

Effect of *Hibiscus sabdariffa* Linn. on the development of atherosclerosis in diabetes mellitus: a rapid review

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ABSTRACT

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Atherosclerosis is closely linked to disturbances in lipid metabolism and chronic inflammation. In diabetes mellitus (DM), hyperglycemia exacerbates atherosclerosis by inducing structural changes in blood vessel endothelium through chronic inflammation triggered by oxidized low-density lipoprotein (OxLDL) formation. Inflammation plays a major role in atherosclerosis pathogenesis, with OxLDL, nuclear factor kappa B (NFκB), intercellular adhesion molecule-1 (ICAM-1), and vascular cell adhesion molecule-1 (VCAM-1) being crucial players in this process. Hibiscus (*Hibiscus sabdariffa* Linn.) a medicinal plant rich in polyphenols, is believed to have a role to prevent atherosclerosis development through its antioxidant activity, inhibiting vascular smooth muscle cell (VSMC) proliferation, and modulating inflammation pathways. This review explores the potential of hibiscus to prevent atherosclerosis development in DM, focusing on its phytochemical compounds and their impact on oxidative stress, hyperlipidemia, and inflammation pathways. The review highlights the importance of targeting VSMC proliferation, migration, and inflammatory responses mediated by ICAM-1 and VCAM-1 to attenuate atherosclerosis progression. Hibiscus shows promise as a natural treatment for atherosclerosis, but further research is still needed to fully understand its mechanisms and therapeutic potential.

ABSTRAK

Aterosklerosis berkaitan erat dengan gangguan metabolisme lipid dan inflamasi kronis. Pada diabetes mellitus (DM), hiperglikemia memperburuk aterosklerosis dengan menginduksi perubahan struktural pada endotelium pembuluh darah melalui inflamasi kronis yang dipicu oleh pembentukan *oxidized low-density lipoprotein* (OxLDL). Inflamasi memainkan peran penting dalam patogenesis aterosklerosis, dengan OxLDL, *nuclear factor kappa B* (NFκB), *intercellular adhesion molecule-1* (ICAM-1), dan *vascular cell adhesion molecule-1* (VCAM-1) menjadi mediator penting dalam proses ini. Rosella (*Hibiscus sabdariffa* Linn.) merupakan tanaman obat yang kaya polifenol dan dipercaya memiliki peran dalam mencegah perkembangan aterosklerosis melalui aktivitas antioksidan dalam menghambat proliferasi *vascular smooth muscle cell* (VSMC) dan mengatur jalur inflamasi. Tinjauan ini bertujuan membahas potensi rosella dalam mencegah perkembangan aterosklerosis pada DM, berfokus pada senyawa fitokimia dan dampaknya pada stres oksidatif, hiperlipidemia, dan jalur peradangan. Tinjauan ini menyimpulkan pentingnya menargetkan proses proliferasi serta migrasi VSMC, dan respons inflamasi yang dimediasi oleh ICAM-1 dan VCAM-1 untuk mengurangi perkembangan aterosklerosis. Rosella menunjukkan adanya potensi sebagai pengobatan alami pada penanganan aterosklerosis, namun, penelitian lebih lanjut masih diperlukan untuk sepenuhnya memahami mekanisme dan potensi terapeutiknya.

Keywords:

Hibiscus sabdariffa Linn.;
atherosclerosis;
diabetes mellitus;
oxidative stress;
inflammation

INTRODUCTION

Hibiscus sabdariffa Linn., commonly known as roselle, is a member of the Malvaceae family and is characterized by its red calyces with five large sepals (FIGURE 1).¹ This plant is native to Africa and is cultivated in various countries, including Sudan, Eastern Taiwan, Burkina Faso, Senegal, Togo, Mali, and Côte d'Ivoire.² The calyx of *H. sabdariffa* Linn. has been found to contain various antioxidant constituents such as hibiscus anthocyanin, quercetin, L-ascorbic acid, and protocatechuic acid, which contribute to its potential health benefits.³ The plant is known for its medicinal properties and is widely consumed in various forms such as tea, syrup, pudding, and cake, particularly in Indonesia.⁴ Research has shown that *H. sabdariffa* Linn. possesses anti-inflammatory activities, and its essential oil has been found to regulate gene expression, cytokines, and nitric oxide in cell survival, indicating its potential therapeutic applications.⁵ Additionally, studies have reported on the various constituents of different plant parts like flowers, leaves, stem, root, bark, and seeds of *H. sabdariffa* Linn., highlighting its rich phytochemical composition and pharmacological activities.⁵



FIGURE 1. *Hibiscus sabdariffa* Linn plant

The preventive effects of *H. sabdariffa* Linn. on the development of atherosclerosis through the inflammatory pathway have been a subject of interest in recent research. In addition to the therapeutic potential of *H. sabdariffa* Linn., recent research has also explored other plants for treating atherosclerosis in diabetes mellitus (DM) cases. Studies have investigated the potential benefits of *Abroma augustum* Linn.,⁶ *Nelumbinis semen* (Lotus seeds),⁷ *Azadirachta indica* (Neem), and *Bougainvillea spectabilis*.⁸ These plants have shown promise in managing diabetes-related complications and atherosclerosis, highlighting a growing interest in natural substances as alternative therapies in this area.

The underlying mechanism behind the preventive effect is attributed to the antioxidant activity of *H. sabdariffa* Linn. extract, which has been found to inhibit the proliferation and migration of vascular smooth muscle cells (VSMC) induced by hyperglycemia, thus preventing the occurrence of atherosclerosis.^{9,10} Studies have reported that *H. sabdariffa* Linn. calices extracts contain several polyphenols, including flavonoids such as cyanidin 3-rutinoside, delphinidin 3-sambubioside, cyanidin 3-sambubioside, cyaniding-3-glucoside, delphinidin 3-glucoside, and hibiscus acid, which contribute to its antioxidant properties.¹¹ Furthermore, research has shown that *H. sabdariffa* Linn. possesses anti-inflammatory activities, which may further contribute to its preventive effects on atherosclerosis through modulation of the inflammatory pathway.¹

Moreover, the potential of *H. sabdariffa* Linn. in preventing atherosclerosis is supported by its traditional use in folk medicines for the treatment of hypertension, a risk factor for atherosclerosis.¹² Additionally, *H. sabdariffa* Linn. has been found to inhibit LDL oxidation and foam cell formation, which are key processes in the development of atherosclerosis,

through the up-regulation of the LXR α /ABCA1 pathway.¹⁰ Furthermore, the vasorelaxation mechanisms of bioactive compounds extracted from *H. sabdariffa* Linn. on rat thoracic aorta have been investigated, indicating its potential cardiovascular benefits.¹³ These findings collectively suggest that *H. sabdariffa* Linn. may indeed have preventive effects on the development of atherosclerosis through multiple pathways, including antioxidant, anti-inflammatory, and vasoprotective mechanisms.

The formation of atherosclerotic plaques is closely related to lipid metabolism and inflammation disturbances. Diabetes mellitus is a chronic hyperglycemia condition that may leads to disturbances in lipid metabolism (FIGURE 2).^{14,15} Modification of low-density lipoprotein (LDL) into oxidized LDL (OxLDL) can trigger inflammation in the endothelium of blood vessels and initiate atherosclerosis.^{16,17} Inflammation is a major pathway in the pathogenesis of atherosclerosis, with OxLDL, nuclear factor kappa B (NF κ B),

intercellular adhesion molecule-1 (ICAM-1), and vascular cell adhesion molecule-1 (VCAM-1) playing crucial roles in this inflammatory process.^{16,18} OxLDL is known to increase reactive oxygen species and activating the NF- κ B transcription factor on the vascular cell walls.¹⁹ Proinflammatory cytokines activate NF- κ B through binding to receptors present on the surface of endothelial cells in blood vessels. This pathway can induce the expression of both E-selectin and immunoglobulin adhesion molecules, specifically ICAM-1 and VCAM-1.^{19,20} The underlying mechanism behind this effect is due to the antioxidant activity of *H. sabdariffa* Linn. extract, which can prevent the occurrence of atherosclerosis through inhibition of VSMC proliferation and migration induced by hyperglycemia.^{9,16,21} However, the exact mechanism of action of hibiscus in inhibiting the atherogenesis process in DM, especially via inflammatory pathways is not yet clearly understood.

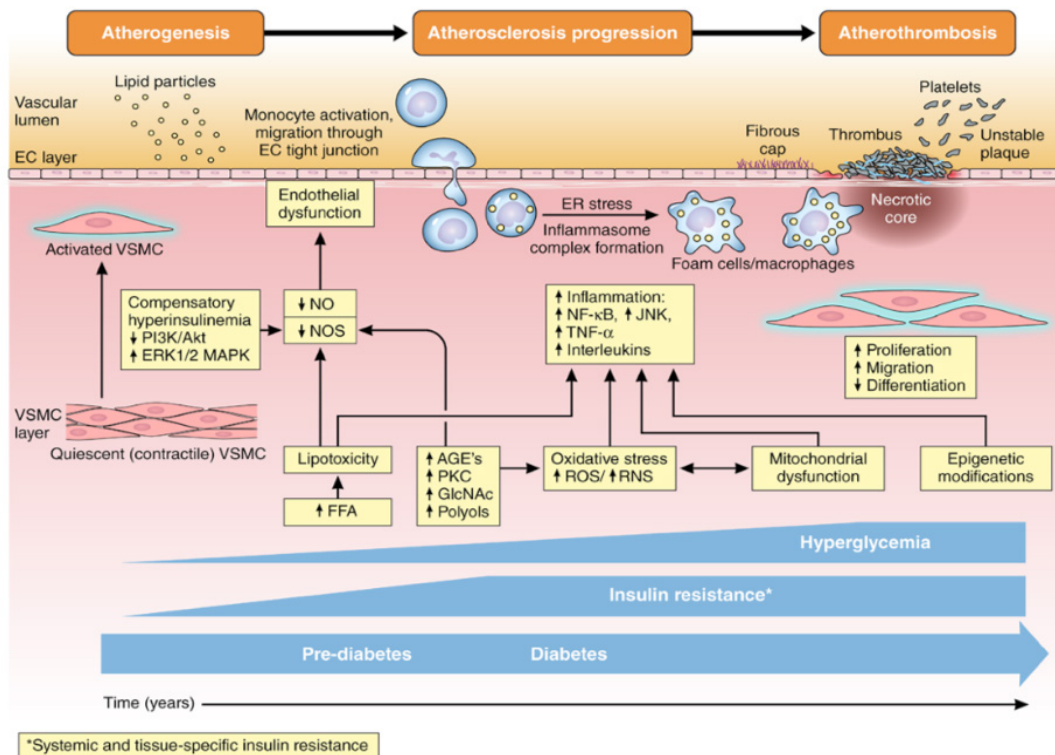


FIGURE 2. Atherosclerosis development in diabetes mellitus¹⁵

MATERIAL AND METHODS

Literatures were searched from Science Direct, Scopus, and PubMed databases. The keywords used were “Hibiscus sabdariffa Linn” OR “hibiscus” OR “roselle” AND “diabetes mellitus” OR “diabetes” AND “atherosclerosis”. The data were then identified, analyzed, and selected based on their relevance to the topic. The inclusion criteria for the journals included the pharmacological activity of hibiscus and the association with atherosclerosis progression in diabetes mellitus. Literature searching was limited to publication in English or Bahasa.

Following this initial search, a meticulous process of deduplication was undertaken, resulting in 1,639 unique records. Subsequently, a systematic screening process was applied, during which 1,463 records were excluded

based on predefined criteria. The eligibility assessment involved a detailed examination of abstracts, leading to the inclusion of 176 articles for further consideration. From this subset, 28 articles were selected for a comprehensive review based on a full-text evaluation. During the full-text review, eight studies were deemed not relevant to the research question’s aim and objectives, resulting in their exclusion (FIGURE 3).

RESULTS

A total of 10 studies met the criteria for inclusion in the review, forming the basis for the comprehensive analysis presented in this study to describe the potential of *H. sabdariffa* Linn. to prevent atherosclerosis development in DM (TABLE 1).

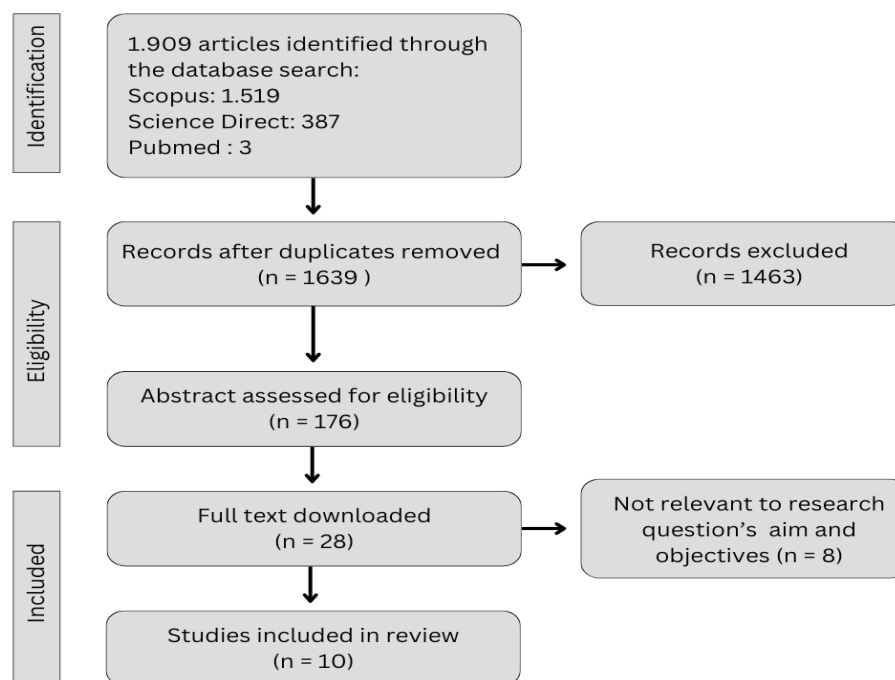


FIGURE 3. Flowchart of rapid review

TABLE 1. Summary of selected studies (n = 10)

| Author | Extract type (dosage) | Types of study | Effect on atherosclerosis |
|---|---|---|---|
| Yusof <i>et al.</i> ²² | Dried calyces, polyphenol extract (100 mg/kg) | <i>In vivo</i> (rats) | Antioxidant and angioprotective |
| Tseng <i>et al.</i> ²³ | Dried flowers, ethanol extract (0.1; 0.2; 0.5; and 1.0 mg/mL) | <i>In vitro</i> (rat hepatocytes) | Antioxidant |
| Eldeen <i>et al.</i> ²⁴ | Dried calyces, aqueous extract (5, 10, and 20 mg/mL) | <i>In vivo</i> (rats) and <i>in vitro</i> (aortic tissue) | Antioxidant, angioprotective, anti-inflammation |
| Fernández-Arroyo, <i>et al.</i> ²⁵ | Dried calyces, aqueous extract (10 g/l) | <i>In vitro</i> and <i>in vivo</i> (rats) | Anti-hyperlipidemia |
| Hirunpanich <i>et al.</i> ²⁶ | Dried calyces, aqueous extract (250, 500, 1000 mg/kg) | <i>In vitro</i> and <i>in vivo</i> (rats) | Anti-hyperlipidemia |
| Chen <i>et al.</i> ²⁷ | Dried flowers, aqueous extract (0.5-2 mg/mL) | <i>In vitro</i> (rats) | Anti-hyperlipidemia |
| Chen <i>et al.</i> ¹⁰ | Dried leaves, polyphenolic extract (2.5 g) | <i>In vivo</i> (macrophage-derived foam cells) | Anti-hyperlipidemia |
| Mardiah <i>et al.</i> ²⁸ | Dried calyces, aqueous extract (72 and 288 mg/d) | <i>In vitro</i> (rats) | Anti-inflammation |
| Yang <i>et al.</i> ²⁹ | Dried calyces, methanol extract (100, 200 mg/kg) | <i>In vitro</i> (rats) and <i>in vivo</i> (kidney) | Anti-inflammation |
| Chou <i>et al.</i> ³⁰ | Dried leaves, methanol extract (2.5 g) | <i>In vivo</i> (VSMC) | Anti-inflammation |

Phytochemical compounds of *H. sabdariffa* Linn.

The flower calyx of *H. sabdariffa* Linn. (hibiscus) exhibits therapeutic effects on various pharmacologically active compounds.³¹ White and red hibiscus variants differ slightly in their active compound contents, with red varieties showing higher total phenolic, flavonoid, and anthocyanin levels than white varieties. White varieties are characterized by a greater ability to scavenge free radicals than red varieties.³² Another study indicates that the purple calyces demonstrate stronger antioxidant activity and contain higher flavonoid content than the red ones.³³ However, most of the research has been conducted on the active compounds

of red varieties. Various publications indicated that the flower calyx of hibiscus and other parts of the plant are rich in polyphenols (anthocyanins, flavonoids, phenolic acids, tannins), polysaccharides, pectin, non-phenolic organic acids, and carotenoids.³⁴⁻³⁹ The most important organic acids in hibiscus include hibiscus acid, hydroxy citric acid, malic acid, ascorbic acid, oxalic acid, succinic acid, tartaric acid, arachidic acid, and citric acid.^{34,36,40,41} The most important anthocyanins in hibiscus are delphinidin-3-sambubioside and cyanidin-3-sambubioside.^{34,36,40}

Anti-oxidant and angioprotective properties

A study by Yusof *et al.*²² using

polyphenol-rich extract of hibiscus on the aorta of diabetic rats induced by streptozotocin, reported that the treatment of polyphenol-rich extract of hibiscus not only reduced hyperglycemia but also improved dyslipidemia and restored blood pressure.²² Malondialdehyde (MDA) and advanced oxidation protein product (AOPP) levels were found to be lowered in the evaluation of oxidative stress markers. Furthermore, as a key component of the cellular anti-oxidant defence system, the increased glutathione (GSH) level has also been evaluated.²² MDA and AOPPs are biomarkers of oxidative stress and play crucial roles in the oxidative process. Their formation is closely linked to ROS activity, which contributes to lipid peroxidation and protein oxidation and contributes to the development of atherosclerosis in DM.⁴²⁻⁴⁴ It was reported that the protocatechuic acid compound in hibiscus is responsible as an antioxidant to decrease the formation of MDA and AOPP. In addition to protocatechuic acid, it was also reported that anthocyanin pigments contained in hibiscus can terminate free radical reactions.^{23,45}

Hibiscus is well known for its antioxidant properties by attenuating ROS overexpression.³⁴ Previous studies reported that various phytochemical compounds can inhibit the damaging effect of oxidative stress, such as organic acids (hibiscus acid), phenolic acids, anthocyanin, and flavonoids.⁴⁶ In the study using an aortic remodeling hypertension model, it was reported that hibiscus extract could protect the artery by inhibiting vascular smooth muscle cell proliferation through downregulation of Ang II/cyclophilin A/ERK1/2 signaling and ROS production. Furthermore, a strong positive correlation between cyclophilin A and VCAM-1 has also been reported, showing a protection effect of hibiscus to avoid atherosclerosis production in the vessels.²⁴

Anti-hyperlipidemia properties

The main compounds of hibiscus, such as anthocyanins, flavonoids, and polyphenolic acids, can be resistant agents, restricting the onset of OxLDL. Fernández *et al.*²⁵ reported the effect of hibiscus extract on serum lipid concentration in a hyperlipidemic animal model and found that under a hypercaloric diet, the infusion of hibiscus was potentially reduced over 50% of serum triglyceride.²⁵ Similar study by Hirunpanich *et al.* also investigated the role of hibiscus in lowering hypercholesterolemic animal models and found that reducing not only serum cholesterol but also serum triglycerides and LDL.²⁶ Similar study showed that the inhibitory effect of hibiscus on OxLDL was also reported by Chen *et al.*²⁷

An *in vitro* study by Chen *et al.* focused on the inhibitory effects of hibiscus flavonoid compound on the oxidation and lipid peroxidation of LDL revealed that flavonoid has the potential to reduce foam cell formation and intracellular lipid accumulation in macrophages exposed to OxLDL at non-cytotoxic concentrations.²⁷ The molecular data suggested that the beneficial effects of hibiscus in preventing atherosclerosis may be mediated through the liver-X receptor alpha (LXR α)/ATP-binding cassette transporter A1 (ABCA1) pathway. Hibiscus was found to upregulate this pathway, leading to enhanced cholesterol removal from macrophages. By promoting cholesterol efflux, hibiscus helps prevent the transformation of macrophages into foam cells, which play a crucial role in atherosclerotic lesion formation. Ultimately, the stimulation of cholesterol removal from macrophages delays the progression of atherosclerosis. Therefore, the presence of polyphenols, particularly flavonoids, in hibiscus makes it a promising candidate for combating hyperlipidemia and preventing atherosclerosis.¹⁰

Anti-inflammation properties

Previous studies on DM animal models reported that the inflammatory process triggered by DM can be suppressed using hibiscus extract.^{28,29} A study by Mardiah *et al.* reported that an animal model of DM induced by streptozotocin showed a decreased pro-inflammatory mediator TNF- α in a dosage of 72mg and 288 mg per day of hibiscus extracts.²⁸ An *in vivo* and *in vitro* study observed the role of hibiscus in inhibiting TNF- α and reported that even at a lower dose of polyphenol extract of hibiscus can inhibit the migratory process of VSMC that lead to atherosclerosis progression through inducing ROS production.⁴⁷ The protection of the vessel by reducing

cell adhesion molecule VCAM-1 via downregulating pro-inflammatory mediator TNF- α has also been reported.²⁴ Furthermore, the phenolic compounds of caffeic acid and ellagic acid has been reported to lower the inflammatory mediators, including IL-6, IL-1 β , TNF- α , and MCP-1 in diabetics mice.⁴⁸ It was reported that a dose of 200 mg polyphenol extract of hibiscus could inhibit fat deposition and advanced glycation end-products (AGE) in the kidney, which may prevent the atherosclerosis progress.²⁹ The key components of phytochemical compound and mechanisms in preventing atherosclerosis in diabetes mellitus is summarized in TABLE 2 and FIGURE 4.

TABLE 2. Phytochemical compounds and mechanisms of *H. sabdariffa* Linn. in preventing atherosclerosis in DM

| Compound | Biological activity | Mechanisms of actions |
|---|---|---|
| Anthocyanins (e.g., delphinidin-3-sambubioside, cyanidin-3-sambubioside) ^{49,50} | Antioxidant, anti-inflammatory, anti-hyperlipidemia | Inhibits LDL oxidation, reduces ROS, prevents foam cell formation |
| Quercetin ⁵¹ | Anti-inflammatory | Modulates NF- κ B pathway, reduces cytokine production |
| Protocatechuic acid ⁵² | Antioxidant, anti-inflammatory | Lowers MDA and AOPP levels, decreases ROS |
| Hibiscus acid ^{53,54} | Angioprotective | Promotes vasodilation, reduces hypertension |
| Polyphenols (flavonoids, phenolic acids) ^{29,47,55} | Antioxidant, anti-inflammatory, anti-hyperlipidemia | Modulates lipid metabolism, reduces inflammation, inhibit the migratory process of VSMC, inhibit fat deposition and AGE |
| Organic acids (citric, malic, ascorbic) ⁵⁶ | Antioxidant | Scavenges free radicals, supports antioxidant defense |
| Tannins, polysaccharides, pectin ³⁴⁻³⁹ | Anti-inflammatory, anti-hyperlipidemia | Inhibits VSMC proliferation, enhances lipid metabolism |
| Caffeic acid, ellagic acid ⁴⁸ | Anti-inflammatory | Lowers IL-6, IL-1 β , TNF- α , MCP-1 levels |

DISCUSSION

In atherosclerosis, VSMC play a crucial role in the pathogenesis of the disease. These cells undergo phenotypic changes, transitioning from a quiescent and contractile state to a proliferative and migratory phenotype. This transformation is marked by increased production of extracellular matrix proteins, contributing to the formation of fibrous plaques within the arterial wall. The interaction between leukocytes and smooth muscle cells, mediated by ICAM-1 and VCAM-1, adds another layer of complexity to the inflammatory response in atherosclerosis. Moreover, emerging evidence suggests that these adhesion molecules actively participate in the progression and stability of atherosclerotic plaques.⁵⁷

Inhibition of VSMC proliferation and migration induced by hyperglycemia involving connective tissue growth factor using hibiscus extract has been investigated previously.²¹ It has been reported that hibiscus extract could protect vascular in hyperglycemia by inhibiting VSMC proliferation through downregulation of Ang II/cyclophilin A/ERK1/2 signalling. The ROS production has a strong positive correlation between cyclophilin A and VCAM-1. Therefore, a downregulation effect of hibiscus on the VSMC proliferation and migration mediators has the potential to avoid atherosclerosis formation. Furthermore, this study also reported that the proinflammatory factor (Ang II and TNF- α) activates NF- κ B to mediate the production of VCAM-1.²⁴

The adhesion process in the early stages of atherosclerosis begins with leukocytes rolling on the surface of the blood vessel endothelium due to interactions with selectins. This adhesion process is believed to occur through induction by leukocyte adhesion molecules on the endothelium, such as

ICAM-1 and VCAM-1, as well as integrins on the surface of leukocytes.⁵⁸ In the early phase, mononuclear leukocytes, including monocytes and T cells, migrate towards the blood vessel wall and cross the endothelium. This process requires endothelial activation to express leukocyte adhesion molecules. The changes in the blood vessel endothelium lead to increased NF κ B activity.⁵⁹ The high expression of VCAM-1 and ICAM-1 in the blood vessels promotes the proliferation of macrophages, leading to their accumulation in the plaque and increase plaque instability.⁶⁰ Therefore, inflammation is a primary pathway in the pathogenesis of atherosclerosis, with OxLDL, NF- κ B, ICAM-1, and VCAM-1 being part of this inflammatory process. If the activities of all these proteins can be inhibited, then the inflammatory process can also be suppressed. According to the previous study by Sarbini *et al.*,¹⁶ the extract of hibiscus exhibits a phytopharmaceutical effect to prevent atherosclerosis through this inflammatory pathway involving NF- κ B, ICAM-1, and VCAM-1.¹⁶

A study by Kao *et al.* investigated the potential of hibiscus compounds, specifically anthocyanin, in preventing atherosclerosis. The study examined the effect of hibiscus on foam cell formation and the expression of scavenger receptor CD36 and its upstream transcription factor, PPAR γ , in OxLDL-treated mouse macrophage J774A.1 cells. Hibiscus significantly reduced lipid accumulation in OxLDL-treated cells, indicating its potential to prevent foam cell formation. Moreover, hibiscus downregulated CD36 expression and reduced PPAR γ protein levels in nuclear extracts, indicating its role in inhibiting macrophage uptake of OxLDL.⁶¹ To elucidate the multifaceted mechanisms through which hibiscus components combat atherosclerosis in diabetes mellitus, a comprehensive illustration is presented FIGURE 4.

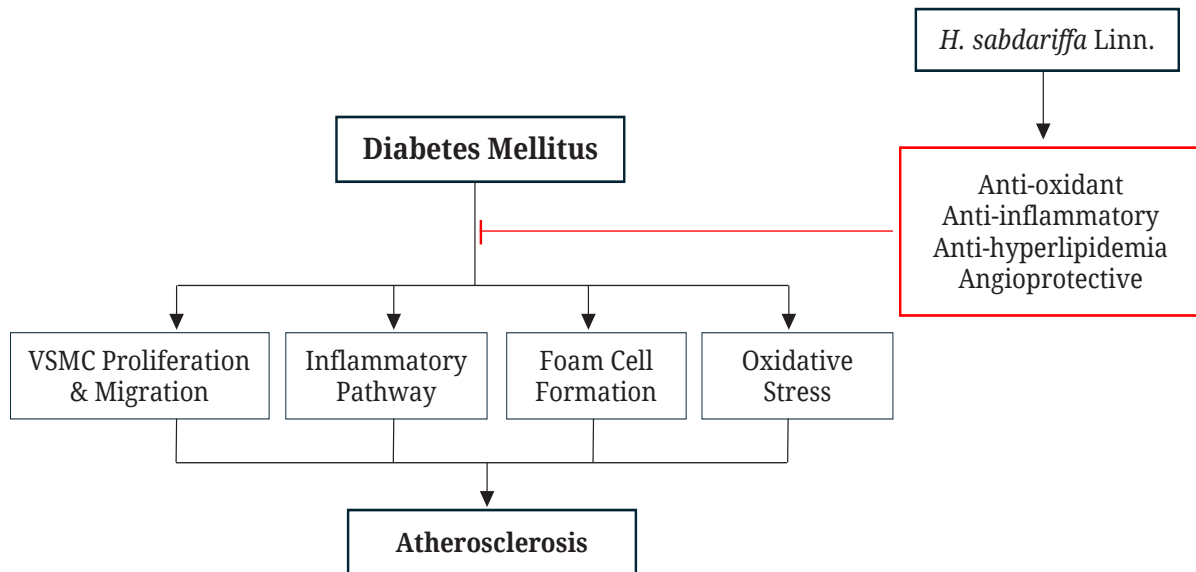


FIGURE 4. Mechanisms of *H. sabdariffa* Linn. in preventing atherosclerosis in DM

The study has several limitations. Firstly, it is subject to language bias as it exclusively considered publications in English or Bahasa, potentially excluding relevant studies in other languages. Secondly, there might be publication bias, given the reliance on specific databases, which may favor studies reporting positive outcomes. The search criteria, focusing on specific keywords, might have missed relevant studies using different terminology. The diverse study designs in TABLE 1, including *in vivo*, *in vitro*, and various animal models, make it challenging to draw consistent conclusions. Variability in hibiscus extract types and dosages among the selected studies hinders the establishment of standardized recommendations. Furthermore, the predominantly animal and *in vitro* focus limits direct applicability to clinical scenarios. The emphasis on red hibiscus varieties and the complex phytochemical composition pose challenges in generalizing findings. Mechanistic insights into hibiscus effects are insufficient, and the study lacks long-term data on the sustained impact of hibiscus on atherosclerosis in DM.

CONCLUSION

Hibiscus sabdariffa Linn. holds promise in combating diabetes-related atherosclerosis due to its rich phytochemical composition. Active compounds like polyphenols, anthocyanins, and flavonoids confer antioxidant, anti-hyperlipidemic, and anti-inflammatory properties. These components collectively address key factors in atherosclerosis development, reducing serum cholesterol, triglycerides, and LDL cholesterol, and modulating foam cell formation. *Hibiscus sabdariffa* Linn. also shows potent anti-inflammatory effects, suppressing pro-inflammatory mediators, and intervening in pathways that limit inflammatory cell recruitment. This scope review underscores its potential as a natural therapeutic agent against diabetes-related atherosclerosis, emphasizing its multifaceted approach in tackling oxidative stress, hyperlipidemia, and inflammation. Further research is needed to understand mechanisms, optimize dosages, and explore its translational potential as adjunct therapy for diabetes-related atherosclerosis.

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No conflict of interest was declared.

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