# **ORIGINAL ARTICLE**

# **Effect of Green Tea Consumption on HDL-Cholesterol**

Khalid Niaz<sup>1</sup>, Ejaz Fatima<sup>2</sup>, Gulshan Ara Jalbani<sup>3</sup>, Shah Murad<sup>4</sup>

#### **ABSTRACT:**

**Objective:** To evaluate the effect of green tea consumption on HDL-cholesterol level in hyperlipidemic patients **Materials and Methods:** Forty hyperlipidemic patients were selected from Ghurki Trust Teaching Hospital Lahore and divided in two groups with 20 patients in each group.Group-I was advised to take, six hourly 180 ml green tea prepared by conventional method for two months. Group-II was labeled as control, not to take green tea for 2 months. Their HDL-cholesterol was measured at day-0 and on day-60. HDL-cholesterol was measured by separating other lipoprotein fractions using chemical precipitation with divalent ions such as Mg<sup>2+</sup>, then coupling the products of a cholesterol oxidase reaction to an indicator reaction. **Results:** After two months, it was observed that green tea consumption raised HDL-cholesterol by 7.5 mg/dl, while control group's HDL-cholesterol was raised 0.8 mg/dl only in this period.

**Conclusion:** Consumption of green tea raised HDL-cholesterol significantly and can be considered as negative risk factor for development of coronary artery disease.

Keywords: HDL level, Hyperlipidemic patients, Green tea

#### **INTRODUCTION:**

There are many reasons to develop atherogenesis in human body by using high fat diets and medicines. Atherogenesis can cause coronary artery disease leading to mortality due to heart attack and cardiac arrhythmias.Patients with coronary artery disease (CAD) commonly have low HDL cholesterol (HDL-C) and mildly elevated LDL cholesterol (LDL-C), leading to uncertainty as to whether the appropriate goal of therapy should be lowering LDL-C or raising HDL-C.<sup>1,2,3,4,5,6,7</sup> Many clinical studies suggest that HDL of 60 mg/dl is associated with dramatic reduction in rate of heart attack. Several studies suggest that higher levels of HDL are associated with less carotid and coronary atherosclerotic plaque. HDL particles are also protective against infections and even cancer, and are a major player in the body's fight against inflammatory patterns. In other words, HDL has clearly established itself as a blood

Dr. Khalid Niaz
Assistant Professor
Department of Pharmacology
Islamabad Medical & Dental College (IM&DC)
Islamabad
Email: drkhalid.niaz@gmail.com
🖂 Dr. Ejaz Fatima
Assistant Professor
Department of Pharmacology
Lahore Medical and Dental College (LMDC)
Lahore
🔀 🛛 Dr. Gulshan Ara Jalbani
Associate Professor
Department of Pharmacology
Peoples Medical College (PMC)
Nawabshah
🖂 Dr. Shah Murad
Professor
Department of Pharmacology
Islamabad Medical & Dental College (IM&DC)
Islamabad
Received: 12-10-2015
Revised: 25-11-2015
Accepted: 27-11-2015

particle that provides powerful protective functions.<sup>8,9,10,11,12</sup> Tea, prepared from the leaves of Camella sinensis, is the most popular beverage in the world except water. Black tea, made from the mild oxidation of green tea leaves, amounts to 80% of world tea production. Flavonoids are a group of polyphenols present in vegetables, fruits and beverages such as tea and wine<sup>13,14,15</sup>. Recent research studies shows that green tea lowers total cholesterol and raises HDL ("good") cholesterol in both animals and people. One populationbased clinical study found that men who drink green tea are more likely to have lower total cholesterol than those who do not drink green tea. Results from one animal study suggest that polyphenols in green tea may block cholesterol from being absorbed in the intestine and also help the body get rid of cholesterol. In another small study of male smokers, researchers found that green tea significantly reduced blood levels of harmful LDL cholesterol<sup>2,3,4</sup>. It is thought that the antioxidants catechin and caffeine found in green tea may have a role in helping the body burn more calories-sometimes referred to as speeding up the metabolism-which can help weight loss<sup>3,4,5,6,7</sup>. Green tea preparations used for losing weight are extracts of green tea that contain a higher concen-tration of catechins and caffeine than the typical green tea beverage prepared from a tea bag and boiling water.<sup>16</sup> Eleven research studies involving 821 people found daily consumption of green and black tea (as a drink or a capsule) could help lower cholesterol and blood pressure.<sup>17,18,19,20</sup>

#### **MATERIAL & METHOD:**

This research study was conducted at Ghurki trust teaching hospital (GTTH), Lahore Pakistan from June 2015 to September 2015. Forty hyperlipidemic patients were selected from GTTH for the study. Age of patients ranged from 18 to 70 years. Both gender male and female patients were enrolled. They were advised to discontinue any hypolipidemic medications and foods. Patients suffering from any metabolic disease, renal impairment, liver disease, and already victimized by cardiac problems were excluded from the research study.Forty patients were divided in two groups, twenty

JBUMDC 2015; 5(4): 171-173

individuals in each group. Group-1 was advised to take 180 ml green tea boiled in hot water every six hourly for the period of eight weeks. Group-II was considered as control group and was advised not to take green tea, black tea or coffee for eight weeks. Their baseline values of HDL-cholesterol were measured by separating other lipoprotein fractions using chemical precipitation with divalent ions such as Mg<sup>2+</sup>, then coupling the products of a cholesterol oxidase reaction to an indicator reaction. **Statistical Analysis**: Mean values with SD and SEM were analysed statistically by using SPSS version 22.0.0.0. Statistical significant was considered as p-value of <0.001 was labeled as significant and p-value of >0.05 was considered as non-significant change.

## **RESULTS:**

After eight weeks of trial, following changes were observed in selected parameter of HDL-cholesterol. In Group A HDL-C increased from  $32.08\pm2.22$  mg/dl to  $39.54\pm1.96$  mg/dl with a change of 7.5 mg/dl from base line day-0 to day- 60. This was found to be statistically significant. However in group B, HDL-C increased from  $35.10\pm2.03$  mg/dl to  $35.92\pm3.14$  mg/dl with a change of 0.8 mg/dl only and was statistically non significant. (Table-1)

 Table: 1

 HDL-C level before and after consumption of green tea

Group	Parameter	At D-0	At D-60	Change	p-value
Group-A (n=20)	HDL-C	32.08±2.22	39.54±1.96	7.5 mg/dl	<0.01
Group-B (n= 20)	HDL-C	35.10±2.03	35.92±3.14	0.8 mg/dl	>0.05

Group-A is tested group, Group-B is placebo group. 'n' in groups indicates sample size, mean values are measured as mg/dl, HDL-C stands for high density lipoprotein cholesterol,  $\pm$  indicates SEM. P-value <0.01 indicates significant change and p-value >0.05 indicates non-significant change in parameter

## **DISCUSSION:**

Green tea is alleged to boost weight loss, reduce cholesterol, combat cardiovascular disease, and prevent Cancer and Alzheimer's disease. We retested and reviewed its HDL-cholesterol raising effects in hyperlipidemic patients. By two months consumption of green tea (180 ml/six hourly) it was proved that green tea increased 7.5 mg/dl of HDL-cholesterol, which is significant raise in the parameter. These results match with results of study conducted by Zhang C<sup>21</sup> who proved that green tea consumption for 5 weeks raised high density cholesterol from 39 mg/dl to 45 mg/dl in 20 hyperlipidemic patients. Our results are in contrast with results of study conducted by Khan<sup>22</sup> who proved only 2.08 mg/dl raise in plasma HDL-cholesterol, when green tea was used by 17 hyperlipidemic patients for one month. This contrast may be due to less frequency of taking green tea by patients; ie 12 hourly. In our study control groups HDL-cholesterol was raised from  $35.10\pm2.03$  mg/dl to  $35.92\pm3.14$  mg/dl which is only 0.8 mg/dl increase in HDL-cholesterol. This change is

# **JBUMDC 2015; 5(4): 171-173**

non-significant when analysed statistically. Arab <sup>23</sup> described that less consumption or no consumption of green tea does not mean that hyperlipidemic patients HDL cholesterol can not increase by other healthy habits like aerobic exercise and less frequency of taking junk food which contain lesser raw fat. Khalesi <sup>24</sup> explained that lesser the predisposing factors for coronary artery disease, lesser the risk for developing heart attack and cardiac arrhythmias in human beings. Our results match with results of study conducted by Johson<sup>25</sup> in which 10 mg/dl HDL cholesterol was increased in 39 hyperlipidemic patients when they took 200 ml green tea every four hourly for the period of three months. They also mentioned hypoglycemic, and hypotensive effects of green tea consumption by primary hyperlipidemic patients suffering from metabolic syndrome. Not to smoke cigarettes, non-alcoholics and aerobic exercise can increase high density cholesterol in plasma. It is proved by cohort studies conducted by Peng<sup>26</sup> that old age, renal diseases, liver diseases, lesser lung function may contribute to lower high density lipoprotein cholesterol leading to development of atherogenesis, cardiac arrhythmias and cardiac arrest.

# **CONCLUSION:**

After the research study it was concluded that green tea can raise HDL-cholesterol significantly and can be considered as negative risk factor for development of coronary artery disease.

## **REFERENCES:**

- Zheng XX, Xu YL, Li SH, Hui R, Wu YJ, Huang XH. Effects of green tea catechins with or without caffeine on glycemic control in adults: a meta-analysis of randomized controlled trials. Am J Clin Nutr (Meta-Analysis) 2013;97 (4): 750-62
- Liu K, Zhou R, Wang B, Chen K, Shi LY, Zhu JD etal Effect of green tea on glucose control and insulin sensitivity: a meta-analysis of 17 randomized controlled trials . Am J Clin Nutr (Meta-Analysis) 2013;98 (2): 340-8
- 3. Tang J, Zheng JS, Fang L, Jin Y, Cai W, Li D. Tea consumption and mortality of all cancers, CVD and all causes: a meta-analysis of eighteen prospective cohort studies. Br J Nutr (Meta-analysis): 2015;3:1-11
- 4. Zheng JS, Yang J, Fu YQ, Huang T, Huang YJ, Li D. Effects of green tea, black tea, and coffee consumption on the risk of esophageal cancer: a systematic review and meta-analysis of observational studies. Nutr Cancer (Systematic Review and Meta-Analysis) 2013;65 (1): 1-16
- Huang YQ, Lu X, Min H, Wu QQ, Shi XT, Bian KQ etal. Green tea and liver cancer risk: A meta-analysis of prospective cohort studies in Asian populations. Nutrition (Meta-Analysis).2015; S0899-9007 (15): 00237-3
- Liu G, Mi XN, Zheng XX, Xu YL, Lu J, Huang XH. Effects of tea intake on blood pressure: a meta-analysis of randomised controlled trials". Br J Nutr (Meta-Analysis)2014; 112 (7): 1043-54
- Larsson SC. Coffee, tea, and cocoa and risk of stroke. Stroke (Review) 2014;45 (1): 309-14
- 8. Serban C, Sahebkar A, Antal D, Ursoniu S, Banach M. Effects of supplementation with green tea catechins on

#### Effect of Green tea consumption on HDL-Cholesterol

plasma HDL-cholesterol: A systematic review and metaanalysis of randomized controlled trials. Nutrition (Systematic review & meta-analysis) 2015;31 (9): 1061-71

- Jurgens TM, Whelan AM, Killian L, Doucette S, Kirk S, Foy E. Green tea for weight loss and weight maintenance in overweight or obese adults. Cochrane Database Syst Rev 2012; 12: 111-3
- Suzuki Y, Tsubono Y, Nakaya N, Suzuki Y, Koizumi Y, Tsuji I. Green tea and the risk of breast cancer: pooled analysis of two prospective studies in Japan. Br J Cancer 2004;90(7)1361-3
- Thatte U, Bagadey S, Dahanukar S. Modulation of programmed cell death by medicinal plants. Cell Mol Biol. 2000;46(1):199-214
- Thavanesan N. The putative effects of green tea on body fat: an evaluation of the evidence and a review of the potential mechanisms. Br J Nutr. 2011;3:1-13
   Trudel D, Labbe DP, Bairati I, Fradet V, Bazinet L, Tetu
- Trudel D, Labbe DP, Bairati I, Fradet V, Bazinet L, Tetu B. Green tea for ovarian cancer prevention and treatment: a systemic review of the in vitro, in vivo and epidemiological studies. Gynecol Oncol. 2012; 126(3):491-8
- Tsubono Y, Nishino Y, Komatsu S, et al. Green tea and the risk of gastric cancer in Japan.N Engl J Med. 2001; 344(9):632-6
- Vinson JA, Teufel K, Wu N. Green and black teas inhibit atherosclerosis by lipid, antioxidant, and fibrinolytic mechanisms. J Agric Food Chem. 2004;52(11):3661-5
- Wargovich MJ, Woods C, Hollis DM, Zander ME. Herbals, cancer prevention and health. J Nutr. 2001;131(11 Suppl):3034S-6S
- 17. Westerterp-Plantenga MS, Lejeune MP, Kovacs EM. Body weight and weight maintenance in relation to hab-

itual caffeine intake and green tea. Obes Res 2005;13(7): 1195-1204

- Wu AH, Butler LM. Green tea and breast cancer. Mol Nutr Food Res. 2011;55(6):921-30
- 19. Yuan JM. Green tea and prevention of esophageal and lung cancers. Mol Nutr Food Res. 2011;55(6):886-904
- Lambert JD, Sang S, Yang C."Possible controversy over dietary polyphenols", Chem Res Toxicol 2007;20(4):583-5
- Zhang C, Qin YY, Wei X, Yu FF, Zhou YH, He J. Tea consumption and raised HDL cholesterol. Eur J Epidemiology (Systematic Review and Meta-Analysis) 2015;30 (2): 103-13
- 22. Khan N, Mukhtar H. Tea and HDL-cholesterol: studies in humans. Current pharmaceutical design 2013; 19 (34): 6141-7
- 23. Arab L, Khan F, Lam H. Tea consumption and cardiovascular disease risk. Am J Clin Nutr 2013;98 (6 Suppl): 1651S-9S
- Khalesi S, Sun J, Buys N, Jamshidi A, Nikbakht-Nasrabadi E, Khosravi-Boroujeni H. Green tea catechins and lipoprotein HDL: a systematic review and meta-analysis of randomised controlled trials. Eur J Nutr(Systematic Review and Meta-Analysis) 2014; 53 (6): 1299-131
- Johnson R, Bryant S, Huntley AL. Green tea and green tea catechin extracts: an overview of the clinical evidence on HDL-cholesterol. Maturitas (Review) 2012;73 (4): 280-7
- 26. Peng X, Zhou R, Wang B, Yu X, Yang X, Liu K et al Effect of green tea consumption on blood pressure: a meta-analysis of 13 randomized controlled trials. Sci Rep 2014; 4: 6251

