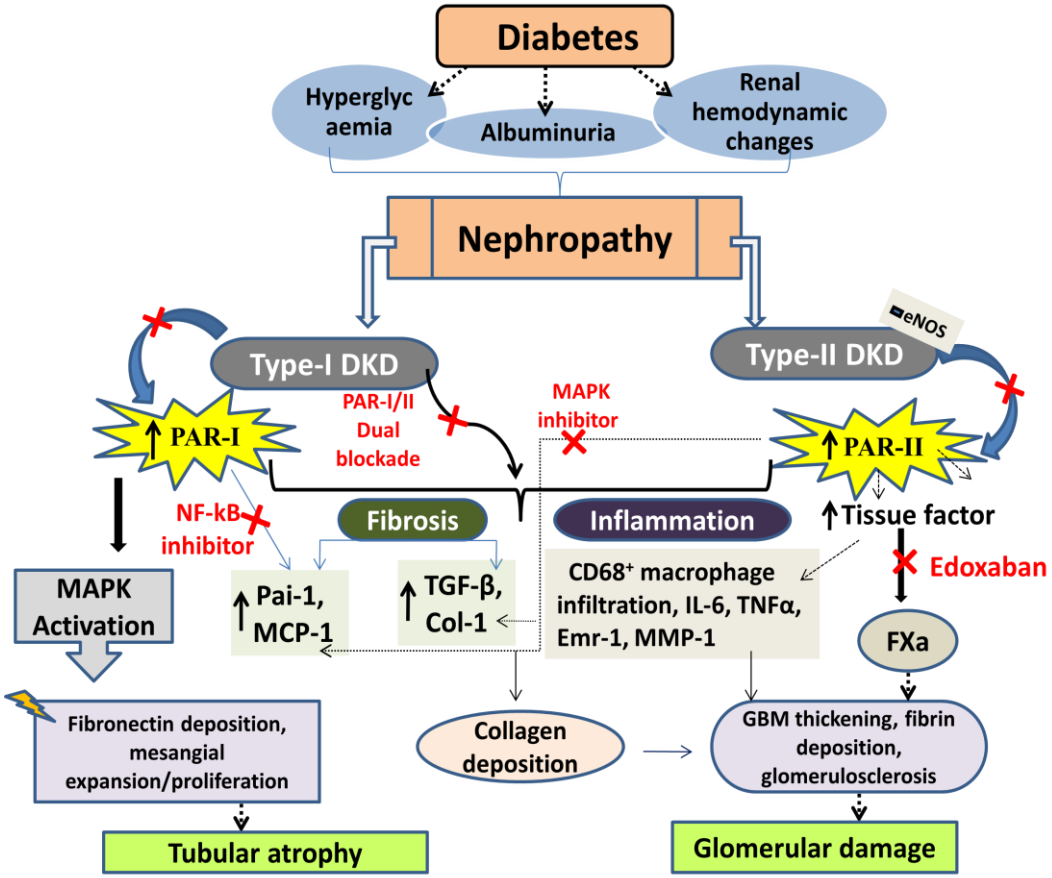

Figure 01: Role of PAR-I AND PAR-II represented against diabetic kidney disease (DKD). Diabetes is characterized by hyperglycemia, urine albuminuria, and hemodynamic alterations that result in type-1 and type 2 diabetic nephropathy. The level of PAR-1 has increased in type-1 DKD that primarily leads to MAPK activation causing fibrosis and tubular structural damage in nephrons. On the other hand, the level of PAR2 is increased in eNOS deficient type-2 DKD that further raises the tissue factor and in turn increases collagen deposition, pro-inflammatory, and pro-fibrotic mediators respectively. Furthermore, this results in glomerular damage in the kidneys. **Note:** Inhibition of all these pathogenic events has been shown in red.