

# To Study the Effect of Sour Tea (Hibiscus Sabdariffa) on Lipid Profile in Hypertensive Patients

Sandhya Beniwal<sup>1\*</sup>, B. K. Binawara<sup>2</sup>

<sup>1</sup>Student, Department of Physiology, Sarder Patel Medical College, Bikaner, India <sup>2</sup>Professor, Department of Physiology, Sarder Patel Medical College, Bikaner, India

Abstract: Hypercholesterolemia, resulting from cholesterol metabolic changes, is a major cause of cardiovascular disturbance, such as atherosclerosis and coronary heart disease [1,2]. It is assumed that the active dietary constituents contributing to these protective effects are antioxidant nutrients such as α--tocopherol,  $\beta$ -carotene, polyphenols and anthocyanins3,4,5,6. In a study it is discovered that Hibiscus sabdariffa extract (HSE) inhibited lowdensity lipoprotein (LDL) oxidation in vitro and decreased serum cholesterol levels in cholesterol-fed rats7 and rabbits8. Therefore, dietary HSE may reduce the incidence of atherosclerosis through their antioxidant activity. Aim of present study was to see the effect of sour tea (hibiscus sabdariffa) on lipid profile in hypertensive subjects. Selected 100 patients were given hibiscus sabdariffa tea on daily basis for two months. In our study the mean value of HDL, LDL, VLDL, Triglyceride and TC was 42.84±4.07, 128.13±14.70, 26.92±4.92, 134.59±24.61 and 211.04±36.67 respectively in pretreatment group and 43.38±4.06, 128.73±11.87, 27.34±4.30, 136.72±21.52 and 177.09±18.50 respectively in post treatment group and p value of HDL, LDL, VLDL, Triglyceride and TC was statistically non-significant during pre and post treatment period (p=0.349, p=0.751, p=0.521, p=0.515 and p=0.230 respectively). Our study shows no significant therapeutic effect of HS extract on lipid profile of hypertensive subjects. In folk medicine, the HS calyx extracts are used for the treatment of several complaints, including high blood pressure, liver diseases and fever.

*Keywords*: Hibiscus sabdariffa (HS), Very low-density lipoprotein (VLDL), Low density lipoprotein (LDL), High density lipoprotein (HDL), Total Cholesterol (TC).

#### 1. Introduction

Hypercholesterolemia, resulting from cholesterol metabolic changes, is a major cause of cardiovascular disturbance, such as atherosclerosis and coronary heart disease [1,2]. It is determined that the phenol rich extract exhibited a greater ability to decrease total cholesterol and low-density lipoprotein (LDL) and increased high-density lipoprotein (HDL) in a dose-dependent manner suggesting the importance of polyphenols in lowering bad cholesterol levels [9].

It is assumed that the active dietary constituents contributing to these protective effects are antioxidant nutrients such as  $\alpha$ tocopherol,  $\beta$ -carotene, polyphenols and anthocyanins3,4,5,6. Dietary HSE may reduce the incidence of atherosclerosis through their antioxidant activity. Sour tea (Hibiscus sabdariffa) is a genus of the Malvaceae family. It has been called by different local names in various countries. In Englishspeaking countries, it is named roselle or red sorrel and in Arabic it is called karkade. In Iran, it is mainly known as sour tea. The phytochemical, pharmacologic and toxicologic properties of Hibiscus sabdariffa have been investigated in many studies. The calyces of Hibiscus sabdariffa are used in many parts of the world to make cold and hot drinks. Sour tea contains many chemical constituents including alkaloids, Lascorbic acid, anisaldehyde, anthocyanin, ß-carotene, ßsitosterol, citric acid, cyanidin-3 rutinoside, delphinidin, galactose, gossypetin, hibiscetin, mucopolysaccharide, pectin, protocatechuic acid, polysaccharide, quercetin, stearic acid and wax. In folk medicine, the calyx extracts are used for the treatment of several complaints, including high blood pressure, liver diseases and fever. In view of its reported nutritional and pharmacologic properties and relative safety, Hibiscus sabdariffa and compounds isolated from it could be a source of therapeutically useful products [7,8,10]. Potential mechanisms have been tested to explain the positive impact of HS extract on cholesterol metabolism. For example, cholesterol biosynthesis may be reduced by inhibiting 3-hydroxy-3-methyl-glutaryl (HMG)-CoA reductase [11,12]. Decreases in LDL may be the result of the inhibition of triacylglycerol synthesis by hibiscus acid racemization13. The positive effects of the extract in diabetic animal models may be partially the result of the reduction in the expression of connective tissue growth factor (CTGF) and receptor for advanced glycation end products (RAGE) [14]. Additionally, although not directly related to the reduction in cholesterol but beneficial for improving cardiovascular risk factors, HS may hinder atherosclerosis and improve vasoreactivity through:

- 1. Impediment of the formation of macrophage-derived foam cells 15 and/or
- 2. Inhibition of LDL oxidation due to antioxidant effects of the extract [7,8,16,17,18,19].

<sup>\*</sup>Corresponding author: sandhyabeniwal09@gmail.com

#### 2. Aims and Objectives

To study the effect of hibiscus tea on Lipid Profile in Hypertensive individuals.

### A. Material and method

This is a cross-sectional study and carried out in the department of physiology and department of medicine, S.P. Medical College and attached group of hospitals, Bikaner (Rajasthan). The study was conducted on Prehypertensive patients. The duration of study was two months.

Selection of patients: 100 subjects (between 35 -60 years) with hypertension selected for study after fulfilling inclusion criteria.

### 1) Inclusion criteria

All nonsmoking patients of either sex with systolic BP (SBP)  $\geq$ 140 mmHg and diastolic BP (DBP)  $\geq$  90 mmHg following JNC7 criteria are enrolled for study.

### 2) Exclusion criteria:

Patients with secondary hypertension and underlying diseases such as cardiovascular abnormalities, thyroid diseases or diabetes and those who are consuming more than two antihypertensive drugs were excluded from this study.

*Data collection*: This study was conducted after ethical approval by the Rajasthan University of health & sciences, Jaipur. An informed consent was obtained from all participants.

### B. Formulation of hibiscus tea

Sour tea (Hibiscus Sabdariffa) is prepared by taking 2 spoonful of blended (powder) tea per glass brewed in boiling water for 20-30 minutes.

# C. Procedure

The subjects included are consuming one glass daily of HS tea prepared for two months and subjects has been assessed for Lipid profile before starting the intervention and after two months of intervention.

#### 3. Result

Table 1 Distribution of cases according to lipid profile of subjects (Hypertensive) Pretreatment and Post treatment

Pretreatment and Post treatment				
Lipid profile (mg/dl)	(Hypertensive)		T value	p-value
	Pre-treatment	Post Treatment		
HDL	42.84±4.07	43.38±4.06	0.939	0.349
LDL	128.13±14.70	128.73±11.87	0.318	0.751
VLDL	26.92±4.92	27.34±4.30	0.643	0.521
Triglyceride	134.59±24.61	136.72±21.52	0.652	0.515
T. CHOL	211.04±36.67	177.09±18.50	1.205	0.230

The above table depicts that the mean value of HDL, LDL, VLDL, Triglyceride and TC was  $42.84\pm4.07$ ,  $128.13\pm14.70$ ,  $26.92\pm4.92$ ,  $134.59\pm24.61$  and  $211.04\pm36.67$  respectively during pretreatment and  $43.38\pm4.06$ ,  $128.73\pm11.87$ ,  $27.34\pm4.30$ ,  $136.72\pm21.52$  and  $177.09\pm18.50$  respectively during post treatment and mean value of HDL, LDL, VLDL, Triglycerides and TC was statistically non-significant (p=0.349, p=0.751, p=0.521, p=0.515 and p=0.230 respectively).

### A. Discussion

This study was done to see the effect of hibiscus sabdariffa extract on lipid profile of hypertensive subjects after fulfilling above mentioned inclusion criteria. It was observed that in hypertensive subjects there was no significant change observed in HDL, VLDL, Triglycerides, LDL and total cholesterol. This concludes that there is no significance of the therapeutic effect of HS extract on lipid profile in hypertensive subjects.

In our study the mean value of HDL, LDL, VLDL, Triglyceride and TC was 42.84±4.07, 128.13±14.70, 26.92±4.92, 134.59±24.61 and 211.04±36.67 respectively in pretreatment group and 43.38±4.06, 128.73±11.87, 27.34±4.30, 136.72±21.52 and 177.09±18.50 respectively in post treatment group and p value of HDL, LDL, VLDL, Triglyceride and TC was statistically non-significant during pre and post treatment period (p=0.349, p=0.751, p=0.521, p=0.515 and p=0.230 respectively). Our study shows no significant therapeutic effect of HS extract on lipid profile of hypertensive subjects. A similar study was conducted by Mohagheghi et al in 2011 to assess the efficiency of HS extract in reducing serum lipid profile of hypertensive patients. Ninety hypertensive patients were randomly assigned to receive Hibiscus Sabdariffa (HS) tea or black tea for 15 days. The patients were asked to drink the tea within 20 minutes following its preparation. This process had to be repeated two times daily. Patient's Fasting Blood Sugar (FBS) and lipid profile were collected at the first visit day (day 0) and on the day 30. There were no significant differences between pre and post experiment values within the two groups. An upward trend in total cholesterol, HDL and LDL was evident in both groups. The increase in total and HDL in both groups relative to their initial values were significant20. The exact effect of HS on lipid profile is unclear. Human and animal studies illustrate different results. It was previously reported that a 10-week administration of HS extract (0.5% and 1%) to cholesterol-fed rabbits resulted in 46%-59% fall in the serum triglyceride and a significant decline in the level of total cholesterol and LDL cholesterol in comparison to the control group8. However, the daily oral administration of HS extract to spontaneously hypertensive rats and Wistar Kyoto rats led to no significant changes after 30 days 21. These discrepancies in results may be due to the duration of the studies, amounts of the administered HS, the number of study population and other factors. Many studies have shown variety of pharmacological effects of HSE like antioxidative, antimutagenic, anticancer and hepato-protective. HSE have potent inhibitory effect on development of atherosclerosis but further studies are required to define the exact hypolipidemic mechanism of HSE.

# 4. Conclusion

This study has been done with the aim of evaluating therapeutic effect of HSE on lipid profile parameters of hypertensive subjects. We concluded that HSE when given for a period of two months had not improved the lipid profile parameters of hypertensive subjects. As hypercholesterolemia, resulting from cholesterol metabolic changes, is a major cause of cardiovascular disturbance, such as atherosclerosis and coronary heart disease. Previously done researches have documented a well-known hypocholesterolemic and blood pressure lowering effect of HSE on hypertensive subjects.

El-Saadany et al in 1991, reported the hypochlosterolemic effect of sour tea and attributed it to a number of its components which stimulate hormonal secretions (such as adrenal corticoid hormones) and therefore activate cholesterol metabolic pathways and facilitate its conversion to other products [22]. Though further mechanism of action and other related effects should be done in future.

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