

# Molecular Database Generation for Type 2 Diabetes using Computational Science-Bioinformatics' Tools

Gagandeep Kaur Grewal  
Dept of Computer Engineering, UCOE,  
Punjabi University, Patiala  
Punjab, India  
gdeepgrewal@gmail.com

Dr. Amardeep Singh#  
Dept of Computer Engineering, UCOE,  
Punjabi University, Patiala  
Punjab, India

*Abstract*— In this paper a new algorithm GIGC is proposed which is the modified form of glucose insulin meal GIM model. Diabetes mellitus is one of the worst diseases that are affecting adversely large population. This motivates many researchers to study the glucose-insulin endocrine regulatory system and to design algorithms that could be applied on real time patient and benefit the medical field. Diabetes occurs when blood glucose levels are too higher than normal. Type two diabetes, also known as mellitus has exceeded its growth to a large extent worldwide, and its impact on global health care problem has increased the interest of the scientific community. Variation in insulin sequence is combined to glucose insulin meal simulation model to develop a modified algorithm. Glucose insulin meal simulation software doesn't simulate for T2D. The new algorithm GIGC has been implemented using glucose insulin meal software in which genetic variation along with insulin glucose secretion dynamically are combined to help in reducing the prevalence of T2D.

**Keywords-** BLAST, GIGC, NCBI, SWISS PROT, T2D.

## I. INTRODUCTION

Major research efforts in Bioinformatics include sequence alignment, gene finding, drug design, drugs discovery, protein structure alignment, prediction of gene expression etc.[3]. Since Diabetes mellitus is one of the worst diseases that are affecting adversely large population this motivates many researchers to study the glucose-insulin endocrine regulatory system. Life is difficult to diabetic patients. They must measure their glucose rate, inject insulin regularly, visit physician and examine results which are difficult to understand. Proposed simulation model GIGC may help them to minimize measurement time for detecting glucose level. By this way, insulin dosage may be planned effectively. An estimation that 50.8 million people are living with diabetes, India has the world's largest diabetes population, followed by China with 43.2 million (Source: IDF, Diabetes Atlas, 4th edition Last updated 4-27-2011 by bisl.wdf). But unfortunately most of diabetic patients either do not visit physician regularly or do not know he has diabetes already.

Our starting point to develop algorithm is to help these patients to understand their diabetic graphs, and also help physicians during medical treatment for dosage planning and this information is combined with genetic information i.e. about varying insulin that predicts where insulin is different from normal patient. Attention to such factors as insulin, glucose and meal, combined with genetic data identifying genetic risk factors, will help in reducing the prevalence of T2D (Type 2 diabetes) and can help medical field. For achieving this objective a case study of diabetes type 2 is taken. NCBI's database is used. Later BLAST searching algorithm is applied to find the sequence match between human insulin and its variants.

## II. LITERATURE SURVEY

Some related works about diabetes and simulation models are found in literature survey and mentioned in this section. Studies reveal that the mostly used and also the simplest one is the minimal model of Bergman (bergman et al., 1979) for type 1 diabetes patients under intensive care, and its extension, the three-state minimal model (bergman et al., 1981). But its simplicity proved to be its disadvantage too, as it is very sensitive to

parameters variance, the plasma insulin concentration must be known as a function of time and in its formulation a lot of components of the glucose insulin interaction were neglected. But two models were helpful in developing new algorithm. In 2007[5], meal simulation model for the glucose insulin system in body was developed by Man, C., Rizza, R., & Cobelli, C. Model results describe both a single meal and daily life meal (three times a day) breakfast, lunch, dinner in normal.

In 2006, mixed meal simulation model of glucose insulin system was developed by Man, C., Rizza, R., & Cobelli, C.[6] Model results show normal daily life (breakfast, lunch, dinner) both in normal and pathophysiological situations. It simulates both open- and closed-loop insulin infusion strategies.

Several software exists, some are freely available, and some are commercial. Few of these are mentioned in the review paper by Lehmann and Deutsch (1995). Here is a partial list: (The URLs were last accessed on 27 April 2011).

*AIDA*-<http://www.2aida.org/aida/site-map.htm>,

*WINSTODEC*,

*FSIGTT*- <ftp://ftp.mbs.ele.tue.nl/CS/Riel/>,

*DIAS*-(<http://www.mi.auc.dk/~okh/dias.htm>),

*Glucosim* (<http://216.47.139.198/glucosim/index.html>)

### III. DIABETES

Diabetes is a chronic metabolic disorder that adversely affects the body's ability to manufacture and use insulin, a hormone necessary for the conversion of food into energy. The disease greatly increases the risk of blindness, heart disease, kidney failure, neurological disease. Type 2 diabetes (T2D) is a disease in which insulin is abnormally secreted or does not act correctly, leading to elevated blood glucose [1]. Over time, elevated glucose levels can lead to multiple organ damage. Diabetes is the leading cause of chronic renal failure, adult blindness, and limb amputation, and is a major risk factor for heart disease, stroke, and birth defects [2]. T2D is believed to be a multi-factorial disease, i.e., it is influenced by both genetic and environmental factors. People with a family history of the disease are at higher risk of developing it themselves since they share genetic background and likely share similar environments. It has been estimated that 30%-70% of T2D risk can be attributed to genetics, with multiple genes involved and different combinations of genes playing roles in different subsets of individuals [2]. It is not yet known how many genes are involved or how much control each exerts over the development of the disease, but recent research has identified a number of promising candidates [2].

### IV. BIOINFORMATICS IS APPLIED TO ATLEAST FIVE MAJOR TYPES OF ACTIVITIES[7]

**1) Data acquisition:** Data (related to the DNA samples, such as the species, tissue type, and quality parameters used in the experiments) acquisition is primarily concerned with accessing and storing data generated directly off of laboratory instruments.

**2) Database development:** Many laboratories generate large volumes of such data as DNA sequences, gene expression information, three-dimensional molecular structure, and high-throughput screening. Hence, they must develop effective databases for storing and quickly accessing data.

**3) Data analysis:** Bioinformatics analysts may write specific algorithms to analyze data, or they may be expert users of analysis tools, helping scientists understand how the tools analyze the data and how to interpret results.

**4) Data Integration:** Once information has been analyzed, a researcher often needs to associate or integrate it with related data from other databases.

**5) Analysis of integrated data:** A good deal of the early work in bioinformatics focused on processing and analyzing gene and protein sequences catalogued in databases such as GenBank, EMBL, and SWISS-PROT.

### V. IMPLEMENTING DETAILS FOR THE PROPOSED MODEL

GIGC (Genetically insulin glucose control) is implemented using MATLAB 7.0. Insulin is a protein so sequence of amino acids of insulin is studied. Data about variants in human insulin and its variation in diabetic patient was generated. This is combined with the glucose insulin dynamics. This new algorithm "Genetically Insulin Glucose Control (GIGC)" has large possibilities of identifying candidate gene's percentage variation in normal subject to type 2 diabetic patient. This model implements a variation of a

model described by Dalla Man, Cobelli C.[8] In GIGC, algorithm is modified such that gene sequence for insulin is used to match the query (i.e. variant insulin) with actual sequence. The proinsulin precursor of insulin is encoded by INS gene.

**Step sequence in GIGC is the following:**

1. The user selects type 1, 2 or normal subject and sets the values for all fields asked, basal value is calculated. Simulation starts and profile is saved.
2. Now suppose user wants to compare type two values with normal, he simply has to click type two and click simulation button, then he is asked for which profile should be compared with; then user can enter type 1 or normal. Hence a graphical window is displayed with current and previous values.
3. MATLAB opens web browser in another window which displays the investigated protein sequence for insulin using NCBI BLAST algorithm in FASTA format. Since protein insulin is important in regulation of blood sugar and in diabetes, so its genetic variation must be kept in consideration to find new genetic treatments for type 2 diabetes. Swiss-Prot Protein Knowledgebase is visited. Enter 'insulin precursor' into the Search box at the top of the page.
4. On the results page, scroll down and click on INS HUMAN.
5. Under comments section, purpose of this protein is mentioned. A defect in Insulin causes *familial hyperproinsulinemia*. It shows Defects in INSR may be associated with noninsulin-dependent diabetes mellitus (NIDDM); also known as diabetes mellitus type 2.
6. Scroll down to the Features section. Locate the sections that contain variants. Some of these cause diseases such as diabetes. Click on one of the variants.
7. Return to the Human Insulin page. Scroll all the way to the bottom and look at Sequence Information. How long is the protein molecule? Click on the FASTA format link to get the sequence in a format we can use.
8. Highlight and copy the amino acid sequence:  

```
>sp|P06213|INSR_HUMAN Insulin receptor OS=Homo sapiens GN=INSR PE=1 SV=4
MATGGRRGAAAAPLLVAVAALLLGAAGHLYPGEVCPGMDIRNNLTRLHELENCVIEGHL
```
9. Go to the National Center for Biotechnology Information (NCBI) home. This database contains virtually all sequenced genes. Compare the human insulin protein sequence to everything previously sequenced. At the top of the page, click on BLAST (Basic Local Alignment Search Tool) and then on the next page "Protein-protein (blastp)".
10. Click Format to see if the results are ready. After clicking once, the results page will refresh itself until the search is complete, this will take a few minutes.
11. The Colour Key for Alignment Scores shows how well the sequences found by BLAST match the sequence that one has entered.
12. Scroll down to see a list of the proteins with their E-values. E-Values are a mathematical representation of how related other proteins are to your search sequence. The smaller the number, the closer the match.
13. Below this list are the actual sequences. The top row is the insulin sequence searched for. The bottom row contains the matches found in the database. The middle row shows the parts that match. The percent that match is also given.

The annotated protein sequence for human insulin is studied, variants in sequence is retrieved using FASTA. Then at NCBI, BLASTp is performed to match the sequence for our query with previously sequenced insulin protein. This shows how much %age of diabetic individual's insulin amino acid length is varied from normal patient. MATLAB programming is used for implementation of proposed algorithm. GIGC (Genetically Insulin Glucose Control) has been designed and implemented for type 2 diabetes using GIM simulation software [4]. This algorithm helps to plan insulin dosage effectively and also helps to know variant in insulin. For insulin's

genetics; NCBI database and BLAST were used. Hence, GIGC generates molecular database which can help diabetic patients.[9].

### VI. SIMULATION RESULTS AND DISCUSSION

Glucose and insulin concentrations, glucose production, glucose utilization, meal rate of appearance, and insulin secretion rate obtained. Red line shows current solution and blue line shows previous solution.

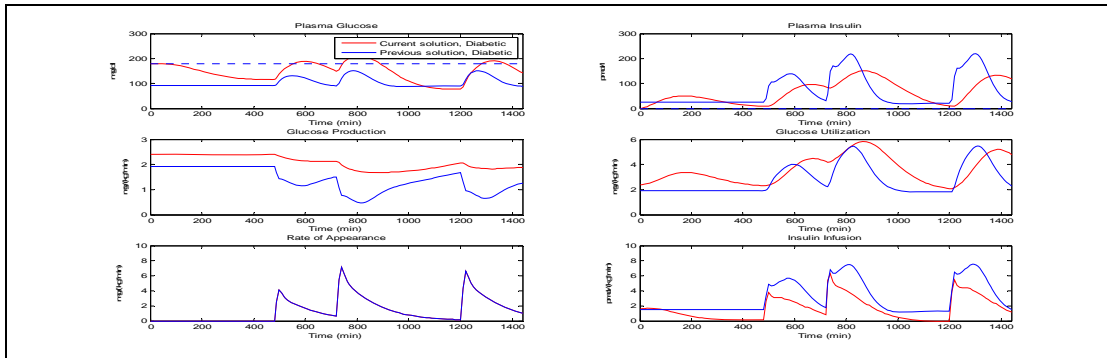


Figure 1. Represents simulation result for comparison of type 2 diabetes with normal.

The graphs below show the simulation of subject type 1 diabetes with subject type 2 diabetes. It compares the glucose production, glucose utilization, insulin infusion wrt. time.

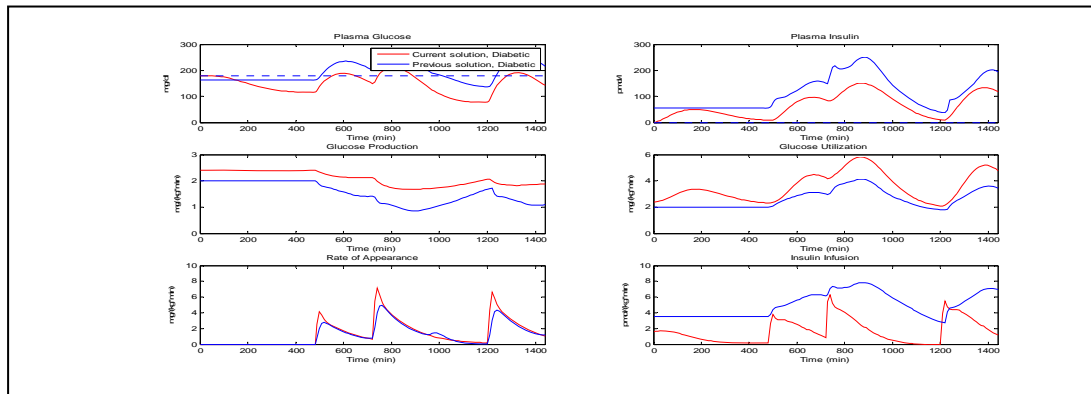


Figure 2. Simulation results compare diabetes type 1 with diabetes type 2 here.

Below screen shot shows that some of these variations in human insulin cause diseases such as diabetes. variant insulin.jpg

P06213[55], Insulin receptor, Homo sapiens

10	20	30	40	50	60
MAIGGRGAA	AAPLLVAVAA	LLGAAAGHLY	PGEVCFQMDI	RNNLTRLHEL	ENCSVIEGHL
70	80	90	100	110	120
QILLMEKTRP	EDFDLSEPK	LIMITDVYLL	FRVVGLESLEK	DLPFNLTVID	GSRLFENYAL
130	140	150	160	170	180
VIFEMVHLKE	LGLVNLGSHI	RGSVRIERNN	ELCYLATIDW	SRILDSEVDN	YIVLNKEDDNE
190	200	210	220	230	240
ECGDICPGTA	KGRINCPATV	INGQEVERCW	THSHCQKVCF	TICKSHGCTA	EGLCCHSECL
250	260	270	280	290	300
GNCSPDDDEI	KCVACRNFYL	DGRVETICPP	PYYHFQDWRG	VNFSPQDLN	HKCKNSRRQC
310	320	330	340	350	360
CHQVWIDRDK	CIFECPSSYT	MASSNLLCTP	CLGECRKYCH	LLEGRTIDS	VTSAQELRCC
370	380	390	400	410	420
TVINGSLLIN	IRGGNLAAP	LEANLGLIEE	ISGVLYKIRK	VALVSLSPFR	KIRLRIGETL
430	440	450	460	470	480
EIGNYSPYAL	DNQHLRQIMD	WSKIBLITIQ	GKLEFHYNEK	LCLSEIHKEE	EVSGIRGRQE
490	500	510	520	530	540
RNDIALKINS	DQASCNELL	KPSVIRTSPD	KILLRWEPYQ	PPDFRDLLE	MLEYKEDAVQ
550	560	570	580	590	600
NVTEFDQDA	CGSNWIVVD	IDPPLRSNDF	KSQNHFGWLE	RGLKSPWEQVA	IFVKTLVTFE
610	620	630	640	650	660
DERRIYPAKS	DIIYVQIDAI	NFSVELDEIS	VSNSSSQIIL	KWKFPSPDFW	NIEHYLVFWE
670	680	690	700	710	720
RQAEDESELE	LDYCLKGLK	ESRIWSPFFE	SEDSQKHNS	EYEDSAGECC	SCPKIDSQIL
730	740	750	760	770	780
KELESSFRK	TEEDYLHNV	EVPRTSSGT	GAEDPSPSRK	RRLSGDVGNV	TVAVPIVAAP

Fig 3. Variants in human Insulin.

Go to the **National Center for Biotechnology Information** (NCBI) home page. This database contains virtually all sequenced genes. We will compare the human insulin protein sequence to everything previously sequenced. At the top of the page, click on “BLAST” and then on the next page “Protein-protein(blastp)”.

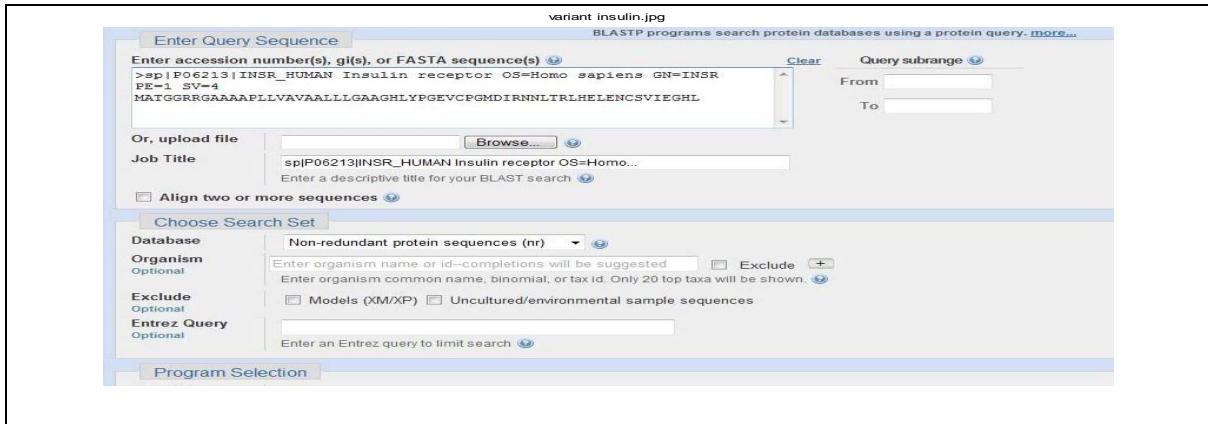


Fig 4. BLASTp performed

Below given figure shows how well the sequences found by BLAST match the sequence you entered. This is known as alignment score.

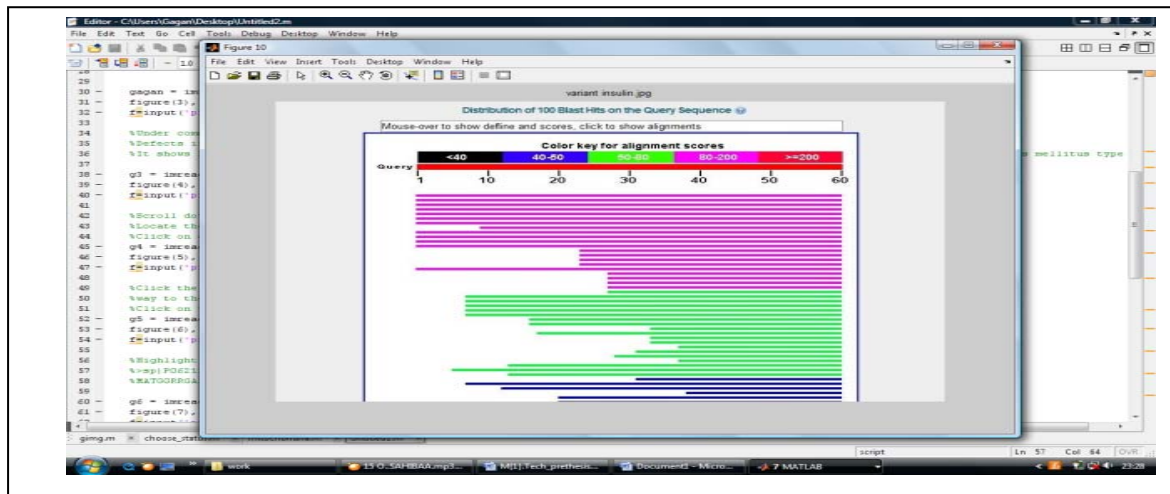


Fig 5. The Color Key for Alignment Scores

In figure 6, the top row is the insulin sequence you searched for. The bottom row contains the matches found in the database. The middle row shows the parts that match. The percent that match is also given.

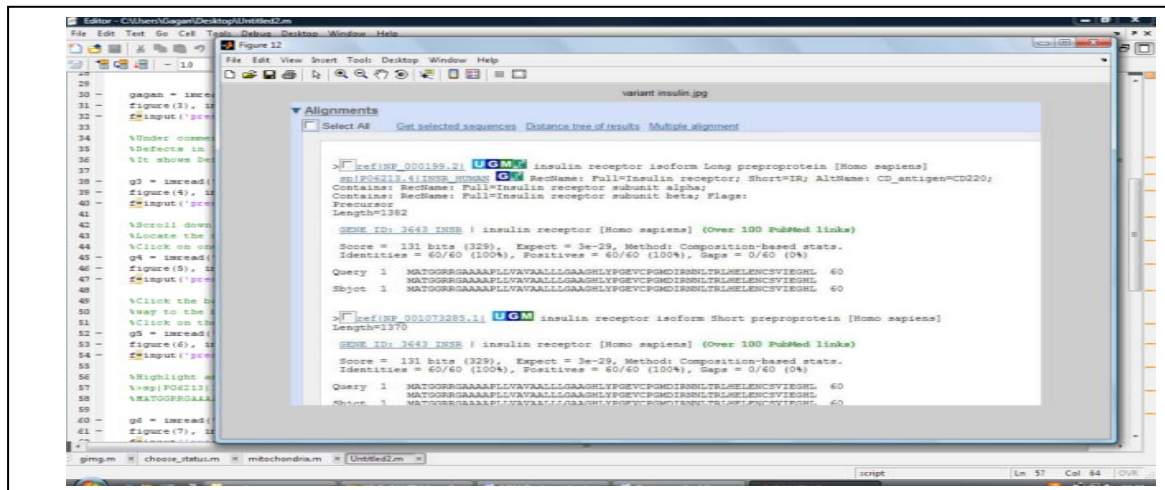


Fig6. Result displaying the actual sequences.

Simulation models of glucose –insulin control system have proven useful for tackling various aspects of physiology and of diabetic control. This combined algorithm based on meals collaborated with identification of amino acid variation in a person’s insulin will have a profound impact on the future of biomedical field. This can not only help in controlling diet and glucose insulin mutations, but also investigate the sequence of human insulin in every diabetic person.

## VII. CONCLUSION

The main purpose of creating and maintaining such databases in commercial organizations is their importance in the process of drug discovery. Human insulin’s protein sequence is studied. It is found that defects in INSR may be associated with T2D. Section that contains variants is searched for. Sequence information is retrieved by using FASTA format. Then NCBI’s database which contains virtually all sequenced genes compared our query with previously sequenced human insulin sequences. BLASTp is performed to match the sequence we entered. Result shows an alignment score of 60% that means our query matched 60%. Hence, variations in *TCF7L2* are associated with impaired insulin secretion and increased hepatic glucose production, which may partially explain the development of T2D in people carrying *TCF7L2* variations.

Difficulties in identifying specific gene mutations that cause type 2 diabetes are due to number of genes that are involved in controlling our fuel intake and regulation, lifestyle of a person and environment in which he is living add up to risks of this disease, inherited lifestyle, poor eating habits and lack of exercise. If genetic testing becomes easily approachable then insulin genetics study combined with meal glucose insulin models can be a boon to biomedical field. GIGC algorithm based on meals collaborated with identification of amino acid variation in a person’s insulin can improve diagnosis of type two diabetes. The Genetics of Type 2 Diabetes Mellitus will identify candidate genes that predispose people to develop Type-2 diabetes.

## ACKNOWLEDGMENT

Gagandeep Kaur Grewal thanks Guide Dr. Amardeep Singh, for his guidance, Professor.Claudio Cobelli for providing the simulation software.

## REFERENCES

- [1] Source: genetics and functional genomics of type 2 diabetes mellitus by Ayo Toye & Dominique Gauguier; *Genome Biol.*2003;4(12):241.
- [2] “*FACT SHEET - Type 2 Diabetes*” by national institutes of health (updated October 2010) (The National Institute of Diabetes and Digestive and Kidney Diseases <http://www.niddk.nih.gov/>)
- [3] Grewal Gagandeep Kaur,Dr.Singh Amardeep, *Bioinformatics and its applications in biomedical and agriculture,ETCSIT-2011*,106-107.
- [4] Dalla Man C,Cobelli C, Raimondo DM, Rizza RA,(2007) GIM, simulation software of meal glucose- insulin.model. *JDST Vol 1,Issue 3*.
- [5] Man, C., Rizza, R., & Cobelli, C. (2007). Meal Simulation Model of the Glucose-Insulin System. *IEEE Transactions on Biomedical Engineering*, 54(10), 1740-1749. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/17946394>

- [6] Dalla Man, C., Rizza, R. , & Cobelli, C. . (2006). Mixed meal simulation model of glucose-insulin system. *Conference Proceedings of the International Conference of IEEE Engineering in Medicine and Biology Society, 1(2)*, 307-10. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/17946394>
- [7] Recupero, Anthony J. "Bioinformatics." *Genetics*. 2003. Retrieved June 19, 2011 from Encyclopedia.com:<http://www.encyclopedia.com/doc/1G2-3406500028.html>
- [8] Dalla Man C,Cobelli C, Raimondo DM, Rizza RA,(2007) GIM, simulation software of meal glucose- insulin model. *JDST Vol 1,Issue 3*.
- [9] Grewal G.K.,Dr.Amardeep S., "Generating Molecular Database Using Biocomputing Approach", *Research Cell: An International Journal of Engineering Sciences*, In press 2011.

**Periodicals and web resources:**

- [1] BMC Bioinformatics. BioMed Central. (2010-2011)  
[www.biomedcentral.com/bmcbioinformatics](http://www.biomedcentral.com/bmcbioinformatics)
  - [2] In Silico Biology. Bioinformation Systems. 1998-2008.[www.bioinfo.de/isb](http://www.bioinfo.de/isb)
  - [3] PLoS Computational Biology. International Society for Computational Biology. 2005-2008.<http://compbiol.plosjournals.org/perlserv/?request=index-html&issn=1553-7358>
  - [4] <http://www.ncbi.nlm.nih.gov/genbank/>
  - [5] <http://www.clcbio.com/index.php?id=1046>
  - [6] [www.google.com](http://www.google.com)
  - [7] Bioinformatics Organization.<http://bioinformatics.org> [accessed 2 April 2011]
- A bioinformatics society open to everybody. Strong emphasis on open access to biological information as well as free and open source software. "Bioinformatics Web-Tools Collection".

**AUTHORS PROFILE**

Grewal Gagandeep Kaur submitted her dissertation for Masters of Technology in CE. Research areas include Bioinformatics, Computational Sciences, Biomedical field. Published 7 papers in International and 1 in National conference.