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How do Fruits Work in Keeping Heart Healthy

Hamid Mahmood¹, Shah Murad^{2*}, Najam Ul Hasan Abbassi³

- 1. Chairman Biochemistry, Shaheed Zulfiqar Ali Bhutto Medical University, Islamabad-Pakistan
- 2. Pharmacology and Therapeutics at IMDC/Akbar Niazi Teaching Hospital, Islamabad-Pakistan.

3.AP Clinical Psychology at IIUI, Islamabad-Pakistan Adnan Shafique, Consultant Pharmacist at MCC Pharmacy, Islamabad-Pakistan.

ABSTRACT

Oxidative stress occurs when the production of reactive oxygen is greater than the body's ability to detoxify the reactive intermediates. This imbalance leads to oxidative damage to proteins, molecules, and genes within the body. Hypolipidemic drugs and fruits can play a part to reduce LDL particles decreasing chances of oxidative stress and CAD development. This study was conducted to compare hypolipidemic effects of Niacin and Jujube fruit in primary as well as secondary hyperlipidemic patients. Study was conducted from November 2017 to January 2018 at Jinnah Hospital Lahore. Sixty participants were enrolled of both gender male and female patients age range from 20 to 70 years. Consent was taken from all patients. They were divided in two groups. Group-I was advised to take 2 grams Niacin in divided doses for the period of two months. Group-II was advised to take 500 grams of fruit Jujube daily for the period of two months. Their baseline LDL and HDL cholesterol was determined by conventional method of measuring Lipid Profile. After two months therapy, their post treatment lipid profile was measured and mean values with ± SEM were analyzed biostatistically. Group-I which was on Niacin their LDL cholesterol decreased significantly and HDL cholesterol was increased significantly. In group-II patients LDL cholesterol was decreased significantly but HDL increase was not significant with p-value of >0.05. It was concluded from the research work that Niacin is potent in lowering LDL and increasing HDL cholesterol, while Jujube has significant effect as LDL cholesterol lowering potential, but it does not increase HDL cholesterol significantly.

Keywords: Hypolipidemic drugs, hypolipidemic effects

*Corresponding Author Email: <u>adnan.shafique6666@gmail.com</u> Received 19 November 2017, Accepted 11 December 2017

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INTRODUCTION

Oxidative stress occurs when excess oxygen radicals are produced in cells, which could overwhelm the normal antioxidant capacity. When the concentration of reactive species is not controlled by internal defense mechanisms such as antioxidants (tocopherols, ascorbic acid, and glutathione) or enzymes involved in oxygen radical scavenging (catalase, peroxidase, and superoxide dismutase, SOD), oxidative damage occurs to proteins, lipids, and DNA, which could lead to cytotoxicity, and even carcinogenesis when damaged (mutated) cells can proliferate. Four drug groups are used to lower LDL particles and increase HDL in blood; ie statins, fibrates, niacin and bile acid binding resins. These drugs not only decrease the level of fats in blood, but they also decrease risk of atherosclerosis and its complications. Therefore, these drugs may be used in prevention of heart attack, peripheral vascular disease and ischemic stroke¹.Commonly used medications for treatment of Hyperlipidemia include Statins, Fibric acids, Niacin, and Resins. All these medicines have potential for SEs and low compliance due to one reason or another². Niacin when given in hypolipidemic doses i.e. > 2grams per day it causes partial inhibition of release of free fatty acids from adipose tissue, increased lipoprotein lipase and activity, which increase the may rate of chylomicron triglyceride removal from plasma. Niacin decreases the rate of hepatic synthesis of VLDL and LDL by synthesis if apoproteins which are integral part of LDL or VLDL structure³. Some herbs have been proved to reduce plasma lipids in human population. Jujubes or Ziziphus jujube have some what hypolipidemic as well as hypoglycemic effects⁴. Jujube fruit is known to contain considerable amount of phenolic compounds, including chlorogenic acid, gallic acid, protocatechuic acid and caffeic acid⁵. High polyphenolic content of Z Jujube suggests its potent capacity in clearing of oxidants. Many studies proved the hepatoprotective effect of methanolic extract of Zizyphus jujuba fruits. Histopathological studies supported the biochemical findings. Study concludes a hepatoprotective activity probably due to its antioxidant effect⁶. Some studies evaluated the effect of Z Jujube fruit in controlling dyslipidemia in obese adolescents. A triple-blind randomized placebo-controlled trial of 86 obese adolescents aged 12--18 with dyslipidemia. Proved its hypolipidemic features. Results showed the fruits to be generally well tolerated, with potential favorable effects on serum lipid profile⁷. Study evaluated the effect of a hydroalcoholic extract of the fruit of Z. Jujube on peripheral blood cells in male and female hyperlipidemic actions. Results showed a significant reduction in percentage of monocytes and neutrophils and an increase in the percentage of lymphocytes. Remarkable number of researches have proved jujuba fruit as free radicals scavenger so reduces risk of developing cardiac problems like CAD. This fruit is also helpful as hepatoprotective agent⁸⁻⁹.

PATIENTS AND METHOD

This research work was conducted from November 2017 to January 2018. Sixty hyperlipidemic patients were selected from National Hospital Lahore-Pakistan to compare hypolipidemic effects of Niacin and commonly used fruit in winter season in Pakistan i.e. Jujube (Bair in urdu). Both male and female patients suffering from primary or secondary hyperlipidemia were selected. The age limit for patients was 20 to 70 years. Exclusion criteria were alcoholics, cigarette smokers, habitual to enjoy sedentary life, with impaired liver or renal functions. Consent was taken from all participants. Baseline Lipid Profile was determined in Biochemistry lab of the Hospital. Patients were divided in two groups, 30 patients in each group. Group-I was on Tab. Niacin 2 grams daily in three divided doses. Group-II was on Jujube 500 grams daily in three divided times to eat. They were advised to take drugs for two months. STATISICAL ANALYSIS; Mean values ± SEM were taken for statistical analysis using SPSS version 26 2015. Paired 't' test was applied to get significance changes in parameters before and after treatment. P-value >0.05 was considered as non-significant change, p-value <0.01 was considered as significant and p-value <0.001 was considered as highly significant change in the parameter.

RESULTS AND DISCUSSION

With two months therapy by Niacin and Jujube, plasma total cholesterol, LDL-cholesterol and HDL-cholesterol were changed, which are shown in following table:

Table 1: Showing Pre And Post Treatment Mean Values With ± Sem And Their Significance Change In Parameters

	LDL-c	HDL-c
Before treatment	$G1 = 210.1 \pm 2.11$	37.9±1.91
	$G2 = 198.8 \pm 2.17$	38.6±2.19
After treatment	$G1 = 180.9 \pm 2.22$	45.2 ± 2.19
	$G2=190.9\pm1.73$	41.9 ± 2.97
Change in mg/dl	G1 = 29.2	7.3
	G2 = 7.9	3.3
Change in %	G1= 13.9 %	16.2 %
	G2= 4.0 %	7.9 %
p-value	G1 = < 0.001	< 0.001
	G2 = > 0.05	< 0.01

KEY: G1 is group on Niacin, G2 is group on drug-2 ie Jujube, \pm stands for SEM, p-value >0.05 is non-significant change, p-value <0.01 is used for significant change in parameter, and p-value <0.001 is highly significant change in tested parameter.

DISCUSSION

There is always a dynamic balance between the number of antioxidants and the number of free radicals in human body, called the redox state of the cell. The redox state is like the

voltage of a battery. Too high or too low of a voltage and the battery doesn't function properly. Likewise, too high or too low of cellular redox states, and cells will prematurely age and become dysfunctional. To prevent this oxidative stress statins, fibrates, niacin and bile acid binding resins are used in allopathy. Niacin is commonly used drug which inhibit lipoprotein lipase activity, so lesser formation of free fatty acids will be available which are main sources of TG-rich lipoproteins (VLDL) formation. Lesser amount of VLDL lead to lesser synthesis of LDL particles which are rich in cholesterol. In our results Niacin 2 grams daily intake for two months decreased LDL-cholesterol about 13.9 % which is highly significant changes. HDL-cholesterol in this group increased about 16.2 % which is again highly significant change. ZQ Zhu et al¹⁰ and W Cao et al¹¹ proved same results when they used 2 grams of Niacin in 66 hyperlipidemic patients, but WB Yao et al¹² observed lesser effects of Niacin on HDL cholesterol, i.e. only 4.4 % increase in HDL cholesterol. Hung PG et al13 explained different mechanisms of hypolipidemic response of Nicotinic acid on persons with different genetic code. One of the favorable mechanism for patients with CAD they described is fibrinolytic activity of Niacin. In our results Jujube fruit decreased LDL cholesterol is 7.9 mg/dl, which is significant change in the parameter. HDL cholesterol is not increased significantly in our results with p-value of >0.05. Tan H et al¹⁴ and Tripathi M et al¹⁵ observed same reason of Jujube on LDL and HDL-cholesterol, which augment our results. Tschesche R et al¹⁶ observed more effects of Jujube as we observed in low density lipoprotein cholesterol. Um S et al¹⁷ proved that LDL cholesterol is much decreased as compared to our results. KB Kang et al 18 observed too less effects of Jujube fruit in 5 hyperlipidemic patients. This difference in two studies are obviously due to their small sample size, i.e. they tried herb only on five hyperlipidemic patients, while we tried in 30 hyperlipidemic patients. Johanson M et al¹⁹, Jogiyal M et al²⁰, Lufersa T et al²¹ explained and advised to use medicinal plants with caution as these agents interact with other allopathic medications and enhance or reduce their metabolism causing toxicity or failure in other therapeutic considerations. Jujubes were traditionally used in Chinese medicine to treat sleep troubles like Insomnia. Both the fruit and the seeds are rich in flavonoids- saponins and polysaccharides²². Saponin in jujubes has been touted as a natural sleep promoter by several experts in the past. Its sedative quality helps induce sleep by lending soothing effect on the entire nervous system²³. Jujubes are a powerhouse of essential vitamins and antioxidants. They are particularly very rich in vitamin C. Vitamin C helps vitalizing skin, fights free radicals and strengthens the immunity by keeping diseases at bay. 100 grams of jujube have 69 milligrams vitamin C. Since human body cannot produce vitamin C, it is important to make the most of the natural sources that are available²⁴. Jujubes have low salt content and

high potassium content, and both of these qualities about the fruit ensures that human blood pressure levels are in check. Potassium is helpful for keeping the blood vessels relaxed. When blood vessels are relaxed, there is smoother blood flow and the pressure is apt²⁵. A rich source of iron and phosphorous, jujubes help regulate blood circulation as well. Low iron content in blood or anaemia, may lead to muscle weakness, fatigue, indigestion, light-headedness, and cognitive problems. Jujube not only increases blood flow but also ensures smoother blood circulation²⁶⁻³⁰.

CONCLUSION:

In fact Niacin is potent in lowering LDL and increasing HDL cholesterol, while Jujube has significant effect as LDL cholesterol lowering potential, but it does not increase HDL cholesterol significantly.

REFERENCES

- 1. BB Tolueinia, KM Chilvillay, DE Bruzasiv. Metabolic syndrome is cause of any heart disease. FAT J IU 2013;3(4):333-9.
- 2. HH Zare-Zardini, TY Ghulami, RE Sitwat. Why to use toxic drugs for dyslipidemia?. CJE 2015;5(1):223-7.
- 3. Duggal JK, Sehmasiv RR, Attari N., Ahmed N, Pahwa S, Molnar J. Drugs used in dyslipidemia and their complications. Plant Sc J 2014;10(3):301-9.
- 4. Hemdai C, Fekeeda J, , Tigravey R. MAJOR GUIDELINES FOR DEALING HEART DISEASE BY DRUGS?PLANTS. JCN Af 2013;4(4):456-9.
- 5. Urlav N, Weelrao J, Urthajo N, Furrhaviy L. Oxidative stress, dyslipidemia, diabetes and metabolic syndrome are considered at initial stage. JCNCM 2012;14(6):77-80.
- 6. DE Bruzasiv, Daneshmand F, Zare-Zardini H, Tolueinia B, Hasani Z, Ghanbari T. Crude Extract from Ziziphus Jujuba Fruits, a Weapon against Pediatric Infectious Disease. Iranian Journal of Pediatric Hematology Oncology 2010;3(1):236-9.
- 7. Jamiyat ul husa, Usama El-Sayed Mostafa and Louay Labban. Effect of Zizyphus jujuba on serum lipid profile and some anthropometric measurements. Advancement in Medicinal Plant Research 2013;1(3):670-8.
- 8. Sher M, A.Malik, Z. A. Kuliev, Yu. A. Akhmedov, A. D. Vdovin, N. D. Abdullaev. Proanthocyanidins of Ziziphus jujuba. Chemistry of Natural Compounds 2011;33(2):12-8.
- 9. Ganachari, Shiv Kumar, K. G. Bhat. Effect of Ziziphus jujuba leaves extract on phagocytosis by human neutrophils. JOURNAL OF NATURAL REMEDIES 2014;4(1):34-9.

- 10. ZQ Zhu, J.W. Chen, T.X. Hu, D.Y. Zhu. Niacin affects HDL-cholesterol and LDL cholesterol. Phytochemistry 2011;22:1667-72.
- 11. W Cao, B.N. Wang, H. Gao, M.T. Fan, J.B. Vitamin B-3 or Niacin for prevention of coronary artery disease. Plant Pharmacol 2011;61:703-7.
- 12. WB Yao, H. Wang, X.D. Gao, G.C. Zhou, L. Cai. Niacin is important for healthy heart. Science of pharmacol 2011;10:122-7.
- 13. Hung PJ, J. Wang, L.T. Li, Y. Dan. Vitamin B-3 for Atherosclerosis and its prevention. J. Food Chem 2011;10:21-4.
- 14. Tan, N.H., Fan HG, Zhou, J. JUJUBE IS HYPOLIPIDEMIC HERB. Chem. Rev. 2007;106:840-5.
- 15. Tripathi, M., Pandey, MB., Jha, RN., Pandey, VB., Tripathi, PN., Singh, JP. Cyclopeptide alkaloids from Zizyphus jujuba. Fitoterapia 2011;72:507–510.
- 16. Tschesche, R., Khokhar, I., Wilhelm, H., Eckhardt, G. Jubanine-A and Jubanine-B. Alkaloids from Ziziphus jujuba have antioxident characteristics. Phytochemistry 2010;15;541-2.
- 17. Um, S., Choi, T.J., Kim, H., Kim, B.Y., Kim, S.H., Lee, S.K., Oh, K.B., Shin, J. Hypolipidemic effects of Z Jujube. J. Org. Chem. 2013;78:321-29.
- 18. KB Kang, JJ You, LL mumpycal, ST Simon. Z. Jujube is effective to reduce oxidation burden. Phytochemistry 2014;22(4):222-5.
- 19. Johanson M, Pervata R, Yulgaar R, Uthy J, Inolaqq J. Complications of un-identified medicines. JNT 2014;23(8):123-8.
- 20. Jogiyal M, Firyal M, Dhookiu D, Reepuy V. Some clinical determination of plants for heart. CADJ 2014;8(3):99-104.
- 21. Lufersa T, Jathmu R, Fulaloj Y. Merits and demerits of herbal drugs. JDDCL 2015;6(4):111-5.
- 22. Luft FC, Miller JZ, Grim CE, Fineberg NS, Christian JC, Duagherty SA, Weinberger MH: Salt sensitivity and resistance of blood pressure. Age and race as factors in physiological responses. Hypertension 2017;17:66-70
- 23. Swei A, Lacy F, DeLano FA, Schmid-Schonbein GW: Oxidative stress in the Dahl hypertensive rat. Hypertension 2015;30:324-9.
- 24. Laakso J, Mervaala E, Himberg JJ, Teravainen TL, Karppanen H, Vapaatalo H, Lapatto R: Increased kidney xanthine oxidoreductase activity in salt-induced experimental hypertension. Hypertension 2015;32:22-9.
- 25. Ushio-Fukai M, Zafari AM, Fukui T, Ishizaka N, Griendling KK: p22phox is a critical component of the superoxide-generating NADH/NADPH oxidase system and

- regulates angiotensin II-induced hypertrophy in vascular smooth muscle cells. J Biol Chem 2012;271:128-30
- 26. Alderman MH, Madhavan S, Ooi WL, Cohen H, Sealey JE, Laragh JH: Association of the renin-sodium profile with the risk of myocardial infarction in patients with hypertension. N Engl J Med 2017;324:347-9.
- 27. Bloem LJ, Foroud TM, Ambrosius WT, Hanna MP, Tewksbury DA, Pratt JH: Association of the angiotensinogen gene to serum angiotensinogen in blacks and whites. Hypertension 2016;29:222-8.
- 28. Schuster DP, Kien CL, Osei K: Differential impact of obesity on glucose metabolism in black and white American adolescents. Am J Med Sci 2015;316:19-22.
- 29. Gower BA, Nagy TR, Goran MI: Visceral fat, insulin sensitivity, and lipids in prepubertal children. Diabetes 2017;48:289-94.
- 30. Medfrd TT, Reaven GM: Pathophysiology of insulin resistance in human disease. Physiol Rev 2016;75:77-87.

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