A limited number of randomised clinical trials investigated drinking mineral waters benefit. Alcaline sodium bicarbonated waters demonstrated their ability to enhance gastric motility and emptying (Bertoni, 2002; Wakisaka, 2012): vesicular emptying (Toxqui, 2012). But it also acts on lipid metabolism (Schoppen, 2005; Toxqui, 2012; Perez granados, 2010), insulin sensitivity (Schoppen, 2007), oxalo-calcic and uratic compounds urinary excretion (Karagülle, 2007).

Calcic carbonated waters act mainly on the calcium homeostasis; they can reduce bone modeling with a significant decrease of PTH and bone modeling markers levels (Guillemand, 2002; Roux, 2004; Meunier, 2005; Wynn, 2009).

Magnesium and/or calcium rich waters can offer a profitable income of such minerals (Aptel, 1999; Galan, 2002; Sabatier, 2011).

Sulfide waters can be damageable for erythrocyte through their deleterious action on enzymatic pathways (GAPDH, G6PDH) and methemoglobin (Albertini, 2008).

Epidemiologic studies emphasized the ability of some tap waters to facilitate some disorders, mainly acid waters and type I diabetes (Skenes, 2002), poorly silicated waters and Alzheimer’s disease (Gillette Guyonnet, 2005).

If the studies demonstrated actual pharmacological effects of mineral waters, the clinical relevance of these properties as the medical benefit in real life conditions have still to be established.