

## A REVIEW ON REACTIVE OXYGEN AND NITROGEN SPECIES

Vishnu Kumar and Abdussalam\*

*Department of Biochemistry, Department of Physiology\**

Era's Lucknow Medical College & Hospital, Sarfarazganj, Lucknow, U.P., India-226003

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### ABSTRACT

Generally Reactive oxygen species (ROS) and Reactive nitrogen species (RNS) consist of free radicals and hasty species in these two groups and breakdown yield of lipids proteins, nucleic acids and carbohydrates. Free radicals (FR) contain one or more unpaired electrons and could be positively or negatively charged or neutral in nature. Superoxide anion ( $O_2^{\cdot-}$ ), free hydroxyl radical ( $OH^{\cdot}$ ) and nitric oxide ( $NO^{\cdot}$ ) are important free radicals in human body and produce numerous additional free radicals mostly from unsaturated fatty acids. Physiologically they can be defined as overactive disjointed atoms or molecules which are capable of upsetting and fragmenting other molecules. Free hydroxyl is the mainly reactive neutral free radical with half life of about  $10^{-9}$  second. It is capable of insulting fragmenting and mutating any cellular molecule with forceful passion. Superoxide anion ( $O_2^{\cdot-}$ ) in human body arises from metabolic reactions, irradiation and leakage from electron transport chain. Superoxide is often referred as primary ROS as most of other ROS and RNS arise from it and are therefore termed as secondary ROS and RNS. These free radicals are produced in cellular membrane mitochondria, nucleus, lysosomes, peroxisomes, endoplasmic reticulum and cytoplasm. Redox-sensitive proteins with important cellular functions are confined to signalling microdomains in cardiovascular cells and are not readily available for quantification. A popular approach is the measurement of stable by-products modified under conditions of oxidative strain that have entered the circulation. However, these may not accurately reflect redox stress at the cell/tissue height. Many of these modifications are "functionally silent". Functional importance of the oxidative modifications enhances their validity as a proposed biological marker of cardiovascular disease, and is the strength of the redox cysteine modifications such as glutathionylation. We assess selected biomarkers of oxidative stress that show promise in cardiovascular medicine, as well as new methodologies for high-throughput measurement in research and clinical settings. Although associated with disease severity, supplementary studies are necessary to examine the usefulness of the most promise oxidative biomarkers to forecast prognosis or rejoinder to treatment.

**KEYWORDS:** Reactive oxygen species, Reactive Nitrogen Species, Free radicals, Antioxidants, Oxidative stress.

### INTRODUCTION

Although the existence of FR and their use in biochemistry is known for over hundred years, their presence in biological system was suggested by Harmon (1956) about 50 years ago. (1) In next few decades they were implicated in a large number of diseases. Later their role in physiology is also documented. Currently free radicals have found a place in the etiology of many diseases and there is a great deal of enthusiasm regarding the role of free radicals in many previously unexplained disease phenomena. (2-6)

#### What Are Free Radicals?

These are chemical species that possess one or more unpaired electrons in the molecule. This is the key factor in the structure of the species and is the reason why they are highly reactive. These species are in reality composed of a group of molecular fragments that are capable of independent existence and can fragment other molecules. (7) The fact that they are highly reactive means that they have low chemical

specificity that is why they can react with most molecules in its vicinity. This includes proteins, lipids, carbohydrates and DNA.

Hence, free radicals attack the nearest stable molecule usually "stealing its electron". When the attacked molecule loses its electron, it becomes a free radical itself, beginning a chain reaction. Once the process starts, it can cascade, finally resulting in the disruption of living cell. In 1924, it was established that molecular oxygen has two unpaired electron in its volume orbit, therefore it is biradial. However, because of quantum mechanical restrictions  $O_2$  is not extremely reactive. (8) The two unpaired electrons of oxygen are located in different antibonding orbitals and have the same spin quantum number with parallel spins. This electronic arrangement provides the most stable to the oxygen known as ground state of oxygen. Since most electrons exist in a paired state, free radicals often end up reacting with paired electrons. (9)

#### What Free Radicals Do?

Free radicals damage our body silently and invisibly.

#### Address for correspondence

**Dr. Vishnu Kumar**

Department of Biochemistry

Era's Lucknow Medical College & Hospital, Lucknow - 226003

Email: madhwapur1976@gmail.com

Contact no: +91-8953589756

Everything in our body is at risk, proteins, lipids, hormones, cells, tissues, genetic code etc. Free radicals damage leads to loss of energy, disease pain, aging and eventually death. Free radicals are scientifically proven to cause heart disease, cancer, diabetes and a variety of degeneration diseases. (10-12)

**Where Do Free Radicals Come From?**

Free radicals come from a variety of sources. They come from normal body metabolism, exercise, stress, sunlight, air and H<sub>2</sub>O pollution and a variety of other sources. Even food preparation causes free radical formation. Cigarette smoke is filled with free radical.

**The Biochemistry Of Free Radical Generation**

Free radicals can be generated both *in vivo* and *in vitro* by one of the following mechanisms:

1. Homolytic cleavage of a covalent bond, in which a

normal molecule fragments in two, each fragment staining one of the paired electrons. Homolytic cleavage occurs less commonly in biological system, as it requires high-energy input from ultraviolet light, heat or ionising radiation.

2. Loss of a single electron from a normal molecule.
3. Addition of an electron to a normal molecule.

There is another aspect of FR in human body which is also very important from both physiological and pathological point of view FR produce many non radical species, which are also highly reactive viz. hydrogen peroxide, peroxy nitrite, perchlorous acid and many other. The FR and RS ions comprised a group of highly reactive biomolecules. In human body they have broadly been divided into "Reactive oxygen species" (ROS) "Reactive nitrogen species" (RNS). These are illustrated in table.

Reactive oxygen species (ROS) is a collective term

Radicals	Non radicals
Reactive oxygen species (ROS)	
Superoxide O <sub>2</sub> <sup>-a</sup>	Hydrogen peroxide, H <sub>2</sub> O <sub>2</sub> <sup>a</sup>
Hydroxyl, OH <sup>a</sup>	Hypobromous acid, HOBr
Hydroperoxyl, HO <sub>2</sub> <sup>a</sup>	Ozone O <sub>3</sub>
Lipid peroxy, LO <sub>2</sub> <sup>a</sup>	Singlet oxygen (O <sub>2</sub> <sup>1Δg</sup> ) <sup>a</sup>
Lipid alkoxy, LO <sup>a</sup>	Lipid peroxides, LOOH <sup>a</sup>
	Maillard reaction products <sup>a</sup>
Reactive chlorine species (RCS)	
Atomic chlorine, CT	Hypochlorous acid, HOCl <sup>a</sup>
	Nitryl (nitronium) chloride NO <sub>2</sub> Cl <sup>b</sup>
	Chloramines
Reactive nitrogen species (RNS)	
Nitric oxide, NO <sup>a</sup>	Nitrous acid, HNO <sub>2</sub> <sup>a</sup>
Nitrogen dioxide, NO <sub>2</sub> <sup>a</sup>	Nitrosyl cation, NO <sup>+</sup>
	Nitroxyl anion, NO <sup>-</sup>
	Dinitrogen tetroxide, N <sub>2</sub> O <sub>4</sub>
	Dinitrogen trioxide, N <sub>2</sub> O <sub>3</sub>
	Peroxynitrite, ONOO <sup>-</sup>
	Peroxynitrous acid, ONOOH
	Nitronium (nitryl) cation, NO <sub>2</sub> <sup>+</sup>
	Alkyl peroxynitrites, ROONO
	Nitryl (nitronium) chloride, NO <sub>2</sub> Cl <sup>b</sup>

*Table 1: The "Reactive Species"*

that includes both oxygen radicals and certain nonradicals that are oxidizing agents or are easily converted into radicals (HOCl, O<sub>3</sub>, ONOO<sup>-</sup>, <sup>1</sup>O<sub>2</sub>, H<sub>2</sub>O<sub>2</sub>). RNS is also a collective term including nitric oxide and nitrogen dioxide radicals, as well as such non radicals as HNO<sub>2</sub> and N<sub>2</sub>O<sub>4</sub>. ONOO<sup>-</sup> is often included in both categories. Reactive is not always an appropriate term: H<sub>2</sub>O<sub>2</sub>, NO<sup>•</sup>, and O<sub>2</sub><sup>-</sup> react quickly with only a few molecules, whereas OH<sup>•</sup> reacts quickly with almost everything. RO<sub>2</sub><sup>•</sup>, RO<sup>•</sup>, HOCl, NO<sub>2</sub><sup>•</sup>, ONOO<sup>-</sup>, and O<sub>3</sub> have intermediate reactivities. HOBr could also be considered a "reactive bromine species." <sup>a</sup>Reactive species particularly relevant to foods. <sup>b</sup>NO<sub>2</sub>Cl is a chlorinating and nitrating species produced by reaction of HOCl with NO<sub>2</sub>. (12-16)

Super oxide radical (O<sub>2</sub><sup>-</sup>)

The major source of superoxide *in vivo* is the leakage that results from the electron transfer chain of the mitochondria. On its own it isn't particularly damaging. However, the superoxide radical anion appears to play a central role as other reactive intermediates are formed from it. (7)

### Hydroxyl Radicals

The hydroxyl radical is considered potentially the most potent oxidant encountered in biological systems and has extremely short life (microseconds). The hydroxyl radical is an extremely reactive oxidizing radical that will react to most biomolecules at diffusion controlled rates which means that reactions will occur immediately with biomolecules such as those found in Organic lipids by removal or addition.

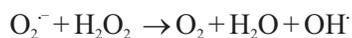
### FENTON REACTION

Ferrous ion catalyze the decomposition of H<sub>2</sub>O<sub>2</sub> to OH<sup>•</sup> in Fenton reaction.



### Haber Weiss Reaction

Interaction of superoxide with hydrogen peroxide leads to formation of hydroxyl radical through the Haber Weiss reaction



Hydroxyl radicals can also be generated when reduced forms of transition metal ions such as copper come into contact with H<sub>2</sub>O<sub>2</sub> (Yu, 1994).



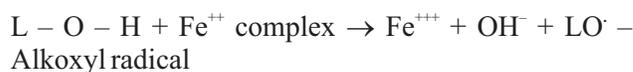
### Peroxy Radicals

They are unrepairable organic molecules formed by fixing of other free radicals by oxygen.



### Alkoxy Radicals

When reduced iron compounds react with lipid peroxides, alkoxy radicals are formed due to fission of O-O bonds.

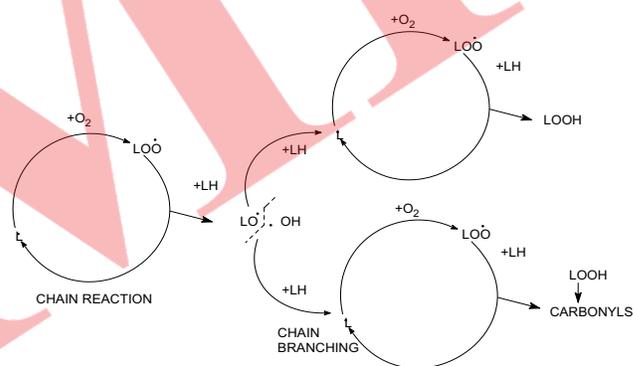


### Non Radical Molecules

Although H<sub>2</sub>O<sub>2</sub> is not by definition considered an oxygen free radical, it remains the most extensively studied metabolic. A major source of H<sub>2</sub>O<sub>2</sub> in the body is the dismutation of O<sub>2</sub><sup>-</sup> by superoxide dismutase (SOD)



Generally, H<sub>2</sub>O<sub>2</sub> itself is not reactive enough to oxidize. Many organic molecules in an aqueous environment. Nevertheless, it is a biologically important oxidant. It has the availability to generate highly reactive hydroxyl free radicals through its interaction with redox-active transitional metals.



**Fig 1: Mechanisms Of Free Radical Chain Reactions Leading To Formation Of Unsaturated Fatty And Hydroperoxides Homolytic Decomposition Of Hydroperoxide Leads To Chain Branching Reactions Or Autocatalysis.**

[LH = Fatty acids; LOOH = Lipid hydroperoxides; L<sup>•</sup> = Lipid alkyl radical; LOO<sup>•</sup> = Lipid peroxy radicals]. (17-31)

### SINGLET OXYGEN (O<sub>2</sub><sup>1</sup>G<sup>A</sup>)

It is a non radical (does not have an impaired electron) reactive oxygen species often associated with oxygen free radicals that has strong oxidizing activity. Singlet oxygen (O<sub>2</sub><sup>1</sup>) is an electronically excited and mutagenic form of oxygen. It is generated by input of energy, example radiation, but can also be generated enzymatically by the action of peroxidases or lipooxidases or by the reaction of H<sub>2</sub>O<sub>2</sub> with hypochloride or peroxy nitrite thermodecomposition of dioxetanes, or during the respiratory burst of phagocytes they are also generated in biological systems in a number of pigment reactions including

chlorophylls, retinal and flavins when they are illuminated in the presence of oxygen. It is also formed by the following mechanisms.

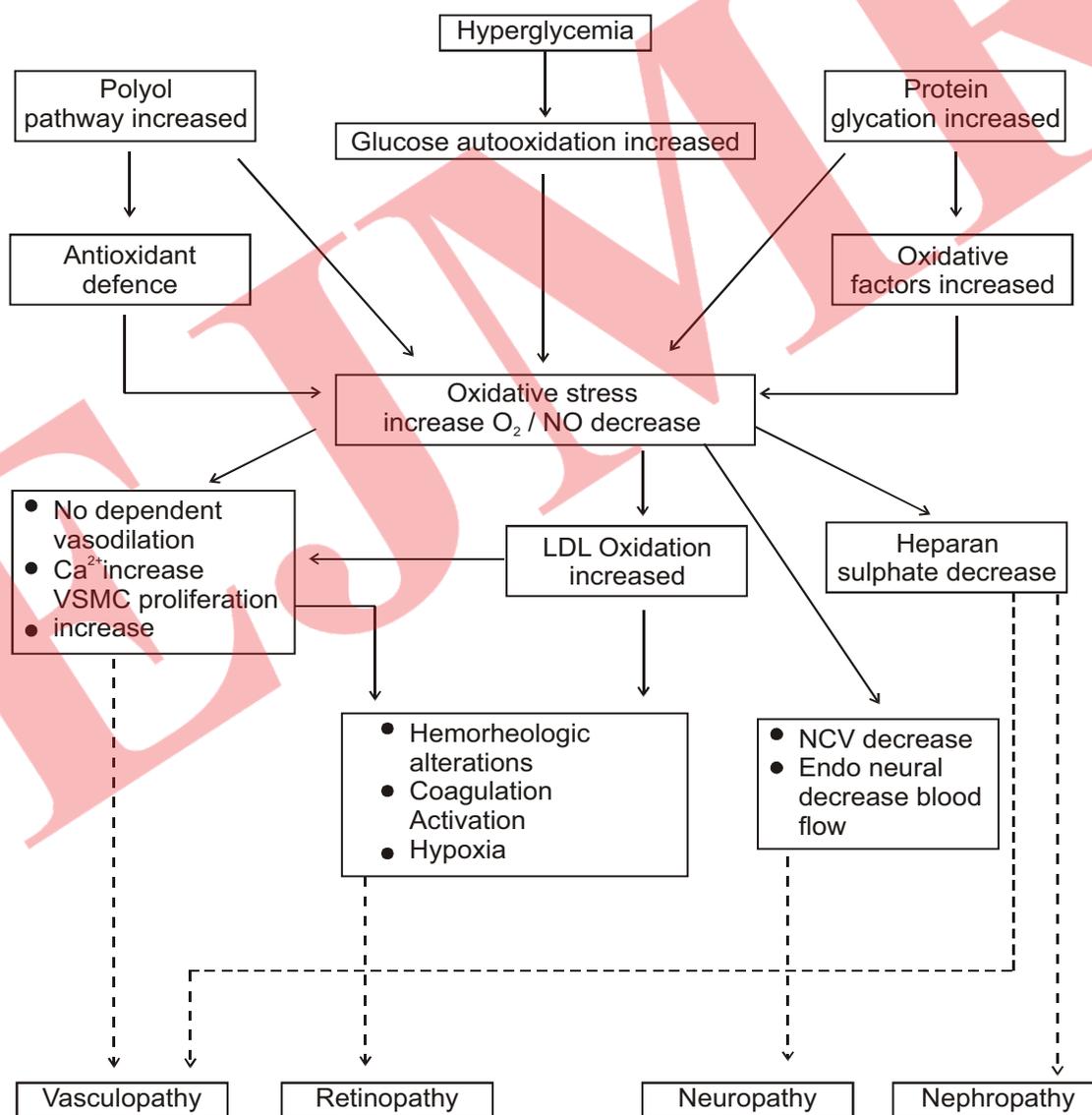
1. Haber – Weiss reaction
2. Light induced conversion of molecular oxygen to singlet oxygen in the presence of photosensitizer.
3. Spontaneous dismutation of superoxide radical ( $O_2^-$ ).

**Ozone ( $O_3$ )**

The damage caused by  $O_3$  is mediated by free radical production and is associated with lipid peroxidation in membranes. Lung is the major site of  $O_3$  toxicity.

**Oxides Of Nitrogen**

Nitric oxide (NO) and nitrogen dioxide ( $NO_2$ ) contain unpaired electrons and are therefore free radicals; where as the "laughing gas" nitrous oxide ( $N_2O$ ) is not. Generation of free radicals in body leads to the development of oxidative stress. (32-37) The constant exposure to lipid peroxides makes the endothelium very susceptible to oxidative free radical mediated damage. (38) It has been reported that lipid peroxide levels may provoke the disturbances in endothelial or intimal cells of the blood vessels which in turn causes vasospasm (thus rise in B.P.) and the general increase in the sensitivity to the vasopressors. (39)



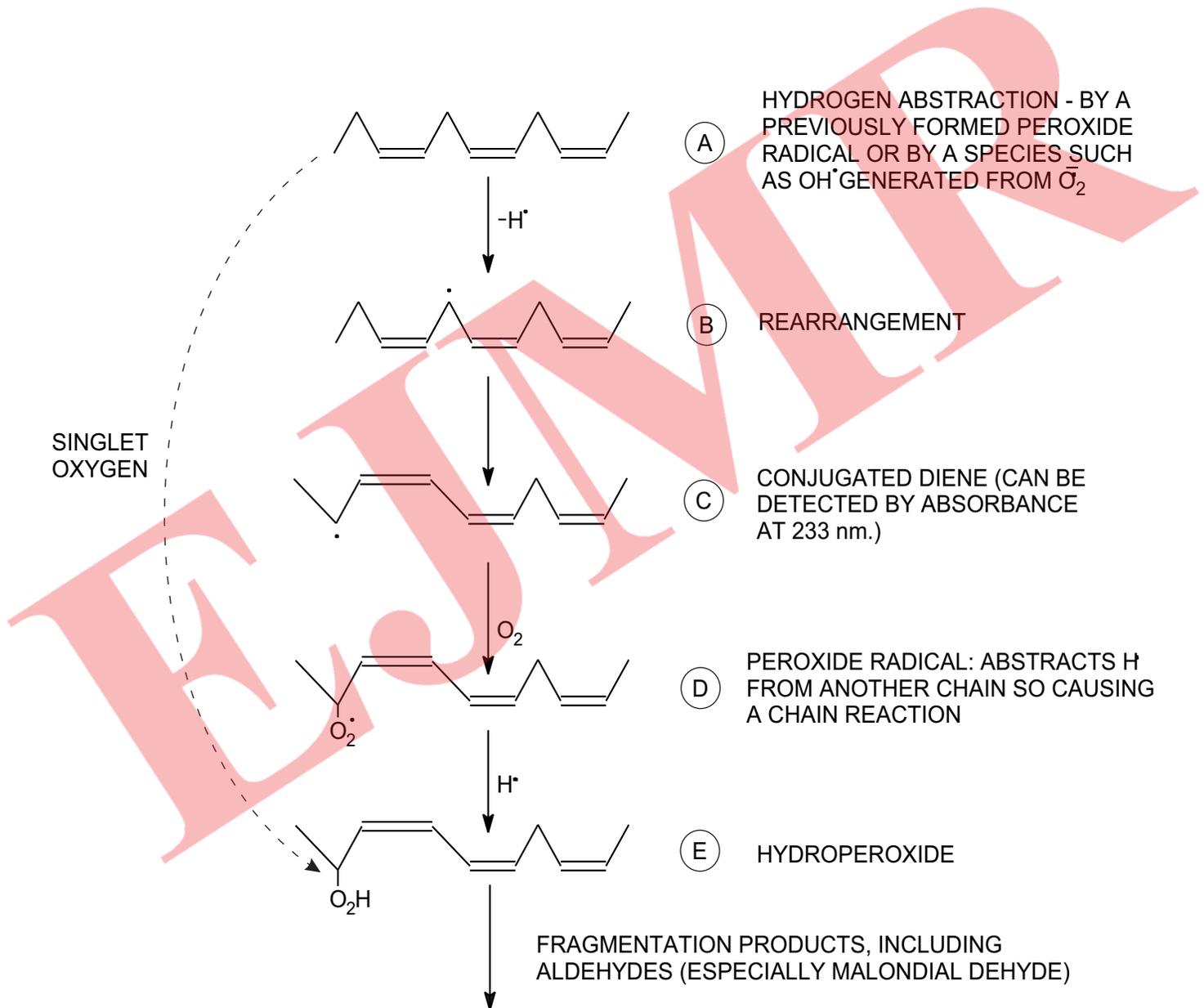
*Fig 2: Possible Links Between Hyperglycemia Induced Oxidative Stress And Diabetic Complications.*

NCV - Nerve conduction velocity,  
 VSMC - Vascular smooth muscle cell. (40-42)

**LIPID PEROXIDATION**

Indicator of lipid peroxidation is used to evaluate oxidative stress. The lipids within the membrane of cells from higher organism contain large number of polyunsaturated fatty acids side chains. Such fatty acids are prone to undergo a process known as "Lipid

peroxidation", which involves the generation of carbon radicals followed by production of peroxide radicals. Lipid peroxidation is oxidative deterioration of polyunsaturated fatty acids (PUFAS) i.e. those which contain two or more double bonds. Lipid peroxidation has been identified as a basic deteriorative reaction in the cellular mechanism of aging process, in cells damaged by environmental pollutants an in variety of pathological conditions. (43-44)



*Fig 3: Biochemical Pathway Of Peroxidation Of Polyunsaturated Fatty Acids*

## CONCLUSION

Persuade of ROS, RNS and antioxidants had been under scanner. Evidence is mounting to suggest: a) ROS and RNS are significant regulators of metabolism in blood and tissues and this deregulation may trigger T-2DM and may set supplementary complications in due course of time. b) The FR could be causative factors is the source of IR. c) Redox perturbations in mitochondria resulting to altered ATP creation in electron transport chain results in improved outflow of electrons to form more superoxide anion. d) Metabolic change in cytosol resulting to changes in enzyme activities of NADPH oxidase, xanthine oxidase uncoupled nitric oxide synthase and many others increase the generation of reactive species. Both of these activities may participate in the pathogenesis of T-2DM. e) a lot of environmental factors awesomely tilt the redox homeostasis toward proxy-dizing conditions which affect the insulin signaling cascade and genetic disposition to diabetes and lastly. f) The reactive species may promote risk of any metabolic disorder by provoking genetic factors. Antioxidants are undoubtedly essential spokes of human life but their excess intake is undesirable. Further our studies on several series of diabetic patients and those of others indicate that raised OS is not an inevitable phenomenon in diseases.

Therefore, although all the loaded evidence for the involvement of reactive species in the diabetes, the argue continues on three points: 1) is it discriminating in patients or present in all patients but not measurable by available methods, 2) is it facultative, that is, it is competent of causing disease but does not essentially do so in all patients and 3) is it compulsory, that is, it universally participate in the genesis of all disease. Thus we can say that free radicals are root cause of all diseases.

## REFERENCES

1. Harman D. Aging – A theory based on free radical and radiation chemistry. *J. Gerontol.* 1956; 11: 298-300.
2. Singh PP, Sharma P. Antioxidant basket: Do not mix apples and oranges. *Ind J Clin Biochem.* 2009; 24: 211-14.
3. Clarke MW, Burnett JR. Vitamin E in human health and disease. *Crit Rev Clin Lab Sci.* 2008; 45: 417-50.
4. Bielakovic G, Nikolova D, Sinonetti RG, Gludd C. Antioxidant supplements for preventing cancers. *The Cochrane Collaboration John Wiley & Sons Ltd USA.* 2008; 1-79.
5. Dotan Y, Pinchuk I, Litchenberg D, Leshno M. Decision analysis supports the paradigm that indiscriminate supplementation of Vitamin E does more harm than good. *Arterioscle Thromb Vasc Biol.* 2009; 29: 1304-9.
6. Nathan C. Epidemic inflammation: Pondoring obesity. *Molecular Med.* 2009; 14: 485-92.
7. Ogden CL, Carroll MD, Curtin LR, McDowell MA, Tabak CJ, Flegal KM. Prevalence of overweight and obesity in United States. 1999-2006. *JAMA.* 2006; 295: 1594-1605.
8. Wells GD, Noseworthy MD, Hamilton J, Tarnopolska M, Teir I. Skeletal muscle metabolic dysfunction in obesity and metabolic syndrome. *Con J News Sci.* 2008; 35: 31-40.
9. Farooqui IS, O'Rahilly S. Genetics of obesity in humans. *End Rev.* 2006; 27: 710-18.
10. Foster-Schubert KE, Cummings DE. Emerging therapeutic strategies for obesity. *Endo Rev.* 2006; 27: 779-93.
11. Valko M, Leibfritz D, Moncol J, Cronin MTD, Mazur M, Joshua T. Free radicals and antioxidants in normal physiological functions and human disease. *Int J Biochem Cell Biol.* 2007; 39: 44-84.
12. Liu S, Lee IM, Song Y, Denberg MV, Cook NR, Manson JE. Vitamin E and risk of type 2 diabetes in women health study randomized controlled trial. *Diabetes.* 2006; 55: 2856-62.
13. Halliwell B. Antioxidants and human disease. *Nutr Rev.* 1997; 55: S44-S52.
14. Halliwell B. Food derived antioxidants: How to evaluate their importance in food and in vivo. In *Handbook of Antioxidants.* Cadenas E, Packer L. Eds Marcel Dekker, Inc NY. 2002; 1-45.
15. Valko M, Morris H, Cronin MTD. Metals toxicity and oxidative stress. *Curr Med Chem.* 2005; 12: 1161-1208.
16. Paravicini TM, Touyz RM. NADPH oxidases, reactive oxygen species and hypertension: Clinical implications and therapeutic possibilities. *Diabetes Care.* 2008; 31: S170-S180.
17. Li JM, Shah AM. Intracellular localization and preassembly of NADPH oxidase complex endothelial cells. *J Biol Chem.* 2002; 277: 19952-90.
18. San Martin AS, Du P, Dikalova A, Lassegue B, Aleman M, Gongora MC, et al. Reactive oxygen species-selective regulation of aortic inflammatory gene expression in type 2 diabetes. *Am J Physiol Heart Cir Physiol.* 2007; 292: H2073-H2082.

19. Singh pp, Mahdi F, Roy A and Sharma P, Reactive oxygen species, reactive nitrogen species and antioxidants in etiopathogenesis of diabetes mellitus type-2. *Indian Journal of Clinical Biochemistry*. 2009; 24(4): 324-342.
20. Mclain DA. Hexosamines as mediators of nutrient sensing and regulation in diabetes. *J Diabetes Complications*. 2002; 16: 72-80.
21. Veerababu G, Tang J, Hoffman RT, Daniels MC, Herbert Jr LF, Cook ED, et al. Overexpression of glutamic: fructose 6 phosphate aminotransferase in the liver of transgenic mice results in enhanced glycogen storage, hyperlipidemia, obesity and impaired glucose tolerance. *Diabetes*. 2000; 49: 2070-78.
22. Schleicher ED, Weigert C. Role of hexosamine biosynthetic pathway in diabetic nephropathy. *Kidney International*. 2000; 58 (Suppl 77): S13-S18.
23. Kumar V, Mahdi F, Singh R, Mehdi AA, and Singh RK. A clinical trial to assess the antidiabetic, antidyslipidemic and antioxidant activities of *Tinospora cordifolia* in management of type – 2 diabetes mellitus. *Int J Pharm Res*. 2016; 7(2): 757-764.
24. Kumar V, Karoli R, Singh M, Mishra A, Mehdi F. Evaluation of oxidative stress, antioxidant enzymes, lipid and lipoprotein profile in type-2 diabetic patients. *Int J BioAssay*. 2015; 4 (10): 4365-4368.
25. Kumar V, Mishra D, Khanna P, Karoli R, Singh M and Mehdi F. A review of antioxidant enzymes, oxidative stress, lipid profile and lipoprotein constituent in the patients of coronary artery disease (cad) with type 2 diabetes mellitus (T2DM). *Int J BioAssay*. 2015; 4 (10): 4443-4447.
26. Halliwell B., Gutteridge J.M.C. and Cross C.E. Free radicals and human disease – where are we now? *J. Laborat. and Clin. Med*. 1992; 119, 598-620.
27. Verma P, Kumar V, Rathore B, Singh RK and Mahdi AA. anti-diabetic and anti-oxidant properties of aloe vera in alloxan induced diabetic rats. *Int J Pharmacognosy*. 2016; 3 (7): 319-324.
28. Kumar V, Singh R, Mahdi F, Mahdi AA and Singh RK. Experimental validation of antidiabetic and Antioxidant potential of *Cassia tora* (L.): an indigenous medicinal plant, *Indian Journal of Clinical Biochemistry*. 2016; 32(3): 323-328.
29. Verma P, Kumar V, Rathore B, Singh RK and Mahdi AA: Hypolipidemic Activity of Aloe Vera in Hyperlipidemic Rats. *Int J Pharmacognosy*. 2016; 3(4): 196-00.
30. Neerja J, Verma P, Kumar V, Mahdi F, Mahdi AA, Khanna AK, Saxena JK and Singh RK: Antidyslipidemic and Antioxidant Activity of Medicinal Plants In Rat Model of Hyperlipidemia. *Int J Pharm Sci Res*. 2016; 7(11): 4579-4587.
31. Tamboli SB, Sontakee SP, Parsode RB. Study of hypoglycemic activity of *Tinospora cordifolia* in alloxan induced diabetic rats. *Int J Basic Clin Pharmacol*. 2013; 2(5): 559–561.
32. Whiting DR, Guariguata L, Weil C, Shaw J. IDF. Diabetes Atlas. Global estimates of the prevalence of diabetes for 2011 and 2030. *Diabetes Res Clin Pract*. 2011; 94: 311-321.
33. Kumar V, Mahdi F, Chander R, Khanna AK, Husain I, Singh R, Saxena JK, Mehdi AA, and Singh RK. *Tinospora cordifolia* regulates lipid metabolism in alloxan induced diabetic rats, *Int. J. Pharm. & Lif. Sci*. 2013; 4(10): 3010-3017.
34. Singh M, Anwer E and Kumar V: Assessment of biochemical parameters in the patients of coronary artery disease with type 2 diabetes mellitus. *Int J Pharm Sci Res*. 2017; 8(3): 1420-26.
35. Kumar V, Singh R and Singh RK. Review on role of herbal remedies on cardiovascular system. *Biomedical Sciences and Herbal Medicines*; Edited by Professor Mahdi AA. 2017: 329-340.
36. Dineen S, Gerich J, Rizza R. Carbohydrate metabolism in non-insulin dependent diabetes mellitus. *New Eng J Med*. 1992; 327: 707-13.
37. Singh S, Farzana M, Singh PP. Insinuating role of free radicals and placating behaviour of antioxidants in diabetes mellitus. *J Physiol*. 2009; 9: 35-8.
38. Roes EM, Rijmakers MTM, Zusterzeel PLM, Knapen FMMC et al. Deficient detoxifying capacity in the pathophysiology of preeclampsia. *Medical hypothesis*. 2000; 55: 415-18.
39. Chintalwar G, Jain A, Sipahimalani A, Banerji A, Sumariwalla P, Ramakrishnan R, Sainis K. An immunologically active arabinogalactam from *Tinospora cordifolia*. *Phytochemistry*. 1999; 52: 1089-1093.
40. Stamler J, Vaccaro O, Neaten JD, Wentworth D. The multiple risk factor intervention. Trial Research Group, Diabetes, other risk factor and

- cardiovascular mortality for men screened in the multiple risk factors intervention. *Trial Diabetes Care*. 1993; 16: 434-444.
41. Yazdanparast R, Ardestani A, Jamshidi S. Experimental diabetes treated with *Achillea Santolina*. Effect of pancreatic oxidative parameters. *J Ethnopharmacol*. 2007; 112: 13-18.
42. Turner PR, Miller NE, Cortese C, Hazzard W, Coltart J and Lewis B. Splanchnic metabolism of plasma apolipoprotein B. *Studies of artery-hepatic vein differences of mass and radiolabel in fasted human subjects*. *J. Clin. Invest*. 1981; 67: 1678-1686.
43. Patil UK, Saraf S, Dixit VK. Hypolipidemic activity of seeds of *cassia tora* linn. *J. Ethnopharmacol*. 2004; 90: 249-252.
44. Haffner SM, Agil A, Mykkanen L, Stern MP and Jallal I. Plasma oxidizability in subjects with normal glucose tolerance and NIDDM. *Diabetes Care*. 1995; 18: 646-653.

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