

International Journal of Biomedical and Advance Research

ISSN: 2229-3809 (Online); 2455-0558 (Print)

Journal DOI: <https://doi.org/10.7439/ijbar>

CODEN: IJBABN

Original Research Article

The effect of *Nigella sativa* on type 1 diabetic patients in Nile River state

Malak E. Ahmed^{*1}, Hassan S. Mohammed², Nahid M. Hassan³, Omer A. Musa⁴¹Faculty of Medicine, Nile Valley University, Atbara, Sudan²Atbara Hospital, Ministry of Health, Atbara, Sudan³Department of Maxillofacial and Diagnostic Science, College of Dentistry, Jazan University, Jazan, Saudi Arabia⁴Faculty of Medicine, National Ribat University, Khartoum, Sudan

Abstract

Nigella sativa (NS) is a widely used medicinal plant throughout the world. Seeds and oil have a long history of folklore usage in various aspects of medicines and food. It has is used to treat a wide range of diseases including diabetes mellitus (DM). DM is a chronic incurable disease with high mortality and morbidity and increasing prevalence. The aim of this study was to investigate hypoglycemic effect (NS) in type 1 diabetic patients. 30 Patients with type I diabetes were included in the study. They were given NS (2gm per day) beside their regular treatment (insulin) without change in their dose and diet for 30 days. At the end of the study fasting blood glucose (FBG) was checked and data was analyzed using *t*-test and paired *t*-test in Statistical Package for the Social Sciences (SPSS).22 software. The mean levels of FBS before, and one month after the intervention were 259 ± 102 , 134 ± 70 respectively. There was significant reduction in FBS before and after treatment ($P=0.000$). Results showed a significant improvement in FBG in type 1 diabetic patient used NS for 30 days beside their regular treatment and diet. More studies are recommended in the future to determine the optimal dose, duration and frequency of NS as an antidiabetic drug well as to study effect of NS in prevention of diabetic complication.

Keywords: *Nigella sativa*, Type 1 diabetic patients and hypoglycemic effect.

*Correspondence Info:

Dr. Malak E. Ahmed
Faculty of Medicine,
Nile Valley University,
Atbara, Sudan

*Article History:

Received: 24/09/2019

Revised: 25/12/2019

Accepted: 04/01/2020

DOI: <https://doi.org/10.7439/ijbar.v11i3.5272>

QR Code



How to cite: Ahmed M. E, Mohammed H. S, Hassan N. M, Musa O. A. The effect of *Nigella sativa* on type 1 diabetic patients in Nile River state. *International Journal of Biomedical and Advance Research* 2020; 11(03): e5272. Doi: 10.7439/ijbar.v11i3.5272 Available from: <https://ssjournals.com/index.php/ijbar/article/view/5272>

Copyright (c) 2020 International Journal of Biomedical and Advance Research. This work is licensed under a [Creative Commons Attribution 4.0 International License](https://creativecommons.org/licenses/by/4.0/)

1. Introduction

Nigella sativa NS that belongs to the family Ranunculaceae has many medicincnal properties [1] like; antidiabetic [2-10], anticancer [11-13], analgesic, anti-inflammatory [14-16], immunomodulator [17,18], anti-asthmatic [19], cardiovascular protective [20], gastro-protective [21], hepato-protective [22] and renal protective [23,24] effects. It also has antibacterial [25], antifungal [26], anti-schistosomiasis [27], antioxidant [28], neuro-pharmacoligical [29] and anticonvulsant activities [30]. The most important active compound of this plant is thymoquinone [12-13]. Many studies proved safety of these plants [31]. Previous study in Sudanese in Kartoum state showed that, both *N. sativa* and bee honey seem to have some benefits to asthmatics with no hepato-renal toxicity

[32]. Other studies indicates that NS oil has is a potential drug in the treating DM as well as improving of insulin signaling pathway [33].

Diabetes mellitus is a chronic disorder of glucose metabolism results from dysfunction of pancreatic beta cells, insulin resistance or both. It is a serious global health problem the prevalence of which has been rising more rapidly in middle- and low-income countries [34].

The disease prevails in both genders and all age groups, so there is concern among the general public about its control and treatment [35]. In 2015, diabetes was the direct cause of 1.6 million deaths, WHO estimates that diabetes will be the seventh leading cause of death in 2030. Uncontrolled diabetes leads to serious damage to

many of the body's systems, especially the nerves and blood vessels [34]. It can be divided primarily into two types: type I or insulin dependent diabetes mellitus and type II or non-insulin dependent diabetes mellitus [36]. Type I diabetes mellitus is an autoimmune disease characterized by local inflammatory reaction in and around islets that is followed by selective destruction of insulin secreting β -cell and it occurs mainly in childhood [35]. Symptoms of DM include polyuria, polydipsia, constant hunger, weight loss, vision changes, and fatigue. These symptoms may occur suddenly [34].

Objectives: The objective of this study was to investigate safety and hypoglycemic effect of NS on type 1 diabetics.

2. Method

Our study was a clinical trial conducted on 30 diabetic children (14 males and 16 female). The inclusion criteria were patients referred to pediatric clinic in Atbara hospital, Atbara, River Nile state, Sudan, age 5-17. Patients were treated with NS (2gm per day) beside their regular treatment (insulin) for 30 days. FBG was measured before and after one month.

5ml of blood was collected by laboratory technician to detect fasting blood glucose (FBG) after overnight fasting (8 hours) with exception of water and medication. FBG was estimated by glucose oxidase method using Bio systems A25 automated clinical chemistry analyzer according to manufacturer's instructions.

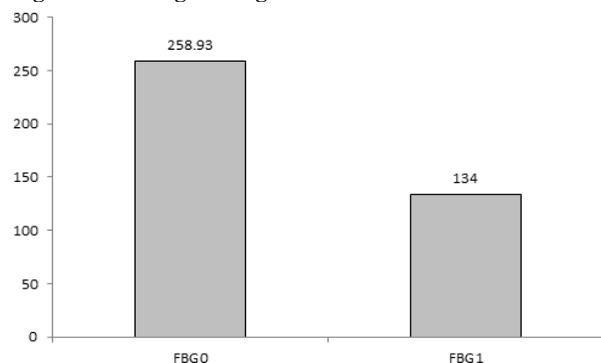
3. Result

Data was analyzed using t-test and paired t-test in Statistical Package for the Social Sciences (SPSS).22 software. The mean of FBS before, and one month after use of NS were 259 ± 102 , 134 ± 70 respectively (Table 1, Figure 1), There was a significant reduction in FBG ($P=0.000$).

Table 1: Fasting blood glucose before and after treatment

Variable	Before treatment	After treatment	P value
Fasting blood glucose	259 ± 102	134 ± 70	0.000

Figure 1: Fasting blood glucose before and after treatment



4. Discussion

Our result is consistent with Bamosa AO 2010 who found that NS seeds 1, 2 and 3 g/day significantly improved glycemic control with no toxicity [9]. Also it is compatible with Salama *et al* who studied hypoglycemic effect of NS in type 2 diabetic rats [2]. In this present study we investigated the hypoglycemic effect of N.S in the diabetic patients Type I on regular insulin treatment. Our study confirmed the oral hypoglycemic action of NS in Type I diabetic patients.

Recommendation

More studies are to be conducted for longer time to investigate impact of N.S on diabetic complications and larger groups to determine the optimal dose.

References

- [1]. Aftab Ahmad, Asif Husain, Mohd Mujeeb, Shah Ala. A review on therapeutic potential of *Nigella sativa*: A miracle herb. *Asian Pac J Trop Biomed*. 2013 May; 3(5): 337–352.
- [2]. Salama RHM. Hypoglycemic effect of lipoic acid, carnitine and *Nigella sativa* in diabetic rat model. *Int J Health Sci (Qassim)* 2011; 5(2):126–134.
- [3]. Adelmeguid NE, Fakhoury R, Kamal SM, Al Wafai RJ. Effects of *Nigella sativa* and thymoquinone on biochemical and subcellular changes in pancreatic β -cells of streptozotocin-induced diabetic rats. *J Diabetes*. 2010;2(4):256–266
- [4]. Kanter M, Akpolat M, Aktas C. Protective effects of the volatile oil of *Nigella sativa* seeds on beta-cell damage in streptozotocin-induced diabetic rats: a light and electron microscopic study. *J Mol Histol*. 2009; 40(5–6):379–385.
- [5]. Pari L, Sankaranarayanan C. Beneficial effects of thymoquinone on hepatic key enzymes in streptozotocin-nicotinamide induced diabetic rats. *Life Sci*. 2009; 85(23–26):830–834.
- [6]. Altan MF, Kanter M, Donmez S, Kartal ME, Buyukbas S. Combination therapy *Nigella sativa* and human parathyroid hormone on bone mass, biomechanical behavior and structure in streptozotocin-induced diabetic rats. *Acta Histochem*. 2007; 109(4):304–314.
- [7]. Najmi A, Haque SF, Naseeruddin M, Khan RA. Effect of *Nigella sativa* oil on various Clinical and biochemical parameters of metabolic syndrome. *Int J Diabetes Dev Ctries*. 2008; 16:85–87.
- [8]. Kapoor S. Emerging clinical and therapeutic applications of *Nigella sativa* in gastroenterology. *World J Gastroenterol*. 2009; 7:2170–2171.
- [9]. Bamosa AO, Kaatabi H, Lebdaa FM, Elq AM, Al-Sultanb A. Effect of *Nigella sativa* seeds on the glycemic control of patients with type 2 diabetes mellitus. *Indian J Physiol Pharmacol*. 2010; 54(4):344–354.
- [10]. Benhaddou-Andaloussi A, Martineau L, Vuong T, Meddah B, Madiraju P, Settaf A, *et al*. The in vivo

- antidiabetic activity of *Nigella sativa* is mediated through activation of the AMPK pathway and increased muscle glut4 content. *Evid Based Complement Alternat Med.* 2011; 2011:538671.
- [11]. Salem ML, Alenzi FQ, Attia WY. Thymoquinone, the active ingredient of *Nigella sativa* seeds, enhances survival and activity of antigen-specific CD8-positive T cells in vitro. *Br J Biomed Sci.* 2011; 68(3):131–137.
- [12]. Mahmoud SS, Torchilin VP. Hormetic/cytotoxic effects of *Nigella sativa* seed alcoholic and aqueous extracts on MCF-7 breast cancer cells alone or in combination with doxorubicin. *Cell Biochem Biophys.* 2012; 25(7):1392–1398.
- [13]. Peng L, Liu A, Shen Y, Xu HZ, Yang SZ, Ying XZ, et al. Antitumor and anti-angiogenesis effects of thymoquinone on osteosarcoma through the NF- κ B pathway. *Oncol Rep.* 2013; 29(2):571–578.
- [14]. Lei X, Lv X, Liu M, Yang Z, Ji M, Guo X, et al. Thymoquinone inhibits growth and augments 5-fluorouracil-induced apoptosis in gastric cancer cells both in vitro and in vivo. *Biochem Biophys Res Commun.* 2012; 417(2):864–868.
- [15]. Alemi M, Sabouni F, Sanjarian F, Haghbeen K, Ansari S. Anti-inflammatory effect of seeds and callus of *Nigella sativa* L. extracts on mix glial cells with regard to their thymoquinone content. *AAPS Pharm Sci Tech.* 2012 Dec 19.
- [16]. Shuid AN, Mohamed N, Mohamed IN, Othman F, Suhaimi F, Mohd Ramli ES, et al. *Nigella sativa*: A potential antiosteoporotic agent. *Evid Based Compl Altern Med.* 2012; 2012:696230.
- [17]. Majdalawieh AF, Hmaidan R, Carr RI. *Nigella sativa* modulates splenocyte proliferation, Th1/Th2 cytokine profile, macrophage function and NK anti-tumor activity. *J Ethnopharmacol.* 2010; 131(2):268–275.
- [18]. Ghonime M, Eldomany R, Abdelaziz A, Soliman H. Evaluation of immunomodulatory effect of three herbal plants growing in Egypt. *Immunopharmacol Immunotoxicol.* 2011; 33(1):141–145.
- [19]. Mohammad Reza Khazdair. The Protective Effects of *Nigella sativa* and Its Constituents on Induced Neurotoxicity. *Jour of Toxi* 2015 (2015), Article ID 841823 <http://dx.doi.org/10.1155/2015/841823>.
- [20]. Nemmar A, Al-Salam S, Zia S, Marzouqi F, Al-Dhaheiri A, Subramaniyan D, et al. Contrasting actions of diesel exhaust particles on the pulmonary and cardiovascular systems and the effects of thymoquinone. *Br J Pharmacol* 2011; 164(7): 1871–1882.
- [21]. Magdy MA, Hanan el-A, Nabila el-M. Thymoquinone: Novel gastroprotective mechanisms. *Eur J Pharmacol.* 2012; 697(1–3):126–131.
- [22]. Zafeer MF, Waseem M, Chaudhary S, Parvez S. Cadmium-induced hepatotoxicity and its abrogation by thymoquinone. *J Biochem Mol Toxicol.* 2012; 26(5): 199–205
- [23]. Yaman I, Balikci E. Protective effects of *Nigella sativa* against gentamicin-induced nephrotoxicity in rats. *Exp Toxicol Pathol.* 2010; 62(2):183–190.
- [24]. Saleem U, Ahmad B, Rehman K, Mahmood S, Alam M, Erum A. Nephro-protective effect of vitamin C and *Nigella sativa* oil on gentamicin associated nephrotoxicity in rabbits. *Pak J Pharm Sci.* 2012; 25(4):727–730.
- [25]. Bakathir HA, Abbas NA. Detection of the antibacterial effect of *Nigella sativa* ground seeds with water. *Afr J Tradit Compl Altern Med.* 2011; 8(2): 159–164.
- [26]. Aljabre SH, Randhawa MA, Akhtar N, Alakloby OM, Alqurashi AM, Aldossary A. Antidermatophyte activity of ether extract of *Nigella sativa* and its active principle, thymoquinone. *J Ethnopharm.* 2005; 101(1–3): 116–119.
- [27]. Mohamed AM, Metwally NM, Mahmoud SS. *Nigella sativa* seeds against *Schistosoma mansoni* different stages. *Mem Inst Oswaldo Cruz.* 2005;100(2):205–211
- [28]. Umar S, Zargan J, Umar K, Ahmad S, Katiyar CK, Khan HA. Modulation of the oxidative stress and inflammatory cytokine response by thymoquinone in the collagen induced arthritis in Wistar rats. *Chem Biol Interact.* 2012; 197(1):40–46.
- [29]. Akhtar M, Maikiyo AM, Khanam R, Mujeeb M, Aqil M, Najmi AK. Ameliorating effects of two extracts of *Nigella sativa* in middle cerebral artery occluded rat. *J Pharm Bioallied Sci.* 2012; 4(1):70–75.
- [30]. Ezz HS, Khadrawy YA, Noor NA. The neuroprotective effect of curcumin and *Nigella sativa* oil against oxidative stress in the pilocarpine model of epilepsy: a comparison with valproate. *Neurochem Res.* 2011; 36(11):2195–2204.
- [31]. Khader M, Bresgen N, Eckl PM. *In vitro* toxicological properties of thymoquinone. *Food Chem Toxicol.* 2009; 47(1):129–133
- [32]. Nahid Mahmoud AL Ameen, Faisal Altubaigy, Tamanna Jahangir, Idriss Abdalla Mahday, Esmael, Abdurrahman Mohammed and Omer Abdel Aziz Musa, Effect of *Nigella sativa* and bee honey on pulmonary, hepatic and renal function in Sudanese in Khartoum state *Journal of Medicinal Plants Research* 2011; 5(31): 6857-6863
- [33]. Badary O. A., Abd-Ellah M. F., El-Mahdy M. A., Salama S. A., Hamada F. M. Anticlastogenic activity of thymoquinone against benzo(a)pyrene in mice. *Food and Chemical Toxicology.* 2007; 45(1):88–92. Doi: 10.1016/j.fct.2006.08.004.
- [34]. World Health Organization (WHO) Diabetes prevalence. Available from URL from: http://www.who.int/diabetes/facts/world_figures/en//index.html/
- [35]. Farzaneh Hasanzade, Maryam Toliat, Seyyed Ahmad Emami, and Zahra Emamimoghaadam. The Effect of Cinnamon on Glucose of Type II Diabetes Patients. *J Tradit Complement Med.* 2013; 3(3): 171–174.
- [36]. Tuomi T. Type 1and type 2 diabetes: what do they have in common? diabetes. *American Diabetes Association* 2005; 54(2): S40-S45.