

## Gaby's Literature Review & Commentary

of other prescription medications and have caused hypotension, shock, or death when used in combination with nitrates. Many legitimate herbal products exist on the market, including ones promoted for ED. It would be prudent, however, to avoid purchasing such products from the Internet, unless they are being sold by a company that has been in business for a long time and has an established reputation for selling high-quality products.

Fleshner N, Harvey M, Adomat H, et al. Evidence for contamination of herbal erectile dysfunction products with phosphodiesterase type 5 inhibitors. *J Urol.* 2005;174:636-641.

### Melatonin for irritable bowel syndrome

Forty patients (mean age, 27 years) with irritable bowel syndrome and sleep disturbances were randomly assigned to receive, in double-blind fashion, 3 mg of melatonin or placebo at bedtime for two weeks. Compared with placebo, melatonin significantly decreased the mean abdominal pain score ( $p < 0.001$ ) and increased the mean rectal pain threshold ( $p < 0.01$ ). Bloating, stool type, stool frequency, anxiety, depression, and sleep patterns were not affected by melatonin.

**Comment:** In addition to being synthesized by the pineal gland, melatonin is produced in the gastrointestinal tract, where it is involved in the regulation of gastrointestinal motility and sensation. The results of the present study demonstrate that supplementation with 3 mg of melatonin at bedtime for two weeks can reduce abdominal pain and rectal pain sensitivity in people with irritable bowel syndrome. The beneficial effects of melatonin on abdominal pain were independent of its action on sleep disturbances.

Song GH, et al. Melatonin improves abdominal pain in irritable bowel syndrome patients who have sleep disturbances: a randomized, double blind, placebo controlled study. *Gut.* 2005;54:1402-1407.

### Glucosamine relieves diarrhea in autistic children

Six children with autistic spectrum disorders and persistent diarrhea for many years received 500 mg/day of glucosamine spread over the morning and evening meal for 30 days. The children were already being managed with interventions such as avoidance of dairy products and gluten, and use of probiotics and nutritional supplements; these interventions remained unchanged during the trial. In five of the six children, diarrhea disappeared during glucosamine supplementation.

**Comment:** Many autistic children appear to have food sensitivities, which can adversely affect gastrointestinal and brain function. Gluten contains a lectin believed to be incompletely broken down in the gut to release an encephalin-like peptide, which appears to be associated with behavioral and gut disorders in some autistic children. N-

acetylglucosamine can block wheat lectin, which led the investigator to consider the possibility that glucosamine would have a similar effect.

Although there was no control group, the results seem impressive, since the children had long-standing diarrhea that had not been controlled by other interventions. The beneficial effect of glucosamine does not seem to be attributable to an interference with wheat lectin, because the children were already avoiding gluten-containing foods. It is possible that glucosamine inhibits the effect of other food-derived peptides or lectins on the gastrointestinal tract.

Danczak E. Glucosamine and plant lectins in autistic spectrum disorders: an initial report on 6 children with uncontrolled diarrhoea.

*J Nutr Environ Med.* 2004;14:327-330.

### Preventing prostate cancer

Some 5,141 men (mean age, 51.3 years) were randomly assigned to receive daily a placebo or the combination of vitamin C 120 mg, vitamin E 30 mg, beta-carotene 6 mg, selenium 100 mcg, and zinc 20 mg for eight years. During the study, 103 cases of prostate cancer were diagnosed. Overall, there was a nonsignificant 12% reduction in prostate cancer incidence associated with nutrient supplementation (relative risk [RR] = 0.88; 95% CI, 0.60-1.29). However, the effect differed significantly between men with a normal baseline prostate-specific antigen (PSA) level ( $< 3$  mcg/L) and those with elevated PSA. Among men with normal PSA, there was a statistically significant 48% reduction in the incidence of prostate cancer in the supplemented group (RR = 0.52; 95% CI, 0.29-0.92). In men with elevated PSA at baseline (less than 10% of the total study group), supplementation was associated with an increased incidence of prostate cancer of borderline statistical significance (RR = 1.54; 95% CI, 0.87-2.72). Supplementation had no effect on PSA levels.

**Comment:** This study found that modest doses of vitamins C and E, beta-carotene, selenium, and zinc can substantially reduce the risk of prostate cancer in men with an initially normal PSA level. These results support the findings of a previous double-blind study, in which supplementation with 200 mcg/day of selenium from high-selenium yeast for 4.5 years reduced the incidence of prostate cancer by 63%. The possibility that nutritional supplementation increases the risk of prostate cancer in men with an initially elevated PSA level is cause for concern. However, the increase was not statistically significant and may have been due to chance.

Moreover, better results might have been achieved if the supplement had been formulated slightly differently. The supplement used in the present study did not contain copper, a nutrient that enhances immune function and might conceivably help prevent cancer. Long-term administration of 20 mg/day of zinc may induce marginal copper deficiency, potentially counterbalancing some of the beneficial effect of the administered nutrients. In addition, beta-carotene promotes the development of lung cancer (and conceivably other types of cancer) in cigarette smokers. A modest dose of pre-formed vitamin A might therefore be preferable to beta-carotene in cigarette smokers.

Meyer F, et al. Antioxidant vitamin and mineral supplementation and prostate cancer prevention in the SU.VI.MAX trial. *Int J Cancer.* 2005;116:182-186.

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