

Dr. Shari Lieberman

Dedicated to the Scientific Pursuit of Better Health

May, 2004 Newsletter

Dr. Shari Lieberman's Nutritional & Integrative Therapy Review Newsletter

Welcome to my newsletter. Each month I review the cutting-edge research in the field of nutritional and integrative medicine and give you my commentary. At the end of each newsletter, I give a specific nutritional protocol for a specific disorder. The newsletters and nutritional protocols can also be found on my website. You may also visit my website to view my numerous Powerpoint presentations given at medical conferences and visit my Q & A, library and more. As an ongoing commitment to excellence in product development, you can also view products I have developed and co-developed with leading experts all over the world.

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1. Panax ginseng.

Kiefer D, Pantuso T. Am Fam Physician. 2003 Oct 15;68(8):1539-42.

Abstract: The herbal remedies referred to as "ginseng" are derived from the roots of several plants. One of the most commonly used and researched of ginseng is Panax ginseng, also called Asian or Korean ginseng. The main active components of Panax ginseng are ginsenosides, which have been shown to have a variety of beneficial effects, including anti-inflammatory, antioxidant, and anticancer effects. Results of clinical research studies

demonstrate that *Panax ginseng* may improve psychological function, immune function, and conditions associated with diabetes. Overall, *Panax ginseng* appears to be well tolerated, although caution is advised about concomitant use with some pharmaceuticals, such as warfarin, oral hypoglycemic agents, insulin, and phenelzine. *Panax ginseng* does not appear to enhance physical performance. Products with a standardized ginsenoside concentration are available.

Commentary: *Panax ginseng* is one of the most studied herbs on the planet. Its safety and pharmacology is well known and established. Ginseng is also an adaptogen and is able to attenuate the body's response to stress and can enhance energy and alleviate fatigue. It can also improve mood and brain function. Ginseng is one of the few Chinese herbs that are used alone as a daily "anti-aging" tonic. It has been used by literally billions of people over the past 4,000 years (give or take!). It is one of the best modulators of cortisol that I have used in my practice. We so often forget about ginseng because it's been around for such a long time. It is also used to speed recovery from illness and surgery. I do take exception to the authors' conclusion about its effects on physical performance. The studies are actually mixed with some showing positive effects and others showing no effect at all. I believe a very stressed athlete may benefit from ginseng as well as an athlete whose performance is compromised by DOMS (delayed onset muscle soreness). I personally take a ginseng product with other adaptogenic herbs in it including *Rhodiola rosea* and Eleuthero root (formerly Siberian ginseng). All of these herbs are simply remarkable for stress – of course not that I have any!

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2. No alteration in platelet function or coagulation induced by EGb761 in a controlled study.

Bal Dit Sollier C, Caplain H, Drouet L. Clin Lab Haematol. 2003 Aug;25(4):251-3.

Abstract: Some cases of spontaneous bleeding have been reported in patients treated with *Ginkgo biloba*. A prospective, double-blind, randomized, placebo-controlled study was carried out in 32 young male healthy volunteers to evaluate the effect of three doses of *Ginkgo biloba* extract (120, 240 and 480 mg/day for 14 days) on hemostasis, coagulation and fibrinolysis. This study did not reveal any alteration of platelet function or coagulation. This suggests that the reported clinical bleeding events in patients receiving *Ginkgo biloba* extract are not related to pharmacological properties of EGb761.

Commentary: Concern about the potential increased bleeding effects of *Ginkgo* are based on approximately 7 case reports of spontaneous bleeding occurring in patients taking this herb. However, it appears that in most if not all of these cases the patient was also taking an anticoagulant drug (blood thinners) such as aspirin or warfarin. Also, the exact brand of *Ginkgo* consumed by these patients still remains unknown. This study raises some interesting

issues. First, in my opinion, brand sometimes does matter. ECG761 has been extensively researched and is a proprietary product from Dr. Willmar Schwabe Pharmaceuticals, Germany and is identified as such on several product labels. This study shows that in normal healthy adults, even very high levels of Ginkgo (480 mg/day) does not result in increased bleeding. Second, herb-drug interaction may be a factor. We know an enormous amount about drug-nutrient interaction. But we are really just beginning to uncover drug-herb interactions. It appears that many herbs have a greater and more complex pharmacological action when compared to many vitamins and minerals. Given the case reports, Ginkgo should still be used with caution in patients on any type of blood thinning medication and if they are taking this herb, their bleeding time needs to be monitored frequently for their safety. Considering how many people take Ginkgo on a daily basis, 7 reports are not significant. There are far more serious adverse reports on common OTC drugs that remain on the market. However, that does not mean that someone should not be conscious when recommending this herb to patients on anticoagulant drugs as well as asking patients about what they are taking so that they can be advised and monitored appropriately.

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3. Dietary intake of trans fatty acids and systemic inflammation in women.

Mozaffarian D, Pischon T, Hankinson SE, Rifai N, Joshipura K, Willett WC, Rimm EB. Am J Clin Nutr. 2004 Apr;79(4):606-12.

Abstract: The relations between TFA intake and inflammatory markers were investigated in 823 generally healthy women in the Nurses' Health Study I and II. Concentrations of soluble tumor necrosis factor alpha receptors 1 and 2 (sTNF-R1, sTNF-R2), interleukin 6 (IL-6), and C-reactive protein (CRP) were measured as markers of inflammation. Usual dietary intakes assessed from 2 semiquantitative food-frequency questionnaires were averaged for each subject. In age-adjusted analyses, TFA intake was positively associated with sTNF-R1 and sTNF-R2, sTNF-R1 and sTNF-R2 concentrations were 10% and 12% higher, respectively, in the highest intake quintile than in the lowest. These associations were not appreciably altered by adjustment for body mass index, smoking, physical activity, aspirin and nonsteroidal anti-inflammatory drug use, alcohol consumption, and intakes of saturated fat, protein, n-6 and n-3 fatty acids, fiber, and total energy. TFA intake positively associated with IL-6 and CRP in women with higher body mass index only. TFA intake is positively associated with markers of systemic inflammation in women. Further investigation of the influences of TFAs on inflammation and of implications for coronary disease, diabetes, and other conditions is warranted.

Commentary: When I was completing my master's degree at New York University (some 25 years ago) we were told in no uncertain terms to recommend margarine to the public. It never made any sense to me because hydrogenating an oil makes it more saturated and when I reviewed the data on TFA it should never have been approved. Trans fatty acid (TFA) intake increases inflammation and appears to predict the risk of coronary artery

disease and diabetes as evidenced in numerous studies. What is most shocking to me is the magnitude of low-carb foods that are loaded with hydrogenated oils (TFA). It is really important to read labels to make sure that the foods you consume do not have any hydrogenated oils in them. They are simply deadly.

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4. New Government Report has Major Concerns Regarding GMO Foods

Washington Post, January 20, 2004

Abstract: The National Research Council panel of the National Academy of Sciences suggests that more work needs to be done to ensure that genetically engineered salmon, corn and other organisms do not taint the food supply or wipe out other species.

Scientists have been trying to find newer technologies that could slow down or completely stop the movement of genetically engineered species, or the spread of their genes. According to the panel, these methods of “bioconfinement” are still in the early research stages, especially the new products deemed hazardous, and show no complete guarantee that they can be kept under control.

A prime example of this, found in a case study and presented by the panel, is the fast growing, gene-altered salmon that is under development by a technology group in Massachusetts. The technology group wants to sell their gene-altered fish for use in ocean pens along the East Coast where other farm-raised salmon are grown. Even though the company acknowledges that some fish will escape, they say the fish would be too dependent on food supplied by humans and are likely to die in the open ocean.

However, the panel disagrees and believes the salmon won't die, but instead would wipe out stocks of wild Atlantic salmon by competing with them for food and, among males, competing to mate with females. In response to the panel's concern, the technology company says they plan to sell only sterile, female salmon. But as of now, the methods used for sterilizing fish are not entirely reliable, and the panel urges the company to have the fish tested individually for sterility or have them grown only in tanks on land.

The National Research Council panel also recommends that companies and laboratories adopt an integrated confinement system that includes at least two distinct techniques for the organisms that pose risk. These plans should be overseen by regulators and should factor in the likelihood of human error, the panel added. If accepted, the recommendations are said to impose new costs and burdens on the U.S. biotechnology industry.

Commentary: This is way too little – way too late. Genetically engineered foods are a travesty of science. Let me explain why. There is NO safety data.

Multigenerational studies are required to demonstrate that a “new” engineered food may be safe. That means that for example, a rat would be fed a genetically engineered food (or a monkey, etc.). You would then examine their offspring and feed the offspring that food as well and perhaps even do this for another generation. This has NEVER been done with these foods. Without this data it is impossible to determine if the food is safe. Even worse, genetically engineered food has been introduced into our food supply WITH ABSOLUTELY NO LABELING!!! This is insane. That means 20 years from now we wouldn't even be able to collect data to determine if the food did harm because no one would know what the heck they were eating! And worst of all, genetically engineered crops such as soy, tomato and corn have already mingled with non-genetically engineered crops and there is little we can do to stop it. Seeds spread through wind and insects and the invasion of genetically engineered crops have already occurred. There were absolutely no safeguards in place. There is accumulating scientific data that these foods are in fact unsafe. One of the greatest examples is the Monarch butterfly not being able to reproduce after feeding on genetically engineered corn. There are other examples of this as well. With genetic engineering you have different species being mixed together. If the food is unlabeled and for example you have a serious peanut allergy and the food now contains peanut fragments it could be deadly for someone severely allergic to peanuts. You have other foods being engineered with microorganisms to try to make crops more resistant (this includes engineering with insects, microbes, etc.). And now they want to do it to salmon and I'm sure chicken is next. I don't want to eat this! Also, the European Union has banned the importation of genetically engineered food. The “scientists” here who support GMOs infer that the European scientists don't know what they are talking about. How arrogant!

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5. Protective effects of green tea extracts (polyphenon E and EGCG) on human cervical lesions.

Ahn WS, Yoo J, Huh SW, Kim CK, Lee JM, Namkoong SE, Bae SM, Lee IP. Eur J Cancer Prev. 2003 Oct;12(5):383-90

Abstract: The clinical efficacy of green tea extracts (polyphenon E; poly E and (-)-epigallocatechin-3-gallate [EGCG]) delivered in a form of ointment or capsule in patients with human papilloma virus (HPV) cervical lesions was investigated. Fifty-one patients with cervical lesions (chronic cervicitis, mild dysplasia, moderate dysplasia and severe dysplasia) were divided into four groups, and compared with 39 untreated patients as a control. Poly E ointment was applied locally to the cervix of 27 patients twice a week. For oral delivery, a 200 mg of poly E or EGCG capsule was taken orally every day for eight to 12 weeks. In the study, 20 out of 27 patients (74%) under poly E ointment therapy showed a response. Six out of eight patients under poly E ointment plus poly E capsule therapy (75%) showed a response, and three out of six patients (50%) under poly E capsule therapy showed a response. Six out of 10 patients (60%) under EGCG capsule therapy showed a response. Overall, a 69% response rate (35/51) was noted for treatment with green tea extracts, as compared with a

10% response rate (4/39) in untreated controls. Thus, the data collected here demonstrated that green tea extracts in a form of ointment and capsule are effective for treating cervical lesions, suggesting that green tea extracts can be a potential therapy regimen for patients with HPV infected cervical lesions.

Commentary: HPV is a major cause of cervical cancer. The conventional treatment is costly and invasive and does not insure that the HPV and lesions won't return. This study demonstrates that green tea extract taken orally and intravaginally and applied to the cervix significantly heals the lesions associated with HPV. However, what I would have liked to see in this study is more detail about the percent of pap smears returning to normal or being lowered in grade (e.g. from severe to mild). I would also like to see a longer term follow up to see if the lesions return while patients remain on oral green tea. Even just taking the capsules alone significantly reduced the lesions as well. In my personal, clinical experience I have found high-dose antioxidants including natural beta-carotene along with folic acid to be of tremendous therapeutic benefit. I also use glycyrrhizin – one of the most active antiviral compounds found in licorice root. I have used it orally with excellent long term results. I have observed reversal of cervical dysplasia and eradication of HPV with no recurrence (confirmed by a gynecologist). I have had confirmation of these results using just oral glycyrrhizin as well as combining this therapy by using it topically on the cervix as well. It appears that standardized green tea extract may be another safe and effective treatment option. I will add green tea supplements to the regimen I presently use.

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6. Postmenopausal levels of oestrogen, androgen, and SHBG and breast cancer: long-term results of a prospective study.

Zeleniuch-Jacquotte A, Shore RE, Koenig KL, Akhmedkhanov A, Afanasyeva Y, Kato I, Kim MY, Rinaldi S, Kaaks R, Toniolo P. Br J Cancer. 2004 Jan 12;90(1):153-9.

Abstract: Researchers assessed the association of sex hormone levels with breast cancer risk in a case-control study nested within the cohort of 7054 New York University (NYU) Women's Health Study participants who were postmenopausal at entry. The study included 297 cases of breast cancer diagnosed between 6 months and 12.7 years after enrollment and 563 controls. Breast cancer risk for the highest quintile of each hormone was 2.49 for estradiol; 3.24 for estrone; 2.37 for testosterone; 2.07 for androstenedione; 1.74 for dehydroepiandrosterone sulfate (DHEAS); and 0.51 for SHBG. Estrogen most strongly associated with risk in this study. Results show that the associations between estrogen and androgen levels and breast cancer risk are present 5 or more years prior to diagnosis and therefore more likely represent an effect of circulating hormones than of the tumor. This is a key finding towards establishing that sex hormones are causally related to breast cancer. Our

results also suggest that the contribution of androgens to breast cancer risk is largely through their role as substrates for estrogen production.

Commentary: This study examined the risk of endogenous (self made) levels of hormones. These participants did not take HRT within the past 6 months of entering the study. What is most revealing is the fact that high levels of estrogen (estradiol and estrone) were associated with the highest risk of breast cancer. Androgens were associated with a higher risk of breast cancer but only in very overweight women. The explanation appears to be that overweight women aromatize (convert) androgens such as testosterone to estrogen more so than thinner women thus raising their estrogen levels. Those with the highest levels of androstenedione and DHEA also had an increased risk presumably because these two hormones also serve as precursors for estrogen production. This should urge some caution even for the use of bioidentical hormones. They still provide estrogens and other hormones such as DHEA that can be converted to estrogen by the human body thus increasing breast cancer risk. The best way to do any hormonal manipulation if needed is to make sure that there are regular assessments of all hormones to make sure that one remains in the safe range. It would have been interesting if researchers measured the ratio of 16-alpha-hydroxyestrone (risk marker for breast cancer) to 2-hydroxyestrone (lowers risk of breast cancer) to see if these ratios correlated with these high levels of hormones.