



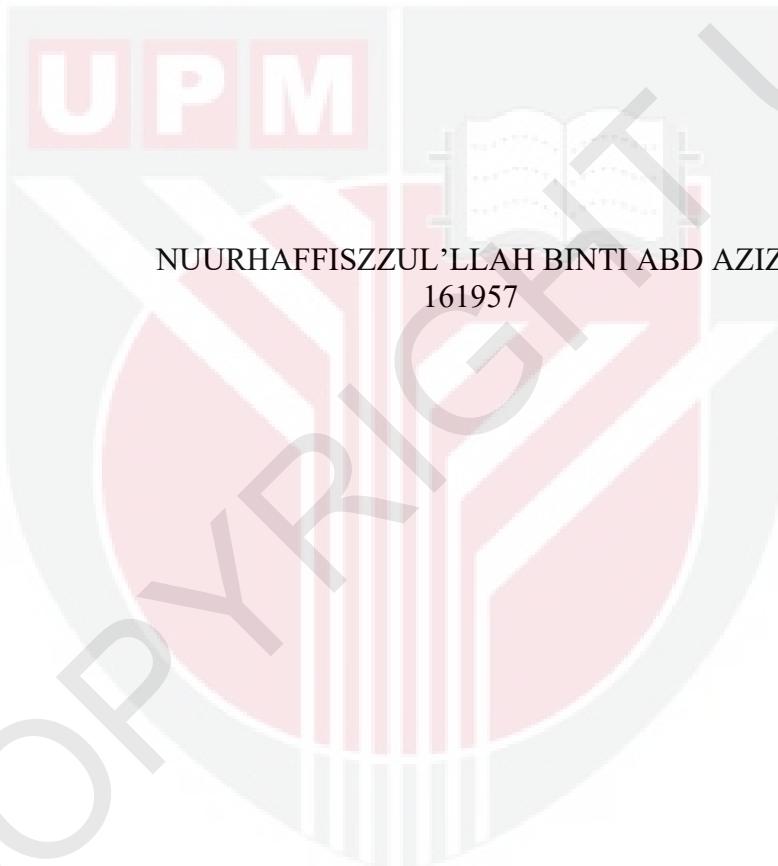
UNIVERSITI PUTRA MALAYSIA

**A STUDY ON THE ANTI-HYPERGLYCEMIC POTENTIAL OF BRAN
EXTRACTS OF COCONUT, RICE AND SELECTED BEANS**

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A STUDY ON THE ANTI-HYPERGLYCEMIC POTENTIAL OF BRAN
EXTRACTS OF COCONUT, RICE AND SELECTED BEANS



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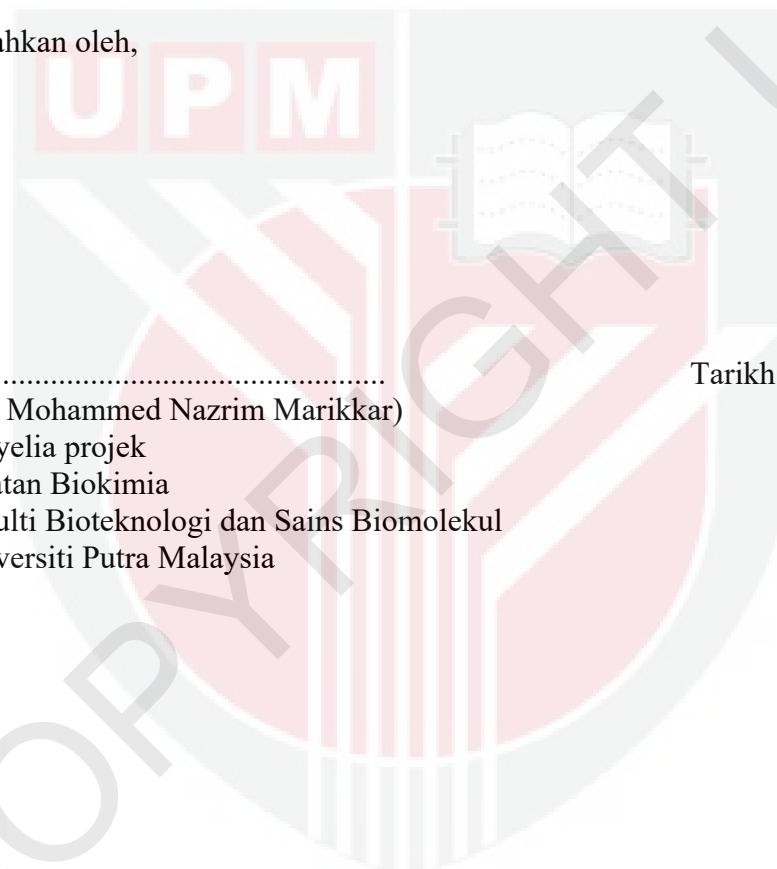
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PENGESAHAN

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ABSTRACT

The diabetic patient is increasing year by year. The need in reducing the diabetic patient is not easy even though there are many ways in diabetes management. This is partly due to the side effect of the using drugs in controlling blood glucose level. The side effect may reduce by consuming organic products. Anti-hyperglycemic and antioxidant properties of bran extracts of coconut (*Cocos nucifera*), some selected beans (*Phaseolus vulgaris*) and rice (*Oryza sativa*) were investigated. Result showed that rice bran extracts was the most potential organic product that can be used to inhibit the α -amylase activity (96.180%). Meanwhile, red bean bran extract were the most potential to inhibit α -glucosidase activity (39.567%). Red bean bran extract contain the highest phenolic content (0.122 mg/g), while red kidney bean bran extract was potential organic product that can be used as antioxidant power (75.943 μ g/ml). Meanwhile for ABTS and DPPH free radical scavenging, different dose of concentration were studied. The highest potential in ABTS free radical for scavenging 50 μ g/ml of bran extract is rice bran extract (39.027 μ mol/g), for 100 μ g/ml of bran extract is white bean bran extract (47.050 μ mol/g) and for 200 μ g/ml of bran extract is coconut bran extract (49.850 μ mol/g). Meanwhile, the highest potential in scavenging free radical DPPH for 50 μ g/ml of bran extract is coconut bran extract (91.197 μ mol/g) and for 100 and 200 μ g/ml of bran extract is white bean bran extract (112.203 μ mol/g; 117.243 μ mol/g). Thus, all of the bran extracts have potential to be used in controlling blood glucose level for diabetic patient.

ABSTRAK

Pesakit diabetes semakin bertambah setiap tahun. Pesakit diabetes sukar untuk dikurangkan walaupun mempunyai pelbagai cara untuk mengawalnya. Ia disebabkan oleh kesan sampingan yang dialami oleh pesakit yang mengambil ubat-ubatan untuk mengurangkan kandungan gula di dalam darah. Kesan sampingan dapat dikurangkan dengan pengambilan bahan organik. Sifat-sifat anti-hiperglisemia dan antioksida bagi ekstrak bran kelapa (*Cocos nucifera*), beberapa jenis kekacang (*Phaseolus vulgaris*) dan beras (*Oryza sativa*) telah dikesan melalui ujikaji ini. Keputusan kajian menunjukkan ekstrak bran beras ialah bahan organik yang paling berpotensi untuk menghalang aktiviti enzim α -amilase (96.180%). Manakala, ekstrak bran kacang merah paling berpotensi bagi menghalang aktiviti enzim α -glucosidase (39.567%). Ekstrak bran kacang merah mempunyai komponen fenolik yang paling banyak (0.122 mg/g), manakala ekstrak bran kacang buah pinggang merah berpotensi sebagai bahan organik untuk digunakan sebagai kuasa antioksida (75.943 μ g/ml). Bagi memerangkap radikal bebas ABTS dan DPPH, dos yang berbeza telah diuji. Bahan organik yang paling berpotensi dalam memerangkap radikal bebas ABTS dalam 50 μ g/ml ialah ekstrak bran beras (39.027 μ mol/g), bagi kepekatan 100 μ g/ml ialah ekstrak bran kacang putih (47.050 μ mol/g) dan bagi kepekatan 200 μ g/ml ialah ekstrak bran kelapa (49.850 μ mol/g). Manakala bahan organik yang paling berpotensi bagi memerangkap radikal bebas DPPH dalam 50 μ g/ml ialah ekstrak bran kelapa (91.197 μ mol/g) dan bagi kepekatan 100 and 200 μ g/ml pula ialah ekstrak bran kacang putih (112.203 μ mol/g; 117.243 μ mol/g). Kesimpulannya, semua ekstrak bran berpotensi bagi mengawal kandungan gula di dalam darah pesakit diabetes.

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TABLE OF CONTENTS

	Page
APPROVAL SHEET	i
ABSTRACT	ii
ABSTRAK	iii
ACKNOWLEDGEMENTS	iv
TABLE OF CONTENTS	v
LIST OF TABLES	vii
LIST OF FIGURES	vii
LIST OF ABBREVIATIONS	viii
 CHAPTER	
1.0 INTRODUCTION	1
2.0 LITERATURE REVIEW	3
2.1 Diabetes mellitus	3
2.2 Types of diabetes	3
2.2.1 Type 1 diabetes mellitus	3
2.2.2 Type 2 diabetes mellitus	4
2.3 Managing diabetes through medicine	4
2.4 Managing diabetes through diet	5
2.5 Coconut	5
2.5.1 Coconut testa	6
2.6 Beans	6
2.6.1 White Bean	7
2.6.2 Red Bean	7
2.6.3 Red Kidney Bean	7
2.7 Rice bran	8
2.8 α -amylase	8
2.9 α -glucosidase	9
2.10 Free radical	9
2.11 Antioxidant	10
2.12 Total phenolic compound (TPC)	10
2.13 Ferric reducing antioxidant power (FRAP)	11
2.14 DPPH scavenging radical activity	11
2.15 ABTS scavenging radical activity	11
3.0 MATERIALS AND METHODS	12
3.1 Materials	12
3.2 Methods	12
3.2.1 Crude extract preparation	12
3.2.2 Enzyme inhibitory assay of bran extracts	13
3.2.2.1 Anti-alpha amylase activity of bran extracts	13
3.2.2.2 Anti-alpha glucosidase activity of bran extracts	14

3.2.3	Antioxidant properties	15
3.2.3.1	Total phenolic content (TPC) of bran extracts	15
3.2.3.2	Ferric reducing antioxidant power (FRAP) of bran extracts	15
3.2.3.3	ABTS radical scavenging activity of bran extracts	16
3.2.3.4	DPPH radical scavenging activity of bran extracts	16
3.2.4	Statistical analysis	16
4.0	RESULTS AND DISCUSSIONS	17
4.1	Yield of bran extracts	17
4.2	Determination of anti-hyperglycemic activity of bran extracts	18
4.2.1	α -amylase inhibitory activity of bran extracts	18
4.2.2	α -glucosidase inhibitory activity of bran extracts	20
4.3	Antioxidant properties	21
4.3.1	TPC of bran extracts	21
4.3.2	FRAP of bran extracts	23
4.3.4	ABTS of bran extracts	25
4.3.5	DPPH of bran extracts	27
5.0	CONCLUSION AND RECOMMENDATION	30
5.1	Conclusion	30
5.2	Recommendation	30
REFERENCES		31
APPENDICES		41

LIST OF TABLES

Table		Page
1	Yield (%) of bran extracts of 100 g of bran extracts	18
2	Anti-amylase and anti-glucosidase activity (%) of bran	21
3	Antioxidant properties of bran extracts	24
4	Antioxidant properties of different concentration of bran extracts ($\mu\text{g/ml}$)	29

LIST OF FIGURES

Figure		Page
1	Coconut testa	6
2	The amount of yield (%) of bran extracts	17
3	Type of brans extract for anti-alpha amylase activity (%)	19
4	Type of brans extract for anti-alpha glucosidase activity (%)	20
5	The total extractable phenolic compounds of different bran extracts (expressed in mg of gallic acid / g of extract)	22
6	Ferric reducing antioxidant power of different bran equivalent to μmol of ferrous sulphate / g of extract	24
7	ABTS radical scavenging activity of different bran extracts with their dose response relationship (expressed in μmol of trolox / g of extract)	26
8	DPPH radical scavenging activity of different bran extracts with their dose response relationship (expressed in μmol of trolox / g of extract).	28

LIST OF ABBREVIATIONS

ABTS	2,2'-azino-bis(3-ethylbenzothiazoline-6-sulphonic acid)
α	Alpha
α -A1	Isoform of alpha amylase inhibitor
C	Coconut
DNS	3,5-dinitrosalicylic acid
DPPH	2,2-diphenyl-1-picrylhydrazyl
et al.	and others
FeCl ₃	Iron (III) chloride
Fig	Figure
FRAP	Ferric reducing antioxidant power
g	Gram
h	Hour
M	Molar
min	Minute
mg	Milligram
mg/g	Milligram per gram
ml	Milliliter
mM	MilliMolar
mmol	Millimole
mU/ml	Milliunit per milliliter
μ g	Microgram
μ g/ml	Microgram per milliliter
μ l	Microliter
μ M	MicroMolar
μ mol	Micromole
Na ₂ CO ₃	Sodium carbonate
nm	Nanometer
p < 0.05	Statistically significant
p > 0.05	Statistically unsignificant
R	Rice
RB	Red bean
RKB	Red kidney bean
SAS	Statistical Analysis System
TPC	Total phenolic content
TPTZ	2,4,6-tripyridyl-s-triazine
W	White bean
w/w	Weight per weight
%	Percentage
°C	Degree celcius
>	Bigger than
=	equal to
10:1:1	10 ratio to 1 ratio to 1

CHAPTER 1

INTRODUCTION

Diabetes mellitus is a serious metabolic disease which characterized by hyperglycemia that can occur due to the deficiency in insulin secretion, insulin action or both which promoting the disturbance of carbohydrate, protein and fat metabolism (Shabana *et al.*, 2012; Sales *et al.*, 2012). In 2013, 187 million deaths were attributable to diabetes as 44% occurred under the age of 60 (Chan *et al.*, 2014). Insufficient insulin secretion will result in an increase of blood glucose level. There are several complications that might occur due to the long term effect of the diabetes for example retinopathy, neuropathy and increased the risk of cardiovascular disease (Laar *et al.*, 2005; Cheng *et al.*, 2005).

There are many strategies to treat the diabetes for example stimulation of insulin secretion, enhancement of the action of insulin at the target tissue and inhibition of the degradation of oligo and disaccharides (Funke & Melzing, 2006). The common drugs that usually used in clinic to control diabetes as well as to lower the level of blood glucose are insulin, glucosidase inhibitors, insulin-like growth factor and aldose reductase inhibitor (Cheng & Fantus, 2005; Inzucchi, 2002; Chakrabarti & Rajagopalan, 2002). By decreasing the post-prandial glucose level, diabetes type 2 also can be treated as the absorption of glucose is retarded through the inhibition of carbohydrates-hydrolysing enzymes, α -amylase and α -glucosidase (Laar *et al.*, 2005; Inzucchi, 2002).

Consumption of grains and cereals are usually recommended as diet for diabetic patient to control the level of blood glucose (Lee *et al.*, 2004; Yao *et al.*, 2008). According to Barrett and Udani (2011), white bean (*Phaseolus vulgaris*) contains the properties of alpha-amylase inhibitor, while kidney bean (*Phaseolus vulgaris*) can be used to inhibit α -amylase enzyme (Le Berre-Anton *et al.*, 1997). Red bean (*Phaseolus vulgaris*) possess higher antioxidant activity and concentration of phenolic contents compared to the other common beans (Xu *et al.*, 2007) which can be used for health promotion (Zou & Chang, 2014). Rice bran also has high potential to be used as food supplement for diabetic patient as contain anti-amylase, anti-glycation and antioxidant properties (Premakumara *et al.*, 2013).

There are many parts of coconut (*Cocos nucifera*) that has been used by people for example coconut shell, coconut oil, coconut leaves and many more. The parts of its fruits such as tender coconut water and coconut kernel have medicinal properties for example antioxidant, hypoglycemia, antibacterial and many more (DebMandal & Mandal, 2011). There is a study shows that coconut kernel protein has potent anti-diabetic activity through reversal of glycogen levels and activities of carbohydrate metabolizing enzymes (Salil *et al.*, 2011). However, there is hardly any report about the uses of coconut testa in inhibiting alpha amylase which make this study rational to improve the human health.

Objectives:

1. To identify the anti-hyperglycemic properties of bran extracts of coconut, beans and rice.
2. To investigate the antioxidant properties of bran extracts of coconut, beans and rice.

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