Biological Properties of Olive Oil

Zahra Yousefi a*, Mohammadreza Rezaeigolestani b, Mohammad Hashemi c

a Agricultural Engineering Research Group, Gilan Agricultural and Natural Resources Research and Education Center, AREEO, Rasht, Iran.
b Department of Food Hygiene, School of Veterinary Medicine, University of Tehran, Tehran, Iran.
c Department of Nutrition, Faculty of Medicine, Mashhad University of Medical Sciences, Mashhad, Iran.

*Corresponding author: Zahra Yousefi
Agricultural Engineering Research Group, Gilan Agricultural and Natural Resources Research and Education Center, AREEO, Rasht, Iran, 45157-86349. Tel: +98-9127441148.
E-mail address: zahra.yousef@gmail.com

ARTICLE INFO

Article type: Review article

Article history:
Received May 2, 2018
Revised May 28, 2018
Accepted June 3, 2018

DOI: 10.29252/jhehp.4.2.1

Keywords:
Olive Oil
Biological Effect
Therapeutic
Food

ABSTRACT

Background: This review tries to explain various biological properties of olive oil
Methods: In present review, data were obtained via a complete search through online databases including PubMed, Google Scholar, SID and ScienceDirect to find the relevant titles and paper abstracts using keywords like ‘olive oil’, ‘biological effect’ or ‘therapeutic’ or ‘food’. The obtained articles have been reviewed to evaluate different biological and therapeutic properties of olive and its edible products.
Results: Olive fruit and oil and the products obtained from olive tree (e.g., olive leaf extract) have unique medicinal properties. Studies have confirmed the positive effects of olive oil on wound healing, pain relief, cancer treatment, stroke, and cardiovascular diseases. In addition to the sensory properties of olive oil, the consumption of olive oil in the daily diet could enhance the safety and quality of food through antimicrobial and antioxidant compounds.
Conclusion: Considering the unique and significant medicinal and nutritional benefits of olive oil, it is necessary to encourage people toward the consumption of olive oil and increase their awareness about the importance and advantages of this product.

1. Introduction

The olive oil obtained only by mechanical or physical instruments from olive fruit, is virgin olive oil. The fruit should not undergo conditions that cause the oil to change, except for washing, overflowing, centrifuging and filtration.

Based on qualitative criteria, three groups of olive oil are defined as: extra virgin olive oil, virgin olive oil and lampante olive oil. Lampante is a virgin olive oil that is made from spoiled fruits or inappropriate processing and its quality is so low that it can not be used for human consumption.

Extra virgin olive oil has lower free acidity and lower peroxide value than virgin oil [1].

Generally, extra virgin olive oil contains two groups of chemical compounds; triglycerides, which include 97 to 99 wt% of the oil, and small components that comprise 1 to 3 wt% of the oil. Those triglycerides have mostly one monounsaturated fatty acids (like oleic acid), modest amounts of unsaturated fatty acids (i.e. linoleic and alpha linolenic) and small amounts of saturated fatty acids (i.e. palmitic and stearic acids).
Minor components are a blend of amphitropic, non-polar and polar materials that include hydrocarbons, tocopherols, phenolic compounds, sterols, chlorophylls, carotenoïds, terpenic acids, monoglycerides and diglycerides, free fatty acids, esters, and other volatile substances. These minor compounds have special effects on sensory properties and safety of extra virgin olive oil [2].

In this review, various biological properties of olive oil are explained.

2. Materials and Methods

In present review, data were obtained via a complete search through online databases including PubMed, Google Scholar, SID and ScienceDirect to find the relevant titles and paper abstracts using keywords ‘olive oil’, ‘biological effect’ or ‘therapeutic’ or ‘food’. The references employed in this study were since 2000 till present. The obtained articles have been reviewed in the Result and Discussion section of the paper to evaluate different biological and therapeutic properties of olive and its edible products.

3. Results and Discussion

3.1. Antimicrobial Properties

Oleuropein in olive acts against both gram positive and negative bacteria [3], as well as mycoplasma [4]. Moreover, phenolic compounds in olive oil destruct bacterial membranes. It is also mentioned by several authors that oleuropein can inhibit the production of enterotoxin B by Staphylococcus aureus and has an antiviral effect against herpes and hepatitis viruses [5,6]. Therefore, the presence of different types of olive oil in foodstuff can prolong shelf life of the product and enhance its safety via controlling growth of various groups of foodborne bacteria. In this regard, recently this aspect of olive oil and other olive tree products (like its leaf extract) has got much attention for extending shelf life of foodstuff [7-9].

Studies have also shown that oleuropein has an antiviral effect against type 3 parainfluenza virus. Additionally, the antiviral effect of olive leaf extract has been reported against AIDS virus [10].

3.2. Antioxidant Properties

Olive leaves contain phenolic compounds, terpenes and lipid-soluble compounds, carbohydrates, proteins, minerals and etc. Among the different parts of the olive tree, its leaves have the highest antioxidant activity and free radical scavenging properties. It has been shown that their antioxidant capacity is approximately two and four times higher than the relevant activity of green tea and vitamin C respectively [11]. Oleuropein is the most important phenolic compound of olive leaves. One of the major component of oleuropein hydrolysis is hydroxytyrosol, which has an oxygen radical scavenging capacity of ten times higher than that of green tea. This compound is rarely found in the nature in free state [11].

Alirezaei et al. (2012) examined the effect of olive leaf extract (containing 94% oleuropein) on antioxidant activity of enzymes in liver, stomach and testicular tissues in animal model. The results of their study showed that oleuropein can prevent oxidative stress, and subsequently improves the survival of sperm and prevents changes and damages caused by ethanol in the liver and stomach tissues [12].

Lipid oxidation is one of the main factor limiting shelf life of food products, especially fatty foods. Regarding antioxidant effect of olive oil, the food products containing this oil may keep their oxidative quality for longer periods. It has been widely reported that olive leaf extract can extend shelf life of foodstuffs via directly addition into the food matrix or by addition to food packaging materials [13].

3.3. Effects of Olive Oil on Cancer Treatment

The impact of a diet containing olive oil in reducing the incidence of cancer has been demonstrated (mainly due to the presence of phenolic compounds and unsaturated fatty acids). The phenolic antioxidants of olive oil are able to prevent the destructive effects of free radicals and the resulting mutations on cellular structures [13]. Stoneham et al. (2000) assessed the effect of olive oil on colon cancer [14]. Their findings indicated that the presence of antioxidants and phenolic compounds as well as monounsaturated fatty acids plays an important role in reducing the incidence of that disease.

Fabiani et al. (2002) also emphasized the importance of olive oil as an anticancer agent. They assessed the effect of hydroxytyrosol (major antioxidant constituent of virgin olive oil) on proliferation, apoptosis and cell cycle of cancer cell. Their findings support the idea that hydroxytyrosol may act against cancer via inducing apoptosis in tumor cells and arresting the cell cycle [15].

Vitamin E in olive oil protects the skin against sunlight. Therefore, it can prevent premature aging and skin cancer [6].

3.4. The Effect of Olive Oil on Wound Healing

Wound healing consists of four stages including homeostasis, inflammation, proliferation and regeneration [16]. Any material that can shorten these steps can speed up the process of healing [17]. When skin damages occur, such as scarring, the first reaction of the horny layer is the release of fatty acids to restore the impenetrable barrier. Olive oil contains a high percentage of unsaturated fatty acids and can help to restore the impenetrable barrier. In addition, monounsaturated fatty acids are one of the most important groups of membrane in the wound area, because they increase membrane fluidity in comparison with saturated fatty acids, and thereby accelerate cell metabolism [18].
Episiotomy was initially used as an assist to natural parturition in 1742 [19], and it is a cut in vagina area to prevent irregular ruptures [20]. One of the natural oils that appears to be effective in improving episiotomy ulcers is olive oil. It has been reported that bathing in olive oil can be effective in preventing infection, faster wound healing, and reducing episiotomy pain after parturition [21].

Olive oil, like any other fatty compound, can act as a barrier between open wounds and the outer environment, thus prevents infection. Moreover, olive oil probably accelerates wound healing by sterilizing the wound surface and preventing infection [18]. Episiotomy was first used as an assist to natural parturition in 1742 [19]. It is an incision in the vaginal area to prevent irregular ruptures [20]. Olive oil is one of the natural oils that may be effective in improving episiotomy ulcers. Previous studies have denoted that bathing in olive oil could effectively prevent infections and result in rapid wound healing and reducing episiotomy pain after parturition [21].

Similar to other fatty compounds, olive oil could act as a barrier between open wounds and the outer environment; as a result, it could prevent infections. Moreover, olive oil has been presumed to accelerate wound healing through sterilizing the wound surface and preventing infections [18].

3.5. Olive Oil and Stroke Treatment

Dropping brain metabolites due to reducing blood flow is known as brain ischemia, which reduces oxygen storage and thus causes brain tissue damages or stroke [22]. One approach that can reduce the harmful effects of ischemia in brain is the use of antioxidants. Antioxidant substances in olive oil increase the resistance of cells to oxidation, and because of unsaturated fatty acids, the olive oil can reduce cholesterol levels and thereby prevent the deposition of cholesterol in the blood vessels [23, 24].

Olive oil compounds (oleic acid, linoleic acid, polyphenols, etc.) are absorbed through the gastrointestinal tract and some of them enter into various parts of brain, including the temporal cortex. In such areas, polyphenols and vitamin E have strong antioxidant effects on the accumulated free radicals and acids, and can neutralize them in the case of ischemia. Researchers have found that prevention of ischemic memory disorders due to regular consumption of olive oil is related to the effect of olive antioxidants [25, 26].

Regular consumption of olive oil saves its compounds in the body. The temporal lobe of the brain is vulnerable to ischemia, hypoxia and free radicals. The consumption of olive oil after cerebral ischemia can reduce the mortality of neuronal cells in the temporal lobe and protect the neurons from harmful agents.

Results of a study by Rabiei et al. (2013) showed that pre-treatment of virgin olive oil led to lower degree of cellular death and consequently lower levels of stroke in the tested animal model, probably via changing brain lipid composition [27]. As a result, olive oil can be an ideal option for pre-treatment of stroke in medical sciences.

3.6. Olive Oil and Pain Treatment

In traditional medicine olive oil is mainly used orally and also topically as pain reliever. Pure olive oil has a natural chemical that acts like a sedative. This substance, which has been named oleocanthal, has an effect like ibuprofen. With daily consumption of ~50 grams of olive oil, the body receive approximately 9 milligrams of oleocanthal. This is equal to one tenth of a dose of ibuprofen which is prescribed to reduce pain in an adult [28]. Besides, oleuropein in olive, has also analgesic effects [29].

Shabrandi et al. (2016) stated that edible virgin olive oil had pain-relieving effect and increased morphine impacts in the chronic phase of pain [30]. In fact, the administration of morphine has more analgesic effect in an animal that consumes edible virgin olive oil regularly. They suggested that due to the pain-killing effects of olive oil (in the diet), some analgesic compounds in olive oil may apply their effect after absorption in the digestive system.

3.7. Olive Oil and Cardiovascular Diseases

Cardiovascular disease was the leading cause of death in the United States in 2008 [31]. The combination of dietary fatty acids affects blood lipids, and blood lipoproteins are associated with the development of atherosclerosis and ischemic heart diseases. High levels of cholesterol, especially in the form of LDL, are known to be a major risk factor for coronary heart disease.

Despite the fact that in Mediterranean countries high levels of fat (~ 40% of total calories) are consumed, rates of coronary heart disease and plasma cholesterol are relatively low [30]. In these countries, people usually take diets contain high amounts of olive oil, which are rich in mono unsaturated fatty acids, especially oleic acid [32].

Many of previous researches have shown that consumption of olive oil has lots of benefits, including the increase of HDL [33], LDL decrease [34], reduction of cholesterol and triglycerides and decrease in cholesterol to HDL ratio [35].

Cardiovascular disease is the leading cause of death in almost two-thirds of diabetics [36]. Increasing blood glucose and lipids is one of the most important risk factors for cardiovascular disease in people with type 2 diabetes [37]. Armin et al. (2010) mentioned that in general, considering the beneficial effect of olive oil in comparison with sunflower oil on some parameters of blood glucose and lipid, replacing solid vegetable oil (40% of total fat intake) with olive oil in the diet of type 2 diabetic patients is more effective than sunflower oil for the prevention of cardiovascular diseases [38].
3.10. Other Health Benefits of Olive

Different compounds of olive not only act as antioxidants but also have anti-inflammatory properties [39]. Olive fruit contains potassium, which is an essential ion for normal function of the body. Research has shown that this ion can be associated with the prevention of cancer. Dietary foods with higher degree of sodium and lower level of potassium can trigger the growth of tumor cells, because they alter the normal pH and also the water balance in human cells [40,41].

Some compounds such as hydroxytyrosol and oleuropein which are abundant in olive, could also prevent osteoporosis. It has been proven that daily consumption of olive oil is effective in increasing the bone mineral content in the elderly [42].

4. Conclusion

Olive fruit and oil alongside with products obtained from olive tree (like leaf extract) has unique medicinal properties. The effect of olive oil on wound healing, pain relief, cancer treatment, stroke and cardiovascular disease has been proven. Moreover, in addition to sensory properties of olive oil, addition of olive oil to daily diet can enhance the safety and quality of the food via the antimicrobial and antioxidant compounds present in the oil. In fact, the aforementioned effects are mainly attributed to the phenolic compounds of olive oil like oleuropein (as an antimicrobial agent), hydroxytyrosol (as an antioxidant agent) and oleocanthal (as a sedative agent), and also the unsaturated fatty acids content of the oil. Considering the unique and significant medicinal and nutritional benefits of olive oil, it is necessary to encourage people toward the consumption of olive oil and increase their awareness about the importance and advantages of this product.

Authors’ Contributions

This review article was carried out by all the authors. Z. Y., and M. R., designed and wrote the manuscript. M. H., contributed to carry out data collection and manuscript revision. All authors approved the final manuscript.

Conflict of Interest

The authors affirm that there is no conflicts of interest that may have influenced the preparation of this manuscript.

References

1. Keshavarz S, Keshavarz M, Arab J. A Comprehensive Guide to Extra Virgin Olive Oil. Saffian; 2017. p. 464. [In Persian].
2. Peri C. The Extra-virgin Olive Oil Handbook. Wiley Blackwell; 2014.
3. Vogel P, Kasper Machado I, Garavaglia J, Zani VT, de Souza D, Morero Dal Bosco S. Polyphenols Benefits of Olive Leaf (Olea Europaea L) to Human Health. Nutr Hosp. 2014; 31(3): 1427-33.
4. Khalatbary AR, Ahmadvand H. Neuroprotective Effect of Oleuropein Following Spinal Cord Injury in Rats. Neurol Res. 2012; 34(1): 44-51.
5. Bisignano G, Tomaino A, Cascio R Lo, Crisafi G, Ucella N, Saija A. On the In-vitro Antimicrobial Activity of Oleuropein and Hydroxytyrosol. J Pharm Pharmacol. 2010; 51(8): 971-4.
6. Kyriazis ID, Koutsouli O, Aligiannis N, Karampatsou K, Skalsounsia A-L, Dotsika E. The Leishmanicidal Activity of Oleuropein is Selectively Regulated Through Inflammation- and Oxidative Stress-related Genes. Parasit Vectors. 2016; 9(1): 441.
7. Ahmed AM, Rabii NS, Garbaj AM, Abolghait SK. Antibacterial Effect of Olive (Olea europea L.) Leaves Extract in Raw Peeled Undevineed Shrimp (Peneaus semilusculus). Int J Vet Sci Med. 2014; 2(1): 53-6.
8. Liu Y, McKeever LC, Malik NSA. Assessment of the Antimicrobial Activity of Olive Leaf Extract Against Foodborne Bacterial Pathogens. Front Microbiol; 2017; 8: 113.
9. Brenes M, Medina E, Romero C, De Castro A. Antimicrobial Activity of Olive Oil. Agro Food Ind Hi Tech. 2007; 18(4): 6-8.
10. Furneri PM, Marino A, Saija A, Ucella N, Bisignano G. In Vitro Antimycoplasmal Activity of Oleuropein. Int J Antimicrob Agents. 2002; 20(4): 293-6.
11. Shakarami Z, Dalireg N, Sheikhian A, Chehari K, Alirezaei M. Antioxidant and Immunomodulatory Effects of Olive Leaf Extract on Th17-Related Cytokines. Yafeh. 2005; 17(3): 67-77. [In Persian].
12. Alirezaei M, Dezfoolian O, Kheradmand A, Neamati S, Khonsari A, Pirzadeh A. Hepatoprotective Activity of Purified Oleuropein from Olive Leaf Extract against Ethanol-induced Damages in the Rat. Iran J Vet Res. 2012; 13(3): 218-26.
13. Abaza L, Taamalli A, Nisr H, Zarrouk M. Olive Tree (Olea europeae L.) Leaves: Importance and Advances in the Analysis of Phenolic Compounds. Antioxidants. 2015; 4(4): 682-98.
14. Stoneham M, Goldacre M, Seagroatt V, Gill L. Olive Oil, Diet and Colorectal Cancer: An Ecological Study and a Hypothesis. J Epidemiol Community Health. 2000; 54(10):756-60.
15. Fabiani R, De Bartolomeo A, Rosignoli P, Servili M, Montedoro GF, Morozzi G. Cancer Chemoprevention by Hydroxytyrosol Isolated from Virgin Olive Oil Through G1 Cell Cycle Arrest and Apoptosis. Eur J Cancer Prev. 2002; 11(4).
16. Diegelmann RF, Evans MC. Wound Healing: an Overview of Acute, Fibrotic and Delayed Healing. Front Biosci. 2004; 9: 283-9.
17. Sewall GK, Robertson KM, Connor NP, Heisey DM, Hartig GK. Effect of Topical Mitomycin on Skin Wound Contraction. Arch Facial Plast Surg. 2003; 5(1): 59-62.
18. Gurfinkel R, Palivatkela L, Gudgren R, Gislanger R, Rosenberg L, Singer A. Comparison of Purified Olive Oil and Silver Sulfadiazine in the Treatment of Partial Thickness Porcine Burns. Am J Emerg Med. 2012; 30(1): 79-83.
19. Vakilian K, Atarha M, Behkundi R, Ghahlebi F, Hatami Z, Ceraj A. The Effect of Lavender in Care of Postpartum Episiotomy Wounds. Shahrekord Univ Med Sci. 2008; 10(3): 63-9.
20. Cunningham FG, Leveno KJ, Bloom SL, Hauth JC, Gilstrap LC. Williams’s Obstetrics. 22nd ed. New York: McGraw Hill; 2005. p. 124.
21. Johnson JJ, Carnosol: A promising Anti-cancer and Anti-Inflammatory agent. Cancer Lett. 2011; 305(1):1-7.
22. Nussmeier NA. A Review of Risk Factors for Adverse Neurologic Outcome after Cardiac Surgery. J Extra Corpor Technol. 2002; 34(1): 4-10.
23. Harrison D, Griendling KK, Landmesser U, Hornig B, Drexler H. Role of Oxidative Stress in Atherosclerosis. *Am J Cardiol.* 2003; 91(3): 7-11.

24. Battino M, Quiles JL, Huertas JR, Ramirez-Tortosa MC, Cassinello M, Mañas M, et al. Feeding Fried Oil Changes Antioxidant and Fatty Acid Pattern of Rat and Affects Rat Liver Mitochondrial Respiratory Chain Components. *J Bioenerg Biomembr.* 2002; 34(2): 127-34.

25. Cho I, Kang JS, Long PH, Jing I, Back Y, Chung K-S. Antioxidant and Memory Enhancing Effects of Purple Sweet Potato Anthocyanin and Cordyceps Mushroom Extract. *Arch Pharm Res.* 2003; 26(10): 821-5.

26. Castagné V, Rougemont M, Cuenod M, Do KQ. Low Brain Glutathione and Ascorbic Acid Associated with Dopamine Uptake Inhibition during Rat’s Development Induce Long-term Cognitive Deficit: Relevance to Schizophrenia. *Neurobiol Dis.* 2004; 15(1): 93-105.

27. Rabiei Z, Bigdeli M, Mohagheghi F. Effect of Dietary Virgin Olive Oil on Infarct Volume and Brain Ceramide, Cerebroside and Phosphatidylcholine Levels in Rat Stroke Model. *Shahrkord Univ Med Sci.* 2013; 15(1): 23-31.

28. Beauchamp GK, Keast RSJ, Morel D, Lin J, Pika J, Han Q, et al. Ibuprofen-like Activity in Extra-virgin Olive Oil. *Nature.* 2005; 437: 45.

29. Huang Z-R, Lin Y-K, Fang J-Y. Biological and Pharmacological Activities of Squalene and Related Compounds: Potential Uses in Cosmetic Dermatology. *Molecules.* 2009; 14(1): 540-54.

30. Shabrandi S, Yousufvand N, Zarei F. Effect of Dietary Virgin Olive Oil (Olea europaea) (Oil on Nociception and Its Effect on Morphine-induced Analgesia in Male Mice Using Formalin Test. *Iran J Nutr Sci Food Technology.* 2016; 11(1): 43-50.

31. Pagidipati NJ, Gaziano TA. Estimating Deaths from Cardiovascular Disease: A Review of Global Methodologies of Mortality Measurement. *Circulation.* 2013; 127(6): 749-56.

32. Menendez JA, Papadimitropoulou A, Vellon L, Lupu R. A Genomic Explanation Connecting “Mediterranean diet”, Olive Oil and Cancer: Oleic Acid, the Main Monounsaturated Fatty Acid of Olive Oil, Induces Formation of Inhibitory “PEA3 transcription factor-PEA3 DNA binding site” complexes at the Her-2/neu (erbB-2. *Eur J Cancer.* 2006; 42(15): 2425-32.

33. Faine LA, Diniz YS, Galhardi CM, Rodrigues HG, Bumbeiko RC, Santanna LS, et al. Synergistic Action of Olive Oil Supplementation and Dietary Restriction on Serum Lipids and Cardiac Antioxidant Defences. *Can J Physiol Pharmacol.* 2004; 82(11): 969-75.

34. Geelen MJH, Beynen AC. Consumption of Olive Oil has Opposite Effects on Plasma Total Cholesterol and Sphingomyelin Concentrations in Rats. *Br J Nutr.* 2007/03/09, 2000;83(5):541-7.

35. Nagyova A, Haban P, Klvanovala J, Kadrabova J. Effects of Dietary Extra Virgin Olive Oil on Serum Lipid Resistance to Oxidation and Fatty Acid Composition in Elderly Lipidemic Patients. *Bratisl Lek Listy.* 2003; 104(7-8): 218-21.

36. Gu K, CC C, MI H. Diabetes and Decline in Heart Disease Mortality in us Adults. *JAMA.* 1999; 281(14): 1291-7.

37. Duntiz M. Diabetes and Lipids. 2nd ed. *Maryland: PD Reck – less.* 2001. p. 8-9.

38. Armin S, Taleban F, Tahbaz F, Mehrabi Y, Kamali Z. Comparison of the Effects of Consuming Olive and Sunflower Oils on the Fasting and Postprandial Blood Glucose Level and Lipid Profile in Type 2 Diabetic Female Patients. *Iran J Nutr Sci Food Technology.* 2010; 4(4): 75-8.

39. Lucas L, Keast AR and R. Molecular Mechanisms of Inflammation. Anti-Inflammatory Benefits of Virgin Olive Oil and the Phenolic Compound Oleocanthal [Internet]. *Current Pharmaceutical Design.* 2011. Vol. 17 p. 754-68.

40. Gilani AH, Shah AJ, Ghayur MN, Majeed K. Pharmacological Basis for the Use of Turmeric in Gastrointestinal and Respiratory Disorders. *Life Sci.* 2005; 76(26): 3089-105.

41. Kocic B, Filipovic S, Nikolic M, Petrovic B. Effects of Anthocyanins and Anthocyanin-rich Extracts on the Risk for Cancers of the Gastrointestinal Tract. *J.B.U.ON.* 2011; 16(4): 602-8.

42. Bulotta S, Celano M, Lepore SM, Montalcini T, Pujia A, Russo D. Beneficial Effects of the Olive Oil Phenolic Components Oleuropein and Hydroxytyrosol: Focus on Protection against Cardiovascular and Metabolic Diseases. *J Transl Med.* 2014; 12(1): 219.