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-  **Fish intake during pregnancy good for early childhood development**
-  **How much fish oil do you need?**
-  **To live longer, get stronger**
-  **Chromium picolinate may boost satiety, reduce hunger**
-  **Calcium found to reduce stroke risk**
-  **Green tea shows promise for blood pressure health**
-  **Vitamin D – a new painkiller?**
-  **Niacin plus exercise: a heart-healthy combo?**
-  **Cochrane review on hawthorn for CHF**
-  **Study re-confirms pycnogenol's role in joint health**

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Welcome to Natural Health Review Issue 18.

The importance of fish in the diet has been illustrated again this month, this time in pregnant women for the benefit of their children and in older people for cardioprotection. Other reports show that women living with chronic pain may find it worth trying a vitamin D supplement, and people with osteoarthritis are likely to benefit from pycnogenol. Finally, overwhelming evidence has been reviewed this month to show that patients with heart failure should take hawthorn extract.

I hope you enjoy this issue and look forward to receiving your feedback.

Kind Regards,

Dr Shaun Holt

shaun@naturalhealthreview.org

Fish intake during pregnancy good for early childhood development

The facts:

- Both breastfeeding and maternal fish intake during pregnancy had beneficial effects on early childhood development in large study in Denmark involving more than 25,000 children.
- Children whose mothers ate the greatest amount of fish during pregnancy had higher developmental scores at 6 and 18 months than children whose mothers ate the least fish.
- Children who were breastfed for at least 10 months also showed better achievement of developmental milestones than those breastfed for a month or less.



Dr Shaun Holt:

Several studies have examined the benefits for infant development if the mother has a high intake of fish in her diet. We know that breastfeeding is also beneficial and this study confirmed the benefits in terms of infant development for both fish intake in the diet and breastfeeding. Of particular interest though was the finding that the developmental benefits were around the same for fish intake and breastfeeding, illustrating just how important fish in the diet is.

<http://www.ajcn.org/cgi/content/abstract/88/3/789>

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How much fish oil do you need?

The facts:

- Even moderate doses of fish oils (EPA + DHA) were shown to have cardioprotective effects in a well-designed study involving 312 healthy volunteers.
- Participants consumed a placebo oil or 2 moderate doses of fish oils (< 2g) daily for 8 weeks each, at 3-monthly intervals.
- Fish oil doses as low as 0.7 g/day reduced levels of harmful blood fats, and were more cardioprotective in men than in women

Dr Shaun Holt:

This is a question that I get asked all the time: how much fish oil do I need? Although the benefits of fish oil are proven for many medical conditions, the “dose” needed is less certain. This study looked at doses of 0.7 g EPA+DHA per day and 1.8 grams EPA+DHA per day and found that most of the benefits in terms of improvements in blood lipid profiles (a major risk factor for heart disease) were obtained with the smaller dose, with only a small improvement with the higher dose. This is very useful information, as higher doses often require taking 6 or more capsules of omega-3 fish oil per day. Depending on the strength that you buy, 1 or 2 capsules a day will probably be enough. These recommendations are also consistent with those of the American Heart Association.

<http://www.ajcn.org/cgi/content/abstract/88/3/618>

To live longer, get stronger

The facts:

- This long-term study found that men with greater muscular strength were likely to live longer.
- 8762 men of varying fitness had their muscular strength and fitness measured at baseline before being followed for almost 19 years.
- Approximately 500 men died from cardiovascular disease or cancer during the study, but men in the top third for muscular strength were the least likely to die, regardless of their fitness level.

Dr Shaun Holt:

This enormous study found an inverse correlation between muscular strength and death, in other words, the stronger the person was, the less chance they had of dying. The obvious reason for this would be that the stronger men were fitter and therefore had better cardiovascular health. However, the researchers were able to test for this and the results were still true when this was adjusted for and was also true for cancer deaths, implying a different mechanism. Sometimes research studies throw up as many questions as answers, as this one does, but the message that being stronger is good for your health is a useful one.

http://www.bmj.com/cgi/content/abstract/337/jul01_2/a439



Chromium picolinate may boost satiety, reduce hunger

The facts:

- Ingestion of 1g chromium picolinate daily for 8 weeks reduced food intake, hunger and fat cravings in overweight adult women, and tended to reduce bodyweight.
- The mineral therefore appears to play a role in food intake regulation.
- The effects of chromium were mediated by a direct effect on the brain.

Dr Shaun Holt:

This was an ambitious study, as not only did it aim to show that chromium picolinate was useful for losing weight, a parallel study in rats assessed the possible mechanism by which this may occur. The results of the study in people were very positive, with reductions in food intake, hunger, cravings and weight over an 8-week period. The rat study also demonstrated a probable mechanism: an effect on food intake regulation by direct effects on the brain. Further research is needed, but chromium picolinate is looking like a highly useful supplement for people wanting to lose weight ...which is most of us!

<http://www.liebertonline.com/doi/abs/10.1089/dia.2007.0292>



Independent commentary by Dr Shaun Holt, BPharm (hons), MBChB (hons)

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Calcium found to reduce stroke risk

The facts:

- A low calcium intake was linked to a higher risk of stroke in middle-aged people.
- 41 526 Japanese men and women aged 40–59 years were followed for over a decade after first filling out a food questionnaire.
- People with the lowest calcium intake had a significantly higher risk of stroke than people with a high calcium intake, but there was no link between dietary calcium intake and heart disease.

Dr Shaun Holt:

When we think of cardiovascular disease we tend to think of heart problems and sometimes forget that strokes usually have cardiovascular causes, often being due to bleeding from or blockages in the blood vessels that supply the brain. Therefore it is often worth testing heart disease treatments to see if they can prevent strokes. This huge study, undertaken in Japan, found that calcium from the diet, especially from dairy products, reduced the chances of suffering from a stroke in middle age. This is therefore another reason that those over 40 should either have enough calcium in their diet or take a supplement.

<http://stroke.ahajournals.org/cgi/content/abstract/39/9/2449>



Green tea shows promise for blood pressure health

The facts:

- Regular intake of green tea extract (EGCG) did not improve insulin resistance in overweight men but did cause small improvements in blood pressure and mood.
- 88 overweight/obese men had their metabolic risk factors and insulin resistance measured before and after taking either placebo or EGCG 400mg twice daily for 8 weeks.
- The BP-lowering effect of EGCG may be responsible for some of the cardiovascular benefits seen in people who drink green tea regularly.

Dr Shaun Holt:

When we talk about blood pressure, we usually mean the force exerted by circulating blood on the walls of the major arteries, and health problems often result when this is either too high or too low. 115 over 75 would be approximately the average blood pressure for a health adult. This study found positive effects from taking the likely active component of green tea (referred to as EGCG) on blood pressure and mood – perhaps the two are linked?!

<http://www.ncbi.nlm.nih.gov/pubmed/18710606>



Vitamin D – a new painkiller?

The facts:

- Vitamin D deficiency was implicated in chronic widespread pain in a UK study involving almost 10,000 45-year-olds.
- All participating adults filled out a pain manikin to describe their pain location, and had their vitamin D levels measured.
- Women with the highest levels of vitamin D had the lowest prevalence of chronic widespread pain, and vice versa (but no association was found in men).

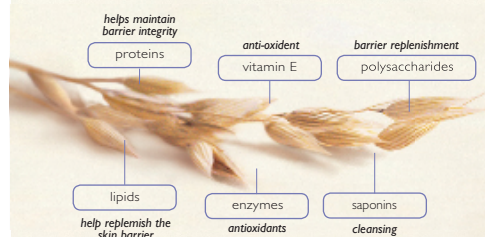
Dr Shaun Holt:

This study is less convincing than others that I have selected, but is interesting nonetheless. Many people have chronic pain, and this large study found that in women only there was a tendency for those with chronic pain to have lower levels of vitamin D. This led the researchers to speculate that perhaps vitamin D could be potential treatment for chronic pain syndromes. As this finding was for women and not men, and as there is no known mechanism to explain the finding, I have classified this as a longshot. However, many people with chronic pain are desperate for anything that might work and so, with all the above caveats, it may be worth trying a vitamin D supplement.

<http://dx.doi.org/10.1136/ard.2008.090456>

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Niacin plus exercise: a heart-healthy combo?

The facts:

- This study investigated the effects of 6-weeks' niacin treatment combined with pre-meal aerobic exercise on triglyceride and insulin responses to a fatty meal in men with metabolic syndrome.
- Niacin reduced fasting triglyceride levels but not the triglyceride response to a high-fat meal.
- The increase in insulin levels seen after the high-fat meal in men taking niacin was lessened when the men exercised before eating.



Dr Shaun Holt:

Niacin is also known as vitamin B3 and is one of 5 vitamins that can result in a disease (pellagra) for many people in a certain area, another example being scurvy from a lack of vitamin C. It has been well shown to be beneficial for certain types of heart disease, and this small study confirmed this and also demonstrated additive effects when combined with aerobic exercise, in terms of reducing insulin levels after meals.

<http://www.ajcn.org/cgi/content/abstract/88/1/30>

Cochrane review on hawthorn for CHF



The facts:

- A review of 14 well-designed, placebo-controlled studies showed that hawthorn extract had benefits in patients with chronic heart failure when used in addition to standard therapies.
- Hawthorn was better than placebo with respect to physical workload and exercise tolerance, and symptoms such as shortness of breath and fatigue.
- Side effects of hawthorn were generally mild and transient, and included nausea, dizziness, and heart and stomach complaints.

Dr Shaun Holt:

Like all Cochrane Reviews, the results of this review should be taken seriously as these reviews provide some of the strongest medical evidence. Heart failure is common in older people, who often have to take "water tablets" or diuretics to reduce the workload of the heart. This review added together the results of 14 good quality studies and found overwhelmingly that hawthorn was beneficial for patients with heart failure. Most of the time, the hawthorn was taken as well as the routine prescription medicines that the patient was taking. Large improvements were found for symptoms such as fatigue and shortness of breath, as well as more technical assessments of how well the heart was working. Given these results, hawthorn is very strongly recommended for patients with heart failure.

<http://www.mrw.interscience.wiley.com/cochrane/clsysrev/articles/CD005312/frame.html>

Study re-confirms pycnogenol's role in joint health

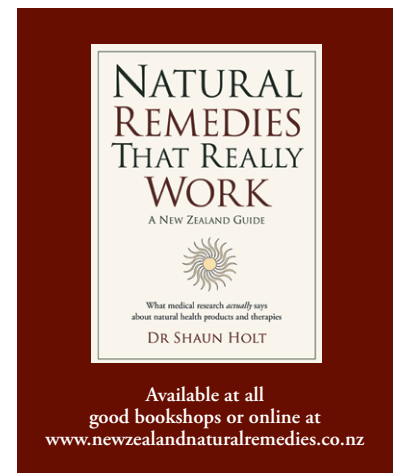
The facts:

- Pycnogenol (French maritime pine bark extract) improved symptoms in patients with mild to moderate knee osteoarthritis.
- 100 patients received either pycnogenol 150 mg/day or placebo for 3 months and had to fill in an osteoarthritis questionnaire every 2 weeks and report pain symptoms weekly.
- Compared with patients who received placebo, those treated with pycnogenol reported an improvement in osteoarthritis symptoms and pain levels and a reduced need for anti-inflammatory medication after 3 months.

Dr Shaun Holt:

This study shows that you do not always need hundreds of patients on a trial to show that a product works. There were exactly 100 patients with osteoarthritis in this study, yet the effect of the pycnogenol was such that this was enough to show that it led to both a statistically and clinically significant improvement in symptoms. A similar product, enzogenol, is extracted from the bark of New Zealand grown *Pinus Radiata* trees.

<http://www3.interscience.wiley.com/journal/119882178/abstract>



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