Cranberry

• Vaccinium macrocarpon-cultivated in Washington
• Long history of use
• The mechanism was thought to be urine acidification
• Now E. coli (other pathogens also) adhesion inhibitors are known to be present but not in other juices. An unidentified, high mol wt material may be responsible
• Need about 8-16 oz (240-480ml) of juice (not drink or cocktail)
• Evidence for effectiveness in UTI treatment is weak
• Will acidify urine and contains high oxalic acid levels so that kidney stones could be a risk

N=153; 300ml/d of juice; Avorn et al. JAMA 1994;271:751-754.
Kontiokari et al. BMJ 2001;322:1571  n=150  50ml (7.5g) of cranberry concentrate (diluted) (also had some logenberry juice)

First UTI in 12 months

Cranberry

Summary

◆ Efficacy: reasonable evidence for benefit for PREVENTION of UTI.
◆ Safety: good but could be risky for those that form kidney stones easily. Has salicylates.
◆ Drug interactions: possible enhanced warfarin anticoagulant effect (case reports)
◆ Product selection: need the juice; capsules work?
◆ Questions remaining include
  ◆ Does cranberry juice help with Helicobacter pylori?
  ◆ Other infections?
  ◆ Help in dental caries?
Soy-

- Botany-Glycine max-legume
- contains isoflavones that act as estrogen mimics (phytoestrogens), e.g. genistein, daidzein, that bind to estrogen receptors in a competitive manner
  - Isoflavones are present in many plants but especially soy beans; soy milk and tofu are rich sources
  - other sources (mainly legumes): fennel seeds, red clover, yam, blackbeans, licorice
  - 1 cup of soybeans=about 300mg of isoflavones
  - consumption in Japan is ~50mg/d isoflavones

Fig. 5. Structural similarity of oestrogens and phytoestrogens.
Soy

- also contains lignans
  - are phenylpropanoid dimers with antioxidant and free radical scavanging properties
  - present in many plants but especially soy beans and flaxseed and red clover
  - Some evidence that ingestion of lignans may decrease risk of some cancers (breast)
  - act like phytoestrogens

Enterolactone (example of a lignan)

Gum, mp 141-143°. uv max (ethanol): 227, 261 nm (log ε 4.66, 4.64).

Enterolactone (example of a lignan)
Isoflavone Pharmacology

• Isoflavones (IF) act as weak estrogenic compounds. Are essentially SERMs.

• IF are competitive inhibitors of estrogen. If estrogen is high (premenopause), then will displace; if low (postmenopause) then will be an estrogen agonist.

• Bind to estrogen receptor B (bone, vascular) better than ER-A (reproductive).

• Have effects other than receptor action. Decrease aromatase, 3 B and 17B-hydroxysteroid dehydrogenase, enzymes that convert precursor steroids to potent estradiol.

• Are antioxidants.

• Japanese consume 30-40mg isoflavones/d; USA consumes little.

• Japanese women have lower breast cancer and menopause problems.

Isoflavones (continued)

<table>
<thead>
<tr>
<th>Product</th>
<th>mg isoflavones/100g</th>
</tr>
</thead>
<tbody>
<tr>
<td>Raw soybeans</td>
<td>~100</td>
</tr>
<tr>
<td>Soy protein</td>
<td>100-300</td>
</tr>
<tr>
<td>Soy milk</td>
<td>10</td>
</tr>
<tr>
<td>Soy flour</td>
<td>199</td>
</tr>
<tr>
<td>Cooked soybeans</td>
<td>55</td>
</tr>
<tr>
<td>Tempeh</td>
<td>44</td>
</tr>
<tr>
<td>Tofu</td>
<td>31</td>
</tr>
<tr>
<td>Soy noodles</td>
<td>9</td>
</tr>
</tbody>
</table>
Soy Effects on Cancers

• Long consumption of soy associated with lower rates of breast, endometrial and prostate cancers (Asian cultures).
• Animal studies show that high soy protein in diets will reduce incidence and development of several cancers
• Breast cancer
  • No long term prospective studies
  • In vitro, genistein and daidzein stimulate breast cancer growth in low conc but inhibit at high conc.
  • In mice, genistein increased growth rate of estrogen dependant and estrogen independent implanted tumors and antagonizes tamoxifen but at high concentrations the reverse was true.
  • In mice, genistein or soy given prior to the cancer will protect

Soy Effects on Heart Disease Risks

• Soy diets associated with normalization of lipid profiles
  • Decreased total cholesterol (~9%), LDL (~13% decrease), increased HDL(small), triglycerides (~10% decrease) improved arterial dilation and compliance
• Soy modestly lowers BP
• In animal studies, soy without isoflavones did not affect lipids
• FDA now allows foods with 6.25g of soy protein per serving to state “consuming 25g of soy protein daily, as part of a diet low in saturated fat and cholesterol, may reduce the risk of heart disease”
• May need 20-50g/day of soy in diet for benefit
• Isoflavones alone may not work
McVeigh et al. Am J Clin Nut 2006;83:244-251. n=35 cross-over study. Each treatment was 60d.

Puska et al., Europ J Clin Nutr 2002;56:352-357. N=60 note: placebo had cellulose fiber
Puska et al., Europ J Clin Nutr 2002; 56:352-357. 
N=60 note: placebo had cellulose fiber

Rivas et al. J. Nutr 2002; 132:1900-1902
Soy milk vs cow’s milk for 3 mos; n=40
Soy and Menopausal and Postmenopausal problems

- can soy replace HRT?

- Hot flashes and other symptoms: soy flour as well as higher doses of soy isoflavones (100mg/d) have been tested. The results are inconsistent. A big placebo effect is seen in the published studies.

- Osteoporosis- some studies using high isoflavone soy indicate decreased loss of bone mass in postmenopausal women


N=88, 24 weeks of soy or whey protein; x=soy containing 80mg/d isoflavones, open square=soy containing 4.4mg/d isoflavones or diamond=whey
Measurements on lumbar spine
Risks and Interactions

• Can be allergenic for some

• Soy isoflavones can inhibit thyroid synthesis

• Soy use in breast cancer patients
  
  • Dietary soy may be OK but probably best to avoid supplements (see earlier slide).
  
  • Studies generally show no benefit of soy vs placebo in hot flashes associated with breast cancer therapy with tamoxifen (e.g., Van Patten et al. J Clin Oncol 2002;20:1449-1455).

• Drug Interactions - not to be given with tamoxifen; isoflavones inhibit CYP in vitro but probably not in vivo

Van Patten et al. J Clin Oncol 2002;20:1436-8 n=124, soy drink with 90mg isoflavones to breast cancer treated pts
Other Effects of Soy

- Diabetes- may improve glucose tolerance
- Diabetes- may improve neuropathy and kidney function
- Memory – may see improvement
- Men-prostate- may be slightly protective but no effect on PSA
- Women-may improve immune function

Other herbals used for menopausal symptoms

- Red clover- contains lignans and isoflavones; some studies show benefit for menopausal symptom relief, others no benefit
- Black cohosh- does not affect endometrium but may relieve hot flushes and other menopausal symptoms; may build bone; may not be contraindicated in breast cancer and treatment regimens.
- Flaxseed and Flaxseed oil – some evidence for benefit
- Evening primrose oil- not consistent evidence for benefit
- Chasteberry- helps in PMS but ? for menopause
- Dong quai- no observed benefit in one good study
- Yam- is a scam
- Topical progesterone- works but risks same as HRT?
Soy

Summary

- Efficacy: increased soy ingestion may or may not decrease hot flashes and other postmenopausal symptoms; Soy has cardiovascular benefits.
- Safety: good but use in breast cancer may be risky
- Drug interactions: not with tamoxifen
- Product selection: Soy is best. Isoflavones?
- Dose: about 20-40g of soy protein has been used. This contains 30-50mg of isoflavones.
- Questions remaining include
  - How much benefit? Safety in breast cancer?

Ginseng

Botany

- Panax ginseng (Korean or Asian ginseng),
- Panax quinquefolius (American ginseng)
- note: Siberian ginseng is different (Eleutheroococcus senticosus)
- steamed and dried product is “red” ginseng vs “white” ginseng which is dried only

History

- Chemistry-ginsenosides, a series of steroid glycosides. The ratio of these differ between Panax sp.
Pharmacology – “adaptogen” is the term that perhaps best describes what ginseng is supposed to accomplish.

Uses

- Immune stimulant - animal and human studies (with flu vaccine) indicate that it may enhance the immune response
- Sports performance - mixed results
- Mental functioning – mixed results but some intriguing results indicate promise for enhancing completion of mental tasks and (in combination with ginkgo) memory
- “Improved quality of life” - several studies showed positive effects
- Menopausal symptoms - no effect in one study but no hormonal effects either
- Cancer prevention - one controversial study in Korea showed preventative effects
- Hypoglycemic effects in diabetic patients (e.g. Vuksan et al., Diabetes Care 23:1221-1226, 2000) with use of American ginseng
- Korean red ginseng in one recent study showed to be helpful in erectile dysfunction
- Common cold. One recent study (Predy et al. CMAJ 2005;173:1043-1048) showed preventative effects.
**Dose**
- 1-2g/d of dried root
- 200mg/d of a standardized extract of the root containing 4-7% ginsenosides; it is recommended to take for 4 weeks then stop for 1-2 weeks.

**Adverse Effects**
- much listed but close evaluation indicates wide safety;
- reports of problems may be associated with poor products and adulterated products

**Drug Interactions**
- may be CYP inducer (more later)

**Bottom Line**
- pick a good product
- maybe useful in diabetes and in geriatric populations
- watch for drug interactions with narrow therapeutic index drugs
Ginseng

Efficacy: huge literature of small, uncontrolled studies; some evidence for applications in geriatric patients (improved “quality of life”) and in diabetes

Safety: good; reported problems may be due to poor quality product

Drug interactions: may precipitate hypoglycemia with insulin or oral hypoglycermics

Product selection: product should be standardized to deliver about 25mg/dose ginsenosides or about 50mg/d

Dose: 200mg per day of extract

Questions remaining include:

♦ What, actually is this stuff good for!

Black Cohosh

- Botany
  - Cimicifuga racemosa. A tall perennial shrub in NE USA; roots and rhizomes used

- History
  - Used by Native Americans for women’s health problems and a variety of other uses; A component of Lydia Pinkham’s elixir,
  - In Europe a special black cohosh extract has been used since the 1950s for symptoms of menopause and PMS

- Chemistry
  - Contains phytosterin, salicylic acid, tannins, and triterpene glycosides that may be important for activity
  - The triterpene glycosides include acetin, 27-deoxyacetin, and cimicifugoside
**Pharmacology**

- black cohosh seems to lack estrogen activity in vivo; no effect on uterus (Liske et al. J Women’s Health and Gender Based Med. 2002;11:163-174); SERM; mild stimulation of estrogen receptors B.

- May have central CNS effect on serotonin receptor

- Does not seem to stimulate estrogen receptor dependant tumors in animals or in vitro tumor cell growth. Humans?
Uses

- reduce symptoms associated with menopause
- relieve symptoms of menopause associated with tamoxifen therapy
- PMS
- dysmenorrhea
- hasten childbirthing

Evidence for relief of menopausal symptoms

- Early studies with Remifemin show support for reducing hot flashes, etc in menopause
- well designed recent studies indicate benefit and SERM-like activity

Wuttke et al. Maturitas 2003;44:S67-S77; n=62; 40mg/d for 3 months.
Wuttke et al. Maturitas 2003;44:S67-S77; n=62; 40mg/d for 3 months.

Wuttke et al. Maturitas 2003;44:S67-S77; n=62; 40mg/d for 3 months.
Above are results in early climateric women.


Above are results in late climateric women.
Evidence for help in tamoxifen therapy:

• Results are mixed. One study showed no benefit
  • Jacobson et al. J Clin Oncol 2001;19:2739-2745 n=85; cohosh product NOT DESCRIBED
  • Table 4

Table 4
Hot flushes reduction by CR BNO 1055

<table>
<thead>
<tr>
<th>Hot flushes</th>
<th>Usual-care group(^a) (n = 46)</th>
<th>Intervention group(^b) (n = 90)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Severe</td>
<td>34 (73.9%)</td>
<td>22 (24.4%)</td>
</tr>
<tr>
<td>Moderate</td>
<td>12 (26.1%)</td>
<td>26 (28.9%)</td>
</tr>
<tr>
<td>None</td>
<td>–</td>
<td>42 (46.7%)</td>
</tr>
</tbody>
</table>

\(^a\) Tamoxifen adjuvant therapy.
\(^b\) Combined therapy: tamoxifen + CR BNO 1055.

**Efficacy**: reasonable evidence for benefit for relief of menopausal symptoms. Mixed evidence for relief of tamoxifen adverse effects.

**Safety**: good but a few case reports of liver toxicity. Safety in women with existing breast cancer is uncertain.

**Drug interactions**: weak 2D6 induction?

**Product selection**: standardized root extract; 20mg BID; Remifemin is the best tested.

**Questions remaining include**

- *What is the risk in breast cancer?*
- *What is the risk for hepatotoxicity?*

**Black Cohosh**

**Summary**

- GI upset, headache, dizziness possible
  
- due to possible estrogenic effects, use with caution pregnancy
  
- in vitro does not stimulate breast cancer cells (in contrast to soy isoflavones) but in vivo the risk is uncertain.

- 2 case reports of severe liver toxicity (causal?)

**Products**

- Remifemin (SK Beecham) is a good product that has been used successfully in controlled trials; it is standardized to contain 1mg of 27-deoxyacetin per 20mg tablet.

- 1 BID

**Safety**

- GI upset, headache, dizziness possible

- due to possible estrogenic effects, use with caution pregnancy

- in vitro does not stimulate breast cancer cells (in contrast to soy isoflavones) but in vivo the risk is uncertain.

- 2 case reports of severe liver toxicity (causal?)

**Products**

- Remifemin (SK Beecham) is a good product that has been used successfully in controlled trials; it is standardized to contain 1mg of 27-deoxyacetin per 20mg tablet.

- 1 BID
St. John’s Wort

- Botany
  - Hypericum perforatum - grows here on campus*

- History

- Chemistry
  - Hypericin
  - hyperforin

---

hypericin
Hyperforin

Rutin
(flavonoid glycoside)
St. John’s Wort

Pharmacology

- hypericin
  - antiviral activity
  - MAOI? 1984 study found activity but 3 more recent studies say no
- hyperforin
  - more important
- Flavonoids
  - antioxidant
  - MAOI? But maybe not in vivo
- Other? MAOI, SSRI

St. John’s Wort

Evidence - Depression

- widely prescribed in Europe for depression
- Commission E “approved” for this use
  - Commission E- psychological disturbances, depression, anxiety, nervous unrest; topically the oil for bruises, myalgia, burns
**St. John’s Wort**

  - 20 trials = double blind
  - 4-6 weeks in duration
  - doses used varied but in the range 0.5g-1g
  - Hamilton Depression Scale or Clinical Global Impressions index
  - results:
    - SJW, 51% improved vs 22.3% in placebo
    - SJW, 63.9% improved vs 58.5% in standard Rx
    - SJW+valerian, 67.7% improved vs 50% in standard Rx
    - SJW, 19.8% adverse effects vs 52.8% in standard Rx
    - SJW, 0.8% drop vs 3.0% in standard Rx

### Table: St. John’s Wort trials

<table>
<thead>
<tr>
<th>Trial</th>
<th>No of responders</th>
<th>Rate ratio (95% confidence interval)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Placebo controlled trials of single preparations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Habraba 1991</td>
<td>10/25</td>
<td>2.10 (1.30 to 3.40)</td>
</tr>
<tr>
<td>Hänsger 1994</td>
<td>27/34</td>
<td>3.35 (1.85 to 6.08)</td>
</tr>
<tr>
<td>Hubner 1994</td>
<td>14/20</td>
<td>1.56 (0.89 to 2.73)</td>
</tr>
<tr>
<td>Lehrl 1992</td>
<td>4/25</td>
<td>2.00 (0.40 to 9.95)</td>
</tr>
<tr>
<td>Schmidt 1992</td>
<td>20/32</td>
<td>3.44 (1.59 to 7.44)</td>
</tr>
<tr>
<td>Sommer 1994</td>
<td>28/50</td>
<td>2.37 (1.39 to 4.04)</td>
</tr>
<tr>
<td>Osterheider 1992</td>
<td>0/23</td>
<td>1.04 (0.02 to 50.43)</td>
</tr>
<tr>
<td>Qaad 1997</td>
<td>28/44</td>
<td>9.67 (3.18 to 29.42)</td>
</tr>
<tr>
<td>Schlich 1997</td>
<td>13/22</td>
<td>4.80 (1.59 to 14.50)</td>
</tr>
<tr>
<td>Schmidt 1989</td>
<td>10/20</td>
<td>2.50 (0.94 to 6.66)</td>
</tr>
<tr>
<td>Hoffmann 1979</td>
<td>19/30</td>
<td>6.33 (2.09 to 19.17)</td>
</tr>
<tr>
<td>König 1993</td>
<td>29/55</td>
<td>0.97 (0.69 to 1.37)</td>
</tr>
<tr>
<td>Richter 1990</td>
<td>20/25</td>
<td>1.82 (1.12 to 2.95)</td>
</tr>
<tr>
<td>Summary rate ratios</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fixed effects</td>
<td>225/408</td>
<td>1.94 (1.60 to 2.34)</td>
</tr>
<tr>
<td>Random effects</td>
<td>94/420</td>
<td>2.67 (1.78 to 4.01)</td>
</tr>
<tr>
<td>Placebo controlled trial of combination</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dödler 1994</td>
<td>20/30</td>
<td>2.00 (1.14 to 3.32)</td>
</tr>
<tr>
<td>Trials comparing single preparations and another drug</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Härer 1994</td>
<td>27/51</td>
<td>0.96 (0.67 to 1.38)</td>
</tr>
<tr>
<td>Kowskiewicz 1995</td>
<td>42/67</td>
<td>1.15 (0.87 to 1.53)</td>
</tr>
<tr>
<td>Bergmann 1995</td>
<td>32/40</td>
<td>1.14 (0.89 to 1.48)</td>
</tr>
<tr>
<td>Summary rate ratios</td>
<td></td>
<td></td>
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<tr>
<td>Fixed effects</td>
<td>101/138</td>
<td>1.10 (0.93 to 1.31)</td>
</tr>
<tr>
<td>Random effects</td>
<td>93/159</td>
<td>1.10 (0.93 to 1.31)</td>
</tr>
<tr>
<td>Trials comparing combination of hypericum and valeriana with another drug</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knebel 1988</td>
<td>57/80</td>
<td>1.12 (0.91 to 1.39)</td>
</tr>
<tr>
<td>Steiger 1985</td>
<td>31/50</td>
<td>2.21 (1.35 to 3.63)</td>
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<tr>
<td>Summary rate ratios</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fixed effects</td>
<td>88/130</td>
<td>1.25 (1.03 to 1.53)</td>
</tr>
<tr>
<td>Random effects</td>
<td>66/112</td>
<td>1.32 (0.78 to 2.34)</td>
</tr>
</tbody>
</table>

* Hamilton rating scale for depression.
  + Global assessment.
  + Clinical global impression index.
St. John’s Wort
Linde et al conclusions: more effective than placebo, similar to standard drugs

Medical Letter Oct 20, 1997
- better, longer studies needed; doses unknown

Woelk et al. BMJ 321:536-539, 2000. SJW same as imipramine with fewer adverse effects in multicentered German study (n=324) in patients with mild to moderate depression


Schrader et al. Int Clin Psychopharmacol 15:61-68, 2000. SJW same as fluoxetine with fewer adverse effects in multicentered German study (n=240) in patients with mild to moderate depression

Szegedi, A et al. BMJ 2005;330:503. SJW same as paroxetine with fewer adverse events. N=244

Figure 2. Improvement in HAM-D scores. ITT, intention-to-treat.
Schrader et al., Int J Clin Psychopharmacol 15:61-68, 2000
Reuters Medical News
St. John’s Wort Equivalent to Placebo For Treatment of Depression

CHICAGO, May 17 (Reuters Health) - Patients with depression respond equally well to St. John’s wort and placebo, according to study results presented here during the annual meeting of the American Psychiatric Association.

Researchers from Vanderbilt University, Nashville, Tennessee, discussed the results of one of the first large, government-funded projects to look into the effectiveness of St. John’s wort. The team, led by Dr. Richard Shelton, conducted an 8-week double-blind study of 200 patients with major depression from 11 university medical centers.

For at least 4 weeks, patients used 900 mg/day of St. John’s wort or placebo. If response was inadequate, the dose of St. John’s wort was increased to 1,200 mg/day. Few patients discontinued treatment due to side effects from St. John’s wort, but the results of interim analysis showed that the herbal preparation was no more effective than placebo.
NIH funded study
- Duke Univ.
- N=336 with major depression
- 1/3 SJW  1/3 SSRI  1/3 placebo
- 3 years

St. John’s Wort

- Other Uses: less well documented

- Seasonal Affective Disorders
  - n=20 SAD patients
  - same decrease in Hamilton depression scale with SJW ± light

- Hypericin antiviral studies

- hypericin activity against glioma cells

- SJW long used to heal wounds
  - plant oil has antimicrobial activity
St. John’s Wort

- adverse
  - photosensitivity-animals
  - photosensitivity- humans- in high doses is a risk
    - 1800mg/d + UVA; not at usual doses
  - SSRI drugs contraindicated. Additive effects with imipramine
  - Open study of 3250, Wolk et al 1994
    - 0.5% allergic rxns, 0.6% GI, 0.4% fatigue
  - SJW is a CYP inducer with herbal/drug interactions documented.
  - SJW is a PGP inducer with documented interactions

---

St. John’s Wort

- Summary
  - Efficacy: good evidence in mild to moderate depression
  - Safety: don’t combine with other medications unless under close monitoring; possible photosensitivity
  - Drug interactions: a problem. Is a P450 inducer and a p-glycoprotein inducer
  - Product selection: want standardized extract containing about 0.3% hypericin or 5% hyperforin; 300mg TID for treatment; LI160 and WS1172 extracts are the best studied
  - Questions remaining include
    - How best to use this herbal given that there are drug interaction problems
# Hypericin and Hyperforin in Eight Brands of St. John’s Wort


<table>
<thead>
<tr>
<th>Product</th>
<th>Hypericin (%)</th>
<th>Hyperforin (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hyperifin</td>
<td>0.29</td>
<td>1.89</td>
</tr>
<tr>
<td>PNC</td>
<td>0.12</td>
<td>0.20</td>
</tr>
<tr>
<td>Brite-Life</td>
<td>0.22</td>
<td>1.16</td>
</tr>
<tr>
<td>ShopKo</td>
<td>0.26</td>
<td>0.05</td>
</tr>
<tr>
<td>Shurfine</td>
<td>0.17</td>
<td>0.29</td>
</tr>
<tr>
<td>YourLife</td>
<td>0.28</td>
<td>0.19</td>
</tr>
<tr>
<td>Nature’s Balance</td>
<td>0.03</td>
<td>0.01</td>
</tr>
<tr>
<td>Natrol</td>
<td>0.25</td>
<td>0.48</td>
</tr>
</tbody>
</table>

* Usually want 0.3% hypericin and 1% hyperforin