



# Reducing Cholesterol

©2009 Huntington College of Health Sciences

Literature Education Series On Dietary Supplements

By Gene Bruno, MS, MHS – Dean of Academics, Huntington College of Health Sciences

*Smart Supplementation™ is a free series of educational literature created by Huntington College of Health Sciences (HCHS) as a public service. Although copyrighted, it may be freely photocopied and distributed, but may not be altered in any way. Smart Supplementation™ is not intended as medical advice. For diagnosis and treatment of any medical condition, consult your physician.*

Heart and blood vessel (cardiovascular) disease is the No. 1 killer of Americans, and study after study points to elevated cholesterol as a major contributor to the problem. Some authorities have indicated that for every one percentage point that cholesterol levels are reduced, the risk for cardiovascular disease is reduced by 2 points.

The current conventional medical treatment is cholesterol-lowering prescription drugs, along with low saturated fat diets. Although these drugs do lower serum cholesterol, they also have potential side-effects. Consequently, it makes sense to work with your doctor in trying one or more of the following relatively risk-free dietary supplement approaches before taking drugs.

## **Policosanol**

Policosanol is a mixture of long-chain alcohols (waxes), including octacosanol, extracted from natural sources. Test tube and animal studies indicate that policosanol is capable of inhibiting cholesterol production by the liver.<sup>1 2</sup>

Extensive preliminary and double-blind research in Cuba and other countries in Latin America has demonstrated that taking 10 to 20 mg per day of policosanol extracted from sugar cane results in significant changes in blood cholesterol levels, including total cholesterol (17 to 21% lower on average), LDL cholesterol (21 to 29% lower), and HDL cholesterol (7 to 29% higher).<sup>3 4 5 6 7 8 9 10 11 12 13 14</sup>

Policosanol may also have some effect on lowering serum triglycerides. However, the studies have been inconsistent, ranging from no effect up to as much as a 19% reduction.<sup>15 16 17 18 19 20 21 22 23 24</sup>

## **Chromium**

Chromium supplementation has reduced total cholesterol,<sup>25 26</sup> LDL cholesterol<sup>27 28</sup> and increased HDL cholesterol<sup>29 30</sup> in double-blind and other controlled trials, although other trials have not found these effects.<sup>31 32</sup> One double-blind trial found that high amounts of chromium (500 mcg per day) in combination with daily exercise was highly effective, producing nearly a 20% decrease in total cholesterol levels in just 13 weeks.<sup>33</sup> Not surprisingly, people with higher blood levels of chromium appear to be at lower risk for heart disease.<sup>34</sup>

## **Inositol hexaniacinate**

High amounts (several grams per day) of niacin lower cholesterol; an effect recognized in the approval of niacin as a prescription medication for high cholesterol.<sup>35</sup> At such intakes, however, acute symptoms (flushing, headache, stomachache) may be severe. In an attempt to avoid the side effects of niacin, alternative health practitioners increasingly use inositol hexaniacinate, recommending 500 to 1,000 mg, taken three times per day, instead of niacin.<sup>36 37</sup> This special form of niacin has been reported to lower serum cholesterol but so far has not been found to cause significant toxicity.<sup>38</sup>

## **Guggul**

Guggul, a mixture of substances taken from a plant, is an approved treatment for elevated cholesterol in India and has been a mainstay of the Ayurvedic approach to preventing atherosclerosis. One double-blind trial studying the effects of guggul reported that serum cholesterol dropped by 17.5%.<sup>39</sup> In another double-blind trial comparing guggul to the drug clofibrate, the average fall in serum cholesterol was slightly greater in the guggul group; moreover, HDL cholesterol rose in 60% of people responding to guggul, while clofibrate did not elevate HDL.<sup>40</sup> A

third double-blind trial found significant changes in total and LDL cholesterol levels, but not in HDL.<sup>41</sup>

### **Garlic bulb**

Garlic has significant lipid-lowering effects. Thirteen trials involving a total of 795 participants demonstrated a positive correlation between garlic supplementation and lipid-lowering effects. Six randomized, double-blind, placebo-controlled, as well as two double-blind, multi-center studies supported the use of garlic in treating elevated lipid conditions including hyperlipidemia and hypercholesterolemia.<sup>42</sup> Two meta-analyses on the effect of garlic on total cholesterol found a statistically significant reduction in total cholesterol levels.<sup>43 44</sup>

### **Plant Sterols**

Beta-sitosterol alone, and in combination with similar plant sterols, has been shown to reduce blood levels of cholesterol in preliminary<sup>45</sup> and controlled<sup>46</sup> trials. This effect may occur because beta-sitosterol blocks absorption of cholesterol.<sup>47</sup> In studying the effects of 0.8, 1.6, and 3.2 grams of plant sterols per day, one double-blind trial found that higher intake of sterols tended to result in greater reduction in cholesterol, though the differences between the effects of these three amounts were not statistically significant.<sup>48</sup>

In another controlled trial, supplementation with 1.7 grams per day of a plant-sterol product combined with dietary changes, led to a dramatic 24% drop in LDL (“bad”) cholesterol compared with only a 9% decrease in the diet-only part of the trial.<sup>49</sup>

### **Green Tea Leaf Extract**

Green tea has been shown to lower total cholesterol levels and improve people’s cholesterol profile, decreasing LDL cholesterol and increasing HDL cholesterol in most studies,<sup>50 51 52 53</sup> but not all.<sup>54</sup> It seems to be the naturally occurring catechin polyphenols content of green tea, particularly epigallocatechin gallate (EGCG), which provides these benefits. The mechanism by which green tea works appears to be that EGCG inhibits the absorption of dietary cholesterol and promotes its fecal excretion; and that EGCG acts as an antioxidant inhibiting the oxidation of LDL cholesterol.

### **Black Tea Theaflavins**

Black tea is made from green tea as the result of a fermentation process. During the fermentation process the catechins are converted into other substances called theaflavins. These black tea theaflavins compare equally to green tea catechins as antioxidants.<sup>55</sup> As a matter of fact theaflavins have even been shown to be more effective than catechins in preventing the oxidation of LDL cholesterol.<sup>56</sup> Furthermore, theaflavins have been shown to reduce total and LDL cholesterol in adults with mildly high cholesterol levels<sup>57</sup>, as well as effectively lowering

cholesterol in patients with mild to moderately high cholesterol levels when added as a component to green tea.<sup>58</sup> Hence the combination of green and black tea may have greater cardiovascular benefit than just green tea alone.

### **Pantethine**

Pantethine, a byproduct of vitamin B5 (pantothenic acid), may help reduce the amount of cholesterol made by the body. Several preliminary<sup>59 60 61 62 63</sup> and two controlled<sup>64 65</sup> trials have found that pantethine (300 mg taken two to four times per day) significantly lowers serum cholesterol levels and may also increase HDL.

### **Red-yeast-rice (aka, red-rice-yeast)**

Red-yeast-rice (*Monascus purpureus* Went yeast fermented on rice) is a traditional botanical used in Chinese medicine. Recent research indicates that red-yeast-rice can actually help to reduce serum cholesterol in combination with dietary modification. Red-yeast-rice yeast has this benefit because it naturally contains HMG-CoA reductase inhibitors. Basically, the HMG-CoA reductase inhibitors interfere with cholesterol production in the liver.<sup>66</sup>

In 1999, the UCLA School of Medicine conducted a 12-week, double-blind, placebo-controlled study on the cholesterol-lowering effects of a red-yeast-rice supplement in a group consuming a diet similar to the American Heart Association Step I diet. The results were that total cholesterol concentrations decreased significantly between baseline and 8 weeks in the red-yeast-rice-treated group compared with the placebo-treated group (from 254mg/dL to 208 mg/dL). LDL cholesterol and total triacylglycerides were also reduced with the supplement.<sup>67</sup> In another study using red-yeast-rice similar results were seen: total cholesterol decreased by 22.7% and LDL cholesterol by 30.9%. Furthermore, the subjects experienced a 19.9% increase in HDL cholesterol (the “good cholesterol”) and a 34.1% decrease in serum triglycerides.<sup>68</sup>

The research suggests that the effective dose is at least a total of 9.6 mg HMG-CoA reductase inhibitors from red-yeast-rice daily.

### **References**

- <sup>1</sup> Menendez R, Arruzazabala L, Más R, et al. Cholesterol-lowering effect of policosanol on rabbits with hypercholesterolaemia induced by a wheat starch-casein diet. *Br J Nutr* 1997; 77:923-32.
- <sup>2</sup> Gouni-Berthold I, Berthold HK. Policosanol: clinical pharmacology and therapeutic significance of a new lipid-lowering agent. *Am Heart J* 2002; 143:356-65.
- <sup>3</sup> Gouni-Berthold I, Berthold HK. Policosanol: clinical pharmacology and therapeutic significance of a new lipid-lowering agent. *Am Heart J* 2002; 143:356-65.

- <sup>4</sup> Mirkin A, Mas R, Martinto M, et al. Efficacy and tolerability of policosanol in hypercholesterolemic postmenopausal women. *Int J Clin Pharmacol Res* 2001; 21:31-41.
- <sup>5</sup> Castano G, Mas R, Fernandez JC, et al. Effects of policosanol in older patients with type II hypercholesterolemia and high coronary risk. *J Gerontol A Biol Sci Med Sci* 2001; 56:M186-92.
- <sup>6</sup> Castano G, Mas R, Fernandez L et al. Effects of policosanol 20 versus 40 mg/day in the treatment of patients with type II hypercholesterolemia: A 6-month double-blind study. *Int J Clin Pharmacol Res* 2001; 21:43-57.
- <sup>7</sup> Aneiros E, Calderson B, Más R, et al. Effect of successive dose increases of policosanol on the lipid profile and tolerability of treatment. *Curr Ther Res* 1993; 54:304-12.
- <sup>8</sup> Pons P, Rodríguez M, Más R, et al. One-year efficacy and safety of policosanol in patients with type II hypercholesterolemia. *Curr Ther Res* 1994; 55:1084-92.
- <sup>9</sup> Castano G, Canetti M, Moreira M, et al. Efficacy and tolerability of policosanol in elderly patients with type II hypercholesterolemia: a 12-month study. *Curr Ther Res* 1995; 56:819-23.
- <sup>10</sup> Castano G, Tula L, Canetti M, et al. Effects of policosanol in hypertensive patients with type II hypercholesterolemia. *Curr Ther Res* 1996; 57:691-5.
- <sup>11</sup> Mas R, Castano G, Illnait J, et al. Effects of policosanol in patients with type II hypercholesterolemia and additional coronary risk factors. *Clin Pharmacol Ther* 1999; 65:439-47.
- <sup>12</sup> Torres O, Agramonte AJ, Illnait J, et al. Treatment of hypercholesterolemia in NIDDM with policosanol. *Diabetes Care* 1995; 18:393-7.
- <sup>13</sup> Torres O, Agramonte AJ, Illnait J, et al. Treatment of hypercholesterolemia in NIDDM with policosanol. *Diabetes Care* 1995; 18:393-7.
- <sup>14</sup> Canetti M, Moreira M, Mas R, et al. A two-year study on the efficacy and tolerability of policosanol in patients with type II hyperlipoproteinaemia. *Int J Clin Pharmacol Res* 1995; 15:159-65.
- <sup>15</sup> Gouni-Berthold I, Berthold HK. Policosanol: clinical pharmacology and therapeutic significance of a new lipid-lowering agent. *Am Heart J* 2002; 143:356-65.
- <sup>16</sup> Mirkin A, Mas R, Martinto M, et al. Efficacy and tolerability of policosanol in hypercholesterolemic postmenopausal women. *Int J Clin Pharmacol Res* 2001; 21:31-41.
- <sup>17</sup> Castano G, Mas R, Fernandez L et al. Effects of policosanol 20 versus 40 mg/day in the treatment of patients with type II hypercholesterolemia: A 6-month double-blind study. *Int J Clin Pharmacol Res* 2001; 21:43-57.
- <sup>18</sup> Mas R, Castano G, Illnait J, et al. Effects of policosanol in patients with type II hypercholesterolemia and additional coronary risk factors. *Clin Pharmacol Ther* 1999; 65:439-47.
- <sup>19</sup> Torres O, Agramonte AJ, Illnait J, et al. Treatment of hypercholesterolemia in NIDDM with policosanol. *Diabetes Care* 1995; 18:393-7.
- <sup>20</sup> Canetti M, Moreira M, Mas R, et al. A two-year study on the efficacy and tolerability of policosanol in patients with type II hyperlipoproteinaemia. *Int J Clin Pharmacol Res* 1995; 15:159-65.
- <sup>21</sup> Aneiros E, Calderson B, Más R, et al. Effect of successive dose increases of policosanol on the lipid profile and tolerability of treatment. *Curr Ther Res* 1993; 54:304-12.
- <sup>22</sup> Pons P, Rodríguez M, Más R, et al. One-year efficacy and safety of policosanol in patients with type II hypercholesterolemia. *Curr Ther Res* 1994; 55:1084-92.
- <sup>23</sup> Castano G, Canetti M, Moreira M, et al. Efficacy and tolerability of policosanol in elderly patients with type II hypercholesterolemia: a 12-month study. *Curr Ther Res* 1995; 56:819-23.
- <sup>24</sup> Castano G, Tula L, Canetti M, et al. Effects of policosanol in hypertensive patients with type II hypercholesterolemia. *Curr Ther Res* 1996; 57:691-5.
- <sup>25</sup> Anderson RA, Cheng N, Bryden NA, et al. Elevated intakes of supplemental chromium improve glucose and insulin variables in individuals with type 2 diabetes. *Diabetes* 1997; 46:1786-91.
- <sup>26</sup> Offenbacher EG, Pi-Sunyer FX. Beneficial effect of chromium-rich yeast on glucose tolerance and blood lipids in elderly subjects. *Diabetes* 1980; 29:919-25.
- <sup>27</sup> Press RI, Geller J, Evans GW. The effect of chromium picolinate on serum cholesterol and apolipoprotein fractions in human subjects. *West J Med* 1990; 152:41-5.
- <sup>28</sup> Hermann J, Chung H, Arquitt A, et al. Effects of chromium or copper supplementation on plasma lipids, plasma glucose and serum insulin in adults over age fifty. *J Nutr Elderly* 1998; 18:27-45.
- <sup>29</sup> Riales R, Albrink MJ. Effect of chromium chloride supplementation on glucose tolerance and serum lipids including high-density lipoprotein of adult men. *Am J Clin Nutr* 1981; 34:2670-8.
- <sup>30</sup> Roebuck JR, Hla KM, Chambless LE, Fletcher RH. Effects of chromium supplementation on serum high-density lipoprotein cholesterol levels in men taking beta-blockers. *Ann Intern Med* 1991; 115:917-24.
- <sup>31</sup> Uusitupa MI, Kumpulainen JT, Voutilainen E, et al. Effect of inorganic chromium supplementation on glucose tolerance, insulin response, and serum lipids in noninsulin-dependent diabetics. *Am J Clin Nutr* 1983; 38:404-10.
- <sup>32</sup> Uusitupa MI, Mykkanen L, Siitonen O, et al. Chromium supplementation in impaired glucose tolerance of elderly: effects on blood glucose, plasma insulin, C-peptide and lipid levels. *Br J Nutr* 1992; 68:209-16.
- <sup>33</sup> Boyd SG, Boone BE, Smith AR, et al. Combined dietary chromium picolinate supplementation and an exercise program leads to a reduction of serum cholesterol and insulin in college-aged subjects. *J Nutr Biochem* 1998; 9:471-5.
- <sup>34</sup> Newman HA, Leighton RF, Lanese RR, Freedland NA. Serum chromium and angiographically determined coronary artery disease. *Clin Chem* 1978; 54:1-4.
- <sup>35</sup> Guyton JR, Blazing MA, Hagar J, et al. Extended-release niacin vs gemfibrozil for the treatment of low levels of high-density lipoprotein cholesterol. Niaspan-Gemfibrozil Study Group. *Arch Intern Med* 2000; 160:1177-84.
- <sup>36</sup> Head KA. Inositol hexaniacinate: a safer alternative to niacin. *Alt Med Rev* 1996; 1:176-84.
- <sup>37</sup> Murray M. Lipid-lowering drugs vs. Inositol hexaniacinate. *Am J Natural Med* 1995; 2:9-12.
- <sup>38</sup> Dörner Von G, Fisher FW. Zur Beeinflussung der Serumlipide und-lipoproteine durch den Hexanicotinsäureester des m-Inositol. *Arzneimittel Forschung* 1961; 11:110-3.
- <sup>39</sup> Agarwal RC, Singh SP, Saran RK, et al. Clinical trial of gugulipid new hypolipidemic agent of plant origin in primary hyperlipidemia. *Indian J Med Res* 1986; 84:626-34.
- <sup>40</sup> Nityanand S, Srivastava JS, Asthana OP. Clinical trials with Gugulipid—a new hypolipidemic agent. *J Assoc Phys India* 1989; 37:323-8.
- <sup>41</sup> Singh RB, Niaz MA, Ghosh S. Hypolipidemic and antioxidant effects of Commiphora mukul as an adjunct to dietary therapy in patients with hypercholesterolemia. *Cardiovasc Drugs Ther* 1994; 8:659-64.
- <sup>42</sup> Blumenthal M (ed), et al. *The ABC Clinical Guide to Herbs*. Austin, Texas: American Botanical Council; 2003:161.
- <sup>43</sup> Silagy CA, Neil HA. A meta-analysis of the effect of garlic on blood pressure. *J Hypertens* 1994; 12(4):463-8.
- <sup>44</sup> Warshafsky S, Kamer RS, Sivak S. Effect of garlic on total serum cholesterol—a meta-analysis. *Ann Intern Med* 1993; 119(7 Pt 1):599-605.

<sup>45</sup> Lees AM, Mok HY, Lees RS, et al. Plant sterols as cholesterol-lowering agents: Clinical trials in patients with hypercholesterolemia and studies of sterol balance. *Atherosclerosis* 1977; 28:325-38.

<sup>46</sup> Pelletier X, Belbraouet S, Mirabel D, et al. A diet moderately enriched in phytosterols lowers plasma cholesterol concentrations in normocholesterolemic humans. *Ann Nutr Metab* 1995; 39:291-5.

<sup>47</sup> Grundy SM, Ahrens EH Jr, Davignon J. The interaction of cholesterol absorption and cholesterol synthesis in man. *J Lipid Res* 1969; 10:304-15

<sup>48</sup> Hendriks HF, Weststrate JA, van Vliet T, Meijer GW. Spreads enriched with three different levels of vegetable oil sterols and the degree of cholesterol lowering in normocholesterolaemic and mildly hypercholesterolaemic subjects. *Eur J Clin Nutr* 1999; 53:319-27.

<sup>49</sup> Jones PJ, Ntanos FY, Raeini-Sarjaz M, Vanstone CA. Cholesterol-lowering efficacy of a sitostanol-containing phytosterol mixture with a prudent diet in hyperlipidemic men. *Am J Clin Nutr* 1999; 69:1144-50.

<sup>50</sup> Kono S, Shinchi K, Ikeda N, et al. Green tea consumption and serum lipid profiles: a cross-sectional study in Northern Kyushu, Japan. *Prev Med* 1992; 21:526-31.

<sup>51</sup> Yamaguchi Y, Hayashi M, Yamazoe H, et al. Preventive effects of green tea extract on lipid abnormalities in serum, liver and aorta of mice fed an atherogenic diet. *Nip Yak Zas* 1991; 97(6):329-37.

<sup>52</sup> Sagesaka-Mitane Y, Milwa M, Okada S. Platelet aggregation inhibitors in hot water extract of green tea. *Chem Pharm Bull* 1990; 38(3):790-3.

<sup>53</sup> Stensvold I, Tverdal A, Solvoll K, et al. Tea consumption. Relationship to cholesterol, blood pressure, and coronary and total mortality. *Prev Med* 1992; 21:546-53.

<sup>54</sup> Tsubono Y, Tsugane S. Green tea intake in relation to serum lipid levels in middle-aged Japanese men and women. *Ann Epidemiol* 1997; 7:280-4.

<sup>55</sup> Leung LK, Su Y, Chen R, Zhang Z, Huang Y, Chen Z-Y. Theaflavins in Black Tea and Catechins in Green Tea Are Equally Effective Antioxidants. *Journal of Nutrition* 2001; 131:2248-2251.

<sup>56</sup> Ishikawa T, Suzukawa M, Ito T, Yoshida H, Ayaori M, Nishiwaki M, Yonemura A, Hara Y, Nakamura H. Effect of tea flavonoid supplementation on the susceptibility of low-density lipoprotein to oxidative modification. *American Journal of Clinical Nutrition* 1997; 66:261-266.

<sup>57</sup> Davies MJ, Judd JT, Baer DJ, Clevidence BA, Paul DR, Edwards AJ, Wiseman SA, Muësing RA, Chen S. Black tea consumption reduces total and LDL cholesterol in mildly hypercholesterolemic adults. *Journal of Nutrition* 2003; 133(10):3298S-3302S.

<sup>58</sup> Maron DJ, Lu GP, Cai NS, Wu ZG, Li YH, Chen H, Zhu JQ, Jin XJ, Wouters BC, Zhao J. Cholesterol-lowering effect of a theaflavin-enriched green tea extract: a randomized controlled trial. *Archives of internal medicine* 2003; 163:1448-1453.

<sup>59</sup> Galeone F, Scalabrino A, Giuntoli F, et al. The lipid-lowering effect of pantethine in hyperlipidemic patients: a clinical investigation. *Curr Ther Res* 1983; 34:383-90.

<sup>60</sup> Miccoli R, Marchetti P, Sampietro T, et al. Effects of pantethine on lipids and apolipoproteins in hypercholesterolemic diabetic and non diabetic patients. *Curr Ther Res* 1984; 36:545-9.

<sup>61</sup> Avogaro P, Bon B, Fusello M. Effect of pantethine on lipids, lipoproteins and apolipoproteins in man. *Curr Ther Res* 1983; 33:488-93.

<sup>62</sup> Coronel F, Tornero F, Torrente J, et al. Treatment of hyperlipemia in diabetic patients on dialysis with a physiological substance. *Am J Nephrol* 1991; 11:32-6.

<sup>63</sup> Arsenio L, Bodria P, Magnati G, et al. Effectiveness of long-term treatment with pantethine in patients with dyslipidemia. *Clin Ther* 1986; 8:537-45.

<sup>64</sup> Prisco D, Rogasi PG, Matucci M, et al. Effect of oral treatment with pantethine on platelet and plasma phospholipids in IIa hyperlipoproteinemia. *Angiology* 1987; 38:241-7.

<sup>65</sup> Gaddi A, Descovich GC, Noseda G, et al. Controlled evaluation of pantethine, a natural hypolipidemic compound, in patients with different forms of hyperlipoproteinemia. *Atherosclerosis* 1984; 50:73-83.

<sup>66</sup> Hampton R, Dimster-Denk D, Rine J, *Trends Biochem Sci* (1996) 21(4):140-5.

<sup>67</sup> Heber D, et al, *Am J Clin Nutr* (1999) 69(2):231-6.

<sup>68</sup> Wang J, et al, *Cur Therap Res* (1997) 58(12):964-78.



For more than two decades, Huntington College of Health Sciences (HCHS) has offered more than a conventional undergraduate or graduate education. Our accredited\*, distance learning degrees and diploma programs also include the breadth of responsible complementary and alternative medicine viewpoints, providing our students with a well-rounded and comprehensive approach to nutrition and the health sciences:

- Master of Science in Nutrition
- Bachelor of Health Science in Nutrition
- Associate of Science in Applied Nutrition
- Diploma in Comprehensive Nutrition
- Diploma in Dietary Supplement Science
- Diploma in Sports Nutrition
- Diploma in Women's Nutrition
- Diploma in Natural Sciences
- Diploma in Small Business Management

1204D Kenesaw  
 Knoxville, TN 37919  
 865-524-8079 • 800-290-4226  
 E-Mail: [studentservices@hchs.edu](mailto:studentservices@hchs.edu)  
[www.hchs.edu](http://www.hchs.edu)

\*Accredited member Distance Education & Training Council.