

Original Research Article

REPRODUCTIVE & BIOMARKER RESPONSE OF MALE ALBINO RATS (*Rattus norvegicus*) TO A DAILY DOSE OF SOFT DRINK (COCA-COLA)

Abstract

The effect of a daily consumption of Coca-cola was evaluated using 24 Albino rats divided into two groups viz: control and treatment. The experiment was carried out for four (4) weeks. The treatment was administered to the test group for three weeks while on the fourth week no treatment was given to the test group. The parameters analysed include; Sperm count, kidney function test, liver test, red blood cell, pack cell volume, haemoglobin, white blood cell, platelets, lymphocytes. The results showed that: The mean serum electrolyte for Na (mmol/l) was low for week 1, 2, 3 and 4 having 142, 140, 133.6 and 141.66 respectively when compared to the average control (147.3) with a significant difference ($P < 0.05$) in week 1 and 4, K (mmol/l) were all lower than the average control (5.4) across the week with no significant difference ($P > 0.05$) but had the least mean value of 4.8 in week 2. Bicarbonate (mmol/l) was also significantly lower ($P < 0.05$) in the treated group when compared to the average control (24.3) with the least mean value in week 4 (18.67) and Cl (mmol/l) had a mean of 93.0 in week 1, 94.67 in week 2, 108.66 in week 3 and 107.67 in week 4 with an average control of 99.33. AST (U/L) mean value was 20.67 in week 1 which increased to 31.67 in week 4 while ALT (U/L) mean value was 10 in week 1 which also increased to 13 in week 4. The mean serum protein (g/dL) reduced from 81.83 in week 1 to 73.24 in week 4. Mean PCV (%) reduced from 33.67 in week 1 to 32.7 in week 4, Hb (g/dL) increased from 11.2 in week 1 to 13.4 in week 4 with a significant difference ($P < 0.05$) when comparing the test with the average control, WBC ($\times 10^9$) increased from a mean 5.26 in week 1 to 11.9 in week 4 with a significant difference ($P < 0.05$), Platelet ($\times 10^9$) mean value was 315 on week 1 and 419 in week 4 with significant difference ($P < 0.05$) in week 3 and 4 when compared with its control, RBC ($\times 10^{12}$) increased from a mean of 4.23 in week 1 to 6.90 in week 4 with significant difference ($P < 0.05$). Lymphocyte ($\times 10^9$) mean value for week 1 was 70 and 82.26 in week 4 with significant difference ($P < 0.05$) across the week. While the mean sperm count ($\times 10^6$) reduced significantly ($P < 0.05$) from 425 in week 1 to 400 in week 4 when compared to the average control (566). These findings demonstrate that regular consumption of Coca-cola had a detrimental effect on the sperm count, liver, kidney and on the haematological parameters.

INTRODUCTION

Coca-cola is one of the world's favorite soft drink, It comprises of kola nut which is a source of caffeine and coca leaves, phosphoric acid, sugar in the form of glucose and other forms of chemicals that are used for preservation, flavor and colorings [1]. Coca-Cola intake has increased in the past two decades [2], and several health conditions has been associated with steady or regular intake of coca cola [3]. There is some evidence that consumption of two

44 Coca-colas per day can cause kidney disease [4]. The consumption of sugary sweetened
45 beverages has been found to increase the rate of insulin resistance in adolescent [5]. This
46 insulin resistance is known to increase oxidative stress which can exert a negative influence
47 on sperm motility [6; 7]. Caramel which is also used as a coloring in soft drinks, is composed
48 of carefully controlled heat treatment of carbohydrate, generally in the presence of acids and
49 alkalis in a process called Caramelitization. It has also been linked to increased insulin
50 resistance and inflammation [8; 9]. Coca-cola drink is widely consumed regularly, because of
51 their sweet taste without knowledge of the detrimental effects it may cause to our health or
52 body if consumed daily. According to epidemiological study regular intake of coke is
53 associated with liver diseases, tooth decay and type 2 diabetes [1,3] and Type 2 diabetes in
54 adult also has been associated with lower sperm motility [10, 11]. It was estimated that the
55 consumption of sugar was around 68 kg (150 lb) per person per year in the US in 2003 [12,
56 13]. This increased consumption of sugar- sweetened soft drinks has also been hypothesized
57 to be associated with a modest but significant increase in risk among women who have an
58 underlying degree of insulin resistance [14], and also enhance hepatic steatosis [8]. Recent
59 studies have also shown that the consumption of soft drinks, and sweetened fruit soups leads
60 to a greater risk of pancreatic cancer [15]. A recent study in rodents also found that sugary
61 drinks can have negative impact in male fertility [3, 16, 17, 18 and 19]. In addition to the high
62 sugar content, Cola beverages also contain phosphoric acid which is a colorless, odorless
63 crystalline liquid. It gives coca cola a sharp flavor and prevents the growth of mold and
64 bacteria, which can multiply easily in sugary solution [4], phosphorous may have an effect in
65 the kidney causing kidney dysfunction, laboratory studies have shown that high phosphorous
66 diets can cause nephrocalciosis in rats [20]. It has also been associated with urinary changes
67 that promote kidney stones [21]. Increase in phosphate level may increase plasma
68 phosphorous levels, with phosphate in colas perhaps being more bioavailable. [22, 23]. This
69 study therefore aims at assessing the effect of daily consumption of coke on sperm count and
70 determine the effect of coca cola on renal functions and evaluate the effects of a daily dose on
71 the liver and kidney.

72 **MATERIALS AND METHODS**

73 *Experimental Design:*

74 Twenty four (24) male Albino wistar Rats weighing between 175-250 grams were used for
75 the study, they were acclimatized for seven days before any treatment. An average weight
76 adult human of 65kg drinks about 350ml of coca-cola, this body weight was used to estimate

77 the concentration in millilitres administered to the rats based on their body weight. The daily
78 dose administered was based on the weekly body weights of the rats. The rats were divided
79 into two (2) groups. Group 1 comprised the control group, they were fed with regular feed and
80 water, no treatment was administered to them. Group 2 were treated with 1ml to 1.3ml of
81 Coca-cola using a 2ml syringe depending on their weekly body weight. A 2ml syringe was
82 used for administration through the oral route. The experiment was carried out for four (4)
83 weeks. The treatment was administered to the test group for three weeks while on the fourth
84 week no treatment was given to the test group. This was done to observe their possible
85 recovery from any effects of the treatment. Three (3) rats of uniform weight from the test
86 group were sacrificed weekly and three (3) rats from the control group were sacrificed
87 weekly. This was done to enable us to collect blood and sperm samples for analysis. The
88 animals were sacrificed by jugular puncture while under anaesthesia. Blood samples collected
89 were taken with both EDTA and Heparin bottles for laboratory analysis while the testes were
90 collected for sperm analysis which was done using an electron microscope.

91

92 *Biochemical analysis:*

93 Standard procedures were ensured during the collection of the blood and sperm samples prior
94 to biochemical analysis. The epididymal sperm count was determined with the Neubauer
95 haemocytometer (Deep 1/10 mm, LABART, Munich, Germany) and light microscope at 40×
96 magnifications. Haemoglobin, Packed Cell Volume, White Blood Cells, Red blood cells,
97 Platelets and lymphocyte counts were determined according to the methods of [24].
98 Electrolytes were determined according to the methods of [25]. The plasma activity of Alkaline
99 Phosphatase (ALP) was determined using Radox kit (colorimetric method) of [26]. Biuret
100 method was used to determine the level of total protein in the samples according to the
101 method of Flack and Woollen [27]. The plasma activity of aspartate transaminase AST and
102 alanine transaminase ALT was determined using Reitman and Frankel method [28]. The
103 serum electrolytes were determined using ISO 4000 Automated electrolyte analyser. SFRI,
104 France.

105 *Method of Data Analysis*

106 Data were analyzed using Tukey test at a level of 5% probability, using Assitat Software
107 Version 7.7 en (2017).

108

109

110 **RESULTS**

111 **Effects of Coca-cola on Haematology of an Albino rat**

112 The result in Table 1 shows the summary of effect of Coca cola on some blood parameters; it
113 shows the mean value and Standard Deviation (STDEV) for each of the parameters. The
114 result for Red Blood Cell (RBC), Packed Cell Volume (PCV), and Hemoglobin (Hb), in rats
115 treated with Coca cola for 7 days (week 1) showed that there was no significant difference
116 ($p>0.05$) compared to the control, while for White Blood Cell (WBC), Platelet, and
117 Lymphocytes, there was also no significance difference ($p>0.05$). PCV, Hb, WBC, and
118 Lymphocytes showed no significant difference ($p>0.05$) in rats treated with Coca cola orally
119 for 14 days (2nd week) while RBC and Platelet had a significant difference ($P<0.05$) when
120 compared to the control. When the treated group after 21 days (3rd week) were compared to
121 the control, PCV, Hb, RBC, WBC and Platelet had no significant difference ($P>0.05$) while
122 only Lymphocytes had a significant difference ($P<0.05$). PCV and WBC showed significant
123 difference ($p<0.05$) in rats treated with Coca cola for 21 days + 7 days withdrawal (4th week)
124 with Hb, RBC, Platelet and Lymphocytes having no significant difference ($P>0.05$)
125 compared to the control. The result also showed non-significant differences ($p>0.05$) in PCV,
126 Platelet and Hb in rats treated with Coca cola orally for 7 days, while RBC, WBC and
127 Lymphocytes showed significant difference ($p<0.05$) in rats treated with Coca cola orally for
128 7 days, compared to weekly average control. The treated group showed no significant
129 difference ($p>0.05$) in Hb, RBC and WBC in rats while PCV, Platelets and Lymphocytes had
130 a significant difference ($P<0.05$) for 14 days compared to weekly average control. After 21
131 days, only Platelets had no significant difference ($P>0.05$) while PCV, Hb, RBC, WBC and
132 Lymphocyte had a significant difference ($P<0.05$) when comparing the treated group with the
133 average control. The treatment effect on Lymphocyte showed non-significant difference
134 ($p>0.05$) in rats treated with Coca cola orally for 21 days+ 7 days withdrawal while there
135 were significant differences ($P<0.05$) in PCV, Hb, RBC, WBC and Platelet of treated rats
136 compared to the control.

137

138 **Effect of Coca-cola on liver, and kidney of Albino rat**

139 The result in Table 2 shows the summary of effect of Coca cola on kidney and liver
140 parameters evaluated. Chlorine (Cl), Alanine Aminotransferase (ALT), Bicarbonate,
141 Aspartate Aminotransferase (AST) and potassium (K) were non-significantly different

142 (p>0.05) while Sodium (Na⁺) recorded a significant difference (P<0.05) in rats treated with
143 Coca cola orally for 7 days compared to their control. Only AST and Protein showed
144 significance difference (p<0.05), in rats treated with Coca cola orally for 14 days and 21
145 days, compared to the control. The rats after 21 days+ 7days withdrawal recorded a
146 significant difference (P<0.05) in Sodium and AST only when comparing the treated group
147 with the control. Na⁺, ALT, AST, CL, Protein, Bicarbonate and K⁺ showed non-significance
148 difference (p>0.05) in rats treated with Coca cola orally for 7days, compared to average
149 weekly control. In week 2 (14 days), all the parameters had no significant difference (P>0.05)
150 when compared to the control, week 3 (21 days) had a significant difference (P<0.05) only in
151 Protein. Week 4 (21 days+ 7 days withdrawal) had a significant difference (P<0.05) only in
152 ALT when compared to the weekly average control.

153

154

155 **Effects of Coca cola on Sperm Count**

156 The result in Table 3 shows the summary of effect of Coca cola on Sperm Count. There were
157 no significant difference (p>0.05) in sperm count of rats treated with Coca cola orally for
158 7days and the control. Significant differences (P<0.05) in sperm count were observed when
159 comparing the treated group with the control after 14 days, and 21 days treatments. Treatment
160 also showed significant difference (P<0.05) in rats treated with Coca cola orally for 21 days +
161 7 days withdrawal, compared to the control. Generally there were non-significance
162 differences in sperm counts of rats treated with Coca cola orally for 7days while a significant
163 difference (P<0.05) was recorded 14 days, 21 days and 21 days + 7 days withdrawal, when
164 compared to the average weekly control.

165 Table 1: Effects on Hematological Parameters in rats treated orally with coca cola (coke) for 7 days, 14 days, 21 days and 21 days + 7 days
 166 withdrawal.

	Treatment	Treatment	PCV (%)	Hb (g/dl)	RBC(X10 ¹²)	WBC(X10 ⁹)	PLATELET	LYMPH. (X10 ⁹)
Week 1	7 Days	Control	26.67±1.52 ^a	9.0±0.3 ^a	4.76±0.25 ^a	9.0±2.5 ^a	270.0±0 ^a	70.0±5 ^a
Week 2	14 days	test	33.67±4.5 ^{a,A}	11.2±1.5 ^{a,AB}	4.23±0.95 ^{a,B}	5.26±0.75 ^{a,B}	315.0±35 ^{a,B}	70.0±0 ^{a,B}
		Control	32.57±2.95 ^a	9.9±0.9 ^a	7.31±0.7 ^a	9.86±5.65 ^a	335.67±105.5 ^b	84.4±1.4 ^a
Week 3	21 days	Test	37.16±3.75 ^{a,A}	11.26±1.15 ^{a,AB}	5.56±0.29 ^{b,A}	12.56±5.05 ^{a,AB}	733.0±96 ^{a,A}	83.67±7.5 ^{a,AB}
		control	32.85±3.95 ^a	10.03±1.15 ^a	6.35±0.64 ^a	7.46±2.85 ^a	423.0±108 ^a	78.2±1.4 ^b
Week 4	21 days+ 7 days withdrawal	Test	35.6±0.9 ^{a,A}	11.25±0.35 ^{a,AB}	6.04±0.43 ^{a,AB}	14.56±3.75 ^{a,A}	383.67±53 ^{a,B}	83.76±1.35 ^{a,A}
		Control	39.06±2.35 ^a	13.86±0.45 ^a	6.30±1.67 ^a	6.26±0.05 ^b	416.67±3.5 ^a	84.0±0.7 ^a
		Test	32.7±1.22 ^{b,A}	13.4±0.73 ^{a,A}	6.90±0.1 ^{a,AB}	11.90±1.3 ^{a,AB}	419.33±7.7 ^{a,B}	82.26±1.95 ^{a,AB}
	Weekly average control	control	30.69±2.81 ^A	9.75±0.78 ^B	5.27±0.53 ^B	8.15±3.6 ^B	343.0±71.17 ^B	77.53±2.6 ^{AB}

167
 168 ^{a-b} Different letters in the same column indicate significance difference (p<0.05) within the week

169 ^{A-B} Different letters in the same column indicate significance difference (p<0.05) across the week

170

171

172

173

174

175 Table 2: Effects on Liver and Renal function in rats treated orally with coca-cola (coke) for 7 days, 14 days, 21 days and 21 days + 7 days
 176 withdrawal.

	Treatment	Treatment	Na (mmol/l)	K (mmol/l)	Cl(mmol/l)	Bicarbonate(mmol/l)	AST (U/L)	ALT (U/L)	PROTEIN
Week1	7 days	Control	133.67±2.51 ^D	4.06±0.25 _a	100.67±4.5 ^a	23.67±0.57 ^a	17.67±3.51 ^a	10.67±1.52 ^a	65.7±12.1 ^a
		Test	142±3 ^{a,A}	5.2±0.7 ^{a,A}	93.0±7 ^{a,A}	22.0±2.00 ^{a,AB}	20.67±6.51 _{a,A}	10.0±2 ^{a,BC}	81.83±11.8 ^{a,A}
Week 2	14 days	Control	157.67±22.5 ^a	7.26±2.55 _a	109.67±18.5 ^a	23.6±1.52 ^a	34.67±3.51 ^a	10.0±2 ^a	72.31±3.36 ^a
		Test	140.67±1.52 ^{a,A}	4.80±0 ^{a,A}	94.67±2.52 ^{a,A}	24.0±3 ^{a,AB}	23.0±1.00 ^{b,A}	9.0±1 ^{a,C}	65.8±0.61 ^{b,AB}
Week 3	21 days	Control	136.67±10.5 ^a	5.0±0.6 ^a	120±4.5 ^a	24.67±3.51 ^a	24.0±5.50 ^b	11.0±4 ^a	69.26±2.15 ^a
		Test	133.6±0.5 ^{a,A}	5.6±0.1 ^{a,A}	108.66±0.5 ^{a,A}	28.0±0 ^{a,A}	31.67±2 ^{a,A}	13.67±0.5 ^{a,A}	54.35±1.15 ^{b,B}
Week 4	21 days+ 7days withdrawal	Control	149.67±0.5 ^a	5.1±0.1 ^a	106.0±1 ^a	23.0±1 ^a	23.0±1 ^b	13.0±1 ^a	73.27±2.15 ^a
		Test	141.66±0.47 ^{b,A}	5.2±0.08 _{a,A}	107.67±1.25 _{a,A}	18.67±2.86 ^{a,B}	31.67±0.47 _{a,A}	13.0±0.82 _{a,AB}	73.24±0.82 ^{a,A}
		Weekly average control	Control	147.3±11.8 ^A	5.4±1.12 ^A	99.33±9.17 ^A	24.3±1.8 ^{AB}	25.67±4.17 ^A	10.67±1.3 _{ABC}

177

178 ^{a-b} Different letters in the same column indicate significance difference (p<0.05) within the week

179 ^{A-B} Different letters in the same column indicate significance difference (p<0.05) across the week

180 Table 3: Effect on Sperm Count in rats treated orally with coca-cola (coke) for 7 days, 14
 181 days, 21 days and 21 days + 7 days withdrawal.

182

	Treatment	Treatment	Sperm Count(x10 ⁶)
Week 1	7 days treatment	Control	650±50 ^a
		Test	425±108.3 ^{a,AB}
Week 2	14 days treatment	Control	465±175 ^a
		Test	140±225 ^{b,B}
Week 3	21 days treatment	Control	575.0±25 ^a
		Test	325.0±81.8 ^{b,AB}
Week 4	21 days treatment+ 7 days withdrawal	Control	575.0±125 ^a
		Test	400.0±0 ^{b,AB}
	Weekly average control	Control	566.67±83.3 ^A

183

184 ^{a-b} Different letters in the same column indicate significance difference (p<0.05) within the week

185 ^{A-B} Different letters in the same column indicate significance difference (p<0.05) across the week

186

187 **DISCUSSION**

188 The RBC count was generally lower than the Control for week 1, 2, and 3 while the week 4
 189 which is the 7 days after withdrawal was higher than the control although not significantly.

190 This result for RBC shows that Coca-cola exerted a negative effect on the RBC and when it
 191 was withdrawn, the body system recovered. The level of PCV was generally higher in the
 192 treated group when compared to the control group. The Hb level was observed to be
 193 significantly high in the treated group. According to a study, abnormal high level of Hb could
 194 be as a result of dehydration and kidney tumor among other effect [29]. This can be due to
 195 the excessive consumption of Colas because reports have linked chronic kidney diseases to
 196 the consumption of two or more Colas daily [30, 31]. The WBC also had an abrupt increase
 197 in the second week up to the fourth week, with a significant difference (p<0.05). The result of
 198 this work is in line with the, findings in other studies of increases in WBC corresponding
 199 with increased dosage of Cola acuminata methanoic extract, [32, 33, 34] and contradicts the

200 report of [35] that the extract of kola nut did not have a significant effect on WBCs count of
201 rats. The platelet level was high in the first two weeks while the last week was low in the
202 treated group indicating that Coca-cola had a negative effect on blood platelet. The abnormal
203 and irregular rise and fall in serum electrolytes are indicators of kidney diseases which affect
204 the ionic balance [36] and Cola beverages contains phosphoric acid which is known to
205 promote kidney stones [21] and also kidney dysfunction. Laboratory studies have also shown
206 that high phosphorous diets can cause nephrocalcirosis in rats [20]. The AST level was
207 observed to be high in the treated group compared to the average control, while ALT was
208 high in the last two weeks when also compared to the average control and this indicates
209 possible liver damage [37]. A study by [38] revealed that soft drinks may cause fatty liver
210 disease. The sperm count was significantly low in the Coca-cola treated group when
211 compared to the control group, this low sperm will affect fertility and may be due to
212 hormonal changes associated with sugary drinks consumption and oxidative stress induced by
213 insulin resistance [6, 7, 39 40].

214 CONCLUSION

215 Excessive consumption of Coca-cola should be avoided due to its negative
216 impact on the kidney, sperm and liver as observed in this study.

217 ETHICAL APPROVAL

218
219 As per international standard or university standard written ethical approval has been collected and
220 preserved by the authors.

221

222 COMPETING INTERESTS DISCLAIMER:

223 Authors have declared that no competing interests exist. The products used for this research are
224 commonly and predominantly use products in our area of research and country. There is
225 absolutely no conflict of interest between the authors and producers of the products because we
226 do not intend to use these products as an avenue for any litigation but for the advancement of
227 knowledge. Also, the research was not funded by the producing company rather it was funded by
228 personal efforts of the authors.

229

230 REFERENCES

- 231
- 232 1. Adjene, J. O., Ezeoke J.C. and Nwose E.U.(2010).Histological effects of chronic
233 consumption of soda pop drinks on kidney of adult wister rats. *NAM, J. Med Sci.*, 2,
234 215-217.
- 235 2. Neilsen, S.J., popkin, B.M.(2004). Changes in beverage intake between 1977 and
236 2001.*Am J. prev Med.* 27, 205-210. Doi: 10.1016/j. ampere.
- 237 3. Amato, D., Maravilla, A., Garcia- Contreras, F., *et al.*(1997). “Soft drink and health”,
238 *Rev Invest. Clin.*, 49,387-395.
- 239 4. Saldana, T., Basso, O., Darden, R. and Sandler, D. (2007). Carbonated beverages and
240 chronic kidney disease. *Epi- demiology*, 18(4), 501-506.
- 241 5. Kondaki K1,Grammatikaki E,Jiménez-Pavón D,De Henauw S,González-
242 GrossM,Sjöstrom M,Gottrand F,Molnar D,Moreno LA,Kafatos A,Gilbert C,Kersting
243 M,Manios Y. (2013). Daily sugar-sweetened beverage consumption and insulin
244 resistance in European adolescents: the HELENA (HealthyLifestyle in Europe by
245 Nutrition in Adolescence) Study. *Public Health Nutr.* (3):479-86. doi:
246 10.1017/S1368980012002613.
- 247 6. Park, K., Gross, M., Lee, D.H, Holvoet, P., Himes, J.H., Shikany, J.M. and Jacobs,
248 D.R.(2009). Oxidative stress and insulin resistance: the coronary artery risk
249 development in young adults study. *Diabetes Care.* 32, 1302–1307.
- 250 7. Chen, S. J., Allam, J.P., Duan, Y. G. and Haidl, G. (2013). Influence of reactive
251 oxygen species on human sperm functions and fertilizing capacity including
252 therapeutical approaches. *Arch Gynecol Obstet.*,288, 191–199.
- 253 8. Gaby A.R., (2005). Adverse effects of dietary fructose. *Alt Med Rev*;10, 294–306.
- 254 9. Vlassara, H., Vlassara, H., Cai, W., Crandall, J., Goldberg, T., Oberstein, R., (2002).
255 Inflammatory mediators are induced by dietary glycotoxins. A major risk
256 factor for diabetic angiopathy. *Proc Natl Acad Sci US*, 99,15596–15601.
- 257 10. Echavarria, S. M., Franco L. E., Juarez B. A. and Villanue, D. C.(2007). Seminal
258 quality and hormones in patients with diabetes mellitus type 2.*Ginecol. Obstet.*
259 *Mex.*, 75, 241–246.
- 260 11. RamaRaju, G.A., Jaya, P.G., Murali, K.K., Madan, K., Siva N.T, Ravi and Krishna
261 C.H. (2012).Noninsulin-dependent diabetes mellitus: effects on sperm

- 262 morphological and functional characteristics. nuclear DNA integrity and outcome
263 of assisted reproductive technique. *Andrologia.*, 44,490–498
- 264 12. Fox, C.S., Larson., M. G. and Leip, E.P.(2004). Predictors of new onset kidney
265 disease in a community-based population IAMA. 291, 844-850.
- 266 13. Richard J Johnson, Mark S Segal, Yuri Sautin, Takahiko Nakagawa, Daniel I Feig,
267 Duk-Hee Kang, Michael S Gersch, Steven Benner and Laura G Sánchez-Lozada
268 (2007). Potential role of sugar (fructose) in the epidemic of hypertension, obesity and
269 the metabolic syndrome, diabetes, kidney disease, and cardiovascular disease. *The*
270 *American Journal of Clinical Nutrition*, Volume 86, Issue 4, Pages 899–906.
- 271 14. Schernhammer, E.S., Hu, F.B., Giovannucci, E., Michaud, D.S., Colditz, G.A.,
272 Stampfer, M. J. (2005). Sugar-sweetened soft drink consumption and risk of
273 pancreatic cancer in two prospective cohorts. *Cancer Epidemiology Biomarkers*
274 *and Prevention*, 14, 2098-2105.
- 275 15. Larsson, S.C., Bergkvist, L. and Wolk, A. (2006). Consumption of sugar and sugar-
276 sweetened foods and the risk of pancreatic cancer in a prospective study.
277 *American Journal of Clinical Nutrition*, 84 (5), 1171-1176.
- 278 16. Wright, C.M., Parker, L., Lammon, D. and Craft, A.W. (2001). Implications of
279 childhood obesity for adult health. Findings from thousand families cohort study.
280 *British Medical Journal*, 323, 1280-1284.
- 281 17. Malik, V.S, Popkin, B.M, Bray, G.A, Despres, J. P., Willett, W. C. and Hu F.B.
282 (2010). Sugar-sweetened beverages and risk of metabolic syndrome and type 2
283 diabetes;a meta-analysis. *Diabetes Care.*33, 2477–2483.
- 284 18. Mozaffarian, D., Hao, T., Rimm, E. B., Willett, W. C. and Hu F. B. (2011). Changes
285 in diet and lifestyle and long-term weight gain in women and men.*N Engl J Med.*,
286 364, 2392–2404.
- 287 19. Pan, A., Malik, V.S, Hao, T., Willett, W.C., Mozaffarian, D. and Hu, F.B.(2013).
288 Changes in water and beverage intake and long-term weight changes. Results from
289 three prospective cohort studies.*Int J Obes (Lond)*,37, 1378–1385.
- 290 20. Matsuzaki, H., Uehera, M., and Suzaki, K.(1997). High phosphorous diet rapidly
291 induces Nephrocalcinosis and proximal tubular injury in rats.*J. Nutr.*, 119,
292 1423-1431.

- 293 21. Shuster, J., Jenkins, A., Logan, C., Barnett, T., Riehle, R., and Zackson, D. (1992).
294 Soft drink consumption and urinary stone recurrence. A randomized prevention
295 trial. *Journal of Clin Epidemiol.*45,911-916.
- 296 22. Calvo, M.S., and Carpenter, T.O. (2003). The influence of phosphorous on the
297 skeleton.In New S.A., Bonjour, J.P., editor's nutritional aspects of bone health.
298 Royal society of chemistry, Cambridge U.K, 229-265.
- 299 23. Uribarri, J. and Calvo M.S.(2003). Hidden sources of phosphorous in the typical
300 American diet, "Does it matter in nephrology"? *Semin Dial.* 16, 186-188.
- 301 24. Wararut Buncharoen, Supap Saenphet, Siriwadee Chomdej and Kanokporn Saenphet
302 (2012). Evaluation of biochemical, hematological and histopathological
303 parameters of albino rats treated with *Stemona aphylla* Craib. Extract. *Journal of*
304 *Medicinal Plants Research* Vol. 6(27), pp. 4429-4435.
- 305 25. Jonhson O. Oyewale, Olusola A. Oke, Funsho O. Olayemi and Ajibola O. Ogunsanmi
306 (1998). Electrolyte, enzyme, protein and metabolite levels in the blood plasma
307 of the wild adult African giant rat (*Cricetomys gambianus*, Waterhouse).
308 *VETERINARSKI ARHIV* 68 (4), 127-133.
- 309 26. Rec, G. S. C. C. (1972). Colorimetric Method for Serum Alkaline Phosphatase
310 Determination. *Journal of Clinical Chemistry and Clinical Biochemistry*, 10(2): 182
- 311 27. Flack, C. P. and Woollen, J. W. (1984). Prevention of interference by dextran with
312 biuret-type assay of serum proteins. *Clinical Chemistry*, 30(4). 559-561.
- 313 28. Reitman, S. and Frankel, S. (1957). A colorimetric method for determination of serum
314 glutamate oxaloacetate and glutamic pyruvate transaminase. *American Journal of*
315 *clinical pathology*. 28: 56-58.
- 316 29. Fox, C.S. (2002). Human physiology. Seventh edition. Mc Graw-Hill companies,
317 New York.
- 318 30. Bonnie, A. (2017). Why Is Phosphoric Acid Bad for You? Retrieved on March, 3
319 2018 from [https://www.livestrong.com/article/468217-why-is-phosphoric-acid-bad-](https://www.livestrong.com/article/468217-why-is-phosphoric-acid-bad-for-you/?_e_pi_=7%2CPAGE_ID10%2C5768045725)
320 [for-you/?_e_pi_=7%2CPAGE_ID10%2C5768045725](https://www.livestrong.com/article/468217-why-is-phosphoric-acid-bad-for-you/?_e_pi_=7%2CPAGE_ID10%2C5768045725)
- 321 31. Rex, (2018). Phosphoric Acid: The Dangerous Hidden Additive You've Likely
322 Consumed. Retrieved on March 3, from [https://draxe.com/phosphoric-](https://draxe.com/phosphoric-acid/?_e_pi_=7%2CPAGE_ID10%2C3370440497)
323 [acid/?_e_pi_=7%2CPAGE_ID10%2C3370440497](https://draxe.com/phosphoric-acid/?_e_pi_=7%2CPAGE_ID10%2C3370440497)

- 324 32. Adam, S.I., Yahya, A.A., Salih W.M. and Abdelgadir, W.S.(2011). Toxicological
325 aspect of cola acuminate nut extract.*British Journal Pharmacology and*
326 *Toxicology*, 2(4), 199-204.
- 327 33. Drugnon, T.J., Kpodekon, T. M., Lalaye, A., Ahissou, H. and Loko, F. (2010). Effect
328 of pineapple on the haematology and biochemical parameters in albino wistar rats
329 intoxicated with Doliprane. *African Journal of Biotechnology*. 2(4),199-204.
- 330 34. Bassini-Cameron A, Sweet E, Bottino A, Bittar C, Viega C and Cameron L (2007).
331 Effects of caffeine supplementation on hematological and biochemical variables in
332 elite soccer players under physical stress conditions. *British journal of sports*
333 *medicine*, 41: 523-30.
- 334 35. Obadike, I.R., Aka, L.O., and Ezema, W.S.(2011). Effects of caffeine extract from
335 kola nut on body weight hematology, sperm reserve and serum enzyme activities in
336 albino rats. *Comparative clinical pathology*, 20(6), 62-30.
- 337 36. Dhondup T. and Qian Q. (2017). Electrolyte and Acid-Base Disorders in Chronic
338 Kidney Disease and End-Stage Kidney Failure. *Blood Purif*. 43: 179-188
- 339 37. Green, R.M. and Flamm, S.A. (2002). Technical review on the evaluation of liver
340 chemistry tests. *Gastroenterology*, 123:1367-1384.
- 341 38. Byrne, J. (2017). Diet Soda's Effects on Liver Functions. Retrieved on March 3, 2018
342 from [https://www.livestrong.com/article/224712-diet-sodas-effects-on-liver-](https://www.livestrong.com/article/224712-diet-sodas-effects-on-liver-functions/?_e_pi_=7%2CPAGE_ID10%2C9788628095)
343 [functions/?_e_pi_=7%2CPAGE_ID10%2C9788628095](https://www.livestrong.com/article/224712-diet-sodas-effects-on-liver-functions/?_e_pi_=7%2CPAGE_ID10%2C9788628095)
- 344 39. Ruff JS, Suchy AK, Hugentobler SA, Sosa MM, Schwartz BL, Morrison LC, Gieng
345 SH, Shigenaga MK, Potts WK. Human-relevant levels of added sugar consumption
346 increase female mortality and lower male fitness in mice. *Nat Commun*.2013;4:2245
- 347 40. Björndahl, L., Söderlund, I and Kvist U. (2003). Evaluation of the one-step eosin-
348 nigrosin staining technique for human sperm vitality assessment. *Hum Reprod*.
349 18(4):813–6.
- 350
351
352
353