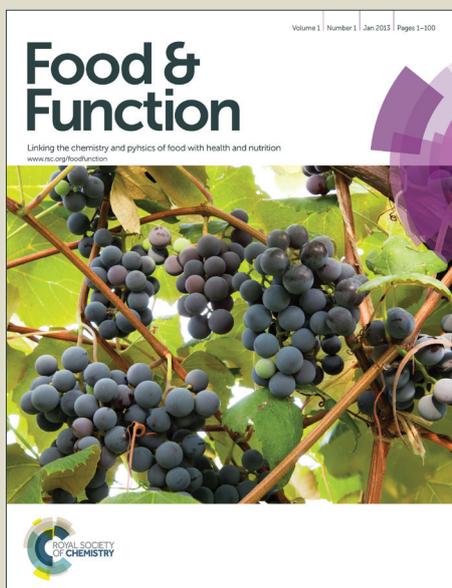


Food & Function

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18 Abstract

19 Edible fungi of the *Monascus* species have been used as traditional Chinese
20 medicine in eastern Asia for several centuries. *Monascus*-fermented products possess
21 a number of functional secondary metabolites, including the anti-inflammatory
22 pigments monascin and ankaflavin. Monascin has been shown to prevent or
23 ameliorate several conditions, including hypercholesterolemia, hyperlipidemia,
24 diabetes, and obesity. Recently, monascin has been shown to improve hyperglycemia,
25 attenuate oxidative stress, inhibit insulin resistance, and suppress inflammatory
26 cytokines production. In our recent study, we have found that monascin is a
27 peroxisome proliferator-activated receptor-gamma (PPARgamma) agonist. This
28 PPARgamma agonist activity had been investigated and exerted benefits for inhibition
29 of inflammation in methylglyoxal (MG)-treated rats, prevention of pancreas
30 impairment caused advanced glycation endproducts (AGEs), promotion of insulin
31 expression in vivo and in vitro, and attenuated carboxymethyllysine (CML)-induced
32 hepatic stellate cells (HSCs) activation in past several years. Moreover, our studies also
33 demonstrated that monascin also activated nuclear factor-erythroid 2-related factor 2
34 (Nrf2) in pancreatic RIN-m5F cell line thereby invading methylglyoxal-resulted in
35 pancreas dysfunction. In this review, we focus on the chemo-preventive properties of
36 monascin against metabolic syndrome through PPARgamma and Nrf2 pathways.

37

38 **Keywords:** monascin, peroxisome proliferator-activated receptor-gamma

39 (PPARgamma) agonist, methylglyoxal (MG), advanced glycation endproducts

40 (AGEs), nuclear factor-erythroid 2-related factor 2 (Nrf2)

41

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47 1. Introduction

48 *Monascus* was classified and named in 1884 by the French scientist van
49 Tieghem.¹ The genus *Monascus* belongs to the family Monascaceae, order Eurotiales,
50 class Ascomycetes, phylum Ascomycota, and kingdom Fungi. Thus far, 58 *Monascus*
51 strains have been deposited in the American Type Culture Collection; however, most
52 strains belong to only 3 species: *Monascus pilosus*, *Monascus purpureus*, and
53 *Monascus ruber*.² *Monascus*-fermented products, especially those produced by
54 solid-state rice fermentation, have been used as food colorants and dietary material for
55 more than 1,000 years. *Monascus*-fermented rice, also known as red mold rice, is a
56 common foodstuff and traditional health remedy in Asian countries. Red mold rice,
57 largely produced by *M. purpureus* contains various chemical components, some of
58 which have been purified and identified, including monascolins,^{3,4} γ -aminobutyric
59 acid,⁵ pigments such as monascin and ankaflavin,⁶ and antioxidant such as dimerumic
60 acid.⁷ It was reported that monascin is the major constituent of the azaphilone
61 compound. The structure of monascin is shown in **Fig. 1a**, and which has been
62 recently reported to be a PPAR γ agonist in our study (**Fig. 1b**).⁸ It suggests
63 that monascin plays a role for PPAR γ activation.

64 Hyperglycemia is associated with protein glycation; advanced glycation end
65 products (AGEs) are generated by the nonenzymatic interaction between

66 carbohydrates and proteins. AGEs have properties to generate free radicals and
67 undergo autoxidation to generate other reactive intermediates, thereby resulting in the
68 development of diabetes.⁹ Methylglyoxal (MG) is a highly reactive dicarbonyl
69 metabolite produced during glucose metabolism¹⁰ and is a major precursor of AGEs
70 involved in the pathogenesis of diabetes and inflammation. Studies suggest that AGEs
71 and MG can generate large amounts of proinflammatory cytokines through receptor
72 for AGEs (RAGE) activation, and these results are related to the modulation of
73 inflammatory molecules through oxidative stress.¹⁰

74 PPARgamma ligands are reported to activate the phosphatidylinositol
75 3-kinase/Akt pathway, which can elevate insulin sensitivity to downregulate blood
76 glucose.¹¹ Moreover, PPARgamma ligands have been reported to exert
77 anti-inflammatory activity by inhibiting inflammatory gene expression while
78 PPARgamma agonists bind to PPARs.¹² Many phytochemicals, including auraptene,
79 resveratrol, 6-shogaol, and isoprenoid, are considered to function as PPARgamma
80 agonists and demonstrate anti-inflammatory activity by interfering with nuclear
81 factor-kappa B (NFκB) signaling.¹³ Several flavonoids, such as rutin and quercetin,
82 elevate PPARgamma mRNA expression, which attenuates inflammation and insulin
83 resistance.^{14,15} The transcriptional activity of PPARgamma is modulated through
84 phosphorylation by kinases such as c-Jun N-terminal kinases (JNK). PPARgamma

85 loses its transcriptional activity by JNK phosphorylation at serine 82, and is
86 subsequently degraded by the ubiquitin pathway. Treating diabetes with PPARgamma
87 ligands (agonists), such as pioglitazone, can prevent PPARgamma phosphorylation by
88 altering its structure.¹⁶

89 PPARgamma is expressed in islet beta cells¹⁷ and is important for a variety of
90 pancreatic functions, including beta cell survival,¹⁸ pancreatic and duodenal
91 homeobox-1 (PDX-1) and glucokinase (GCK) regulation,¹⁹ and glucose-stimulated
92 insulin secretion.²⁰ In addition, PPARgamma is known to affect pancreatic beta cell
93 function and insulin production.²¹ Studies have reported that PPARgamma binds to
94 the PDX-1 promoter to upregulate PDX-1 expression and insulin production.¹⁹ A
95 recent acute study suggested that AGE injection can initiate beta cell dysfunction and
96 demonstrated that dietary restriction of AGEs significantly improves insulin
97 sensitivity.²² AGEs also decrease insulin synthesis in pancreatic beta cells by
98 repressing PDX-1 protein expression and inhibiting glucose-stimulated insulin
99 secretion.²³ PDX-1 plays a significant role in both pancreatic development and
100 maintenance of beta cell function, but the inhibition of beta cell function caused by
101 AGEs was improved by pioglitazone (PPARgamma agonist) activating
102 PPARgamma.²⁴ Several lines of evidence indicate that PDX-1 binds to insulin and
103 GCK and that GCK catalyzes the first step of glycolysis to regulate glucose

104 responsiveness for insulin release.²⁵

105 These findings indicated that PPARgamma plays an important role for diabetes
106 improvement. However, we had found that monascin is a PPARgamma agonist to
107 up-regulate insulin sensitivity and inhibited hyperglycemia in AGEs- or MG-treated
108 animals in our recent studies.

109

110 **2. Anti-inflammation and antioxidation of monascin**

111 High carbohydrate diets result in hyperglycemia and insulin resistance. In
112 diabetic patients, there is a positive correlation between high methylglyoxal (MG)
113 concentration in the blood and hyperglycemia. Recent studies have shown that MG
114 administration results in inflammation.²⁶

115 Several literatures have reported the modulation of inflammatory cytokines
116 through oxidative stress.^{27,28} Oxidative stress is increased during diabetes and
117 hyperinsulinemia; reactive oxygen species have been reported to be generated as a
118 result of hyperglycemia, which causes many of the secondary complications of
119 diabetes.²⁸

120 We have indicated that monascin can suppress the production of inflammatory
121 factors (tumor necrosis factor-alpha and interleukin-6) from monocytes induced by
122 MG depending on PPARgamma regulation and these effects are abolished by

123 PPARgamma inhibitor GW9662.²⁹ In addition, the anti-inflammatory capacity of
124 monascin is mediated by the inhibition of JNK, extracellular signal-regulated kinase
125 (ERK), and p38 kinases (Fig. 2).³⁰

126 Inflammation is an independent risk factor of cardiovascular diseases and is
127 associated with endothelial dysfunction. *Monascus*-fermented metabolites, including
128 monascin, ankaflavin, and monacolin K, have been found to reduce TNF- α -stimulated
129 endothelial adhesiveness as well as downregulating intracellular ROS formation,
130 NF- κ B activation, and VCAM-1/E-selectin expression in human aortic endothelial
131 cells, supporting the notion that the various metabolites from *Monascus*-fermented
132 products might have potential implications in clinical atherosclerosis disease.³¹

133 Recently, our study also reports that monascin can extend the life span under
134 high-glucose conditions and attenuate oxidative stress in *Caenorhabditis elegans*. Our
135 results indicate that monascin enhanced expression of small heat shock protein
136 (sHSP-16), superoxide dismutase (SOD), and glutathione S-transferase (GST).
137 Monascin not only regulates stress response/antioxidant genes to improve oxidative
138 stress resistance but also promotes antioxidation and avoid oxidative damage via
139 regulation of the FOXO/DAF-16-dependent insulin signaling pathway.³²

140 Moreover, Nrf2 has been found to attenuate oxidative damage by expressions of
141 heme oxygenase-1 (HO-1), and glutathione-cysteine ligase (GCL).³³ Our study has

142 carried out the Nrf2 regulation by monascin in vivo and in vitro. Results indicated that
143 monascin inhibited inflammatory cytokine production in S100b (the receptor for
144 AGEs activator)-treated THP-1 monocytes via up-regulation of Nrf2 and alleviated
145 p47phox translocation to the membrane; and these effect were abolished by Nrf2
146 inhibitor treatment depending on retinoic acid receptor-alpha.²⁹ We also found that
147 monascin markedly activated Nrf2 and attenuated insulin resistance in vitro and in
148 vivo pointing out as **Fig. 3.**^{26,29} These findings had pointed out that monascin
149 suppressed oxidative stress and inflammation by showing antioxidation.

150

151 **3. Anti-diabetic effect of monascin**

152 Diabetes mellitus, which is characterised by hyperglycemia, is an endocrine
153 disorder resulting from insulin deficiency that leads to high blood glucose
154 concentration.³⁴ Type 2 diabetes and obesity are chronic diseases that promote the
155 development of insulin resistance, inflammation, and atherosclerosis.³⁵ Type 2
156 diabetes is a chronic disease caused by deficient insulin secretion or ineffective
157 insulin activity, thereby negatively affecting carbohydrate metabolism.³⁶ High
158 triacylglycerol levels in the blood tend to coexist with low levels of high-density
159 lipoprotein cholesterol (HDL-C), contributing to a condition called diabetic
160 dyslipidemia or hypertriglyceridemia.³⁷ The total cholesterol (TC) and total

161 triacylglycerol (TG) cause an increased risk of heart disease, which should be
162 controlled as tightly as possible in diabetes mellitus.³⁸ Insulin resistance in type 2
163 diabetic patients is thought to be associated with the induction of inflammatory
164 cytokines such as TNF-alpha and IL-6.³⁹ The TNF-alpha impairs insulin-dependent
165 signal transduction through a mechanism involving downregulation of the insulin
166 receptor (IR) and IR substrate-1 protein (IRS-1), inhibition of IR and IRS-1 tyrosine
167 phosphorylation, increased protein tyrosine phosphatase 1B (PTP1B) activity, and
168 inhibition of the insulin-stimulated glucose transporter (GLUT), thereby resulting in
169 hyperglycemia.³⁸ Results of our recent study have shown that monascin can attenuate
170 JNK phosphorylation and suppress PPARgamma phosphorylation in C2C12
171 myotubes treated with TNF-alpha and thereby improve insulin sensitivity.⁴⁰ In
172 addition, monascin also inhibits protein tyrosine (Tyr) phosphatase 1B (PTP1B)
173 expression to attenuate insulin resistance, resulting in GLUT translocation to plasma
174 membrane and subsequently promoting glucose uptake as shown in **Fig. 4**.⁴⁰

175 In vitro studies suggest that MG impairs insulin mediated glucose uptake in
176 adipocytes⁴¹ and reduces insulin sensitivity for 30 min in L6 muscle cells treated with
177 2.5 mM MG.⁴² Moreover, 1 mM MG suppresses insulin secretion and production in
178 INS-1E pancreatic islet β -cells.⁴³ In vivo studies demonstrate that MG impairs insulin
179 transcription factor pancreatic and duodenal homeobox-1 (PDX-1) to result in

180 diabetes.^{44,45}

181 Recently, monascin has been reported to act as PPARgamma agonist,⁸ and the in
182 vitro (MG-treated RIN-m5F cells) and in vivo (MG-treated Balb/c mice) results
183 indicated that MG leads to marked PPARgamma phosphorylation (serine 82); this
184 effect led to reduction in PDX-1, GCK, and insulin expression. Monascin and
185 rosiglitazone protected impairment of insulin expression in MG-treated animals
186 confirmed by immunohistochemical stain for pancreatic insulin (**Fig. 5**).²⁶ Moreover,
187 monascin also prevented hyperglycemia and significantly downregulated blood
188 glucose during oral glucose tolerance test (OGTT) in fructose-rich diet-induced
189 C57BL/6 mice, and the potential mechanism was shown as **Fig. 6**.⁴⁶

190 Hepatic stellate cells (HSCs) express the receptor for AGEs (RAGE)⁴⁷ and also
191 express many components of the NADPH oxidase complex, such as p47phox.
192 Importantly, one study has implicated p47phox-derived reactive oxygen species (ROS)
193 in HSCs activation, suggesting that hepatic fibrosis is always involved in diabetes.⁴⁸
194 To gain better insights into the role of AGEs in HSCs, we investigated the effect of
195 AGEs on ROS production by HSCs. Carboxymethyllysine (CML) is a key AGE with
196 highly reactive dicarbonyl metabolites (e.g., methylglyoxal) and promotes lipid
197 peroxidation to generate malondialdehyde (MDA).⁴⁹ We had investigated the
198 inhibitory effect of *Monascus*-fermented metabolite monascin on CML-induced

199 RAGE signaling in HSCs and its resulting antihepatic fibrosis activity. We found that
200 monascin upregulated PPARgamma to attenuate alpha-smooth muscle actin
201 (alpha-SMA) and ROS generation in CML-treated HSCs in a RAGE
202 activation-independent pathway. Therefore, monascin may regulate PPARgamma to
203 delay or inhibit the progression of liver fibrosis and may prove to be a major
204 antifibrotic mechanism to prevent liver disease (Fig. 7).⁵⁰

205

206 4. Conclusions

207 These health-promoting functions of monascin may be used to augment the
208 anti-metabolic syndrome, antihypertensive and anti-atherogenic effects of current
209 pharmacotherapeutics. The bioactivity of monascin is responsible for the previously
210 described health benefits and for the prevention of numerous inflammation-related
211 diseases. Together, these findings suggest that monascin can act as an antidiabetic and
212 antioxidative stress agent, and thus, monascin may have therapeutic potential in the
213 treatment or prevention of diabetes and diabetes-associated oxidative stress
214 complications.

215

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218

219 **Conflict of interest**

220 The authors declare that there are no conflicts of interest.

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397 **Figure legends**

398 **Figure 1.** (a) Chemical structure of monascin. (b) Monascin is a PPARgamma
399 agonist.⁸ The PPARgamma agonist activity of monascin was carried out by
400 LanthaScreen™ TR-FRET PPARγ coactivator assay kit (Invitrogen, Carlsbad, CA,
401 USA). PPARgamma: peroxisome proliferator-activated receptor-gamma.

402

403 **Figure 2.** The proposed mechanism of monascin on inflammation in THP-1 cell.
404 Ovalbumin-induced inflammation was alleviated by monascin via inhibition of JNK
405 phosphorylation and regulation of PPARgamma.³⁰ MS: monascin. JNK: c-Jun
406 N-terminal kinases. ERK: extracellular signal-regulated kinase.

407

408 **Figure 3.** The potential mechanism of monascin attenuated inflammation caused by
409 RAGE activation. Monascin promotes Nrf2 activation to elevate antioxidant status,
410 thereby attenuating oxidative stress and inflammation caused by RAGE signal.²⁹ MS:
411 monascin. AGEs: advanced glycation endproducts. RAGE: receptor for AGEs. TNF-α:
412 tumor necrosis factor-alpha. IL-1β: interleukin-1beta. PKC: protein kinase C. Nrf2:
413 nuclear factor-erythroid 2-related factor 2. HO-1: heme oxygenase-1. GCL:
414 glutathione-cysteine ligase.

415

416 **Figure 4.** The inhibition of insulin resistance in C2C12 myotubes treated by
417 monascin.⁴⁰ IR: insulin receptor. IRS: insulin receptor substrate. GLUT: glucose
418 transporter. TNF- α : tumor necrosis factor-alpha. PPARgamma: peroxisome
419 proliferator-activated receptor-gamma.

420

421

422 **Figure 5.** Effects of monascin, rosiglitazone, AITC, or NAC treatment on pancreatic
423 insulin level of methylglyoxal-injected Balb/C mice stained by immunohistochemical
424 stain.²⁶ Monascin promoted insulin expression and may protect impairment of
425 pancreatic function in methylglyoxal-treated animals. MG: methylglyoxal. MS:
426 monascin. Rosi: rosiglitazone. AITC: allyl isothiocyanate. NAC: N-acetylcysteine.

427

428 **Figure 6.** The potential anti-diabetic mechanism of monascin in mice fed high
429 fructose diet.⁴⁶ Monascin improved fructose-rich diet-induced glucose intolerance,
430 hyperlipidemia, hyperinsulinemia, and hepatic fatty acid accumulation, presumably by
431 inhibiting lipogenesis and ameliorating insulin resistance and inflammation in the
432 liver through PPARgamma activation. PPARgamma: peroxisome
433 proliferator-activated receptor-gamma. ChREBP: carbohydrate responsive element
434 binding protein. SREBP-1c: sterol regulatory element-binding protein-1c. ACC:

435 acetyl-coA carboxylase. FAS: fatty acid synthase. PGC: peroxisome

436 proliferator-activated receptor-gamma coactivator.

437

438 **Figure 7.** Potential mechanism of monascin on antifibrosis in HSCs. Monascin and

439 rosiglitazone upregulated PPARgamma to attenuate fibrotic biomarker expression and

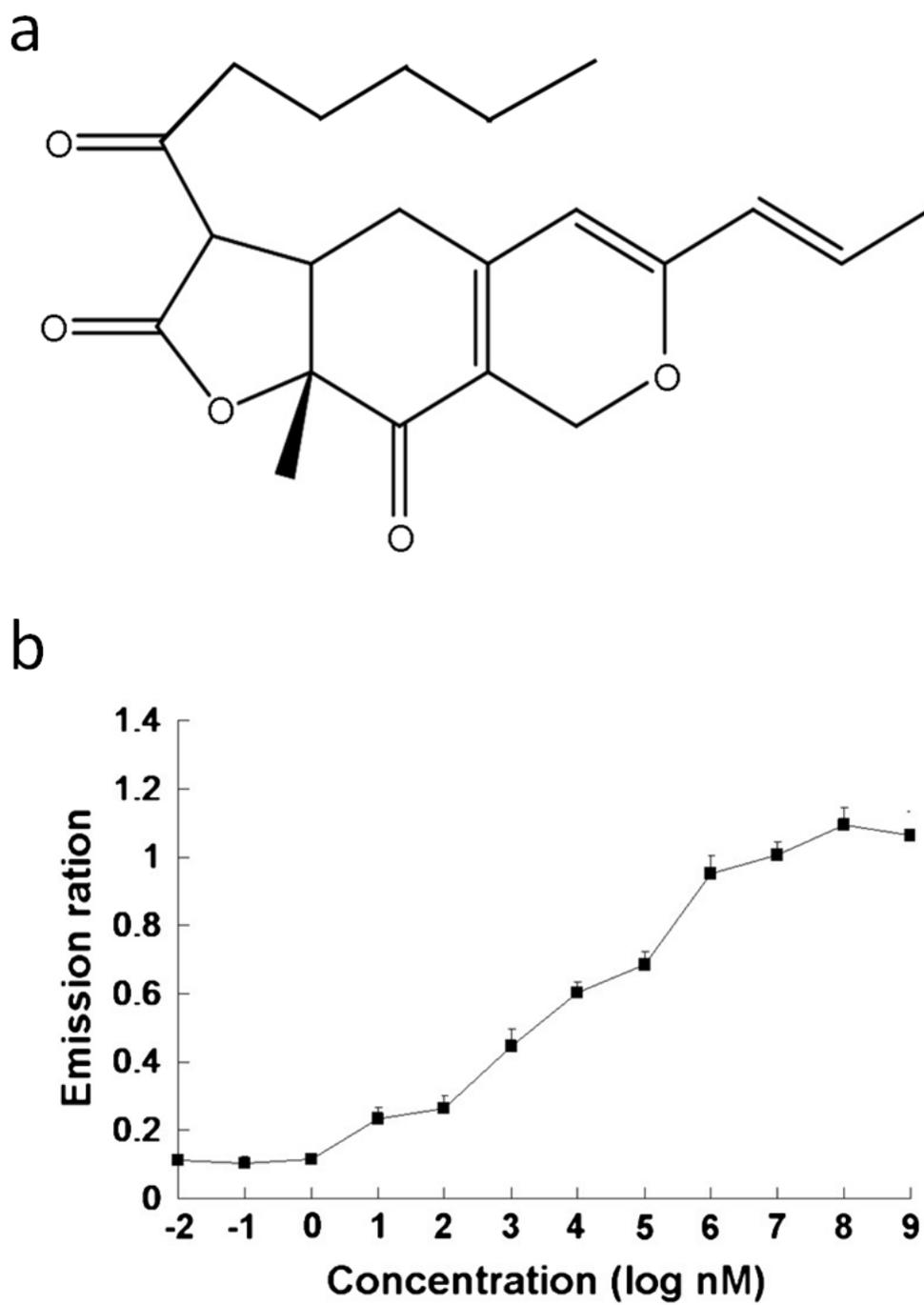
440 ROS generation in CML-treated HSCs.⁵⁰ CML: carboxymethyllysine. ROS: reactive

441 oxygen species. RAGE: receptor for advanced glycation endproducts. α -SMA:

442 α -smooth muscle actin. TIMP: tissue inhibitor of metalloproteinase. MMP-13: matrix

443 metalloproteinase-13.

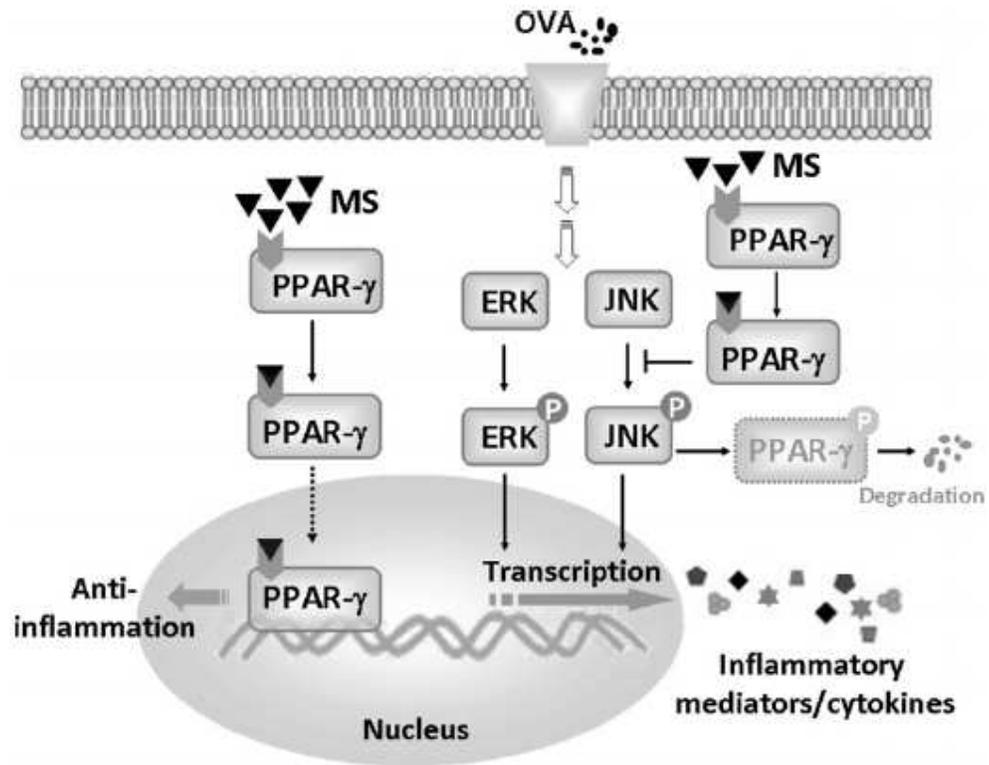
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446 Fig. 1

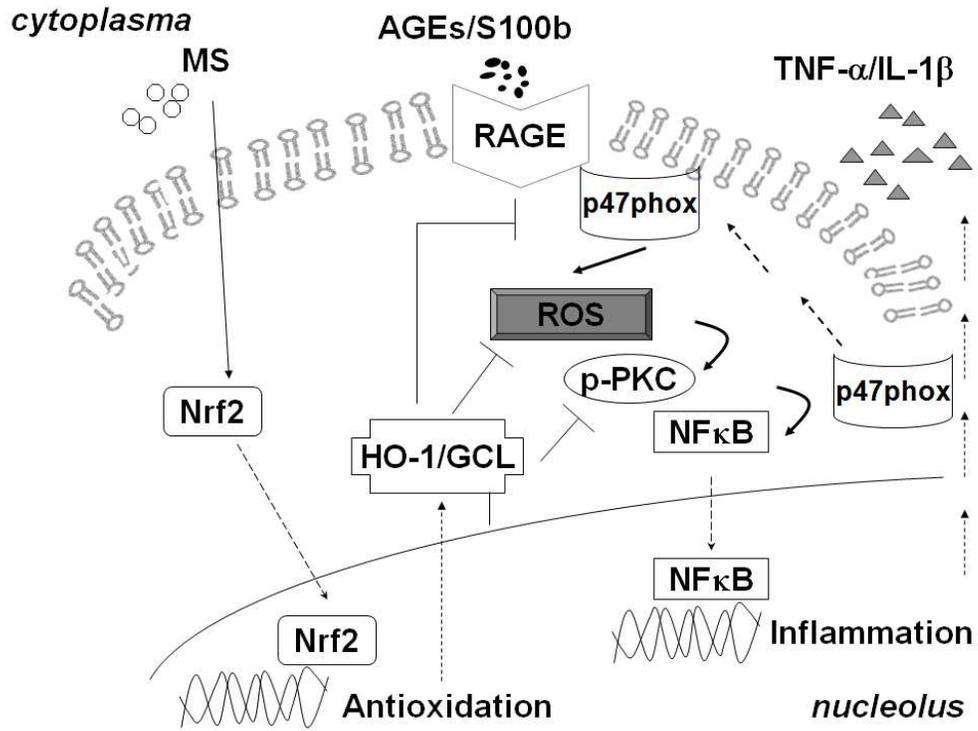
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449 **Fig. 2**

450

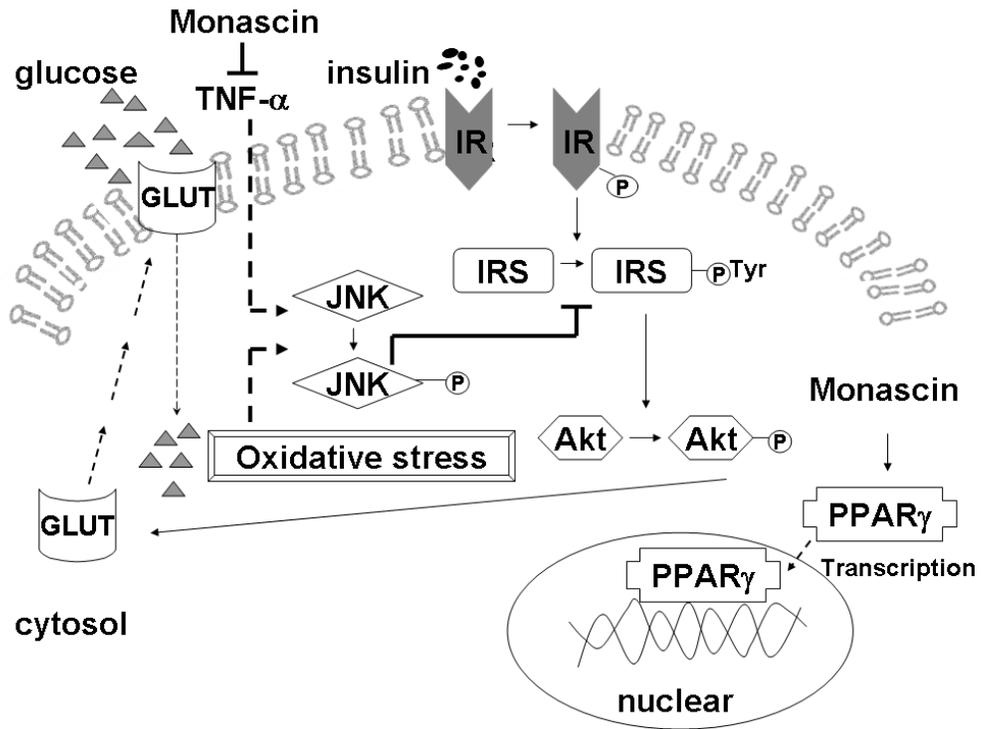


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452 **Fig. 3**

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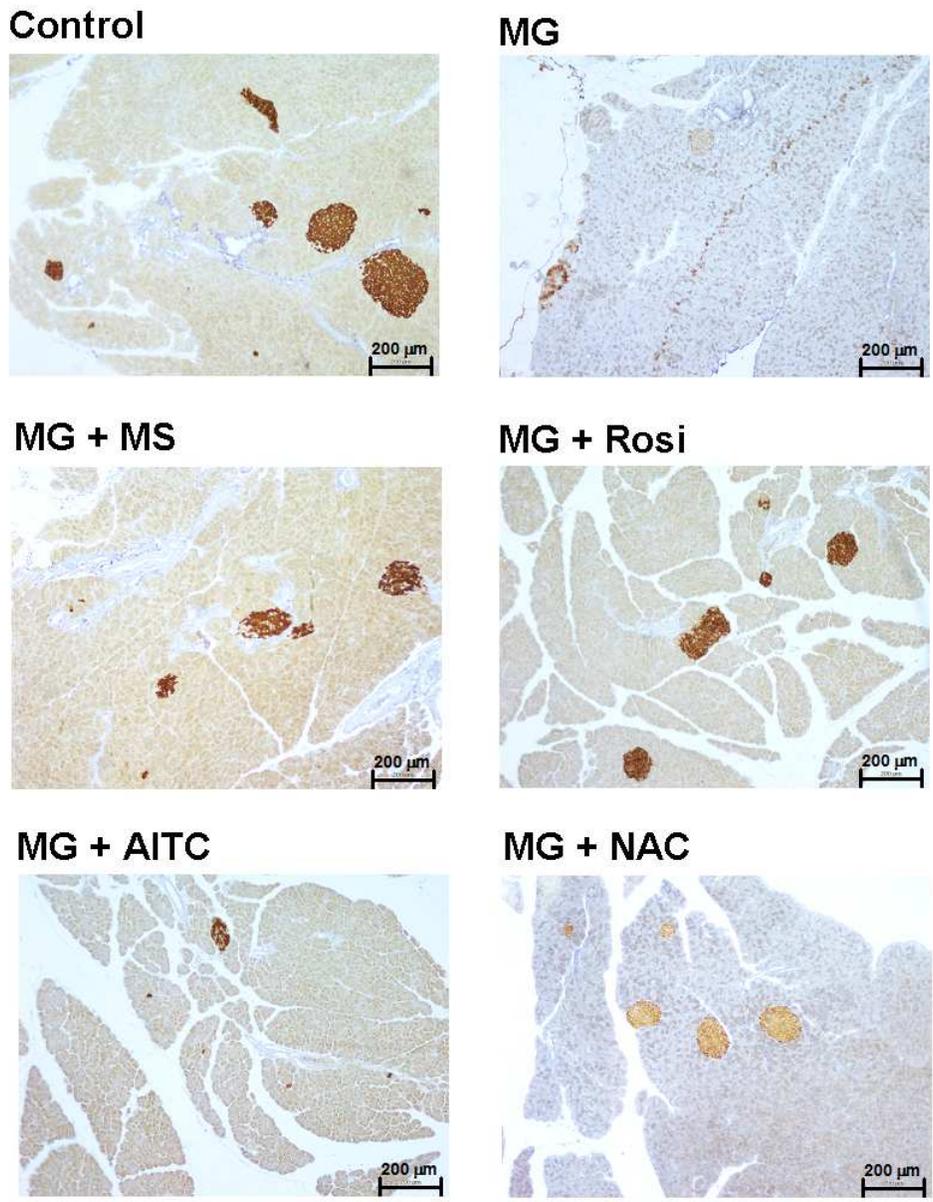
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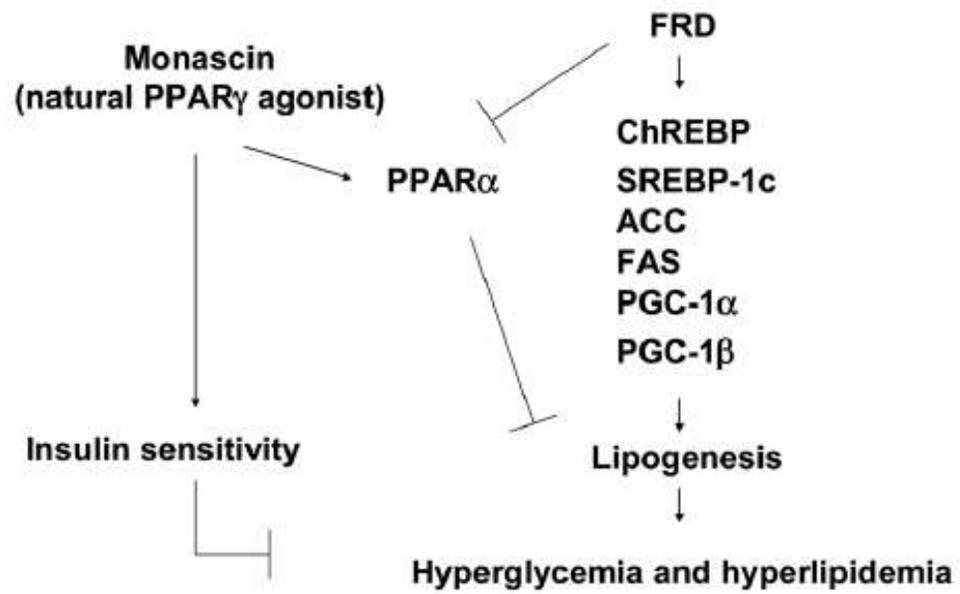
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456 **Fig. 4**

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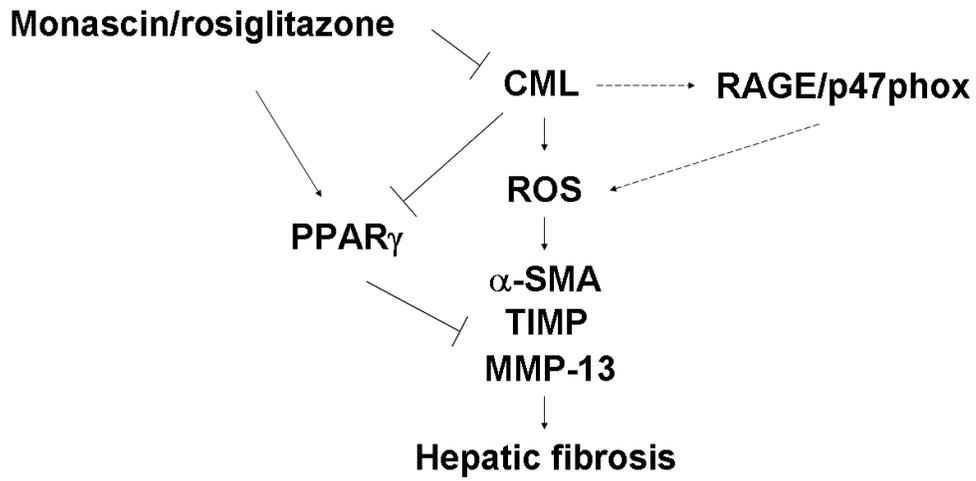
458
459 **Fig. 5**
460



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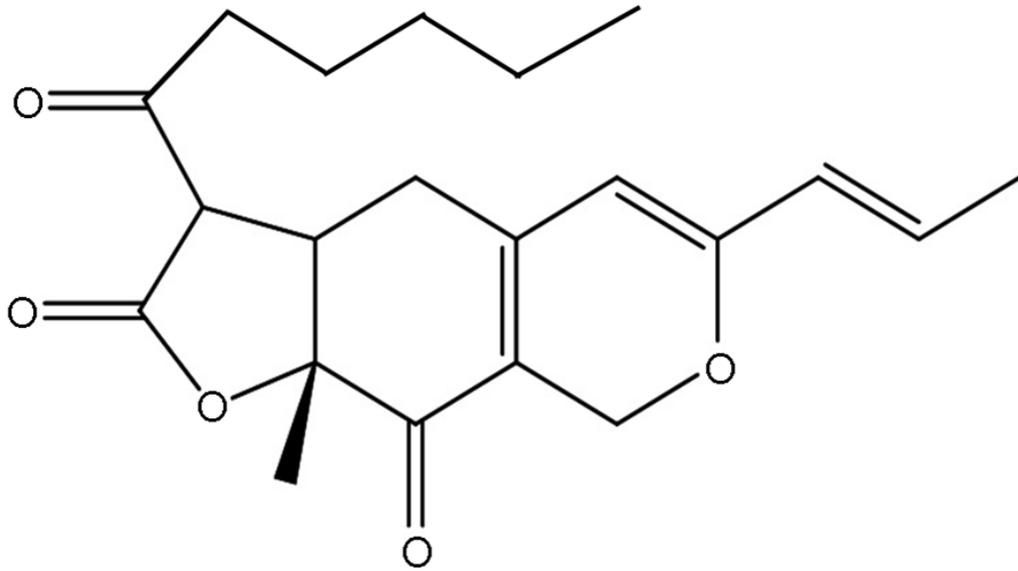
462 **Fig. 6**

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464

465 **Fig. 7**



Graphical abstract