

Boreński Grzegorz, Wójcik Magdalena, Szabat Przemysław, Poleszak Julita, Szabat Marta, Milanowska Joanna. Wine health properties. Journal of Education, Health and Sport. 2019;9(5):199-208. eISSN 2391-8306. DOI http://dx.doi.org/10.5281/zenodo.2801098 http://ojs.ukw.edu.pl/index.php/johs/article/view/6908

The journal has had 7 points in Ministry of Science and Higher Education parametric evaluation. Part B item 1223 (26/01/2017). 1223 Journal of Education, Health and Sport eISSN 2391-8306 7

© The Authors 2019; This article is published with open access at Licensee Open Journal Systems of Kazimierz Wielki University in Bydgoszcz, Poland Open Access. This article is distributed under the terms of the Creative Commons Attribution Noncommercial License which permits any noncommercial use, distribution, and reproduction in any medium, provided the original author (s) and source are credited. This is an open access article licensed under the terms of the Creative Commons Attribution Non commercial License Share alike. (http://creativecommons.org/licenses/by-nc-sa/4.0/) which permits unrestricted, non commercial use, distribution and reproduction in any medium, provided the work is properly cited.

The authors declare that there is no conflict of interests regarding the publication of this paper.

Received: 28.04.2019. Revised: 28.04.2019. Accepted: 14.05.2019.

Wine health properties

Grzegorz Boreński^{1*}, Magdalena Wójcik¹, Przemysław Szabat¹, Julita Poleszak¹, Marta Szabat¹, Joanna Milanowska²

(1) Student Science Club at the Department of Applied Psychology, Medical University of Lublin

(2) Department of Applied Psychology, Medical University of Lublin * E-mail address: grzegorz.borenski@gmail.com **ORCID ID:** Grzegorz Boreński https://orcid.org/0000-0002-5359-7555 Magdalena Wójcik https://orcid.org/0000-0002-0999-6284 Julita Poleszak https://orcid.org/0000-0002-5166-6262 Marta Szabat https://orcid.org/0000-0001-6309-2027

Przemysław Szabat https://orcid.org/0000-0001-5796-1900 Joanna Milanowska https://orcid.org/0000-0001-9741-1583

Abstract

Introduction: Wine is worldwide known drink with a long history. It is popular in many cultures and diets. It is a component of Mediterranean diet, which is an example of healthy eating. Red wine seems to be an essential component of the diet, since moderate consumption of wine is associated with lower risk and mortality from cardiovascular disease.

The aim of the study: The purpose of this systemic review was to collect and analyse available data about health properties of wine.

Material and method: Standard criteria were used to review the literature data. The search of articles in the PubMed database was carried out using the following keywords: wine, alcohol, cardiovascular, polyphenols.

Description of the state of knowledge: Pro-health properties of alcohol depends mainly on the content of polyphenols. The most biologically active polyphenol is resveratrol. Light drinking of wine has multiple beneficial effects. It decreases level of total plasma cholesterol, low-density lipoprotein and increases high-density lipoprotein, lowers blood fibrinogen, thromboxane A, platelet stickiness, reducing insulin resistance, inhibits inflammation, improves endothelial function, fibrinolysis and increases plasma concentration of atrial natriuretic peptide. In addition it may have neuroprotective effect and beneficial effect on gut microbiota.

Summary: Moderate wine consumption can be beneficial for our health, may protect against cardiovascular disease, atherosclerosis, hypertension, certain types of cancer, type 2 diabetes, neurological disorders and metabolic syndrome. Nevertheless, any amount of alcohol consumed can lead to alcohol addiction and there is a very thin line between drinking small amounts and abuse. Furthermore, there are studies indicating that small amounts of alcohol can also have a negative impact on health. This subject still needs more studies and clinical trials.

Keywords: wine, polyphenols, alcohol

1. Introduction

Red wine is a worldwide known drink with a long history since it was popular even in ancient times [1]. Wine can be found in many cultures, but especially in Mediterranean diet [2]. Low to moderate red wine consumption can be beneficial for our health since it is associated with lower mortality from cardiovascular and cerebrovascular disease [3]. However, it is very important to emphasize that it only applies to light drinking. It is well known that alcohol can have many negative and serious health effects. Harmful use of alcohol is responsible for 5.9% of all deaths, and 5.1% of the global burden of disease [4]. Nevertheless, the French paradox exists and is associated with a daily glass of wine [5]. Red wine seems to have some positive effects, so the aim of this article is to discuss how it can influence our health.

2. Polyphenols

Red wine is known as a source of phenolics since it contains 10-fold more phenolic compounds than white wine [6]. For white wines the concentration of polyphenol content is around 50-400 mg/L, while for red wines it is 900-1400 mg/L. The differences in concentration appear due to differences in enological practices and regarding grape like variety, soil and climate. Red wine phenolics can be divided into two major groups: flavonoids (flavan-3-ols, the flavonols, and the anthocyanins) and non-flavonoids (hydroxycinnamates, hydroxybenzoates and the stilbenes) [7,8]. The benefits of red wine are studied since the discovery of the French paradox [9], which is low rates of coronary heart disease and low risk of cardiac mortality in the French populace despite of high intakes of dietary cholesterol and saturated fat [10]. These phenolics reduce low-density lipoprotein

(LDL) cholesterol oxidation and reduce platelet aggregation which contribute to lower risk of coronary diseases [11]. Both long-term abuse of alcohol and binge drinking are associated with atrial fibrillation. However, this relationship is not that certain with light and moderate drinking [9]. Studies show that light-to-moderate alcohol consumers have an increased survival compared to abstainers [11]. All the benefits are associated with flavonoids that are polyphenolic compounds. It is commonly known that high intake of fruits and vegetables is beneficial for our health [12,13].One of the reasons is high content of flavonoids in these foods [13].

Flavonols are a diverse family of monomeric (catechin, epicatechin), oligomeric and polymeric (proanthocyanidins, also called condensed tannins) chemical compounds. The astringency, bitterness, and structure of wines depend on catechin and epicatechin which can be found in skin and seeds of grape [6]. Anthocyanins are pigments found in plants, flowers and fruits [7]. Tannins may be divided into two groups: hydrolysable tannins and condensed tannins (also named catechin tannins or proanthocyanidins) [14]. Many studies show the beneficial effects on health of tannins mostly due to its antioxidant properties and, thus, could help in the prevention of inflammation disorders, cardiovascular diseases, or have protective effects to lower the risk of various cancers [14,15]. Another compound is resveratrol that is responsible for multiple biological effects. However, the way of action of resveratrol is not fully known yet [16]. The variety of molecular targets of resveratrol seems to be the key of its mechanism of action [16,17]. Studies showed that resveratrol has beneficial effect on cardiovascular system [18,19,20], cancer treatment [21,22], has antioxidant and immunomodulatory effects for some autoimmune diseases [23], anti-diabetic effects [24] and neuroprotective activity [25].

3. Wine and cardiovascular health

Drinking wine definitely has an impact on functioning of the cardiovascular system. Moderate wine intake reduces cardiovascular risk [26]. It decreases level of total plasma cholesterol, low-density lipoprotein (LDL) and increases high-density lipoprotein [11]. It also causes less LDL oxidation, which in vessel wall promotes atherosclerosis [27]. In addition to the positive effects on cholesterol, the wine has many other positive effects. It lowers blood fibrinogen, thromboxane A, platelet stickiness. This effects decrease clot formation in atherosclerotic blood vessels [27]. It lowers the risk of type 2 diabetes mellitus, probably by reducing insulin resistance, inhibits inflammation, improves endothelial function, fibrinolysis and increases plasma concentration of atrial natriuretic peptide [28,29,30]. Wine contains resveratrol(3,5,4'-trihydroxy-trans-stilbene) – one of the most biologically active polyphenols [26].It lowers production of reactive oxygen species (ROS), because it inhibits NADPHoxidase by down-regulating its expression and activity [31]. ROS cause oxidative stress and contribute do development of cardiovascular disease, such as ischemic heart disease, hypertension, cardiac hypertrophy, atherosclerosisand congestive heart failure [26]. Literature reports that resveratrol may have anti-arrhythmic effects and may act as inhibitor of both intracellular calcium release and pathological signaling cascades in atrial fibrillation [9]. There are several preclinical studies on animal models that show protective effect of resveratrol on cardiovascular disease, such as hypertension, hypercholesterolemia, ischaemic heart disease, diabetes and atherosclerosis [32,33,34,35,36]. Moderate wine drinking may decrease psychological stress, which is a possible coronary artery disease risk factor. All of these effects are related to "light" drinking, which is defining as less than 3 standard drinks per day, heavy drinking(\geq 3 standard drinks per day)can be catastrophic in terms of cardiovascular health [27]. On the other hand alcohol abuse has undoubtedly negative effects including alcohol dependence syndrome, liver cirrhosis, alcoholic cardiomyopathy, systemic hypertension, hemorrhagic stroke, heart rhythm disturbances, encephalopathies, polyneuropathy, dementia [27,37].

The epidemiological data indicate that light drinking has a beneficial effect on health [4]. One meta-analysis shows that drinking wine has a protective effect against cardiovascular risk and reduces total mortality, which is probably associated with the presence of high concentrations of polyphenols in wine. We do not observe this effects in drinking spirits, due to the lowest polyphenolic concentration [26,38]. Two studies show that low and moderate wine drinking, decrease mortality of coronary artery disease [39,40]. Nevertheless, one study of 32 826 women enrolled in the Nurses Health Study followed up from 1990 to 1998 and 18 225 men enrolled in the Health Professionals Follow-Up Study followed up from 1994 to 2000 and second prospective study among 85,709 women, 34 to 59 years of age show no differences in health benefits between moderate drinking of any types of drink [41,42].

4. Wine and cancer prevention

Ethanol is classified by International Agency for Research on Cancer (IARC) as carcinogenic to humans. Its carcinogenic effect depends on the amount of alcohol consumed and increases with increasing consumption of ethanol. Epidemiological data are hard to analyze due to the presence of other risk factors for cancer such as smoking, diet, family history or hormone-replacement therapy [11]. Available data is still inconclusive in terms of low alcohol intake and reduced risk of cancer. There is evidence that wince consumption decreases the risk of cancer of upper digestive tract, lung, colon, basal cell carcinoma, non-Hodgkin lymphoma and prostate [43,44]. The protective effect of moderate wine consumption on cancer may be mainly attributed to polyphenols [43]. As with cardiovascular disease, resveratrol seems to have the greatest importance. Studies show that "light" drinking of wine may reduce the risk of developing lung cancer [45]. A study on female with non-Hodgkin's lymphoma showed that moderate wine intake increased 5-year survival to 75% from 69% in abstainers [46]. However, excessive alcohol consumption increases the risk of death of people with non-Hodgkin lymphoma compared to abstainers [47]. Drinking about 1 glass of wine per day decreases the risk of developing Barrett's esophagus, compared to heavy-drinkers and abstainers [48]. There are several mechanisms in which resveratrol inhibits promotion and progression of the cancer process. This mechanisms are inhibition of cytochrome P450 enzymes, antioxidant, anti-inflammatory activities, and effects on cell cycle, cellproliferation and apoptosis [43]. Anti-tumor initiation activity of resveratrol is based on its antioxidant properties. Oxidative stress plays a dominant part in the causation of carcinogenesis [21]. Studies conducted in vitro have discovered that resveratrol exerts an antiproliferative activity by inducing apoptosis [49]. It also modulates signal transduction, immune response, transcription factors, growth factors, cytokines, caspases, interleukins, prostaglandin synthesis and cell cycle-regulating proteins [11]. Experimental studies show its anticarcinogenic properties [50]. It should be remembered that moderate drinking of alcohol has many disadvantages. There are reports that even light or moderate alcohol consumption can contribute to development of breast cancer, which is caused by increased levels of estrogen and the production of reactive oxygen species during alcohol metabolism [51,52]. Another study also shows that alcohol consumption increases the risk of breast cancer in postmenopausal women [53].

5. Wine and diabetes mellitus type 2

Type 2-diabetes mellitus is affected mainly by lifestyle. The aim of therapy for diabetes is to keep the blood glucose level at optimum level. One of the therapeutic goals is inhibition of α -glucosidase [7]. Several studies show that red wine contains compounds that show strong inhibitory effect on α -glucosidase and α -amylase. α -glucosidase catalyzes the disaccharides distribution and α -amylase breaks down long-chain carbohydrates [54]. These effects may contribute to better control of postprandial glycemia. Wine flavonoids also inhibit glucose absorption in the intestine by sodium-dependent glucose transporter 1 (SGLT1). It stimulates insulin secretion and reduces hepatic glucose output [7].Flavonoids can also activate AMP-

activated protein kinase (AMPK). AMPK activation modulates glucose and fatty acid metabolism, mitochondrial function, endoplasmic reticulum stress, autophagy, and apoptosis. In study on type 2 diabetic mice the AMPK activation was often accompanied by the upregulation of glucose transporter 4 (GLUT4) in skeletal muscle and the down-regulation of gluconeogenesis in the liver. This mechanism improves insulin sensitivity in the skeletal muscle and liver [55,56].

6. Neuroprotection

Neurodegenerative diseases, like Alzheimer's disease or Parkinson's disease, are mostly age-dependent disorders [57]. It is believed that onset of those diseases and subsequently neuronal death appears before first symptoms can be noticed. That means we do not know when was the beginning of the disease nor how late the treatment started. Moreover, there is not enough information about how to prevent neurodegenerative diseases [58]. A study of Parkinson's disease showed that intake of dietary antioxidants was associated with a lower risk of Parkinson's disease [59]. A concept of wine-related compounds having neuroprotective and neurorescue effects starts to be accepted. Not only because of antioxidant activities of those compounds, but also via suppressing neuroinflammation, modulating signalling pathways, decreasing mitochondrial dysfunction and anti-aggregating properties [60]. Resveratrol shows antioxidant and anti-inflammatory effects, but the problematic issue is poor absorption of resveratrol [61]. Another study also indicates resveratrol as a potential substance in Alzheimer's disease treatment due to its multiple mechanisms in neuroprotection [62]. Wine polyphenols seems to be potentially neuroprotective agents, however, more clinical trials on this subject are needed [63].

7. Microbiota

Microbiota is as name for microorganisms that can be found on a given habitat. Large intestine is a place where bacterial density reach 10^{11} - 10^{12} bacteria per gram [64]. The composition of gut microbiota is changing throughout life especially during development and diet is one of the influencing factors [65]. The bioavailability of polyphenols is very low, so the vast majority of them persist into the colon [66,67]. Polyphenols may be considered as a potential substance in preventing or treating inflammatory gut disorders due to their antioxidant properties [68]. Polyphenols after intestinal transformations, firstly because of digestive enzymes and then due to the action of microbiota, may show strong antiviral, antibacterial, and antiparasitic activities [69]. However, these effects are not the only benefits of polyphenols, since there is a new concept of polyphenols as potential prebiotic candidates [66]. The meaning of the word 'probiotic' is 'for live' in greek, but another, more specific definition is that it is "a nondigestible food ingredient that beneficially affects the host by selectively stimulating the growth and/or activity of one or a limited number of bacteria in the colon" [70]. Studies showed that two of the wine phenolic compounds are able to promote the growth of beneficial bacteria and the inhibition of pathogenic bacteria [71]. One of the studies which was a randomized, crossover, and controlled trial compared changes in micobiota of the participants who were asked to drink red wine, de-alcoholised red wine and gin for a specific period of time. Study showed significant changes in the fecal microbiota of all the participants depending on the kind of beverage consumed [72]. An increase of Bacteroides and Clostridium frequencies and a disappearance of Prevotellaceae were noticed after the period of ethanol (gin) consumption. The other thing is that the diversity of the fecal microbiota was higher after the red wine period. Phenolic compounds of red wine caused increase in the concentration of Firmicutes and Bacteroidetes, Enterococcus, Prevotella, Bifidobacterium, Bacteroidesuniformis, Eggerthellalenta, and Blautiacoccoides-Eubacterium rectal. At the same time, there were no significant changes in Lactobacillus species concentration. These results showed that small ethanol doses plus polyphenol intake for a short time can modulate the composition of gut microbiota [72]. Another study

indicating that flavanols are able to influence the growth of specific large-intestinal bacteria showed this ability of monomers catechin and epicatechin. Both of them, but in particular catechin is responsible of the growth of C. coccoides–Eubacterium recital, which is a group of bacteria linked to the positive effects at the cellular and systemic level. Moreover, an increase of bifidobacteria was also noticed after catechin exposure, and this bacterial group present an ability to inhibit the growth of pathogenic micro-organisms [73]. It has been suggested the consumption of red wine increased the diversity of microbiota [74].

8. Summary

All the protective effects on cardiovascular system, cancer prevention, type 2-diabetes mellitus, neuroprotection and microbiota composition that seem to come from red wine consumption are associated with the phenols contained in it. That means that moderate wine consumption that is a part of Mediterranean diet can be beneficial for our health. Nevertheless, any amount of alcohol consumed can lead to alcohol addiction and there is a very thin line between drinking small amounts and abuse. Furthermore, there are studies indicating that small amounts of alcohol can also have a negative impact on health. This subject still needs more studies and clinical trials.

References

- 1. Snopek L, Mlcek J, Sochorova L, Baron M, Hlavacova I, Jurikova T, et al. Contribution of Red Wine Consumption to Human Health Protection. Molecules. 201823(7):1684.
- 2. Amor S, Châlons P, Aires V, Delmas D. Polyphenol Extracts from Red Wine and Grapevine: Potential Effects on Cancers. Diseases. 20186(4):106.
- 3. Grønbaek M, Deis A, Sørensen TI, Becker U, Schnohr P, Jensen G. (1995). Mortality associated with moderate intakes of wine, beer, or spirits. BMJ. 1995310(6988):1165–1169.
- 4. Sureda X, Carreño V, Espelt A, Villalbí JR, Pearce J, Franco M. Alcohol in the city: wherever and whenever. Gaceta sanitaria. 201832:172-175.
- 5. Chawla R. Regular drinking might explain the French paradox. BMJ. 2004329(7478):1308.
- 6. Markoski MM, Garavaglia J, Oliveira A, Olivaes J, Marcadenti A. Molecular Properties of Red Wine Compounds and Cardiometabolic Benefits. Nutrition and metabolic insights. 20169:51–57.
- 7. Fernandes I, Pérez-Gregorio R, Soares S, Mateus N, de Freitas V. Wine Flavonoids in Health and Disease Prevention. Molecules. 201722(2):292.
- 8. Waterhouse AL. Wine phenolics. Annals of the New York Academy of Sciences. 2002957(1):21-36.
- 9. Stephan LS, Almeida ED, Markoski MM, Garavaglia J, Marcadenti A. Red Wine, Resveratrol and Atrial Fibrillation. Nutrients. 20179(11):1190.
- 10. Davies J, Cillard J, Friguet B, Cadenas E, Cadet J, Cayce R, et al. The Oxygen Paradox, the French Paradox, and age-related diseases. GeroScience. 2017 39(5-6):499–550.
- 11. Arranz S, Chiva-Blanch G, Valderas-Martínez P, Medina-Remón A, Lamuela-Raventós RM, Estruch R. Wine, beer, alcohol and polyphenols on cardiovascular disease and cancer. Nutrients. 20124(7):759–781.
- 12. Woo HD, Kim J. Dietary flavonoid intake and smoking-related cancer risk: a metaanalysis. PloS one. 2013 8(9):e75604.
- 13. Woo HD, Kim J. Dietary flavonoid intake and risk of stomach and colorectal cancer. World journal of gastroenterology. 201319(7):1011–1019.

- 14. Smeriglio A, Barreca D, Bellocco E, Trombetta D. (2016). Proanthocyanidins and hydrolysable tannins: occurrence, dietary intake and pharmacological effects. British journal of pharmacology. 2016174(11):1244–1262.
- 15. Skrovankova S, Sumczynski D, Mlcek J, Jurikova T, Sochor J. Bioactive Compounds and Antioxidant Activity in Different Types of Berries. International journal of molecular sciences. 201516(10):24673–24706.
- 16. Stanevičienė I, Mongirdienė A, Bernatonienė J. Multiplicity of effects and health benefits of resveratrol. Medicina. 201652(3):148-155.
- 17. Kulkarni SS, Cantó C. The molecular targets of resveratrol. Biochimica et BiophysicaActa (BBA)-Molecular Basis of Disease. 20151852(6):1114-1123.
- 18. Bonnefont-Rousselot D. Resveratrol and Cardiovascular Diseases. Nutrients. 20168(5):250.
- 19. Riba A, Deres L, Sumegi B, Toth K, Szabados, E, Halmosi R. Cardioprotective Effect of Resveratrol in a Postinfarction Heart Failure Model. Oxidative medicine and cellular longevity.20172017:6819281.
- 20. Agarwal B, Campen MJ, Channell MM, Wherry SJ, Varamini B, Davis JG, et al. Resveratrol for primary prevention of atherosclerosis: clinical trial evidence for improved gene expression in vascular endothelium. International journal of cardiology. 2012166(1):246–248.
- 21. Ko JH, Sethi G, Um JY, Shanmugam MK, Arfuso F, Kumar AP, et al. The Role of Resveratrol in Cancer Therapy. International journal of molecular sciences. 201718(12):2589.
- 22. Yousef M, Vlachogiannis IA, Tsiani E. Effects of Resveratrol against Lung Cancer: In Vitro and In Vivo Studies. Nutrients. 20179(11):1231.
- Oliveira A, Monteiro V, Navegantes-Lima KC, Reis JF, Gomes RS, Rodrigues D, et al. Resveratrol Role in Autoimmune Disease-A Mini-Review. Nutrients. 2017 9(12):1306.
- 24. Szkudelski T, Szkudelska K. Resveratrol and diabetes: from animal to human studies. Biochimica et BiophysicaActa (BBA)-Molecular Basis of Disease. 20151852(6):1145-1154.
- 25. Sun AY, Wang Q, Simonyi A, Sun GY. Resveratrol as a therapeutic agent for neurodegenerative diseases. Molecular neurobiology. 201041(2-3):375–383.
- 26. Gresele P, Cerletti C, Guglielmini G, Pignatelli P, de Gaetano G, Violi F. Effects of resveratrol and other wine polyphenols on vascular function: An update. J. Nutr. Biochem. 2011 22:201–211.
- 27. Klatsky AL. Alcohol and cardiovascular health. Physiol. Behav. 2010 100:76–81.
- 28. Djoussé L, Gaziano JM. Alcohol consumption and heart failure: a systematic review. Current atherosclerosis reports. 200810(2):117–120.
- 29. Torres Duarte AP, Dong QS, Young J, Abi-Younes S, Myers AK. Inhibition of platelet aggregation in whole blood by alcohol. Thromb Res. 1995 78:107–115.
- 30. Imhof A, Woodward M, Doering A, Helbecque N, Loewel H, Amouyel P, et al. Overall alcohol intake, beer, wine, and systemic markers of inflammation in western Europe: results from three MONICA samples (Augsburg, Glasgow, Lille).Eur Heart J. 2004 25:2092–2100.
- 31. Xia N, Daiber A, Förstermann U, Li H. Antioxidant effects of resveratrol in the cardiovascular system. British journal of pharmacology. 2016174(12):1633–1646.
- Mizutani K, Ikeda K, Kawai Y, Yamori Y. Resveratrol attenuates ovariectomyinduced hypertension and bone loss in stroke-prone spontaneously hypertensive rats. J NutrSciVitaminol. 2000 46(2):78-83.

- 33. Juhasz B, Das DK, Kertesz A, Juhasz A, Gesztelyi R, Varga B. Reduction of blood cholesterol and ischemic injury in the hypercholesteromic rabbits with modified resveratrol, longevinex. [corrected]. Mol Cell Biochem. 2011 348(1-2):199-203.
- 34. Wang Z, Zou J, Cao K, Hsieh TC, Huang Y, Wu JM., Dealcoholized red wine containing known amounts of resveratrol suppresses atherosclerosis in hypercholesterolemic rabbits without affecting plasma lipid levels. Int J Mol Med. 2005 16(4):533-40.
- 35. Andreadou I, Iliodromitis EK, Rassaf T, Schulz R, Papapetropoulos A, Ferdinandy. The role of gasotransmitters NO, H2S and CO in myocardial ischaemia/reperfusion injury and cardioprotection by preconditioning, postconditioning and remote conditioning. British journal of pharmacology. 2014172(6):1587–1606.
- 36. Su HC, Hung LM, Chen JK, Resveratrol, a red wine antioxidant, possesses an insulinlike effect in streptozotocin-induced diabetic rats. Am J PhysiolEndocrinolMetab. 2006 290(6):E1339-46.
- 37. Ronksley PE, Brien SE, Turner BJ, Mukamal KJ, Ghali WA. Association of alcohol consumption with selected cardiovascular disease outcomes: a systematic review and meta-analysis. BMJ. 2011 342:d671.
- Costanzo S, Di Castelnuovo A, Donati MB, Iacoviello L, de Gaetano G. Wine, beer or spirit drinking in relation to fatal and non-fatal cardiovascular events: A meta-analysis. Eur. J. Epidemiol. 2011 26:833–850.
- 39. Di Castelnuovo A, Rotondo S, Iacoviello L, Donati MB, De Gaetano G., Metaanalysis of wine and beer consumption in relation to vascular risk.Circulation. 2002 105(24):2836-44.
- 40. Renaud SC, Guéguen R, Siest G, Salamon R. Wine, beer, and mortality in middleaged men from eastern France. Arch Intern Med. 1999 159(16):1865-70.
- 41. Fuchs CS, Stampfer MJ, Colditz GA, Giovannucci EL, Manson JE, Kawachi I, et al. Alcohol consumption and mortality among women.N Engl J Med. 1995 332(19):1245-50.
- 42. Mukamal KJ, Jensen MK, Grønbaek M, Stampfer MJ, Manson JE, Pischon T, et al. Drinking frequency, mediating biomarkers, and risk of myocardial infarction in women and men. Circulation. 2005 112(10):1406-13.
- 43. Bianchini F, Vainio H. Wine and resveratrol: Mechanisms of cancer prevention?.Eur. J. Cancer Prev. 2003 12:417–425.
- 44. Schoonen WM, Salinas CA, Kiemeney LA, Stanford JL. Alcohol consumption and risk of prostate cancer in middle-aged men. Int. J. Cancer. 2005 113:133–140.
- 45. Chao C. Associations between beer, wine, and liquor consumption and lung cancer risk: A meta-analysis. Cancer Epidemiol. Biomarkers Prev. 2007 16:2436–2447.
- 46. Han X, Zheng T, Foss FM, Ma S, Holford TR, Boyle P, et al. Alcohol consumption and non-Hodgkin lymphoma survival. Journal of cancer survivorship : research and practice. 20094(2):101–109.
- 47. Battaglioli T, Gorini G, Costantini AS, Crosignani P, Miligi L, Nanni O, et al. Cigarette smoking and alcohol consumption as determinants of survival in non-Hodgkin's lymphoma: a population-based study. Ann Oncol. 2006 17:1283–1289.
- 48. Anderson LA, Cantwell MM, Watson RG, Johnston BT, Murphy SJ, Ferguson HR, et al. The association between alcohol and reflux esophagitis, barrett's esophagus, and esophageal adenocarcinoma. Gastroenterology. 2009 136:799–805.
- 49. Benitez DA, Pozo-Guisado E, Alvarez-Barrientos A, Fernandez-Salguero PM, Castellon EA. Mechanisms involved in resveratrol-induced apoptosis and cell cycle arrest in prostate cancer-derived cell lines. J. Androl. 2007 28:282–293.

- 50. Zamora-Ros R, Urpi-Sarda M, Lamuela-Raventos RM, Estruch R, Vazquez-Agell M, Serrano-Martinez M, et al. Diagnostic performance of urinary resveratrol metabolites as a biomarker of moderate wine consumption. Clin. Chem. 2006 52:1373–1380.
- Allen NE, Beral V, Casabonne D, Kan SW, Reeves GK, Brown A, et al. Million Women Study Collaborators. Moderate alcohol intake and cancer incidence in women. J. Natl. Cancer Inst. 2009 101:296–305.
- 52. Seitz HK, Pelucchi C, Bagnardi V, La Vecchia C. Epidemiology and pathophysiology of alcohol and breast cancer: Update 2012. Alcohol Alcohol. 2012 47:204–212.
- 53. McCarty CA, Reding DJ, Commins J, Williams C, Yeager M, Burmester JK, et al. Alcohol, genetics and risk of breast cancer in the Prostate, Lung, Colorectal and Ovarian (PLCO) cancer screening trial. Breast Cancer Res. Treat. 2012 133:785–792.
- 54. Xia X, Sun B, Li W, Zhang X, Zhao Y. Anti-diabetic activity phenolic constituents from red wine against α -glucosidase and α -amylase. J. Food Process. Preserv. 2016 41(3):e12942.
- 55. Qi D, Young LH. AMPK: energy sensor and survival mechanism in the ischemic heart. Trends in endocrinology and metabolism: TEM.201526(8):422–429.
- 56. Kurimoto Y,Shibayama Y, Inoue S, Soga M, Takikawa M, Ito C, et al. Black soybean seed coat extract ameliorates hyperglycemia and insulin sensitivity via the activation of amp-activated protein kinase in diabetic mice. J. Agric. Food. Chem. 2013 61:5558–5564.
- 57. Gitler AD, Dhillon P, Shorter J. Neurodegenerative disease: models, mechanisms, and a new hope. Disease models & mechanisms. 201710(5):499–502.
- 58. Silva R, Pogačnik L. Food, polyphenols and neuroprotection. Neural regeneration research. 201712(4):582–583.
- 59. Yang F, Wolk A, Håkansson N, Pedersen NL, Wirdefeldt K. Dietary antioxidants and risk of Parkinson's disease in two population-based cohorts. Movement disorders : official journal of the Movement Disorder Society. 201732(11):1631–1636.
- 60. Caruana M, Cauchi R, Vassallo N. Putative Role of Red Wine Polyphenols against Brain Pathology in Alzheimer's and Parkinson's Disease. Frontiers in nutrition. 20163:31.
- 61. Bastianetto S, Ménard C, Quirion R. Neuroprotective action of resveratrol. Biochimica et BiophysicaActa (BBA)-Molecular Basis of Disease. 20151852(6):1195-1201.
- 62. Ma T, Tan MS, Yu JT, Tan L. Resveratrol as a therapeutic agent for Alzheimer's disease. BioMed research international.20142014:350516.
- 63. Basli A, Soulet S, Chaher N, Mérillon JM, Chibane M, Monti JP, et al. Wine polyphenols: potential agents in neuroprotection. Oxidative medicine and cellular longevity. 20122012:805762.
- 64. O'Hara AM, Shanahan F. The gut flora as a forgotten organ. EMBO reports. 20067(7):688–693.
- 65. Cresci GA, Bawden E. Gut Microbiome: What We Do and Don't Know. Nutrition in clinical practice : official publication of the American Society for Parenteral and Enteral Nutrition. 2015 30(6):734–746.
- 66. Etxeberria U, Fernández-Quintela A, Milagro FI, Aguirre L, Martínez JA, Portillo MP. Impact of polyphenols and polyphenol-rich dietary sources on gut microbiota composition. Journal of agricultural and food chemistry. 201361(40):9517-9533.
- 67. Cueva C, Gil-Sánchez I, Ayuda-Durán B, González-Manzano S, González-Paramás AM, Santos-Buelga C, et al. An Integrated View of the Effects of Wine Polyphenols and Their Relevant Metabolites on Gut and Host Health. Molecules. 2017 22(1):99.
- 68. Duda-Chodak A. The inhibitory effect of polyphenols on human gut microbiota. J PhysiolPharmacol. 201263(5):497-503.

- 69. Marín L, Miguélez EM, Villar CJ, Lombó F. Bioavailability of dietary polyphenols and gut microbiota metabolism: antimicrobial properties. BioMed research international. 20152015:905215.
- 70. Gibson GR, Fuller R. Aspects of in vitro and in vivo research approaches directed toward identifying probiotics and prebiotics for human use. The Journal of nutrition. 2000 130(2):391S-395S.
- 71. Dueñas M, Cueva C, Muñoz-González I, Jiménez-Girón A, Sánchez-Patán F, Santos-Buelga C, et al. Studies on Modulation of Gut Microbiota by Wine Polyphenols: From Isolated Cultures to Omic Approaches. Antioxidants. 2015 4(1):1–21.
- 72. Queipo-Ortuño MI, Boto-Ordóñez M, Murri M, Gomez-Zumaquero JM, Clemente-Postigo M, Estruch R, et al. Influence of red wine polyphenols and ethanol on the gut microbiota ecology and biochemical biomarkers. The American journal of clinical nutrition. 2012 95(6):1323-1334.
- 73. Tzounis X, Vulevic J, Kuhnle GG, George T, Leonczak J, Gibson GR, et al. Flavanol monomer-induced changes to the human faecal microflora. British Journal of Nutrition.2008 99(4):782-792.
- 74. Barroso E, Muñoz-González I, Jiménez E, Bartolome B, Moreno-Arribas MV, Pelaez C, et al. Phylogenetic profile of gut microbiota in healthy adults after moderate intake of red wine. Molecular nutrition & food research. 201761(3):1600620.