Original Research Article 1 2 EFFECT OF FERMENTED PENTACLETHRA MACROPHYLLA BENTH (AFRICAN OIL BEAN) SEED EXTRACT ON PLASMA LIPID PROFILE IN HEALTHY RAT 3 **MODEL-A preliminary study** 4 5 **ABSTRACT** 6 **Background:** African oil bean seed is one of several plant products commonly used in Nigeria 7 as food. However, report as to whether or not it could predispose consumers to dyslipidemia is 8 yet to be documented. 9 10 **Aim**: The study aim was to determine the effect of fermented *Pentaclethra Macrophylla Benth* (African oil bean) seed extract on lipid profile. 11 **Methods**: A total of twenty-five (25) male rats randomly divided into five groups of five rats per 12 group were used. Each group received the crude methanol seed extract of Pentaclethra 13 Macrophylla Benth (MEPB) once daily at the dose of 500, 1000, 1500 and 2000 mg kg<sup>-1</sup> body 14 weight respectively, for 14 days except the control group. Lipid profile parameters were 15 determined according to enzymatic assay using a commercial kit from Randox Laboratories, 16 United Kingdom and calculation using Friedewald's equation. 17 **Results:** A statistically significant increase in HDL and decrease in LDL content (p < 0.05) were 18 obtained following the administration of MEPB in all dosed groups compared with the control 19 group. Administration of MEPB in all dosed groups improved lipid metabolism and increased 20 percentage protection against atherogenesis by a range between 61% - 90%. 21

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

25

26

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

27 Benth

28

29

30

31

32

33

34

35

36

37

38

39

40

41

42

43

44

#### 1. INTRODUCTION

Most people, at least to some extent, probably understood the overlap between nutrition and health [1, 2]. Many have explored the use of a large number of plant products in the treatment of diseases because dietary plant products can serve simultaneously as a source of food and therapy [1]. Documented evidence suggests that about 80% of primary healthcare provided in developing countries depend mostly on the use of plant products for the treatment of several diseases as they have been shown to be safe with no adverse effects [3,4]. In African, for instance, Nigeria, public promotion of medicinal plants underpins the normative basis for the use of plant products in the maintenance of health [4]. Besides important phytochemical components that adapt dietary plant products for pharmacological actions, every plant product including African oil bean seeds, possesses important nutrients and biochemicals such as protein, fat, vitamins, minerals and carbohydrate which are essential for metabolic functions [4,5]. The African Oil bean seed (Pentaclethra macrophylla Benth), is produced by a large woody plant (family Leguminosae Mimosoidae) which is native to tropical Africa [5]. The hard but smooth flat brown seeds are contained in a long flattened green pod. It becomes edible after processing and fermentation [5,6]. 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 important delicacy in the life of South Eastern Nigerians. However, due to increase in integration and change in food habit, the "African Salad" as it is called is increasingly gaining popularity across every region in Nigeria [7]. African oil bean seed contains phytonutrients which include alkaloids, saponins, flavonoids, and tannins [5,8], as such have been reported to be effective in the treatment of diarrhea and anemia while the pod and leaf extracts are used in the treatment of convulsion [5-7]. Some medicinal plants have been shown to alter normal body chemistry which invariably affects the normal function of some organs in the body [9]. Fermented African oil bean seed (AOBS) also known as Ukpaka is one of several plants products commonly used in Nigeria as food. However, report as to whether or not it could predispose consumers to dyslipidemia which may lead to atherosclerosis and its associated coronary heart disease is yet to be documented. Given the paucity of the report on the effect of Ukpaka on lipid profile among consumers, the present study was undertaken to investigate the effect of crude methanol extract of the fermented African oil bean seeds (Ukpaka) on lipid profile using a healthy rat model.

#### 2. MATERIALS AND METHODS

## 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.

## 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
- 70 powder using a hammer mill (500# grinder/Fuvu Metal, Linvi Fuvu Metal Products Co., Ltd.
- 71 China) and after that, passed through 52 mm sieve (Turgens and Co., Germany).

72

73

77

85

67

# 2.3 Chemicals and Reagents

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

## 2.4 Preparation of the crude methanol extract

- 78 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,
- 80 intermittently, was agitated during the extraction process. After 48hrs, the mixture was sieved
- 81 using a muslin cloth and filtered with a Whatman No. 1 filter paper and the filtrate then
- 82 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 labeled 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.
- 88 The appropriate concentration then was calculated for the study.

#### 2.5.1 Phytochemical Analysis

89

92

93

94

95

96

97

98

99

100

101

102

105

106

- 90 Standard procedures described in Bankole et al., [10] were employed to identify the bioactive
- 91 chemical constituents present in Fermented *Pentaclethra Macrophylla Benth* (African Oil Bean).

# 2.6 Experimental Animals

## 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.

# 2.6.2 Acute toxicity (Median Lethal Dose, LD50)

- The median lethal dose (LD<sub>50</sub>) of fermented African oil bean seeds [AOBS] was calculated to be
- > 6000 mg/kg body weight using the standard procedures described by Lorke [11].

## 2.6.3 Experimental Design

#### **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, 1000, 1500 and 2000 mg kg<sup>-1</sup> body weight respectively, for 14 days. Group A (control), were treated just like the test groups except that the animals received only water instead of the seed extract. The methanol extract was administered to all animals in the different groups using oral gavage technique. The extract and distilled water were administered daily at the same point time throughout the duration of the experiment. The animals were allowed free access to rat pellets and tap water after the daily doses.

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

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

## 2.7 Ethical approval

107

108

109

110

111

112

113

114

115

116

117

121

127

128

- Handling, management and use of animals for the experiment were 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" [12].
- The study was approved by the Animal House of the College of Medicine, University of Nigeria
- 126 Teaching Hospital, Enugu.

#### 2.8 Biochemical Analyses

Measurement of serum lipid profile

Triglycerides and total cholesterol were estimated using enzymatic colorimetric methods as described by Fossati & Prencipe [13] and Fredrickson et al., [14] respectively. High-density lipoprotein (HDL) was measured enzymatically after all non-HDL lipoproteins were removed [15]. 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 [16].

## 2.9 Data analysis

135

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 the difference in means among the groups. P < 0.05 was considered to be statistically significant value.

#### **3. RESULTS**

There was significant increase (p < 0.05) in the serum High-Density Lipoprotein Cholesterol 141 (HDL-C) content following the administration of the methanol seed extract in all the dose 142 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  $\pm$ 143 4.37 mg/dl) when compared with the control group A (13.20  $\pm$  3.31 mg/dl) (Table 1). Serum 144 Low-Density Lipoprotein Cholesterol (LDL-C) content following the administration of the 145 methanol seed extract in all the dose groups; B (20.32  $\pm$  7.55 mg/dl), C (18.16  $\pm$  3.02 mg/dl), D 146  $(24.30 \pm 6.02 \text{ mg/dl})$ , and E  $(41.44 \pm 8.43 \text{ mg/dl})$  when compared with the control group A 147  $(44.64 \pm 6.71 \text{ mg/dl})$  showed a significant decrease(p < 0.05), (Table 1). However, T.CHOL, 148 T.G, and VLDL do not differ significantly when compared with those of control group 149 respectively (p > 0.05). There were significant reductions in the atherogenic index in all dose 150

groups with a percentage protection between 61% - 90% as opposed to the control group A.

(Table 2).

153

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

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±3.31	18.52±1.37	44.64±6.71
B-500 mg/bwt	96.00±7.92	90.20±10.41	$56.60\pm3.94^{a,b}$	$19.08\pm2.94$	$20.32 \pm 7.55^a$
C-1000 mg/bwt	98.40±4.13	86.20±10.72	$63.00\pm5.03^{a,c}$	17.24±2.14	18.16±3.02 <sup>a</sup>
D- 1500 mg/bwt	96.25±5.28	89.75±8.59	$56.50\pm2.36^{a,d}$	17.95±1.72	$24.30\pm6.02^{a}$
E-2000 mg/bwt	91.80±8.74	89.20±3.39	$32.40\pm4.37^{a}$	$17.84 \pm 0.67$	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*

<sup>155 (\*)</sup> significant difference, P = .05; bwt= body weight

158159

160

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

#### 161 *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

<sup>\*</sup>P = .05 when control is compared with other groups

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

b, c, d=(P=.05) when compared with group E.

Table 3: The proximate analysis of the fermented African oil bean seed

Component	Percentage (%)	
Moisture	18.384	
Protein	13.397	
Fats	52.820	
Ash	2.966	
Fibers	1.856	
Carbohydrate	10.577	

164

165

163

Table 4: The phytochemical analysis of the fermented African Oil Bean Seed

Component	Concentration
Carbohydrate	+++
Reducing sugar	++
Alkaloid	++
Glycoside	++
Saponins	++
Tannin	+++
Flavonoid	++
Resins	+++
Protein	++
Oil	++
Steroid	++
Terpenoids	+++
Acidic compound	-

166 Key. -: absent; +: low; ++: moderate; +++: abundant.

167

168

169

170

171

172

# 4. DISCUSSION

Both in the past and currently, phytochemical/nutritional constituents have been recognized as the basis for using plant or its products for herbal medicine [17] For instance, the intake of flavonoids in any plant products such as fruit and vegetable tends to decrease cancer risk [18,19]. Interestingly, this study has shown fermented African oil bean seed to be a good source of

dietary nutrients with carbohydrate (10.6%), protein (13.4%) and fat (52.8%)(Table 3) and a good source of important phytochemical components (Table 4). Fermented African oil bean (Ukpaka) contents about 2% of fiber (table 3). According to previous studies [20, 21], plant fiber exerts a physiological effect on the lipid metabolism, in that, it prevents the reabsorption of bile acids and absorption of dietary cholesterol in the intestine thereby leading to the reduction in the quantity of cholesterol entering the circulation. Apart from fiber, the presence of some phytosterols and phytostanols (e.g. steroids) found in many plant sources including fermented African oil bean seed (Ukpaka) can inhibit cholesterol absorption. The efficacy and safety of these phytochemicals as plasma cholesterol-lowering agents have been reported by many studies [22-24]. Any plant product possessing lipid-lowering and antioxidants properties plays a key role in the anti-atherosclerotic process [25]. In the present study, Ukpaka has emerged as one of many dietary herbal products with the potential to reduce cholesterol as well as enhance the safety profile by increasing HDL-C levels in plasma [26]. Following the administration of African oil bean seeds (AOBS) extract, the present study showed a significant increase in HDL-C. Although, the mechanism by which HDL-C increased is not completely understood; however, AOBS may have influenced a variety of molecules involved in HDL metabolism and the Reverse cholesterol transport (RCT) system. The first speculation involved in HDL increase may be attributed to the increase in the amount of ApoA-1 level in the liver which is the main component protein of HDL [27-31]. ATP-binding cassette transporter A1 (ABCAI) in the hepatocytes, which transports cholesterol within cells to Apo A-1 forming pre-β HDL [32, 33], may have leveraged on those phytonutrients of AOBS to drive the increase in HDL fraction. Secondly, HDL containing a reduced level of phospholipids is prone to decomposition and is easily metabolized by endothelial lipase (EL). EL is one of the factors

173

174

175

176

177

178

179

180

181

182

183

184

185

186

187

188

189

190

191

192

193

194

promoting HDL catabolism due to its phospholipase activity and the ability to hydrolyze phospholipid in HDL particles [34-36]. Thus, it is speculative that the extract may have decreased the serum endothelial lipase (EL) mass or activity thereby decreasing the HDL catabolism [37]. 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 researchers [38-40], who reported an increase in HDL-C levels with dietary plants products. Inhibition of cholesteryl ester transfer protein (CETP) which regulates the transfer of cholesteryl ester from HDL to other fractions of plasma cholesterol [41] is another mechanism that could explain this. As such, HDL fraction may have been elevated through the inhibition of CETP by AOBS extract. The increase in HDL fraction is clinically significant in the maintenance of good cardiovascular health, in that increase in the concentration of HDL-C have been demonstrated to correlate inversely with coronary heart diseases [42-45]. 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 plaques. As such, HDL-Cholesterol is considered to possess anti-atherogenic properties and hence regarded as the good cholesterol

196

197

198

199

200

201

202

203

204

205

206

207

208

209

210

211

212

213

214

215

216

217

218

[46,47].

Following the administration of AOBS extract, the result also showed a significant decrease in low-density lipoprotein cholesterol (LDL-C) level. African oil bean seeds contain a moderate and abundant amount of saponins and tannin respectively, (Table 4). These photochemical components have been reported to reduce cholesterol levels [48]. The precise mechanism of 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 the presence of saponins and tannins in the extract [48]. The significant decrease in serum LDL-C is quite understandable since an increase in serum total cholesterol could be an indirect effect of the increase in serum HDL-C [5]. LDL-C acts as the primary transporter of plasma cholesterol to the peripheral tissue through the arterial walls. It is, therefore considered the bad cholesterol as it may build up, forming plagues with progression to atherosclerosis and increasing the risk of high blood pressure and stroke [49]. The decreased LDL fraction observed in the study suggests that consumption of AOBS is not associated with dyslipidemia, which constitutes a major risk factor for the development of cardiovascular diseases, particularly atherosclerosis [50]. This finding is incongruent with work done by Ferdowsian et al.,[51] which demonstrated that plant-based dietary interventions are effective in lowering plasma low-density lipoprotein cholesterol concentrations. Atherogenic index (AI) [ratio of LDL-cholesterol to HDL-cholesterol] is a normative predicator of cardiovascular risk [41] with an index of greater than 5 set as the cut-offs for high risk of atherosclerosis [16]. Following the extract administration, the values for AI for all dosed groups were less than 5. This indicates that the extract improved lipid metabolism and increased percentage protection against atherogenesis by a range of 61% - 87%. This is suggestive that fermented African oil beans seed (AOBS) is not linked with any positive risk for atherogenesis, hence may not predispose to heart diseases.

237

238

239

240

241

236

219

220

221

222

223

224

225

226

227

228

229

230

231

232

233

234

235

#### 5. CONCLUSION

Taken together, the study demonstrated that fermented African oil beans seed (Ukpaka) has a good anti-atherogenic potential evidenced by the reduction in Atherogenic index as shown from the increase in the concentrations of HDL-C fraction and a decrease in LDL-C fractions.

Therefore, consumption of fermented African oil bean seeds could potentially reduce cardiovascular risk and prevent atherosclerotic process because of elevated HDL content of the serum lipid observed.

245

246

247

248

249

#### REFERENCES

Zhang, L., Zhang, Y., Pei, S., Geng, Y., Wang, C.& Yuhua, W. Ethnobotanical survey of medicinal dietary plants used by the Naxi People in Lijiang Area, Northwest Yunnan,
 China. *Journal of Ethnobiology and Ethnomedicine*, 2015;11:. 40

253254

2. Leonti, M. Herbal teas and the continuum of the food-medicine complex: field methods, contextualisation, and cultural consensus. *Journal of Ethnobiology and Ethnomedicine*, 2014;151:1028–1030

256257

255

3. WHO. Regulatory situation of herbal medicines: a worldwide review. World Health Organization, Geneva, Switzerland, 2013.

260 261

4.Beyene, B., Beyene, B.& Deribe, H. Review on Application and Management of Medicinal Plants for the Livelihood of the Local Community. *Journal of Resources Development and Management*, 2016; 22:33-39.

263264

262

5. Woo, K., Chook, P., Chan, L., Cheung, A. & Fung w, H. Long-term improvement in homocysteine levels and arterial endothelial function after 1-year folic acid supplementation. *American Journal of Medicine*, 2002;7: 535-539.

268

6. Cangao, C. African Indigenous Fruit with Potential Health Benefits. International Tropical
 Fruits Network [online], 2011. Available from: < http://www.itfnet.org/v1/2011/12/african-</li>
 indigenous-fruits-with-potential-health-benefits/> [Accessed 22 March 2017].

272273

7. Nwanjo, H., Iroagba, I., Nnatuanya, I.& Eze, N. Is Fermented Pentactethra Macrophylla Nutritional Or Antinutritional?: Response From Haematological Studies In Protein Malnourished Guinea Pigs. *The Internet Journal of Nutrition and Wellness*, 2006; 4(2): np.

279 8. Okwu, D. & Aluwuo, C. Studies on the phytochemical composition and fermentation of the 280 seed of African oil bean tree pentaclethra macrophylla Benth, International Journal of Chemical Societies, 2008; 6 (2):773-788. 281

282 283

9. Visavadiya, N. & Narasimacharya, A. Hypolipidemic and antioxidant activities of Asparagus 284 racemosus in hypercholesterolemic rats. Indian Journal of Pharmacology, 2005; 37: 376-285 380. 286

287

288 10. Bankole, A., Adekunle, A., Sowemimo, A., Umebese, C., Abiodun, O. & Gbotosho, G. Phytochemical 289 screening and in vivo antimalarial activity of extracts from three medicinal plants used in malaria 290 treatment in Nigeria. Parasitology Research, 2016; 115:299–305.

291

11. Lorke, D. A new approach to practical acute toxicity testing. Archives in Toxicology, 1983; 292 53: 275-289 293

294

12. Ferdowsian, H.R, and N. Beck, N. "Ethical and scientific considerations regarding animal 295 testing and research," *PLoS ONE*, 2011; 6(9). 296

297

13. Fossati, R.& Prencipe, L.Serum triglycerides determined colorimetrically with an enzyme that 298 299 produces hydrogen peroxide. Clin Chem, 1982; 28(10):2077-2080.

300

301 14. Fredrickson, D., Levy, R. & Lees, R. Fat transport in lipoprotein- an integrated approach to mechanisms and disorders. N Engl J Med, 1967;276(5):273-281. 302

303 15. Albers, J., Warnick, G.& Chenng, M. Quantitation of high-density lipoproteins. *Lipids*, 1978; 13(12):926-932. 304

305 16. Ng, T., The, C., Vidyadaran, M., Tee, E., Thong, M., Kandiah, M. & Ehalid, A. A critical evaluation of high-density lipoprotein cholesterol as an index of coronary artery disease 306 risk in Malaysians. American Journal of Clinical Nutrition, 1997;3:61-70. 307

308

309 17. Lalitha T. P, P. Jayanthi. Plant phytochemistry. Asian J. Plant Sci. Res. 2012; 2(2), 115-122. 310

311

18. Neuhouser, M. L. Dietary flavonoids, and cancer risk: evidence from human population 312 studies. Nutr. Cancer, 2004; 50(1), 1–7. 313

314

19. Graf, B. A., Milbury, P. E. & Blumberg, J. B. Flavonoids, Flavones and Human health: 315 epidemiological evidence. J. Med. Food, 2005; 8(3), 281–290. 316

317

20. Brown L, Rosner B, Willett WW, Sacks FM. Cholesterol-lowering effects of dietary fiber: a 318 meta-analysis. *Am J Clin Nutr* 1999;69:30 – 42. 319

320

21. Akobundu E.N.T. Healthy foods in human nutrition, J. Sustain. Agric. Environ. 1999; 1: 1–7. 321

323 22. Yanni AE. Novel plant sterol and stanol derivatives with beneficial properties: Efficacy and
 324 safety. Recent Patents Endocr Metabol Immune Drug Discov.2008; 2:16-23.

325 326

23. Kamal-Eldin A, Moazzami A. Plant sterols, and stanols as cholesterol-lowering ingredients
 in functional foods. Recent Pat Food Nutr Agric.2009; 1:1-14.

329

24. Calpe-Berdiel L, Escolà-Gil JC, Blanco-Vaca F. New insights into the molecular actions of plant sterols and stanols in cholesterol metabolism. *Atheroscle*, 2009; 203:18-31.

332

25. Elitok, B. Efficacy of Herbal Remedies in the Treatment of Cardiovascular Diseases in Human and Animals. *Kocatepe Vet J*, 2013;6:63-8.

335

26. Mansi K, Abushoffa AM, Disi A, Aburjai T. Hypolipidemic effects of seed extract of celery (*Apium graveolens*) in rats. *Pharmacognosy Magazine*.2009; 5:301-5.

338339

Teramoto, T., Saito, Y., Yamada, N., Italcura, H., Hata, Y., Nakaya, N., Mabuchi, H.,
 Sasaki, J., Ogawa, N. & Goto, Y. Clinical safety and efficacy of NK-104 (Pitavastatin) in
 the long-term treatment of hyperlipidemia: results of a multicenter long-term study.
 *Journal of Clinical Therapeutics in Medicine*, 2001;17: 885-914.

344

28. Sasaki, J., Ikeda, Y., Kuribayashi, T., Kajiwara, K., Biro, S., Yaruanioro, K., Ageta, M., Kobori, S., Saikawa, T., Otonari, T.& Kono, S. A 52-week, randomized, open-label, parallel-group comparison of the tolerability and effects of pitavastatin and atorvastatin on high-density lipoprotein cholesterol levels and glucose metabolism in Japanese patients with elevated levels of low-density lipoprotein cholesterol and glucose intolerance. *Clinical Therapeutics*, 2008; 30:1089-1101.

351

29. 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 apolipoprotein A-I. *Journal of Clinical Investigation*,2001; 107: 1423-1432.

356

30. 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 comparable to human HDL3. *Journal of Biological Chemistry*, 1988;264:6488-6494.

360

31. Eisenberg, S. High-density lipoprotein metabolism. *Journal of Lipid Research*,1984; 25:1017-1058.

363

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

- 33. 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.
- 34. 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.

371

375

379

382

386

391

395 396

402

403 404

405

406 407

- 35. 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.
- 36. 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.
- 37. 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.
- 38. Rondanelli, M., Giacosa, A., Morazzoni, P., Guido, D., Grassi, M., Morandi, G. Bologna, C., Riva, A., Allegrini, P. and Perna, S. Mediterr Asian Diet Products That Could Raise HDL-Cholesterol: A Systematic Review. BioMed Research International Volume 2016, Article ID 2025687, 15 pages http://dx.doi.org/10.1155/2016/2025687.
- 39. Hern'aez A., Fern'andez-Castillejo S., Farr'as M., et al., "Olive oil polyphenols enhance high-density lipoprotein function in humans: a randomized controlled trial," *Arteriosclerosis, Thrombosis, and Vascular Biology*, 2014;34(9),2115–2119.
- 40. Rondanelli, M., Giacosa, A. Opizzi, A., et al., "Beneficial effects of artichoke leaf extract supplementation on increasing HDL-cholesterol in subjects with primary mild hypercholesterolaemia: a double-blind, randomized, placebo-controlled trial," *International Journal of Food Sciences and Nutrition*,2013;64(1), 7–15.
  - 41. Panagiotakos, B., Pitsavos, C., Skoumas, J., ChrysohoouC., Toutouza, M., C.I. Stefanadis, C. & Toutouzas, P. Importance of LDL/HDL ratio as a predicator for coronary heart disease events in patients with heterozygous familial hypercholesterolemia: A 15-year follow-up (1987-2002). *Current Medical Research and Opinion*, 2003;19: 89-94.
- 42. Mayes, P., Murray, R., Granner, D., MayesP. & Rodwell, V. Lipid Transport, and Storage.
  In: Harper's Biochemistry, (24th Edition) Prentice Hall International: USA,1996; 254410 255.

43. Castelli, W. Cholesterol, and lipids in the risk of coronary artery disease--the Framingham Heart Study. *Canadian Journal of Cardiology*, 1988; 4(SA):5a-10a.

415 416

417 44. Gordon, D., Knoke, J., Probstileld, J., Superko, R.& Tyroler, H.(1986) High. density lipoprotein cholesterol and coronary heart disease in hypercholesterolemic men: the lipid research clinics coronary primary prevention trial. *Circulation*, 1986; 74:1217-1225.

420

45. Miller, N. Associations of high-density lipoprotein subclasses and apolipoproteins with ischemic heart disease and coronary atherosclerosis. *American Heart Journal*, 1987;113:589-597.

424

46. Brewer, R.High-density lipoproteins: a new potential therapeutic target for the prevention of cardiovascular disease. *Arteriosclerosis*, *Thrombosis*, *and Vascular Biology*,2004; 24: 387-391.

428

47. Singh, I., Shishehbor, M. & Ansell, B. High-density lipoprotein as a therapeutic target: a systematic review. *The Journal of the American Medical Association*, 2007;298: 786-798.

432

48. Balogun, B.Evaluation of the Nutritional Potentials of Fermented Oil Beans Seed Pentaclethra macrophyllah Benth. *Production Agriculture and Technology*,2013; 9 (2):73-87.

436 437

49. National Research Council. Diet and Health: Implication for Reducing Chronic Disease Risks [online]. Washington DC: National Academic Press,1989. Available from: < https://www.ncbi.nlm.nih.gov/pubmed/25032333 > [Accessed 20 December 2016]

441

50. Raquel, A., Cruz, O., José, L., López, C., Gustavo, A., Aguilar, G., García, H., Gorinstein, S., Romero, R. & Sánchez, M. Influence of Sorghum Kafirin on Serum Lipid Profile and Antioxidant Activity in Hyperlipidemic Rats (*In Vitro* and *In Vivo* Studies). *BioMed Research International*, 2015; 1-8

51. Ferdowsian, HR, and Barnard, ND. Effects of Plant-Based Diets on Plasma Lipids. Am J Cardiol 2009;104:947–956