



Effects of Fresh, Unprocessed Green Tea *Camelia Sinensis* Extract on Liver Function, Lipid Profile (Cholesterol and Triglycerides), Thyroid Stimulating Hormone (TSH) and Cortisol in Normal Healthy Subjects

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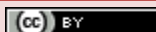
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Abstract

Fresh, unprocessed Green tea *Camelia sinensis* commonly consumed in several regions of Saudi Arabia. Green tea has been used for centuries as a medical drink. The aim of the study is to investigate the effect of fresh, unprocessed green tea on liver function, cholesterol, triglyceride, thyroid stimulating hormone (TSH), and cortisol and in humans. A total of 25 healthy adult subjects age range (20-30) years old participated in this study as volunteers. Fresh, unprocessed green tea containing approximately 25 whole stem and leaves (approximately 15g) were given to each volunteer to be used for two weeks with daily consumption between 3-5 cups/day. Pre-drinking fasting blood samples were collected from each volunteer and another fasting blood samples were collected again after finishing the period of drinking. The serum collected were assayed for; lipid profile (cholesterol and triglycerides), liver function (total protein, albumin, Alkaline phosphatase (ALP), Aspartate aminotransferase (AST), Alanine aminotransferase (ALT), Gamma-glutamyl transferase (GGT) and total bilirubin), thyroid stimulating hormone (TSH) and cortisol. The results showed that unprocessed green tea causes significant increase in albumin, Albumin/ Globulin ratio and TSH, while it caused significant decrease in globulins, Triglyceride, Cholesterol and ALP. We concluded that fresh unprocessed green tea has powerful specific metabolic activities of intestine, liver, and lipids comparable to green processed tea to improve their functions.

Keywords: Green tea, *Camelia sinensis*, Liver function, Cholesterol, Triglyceride, Cortisol, Thyroid hormone



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1. Introduction

Black tea and green (*Camelia sinensis*) has been used for centuries as a medical drink. It is originated from southern China and intensively cultivated in Asia and in central African countries. Green tea is produced from freshly harvested leaves of the tea plant and they contain water, proteins, carbohydrates, minerals, vitamins and polyphenols of the flavonoid type. The major catechin (flavonoids) present is epigallocatechin gallate. Both green and black tea have medicinal properties, health benefits, various physiological effects and it is treatment of cardiovascular disease, antioxidant, anti-angiogenesis, and antiproliferative assays potentially relevant to the prevention and treatment of various forms of cancer. [1-4]. Fresh, unprocessed green tea leaves with their stem attached are commonly consumed in similar way as normal green tea in Saudi Arabia.

Hyperlipidemia is a risk factor for the development of coronary heart disease [5]. Numerous researches showed natural antioxidants to be effective in correction of elevated blood cholesterol, triglycerides and LDL levels. In this relation application of natural antioxidants for the purpose of the correction of excess weight has gained an active research interest. Numerous researches showed natural antioxidants to be effective in correction of elevated blood cholesterol, triglycerides and LDL levels. [6]. Green tea consumption resulted in enhanced enzyme activities of carbohydrate metabolism and antioxidant defenses, which may lead to improved health. [7-10].

Yan, et al. [11]; Lee, et al. [12]; Al-Sowyan [13]; Senthil Kumaran, et al. [14] and Trautwein, et al. [15] found that green tea extract has been proved to be useful in lowering cholesterol levels thereby slowing down the progression of cardiovascular diseases, obesity and also protect the liver against free radicals. Ramadan, et al. [16] and Roghani and Baluchnejadmojarad [17] supported the hypothesis that both black and green teas may have beneficial effects against the risks of the metabolic syndrome and shown in rat models of human obesity, diabetes and attenuated hepatic lipid peroxidation. Fresh, unprocessed, green tea is commonly consumed by many individuals in Saudi Arabia. So the aim of the study is to investigate the effect of this type of green tea on liver function, Cholesterol, triglyceride, Thyroid stimulating hormone (TSH), and cortisol in normal healthy subjects.

2. Materials and Methods

A total of 25 healthy adult subjects (age range; 20-30) years old volunteered for this study. Fresh, unprocessed green tea were obtained from the local green vegetables wholesale market. Each volunteer was given a bunch of fresh, unprocessed green tea containing approximately 25 whole stem and leaves (15g) to be used for 2 weeks with daily consumption between 3-5 cups. Preparation of one cup; 200-250 ml boiled water (one cup) to 1 stem of fresh green tea were added and left for 5 minutes before consuming. Pre-drinking fasting blood sample was collected from each volunteer and another fasting blood sample was collected again after finishing the period of drinking. The serum collected were assayed for; lipid profile (cholesterol and triglycerides), liver function (total protein, albumin, Alkaline phosphatase (ALP), Aspartate aminotransferase (AST), Alanine aminotransferase (ALT), Gamma-glutamyl transferase (GGT) and total bilirubin), thyroid stimulating hormone (TSH) and cortisol. All analytes were measured using the Dimension RxL-Max2 (Dade Behring, USA) which based on light spectrophotometry. Cortisol and TSH were measured using the Modular Analytic E170 (Roche Diagnostics, Germany) by electrochemiluminescence immunoassay (ECLIA) techniques.

2.1. Statistical Analysis

Analysis of data was carried out by student's t-test for comparing the means of experimental and control groups [18].

3. Result and Discussion

The result shows that fresh, unprocessed green tea causes a significant increase in albumin, Albumin/ Globulin ratio and TSH, while causing a significant decrease in globulin, Triglyceride, Cholesterol and alkaline phosphatase.

Table-1. Effect of fresh, unprocessed green tea on total protein (g/L), albumin (g/L), globulin (g/L), Albumin/ Globulin ratio, Alkaline phosphatase (ALP) (U/L), Aspartate aminotransferase (AST) (U/L), Alanine aminotransferase (ALT) (U/L), ALT / AST ratio, Gamma-glutamyl transferase (GGT) (U/L), total bilirubin (mmol/L), Thyroid stimulating hormone (TSH) (mU/L), Cholesterol (mmol/L), Triglyceride (mmol/L), and Cortisol (mmol/L) (n=25).

	before drinking green tea Mean±S.E	after drinking green tea Mean±S.E
Total protein (g/L)	74.80±0.8	74.08±0.86
Albumin (g/L)	40.88±0.63	43.0±0.64*
Globulin (g/L)	33.92±0.62	31.16±0.83*
Albumin/ Globulin ratio	1.22±0.03	1.42±0.07*
Alkaline phosphatase (ALP) (U/L)	43.72±0.54	40.40±0.36*
Aspartate aminotransferase (AST) (U/L)	16.64±0.35	17.36±0.41
Alanine aminotransferase (ALT) (U/L)	30.04±1.29	30.84±2.02
ALT / AST	0.58±0.02	0.60±0.03
Gamma-glutamyl transferase (GGT) (U/L)	21.48±1.49	23.4±0.89
Total bilirubin (μmol/L)	7.20±0.60	7.40±0.72
Thyroid stimulating hormone (TSH) (mU/L)	2.03±0.21	2.57±0.19*
Cholesterol (mmol/L)	4.60±0.11	4.18±0.11*
Triglyceride (TG) (mmol/L)	0.76±0.07	0.64±0.04*
Cortisol (mmol/L)	381.98±24.02	367.06±27.8

The results are represented as (mean ±S.E). *P < 0.05

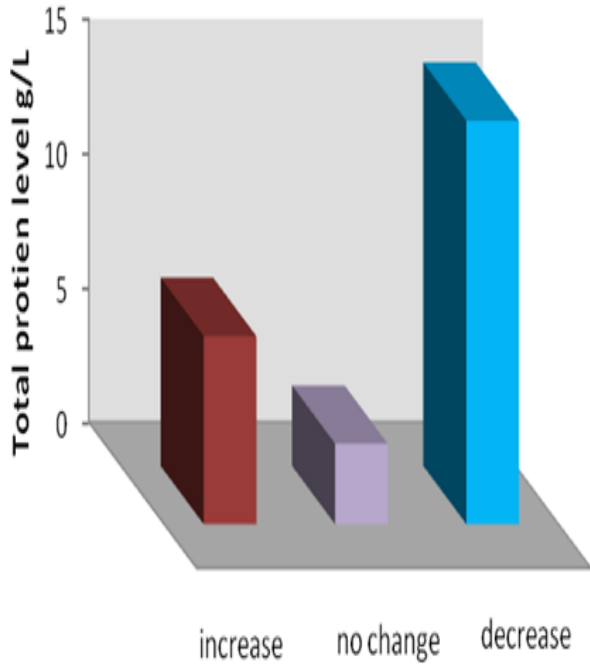


Fig-1. Total protien level (g/L) in normal adult subject drinking green tea

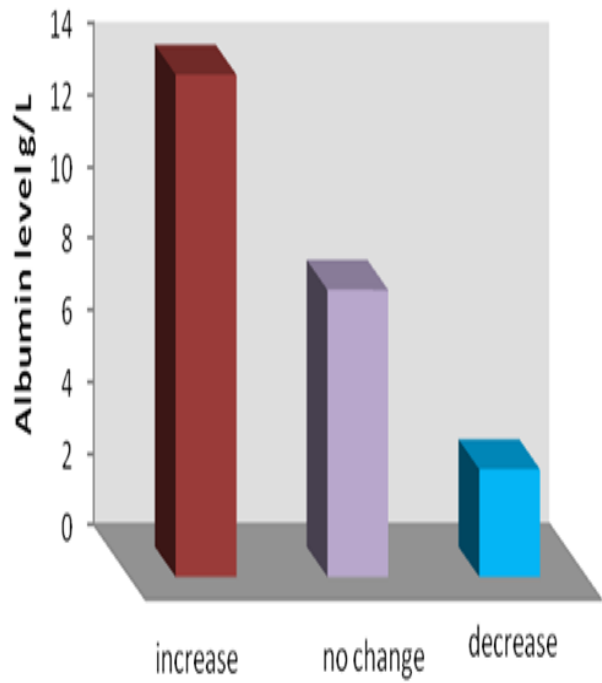


Fig-2. Albumin level (g/L) in normal adult subject drinking green tea

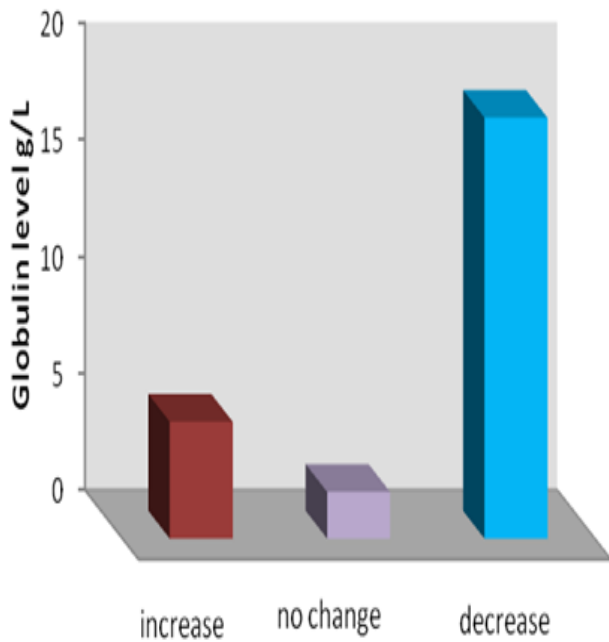


Fig-3. Globulin level (g/L) in normal adult subject drinking green tea

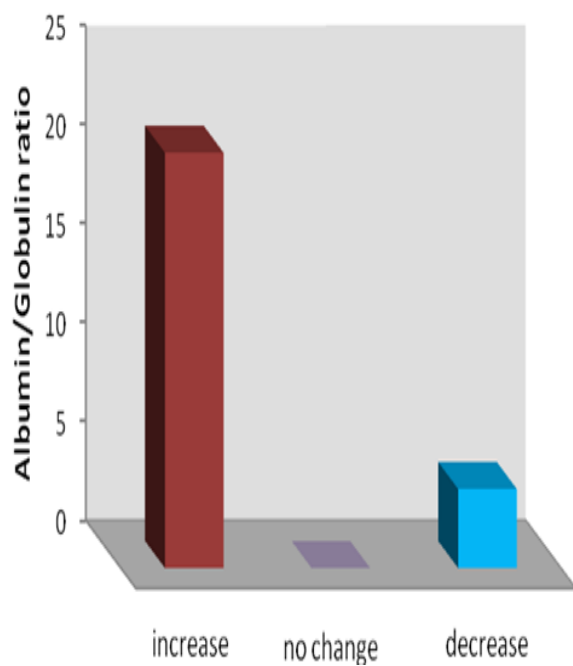


Fig-4. Albumin/Globulin ratio in normal adult subject drinking green tea

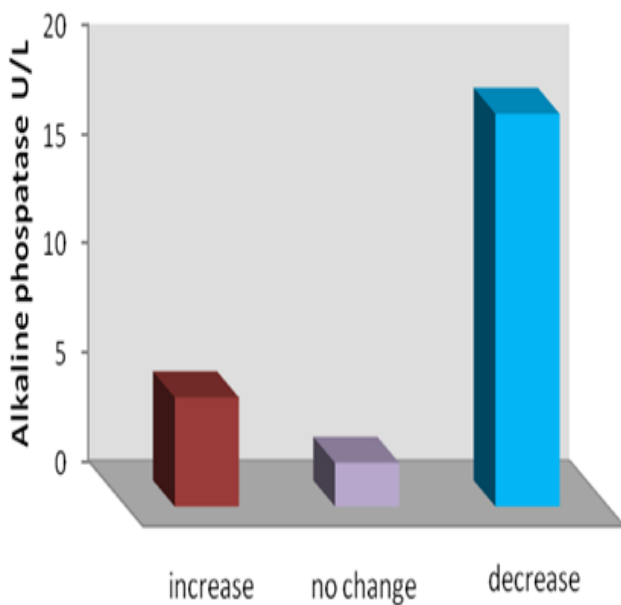


Fig-5. Alkaline phosphatase (U/L) in normal adult subject drinking green tea

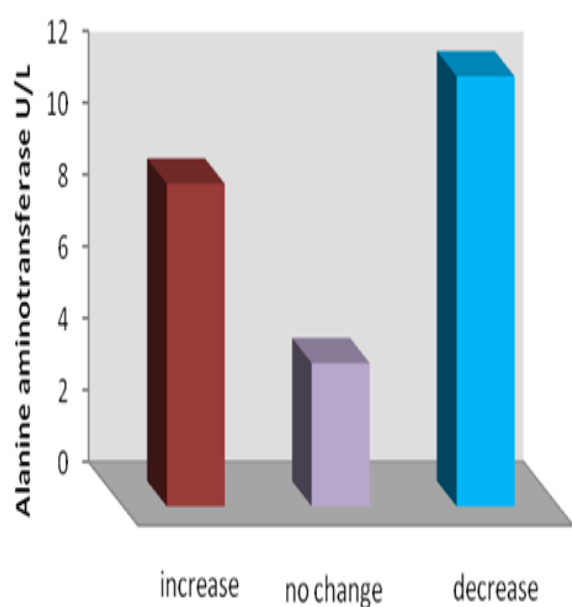


Fig-6. Alanine aminotransferase (U/L) in normal adult subject drinking green tea

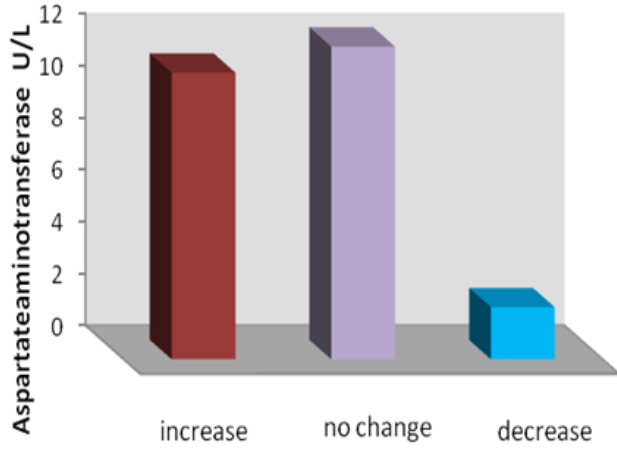


Fig-7. Aspartateaminotransferase (U/L) in normal adult subject drinking green tea

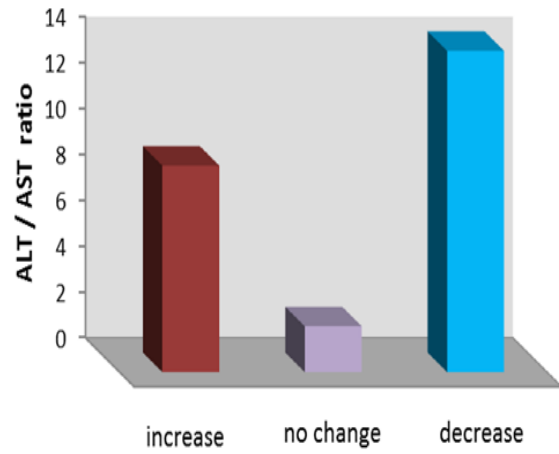


Fig-8. ALT/AST ratio in normal adult subject drinking green tea

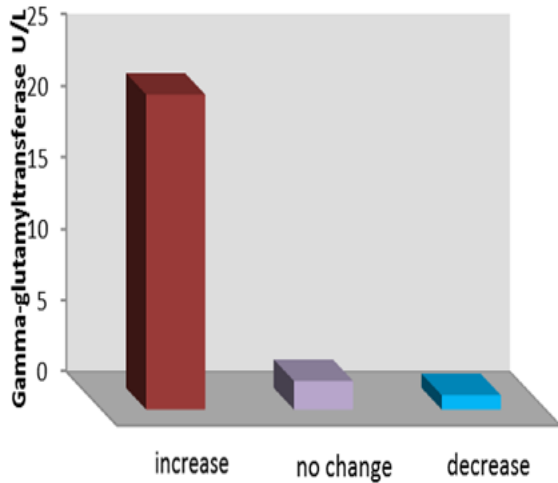


Fig-9. Gamma-glutamyltransferase (U/L) in normal adult subject drinking green tea

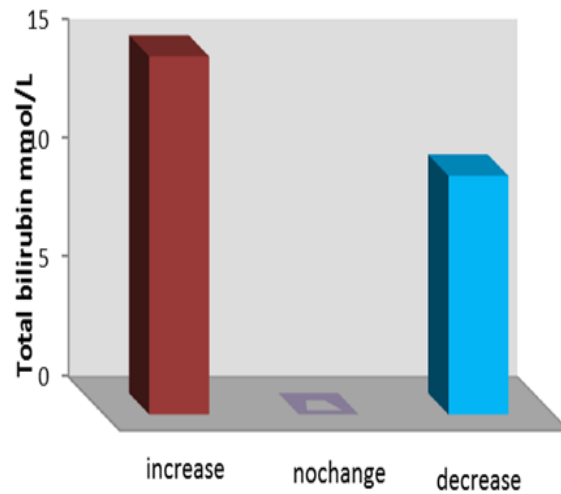


Fig-10. Total bilirubin (mmol/L) in normal adult subject drinking green tea

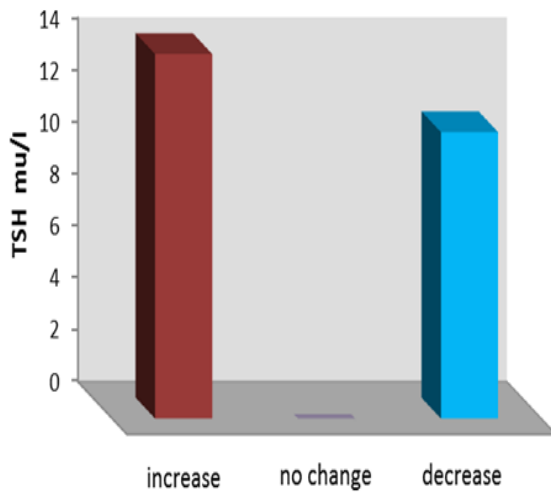


Fig-11. Thyroid stimulating hormone (mu/l) in normal adult subject drinking green tea

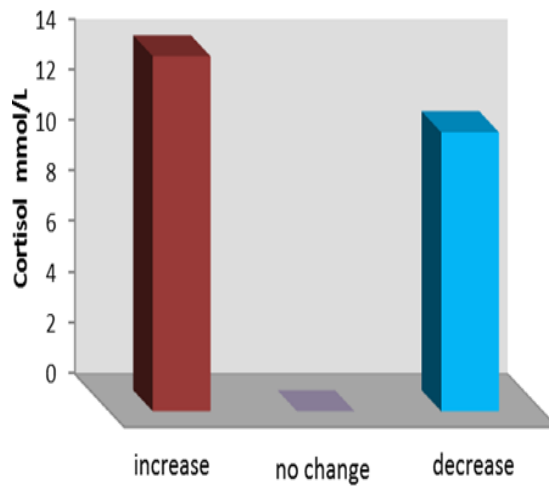


Fig-12. Cortisol (mmol/L) in normal adult subject drinking green tea

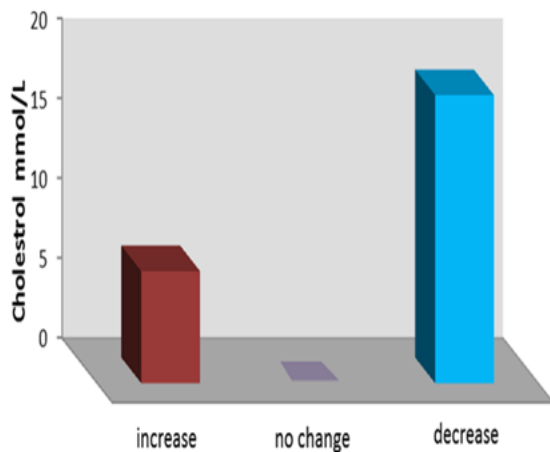


Fig-13. Cholesterol (mmol/L) in normal adult subject drinking green tea

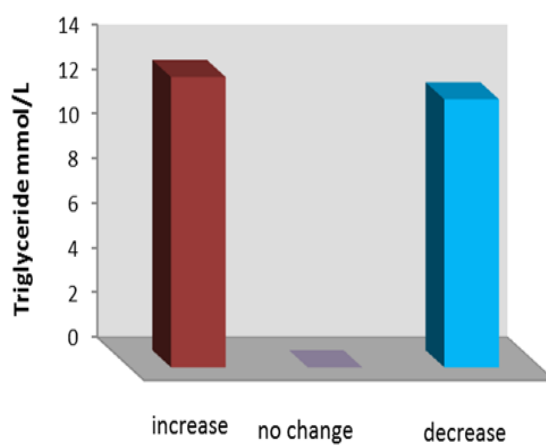


Fig-14. Triglyceride(TG) (mmol/L) in normal adult subject drinking green tea

Fresh, unprocessed green tea is commonly consumed in many areas of Saudi Arabia. While most of the literature and research deal mainly with processed green tea, reference to fresh, unprocessed green tea is very rare. This makes this study unique both in its application and results. It constitutes one of the basic or pilot studies of its kind. In this study, pre- and post-drinking findings are compared for each volunteer and our discussion compare our findings to those reported in the literature by various investigators of green processed tea. The results show that fresh, unprocessed green tea resulted in significant decrease in triglyceride and cholesterol. These observations are in agreement with the findings of several workers who have investigated the effects of green tea on cholesterol and triacylglyceride [Shirai and Suzuki [19]; Chanadiri, et al. [6]; Lin and Lin-Shiau [20]; Nagao, et al. [21]; Fujita and Yamagami [22]); Hooper, et al. [23]; Al-Sowyan [13]; Richard, et al. [24]; and Tsai, et al. [25] who found that green tea decreases total cholesterol, LDL cholesterol and triacylglycerol in animals and in man. The data suggest the effect of green tea on cholesterol and triacylglyceride which could be due to inhibiting cholesterol absorption in the intestines, inhibition of the synthesis of cholesterol in the liver and in whole cells by suppression of enzyme activities for fatty acid synthesis, upregulation of the low-density lipoprotein (LDL) and lowered the generation of hydroxyl radical and elevated serum antioxidative by increasing HDL cholesterol levels. Raederstorff, et al. [26]; Kobayashi, et al. [27]; Wang, et al. [28]; Fallon, et al. [29]; Matsui, et al. [30]; Park, et al. [31] and Sogawa, et al. [32] reported that green tea leaves induced a decrease in the liver cholesterol and triglyceride levels and an increase in the fecal excretion of cholesterol. These results indicate tea-leaf saponins to be the active components exhibited antihypercholesterolemic activity by inhibiting cholesterol absorption in the intestines and through the increase in fat energy consumption not due to inhibition of synthesis of cholesterol or fatty acid. Yang and Koo [33] and Annaba, et al. [34] demonstrated that green tea exhibit hypocholesterolemic effects probably via their inhibitory effects on intestinal bile acid absorption. Apical Sodium-Dependent Bile Acid Transporter (ASBT) is responsible for reabsorption of bile acids.

Hasegawa, et al. [35]; Bursill and Roach [36] and Singh, et al. [37] found that the hypocholesterolemic activity of powdered green tea might be due to the inhibition of the synthesis of cholesterol in the liver and in whole cells. This indicates that, green tea increases cellular cholesterol efflux. Wolfram, et al. [38] and Kim, et al. [39] found that a reduction of hepatic triglyceride content and adipose tissue weight in the green tea group was related to the suppression of enzyme activities for fatty acid synthesis without affecting fatty acid oxidation enzyme activities in hepatic and adipose tissue.

Yang and Koo [33]; Miura, et al. [40]; Osada, et al. [41]; Yokozawa, et al. [42] and Inami, et al. [43] demonstrated that green tea significantly prevented endothelial cell induced LDL oxidation, green tea lowered the generation of hydroxyl radical and elevated serum antioxidative by increasing high-density lipoprotein (HDL) cholesterol levels.

Hernández Figueroa, et al. [1]. concluded that green tea and its catechins consumptions (i) decrease body weight by interfering within the sympathoadrenal system and fatty acid synthesis, (ii) decrease cholesterol absorption and plasma levels, (iii) have strong free radical-scavenging activity inhibiting LDL oxidation, (iv) reduce the adhesion molecule expression.

The results show that fresh, unprocessed green tea can improve liver function by causing significant increase in albumin and Albumin/ Globulin ratio and significant decrease in alkaline phosphatase (ALP). Significant increase in albumin may well be due to the increased albumin intravascular movement or inhibition of protein nitration [44, 45] and [46, 47].

The observed decrease in ALP may suggest liver involvement. This is supported by no change in other liver enzymes. The liver appeared to be well protected during drinking green tea. Okamoto, et al. [48] and Ojo, et al. [49] found that green tea reduced ALP.

The result show that green tea cause significant increase in TSH this is agreement with Sakamoto, et al. [50]; Satoh, et al. [51]; El Mgeed, et al. [52] found that green tea extract induced elevating plasma thyroid stimulating hormone (TSH).

We concluded that in our study fresh, unprocessed green tea has powerful specific metabolic activities of intestine, liver, and lipids to improve their functions which were found to be similar to green processed tea.

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