



Green tea (*Camellia sinensis*)

Common Indications:

- Anti-cancer element
- Chemotherapy enhancing and radioprotective effects
- Antioxidant
- Cardiovascular health - reduce LDL oxidation
- Decreases platelet aggregation/ improves blood flow
- Endothelial dysfunction
- Balance Th1/Th2 Immune function
- Improve blood sugar regulation
- Metabolic Syndrome
- Weight loss, enhances fat burning via AMPK
- Exercise benefits
- Wart treatment - topical

General Comments:

Green tea is one of the most amazing foods on this planet. It is the second most consumed beverage in the world behind water, yet just starting to make an impact in the U.S. There are more than 2,500 scientific studies involving green tea with such impressive findings that the National Cancer Institute is working to develop new cancer fighting drugs using green tea compounds.

The magic in green tea appears to come from a compound called epigallocatechin-3-gallate (EGCG) which is a type of antioxidant and just one of several polyphenols found in green tea. I generally hate broad medical claims but I have to say that there are hundreds and yes even thousands of studies to back up this next statement: green tea polyphenols reduce bacterial and viral infections; they greatly impact chronic degenerative diseases like heart disease, cancer, stroke, osteoporosis, and dementia and much, much more.

Green tea, black tea and oolong tea all come from the same plant but difference lies in how it is dried and processed. Green tea offers less caffeine, roughly 30-35 mg per 8 ounce cup whereas black tea can range from 50-100 mg of caffeine per cup. Coffee by comparison has 120mg of caffeine per 8 ounce cup unless you're talking Starbucks in which case you can double that number.

Benefits & Mechanism of Action:

Anti-carcinogenic:

- The polyphenols in green tea are very unfriendly to cancer cells:
 - They trigger apoptosis in cancer cells but not in normal healthy cells.
 - Inhibit angiogenesis, cutting off the blood supply to cancer cells
 - Shut off the growth genes in cancer cells
 - Inhibit overproduction of cyclooxygenase (COX)-2 which plays a part in cancer growth.
 - Decreases insulin-like growth factor-1 (IGF-1) which is a compound linked to breast, prostate and colon cancer.
 - Reduces the production of several compounds in cancer cells that are linked to cancer spread or metastasis.

- Studies show green tea helps protect against various forms of cancer, including colon, endometrial, rectal, bladder, breast, stomach, pancreatic, lung esophageal and prostate.^{1,2} Japan's consumption of EGCG as one of the many polyphenols in green tea has been studied as one reason for Japan's lower overall cancer rates compared to other developed nations. Green tea polyphenols are reported to:
 - Enhance antioxidant (glutathione peroxidase, catalase and quinone reductase) and phase II (glutathione-S-transferase) enzyme activities
 - Reduce lipid peroxidation
 - Inhibit irradiation and TPA-induced epidermal ornithine decarboxylase (ODC) and cyclo-oxygenase activities
 - Inhibit protein kinase C and cellular proliferation
 - Have anti-inflammatory activity

- Studies on tea consumption show that 1 cup of tea contains a mere 0.5 mg of catechins (polyphenols) yet consuming just 2 cups/day of green tea was associated with an 18% decrease risk of developing lung cancer.³ A 2006 meta-analysis of epidemiological studies found green tea consumption was correlated with a decreased risk for breast cancer.⁴ A 2009 meta-analysis found that green tea consumption (2 cups/day) decreases the risk of endometrial cancer.⁵ The Cochrane Database System Review in 2009 states that the use of standardized extracts is needed in order to generate more compelling and consistent results.¹ More studies are needed to define use and dose but the effects of these polyphenols shows great promise.^{6,7}

- Green tea is reported to help protect against chemotherapy and radiation damage, including UV radiation from the sun.

Antioxidant:

- Green tea possesses strong antioxidant properties that lend protection to our

cardiovascular system.⁸ The polyphenols of green tea inhibit lipid peroxidation and alter iNOS ability to drive inflammatory cytokine production. It is this antioxidant capacity that decreases the reactive oxygen species generated by neutrophils in cancer patients.^{9,10,11}

Cardioprotective:

- Green tea reduce oxidation of LDL, inhibits thromboxane and platelet aggregation. Studies demonstrate its anti-platelet activity and endothelial protection.¹² Green tea suppresses a fatty acid synthase gene which in turn down regulates EGFR/PI3K/Akt/Sp-1 signal transduction pathways, benefiting lipid levels.¹³
- Green tea has been shown in studies to reduce total lipids, enhance the beneficial HDL level, and more importantly lower triglycerides. In a 2009 study of 111 subjects, using randomized, double-blind, placebo-controlled design, green tea use lowered blood pressure, LDL cholesterol, and oxidative stress.¹⁴

Insulin Resistance/Blood Sugar Regulation:

- In both animal and human study, green tea improves insulin sensitivity and blood sugar regulation. This is one of it's mechanisms for success in weight loss programs. Its ability to stimulate AMP-kinase, an important cell regulator of energy, boosts the cells ability to utilize fat as fuel. A 2007 study looking at obesity found that green tea was supportive in reducing waist size and fat loss as well as increasing adiponectin levels.¹⁵
- A crossover study in healthy male subjects found that consuming green tea before exercise would enhance fat oxidation and insulin sensitivity.¹⁶
- There have been mixed findings in other studies on type 2 diabetics. Hemoglobin A1c was found to improve in one study while a second 3 month trial did not document improvement in in glucose control.¹⁷

Metabolic Syndrome/Weight loss:

- Green tea's thermogenic effect has been credited to its effect on AMPK. There seems to be a synergistic effect between caffeine and the catechins found in green tea that may prolong the thermogenic effect.¹⁸ A European study in 2009 found benefits in fat metabolism and enhanced metabolic rate using green tea extracts alone without caffeine.¹⁹ An exciting finding from 2007 is that green tea may in fact stimulate brown fat.¹⁵ This double-blind parallel multicenter study found that green tea polyphenols given to 240 patients led to a reduction in body fat, systolic blood pressure, and LDL cholesterol.¹⁵ Green tea activates changes to fat metabolism gene expression driven by PPAR- γ coactivator 1- α and PPARs.²²
- A study of 45 elderly patients with MS reported that those who drank green tea had a statistically significantly more weight loss, decrease in BMI and waist circumference when compared to those who did not drink the tea.²⁶

- Green Tea phytosome is a highly bioavailable complex of green tea polyphenols and phosphatidylcholine. Phosphatidylcholine is a phospholipid, which is a major part of the structure of cell membranes thus allowing greater absorption.²³ A human study reported that Green Tea phytosome was absorbed more completely than plain EGCG polyphenols.²⁴ The Green Tea phytosome peak blood concentration of EGCG, measured over a period of six hours, was approximately double that of the non-complexed green tea extract. Use of the phytosomal bound green tea in a study of 100 obese individuals found that using Green Tea phytosome plus a low calorie diet for 90 days resulted in a significant improvement in body mass index (BMI) and weight loss vs. using a low calorie weight loss regimen alone.²⁵

Neurologic Effects:

- Green tea is thought to have some potential neurological benefits. For prevention of Parkinson's disease, caffeine in green tea may prevent adenosine's inhibition of dopaminergic transmission. This may result in a reduction in the clinical expression of Parkinsonism.²⁷ Green tea may also inhibit dopamine transport in vitro, as well as protect against effects of 6-hydroxydopamine.²⁸
- Preliminary evidence also suggests that EGCG may prevent oxidation and apoptosis of neurons, which may protect people from developing Alzheimer's disease.²⁹
- The green tea constituent EGCG may also directly affect brain function. In humans, EGCG increased alpha, beta, and theta activity, mainly in the frontal and medial frontal gyrus and brain theta waves in the temporal, frontal, parietal, and occipital areas.^{30,31}

Oral Hygiene, Asthma and Bone

- Green tea also has anti-inflammatory activity and may help improve bone mineral density.³²
- Green tea benefit oral health. Clinical studies report green tea leads to inhibition of attachment of oral bacterial to human gingival fibroblasts.³³
- Green tea is also reported in laboratory and human studies to suppress IgE production by peripheral blood mononuclear cells in asthmatic patients.³⁴

Dose:

- 250-500mg daily of a standardized extract. Phytosomal versions offer greater levels.
- Drinking green tea will provide 0.5mg of catechins per 8 ounce cup.

Standardization:

- Green tea supplements should be standardized to contain 90% polyphenols, of which 40-75% are catechins, specifically (-)epigallocatechin-3-gallate (EGCG). A mix of

catechins will outperform an isolated EGCG product. It is the other polyphenols that protect the EGCG and allow it function optimally.

Cautions & Side Effects:

- Green tea has been reported to be safe in recommended doses.
- There have been cases of hepatitis and one death reported from using concentrated green tea extract, although the data is inconclusive that the hepatotoxicity was actually from the green tea supplement.
- Caution is recommended when using concentrated, standardized green tea extracts in individuals with pre-existing liver damage. Hepatotoxicity has been reported in 7 case reports where green tea was a probable cause.^{35,36} However, a placebo-controlled study using high polyphenol green tea extract showed no impairment of liver function.³⁷
- Green tea should not be used if there is an allergy to any component of this dietary supplement.
- In patients with anemia or trending low iron levels, green tea should be used with caution, as green tea has been reported to decrease serum iron levels.³⁸
- Green tea and some green tea supplements contain caffeine. Caffeine may cause nervousness and/or insomnia in sensitive individuals. Caffeine-free supplements are available. If using green tea as an aid to weight loss, the caffeinated products are recommended.
- Caution should be use if taking the following medications with green tea:
 - Based on case reports, use with caution in individuals on anticoagulant and anti-platelet medications and those with bleeding disorders.³⁹
 - Iron supplements, as green tea tannins may inhibit the absorption of iron.³⁸

References:

Benefits and Mechanism of Action

Anti-carcinogenic

1. Boehm K, Borrelli F, Ernst E, Habacher G, Hung SK, Milazzo S, Horneber M. Green tea (*Camellia sinensis*) for the prevention of cancer. *Cochrane Database Syst Rev.* 2009 Jul 8;(3):CD005004. Review.

2. Shukla Y. Tea and cancer chemoprevention: a comprehensive review. *Asian Pac J Cancer Prev.* 2007 Apr- Jun;8(2):155-66. Review.
3. Tang N, Wu Y, Zhou B, Wang B, Yu R. Green tea, black tea consumption and risk of lung cancer: a meta-analysis. *Lung Cancer.* 2009 Sep;65(3):274-83. Epub 2009 Jan 6.
4. Sun CL, Yuan JM, Koh WP, Yu MC. Green tea, black tea and breast cancer risk: a meta-analysis of epidemiological studies. *Carcinogenesis.* 2006 Jul;27(7):1310-5. Epub 2005 Nov 25.
5. Tang NP, Li H, Qiu YL, Zhou GM, Ma J. Tea consumption and risk of endometrial cancer: a metaanalysis. *Am J Obstet Gynecol.* 2009 Dec;201(6):605.e1-8. Epub 2009 Sep 20.
6. Fritz H, Seely D, Kennedy DA, et al. Green tea and lung cancer: a systematic review. *Integr Cancer Ther.* 2013;12(1):7-24.
7. Trudel D, Labbe DP, Bairati I, et al. Green tea for ovarian cancer prevention and treatment: a systematic review of the in vitro, in vivo and epidemiological studies. *Gynecol Oncol.* 2012;126(3):491-8.

Antioxidant

8. Babu PV, Liu D. Green tea catechins and cardiovascular health: an update. *Curr Med Chem.* 2008;15(18):1840-50. Review.
9. Suzuki K, Ohno S, Suzuki Y, et al. Effects of green tea extract on reactive oxygen species produced by neutrophils from cancer patients. *Anticancer Res.* 2012;32(6):2369-75.
10. Nakagawa K, Ninomiya M, Okubo T, et al. Tea Catechin Supplementation Increases Antioxidant Capacity and Prevents Phospholipid Hydroperoxidation in Plasma of Humans. *J Agric Food Chem.* Oct1999;47(10):3967-73.
11. Leenen R, Roodenburg AJ, Tijburg LB, et al. A Single Dose of Tea With or Without Milk Increases Plasma Antioxidant Activity in Humans. *Eur J Clin Nutr.* Jan2000;54(1):87-92.

Cardioprotective

12. Islam MA. Cardiovascular effects of green tea catechins: progress and promise. *Recent Pat Cardiovasc Drug Discov.* 2012;7(2):88-99.
13. Lin JK, Lin-Shiau SY. Mechanisms of hypolipidemic and anti-obesity effects of tea and tea polyphenols. *Mol Nutr Food Res.* 2006 Feb;50(2):211-7. Review.
14. Nantz MP, Rowe CA, Bukowski JF, Percival SS. Standardized capsule of *Camellia sinensis* lowers cardiovascular risk factors in a randomized, double-blind, placebo-controlled study. *Nutrition.* 2009 Feb;25(2):147-54. Epub 2008 Oct 9.

Insulin Resistance/Blood Sugar Regulation

15. Nagao T, Hase T, Tokimitsu I. A green tea extract high in catechins reduces body fat and cardiovascular risks in humans Obesity (Silver Spring). 2007 Jun;15(6):1473-83.
16. Venables MC, Hulston CJ, Cox HR, Jeukendrup AE. Green tea extract ingestion, fat oxidation, and glucose tolerance in healthy humans. Am J Clin Nutr. 2008;87(3):778-84.
17. MacKenzie T, Leary L, Brooks WB. The effect of an extract of green and black tea on glucose control in adults with type 2 diabetes mellitus: double-blind randomized study. Metabolism. 2007;56(10):1340-4.

Metabolic Syndrome/Weight Loss:

18. Hsu CH, Tsai TH, Kao YH, Hwang KC, Tseng TY, Chou P. Effect of green tea extract on obese women: a randomized, double-blind, placebo-controlled clinical trial. Clin Nutr. 2008 Jun;27(3):363-70. Epub 2008 May 12.
19. Phung OJ, Baker WL, Matthews LJ, Lanosa M, Thorne A, Coleman CI. Effect of green tea catechins with or without caffeine on anthropometric measures: a systematic review and meta-analysis. Am J Clin Nutr. 2010 Jan;91(1):73-81. Epub 2009 Nov 11. Review.
20. Hursel R, Westerterp-Plantenga MS. Green tea catechin plus caffeine supplementation to a high-protein diet has no additional effect on body weight maintenance after weight loss. Am J Clin Nutr. 2009 Mar;89(3):822-30. Epub 2009 Jan 28. Erratum in: Am J Clin Nutr. 2009 Jul;90(1):248.
21. Jurgens TM, Whelan AM, Killian L, et al. Green tea for weight loss and weight maintenance in overweight or obese adults. Cochrane Database Sys Rev. 2012;12:CD008650.
22. Hodgson ABm, Randell RK, Jeukendrup AE. The effect of green tea extract on fat oxidation and rest during exercise: evidence of efficacy and proposed mechanisms. Adv Nutr. 2013;4(2):129-40.
23. McKenna, D. J., Hughes, K., and Jones, K. Green tea monograph. Altern. Ther Health Med 2000;6(3):61-2, 74.
24. Pietta P, Simonetti P, Gardana C, Brusamolino A, Morazzoni P, Bombardelli E. Relationship between rate and extent of catechin absorption and plasma antioxidant status. Biochem Mol Biol Int. 1998 Dec;46(5):895-903.
25. Di Pierro F, Menghi AB, Barreca A, Lucarelli M, Calandrelli A. Greenselect Phytosome as an adjunct to a low-calorie diet for treatment of obesity: a clinical trial. Altern Med Rev. 2009 Jun;14(2):154-60
26. Vieira Senger AE, Schwanke CH, Gomes I, et al. Effect of green tea (Camellia sinensis) consumption on the components of metabolic syndrome in elderly. J Nutr Health Aging. 2012;16(9):738-42.

Neurologic Effects

27. Ross GW, Abbott RD, Petrovitch H, et al. Association of coffee and caffeine intake with the risk of parkinson disease. *JAMA* 2000;283:2674-9
28. Pan, T., Fei, J., Zhou, X., Jankovic, J., and Le, W. Effects of green tea polyphenols on dopamine uptake and on MPP+ -induced dopamine neuron injury. *Life Sci.* 1-17-2003;72(9):1073-1083
29. Choi YT, Jung CH, Lee SR, et al. The green tea polyphenol (-)-epigallocatechin gallate attenuates beta-amyloid-induced neurotoxicity in cultured hippocampal neurons. *Life Sci* 2001;70:603-14.
30. Scholey, A., Downey, L.A., Ciorciari, J., Pipingas, A., Nolidin, K., Finn, M., Wines, M., Catchlove, S., Terrens, A., Barlow, E., Gordon, L., and Stough, C. Acute neurocognitive effects of epigallocatechin gallate (EGCG). *Appetite* 2012;58(2):767-70.
31. Park, S.K., Jung, I.C. Lee, W.K., Lee, Y.S., Park, H.K., Go, H.J., Kim, K., Lim, N.K., Hong, J.T., Ly, S.Y., and Rho, S.S. A combination of green tea extract and l-theanine improves memory and attention in subjects with mild cognitive impairment: a double-blind placebo-controlled study. *J.Med.Food* 2011;14(4):334-43.

Other Uses

32. Shen CL, Yeh JK, Cao JJ, Wang JS. Green tea and bone metabolism. *Nutr Res.* 2009 Jul;29(7):437-56. Review.
33. Wang Y, Chung FF, Lee SM, et al. Inhibition of attachment of oral bacteria to immortalized human gingival fibroblasts (HGF-1) by tea extracts and tea components. *BMC Res Notes.* 2013;6(1):143.
34. Wu SY, Silverberg JL, Joks R, et al. Green tea (*Camellia sinensis*) mediated suppression of IgE production by peripheral blood mononuclear cells of allergic asthmatic humans. *Scand J Immunol.* 2012;76(3):306-10.

Caution and Side Effects

35. Mazzanti G, Menniti-Ippolito F, Moro PA, et al. *Eur J Clin Pharmacol.* Hepatotoxicity from green tea: a review of the literature and two unpublished cases. 2009 Apr;65(4):331-41. Epub 2009 Feb 6. Review.
36. Sarma DN, Barrett ML, Chavez ML, et al. Safety of green tea extracts : a systematic review by the US Pharmacopeia. *Drug Saf.* 2008;31(6):469-84. Review.
37. Frank J, George TW, Lodge JK, Rodriguez-Mateos AM, Spencer JP, Minihane AM, Rimbach G. Daily consumption of an aqueous green tea extract supplement does not impair liver function or alter cardiovascular disease risk biomarkers in healthy men. *J Nutr.* 2009

Jan;139(1):58-62. Epub 2008 Dec 3.

38. Basu A, Betts NM, Mulugeta A, et al. Green tea supplementation increases glutathione and plasma antioxidant capacity in adults with the metabolic syndrome. *Nutr Res.* 2013;33(3):180-7.
39. Cheng TO. Green tea may inhibit warfarin. *Int J Cardiol.* 2007;115(2):236.

Other Resources

40. Ahmad, N., Gupta, S., and Mukhtar, H. Green tea polyphenol epigallocatechin-3-gallate differentially modulates nuclear factor kappaB in cancer cells versus normal cells. *Arch.Biochem Biophys.* 4-15- 2000;376(2):338-346.
41. Ahmed, S., Rahman, A., Hasnain, A., Lalonde, M., Goldberg, V. M., and Haqqi, T. M. Green tea polyphenol epigallocatechin-3-gallate inhibits the IL-1 beta-induced activity and expression of cyclooxygenase-2 and nitric oxide synthase-2 in human chondrocytes. *Free Radic.Biol Med* 10-15- 2002;33(8):1097-1105.
42. Ahmed, S., Wang, N., Lalonde, M., Goldberg, V. M., and Haqqi, T. M. Green tea polyphenol epigallocatechin-3-gallate (EGCG) differentially inhibits interleukin-1 beta-induced expression of matrix metalloproteinase-1 and -13 in human chondrocytes. *J.Pharmacol.Exp.Ther.* 2004;308(2):767-773.
43. Arts, I. C., Hollman, P. C., Feskens, E. J., Bueno de Mesquita, H. B., and Kromhout, D. Catechin intake might explain the inverse relation between tea consumption and ischemic heart disease: the Zutphen Elderly Study. *Am J Clin Nutr* 2001;74(2):227-232.
44. Bettuzzi, S., Brausi, M., Rizzi, F., Castagnetti, G., Peracchia, G., and Corti, A. Chemoprevention of human prostate cancer by oral administration of green tea catechins in volunteers with high-grade prostate intraepithelial neoplasia: a preliminary report from a one-year proof-of-principle study. *Cancer Res* 1-15- 2006;66(2):1234-1240.
45. Choan, E., Segal, R., Jonker, D., Malone, S., Reaume, N., Eapen, L., and Gallant, V. A prospective clinical trial of green tea for hormone refractory prostate cancer: an evaluation of the complementary/alternative therapy approach. *Urol.Oncol.* 2005;23(2):108-113.
46. Chow, H. H., Hakim, I. A., et al. Effects of dosing condition on the oral bioavailability of green tea catechins after single-dose administration of Polyphenon E in healthy individuals. *Clin Cancer Res* 6-15- 2005;11(12):4627-4633.
47. Cronin JR. Green tea extract stokes thermogenesis. *Alternative and Complementary Therapies* 2000;296- 300.
48. de Maat, M. P., Pijl, H., Kluit, C., and Princen, H. M. Consumption of black and green tea had no effect on inflammation, haemostasis and endothelial markers in smoking healthy individuals. *Eur.J Clin Nutr* 2000;54(10):757-763.

49. Diepvens, K., Kovacs, E. M., Vogels, N., and Westerterp-Plantenga, M. S. Metabolic effects of green tea and of phases of weight loss. *Physiol Behav.* 1-30-2006;87(1):185-191.
50. Dufresne CJ and Farnworth ER. A review of latest research findings on the health promotion properties of tea. *Journal of Nutritional Biochemistry* 2001;12:404-421.
51. Dulloo, A. G., Seydoux, J., Girardier, L., Chantre, P., and Vandermander, J. Green tea and thermogenesis: interactions between catechin-polyphenols, caffeine and sympathetic activity. *Int J Obes.Relat Metab Disord.* 2000;24(2):252-258.
52. Erba, D., Riso, P., Bordoni, A., Foti, P., Biagi, P. L., and Testolin, G. Effectiveness of moderate green tea consumption on antioxidative status and plasma lipid profile in humans. *J Nutr Biochem* 2005;16(3):144- 149.
53. Fukino, Y., Shimbo, M., Aoki, N., Okubo, T., and Iso, H. Randomized controlled trial for an effect of green tea consumption on insulin resistance and inflammation markers. *J Nutr Sci Vitaminol.(Tokyo)* 2005;51(5):335-342.
54. Gao, Y. T., McLaughlin, J. K., Blot, W. J., Ji, B. T., Dai, Q., and Fraumeni, J. F., Jr. Reduced risk of esophageal cancer associated with green tea consumption. *J Natl.Cancer Inst.* 6-1-1994;86(11):855-858.
55. Geleijnse, J. M., Launer, L. J., Van der Kuip, D. A., Hofman, A., and Witteman, J. C. Inverse association of tea and flavonoid intakes with incident myocardial infarction: the Rotterdam Study. *Am J Clin Nutr* 2002;75(5):880-886.
56. Kovacs, E. M., Lejeune, M. P., Nijs, I., and Westerterp-Plantenga, M. S. Effects of green tea on weight maintenance after body-weight loss. *Br.J.Nutr.* 2004;91(3):431-437.
57. Laurie, S. A., Miller, V. A., Grant, S. C., Kris, M. G., and Ng, K. K. Phase I study of green tea extract in patients with advanced lung cancer. *Cancer Chemother.Pharmacol.* 2005;55(1):33-38.
58. Luo, H., Tang, L., Tang, M., Billam, M., Huang, T., Yu, J., Wei, Z., Liang, Y., Wang, K., Zhang, Z. Q., Zhang, L., and Wang, J. S. Phase IIa chemoprevention trial of green tea polyphenols in high-risk individuals of liver cancer: modulation of urinary excretion of green tea polyphenols and 8- hydroxydeoxyguanosine. *Carcinogenesis* 2006;27(2):262-268.
59. Nagano, J., Kono, S., Preston, D. L., and Mabuchi, K. A prospective study of green tea consumption and cancer incidence, Hiroshima and Nagasaki (Japan). *Cancer Causes Control* 2001;12(6):501-508.
60. Nagaya, N., Yamamoto, H., Uematsu, M., Itoh, T., Nakagawa, K., Miyazawa, T., Kangawa, K., and Miyatake, K. Green tea reverses endothelial dysfunction in healthy smokers. *Heart* 2004;90(12):1485-1486.
61. Slivova, V., Zaloga, G., DeMichele, S. J., Mukerji, P., Huang, Y. S., Siddiqui, R., Harvey, K.,

- Valachovicova, T., and Sliva, D. Green tea polyphenols modulate secretion of urokinase plasminogen activator (uPA) and inhibit invasive behavior of breast cancer cells. *Nutr Cancer* 2005;52(1):66-73.
62. Sugiyama, T. and Sadzuka, Y. Theanine, a specific glutamate derivative in green tea, reduces the adverse reactions of doxorubicin by changing the glutathione level. *Cancer Lett.* 8-30-2004;212(2):177-184.
63. Sung, H., Min, W. K., Lee, W., Chun, S., Park, H., Lee, Y. W., Jang, S., and Lee, D. H. The effects of green tea ingestion over four weeks on atherosclerotic markers. *Ann.Clin Biochem* 2005;42(Pt 4):292-297.
64. Sung, H., Nah, J., Chun, S., Park, H., Yang, S. E., and Min, W. K. In vivo antioxidant effect of green tea. *Eur.J Clin Nutr* 2000;54(7):527-529.
65. Suzuki, J., Ogawa, M., Izawa, A., Sagesaka, Y. M., and Isobe, M. Dietary consumption of green tea catechins attenuate hyperlipidaemia-induced atherosclerosis and systemic organ damage in mice. *Acta Cardiol.* 2005;60(3):271-276.
66. Taylor JR, Wilt VM. Probable antagonism of warfarin by green tea. *Ann Pharmacother.* 1999 Apr;33(4):426-8.
67. Unno, T., Tago, M., Suzuki, Y., Nozawa, A., Sagesaka, Y. M., Kakuda, T., Egawa, K., and Kondo, K. Effect of tea catechins on postprandial plasma lipid responses in human subjects. *Br J Nutr* 2005;93(4):543- 547.
68. van het Hof, K. H., Wiseman, S. A., Yang, C. S., and Tijburg, L. B. Plasma and lipoprotein levels of tea catechins following repeated tea consumption. *Proc Soc Exp Biol Med* 1999;220(4):203-209.
69. Vandenberghe, K., Gillis, N., Van Leemputte, M., Van Hecke, P., Vanstapel, F., and Hespel, P. Caffeine counteracts the ergogenic action of muscle creatine loading. *J Appl.Physiol* 1996;80(2):452-457.
70. Yang CS, Pan E. The effects of green tea polyphenols on drug metabolism. *Expert Opin Drug Metab Toxicol.* 2012;8(6):677-89.
71. Yang, CS, Wei, JP, Zheng S, Intervention and follow-up on human esophageal precancerous lesions in Henan, northern China, a high-incidence area for esophageal cancer. *Gan To Kagaku Ryoho* 2002;29 Suppl 1:159-172.
72. Zhang M, Holman CD, Huang JP, Xie X. Green tea and the prevention of breast cancer: a case-control study in southeast China. *Carcinogenesis.* 2006; [Epub ahead of print].

