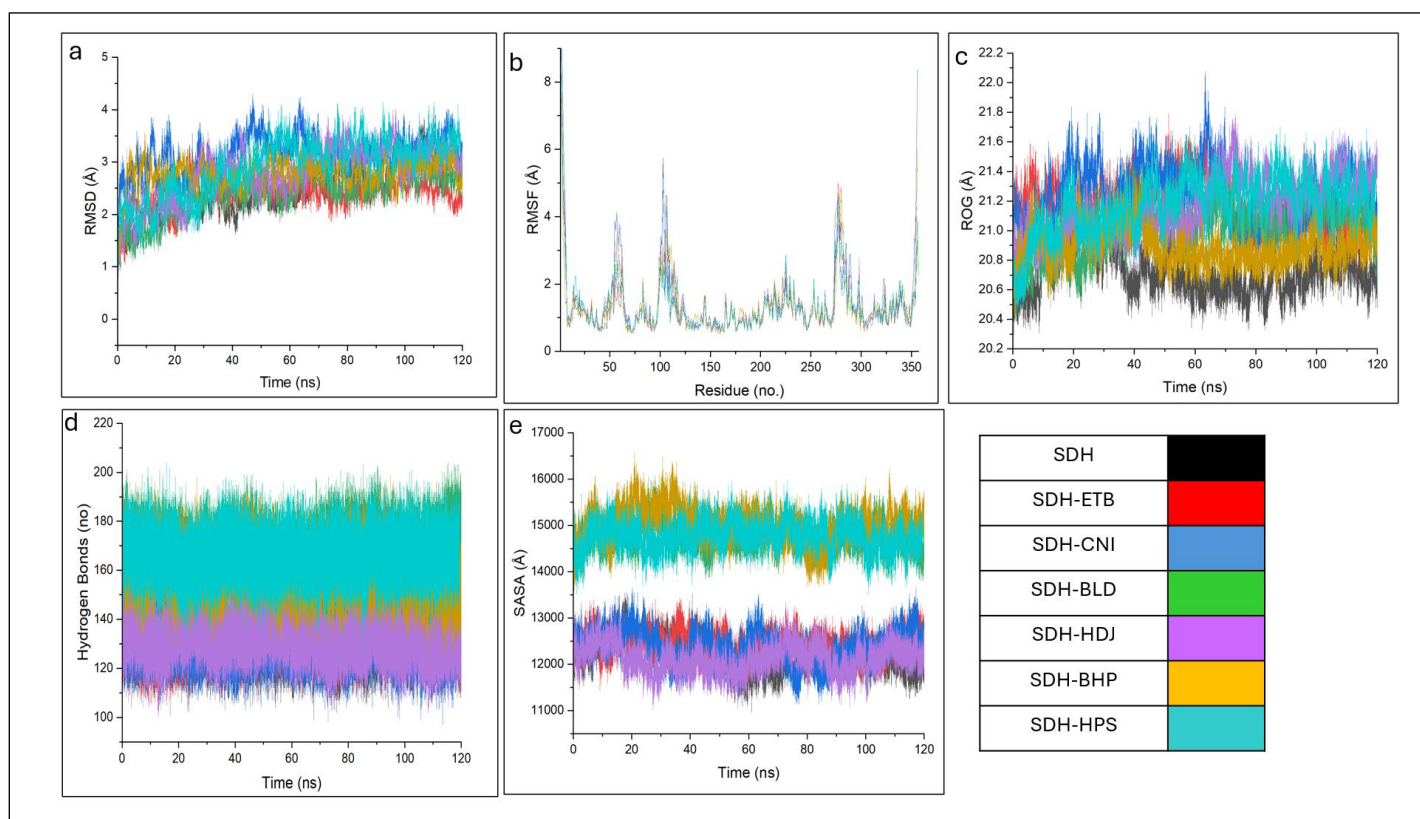


Figure 10: Post-dynamic component plots resulting from the binding of CS metabolites to SDH presented as a) root mean square deviation (RMSD), b) root mean square fluctuation (RMSF), c) radius of gyration (ROG), d) number of hydrogen bonds and e) solvent accessible area

(SASA). SDH: sorbitol dehydrogenase; cnicin; BLD: blennin D; HDJ: (6e)-1-(4-hydroxyphenyl)-7-phenylhepta-4,6-dien-3-one; BHP: (R)-7-butyl-6,8-dihydroxy-3-[(3e)-pent-3-en-1-yl]-3,4-dihydroisochromen-1-one; HPS: 4-[2-1R-hydroxy-ethyl]-pyrimidin-4-yl]piperazine-1-sulfonic acid dimethylamide

The 2D interaction plots of the top ranked CS compounds (highest negative ΔG_{bind} against their respective target enzymes over the 120 ns simulation showed various types of bonds namely hydrogen bonds (conventional and carbon), attractive charge, Van der Waals, pi-pi-stacked, pi-pi T-shaped, pi-cation, pi-anion, pi-alkyl, alky, halogen (fluoride), unfavorable acceptor–acceptor and donor–donor interactions (Figures 11 -17). The interactions between AA and BHP at 120 ns had 19 interactions [6 hydrogen (GLN 62, ASP 196, GLU 232, ASN 297, HIE 298 and ASP 299), 10 Van der Waals (TRP 57, TYR 61, HIE 100, THR 162, LEU 164, ARG 195, ALA 197, ILE 234, PHE 255, and ASN 300), 1 pi-pi stacked (TRP 58) 1 pi-pi T-shaped (TRP 58) and 1 pi-alkyl (TRP 58). (Figure 11a). The interactions formed between AA and ACA at the end of the stimulation resulted in 22 interactions [8 hydrogen bonds (HIE 100, THR 163, ASP 196, HID 200, HID 298, 2 at ASP 299 and HIP 300), 11 Van der Waals (TRP 57, TRP 58, TYR 61, GLN 62, VAL 97, TYR 150, ARG 194, ALA 197, LYS 199, ILE 234 and PHE 255), 2 pi-pi alkyl (LEU 161 and LEU 162) and 1 pi-anion (ASP 299)] after 120 ns (Figure 11b). Following 120 ns, the number of interactions formed between AG and VBG were 19 interactions consisting of 8 hydrogen bonds (2 at ASP 175, ILE 176, 2 at HIE 569, ASP 300 and 2 at 511), 6 Van der Waals (ALA 177, TRP 410, ARG 495, GLY 510, ASP 540 and ARG 567), 1 pi-anion (ASP 412), 1 pi-pi stacked (TRP 272) and 3 pi-alkyl (TRP 508, PHE 544 and HIE 569)] as shown in Figure 12a. At 120 ns, ACA formed 10 interactions when bound to AG [1 hydrogen bond (ARG 241), 8 Van der Waals (MET 200, GLY 240, THR 242, GLU 244, PRO 626, THR 642, ARG 642 and ASN 701) and 1 pi-anion (MET 245)] (Figure 12b). For aldose reductase at the end of the 120 ns stimulation, HDJ formed 22 interactions when bound to the enzyme, including 10 hydrogen bonds (TRP 23, 2 at HIE 113, TRP 114, TYR 219, PRO 221, VAL 300, CYS 301, ALA 302 and LEU 303), 7 Van der Waals (LYS 24, TYR 51, ASN 163, ARG 220, GLN 52, PHE 124 and LYS 224), 4 pi-alkyl (VAL 50, TRP 80, PHE 125 and LEU 304), 1 pi-pi stacked (TRP 222) (Figure 13a). In contrast, the binding of EPA to AR resulted in 20 interactions including 2 hydrogen bonds (TRP 23 and HIE 113), 10 Van der Waals interactions (LYS 24, ASP 46, VAL 50, LYS 80, TRP 114, SER162, ASN 163, GLN 186, ILE 263 and LEU 303), 3 pi-pi stacked (TYR 51, TRP 82, TYR 212), 3 pi-alkyl (HIE 113, TYR 212 and CYS 301) and 2 pi-sulfur (HIE 113, PHE 125) (Figure 13b). The binding of CMA to DPP-4 at 120 ns resulted in 13 interactions encompassing 5 hydrogen bonds (GLU

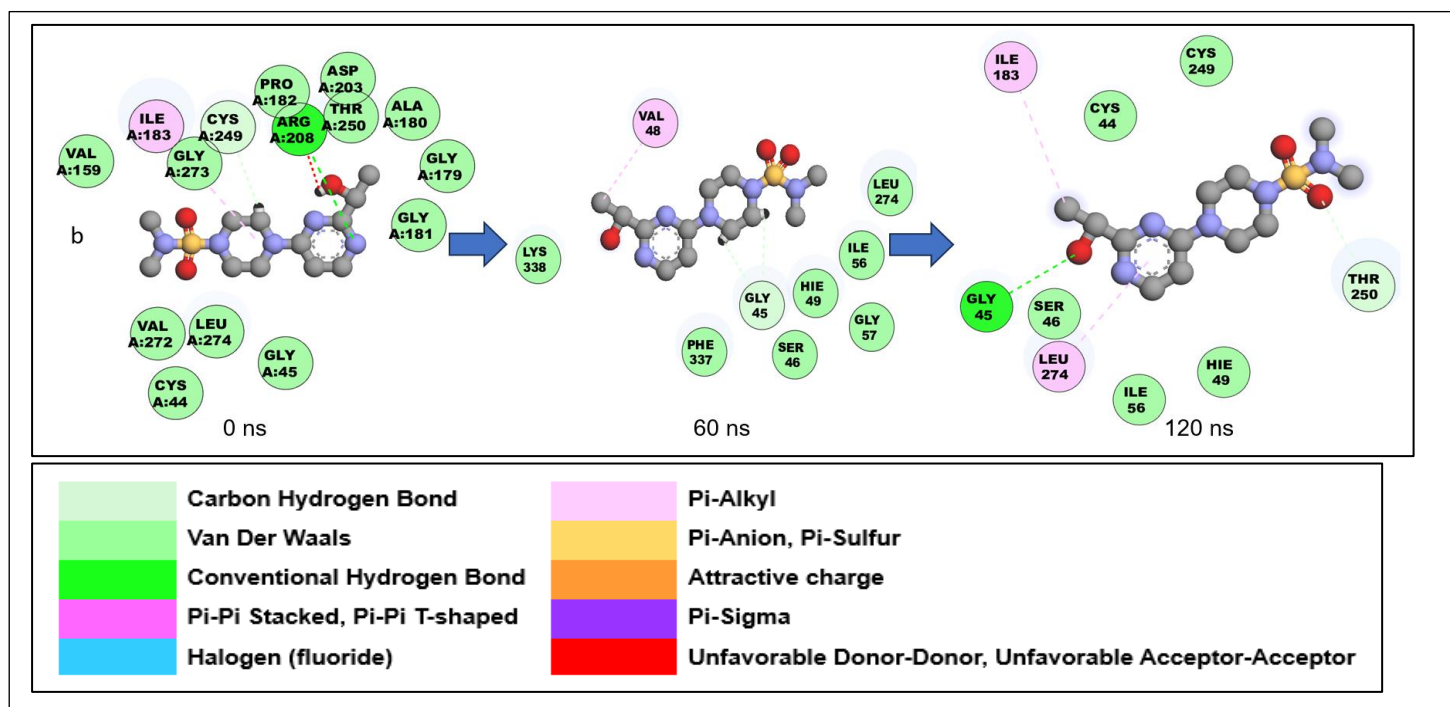


Figure 16. 2-D interaction plots of sorbitol dehydrogenase (SDH) bound to a) (-)-11-hydroxy-9,10-dihydrojasmonic acid 11-beta-D-glucoside (HDJ) and b) reference standard 4-[2-1R-hydroxy-ethyl]-pyrimidin-4-yl]piperazine-1-sulfonic acid dimethylamide (HPS), throughout the 120 ns simulation

3.5. Frontier molecular orbitals

The lead compounds had LUMO energies ranging between -5.92 and -0.22 eV, with the reference standards within the range except ACA (-0.89 eV) and URS (-0.24 eV) having higher values than the lead compounds' range. However, the HOMO energies of the standards fall within the range of the top-hit compounds (-5.85 and -7.72 eV) (Table 9 and Figure 17). The lowest energy gap among the top-ranked compounds was observed in HPH (3.61 eV), AUS (4.70 eV), HPH (3.61 eV), CTA (4.06 eV), PHA (4.41 eV) and CNI (4.46 eV) against AA, AG, AR, DPP-4, PTPIB and SDH respectively, however, a lower energy gap was observed in the two reference standards; EPA (3.21 eV) and HPS (4.39 eV) against AR and SDH respectively (Table 9, Supplementary file S4 and Figure 17). Consequently, these compounds exhibited the highest softness and lowest hardness values HPH (0.55 and 1.80 eV), AUS (0.43 and 2.35 eV), HPH (0.55 and 1.80 eV), CTA (0.50 and 2.03 eV), PHA (0.45 and 2.20 eV) and CNI (0.45 and 2.23 eV) against their respective targets. Notably, PHA had the highest ionization energy (2.30 eV), electronegativity (4.50 eV), electrophilicity index (4.59 eV) and the lowest chemical potential (-4.50 eV) while GTA had the highest electron affinity (7.72 eV) (Table 9). Summarily, the cDFT parameters of the top-ranked compounds taken for MD simulation and the reference standards are presented in Table 9, while those of DCA, TDA, MCA and PHA have been previously reported (Akoonjee *et al.*, 2023).

Table 9. The cDFT parameters of the top-ranked compounds against enzymes implicated in T2DM

cDFT parameters (eV)										
Ligands	LUMO	HOMO	Energy gap	Ionization energy	Electron affinity	Hardness	Softness	Electronegativity	Chemical potential	Global electrophilicity
AA										
AES	-2.07	-6.42	4.35	2.07	6.42	2.17	0.46	4.24	-4.24	4.14
BHP	-1.19	-6.05	4.86	1.19	6.05	2.43	0.41	3.62	-3.62	2.70
CUR	-0.42	-6.43	6.01	0.42	6.43	3.01	0.33	3.43	-3.43	1.96
HPH	-2.24	-5.85	3.61	2.24	5.84	1.80	0.55	4.04	-4.04	4.53
AUS	-1.86	-6.56	4.70	1.86	6.56	2.35	0.43	4.21	-4.21	3.78
ACA	-0.89	-6.11	5.22	0.89	6.11	2.61	0.38	3.50	-3.50	2.35
AG										
AUS	-1.86	-6.56	4.70	1.86	6.56	2.35	0.43	4.21	-4.21	3.78
GTA	-0.44	-7.72	7.29	0.44	7.72	3.64	0.27	4.08	-4.08	2.29
VBG	-1.47	-6.18	4.71	1.47	6.18	2.36	0.42	3.83	-3.83	3.11
MGN	-1.10	-6.34	5.24	1.10	6.34	2.62	0.38	3.72	-3.72	2.64
HDJ	-1.17	-6.46	5.29	1.17	6.46	2.65	0.38	3.82	-3.82	2.75
ACA	-0.89	-6.11	5.22	0.89	6.11	2.61	0.38	3.50	-3.50	2.35
AR										
HPH	-2.24	-5.85	3.61	2.24	5.84	1.80	0.55	4.04	-4.04	4.53
BHP	-1.19	-6.05	4.86	1.19	6.05	2.43	0.41	3.62	-3.62	2.70

AES	-2.07	-6.42	4.35	2.07	6.42	2.17	0.46	4.24	-4.24	4.14
AUS	-1.86	-6.56	4.70	1.86	6.56	2.35	0.43	4.21	-4.21	3.78
HDJ	-1.17	-6.46	5.29	1.17	6.46	2.65	0.38	3.82	-3.82	2.75
EPA	-2.93	-6.13	3.21	2.93	6.13	1.60	0.62	4.53	-4.53	6.41

DPP-4

HDJ	-1.17	-6.46	5.29	1.17	6.46	2.65	0.38	3.82	-3.82	2.75
CTA	-2.06	-6.12	4.06	2.06	6.12	2.03	0.50	4.09	-4.09	4.12
BHP	-1.19	-6.05	4.86	1.19	6.05	2.43	0.41	3.62	-3.62	2.70
PHA	-2.30	-6.70	4.41	2.30	6.70	2.20	0.45	4.50	-4.50	4.59
CMA	-1.86	-6.12	4.26	1.86	6.12	2.13	0.47	3.99	-3.99	3.74
SGT	-1.35	-6.65	5.30	1.35	6.65	2.65	0.38	4.00	-3.99	3.01

PTP1B

HDA	-0.76	-7.42	6.66	0.76	7.42	3.33	0.30	4.08	-4.08	2.51
URS	-0.24	-6.10	5.85	0.24	6.10	2.93	0.34	3.17	-3.17	1.72

SDH

ETB	-0.63	-6.48	5.85	0.63	6.48	2.92	0.34	3.55	-3.55	2.16
CNI	-2.12	-6.57	4.46	2.12	6.57	2.23	0.45	4.35	-4.35	4.23
BLD	-1.63	-7.34	5.72	1.63	7.34	2.86	0.35	4.49	-4.48	3.52
HDJ	-1.17	-6.46	5.29	1.17	6.46	2.65	0.38	3.82	-3.82	2.75
BHP	-1.19	-6.05	4.86	1.19	6.05	2.43	0.41	3.62	-3.62	2.70
HPS	-1.79	-6.17	4.39	1.79	6.17	2.19	0.46	3.98	-3.98	3.61

AA: alpha-amylase; AG: alpha-glucosidase; AR: aldose reductase; DPP-4: dipeptidyl peptidase-4; PTP1B: protein tyrosine phosphatase-1B; SDH: sorbitol dehydrogenase; HOMO: highest occupied molecular orbital; LUMO: lowest unoccupied molecular orbital; AA: alpha-amylase; AG: alpha-glucosidase; AR: aldose reductase; DPP-4: dipeptidyl peptidase-4; PTP1B: protein tyrosine phosphatase 1B; SDH: sorbitol dehydrogenase; AES: aesculin; BHP: (R)-7-butyl-6,8-dihydroxy-3-[(3e)-pent-3-en-1-yl]-3,4-dihydroisochromen-1-one; CUR: curvularol; HPH: (6e)-1-(4-hydroxyphenyl)-7-phenylhepta-4,6-dien-3-one; AUS: austriecin; ACA: acarbose; GTA: glutaric acid; VBG: 1-O-vanilloyl-beta-D-glucose; MGN: methyl geranate; HDJ: (6e)-1-(4-hydroxyphenyl)-7-phenylhepta-4,6-dien-3-one; EPA: epalrestat; CTA: caffeoyl tartaric acid; PHA: phaseic acid; CMA: p-coumaroyl malic acid; SGT: sitagliptin; TDA: tetradecanedioic acid; HDA: 2-hydroxydecanedioic acid; MCA: methylisocitric acid; DCA: dodecanedioic acid; URS: ursolic acid; ETB: erythronolide B; CNI: cnicin; BLD: blennin D; HPS: 4-[2-(1R-hydroxy-ethyl)-pyrimidin-4-yl]piperazine-1-sulfonic acid dimethylamide.

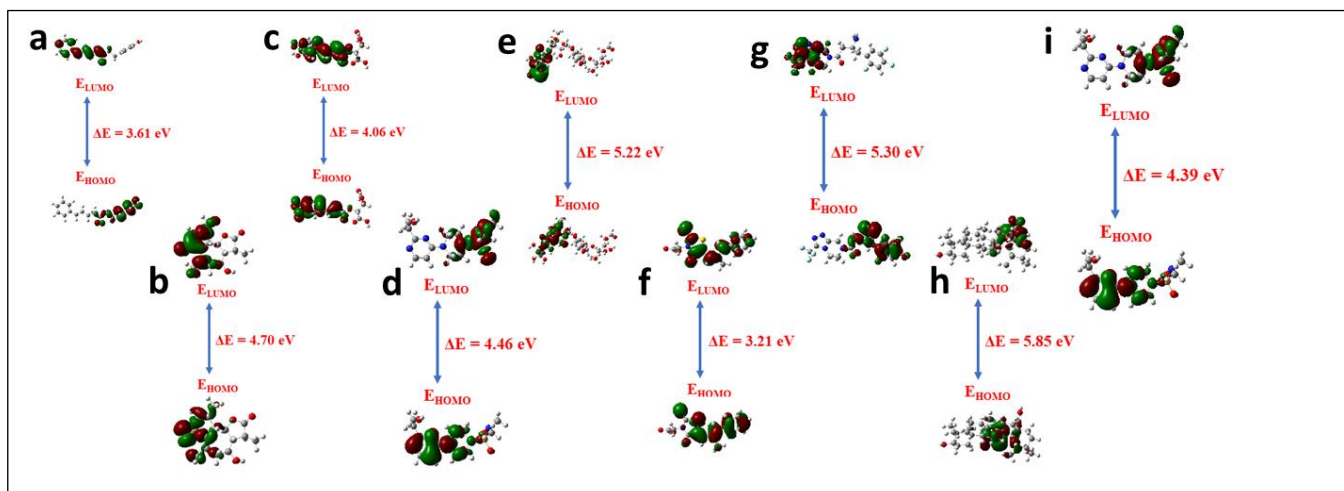


Figure 17. Frontier molecular orbitals for (a) HPH (b) AUS (c) CTA (d) CNI (e) ACA (f) EPA (g) STG (f) URS (g) HPS. HPH: (6e)-1-(4-hydroxyphenyl)-7-phenylhepta-4,6-dien-3-one; AUS: austriacin; CTA: caffeoyl tartaric acid; ACA: acarbose; EPA: epalrestat; CNI: cnicin; ; SGT: sitagliptin; HPS: 4-[2-1R-hydroxy-ethyl)-pyrimidin-4-yl]piperazine-1-sulfonic acid dimethylamide; URS: ursolic acid

4. Discussion

Humanity has relied on nature to provide food, shelter, clothing, transportation, fertilizers, flavors and fragrances, and notably, medicinal resources among others (Petrovska, 2012). For centuries, plants with medicinal attributes have formed the basis of the traditional systems of medicine (Lankatillake *et al.*, 2019), which is continuously developed to provide new remedies to treat and/or manage several diseases and illnesses (Petrovska, 2012), including T2DM (Zhang *et al.*, 2015). For instance, despite being a waste material of *Zea mays*, CS has been identified as a possible therapeutic agent for T2DM management (Sabiou *et al.*, 2019), and several other biological properties such as diuretic, antihyperlipidemic, antihypertensive, anti-obesity, anti-microbial, neuroprotective, anti-cancer, anti-depressant, antioxidant, anti-inflammatory, and antidiabetic (Hasanudin *et al.*, 2012; Wang *et al.*, 2019; Kaur *et al.*, 2023).

Amongst several factors that influences the phytochemical profile of therapeutically significant plants and plant materials (such as CS), determining the changes in chemical and bioactive components throughout the maturation process is crucial for identifying the optimal harvest time that ensures the highest level of therapeutic activity (Abeywardhana *et al.*, 2014; Tremlová *et al.*, 2021). The high concentration of metabolites profiled at the mature stage of CS relative to the premature stage suggests accumulation of the secondary metabolites during the maturation process of CS (Li *et al.*, 2020). The observed variation in life or developmental cycle of a plant may be likened to the report of Sarepoua *et al.* (2015), wherein, despite the

presence of certain metabolites in abundance during the silking phase (premature), the milking stage (mature) exhibited the highest levels of secondary metabolites such as total phenolic content, total flavonoid content, total anthocyanin content and antioxidant capacity. Similarly, Abeywardhana *et al.* (2014) demonstrated that the therapeutic potential of *Ocimum sanctum* is more pronounced at the fully matured stage compared to premature stage. The increase in therapeutic potential at more mature phases of a plant or plant material may be attributed to a higher presence of therapeutic compounds (Singh *et al.*, 2022b).

Aside from the influence of developmental (mature) stage contributing to the abundance of secondary metabolites, the processing conditions may also influence the composition and quantity of metabolites within CS (Kaur *et al.*, 2023). In fact, the elevated abundance of various compounds, in the raw CS samples suggests that the processing of CS during extract preparation (such as drying, grinding, boiling and alcoholic solvent extraction) had an impact on the quantity of these metabolites in the processed CS samples (Oz and Kafkas, 2017). In traditional systems of medicine, the simplest and most popular methods for preserving the medicinal properties of CS involve aqueous, hydro-ethanolic, and ethanolic extractions (Hasanudin *et al.*, 2012; Mihali *et al.*, 2024). Interestingly, the type of solvent used for extraction plays a role in the types and amounts of phytoconstituents extracted (Nawaz *et al.*, 2020). Among the CS samples, the hydro-ethanolic extract of mature CS displayed a higher abundance of most metabolites. Several of these metabolites, such as mirificin, maysin 3'-methyl ether, and D-2-hydroxyglutaric acid have been postulated to contribute to its pharmacological attributes of CS (Song *et al.*, 2016; Singh *et al.*, 2021a; Maciejewska-Turska *et al.*, 2022), particularly its glucose-lowering effects (Kim *et al.*, 2014). The higher concentration of metabolites present in the hydro-ethanolic extract of mature CS is attributed to the moderate polarity of hydro-ethanol, suggesting a majority of the metabolites present in CS are moderately polar (Nawaz *et al.*, 2020; Bitwell *et al.*, 2023).

The modulation of key enzymes implicated in the pathogenesis of T2DM and its related secondary complications by CS metabolites were explored through computational bioprospection, using tools such as molecular docking and molecular dynamics simulation. Molecular docking assessed the CS metabolites' docking scores at active sites of the investigated enzymes, with higher negative scores indicating stronger ligand attraction (Pagadala *et al.*, 2017; Pantsar *et al.*, 2018; Pellicani *et al.*, 2023). The most negative docking scores of AES, AUS, HPH, HDJ, PHA and ETB compared to the reference standards against AA, AG, AR, DPP-4, PTP1B and SDH, respectively, indicates their better binding affinities,

interaction, superiority and their greater suitability or fitness as possible therapeutics (Agarwal *et al.*, 2016; Gupta *et al.*, 2018; Lanrewaju *et al.*, 2023a). Although there are no studies that have previously explored the top-ranked CS metabolites to the investigated enzyme targets, Chaudhary *et al.* (2022) revealed that CS compounds gallotannin, 3-O-caffeoylquinic acid, stigmaterol and formononetin (7-hydroxy-4'-methoxyisoflavone) had higher negative docking scores against DPP-4 (-10.7 kcal.mol), AG (-8.9 kcal.mol), AA (-9.8 kcal.mol) and PTP1B (-8.7 kcal.mol), highlighting the ability of CS metabolites to modulate the activity of key enzymes implicated in the pathogenesis of T2DM. Similarly, Sabiu *et al.* (2021) demonstrated that phenolic compounds from *Carpobrotus edulis*, such as chlorogenic acid, luteolin-7-O-glucoside, epicatechin and isorhamnetin-3-O-rutinoside had commendable binding at the active site of AA, AG and AR. Interestingly, several of the compounds in the study of Sabiu *et al.* (2021) are present in CS, such as chlorogenic acid and analogues of luteolin-7-O-glucoside, isorhamnetin-3-O-rutinoside and epicatechin.

The combination of molecular docking and MD simulation provides a comprehensive understanding the molecular interactions and conformational changes that occur from the binding of a ligand to a target protein (Hollingsworth *et al.*, 2018). The lowest change in ΔE_{vdw} , ΔE_{elec} , ΔG_{gas} and ΔG_{solv} observed for several CS compounds bound to enzyme targets emphasize the stability and favourable interactions of these complexes (Anazi *et al.*, 2018; Hu *et al.*, 2024). These findings demonstrate superior binding performance between the CS compounds and enzyme targets compared to reference standards and the apo-enzyme. Additionally, the MM/GBSA method calculates ΔG_{bind} for macromolecules by combining molecular mechanics calculations and continuum solvation models (Hou *et al.*, 2011). Lower ΔG_{bind} values align with a higher binding affinity of a ligand to a given target (Hata *et al.*, 2021), reflecting a more stable complex (Shunmugam *et al.*, 2018). The high negative ΔG_{bind} values for BHP, VBG, HDJ, CMA, HDA, and HDJ indicate a greater binding affinity to AA, AG, AR, DPP-4, PTP1B, and SDH, respectively. This suggests stronger interactions between the CS metabolites and the enzymes compared to the reference standards, highlighting CS's potential to modulate enzyme activity. Specifically, the top-ranked CS metabolites' ability to inhibit AA, AG, AR, DPP-4, PTP1B, and SDH suggests CS can prevent carbohydrate and glucagon-like peptide 1 breakdown, enhance insulin signalling, and reduce sorbitol and fructose accumulation in cells. These effects contribute to CS's antidiabetic action by modulating enzymes involved in T2DM pathogenesis and its complications.

Additionally, MD simulation can be used to elucidate the extent of binding stability, flexibility, and compactness of a protein-ligand bound complex (Balogun *et al.*, 2023). This is crucial due to the potential likelihood of an impending conformational or structural change that could occur after ligand binding to a receptor, which could potentially impact the biological activity of the enzyme (Salim *et al.*, 2020; Lanrewaju *et al.*, 2023b). The RMSD provides insight into the deviation or changes in the position of atoms over a simulation period and evaluates the stability of a protein-ligand complex (Muralidharan *et al.*, 2020). A decrease in the RMSD value of a complex in comparison to the apo-enzyme throughout a simulation indicates enhanced stability (Childers *et al.*, 2017). The lowest mean RMSD values observed in AA-AES, AR-BHP, DPP-CTA, PTP1B-MCA, and SDH-ETB complexes in comparison to their respective apo-enzyme and reference standard complexes, suggest that the binding of these CS metabolites formed stable complexes with the enzymes. Although, the average RMSD values of AES and AUS were greater than the apo enzymes (AA and AG, respectively), this finding did not indicate the formation of unstable complexes since, the values recorded were lower than the acceptable 3 Å, and hence depicting stable complexes formation (Rosenberg, 2009; Castro-Alvarez *et al.*, 2017). It is noteworthy that the less stable complexes formed by the reference standards relative to the top-ranked metabolites against most of the targets in this study is in line with previous studies where compounds such as procyanidin, rutin, apigenin, chlorogenic acid, naringenin, luteolin and isoflavone bound systems exhibited lower mean RMSD values relative to their apo-enzymes and reference standards (Lukman *et al.*, 2024; Balogun *et al.*, 2023; Ramparadath *et al.*, 2022; Sabiu *et al.*, 2021).

The RMSF of a protein-ligand system signifies the effect of a bound compound on the behavior of active site residues (Hess *et al.*, 2002), with lower or higher shifts in alpha (α)-carbon (C) indicating less or more flexible movements, respectively (Al-Khodairy *et al.*, 2013). The low mean RMSF values of the AA-CUR, AG-AUS, AR-BHP, DPP-4-CMA, DPP-PHA, PTP1B-MCA, and SDH-BLD complexes compared to the apo-enzyme and reference standards suggest lesser flexible movements and, consequently, greater stability in the investigated complexes. This finding is in line with the study of Balogun *et al.*, 2023 for some of the metabolites studied against AG and DPP-4.

The ROG measures the spatial distribution or compactness of a molecule (Alhadrami *et al.*, 2020). It calculates the average distance of individual atoms (or groups of atoms) in a molecule from its center of mass, offering insights on how spread out or condensed a molecule is during

a simulation (Rampogu *et al.*, 2022), with lower values indicating more compactness and thus more stability of the final complexes (S'thebe *et al.*, 2023). The CS metabolites bound to the investigated targets, specifically AA-BHP, AR-BHP, DPP-CTA, PTP1B-MCA, exhibited the lowest average ROG values suggesting a higher degree of compactness and, consequently, superior stability of the final complexes compared to the apo-enzyme and the respective standards). In tandem with this study, Sabiu *et al.* (2021), Rampadarath *et al.*, 2022 and Eawsakul *et al.* (2023) previously reported that the binding of the CS metabolites to AA, PTP1B, and AG, respectively, resulted in lower mean ROG in comparison to the apo-enzyme and reference standard This observation further highlights the ability of CS metabolites to reduce the compactness and thus improve the stability of the final complexes,.

Hydrogen bonds are important interactions and are essential for molecular recognition, maintaining structural stability, facilitating enzyme catalysis, influencing drug partition, and permeability (Jairajpuri *et al.*, 2021; S'thebe *et al.*, 2023). The increase in the average number of hydrogen bonds within the complexes AA-AES, AR-BHP, DPP-BHP, PTP1B-HDA and SDH-BLD, relative to the apo-enzyme and standard complexes, suggests the ability of CS compounds to occupy a portion of the proteins' intramolecular phase. resulting in the formation of more stable final complexes, This finding is in agreement with Sajal *et al.* (2020) and Rampadarath *et al.* (2022), in which the binding of plant metabolites, such as β -pinene, dehydro-p-cymene, α -pinene, orientin, vitexin and apigenin, when bound to DPP-4 and PTP1B presented higher number of hydrogen bonds, in comparison to their reference standards. Hence, this suggests that CS metabolites have the potential to form a greater number of hydrogen bonds when bound to the enzyme targets better than the respective standards.

The SASA serves as a measure of thermodynamic stability, quantifying the surface area of a biomolecule available to solvent molecules (Mousavi *et al.*, 2021), as well as changes in protein surface area (Ausaf Ali *et al.*, 2014). High SASA values indicate expansion of the surface area, while lower SASA values suggest a reduction in protein volumes (S'thebe *et al.*, 2023). The low SASA values observed in: AG-VBJ, AR-BHP, DPP-4-PHA, PTP1B-MCA and SDH-HDJ complexes relative to the apo-enzymes and reference standard-complexes, depict higher degree of protein folding and consequently, the formation of more stable final complexes. Similar studies also reported a reduction in SASA upon the binding of plant metabolites to the apo-enzyme (Ahmad *et al.*, 2022; Balogun *et al.*, 2023; Lukman *et al.*, 2024)

In addition, the nature and amount of interactions formed upon the binding of ligand and the amino acid residues of the target protein are crucial in determining the extent of the binding affinity (Balogun *et al.*, 2022). The high number of interactions between AG-VBG, AR-HDJ and SDH-HDJ indicated stronger and more stable ligand–protein complexes, suggesting greater interaction between the CS metabolites and target enzymes. This suggests a higher degree of inhibition of the enzymes by the CS metabolites in comparison to the reference standards. The higher negative ΔG_{bind} could be attributed to the higher number of interactions occurring between the top-ranked CS metabolites and the enzyme targets, in comparison to the reference standards investigated. While BHP and CMA did not establish more interactions when bound to AA and DPP-4, respectively, the ΔG_{bind} of the complexes formed with the CS metabolites were lower when compared to the ΔG_{bind} of the standards. This suggests that despite a lower number of interactions within the CS metabolite and enzyme complexes, the interactions formed between the complexes resulted in greater binding affinity forming stable final complexes (Shunmugam *et al.*, 2018). In contrast, the decrease in the number of interactions observed between PTP1B-HDA could contribute to the reduction in the ΔG_{bind} displayed by the complex in comparison to the URS.

The molecular characteristics of the top-ranked compounds were computed using cDFT parameters to explore their potential therapeutic importance. The HOMO and LUMO orbitals are generally recognized as important markers for forecasting the chemical and biological reactivity of chemical species (Aihara, 1999). The HOMO is the highest orbital that contains electrons from which electrons are transferred to the protein, forming a bond that obstructs the active site of the protein implicated in the disease condition pathogens. On the other hand, the LUMO refers to the lowest unoccupied orbital located in the innermost region that lacks electrons and functions as an electron acceptor or positive charge carrier, facilitating the transfer of these particles to larger components (Ahamed *et al.*, 2023). Therefore, investigating the HOMO and LUMO energies of lead compounds may provide crucial insights into their mechanism of action, indicating a reactive site for structural alteration (Rampadarath *et al.*, 2023).

The energy gap (ΔE) between the LUMO and HOMO is essential for comprehending the reactivity, kinetic stability, and chemical characteristics of a compound (Karabacak *et al.*, 2012), with a wide energy gap suggesting firmness, low chemical reactivity and hardness, whereas a small energy gap indicates softness and high chemical reactivity (Esha *et al.*, 2024). Unfortunately, the lower energy gaps, higher chemical softness, and lower chemical hardness

against each of the targets observed by some of the top-ranked compounds do not correlate with their free binding energy, and this could be due to the observed relative residue fluctuations and increased surface area of the targets upon ligand binding. This could have reduced the effect of the reactivity of each compound on the binding free energy. This observation contradicts our previous report (Akoonjee *et al.*, 2023), where there is a correlation between a lower energy gap and higher negative binding free energy; however, it is consistent with Rampadarath *et al.* (2023), where lower energy gap of Formoxanthone B does not result in higher negative free binding energy upon binding for MMP1. The electrophilicity index quantifies the electrophilic reactivity of compounds. Molecules with values below 0.8 eV are categorized as weak electrophiles; values above 1.5 eV signify strong electrophiles, while between 0.8 and 1.5 eV suggest moderate electrophiles (Domingo and Pérez, 2011, Tananta *et al.*, 2023). Remarkably, all the top-ranked compounds had electrophilicity index above 1.5 eV, suggesting they are strong electrophiles with a significant electrophile presence around the molecules.

5. Conclusion

The study established that the abundance and types of metabolites present in CS were influenced by growth stages, processing condition and solvent polarity with the mature CS and hydro-ethanolic extract of mature CS exhibiting higher metabolites' concentrations. The MD simulation of the metabolites over a 120-ns period against the respective enzymes profiled (R)-7-butyl-6,8-dihydroxy-3-[(3e)-pent-3-en-1-yl]-3,4-dihydroisochromen-1-one (BHP), 1-O-vanilloyl-beta-D-glucose (VBG), (-)-11-hydroxy-9,10-dihydrojasmonic acid 11-beta-D-glucoside (HDJ), p-coumaroyl malic acid (CMA), 2-hydroxydecanedioic acid (HDA) and (-)-11-hydroxy-9,10-dihydrojasmonic acid 11-beta-D-glucoside (HDJ) as promising candidates that could modulate the specific activity of alpha-amylase (AA), alpha-glucosidase (AG), aldose-reductase (AR), dipeptidyl peptidase-4 (DPP-4), protein tyrosine phosphatase 1B (PTP1B) and sorbitol dehydrogenase (SDH), respectively. These observations have lent scientific credence to understanding the antidiabetic mechanism of action of CS through modulation of the activity of the key enzymes involved in T2DM pathogenesis and its secondary complications, furthering the support of CS development as an antidiabetic therapeutic. Further studies, including *in vitro* enzymatic assays and *in vivo* experimentation, on the identified CS metabolites are highly suggested to enhance the development of CS for cost-effective management of T2DM and its complications.

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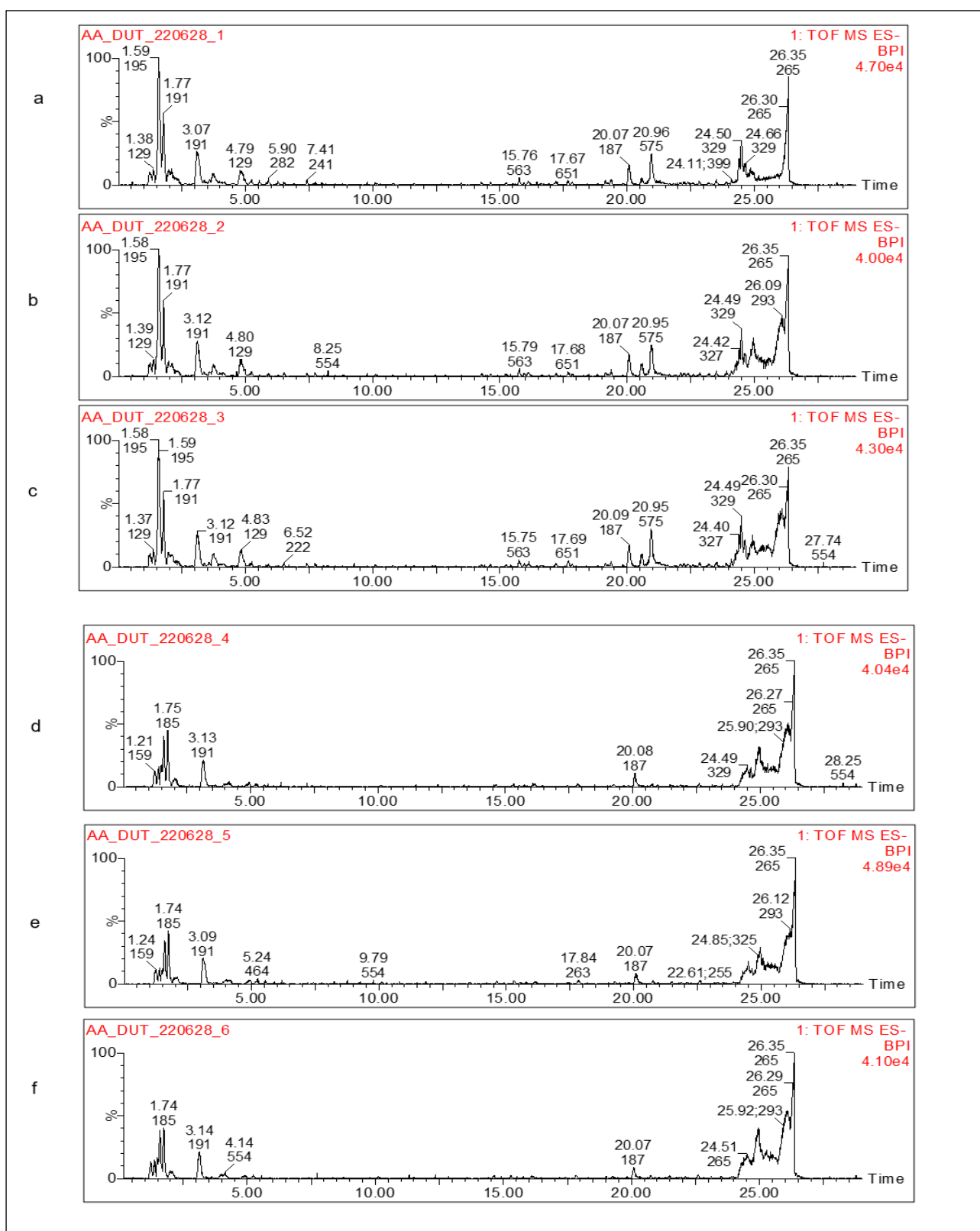
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Supplementary materials:

Figure S1: Chromatograms produced showing mass-to-charge ratio and retention times of a CS metabolites found in replicates of raw CS: a) raw premature CS 1, b) raw premature CS 2.

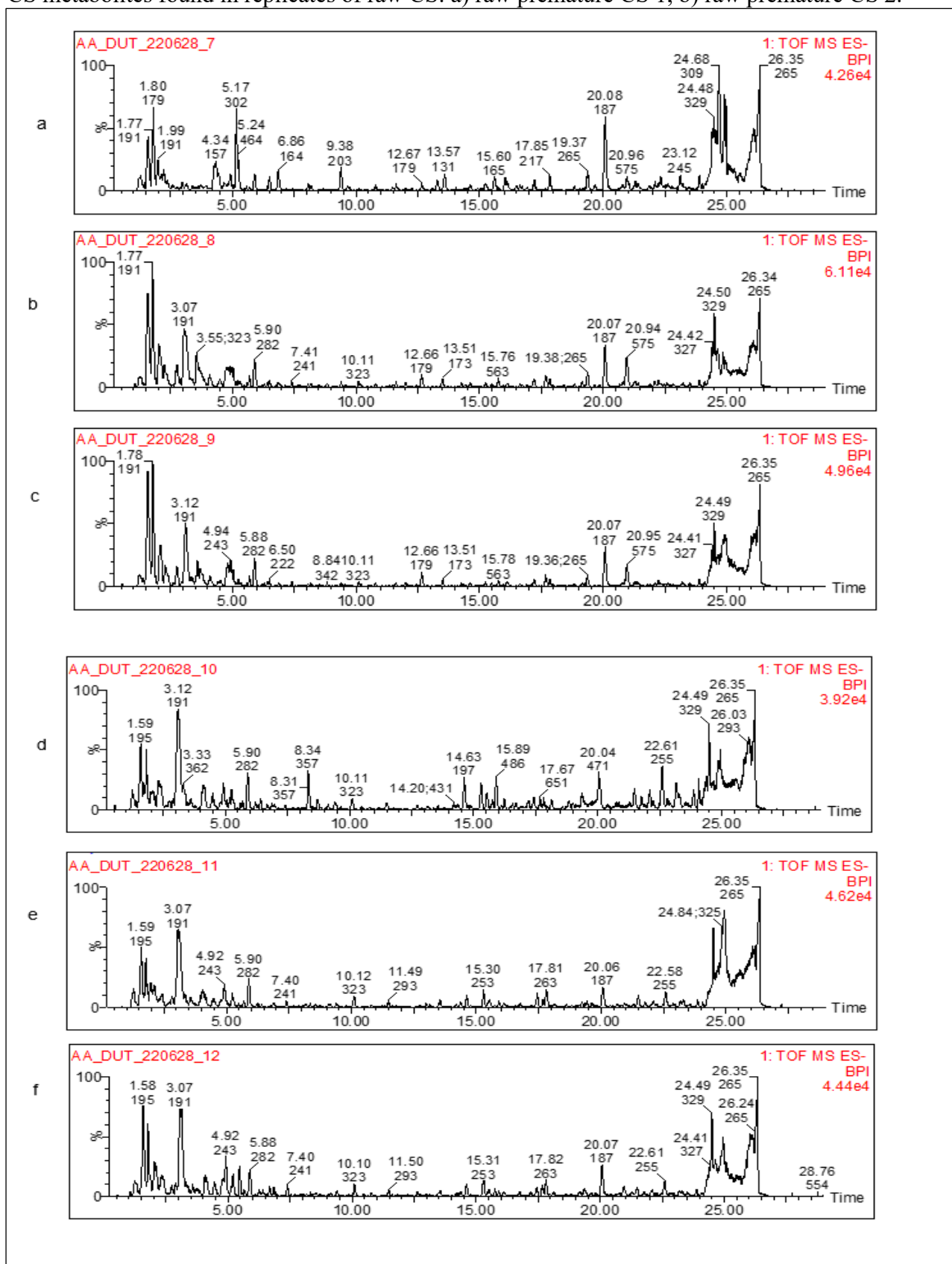


Figure S2: Chromatograms produced showing mass-to-charge ratio and retention times of a CS metabolites found in replicates of aqueous extracts of CS: a) aqueous extract of premature CS 1, b) aqueous extract of premature CS 2. C) aqueous extract of premature CS 3, d) aqueous extract of mature CS 1, e) aqueous extract of mature CS 2 and f) aqueous extract of mature CS 3.

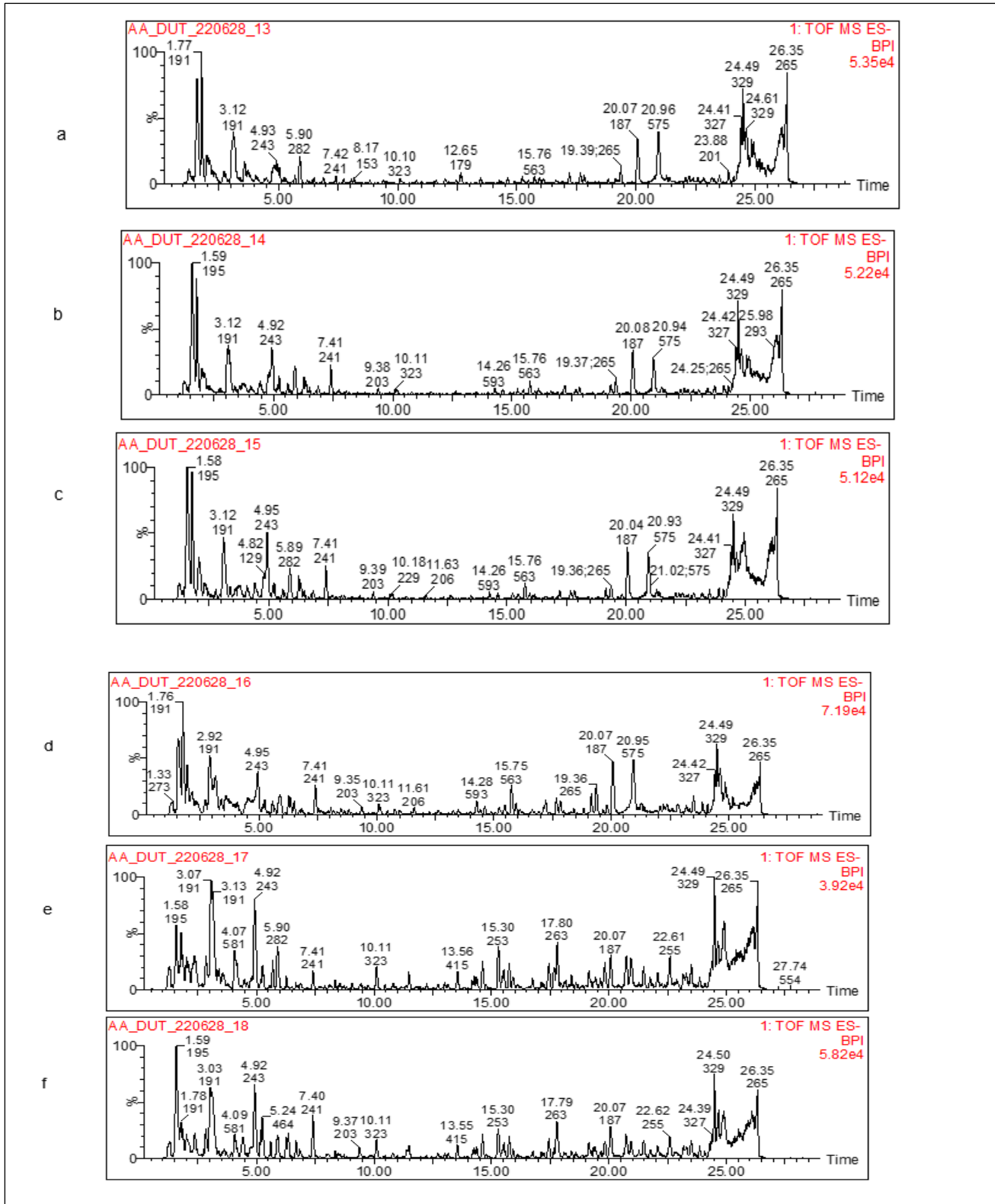


Figure S3: Chromatograms produced showing mass-to-charge ratio and retention times of a CS metabolites found in replicates of hydro-ethanolic extracts of extract of CS: a) hydro-ethanolic extract of premature CS 1, b) hydro-ethanolic extract of premature CS 2. C) hydro-ethanolic extract of premature CS, d) hydro-ethanolic extract of mature CS 1, e) hydro-ethanolic extract of mature CS 2 and f) hydro-ethanolic extract of mature CS.

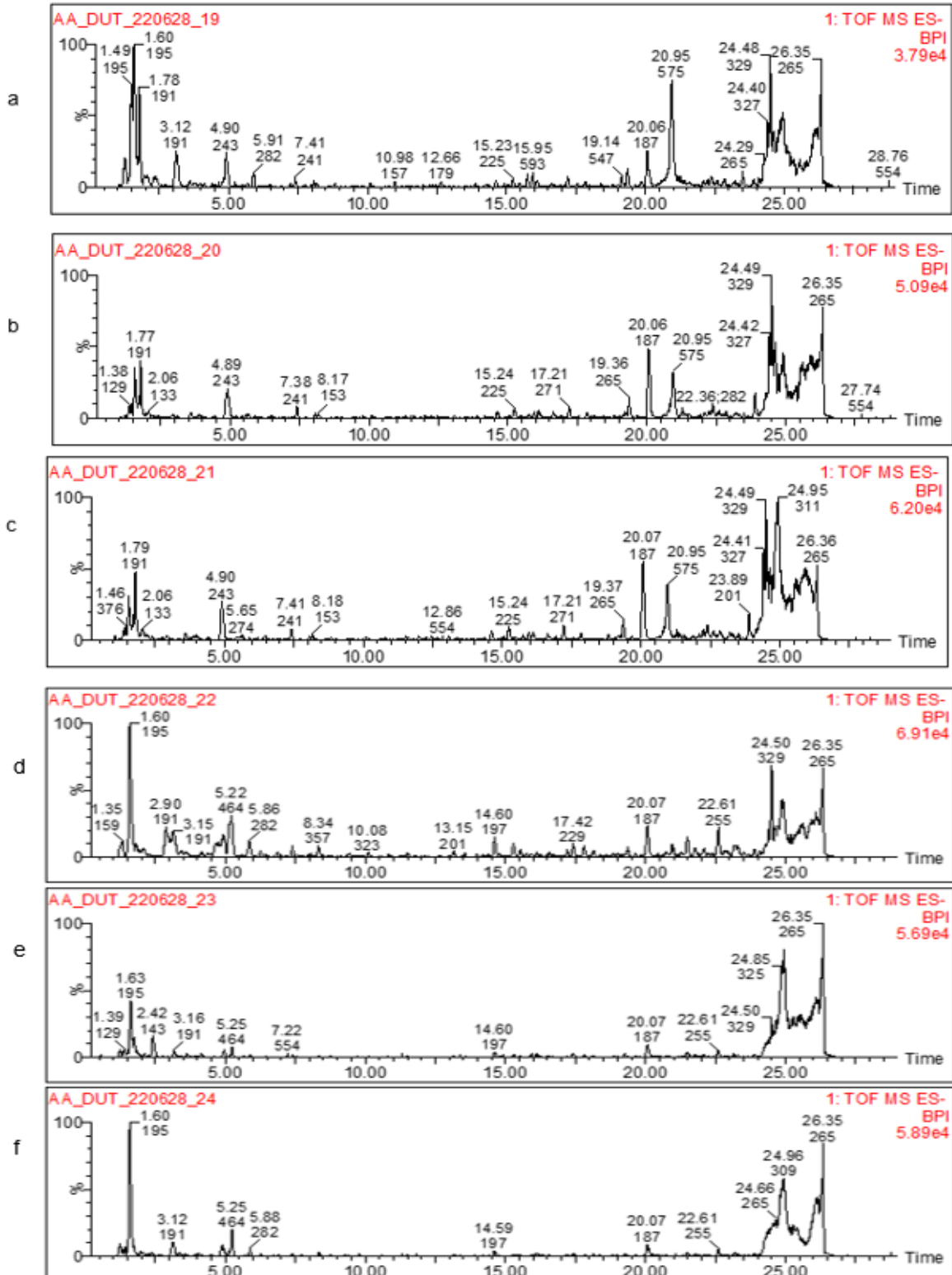


Figure S4: Chromatograms produced showing mass-to-charge ratio and retention times of a CS metabolites found in replicates of ethanolic extracts of CS: a) ethanolic extracts of premature CS 1, b) ethanolic extracts of premature CS 2. C) ethanolic extracts of premature CS 3, d) ethanolic extracts of mature CS 1, e) ethanolic extracts of mature CS 2 and f) ethanolic extracts of mature CS

Table S1: Secondary metabolites identified in various extracts corn silk through ultra-performance liquid chromatography-mass spectrometry analysis showing average retention times and mass-to-charge (m/z) ratio.

Compound number	Identity	Average retention time (minute)	m/z [M - H]-
C1	(7'R)-(+)-Lyoniresinol 9'-glucoside	4.07	581.22
C2	Estriol-16-Glucuronide	4.15	509.20
C3	Ascorbic acid	4.31	175.02
C4	Methylisocitric acid	4.39	205.03
C5	Citraconic acid	4.52	129.02
C6	Oxalosuccinic acid	4.98	189.01
C7	Pinocembrin 7-apiosyl-(1->5)-apiosyl-(1->2)-glucoside;5,7-Dihydroxyflavanone 7-apiosyl-(1->5)-apiosyl-(1->2)-glucoside	4.99	681.21
C8	Mevalonic acid	5.09	147.07
C9	D-2-Hydroxyglutaric acid	5.18	147.03
C10	(2R,3S)-2,3-dimethylmalic acid	5.24	161.04
C11	UNPD109129	6.35	251.08
C12	Glutaric acid	6.15	131.03
C13	Cinnamic acid	6.85	147.04
C14	(6E)-1-(4-hydroxyphenyl)-7-phenylhepta-4,6-dien-3-one	8.45	277.13
C15	Vanillic acid	8.55	167.03
C16	1-O-vanilloyl-beta-D-glucose	8.55	329.09
C17	Isorhamnetin 3-(6"-malonylglucoside)	8.64	563.10
C18	Saccharumoside C	9.08	461.13
C19	7-hydroxy-4-{3-oxo-3H-benzo[f]chromen-2-yl}-2H-chromen-2-one	9.14	355.06
C20	Sarmentose	9.45	161.08
C21	CNP0447999	9.57	353.08
C22	1-O-Caffeoylglucose	9.75	341.09
C23	1-O-Galloylglycerol	10.05	243.05
C24	C00051555	10.11	323.13
C25	3-Isopropylmalate	10.79	175.06
C26	Diaportinic acid	10.82	279.05

C27	Benzyl beta-D-glucopyranoside;(-)-Benzyl-O-beta-D-glucopyranoside	11.15	269.10
C28	Domesticoside	11.35	343.10
C29	Dihydrophaseic acid 4'-O-beta-D-glucopyranoside	11.37	443.19
C30	Ketoleucine	11.47	129.05
C31	Aesculin	11.47	339.07
C32	Chlorogenic acid	12.00	353.09
C33	Quinic acid	12.00	191.06
C34	Cudraphenone A	12.23	363.16
C35	Pimelic acid	12.26	159.07
C36	(-)-6-((2S,3R,4R,5S,6R)-3,4-dihydroxy-6-(hydroxymethyl)-5-methoxytetrahydro-2H-pyran-2-ylloxy)-8-hydroxy-3-methyl-1H-isochromen-1-one	12.46	367.10
C37	(-)-11-hydroxy-9,10-dihydrojasmonic acid 11-beta-D-glucoside	12.52	389.18
C38	Caffeic acid	12.65	179.03
C39	5-Carboxyvanillic acid	12.73	211.02
C40	Phellodendric acid A;(+) - Phellodendric acid A	12.75	203.09
C41	(-)-Epigallocatechin	13.27	305.07
C42	D-Leucic acid	13.29	131.07
C43	cis-Aconitic acid	13.50	173.01
C44	MINEs-320976	14.20	431.19
C45	Loganic acid	14.25	375.13
C46	Astragalin 7-rhamnoside	14.27	593.15
C47	Quing hau sau; quinghaosu; artemisinin	14.35	281.14
C48	3-Hydroxy-4-butanolide	14.43	263.08
C49	Annularin A;(+) - Annularin A	14.62	197.08
C50	Traumatic acid	14.78	227.13
C51	Methyl geranate	14.87	181.12
C52	3-Hydroxytetradecanedioic acid	14.87	273.17
C53	Dihydrophaseic acid	14.94	281.14
C54	Tuberonic acid	15.24	225.11
C55	Daldiniapyrone	15.29	253.11
C56	4-Hydroxycinnamic acid	15.48	163.04
C57	Monascusone A	15.54	253.11
C58	Acetovanillone; Apocynin	15.60	165.05
C59	Apiin	15.76	563.14
C60	Quercitrin	15.95	447.09
C61	2-Hydroxydecanedioic acid	16.18	217.11
C62	UNPD221406	16.24	241.11
C63	Cichorioside M;(+) - Cichorioside M	16.62	427.19
C64	Austricin; 8-Deacetylmaticarin; Desacetylmaticarin	16.71	261.12

C65	trans-Ferulic acid	17.09	193.05
C66	UNPD19396	17.12	577.15
C67	UNPD77208	17.21	271.15
C68	Nepetaside	17.24	345.16
C69	Dodecanedioic acid	17.42	229.14
C70	Kaempferitrin	17.55	577.15
C71	Chrysoeriol 4',7-diglucuronide	17.68	651.12
C72	Erythronolide B	17.73	401.25
C73	UNPD230015	17.82	263.06
C74	3-Hydroxysebacic acid	17.84	217.11
C75	Tricin 7-diglucuronoside	17.96	681.13
C76	Esculetin	18.08	177.02
C77	ethyl 5-[(2,5-dimethylphenyl)methoxy]-2-phenyl-1-benzofuran-3-carboxylate	18.09	399.16
C78	xi-2,2,6-Trimethyl-1,4-cyclohexanedione	18.25	153.09
C79	Quercetin 3-(2",3",4"-triacylgalactoside)	18.31	589.12
C80	[4]-Gingerol	18.84	265.14
C81	Phaseic acid	18.56	279.12
C82	Diaportinol	18.60	265.07
C83	Herbacetin 7-(6"-quinoylglucoside)	18.68	637.14
C84	12-deoxyerythronolide A	19.05	401.25
C85	UNPD156113	19.09	605.12
C86	Mirificin	19.15	547.14
C87	Phaseolic acid	19.24	261.13
C88	Curvularol	19.37	265.14
C89	(+)-(S)-Carvone	19.65	149.10
C90	Kaempferol 3-rhamnoside 7-galacturonide	19.87	607.13
C91	Azelaic acid	20.07	187.10
C92	(3R,4S,6S)-3,4,5-trihydroxy-6-[5-hydroxy-2-(4-hydroxyphenyl)-4-oxo-3-[(2S,3S,5R)-3,4,5-trihydroxy-6-methyloxan-2-yl]oxychromen-7-yl]oxyoxane-2-carboxylic acid	20.29	607.13
C93	Stagonolide F;(-)-Stagonolide F	20.68	183.10
C94	Isowertin 2"-rhamnoside	20.73	1183.34
C95	UNPD223815	20.86	255.16
C96	9-hydroxynonanoic acid	20.89	173.12
C97	Maysin	20.94	1151.29
C98	5,7,4'-Trihydroxy-3'-methoxyflavone	21.01	475.09
C99	Quercetin 3-O-(6"-acetyl-glucoside)	21.14	505.10
C100	Blennin D	21.15	265.14

C101	10-Deoxygeniposidic acid	21.27	357.12
C102	Gallicynoic acid F;(-)-Gallicynoic acid F	21.41	343.21
C103	Pandangolide 1a;(-)-Pandangolide 1a	21.46	243.12
C104	4-Hydroxynonenal	21.57	155.11
C105	Tetradecanedioic acid	21.76	257.17
C106	(R)-7-butyl-6,8-dihydroxy-3-[(3E)-pent-3-en-1-yl]-3,4-dihydroisochromen-1-one	21.82	303.16
C107	Genistin	21.82	431.10
C108	p-Coumaroyl malic acid	20.85	282.11
C109	Kaempferol 3-[2'''-acetyl-alpha-L-arabinopyranosyl-(1->6)-galactoside]	21.94	621.14
C110	Cyperine	22.09	259.10
C111	(+)-Cnicin; Cnicin	22.11	377.16
C112	(S)-Abscisic acid	22.20	263.13
C113	Sydnic acid; Sydonic acid	22.23	265.14
C114	Gallicynoic acid A;(+)Gallicynoic acid A	22.81	253.14
C115	Apigenin 7-O-(6''-O-acetylglucoside)	22.85	473.11
C116	UNPD127537	23.18	255.16
C117	Olivetol	23.21	179.11
C118	Ginsenoyne E	23.29	303.16
C119	Caffeoyl tartaric acid	23.33	312.12
C120	Luteolin 3'-methyl ether 7-glucuronide	23.48	265.14
C121	UNPD205010	23.48	343.17
C122	Maysin 3'-methyl ether	23.51	589.15
C123	Artemin	23.66	265.15
C124	Gallicynoic acid B	23.69	267.16
C125	Aspergillide A	23.80	253.14
C126	(S)-Oleuropeic acid	23.89	183.10
C127	Sebacic acid	23.89	201.11
C128	7-Acetoxy-5,6-dimethoxycoumarin	17.82	263.06

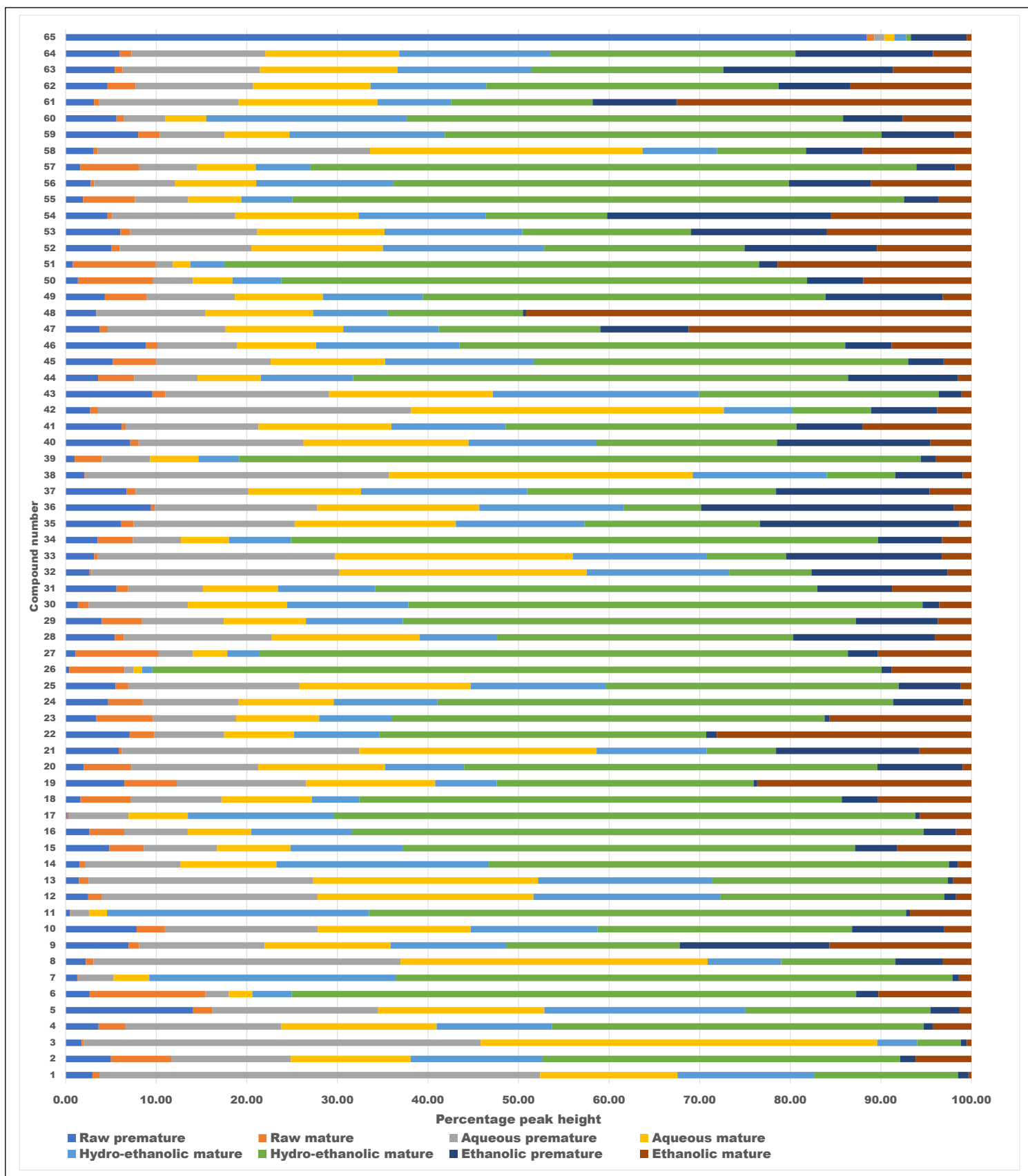


Figure S5: Stacked bar chart showing relative abundance of CS metabolites 1-65 in different extracts of CS

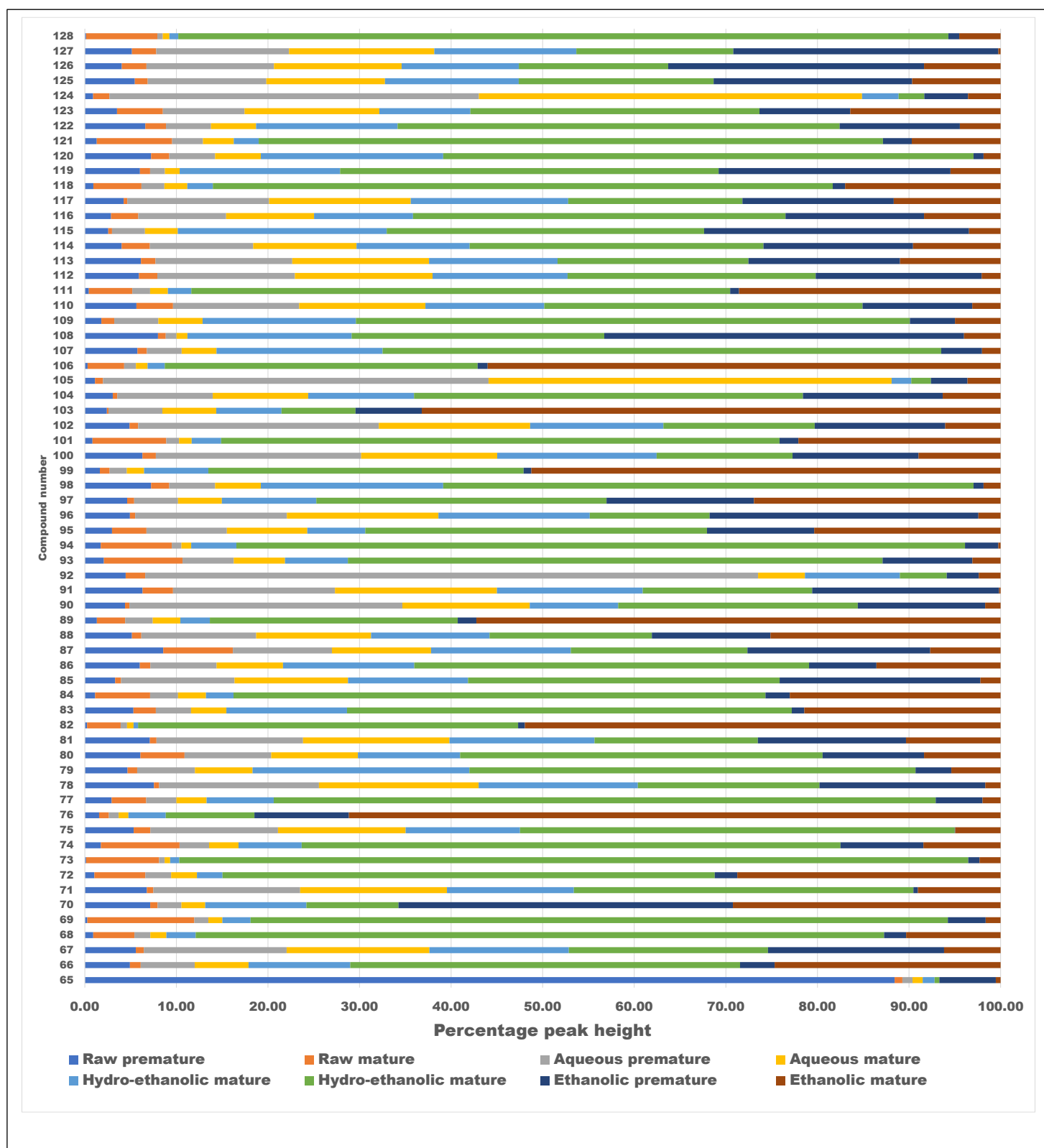


Figure S6: Stacked bar chart showing relative abundance of CS metabolites 66-128 in different extracts of CS.

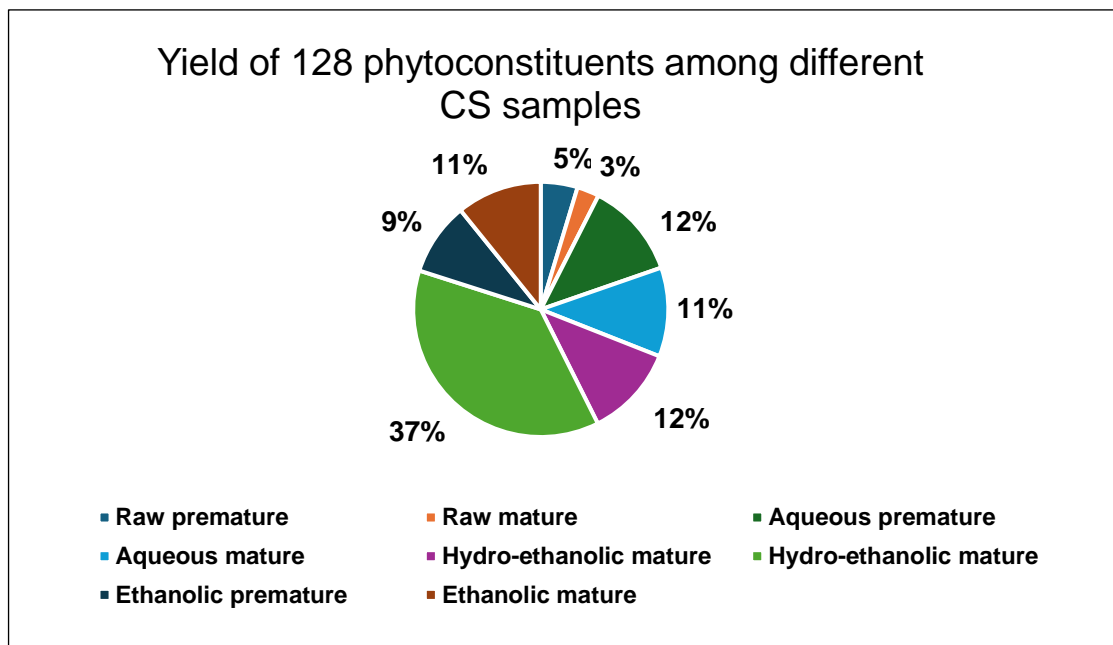


Figure S7: Yield (%) of the 128 metabolites identified in corn silk among the different extracts (aqueous, hydro-ethanolic and ethanolic) at two different developmental growth stages (premature and mature)

Table S2: Percentage relative abundance of CS metabolites identified in different samples of CS based on peak height percentage

Compound number	Raw premature CS	Raw mature CS	Aqueous extract of premature CS	Aqueous extract of mature CS	Hydro-ethanolic extract of premature CS	Hydro-ethanolic extract of mature CS	Ethanolic extract of premature CS	Ethanolic extract of mature CS
C1	2.96	0.77	48.65	15.15	15.15	15.83	1.16	0.32
C2	5.00	6.65	13.21	13.21	14.58	39.47	1.71	6.16
C3	1.78	0.25	43.79	43.79	4.40	4.83	0.66	0.51
C4	3.64	2.98	17.17	17.17	12.75	41.02	0.99	4.27
C5	14.08	2.08	18.34	18.34	22.16	20.49	3.20	1.31
C6	2.65	12.75	2.61	2.61	4.35	62.32	2.44	10.27
C7	1.28	0.07	3.94	3.94	27.29	61.39	0.71	1.38
C8	2.23	0.85	33.90	33.90	8.11	12.59	5.28	3.13
C9	6.95	1.14	13.89	13.89	12.83	19.10	16.52	15.68
C10	7.85	3.11	16.88	16.88	13.98	28.12	10.18	2.99
C11	0.49	0.10	1.99	1.99	28.93	59.28	0.44	6.78
C12	2.50	1.46	23.85	23.85	20.67	24.67	1.31	1.70
C13	1.47	1.06	24.81	24.81	19.20	26.04	0.60	2.01
C14	1.56	0.57	10.57	10.57	23.46	50.79	1.00	1.47
C15	4.83	3.81	8.09	8.09	12.38	49.95	4.66	8.19
C16	2.60	3.89	7.00	7.00	11.15	63.10	3.56	1.70
C17	0.14	0.25	6.56	6.56	16.07	64.23	0.49	5.70
C18	1.65	5.58	9.98	9.98	5.25	53.26	4.00	10.31
C19	6.48	5.78	14.27	14.27	6.78	28.35	0.42	23.64
C20	2.00	5.27	14.01	14.01	8.71	45.62	9.40	0.98
C21	5.87	0.35	26.21	26.21	12.14	7.67	15.78	5.78

C22	7.08	2.72	7.71	7.71	9.40	36.10	1.16	28.12
C23	3.36	6.29	9.17	9.17	8.06	47.74	0.52	15.69
C24	4.70	3.81	10.54	10.54	11.47	50.32	7.73	0.89
C25	5.50	1.41	18.91	18.91	14.88	32.37	6.84	1.17
C26	0.39	6.10	0.97	0.97	1.15	80.51	1.08	8.83
C27	1.10	9.18	3.78	3.78	3.56	64.97	3.31	10.32
C28	5.44	0.98	16.35	16.35	8.53	32.68	15.65	4.03
C29	3.98	4.40	9.08	9.08	10.69	50.01	9.06	3.70
C30	1.35	1.20	10.95	10.95	13.39	56.77	1.84	3.55
C31	5.62	1.26	8.29	8.29	10.72	48.83	8.25	8.76
C32	2.59	0.25	27.35	27.35	15.72	9.08	15.04	2.62
C33	3.15	0.36	26.25	26.25	14.73	8.80	17.20	3.27
C34	3.53	3.90	5.31	5.31	6.85	64.79	7.09	3.23
C35	6.09	1.41	17.80	17.80	14.19	19.37	22.03	1.32
C36	9.43	0.42	17.91	17.91	15.98	8.50	27.88	1.97
C37	6.72	1.02	12.44	12.44	18.33	27.49	16.96	4.61
C38	2.08	0.11	33.52	33.52	14.81	7.55	7.45	0.96
C39	1.00	2.98	5.34	5.34	4.48	75.28	1.61	3.96
C40	7.14	0.92	18.22	18.22	14.12	19.92	16.94	4.53
C41	6.18	0.45	14.66	14.66	12.62	32.12	7.32	11.98
C42	2.71	0.87	34.54	34.54	7.52	8.76	7.27	3.79
C43	9.58	1.44	18.08	18.08	22.77	26.44	2.53	1.09
C44	3.58	3.99	6.99	6.99	10.19	54.64	12.15	1.47
C45	5.19	4.81	12.64	12.64	16.39	41.34	3.92	3.07
C46	8.89	1.25	8.76	8.76	15.82	42.59	5.10	8.82
C47	3.77	0.88	13.00	13.00	10.53	17.86	9.73	31.24
C48	3.37	0.10	11.92	11.92	8.21	14.95	0.36	49.17
C49	4.33	4.65	9.71	9.71	11.03	44.46	12.92	3.19
C50	1.35	8.32	4.37	4.37	5.41	58.03	6.20	11.94
C51	0.78	9.13	1.94	1.94	3.74	59.03	2.05	21.40
C52	5.03	0.94	14.53	14.53	17.80	22.13	14.61	10.43
C53	6.06	1.08	14.04	14.04	15.22	18.62	15.01	15.94
C54	4.63	0.50	13.60	13.60	14.06	13.38	24.74	15.49
C55	1.92	5.72	5.88	5.88	5.63	67.53	3.78	3.67
C56	2.77	0.38	8.95	8.95	15.14	43.68	9.06	11.07
C57	1.62	6.44	6.47	6.47	6.00	66.93	4.26	1.81
C58	3.05	0.48	30.08	30.08	8.23	9.81	6.26	12.00
C59	8.01	2.38	7.16	7.16	17.15	48.22	8.04	1.87
C60	5.62	0.83	4.54	4.54	22.12	48.19	6.59	7.57
C61	3.13	0.54	15.38	15.38	8.14	15.62	9.31	32.51
C62	4.63	3.11	12.96	12.96	12.78	32.26	7.94	13.35
C63	5.43	0.85	15.18	15.18	14.81	21.17	18.73	8.66
C64	5.98	1.30	14.77	14.77	16.67	27.09	15.18	4.24
C65	88.42	0.85	1.11	1.11	1.31	0.52	6.16	0.52
C66	4.93	1.18	5.89	5.89	11.10	42.56	3.78	24.67
C67	5.57	0.87	15.60	15.60	15.21	21.75	19.24	6.17
C68	0.93	4.50	1.74	1.74	3.21	75.17	2.41	10.31
C69	0.28	11.69	1.53	1.53	3.08	76.14	4.13	1.63

C70	7.14	0.82	2.60	2.60	11.05	10.05	36.51	29.23
C71	6.77	0.71	16.03	16.03	13.86	37.08	0.50	9.03
C72	1.05	5.56	2.82	2.82	2.79	53.76	2.46	28.74
C73	0.15	7.97	0.60	0.60	0.99	86.16	1.22	2.30
C74	1.75	8.60	3.22	3.22	6.90	58.83	9.06	8.42
C75	5.34	1.82	13.93	13.93	12.50	47.47	0.06	4.95
C76	1.56	1.07	1.07	1.07	4.07	9.68	10.32	71.16
C77	2.94	3.77	3.30	3.30	7.34	72.28	5.11	1.97
C78	7.55	0.57	17.44	17.44	17.39	19.83	18.11	1.67
C79	4.67	1.05	6.30	6.30	23.67	48.72	3.92	5.37
C80	6.08	4.81	9.47	9.47	11.16	39.58	11.08	8.36
C81	7.10	0.73	15.99	15.99	15.84	17.84	16.19	10.32
C82	0.25	3.67	0.70	0.70	0.49	41.50	0.74	51.95
C83	5.31	2.44	3.85	3.85	13.17	48.57	1.37	21.43
C84	1.13	6.00	3.05	3.05	3.01	58.08	2.66	23.02
C85	3.31	0.65	12.39	12.39	13.11	34.03	21.93	2.20
C86	6.00	1.15	7.24	7.24	14.34	43.11	7.35	13.56
C87	8.57	7.61	10.82	10.82	15.27	19.28	19.96	7.68
C88	5.15	1.03	12.54	12.54	12.94	17.72	12.95	25.13
C89	1.33	3.08	3.01	3.01	3.22	27.08	2.03	57.24
C90	4.40	0.48	29.80	13.91	9.66	26.16	13.91	1.68
C91	6.31	3.32	17.69	17.69	15.91	18.50	20.41	0.17
C92	4.46	2.13	66.92	5.12	10.37	5.12	3.50	2.38
C93	2.09	8.59	5.59	5.59	6.86	58.39	9.81	3.07
C94	1.74	7.76	1.06	1.06	4.94	79.57	3.63	0.25
C95	2.98	3.76	8.78	8.78	6.33	37.31	11.71	20.36
C96	4.93	0.58	16.56	16.56	16.51	13.09	29.35	2.42
C97	4.62	0.77	4.78	4.78	10.32	31.68	16.10	26.94
C98	7.24	1.99	5.00	5.00	19.91	57.90	1.10	1.85
C99	1.65	1.06	1.88	1.88	7.01	34.43	0.86	51.23
C100	6.30	1.47	22.41	14.85	17.41	14.85	13.75	8.96
C101	0.83	8.06	1.39	1.39	3.22	60.96	2.07	22.08
C102	4.88	0.96	26.27	16.52	14.55	16.52	14.25	6.05
C103	2.41	0.18	5.88	5.88	7.12	8.08	7.23	63.21
C104	3.06	0.48	10.43	10.43	11.56	42.47	15.26	6.32
C105	1.12	0.87	42.09	44.02	2.14	2.14	4.00	3.62
C106	0.31	4.00	1.27	1.27	1.88	34.17	1.09	56.01
C107	5.74	1.03	3.80	3.80	18.14	60.99	4.46	2.02
C108	7.99	0.85	1.19	1.19	17.93	27.59	39.28	3.99
C109	1.81	1.40	4.82	4.82	16.74	60.50	4.92	4.98
C110	5.64	3.99	13.78	13.78	12.99	34.76	11.97	3.10
C111	0.45	4.75	1.94	1.94	2.56	58.84	0.97	28.56
C112	5.91	2.01	15.02	15.02	14.75	27.09	18.12	2.06
C113	6.14	1.58	14.94	14.94	14.02	20.85	16.54	10.99
C114	4.03	3.08	11.28	11.28	12.36	32.08	16.33	9.56
C115	2.56	0.42	3.59	3.59	22.80	34.66	28.94	3.44
C116	2.86	2.98	9.59	9.59	10.81	40.67	15.13	8.35
C117	4.25	0.40	15.47	15.47	17.19	19.03	16.53	11.66

C118	0.93	5.25	2.51	2.51	2.79	67.69	1.35	16.98
C119	6.02	1.11	1.62	1.62	17.52	41.33	25.31	5.47
C120	7.24	1.99	5.00	5.00	19.91	57.90	1.10	1.85
C121	1.30	8.24	3.37	3.37	2.72	68.18	3.13	9.70
C122	6.61	2.25	4.92	4.92	15.46	48.27	13.13	4.44
C123	3.52	5.01	8.92	14.71	9.95	31.56	9.93	16.41
C124	0.91	1.78	40.34	41.84	4.00	2.80	4.77	3.58
C125	5.46	1.41	12.95	12.95	14.61	21.28	21.68	9.66
C126	4.04	2.69	13.93	13.93	12.80	16.31	27.95	8.35
C127	5.14	2.66	14.50	15.86	15.52	17.14	28.93	0.25
C128	0.14	7.78	0.59	0.73	0.96	84.09	1.19	4.51

Table S3: Drug-likeness filtering of corn silk metabolites based on Lipinski's rule of five

Compound number	Formula	Molecular weight (g/mol)	#H-bond acceptors	#H-bond donors	iLOGP (octanol/water partition coefficient)	Lipinski #violations
C1	C ₂₈ H ₃₈ O ₁₃	582.59	13	7	4.71	3
C2	C ₂₄ H ₃₂ O ₉	464.51	9	6	1.67	1
C3	C ₆ H ₈ O ₆	176.12	6	4	0.39	0
C4	C ₇ H ₁₀ O ₇	206.15	7	4	-0.94	0
C5	C ₅ H ₆ O ₄	130.10	4	2	0.46	0
C6	C ₆ H ₆ O ₇	190.11	7	3	-0.71	0
C7	C ₃₁ H ₃₈ O ₁₇	682.62	17	9	2.27	3
C8	C ₆ H ₁₂ O ₄	148.16	4	3	0.39	0
C9	C ₅ H ₈ O ₅	148.11	5	3	0.18	0
C10	C ₆ H ₁₀ O ₅	162.14	5	3	0.34	0
C11	C ₉ H ₁₆ O ₈	252.22	8	5	0.37	0
C12	C ₅ H ₈ O ₄	132.11	4	2	0.45	0
C13	C ₉ H ₈ O ₂	148.16	2	1	1.55	0
C14	C ₁₉ H ₁₈ O ₂	278.35	2	1	2.79	0
C15	C ₈ H ₈ O ₄	168.15	4	2	1.40	0
C16	C ₁₄ H ₁₈ O ₉	330.29	9	5	1.88	0
C17	C ₂₅ H ₂₄ O ₁₅	564.45	15	7	1.77	3
C18	C ₁₉ H ₂₆ O ₁₃	462.40	13	7	1.35	2
C19	C ₂₂ H ₁₂ O ₅	356.33	5	1	2.52	0
C20	C ₇ H ₁₄ O ₄	162.18	4	2	0.94	0
C21	C ₂₃ H ₁₄ O ₄	354.35	4	1	2.41	0
C22	C ₁₅ H ₁₈ O ₉	342.30	9	6	0.23	1
C23	C ₁₀ H ₁₂ O ₇	244.20	7	5	0.63	0
C24	C ₁₃ H ₂₄ O ₉	324.32	9	5	1.95	0
C25	C ₇ H ₁₂ O ₅	176.17	5	3	0.24	0
C26	C ₁₃ H ₁₂ O ₇	280.23	7	3	1.54	0
C27	C ₁₃ H ₁₈ O ₆	270.28	6	4	1.60	0
C28	C ₁₅ H ₂₀ O ₉	344.31	9	5	2.05	0
C29	C ₂₁ H ₃₂ O ₁₀	444.47	10	6	1.89	1

C30	C ₆ H ₁₀ O ₃	130.14	3	1	1.06	0
C31	C ₁₅ H ₁₆ O ₉	340.28	9	5	1.04	0
C32	C ₁₆ H ₁₈ O ₉	354.31	9	6	0.96	1
C33	C ₇ H ₁₂ O ₆	192.17	6	5	-0.12	0
C34	C ₂₃ H ₂₄ O ₄	364.43	4	2	3.70	0
C35	C ₇ H ₁₂ O ₄	160.17	4	2	0.94	0
C36	C ₁₇ H ₂₀ O ₉	368.34	9	4	2.54	0
C37	C ₁₈ H ₃₀ O ₉	390.43	9	5	2.35	0
C38	C ₉ H ₈ O ₄	180.16	4	3	0.97	0
C39	C ₉ H ₈ O ₆	212.16	6	3	0.24	0
C40	C ₉ H ₁₆ O ₅	204.22	5	2	1.55	0
C41	C ₁₅ H ₁₄ O ₇	306.27	7	6	0.98	1
C42	C ₆ H ₁₂ O ₃	132.16	3	2	1.17	0
C43	C ₆ H ₆ O ₆	174.11	6	3	-0.13	0
C44	C ₂₀ H ₃₂ O ₁₀	432.46	10	6	1.57	1
C45	C ₁₆ H ₂₄ O ₁₀	376.36	10	6	1.26	1
C46	C ₂₇ H ₃₀ O ₁₅	594.52	15	9	1.80	3
C47	C ₁₅ H ₂₂ O ₅	282.33	5	0	2.75	0
C48	C ₁₀ H ₁₆ O ₈	264.23	8	4	0.97	0
C49	C ₁₀ H ₁₄ O ₄	198.22	4	1	2.32	0
C50	C ₁₂ H ₂₀ O ₄	228.28	4	2	2.04	0
C51	C ₁₁ H ₁₈ O ₂	182.26	2	0	3.05	0
C52	C ₁₄ H ₂₆ O ₅	274.35	5	3	2.34	0
C53	C ₁₅ H ₂₂ O ₅	282.33	5	3	2.09	0
C54	C ₁₂ H ₁₈ O ₄	226.27	4	2	1.46	0
C55	C ₁₃ H ₁₈ O ₅	254.28	5	0	3.07	0
C56	C ₉ H ₈ O ₃	164.16	3	2	0.95	0
C57	C ₁₃ H ₁₈ O ₅	254.28	5	3	1.82	0
C58	C ₉ H ₁₀ O ₃	166.17	3	1	1.77	0
C59	C ₂₆ H ₂₈ O ₁₄	564.49	14	8	2.11	3
C60	C ₂₁ H ₂₀ O ₁₁	448.38	11	7	1.27	2
C61	C ₁₀ H ₁₈ O ₅	218.25	5	3	0.96	0
C62	C ₁₂ H ₁₈ O ₅	242.27	5	2	1.81	0
C63	C ₂₁ H ₃₂ O ₉	428.47	9	5	1.97	0
C64	C ₁₅ H ₁₈ O ₄	262.30	4	1	2.03	0
C65	C ₁₀ H ₁₀ O ₄	194.18	4	2	1.62	0
C66	C ₃₄ H ₂₆ O ₉	578.56	9	6	3.45	2
C67	C ₁₄ H ₂₄ O ₅	272.34	5	1	2.71	0
C68	C ₁₆ H ₂₆ O ₈	346.37	8	4	2.06	0
C69	C ₁₂ H ₂₂ O ₄	230.30	4	2	1.83	0
C70	C ₂₇ H ₃₀ O ₁₄	578.52	14	8	1.89	3
C71	C ₂₈ H ₂₈ O ₁₈	652.51	18	9	0.94	3
C72	C ₂₁ H ₃₈ O ₇	402.52	7	4	2.83	0
C73	C ₁₃ H ₁₂ O ₆	264.23	6	3	1.70	0
C74	C ₁₀ H ₁₈ O ₅	218.25	5	3	1.32	0
C75	C ₂₉ H ₃₀ O ₁₉	682.54	19	9	1.95	3
C76	C ₉ H ₆ O ₄	178.14	4	2	1.25	0
C77	C ₂₆ H ₂₄ O ₄	400.47	4	0	4.45	1

C78	C ₉ H ₁₄ O ₂	154.21	2	0	1.63	0
C79	C ₂₇ H ₂₆ O ₁₅	590.49	15	5	1.94	2
C80	C ₁₅ H ₂₂ O ₄	266.33	4	2	2.38	0
C81	C ₁₅ H ₂₀ O ₅	280.32	5	2	1.76	0
C82	C ₁₃ H ₁₄ O ₆	266.25	6	3	2.33	0
C83	C ₂₈ H ₃₀ O ₁₇	638.53	17	11	1.81	3
C84	C ₂₁ H ₃₈ O ₇	402.52	7	4	2.83	0
C85	C ₂₇ H ₂₆ O ₁₆	606.49	16	9	2.59	3
C86	C ₂₆ H ₂₈ O ₁₃	548.49	13	8	0.66	3
C87	C ₁₂ H ₂₂ O ₆	262.30	6	4	1.32	0
C88	C ₁₅ H ₂₂ O ₄	266.33	4	2	2.35	0
C89	C ₁₀ H ₁₄ O	150.22	1	0	2.27	0
C90	C ₂₇ H ₂₈ O ₁₆	608.50	16	9	1.66	3
C91	C ₉ H ₁₆ O ₄	188.22	4	2	1.44	0
C92	C ₂₇ H ₂₈ O ₁₆	608.50	16	9	1.66	3
C93	C ₁₀ H ₁₆ O ₃	184.23	3	1	2.03	0
C94	C ₂₈ H ₃₂ O ₁₄	592.55	14	8	0.80	3
C95	C ₁₄ H ₂₄ O ₄	256.34	4	1	3.26	0
C96	C ₉ H ₁₈ O ₃	174.24	3	2	1.83	0
C97	C ₂₇ H ₂₈ O ₁₄	576.50	14	8	1.95	3
C98	C ₂₂ H ₂₀ O ₁₂	476.39	12	6	2.02	2
C99	C ₂₃ H ₂₂ O ₁₃	506.41	13	7	1.61	3
C100	C ₁₅ H ₂₂ O ₄	266.33	4	2	2.46	0
C101	C ₁₆ H ₂₂ O ₉	358.34	9	5	1.24	0
C102	C ₁₈ H ₃₂ O ₆	344.44	6	5	2.95	0
C103	C ₁₂ H ₂₀ O ₅	244.28	5	2	1.91	0
C104	C ₉ H ₁₆ O ₂	156.22	2	1	2.15	0
C105	C ₁₄ H ₂₆ O ₄	258.35	4	2	2.49	0
C106	C ₁₈ H ₂₄ O ₄	304.38	4	2	3.45	0
C107	C ₂₁ H ₂₀ O ₁₀	432.38	10	6	2.11	1
C108	C ₁₃ H ₁₂ O ₇	280.23	7	3	0.62	0
C109	C ₂₈ H ₃₀ O ₁₆	622.53	16	8	1.81	3
C110	C ₁₅ H ₁₆ O ₄	260.29	4	2	2.73	0
C111	C ₂₀ H ₂₆ O ₇	378.42	7	3	1.97	0
C112	C ₁₅ H ₂₀ O ₄	264.32	4	2	1.97	0
C113	C ₁₅ H ₂₂ O ₄	266.33	4	3	2.59	0
C114	C ₁₄ H ₂₂ O ₄	254.32	4	3	2.19	0
C115	C ₂₃ H ₂₂ O ₁₁	474.41	11	5	2.31	1
C116	C ₁₄ H ₂₄ O ₄	256.34	4	2	2.66	0
C117	C ₁₁ H ₁₆ O ₂	180.24	2	2	2.04	0
C118	C ₁₇ H ₂₂ O ₂	258.36	2	0	4.10	0
C119	C ₁₃ H ₁₂ O ₉	312.23	9	5	0.55	0
C120	C ₂₈ H ₃₀ O ₁₆	622.50	4	3	2.59	1
C121	C ₁₇ H ₂₈ O ₇	344.40	7	2	2.59	0
C122	C ₂₈ H ₃₀ O ₁₄	590.53	14	7	1.76	3
C123	C ₁₅ H ₂₂ O ₄	266.33	4	2	2.19	0
C124	C ₁₅ H ₂₄ O ₄	268.35	4	3	2.87	0
C125	C ₁₄ H ₂₂ O ₄	254.32	4	1	2.59	0

C126	C ₁₀ H ₁₆ O ₃	184.23	3	2	1.65	0
C127	C ₁₀ H ₁₈ O ₄	202.25	4	2	1.77	0
C128	C ₁₃ H ₁₂ O ₆	264.23	6	3	1.70	1

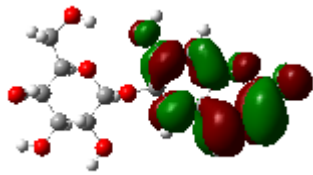
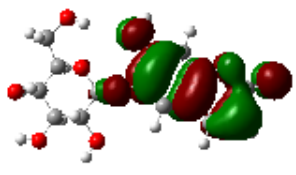
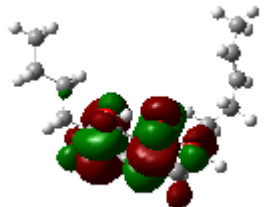
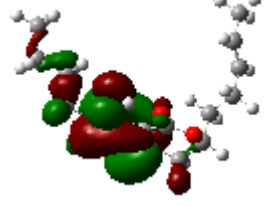
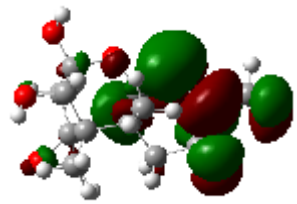
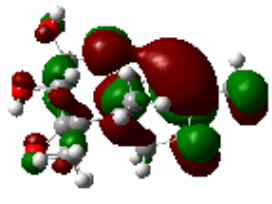
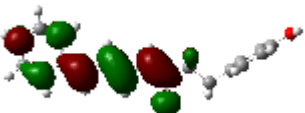
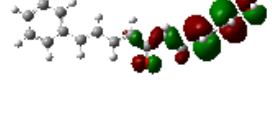
Table S4: Molecular docking analysis of corn silk metabolites against enzyme targets

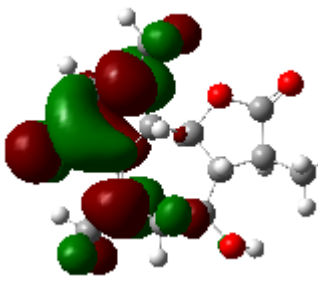
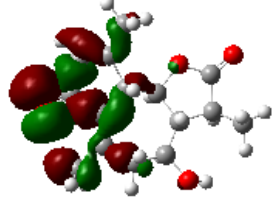
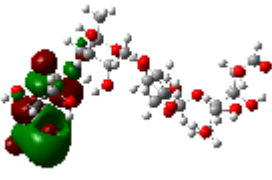
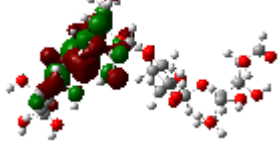
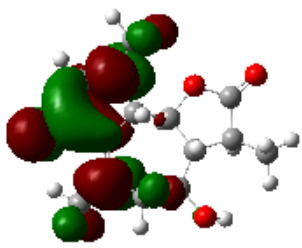
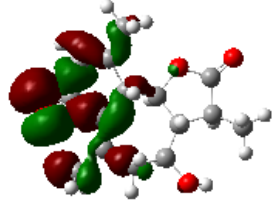
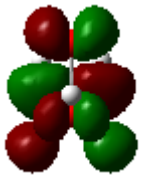
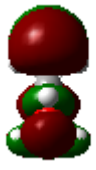
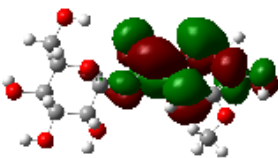
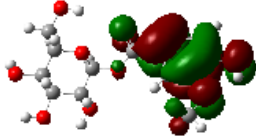
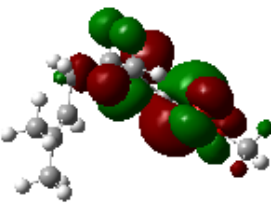
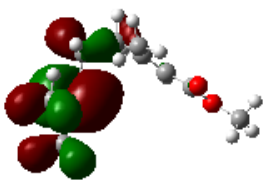
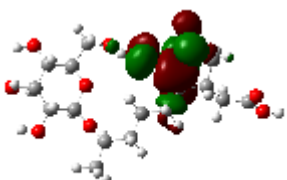
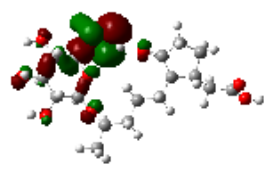

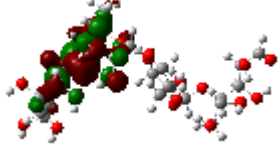
Compound number	Identity	AA	AG	AR	DPP-4	PTP1B	SDH
2	Estriol-16-Glucuronide	-6.8	-6.7	-7.2	-6.2	-4.8	-7.5
3	Ascorbic acid	-6.1	-5.6	-6.8	-7.2	-4.5	-6.3
4	Methylisocitric acid	-6.9	-5.8	-7.8	-6.8	-5.2	-7.1
5	Citraconic acid	-5.7	-7.2	-5.6	-6.4	-4.9	-5.9
6	Oxalosuccinic acid	-6.2	-6.3	-7.1	-6.7	-4.7	-6.8
8	Mevalonic acid	-7.2	-5.4	-6.3	-7.4	-4.4	-7.3
9	D-2-Hydroxyglutaric acid	-5.8	-6.1	-7.5	-6.1	-4.8	-5.7
10	(2R,3S)-2,3-dimethylmalic acid	-6.5	-7.1	-6.9	-5.7	-4.5	-6.1
11	UNPD109129	-6.7	-6.9	-7.3	-6.9	-4.6	-6.9
12	Glutaric acid	-6.3	-7.7	-6	-6	-4.9	-6.5
13	Cinnamic acid	-5.3	-5.3	-5.4	-7	-4.7	-7.7
14	(6E)-1-(4-hydroxyphenyl)-7-phenylhepta-4,6-dien-3-one	-7.8	-7.0	-9.9	-5.8	-4.4	-7
15	Vanillic acid	-5.6	-6.2	-8	-6.3	-4.8	-5.4
16	1-O-vanilloyl-beta-D-glucose	-6.4	-7.5	-5.8	-5.9	-4.5	-6.2
18	Saccharumoside C	-6.0	-7	-6.5	-7.3	-4.6	-8
19	7-hydroxy-4-{3-oxo-3H-benzo[f]chromen-2-yl}-2H-chromen-2-one	-6.9	-5.9	-7.4	-6.6	-4.9	-7.8
20	Sarmentose	-7.1	-6.6	-6.2	-6.5	-4.7	-6.6
21	CNP0447999	-5.9	-6.4	-7	-5.6	-4.4	-5.2
22	1-O-Caffeoylglucose	-6.8	-5.7	-5.2	-7.5	-4.8	-6.4
23	1-O-Galloyllycerol	-6.2	-7.3	-7.9	-5.3	-4.5	-7.4
24	C00051555	-5.4	-6.8	-6.6	-7.1	-4.6	-6.7
25	3-Isopropylmalate	-6.7	-5.2	-7.7	-7.6	-4.9	-5.5
26	Diaportinic acid	-6.5	-6.7	-5.9	-6.2	-4.7	-7.2
27	Benzyl beta-D-glucopyranoside;(-)-Benzyl-O-beta-D-glucopyranoside	-5.7	-5.6	-6.1	-6.8	-4.4	-6
28	Domesticoside	-6.3	-6.1	-8.1	-6.4	-4.8	-7.9
29	Dihydrophaseic acid 4'-O-beta-D-glucopyranoside	-5.5	-7.4	-5.3	-7.4	-4.5	-6.3
30	Ketoleucine	-6.0	-6.3	-7.6	-6.7	-4.6	-5.9
31	Aesculin	-8.1	-5.4	-8.5	-5.7	-4.9	-7
32	Chlorogenic acid	-5.2	-6.9	-7.2	-7.2	-4.7	-6.8
33	Quinic acid	-6.4	-6	-5.7	-6.1	-4.4	-5.6
34	Cudraphenone A	-5.6	-5.3	-6.3	-5.9	-4.8	-8.1
35	Pimelic acid	-6.1	-6.5	-8.2	-6.9	-4.5	-6.5
36	(-)-6-((2S,3R,4R,5S,6R)-3,4-dihydroxy-6-(hydroxymethyl)-5-methoxytetrahydro-2H-pyran-2-yloxy)-8-hydroxy-3-methyl-1H-isochromen-1-one	-7.0	-5.8	-5.5	-6	-4.6	-7.3
37	(-)-11-hydroxy-9,10-dihydrojasmonic acid 11-beta-D-glucoside	-6.6	-7.4	-8.5	-8.6	-4.9	-8.4
38	Caffeic acid	-5.8	-6.2	-6.8	-5.8	-4.7	-5.8
39	5-Carboxyvanillic acid	-6.9	-5.5	-5	-6.3	-4.4	-7.6
40	Phellodendric acid A;(+)Phellodendric acid A	-5.3	-7.1	-7	-7.3	-4.8	-6.1
41	(-)-Epigallocatechin	-6.2	-6.6	-6.6	-6.6	-4.5	-7.7
42	D-Leucic acid	-6.8	-5.7	-8.3	-6.5	-4.6	-6.4
43	cis-Aconitic acid	-5.4	-6.4	-5.2	-5.6	-4.9	-5.2

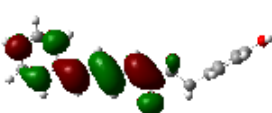
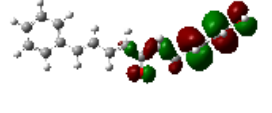
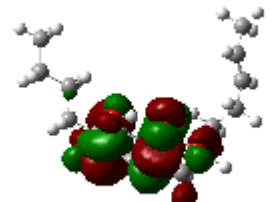
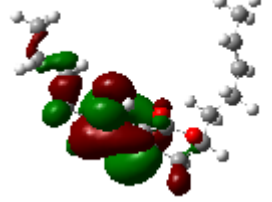
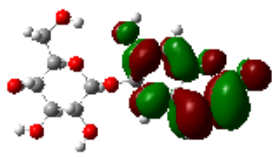
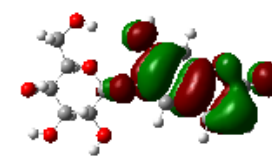
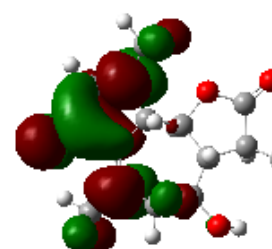
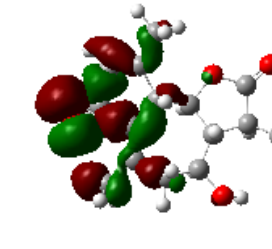
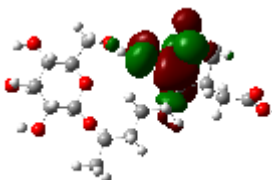
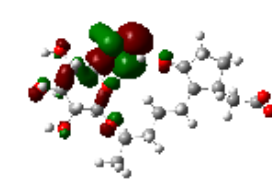
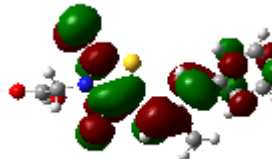

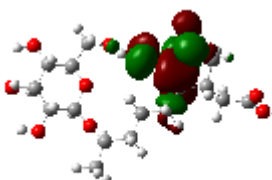
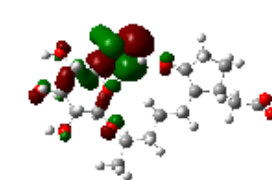
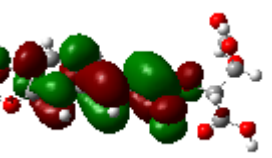

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45	Loganic acid	-6.7	-5.9	-7.1	-5.3	-4.4	-6.6
47	Quing hau sau; quinghaosu; artemisinin	-5.9	-7	-5.4	-7.1	-4.8	-8.2
48	3-Hydroxy-4-butanolide	-6.3	-6.1	-6.5	-7.6	-4.5	-5.4
49	Annularin A;(+) -Annularin A	-7.2	-5.2	-7.4	-6.2	-4.6	-7.1
50	Traumatic acid	-5.7	-6.7	-6.2	-6.8	-4.9	-5.7
51	Methyl geranate	-6.4	-7.4	-7.8	-6.4	-4.7	-6.3
52	3-Hydroxytetradecanedioic acid	-5.5	-6.3	-5.6	-7.4	-4.4	-8
53	Dihydrophaseic acid	-6.0	-7.4	-7.5	-6.7	-4.8	-7.8
54	Tuberonic acid	-6.6	-5.4	-6	-5.7	-4.5	-6
55	Daldiniapyrone	-7.1	-6.5	-6.3	-7.2	-4.6	-5.6
56	4-Hydroxycinnamic acid	-5.2	-6	-8	-6.1	-4.9	-6.8
57	Monascusone A	-6.9	-5.3	-5.8	-5.9	-4.7	-7.5
58	Acetovanillone; Apocynin	-5.3	-7.3	-6.7	-6.9	-4.4	-6.2
60	Quercitrin	-6.1	-6.2	-7.2	-6	-4.8	-7.4
61	2-Hydroxydecanedioic acid	-6.8	-5.5	-5.9	-7	-5.4	-5.5
62	UNPD221406	-5.4	-6.9	-7.9	-5.8	-4.6	-7.2
63	Cichorioside M;(+) -Cichorioside M	-6.2	-6.4	-6.4	-6.3	-4.9	-6.7
64	Austricin; 8-Deacetylmatricarin; Desacetylmatricarin	-7.7	-7.8	-8.5	-7.3	-4.7	-5.9
65	trans-Ferulic acid	-6.7	-7.2	-5.3	-6.6	-4.4	-6.4
66	UNPD19396	-6.5	-6.8	-8.1	-6.5	-4.8	-8.1
67	UNPD77208	-5.7	-5.2	-6.1	-5.6	-4.5	-6.6
68	Nepetaside	-6.3	-6.7	-7.6	-7.5	-4.6	-5.2
69	Dodecanedioic acid	-7.0	-5.6	-5.5	-5.3	-5.2	-7.9
72	Erythronolide B	-5.9	-6.1	-6.2	-7.1	-4.7	-9.2
73	UNPD230015	-6.0	-7.4	-8.2	-7.6	-4.4	-7
74	3-Hydroxysebacic acid	-6.4	-6.3	-5.7	-6.2	-4.8	-5.8
76	Esculetin	-7.2	-5.4	-7.3	-6.8	-4.5	-7.3
77	ethyl 5-[(2,5-dimethylphenyl)methoxy]-2-phenyl-1-benzofuran-3-carboxylate	-6.6	-6.9	-6.8	-6.4	-4.6	-6.1
78	xi-2,2,6-Trimethyl-1,4-cyclohexanedione	-5.5	-6	-5	-7.4	-4.9	-7.7
79	Quercetin 3-(2",3",4"-triacetylgalactoside)	-6.8	-5.3	-7	-6.7	-4.7	-6.5
80	[4]-Gingerol	-5.8	-6.5	-6.6	-5.7	-4.4	-5.4
81	Phaseic acid	-6.1	-5.8	-8.3	-7.8	-6	-6.2
82	Diaportinol	-7.1	-7.1	-5.2	-6.1	-4.5	-8.2
84	12-deoxyerythronolide A	-5.3	-6.2	-6.9	-5.9	-4.6	-7.1
87	Phaseolic acid	-6.9	-5.5	-7.1	-6.9	-4.9	-5.7
88	Curvularol	-7.9	-7	-5.4	-6	-4.7	-6.9
89	(+)-(S)-Carvone	-5.4	-6.6	-6.5	-7	-4.4	-6
91	Azelaic acid	-6.7	-5.7	-7.4	-5.8	-4.8	-7.8
93	Stagonolide F; (-)-Stagonolide F	-6.5	-6.4	-6.2	-6.3	-4.5	-6.4
95	UNPD223815	-5.7	-6.8	-7.8	-7.3	-4.6	-5.6
96	9-hydroxynonanoic acid	-6.3	-5.9	-5.6	-6.6	-4.9	-7.5
98	5,7,4'-Trihydroxy-3'-methoxyflavone	-6.0	-7.2	-7.5	-6.5	-4.7	-6.2
100	Blennin D	-7.3	-6.1	-6	-5.6	-4.4	-8.5
101	10-Deoxygeniposidic acid	-5.6	-5.2	-6.3	-7.5	-4.8	-5.5
102	Gallicynoic acid F; (-)-Gallicynoic acid F	-6.4	-6.7	-8	-5.3	-4.5	-7.2
103	Pandangolide 1a; (-)-Pandangolide 1a	-6.6	-5.6	-5.8	-7.1	-4.6	-6.7
104	4-Hydroxynonenal	-5.9	-6.3	-6.7	-7.6	-4.9	-5.9
105	Tetradecanedioic acid	-6.8	-7.4	-7.2	-6.2	-5.8	-6.3
106	(R)-7-butyl-6,8-dihydroxy-3-[(3E)-pent-3-en-1-yl]-3,4-dihydroisochromen-1-one	-8.0	-5.4	-8.6	-7.8	-4.4	-8.3
107	Genistin	-5.5	-6.5	-7.9	-6.4	-4.8	-7.6
108	p-Coumaroyl malic acid	-6.2	-6	-6.4	-7.7	-4.5	-6.1
110	Cyperine	-5.8	-5.3	-7.7	-6.7	-4.6	-7.9
111	(+)-Cnicin; Cnicin	-6.1	-7.3	-5.3	-5.7	-4.9	-8.7
112	(S)-Abscisic acid	-6.9	-6.2	-8.1	-7.2	-4.7	-5.2

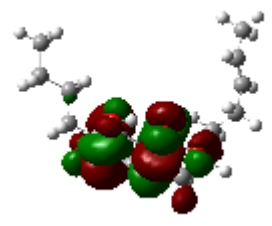
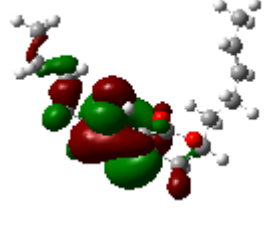

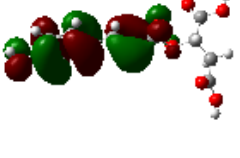
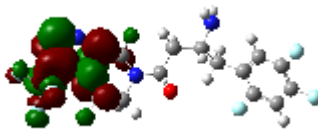
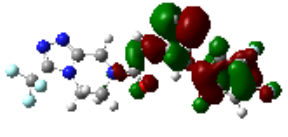
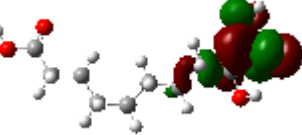
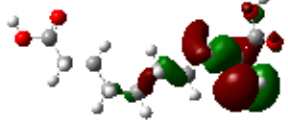
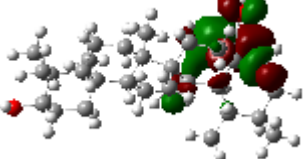
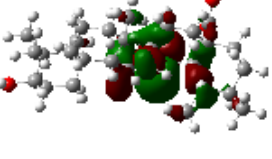
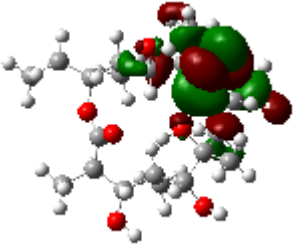
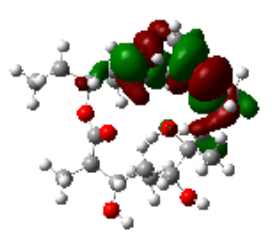
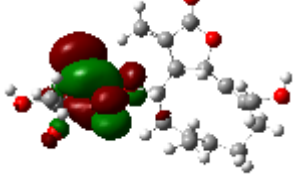
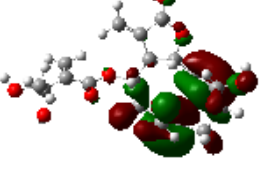
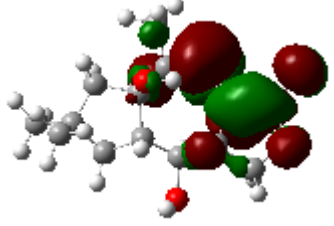
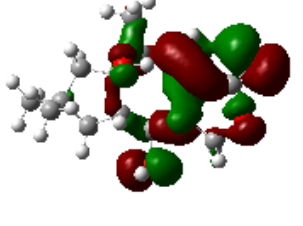
113	Sydnic acid; Sydonic acid	-5.3	-5.5	-6.1	-6.1	-4.4	-7.3
114	Gallicynoic acid A;(+)Gallicynoic acid A	-6.7	-6.9	-7.6	-5.9	-4.8	-6.8
115	Apigenin 7-O-(6"-O-acetylglucoside)	-6.5	-6.4	-5.5	-6.9	-4.5	-5.4
116	UNPD127537	-5.7	-5.7	-6.2	-6	-4.6	-6.5
117	Olivetol	-6.3	-7.2	-8.2	-7	-4.9	-7
118	Ginsenoine E	-6.0	-6.8	-5.7	-5.8	-4.7	-5.8
119	Caffeoyl tartaric acid	-7.2	-5.2	-7.3	-8	-4.4	-7.1
120	Luteolin 3'-methyl ether 7-glucuronide	-5.6	-6.7	-6.8	-7.3	-4.8	-6.2
121	UNPD205010	-6.4	-5.6	-5	-6.6	-4.5	-8.1
123	Artemin	-6.8	-6.1	-7	-6.5	-4.6	-6.4
124	Gallicynoic acid B	-5.9	-7.4	-6.6	-5.6	-4.9	-5.6
125	Aspergillide A	-6.6	-6.3	-8.3	-7.5	-4.7	-7.7
126	(S)-Oleuropeic acid	-7.1	-5.4	-5.2	-5.3	-4.4	-6.3
127	Sebacic acid	-5.2	-6.9	-6.9	-7.1	-4.8	-5.9
128	7-Acetoxy-5,6-dimethoxycoumarin	-6.1	-6	-7.1	-7.6	-4.5	-6

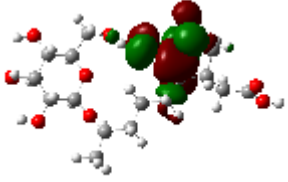
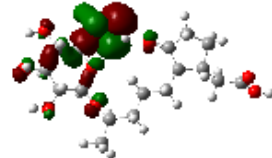

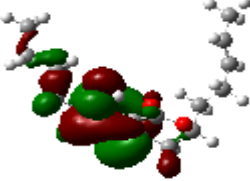


Table S5: Frontier molecular orbitals of the top-ranked compounds against enzymes implicated in T2DM

Compound	LUMO	HOMO	Energy gap (eV)
AA			
Aesculin			4.35
(R)-7-butyl-6,8-dihydroxy-3-[(3e)-pent-3-en-1-yl]-3,4-dihydroisochromen-1-one			4.86
Curvularol			6.01
(4E,6E)-1-(4-hydroxyphenyl)-7-phenylhepta-4,6-dien-3-one			3.61

Austricin			4.70
Acarbose			5.22
AG			
Austricin			4.70
Glutaric acid			7.29
1-O-vanilloyl-beta-D-glucose			4.71
Methyl geranate			5.24
(-)-11-hydroxy-9,10-dihydrojasmonic acid 11-beta-D-glucoside			5.29
Acarbose			5.22

AR			
(4E,6E)-1-(4-hydroxyphenyl)-7-phenylhepta-4,6-dien-3-one			3.61
(R)-7-butyl-6,8-dihydroxy-3-[(3E)-pent-3-en-1-yl]-3,4-dihydroisochromen-1-one			4.86
Aesculin			4.35
Austricin			4.70
-(-)-11-hydroxy-9,10-dihydrojasmonic acid 11-beta-D-glucoside			5.29
Epalrestat			3.21
DPP-4			
-(-)-11-hydroxy-9,10-dihydrojasmonic acid 11-beta-D-glucoside			5.29
caffeoyl tartaric acid			4.06

(R)-7-butyl-6,8-dihydroxy-3-[(3E)-pent-3-en-1-yl]-3,4-dihydroisochromen-1-one			4.86
p-coumaroyl malic acid			4.26
sitagliptin			5.30
PTP1B			
2-hydroxydecanedioic acid			6.66
Ursolic acid			5.85
SDH			
Erythronolide B			5.85
Cnicin			4.46
(+)-blennin D			5.72

<p>(-)-11-hydroxy-9,10-dihydrojasmonic acid 11-beta-D-glucoside</p>			<p>5.29</p>
<p>(R)-7-butyl-6,8-dihydroxy-3-[(3E)-pent-3-en-1-yl]-3,4-dihydroisochromen-1-one</p>			<p>4.86</p>
<p>4-[2-(1R-hydroxyethyl)-pyrimidin-4-yl]piperazine-1-sulfonic acid dimethylamide</p>			<p>4.39</p>

Chapter four



Waste to medicine: Evidence from computational studies on the modulatory role of corn silk on the therapeutic targets implicated in type 2 diabetes mellitus

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Article

Waste to Medicine: Evidence from Computational Studies on the Modulatory Role of Corn Silk on the Therapeutic Targets Implicated in Type 2 Diabetes Mellitus

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Simple Summary: Type 2 diabetes mellitus (T2DM) is characterized by insulin resistance and/or defective insulin production in the human body. Corn silk (CS), an abundant, readily available and affordable waste product of corn cultivation, has extensive therapeutic applications against various diseases including T2DM. Although the antidiabetic potential of CS is well-established, the understanding of the mechanism of action (MoA) behind its reported antidiabetic potentials is lacking. Hence, determining its MoA may provide laudable insight contributing towards developing an effective drug candidate for combating the ill effects of T2DM.

Abstract: Type 2 diabetes mellitus (T2DM) is characterized by insulin resistance and/or defective insulin production in the human body. Although the antidiabetic action of corn silk (CS) is well-established, the understanding of the mechanism of action (MoA) behind this potential is lacking. Hence, this study aimed to elucidate the MoA in different samples (raw and three extracts: aqueous, hydro-ethanolic, and ethanolic) as a therapeutic agent for the management of T2DM using metabolomic profiling and computational techniques. Ultra-performance liquid chromatography-mass spectrometry (UP-LCMS), in silico techniques, and density functional theory were used for compound identification and to predict the MoA. A total of 110 out of the 128 identified secondary metabolites passed the Lipinski's rule of five. The Kyoto Encyclopaedia of Genes and Genomes pathway enrichment analysis revealed the cAMP pathway as the hub signaling pathway, in which *ADORA1*, *HCAR2*, and *GABBR1* were identified as the key target genes implicated in the pathway. Since gallicnic acid (−48.74 kcal/mol), dodecanedioic acid (−34.53 kcal/mol), and tetradecanedioic acid (−36.80 kcal/mol) interacted well with *ADORA1*, *HCAR2*, and *GABBR1*, respectively, and are thermodynamically stable in their formed compatible complexes, according to the post-molecular dynamics simulation results, they are suggested as potential drug candidates for T2DM therapy via the maintenance of normal glucose homeostasis and pancreatic β-cell function.

Keywords: *ADORA1*; cAMP signaling pathway; chromatography; corn silk; *GABBR1*; *HCAR2*; in silico techniques; systems biology; African traditional medicine; type 2 diabetes mellitus



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1. Introduction

Diabetes mellitus (DM), a chronic, incurable metabolic disease characterized by elevated blood glucose levels, is a significant contributor to morbidity, mortality, and health costs worldwide [1]. In 2021, an estimated 24 million adults (20–79 years old) in Africa were living with DM and approximately 13 million of these adults remain undiagnosed [2]. The International Diabetes Federation (IDF) stipulated that, in 2021, around

4,234,000 South African adults had DM out of a total adult population of 37,416,800, indicating a prevalence of 1 in 11 adults [3]. Type 2 diabetes mellitus (T2DM) is the most prevalent type of diabetes, constituting roughly 90% of all DM cases [4], and, if left untreated, can result in severe complications, including kidney disease, ocular damage, cardiovascular diseases (e.g., stroke and heart attack), increased risk of bone fracture, nerve damage, skin conditions, and hearing impairment [5]. The pathogenesis of T2DM lies in defective insulin production by β -cells and/or insulin resistance in insulin-sensitive cells [5]. Although the efficacy of many synthetic hypoglycaemic drugs such as sulfonyl ureas, biguanides, alpha-glucosidase inhibitors, thiazolidinediones, and non-sulfonyl urea secretagogues are undoubtedly potent in the management of T2DM [6], their limitations, including long-term regimens, high cost, efficacy and individual variability as well as the elicitation of considerable side effects (nausea, weight gain or loss, cardiovascular complications, and gastrointestinal discomforts) have undermined their application in clinical practice [7]. Consequently, cost-effective therapeutic agents with significant antidiabetic activity and little or no toxic effects are highly sought out as alternative T2DM therapeutics [8].

Medicinal plants (MPs) have been utilized in traditional medicine systems for centuries, offering a wealth of knowledge and therapeutic possibilities for the treatment of various ailments, including T2DM [7]. Currently, over 1200 species of plants have been traditionally used as natural antidiabetics globally, many of which are being explored for their potential hypoglycaemic properties [8]. For example, corn silk (CS) is an abundant waste plant material of corn, *Zea mays* (L.) which has been used in traditional medicine for several applications, including as a potential remedy for T2DM [9,10]. Corn silk is described as pale green, yellow, or light brown thread-like strands, crucial for the successful pollination of corn kernels [11]. A considerable number of phytochemicals have been identified in CS, including phenolic acids, flavonoids, carotenoids, tannins, sterols, volatile compounds, sugars, vitamins, minerals, polysaccharides, proteins, and peptides responsible for a diverse range of promising pharmacological properties not limited to antioxidant, anti-hyperlipidemic, antibacterial, anti-cancer, antihypertensive, antidiabetic, diuretic, and kaliuretic [7,8,12], making CS a valuable natural resource for healthcare applications [12,13]. Although numerous studies have reported the promising antidiabetic action of CS [11,14–19], additional research is needed to establish the mechanism of antidiabetic action for it to be considered as a possible therapeutic agent in the management of T2DM [20].

With the rapid development in technology, the field of drug discovery has been revolutionized, accelerating the discovery and development of therapeutic drugs [21]. This expands the possibilities of quickly identifying, designing, optimizing, and developing new therapeutic agents [22]. The use of computational techniques such as network pharmacology (NP), molecular docking, and molecular dynamics (MD) simulation is essential in drug discovery, allowing for the understanding of interactions between drugs and their target proteins at different biological levels [23]. Network pharmacology (NP) integrates systems biology, network science, and pharmacology to provide a comprehensive understanding of the mechanisms of drug action, the prediction of drug targets, the pathogenesis of diseases, and the optimization of therapeutic outcomes [24]. The interaction between drug targets and multiple components such as proteins, genes, and signaling pathways in a biological system are better explored using NP analysis [25], providing a unique perspective on drug action and disease mechanisms by considering the complexity of biological systems in order to provide insights into drug development and optimization [26]. Interestingly, there have been numerous studies that have investigated the antidiabetic mechanism of action (MoA) of natural products, plants, or plant fractions using NP [19,27–30]. Molecular docking is a cost-effective, fast, and reliable computational method, employed in drug discovery, medicinal chemistry, and structural biology, to examine the interactions between a small molecule (ligand) and a target biomolecule, typically a protein [31]. Natural products, plants, and plant fractions may be assessed against different targets implicated in disease emergence (and in this case, T2DM), such as key enzymes and genes, thus allowing

for a comprehensive understanding of the antidiabetic potentials of CS typically against these targets through this approach [23,29]. Molecular dynamics (MD) simulation on the other hand, being a powerful computational technique, is used to study the behaviour and interactions of atoms and molecules over time [32,33]. The approach similarly provides insight into protein–ligand interactions and the MoA of therapeutic agents, which can prove useful in the discovery and development of therapeutic agents, particularly T2DM [33–36]. The integration of various technologies, particularly NP, molecular docking, and MD simulation, as adopted in this study, should provide information towards identifying novel therapeutic agents from CS, which can be discovered and/or developed as alternative agents for the management of T2DM [37]. The present study is thus aimed at studying the antidiabetic MoA of secondary metabolites in various extracts of CS, with key targets implicated in T2DM through metabolomic profiling, NP, molecular docking, and MD simulation for the discovery and development of novel therapeutic agents for the management of T2DM.

2. Materials and Methods

2.1. Silk Collection, Processing and Extract Preparation

Fresh CS of the commercial hybrid ILHYB22, a commonly consumed cultivar in South Africa, was harvested at the Cedara College of Agriculture in KwaZulu Natal, South Africa. The CS was washed with water to remove dirt and other contaminants before being air-dried for three days [38]. The dried CS was then powdered to a constant weight using an electric grinder (SM-450, Mills, MRC Laboratory Instruments, Twickenham, UK) [39]. The powdered materials were used for the preparation of extracts (aqueous, hydro-ethanol, and ethanol). Briefly, for the preparation of the aqueous extract, 150 g of CS powder was boiled at 100 °C in 1.5 L distilled water for 30 min [39,40], followed by filtration (Whatman No.1 filter paper) and lyophilization (Telstar Lyoquest Arctic, Tokyo, Japan) [10]. The hydro-ethanol and ethanol extracts were prepared by macerating approximately 100 g each of CS powder in 1 L of 50% ethanol and absolute ethanol, respectively, at 150 rpm, using an orbital shaker (Labnet Orbit LS, Edison, NJ, USA) for three days, followed by filtration (Whatman No.1 filter paper) [39]. The filtrates were concentrated using a rotary evaporator (HEI-VAP Core, 571-01310-00, Heidolph, Schwabach, Germany) and the leftover water from the hydro-ethanol filtrate was subsequently lyophilized to complete the extract preparation [39]. All the extracts were refrigerated at 4 °C until needed [10].

2.2. Ultra-Performance Liquid Chromatography-Mass Spectrometry Analysis

Four samples of CS [raw and three extracts (aqueous, hydro-ethanolic, and ethanolic)] were used for identification of the phytoconstituents present in CS through ultra-performance liquid chromatography-mass spectrometry (UPLC-MS) analysis according to the methods of Mangana et al. [41] and Mangana et al. [42]. Analysis of the CS samples was performed by utilizing a Water Synapt G2 quadrupole time-of-flight mass spectrometer which was connected to a Waters Acquity UPLC-combined photo diode array detector (Milford, Massachusetts, United States of America). Extraction of the sample was performed with 2 g of each sample by employing a solvent system containing 50% methanol and 0.1% formic acid for 24 h at room temperature. The samples were then vortexed (model VX-200 S0200, Labnet, Edison, NJ, USA) for 1 min and extraction was performed using an ultrasonic bath (SS-6508T, Sunshine Scientific Equipment, Delhi, India) for 1 h. A volume of 1 mL of the residue was then withdrawn and centrifuged (mySPIN 12, Thermo Scientific, Waltham, MA, USA) at $14,000 \times g$ rpm 5 min. Ionization was accomplished using an electrospray source using a cone voltage of 15 V and capillary voltage of 2.5 kV, wherein only the negative mode was employed. Nitrogen was employed as the desolvation gas at 650 L h^{-1} and the desolvation temperature was set to 275 °C. A Waters UPLC BEH C18 column ($2.1 \times 100 \text{ mm}^2$, 1.7 μm particle size) was utilized and 2 μL was injected for analysis. The gradient commenced at 95%, consisting of 0.1% (v/v) formic acid (solvent A) and 5% acetonitrile (solvent B). This was followed by a gradient of 60%, consisting

of 0.1% solvent A and 40% solvent B at 9 min; 30% solvent A and 70% solvent B over 9.1 min; 100% solvent B at 14 min; and 95% solvent A and 5% solvent B at 14.01 min. The conditions thereafter remained constant to a total run time of 15 min, with solvent A at 95% and solvent B at 5%. Acquisition of data was performed through employment of MassLynx4.1 software. The detection and confirmation of compounds were processed using the MS-DIAL and MS-FINDER software 2.0 (RIKEN Center for Sustainable Resource Science: Metabolome Informatics Research Team, Kanagawa, Japan). Principal component analysis (PCA) scores plot was applied as previously discussed by [42] using the database Metaboanalyst (<https://www.metaboanalyst.ca/MetaboAnalyst/>) (accessed on 1 July 2022).

2.3. Network Pharmacology

2.3.1. Pharmacokinetic Properties of Corn Silk Phytoconstituents

The pharmacokinetic properties of the UPLC-MS identified secondary metabolites of CS were evaluated using Lipinski's rule of five (Ro5) on the SwissADME server (<http://www.swissadme.ch/>; accessed on 30 July 2022) to predict their drug-likeness property [25]. The Simplified Molecular Input Line Entry System (SMILES) of the CS secondary metabolites were obtained from PubChem website (<https://pubchem.ncbi.nlm.nih.gov/>; accessed on 30 July 2022) to identify orally bioavailable compounds [25]. Compounds with 2 or less violations (<5 hydrogen bond donors; ≤10 hydrogen bond acceptors; molecular weight ≤ 500 g/mol and partition co-efficient < 5) were considered to pass the pharmacokinetics analysis [43].

2.3.2. Acquisition of CS Phytoconstituents and T2DM-Associated Targets

The acquisition of therapeutic targets related to phytoconstituents of CS and T2DM was achieved as previously reported by Acoonjee et al. [29]. Identification of target genes related to CS secondary metabolites was performed through employing both Swiss Target Prediction (STP) (<http://www.swisstargetprediction.ch/>; accessed on 1 August 2022) and Similarity Ensemble Approach (SEA) (<https://sea.bkslab.org/>; accessed on 1 August 2022) databases to avoid biases, while the T2DM-related target genes were identified from GeneCards database (<https://www.genecards.org/>; accessed on 1 August 2022). Subsequently, Venny 2.1 (<https://bioinfogp.cnb.csic.es/tools/venny/>; accessed on 10 August 2022) was employed to identify and characterize the overlapping targets between CS secondary metabolites and T2DM target genes [30].

2.3.3. Protein–Protein Interaction Network Construction and Analyses of KEGG Enrichment Pathway, Gene Ontology, and Compound–Target Pathway of Overlapping Target Genes

The Search Tool for the Retrieval of Interacting Genes/Proteins (STRING) database (<https://string-db.org/>; accessed on 1 September 2022) was utilized to correlate the network analysis of the overlapping T2DM target genes related to CS secondary metabolites and Kyoto Encyclopaedia of Genes and Genomes (KEGG) pathway enrichment analysis to identify key T2DM-related signaling pathways associated with the overlapping genes [28]. The Database for Annotation, Visualization and Integrated Discovery (DAVID) (<https://david.ncifcrf.gov/tools.jsp>; accessed on 11 November 2022) was adopted to execute gene ontology analysis related to this study, while the software Cytoscape 3.6.0 with the built-in merger algorithm was employed to correlate and visualize compound–target network pathways and gene–compound interaction networks [29].

2.4. Molecular Docking and MD Simulation of T2DM-Related Target Genes with CS Secondary Metabolites

Following NP analysis, the key CS secondary metabolites and targets identified were subjected to molecular docking, as previously reported [44,45]. Briefly, the X-ray crystal structures of the identified key T2DM-related target genes such as adenosine receptor A1 (*ADORA1*) (PDB ID: 5UEN) and gamma-aminobutyric acid type B recep-

tor subunit (*GABBR1*) (PDB ID: 4MQF) were obtained from RSCB Protein Data Bank (<https://www.rcsb.org/>; accessed on 1 September 2022), while the X-ray crystal structure of the target gene hydroxycarboxylic acid receptor 2 (*HCAR2*) (AlphaFold ID: Q8TDS4) was obtained from AlphaFold protein structural database (<https://alphafold.ebi.ac.uk/>; accessed on 1 September 2022). Preparation of the T2DM-related target genes was performed using UCSF Chimera v 1.16 through the removal of water molecules and protein residue connectivity [44]. Three-dimensional (3D) conformers of the CS secondary metabolites as well as the reference standards metformin and resveratrol were obtained from PubChem (<https://pubchem.ncbi.nlm.nih.gov/>; accessed on 1 September 2022) as previously reported [30]. The addition of Gasteiger charges and non-polar hydrogen atoms was performed on UCSF Chimera v 1.16 for optimization of the 3D conformers [45]. Thereafter, the optimized secondary metabolites were individually docked at the active site of their respective T2DM-related target genes (*ADORA1*, *HCAR2*, and *GABBR1*) using Autodock Vina Plugin on Chimera v 1.16 [44]. The docking of the CS phytoconstituents at the active sites of the therapeutic targets was performed through the adjustment of the grid box coordinates to match the established x, y, and z coordinates of the native ligand obtained with Discovery Studio version 21.1.0. Docking protocol validation was carried out to prevent pseudo-positive binding conformations [45] by measuring root mean square deviation (RMSD) of docked ligands from the reference pocket bearing the native ligands in the experimental co-crystal structures of *ADORA1* (Figure 1a), *HCAR2* (Figure 1b), and *GABBR1* (Figure 1c), following optimal superimposition [45]. The RMSD values (0.5 Å) obtained between the docked ligands from the native inhibitor in the 3D structures of *ADORA1*, *HCAR2*, and *GABBR1* indicated the same binding orientation, ultimately validating the protocol adopted [45]. Based on the docking scores, the five complexes with the best pose (most negative docking score) against each target was selected for further analysis through a 120 ns MD simulation, as detailed by Sabiu et al. [46].

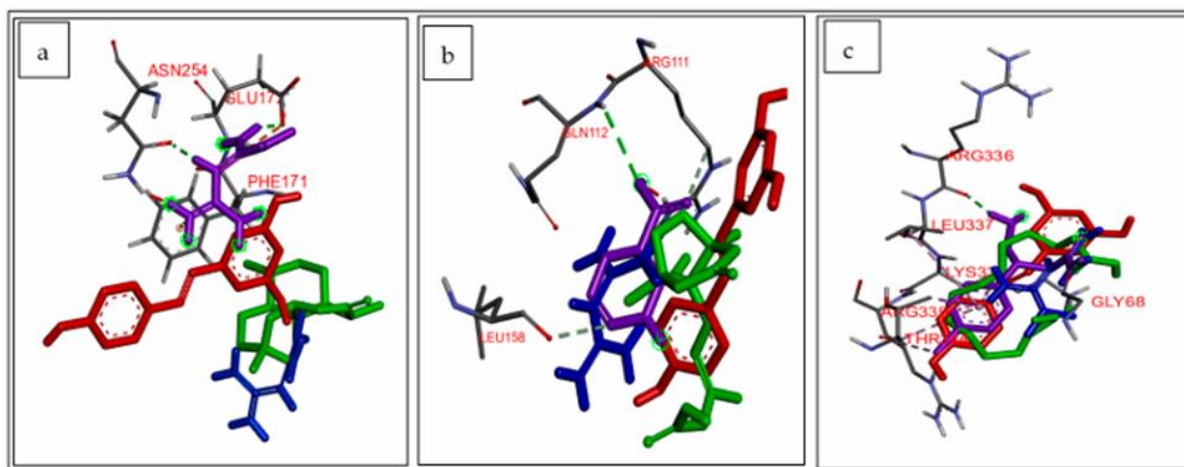


Figure 1. Superimposed structure of (a) *ADORA1* (grey) with native inhibitor (purple), metformin (blue), resveratrol (red), and ligand with highest docking score (green); (b) *HCAR2* (grey) with native inhibitor (purple), metformin (blue), resveratrol (red), and ligand with highest docking score (green); (c) *GABBR1* (grey) with native inhibitor (purple), metformin (blue), resveratrol (red), and ligand with highest docking score (green).

The GPU version with the AMBER 18 package (Centre for High Performance and Computing) system with the FF18SB variant of the AMBER force field was used for the MD simulation analysis. To generate atomic partial charges for the CS compounds, ANTECHAMBER was utilized, employing the restrained electrostatic potential (RESP) and the general amber force field (GAFF) procedures. The Leap module of AMBER 18 was used to

add hydrogen atoms and Na⁺ and Cl⁻ counterions to neutralize all systems. These systems were then placed in orthorhombic boxes filled with TIP3P water molecules, ensuring that all atoms were within 8 Å of any box edge. An initial minimization of 2000 steps was conducted, applying a restraint potential of 500 kcal/mol to both solutes. This minimization included 1000 steps using the steepest descent method, followed by 1000 steps using the conjugate gradients method. Subsequently, a full minimization of 1000 steps was performed using the conjugate gradient algorithm without any restraint. Gradual heating from 0 K to 300 K was carried out for 50 ps, ensuring all systems maintained a consistent number of atoms and volume. During this process, a potential harmonic restraint of 10 kcal/mol and a collision frequency of 1.0 ps were applied to the solutes within the systems. Following heating, an equilibration estimating 500 ps of each system was carried out wherein the operating temperature and pressure were kept consistent at 300 K and 1 bar, respectively, for simulation of an isobaric–isothermal ensemble [46]. Furthermore, additional features, such as several atoms and the pressure were kept constant, mimicking an isobaric–isothermal ensemble. The system's pressure was maintained at 1 bar, employing the Berendsen's barostat, while the MD simulation lasted for 120 ns. In each simulation, the SHAKE algorithm was employed to constrict the bonds of the hydrogen atoms. The step size of each simulation was 2 fs and an SPFP precision model was used. The simulations coincided with the isobaric–isothermal ensemble (NPT), with randomized seeding, the constant pressure of 1 bar maintained by a pressure-coupling constant of 2 ps, a temperature of 300 K, and Langevin thermostat with a collision frequency of 1.0 ps [46]. The post-dynamics data were examined as previously described by Aribisala et al. [44]. Post-MDS parameters such as root mean square deviation (RMSD), root mean square fluctuation (RMSF), radius of gyration (RoG), solvent accessible surface (SASA), and number of hydrogen bonds were investigated using the CPPTRAJ module incorporated in the AMBER 18 suite. The free binding energy of the formed complexes were calculated using the Molecular Mechanics/GB Surface Area (MM/GBSA) method, as detailed by Sabiu et al. [46]. The average binding free energy was calculated over 100,000 snapshots obtained from the 120 ns trajectory. The free binding energy (ΔG) for each molecular species (complex, ligand, and protein) was calculated using the expressions [(1)–(5)] below:

$$\Delta G_{bind} = E_{gas} + G_{sol} - TS \quad (1)$$

$$\Delta G_{bind} = G_{complex} - G_{receptor} - G_{ligand} \quad (2)$$

$$E_{gas} = E_{int} + E_{vdw} + E_{ele} \quad (3)$$

$$G_{sol} = G_{GB} + G_{SA} \quad (4)$$

$$G_{SA} = \gamma SASA \quad (5)$$

The ligand–receptor complexes' interaction at the active sites in each treatment case was identified with post-MDS and visualized using Discovery Studio version 21.1.0 [44].

2.5. Quantum Chemical Calculations

The electronic properties of the compounds were investigated using the density functional theory (DFT) method available in the Gaussian 16 suite while Gauss View v 6.0 to view the output files [47]. The functional Becke3–Lee–Yang–Parr (B3LYP) method combined with the 6–31 + G(d,p) basis set was employed for the geometry optimization of the compounds [47]. The study assessed the conceptual DFT (cDFT); namely, the energies of the lowest unoccupied molecular orbital (E_{LUMO}) and the highest occupied molecular orbital (E_{HOMO}). Thereafter, other chemical descriptors such as energy gap (ΔE), ionization energy (I), electron affinity (A), chemical hardness (η), softness (δ), electronegativity (χ), chemical

potential (Cp), global electrophilicity (ω) were calculated using the equations below, as described previously [47].

$$\Delta E = E_{\text{LUMO}} - E_{\text{HOMO}} \quad (6)$$

$$I = -E_{\text{LUMO}} \quad (7)$$

$$A = -E_{\text{HOMO}} \quad (8)$$

$$\eta = (\Delta E)/2 \quad (9)$$

$$\delta = 1/(\eta) \quad (10)$$

$$\chi = (I + A)/2 \quad (11)$$

$$Cp = -\chi \quad (12)$$

$$\omega = \chi^2/(\Delta E) \quad (13)$$

3. Results

3.1. Metabolomic Profiling

3.1.1. Ultra-Performance Liquid Chromatography-Mass Spectrometry

The data obtained with respect to the 128 identified phytoconstituents from the metabolites of the investigated CS extracts by UPLC-MS analysis is presented in Supplementary Table S1 and was confirmed on the chromatograms produced from MassLynx (Supplementary Figure S1).

3.1.2. Principal Component Analysis

The principal component analysis results, which indicated the presence of differences (qualitative and quantitative) between the various samples of the CS, are presented in Supplementary Figure S2a. The highest amount of variance between the raw CS and various extracts (aqueous, hydro-ethanolic, and ethanolic) was 67% (46.8% observed in principal component 1 and 20.2% between the samples in principal component 2). Among the samples investigated, the aqueous, hydro-ethanol, and raw CS samples showed more similarity in the chemical diversity of the phytoconstituents in comparison to the ethanolic CS. There were variations in the amount of secondary metabolites present in the different samples of CS, as observed in Supplementary Figure S2b.

3.2. Drug Candidate Filtering/ADME Property Analysis

A total number of 110 phytochemicals from the 128 identified from the UPLC-MS analysis passed the Lipinski's Ro5, while 18 compounds, which revealed more than one violation of the rules, were excluded (Supplementary Table S2).

3.3. Identification of Overlapping Targets of Secondary Metabolites within SEA and STP Databases

In total, 1040 targets from the STP database and 843 targets arising from the SEA database were obtained. The result of the Venn diagram analysis disclosed the presence of 20.6% (322 genes) of the prevalent overlapping targets being common to the two databases (Figure 2).

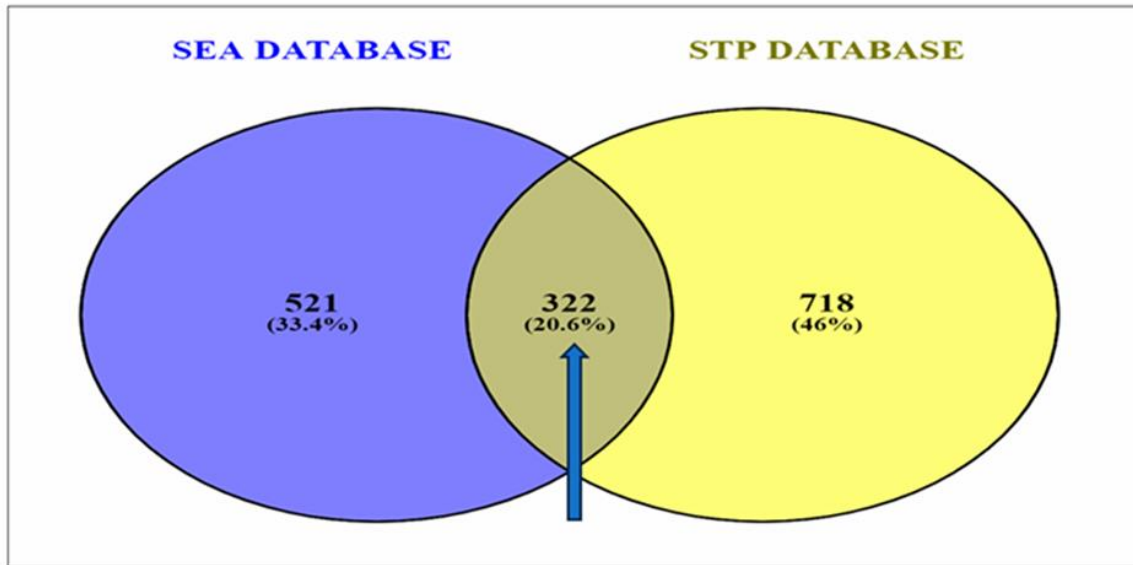


Figure 2. Identification of overlapping targets linked to secondary metabolites present in corn silk between SEA and STP databases [SEA: similarity ensemble approach; STP: Swiss target prediction].

A total number of 13,395 targets were identified via the GeneCards predictions based on the findings of the retrieval of the T2DM gene targets from the related databases. Mapping the 322 compound-related targets to the CS secondary metabolites revealed 274 (2%) common targets directly related to T2DM (Figure 3).

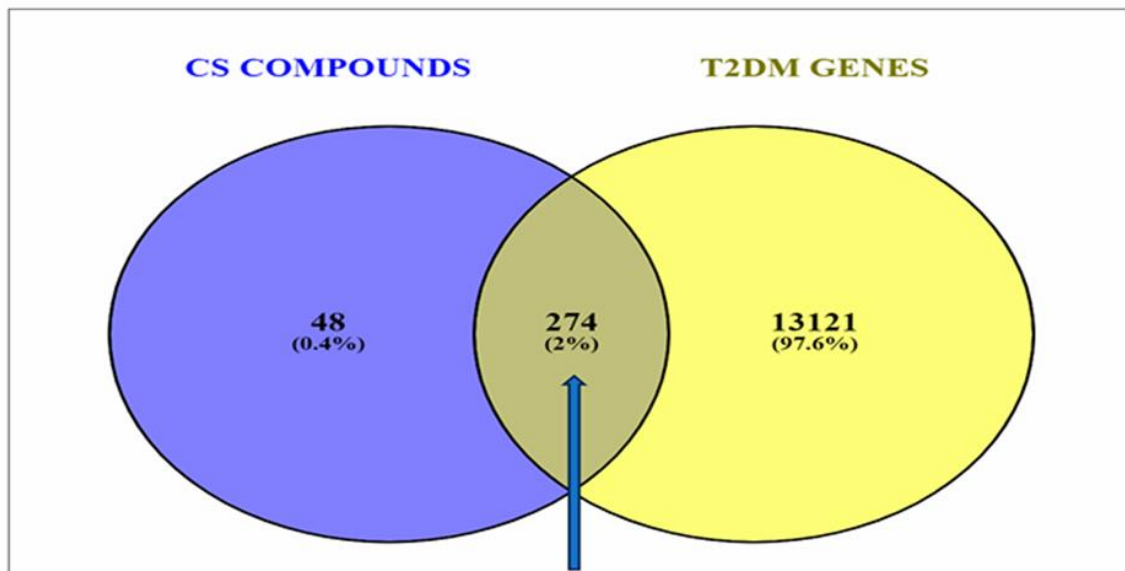


Figure 3. Venn diagram showing the overlapping genes common to the corn silk phytoconstituents and the T2DM-related target genes.

3.4. PPI Network Analysis

The 274 CS-T2DM overlapped genes arising from the STRING algorithm revealed 274 nodes connected to a network, with 2011 edges. The average node degree was 14.7, while the average local clustering coefficient and the PPI enrichment *p*-value were 0.448

and $<1.0 \times 10^{-16}$, respectively. While the edges are characterized by the number of degrees for each target (with the highest number of degrees meaning the best network); however, five targets, *SLC37A*, *HPSE*, *MLNR*, *GABBR1*, and *PTAFR* (circled in Figure 4), had no interaction with any (Figure 4).

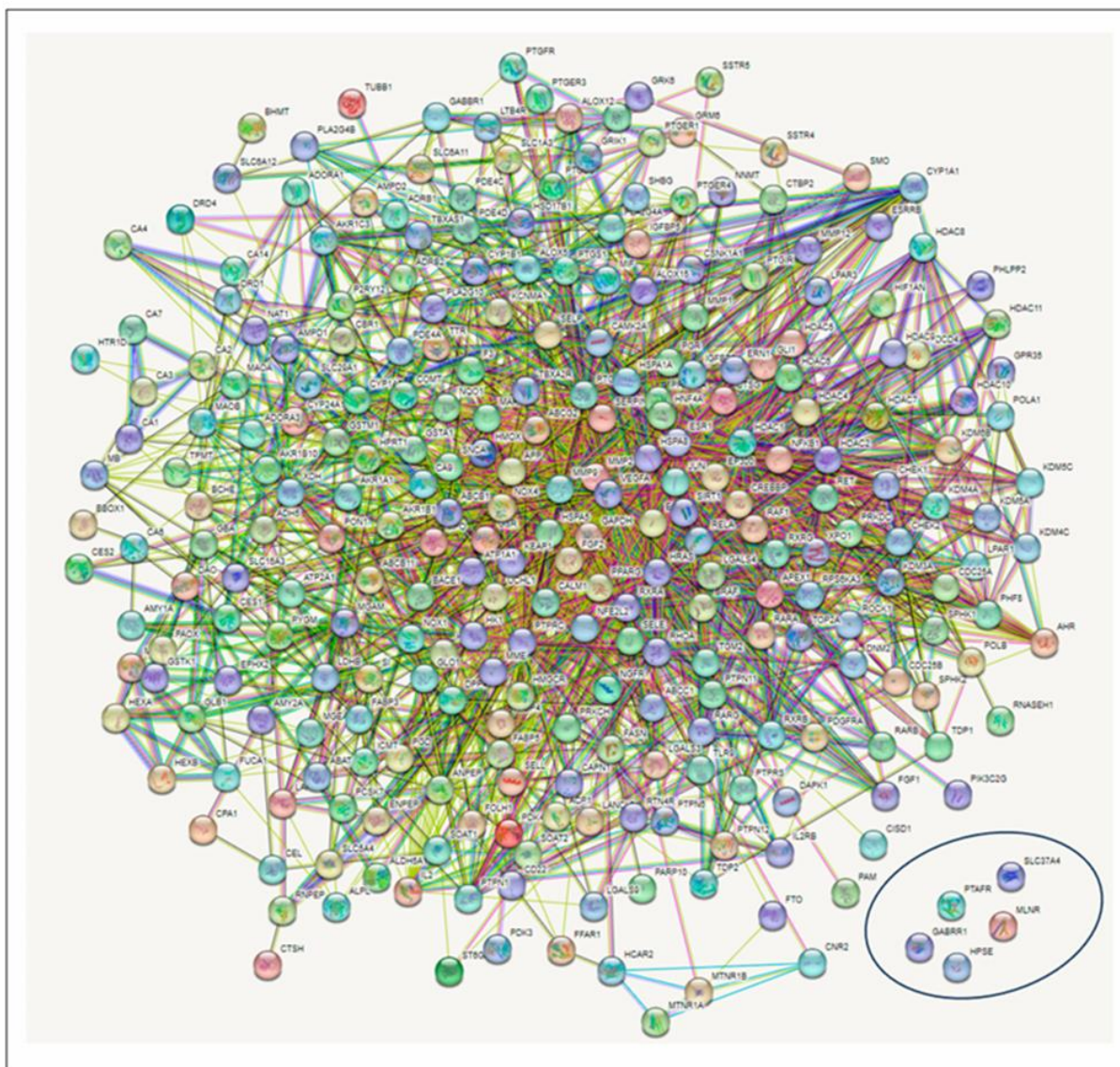


Figure 4. Protein–protein interaction (PPI) network showing the intersecting targets between the secondary metabolites in corn silk and type 2 diabetes mellitus. (Circled target genes showed no interactions with any nodes).

KEGG Pathway Enrichment Analysis

The results of the KEGG pathway enrichment analysis on the 274 intersecting targets using the STRING database revealed 13 signaling pathways implicated in T2DM associated with the genes related to the CS constituents (Table 1). The identification of the different signaling pathways implicated in T2DM related to the identified genes of the CS phytoconstituents and T2DM target genes were performed through the use of a bubble chart (Figure 5). The bigger the bubble, the lower the false discovery rate of the signaling

pathway and the more significant. Thus, the cAMP pathway was the key signaling pathway with the highest significant degree (26), a good strength score (0.95), and the lowest false discovery rate of 1.88×10^{-14} . A PPI network of the 26 target genes in the cAMP pathway is shown in Figure 6 and there were 54 reported interactions between these 26 nodes, in which the average node degree and average local clustering coefficient are 4.15 and 0.421, respectively. The PPI enrichment *p*-value of the 26 target genes in the cAMP pathway was 2.34×10^{-11} . However, 4 (*HTR1A*, *PTGER3*, *HCAR2*, *PTGER2*) of the 26 target genes had no interactions with the remaining 22 genes, indicating no connectivity to the network (Figure 6).

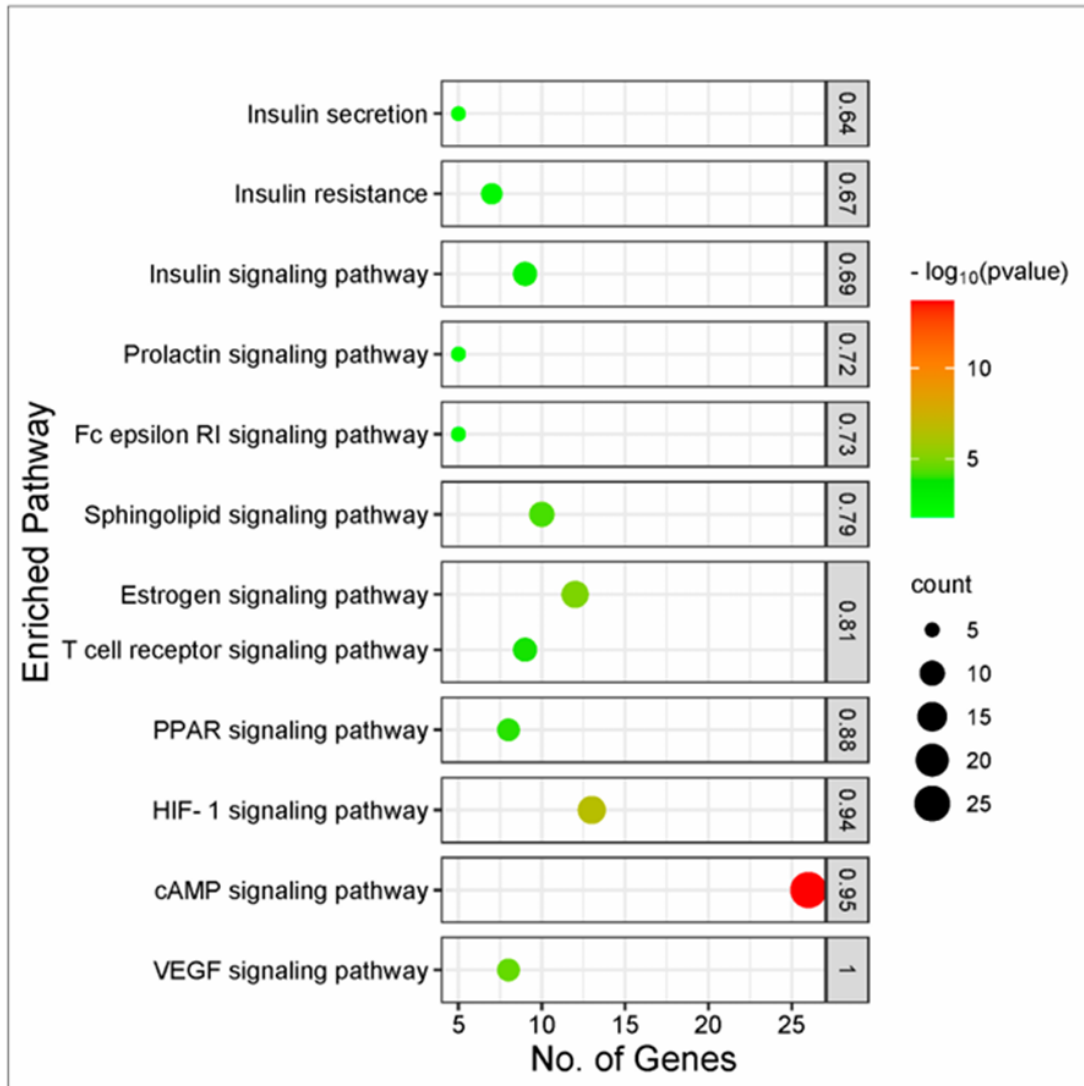


Figure 5. Bubble plot of KEGG pathway enrichment analysis of 274 intersecting targets related to CS secondary metabolites and T2DM.

Table 1. Pathway enrichment analysis results of the 274 intersecting targets involved in 13 signaling pathways implicated in T2DM.

Pathway Code	Description	Degree	Total	Strength	False Discovery Rate	Genes
hsa04933	AGE-RAGE signaling pathway in diabetic complications	11	98	0.91	4.88×10^{-6}	MMP2, SERPINE1, NOX4, F3, JUN, NOX1, RELA, HRAS, VEGFA
hsa04917	Prolactin signaling pathway	5	69	0.72	8.80×10^{-3}	NFKB1, RAF1, RELA, ESR1, HRAS
hsa04915	Estrogen signaling pathway	12	133	0.81	1.08×10^{-5}	MMP2, RAF1, RARA, EGFR, PRKACA, PGR, JUN, MMP9, GABBR1, ESR1, HRAS, HSPA8
hsa04664	Fc epsilon RI signaling pathway	5	66	0.73	7.50×10^{-3}	RAF1, PLA2G4A, ALOX5, PLA2G4B, HRAS
hsa04660	T cell receptor signaling pathway	9	101	0.81	1.30×10^{-4}	NFKB1, IL2, RAF1, JUN, RELA, PTPN6, RHOA, HRAS, PTPRC
hsa04370	VEGF signaling pathway	8	57	1.00	2.77×10^{-5}	SPHK2, RAF1, SPHK1, PLA2G4A, PTGS2, PLA2G4B, HRAS, VEGFA
hsa04071	Sphingolipid signaling pathway	10	116	0.79	6.82×10^{-5}	NFKB1, SPHK2, RAF1, SPHK1, ADORA1, ABCC1, ROCK1, RELA, RHOA, HRAS
hsa04910	Insulin signaling pathway	9	133	0.69	7.50×10^{-4}	PYGM, RAF1, BRAF, HK2, FASN, PRKACA, PTPN1, HK1, HRAS
hsa04911	Insulin secretion	5	82	0.64	1.59×10^{-2}	FFAR1, KCNMA1, PRKACA, CAMK2A, ATP1A1
hsa04931	Insulin resistance	7	107	0.67	3.10×10^{-3}	PYGM, NFKB1, PTPN11, MGEA5, PTPN1, RPS6KA3, RELA
hsa04024	cAMP signaling pathway	26	208	0.95	1.88×10^{-14}	NFKB1, GLI1, RAF1, CREBBP, EP300, BRAF, SSTR5, ADRB2, PRKACA, PDE4D, PDE4C, PTGER3, ATP2A1, ADORA1, ADRB1, JUN, HTR1D, GABBR1, PDE4A, HCAR2, DRD1, CAMK2A, ROCK1, RELA, RHOA, ATP1A1
hsa03320	PPAR signaling pathway	8	75	0.88	1.11×10^{-4}	FABP4, PPARG, FABP5, MMP1, RXRG, FABP3, RXRB, RXRA
hsa04066	HIF-1 signaling pathway	13	106	0.94	2.63×10^{-7}	HMOX1, SERPINE1, NFKB1, GAPDH, CREBBP, EP300, EGFR, HK2, LDHB, CAMK2A, RELA, HK1, VEGFA

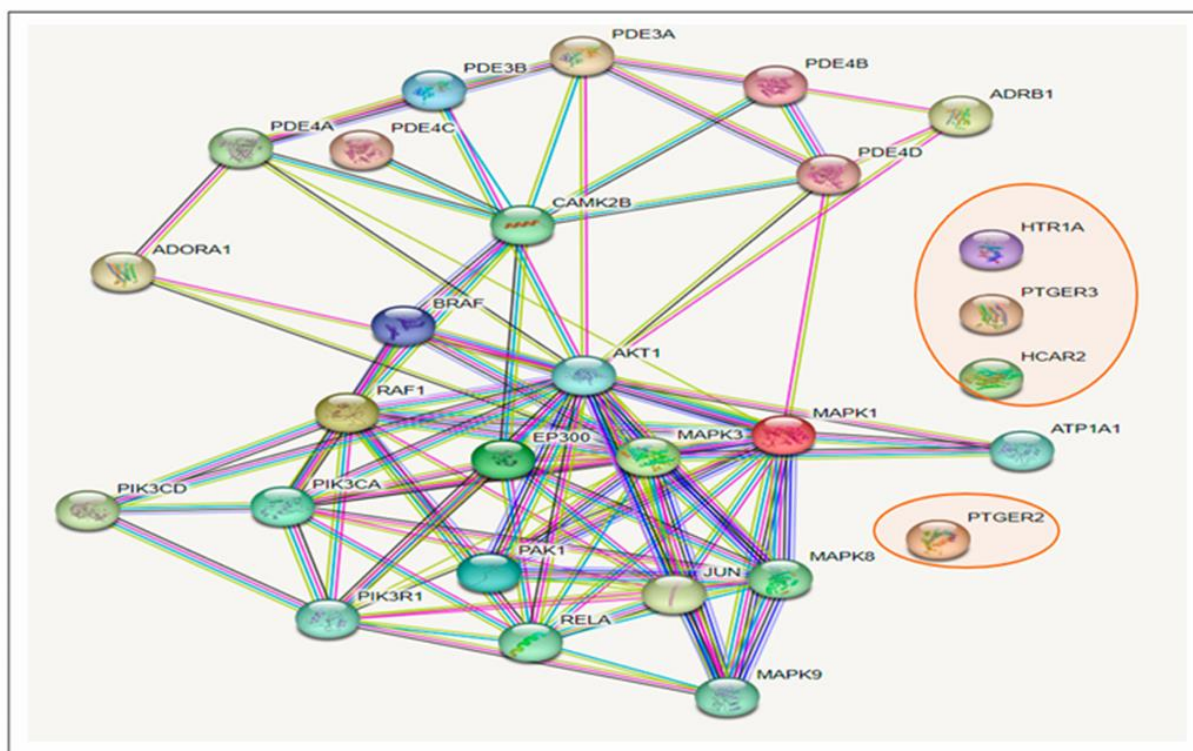


Figure 6. Gene–gene interactions amongst 26 T2DM target genes in the cAMP pathway related to CS secondary metabolites (The 4 target genes not connected to the 22 other genes are circled in red).

3.5. Gene Ontology Analysis

The gene ontology analysis performed on the 274 intersecting targets of the secondary metabolites present in the CS and T2DM revealed 494 biological processes, 75 cellular components, and 296 molecular functions. Out of the 494 biological processes reported, the top 10 were identified (Figure 7a), where drug response reported a degree of 30 with the lowest p -value of 1.3×10^{-16} . Additionally, of the 74 cellular components reported, the top 10 components were identified (Figure 7b) and an extracellular exosome was observed with a degree of 78 with the lowest p -value of 7.7×10^{-16} . Similarly, from the 296 molecular functions, ion binding was among the top 10 functions, having a degree of 174 and the lowest p -value of 2.8×10^{-18} (Figure 7c).

3.6. Compound–Target Pathway Network Analysis

Compound–target pathway network analysis revealed 63 nodes (26 related to the cAMP signaling pathway and 37 related to the secondary metabolites present in the CS) interacting with one another through 87 edges (Figure 8a). Additionally, it was revealed that the target *ATP1A1* had no interactions with any of the compounds or metabolites and was excluded from further analysis (Figure 8a). The gene–compound interaction networks revealed that adenosine A1 receptor (*ADORA1*) (Figure 8b), hydroxycarboxylic acid receptor 2 (*HCAR2*) (Figure 8c), and gamma-aminobutyric acid type B receptor subunit 1 (*GABBR1*) (Figure 8d) target genes connected to the highest number of bioactive secondary CS metabolites (15, 11, and 8, respectively).

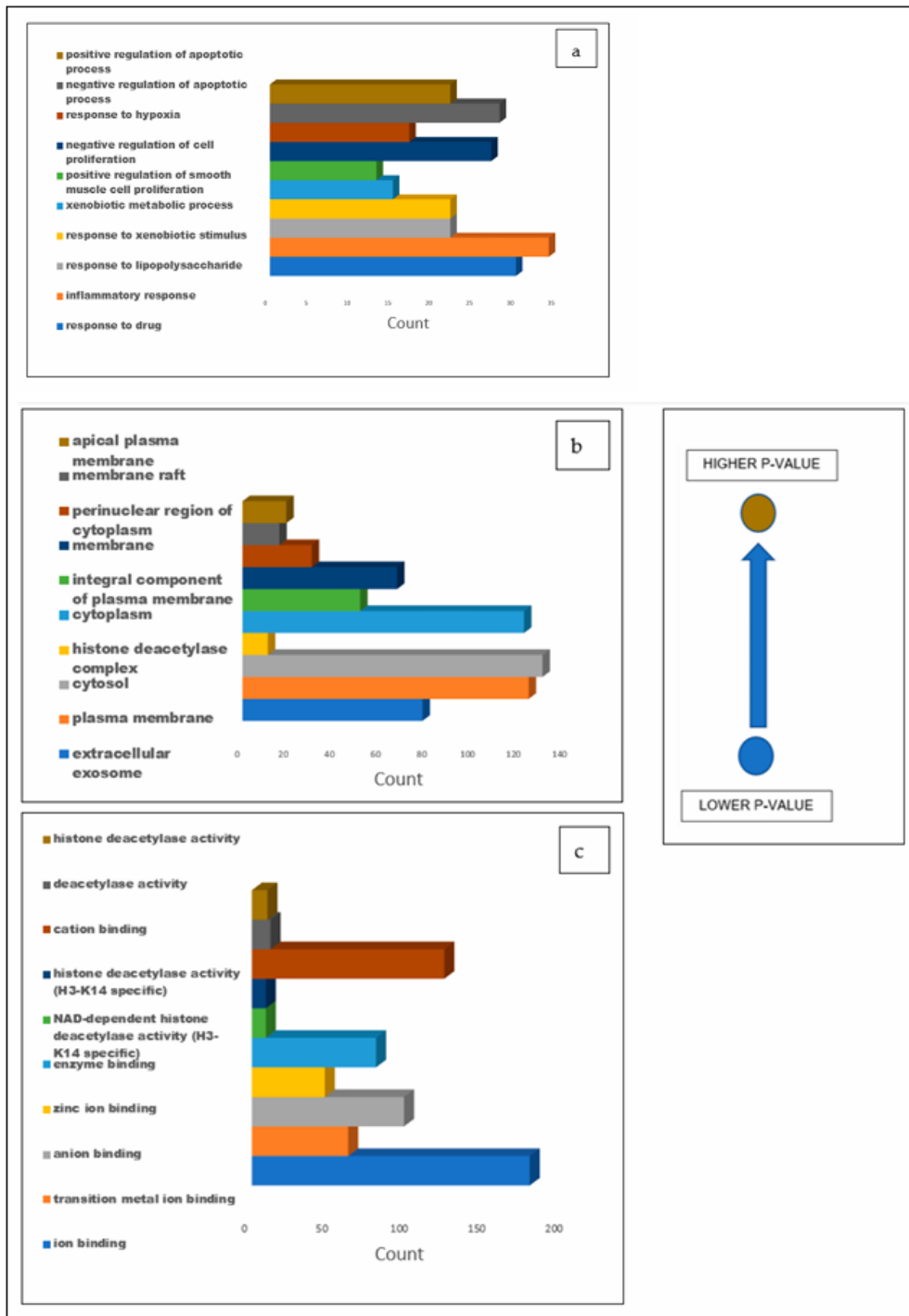


Figure 7. Bar graphs illustrating the GO analysis of the 274 common targets between T2DM and CS secondary metabolites for (a) biological processes, (b) cellular components, and (c) molecular functions with blue representing the lowest *p*-value and light brown representing the higher *p*-value.

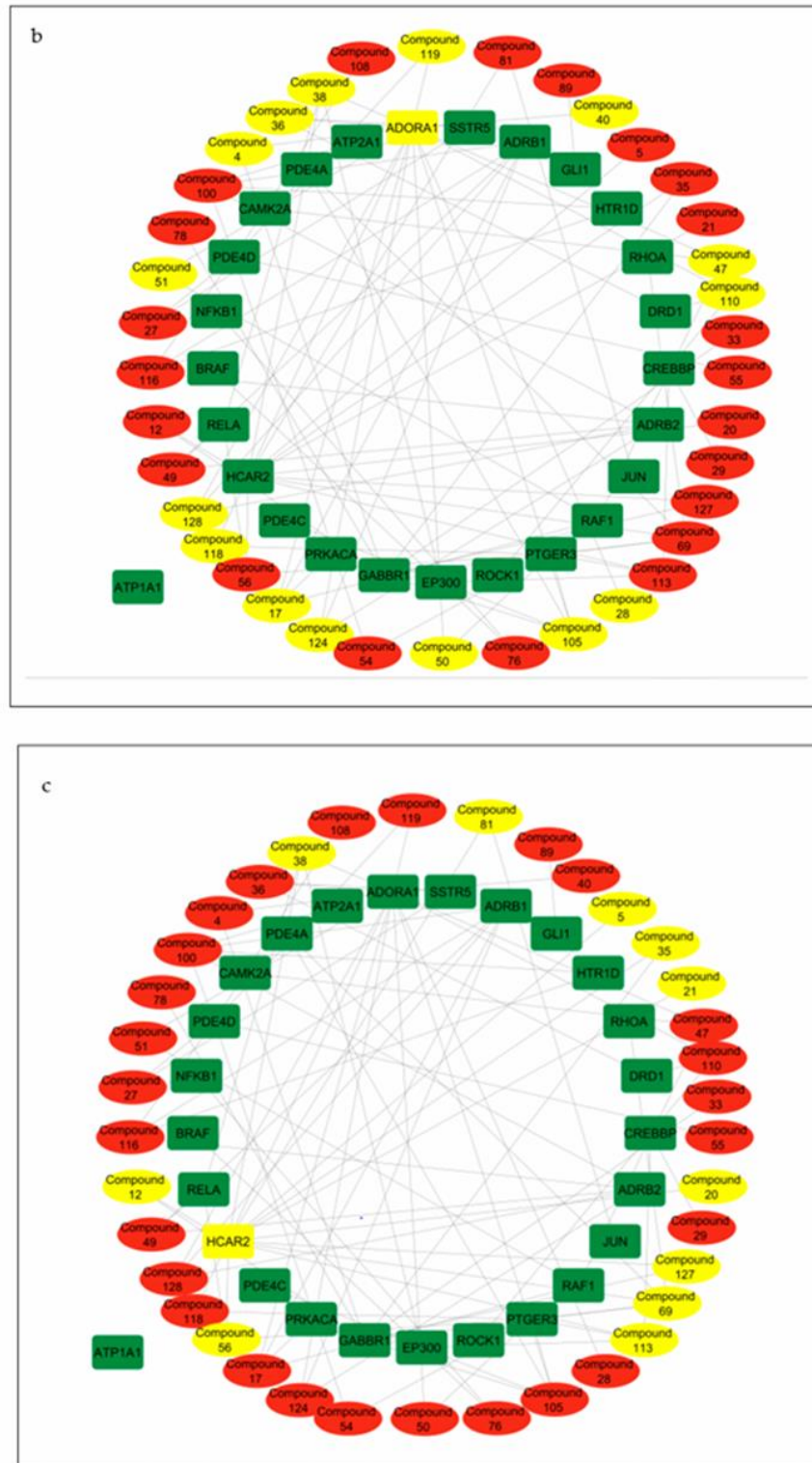


Figure 8. Cont.

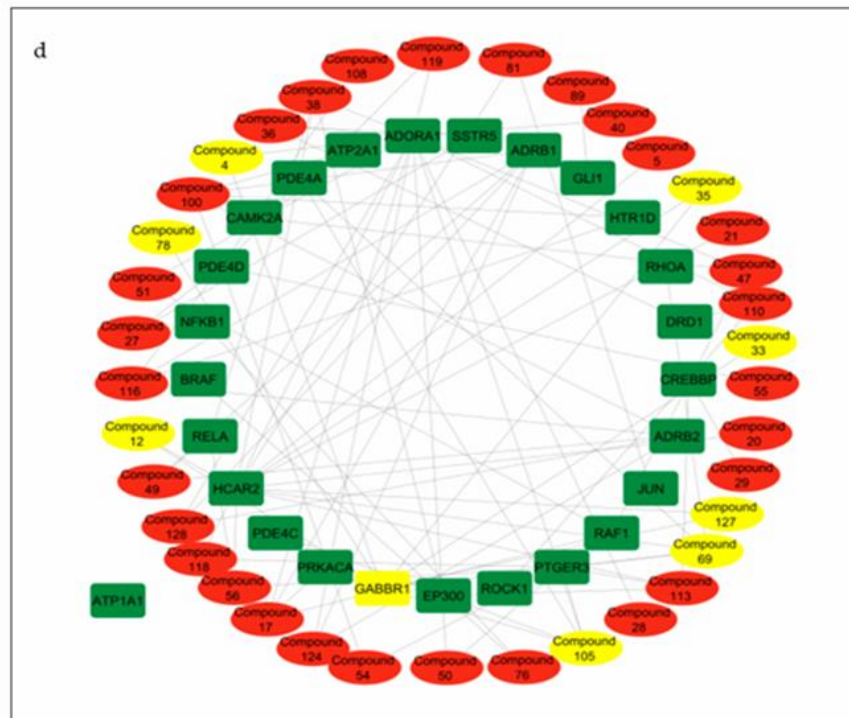


Figure 8. (a) Pathway of compound–target interaction network illustrating 37 CS secondary metabolites (red) interacting with 26 T2DM target genes implicated in the cAMP pathway (green); CS secondary metabolites (yellow) interacting with cAMP pathway genes (b) *ADORA1* (yellow rectangle); (c) *HCAR2* (yellow rectangle); (d) *GABBR1* (yellow rectangle).

Table 2. Molecular docking scores of identified secondary metabolites against cAMP pathway genes (*ADORA1*, *HCAR2*, and *GABBR1*).

Target	Compounds	Docking Score (kcal/mol)
<i>ADORA1</i>	Quing hau sau	−8.5
	Cyperine	−7.9
	Domesticoside	−6.9
	Gallicynoic acid B	−6.4
	Ginsenoyn e	−6.3
	Caffeic acid	−6.3
	Caffeoyl tartaric acid	−6.3
	Methyl geranate	−6.1
	Tetradecanedioic acid	−5.7
	Traumatic acid	−5.6
	7-acetoxy-5,6-dimethoxycoumarin	−5.6
	Methylisocitric acid	−4.9
	(-)-6-((2S,3R,4R,5S,6R)-3,4-dihydroxy-6-(hydroxymethyl)-5-methoxytetrahydro-2H-pyran-2-yl)oxy)-8-hydroxy-3-methyl-1H-isochromen-1-one	−4.8
	Isorhamnetin 3–6 malonyl glycoside	−4.8
	Phellodendric acid	−4.7
	Metformin	−4.6
	Resveratrol	−8.0
	2-Chloro-n6-cyclopentyladenosine (gene agonist)	−7.3

Table 2. Cont.

Target	Compounds	Docking Score (kcal/mol)
HCAR2	Phaseic acid	−6.9
	Caffeic acid	−6.6
	4-hydroxycinnamic acid	−6.2
	Dodecanedioic acid	−5.6
	Sebaic acid	−4.9
	Citraconic acid	−4.8
	CNPD0447999	−4.7
	Pimelic acid	−4.7
	Sarmentose	−4.7
	Syndic acid	−4.7
	Glutaric acid	−4.6
	Metformin	−4.7
	Resveratrol	−6.5
	Butyric acid (gene agonist)	−3.4
	Tetradecanedioic acid	−5.8
GABBR1	Dodecanedioic acid	−5.7
	Methylisocitric acid	−5.6
	Quinic acid	−5.5
	xi-2,2,6-Trimethyl-1,4-cyclohexanedione	−5.4
	Sebaic acid	−5.1
	Pimelic acid	−5.0
	Glutaric acid	−4.7
	Metformin	−4.6
	Resveratrol	−6.4
	Baclofen (gene agonist)	−5.9

3.8. Molecular Dynamics (MD) Simulation of Identified Secondary Metabolites against ADORA1, HCAR2, and GABBR1 Genes from the cAMP Signaling Pathway

The free binding energies of the top five CS compounds against each of the investigated targets following a 120 ns of MD simulation is presented in Table 3. Against *ADORA1*, all the top five compounds have higher binding free energy compared to the reference standards. Conversely, only 4-hydroxycinnamic acid had lesser free binding energy relative to the standards against *HCAR2*. A partly similar trend was observed in *GABBR1*, with quinic acid and Xi-2,2,6, trimethyl-1,4-cyclohexanedione having lesser binding free energy than the reference standards. In summary, gallicyonic acid B (−48.74 kcal/mol), dodecanedioic acid (−34.53 kcal/mol), and tetradecanedioic acid (−36.80 kcal/mol) had the highest binding affinities for *ADORA1*, *HCAR2*, and *GABBR1*, respectively (Table 3).

The structural and conformational alterations resulting from the binding of the CS phytoconstituents to the elucidated targets were evaluated by the different thermodynamic parameters (Table 4). The average RMSD (4.10 Å) of the apo-gene *ADORA1* was lower compared to the *ADORA1* complexes (standards and compounds) except ginsenoine E (3.48 Å) and Quing hau sau (4.06 Å) (Table 4). Additionally, after 5 ns of simulation, when the atoms in each system had equilibrated, the fluctuation began thereafter within 2 Å and 7.5 Å till the end of the simulation (Figure 9a). With respect to *HCAR2*, the bound systems of some CS phytoconstituents revealed hyped average RMSD values relative to the apo-*HCAR2* (9.64 Å) except phaseic acid-*HCAR2* (7.08 Å), dodecanedioic acid-*HCAR2* (7.80 Å) and 4-hydroxycinnamic acid-*HCAR2* (9.46 Å); in fact, the RMSD values of these three compounds were lower compared to metformin (9.54 Å) and resveratrol (9.10 Å), which was lower compared to the latter compound (Table 4). There was a significant fluctuation in the *HCAR2* system relative to the other genes, with caffeic acid contributing to most of the observed fluctuation between 10 Å and 12.5 Å (Figure 9b). Against *GABBR1*, the unbound system (1.97 Å) was lower compared to the bound systems of the CS phytoconstituents and standards, except tetradecanedioic acid (1.54 Å) and quinic acid (1.69 Å) (Table 4). The system fluctuates between 1 Å and 3.5 Å after equilibrating at 16 ns, while the lowest and highest fluctuation in the *GABBR1* system was observed in tetradecanedioic acid and dodecanedioic acid, respectively (Figure 9c).

Table 3. Thermodynamic components of identified secondary metabolites present in CS against target genes in cAMP pathway.

Compound	Energy Components (kcal/mol)				
	ΔE_{vdw}	ΔE_{elec}	ΔG_{gas}	ΔG_{solv}	ΔG_{bind}
<i>ADORA1</i>					
Cyperine	-34.29 ± 3.40	-12.89 ± 3.14	-47.18 ± 4.44	15.34 ± 2.60	-31.84 ± 3.68
Domesticoside	-42.99 ± 3.22	-19.59 ± 7.79	-62.58 ± 7.48	28.53 ± 6.08	-34.05 ± 3.72
Gallicyonic acid B	-47.88 ± 3.06	-18.32 ± 8.06	-66.20 ± 8.19	17.47 ± 4.65	-48.74 ± 4.86
Ginsenoyne e	-52.55 ± 3.32	-5.20 ± 2.36	-57.75 ± 4.24	9.87 ± 1.94	-34.05 ± 3.72
Quing hau sau	-40.15 ± 2.20	-5.63 ± 3.60	-45.78 ± 4.38	13.74 ± 3.58	-32.04 ± 2.56
Metformin	-2.78 ± 3.10	-93.28 ± 110.41	-96.05 ± 111.67	85.26 ± 104.62	-10.80 ± 7.76
Resveratrol	-6.80 ± 6.62	-8.12 ± 9.86	-14.92 ± 14.89	9.61 ± 9.82	-5.31 ± 5.62
<i>HCAR2</i>					
Caffeic acid	-17.94 ± 3.06	-37.51 ± 10.87	-55.45 ± 10.01	28.61 ± 8.60	-26.83 ± 3.60
Dodecanedioic acid	-36.58 ± 3.16	-31.29 ± 8.71	-67.87 ± 8.55	33.34 ± 6.29	-34.53 ± 4.21
4-hydroxycinnamic acid	-21.38 ± 2.04	-15.31 ± 9.12	-36.69 ± 8.70	22.11 ± 5.79	-14.50 ± 4.1
Phaseic acid	-29.88 ± 3.78	-8.14 ± 7.54	-34.80 ± 7.20	17.40 ± 6.55	-17.40 ± 3.90
Sebaic acid	-24.65 ± 3.89	-29.39 ± 15.43	-54.04 ± 13.34	32.12 ± 11.32	-21.92 ± 4.24
Metformin	-0.01 ± 0.15	107.28 ± 28.17	107.28 ± 28.15	-107.27 ± 28.14	0.01 ± 0.07
Resveratrol	-23.40 ± 5.18	-8.87 ± 4.24	-32.27 ± 5.84	15.97 ± 3.94	-16.31 ± 4.25
<i>GABBR1</i>					
Dodecanedioic acid	-31.61 ± 4.00	-43.03 ± 14.45	-74.64 ± 15.77	40.17 ± 11.38	-34.46 ± 5.56
Methylisocitric acid	-14.85 ± 3.36	-32.17 ± 14.21	-47.01 ± 13.67	29.01 ± 9.53	-18.00 ± 5.52
Quinic acid	-10.90 ± 4.99	-33.92 ± 20.44	-44.82 ± 22.61	31.78 ± 16.50	-13.04 ± 6.99
Tetradecanedioic acid	-28.26 ± 3.79	-45.28 ± 15.18	-73.54 ± 13.64	36.73 ± 9.51	-36.80 ± 5.25
Xi-2,2,6, trimethyl-1,4-cyclohexanedione	-15.51 ± 5.75	-5.03 ± 4.48	-20.55 ± 8.63	8.81 ± 4.35	-11.74 ± 5.15
Metformin	-2.53 ± 2.66	-273.87 ± 95.97	-276.40 ± 96.89	271.81 ± 93.74	-4.59 ± 4.68
Resveratrol	-28.78 ± 2.12	-11.87 ± 4.09	-40.65 ± 4.81	22.55 ± 2.82	-18.09 ± 2.87

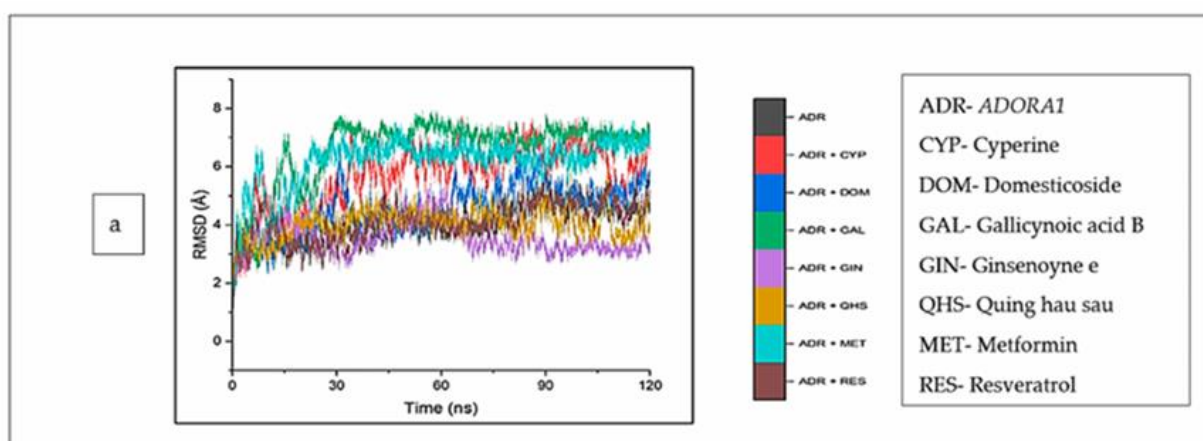
ΔE_{vdw} : van der Waals energy; ΔE_{elec} : electrostatic energy; ΔE_{gas} : gas-phase free energy; ΔG_{solv} : solvation free energy and ΔG_{bind} : total binding free energy.

The top five compounds and resveratrol in complex with *ADORA1* had higher average RMSF values than the unbound *ADORA1* (1.93 Å) and metformin-*ADORA1* (1.88 Å) (Table 4). The compounds under investigation exhibited random fluctuations upon binding to *ADORA1*, with noticeable fluctuations at residues 230–270 between 1.0 Å and 6.5 Å (Figure 10a). The bound systems decreased, with fluctuations between 1 Å and 5.8 Å until amino acid residue 25, before a major increase above 12 Å after residue 350. Contrary to the trend in *ADORA1*, the average RMSF of the apo gene (*HCAR2*) was higher (2.57 Å) compared to the bound systems (CS compounds and resveratrol) except 4-hydroxycinnamic acid-*HCAR2* (2.85 Å) and metformin (2.63 Å) had higher mean RMSF values compared to the apo-*HCAR2* (2.57 Å). Most of the CS compounds revealed reduced RMSF values compared with resveratrol. Minimal fluctuation was observed in the RMSF plot between 1 Å and 5 Å until residue 300 till the end of the simulation, with increased fluctuation between 8 Å to 15 Å (Figure 10b). Similarly, the unbound *GABBR1* (1.29 Å) had lower average RMSF values relative to the bound *GABBR1* complexes [dodecanedioic acid-*GABBR1* (1.49 Å), quinic acid-*GABBR1* (1.34 Å), xi-2,2,6, trimethyl-1,4-cyclohexanedione-*GABBR1* (1.58 Å) and metformin-*GABBR1* (1.63 Å)] except methylisocitric acid-*GABBR1* (1.27 Å), tetradecanedioic acid-*GABBR1* (1.25 Å), and *GABBR1*-resveratrol (1.22 Å). There was a reduced swaying between residues 0 and 225, fluctuating in the range of 0.75 Å to 3 Å, while higher fluctuations were noticed around residues 225, 250, 280, and 310 from 0.5 Å to 3.5 Å (Figure 10c).

Table 4. Post-molecular dynamics parameters of identified metabolites of CS against targets of cAMP pathway.

Compound	RMSD (Å)	RMSF (Å)	ROG (Å)	Number of H-bonds	SASA (Å)
<i>ADORA1</i>					
<i>ADORA1</i>	4.10 ± 0.60	1.93 ± 0.86	28.64 ± 0.39	173.53 ± 9.20	22,151.21 ± 602.21
Cyperine	5.93 ± 1.04	2.18 ± 1.16	29.04 ± 0.26	167.97 ± 9.25	22,745.86 ± 336.02
Domesticoside	4.81 ± 0.90	2.29 ± 1.43	28.55 ± 0.32	162.94 ± 9.61	22,760.33 ± 405.56
Gallicynoic acid B	6.71 ± 1.10	2.12 ± 1.59	28.39 ± 0.27	171.58 ± 9.69	21,996.14 ± 357.48
Ginsenoyn e	3.48 ± 0.53	2.12 ± 1.55	28.59 ± 0.27	170.93 ± 9.60	21,484.73 ± 426.66
Quing hau sau	4.06 ± 0.48	2.06 ± 0.98	28.51 ± 0.27	170.30 ± 9.68	22,366.55 ± 398.10
Metformin	6.26 ± 0.77	1.88 ± 0.86	28.39 ± 0.36	136.77 ± 8.90	17,546.87 ± 446.41
Resveratrol	4.10 ± 0.66	2.11 ± 1.02	29.16 ± 0.39	143.60 ± 8.90	18,462.50 ± 314.93
<i>HCAR2</i>					
<i>HCAR2</i>	9.64 ± 1.13	2.57 ± 2.39	24.24 ± 0.74	158.21 ± 10.58	20,865.81 ± 899.36
Caffeic acid	11.37 ± 1.67	2.25 ± 1.68	22.98 ± 0.63	166.40 ± 9.39	19,469.28 ± 645.20
Dodecanedioc acid	7.80 ± 0.80	2.21 ± 1.76	24.06 ± 0.33	160.98 ± 9.42	20,231.01 ± 515.88
4-hydroxycinnamic acid	9.46 ± 1.30	2.85 ± 2.29	23.70 ± 0.86	163.67 ± 9.43	20,516.00 ± 677.56
Phaseic acid	7.08 ± 0.53	2.07 ± 1.30	23.17 ± 0.27	158.70 ± 9.61	20,100.35 ± 631.16
Sebaic acid	9.73 ± 9.73	2.13 ± 1.55	23.20 ± 0.60	160.16 ± 9.14	20,546.94 ± 553.95
Metformin	9.54 ± 1.09	2.63 ± 1.91	24.70 ± 0.44	156.60 ± 9.51	20,894.76 ± 554.19
Resveratrol	9.10 ± 1.00	2.25 ± 1.96	23.79 ± 0.43	168.97 ± 10.01	20,736.27 ± 550.78
<i>GABBR1</i>					
<i>GABBR1</i>	1.97 ± 0.37	1.29 ± 0.50	23.11 ± 0.18	203.89 ± 9.56	17,313.73 ± 317.08
Dodecanedioc acid	2.21 ± 0.46	1.49 ± 0.57	23.49 ± 0.24	205.08 ± 9.77	17,372.46 ± 384.40
Methylisocitric acid	2.23 ± 0.39	1.27 ± 0.52	22.73 ± 0.18	205.83 ± 9.77	17,499.85 ± 327.27
Quinic acid	1.69 ± 0.28	1.34 ± 0.96	23.41 ± 0.19	211.12 ± 9.11	17,117.23 ± 356.12
Tetradecanedioc acid	1.54 ± 0.24	1.25 ± 0.48	23.35 ± 0.17	211.77 ± 9.96	17,361.58 ± 314.41
Xi-2,2,6, trimethyl-1,4-cyclohexanedione	2.06 ± 0.38	1.58 ± 0.93	23.50 ± 0.25	207.06 ± 9.60	17,688.30 ± 388.06
Metformin	2.15 ± 0.47	1.63 ± 1.29	23.53 ± 0.22	207.00 ± 9.78	17,616.59 ± 385.58
Resveratrol	2.21 ± 0.35	1.22 ± 0.46	22.69 ± 0.14	205.87 ± 9.81	16,994.73 ± 319.80

RMSD: root mean square deviation, RMSF: root mean square fluctuation, ROG: radius of gyration: SASA: solvent accessible surface, H-bonds: hydrogen bonds.

**Figure 9.** Cont.

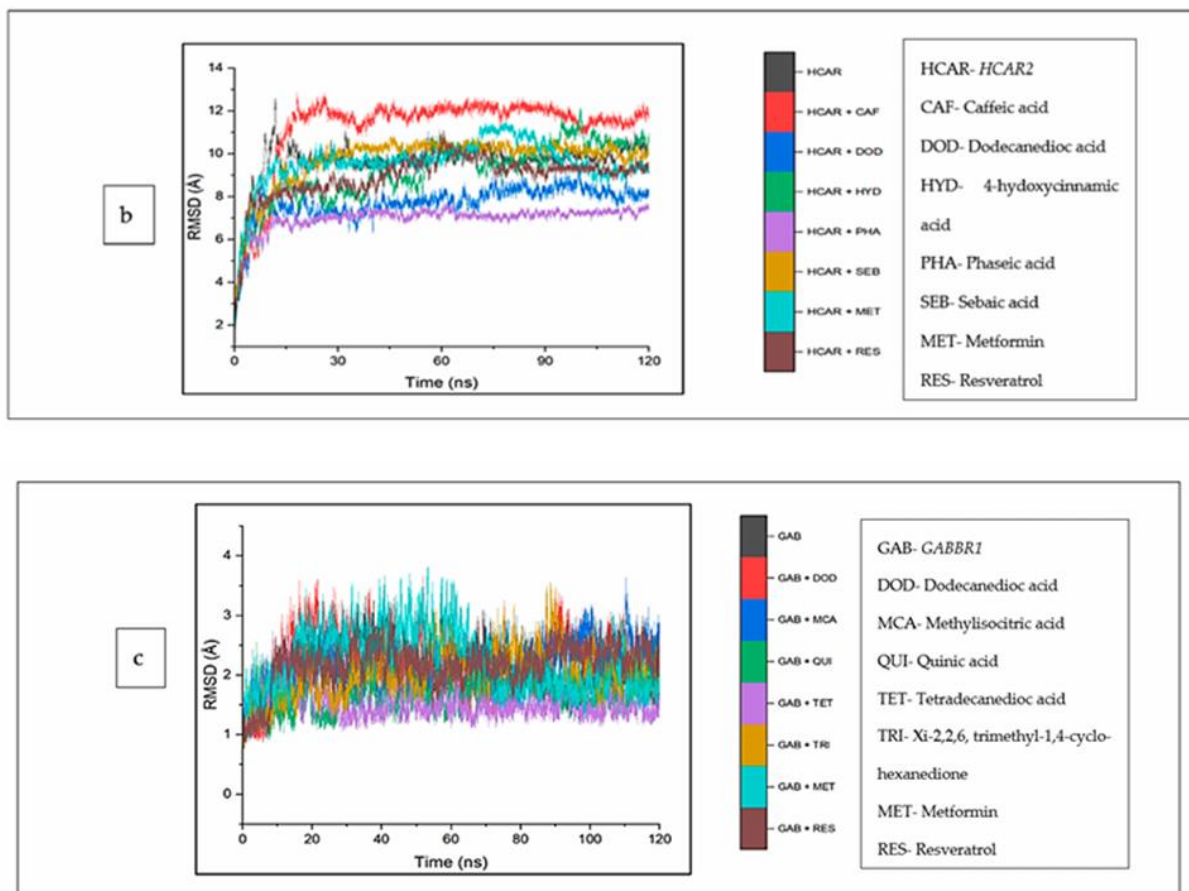


Figure 9. Root mean square deviations plots of comparison between CS phytocompounds, standards and target genes (a) *ADORA1*, (b) *HCAR2*, and (c) *GABBR1* determined over 120 ns simulation.

The mean RoG values of the cyperine–*ADORA1* (29.04 Å) and resveratrol–*ADORA1* (29.16 Å) complexes was higher than the apo-gene (28.64 Å). However, the other bound complexes and metformin revealed RoG values lower than those of *ADORA1* (Table 4). An inconsistency in the stability of all the systems was observed for the initial 30 ns, after this time, the stabilities of the individual systems, particularly metformin, appear to tend towards 120 ns, except ginsengoyne E (Figure 11a). In the same vein, against *HCAR2*, the RoG values of the bound systems of the CS compounds (including dodecanedioic acid, which was marginally lower) and resveratrol were reduced, compared with *HCAR2* (24.24). Caffeic acid (22.98 Å) was the lowest among the co-compounds and resveratrol (23.79 Å). A reduced trend in the stabilities of the systems at around 20 ns was observed, which was then stable throughout the rest of the simulation (Figure 11b). Against *GABBR1*, the RoG values of all the CS compounds and metformin were higher than the apo-gene (23.11 Å), and resveratrol (22.69 Å) was the lowest (Figure 11c).

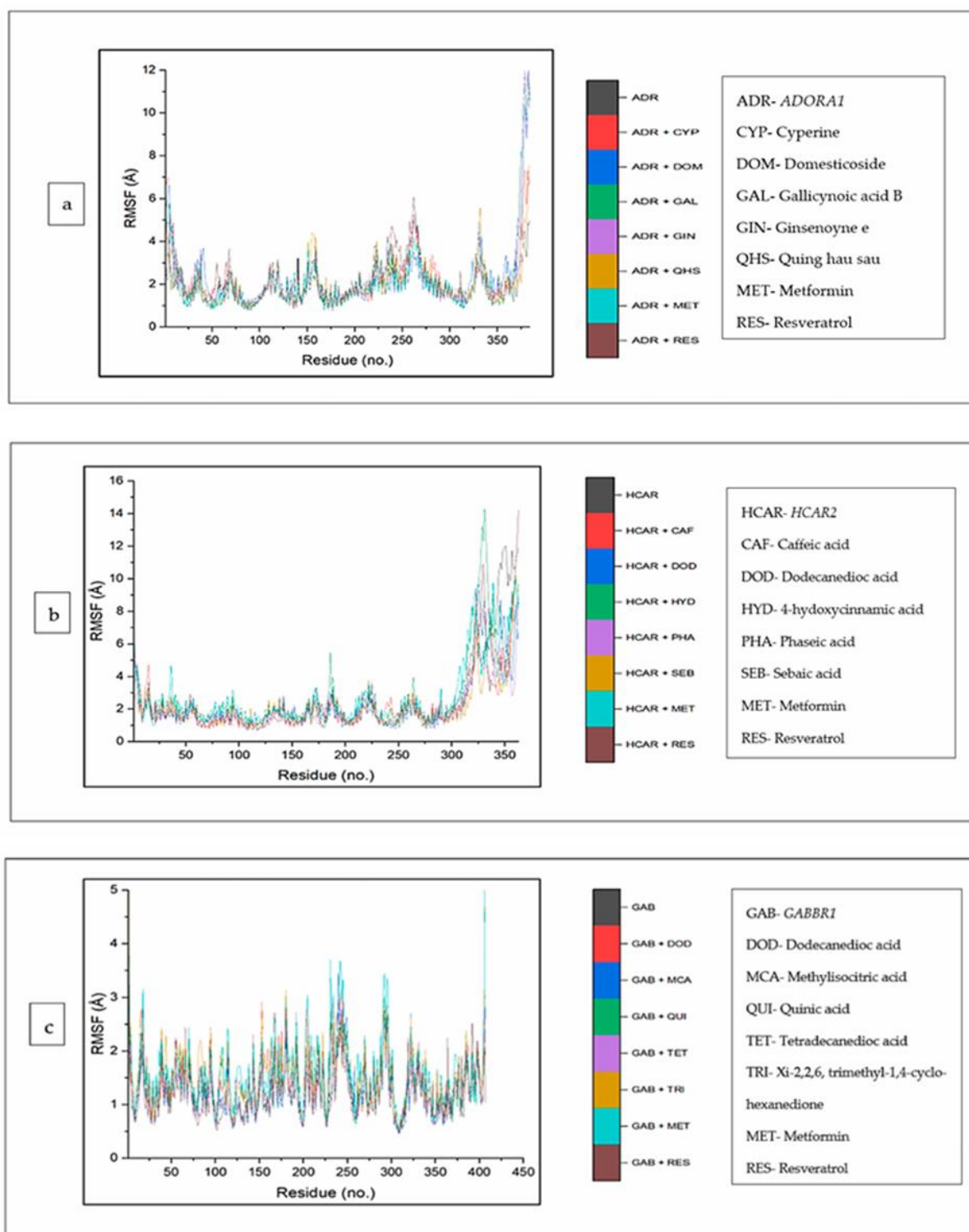


Figure 10. Root mean square fluctuation plots of comparison between CS phytocompounds, standards and target genes (a) *ADORA1*, (b) *HCAR2*, and (c) *GABBR1*, determined over 120 ns simulation.

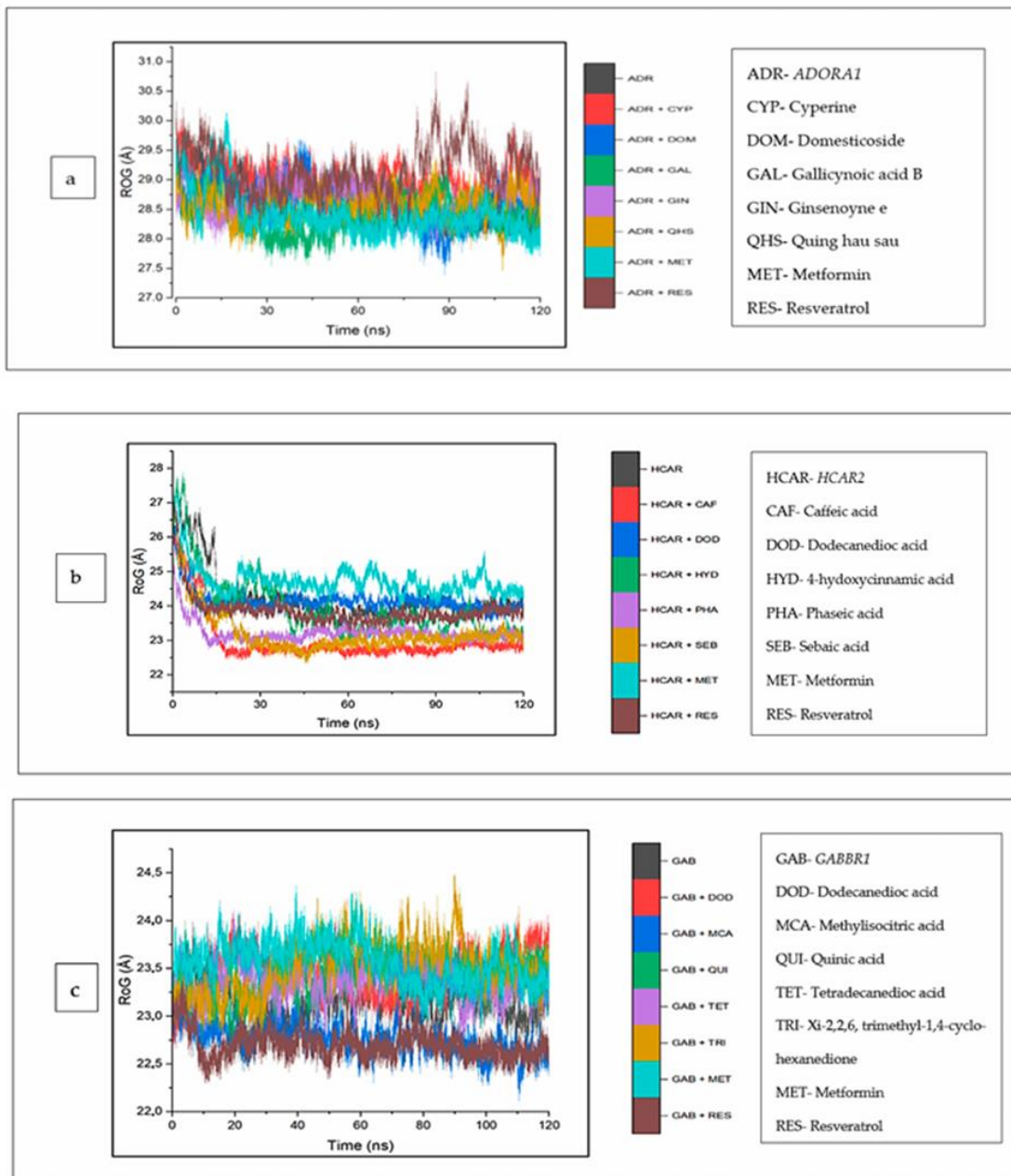


Figure 11. Radius of gyration plots of comparison between CS phytochemicals, standards and target genes (a) *ADORA1*, (b) *HCAR2*, and (c) *GABB1*, determined over 120 ns simulation.

The intramolecular hydrogen bonds formed between the complexes were analyzed and are depicted in (Figure 12a–c). Typically, against *ADORA1*, a reduction in the number of hydrogen bonds formed was observed across all the complexes, including cyperine (167.97), domesticoside (162.94), gallicynoic acid B (171.58), ginsenoyn e (170.93), and quing hau sau (170.30), relative to apo-*ADORA1*, with the highest average number of hydrogen bonds (173.53). The lowest number of hydrogen bonds was observed in metformin (136.77) and resveratrol (143.60) (Figure 12a). On the contrary, for *HCAR2*, there was an increase in the number of hydrogen bonds in the bound systems of the CS compounds relative to

the unbound *HCAR2* (158.21); this was also observed for the reference standards, except metformin (156.60) (Figure 12b). The increase in the number of hydrogen bonds was expressed in this order: phaseic acid (158.70) < sebaic acid (160.16) < dodecanoic acid (160.98) < 4-hydroxycinnamic acid (163.67) < caffeic acid (166.40) (Table 4). A similar trend was observed with *GABBR1* when the bound systems of *GABBR1* and the CS compounds and standards were higher compared to the apo-gene (203.89) (Figure 12c).

The investigation of the complexes was extended to include an analysis of the solvent accessibility and surface area (SASA). Against *ADORA1*, the mean SASA values of cyperine (22,745.86 Å²), domesticoside (22,760.33 Å²), and quing hau sau (22,366.55 Å²) are marginally higher compared to the unbound *ADORA1* (22,151.21 Å²), though gallicynoic acid B-*ADORA1* (21,996.14 Å²) and ginsenoine E-*ADORA1* (21,484.73 Å²) had the lowest SASA values among the CS compounds. However, the mean SASA value observed for the reference standards, and the metformin-*ADORA1* (17,546.87 Å²) and resveratrol-*ADORA1* (18,462.50 Å²) complexes are lesser compared to apo-*ADORA1* (Figure 13a). Furthermore, for *HCAR2*, the CS compound bound complexes reflected reduced SASA values relative to the apo-gene (20,865.81 Å²). While the SASA values of the reference standards [metformin (20,894.76 Å²), resveratrol (20,736.21 Å²)] are marginally lower than the apo-gene, caffeic acid (19,469.68 Å²) depicted the lowest SASA values. A downward trend around 15 ns was observed for all the systems, which became stable until the end of the simulation period (Figure 13b). Similarly, the complexes of the CS compounds and standards were higher compared with the apo-gene (17,313.17 Å²), except for quinic acid (17,117.23 Å²). An inconsistency of all the systems was witnessed throughout the simulation period (Figure 13c).

The data obtained regarding the interaction plots of the investigated CS metabolites (based on the results of the thermodynamics profiles) against each of the established target genes (*ADORA1*, *HCAR2*, and *GABBR1*) revealed diverse bond types such as hydrogen bonds (conventional, carbon, and π -donor), attractive charge, van der Waals, amide π -stacked, π -sigma, π -cation, π -anion, π -alkyl, alky, π -sulphur, salt bridge, unfavorable acceptor-acceptor and donor-donor interactions (Figures 14–16; Supplementary Figures S3–S5). Specifically, the binding of gallicynoic acid B with *ADORA1* after a 120 ns simulation period showed 20 interactions, consisting of 2 hydrogen bonds (PHE168 and HIE346), 2 carbon hydrogen bonds (GLU167 and THR345), 12 van der Waal (ILE60, ASN67, VAL80, ALA81, VAL84, THR88, CYS166, GLU169, TRP315, LEU318, HIE319 and ILE342), 3 alkyl (ALA63, ILE64 and LEU84), and 1 π -anion interaction (TYR339) (Figure 14a). The metformin-*ADORA1* complex had eight interactions (with six amino acid residues), including one hydrogen bond interaction (GLU160), two carbon-hydrogen bonds (GLY160 and GLU161), three van der Waal interactions (LEU 146, TRP153 and PRO162) and two salt bridges with attractive charge interactions (GLU160 and GLU161) (Figure 14b). At the end of the 120 ns simulation period, resveratrol was unbound to *ADORA1*, and thus, displayed no interaction (Figure 14c). The binding of dodecanedioic acid to *HCAR2* following the 120 ns simulation period revealed 20 interactions which consisted of 5 hydrogen bonds (TYR87, 2 SER179, LEU280, and TYR284), 11 van der Waal forces (LEU83, LEU104, ASN110, ARG111, LEU162, SER181, PHE193, ARG251, PHE277, SER281, and THR283), 2 alkyl groups (LEU107 and ALA108) and 2 π -cation interactions with attractive charges (PHE180 and GLU190) (Figure 15a). While, at 60 ns and 120 ns, metformin had no interaction with *HCAR2* as the ligand was unbound (Figure 15b), resveratrol bound to *HCAR2* had eight interactions including five van der Waals (TRP50, PHE54, HIE55, LEU308, and GLY340), two π -alkyl (ALA341 and PRO342) and one π -cation interaction (ARG339) (Figure 15c). Tetradecanedioic acid and *GABBR1* bound presented 13 interactions consisting of 3 hydrogen bonds (ALA126, ARG133, and GLU204), 5 van der Waals (SER106, THR127, THR158, TYR203, and ILE229), 2 alkyl (VAL154 and PHE155), 1 π -sigma (TRP231) and 2 π -anion with salt bridge interactions (HIE129 and ARG133) (Figure 16a). At the end of the 120 ns simulation, metformin was unbound and had no interaction with *GABBR1* (Figure 16b). However, resveratrol was bound to *GABBR1* through 12 interactions containing 8 van der Waals (TRP18, SER106,

HIE123, HIE129, GLN150, GLN152, THR158, and TRP231), 2 π -alkyl (ALA126 and VAL154) and 2 π - π -stacked interactions (PHE155 and TYR203) (Figure 16c).

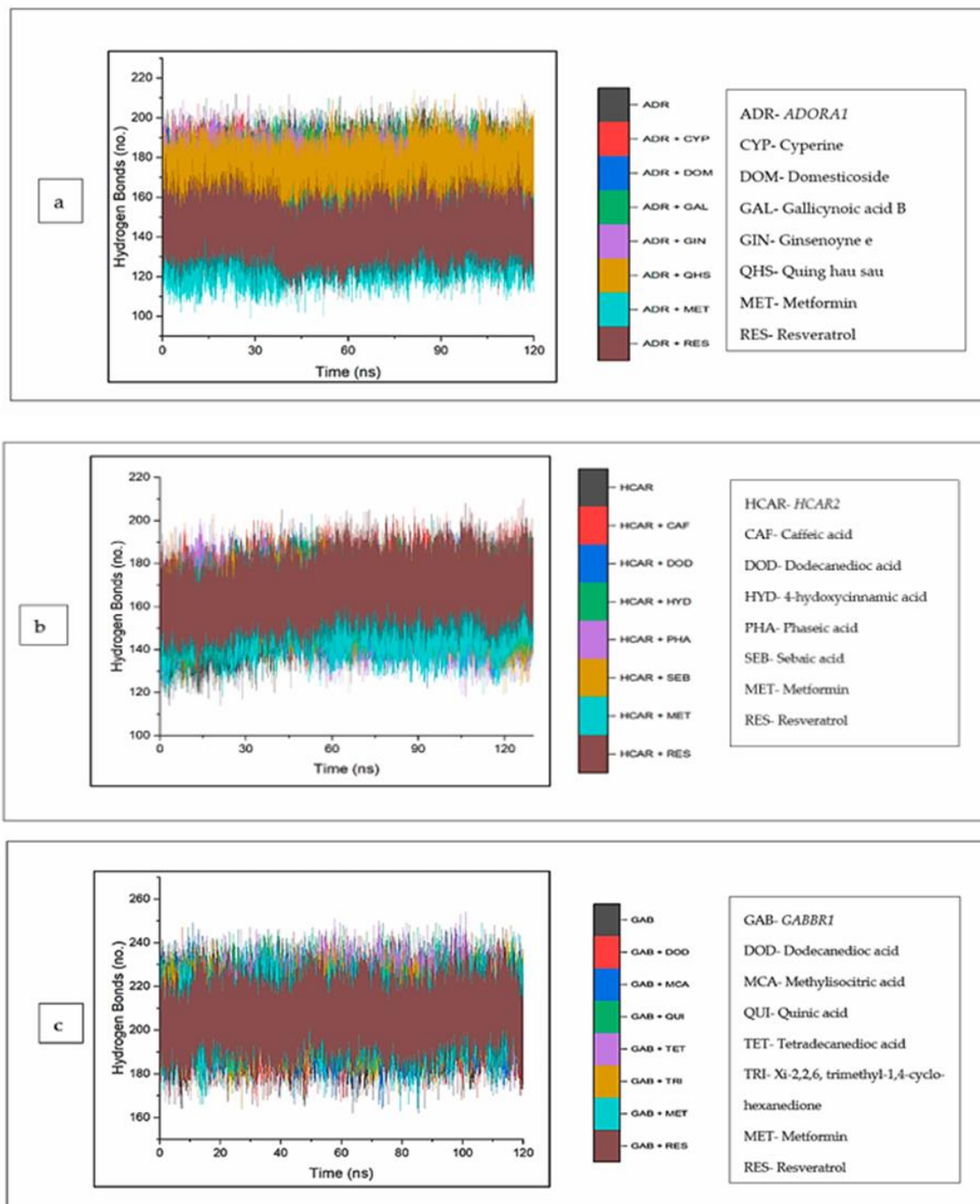


Figure 12. Backbone hydrogen bonding trajectory between CS phytochemicals, standards, and target genes (a) *ADORA1*, (b) *HCAR2*, and (c) *GABBR1* determined over 120 ns simulation.

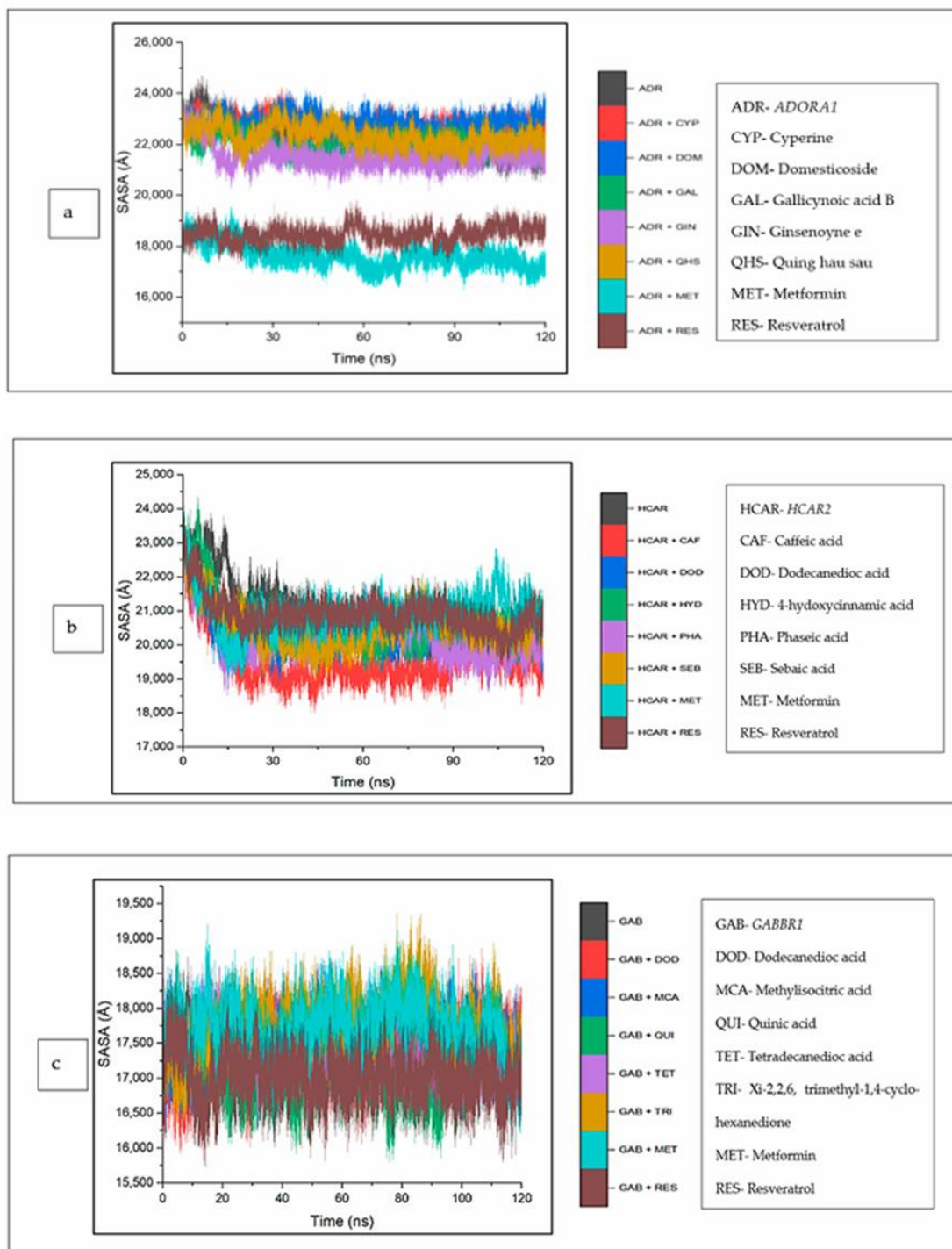


Figure 13. Solvent accessible surface area plots of comparison between CS phytocompounds, standards, and target genes (a) *ADORA1*, (b) *HCAR2*, and (c) *GABBR1*, determined over 120 ns simulation.

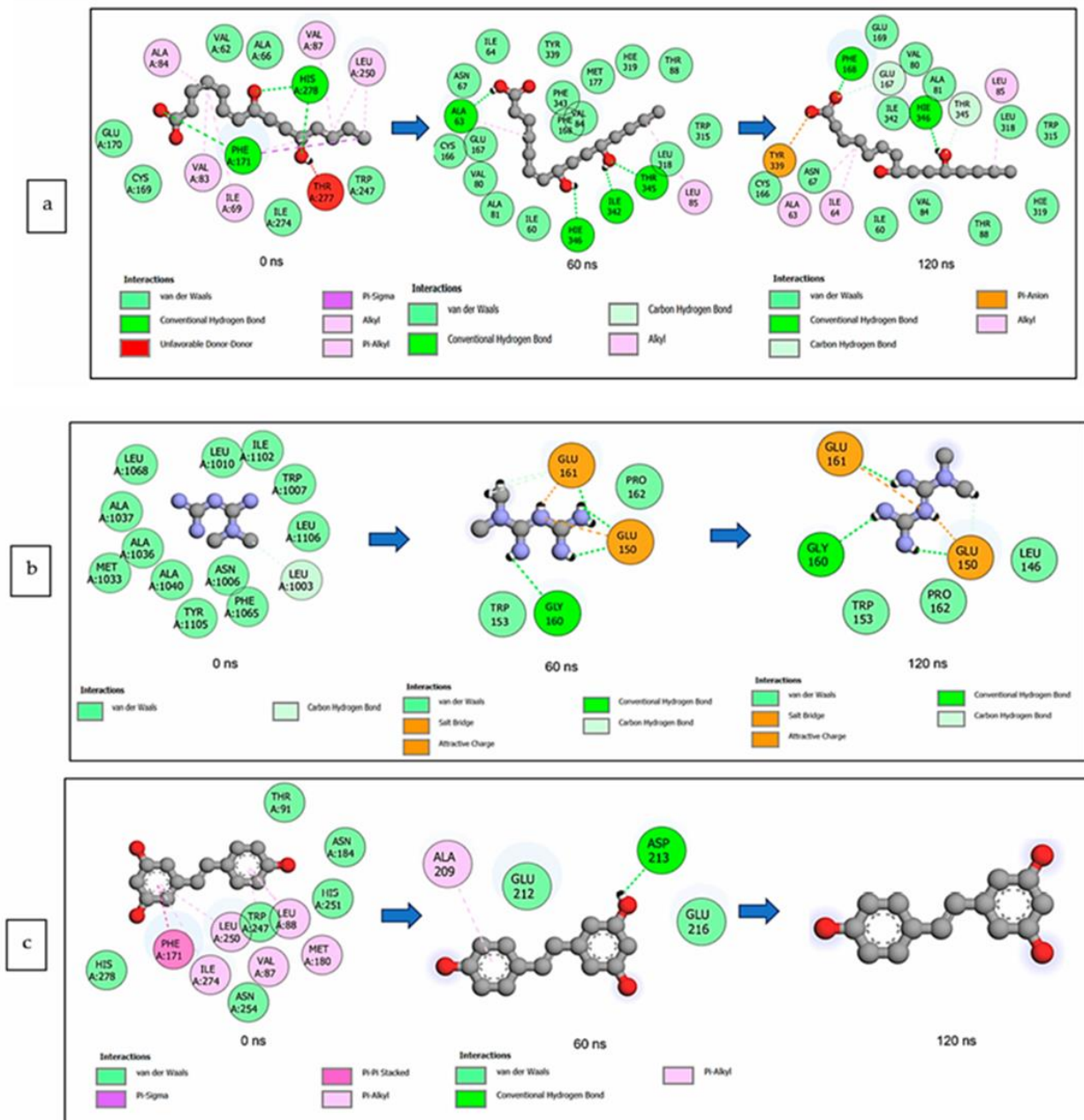


Figure 14. 2-D interaction plots of *ADORA1* with (a) gallicynoic acid B, (b) metformin, and (c) resveratrol at 0, 60 and 120 ns.

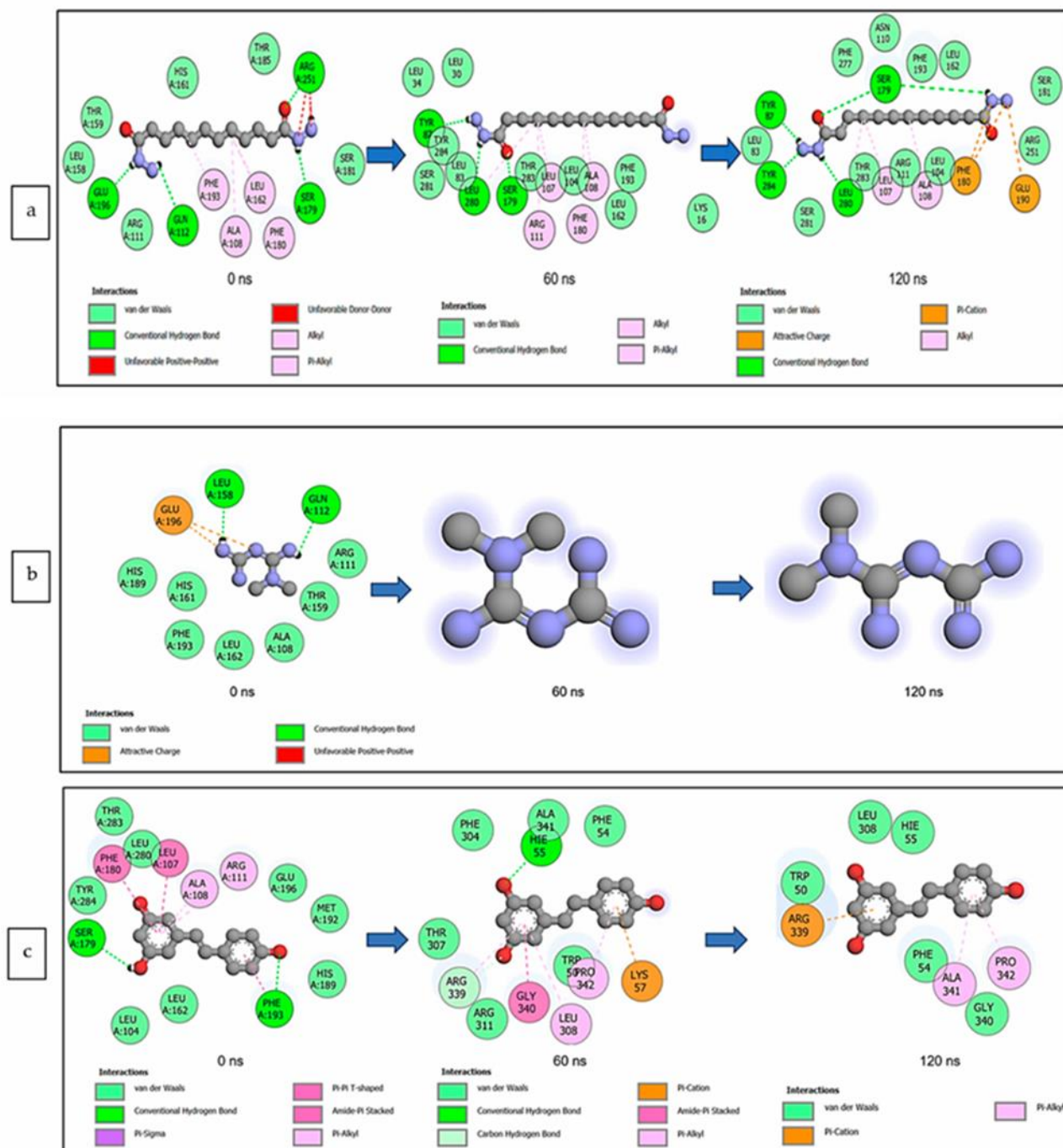


Figure 15. 2-D interaction plots of target gene *HCAR2* with (a) dodecanedioic acid and standards, (b) metformin, and (c) resveratrol at 0, 60, and 120 ns.

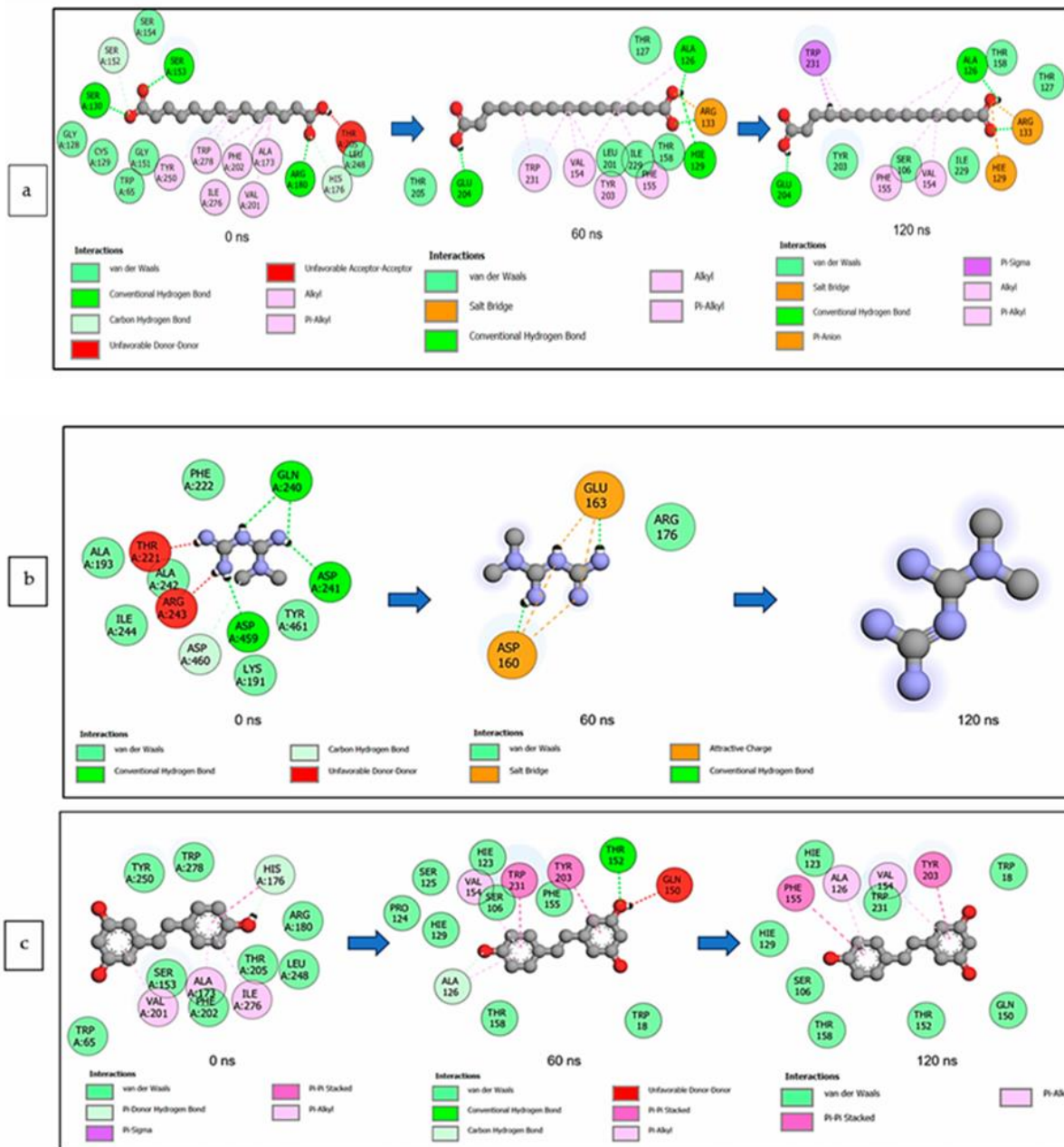


Figure 16. 2-D interaction plots of *GABBR1* with (a) tetradecanedioic acid, (b) metformin, and (c) resveratrol at 0, 60, and 120 ns.

3.9. Molecular Orbital Properties

A detailed analysis of the top-scoring compounds' structural and chemical reactivity properties was generated using DFT (Table 5). Apart from resveratrol (4.06 eV), which recorded the lowest energy gap across the three targets, and metformin (5.26 eV), which was second to the lowest against *GABBR1*, ginsenoside E (4.43 eV), caffeic acid (4.14 eV), and quinic acid (5.51 eV) exhibited the lowest energy gap against *ADORA2*, *HCAR2*, and *GABBR1*, respectively (Figure 17). Consequently, ginsenoside E (0.45 eV), caffeic acid

(0.48 eV), and quinic acid (0.36 eV) exhibited the highest chemical softness in a similar manner, with the energy gap from xi-2,2,6-trimethyl-1,4-cyclohexanedione also having the lowest chemical softness against *GABBR1*, the same as quinic acid. However, the highest chemical hardness value was observed in quing hau sau (3.03 eV), sebaic acid (3.70 eV), and tetradecanedioic acid (3.70 eV). Furthermore, the highest electronegativity value was observed in ginsenoine E (4.80 eV), phaseic acid (4.50 eV), and methylisocitric acid (4.21 eV) against *ADORA1*, *HCAR2*, and *GABBR1*, respectively, while dodecanedioic acid (1.38 eV) exhibited the lowest electrophilicity value against *HCAR2* and *GABBR1*, with cyperine (1.47 eV) showing the lowest against *ADORA1*.

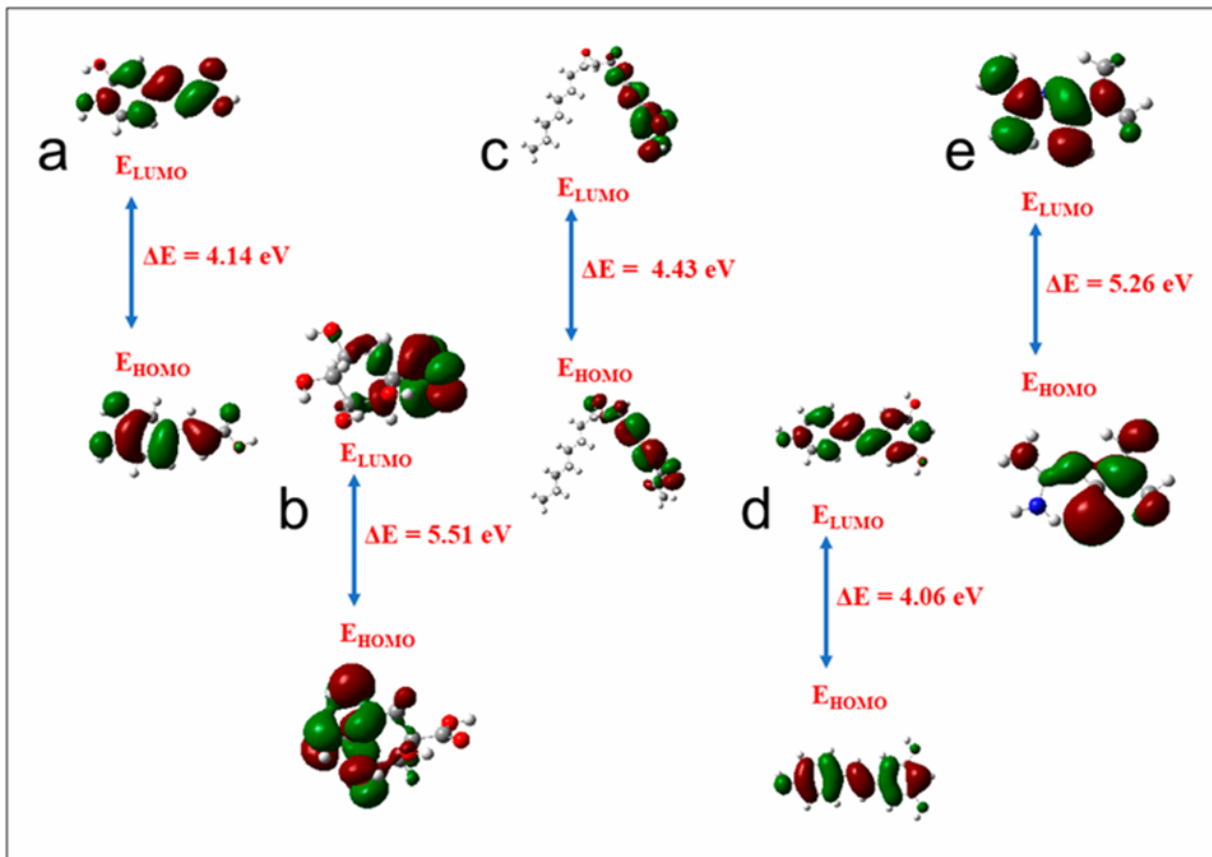


Figure 17. Frontier molecular orbitals for (a) caffeic acid, (b) quinic acid, (c) ginsenoine, (d) resveratrol, (e) metformin (E_{LUMO} : energy of the lowest unoccupied molecular orbital; E_{HOMO} : energy of the highest occupied molecular orbital).

Table 5. The cDFT parameters of the top-hit compounds against target genes in the cAMP pathway.

Ligands	cDFT Parameters (eV)					Hardness	Softness	EN	CP	GE
	LUMO	HUMO	EA	IE	EA					
<i>ADORA1</i>										
Cyperine	−0.04	−5.75	5.71	0.04	5.75	2.85	0.35	2.89	−2.89	1.47
Domesticoside	−1.41	−6.29	4.88	1.41	6.29	2.44	0.41	3.85	−3.85	3.04
Gallicyonic acid B	−0.80	−6.63	5.83	0.80	6.63	2.91	0.34	3.72	−3.72	2.37
Ginsenoyn E	−2.58	−7.01	4.43	2.58	7.01	2.22	0.45	4.80	−4.80	5.19
Quing hau sau	−1.07	−7.13	6.06	1.07	7.13	3.03	0.33	4.10	−4.10	2.77
Metformin	−0.91	−6.17	5.26	0.91	6.17	2.63	0.38	3.54	−3.54	2.38
Reservatrol	−1.38	−5.44	4.06	1.38	5.44	2.03	0.49	3.41	−3.41	2.86
<i>HCAR2</i>										
Caffeic acid	−1.91	−6.05	4.14	1.91	6.05	2.07	0.48	3.98	−3.98	3.82
Dodecanedioc acid	0.45	−6.77	7.22	−0.45	6.77	3.61	0.28	3.16	−3.16	1.38
4-Hydroxycinnamic acid	−1.90	−6.17	4.27	1.90	6.17	2.14	0.47	4.03	−4.03	3.81
Phaseic acid	−2.30	−6.70	4.41	2.30	6.70	2.20	0.45	4.50	−4.50	4.59
Sebaic acid	−0.24	−7.65	7.41	0.24	7.65	3.70	0.27	3.94	−3.94	2.10
Metformin	−0.91	−6.17	5.26	0.91	6.17	2.63	0.38	3.54	−3.54	2.38
Reservatrol	−1.38	−5.44	4.06	1.38	5.44	2.03	0.49	3.41	−3.41	2.86
<i>GABBR1</i>										
Dodecanedioc acid	0.45	−6.77	7.22	−0.45	6.77	3.61	0.28	3.16	−3.16	1.38
Methylisocitric acid	−0.89	−7.54	6.65	0.89	7.54	3.33	0.30	4.21	−4.21	2.67
Quinic acid	−1.27	−6.78	5.51	1.27	6.78	2.76	0.36	4.03	−4.03	2.94
Tetradecanedioc acid	−0.22	−7.63	7.41	0.22	7.63	3.70	0.27	3.92	−3.92	2.08
Xi-2,2,6-Trimethyl-1,4-Cyclohexanedione	−1.25	−6.85	5.60	1.25	6.85	2.80	0.36	4.05	−4.05	2.93
Metformin	−0.91	−6.17	5.26	0.91	6.17	2.63	0.38	3.54	−3.54	2.38
Reservatrol	−1.38	−5.44	4.06	1.38	5.44	2.03	0.49	3.41	−3.41	2.86

cDFT: conceptual density functional theory; LUMO: lowest unoccupied molecular orbital; HOMO: highest occupied molecular orbital; EG: energy gap; IE: ionization energy; EA: electron affinity; EN: electronegativity; CP: chemical potentials; GE: global electropilicity.

4. Discussion

Historically, medicinal plants, for many centuries, have continued to be employed in traditional medicine systems for the provision of knowledge and relieve and/or cure numerous diseases and illnesses [4], most especially T2DM [7,10]. Corn silk, for example, despite being an abundant waste material, is a potential remedy for T2DM [8,10] and established in many studies, including antioxidant and anti-inflammatory activities [11,16–18,48].

While the therapeutic significance of medicinal plants (such as CS) is due to be endowed with key phytochemicals, if the development of novel drugs [49] is to be warranted, it is crucial, therefore, to begin the screening of plants of potential therapeutic significance to determine their metabolite profiles [41]. However, it must be noted that the type of solvents utilized in the extraction of medicinal plants and/or natural products is critical in determining the type of the composition and concentration of phytoconstituents [50]. The choice of polar solvents in the study, though majorly used in indigenous medicine for the extraction and preparation of formulations, is based on established literature reports of a possible high extraction yield [50,51]. However, there are reports of moderate apolar (ethyl acetate) and non-polar solvents (acetone and hexane) in addition to the polar solvents used on CS [50–54].

The high abundance of (7'R)-(+)-Lyoniresinol 9'-glucoside, cnicin, methylisocitric acid, chrysoeriol 4',7'-diglucuronide, and 3-isopropylmalate in the aqueous extract and D-leucic acid, dodecanedioc acid, quercetin-3-(2'',3'',4''-triacylgalactoside), sebaic acid, and p-coumaroyl malic acid in the ethanolic extract and vice versa could be attributed to the degree of polarity of the extracting medium [55] and may explain or buttress the variation

(46.8%) in the types and amounts of phytoconstituents (generally) as identified based on UPLC-MS analysis. While the use of this technique is adequate and reliable, as buttressed in the work of Fougre et al. [56], adopting a related tool, the high abundance of phytoconstituents, namely, azealic acid, isowertin 2''-rhamnoside, D-2-hydroxyglutaric acid, citraconic acid, 3-p-coumaroylquinic acid, cis-aconitic acid, UNPD129404, caffeic acid ethyl ester, and myricitrin, particularly in the raw CS sample, may be suggested to contribute to the pharmacological attributes (glucose lowering) of CS, since the concentration of bioactive ingredients within a medicinal sample is well-established to influence the pharmacological effectiveness. In fact, compounds or their derivatives such as azealic acid, 3-p-coumaroylquinic acid, caffeic acid, and myricitrin identified in CS have also been detected in several other plants exhibiting an antihyperglycaemic effect [57–60].

The network pharmacology approach provides avenues for new drug candidates or secondary metabolites, genetic target profiles, and connected signaling pathways linked to diseases, including infectious and non-infectious ones [30,61], achieved by a number of analyses [25,27,28,30,31]. While the five targets not connected in the PPI network may indicate their lack of involvement in the connectivity of the network, suggesting that they may not necessarily or unlikely be involved in any metabolic pathway or offer any molecular function, the cAMP as a key second messenger in signaling pathways has been reported, particularly in drug development [62], particularly against T2DM [25]. cAMP maintains glucose homeostasis in many ways, including insulin and glucagon secretion, glucose uptake, glycogen synthesis and breakdown, gluconeogenesis, the maintenance of β -cell differentiation, and the neural control of glucose homeostasis [63]. The establishment of cAMP as the best signaling pathway in this study buttresses it as an important signaling pathway to consider if deciphering the MoA of the CS in alleviating the negative effect of hyperglycaemia is to be completely elucidated [64].

The gene ontology analysis of the 274 intersecting targets between the CS phytoconstituents and T2DM targets revealed the regulation of the drug response, exosomes, and ion binding as the most significant biological process, cellular component, and molecular function. The regulation of the drug response modulates the frequency, rate, or extent of the drug response and refers to the regulation of drug resistance and determines the response and side effects a drug has on the body [65–68]. Exosomes are delivery vehicles for different signaling molecules (lipids, proteins, and nucleic acids) and serve as important mediators of intracellular communication [66]. Extracellular exosomes play a role in the regulation of inflammation, the stimulation of glycogen accumulation, and the regulation of GLUT4 metabolism, all of which are implicated in T2DM [69,70]. Ions are involved in the folding of proteins and nucleic acids, enzyme catalysis, and numerous cellular signaling processes, and thus, ion binding has a significant role in the normal functioning of processes in the human body [65,71]. A change in the binding of ions in the human body can affect many processes involved in glucose metabolism, including insulin signaling, secretion, and β -cell functioning [71]. Several studies have previously explored the role that the regulation of drug response, exosomes, and ion binding plays in the pathogenesis of T2DM [66,69,70,72,73].

Compound–target pathway network analysis is important for the discovery of therapeutic targets as well as lead compounds [74]. The association of many of the CS compounds to cAMP targets such as *ADORA1*, *HCAR2*, and *GABBR1* highlighted them among the genes in the cAMP pathway. Adenosine A1 receptor (*ADORA1*), a G protein-coupled receptor, inhibits the enzyme adenylyl cyclase and plays a role in the regulation of cell metabolism and gene transcription, and therefore, has been identified as an important drug target for the treatment of various diseases and illnesses [75,76], including T2DM via glucose homeostasis and glucagon secretion regulation [77]. The identification of *ADORA1* as a key target for T2DM and related complications (e.g., nephropathy) therapy buttresses previous studies (on morusin, kuwanon C, and morusynunnansin) from *Morus alba* (leaves) and *Salvia miltiorhiza* through NP and molecular docking analyses [77,78]. Hydroxycarboxylic acid receptor 2 (*HCAR2*) is a G-protein-coupled receptor responsible for mediating

the antilipolytic actions of niacin and the lowering of blood lipid levels [79]. The expression of *HCAR2* in cells affects the regulation of inflammatory factors, inhibition of lipolysis, and glucose homeostasis [79,80]. G-protein-coupled receptors (GPCRs), including *GABBR1* are transmembrane signaling molecules involved in a wide variety of physiological processes such as the modulation of insulin secretion and the regulation of islet function, making them potential targets for antidiabetic compounds [81]. Previous reports of their involvement as a therapeutic target for treating various diseases such as T1DM, cancer, etc., have been well-established [81–85]. Typically, studies have demonstrated that, in human beta cells, signaling through *GABBR* participates in an autocrine feedback inhibition loop that regulates beta cell-specific gene expression and insulin secretion [84]. Although *GABBR1* was among the five non-target genes of the PPI network, the compound–target pathway network analysis revealed its importance as a therapeutic target, having the third highest number of CS phytoconstituents related to it [25,29].

Molecular docking, a structure-based drug design approach, is a preliminary screening tool for the identification of a suitable ligand (say, secondary metabolites) based on its binding free energy (docking score) at the active site of the target gene that could be developed as a probable candidate [86]. The most negative docking score of Quing hau sau, phaseic acid, and tetradecanoic acid, arising from their binding at the active sites of *ADORA1*, *HCAR2*, and *GABBR1*, respectively, suggests their binding affinities and superiority (particularly the former two) compared to the reference standards. This is because the higher the negative binding free energy, the better the fitness of that bioactive compound [86,87], and thus suggests an attraction between the CS secondary metabolites and the target genes [30]. While no related report of the possible stability of phytocompounds with the studied targets (particularly *ADORA1* and/or superiority over reference standards against the target of concern, the overall findings of the molecular docking analysis provide an insight into the further investigation of CS bioactive metabolites as possible lead antidiabetic compounds.

Since molecular docking only predicts a metabolite's fitness at a protein active site [35], which limits its consideration as a measure of stability, binding free energy value calculations and MD simulation were employed to evaluate the compound-to-protein target systems and binding conformation data [45]. The highest negative ΔG_{bind} reported for gallicyonic acid B, dodecanedioic acid, and tetradecanedioic acid is indicative of significant binding affinity to *ADORA1*, *HCAR2*, and *GABBR1*, respectively, and could represent greater interactions with the targets compared to other investigated metabolites and standards. The observed lower binding free energy of some top-ranked metabolites against *ADORA1*, *HCAR2*, and *GABBR1* compared to metformin and resveratrol indicates their better potential to inhibit the respective targets relative to the standards used.

The binding of ligands (say CS phytoconstituents) may constitute structural or conformational changes in the respective targets, which could ultimately alter their biological activities [45,61]. The post-dynamics simulation evaluates the likely conformational changes of the protein as a result of the binding of the ligand, which are mostly determined by parameters such as RMSD (stability), RMSF (flexibility), RoG (compactness), SASA (degree of hydrophobic interactions), and intermolecular H bonding [88–90]. The revealed post-MDS analysis of the bound and unbound complex systems for the CS metabolites against *ADORA1*, *HCAR2*, and *GABBR1* targets in terms of the average RMSD (value) expresses the degree of convergence, stability, or deviations produced by a protein in a simulation system [91]. The lowest average RMSD values observed in ginsenyone E–*ADORA1*, dodecanedioic acid–*HCAR2* and tetradecanedioic acid–*GABBR1* complexes are suggestive of the ability of the phytocompounds to enhance the stability of the target. Although the increased mean RMSD values observed in this study for most of the compounds including the reference standards, particularly against *ADORA1* and *HCAR2*, were above the satisfactory or acceptable 3.0 Å [89,92]. However, the average RMSD values of several phytoconstituents lower than or comparable to the respective standards may indicate that the abovementioned CS phytoconstituents may have better potential in promoting the structural stability of the genes [93,94], though an RMSD value above may suggest an unstable complex and

the inability of the compounds to inhibit the target protein (and, in this case, *ADORA1* and *HCAR2*) [88]. Meanwhile, the mean RMSD values of CS phytoconstituent–*GABBR1* were less than 3.0 Å, suggestive of the good structural stability and compatibility of the metabolites with the gene [30,43,90,95].

The average RMSF (value) indicates the effect the bound compound has on active site residue behavior, with lower or higher alpha (α)-carbon (C) shifts indicating less or more flexible movements, respectively [94,96,97]. A lower RMSF value indicates that the created intra- and intermolecular bonds are more stable [97]. The reduced RMSF of quing hau sau against *ADORA1* compared to other phytochemicals with increased RMSF relative to resveratrol indicates lesser flexible movements, and thus, the greater stability of the complex [29]. Except for 4-hydroxycinnamic acid, the lesser average RMSF values observed in all the investigated phytochemicals against *HCAR2* compared to the standard *HCAR2* complexes indicated less flexible movements. This observation suggests the lesser flexibility of *HCAR2* amino acid residues, following the binding of the top-ranked metabolites, revealing their stronger attraction and ability to promote *HCAR2* amino acid residue stability [97–99]. Similarly, the reduced RMSF of methylisocitric acid and tetradecanedioic acid bound to *GABBR1* compared to metformin suggests less flexibility and stability (of the complexes) [35,44,93,95].

The RoG (value) evaluates the overall structural compactness of molecule–target complex systems, which may affect the biological properties due to induced changes from the ligand binding to a target [46,94,100,101]. The lowest or comparable average RoG values of the CS compounds (particularly, gallicynoic acid B, caffeic acid, and methylisocitric acid) against *ADORA1* and *HCAR2* relative to the standards, respectively, is indicative of a greater stability [30]. Typically, the lower RMSD of a ligand (such as CS compounds excluding cyperine) compared to resveratrol against *ADORA1* is suggestive of a superior stability compared to the latter.

During a simulation, the number of hydrogen bonds in a protein may be calculated, thus, providing insight into how ligand binding affects the protein's stability [90,94,102,103]. The observed reduction (for this study) in the number of H bonds in the CS compounds (most importantly, domesticoside) and reference standards against *ADORA1* following complex formation may be due to an intramolecular breakage of these bonds [94]. This observation is coherent with S'thebe et al.'s [97] report, in which ligand binding to the investigated protein resulted in the reduction in the intramolecular hydrogen bonding. However, the increased number of hydrogen bonds of the bound systems of the CS compounds (especially caffeic acid, tetradecanedioic acid, and resveratrol) against *HCAR2* and *GABBR1* (respectively), as observed in this study, may suggest that the ligands occupy part of the proteins' intramolecular space. This finding is in tandem with Aribisala and Sabiu's [45] report, in which ligand binding resulted in an increased number of hydrogen bonds [45].

Protein folding and variations in the surface area are analyzed using the solvent-accessible surface area (SASA), with higher values indicating more surface area and lower values suggesting less protein volume as the simulation progresses [30,44,104]. The lower average SASA values of gallicynoic acid B and ginsenoic acid E following binding to *ADORA1* relative to the unbound system indicates the compactness and stability of the complexes, as it shows that more residues in the unbound state are exposed to the solvent [104,105]. The lowest SASA values as observed with the reference standards depicted the inferiority of the CS compounds in terms of their compactness and stability. While the superior compactness and stability of the CS compounds (especially caffeic and phaseic acids) were also confirmed against *HCAR2*, interestingly, the reference standards were inferior to these phytochemicals in terms of stability and compactness, owing to the high SASA values displaced. The reports of phytochemicals exhibiting better stability above the studied standard are well-established [30,61,98]. The comparable SASA values of quinic acid and resveratrol against *GABBR1*, which were the lowest relative to the unbound system and other bound systems, reflects the compactness and stability of the protein–ligand

complex [98]. While it is established that ligand–protein interactions may have a major effect on the SASA value [92], the SASA results may be seen to correspond with the findings from other studies, where the binding of the ligands enhanced the thermodynamic stability of the drug targets [29,30]. Above all, the findings (SASA) may be observed to be consistent with the revelations from other thermodynamic parameters (RMSD, ROG, and RMSF).

Various ligand–protein interactions were observed over the 120 ns MD simulation. The hydrogen bonds formed between a ligand and the protein target receptor determine the protein–ligand complex’s stability [45,94,99]. Additionally, hydrogen bonds are indicative of a drug’s specificity, metabolism, and adsorption [89]. Notwithstanding the aforementioned, other significant interactions like van der Waals and π -alkyl also contribute to the stability of the investigated complexes [29]. Although van der Waals interactions are weak in comparison to hydrogen bonds, when combined, the strength of the interaction increases significantly [104]. Interestingly, these major bonds form the backbone, contributing to the stability witnessed between CS compounds such as gallicynoic acid B, dodecanedioic acid, and tetradecanedioic acid and their respective target genes (*ADORA1*, *HCAR2*, and *GABBR1*) as compared to the reference standards. In fact, the lack of interaction between resveratrol and *ADORA1* and with *GABBR1* alludes to the structural instability of the complexes, which contributed to the observed low binding free energy of the respective complexes. Since it is a known fact the stability of a drug and/or ligand–protein complex contributes positively to the eventual pharmacological effect of the drug [105], the contribution of these bonds or interactions to the stability of gallicynoic acid B-, dodecanedioic acid-, and tetradecanedioic acid–target complexes highlights the possible superior therapeutic advantage of these CS compounds over the already available standard drug.

The lead compounds were characterized using quantitative chemical parameters to probe into their potential molecular properties of therapeutic importance. Frontier molecular orbitals, namely, the LUMO and HOMO, are critical for identifying the chemical reaction of a system [106]. The energy gap between a molecule’s HOMO and LUMO influences its chemical reactivity, kinetic stability, optical polarizability, and chemical hardness–softness [99,107]. In particular, the reactivity of a molecule exhibits a direct correlation with its energy gap, indicating that a molecule with smaller dimensions possesses a higher propensity to react with other molecular entities, such as proteins and enzymes [107]. The lower energy gap observed in ginsenoine E, caffeic acid, and quinic acid against *ADORA1*, *HCAR2*, and *GABBR1*, respectively, suggests their high reactivities relative to other CS metabolites’ reactivity (Table 4). Furthermore, molecules characterized by a larger energy gap tend to display enhanced hardness, reducing their reactivity [99,108]. The chemical hardness serves as a robust metric for evaluating the chemical stability of a molecule and plays a crucial role in investigations pertaining to drug design elucidations [36,99]. Soft molecules are characterized by an elevated level of polarizability compared to hard molecules, primarily because of their reduced energy demand for excitation [108]. Expectedly, the high reactivity of ginsenoine E, caffeic acid, and quinic acid against *ADORA1*, *HCAR2*, and *GABBR1*, respectively, could equally be linked to their high chemical softness value. On the contrary, the highest chemical hardness value exhibited by quing hau sau, dodecanedioic acid, and tetradecanedioic acid against *ADORA1*, *HCAR2*, and *GABBR1*, respectively, suggest their resistance to charge transfer and are the least reactive, as evidenced by their relatively high energy gap (Table S3). In addition, the observed reduced value of the chemical potential across all the compounds implies that the molecules exhibit diminished polarization. As a result, this molecule displays heightened resilience against electronic deformation when exposed to minor perturbations during a chemical reaction. A negative chemical potential value further supports the molecule’s stability by inhibiting spontaneous decomposition [107,109]. Another cDFT descriptor is electronegativity, a fundamental metric that quantifies electron distribution within a given molecular entity [105]. The top-scoring compounds’ readiness to accept electrons is revealed in their high electronegativity values against the investigated targets [109]. Moreover, the electrophilicity index quantifies a molecule’s propensity to accept electrons from the surrounding environ-

ment, thus indicating its inherent capability to act as an electrophile [108]. A molecule may be categorized as a low electrophile if its electrophilicity value falls below 0.8 eV, while a moderate electrophile is characterized by an electrophilicity value ranging from 0.8 to 1.5 eV, and a molecule is deemed a heavy electrophile when its electrophilicity value exceeds 1.5 eV [36,109]. Interestingly, the electrophilicity index of the top-scoring compounds suggests a significant electrophile presence around the molecules except in cyperine, and dodecanedioic acid with a moderate electrophile presence.

5. Conclusions

The metabolomic profiling identified 128 secondary metabolites in various samples of CS (raw and three extracts) with qualitative and quantitative variance in the type and amounts of secondary metabolites. This is attributed to the polarity of the solvents, namely, water, hydro-ethanol, and ethanol, used for the extractions. The network pharmacology analysis identified 274 common overlapping target genes related to the CS phytoconstituents and T2DM. The top-scoring metabolites identified in the various extracts of CS are majorly involved in the modulation of the cAMP signaling pathway, which is implicated in glucose metabolism and homeostasis. The therapeutic target genes *ADORA1*, *HCAR2*, and *GABBR1* in the cAMP pathway were related to most of the CS phytoconstituents, with *ADORA1* being related to more than the others. This suggests the CS phytoconstituents modulate the activity of *ADORA1*, *HCAR2*, and *GABBR1* in the cAMP pathway. The molecular docking analysis identified several CS phytoconstituents as inhibitors of the target genes (*ADORA1*, *HCAR2*, and *GABBR1*) from the cAMP pathway. Based on the structural stability and affinity of several CS phytoconstituent–target gene complexes: gallicyonic acid B–*ADORA1*, dodecanedioic acid–*HCAR2* and tetradecanedioic acid–*GABBR1*, these abovementioned phytoconstituents have been identified as the key components of CS that behave as agonists of the cAMP signaling pathway. It is deduced that through the modulation of the therapeutic target genes *ADORA1*, *HCAR2*, and *GABBR1*, present in the cAMP signaling pathway, phytoconstituents present in CS could contribute to the maintenance of glucose homeostasis, the proper functioning of pancreas and pancreatic beta-cells, as well as the prevention of T2DM-associated secondary complications. Therefore, this study contributes to the use of CS as a therapeutic agent for the management of T2DM. Further in vitro and in vivo studies are recommended to validate the findings, and, interestingly, efforts are ongoing in this direction.

Supplementary Materials: The following supporting information can be downloaded at <https://www.mdpi.com/article/10.3390/biology12121509/s1>, Figure S1: Chromatograms produced (in duplicate) showing mass to charge and retention times of compounds, (a) raw premature CS extract, (b) raw mature CS extract, (c) aqueous premature CS extract, (d) aqueous mature CS extract, (e) hydroethanolic premature extract CS, (f) hydroethanolic mature CS extract, (g) ethanolic premature CS extract and (h) ethanolic mature CS extract; Figure S2: (a) Principal component analysis scores plot showing variance in CS secondary metabolites between the four extracts; (b) partial least square discriminant analysis (PLS-DA) loadings plot showing the differences in the amount of secondary metabolites present in the four samples of CS; Figure S3: Two-dimensional interaction plots of target gene *ADORA1* with bioactive constituents present in CS: (a) domesticoside, (b) quing hau sau, (c) cyperine, and (d) ginsenoyn E, over a 120 ns simulation; Figure S4: Two-dimensional interaction plots of target gene *HCAR2* with bioactive constituents present in CS: (a) 4-hydroxycinnamic acid, (b) sebacic acid, (c) phaseic acid, and (d) caffeic acid over a 120 ns simulation; Figure S5: Two-dimensional interaction plots of target gene *GABBR1* with bioactive constituents present in CS: (a) methylisocitric acid, (b) dodecanedioic acid, (c) xi-2,2,6,trimethyl-1,4-cyclohexanedione, and (d) quinic acid, over a 120 ns simulation. Table S1: Bioactive secondary metabolites identified in various extracts of CS through UPLC-MS analysis; Table S2: Result of CS bioactive compounds following Lipinski's rule of 5 experimentation; Table S3: Frontier molecular orbitals for the top-scoring compounds against *ADORA1*, *HCAR2*, *GABBR1*.

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involved in the review and editing of the draft; N.P.M. was involved in the experimentation co-supervision and S.S. conceptualized and administered the project, supervised, and provided funding. All authors have read and agreed to the published version of the manuscript.

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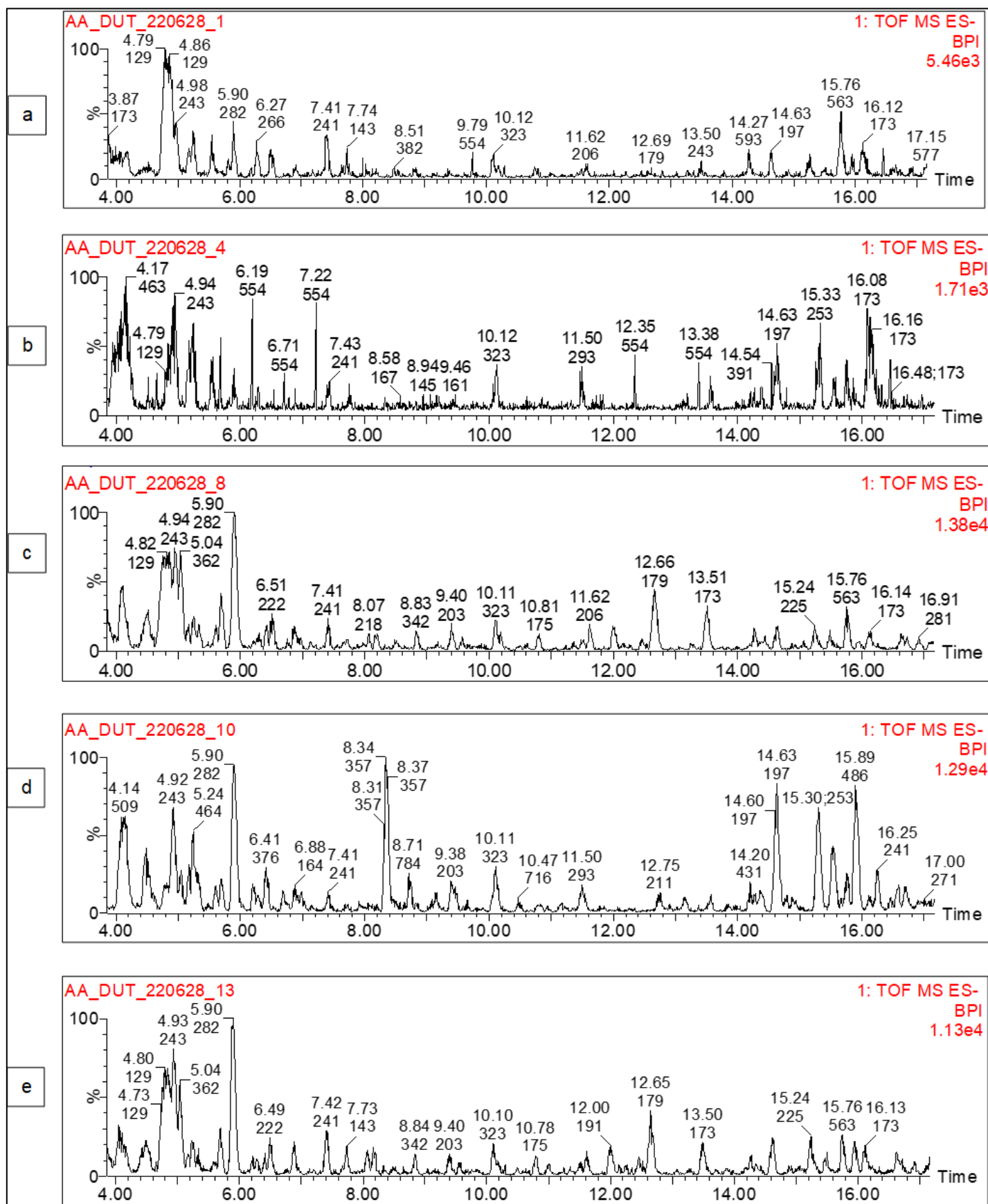
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Supplementary materials



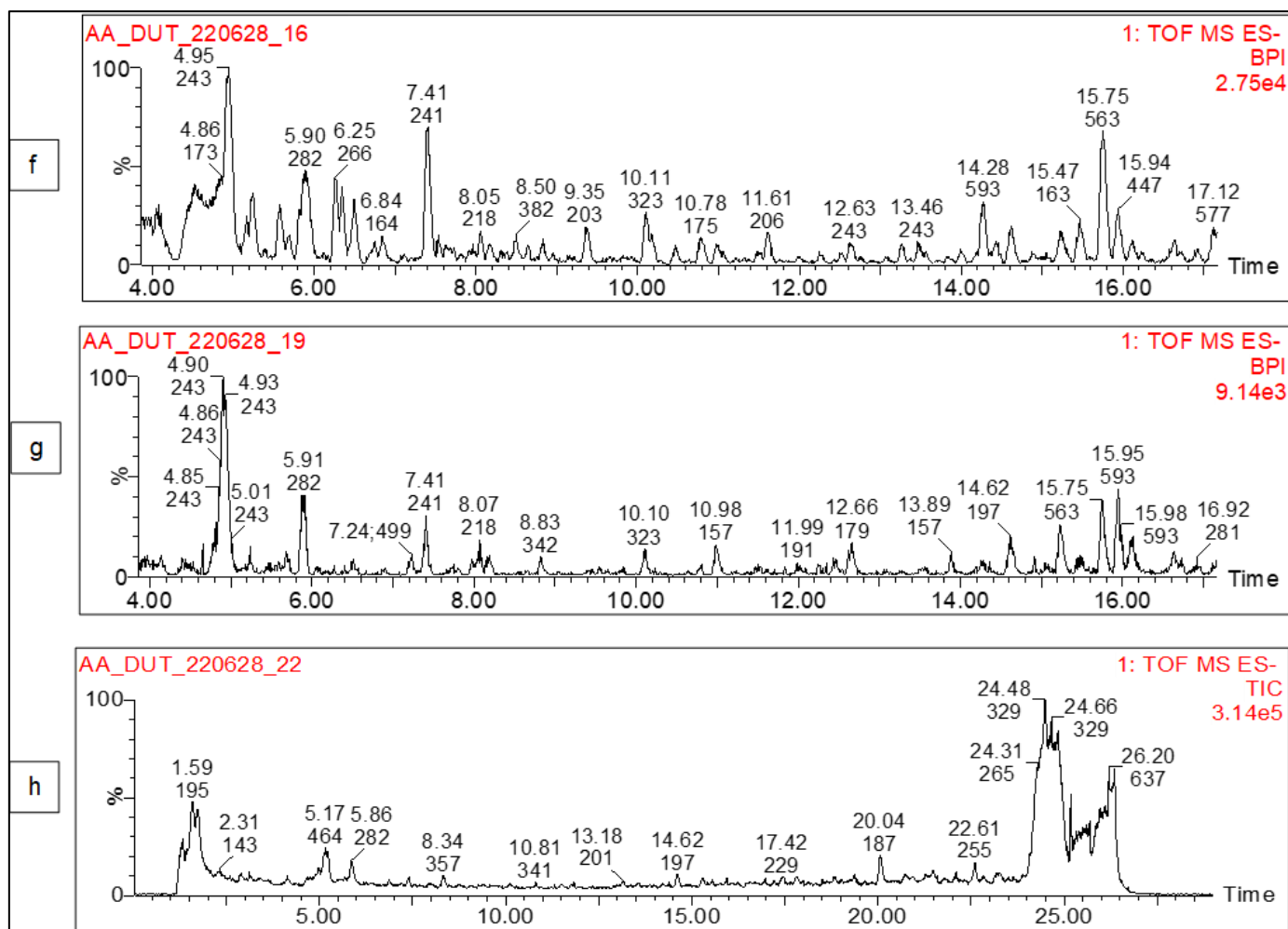


Figure S1: Examples of chromatograms produced showing mass to charge and retention times of compounds found in a) raw premature CS, b) raw mature CS as well as CS extracts; c) aqueous extract of premature CS, d) aqueous extract of mature CS, e) hydroethanolic extract of premature CS, f) hydroethanolic extract of mature CS, g) ethanolic extract of premature CS and h) ethanolic extract of mature CS

Table 1: Bioactive secondary metabolites identified in various extracts of CS through UPLC-MS analysis

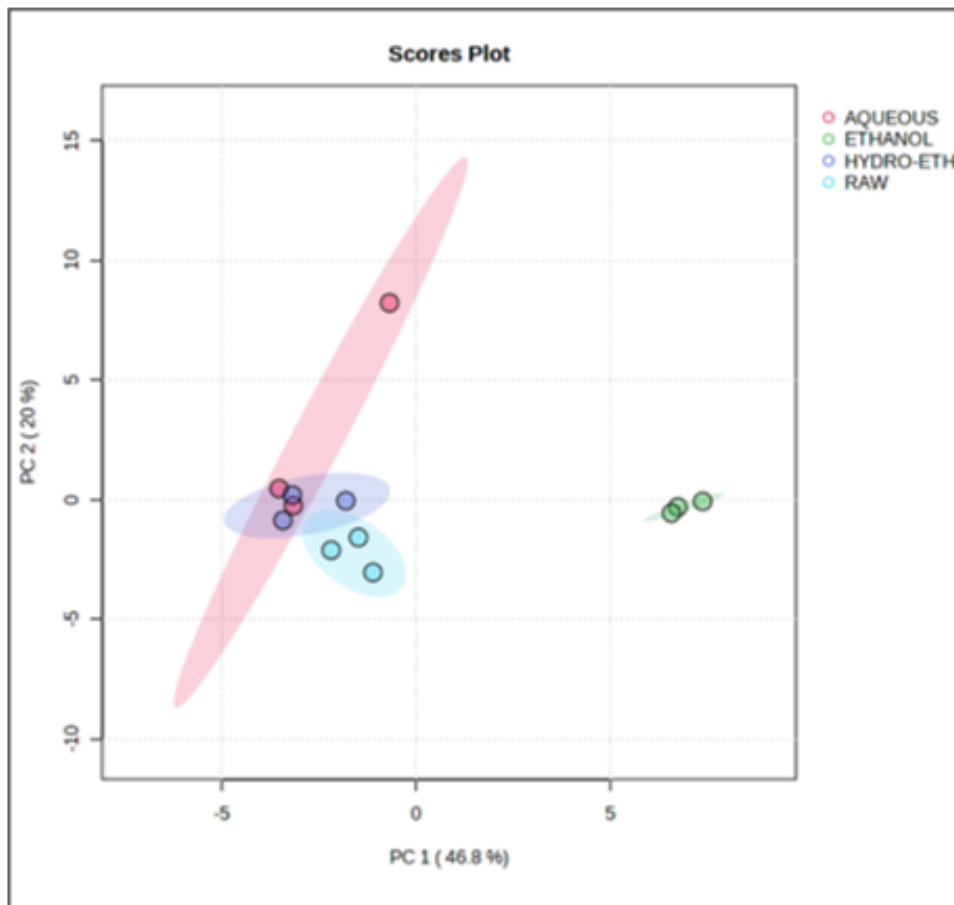
Compound number	Identity	Average retention time (minute)	m/z [M - H] ⁻
1	(7'R)-(+)-Lyoniresinol 9'-glucoside	4.07	581.22
2	Estriol-16-Glucuronide	4.15	509.20
3	Ascorbic acid	4.31	175.02
4	Methylisocitric acid	4.39	205.03
5	Citraconic acid	4.52	129.02
6	Oxalosuccinic acid	4.98	189.01
7	Pinocembrin 7-apiosyl-(1->5)-apiosyl-(1->2)-glucoside;5,7-Dihydroxyflavanone 7-apiosyl-(1->5)-apiosyl-(1->2)-glucoside	4.99	681.21
8	Mevalonic acid	5.09	147.07
9	D-2-Hydroxyglutaric acid	5.18	147.03
10	(2R,3S)-2,3-dimethylmalic acid	5.24	161.04
11	UNPD109129	6.35	251.08

12	Glutaric acid	6.15	131.03
13	Cinnamic acid	6.85	147.04
14	(6E)-1-(4-hydroxyphenyl)-7-phenylhepta-4,6-dien-3-one	8.45	277.13
15	Vanillic acid	8.55	167.03
16	1-O-vanilloyl-beta-D-glucose	8.55	329.09
17	Isorhamnetin 3-(6"-malonylglucoside)	8.64	563.10
18	Saccharumoside C	9.08	461.13
19	7-hydroxy-4-{3-oxo-3H-benzo[f]chromen-2-yl}-2H-chromen-2-one	9.14	355.06
20	Sarmentose	9.45	161.08
21	CNP0447999	9.57	353.08
22	1-O-Caffeoylglucose	9.75	341.09
23	1-O-Galloylglycerol	10.05	243.05
24	C00051555	10.11	323.13
25	3-Isopropylmalate	10.79	175.06
26	Diaportinic acid	10.82	279.05
27	Benzyl beta-D-glucopyranoside;(-)-Benzyl-O-beta-D-glucopyranoside	11.15	269.10
28	Domesticoside	11.35	343.10
29	Dihydrophaseic acid 4'-O-beta-D-glucopyranoside	11.37	443.19
30	Ketoleucine	11.47	129.05
31	Aesculin	11.47	339.07
32	Chlorogenic acid	12.00	353.09
33	Quinic acid	12.00	191.06
34	Cudraphenone A	12.23	363.16
35	Pimelic acid	12.26	159.07
36	(-)-6-((2S,3R,4R,5S,6R)-3,4-dihydroxy-6-(hydroxymethyl)-5-methoxytetrahydro-2H-pyran-2-yloxy)-8-hydroxy-3-methyl-1H-isochromen-1-one	12.46	367.10
37	(-)-11-hydroxy-9,10-dihydrojasmonic acid 11-beta-D-glucoside	12.52	389.18
38	Caffeic acid	12.65	179.03
39	5-Carboxyvanillic acid	12.73	211.02
40	Phellodendric acid A;(+)Phellodendric acid A	12.75	203.09
41	(-)-Epigallocatechin	13.27	305.07
42	D-Leucic acid	13.29	131.07
43	cis-Aconitic acid	13.50	173.01
44	MINEs-320976	14.20	431.19
45	Loganic acid	14.25	375.13
46	Astragalalin 7-rhamnoside	14.27	593.15
47	Quing hau sau; quinghaosu; artemisinin	14.35	281.14
48	3-Hydroxy-4-butanolide	14.43	263.08
49	Annularin A;(+)Annularin A	14.62	197.08
50	Traumatic acid	14.78	227.13
51	Methyl geranate	14.87	181.12
52	3-Hydroxytetradecanedioic acid	14.87	273.17
53	Dihydrophaseic acid	14.94	281.14
54	Tuberonic acid	15.24	225.11
55	Daldiniapyrone	15.29	253.11

56	4-Hydroxycinnamic acid	15.48	163.04
57	Monascusone A	15.54	253.11
58	Acetovanillone;Apocynin	15.60	165.05
59	Apiin	15.76	563.14
60	Quercitrin	15.95	447.09
61	2-Hydroxydecanedioic acid	16.18	217.11
62	UNPD221406	16.24	241.11
63	Cichorioside M;(+) -Cichorioside M	16.62	427.19
64	Austricin;8-Deacetylmatricarin;Desacetylmatricarin	16.71	261.12
65	trans-Ferulic acid	17.09	193.05
66	UNPD19396	17.12	577.15
67	UNPD77208	17.21	271.15
68	Nepetaside	17.24	345.16
69	Dodecanedioic acid	17.42	229.14
70	Kaempferitrin	17.55	577.15
71	Chrysoeriol 4',7-diglucuronide	17.68	651.12
72	erythronolide B	17.73	401.25
73	UNPD230015	17.82	263.06
74	3-Hydroxysebacic acid	17.84	217.11
75	Tricin 7-diglucuronoside	17.96	681.13
76	Esculetin	18.08	177.02
77	ethyl 5-[(2,5-dimethylphenyl)methoxy]-2-phenyl-1-benzofuran-3-carboxylate	18.09	399.16
78	xi-2,2,6-Trimethyl-1,4-cyclohexanedione	18.25	153.09
79	Quercetin 3-(2",3",4"-triacetyl-galactoside)	18.31	589.12
80	[4]-Gingerol	18.84	265.14
81	Phaseic acid	18.56	279.12
82	Diaportinol	18.60	265.07
83	Herbacetin 7-(6"-quinoyl)glucoside)	18.68	637.14
84	12-deoxyerythronolide A	19.05	401.25
85	UNPD156113	19.09	605.12
86	Mirificin	19.15	547.14
87	Phaseolic acid	19.24	261.13
88	Curvularol	19.37	265.14
89	(+)-(S)-Carvone	19.65	149.10
90	Kaempferol 3-rhamnoside 7-galacturonide	19.87	607.13
91	Azelaic acid	20.07	187.10
92	Kaempferol 3-rhamnoside 7-galacturonide	20.29	607.13
93	Stagonolide F;(-)-Stagonolide F	20.68	183.10
94	Isowertin 2"-rhamnoside	20.73	1183.34
95	UNPD223815	20.86	255.16
96	9-hydroxynonanoic acid	20.89	173.12
97	Maysin	20.94	1151.29
98	5,7,4'-Trihydroxy-3'-methoxyflavone; Luteolin 3'-methyl ether 7-glucuronide	21.01	475.09
99	Quercetin 3-O-(6"-acetyl-galactoside)	21.14	505.10
100	Blennin D	21.15	265.14

101	10-Deoxygeniposidic acid	21.27	357.12
102	Gallicynoic acid F;(-)-Gallicynoic acid F	21.41	343.21
103	Pandangolide 1a;(-)-Pandangolide 1a	21.46	243.12
104	4-Hydroxynonenal	21.57	155.11
105	Tetradecanedioic acid	21.76	257.17
106	(R)-7-butyl-6,8-dihydroxy-3-[(3E)-pent-3-en-1-yl]-3,4-dihydroisochromen-1-one	21.82	303.16
107	Genistin	21.82	431.10
108	p-Coumaroyl malic acid	20.85	282.11
109	Kaempferol 3-[2'''-acetyl-alpha-L-arabinopyranosyl-(1->6)-galactoside]	21.94	621.14
110	Cyperine	22.09	259.10
111	(+)-Cnicin; Cnicin	22.11	377.16
112	(S)-Abscisic acid	22.20	263.13
113	Sydnic acid; Sydonic acid	22.23	265.14
114	Gallicynoic acid A;(+)Gallicynoic acid A	22.81	253.14
115	Apigenin 7-O-(6''-O-acetylglucoside)	22.85	473.11
116	UNPD127537	23.18	255.16
117	olivetol	23.21	179.11
118	Ginsenoyne E	23.29	303.16
119	Caffeoyl tartaric acid	23.33	312.12
120	Luteolin 3'-methyl ether 7-glucuronide	23.48	265.14
121	UNPD205010	23.48	343.17
122	Maysin 3'-methyl ether	23.51	589.15
123	Artemin	23.66	265.15
124	Gallicynoic acid B	23.69	267.16
125	Aspergillide A	23.80	253.14
126	(S)-Oleuropeic acid	23.89	183.10
127	Sebacic acid	23.89	201.11
128	7-Acetoxy-5,6-dimethoxycoumarin	17.82	263.0574

a



b

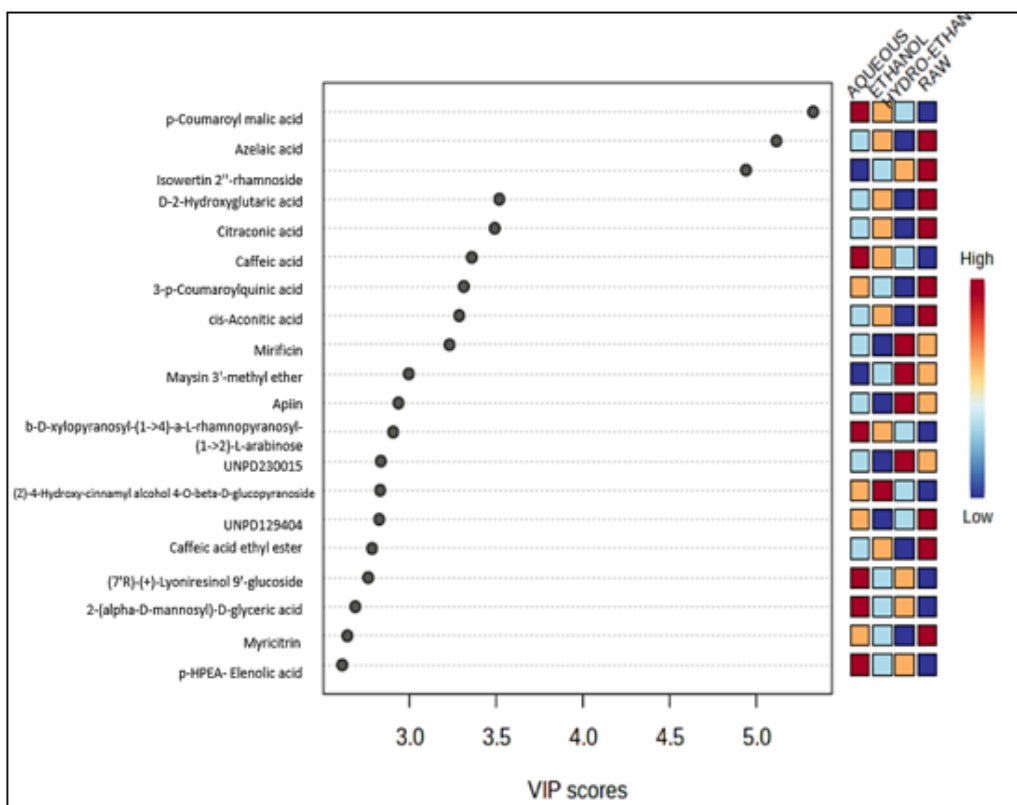


Figure S2: a) Principal component analysis scores plot showing variance in CS secondary metabolites between the four extracts; b) Partial least square discriminant analysis (PLS-DA) loadings plot showing the differences in the amount of secondary metabolites present in the four samples of CS. Red indicates high prevalence and blue indicates low prevalence.

Table S2: Number of Lipinski's violations of CS bioactive compounds

Compound number	Formula	Molecular weight (g/mol)	#H-bond acceptors	#H-bond donors	iLOGP (octanol/water partition coefficient)	Lipinski #violations
1	C ₂₈ H ₃₈ O ₁₃	582.59	13	7	4.71	3
2	C ₂₄ H ₃₂ O ₉	464.51	9	6	1.67	1
3	C ₆ H ₈ O ₆	176.12	6	4	0.39	0
4	C ₇ H ₁₀ O ₇	206.15	7	4	-0.94	0
5	C ₅ H ₆ O ₄	130.10	4	2	0.46	0
6	C ₆ H ₆ O ₇	190.11	7	3	-0.71	0
7	C ₃₁ H ₃₈ O ₁₇	682.62	17	9	2.27	3
8	C ₆ H ₁₂ O ₄	148.16	4	3	0.39	0
9	C ₅ H ₈ O ₅	148.11	5	3	0.18	0
10	C ₆ H ₁₀ O ₅	162.14	5	3	0.34	0
11	C ₉ H ₁₆ O ₈	252.22	8	5	0.37	0
12	C ₅ H ₈ O ₄	132.11	4	2	0.45	0
13	C ₉ H ₈ O ₂	148.16	2	1	1.55	0
14	C ₁₉ H ₁₈ O ₂	278.35	2	1	2.79	0
15	C ₈ H ₈ O ₄	168.15	4	2	1.40	0
16	C ₁₄ H ₁₈ O ₉	330.29	9	5	1.88	0
17	C ₂₅ H ₂₄ O ₁₅	564.45	15	7	1.77	3
18	C ₁₉ H ₂₆ O ₁₃	462.40	13	7	1.35	2
19	C ₂₂ H ₁₂ O ₅	356.33	5	1	2.52	0
20	C ₇ H ₁₄ O ₄	162.18	4	2	0.94	0
21	C ₂₃ H ₁₄ O ₄	354.35	4	1	2.41	0
22	C ₁₅ H ₁₈ O ₉	342.30	9	6	0.23	1
23	C ₁₀ H ₁₂ O ₇	244.20	7	5	0.63	0
24	C ₁₃ H ₂₄ O ₉	324.32	9	5	1.95	0
25	C ₇ H ₁₂ O ₅	176.17	5	3	0.24	0
26	C ₁₃ H ₁₂ O ₇	280.23	7	3	1.54	0
27	C ₁₃ H ₁₈ O ₆	270.28	6	4	1.60	0
28	C ₁₅ H ₂₀ O ₉	344.31	9	5	2.05	0
29	C ₂₁ H ₃₂ O ₁₀	444.47	10	6	1.89	1
30	C ₆ H ₁₀ O ₃	130.14	3	1	1.06	0
31	C ₁₅ H ₁₆ O ₉	340.28	9	5	1.04	0

32	C ₁₆ H ₁₈ O ₉	354.31	9	6	0.96	1
33	C ₇ H ₁₂ O ₆	192.17	6	5	-0.12	0
34	C ₂₃ H ₂₄ O ₄	364.43	4	2	3.70	0
35	C ₇ H ₁₂ O ₄	160.17	4	2	0.94	0
36	C ₁₇ H ₂₀ O ₉	368.34	9	4	2.54	0
37	C ₁₈ H ₃₀ O ₉	390.43	9	5	2.35	0
38	C ₉ H ₈ O ₄	180.16	4	3	0.97	0
39	C ₉ H ₈ O ₆	212.16	6	3	0.24	0
40	C ₉ H ₁₆ O ₅	204.22	5	2	1.55	0
41	C ₁₅ H ₁₄ O ₇	306.27	7	6	0.98	1
42	C ₆ H ₁₂ O ₃	132.16	3	2	1.17	0
43	C ₆ H ₆ O ₆	174.11	6	3	-0.13	0
44	C ₂₀ H ₃₂ O ₁₀	432.46	10	6	1.57	1
45	C ₁₆ H ₂₄ O ₁₀	376.36	10	6	1.26	1
46	C ₂₇ H ₃₀ O ₁₅	594.52	15	9	1.80	3
47	C ₁₅ H ₂₂ O ₅	282.33	5	0	2.75	0
48	C ₁₀ H ₁₆ O ₈	264.23	8	4	0.97	0
49	C ₁₀ H ₁₄ O ₄	198.22	4	1	2.32	0
50	C ₁₂ H ₂₀ O ₄	228.28	4	2	2.04	0
51	C ₁₁ H ₁₈ O ₂	182.26	2	0	3.05	0
52	C ₁₄ H ₂₆ O ₅	274.35	5	3	2.34	0
53	C ₁₅ H ₂₂ O ₅	282.33	5	3	2.09	0
54	C ₁₂ H ₁₈ O ₄	226.27	4	2	1.46	0
55	C ₁₃ H ₁₈ O ₅	254.28	5	0	3.07	0
56	C ₉ H ₈ O ₃	164.16	3	2	0.95	0
57	C ₁₃ H ₁₈ O ₅	254.28	5	3	1.82	0
58	C ₉ H ₁₀ O ₃	166.17	3	1	1.77	0
59	C ₂₆ H ₂₈ O ₁₄	564.49	14	8	2.11	3
60	C ₂₁ H ₂₀ O ₁₁	448.38	11	7	1.27	2
61	C ₁₀ H ₁₈ O ₅	218.25	5	3	0.96	0
62	C ₁₂ H ₁₈ O ₅	242.27	5	2	1.81	0
63	C ₂₁ H ₃₂ O ₉	428.47	9	5	1.97	0
64	C ₁₅ H ₁₈ O ₄	262.30	4	1	2.03	0
65	C ₁₀ H ₁₀ O ₄	194.18	4	2	1.62	0
66	C ₃₄ H ₂₆ O ₉	578.56	9	6	3.45	2
67	C ₁₄ H ₂₄ O ₅	272.34	5	1	2.71	0
68	C ₁₆ H ₂₆ O ₈	346.37	8	4	2.06	0
69	C ₁₂ H ₂₂ O ₄	230.30	4	2	1.83	0
70	C ₂₇ H ₃₀ O ₁₄	578.52	14	8	1.89	3
71	C ₂₈ H ₂₈ O ₁₈	652.51	18	9	0.94	3
72	C ₂₁ H ₃₈ O ₇	402.52	7	4	2.83	0
73	C ₁₃ H ₁₂ O ₆	264.23	6	3	1.70	0
74	C ₁₀ H ₁₈ O ₅	218.25	5	3	1.32	0
75	C ₂₉ H ₃₀ O ₁₉	682.54	19	9	1.95	3

76	C ₉ H ₆ O ₄	178.14	4	2	1.25	0
77	C ₂₆ H ₂₄ O ₄	400.47	4	0	4.45	1
78	C ₉ H ₁₄ O ₂	154.21	2	0	1.63	0
79	C ₂₇ H ₂₆ O ₁₅	590.49	15	5	1.94	2
80	C ₁₅ H ₂₂ O ₄	266.33	4	2	2.38	0
81	C ₁₅ H ₂₀ O ₅	280.32	5	2	1.76	0
82	C ₁₃ H ₁₄ O ₆	266.25	6	3	2.33	0
83	C ₂₈ H ₃₀ O ₁₇	638.53	17	11	1.81	3
84	C ₂₁ H ₃₈ O ₇	402.52	7	4	2.83	0
85	C ₂₇ H ₂₆ O ₁₆	606.49	16	9	2.59	3
86	C ₂₆ H ₂₈ O ₁₃	548.49	13	8	0.66	3
87	C ₁₂ H ₂₂ O ₆	262.30	6	4	1.32	0
88	C ₁₅ H ₂₂ O ₄	266.33	4	2	2.35	0
89	C ₁₀ H ₁₄ O	150.22	1	0	2.27	0
90	C ₂₇ H ₂₈ O ₁₆	608.50	16	9	1.66	3
91	C ₉ H ₁₆ O ₄	188.22	4	2	1.44	0
92	C ₂₇ H ₂₈ O ₁₆	608.50	16	9	1.66	3
93	C ₁₀ H ₁₆ O ₃	184.23	3	1	2.03	0
94	C ₂₈ H ₃₂ O ₁₄	592.55	14	8	0.80	3
95	C ₁₄ H ₂₄ O ₄	256.34	4	1	3.26	0
96	C ₉ H ₁₈ O ₃	174.24	3	2	1.83	0
97	C ₂₇ H ₂₈ O ₁₄	576.50	14	8	1.95	3
98	C ₂₂ H ₂₀ O ₁₂	476.39	12	6	2.02	2
99	C ₂₃ H ₂₂ O ₁₃	506.41	13	7	1.61	3
100	C ₁₅ H ₂₂ O ₄	266.33	4	2	2.46	0
101	C ₁₆ H ₂₂ O ₉	358.34	9	5	1.24	0
102	C ₁₈ H ₃₂ O ₆	344.44	6	5	2.95	0
103	C ₁₂ H ₂₀ O ₅	244.28	5	2	1.91	0
104	C ₉ H ₁₆ O ₂	156.22	2	1	2.15	0
105	C ₁₄ H ₂₆ O ₄	258.35	4	2	2.49	0
106	C ₁₈ H ₂₄ O ₄	304.38	4	2	3.45	0
107	C ₂₁ H ₂₀ O ₁₀	432.38	10	6	2.11	1
108	C ₁₃ H ₁₂ O ₇	280.23	7	3	0.62	0
109	C ₂₈ H ₃₀ O ₁₆	622.53	16	8	1.81	3
110	C ₁₅ H ₁₆ O ₄	260.29	4	2	2.73	0
111	C ₂₀ H ₂₆ O ₇	378.42	7	3	1.97	0
112	C ₁₅ H ₂₀ O ₄	264.32	4	2	1.97	0
113	C ₁₅ H ₂₂ O ₄	266.33	4	3	2.59	0
114	C ₁₄ H ₂₂ O ₄	254.32	4	3	2.19	0
115	C ₂₃ H ₂₂ O ₁₁	474.41	11	5	2.31	1
116	C ₁₄ H ₂₄ O ₄	256.34	4	2	2.66	0
117	C ₁₁ H ₁₆ O ₂	180.24	2	2	2.04	0
118	C ₁₇ H ₂₂ O ₂	258.36	2	0	4.10	0
119	C ₁₃ H ₁₂ O ₉	312.23	9	5	0.55	0

120	$C_{28}H_{30}O_{16}$	622.50	4	3	2.59	1
121	$C_{17}H_{28}O_7$	344.40	7	2	2.59	0
122	$C_{28}H_{30}O_{14}$	590.53	14	7	1.76	3
123	$C_{15}H_{22}O_4$	266.33	4	2	2.19	0
124	$C_{15}H_{24}O_4$	268.35	4	3	2.87	0
125	$C_{14}H_{22}O_4$	254.32	4	1	2.59	0
126	$C_{10}H_{16}O_3$	184.23	3	2	1.65	0
127	$C_{10}H_{18}O_4$	202.25	4	2	1.77	0
128	$C_{13}H_{12}O_6$	264.23	6	3	1.70	1

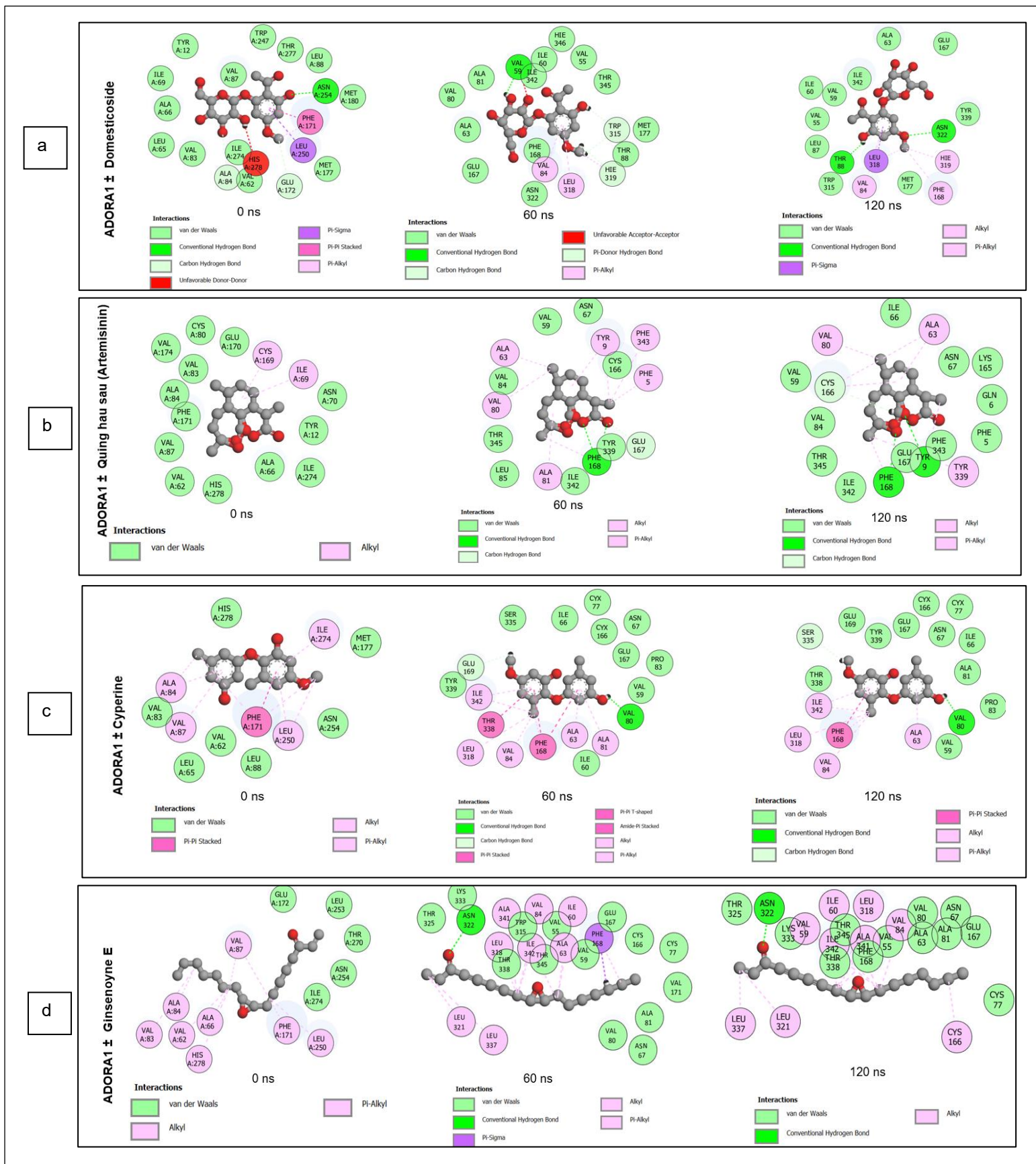


Figure S3: 2-D interaction plots of target gene *ADORA1* with bioactive constituents present in CS: a) domesticoside, b) quing hau sau, c) cypertine and d) ginsenoyne E over a 120-ns simulation

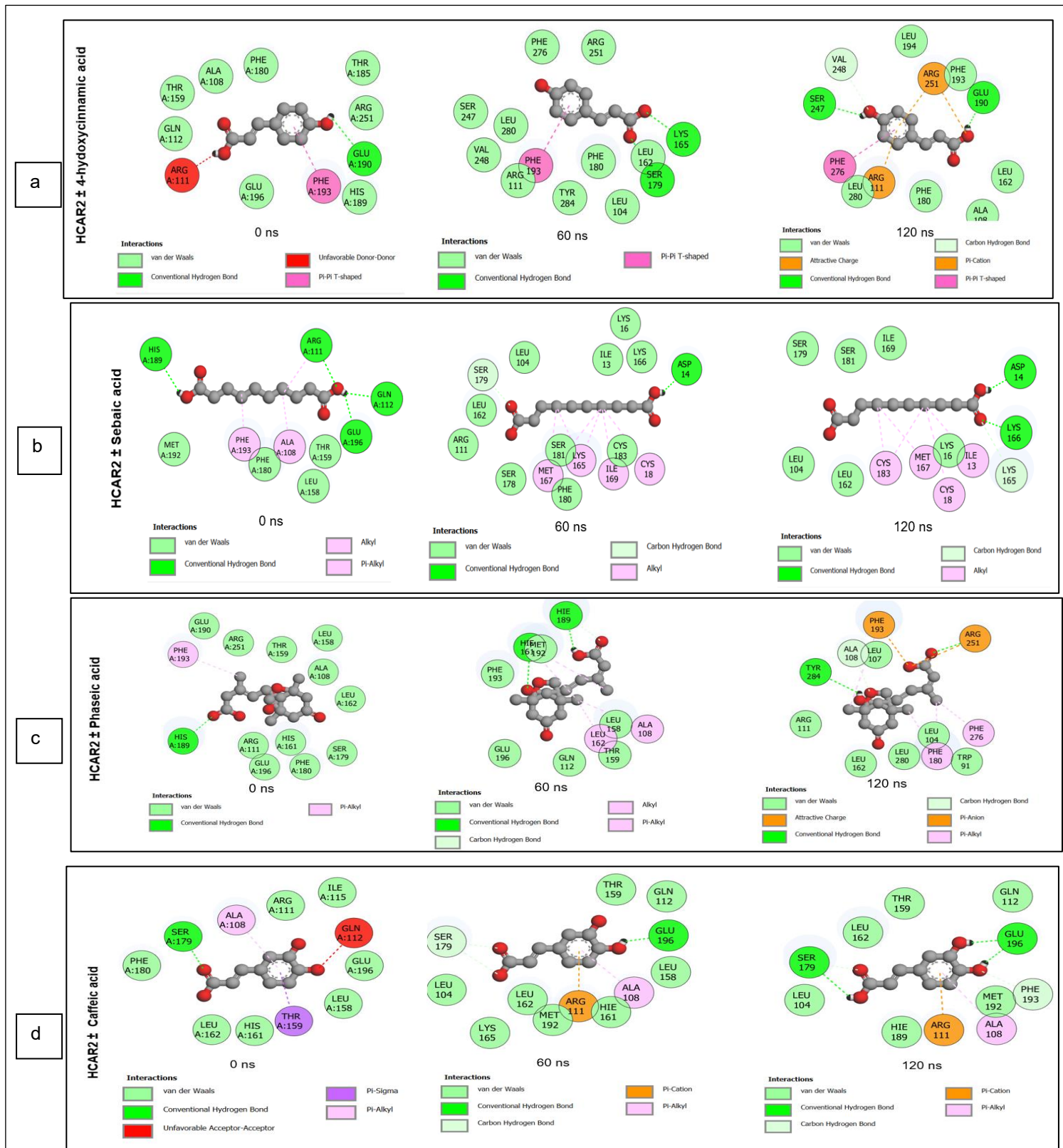


Figure S4: 2-D interaction plots of target gene *HCAR2* with bioactive constituents present in CS: a) 4-hydroxycinnamic acid, b) sebaic acid, c) phaseic acid and d) caffeic acid over a 120-ns simulation

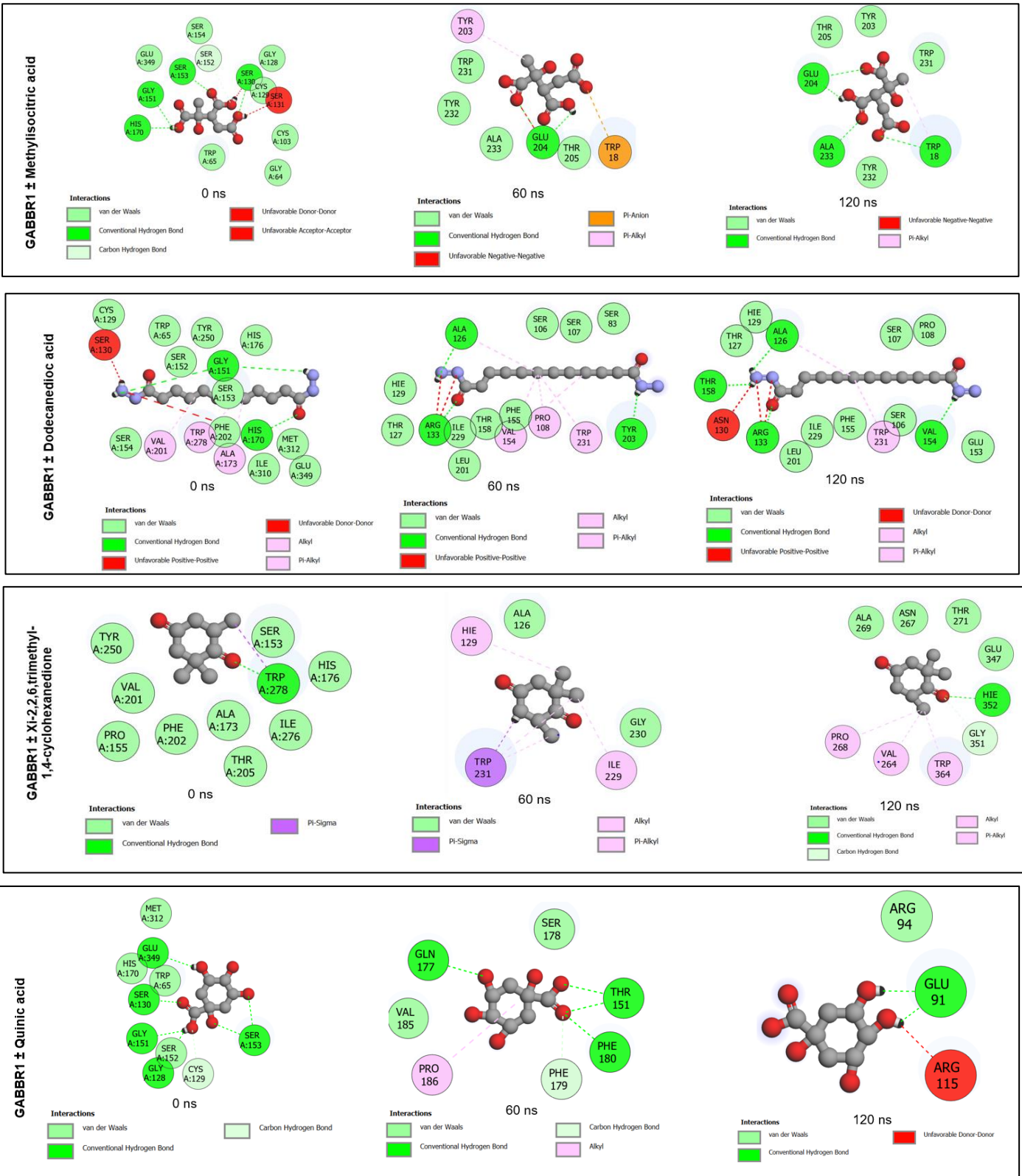


Figure S5: 2-D interaction plots of target gene *GABBR1* with bioactive constituents present in CS: a) methylisocitric acid, b) dodecanedioic acid, c) xi-2,2,6,trimethyl-1,4-cyclohexanedione and d) quinic acid, over a 120-ns simulation.

Chapter five

Unveiling the mechanism of action of corn silk in type 2 diabetes mellitus intervention through down regulation of *ADORA1* and *GABBR1* in HepG2 cells

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Unveiling the mechanism of action of corn silk in type 2 diabetes mellitus intervention through down regulation of *ADORA1* and *GABBR1* in HepG2 cells

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Abstract

This study aims to validate the antidiabetic potential of different extracts (aqueous, hydro-ethanolic and ethanolic) of premature and mature CS in HepG2 cells. This was achieved through an initial 3-(4,5-dimethylthiazol-2-yl)-2,5-diphenyltetrazolium bromide cell viability and glucose consumption assays to establish their optimal doses, and subsequently by real-time polymerase chain reaction (RT-qPCR) to understand their modulatory effect on the expression of adenosine receptor A1 (*ADORA1*) and gamma-aminobutyric acid type B subunit 1 (*GABBR1*) as obtained from the network pharmacology study. At 75 – 100 µg/mL, the investigated extracts promoted viability of HepG2 cells, with ethanolic extract of the mature CS (75 µg/mL) being the most prominent compared with the reference standards-treated and the untreated cells. In the glucose uptake assay, the highest glucose consumption in both normal (7.38 mmol/L) and insulin-resistant (4.13 mmol/L) HepG2 cells observed with the aqueous extract of mature CS could be attributed to its profiled metabolites. A further probe into the modulatory effect of the CS extracts at their optimal doses on the expression of the profiled genes revealed that the aqueous extract of the premature CS (100 µg/mL) proficiently downregulated the expression of *ADORA1* and *GABBR1* in insulin-resistant HepG2 cells relative to the effects observed with the controls. These observations with the extract could be associated with its high abundance of gallicynoic acid B and tetradecanedioic acid identified as effective modulators of *ADORA1* and *GABBR1*, respectively. The findings of this study not only suggest the possible mechanism of antidiabetic action of CS in HepG2 cells through the downregulation of *ADORA1* and *GABBR1* resulting in increased glucose uptake, but will contribute towards the development of CS as an antidiabetic agent for the management of T2DM.

Keywords: *ADORA1*; Antidiabetic; Corn silk; *GABBR1*; Gene expression; Glucose uptake; HepG2 cells.

1. Introduction

Diabetes mellitus (DM) is a chronic metabolic disorder stemming from irregular glucose metabolism that poses substantial burdens on health care systems and economies worldwide (Pheiffer *et al.*, 2018). As of 2021, approximately 537 million adults aged 20 to 79 were affected by DM worldwide, with projections indicating a rise to 783 million by 2045 if no effective intervention is provided (Yagasaki *et al.*, 2022). Type 2 diabetes mellitus (T2DM), constituting roughly 90% of DM cases, represents the most prevalent form of DM (Lankatillake *et al.*, 2019). If left untreated, T2DM can lead to many severe complications including renal disease, ocular damage, cardiovascular issues, myocardial infarctions, strokes, heightened fracture risks, neuropathy, dermatological problems, foot complications (foot ulcers, amputation), increased susceptibility to Alzheimer's disease, and auditory impairment (Yagasaki *et al.*, 2022). A significant portion of T2DM patients rely on the use of synthetic medications, namely biguanides (metformin), sulfonylureas, thiazolidinediones, meglitinides, dipeptidyl peptidase-4 inhibitors, sodium-glucose co-transporter 2 inhibitors, glucagon-like peptide-1 receptor agonists and injectable insulin etc., to maintain glycaemic control and prevent possible secondary complications (Paddy *et al.*, 2014; Padhi *et al.*, 2020). While the effectiveness of these conventional medications as management options is undoubtable, they are associated with prolonged treatment durations, high expense, limited accessibility, variations in individual responses, and absence of target specificity (Padhi *et al.*, 2020). Additionally, the extended use of these medications is correlated with the manifestation of adverse side effects in several individuals (Michaelidou *et al.*, 2023). Therefore, the development of novel and promising antihyperglycemic agents that can be used as complementary alternatives or synergistically with conventional therapeutics is highly sought after (Abo *et al.*, 2008; Xiao *et al.*, 2018; Padhi *et al.*, 2020).

Numerous cultures, including Chinese, Indian, European, Australian, Korean, Middle Eastern, American (North, South, and Central), and African, have utilized medicinal plants and their derived products to address and/or mitigate an array of health conditions (Van Wyk *et al.*, 2018), including T2DM (Hasani-Ranjbar *et al.*, 2008). Corn silk (CS), an abundant waste material discarded after corn cultivation has promising therapeutic

properties, including diuretic, antihyperlipidemic, antihypertensive, anti-obesity, anti-microbial, neuroprotective, anti-cancer, anti-depressant, antioxidant, anti-inflammatory, and antidiabetic (Hasanudin *et al.*, 2012; Chen *et al.*, 2013; Wang *et al.*, 2016; Žilić *et al.*, 2016; Chaiittianana *et al.*, 2017; Shalihah *et al.*, 2020). While the promising antidiabetic potential of CS is well-documented (Chen *et al.*, 2013; Zhang *et al.*, 2015; Pan *et al.*, 2017; Jia *et al.*, 2020; Dong *et al.*, 2022; Liang *et al.*, 2024), its mechanism of action has not been fully elucidated.

For instance, a previous *in silico* study that adopted integrated network pharmacology and MD simulation profiled significant modulation of adenosine receptor A1 (*ADORA1*), hydroxycarboxylic acid receptor 2 (*HCAR2*) and gamma-aminobutyric acid type B receptor subunit 1 (*GABBR1*) of the cyclic AMP (cAMP) pathway as the two most crucial key targets of interest implicated in antidiabetic potential of CS (Akoonjee *et al.*, 2023). Despite that the study postulated a possible mechanism of action of CS in the management of T2DM, the experimental validation in an appropriate model was lacking. Experimental validation is crucial to ensure the safety and optimal therapeutic dose(s) of a therapeutic agent and can complement the results of *in silico* analysis to ascertain the mechanism of action of a drug candidate (Venkateswaran *et al.*, 2020). Mammalian cells such as HepG2 cells have been previously used *in vitro* to establish the antidiabetic potential of therapeutics (Liu *et al.*, 2017; Alaaeldin *et al.*, 2021; Bourebaba *et al.*, 2021; Yarahmadi *et al.*, 2021; Zhou *et al.*, 2021) and the findings from such studies have been adjudged reliable and reproducible (Huang *et al.*, 2015; Liu *et al.*, 2017). Consequent upon the foregoing and building on the already established modulatory role of CS metabolites on *ADORA1* and *GABBR1*, the present study investigated how CS extracts could influence glucose uptake and subsequent expression of *ADORA1* and *GABBR1* in insulin-resistant HepG2 cells.

2. Materials and methodology

2.1. Reagents and kits used

Human HepG2 cell line (ATCC Cat number: HB-8065) was kindly donated by Professor Chuturgoon of the Discipline of Medical Biochemistry and Chemical Pathology, University of KwaZulu-Natal, Durban, South Africa. Metformin, insulin (human), dimethyl sulfoxide (DMSO) and reagents such as 3-(4,5-dimethylthiazol-2-yl)-2,5-diphenyltetrazolium bromide (MTT) and Qiazol lysis reagent were purchased from Sigma-Aldrich (St Louis, Missouri, United States of America). All cell culture reagents [Dulbecco's medium eagle

media (DMEM; supplemented with 4500 mg/l glucose stable glutamine, sodium pyruvate and sodium bicarbonate), Dulbecco's phosphate buffered saline (DPBS, pH 7.4 with calcium and magnesium), penicillin-streptomycin, foetal bovine serum (FBS), 1% L-glutamine] were purchased from Lonza Biotechnology (Basel, Switzerland). Polymerase chain reaction (PCR) iScript cDNA synthesis kit and iScript One-Step RT-PCR kit with SYBR Green were products of Lasec (Cape Town, South Africa), while the PCR primers (for *ADORA1*, *GABBR1* and *GAPDH*) were purchased from Inqaba Biotech (Pretoria, South Africa). Except otherwise stated, all other reagents/kits used were of analytical grades.

2.2.Corn silk collection, processing and preparation of extracts

Fresh CS of the commonly consumed commercial hybrid ILHYB22 was collected at the Cedara College of Agriculture, KwaZulu-Natal, South Africa at the premature and mature stages. The CS samples obtained were further processed as earlier reported (Akoonjee *et al.*, 2023). The CS stock solutions were prepared by dissolving its extracts in 100% DMSO to obtain a stock concentration of 100 000 µg/mL from which dilutions were made with HEPES buffer to obtain final concentrations of 5, 25, 50, 75 and 100 µg/mL, which served as the CS treatments used in this study, with the final concentration of DMSO ≤ 0.1% to prevent DMSO cytotoxicity to the HepG2 cells (Dludla *et al.*, 2018).

2.3.Cell viability assay

To determine the effect of CS treatments on HepG2 cells (passage 3), the MTT assay protocol of Mosman (1983), which details the colorimetric measurement of the reduction of the yellow tetrazolium dye, was performed with slight modification (Dludla *et al.*, 2018). HepG2 cells were cultured at 37°C with 5% CO₂ to 90% confluency in 96 well culture plates containing complete culture media (DMEM supplemented with 10% FBS and 1% penicillin-streptomycin). Briefly, following exposure of CS treatments for 24 h, HepG2 cells in 96 well plates were stained with 2 mg/mL MTT solution prepared in DPBS. Complete culture media was used as negative control whereas insulin (1 µM) (Mazibuko-Mbeje *et al.*, 2021) and metformin (1 µM) (Dludla *et al.*, 2020) were used as positive controls. Thereafter, DMSO and Sorenson's glycine buffer (0.1 M glycine and 0.1 M NaCl, adjusted to pH 10.5 with 0.1 mM NaOH) were added to solubilize the dye before absorbance was read at 570 nm using a microplate reader (ELx800, BioTek Instruments Incorporated, Winooski, Vermont, United States of America) and Gen 5 (BioTek

Instruments Incorporated, Winooski, Vermont, United States of America) software for data acquisition (Mosman, 1983; Dlodla *et al.*, 2018).

2.4. Establishment of experimental model of insulin resistance in HepG2 cells and corn silk treatment

Human HepG2 cells (1.5×10^6 , passage 3) were cultured at 37°C with 5% CO₂ to 90% confluency in 25 cm³ cell culture flasks containing complete culture media (DMEM supplemented with 10% FBS and 1% penicillin-streptomycin) (Ghazi *et al.*, 2020). Upon 90% confluency, insulin resistance was induced in the HepG2 cells by exposing cells to 0.005 µM of insulin for 24 h (Alaaeldin *et al.*, 2021). The cells were subsequently treated with optimal concentrations (75 or 100 µg/mL) of CS extracts as obtained from MTT assay for 24 h. Complete culture media was used as negative control whereas insulin (1 µM) (Mazibuko-Mbeje *et al.*, 2021) and metformin (1 µM) (Dlodla *et al.*, 2020) were used as positive controls (Dlodla *et al.*, 2018).

2.5. Glucose consumption by normal and insulin-resistant HepG2 cells

The glucose concentration of the culture media containing HepG2 cells was measured through the conversion of glucose to gluconolactone using an Accu-Chek Active kit (including the Accu-Chek Glucometer and glucose test strips) (Roche Holding AG, Basel, Switzerland) as detailed by Nayak *et al.* (1997). HepG2 cells were cultured at 37°C with 5% CO₂ to 90% confluency in 96 well culture plates containing complete culture media (DMEM supplemented with 10% FBS and 1% penicillin-streptomycin) (Ghazi *et al.*, 2020). Glucose concentration was measured in the culture media of HepG2 cells treated with optimal concentrations (75 or 100 µg/mL) of CS extracts prior to and following treatment with 0.005 µM of insulin to induce insulin resistance. Insulin and metformin were used as positive controls and complete culture media (untreated) was used as negative control (Choy *et al.*, 2007; Eames *et al.*, 2010). The amount of glucose consumption (mmol/L) was obtained by subtracting the glucose concentration of the normal and insulin-resistant HepG2 cells from the glucose concentration of a blank well (Huang *et al.*, 2015).

2.6. RNA isolation, complementary DNA synthesis and real time quantitative polymerase reaction

2.6.1. RNA Isolation

Total RNA was extracted from CS extract-treated insulin-resistant HepG2 cells as described by Ghazi *et al.* (2019). Briefly, HepG2 cells were rinsed in 0.1 M DPBS and incubated for 5 min at room temperature in 500 μ L Qiazol lysis reagent and 500 μ L 0.1 M DPBS. Subsequently, cells were removed from cell culture flask using a cell scraper and transferred to sterile 1.5 mL microcentrifuge tubes. Cellular lysates were incubated for 24 h at -80°C . Thereafter, 100 μ L chloroform was added and centrifuged ($12,000 \times g$, 4°C , 15 min). The aqueous phase containing the RNA was transferred to a sterile 1.5 mL micro-centrifuge tube and 100% cold isopropanol (250 μ L) was added to each sample prior to incubation for 24 h at -80°C . The samples were then centrifuged at $12,000 \times g$, 4°C for 20 min and the RNA pellets were washed in 75% cold ethanol (500 μ L). Finally, samples were centrifuged ($7,400 \times g$, 4°C , 15 min), RNA pellets were air dried for 30 min at room temperature, resuspended in 15 μ L nuclease-free water and incubated for 3 min at room temperature. The RNA was quantified using the NanoDrop 2000 spectrophotometer (Thermo Fischer Scientific, Waltham, Massachusetts, United States of America) and standardized to 1,000 ng/ μ L. The A260/A280 absorbance ratio was used to assess RNA purity.

2.6.2. Complementary DNA synthesis

Complementary DNA (cDNA) synthesis was performed as previously described by Ghazi *et al.* (2019). The RNA isolated was used to prepare cDNA using the iScript cDNA synthesis kit (BioRad, Hercules, California, United States of America), as per the manufacturer's instructions. A master mix was prepared for each RNA isolate by adding 4 μ L of 5x iScript reaction mix, 1 μ L iScript reverse transcriptase and 15 μ L nuclease-free water into a sterile 0.2 mL centrifuge tube. Thereafter, 1 μ L of RNA template (1,000 ng/ μ L) was added before being subjected to a MiniAmp Thermal Cycler (Thermo Fischer Scientific, Waltham, Massachusetts, United States of America) and incubated at 25°C for 5 min, 42°C for 30 min and 95°C for 5 min. Once cDNA synthesis has been completed, 80 μ L nuclease-free water was added and the cDNA samples were stored at -20°C until needed for quantitative polymerase chain reaction (qPCR).

2.6.3. Quantitative polymerase chain reaction

The expression of *ADORA1* and *GABBR1* was analysed using the iScript One-Step RT-PCR kit with SYBR Green (BioRad, Hercules, California, United States of America) as per the manufacturer's instructions. Glyceraldehyde 3-phosphate dehydrogenase (*GAPDH*) was used as an internal control gene (housekeeping gene) for normalizing mitochondrial

RNA (mRNA) expression. Per reaction, 9 μL of qPCR master mix [5 μL SYBR Green, 2 μL nuclease-free water, 1 μL sense primer (24 μM) and 1 μL anti-sense primer (25 μM)] was mixed with 1 μL cDNA (1000 ng/ μL) into a 96 well PCR plate. Thereafter, the plate was sealed using an adhesive plate seal and centrifuged (1000 \times g; 24°C for 1 min). All qPCR experiments were conducted using the CFX96 Real Time PCR System (BioRad, Hercules, California, United States of America) and analysed using the Bio-Rad CFX Manager™ Software version 3.1 (BioRad, Hercules, California, United States of America). The common “Double Delta threshold cycle (Ct)” method was used to determine relative changes in expression (Ghazi *et al.*, 2019), as per the following equation:

$$\% \text{ Relative quantification} = (2^{-\Delta\Delta\text{Ct}}) * 100$$

Where:

- i. $\Delta\Delta\text{Ct} = \Delta\text{Ct}_{(\text{test})} - \Delta\text{Ct}_{(\text{calibrator sample})}$
- ii. $\Delta\text{Ct}_{(\text{test})} = \text{Ct}_{(\text{target gene in test})} - \text{Ct}_{(\text{reference gene in test})}$
- iii. $\Delta\text{Ct}_{(\text{calibrator sample})} = \text{Ct}_{(\text{target gene in calibrator})} - \text{Ct}_{(\text{reference gene in calibrator})}$

2.7. Statistical analysis

GraphPad Prism version 5.0 (GraphPad Prism Software, Dotmatics, Boston, Massachusetts, United States of America) was used to perform all statistical analyses. Results are presented as relative abundance percentage \pm standard deviation (n=3). Statistical significance was considered at $p < 0.05$.

3. Results

3.1. Effect of corn silk treatments on viability of HepG2 cells

The results from the MTT assay used to measure the metabolic activity, and thus viability, of the HepG2 cells upon treatment with CS extracts, metformin and insulin for 24 h relative to untreated are presented in Figure 1. The results demonstrated that HepG2 cell proliferation was enhanced by CS extracts from both the premature and mature stages, when administered at concentrations ranging from 75 to 100 $\mu\text{g}/\text{mL}$, in comparison to the untreated and positive controls (metformin and insulin) ($p < 0.05$). The mature extracts of CS showed a higher percentage of cell viability in comparison to the premature CS ($p < 0.05$). A dose-dependent effect was observed in the percentage of cell viability of

HepG2 cells upon treatment with the aqueous extracts of CS, with the highest percentage of viability occurring at a concentration of 100 $\mu\text{g}/\text{mL}$ for the aqueous extract of premature (108.69%) and mature (124.93%) CS (Figure 1). Initially, both hydro-ethanolic and ethanolic extracts of CS at both developmental growth stages exhibited an increase in HepG2 cell viability between concentrations of 25 to 75 $\mu\text{g}/\text{mL}$ but showed a decrease at the highest investigated concentration (100 $\mu\text{g}/\text{mL}$). The ethanolic mature extract of CS (145.28%) displayed the highest percentage cell viability in comparison to all the treatments including the controls (Figure 1).

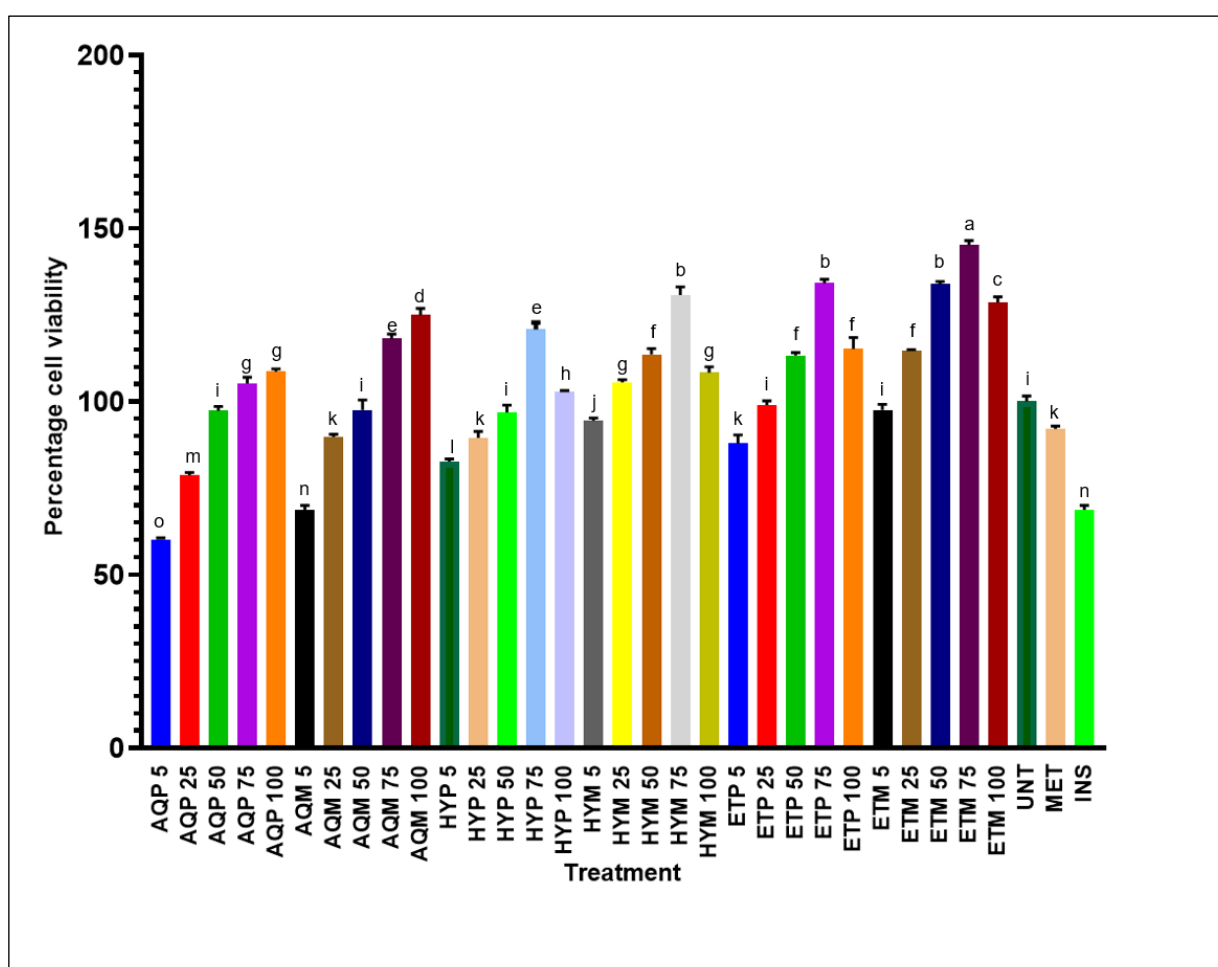


Figure 1: The effect of corn silk extracts (5 – 100 $\mu\text{g}/\text{mL}$) on cell viability based on mitochondrial activity in normal HEPG2 cells in comparison to culture media (untreated; negative control), insulin (1 μM) and metformin(1 μM) (positive controls). AQP; aqueous extract of premature CS, ETH MAT: ethanolic extract of mature CS, ETH PRE: ethanolic extract of premature CS, HYD MAT: hydro-ethanolic extract of mature CS, HYD PRE: hydro-ethanolic extract of premature CS,

UNT: untreated, MET: metformin, INS: insulin. Bars carrying different letters across each treatment are significantly different ($p < 0.05$)

3.2. Glucose consumption by normal and insulin-resistant HepG2 cells

The glucose concentration of the media consisting of normal and insulin-resistant HepG2 cells following treatment with CS extracts at two different developmental growth stages are presented in Supplementary Figure S1. For all treatments assessed, the insulin-resistant HepG2 cells had higher glucose concentrations in comparison to the normal HepG2 cells ($p < 0.05$), confirming the formation of an insulin-resistant HepG2 model. Compared with the untreated cells, lower concentrations of glucose in both normal and insulin resistant cells was observed following treatment with CS extracts. In addition, all CS extracts at both developmental stages, except the hydro-ethanolic extract of mature CS (75 $\mu\text{g/mL}$), had lower concentrations of glucose, compared to insulin (1 μM) and metformin (1 μM), in both normal and insulin-resistant HepG2 cells. The lowest concentrations of glucose in both normal (16.50 mmol/l) and insulin-resistant (19.75 mmol/l) HepG2 cells were observed with the aqueous extract of premature CS. The amount of glucose consumed by normal and HepG2 cells following treatment with different CS extracts relative to a blank well containing only culture media (no HepG2 cells) are presented in Table 1 and Figure 2. Normal HepG2 cells exhibited higher glucose consumption in comparison to insulin-resistant HepG2 cells. In addition, treatment with all CS extracts, except for hydro-ethanol extract of the mature CS (6.11 mmol/L), resulted in a higher amount of glucose consumed compared to metformin, in both normal and insulin-resistant HepG2 cells. Aqueous extract of mature CS demonstrated the highest amount of glucose consumption in both normal (7.38 mmol/L) and insulin-resistant (4.13 mmol/L) HepG2 cells.

Table 1: The effect of different corn silk extracts on the consumption of glucose in normal and insulin-resistant HepG2 cells

Treatment	Glucose consumption in normal HepG2 cells (mmol/L)	Glucose consumption in insulin-resistant HepG2 cells (mmol/L)
Aqueous extract of premature CS (100 $\mu\text{g/mL}$)	7.06	3.81

Aqueous extract of mature CS (100 $\mu\text{g/mL}$)	7.38	4.13
Hydro-ethanolic extract of premature CS (75 $\mu\text{g/mL}$)	6.18	2.93
Hydro-ethanolic extract of mature CS (75 $\mu\text{g/mL}$)	6.11	2.86
Ethanolic extract of premature CS (75 $\mu\text{g/mL}$)	6.61	3.36
Ethanolic extract of mature CS (75 $\mu\text{g/mL}$)	6.66	3.41
Untreated	5.16	1.91
Metformin (1 μM)	6.16	2.91
Insulin (1 μM)	5.98	2.73

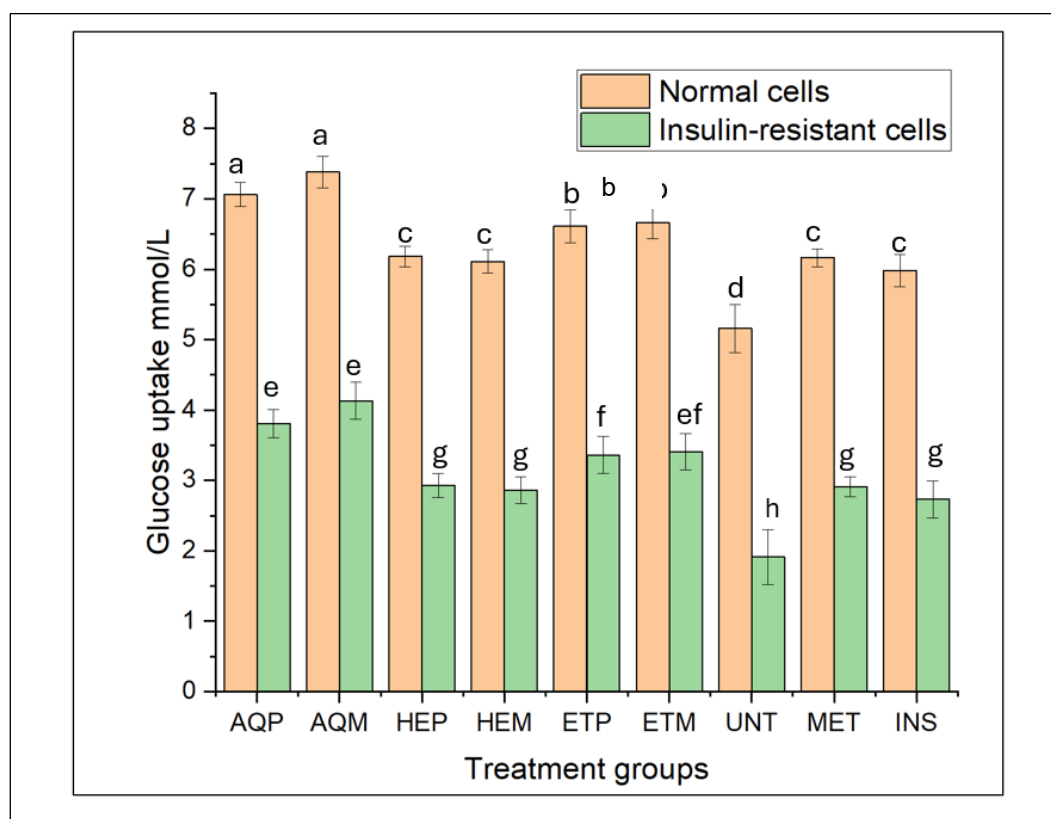


Figure 2: The effect of CS extracts on the uptake of glucose present in the culture media consisting of normal and insulin-resistant HepG2 cells in comparison to culture media (untreated; negative control), insulin and metformin (positive controls). AQP: aqueous extract of premature CS (100 $\mu\text{g/mL}$), AQM: aqueous extract of mature CS (100 $\mu\text{g/mL}$), HEP: hydro-ethanolic

extract of premature CS (75 µg/mL), HEM: hydro-ethanolic extract of mature CS (75 µg/mL), ETP: ethanolic extract of premature CS (75 µg/mL), ETM: ethanolic extract of mature CS (75 µg/mL); UNT: untreated, MET: metformin (1 µM), INS: insulin (1 µM). Bars carrying different letters across each treatment are significantly different ($p < 0.05$)

3.3.Expression of *ADORA1* and *GABBR1* following treatment with CS extracts

The effect of CS extracts (100 µg/mL aqueous and 75 µg/mL hydro-ethanolic and ethanolic) on the expression of *ADORA1* and *GABBR1* in insulin-resistant HepG2 cells after 24 h, compared to untreated, metformin and insulin treatments are presented in Figure 3a and 3b, respectively. Exposure to aqueous (100 µg/mL), hydro-ethanolic and ethanolic (75 µg/mL) extracts of premature and mature CS significantly ($p > 0.05$) reduced the expression of *ADORA1* and *GABBR1*, in contrast to the untreated insulin-resistant HepG2 cells. Although, metformin (1 µM) and insulin (1µM) treatment displayed lower expression of *ADORA1* and *GABBR1* in the cells compared to the untreated cells, gene expression was significantly higher compared to the investigated CS extracts. Aqueous extract of premature CS (100 µg/mL) enhanced the highest reduction in the expression of *ADORA1* (3.15%) and *GABBR1* (2.19%) relative to all other treatment groups. Metformin (1µM) had a greater reduction of *ADORA1* expression compared to insulin (Figure 3a), whereas insulin further reduced the expression of *GABBR1* in comparison to metformin (Figure 3b).

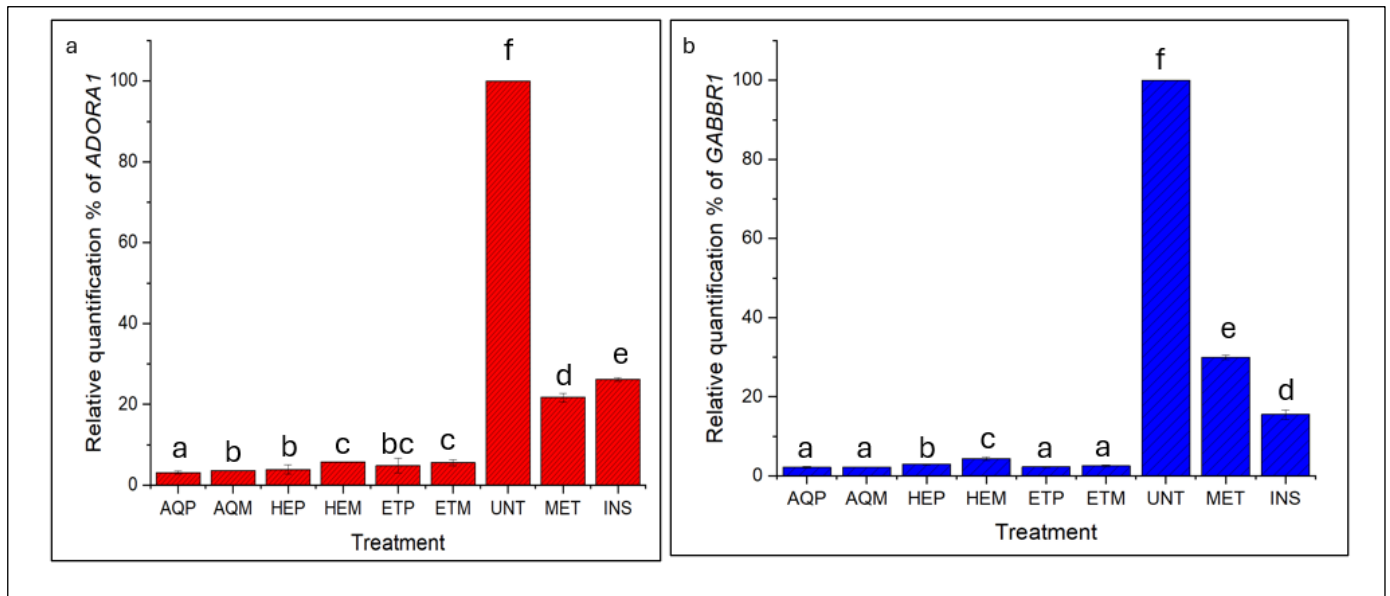


Figure 3: Effect of corn silk, metformin and insulin treatments on the expression of a) *ADORA1* and b) *GABBR1* in insulin-resistant HepG2 cells. AQP: aqueous extract of premature CS (100 µg/mL), AQM: aqueous extract of mature CS (100 µg/mL), HEP: hydro-ethanolic extract of premature CS (75 µg/mL),

HEM: hydro-ethanolic extract of mature CS (75 µg/mL), ETP: ethanolic extract of premature CS (75 µg/mL), ETM: ethanolic extract of mature CS (75 µg/mL); UNT: untreated, MET: metformin (1 µM), INS: insulin (1 µM). Bars carrying different letters across each treatment are significantly different ($p < 0.05$)

4. Discussion

Natural products, particularly those originating from plants, have been invaluable sources of medicinal compounds over the course of human history (Salehi *et al.*, 2019). Consequently, they emerge as an abundant source for identifying and developing potential lead drug candidates on a global scale (Sofowora *et al.*, 2013; Salehi *et al.*, 2019). Corn silk (CS) is a plentiful plant waste material with considerable therapeutic potential (Sabiou *et al.*, 2016), yet its utilization remains largely untapped in South Africa (Sabiou *et al.*, 2016; 2019). The present study serves to validate the anti-hyperglycaemic mechanism of action of CS extracts on glucose uptake and expression of *ADORA1* and *GABBR1* in insulin-resistant HepG2 cells.

Of the various types of viability assays that rely on a living cell's ability to convert a substrate to a chromogenic product, the MTT assay stands as one of the most versatile and commonly used techniques (Kumar *et al.*, 2018). The MTT assay is based on the conversion of a water-soluble yellow dye MTT by living cells into an insoluble purple formazan crystal, thus determining the mitochondrial activity of the living cells (Cotner *et al.*, 2023). Given that the total mitochondrial activity typically correlates with the number of viable cells among most cell populations, the MTT assay finds broad utility in accessing the *in vitro* cytotoxic effects of a drug candidate on cell lines or primary patient cells (Van Meerloo *et al.*, 2011; Kumar *et al.*, 2018). The MTT assay showed that CS extracts at 75 µg/mL (hydro-ethanolic and ethanolic) and 100 µg/mL (aqueous) induced the highest cell viability in HepG2 cells, with mature CS extracts outperforming premature ones, attributed to the secondary metabolites present in the mature samples of CS. The ethanolic mature extract of CS reported the highest percentage of HepG2 cell viability, due to the high abundance of plant compounds such as quing hau sau (artemisinin), 3-hydroxy-4-butanolide, 2-hydroxydecanedioic acid, esculetin, diaportinol, curvularol, carvone, quercetin 3-o-(6''-acetyl-glucoside), pandangolide 1a and (R)-7-butyl-6,8-dihydroxy-3-[(3E)-pent-3-en-1-yl]-3,4-dihydroisochromen-1-one as previously reported by Akoopjee *et al.* (2024). Although, there are currently no studies investigating the effect of CS on the viability of HepG2 cells by MTT assay, studies have investigated the cytotoxic effects of its extracts on other cell lines. For example, Al-Oqail *et al.* (2019) demonstrated the effect

of methanolic extract of CS on the percentage viability of human breast cancer (MCF-7) and normal human mesenchymal (hMSC-TERT4) cells. It was revealed that concentrations of up to 50 µg/mL and 100 µg/mL were non-toxic to the cells, respectively (Al-Oqail *et al.*, 2019). Similarly, to assess the natural photoprotective properties of an ethanolic extract of CS, its cytotoxic potential against MRC-5 human fibroblast cells was evaluated by Azevedo *et al.* (2022). At the highest concentration of 1000 µg/mL of the CS extract, a cell viability of over 70 percent, indicating that it possessed a low cytotoxic profile (Azevedo *et al.*, 2022). Sawangwong *et al.* (2024) revealed that 0.1 – 10 mg/mL of CS extracts did not affect the percentage viability of human dermal fibroblast cells. Wang *et al.* (2019) demonstrated that CS extracts at concentrations of 50 – 200 µg/mL did not exhibit any cytotoxic effects on mesangial cells. In agreement with the Al-Oqail *et al.* (2019), Wang *et al.* (2019) and Sawangwong *et al.* (2024), the CS extracts investigated in the present study at concentrations of 75 – 100 µg/mL did not have any cytotoxic effects on HepG2 cells. This observation is also consistent with the findings on the cytotoxic effects of plants such as *Allophylus cominia* and *Ficus carica* with no observable cytopathic effects at concentrations 1 – 100 µg/mL (Semaan *et al.*, 2018) and 82.29 µg/mL (Zhang *et al.*, 2019), respectively on HepG2 cells.

Mammalian cells consist of ubiquitous and facilitative glucose transport systems which are responsible for transporting glucose across cell surface membranes. Evaluating glucose uptake is important in the study of numerous diseases (Yamamoto *et al.*, 2015), including T2DM (Anthony *et al.*, 2019). The ability of a lead drug candidate to enhance glucose uptake by living cells is the true reflection of its anti-hyperglycaemic potentials, which can potentially contribute to the development of novel antidiabetic agents (Zhou *et al.*, 2024). In agreement with Alaaeldin *et al.* (2021), the decrease in glucose consumption in the HepG2 cells exposed to 0.005 µM of insulin for 24 h compared to untreated HepG2 cells confirms the establishment of insulin-resistance model. Interestingly, treatment with most of the CS extracts in this study promoted the glucose uptake in normal and insulin-resistant cells compared to the observations with the metformin- and insulin-treated cells. While glucose uptake among the aqueous CS samples did not significantly differ from each other, both exhibited higher glucose uptake in normal and insulin-resistant HepG2 cells compared to other CS extracts, metformin, insulin, and untreated controls. The aqueous CS samples are rich in various metabolites, including ascorbic acid, mevalonic acid, CNP0447999, chlorogenic acid, quinic acid, caffeic acid, D-leucic acid, acetovanillone (apocynin),

tetradecanedioic acid, and gallicynoic acid B (more abundant in aqueous extracts of mature CS), as well as (7'R)-(+)-lyoniresinol 9'-glucoside, kaempferol 3-rhamnoside 7-galacturonide, (3R,4S,6S)-3,4,5-trihydroxy-6-[5-hydroxy-2-(4-hydroxyphenyl)-4-oxo-3-[(2S,3S,5R)-3,4,5-trihydroxy-6-methyloxan-2-yl]oxychromen-7-yl]oxyoxane-2-carboxylic acid, blennin D, and gallicynoic acid F (more abundant in aqueous extract of premature CS) (Akoonjee *et al.*, unpublished). The presence of these metabolites in aqueous extracts of CS are likely to be responsible for the enhanced glucose uptake observed in HepG2 cells. Although the effect of CS on the uptake of glucose in HepG2 cells has not been previously performed, studies have reported enhanced glucose uptake in HepG2 cells following treatment with plant extracts including flowers from *Edgeworthia gardneri* (Wall.) Meisn, *Sambucus nigra* L. (*Adoxaceae*) and *Lauridia tetragona* as well as metabolites such as chrysin, carpachromene, kaempferol, xdesmethylagrimonolide, quercetin, luteolin (Bhattacharya *et al.*, 2013; Huang *et al.*, 2015; Ho *et al.*, 2017; Oyedemi *et al.*, 2019; Zhang *et al.*, 2020; Alaaeldin *et al.*, 2021; Zhou *et al.*, 2021). Although research on the effect of CS on the uptake of glucose in mammalian cells is limited, Guo *et al.* (2019) reported that polysaccharides isolated from aqueous extract of CS enhanced the uptake of glucose in L6 skeletal muscle cells (Guo *et al.*, 2019).

Based on the results from a previous network pharmacology study, *ADORA1* and *GABBR1* were identified as key therapeutic target genes from the cyclic adenosine monophosphate (cAMP) pathway that are modulated by the metabolites present in CS (Akoonjee *et al.*, 2023). Adenosine A1 receptor (*ADORA1*) is a member of the G-protein coupled receptor that modulates the effects of adenosine and play a role in regulating cell metabolism and gene transcription (Lv *et al.*, 2022). Adenosine A1 receptor (*ADORA1*) has been identified as an important drug target for numerous diseases (Nieto Gutierrez *et al.*, 2018), including cancer (Nomiri *et al.*, 2022), Parkinson's disease (Duyu *et al.*, 2020), obesity and T2DM (Lv *et al.*, 2022). Adenosine A1 receptor (*ADORA1*) inhibits the activation of adenylate cyclase (Wojcik *et al.*, 2010; Lv *et al.*, 2022), reducing cAMP levels (Nomiri *et al.*, 2022), inhibiting the activity of protein kinase A, leading to decreased glycogen storage, altered glycogen synthesis, reduced gluconeogenesis, reduced mobilization of glucose and impaired insulin signalling (Shpakov *et al.*, 2013; Yang *et al.*, 2016). The abrogation of *ADORA1* signalling has been shown to enhance insulin release and improve insulin signalling, making *ADORA1* a promising therapeutic target for preventing the progression of T2DM (Yang *et al.*, 2015). SDZ WAG-994 (N-cyclohexyl-2'-O-methyladenosine) was

one of the first potent and selective *ADORA1* gene agonists identified, capable of lowering serum glucose levels, blood pressure, and heart rate in hypertensive rats with hyperglycaemia (Ishikawa *et al.*, 1998). Subsequently, other *ADORA1* agonists have been discovered with similar therapeutic effects for T2DM, including improving glucose tolerance, enhanced insulin sensitivity, insulin resistance, and glycogen synthesis (Wojcik *et al.*, 2010)

The investigated CS extracts (100 µg/mL aqueous and 75 µg/mL hydroethanolic and ethanolic) from both developmental stages significantly decreased *ADORA1* expression in insulin-resistant HepG2 cells, outperforming the effects observed with metformin and insulin treatments. This reduction could be attributed to the presence of gallicynoic acid B, identified through computational analysis as a key modulator of *ADORA1* (Akoonjee *et al.*, 2023). Among the different treatments, the aqueous samples proficiently downregulated *ADORA1* expression, and this effect might be attributable to the high abundance of gallicynoic acid B. Although no studies have specifically examined the modulation of *ADORA1* by CS treatment in HepG2 cells, Lv *et al.* (2022) showed that morusin, a metabolite found in Mulberry (*Morus alba* L.) leaves, repressed *ADORA1* gene expression in normal human liver L02 cells at concentrations of 2.5 and 5 µmol/L. This repression also impacted the glucose consumption of the cells. (Lv *et al.*, 2022).

Gamma-aminobutyric acid type B receptor subunit 1 (*GABBR1*) along with gamma-aminobutyric acid type B receptor subunit 2 (*GABBR2*) form part of a heterodimeric guanine nucleotide-binding protein G protein-coupled receptor (GPCR), known as gamma-aminobutyric acid B [GABA(B)] (White *et al.*, 1998). Within the heterodimer complex, *GABBR1* binds to agonists whilst *GABBR2* mediates coupling to G-proteins (Nomura *et al.*, 2008). Both *ADORA1* and *GABBR1* are involved in the regulation of adenylate cyclase (Hill, 1985; Nomiri *et al.*, 2022), which could possibly contribute to CS's reported antidiabetic action (Sphakov *et al.*, 2013). Rachdi *et al.* (2020) demonstrated that baclofen, a GABA(B) agonist modulates cAMP signalling in the human beta cell line ECN90, which subsequently decreased the expression of beta-specific genes, modulating beta cell differentiation and reduced insulin signalling (Rachdi *et al.*, 2020). Corn silk treatment (100 µg/mL aqueous and 75 µg/mL hydroethanolic and ethanolic) from both developmental stages significantly inhibited *GABBR1* expression in insulin-resistant HepG2 cells, outperforming untreated cells, insulin, and metformin. This inhibition is attributed to the secondary metabolite tetradecanedioic acid, with the aqueous extracts showing the greatest

reduction, regardless of the developmental stage. The modulation of *GABBR1* by the aqueous extracts is likely due to the high abundance of tetradecanedioic acid, leading to enhanced glucose uptake in the cells (Akoonjee *et al.*, 2023; Akoonjee *et al.*, unpublished).

5. Conclusion

The antidiabetic mechanism of action of CS extracts was elucidated through their modulatory potential on *ADORA1* and *GABBR1* from the cAMP signalling pathway in insulin-resistant HepG2 cells. Aqueous (75 µg/mL), hydro-ethanolic and ethanolic (100 µg/mL) extracts of CS had no cytotoxic effects on HepG2 cells and instead promoted the viability of the cells compared to untreated (culture media), metformin and insulin. Ethanolic mature extract of CS displayed higher viability of HepG2 cells compared to the other samples, potentially due to the high abundance of several plant compounds. The investigated CS extracts (75 - 100 µg/mL) from both developmental stages stimulated glucose uptake in both normal and insulin-resistant HepG2 cells. Aqueous extracts from mature CS, rich in compounds such as ascorbic acid, mevalonic acid, CNP0447999, chlorogenic acid, quinic acid, caffeic acid, D-leucic acid, apocynin, tetradecanedioic acid, and gallicynoic acid B, exhibited the highest glucose uptake compared to untreated cells, metformin, and insulin. Aqueous extract of premature CS (75 µg/mL) displayed the highest reduction in *ADORA1* and *GABBR1* expression in insulin-resistant HepG2 cells compared to observation with treatment with metformin and insulin, and could be attributed to the high concentrations of gallicynoic acid B and tetradecanedioic acid. It is proposed that the downregulation of *ADORA1* and *GABBR1* causes an increase in glucose consumption in insulin-resistant HepG2 cells, contributing to the antidiabetic properties of CS. This findings could support towards the development of CS as a therapeutic agent for the management of T2DM.

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Supplementary materials

Table S1: Temperatures used for qualitative polymerase chain reaction

Stage	Number of cycles	Temperature	Time (minutes: seconds)
Hold	1	50 °C	02:00
		95 °C	10:00
Polymerase chain reaction	40	95 °C	00:15
		60 °C	01:00
		95 °C	00:15
Melt curve	1	95 °C	00:15
		60 °C	01:00
		95 °C	00:01
Hold stage	Infinite	4 °C	Infinite

Table S2: Cell viability based on mitochondrial activity of HepG2 cells treated with different corn silk extracts, untreated, insulin and metformin

Treatment	Cell viability % Run 1	Cell viability % Run 2	Cell viability % Run 3	Cell viability % average	Standard deviation
AQP 5 µg/mL	59.84	60.63	60.24	60.24	0.39
AQP 25 µg/mL	79.53	77.95	78.74	78.74	0.79
AQP 50 µg/mL	97.64	96.06	98.43	97.38	1.20
AQP 75 µg/mL	107.24	104.02	104.41	105.22	1.76
AQP 100 µg/mL	107.95	108.66	109.45	108.69	0.75
AQM 5 µg/mL	67.72	68.50	70.08	68.77	1.20
AQM 25 µg/mL	88.98	90.55	89.76	89.76	0.79
AQM 50 µg/mL	95.28	96.85	100.79	97.64	2.84
AQM 75 µg/mL	116.54	118.90	118.90	118.11	1.36
AQM 100 µg/mL	125.20	126.77	122.83	124.93	1.98
HYP 5 µg/mL	81.89	82.68	83.46	82.68	0.79
HYP 25 µg/mL	90.55	87.40	90.55	89.50	1.82

HYP 50 µg/mL	99.21	95.28	96.06	96.85	2.08
HYP 75 µg/mL	122.83	120.87	118.90	120.87	1.97
HYP 100 µg/mL	103.15	102.76	102.36	102.76	0.39
HYM 5 µg/mL	94.49	95.28	93.70	94.49	0.79
HYM 25 µg/mL	106.30	104.72	105.51	105.51	0.79
HYM 50 µg/mL	114.17	111.81	114.96	113.65	1.64
HYM 75 µg/mL	128.35	130.71	133.07	130.71	2.36
HYM 100 µg/mL	110.24	107.87	107.09	108.40	1.64
ETP 5 µg/mL	85.83	87.40	90.55	87.93	2.41
ETP 25 µg/mL	97.64	100.00	99.21	98.95	1.20
ETP 50 µg/mL	114.17	112.60	113.39	113.39	0.79
ETP 75 µg/mL	133.07	135.43	133.86	134.12	1.20
ETP 100 µg/mL	112.60	118.90	114.17	115.22	3.28
ETM 5 µg/mL	96.06	99.21	97.64	97.64	1.57
ETM 25 µg/mL	114.17	114.57	114.96	114.57	0.39
ETM 50 µg/mL	133.07	133.86	134.65	133.86	0.79
ETM 75 µg/mL	144.09	146.46	145.28	145.28	1.18
ETM 100 µg/mL	129.92	126.77	129.13	128.61	1.64
UNT	101.57	98.43	100.00	100.00	1.57
MET (1 µM)	92.13	91.34	92.91	92.13	0.79
INS (1 µM)	70.08	67.72	68.50	68.77	1.20

%; percentage AQP: aqueous extract of premature CS, AQM: aqueous extract of mature CS, HYP: hydro-ethanolic extract of premature CS, HYM: hydro-ethanolic extract of mature CS, ETP: ethanolic extract of premature CS, ETM: ethanolic extract of mature CS, UNT: untreated, MET: metformin, INS: insulin.

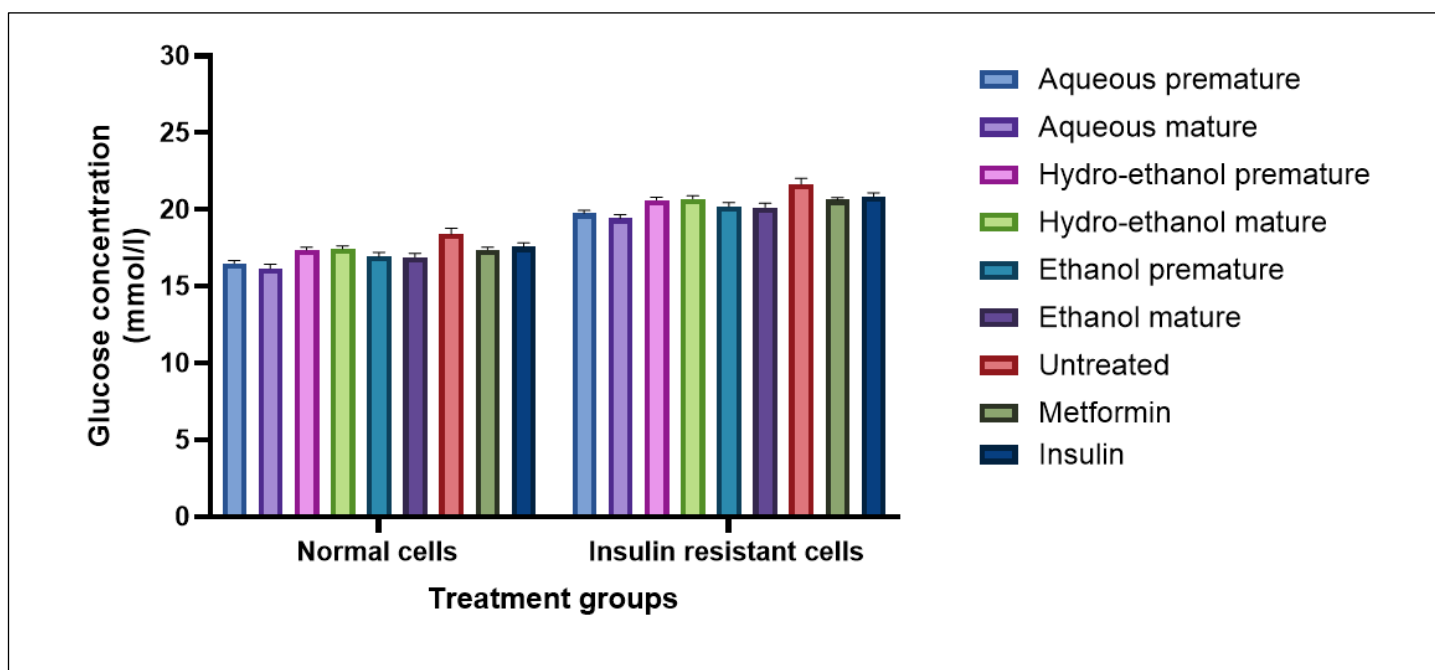


Figure S1: The effect of CS extracts on the concentration of glucose present in the culture media consisting of normal and insulin-resistant HepG2 cells in comparison to culture media (untreated; negative control), insulin and metformin (positive controls). Aqueous extract of premature CS (100 $\mu\text{g/mL}$), aqueous extract of mature CS (100 $\mu\text{g/mL}$), hydro-ethanolic extract of premature CS (75 $\mu\text{g/mL}$), hydroethanolic extract of mature CS (75 $\mu\text{g/mL}$), ethanolic extract of premature CS (75 $\mu\text{g/mL}$), ethanolic extract of mature CS (75 $\mu\text{g/mL}$), metformin (1 μM) and insulin (1 μM)

Table S3: Concentration of glucose following treatment with different extracts of corn silk, untreated, insulin and metformin

Type of HepG2 cell	Treatment	Glucose concentration 1	Glucose concentration 2	Glucose concentration 3	Glucose concentration 4	Average	Standard deviation
Normal	AQP 100 $\mu\text{g/mL}$	16.60	16.20	16.60	16.60	16.50	0.17
	AQM 100 $\mu\text{g/mL}$	15.90	16.00	16.40	16.40	16.18	0.23
	HEP 75 $\mu\text{g/mL}$	17.20	17.30	17.40	17.60	17.38	0.15
	HEM 75 $\mu\text{g/mL}$	17.40	17.60	17.20	17.60	17.45	0.17
	ETP 75 $\mu\text{g/mL}$	16.90	17.10	17.20	16.60	16.95	0.23

	ETM 75 $\mu\text{g/mL}$	16.80	17.00	17.20	16.60	16.90	0.22
	UNT	18.30	18.80	18.60	17.90	18.40	0.34
	MET 1 μM	17.30	17.40	17.30	17.60	17.40	0.12
	INS 1 μM	17.70	17.80	17.60	17.20	17.58	0.23
Insulin-resistant HepG2 cells	AQP 100 $\mu\text{g/mL}$	19.85	19.45	19.85	19.85	19.85	0.20
	AQM 100 $\mu\text{g/mL}$	19.15	19.25	19.65	19.65	19.65	0.26
	HEP 75 $\mu\text{g/mL}$	20.45	20.55	20.65	20.85	20.85	0.17
	HEM 75 $\mu\text{g/mL}$	20.65	20.85	20.45	20.85	20.85	0.19
	ETP 75 $\mu\text{g/mL}$	20.15	20.35	20.45	19.85	19.85	0.26
	ETM 75 $\mu\text{g/mL}$	20.05	20.25	20.45	19.85	19.85	0.26
	UNT	21.55	22.05	21.85	21.15	21.15	0.39
	MET 1 μM	20.55	20.65	20.55	20.85	20.85	0.14
	INS 1 μM	20.95	21.05	20.85	20.45	0.26	20.95

Aqueous premature: aqueous extract of premature CS (100 $\mu\text{g/mL}$), aqueous mature: aqueous extract of mature CS (100 $\mu\text{g/mL}$), hydro-ethanolic premature: hydro-ethanolic extract of premature CS (75 $\mu\text{g/mL}$), hydro-ethanolic mature: hydro-ethanolic extract of mature CS (75 $\mu\text{g/mL}$), ethanol premature: ethanolic extract of premature CS (75 $\mu\text{g/mL}$), ethanol mature: ethanolic extract of mature CS (75 $\mu\text{g/mL}$), UNT: untreated, MET: metformin, INS: insulin.

Table S4: Cycle threshold (cT) values obtained for polymerase chain reaction of *ADORA1* and *GABBR1*

Gene	Treatment	cT mean run 1	cT mean run 2	$\Delta \Delta$ cT run 1	$\Delta \Delta$ cT run 2	RA 1	RA 2	RA %	RA %
<i>ADORA1</i>	AQP 100 $\mu\text{g/mL}$	35.13	37.26	4.86	5.13	0.03	0.03	2.05	2.86
	AQM 100 $\mu\text{g/mL}$	38.86	37.40	5.03	4.41	0.03	0.05	3.07	4.70
	HEP 75 $\mu\text{g/mL}$	28.69	28.53	4.79	4.79	0.04	0.04	3.63	3.61
	HEM 75 $\mu\text{g/mL}$	29.17	29.17	4.10	4.11	0.06	0.06	5.80	5.79
	ETP 75 $\mu\text{g/mL}$	34.47	36.58	4.81	4.02	0.04	0.06	3.56	6.15
	ETM 75 $\mu\text{g/mL}$	35.51	30.60	4.32	4.02	0.05	0.06	5.01	6.12
	MET 1 μM	23.75	36.11	2.26	2.15	0.21	0.22	20.94	22.46
	INS 1 μM	24.11	21.67	1.95	1.92	0.26	0.26	25.83	26.46
	UNT	22.13	36.58	0.00	0.00	1	1	100	100.00
<i>GABBR1</i>	AQP 100 $\mu\text{g/mL}$	35.57	36.44	5.61	5.42	0.02	0.02	2.05	2.33
	AQM 100 $\mu\text{g/mL}$	38.58	37.01	5.06	5.12	0.03	0.02	3.00	2.87
	HEP 75 $\mu\text{g/mL}$	27.99	28.10	5.39	5.50	0.02	0.02	2.39	2.30
	HEM 75 $\mu\text{g/mL}$	29.19	28.99	4.16	4.42	0.41	0.47	4.09	4.68
	ETP 75 $\mu\text{g/mL}$	34.80	36.99	5.45	5.55	0.02	0.02	2.28	2.14
	ETM 75 $\mu\text{g/mL}$	36.31	29.05	5.42	5.20	0.02	0.27	2.33	2.75
	MET 1 μM	22.95	35.85	1.75	1.72	0.29	0.30	29.56	30.40
	INS 1 μM	24.47	20.56	2.61	2.77	0.16	0.15	16.37	14.66
	UNT	21.83	36.99	0.00	0.00	1.00	1.00	100	100.00

cT: cycle threshold, RA: relative abundance, RA %: percentage relative abundance

Chapter six

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Chapter six

1. General discussion

Diabetes mellitus (DM) is one of the oldest known human diseases in history (Olokoba *et al.*, 2012). Among the types of DM, type 2 diabetes mellitus (T2DM) is the most prevalent, constituting roughly 90% of global cases (Galicia-Garcia *et al.*, 2020). It is characterized by elevated blood glucose levels due to relative insulin deficiency resulting from abnormal insulin production and/or resistance to insulin (Caturano *et al.*, 2023). If not properly managed or left untreated, T2DM can result in severe secondary complications which affect diverse organs of the body (Bhatti *et al.*, 2022). These secondary complications encompass cardiovascular diseases (congestive heart failure, arterial hypertension, ischemic heart disease, heart failure), diabetic neuropathy, nephropathy, diabetic retinopathy (e.g., blurred vision, floaters and blindness), diabetic ketoacidosis, diabetes-induced coma, liver cirrhosis, increased susceptibility to infections (not limited to urinary tract infections, skin infections and frequent yeast infections), slow wound healing, sexual dysfunction and mental health-associated problems such as depression and heightened anxiety (Lankatillake *et al.*, 2019; Farmaki *et al.*, 2020). Therefore, to minimize the risk of secondary complications as well as prevent premature mortality, effective management of the disease is crucial (Lankatillake *et al.*, 2019; Sabiu *et al.*, 2019). Apart from maintaining a healthy diet, engaging in regular physical activity, and effectively managing weight loss (Paddy *et al.*, 2014), the administration of synthetic medications stands as the prevailing and efficacious approach for managing T2DM (Michaelidou *et al.*, 2023). However, implementing and maintaining lifestyle modifications for prolonged periods of time is challenging for a majority of patients due to the accessibility of caloric dense foods and sedentary diets (Ahmad *et al.*, 2022). Additionally, synthetic medications used in T2DM therapy are expensive, not readily available and are often accompanied by significant adverse effects (Lankatillake *et al.*, 2019). Consequently, there is a strong pursuit for novel therapeutic agents with promising antidiabetic potentials that can be used as complementary adjuncts or alternatives to synthetic medications for the management of T2DM and its associated complications.

The use of natural products within traditional systems of medicine continues to be esteemed as a preferred healthcare approach in numerous communities with more than 60% of the world's population, particularly around 80% in developing nations, relying on medicinal plants for their healthcare needs (Chaachouay *et al.*, 2023). Several factors such as affordability, accessibility,

and safety considerations have contributed to the use of medicinal plants for the treatment of many human diseases (Mushtaq *et al.*, 2018), including T2DM (Mohammed *et al.*, 2022). The practice of developing medicines from natural sources is not a recent phenomenon (Mintah *et al.*, 2019), with many commercially available pharmaceutical products having plant-based origins (Shakya *et al.*, 2016; Mintah *et al.*, 2019). For example, opium, aspirin, digitalis, quinine and metformin are a handful of synthetic drugs that have been discovered through ethnopharmacological investigations (Balunas *et al.*, 2005; Sarkar *et al.*, 2015). Modern medicine currently comprises of active compounds which have been isolated from plants, with around 80% of these ingredients showing a favorable correlation between modern therapeutic applications and their traditional uses (Sarkar *et al.*, 2015). Given that a majority of herbal remedies often diverge from strictly adhering to scientific evidence, continuous and comprehensive research on medicinal plants becomes imperative for advancing the development of new medicines and/or treatment methods (Mintah *et al.*, 2019). Africa serves as a promising source for novel therapeutic agents due to its rich biodiversity and expansive repository of medicinal plants that have provided therapeutic potential against a range of diseases (Mohammed *et al.*, 2022). Several indigenous African flora play a fundamental role in African traditional systems of medicine and are used for the treatment of T2DM and its associated complications (Odeyemi *et al.*, 2018).

Corn silk (CS) exemplifies a natural product with extensive therapeutic potentials, including diuretic, antihyperlipidemic, antihypertensive, anti-obesity, anti-microbial, neuroprotective, anti-cancer, anti-depressant, antioxidant, anti-inflammatory, and antidiabetic (Kaur *et al.*, 2023). It is an abundant waste material of corn cultivation (Hasanudin *et al.*, 2012), and has been used as traditional medicine to address several diseases (Chen *et al.*, 2013b), including cystitis, jaundice, kidney disorders, oedema, gout, rheumatism, arthritis, prostate disorders, heart ailments, malaria, obesity, bladder and urinary infections, psychological conditions, cancer, microbial infections and hyperglycemia (Grases *et al.*, 1993; Hasanudin *et al.*, 2012; Wang *et al.*, 2012; Chen *et al.*, 2013b; Sabiu *et al.*, 2016; Wang *et al.*, 2019). While the antidiabetic properties of CS has been well-documented (Guo *et al.*, 2019; Zhao *et al.*, 2012; Chen *et al.*, 2013b; Pan *et al.*, 2017; Chaudhary *et al.*, 2022), there is limited evidence on its exact mechanism of action of CS, particularly its relationship with the key therapeutic targets implicated in the pathogenesis of T2DM. Using metabolomics and advanced computational approaches, the study lent scientific credence to possible mechanisms of antidiabetic action of

CS. The results of the computational assessment of CS metabolites on key therapeutic genes implicated in T2DM were thereafter validated *in vitro* in HepG2 cells.

Ultra-performance liquid chromatography-mass spectrometry (UPLC-MS) analysis of four samples of CS (raw and three extracts: aqueous, hydro-ethanolic, and ethanolic) at two growth stages (premature and mature) identified 128 secondary metabolites (Supplementary Table S1, Chapter 3). All samples contained these metabolites, but their quantities varied significantly ($p > 0.05$). Apart from the raw samples, the mature CS samples had a higher overall abundance of metabolites than premature ones (Figure 3, Supplementary Table S2, Chapter 3). The maturity of a plant plays a significant role in the qualitative and quantitative extraction of plant compound (Tsao *et al.*, 2006; Adegbaaju *et al.*, 2020). This observation is in agreement with Adegbaaju *et al.* (2020), in which aqueous extracts of mature *Celosia argentea L* produced significantly higher yield of secondary metabolites compared to the premature one (Adegbaaju *et al.*, 2020). Additionally, among the different solvents employed for extraction of CS secondary metabolites, the hydro-ethanolic extract from mature CS had the highest relative abundance of a majority of metabolites (Supplementary Table S2, Chapter 3). This observation is attributed to the polarity of the solvent, in which hydro-ethanol is moderately polar, allowing for the extraction of more polar and less polar compounds more efficiently (Bitwell *et al.*, 2023). Once the library of the metabolites were generated, it was possible to elucidate their relationship with targets implicated in the pathogenesis of T2DM.

Discovering and developing novel therapeutic agents that target specific enzymes involved in glucose metabolism and insulin signalling is a crucial strategy for advancing antidiabetic treatments (Kanwal *et al.*, 2022). By modulating the activity of these key enzymes, researchers aim to improve glucose control, enhance insulin sensitivity, and address the metabolic imbalances characteristic of diabetes. (Kanwal *et al.*, 2022; Balogun *et al.*, 2023). These approaches aim to improve blood glucose control, enhance insulin sensitivity, and reduce the risk of long-term complications in individuals with T2DM (Oboh *et al.*, 2014; Sharma *et al.*, 2021; Thakur *et al.*, 2021). In this study, the inhibition of six enzymes implicated in the pathogenesis of T2DM and its associated secondary complications by CS metabolites was investigated using computer-aided drug design approaches, such as molecular docking and molecular dynamics (MD) simulation. Alpha-amylase (AA) and alpha-glucosidase (AG) are key enzymes in carbohydrate metabolism, accelerating the breakdown of carbohydrates into simple sugars, which can cause rapid increases in blood glucose levels (Nair *et al.*, 2013). Dipeptidyl peptidase-4 (DPP-4) deactivates glucagon-like peptide-1, an incretin hormone that

promotes insulin release and inhibits glucagon secretion—both critical for maintaining blood glucose balance (Duez *et al.*, 2012; Gilbert *et al.*, 2020). Protein tyrosine phosphatase 1B (PTP1B) impairs insulin signalling by dephosphorylating insulin receptors and downstream signalling molecules, reducing insulin sensitivity in muscles, liver, and adipose tissue, which leads to decreased glucose uptake and elevated blood glucose levels (Thareja *et al.*, 2012). Aldose reductase (AR) and sorbitol dehydrogenase (SDH) are central to the polyol pathway, which converts glucose to sorbitol and sorbitol to fructose, respectively (Omotosho *et al.*, 2014; Sabiu *et al.*, 2017). The accumulation of sorbitol and fructose can cause osmotic and oxidative stress, contributing to diabetic complications, particularly in insulin-independent tissues such as the eyes, kidneys, and nerves (Tang *et al.*, 2012; Omotosho *et al.*, 2014).

Molecular docking, a structure-based drug design method (Pagadala *et al.*, 2017), facilitated the evaluation of how CS metabolites bind to the active sites of the six investigated enzymes, providing valuable insights on the interactions between the CS metabolite-enzyme complexes (Pagadala *et al.*, 2017; Pantsar *et al.*, 2018). The most negative docking scores of CS metabolites aesculin, austriacin, (6e)-1-(4-hydroxyphenyl)-7-phenylhepta-4,6-dien-3-one, (-)-11-hydroxy-9,10-dihydrojasmonic acid 11-beta-D-glucoside, phaseic acid and erythronolide B against AA, AG, AR, DPP-4, PTP1B and SDH, respectively, in comparison to the respective standards (Table 1, Chapter 3), indicating their better binding affinities, interaction, superiority and their greater suitability or fitness as bioactive compounds (Agarwal *et al.*, 2016; Lanrewaju *et al.*, 2023a). Molecular docking analysis has been used to explore how CS metabolites interact with T2DM-related targets (Sawangwong *et al.*, 2024), particularly enzymes such as α -glucosidase, protein tyrosine phosphatase 1-B, dipeptidyl peptidase-4, and α -amylase. Studies by Alvarado *et al.* (2019) and Chaudhary *et al.* (2022) demonstrated that CS metabolites have good binding affinity with these therapeutic targets, suggesting their potential as effective modulators.

Subsequently, MD simulation, a computational approach which allows the analysis on the behavior of molecules over time (Shode *et al.*, 2022), was employed to appraise molecular conformational changes that resulted from the binding of the CS metabolite to the target enzymes (Chapter 3). The study employs the Molecular Mechanics/GB Surface Area (MM/GBSA) technique to compute binding free energies (ΔG_{bind}) with lower ΔG_{bind} values correlating with heightened binding affinity between a ligand and a specific target protein (Hata *et al.*, 2021). The high negative ΔG_{bind} values for R)-7-butyl-6,8-dihydroxy-3-[(3e)-pent-3-en-1-yl]-3,4-dihydroisochromen-1-one, 1-O-vanilloyl-beta-D-glucose, (-)-11-hydroxy-9,10-

dihydrojasmonic acid 11-beta-D-glucoside, p-coumaroyl malic acid, 2-hydroxydecanedioic acid, and (-)-11-hydroxy-9,10-dihydrojasmonic acid 11-beta-D-glucoside indicate a robust binding affinity to AA, AG, AR, DPP-4, PTP1B, and SDH, respectively (Table 2, Chapter 3). Most CS metabolites displayed reduced ΔG_{bind} values when bound to the investigated enzymes compared to the reference standards, highlighting the greater potential of CS metabolites for modulating the investigated enzymes respectively (Table 2, Chapter 3). Assessment of post-MD simulation components, including root mean square deviation (RMSD), root mean square fluctuation (RMSF), radius of gyration (ROG), solvent accessible surface area (SASA) and number of intramolecular hydrogen bonds (H-bonds), revealed that the CS metabolites formed more thermodynamically stable complexes with the enzyme targets compared to the apo-enzyme and the respective standards (Table 3, Chapter 3). Additionally, ligand-receptor interaction plots denoted a higher number of interactions between the CS metabolites and target enzymes, compared to the reference standard investigated (Figures 11 – 17, Chapter 3), highlighting the stability between the CS metabolites-enzyme complexes. Several studies have used MD simulation to investigate the mechanism of antidiabetic action of natural plants such as *Aegle marmelos*, *Helianthus annuus* (sunflower) seed, *Momordica charantia*, *Englerophytum magalismontanum*, *Azadirachta indica*, *Aspalathus linearis* and *Trigonella foenum-graecum* (fenugreek) (Rampogu *et al.*, 2018; Arif *et al.*, 2021; Akoopjee *et al.*, 2022; Olaokun *et al.*, 2022; Sharma *et al.*, 2022; Abdullah *et al.*, 2023; Rampadarath *et al.*, 2023) as well as plant compounds such as chlorogenic acid, luteolin and dihydropyrimidinone derivatives (Singh *et al.*, 2021; Ilyas *et al.*, 2022; Kahksha *et al.*, 2023). Therefore, the inhibition of the six investigated target enzymes by metabolites present in CS is denoted as a potential mechanism of action conferring CS with its antidiabetic properties. The antidiabetic mechanism of action of CS is through the modulation of AA, AG, AR, DPP-4, PTP1B, and SDH by CS metabolites R)-7-butyl-6,8-dihydroxy-3-[(3e)-pent-3-en-1-yl]-3,4-dihydroisochromen-1-one, 1-O-vanilloyl-beta-D-glucose, (-)-11-hydroxy-9,10-dihydrojasmonic acid 11-beta-D-glucoside, p-coumaroyl malic acid, 2-hydroxydecanedioic acid, and (-)-11-hydroxy-9,10-dihydrojasmonic acid 11-beta-D-glucoside respectively, demonstrating their potential to prevent carbohydrate and glucagon-like peptide 1 breakdown, enhance insulin signaling and reduce sorbitol and fructose accumulation in cells. These actions contribute to CS's antidiabetic effects by targeting enzymes involved in T2DM pathogenesis and its complications.

Density functional theory (DFT), a computational quantum mechanical modelling technique (Assadi *et al.*, 2013) was employed to access the molecular characteristics of the CS metabolites (Table 9, Figure 17, Chapter 3). Energy gap (ΔE) calculations derived from the highest occupied molecular orbital (HOMO) and the lowest unoccupied molecular orbital (LUMO) are crucial for understanding the mechanism of action of lead compounds, as they provide insights into the compounds' reactivity, kinetic stability, and chemical characteristics (Karabacak *et al.*, 2012; Rampadarath *et al.*, 2023). A wide energy gap suggests firmness, low chemical reactivity, and hardness, while a small energy gap indicates softness and high chemical reactivity (Esha *et al.*, 2024). The chemical hardness evaluates the chemical stability of a molecule and plays a crucial role in investigations pertaining to drug design elucidations, with soft molecules distinguished by elevated level of polarizability compared to hard molecules, primarily because of their reduced energy demand for excitation (Larenwaju *et al.*, 2023). The lowest energy gaps, higher chemical softness and lower chemical hardness observed by some of the top-ranked CS compounds did not correlate with their ΔG_{bind} , and this could be due to the observed relative residue fluctuations and increased surface area of the enzyme targets upon ligand binding. This result is consistent with Rampadarath *et al.* (2023) in which the higher negative binding energy of Formoxanthone B complexed with MMP1 did not correlate with the lower energy gap. Remarkably, all the top-ranked CS metabolites had electrophilicity index above 1.5 eV, suggesting they are strong electrophiles with a significant electrophile presence around the molecules. The high electrophilicity of the CS metabolites highlights their ability to form covalent bonds with a target protein, leading to enhanced interaction between the protein and metabolite (McQuade *et al.*, 2016). Additionally, it provides insights into the reactivity and specificity of the ligand, resulting in reactive ligands with enhanced specificity towards a target protein (McCammon *et al.*, 2007; Rees, 2017).

In addition to enzymes, notable links have been established between signaling pathways and the pathogenesis of T2DM (Ahmad *et al.*, 2022). A number of signaling pathways substantially control the advancement of pathological alterations occurring in T2DM such as insulin-resistance, β -cell dysfunction and other additional pathogenic disturbances (Cao *et al.*, 2020). Signaling pathways regulate key processes, including chronic inflammation, incretin dysregulation, hyperglycemia, lipolysis, central appetite dysregulation, irregular gastric emptying, gut dysbiosis and deposition of islet amyloid polypeptide, all of which are involved in the pathophysiology of T2DM (Ahmad *et al.*, 2022). A thorough comprehension of signaling pathways is crucial for in-depth understanding on the pathological mechanisms underlying

T2DM, as well as for advancing the development of novel targeted drugs and interventions to address T2DM and its associated complications (Perreault *et al.*, 2021).

Network pharmacology analysis was used to investigate how CS metabolites interact with signalling pathways and genes related to T2DM. This approach, which combines systems biology, bioinformatics, high-throughput histology, pharmacology, and information networks, is cost-effective and efficient (Zhou *et al.*, 2020). It allows the discovery of potential drug candidates by regulating multiple signalling pathways, improving drug efficacy, reducing side effects, enhancing clinical trial success rates, and lowering drug discovery costs (Zhang *et al.*, 2013; Chandan *et al.*, 2017; Zhou *et al.*, 2020). Through network pharmacology analysis, the mechanism of action of CS against many diseases, including obesity, Alzheimer's and gout, has been elucidated (Oh *et al.*, 2021; Zhang *et al.*, 2022; Tao *et al.*, 2023). In the present study, network pharmacology was employed to elucidate the molecular mechanism of antidiabetic action of CS through investigating the effect the plant material has on different signalling pathways and the genes involved in these pathways (Chapter 4). Kyoto encyclopaedia of genes and genomes (KEGG) pathway enrichment analysis revealed Cyclic adenosine 3,5-monophosphate (cAMP) pathway as the hub signalling pathway (Figure 5, Table 1, Chapter 4). The cAMP signalling pathway has been implicated in the maintenance of glucose homeostasis through several avenues, including insulin and glucagon secretion, glucose uptake, glycogen synthesis and breakdown, gluconeogenesis, maintenance of β -cell differentiation, and neural control of glucose homeostasis (Chen *et al.*, 2013a; Deb *et al.*, 2017). Within this pathway, a higher number of CS metabolites modulated the activity of adenosine A1 receptor (*ADORA1*), hydroxycarboxylic acid receptor 2 (*HCAR2*) and gamma-aminobutyric acid type B receptor subunit 1 (*GABBR1*) (Figure 8, Chapter 4), suggesting their potential as therapeutic target genes for the management of T2DM.

The activation of adenosine A1 receptor (*ADORA1*), a G-protein-coupled receptor (Wojcik *et al.*, 2010; Lv *et al.*, 2022) inhibits the activity of adenylate cyclase, resulting in a reduction in cAMP levels (Nomiri *et al.*, 2022), which are pleiotropic messengers that mediate the effects of various hormones involved in the regulation of metabolism (Almahariq *et al.*, 2014). Reduced cAMP levels result in the downregulation of protein kinase A activity, which leads to decreased glycogen breakdown and altered glycogen synthesis, impaired cellular response to hormones (reduced mobilization of glucose, impaired insulin signalling and insulin resistance) as well as diminished transcriptional activation of key metabolic genes (Shpakov *et al.*, 2013; Almahariq *et al.*, 2014; Yang *et al.*, 2016). Therefore, inhibition of *ADORA1* promotes

adenylate cyclase activity resulting in higher cAMP levels leading to elevated activation of protein kinase A, stimulating gluconeogenesis and glycogenolysis, improving insulin sensitivity, increasing glucose uptake (Cheng *et al.*, 2000; Yang *et al.*, 2015). This highlights its importance as a therapeutic target for several diseases, including T2DM (Nieto Gutierrez *et al.*, 2018; Nomiri *et al.*, 2022; Duyu *et al.*, 2020).

Hydroxycarboxylic acid receptor 2 (*HCAR2*), a G-protein-coupled receptor primarily expressed in the brain (Moutinho *et al.*, 2022), is responsible for mediating the antilipolytic actions of niacin and the lowering of blood lipid levels (Newman *et al.*, 2014). The expression of *HCAR2* in mammalian cells affects the regulation of inflammatory factors, inhibition of lipolysis, glucose homeostasis and the inhibition of insulin secretion (Wang *et al.*, 2016). Therefore, *HCAR2* plays a crucial role in several diseases, including obesity, aging associated hepatic steatosis, colitis and T2DM (Jadeja *et al.*, 2019; Tuteja, 2019, Shon *et al.*, 2021; Zhang *et al.*, 2023). Liu *et al.* (2014) demonstrated that individuals with T2DM had higher expression levels of *HCAR2* in their peripheral blood leukocytes compared to healthy individuals, indicating that *HCAR2* signalling may be involved in T2DM and the regulation of inflammatory cytokines (Liu *et al.*, 2014). A human study found that treatment with 500-2000 mg/day of metformin, an antidiabetic agent used to manage T2DM, led to a decrease in *HCAR2* expression compared to a control group not receiving metformin (Xu *et al.*, 2017), highlighting *HCAR2* as a promising target for the management of T2DM (Liu *et al.*, 2014; Xu *et al.*, 2017).

Gamma-aminobutyric acid B [*GABA(B)*] is heterodimeric guanine nucleotide-binding protein G protein-coupled receptor (GPCR) consists of gamma-aminobutyric acid type B receptor subunit 1 (*GABBR1*) and gamma-aminobutyric acid type B receptor subunit 2 (*GABBR2*) (White *et al.*, 1998). Within *GABA(B)*, *GABBR1* binds to agonists whilst *GABBR2* mediates coupling to G-proteins (Nomura *et al.*, 2008). In pancreatic β -cells, *GABA(B)* plays a role in the regulation of glucose homeostasis through the inhibition of insulin secretion (Bonaventura *et al.*, 2008). Upon the binding of ligands to the GABA receptor, the occurrence of conformational changes arise which triggers signalling via the guanine nucleotide-binding proteins as well as modulates the cAMP pathway and down-stream effectors such as adenylate cyclase (Hill, 1985; Geng *et al.*, 2013). As previously mentioned, the adenylate signalling system is implicated in the pathogenesis and aetiology of T2DM and its associated secondary complications (Sphakov *et al.*, 2013). Additionally, G-protein-coupled receptors (GPCRs) in islet β -cells are recognized for their involvement in regulating islet function, making them potential therapeutic targets for the treatment of T2DM (Ahren, 2009). Rachdi *et al.* (2020)

demonstrated that baclofen, a GABA(B) agonist modulates cAMP signalling in the human beta cell line ECN90, which subsequently decreased the expression of beta-specific genes, modulating beta cell differentiation and insulin signalling (Rachdi *et al.*, 2020).

Gene ontology analysis showed that CS metabolites are involved in several key biological processes, cellular components, and molecular functions, with drug response, exosomes, and ion binding being the most significant, respectively (Figure 7, Chapter 4). Since drug response, exosomes, and ion binding are linked to the pathogenesis of T2DM (Yon Rhee *et al.*, 2008; Huang-Doran *et al.*, 2017; Li *et al.*, 2023), this suggests that the antidiabetic effects of CS metabolites may be due to their modulation of these pathways. Subsequently, molecular docking identified the top five CS metabolites which inhibit the target genes investigated, in which quing hau sau, phaseic acid and tetradecanedioic acid had the best pose at the active site of *ADORA1*, *HCAR2* and *GABBR1*, respectively. Most of the CS metabolites reported significantly higher negative docking scores against the target genes compared to the respective standards (metformin and resveratrol) (Table2, Chapter 4) This highlights the potential of the CS metabolites as inhibitors of *ADORA1*, *HCAR2* and *GABBR1* target genes. Thereafter, ΔG_{bind} calculations produced after a 120 ns MD simulation revealed that gallicynoic acid B (-48.74 kcal/mol), dodecanedioic acid (-34.53 kcal/mol) and tetradecanedioic acid (-36.80 kcal/mol) had the highest negative ΔG_{bind} against *ADORA1*, *HCAR2* and *GABBR1* respectively (Table 3, Chapter 4), attributing to superior binding between the CS metabolites and gene targets. Post-MD simulation component analysis, including RMSD, RMSF, ROG, SASA, and number of intramolecular hydrogen bonds (H-bonds) (Figure 9-13, Chapter 4), revealed the formation of more thermodynamically stable complexes in comparison to the apo-gene, metformin and resveratrol [an antidiabetic agent which modulates the cAMP pathway (Vallianou *et al.*, 2013)]. In agreement with the thermodynamic energy and post-MD simulation components, the type and amount of ligand-receptor interactions between the CS metabolites and the respective target genes were explored, in which the CS metabolites formed a greater number of interactions with the respective target genes compared to metformin and resveratrol (Figure 14, Figure 15 and Figure 16; Supplementary Figures S3–S5, Chapter 4), highlighting the stability of the CS metabolite-gene complexes. These findings suggest the potential of the CS metabolites as inhibitors of the investigated target genes *ADORA1*, *HCAR2* and *GABBR1* from the cAMP pathway.

The molecular (structural and chemical reactivity) properties of the top-ranked CS metabolites identified through network pharmacology analysis was investigated through DFT analysis. The

lower energy gap and chemical softness observed in ginsenoside E, caffeic acid, and quinic acid against *ADORA1*, *HCAR2*, and *GABBR1*, respectively, suggests their high reactivities relative to other CS metabolites' reactivity. However, the highest chemical hardness value exhibited by quing hau sau, dodecanedioic acid, and tetradecanedioic acid against *ADORA1*, *HCAR2*, and *GABBR1*, respectively, suggest their resistance to charge transfer and are the least reactive, as evidenced by their relatively high energy gap. The top-scoring compounds' high electronegativity as well as electrophilicity index suggests their readiness to accept electrons and act as electrophiles respectively.

Although computational techniques provide valuable insights in the discovery of novel drugs, experimental validation—such as *in vitro* and *in vivo* studies—is essential to ensure the reliability, accuracy, efficacy, and safety of potential drug candidates (Shalaby *et al.*, 2014). *In vitro* techniques such as cell line studies, have demonstrated the hypoglycemic properties of various plants, including *Helichrysum petiolare*, *Laurus nobilis*, *Enicostema littorale* blume, *Sonchus oleraceus* Linn and certain plant metabolites (quercetin, agrimonolide, desmethylagrimonolide, luteolin, luteolin-7-O-glucoside, kaempferol, chlorogenic acid, caffeic acid and apigenin) (Huang *et al.*, 2015; Mokashi *et al.*, 2017; Chen *et al.*, 2019; Aladejana *et al.*, 2020; Chen *et al.*, 2020; Bourebaba *et al.*, 2021; Yarahmadi *et al.*, 2021). Chen *et al.* (2019) employed the human carcinoma cell line to reveal that caffeic acid and chlorogenic acid from *Sonchus oleraceus* Linn extract attenuated insulin resistance and modulated the uptake of glucose in HepG2 cells (Chen *et al.*, 2019). However, there are presently no studies investigating the antidiabetic potential of CS through the use of a cell line study, a gap this project aimed to fulfill through elucidating the molecular mechanism of different extracts (aqueous, hydro-ethanolic and ethanolic) made from CS at two different growth stages (premature and mature) on the uptake of glucose as well as the modulation of *ADORA1* and *GABBR1* in insulin-resistant HepG2 cells.

The 3-(4,5-dimethylthiazol-2-yl)-2,5-diphenyltetrazolium bromide (MTT) assay revealed that upon treatment with different CS extracts, concentrations of 100 µg/mL (aqueous) and 75 µg/mL (hydro-ethanolic and ethanolic), induced the highest percentage of cell viability in the HepG2 cells compared to untreated, metformin and insulin (Figure 1, Chapter 5). The mature CS displayed a percentage cell viability in comparison to the premature (Figure 1, Chapter 5), possibly due to the higher abundance of a several metabolites in the mature CS samples (Chapter 3, Supplementary figure S5-S6, Supplementary Table S2). Out of all the treatments examined, the ethanolic mature extract of CS (145.28%) demonstrated the highest percentage

HepG2 cell viability, suggesting the metabolites present in the ethanolic mature CS, such as quing hau sau (artemisinin), 3-hydroxy-4-butanolide, 2-hydroxydecanedioic acid, esculetin, diaportinol, curvularol, carvone, quercetin 3-o-(6"-acetyl-glucoside), pandangolide 1a and (R)-7-butyl-6,8-dihydroxy-3-[(3E)-pent-3-en-1-yl]-3,4-dihydroisochromen-1-one, induced the viability of HepG2 cells. Although there are no studies reporting the effect of CS on HepG2 cell viability using the MTT assay, various CS extracts have been tested for cytotoxicity on different cell lines, including human breast cancer (MCF-7) and normal human mesenchymal cells (hMSC-TERT4) (Al-Oqail *et al.*, 2019), human dermal fibroblast cells (Sawangwong *et al.*, 2024), and mesangial cells (Wang *et al.*, 2019). While CS extracts haven't been tested on HepG2 cells, other natural products have. For instance, extracts of *Allophylus cominia* showed no cytotoxic effects on HepG2 cells at 1-100 µg/mL (Semaan *et al.*, 2018), and the antidiabetic activity of *Ficus carica* leaves had a half-maximal inhibitory concentration of 82.29 µg/mL after 24 hours on HepG2 cells (Zhang *et al.*, 2019).

Glucose transport is an essential process in mammalian cells which provides cellular fuel across cell surface membranes, allowing for an efficient supply of glucose needed for efficient energy metabolism (Ojo *et al.*, 2023). Consequently, an understanding on these systems and the uptake of glucose in mammalian cells is crucial in studying numerous diseases (Yamamoto *et al.*, 2015), including T2DM (Anthony *et al.*, 2019). The decrease in glucose consumption in the HepG2 cells exposed to 0.005 µM of insulin for 24 h compared to normal HepG2 cells confirmed the establishment of insulin-resistance model in this study (Figure 2, Chapter 5), concurring with the report of Alaaeldin *et al.* (2021). At concentrations of 75 µg/mL (hydro-ethanolic and ethanolic extracts of premature and mature CS) and 100 µg/mL (aqueous extracts of CS) induced the uptake of glucose in normal and insulin-resistant HepG2 cells, compared to untreated, metformin and insulin (Table 1, Chapter 5). This effect is likely due to the presence of secondary metabolites in the CS, which aided in the uptake of glucose by the HepG2 cells. While the uptake of glucose between the aqueous (100 µg/mL) samples of CS were not significantly different from one another, both demonstrated higher uptake of glucose in both normal and insulin-resistant HepG2 cells compared to the other investigated CS extracts, metformin, insulin and untreated. Aqueous CS is abundant in several metabolites including ascorbic acid, mevalonic acid, CNP0447999, chlorogenic acid, quinic acid, caffeic acid, D-leucic acid, acetovanillone (apocynin), tetradecanedioic acid and gallicynoic acid B (more abundant in aqueous extracts of mature CS) as well as (7'R)-(+)-lyoniresinol 9'-glucoside, kaempferol 3-rhamnoside 7-galacturonide, (3R,4S,6S)-3,4,5-trihydroxy-6-[5-hydroxy-2-(4-

hydroxyphenyl)-4-oxo-3-[(2S,3S,5R)-3,4,5-trihydroxy-6-methyloxan-2-yl]oxychromen-7-yl]oxyoxane-2-carboxylic acid, blennin D and gallicynoic acid F (more abundant in aqueous extract of premature CS) (Chapter 3, Supplementary Figure S5-S6, Table S1-S2), which are likely to be responsible for the enhanced uptake of glucose in the HepG2 cells. Although the effect of CS on the uptake of glucose in HepG2 cells is not well-reported, studies have reported the enhanced glucose uptake in HepG2 cells following treatment with plant extracts including flowers from *Edgeworthia gardneri* (Wall.) Meisn, *Sambucus nigra* L. (Adoxaceae) and *Lauridia tetragona* as well as plant compounds such as chrysin, carpachromene, kaempferol, xdesmethyagrmonolide, quercetin, luteolin (Bhattacharya *et al.*, 2013; Huang *et al.*, 2015; Ho *et al.*, 2017; Oyedemi *et al.*, 2019; Zhang *et al.*, 2020; Alaaeldin *et al.*, 2021; Zhou *et al.*, 2021). Additionally, several studies have reported that CS treatment resulted in an increase of glucose uptake in several animal models (Guo *et al.*, 2009; Pan *et al.*, 2017). The effect of CS on the uptake of glucose in mammalian cell lines is limited, with Guo *et al.* (2019) and Zhou *et al.* (2024) demonstrating the enhanced effect of CS on the uptake of glucose in L6 skeletal muscle cells (Guo *et al.*, 2019; Zhou *et al.*, 2024).

It was determined that the CS metabolites formed more thermodynamically stable complexes with *ADORA1* and *GABBR1* compared to *HCAR2*, evident post-dynamic component parameters including lower RMSD, RMSF, ROG, SASA and a higher number of hydrogen bonds (Akoonjee *et al.*, 2023). In addition, the CS metabolites gallicynoic acid B and tetradecanedioic acid displayed higher negative ΔG_{bind} against *ADORA1* and *GABBR1*, in comparison to the lower ΔG_{bind} reported from the binding of dodecanedioic acid and *HCAR2* (Akoonjee *et al.*, 2023). Therefore, further analysis focused on modulation of *ADORA1* and *GABBR1* expression by the CS extracts in insulin-resistant HepG2 cells using quantitative Polymerase Chain Reaction (qPCR), a technique which simultaneously amplifies and quantifies a targeted DNA molecule (Garibyan *et al.*, 2013). At concentrations of 75 $\mu\text{g/mL}$ (hydro-ethanolic, and ethanolic) and 100 $\mu\text{g/mL}$ (aqueous) extracts of premature and mature CS significantly ($p < 0.05$) inhibited the expression of *ADORA1* and *GABBR1* in insulin-resistant HepG2 cells, compared to untreated cells, insulin, and metformin (Figure 3, Chapter 5). This finding was attributed to the metabolites present in the different samples of CS. The mature samples of CS displayed a higher reduction in the expression of *ADORA1* and *GABBR1*, in comparison to the premature (Figure 3, Chapter 5), potentially due to the relative abundance of the CS metabolites being more highly abundant in mature compared to premature (Chapter 3, Supplementary Figure S5-S6, Table S1-S2). Among the different samples, the aqueous CS

had the highest downregulation of *ADORAI* and *GABBR1* expression, the different growth stages performing comparably with one another. Aqueous extract of mature CS (100 µg/mL) showed the greatest reduction in *ADORAI* (3.15%) and *GABBR1* expression (2.19%) compared to all other treatment groups (Figure 3, Chapter 5). Metabolomic profiling revealed that the aqueous samples of CS were rich in gallicyanoic acid B and tetradecanedioic acid (Supplementary Figure S5-S6, Table S2, Chapter 3), lead compounds that modulate *ADORAI* and *GABBR1* respectively (Akoonjee *et al.*, 2023). While there are no studies available showing the modulation of *ADORAI* and *GABBR1* by CS treatment in mammalian cells (such as HepG2), there are studies reporting the modulation of *ADORAI* and *GABBR1* by metabolites morusin and baclofen, which effected glucose homeostasis and insulin signalling (Lv *et al.*, 2022; Rachdi *et al.*, 2020). It can be said that the antidiabetic activity of CS is through the modulation of *ADORAI* and *GABBR1*, enhancing the uptake of glucose in HepG2 cells.

2. Conclusions and recommendations

- Diabetes mellitus, a complex metabolic disease, currently impacts approximately 540 million individuals globally;
- Type 2 diabetes mellitus (T2DM) accounts for approximately 90% of DM cases and is characterized by defective insulin production and/or insulin resistance in the body
- The utilization of natural products within traditional systems of medicine remains highly valued as a preferred healthcare approach in many communities, with over 60% of the global population, particularly around 80% in developing nations such as countries in Africa, still dependent on medicinal plants;
- Factors such as affordability, accessibility, and safety contribute to the use of medicinal plants for treating many human diseases;
- Corn silk (CS), an abundant waste material of corn cultivation has been used as a traditional medicine for the treatment of several diseases, including T2DM;
- Although, CS has significant therapeutic properties, including antidiabetic, its use remains underutilized in South Africa, a country where corn is one of the top three cereal crops produced yearly;
- While the antidiabetic potential of CS is well-reported, there is a knowledge gap regarding its mechanism of action;
- This study identified and validated the antidiabetic mechanism of action of CS through metabolomic profiling, computational bioprospection and experimental validation
- The findings of this study revealed that:

- Corn silk (CS) has 128 metabolites revealed by ultra-performance liquid chromatography-mass spectrometry analysis
- The developmental stage at which the CS is harvested plays a role in the relative abundance and types of its metabolites, with the mature CS having higher abundance of most of the metabolites;
- The solvent of extraction also plays a role in the type and relative abundance of metabolites in CS, with the hydro-ethanolic extract of mature CS being the most metabolites'-rich;
- The high negative binding free energy (ΔG_{bind}) of CS metabolites R-7-butyl-6,8-dihydroxy-3-[(3E)-pent-3-en-1-yl]-3,4-dihydroisochromen-1-one, 1-O-vanilloyl-beta-D-glucose, (-)-11-hydroxy-9,10-dihydrojasmonic acid 11-beta-D-glucoside, p-coumaroyl malic acid, 2-hydroxydecanedioic acid and (-)-11-hydroxy-9,10-dihydrojasmonic acid 11-beta-D-glucoside against alpha-amylase, alpha-glucosidase, aldose reductase, dipeptidyl peptidase-4, protein tyrosine phosphatase-1B and sorbitol dehydrogenase respectively, reveals their potential as modulators of the investigated enzymes;
- Post-dynamic component analysis and the ligand-free interactions revealed the CS metabolites formed more thermodynamically stable final complexes with the enzymes, compared to the respective standards;
- Therefore CS modulates the activity of alpha-amylase, alpha-glucosidase, aldose reductase, dipeptidyl peptidase-4, protein tyrosine phosphatase B and sorbitol dehydrogenase, preventing the breakdown of carbohydrates and glucagon-like peptide-1, promotes insulin signalling and reduces the accumulation of sorbitol and fructose in cells, mitigating the pathogenesis of T2DM and its secondary complications,
- Network pharmacology analysis identified the cyclic adenosine monophosphate (cAMP) pathway as the hub signalling pathway, in which *ADORA1*, *HCAR2*, and *GABBR1* were identified as the top target genes modulated by the CS metabolites;
- The high negative ΔG_{bind} of gallicynoic acid B, dodecanedioic acid and tetradecanedioic acid against *ADORA1*, *HCAR2*, and *GABBR1* respectively, compared to standards metformin and resveratrol, highlights their superior potential as inhibitors of the investigated target genes;

- The post-MD component analysis and ligand-receptor interaction plots revealed the formation of more stable final complexes between the CS phytoconstituents and *ADORA1*, *HCAR2*, and *GABBR1*, compared to the respective standards, further indicating their potential as inhibitors of the investigated target genes;
- Concentrations of 75 µg/mL (hydro-ethanolic and ethanolic extracts of CS) and 100 µg/mL (aqueous extracts of CS) promoted the viability of HepG2 cells and did not show cytotoxic effects, attributed to the abundance of metabolites present in the different extracts of CS;
- Aqueous extracts of CS were rich in ascorbic acid, mevalonic acid, CNP0447999, chlorogenic acid, quinic acid, caffeic acid, D-leucic acid, acetovanillone (apocynin), tetradecanedioic acid, gallicynoic acid B, (7'R)-(+)-lyoniresinol 9'-glucoside, kaempferol 3-rhamnoside 7-galacturonide, (3R,4S,6S)-3,4,5-trihydroxy-6-[5-hydroxy-2-(4-hydroxyphenyl)-4-oxo-3-[(2S,3S,5R)-3,4,5-trihydroxy-6-methyloxan-2-yl]oxychromen-7-yl]oxyoxane-2-carboxylic acid, blennin D and gallicynoic acid F, which potentially promoted the uptake of glucose in normal and insulin-resistant HepG2 cells;
- Aqueous (100 µg/mL), hydro-ethanolic and ethanolic (75 µg/mL) extracts of CS at both growth stages inhibited the expression of *ADORA1* and *GABBR1* in insulin-resistant HepG2 cells compared to untreated, insulin and metformin. Aqueous samples reported the highest downregulation of *ADORA1* and *GABBR1* expression, which is attributed to the high abundance of metabolites gallicynoic acid B and tetradecanedioic acid, compounds which were identified to modulate *ADORA1* and *GABBR1* in the network pharmacology and molecular dynamics simulation study;
- Aqueous extracts of mature CS contained 41.84% gallicynoic acid B and 44.02% tetradecanedioic acid, while the aqueous extracts of premature CS samples contained 40.34% and 44.09%, respectively;
- The high concentration of gallicynoic acid B and tetradecanedioic acid in CS modulated the expression of *ADORA1* and *GABBR1*, resulting in increased consumption of glucose as well as the storage of glucose in HepG2 cells;
- Research has suggested that *ADORA1* and *GABBR1* are involved in adenylate cyclase signalling, which is responsible for the production of cAMP. Therefore, inhibition of *ADORA1* and *GABBR1* promotes adenylate cyclase signalling, resulting in higher cAMP levels leading to elevated activation of protein kinase

- A, stimulating gluconeogenesis and glycogenolysis, improving insulin sensitivity and increasing glucose uptake;
- It is therefore postulated that the antidiabetic mechanism of action of CS is through the downregulation of *ADORA1* and *GABBR1*, promoting glucose metabolism and uptake;
 - Although this study has provided evidence-based data on the possible mechanisms of antidiabetic action of CS, it remains an underutilized waste material with immense therapeutic properties in South Africa;
 - It is recommended that the report of this study be disseminated to communities that rely on corn as a staple diet, including developing countries such as South Africa, with a view to fully harnessing its therapeutic potential especially in the management of T2DM;
 - Further *in vitro* (enzymatic assays), *in vivo* and clinical trial scientific explorations, can be performed to investigate the level of inhibition CS metabolites R-7-butyl-6,8-dihydroxy-3-[(3E)-pent-3-en-1-yl]-3,4-dihydroisochromen-1-one, 1-O-vanilloyl-beta-D-glucose, (-)-11-hydroxy-9,10-dihydrojasmonic acid 11-beta-D-glucoside, p-coumaroyl malic acid, 2-hydroxydecanedioic acid and (-)-11-hydroxy-9,10-dihydrojasmonic acid 11-beta-D-glucoside) have on target enzymes alpha-amylase, alpha-glucosidase, aldose reductase, dipeptidyl peptidase-4, protein tyrosine phosphatase and sorbitol dehydrogenase, respectively.
 - In addition, for the development of gallicynoic acid B and tetradecanedioic acid as novel antidiabetic therapeutic agents, further research is required. For example, a HepG2 cell line exploring the cytotoxic and antidiabetic effects of the individual compounds, rather than the plant extracts can be performed.

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