

# Protective effect of Danhong injection on retina of diabetic rats

Hai-Yan Fan<sup>1,2</sup>, Jun-Fang Wang<sup>1,2</sup>, Zhen Li<sup>3</sup>, Zhong Chen<sup>4</sup>

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<sup>1</sup>Department of Ophthalmology, the Ninth People's Hospital, Shanghai Jiao Tong University School of Medicine, Shanghai 200011, China

<sup>2</sup>Shanghai Key Laboratory of Orbital Diseases and Ocular Oncology, Shanghai 200011, China

<sup>3</sup>Yueyang Hospital of Integrated Traditional Chinese and Western Medicine, Shanghai University of Traditional Chinese Medicine, Shanghai 200437, China

<sup>4</sup>Shanghai Linfen Community Health Service Center, Shanghai 200435, China

**Correspondence to:** Jun - Fang Wang. Department of Ophthalmology, the Ninth People's Hospital, Shanghai Jiao Tong University School of Medicine, Shanghai 200011, China; Shanghai Key Laboratory of Orbital Diseases and Ocular Oncology, Shanghai 200011, China. 519759484@qq.com

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## 丹红注射液对糖尿病大鼠视网膜的保护作用

范海燕<sup>1,2</sup>, 王俊芳<sup>1,2</sup>, 李贞<sup>3</sup>, 陈重<sup>4</sup>

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(作者单位:<sup>1</sup>200011 中国上海交通大学医学院附属第九人民医院眼科;<sup>2</sup>200011 中国上海市眼眶病眼肿瘤重点实验室;<sup>3</sup>200437 中国上海中医药大学附属岳阳中西医结合医院;<sup>4</sup>200435 中国上海市临汾路街道社区卫生服务中心)

**作者简介:**范海燕,毕业于上海交通大学医学院,硕士研究生,主治医师,讲师,研究方向:眼底病。

**通讯作者:**王俊芳,毕业于山西医科大学,硕士研究生,主治医师,讲师,研究方向:眼底病. 519759484@qq.com

### 摘要

**目的:**观察丹红注射液对于糖尿病大鼠视网膜是否具有保护作用,并探讨其机制。

**方法:**从 2015/06~2016/12 共 60 只雄性 SD 大鼠随机分成 4 组:正常组、糖尿病组、丹红干预组以及空白干预组,后三组大鼠采用链脲佐菌素(STZ) 50 mg/kg 的剂量腹腔注射建立糖尿病视网膜病变大鼠模型。在大鼠建模成功后当日,丹红干预组每日腹腔注射 5 ml/kg 丹红注射液,空白干预组每日腹腔注射与丹红干预组等体积的蒸馏水。然后从视网膜血管病变和神经损伤两个层面进行疗效观

察,血管病变层面行 HE 染色观察视网膜形态,免疫组化检测视网膜血管内皮生长因子的表达;神经损伤层面行 Tunel 染色观察凋亡细胞,透射电镜观察视网膜神经节细胞形态。

**结果:**血管层面:正常组视网膜各组织结构显现清晰的层次,糖尿病组和空白干预组较正常组结构紊乱,丹红干预组较糖尿病组和空白干预组有所改善。与糖尿病组和空白干预组相比,丹红干预组 VEGF 表达降低;神经损伤层面:糖尿病组和空白干预组神经节细胞出现大量凋亡,丹红干预组凋亡细胞较之减少。

**结论:**丹红注射液对糖尿病大鼠视网膜有保护作用。通过下调 VEGF,改善视网膜缺血缺氧状态,减少视网膜新生血管的形成。同时能在一定程度上减少视网膜神经细胞的凋亡。

**关键词:**丹红;糖尿病视网膜病变;视网膜神经节细胞;凋亡;鼠

### Abstract

• **AIM:** To observe the protective effect of Danhong injection on retina of diabetic rats and explore its mechanism.

• **METHODS:** From June 2015 to December 2016, sixty male SD rats were randomly divided into four groups: normal group, diabetic group, Danhong intervention group and blank intervention group. The rats in the latter three groups were injected with 50 mg/kg of streptozotocin (STZ) into the abdominal cavity to establish diabetic retinopathy rat model. On the day after successful modeling, Danhong treatment group was injected with 5 ml/kg Danhong injection intraperitoneally every day, while the blank intervention group was treated with intraperitoneal injection of distilled water with the same volume as Danhong treatment group. Therapeutic effects were observed from two levels: retinal vascular disease and nerve injury. Retinal morphology was observed by hematoxylin-eosin (HE) staining at the level of vascular disease. The expression of retinal vascular endothelial growth factor (VEGF) was detected by immunohistochemistry. Neurological injury level: tunel staining was used to observe apoptotic cells, and transmission electron microscopy was used to observe the morphology of retinal ganglion cells.

• **RESULTS:** Vascular level: in the normal group, the structure of retinal tissues showed clear layers. The structure of the diabetic group and blank intervention group was more disordered than that of the normal group, and the Danhong treatment group was better than that of the diabetic group

and blank intervention group. Compared with the diabetic group and blank intervention group, the expression of VEGF in Danhong intervention group decreased. Neurological injury level; there was a larger degree of apoptosis of ganglion cells in the diabetic group and the blank intervention group, while the number of apoptotic cells in the Danhong intervention group was lower than the diabetic group and blank intervention group.

• **CONCLUSION:** Danhong injection has protective effect on the retina of diabetic rats. It can improve the condition of retinal ischemia and hypoxia by down-regulating VEGF, reduce the formation of retinal neovascularization. At the same time, it can reduce the apoptosis of retinal nerve cells to a certain extent.

• **KEYWORDS:** Danhong; diabetic retinopathy; retinal ganglion cells; apoptosis; rats

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## INTRODUCTION

Diabetic retinopathy is a serious blinding eye disease and the most common complication of diabetes. At present, there is no effective drug for the early prevention of the disease, and many targeted treatments are for the late complications. Therefore, it is very necessary to explore a drug for the early prevention of diabetic retinopathy. Danhong injection is made from the traditional Chinese medicine salvia miltiorrhiza and safflower. It can reduce the damage of vascular endothelial cells, improve local blood circulation, and also has the effect of protecting neurons<sup>[1]</sup>. The purpose of this study was to observe whether Danhong injection had protective effects on retinal vascular disease and nerve injury in diabetic rats, and to explore the mechanism preliminarily.

## MATERIALS AND METHODS

**Experimental Animals and Groups** Totally 60 SD rats (purchased from Shanghai Silaike Experimental Animal Co., Ltd.), male, SPF grade, body weight 180 g-220 g, were randomly divided into normal group, diabetes group, Danhong intervention group and blank intervention group. 15 rats in each group were fed with normal diet. All animals were required to be healthy and excluded from eye diseases before enrollment. The feeding and use of experimental animals follow the requirements of experimental animal ethics and comply with the relevant ethical regulations of animal experiments of the Ninth People's Hospital affiliated to Shanghai Jiao Tong University School of Medicine.

**Main Reagents, Drugs and Instruments** Danhong injection (Shandong Buchang Pharmaceuticals), streptozotocin (sigma companies in the United States), ready-to-use SABC immunohistochemical staining kits (Wuhan Boster Biological Technology), Philips transmission electron microscope, DAB staining box (Wuhan Boster Biological Technology), VEGF a fight (Santa cruz, USA), and blood glucose meter and test

paper (Switzerland Roche), Cell Cycle and Apoptosis Analysis Kit (Roche company, USA).

## Methods

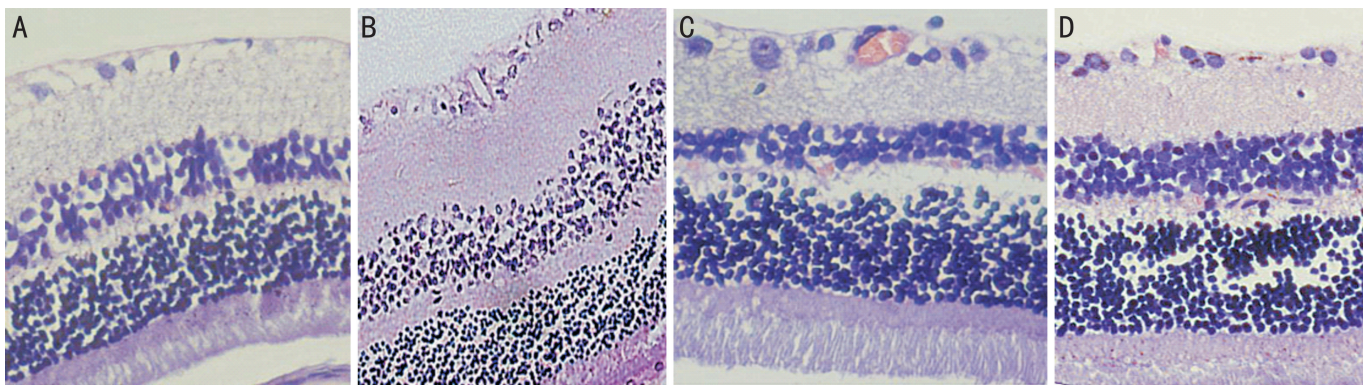
**Establishment of diabetes model** All rats needed adaptive feeding for 1wk, diet was forbidden for 18h before fasting blood glucose test. This time blood glucose was taken as the basic blood glucose, and if there was >14 mmol/L in rats, it was excluded into the group. STZ was intraperitoneally injected into rats in the diabetes group, Danhong intervention group and blank intervention group at a dose of 50 mg/kg, and was injected strictly according to body weight. After 72h of administration, all rats were forbidden to eat for 18 hours again. If the fasting blood glucose was >16.7 mmol/L, the model was established successfully. If the blood glucose was less than 14 mmol/L, the rats were injected with STZ once more. In this experiment, fasting blood glucose was >16.7 mmol/L in all rats and without repeated injection.

**Intervention and observation** Intraperitoneal injection was used on the day of modeling. In the Danhong intervention group, 5 ml/kg body weight of Danhong injection was intraperitoneally injected every day, and in the blank intervention group, each animal was injected with distilled water equal to that in the Danhong intervention group. Normal feed was provided, and the drug was given once a day for a total of 12wk. During the experiment, we measured blood glucose twice a week, and the blood glucose of the modeled rats did not recover spontaneously. Their body weight was significantly lower than that of the normal group, and their daily water intake and urine volume were significantly higher than that of the normal group.

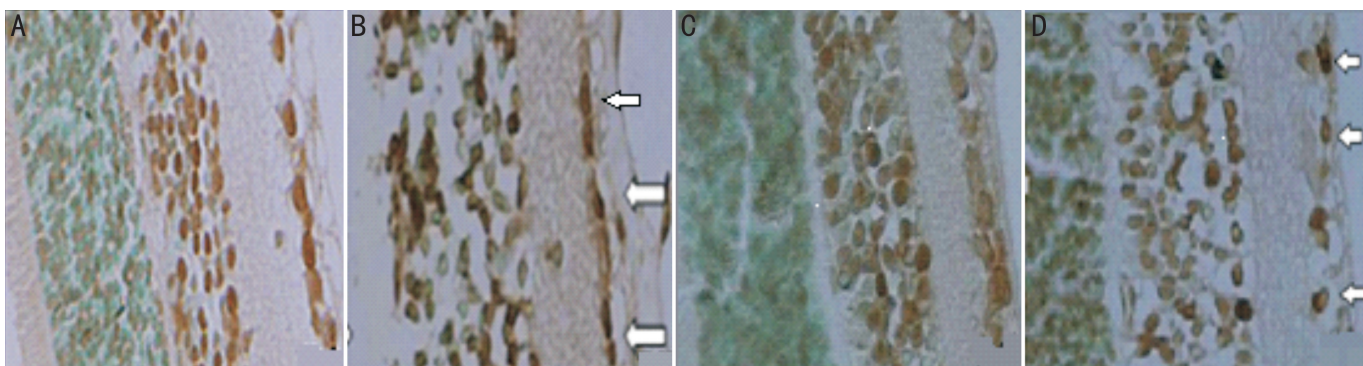
**Sampling and specimen preparation** Rats were killed 1wk after stopping the injection, and we gathered the full eye immediately and placed it in a fixed liquid and at 4°C refrigerator, and fixed for 48-72h. The cornea and lens were cut off and paraffin sections were performed. During sectioning, care was taken to prevent tissue fragmentation, and then conventional hematoxylin-eosin (HE) staining was performed.

**TUNEL staining** Paraffin sections were routinely dewaxed and hydrated. Operations were carried out according to the instructions of the kit; first, sections were treated with hydrogen peroxide for 10min; rinse off the hydrogen oxide with distilled water and digest for 15min; flush with PBS and drop in buffer; dry the remaining liquid and add the labeled liquid. Labeling liquid should be prepared in advance, biotin 1ul, TDT 1ul and labeling buffer 18 ul should be prepared. We wait for 2h and add the sealing liquid for treatment, then add antibody diluent and peroxidase DAB color rendering. TUNEL labeled positive cells were counted that is, the nuclei were marked brown and black.

**Electron microscopy** The eyeball of the other side of the rat was completely removed by the same method and placed in a special fixative solution of 2.5% glutaraldehyde. The fixation time of the eyeball should be more than 72h, and the retinal tissue should be cut into a size of 1mm×1mm after 36h of



**Figure 1** HE staining (×400) A: Normal group; B: Diabetes group; C: Danhong intervention group; D: Blank intervention group.



**Figure 2** RGCL cells of rats (TdT marker ×400) A: Normal group; B: Diabetes group; C: Danhong intervention group; D: Blank intervention group.

fixation to ensure sufficient fixation of the tissue. After conventional dehydration and embedding, ultra-thin sections were prepared with a thickness of 10 nm and double staining (dioxyuranium acetate 2% and lead citrate). Observe and photograph under transmission electron microscope.

**Immunohistochemical detection** After conventional dewaxing, paraffin sections were placed at room temperature and treated with  $H_2O_2$  for 10min; antigen repair was performed by dropping citrate buffer and the reaction time was 3min; the blocking solution was added and let stand for 10min; then the VEGF primary anti-VEGF working solution was added and left overnight. The next day, add biotin-labeled goat anti-IgG secondary antibody, slice and incubate at room temperature for 30min. Add DAB to develop color and repeat with hematoxylin.

**Quantitative measurement of VEGF** the quantitative measurement was carried out with image-pro plus professional Image analysis software from the United States. The measurement index was the cumulative absorbance of slices (IOD). Four slices were randomly selected from each eyeball. At the time of determination, the magnification of slices should be kept consistent at 400 times, and the mean value of IOD was taken for statistical analysis.

**Statistical Analysis** SPSS 17.0 software was used for statistical analysis of the data. All the data were expressed as  $\bar{x} \pm s$ . The homogeneity test of variance was carried out before the analysis of univariate variance, and Snk-q test was used for pair-wise comparison of mean.  $P < 0.05$  was considered to be the baseline statistical significance level. Four comparisons were made: diabetes versus each of the three other groups and

Danhong versus blank intervention, so a significance level of 0.0125 was used after Bonferroni correction for multiple hypothesis testing.

## RESULTS

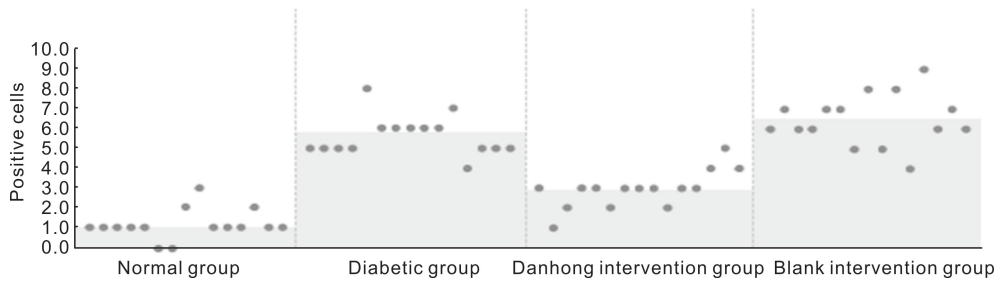
**Observation of Retinal Tissue Morphology** The structure of each layer of the retina was clearly seen in the normal group of rats, with nerve fibers in neat arrangement, no edema and endothelial cells breaking through the inner boundary membrane, and the morphology of capillary lumen was normal.

In the diabetic group and the blank intervention group, the retinal cells in each layer were arranged in relative disorder, and partial capillary lumen occlusion was observed. The ganglion cells showed nucleation and nucleolysis.

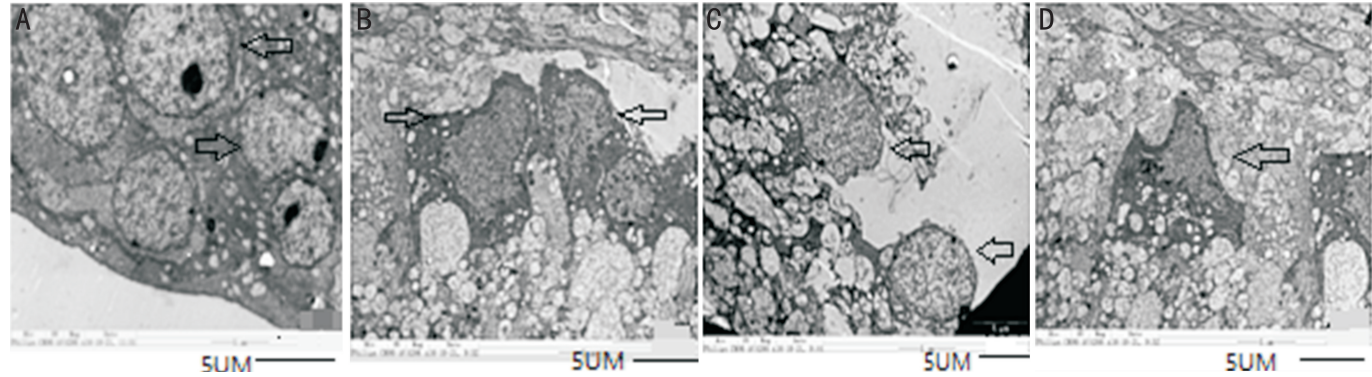
Compared with the diabetic group, the cells in the Danhong intervention group were arranged in a neat order. There was no cell edema, no endothelial cells breaking through the inner boundary membrane, less edema between pericytes and between endothelial cells, no fusion between the inner and outer nuclear layers, and no occlusion of capillaries. Ganglion cell morphology was basically normal, and the pathological changes were less severe in the diabetic group (Figure 1).

**TUNEL Staining** Two sections were randomly selected from each eyeball. After staining by TUNEL technique, the nuclei of some RGCL cells were brown-yellow particles, namely positive cells (Figure 2).

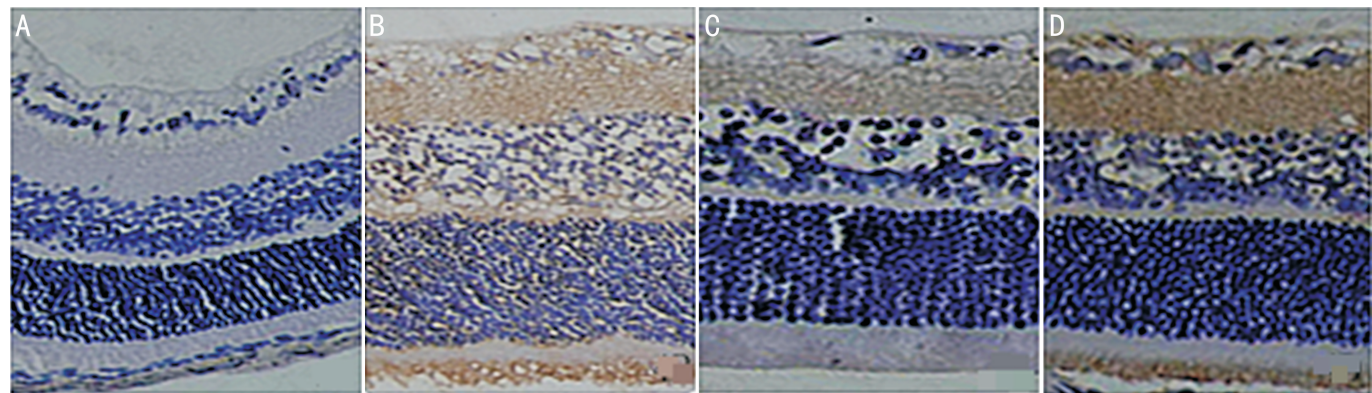
The average number of positive cells in each eye of the four groups was 1.11, 5.60, 2.90, 6.50 (Figure 3) and the difference was statistically significant ( $P < 0.001$ ). The number of positive cells in the diabetes group was significantly higher



**Figure 3 TUNEL staining in four groups.**



**Figure 4 Observation of retinal ganglion cells under electron microscope ( $\times 20500$ )** A: Normal group; B: Diabetes group; C: Danhong intervention group; D: Blank intervention group.



**Figure 5 Retinal VEGF expression in rats (SABC  $\times 400$ )** A: Normal group; B: Diabetes group; C: Danhong intervention group; D: Blank intervention group.

than that in the normal group ( $P < 0.001$ ). The number of positive cells in the danhong intervention group was significantly lower than that in the diabetes group ( $P < 0.001$ ) and the blank intervention group ( $P < 0.001$ ). There was no statistically significant difference between the blank intervention group and the diabetes group ( $P = 0.799$ ).

**Retinal Electron Microscopy** In the normal group, the retinal ganglion cells had intact nuclear membrane, abundant cytoplasm, normal intracellular structure and morphology, and no nuclear membrane shrinkage or fragmentation. (Figure 4A). In the diabetic group, retinal ganglion cells were visibly shrunken, cells lost their normal morphology, the nucleus was broken, the nuclear membrane was indistinct, chromatin was decreased, and mitochondria were swollen (Figure 4B). The cell membrane of ganglion cells in the rats of the Danhong injection group showed mild puckering, and the cytoplasm was still abundant. No obvious puckering and fragmentation of nuclear membrane was observed, chromatin showed mild edge set, and mitochondrial swelling was not obvious (Figure 4C).

In the blank intervention group, the cell structure of retinal ganglion cells was disorganized and the cell membrane was shriveled obviously. The cells were disordered, lose their normal cell form. The nucleus was condensed and the nuclear membrane was invaginated. Internuclear space could be seen, along with swollen mitochondria and vacuolar changes (Figure 4D).

**Immunohistochemical Results** VEGF was almost not expressed in the retinal layers of the normal group (Figure 5A). VEGF expression was strongly positive in the diabetes group (Figure 4B) and the blank intervention group (Figure 5D), and was expressed in all layers of the retina. VEGF was also expressed in danhong intervention group (Figure 5C), but showed a weak expression, especially in ganglion cell layer and outer plexus layer. Four groups of VEGF level of immune response IOD determination results for: normal group of  $2023 \pm 1167$ , diabetes group of  $5682 \pm 3763$ , Danhong intervention group  $2221 \pm 1301$ , blank intervention group  $5133 \pm 2385$ . There was a marginal difference in VEGF

expression between the normal group and the diabetes group ( $P=0.014$ ), and a marginal difference between the Danhong intervention group and the diabetes group ( $P=0.017$ ). There was no statistically significant difference between the blank intervention group and the diabetes group ( $P=0.682$ ). There was a marginal difference between the Danhong intervention group and blank intervention group ( $P=0.019$ ).

## DISCUSSION

DR is one of the most common complications of diabetes and an important cause of adult blindness<sup>[2]</sup>. After 20 years of diabetes, the vast majority of type 1 diabetics, 80% of insulin-dependent type 2 diabetics and 50% of non-insulin-dependent type 2 diabetics develop DR<sup>[3]</sup>. At present, there is no effective prevention method for early DR, retinal photocoagulation, condensation and surgical treatment are all aimed at the lesions in the late proliferative stage<sup>[4]</sup>, so it is critical to find a prevention and treatment method for early DR. Traditional Chinese medicine has certain advantages in the prevention and treatment of chronic diseases<sup>[5-6]</sup>.

Danhong injection is extracted from *salvia miltiorrhiza* and safflower. *Salvia miltiorrhiza* can improve microcirculation<sup>[7]</sup>. Safflower can promote blood circulation, remove blood stasis and relieve pain<sup>[8]</sup>. Modern pharmacological studies have shown that the effective components of *salvia miltiorrhiza* include tanshinone, salvianolic acid, salvianolic acid, which have strong antioxidant effects. These effective components can reduce vascular endothelial injury by inhibiting low-density lipoprotein (LDL) oxidation and enhance the ability of microvessels to resist hypoxia<sup>[9]</sup>. The effective components of safflower include safflower and safflower yellow pigment, which can reduce thrombosis by reducing blood viscosity and anti-platelet aggregation. It can expand arterioles to a certain extent, enhancing the ability of tissue to tolerate hypoxia<sup>[10-11]</sup>. According to Chinese pharmacopoeia, *salvia miltiorrhiza* is a kind of sedimentation, safflower is a kind of rising and floating, and the combination of the two drugs can remove pathogenic factors without hurting the positive energy. Danhong injection has a strong protective effect on vascular endothelial cells, anti-apoptosis of nerve cells and promoting nerve regeneration. Promising results from clinical trials have fueled a growing acceptance of Danhong injection (DHI) as a Chinese Materia Medica standardized product for the treatment of ischemic stroke<sup>[12]</sup>. Kuang *et al*<sup>[13]</sup> believed that Danhong could prevent cerebral vasospasm after subarachnoid hemorrhage through clinical observation. Chen *et al*<sup>[14]</sup> showed that Danhong injection enhance the therapeutic efficacy of mesenchymal stem cells in myocardial infarction by Promoting angiogenesis. Feng *et al*<sup>[15]</sup> used Danhong injection in combination with lipid regulation in the treatment of patients with angina pectoris of coronary heart disease, and believed that Danhong injection could inhibit the apoptosis of endothelial cells, and the mechanism was related to the reduction of intracellular production of reactive oxygen

species. Mao *et al*<sup>[16]</sup> showed that Danhong injection attenuate isoproterenol-induced cardiac hypertrophy by regulating p38 and NF- $\kappa$ b pathway. In clinical studies, danhong injection has also been shown to be significantly effective in the prevention and treatment of diabetic nephropathy<sup>[17-18]</sup>, diabetic peripheral neuropathy<sup>[19]</sup> and diabetic foot<sup>[20]</sup>, while the study on the prevention and treatment effect of DR is still blank.

In the past, it has been believed that the classic change of DR is diabetic retinal microvascular disease. In recent years, scholars have gradually found that DR also causes the damage of retinal nerve cells, which appears even earlier than the appearance of microcirculation disorder<sup>[21-23]</sup>. In view of the pathological changes in these two aspects, we observed the retinal vascular lesion and retinal nerve cell injury at both levels, hoping to further understand whether Danhong injection has a protective effect on the retina of diabetic rats.

In this study, we established a diabetic rat model by one-time injection of STZ, which is a relatively mature and stable diabetic animal model. At 12wk, two animals in the blank intervention group died. By observing the retinal HE staining, it was found that compared with the normal group, the diabetic rats had incomplete inner retinal boundary membrane, blurred inner and outer nuclear layer boundaries, disordered cell arrangement, and obvious swelling of nerve fiber layer. The morphology of retinal cells in Danhong intervention group was more regular than that in diabetes group, and the boundary of inner and outer nuclear layer was clearer than that in diabetes group. Looking at in the form of the retina at the same time, we are curious about its for retinal vascular endothelial growth factor (VEGF) expression. VEGF is recognized as the most important substance in retinal neovascularization<sup>[24-27]</sup>. Although anti-VEGF drugs have been applied in clinical practice, they cannot be used as routine preventive drugs due to their high price. If there is a drug that is cheap and can prevent the production of VEGF, it should be widely used in clinical practice. Therefore, the expression of VEGF was detected by immunohistochemistry in our experiment. Finally, we found that the expression of VEGF in the diabetic group was marginally higher than that in the normal group, while the expression of VEGF in the Danhong intervention group was marginally lower than that in the diabetic group, which suggested that Danhong injection could reduce the generation of retinal new blood vessels by inhibiting the expression of VEGF.

In this experiment, a mature diabetic animal model was established by injecting STZ. After drug intervention, diabetic vascular disease and retinal nerve cell injury were observed at both levels. It was confirmed that Danhong injection has a protective effect on the retina of diabetic rats. It can improve the status of retinal ischemia and hypoxia, possible in part through down-regulation of VEGF expression, reduce the formation of retinal neovascularization, and reduce the

apoptosis of retinal nerve cells to a certain extent. In the following work, we will further explore the protective mechanism of the optic nerve and its influence on other organs of the body and explore in more depth the potential role of Danhong in modulating VEGF expression.

#### REFERENCES

1 Li PL, Su WW, Yun S, Liao YQ, Liao YY, Liu H, Li PB, Wang YG, Peng W, Yao HL. Toward a scientific understanding of the effectiveness, material basis and prescription compatibility of a Chinese herbal formula Danhong injection. *Sci Rep* 2017;7:46266

2 Safi SZ, Qvist R, Kumar S, Batumalaie K, Ismail IS. Molecular mechanisms of diabetic retinopathy, general preventive strategies, and novel therapeutic targets. *Biomed Res Int* 2014;2014:801269

3 Nentwich MM, Ulbig MW. Diabetic retinopathy—ocular complications of diabetes mellitus. *World J Diabetes* 2015;6(3):489–499

4 Bornfeld, Norbert. Treatment of proliferative diabetic retinopathy. *Diabetologie* 2018;14(12):590–596

5 Cheng TT, Huang JL, Liu XX, Shen DQ, Ma Y, Qian Q, Gao F, Zhou B, Du L. Research progress of diabetic retinopathy treated by traditional Chinese medicine. *Clinical Journal of Traditional Chinese Medicine* 2017;29(5):607–609

6 Han JY, Li Q, Ma ZZ, Fan JY. Effects and mechanisms of compound Chinese medicine and major ingredients on microcirculatory dysfunction and organ injury induced by ischemia/reperfusion. *Pharmacol Ther* 2017;177:146–173

7 Tung NH, Nakajima K, Uto T, Hai NT, Long DD, Ohta T, Oiso S, Kariyazono H, Shoyama Y. Bioactive triterpenes from the root of *Salvia miltiorrhiza bunge*. *Phytother Res* 2017;31(9):1457–1460

8 Wang KH, Li SF, Zhao Y, Li HX, Zhang LW. *In vitro* anticoagulant activity and active components of safflower injection. *Molecules* 2018;23(1):E170

9 Li ZM, Xu SW, Liu PQ. *Salvia miltiorrhiza* Burge (Danshen): a golden herbal medicine in cardiovascular therapeutics. *Acta Pharmacol Sin* 2018;39(5):802–824

10 Li LJ, Li YM, Qiao BY, Jiang S, Li X, Du HM, Han PC. Corrigendum to “the value of safflower yellow injection for the treatment of acute cerebral infarction: a randomized controlled trial”. *Evidence-Based Complementary and Alternative Medicine* 2016;2016:1

11 Liao YQ, Liang FY, Liu H, Zheng YY, Li PB, Peng W, Su WW. Safflower yellow extract inhibits thrombus formation in mouse brain arteriole and exerts protective effects against hemorheology disorders in a rat model of blood stasis syndrome. *Biotechnology & Biotechnological Equipment* 2018;32(2):487–497

12 Xu J, Tang LY, Zhang Q, Wei JY, Xian MH, Zhao Y, Jia Q, Li X, Zhang Y, Zhao Y, Wu HW, Yang HJ. Relative quantification of neuronal polar lipids by UPLC – MS reveals the brain protection mechanism of Danhong injection. *RSC Adv* 2017;7(72):45746–45756

13 Kuang RZ, Tang XP. Prevention and treatment of cerebral vasospasm after subarachnoid hemorrhage with Danhong. *Chinese Journal of Experimental Surgery* 2015;32(9):2315

14 Chen JR, Wei J, Huang YT, Ma YL, Ni JY, Li M, Zhu Y, Gao XM, Fan GW. Danhong injection enhances the therapeutic efficacy of

mesenchymal stem cells in myocardial infarction by promoting angiogenesis. *Front Physiol* 2018;9:991

15 Feng QT, Wang RX, Chen SJ. Effect of Danish injection combined with regulating therapy on vascular endothelial function in patients with angina pectoris. *Chinese Archives of Traditional Chinese Medicine* 2017;(9):2412–2414

16 Mao HP, Wang XY, GaoYH, Chang YX, Chen L, Niu ZC, Ai JQ, Gao XM. Danhong injection attenuates isoproterenol – induced cardiac hypertrophy by regulating p38 and NF – kb pathway. *Journal of Ethnopharmacology* 2016;186:20–29

17 Yang X, Xiao X, Wang HL, Li Y, Wang L, Li GS, Deng SP. Renoprotective effect of danhong injection on streptozotocin – induced diabetic rats through a peroxisome proliferator – activated receptor  $\gamma$  mediated pathway. *Evidence – Based Complementary and Alternative Medicine* 2018;2018:1–10

18 Liu MY, Pan Q, Chen YL, Yang XX, Zhao BC, Jia LF, Zhu Y, Zhang BL, Gao XM, Li XJ, Han JH, Duan YJ. Administration of Danhong injection to diabetic db/db mice inhibits the development of diabetic retinopathy and nephropathy. *Sci Rep* 2015;5:11219

19 Wang Q, Guo ZL, Ge – Le AR, Kong DW, Yang WQ, Zhang L, Yu YB. Danhong injection alleviates mechanical allodynia via inhibiting ERK<sub>1/2</sub> activation and elevates BDNF level in sciatic nerve in diabetic rat. *Evidence – Based Complementary and Alternative Medicine* 2018;2018:1–7

20 Wu F, He ZQ, Ding R, Huang ZG, Jiang QX, Cui HM, Lin Y, Huang SB, Dai XL, Zhang JY, Wu ZG, Liang C. Danhong promotes angiogenesis in diabetic mice after critical limb ischemia by activation of CSE – h 2 S – VEGF axis. *Evid Based Complement Alternat Med* 2015;2015:276263

21 Ng DSK, Chiang PPC, Tan G, Cheung CMG, Cheng CY, Cheung CY, Wong TY, Lamoureux EL, Ikram MK. Retinal ganglion cell neuronal damage in diabetes and diabetic retinopathy. *Clinic Exp Ophthalmol* 2016;44(4):243–250

22 Kim K, Kim ES, Yu SY. Longitudinal relationship between retinal diabetic neurodegeneration and progression of diabetic retinopathy in patients with type 2 diabetes. *Am J Ophthalmol* 2018;196:165–172

23 Gu RD, Hao YY, Chen XL. Study on the mechanism of retinal ganglion cell apoptosis in early stage of diabetic rats. *Int J Ophthalmol* 2014;(3):402–406

24 Simó R, Sundstrom JM, Antonetti DA. Ocular anti – VEGF therapy for diabetic retinopathy: the role of VEGF in the pathogenesis of diabetic retinopathy. *Dia Care* 2014;37(4):893–899

25 Bandello F, Corvi F, La Spina C, Benatti L, Querques L, Capuano V, Naysan J, Chen XJ, Sarraf D, Parodi MB, Souied E, Freund KB, Querques G. Outcomes of intravitreal anti – VEGF therapy in eyes with both neovascular age – related macular degeneration and diabetic retinopathy. *Br J Ophthalmol* 2016;100(12):1611–1616

26 Thomas AA, Feng B, Chakrabarti S. ANRIL: A regulator of VEGF in diabetic retinopathy. *Invest Ophthalmol Vis Sci* 2017;58(1):470

27 Song LJ, Wang Y, Chen D, Gao FJ, Ding H, Li YM, Zhong M. Retinal morphology and expression of Bcl – 2, Bax and VEGF in early diabetic rats. *Int J Ophthalmol* 2018;18(11):1951–1957