

Review of the effect of dietary soy and its component on human health

Abstract

Soy protein is a natural component of soybeans and is known to provide a variety of health advantages. It offers advantages and is a different source of protein for folks who don't consume meat. The purpose of this review is to familiarize readers with the value of soy beans in both the food and medical industries. Legumes, which also include peanuts, chickpeas, various beans, and pulses, contain soybeans. Soybeans are incredibly flexible because they can be made into meal, flour, and oil. Soy protein has roughly 25g of approved health claims per day, which is known to lower total cholesterol and LDL. Soy has a variety of powerful ingredients, including fiber, isoflavones, phytic acid, saponins, and trypsin inhibitors. Soy has been seen to have several harmful consequences. Numerous studies have raised concerns about the potential negative effects of it because of the allergens present and the antinutrient agents they contain, which prevent micronutrient absorption. It may also result in hypothyroidism because it lacks some essential amino acids, making it a source of incomplete protein. Additionally, it might have hormonal effects on infants later in life.

Keywords: soy protein, hypertension, obesity, soy's drawbacks

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Introduction

Asia was where soy was first cultivated, although not for human use. Early on in its manufacturing, it was only utilized for crop cultivation and wasn't thought to be safe to use unless it was fermented, or fit for human consumption. Before the 1920s, soy was only farmed for soy oil or as a byproduct for animal feed. Later, though, people discovered its culinary techniques and included it into their diet. Following then, it was widely used for a number of years in several nations, including China, Japan, South Korea, Hong Kong, the United States, and Hong Kong. Although India is looking at its potential applications as a substitute protein source for its economically underdeveloped, underprivileged, and vegetarian population. Soybean, a type of legume, is a rich source of soy protein. The health benefits of the protein from soybeans are numerous. They have estrogenic qualities and protect the cardiovascular system. For newborns who are sensitive to cow milk protein in particular, soy protein is frequently utilized as an alternate protein source in infant feeding formulas (Baby milk), as well as a protein substitute for vegetarians.¹

Tofu, a mixture cheese-like substance created from the whey of fermented soybeans, is the most popular form of soybeans that are primarily consumed by humans after being fermented and turned into a curd an illustration of this kind of soybean use. About 40% of it is protein, 35% is carbohydrates, 20% is fatty oil, and 5% is ash. As one of the few plants that offers a complete protein, soy is frequently used in place of meat and dairy products due to its great temperature stability. It is a common ingredient in many Chinese, Korean, Japanese, and Southeast Asian dishes. Soy milk is one example of a milk substitute that is frequently used in food. Because of its many uses, soybeans can be made into meal, flour, and oil. Each of them has a variety of nutritional applications, with soy being one of the successful dietary legumes. There are numerous facts regarding the health advantages of eating soybeans; some scientists claim that the isoflavones in soybeans aid in the prevention of cancer and the FDA just confirmed that eating soybeans helps reduce cholesterol levels. The other study, however, demonstrated that raw soybean flour prevented pancreatic cancer in laboratory rats, despite the fact that these rats were fed an excessive amount of what typical humans would typically consume.

Soy's potential impact on cardiovascular disease

Trypsin inhibitors, saponins, and other soy protein-related compounds have all been linked to lowering cholesterol phytic acid, fiber, isoflavones, stanols, and sterols. A serine protease, trypsin is a component of the digestive system. Studies revealed that soybeans contain a high quantity of trypsin inhibitors, between 1 and 5% of the total protein. When rats are exposed to high doses of trypsin inhibitor, pancreatic cancer is seen, whereas intermediate levels make the rat pancreas more susceptible to substances that induce cancer. According to the US FDA, soybeans' little amounts of trypsin inhibitors don't have any negative effects on people's health.

Humans should eat soybeans to break down trypsin inhibitors. Using "wet" heat to cook because of its chelating properties, phytic acid It is accused of lowering essential minerals, particularly when the person is already following a low-vitamin and low-mineral diet. Because soybean seeds contain phytic acid, which binds to metals and minerals to produce phytates (a chelated form of phytic acid with zinc, iron, magnesium, and calcium), the body is unable to utilize these vital nutrients, particularly zinc.² When soy products are heated, trypsin inhibitors lose a lot of their action. By enhancing the release of cholecystokinin from minute amounts of heat-stable Bowman-Birk inhibitors, hypocholesterolemia can be produced. It subsequently stimulates the formation of bile acid from cholesterol and aids in the expulsion of cholesterol through the digestive system. Animal studies, however, did not demonstrate a hypocholesterolemic impact when trypsin inhibitors were consumed. In essence, saponins are a class of triterpene and steroid glycosides. There are two theories that explain how saponins reduce cholesterol: especially saponins given structural characteristics, some insoluble compounds are produced. Cholesterol similar to that in precipitated form with digitonin. Every time this process takes place in the gut, it prevents the intestines from absorbing and using cholesterol. Saponins disrupt the hepatic circulation of bile acids by producing mixed micelles. Bile acid reabsorption from the ileum is effectively stopped.³ By reducing the absorption of cholesterol from the food, stanols and sterols discovered in soy oils lower blood cholesterol. Adults should be advised to take these to lower their LDL cholesterol.⁴ Epidemiological research demonstrates that whole soy

meals and its products can lower the risk of cardiovascular disease. A Japanese study found that consuming more soybeans ($>101\text{g}$ per day) decreased the mortality rate from cardiovascular disease.⁵ Different soy products have different biological effects and defense qualities. After menopause, their estrogenic actions protect against a sharp increase in the risk of CVD as the level of naturally occurring estrogen decreases.⁶ When compared to intake of less than one serving per week, eating more than four servings of broccoli, carrots, tofu, or soy beans per week reduced the risk of hypertension.⁷ Previous research has shown that the amino acids methionine and lysine increase cholesterol levels whereas arginine has the opposite effect. As opposed to animal protein sources, soy proteins include a higher proportion of arginine than lysine and methionine. According to two animal investigations, a blend of L-amino acids made to resemble soy protein had a lesser cholesterol-lowering impact than hydrolyzed total soy protein.

Other components of soy protein could be beneficial. More potent than just the protein itself. The soy protein's higher arginine to lysine ratio may reduce glucagon and insulin secretion, which inhibits the synthesis of lipids. Phytoestrogens have an anti-atherosclerotic action by quickly increasing endothelial nitric oxide production, enhancing vasodilation, and improving blood flow. Hypercholesterolemic people have experienced these changes in glucagon and insulin levels. In humans, soy proteins with isoflavones had much lower cholesterol levels than soy proteins without isoflavones. Animal studies have shown that soy protein consumption raises thyroxine levels.

Increase thyroxine level were hypothesized to decrease cholesterol levels, but studies on humans vary.⁸ The hypothesis that soy protein decreases cholesterol by improved bile removal has been studied widely. Cholesterol excreted from the body as bile enables the liver to furnish more cholesterol for higher bile acid production and raises LDL receptors working. The conclusion is improved LDL elimination from the blood. Nevertheless, in human studies soy has not demonstrated to enhance bile acid elimination through feces.⁹

Effects of soy protein on LDL receptors

The two types of storage proteins found in soy beans are globulin 11S and globulin 7S. These globulins cause LDL receptors to activate. According to clinical research, eating soy protein causes a rise in LDL receptors in people. Individuals fed soy protein had significantly higher amounts of LDL receptor mRNA in their mononuclear cells than those fed casein.¹⁰ According to fiber researchers, soy fiber lowers cholesterol levels in people who have high cholesterol.

According to other studies, soy fiber lowers cholesterol when consumed in conjunction with other foods, however soy protein does not further lower cholesterol when combined with soy fiber.¹¹ All soy protein products that have not been fermented contain phytic acid, which is also very heat stable. In the intestines, phytic acid rapidly binds to zinc, reducing zinc absorption. Having insufficient copper or having a high zinc to copper ratio causes elevated blood cholesterol. According to the theory put forth, foods containing soy include both phytic acid and copper, which may lower cholesterol via reducing the zinc to copper ratio.¹²

All soy flours contain isoflavones, as well as concentrated and isolated versions created by a water removal procedure. These estrogens are derived from plants and have biological activity in people. Soy, which contains the isoflavones genistein, diadzein, and glycitein, is the principal source of isoflavones in food. Lower LDL cholesterol and higher HDL cholesterol are two of estrogen's beneficial effects. Phytoestrogens ostensibly have a similar but less

potent effect. Isoflavones in soy proteins, which make up 20% of the diet of simians, prevent the development of atherosclerotic plaques. Tyrosine kinase, an enzyme involved in the chain of events that result in the creation of lesions and thrombi, is known to be inhibited by genistein. Humans experience isoflavones' vascular effects. In one study, eating foods high in isoflavones was linked to a reduction in aortic stiffness, especially in older women. It aids in lowering blood pressure. Moreover, isoflavones have anti-oxidative qualities and lessen LDL oxidation. They improve women's systemic vascular flexibility without affecting blood lipid levels. These results show that, regardless of their connection to lipid metabolism, isoflavones and other ethanol-soluble soy phytochemicals have a direct effect on the vascular system.¹³

Soy's hypotensive effects

By encouraging inflammatory processes, high blood pressure elevates the risk of arterial damage, raising the likelihood of CVD. Additionally, elevated blood pressure increases the potential vascular constrictor Angiotensin II levels and intensifies the action of the lipoxygenase enzyme, which causes free radicals to form in the smooth muscles.¹⁴ By widening blood arteries and impeding a major enzyme thought to be involved in blood pressure management, soy and its components reduce blood pressure. Isoflavones increase the production of nitric oxide (NO), which improves blood flow through arteries, by focusing on mechanisms involved in vessel dilation, particularly by interacting with the genetic response to estrogen, interrelated to nitric oxide (NO) synthase, in the interior lining of the vessels.¹⁵ Isoflavone supplementation improved the lumen dilation of arteries in menopausal women.¹⁶ Other ingredients besides isoflavones have been found to have blood pressure-lowering properties.

Isoflavones have a blood pressure-lowering impact by interacting with the gene's estrogen response component, which raises endothelial nitric oxide and increases arterial blood flow.¹⁷ The ability of a person to convert daidzein into equol determines how isoflavones affect endothelial cells.¹⁸ Soy nuts include both soy protein and isoflavones, which have been shown to lower systolic blood pressure in healthy and those with metabolic syndrome and significantly lower diastolic blood pressure in people who produce equol. Contribution of soy foods to satiety. In hypercholesterolemic overweight adults, soy flour muffins increase feelings of fullness.⁸

According to studies, persons who eat soy protein snacks have lessened appetites and consumed fewer sugary snacks. Breakfasts high in soy protein lower levels of the appetite hormone ghrelin.¹⁹ Angiotensin converting enzyme (ACE) action has been demonstrated to be defied by soy pulp, which contains oligopeptides and high levels of fiber.²⁰ This provides scientific evidence that blood pressure can be reduced.

The assertion that meals containing soy protein are preventive against coronary heart illnesses was acknowledged by the US Food and Drug Administration, and as a result, their labeling as such was permitted in October 1990. This choice was supported by studies showing that 25g of soy per day lowers both total and low density lipoprotein cholesterol. This 25g was divided into 4 portions each day, with 6.25g in each serving.¹² Human studies on the effects of soy protein in lowering cholesterol were published in 1967. According to the study, replacing mixed protein with isolated soy protein at a daily intake of 100g will only cut mean cholesterol by 2.59mmol/L in hypercholesterolemic men.²¹ 38 controlled clinical investigations were published between 1977 and 1994; their meta-analysis suggests that combining animal protein with soy protein lowers total cholesterol,

LDL cholesterol, and triglycerides but has no discernible impact on HDL. Intake of soy each day and a diet low in Saturated fat led to 10% lower cholesterol, 12% lower LDL, and 11% lower triglycerides. Soy protein consumption reduces blood triglycerides, LDL cholesterol, and total cholesterol, according to systematic research.²² The American Heart Association's nutrition committee examined 22 random trials that had been published since 1999, of which 19 had involved participants who were hyperlipidemic. When compared to milk or other sources of protein, isolated soy protein consumption was found to reduce LDL cholesterol on average by 3% while having no discernible impact on HDL, TG, lipoprotein, or blood pressure.¹³

Soy's hypoglycemic impact

Patients with diabetes have an increase in blood glucose levels either because their pancreatic beta cells produce less insulin or because of the effects of the hormone insulin. The risk of atherosclerotic lesions and coronary heart disease is increased by hyperglycemia.

Effect of isoflavones on glycemic regulation Fiber, saponin, and polyscharides are other soy dietary ingredients that have a reducing influence on blood sugar. Isoflavones in soy protein improve antioxidant activity and reduce islet of Langerhans -cell loss.²³ Genistien as isoflavones Genistien is an isoflavone that is found in many plants naturally. It has antioxidant properties, inhibits tyrosine kinases, and promotes the growth of beta cells, which improves insulin output. Through a mechanism, glucose stimulates the release of insulin and prevents program cell death.²⁴ By ingesting 54mg of genistien-purified isoflavones daily for a year, postmenopausal women's insulin sensitivity rises and their risk of osteoporosis is decreased.⁵

Soy's impact on obesity and inflammation

Prostaglandins, cytokines, and growth factors are all used in immune responses (Figure 1). Transfer of healthy endothelium cells into diseased tissue. The anti-inflammatory and antioxidant properties of soy isoflavones inhibit the expression of inflammatory genes and prevent endothelium damage.²⁵ After six months of supplementation, isoflavones extract in obese postmenopausal women raises levels of leptin, adiponectin, and tumor necrosis factor alpha.²⁶ Glycine and amino acids in soy protein suppress inflammatory pathways in mice and boost antioxidant activity.²⁷ Adipocytes release inflammatory cytokines and chemokines that increase pro-inflammatory states, induce insulin resistance, and result in low adiponectin levels when there is obesity (Figure 2).²⁸ Leptin concentration, serum lipid levels, and trunk fat cells are all decreased by isoflavones. Isoflavones 75mg are used for a year by postmenopausal obese women to lower body fat mass.²⁹ The hypercholesterolemic impact of biologically transportable soy peptide is mediated by LDL-C receptors and bile acid regulating. Heart disease risk is decreased by 25g soy.

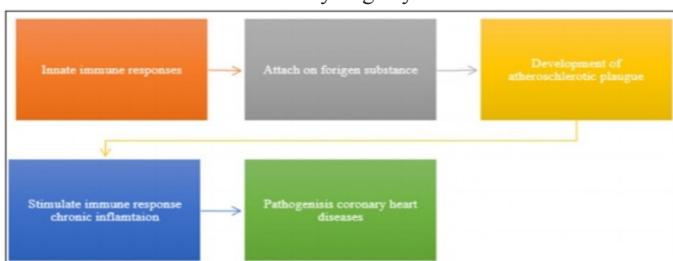


Figure 1 Soy protein and inflammation.

Soy protein offers protection from low density lipoprotein cholesterol, endothelial damage caused by free radicals, and kidney problems as well.³⁰ protein from soy Genistien, daidzien, and glycitein are phytoestrogens that are diphenolic and comparable to mammalian

estrogen and that have physiological effects that are >1000 times greater than those of endogenous estrogen.³¹

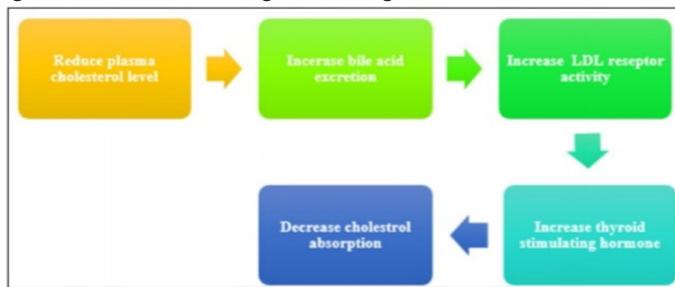


Figure 2 Role of soy in obesity reduction.

Supplements with soy protein

A 12-week study involved giving 64 overweight/obese patients 4.5g/day of Black Soy Peptide (BSP) supplementation in the form of tablets. After 12 weeks, participants who had been exposed to BSP had significantly lower body weights, body fat percentages, and plasma leptin levels. It played a significant impact in the regulation of weight and fat mass in overweight people, but it also changed the leptin levels in their bodies.³² In a different study, 39 overweight or obese adults were given Soy Fiber Supplemented Biscuits daily for a period of 12 weeks, and after that time, their levels of LDL-C, TC, and BMI dramatically decreased.³³

Soy protein disadvantages for human health

Along with a variety of advantages, there are certain drawbacks that customers typically ignore. One of the top 8 food allergens is soy protein, according to the Food and Agriculture Organization. Typically, allergic reactions start in infants and young children under the age of three, and many of these kids continue to experience allergic reactions up to the age of 10. Inhaling or consuming soy might result in soy allergy. Soy allergy symptoms include runny or stuffy nose, rash, wheezing, itching in the mouth, nausea, vomiting, or diarrhea, as well as anaphylactic shock (rare condition that only responds to injections of epinephrine). Even so 25g for people with cardiovascular disease, soy protein is advised.

May lessen the symptoms, however too much consumption might also cause allergic responses.³⁴ Tofu has a modest phytate level, compared to soy milk, which has a very high phytate content. Countries where the consumption of tofu and soy milk is common practice are particularly vulnerable to deficiency-related illnesses. A calcium, magnesium, iron, or zinc shortage can have serious consequences and may even manifest as Rickets symptoms. Soybeans include some non-nutritive components that reduce the absorption of minerals, including phytic acid, soya toxin, saponins, goitrogens, phytoestrogens, and trypsin inhibitors. Only some (not all) soy products can be fermented to remove such anti-nutrient components, which is why soy and tofu are typically consumed in their unfermented form. The nutritional advantages of soy are made available to customers through the fermentation of some soy products.

Therefore, those who follow a vegetarian diet, which frequently includes soy beans, are more likely to experience such mineral shortages, especially those of calcium, zinc, and magnesium. Modern soy products like soy flour contain anti-nutrient substances that can impair protein digestion, induce intestinal issues, and prevent the absorption of nutrients, resulting in chronic nutrient shortages. The main causes of soy isolate's low nutritional value are a deficit in some key elements and the interaction of phytic acid with protein, vitamins, and minerals during processing.

A substance found in soy products called goitrogens prevents the body from absorbing iodine, which has anti-thyroid effects. Such chemicals are found in isoflavone, a bioactive component of soybean, which inhibits the activity of thyroid peroxidase, an enzyme essential for healthy thyroid function.³⁵ A 2011 research of individuals with clinical signs of hypothyroidism found an increasing rate to apparent hypothyroidism. Such individuals should avoid eating too much soy, or they may need to talk to their doctor about changing their thyroid medication.³⁶

Children are susceptible to developing goiter and other thyroid disorders after consuming too many soy isoflavones. Male testicular Genistein promotes Apoptosis (programmed cell death) thereby having an impact on male fertility.³⁷

It enhances a woman's physical attributes. Due to the fact that most soy products are genetically modified, eating too much soy could also result in polycystic ovarian syndrome. a study carried out on a group of men who consumed more soy. Results revealed that their sperm counts were lower than those of guys who did not eat soy products.³⁸ Another study discovered that after taking soy protein powder for four weeks, the mean testosterone levels of adult individuals decreased by 19%.³⁹ Even a minor hit can cause quick bleeding in certain persons. In this scenario, foods high in vitamin K are offered to support the blood clotting, however while consuming soybeans, the situation is different. Soybean is an anticoagulant, which prevents blood from clotting.

Despite consuming green leafy vegetables and other foods high in vitamin K. In addition to soybean, soy has an anti-coagulant property that not alter. Vitamin K levels are low in many persons. The anti-trypsin action of soy is related to its anti-coagulant properties. Trypsin is a protein-digesting enzyme that is necessary. Moreover, trypsin promotes the absorption of vitamin B12. Soybeans are inhibiting Trypsin activity by using an anti-trypsin agent. Vitamin K and B12 deficiencies are exacerbated by soy.⁴⁰ Since soy milk has no cholesterol, it can be consumed by people who have heart disease, but since cholesterol is necessary for an infant's brain and central nervous system to develop normally, it can also lead to developmental issues. A study on infants who consumed soy formula revealed that the quantity of estrogenic chemicals in soy milk-based formula was up to 22,000 times greater than that in human breast milk. The soy isoflavones (plant pigments) in soy (daidzein and genistein) are much known for their healthy advantages, but what consumers may not be aware of is the research-based fact that soybean consumption may lead to poor mineral absorption, infertility, low thyroid activity, and low energy levels.

Conclusion

It has been determined that consuming 25grams of soybeans per day improves HDL and lowers LDL while lowering cholesterol. Vasodilation and possessing antioxidative qualities are two things that a phytoestrogen deals with. Some improvement in vascular elasticity can be seen in premenopausal women. Pakistan has a poor worldwide soybean production rate, which may be the result of ignorance of the various production factors. On the other hand, soy's popularity and fashion may have a negative aspect. There are certain skepticisms and health worries about the consumption of soy products; numerous research suggest that thyroid, hormone, and sexual function may be affected. Numerous studies have connected soy to gastrointestinal pain, undernutrition, immune system deterioration, cognitive decline, infertility, and even cancer. Foods made from soy are undoubtedly healthy, but processed soy products should be avoided in favor of those that are natural or fermented.

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Conflicts of interest

Author declare there no conflicts of interest.

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