

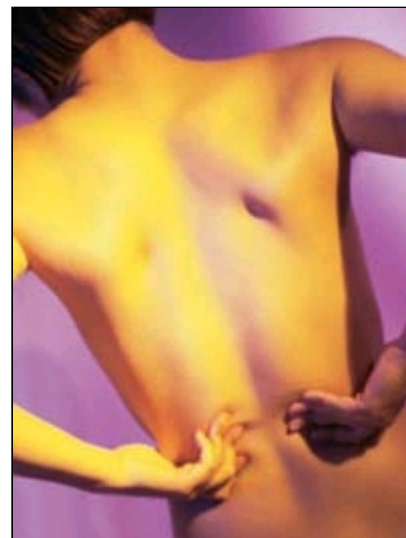
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## Q &amp; A

Treating lower back pain, I3C and high estrogen levels, plus...

Q I have had lower back pain since 1973. Do you have any suggestions?

A For some people, boosting brain levels of endorphins can provide natural pain suppression. This may not be effective for acute (short-term severe) pain, but is a safe method of alleviating chronic (long-lasting) pain. The amino acid phenylalanine acts as an "endorphin shield," battling pain indirectly by helping the body's built-in pain-control system grow more powerful. It is not a drug, and it does not work directly against pain. Like other amino acids, phenylalanine comes in "d" and "l" (right and left) forms. The difference between the forms is like the difference between your hands. A mixture of the two forms, known as dl-phenylalanine (DLPA), has been used to fight pain since 1978. Researchers at the Chicago Medical School discovered that this amino acid blocked pain in 70% of the mice used. They also discovered that the pain-blocking action actually grew stronger with time. Standard medicines tend to become less effective over time, as the body grows accustomed to them, but phenylalanine was actually more effective on the ninth day than it was on the first. Also, consider including supplements to reduce inflammation such as Super GLA/DHA and vitamin K. Vitamins and antioxidants are helpful during times of chronic pain, which puts stress on the body and over time reduces its ability to function, heal itself and fend off disease. Try to include the following supplements-B-complex, vitamin C, vitamin E, ginger, green tea, curcumin and ginkgo biloba. Also, use the minerals selenium and magnesium.



Q I have read that Indole-3-Carbinol (I3C) actually increases the activity of aromatase enzyme and that DIM does not. Wouldn't I3C be contraindicated for men with high estrogen levels?

A I3C does not increase the activity of aromatase enzyme and is not contraindicated for men with high estrogen levels. In fact, men with high estrogen levels could benefit from I3C. In one study, men received I3C for one week; a profile of 13 estrogens was measured. The results were that I3C significantly increased the urinary excretion of C-2 estrogens. The urinary concentrations of nearly all other estrogen metabolites, including levels of estradiol, estrone, estriol and 16 alpha-hydroxyestrone, were lower after I3C treatment [J Natl Cancer Inst 1997 May 21;89(10):718-23]. On the other hand, studies have shown that DIM can actually induce aromatase activity with a two-fold increase [Toxicol Sci 2001 May;61(1):40-8]. For more information on the comparison between the I3C and DIM, please refer to our January 2002 issue.



Q Will chondroitin and glucosamine affect high cholesterol levels?

A According to a study in Atherosclerosis [1977 Feb;26(2):205-13], glucosamine does not affect the concentration response of serum cholesterol. In reference to chondroitin sulfate, according to published studies, it may help to lower blood cholesterol levels. Preliminary research showed that chondroitin sulfate may prevent atherosclerosis in animals and humans and may also prevent myocardial infarctions in people with pre-existing atherosclerosis [Jpn Heart J 1968;9:453-60, Atherosclerosis 1972;16:105-18, Exp Med Surg 1969;27:278-89, Angiology 1973;24:269-82].

Q Your description of the Herbal Cardiovascular Formula discusses the benefits of gugulipid extract, but the description of the product lists gugulipid gum powder. I would think an extract would have a higher concentration of the active ingredient. Does this suggest that your actual product is less beneficial than the product used in medical studies?

A The form of gugulipid (Commiphora mukul) in the Herbal Cardiovascular Formula is the same form that has been used in studies. Commiphora mukul-the active ingredient of the gugulipid gum powder-is a small, thorny plant that grows throughout India. Guggul and gum

guggulu are two different names given to a yellowish resin produced by the stem of the plant. This resin is the source of extracts of guggul and has been used in many studies. In Cardiovasc Drugs Ther [1994 Aug;8(4):659-64], Commiphora mukul was shown to decrease total cholesterol levels by 11.7%, LDL by 12.5% and triglycerides by 12.0% in a 24 week period. Clinical studies have indicated that Commiphora mukul affords cardioprotective benefits [Altern Med Rev 1998 Dec;3(6):422-31]. A study published in J Postgrad Med [1991 Jul;37(3):132-5] has shown that Commiphora mukul significantly prevented an increase in serum cholesterol and serum triglyceride levels in albino rats caused by atherogenic diet.

Q Does Super GLA/DHA contain any EPA? And if not, why? According to "Fats for Life" (Life Extension magazine, July 2001, p. 20), EPA appears to have little value. The fish oil contains 50% DHA-what is the other 50%? And the borage oil contains 25% GLA-what is the other 75%?

A Super GLA/DHA contains 23% EPA, 50% DHA and 25% GLA; the remainder is borage and fish oils. The article did not say that EPA is of little value. In fact, it states that EPA limits the production of the bad series-2 prostaglandins by preventing the release of arachidonic acid from cell membranes, inhibiting its further metabolism. The article also stated that GLA and DHA/EPA are beneficial in the prevention of cardiovascular diseases and reduction of systolic blood pressure. However, it has recently been discovered that DHA is the more important of the two, not the only important one. DHA has consistently proven to be more effective in lowering plasma triglycerides, increasing HDL cholesterol levels and lowering blood pressure and heart rate [Lipids. 1999; 34 Suppl:S313, Pharmacol Res. 1999; 40(3):211-25, Clin Exp Pharmacol Physiol. 1995; 22 Suppl 1:S308-9].

Q I am a professor and doctor at the Chinese Traditional Medicine Department at China Shenzhen People hospital. One of my patients has taken curcumin to lower cholesterol; he has achieved good results. I would like to recommend that he continue taking curcumin. Before doing so, I would like to know if curcumin is safe for long-term use. What information can you give me?

A There are no studies indicating that curcumin is toxic in long-term use. In fact, curcumin has been used for over 3,000 thousand years by the Indians in traditional Ayurvedic medicine [Ann Acad Med Singapore 2000 Jan;29(1):37-41]. Besides the benefits of cholesterol reduction, curcumin is a potent antioxidant extract from the spice turmeric that has a wide range of other health benefits such as specific anti-viral, anti-inflammatory and anti-cancer properties. Curcumin provides broad-spectrum effects throughout the body. In addition to being a potent antioxidant, curcumin suppresses the enzyme COX-2. Overexpression of COX-2 is related to the development of certain cancers and chronic inflammatory diseases [Biochimica et Biophysica Acta-Molecular Basis of Disease (Netherlands), 1996, 1317/2 (95-100), Mutation Research-Genetic Toxicology (Netherlands), 1996, 370/2 (127-131), Biochemical Pharmacology (United Kingdom), 1995, 49/11 (1551-1556)].



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