

## Raisin Syrup Consumption Has Hematological Improvement In Mice

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### Abstract:

Based on our last study that suggested many hematological impact of changing diet style and since raisin contains many useful materials which may have many benefits for hematological parameters, this work aims to study the curative effect of raisin extract on the hematological changes and histopathological changes of spleen resulting from changing the diet style in mice. In this study, 32 adult male Balb/c mice aged 8 weeks old were conducted. They were divided into four groups (n=8 for each); first group (abbreviated G<sub>B</sub>) fed on normal diet containing 10% sheep brain extract and drink tap water, second group (abbreviated G<sub>R</sub>) fed on normal diet and drink raisin syrup at a concentration of 0.5mg/ml ad libitum, third group (abbreviated G<sub>B+R</sub>) fed on normal diet containing 10% sheep brain extract and drink raisin syrup at a concentration of 0.5mg/ml ad libitum, and fourth group act as control group that fed on normal diet and drink tap water ad libitum. After 7 days, blood samples were collected from the eye of all mice and transferred into EDTA tubes to determine complete blood count, then mice were sacrificed by cervical dislocation and spleens were obtained to investigate their histopathological changes. Results showed that the deviations in the values of complete blood count as well as histopathological changes in spleen that occur in mice of G<sub>B</sub> group are improved in mice of G<sub>R</sub> and G<sub>B+R</sub> groups when compared with control group. These results indicate the beneficial effect of raisin on health status and need further investigation.

**Key words:** raisins, nutritional style, fat-rich diet, brain extract.

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### Introduction:

Raisins are dried grapes produced in many regions of the world. It can be eaten raw or used in cooking, baking, and fermentation [1]. Since Iraq, Iran, and turkey have a perfect weather for planting raisins, the best kind of raisins can be found there. The finest Iraqi raisins are the yellow kind which come from Al-Hoss, Diyala, Malwiya, and Al-Sa'is [2].

Raisins contain up to 72% sugars, most of which are glucose and fructose [3], 3% protein, and 3.7% -6.8% dietary fibers [4]. Raisins are also high in boron [5, 6], omega 3 [7], E and C vitamins [5], and antioxidants, but they are low in sodium and do not contain cholesterol [2]. This total nutritional

value of raisins is very important for controlling weight and maintaining good human health due to controlling glucose and cholesterol, which helps in good functioning of the digestive system, regulating blood pressure [8], and a moderate glycemic index [9], reducing the risk of malignancies [10], and improvement of many other health biomarkers.

It is known that blood cells, red and white blood cells, and platelets are very important to the health of the body, and any imbalance in the value of these cells can cause many complications and diseases [11]. Whereas, changing from a diet high in fiber and low in fat to a diet low in fiber and rich in saturated fats can affect the erythrocyte membranes [12] and count [13], and the white blood cell count [13] associated with cardiovascular disease [14] and inflammation that may also result from eating a high-fat diet [14, 15], and a platelet count [14] whose activation and aggregation are among the key processes typically controlled in the pathophysiology of cardiovascular disease [16]. On the other hand, our previously research demonstrated several pathological changes in the spleen, which it plays important roles in regard to blood containing [17], of mice because of diet style changing [14].

The best way to normalize this anomaly is by using natural materials as they have limited side effects [18]. It is believed that raisins can increase the red blood cell count because it is the best natural source of iron and vitamins B-12 and C, so it is recommended to use it to treat anemia [2]. There is no study proving this result and to our knowledge, there is no information about the effect of raisins on WBCs and PLTs except our previous study that referred to increase RBC, decrease PLTs, and no changing in WBCs by consumption of raisin extract [2].

According to our previous researches, changes in nutritional style rather than a conventional diet caused hematological impacts [13] and raisin consumption affect differently on hematological parameters [2] So this work aims to study the curative effect of raisin extract on the hematological changes and histopathological changes of spleen resulting from changing the diet style in mice.

#### **Materials and Methods:**

A fat-rich diet was prepared as described in our previous study [14] and raisin syrup was also prepared as described in our previous study [2]. In this study, 32 adult male Balb/c mice aged 8 weeks old were obtained from the preventive research center, Baghdad, Iraq and divided into four groups (n=8 for each); first group (abbreviated G<sub>B</sub>) fed on normal diet containing 10% sheep brain extract and drink tap water, second group (abbreviated G<sub>R</sub>) fed on normal diet and drink raisin syrup at a concentration of 0.5 mg/ml ad libitum, third group (abbreviated G<sub>B+R</sub>) fed on normal diet containing 10% sheep brain extract and drink raisin syrup at a concentration of 0.5 mg/ml ad libitum, and fourth group act as control group that fed on normal diet and drink tap water ad libitum. After 7 days, blood samples were collected from the eye edge of all mice and transferred into EDTA tubes to determine complete blood count by using D-Cell 60 Hematology Analyzer from DIAGON®/ Diagon Ltd, Hungary, Budapest, then mice were sacrificed by cervical dislocation and spleens were obtained and fixed in 10% formalin solution to investigate their histopathological changes by using standard procedure of hematoxylin and eosin staining. Data are expressed as mean  $\pm$  standard deviation (M $\pm$ SD) and differences were analyzed by using Statview version 5.0 based on Fisher test and Tukey HSD test. Differences considered significant at P value less than 0.05.

**Results:**

Table (1) shows that mice fed on fat-rich diet ( $G_B$ ) have total count of WBCs ( $13.9 \pm 3.6 \times 10^9/L$ ) which significantly ( $P < 0.01$ ) higher than  $8.4 \pm 2.6 \times 10^9/L$  in control group. However, total count of WBCs in  $G_R$  and  $G_{B+R}$  groups ( $9.8 \pm 1.9 \times 10^9/L$  and  $10.2 \pm 3.6 \times 10^9/L$  respectively) reveal non-significant difference from those in  $G_B$  and control groups.

Table (1): Total count of WBCs in different groups

WBCs count ( $\times 10^9/L$ )	$G_B$ (n=8)	$G_R$ (n=8)	$G_{B+R}$ (n=8)	Control (n=8)
Range	9.4 – 21.7	6 – 12.5	4.5 – 14.5	4.4 – 12.5
M $\pm$ SD	<b><math>13.9 \pm 3.6^a</math></b>	$9.8 \pm 1.9^{a,b}$	$10.2 \pm 3.6^{a,b}$	<b><math>8.4 \pm 2.6^b</math></b>
Different small letters indicate significant difference between column at $P < 0.01$				

Based on the normal range of WBCs count in mice ( $4.45 - 13.98 \times 10^9/L$ ), the 95% confidence interval of a proportion show that 0.375 of mice in  $G_B$  have WBCs count higher than the upper limit of normal range (0.324 at 95% CI), while those in  $G_{B+R}$  (0.125) and  $G_R$  (0.0) are within normal range (0 – 0.324 at 95% CI) as shown in figure (1).

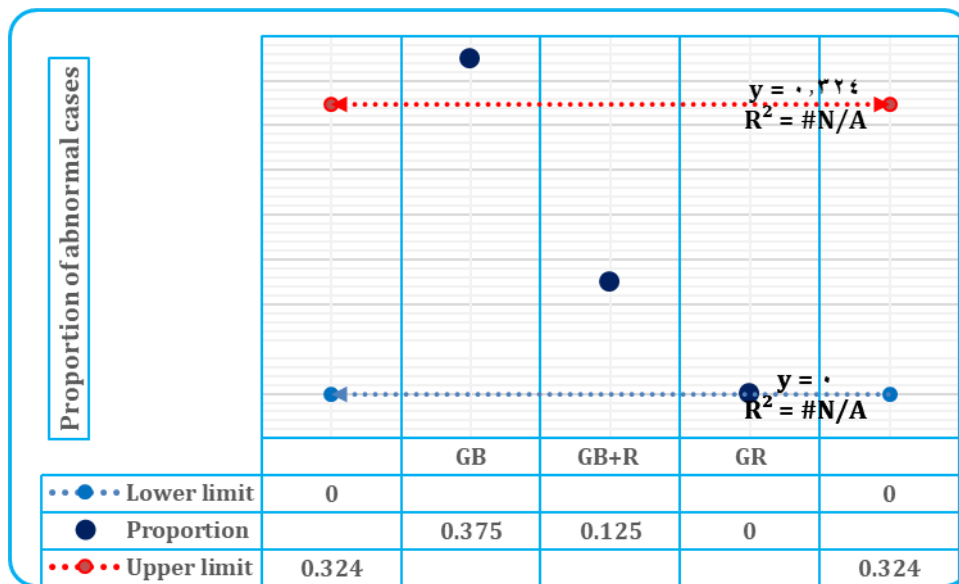


Figure (1): Proportion of mice with WBCs count higher than upper limit of normal range based on 95% confidence interval

Since there were no significantly differences among granulocytes and lymphocytes count in these four groups and they were within the normal rang, table 2 shows only the different among monocytes numbers in these groups which were significantly higher in the  $G_B$  group ( $2.4 \pm 0.35 \times 10^9/L$ ) compared to control ( $0.72 \pm 0.15 \times 10^9/L$ ) and  $G_R$  ( $0.8 \pm 0.18 \times 10^9/L$ ). There was no significantly difference between its number in  $G_B$  and  $G_{B+R}$  ( $1.2 \pm 0.44 \times 10^9/L$ ). Interestingly, monocytes numbers in  $G_B$  and  $G_{B+R}$  higher than normal rang in the mice (0.15-0.94)

Table (2): Monocytes count in different groups

Monocytes count (x 10 <sup>9</sup> /L)	G <sub>B</sub> (n=8)	G <sub>R</sub> (n=8)	G <sub>B+R</sub> (n=8)	Control (n=8)
Range	2.75 – 2.0	0.62 – 0.98	1.64 – 0.76	0.57 – 0.87
M±SD	2.4 ± 0.35 <sup>a</sup>	0.8 ± 0.18 <sup>b,c</sup>	1.2 ± 0.44 <sup>a,c</sup>	0.72 ± 0.35 <sup>b</sup>
Different small letters indicate significant difference between column at P<0.05				

On the other hand, Table (3) shows that mice fed on fat-rich diet (G<sub>B</sub>) have RBCs count (6.2 ± 0.55 x 10<sup>12</sup>/L) which significantly (P < 0.01) lower than those in control group (8.96 ± 0.7 x 10<sup>12</sup>/L), G<sub>R</sub> group (8.06 ± 0.85 x 10<sup>12</sup>/L), and G<sub>B+R</sub> group (7.66 ± 0.97 x 10<sup>12</sup>/L). However, G<sub>R</sub> group has non-significant difference with both G<sub>B+R</sub> and control groups, but RBCs count in G<sub>B+R</sub> is significantly lower than in control group.

Table (3): Total count of RBCs in different groups

RBCs count (x 10 <sup>12</sup> /L)	G <sub>B</sub> (n=8)	G <sub>R</sub> (n=8)	G <sub>B+R</sub> (n=8)	Control (n=8)
Range	5.25 – 6.99	7.09 – 9.37	6.63 – 9.37	7.59 – 9.85
M±SD	6.2 ± 0.55 <sup>b</sup>	8.06 ± 0.85 <sup>a,c</sup>	7.66 ± 0.97 <sup>c</sup>	8.96 ± 0.7 <sup>a</sup>
Different small letters indicate significant difference between column at P<0.0001				

Based on the normal range of RBCs count in mice (7.14 – 12.2 x 10<sup>12</sup>/L), the 95% confidence interval of a proportion in control group is between (0.675 and 1). Accordingly, all mice in G<sub>B</sub> have RBCs count lower than the lower limit of normal range (0.675 at 95% CI), thus the proportion of normal cases is (0.0), while the proportion of mice that have RBCs count within normal range of 95% CI in G<sub>B+R</sub> and G<sub>R</sub> 0.5 and 0.75 respectively as shown in figure (2).

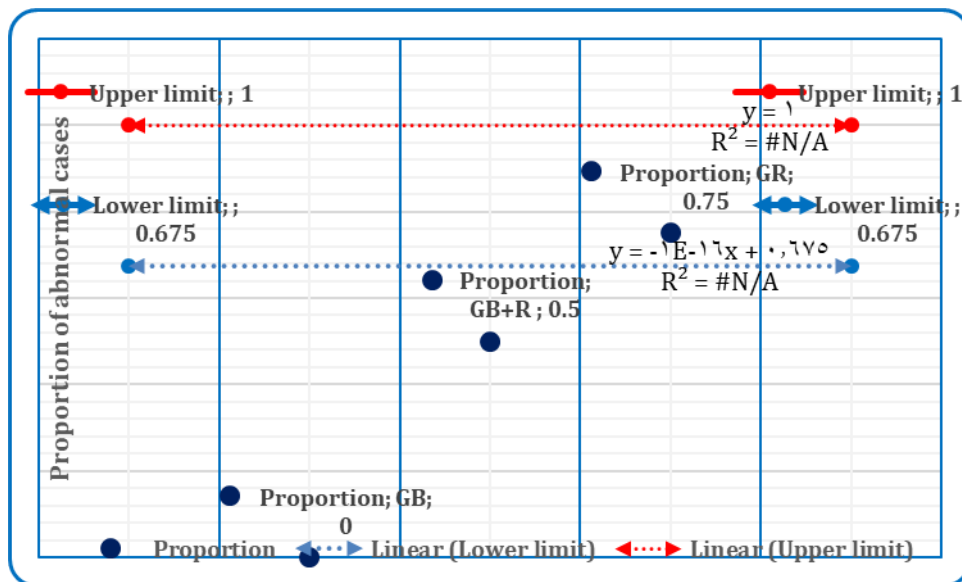


Figure (2): Proportion of mice with RBCs count less than the lower limit of normal range based on 95% confidence interval

In addition, PCV% was significantly lower in mice fed on fat-rich diet (G<sub>B</sub>) (10.56 ± 2.88) than those in control group (37.72 ± 1.42), G<sub>R</sub> group (39.24 ± 1.4), and G<sub>B+R</sub> group (33.08 ± 1.12). However,

G<sub>R</sub> group has non-significant difference with both G<sub>B+R</sub> and control groups table 4. Based on normal value of PCV% in mice is (37.3 - 62.0), only PCV% in G<sub>B</sub> and G<sub>B+R</sub> were not within the normal range.

Table (4): PCV% in different groups

PCV%	G <sub>B</sub> (n=8)	G <sub>R</sub> (n=8)	G <sub>B+R</sub> (n=8)	Control (n=8)
Range	13.44 – 8.68	40.64 – 37.84	34.20 – 31.96	39.14 – 36.30
M±SD	10.56 ± 2.88 <sup>b</sup>	39.24 ± 1.4 <sup>a</sup>	33.08 ± 1.12 <sup>a</sup>	37.72 ± 1.42 <sup>a</sup>
Different small letters indicate significant difference between column at P<0.05				

Platelets count increase significantly from (978 ± 89 x 10<sup>9</sup>/L) in control group to (1999 ± 777 x 10<sup>9</sup>/L) in G<sub>B</sub> and decrease significantly in G<sub>R</sub> (593 ± 105 x 10<sup>9</sup>/L). Then it return to reach (1162 ± 433 x 10<sup>9</sup>/L) which did not have any significantly different with control group. Platelets count was two times more in G<sub>B</sub> and two times less in G<sub>R</sub> than control group. Interestingly, it was critical in G<sub>B</sub> and lower in G<sub>R</sub> compared to normal value (841 – 2156 x 10<sup>9</sup>/L) (figure 3).

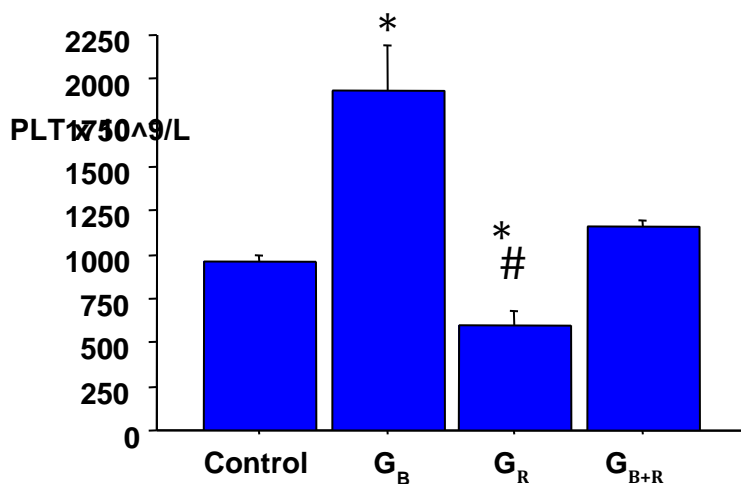
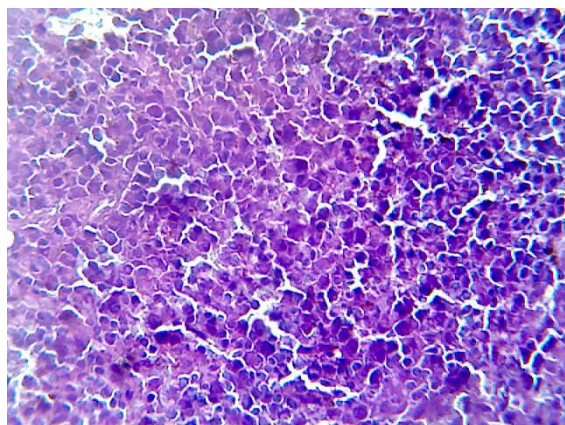
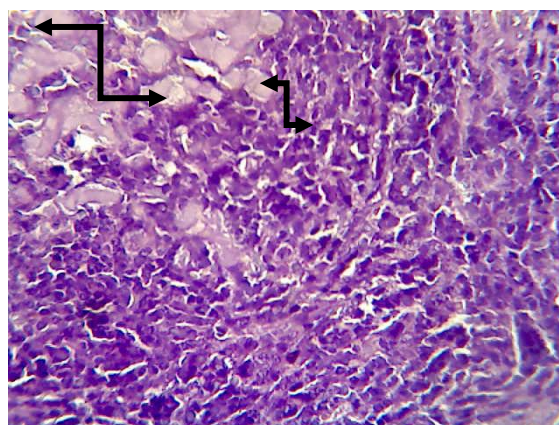


Figure (3): Platelet count in different groups. \*significantly difference between Control vs. other groups. # significantly difference between G<sub>R</sub> vs. G<sub>B</sub> and G<sub>B+R</sub>.

Concerning with the histological study of the spleens in all groups, the results demonstrated several pathological changes in the spleen of mice fed on fat-rich diet (G<sub>B</sub>) which shows moderate depletion of white pulp and severe congested of red pulp compared to spleen of control group which shows no clear lesion. These changing were exactly like what was found in our last research [14]. Figure (4) shows no clear lesion in the spleen of G<sub>R</sub> (A) and amyloid like substance deposition in red pulp of spleen in G<sub>B+R</sub>.



**A: Section in the spleen of  $G_R$  shows no clear lesions (H& E stain 400X)**



**B: Section in the spleen of  $G_{R+B}$  shows amyloid like substance deposition in red pulp (H & E stain 400X)**

Figure (4): histological sections in the spleen of  $G_R$  (A) and  $G_{R+B}$  (B).

#### Discussion:

It is well established that any change in the diet pattern of rats can cause various pathological and immunological effects in the body [19, 20], as it can stimulate a low degree of chronic inflammation [21] leading to an increase in total white blood cells [22], inflammatory mediators [23], and monocyte concentration [24-26] associated with increased phagocytosis to get rid of foreign and toxic substances [22]. Our present research shows that the total WBCs and Monocytes number increased abnormally in the restricted group. It is well established that any immune response could increase the total WBCs and high monocyte concentration can be associated with increased phagocytosis to get rid of strange and toxic substances [22]. These results could explain the increased number of total WBCs and monocytes present in the group of mice fed a high-fat diet ( $G_B$ ) in the current research compared to controls. In our current results, there was no change in WBC indicators in the group of mice that consumed a normal food and raisin extract drink ( $G_R$ ) which looked like the results of the control group which agreed with our recent research while consumption of raisins could normalize the increased number of total blood cells. Leukemia and monocytes in mice fed a high-fat diet as in group  $G_{R+B}$  because raisins contain an element that is very beneficial for bone health, brain function, and immune response content [6] and omega-3 and important nutrients and have anti-oxidative stress, anti-inflammatory, and anti-urination effects [5].

Since a high-fat diet increases cholesterol levels [27], this may lead to increased osmotic erythrocyte fragility and oxidative stress [28]. These changes can cause the development of hemolytic anemia [27, 28]. This possibility was demonstrated in our recent research (), where consumption of a diet rich in high fat was shown to reduce hemoglobin, hematocrit, erythrocytes, and RDW-SD and cause little difference in MCV which may indicate the occurrence of hemolytic anemia [27, 29]. In addition, the platelet/lymphocyte ratio was three times more in the group of mice that ate a high-fat diet than the control group, which may indicate increased oxidative stress [30, 31]. In this study, the hematocrit and RBCs decreased in the forage regimen. Mice rich in fat ( $G_B$ ) compared to the control group. In addition, there was no change in these parameters in the group of mice fed the regular diet and raisin extract drink ( $G_R$ ) while in the group of mice normalized on a high-fat diet and raisin extract drink ( $G_{R+B}$ ). The cause of the normalization of hematocrit and



erythrocytes can be due to mechanisms. The first contains raisins, vitamin C [32], vitamin B12, and iron [20]. These contents increase the number of red blood cells and have an important role in treating anemia [33, 34]. The second mechanism, grapes (a source of raisins) can enhance the antioxidant enzyme activities of the liver and red blood cells [35, 36] which may increase the number of red blood cells and treat anemia.

As was mentioned above, high-fat diet consumption increases cholesterol levels [27] and other lipoproteins concentration [37]. These changes could mediate platelet aggregation by increase arterial thrombosis tendency, increase the response of thrombin [38], change in the hematopoiesis process was [38-40], and increase white blood cell count and platelet levels due to the cholesterol-induced cytokines [41]. It is known, abnormal platelet counts are associated with cardiovascular disease [42-44], so it is recommended to treat cardiovascular disease by anti-platelet therapies [45]. On other hand, the raisins have distinct beneficial effects on CVD risk [46]. Vitseva et al, 2005; suggested decrease platelet properties of purple grape-derived flavonoids which caused uncontrolled bleeding in persons eating much purple grape [47]. These pieces of evidence agree with our results in this study that showed increase PLTs two times more in the mice group feed diet rich with fat ( $G_B$ ) and decrease two times less in mice group feed normal diet and drink raisin extract ( $G_R$ ) compared to control group. These changes are normalized in the mice group feed diet rich with fat and drink raisin extract ( $G_{B+R}$ ).

Since consumption of a high-fat diet stimulates chronic, low-grade inflammation, and may contribute to increased levels of inflammatory serum mediators [21], our last [14] and current research has found that a high-fat ( $G_B$ ) diet can cause moderate depletion of the white pulp in Agreement with other studies found that it caused many immunological and histological effects in the white pulp of the spleen [48-50], but the exact mechanism of the negative effect of the fat diet on the white pulp is still unclear [51, 52]. In addition, the current study found some deposition of amyloid-like substance in the erythroderma in the spleen of  $G_{R+B}$  which was less effective than that in the splenic section of  $G_B$ .

It can be concluded that the monocytosis, hemolytic anemia, as well as thrombocytosis caused by changing in nutritional style rather than a conventional diet could be normalized by consuming raisin extract. Therefore, the beneficial effect of raisin on health status needs further investigation particularly on immune system.

#### References:

1. Antonia, C., et al. 2014. Anthocyanins content and antioxidant capacity of Corinthian currants.
2. Jouda, J., et al. 2016. The Effect of Iraqi Yellow Raisin on the Brain regions and the Blood Cells Count. *Advances in Environmental Biology*. 10: 112-118.
3. Winkler, A. J. 1962. *General viticulture*, University of California Press.
4. Li, B. W., K. W. Andrewsw & P. R. Pehrssonw. 2002. Individual Sugars, Soluble, and Insoluble Dietary Fiber Contents of 70 High Consumption Foods. *Journal of food Composition and Analysis*. 15: 715-723.
5. Carughi, A. & H. Mike. 2014. Boron content of California raisins *The FASEB Journal* 28 647.
6. Nielsen, F. H. 2008. Is boron nutritionally relevant? *Nutr Rev*. 66: 183-191.

7. Ahmadian-Attari, M. M., et al. 2015. Treatment of Alzheimer's disease in Iranian traditional medicine. *Iran Red Crescent Med J.* 17: e18052.
8. Kanellos, P. T., et al. 2013. Absorption and bioavailability of antioxidant phytochemicals and increase of serum oxidation resistance in healthy subjects following supplementation with raisins. *Plant Foods Hum Nutr.* 68: 411-415.
9. Kanellos, P. T., et al. 2013. A study of glycemic response to Corinthian raisins in healthy subjects and in type 2 diabetes mellitus patients. *Plant Foods Hum Nutr.* 68: 145-148.
10. Kountouri, A. M., et al. 2013. Chemopreventive properties of raisins originating from Greece in colon cancer cells. *Food Funct.* 4: 366-372.
11. Debas, H. T., R. Laxminarayan & S. E. Straus. 2006. *Complementary and Alternative Medicine. In Disease Control Priorities in Developing Countries.* nd, et al., Eds. Washington (DC).
12. Fleming, M. D. & N. C. Andrews. 1998. Mammalian iron transport: an unexpected link between metal homeostasis and host defense. *J Lab Clin Med.* 132: 464-468.
13. Faraj, Y. F., et al. 2020. Hematological impact in mice due to alteration in their nutritional style. *Annals of Tropical Medicine & Public Health.* 23.
14. Salih, K. M., et al. 2019. Histological impact of nutritional style alteration in mice. *Journal of Contemporary Medical Sciences.* 5.
15. Kannel, W. B., K. Anderson & P. W. Wilson. 1992. White blood cell count and cardiovascular disease. Insights from the Framingham Study. *Jama.* 267: 1253-1256.
16. Jamshidi, L. & A. Seif. 2017. Association Between Obesity, White Blood Cell and Platelet Count. *Zahedan J Res Med Sci.* 19: e4955.
17. Mebius, R. E. & G. Kraal. 2005. Structure and function of the spleen. *Nat Rev Immunol.* 5: 606-616.
18. Silbernagl, S. & A. Despopoulos. 2009. *Color Atlas of Physiology.* Germany.
19. Salih, K. M., et al. 2019. Histological impact of nutritional style alteration in mice. *Journal of Contemporary Medical Sciences.* 5.
20. Jouda, J., et al. 2020. Physiological impact of nutritional style alteration in mice. *AIP conference proceedings* 020085-020081-020085-020086.
21. Lee, J. Y., et al. 2001. Saturated fatty acids, but not unsaturated fatty acids, induce the expression of cyclooxygenase-2 mediated through Toll-like receptor 4. *J Biol Chem.* 276: 16683-16689.
22. Afiune Neto, A., et al. 2006. [Monocytosis is an independent risk marker for coronary artery disease]. *Arq Bras Cardiol.* 86: 240-244.
23. Sahraoui, A., et al. 2016. Myocardial Structural and Biological Anomalies Induced by High Fat Diet in *Psammomys obesus* Gerbils. *PLoS One.* 11: e0148117.
24. Swirski, F. K., et al. 2007. Ly-6Chi monocytes dominate hypercholesterolemia-associated monocytosis and give rise to macrophages in atheromata. *J Clin Invest.* 117: 195-205.
25. Tacke, F., et al. 2007. Monocyte subsets differentially employ CCR2, CCR5, and CX3CR1 to accumulate within atherosclerotic plaques. *J Clin Invest.* 117: 185-194.
26. Takahashi, K., et al. 2003. Adiposity elevates plasma MCP-1 levels leading to the increased CD11b-positive monocytes in mice. *J Biol Chem.* 278: 46654-46660.
27. Liao, J., et al. 2015. Spontaneous and diet-aggravated hemolysis and its correction by probucol in SR-BI knockout mice with LDL-R deficiency. *Biochem Biophys Res Commun.* 463: 48-53.



28. Maner, B. S. & L. Moosavi. 2020. Mean Corpuscular Volume (MCV). In StatPearls. Treasure Island (FL).
29. Phillips, J. & A. C. Henderson. 2018. Hemolytic Anemia: Evaluation and Differential Diagnosis. *Am Fam Physician*. 98: 354-361.
30. Alagozlu, H., et al. 2013. Increased plasma levels of advanced oxidation protein products (AOPP) as a marker for oxidative stress in patients with active ulcerative colitis. *Clin Res Hepatol Gastroenterol*. 37: 80-85.
31. Eraldemir, F. C., et al. 2016. The relationship between neutrophil/lymphocyte and platelet/lymphocyte ratios with oxidative stress in active Crohn's disease patients. *Hippokratia*. 20: 368-373.
32. Carughi, A. 2008. Health Benefits of Sun-Dried Raisins. Health Research & Studies Center. Kingsburg, California.
33. Ghanwat, G., et al. 2016. Effect of Vitamin C Supplementation on Blood Lead Level, Oxidative Stress and Antioxidant Status of Battery Manufacturing Workers of Western Maharashtra, India. *J Clin Diagn Res*. 10: BC08-11.
34. Tu, H., et al. 2015. Low Red Blood Cell Vitamin C Concentrations Induce Red Blood Cell Fragility: A Link to Diabetes Via Glucose, Glucose Transporters, and Dehydroascorbic Acid. *EBioMedicine*. 2: 1735-1750.
35. Rho, K. A. & M. K. Kim. 2006. Effects of different grape formulations on antioxidative capacity, lipid peroxidation and oxidative DNA damage in aged rats. *J Nutr Sci Vitaminol (Tokyo)*. 52: 33-46.
36. Goncalves, M. C., et al. 2011. Organic grape juice intake improves functional capillary density and postocclusive reactive hyperemia in triathletes. *Clinics (Sao Paulo)*. 66: 1537-1541.
37. Goodnight, S. H., Jr., et al. 1982. Polyunsaturated fatty acids, hyperlipidemia, and thrombosis. *Arteriosclerosis*. 2: 87-113.
38. Han, K. H., et al. 1999. Expression of the monocyte chemoattractant protein-1 receptor CCR2 is increased in hypercholesterolemia. Differential effects of plasma lipoproteins on monocyte function. *J Lipid Res*. 40: 1053-1063.
39. Bobryshev, Y. V. 2006. Monocyte recruitment and foam cell formation in atherosclerosis. *Micron*. 37: 208-222.
40. Namiki, M., et al. 2002. Local overexpression of monocyte chemoattractant protein-1 at vessel wall induces infiltration of macrophages and formation of atherosclerotic lesion: synergism with hypercholesterolemia. *Arterioscler Thromb Vasc Biol*. 22: 115-120.
41. Gomes, A. L., et al. 2010. Hypercholesterolemia promotes bone marrow cell mobilization by perturbing the SDF-1:CXCR4 axis. *Blood*. 115: 3886-3894.
42. Montoro-Garcia, S., et al. 2016. The Role of Platelets in Venous Thromboembolism. *Semin Thromb Hemost*. 42: 242-251.
43. Pasalic, L., S. S. Wang & V. M. Chen. 2016. Platelets as Biomarkers of Coronary Artery Disease. *Semin Thromb Hemost*. 42: 223-233.
44. Tsoumani, M. E., et al. 2012. Platelet-mediated inflammation in cardiovascular disease. Potential role of platelet-endothelium interactions. *Curr Vasc Pharmacol*. 10: 539-549.
45. Lemesle, G., et al. 2016. Clopidogrel Use as Single Antiplatelet Therapy in Outpatients with Stable Coronary Artery Disease: Prevalence, Correlates and Association with Prognosis (from the CORONOR Study). *Cardiology*. 134: 11-18.

46. Willoughby, S., A. Holmes & J. Loscalzo. 2002. Platelets and cardiovascular disease. *Eur J Cardiovasc Nurs.* 1: 273-288.
47. Vitseva, O., et al. 2005. Grape seed and skin extracts inhibit platelet function and release of reactive oxygen intermediates. *J Cardiovasc Pharmacol.* 46: 445-451.
48. Fan, Y. Y., et al. 2003. Dietary (n-3) polyunsaturated fatty acids remodel mouse T-cell lipid rafts. *J Nutr.* 133: 1913-1920.
49. Svahn, S. L., et al. 2016. Six Tissue Transcriptomics Reveals Specific Immune Suppression in Spleen by Dietary Polyunsaturated Fatty Acids. *PLoS One.* 11: e0155099.
50. Teague, H., et al. 2013. n-3 PUFAs enhance the frequency of murine B-cell subsets and restore the impairment of antibody production to a T-independent antigen in obesity. *J Lipid Res.* 54: 3130-3138.
51. Cesta, M. F. 2006. Normal structure, function, and histology of the spleen. *Toxicol Pathol.* 34: 455-465.
52. Federico, A., et al. 2010. Fat: a matter of disturbance for the immune system. *World J Gastroenterol.* 16: 4762-4772.