

# Dietary naringenin increases hepatic peroxisome proliferators-activated receptor $\alpha$ protein expression and decreases plasma triglyceride and adiposity in rats

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## Abstract

**Background** Naringenin, a flavonoid present in grapefruit, has recently been shown to exert hypolipidemic and hypocholesterolemic effects, which has a particular importance for protecting against chronic diseases. However, the lipid-lowering potential of naringenin at the concentrations in the dietary range and its underlying mechanisms have yet to be fully elucidated.

**Aim** The aim of the present study was (1) to investigate the effects of dietary naringenin on plasma and hepatic triglyceride and cholesterol levels and on adipose deposition in rat and (2) to determine the contribution of hepatic peroxisome proliferators-activated receptor  $\alpha$  (PPAR $\alpha$ ) expression to fatty acid oxidation.

**Methods** Male Long-Evans hooded rats were fed a diet supplemented with naringenin (0.003, 0.006, and 0.012%) for 6 weeks. We analyzed plasma and hepatic lipid contents and determined the protein expression of PPAR $\alpha$ , carnitine-palmitoyl transferase 1L (CPT-1), and uncoupling protein 2 (UCP2), all of which are critical genes for fatty acid oxidation.

**Results** Naringenin supplementation caused a significant reduction in the amount of total triglyceride and cholesterol in plasma and liver. In addition, naringenin supplementation

lowered adiposity and triglyceride contents in parametrial adipose tissue. Naringenin-fed animals showed a significant increase in PPAR $\alpha$  protein expression in the liver. Furthermore, expression of CPT-1 and UCP2, both of which are known to be regulated by PPAR $\alpha$ , was markedly enhanced by naringenin treatment.

**Conclusions** Our results indicate that the activation of PPAR $\alpha$  transcription factor and upregulation of its fatty acid oxidation target genes by dietary naringenin may contribute to the hypolipidemic and anti-adiposity effects in vivo.

**Keywords** Naringenin · Hypolipidemic effect · Anti-adiposity · PPAR- $\alpha$  · CPT-1 · UCP2 · In vivo

## Introduction

It has been recognized that a high intake of fruits and vegetables protects against chronic diseases. Among fruits and vegetables, Joshipura et al. [1] showed the protective relationship between the consumption of citrus fruits or juices and the risk of ischemic stroke. In addition, it has been reported that high consumption of citrus juice or grapefruit improved blood lipid profile in hyperlipidemic humans [2, 3]. Citrus juices, especially orange juice and grapefruit juice, are rich source of flavonoids. Thus, citrus flavonoids have been attributed to the beneficial effects of citrus juice in ameliorating cardiovascular disease risk factors.

Naringenin is one of major citrus flavonoids and is predominantly found in grapefruit and orange [4]. It has been shown to reduce plasma lipids in rodent models [5–8] and, more recently, to reduce atherosclerosis in rabbits [9]. The proposed hypolipidemic effects of naringenin have

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been primarily linked to reduced hepatic enzymes, such as 3-hydroxy-3-methyl-glutaryl CoA reductase, acyl-coenzyme A, cholesterol O-acyltransferase (ACAT), peroxisomal acyl-CoA oxidase, cyanide insensitive palmitoyl-CoA oxidase, carnitine palmitoyltransferase (CPT), enoyl-CoA hydratase, 3-hydroxyacyl-CoA dehydrogenase, and 3-ketoacyl-CoA thiolase in vivo [5, 10]. Huong et al. [10] reported that naringenin up-regulated the gene expression of various enzymes involved in peroxisomal fatty acid oxidation, such as carnitine octanoyltransferase, acyl-CoA oxidase, bifunctional enzyme, and 3-ketoacyl-CoA thiolase in mice. Further, they found that dietary naringenin has been shown to markedly activate the mRNA expression of microsomal cytochrome P-450 IV A1 involved in  $\omega$ -oxidation of fatty acids in mice. In addition, it has been shown that naringenin decreases the availability of lipids for assembly of apoB-containing lipoproteins [11–13] and decreases the expression and/or activity of genes such as ACAT2 and microsomal triglyceride transfer protein (MTP) in human hepatoma cells (HepG2) [13, 14]. However, the concentrations used in those studies were 20–3,000 mg/100 g diets, which are relatively higher than a dietary dosage, because the average intakes have been estimated as 8.3 and 9.6 mg/d in Finland and Mediterranean diet [15, 16]. Currently, information about the lipid-lowering effects of naringenin at the dietary concentration ranges and molecular mechanisms responsible for these activities in vivo is lacking.

Peroxisome proliferator activated receptor  $\alpha$  (PPAR $\alpha$ ), which is a member of the nuclear receptor family of ligand-activated transcription factor, controls the transcription of many genes involved in lipid catabolism. Activation of PPAR $\alpha$  with PPAR $\alpha$  agonists such as fibrates increases fatty acid  $\beta$ -oxidation and thus reduces the levels of circulating and/or cellular lipids [17, 18]. Moreover, addition of a synthetic PPAR $\alpha$  ligand effectively dissipated fat accumulation in rats [19]. It has been thus suggested that PPAR $\alpha$  activation is a potential molecular mechanism for the hypolipidemic effects of plant-derived polyphenolic compounds such as genistein [20] and catechin [21]. Although Liu et al. [22] have shown a significant activation of PPAR $\alpha$ -induced reporter-gene expression using human U-2OS cells co-transfected with the expression vectors of PPAR $\alpha$ , it has not been firmly established whether the lipid-lowering activity of dietary naringenin involves PPAR $\alpha$  activation and increased lipid oxidation in vivo.

In the present study, we hypothesized that dietary naringenin at low doses achievable in humans exerts hypolipidemic effects by upregulating PPAR $\alpha$  that targets fatty acid oxidation genes. Here, we demonstrated that dietary naringenin-induced genes that are involved in hepatic fatty acid catabolism, which resulted in reduction in total triglyceride and cholesterol levels, thus exerting

hypolipidemic effects in rats. In addition, naringenin supplementation decreased adiposity by reducing triglyceride contents in adipose tissue.

## Materials and methods

### Animals, diets, and experimental design

Male Long-Evans hooded rats (Harlan, Indianapolis, IN) obtained at 3 weeks of age (40–50 g) were housed individually in animal cages in a room with controlled temperature (23 to 24 °C) and lightning (12-h light/dark cycle) and fed a commercial non-purified diet (Purina, St. Louis, MO) and water prior to receiving the dietary treatments. Animals were assigned to treatments so that each group was balanced for body weight and fed one of four experimental diets ( $n = 6$ ) for 6 weeks. Semi-purified, powdered diets were prepared for concentrations of naringenin: 0, 0.003, 0.006, and 0.012% of diet. After 7 days of acclimatization, rats were assigned to one of four groups, with six animals per group, and fed semi-purified experimental diets for 6 weeks. The experimental diets contained 16% fat, 45.5% sucrose, and different naringenin concentration (0, 0.003, 0.006, or 0.012%) (Table 1). Rats had ad libitum access to food and water during the study period. Food intake and body weight were measured throughout the experiment. At the end of the experiment, the animals were fasted for 12 h before the intraperitoneal injection of ketamine (90 mg/kg) and xylazine (10 mg/kg) and euthanized by exsanguination. Blood was immediately collected into heparinized tubes for further analysis. Livers and other

**Table 1** Composition of the experimental diets (g/100 g diet)

| Component                    | Control              | Naringenin (%)       |                      |                      |
|------------------------------|----------------------|----------------------|----------------------|----------------------|
|                              |                      | 0.003                | 0.006                | 0.012                |
| Torula yeast                 | 30                   | 30                   | 30                   | 30                   |
| Sucrose                      | 44.5                 | 44.5                 | 44.5                 | 44.5                 |
| Alphacell                    | 4                    | 4                    | 4                    | 4                    |
| D,L-Methionine               | 0.3                  | 0.3                  | 0.3                  | 0.3                  |
| Lard                         | 6                    | 6                    | 6                    | 6                    |
| Corn oil                     | 10                   | 10                   | 10                   | 10                   |
| Mineral mixture <sup>a</sup> | 4                    | 4                    | 4                    | 4                    |
| Vitamin mix <sup>b</sup>     | 1                    | 1                    | 1                    | 1                    |
| Sodium selenite              | $5.0 \times 10^{-5}$ | $5.0 \times 10^{-5}$ | $5.0 \times 10^{-5}$ | $5.0 \times 10^{-5}$ |
| Naringenin                   | 0.0                  | $3.0 \times 10^{-3}$ | $6.0 \times 10^{-3}$ | $1.2 \times 10^{-2}$ |
| Total                        | 100.0                | 100.0                | 100.0                | 100.0                |

<sup>a</sup> AIN-76 mineral mixture (Dyets, USA)

<sup>b</sup> AIN-76 vitamin mixture (MP Biomedical, USA)

tissues were perfused with physiological saline, removed, weighed, and frozen in liquid nitrogen and stored at  $-80^{\circ}\text{C}$  until further analysis. All experimental procedures were approved by the Animal Care and Use Committee of our institute and followed the guidelines for the care and use of laboratory animals (#00-078-03).

#### Plasma and hepatic lipid analyses

Plasma and liver cholesterol were determined using a commercial kit (Wako, Richmond, VA) with some modification of the cholesterol oxidase method of Allain et al. [23]. Plasma and liver triglyceride, plasma-free fatty acids were measured using a kit from Sigma Chemical Co. (Sigma, St. Louis, MO). The hepatic lipids were extracted using the procedure developed by Folch et al. [24]. The dried lipid residues were dissolved in 1 mL of ethanol for cholesterol and triglycerides analysis. Triton X-100 solutions were added to 200  $\mu\text{L}$  of dissolved lipid solution to produce a final concentration of 5 g/L and 3 mmol/L, respectively.

#### Western blot analysis

Total proteins were extracted by homogenizing 300 mg of liver tissue in 1 mL of lysis buffer (250 mM sucrose, pH 7.4, 50 mmol/L HEPES, 100 mmol/L NaPPi, 100 mmol/L  $\text{NaF}_2$ , 10 mmol/L EDTA, 1% Triton- $\times$ 100, 10 mmol/L activated  $\text{NaVO}_4$ ) containing complete mini EDTA-free protease inhibitor cocktail (Roche Diagnostics, Indianapolis, IN), followed by centrifugation for 30 min at  $10,000\times g$ ,  $4^{\circ}\text{C}$ . The resulting supernatant was assayed for total protein concentration, and same amounts of protein were loaded to the SDS–PAGE gels and transferred onto PVDF membranes (Amersham Pharmacia Biotech, Piscataway, NJ). Ponceau S (Sigma, St. Louis, MO) staining of the membranes was performed to assess the equivalence of sample loading and gel transfer as previously described [25, 26]. After blocking in Tris-buffered saline containing 5% milk, 1.0% BSA, and 0.1% Tween-20 for 1 h at RT, the membranes were immunoblotted with antibodies for PPAR $\alpha$  (1:100) (Santa Cruz Biotechnology, Santa Cruz, CA), CPT-1 (1:200) (Alpha Diagnostic International, San Antonio, TX), UCP2 or actin (Santa Cruz Biotechnology; Santa Cruz, CA), then with the secondary antibody conjugated to horseradish peroxidase (1:2000). The visualization of the proteins was performed with the enhanced ECL detection kit (Amersham Pharmacia Biotech, Piscataway, NJ) according to manufacturer's instruction. The relative expression of PPAR $\alpha$ , CPT-1, and UCP2 proteins was normalized to the actin control using the ImageJ software (available through NIH, <http://rsb.info.nih.gov/ij/download.html>).

#### Statistical analysis

All data were analyzed by one-way analysis of variance (ANOVA) and post hoc comparisons (Fisher's Least Significant Difference) using the SAS software (SAS Institute, Cary, NC, USA). Differences were considered significant at  $p < 0.05$ . Data are presented as means  $\pm$  SEM.

## Results

#### Effects of naringenin supplementation on food intake, weight gain, and organ weight

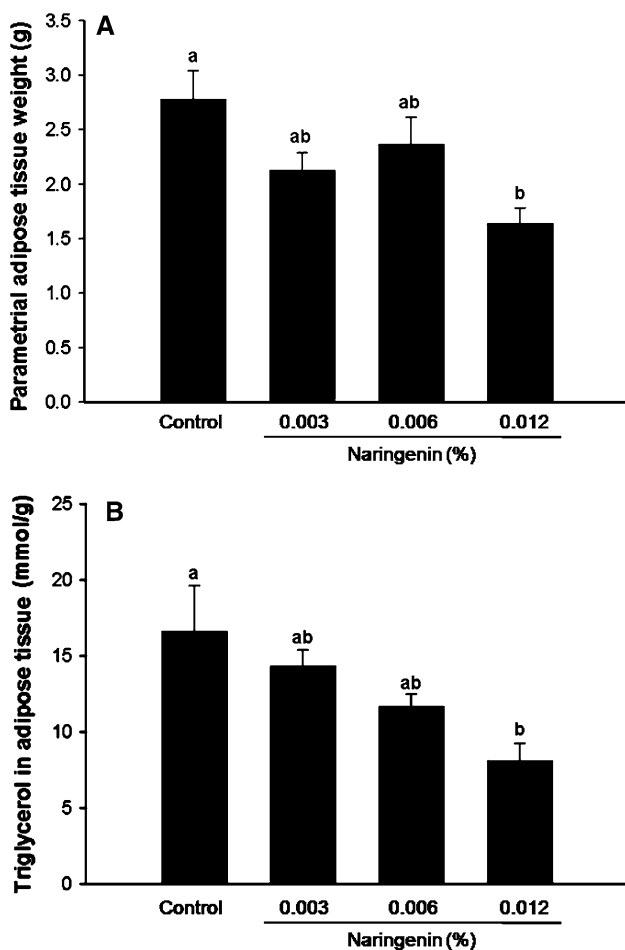
Naringenin did not affect the average food intake during the 6-week experiment period (data not shown). Although the mean body weights of the naringenin-supplemented groups relative to the control group tended to increase, they were not significantly different. No significant differences were observed in liver weights across all the groups after 6 weeks of treatment (data not shown).

#### Naringenin decreases adipose triglyceride (TAG)

The weight of parametrial fat pad, consisting of epididymal and perirenal, was decreased in naringenin-fed rats. Compared to the control group, naringenin treatment decreased adipose tissue weight by 24.6, 14.9, and 41.1% at dietary naringenin concentrations of 0.003, 0.006, and 0.012%, respectively (Fig. 1). The difference in the parametrial adipose tissue weight at 0.012% naringenin treatment and control was significant ( $p < 0.05$ ), although the differences in other groups did not reach the significance. Since triglyceride is the major components in adipose tissue, we measured adipose tissue triglyceride amounts. Consistent with the changes in parametrial fat pad weights, naringenin supplementation at highest dose significantly decreased TAG amounts in adipose tissue (Fig. 1).

#### Naringenin decreases plasma triglyceride and cholesterol level

Naringenin supplementation resulted in a significant lowering of the blood triglyceride levels compared to that of the control group (Table 2). Although naringenin dose-dependently lowered plasma triacylglycerol concentrations (6, 42 and 55% of control at 0.003, 0.006, and 0.012%, respectively), the difference among groups did not reach the statistical significance. The plasma total and free cholesterol concentrations were also significantly lower in the 0.006% naringenin treatment compared to the control group. However, plasma-free fatty acids concentrations were not different among groups (Table 2).



**Fig. 1** Effects of naringenin on parametrial adipose tissue weight (a) and triglyceride of adipose tissue (b) in rats. Values are expressed as the mean  $\pm$  SEM. ( $n = 6$ ). The means not sharing a common letter are significantly different between groups ( $p < 0.05$ )

Naringenin lowers hepatic triglyceride and cholesterol levels

Hepatic triglyceride levels were decreased in rats fed a naringenin-supplemented diet relative to those of animals fed a control diet (Table 3). However, only 0.012% naringenin decreased hepatic triglyceride concentrations with a statistical significance ( $p < 0.05$ ). Cholesterol concentrations in liver were also decreased in naringenin-fed

rats compared to the control group, but only 0.006% naringenin resulted in a significant reduction of the hepatic cholesterol levels compared to that of the control group ( $p < 0.05$ ).

Naringenin increases hepatic PPAR $\alpha$ , CPT-1, and UCP2 protein expression

To examine whether the decrease in the plasma and hepatic triglyceride levels is due to increased hepatic fatty acid oxidation, we analyzed the expression of PPAR $\alpha$ , a key transcriptional regulator of lipid metabolism and fatty acid  $\beta$ -oxidation, and 0.012% naringenin significantly induced hepatic PPAR $\alpha$  protein expression as shown in Fig. 2. Quantitative analysis showed that PPAR $\alpha$  protein abundance was increased by 25, 40, and 50% in 0.003, 0.006, and 0.012% naringenin-fed groups relative to the control group, respectively. We further assessed whether activation of PPAR $\alpha$  by naringenin treatment leads to increased expression of PPAR $\alpha$ -regulated genes such as CPT-1 and UCP2 in the liver [27–29]. Consistent with increased PPAR $\alpha$  protein expression, naringenin dose-dependently increased CPT-1 and UCP2 protein amounts (112, 110, and 130% increase for CPT-1, and 113, 125, and 127% increase for UCP2 in 0.003, 0.006, and 0.012% naringenin group, respectively). The protein levels of PPAR $\alpha$ , CPT1, and UCP2 in 0.012% naringenin were significantly higher than those of the control group (Fig. 2).

## Discussion

In the present study, we show that dietary levels of naringenin at concentrations equivalent to 1–4 cups of grapefruit juice significantly lowered both blood and hepatic lipid levels in rats. This hypolipidemic effect of dietary naringenin at low doses achievable in humans could partially explain the hypolipidemic effects of grapefruit intake observed in hyperlipidemic humans [2] and the inverse association between intake of citrus fruit and cerebrovascular disease in several observational studies [1, 30]. Citrus flavonoids have been reported to exhibit beneficial properties against the onset of several chronic diseases. Among naturally occurring citrus flavonoids,

**Table 2** Effects of dietary naringenin on plasma lipids in rats (values are means  $\pm$  standard error of the mean,  $n = 6$ )

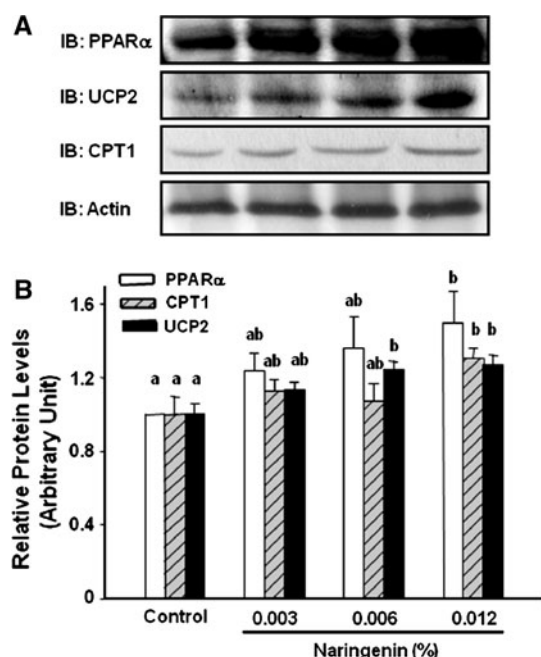
| Groups                                  | Control                        | Naringenin (%)                 |                               |                                |
|-----------------------------------------|--------------------------------|--------------------------------|-------------------------------|--------------------------------|
|                                         |                                | 0.003                          | 0.006                         | 0.012                          |
| Triglyceride (mg/dL)                    | 86.46 $\pm$ 11.62 <sup>a</sup> | 50.97 $\pm$ 8.17 <sup>b</sup>  | 49.95 $\pm$ 9.34 <sup>b</sup> | 38.83 $\pm$ 7.90 <sup>b</sup>  |
| Total cholesterol (mg/dL)               | 78.59 $\pm$ 3.30 <sup>a</sup>  | 71.49 $\pm$ 1.96 <sup>ab</sup> | 67.77 $\pm$ 3.35 <sup>b</sup> | 73.04 $\pm$ 2.63 <sup>ab</sup> |
| Free cholesterol (mg/dL)                | 20.17 $\pm$ 1.75 <sup>a</sup>  | 17.76 $\pm$ 1.10 <sup>ab</sup> | 14.46 $\pm$ 1.41 <sup>b</sup> | 17.19 $\pm$ 1.33 <sup>ab</sup> |
| Non-esterified fatty acid ( $\mu$ Eq/L) | 756 $\pm$ 127 <sup>a</sup>     | 692 $\pm$ 100 <sup>a</sup>     | 741 $\pm$ 151 <sup>a</sup>    | 774 $\pm$ 132 <sup>a</sup>     |

Values bearing different letters in the same row are significantly different at  $p < 0.05$

**Table 3** Effects of dietary naringenin on hepatic lipids in rats (values are means  $\pm$  standard error of the mean,  $n = 6$ )

| Groups                             | Control           | Naringenin (%)       |                      |                      |
|------------------------------------|-------------------|----------------------|----------------------|----------------------|
|                                    |                   | 0.003                | 0.006                | 0.012                |
| Triglyceride ( $\mu\text{mol/g}$ ) | $5.67 \pm 0.82^a$ | $4.99 \pm 0.37^{ab}$ | $4.92 \pm 0.83^{ab}$ | $4.62 \pm 0.37^b$    |
| Cholesterol ( $\mu\text{mol/g}$ )  | $6.55 \pm 0.49^a$ | $6.33 \pm 0.40^{ab}$ | $6.12 \pm 0.30^b$    | $6.23 \pm 0.24^{ab}$ |
| Liver weight (g/100 g B.W.)        | $3.00 \pm 0.23^a$ | $2.78 \pm 0.31^a$    | $2.88 \pm 0.12^a$    | $2.91 \pm 0.21^a$    |

Values bearing different letters in the same row are significantly different at  $p < 0.05$



**Fig. 2** Effect of naringenin treatment on liver protein expression of PPAR $\alpha$ , UCP2, and CPT-1. Expression of protein levels were analyzed by Western blot analysis as described in “Method” section (top panel, a). The expression of actin was monitored to demonstrate equal loading and transfer of the samples. Bar graph represents ImageJ analysis of the immunoblots of each protein, which was normalized to the expression of actin control (b). Data are the mean  $\pm$  SEM. ( $n = 6$ ). The means not sharing a common letter are significantly different between groups ( $p < 0.05$ )

naringenin has been pharmacologically evaluated as a potential hypolipidemic agent [31]. Wood [32] has shown that 0.6% naringenin lowered hepatic neutral and polar lipids in rats. Lee et al. [7] reported that 0.1% naringenin lowered the plasma and the hepatic cholesterol contents in rats. The dietary levels at 0.02 and 0.05% naringenin have also been shown decrease plasma total cholesterol levels as well as hepatic TAG and cholesterol biosynthesis in animal models [5, 33, 34]. However, the dietary level of naringenin which have been employed in previous studies (0.02 to 1%) is higher than that of this study [7, 32, 34]. Our results showed that both blood and hepatic lipid levels were lowered by naringenin supplementation even at the lowest concentration of 0.003%.

In reference to actual amount of natural naringenin in citrus juice, Mouly et al. [35] reported that 113–481 mg/L

of naringenin is present in grapefruit juice. Since one medium-sized grapefruit juice only has  $\sim 100$  mg naringenin, one cup (250 mL) of grapefruit juice per day would be equivalent to  $\sim 1.5$  mg/day/kg body weight, considering an average body weight of 70 kg. Thus, the dietary levels at 0.003, 0.006, and 0.012% naringenin supplementation employed in the current study would be equivalent to 1, 2, and 4 cups of grapefruit juice in humans. Our results showed that both blood and hepatic lipid levels were lowered by naringenin supplementation even at the lowest concentration of 0.003%. The mechanisms underlying the triglyceride-lowering effect of naringenin are not fully elucidated. Previous reports have speculated that one mode of naringenin’s lipid-lowering action is through the inhibition of HMG-CoA reductase or ACAT activity [5, 7, 34]. Although inhibitors of HMG-CoA reductase lower the plasma TAG by inhibiting the hepatic TAG secretion [36], it is unclear how inhibition of HMG-CoA reductase activity could contribute to the lowering effects of hepatic TAG levels. It was reported that atorvastatin, a HMG-CoA reductase inhibitor drug, does not affect mRNA levels of fatty acid biosynthetic enzyme [37]. Modulation of hepatic fatty acid oxidation could be a mechanism to regulate serum and hepatic lipid levels by modifying the availability of fatty acid for triglyceride synthesis [38]. It has shown that activation of nuclear-receptor PPAR $\alpha$  with PPAR $\alpha$  agonists, such as fibrates, not only reduces plasma TAG but also greatly decreases fatty liver by inducing hepatic mitochondrial and peroxisomal fatty acid oxidation in both humans and animals [38–41]. In the present study, we demonstrated that naringenin feeding in rats induced the up-regulation of hepatic PPAR $\alpha$  protein expression (Fig. 2).

As a consequence, the expression of the genes coding for the rate-limiting enzyme of mitochondrial fatty acid oxidation, CPT-1 and UCP2, both of which are known to be regulated by PPAR $\alpha$  [29, 41] was markedly increased by naringenin supplementation (Fig. 2). These effects were associated with the decrease in the plasma TAG levels as well as in the hepatic TAG content (Tables 2 and 3). Our finding is in line with the recent cell culture study that naringenin activates PPAR $\alpha$ -induced reporter-gene expression in human U-2OS osteosarcoma cell line [22]. Consistent with our results, Huong et al. [10] reported that 1% naringenin feeding increased the expression of mRNAs



associated with hepatic fatty acid oxidation and decreased plasma lipids in mice. However, they did not analyze the level of PPAR $\alpha$  gene expression. Recently, Mulvihill et al. [42] have shown that 1 or 3% naringenin increased microsomal and peroxisomal fatty acid oxidation through an activation of factor PPAR $\gamma$  co-activator 1 $\alpha$  transcription program with PPAR $\alpha$  mRNA level unaffected in LDL receptor-null [(Ldlr(–/–))] mice fed a high-fat diet. No significant difference in PPAR $\alpha$  gene expression in this study is in contrast to our finding, and the different results may due, in part, to the use of a different genetic model of dyslipidemic animals, a Western diet with high levels of naringenin, and/or regulation of PPAR $\alpha$  by naringenin at protein levels. Nevertheless, both studies are in agreement with the effectiveness of dietary naringenin in increasing hepatic fatty acid oxidation that can account for the serum lipid-lowering in vivo.

In addition to a principal role in lipid metabolism, activation of PPAR $\alpha$  has been associated with reduced adiposity and increased insulin sensitivity. For example, fenofibrate, a synthetic PPAR $\alpha$  ligand, has been shown to reduce adipose tissue mass in both genetic and diet-induced animal models [19, 40]. A plant-derived bioactive compound, genistein, not only increased PPAR $\alpha$  activity and its target genes involved in fatty acid oxidation [20, 21] but also reduced adiposity in rats fed high-fat diet [43, 44].

However, there are no available data that naringenin at a dietary level comparable to human consumption might induce anti-adiposity effects. In the present study, we demonstrated that dietary naringenin resulted in reduction of adiposity of parametrial fat pads at physiological concentrations. Consistent with this change, the amount of TAG in the adipose tissue was significantly decreased in naringenin-fed rats (Fig. 1). Since there was no difference in food intake, these effects were independent of caloric intake. Even though parametrial adipose tissue weights in naringenin-fed rats were decreased, naringenin treatment did not cause a decrease in body weight. The effects of naringenin on both food intake and body weight are consistent with the reports in mice and rats [10, 45]. However, it remains to be examined whether reduced TAG level and adiposity would lead to weight loss, since other parameters such as the length of the study, a species difference, and/or concentrations of naringenin could have an effect. It is thus reasonable to speculate that naringenin may induce smaller fat cells but not necessarily decrease adipocyte numbers. Recent studies [46, 47] have reported that naringenin is able to activate PPAR- $\gamma$ , a nuclear receptor for thiazolidinediones (TZDs), an insulin-sensitizing class of anti-diabetic drugs. One of the adipose tissue-specific effects of TZDs is the stimulation of adipocyte differentiation, resulting in an increased population of small, but more insulin-sensitive adipocytes [48]. It is certainly our

limitation in this study to establish the relationship between reduced adipose tissue mass and phenotypic characteristics.

In summary, dietary naringenin exerts hypolipidemic and anti-adiposity effects in vivo at physiologically relevant concentrations. These effects can be explained in part by upregulation of hepatic PPAR $\alpha$  and its target genes and by decreasing TAG level in adipose tissue. Together, our results indicate that decreased adipose TAG amounts by naringenin treatment may increase the release of TAG, which is in turn diverted into hepatic fatty acid oxidation, resulting in lowered plasma level of TAG. However, we could not exclude the possibility that naringenin may also upregulate fatty acid oxidation in the adipose tissue itself. Future studies should address this to clarify a potential mechanism by which dietary naringenin elicits its beneficial effects in vivo.

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