

The effect of convective heating and microwave heating on antioxidant enzymes in pooled mature human milk

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Abstract

The objective of this study was to compare of the effects of convective and microwave heating at constant temperature (62.5, 66 and 70 °C) on the activity of antioxidant enzymes (superoxide dismutase SOD, catalase CAT, glutathione peroxidase GPx) in pooled mature human milk. Activity of the enzymes were determined using spectrophotometric kits. Activity of GPx decreased significantly in the first stage of heating when milk samples were warmed to pasteurization temperature. CAT was the most thermolabile enzyme but microwave heating induced a smaller decrease in CAT activity than convective heating. SOD was most resistant to thermal pasteurization, regardless of the heating method. SOD and GPx activity temporary increased during microwaves heating. Considering shorter pasteurization period and lower demand for energy, it can be concluded that microwaves pasteurization enjoys special merits. However, still there is no clear answer whether microwave field itself can affect the antioxidant enzymes of human milk.

1 **1. Introduction**

2 According to recommendations of the World Health Organization (WHO), infants should
3 be exclusively breastfed in the first six months of life to promote optimal growth,
4 development and health. Infants that cannot be fed their mother's breast milk should be
5 administered milk from a human milk bank (HMB). The main beneficiaries of a HMB are
6 preterm or sick children. Human milk components have confirmed therapeutic properties and
7 should be incorporated into nutritional treatments for infants and young children (Boyd,
8 Quigley & Brocklehurst, 2007). Human milk is particularly important for premature infants
9 with incredibly low (ILBW) and extremely low (ELBW) birth weights. The immune system
10 of newborns is not fully developed. Premature and sick babies are more susceptible to
11 infections and the adverse effects of harmful factors, including reactive oxygen species
12 (ROS).

13 ROS are produced by living organisms during normal cellular metabolism. Under
14 physiological conditions, low concentrations of ROS play an important role by regulating the
15 transduction of cell signals, but at high concentrations, they exert harmful effects by
16 deactivating important cellular molecules (Valko et al., 2007). Overproduction of ROS and a
17 deficiency of enzymatic and non-enzymatic antioxidants in biological systems contribute to
18 oxidative stress. Oxidative stress is a disturbance in the prooxidant/antioxidant balance in
19 favor of the prooxidant. Premature infants are especially susceptible to oxidative stress.
20 Oxidative stress seems to be a contributing factor to the pathogenesis of many neonatal
21 diseases, such as respiratory distress syndrome, bronchopulmonary dysplasia, necrotizing
22 enterocolitis, renal failure and retinopathy (Schaller, 2005; Davis, 2002; Okur et al., 1995;
23 Saugstad, 2001; Weinberger, Laskin, Heck, & Laskin, 2002).

24 The antioxidant system prevents or inhibits changes caused by ROS. It involves ROS-
25 degrading enzymes as well as low-molecular-weight compounds that are less specific than

26 enzymes. Low-molecular-weight compounds degrade free radicals which are not neutralized
27 by enzymes (Valko et al., 2007). The most important antioxidant components of human milk
28 include enzymes such as superoxide dismutase (SOD), catalase (CAT) and glutathione
29 peroxidase (GPx), as well as non-enzymatic antioxidants such as vitamins C and E,
30 β -carotene, uric acid, glutathione and coenzymes Q (Silvestre et al., 2008; Yuksel, Yigit,
31 Cinar, Atmaca, & Onaran, 2015; L'Abbe & Friel, 2000).

32 Milk from HMB is usually subjected to low-temperature long-time pasteurization (LTLT)
33 at 62.5°C for 30 min which effectively eliminates vegetative microbial pathogens. However,
34 pasteurization significantly decreases the concentrations of nutrients and bioactive
35 components in milk, including antioxidant enzymes (Silvestre et al., 2008; Henderson, Fay &
36 Hamosh 1998; Landers & Updegrave, 2010; Tully, Jones, & Tully, 2001). Therefore, new
37 preservation methods are being developed to guarantee the microbiological safety of human
38 milk without compromising its nutritional and biological value. Pasteurization using
39 microwave radiation is one such alternative treatment.

40 Microwave radiation has insufficient energy to break chemical bonds, and it is a non-ionizing
41 form of radiation. Microwaves generate heat due to molecular friction of polar compounds
42 which attempt to align themselves under in the oscillating electrical field (water dipoles and
43 ions), which produces friction with other food components (Ahmed & Ramaswamy, 2007).
44 During microwave treatment, the preset temperature is achieved at a much faster rate
45 throughout the entire sample than during convective heating (Zhu & Chen, 2014). Microwave
46 heating is an efficient and economical processing method. Many authors have demonstrated
47 that microwave treatment is highly effective in eliminating various microorganisms.
48 Microwave heating has numerous applications in the food industry, including blanching,
49 drying, cooking, pasteurization and sterilization (Sumnu & Sahin, 2005).

50 The objective of this study was to compare the effects of convective and microwave
51 heating (at parameters that guarantee the microbiological safety of the processed product) on
52 the activity of antioxidant enzymes in pooled mature human milk.

53 All experimental procedures have been approved by the Local Ethics Committee of
54 the Medical University of Gdansk. The subjects gave their informed consent before the start
55 of any procedure.

56 **2. Materials and Methods**

57 *2.1. Collection of samples*

58 Samples of mature human milk were collected from ten healthy and non-smoking women
59 who had full-term pregnancies without complications. All newborns were in good health
60 (Apgar score ≥ 9 in the first minute of life), and their body weights were within the norm
61 (3100 to 3800 g). Milk was pumped by the mothers at home with an electric breast pump
62 (Symphony, Medela, Poland) with observance of general hygiene standards. The samples
63 were collected from the mothers within 24 h and stored in a refrigerator (4°C). In a laboratory,
64 2 mL specimens were collected from each sample to determine the individual levels of the
65 tested enzymes in every woman. The remaining milk was immediately pooled and divided
66 into smaller samples of 50 mL. Raw milk samples were frozen and stored at -80°C, for not
67 longer than one month. Directly before processing, milk was thawed and heated to 22°C in an
68 incubator (Binder, Warsaw, Poland).

69 *2.2. Convective heating*

70 Thawed milk samples (50 mL) were transferred to beakers and heated to the
71 appropriate temperature in a water bath. The temperature at the central point of the beaker
72 was controlled with a thermometer. The heating process was carried out with two variants -
73 with and without stirring. The preset temperature was achieved within 19 ± 1 min in samples
74 that were not stirred, which is equivalent to the time of LTLT pasteurization in medical



75 pasteurizers at HMB. In stirred samples, the above period was shortened to 13 ± 1 min
76 (Figure 1). Milk was heated to 62.5, 66 and 70°C, and each temperature was maintained for
77 up to 30 min. Samples for analysis were collected when the appropriate temperature had been
78 reached (time 0) and then every 10 min. The processed milk was cooled immediately to 20°C
79 by immersion in an ice/water bath. Cooling time was approximately 7 minutes in both
80 variants (Figure 2). All pasteurization treatments were performed in four replicates.

81 *2.3. Microwave heating*

82 Milk samples were subjected to microwave heating in a prototype device where their
83 temperature was kept constant for a preset time (2450 MHz, 800 W, Enbio Technology,
84 Gdańsk, Poland). Milk samples of 50 mL were transferred to a beaker and placed in the
85 microwave pasteurizer (Figure 3). Silicon pipes were submerged in the milk. Milk was
86 pumped through a temperature sensor, and it was simultaneously stirred. The temperature
87 sensor measured the temperature and controlled a magnetron which was turned on and off in a
88 sequence of several seconds, depending on the recorded milk temperature.

89 The preset temperature was reached within approximately 3 min (Figure 1). High
90 temperature generation in a very short time is characteristic of MW application in the food
91 industry. Milk samples were heated to 62.5, 66 and 70°C. Samples for analysis were collected
92 at time 0 and after 1, 3, 5, 10 min of heating. After treatment, the samples were immediately
93 cooled to 20°C in a cooling exchanger with the use of tap water. Cooling time was
94 approximately 2 minutes (Figure 2). All treatments were performed in four replicates.

95 *2.4. Determination of the activity of antioxidant enzymes*

96 Enzyme activity in the human milk samples was determined using spectrophotometric
97 kits (Cayman Chemical Company, Ann Arbor, MI, USA): superoxide dismutase (SOD) assay
98 kit No. 706002, catalase (CAT) assay kit No. 707002 and glutathione peroxidase (GPx) assay
99 kit No. 703102, according to the manufacturer's instructions. Enzyme activity was analyzed

100 in milk samples immediately after processing. All analytical determinations were carried out
101 in duplicate.

102 2.5. Statistical analysis

103 Mean values and standard deviation of the mean were determined. Data were
104 processed statistically in the GraphPad Prism 7.01 system (GraphPad Company, San Diego,
105 CA, USA). The differences between control and processed (heated) samples were evaluated
106 by one-way analysis of variance (ANOVA) and Tukey's multiple comparison post-hoc test.
107 The results were regarded as significant at $p \leq 0.05$.

108 3. Results

109 3.1. Enzyme activity in raw human milk

110 The activity of the analyzed antioxidant enzymes in human milk samples differed between
111 women. The activity of SOD ranged from 0.69 to 1.66 U mL⁻¹, CAT from 14.57 to 27.06
112 nmol min⁻¹ mL, and GPx from 9.94 to 15.80 nmol min⁻¹ mL. Enzyme activities in pooled
113 laboratory samples (raw milk, control) were determined to be SOD – 1.27 ± 0.44 U mL⁻¹,
114 CAT – 19.15 ± 1.24 nmol min⁻¹ mL, and GPx – 10.18 ± 0.86 nmol min⁻¹ mL.

115 3.2. The influence of convective heating

116 In the present study, human milk samples subjected to LTLT pasteurization with and
117 without stirring at a temperature of 62.5 and 66°C were not characterized by significant
118 differences in SOD activity. A significant decrease in SOD activity (around 25% relative to
119 raw milk) was noted only in the human milk sample processed by convective heating at 70°C
120 for the longest period of 30 min without stirring (Table 1).

121 During convective heating, CAT activity decreased even in the warming up stage,
122 before the preset temperature had been reached. The decrease in CAT activity was
123 exacerbated with an increase in pasteurization temperature. CAT activity decreased by around
124 66% in the process of heating milk to 70°C without stirring. Under pasteurization conditions

125 identical to those applied in HMB (62.5°C, 30 min, no stirring), CAT activity also decreased
126 significantly from 19.2 to 8.2 nmol min⁻¹ mL, i.e. by nearly 60%. Extent of decrease was also
127 influenced by the pasteurization variant. In samples pasteurized at 66 and 70°C, the decrease
128 in CAT activity was significantly less in stirred samples compared to non-stirred samples. In
129 samples exposed to the longest heating time (30 min) at 70°C, the activity of CAT decreased
130 by 75% in stirred samples and by 87% in non-stirred samples.

131 At temperatures higher than 62.5°C GPx was more stable than CAT in response to
132 convective heating. The highest significant changes in GPx activity were observed in the first
133 stage of heating during which the samples were warmed up to the preset temperature. In
134 stirred samples, the activity of GPx decreased by around 30% by the time the temperature of
135 milk samples had reached 62.5 and 66°C, and by 40% by the time sample temperature had
136 reached 70°C. Convective heating without stirring at a temperature of 62.5 and 66°C led to a
137 significantly greater decrease in GPx activity which was estimated at 42%. In both stirred and
138 non-stirred samples, pasteurization for 30 min at all temperatures decreased GPx activity by
139 50 - 55%.

140 *3.3. The influence of microwave heating at constant temperature*

141 The microwave pasteurizer device ensured even mixing of the sample and even
142 temperature distribution in the liquid during microwave heating. Microwave heating at 62.5,
143 66 and 70°C for 1 min led to a significant increase in SOD activity in breast milk samples,
144 which was determined to be 10%, 21% and 34%, respectively (Table 2). After the longest
145 exposure to microwave heating (10 min) at all analyzed temperatures, SOD activity was
146 equivalent to about 80% compared to unheated milk.

147 Unlike SOD, CAT in human milk is highly sensitive to high temperature during
148 microwave heating. In milk samples microwaved at a temperature of 62.5, 66 and 70°C for 1

149 minute, CAT activity decreased by 34%, 42% and 38%, respectively. Prolonged heating at
150 each of the above temperatures did not induce further significant changes in CAT activity.

151 The most significant decrease in GPx activity was observed after 1 minute of microwave
152 heating. The activity of GPx decreased by around 38% at temperatures of 62.5 and 66°C and
153 by around 53% at a temperature of 70°C. Interestingly, in the third minute of microwave
154 heating a temporary increase in GPX activity was observed at all three temperatures. In
155 samples pasteurized for 10 min, GPx activity decreased by 44%, 40% and 54%, respectively.

156 **4. Discussion**

157 Activity of the enzymes analyzed in this study corresponded to the values reported in the
158 literature (Gutierrez-Repiso et al. 2014; Yuksel et al. 2015). Significant differences in enzyme
159 activity in milk samples collected from different women can be attributed to individual
160 variations and, in case of SOD and CAT, stage of lactation (Yuksel et al., 2015). Activity of
161 GPx remains stable throughout the entire breastfeeding period (L`Abbe et al., 2000).

162 The pasteurization temperature for pasteurizers use on human donor milk cannot be
163 programmed. Pasteurization temperature is determined by the pasteurizer's capacity and the
164 initial temperature of the processed milk sample. In the applied procedure, the time required
165 to reach the initial temperature was equivalent to that of HMB pasteurization. In HMB, milk
166 is subjected to LTLT at a temperature of 62.5°C. Milk samples are exposed to convective
167 heating in a water bath for 30 min without stirring. The influence of LTLT on antioxidant
168 enzymes has been poorly described in the literature (Marinković et al., 2016; Silvestre et al.,
169 2008). The effect of convective heating under different conditions (time and temperature)
170 with and without stirring during pasteurization has not been researched to date. It should also
171 be noted that the standard conditions of LTLT have been set for cow's milk. The aim of
172 pasteurization is to eliminate vegetative microbial pathogens, rather than to preserve the
173 highest biological quality of milk. LTLT can be optimized by shortening heating time at

174 higher temperature or by stirring the sample to ensure uniform distribution of temperature
175 throughout the heated milk.

176 For all heat treatments using in this study significant differences in the degradation of GPx
177 were not observed among samples that were pasteurized with and without stirring. The most
178 significant decrease in GPx activity was observed in the first stage of processing, during
179 which milk was brought to pasteurization temperature. Further convective heating had a less
180 detrimental effect on GPx activity. Sample stirring inhibited enzyme inactivation only in the
181 first stage of pasteurization (less than 10 min) conducted at 62.5°C. Thirty minutes of
182 pasteurization at 62.5°C decreased GPx activity by approximately 53%. Similar results were
183 reported by Silvestre et al. (2008) and Marinković et al. (2016). According to the cited
184 authors, LTLT significantly decreased GPx activity by 63% and 54%, respectively.

185 Applied convection heating variants (with and without stirring) did not influence the
186 extent of change in the activity of SOD and GPx during treatment. Sample stirring did not
187 influence CAT degradation at 62.5°C, but it significantly inhibited CAT inactivation when
188 milk samples were subjected to convective heating at higher temperatures. Degradation of
189 CAT was decreased by at least 23% in milk samples pasteurized at 66°C with stirring. In
190 human milk, CAT is highly sensitive to elevated temperature. Conventional pasteurization
191 conducted under conditions identical to those used in HMB decreased CAT activity by 57%.
192 In milk samples pasteurized at 70°C with stirring, CAT activity decreased by 60% already in
193 the first stage of heating. The enzyme can be used as a marker of changes induced by high
194 temperature in convective heating. The observed changes in CAT activity indicate that human
195 milk pasteurization by convective heating should not be carried out without stirring at
196 temperatures higher than 66°C. SOD in human milk is highly resistant to high temperatures.
197 In the analyzed group of antioxidant enzymes, SOD was characterized by the greatest stability
198 during convective heating with and without stirring and during microwave heating.

199 Convective heating at a temperature of 62.5°C for 30 min did not induce significant changes
200 in SOD activity. At higher processing temperature of 66 and 70°C, SOD activity decreased by
201 around 13% after 30 and 20 min, respectively, but the observed changes were not statistically
202 significant. A significant decrease in SOD activity was noted only in the human milk sample
203 processed by convective heating at 70°C for 30 min without stirring (25%) and by controlled
204 microwave heating at the same temperature after 10 min (20%).

205 Milk can also be processed by High-Temperature Short-Time (HTST, 72°C for 15
206 seconds) pasteurization. This pasteurization method retains the nutritional and sensory
207 attributes of milk, but it leads to significant deactivation of milk enzymes (Hammershoj,
208 Hougaard, Vestergaard, Poulsen & Ipsen 2010) and the loss of approximately half of its SOD
209 activity (Donnelly, McLellan, Walker & Robinson, 1989). Silvestre et al. (2008b)
210 demonstrated that HTST pasteurization induces a significantly greater loss of the bactericidal
211 capacity of human milk than low-temperature processing. In the HTST method, milk is
212 pasteurized by a continuous system of plate heat exchangers, but this treatment is difficult to
213 use to pasteurize small portions of milk in HMB. The HTST method also causes
214 sedimentation on plate surfaces, which decreases heat transfer. Microwave heating is more
215 effective in retaining heat-sensitive nutrients and decreasing fouling than convective heating
216 (Dehghan, Jamalian, Farahnaky, Mesbahi & Moosavi-Nasab, 2012). Albert et al. (2009)
217 observed no significant differences in the amino acid composition, free amino acid content
218 and biological value of milk processed by MW heating and conventional heat treatment.
219 Salamon et al. (2007) heated raw milk using MW methods and did not report differences in
220 the fatty acid content of heated milk and the control sample. Microwave heating at low
221 temperatures (20°C to 71°C) had no significant effect on the levels of total IgA and specific
222 IgA to *E. coli* serotypes 01 and 04 (Quan et al., 1992) or the content of fat and carotenoids in
223 human milk (Tacken, Vogelsang, van Lingen, Slootsta, Dikkeschei & van Zoeren-Grobbe

224 2009). The results of the present study also indicate that MW heating retains heat-sensitive
225 proteins in milk. Microwave heating had a less detrimental effect on CAT activity. In milk
226 samples subjected to microwave heating at 70°C for 10 min, CAT activity decreased by
227 approximately 49%. Microwave heating had an equally unexpected effect on SOD and GPx
228 activity. A transient increase in SOD and GPx activity was observed in human milk
229 microwaved at a constant temperature; SOD activity increased after 1 minute, and GPx
230 activity – after 3 minutes of MW heating.

231 The observed variations in SOD and GPx activity and the stability of CAT can probably
232 be attributed to the release of enzymes from human milk cells or the specific effects of
233 microwave heating.

234 Results of studies investigating the influence of microwave heating on enzymes are
235 inconclusive. Recent research suggests that microwave heating has a more destructive effect
236 on enzymes than conventional heating. The above can be attributed to the enhanced thermal
237 effects of microwave heating on enzyme inactivation, which is not only related to
238 temperature, as measured by ordinary means (Ahmed & Ramaswamy, 2007). However,
239 electromagnetic field strength had no effect on the tertiary structure of trypsin. Simulations
240 revealed that the electromagnetic field in a typical laboratory microwave reactor was 3-4
241 orders of magnitude too low to induce conformational changes in proteins or enzymes
242 (Damm, Nussold, Cantillo & Kappe, 2012).

243 According to other authors, microwave irradiation could exert specific effects on the
244 structural and functional properties of enzymes. Direct energy transfer between the
245 electromagnetic field and polar protein domains could modify enzyme flexibility and,
246 consequently, change enzymatic properties and increase the reactivity of the functional groups
247 involved in an enzymatic reaction (Mazumder, Laskar, Prajapati & Roy, 2004). Horikoshi et

248 al. (2016) demonstrated that microwave radiation enhanced CAT activity, but only for a short
249 time when heating time was less than 3 minutes.

250 The noted results could also be attributed to the release of enzymes from human milk
251 cells which break down under the influence of thermal shock resulting from the rapid increase
252 in the temperature of microwave-processed milk. Human milk contains two isoforms of SOD,
253 copper and zinc superoxide dismutase (CuZnSOD), which is found mainly in the cytoplasm,
254 and mitochondrial manganese superoxide dismutase (MnSOD) (Kasapović, Pejić,
255 Mladenović, Radlović, & Pajović, 2005). GPx is a selenium-containing, cytosolic enzyme.
256 CAT is ubiquitous in almost all mammalian tissues in both soluble and membrane-bound
257 forms. It is located mainly in peroxisomes, where other enzymes of the oxidoreductase class,
258 including L-amino acid oxidase and α -hydroxy acid oxidase, are also found. In mammalian
259 peroxisomes, CAT may account for up to 16% of all proteins. A small amount of the enzyme
260 was detected in the mitochondria and the endoplasmic reticulum (Ścibor & Czczot, 2006).

261 Li et al. (2015) demonstrated that viability of somatic cells in human milk decreased by
262 97% in samples heated at 60°C for 30 min. One milliliter of human milk contains around
263 14.000 cells, including macrophages, neutrophils with a small percentage of lymphocytes, and
264 mammary epithelial cells (Cregan et al., 2007). A rapid increase in the temperature of the
265 entire sample (the final temperature was attained in around 3 min) leads to cell degradation.
266 Thermal shock destabilizes the cell membrane. The above suggests that the observed
267 temporary increase in SOD and GPx activity was caused by the release of enzymes from
268 human milk cells. However, prolonged heating at the above temperatures resulted in
269 degradation of these proteins.

270 Enzymes are probably also released from human milk cells during LTLT pasteurization.
271 However, temperature increase is more gradual during convective heating (62.5°C was

272 attained in 12.6 min, process without stirring), therefore, it can be assumed that an increase in
273 enzyme activity is leveled out by its inactivation under exposure to high temperature.

274 Time of exposure to the temperatures generated during conventional and microwave
275 heating cannot be directly compared. Convective heat transfer is the transfer of heat from one
276 place to another by the movement of fluids. Microwave energy is delivered through a
277 molecular interaction with microwaves, molecular friction resulting from dipole rotation of
278 polar solvents and conductive migration of dissolved ions (Ahmed & Ramaswamy, 2007).
279 Microwave heating is more effective in the inactivation of microorganisms than convection
280 heating using the same temperature and time of its interaction (Atmaca, Akdag, Dasdag &
281 Celik 1996).

282 Our earlier research shows that application of microwave heating results in total
283 inactivation of bacteria in the significantly shorter time than achieved during convectional
284 heating, even in the case of heat-resistant enterococci. The pre-obtained results suggest that
285 microwave heating at a constant temperature of 62.5°C for 5 min achieves similar bactericidal
286 effects as LTLT (62.5°C, 30 min) (Malinowska-Pańczyk et al., 2018). In the present study,
287 the activity of enzymes in milk samples pasteurized by microwave heating at the above
288 temperature and time was comparable or higher than in samples subjected to LTLT (SOD
289 90% vs. 95%, CAT 64% vs. 43%, GPx 71% vs. 49% of initial activity).

290 **5. Conclusions**

291 The use of human milk in milk banks requires thermal processing to eliminate
292 microbiological hazards. Human milk banks rely on LTLT which is not an ideal method.
293 Pasteurization guarantees high microbiological quality of milk, but it considerably inactivates
294 many biologically active components. The influence of heating parameters and heat
295 generation methods on these compounds, including antioxidant enzymes, should be taken into
296 consideration when attempting to optimize the LTLT method. However, the tests performed

297 in this study revealed that convective heating at temperatures higher than 66°C causes
298 significant changes in the activity of antioxidant enzymes in human milk when applied for
299 longer than 20 minutes.

300 The results of this study revealed that microwave heating could be an alternative method
301 of pasteurization. This method supports the achievement of high temperature throughout the
302 entire heated sample within a short period of time. However, the maintenance of constant
303 temperature throughout the process poses a problem, and it can be achieved only in advanced
304 microwave pasteurizers. Microwave heating is significantly affected by frequency, the
305 sample's dielectric properties, initial temperature, moisture content, mass, geometry and
306 location. These parameters and the initial temperature of the microwaved food product should
307 be controlled or known, so that microwave power can be adjusted to obtain uniform final
308 temperatures.

309 The quality of human milk after heat treatment has to be strictly controlled. The impact of
310 microwaves on milk composition and the content of bioactive components in milk remains
311 insufficiently investigated. During controlled microwave heating at constant temperature,
312 human milk is exposed to high temperature for a significantly shorter period of time than
313 during convective heating, which considerably inhibits the degradation of antioxidant
314 enzymes. Microwave heating is an efficient and economical processing method. However, the
315 reason for the temporary increase in enzyme activity during microwave heating has not been
316 fully elucidated. It remains unknown whether this effect occurs due to a rapid increase in
317 temperature within a short time and the release of enzymes from human milk cells or whether
318 human milk enzymes are directly affected by the microwave field itself. The extent to which
319 human milk cells are degraded under exposure to microwave heating has to be measured to
320 clarify the above doubts.

321 To the authors' best knowledge, this is the first study evaluating the effects of
322 microwave heating at constant temperature on antioxidant enzymes in human milk.

323
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329 **References**

330 Ahmed, J. & Ramaswamy, H. S. (2007). Microwaves Pasteurization and Sterilization of Food.

331 In: Handbook of Food Preservation, Second Edition. M.S. Rahman Ed., London: CRC
332 Press LLC, (Charper 28).

333 Albert, C., Mándoki, Z., Csapó-Kiss Z., Csapó, J. (2009). The effect of microwave
334 pasteurization on the composition of milk. *Acta Universitatis Sapientiae Alimentaria*, 2,
335 153-165.

336 Atmaca, S., Akdag, Z., Dasdag, S., Celik, S. (1996). Effect of microwaves on survival of
337 some bacterial strains. *Acta Microbiologica et Immunologica Hungarica*, 43, 371-378.

338 Boyd, C. A., Quigley, M. A., Brocklehurst, P. (2007). Donor breast milk versus infant
339 formula for preterm infants: systematic review and meta-analysis. *Archives of Disease in*
340 *Childhood - Fetal and Neonatal Edition*, 92, F169-F175.

341 Cregan, M.D., Fan, Y., Appelbee, A., Brown, M. L., Klopčic, B., Koppen, J., Mitoulas, L. R.,
342 Piper, K. M., Choolani, M. A., Chong, Y. S., & Hartmann, P. E. (2007). Identification of
343 nestin-positive putative mammary stem cells in human breastmilk. *Cell Tissue Ressearch*,
344 329, 129–136.

- 345 Damm, M., Nusshold C., Cantillo D. & Kappe C. O. (2012). Can electromagnetic fields
346 influence the structure and enzymatic digest of proteins? A critical evaluation of
347 microwave. Assisted proteomics protocols. *Journal of Proteomics* 75, 5533-5543.
- 348 Davis, J. M. (2002). Role of oxidant injury in the pathogenesis of neonatal lung disease. *Acta*
349 *Paediatrica Supplement*, 91, 23–25.
- 350 Dehghan, A., Jamalian, J., Farahnaky, A., Mesbahi, G. & Moosavi-Nasab, M. (2012). The
351 Effect of Microwave Pasteurization on Some Physical and Chemical Characteristics of
352 Milk. *International Journal of Food Engineering*, 8, 1-12.
- 353 Donnelly, J. K., McLellan, K. M., Walker, J. L. & Robinson, D. S. (1989) Superoxide
354 dismutases in foods. A review. *Food Chemistry*, 33, 243-270.
- 355 Gutiérrez-Repiso, C., Velasco, I., Garcia-Escobar, E., Garcia-Serrano, S., Rodriguez-Pacheco,
356 F., Linares, F., Ruiz de Adana, M. S., Rubio-Martin, E., Garrido-Sanchez, L., Cobos-
357 Bravo, J. F., Priego-Puga, T., Rojo-Martinez, G., Soriguer, F., & Garcia-Fuentes, E.
358 (2014). Does dietary iodine regulate oxidative stress and adiponectin levels in human
359 breast milk? *Antioxidants & Redox Signal*, 20, 847–853.
- 360 Hammershoj, M., Hougaard A. B., Vestergaard J. S., Poulsen O. & Ipsen R. H. (2010). Instant
361 infusion pasteurization of bovine milk. II. Effects on indigenous milk enzymes activity and
362 whey protein denaturation. *International Journal of Dairy Technology*, 63, 197-208.
- 363 Horikoshi, S., Nakamura, K., Kawaguchi M., Kondo J. & Serpone N. (2016) Effect of
364 microwave radiation on the activity of catalase. Decomposition of hydrogen peroxide
365 under microwave and conventional heating. *RSC Advances*, 6, 48237-48244.
- 366 Henderson, T. R., Fay, T. N., & Hamosh, M. (1998). Effect of pasteurization on long chain
367 polyunsaturated fatty acid level and enzyme activities of human milk. *The Journal of*
368 *Pediatrics*, 132, 876–878.

- 369 Kasapović, J., Pejić, S., Mladenović, M., Radlović, N., & Pajović, S. B. (2005). Superoxide
370 dismutase activity in colostrum, transitional and mature human milk. *The Turkish Journal*
371 *of Pediatrics*, 47, 343–347.
- 372 L'Abbe, M. R., & Friel, J. K. (2000). Superoxide dismutase and glutathione peroxidase
373 content of human milk from mothers of premature and full-term infants during the first 3
374 months of lactation. *Journal of Pediatric Gastroenterology and Nutrition*, 31, 270–274.
- 375 Landers, S., & Updegrave, K. (2010). Bacteriological screening of donor human milk before
376 and after Holder pasteurization. *Breastfeeding Medicine*, 5, 117–121.
- 377 Li, N., Richoux, R., Perruchot, M. H., Boutinaud, M., Mayol, J. F., & Gagnaire, V. (2015).
378 Flow cytometry approach to quantify the viability of milk somatic cell counts after various
379 physico-chemical treatments. *PLoS ONE* 10, e0146071.
- 380 Malinowska-Pańczyk, E., Królik, K., Skorupska, K., Puta, M., Martysiak-Żurowska, D.,
381 Kielbratowska, B. (2018) Microwave heat treatment application to pasteurization of human
382 milk. *Innovative Food Science and Emerging Technologies*,
383 DOI:10.1016/j.ifset.2018.11.005.
- 384 Marinović, V., Ranković-Janevski, M., Spasić, S., Nikolić-Kokić, A., Lugonja, N., Djurović,
385 D., Miletić, S., Vrvic, M. M., & Spasojević, I. (2016). Antioxidative activity of colostrum
386 and human milk: effects of pasteurization and storage. *Journal of Pediatric*
387 *Gastroenterology and Nutrition*, 62, 901–906.
- 388 Mazumder, S., Laskar, D. D., Prajapati, D. & Roy, M. K. (2004) Microwave-induced enzyme-
389 catalyzed chemoselective reduction of organic azides. *Chemistry & Biodiversity*, 1, 925-
390 929.
- 391 Okur, H., Küçükaydin, M., Köse, K., Konaş, O., Doğam, P. & Kazez, A. (1995). Hypoxia-
392 induced necrotizing enterocolitis in the immature rat: the role of lipid peroxidation and
393 management by vitamin E. *Journal of Pediatric Surgery*, 30, 1416–1419.

- 394 Quan, R., Yang, C., Rubinstein, S., Lewiston, N. J., Sunshine, P., Stevenson, D. K. & Kemer,
395 J. A. (1992). Effects of Microwave Radiation on Anti-infective Factors in Human Milk.
396 *Pediatrics*, 89, 667-669.
- 397 Salamon, V. R., Mandoki Zs., Csapo-Kiss Zs., Gyori A., Gyori Z. & Csapo J. (2009).
398 Changes in fatty acid composition of different milk products caused by different
399 technology. *Acta Universitatis Sapientiae, Alimentaria*, 2, 101-109.
- 400 Saugstad, O. D. (2001). Update on oxygen radical disease in neonatology. *Current Opinion*
401 *Obstetrics & Gynecology*, 13, 147–153.
- 402 Schaller, B. (2005). Prospects for the future: the role of free radicals in the treatment of
403 stroke. *Free Radical Biology Medicine*, 38, 411–425.
- 404 Silvestre, D., Miranda, M., Muriach, M., Almansa, I., Jareño, E., & Romero, F. J. (2008).
405 Antioxidant capacity of human milk: effect of thermal conditions for the pasteurization.
406 *Acta Paediatrica*, 97, 1070–1074.
- 407 Silvestre, D., Ruiz, P., Martinez-Costa, C., Plaza, A. & Lopez M. C. (2008). Effect of
408 Pasteurization on the Bactericidal Capacity of Human Milk. *Journal of Human Lactation*,
409 24, 371-376.
- 410 Sumnu, G. & Sahin, S. (2005). Recent developments in microwave heating. In: Emerging
411 Technologies for Food Processing. Sun, D. Ed. Academic Press, Ankara, Turkey, 419-444.
- 412 Ścibor, D. & Czczot, H. (2006). Catalase: structure, properties, functions. *Postępy Higieny*
413 *Medycyny Doświadczalnej*, 60, 170-180.
- 414 Tacken, K. M. J., Vogelsang, A., van Lingen, R. A., Slootsta, J., Dikkeschei, B. D. & van
415 Zoeren-Grobbe, D. (2009). Loss of triglycerides and carotenoids in human milk after
416 processing. *Archives of Disease in Childhood. Fetal and Neonatal Edition*, 94, 447-450.
- 417 Tully, D. B., Jones, F., & Tully, M. R. (2001). Donor Milk: What's in It and What's Not.
418 *Journal of Human Lactation*, 17, 152.

- 419 Valko, M., Leibfritz, D., Moncol, J., Cronin, M. T., Mazur, M., & Telser, J. (2007). Free
420 radicals and antioxidants in normal physiological functions and human disease. *The*
421 *International Journal Biochemistry Cell Biology*, 39, 44–84.
- 422 Weinberger, B., Laskin, D. L., Heck, D. E., & Laskin, J. D. (2002). Oxygen toxicity in
423 premature infants. *Toxicology and Applied Pharmacology*, 181, 60–67.
- 424 Yuksel, S., Yigit, A. A., Cinar, M., Atmaca, N., & Onaran, Y. (2015). Oxidant and
425 antioxidant status of human breast milk during lactation period. *Dairy Science &*
426 *Technology*, 95, 295–302.
- 427 Zhu, Y. J., & Chen, F. (2014). Microwave-assisted preparation of inorganic nanostructures in
428 liquid phase. *Chemical Review*, 114, 6462–6555.

Table 1. The activity of antioxidant enzymes in raw human milk (control) and human milk pasteurized by conventional heating under different conditions (temperature and time).

Heating time [min]	SOD [U mL ⁻¹ ± SD]		CAT [nmol min ⁻¹ mL ± SD]		GPx [nmol min ⁻¹ mL ± SD]	
	With stirring	Without stirring	With stirring	Without stirring	With stirring	Without stirring
62.5 °C						
Raw milk	1.27 ± 0.44	1.27 ± 0.44	19.15 ± 1.24 ^{abcd}	19.15 ± 1.24 ^{abcd}	10.18 ± 1.86 ^{abcd}	10.18 ± 1.86 ^{abcd}
0*	1.29 ± 0.08	1.29 ± 0.23	14.33 ± 2.00 ^{abcd}	14.78 ± 2.58 ^{acd}	7.23 ± 0.14 ^a	5.79 ± 0.68 ^a
10	1.20 ± 0.10	1.33 ± 0.20	11.05 ± 1.93 ^{ab}	11.95 ± 2.24 ^{bd}	5.62 ± 0.98 ^b	5.19 ± 0.55 ^b
20	1.30 ± 0.05	1.20 ± 0.17	10.43 ± 1.76 ^{ac}	10.45 ± 1.74 ^{ac}	5.31 ± 1.08 ^c	5.18 ± 0.99 ^c
30	1.21 ± 0.11	1.20 ± 0.21	9.47 ± 0.74 ^{ad}	8.20 ± 1.78 ^{abd}	5.26 ± 0.39 ^d	4.97 ± 0.55 ^d
66 °C						
Raw milk	1.27 ± 0.44	1.27 ± 0.44	19.15 ± 1.24 ^{abcd}	19.15 ± 1.24 ^{abcd}	10.18 ± 1.86 ^{abcd}	10.18 ± 1.86 ^{abcd}
0*	1.39 ^a ± 0.11	1.52 ± 0.22	13.78 ± 1.70 ^{abcd}	7.71 ± 1.35 ^{acd}	7.22 ± 0.86 ^{ad}	6.00 ± 0.87 ^a
10	1.09 ^a ± 0.06	1.33 ± 0.25	10.91 ± 1.48 ^{ab}	6.24 ± 1.55 ^{bcd}	6.90 ± 0.30 ^{bd}	5.71 ± 0.64 ^b
20	1.18 ± 0.15	1.32 ± 0.11	9.45 ± 1.77 ^{ac}	3.82 ± 0.68 ^{abc}	5.19 ± 0.89 ^c	5.68 ± 1.26 ^c
30	1.11 ± 0.14	1.13 ± 0.07	9.23 ± 1.84 ^{ad}	3.47 ± 1.44 ^{acd}	5.09 ± 0.55 ^{abd}	5.52 ± 0.26 ^d
70 °C						
Raw milk	1.27 ± 0.44	1.27 ± 0.44	19.15 ± 1.24 ^{abcd}	19.15 ± 1.24 ^{abcd}	10.18 ± 1.86 ^{abcd}	10.18 ± 1.86 ^{abcd}
0*	1.40 ± 0.11	1.46 ^a ± 0.09	7.97 ± 1.32 ^{abcd}	6.55 ± 1.48 ^{abcd}	6.23 ± 1.04 ^a	5.66 ± 0.83 ^a
10	1.25 ± 0.23	1.29 ± 0.18	4.06 ± 0.57 ^{ab}	3.15 ± 1.20 ^{ab}	6.27 ± 0.77 ^b	5.81 ± 0.39 ^b
20	1.11 ± 0.24	1.18 ± 0.19	4.95 ± 0.63 ^{ac}	2.91 ± 1.04 ^{ac}	6.45 ± 1.53 ^c	6.13 ± 0.12 ^{cd}
30	1.10 ± 0.11	0.95 ^a ± 0.21	4.90 ± 0.94 ^{ad}	2.51 ± 0.96 ^{ad}	4.58 ± 0.61 ^d	4.47 ± 0.48 ^{cd}

*time 0 – at the moment of reaching the preset pasteurization temperature

a,b,c,d,e – identical letters in columns indicate significant differences in enzyme activity at different temperatures (P < 0.05)

Table 2. The activity of antioxidant enzymes in raw human milk (control) and human milk pasteurized by microwave heating under different conditions (temperature and time).

Heating time [min]	SOD [U mL ⁻¹ ± SD]	CAT [nmol min ⁻¹ mL ± SD]	GPx [nmol min ⁻¹ mL ± SD]
62.5 °C			
Raw milk	1.27 ± 0.44	19.15 ± 1.24 ^{abcd}	10.18 ± 0.86 ^{acd}
0*	1.24 ± 0.09	15.05 ± 1.01	8.51 ± 0.56 ^a
1	1.40 ± 0.18 ^a	12.58 ± 1.57 ^a	6.35 ± 0.67 ^{ad}
3	1.25 ± 0.09	12.77 ± 1.55 ^b	9.01 ± 1.14 ^{abcd}
5	1.14 ± 0.07	12.31 ± 1.78 ^c	7.26 ± 0.98 ^{ab}
10	1.00 ± 0.14 ^a	11.76 ± 1.33 ^d	5.65 ± 0.61 ^{ac}
66 °C			
Raw milk	1.27 ± 0.44	19.15 ± 1.24 ^{abcd}	10.18 ± 0.86 ^{abcd}
0*	1.32 ± 0.16	12.95 ± 1.32	8.85 ± 0.69 ^a
1	1.53 ± 0.19 ^{ab}	11.16 ± 2.26 ^a	6.39 ± 1.01 ^{ae}
3	1.09 ± 0.06 ^a	11.71 ± 2.01 ^b	7.35 ± 0.49 ^b
5	1.13 ± 0.03	10.37 ± 2.02 ^c	5.86 ± 1.16 ^{ce}
10	1.01 ± 0.13 ^b	9.88 ± 1.31 ^d	6.07 ± 1.12 ^d
70 °C			
Raw milk	1.27 ± 0.44 ^a	19.15 ± 1.24 ^{abcde}	10.18 ± 0.86 ^{abcd}
0*	1.29 ± 0.17 ^a	12.25 ± 0.86 ^a	8.89 ± 0.83 ^a
1	1.71 ± 0.07 ^{abcd}	11.87 ± 1.73 ^b	4.76 ± 0.74 ^{ae}
3	1.08 ± 0.18 ^b	9.19 ± 1.51 ^c	7.07 ± 1.88 ^b
5	1.24 ± 0.05 ^c	10.15 ± 2.06 ^d	5.20 ± 1.23 ^{ce}
10	1.02 ± 0.13 ^d	9.82 ± 0.84 ^e	4.77 ± 0.96 ^d

*time 0 – at the moment of reaching the preset pasteurization temperature

a,b,c,d,e – identical letters in columns indicate significant differences in enzyme activity at different temperatures (P<0.05)

Figure 1

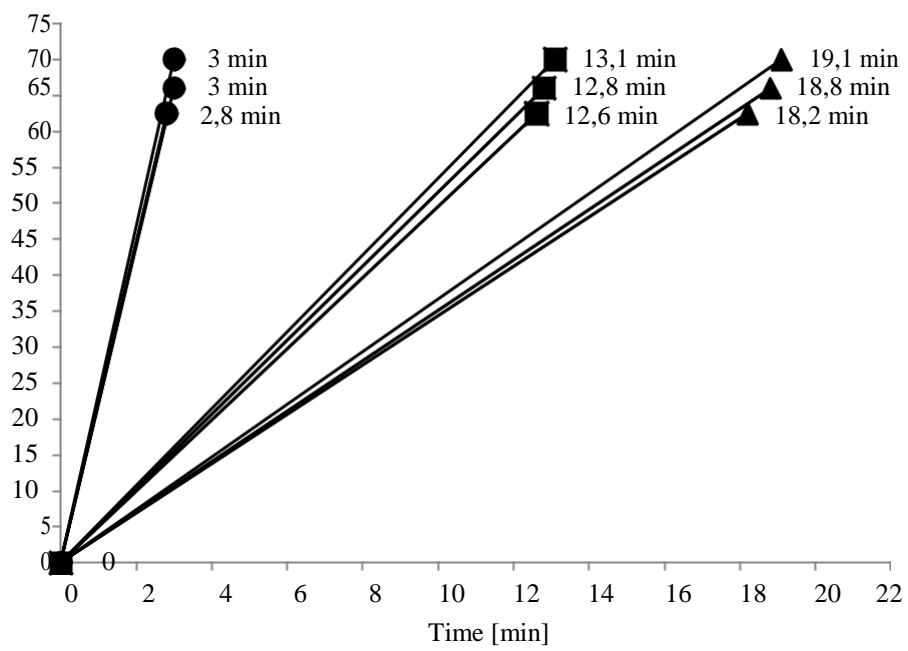


Fig. 1.

Figure 2

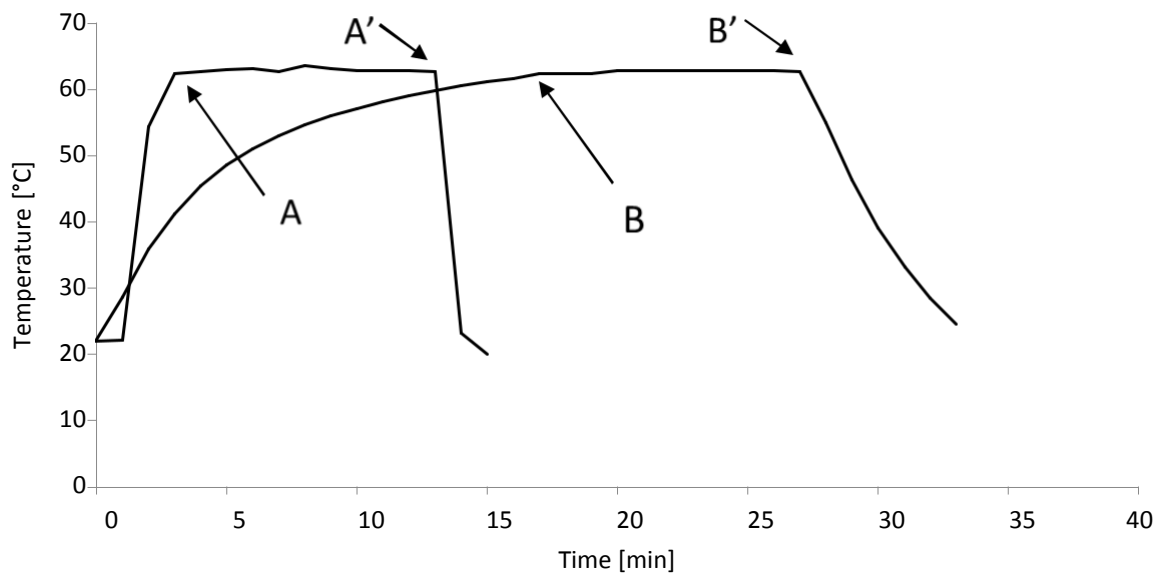


Fig. 2.

Figure 3

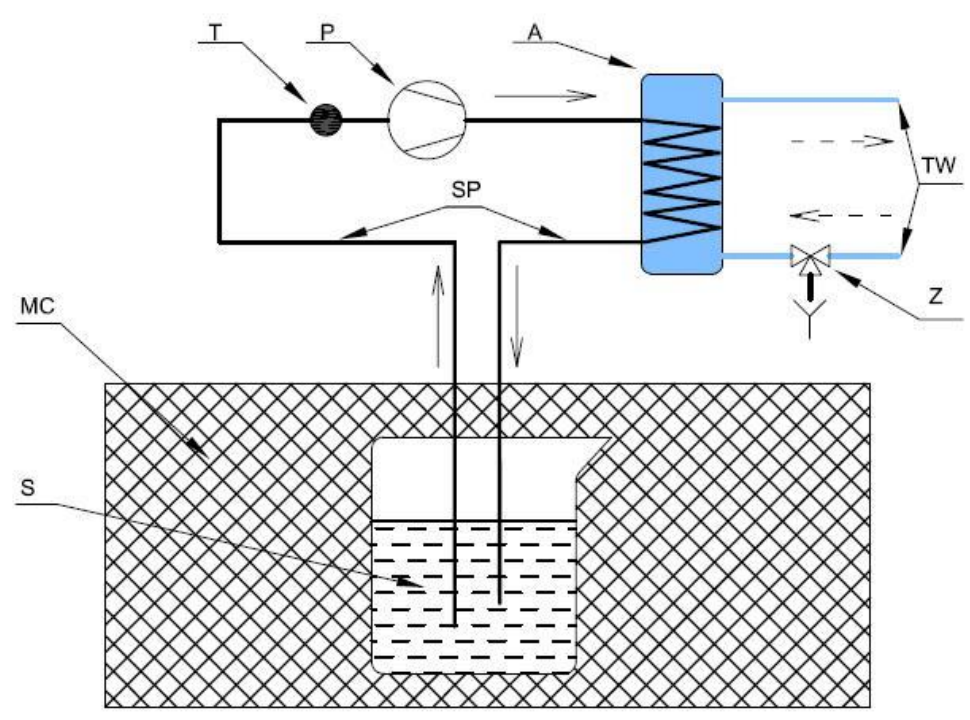


Fig. 3.

Fig. 1. The average time to reach the preset temperature (time 0) of human milk samples: microwave heating (●), convective heating with stirring (■) and convective heating without stirring (▲). Target temperatures were: 62.5 °C, 66 °C and 70 °C.

Fig. 2. Temperature curve of human milk pasteurization to 62.5°C for 10 minutes: microwave heating (- - -) and convective heating (—). A) time of reaching the preset temperature in microwave heating, B) in convective heating. A') the beginning of sample cooling after microwave heating, B') after convective heating.

Fig. 3. Diagram of a microwave pasteurizer (Enbio Technology, Gdańsk, Poland).

SP – silicone pipe, T – temperature sensor, P - pump, A - cooling exchanger, Z – three way valve, S – sample, MC – microwave chamber, TW – tap water, — sample flow, ---- tap water flow.