1	Original Research Article
2	EFFECT OF FERMENTED PENTACLETHRA MACROPHYLLA BENTH (AFRICAN
3	OIL BEAN) SEED EXTRACT ON PLASMA LIPID PROFILE IN HEALTHY RAT
4	MODEL.
5	
6	ABSTRACT
7	Background: African oil bean seed is one of several plants products commonly used in Nigeria
8	as food. However, report as to whether or not it could predispose consumers to atherosclerosis
9	as evidenced by alteration in the lipid profile is yet to be documented.
10	Aim: The study aim was to determine the effect of fermented Pentaclethra Macrophylla Benth
11	(African oil bean) seed extract on lipid profiles.
12	Methods: A total of twenty-five (25) male rats randomly divided into five groups of 5 rats each
13	per group were used. Each group received the crude methanol seed extract of Pentaclethra
14	Macrophylla Benth (MEPB) once daily at the dose of 500, 1000, 1500 and 2000 mg kg <sup>-1</sup> body
15	weight, respectively for 14 days except the control group. Lipid profile parameters were
16	determined according to enzymatic assay using a commercial kit from Randox Laboratories,
17	United Kingdom and calculation using Friedewald's equation.
18	<b>Results:</b> A statistically significant increase in HDL and decrease in LDL content ( $p < 0.05$ ) were
19	obtained following the administration of MEPB in all dosed groups compared with the control
20	group. Administration of MEPB in all dosed groups improved lipid metabolism and increased
21	percentage protection against atherogenesis by a range between 61% - 87%.

22	Conclusion: Fermented African oil bean seed has a positive effect on lipid metabolism and
23	showed an anti-atherogenic property. According to the result, African oil bean seeds at the level
24	used in the study could protect against atherosclerosis.

25

Key Words: dyslipidemia, Ukpaka, Lipid profile, atherogenesis, *Pentaclethra Macrophylla Benth*

28

#### 29 **1. INTRODUCTION**

30 Among all people of all places and times, the overlap between nutrition and health has been probably understood, at least to some extent [1, 2]. Many have explored the use of large number 31 of plants products in treatment of diseases as dietary plant products can serve simultaneously as a 32 source of food and therapy [1]. Documented evidence suggests that about 80% of primary 33 healthcare provided in developing countries depend mostly on use of plants products for the 34 treatment of several diseases as they have been shown to be safe with no adverse effects [3,4]. In 35 African, for instance in Nigeria, public promotion of medicinal plants underpins the normative 36 basis for use of plant products in maintenance of health [4]. Besides important phytochemical 37 38 components that adapt dietary plant products for pharmacological actions, every plant product including African oil bean seeds, possesses important nutrients and biochemical such as protein, 39 fat, vitamins, minerals and carbohydrate which are essential for metabolic functions [4,36]. 40

The African Oil bean seed (*Pentaclethra macrophylla Benth*), is produced by large woody plant (family Leguminosae Mimosoidae) which is native to tropical Africa [36]. The hard but smooth flat brown seeds are contained in a long flattened green pod. It becomes edible after processing and fermentation [5,36]. Locally, particularly among the South Eastern part of Nigeria where it is

popularly regarded as the "African Salad", it is known as "Ugba" or Ukpaka" which is a very 45 important delicacy in the life of South Eastern Nigerians. However, due to increase in integration 46 and change in food habit, the "African Salad" as it is called is increasingly gaining popularity 47 across every region in Nigeria [6]. African oil bean seed contains phyto-nutrients, including 48 alkaloids, saponins, flavonoids, and tannins [7,36], as such have been reported to be effective in 49 the treatment of diarrhoea and anaemia while the pod and leaf extracts are used in the treatment 50 of convulsion [5,6,36]. Some dietary/medicinal plants have been shown to alter normal body 51 chemistry which invariably affects normal function of some organs in the body [8]. Fermented 52 African oil bean seed (AOBS) is one of several plants products commonly used in Nigeria as 53 food. However, report as to whether or not it could predispose consumers to atherosclerosis and 54 its associated coronary heart disease evidenced by alteration in the lipid profile is yet to be 55 documented. Given the paucity of report on its effect on lipid profile in consumers of AOBS 56 (ukpaka), the present study was undertaken to investigate the effect of crude methanol extract 57 of the fermented African oil bean seeds (ukpaka) on lipid profile using a healthy rat model. 58

59

### 60 2. MATERIALS AND METHODS

## 61 **2.1.Collection and authentication of plant material**

Fresh samples of fermented slices of *Pentaclethra Macrophylla Benth* seeds (Ukpaka) were purchased from Obeleagu Umana in Ezeagu , Enugu state, Nigeria. The plant material was authenticated by a consultant taxonomist at the herbarium section of the Department of Plant Science and Biotechnology, University of Nigeria, Nsukka and a voucher specimen deposited at the herbarium for future reference.

# 67 2.2. Processing of *Pentaclethra Macrophylla Benth* seeds powder

The fermented slices of *Pentaclethra Macrophylla Benth* seeds were dried under the shade at room temperature. The dried seeds were milled with an electric blender and finally ground into powder using a hammer mill (500# grinder/Fuyu Metal, Linyi Fuyu Metal Products Co., Ltd, China) and thereafter, passed through 52 mm sieve (Turgens and Co., Germany).

72

# 73 **2.3 Chemicals and Reagents**

The kits for, triglycerides, total cholesterol and HDL-Cholesterol were also purchased from
Randox Laboratory United Kingdom. All the other reagents and chemicals of analytical grade
were obtained from research laboratories in Enugu.

## 77 2.4 Preparation of the crude methanol extract

The powdered seeds (1500 g) of *pentaclethra macrophylla* benth seeds powder was weighed out, placed in a gallon, and 2.5 liters of absolute methanol added and left for 48hrs. The mixture, intermittently, was agitated during the extraction process. After 48hrs, the mixture was sieved using muslin cloth and filtered with a Whatman No. 1 filter paper and the filtrate then evaporated to dryness on a rotary evaporator (Model 349/2 Corning Ltd,England). The oily liquid residue obtained was stored in a refrigerator at  $4 \pm 2^{\circ}$ C until required. This was labelled the methanol crude extract (MEPB).

# **2.5 Determination of Extractive Value for the crude methanol extract**

The concentration of the crude methanol extract was determined by weighing the total oily liquid residue in electronic weighing balance and the density calculated which is expressed in mg/ml. The appropriate concentration then was calculated for the study.

## 89 **2.6 Experimental Animals**

# 90 2.6.1 Animal Housing and Management

Twenty -five (25) apparently healthy albino rats of same sex and age between 150g and 170g body weight were obtained from Animal House of the College of Medicine, University of Nigeria Teaching Hospital, Enugu. They were acclimatized for a period of two (2) weeks in clean gauzed cages in groups of five (5) according to their body weight under good laboratory conditions at the Animal House of the College of Medicine, University of Nigeria, Enugu campus. The rats had free access to food (commercial standard pellets, Topfeed<sup>R</sup> Nigeria) and clean water daily.

### 98 **2.6.2** Acute toxicity (Median Lethal Dose, LD50)

99 The median lethal dose (LD<sub>50</sub>) of fermented African oil bean seeds [AOBS] was calculated to be 100 > 6000 mg/kg body weight using the standard procedures as described by Lorke [9].

### 101 **2.6.3 Experimental Design**

#### 102 Animal Grouping and Extract Administration

A total of twenty–five (25) male rats were randomly grouped into five: A, B, C, D and E of 5 animals each per group after being allowed to acclimatize for 2 weeks. Rats in groups B, C, D and E were administered with the methanol seed extract (MEPB) once daily at the dose of 500, 106 1000, 1500 and 2000 mg kg<sup>-1</sup> body weight, respectively for 14 days. Group A (control), were 107 treated just like the test groups except that the animals received only water instead of the seed 108 extract. The methanol extract was administered to all animals in the different groups using oral 109 gavage technique. The extract and distilled water were administered daily at the same point time 110 throughout the duration of the experiment. The animals were allowed free access to rat pellets 111 and tap water after the daily doses.

# 112 Sub-acute Study and Collection of Blood from Animals

The sub- acute study began with an oral administration of the extract every morning for 14 days. On the 15th day, following overnight fast, the animals was bled through the median canthus of the eye under ether anaesthesia using capillary tubes. Blood sample was collected into plain tubes and separated from cells to assay for lipid profile.

### 117 **2.7 Ethical approval**

Handling, management and use of animals for the experiment was such that allowed minimal
stress according to the international Guidelines on experiments involving the use of animals laid
down in "Ethical and Scientific Considerations Regarding Animal Testing and Research"[42].
The study was approved by the Animal House of the College of Medicine, University of Nigeria
Teaching Hospital, Enugu.

123 **2.8 Biochemical Analyses** 

124 Measurement of serum lipid profile

125 Triglycerides and total cholesterol were estimated using enzymatic colorimetric methods as 126 described by Fossati & Prencipe [10] and Fredrickson et al., [40] respectively. High density lipoprotein (HDL) was measured enzymatic ally after all non HDL lipoproteins were removed
[41]. LDL-C was calculated using Friedewald's equation: LDL= total cholesterol – [HDL+
(TG/5)]. Atherogenic Index (AI) = (Total cholesterol — HDL cholesterol) / HDL cholesterol.
Protection % = AI (control)-AI (treated)/AI (control) x 100 [11].

# 131 **2.9 Data analysis**

All data were analyzed using SPSS software (version 22) and results expressed as mean  $\pm$  SEM. One way analysis of variance (ANOVA) followed by Post hoc multiple comparison tests was used to compare difference in means among the groups. P < 0.05 was considered to be statistically significant value.

### 136 **3. RESULTS**

There was significant increase (p < 0.05) in the serum High-Density Lipoprotein Cholesterol 137 138 (HDL-C) content following the administration of the methanol seed extract in all the dose groups; B (56.60  $\pm$  3.31 mg/dl), C (63.00  $\pm$  5.03 mg/dl), D (56.50  $\pm$  2.36 mg/dl), and E (32.40  $\pm$ 139 4.37 mg/dl) when compared with the control group A ( $13.20 \pm 3.31$  mg/dl) (Table 1). Serum 140 141 Low-Density Lipoprotein Cholesterol (LDL-C) content following the administration of the methanol seed extract in all the dose groups; B ( $20.32 \pm 7.55 \text{ mg/dl}$ ), C ( $18.16 \pm 3.02 \text{ mg/dl}$ ), D 142  $(24.30 \pm 6.02 \text{ mg/dl})$ , and E  $(41.44 \pm 8.43 \text{ mg/dl})$  when compared with the control group A 143  $(44.64 \pm 6.71 \text{ mg/dl})$  showed a significant decrease(p < 0.05), (Table 1). However, T.CHOL, T.G 144 and VLDL do not differ significantly when compared with those of control group respectively (p 145 > 0.05). There were significant reductions in the atherogenic index in all dose groups with a 146 percentage protection between 61% - 87% as opposed to the control group A. (Table 2). 147

148

GROUP	T.CHOL mg/dl)	T.G (mg/dl)	HDL (mg/dl)	VLDL(mg/dl)	LDL mg/dl)
A-CONTROL	81.00±9.38	92.60±6.86	$13.20 \pm 3.31$	$18.52 \pm 1.37$	44.64±6.71
B-500 mg/bwt	96.00±7.92	90.20±10.41	$56.60{\pm}3.94^{a,b}$	$19.08 \pm 2.94$	$20.32 \pm 7.55^{a}$
C-1000 mg/bwt	98.40±4.13	86.20±10.72	$63.00 \pm 5.03^{a,c}$	$17.24 \pm 2.14$	18.16±3.02 <sup>a</sup>
D- 1500 mg/bwt	96.25±5.28	89.75±8.59	$56.50{\pm}2.36^{a,d}$	$17.95 \pm 1.72$	24.30±6.02 <sup>a</sup>
E-2000 mg/bwt	91.80±8.74	89.20±3.39	$32.40{\pm}4.37^{a}$	$17.84 \pm 0.67$	41.44±8.43
F-ratio	0.66	0.12	21.14	0.16	2.94
P-value	0.68	0.99	0.00*	0.99	0.03*
150 (*) significant difference $\mathbf{P} = 05$ ; but = body weight					

149 Table 1: Mean and standard error of mean of the biochemical parameters

150 (\*) significant difference, P = .05; bwt= body weight

151 a = (P = .05) when compared with the control group A.

- 152 b, c, d = (P = .05) when compared with group E.
- 153
- 154
- 155

156 Table 2: Atherogenic index (AI) of methanol seed extract of *Pentaclethra Macrophylla* 

157 *Benth* 

GROUP	T.CHOL(mg/dl)	HDL(mg/dl)	AI	%
				Protection
A-CONTROL	81.00±9.38	13.20±3.31	5.2*	-
B-500 mg/bwt	96.00±7.92	56.60±3.94	0.7	87
C-1000 mg/bwt	98.40±4.13	63.00±5.03	0.5	90
D- 1500 mg/bwt	96.25±5.28	56.50±2.36	0.7	87
E-2000 mg/bwt	91.80±8.74	32.40±4.37	2.0	61

158 \*P = .05 when control is compared with other groups

159

160

# 161 **4. DISCUSSION**

This study showed a significant increase in HDL-C following the administration of 162 African oil bean seeds (AOBS) extract. Although, the mechanism by which HDL-C increased is 163 not completely understood; however, AOBS may have influenced a variety of molecules 164 involved in HDL metabolism, and the Reverse cholesterol transport (RCT) system. The first 165 speculation involved in HDL increase may be attributed to increase in the amount of ApoA-1 166 level in the liver which is a main component protein of HDL [12-16]. ATP-binding cassette 167 transporter A1 (ABCAI) in the hepatocytes which transports cholesterol within cells to Apo A-1 168 forming pre- $\beta$  HDL [17, 18], may have leveraged on the phyto-nutrients of AOBS to drive the 169 170 increase in HDL fraction. Secondly, HDL containing reduced level of phospholipids is prone to 171 decomposition and is easily metabolized by endothelial lipase (EL). EL is one of the factors promoting HDL catabolism due to its phospholipase activity and the ability to hydrolyse 172 phospholipid in HDL particles [19-21]. Thus, it is speculative that the extract may have 173 decreased the serum endothelial lipase (EL) mass or activity thereby decreasing the HDL 174 175 catabolism [22]. Therefore, inhibition of EL activity by the extract may have resulted in the elevated level of HDL. The result is in agreement with previous studies done by other 176 researchers [23-28], who reported increase in HDL-C levels with dietary plants products. 177 Inhibition of cholesteryl ester transfer protein (CETP) which regulates the transfer of cholesterol 178 179 ester from HDL to other fractions of plasma cholesterol [39] is another mechanism that could explain this. As such, HDL fraction may have been elevated through the inhibition of CETP by 180 AOBS extract. 181

182 The increase in HDL fraction is clinically significant in maintenance of good 183 cardiovascular health, in that increase in the concentration of HDL-C have been demonstrated to correlate inversely with coronary heart diseases [29-32]. HDL-C transports cholesterol from
peripheral tissues to the liver for metabolism and excretion thereby decreasing the amount stored
in the tissue and the possibility of developing atherosclerotic plagues. As such, HDL-Cholesterol
is considered to posses anti-atherogenic properties, and hence regarded as the good cholesterol
[33,34].

Following the administration of AOBS extract, result also showed a significant decrease in 189 low-density lipoprotein cholesterol (LDL-C) level. African oil bean seeds contain phytochemical 190 components such as saponins that can reduce cholesterol levels [35]. The precise mechanism of 191 192 action of the extract, in relation to reduction in LDL-C fraction, was not elucidated in this work. However, AOBS may have contributed to the inhibition of lipid absorption from the gut due to 193 the presence of saponins and tannins in the extract [35]. The significant decrease in serum LDL-194 C is quite understandable since an increase in serum total cholesterol could be an indirect effect 195 196 of the increase in serum HDL-C [36]. LDL-C act as the primary transporter of plasma cholesterol to peripheral tissue through the arterial walls which may build up, forming plagues with 197 progression to atherosclerosis and increasing the risk of high blood pressure and stroke [37], 198 199 therefore is considered the bad cholesterol. The decreased LDL fraction observed in the study suggests that, consumption of AOBS is not associated with dyslipidemia, which constitute a 200 major risk factor for development of cardiovascular diseases, particularly atherosclerosis [38]. 201 Atherogenic index (AI) [ratio of LDL-cholesterol to HDL-cholesterol] is a normative predicator 202 of cardiovascular risk [39] with an index of greater than 5 set as the cut-offs for high risk of 203 204 atherosclerosis [11]. Following the extract administration, the values for AI for all dosed groups 205 were less than 5. This indicates that the extract improved lipid metabolism and increased percentage protection against atherogenesis by a range between 61% - 87%. This is suggestive 206

207	that fermented African oil beans seed (AOBS) is not linked with any positive risk for
208	atherogenesis, hence may not predispose to heart diseases.
209	
210	5. CONCLUSION
211	Taken together, the study demonstrated that fermented African oil beans seed (ukpaka) has a
212	good anti-atherogenic potential evidenced by the reduction in AI as shown from the increase in
213	the concentrations of HDL-C fraction and decrease in LDL-C fractions. Therefore, consumption
214	of fermented African oil bean seeds could potentially reduce cardiovascular risk and prevent
215	atherosclerotic process because of elevated HDL content of the serum lipid observed.
216	
217	
24.0	
218	REFERENCES
219 220 221	<ul> <li><b>1.</b> Zhang,L., Zhang,Y., Pei,S., Geng,Y., Wang,C.&amp; Yuhua,W. Ethnobotanical survey of medicinal dietary plants used by the Naxi People in Lijiang Area, Northwest Yunnan, China. <i>Journal of Ethnobiology and Ethnomedicine</i>, 2015;11:. 40</li> </ul>
219 220 221 222 223 224 225	<ol> <li>Zhang,L., Zhang,Y., Pei,S., Geng,Y., Wang,C.&amp; Yuhua,W. Ethnobotanical survey of medicinal dietary plants used by the Naxi People in Lijiang Area, Northwest Yunnan,</li> </ol>
219 220 221 222 223 224 225 226 227 228	<ol> <li>Zhang,L., Zhang,Y., Pei,S., Geng,Y., Wang,C.&amp; Yuhua,W. Ethnobotanical survey of medicinal dietary plants used by the Naxi People in Lijiang Area, Northwest Yunnan, China. <i>Journal of Ethnobiology and Ethnomedicine</i>, 2015;11:. 40</li> <li>Leonti, M. Herbal teas and the continuum of the food-medicine complex: field methods, contextualisation and cultural consensus. <i>Journal of Ethnobiology and</i></li> </ol>
219 220 221 222 223 224 225 226 227	<ol> <li>Zhang,L., Zhang,Y., Pei,S., Geng,Y., Wang,C.&amp; Yuhua,W. Ethnobotanical survey of medicinal dietary plants used by the Naxi People in Lijiang Area, Northwest Yunnan, China. <i>Journal of Ethnobiology and Ethnomedicine</i>, 2015;11:. 40</li> <li>Leonti, M. Herbal teas and the continuum of the food-medicine complex: field methods, contextualisation and cultural consensus. <i>Journal of Ethnobiology and Ethnomedicine</i>, 2014;151:1028–1030</li> <li>WHO. Regulatory situation of herbal medicines: a worldwide review. World Health</li> </ol>

238	
239	
240	6. Nwanjo,H., Iroagba,I., Nnatuanya,I.& Eze,N. Is Fermented Pentactethra Macrophylla
241	Nutritional Or Antinutritional?: Response From Haematological Studies In Protein
242	Malnourished Guinea Pigs. The Internet Journal of Nutrition and Wellness, 2006;4(2):np.
243	
244	
245	7. Okwu, D. & Aluwuo, C. Studies on the phytochemical composition and fermentation of the
246	seed of African oil bean tree pentaclethra macrophylla Benth, International Journal of
247	<i>Chemical Societies</i> ,2008; 6 (2):773-788.
248	
249	
250	8. Visavadiya, N. & Narasimacharya, A. Hypolipidemic and antioxidant activities of Asparagus
251	racemosus in hypercholesterolamic rats. Indian Journal of Pharmacology, 2005; 37: 376-
252	380.
253	
254	9. Lorke, D. A new approach to practical acute toxicity testing. Archives in Toxicology, 1983;
255	53: 275-289
256	
257	10. Fossati, R.& Prencipe, L.Serum triglycerides determined colorimetrically with an enzyme that
258	produces hydrogen peroxide. Clin Chem, 1982; 28(10):2077-2080.
259	
260	11. Ng, T., The, C., Vidyadaran, M., Tee, E., Thong, M., Kandiah, M. & Ehalid, A. A critical
261	evaluation of high density lipoprotein cholesterol as an index of coronary artery disease
262	risk in Malaysians. American Journal of Clinical Nutrition, 1997; 3:61-70.
263	
264	12. Teramoto, T., Saito, Y., Yamada, N., Italcura, H., Hata, Y., Nakaya, N., Mabuchi, H.,
265	Sasaki, J., Ogawa, N. & Goto, Y. Clinical safety and efficacy of NK-104 (Pitavastatin) in
266	the long term treatment of hyperlipidemia: results of a multicenter long-term study.
267	Journal of Clinical Therapeutics in Medicine,2001;17: 885-914.
268	12 Sacabi I Ilrada V Kuribanachi T Kajimara K Dira S Varuaniana K Asata M
269	13. Sasaki, J., Ikeda, Y., Kuribayashi, T., Kajiwara, K., Biro, S., Yaruanioro, K., Ageta, M.,
270	Kobori, S., Saikawa, T., Otonari, T.& Kono, S. A 52-week, randomized, open-label,
271	parallel-group comparison of the tolerability and effects of pitavastatin and arorvastatin
272	on high-density lipoprotein cholesterol levels and glucose metabolism in Japanese
273	patients with elevated levels of low-density lipoprotein cholesterol and glucose
274	intolerance. Clinical Therapeutics, 2008; 30:1089-1101.
275	14 Martin C. Duaz H. Planquart C. Parazowski V. Poulain D. Erushart IC. Naijh Erushart I.
276 277	14. Martin G, Duez H, Blanquart C, Berezowski V, Poulain P, Fruchart JC, Najib-Fruchart J, Glincur C, Staels B. Starin-induced inhibition of the Rho-signaling pathway activates
	PPARalpha and induces HDL apolipoprotien A-I. <i>Journal of Clinical Investigation</i> ,2001;
278	107: 1423-1432.
279	107.1423-1432.
280 281	15 Walch A. V. Ito and 1. I. Braclow, High levels of human analinoprotain A. Lin transgania
281	15. Walsh, A., Y. Ito, and .1. L. Breslow. High levels of human apolipoprotein A-I in transgenic mice result in increased plasma levels of small high density lipoprotein (HDL) particles
282	comparable to human HDL3. <i>Journal of Biological Chemistry</i> , 1988;264:6488-6494.
285 284	comparable to numan 11DL3. Journal of Biological Chemistry, 1700,204.0400-0474.
204	

285	16. Eisenberg, S. High	density lipoprotein	metabolism.	Journal of Lipid	Research,1984;
286	25:1017-1058.				

287

17. Maejima T, Yamazaki H, Aoki T, Tamaki T, Sato F, Kitahara M, Saito Y. Effect of
 pitavastatin on apolipo-protein A-I production in HepG2 cell. *Biochemical and Biophysical Research Communications*, 2004;324: 839.

- 18. Ando H, Tsuruoka S, Yatnamoto H, Takamura T, Kaneko S, Fujimura A. Effects of
   pravastatin on the expression of ATP-binding cassette transporter Al. *Journal of Pharmacology and Experimental Therapeutics*, 2004;311: 420-425.
- 295

299

303

306

310

313

291

- 19. Jaye M, Lynch KJ, Krawiec J, Marchadier D, Maugeais C, Doan K, South V, Amin D,
   Perrone M, Rader D. A novel endothelial-derived lipase that modulates HDL metabolism.
   *Nature Genetics*,1999: 21: 424-428.
- 20. Hirata, K., Dichek, H., CioffI, J., Choi, S., Leeper, N., Quintana, L., Kronmal, G., Cooper,
   A.& Quertermous, T. Cloning of a unique lipase from endothelial cells extends the lipase
   gene family. *The Journal Biological Chemistry*,1999; 274: 14170-14175.
- McCoy, M., Sun, G., Marchadier, D., Maugeais, C., Glick, J.& Rader, D.Characterization of
   the lipolytic activity of endothelial lipase. *Journal of Lipid Research*, 2002;43: 921-929.
- 22. Kojima, Y., Ishida, T., Sun, L., Yasuda, T., Toh, R., Rikitake, Y., Fukuda, A., Kume, N.,
  Koshiyama, H., Taniguchi, A. & Hirata, K. Pitavastatin decreases the expression of
  endothelial lipase both in vitro and in vivo. *Cardiovascular Research*,2010.
- 311 23. Gordon, D. J., and B. M. Rilkind. High-density lipoprotein. The clinical implications of
   312 recent studies. *New England Journal of Medicine*, 1989;321:1311-1316.
- 24. Schaefer, E., Levy,R., Ernst,N., Van Sant,F., & Brewer,H. The effects of low cholesterol,
  high polyunsaturated fat, and low fat diets on plasma lipid and lipoprotein cholesterol
  levels in normal and hypercholesterolemic subjects. *American Journal of Clinical*. *Nutrition*,1981; 34:1758-1763.
- 318 319

322

326

- 25. Blum, C., Levy, R., Eisenberg, S., Hall, M., Goebel, R.& Berman, M. High density lipoprotein
   metabolism in man. *Journal of Clinical Investigation*, 1977;60:795-807.
- Shepherd, J., Packard,C. & Patsch,K. Effects of dietary polyunsaturated and saturated fat on
   the properties of high density lipoproteins and metabolism of apolipoprotien A-I. *Journal of Clinical Investigation*, 1978;61:1582-1592.
- 27. Zanni, E., Zannis, V., Blum, C., Herbert, P. & Breslow, J. Effect of egg cholesterol and dietary
   fats on plasma lipids, lipoproteins, and apoproteins of normal women consuming natural
   diets. *Journal of Lipid Research*, 1987;28:518-527.
- 330

331	
332	
333	28. Brinton, E., Eisenberg, S. &. Breslow, L. A low-fat diet decreases high density lipoprotein
334	(HDL) cholesterol levels by decreasing HDL apolipoprotein transport rateg. Journal of
335	Clinical Investigation, 1990;85:144-151.
336	
337	
338	29. Mayes, P., Murray, R., Granner, D., Mayes P. & Rodwell, V. Lipid Transport and Storage. In:
339	Harper's Biochemistry, (24th Edition) Prentice Hall International: USA, 1996; 254-255.
340	
341	
342	30. Castelli, W. Cholesterol and lipids in the risk of coronary artery diseasethe Framingham
343	Heart Study. Canadian Journal of Cardiology, 1988; 4(SA):5a-10a.
344	
345	
346	31. Gordon, D., Knoke, J., Probstileld, J., Superko, R.& Tyroler, H.(1986) High. density
347	lipoprotein cholesterol and coronary heart diseaie in hypercholesterolemic men: the lipid
348	research clinics coronary primary prevention trial. <i>Circulation</i> ,1986; 74:1217-1225.
349	research ennies coronary printary provention that. On enanou, 1900, 71.1217 1225.
350	32. Miller, N. Associations of high-density lipoprotein subclasses and apolipoproteins with
351	ischemic heart disease and coronary atherosclerosis. American Heart Journal,
352	1987;113:589-597.
353	1707,115.507-577.
354	33. Brewer, R.High-density lipoproteins: a new potential therapeutic target for the prevention of
355	cardiovascular disease. Arteriosclerosis, Thrombosis and Vascular Biology,2004; 24:
356	387-391.
	567-571.
357 259	24 Singh I Shighaphar M & Angell D High density linearctain as a theremoutic target, a
358	34. Singh, I., Shishehbor, M. & Ansell, B. High-density lipoprotein as a therapeutic target: a
359	systematic review. <i>The Journal of the American Medical Association</i> , 2007;298: 786-798.
360	198.
361	25 Delevery D. Evelettica of the Metricianal Detecticals of Economical Oil Decess Good Dectechter
362	35.Balogun, B.Evaluation of the Nutritional Potentials of Fermented Oil Beans Seed Pentaclethra
363	macrophyllah Benth. <i>Production Agriculture and Technology</i> ,2013; 9 (2):73-87.
364	26 West K. Charle D. Charles Charles A. 9 Frances H. Lange form incommentation
365	36. Woo, K., Chook, P., Chan, L., Cheung, A. & Fungw, H. Long term improvement in
366	homocysteine levels and arterial endonthelial function after 1 year folic acid
367	supplementation. American Journal of Medicine, 2002;7: 535-539.
368	
369	37. National Research Council. Diet and Health: Implication for Reducing Chronic Disease
370	Risks [online]. Washington DC: National Academic Press, 1989. Available from: <
371	https://www.ncbi.nlm.nih.gov/pubmed/25032333 > [Accessed 20 December 2016]
372	
373	38 Raquel, A., Cruz, O., José, L., López, C., Gustavo, A., Aguilar, G., García, H., Gorinstein, S.,
374	Romero, R. & Sánchez, M. Influence of Sorghum Kafirin on Serum Lipid Profile and
375	Antioxidant Activity in Hyperlipidemic Rats (In Vitro and In Vivo Studies). BioMed
376	Research International,2015;1-8

377	
378	
379	39. Panagiotakos, B., Pitsavos, C., Skoumas, J., Chrysohoou C., Toutouza, M., C.I. Stefanadis, C. &
380	Toutouzas, P. Importance of LDL/HDL ratio as a predicator for coronary heart disease
381	events in patients with heterozygous familial hypercholesterolemia: A 15 year follow-up
382	(1987-2002). Current Medical Research and Opinion, 2003;19: 89-94.
383	
384	40. Fredrickson, D., Levy, R. & Lees, R. Fat transport in lipoprotein- an integrated approach to
385	mechanisms and disorders. N Engl J Med, 1967;276(5):273-281.
386	41. Albers, J., Warnick, G.& Chenng, M. Quantitation of high density lipoproteins. <i>Lipids</i> , 1978;
387	13(12):926–932.

42. Ferdowsian,H.R, and N. Beck, N. "Ethical and scientific considerations regarding animal
testing and research," *PLoS ONE*, 2011; 6( 9).