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Research Article

### STUDY TO KNOW THE CHOLESTEROL LOWERING POTENTIAL OF ALLIUM SATIVUM ESSENTIAL OIL IN TYPE 2 DIABETIC PATIENTS

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**Abstract:**

**Background:** Hypercholesterolemia is one of the most overlooked metabolic disorders in diabetics. Hypercholesterolemia is associated with atherosclerosis which is fore runner of ischemic vascular disease including the coronary artery disease (CAD). Aim of the present study was to analyzed the cholesterol lowering potential of Allium sativum essential oil (ASEO) in hypercholesterolemia of type 2 Diabetes mellitus (T2DM).

**Study Design:** Observational study

**Place and Duration of Study:** This study was conducted at the Department of Medicine, Mayo Hospital Lahore, For the duration of one year, from September 2019 to August 2020.

**Materials and Methods:** A sample of 79 diagnosed cases of T2DM was selected according to inclusion and exclusion criteria. 10 ml of venous blood was collected for the analysis of serum total cholesterol, blood glucose, glycated HbA1c, BUN and serum creatinine. Ethical clearance of institute and informed consent were mandatory. SPSS 21.0 was used for data analysis at 95% confidence interval.

**Results:** Blood glucose, HbA1c, serum creatinine and blood cholesterol showed significant reductions at third and sixth months compared to baseline. Serum cholesterol at baseline, third and sixth month was noted as 215.2±72.6 mg/dl, 190.7±81.6 mg/dl and 162.8±76 mg/dl respectively (p=0.0001).

**Conclusion:** Allium sativum essential oil reduced hypercholesterolemia in diabetes mellitus. Allium sativum essential oil may prove helpful in treating hypercholesterolemia in diabetic patients as an adjunctive therapy for those intolerant to statin therapy.

**Key Words:** Allium sativum essential oil, Hypercholesterolemia, Diabetes mellitus

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**INTRODUCTION:**

Hypercholesterolemia is one of the most overlooked metabolic disorders in diabetics. Hypercholesterolemia is associated with atherosclerosis which is fore runner of ischemic vascular disease including the coronary artery disease (CAD). Hypercholesterolemia is an independent of CAD through atherosclerosis.<sup>1</sup> Strong evidence exists between CAD, hypercholesterolemia and atherosclerosis.<sup>2-4</sup> As Diabetes mellitus is increasing in Pakistan; hence the problem is forecasted to multiply as time passes. Currently, the problem of hypercholesterolemia is highly overlooked and neglected. Despite life style modifications and pharmacological interventions, the risk of established mortality by CAD, brain stroke and peripheral arterial disease (PAD) remains known causes of mortality and morbidity in the developing countries. Hypercholesterolemia is an established risk factor of CAD and mortality, despite this majority of patients remain negligent.<sup>5,6</sup> Currently, the pharmacological interventions include the HMG-coA reductase inhibitors. However, they are not much effective despite side effects such as; neuropathy, myopathy and myalgias, muscle weakness, cognitive dysfunction and Diabetes mellitus.<sup>7</sup> Allium sativum (AS) is publicly known as Garlic. AS is a rich source of biologically active compounds used in folk medicine since time immemorial. It is rich in allicin which is a sulfur containing compound. Majority of biological activities of AS are attributed to its active ingredient the *allicin*. They include the anti-oxidant, anti-hypercholesterolemia, anti-hyperglycemia, anti-hypertensive, and anti-thrombotic activities.<sup>8-10</sup> Allium sativum is used in folk medicine since ancient era of 1550 BC. Allium sativum is used as taste enhancer and food flavor. Allium sativum is herb with multiple biological functions. It is used for headache, cancer and cardiac diseases. Allicin exerts bactericidal and fungicidal activity. Allium sativum increases good cholesterol (HDLc) and reduces bad cholesterol (LDLc). One proposed mechanism of anti hyperlipidemic action is through inhibition of HMG CoA reductase.<sup>11</sup> Allium sativum stimulates the phagocytosis by macrophages and lymphocyte functioning.<sup>12,13</sup>

Allium sativum is reported of its hepatoprotective, anti-oxidant, Immunomodulatory function, anti-thrombotic, anti-hypoglycemic and anti-hypertensive efficacy.<sup>14</sup> The primary objective of present study was to analyze the effects of Allium sativum essential oil (ASEO) on hypercholesterolemia of Diabetes

mellitus. Secondary objectives were to observe effects of ASEO on the systemic blood pressure, blood glucose, glycated HbA1 and serum creatinine.

**MATERIALS AND METHODS:**

The study was designed as an observational study that analyzed the effects of ASEO primarily on blood cholesterol, blood glucose, HbA1c, systemic blood pressure and serum creatinine. This study was conducted at the Department of Medicine, Mayo Hospital Lahore, For the duration of one year, from September 2019 to August 2020. Diabetic subjects attending the Diabetic clinic and Medicine OPD were negotiated about purpose of study. Eventually, a sample of 79 T2DM subjects was selected by non-probability purposive sampling who promised of regular drug intake and regular follow ups. Inclusion criteria were diagnosed cases of T2DM with blood cholesterol > 200 mg/dL, diabetes duration of  $\geq 10$  years, both genders and age between 40 – 60 years. Diabetics with history of tobacco smoking, high fiber diet such as Ispaghul husk, pregnancy, contraceptive procedures, and lipid lowering drugs were strictly excluded. Major systemic disease like chronic liver disease, pulmonary tuberculosis, diabetic kidney disease (DKD), menopause, vitamin therapy, malabsorption, and coronary artery disease were also exclusion criteria. Subjects were informed in detail about the purpose of study; its advantages and disadvantages and were asked for willingness. Drug intake and regular follow ups were emphasized again. They were informed that they are free to enter or not in the study protocol and this will not affect their treatment. They were informed that they have to allow for 5-10 ml of venous blood sampling for 3 times at baseline, at 3<sup>rd</sup> and 6<sup>th</sup> months respectively. Only willing volunteers were allowed to enroll in study protocol. Patient's biodata, medical history was asked by a medical officer and recorded on a pre structured proforma. Medical officers were informed to abide by the inclusion and exclusion criteria strictly. Participants were finally examined by a Consultant Physician. Signing consent form is mandatory. Systemic blood pressure was recorded as per criteria set out by JNC VIII.<sup>15</sup> Diabetes mellitus was defined as (FBG)  $\geq 126$ mg/dl or postprandial blood glucose (RBG)  $\geq 200$  mg/dl as per ADA criteria.<sup>16</sup> Soft gel of Allium sativum essential oil (ASEO) containing 13.5 mg each was given once a day orally for six months. Garlish oil soft gels were purchased from Pharmacy (High Q International Pharmaceuticals Karachi). Blood glucose was detected by "glucose oxidase" and HbA1c by assay method on Hitachi 902, Roche analyzer.<sup>17</sup> Serum creatinine and BUN were estimated by standard

biochemical methods. Serum total cholesterol was detected by colorimetric method. Ethical clearance of institute and informed consent were mandatory. Confidentiality of patient data ensured. SPSS 21.0 was used for data analysis. Chi square test was used for gender analysis. Age was analyzed by one sample t-test. Paired test was used for analysis of variables at baseline, third and sixth months. P-value of  $\leq 0.05$  was statistically significant.

### RESULTS:

A sample of 79 T2DM subjects was studied to analyze the effects of ASEO on blood cholesterol, glycemic control, systemic blood pressure and serum creatinine in type 2 Diabetic subjects. Mean  $\pm$  SD age of T2DM subjects was  $41.7 \pm 8.6$  years in our study population. Male and female were noted as 53 (67.1%) and 26 (32.9%) respectively. Male

predominated with male to female ratio of 2.03:1. Statistical analysis of body weight, systolic BP, diastolic BP and BUN showed non-significant results at 3<sup>rd</sup> and 6<sup>th</sup> months ( $p < 0.05$ ) (table 1). Blood glucose, HbA1c, serum creatinine and blood cholesterol showed significant results at 3<sup>rd</sup> and 6<sup>th</sup> months compared to baseline. Blood glucose (R) at baseline, 3<sup>rd</sup> and 6<sup>th</sup> months was noted as  $220.1 \pm 65.3$ ,  $206.6 \pm 70.7$  and  $181.6 \pm 63.4$  mg/dl respectively ( $p = 0.0001$ ). HbA1c was  $10.3 \pm 2.2\%$  at baseline, which reduced to  $9.7 \pm 1.8$  at 3<sup>rd</sup> month and further decreased to  $9.01 \pm 2.3\%$  at 6<sup>th</sup> month ( $p = 0.001$ ). Serum creatinine (Scr) at baseline, 3<sup>rd</sup> and 6<sup>th</sup> months was noted as  $1.03 \pm 0.23$ ,  $0.94 \pm 0.18$  and  $0.80 \pm 0.08$  mg/dl respectively ( $p = 0.009$ ). Serum cholesterol at baseline was  $215.2 \pm 72.6$  mg/dl, which reduced to  $190.7 \pm 81.6$  mg/dl and further reduced to  $162.8 \pm 76$  mg/dl at sixth month (table 2).

**Table No.1: Characteristics and laboratory findings of study subjects**

|                           | Baseline         | 3 <sup>rd</sup> month | 6 <sup>th</sup> month | p-value |
|---------------------------|------------------|-----------------------|-----------------------|---------|
| Age (years)               | $41.7 \pm 8.6$   | -                     | -                     | 0.001   |
| Male                      | 53 (67%)         | -                     | -                     | 0.0001  |
| Female                    | 26(32.9%)        | -                     | -                     |         |
| Body weight (kg)          | $74.8 \pm 11.0$  | $75.0 \pm 10.8$       | $74.6 \pm 11.0$       | 0.91    |
| Systolic BP (mmHg)        | $146.4 \pm 20.2$ | $145.4 \pm 20.0$      | $146.4 \pm 20.1$      | 0.92    |
| Diastolic BP (mmHg)       | $86.6 \pm 14.2$  | $87.2 \pm 14.0$       | $87.0 \pm 14.0$       | 0.79    |
| Blood glucose (R) (mg/dl) | $220.1 \pm 65.3$ | $206.6 \pm 70.7$      | $181.6 \pm 63.4$      | 0.0001  |
| Glycated HbA1 (%)         | $10.3 \pm 2.2$   | $9.7 \pm 1.8$         | $9.01 \pm 2.3$        | 0.0001  |
| BUN (mg/dl)               | $11.9 \pm 0.73$  | $11.7 \pm 0.69$       | $11.03 \pm 0.70$      | 0.89    |
| Serum creatinine (mg/dl)  | $1.03 \pm 0.23$  | $0.94 \pm 0.18$       | $0.80 \pm 0.08$       | 0.009   |

**Table No.2: Serum cholesterol levels**

| Serum Cholesterol<br>(mean $\pm$ SD (mg/dl))   |                                                             |                                                 |
|------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------|
| Baseline                                       | 3 <sup>rd</sup> month                                       | 6 <sup>th</sup> month                           |
| $219.2 \pm 42.5$                               | $199.5 \pm 31.6$                                            | $172.5 \pm 26.1$                                |
| P= value                                       |                                                             |                                                 |
| Baseline vs. 3 <sup>rd</sup> month<br>P=0.0003 | 3 <sup>rd</sup> month vs. 6 <sup>th</sup> month<br>P=0.0007 | Baseline vs. 6 <sup>th</sup> month<br>P= 0.0001 |

### DISCUSSION:

The present study was undertaken to establish the efficacy cholesterol lowering efficacy of ASEO hypercholesterolemia of Diabetes mellitus. The present study reports a significant reduction in blood glucose, HbA1c, serum creatinine and blood cholesterol at third and sixth months compared to baseline. Serum cholesterol at baseline was  $215.2 \pm 72.6$  mg/dl, which reduced to  $190.7 \pm 81.6$  mg/dl and further reduced to  $162.8 \pm 76$  mg/dl at sixth month (table 2). Similarly, a decrease in blood glucose, HbA1c and serum creatinine was observed.

The present study reports an improvement in glycemic control and anti-hypercholesterolemia effect of ASEO. Finding of hypercholesterolemia effect is in keeping with previous studies<sup>18,19</sup> Previous studies<sup>20</sup> reported total cholesterol was reduced in Diabetic subjects with hypercholesterolemia; the findings support the present study. The previous studies<sup>concluded</sup> that the inhibition of HMG-CoA reductase is responsible for its hypocholesterolemia effect. Other previous had also reported anti hyperlipidemic effects of Allium sativum.<sup>21</sup> Other proposed mechanism of

hypcholesterolemia is through the inhibition of lipoprotein lipase.<sup>22</sup> A recent study by Lachhramka et al<sup>23</sup> reported mean cholesterol levels were reduced from baseline  $265 \pm 16.7$  mg/dL to  $232.7 \pm 11.2$  mg/dL third month (90th day) at 3gram raw garlic dose orally daily ( $P < 0.001$ ). Finding of above study are in parallel to present study as the serum cholesterol was reduced significantly (table 2). A meta-analysis of 39 studies showed anti hypercholemic and anti-hyperlipidemic effects of Allium sativum. This supports the findings of the present study. Our finding of improvement in glycemic control (Blood glucose and HbA1c) is in agreement with previous studies.<sup>19,22</sup> Previous studies had reported on the improvement in glycemic control and anti hypercholesterolic effects in Allium sativum fed patients.<sup>24</sup> Anti hyperchloremic and anti hyperlipidemic effects of Allium sativum of present study are also consistent with animal studies. However, interventional clinical studies have reported positively on the anti-hypercholesterolemia and anti hyperlipidemic effects of Allium sativum. The present study did not observed any anti-hypertensive effects of ASEO which is in contradistinction to previous studies.<sup>24</sup> Previous studies reported anti-hypertensive effects of ASE. Another previous study reported Allium sativum reduces Diastolic blood pressure (DBP).<sup>25</sup> This contradistinction might be due to different study subjects of various studies such as the present study selected Diabetics while above studies selected non diabetic hypertensive population. The present has certain limitations first; small sample size, second; total lipoproteins were not estimated which might have produced effect on complete lipid profile and third; dietary factors might have affected the results towards alternate hypothesis. The findings of anti-hypocholesterolemia, improved glycemic control and serum creatinine were evaluated in prospective design; hence they are worth to report. However, the findings are worth to report as the Allium sativum is easily available, palatable and inexpensive which may be used even as home remedy. The strength of study lies in its participants who showed regular follow ups and regular use of drug. Allium sativum essential oils (ASEO) is purified compared to raw garlic used by previous studies hence our findings should be interpreted in proper clinical context. The findings of present cannot be generalized to other populations.

### CONCLUSION:

The present study reports Allium sativum essential oil improves hypercholesterolemia and

hyperglycemic in diabetic subjects. Allium sativum essential oil may prove helpful in treating hypercholesterolemia in diabetic patients as an adjunctive therapy for those intolerant to statin therapy. However, the present study is a preliminary report conducted on a small number of diabetics, hence large sample elaborate studies may be conducted to substantiate the use Allium sativum essential oil.

### REFERENCES:

1. Libby P. Prevention and treatment of atherosclerosis. In: Harrison's Principles of Internal Medicine. Mc Graw Hill: New York; 2005.p.1430.
2. Gotto AM. Jeremiah Metzger Lecture: Cholesterol, Inflammation and Atherosclerotic Cardiovascular Disease: Is It All LDL? Trans Ann Clin Climatol Assoc 2011;122:256–89.
3. Patty W, Siri-Tarino, Qi Sun, Frank B. Hu, Ronald M. Krauss. Saturated Fatty Acids and Risk of Coronary Heart Disease: Modulation by Replacement Nutrients. Curr Atheroscler Rep 2010;12(6):384–390.
4. Lewington S, Whitlock G, Clarke R, Sherliker P, Emberson J, Halsey J, et al. Blood cholesterol and vascular mortality by age, sex and blood pressure: a metaanalysis of individual data from 61 prospective with 55,000 vascular deaths. Lancet 2007;370:1829–39.
5. India Disease Incidence & Prevalence Report # CS303IN – April 2013.
6. Varshney R, Budoff MJ. Garlic and heart disease. International Garlic Symposium: role of garlic in cardiovascular disease prevention, metabolic syndrome and immunology. J Nutr Jan 2016 doi: 10. 3945/ Jn.114. 202333.
7. Reid K, Toben C, Fakler P. Effects of garlic on serum lipids: an updated meta-analysis. Nutr Rev 2013;71(5):282-99.
8. Berthold HK, Sudhop T. Garlic preparations for prevention of atherosclerosis. Curr Opin Lipidol 1998;9:565-9.
9. Harenberg J, Giese C, Zimmermann R. Effect of dried garlic on blood coagulation, fibrinolysis, platelet aggregation and serum cholesterol levels in patients with hyperlipoproteinemia. Atherosclerosis. 1988;74:247-9.
10. Wang HX, Ng TB. Natural products with hypoglycemic, hypotensive, hypocholesterolemic, antiatherosclerotic and antithrombotic activities. Life Sci 1999;65:2663-77.
11. Majewski M. Allium sativum: facts and myths

- regarding human health. *Natl Inst Pub Health* 2014; 65(1):1–8.
12. Tadi PP, Teel RW, Lau BHS. Anticandidal and anticarcinogenic properties of garlic. *Int Clin Nutr Rev* 1990;10:423–9.
  13. Kim M-J, Kim HK. Effect of garlic on high fat induced obesity. *Acta Biologica Hungarica* 2011; 62(3):244–54.
  14. Tohidi M, Rahbani M: Evaluation of the effect of garlic powder on blood pressure, serum lipids and lipoproteins. *Pharmacy J Tabriz Univ Med Sci* 2000; 4:16–20.
  15. James PA, Oparil S, Carter BL, Cushman WC, Dennison-Himmelfarb C, Handler J, et al. Evidence-Based Guideline for the Management of High Blood Pressure in Adults Report From the Panel Members Appointed to the Eighth Joint National Committee (JNC 8). *J Am Med Assoc* 2014; 311(5):507-520.
  16. American Diabetes Association (ADA). Standards of medical care in Diabetes. *Diabetes Care* 2016; 35(1):11–63.
  17. Razi F, Nasli E, Farzami MR, Tootee A, Qorban M, Ebrahimi SA, et al. Effect of the different assays of HbA1c on diabetic patients monitoring. *J Diabetes Metab Disord* 2015; 14: 65.
  18. Sumiyoshi H. New pharmacological activities of garlic and its constituents (Review). *Folia Pharmacologica Japonica* 1997;110(1):93 – 7.
  19. Warshafsky S, Russel SK, Steven LS. Effect of garlic on total serum cholesterol. *Annals Int Med* 1993;119:599-605.
  20. Ebrahimi T, Behdad B, Abbasi MA, Rabati RG, Fayyaz AF, Behnod V, et al.. High doses of garlic extract significantly attenuated the ratio of serum LDL to HDL level in rat-fed with hypercholesterolemia diet *Diagnostic Pathol* 2015; 10:74.
  21. Ogunlesi OO, Oladele OA, Aina OO, Esan OO. Effects of dietary garlic (*Allium sativum*) meal on skin thickness and fat deposition in commercial broiler chickens. *Bulgarian J Vet Med* 2016;1:1-8.
  22. Stevinson C, Gridley DS, Fittler E. Garlic for treating hypercholesterolemia; a meta-analysis of randomized clinical trial. *Annals Int Med* 2000; 133:420-29.
  23. Lachhramka P, Patil S. Cholesterol lowering property of garlic (*Allium sativum*) on patients with hypercholesterolemia. *Int J Med Sci Public Health* 2015; 5:1-3.
  24. Reid K, Toben C, Fakler P. Effects of garlic on serum lipids: an updated meta-analysis. *Nutr Rev* 2013; 71(5):282-99.
  25. Ebrahimi T, Behdad B, Abbasi MA, Rabati RG, Fayyaz AF, Behnod V, et al. High doses of garlic extract significantly attenuated the ratio of serum LDL to HDL level in rat-fed with hypercholesterolemia diet. *Diagnostic Pathol* 2015; 10:74.352(2); 165-74.