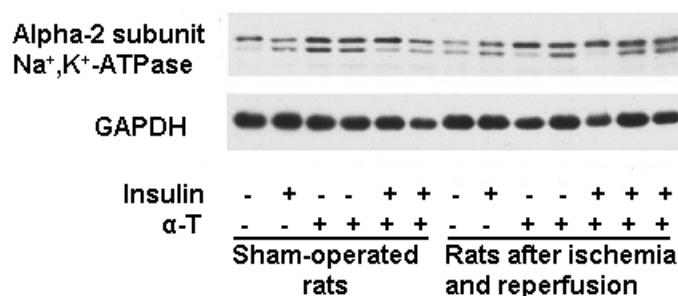


Supplementary materials

A



B

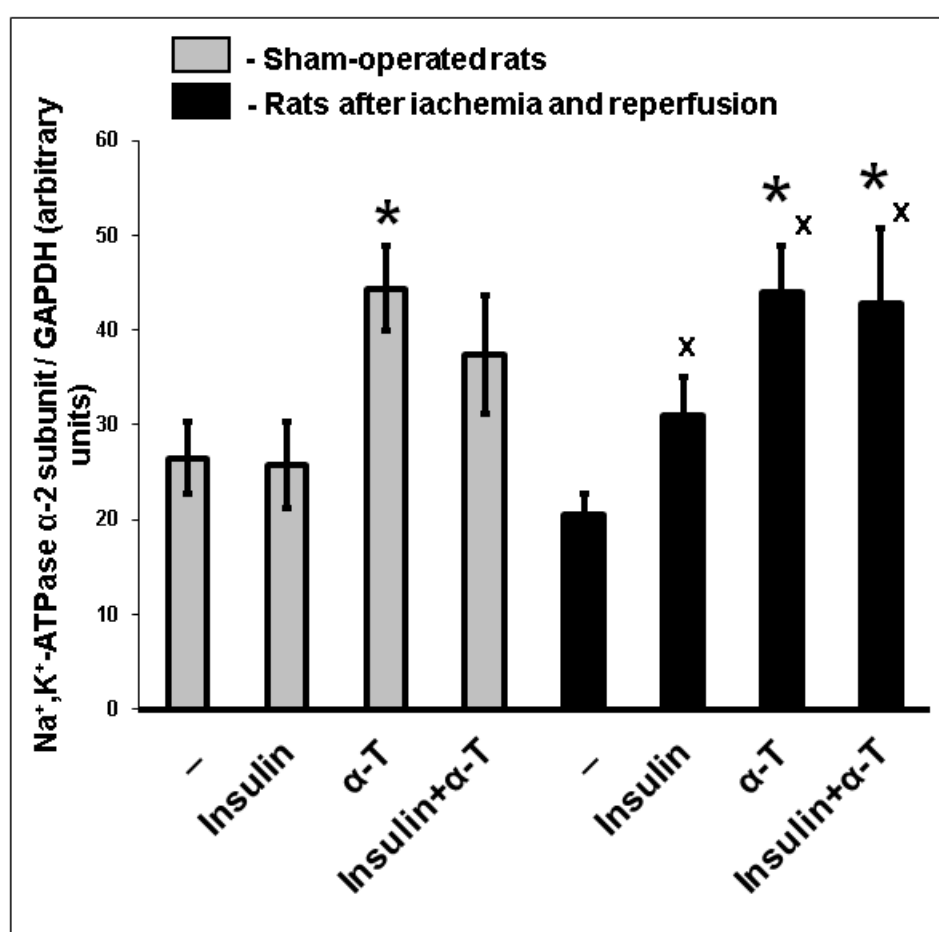


Figure S1. The effect of intranasally administered insulin and per-orally administered α -T on the level of α -2 subunit of $\text{Na}^+\text{K}^+\text{-ATPase}$ in brain cortex of rats with two-vessel ischemia followed by reperfusion. A—immunoblots showing the level of α -2 subunit of $\text{Na}^+\text{K}^+\text{-ATPase}$ in brain cortex of rats with two-vessel ischemia followed by reperfusion. B—the data of 5–7 experiments are presented as means \pm SEM. The two-vessel ischemia was induced by ligation of carotid arteries for 20 minutes and hypotension followed by reperfusion for 1 h. Insulin was administered intranasally in a dose of 0.25 IU, while α -T was given twice per-orally in a dose of 50 mg per kg of rat body weight. The differences are significant according to Student's *t*-test as compared with: *—control values in sham-operated rats, $p > 0.05$, x—the effect of ischemia and reperfusion, $p < 0.05$.

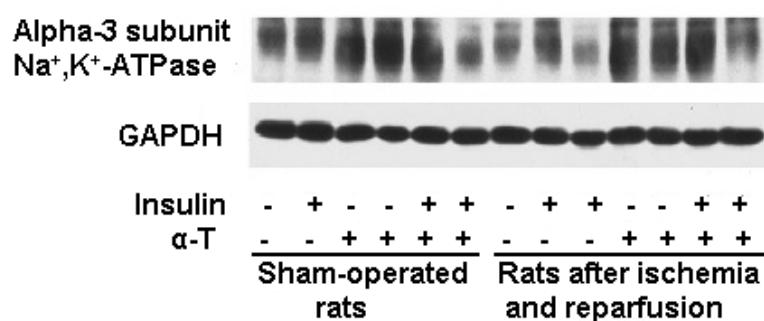
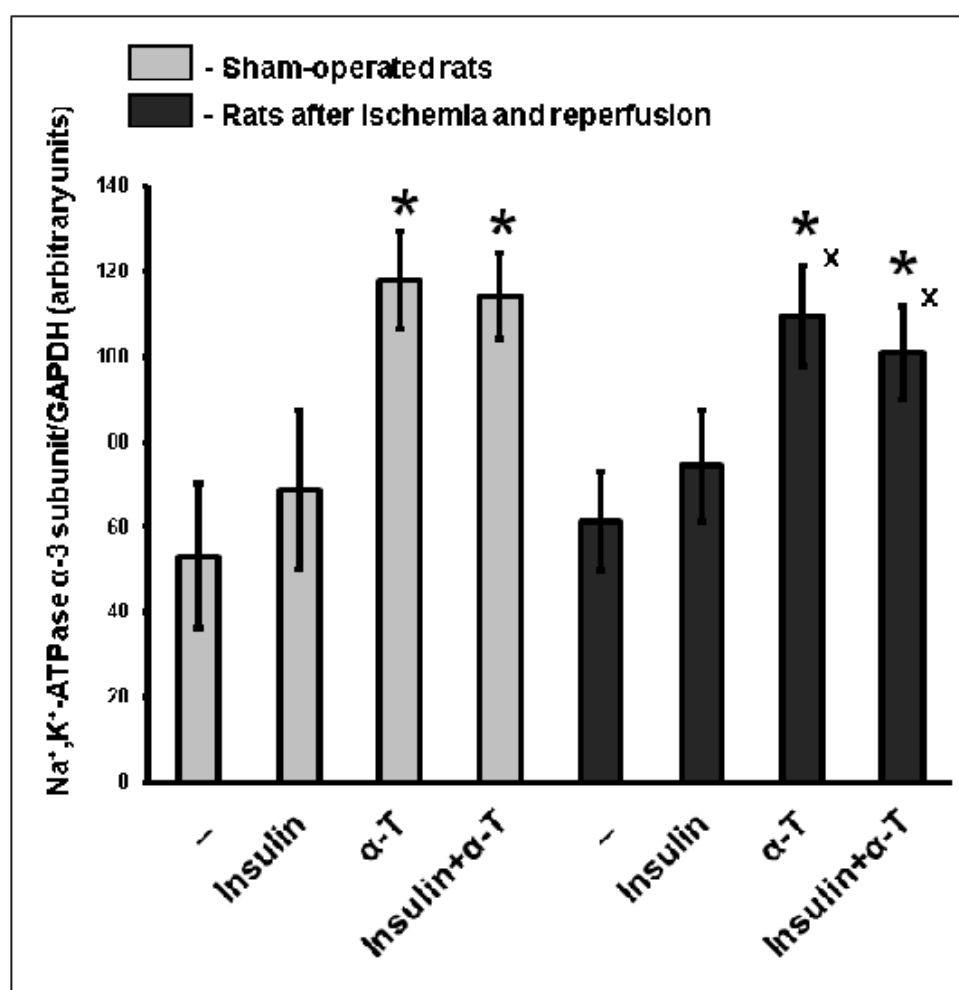
A**B**

Figure S2. The effect of intranasally administered insulin and per-orally administered α -T on the level of α -3 subunit of Na^+, K^+ -ATPase in brain cortex of rats with two-vessel ischemia followed by reperfusion. A—immunoblots showing the level of α -3 subunit of Na^+, K^+ -ATPase in brain cortex of rats with two-vessel ischemia followed by reperfusion. B—the data of 5–7 experiments are presented as means \pm SEM. The two-vessel ischemia was induced by ligation of carotid arteries for 20 minutes and hypotension followed by reperfusion for 1 h. Insulin was administered intranasally in a dose of 0.25 IU, while α -T was given twice per-orally in a dose of 50 mg per kg of rat body weight. The differences are significant according to Student's *t*-test as compared with: *—control values in sham-operated rats, $p > 0.05$, x—the effect of ischemia and reperfusion, $p < 0.05$.