

WORLD JOURNAL OF PHARMACEUTICAL RESEARCH

SJIF Impact Factor 8.074

Volume 7, Issue 10, 433-441.

Research Article

ISSN 2277-7105

CAMELLIA SINENSIS – A COMPREHENSIVE STUDY ON ITS HYPOGLYCAEMIC EFFECTS IN HEALTHY-INDIVIDUALS

Dr. Ravi Malhotra*

Professor – Pharmacology SGT University, Mrigna Malhotra – M-Pharm., Clinical Research DIPSAR.

Article Received on 27 March 2018, Revised on 16 April 2018, Accepted on 07 May 2018 DOI: 10.20959/wjpr201810-12196

*Corresponding Author Dr. Ravi Malhotra

Professor –Pharmacology SGT University, Mrigna Malhotra –M-Pharm., Clinical Research DIPSAR.

ABSTRACT

Herbs and spices are traditionally defined as any part of a plant that is used in the diet for their aromatic properties with no or low nutritional value. However, more recently, herbs and spices have been identified as sources of various phytochemicals, many of which possess powerful antioxidant activity. Thus, herbs and spices may have a role in antioxidant defence and redox signalling. Rauwolfia serpentine, the oldest herb to have known antihypertensive action which treats schizophrenia also, are well documented. Other commonly used plants which are vastly studied for their remedial effects are pepper, turmeric and clove to name few. Camellia sinensis commonly known as green

tea have anti- oxidants substances which belong group called Catechin, (water- soluble polyphenols) which have varied effects like blood glucose lowering, anti-ageing and even anti cancerous effects. All of them are well studied and to establish these facts further studies are going on. We have studied green tea (imported/ procured from Sri Lanka with phytosanitary clearance) on healthy individuals for 18 weeks for their hypoglycaemic effects. The control subjects were given standardised quantity of green tea steeped in 150 ml of boiled water for 3-5 minutes daily and their blood glucose was checked as per protocol. Same quantity of hot water was given to control group. The same process was repeated at the end of 1,3,6,9,12 and18 week. The observations were documented, which shows marked reduction, 7- 15% in blood glucose levels in individuals administered with green tea. We have chosen green tea of fine quality and studied its hypoglycaemic effects in healthy individuals.

KEYWORDS: camellia sinensis, green tea, catechin, glucose.

INTRODUCTION

Herbs are^[1] traditionally used as drug for common ailments to potential diseases in Asian countries, predominantly in India and China. *Rauwoifia serpentine* remains the oldest herb to have known antihypertensive action to cure schizophrenia. The commonly used plant products like turmeric and pepper remain well known and tested active ingredients. Similarly *Camellia sinensis* (commonly called as green tea) is rich source anti- oxidants catechins (EC, EGC, EGG, EGCG), In recent years, the health benefits^[2] of consuming green tea, including the prevention of cancer^[3] and cardiovascular diseases^[4], anti inflammatory^[5] anti arthritic^[6] anti oxidative^[7], neuroprotective^[8] cholestrol lowering effects^[9] have been studied and are well documented. Catechin, an antioxidant, is another important ingredient of green tea. Its beneficial effects like anti-ageing, blood glucose lowering and even anti cancerous, are well documented.

Green tea also contains alkaloids including caffeine, theobromine, and theophylline. They provide green tea's stimulant effects. L-theanine, anamino acid compound found in green tea, has been studied for its calming effects on the nervous system. These alkaloids have been found to have bronchodilator effects in humans. Green tea also contains psychogenol.

In the scientific and public literature, antioxidants and oxidative stress are very often presented in a far too simple manner. First, reactive oxygen species (ROS) are lumped together as one functional entity. However, there are many different ROS that have separate and essential roles in normal physiology and are required for a variety of normal processes. These physiological functions are not overlapping, and the different ROS that exist cannot, in general, replace each other. Different ROS are also strongly implicated in the etiology of diseases such as cancers, atherosclerosis, neurodegenerative diseases, infections, chronic inflammatory diseases, diabetes, and autoimmune diseases^[10] (Gutteridge and Halliwell 2000; McCord 2000). Second, the various antioxidants that exist are often viewed as a single functional entity. However, the different endogenous antioxidants that are produced by the body (e.g., glutathione, thioredoxins, glutaredoxin, and different antioxidant enzymes) cannot, in general, replace each other. They have specific chemical and physiological characteristics that ensure all parts of the cells and the organs or tissues are protected against oxidative damage. Dietary antioxidants also exist in various forms, with polyphenols and carotenoids being the largest groups of compounds. These have different functions and are produced by plants to protect plant cells against oxidative damage^[11] (Halliwell1996; Lindsay

and Astley 2002). Green tea is also showing good anti oxidant properties and the results indicate the antioxidant effect of green tea extract on reactive oxygen species produced by neutrophils, may be effective in reducing oxidative stress in cancer patients. Anticancer Res. 2012 Jun; 32(6): 2369-75. Green tea also has blood glucose lowering properties. A 2013 research review published in the Diabetes and Metabolism Journal outlined the potential benefits of tea when it comes to diabetes as well as obesity, which is a risk factor for diabetes. It highlighted a Japanese study that found that people who drank 6 or more cups of green tea a day were 33 percent less likely to develop type 2 diabetes than were people who drank less than a cup of green tea a week. It also reported on Taiwanese research that found that people who drank green tea regularly for more than a decade had smaller waists and a lower body fat composition than those who weren't regular consumers of green tea.

As India is becoming hub of diabetes above studies are conducted to check the role of green *tea in lowering the blood glucose and hence possible role in prophylaxis of diabetes*. Also by virtue of its increasing glucose utilization by cells it helps the diabetics to reduce drug dosage and in type 1 diabetes insulin requirement.

MATERIAL AND METHODS

Green^[12] tea from Hyson Sri Lanka with phytosanitary clearances, Glucometer equipped with all accessories (Roche)Accucheck, disposable sterile spirit swabs, weighing balance (shamadzu), Heating Kettle(borosil), Standardised disposable cups

Method

Blood Glucose testing

A glucose meter or Glucometer is for determining approximate concentration of glucose. It can also be a strip of glucose paper dipped into a substance and measured to the glucose chart. It is a key element of home blood glucose monitoring (HBGM) by people with diabetes mellitus or Hypoglycaemia, a small drop of blood obtained by pricking the skin with a lancet is placed on a disposable test strip that the meter reads and use to calculate the blood glucose level. The meter than display level in units of mg/dl or mmol/l.

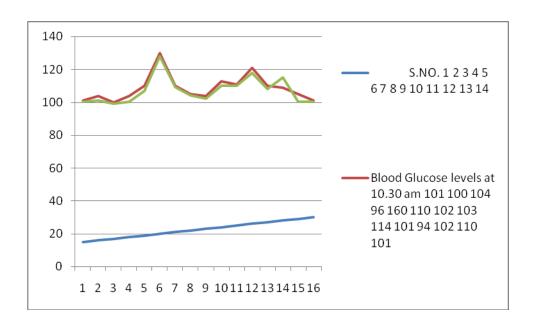
Since approximately 1980 a primary goal of the management of type I diabetes and Type II diabetes mellitus has been achieving closer to normal levels of glucose in the blood for as much of the times as possible guided by HBGM several times a day. The benefits include a reduction in the occurrence rate and severity of long term complications from

hyperglycaemia as well as a-reduction in the short term potentially life threatening complications of hypoglycaemia.

The tip of finger chosen to draw the blood is cleaned with disposable spirit swab. The glucometer is simultaneously loaded with strip in such a way that its impregnated portion is at desired place. The finger tip is pierced with lancet and the blood drawn is touched gently on the impregnated portion (the screen is showing blood drop blinking image). The blood glucose reading is automatically displaced on screen.

Hypoglycaemic effect of Green tea on 0 day along-with blood pressure measurements Table 1.

| S.NO. | Blood Glucose levels at 10.30 am | Blood Glucose levels at 11.30 am After taking 100 ml hot water | % Change |
|-------|--|--|-------------|
| 1 | 101 | 100 | .99 |
| 2 | 100 | 99 | 1 |
| 3 | 104 | 105 | .96 |
| 4 | 96 | 94 | 2.0 |
| 5 | 160 | 156 | 2.5 |
| 6 | 110 | 108 | .90 |
| 7 | 102 | 103 | -0.98 |
| 8 | 103 | 103 | nil |
| 9 | 114 | 112 | 1.75 |
| 10 | 101 | 100 | 1 |
| 11 | 94 | 92 | 2.12 |
| 12 | 102 | 101 | .98 |
| 13 | 110 | 107 | 2.7 |
| 14 | 101 | 100 | .99 |
| 15 | 101 | 100 | .99 |
| 16 | 104 | 101 | 2.88 |
| 17 | 100 | 99 | 1 |
| 18 | 104 | 100 | 3.8 |
| 19 | 110 | 107 | 2.7 |
| 20 | 130 | 128 | .76 |
| 21 | 110 | 109 | .90 |
| 22 | 105 | 104 | .95 |
| 23 | 104 | 102 | 1.9 |
| 24 | 113 | 110 | 2.65 |
| 25 | 111 | 110 | .90 |
| 26 | 121 | 118 | 2.4 |
| 27 | 110 | 108 | 1.8 |
| 28 | 109 | 115 | 3.6 |
| 29 | 105 | 100 | 4.7 |
| 30 | 101 | 100 | .99 |



Observations

Table 2
Test Group
Hypoglycaemic effect of Green tea on 0 day along-with blood pressure measurements

| S.NO. | Blood Glucose levels at 10.30 am | Blood glucose levels after 90 minutes at 12 pm | % age change | B.P.(Blood pressure | B.P. after Green Tea | % Change |
|-------|---|---|-----------------|---------------------|----------------------------|-------------|
| 1 | 101 | 92 | 8.9 | 110/70 | 105/70 | 5.5/nil |
| 2 | 100 | 79 | 21 | 120/79 | 110/70 | 12/7.11 |
| 3 | 104 | 89 | 14.42 | 114/70 | 108/69 | 6.84/1.42 |
| 4 | 96 | 81 | 15.6 | 114/84 | 105/70 | 10.26/11.76 |
| 5 | 160 | 133 | 16.8 | 130/90 | 110/80 | 26/9 |
| 6 | 110 | 91 | 17.27 | 110/70 | 108/65 | 13.2/3.2 |
| 7 | 102 | 84 | 7.84 | 120/80 | 110/70 | 8.3/12.5 |
| 8 | 103 | 91 | 11.65 | 123/88 | 110/70 | 15. 9/15.8 |
| 9 | 114 | 91 | 20.75 | 110/74 | 105/70 | 5.5/2.9 |
| 10 | 101 | 91 | 9.9 | 114/76 | 110/70 | 4.5/2.9 |
| 11 | 94 | 81 | 13.82 | 115/85 | 110/70 | 5.72/12.7 |
| 12 | 102 | 89 | 12.74 | 110/89 | 110/85 | 0/4.4 |
| 13 | 110 | 90 | 18.18 | 110/72 | 100/70 | 11/1.4 |
| 14 | 101 | 92 | 8.9 | 120/80 | 100/80 | 16.6/nil |
| 15 | 101 | 87 | 13.86 | 110/82 | 107/75 | 2.72/nil |
| 16 | 104 | 92 | 11.5 | 108/78 | 105/75 | 2.77/4 |
| 17 | 100 | 89 | 11 | 125/77 | 110/77 | 12/nil |
| 18 | 104 | 89 | 12.5 | 120/80 | 108/75 | 10/6.2 |
| 19 | 110 | 99 | 10 | 110//85 | 105/79 | 4.5/7.0 |
| 20 | 130 | 113 | 13.07 | 120/80 | 110/70 | 8.33/12.5 |
| 21 | 110 | 99 | 10 | 118/80 | 108/75 | 8.4/6.2 |
| 22 | 105 | 94 | 10.47 | 119/80 | 115/70 | 3.3/12.5 |

| TY LIT LEDI 4' LD L | |
|--|--|
| World Journal of Pharmaceutical Research | |

| 23 | 104 | 92 | 11.53 | 130/92 | 122/88 | 6.1/4.3 |
|----|-----|-----|-------|--------|--------|-----------|
| 24 | 113 | 99 | 12.38 | 115/82 | 110/75 | 4.3/8.5 |
| 25 | 111 | 101 | 9 | 114/76 | 105/70 | 7.8/7.8 |
| 26 | 121 | 100 | 17.35 | 115/85 | 110/70 | 4.3/17 |
| 27 | 110 | 99 | 10 | 118/77 | 112/72 | 5.08/6.4 |
| 28 | 109 | 99 | 10.09 | 129/82 | 120/80 | 6.9/2.4 |
| 29 | 105 | 96 | 8.57 | 120/72 | 110/70 | 8.33/1.44 |
| 30 | 101 | 92 | 8.91 | 111/72 | 107/70 | 3.6/1.4 |

Malhotra.

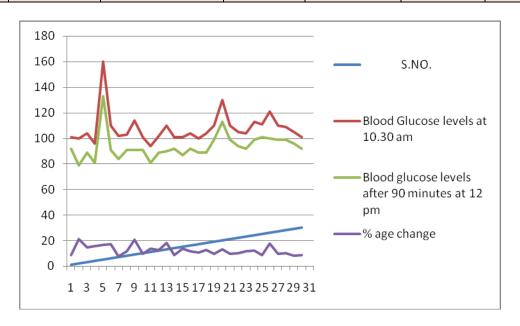


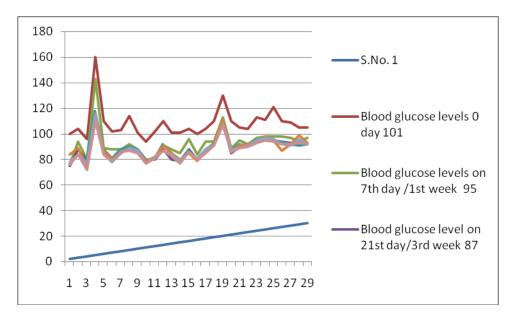
Table 3: Hypoglycaemic effect of Green tea on $1^s, 3^{rd}, 6^{th}, 9^{th}, 12^{th}$ and 18^{th} week.

| S.No. | Blood glucose levels 0 day | Blood glucose levels on 7th day /1st week | Blood glucose level on 21st day/3rd week | Blood glucose levels on 42 nd day/day6th week | Blood glucose levels on 63 rd day/9th week | Blood glucose levels on 84th day/12 th week | Blood glucose levels after on126 thday/18th week |
|-------|-------------------------------------|---|--|---|--|---|--|
| 1 | 101 | 95 | 87 | 88 | 85 | 86 | 85 |
| 2 | 100 | 76 | 75 | 80 | 84 | 78 | 76 |
| 3 | 104 | 94 | 88 | | 89 | 84 | 84 |
| 4 | 96 | 80 | 79 | 78 | 75 | 77 | 72 |
| 5 | 160 | 143 | 114 | 118 | 116 | 115 | 110 |
| 6 | 110 | 89 | 85 | 88 | 87 | 84 | 84 |
| 7 | 102 | 88 | 80 | 81 | 80 | 78 | 79 |
| 8 | 103 | 88 | 85 | 88 | 86 | 85 | 86 |
| 9 | 114 | 92 | 90 | 90 | 89 | 89 | 87 |
| 10 | 101 | 88 | 85 | 88 | 87 | 87 | 85 |
| 11 | 94 | 79 | 80 | 80 | 79 | 77 | 77 |
| 12 | 102 | 82 | 80 | 80 | 82 | 82 | 81 |
| 13 | 110 | 91 | 88 | 92 | 91 | 87 | 87 |
| 14 | 101 | 88 | 80 | 85 | 85 | 84 | 83 |
| 15 | 101 | 85 | 79 | 78 | 80 | 79 | 77 |
| 16 | 104 | 96 | 88 | 87 | 85 | 86 | 86 |

| World | Journal | of Pha | rmaceutical | Research |
|--------|-----------|----------|-------------|-------------|
| 110114 | o our mar | VI I 114 | ı maccuncui | 11Cbcai cii |

| ١. |
|----|
| |

| 17 | 100 | 84 | 80 | 80 | 79 | 81 | 80 |
|----|-----|-----|-----|-----|-----|-----|-----|
| 18 | 104 | 94 | 88 | 87 | 87 | 88 | 85 |
| 19 | 110 | 94 | 92 | 93 | 92 | 91 | 91 |
| 20 | 130 | 113 | 110 | 108 | 111 | 108 | 107 |
| 21 | 110 | 89 | 85 | 88 | 87 | 88 | 86 |
| 22 | 105 | 95 | 90 | 92 | 91 | 89 | 89 |
| 23 | 104 | 92 | 91 | 90 | 92 | 91 | 90 |
| 24 | 113 | 97 | 95 | 94 | 94 | 95 | 93 |
| 25 | 111 | 98 | 95 | 96 | 98 | 97 | 95 |
| 26 | 121 | 98 | 95 | 95 | 95 | 96 | 94 |
| 27 | 110 | 98 | 94 | 94 | 87 | 92 | 92 |
| 28 | 109 | 97 | 93 | 92 | 92 | 91 | 92 |
| 29 | 105 | 94 | 91 | 91 | 99 | 96 | 93 |
| 30 | 105 | 97 | 93 | 92 | 93 | 92 | 92 |



RESULTS

In the present study, we have studied the role of green tea in determining the blood glucose levels in different groups of selected healthy individuals, with one exception (one person with type two diabetes on oral hypoglycaemic agent).with 8.9 to 20 % with average change of 10 %(Table 2) While in individuals taking hot water only it was 1 to 2.75 % (Table 1) which is due to physiological reasons only.

CONCLUSION

Green tea has blood glucose lowering properties. We know people with diabetes have problems metabolizing sugar Insulin comes along to decrease sugar, but with type 2 diabetes, the body isn't so sensitive to insulin, so blood sugar levels goes up. Through a complex biochemical reaction, tea -- especially green tea -- helps sensitize cells so they are better able

to metabolize sugar. Green tea is good for people with diabetes because it helps them. The blood glucose lowering after 0 days is more or less stable after initial variation Table 3) with +- 5-7% which is more or less stable showing that initial phase has shown rapid decline due to physiological changes induced by green tea. We further want to make it clear though tests are performed weekly but subjects were taking standardized green tea regularly for stipulated 18 weeks. Some of subjects even have tested Hb1Ac which has shown reduction from their previous records but because of few readings this claim is beyond the reach of current study. Further there is blood pressure drop 5-10% average on zero day only. It was not studied further. It might be due to calming effect of green tea on nerves and relaxation an individual feels while taking green tea.

The P-Value is <.00001. The result is significant at p <.05.

ACKNOWLEDGEMENTS

I pay my heartiest thanks to Mr. Duminda Senaratne Director/CEO Empire Teas (Pvt) Ltd. & Hyson Teas (Pvt) Ltd., who provided me the required samples of Green tea and his encouragement in conducting these trials.

I am also thankful to volunteers who have participated whole heartedly in these studies.

I am also thankful to Ms Manju Chrungu, who supported with her valuable advises and Ms Preeksha for her valuable support. I am also thankful to Dr Mamta Srivastava and Dr Babeeta C Kaula for their valuable suggestions.

I am also grateful to Dr J.K Malhotra and Dr Subash Arora for medical supervision.

REFERENCES

- 1. Harold N, Graham PD (1992). Green tea composition, consumption and polyphenol chemistry. Journal of preventive medicine and hygiene, 1992 May; 21(3): 334-50.
- 2. McKay DL, Blumberg JB: The role of tea in human health: An update. J Am Coll Nutr, 2002; 21: 1-13. Pub Med View Article Google Scholar.
- Kavanagh KT, Hafer LJ, Kim DW, Mann KK, Sherr DH, Rogers AE, Sonenshein GE: Green tea extracts decrease carcinogen-induced mammary tumor burden in rats and rate of breast cancer cell proliferation in culture. J Cell Biochem, 2001; 82: 387-398.

- 10.1002/jcb.1164.Pub Med View Article Google Scholar.
- 4. Sueoka N, Suganuma M, Sueoka E, Okabe S, Matsuyama S, Imai K, Nakachi K, Fujiki H: A new function of green tea: prevention of lifestyle-related diseases. Ann N Y AcadSci, 2001; 928: 274-280. Pub Med View Article Google Scholar.
- 5. Dona M, Dell'Aica I, Calabrese F, Benelli R, Morini M, Albini A, Garbisa S: Neutrophil restraint by green tea: inhibition of inflammation, associated angiogenesis, and pulmonary fibrosis. J Immunol, 2003; 170: 4335-4341. Pub Med View Article Google Scholar.
- 6. Haqqi TM, Anthony DD, Gupta S, Ahmad N, Lee MS, Kumar GK, Mukhtar H: Prevention of collagen-induced arthritis in mice by a polyphenolic fraction from green tea. Proc Natl AcadSci USA, 1999; 96: 4524-4529. 10.1073/pnas.96.8.4524. Pub Med Central Pub Med View Article Google Scholar.
- 7. Sudano Roccaro A, Blanco AR, Giuliano F, Rusciano D, Enea V: Epigallocatechingallate enhances the activity of tetracycline in staphylococci by inhibiting its efflux from bacterial cells. Antimicrob Agents Chemother, 2004; 48: 1968-1973. 10.1128/AAC.48.6.1968-1973.2004. Pub Med View Article Google Scholar
- 8. Sartippour MR, Shao ZM, Heber D, Beatty P, Zhang L, Liu C, Ellis L, Liu W, Go VL, Brooks MN: Green tea inhibits vascular endothelial growth factor (VEGF) induction in human breast cancer cells. J Nutr, 2002; 132: 2307-2311.Pub Med Google Scholar.
- 9. Weber JM, Ruzindana Umunyana A, 2003; 58.
- 10. Gutteridge and Halliwell, 2000; McCord 2000.
- 11. Halliwell 1996; Lindsay and Astley 2002).
- 12. www.empireteas.com.