Insulin-releasing and insulin-like activity of 
*Agaricus campestris* (mushroom)

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**Abstract**

*Agaricus campestris* (mushroom) has been documented as a traditional treatment for diabetes. Here the administration of mushroom in the diet (62.5 g/kg) and drinking water (2.5 g/l) countered the hyperglycaemia of streptozotocin-diabetic mice. An aqueous extract of mushroom (1 mg/ml) stimulated 2-deoxyglucose transport (2·0-fold), glucose oxidation (1·5-fold) and incorporation of glucose into glycogen (1·8-fold) in mouse abdominal muscle. In acute 20 min tests, 0·25–1 mg/ml aqueous extract of mushroom evoked a stepwise 3·5- to 4·6-fold stimulation of insulin secretion from the BRIN-BD11 pancreatic B-cell line. This effect was abolished by 0·5 mM diazoxide and prior exposure to extract did not affect subsequent stimulation of insulin secretion by 10 mM l-alanine, thereby negating a detrimental effect on cell viability. The effect of extract was potentiated by 16·7 mM glucose, l-alanine (10 mM) and IBMX (1 mM), and a depolarising concentration of KCl (25 mM) did not augment the insulin-releasing activity of mushroom. Activity of the extract was found to be heat stable, acetone soluble and unaltered by exposure to alkali, but decreased with exposure to acid. Dialysis to remove components with molecular mass <2000 Da caused a 40% reduction in activity. Sequential extraction with solvents revealed insulin-releasing activity to be greatest in polar fractions. Lack of haemagglutinin activity with extract activity indicated that activity was unlikely to be due to a lectin-mediated event. These results demonstrate the presence of antihyperglycaemic, insulin-releasing and insulin-like activity in *A. campestris*.

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**Introduction**

Throughout the world many traditional plant treatments for diabetes exist (Bailey & Day 1989). However, few have received scientific or medical scrutiny and the World Health Organisation has recommended accordingly that traditional plant treatments for diabetes warrant further evaluation (World Health Organisation 1980). Administration of an edible mushroom to streptozotocin (STZ)-diabetic mice countered the initial reductions in plasma insulin and pancreatic insulin concentration and improved the hypoglycaemic effect of exogenous insulin (Swanston-Flatt et al. 1989).

To understand better the mechanisms by which mushroom ameliorates hyperglycaemia, the effect of an aqueous extract of mushroom on glucose metabolism by isolated murine abdominal muscle and on insulin secretion by BRIN-BD11 cells was investigated. Since the ability of lectins isolated from mushrooms (*Agaricus campestris*, *A. bisporus*) to enhance insulin release by isolated rat islets of Langerhans has been documented (Ewart et al. 1975, Ahmad et al. 1984a,b), the potential presence of lectins in aqueous extracts of mushroom was also investigated.

**Materials and Methods**

**Plant material**

Dried fruiting bodies of mushroom (*A. campestris*) obtained from a commercial source (Whitworths Ltd, Wellingborough, Northants, UK) were homogenised to a fine powder and stored at room temperature (20 ± 2 °C) in opaque screw-topped jars until use. An aqueous extract of mushroom was prepared by immersion of the powdered material at 25 g/l in boiling (distilled) water, and infused for 15 min. The suspension was filtered (Whatman no. 1 filter paper) and stored at −20 °C. For consumption as drinking fluid, the extract was diluted 10-fold with tap water (equivalent to 2·5 g/l). For *in vitro* studies, aliquots of extract were brought to dryness under vacuum (Savant Speedvac; Savant Instrumentation Incorp., Framingdale, NY, USA) and reconstituted in incubation buffer. To account for possible differences in potency, test and control incubations within a single experiment using isolated muscle or BRIN-BD11 cells were always conducted using the same batch of extract. This allowed for variation in potency of different batches of extract apparent in some insulin-release experiments.
Animal studies

Male mice derived from a colony maintained at Aston University, Birmingham, UK (Flatt & Bailey 1981) were used at 21–24 weeks of age. The mice were housed in an air-conditioned room at 22 ± 2°C with a lighting schedule of 12 h light (0800–2000 h) and 12 h darkness. Animals had free access to a standard pellet diet (Mouse Breeding diet, Pilssbury Ltd, Birmingham, UK) and tap water. The overall nutrient composition of the diet was 36·2% carbohydrate, 20·9% protein, 4·4% fat and 38·5% fibre with a metabolisable energy content of 1·18 MJ/100 g. The experimental procedure for in vivo studies was similar to that previously described (Swanston-Flatt et al. 1989). Dried fruiting bodies of mushroom were incorporated into the diet (62·5 g/kg) and drinking water (2·5 g/l) of groups of seven mice 5 days prior to and subsequent to intraperitoneal administration of STZ (Sigma Chemical Co., Poole, Dorset, UK) at 200 mg/kg body weight in 0·1 M sodium citrate buffer (pH 4·5). Daily measures of body weight, food intake and fluid intake were made. Non-fasting blood samples obtained from the cut tail-tips of conscious mice were collected on days 12 and 20 for plasma glucose analysis (Stevens 1971). Groups of six normal mice and six STZ-treated mice with free access to unsupplemented diet and drinking water were used as control. It has previously been established that incorporation of mushroom into the diet and drinking water has no effect on glucose homeostasis of normal mice (Swanston-Flatt et al. 1989).

Glucose transport and glucose metabolism in vitro

Recently weaned non-fasting male mice (3–5 weeks old) were killed by cervical dislocation and squares of abdominal muscle (approximately 10–20 mg) were prepared. Incubations were performed using Krebs–Ringer bicarbonate buffer supplemented with 2% insulin-free BSA (KRB-BSA; 118 mM NaCl, 25 mM NaHCO₃, 5 mM KCl, 1·28 mM CaCl₂, 1·18 mM MgSO₄, 1·17 mM KH₂PO₄). Flasks were sealed with rubber stoppers (Subaseal; Gallenkamp, London, UK) and allowed to attach overnight to unsupplemented diet and drinking water were used as control. Insulin was chosen to represent a significant but submaximal stimulation of glucose uptake and oxidation within this preparation. After incubation, tissue was removed, blotted, hydrolysed in 0·5 ml 1 M NaOH (85°C, 1 h) and counted for 3H and 14C radioactivity in HiSafe II scintil-

lant (Fisons; Loughborough, Leics, UK). The extracellular fluid volume of the muscle was determined from the amount of the non-transported l-[1-14C]glucose, and this was taken into account in the calculation of tissue 2-deoxy-d-[1-3H]glucose uptake, expressed as d.p.m./mg wet weight muscle per h.

Oxidative glucose metabolism to CO₂ and incorporation of glucose into glycogen were determined by incubation of muscle at 37°C for 60 min in 1 ml KRB-BSA supplemented with 10 mM glucose, 0·5 µCi/ml d-[U-14C]glucose (Amersham Life Science) in the presence and absence of 10−8 M human insulin and 1 mg/ml extract of mushroom. Following incubation, 0·1 ml 1 M NaOH was carefully injected through the rubber stopper onto a corrugated filter paper plug (Whatman no. 1) in a centre well. Flasks were then placed on ice for 5 min after which the tissue was removed for glycogen analysis. Flasks were re-stoppered and 0·1 ml 3 M HClO₄ was injected into the incubation medium and allowed to stand for 1 h at room temperature. 14C radioactivity of the filter paper was then counted in scintillant. CO₂ production was expressed as nmol CO₂/mg wet weight muscle per h. The incorporation of glucose into glycogen was determined by hydrolysis of the tissue with 1 ml 1 M KOH (85°C, 2 h). Once cooled, glycogen was precipitated with 95% ethanol and the glycogen pellet hydrolysed with 1 ml M H₂SO₄ (85°C, 2 h), which was allowed to cool and neutralised with 5 M NaOH. Aliquots (0·5 ml) were added to scintillant and counted for 14C radioactivity. Incorporation of glucose into glycogen was expressed as nmol glucose equivalents/mg wet weight muscle per h.

Insulin secretion in vitro

BRIN-BD11 cells, produced by electrofusion of immortal RINm5F cell with New England Deaconess Hospital rat pancreatic B-cell, were used to evaluate insulin secretion. The generation and basic characteristics of this glucose-responsive insulin-secreting cell line have been described elsewhere (McClenaghan et al. 1996). BRIN-BD11 cells were cultured at 37°C in a humidified atmosphere of 5% CO₂ in air in RPMI-1640 medium containing 11·1 mM glucose, 10% foetal calf serum and antibiotics (50 000 IU/l penicillin and streptomycin). Cells were seeded at a concentration of 0·2 × 10⁶ cells/well in 24–well plates (Falcon, New Jersey, USA) and allowed to attach overnight prior to acute tests. Wells were washed three times with Krebs–Ringer bicarbonate buffer (KRB; 115 mM NaCl, 4·7 mM KCl, 1·3 mM CaCl₂, 1·2 mM KH₂PO₄, 1·2 mM MgSO₄, 24 mM NaHCO₃, 10 mM Hepes-free acid, 1 g/l BSA, 1·1 mM glucose; pH 7·4) and preincubated for 40 min at 37°C. Unless otherwise stated, cells were then incubated for 20 min with 1 ml KRB at 1·1 mM glucose in the absence and presence of plant extract and other test agents. Aliquots were removed from each well, centrifuged (700 g, 5 min, 4°C) and stored at
Concentrations of plant extract tested (0·25, 0·5, 1 mg/ml) did not influence the cell viability of BRIN-BD11 cells during the test period as evaluated by the modified neutral red assay (Hunt et al. 1987).

Effect of chemical treatments of mushroom extract on insulin secretion

To evaluate the nature of the insulin-releasing component(s) the aqueous extract of mushroom was subjected to heat, overnight dialysis, acid–alkali or acetone treatment. Heat: aqueous extract was boiled for 1 h immediately after preparation. Dialysis: aqueous extract was dialysed overnight (Spectra/Per molecular mass cut-off 2000 Da; Spectrum, Los Angeles, CA, USA) against Millipore water at 4 °C. Acid–alkali treatment: aliquots of aqueous extract were added to 5 M HCl or 5 M NaOH to produce 0·1 M HCl or 0·1 M NaOH, allowed to stand at room temperature overnight, then neutralised. Acetone treatment: 1 ml of aqueous extract (1 mg/ml) was added to 10 ml ice-cold acetone, allowed to stand for 30 min and centrifuged (800 g, 5 min) to obtain acetone-soluble and acetone-insoluble fractions. Aliquots of untreated extract and modified aqueous extracts were dried under vacuum. All modified aqueous extracts were freshly reconstituted in KRB and effects on insulin secretion at a concentration equivalent to 1 mg/ml compared with untreated extract.

In another series of experiments mushroom fruiting bodies were subjected to sequential extraction by increasingly polar solvents. Plant material (0·25 g) was placed in 5 ml of hexane, agitated for 15 min and centrifuged (950 g, 5 min). The precipitate was dried under vacuum and extracted with a further 5 ml hexane and centrifuged (as before). The extraction supernatant was pooled and filtered (Whatman no. 1) and the volume adjusted to 10 ml with hexane. The extraction precipitate (dried under vacuum) was subsequently extracted (as above) with 2 × 5 ml volumes of ethyl acetate, then methanol and finally with water. All extract fractions were freshly reconstituted in KRB and effects on insulin secretion at a concentration equivalent to 1 mg/ml compared with those of untreated extract.

Haemagglutination assay of lectin presence in aqueous extract

Serial dilutions of aqueous extract of mushroom were performed using PBS (137 mM NaCl, 2·68 mM KCl, 14·07 mM KH₂PO₄, 204 mM Na₂HPO₄; pH 7·4) in V-shaped bottom microtitre wells to which an equal volume of freshly prepared 2% erythrocyte suspension (human O Rh – or pooled rat; in PBS) was added. Wells were incubated for 1 h at room temperature and the titre read visually as being equal to the dilution in the last well to show agglutination (as manifested by an evenly distributed layer of cells over the whole well bottom). The haemagglutinin activities of normal aqueous extract (normal extract), aqueous extract produced by a 15 min cold infusion instead of hot infusion (cold extract), and cold extract subsequently brought to the boil and allowed to infuse for 15 min (heated extract) were examined, and for each a titre value was obtained.

### Table 1

<table>
<thead>
<tr>
<th></th>
<th>Normal mice</th>
<th>STZ mice</th>
<th>STZ mice + mushroom</th>
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<tbody>
<tr>
<td><strong>Body weight (g)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Study day 0</td>
<td>45·5 ± 2·90</td>
<td>42·3 ± 0·94</td>
<td>44·0 ± 1·44</td>
</tr>
<tr>
<td>Study day 20</td>
<td>48·1 ± 1·19</td>
<td>37·7 ± 2·38**</td>
<td>41·1 ± 1·08†</td>
</tr>
<tr>
<td><strong>Fluid intake (ml/day)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Study day 0</td>
<td>4·5 ± 0·20</td>
<td>4·3 ± 0·24</td>
<td>4·3 ± 0·03</td>
</tr>
<tr>
<td>Study day 20</td>
<td>5·2 ± 0·31</td>
<td>10·0 ± 0·50***</td>
<td>7·6 ± 0·67**†</td>
</tr>
<tr>
<td><strong>Food intake (g/day)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Study day 0</td>
<td>4·4 ± 0·49</td>
<td>4·4 ± 0·43</td>
<td>4·3 ± 0·43</td>
</tr>
<tr>
<td>Study day 20</td>
<td>5·2 ± 0·40</td>
<td>4·9 ± 0·40</td>
<td>5·6 ± 1·18</td>
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<tr>
<td><strong>Plasma glucose (mmol/l)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Study day 12</td>
<td>6·6 ± 0·45</td>
<td>13·5 ± 1·68**</td>
<td>6·7 ± 0·92††</td>
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<tr>
<td>Study day 20</td>
<td>9·9 ± 0·74</td>
<td>22·3 ± 3·06**</td>
<td>9·7 ± 0·71††</td>
</tr>
</tbody>
</table>

STZ was administered 4 days following the introduction of mushroom (day = 0). **P < 0·01, ***P < 0·001 compared with normal mice; †P < 0·05, ††P < 0·01 compared with STZ-treated mice receiving normal diet.
Statistical analysis

Data were evaluated using Student’s unpaired t-test, and one- or two-way ANOVA where appropriate. Groups were considered to be significantly different if $P<0.05$. When a significant $F$ value was obtained for ANOVA the differences of all pairs were tested using Student–Newman–Keuls multiple comparisons test. If s.d.s were significantly different (Barlett’s test for homogeneity of variances) data were transformed ($\log_{10}[x]$).

Results

Studies in vivo

Compared with normal mice, STZ administration resulted in significant ($P<0.05$) weight loss, polydipsia and hyperglycaemia (Table 1). Administration of mushroom in the diet and drinking water significantly decreased the hyperglycaemia by study day 12 (6.7 ± 0.9 mM compared with 13.5 ± 1.7 mM for STZ controls; $P<0.01$) to a level not significantly greater than that of normal mice (Table 1).

Glucose transport and glucose metabolism in vitro

Aqueous extract of mushroom (1 mg/ml) increased glucose uptake (1.97-fold), $^{14}$CO$_2$ production (1.49-fold) and glycogenesis (1.84-fold) during incubations without insulin. Combination of mushroom extract and insulin did not significantly alter the stimulatory effect compared with agent alone (Table 2).

Insulin secretion in vitro

Aqueous extract of mushroom (0.25–1 mg/ml) had a dose-dependent stimulatory effect on insulin secretion from BRIN-BD11 cells at 1.1 mM glucose (Fig. 1). The presence of 0.5 mM diazoxide inhibited the stimulatory effect of the extract, indicating that enhancement of insulin release was not a mere consequence of cellular damage. Consistent with this view, prior exposure of BRIN-BD11 cells to 0.25–1 mg/ml extract for 20 min did not alter the subsequent 3.5– to 4.6-fold insulin secretory response to 10 mM 1-alanine (data not shown). The insulin-releasing effect of 1 mg/ml extract was markedly potentiated by the presence of high (16.7 mM) glucose (Fig. 2a), whereas 10 mM 1-alanine did not significantly enhance the insulinotropic effect (Fig. 2b). The action of the extract (1 mg/ml) was not potentiated by 1 mM 3-isobutyl-1-methylxanthine (IBMX), which increases cyclic AMP in insulin-secreting cells (Sharp 1979) (Fig. 2c). In the absence of added extract a depolarising concentration of KCl (25 mM) markedly enhanced the insulin response to 16.7 mM glucose.

![Figure 1](image-url)
However, depolarised BRIN-BD11 cells did not show a further insulin-releasing effect with mushroom extract.

Prolonged exposure to heat did not significantly alter the insulin-releasing activity of plant extract (Table 3). Dialysis reduced the insulin-releasing activity as compared with untreated extract. Alkali-exposed extract had greater insulin-releasing effects on BRIN-BD11 cells than acid-exposed. The insulin-releasing activity was completely retained in the acetone-soluble fraction (Table 3). All sequential extraction fractions of mushroom had a reduced insulin-releasing activity compared with normal aqueous
extract of mushroom (Fig. 3). Although less potent than the normal aqueous extract, the water fraction of mushroom (produced by sequential extraction) had the greatest insulin-releasing activity (Fig. 3). Both the ethyl acetate and methanol sequential extract fractions retained some insulin-releasing activity. Hexane fraction failed to alter insulin secretion by BRIN-BD11 cells.

Haemagglutination assay of lectin presence in aqueous extract

There was no observed haemagglutinin activity by aqueous extract of mushroom (titre value 0, n=3). Titre values for human erythrocytes and for rat erythrocytes (8 and 4 respectively, n=3) were obtained for extract produced by cold infusion (cold extract), indicating the presence of haemagglutinin activity. The activity of this extract was subsequently lost by heating (to produce heated extract) (titre value 0, n=3).

Discussion

The present study has confirmed that chronic administration of mushroom (62.5 g/kg of diet, 2.5 g/l in place of drinking water) reduces hyperglycaemia of STZ-diabetic mice (Swanston-Flatt et al. 1989). The antihyperglycaemic action may have been in part due to protection of B-cells against the cytotoxic action of STZ as evident by a retarded rate of insulin loss (Swanston-Flatt et al. 1989). However, this does not appear to account entirely for the glucose-lowering effect of the mushroom since glucose concentrations were held down even when insulin concentrations were very low (Swanston-Flatt et al. 1989) suggesting that mushroom may exert effects on insulin secretion and/or action. The present data demonstrate both extrapancreatic and pancreatic effects of aqueous mushroom extract.

Using an isolated mouse skeletal muscle preparation, aqueous extract of mushroom enhanced glucose transport and glucose metabolism in a similar magnitude to 10^{-8} M insulin. Although this effect was observed in the absence of added insulin it does not preclude a possible involvement of residual insulin receptor binding within the muscle preparation. However, the lack of potentiation by combination of mushroom extract and insulin suggests that the extract is likely to act via pathways (at least terminally) that are utilised by insulin rather than entirely separate pathways. The effect of extract on glucose uptake differed from that of metformin, which exerts its effects on glucose transport via insulin-mediated enhanced peripheral glucose uptake (Bailey & Puah 1986, Prager et al. 1986).

Incubations were performed with glucose-responsive BRIN-BD11 cells (McClenaghan et al. 1996) to

Table 3 Effect of heat, dialysis, acid–alkali treatment and acetone treatment on ability of aqueous mushroom extract to enhance insulin secretion by BRIN-BD11 cells. Values are means ± S.E.M. for groups of six observations

<table>
<thead>
<tr>
<th>Test</th>
<th>Insulin secretion (ng/10^6 cells/20 min)</th>
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<tbody>
<tr>
<td>Control (without extract)</td>
<td>1.28 ± 0.12</td>
</tr>
<tr>
<td>Untreated extract</td>
<td>13.97 ± 1.95***</td>
</tr>
<tr>
<td>Boiled extract</td>
<td>17.39 ± 1.49***</td>
</tr>
<tr>
<td>Dialysed extract</td>
<td>8.39 ± 0.54***</td>
</tr>
<tr>
<td>Acid-exposed extract</td>
<td>10.18 ± 1.01****</td>
</tr>
<tr>
<td>Alkali-exposed extract</td>
<td>16.54 ± 1.27***</td>
</tr>
<tr>
<td>Acetone-insoluble extract</td>
<td>1.45 ± 0.18***</td>
</tr>
<tr>
<td>Acetone-soluble extract</td>
<td>17.64 ± 2.16***</td>
</tr>
</tbody>
</table>

**P<0.01, ***P<0.001 compared to control incubations; ^P<0.05, ****P<0.001 compared to incubations with untreated extract; ††P<0.01 compared to incubations with acid-exposed extract; ‡‡‡‡P<0.001 compared to incubations with acetone-insoluble extract.

Figure 3 Effect of sequential extraction by solvents with increasing polarity on insulin-stimulating effect of mushroom. All extracts were tested at concentrations equivalent to 1 mg/ml. Means for groups of six observations; standard errors indicated by vertical bars. ***P<0.001 compared with incubations without extract; **P<0.01 compared with incubations with normal extract.
investigate possible effects of aqueous extract of mushroom on insulin secretion in vitro. This revealed a stepwise dose-dependent stimulation of insulin secretion by mushroom extract at low (non-stimulatory) glucose concentration. Evaluation of cell viability using neutral red assay and the insulin-releasing action of L-alanine following exposure of BRIN-BD11 cells to extract argue against a simple cytotoxic action. Inhibition of the stimulatory effects of the extract with diazoxide supports this view. The established effects of diazoxide on the B-cell arising from activating K⁺-ATP channels (Trube et al. 1986) indicate involvement of K⁺-ATP channel closure in the stimulatory action of mushroom. Such an effect is reminiscent of the hypoglycaemic sulphonylureas, which promote insulin secretion by closure of K⁺-ATP channels, membrane depolarisation and stimulation of Ca²⁺ influx (Schwanstecher & Panten 1994). The effect of the extract on insulin secretion was also potentiated by 16·7 mM glucose, suggesting that B-cell glucose metabolism is able to augment the insulinotropic stimulus. Consistent with this view, L-alanine, which promotes insulin secretion through changes in Na⁺ transport (Yada 1994), failed to affect the insulin-releasing action of mushroom. The stimulatory effect of mushroom extract was not evident in cells depolarised by 25 mM KCl, suggesting that the extract does not exert intracellular effects as noted for sulphonylureas (Eliasson et al. 1996). Interestingly, the phosphodiesterase inhibitor, IBMX, did not potentiate the insulin-releasing effect of mushroom extract, raising the possibility that the extract may itself inhibit islet phosphodiesterase (Leibowitz et al. 1995).

Refinement of the extract indicated that the active insulin-releasing component(s) was heat stable, acetone soluble and unaltered by exposure to alkali. Overnight dialysis of extract reduced the insulin-releasing effect of aqueous plant extract by 40% and may give credence to the partial involvement of smaller molecules, in particular ions. Indeed, the results of sequential solvent extraction point to a cumulative effect of more than one active constituent, the activity largely polar in nature.

The active principle(s) in mushroom remain to be elucidated. Guanidine, a known hypoglycaemic substance related to the biguanide class of oral antidiabetic drugs, has been detected in edible mushroom (Windholtz 1983). Other species of mushroom (e.g. Amanita phalloides) have been reported to contain poisonous hypoglycaemic substances which deplete hepatic glycogen (Bever & Zahnd 1979). In the present study, there was no evidence for a toxic effect of mushroom. It is possible that other non-toxic antihyperglycaemic substances are responsible for the observed insulin-like effects on muscle and the stimulation of insulin secretion in vitro. The ability of lectins isolated from mushrooms (A. campestris, A. bisporus) to enhance insulin release by isolated rat islets of Langerhans has been documented (Ewart et al. 1975, Ahmad et al. 1984a,b). However, heating the A. campestris lectin to 100 °C for 3 min abolished its activity (Ewart et al. 1975). Our data show that boiling for 1 h does not significantly alter the insulin-enhancing effect of the extract. Furthermore, lectin present in an extract of mushroom produced by cold infusion was removed by subsequent heating and was not in normal aqueous extract (produced by 15 min hot infusion). These results suggest that the antihyperglycaemic activity of mushroom is due to insulin-releasing and insulin-like activity not involving lectins. The nature of the active principle(s) and the mechanisms of action on insulin-secreting cells and muscle remain to be established.

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References


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