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Editorial

Allowing to Indicate the Diseases When Labelling the Reduction of Disease Risk of Health Functional Foods Helps to Promote the Consumers' Health

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In Korea, "labelling (claiming) the functions" of the health functional foods (HFFs) is strictly controlled by the "HFF Act" (enacted in 2004). The functions that can be labelled should belong to one of the three categories including: "reduction of disease risk," "nutrient function," and "improving or enhancing physiological functions." The purpose of implementing this system is to protect the consumers by preventing the overuse or abuse of HFFs.

However, problems are arising particularly from the category of "reduction of disease risk." There seems to be two causes for the problems. One is ascribed to strictness and limitedness in labeling the diseases for risk reduction. At present, only two diseases are permitted to be labelled by HFF for risk reduction, that are "osteoporosis" by calcium/vitamin D and "dental caries" by xylitol. The other cause lies in being compelled to label an ambiguous expression to suggest a wide range of functionality like "being able to help improving the function of the organs or systems of the body." For examples, instead of addressing the diseases, the labelling should be like "help to improve 'liver health,' 'blood pressure,' or 'blood cholesterol level' so on."

HFFs are recommended for the healthy and semi-healthy persons, not for the patients since they are not the drugs for treatment of diseases. But the functions of HFFs are approved through the assessment on the abnormal states or mild diseases such as fatty liver, mild hepatitis and borderline hypertension employing semi-healthy persons or mild patients. Based upon the results obtained from such clinical studies, the Ministry of Foods and Drug Safety (MFDS) approved the tested foods as "HFFs with individually recognized functions." However, such HFFs cannot be labelled by the name of "the diseases" that were assessed to target and instead, are compelled to be labelled as "able to help improving health of the organs related to the diseases." Thus, the different HFFs must use one common labelling even though they were assessed for different diseases, respectively.

For example, if HFF1 and HFF2 are approved for their functions on fatty liver and hepatitis, respectively, the two should be labelled as the same claim commonly, that is "help improving the liver health." According to such labelling, the patients suffering from fatty liver may use the HFF2 and hepatitis patients may use HFF1. This is the case of misuse. Further, if the two patients are real patients, they should not use HFFs and instead, use drugs prescribed by doctors. Thus, this can be the case of misuse or even abuse. Another example is lutein

which is permitted to label its function like "can help improving eye health by maintaining the density of macular pigments." Lutein is not a drug but a HFF and thus, should be used by healthy or semi-healthy person but not patients. This labeling also leads macular degeneration patients to use it and thus, even to miss an opportunity for treatment and the persons with myopia or farsightedness unrelated to the macular dysfunction to use it. This is another case of misuse or abuse.

Thus far, we reviewed the possibility of misuse or abuse of HFFs caused by the present system of labeling the function of HFFs, which is so "restrictive" in indicating the disease in labeling and instead compelling to use "ambiguous expression" in describing the function. The most important point is to protect the consumers by preventing misuse or abuse of HFFs. For such healthy consumerism, it is necessary to use more specific labeling by allowing manufacturers to indicate the disease targeted by the HFF. Of course, it cannot be overemphasized that such a specific labeling should be based upon sufficient and strong clinical data.

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