

## Dr. Gaby's Literature Review

**Comment:** Patients with PKU have subtle neurological deficits despite consumption of a low-phenylalanine diet. DHA and other long-chain polyunsaturated fatty acids are low in PKU diets, because the main foods that contain these fatty acids (fish, meat, and eggs) are avoided by people with PKU. The results of this study indicate that fish oil supplementation can improve motor skills in patients with PKU. In a previous study, supplementation with a combination of fish oil and evening primrose oil improved motor skills in children with developmental coordination disorder (also called dyspraxia).

Beblo S, et al. Effect of fish oil supplementation on fatty acid status, coordination, and fine motor skills in children with phenylketonuria. *J Pediatr.* 2007;150:479-484.

### Potassium citrate increases bone mineral density

One hundred sixty-one postmenopausal women (mean age, 58.6 years) with low bone mass (T score of -1 to -4) were randomly assigned to receive, in double-blind fashion, 30 mEq per day of potassium citrate or potassium chloride for 12 months. Compared with potassium chloride, potassium citrate significantly increased mean bone mineral density (BMD) by 1.87% at L2-L4 ( $p < 0.001$ ), by 1.39% at the femoral neck ( $p < 0.001$ ), and by 1.98% at the total hip ( $p < 0.001$ ). Potassium citrate also increased mean L2-L4 BMD compared with baseline by 0.89% ( $p < 0.05$ ), whereas this value decreased significantly by 0.98% ( $p < 0.05$ ) in the potassium chloride group. Urinary markers of bone resorption decreased significantly in the group receiving potassium citrate, and for deoxypyridinoline, the difference between groups was statistically significant. Urinary net acid excretion correlated inversely and significantly with changes in BMD.

**Comment:** The typical Western diet, which contains large amounts of animal protein and grains, presents a chronic acid load to the body. In the process of buffering this acid load, calcium is leached from bone, resulting in ongoing bone loss. Potassium citrate is an alkaline compound that can buffer the acid load from the diet. Daily ingestion of potassium citrate reduces the body's need to pull calcium from bones. Potassium salts that are not alkaline (such as potassium chloride) do not have this same buffering effect. Of course, one can also increase the alkali content of the diet by consuming more fruits and vegetables, thereby achieving the same effect as that of potassium citrate supplementation. The acid/alkali balance in the body can be further improved by avoiding excessive intake of animal proteins and grains.

It may seem paradoxical that eating acidic foods such as oranges can increase the alkali content of the diet. However, after oranges are metabolized in the body, the "ash" that remains is alkaline. It is the acidity or alkalinity of the "ash," rather than of the food before it is ingested, that determines a food's effect on the acid/alkali balance in the body.

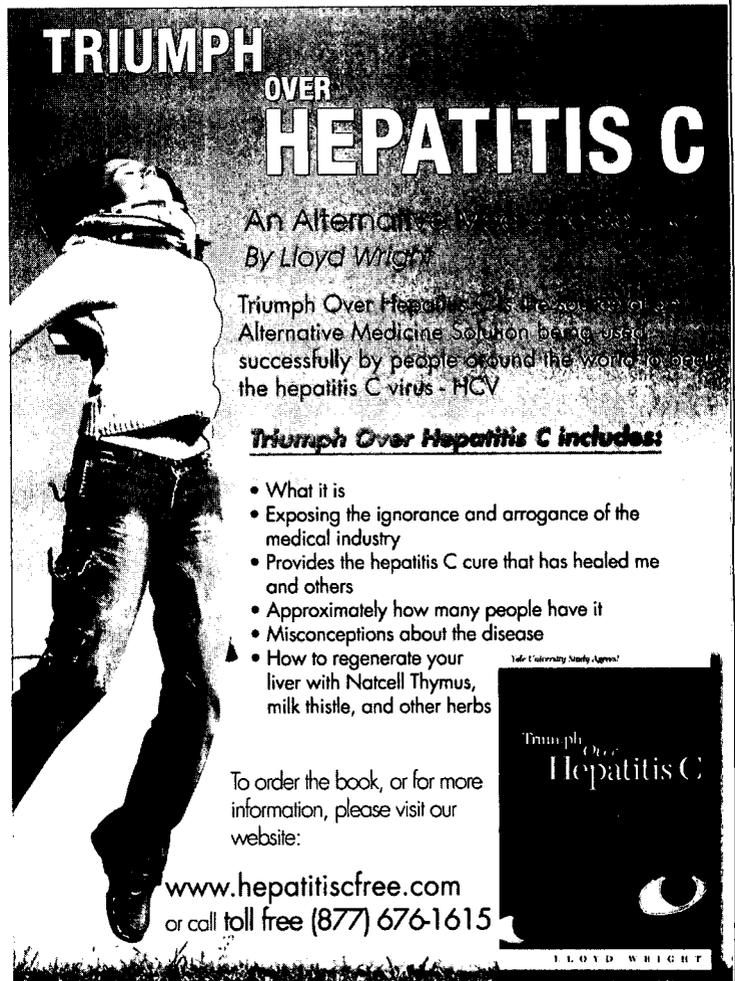
Jehle S, et al. Partial neutralization of the acidogenic Western diet with potassium citrate increases bone mass in postmenopausal women with osteopenia. *J Am Soc Nephrol.* 2006;17:3213-3222.

### Coenzyme Q10 for melanoma

In a non-randomized trial, 32 patients with surgically removed stage I or II melanoma received 400 mg per day of coenzyme Q10 (CoQ10) for three years, while 49 age- and sex-matched patients with stage I or II melanoma served as controls. All patients were treated with recombinant interferon alpha-2b throughout the trial. After five years, metastases had occurred in 26.5% of patients in the control group and in 3.1% of those receiving CoQ10 ( $p = 0.006$ ).

**Comment:** CoQ10 has demonstrated anti-cancer effects in animal studies and preliminary human trials. CoQ10 levels have been found to be low in patients with melanoma. The results of the present study suggest that supplementation with CoQ10 as an adjunct to interferon alpha-2b can decrease the rate of metastases in patients with stage I or II melanoma.

Rusciani L, et al. Recombinant interferon alpha-2b and coenzyme Q10 as a postsurgical adjuvant therapy for melanoma: a 3-year trial with recombinant interferon-alpha and 5-year follow-up. *Melanoma Res.* 2007;17:177-183.



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