

Effect of diets containing skimmed milk in the presence of green coffee and lotus leaf aqueous extracts on obese rats suffering from diabetes.

Mona Abd El-Sattar Abd El-Basset

Home Economic Dept., Faculty of Specific Education, Fayoum University.

ABSTRACT

This study aimed to investigate the effect of three doses from (green coffee and lotus leaf) aqueous extracts on obese rats which were suffering from diabetes. Forty eight male albino rats (Sprague Dawley Strain) used in this study, the rats divided into two main groups. The first main group (6 rats) fed on basal diet (as a control negative group). The second main group (42 rats) was fed eight weeks on high fat diet HFD to induce obesity in rats. The rats in the second main group (obese group) injected with alloxan (150mg alloxan/kg body weight) to induce diabetes. The second main group divided into seven subgroups, Subgroup (1) fed on HFD as a control positive group, Subgroup (2, 3 and 4) fed on HFD and treated with (2, 3 and 4 ml green coffee aqueous extract/each rat/day). Subgroup (5, 6 and 7) were fed on HFD and treated with (2, 3 and 4 ml lotus leaf aqueous extract/each rat/day), the experimental period lasted six weeks. Results showed that, obese rats which were suffering from diabetes (control positive group) recorded significant increase $p < 0.5$ in body weight gain%, (liver & kidney) weights/body weight%, cholesterol, triglycerides, (low and very low density lipoprotein-cholesterol), uric acid, urea nitrogen, creatinine, liver enzymes (AST, ALT and ALP) and glucose, as compared to the rats in the first main group (control negative group). Diabetic obese rats which treated with the three dosage from (green coffee and lotus leaf) aqueous extracts decreased body weight gain%, liver and kidney weights/body weight%, serum cholesterol, triglycerides, LDL-c, VLDL-c, uric acid, urea nitrogen, creatinine, AST, ALT ALP and glucose, while HDL-c increased. The highest improvement in these parameters recorded for the group treated with the high dose from lotus leaf aqueous extract followed by the group treated with high dose from green coffee. Green coffee and lotus leaf aqueous extracts reduce the weight gain and improved lipid profile, kidney functions, liver enzymes and glucose of obese rats which suffer from diabetes.

Keywords: diabetes, *obesity*, rats, green coffee, lotus leaf, glucose, lipid profile, liver enzymes and kidney function.

Introduction:

Obesity occurs when the body's energy intake exceeds the body's energy consumption for a prolonged period of time. The degree of obesity is characterized by the volume and number of adipocytes, which is regulated in the so called adipocyte life cycle (**Rayalam et al., 2008**). Obesity is associated with many metabolic diseases, including cardiovascular disease, diabetes mellitus, high blood pressure, atherosclerosis, various cancers, and hyperlipidaemia (**Achike et al., 2011**). Thus, treatments targeting the regulation of adipocyte size and number may provide a therapeutic approach (**Rosen et al., 2000**). Several plant extracts and their respective bioactive

components are well recognized for their potential to exert anti-obesity effects (**Rayalam et al., 2008**).

Type 2 diabetes mellitus is characterized by abnormalities in carbohydrate, fat, and protein metabolism due to insulin resistance (**King et al., 1998**). Cardiovascular complications are a major cause of premature mortality in patients with type 2 diabetes (**Garg and Grundy 1990**), and tight control of hyperglycemia and dyslipidemia is crucial for reducing the risk for cardiovascular diabetic complications (**American Diabetes Association, 2008**).

Milk intake is widely recommended for healthy diet, not only for bone growth and maintenance, but also as a protein, calcium and magnesium sources as part of an adequate diet. Several lines of evidence suggest that milk and dairy products are associated with a lower risk of type 2 diabetes mellitus (T2DM) and hypertension. On the other hand, high calcium intake has been associated with a higher risk of certain types of cancer, mainly prostate cancer (**Giovannucci et al., 2003**).

Coffee has recently received scientific attention as current epidemiologic and *in vivo* studies have revealed its health benefits against obesity and metabolic disorders, especially type 2 diabetes (**Ho et al., 2012**). These health advantages are mostly derived from chlorogenic acids contained in coffee beans (**Ong et al., 2012**). Raw coffee beans are rich in chlorogenic acids and caffeine, and their contents in coffee beans are significantly decreased during the roasting and decaffeination processes (**Moon et al., 2009**). Scientific studies have revealed that both coffee and caffeine play a preventive role against various degenerative diseases of modern society. **Van Dam and Feskens (2002)** reported that moderate daily consumption of coffee helped to reduce the risk of type 2 diabetes, while **Fredholm and Lindgren (1984)** found that caffeine promotes lipolysis in rat adipocytes.

Green coffee extract GCE is present in green or raw coffee (**Farah et al., 2008**). It is also present in roasted coffee, but much of the GCE is destroyed during the roasting process. Some GCE constituents, such as chlorogenic acid (CGA) can also be found in a variety of fruits and vegetables (**Manach et al., 2004**). Evidence is accumulating from animal studies regarding the use of GCE as a weight loss supplement (**Shimoda et al., 2006 and Cho et al., 2010**).

Lotus (*Nelumbo nucifera* Gaertn.), an aquatic vegetable, is extensively cultivated in eastern Asia, particularly in China. The root, seed and young leaf of lotus are widely favored by Asian people as vegetables (**Sridhar & Bhat, 2007**). The matured leaf is fibrous and it usually used as a functional food in Asia (**Pulok et al., 2009**). Lotus leaf has been demonstrated to possess anti-obesity and antioxidant properties (**Wu & Yen 2003**). Chronic consumption of lotus leaf reduces fasting blood glucose and improves blood lipid profiles in alloxan-treated mice, suggesting that it could be beneficial for managing type 1 diabetes mellitus (**Zhou et al., 2009**). Therefore, this study aimed to investigate the effect of three doses from (green coffee and lotus leaf) aqueous extracts on obese diabetic rats fed on diet contained skimmed milk.

MATERIALS AND METHODS:

Materials:

- Casein, vitamins, minerals, cellulose, alloxan and choline chloride were purchased from El-Gomhoria Company, Cairo Egypt.
- Corn starch, saturated fat “beef tallow”, soybean oil, sucrose, green coffee and lotus leaf (*Nelumbo nucifera Gaertn.*) were purchased from local market, Cairo, Egypt.
- Forty eight male albino rats (Sprague Dawley Strain) ($160 \pm 10\text{g}$) were obtained from Helwan farm.

Methods:

Preparation of lotus leaf and green coffee aqueous extract.

Two and a half gram from lotus leaf extracted for 5 min in 100 ml boiled water then filtrate. While green coffee was prepared traditionally by using 2.5 gram green coffee in 100 ml water and kept on heat until boiling.

Biological Part: male Albino rats ($160 \pm 10\text{g}$) were kept in individual stainless steel cages under hygienic conditions and fed one week on basal diet adlibitum for adaptation according to (Reeves *et al.*, 1993). After a period of adaptation on basal diet (7 days), the rats were divided into two main groups. The first main group (6 rats) fed on basal diet, as a control negative group. The second main group (42 rats) was fed eight weeks on high fat diet HFD containing (saturated fat 19%, soybean oil 1% to provide essential fatty acids, sucrose 10%, casein 20%, cellulose 5%, vitamin mixture 1%, salt mixture 3.5%, choline chloride 0.25% and the remainder is corn starch) to induce obesity in rats (Min *et al.*, 2004).

The rats in the second main group (obese group) injected with alloxan (150mg alloxan/kg body weight) to induce diabetes according to the method described by Kumar *et al.*, (2010). After four days, body weight gain % was estimated in the first and second main groups and the blood samples were collected from the eye of all rats to determine the levels of glucose, cholesterol and triglycerides to insure the induction of obesity and diabetes. Then the rats in the second main group were divided into seven subgroups ($n = 6$) according to the following. Subgroup (1): fed on HFD (containing half amount of protein from casein and the other from skimmed milk) as a control positive group (obese diabetic group), Subgroup (2, 3 and 4): were fed on HFD (containing half amount of protein from casein and the other from skimmed milk) and treated with (2, 3 and 4 ml green coffee aqueous extract, respectively. Subgroup (5, 6 and 7): were fed on HFD (containing half amount of protein from casein and the other from skimmed milk) and treated with (2, 3 and 4 ml lotus leaf aqueous extract, respectively.

During the experimental period (6 week), the diets consumed and body weights were recorded every week. At the end of the experiment, the rats were fasted overnight, then the rats were anaesthetized and sacrificed, and blood samples were collected from the aorta. The blood samples were centrifuged and serum was separated to estimate some biochemical parameters, i.e. serum total lipids according to (Frings *et al.*, 1972), cholesterol (Allain *et al.*, 1974), triglycerids

(Foster and Dumns, 1973), high density lipoprotein HDL-c (Lopes-Virella *et al.*, 1977), low density lipoprotein LDL-c and VLDL-c (Friedwald *et al.*, 1972), glucose (Trinder, 1959), uric acid (Fossati *et al.*, 1980), urea nitrogen (Patton and Crouch, 1977), creatinine (Bohmer, 1971), Aspartate Amine Transaminase (AST) and Alanine Amine Transaminase (ALT) (Ritman and Frankel, 1957) and Alkaline Phosphatase (ALP) (Belfield and Goldberg 1971).

Liver and kidney were separated from each rat and weighted to calculate the liver and kidney to body weight %. Results of biological evaluation of each group were statistically analyzed (mean \pm standard deviation and one way ANOVA test) using SAS package and compared with each other using the suitable test (least significant differences at $P < 0.05$ (SAS, 1996).

RESULTS AND DISCUSSION:

Effect of diet containing skimmed milk in the presence of green coffee and lotus leaf aqueous extracts on feed intake, body weight gain% and some organs weight/body weight% of obese rats suffering from diabetes.

The effect of diet containing skimmed milk in the presence of three doses of (green coffee and lotus leaf) aqueous extracts on feed intake (g/day/each rat), body weight gain% and (liver & kidney) weights/body weight% of obese rats suffering from diabetes presented in table (1). The mean value of feed intake (g/day/ each rat) of the negative control group increased than that of the positive control group. Feed intake of all treated groups with the three doses of (green coffee and lotus leaf aqueous) decreased than that of the control negative and positive groups. The lowest feed intake recorded for the group which treated with 4ml green coffee aqueous extract / rat/day followed by the group treated with 4ml green coffee aqueous extract / rat/day and 4ml lotus leaf aqueous extract / rat/day, respectively.

The mean value of body weight gain % of obese group fed on high fat diet increased significantly $p < 0.05$, as compared to the healthy group fed on basal diet. Feeding obese rats which suffer from diabetes with high fat diet and treated with 2ml, 3ml and 4ml (green coffee and lotus leaf) aqueous extracts led to significant decrease in body weight gain%, as compared to the positive control group. The results in this table indicated that, non-significant changes in body weight gain % between the groups which were treated with low and medium doses from coffee and low dose of lotus leaf aqueous extracts. The highest decrease in body weight gain % recorded for the groups treated with 3 and 4 ml lotus leaf aqueous extract/ each rat/day, followed by the group treated with 4ml green coffee, respectively.

The mean value of liver and kidney weights/body weight% increased significantly $P < 0.05$ in the positive control group (obese rats suffering from diabetes), as compared to the negative control group. Feeding obese group which were suffer from diabetes on high fat diet and treated with three doses from (green coffee and lotus leaf) aqueous extracts induced significant decrease $P < 0.05$ in liver and kidney weight/body weight%, as compared to the

positive control group. The high dose of lotus leaf aqueous extract recorded the best results in liver and kidney weights/ body weight %, followed by the group treated with the medium level from this extraction.

Table (1):Effect of diet containing skimmed milk in the presence of green coffee and lotus leaf aqueous extracts on feed intake, body weight gain% and some organs weight/body weight% of obese rats suffering from diabetes.

Parameters Groups	Feed intake (g/day/each rat)	Body weight gain%	Organs weight/body weight %	
			Liver	Kidney
Control (-)	19.880	24.00 ^d ± 1.510	3.120 ^f ± 0.088	0.600 ^f ± 0.062
Control (+)	19.00	45.700 ^a ± 1.200	4.131 ^a ± 0.120	1.431 ^a ± 0.209
2 ml Green coffee aqueous extract	18.109	40.951 ^b ± 1.622	3.680 ^b ± 0.148	1.204 ^b ± 0.113
3 ml Green coffee aqueous extract	17.421	39.511 ^b ± 1.631	3.634 ^{b c} ± 0.070	1.213 ^b ± 0.131
4 ml Green coffee aqueous extract	17.000	35.700 ^c ± 1.800	3.525 ^c ± 0.107	1.116 ^{b c} ± 0.109
2 ml Lotus leaf aqueous extract	18.554	39.653 ^b ± 1.700	3.332 ^d ± 0.102	1.027 ^{c d} ± 0.064
3 ml Lotus leaf aqueous extract	18.000	33.900 ^c ± 1.902	3.122 ^e ± 0.072	0.975 ^{d e} ± 0.064
4 ml Lotus leaf aqueous extract	17.500	30.421 ^c ± 1.831	3.108 ^{e f} ± 0.094	0.916 ^e ± 0.064

All results are expressed as mean ± SD.

Values in each column which have different letters are significant different (p<0.05).

In this respect, (Pittas et al., 2007 and Zemel et al., 2008) reported that, the mechanisms underlying the effects of dairy on T2DM development includes the calcium and vitamin D content in dairy foods and the possible positive effect of high milk and calcium intake on weight control. Lopez-Garcia et al., (2006) reported that, in human subjects, coffee intake has been reported to be inversely associated with weight gain. Consumption of coffee has also been shown to produce changes in several glycaemic markers in older adults (Hiltunen, 2006). Similarly, other research has indicated that the consumption of caffeinated coffee can lead to some reductions in long-term weight gain, an effect which is likely to be due to the known thermogenic effects of caffeine intake (Greenberg et al., 2006).

Reports from animal studies have suggested that green coffee extract GCE mediates its antiobesity effect possibly by suppressing the accumulation of hepatic triglycerides (**Shimoda et al., 2006**). Some authors have also posited that the antiobesity effect of GCE may be mediated via alteration of plasma adipokine level and body fat distribution and downregulating fatty acid and cholesterol biosynthesis, whereas upregulating fatty acid oxidation and peroxisome proliferator-activated receptor alpha (PPAR α) expression in the liver (**Cho et al., 2010**).

Recently the discovery of new dietary supplement has become of interest in western countries, especially the green coffee bean extract, from *Coffea Arabica*. This was found to contain large amounts of the crucial substance “chlorogenic acid” which is an antioxidant (**Shradha and Sisodia 2010**). This can be used as a supplement for weight loss and reduction of body mass index BMI (**Joe et al., 2012**). Human studies show that caffeine enhances energy expenditure and improves the clinical conditions of diabetic patients (**De Matteis et al., 2002**).

Zheng et al., (2004) reported that, chlorogenic acid is also a dietary polyphenolic compound in the coffee with antioxidative activity. Thus, it is suggested that caffeine, chlorogenic acid and other polyphenolic compounds in GCBE act synergistically to suppress body weight gain and visceral fat accumulation in mice.

Lotus leaf extract contains multiple bioactive components such as flavonoids (**Ohkoshi et al., 2007**), flavonoid glycosides (**Goo et al., 2009**) and alkaloids (**Kashiwada et al., 2005**). In obese mice, it has been reported that lotus leaf extract prevented the increase in body weight, inhibited absorption of lipids and carbohydrates, accelerated lipid metabolism and up-regulated energy expenditure, suggesting beneficial effects for the suppression of obesity (**Ono et al., 2006**).

Lee et al., (2015) reported that potato and lotus leaf extract intake might prevent obesity and improve obesity related syndromes in students of the South Korea. In addition, it has been reported that lotus extract has an effect of improving obesity and hyperlipidemia (**Du et al., 2010**), reducing blood glucose (**Kim et al., 2013**), anti-oxidation, and protecting neurons (**Jeong and Choi 2012**) in animals with high fat diet-induced obesity. Also, it has been known that long-term use of lotus leaves might exert a suppressive effect on adipose tissue differentiation at the cellular level (**Siegner et al., 2010**).

Effect of diet containing skimmed milk in the presence of green coffee and lotus leaf extracts on serum glucose of obese rats suffering from diabetes.

Table (2) illustrates the effect of three doses of (green coffee and lotus leaf) aqueous extracts on serum glucose of obese rats suffering from diabetes. The mean value of serum glucose increased in the positive control group fed on high fat diet, as compared to the negative control group. Serum glucose increased by about 140.200% than that of the negative control group.

Using green coffee and lotus leaf aqueous extracts with doses (2, 3 and 4 ml/rat/day) in treating obese rats which were suffering from diabetes led to a significant decrease in serum glucose, as compared to the positive control group, on the other hand serum glucose decreased gradually with increasing the levels of both extractions. The best results of serum glucose

recorded for the group fed on high fat diet and treated daily with 4ml lotus leaf aqueous extract/rat/day, followed by the group fed on the same diet and treated with 4ml green coffee aqueous extract/rat/day. These treatments decreased the mean value of serum glucose by about 30.795% and 38.667%, than that of the positive control group respectively.

Table (2):Effect of diet containing skimmed milk in the presence of green coffee and lotus leaf aqueous extracts on serum glucose of obese rats suffering from diabetes.

Groups	Parameters	Glucose
		mg/dl
Control (-)		77.742 ± 4.020 ^f
Control (+)		186.737 ± 6.741 ^a
2 ml Green coffee aqueous extract		176.350 ± 5.591 ^b
3 ml Green coffee aqueous extract		162.657 ± 4.634 ^c
4 ml Green coffee aqueous extract		148.070 ± 2.803 ^d
2 ml Lotus leaf aqueous extract		170.000 ± 4.410 ^b
3 ml Lotus leaf aqueous extract		144.639 ± 2.699 ^d
4 ml Lotus leaf aqueous extract		129.230 ± 5.765 ^e

All results are expressed as mean ± SD.

Values in each column which have different letters are significant different (p<0.05).

In this respect, **(Hoppe, 2005)** indicate that a short-term high milk, but not meat, intake increased insulin secretion and resistance. On the other hand, **(Rice et al., 2011)** reported that, dairy products have been hypothesized to protect against type 2 diabetes because of their high content of calcium, magnesium, vitamin D, and whey proteins, which may reduce body fat and insulin resistance.

Hemmerle et al., (1997) reported that, green coffee extract GCE is inhibiting the enzymatic activity of hepatic glucose-6-phosphatase, which is involved in the homeostasis of glucose. **Van Dam (2008)** found that frequent consumption of coffee may reduce risk of type 2 diabetes and liver cancer.

Coffee has been shown to be a major contributor to the total in vitro antioxidant capacity of the diet **(Pulido et al ., 2003)** which may be relevant as oxidative stress can contribute to the development of type 2 diabetes. Coffee is the major source of the phenol chlorogenic acid. **(Clifford, 2000)**. Intake of chlorogenic acid has been shown to reduce glucose concentrations in rats **(Rodriguez de Sotillo and Hadley 2002)**. Coffee also contains substantial amounts of magnesium, which has been linked to better insulin sensitivity and insulin secretion **(De Valk 1999)**.

α -Glucosidase inhibitors are oral hypoglycemic agents for patients with type 2 diabetes that inhibit digestion of dietary carbohydrates and thereby flatten the postprandial glucose response. Although α -glucosidase inhibitors such as acarbose and miglitol effectively alleviate both fasting and postprandial hyperglycemia **(Standl et al., 1999)**. Lotus leaves could be helpful

in the management of diabetes mellitus, as a lotus leaf extract has α -glucosidase inhibitory activity in vitro (Mai et al., 2007).

Zhou et al., (2009) reported that the flavonoids from lotus leaf FLL may have beneficial effects as both hypoglycemic and antihyperglycemic agents. Toxicity data have already proved that the FLL did not show any toxic reactions.

Effect of diet containing skimmed milk in the presence of green coffee and lotus leaf aqueous extracts on lipid profile of obese rats suffering from diabetes.

The effect of three doses of (green coffee and lotus leaf) aqueous extracts on lipid profile including (total lipids, cholesterol and triglycerides) and serum lipoproteins (high, low and very low density lipoprotein–cholesterol) presented in Table (3 and 4) of obese rats suffering from diabetes, respectively.

The mean value of serum lipids, cholesterol and triglycerides increased significantly $p < 0.05$ in obese rats which suffering from diabetes, as compared to the negative control group. Total serum lipids, cholesterol and triglycerides increased in the positive control group by about 39.939%, 141.474% and 150.650, than that of the negative control group, respectively (Table 3).

All treated obese groups which were suffer from diabetes showed significant decrease $p < 0.05$ in serum lipids, cholesterol and triglycerides, as compared to the positive control group. Treating obese rats which suffering from diabetes with 2ml lotus leaf extracts led to significant decrease in serum lipids, as compared to the group which treated with 2 ml green coffee aqueous extract/rat/day, on the other hand total cholesterol and triglycerides did not changed significantly between these groups. Treating obese groups which were suffering from diabetes with 3 and 4 ml lotus leaf extracts decreased the mean values of serum lipids, cholesterol and triglycerides significantly $p < 0.05$, as compared to the groups which treated with the same levels from green coffee aqueous extract.

Table (3): Effect of diet containing skimmed milk in the presence of green coffee and lotus leaf aqueous extracts on serum lipid, cholesterol and triglycerides of obese rats suffering from diabetes.

Groups	Parameters	Lipids	Cholesterol	Triglycerides
		mg/dl		
Control (-)		411.250 ± 6.238 ^h	78.390 ± 4.320 ^f	37.607 ± 0.951 ^f
Control (+)		575.500 ± 4.203 ^a	189.292 ± 4.765 ^a	94.262 ± 3.029 ^a
2 ml Green coffee aqueous extract		557.500 ± 5.066 ^b	178.227 ± 3.675 ^b	86.801 ± 3.075 ^b
3 ml Green coffee aqueous extract		537.000 ± 5.715 ^d	166.750 ± 4.814 ^c	75.801 ± 4.926 ^c
4 ml Green coffee aqueous extract		508.750 ± 2.986 ^f	151.019 ± 4.057 ^d	66.241 ± 3.159 ^d

2 ml Lotus leaf aqueous extract	548.000 ± 4.320 ^c	171.722 ± 3.450 ^{b c}	82.226 ± 2.068 ^b
3 ml Lotus leaf aqueous extract	517.750 ± 8.845 ^e	156.125 ± 6.609 ^d	67.782 ± 4.234 ^d
4 ml Lotus leaf aqueous extract	495.750 ± 5.315 ^g	141.277 ± 6.423 ^e	59.166 ± 3.771 ^e

All results are expressed as mean ± SD.

Values in each column which have different letters are significant different (p<0.05).

The highest decrease in serum lipids, cholesterol and triglycerides recorded for the group which treated with the high dose of lotus leaf extract, this treatment decreased these parameters by about 13.857%, 25.365% and 37.232%, than that of the positive control group, respectively.

The effect of three doses of (green coffee and lotus leaf) aqueous extracts on serum high density lipoprotein-cholesterol (HDL-c), low and very low density lipoprotein-cholesterol (LDL-c & VLDL-c) of obese rats suffering from diabetes presented in table (4). The mean value of serum HDL-c decreased significantly (p< 0.05), while LDL-c and VLDL-c increased significantly (p<0.05) in obese rats which suffer from diabetes, as compared to the negative control group. Treating obese groups which were suffering from diabetes with (2ml, 3ml and 4ml) coffee or lotus leaf aqueous extraction led to significant increase in serum HDL-c, while LDL-c and VLDL-c decreased significantly, as compared to the positive control group.

Serum HDL-c increased gradually with increasing the doses of coffee or lotus aqueous extracts, while LDL-c and VLDL-c decreased gradually with increasing these doses. The highest improvement of serum lipoproteins recorded for the group which treated with 4 ml lotus leaf aqueous extract/rat/day, followed by the group treated with 4ml green coffee aqueous extract/rat/day.

The data in Table (3 and 4) revealed that, the highest improvement of lipid profile (total lipids, cholesterol, triglycerides, HDL-c, LDL-c and VLDL-c) recorded for the group which were treated with (4ml lotus leaf /rat/day) followed by the group which treated with (4ml green coffee aqueous extract/rat/day), respectively. These treatments showed significant decrease in serum lipids, cholesterol, triglycerides, LDL-c and VLDL-c & increased HDL-c, as compared to the other treated groups.

Table (4): Effect of diet containing skimmed milk in the presence of green coffee and lotus leaf aqueous extracts on serum lipoproteins of obese rats suffering from diabetes.

Groups	Parameters	HDL-c	LDL-c	VLDL-c
		mg/dl		
Control (-)		45.330 ± 2.445 ^a	25.588 ± 1.777 ^f	7.471 ± 0.232 ^f
Control (+)		20.267 ± 2.081 ^f	150.172 ± 5.885 ^a	18.852 ± 0.605 ^a
2 ml Green coffee aqueous extract		23.220 ± 1.398 ^e	137.647 ± 3.315 ^b	17.360 ± 0.615 ^b
3 ml Green coffee aqueous extract		29.399 ± 1.309 ^d	122.190 ± 4.920 ^c	15.160 ± 0.985 ^c
4 ml Green coffee aqueous extract		32.751 ± 2.227 ^c	105.020 ± 1.749 ^d	13.248 ± 0.631 ^d

2 ml Lotus leaf aqueous extract	21.936 ± 1.631 ^{e f}	133.340 ± 2.667 ^b	16.445 ± 0.413 ^b
3 ml Lotus leaf aqueous extract	35.640 ± 1.484 ^b	106.928 ± 4.858 ^d	13.556 ± 0.847 ^d
4 ml Lotus leaf aqueous extract	37.989 ± 1.364 ^b	91.454 ± 5.344 ^e	11.833 ± 0.754 ^e

All results are expressed as mean ± SD.

Values in each column which have different letters are significant different (p<0.05).

In this respect, **Akiyama et al., (1996)** Obesity induced by high fat intake is usually accompanied by hyperlipidemia which presents as an abnormally high concentration of lipids in blood. Generally, this abnormally high concentration of lipids in blood means elevated blood total cholesterol (TC) and/or triglyceride (TG) levels (**Smith et al., 1997**). Although hyperlipidemia does not cause any symptoms by itself, these abnormally high blood lipids levels can lead to various cardiovascular diseases (CVD) such as atherosclerosis and coronary heart disease (CHD) (**Bonora et al., 2003**) which together are one of the most common causes of death in modern society (**Smith et al., 2006**).

High milk intake is reported to be associated with a decreased ischaemic heart disease risk (**Shaper et al. 1991**). These reports suggest that milk and milk products may contain antiatherogenic bioactive substances to negate the effects of saturated fatty acids and cholesterol.

Diets rich in polyphenols may help to prevent various kinds of diseases associated with oxidative stress, including coronary heart disease and some forms of cancer (**Tijburg et al., 1997**). GCE has been reported to have antioxidant activity, demonstrated by its ability to scavenge free radicals *in vitro*, and to increase the antioxidant capacity of plasma *in vivo* (**Blum et al., 2007**).

Rodriguez de Sotillo and Hadley (2002) reported that serum and hepatic TG levels were lowered with intravenous administration of chlorogenic acid in Zucker fa/fa rats. However, the TG level in the adipose tissue was not lowered. Therefore, chlorogenic acid is suspected to be effective on hepatic TG, and not adipose TG.

Further studies were prompted to examine the anti-obesity effect of GCBE on dietary fat absorption using olive oil-loaded mice. The elevated serum TG level was lowered by GCBE and caffeine in olive oil-loaded mice. Coffee has been reported to delay gastric emptying (**Boekema et al., 1999**).

Huan et al., (2010) reported that, the concentrations of serum TG, TC and LDL-C were significantly lower in high fat diet group and treated with lotus leaf hot water extract compared to high fat diet group. Lotus leaf hot water extract alone or with taurine supplementation has effects of decreasing the concentration of serum TG, TC and LDL-C, and of increasing the ratio of HDL-C/TC. On the other hand (**Chang, 1999**) suggest that combined supplementation of lotus leaf hot water extract and taurine showed better blood lipid profiles compared to lotus leaf hot water extract alone.

Nelumbo nucifera, known as the sacred lotus, has many medicinal uses in traditional cultures. Previous studies showed that various pharmacologically active substances were separated from different parts of lotus mainly including alkaloids, flavonoids, triterpenoids,

polyphenols, steroids and glycosides (Mukherjee et al., 2009). Among the different parts, lotus leaf showed a concentration-dependent inhibition of the activities of α -amylase and lipase, and up-regulated lipid metabolism (Ono et al., 2006).

Stratton et al., (2000) reported that, improved insulin sensitivity due to administration of a lotus leaf extract could contribute to controlling dyslipidemia, which is important in reducing the risk of micro and macrovascular complications in patients with diabetes.

Pharmacological action of lotus leaf has been investigated nationally and internationally. Especially, its anti-obesity action, effect on the endocrine system, and effect on the lipid metabolism have been reported in previous studies. Lotus extract has been reported to have an effect of reducing fasting blood glucose, total cholesterol, and triglyceride in diabetic animals, thus showing anti-diabetic and antilipid effects (Sakuljaitrong et al., 2013).

Lotus leaf was effective in controlling postprandial hyperglycemia in STZ-induced diabetic rats and fasting hyperglycemia in db/db mice. Lotus leaf also alleviated hypertriglyceridemia and hypercholesterolemia and increased HDL-CHOL in db/db mice. These results suggest that lotus leaf could play a beneficial role in management of hyperglycemia and dyslipidemia in animal model of diabetes mellitus (Kim et al., 2013).

Effect of diet containing skimmed milk in the presence of green coffee and lotus leaf aqueous extracts on liver enzymes of obese rats suffering from diabetes.

The effect of the three doses of (green coffee and lotus leaf) aqueous extractions on serum AST, ALT and ALP of obese rats suffering from diabetes presented in table (5). Feeding obese rats which suffer from diabetes on high fat diet increased the mean values of serum AST, ALT and ALP significantly $p < 0.05$, as compared to the negative control group. Feeding obese groups which suffer from diabetes on high fat diet and treated with the three doses of green coffee or lotus leaf aqueous extracts decreased the mean value of serum AST, ALT and ALP significantly $p < 0.05$, as compared to the positive control group.

Table (5): Effect of diet containing skimmed milk in the presence of green coffee and lotus leaf aqueous extracts on serum liver enzymes of diabetic rats suffering from obesity.

Parameters	AST	ALT	ALP
	U/L		
Control (-)	50.527 ± 3.619 ^f	14.830 ± 1.730 ^g	87.500 ± 4.203 ^f
Control (+)	165.720 ± 4.074 ^a	68.517 ± 3.072 ^a	166.250 ± 4.787 ^a
2 ml Green coffee aqueous extract	149.714 ± 2.924 ^b	60.562 ± 2.097 ^b	149.500 ± 4.654 ^b
3 ml Green coffee aqueous extract	133.583 ± 1.983 ^c	50.767 ± 2.602 ^d	129.365 ± 2.891 ^c
4 ml Green coffee aqueous extract	115.497 ± 3.723 ^d	43.545 ± 2.077 ^e	118.715 ± 3.787 ^d
2 ml Lotus leaf aqueous extract	142.943 ± 3.581 ^b	56.127 ± 3.890 ^c	145.250 ± 4.113 ^b
3 ml Lotus leaf aqueous extract	119.372 ± 10.184 ^d	44.355 ± 2.787 ^e	114.990 ± 2.715 ^d
4 ml Lotus leaf aqueous extract	102.339 ± 2.866 ^e	38.659 ± 2.296 ^f	102.941 ± 2.191 ^e

All results are expressed as mean ± SD.

Values in each column which have different letters are significant different ($p < 0.05$).

The data in this table showed that, treating obese group which suffering from diabetes with high dose of lotus leaf aqueous extract decreased the mean values of serum AST, ALT and ALP significantly $p < 0.05$, followed by the group treated with 4ml green coffee aqueous extract, as compared to other treated groups. These treatments decreased the mean values of AST, ALT and ALP by about (38.245%, 43.577% and 38.080%) and (30.305%, 36.446% and 38.080%), respectively.

In this respect, **Mcavoy and Hayes (2006)** reported that, Coffee drinking has an inverse relationship to Gamma Glutamyl Transferase “GGT” production in the liver. GGT that occurs with alcohol is inhibited by coffee and thus may protect the liver against damage from alcohol excess. Increased coffee consumption was strongly and independently associated with decreased GGT activity amongst males ($p < 0.0001$), especially amongst those with documented alcohol excess. However, only a weak association between coffee intake and lower GGT levels was demonstrated in females. A similar effect on the serum transaminases was also identified.

Coffee intake may have beneficial effects on the liver. Increasing coffee consumption has been inversely associated with liver enzyme concentrations, including alanine aminotransferase (ALT), aspartate aminotransferase (AST), and gamma-glutamyltransferase (**Tanaka et al., 1998**). In population studies, among persons with unknown diagnosis of liver disease, greater coffee intake has been associated with lower risk of cirrhosis (**Klatsky et al., 2006**) and chronic liver disease (**Ruhl and Everhart 2005**).

Huang et al., (2010) reported that, LLE possessed strong hepatoprotective and antioxidant activity in a rat model of CCl₄-induced. The hepatoprotective activity of LLE may be due to its free radical-scavenging and antioxidant activity, resulting from the presence of some flavonoids and phenolic compounds in the extracts.

Effect of diet containing skimmed milk in the presence of green coffee and lotus leaf aqueous extracts on kidney functions of obese rats suffering from diabetes.

The data in Table (6) illustrated the effect of three doses of aqueous extracts from green coffee and lotus leaf on kidney functions including (uric acid, urea nitrogen and creatinine) of obese rats suffering from diabetes. Feeding obese rats which suffering from diabetes on high fat diet led to significant increase $p < 0.05$ in serum uric acid, urea nitrogen and creatinine, as compared to the negative control group. These treatments increased the mean values of these parameters by about (86.245%, 175.195% and 245.551%) respectively, than that of the negative control group.

All treated groups improving kidney functions by reducing the mean values of serum uric acid, urea nitrogen and creatinine significantly, as compared to the positive control group. All kidney parameters decreased gradually with increasing the dosage on (green coffee and lotus leaf) aqueous extracts.

The best results in serum uric acid, urea nitrogen and creatinine recorded for the group treated with 4ml lotus leaf aqueous extract, followed by the group which treated with 4ml green coffee aqueous extract, respectively.

Table (6): Effect of diet containing skimmed milk in the presence of green coffee and lotus leaf extracts on kidney functions of rats and suffering from obesity.

Groups	Parameters	Uric acid	Urea nitrogen	Creatinine
	mg/dl			
Control (-)		1.345 ± 0.102 ^f	24.072 ± 1.640 ^e	0.562 ± 0.074 ^g
Control (+)		2.505 ± 0.130 ^a	66.245 ± 3.010 ^a	1.942 ± 0.131 ^a
2 ml Green coffee extract		2.212 ± 0.139 ^b	52.820 ± 5.043 ^b	1.697 ± 0.085 ^b
3 ml Green coffee extract		1.977 ± 0.098 ^c	43.322 ± 5.602 ^c	1.297 ± 0.102 ^d
4 ml Green coffee extract		1.804 ± 0.082 ^d	37.275 ± 4.457 ^d	1.117 ± 0.102 ^e
2 ml Lotus leaf extract		2.012 ± 0.094 ^c	48.053 ± 4.339 ^{b,c}	1.520 ± 0.060 ^c
3 ml Lotus leaf extract		1.747 ± 0.133 ^d	36.362 ± 3.211 ^d	1.016 ± 0.076 ^e
4 ml Lotus leaf extract		1.562 ± 0.056 ^e	31.334 ± 2.624 ^d	0.817 ± 0.072 ^f

All results are expressed as mean ± SD.

Values in each column which have different letters are significant different (p<0.05).

In this respect, **Michael-Clifford (2000)** reported that, Chlorogenic acid (CGA) is a phenolic compound, a family of naturally occurring organic compounds found in plants. It is present in high quantity in coffee (*Coffea canephora*). It is an ester formed from cinnamic acid and quinic acid and is also known as 5-ocaffeoylquinic acid (5-CQA). Pharmacologically, CGA has been reported to delay glucose absorption in the intestine through inhibition of glucose-6-phosphate translocase (**McCarty, 2005**). It has also been reported to possess antioxidant activity and antihyperlipidemic activity (**Lan, 2007**).

Sugimoto et al., (1999) reported that, serum and urinary creatinine and BUN measurement is taken as an index of altered glomerular filtration rate GFR in diabetic nephropathy. **Nishi et al., (2013)** showed that the level of serum creatinine and blood urea nitrogen BUN was significantly elevated whereas creatinine clearance was significantly reduced in diabetic untreated rats. However, administration of CGA for 10 weeks improved the GFR in diabetic rats significantly, implicating its nephroprotective action. We suggest that CGA improved GFR by downregulating TGF-β induced expression of extracellular matrix proteins in the glomerular matrix.

Pennel and Meinking (1982) reported that, proteinuria is an important indication of diabetic nephropathy which occurs as a result of decreased tubular reabsorption of plasma proteins. **Nishi et al., (2013)** showed that the total protein excreted in urine was significantly elevated in diabetic control rats. On the other hand, the total proteins excreted in urine were significantly decreased in Chlorogenic acid CGA treated diabetic rats as compared to diabetic control rats. The authors suggest that CGA improved proteinuria by preventing hyperglycemia

and TGF- β induced tubular injury that can induce glomerular hyper-filtration leading to protein infusion into Bowman's space.

Huang et al., (2010) reported that, LLE possessed strong hepatoprotective and antioxidant activity in a rat model of CCl₄-induced. The hepatoprotective activity of LLE may be due to its free radical-scavenging and antioxidant activity, resulting from the presence of some flavonoids and phenolic compounds in the extracts. On the other hand, **(Rafieian-kopaei, 2013)** reported that, Oxidative stress is an important factor contributing to kidney damage by increasing production of oxidants, particularly insufficiency of endogenous antioxidant defense system. Medicinal plants antioxidants have been shown to ameliorate oxidative induced kidney damage by reduction of lipid peroxidation and enhancement of scavenging ability of antioxidant defense system. Supplementation of medicinal plants antioxidants might be considered important remedies to abrogate pathology of oxidative stress induced kidney damage; however, single antioxidants do not act the same and might not be beneficial.

RECOMMENDATIONS:

According to our results, we can recommend the followings:

- 1- Encouragement of nutrition education programmers investigating the importance of green coffee and lotus leaf aqueous extract in weight loss and the complications resulting from obesity and diabetes

REFERENCES:

- Achike, F.I.; To, N.H.P. and WangHandKwan,C.Y. (2011).** Obesity, metabolic syndrome, adipocytes and vascular function: A holistic viewpoint. *Clin Exp Pharmacol Physiol* 38:1–10.
- Akiyama, T.; Tachibana, I.; Shirohara, H.; Watanabe, N. and Otsuki, M. (1996).** High-fat hypercaloric diet induces obesity, glucose intolerance and hyperlipidemia in normal adult male Wistar rat. *Diabetes Res Clin Pract.*; 31:27–35.
- Allain, C.; Poon, L. and Chan, C. (1974):** Enzymatic determination of total serum cholesterol. *Clin. Chem.*, 20:470-475.
- American Diabetes Association. Summary of revisions for the (2008).** clinical practice recommendations. *Diabetes Care.*;31:S3–S4.
- Belfield, A. and Goldberg, D. M. (1971).** Normal Ranges and Diagnostic Value of Serum 5'Nucleotidase and Alkaline Phosphatase Activities in Infancy. *Arch Dis Child* ; 46:842-846.
- Blum, J.; Lemaire, B. and Lafay, S. (2007).**“Effect of a green decaffeinated coffee extract on glycemia: a pilot prospective clinical study,” *Nutrafoods*, 6(3):13–17.
- Boekema, P.J.; Samsom, M.; van Berge Henegouwen, G.P. and Smout, A.J. (1999).** Coffee and gastrointestinal function: facts and fiction. *Scand J Gastroenterol Suppl*, 230:35-39.
- Bohmer, H.B.U.M. (1971):** Micro- determination of creatinine. *Clin.Chem. Acta.*, 32:81-85.
- Bonora, E.; Kiechl, S.; Willeit, J.; Oberhollenzer, F.; Egger, G.; Bonadonna, R. and Muggeo, M. (2003).** Carotid atherosclerosis and coronary heart disease in the metabolic syndrome. *Diabetes Care.*; 26:1251.
- Chang, K. (1999).** Effects of Taurine and β -alanine on Blood Glucose and Blood Lipid Concentrations in Streptozotocin-induced Diabetic Rats. *the Korea Journal of Nutrition.*;32:8.
- Cho, A.S.; Jeon, S.M. and Kim, M.J. (2010).**“Chlorogenic acid exhibits anti-obesity property and improves lipid metabolism in high-fat diet-induced-obese mice,” *Food and Chemical Toxicology*, 48 (3): 937–943.
- Clifford, M.N. (2000).** Chlorogenic acid and other cinnamates—nature, occurrence, dietary burden, absorption and metabolism. *J Sci Food Agric.*80:1033- 1043.
- De Matteis, R.; Arch, J.R.; Petroni, M.L.; Ferrari, D.; Cinti, S. and Stock, M.J. (2002).** Immunohistochemical identification of the β 3-adrenoceptor in intact human adipocytes and ventricular myocardium: effect of obesity and treatment with ephedrine and caffeine. *Int J Obes Relat Metab Disord*, 26:1442-1450.
- De Valk, H.W. (1999).** Magnesium in diabetes mellitus. *Neth J Med.*54:139-146.
- Du, H.; You, J.S.; Zhao, X.; Park, J.Y.; Kim, S.H. and Chang, K.J. (2010).** Antiobesity and hypolipidemic effects of lotus leaf hot water extract with taurine supplementation in rats fed a high fat diet. *J Biomed Sci.*;17(1):42–47.
- Farah, A.; Monteiro, M.; Donangelo, C. M. and Lafay, S. (2008).** “Chlorogenic acids from green coffee extract are highly bioavailable in humans,” *Journal of Nutrition*, 138(12): 2309–2315.
- Fossati, P.; Principe, L. and Berti, G. (1980).** Enzymatic colorimetric method of determination of uric acid in serum. *Clin Chem.*, 26(2): 227-273.
- Foster, L. B. and Dumns, T. T. (1973):** Determination of triglycerides. *J. Clin. Chem.*, 19:338-353.
- Fredholm, B.B. and Lindgren, E. (1984).** The effect of alkylxanthines and other phosphodiesterase inhibitors on adenosine-receptor mediated decrease in lipolysis and cyclic AMP accumulation in rat fat cells. *Acta Pharmacol Toxicol*, 54:64-71.

- Friedwald, W.T.; Levey, R.I. and Fredrickson, D.S. (1972).** estimation of concentration of low-density lipoprotein separated by three different method. *Clin. Chem.*, 18:499-502.
- Frings, C.S.; Fendley, T.W.; Dunn, R.T. and Queen, C.A. (1972).** Improved Determination of Total Serum Lipids by the Sulfo-Phospho-Vanillin Reaction. *Clinical Chemistry*, 18 (7): 673-674.
- Garg, A. and Grundy, S.M. (1990).** Management of dyslipidemia in NIDDM. *Diabetes Care.* ; 13:153–169.
- Giovannucci, E.; Pollak, M.; Liu, Y.; Platz, E.A.; Majeed, N.; Rimm, E.B. and Willett, W.C. (2003).** Nutritional predictors of insulin-like growth factor I and their relationship to cancer in men. *Cancer Epidemiol Biomarkers Prev.*;12(2):84-9.
- Goo, H.R.; Choi, J.S. and Na, D.H. (2009).** Simultaneous determination of quercetin and its glycosides from the leaves of *Nelumbo nucifera* by reversed-phase highperformance liquid chromatography. *Arch Pharm Res*, 32(2):201-206.
- Greenberg, J. A.; Boozer, C. N. and Geliebter, A. (2006).** “Coffee, diabetes, and weight control,” *American Journal of Clinical Nutrition*, 84(4) : 682–693.
- Hemmerle, H.; Burger, H.J. and Below, P. (1997).** “Chlorogenic acid and synthetic chlorogenic acid derivatives: novel inhibitors of hepatic glucose-6-phosphate translocase,” *Journal of Medicinal Chemistry*, 40 (2):137–145.
- Hiltunen, L. A. (2006).** “Are there associations between coffee consumption and glucose tolerance in elderly subjects?” *European Journal of Clinical Nutrition*, 60 (10):1222–1225.
- Ho, L.; Varghese, M. and Wang, J. (2012).** “Dietary supplementation with decaffeinated green coffee improves diet-induced insulin resistance and brain energy metabolism in mice,” *Nutritional Neuroscience*, 15 (1): 37–45.
- Hoppe, C. (2005).** High intakes of milk, but not meat, increase s-insulin and insulin resistance in 8-year-old boys. *European Journal of Clinical Nutrition*; 59, 393–398.
- Huan, D.; Jeong-Soon, Y.; Xu, Z.; Ji-Yeon, P.; Sung-Hoon, K. and Kyung-Ja, C. (2010).** Antiobesity and hypolipidemic effects of lotus leaf hot water extract with taurine supplementation in rats fed a high fat diet. *J Biomed Sci.*; 17(1): S42.
- Huang, B.; Ban, X.; He, J.; Tong, J.; Tian, J. and Wang, Y. (2010).** Hepatoprotective and antioxidant activity of ethanolic extracts of edible lotus (*Nelumbo nucifera* Gaertn.) leaves. *Food Chemistry* 120 : 873–878.
- Jeong, C.H. and Choi, S.G. (2012).** Antioxidant and neuronal cell protective effects of aqueous extracts from lotus leaf tea. *Annual Report of Researches in Agriculture and Life Sciences.*; 46(2):115–127.
- Joe, A.V.; Bryan, R.B. and Mysore, V.N. (2012).** Randomized, double-blind, placebo-controlled, linear dose, crossover study to evaluate the efficacy and safety of a green coffee bean extract in overweight subjects. *Diabetes, Metabolic Syndrome and Obesity: Targets and Therapy*, 5, 21–27
- Kashiwada, Y.; Aoshima, A.; Ikeshiro, Y.; Chen, Y.P.; Furukawa, H.; Itoigawa, M.; Fujioka, T.; Mihashi, K.; Cosentino, L.M.; Morris-Natschke, S.L. and Lee, K.H. (2005).** Anti-HIV benzyloisoquinoline alkaloids and flavonoids from the leaves of *Nelumbo nucifera*, and structure-activity correlations with related alkaloids. *Bioorg Med Chem*, 13(2):443-448.
- Kim, A.R.; Jeong, S.M.; Kang, M.J.; Jang, Y.H.; Choi, H.N. and Kim, J.I. (2013).** Lotus leaf alleviates hyperglycemia and dyslipidemia in animal model of diabetes mellitus. *Nutrition Research and Practice.*;7(3):166–171.

King, H.; Aubert, R.E. and Herman, W.H. (1998). Global burden of diabetes, 1995-2025: prevalence, numerical estimates, and projections. *Diabetes Care.*; 21:1414–1431.

Klatsky, A.L.; Morton, C.; Udaltsova, N. and Friedman, G.D. (2006). Coffee, cirrhosis, and transaminase enzymes. *Arch Intern Med* , 166:1190-1195.

Mukherjee, P.; Mukherjee, D.; Maji, A.; Rai, S. and Heinrich, M. (2009). The sacred lotus (*Nelumbo nucifera*)-phytochemical and therapeutic profile. *J Pharm Pharmacol.*;61:407–422

Kumar, G.; Karthik, L. and Rao, B. (2010). Antimicrobial activity of latex of *Calotropis gigantean* against pathogenic microorganisms- an *in vitro* study. *Pharmacologyonline*, 3: 155-163.

Lan, W.U. (2007). Effect of chlorogenic acid on antioxidant activity of Flos Lonicerae extracts. *J Zhejiang Univ Sci B September*; 8[9]: 673–679.

Lee, K.; Kim, J.; Lee, N.; Park, S.; Cho, H. and Chun1, Y. (2015). Effects of potato and lotus leaf extract intake on body composition and blood lipid concentration. *J Exerc Nutrition Biochem.* 19 (1): 25–30.

Lopez-Garcia, E.; VanDam, R. M.; Rajpathak, S.; Willett, W. C.; Manson, J. E. and Hu, F. B. (2006). “Changes in caffeine intake and longterm weight change in men and women,” *American Journal of Clinical Nutrition*, 83 (3):674–680.

Lopes-Virella, M. F.; Stone, S.; Ellis, S. and Collwellm J. A. (1977): Cholesterol determination in high-density lipoproteins separated by three different methods. *Clin. Chem.*, 23 (5): 882-893.

Mai, T.T.; Thu, N.N.; Tien, P.G. and Van Chuyen, N. (2007). Alpha-glucosidase inhibitory and antioxidant activities of Vietnamese edible plants and their relationships with polyphenol contents. *J Nutr Sci Vitaminol (Tokyo)*; 53:267–276.

Manach, C.; Scalbert, A.; Morand, C.; Remesy, C. and Jimenez, L. (2004). “Polyphenols: food sources and bioavailability,” *American Journal of Clinical Nutrition*, 79 (5): 727– 747.

McAvoy N.C. and Hayes P.C. (2006): Coffee is good for the liver. *J Royal College of Physicians of Edinburgh.*; 36:32–34.

McCarty, M.F. (2005). A chlorogenic acid-induced increase in GLP-1 production may mediate the impact of heavy coffee consumption on diabetes risk. *Medical Hypotheses*; 64: 848–853.

Michael-Clifford, N. (2000). Chlorogenic acids and other cinnamates – nature, occurrence, dietary burden, absorption and metabolism. *Journal of the Science of Food and Agriculture*; 80(7):1033–1043.

Min, L.; Ling, S.; Yin, L.; Stephen, C.W.; Randy, J. S.; David, D. and Patrick, T. (2004): Obesity induced by a high-fat diet downregulates apolipoprotein A-IV gene expression in rat hypothalamus. *Am. J. Physiol. Endocrinol Metab.* 287: E366-E370.

Moon, J.K.; Yoo, H.S. and Shibamoto, T. (2009).“Role of roasting conditions in the level of chlorogenic acid content in coffee beans: correlation with coffee acidity,” *Journal of Agricultural and Food Chemistry*, 57 (12):5365–5369.

Nishi, Amjid, A. and Pawan, K. (2013). Protective effect of chlorogenic acid against diabetic nephropathy in high fat diet/streptozotocin induced type-2 diabetic rats. *International Journal of Pharmacy and Pharmaceutical Sciences*, 5 (2): 489-495.

Ohkoshi, E.; Miyazaki, H.; Shindo, K.; Watanabe, H.; Yoshida, A. and Yajima, H. (2007). Constituents from the leaves of *Nelumbo nucifera* stimulate lipolysis in the white adipose tissue of mice. *Planta Med*, 73(12):1255-1259.

- Ong, K.W.; Hsu, A. and Tan, B.K.H. (2012).**“Chlorogenic acid stimulates glucose transport in skeletal muscle via AMPK activation: a contributor to the beneficial effects of coffee on diabetes,” *PLoS ONE*, 7 (3) Article ID e32718.
- Ono, Y.; Hattori, E.; Fukaya, Y.; Imai, S. and Ohizumi, Y. (2006).** Anti-obesity effect of *Nelumbo nucifera* leaves extract in mice and rats. *J Ethnopharmacol*, 106(2):238-244.
- Patton, C.J. and Crouch, S.R. (1977).** Enzymatic colorimetric method to determination urea in serum. *Anal. Chem.*,49:464.
- Pennel, J.P. and Meinking, T.L. (1982).** Pattern of urinary proteins in experimental diabetes. *Kidney Int.*; 21: 709–713.
- Pittas, A.G.; Lau, J.; Hu, F.B. and Dawson-Hughes, B. (2007).** The role of vitamin D and calcium in type 2 diabetes. A systematic review and metaanalysis. *J Clin Endocrinol Metab.*;92 (6):2017-29.
- Pulido, R.; Hernandez-Garcia, M. and Saura-Calixto, F. (2003).** Contribution of beverages to the intake of lipophilic and hydrophilic antioxidants in the Spanish diet. *Eur J Clin Nutr.*57:1275-1282.
- Pulok, K. M.; Debajyoti, M.; Amal, K. M.; Rai, S. and Michael, H. (2009).** The sacred lotus (*Nelumbo nucifera*) – phytochemical and therapeutic profile. *Journal of Pharmacy and Pharmacology*, 61, 407–422.
- Rafieian-kopaei, M. (2013).** Medicinal plants for renal injury prevention. *J Renal Inj Prev.*; 2(2): 63-65.
- Rayalam, S.; Della-Fera, M.A. and Baile, C.A. (2008).** Phytochemicals and regulation of the adipocyte life cycle. *J Nutr Biochem*, 19 (11):717-726.
- Reeves, P. G.; Nielsen, F. H. and Fahmy, G. C. (1993):** AIN-93 purified diets for laboratory rodents: final report of the American Institute of Nutrition ad hoc writing committee on the reformulation of the AIN-76A rodent diet. *J. Nutr.*;123(11):1939-1951.
- Reitman, S. and Frankel, S. (1957):** Determination of glutamate pyruvate transferase. *Am. J. Clin. Path.*, 28:56.
- Rice, B.H.; Cifelli, C.J.; Pikosky, M.A. and Miller, G.D. (2011).** Dairy components and risk factors for cardiometabolic syndrome: recent evidence and opportunities for future research. *Adv Nutr*;2:396–407.
- Rodriguez de Sotillo, D.V. and Hadley, M. (2002).** Chlorogenic acid modifies plasma and liver concentrations of cholesterol, triacylglycerol, and minerals in (fa/fa) Zucker rats. *J Nutr Biochem*, 13:717-726.
- Rosen, E.D.; Walkey, C.J.; Puigserver, P. and Spiegelman, B.M. (2000).** Transcriptional regulation of adipogenesis. *Genes Dev*, 14 (11):1293-1307.
- Ruhl, C.E. and Everhart, J.E. (2005).** Coffee and tea consumption are associated with a lower incidence of chronic liver disease in the United States. *Gastroenterology*, 129:1928-1936.
- Sakuljaitrong, S.; Buddhakala, N.; Chomko, S. and Talubmook, C. (2013).** Effects of flower extract from lotus (*Nelumbo nucifera*) on hypoglycemic and hypolipidemic in streptozotocin-induced diabetic rats. *International Journal of Scientific & Engineering Research.*; 4(7):1441–1446.
- SAS, (1996):** "Statistical Analysis System" SAS User's Guide: Statistics. SAS Institute Inc. Editors, Cary, NC.
- Shaper, K.G.; Wannamethee, G. & Walker, M. (1991).** Milk, butter and heart disease. *British Medical Journal* 302, 785-786.

- Shimoda, H.; Seki, E. and Aitani, M. (2006).** “Inhibitory effect of green coffee bean extract on fat accumulation and body weight gain in mice,” *BMC Complementary and Alternative Medicine*, 6, article 9.
- Shradha, B. and Sisodia, S. (2010).** Coffea arabica: A wonder gift to medical science. *Journal of Natural Pharmaceuticals*,1(1): 58-65.
- Siegner, R.; Heuser, S.; Holtzmann, U.; Sohle, J.; Schepky, A.; Raschke, T.; Winnefeld, M. (2010).** Lotus leaf extract and L-carnitine influence different processes during the adipocyte life cycle. *Nutr Metab (Lond)*;7:66–76.
- Smith, A.; Datta, S.; Smith, G.; Campbell, P.; Bentley, R.; McKenzie, H. and Jakoby, W. (1997).** Oxford dictionary of biochemistry and molecular biology. *Oxford University Press London*; 1997.
- Smith, S.; Allen, J.; Blair, S.; Bonow, R.; Brass, L.; Fonarow, G.; Grundy, S.; Hiratzka, L.; Jones, D. and Krumholz, H. (2006).** AHA/ACC guidelines for secondary prevention for patients with coronary and other atherosclerotic vascular disease: 2006 update endorsed by the National Heart, Lung, and Blood Institute. *Journal of the American College of Cardiology*; 47:2130–2139.
- Sridhar, K. R., & Bhat, R. (2007).** Lotus – A potential nutraceutical source. *Journal of Agricultural Technology*, 3, 143–155.
- Standl, E.; Baumgartl, H.J.; Fuchtenbusch, M. and Stemplinger, J. (1999).** Effect of acarbose on additional insulin therapy in type 2 diabetic patients with late failure of sulphonylurea therapy. *Diabetes Obes Metab.*; 1:215–220.
- Stratton, I.M.; Adler, A.I.; Neil, H.A.; Matthews, D.R.; Manley, S.E.; Cull, C.A.; Hadden, D.; Turner, R.C. and Holman, R.R. (2000).** Association of glycaemia with macrovascular and microvascular complications of type 2 diabetes (UKPDS 35): prospective observational study. *BMJ*; 321:405–412.
- Sugimoto, H.; Shikata, K.; Wada, J.; Horiuchi, S. and Makino, H. (1999).** Advanced glycation end products-cytokine-nitric oxide sequence pathway in the development of diabetic nephropathy: aminoguanidine ameliorates the overexpression of tumour necrosis factor alpha and inducible oxide synthase in diabetic rat glomeruli. *Diabetologia*; 42: 878–886.
- Tanaka, K.; Tokunaga, S.; Kono, S.; Tokudome, S.; Akamatsu, T. and Moriyama, T. (1998).** Coffee consumption and decreased serum gamma-glutamyltransferase and aminotransferase activities among male alcohol drinkers. *Int J Epidemiol*, 27:438-443.
- Tijburg, L. B. M.; Mattern, T.; Folts, J. D.; Weisgerber, U. M. and Katan, M. B. (1997).** “Tea flavonoids and cardiovascular diseases: a review,” *Critical Reviews in Food Science and Nutrition*, 37 (8): 771–785.
- Trinder, P. (1959).** Determination of blood glucose using 4-aminophenazone. *J. Clin. Path.*, 22:246.
- Van Dam, R.M. (2008).** Coffee consumption and risk of type 2 diabetes, cardiovascular diseases and cancer. *Appl.Physiol.Nut.Met* ;33(6):1269-83
- Van Dam, R.M. and Feskens, E.J. (2002).** Coffee consumption and risk of type 2 diabetes mellitus. *Lancet*, 360:1477-1478.
- Wu, M.J.; Wang, L.; Weng, C.Y. and Yen, J.H. (2003).** Antioxidant activity of methanol extract of the lotus leaf (*Nelumbo nucifera* Gertn.). *American Journal of Chinese Medicine*, 31, 687–698.
- Zemel, M.B.; Donnelly, J.E.; Smith, B.K.; Sullivan, D.K.; Richards, J. and Morgan-Hanusa, D. (2008).** Effects of dairy intake on weight maintenance. *Nutr Metab (Lond)*.;5:28.

Zheng, G.; Sayama, K.; Okubo, T.; Juneja, L.R. and Oguni, I. (2004). Anti-obesity effects of three major components of green tea, catechins, caffeine and theanine, in mice. *In Vivo*, 18:55-62.

Zhou, T.; Luo, D.; Li, X.Y. and Luo, Y. (2009). Hypoglycemic and hypolipidemic effects of flavonoids from lotus (*Nelumbo nucifera* Gaertn) leaf in diabetic mice. *J Med Plant Res.*; 3:290–293.

تأثير الوجبات المحتوية علي الحليب منزوع الدسم في وجود المستخلص المائي للقهوة الخضراء واوراق اللوتس علي
الفران البدينة المصابة بالسكر.

منى عبد الستار عبد الباسط
قسم الاقتصاد المنزلي - كلية التربية النوعية - جامعة الفيوم

المستخلص

تهدف هذه الدراسة الي بحث تأثير ثلاثة جرعات من المستخلص المائي لكل من (القهوة الخضراء و أوراق اللوتس) علي الفران البدينة التي تعاني من مرض السكر. استخدمت في هذه الدراسة ثمانية وأربعون فأرا من نوع الألبينو من فصيلة (الاسبراجو داولي), تم تقسيم الفران الي مجموعتين رئيسيتين. المجموعة الرئيسية الأولى (٦ فران) تم تغذيتها علي غذاء أساسي واستخدمت كمجموعة رئيسية سالبة. المجموعة الرئيسية الثانية (٤٢ فأرا) تم تغذيتهم لمدة ثمانية أسابيع علي غذاء مرتفع الدهن لإحداث البدانة في الفران. تم حقن الفران المصابة بالبدانة بمادة الألوكسان (١٥٠ مليجرام / كيلوجرام من وزن الفأر) لاحداث مرض السكر. تم تقسيم المجموعة الرئيسية الثانية الي سبع مجموعات فرعية، المجموعة الفرعية الأولى تم تغذيتها علي غذاء مرتفع الدهن واستخدمت كمجموعة ضابطة مصابة، المجموعات الفرعية (٢، ٣ و ٤) تم تغذيتهم علي غذاء مرتفع الدهن وتم معاملتهم بالمستخلص المائي للقهوة الخضراء (٢، ٣ و ٤ ملييلتر/فأر/يوم). المجموعات الفرعية (٥، ٦ و ٧) تم تغذيتهم علي غذاء مرتفع الدهن وتم معاملتهم بالمستخلص المائي لأوراق اللوتس (٢، ٣ و ٤ ملييلتر/فأر/يوم)، استمرت فترة التجربة ستة أسابيع. أظهرت النتائج أن، الفران البدينة التي تعاني من السكر (مجموعة الكنترول المصاب) سجلت زيادة معنوية في النسبة المئوية للزيادة في الوزن، النسبة المئوية لاوزان أعضاء الفران (كبد وكلي)، الكولسترول، الجليسريدات الثلاثية، كولسترول الليوبروتينات منخفضة الكثافة والمنخفضة جدا، حامض اليوريك، نيتروجين اليوريا، الكرياتينين، انزيمات الكبد، والجلوكوز، مقارنة بفران المجموعة الرئيسية الأولى (مجموعة الكنترول الغير مصاب بالسمنة). معاملة الفران البدينة المصابة بالسمنة بثلاثة جرعات من المستخلص المائي لكل من (القهوة الخضراء و أوراق اللوتس) احدثت تناقصا في النسبة المئوية للزيادة في الوزن، والنسبة المئوية للزيادة في وزن الكبد والكلي، الكولسترول، الجليسريدات الثلاثية، كولسترول الليوبروتينات منخفضة الكثافة والمنخفضة جدا، حامض اليورك، نيتروجين اليوريا، الكرياتينين، إنزيمات الكبد، والجلوكوز، في حين حدث ارتفاعا في مستوى كولسترول الليوبروتينات عالية الكثافة. سجلت أعلى تحسنا لهذه التقديرات للمجموعة التي عوملت بالجرعة العالية من المستخلص المائي لأوراق اللوتس، يليه المجموعة المعاملة بالجرعة العالية بالقهوة الخضراء. المستخلصات المائية للقهوة الخضراء وأوراق اللوتس حسنت صورة الدهن، وظائف الكلي، انزيمات الكبد، والجلوكوز في الفران البدينة المصابة بالسكر.

الكلمات المفتاحية: السكر - المسنة - فران - قهوة خضراء - أوراق اللوتس - جلوكوز - صورة الدهن - انزيمات الكبد - وظائف الكلي.