

Evaluation of Glycemic Control in Women with Type 2 Diabetes Mellitus Treated with Ziziphus Fruit

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Abstract

Objective Diabetes mellitus (DM) as a metabolic disorder is becoming a serious threat of health. In recent years, there has been renewed interest in the treatment against different diseases using medicinal plants. The present randomized clinical trial was carried out to evaluate the efficacy of Ziziphus in improving glucose control in women with type 2 diabetes mellitus (T2DM).

Materials and Methods: Women were randomized to treatment with Ziziphus (30 gr/day) or control group (age match). This trial was done during three months. Fasting blood sugar (FBS), 2-hour postprandial blood glucose (2hpp) and glycated hemoglobin (HbA1c) were measured before and after the intervention.

Results Ziziphus consumption was associated with significant reductions in serum levels of 2hpp glucose and HbA1c ($P < 0.05$) in women with T2DM. As well as marginally significant effect was observed from Ziziphus of serum levels of FBS ($P = 0.06$) after the intervention.

Conclusion: Consumption of Ziziphus for 3 months has anti-diabetic effects on women with T2DM. These findings suggest Ziziphus as a beneficial supplement for diabetic women.

Keywords: Type 2 diabetes mellitus, Women, Glycemic control, Ziziphus fruit

Introduction

Type 2 diabetes mellitus (T2DM) is one of the most common chronic diseases in nearly all countries. It is estimated that prevalence of T2DM will grow, so the health and economic burden will worsen significantly (1,2). Middle East countries will have the greatest relative increase in the prevalence of diabetes by 2030 (3). The

prevalence of T2DM is about 14.52% in over 30 years old population of Yazd provinces (4). Diabetes management without side effect is still a challenge. Natural products as sources of modern drug discovery and ethnopharmacology is important issues. According to the world health organization (WHO), nearly three-quarters of the world

population rely on traditional remedies for their health care (5).

Prospective longitudinal cohort studies have suggested an inverse association between consumption of fruits and vegetables rich in flavonoids and complications and risk of T2DM (6,7). Ziziphus is a fruit that has curative properties. This fruit is used by local population for the treatment of some diseases such as digestive disorders, obesity, antidiabetic, urinary diseases, sedative, liver diseases and skin infections (8-10).

Ziziphus contains vitamin A, B, and C and minerals. Several bioactive phytochemicals like tannins, sterols, phenolic, flavonoids, saponin, alkaloids, and fatty acids were found in this fruit. The presence of these vitamins and phytochemicals in Ziziphus have antioxidant activity that may be beneficial to counterbalance the heightened state of oxidative stress in T2DM (11-13).

The results of some studies have shown that consumption of this fruit may be associated with improving glycemic control (14,15). There have been very few studies on the anti-diabetic effects of Ziziphus fruit (ZF) in clinical setting. The aim of this study was to determine whether supplementation with ZF could influence plasma glucose levels in women with T2DM.

Materials and Methods

Sixty women with T2DM aged 32–65 years were recruited for this trial. Patients were selected from the Diabetes Research Center, Yazd, Iran. The Ethics Committee at the Shahid Sadoughi University of Medical Sciences (Yazd, Iran) approved the study protocol, and each woman signed an informed consent form prior to commencement of the study. Inclusion criteria were female with T2DM, glycated hemoglobin (HbA1c) between 6.5 to 9.5 percent, body mass index (BMI) ≥ 25 kg/m². Exclusion criteria were type 1 diabetes, pregnant women, chronic pancreatitis, liver and kidney disease, insulin therapy, use of vitamin supplements, changing

physical activity during trial, being vegetarian or having any restrictive dietary requirements.

Study design

The current study was designed as a single-blinded clinical trial. Included participants (n=60) were randomly assigned to control or intervention groups. Intervention group consumed ZF (30 g/day) before breakfast, lunch and dinner and control group did not receive any intervention. Previous study showed that dose of 30 g/day of Ziziphus jujuba powder is safe without any negative impact on other organs (16), so intervention group used 30 g/day of Ziziphus jujube every day. The statistician and laboratory staff remained blind to the intervention type.

Participants were asked to prepare the infusion by pouring 100 mL of boiling water onto 10 g of dried ZF and drink it after 10 minutes three times a day (30 g/day).

Anthropometric measurements

Height without shoes was measured to the nearest 0.1 cm with a Seca Stadiometer. Body weight was measured by a digital scales (Hamburg, Germany) with 0.01 kg sensitivity. The subjects were wearing light clothing and no shoes. BMI was calculated as body weight/height² and expressed in kilograms per square meter.

Venous blood collection and biochemical analysis

After 12 hours overnight fasting, 5 ml blood samples were taken from the left antecubital vein between 7:00 and 8:30 A.M. Serum was separated from blood by centrifugation at 3000 RPM for 10 minutes. Serum samples were stored at -80° C until analysis. Fasting blood sugar (FBS) and 2-hour postprandial blood glucose (2hpp) were determined using an automated enzymatic assay (Pars Azmoon Kit, Iran) on a Hitachi 902 auto-analyser. A

colorimetric method was used to measure glycated hemoglobin (HbA1c) after primary separation via ion exchange chromatography (biosystems).

Statistical analysis

All statistical analyses were performed using SPSS for Windows version 16.0 (SPSS Inc., Chicago, IL, USA). Kolmogorov-Smirnov test was used to determine quantitative data distribution. Data were expressed as means \pm Standard Deviation (SD) for normally distributed continuous. Skewed variables (FBS and 2hpp glucose) was treated as a log-transformed value in all analyses and reported as the geometric mean. Between-group comparisons were performed using independent samples t-test. Within-group comparisons were made using paired t-test for normally distributed data. The percentage of changes in variables after intervention was determined by the following formula: [(after values – before values)/before values] \times 100. Bivariate correlations between changes in body weight, FBS, 2hpp glucose, HbA1c and duration of diabetes were evaluated using Pearson's (For normally distributed data) and Spearman's (For non-normally distributed data) correlation coefficient. A *P*-value of less than 0.05 was considered as statistically significant.

Results

In this study, three participants were excluded for different reasons: one subject for complaining of hypotension in the ZF group and 2 persons for starting insulin in the control

group.

Finally, 57 women with T2DM completed this trial. Participants did not report any adverse effects or symptoms with the ZF consumption during the study.

Demographic findings

Baseline demographic and anthropometric parameters of ZF and control groups are summarized in Table 1. The mean age of the women in the ZF and control groups showed to be 46.88 ± 7.34 and 49.20 ± 7.69 respectively. There were no significant differences between two groups in age, weight, height, BMI, and duration of diabetes at the beginning of the study ($P > 0.05$).

Effect of ZF on glycemic control

Glycemic indexes of participants before and after intervention are shown in Table 2. FBS, 2hpp and HbA1C were not different between two groups before the intervention. Results of analysis showed statistically significant differences between two studied groups in 2hpp glucose ($P < 0.05$) and HbA1C ($P = 0.008$) levels at the end of the study. Further, marginally significant differences were seen between the two groups in serum levels of FBS ($P = 0.06$) after the intervention.

FBS levels and 2hpp glucose decreased in the intervention group by 10.35 % (vs. 5.8 % decrease in control group) and 13.07 % (vs. 10.07 % decrease in control group), respectively, at the end of the study in comparison to baseline values. Based on the findings set out in Table 2, serum levels of HbA1C significantly decreased in the intervention group by 0.5 % (vs. 0.33 % decrease in control group).

Table 1. Demographic and anthropometric characteristics of participants before the intervention

Variables	Ziziphus group (n=29)	Control group (n=28)	<i>P</i> -value
Age (y)	46.88 ± 7.34	49.20 ± 7.69	0.40
Weight (kg)	76.17 ± 15.46	78.42 ± 12.97	0.51
Height (cm)	158.42 ± 4.58	158.16 ± 6.77	0.09
BMI (kg/m ²)	30.22 ± 5.13	30.43 ± 6.75	0.88
Duration of diabetes (year)	3.81 ± 2.96	3.26 ± 2.27	0.65

Values are expressed as mean \pm SD. *P*-value is reported based on the analysis of independent sample T-test for continuous variables and Chi-square for categorical ones.

Correlation analyses

Correlations between the changes of body weight and FBS, 2hpp glucose and HbA1C in two studied groups were analysed using Pearson's correlation coefficient test. There was significant positive correlation between the changes of body weight and HbA1C ($r=0.393$, $P=0.02$) in ZF group at the end of the study. No other significant correlations were found between changes of body weight and FBS, 2hpp glucose and HbA1C in both groups.

Discussion

The results of this study demonstrated that consumption of ZF is associated with a significant reduction in 2hpp glucose and HbA1C compared to the control. However, within-group comparisons revealed a significant decrease in FBS levels, 2hpp glucose and HbA1C in both groups. According to the results of Hemmati et al. (14) showed that treating diabetic rats with aqueous and hydroalcoholic extracts of Ziziphus. jujuba effectively decreased their elevated FBS levels. The anti-diabetic effects of the medicinal plants were previously reported (17). It is clear that diabetes and hyperglycemic conditions increase formation of reactive oxygen species and decrease the cellular antioxidant defence capacity (18). It is suggested that Ziziphus Jujube extract prevent hyperglycemic toxicity by elevating the intracellular antioxidant system and detoxify

the generation of the high glucose-induced mass of free radical and the generation of apoptosis (19).

Our results are consistent with the findings of a previous study of Jarald et al. (20) that reported, aqueous extract and the non-polysaccharide fraction of the aqueous extract of Ziziphus could exhibit significant anti-hyperglycemic and hypoglycemic activities. Also petroleum ether extract (contained fats and triterpenoids) exhibited significant anti-diabetic effect. Treatment of diabetic rats with petroleum ether extract, aqueous extract, and non-polysaccharide fraction of Ziziphus restored the increased biochemical parameters, glucose, urea, creatinine, total cholesterol, HDL-C, LDL-C, triglyceride and HbA1c significantly to the near normal level. Eventually, the non-polysaccharide fraction of the aqueous extract was more effective than the aqueous extract and the petroleum ether extract.

The present study has several limitations, including its single blind design, the study population size was small, and this might have negatively influenced the power of study to detect significant differences differences in FBS parameter. Therefore, it is suggested randomized double-blinded trials in larger populations and over a longer period of time. It is recommended to determine if different ZF doses are associated with enhanced anti-diabetic effect.

Table 2. Glycemic status in women with T2DM before and after the intervention

Variables	Ziziphus group (n=29)	Control group (n=28)	P-value	
FBS (mg/dL)	Baseline ^a	144.18 ± 26.34	147.17 ± 23.79	0.63
	After intervention ^a	128.32 ± 21.47	137.53 ± 23.03	
	Mean difference(MD) (95 % CI), P-value ^b	-16.57 (-22.88, -10.25), <0.005	-9.82 (-16.06, -3.58), 0.003	0.06
2hpp glucose (mg/dL)	Baseline ^a	184.67 ± 48.92	196.39 ± 50.45	0.29
	After intervention ^a	157.16 ± 43.20	174.64 ± 35.09	
	MD (95 % CI), P-value ^b	-28.48 (-41.95, -15.01), <0.005	-23.97 (-35.65, -12.28), <0.005	0.041
HbA1C (%)	Baseline ^a	7.79 ± 0.71	8.05 ± 0.76	0.15
	After intervention ^a	7.19 ± 0.60	7.71 ± 0.67	
	MD (95 % CI), P-value ^b	-0.5 (-0.64, -0.36), <0.005	-0.33 (-0.45, -0.21), <0.005	0.008

Values are expressed as mean ± SD. ^aand ^b P-value is reported based on the analysis of independent sample T-test and paired sample T-test, respectively

Conclusion

The present study demonstrates that short term intake of Ziziphus fruit had beneficial effects on glycemic control in women with T2DM. A larger sample size and a longer intervention period may be needed to illustrate significant clinical improvement.

Acknowledgements

References

1. Control CfD, Prevention. National diabetes fact sheet: national estimates and general information on diabetes and prediabetes in the United States, 2011. Atlanta, GA: US Department of Health and Human Services, Centers for Disease Control and Prevention. 2011;201(1).
2. Shaw JE, Sicree RA, Zimmet PZ. Global estimates of the prevalence of diabetes for 2010 and 2030. Diabetes research and clinical practice. 2010;87(1):4-14.
3. Wild S, Roglic G, Green A, Sicree R, King H. Global prevalence of diabetes estimates for the year 2000 and projections for 2030. Diabetes care. 2004;27(5):1047-53.
4. Afkhami-Ardekani M, Vahidi S, Vahidi A, Ahmadi M. The prevalence of type 2 diabetes mellitus on age of 30 years and above in Yazd province (Iranian population). Journal of Shahid Sadoughi University of Medical Sciences and Health Services. 2001;9(1):22-7.
5. World Health Organization. Intercountry Expert Meeting on Traditional Medicine and Primary Health Care, Cairo, Egypt, 30 November-3 December 1991: report. In: Apresentado em: Intercountry Expert Meeting on Traditional Medicine and Primary Health Care, Cairo, 1991.
6. Mahoney SE, Loprinzi PD. Influence of flavonoid-rich fruit and vegetable intake on diabetic retinopathy and diabetes-related biomarkers. Journal of diabetes and its complications. 2014;28(6):767-71.
7. Chanchlani N, Russell E. Fruit consumption and risk of type 2 diabetes: results from three prospective longitudinal cohort studies. Student BMJ. 2013;21:1-15.
8. Lahlou M, El Mahi M, Hamamouchi J. Evaluation of antifungal and molluscicidal activities of Moroccan Zizyphus lotus (L.) Desf. Annales pharmaceutiques francaises. 2002;60(6):410-4.
9. Khare C. Zizyphus jujuba. Encyclopedia of Indian Medicinal Plants. Springer New York; 1995;493-8.
10. Yoon JI, Al-Reza SM, Kang SC. Hair growth promoting effect of Zizyphus jujuba essential oil. Food and chemical toxicology : an international journal published for the British Industrial Biological Research Association. 2010;48(5):1350-4.
11. Fok TF. Neonatal Jaundice-Traditional Chinese Medicine Approach. Journal of Perinatology. 2001;21(8):98-100.
12. Zhao J, Li S, Yang F, Li P, Wang Y. Simultaneous determination of saponins and fatty acids in Zizyphus jujuba (Suanzaoren) by high performance liquid chromatography-evaporative light scattering detection and pressurized liquid extraction. Journal of Chromatography A. 2006;1108(2):188-94.
13. Hudina M, Liu M, Veberic R, Stampar F, Colaric M. Phenolic compounds in the fruit of different varieties of Chinese jujube (Zizyphus jujuba Mill.). The Journal of Horticultural Science and Biotechnology. 2008;83(3):305-8.
14. Hemmati M, Zohoori E, Mehrpour O, Karamian M, Asghari S, Zarban A, et al. Anti-atherogenic potential of jujube, saffron and barberry: anti-diabetic and antioxidant actions. EXCLI journal. 2015;14:908-15.
15. Mousinho N, van Tonder J, Steenkamp V. In vitro anti-diabetic activity of Sclerocarya birrea and Zizyphus mucronata. Natural product communications. 2013;8(9):1279-84.
16. Mostafa UE-S, Labban L. Effect of Zizyphus jujuba on serum lipid profile and some anthropometric measurements. Advancement in Medicinal Plant Research. 2013;1(3):49-55.
17. Meliani N, Dib M, Allali H, Tabti B. Hypoglycaemic effect of Berberis vulgaris L. in normal and streptozotocin-induced diabetic rats. Asian Pac J Trop Biomed. 2011;1(6):468-71.
18. Brownlee M. Biochemistry and molecular cell biology of diabetic complications. Nature. 2001;414(6865):813-20.
19. Kaeidi A, Taati M, Hajjalizadeh Z, Jahandari F, Rashidipour M. Aqueous extract of Zizyphus jujuba fruit attenuates glucose induced neurotoxicity in an in vitro model of diabetic neuropathy. Iranian journal of basic medical sciences. 2015;18(3):301.

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Conflict of Interest

The authors have declare that there was no conflict of interest.

20. Jarald E, Joshi S, Jain D. Antidiabetic activity of extracts and fraction of *Zizyphus mauritiana*. *Pharmaceutical biology*. 2009;47(4):328-34.