



Medicinal Food Plants and its Curative Capability of Disorders

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DESCRIPTION

The scholarly literature on the utilisation of food plants for a variety of health advantages and prospective therapeutic applications has recently exploded in the pharmaceutical and nutritional sciences. In the fight against diseases, health professionals are gradually recognising that a synergy of pharmacological therapy and nutrition may provide the best results. Due to the existence of pharmacologically active chemicals, the preventive advantages of food plants are being researched for potential use as innovative therapeutic therapies. Despite the fact that scientific data is becoming more widely available, there is still a scarcity of up-to-date data compilations, and questions about the rationale of these health foods linger in the literature. Food plants were chosen based on the fact that they are commonly consumed as a common food in a typical diet as a fruit or vegetable for their nutritional content, but also have other portions that are commonly used in traditional medicine.

Medicinal foods are the earliest kind of therapy known to humans, and numerous nations' traditional pharmacopoeias have documented this practise. Various countries have diverse endemic flora and a diverse biodiversity environment that is yet an untapped source of prototype molecules and pharmacophores for the pharmaceutical business. The widespread use of medicinal food plants to treat and/or manage a wide range of health problems, including acute colds and flu, stress, and pain, as well as more severe chronic illnesses, has given rise to the term "phytotherapy." The patient community typically views medical foods as safe because they have been used by populations in diverse countries for generations, and some are still widely consumed today.

With this mindset, the global market for functional foods and phyto pharmaceuticals-pharmaceuticals made from traditional components obtained from plants rather than chemicals-has been steadily growing. Indeed, the emergence of this new market segment known as "Health and Wellness" has provided potential benefits to consumers' diets as well as new business opportunities for producers, to the point where it is now known as the fastest growing food sector, with a compound annual growth rate of 9.2% from 2000 to 2010 and a global value of US\$ 538 billion in 2008. Even though various factors have been attributed to the success of the functional food market and trade, such as research-oriented collaborative networks or the onset of "industrial marriage," which is the joint efforts of pharmaceutical and food manufacturers in sharing resources and skills for functional food product development, consumer acceptance has remained the decisive factor in positive market response. The problem is that consumers want to eat healthily, with reduced calories and nutritional value, without sacrificing the delight and pleasure of consuming food with altered texture and quality. As a result, it appears that collaboration among food researchers, food technologists, nutritionists, and food designers may be critical in the development of functional food products, particularly in terms of maintaining the bioavailability and functioning of additional active ingredients.

The physiological or behavioural connections between medical foods and medications, as well as their pharmacokinetics and pharmacodynamics, are still being studied. Many of the food plants discussed here have medical characteristics that are very promising, but other considerations should be made, such as probable food-drug interactions. Studies have revealed a probable interaction between pomegranate juice and warfarin, for example. Pomegranate juice has been demonstrated to inhibit cytochrome P450 enzymes that are involved in the metabolism of warfarin. The likelihood of biotransformation occurring in the patient's gastrointestinal system or through hepatic metabolism should not be discounted. This is a significant factor to consider when evaluating the therapeutic benefits of purified substances. This is due to the fact that the active ingredient may not be present in the therapeutic meal at all, but is only created after absorption and metabolic change.

CONCLUSION

Medicinal foods have long been ingrained in diverse populations' cultural and dietary patterns. Ethnopharmacological surveys are typically performed to describe the applications, dosages, sources, and methods of preparation of traditional food plant medicines. Nonetheless, their use in assessing the adverse effects, authenticity, quality, contraindications, and other aspects of these preparations' safety is restricted, and therefore should not be overlooked. The problems of adopting these medicinal foods into one's diet, as well as the possibilities for future drug development should be considered in the future.