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Saw Palmetto

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SAW PALMETTO: Nature's answer to an enlarged prostate.



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An extract of the berries from the saw palmetto, a palm tree native to the Southern Atlantic coast, has emerged as a popular treatment for an enlarged prostate both in Europe and the United States.

This popularity is for good reason. Over twenty double-blind, placebo controlled studies have demonstrated the fat-soluble extract of the saw palmetto berries is very effective in relieving all of the major symptoms of benign prostatic hyperplasia (BPH) including increased nighttime urinary frequency, the most bothersome complaint. In fact, in these studies, the saw palmetto extract has been shown to exert superior benefits compared to Proscar, the standard prescription drug used in the medical treatment of BPH.

A quick look at Proscar

Proscar (finasteride) was the first FDA approved drug in the treatment of BPH. It works by

inhibiting the activity of an enzyme, 5 alpha-reductase, involved in male sex hormone (testosterone) metabolism. Proscar blocks the transformation of testosterone to dihydrotestosterone, a very potent hormone derived from testosterone, within the prostate. Dihydrotestosterone is responsible for the overproduction of prostate cells which ultimately results in prostate enlargement.

Saw palmetto in BPH

An extract of saw palmetto berries which is standardized to contain 85 percent to 95 percent fatty acids and sterols has been shown to greatly improve the signs and symptoms of BPH. Like Proscar, the therapeutic effect of the saw palmetto extract appears to be due to its inhibition of dihydrotestosterone, the compound which causes the prostate cells to multiply excessively. However, the saw palmetto extract goes well beyond Proscar.



The saw palmetto extract not only inhibits the formation of dihydro-testosterone, it also inhibits the binding of dihydrotestosterone at cellular

binding sites. Since Proscar has no effect on blocking the binding of dihydrotestosterone, saw palmetto has much greater antagonizing effects of dihydrotestosterone on the prostate. These effects are translated into better clinical results.

Saw palmetto vs. Proscar

Numerous studies on the saw palmetto extract have shown it to be effective in nearly 90 percent of patients usually in a period of four to six weeks. In contrast, Proscar is effective in reducing the symptoms in less than 37 percent after taking the drug for one year. To illustrate saw palmetto extract's superiority over Proscar, compare the effect of both on the maximum urine flow rate, a good indicator of bladder neck obstruction due to an enlarged prostate. The chart on the next page is based on pooled data on saw palmetto extract from all clinical studies and pooled data on Proscar listed in the Physician's Desk Reference.

Clearly, the saw palmetto extract is superior to Proscar. It is also significantly less expensive, as it is at least one-fourth the price compared to Proscar. Although Proscar has received much attention, based on the results of the clinical trials, it is much less effective than the extract of saw palmetto berries. Less than 37 percent of patients on Proscar will experience



clinical improvement after taking the drug for one year and it must be taken for at least six months before any improvement can be expected. Meanwhile, about five percent of men suffer from decreased libido, ejaculatory disorders, and impotence while on the drug.

Despite Proscar's shortcomings and side effects, Merck, the manufacturer of Proscar, has predicted sales will soon reach \$1 billion annually. Proscar costs about \$75 a month.

Saw palmetto and the FDA

Unfortunately, most men with BPH will never hear about the saw palmetto berry extract. Merck has the FDA to thank for this. Despite saw palmetto extract's clear superiority over Proscar, in 1990, the FDA rejected an application to have saw palmetto approved in the treatment of BPH. The result is that even though saw palmetto extract is more effective, less expensive, and much safer than Proscar, manufacturers and distributors of the extract cannot make any claims for their product.

In Europe, saw palmetto berry extracts are widely prescribed by physicians as medicines. In the United States, saw palmetto extracts identical to those used in Europe are available in health food stores as "food supplements" and no health claims can be made.

Important dosage and safety

information

in order to achieve the benefit with saw palmetto, it is essential that an extract identical to the one used in the clinical studies be used. Specifically, you will want to use fat-soluble saw palmetto extracts standardized to contain 85 percent to 95 percent fatty acids and sterols.

These extracts are available in pill form, taken at a dosage of 160 mg twice daily. Again, if you want the best results, make sure you are using the right extract at the right dosage.

The saw palmetto extract is completely safe, as no significant side effects have ever been reported in the clinical trials of the extract or with saw palmetto berry ingestion. Detailed toxicology studies on the extract have been carried out on mice, rats and dogs and indicate that the extract has no toxic effects.

Final comments

Benign prostatic hyperplasia represents a major medical problem in the United States. Prevention is the best measure. Important factors of critical importance in a prevention plan include:

- Adequate zinc intake.
- Adequate vitamin B6 intake.
- Eliminating or reducing the amount of beer and other alcohol consumed.
- Maintaining serum cholesterol below 220 mg/



- dl.
- Adequate intake of essential fatty acids by eating a handful of nuts or seeds each day or using flaxseed oil as a salad dressing.
- Limiting dietary and environmental exposure to pesticides and other environmental contaminants.

In addition to these general factors, if an individual is already experiencing symptoms of prostatic enlargement, the saw palmetto extract standardized to contain 85 percent to 95 percent fatty acids and sterols may be of significant benefit in relieving symptoms and avoiding surgery to a delicate region.

The prostate is a single, doughnut shaped gland about the size of a chestnut that lies below the bladder

and surrounds the urethra. The prostate secretes fluids which lubricate the urethra to prevent infection and to increase sperm motility. The prostatic secretions account for 30 percent of the volume of semen.

Enlargement of the prostate (benign prostatic hyperplasia or BPH) is an extremely common condition that affects more than half the men over 40 years of age. Because the enlarged prostate will pinch off the flow of urine, BPH is characterized by symptoms of bladder obstruction such as increased urinary frequency, nighttime awakening to empty bladder, and reduced force and caliber of urination.

NOTE: BPH CAN ONLY BE DIAGNOSED BY A PHYSICIAN. DO NOT SELF-DIAGNOSE. IF YOU ARE EXPERIENCING

ANY SYMPTOMS ASSOCIATED WITH BPH, SEE YOUR PHYSICIAN IMMEDIATELY FOR PROPER DIAGNOSIS.

If left untreated, BPH will eventually obstruct the bladder outlet resulting in the retention of urine in the blood (uremia). As this is potentially a life = threatening condition, proper treatment is crucial. In the past, medical treatment involved a procedure known as a TURP (trans-urethral resection of the prostate). Because this surgery is associated with complications and will often make matters worse, it should be avoided unless absolutely necessary.

Saw Palmetto vs. Proscar on urine flow rate (milliliters per second)

	Saw Palmetto extract	Proscar
Initial Measurement	9.53 ml/sec	9.6 ml/sec
3 months	13.15 ml/sec*	10.4 ml/sec
12 months	**	11.2 ml/sec
% increase	38% in 3 months	16 % in 12 months

* Many studies on the saw palmetto extract were less than 90 days; final measurements were calculated as 90-day measurements.

** There are no long-term studies on saw palmetto extract, yet the effect at 3 months (or less) is obviously superior to that of Proscar.

Clinical studies demonstrating the efficacy of Saw Palmetto * in *BPH*

Authors	Type of Study	No. of patients	Length of Study	Results
Boccafoschi, et al.	Double-blind	22	60 days	Significant difference for: volume voided, maximum flow, mean flow, dysuria, nocturia
Cirillo, et al.	Open	47	4 month	Significant difference for: dysuria, nocturia, urine flow
Tripodi, et al.	Open	40	30-90 days	Significant difference for: dysuria, nocturia, volume of prostate, voiding rate, residual urine
Emili, et al.	Double-blind	30	30 days	Significant difference for: number of voidings, stranguary, maximum and mean urine flow, residual urine
Greca, et al.	Open	14	1-2 months	Significant difference for: dysuria, perineal heaviness, nocturia; volume of urine per voiding, interval between two diurnal voidings, sensation of incomplete voiding
Duvia, et al.	Controlled trial vs Pygeum africanum	30	30 days	Significant difference for: voiding rate
Tasca, et al.	Double-blind	30	3-90 days	Significant difference for: frequency, urine flow measurement
Cukier, et al.	Double-blind	168	60-90 days	Significant difference for: dysuria, requent, residual urine
Crimi, et al.	Open	32	4 weeks	Significant difference for: dysuria, nocturia, volume of prostate, voiding rate
Champault, et al.	Double-blind	110	28 days	Significant difference for: dysuria, nocturia, flow measurement, residual urine
Mattei, et al.	Double-blind	40	3 months	Significant difference: dysuria, nocturia, residual urine

*dose = 320 milligrams per day

Definitions:

Residual urine: Amount of urine left in the bladder after urination Voiding rate: Maximum amount of urine flow per one second

Dysuria: Abnormal urination

Nocturia: Nighttime urinary frequency