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ORIGINAL ARTICLE

# BENEFITS OF SEA BUCKTHORN JUICE CONSUMPTION IN WOMEN OF PRODUCTIVE AGE WITH HYPERCHOLESTEROLEMIA

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Jana Kopčeková<sup>1,</sup><sup>®</sup>, Jana Mrázová<sup>1,</sup><sup>®</sup>, Katarína Fatrcová-Šramková<sup>1,</sup><sup>®</sup>, Marta Habánová<sup>1,</sup><sup>®</sup>, Martina Gažarová<sup>1,<sup>®</sup></sup>, Petra Lenártová<sup>1,<sup>®</sup></sup>

<sup>1</sup>Slovak University of Agriculture in Nitra, Faculty of Agrobiology and Food Resources, Institute of Nutrition and Genomics, Nitra, Slovak Republic

# ABSTRACT

**Background.** Sea buckthorn contains almost 200 nutrients and bioactive substances, including phenolic compounds such as flavonoids, vitamins, proteins, amino acids, minerals, alkaloids, chlorophyll derivatives, amines, organic acids, fatty acids and phytosterols. Human and animal studies suggest that sea buckthorn may have a variety of beneficial effects: cardioprotective, antiatherogenic, antioxidant, anticancer, immunomodulatory, antibacterial, antiviral and anti-inflammatory.

**Objective.** The aim of this study was to evaluate the effect of regular consumption of 100% sea buckthorn juice on the risk factors of cardiovascular diseases in women of productive age with hypercholesterolemia.

**Material and Methods.** A clinical study involved 19 women with a mean age of  $54.06 \pm 2.97$  years who consumed 50 mL of sea buckthorn juice daily for 8 weeks. Anthropometric and biochemical parameters in blood serum were monitored before the start of sea buckthorn consumption and after 8 weeks of consumption. Body composition was determined using an multifrequency analyzer InBody720. Routine biochemical analyzes were performed by standard methods in an accredited laboratory of the University Hospital by automatic biochemical analyzer BioMajesty JCA-BM6010/C. Statistical comparison between individual measurements was performed using a paired t-test, using Statistica Cz version 10 (TIBCO Software, Inc., Palo Alto, CA, USA).

**Results.** We observed significant decrease of body weight, body mass index (P<0.05), body fat and visceral fat (P<0.001) after 8 weeks of consumption of 100% sea buckthorn juice. In this intervention study, we observed a significant decrease in low-density cholesterol (P<0.05) and a significant increase in high-density cholesterol (P<0.001). The level of triglycerides was similar at the end of the study (P>0.05). After the intervention, we observed decrease of orosomucoid, immunoglobulin A, immunoglobulin G, immunoglobulin M (P<0.001) and C-reactive protein (P<0.01).

**Conclusions.** The obtained results support the hypothesis that the daily consumption of sea buckthorn juice for eight weeks could contribute to the beneficial effects of reducing the risk of cardiovascular diseases, such as the reduction of body and visceral fat, LDL-C, CRP and the increase of HDL-C.

Key words: sea buckthorn juice, cardiovascular diseases, hypercholesterolemia, obesity, cholesterol

# **INTRODUCTION**

Cardiovascular diseases (CVD) have emerged as a major cause of mortality and morbidity worldwide [47]. Dyslipidemia is a major modifiable contributor to cardiovascular diseases [31], elevated blood cholesterol accounts for nearly one third of ischemic heart diseases [13, 47]. Reduction in excess calories and improvement in dietary composition may prevent many primary and secondary cardiovascular events [56]. In recent years, research has focused primarily on natural products with beneficial effects, and increased attention is being paid to foods with demonstrable and effective antioxidant activity [41]. Many studies demonstrate that the fruits and leaves of some berry plants biosynthesize phytochemicals with antioxidant activity and can be used as a natural source of free radical scavenging compounds [26, 27, 40]. A diet rich in berries is thought to play an important role in preventing metabolic diseases associated with obesity [42]. The beneficial effects of berries may be mediated by the antioxidant and anti-inflammatory properties of polyphenols [23].

Sea buckthorn (*Hippophae* in Latin) belongs to the *Elaeagnaceae* family [54]. Around 150 species, subspecies and varieties of sea buckthorn have been identified within Europe and Asia. They differed in the habitat of the bush, the appearance of the berries

**Corresponding author:** Jana Mrázová, Slovak University of Agriculture in Nitra, Faculty of Agrobiology and Food Resources, Institute of Nutrition and Genomics, Tr. A. Hlinku 2, 949 76 Nitra, Slovak Republic, phone: +421 37 641 4223, e-mail: jana.mrazova@uniag.sk This article is available in Open Access model and licensed under a Creative Commons Attribution-Non Commercial 3.0.Poland License (CC BY-NC) (http://creativecommons.org/licenses/by-nc/3.0/pl/deed.en)

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and their utility value [7]. The most important and widespread in Europe is the sea buckthorn Hippophae rhamnoides [55]. Hippophae fruits are called third generation fruits [18]. Sea buckthorn fruits, leaves, oil and other products are a source of many bioactive substances, including phenolic compounds, such as flavonoids, i.e. rutin, quercetin, kaempferol, or myricetin [6], vitamins (tocopherols, carotenoids, ascorbic acid, folate, vitamins B<sub>1</sub>, B<sub>2</sub> and K), proteins, amino acids and minerals (Fe, Ca, P and K) [2, 14, 24, 59]. In addition, the plant contains organic acids (quinic acid, malic acid, oxalic acid and tartaric acid) [5, 20], fatty acids, especially unsaturated fatty acids (oleic acid, linoleic acid, linolenic acid) and phytosterols [5, 32]. The main group of phenolic compounds are flavonols, a group of flavonoids that have been identified in fruits, with an average content of 311.5 mg/100 g fresh weight [46]. One of the most interesting features is that sea buckthorn contains high concentrations of vitamin C [50]. The content of vitamin C per 100 g of sea buckthorn fruit is 600 mg, which is significantly more than in rose hips (250-800 mg), black currants (120-215 mg) or raspberries (15-30 mg) [24]. Chemical compounds in different parts of Hippophae rhamnoides may vary depending on climatic conditions, their origin and extraction methods [35]. Sea buckthorn fruits are interesting not only from a chemical point of view, but also from a biological and therapeutic point of view for their antioxidant, antitumor, hepato-protective and immunological properties [59]. Human and animal studies suggest that sea buckthorn may have a variety of beneficial effects: cardioprotective, antiatherogenic, antioxidant, immunomodulatory, anticancer, antibacterial, antiviral, and anti-inflammatory [4, 51]. The antioxidants present in sea buckthorn activate the transcription factor nuclear factor E2 (Nrf-2) and inhibit the nuclear factor kappa B (NF-kB) redox signaling pathway, which in turn activates antioxidant enzymes that are responsible for antioxidant activity and are considered one of the mechanisms of action antioxidant activity of sea buckthorn [19]. The antiinflammatory activity of sea buckthorn can be attributed to ursolic acid, oleanolic acid, citric acid derivatives and flavonoids. Its anti-inflammatory mechanism of action may be related to the inhibition of the expression of pro-inflammatory cytokines and the reduction of the production of pro-inflammatory mediators [51]. Jaśniewska and Diowksz [17] report that sea buckthorn flavonoids help lower cholesterol levels, improve cardiac function, and protect endothelial cells from damage caused by oxidized low-density lipoproteins. Sea buckthorn polyphenols suppress the expression of cyclins, thereby arresting the cell cycle in the G1 phase and affecting the further proliferation of colon cancer [53]. Biochemical and histopathological

studies have shown that sea buckthorn flavonoid extract significantly improves biomarkers including triglycerides aspartate aminotransferase and alanine aminotransferase in serum and liver [51]. Recent attention has focused on the use of fruit juices as a concentrated source of antioxidants. Drinking juice is an effective way to promote fruit and vegetable consumption and is very popular in many countries [3, 10, 43, 45]. A high amount of evidence shows that juice, as part of a balanced diet, contributes to a significant reduction in the risk of many diseases, such as cancer, neurodegenerative diseases and cardiovascular diseases [3, 33, 38].

The aim of this study was to evaluate the effect of regular consumption of 100% sea buckthorn juice (SBJ) on the risk factors of cardiovascular diseases in women of productive age with hypercholesterolemia.

#### MATERIAL AND METHODS

The study included 19 hypercholesterolemic women of productive age from 50 to 61 years old, with a mean age of  $54.06 \pm 2.97$  years, who participated in an 8-week intervention program. Body composition (body weight – BW, body fat mass – BFM, body mass index - BMI, visceral fat area - VFA, skeletal muscle mass - SMM, fat-free mass - FFM, waist to hip ratio - WHR, intracellular water - ICW, extracellular water - ECW and total body water -TBW), blood pressure (systolic blood pressure – SBP and diastolic blood pressure - DBP), lipid profile (total cholesterol - T-C, low density cholesterol - LDL-C, high density cholesterol – HDL-C, triglycerides – TG), inflammation markers (C-reactive protein -CRP, interleukin-6 - IL-6, orosomucoid - ORM, immunoglobulin A - IgA, immunoglobulin G - IgG and immunoglobulin M - IgM), kidney and liver markers (alanine aminotransferase - ALT, aspartate aminotransferase - AST, gamma glutamyl transferase - GGT, urea, creatinine and uric acid) were monitored before the start of SBJ consumption and after 8 weeks of consumption.

#### Ethical aspects

The study was conducted in accordance with the Declaration of Helsinki and approved by the Ethics Committee at the Specialized Hospital St. Zoerardus Zobor, NPO Nitra, Slovak Republic (protocol number 3/101921/2021).

#### Dietary intervention

Volunteers consumed 50 mL of commercial 100% SBJ as recommended by the manufacturer for 8 weeks as part of their regular diet. The juice was provided by ZAMIO Ltd., Trhovište, Slovakia. Juice composition (g/100 mL): fats - 3.2; of which saturated fatty acids -

0.7; carbohydrates – 5.1; of which sugars – 4.7; proteins – 1.0. Total phenolic content – 1.56 mg gallic acid equivalents (GAE)/g, vitamin C – 385 mg/100 g and total carotenoid – 64.79 mg/100 g. The participants were instructed to maintain their normal eating habits during the study, to refrain from consuming dietary supplements and not to modify their physical activity.

#### Anthropometric parameters

Body height was measured on a Tanita WB-300 ambulatory electronic scale in an upright position, without shoes. We used multi-frequency bioelectrical impedance analysis (MFBIA) – InBody 720 (Biospace Co. Ltd., Seoul, Korea) to diagnose body composition. Blood pressure was determined with a digital electronic sphygmomanometer Omron M7 Intelli IT, HEM-7361T-EBK (Omron Healthcare, Tokyo, Japan).

#### Biochemical parameters

Venous blood was collected in the morning after 8 hours of fasting in a standard way. After blood serum separation, routine biochemical analyzes were performed in an accredited laboratory of the University Hospital with a BioMajesty JCA-BM6010/C automatic biochemical analyzer using commercial DiaSys kits (Diagnostic Systems GmbH, Holzheim, Germany) according to the manufacturer's instructions.

#### Statistical analysis

Statistica Cz version 10 (TIBCO Software, Inc., Palo Alto, CA, USA) and MS Excel 2007 (Microsoft Corporation, Redmond, WA, USA) were used for statistical analysis. All data were expressed as mean  $\pm$  standard deviation (SD). Statistical comparison between individual measurements was performed using a paired t-test, a value of P < 0.05 was considered statistically significant.

#### **RESULTS AND DISCUSSION**

#### **Characteristics of study participants**

The observed group consisted of 19 women of productive age from 50 to 61 years, with an average age of  $54.06 \pm 2.97$  years. All women had an elevated level of total cholesterol, the average  $6.41 \pm 1.08$  mmol.L<sup>-1</sup>. From the individual values the basic statistical characteristics of the probands were calculated (Table 1).

# Effect of SBJ consumption on anthropometric and biochemical parameters

#### Anthropometric measurements

Worldwide, the burden of morbidity and mortality from diet-related chronic diseases is increasing, driven by poor diet quality and overconsumption of

calories. Fortunately, shifting current global dietary patterns towards high-quality, plant-based diets could alleviate these health and environmental burdens [15, 37] not only because of the low content of saturated fat and cholesterol, but also because of the considerable amount of micronutrients and bioactive compounds [12, 48]. Obesity is induced by chronic low-grade inflammation, which can act synergistically with oxidative stress. Thus, intake of fruits and plant extracts high in antioxidant phytochemicals has important anti-obesity activity [48]. Huang et al. [16] found that a vegetarian diet can be of considerable importance in weight reduction. The results of anthropometric characteristics and body structure after consumption of SBJ are shown in Table 2. Body weight and BMI of women significantly decreased during the study (P<0.05). The body mass index

Table 1. Basic characteristics of study participants

Characteristic	Average $\pm$ SD	Min. – max.
Age (yrs)	$54.06\pm2.97$	50 - 61
BW (kg)	$72.44 \pm 14.59$	49.2 - 100.8
BMI (kg.m <sup>-2</sup> )	$26.13\pm5.27$	19.96 - 38.41
WC (cm)	$93.10\pm14.57$	72.40 - 120.60
T-C (mmol.L <sup>-1</sup> )	$6.41 \pm 1.08$	5.06 - 8.33
GLU (mmol.L <sup>-1</sup> )	$4.92\pm0.34$	4.30 - 5.40

Data are expressed as average  $\pm$  standard deviation (SD), min. – max.; BW, body weight; BMI, body mass index; WC, waist circumference; T-C, total cholesterol; GLU, glucose

Table 2. Anthropometric characteristics and blood pressure of study participants

Parameter	Baseline	Week 8	<i>p</i> -value
BW (kg)	$72.43 \pm 14.59$	$71.95 \pm 14.72$	0.0450
BFM (kg)	$25.17 \pm 11.08$	$24.26\pm11.07$	< 0.001
BMI (kg.m <sup>-2</sup> )	$26.13\pm5.27$	$25.96 \pm 5.32$	0.0400
VFA (cm <sup>2</sup> )	$103.08\pm39.90$	$99.46\pm40.25$	< 0.001
SMM (kg)	$25.89\pm2.51$	$26.17\pm2.63$	0.0080
FFM (kg)	$47.26 \pm 4,33$	$47.69 \pm 4,52$	0.0130
ICW (kg)	$21.39 \pm 1.91$	$21.59\pm2.03$	0.0139
ECW (kg)	$13.26\pm1.29$	$13.36\pm1.29$	>0.05
TBW (kg)	$34.65\pm3.18$	$34.96\pm3.31$	0.0140
WHR	$0.94\pm0.08$	$0.93\pm0.08$	>0.05
SBP (mmHg)	$130.60\pm14.01$	$130.87\pm14.40$	>0.05
DBP (mmHg)	$85.33\pm9.62$	$85.80\pm9.50$	>0.05

Data are expressed as average  $\pm$  standard deviation (SD); SBJ, sea buckthorn juice; BW, body weight; BFM, body fat mass; BMI, body mass index; VFA, visceral fat area; SMM, skeletal muscle mass; FFM, fat-free mass; ICW, intracellular water; ECW, extracellular water; TBW, total body water; WHR, waist to hip ratio; SBP, systolic blood pressure; DBP, diastolic blood pressure does not express the distribution of fat in the body. In the assessment of anthropometric indicators, we also focused on the assessment of visceral fat (VFA). We consider VFA as another indicator of health and obesity status. It is one of the important factors in the assessment of cardiometabolic risk, which correlates with the components of the metabolic syndrome in men and women, even with a normal BMI indicating the absence of obesity [1]. Abdominal obesity was observed in 7 women (36.8%) in the monitored group. In the whole group, after consumption of SBJ there was a significant decrease of VFA (P<0.001). Likewise, a WHR index higher than 0.85 reflects a risk for the development of metabolic diseases. In our monitored group, the WHR index was similar after 8 weeks of nutritional intervention (P>0.05). Weight reduction is necessary for the treatment of obesity. However, some treatments may cause a reduction on the muscular mass, reducing metabolic waste, and compromising weight loss and/or maintenance of the lost weight [29]. The current study demonstrated that taking SBJ for 8 weeks caused a significant increase of SMM and FFM (P<0.05). From the results of Lehtonen et al. [22], who observed the effect of consumption of different sea buckthorn fractions (equivalent to 100 g of fresh berries/day), showed that sea buckthorn supplementation for 33-35 days had a positive effect on the occurrence of metabolic diseases in overweight and obese women. Larmo et al. [21] also reported a significant effect of sea buckthorn fruit consumption on the metabolic profiles of overweight women. Recent studies have classified high systolic blood pressure (SBP) as the leading risk factors for death and disability worldwide, as well as hypertension being the largest risk factor for cardiovascular disease [44, 57]. The phytochemical and bioactive compounds of berries such as flavonoids, ellagitannins, and anthocyanins are potentially showing better effects in the risk reduction of various CVD such as reduce blood pressure, decreased endothelial dysfunction, which ultimately increases cardiovascular and brain health in an individual [50]. In our study, consumption of SBJ resulted in similar SBP and DBP values at the end of the study (P>0.05).

#### Kidney and liver markers

In this intervention study, volunteers consumed 50 mL of 100% bio commercial SBJ every day for 8-week period. In general, despite its bitter and sour nature, the juice was well accepted. SBJ consumption was well tolerated by participants and did not show changes (P>0.05) in liver and kidney function in serum following 8 weeks of SBJ intake (Table 3).

#### Lipid profile

The effect of 100% SBJ consumption on the lipid profile is shown in Table 4. Although there was no significant decrease in T-C in this intervention study, on the other hand there was a significant decrease in LDL-C (P<0.05) and a significant increase in HDL-C (P<0.001). The level of TG was similar at the end of the study (P>0.05). *Eccleston* et al. [11] found that SBJ with a flavonoid concentration of 1180 mg.L<sup>-1</sup> had protective properties against hypertension and coronary heart disease. The results of a study with 229 volunteers consuming 28 g of sea buckthorn berries for 3 months indicated increased blood concentrations of quercetin and isohamnetin, but consumption of sea buckthorn berries did not affect T-C, LDL-C, HDL-C and TG [21].

#### **Inflammation markers**

Increasing evidence demonstrates that inflammation plays an important role in the development of atherosclerosis [9, 34, 39]. Mainly, the crucial role of inflammation in atherosclerosis is particularly reflected by the overexpression of nuclear factor kappa B, C-reactive protein (CRP),

Table 3. Kidney and liver markers of study participants

			-
Parameter	Baseline	Week 8	<i>p</i> -value
ALT (µkat.L <sup>-1</sup> )	$0.28\pm0.10$	$0.32\pm0.15$	>0.05
AST (µkat.L-1)	$0.32\pm0.06$	$0.34\pm0.06$	>0.05
GGT (µkat.L <sup>-1</sup> )	$0.36\pm0.16$	$0.43\pm0.27$	>0.05
Urea (mmol.L <sup>-1</sup> )	$4.88 \pm 1.45$	$4.98 \pm 1.39$	>0.05
Creatinine (µmol.L <sup>-1</sup> )	$64.75 \pm 9.66$	67.63 ± 9.63	>0.05
Uric acid (µmol.L <sup>-1</sup> )	$285.00 \pm 63.04$	$302.67 \pm 72.07$	>0.05
			• (27)

Data are expressed as average  $\pm$  standard deviation (SD), SBJ, sea buckthorn juice; ALT, alanine aminotransferase; AST, aspartate aminotransferase; GGT, gamma glutamyl transferase

Table 4. Lipid profile of study participants

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Parameter	Baseline	Week 8	<i>p</i> -value
T-C (mmol.L <sup>-1</sup> )	$6.49 \pm 1.07$	$6.45 \pm 1.06$	0.6894
HDL-C (mmol.L <sup>-1</sup> )	$1.70\pm0.24$	$1.82 \pm 0.27$	< 0.001
LDL-C (mmol.L <sup>-1</sup> )	3.91 ± 1.32	$3.38 \pm 0.58$	0.0257
TG (mmol.L <sup>-1</sup> )	$1.29\pm0.70$	$1.27\pm0.69$	0.1857

Data are expressed as average  $\pm$  standard deviation (SD); SBJ, sea buckthorn juice; T-C, total cholesterol; HDL-C, high density cholesterol; LDL-C, low density cholesterol; TG, triglycerides interleukin-6 (IL-6), IL-18, tumor necrosis factoralpha (TNF- $\alpha$ ), and other inflammatory mediators [30]. The CRP is a nonspecific positive acute-phase protein that immediately rises after initiating an inflammatory state [8] and it could be an indicator of endothelial dysfunction that is also linked to a higher risk of CVD [58]. Our results (Table 5) show, that regular 8 week-long consumption of 50 mL of SBJ per day resulted significant reduction of CRP, IgA, IgG, IgM, orosomucoid (P<0.001) and similar values of IL-6 (P>0.05). In the study of *Larmo* et al. [21] the participants daily took 28 g of frozen sea buckthorn puree or placebo product similar in appearance, taste and smell to the active product and consumption of sea buckthorn berries reduced serum concentrations of CRP. Flavonoids and vitamin C are likely to be among the bioactive compounds responsible for the anti-inflammatory effect of fruit, possibly through synergetic mechanisms [25, 28, 36, 52].

Table 5. Inflammation markers of study participants

Parameter	Baseline	Week 8	<i>p</i> -value
CRP (mg.L <sup>-1</sup> )	$5.72\pm2.39$	$4.75\pm1.60$	0.0038
IL-6 (ng.L <sup>-1</sup> )	$7.88\ \pm 0.93$	$7.32\ \pm 0.78$	>0.05
ORM (g.L <sup>-1</sup> )	$0.89\ \pm 0.22$	$0.56\pm0.17$	< 0.001
IgA (g.L <sup>-1</sup> )	$1.71\pm0.68$	$1.57\pm0.69$	< 0.001
IgG (g.L <sup>-1</sup> )	$10.52\pm2.65$	$9.99\pm2.66$	< 0.001
IgM (g.L <sup>-1</sup> )	$1.25\pm0.63$	$1.15\pm0.60$	< 0.001

Data are expressed as average  $\pm$  standard deviation (SD); SBJ, sea buckthorn juice; CRP, C-reactive protein; IL-6, interleukin-6;

ORM, orosomucoid; IgA, immunoglobulin A;

IgG, immunoglobulin G; IgM, immunoglobulin M

# CONCLUSION

Sea buckthorn fruits are called fruits of the third generation. One of the most interesting properties is that sea buckthorn contains high concentrations of vitamin C, carotenoids, tocopherols and other bioactive compounds. The aim of this study was to evaluate the effect of regular consumption of 100% sea buckthorn juice on the risk factors of cardiovascular diseases in women of productive age with hypercholesterolemia. The obtained results support the hypothesis that the daily consumption of SBJ could contribute to the beneficial effects of reducing the risk of cardiovascular diseases, such as the reduction of body and visceral fat, LDL-C, inflammation markers and the increase of HDL-C. However, longer studies with a larger number of volunteers are needed to more thoroughly investigate the consumption of SBJ in the prevention and treatment of cardiovascular diseases.

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#### **Conflict of interest**

The authors declare no conflict of interest.

### REFERENCES

- Babiarczyk B., Turbiarz A.: Body Mass Index in elderly people – the reference ranges matter? Progress in Health Sciences 2012;2(1):58-67.
- Bekker N.P., Glushenkowa A.I.: Components of certain species of *Elaeagnaceae* family. Chem Nat Compd 2001;37:97-116.
- Bhardwaj R.L., Nandal U., Pal A., Jain S.: Bioactive compounds and medicinal properties of fruit juices. Fruits 2014;69:391-412 doi:10.1051/fruits/2014027.
- Chandra S., Zafar R., Dwivedi P., Shinde L.P., Prita B.: Pharmacological and nutritional importance of sea buckthorn (*Hippophae*). The Pharma Innovation Journal 2018;7(5):258-263.
- Chong M.F.F., Macdonald R., Lovegrove J.A.: Fruit polyphenols and CDV risk: a review of human intervention studies. Br J Nutr 2010;104:S28eS39 doi:10.1017/s0007114510003922.
- Christaki E.: Hippophae rhamnoides L. (Sea buckthorn): a potential source of nutraceuticals. Food Pub Health 2012;2:69-72 doi:10.5923/j.fph.20120203.02.
- Ciesarová Z., Murkovic M., Cejpek K., Kreps F., Tobolková B., Koplík R., Belajová E., Kukurová K., Daško L., Panovská Z., Revenco D., Burčová Z.: Why is sea buckthorn (*Hippophae rhamnoides* L.) so exceptional? A review. Food Res Int 2020;133: 109170 doi:10.1016/j.foodres.2020.109170.
- Dallmeier D., Larson M.G., Vasan R.S., Keaney J.F., Fontes J.D., Meigs J.B. et al.: Metabolic syndrome and inflammatory biomarkers: a community-based cross-sectional study at the Framingham Heart Study. Diabetology and metabolic syndrome 2012;4(1):28.
- Del Pinto R., Ferri C.: Inflammation-Accelerated Senescence and the Cardiovascular System: Mechanisms and Perspectives. Int J Mol Sci 2018;19:3701 doi:10.3390/ ijms19123701.
- Drossard C., Fröhling B., Bolzenius K., Dietrich H., Kunz C., Kersting M.: Liking of anthocyanin-rich juices by children and adolescents. Appetite 2012;58(2):623-628 doi:10.1016/j.appet.2012.01.002.

- Eccleston C., Baoru Y., Tahvonen R., Kallio H., Rimbach G.H., Minihane A.M.: Effects of an antioxidant-rich juice (sea buckthorn) on risk factors for coronary heart disease in humans. J Nutr Biochem 2002;13(6):346-354 doi:10.1016/s0955-2863(02)00179-1.
- 12. Eilat-Adar S., Goldbourt U.: Nutritional Recommendations for Preventing Coronary Heart Disease in Women: Evidence Concerning Whole Foods and Supplements. Nutr Metab Cardiovasc Dis 2010;20:459-466 doi:10.1016/j.numecd.2010.01.011.
- Feigin V.L., Krishnamurthi R.V., Parmar P., Norrving B., Mensah G.A., Bennett D.A. et al.: Update on the global burden of ischemic and hemorrhagic stroke in 1990-2013: the GBD 2013 study. Neuroepidemiology 2015;45(3):161-176 doi:10.1159/000441085.
- 14. Gao X., Ohlander M., Jeppsson N., Bjork L., Trajkovski V.: Changes in antioxidant effects and their relationship to phytonutrients in fruits of Sea buckthorn (*Hippophae rhamnoides* L.) during maturation. J Agric Food Chem 2001;48:1485-1490.
- Hemler E.C., Hu F.B.: Plant-Based Diets for Personal, Population, and Planetary Health. Adv Nutr 2019;10:S275-S283 doi:10.1093/advances/nmy117.
- 16. Huang R.Y, Huang C.C., Hu F.B., Chavarro J.E.: Vegetarian diets and weight reduction: a meta-analysis of randomized controlled trials. J Gen Intern Med 2016;31(1):109-116 doi: 10.1007/s11606-015-3390-7.
- Jaśniewska A., Diowksz A.: Wide Spectrum of Active Compounds in Sea Buckthorn (*Hippophae rhamnoides*) for Disease Prevention and Food Production. Bioavailability and Bioactivity of Plant Antioxidants 2021;10(8):1279 doi:10.3390/antiox10081279.
- Ji M., Gong X., Li X., Wang C., Li M.: Advanced Research on the Antioxidant Activity and Mechanism of Polyphenols from *Hippophae* Species – A Review. Molecules 2020;25(4):917 doi:10.3390/ molecules25040917.
- Kashyap Pyiush P. et al.: Antioxidants in Fruits: Properties and Health Benefits. Singapore, Springer Nature Singapore Pte Ltd. 637, 2020. ISBN 978-981-15-7285-2.
- Kumar R., Kumar G.P., Chaurasia O.P., Singh S.: Phytochemical and pharmacological profile of Seabuckthorn oil: a review. Res J Med Plant 2011;5:491-499 doi:10.3923/rjmp.2011.491.499.
- Larmo P.S., Yang B., Hurme S.A., Alin J.A., Kallio H.P., Salminen E.K., Tahvonen R.L.: Effect of a low dose of sea buckthorn berries on circulating concentrations of cholesterol, triacylglycerols, and flavonols in healthy adults. Eur J Nutr 2009;48:277-282 doi:10.1007/s00394-009-0011-4.
- 22. Lehtonen H.M., Suomela J.P., Tahvonen R., Yang B., Venojärvi M., Viikari J., Kallio H.: Different berries and berry fractions have various but slightly positive effects on the associated variables of metabolic diseases on overweight and obese women. Eur J Clin Nutr 2011;65(3):394-401 doi: 10.1038/ejcn.2010.268.
- 23. Loo B.M., Erlund I., Koli R., Puukka P., Hellström J., Wähälä K., Mattila P., Jula A.: Consumption of chokeberry (Aronia mitschurinii) products modestly

lowered blood pressure and reduced low-grade inflammation in patients with mildly elevated blood pressure. Nutr Res 2016;36(11):1222-1230 doi: 10.1016/j. nutres.2016.09.005.

- Malinowska P., Olas B.: Sea buckthorn-valuable plant for health. Kosmos 2016;65(2):285-292.
- 25. *Middleton E.J., Kandaswami C., Theoharides T.C.*: The effects of plant flavonoids on mammalian cells: implications for inflammation, heart disease, and cancer. Pharmacol Rev 2000;52:673-751.
- Mushtaq M., Wani S.M.: Polyphenols and human health – A review. International Journal of Pharma and BioSciences 2013;4:338-360.
- 27. Nazir A., Wani S., Gani A., Masoodi F.A., Haq E., Mir S.A., Riyaz U.: Nutritional, antioxidant and antiproliferative properties of persimmon (*Diospyros* kaki) – a minor fruit of J&K India. International Journal of Advanced Research 2013;1:545-554.
- 28. Nijveldt R.J., Van Nood E., Van Hoorn D.E., Boelens P.G., Van Norren K., Van Leeuwen P.A.: Flavonoids: a review of probable mechanisms of action and potential applications. Am J Clin Nutr 2001;74:418-425. doi:10.1093/ajcn/74.4.418.
- Nuttall F.Q.: Body Mass Index: Obesity, BMI, and Health: A Critical Review. Nutr. Today 2015;50:117-128 doi:10.1097/nt.000000000000092.
- O'Morain V.L., Ramji D.P.: The Potential of Probiotics in the Prevention and Treatment of Atherosclerosis. Mol Nutr Food Res 2020;64:e1900797.
- Pan L., Yang Z., Wu Y., Yin R.X., Liao Y., Wang J. et al.: The prevalence, awareness, treatment and control of dyslipidemia among adults in China. Atherosclerosis 2016;248:2-9 doi:10.1016/j.atherosclerosis.2016.02.006.
- 32. Patel C.A., Divakar K., Santani D., Solanki H.K., Thakkar J.H.: Remedial Prospective of Hippophae rhamnoides Linn. (Sea Buckthorn). ISRN Pharmacol 2012;1-6 doi: 10.5402/2012/436857.
- 33. Peluso I., Villano D.V., Roberts S.A., Cesqui E., Raguzzini A., Borges G., Crozier A., Catasta G., Toti E., Serafini M.: Consumption of mixed fruit-juice drink and vitamin C reduces postprandial stress induced by a high fat meal in healthy overweight subjects. Curr Pharm Des 2014;20(6):1020-1024 doi:10.2174/13816128 2006140220144802.
- 34. Prabhu S.D., Frangogiannis N.G.: The Biological Basis for Cardiac Repair After Myocardial Infarction: From Inflammation to Fibrosis. Circ Res 2016;119:91-112 doi:10.1161/circresaha.116.303577.
- Pundir S., Garg P., Dviwedi A. et al.: Ethnomedicinal uses, phytochemistry and dermatological effects of *Hippophae rhamnoides* L. J. Ethnopharmacology 2021;266:113434 doi:10.1016/j.jep.2020.113434.
- 36. Rein D., Schijlen E., Kooistra T., Herbers K., Verschuren L., Hall R., Sonnewald U., Bovy A., Kleemann R.: Transgenic flavonoid tomato intake reduces C-reactive protein in human C-reactive protein transgenic mice more than wild-type tomato. J Nutr 2006;136:2331-2337 doi:10.1093/jn/136.9.2331.
- 37. Rodríguez-García C., Sánchez-Quesada C., Toledo E., Delgado-Rodríguez M., Gaforio J.J.: Naturally Lignan-

Rich Foods: A Dietary Tool for Health Promotion? Molecules 2019;24:917 doi: 10.3390/molecules 24050917.

- Rodriguez-Roque M.J., Rojas-Grau M.A., Elez-Martinez P., Martin-Belloso O.: In vitro bioaccessibility of healthrelated compounds as affected by the formulation of fruit juice- and milk-based beverages. Food Res. Int. 2014;62:771-778 doi:10.1016/j.foodres.2014.04.037.
- Ruparelia N., Choudhury R.: Inflammation and atherosclerosis: what is on the horizon? Heart 2020;106:80-85 doi:10.1136/heartjnl-2018-314230.
- 40. Sacchetti G., Maietti S., Muzzoli M., Scaglianti M., Manfredini S., Radice M., Bruni R.: Comparative evaluation of 11 essential oils of different origin as functional antioxidants, antiradicals and antimicrobials in foods. Food Chem 2005;91(4):621-632 doi:10.1016/j. foodchem.2004.06.031.
- 41. Sadef Y., Javed T., Javed R., Mahmood A., Alwahibi M.S., Elshikh M.S., AbdelGawwa M.R., Alhaji J.H., Rasheed R.A.: Nutritional status, antioxidant activity and total phenolic content of different fruits and vegetables' peels. PLoS One 2022;17:e0265566. doi: 10.1371/journal.pone.0265566.
- 42. Sikora J., Broncel M., Markowicz M., Chałubiński M., Wojdan K., Mikiciuk-Olasik E.: Short-term supplementation with Aronia melanocarpa extract improves platelet aggregation, clotting, and fibrinolysis in patients with metabolic syndrome. Eur J Nutr 2012;51(5):549-556 doi:10.1007/s00394-011-0238-8.
- 43. Singh G.M., Micha R., Khatibzadeh S., Shi P., Lim S., Andrews K.G., Engell R.E., Ezzati M., Mozaffarian D.: Correction: Global, Regional, and National Consumption of Sugar-Sweetened Beverages, Fruit Juices, and Milk: A Systematic Assessment of Beverage Intake in 187 Countries. PLoS One 2019;14(3):e0214344 doi:10.1371/journal.pone.0214344.
- 44. Stanaway J.D., Afshin A., Gakidou E., Lim S.S., Abate D., Abate K.H., Abbafati C., Abbasi N., Abbastabar H., Abd-Allah F. et al.: Global, regional, and national comparative risk assessment of 84 behavioural, environmental and occupational, and metabolic risks or clusters of risks for 195 countries and territories, 1990–2017: A systematic analysis for the global burden of disease study 2017. Lancet 2018;392:1923-1994.
- 45. Starek M., Guja A., Dabrowska M., Krzek J.: Assay of β-carotene in dietary supplements and fruit juices by TLC-densitometry. Food Anal Methods 2015;8(5):1347-1355 doi:10.1007/s12161-014-0019-0.
- 46. Teleszko M., Wojdyło A., Rudzińska M., Oszmiański J., Golis T.: Analysis of Lipophilic and Hydrophilic Bioactive Compounds Content in Sea Buckthorn (*Hippophae rhamnoides* L.) Berries. J Agric Food Chem 2015;63(16):4120-4129 doi:10.1021/acs.jafc.5b00564.
- 47. Tripathy J.P., Thakur J.S., Jeet G., Chawla S., Jain S., Pal A. et al.: Burden and risk factors of dyslipidemiaresults from a STEPS survey in Punjab India. Diabetes Metab Syndr 2017;11(Supp.1):S21-S27 doi:10.1016/j. dsx.2016.08.015.

- Turner-McGrievy G., Mandes T., Crimarco A.: A plantbased diet for overweight and obesity prevention and treatment. J Geriatr Cardiol 2017;14(5):369-374 doi:10.11909/j.issn.1671-5411.2017.05.002.
- 49. Vilas-Franquesa A., Saldo J., Juan B.: Potential of sea buckthorn-based ingredients for the food and feed industry a review. Food Prod Process and Nutr 2020;2(1) doi:10.1186/s43014-020-00032-y.
- Wal A., Wal P., Roohi T.F.: A review on role of berries and its bioactive compounds in treating hypertension. Asian Journal of Pharmaceutical and Clinical Research 2020;13(8):3-12 doi:10.22159/ajpcr.2020.v13i8.37932.
- 51. Wang Z., Zhao F., Wei P., Chai X., Hou G., Meng Q. 2022. Phytochemistry, health benefits, and food applications of sea buckthorn (*Hippophae rhamnoides* L.): A comprehensive review. Frontiers in Nutrition 2022;9:1-20 doi:10.3389/fnut.2022.1036295.
- 52. Wannamethee S.G., Lowe G.D., Rumley A., Bruckdorfer K.R., Whincup P.H.: Associations of vitamin C status, fruit and vegetable intakes, and markers of inflammation and hemostasis. Am J Clin Nutr 2006;83:567-574 doi: 10.1093/ajcn.83.3.567.
- 53. Wu H., Li Ch., Cui M., Guo H., Chen S. et al.: Polyphenols from Hippophae rhamnoides suppressed colon cancer growth by regulating miRNA-mediated cell cycle arrest and apoptosis in vitro and in vivo. Journal of Functional Foods 2021;87:104780 doi:10.1016/j.jff.2021.104780.
- 54. Xing J., Yang B., Dong Y., Wang B., Wang J., Kallio H.P.: Effects of sea buckthorn (*Hippophae rhamnoides* L.) seed and pulp oils on experimental models of gastric ulcer in rats. Fitoterapia 2002;73(7-8):644-650 doi:10.1016/s0367-326x(02)00221-6.
- 55. Yang B., Kallio H.: Supercritical Co-extracted sea buckthorn (*Hippophae rhamnoides*) oils as new food ingredients for cardiovascular health. Proc Health Ingred 2002;17(19):7.
- 56. Yu E., Malik V.S., Hu F.B.: Cardiovascular Disease Prevention by Diet Modification: JACC Health Promotion Series. J Am Coll Cardiol 2018;72(8):914-926 doi:10.1016/j.jacc.2018.02.085.
- 57. Yusuf S., Joseph P., Rangarajan S., Islam S., Mente A., Hystad P., Brauer M., Kutty V.R., Gupta R., Wielgosz A. et al.: Modifiable risk factors, cardiovascular disease, and mortality in 155 722 individuals from 21 high-income, middle-income, and low-income countries (PURE): A prospective cohort study. Lancet 2020;395:795-808 doi:10.1016/s0140-6736(19)32008-2.
- 58. Zaha D., Vesa C., Uivarosan D., Bratu O., Fratila O., Mirela Tit D., Pantis C., Diaconu C., Bungau S.: Influence of inflammation and adipocyte biochemical markers on the components of metabolic syndrome. Exp Ther Med 2020;20:121-128 doi:10.3892/etm.2020.8663.
- Zeb A.: Chemical and nutritional constituents of sea buckthorn juice. Pak J Nutr 2004;3:99-106 doi:10.3923/ pjn.2004.99.106.

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