Forum Minireview

Pharmacology in Health Foods: Preface

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Since the people of Japan are becoming more and more concerned about their health, the consumption of health foods, including dietary supplements, functional foods, and food constituents has increased. In 2010, the Japanese health food market amounted to 3 trillion yen, and it continues to expand. However, health damage by bad quality health foods or believing in untrue marketing statements is now a nationwide problem in Japan.

In this Forum Minireview series, we have discussed the pharmacological benefits and risks of health foods from the aspects of basic research, product development, and post-marketing surveillance. We objectively evaluated health foods in pharmacology to provide the current status of health foods in Japan.

Ohkita et al. showed improvement in vascular endothelial function by treatment with French maritime pine bark extract (Flavangenol) (1). They also showed that Flavangenol suppresses activation of nuclear factor-kappa B (NF-κB) and expression of adhesion molecules in cultured vascular endothelial cells. Antihypertensive effects of Flavangenol were observed, which suggested that Flavangenol supplementation may be a promising candidate for endothelial dysfunction improvement and vascular disease prophylactic treatment.

Ishizawa et al. revealed quercetin metabolism in vivo and its protective effect against arteriosclerosis (2). Quercetin aglycone is metabolized to quercetin 3-O-β-D-glucuronide (Q3GA) in vivo. They showed that platelet-derived growth factor–induced cell migration and proliferation were inhibited by Q3GA in cultured vascular smooth muscle cells (VSMCs). Q3GA attenuated angiotensin II–induced VSMC hypertrophy via its inhibitory effects on the JNK and AP-1 signaling pathways. They suggested that Q3GA may be an active metabolite of quercetin in plasma and may possess preventative effects against arteriosclerosis relevant to VSMC disorders.

Kiso showed the beneficial effects of arachidonic acid (ARA) and docosahexaenoic acid (DHA) for age-related decline in brain and cardiovascular system function (3). He showed that ARA supplementation can improve cognitive function in healthy elderly men and that supplementation with both ARA and DHA can improve cognitive dysfunction due to organic brain damage or aging. ARA and DHA supplementation also increases coronary flow velocity reserve in elderly individuals; this suggests beneficial effects of polyunsaturated fatty acids on coronary microcirculation. He suggested that ARA and DHA may be beneficial in preventing and/or improving age-related declines in brain and cardiovascular system function.

Sakane described merits and demerits of “food with health claims” for prevention of obesity and metabolic syndrome (4). He emphasized that it is necessary to provide information to consumers through the media about the safety/effectiveness of health foods and food elements and laws pertaining to these foods. Consumers should also be made aware of reports on health disturbances associated with health foods around the world.

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References


