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Tender Coconut Water Can Inhibit Inflammation Caused by Cigarette Smoke

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Abstract: Cigarette smoke contains numerous free radicals that can trigger an inflammatory response. The response stimulates the release of pro-inflammatory cytokines such as C-reactive protein (CRP), tumor necrosis factor-alpha (TNF- α), interleukin (IL)-6, and IL-8. Tender coconut water containing L-arginine has been shown to reduce inflammatory cytokines, including TNF- α , and IL-6. This study aims to determine the potential of tender coconut water in inhibiting inflammation in mice exposed to cigarette smoke. In this posttest only control group study, twenty-four male Wistar rats were randomly divided into 4 groups: K1 (standard *ad libitum*+ aqua diet); K2 (standard diet *ad libitum* + aqua + exposure to cigarette smoke 3 sticks/day); K3 (standard diet *ad libitum* + aqua+ exposure to cigarette smoke 3 sticks/day + vitamin E at a dose of 1.8 mg/200 grBW/day); K4 (standard diet *ad libitum* + aqua + exposure to cigarette smoke 3 sticks/day + tender coconut water at a dose of 8mL/200 grBW/day). The treatment was given for 14 days. On day 15, the blood samples were collected to evaluate CRP, IL-6, and TNF- α using ELISA (enzyme-linked immunosorbent assay). The data were analyzed using one way ANOVA test. The results showed that the level of CRP, IL-6m, and TNF- α in the group administrated with tender coconut water was significantly lower than that of those exposed to cigarette smoke alone ($p<0.05$). This study demonstrates that tender coconut water can inhibit inflammation in mice caused by cigarette smoke.

Keywords: tender coconut water, cigarette smoke, C-reactive protein, interleukin-6, tumor necrosis factor-alpha.

嫩椰子水安抑製香煙煙霧引起的炎症

摘要：香煙煙霧中含有大量可引發炎症反應的自由基。該反應刺激促炎細胞因子的釋放，如 C 反應蛋白、腫瘤壞死因子- α 、白細胞介素 6 和 8。含有 L-精氨酸的嫩椰子水已被證明可以減少炎症細胞因子，包括腫瘤壞死因子- α 和 6。本研究旨在確定嫩椰子水在抑制暴露於香煙煙霧的小鼠炎症方面的潛力。在此僅後測對照組研究中，將 24 隻雄性威斯塔大鼠隨機分為 4 組：K1 (標準隨意+水飲食)；K2 (標準飲食隨意+水+接觸香煙煙霧 3 根/天)；K3 (標準飲食隨意 + 水 + 暴露於香煙煙霧 3 支/天 + 維生素乙，劑量為 1.8 毫克/200 公克體重/天)；K4 (標準飲食隨意 + 水 + 暴露於香煙煙霧 3 支/天 + 8 毫升/200 公克體重/天劑量的嫩椰子水)。治療持續 14 天。在第 15 天，收集血液樣本以使用酶聯免疫吸附測定評估 C 反應蛋白、6 和腫瘤壞死因子- α 。使用單向方差分析測試分析數據。結果顯示，軟椰子水給藥組的 C 反應蛋白、白細胞介素 6 和腫瘤壞死因子- α 水平顯著低於僅暴露於香煙煙霧的組。

Received: August 11, 2021 / Revised: October 7, 2021 / Accepted: November 17, 2021 / Published: December 30, 2021

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($p < 0.05$)。這項研究表明，嫩椰子水可以抑製香煙煙霧引起的小鼠炎症。

关键词：嫩椰子水、香煙煙霧、C 反应蛋白、白細胞介素 6、肿瘤坏死因子- α 。

1. Introduction

Smoking is a risk factor for a wide range of diseases, disability mortality [1]. Half a million Americans died from smoking or exposure to secondhand smoke early, while another 16 million suffer from serious illnesses each year [2]. According to the World Health Organization (WHO), the latest statistical data shows the percentage of smokers in Indonesia accounts for 33.8%, with 21.37% deaths from smoking [3]. Cigarette smoke can cause chronic obstructive pulmonary disease (COPD), cardiovascular diseases, and other diseases. Smoking has been shown to increase the risks of chronic systemic diseases through inflammatory mechanisms [4].

Cigarette smoke is a source of exogenous free radicals with more than 7000 chemicals. One cigarette contains 107 oxidant molecules [5]. There are two main phases in cigarette smoke that play a role in pathogenesis: the tar and gas phase. Both phases are rich in free radicals and non-free radicals. One puff of cigarette smoke contains 1017 free radicals in the tar phase and 1015 in the gas phase. Nicotine found in cigarettes can increase ROS reactive oxygen species (ROS), decrease the antioxidant capacity of enzymes, and induce the formation of active compounds that interfere with blood flow by inducing inflammation in blood vessels [1].

Cigarette smoke exposure can cause airway inflammation characterized by increased macrophages, neutrophils, and T lymphocytes that trigger the release of pro-inflammatory cytokines such as tumor necrosis factor- α (TNF- α), interleukin (IL)-6, and IL-8 [6]. Several studies have shown increased levels of C-reactive protein (CR), TNF- α , IL-6, and IL-8 in COPD patients with inflammation due to exposure to cigarette smoke. Levels of C-reactive protein (CRP), TNF- α , IL-6, and IL-8 in smoking COPD patients are higher than that of non-smoking; exposure to cigarette smoke increases levels of pro-inflammatory cytokines [5].

Tender coconut water contains L-arginine, polyphenols, vitamin C, selenium, and minerals (Cu, Mg, Mn, K, Na, Zn). L-arginine in tender coconut water can significantly reduce free radicals. Oxidative stress decreases along with the decrease in free radicals in the body. L-arginine can inhibit inflammation indicated by the decrease in levels of pro-inflammatory cytokines such as CRP, TNF- α , IL-6, and IL-8 [7]. This study was aimed to determine the potential of tender coconut water in inhibiting inflammation due to cigarette smoke exposure.

2. Method

In this posttest experimental study of control group only, twenty male Wistar rats, kept in Inter-University Research Nutrition Laboratory of PSPG Faculty of Medicine, Gadjah Mada University, Yogyakarta, were randomly divided into four groups ($n=6$ rats). Group division and treatment can be seen in Table 1.

Table 1 Group division and treatment

Group	Treatment
Negative control (K1)	Standard diet <i>ad libitum</i> + aqua (morning-afternoon) for 14 days
Positive control (K2)	Standard diet <i>ad libitum</i> + aqua + cigarette smoke exposure (3 cigarettes/day (morning-afternoon) for 14 days
Treated group 1 (K3)	Standard diet <i>ad libitum</i> + aqua + cigarette smoke exposure (3 s cigarettes/day + vitamin E at the dose of 1.8 mg/200gBW/day (morning-afternoon) for 14 days
Treated group 2 (K4)	Cigarette smoke3 (3 cigarettes/day + tender coconut water at the dose of 8mL/200gBW/day (morning-afternoon) for 14 days.

On day 15, blood samples were collected to evaluate levels of CRP, IL-6, and TNF- α using the ELISA (enzyme-linked immunosorbent assay) method.

2.1. Cigarette Smoke Exposure

According to their group, the rats were transferred to the smoking chamber (special cage) to expose cigarette smoke. The cage was a smoking box with a barrier to separate the experimental animals from the burning ends of the cigarettes. Cigarette smoke was exhaled repeatedly with the help of an injection tube until the cigarette burned out. The number of cigarettes used in this study was 3 cigarettes/day and administered for 14 days.

2.2. Blood Sampling

The equipment used was sterile micro-hematocrit tubes, blood collection bottles, and sterile cotton. A blood sample was taken by inserting a micro-hematocrit tube into the ophthalmic vein in the rat's eyeball periorbital corner and then slowly rotated until the blood came out. The blood was accumulated in 2cc Eppendorf. The micro-hematocrit tube was removed after the required blood obtained. The blood in the rat's

eyeball corner was cleaned with sterile cotton.

2.3. Measurement of CRP, IL-6, and TNF- α

CRP, IL-6, and TNF- α were assessed using the ELISA (Enzyme-Linked Immunosorbent Assay) kit.

2.4. Determination of Tender Coconut Water Dosage

The Dosage of tender coconut water was determined based on that proposed by Zulaikhah et al., i.e., 4 mL/100gBW.

2.5. Research Place

Treatment of rats and measurement of CRP, IL-6, and TNF- α took place in Inter-University Research Nutrition Laboratory of PSPG Faculty of Medicine, Gadjah Mada University, Yogyakarta.

2.6. Data Analysis

The data were tested for normality with Shapiro-Wilk, resulting in a normal and non-homogeneous distribution. Then the data were analyzed using one way ANOVA test followed by the post hoc Tamhane test to compare treatment groups. The TNF- α level data had a normal and homogeneous distribution, and then the data were analyzed by one-way ANOVA test followed by Post Hoc LSD test to compare treatment groups. The decision to accept or reject the hypothesis was based on α 5%.

3. Findings

The effect of tender coconut water on CRP, IL-6, and TNF- α is shown in Table 2.

Table 2 Effect of tender coconut water on the level of CRP, IL-6, and TNF- α in the four groups

Variable	Group				p-Value
	K1	K2	K3	K4	
	Mean $\pm$ SD	Mean $\pm$ SD	Mean $\pm$ SD	Mean $\pm$ SD	
CRP level (ng/mL)	3.2 $\pm$ 0.28	17.2 $\pm$ 0.86	5.4 $\pm$ 0.39	6.7 $\pm$ 0.33	>0.05*
Shapiro wilk	0.161	0.091	0.988	0.1222	<0.05**
Levene test					0.0001***
One way ANOVA					
IL-6 level (pg/mL)	43.0 $\pm$ 6.09	87.8 $\pm$ 3.87	53.9 $\pm$ 1.87	62.8 $\pm$ 3.82	>0.05*
Shapiro wilk	0.111	0.996	0.616	0.961	<0.05**
Levene test					0.0001***
One way ANOVA					
TNF- α level (pg/mL)	6.06 $\pm$ 0.30	17.9 $\pm$ 0.26	7.3 $\pm$ 0.39	8.8 $\pm$ 0.43	>0.05*
Shapiro wilk	0.737	0.858	0.933	0.825	>0.05**
Levene test					0.0001***
One way ANOVA					

Significant *>0.05, **>0.05, ***<0.05

Mean CRP, IL-6, and TNF- α , and Post hoc Tamhane and LSD are presented in Fig. 1.

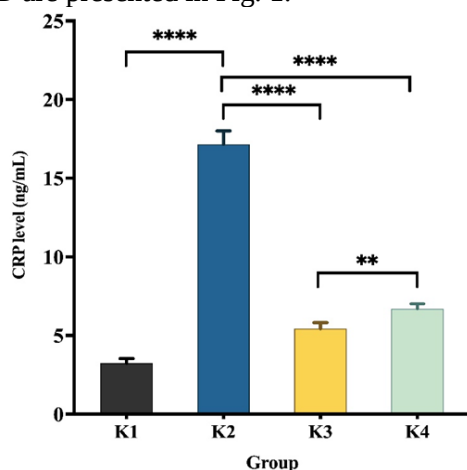


Fig. 1 Differences in mean CRP levels between groups

**** Significant $p < 0.0001$

** Significant $p < 0.05$

Table 1 and Fig. 1 show that the highest and the lowest mean levels of CRP were found in the K2 (17.2 $\pm$ 0.86 ng/mL) and K1 (3.2 $\pm$ 0.28 ng/mL) group, respectively. K3 and K4 (5.4 $\pm$ 1.87 pg/mL and 6.7 $\pm$ 0.33 pg/mL) had lower mean levels of IL-6 than

K2 but higher than K1. The difference in the mean level of IL-6 between K2 and K3 was 11.8 ng/mL; between K2 and K4 was 10.5 ng/mL. The results of the ANOVA showed that the administration of tender coconut water at the dose of 8mL/200gBW/day for 14 days reduced IL-6 levels ($p < 0.05$). The mean IL-6 levels in K3 were lower than that of tender coconut water (K4). The analysis results using the Post hoc Tamhane test showed a statistically significant difference in mean IL-6 level between the two groups.

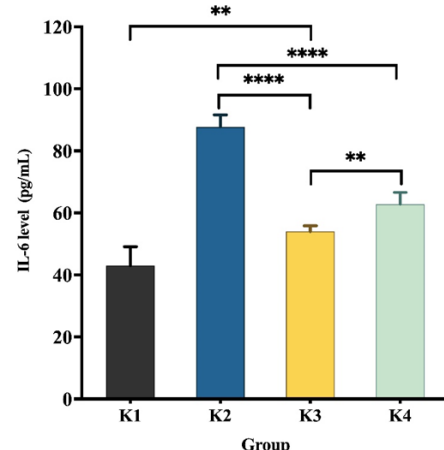


Fig. 2 Differences in mean IL-6 levels between groups

**** Significant ($p < 0.0001$)

** Significant ($p < 0.05$)

Table 1 and Fig. 2 show that K2 and K1 groups had the highest (87.8 ± 3.8 pg/mL) and the lowest (43.0 ± 6.09 pg/mL) mean IL-6 level, respectively. K3 and K4 had lower mean IL-6 levels (53.9 ± 1.87 pg/mL and 62.8 ± 3.82 pg/mL) than K2 but higher than K1. The difference in mean level IL-6 levels between K2 and K3 was 33.9 pg/mL, K2 and K4 was 25.0 pg/mL.

The analysis results with ANOVA showed that the administration of tender coconut water at the dose of 8mL/200gBW/day for 14 days reduced IL-6 levels ($p < 0.05$). The mean IL-6 levels in K3 were lower compared to K4. The analysis results using the Post hoc Tamhane test showed that there was a statistically significant difference in mean IL-6 levels between the two groups.

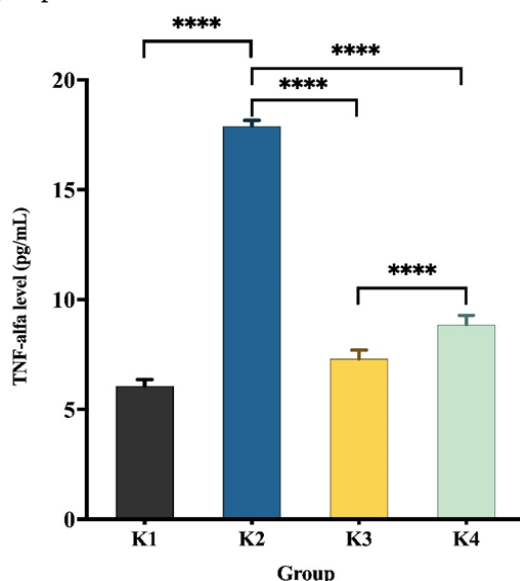


Fig. 3 Differences in mean TNF- α levels between groups
 **** Significant ($p < 0.0001$)
 ** Significant ($p < 0.05$)

Table 1 and Fig. 3 show that the highest and the lowest mean levels of TNF- α were found in the K2 group (17.9 ± 0.26 pg/mL) and K1 (6.06 ± 0.30 pg/mL), group respectively. K3 (7.3 ± 0.39 pg/mL) and K4 (8.8 ± 0.43 pg/mL) had lower mean levels than K2 but higher than K1. The difference in the mean level of TNF α between K2 and K3 was 10.6 pg/mL; K2 and K4 was 9.1 pg/mL.

The analysis results with ANOVA showed that the administration of tender coconut water at the dose of 8mL/200gBW/day for 14 days reduced IL-6 levels ($p < 0.05$). The mean level of IL-6 in the K3 group was lower than in K4. The analysis using the Post hoc Tamhane test showed a statistically significant difference in mean levels of IL-6 between the two groups.

4. Discussion

This study showed that the mean levels of CRP, IL-6, and TNF- α in the group exposed to cigarette smoke

were higher than those without exposure to cigarette smoke, indicating that tender coconut water has the potential to inhibit inflammation. These findings are consistent with that of the previous studies showing that smoking increased levels of CRP and IL-6, the presence of an inflammatory reaction increases levels of CRP, white blood cells, albumin, interleukin 6 (IL-6), and tumor necrosis factor (TNF- α) in the blood [8]. Long-term exposure to cigarette smoke can cause airway inflammation characterized by increased neutrophils, macrophages, T lymphocyte counts, and cytokines such as TNF- α , IL-6, and IL-8 [9]. The cytokine production is mediated, especially by free radicals derived from oxygen. These free radical mediators help the formation of cytokines by modulating nuclear factors (NF κ B). Cigarette smoke contains free radical that causes oxidative stress. Cigarette smoke-induced oxidative stress causes a series of cellular and molecular reactions, activates cascades and transcription factors, releases inflammatory mediators, initiates inflammation, cell injury, and apoptosis [10].

One puff of cigarette smoke contains numerous free radicals, which play a role in pathogenesis. The major free radicals through cigarette smoke are superoxide (O_2^-), nitric oxide (NO), which combine to form peroxynitrite [11]. Due to the accumulation of free radicals, tissues are indented to deplete antioxidants such as ascorbic acid and protein sulfhydryl groups leading to the oxidation of DNA, lipids, and proteins. This ROS accumulation in tissues might be due to an increase in oxidant generation, decreased antioxidant defense agents, or failure to repair oxidative damage. The imbalance between oxidants and antioxidants causes oxidative stress initiating the inflammatory response [4]. The response begins with increased macrophages, neutrophils, and T lymphocytes that trigger the release of pro-inflammatory cytokines such as tumor necrosis factor-alpha (TNF- α), interleukin (IL)-6, and IL-8 [7]. Several studies have shown increased CRP, TNF- α , IL-6, and IL-8 in COPD patients with inflammation due to exposure to cigarette smoke. Levels of C-reactive protein (CRP), TNF- α , IL-6, and IL-8 in smoking COPD patients were shown to be higher than that of non-smoking. Exposure to cigarette smoke increases levels of pro-inflammatory cytokines [5, 12]. CRP, IL-6, and TNF- α levels are pro-inflammatory cytokines. Increased CRP, IL6, and TNF- α level indicate high levels of ROS and decreased nitrate oxidation. High levels of IL-6 stimulate the liver to synthesize and secrete markers of systemic inflammation, including CRP [13].

The most dangerous content of cigarette smoke causing oxidative stress and inflammation is nicotine, carbon monoxide, metals (arsenic, nickel, chromium, and lead), particulate matter, and caroline. Nicotine in cigarettes can cause an increase in ROS and a decrease

in the antioxidant capacity of enzymes and induce the formation of active compounds disrupting blood flow by inducing inflammation in blood vessels. Carbon monoxide in cigarettes can cause hypoxia and increase xanthine oxidase and nicotinamide adenine dinucleotide phosphate oxidase (NADPH oxidases). Acrolein in cigarettes can cause a decrease in antioxidant enzymes, a decrease in the immune response, and an increase in inflammation markers [14].

Without excessive antioxidant reserves, the body requires higher exogenous antioxidants to eliminate the effects of free radicals exposure [15]. Different enzymatic mechanisms minimize radical damage and protect against excessive free radical production. Antioxidants play an important role in this defense mechanism [16]. In normal and healthy subjects, there is a balance between the formation of reactive oxygen species free radicals and endogenous antioxidant defense mechanisms [17]. If ROS amount is more than antioxidants, then the excessive amount of ROS will disturb lipid, protein, and DNA components called oxidative stress [15]. At present, the impact of oxidative stress and its related factors has become an important issue for human health. The World Health Organization (WHO) estimates that about 80% of the world's population uses traditional medicine for primary health care. In recent years, more interest has been focused on experimental research to verify natural antioxidants and anti-inflammatory drugs from natural resource products [18]. Foods containing natural antioxidants can be used as a strategy to reduce morbidity and mortality, especially due to oxidative stress [15]. Natural sources of antioxidants can be used as preventive medicine. Recent studies have shown an inverse relationship between the consumption of antioxidant-rich food and the prevalence of the human disease. Consuming antioxidants from natural plant sources as a daily diet can offer a solution to overcome human health problems [17, 19].

Tender coconut water contains various nutrients such as L-arginine, Vitamin C, amino acids, and minerals such as magnesium, potassium, calcium, selenium, methionine, zinc, iodine, manganese, and cuprum [15, 20]. This study shows that the administration of tender coconut can inhibit inflammation caused by cigarette smoke indicated by lower levels of CRP, IL-6, and TNF in the K4 group compared to the group exposed to cigarette smoke. The results of this study support that of a study conducted by Zulaikhah et al. showing that administration of tender coconut water at the dose of 8mL/200gr BW for 4 weeks prevents inflammation characterized by a decrease in TNF α , IL-1, and IL-6 in induced by streptozotocin (STZ) and nicotinamid (NA) [8].

Vitamin C in tender coconut water serving as an antioxidant is a micronutrient that plays an important

role in the immune system with pleiotropic functions due to its ability to donate electrons, biosynthesis of enzymes, and function of gene regulation. Vitamin C also plays a role in cellular immunity, increasing epithelial barrier function, is needed in apoptosis, and can cleanse necrotic tissue (NETosis) to reduce the inflammatory process [21]. A study conducted by Dewi et al. proved that vitamin C reduces pro-inflammatory cytokines characterized by differences in IL-6 and CRP levels between the group a with vitamin C at a dose of 12 g/50 mL water every 12 hours for 7 days and the placebo group showing that mean levels of IL-6 and CRP in the group given vitamin C was lower compared to the placebo group [22].

Vitamin C has been shown to decrease nicotine toxicity by donating a hydrogen atom to nicotine metabolite indicated by the difference in CE expression between-group supplemented with vitamin C at the doses of 200 mg/day and 1000 mg/day compared with placebo. The decrease in CE excretion positively correlated with the increased dose of vitamin C supplementation [23].

Vitamin C decreases inflammation and oxidative stress in patients with metabolic syndrome, indicated by decreased CRP and IL-6 levels [24]. Animal studies have shown that vitamin C deficiency exposed to cigarette smoke indicates the release of Troponin T and I in serum, oxidative stress, apoptosis, thrombosis, and myocardial deposition. There was a significant difference in plasma vitamin C levels between smokers and the non-smoker group [25].

Vitamin C is a micronutrient that plays an important role in the immune system with pleiotropic functions due to its ability to donate electrons, biosynthesis of enzymes, and function of gene regulation. Vitamin C also functions in cellular immunity, increases epithelial barrier function, is needed in the process of apoptosis, and can cleanse necrotic tissue (NETosis) to reduce the inflammatory process [23]. Research on experimental showed that vitamin C deficiency exposed to cigarette smoke showed the release of Troponin T and I in serum, oxidative stress, apoptosis, thrombosis, and myocardial deposition. There was a significant difference in plasma vitamin C levels in smokers compared to the non-smoker group [25].

CRP levels are inversely correlated with vitamin C levels in the body, meaning that the higher the intake of vitamin C, the lower the levels of CRP will be, and the lower the intake of vitamin C, the higher the levels of CRP will be [26]. Vitamin C acts as an antioxidant and immunomodulator in reducing the severity of COVID-19 infection [22]. The reduction of free radicals can prevent oxidative stress to inhibit the occurrence of inflammatory responses in the body. Vitamin C can also reduce the inflammatory response directly by suppressing the production of IL-6, CRP, and TNF- α [13, 22].

L-arginine in tender coconut water is a non-essential amino acid in nitric oxide synthase (NO Synthase). This compound is a substrate to produce citrulline and NO. NO can inhibit xanthine oxidase (XO), leading to increased SOD levels, total thiol levels (T-SH), vitamin C, total antioxidants (TAC) [20]. The results of previous studies showed that L-arginine inhibited the secretion of IL-1 β , IL-6, and TNF- α by macrophages and other inflammatory infiltrating cells in the male dystrophin-deficient (MDX) diaphragm muscle. L-arginine inhibits the inflammatory cascade to reduce the number and activity of nuclear factor-kB (NF-kB) and metalloproteinase (MMP)-2 and MMP-9 activities in males dystrophin-deficient (MDX) mice [27].

L-arginine in tender coconut water is an antioxidant and can reduce free radicals characterized by increased SOD, catalase, and GPx [20]. L-arginine will bind to free radicals directly or damage free radical bonds [28]. L-arginine compounds can inhibit inflammation as seen from the decrease in levels of pro-inflammatory cytokines such as CRP, TNF- α , IL-6, and IL-8 [8].

5. Conclusion

Cigarette smoke can cause oxidative stress that can induce inflammatory responses [12, 14]. Tender coconut water consists of L-arginine, Vitamin C, and amino acids that can inhibit inflammation by decreasing levels of pro-inflammatory cytokines such as CRP, IL-6, IL-8, and TNF- α [8, 19].

Several studies consider the effect of tender coconut water. The oral administration of tender coconut water can lower TC, LDL, and TG levels and increase HDL serum levels in male rats fed a high-fat diet [15]. Other research has shown that consuming tender coconut water for 30 days increases antioxidant enzymatic SOD, CAT, GPx, and decreases lipid peroxidation in mercury exposure workers [20]. The administration of tender coconut water can decrease the levels of TNF- α , IL-1, and IL-6 in Streptozotocin (STZ) and Nicotinamide (NA) induced diabetic rats [8]. Coconut water can effectively reduce the level of heavy metal, especially Cd and Hg, in the blood of *Rattus norvegicus* [28].

This present study showed that the administration of tender coconut water has the potential effect of inhibiting inflammation due to cigarette smoke. This study demonstrates that the administration of tender coconut water can inhibit inflammation caused by cigarette smoke, characterized by decreased CRP, IL-6, and TNF- α in the K4 group compared to K2 in mice exposed to cigarette smoke.

6. Limitations and Further Study

The limitation in this study is that the study only uses tender coconut water with one dose and one type of tender coconut water. Despite its limitation, this study has strengths, including its study aim that find

out the effect of tender coconut water in inhibits inflammation caused specifically by cigarette smoke, which is rarely studied. We suggest that researchers need to investigate the effect of tender coconut water in inhibiting inflammation caused by cigarette smoke using various dosages and different types of tender coconut water for further research.

References

- [1] HOLIPAH H., SULISTOMO H.W., and MAHARANI A. Tobacco smoking and risk of all-cause mortality in Indonesia. *PLoS One*, 2020, 15(12): 1-12. <https://doi.org/10.1371/journal.pone.0242558>
- [2] CENTERS FOR DISEASE CONTROL and PREVENTION. *Smoking and Tobacco Use: Data and Statistic*, 2021. [Online] Available from: https://www.cdc.gov/tobacco/data_statistics/
- [3] WORLD HEALTH ORGANIZATION. *Country Profile Indonesia WHO Report on the Global Tobacco Epidemic 2019*. WHO, 2019. [Online] Available from: https://www.who.int/tobacco/surveillance/policy/country_profile/idn.pdf
- [4] STRZELAK A., RATAJCZAK A., ADAMIEC A., and FELESZKO W. Tobacco smoke induces and alters immune responses in the lung triggering inflammation, allergy, asthma and other lung diseases: A mechanistic review. *International Journal of Environmental Research and Public Health*, 2018, 15(5).
- [5] SURYADINATA R.V. Effect of Free Radicals on Inflammatory Processes in Chronic Obstructive Pulmonary Disease. *Amerta Nutrition*, 2018, 2(4): 317-324.
- [6] LEI Z., GUO H., ZOU S., JIANG J., KUI Y., and SONG J. Long non-coding RNA maternally expressed gene regulates cigarette smoke extract induced lung inflammation and human bronchial epithelial apoptosis via miR-149-3p. *Experimental and Therapeutic Medicine*, 2020, 21(1): 1-9.
- [7] YI E., ZHANG J., ZHENG M., ZHANG Y., LIANG C., HAO B., HONG W., LIN B., PU J., LIN Z., HUANG P., LI B., ZHOU Y., and RAN P. Long noncoding RNA IL6-AS1 is highly expressed in chronic obstructive pulmonary disease and is associated with interleukin 6 by targeting miR-149-5p and early B-cell factor 1. *Clinical and Translational Medicine*, 2021, 11(7). <https://doi.org/10.1002/ctm.2.479>
- [8] ZULAIKHAH S.T., WAHYUWIBOWO J., SUHARTO M.N., ENGGARTIASTO B.H., ORTANTO M.I.R., and PRATAMA A.A. Effect of tender coconut water (TCW) on TNF- α , IL-1 and IL-6 in streptozotocin (STZ) and nicotinamid (NA) induced diabetic rats. *Pharmacognosy Journal*, 2021, 13(2): 500-505.
- [9] KHAN N.A., LAWYER G., MCDONOUGH S., WANG Q., KASSEM N.O., KAS-PETRUS F., YE D., SINGH K.P., KASSEM N., and RAHMAN I. Systemic biomarkers of inflammation, oxidative stress and tissue injury and repair among waterpipe, cigarette and dual tobacco smokers. *Tobacco Control*, 2020, 29(2): 102-109.
- [10] LAWRENCE H., HUNTER A., MURRAY R., LIM W.S., and MCKEEVER T. Cigarette smoking and the occurrence of influenza - systematic review. *Journal of Infection*, 2019, 79(5): 401-406.
- [11] ASEERVATHAM S., CHOI S., KRIHNAN J., and RUCKMANI K. Cigarette smoke and related risk factors in neurological disorders: an update. *Biomed Pharmacother*,

- 2017, 85(1): 79-86. <https://doi.org/10.1016/j.biopha.2016.11.118>
- [12] ASIMUDDIN M., VIJAYLAKSHMI G., ANSARI M.S., and JAMIL K. Biomarkers of inflammation and oxidative stress in smokers and severe chronic obstructive pulmonary disease patients. *Indian Journal of Immunology and Respiratory Medicine*, 2020, 5(3): 173-180.
- [13] TRAN Q.T., ARIMILLI S., SCOTT E., CHEN P., and PRASAD G.L. Differences in biomarkers of inflammation and immune responses in chronic smokers and moist snuff users. *Cytokine*, 2021, 137(6): 155299. <https://doi.org/10.1016/j.cyto.2020.155299>
- [14] TAATI B., ARAZI H., and SUZUKI K. Oxidative stress and inflammation induced by waterpipe tobacco smoking despite possible protective effects of exercise training: A review of the literature. *Antioxidants*, 2020, 9(9): 1-13.
- [15] ZULAIKHAH S.T., PERTIWI D., BAGUS S.A., NURI S., BRILLIAN JELITA E.M., and ALFIZA N.S. Effect of tender coconut water on blood lipid levels in high fat diet fed male rats. *Journal of Krishna Institute of Medical Sciences University*, 2017, 6(2): 63-68.
- [16] SHARIFI-RAD M., KUMAR N.V., PAOLO Z., VARONI E.M., DINI L., PANZARINI E., RAJKOVIC J., FOKOU P.V.T., AZZINI E., PELUSO I., MISHRA A.P., NIGAM M., EL RAYESS Y., EL BEYROUTHY M., POLITO L., IRTI M., MARTINS N., MARTORELL M., DOCEA A.O., SETZER W.N., CALINA D., CHO W.C., and SHARIFI-RAD J. lifestyle, oxidative stress, and antioxidants: back and forth in the pathophysiology of chronic diseases. *Frontiers in Physiology*, 2020, 11(7): 1-21.
- [17] ARULSELVAN P., FARD M.T., TAN W.S., GOTHAI S., FAKURAZI S., NORHAIZAN M.E., and KUMAR S.S. Role of antioxidants and natural products in inflammation. *Oxidative Medicine and Cellular Longevity*, 2016, 5276130.
- [18] MINISTRY OF HEALTH OF THE REPUBLIC OF INDONESIA. *Basic Health Research Results 2018*. [Online] Available from: <http://ghdx.healthdata.org/record/indonesia-basic-health-research-2018>
- [19] ZULAIKHAH S.T. Health benefits of tender coconut water. *International Journal of Pharmaceutical Sciences and Research*, 2019, 10(2): 474-480.
- [20] ZULAIKHAH S.T., and SUWONDO A. Effects of Tender Coconut Water on Antioxidant Enzymatic Superoxide Dismutase (SOD), Catalase (CAT), Glutathione Peroxidase (GPx) and Lipid Peroxidation In Mercury Exposure Workers. *International Journal of Science and Research*, 2017, 4(12): 517-524.
- [21] CARR A.C., and MAGGINI S. Vitamin C and immune function. *Nutrients*, 2017, 9(11): 1-25.
- [22] DEWI A.M.C., DAGRADI E.M., and WIBOWO P. The Effect of high dose vitamin c (ascorbic acid) on proinflammatory cytokines in COVID-19. *Medical and Health Science Journal*, 2021, 5(1): 46-50.
- [23] HOLFORD P., CARR A.C., JOVIC T.H., ALI S.R., WHITAKER I.S., MARIK P.E., and SMITH A.D. Vitamin C – An adjunctive therapy for respiratory infection, sepsis and COVID-19. *Nutrients*, 2020, 12(12): 1-17.
- [24] WONG S.K., CHIN K.Y., and IMA-NIRWANA S. Vitamin C: A review on its role in the management of metabolic syndrome. *International Journal of Medical Sciences*, 2020, 17(11): 1625-1638.
- [25] XIA G., FAN D., HE Y., ZHU Y., and ZHENG Q. High-dose intravenous vitamin c attenuates hyperinflammation in severe coronavirus disease. *Nutrition*, 2019, 91-92: 111405. <https://doi.org/10.1016/j.nut.2021.111405>
- [26] JIALAL I., and SINGH U. Is vitamin C an anti-inflammatory agent? *American Journal of Clinical Nutrition*, 2016, 3: 525-526.
- [27] HNIA K., GAYRAUD J., HUGON G., RAMONATXO M., DE LA PORTE S., MATECKI S., and MORNET D. L-arginine decreases inflammation and modulates the nuclear factor- κ B/matrix metalloproteinase cascade in Mdx muscle fibers. *American Journal of Pathology*, 2018, 172(6): 1509-1519.
- [28] RACHMAWATI Y., MUSTIKA I., TYASTIRIN E., WATI R., ARIFA A., AZZAHRA H., MAGHFIROH A., IDRUS M., MARSONO, ABDULLAH M., AMALIYAH L., and NINGRUM I. Effectiveness of green coconut (Cocos nucifera L.) water against heavy metal levels in the blood of rattus norvegicus. In: *Proceedings of the Built Environment, Science and Technology International Conference*, 2020, 113-118.

參考文:

- [1] HOLIPAH H., SULISTOMO H.W. 和 MAHARANI A. 印度尼西亞的吸煙和全因死亡風險。公共科學圖書館 — , 2020 年 , 15(12) : 1-12 。 <https://doi.org/10.1371/journal.pone.0242558>
- [2] 疾病控制和預防中心。吸煙和煙草使用：數據和統計 , 2021 年 。 [在 線] 可 從 : https://www.cdc.gov/tobacco/data_statistics/
- [3] 世界衛生組織。國家概況 印度尼西亞 世衛組織 2019 年全球煙草流行報告。世衛組織 , 2019 年。[在線] 可從 : https://www.who.int/tobacco/surveillance/policy/country_profile/idn.pdf
- [4] STRZELAK A., RATAJCZAK A., ADAMIEC A. 和 FELESZKO W. 煙草煙霧誘導和改變肺部的免疫反應 , 引發炎症、過敏、哮喘和其他肺部疾病：機械審查。國際環境研究與公共衛生雜誌 , 2018 , 15(5)。
- [5] 蘇里亞迪納塔 R.V.自由基對慢性阻塞性肺疾病炎症過程的影響。愛美達營養 , 2018, 2(4): 317-324。
- [6] LEI Z., GUO H., ZOU S., JIANG J., KUI Y., 和 SONG J. 長鏈非編碼 核糖核酸母體表達基因通過 miR-調節香煙煙霧提取物誘導的肺部炎症和人支氣管上皮細胞凋亡 149-3p。實驗與治療醫學 , 2020, 21(1): 1-9。
- [7] YI E., ZHANG J., ZHENG M., ZHANG Y., LIANG C., HAO B., HONG W., LIN B., PU J., LIN Z., HUANG P., LI B., ZHOU Y., 和 RAN P. 長鏈非編碼 核糖核酸 白細胞介素 6-AS1 在慢性阻塞性肺疾病中高表達 , 並通過靶向 miR-149-5p 和早期 B 細胞因子 1 與白細胞介素 6 相關。臨床和轉化醫學 , 2021 , 11(7)。

- <https://doi.org/10.1002/ctm2.479>[8] ZULAIKHAH S.T.、WAHYUWIBOWO J.、SUHARTO M.N.、ENGARTASTO B.H.、ORTANTO M.I.R. 和 PRATAMA A.A. 嫩椰子水對鏈脛佐菌素和煙酰胺誘導的糖尿病大鼠腫瘤壞死因子- α 、白細胞介素-1 和 白細胞介素-6 的影響。生藥學雜誌, 2021, 13(2): 500-505。
- [9] KHAN N.A., LAWYER G., MCDONOUGH S., WANG Q., KASSEM N.O., KAS-PETRUS F., YE D., SINGH K.P., KASSEM N. 和 RAHMAN I. 炎症、氧化應激和水煙、香煙和雙重煙草吸煙者的組織損傷和修復。煙草控制, 2020, 29(2): 102-109。
- [10] LAWRENCE H.、HUNTER A.、MURRAY R.、LIM W.S. 和 MCKEEVER T. 吸煙與流感的發生 - 系統評價。感染雜誌, 2019, 79(5): 401-406。
- [11] ASEERVATHAM S.、CHOI S.、KRIHNAN J. 和 RUCKMANI K. 香煙煙霧和神經系統疾病的相關危險因素：更新。生物醫藥, 2017, 85(1): 79-86。
<https://doi.org/10.1016/j.biopha.2016.11.118>
- [12] ASIMUDDIN M.、VIJAYLAKSHMI G.、ANSARI M.S. 和 JAMIL K. 吸煙者和嚴重慢性阻塞性肺疾病患者炎症和氧化應激的生物標誌物。印度免疫學與呼吸醫學雜誌, 2020 年, 5(3) : 173-180。
- [13] TRAN Q.T.、ARIMILLI S.、SCOTT E.、CHEN P. 和 PRASAD G.L. 慢性吸煙者和濕鼻煙使用者炎症和免疫反應生物標誌物的差異。細胞因子, 2021, 137(6): 155299。
<https://doi.org/10.1016/j.cyto.2020.155299>
- [14] TAATI B.、ARAZI H. 和 SUZUKI K. 儘管運動訓練可能具有保護作用, 但抽吸水煙引起的氧化應激和炎症：文獻綜述。抗氧化劑, 2020, 9(9): 1-13。
- [15] ZULAIKHAH S.T.、PERTIWI D.、BAGUS S.A.、NURI S.、BRILLIAN JELITA E.M. 和 ALFIZA N.S. 嫩椰子水對高脂肪飲食飼養的雄性大鼠血脂水平的影響。克里希納醫科大學學報, 2017, 6(2): 63-68。
- [16] SHARIFI-RAD M.、KUMAR NV, PAOLO Z.、VARONI EM, DINI L.、PANZARINI E.、RAJKOVIC J.、FOKOU PVT, AZZINI E.、PELUSO I.、MISHRA A.P.、NIGAM M.、EL RAYESS Y.、EL BEYROUTHY M.、POLITO L.、IRITI M.、MARTINS N.、MARTORELL M.、DOCEA A.O.、SETZER W.N.、CALINA D.、CHO W.C.、和 SHARIFI-RAD J. 生活方式、氧化應激和抗氧化劑：在慢性疾病的病理生理學中反復出現。生理學前沿, 2020, 11(7): 1-21。
- [17] ARULSELVAN P.、FARD M.T.、TAN W.S.、GOTHAI S.、FAKURAZI S.、NORHAIZAN M.E. 和 KUMAR S.S. 抗氧化劑和天然產物在炎症中的作用。氧化醫學與細胞長壽, 2016, 5276130。
- [18] 印度尼西亞共和國衛生部。2018 年基本健康研究結果。[在 線] 可 從 : <http://ghdx.healthdata.org/record/indonesia-basic-health-research-2018> 獲取
- [19] ZULAIKHAH S.T. 嫩椰子水的健康益處。國際藥物科學研究雜誌, 2019, 10(2): 474-480。
- [20] ZULAIKHAH S.T. 和 SUWONDO A. 嫩椰子水對汞暴露工人抗氧化酶超氧化物歧化酶、過氧化氫酶、穀胱甘肽過氧化物酶和脂質過氧化的影響。國際科學與研究雜誌, 2017, 4(12) : 517-524。
- [21] CARR A.C. 和 MAGGINI S. 維生素 C 和免疫功能。營養素, 2017, 9(11): 1-25。
- [22] DEWI A.M.C.、DAGRADI E.M. 和 WIBOWO P. 高劑量維生素 C (抗壞血酸) 對新冠肺炎促炎細胞因子的影響。醫學與健康科學雜誌, 2021, 5(1): 46-50。
- [23] HOLFORD P.、CARR A.C.、JOVIC T.H.、ALI S.R.、WHITAKER I.S.、MARIK P.E. 和 SMITH A.D. 維生素 C – 呼吸道感染、敗血症和新冠肺炎的輔助療法。營養素, 2020, 12 (12) : 1-17。
- [24] WONG S.K.、CHIN K.Y. 和 IMA-NIRWANA S. 維生素 C : 綜述其在代謝綜合徵管理中的作用。國際醫學科學雜誌, 2020, 17(11): 1625-1638。
- [25] XIA G.、FAN D.、HE Y.、ZHU Y. 和 ZHENG Q. 高劑量靜脈注射維生素 C 可減輕嚴重冠狀病毒病的過度炎症。營養學, 2019, 91-92 : 111405。
<https://doi.org/10.1016/j.nut.2021.111405>
- [26] JIALAL I. 和 SINGH U. 維生素 C 是抗炎劑嗎？美國臨床營養學雜誌, 2016 年, 3 : 525-526。
- [27] HNIA K.、GAYRAUD J.、HUGON G.、RAMONATXO M.、DE LA PORTE S.、MATECKI S. 和 MORNET D. L-精氨酸減少炎症並調節核因子- κ B/基質金屬蛋白酶級聯反應 Mdx 肌纖維。美國病理學雜誌, 2018, 172(6): 1509-1519。
- [28] RACHMAWATI Y.、MUSTIKA I.、TYASTIRIN E.、WATI R.、ARIFA A.、AZZAHRA H.、MAGHFIROH A.、IDRUS M.、MARSONO、ABDULLAH M.、AMALIYAH L. 和 NINGRUM I. 有效性綠色椰子 (可可忍冬 L.) 水對褐家鼠血液中的重金屬含量有顯著影響。在：建築環境、科學和技術國際會議論文集, 2020 年, 113-118。