## Why different criteria between botanical food supplements and herbal medicinal products for health claims?



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### Summary

- I. A short analysis of the current situation
- II. Some important concepts and limits

III. What are differences between herbal drugs and botanical

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- IV. Are there some convergences?
- V. What questions to be solved?
- VI. Are there any solutions?





### 1. A short analysis of the current situation

- 1. The understandable attitude of EFSA
- The Traditional Herbal Medicinal Products Directive (THMPD)
- 3. Consequence: a locked situation





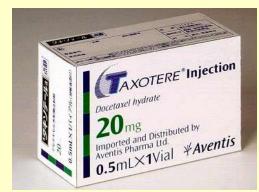
### 2. Some important concepts and limits

#### Plants that are not concerned:

- 1. Primary metabolites: proteins, lipids, polysaccharides
- 2. Secundary metabolites: extraction for ethical drugs or toxic constituents:

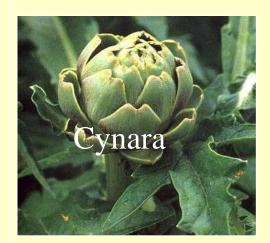
Belladonna (atropine), Catharanthus (vinblastine), Colchicum (colchicine), Digitalis (digoxine), Ephedra (ephedrine), Ipeca (emetine), Papaver (morphine, codeine)... Taxus baccata (taxol)



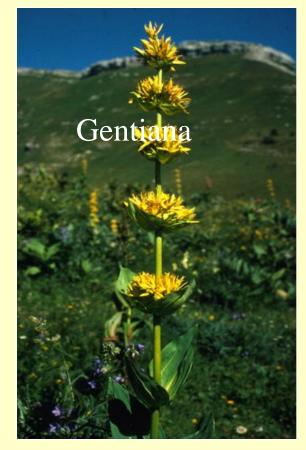


### 2. Some important concepts and limits

#### Plants of concerned: ambivalent or borderline botanicals











### 2. Some important concepts and limits: a proof of efficacy: history and modern science

XVI e century: clinical trial of aerial parts of spirea (Spirea ulmaria, Rosaceae) antipyretic

salicylic aldehyde glycoside



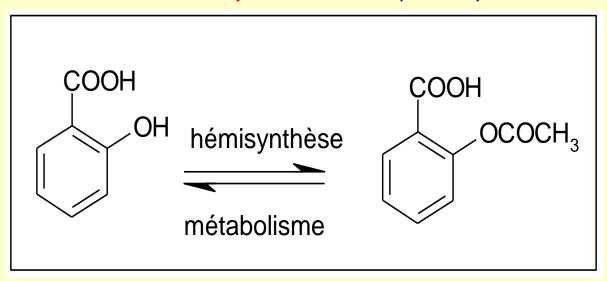


Hippocrates 500 b.c.

(Salix alba, Salicaceae), bark antalgic salicylic alcohol glycoside

# 2. Some important concepts and limits: a proof of efficacy: history and modern science

- Gerhardt : acetylation of salicylic acid (1853)
- Anti-inflammatory- antirheumatic (prostagladines) (1971)
- Platelets aggregation inhibition (1985)
- Colon cancer prevention (1997)





salicylic acid acetylsalicylic acid (aspirin)

### 2. Some important concepts and limits

- 1. Plants with active constituents: anthraquinone derivatives: laxative and purgative
- 2. Plants with defined chemical group of constituents: naphtoquinone derivatives anti depressant
- 3. Plants with an active « totum »: essential oil, more or less polar constituents

Senna



Hypericum



Valeriana



# 3. What are the differences between herbal drugs and botanical supplements?

#### 1. Definitions:

- Herbal drug: prevention and treatment of human disease—
  modify, restoring, correcting, modifying physiological functions pharmacological, immunological, metabolic activities therapeutical indication
- Botanical supplement: maintain of homeostasis state –
  well-being physiological impact health claim







# 3. What are the differences between herbal drugs and botanical supplements?

#### 2. For herbal drug:

EMA: two levels of labelling for therapeutical indications, marketing authorisation and plants with a therapeutical aim

- « traditional use » (history of use, traditional mode of preparation)
- « well-established use » (bibliography :pharmacoclinical data available)
- 3. For botanical food supplements:
- proof of efficacy with clinical trials on healthy subjects.
- No traditional claims delivered by EFSA

# 3. What are the differences between herbal drugs and botanical supplements?

➤ AFSSA: « Framework for the evaluation of the safety, the effect and the claim foodstuff, made from plants for the human diet » (02. 2003)





- Guidelines on the quality, safety and marketing of plantbased food supplements (06.2005)
- Populations possibly at risk (11. 2006)
- Homeostasis, a practical tool to distinguish between food supplements and medicines (11.2006)

# 4. What are the convergences between herbal drugs and botanical supplements?

## Some imperative criteria must be present as for traditional herbal drugs

- 1. Same plant species (The Plant list...)
- 2. Same part of plant
- 3. Same traditional uses
- 4. Same safety: history of use: 30 years minimum
- 5. Same type of traditional preparation
- 6. Same quality criteria
- 7. Same type of population

# 4. What are the convergences between herbal drugs and botanical supplements? The novel food





### 5. What questions have to be solved?

- 1. Herbal drug against disease and botanical supplement for homeostasis: why an incomprehensible and separate judgment for the same plant preparation?
- 2. An important european market and a problem for the future of manufacturers?
- 3. How to demonstrate the clinical efficacy on an healthy person? Which biological or physiological criteria?

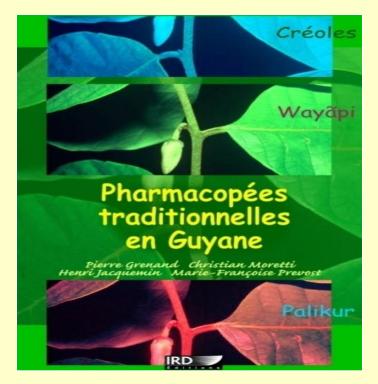
Which kind of clinical tests?

Which published specific guideline for plant extracts?

### 6. Any solutions for botanical supplements claims?

- Tradition: a key word in all the world
- An important ancestral, empirical observation on human or animal effect and now confirmed with new concrete scientific data





### 6. Any solutions for botanical supplements claims?

### Parameters to take into consideration about traditional information

- Long history of use (generally many centuries)
- Collection of all information on practical traditional use
- Existence of convergence of use in different continents without primitive contact





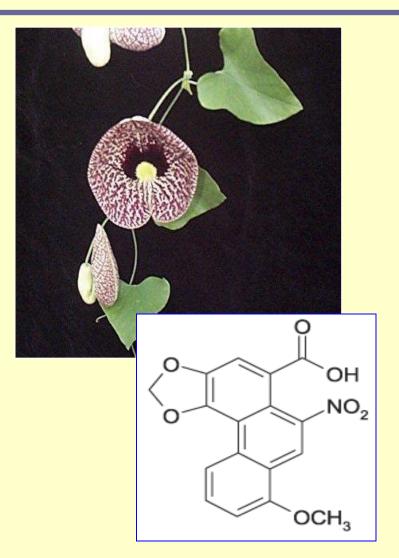
## 6.1.Summary of parameters to take into consideration on traditional information

#### Because of the large variability of plant constituents

- Rigourous botanical identification: scientific name
- Chemotaxonomic aspects
- Geographical origin and cultivation methods
- Part of the plant used
- Respect of the traditional type of preparation
- Identification of the type of population concerned
- Observation on eventual secondary effects
- Scientific confirmation with chemical profile in order to understand the pharmaco-clinical effects

### 6.2 Importance of the chemotaxonomy

- Aristolochiaceae: all species contain toxic aristolochic acid
- Other plant species from other botanical families also contain diverse aristolochic acids and aristolactames
- Forbidden: severe renal and hepatotoxicity (oral route)



Aristolochic acid

#### 6.4. Importance of the part of the traditional plant used

Type of organs: differenciation concerning the same species
 Example of Cinnamomum zeylanicum

Bark of young stems

cinnamic aldehyde



Leaves and young branches

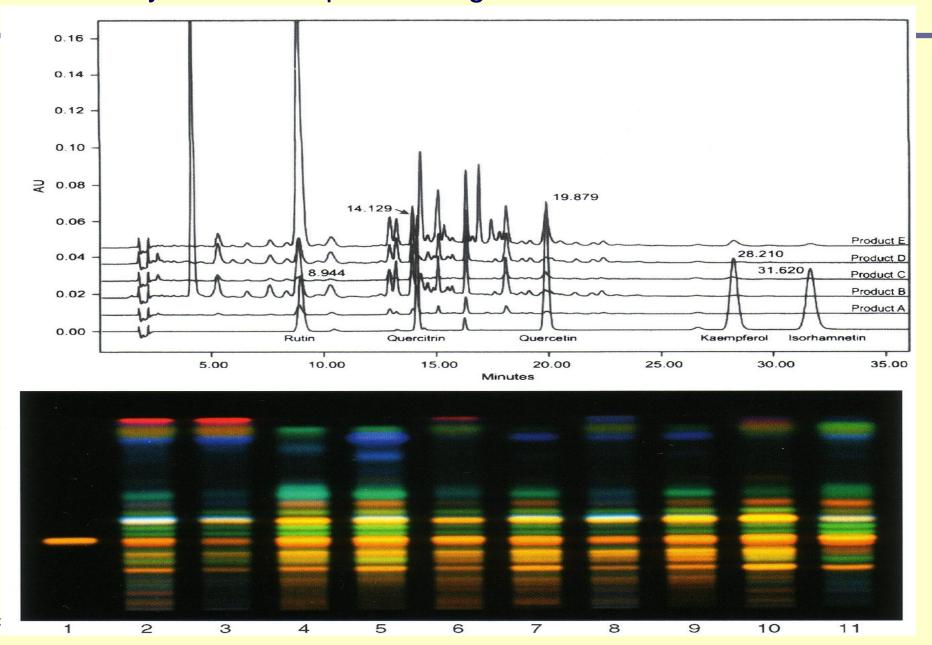
⇒ eugenol

### 6.5. Traditional botanical preparations

- Aqueous extraction (hot water): infusion, decoction (root, seed), maceration (cold water for mucilages)
- Dried aqueous forms
- Hydro-alcoholic extracts: advantages: extraction of both lipophilic and hydrophilic constituents; presence of glycosides more physiologically active



## 6.6.. Numerous qualitative and quantitative available analytical techniques: Ginkgo extract: HPLC-TLC...



#### 6.7. Monographs and reference standard texts

- European Pharmacopoeia
- French Pharmacopeia = Pharmacopée française
- German Pharmacopoeia = Deutsches Arzneibuch (DAB)
- English Pharmacopoeia = British Pharmacopoeia (BP)
- US Pharmacopoeia = United States Pharmacopoeia (USP)
- WHO monographs and guidelines
- ESCOP = European Scientific Cooperation in Phytotherapy
- EMA (EMEA): HMPWP (Herbal Medicinal Products Working Party)
- Other references: AFNOR (France), ISO, ICH....
- Data bank: COSING...

# 6.8. Positive contribution of the tradition for efficacy and safety

- 1° Most appropriate method of preparation and efficacy are confirmed by experience and scientific papers
   Camellia sinensis: solubility of caffeine only in hot water, not in cold
- 2° Identification and selection of the particular part of the plant for specific populations: mucilages of *Malva sylvestris* improve intestinal transit for children. Anthraquinones derivatives (*Cassia senna.*, *Rheum palmatum...*) are purgative for the same purpose in adults
- 3°Help to use botanical preparations in a safe way and eliminate potential risks: *Teucrium chamaedrys* (traditional aqueous infusion and toxic hepatitis powder)

# 6.8. Positive contribution of the tradition for efficacy and safety

 4° Identification and selection of particular part for elimination of toxic components

Borago officinalis: seed: source of fatty acids (linoleic and gamma-linolenic); all the other parts contain strong hepatotoxic pyrrolizidinic alkaloids

Manihot esculenta: root traditional preparation (rasping, drying...): removal of toxic volatile cyanogenic compounds.

### 6.9. Numerous available bibliographical data

- Ancient books can be consulted: Hippocrates, Galen, Paracelsus...some pharmacological and clinical effects are confirmed
- Chronological ethnobotanical sources of information and references overview are available
- Numerous data bases e.g. pharmaco-toxicological papers give a justification of the traditional use and exposure estimation
- Important body of documentation during the last 25 years (minimum) is available
- Few clinical trials: limitation because: coast no possible patent

### 6.10. Any solutions for botanical supplements claims?

- 1. EFSA Compendium: a guide for more safety
- BELFRIT Project (Belgium France Italy):
  a future list of safe and active plants
- 3. A possible transfert of traditional plants from EMA?
- 4. A necessary dialog to convince the choice of option 2
- 5. An urgent european regulation harmonization





### Additional data and recent bibliography

1.Traditional knowledge for the assessment of the health effects for botanicals.
 A framework for data collection:

R.Anton, L.Delmulle, M. Serafini

Eur. Food and Feed Law, 2,74-80 (2012)

2. The role of traditional knowledge in the safety of botanical food supplements. Requirements for manufacturers

R.Anton, M. Serafini, L.Delmulle

Eur. Food and Feed Law, 5, 241-250 (2012)

3. Projet Belfrit: Harmonizing the use of plants in food supplements in the European Union: Belgium, France and Italy. A first step.

Cousyn G., Dalfra S., Scarpa B., Geelen J., Anton R., Serafini M., Delmulle L.

Eur. Food and Feed Law, 3, 187-196 (2013)

4. The substantiation of claims for botanical food supplements in relation to traditional use.

R.Anton, M. Serafini, L.Delmulle

Eur. Food and Feed Law, 8,321-328, (2013)

