



Your Monthly Update

Dear Colleague

Welcome to the May 2008 newsletter from Pure Bio Ltd.

Pure Bio is now stocking **Hesperidin Plus** in the **larger size of 180 capsules**, as well as the existing 60 capsules size. Patients who rely on this bioflavonoid to survive the hay-fever season will find this a much more cost-effective size.

Hesperidin Plus 180 is available from stock at a price of £32.57 and can be purchased by 'phone, email, fax or from our website www.purebio.co.uk in the usual way.

Did you know:

A study at London's Imperial College found that high cholesterol levels protected people with chronic heart failure, leading to significant reductions in death rates. The report showed that the chance of survival increases by 25% for each mmol/L increment in total cholesterol.

Our topic for this month is:

Lupus (Systemic Lupus Erythematosus)

Ranking	Nutritional Supplements	Botanical Medicine
Secondary	DHEA Fish oil (EPA/ DHA)	<i>Tripterygium wilfordii</i>
Other	Pantothenic acid Vitamin E	Astragalus
<p>Primary – Reliable and relatively consistent scientific data showing a substantial health benefit.</p> <p>Secondary – Contradictory, insufficient, or preliminary studies suggesting a health benefit or minimal health benefit.</p> <p>Other – An herb is primarily supported by traditional use, or the herb or supplement has little scientific support and/or minimal health benefit.</p>		

The Facts

Lupus is an autoimmune disease which can cause either recurring red round patches of skin rash (discoid lupus) or inflammation in joints, tendons, connective tissue and other organs, (systemic lupus).

The condition affects mostly young women in their late teens to 30s. There is often a family history of the disease, which can be triggered by environmental pollution. Additional risk factors include suffering from asthma; low blood levels of antioxidants, especially vitamins A and E; and having irregular periods. Sunlight has been shown to trigger the first outbreak of discoid lupus.

Dietary Modification

An isolated case of someone with SLE improving significantly after the introduction of a vegetarian diet has been reported. In Japan, women who frequently ate fatty meats, such as beef and pork, were reported to be at higher risk for SLE compared with women eating little of these foods.

Consuming fewer calories, less fat and avoiding foods high in phenylalanine (chocolate, apples, chicken and peanuts) and tyrosine (dairy products, fish and oats) might be helpful, according to animal and preliminary human studies.

Many sufferers are intolerant of dairy products, especially cow's milk - which contains casein - a protein with immune-stimulating properties.

Foods high in omega-3 fatty acids, such as fish and flaxseed, may decrease lupus-induced inflammation. In one preliminary trial, nine people with kidney damage due to SLE were fed increasing amounts of flaxseed for a total of 12 weeks. After examining the results, researchers concluded that 30 grams per day was the optimal intake for improving kidney function, decreasing inflammation, and reducing atherosclerotic development. Flaxseeds also contain antioxidants, potentially helpful to those with SLE.

To date, all studies on fish oil have used supplements and not fish. Nonetheless, many doctors recommend that SLE patients eat several servings of fatty fish each week.

Spanish researchers discovered that people with SLE tend to have more allergies, including food allergies, than do healthy people or even people with other autoimmune diseases. While one study reported that drinking milk was associated with a decrease in SLE risk, other investigations point to both beef and dairy as foods that might trigger allergic reactions in some people with SLE. Casein, the main protein in cow's milk, has immune-stimulating properties. This might explain why some people with SLE have been reported to be intolerant of milk products.

Alfalfa seeds and sprouts contain *L-canavanine*, which provokes a lupus-like condition in monkeys and possibly humans. For this reason, it is recommended that people with SLE should avoid these foods. Cooking alfalfa seeds has been reported to erase this effect.

Lifestyle Modification

In preliminary research, smoking has been linked to significantly increased risk of developing SLE, while drinking alcohol has been associated with a decrease in risk. The importance of these associations remains unclear, though an increased risk for many other diseases has been definitively linked to excessive consumption of alcohol.

Nutritional Supplement Treatment Options

DHEA - Low blood levels of the hormone DHEA and the related compound DHEA-sulphate have been associated with more severe symptoms in people with SLE. Preliminary trials have suggested that 50 to 200 mg per day DHEA improved symptoms in people with SLE. One double-blind trial of women with mild to moderate SLE found that 200 mg of DHEA per day improved symptoms and allowed a greater decrease in prednisone use, but a similar trial in women with severe SLE found only insignificant benefits.

Experts have concerns about the use of DHEA, particularly because there are no long-term safety data. Side effects at high intakes (50 to 200 mg per day) in one 12-month trial included acne (in over 50% of people), increased facial hair (18%), and increased perspiration (8%). Less common problems reported with DHEA supplementation were breast tenderness, weight gain, mood alteration, headache, oily skin, and menstrual irregularity.

High amounts of DHEA have caused cancer in animals. There is concern about links between long-term high doses of DHEA and prostate cancer in men / breast cancer in women. These cancer concerns make sense because DHEA is a precursor to testosterone (linked to prostate cancer) and oestrogen (linked to breast cancer).

Some doctors recommend that people taking DHEA have liver enzymes measured routinely.

[EPA/DHA](#) - The omega-3 fatty acids in fish oil—eicosapentaenoic acid (EPA) and docosahexaenoic acid (DHA)—decrease inflammation. Supplementation with EPA and DHA has prevented autoimmune lupus in animal research. In a double-blind trial, 20 grams of fish oil daily combined with a low-fat diet led to improvement in 14 of 17 people with SLE in 12 weeks. People wishing to take such a large amount of fish oil should first consult with a practitioner.

- [EPA/DHA capsules PE](#)
- [EPA/DHA liquid PE](#)

[Antioxidants](#) - Antioxidant levels have been reported to be low in people with SLE, though this finding was not statistically significant in one trial. When animals are fed antioxidant-deficient diets, they develop a condition similar to SLE. Supplementation with antioxidants, such as [vitamin C](#), [vitamin E](#), [beta-carotene](#), and [selenium](#), has helped animals with existing SLE.

[Vitamin E](#) - Some preliminary evidence suggests that vitamin E might help people with discoid lupus erythematosus (DLE) when given in high doses (above 800 i.u. daily).

- [Vitamin E PE](#)
- [Tocotrienols PE](#)

In one preliminary report, 250,000 IU beta-carotene per day cleared up all facial rashes in as little as one week for three people with DLE. Research has not yet supported the use of beta-carotene for people with SLE. – [beta-carotene PE](#)

[Pantothenic Acid](#) - Preliminary research suggests that pantothenic acid, when taken together with vitamin E, may help those with DLE. – [Pantethine PE](#)

[Pycnogenol](#) - In a preliminary study, supplementation with pycnogenol was said to be beneficial in a small group of people with SLE - [Pycnogenol PE](#)

Botanical Treatment Options

Preliminary evidence indicates that some Chinese herbs may help those with SLE. In one preliminary trial, a formula composed of 17 Chinese herbs was given to people with SLE. Of the people who were also taking cortisone, 92% improved, but 85% of those taking the herbs alone also benefited. People with SLE-induced kidney damage given a combination of conventional drugs plus a Chinese herbal formula for six months did significantly better than those given the drugs alone. Various Chinese herbs have prolonged survival in animals with SLE.

One of these Chinese herbs, [Tripterygium wilfordii](#), is thought to benefit those with SLE or DLE by both suppressing immune function and acting as an anti-inflammatory

agent. When people with DLE took 30 to 45 grams of tripterygium per day for two weeks in a preliminary trial, most experienced some degree of improvement, including reduction or disappearance of skin rashes. Skin rashes in eight people completely cleared up, while in ten people over 50% of the rash improved.

A preliminary trial gave the same dose of tripterygium to people with SLE. After one month, 54% experienced relief from symptoms such as arthralgia and malaise.

Because of potential side effects, people with SLE or DLE should consult with a practitioner experienced in herbal medicine before using this herb. In the first two studies summarized, less than 8% of women with DLE and approximately one-third of women with SLE experienced amenorrhea after taking tripterygium. Other side effects ranged from stomach upset or pain, to nausea, loss of appetite, dizziness, and increased facial colouring. Both studies found that these effects subsided with time once people stopped using the herb. Pregnant women should not use the herb.

Patients should have their bone density checked at yearly intervals by their doctor when using the herb.

One Chinese preliminary trial also found that [Astragalus](#) could decrease overactive immune function in people with systemic lupus erythematosus – [Astragalus tincture 30ml, Pure Bio](#)

Herbalists recommend herbs such as [Cleavers](#) and [Yellow Dock](#) to improve the lymphatic system - which drains away toxins, and [Gentian](#) to boost good digestion and encourage feelings of greater well-being. These herbs will also help the liver and the kidneys with the elimination of the toxic by-products.

- [Yellow Dock tincture 30ml, Pure Bio](#)
- [Gentian tincture 30ml, Pure Bio](#)

***Alfalfa** has been linked with worsening this condition. It contains L-canavanine which can trigger an autoimmune response in susceptible individuals.

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