



## Your Monthly Update

*Dear Colleague*

Welcome to the November 07 newsletter from Pure Bio Ltd.

Our topic for this month is:

### Gallbladder Disease

Ranking	Nutritional Supplements	Botanical Medicine
Secondary	Wheat bran	
Other	Betaine HCl Phosphatidylcholine Vitamin C Vitamin E	Milk thistle Peppermint oil
<p><b>Primary</b> – Reliable and relatively consistent scientific data showing a substantial health benefit.</p> <p><b>Secondary</b> – Contradictory, insufficient, or preliminary studies suggesting a health benefit or minimal health benefit.</p> <p><b>Other</b> – 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

Gallbladder disease is swelling of the gallbladder, and most often occurs in association with gallstones.

The primary cause of disease is inflammation, caused by a stone blocking the pathway in the gallbladder. Gallstones can be as small as a grain of sand or as large as a golf ball.

### Signs and Symptoms

- Pain, mostly on the upper right side of the abdomen
- Pain following meals, intolerance of fatty foods
- Nausea, vomiting
- Loss of appetite

### Dietary Modification

Cholesterol is the primary ingredient in most gallstones. Some, but not all, research links dietary cholesterol to the risk of gallstones. A recent study of residents of

southern Italy found that a diet rich in sugars and animal fats and poor in vegetable fats and fibres was a significant risk factor for gallstone formation.

Most studies report that vegetarians are at low risk for gallstones. In some trials, vegetarians had only half the gallstone risk compared with meat eaters. Vegetarians often eat fewer calories and less cholesterol. They also tend to weigh less than meat eaters. All of these differences may reduce gallstone incidence. The specific factors in a vegetarian diet that account for a low risk of gallstone formation remain somewhat unclear and may only be present in certain vegetarian diets and not others. For example, some studies have found that vegetarians eating a high vegetable fat diet had elevated rather than reduced risks of gallstone formation.

Coffee increases bile flow and therefore might reduce the risk of gallstones. In a large study of men, those drinking two to three cups of regular coffee per day had a 40% lower risk of gallstones compared with men who did not drink coffee. In the same report, men drinking at least four cups per day had a 45% reduced risk. Caffeine appears to be the protective ingredient, as decaffeinated coffee consumption was not linked with any protection. Caffeinated beverages can aggravate symptoms of insomnia, peptic ulcer, panic attacks, and a variety of other conditions.

Constipation has been linked to the risk of forming gallstones. When constipation is successfully resolved, it has reduced the risk of gallstone formation. Wheat bran, commonly used to relieve constipation when combined with fluid, has been reported to reduce the relative amount of cholesterol in bile of a small group of people whose bile contained excessive cholesterol (a risk factor for gallstone formation). The same effect has been reported in people with pre-existing gallstones. Bran should always be accompanied by plenty of fluid. Adding more bran may cause gastrointestinal symptoms in some people.

Gallbladder attacks (though not the stones themselves) have been reported to result from food allergies. The one study to examine this relationship found that all of the participants with gallbladder problems showed relief from gallbladder pain when allergy-provoking foods were identified and eliminated from the diet. Eggs, pork, and onions were reported to be the most common triggers. Pain returned when the problem foods were reintroduced into the diet.

## Lifestyle Modification

People with gallstones may consume too many calories and are often overweight. Obese women have seven times the risk of forming gallstones compared with women who are not overweight. Even slightly overweight women have significantly higher risks. Losing weight is likely to help, but *rapid* weight loss might increase the risk of stone formation. Weight-loss plans generally entail reducing dietary fat, a change that itself correlates with protection against gallstone formation and attacks.

In women, recreational exercise significantly reduces the risk of requiring gallbladder surgery due to gallstones. In a study of over 60,000 women, an average of two to three hours per week of recreational exercise (such as cycling, jogging, and swimming) reduced the risk of gallbladder surgery by about 20%.

Use of birth control pills significantly increases a woman's risk of developing gallstones.

## Other therapies

The most common medical treatment for gallstones is surgical removal of the gallbladder (cholecystectomy). Mechanical shock waves (lithotripsy) may also be applied to break up the stones. Unfortunately, gallstones commonly recur following non-surgical forms of treatment.

Prescription drugs used to dissolve stones:

- An oral bile acid, ursodeoxycholic acid (ursodiol), can dissolve cholesterol stones that are quite small (less than 15 mm in diameter). The drug is successful in about 40% of patients.
- Methyl tert-butyl ether and monoctanoin (Moctanin) are solvents that are infused directly into the bile duct or the gallbladder to dissolve stones.

## Nutritional Supplement Treatment Options

Vitamin C is needed to convert cholesterol to bile acids. In theory, such a conversion should reduce gallstone risks. Women who have higher blood levels of vitamin C have a reduced risk of gallstones. Although this does not prove that vitamin C supplements can prevent or treat gallstones, some researchers believe this is plausible. One study reported that people who drink alcohol and take vitamin C supplements have only half the risk of gallstones compared with other drinkers, though the apparent protective effect of vitamin C did not appear in non-drinkers. In another trial, supplementation with vitamin C (500 mg QID for two weeks before gallbladder surgery) led to improvement in one parameter of gallstone risk (“nucleation time”), though there was no change in the relative level of cholesterol found in bile.

- [\*Buffered Ascorbic Acid capsules / powder PE\*](#)
- [\*Pure Ascorbic Acid capsules / powder PE\*](#)

Betaine HCl - According to one older report, people with gallstones were likely to have insufficient stomach acid. If appropriate, supplementation with betaine HCl may be recommended – [\*Betaine HCl Pepsin PE\*](#)

Phosphatidylcholine (PC)—a purified extract from lecithin—is one of the components of bile that helps protect against gallstone formation. Some preliminary studies suggest that 300–2,000 mg per day of PC may help dissolve gallstones – [\*Phosphatidyl choline PE\*](#)

Vitamin E (400 - 800 IU/day) promotes bile production – [\*Vitamin E 400 i.u. PE\*](#)

## Botanical Treatment Options

Milk thistle extracts in capsules or tincture may be beneficial in preventing gallstones. In one study, silymarin (the active component of milk thistle) reduced cholesterol levels in bile, which is one important way to reduce gallstone formation. People in the study took 420 mg of silymarin per day.

- [\*Silymarin PE\*](#)
- [\*Milk Thistle tincture Pure Bio\*](#)

Choleretic herbs reduce the amount of cholesterol present in bile which may help prevent gallstones. Especially useful are dandelion root (*Taraxacum officinale*), greater celandine (*Chelidonium majus*), globe artichoke (*Cynara scolymus*), and turmeric (*Curcuma longa*).

Enteric-coated peppermint oil (*Mentha piperita*) may help dissolve stones (0.2 to 0.4 ml three times a day between meals).

According to preliminary research, a mixture of essential oils dissolved some gallstones when taken for several months. The greatest benefits occurred when the oils were combined with chenodeoxycholic acid, which is available by prescription. However, only about 10% of people with gallstones have shown significant dissolution as a result of taking essential oils.

## Homeopathy

Some of the most common remedies are listed below. Usually, the dose is 3 to 5 pellets of a 12C to 30C remedy every 1 to 4 hours until symptoms subside.

- [Colocynthis](#) for colicky abdominal pains that are lessened by pressure or bending double
- [Chelidonium](#) for abdominal pain that moves to right shoulder area
- [Lycopodium](#) for abdominal pain that is worse with deep breaths.

## Castor oil pack.

- 1) For two weeks, drink large quantities of apple juice (up to 1 litre per day), to soften the stones. Alternatively, use apple pectin powder which can be sprinkled on cereal or bread.
- 2) For the last three nights of the fortnight, apply oil to a clean, soft cloth (or use a castor oil pack available from TCM practitioners) and place on abdomen. Cover with plastic e.g. cling-film around the abdomen; then place a heat source (hot water bottle or heating pad) over the pack, and let sit for 30 - 60 minutes.
- 3) On the final day: drink a cup of olive oil with lemon juice, divided every half hour for three hours.
- 4) Also, chew on linseeds to extract the oil, which stimulates mucous from the gastrointestinal tract and speeds up the transit of the stones.

## Acupuncture

Acupuncture may be especially helpful in pain relief, reducing spasm, and easing bile flow and proper liver and gallbladder function.

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